

Transitions to adulthood in a high fertility context: The case of Sub-Saharan Africa

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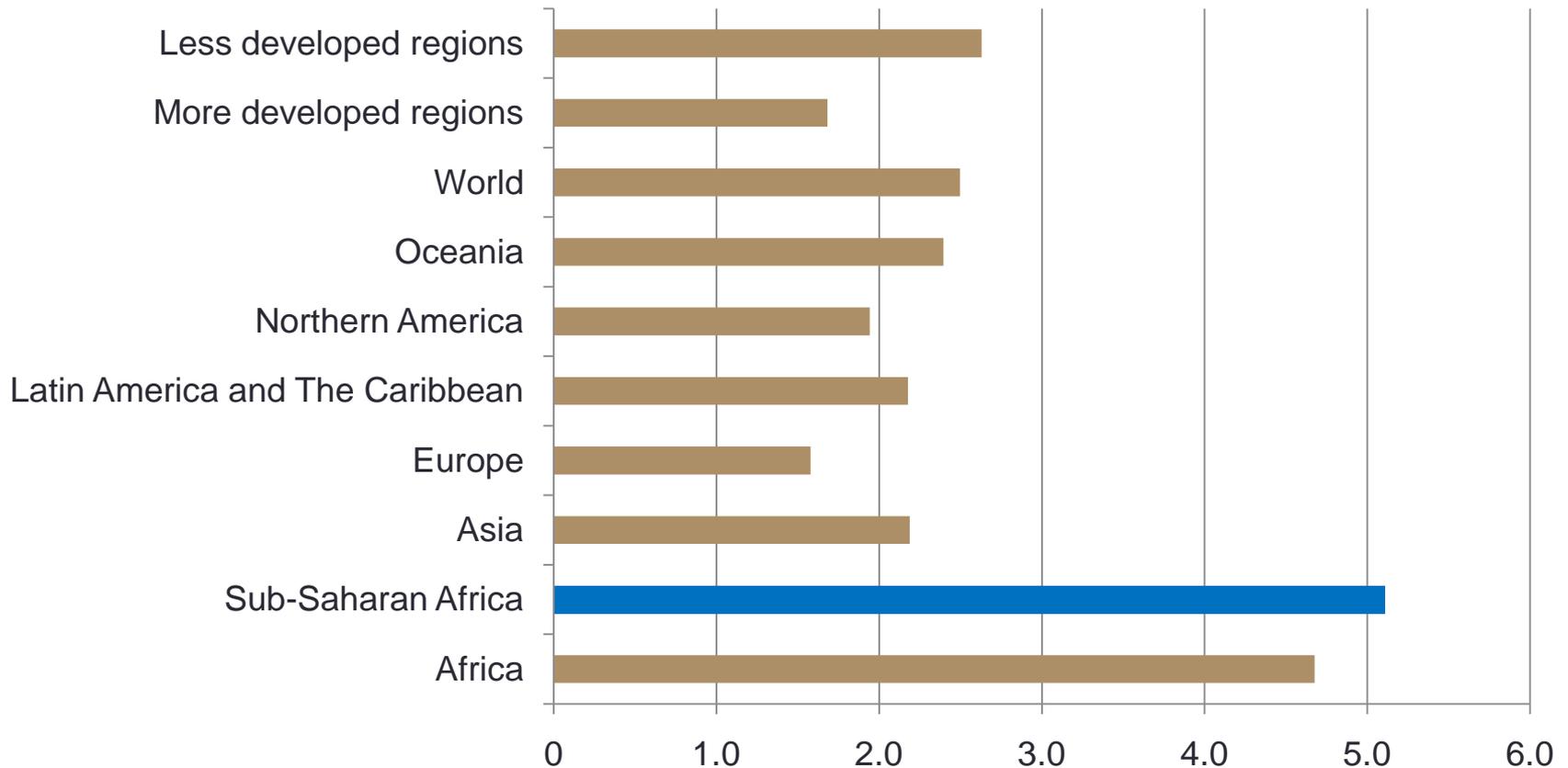
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Presentation roadmap

- The current situation of young people in sub-Saharan Africa
 - Employment
 - Education
 - Marriage
 - Sexual and reproductive health
- Policy prospects to address the challenges facing young people in sub-Saharan Africa

Why sub-Saharan Africa?

**Total Fertility Rate
(2010-2015)**



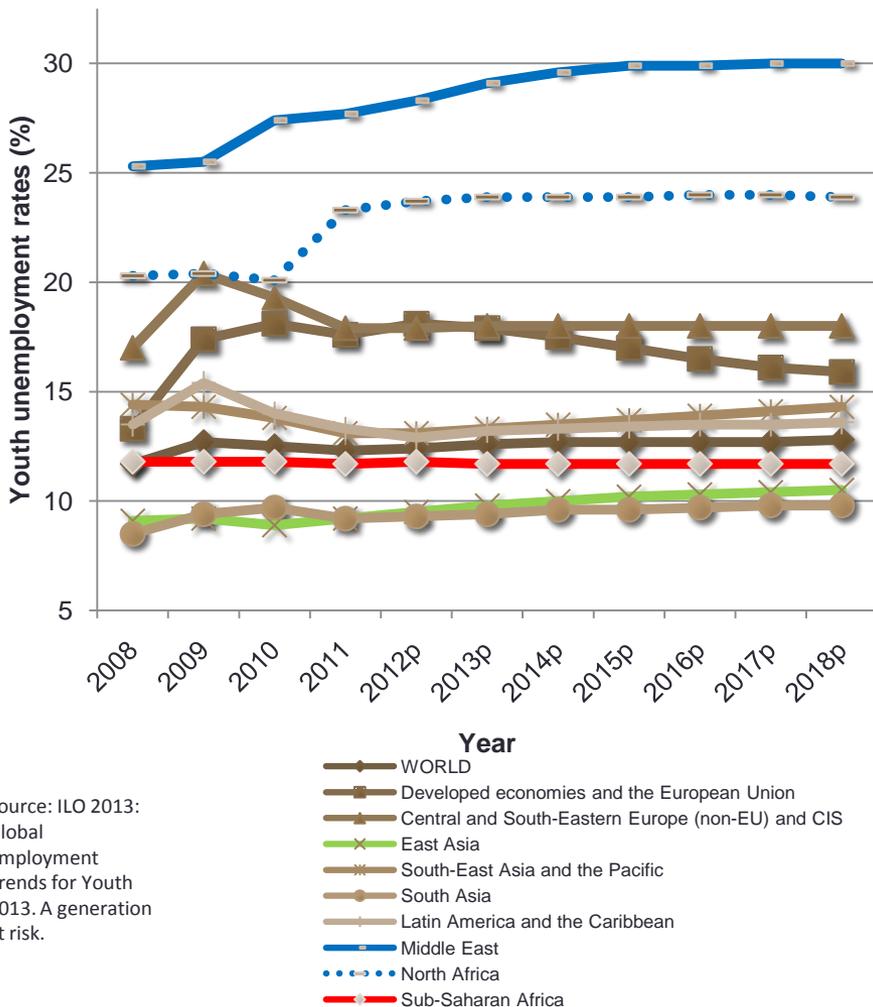
Why sub-Saharan Africa?

- Most youthful population in the world
- The proportion of young people will remain high
- A large population of young people presents immense opportunities for development
- **However it also presents** a significant challenge given the precarious economic and social realities in the region

THE CURRENT SITUATION OF YOUNG PEOPLE IN SUB- SAHARAN AFRICA

Youth employment

Youth unemployment rates 2008–18, by region (%)



Source: ILO 2013: Global Employment Trends for Youth 2013. A generation at risk.

- Relative low rates of unemployment rates in SSA

However

- Youth unemployment >> adult unemployment
- Skills gaps exist driven by early school dropouts and weak quality of education

For young people in SSA underemployment may be the key issue

- High rates of working poverty (64% of workers earn less than \$2/day)

Youth employment

- Declining job opportunities even for educated young people (Al-Samarrai and Bennell, 2007)

Implications

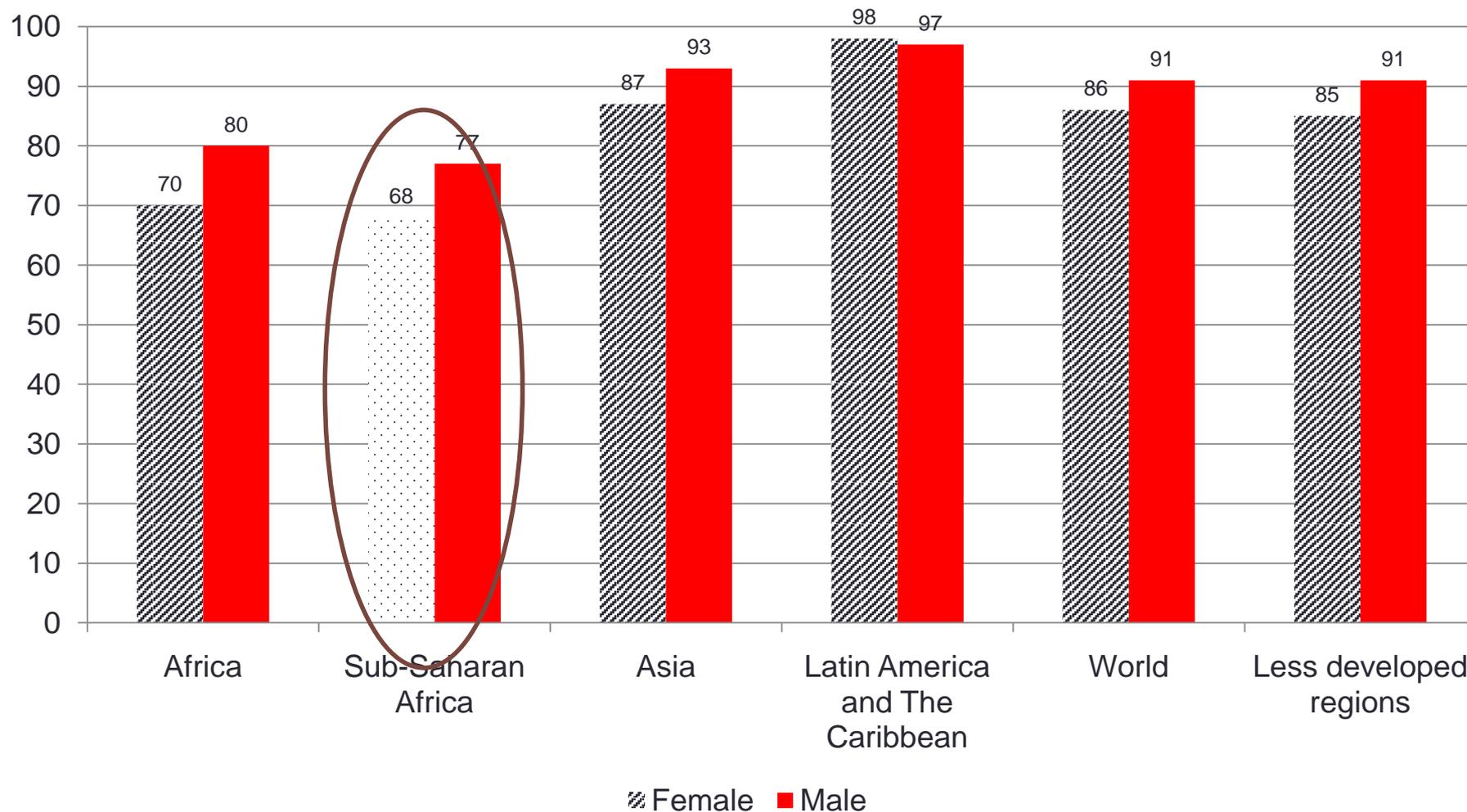
- Brain drain
 - International/Rural-urban migration
- Involvement in “survivalist” income generating activities requiring minimal skills and with low incomes

Education

- Many SSA countries have initiated policies and programmes to improve access to education
- Literacy rates remain lower than other regions
- Rapid population growth means sustained pressure on educational facilities and resources
- Pockets of exclusion

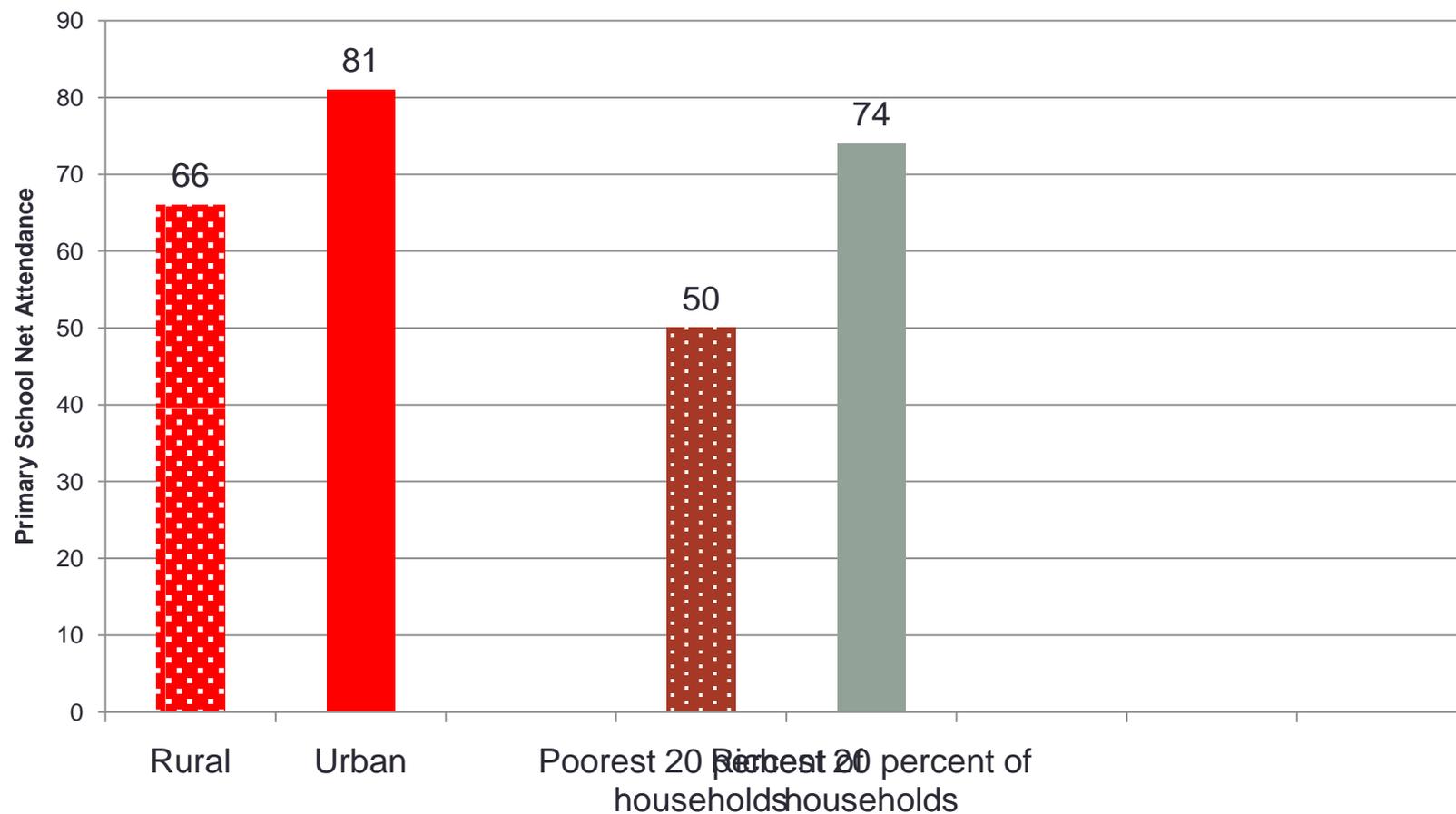
Education...the numbers

Literacy Rate of Persons Ages 15-24 (2005-2008), by Gender (per cent)



Education...the numbers

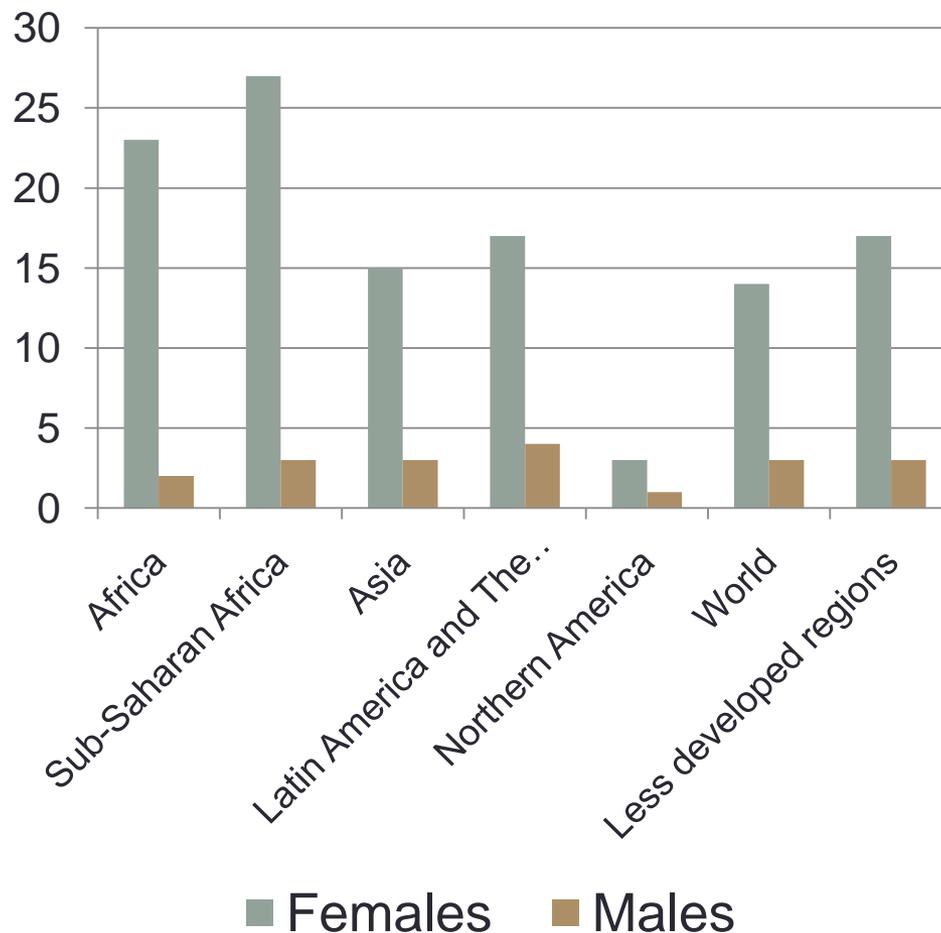
Primary School Net Attendance (2005-2010)



Marriage

- Union formation is considered a key marker of the transition from adolescence to adulthood
- Early marriages are more common in SSA
- Females are more likely than males to marry at very young ages

Ever-Married Persons Ages 15-19 (2006), by Gender (per cent)



Consequences of early marriage

Early age at marriage has broader social and economic implications (UNFPA, 2012).

- Limits young women's access to education and employment with subsequent implications for poverty status (UNFPA, 2012; Gyimah 2009)
- Increased risk for early pregnancies—often unintended and associated with poor maternal and child health outcomes (Eruklar, 2013, Mensch, 2005)
- Increased risk of intimate partner violence (Hindin et al, 2008; Eruklar 2013)
- Poorer mental health outcomes (Gage, 2013)
- Greater risk for HIV infection (Clark, 2004)

Informal unions

- Informal unions or “cohabitation” increasingly common
 - Perpetuated by economic hardships that limit capacity to cover wedding-related expenses (Antoine 2006; 2007; Calves 2007; Bocquier & Khasakhala 2009)
- Informal unions associated with
 - Higher likelihood for intimate partner violence (Hindin et al 2008)
 - Risky sexual behavior (Hattori and Dodoo, 2007)

Sexual and reproductive health

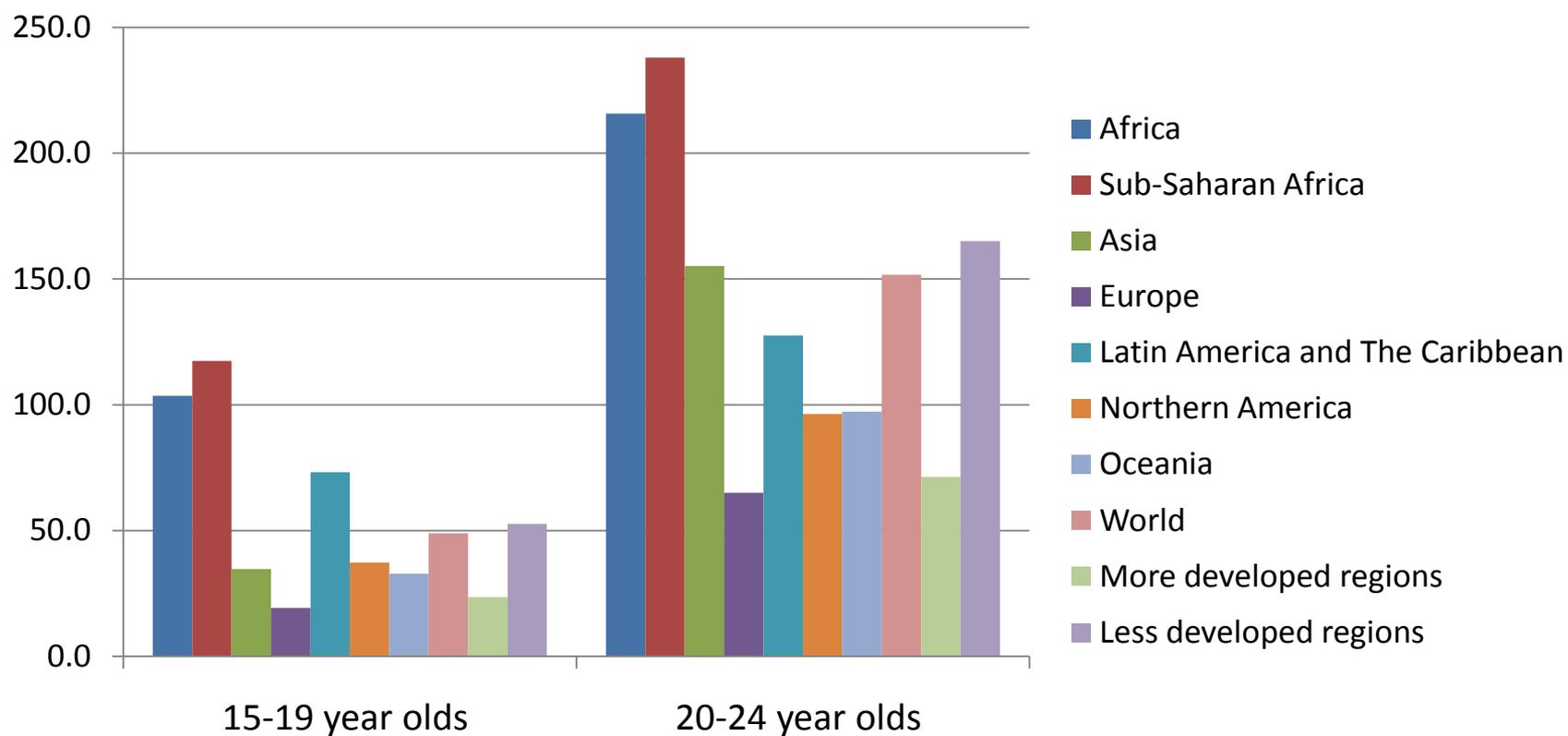
- The transition to adulthood is characterized by developmental changes, including increased sexual risk taking
- Higher proportions of females than males report early sexual debut
- Early sexual debut is more common among
 - Females in rural areas
 - Females with lower educational attainment

Sexual and reproductive health

- Low levels of comprehensive sexual knowledge
 - Exclusion of essential information in sexuality education programs
 - Large numbers of out-of-school youth
- Limited access to SRH services
 - Only 40% of births to women aged less than 20 years are attended by a skilled health worker (PRB, 2006)
- Early—often unprotected—sexual activity exposes young people to poor SRH and social outcomes
 - Early childbearing
 - Unintended pregnancies,
 - High pregnancy-related complications,
 - High maternal and child deaths

Sexual and reproductive health

Age-specific fertility rates (births per 1000 women) 2005-2010



Sexual and reproductive health

- High levels of unmet need for contraception
 - 21–46 per cent of married females aged 15–24 years in six SSA countries had an unmet need for contraception (Prata et al 2013)

Consequences

- High incidence of unsafe abortion
 - Half of all abortions (3.2 million) among 15-19 year olds occur in Africa
- High vulnerability to HIV/AIDS
 - Young people aged 15-24 comprise 42% of new HIV infections
 - 80% of 15-24 year olds living with HIV/AIDS live in Africa
- Heightened vulnerability of urban youth warrants attention

POLICY PROSPECTS TO ADDRESS
THE CHALLENGES THAT YOUTH IN
SUB-SAHARAN AFRICA FACE

The youth bulge in SSA countries suggests that high fertility levels and associated population pressures will be sustained unless measures are taken to address:

- Poor schooling outcomes,
- Weak employment prospects
- Early marriage and childbearing among young people, and
- The larger structural factors, such as poverty and poor governance, which limit healthy transitions to adulthood.

Possible avenues for change - employment

- Invest in ‘the basics for growth’ (Oppenheimer and Spicer, 2011, pp. 18);
 - quality education, good governance, improved living conditions, provision of health, education and social amenities
- Enhanced support to private sector investments (Zille and Benjamin, 2011).
 - Countries in the region must develop a private sector that is independent, competitive and integrated into global markets.
- Funding schemes to support youth entrepreneurship

Possible avenues for change - education

- Educational opportunities must match the demands of a growing population if young people's ability to engage meaningfully in the formal economy is to be harnessed.
 - Alignment of the content of school curricula to current and future needs of the economy (Altman et al 2013).
 - Adequate resources should be invested in vocational training, including ensuring that vocational training programmes are formalized and accredited (Altman et al 2013).

Possible avenues for change – early marriage and SRH

- Enforce laws that prohibit early marriage, that guarantee access to schooling, particularly for girls
- Advocate for and implement comprehensive sexuality education
- Enhance access to SRH services, particularly to hard-to-reach youth
 - look beyond YFS - school-based health programs; mobile units
- Address the larger structural factors that drive SRH – including poverty

Concluding remarks

SSA is not short of policies or regional and global declarations, such as the 1994 ICPD Programme of Action (PoA), that if fully implemented would address many of the challenges that young people face

Concluding remarks

....what is needed? – accelerated implementation of existing policies and declarations

- Increased allocation of resources to support primary and secondary education, youth entrepreneurship, and access to health services
- Creation of knowledge sharing platforms to identify and prioritize programming for youth
- Establishment of rigorous monitoring and evaluation systems—including data systems

Thank you



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