

Review on Health Needs of Learners With Special Needs (LSN) in Sub-Saharan Africa: Implications in Achieving the Millennium Development Goals



Education

KEYWORDS : Special Education, Sub-Saharan Africa, Learners with Special Needs, Achieving MDGs, Health Information Sources.

Eskay, M. (Ph.D.)	Department of Educational Foundations, University of Nigeria, nsukka
Ezeudu, F. O. (Ph.D.)	Department of Science Education, University of Nigeria, Nsukka.
Aniodo, D. (Ph.D.)	Department of Health and Physical Education, University of Nigeria, nsukka.

ABSTRACT

With the global focus on 2015 and the MDGs, this paper highlights with life circumstances of learners with special needs (LSN) in sub-Saharan Africa, showing how investments in LSN can help achieve the MDGs. This paper is an investigative survey into the status and challenges of health of sub-Saharan Africa's LSN. 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 learners with special needs to avoid unintended outcomes. This paper aims to provide educators, science educators, policymakers, programme managers, and the interested public in sub-Saharan Africa and around the world with a better understanding of the health needs and experiences of LSN in the region. It presents statistical data and information on the health issues and challenges that militate against achieving the Millennium Development Goals (MDGs) as it affects the LSN are highlighted. Recommendations are based on how investments in learners with special needs (LSN) can help achieve the MDGs.

Introduction

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 Learners with Special Needs (LSN). 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 LSN is needed, especially in sub-Saharan Africa, which is facing the highest hurdles in meeting the MDGs (Ringheim and Gribble, 2010).

The importance of collecting, processing, and using data in the campaign to improve 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 and health; eliminating education and health inequities especially among the Learners with Special Needs (LSN) should be possible (Eskay, Chimah & Asogwa 2013).

Although LSN 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 LSN (World Bank 2007).

Learners with Special Needs (LSN) 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 LSN-related action required to achieve the MDGs.

Table 1: LSN Related action to meet MDGs

MILLENNIUM DEVELOPMENT GOAL	Learners with Special Needs (LSN) RELATED ACTION REQUIRED TO ACHIEVE THE MDG
Goal 1: Eradicate extreme poverty and hunger.	Reduce the LSN 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 LSN 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

Objectives of the study

This study seeks to achieve the following objectives:

1. review a survey on health needs and challenges of learners with special needs in Sub-Saharan Africa
2. examine health status of LSN in Sub-Saharan Africa
3. identify health information sources
4. proffer solutions to health challenges of LSN which will foster national development

Literature Review

Challenges to Achieving MDGs

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 learners with special needs and on how successfully its LSN transition to a healthy and productive adulthood (Zwiker and Ringheim 2004).

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 LSN populations, with women beginning to have children at a young age and having many children over the course of their lives.
- Rural and urban LSN 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, LSN in these 15 countries live predominantly in rural areas.
- Weak economic growth impedes the investment in LSN necessary to achieve the MDGs.

Health Status of Leaners with Special Needs (LSN) 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.

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 Sexually Transmitted Diseases (STDs)? The information for answering such questions generally comes, as Jamison et al., (2006, page) 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 con-

sultations 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.

Methodology and countries sampled

Descriptive survey was employed. Data for the study were collected from documents relating to health and learners with special needs. 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).

Results and Discussion of Findings

Table 2: Total Population of Learners with Special Needs’ (LSN) Health Indices

LSN Ages 10-24 (Millions)	LSN Ages 10-24, % of Total Population	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	101	28/34m

Source: Population Reference Bureau, 2013

Population Data on the Countries and their LSN

Though the world’s learners with special needs population of 1.2 billion as defined by the United Nations refers to ages 15 to 24, this paper is concerned with the LSN 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, learners with special needs of both sexes generally complete or leave school and become sexually active; many girls marry and begin childbearing.

Table 3: Selected population characteristics of featured countries

S/N	Country	Population (millions)	Population Ages 15-19 (%)	Median age of population	Population growth rate (% per year)
1	Nigeria	149.3	10.7	19.0	2.3
2	Ethiopia	85.3	10.4	16.9	2.6
3	DRC	68.7	11.2	16.4	2.7
4	Tanzania	41.0	11.5	18.0	2.9
5	Kenya	39.0	10.4	18.7	2.6
6	Liberia	34.4	9.6	18.0	4.4
7	Uganda	32.4	11.6	15.0	3.3
8	Ghana	26.7	11.2	20.8	2.0
9	Mozambique	21.7	11.7	17.4	2.2

10	Madagascar	20.7	10.9	18.0	2.6
11	Malawi	15.0	11.0	17.1	2.5
12	Senegal	13.7	10.8	18.6	2.6
13	Mali	13.4	10.4	16.2	2.4
14	Zambia	11.8	12.6	17.0	2.5
15	Rwanda	10.7	10.2	18.6	2.7

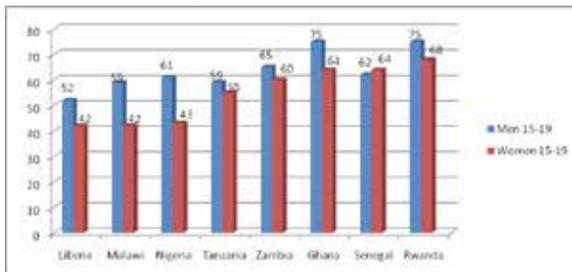
Source: U.S. Census Bureau, International Data Base and

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. LSN ages 15-19 in these countries represent slightly more than two-thirds of all LSN 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.

Awareness of HIV and AIDS by Learners with Special Needs (LSN)

Awareness of HIV and AIDS is now nearly universal among LSN. 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.1: presents the percentage of LSN who reported three ways to prevent HIV transmission.



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

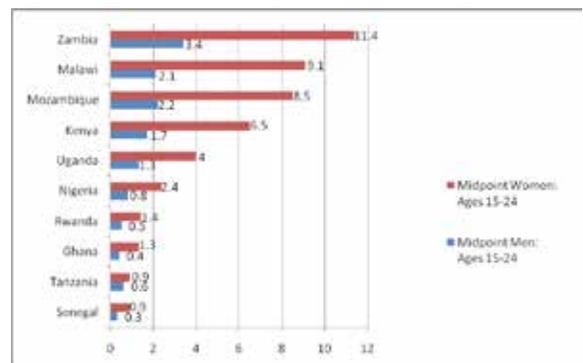
In seven of the eight countries presented, young men had a better understanding of how to prevent HIV transmission than young women. The difference in their knowledge was greater (17 percent points or more) in Nigeria and Malawi. In Senegal, more young women reported knowing how to prevent HIV transmission 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 LSN is essential if MDG 6 is to be achieved in Malawi.

Halting and reversing the spread of HIV/AIDS is the primary aim of MDG 6. In sub-Saharan Africa, where two-thirds of the 33 million people living with HIV reside, the AIDS epidemic has altered virtually every aspect of life: Nearly three-quarters of all deaths due to HIV in 2008 occurred in sub-Saharan Africa (USAIDS, 2009). Throughout the region, 60 percent of all those infected are women, and new HIV infections are occurring most frequently among LSN, especially young women.

Learners with Special Needs in sub-Saharan Africa, especially women, face the greatest risk of HIV. Cross-generational sex between an unmarried adolescent girl and a man 10 or more years older is not unusual in the region. DHS surveys showed that as

many as 20 percent of 15-to-19-year-old girls in Uganda and 25 percent in Nigeria had such an older partner in the last year. These relationships are often driven by economic need, and they expose young women to grave health risks, including HIV (PRB, 2007). The countries profiled in this paper include some of those most deeply affected by HIV, such as Malawi, Mozambique, and Zambia, as well as countries where HIV prevalence among the population ages 15 to 49 remains below 1 percent, including Madagascar and Senegal. HIV prevalence among the population ages 15 to 24 is an indicator used to track progress on MDG 6. Fig.2 shows the midpoint of the estimated prevalence among young women and young men across the region.

Fig.2: HIV prevalence among women and men ages 15-24



Source: Calculations based on UNAIDS, 2009

Region-wide, young women are generally three times as likely as men of the same age to be infected with HIV (3.2 percent vs.1.1 percent). This ratio is fairly consistent regardless of the HIV prevalence within the country. In the five countries profiled with the highest prevalence: Uganda, Kenya, Mozambique, Malawi, and Zambia, more than 2 percent of all youth are HIV positive. These five countries are located in East Africa – one of the two regions, along with southern Africa, that has been hardest hit by the epidemic. USAIDS (2009) reported that the epidemic is stabilizing in most countries in the region, although at a high level of infection. Zambia and Tanzania are among the few countries where a drop in incidence has been reported in the last several years.

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.

Conclusion and Recommendations

The very young age structure of sub-Saharan Africa has special significance for learners with special needs, who are entering their reproductive years and their years of productive employment. With so much competition for jobs, agricultural land, and environmental resources, special educators and policymakers must consider how the needs of learners with special needs best be served and how meeting those needs will contribute to MDG targets. 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 learners with special needs are able to maximize their potential for healthy, productive lives that contribute to alleviating the high levels of poverty that impede development among learners with special needs. Based on the findings the followings are recommended.

- Provide Comprehensive Sexuality Education to all children and learners with special needs have a need for the information and skills that comprehensive, age-appropriate, culturally relevant and scientifically accurate teaching about sex and relationships for these learners with special needs.
- Ensure LSN-friendly reproductive health services by investing in reproductive health services that meet the needs of young women and men is central to reaching MDGs 3, 4, 5, and 6.
- Given the high level of unmet needs for contraception as well as the unparalleled risk of HIV, the need for comprehensive integrated reproductive health and HIV/AIDS services, especially for LSN, is nowhere more apparent than in the sub-Saharan Africa. Linking these services is a cost-effective strategy that will better serve the needs of learners with special needs and further national development.

REFERENCE

- Eskay, M. Chimah, J.N. & Asogwa, U.D. (2013) Information, education, and health needs of | youth with special needs in sub-Saharan Africa for achieving millennium development goals. *European Academic Research* (1) 6 Sept. 2013. 943-964 | | Jamison, D.T. et al. (2006) *Priorities in Health*. Washington DC: The International Bank for | Reconstruction and Development/The World Bank | | Ringheim, K. & Gribble, J. (2010) Improving the reproductive health of sub-Saharan Africa's | youth: a route to achieve the millennium development goals. Washington DC: Population Reference Bureau | | Population Reference Bureau (2007) *Demographic and Health Surveys: Nigeria, 2003 and | Uganda, 2004-5*, as reported in *Addressing Cross-Generational Sex: a Desk Review of Research and Programs*, by Ruth Hope (Washington DC: Population Reference Bureau. | | Population Reference Bureau and African Population and Health Research Centre (2008). | African Population Data Sheet. Washington, DC: Population Reference Bureau. | | Population Reference Bureau (2013) *The World's Youth 2013 Data Sheet*, Washing, DC: | | Ruth, L. (2009). *Girls Count: A Global Investment and Action Agenda*. Washing, DC: Centre for | Global Development. | | United Nations Population Division (2011). *World population prospects: The 2010 Revision*. | | USAIDS (2009) *Sub-Saharan Africa Fact Sheet* (Geneva: UNAIDS, 2009) | | World Bank (2007). *Development and the Next Generation*. Washing, DC: World Development | Report 2007. | | Zwiker, C. and Ringheim, K. (2004). *Commitments: Youth reproductive health, the World Bank | and the Millennium Development Goals*. Washington, DC: Global Health Council 2004. |