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Information, Education, and Health Needs of Youth with Special Needs in Sub-Saharan Africa for Achieving Millennium Development Goals

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Abstract:

This paper is an investigative survey into the status and challenges of education and health of sub-Saharan Africa's youth with special needs. It presents statistical data and information on the two issues; challenges that militate against achieving the Millennium Development Goals (MDGs) as it affects the youth are highlighted. The result of this survey reveals that about 420 million (half of the entire population of the countries in this region are younger than 18. Young women here face a dual threat of unplanned pregnancy and risk of HIV unequalled in the rest of the world. Young men also face myriad challenges, including coping with the environmental degradation occurring in many of their countries. The realization of personal goals for these young women and men, and the economic and social development of their countries; depend to a great extent on the ability of youth to avoid unintended outcomes. This paper aims to provide policymakers, programme managers, and the interested public in sub-Saharan Africa and around the world with a better understanding of the needs and experiences of youth with special needs in the region.

Recommendations are based on how investments in youth can help achieve the MDGs.

Key words: Sub-Saharan Africa, Special education, Youth education, Youth health, Achieving MDGs, Information

Introduction

The importance of collecting, processing, and using data in the campaign to improve education and health cannot be stressed enough. Much of the progress in extending and improving the quality of human life is due to technical progress, including advances in knowledge about diseases and about appropriate, cost-effective responses. To the extent that the generation and application of information and knowledge can be facilitated and become more systematic, accelerating progress in improving education/health and eliminating education/health inequities especially among the youth should be possible.

In the year 2000, 189 of the world's countries committed to reducing poverty and many of its associated factors through the achievement of eight Millennium Development Goals (MDGs). Each goal has specific targets and indicators to be achieved by 2015, many of which relate to youth. With just two years remaining in this 20-year plan, far greater attention to the educational and health needs of the world's giant generation of youth is needed, especially in sub-Saharan Africa, which is facing the highest hurdles in meeting the MDGs.

Although youth around the world share many similarities, the experience of being a young woman or man is as diverse as the cultures from which young people come. In the West African country of Mali, a young woman is very likely to have experienced female genital cutting by age five (5). She may never have attended school. She is likely to be married and

have a child by age 16, and to believe that her husband is justified in beating her for certain "transgressions". In southern Africa, a young Zambian woman is more likely to have gone to school, but has few job opportunities and has among the world's highest risks of becoming infected with HIV. By contrast, a young woman in the East African country of Rwanda is the most likely to the three girls to be educated and the least likely to be sexually active, married, or have a child. She may have a boyfriend, but she is less likely to have a pregnancy during adolescence than is a girl in the United States. She is only one-tenth as likely to be HIV positive as a girl in Zambia.

These three young women have very different experiences, but they share common dreams and ambitions about health, family, and work. With government investments in health, education, and job opportunities, and political commitments to the aspirations of the Millennium Development Goals, these young women (who constitute a part of the more than 1.2 billion young people around the world) have a chance to realize their personal goals and help their nations achieve higher levels of economic and social development. These efforts will spur progress on the many MDG outcomes that directly or indirectly concern youth (World Bank 2007).

As the fastest-growing region in the world, sub-Saharan Africa is confronting many of the greatest global health and development challenges. With a population of more than 840 million, and growing at the rate of 2.4 percent per year, sub-Saharan Africa will double in size in just 30 years. Half the population in these countries is younger than 18. It is widely accepted that the future of sub-Saharan Africa rests to a greater extent on the investments made in the education, health, and employment opportunities of its youth and on how successfully its youth transition to a healthy and productive adulthood (Zwiker and Ringheim 2004).

Countries sampled

Out of the 47 countries in the sub-Saharan African region only 15 counties are highlighted in this paper. These 15 countries profiled in this paper as shown in figure 1 are among the most populous countries on the continent; they are also reasonably representative of the diversity of the sub-Saharan region as a whole. The 15 include five (5) countries in West Africa – Ghana, Liberia, Mali, Nigeria and Senegal; nine (9) in East Africa – Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Rwanda, Tanzania, Uganda, and Zambia; and one in Central Africa – the Democratic Republic of Congo (DRC).

Table 1: Total Population of Youth with Education and Health Indices

Youth Ages 10-24 (Millions)	Youth Ages 10-24, % of Total Population	% Enrolled in Sec. School. (2005/2011) Female/Male	% Enrolled in Sec. School. (2005/2011) Female/Male	Adolescent Fertility Rate (Birth per 1,000 women Ages 15-19)	% Ages 15-24 with knowledge of HIV/AIDS 2005/2011 Female/Male
296.9m	**32m**	**38/45m**	**5/8m**	**101**	**28/34m**

Source: Population Reference Bureau, 2013

Population Data on the Countries and their Youth

Though the world's youth population of 1.2 billion as defined by the United Nations refers to ages 15 to 24, this paper is concerned with the youth between ages 15 to 19. Ages 15 to 19 are a time of transition from childhood to adulthood, a time of increased responsibility and independence, as well as of increased health risks. During this period, youth of both sexes generally complete or leave school and become sexually active; many girls marry and begin childbearing.

Table 2: Selected population characteristics of featured countries

Country	Population (millions)	Population Ages 15-19 (%)	Median age of population	Population growth rate (% per year)
Nigeria	149.3	10.7	19.0	2.3
Ethiopia	85.3	10.4	16.9	2.6
DRC	68.7	11.2	16.4	2.7
Tanzania	41.0	11.5	18.0	2.9
Kenya	39.0	10.4	18.7	2.6
Liberia	34.4	9.6	18.0	4.4
Uganda	32.4	11.6	15.0	3.3
Ghana	26.7	11.2	20.8	2.0
Mozambique	21.7	11.7	17.4	2.2
Madagascar	20.7	10.9	18.0	2.6
Malawi	15.0	11.0	17.1	2.5
Senegal	13.7	10.8	18.6	2.6
Mali	13.4	10.4	16.2	2.4
Zambia	11.8	12.6	17.0	2.5
Rwanda	10.7	10.2	18.6	2.7

Source: U.S. Census Bureau, International Data Base and World Bank Development Indicators, 2009

As shown in Table 1, the countries in this paper include the largest in Africa and contain two-thirds of the population of sub-Saharan Africa. Youth ages 15-19 in these countries represent slightly more than two-thirds of all youth in the region. The median age (an average of 17.7 years) and population growth rates (an average of 2.5 percent per year) in these countries are also representative of sub-Saharan Africa as a whole. In all countries except Ghana, the median age of the population profiled here falls within the 15-to-19 age range used in this paper.

Youth and the MDGs

Achieving the MDGs depends to a great extent on improving the health, education, and economic and social well-being of young people. Table 1: below illustrates youth-related action required to achieve the MDGs.

Table 3: Youth Related action to meet MDGs

MILLENNIUM DEVELOPMENT GOAL	YOUTH-RELATED ACTION REQUIRED TO ACHIEVE THE MDG
Goal 1: Eradicate extreme poverty and hunger.	Reduce the youth proportion of the population living on less than $1.25 per day.
Goal 2: Achieve universal primary education.	Increase literacy among 15-to-24-year-olds.
Goal 3: Promote gender equality and empower women.	Equalize the enrollment of girls and boys in primary, secondary, and tertiary education.
Goal 4: Reduce child mortality.	Increase age at first birth among adolescents.
Goal 5: Improve maternal health.	Reduce adolescent fertility and unmet need for contraception. Increase skilled attendance at birth.
Goal 6: Combat HIV/AIDS, malaria, and other diseases.	Reduce HIV prevalence among 15-to-24-year-olds. Increase consistent condom use.
Goal 7: Ensure environmental sustainability.	Improve the lives of youth who live in slums. Increase access to safe drinking water and sanitation.
Goal 8: Developing a global partnership for development.	Reduce unemployment among 14-to-24-year-olds.

Source: Population Reference Bureau 2010

Challenges to Achieving MDGs

Several factors that challenges to the actualization of MDGs have been identified by PRB and APHRC (2008) these include the following:

- Rapid population growth in sub-Saharan Africa – many of the poorest countries have very youthful populations, with women beginning to have children at a young age and having many children over the course of their lives.
- Rural and urban youth face challenges – the majority of the population lives in rural areas, which increase the difficulty of extending education and services needed to achieve the MDGs. Although urbanization is increasing,

youth in these 15 countries live predominantly in rural areas.

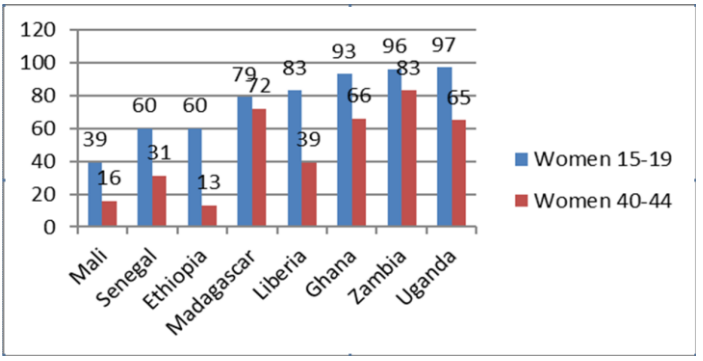
- Weak economic growth impedes the investment in youth necessary to achieve the MDGs.

Education Status of the sub-African Youth

The MDGs call on all countries to achieve universal primary education and for girls and boys to have equal school enrollment at all levels by 2015. Nothing is more critical for the youth of sub-Saharan Africa than an education that prepares them for a healthy life and the ability to support themselves and their families. The relationship between mother's education and the timing of her marriage and first birth is well established, as is the relationship between a mother's education and the health of her children. Keeping girls in school delays marriage and the start of childbearing, and reduces health risks associated with pregnancy at a young age for young mothers and their offspring. With growing evidence of these relationships has come greater attention to investing in girls as part of a comprehensive development strategy (Ruth, 2009).

Access to education is increasing for young women, compared to the opportunities that older women had. The chart bellow illustrates women who have attained any formal education.

Fig.1: Women who have any formal education



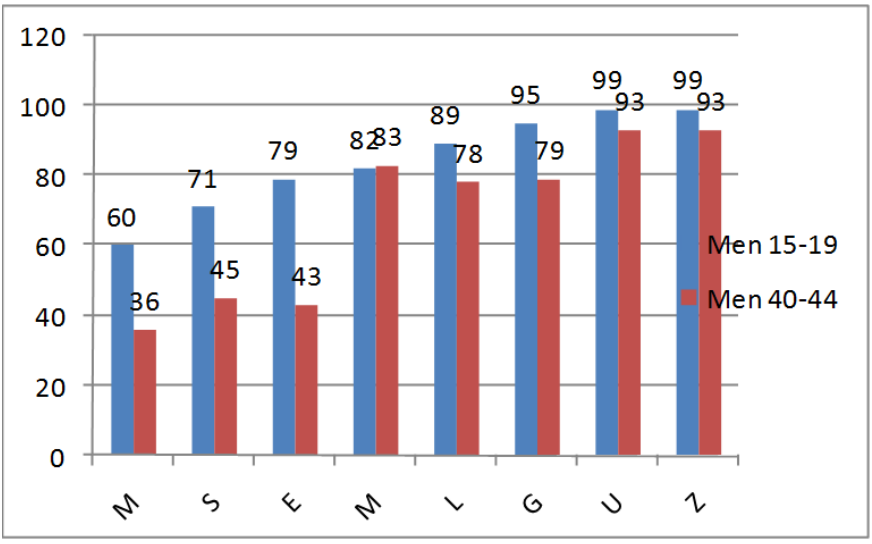
Source: Demorgraphic and Health Survey, 2003-2008/9

Figure 1: compares the percentage of girls ages 15 to 19 who have had any formal education with women ages 40 to 44, the approximate ages of their mothers. In the eight countries profiled, more young women have attended school than their mothers did. The differences are especially striking in Ethiopia, Liberia, and Mali, where the percentage of girls with at least some formal education is more than twice as high as for their mothers.

In Ghana, Uganda, and Zambia, 90 percent or more of young women now have some formal education. However, less than 40 percent of girls ages 15 to 19 in Mali have received any education, and only 60 percent of young women in Senegal have ever attended school.

Access to education is also increasing among young men. As shown in Fig.2, the opportunities for men are generally higher than for women, but in countries where older men had limited access to school, younger men have had greater opportunities.

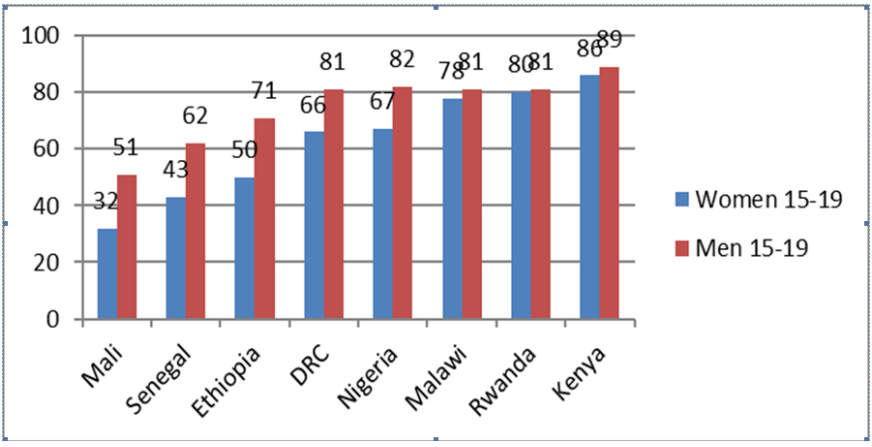
Fig.2: Men who have any formal education



Source: Demographic and Health Surveys, 2003-2008

In five of the eight countries profiled, 75 percent or more of men who are now ages 40 to 44 had some formal education in their youth, whereas 80 percent or more of young men have had some formal education. In three countries – Ghana, Uganda, and Zambia – 95 percent or more of young men have attended school. Educational levels among men are lowest in Mali, as they were for young women: Only 60 percent of young men have had any formal education. Below is illustration of Youth Literacy Ratio.

Fig.3: Youth Literacy Ratio



Source: Demographic and Health Surveys, 2003-2008

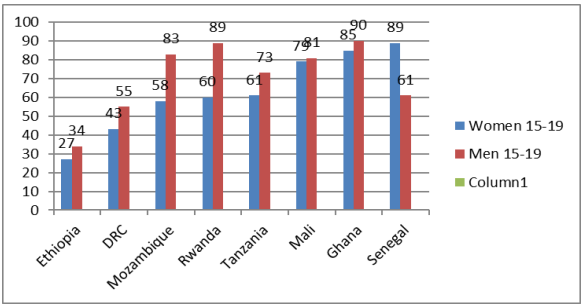
The ability to read and write is fundamental to skilled employment. Individuals who have had any formal education are not necessarily literate. Fig.4 shows the percentage of women and men ages 15 to 19 who are literate, according to their ability to read at least part of a sentence. In all eight countries profiled, young women are less likely to be able to read and write than young men. However, in no country does the literacy level among young men reach 90 percent. In Mali, Senegal, Ethiopia, DRC, and Nigeria, literacy among young women is much lower than in the other countries, and literacy

is approximately 20 percent point higher among young men than among young women. Literacy in Malawi, Rwanda, and Kenya is close to 80 percent or higher, and the difference in literacy between young women and men is no more than 3 percentage points.

Youth with Access to Media

To achieve the MDGs requires not only education, but access to information and the ability to understand and apply it. Yet in general, young women have less access to information than young men. Without regular access to newspapers, radio, or television, women are likely to remain uninformed about how to improve their health and the health of their families. This is illustrated in Fig.4 below.

Fig. 4:Youth with Access to Media



Source: Demographic and Health Surveys, 2003-2008

In seven of the eight countries profiled, young women are less able than young men to access information through print media such as newspapers, books, and health brochures. Only in Senegal do young women have greater access to the media (television, radio, and newspapers) than do men of the same age. In Ethiopia, less than 30 percent of girls and 35 percent of boys had seen a television program, listened to the radio, or read a newspaper in the week preceding the survey.

This limited access is hampered by the largely rural, dispersed population. In Rwanda, where most young men and women have attended school, young women have substantially less regular exposure to mass media – 60 percent of young women have regular access compared with almost 90 percent of young men. Ghana is the only country profiled where as many as 90 percent of young men and 85 percent of young women have any regular (weekly) access to the media.

Health Status of Youth in Sub-Saharan Africa

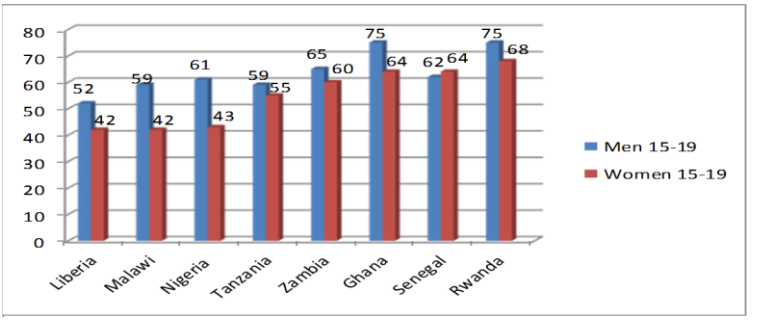
Jamison et al (2006) observed that HIV has spread worldwide in a short time, but is disproportionately concentrated in low-income countries. In 2004, some 2.9 million deaths attributed to AIDS occurred in the low-and middle-income countries, compared with an estimated 22,000 in the high-income countries. Sub-Saharan Africa is the region most affected by the epidemic. With only 10 percent of the world's population, it nonetheless accounts for 66 percent of all HIV cases and more than 75 percent of AIDS-related deaths. By 2004, women and girls accounted for nearly 50 percent of all people living with HIV/AIDS, and in Sub-Saharan Africa, women and girls represent 57 percent of those infected.

Awareness of HIV and AIDS by Youth

Awareness of HIV and AIDS is now nearly universal among youth. However, comprehensive knowledge of how HIV is transmitted is still rare among young people. Respondents who indicated in the DHS that HIV transmission can be prevented through using condoms, limiting sex to one uninfected partner, and abstaining from sex are considered to have a "comprehensive knowledge" of HIV prevention. Fig. 5

presents the percentage of youth who reported three ways to prevent HIV transmission.

Fig. 5: Youth who reported three ways to prevent HIV transmission.



Source: Demographic and Health Surveys, 2003-2008; and Stratcompiler

In seven of the eight countries presented, young men had a better understanding of how to prevent HIV transmission then young women. The difference in their knowledge was greater (17 percent points or more) in Nigeria and Malawi. In Senegal, more young women reported knowing how to present HIV transmission than young men, although the difference was very small. In Malawi a high-prevalence country, knowledge of how to prevent HIV was among the lowest of the countries presented improving knowledge of prevention among youth is essential if MDG 6 is to be achieved in Malawi.

Adolescent Fertility Rates

Recent research conducted by UNPD (2011) shows that adolescent fertility rate measures the number of births per 1,000 women ages 15 to 19. Although the number of births among adolescent girls is declining around the world, adolescent childbearing remains common in many countries, particularly in sub-Saharan Africa. Early childbearing poses serious consequences to the health and development of young girls. The risk of maternal death and disability is higher for adolescents than for women in their 20s. At the same time, early childbearing often limits girls' opportunities for education,

training, and livelihood development. Adolescent childbearing is more common in developing countries, where nearly 10 percent of adolescent girls give birth each year, compared to less than 2 percent in developed countries.

Health Information Sources

Health sector decision makers – whether health care workers in small clinics, managers of major hospitals, directors of drug safety, local political officeholders, or ministers of health – ask a number of questions that must service as the starting point for any discussion of information. For example, is the recent surge in flu cases the beginning of a new epidemic? Are we reaching 90 percent of children under five with the recommended vaccines? What are likely to be major causes of death in the next 10 to 20 years? What social behaviours are contributing the most to the spread of STIs? The information for answering such questions generally comes, as Jamison et al., (2006) noted, from the following six major sources:

- *Vital events registration* – provides data on births and deaths, as well as on marriages, divorces and migrations.
- *Health service statistics* – comprise information on consultations by patients, services provided, and diagnoses.
- *Public health surveillance* – comprises a wide range of efforts to track and respond to disease trends.
- *Census data* – that are accurate and collected regularly provide the basis for calculating important ratios and designing reliable samples.
- *Household surveys* – are an effective way to obtain information about population demographics, social characteristics, and dynamics on a regular basis between censuses.

- *Resource tracking* – involves measuring and managing human resources, facilities, commodities, and finances. It relies on a variety of reporting methods and data collection efforts.

Conclusion and Recommendations

Improving access to education and information is necessary for countries in sub-Saharan African region to achieve the MDGs. Educated girls have smaller families, make greater investments in each child's health and education, and are more likely to contribute financially to their families. Although young women are better educated than their mothers, they still lag behind young men, especially in secondary schooling. Young women are also less literate, which limits their opportunities to find skilled work. And with limited access to the media, young women have less access to information about reproductive health and HIV prevention.

National investments in reaching the MDGs can help ensure that youth are able to maximize their potential for healthy, productive lives that contribute to alleviating the high levels of poverty that impede development. Based on the findings the followings are recommended.

- Educate all youth, especially girls – expanding access to female education is vital to achieving all of the MDGs and should be the overriding priority of international development policies.
- Provide Comprehensive Sexuality Education – all children and youth have a need for the information and skills that comprehensive, age-appropriate, culturally relevant and scientifically accurate teaching about sex and relationships for youth provides
- Ensure youth-friendly reproductive health services – investing in reproductive health services that meet the

needs of young women and men is central to reaching MDGs 3, 4, 5, and 6.

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