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About the *Global Majority E-Journal*

The *Global Majority E-Journal* is published twice a year and freely available online at: [http://www.american.edu/cas/economics/ejournal/](http://www.american.edu/cas/economics/ejournal/). The journal publishes articles that discuss critical issues for the lives of the global majority. The global majority is defined as the more than 80 percent of the world’s population living in developing countries. The topics discussed reflect issues that characterize, determine, or influence the lives of the global majority: poverty, population growth, youth bulge, urbanization, lack of access to safe water, climate change, agricultural development, etc. The articles are based on research papers written by American University (AU) undergraduate students (mostly freshmen) as one of the course requirements for AU’s General Education Course: Econ-110—The Global Majority.

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Contents

Living in Cities: The Relationship between Urbanization and Economic Growth in Thailand versus Indonesia

Abd Wafiee Abd Wahab

Preparing for a Better Future: An Analysis of the Youth of Nigeria and Mexico

Haley Bowcutt

Agree to “Plan B”: The Causes and Effects of Access to Contraception in Egypt and the Philippines

Rachel Falek

Child Labor and Human Trafficking: How Children in Burkina Faso and Ghana Lose Their Childhood

Kaitie Kudlac
Living in Cities: The Relationship between Urbanization and Economic Growth in Thailand versus Indonesia

Abd Wafiee Abd Wahab

Abstract
Being two of the five founding countries of the Association of Southeast Asian Nations (ASEAN), Indonesia and Thailand have greatly impacted the region’s economic and political issues. Both countries also have seen massive urbanization over the last few decades and have now large shares of their populations living in urban areas. Though Thailand began the process of urban development much earlier than Indonesia, today, the share of the urban population is higher in Indonesia than in Thailand. In any case, urbanization has helped both Thailand and Indonesia to experience rapid economic growth. This article illustrates and compares the impacts of urbanization in the two nations. It looks into the economic and social benefits as well as costs of rapid population growth in the capitals of these two countries, namely Bangkok for Thailand, and Jakarta for Indonesia.

I. Introduction
Thailand and Indonesia are the two largest economies in the Southeast Asian region and have some of the most populous urban cities. Bangkok and Jakarta are hubs for most social, economic, and political activities. For Thailand, Bangkok is the main center of all activities as well as Thailand’s major tourist spot. For Indonesia, Jakarta is one of many centers. In addition to Jakarta, cities such as Bandung and Surabaya are equally large and populous in Indonesia.

Bangkok and Jakarta experienced rapid urban growth and development over the last few decades. This article looks into the effects of massive urban growth and economic development. A comparison between Thailand and Indonesia will be done in order to bring about an understanding of the effects of economic growth on urbanization and vice versa. Furthermore, the greater effects of urban growth on the major cities will be discussed to contextualize urban growth in these two countries. Such effects will mostly deal with socio-economic and environmental factors.
Following this introduction, this article is structured into four sections. The next section provides a brief literature review. The subsequent section examines some empirical background on socioeconomic development in Indonesia and Thailand over the last few decades, which is then followed by a discussion section. The last section provides some conclusions.

II. Literature Review

Urbanization and economic growth are very much related to each other. Within the last few decades there have been several publications detailing the different effects of economic growth and urbanization in the major cities of Indonesia and Thailand. Socio-economic factors determine the outcomes of urban development and it is clear that the governments of Thailand and Indonesia see urbanization as a challenge. Ayal (1992) and Rukumnuaykit (2015) discuss the impacts of urbanization in Thailand, whilst Firman (2009) and Lewis (2014) focus on Indonesia. Webster (1995) discusses both countries. Despite different foci of these publications, each one looks at the importance of the economy and urbanization in the development of a safe and clean urban environment.

Ayal (1992) focuses on Bangkok, considering urbanization and economic growth to be more or less interrelated to each other. Urbanization may cause economic development but on the other hand, economic progress results in urbanization. Though it may sound confusing, Ayal breaks down ‘economic growth’ in different terms such as ‘economic progress’ and ‘economic development’ which are quite different according to him. Bangkok as the major city of Thailand is noted to be a primacy city, which means that Thailand only possesses one city, whilst other cities have no chance in growing and engaging in urban development. Within Thailand, and Bangkok specifically, urbanization has led to concerns about personal, sectorial, and regional equity.

Rukumnuaykit (2015) discusses the subjective well-being of citizens within Thailand. In essence, urbanization effects the well-being of the Thai people greatly. Although some may find that the urban setting heavily influences the well-being of the people, it does not actually affect them as much as the demographic and societal differences within the population. In this article, well-being is defined and measured by life satisfaction, happiness level, mental score, and illness. Each of these factors is used to determine the greater social effects of urbanization on the population.

Firman (2009) focuses on the socio-economic problems rising as a result of the idea of mega-urbanization in Indonesia. Mega-urbanization is a phenomenon whereby there are large-scale growths in housing projects and tourist resorts with existing agricultural activities. This essentially means that there seems to be some form of integration of rural activities with the urban environment, and thus spawning concerns with the environment and citizens’ well-being. In this article, the Jakarta-Bandung region is focused upon as Jakarta and Bandung are the two major cities with the largest concentration of urban population and economic activities in Indonesia.

Lewis (2014) discusses the implications with regards to the relationship between urbanization and economic growth in Indonesia. Lewis states that the level of urbanization is positively associated with economic growth but the rate of change of urbanization is negatively related with economic output growth. This article further examines the importance of infrastructure in urban development.
Webster (1995) focuses on the overall impacts of growth on the urban environment in Southeast Asian countries. Although this article does not necessarily focus on Thailand and Indonesia specifically, there is a lot of information on the major impacts of urbanization on major cities such as Bangkok and Jakarta. Webster also talks about the greater effects of the growing socio-economic environment on the overall infrastructure and lifestyle of urban areas. Furthermore, there is an in-depth look into the problems arising in the urban environment such as pollution, infrastructural issues, issues with governmental investments, and the well-being of people in urban areas.

### III. Empirical Background

Thailand is officially known as the Kingdom of Thailand and its currency unit is the Thai Baht. Its economy is heavily based on exports of goods and services, and in 2012, exports constituted about 75 percent of gross domestic product (GDP). Thai exports range from agricultural products such as rice and fisheries, to industrial products such as textiles, rubber, automobiles, and electronic appliances. Thailand has transitioned from being a low-income country to an upper-middle-income country very quickly, experiencing sustained strong economic growth. Indonesia is officially known as the Republic of Indonesia and its currency unit is the Indonesia Rupiah. Its economy is primarily centered on household consumption, which in 2012 constituted about 57 percent of GDP.

Thailand’s capital city Bangkok is the by far largest in the country and has grown massively in both size and population. Bangkok, which currently has a population of about 6 million, is the center of Thailand’s economic, social, and political activities, making it the most significant city in the country. There are no other cities in Thailand with populations above one million. Indonesia’s capital is Jakarta, which is estimated to have about 10 million people. However, Indonesia has several other megacities, including Surabaya, Bandung, Bekasi, Medan, and Tangerang, which all have populations between 2 to 3 million people. Unlike Thailand, Indonesia is not as heavily dependent on one city.

**Figure 1: PPP-adjusted GDP per capita in Indonesia and Thailand, 1990-2012**

![PPP-adjusted GDP per capita chart](image)

Source: Created by author based on World Bank (2014).
Thailand and Indonesia are quite different economically. Thailand has a considerably higher GDP per capita than Indonesia. However, as seen in Figure 1, GDP per capita in purchasing power parity (PPP) has steadily increased for both countries since 1990, except that there was a) a significant but temporary decline caused by the so-called Asian Crisis in 1997, and b) a slight decline in Thailand’s GDP per capita due to the 2008 world financial crisis.

Over the past few decades, Thailand and Indonesia have become the two largest economies in the Southeast Asian region, with Indonesia being the largest and Thailand the second largest economy. Immense economic growth coupled with social development have allowed the citizens to experience better living standards and an overall increase in socio-economic factors such as life expectancy and literacy rates.

Figure 2 shows that both countries improved the life expectancy of their citizens. In the case of Thailand, life expectancy increased from 59.5 years in 1970 to 74 years in 2012, while it increased from 52 years in 1970 to 71 years in 2012 for Indonesia. However, there are some differences in the growth rates across the two countries. After having grown at similar rates until about 1980, Thailand’s life expectancy grew very rapidly during most of the 1980s, after which it stagnated from 1991 to 1997. Indonesia’s life expectancy has grown more steadily.

**Figure 2: Life Expectancy at Birth (years) in Indonesia and Thailand, 1970-2012**

![Life Expectancy Graph](image)

Source: Source: Created by author based on World Bank (2014).

Despite considerable gaps in data for adult literacy, Figure 3 shows clearly that Indonesia had considerably lower adult literacy rates in 1980 than Thailand, but had basically caught up with Thailand in the early 2000s. Thailand’s progress in terms of improving literacy rates seems to have been limited, though it is obviously more difficult to significantly increase adult literacy rates once they have reached around 90 percent. Looking at the most recent data on net secondary school enrollment ratios (displayed in Figure 4) shows that both Thailand and Indonesia continue to make progress in educating their populations. It also shows that Indonesia is a few percentages behind Thailand, especially as Indonesia’s net secondary school enrollment ratios have stagnated between 2007 and 2009, while those of Thailand have grown more steadily.

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1 Southeast Asia is typically considered to consist of the countries that are geographically south of China, east of India, west of New Guinea and north of Australia.
IV. Discussion

IV.1. Urbanization

Urbanization is defined as an increase in the share of the urban population. Thailand and Indonesia have experienced significant urban growth since the 1970s that have allowed their respective cities to not only grow in population, but also in land area. As shown in Figure 5, Thailand’s share of urban population increased from about 20 percent in 1970 to 35 percent in 2012, while Indonesia’s share of urban population increased from slightly less than 18 percent in 1970 to above 50 percent in 2012. Hence, Indonesia’s urbanization has been far more rapid than that of Thailand. Taking into consideration the multiple large cities that Indonesia has, it is no surprise that more than half of the population are now living in urban areas.
Economic growth and urbanization are closely related to each other. Ayal (1992) suggests that economic growth and urbanization have an element of dual causality, that is urbanization can cause economic development, and yet, without economic progress there may not be urbanization. Such a case is very evident in both Thailand and Indonesia. Figures 1 and 5 indicate positive trends in their respective elements, and comparing the two trends indicates that as GDP per capita increases, so does the share of urban population, meaning that there is a positive relationship between economic growth and urbanization.

Despite the increase in the urban share of the population, it is interesting to note that the share of population living in the largest city as a percent of the urban population (not of the total population) has been declining in both Thailand and Indonesia, see Figure 6. Hence, this implies that the population growth rates in the non-capital urban areas have actually been higher than in the capital of each country.

Figure 6: Population in the Largest City as Percent of Urban Population, 1970-2013

Source: Created by author based on World Bank (2014).
While this may not be too surprising for Indonesia, as we already pointed out that there has been rapid growth in many Indonesian cities, it is a kind of surprising in the case of Thailand as Bangkok is considered the center of Thailand and still is the only city with a population of more than one million people. Although Bangkok is the major city of Thailand, developments in other cities such as Samut Prakan and Nonthaburi have also provided opportunities of modern city life, and therefore more people moved to these cities in relative terms. In Indonesia, Bandung and Surabaya are also some of the fast growing cities in the country, therefore causing Jakarta to have a declining percentage share of the urban population.

Some 20 years ago, Ayal (1992) regarded Bangkok as a primacy city, which means that Thailand is heavily dependent on one city for major activites while disregarding others. This has allowed Bangkok to greatly increase in size and population but may also have had greater negative implications. Indonesia has a different situation, although Jakarta is the most populous of all the major cities in the country, there are still other cities where major activities aid in the growth of the economy.

Indonesia’s case of rapid urbanization in multiple large cities is examined in Firman (2009), suggesting that Indonesia’s mega-urbanization is an ongoing effort to integrate major cities like Jakarta and Bandung together. This therefore means that both rural and urban activities will be integrated together. Thailand and Indonesia are thus very different to each other, Thailand’s export dependent economy means that they are able to sustain one major city and thus develop that city to become a center for socio-economic activities. However, Indonesia’s population is much larger, meaning that its economy is more domestic-based, therefore, causing the growth of other cities. Average population density in Thailand has been 130.8 people per square km of land area in 2012, while it was with 136.3 people per square km in the same year in Indonesia.

**Figure 7: Expansion of Built-up Areas in Jakarta Metropolitan Region, 1983–2005**

![Figure 7: Expansion of Built-up Areas in Jakarta Metropolitan Region, 1983–2005](image)

Source: Hudalah and Firman (2012), Figure 2, p. 43.
Figure 7 illustrates the expansion of built-up areas in the Jakarta Metro Region from 1983 to 1992 and to 2005. It is clear from these images that Jakarta has increased in size over the years to accommodate the increased urban population in the city. Figure 8 illustrates the expansion of Bangkok between 1974 and 1984; again, the increase in Bangkok’s size is a result of urban growth and its primacy in Thailand.

Figure 8: Expansion of Bangkok, 1974-1984

Source: [http://archive.unu.edu/unupress/unupbooks/uu11ee/uu11ee0c.jpg](http://archive.unu.edu/unupress/unupbooks/uu11ee/uu11ee0c.jpg)

**IV.2. Urban Environmental Concerns**

With increased urban population, what damage has been done to the environment? Urban growth has both negatively and positively impacted Thailand and Indonesia. One of the major problems is environmental. As more people are migrating to urban areas, there can be greater increases in environmental damages due to emissions, improper regulation of garbage and sanitation, overpopulation, industrial and household wastage, and urban sprawl.

Transportation is very important in the urban environment. Since Bangkok and Jakarta are massive in terms of land area, transportation is very crucial to getting around and for delivering goods and services. Transportation may be in the form of public (buses, trains) or personal (cars, trucks) transportation. Yet all of these have the common trait of emissions, causing pollution.
While comparable data on environmental issues is difficult to find, Figure 9 shows the CO$_2$ emissions from transportation, which are provided as an indicator for the growth in pollution resulting from transport, even though this data is for the whole country. From 1971 to about 1996, the increases in CO$_2$ emissions from transportation has been very similar in both countries. However, while CO$_2$ emissions from transportation have started to stagnate in Thailand, they continued to increase in Indonesia; they actually grew even more rapidly in more recent years.

Figure 9: CO$_2$ Emissions from Transport (millions of metric tons), 1971-2011

Webster (1995) reports that the incidence of respiratory problems in Bangkok was five times as high as in the rural parts of Thailand and this is primarily attributed to congestion of transport vehicles in the city. Pollution remains a problem in urban areas of Thailand and Indonesia as the use of motor vehicles and other energy consuming products grow faster than GDP (Webster, 1995). This becomes a problem as the overall urban environment gets damaged.

IV.3. Life in the Cities

Differences in rural and urban developments can be illustrated by comparing the availability and access to water and sanitation in rural and urban areas as well as by comparing the percentage of people living in poverty in rural and urban areas. This last sub-section examines the rural-urban differences in water, sanitation and poverty in Thailand and Indonesia.

IV.3.a. Access to Safe Water in Rural versus Urban Areas

Based on Figures 10 and 11, we can see that access to safe water is far higher in urban areas, and this applies to both Thailand as well as Indonesia, though Thailand’s access rates are overall higher than in Indonesia. Thailand has also made far more progress in increasing access to safe water in rural areas than Indonesia, though Indonesia also started out with far lower access rates in rural areas. In Thailand, the rural-urban gap in access to safe water has been nearly eliminated in 2012. On the other hand, the still significant rural-urban gap in Indonesia may partly explain why Indonesia’s urbanization has been faster than that of Thailand.
**IV.3.b. Access to Sanitation in Rural versus Urban Areas**

As Figure 12 shows, while Thailand’s rural areas had lower access rates to sanitation in the early and mid-1990s, by 2000 and onwards, the rural access rates have surpassed the urban access rate. On the other hand, as Figure 13 shows, rural access rates have always been far below urban access rates in Indonesia, despite that there has been a more progress over time in increasing rural access rates than increasing urban access rates. Indonesia’s relative slow progress in increasing urban access rates to sanitation is likely due to the rapid urbanization, which must have implied massive investments in sanitation in the new urban spaces to prevent a decrease in urban access rates. Like in the case of water, the still significant urban rural gaps in Indonesia may have been an incentive for people to move to urban centers, though a further analysis would be required to say this with certainty.
IV.3.c. Percentage of People Living in Poverty in Rural versus Urban Areas

Poverty is a problem faced in both urban and rural areas. As seen in figures 14 and 15, poverty in the urbanized areas has decreased for both countries since the mid-1990s. For Thailand, there has been a major decrease in poverty in both urban and rural areas, decreasing the percentage of people living in poverty from 74 percent in 1988 to 18 percent in 2011 in rural areas, and from 42 percent in 1988 to 9 percent in 2011 in urban areas. Hence, in relative terms, Thailand reduced urban poverty more than rural poverty. While there is far less data available for Indonesia (the first year for which there is such data is 1996), Figure 15 shows that the rural-urban gap has actually been reduced in the case of Indonesia.

It is interesting to note that while Indonesia lacked considerably behind Thailand in terms of GDP per capita, life expectancy and net secondary school enrollment, comparing Figure 14 with Figure 15 shows that both rural as well as urban poverty have typically been lower in Indonesia than in Thailand.

- In 1996, Thailand’s rural poverty headcount ratio stood at 42.3 percent, while that of Indonesia stood at 19.8 percent. In the same year, Thailand’s urban poverty headcount ratio was 19.2 percent, while that of Indonesia was 13.6 percent.
- In 2011, which is the last year there is such data for Thailand, Thailand’s rural poverty headcount ratio stood at 16.7 percent, while that of Indonesia stood at 15.7 percent. In the same year, Thailand’s urban poverty headcount ratio was 9.0 percent, while that of Indonesia was 9.2 percent, so in terms of urban poverty, Thailand is now doing better.

Clearly, Thailand has been far more successful with decreasing urban and rural poverty than Indonesia, though Indonesia started out with far lower poverty headcount ratios in 1996. The impact of the Asian Crisis is clearly visible in both countries, while the impact of the 2008 world financial crisis is less obvious in both countries.

Figures 14 and 15: Rural-Urban Poverty in Thailand and Indonesia

Source: Created by author based on World Bank (2014).
V. Conclusion

The dual causality of economic growth and urbanization is very evident in the transformation of both Thailand and Indonesia. Urbanized areas have become the hub of socioeconomic activities and for both Bangkok and Jakarta, maintaining a healthy environment is very important to keep such activities alive. Thailand’s primacy case allowed Bangkok to grow massively, but trading off the development of other cities which may have potential to grow and become socioeconomic hubs. Indonesia’s urbanization seems to have been more distributed among many mega cities.

Overall, the standard of living has been better in urban than rural areas in both countries. With high levels of infrastructure coupled with higher access to sanitation and safe water, living in the cities has improved the lives of the people. However, since there are high concentrations of people in the cities, pollution becomes a major problem, especially since motorized vehicles are heavily used and there is lots of congestion. Pollution can also be a result of improper regulation of waste and as such, causing water pollution. Problems with pollution can however be solved through further efforts in advertising clean urban environments and building proper infrastructures to reduce waste. Public transport can also be advertised more to encourage citizens to reduce the use of personal motored vehicles within the city.

With great increase in the population of urban areas, poverty is becoming more evident and this is the case basically everywhere in the world. Thailand and Indonesia are no exceptions to urban poverty growing faster than rural poverty, though fortunately, the percentage of poor people has been falling in both countries. Currently, providing opportunities for poor people is one way to reduce poverty, and although poverty reduction policies may differ between the two countries due to different conditions of Thailand and Indonesia, poverty reduction as a whole is a necessary step for allowing major cities to prosper further.

References


Preparation for a Better Future: An Analysis of the Youth of Nigeria and Mexico

Haley Bowcutt

Abstract

Children are the key for the future of developing countries. In Nigeria, opportunities for youths are slim due to poor health and little educational opportunities, leading to low school enrollment ratios and low literacy rates. The health and education for youths in Mexico is much better; however, a variety of illegal activities have pulled the Mexican youths in the wrong direction. The need for children to work for income is necessary in both developing countries, oftentimes leading these youths to drop out of school and join the workforce, even becoming involved in illegal activities.

I. Introduction

This article compares the youth population of Nigeria and Mexico. Specifically, it compares the youth in terms of their status in health, their enrollment in school, their participation in the workforce, and their involvement in criminal activity. Mexico is more developed than Nigeria in terms of health and education, like if comparing life expectancies, immunization rates, and school enrollment ratios across these two countries. In reference to education, the higher school enrollment ratios lead to higher literacy rates. Moreover, high enrollment ratios also imply lower rates of child labor. In Nigeria, child labor rates are high. Many Nigerian children work on their family’s farm.

However, due to relative high unemployment rates, both countries are known to have youths involved in criminal activities. In Mexico, drug cartels are a major problem for the country and have lead many youths to become involved in dangerous activities. In Nigeria, political conflicts, among others, have been an ever-occurring problem for the country and have led to heavy involvement by the youth population. To the degree that there is data, this article examines these issues. The next section provides a brief literature review, which is followed by some empirical background on the two countries’ socio-economic development. The fourth section than compares various aspects of youth, before the last section provides some conclusions.
II. Brief Literature Review

There is a relatively large amount of literature examining the situation of youths in Nigeria and Mexico, including analyzing the education system and the involvement of youths in the labor force. David (2015), Obi (2015), and Abdullahi (2014) focus on the Nigeria, while Levinson, Moe and Knail (2001) and van Gameren and Hinojosa (2004) focus on Mexico. For each country, these publications discuss issues related to youth violence, education, and youth employment.

• David (2015) explains how Nigeria is a conflict prone country due to ethno-religious conflict, inter-communal conflict, and post-election violence; all which are common amongst its people. These conflicts lead to crimes that in 90 percent of the time are carried out by Nigerian youths. After decades of military coups, Nigeria regained democracy in 1999. However, instead of conducting its government by rule of the people, the Nigerian government is really run by a few political elites. The institutionalization of democracy in Nigeria caused politicization of religious, regional, and ethnic identities by these political elites as they competed for power in the government. Those elites, in their search for political power, often turn to violence. To perform these acts of violence, the elites hire youths, mainly because they are cheap and mostly unemployed. Many also fill the roles of bodyguard, assassin, and cannon-fodders in communal violence. The large group of unemployed young men that perform these acts of violence often come from the oil-producing regions of the Niger-Delta that have become poor and underdeveloped due to political changes.

• Obi (2015) discusses how youth unemployment has become one of the biggest problems facing Nigeria, not only economically but socially as well. The youths of Nigeria have taken on illegal activities such as political thuggery, drug trafficking, prostitution, robbery, and more, mostly to get some money for food. Obi proposes a quality entrepreneurial education as a relief program that can promote inclusive growth in Nigeria. Through education, youths will learn the skills necessary to become employed, allowing them to sustain themselves while also contributing to the economy.

• Abdullahi (2014) discusses the abundance of the use of drugs by the youths of Nigeria and their negative effects, socially and economically. He focuses on the idea that the youth of a country are the most influential in transforming a society for the better. Therefore, if the youth population is involved in crime and drugs, society will not improve. The beginning of drug use can be attributed to social pressures and a lack of proper adult figures in the home. Continued use of drugs can cause moral decay, school dropout, high crime rates, family degeneration, and prostitution.

• Levinson, Moe and Knail (2001) discuss those between the ages of 12 and 17 years of age in Mexico, who either study, work, do both, or do neither. She has found that there are relatively low school enrollment statistics, in part due to the high rates of youths working. By law, only children over the age of 14 years are allowed to work, but only for a maximum of six hours a day as work should not interfere with education. Once 16 years of age, they may work under the same laws as adults. However, Levinson, Moe and Knail found that these laws are often violated for a number of reasons, including household work, family wealth, and more. Female youths who work in the home have lower school attendance. Of the youths that are in the work force, girls are more likely to be involved
in food preparation and prostitution, while boys are more likely to work as carriers, packers, and car washers. Girls performing unpaid work within the home tend to have heavy work schedules. Levinson, Moe and Knail find that having a mother and father present in the home increases the likelihood for children attending school.

- Van Gameren and Hinojosa (2004) study the relationship between education and wealth. They find that an increase in education leads to an increase in wealth and a reduction of poverty in both rural and urban areas. However, urban youth are prospering more than rural youth. Youth receiving an education is lower in rural areas, leading to a higher percentage or rural workers with no formal education.

III. Empirical Background

Mexico is far more developed than Nigeria in terms of income per capita as well as most other social indicators. As Figure 1 shows, Mexico’s purchasing power parity (PPP)-adjusted GDP per capita is currently about three times higher than that of Nigeria. In 1990, Mexico’s GDP per capita was about four times Nigeria’s GDP per capita. Mexico’s evolution of GDP per capita has been more volatile than Nigeria’s. The impact of the Mexican Peso crisis in 1995 as well as the 2008 world economic crisis is clearly visible in Figure 1 for Mexico. Nigeria’s GDP per capita stagnated around $2,900 from 1990 until 2002, after which it accelerated very sharply, reaching nearly $5,500 in 2012.

Figure 1: PPP-adjusted GDP per capita (in constant 2011 international $), 1990-2012

As Figure 2 shows, Mexico’s life expectancy is with 77.1 years in 2012 about one third higher than Nigeria’s life expectancy, which stood at 52.1 years in 2012. While Mexico’s life expectancy increased steadily during the last four decades, Nigeria’s stagnated for all of the 1990s at 46 years. Mexico’s crude death rate is considerably lower than Nigeria’s, see Figure 3.
Mexico’s death rate decreased from 9.8 deaths per 1000 people in 1970 to 4.5 deaths in 2012, while that of Nigeria decreased from 22.6 deaths in 1970 to 13.5 deaths in 2012.

**Figure 2: Life Expectancy in Mexico and Nigeria, 1970-2012**

![Life Expectancy Chart]

Source: Created by author based on World Bank (2014a).

**Figure 3: Crude Death Rate in Mexico and Nigeria, 1970-2012**

![Crude Death Rate Chart]

Source: Created by author based on World Bank (2014a).

Comparing the sectoral shares of the Mexican and the Nigerian economies, illustrated in Figures 4 and 5, respectively, there are huge differences in terms of levels of the shares of agriculture, industry, and services across the two countries, as well as in terms of volatility. Despite these differences in terms of levels and volatility, neither country seems to have undergone any structural transformation during the last 20 years.
In any case, as Figure 6 shows, both countries are significant oil exporters and as Figure 6 shows, both countries received significant oil rents, defined as the difference between the value of crude oil production at world prices and total costs of production. Mexico’s oil rents declined from a maximum of 18.4 percent of GDP in 1982 and 1983 to currently about six percent of GDP, while Nigeria’s oil rents reached a maximum of 57.4 percent in 1993, and constitute currently about 27 percent of GDP.

Figure 6: Oil rents (percent of GDP) for Mexico and Nigeria, 1970-2012

Source: Created by author based on World Bank (2014a).
Both countries also receive large amounts of remittances. As stated in a World Bank (2014b) press release, Mexico had remittances in 2013 of $22 billion US dollars, while Nigeria had remittances of $21 billion US dollars. Remittance money to Mexico generally comes from migrant workers in the United States. Remittance money to Nigeria comes from, among other, oil production in Sudan. Afolayan et al. (2009, p. 16) state that most Nigerians abroad live in Sudan (24 percent), rather than the United States (14 percent) or the United Kingdom (9 percent). Many Nigerian emigrants also settle in neighboring Cameroon (8 percent) and Ghana (5 percent).

Fertility rates rates are higher in Nigeria than Mexico, and have been so for the last 43 years. Currently (2012), Nigeria has a fertility rate of 6.0 births per woman, while Mexico has 2.2 births per woman (World Bank, 2014a). Because of this, even with higher infant mortality rates, Nigeria has a much higher percentage of the population ages 0-14 than Mexico, while Mexico has due to declining fertility rates an increasing share of working-age population, as is illustrated in Figures 7 and 8.

Figures 7 and 8: Population Shares in Mexico and Nigeria, 1970-2012

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Source: Created by author based on World Bank (2014a).

IV. Discussion

IV.1. Youths and Health

As we have seen above, Mexicans are overall healthier than Nigerians. However, both countries are steadily getting healthier, based on crude death rate and life expectancy data. Focusing specifically on youth, Figure 9 shows that in both Mexico and Nigeria, infant mortality rates are decreasing. Hence, both countries are making progress in the health of their youths; however, Nigeria continues to lack behind. There are many contributing factors to this, including lower health expenditures. Because of this lack of spending in health expenditures, it has been reported that 75 percent of adolescents have serious problems accessing health care when they are sick (UNFPA, 1999). There are many factors contributing to these youths getting sick, including low percentages of immunizations, unprotected sex, violence and substance abuse.
As Figures 10 and 11 show, Mexico has reached close to 100 percent immunization rates against measles in 1998 and against DPT in 1996. However, despite sharp increases during the late 1980s, Nigeria has made little progress with increasing immunization levels since 1990. Nigeria’s immunization rates are roughly half of Mexico’s immunization rates, peaking in 2009 at 64 percent for measles and at 63 percent for DPT, and decreasing since.

Source: Created by author based on World Bank (2014a).
Low immunizations rates are not the only factor causing food health in Nigeria. As stated in UNFPA (1999, p. 4):

“Until recently, adolescents were seen as a healthy segment of the population and received low priority for services. But biology and society bring on additional health problems; those resulting from unprotected sex, violence and substance abuse. ... Today, people are reaching puberty earlier, marrying later and spending a longer time between childhood and adulthood. Young people – a group with special health needs – find their health needs neglected or ignored.”

Much of this is due to a lack of education. An UNFPA (undated) fact sheet on young people’s health and development in Nigeria states that one-fifth of females between the ages of 15 and 19, and one-quarter of females between the ages of 20-24, know about HIV and AIDS. These numbers are similar to the male youth of Nigeria. Moreover, it is shown that about half of the females aged 15-19, and one-quarter of the adolescent males, have engaged in sexual intercourse. Only half of these female youths have access to modern contraceptives, contributing to the high levels of adolescence pregnancies in Nigeria, see Figure 11. This also contributes to high numbers of people living with HIV/AIDS in Nigeria. According to the World Factbook,¹ there were 239,700 people in Nigeria living with HIV/AIDS in 2012, while in Mexico there were 174,300 living with HIV/AIDS in the same year.

**Figure 11: Adolescent Fertility Rates in Mexico and Nigeria, 1970-2012**

![Adolescent Fertility Rates](image)

Source: Created by author based on World Bank (2014a).

UNFPA (1999) also notes that physical violence and substance abuse are highly prevalent in schools in Nigeria. Due to ethno-religious conflict, inter-communal conflict, and post-election violence, Nigerian youths are heavily involved in violence, affecting their health. Almost a tenth of youths in this country have used drugs, also having a negative affect on youths health.

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With Mexico’s drug wars, violence and substance abuse are a similar problem for the youths of Mexico. As stated in a news article by William Booth and Steve Fainaru (2009) for the Washington Post, minors are being swept up in Mexico’s drugs wars as killers and victims. They also state that as a result of substance abuse and murder, Mexico is experiencing a lost generation. However, to these kids in Mexico, drug-trafficking is not seen as a threat to their healths but as a job opportunity. This will be discussed further in section IV.3. However, Booth and Fainaru (1999) state that drug trafficking is having serious effects on youths health. Since 2002, chronic drug use in Mexico has doubled, and the fastest-growing addiction rates are among 12 to 17 year-olds (Booth and Fainaru, 2009). Violence is causing high percentages of deaths amongst the youth of Mexico. As shown in a report by the World Bank (2012), Mexican youth represent a little more than 38 percent of the homicide victims in the country in the early 2000s. Youths and violence in both Nigeria and Mexico will be discussed further in section IV.4.

IV.2. Youths and Education

Not only does Nigeria spend less on health expenditures than Mexico, Nigeria also spends drastically less on education. Hinchliffe (2002, p. 15) estimated that in 1998, Nigeria’s education expenditure amounted to only 2.3 percent of GDP or 9.6 percent of government expenditures. The share of these funds going to primary education is at 35 percent, secondary education at 29 percent, and tertiary education’s share at 35 percent (Saint, Hartnett, and Strassner, 2003). This difference in allocation for education shows when we look at literacy rates for both countries as shown in Figure 12. In 2008, Nigeria’s literacy rate for youths ages 15-24 was only 66.4 percent, whereas Mexico’s literacy rate for youths was 98.3 percent. For those that do make it to the higher educational levels, Nigeria boasts the largest university system in Sub-Saharan African. According to Saint, Hartnett, and Strassner (2003), there were 48 state and federal universities enrolling over 400,000 students. However, these university systems struggle to expend due to a shortage in qualified academic staff (Saint, Hartnett, and Strassner, 2003).

Figure 12: Youth Literacy Rates in Mexico and Nigeria, selected years

Source: Created by author based on World Bank (2014a).
IV.3. Youths in the Work Force

Instead of attending school, many Nigerian children are involved in child labor. It is reported in the World Factbook that in 2007, 29 percent of children aged 5-14 were working. A study by Elijah and Okoruwa (2006) states that in rural areas, it is common to find children working on family farms. In urban areas, children are found “on the street as vendors, shoe-shiners, car washers, scavengers, beggars, head-load carriers, feethwashers and bus conductors” (Elijah and Okoruwa, 2006, p. 6). Some children are even forced into prostitution or trafficked internationally. According to Elijah and Okoruwa (2006), there are an estimated 15 million children working in Nigeria.

Comparing this to Mexico, which has much higher school enrollments, the World Factbook shows that only 5 percent of children aged 5-14 are working. On the other hand, Orraca (2014) refers to data from a Child Labor Module, which found that 10.5 percent of Mexico’s youth between the ages of 5 and 17 were working in 2011. Of these working individuals, only 70.9 percent were legally allowed to be working, as Mexico’s Constitution states that children under the age of 14 years are not allowed to work. Therefore, Orraca (2014) concludes that some 882,000 individuals between the ages of 5 and 13 participated illegally in Mexico’s labor market.

Orraca (2014) acknowledges the fact that school attendance by Mexico youths remains high at 91.1 percent; however, he concludes, this number is considerably lower among children that work, where only 60.9 percent of the population that works also studies. Once a child reaches the age of 14, and they are legally allowed to work, it is common for them to leave school and find work, whether it’s because they need to, or they want to. For these youths looking for a way to earn money, drug cartels are enticing. As explained by an 18-year-old girl in the Washington Post article by Booth and Fainaru (2009), teenagers talk openly about the thrill of smuggling as it can earn them about $500 a trip. As told in a study conducted by the World Bank (2012), a child that grows up in poverty, without access to quality education, and with limited opportunities to get involved in productive activities, can easily be caught in a violence circle that continues into his or her adult life.

IV.4. Youths and Violence

There has always been ethno-religious conflict, inter-communal conflict, and post-election violence in Nigeria. These conflicts lead to crimes that, 90 percent of the time, are carried out by Nigerian youths. Due to the recent implementation of democracy in Nigeria, there has been even more conflict arising. As political elites compete for political power, they turn to violence. Because youths make up so much of the population in Nigeria, specifically 44 percent in 2012, and are looking for jobs due to high unemployment rates, these elites can easily hire them to perform violent acts such as bodyguard, assassin, and canon-fodders in communal violence. Outside of illegal activity due to political competition, the youths of Nigeria have taken to illegal activity such as drug trafficking, prostitution, robbery, and more, just to find the money for food.

In Mexico, gang violence has become prominent. As stated by Rogers (1999, pp. 11-12): “In Ciudad Nezahualcoyotl, one of Mexico City’s largest slums, it is estimated that there is at least one clika of about a dozen male gang members in every one of the 85 neighborhoods.” These

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4 Constitution of the United Mexican States (CPEUM), Article 123, section A, clause III.
gangs lead to crimes such as drug usage and more. In the last few years, youth homicide rates have tripled, now with 25.5 homicides per 100,000 people. This increase in violence is found to be due to drug-trafficking organizations. Drug cartels have turned to the kids of Mexico to traffic, sell, and track down victims the cartel wants to assassinate.5

V. Conclusion

Now that we have discussed what is preventing the youths of Nigeria and Mexico from progressing, we know what changes have to be made to ensure these children lead healthy and successful lives. Education is the key for preparing youths for a better future. Not only will it improve their chances of obtaining a good job, but will also contribute to these youths sustaining healthy lifestyles. Abdullahi recognizes that youths are the most important factor in transforming society for the better. Therefore, both Nigeria and Mexico should implement educational institutions that would allow for the teaching of skills necessary for employment.

Obi (2015) proposes a Quality Entrepreneurial Education as a relief program that can promote inclusive growth in Nigeria. Through education, youths will learn the skills necessary to become employed, allowing them to sustain themselves while also contributing to the economy. Keeping youths in school, and later in the work force, will keep them out of illegal activity, and will stimulate the economy.

Moreover, as Brown, Deardorff and Stern (2003) have pointed out, parental education plays a persistent and significant role in lowering the incidence of child labour. However, before youths can enroll in school, it is up to each country’s government to allocate more of their spending on education. Finally, the government should also play an active role in educating parents on the benefits of a small family, because a smaller family will increase the likelihood that a child will go to school, see Elijah and Okoruwa (2006).

References


5 See Booth and Fainaru (2009).


World Bank (2012). La violencia juvenil en México: Reporte de la situación, el marco legal y los programas gubernamentales (Washington, DC: The World Bank, Documento preparado...


Agree to “Plan B”: The Causes and Effects of Access to Contraception in Egypt and the Philippines

Rachel Falek

Abstract
Egypt and the Philippines are developing countries with differing levels of unmet needs for family planning. Egypt has a government-led national family planning program, but women are still having more children than they consider ideal. In the Philippines, where the population has doubled in the last three decades, there is little access to contraception, and abortion is illegal. This article discusses the reasons for low levels of contraception access in the Philippines and higher levels of contraception access in Egypt, including cultural and structural influences. It examines the efforts each country is undertaking to decrease its fertility rate. The article further analyzes the effects of low access rates, as well as the gender inequality that is at the root of unmet family planning.

I. Introduction
Women that do not want to have more children or want to wait to have more children, but are not using contraceptives, have an unmet need for family planning (Gribble, 2012, p. 1). According to Gribble (2012, p. 2), 222 million women have an unmet need for family planning around the world. At the turn of the millennium, about 113.6 million women in developing countries, with 105.2 million of that number being married, had an unmet need for family planning (Ross and Winfrey, 2002, p. 138). Providing modern contraceptive methods to women, like intrauterine devices (IUDs), pills, injectables, or sterilization, is extremely important, as increasing contraceptive access and use will decrease population growth and the fertility rate (Gribble, 2012, p. 2). When populations grow more slowly, the government and its people will have more opportunities and time to invest in their children’s health and education, as well as work to combat gender inequalities.
The title of this article refers to a modern birth control product, called “Plan B” that gives women more agency over their bodies. More women in developing countries need access to modern contraceptives like “Plan B” so that they will have more control over the amount of children they have, which will benefit their country as a whole.

This article analyzes the evolution of the unmet needs for family planning in the Philippines and Egypt and the reasons for the lack of contraceptive access and use in these two countries. It is structured into five sections. Following the introduction, the next section gives a literature review. The third section provides some empirical background on the evolution of gross domestic product (GDP) per capita, life expectancy, and literacy. The fourth section discusses the population increase of both countries by looking at population growth rates, fertility rates, contraceptive prevalence, and the unmet need for contraception, and then evaluates the causes of the lack of access to contraception. Lastly, the fifth section will provide some conclusions.

II. Brief Literature Review

There is an extensive amount of literature on the unmet need for family planning in Egypt and the Philippines, despite government-led family planning programs in both countries which have been implemented over the last forty years when the need to reduce the each countries’ population size became a prominent national issue. Weiss (2012), Mello et al. (2006), and Lee, Nacionales and Pedroso (2009) focus on the Philippines, while Haddad (2008), Moreland (2006), and Khalifa, DaVanzo and Adamson (2000) focus on Egypt. All authors analyze the reasons for the dearth of contraceptive use and access and how policies have influenced those factors today.

- Weiss (2012) looks at the introduction of a new “reproductive health bill” in the Philippines’ national legislature that could pass and change how the Philippines handles contraceptive access and use. The bill has the potential to provide sex education and government subsidies for family planning. The article explains that there is a large percentage of women who have unmet needs for family planning. Even though according to polls, 70 percent of people in the Philippines support the reproductive health bill, 50 percent of pregnancies are unintended. Weiss argues that unintended pregnancies could be due to unaffordable contraceptives and the prevention of the distribution of contraceptives at public clinics by the mayor of Manila.

- Mello et al. (2006) look at the history of the Philippines’ Family Planning Program, which has been in effect for over 30 years, but has failed to lessen the country’s population growth. The authors conducted a study to evaluate why there is such low contraceptive use in the Philippines. They found that a) the influence of the Catholic Church, and b) the dearth of programs to inform people about options for family planning, clinicians who will provide family planning, and contraceptives that people can afford, result in low contraceptive use.

- Lee, Nacionales and Pedroso (2009) look at the lack of support by the Filipino government for modern methods of contraception because of Catholic influence in three different locations: Laguna Province, the city of Manila, and the city of Puerto Princesa. All of these three places passed anti-modern contraceptive policies. The authors catalogue the effects and the success of their implementation of the policies today. The article includes strategies to increase government support at all levels and incorporates
the need to improve low-income women’s access to modern contraceptives through “itinerant and community-based distribution.”

- Haddad (2008) analyzes and graphs Egypt’s population and development, including the distribution of population by region, annual population growth, poverty, human development index, reproductive health, family planning, maternal health, infant health, female genital mutilation, gender equality, youth, and education. In 2008, Egypt had the densest population compared to other Arab countries, with a very young population that still faces gender disparities and female genital mutilation. Due to the young population as well as other factors, women give birth to more children than they actually want.

- Moreland (2006) highlights the progress of Egypt’s government-led family programs. The journal article analyzes Egypt’s demographic transition and family planning, providing graphs on total fertility rate and contraceptive prevalence rate, which have decreased and increased respectfully. The study creates a “counterfactual” situation that analyzes what would happen if Egypt’s family planning program was not as prevalent and strong with “actual trajectory of events.” They use prospective analysis and estimate “the cumulative public sector savings” due to the strength of the family planning program from 1980 through 2005. The study also demonstrates that Egypt’s family planning program is responsible for the advances in Egypt’s family planning.

- Khalifa, DaVanzo and Adamson (2000) analyze why support and funding from the government are still necessary even with Egypt’s history of government support of family planning programs. The authors still believe more actions need to be taken to reduce birth rates. The population is likely to grow over most of the next century, because of the population momentum and because fertility rates are still high. The authors argue that increasing family planning programs will benefit Egypt and that increasing women’s decision-making power can lead to more decision-making powers in educational and economic settings.

III. Empirical Background

The unmet need for family planning in the Philippines and in Egypt arises from cultural, economic, political, and social forces. These intersecting forces have mainly restricted access to contraceptives in the Philippines and increased access in Egypt, although the effects of such influences are more complicated. We will cover these connections in-depth in the next section. This section provides some broader empirical background on the evolution of GDP per capita, life expectancy, and literacy.

Egypt and the Philippines are both lower middle-income countries. In the early 2000s, Egypt was opening up its previously centralized economy, but according to the World Factbook,1 political unrest in January 2011 resulted in the slowing of their economic growth. The Philippines has also experienced threats to its economy, including global economic and financial downturns.2 Figure 1 shows that Egypt’s GDP per capita (adjusted for differences in purchasing power parity (PPP)) increased by almost two times between 1990 ($6,023) and 2012 ($10,685), while the Philippine’s GDP per capita increased more than two times ($2,597 to $6,109) during the same

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time period. Hence, adjusted for differences in PPP, Egypt’s GDP per capita is nearly twice that of the Philippines. However, as shown in Figure 2, not adjusting GDP per capita for differences in prices, the two countries had similar GDP per capita in 2012. From 1970 to the late 1990s, not adjusted for differences in PPP, the Philippines’ GDP per capita had actually been higher than that of Egypt.

**Figure 1:** PPP-adjusted GDP per capita (in constant 2011 international $), 1990-2012

![Graph showing PPP-adjusted GDP per capita (in constant 2011 international $), 1990-2012](image)

Source: Created by author based on World Bank (2014).

**Figure 2:** GDP per capita (in constant 2005 US$), 1970-2010

![Graph showing GDP per capita (in constant 2005 US$), 1970-2010](image)

Source: Created by author based on World Bank (2014).

Figure 3 shows the evolution of life expectancies from 1970 to 2012 for both countries. Although Egypt’s life expectancy was lower in 1970 than that of the Philippines (52 years and 61 years, respectively), Egypt’s life expectancy is now higher than that of the Philippines. In 2012, Egypt had a life expectancy of 71, while the Philippines had a life expectancy of 69. Therefore, Egypt’s life expectancy grew by 19 years over the span of 42 years, while the Philippines’ life expectancy only grew by eight years during the same time period.
On the other hand, despite the Philippines having lower PPP-adjusted income per capita and lower life expectancies than Egypt, adult literacy rates are considerably higher in the Philippines than in Egypt, see Figure 4. The adult literacy rate in the Philippines was 83 percent in 1980, compared to Egypt’s 38 percent in 1976. Though Egypt has made some progress over the last few decades, it has not caught up to the Philippines’ literacy rate. In 2012, Egypt’s literacy rate was 73 percent, while that of the Philippines stood at 95 percent in 2008 (the last year such data is available).
IV. Discussion
This section will first examine the increase in population in the Philippines and Egypt by looking at the total population, population growth rates, fertility rates, contraceptive prevalence rates, the unmet need for contraceptives, and the disparity between wanted and actual fertility rates. Then, the causes of the lack of access to contraception will be analyzed, by first looking at cultural, especially religious attitudes, then at family planning implementation issues, and last but not least at gender inequality.

IV.1. Evolution of Population, Fertility, and Access to Contraceptives
As shown in Figure 5, the Philippines is experiencing a population explosion, while Egypt’s population has also heavily increased over the past 40 years. The Philippines’ population has increased from 35.8 million in 1970 to 96.7 million in 2012, while Egypt’s population has increased from 36.3 million to 80.7 million over the same time period. This immense increase in population makes it even more difficult, yet imperative that women have access to and use contraceptives.

Figure 5: Total Population of Egypt and the Philippines, 1970 to 2012

![Figure 5: Total Population of Egypt and the Philippines, 1970 to 2012](image)

Source: Created by author based on World Bank (2014).

Although Figure 5 shows that the Philippines’ total population has almost tripled from 1970 to 2012, Figure 6 shows that the population growth rate decreased by over one percentage point from 2.9 percent in 1970 to 1.7 percent in 2012. In contrast, Egypt’s total population has more than doubled from 1970 to 2012, and the country’s population growth decreased by less than one percentage point from 2.3 percent in 1970 to 1.6 percent in 2012. Although Egypt’s population growth rate decreased less in comparison to that of the Philippines, Egypt’s population has not increased as much due to overall lower growth rates.
Given the wavy population growth rates of Egypt, we also compare the fertility rates of both countries, defined as births per women. As shown in Figure 7, while Egypt’s fertility rate displays a bit more volatility than that of the Philippines, it is clear that differences in fertility rates cannot solely explain the ups and downs in Egypt’s population growth rates. Hence, other factors, like changes in the death rate, must have influenced Egypt’s volatile population growth rates. In any case, as Figure 8 shows, the fertility rate of the Philippines and Egypt has decreased substantially from 1970 to 2012. The fertility rate has decreased by about 50 percent in the Philippines and Egypt over the last forty years. Egypt’s fertility rate decreased from 5.94 births per woman in 1970 to 2.8 births per woman in 2012. Similarly, the Philippines’ fertility rate decreased from 6.2 births per woman in 1970 to 3.1 births per woman in 2012.
The unmet need for family planning in the Philippines and Egypt is demonstrated in the disparity between the fertility rate and the wanted fertility rate. While both, the fertility rate and the wanted fertility rate, have decreased in both countries over the past 30 years, there is still a large difference between the number of children women want to have and the number they do have. As shown in Figures 8 and 9, in 2008 the wanted fertility rate in both countries was 2.4 children per woman. However, the fertility rate in the Philippines was (at 3.2 children per woman) much higher than the fertility rate in Egypt (2.9 children per woman).

Therefore, although women in Egypt and the Philippines want about the same number of children, Egypt has a fertility rate closer to the wanted fertility rate than the Philippines. The figures also show that both countries had about the same discrepancy between actual and wanted fertility rates in the early 1990s, but that Egypt has made more progress by 2008 in reducing the discrepancy than the Philippines.

The unmet needs for family planning in the Philippines and Egypt is further shown through the relatively low contraceptive prevalence and relatively high unmet need for contraceptives. Egypt now has a higher contraceptive prevalence rate than the Philippines, 60.3 percent and 51 percent in 2008, respectfully, as shown in Figure 10. Although Figure 10 demonstrates that the Philippines had a higher contraceptive prevalence rate than Egypt in the 1970s and 1980s, Egypt’s contraceptive prevalence now surpasses that of the Philippines. The contraceptive prevalence rate in Egypt increased by three times from 24.9 percent in 1975 to 60.3 percent in 2008. In contrast, the contraceptive prevalence rate increased by less two times in the Philippines from 36.2 percent in 1978 to 48.9 percent in 2011.
Egypt also has a much lower unmet need for contraception than the Philippines, demonstrated in Figure 11. The percent of married women of reproductive age who do not want more children but do not use modern contraceptives has been consistently higher in the Philippines from the early 1990s to 2012. In fact, the unmet need for contraception in Egypt is about the same in 1992 at 19.8 percent as it is in the Philippines in 2011 (19.3 percent). Egypt’s unmet need for contraception decreased about eight percentage points from 19.8 percent in 1992 to 11.6 percent in 2008. In comparison, the unmet need for contraception in the Philippines decreased a little over six percentage points, from 25.9 percent in 1993 to 19.3 percent in 2011.
IV.2. Religious Causes of the Lack of Access to Contraception

Attitudes by the government and the people of a country have immense impact on their family planning. In both the Philippines and Egypt, women want to have fewer children, with more space in between pregnancies. One reason there are differences in the fertility rates and wanted fertility rates of both countries could be due to the cultural and religious beliefs that are embedded in every facet of societies. Although women in Egypt and the Philippines may have similar wanted fertility rates, their cultures and religions may hinder the countries’ family planning programs and the women’s use of contraceptives.

In the Philippines, Roman Catholicism has dominated life for almost 400 years, and provides a barrier to family planning (Litke, 2014). As shown in Figure 12, more than 80 percent of people are Roman Catholic. The Church has opposed family planning every time the policies are brought up (Litke). The church has opposed any type of artificial contraception, as Roman Catholic bishops believe contraception leads to promiscuity. Along those same lines, abortion is illegal (Litke).

**Figure 12: Religion in the Philippines and in Egypt**

![Diagram showing Religion in the Philippines and in Egypt](http://pixshark.com/philippine-religion-graph.htm and http://online.culturegrams.com/world/world_country_sections.php)

In contrast, although Figure 12 shows that 90 percent of the Egyptian population are Muslim, the religion does not provide as strong of a role in preventing access to contraception (Bier, 2010, p. 405). Egypt formed a family-planning program in 1966 in order to reduce fertility and prevent overpopulation (Bier, 2010, p. 404). The belief in Egypt was that the state needed to intervene through reforms in order to decrease the population growth rate (Bier, 2010, p. 406). The reproductive practices of Egyptians were thought of as “a matter of public, political interest, as did the Filipino government” (Bier, 2010, p. 406).

Although the Philippines has a family planning program, the government, influenced by the Roman Catholic Church, prevented a lot of measures from being implemented (Mello et al., 2006, p. 385). The Philippines’ family planning policy is supposed to divulge information on both traditional and modern methods of contraception, not including abortion (Mello et al., 2006,
p. 385). However, when parish priests give family planning counseling, the policy of the Catholic Church is to only provide information about contraceptive methods endorsed by the Church (Mello et al., 2006, p. 386).

While the Catholic hierarchy exists in the Philippines, where the Vatican authority has a lot of influence over laws, Egypt’s family planning policies were influenced by more secular forces (Bier, 2010, p. 406). The original argument for birth control was rooted in the idea of the “regime’s commitment to social transformation and construction of a socialist state” (Bier, 2010, p. 406). The state then advocated for contraceptive use and access because the government claimed its duty was to provide birth control, like it provides other social services, to protect for the weaker members of society, such as women and children (Bier, 2010, p. 406).

While the state claims that programs and policies in Egypt have been implemented for the health of the “national family,” the Roman Catholic Church believes it is also caring for its people (Bier, 2010, p. 406). The Roman Catholic Church opposes abortion as well as modern family planning methods because they associate the two and believe that life starts after conception. Therefore, in the Philippines, the only contraceptives that are commercially advertised are condoms; the others are prohibited (Mello et al., 2006, p. 389). However, religion in the Philippines has detracted from the contraceptive prevalence and increased their unmet need for contraceptives.

In Egypt, although some Muslims have opposed using contraceptives, as it undermines the purpose of Islam to bear children, the government has been concrete in its assertions that the purpose of family planning programs is to increase and maintain the well-being of the family and the state (Bier, 2010, p. 406). Therefore, due to its family planning program, the contraceptive prevalence of Egypt is much higher and their unmet need for contraceptives is much lower than the Philippines, as was shown above.

IV.3. Family Planning Implementation Issues

Egypt and the Philippines both implemented their family planning policies and programs at the national level in the 1970s and early 1980s (Moreland, 2006, p. 1). In the Philippines, the need to reduce the population was not a prominent issue until 1970, when President Ferdinand Marcos created a national Population Commission, initiating a “reexamination of legal and administrative rules affecting family lives” (Mello et al., 2006, p. 385). In 1973, the Filipino president created a new constitution that said it was the government’s responsibility to control population growth. Egypt also claimed that providing and controlling family planning was the government’s responsibility. However, the similarities end there. In the Philippines, the Philippine Family Planning Program has been in effect for over 30 years, but this effort has failed to lessen the country’s increasingly growing population (Mello et al., 2006, p. 384).

One reason Egypt’s total population may be lower and their contraceptive rate may be higher than the Philippines is because of the nationalization of Egypt’s policies and programs and the decentralization of the Philippines’ family planning. Many presidents in Egypt like President Hosni Mubarak, who ruled until 2011, supported and increased government funding for family planning policies and programs (Khalifa, 2000, p. 1). However, in the Philippines the Local Government Code in 1991 created a process of devolution from the national to local governmental units (Mello et al. 385). The Department of Health still had the power to create policy for the national family planning program, but local governmental units (LGUs) would be
able to implement and fund this policy (Mello et al., 2006, p. 385). At this local level, the law “lacked strong mechanisms to ensure that couples receive counseling on a full range of contraceptive methods” (Mello et al., 2006, p. 385).

The problem with this method for family planning is that LGUs do not have the financial capabilities to import their own supplies of contraceptives from abroad (Mello et al., 390). Furthermore, rural health units often do not have a full-time physician available, and some physicians may have days in between shifts (Mello et al., 2006, p. 385). In contrast, due to the Egyptian government’s support and programs, ninety-five percent of the population is now living within 5 km of primary health centers (UNFPA Egypt, undated). Also, from 1981 to 2005, the number of family planning clinics in the public and NGO sectors in Egypt rose by over 50 percent (UNFPA Egypt, undated).

In contrast, many LGUs in the Philippines, like the City of Manila, have prohibited or limited access to modern-method contraceptives through ordinances (Mello et al., 2006, p. 392). Furthermore, women and adolescents are not included in family planning services by the government, hospitals require spousal consent even with no law mandating it, and condoms are not included in government sex education on HIV/AIDS (Ruiz, 2004, p. 97). While the Egyptian government continues to fund family planning programs, since the 1980s in the Philippines, the Department of Health has refused to approve new contraceptive pills for the Philippine National Drug Formulary (Mello et al., 2006, p. 390).

IV.4. Gender Inequality

To better understand why there is relatively low contraceptive prevalence and relatively high unmet need for contraception in Egypt and the Philippines, gender inequality must be discussed. Gender inequality can have a great influence on the lack of contraceptive access and use, as it is difficult for women to have fewer children and to space out births when they are not equal partners in the decision-making process. It is hard to lower the fertility rate of countries when women do not have the power to choose when they give birth and how many times because they live in a society where the husband feels entitled to sex and chooses the amount of children they have.

**Figures 13 and 14: Female and Male Literacy Rates, all available years**

![Egypt: Female and Male Literacy rate](image)

![Philippines: Female and Male Literacy rate](image)

Source: Created by author based on World Bank (2014).
Figures 13 and 14 show that Egypt has a much wider gender gap in its literacy rate than the Philippines. While both countries have increasing literacy rates over time, the Egyptian literacy rate for adult females has been consistently lower than the literacy rate for adult males in Egypt. However, the literacy gap between adult males and adult females in Egypt has decreased throughout the last 40 years. Still, the difference in literacy rates between males and females in Egypt highlights the gender disparity that continues to exist in Egypt. In the Philippines, the literacy rates for both genders is very similar, and the literacy rate for adult females even surpassed the literacy rate for adult males in the years 2000, 2003, and 2008.

However, as Figure 15 shows, maternal mortality is currently much higher in the Philippines than in Egypt. As demonstrated in Figure 14, the Philippines’ maternal mortality rate has actually increased from 2006 to 2011 (from 160 deaths per 100,000 live births to 221 deaths per 100,000 live births). Not only does Egypt have a far lower maternal mortality ratio, it also was able to reduce it from 84 deaths per 100,000 live births in 2000 to 55 deaths per 100,000 live births in 2008.

**Figure 15: Maternal Mortality in Egypt and the Philippines, all available years**

![Maternal mortality ratio](source: Created by author based on World Bank (2014)).

Litke (2014) suggested that the Philippines may have such a high maternal mortality rate because when women are unable to get contraceptives, many get illegal abortions. There are over 500,000 illegal abortions in the Philippines yearly, according to the Center for Reproductive Rights (Litke, 2014). Illegal abortions are extremely dangerous, and many women die or face complications because of them. Thus, if the contraceptive access and use increases, fewer women will have to resort to getting illegal abortions and will have more agency in the home (Litke, 2014). On the other hand, Egypt’s success in lowering their maternal mortality rate must be in part be attributed to the success of their family planning program. When women have access to and use birth control, they have more control over how many children they have and the spacing of births. Family planning has been found to correlate with women having fewer children and longer periods of time between births, which is safer for mothers and their children.
However, although Egypt has made strides in reducing their maternal mortality rate, influenced by the Islamic culture, Egypt’s society is highly patriarchal, where husbands have much of the decision-making power over the family (Stuart, 2015). About half of all married woman report domestic abuse, with much of that abuse by fathers and brothers, according to a recent Demographic and Health Survey, as reported by Stuart (2015). The rate of abuse is lower, although still prevalent in the Philippines. As reported by the Philippines’ Department of Social Welfare and Development (2012), 20 percent of women aged 15-49 have experienced physical abuse and 14.4 percent of married women received this violence from their husbands. Finally, there are many patriarchal practices that are still followed in Egypt. For example, even though the practices are illegal, 91 percent of girls undergo female genital mutilation and 17 percent are forced to marry as children (Stuart, 2015).

V. Conclusion

There is a relatively low contraceptive prevalence and relatively high unmet need for contraception in Egypt and the Philippines due to cultural attitudes, structures of implementation, and gender inequality. The Philippines has a lower contraceptive prevalence rate and a higher unmet need for contraception than Egypt because of the Roman Catholic Church which hinders legislation to provide better access to contraceptives, the inefficiency of family planning by local government units, and the proliferation of illegal abortions. Egypt has historically been more successful with their family planning because of the belief that it is the government’s duty to provide contraceptives and the nationalization of Egypt’s policies and programs. However, Egypt still faces gender inequality, which contributes to their unmet need for family planning.

The Philippines and Egypt will be afflicted by high fertility rates until solutions are implemented. Sex education needs to be provided, with providers giving information about and access to all types of modern contraceptives. There needs to be more government subsidies on contraceptives and government support for family planning at all levels. In the Philippines, the government should remind providers of the fact that they do not need a spouse’s consent to perform tubal litigation and other procedures, as there is a misconception that the Family Code mandates spousal consent. There should also be “itinerant and community-based distribution” so that people at the local level have better access to contraceptives.3 In Egypt, sectors and partners need to increase collaboration for contraceptive security. The governments of both countries must work to decrease gender inequality by promoting schooling and jobs for women and girls, to fight against misogynistic practices like female genital mutilation, and to give them more agency in the home.

In the Philippines, a new reproductive health care law went into effect in 2012. According to Litke (2014), it mandates that the government must fund family planning health clinics, provide affordable contraception, and launch comprehensive sex education in schools. The Roman Catholic Church prevented the bill from becoming law for 15 years and put limitations on the law: private hospitals associated with the Roman Catholic Church will not have to give family planning options and minors who want contraceptives will need parental consent.4 Egypt is also creating legislation to try to combat gender inequality. As reported by Stuart (2015), the country

4 See Litke (2014).
criminalized sexual assault in 2014, although it will take more than gender legislation to fight gender inequality.

Contraceptive access and use is so important because it increases women’s agency, correlates to a decrease in maternal mortality, and gives governments more money to focus on other pressing issues that affect families, such as safe water, sanitation, and literacy. Governments must work at the local, national, and international levels to increase contraceptive access and use, helping women and young girls everywhere.

References


Child Labor and Human Trafficking: How Children in Burkina Faso and Ghana Lose Their Childhood

Kaitie Kudlac

Abstract
This article examines the impact and effects of human trafficking, child labor, and the various forms of mortality and immunization in the West African countries of Burkina Faso and Ghana. While human trafficking and inadequate labor laws encompasses all ages and genders, the primary focus of this article is to examine child trafficking and child labor and the degree to which people sold into slavery or forced labor are below eighteen years of age in these West African countries. Through the use of a literature review and the analysis of data provided by the World Bank and other scholarly sources, this article provides a comparison and an analysis on the effects of children “losing their childhood” in the two countries and the impacts of children born and raised in these West African nations. The concluding remarks of this article introduces and analyzes some solutions.

I. Introduction
Many people say that poverty is multidimensional. While multidimensional is technically defined as affecting many areas of life, I believe it has another, more important meeting. Poverty is non-discriminatory. It affects everyone and some more than others. Through the root causes of poverty like lack of access to clean drinking water, improper sanitation, malnutrition, inadequate vaccinations and immunizations, and a high rate of child immortality, children in the countries of Burkina Faso and Ghana are forced to fight for their lives before they even reach their fifth birthday. If they are lucky enough to reach that coveted birthday, they now must be faced with the burden of serving and providing for their family. Due to their young age they are often faced with two options, work or be sold. Education is not even a remote possibility for many of these children even though in the long run it will provide them with more opportunities and better chances to provide for their family. Instead these families of seven or more are forced to export their children in hopes of money to attempt to make ends meet and thus rob their children of becoming the future of our world through the one path that has a guaranteed success: education.
II. Brief Literature Review

For two relatively small countries, there is an extensive amount of research and information on the problems and troubles that Ghana and Burkina Faso deal with in respect to child trafficking, child labor, child immunization, and child mortality. As more and more people become involved in saving Africa, more attention is being brought to the inadequacy of the development of the future generation. The following publications explore the effects of children in society through the platforms of child trafficking, child labor, child immunization and child mortality in Burkina Faso and Ghana.

Conradi (2013) explores the connections between two of the worst forms of child labor, child trafficking and the induction of child soldiers. Many of the starting points for being taken as a child soldier and abducted into the sex trade of child trafficking are similar, Conradi explains. Throughout the article, Conradi examines how child trafficking and child soldiering are different but more importantly how they stem from the same lack of education and lack of investment into the lives of children at a young age. In many of these West African countries like Burkina Faso and Ghana, children are forced to take adult roles such as working in the mines and caring for younger siblings and thus abandoning school at young ages to better provide for their often-large family. As family’s fall on harder times children are then sold in order to scrape more money or soldiers are recruited to get the children a better life.

Nancy Anash (2006) explores how often times children are segregated by gender in order to help make their families more money. While boys are recruited to become soldiers and help earn their families a better life, women are sold into sex rings. According to Anash, the younger the girls/women are, the more money they go for. Pimps have altered their recruiting habits and have targeted younger girls offering them a better life. One of the big questions that Anash answers is why boys are not sold into slavery like girls are. The answer provided is that because women are often regarded as second-class citizens, they are more often thought of as property than as human beings. A girl child is assessed at how much money she can earn a family rather than being respected in creating a family lineage like a boy child is.

Christelle Dumas (2007) examines how and why parents make their children work. In her first sentence Dumas makes an aggressive claim in that though many argue that child labor is caused by poverty, actually much of child labor takes place in rural areas and is more due to labor market imperfection rather than poverty. Countries like Burkina Faso often consider childhood leisure as a luxury good unlike Western nations who consider being a child a necessity. Dumas suggests that due to the high cost of education and the relatively low income of many families in developing nations, children are often forced to pick between providing for their families or gaining an education. Most choose their families over education, as they do not often equate education with money. Finally, Dumas also explores the idea of household labor and how that can be considered a form of childhood labor since children are forced to do dangerous tasks often required of an adult.

Blunch and Verner (2000) explore the link between poverty and child labor in Ghana. They acknowledge that though many consider the link between poverty and child labor to be a well-established fact, recently more and more researchers have determined that poverty is not a main cause of child labor. As opposed to Dumas (2007), Blunch and Verner state that child labor is not harmful and throughout her article she examines the determinants of harmful child labor and reinstates and approaches the connections between poverty and child labor from a positive
standpoint. Finally, Blunch and Verner acknowledge a gender gap in the statistics of child labor, in that girls are more likely to be solicited in harmful labor than boys are. They point out that this gender gap does not result from discrimination but rather the norms in society.

Becher et al. (2004) explore and attempt to quantify the risk factors and their effects of childhood mortality in countries like Burkina Faso and other sub-Saharan African countries. The article states that most childhood deaths are preventable and that more than 15 percent of newborn children are not expected to reach beyond the age of five. They also present an analysis of mortality risk factors based on children over the course of seven years.

III. Empirical Background

Ghana and Burkina Faso are both Sub-Saharan African countries in West Africa. Ghana was formed from the merger of the British Colony of the Gold Coast and the Togoland trust territory in 1957. The country borders the Gulf of Guinea between Cote d’Ivoire (to the east) and Togo (to the west). With a land area of 238,535 square kilometer (92,099 square miles), it is a bit smaller than the state of Oregon. As detailed in Figure 1, Burkina Faso is located directly to the north of Ghana. With a land area of 274,200 square kilometer (105,869 square miles), Burkina Faso is a little bit larger than Ghana as well as the state of Oregon. Burkina Faso gained its independence from France in 1960. Ghana had a population of 25.4 million in 2012, while Burkina Faso had a population of 16.5 million in 2012 (World Bank, 2014).

Figure 1: Location of Burkina Faso and Ghana in West Africa

Source: Google Maps (© by Google, all rights reserved).

Figure 2 illustrates how over the course of the last forty years, Ghana has substantially increased their GDP in current international dollars while Burkina Faso, though the average GDP has increased, it has not increased as substantially as Ghana has.
Figure 2: PPP adjusted GDP per capita in Burkina Faso and Ghana, 1990-2012

![Graph showing PPP adjusted GDP per capita in Burkina Faso and Ghana, 1990-2012](image)

Source: Created by author based on World Bank (2014).

Figure 3 provides a comparison of literacy rates in Ghana and Burkina Faso. Though there is not much data on these values, it is clear that Ghana generally has more literate and educated people than Burkina Faso does. This could be due to the sizes of the country and their previous colonization.

Figure 3: Adult Literacy Rates in Ghana and Burkina Faso, all available years

![Bar chart showing adult literacy rates in Ghana and Burkina Faso, 1996-2010](image)

Source: Created by author based on World Bank (2014).
Figure 4 displays the average life expectancy at birth for Burkina Faso and Ghana. As displayed in the chart, Ghana has a slightly higher life expectancy than Burkina Faso, but both are relatively low with the average being around 55-60 years, much lower than those of the industrialized countries like the United States or the United Kingdom.

**Figure 4: Life Expectancy in Burkina Faso and Ghana, 1970-2012**

Source: Created by author based on World Bank (2014).

IV. Discussion

IV.1. Infant Mortality and Immunization Rates

As the world population reaches close to over 7 billion people, countries, regardless of income level have begun to realize that children are our future. However problems such as infant mortality, immunization rates, lack of access to water and sanitation, and high malnutrition levels, prevent children from being able to embody and fulfill the goals that we have for them for the future.

Infant mortality, as defined by the Humanium website, is the annual number of children deaths divided by the total number of births in a given region. Child or infant mortality has six main causes, they include: pneumonia, diarrhea, premature birth, neonatal infection, malaria, and lack of oxygen at birth. Many factors additionally combine themselves and increase child mortality, specifically malnutrition which is responsible for 50 percent of child deaths worldwide. Ghana and Burkina Faso are not absent from these problems.  

As shown in Figure 5, though both countries have decreased their under 5 child mortality rates over the last four decades, in 2012, there were still 102.4 children per 1,000 live births who died before their fifth birthday in Burkina Faso, and 72 children per 1,000 live births who died before their fifth birthday in Ghana. Similarly, Figure 6 displays the percentage of infant mortality per

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1 Humanium (2011).
1000 children in Burkina Faso and Ghana from 1970 to 2012. While these values have decreased over time, there are still between 50 and 70 infants dying per 1,000 live births.

Figure 5: Under 5 Mortality Rate in Burkina Faso and Ghana, 1970-2012

Source: Created by author based on World Bank (2014).

Figure 6: Infant Mortality Rate in Burkina Faso and Ghana, 1970-2012

Source: Created by author based on World Bank (2014).

Many of these infants and children dying in Burkina Faso and Ghana are dying from diseases that are entirely preventable as there are immunizations and vaccines to help prevent them. However, due to the low immunization rates and the lack of knowledge and availability to these vaccines, children are going unvaccinated and are dying from preventable illnesses. While the children of Ghana and Burkina Faso are now being vaccinated from diseases like measles mumps, and rubella and DPT (diphtheria, pertussis (whooping cough), and tetanus), they are still
extremely vulnerable to diseases like malaria (for which there are some preventable drugs) and Hepatitis A, Hepatitis B, and human papillomavirus (HPV), for which there exist preventable vaccines. Furthermore, children are not having the vaccines administered correctly and are still suffering from things like measles and mumps due to an inadequate amount of the vaccine and incorrect administration. As Figures 7 and 8 illustrate, immunization rates have risen over time, and more and more children are being vaccinated.

**Figures 7 and 8: Immunization Rates for DPT and Measles, 1985-2012**

While Ghana has many problems with child and infant mortality, it is one of the few countries in Africa that has successfully implemented a health insurance system. The National Health Insurance Scheme, which covers primary care services and basic drug costs, has lowered fees intentionally so that children and adults are able to get the needed medicine and services to combat diseases like malaria and cholera that are so prevalent in the West African countries.

While immunization rates and the problems associated with vaccines and diseases largely affect children and their ability to live past age 5, the water quality and the access to sanitation fuel the diseases and ultimately cause and allow for children to not be able to prosper in their perspective countries. Due to limited water in Ghana and Burkina Faso, children are forced to drink contaminated water and are thus infected with water borne illnesses like diarrhea or cholera. Additionally the few sources of water that are in these countries are often large distances from neighborhoods and communities and children are often tasked with walking large distances to retrieve this water and because of this are not able to go to school and get the education that they need in order to become the future of these two struggling nations.

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2 Blunch and Verner (2000).
4 Debrah (2013).
Like in many non-industrialized countries, poverty in Ghana is more severe in rural areas. Though many suffer from the causes of poverty such as lack of access to clean water, sanitation, food, and vaccines, ultimately poverty begins with children. When residents were asked in 2008 to describe their living conditions, close to 70 percent of the population responded with saying their personal living conditions were poor or bad. Because poverty is endemic in Ghana, children are born into poverty and cannot get out of it. Because of this, children know nothing else than child labor or being sold to provide for their families. Ghana deals with many facets of poverty, from large family sizes to cultural barriers that prevent women from being considered a person.

Burkina Faso is no different. Burkina Faso is among the poorest countries of the world. No single indicator can address all of the potential reasons for poverty in Burkina Faso, and the same could be said for Ghana. However, unlike in Ghana, in Burkina Faso, one of the main causes has more recently been related to climate related hazards. While Ghana struggles more with access to clean drinking water and lack of family planning resources, Burkina Faso’s residents blame most of their problems on the environment and the impacts the environment has had on their agriculture-based society. Burkina Faso, like Ghana also struggles with the burden of having a large family and not having the family planning resources or knowledge to combat this situation. Like the children of Ghana, the children of Burkina Faso are born into poverty and they must survive and then begin to overcome the challenges that they have faced in order to embrace the future.

**IV.2. Age Six Means Work**

Once children in Ghana and Burkina Faso have reached their sixth birthday, they face two choices in terms of making money: work or being sold. While to people living in industrialized countries, working seems like a much better alternative than being sold into a sex trade or a human trafficking ring, it can be just as dangerous for the child.

In Ghana, about one in every six children ages 4-17 is engaged in child labor, equating about 317,000 children working for economic gains. Child labor in Ghana is rarely the consequence of one single factor or event, but rather a consequence of chain events and a multitude of factors. Many children are forced to work due to the structure of the economy which is largely driven by family farming, cultural influences (which view child labor as a societal norm), a lack of return on education, and a low priority from the government to enforce anti-child labor laws.

Children in Ghana are engaged in the worst forms of child labor between various sectors and industries, such as cocoa farming and fishing industries. While there is a primary school completion rate of 98.5 percent, close to 43 percent of children ages 5 to 14 are actually working, at least part-time. Children in Ghana work in a variety of sectors. In the agricultural sector, they herd livestock, help catching fish, or clear land. Many work in services such as street begging, domestic service, and running errands. And unfortunately some children work sexually or in gold mines, which is both dangerous and unjust.

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5 Debrah (2013)
6 Debrah (2013).
7 Hagberg (2008).
Because of the relatively large family size, children are often seen as a commodity rather than an individual human being, and this is no different in Burkina Faso. Dumas (2007) examines why parents make their children work according to the poverty hypothesis of rural areas in Burkina Faso. The answer or relative answer that she concluded was that children are a commodity, an object to make a profit off. Child leisure is a luxury and the main purpose of having a child is first for the child to survive and second for the child to earn money for the family.

Furthermore, if the child is male it is even more important for that child to make a name for himself in the work force, as he will be carrying on the family lineage. Dumas (2007) also suggests that labor market imperfections are another main reason for using child labor. There are no set standards for the work force, and hence, children are thrown into the work force as an adult equivalent. Because they are seen as an adult equivalent in the work force, their education is falling to the wayside because their families need money to survive and there is no immediate reward for education, while there is one for a working child.

Children in Burkina Faso participate in two main types of labor in two distinct sectors: agriculture and mining. While 57.6 percent of the children complete primary school, close to 43 percent of children aged 5 to 14 are working in some sort of employment. In the agricultural sector, children are forced to herd animals, harvest mangos, plant weed and harvest crops, mostly cotton. Children are also working in the industrial sector, working in gold mines and granite quarries, which is work mainly meant for strong adults not growing children. Some boys that are placed in the care of teachers to be educated are forced to beg on the streets and give the money that they have earned to the teachers rather to their families. Because of the booming gold mines many children are leaving school to work in the gold mines in the hope of providing a better life for their family and for themselves.

One important source of labor in both Burkina Faso and Ghana, is becoming a child soldier. The term child soldier refers to any person under the age of 18, who has been recruited or used by an armed force in any capacity. While this is generally a broad definition, it encompasses many different forms of labor, including sexual, fighting, cooking, or spying activities. While child soldiering is exacerbated with the presence of conflict and times of boader disputes, it can be found in many African countries without conflict. These conflicts increase the vulnerability of children to both abduction and recruitment under false pretenses. Many children agree to serve because they believe that by doing so they will help and bring honor to their family. In reality, they are on a death march.

IV.3. If You Can’t Work, What Can You Do to Make Money?

Ghana’s sex trade or the human trafficking rings are often perceived as being entirely composed of women, and this is for the most part true. While boys are either recruited to become child soldiers or taken to a factory or construction site to work at a young age, the only money that a girl or a woman can make for her family is by being sold for her body. Few girls enter the sex trade by choice, and instead are coerced and trafficked into the sex ring by men who capitalize on the need for money for the girls’ families. According to the United States Department of State (2002) Trafficking in Persons Report, at least 700,000, and possibly as many as four

10 United States Department of Labor (2013).
million, men, women and children worldwide were bought, sold, transported and held against their will in slave-like conditions.

While the exact number of Ghanaian women and children sold is not known, it is estimated to be in at least the hundreds of thousands if not millions. As Anash (2006) states, the main cause for the increase in supply of Ghanaian women into the sex trade and human trafficking rings is influenced by poverty and the social, political, and cultural factors that are embedded in the customs and traditions of the country and the poverty that is embedded in the country currently. The cultural tradition of women being regarded as a commodity has prevented women from obtaining money and owning land and thus making it impossible to support a family. Because of this, they find their only source of income to be the sex trade.

Many question why boy children are not sold into the sex trade or trafficked as much as girl children are and this is due to cultural customs. In most Ghanaian societies, women are regarded as second class who exist to serve as profit families and essentially serve the family. Boy children are on the other hand respected because they are believed to be crucial to the existence of the family lineage and carry on the name of the family. Most of the children that are trafficked are trafficked to neighboring West African countries for labor purposes.

Like Burkina Faso, Ghana has an internal human trafficking problem and it has proven to be one of the country’s biggest internal challenges. Many children are trafficked from their home villages to work in the fishing industry. They are often living in meager conditions and working long hours to help feed their families and provide what they believe to be a better life. They are often transported to places like Burkina Faso, Mali, Niger, or Nigeria.

Burkina Faso has one of the highest rates of human trafficking, and specifically child trafficking in the world. It is a country of origin, transit and destination for children and for women as well. Children are subjected to forced labor such as being farm hands, gold panners, washers and street venders and beggars posing as religious individuals. Girls are often exploited in the sex trade, while boys are forced to do more labor intensive activities to make more money. Children are often transported to Cote d’Ivoire, Mali or Niger, but Burkina Faso is also a destination for children trafficked from Ghana, Guinea, Mali, and Nigeria.

IV.4. Knowledge and Education: The Way to a Better Future

As Figure 9 shows, despite progress in both Burkina Faso and Ghana, there were still about 14 percent of primary school age children not enrolled in Ghana in 2013, and about 34 percent in Burkina Faso in 2012. The cultural norms place too much importance on large families and material wealth, while the education of these children is slipping through the cracks. Hence, children are not having the opportunity to get an education that would allow them to escape the poverty conditions that they were born into.

As Figure 10 shows, among those children that have completed primary school, only a fraction of them proceed onto secondary school where their education begins to become specialized. While Burkina Faso’s percentage of children moving on to secondary school has barely reached over 50 percent, Ghana’s progression rates are high, though they have started to decline in the

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16 United States Department of Labor (2013).
last few years. As the demands of poverty are not being met, children and their families are sacrificing a secondary education for more money due to the children’s participation in the work force or trafficking rings.

**Figure 9: Net Primary School Enrollment in Burkina Faso and Ghana, 1971-2013**

![Graph showing net primary school enrollment in Burkina Faso and Ghana, 1971-2013](image)

Source: Created by author based on World Bank (2014).

**Figure 10: Progression to Secondary School in Burkina Faso and Ghana, 1971-2012**

![Graph showing progression to secondary school in Burkina Faso and Ghana, 1971-2012](image)

Source: Created by author based on World Bank (2014).

Though the percentage of completion of secondary and primary education is continuing to rise in Ghana, there are still many problems to overcome if we expect children to have a better future. Despite the fact that Ghana has a requirement for free education, families are often required to purchase books and school uniforms, and children without uniforms are often turned away from the school. Additionally, access to education is often hindered by a shortage of classrooms and by schools with insufficient teachers and materials. Additionally, the government needs to put more
of an emphasis on the importance of education, as education is the foundation for the success that we expect these children to have and maintain.

Unlike Ghana, the percentage of children moving on to secondary school and completing primary school is slightly over 50 percent, but it has not continued to grow over the past couple of years. Because of their lack of education infrastructure in Burkina Faso, this hinders children’s ability to have access to education, specifically in rural areas. Another major problem with the education system in Burkina Faso is that students are abused physically and sexually by teachers. They are thus discouraged from attending school as the education seems to have a negative outcome when they could be working or being sold and having an immediate positive outcome for the families.

V. Conclusion

This article has shown that children in Burkina Faso and Ghana have trouble to surviving their fifth birthday due to the root causes of poverty, such as a lack of clean water, malnutrition, and missing immunizations. However, many of those that do survive face even more dire straits as they are forced into outrageous labor circumstances, and in some cases, sold into trafficking rings.

Unfortunately the sex trade and human trafficking in general is driven by demand. As long as there are people willing to pay money for sex rather than engage in an intimate act the market will continue to exist. Additionally, as long as there are people willing to pay families for their children, families will be willing to sell some of their children in order to make ends meet for their other children, which are most likely boys.

Ultimately, education is expensive. However, if children are able to overcome the odds of poverty and the high mortality rates and low life expectancy plaguing their countries, education is the ticket to the future. It allows for a path out of poverty and access to a future that these children need in order to become our future. In order to help these children succeed in embodying the goals that we have set for them, governments need to put a focus on eradicating poverty and promoting a need for education rather than a suggestion. Governments in Ghana and Burkina Faso need to make schools accessible and safe for children. They also need to make sure that parents send their children to school instead of sending them to work or selling them for sexual exploitation.

References


17 United States Department of Labor (2013).


