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HEALTH CHALLENGES THREATEN GAINS IN UNIVERSAL PRIMARY EDUCATION IN SUB-SAHARAN AFRICA

BY LEAH MCMILLAN

SUMMARY

- The poor state of health in Sub-Saharan Africa poses a major obstacle to the achievement of universal primary education and enrolment at the secondary school level. Malnourishment, waterborne diseases, malaria, teenage pregnancy, disability and HIV/AIDS present considerable challenges for school enrolment.
- School enrolment is improving as a result of global strategies such as the Education For All initiative and the Millennium Development Goals (MDGs), coupled with individual government efforts. However, health challenges continue to minimize the gains achieved so far by preventing a substantial number of children from enrolling in school.

In recent years, Sub-Saharan Africa has recorded strong progress in universal primary education for children. The population of school-age children has increased by 20 million and the size of the out-of-school child population has been reduced by almost 13 million or 28 percent compared to the 1990s.[1]

International education aid efforts, such as the Education For All (EFA) initiative and the Millennium Development Goals (MDGs), combined with individual government strategies have been key drivers in improving universal primary education in Sub-Saharan Africa.[2] Formulated by the United Nations Educational, Scientific and Cultural Organization (UNESCO) in 1990, the EFA

1 UNESCO. 2010. *EFA Global Monitoring Report 2010: Reaching the Marginalized*. Page 56.

2 See UNESCO Director Irina Bokova's forward to the EFA Global Monitoring Report 2010, in which she acknowledges the efforts of the Education for All initiative and the Millennium Development Goals. Page i.

ABOUT THE AUTHOR

Leah McMillan

Leah McMillan is a Ph.D Candidate in Global Governance at the Balsillie School of International Affairs, Waterloo, Canada. She holds a Masters in International Development Studies from Saint Mary's University. Leah's doctoral research assesses the efficacy of a global education policy realizing the right to universal primary education in national policy contexts. This work analyzes the role of the Education for All policy in Sub-Saharan Africa. Leah has worked and conducted primary research throughout Africa, especially in areas related to local governance, monitoring and evaluation, global social policy and human rights. She has contributed to a number of African Initiative projects as a Balsillie Fellow with the Centre for International Governance Innovation since 2007.

aims to help governments achieve universal primary education by 2015. Similarly, the MDGs, a set of time-bound development goals agreed upon by member states of the UN, prioritize the achievement of primary education for all.

Despite these efforts, the poor state of health in the sub-region remains a major hindrance to reaching universal primary education. Sub-Saharan Africa's population is less than a quarter of the world's population. But the region is more prone to disease compared to the rest of the world. This disease burden includes malnourishment, waterborne diseases, malaria, teenage pregnancy, disabilities and HIV/AIDS, and is a key challenge contributing to poor education in the sub-region.

Figures for school enrolment in Sub-Saharan Africa remain the lowest in the world. Of all the regions, Sub-Saharan Africa has the "furthest to travel to achieve universal primary education."[3] About 27 percent of children in the sub-region are not enrolled at the most basic level of education. Nearly 45 percent of the global out-of-school child population resides in Sub-Saharan Africa.[4] This poor enrolment rate has affected the overall literacy rate; in 2007, only about 72 percent—almost three-quarters—of the youth population in the region were literate. The issue of poor enrolment is further compounded by lack of adequate resources provided by governments in Sub-Saharan Africa to confront health challenges. Schools are left to face resulting decreased enrolment, intermittent attendance, drop-outs and inadequate numbers of teachers.

THE CONNECTION BETWEEN HEALTH AND EDUCATION IN SUB-SAHARAN AFRICA

The idea that a child has a right to free primary education was first introduced in Article 26 of the 1948 Universal Declaration of Human Rights. Subsequent global accords also enshrined the rights of the child to education. For instance, Article 13 of the 1976 International Covenant of Economic, Social and Cultural Rights, and Article 28 of the Convention of the Rights of the Child, have reinforced the right to free education (Weissbrodt and de la Vega, 2007). The Education For All (EFA) initiative was developed with the

3 Ibid, page 26.

4 Ibid, page 56.

aim of spreading the benefits of education to all "citizens in every society." Subsequently, six key education goals were identified as priorities of the initiative. Two of the six goals emphasize the provision of a comprehensive education for children and to ensure that by 2015, all children, including those in vulnerable situations, have free, compulsory and quality education. The EFA is significant in its offering of a nuanced approach towards improving education by encouraging governments to "invest 4-6 percent of GNP and 15-20 percent of expenditure in education" (UNESCO, Global, 2010).

Overall, the EFA and the MDGs have greatly influenced official donor assistance to Africa by increasing funds for basic education. Between 1999 and 2000, annual aid to education from the Development Cooperation Directorate of the Organisation for Economic Co-operation and Development (OECD) totaled US$5.8 billion. To achieve universal primary education in low-income nations by 2015, UNESCO predicts that an additional US$16 billion in funding is required.

After the creation of the EFA's Fast Track Initiative (FTI)—which helps donor agencies and governments coordinate and harmonize efforts for improving education—the annual aid contribution amount increased to US$8.7 billion in 2007 (UNESCO, Global, 2010). The Fast Track Initiative is incentive-based: governments that develop a FTI plan and provide evidence of working to achieve universal primary education by 2015 are granted increased funding. There are currently 24 African countries working within the FTI program (Education, 2010).

Health and education are intimately connected. Research suggests that a healthy child has a better chance of being enrolled in school. Poor health dramatically increases the likelihood of dropping out—a phenomenon widely prevalent in Sub-Saharan Africa. Sickness that afflicts a child or a child's relative is a major cause of school drop-outs at the primary education level in Sub-Saharan Africa. Poor health is also a leading factor in late-age enrolment. Children, who enroll late at school, are at a higher risk of dropping out than young enrollers. One exception to this finding is in Ethiopia, where late enrollers with a lower body mass index are more likely to remain in school, mainly because their weak physiques render them incapable of physically fulfilling basic home chores. In this case, although the late-age students remain in school, the extent of their learning is severely limited (Rose and Samarrai, 2001).

Among the health challenges impeding progress on universal primary education in Sub-Saharan Africa are ailments arising as a result of insufficient nutrition, waterborne diseases, malaria, teenage pregnancy and prejudicial attitudes towards pregnant or previously pregnant teenagers, and HIV/AIDS.

This backgrounder highlights six of the key health challenges affecting education in Sub-Saharan Africa.

THE RISKS OF MALNOURISHMENT AND ANEMIA

Malnourishment is the cause of one-third of deaths in African children, and is a predominant factor in decreased school attendance (UNESCO, Global, 2010). Malnourishment lessens a child's cognitive abilities, severely weakening learning abilities. Insufficient micro-nutrients contribute to lack of motivation in students and increased lethargy—a combination that inhibits learning potential. Data suggests a strong correlation between inappropriate nutrition with low learning levels. Although children may be physically present in the classroom, their learning levels are severely lowered (Rose and Al-Samurrai, 2001; Pridmore, 2007).

Malnourishment also causes anemia, a condition characterized by insufficient red blood cells. It is most notably caused by iron and vitamin deficiencies, and is a leading cause of poor school attendance and performance in Sub-Saharan Africa. Anemic children are unlikely to attend school as they are perpetually tired and lack energy for everyday activities. As well, the anemic child is lethargic and unable to concentrate, severely limiting his or her learning effectiveness in the classroom. Children from lower socio-economic households are particularly vulnerable to the condition because they lack access to adequate food and nutrients. Parasites, including ringworm, whipworm, guinea worm, and schitosomiasis are also agents that cause anemia. In these incidences, the parasite feeds off the host's red blood cells, making the host susceptible to anemic conditionality.

WATER-BORNE DISEASES AND THEIR IMPACT ON EDUCATION

Limited access to clean water is a leading cause of water-borne diseases. About 60 percent of Sub-Saharan Africa's population lacks a reliable source

of drinking water, while two-thirds lack appropriate sanitation (UNICEF Water, 2010). Since water consumption is a basic human need, people without access to safe drinking water will consume from unsafe sources. For example, stagnant water sources are often considered unsafe sources as they harbour parasites, including guinea worm and schitosomiasis, and attract mosquitoes thereby increasing levels of malaria. School-age children are notably vulnerable to these diseases on account of their weaker immune systems, especially in children already malnourished.

Two water-borne diseases, Schistosomiasis (bilharzia) and cholera, have been identified as affecting Sub-Saharan Africa and preventing children from attending school.

SCOPE AND EFFECT OF SCHISTOSOMIASIS

Of the world's 207 million people infected with schistosomiasis a huge majority reside in Central and Western Africa, and other areas with stagnant water, such as surrounding Lake Malawi. Although schistosomiasis is curable, it causes over 200,000 deaths in Sub-Saharan Africa annually, due to lack of access to reliable treatment. The disease severely harms a child's internal organs and affects cognitive and organ development. The World Health Organization (WHO) states that schistosomiasis "can cause anemia, stunting and a reduced ability to learn" (WHO, 2010).

CHOLERA AND ITS EFFECTS

Cholera is described by the WHO as "extremely virulent" (WHO, 2010). It is spread through contaminated water and food. Schools are susceptible to becoming breeding grounds for the disease. Cholera outbreaks have caused school closures in several African countries; ministries of health in Kenya, Tanzania, Cameroon, Zimbabwe and Zambia have in the recent past forced school closures on account of cholera outbreaks (Bakari, 2010; Campbell, 2010).

Furthermore, poor infrastructure increases the spread of cholera. The majority of public schools in Sub-Saharan Africa lack the infrastructure for appropriate sanitation. Without appropriate sanitation, schools become grounds for harbouring, and thereby exacerbating, the spread of infectious diseases. The 2008 Education for All Global Monitoring Report asserts that a safe and healthy learning environment is critical for quality learning.

Incidences of cholera are higher in poorer areas with unsanitary latrine facilities. In 2008, only 34 percent of Sub-Saharan Africa's population had access to improved sanitation facilities (a slight increase from 30 percent in 1990).

MALARIA: AFRICA'S MAJOR KILLER

Malaria continues to be a major killer in Sub-Saharan Africa. According to the WHO, more than 3,000 African children die every day from malaria. Malaria is crippling to education systems in Africa, forcing absences of at least two weeks for malaria-infected patients. Still, a mere 17 percent of the Sub-Saharan African population under five years sleeps under a bed-net (USAID, 2007). Bed-net use by children correlates to socio-economic status: the poorer the household, the less likely it is to use bed-nets. Use of bed-nets differs across the continent. In Kenya, seven percent of the poor and over 30 percent of the rich use bed-nets. Less than five percent of poor households in Mozambique, Cameroon and Rwanda use bed-nets in comparison to over 20 percent in higher income households in these countries (World Bank Group, 2004).

During the rainy season, mosquitoes linger, particularly in areas with stagnant water pools and open sewers. Schools lacking appropriate facilities and surrounded by stagnant water become breeding grounds for spreading malaria. For instance, Zambia's Open Community Schools, which account for 20 percent of the school population, have poor infrastructure, often lack roofs, closed sewers, and appropriate latrines. As a result, malaria spreads quickly among students and teachers. Because schools with poor infrastructure are in poorer areas, a vicious cycle is created whereby children attending these schools are more likely to get infected with malaria, and even more likely to have a slower recovery rate because of limited money for treatment and medication.

TEENAGE PREGNANCY: ATTITUDES THAT HAMPER ENROLMENT

In 2007, 118 out of every 1,000 girls, aged 15 to 19 years, gave birth in Sub-Saharan Africa. Pregnancy is a major contributor to school drop-outs, and is the leading cause of female drop-outs in Botswana and Ghana (Dunne and Leach, 2005). The chance of a girl returning to school after giving birth

is severely limited. The majority of pregnant girls drop out indefinitely, most leaving immediately upon the first sign of pregnancy, for fear of judgment by peers, teachers, and community members (Kadzamira and Rose, 2001). While parents and teachers contribute to this trend by discouraging pregnant girls from remaining enrolled, in many cases the role of governments in contributing to this trend is also important. For example, up until 1997, legislation in Zambia prevented a pregnant, or previously pregnant, girl from reentering school (GOZ, 2009).

SPECIAL NEEDS AND DISABILITIES

Children with special needs, including those with physical and learning disabilities, are severely disadvantaged in accessing education in Sub-Saharan Africa. In Ghana for example, 10 percent of the population is disabled (Dei et al., 2006, p.209), yet a mere 2 percent of disabled persons have access to special institutions (Casely-Hayford and Lynch, 2003). Inclusive education, particularly focused on special needs, is necessary for realizing the goal of universal primary education; however, much of Sub-Saharan Africa lacks appropriate resources—including infrastructure and adequately trained teachers—to work with developmentally-disabled persons. Needs for disabled persons are often overlooked both for cultural reasons and because governments lack adequate resources to meet the needs of this group.

THE IMPACT OF HIV/AIDS

Incidents of HIV/AIDS among the school-going population are growing. Nearly five percent of African youth between the ages of 15 and 19 are infected. Even higher incidences prevail in some countries. More than half of HIV/AIDS incidences in Sub-Saharan Africa are in people under 25 years. In addition, countries with high rates of HIV/AIDS have high levels of single- and double-orphaned children. In Lesotho, Malawi, Zambia, Botswana and Swaziland, children are often forced out of school and compelled to stay at home to look after sick grandparents, parents or their younger siblings. Where HIV prevails, school enrolment is affected. In countries where HIV rates are highest, teachers are often among the population of infected adults. In Malawi, 4.3 percent of teachers are HIV positive.

POOR HEALTH AS AN OBSTACLE TO EDUCATION

Health challenges have created a major barrier to the achievement of universal primary education in Sub-Saharan Africa. Limited access to safe water, inadequate prevention measures, lack of access to proper treatment, poor sanitation, and negative attitudes to the disabled and pregnant girls, are exacerbating the spread of diseases and preventing children from enrolling in schools across Sub-Saharan Africa.

Although international donors and governments have made considerable efforts to align policies towards the achievement of universal primary education within the outlines of the Education for All Initiative and the Millennium Development Goals, poor health continues to threaten Sub-Saharan Africa's ability to achieve the UPE target.

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CIGI

The Centre for International Governance Innovation
57 Erb Street West
Waterloo, Ontario N2L 6C2, Canada
www.cigionline.org

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a project of the africa initiative
www.africaportal.org

57 Erb Street West
Waterloo, Ontario N2L 6C2, Canada
tel +1 519 885 2444 fax +1 519 885 5450
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