



Adolescent Mortality in South Africa: An analysis of unnatural causes of death by sex, 2006- 2009

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Introduction

Despite South Africa being a peaceful democracy for the past 18 years, mortality due to unnatural and violent causes still occur among the youth.

South Africa's youth (10-34 years old) comprises 37% of the total population (NYDA, 2012).

This large youth population, of which adolescents (10- 19 years old) are a portion, are essential to the country's growth and development. Therefore their survival is a government priority.

Objectives

- (1) To examine the different levels of male and female adolescent mortality due to 5 unnatural causes of death.
- (2) To determine the potential years of life lost due to specific unnatural causes of death by sex.

Methods

Data Source: Death Notification Forms, 2006- 2009 as collated by national statistics department, Stats SA

Study Design: Cross- sectional

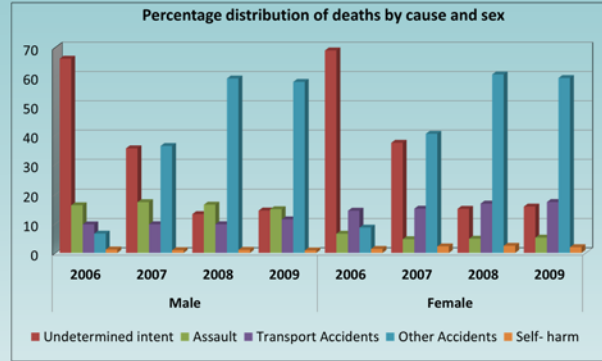
- Data Analysis:** (1) Frequency distributions, (2) Cause- specific mortality rates (CSMR), (3) Proportional Mortality Ratios (PMR), (4) Years of potential life lost (YPLL)*

*measures the incidence of 'premature' mortality that occurs in a population, in this case deaths before age 60 are considered.

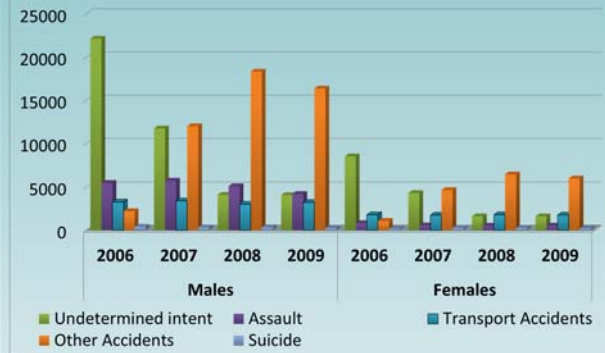
References

NYDA (2012) "The Integrated Youth Development Strategy of South Africa (IYDS) 2012-2016". *Government Gazette* 2012, 35146 (3), pp. 1-58

Results

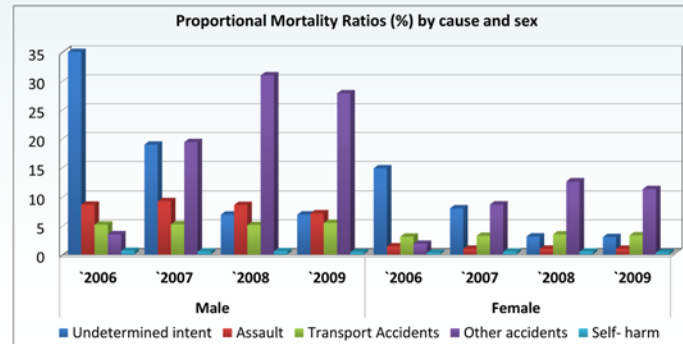


Number of Years of Potential Life Lost, by Cause and Sex



Cause of Death	Male CSMR*				Female CSMR*			
	2006	2007	2008	2009	2006	2007	2008	2009
Undetermined intent	4.99	2.66	0.92	0.91	1.91	0.97	0.36	0.36
Assault	1.23	1.30	1.15	0.94	0.18	0.12	0.12	0.12
Transport Accidents	0.74	0.73	0.68	0.72	0.40	0.39	0.40	0.39
Other accidents	0.50	2.72	4.13	3.67	0.24	1.05	1.45	1.34
Self-harm	0.09	0.07	0.07	0.06	0.04	0.06	0.06	0.04

*Per 10,000 deaths



Conclusion

Overall unnatural causes of death are an increasing burden among adolescents in South Africa. Despite fluctuations over the years, these causes are contributing up to 27% of all adolescent male mortality and almost 12% of all female mortality in 2009. Further this paper has showed how rates, probabilities of death and YPLL due to these causes declined at different times between 2006 and 2008 before increasing in 2009.

Acknowledgements

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