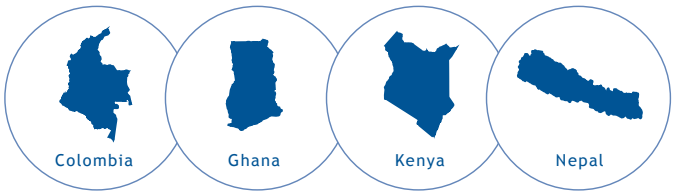
YOUTHSAVE RESEARCH BRIEF



Youth and Their Health in Ghana

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Introduction

If provided an opportunity to save via formal financial services, will youth participate? This is one of the fundamental questions being asked by YouthSave, a four-country study targeted for young people ages 12 to 18 living predominantly in low-income households. Youth do save informally and—if given an opportunity—also may participate in formal banking services (Save the Children Federation, Inc., 2012; UNCDF, 2011), but such opportunities are few. The limited research available suggests that financial inclusion has important youth development effects and deserves greater study (Chowa & Ansong, 2010; Deshpande & Zimmerman, 2010; Elliott, 2012; Scanlon & Adams, 2009; Ssewamala & Ismayilova, 2009).

YouthSave is a pioneering project designed to increase savings and development among low-income youth in Colombia, Ghana, Kenya, and Nepal. The goals of YouthSave research are to measure the uptake, savings outcomes, experiences, and impacts of youth savings accounts (YSAs) on clients and financial institutions. In Ghana, a rigorous research design that includes a control group with quantitative and qualitative evidence has been implemented to assess the impact of savings accounts on youth development and asset accumulation.

Youth and Health

A key aspect of youth savings is the potential impact it could have on youth development. To assess this, a study must have evidence that youth savers have different outcomes from those who are not savers. Although few savings programs—particularly in developing countries—have been studied scientifically and rigorously, empirical evidence in the following studies suggests that youth savings have positive impacts on youth health outcomes (e.g., knowledge, attitudes, and behaviors):

- Increased self-esteem and health functioning perception (Ssewamala, Han, & Nielands, 2009)
- Formation of HIV prevention attitudes (Erulkar & Chong, 2005; Ssewamala, Alicea, Bannon, & Ismayilova, 2008)
- Decreased approval rates of risky sexual behaviors (Ssewamala, Ismayiloba, McKay, Sperber, Bannon, & Alicea, 2010)

Building on prior research, the YouthSave Ghana Experiment will expand what we currently know about the impact of savings programs on youth health outcomes. We may find that health risks predict self-perceived health status or that parental protective factors positively influence sexual attitudes and behaviors of young Ghanaians. Similarly, multivariate analyses will allow us to use the data collected to better understand other youth well-being outcomes (e.g., educational, economic, financial, and psychosocial). In particular, baseline results will be examined to determine whether health factors have any potential effects on other YouthSave outcomes, particularly savings performance. The following are two primary questions to be asked:

- How are youth health factors linked with uptake of savings accounts and savings performance?
- Do health factors—particularly parental connection and parental monitoring of activities—predict positive savings performance?

Answers to these and other questions can inform future youth development and financial inclusion programs.

This research brief focuses on the health of youth in the YouthSave Ghana Experiment at baseline and provides a general overview of young Ghanaians' health. We examine several health factors critical for young people's ability to safely transition from adolescence to young adulthood, including health perception, protective factors (including parental connection and parental monitoring), risky health behaviors (including attitude toward sex and HIV prevention), and access to health facilities. We also examine demographic and financial behavior factors that may contribute to differences in

health outcomes among youth. These results are exploratory because other variables were not controlled in the analysis.

Methods

The YouthSave Ghana Experiment uses a cluster randomized design with 100 schools randomly selected from eight of Ghana's ten regions. Fifty schools were assigned randomly to treatment condition, and another 50 were assigned randomly to control condition. Sixty students were selected randomly from each school for a total of 3,000 youth in treatment condition and 3,000 in control condition with oversampling for attrition. This process yielded a sample of 6,252 youth.

Data from this research brief are from baseline surveys with 6,252 youth and 4,576 parents or guardians of these youth. Seventy-three percent of youth surveyed at baseline had a parent or guardian also surveyed at baseline. Data were collected from May through June 2011 by our partners at the Institute of Statistical, Social and Economic Research (ISSER) at the University of Ghana. The youth survey included questions about demographics, education, health, financial capability, asset ownership, living conditions, and future aspirations and expectations. The parent or guardian questionnaire included questions on household information, education, outlook and expectations, health, and financial well-being.

General Health Status of Youth

Most youth in the study describe their general health condition as good or better. As seen in Figure 1, of 6,252 youth interviewed, less than 4% describe their health as fair or poor. Thirty-five percent of youth describe their health as excellent. Of 4,562 parents or guardians interviewed, 98% describe the general health of their dependent children as good, very good, or excellent. As illustrated in Figure 2, 49% describe their children's health as excellent. Although not all parents were interviewed, parental self-reports are similar to youth self-reports overall.

Health Perception

Empirical studies have shown that subjective perception of health is a strong predictor of health behaviors and outcomes among young people (Johnson & Richter, 2002; Tremblay, Dahinten, & Kohen, 2003). However, little is known about how young people in developing countries perceive their health. We attempt to address this limitation by providing preliminary evidence on self-perceived health status of young Ghanaians.

In the YouthSave Ghana Experiment, most youth have positive perceptions of their health. When youth were asked if they "seem to get sick a little easier than other people," 74% disagreed, 20% agreed, and approximately

Figure 1. Youth Self-Perceived Health Status

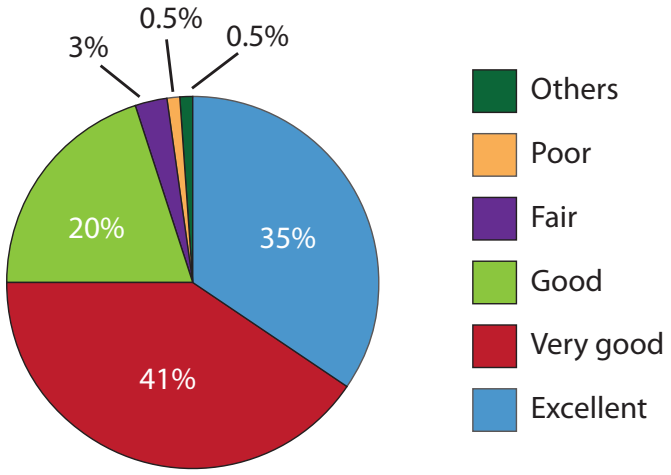
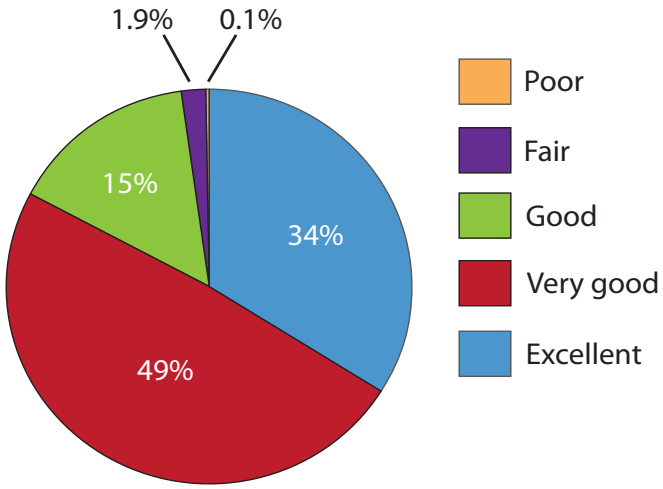


Figure 2. Parent Perceived Health Status of Youth



6% responded "don't know." Nearly all youth (95%) expect to have better health than other people they know.

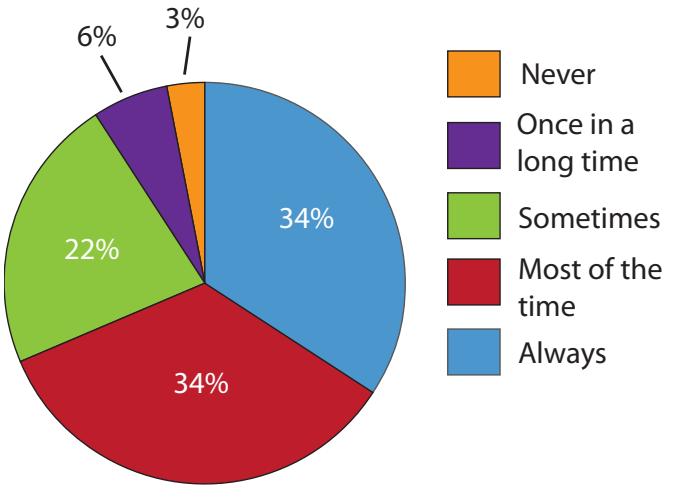
Family-Level Protective Factors

Protective factors facilitate positive youth development and buffer youth from engaging in risky behaviors (Resnick, 2000). Although protective factors exist at different levels (e.g., individual, family, peer, school, and community), this section focuses on family-level protective factors, particularly parental connection and parental monitoring of activities and friends. Research has shown that protective factors at the family-level prevent youth violence (Lipsey & Derzon, 1998), suicidal ideation and attempts (Compton, Thompson, & Kaslow, 2005), and substance abuse (Vakalahi, 2001), among other negative behaviors. Protective factors also promote academic achievement and performance (Bowen & Bowen, 1998; Gutman & Midgley, 1999) and positive self-esteem (Lord, Eccles, & McCarthy, 1994), among other positive outcomes.

Parental Connection

The baseline data suggest that most youth have constructive relationships with their parents. Most youth report frequently receiving support, encouragement, advice, and guidance from their parents or guardians during the 30 days prior to the survey. However, a lower number of youth report frequent discussion with their parents or guardians about sensitive issues (e.g., having a boyfriend or girlfriend). For instance, when youth were asked how often during the prior 30 days their parents or guardians supported or encouraged them, nearly 68% report receiving support or encouragement most of the time or always, 22% report sometimes, and only 9% report rarely or never (Figure 3).

Figure 3. Frequency of Parental Support and Encouragement



Forty-one percent of youth surveyed say they did not talk with their parents about sensitive issues (e.g., having a boyfriend or girlfriend) during the prior 30 days (Figure 4). When gender is taken into consideration, girls are more likely than boys to report that their parents always discussed sensitive issues with them in the previous 30 days: 61% of girls contrasted with only 39% of boys. Also, youth savers[1] are more likely than non-savers to report they always talk with their parents or guardians about sensitive issues. Only 17% of non-savers say they always talk with their parents or guardians about sensitive issues contrasted with 21% of savers.

Parental Monitoring of Activities and Friends

A majority of youth report frequent parental monitoring of activities and friends (68%), albeit not as frequent as general parental connection (e.g., support and encouragement) (90%). The baseline data show more variation in youth responses in terms of how often their parents monitor their activities and friends (see Figure 5).

Figure 4. Frequency of Discussing Sensitive Issues with Parents

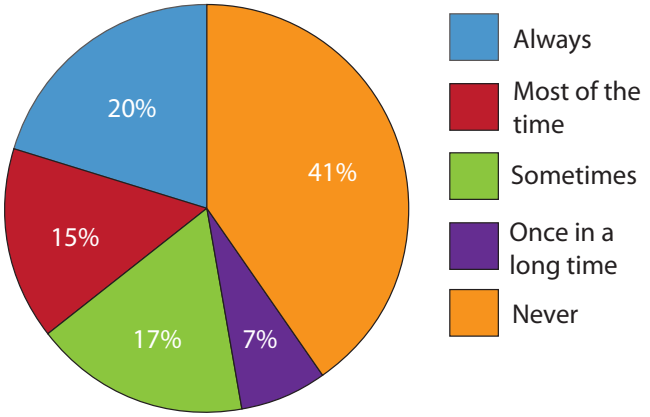
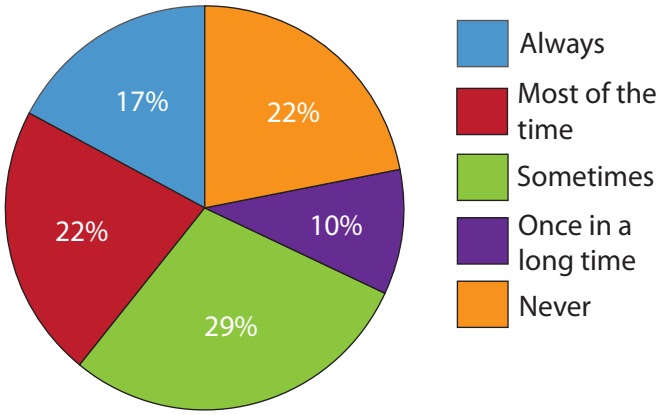


Figure 5. Frequency of Parental Monitoring of Youth's Friends



We find saving to be associated with the frequency of parental monitoring of friends. Youth savers are more likely than non-savers to report that their parents or guardians always knew or tried to know their friends. As illustrated in Figure 6, only 14% say parents or guardians always knew or tried to know their friends during the prior 30 days contrasted with nearly 18% of savers.

When asked how often during the past 30 days their parents or guardians knew or tried to know what they did with their free time, youth respond as follows: never (25%), once in a while (13%), sometimes (29%), most of the time (17%), and always (17%). We find saving to be associated with the frequency of parental monitoring of free time. Youth savers are more likely than non-savers to report their parents or guardians always knew or tried to know what they did with their free time. As illustrated in Figure 7, only 13% of non-savers say parents or guardians always knew or tried to know what they did with their free time during the past 30 days contrasted with nearly 18% of savers.

Figure 6. Frequency of Parental Monitoring of Youth's Friends by Saving Status

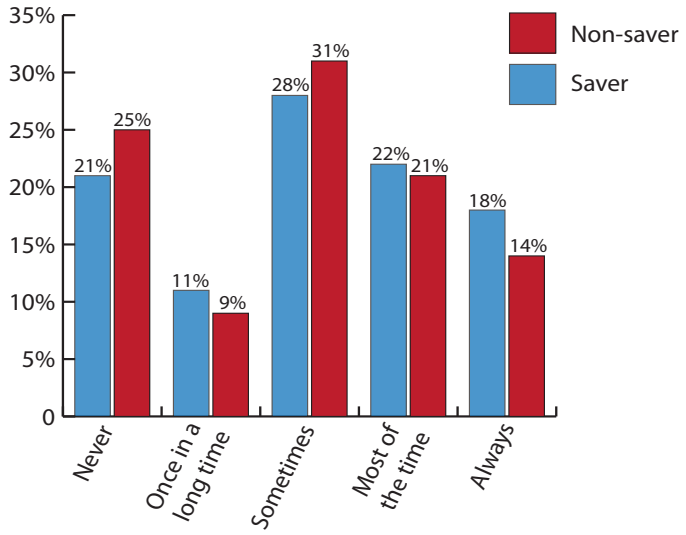
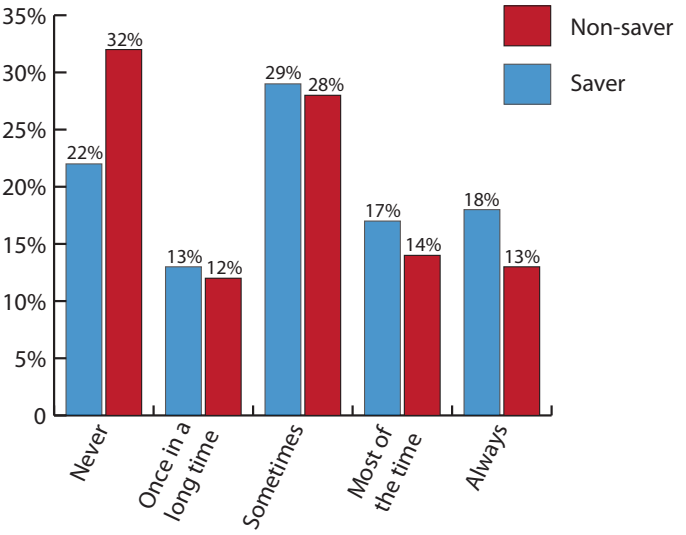


Figure 7. Frequency of Parental Monitoring of Youth's Free Time by Saving Status



Attitudes Toward Risky Behaviors

Although numerous factors influence sexual behaviors, theoretical and empirical evidence suggest that attitudes are highly related to sexual behaviors (Ajzen, 1991; Fishbein, 2000; Rosenstock, Strecher, & Becker, 1988). Evidence from Sub-Saharan Africa (SSA) suggests that attitudes toward condom use is related to intention to use and actual use of condoms (Bryan, Kagee, & Broaddus, 2006; Lugoe & Rise, 1999; Schaalma et al., 2009). In Ghana, perceptions of susceptibility to HIV infection, self-efficacy to use condoms, barriers to condom use, and social support are significant predictors of actual condom use among young men (Adih & Alexander, 1999).

Attitudes Toward Sex

Ninety percent of youth disagree when asked if it is acceptable for young people to have sex with someone they have just met. Nearly 80% disagree when asked whether it is acceptable for young people to have sex with someone they love. Forty percent do not agree having sex will make person feel loved, whereas 20% do. Forty percent do not agree having sex will make a person feel good, whereas nearly 20% do. Similar numbers of youth (30%) do not know whether having sex will make a person feel loved or feel good. When asked about their attitude toward premarital sex, 80% do not believe it is acceptable for people to have sex before marriage.

Attitudes toward sex differ by gender. Boys (22%) are more likely than girls (13%) to report having sex will make a person feel good. Nearly 29% of boys believe having sex will make a person feel loved, contrasted with 21% of girls. Boys (14%) are more likely than girls (10%) to believe that premarital sex is acceptable.

Motivation to Comply with Friends and Peers

A majority of youth indicate that motivation to comply, particularly among friends and peers, is important to young people. Nearly 60% agree that young people are happier if they are part of the crowd; only 20% disagree. Fifty percent agree the worst thing that can happen to young people is to be considered an outsider; nearly 30% disagree.

Motivation to comply with friends and peers differs by gender. Boys (60%) are more likely than girls (54%) to report that young people are happier if they are part of the crowd. Boys (54%) also are more likely than girls (52%) to report the worst thing that can happen to young people is to be considered an outsider.

HIV/AIDS Prevention

Results suggest that most Ghanaian youth have negative attitudes toward sex and positive attitudes toward HIV prevention. Although youth do not believe that young people should have sex until they are married, a majority believe that using condoms is an effective way to prevent getting infected with HIV/AIDS. Aside from their own personal beliefs, young people's attitudes are influenced by social norms and motivation to comply with friends and peers.

Learning about HIV/AIDS in School

Nearly all youth (95%) have been taught about HIV/AIDS in school at least once. Among youth who have been taught in school about HIV/AIDS, 50% had one to three lessons, 26% had four to six lessons, and 23% had seven or more lessons. Students in higher grade levels are more

likely than students in lower levels to report a greater number of lessons on HIV/AIDS in school.

Beliefs about HIV/AIDS

Perceived Benefits of Condom Use. Eighty-four percent of youth agree that condoms are effective against HIV/AIDS. Boys (88%) are more likely than girls (80%) to report condoms are effective against HIV/AIDS.

Perceived Severity of HIV/AIDS. Ninety percent agree that HIV/AIDS is incurable. Belief about the severity of HIV/AIDS does not differ by gender or grade level of youth.

Perceived Susceptibility of Young People to HIV/AIDS. Eighty-nine percent agree young people can get infected with HIV/AIDS. Boys (91%) are more likely than girls (88%) to believe that young people like them can get infected with HIV/AIDS.

Access to Health Facilities

The final section of this research brief explores access to health facilities among households participating in the YouthSave Ghana Experiment. Physical accessibility of health facilities—particularly in developing nations—is an important predictor of health care utilization (Tanser, Gijsbertsen, & Herbst, 2006) and affects a wide range of health outcomes (Acharya & Cleland, 2000; Seiber & Bertrand, 2002; Thaddeus & Maine, 1994).

Our findings indicate that households have varying levels of physical access to health facilities. Hospital and health centers or polyclinics are the most common health facilities nearest to most households. A majority of households walk an average of 2 kilometers to get to the nearest health facility. It takes participants an average of 18 to 19 minutes to reach the nearest health facility.

Types of Health Facilities

As illustrated in Figure 8, the most common health facility nearest to YouthSave Ghana Experiment households is a health center or polyclinic (43%), followed closely by a hospital (42%) and a community health center (12%).

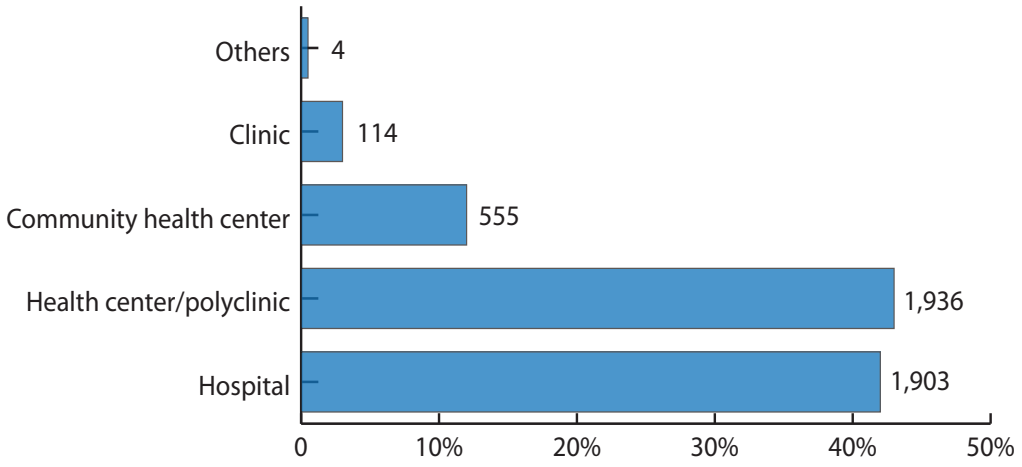
Distance, Traveling Time, and Transportation to Nearest Health Facility

The average distance between homes and the nearest health facility is 2 kilometers. Fifty-one percent of households are located within one kilometer of a health facility. Twenty-three percent of households live more than 2 kilometers away from the nearest health facility. Walking (58%) is the most common means of reaching the nearest health facility, followed by public transportation (36%) and motorbike (3%). Other forms of transportation include bicycle and personal or family car. Household members who walk to get to the nearest health facility take an average of 18 minutes to reach the facility, and those that use public transportation take an average of 19 minutes to reach the facility.

Conclusion

The results described in this brief provide an important picture of young Ghanaians' health. We examine several health topics critical for transitioning safely from adolescence to young adulthood and explore how these issues differ according to gender, grade level, and saving status. Although we find significant differences, our results are preliminary and exploratory because we did not control for other variables associated with various health outcomes. The next step in analysis will address this limitation by focusing on multivariate analyses of health outcomes. The baseline data provide a rich source of information that will be used to perform more rigorous analyses in the future. Comparison of the baseline health results to the follow-up data on health to be collected in 2014 will allow us to investigate whether participation in YouthSave leads to more positive health outcomes for young Ghanaians. The results of the project may provide empirical support for the potential of a youth-focused savings program as a health intervention.

Figure 8. Type of Health Facility Nearest to YouthSave Households



Endnote

1. Youth savers refers to youth who report saving either in formal bank accounts or by informal means.

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Acknowledgments

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