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Mini Review

Youth and Mental Health in a Context of Demographic and Health Transition in Senegal: How Youth Mental Health Intersects with Important Development Issues

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Abstract

The mental health of young people is an issue of public health and sustainable development that is still underestimated in the countries of the South, particularly in sub-Saharan Africa, even though demographic and health transitions make it a major challenge. The overview of mental health in developing countries highlights the absence of a specific policy, the lack of resources allocated to this health sector, and the scarcity of research, even though mental illnesses have decisive and growing morbid, social, and economic impacts. The insufficient production of data contributes to the invisibilities of this issue. Based on the literature and the experiences of the authors on mental health in Senegal, they illustrate how the psychological health of young people is interwoven into the societal context.

Keywords: Senegal; Mental health; Psychiatry; Youth; Sustainable development

Introduction

The mental health of youth remains a priority in Senegal given the demographic growth at the expense of youth. Senegal's population is young and will remain so for many years to come, even if fertility rates decline. According to the latest Demographic and Health Survey (DHS) data, the Total Fertility Rate (TFR) has dropped from 5.3 children per woman in 2005 to 4.7 children per woman in 2019 (inequalities by region, urban/rural, and age groups); population growth remains high (+3%) with an average age of the population of 19 years, which means that the population of Senegal will double in 25 years [1]. In the Sahelian countries, life expectancy has increased significantly, from 49 years to 61 years on average between 1990 and 2018, thanks to better access to health care, a reduction in infectious diseases even though non-communicable diseases are on the rise, and better nutrition even though significant progress remains to be made [2]. The reduction in mortality and the maintenance of a high fertility rate have increased the natural balance. According to the United Nations, half of the population of sub-Saharan Africa will be under the age of 24 by 2050. This is both an opportunity and a challenge, an opportunity in terms of an innovative and entrepreneurial workforce while other societies are aging, and a challenge in terms of training and employment. The employment rate of young people aged 15-24 is 46.6% (2019). Addressing the mental health of youth is therefore imperative given the current age structure of Senegal's population, but also its demographic dynamics. Today's youth are tomorrow's adults, and influencing their representations, their practices, and disseminating knowledge to them to preserve their mental health and that of those around them is a public health and development issue. The mental health of young people is characterized by its fragility because youth is the period when we make decisions that commit our future when we are strongly subjected to the decisions of our parents and to the family and community framework, decisions that we do not necessarily understand (forced marriage, confinement...). According to several authors, youth mental health intersects with important developmental issues [3]. Thus, from the literature and personal experiences around the issue in Senegal, the authors describe how youth mental health interferes with development issues.

Youth, Study and Training

Academic and/or professional success, the weight of the family's emotional, social, and financial investments in the young person, competition at school and in the family, situations of failure and abandonment (pregnancy, marriage, lack of means, obligation to work to meet the family's needs) are among the factors that cause stress and anxiety among young people in Senegal. In a difficult economic context and complicated by covid-19, access to quality education is a challenge for families who are investing earlier and earlier in their children's education (we see the development of the preschool sector and private structures). This family investment is necessarily felt by young people (cf. Japan, Korea suicides) as an obligation to succeed. The school career is a favorable context for the expression of mental pathologies, but also their early detection [4]. In this sense, school and university medicine are important issues. It is a matter of detecting mental health problems as early as possible and initiating early and appropriate treatment, knowing that a person who has mental problems in his or her youth is more likely to have them in his or her adult life [4]. According to the National Agency for Statistics and Development (NASD) survey on the school system, better access to education would lead to an increase in the exam success rate and an improvement in quality indicators (repetition, students per class, exits from the system, gender disparities) [5]. The latest NASD survey [6] on household living conditions found that the main items of expenditure for Senegalese households were housing, food, and energy. Expenditures on health and education,

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which accounted for 2 and 4 percent respectively, were far behind those on clothing and telephone. Whatever the limitations of these surveys, these results can only question the rationalities, the cultural dimensions of these choices, and the priorities of households (or heads of households) ...

Youth, Sexuality and Reproduction

As far as girls are concerned, youth is a risky period that exposes them to unwanted pregnancies due to their lack of sexual experience and, consequently, to clandestine abortions, infanticide, school dropouts, non-recognition of paternity by fathers, and postpartum depression. For young girls, becoming pregnant implies giving up or abandoning their studies, and being stigmatized if they are single. While motherhood is highly valued in our society because it is a source of life and fulfillment, it can also be devaluing and stigmatizing in the context of non-marriage. Early pregnancy hinders adolescent girls' personal development, and their education, and weakens their participation in the country's economy [7]. Even if mother-child health receives a lot of investment, which results in a decrease in infant ($29^0/_{00}$), infant-juvenile ($37^0/_{00}$), and juvenile ($8^0/_{00}$) mortality [8], efforts remain to be made in the psychological dimension. The mental health of women throughout their reproductive life must be one of the priorities in the promotion of mother-child health. According to the DHS 2019, 14% of adolescents (15-17 years old in DHS) have already started their reproductive life, 10% have already had a child and 4% are pregnant with their first child. At age 19, 26% of young women had already had a child. This proportion is higher in rural areas (18% vs. 9% in urban areas), in the southern region (20% vs. 8% in the western region), by the level of education (17% for girls with primary education, 7% among the most educated) and by welfare quintile (29% for the lowest vs. 8% for the highest quintile). This share tends to decrease from 19% in 2011 to 14% in 2019. Contraceptive use averages 26% but is only 8% among 15-19-year-olds. We can see how the body and psyche of young people remain largely appropriated by the family institution, which establishes its control and relays social and religious norms.

Youth and Family and Social Violence

Family and social violence against young people and women lead to problems in their physical and psychological health [9]. Still, in the perspective of sexual life, more and more young people are experimenting with homosexual practices that are deviant or transgressive concerning the norms of religion, culture, and law in Senegal. This misunderstood part of their identity exposes them to stigmatization, rumors, violence, and rejection, just like the mentally ill. How is this issue considered? Are caregivers trained in these issues? The structures and functioning of families are changing (gender relations, the place of young people, inter-generational relations) and raise questions in terms of emancipation and autonomy. How does psychiatry adapt to these practices and social changes?

Youth and Suicide

Suicide in Africa and Senegal is poorly documented due to a lack of data and studies [10] and the stigma surrounding it in many countries [11]. It is an issue that is avoided and remains largely taboo in families and communities despite flashy headlines in the media. Religious and cultural reasons, which Sylla et al [12] aptly describe in analyzing the case of a 12-year-old girl's suicide attempt, it is not discussed. Yet three-quarters of suicidal behaviors (ideas, attempts, deaths by suicide) take place in low- and middle-income countries, which induces a strong relationship between suicide and economic conditions [10]. We are facing a vicious circle (poverty-mental health and mental health-poverty), a person suffering from mental illness is more likely to fall into poverty than a person without psychological problems, and poverty constitutes a context favorable to the appearance of mental illnesses. Suicide is therefore linked to economic conditions with its various components: absolute and relative poverty, indebtedness, unemployment, social downgrading, loss of land, and abandonment of ancestral family activity. While socioeconomic conditions are not the only determinants of suicidal behavior (psychiatric determinants and family dynamics), they are powerful structural determinants of mental health. Ringbom et al. [13] show how psychiatric disorders in adolescents can result from long-term exclusion, education, training, and unemployment, and one can only think of street children in Senegal, for example, without reducing the problem to their case. Illness is not an individual responsibility, but the product of a system [14]. As a reminder, the poverty index remains high, 37.8%, and in rural areas, 53.7% of the population lives below the poverty line (in 2020 the rural population will represent a little less than 52% of the population), compared to 29.9% in urban areas and 8.7% in Dakar. Although poverty is decreasing, inequalities persist and fuel social tensions, feelings of exclusion, and injustice that are less and less accepted, particularly by young people. Van der Wal et al. [15] show how urbanity shapes the mental state of individuals and the need to think about mental health care in increasingly difficult living conditions. These living conditions as well as existential issues could explain addictions (drugs, psychoactive substances) among youth, considering that Senegal is a country of production and transit of certain drugs.

Youth and Emigration

The question of youth emigration is linked to the place of young people in families and society, their desire to travel, the imaginary images of emigration portrayed by the media, and globalization, but also to a society that is patriarchal and gerontocratic. What training and employment opportunities are offered to them? When we talk to these young migrants who are increasingly qualified (bachelor's degree, master's degree, or even more) but who do not get jobs that match their training, inclusion in society is an essential issue from a social and economic point of view. For those with little or no training, the question of their future is also central, as village life and working on the land no longer appear to be the solution to their problems in this context of globalization. According to French Development Agency (FDA), the Sahel is the region with the lowest GDP in Africa, but not the lowest poverty rates, and it is also characterized by a lower level of income inequality (Gini index) than other regions in Africa. The FDA emphasizes the importance of education and training, particularly in terms of the quality of training and its relevance to job opportunities and the potential needs of countries [2]. This discrepancy generates expectations among young people and their families that turn into disappointments and frustrations, while the cost of education is significant with the development of the private education sector. In the current context, migration (and not irregular emigration) due to the restrictive policies of the EU cannot be a

solution; on the contrary, it can appear to be the expression of suicidal behavior, given the morbid risks on the migration routes. Suicidal behavior is the result of interactions between individual psychology, subjective experiences, and economic and socio-cultural contextual factors.

Conclusion

Being interested in youth in its different components (childhood, adolescence, young adults, boys/girls) also implies asking the question of how to communicate with these young people. with what language? what tools? how to get closer to them in terms of prevention and awareness? We can only be struck by the absence of communication and awareness around mental health in the public space and in the media. However, if we want to address young people, we have social media that are financially accessible (tweeter, Instagram, Facebook, making a WhatsApp group of professionals to disseminate information, and form a community) and which are very followed by young people. We can express ourselves in French and Wolof... we just must feed them very regularly, to make our actions visible, our work as actors of mental health. It would be a pity to deprive us of these tools that all projects and institutions now use in their promotion and prevention actions.

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