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STATE OF AFRICA'S POPULATION 2017



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Keeping Rights of Girls, Adolescents and
Young Women at the Centre of Africa's
Demographic Dividend

PROF. ISAAC K. NYAMONGO & DR. DENNIS K. SHILABUKHA
FINAL REPORT

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The Department of Social Affairs works to accelerate the African Union's labour, social development and cultural agenda. It has several core areas that are of interest, namely (i) supporting the implementation of Member States' policies on labour, population, health and migration; (ii) putting in place programmes and strategies on drug control and other issues; and (iii) promoting AU instruments for advancing the social and solidarity agenda. A key aspect of this is the production of the highly informative reports on the state of Africa's population. This report will enable the African Union Member States to make evidence-based decisions on population-related issues.

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Acronyms and Abbreviations

ACRWC	African Charter on the Rights and Welfare of the Child
APEC	African Population Experts Committee
AIDS	Acquired Immune Deficiency Syndrome
AU	African Union
AUC	African Union Commission
CRC	United Nations Convention on Rights of the Child
DHS	Demographic Health Survey
DSA	Department of Social Affairs
FGM/C	Female Genital Mutilation/Cutting
GBV	Gender-Based Violence
GDP	Gross Domestic Product
HIV	Human Immuno-Deficiency Virus
ICPD	International Conference on Population and Development
MICS	Multi-Indicator Cluster Survey
PLWD	Persons Living with Disability
PRB	Population Reference Bureau
SDGs	Sustainable Development Goals
SRH	Sexual and Reproductive Health
TFR	Total Fertility Rate
UN	United Nations
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United National Development Programme
UNECA	United Nations Economic Commission for Africa
UNFPA	United Nations Population Fund
UNICEF	United Nations Child's Education Fund
WB	World Bank
WHO	World Health Organization

EXECUTIVE SUMMARY

The African Union's Assembly of the Heads of State declared 2016 as the "African Year of Human Rights with a special focus on women". The Assembly also declared 2017 as the year for "Harnessing the Demographic Dividend through Investments in the Youth". In line with these twin declarations, the Economic and Social Affairs Department of the African Union has prepared this "**State of African Population Report 2017**". The Report focuses on *the rights and welfare of the people*. Specifically, the report addresses the rights of girls, adolescents and young women in Africa and underlines ways to enable African countries to reap the demographic dividend. It underscores the inter-relationship of human rights and population as well as the impact of these on the rights and welfare of Africa's population. The report notes that a demographic dividend is not guaranteed as many countries on the continent face the potential of missing their chance since the opening to maximise the opportunity for a demographic dividend occurs during a finite window that gradually closes as the working generation ages. Some countries experience more than one chance without requisite conditions being put in place, while others could just miss the chance due to unpreparedness.

Overall, the report is geared towards providing a one-stop reference point on the state of Africa's population. Drawing from the AU Assembly of Heads of State Declaration for 2016 and 2017, the Report explores the link between population/demography, development, rights and highlight the interface and its implications for young women and girls in Africa. It also examines the role and place of young women and girls in Africa's demographic dividend and then proposes strategic investments needed for the future taking into consideration relevant SDGs that are linked with issues of adolescent girls and young women. The data used to prepare the report comes from various AU, UN and other agencies dealing with population issues. Relevant documents were identified and reviewed. Additional quantitative and qualitative secondary data analysis was done and consultations with AUC made. The draft report was subjected to further external subject matter expert reviews.

Due to the report's broad nature, which aims to provide a bird's eye view of the continent, country level-specific discussions are short on detail. The report has used country level information only to emphasize specific issues. Secondly, the report is limited in relation to the nature of data used. The use of primary data would make it possible to bring firsthand information but this has not been possible. Instead, the report has relied largely on data provided by the Africa Union and UN agencies such as UNFPA, UNICEF, WB and WHO, among others. Use of this different data sources helped to confirm the veracity of data for the indicators. The absence of a continent-wide population policy guideline also limited capturing data in a uniform way from different countries and regions. Nonetheless, AU has a draft policy framework on Sexual and Reproductive Health Rights (SRHR), developed in response to the call for the reduction of maternal and infant morbidity and mortality. Finally, the limited timeframe for producing the report curtailed in-person extensive consultations at country level. This limitation was overcome by the enormous data already available which allowed secondary analysis to be conducted.

In discussing the prospects for the demographic dividend, first an overview of the current population dynamics on the continent is given. Factors driving population dynamics such as fertility, mortality, migration, and urbanization are discussed. The population of Africa has grown from 944 million people in 2007 to 1.203 billion in 2016. This can be explained partly by high fertility rates in many

countries. Demographers attribute this high fertility as a function of early sexual debut among women due to early marriage and the unmet need in family planning and low/inconsistent contraceptive use. In some countries, the average number of children per woman is still above 6. These include countries like Angola, Burkina Faso, Chad and Niger. Countries like Zimbabwe, Kenya, Ghana and Sudan, on the contrary, seem to be on a transition pattern towards lower fertility levels. In these countries, the average number of children per woman is 4.3. Generally, the continent shows a notable inverse relationship between fertility rates and income.

Data shows that mortality rates have gone down considerably from an average of 14 persons per 1,000 population in 2007 to 10 persons per 1,000 population in 2016, although regional performance has not been uniform. The positive changes in the death rates for the general population are also reflected in the infant mortality rates. The reduction in mortality rates can be explained in terms of the curative and preventive measures put in place by many countries to address major causes of mortality such as HIV/AIDS, malaria and TB, which are leading killers in Africa. Apart from these infectious diseases, other conditions have emerged to complicate the mortality issues. Policy makers must address these emerging issues which include life style conditions such as cancer, diabetes, heart disease and motor vehicle and industrial accidents.

Reducing mortality means Africa should start planning for an ageing population by 2030. Life expectancy is to reach 64 years, compared to 57 years in 2010 and 59 years (men) and 62 years (women) in 2016, albeit with regional variations which show that East Africa and North Africa will have the highest life expectancies with 64 and 76 years respectively against the lower figure of 56 years in Central Africa. The variations are also reflected across countries according to income levels. In this case, increase in life expectancy is expected to be higher for low-income countries where it will rise by 14 years between 1990 and 2030. With the expected higher life expectancy, comes shifts in the population age structure.

An ageing population will face a different set of challenges. For one, ageing is highly linked with long-term physical and mental disability and many long-term chronic conditions. These challenges certainly require greater community and personal care. However, the report notes that average spending on health is still below required levels and care systems associated with ageing populations in most of Africa are still weak, if not altogether absent. Therefore, most African countries could be hampered to adequately address these emerging health problems. What is more, the general lack of broad-based social safety nets to help extend protection to an aging population may complicate the quest for the demographic dividend. Thus, there is need for policy formulation to address these challenges. Many countries need to harness the current young segment of the population through investment in education, health and employment creation to set the future right for the current working population in preparation for its own social security.

Another set of variables affecting the current population dynamics are migration and urbanisation. This report notes that the current migration and urbanisation trends in Africa are the highest in the world. Apart from Africans being the most mobile people in the world, migrants from Africa are younger (on average at 29 years) compared to migrants from other regions of the world. On the

continent, migration has had its negative social consequences over years. In 2015 for instance, there was widespread xenophobic related violence in South Africa, suggesting that governments should start preparing for increase in xenophobia and other related problems as migrants from countries of origin vie for opportunities with locals in countries of destination. This is more so in the ever-shrinking job opportunities. Added to these critical issues is the problem of Eurocentric behaviours in Europe, which continue to affect relations between the African migrants and their host nations. To address these migration issues, governments are expected to initiate integration processes that combine the solutions for pressures of movement of (human) capital demand much more than the mere harmonisation of policies that interlink trade, investment, transport and movement of persons. Since it is the young segments which are affected in a big way, there is need to address gender and human rights aspects that will optimise regional labour markets as well as ensure the maximum benefits of the migration process for the African youth.

Urbanisation is another demographic minefield for many African governments. The fact is, compared to other regions in the world, Africa is variegated with contrasts in terms of urbanization. Some countries such as Burundi, Rwanda, Malawi, Ethiopia and Burkina Faso are still overwhelmingly rural. Others such as Gabon and Western Sahara have more than 80% of their population living in urban areas. The growth of urbanisation in African countries also reflects sizeable flows from rural areas, which presents daunting challenges for development. Those moving into urban areas increase pressure on land, infrastructure and basic services, especially the already overstretched health care services. The flows into urban areas is likely lead to a spike in food prices, making food unaffordable for many and thereby undermining their nutrition. On the other hand, the rural areas are robbed off their youthful labour forces, rendering the remaining population food insecure. In both cases, the health of the population is compromised.

Apart from the current population dynamics, the continent faces challenges in addressing young women's SRH rights. FGM/C, GBV and child, early and forced marriage stand in the way of achieving the demographic dividend. Child marriage is recognized internationally as a severe violation of human rights and the worst form of child abuse. It is a profound manifestation of gender inequality and the value of girls and women in society. It remains one of the predominant architects of violation of the girl child's rights, and acts as an avenue for perpetuating gender inequality. It assists a girl's health, education, psychosocial wellbeing and overall lifelong development. Globally approximately 15 million girls are married every year before the age of 18 years. In Africa, the proportion of girls married by 18 is as high as 38 per cent in East and Southern Africa region and 46 per cent in West and Central Africa. Out of the 41 countries worldwide with the highest prevalence rate of 30% or more, 30 are from Africa. FGM/C is still prevalent and the WHO estimates that this harmful practice is common in many parts of Africa in East, Western and Northern Africa. The proportion of women reporting physical violence is very high on the continent. The highest lifetime violence is reported in the Democratic Republic of Congo, followed by Equatorial Guinea. These two countries also report the highest proportion of women reporting physical violence in the last 12 months. The least physical violence is documented in South Africa, Comoros and Burkina Faso.

In addressing the factors that will influence the demographic dividend, there is need to invest in young

people, especially adolescent girls, to prepare them for future life and enable them become a competent and productive work force that can develop their societies and the nations sustainably. The investments should prioritize health (including access to sexual and reproductive health information and services), education, skills development and decent employment creation to avoid mass suffering that may lead to political, social, and economic instability and conflict. The centrality of good governance and leadership in support of efforts of African leaders to fully capture the benefits of the demographic dividend is critical. This will enable young people to proactively engage and help steer their countries and Africa to the future. Proactive youth participation means adults/leaders should ensure that African youth are empowered to participate in setting agenda as well as being part of the decision-making processes. These efforts should include exploring the role of boys and men in ending violence against girls and women as well as achieving gender equality.

In view of the foregoing, the following recommendations, which are expounded in the report, are made:

- Call on governments under the auspices of the AU for a harmonised continental population policy to guide discussion of population issues in Africa, together with a monitoring and evaluation framework to monitor and measure demographic trends.
- Governments need policy interventions that will show how the growing youth of Africa can find/be provided employment opportunities.
- The AU should lead the discussion on the implications of urbanization, tradition and society as Africa and its young men and women move more towards an industrial and service economy and away from an agricultural one. In particular, the continent should explore a working balance between industrial, service and agricultural economies to ensure sustainable development.
- The AU should map and encourage countries and regions of Africa that are more likely to nurture job creation opportunities for young men and women than others. Additionally, there is need for the AU to find out the extent to which Africa and Africans can create employment opportunities, enterprises and manufactured products. This will produce opportunities for those countries that are already in a demographic dividend phase.
- While investments in the girl child has created a positive impact on the general welfare and performance of the girl child, clearly the boy child is now lagging. A rethink male (and in particular, the boy child) involvement is needed to ensure that they are empowered to contribute positively to the demographic dividend by insuring the rights of the girl child, adolescents and young women.
- The AU should find the place and meaning of gender equality and empowerment in the context of structural transformation on an emerging Africa moving towards a demographic dividend and the core issues in gender inequality that need to be addressed by AU and member states. Central to this will be mapping programs and activities that promote economic opportunities for women and girls, without leaving out men and boys.

CHAPTER 1 : BACKGROUND

1.1: Introduction

In response to the African Union's Assembly of the Heads of State declaration of 2016 as the "African Year of Human Rights with a special focus on women" and the year 2017 as the year for "Harnessing the Demographic Dividend through Investments in the Youth", this "**State of African Population Report 2017**" focuses on *the rights and welfare of the people*. Specifically, the report addresses the rights of girls, adolescents and young women in Africa and underscores the inter-relationship of human rights and population and their impact on rights and welfare of Africa's population. This report is also part of the AU roadmap on "*Harnessing the Demographic Dividend through Investments in Youth*". The Roadmap recognises the importance of investing in the youth today because it will determine the development trajectory of Africa over the next decades. The investments will also position the continent towards realizing a strong, united and influential global player and partner as envisioned in Agenda 2063. The report touches on the roadmap's four thematic pillars, namely; employment and entrepreneurship (Pillar 1), education and skills development (Pillar 2), health and wellbeing (Pillar 3) and rights, governance and youth empowerment (Pillar 4).

In addition to AU's thematic pillars, the report also focuses on target five of the Sustainable Development Goals (SDGs) which address gender equality and women's empowerment. There are several targets for SDG 5, namely, (i) bringing to an end all forms of discrimination against women and girls everywhere; (ii) eliminating all forms of violence against women and girls irrespective of place or nature; (iii) eliminating all harmful practices, such as child, early and forced marriage and female genital mutilation; (iv) recognizing and valuing unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate; (v) ensuring women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life; and (vi) ensuring universal access to sexual and reproductive health and reproductive rights. These targets are particularly pertinent and address issues central to the report.

The report recognises the importance of demographic investments and policies in the areas of contraception, family planning, child and maternal health as well as social security for the ageing population (United Nations Commission on Population and Development, 2014; Urdal, 2006). These investments will facilitate sustainable development by placing gender issues and especially issues affecting young women in regard to reproductive health and rights. More importantly the young women must find decent work so that they can contribute to economic growth to secure their future (UNFPA, 2014). However, these can only be possible if the African governments know the size, sex, location and age structure of their populations to enable them to project their future dynamics so as to reap the demographic dividend.

The countries entering a period in which the working-age population enjoys good health, quality education, decent employment and lower proportion of dependants have a huge demographic opportunity for development. Further, few children per household would lead to larger investments per child, greater freedom for women to enter the formal workforce and more household savings for

enhanced social security in retirement. The resulting greater economic payoff forms the foundation for a demographic dividend (UNFPA, 2010).

However, there is a real possibility of countries missing their chance at a dividend because the opportunity to reap an optimal demographic dividend occurs during a limited window that gradually closes as the working generation ages or as family planning policies kick-in. Nonetheless, in the past, some countries have taken advantage of the dividend. For instance, the late twentieth century saw a demographic dividend in Asia where the Gross Domestic Product increased sevenfold to produce the Asian economic boom. For countries in Latin America, around the same time, growth was only twofold, reflecting unequal access to investments in education and health, including the reproductive health and rights of women and girls. This comparative scenario reflects differential benefits countries could derive from the demographic dividend (World Bank, 2006; UNFPA, 2010).

For Africa to reap from its demographic dividend, young people, and particularly women, need to be accorded the chance to gain knowledge, educational skills and the experience to be competitive in the global workplace (WHO, 2014). However, pitfalls, such as child marriage, early and unplanned pregnancies, poor access to health care and limited education that could derail this quest for millions of girls must be eliminated. Many people in Africa are trapped in a trajectory of restricted opportunities, poor health and limited capabilities which might make attainment of the demographic dividend elusive (UNFPA, 2012). Furthermore, fulfilment of human rights – including sexual and reproductive health and reproductive rights – is essential for Africa to achieve a demographic dividend and should be confronted and addressed in the quest to reap from the demographic dividend (WHO, 2014).

Although the report takes a continent-wide approach in bringing out the potential for reaping from the demographic dividend, it recognizes that country-specific considerations will drive approaches at the national level. There is substantial heterogeneity across the continent, in aspects of dealing with population issues, making it difficult to use a single approach in addressing the major issues. Where possible, existing constraints and opportunities that may exist at regional/country level have been identified. On the other hand, those countries with high levels of child mortality and fertility will ideally concentrate on policies that accelerate the demographic transition while on the other, those that have shown measurable progress on indicators such as mortality rate and fertility rate and which are witnessing a surging population within the working-age bracket have a different challenge and should have appropriate strategies such as establishing new jobs for the burgeoning work force. Lastly, those countries with a large aging workforce will target enhancing safety nets and encouraging savings and investment. Some countries do not have sufficient, relevant or even contemporary data on some of the pertinent issues at the centre of achieving benefits of the demographic dividend due to conflict, natural calamities, and lack of resources (Canning *et al.*, 2015). Particularly, the report pays attention to issues affecting the rights of girls, adolescents and young women.

1.2 Objectives of the report

Overall, the report will provide a one-stop reference on the state of Africa's population. Drawing from the AU Assembly of Heads of State declaration for the year 2016 and 2017, the report will:

1. Explore the link between population/demography, development, rights and highlight the interface and its implications for girls and young women in Africa;
2. Examine the role and place of Africa's girls and young women in the demographic dividend; and
3. Examine and propose strategic investments needed for the future and take into consideration and relevant SDGs that are linked with issues of adolescent girls and young women.

1.3 Structure of the report

The report has seven chapters. The first chapter introduces and gives a rationale for the report. The objectives of the report as well as the methodology employed for its production and limitations are discussed. The second chapter deals with the current demographic trends in Africa. Particularly it addresses age structure, fertility, mortality, migration and urbanization all of which influence demographic dynamics. Some countries have missed the opportunity for a demographic dividend because of various factors.

Chapter three discusses the policies and governance structures and how they have contributed to a missed demographic dividend. The sexual and reproductive health rights of the girls and women in general are discussed in Chapter four. Specific focus in this Chapter is on child marriages, female genital mutilation/cutting (FGM/C), gender based violence and other cultural practices such as rituals performed during *rite de passage* activities and the practice of polygyny. The unmet reproductive health needs and especially family planning and the campaigns for the institutionalization and domestication of programmes aimed at improving sexual and reproductive health rights are discussed. These various factors lead to a discussion of the contribution of girls, adolescents and young women to Africa's demographic dividend which is the focus of Chapter five. Chapter six brings into the centre of the discussion the role of the boy child in reaping the demographic dividend. The final chapter summarizes the key findings and draws recommendations.

CHAPTER 2 : OVERVIEW OF CURRENT DEMOGRAPHIC TRENDS IN AFRICA

2.1 Introduction

This chapter presents the current demographic situation in Africa. Various factors that drive the African population dynamics such as fertility, mortality, migration, and urbanization are discussed. The current mortality trends and its causes as well as the consequences not just on the age structure but also on the demographic dividend are covered. Further, the chapter also examines migration and urbanisation and its attendant effects on the demographic dividend.

2.2. Population Size and Age structure

In the last decade, the population of those above 65 years in Africa has grown from 3% in 2006 to 4% in 2016 while the population of those below 15 years has reduced from 42% in 2006 to 41% in 2016. Currently the elderly account for 4% of Africa's population, but the dependency ratio has remained at about 0.82 between 2006 and 2016. However, within regions, there are shifts in the age structure as shown in Table 2.1. An aging population has to deal with long-term physical and mental disability and chronic conditions that certainly require greater personal care. This notwithstanding, the mean expenditure of African countries on health is low while the health care systems are weak, and unable to effectively address new health problems (African Union, 2006). Further, a general absence of broad-based social safety nets to help extend protection to an aging population calls for policy formulation to address this challenge across most African countries. There is need to harness the current young segment of the population through investment in education, health and employment creation to set the future right for the current working population in preparation for its social security in old age

Table 2.1: Shifts in age structure between 2006 and 2016

	2006				2016			
	<15 years	15-64 years	+65 years	Dep. ratio	<15 years	15-64 years	+65 years	Dep. ratio
Northern Africa	35	61	4	0.64	32	63	5	0.59
Western Africa	44	53	3	0.87	44	53	3	0.87
Eastern Africa	44	53	3	0.87	43	54	3	0.85
Central Africa	46	51	3	0.96	45	52	3	0.92
Southern Africa	33	62	5	0.61	31	64	5	0.56

Source: Population Reference Bureau reports

The population pyramids of the various regions of Africa generally show that Africa's population is largely young (Figure 2.1). Overall, about 40% of Africa's population is under 15 years. Nonetheless, there are differences in the population structure within regions. While the Eastern Africa, Western Africa and Central Africa regions mirrors the general Africa population pyramid, the population pyramids for Northern and Southern Africa regions reveal a different population structure. The two regions show a general trend towards a lower TFR (African Union, 2006).

The Eastern Africa region forms the single largest population block in Africa followed by the Western Africa region. At a population of 405,478,468, Eastern Africa accounts for about a third of Africa's population while the Western Africa region at 362,807,215 people accounts for 30% of the African continent population. These two regions together account for 63% of the continent's population.

Although males outnumber females at an early age, generally women tend to live longer than men (African Union, 2006).

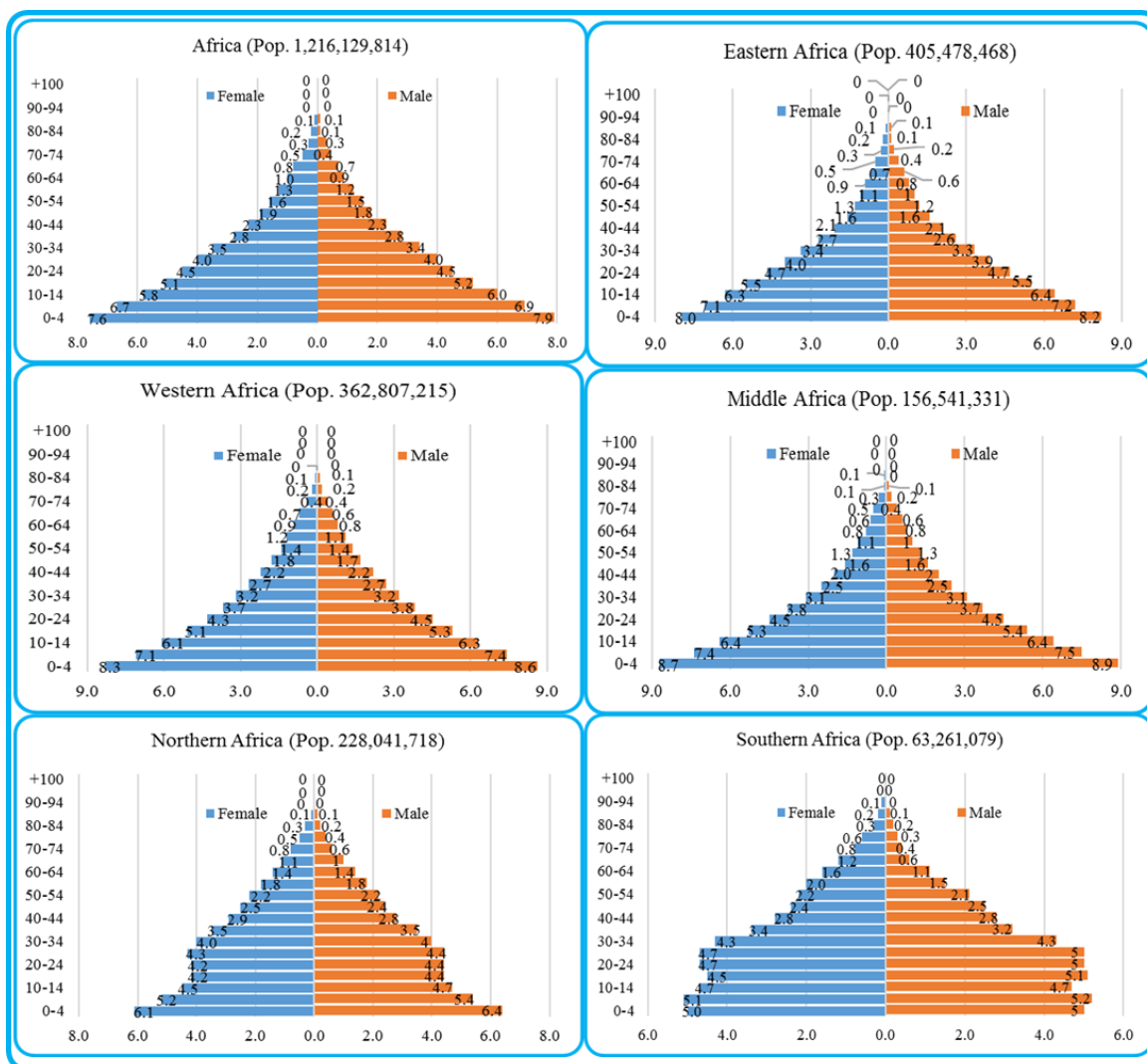


Figure 2.1: Population pyramids for Africa and its five regions (2016)

As Figure 2.1 shows, population age structures within Africa are among the youngest in the world. A regional analysis reveals that East and Southern Africa have proportions of the population under age 30 at more than 60 percent. In Uganda, almost 75% of the population is under age 30 while close to one-quarter is composed of the adolescent age range of 10 to 19. When one looks at the situation throughout East and Southern Africa, adolescent proportions are between 22.5 and 27.5 percent, while West and North Africa stand at 23 and 19 percent, respectively (UNICEF 2012).

What does this population structure portend for Africa's growth? As some African countries, especially those in Southern Africa, move through the demographic transition, the youth dependency rate is expected to fall and the working-age share of the population to rise, indicative of an increase in the work force and improved income per capita. With the right mix of investments, the effect of a changing age structure, with the youth dependency falling, economic growth will continue on the

upswing thereby releasing resources to invest in a healthier population. Since adolescents form a substantial portion of African populations, investing in these young people, with a special focus on adolescent girls, will facilitate the gains on the demographic dividend. It is also important to consider the special vulnerabilities that adolescent girls face in Africa so as to maximize impact. A very young age structure combined with limited opportunities for youth, especially women, has been a source of hopelessness and disenfranchisement. A number of other factors, such as poverty and diminishing capital resources could also contribute to this vulnerability (Population Action International, 2007).

2.3 Fertility

The total fertility rate (TFR) in Africa has steadily declined over the last 12 years since 2004. For example, in 2004 TFR was 5.1 and stood at 4.7 children per woman in 2016 (Table 2.2). In spite of these declines, compared with other regions of the world, African countries still experience a relatively high fertility—explained as a function of early sexual debut among women due to early marriage and unmet need for family planning. The proportion of individuals below 15 years is also projected to decline gradually to 36% in 2030 from 46% in 1990 while on the other hand those aged 15 to 59 years will increase from 456 million people in 2010 to reach 758 million in 2030. A young population structure introduces challenges for African countries particularly in terms of education and employment opportunities (United Nations Commission on Population and Development, 2014).

Table 2.2: Total fertility rate for Africa by region

<i>Region</i>	<i>2004</i>	<i>2008</i>	<i>2012</i>	<i>2016</i>
Northern Africa	3.4	3.0	3.1	3.4
Western Africa	5.8	5.7	5.4	5.4
Eastern Africa	5.7	5.4	5.1	4.8
Central Africa	6.4	6.1	5.9	6.0
Southern Africa	2.9	2.8	2.5	2.5

Source: Population Reference Bureau reports

Although the overall TFR picture shows a steady decline, within regions, the change in fertility has not been uniform. For example, Northern Africa has shown little to no change in the total fertility over the 12 years (Table 2.2). In 2004, the total fertility for Northern Africa was 3.4 children, which is the same in 2016. Change in Central Africa has stagnated at around 6 children per woman. The lowest fertility rate is in Southern Africa followed by Northern Africa while the highest is in Central Africa followed by Western Africa while in eastern Africa the total fertility rate stands at 4.8 in 2016 (Table 2.2).

It is the lower fertility that is a precursor for the demographic dividend. A lower fertility implies that the proportion of those in productive employment is higher than the number of dependents. Consequently, there is greater investment for each child, greater disposable income which can be saved for future use and generally the life of the people is improved. With greater investment in the young population including investment on education and health care provision, mortality rates also drop thus contributing to the demographic dividend. This is the focus of the next section.

2. 4 Mortality

Deaths in Africa have reduced from an average of 14 persons per 1,000 population in 2007 to stand at 10 persons per 1,000 population in 2016. Despite these reductions, performance has not been uniform within and between regions. For example, the death rates in the Central Africa seem to be consistently higher than the continent's average. Indeed, in 2007 only the northern Africa region had a death rate that was less than that for the continent (Figure 2.2).

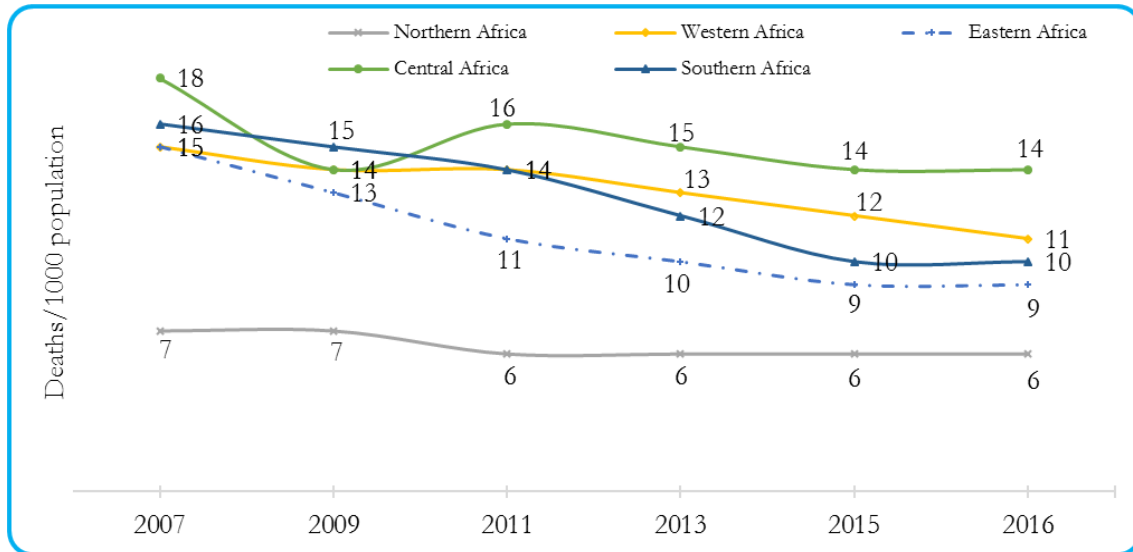


Figure 2.2: Deaths per 1000 population (2016)

Changes in the death rates for the general population are also reflected in the infant mortality rates (Figure 2.3). In terms of infant mortality rates, the continent is doing generally better than they have for the death rates in the general population. Three of the five regions were below the continental average in 2007, a trend that is retained in 2016. A higher survival rate is likely to spur families to have smaller families.

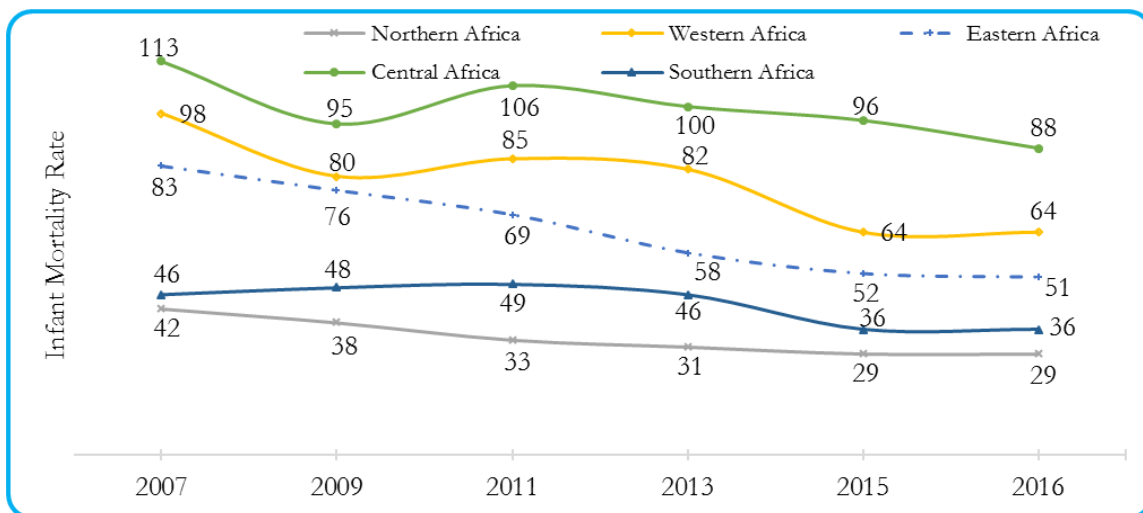


Figure 2.3: Infant Mortality rates (2016)

With reduced mortality, Africa should expect and plan for an ageing population. By 2030, average life expectancy is projected to reach 64 years, compared to 57 years in 2010 and 59 years (men) and 62 years (women) in 2016. The Eastern and Northern Africa are projected to have the highest life expectancy of between 64 to 76 years compared to 56 years in Central Africa. Further, the rise in life expectancy will likely be higher for low-income countries (where it will rise by 14 years between 1990 and 2030); in middle-income countries (by 12 years); while in the upper middle-income countries, it is expected to increase by 5 years (ADB, 2012). A reduction in child mortality is expected to benefit more the Northern and Eastern Africa sub-regions compared to other regions which will mainly be due to a reduction in the impact of HIV/AIDS.

However, as a continent Africa still lags on female mortality. For instance, in Eastern, Western, Central and Western Regions, on average, almost ten women, die every day in circumstances related to the most basic and natural birth. The regions have some of the highest maternal mortality ratios in the world, estimated at 550 deaths per 100,000 live births in 2011 (EFIDEP and UNFPA, 2015).

2.5. Migration

Migration in Africa no matter its cause has an important impact on population dynamics (African Union, 2010). Data from the United Nations Department of Economic and Social Affairs shows that migrants from Africa are younger (on average at 29 years) compared to migrants from other regions of the world; they are younger by an average of 10 years compared to the global average of 39 years.

Table 2.3 shows that Africa as a whole currently suffers a net loss in its population due to migration. Although some of the regional losses are a result of within continent migration, notably to southern Africa, a larger portion of the net migration are moving as undocumented migrants moving to seek better opportunities in Europe and other places outside of Africa. In 2015 alone, Africa accounted for about 14% (or 34 million) of people who moved across borders to live in new territories. A majority (70%) of these moved to a higher income country. Furthermore, over half (52%) of Africa's 34 million migrants moved within Africa, 27% to Europe, 12% to Asia, 7% to North America and 2% to Oceania (UNDESA, 2016).

Table 2.3: Net migration ratio/1000 population (2016)

	Net Migration Rate per 1,000
Northern Africa	-1
Western Africa	-1
Eastern Africa	-1
Central Africa	-0
Southern Africa	3

Within the continent, migration has had its negative social consequences. In 2015, there was widespread xenophobic related violence in South Africa. The continent can expect to see an increase in xenophobia as migrants move into new areas and compete with locals for the ever-shrinking job opportunities. Beyond the continent, there is a rise in Eurocentric behaviours which would affect

relations between the African migrants and their host nations. Regional integration processes based on the movement of (human) capital demand much more than the mere harmonisation of policies that interlink trade, investment, transport and movement of persons; they need to aim at optimising regional labour markets as well as ensuring the maximum benefits of the migration process for the African youth (Agbor *et al.* 2016). Addressing the mismatch between skills and labour market needs in Africa during the next decades will be crucial to reaping the demographic dividend (Olsen, 2012).

Young people make up the bulk of the total number of unemployed in Africa. For example, the youth-to-adult unemployment ratio rates have risen drastically in countries such as Morocco and South Africa, where young people are nearly three times more likely to be unemployed than their older counterparts (Agbor *et al.* 2016). The youth employment challenge in Africa is triggered, among other things, by the combination of a rapid growth of educated youth, a slow pace of job creation in the formal economy and underemployment in the informal sector. Migration is thus intrinsically linked with youth employment, urban development, local security and access to basic social services.

Youth are also affected by conflict and extremism which is connected to drugs and trafficking in humans and wildlife products. The youth are used as carriers of the contraband. Poaching of wildlife and trading in wildlife products provides easy access to opportunities to young people, who are otherwise in situations of hopelessness. The same applies to terrorism and extremism. The latter is even more dynamic – more young women from Africa are joining Al Shabaab, ISIS, Bok Haram and other extremist outfits (UNFPA, 2015a). Conflict situations provide fertile recruitment and execution grounds for these aspects.

However, it should be noted that many analyses on migration tend to overlook gender dimensions, especially as it pertains to adolescent and young women, yet they too are an important part of the migration phenomenon. Studies estimate that young women make about half of all migrants in their age group in Africa and constitute about five percent of the total global migrant population. More worryingly, a larger segment of trafficked women are used for sexual exploitation and in forced labour, in which case their rights are routinely violated (United Nations, 2014).

2.6. Urbanisation

Africa offers stark contrasts in terms of urbanization compared to other regions of the world. For example, Burundi, Rwanda, Malawi, Ethiopia and Burkina Faso are still predominantly rural, while in Gabon and Western Sahara, more than 80% of the population lives in urban areas (Figure 2.4). African urban growth, which reflects sizeable migration flows from rural areas, presents major challenges for development, as migrants into cities require access to land, infrastructure and basic services. This has also stretched health care services. But more so, this trend affects the growing young population and therefore has implications for the demographic dividend.

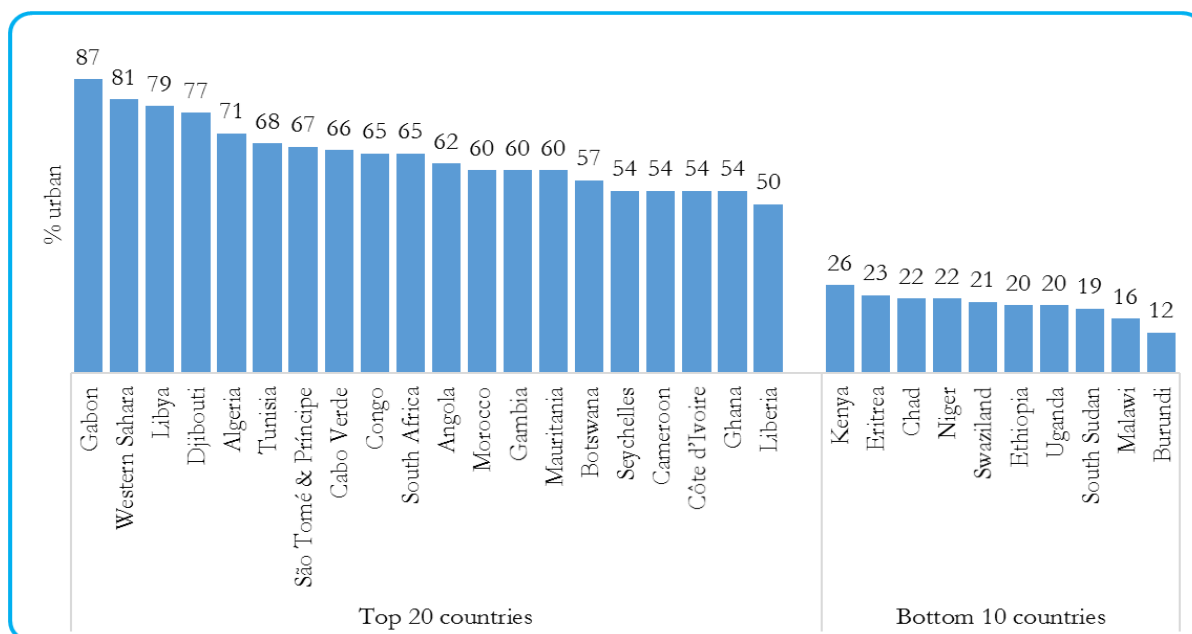


Figure 2.4: Level of urbanization in African countries (2016)

The top 20 countries in urbanization have at least 50% of the population in urban areas while the bottom 10 countries have less than a quarter of their population living in urban areas. Generally, countries in Northern and Western Africa region are more urbanized compared to countries in the Eastern Africa region. The top countries include Gabon with close to 90% of its population in urban areas. Other countries with a high rate of urbanization are Western Sahara, Libya, Djibouti, Algeria, Tunisia, Sao Tome and Principe, Cape Verde, Congo, South Africa, Angola, Morocco, Gambia, Mauritania, Botswana, Seychelles, Cameroon, Cote D'Ivoire, Ghana and Liberia. The bottom 10 countries in urbanization are Kenya, Eritrea, Chad, Niger, Swaziland, Ethiopia, Uganda, South Sudan, and Malawi while Burundi is the least urbanized at only 12% (Figure 2.4).

Eastern Africa seems to be the least urbanized region while the most urban region is Northern Africa (Table 2.4). The population in urban areas currently estimated at 41% of total and is projected to increase further, which will create an urban population larger than the rural population in about two decades. Currently, many poor urban dwellers are at par with those of the countryside. Return migration is unlikely to occur as more people in rural areas trek to urban centers making urban poverty a permanent feature of most economies (ADB, 2012).

Table 2.4: Proportion of population in urban areas by region (2016)

	Percent urban
Northern Africa	51
Western Africa	45
Eastern Africa	26
Central Africa	47
Southern Africa	62

The rapid urbanisation has implications on the rights of women, especially girls. This is in regard to decent work environment and provision of adequate health care services. Studies demonstrate a high concentration of women in street vending due to its low entry costs and flexible hours. The 'feminisation of flexible labour' also leads to situations where women tend to be segregated into the most exploitative and casual forms of labour within increasingly informalising economies of the urban setting such as street vending and commercial sex work. For instance, women constitute more than two thirds of street traders in the main cities of Benin, Côte D'Ivoire, Ghana, Mali, and Togo, and more than half in Kenya, Madagascar, Senegal, and South Africa (Action Aid, 2012). The studies also point out that the female vendors usually earn less than men and they face risks of violence from their male counterparts and law enforcement agencies. Sex work is another form 'employment' for many poor urban women due to lack of competence in other skills to obtain another kind of job. Again, this comes with risks of violence and disease.

CHAPTER 3 : FACTORS THAT CONTRIBUTE TO A DEMOGRAPHIC DIVIDEND

Chapter three examines the factors that could contribute to reaping the dividend in Africa. Demographic factors are an important area of concern and focus as these directly affect population dynamics. These factors are themselves influenced by other factors such as the type of policies in place, governance and the execution of policies/laws enacted to address population dynamics. Chapter three will focus on these three areas. First, policies and rights of girls, adolescents and young women are discussed. This section is followed by governance-related issues which is, itself, followed by implementation of existing policies and regulations.

3.1. Policies and rights at the centre of girls, adolescents and young women

African governments and other stakeholders must pursue multi-sectoral approaches to form mechanisms to coordinate efforts and capitalize on potential synergies of various government departments across ministries (such as between health and education) to enhance youth skills and opportunities. One of the ways is to bring the youth into the design and implementation of policies, programs and services directed at them. Their involvement will ensure that policy actions are relevant and youth friendly. It's important that youth are viewed as assets and active agents of change, who can contribute their energy, idealism, and insights to a nation's growth and progress. In a context where investments in child survival, family planning, and girls' education are lowering fertility and enabling the population age structure to change, accelerated investments in health, education, and job creation will maximize the potential of the youth.

Failure to take advantage of these population dynamics could reduce development prospects, while policies and programs to enhance it could reap substantial rewards from the demographic dividend. There are priority policy areas in which investment can guarantee returns on the demographic dividend. Governments throughout Africa have passed policies that are aimed at creating an enabling environment for carrying out population related activities, for example, family planning and reproductive health. Currently, out of the 54 member states, 25 have passed policies and laws or adopted continent-wide/universal declarations (see Box 3.1 for examples). A

review of these policies and laws reveals wide variations in the extent and depth of coverage of the sexual and reproductive health rights. These variations also bring about gaps in fertility, mortality and migration and therefore participation of young women in public affairs. In regard to fertility there are

Box 3.1: Political Commitments from AU member states

The significant political commitment from member states of the AU is manifest in the quest for gender equality and women's empowerment. There are specific goals and targets for response to rights of women, especially young and adolescent, including those with disabilities, which have been enshrined by leaders in the priorities of gender equality and rights in the following protocols:

- *African Union Agenda 2063*
- *Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Declaration 2003)*
- *the Solemn Declaration on Gender Equality in Africa (2004)*
- *the Sexual and Reproductive Health Strategy for the Southern African Development Community Region (2006–2015)*
- *the 2013 Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health and Rights in Eastern and Southern Africa*
- *the Arab Strategic Framework on HIV and AIDS (2013-2015):*
- *the Arab AIDS Initiative 2012*
- *the Addis Ababa Declaration on Population and Development in Africa Beyond 2014*
- *The 2013 Declaration of the Special Summit of the African Union on HIV/AIDS, Tuberculosis and Malaria.*
- *AU roadmap on Harnessing the Demographic Dividend through Investments in Youth.*

wide variations by education level which show that women with no schooling have a child before turning 20 years, compared to women with eight years of schooling.

Fertility is one of the key areas of concern in the demographic dividend because key to achieving the dividend is reduction of the number of children born per woman. In this case governments are trying with varying success to make the political and financial commitments needed to ensure voluntary family planning policies and programs are prioritized for the young people and adolescents who are in need of those services. Willingness to pay for contraception varies. However, we know that women who don't have jobs and want to limit the number of children are likely to purchase contraception that have highly subsidized prices (Prata *et al.* 2013). This makes it imperative to reduce the cost family planning services, particularly for low-income women and women whose bargaining position within the household is weak.

Furthermore, the cultural landscape is replete with the myriad stereotypes and misconceptions that hamper uptake of these services. The cultural landscape should be part of the central strategy for delivering family planning services. Empowering young women and adolescent girls to claim their rights, creating an environment where they can live free from discrimination and violence, is critical. Maternal mortality, high fertility rates, the risk of acquiring HIV, among other issues, tend to be associated with gender inequalities, such as gender-based violence, lack of access to secondary education, early or forced marriage and lack of opportunities in life. The causes of inequality need to be addressed and girls and boys, women and men need to be involved in challenging discrimination, promoting gender equality and preventing gender-based violence. Investment in education reform, family planning policies, and comprehensive HIV prevention programmes integrated with sexual and reproductive health and rights will bring the desired results in placing young women at the centre of policy reform. But it will also contribute to good health, well-being and safety, not only for girls and women but for their communities and beyond.

The link between maternal health and young people's sexual and reproductive health and rights is fundamental to the realization of the demographic dividend. It is therefore important to protect and fulfil the rights of adolescents and young people to accurate information, comprehensive sexuality education, and health services for sexual and reproductive wellbeing and lifelong health. Even more important is the link between poor maternal nutrition and child stunting. **Addressing maternal health is closely related to infant and child nutrition and both are emerging as indispensable to social and economic progress.** This is important to Africa in the context of the demographic dividend because some of the primary health and under-nutrition indicators for mothers and their children point to threats to economic development. Subsequently infusion of nutrition, alongside family planning into maternal healthcare programmes, is likely to reduce maternal mortality rates. In order to meet the reproductive health needs of women in the coming years so as to stem unnecessary deaths related to SRH, comprehensive reforms, including financing will require partnership between governments and other stakeholders.

In instituting health sector reforms, governments should follow guidelines in the AU Continental Policy Framework which calls for mainstreaming of Sexual and Reproductive Health and Rights in primary health care so as to accelerate the achievement of health-related SDGs. The policy framework

particularly addresses the commonest causes of maternal and newborn child morbidity and mortality. It identifies the implementation of the Roadmap for the Acceleration of the Reduction of Maternal and Newborn Child morbidity and mortality as the strategy for improving reproductive health. In developing the framework, the AU had in mind the strengthening of the health sector through incorporation of sexual and Reproductive Health and Rights in particular. It calls on Heads of State and Government to increase resources to health sector thereby improve access to services. Central to this is mainstreaming gender issues in socio-economic development programmes to facilitate improved women’s health to ensure that women do not die needlessly because of lack of basic medicines.

Another set of policies have to do with education. Reforms are requisite for governments to provide free and quality education at all levels that prepares young people, especially girls, to fully participate in the formal labour market. Many countries have committed themselves to more than the achievement of universal primary education and now include several years of secondary school in their national targets. Challenges to secondary-school participation are greatest in West and Central Africa. This is reflected in the gender parity indices of the various countries in Africa (Figure 3.1).

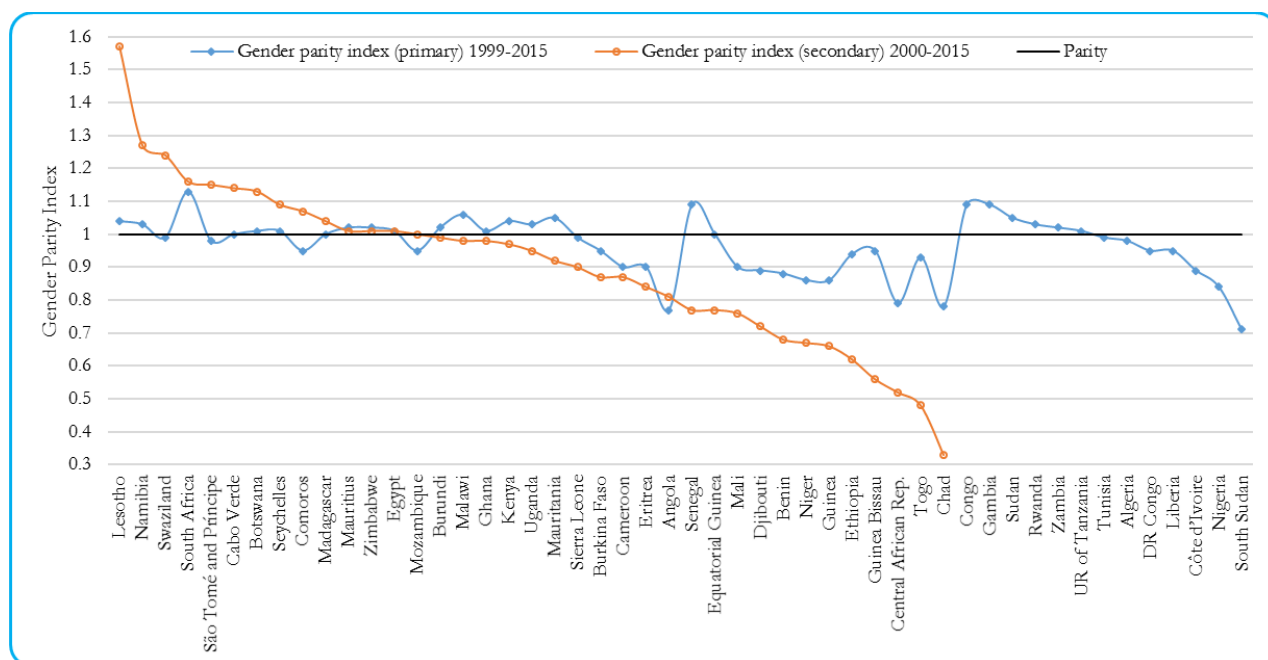


Figure 3.1: Gender parity index in education

More girls than boys are in secondary school in Southern Africa and in the Island nations. On the other hand, in West and Central Africa the trend is that there are more boys than girls in secondary schools (Figure 3.1). The situation for primary is, however, slightly different. Overall, there is greater parity in primary level schooling compared to secondary.

In some cases, interventions/reforms have been put in place to remove barriers which constrain schooling for girls. In Ethiopia, for example, removing school fees, supplying school lunches in rural areas, increased budget for education, and use of vernacular in teaching led to a substantial jump in

female education, increasing female schooling of the cohorts in various age groups. In reforms that were geared towards reducing the cost of school uniforms in parts of Kenya not only reduced dropout rates, but also reduced teenage marriage and childbearing while in Nigeria, increasing female education by one year reduced early fertility by 0.26 birth (Canning *et al.*, 2015).

In Uganda, improvements have been recorded in putting legal and policy outlines in place for addressing gender inequalities and discrimination across the different sectors, with emphasis on education. These commitments are replicated in the Government's adoption and ratification of global and regional protocols, conventions and declarations that prohibit discrimination and violence and promote protection of girls. Campaigns have been mounted to look at investing in programmes tailored towards addressing the distinct educational needs of adolescent girls and address barriers that keep adolescent girls out of school, including gender-based violence and child marriage among many others.

Apart from financing of education programmes, reform in education also revolve around the expansion of school enrollments, especially for girls, and ensuring minimum standards of quality. This will necessitate finding a working balance between theoretical and practical education. Practical education will facilitate the passing of relevant and useful skills to learners. Quality education, in which rigorous theoretical aspects are combined with a more practical element, will ensure that secondary and university education are relevant for the skills needed in the workforce, and provide equal educational and job training opportunities for girls and boys (PRB, *et al* 2013).

Another aspect of education reform deals with comprehensive sexuality education. With the advent of technology, adolescent and young people face increasing pressure about sex and sexuality, including conflicting messages and norms due to lack of adequate information, skills and awareness on their rights, especially around sex, sexuality and gender expectations. Governments and other stakeholders have come to realize that comprehensive sexuality education programmes have the ability to delay the initiation of sex and increase the use of contraception. Young people have the right to access comprehensive sexuality education and related services in order to enable them exercise their rights, understand their bodies, make informed decisions about their sexuality and better plan their lives. This right encapsulates the reality of youth today and underscores the need to heighten the focus on comprehensive sexuality education services for young people. Access to comprehensive sexuality education, including family planning, is an essential element of youth sexual and reproductive health and rights programming in Africa. Progress in this direction should be tracked and in particular, assess its impact on maternal mortality and/or teenage pregnancy among other indicators.

Africa has wide variations in rights issues due to variations in policies and policy environments. These also bring about gaps in fertility, mortality and migration and therefore participation of the youth in public affairs. In regard to fertility there are wide variations by education level which show that women with no schooling have a child before turning 20, compared to women with eight years of schooling. Do these variations reflect a causal effect? There is adequate data to suggest that indeed this is the case.

Many countries are now enacting laws that criminalise cultural and social aspects such as FGM/C, GBV and child marriage that violate the sexual health and reproductive health rights of young girls. This is in recognition of the fact that girls who marry young typically have children early and have more children than their peers who stay in school longer and marry later. They are also less able to contribute to the productive sectors of the economy and reach their full potential.

Africa has some of the second highest rates of child, early and forced marriage in the world with 39% of girls being married before the age of 18 years. In many countries where the legal age of marriage differs by sex, the legal age of marriage for girls is always lower. For example, in Niger, which has one of the highest child marriage prevalence in the world, the legal age of marriage is 18 years for males and 15 years for females. The implication for girls is dire because the causes of early and forced marriage are complex, interrelated and dependent on individual circumstances and context. Because of cultural requirements in many countries, where tradition is still prevailing, the importance of preserving family 'honour' and girls' virginity girls are pushed into marriage well before the legal age in the belief that early marriage safeguards against 'immoral' or 'inappropriate behaviour'. In countries with active armed conflict, disasters and other humanitarian emergencies, failure to enforce laws and economic pressures on households result in many families considering early child marriage as a last resort measure of survival. Yet, child, early and forced marriage contributes to driving girls into a cycle of poverty and powerlessness and makes the demographic dividend illusive.

3.2 Governance and the contribution of young women to Africa's demographic dividend

Good governance is at the core of creating an environment that facilitates investments in youth, particularly in health and education both of which foster opportunities for developing informed citizens and a skilled and healthy labour force in Africa. Promotion of human rights broadly and sexual and health rights for women and girls is particularly critical. Promotion of the rule of law and elimination of corruption is central to this endeavour. Young people, especially women will thrive in an environment that is free and predictable.

Responsive governance is based on accountability, participation of all, transparency and rule of law. Strengthened governance at the local, subnational, national, regional and global levels is key to optimal development outcomes, with implications for peace and security. In putting the youth and young girls in particular at the centre of public participation policy makers are becoming cognizant of the fact that enabling the voices and interests of all is critical for advancing sustainable development and that responsive governance and accountable institutions are critical for social and economic inclusion and sustainability. In the process, many governments are recognizing and acknowledging the need to integrate population dynamics into development planning at national and subnational levels to comprehensively respond to population and development issues, including population dynamics and its implications for human rights, dignity, quality of life, poverty eradication and sustainable development. Youth involvement helps yield relevant policy actions and helps develop youth as partners and leaders in development. Gender equality is one of the hallmarks of good governance and available data shows that African counties are generally ranked low on this score (Figure 3.2).

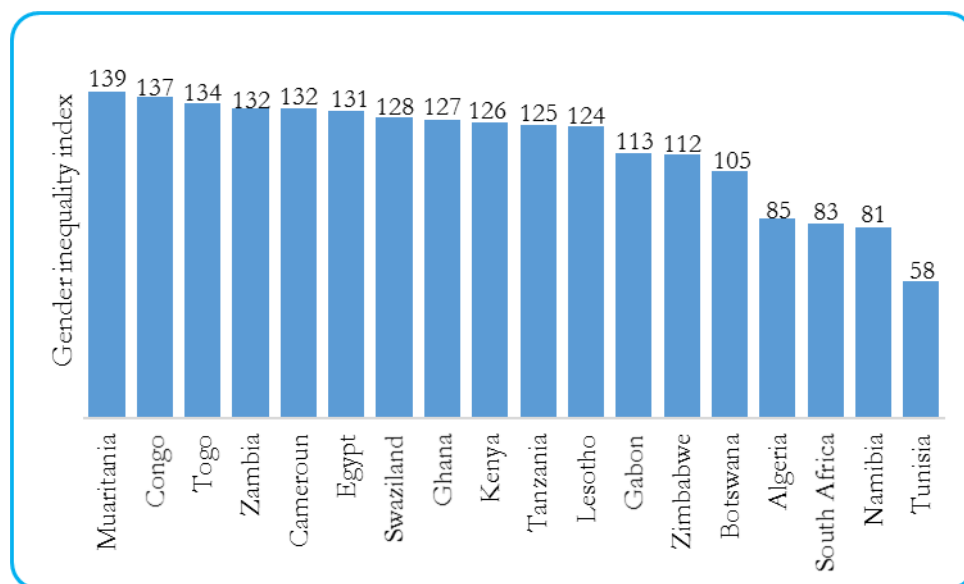


Figure 3.2: Gender inequalities ranking of selected African countries (UNDP, 2015)

3.3 Implementation of policies to insure girls, adolescents and young women

To capitalize on their demographic dividend, nations need effective policies in key areas such as public health. Improvements in public health especially for young women is the key to initiating the demographic transition. Improved sanitation, immunization programs, and antibiotics lead to declines in child mortality thereby enhancing child survival which in turn reduces fertility. Furthermore, mounting research indicates that a healthy population can abet economic growth and lessen poverty, contrary to the longstanding belief that causation runs only from wealth to health. Effective family planning programmes can accelerate the demographic transition, potentially enhancing the economic benefits and lifting nations out of a cycle of poverty. This can be enhanced when combined with improved nutrition for young children. Nutrition is important especially in school, meaning that feeding programmes should be implemented in resource poor regions of countries across the continent. This will make it possible for children not only to be enrolled in large numbers but also be retained in school, thus, facilitating higher completion rates (AFIDEF and UNFPA, 2015).

Transforming a youthful population into a productive work force requires investment in education at all levels while on the economic policy front, a larger, better-educated work force yields benefits only if the extra workers can find jobs. Therefore, government policies that lead to stable macroeconomic conditions are associated with the growth of productive and rewarding jobs. Botswana, Namibia and South Africa are examples of countries which will benefit in this way (Canning *et al*, 2015). The implication here is that labour-market flexibility and openness to trade are also important, but the relevant policy reforms must be undertaken gradually and in a manner that protects those who lose out in such transitions. Of course, good governance is critical too in the sense that in many countries, necessary steps should include strengthening the rule of law, improving the efficiency of government operations, reducing corruption, and guaranteeing contract enforcement (Canning *et al*, 2015). The effects of successful policies in these areas will be mutually reinforcing, helping to create a “virtuous cycle” of sustained growth which is conducive for reaping the demographic dividend. On the contrary,

where there are no effective microeconomic policies, such as Zimbabwe, Chad and the Democratic Republic of Congo, countries may miss the critical incentives for economic growth and the opportunity to reap the demographic dividend. At the same time, discriminatory laws, regulations, social norms and practices hinder women's and girl's empowerment and contributes to observed inequalities in rights and entitlements (AfDB, 2012).

In line with The Beijing Declaration and Platform for Action, which deals extensively with the issue of women in power and decision-making, States are committed to taking concrete measures to ensure women's equal access to and full participation in power structures and decision-making, and to increase women's capacity to participate in decision-making and leadership, in accordance with its detailed recommendations. Yet, progress is still needed to increase women's political participation since the goal of equality still eludes many African countries in comparison with the rest of the world.

Globally, in 2016 there were 38 States in which the proportion of women was no more than 10% of parliamentarians in single or lower houses. In Africa, only 22.8% of all national legislators are women, currently. This accounts for a small increase from 11.3% in 1995. Rwanda has the highest number of women parliamentarians, not only in Africa but also worldwide. Women there have won 63.8% of the seats in the lower house. Across the regions, North Africa region has the lowest political representation of women, but it has the highest rate of proportional growth out of all regions (UNWomen, 2016). While progress is evident in some African countries in terms of women's representation in politics, others are falling very far behind. Countries such as Botswana, the Democratic Republic of Congo and Madagascar had less than 10% of women's representation in their lower houses of parliament or national assemblies. Other countries such as Zambia and Zimbabwe have women's representation between 10 and 14%. To fill the gap, some countries, such as Kenya and Rwanda, have put in place laws that prescribe gender proportions in leadership positions. However, most countries still lag on constitutional, legislative or voluntary party ratios. This which may be the reason behind the extreme discrepancies among countries.

Governments are also implementing laws that safeguard the rights of young women in particular and women in general. For instance, globally, female genital mutilation is recognised as a violation of reproductive health rights, but Africa has been identified as the region where the practice is most prevalent. The United Nations Convention on Rights of the Child (CRC) Article 24: 3 calls upon state parties to take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children. Further, the African Charter on the Rights and Welfare of the Child Article 21:2.1 provides for States Parties to the Charter to take all appropriate measures to eliminate harmful social and cultural practices affecting the welfare, dignity, normal growth and development of the child and in particular: (a) those customs and practices prejudicial to the health or life of the child. FGM/C is a traditional practice which is harmful to girls' health but it can additionally be the source of the denial of many other rights prescribed in the CRC, including the right to protection (Article 19), the right to education (Articles 28 and 29) and freedom from sexual abuse (Article 34). FGM/C is linked with early marriage.

On the economic front, there are several institutional factors that serve as barriers to youth integration into the economy in most African. For instance, youth and women have restricted access to land due to land use rights and laws, thereby limiting their productive prospects in the agricultural sector. This is happening when available evidence suggests that majority of the young people in Africa are involved in self-employment in the informal and agricultural sectors. In Mali, 94% of the general are engaged in this sector while in Ethiopia it is 74% and in South Africa it is 31%. Unfortunately, governments in the region have not paid attention and given priority to agriculture and development of the informal sector. Besides, the problem of shortage of infrastructural facilities, particularly power supply that could aid small- and medium-scale enterprises should be appropriately and adequately addressed. Policy makers should also facilitate means to ensure that young entrepreneurs have access to credit. This can be done by providing incentives for financial institutions to provide funds to self-employed youths. In some places, labour laws are routinely flouted to exploit the young people. Nigeria provides a classic example where the National Youth Service Corp and the principle of federal character have disguisedly fueled the problem of graduate unemployment as private companies take advantage of the scheme to employ youth corp members on short-term basis instead of employing them as permanent staff.

Some governments are developing strategies to upgrade the skills and competencies of the youth in line with each country's comparative advantage and sectoral prospects. For example, the Kenyan Government in its Vision 2030 has prioritised information technology enabled services, as a strategy for reducing youth unemployment and enhancing economic growth. The initiative is expected to provide over 10,000 jobs every years. This in a way will help policy makers to identify sectors with potentials for job creation and develop the skills of the youth around such sectors.

On the legal front, many African countries do not have legal frameworks that adequately protect girls from violence and discrimination. Therefore, girls and young women face a myriad of obstacles to accessing justice, not limited to a lack of self-esteem and assertiveness but also lack of awareness about the law. Due to their limited exposure, young girls and women are not aware of the law and provisions regarding their rights. Moreover, the appropriate reporting mechanisms and services are too complicated for them. When their rights are violated the fear of stigma, blame, or victimization through the justice system prevent them from reporting the violations. Therefore, legal reforms that will bring about laws protecting girls' rights and citizenship are critical first steps toward gender equality. Without a supportive legal framework, girls have no recourse to protect their rights, and are left without equal access to citizenship. Laws targeting such aspects as inheritance, birth, and marriage registration will allow girls to fully participate in their communities and economies.

However, laws alone are insufficient. Governments are accountable for ensuring that laws protecting adolescent girls are implemented and enforced, and that all citizens, especially girls, are aware of their rights under the law. Thus, governments should institute mechanisms for enhancing girl's and women's awareness of the legal framework. Some governments are working with civil society organizations who advocate for policy and legal reform to protect adolescent girls to improve implementation and enforcement of existing laws and policies. These interventions will provide girls with rights-based education and support networks; equip legal systems to address their needs by

protecting them from violence and all forms of discrimination; examine potentially exclusionary policies around women's political participation; and challenge gender norms and stereotypes.

CHAPTER 4 : SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

This chapter examines sexual and reproductive health and rights of girls, adolescent and young women. It delves into ways these rights are violated such as through various cultural and social practices such as child marriage, female genital mutilation, gender based violence and the unmet needs for family planning for young women. The chapter addresses ways to enhance the institutionalization and domestication of campaigns to improve the sexual and reproductive health rights.

4.1. Child marriage

Child marriage violates children's rights, especially adolescent girls and young women. Out of the top 20 countries with highest number of child marriages, 15 are found in Africa where the proportion of girls married by 18 years is up to 38% in East and Southern Africa region and 46% in West and Central Africa (UNFPA, 2015). Child marriage contributes to high levels of adolescent birth rates, which negatively affects girls' educational progression thereby limiting their prospects. In the end, it impacts on the realization and full enjoyment of their rights, including rights to free and informed consent, health and sexual reproduction, and access to information and resources. Child marriage acts as a barrier to reaping the demographic dividend, through the exclusion of women from the mainstream development process because it denies them access to education and opportunities to employment. Furthermore, such women will not effectively utilise their potential in economic and political decision making. They also face barriers that prevent them from attaining fully their sexual and reproductive health capacities, which are central to attaining the demographic dividend. It is notable that several countries have laws and legislation that outlaw child marriage.

Box 4.1: Reasons why ending child marriage improves women's and girls' health

- *Child marriage is a main driver of pregnancy during adolescence*
- *Pregnancy and childbirth puts girls' lives at risk of death or injury*
- *Early pregnancies are dangerous for both the girl and the child*
- *Married girls are among the most isolated from, yet the most in need of family planning and maternal health services*
- *Preventing child marriage can help to reduce maternal mortality*

Source: Girls not Brides. <http://www.girlsnotbrides.org/5-reasons-end-child-marriage-improve-maternal-health/>

Figure 4.1 provides a comparison between proportion of girls who were married before 15 years and those married before attaining 18 years of age. Countries in Western Africa have the highest proportion of girls who are married before attaining 15 years and 18 years. The highest proportion of women married early is found in Niger (where 28% are married before 15 years and 76% before 18 years) and Central Africa Republic (where 29% are married before attaining 15 years and 68% before attaining 18 years). On the other hand, the lowest rates of child marriages are found in northern Africa (such as Algeria and Tunisia) and southern Africa in countries like South Africa and Namibia.

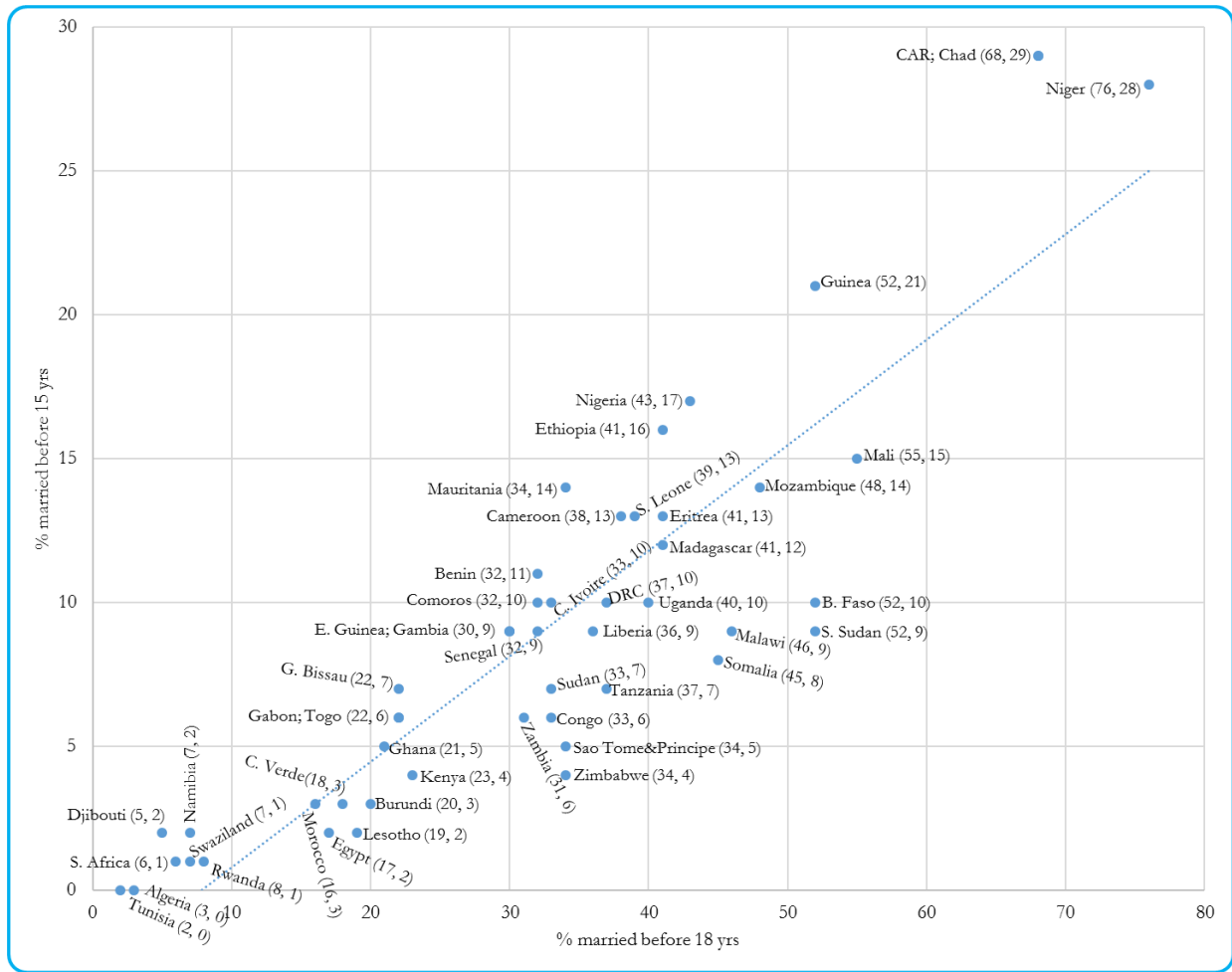


Figure 4.1: Proportion of girls married before age 12 and 18 years respectively

Poverty propels the cultural practice of marrying adolescent girls to older men in many countries, as families turn their young daughters into economic assets. This increases the risk among young girls for exposure to HIV if the older husbands are already infected with the virus or if the husbands have other, concurrent partners. Further, a difference in age tilts the power-balance in favour of the man which limits the girls' ability to exercise their sexual and reproductive health rights. In one study in urban Zambia and Kenya, HIV prevalence is higher among married adolescent girls, 15 to 19 years of age, than among their unmarried counterparts. Furthermore, in these unions, the husbands (typically much older than the girls) were three times more likely to be HIV positive than were the boyfriends of unmarried girls, despite the fact that the reported number of sexual partners for unmarried girls in the study ranged from 0 to 21, whereas the under-twenty married women typically have just one partner (Nkwi and Bernard, 2014).

4.2. Female genital mutilation/cutting

World Health Organisation (WHO) defines FGM/C practice as procedure that involves partial or total removal of external female genitalia or other injury to the female genital organs for cultural or non-medical reasons. FGM/C is a dangerous, painful, and harmful cultural practice that jeopardizes the health, rights & wellbeing of girls and women and sometimes resulting in deaths. This harmful

practice is practiced in about 30 countries in East, Western and Northern Africa including Egypt, Somalia, Benin, Burkina Faso, Central African Republic, Chad, Côte d'Ivoire, Djibouti, Eritrea, Ethiopia, Ghana, Guinea, Guinea-Bissau, Kenya, Mauritania, Niger, Nigeria, Uganda among others (UNFPA 2012). Practice of FGM/C is a continuation of gender inequality in societies where it is practiced, and it has devastating consequences on the girl's life, family and community. This is in addition to its devastating medical, social, emotional, legal and economic repercussions for girls and women. Thus, FGM/C is a violation of a woman's sexual and reproductive health rights and its elimination is a human right imperative. Ending FGM/C will require acting at legal and policy level as well as commitment to finance and enforce relevant laws in place (UNICEF, 2013). Further a multi-stakeholder strategy including efforts from cultural and religious institutions, media, political leadership and the community at large will be required to act and speak about ending the practice.

Many countries are putting legal measures in place through the enactment of specific Anti-FGM laws to end the practice while others have only Presidential/Ministerial decrees which have no backing in law. Some of these interventions are beginning to bear fruit. However, tracking rates of reduction and progress of change is necessary to inform ongoing and future interventions, and to identify successes and failures. Most women affected by FGM/C, however, lack the option to decide on whether and when to have sexual relations, when or whom to marry, and whether to defer childbearing. In addition, these women tend to have short intervals between births because of social pressure and as a means of obtaining social acceptance and economic security. Since delaying the start of childbearing contributes to fertility reduction and population growth, and to the improvement of women's well-being and quality of family life, it is important to develop comprehensive policies and interventions that address not only the practice of FGM/C, but also child, early or forced marriage, early childbearing and birth spacing. Therefore, ending FGM/C will unleash girls' potential catalyse progress towards a demographic dividend for Africa.

A comparison of FGM/C between younger women (15-19 years) and older women (45-49 years) reveals

interesting dynamics (Figure 4.2). First, older women are more likely to report being cut compared to younger women. Secondly, there is a range from those countries where FGM/C is rarely practiced to countries where the practice is more or less universal. The later include countries like Somalia, Djibouti, Guinea, Mali, Sudan and Egypt which complete the top six countries with a high proportion of girls 15-19 years who have been cut. Third, a comparison in the drop in FGM/C practices reveals that intergenerational differences are not uniform.

Anti-FGM/C state	Country
Countries with laws against FGM/C	Benin, Chad, Burkina Faso, Ghana, Guinea, Kenya, Mali, Mauritania, Niger, Nigeria (no federal law but some States have passed a law), Senegal, Tanzania
Countries with decree against FGM/C	Central Africa Republic, Egypt
Countries with no laws or proclamations against FGM/C	Cameroun, Congo DR, Eritrea, Ethiopia, Guinea-Bissau, Liberia, Sierra Leone, Sudan, Somalia

Source: No Peace without Justice, 2016

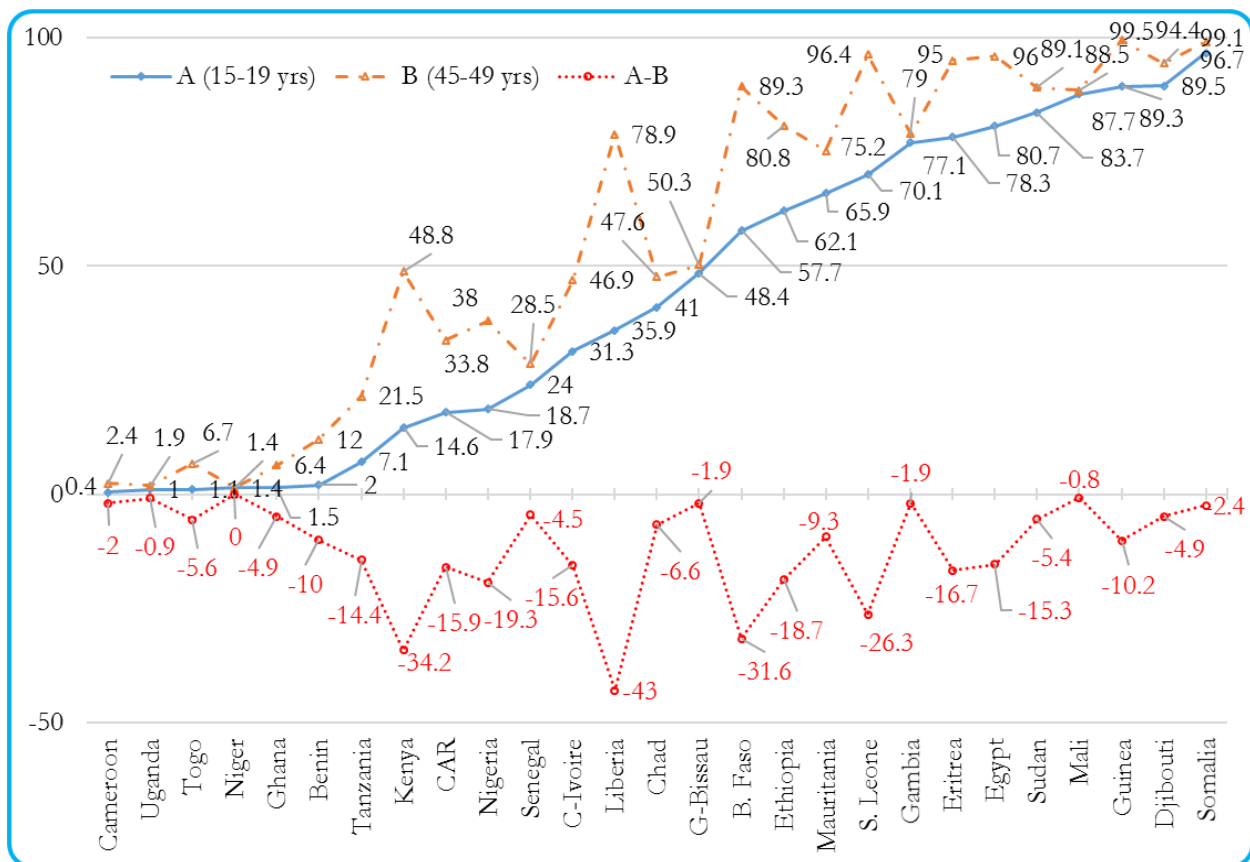


Figure 4.2: FGM/C comparison between women 15-19 years and those between 45-49 years

4.3. Gender based violence

Gender-based violence (GBV) is a systemic issue which affects all sectors of society. It affects the physical and emotional health of women and ultimately damages communities and societies. One major area that can spur action is the realisation that addressing gender-based violence in Africa can help reap the demographic dividend. Cost-based analyses of gender inequality and gender-based violence may encourage stronger leadership, which is needed to develop a multi-sectoral approach towards combating gender-based violence. This may include determination of how to rectify the weak or insufficient policy response to gender-based violence by addressing legal inequality for women and increasing legal access and education, for example. African leaders must also recognize the nexus between high levels of gender-based violence, gender inequality, and HIV/AIDS, and develop overt measures to tackle all three issues in different sectors of society.

The nature and type of gender-based violence varies by country. Table 4.1 shows the different types of violence perpetrated, namely, psychological, physical and sexual. Furthermore, the different types of violence may be linked to other factors such as political stability. Thus, in countries such as the Democratic Republic of Congo where there has been political instability for a long time, those reporting physical violence is relatively high compared with other countries.

Table 4.1: Proportion of women (15-49 years) experiencing GBV by type and country

Country	Type of GBV		
	Psychological	Physical	Sexual
Kenya	29.5	38.5	20.4
Egypt	17.5	47.4	n/a
Cameroon	41.9	54.6	29.0
DRC	42.9	63.7	16.0
Nigeria	19.2	27.8	7.4

The proportion of women reporting physical violence (lifetime and during the last 12 months) is presented in Figure 4.3. The highest lifetime violence is reported in the Democratic Republic of Congo at 63.7% followed by Equatorial Guinea (62.8%). These two countries also report the highest proportion of women reporting physical violence in the last 12 months which is at 55.8% in Equatorial Guinea and 49% in the Democratic Republic of Congo. The least physical violence was reported in South Africa, Comoros and Burkina Faso.

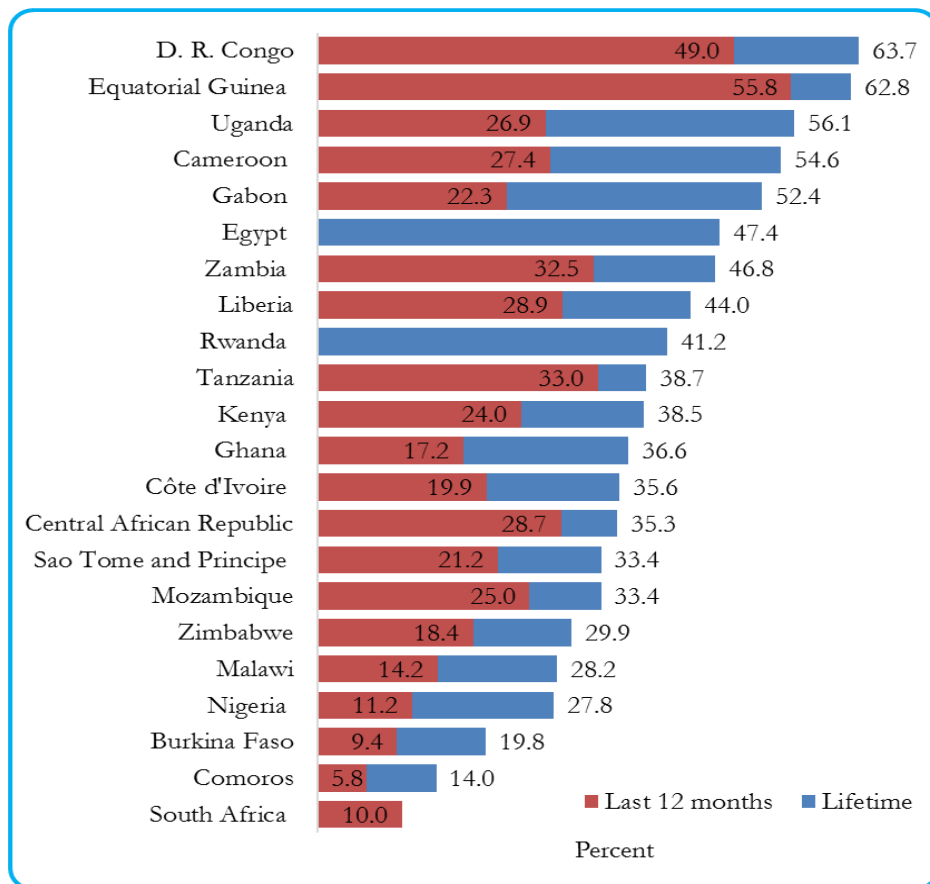


Figure 4.3: Proportion of women reporting physical violence (lifetime and last 12 months)¹

¹ United Nations (2015). *The World's Women 2015: Trends and Statistics*. New York: United Nations, Department of Economic and Social Affairs, Statistics Division. Sales No. E.15.XVII.8.

Over the past decade strong evidence has emerged on the relationship between intimate partner violence and HIV. There is equally strong evidence for and recognition of successful community strategies to prevent intimate partner violence and vulnerability to HIV. In high HIV prevalence settings, women who are exposed to intimate partner violence are 50% more likely to acquire HIV than those who are not exposed. Adolescent girls and young women also have the highest incidence of intimate partner violence. In Zimbabwe, for example, the prevalence of intimate partner violence among women aged 15–24 years is 35%, compared with 24% for women aged 25–49 years; and in Gabon, prevalence of intimate partner violence among young women is 42% compared with 28% for older women. In some settings, 45% of adolescent girls report that their first experience of sex was forced, another known risk factor for HIV. In addition, girls who marry before age 18 are more likely to experience violence within marriage than girls who marry later. Globally 120 million girls – 1 in 10 – are raped or sexually attacked by the age of 20 years (UNAIDS and AU, 2015).

Women and girls also continue to experience unique risks and vulnerabilities to HIV during conflicts, emergencies and post-conflict periods. In conflict situations, rape is often used as a weapon of war, increasing the risk of HIV transmission. Adolescent girls are particularly vulnerable and, in some cases, are abducted and retained as sexual slaves by armed groups. The 2011 United Nations (UN) Security Council Resolution 1983 recognizes that the impact of HIV is felt most acutely by women and girls in conflict and post-conflict settings due to both sexual violence and reduced or no access to services.

For African countries to reap the demographic dividend from our youth, gender based violence should be addressed in conjunction with other intervening variables that enhance the vulnerability of women and/or increase gender inequality. The multi-sectoral approach should consider reproductive and sexual health issues as one aspect of personal development. This should be linked to a range of other health and social services including those that deal with employment, education and livelihoods programmes. This is because gender-based violence is a function of poor education and lack of economic opportunities, especially for young women. It is also associated with early pregnancy and sexual exploitation, which increases the vulnerability of adolescents, especially girls. These linkages and associations ultimately affects progress towards achieving a demographic dividend.

4.4 Other cultural practices that affect women’s sexual and reproductive health rights

Apart from FGM/C and early childhood marriage, there are other cultural practices that affect women negatively in many African countries. This is especially so when considering effective standards for addressing the dehumanizing violence and discrimination that women suffer by virtue of their gender. Addressing such practices form part of the examination of contemporary women’s issues and empowerment from a global perspective. These age-old practices will have an impact on the demographic dividend if not addressed by policy makers. One of them is widow cleansing² (also known as sexual cleansing) and its various systemic interconnections. Although the practice of widow cleansing is internationally considered a discrimination that women suffer (Nkwi and Barnard, 2014), locally, it is seen as a harmless cultural rite that protects the women from societal dangers.

²Widow cleansing is defined as a practice in which a widow is forced to have unprotected sex with one of the deceased’s male relatives with a view of exorcising the ghost of her late husband (Nytimes.com, 2014)

Related to widow cleansing is polygyny, which, like widow cleansing, is practised among many groups across Africa. In Kenya, for example, polygyny is legal. However, a partner must first declare at the time the union is being formed that the union is potentially polygynous. In Cameroon, polygyny is legal if, during the first marriage, the first wife approves of it. In Cote d'Ivoire, polygyny has been legislated against since 1964 but it is still widely practised in rural areas. With regard to HIV, partners in a polygynous union have multiple sexual partners outside of the union and do not use condoms in every penetrative sexual act, this practice places all in the union at risk of HIV, along with the infants of those women in the union (Nkwi and Barnard, 2014).

Across Africa, some ethnic groups ritualise premarital and extramarital sex. A practice that has received attention is the ritualised sexual initiation of pubescent and prepubescent girls as in among the Chewa and Yao ethnic groups of Malawi. The practice, known as *fisi* (hyena, in the local language), involves sexual intercourse between an adult man and adolescent girls at the end of an initiation ceremony. Studies show that the rituals take three forms. In the first, girls who have reached puberty are secluded for several weeks and given instruction on sex and reproduction and on the role that men and women play in the process. Three to four male instructors will have sexual intercourse with the girls at the close of the period of seclusion. According to local belief, the process enhances and guarantees the fertility of the girls. When a man marries a woman, he expects her to have undergone the ritual. As the local saying goes: 'No *fisi*, no husband.' A second form of *fisi* can be referred to as consensual adultery. If a woman does not become pregnant, despite having undergone the *fisi* ritual, the husband can hire another man to have sex with his wife to impregnate her. Finally, in a third form of *fisi* known as *kulongosola mwana* (taking the baby back), another man has sex with the nursing mother before the husband resumes sexual relations with his wife. In all these cases, the HIV/AIDS status of the men who play the *fisi* role is not known, thereby exposing girls and married women to an unmeasured risk of infection (Nkwi and Barnard, 2014).

These practices are part of the reason why women in Africa, particularly young ones, have their access to health hindered. Unfortunately, these traditions are often driven by entrenched patriarchy, assigning the women an ancillary place and little say in their destiny. The practices perpetuate gender inequality and inequity. Countries have to re-think their cultural norms and invest in working-age population including young people including their well-being to reap the demographic dividend to its fullest extent. We must acknowledge the need to respect, protect and fulfil human rights by addressing and ending harmful traditional and cultural practices such as widow cleansing, polygyny and ritualised premarital or extramarital sex. We must recognise the linkages between cultural practices and sexual and reproductive health and reproductive rights, population dynamics, poverty and sustainable development and link them to the quest for the demographic dividend. The cultural practices undermine the broader development agenda in Africa. They lead to social- and economic inequities that affect women, adolescents and youth's access to sexual and reproductive health (UNFPA, 2014).

4.5. Unmet need for family planning

Many women who wish to access family planning services are not able to obtain their services so they end up with unwanted pregnancy. This is the story of unmet need for family planning in many countries in Africa. Figure 4.4 shows the unmet need for family planning by region.

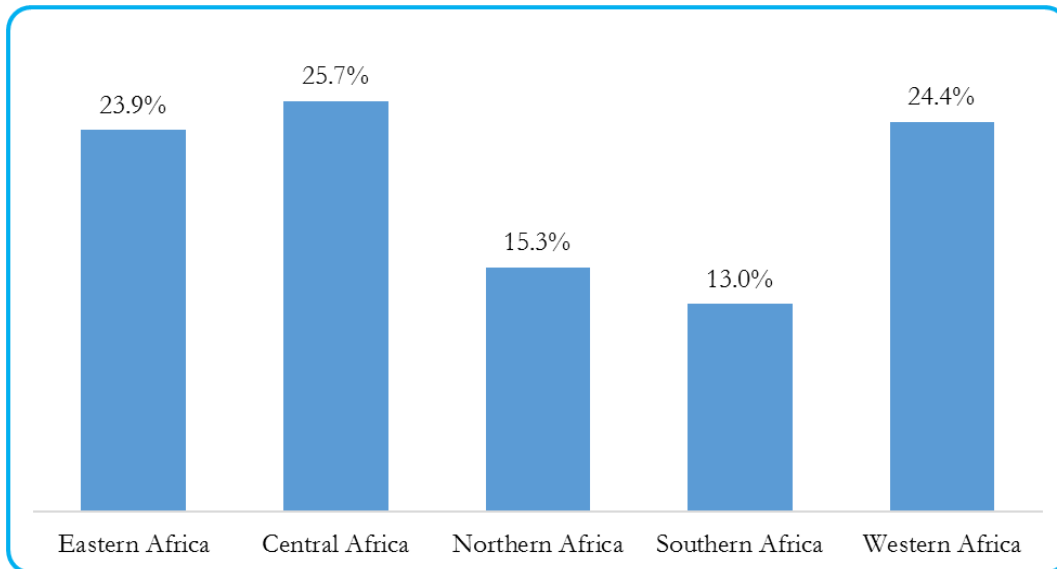


Figure 4.4: Estimated unmet need – 15-49 years (2015)

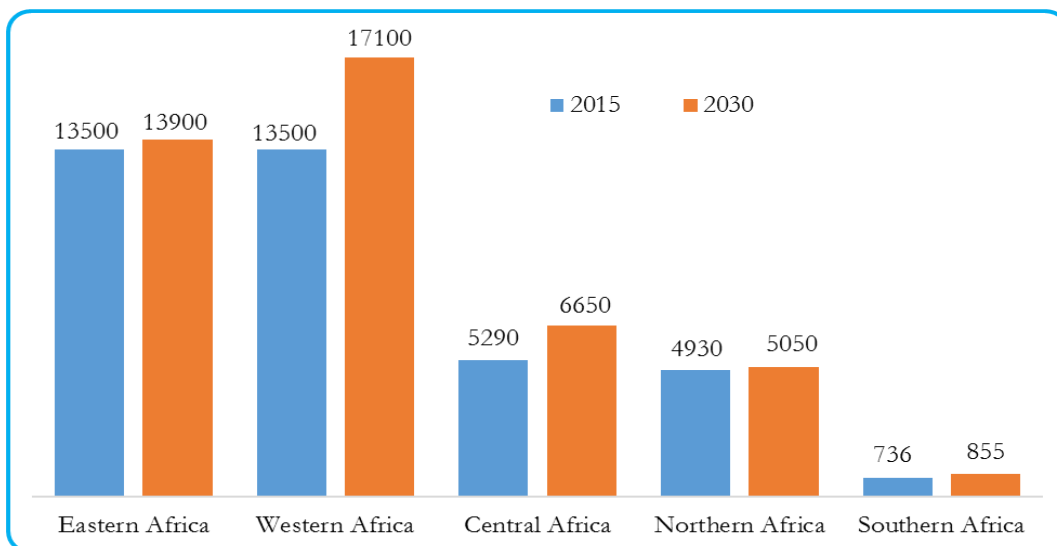


Figure 4.5: Estimated (2015) and projected (2030) unmet need for family planning (15-49 years)

The provision of contraceptives to people who desire smaller families can both reduce fertility and have a positive impact on schooling. This effect may be particularly pronounced for girls' schooling because girls in high-fertility households are frequently kept out of school to care for their younger siblings. Similarly, family planning services can also help improve child health outcomes. This is seen, for example, in situations where family planning interventions have helped to lower fertility rates and improve child health and educational outcomes (Canning *et al.*, 2015). This outcome has the potential to contribute to a demographic dividend.

4.6. Institutionalization and domestication of campaigns

Institutional strengthening and technical support for sexual and reproductive health rights, especially in maternal and newborn health, population census, gender equality and women empowerment,

advocacy and programmes to support investment in young people for their health, capacity development and participation in Africa's development, and to ensure that Africa benefits from the demographic dividend of its youthful population is critical. These will include campaigns to end FGM/C, child marriage and gender-based violence. However, there is also need to institutionalise campaigns that advocate for youth development and empowerment, adolescents and youth Programmes and youth-friendly services (United Nations 2014).

Social norms are important determinants of fertility and mortality. Several studies have demonstrated and shown that once fertility begins to decline in one area, those sharing a common language and cultural experience follow suit. Knowledge regarding risks and benefits of different contraceptive methods, and the costs and benefits of fewer children, seem to diffuse through social networks. Advocates of fertility reduction have then pointed out that the same can be used to take advantage of personal interactions with peers to change fertility norms. In domesticating campaigns about fertility reduction, activists have confronted the many uncertainties families face in determining optimal family size, which include the costs and benefits of contraception or the costs of and returns to education for their children. Using this mode of interaction, discussions with members of the same social group have helped to resolve this uncertainty, and many social groups reach their own informal consensus on the ideal number of children, contraceptive practice, and so forth (UNESCO, 2014; Ngugi et al, 2012).

Campaigns based on social influence continue to be used to deal with normative influences on preferences and behaviour, highlighting the effect of the social environment on personal preferences. Experience in many African countries have produced evidence to the effect that through community mobilisation targeting social norms, social networks usually lead to higher aggregate effects than individual effects. Therefore, campaigns about increasing a woman's education may lower both her fertility and her neighbour's fertility, for example. The same approaches have been used in campaigns about FGM/C, GBV and conflict resolution. It is the spillover effect of such sensitisation programmes that gives rise to a social multiplier leading to policy reform effects that affect fertility more in the aggregate than at the individual level. That is why advocacy around social norms may be gaining momentum to tap into the idea that important for reproductive decisions, social norms may differ among a society's groups (UNESCO, 2014).

CHAPTER 5 : CONTRIBUTION OF YOUNG WOMEN TO AFRICA'S DEMOGRAPHIC DIVIDEND

This chapter analyses scenarios that maximise reaping the demographic dividend. The chapter critically reviews the processes through which the contribution of girls, adolescents and young women could be enhanced. Specifically, the chapter zeros in on youth empowerment (with a focus on adolescent girls), access to education, and entrepreneurship and employment opportunities. These three are discussed below.

5.1 Youth empowerment (with a focus on adolescent girls)

The need to invest in young people, especially adolescent girls in order to prepare them for future life and enable them become a competent and productive work force that can develop their societies and the nations sustainably cannot be gainsaid. The investments should prioritize health (including sexual and reproductive health), education, skills development and employment creation to avoid suffering that may lead to political, social, and economic instability and conflict. At the same time, young people should proactively take their seats at the table and help steer their countries and the continent to the future. Proactive youth participation means adults/leaders should ensure that African youth are empowered as part of the decision-making processes and not only as a target group of country programmes. This will include promotion of intergenerational dialogue between leaders and young people and also youth mentorship and coaching to be good leaders. Young people are uniquely placed to influence and shape the views of their fellow leaders and communities and herein lies the potential, to reap the demographic dividend (USAID, 2013). For this to happen, good governance is critical.

Investing in adolescent girls, especially through education, yields benefits that go beyond the girls and their families to entire communities and economies. The critical question to ask here is, what type of education is needed to reap the demographic dividend? Girls' formal school during adolescence is correlated with delayed marriage, delayed childbearing, decreased fertility rates, lower rates of HIV/AIDS and other reproductive morbidities, fewer hours of domestic work, and greater gender equality. These benefits once gained are passed to the next generation. Each extra year of girls' education is correlated with a 5–10% reduction in infant mortality, and a child born to a literate mother is 50% more likely to live beyond five years. In relation to HIV infection, HIV-positive pregnant women are at increased risk of life-threatening infections such as sepsis and opportunistic infections, including tuberculosis, pneumonia, and meningitis. For adolescents, these risks are exacerbated by early and repeated pregnancies. In cases in which HIV results in the death of the mother, the impact on the surviving children is devastating.

In order to stay in school and reap the full benefits of education, girls must be empowered to make informed and responsible decisions about their bodies and their lives. Adolescent girls and young women need information about health, nutrition, sexuality, and reproduction to build the foundation for a lifetime of healthy behaviours, both for themselves and their children. All member states of the AU are committed to the African Charter on the Rights and Welfare of the Child (ACRWC) which was adopted by the twenty-sixth ordinary session of the assembly of heads of state and government of the OAU, Addis Ababa, Ethiopia in July 1990 (AU, 1990). Governments are expected to promote policies and programs targeting adolescent girls both in and out of school. Such policies are also

targeting adolescent girls and young women to increase their awareness of, and access to, sexual and reproductive health information and services. The approaches also include provision of family planning services, HIV prevention, testing, and treatment, and mental health services. Some of the outlets that are used as vehicles for service delivery are outreach, one-stop centres, dedicated transportation services, and mobile devices such as cell phones. Mobile phones are particularly favoured because young people are adaptive to the myriad platforms and applications provided by the phones.

While empowering the youth, focus should also be laid on youth from indigenous/rural communities as well as PLWDs and, especially on how they are coping with political participation and rights issues because often they are left on the fringes in most countries. Sports and entertainment are potential avenues for capturing and empowering youth in this case. Empowerment should go beyond just providing knowledge and services, they should also be economically empowered or provided with means to achieve economic empowerment. Poverty can push adolescent girls and young women into age-disparate relationships which multiplies their HIV risk and increases their risk of sexual exploitation and trafficking. In South Africa, for example, 34% of sexually active adolescent girls report being in a relationship with a man at least five years senior.

Empowering women influences their ability to build human capital. Greater control over household resources by women leads to more investment in children's human capital, shaping the opportunities for the next generation. In some regions of African, many married adolescent girls and young women do not have the final say regarding their own health care and play a low decision-making role in the household.

The creation of decent work to ensure that women and their families have a route out of poverty is particularly important, as women are overrepresented in the informal labour market, including unpaid care work and low-paid employment. The consequences of preventing women from participating in and contributing to the formal economy are adverse and far-reaching. Yet we know that by women participating, the health benefits of their and girls' involvement in a nation's economy are huge, not only in terms of their own economic empowerment and health choices but also in terms of improving the health of their children and communities.

Gender inequality has many drawbacks including discriminatory social and institutional practices that interfere with their fundamental rights and human progress. Disparities in the labour market result in lost benefits to individuals, households and society, ending up in huge annual economic losses due to gender gaps in the labour force (Bandara, 2015) while discriminatory practices lead to among other things early marriage, FGM/C and preference for sons. There are other implications of these inequalities. For those women in the workplace, low levels of education, poor conditions of work and low remuneration pose the challenge of obtaining a fair return on their labour (ILO, 2013). Women employed in vulnerable work or the informal economy tend to experience poor working conditions. They also have limited access to social security and representation, and receive lower earnings than other workers (Vanek *et al.*, 2014). And, as a consequence, inequalities in access to services that improve their sexual and reproductive health rights are affected.

5.2. Access to quality education

Quality education refers to education that enables learners develop all traits and skills to achieve the full potential as human beings and members of society. It is influenced by factors internal and external to the classroom, availability of supplies/resources and the learners' home environment. It is intertwined with factors that lead to the closing of the gender gap in basic education.

Investments in quality education for the youth will foster opportunities for developing a skilled and healthy labour force. Studies have shown that education facilitates young people to learn skills to get into higher-quality jobs. Through investments in quality education, African nations will develop a labour force well equipped to move into new opportunities that emerge from a demographic dividend. Secondly, there is need to expand educational opportunities so as to prepare a productive labour force for the future. Together with improvements in school completion, this will prepare young women and men with the abilities they need to move into formal-sector jobs, earn higher wages, and contribute their share to the demographic dividend for the benefit of the continent.

Investment in quality education should start at the very basic level, the elementary entry level when children are beginning their schooling. Teaching at this level should be improved tremendously across the continent. An analysis of educational policies in addressing issues affecting indigenous people and PLWDs is also important because they seem to have been left on the fringes in most countries. Therefore, strategic investment in programmes targeting the youth should clearly and specifically capture these marginalized groups across the continent. Overall, teaching at elementary level of schooling should be improved.

While fertility tends to go up with increased male education and income, it falls rapidly with increased female education. In Ethiopia, for instance, among women with no education, the total fertility rate is just under 6 children per woman (Canning *et al.*, 2015) while for women with 12 years of schooling fertility is less than 2 children per woman. The implication here is that education reforms that lead to increase in female education is likely to have large effects on fertility, suggesting a causal effect (Pradhan and Canning 2013). Similar causal effects have been found in other studies. In Kenya, an education reform that increased the length of primary education by a year had the effect of increasing female educational attainment, delaying marriage, and lowering fertility (Chicoine 2012) while in Nigeria increasing female education by one year reduced early fertility by 0.26 birth (Canning *et al.*, 2015).

Low fertility among the educated will imply smaller families and lead to substantial parental investment, with benefits accruing in terms of better health and education for the following generation. Conversely, high fertility among women with low education and large families may lead to correspondingly low investment in children, perpetuating the gap in education, health, and income, bringing about an intergenerational transmission of inequality with negative ramifications for the demographic dividend (Eloundou-Enyegue 2013). But there may well be a rise in inequality at the start of the transition, as households with high education and income are the first to move toward low fertility. The demographic-economic interphase between fertility and education implies that lower fertility is both a cause and a consequence of increased educational investments; in particular, both fertility and child schooling are determined by a common set of factors that affect families' incentives

and preferences. Further, each additional year of schooling is associated with a 10% increase in wages (Canning *et al.*, 2015).

Despite the obvious benefits, while school enrolment has been increasing in Africa, female enrolment has tended to lag male enrolment, particularly in some sub-regions. Enrolment is likely to be lower for girls than for boys when the household is poor or the girls have young siblings (Glick and Sahn 2000). Policies that can increase girls' enrolment in school include general increases in educational access, especially at the secondary level (Birdthistle *et al.* 2011). Conditional cash transfer programs requiring school attendance for cash disbursement have been shown to increase girls' school attendance substantially in other regions.

Link between education and economic development is well established. Better educated women are more likely to work outside the home in the formal sector, which in turn leads to increase in the size of the labour force and the potential for economic development (AUC and ECA, 2013). Yet, as boys and girls progress through school, the skills they learn become increasingly complex. Yet there is a remarkable variation in secondary school enrolment ratios that suggests uneven opportunities for realising a demographic dividend. For instance, in Western Africa, only 25% of girls and 40% of boys are enrolled in secondary school, compared to 92% and 88%, respectively, in Southern Africa. The social exclusion of girls in much of North Africa makes the situation more difficult to address. With such variations across regions and between boys and girls, some regions will lag significantly in achieving a demographic dividend without investing more in education.

5.3 Entrepreneurship and employment opportunities

A large portion of Africa's youth are jobless and their economic status is worsening due to increasing fuel and food costs. Joblessness among the youth represents an enormous cost to society in terms of lost potential growth and increased crime. Nonetheless, informal sector jobs have taken up a fair proportion of Africa's youth. In Mali, for example, 94% of the youth are employed in the informal sector while in Ethiopia 74% are in informal employment in contrast to South Africa's 31% (Adams, 2008). This notwithstanding, employment for the 15–24 years age bracket, compared to the total population, has remained largely stagnant despite this age group's increasing in size.

Youth in Africa hold great potential as drivers for economic growth through participation in labor markets and as consumers. A young population can also be a resource that leads to innovation and supports governance and political reforms. However, a large youth population that is not gainfully employed can also be a liability, further undermining growth prospects. Investors could tap into the creative minds of the youth (including those living with disabilities) to unleash the entrepreneurial potential that will lead to reaping the demographic dividend.

Economists and demographers who have studied fertility and labour have always argued that that changes in fertility can affect a woman's contribution to the labour market in many ways. One of the ways posited in their analysis refers to the specialization effect of childrearing derived from the fact that the primary responsibility for child care, particularly at early ages, tends to fall on women (Canning *et al.*, 2015). The implication for this specialisation effect is that an increase in fertility will force women to spend a larger portion of their energy and time on child care. In effect, the need to care for a child restricts the time a mother can devote to labour, especially if that labour is required outside the home.

The other side of the argument avers that reduced fertility can increase the female labour supply by allowing women to devote more of their time and efforts to labour market activities rather than to childrearing. Economists also argue that having more children may increase the marginal value of a woman's time as an input in child care. This increase adds to the cost of childrearing and can limit women's opportunities outside the home. Many decent and gainful labour market opportunities exist outside the home (Canning *et al.*, 2015). In many cases, work-related employment and skill enhancement have a positive influence on upward mobility in the job market.

Wages in the main part reflect work experience and the skill set gained. For many African women, withdrawal from the labour force to take care of children reduces the experience that a worker can accrue. This, in turn, reduces the woman's wages, if not wiping them out completely. For African women, especially the young and adolescents, absence from the labour market reinforces continued absence, given lower wages and higher costs of job search. In these cases, African female labour supply and subsequent earnings has been decreasing in response to an increase in fertility, as women either look for part-time or less demanding types of work or drop out of the labour force entirely to meet familial obligations. Additional income may be needed to cover the costs of raising an extra child, which implies that female labour supply may even increase in response to fertility. This pushes women into poverty even further and some resort to prostitution to meet the income deficit.

While young people in general face challenges in obtaining decent and gainful employment, people living with disabilities face challenges due to discrimination and marginalisation in society in general and women in particular are negatively affected. Women with disabilities face a "double bind" in places where stereotypes and attitudes hamper their educational or occupational opportunities because of their gender and disability. In regard to accessing sexual reproductive health services, women in particular, face double burden. Physical access to health care centres and the need for family and friends to accompany them is a barrier (USAID, 2011). This disempowers them and curtails their ability to access information and services confidentially and anonymously. They also face financial barriers in terms of paying for services. Additionally, access to information for those living with visual disabilities is hampered since they face communication barriers and information is not available in formats that suit their needs such as braille or audio (USAID, 2011).

Leaving such a significant portion of the population out means missing a significant economic opportunity in the quest for reaping the demographic dividend. Therefore, harnessing the youth dividend to increase the competitiveness of production in African is key to reaping the demographic dividend. Many countries are already working in this direction through efforts to enhance entrepreneurship, expand exports and create jobs in the formal sector, especially for girls who are entering the job markets. In many instances, targeting women, especially the young and PLWDs in these processes is proving beneficial, albeit slowly.

CHAPTER 6 : THE ROLE OF THE BOY CHILD

Gender inequalities affect many aspects of development, which suggests that the pursuit of gender equality as a development objective will call for fundamental changes in power structures or relations between men and women. In particular, there is need for men to have a stake and a role in creating more egalitarian societies where women and men can co-exist with equal access to social services and economic opportunities, rights and dignity, whilst simultaneously improving the quality of women's lives. In line with the Beijing Platform for Action (1995) there is need to call on men and boys to be explicitly involved in achieving gender equality. There are efforts from civil society organizations to involve men and boys in bringing about gender equality in several African countries, especially with respect to addressing the HIV/AIDS epidemic and the legacy of armed conflict and war. These include the Rwandan men Resource Centre, the Men's Association for Gender Equality in Sierra Leone, Kenya's Men for Gender Equality Now; and the Sonke Gender Justice Network in South Africa. These efforts are being operationalised alongside the law on gender-based violence in these countries.

Chapter six reviews the role of the boy child in reaping the demographic dividend and of interest is how to build the capacity of boys in a highly dynamic and globalised world. The first section in this chapter addresses the social factors that affect the involvement of the boy child in contributing towards the demographic dividend. The second deals with the cultural environment and particularly on how cultural practices drive processes that have a negative effect on the demographic dividend. The economic aspects are covered in the third section. The focus on the girl child while improving the state of the girl child and women in general, has produced an unintended negative effect on the boy child. The last section addresses this issue and in particular on how to empower the boy child so that they are able to positively contribute to the demographic dividend.

6.1 The social environment

There are many social factors that may influence the boy child's future involvement in reaping the demographic dividend. The factors include misconceptions about masculinity, and access to education and to the labour market. These factors are discussed below.

Misconceived perceptions about masculinity: Culture teaches individuals what society expects of them through a process of enculturation. These cultural expectations shape individuals into adult members of society. Over time, there has been a shift to a focus on the rights of the girl child and her empowerment. This shift has overshadowed the boy child's empowerment. In many societies, boys are assumed to be tough and able to deal with challenges they face in life on their own. They are regarded as being less vulnerable to social vices like sexual harassment, child labour and violence among others. On the other hand, it is condoned that boys, partly due to peer pressure, could have multiple sexual partners without any problem and could indeed, 'force' girls to have sex with them. Sexual activity by boys was generally condoned (WHO, 2014) while girls were restricted in their mobility in order to protect them from sexual encounters. On the other hand, it is assumed that girls tend to give in to the boys' sexual advances for fear of losing them. This misconception about the abilities and freedoms of the boy child has reduced the crucial support they need from society. Consequently, boys are robbed off the sensitivity and the ability to safeguard the rights and freedoms

of the girl child, which, in the long run also affects important aspects of a girls' sexuality including their sexual and reproductive health rights. These latter have a direct effect on the demographic dividend.

Educational achievement: Over time, the number of girls in schools has gained compared to the boy child. In addition to the greater support to girls than it is for boys, the girls are out-performing boys in academics. Currently, for those girls who make it, there is differential performance in their favour at higher grades. The greater support to girls has had negative consequences for the boy child. In Kenya, for example in order to correct gender parity, girls get admitted to universities and other institutions of higher learning at a lower grade compared to boys, a policy adopted based on the argument that girls face greater challenges as they grow in comparison to boys. Girls lose study time performing household chores in addition to missing school during their menses. In a scenario where equality is the focus of society and where women have gained on men, support for the boy child needs re-evaluation. Like girls, especially in urban areas, boys perform household chores as much as girls do. In urban areas girls do not miss schools as a result of their menses as they have access to protective pads that allow them to continue on their routine duties without interruption.

Differential access to the labour market: The prevailing scenario in the job market is a situation where 'female candidates are encouraged to apply' in an attempt to bring about gender equality in the labour market. Where there are two candidates of opposite gender and who have equal qualifications, the man has little chance of getting the job. This is sure bound to bring about disparity in the labour market in the long run. In Kenya, data from the Kenya National Bureau of Statistics shows that the number of unemployed men is already higher than that of women (Republic of Kenya, 2014). Greater access to the job market, particularly for the women, would ensure better quality of life for her and the child, improved health for the woman and child and access to better education for the child all of which have an impact on the demographic dividend.

Thus, the social environment could potentially have a profound influence on both the position of the boy and girl. Misconceptions about masculinity and, specifically the abilities of the boy child, particular focus on the girl child's education and differential access to labour markets all have the ability to influence relations among boys and girls. Lack of social support on either the boy or girl child could lead to gender inequity which, in turn, would affect demographic indicators such as maternal mortality, access to health care and sexual and reproductive health indicators and could, in the long-run, impact on the demographic dividend.

6.2 The cultural environment

Many cultural norms, beliefs and practices militate against the role of young people as agents of change within the Africa and, therefore, will work against reaping the demographic dividend (UNFPA, 2014). These harmful traditions have simply refused to die, despite concerted efforts to address them through education and community campaigns which has led to social transformation (Muyila, 2011). For the girl child, especially, the practices also limit access to education, quality and comprehensive sexuality education and generally violate the SRH rights of the young women. With these practices in place, the envisaged future with better-educated, healthier and empowered women that are more likely to have fewer children and to enter the labour market will not be achieved (UNFPA, 2014). Furthermore,

greater female political representation, which is supposed to lead to more supportive policies for gender equality, a key element of the demographic dividend, will be lacking.

One aspect of these practices found among most pastoralist communities in East Africa is *moranism*, a rite of passage into adulthood. It presents an avenue through which a boy child could be empowered to take advantage of the demographic dividend. *Moran* (warriors) are not allowed to marry or have sexual relations with married women or circumcised girls during the period of moranhood. They are expected to take “temporary brides” from among the uncircumcised girls by “beading a girl”, thus allowing the *moran* free sexual access to her (UNFPA, 2012).

The young people in these communities, particularly adolescents, routinely encounter obstacles to accessing contraception. Many of these young men and women who marry or enter partnerships early do not have the knowledge or the personal agency that enables them to protect themselves from early or unwanted pregnancy and are generally unable to negotiate safe sex.

There are already efforts by government and civil society to generate dialogue on the practice of beading, educate communities on its adverse consequences and provide safe shelter for girls who have fallen victims of this practice and are pregnant. Interventions are focusing on shifting the norm around the practice of beading of girls by *morans* by promoting education for boys and girls in the communities that practice *moranism*. It is envisaged that this will not only empower the communities to participate in the global economy but will also provide a platform for reducing fertility and mortality, key pillars for reaping the demographic dividend. Expanding access to contraception and information, including comprehensive sexuality education for both boys and girls, is expected to reduce risky sexual behaviour and lower fertility rates. When women and boys have the power, the means and the information to decide freely whether, when

Box 6.1: The practice of ‘beading’ among the East Africa’s pastoralist communities

The beading of a girl by a moran starts with identification of a girl that he admires in the grazing field or during the evening dance and approaching the brother or mother of the girl to make his intention to bead the girl known. If his proposal is accepted (which is often accepted as none acceptance would be considered a great insult and could have consequences) the moran proceeds to purchase beads and hands it to the mother of the girl who puts it in her daughter as a statement that she is now reserved for a specific moran. Even though the sexual relationship of beaded girls with moran is not expected to lead to pregnancy as girls who get pregnant from such relationships are considered to be a shame and disrespect to themselves, family and community, beaded girls do get pregnant. Such pregnancy is required to be terminated usually crudely by older women in the community with resulting health and psychological consequences for the girls and in the case where the babies are born, they are left to die, killed by the elders or given out to the neighbouring tribes the Turkana give the babies to barren and disabled women in their community (Job-Johnson, 2013).

or how often to have sex, women will then have the power to decide freely when to have children, and choose to have smaller families (UNFPA, 2014).

However, empowering individuals to freely decide on sexuality requires a set of policies that respect human rights and freedoms, and assure access to sexual and reproductive health care, education beyond the primary level, and the empowerment of girls and women (UNFPA, 2012). Lower fertility

is then linked to women's labour-force participation and earnings, contributing to the demographic dividend (Joshi and Schultz, 2013).

6.3 The economic environment

The socio-economic and political environment in Africa poses a great challenge to the youth in general and girls and young women. Key economic and social indicators point to the fragility of many African economies and poor wellbeing of the people. The poverty level in Africa has witnessed a substantial upward swing over time. The trend is worsened by the increasing rate of unemployment, lack of basic infrastructure, corruption, and poor economic policies. Unemployment has a very big impact on the youth. The prevailing situation has forced many African youths into social vices such as rape, drug trafficking, kidnapping, fraud, prostitution, crime, and other illegitimate activities. Trafficking, rape and kidnapping disproportionately target boys as perpetrators and girls as victims, while fraud target boys. While, the boy child is the main target of criminal gangs which recruit individuals into radicalisation, drugs, kidnapping, rape and other criminal activities, the girls are the major victims of prostitution, with the attendant reproductive health issues such as rape, abortion and unwanted pregnancies (Canning *et al.*, 2015). Lack of employment opportunities that will transform the economic and social lives of the rapidly growing youth labour force in Africa is not conducive for reaping the demographic dividend.

Therefore, empowering the youth – boys and girls – through policies aimed at reducing the level of poverty and youth unemployment are very vital to the attainment of the benefits of the demographic dividend. According to Olaleye (2010), youth empowerment helps to reduce the level of poverty and the tendencies for young people to engage in criminal activities. Initiatives to improve youth welfare and harness their human resource capabilities and create jobs are essential to absorb the large number of youths trapped in the poverty cycles across the continent and allow them to enter the labour force are the solid pillars of gaining from the demographic dividend. And this is evident in many countries across the continent. Public/private sector partnerships across the continent are creating an enabling environment for appropriate investment in infrastructure and initiation of good macroeconomic policies that will eventually benefit girls and boys to realise their potential.

The economic growth could accelerate the reduction of poverty, particularly if fertility declines and yields a demographic dividend. This can be buttressed by generation of decent paid work and gender-responsive social protection and services. To attain a gender responsive society, the boy child must of essence be part and parcel of the social and economic transformation agenda.

6.4 Empowering the boy child

There is no doubt that empowering the girl-child produces huge potential benefits for society. Educating girls, ensuring that they have access to adequate health and delaying their marriage until they attain 18 years of age ensures that the girls fully contribute to society and help build their countries' economies and reduce poverty. Their empowerment also leads to fewer unintended pregnancies which in turn produces fewer families with more resources for improved health and education of the children and in the end helping communities and countries to escape poverty. These are the precursors of a demographic dividend. We now have a scenario where the girl-child is making gains in education and in employment opportunities. Women and girls are often given preference in

educational scholarship awards. Over the years, groups and activists have focused on empowering the girl-child achieve her potential especially in education and job market, with varying results. By empowering women, there is a paradigm shift within communities (whether at home, in the workplace or in a society). The shift sees women as independent and contributing members of society who ensure that their communities and environments are enhanced. This not only raises the bar for their male counterparts, but helps set a positive example for the males in their lives (e.g. sons, husbands, brothers, colleagues).

However, in the process of lifting the girl-child, the boy-child has been left lagging. For Africa to reap the demographic dividend by placing the rights of women at the centre of progress, it should design an inclusive approach that recognises the input of both genders. The chosen path which places girls and women on the frontline has the inadvertent outcome where boys and men have been side-lined in the girl-child empowerment initiatives, and, consequently creating imbalance in family set-up and society in general. This is leading to a situation where the singular focus on the girl has left the boy child neglected on many social fronts, creating a social crisis where many young men are ill equipped to participate in fertility and contraception issues, let alone gainful employment. They end up engaging in crime, drugs and substance abuse, which further compromises their status in the community. This situation leads to the detriment of the girl child who later in life require partnerships that produce stable families.

To reverse this current trend, governments and civil society need programmes to empower girls while at the same time protecting the boys and ensuring that they have adequate support to make them useful members of society. Boys as much as girls require nurturing to help face the challenges of a modern world where women and men are equal in terms of decision making, job market and have absolute control of their sexuality. Therefore, in the quest for achieving the demographic dividend, the thought of empowerment of the individual irrespective of their gender should be central. Empowerment of the individual means that we create a society where both men and women can make choices in life based on their own abilities, preferences and circumstances. An empowered boy-child, upon growing up into a responsible man, father and husband, mentors his generation in the same way, all down his lineage.

Boys might be empowered through various ways. First, boys need counselling and guidance as they progress to manhood, whether in or out of school. There is need for academic and policy conversations of how to support boys starting from the family level. Central to reaping the demographic dividend is the realisation that gender equality is not just about social and economic empowerment; it is a moral imperative that concerns fairness and equity and includes political, social and cultural dimensions. African policy makers have to recognise this because men have a role and a stake in promoting new and egalitarian models of masculinity, in which women (and men) are able to live free from the threat and trauma of domestic and sexual violence and have improved access to health, rights and dignity while simultaneously improving the quality of men's lives.

Second, there is need to address ways in which boys and men confront and deal with issues around poverty, unemployment and dependency and how these affect social relations among themselves as well as with women. In this regard, we should strive to account for the male youth cross-cultural

differences and commonalities. Male youth are as diverse as the societies in which they live. Their ability to thrive and succeed is affected by economic status, marital status, disability, sexual orientation, ethnicity and religion. Peer pressure is usually critical in many decisions youth make.

Third, the transmission of global culture through media, technology and migration unite youth and promote shared generational experiences, especially on sexual and reproductive health issues. There is need for targeted assessments to develop strategies that respect and respond to different African male youth to capitalize on their learning capabilities, and therefore, ensure protection and opportunity for them to secure a healthy future. Emphasis should be directed towards those from marginalized communities or with disabilities. Research shows that feelings of “connectedness” gained in schools and/or family is central to steering clear of risky behaviors. Boys and young men are clearly in need of powerful messages and role models in this case, for them to be empowered to fully participate in their local economies as well as the global economy for Africa to reap the demographic dividend.

Just like the girl child, the boy child will also require improvements in the quality of education to prepare him to smoothly move into formal-sector jobs, earn higher wages, and contribute to a demographic dividend. After acquiring the requisite skills, creating jobs by identifying the sectors that will expand and foster employment opportunities is essential to absorbing the young men entering the workforce. This is necessary to harness the potential of Africa’s boy child for social and economic development. By fostering increased prosperity for the countries, they will help position countries to achieve the accelerated economic growth resulting from a demographic dividend (USAID, 2013). This will help the young men to not only build their individual opportunity but also provide a foundation for their long-term social stability and prosperity.

CHAPTER 7 : SUMMARY OF CONTINENTAL DEVELOPMENTS AND RECOMMENDATIONS

This chapter summarises the discussions in the preceding chapters and provides recommendations drawn from the discussions.

7.1 Summary of continental developments

In order for African countries to attain sustainable development and maximally reap the demographic dividend, they should recognise the many hurdles including lowering fertility and mortality rates and ensuring that the bulging youth population is equipped with the right skills to fully participate in the economies in a gainful way. Furthermore, governments should initiate robust policies to ensure that women and men, and girls and boys, enjoy the dignity and human rights to expand their capabilities, secure their reproductive health and rights, find decent work, and contribute to economic growth. Apart from policies, bold investments which will secure the future of these young people are needed.

The benefits of the demographic dividend will be achieved if African governments actively engage in data gathering to procure relevant, current and adequate information on the size, sex, location and age structure of their present populations. This will facilitate projections into future population dynamics. Therefore, countries that stand to gain from demographic dividend are those whose governments recognise the demographic opportunity by knowing when they are experiencing the demographic transition, when moving from the young population structures they have today to the future when the young segments of their populations are coming of age to enter the working age.

The first demographic indicator to confront in this quest is the fertility rate. As the report notes, most African countries are going through a fertility transition. Fertility rates exhibit a regional variation. Trends show that while North Africa (with a fertility rate of 3.4 children) showed little to no change in the total fertility between 2004 and 2016 there has been change in Central Africa though that change stagnated at 6 children between 2004 and 2016. Southern Africa has recorded the lowest fertility followed by Northern Africa while the highest is recorded in Central Africa. As the effects of these fertility rates come to bear on the overall dynamics of a demographic dividend, other factors are expected to come into play to make the growth to plateau around 2030 and usher in a trend of slowing fertility rates. In this population, the proportion of people under 15 years in total population is expected to decline only slowly to about 36% of total population in 2030. The next cohort of 15 to 59 years is expected to grow from 456 million in 2010 to 758 million in 2030. This young population structure poses many challenges for African countries in many ways, including education and employment opportunities.

To address the fertility rates, governments require enormous human, financial and infrastructural investments. One of the key entry areas is voluntary family planning through which many governments are making commitments needed to spur reductions in fertility rates. SRH services should particularly target adolescents. Studies across the continent point to an intersection between fertility on the one hand and maternal and child mortality on the other. What this means is that policies that are geared towards addressing fertility should simultaneously address maternal and child mortality. The health of women and children in Africa has not improved significantly and the same situation is expected to continue if unchecked by ambitious programming and policy interventions. Since the health system in

much of Africa is built around curative services, it is also mostly functionally effective in urban areas, making access for the rural population difficult. Secondly, the infusion of SRH services including FP and contraception is mostly lacking despite the evidence of a close positive correlation between uptake of FP services and a reduction in maternal and child mortality rates across all regions on the continent. The cost of these services is a factor to consider because making sure that voluntary family planning policies and programs are prioritized for and are equally accessible to all people, including adolescents will help accelerate reduction in the fertility rates that will eventually lead to low mortality rates among mothers and their children. Furthermore, many women in Africa are poor, exacerbating an already precarious situation. Thus, reducing the physical and financial cost of access to family planning services for these women is therefore desirable. Diversifying FP methods is also another crucial policy option since misconceptions and stereotypes about certain FP methods abound on the continent due to cultural taboos and religious restrictions.

Mortality has decreased over the years in Africa due to improved healthcare services in many areas. Deaths have reduced in 10 years from an average of 14 persons per 1,000 to 10 persons today. On the other hand, these positive outcomes are not uniform across the regions. The persistence of infectious and communicable diseases such as malaria, HIV/AIDS, tuberculosis, dysentery and typhoid is a point of concern for policy makers and other actors. While improvements in the wellbeing have brought about reduction in mortality rates caused by infectious diseases, these improvements have come at a cost in the name of lifestyle diseases/problems such as pulmonary heart disease, diabetes, road and industrial accidents, and cancer. However, several countries are coming to terms with them and are putting in place plans to address these new health challenges in addition to dealing with HIV/AIDS, malaria and TB. In the case of HIV/AIDS, there are the attendant problems associated with the fact that infections are still high while compliance with treatment, care and support is still low in many places. In terms of regional outlook, Northern Africa and Eastern Africa sub-regions are projected to benefit more from reduced child mortality than other regions. The relative reduction of the impact of HIV/AIDS would influence this decline.

With reduced fertility and mortality rates, Africa is expected to undergo a demographic transition that will result in an age structure with more working age population by 2030. If this is accompanied by steady investments in human capital development and economic policies that prioritize job creation, the resultant youth bulge can be translated into an engine for rapid economic growth and socioeconomic development. Furthermore, in the long term, with the improvements in health and economic outcomes, it is projected that the average life expectancy will increase to 64 years, compared to 57 years in 2010 and 59 years (men) and 62 years (women) in 2016. Again, improvement varies across regions based on income groups. Thus, data indicates that Northern and Eastern Africa are projected to have the highest life expectancies with 76 to 64 years against the lower figure of 56 years in Central Africa. Therefore, there is need for governments to formulate policies to address the needs of the expected ageing population.

Due to disparities in wealth, instability and humanitarian emergencies Africans are among the most mobile people. However, migration is mainly driven by search for life opportunities more than flight from conflict and other humanitarian emergencies. This has an important impact on population

dynamics in both origin and destination areas on the continent. When the major segment of the migrating population is composed of young people, the prospects on labor markets in both areas of origin and destination are dire. In general terms, migrants from Africa and within are younger (on average at 29 years) compared to migrants from other regions of the world. Within the continent, migration has had its negative social consequences such as xenophobic related violence in South Africa and South Sudan. The continent can expect to see an increase in the negative consequences of migration such as xenophobia as migrants move into new areas and compete with locals for the ever-shrinking job opportunities.

Compared to other regions of the world, Africa is rapidly urbanizing. However, while some countries are still overwhelmingly rural others are more than 80% urban. The sizeable migration flows from rural to urban areas presents daunting challenges for development. These inflows into the cities need access to land, infrastructure and basic services in addition to health care. But more so, urbanization affects the growing young population and has implications for the demographic dividend. Due to increasing urbanization, there are fears of food instability in both rural and urban areas as the rural areas lose prized assets of youth and land. Who will feed the ageing rural population and the bulging young urban population?

Failure to take advantage of the demographic dividend could reduce development prospects. Without investment in priority areas such as employment, education, governance and human rights, Africa will not be guaranteed returns on the demographic dividend. Family planning and reproductive health should be addressed to allow women's and girls' rights to education and sound economic opportunities without which the demographic dividend will be missed. Fertility is an area of concern in the demographic dividend because key to achieving the dividend is reduction of the number of children born per woman.

Additionally, issues that impinge on the rights of young women's rights such as child marriage, FGM and gender-based violence should be addressed. Child marriage remains one of the predominant architects of violation of children's rights, the perpetuation of which has largely been influenced by people who do not understand the importance of protecting children. Across the continent, the proportion of girls married by 18 is as high as 38% in East and Southern Africa region and 46% in West and Central Africa. Fifteen out of the 20 countries with the world's highest child marriage prevalence rates are in Africa. Yet, child marriage has been known to contribute to high levels of adolescent birth rates, which affects girls' ability to gain an education and limits their prospects. It has devastating consequences for overall realization and full enjoyment of their rights, including those related to free and informed consent, health and sexual reproduction, as well as access to information and resources. Further, child marriage is a barrier as it excludes women from the mainstream development process by denying them access to education and later employment opportunities.

FGM/C is another violation of the health, rights and wellbeing of girls and women, a practice which has sometimes resulted in deaths. Ending FGM/C requires accelerated efforts but this will require action at legal and policy level as well as commitment to finance and enforce relevant laws in place.

Ending the practice requires multi-stakeholder efforts from cultural and religious institutions, media, political leadership and the community at large to act and speak in unison about ending the practice.

Gender-based violence is experienced by women in all parts of Africa and increasing evidence shows that GBV is a systemic issue which affects all sectors of society. Moreover, GBV affects the physical and emotional health of women and ultimately damages communities and societies. Unfortunately, despite the known magnitude of the problem, national leaders have often failed to create and implement policy and programmatic measures needed to ameliorate the recurring phenomenon, yet freeing women from the clutches of GBV can help propel the demographic dividend. Efforts at ending these violations has been met with varying degrees of success. What is surprising is that sometimes, gender inequalities are perpetrated by segments of the population that are expected to help combat them. For example, studies show that FGM/C is supported by men and women who are educated upto tertiary levels. At the same time, some of the men who perpetrate GBV are sons of enlightened women. These are some of the bottlenecks that stand in the way of addressing the issues that may contribute to the missed dividend.

This, then calls for institutional strengthening and technical support for addressing various aspects of population including sexual and reproductive health and reproductive rights across the continent. Areas of interest include maternal and new-born health, population census, gender equality and women empowerment. Advocacy needed to support investment in young people for their health, capacity development and participation in Africa's development, and to ensure that Africa benefits from the demographic dividend of its youthful population is critical. These will include campaigns to end FGM/C, child marriage and gender-based violence. However, there is also need to institutionalize campaigns that advocate for youth development and empowerment, adolescents and youth programmes and youth-friendly services. The role of the boy child cannot be overemphasized. Bringing the boy-child to the centre of the demographic dividend by empowering them can help accelerate progress towards a demographic dividend.

7.2 Recommendations

In view of the foregoing, the following are some of the recommendation that should help accelerate the match towards a demographic dividend and to reap the benefits that ensue:

- There is need call on governments under the auspices of AU to formulate an harmonised continental population policy to guide discussion of population issues in Africa, together with a monitoring and evaluation framework to monitor and measure demographic trends.
- Governments need policy interventions that will show how the growing youth of Africa can find/be provided employment opportunities. Should the state have a strong, regulatory role or a 'light touch'?
- The AU should lead the discussion on the implications of urbanization, tradition and society as Africa and its young men and women move more towards an industrial and service economy and away from an agricultural one. In particular, the continent should explore a working balance between industrial, service and agricultural economies to ensure sustainable development that would propel the continent into realizing a demographic dividend.

- While it has created a positive impact on the general welfare and performance of the girl child, clearly the boy child is now lagging. A rethink of the boy child involvement is needed to ensure that they contribute positively to the demographic dividend by ensuring the rights of the girl child, adolescents and young women are protected.
- The AU should map which countries and regions of Africa that are more likely to nurture job creation opportunities for young men and women than others. Additionally, there is need for the AU to find out the extent to which Africa and Africans can create employment opportunities, enterprises and manufactured products. This will produce opportunities for those countries that are already in a demographic dividend phase.
- The AU should find the place and meaning of gender equality and empowerment in the context of structural transformation on an emerging Africa moving towards a demographic dividend and the core issues in gender inequality that need to be addressed by AU and member states. Central to this will be mapping programs and activities that promote economic opportunities for women and girls, without leaving out men and boys.

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APPENDICES

Country Profiles – selected indices for Africa Union member countries

Country	Population ¹			Life Expectancy at birth (yrs) ¹		Proportion of girls married ²		FGM/C Prevalence among girls & women 15-49 yrs
	Mid-2016 (millions)	Projected Mid-2030 (millions)	Projected Mid-2050 (millions)	Male	Female	Before 15 yrs	Before 18 yrs	
Algeria	40.8	50.6	63.2	73	78	0	3	
Angola	25.8	39.4	65.5	51	54	-	-	
Benin	10.8	16.6	24	58	61	11	32	9
Botswana	2.2	2.7	3.3	62	67	-	-	
Burkina Faso	19.0	28.2	47	57	60	10	52	76
Burundi	11.1	17.2	30.4	58	61	3	20	
Cabo Verde	0.5	0.6	0.7	71	80	3	18	
Cameroon	24.4	34.4	51.9	56	59	13	38	1
Central African Rep. [#]	5.0	6.7	9.7	49	53	29	68	24
Chad	14.5	22.7	38.5	51	53	29	68	44
Comoros	0.8	1	1.4	62	65	10	32	
Congo	4.9	6.7	10.2	57	60	6	33	
Côte d'Ivoire	23.9	33	50.1	51	53	10	33	38
Djibouti	0.9	1.1	1.2	60	64	2	5	93
DR Congo	79.8	124.2	213.8	49	52	10	37	
Egypt	93.5	121.6	168.7	70	73	2	17	87
Equatorial Guinea	0.9	1.3	2	56	59	9	30	
Eritrea	5.4	7.3	10.4	62	66	13	41	83
Ethiopia	101.7	132.9	168.6	62	66	16	41	74
Gabon	1.8	2.4	3.5	64	65	6	22	
Gambia	2.1	3.2	5.1	59	62	9	30	75
Ghana	28.2	37.1	50.4	60	63	5	21	4
Guinea	11.2	18.3	27.5	58	59	21	52	97
Guinea Bissau	1.9	2.5	3.6	54	57	7	22	45
Kenya	45.4	63.7	88.2	60	65	4	23	21
Lesotho	2.2	2.6	3.4	50	50	2	19	
Liberia	4.6	6.4	9.4	60	62	9	36	50
Libya	6.3	7.4	8.4	69	75	-	-	
Madagascar	23.7	32.9	47.1	64	67	12	41	
Malawi	17.2	23.4	32.2	62	64	9	46	
Mali	17.3	26.1	43.6	54	54	15	55	89
Mauritania	4.2	5.7	8	62	65	14	34	69
Mauritius	1.3	1.2	1.1	71	78	-	-	
Mozambique	27.2	41.9	74.4	52	56	14	48	
Namibia	2.5	3.3	4.7	62	67	2	7	
Niger	19.7	34.3	68.9	61	62	28	76	2
Nigeria	186.5	261.9	397.5	53	53	17	43	25
Rwanda	11.9	16.4	23.4	62	66	1	8	
Sahrawi Rep. (W. Sahara)	0.6	0.7	0.9	67	71			
São Tomé and Príncipe	0.2	0.3	0.3	64	68	5	34	
Senegal	14.8	21.6	34.4	65	68	9	32	25
Seychelles	0.09	0.1	0.1	70	79	-	-	
Sierra Leone	6.6	8.9	12.6	50	52	13	39	90
Somalia	11.1	16.5	27	54	57	8	45	98
South Africa	55.7	63.4	75.2	60	64	1	6	
South Sudan	12.7	17.8	25.9	55	57	9	52	
Sudan	42.1	61.7	105	61	64	7	33	87
Swaziland	1.3	1.5	1.8	50	48	1	7	
Togo	7.5	10.9	17.4	59	61	6	22	5
Tunisia	11.3	13.1	14.9	73	77	0	2	
Uganda	36.6	58.1	101.5	62	64	10	40	1
UR of Tanzania	54.2	81.5	134.8	64	67	7	37	15
Zambia	15.9	24.1	41	51	56	6	36	
Zimbabwe	16.0	22.2	33.2	56	59	4	34	
Zimbabwe	16.0	22.2	33.2	56	59	4	34	

Selected indices for Africa Union member countries (Cont'd)

Country	Births per 1000 pop. ¹	Deaths per 1000 pop. ¹	Infant mortality rate ¹	Maternal mortality ratio (deaths/100,000 live births 2015) ⁵	Percent of married women 15-49 years using contraception ¹		Percent Unmet need (15-49 yrs) ⁴	Percent Urban Population ¹	Education - Gender Parity Index	
					All methods	Modern methods			Primary (1999-2015) ⁶	Secondary (2000-2015) ⁷
Algeria	26	5	21	140	57	48	13	71	0.98	-
Angola	45	14	93	477	18	12	28	62	0.77	0.81
Benin	36	9	66	405	18	12	31	44	0.88	0.68
Botswana	25	8	31	129	53	51	17	57	1.01	1.13
Burkina Faso	41	10	65	371	21	20	27	30	0.95	0.87
Burundi	42	10	63	712	32	30	29	12	1.02	0.99
Cabo Verde	21	5	19	42	61	57	15	66	1	1.14
Cameroon	38	10	55	596	34	21	22	54	0.9	0.87
Central African Rep. [#]	34	14	90	882	15	9	23	40	0.79	0.52
Chad	47	14	87	856	6	5	23	22	0.78	0.33
Comoros	33	7	36	335	19	14	31	28	0.95	1.07
Congo	37	10	48	442	30	18	18	65	1.09	-
Côte d'Ivoire	37	13	69	645	18	12	24	54	0.89	-
Djibouti	25	9	53	229	19	18	30	77	0.89	0.72
DR Congo	46	16	97	693	21	8	27	42	0.95	-
Egypt	31	6	22	33	58	57	12	43	1.01	1.01
Equatorial Guinea	35	11	67	342	13	10	32	40	1	0.77
Eritrea	34	7	43	501	8	7	29	23	0.9	0.84
Ethiopia	30	7	47	353	37	36	24	20	0.94	0.62
Gabon	32	9	43	291	31	19	25	87	-	-
Gambia	41	9	45	706	9	8	28	60	1.09	-
Ghana	33	8	41	319	35	29	34	54	1.01	0.98
Guinea	37	10	67	679	6	5	25	37	0.86	0.66
Guinea Bissau	37	12	88	549	16	14	22	49	0.95	0.56
Kenya	31	7	39	510	66	63	18	26	1.04	0.97
Lesotho	29	15	59	487	60	60	18	27	1.04	1.57
Liberia	35	9	54	725	20	19	31	50	0.95	-
Libya	20	5	23	9	42	20	19	79	-	-
Madagascar	33	7	36	353	40	33	19	35	1	1.04
Malawi	34	10	42	634	59	58	18	16	1.06	0.98
Mali	44	13	56	587	16	15	27	40	0.9	0.76
Mauritania	31	8	72	602	11	10	31	60	1.05	0.92
Mauritius	10	8	13.6	53	76	39	7	41	1.02	1.01
Mozambique	45	14	81	489	12	11	27	32	0.95	1
Namibia	29	7	39	265	56	55	17	47	1.03	1.27
Niger	49	9	56	553	14	12	18	22	0.86	0.67
Nigeria	39	13	69	814	15	10	22	48	0.84	-
Rwanda	34	7	32	290	53	48	19	29	1.03	-
Sahrawi Rep. (W. Sahara)	18	6	35	-	-	-	-	81	-	-
São Tomé and Príncipe	33	7	38	156	41	37	32	67	0.98	1.15
Senegal	38	6	39	315	23	21	30	45	1.09	0.77
Seychelles	17	7	13.4	-	-	-	-	54	1.01	1.09
Sierra Leone	37	14	89	1360	17	16	26	40	0.99	0.9
Somalia	44	12	76	732	15	1	29	40	-	-
South Africa	22	10	34	138	60	60	12	65	1.13	1.16
South Sudan	37	12	74	789	4	1	30	19	0.71	-
Sudan	37	8	51	311	12	12	28	34	1.05	-
Swaziland	29	14	50	389	66	66	15	21	0.99	1.24
Togo	36	9	47	368	20	17	33	38	0.93	0.48
Tunisia	20	7	17	62	62	50	10	68	0.99	-
Uganda	43	10	53	343	34	30	33	20	1.03	0.95
UR of Tanzania	37	7	43	398	38	32	22	30	1.01	-
Zambia	43	13	52	224	49	45	20	40	1.02	-
Zimbabwe	36	10	50	443	66	66	11	33	1.02	1.01

Notes for the Tables:

[#]The Central African Republic is suspended since 25 March 2013 (PSC/PR/COMM.(CCCLXIII)) and is suspended from all AU activities until constitutional order is re-established permanently.

¹Population Reference Bureau 2016 estimates

²FGM/C Prevalence rates obtained from UNICEF Statistics updated February 2016.
<http://data.unicef.org/topic/child-protection/female-genital-mutilation-and-cutting/>

³UNICEF global databases, 2016, based on DHS, MICS and other nationally representative surveys.
<https://data.unicef.org/topic/child-protection/child-marriage/>

⁴Unmet need for family planning rate, women aged 15-49, 2016. Source: United Nations Population Division. Women with unmet need for spacing births are those who are fecund and sexually active but are not using any method of contraception, and report wanting to delay the next child. This is a subcategory of total unmet need for family planning, which also includes unmet need for limiting births. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behaviour. Unmet need here is expressed as a percentage based on women who are married or in a consensual union

⁵Maternal mortality ratio (MMR), deaths per 100,000 live births and range of MMR uncertainty (UI 80%), lower and upper estimates 2015. Source: United Nations Maternal Mortality Estimation Inter-agency Group (MMEIG). This indicator presents the number of deaths of women from pregnancy-related causes per 100,000 live births. The estimates are produced by the MMEIG using data from civil registration and vital statistics systems, household surveys, surveillance systems, population censuses, and other specialized studies/surveys. UNFPA, World Health Organization, the World Bank, UNICEF, and the United Nations Population Division are members of the MMEIG. Estimates and methodologies are reviewed regularly by the MMEIG. MEIG estimates should not be compared with previous inter-agency estimates.

⁶Gender parity index, primary education, 1999-2015. Source: UNESCO Institute for Statistics. The gender parity index refers to the ratio of female to male values of adjusted primary school net enrolment ratio. Parity = 1.00.

⁷Gender parity index, secondary education, 2000/2015. Source: UNESCO Institute for Statistics. The gender parity index refers to the ratio of female to male values of secondary school net enrolment ratio. Parity = 1.00.

Methodological Note

Methodology

The assignment was completed in a three-phased approach starting with the inception phase. At inception, a detailed outline of the report and work plan for producing the report was prepared. AUC and APEC coordinators reviewed and commented on the inception report together with the methodology proposed. Data requirements relevant to production of the report were identified and a plan of accessing information developed.

During the second phase – data collection phase – the bulk of the work and development of the report chapters was done. The identified documents were reviewed, secondary data analysis done and consultations with AUC continued. The data were collected in three stages. The desk review provided secondary data/information while secondary additional data analysis completed the desk reviews and in-depth interviews provided primary data that served to clarify emerging issues. In conducting the desk review, the key elements of Africa’s population were captured. The documents were sourced from various organizations/agencies including but not limited to the following: previous AU reports, UNFPA reports, UNICEF Reports, WB reports, Plan International Reports, APHRC reports and Data2x among others. Quantitative data accessed from the MICS, DHS, WB, PRB and National Census reports were analysed. Reanalysis of quantitative data generated new tables and figures used in the report.

Regular consultations with DSA/ECA/UNFPA were held throughout to discuss emerging issues from the reviews and additional information generated. The final report was produced after receiving further comments from subject experts on the draft report. APEC coordinators were involved in sourcing for some of the documents required in the preparation of the report.

Limitations

The report has endeavored to be as comprehensive as possible. However, its broad nature which aims to provide a bird’s eye view of the continent also implies that country level-specific discussions are short on detail. The report has, however, used country level information only to give emphasis on a general point made in the report. The second limitation relates to the nature of data used in the report. While use of primary data would have enabled the report to bring firsthand information this has not been possible. Instead, the report has relied largely on data provided by the Africa Union and UN agencies such as UNFPA, UNICEF, WB, WHO as well as other international organizations such as the Population Reference Bureau.

The use of multiple sources of data helped to confirm the different data available on specific indicators. Finally, the limited timeframe for producing the report curtailed in-person extensive consultations at country level. This limitation was overcome by the enormous data already available allowed secondary data analysis to be conducted.