

**RELEVANCE OF ADULT EDUCATION PROGRAMMES TO THE ACHIEVEMENT OF
GOAL FOUR (REDUCTION IN CHILD MORTALITY) OF THE MILLENNIUM
DEVELOPMENT GOALS (MDGS) IN DELTA STATE**

BY

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Abstract

This study examined relevance of adult education programmes to the achievement of goal four (reduction in child mortality) of the Millennium Development Goals (MDGs) in Delta State. Three research questions guided the study. Descriptive survey design was employed. Population was 1024 respondents comprising Adult Education Personnel, staff of Health Centers and women of childbearing age (15-49 years) from two Local Government Areas under study in Delta State. Proportionate sampling technique was used to select 25% of the population to have 256 respondents. A 15-Item structured instrument titled "Questionnaire on the Relevance of Adult Education Programmes to the Achievement of Goal Four (4) of the Millennium Development Goals" (QRAEPAG4MDG) with reliability index 0.82 was used for data collection. Data was analysed using mean statistics. Result showed that basic literacy, women education, adult health education and environmental adult education are all relevant to the reduction of child mortality in Delta State. Also, result showed that low number of adult education staff, lack of facilities for adult education programmes, and insufficient number of adult education programmes are some of the challenges facing the agency for adult education in development and implementation of programmes for reduction of child mortality. The study therefore, recommends that mothers should be given adequate education on the significance of health services and family planning as this will help reduce the rate of child mortality.

Key Words: Adult Education Programmes; Achievement; Reduction in Child Mortality; Millennium Development Goals

Introduction

Child mortality also known as under-5 mortality, refers to the death of infant and children under the age of five or between the age of one month to four years (Wikipedia, 2015). The death of children within this age is a factor that defines the wellbeing of a population. It is usually considered as one of the development indicators of health and socioeconomic status which indicates the quality of life of a given population as measured by life expectancy.

According to World Bank (2010) report on child mortality, one in eight children do not live to see their fifth birth day in most developing countries resulting to approximately eleven million avoidable childhood deaths. Similarly UNICEF (2010) in its state of the "Worlds Children" report, notes that 81 million children across the world who died in 2009 before their fifth birth day, lived in developing countries, and died from a disease or a combination of diseases that could easily have been prevented or treated. It also noted that, half of these deaths occurred in just five countries namely India, Nigeria, the Democratic Republic of Congo, Pakistan and China; with India and Nigeria both accounting for one third of the total number of under five deaths worldwide (Bello, 2014). For a country like Nigeria, this report is rather disturbing and in fact paradoxical in consideration of the economic wealth and human resources available in the country that is tagged "the giant of Africa". It is no doubt as a result of this situation and other related challenges that the United Nation Assembly came up with an eight point development target known as "Millennium Development Goals" (MDGs).

The Millennium Development Goals area set of measurable goals with associated targets that were adopted at the United Nations Millennium Summit in 2000. Reduction of child mortality is the fourth of the United Nations Millennium Development Goals. The target was to reduce by two-third, between 1990 and 2015 the under-five mortality rate, infant mortality rate and proportion of one year- old children immunized against measles. Bello (2014) is of the opinion that child mortality in Nigeria is influenced by a number of factors such as sex of the child, mother's age at first birth, birth order-preceding birth interval among others. In a related view, Adeyemi, Raheem and Olorunfemi (2008) noted that the root causes of child mortality emanates from the environment. In their view, malaria, acute respiratory infections, measles and diarrhoea which are today's cause of mortality for children under five are consequences of the built environment of man. Interestingly progress towards the Millennium Development Goals (MDGs) has resulted to a significant decline in preventable child since 1990, with the global under five mortality rate declines by nearly half over this period. In 1990, 12.7 million children under age five died; in 2013 the rate fell to 6.3 million children (Wikipedia, 2015). However, Davies (2011), is of the view that despite advances at the current pace, the world will still not meet the (MDGs) target until 2026.

The important role that Adult Education can play in improving the situation cannot be overemphasized. Women education has been reported as a key factor in reducing infant and child mortality. According to Iyewumi and Ofuegbu (2013), the higher a woman's level of education, the more likely it is that she will marry later, play a greater role in decision making and exercise her reproductive rights and her children will tend to be better nourished and healthier. In their view women who complete secondary school education are more likely to delay pregnancy, receive pre-natal and post-natal care and have their birth attended to by qualified medical personnel. A well-

educated society has the ability to identify and avoid situations that will pose further risks to their health. Piebalgs (2012) is of the view that a well-informed mother has the ability to take precautions against factors that will pose greater risks to her infants. Among other issues she will remember to keep appointments with her doctor, attend anti and post natal clinics as at when schedules and maintain good hygiene conditions necessary for the good health of her baby. Hence the need for adult education programmes as strategies for the reduction of child mortality in Delta State, Nigeria and the world at large. Therefore, to identify the adult education programmes, the following research questions must be answered.

1. What are the Adult Education Programmes relevant for reduction of child mortality in Delta State?
2. What are the challenges confronting the agency for Adult Education in the development and implementation of programmes in Delta State?
3. What are the solutions to the challenges confronting Agency for Adult Education in Delta State?

Concept of Child Mortality

Child mortality also known as under-5 mortality or child death refers to the death of infants and children under the age of five or between the age of one month to four years. The leading causes of child mortality include Diarrhea, Malaria, Malnutrition and Birth condition. Notably, pneumonia, diarrhea and malaria together are the causes of 3 out of every 10 deaths before the age of 5 and nearly half of under- five deaths globally are attributed to under nutrition. According to the recent UN progress report (2015) on child mortality, it is noted that two thirds of child deaths are preventable. Most of the children who die each year could be saved by low- tech, evidenced-based cost effective measures such as vaccines, antibiotics, micronutrients supplementation, insecticides treated bed nets, improved family care and breastfeeding practices and oral rehydration therapy.

Furthermore empowering women, removing financial and social barriers to accessing basic services, developing innovations that make the supply of critical services more available to the poor and increasing local accountability of health system are policy interventions that have allowed equity and reduce mortality. Interestingly, the most recent report by the United Nations progress report (2015) of MDGs advocacy group shows:

- a) That between 1990 and 2015, the global under five mortality rate has declined by more than half, dropping from 90 to 43 deaths per 1000 live births.
- b) The number of deaths in children under five worldwide declined from 12.7 million in 1990 to almost 6 million in 2015.
- c) Children in rural areas are about 1.7 times more likely to die before their fifth birthday as those in urban areas.
- d) Children of mothers with secondary or higher education are almost three times likely to survive as children of mothers without any education.
- e) Every day in 2015, 1600 children under-5 continue to die mostly from preventable causes.
- f) While sub- Sahara Africa has the world's highest child mortality rate, the absolute decline in child mortality has been the largest over the past two decades.

According to the most recent maternal and child health survey by UNICEF as reported in Afolabi (2015), Nigeria loses about 2,300 under-five years old and 145 women of childbearing age in a day, making it the second largest contributor to the under-five and maternal mortality rate in the world. The report further adds that about 70 percent of the estimated one million under-five deaths in Nigeria is caused by preventable and curable diseases such as typhoid, malaria, pneumonia, diarrhea, measles and HIV/AIDS. It noted that malnutrition accounts for about 50 percent of children's' deaths. Poor environmental hygiene, low access and utilization of quality health care services by women and children are additional factors. It is also stated that most of the deaths occurs within the first week of life, mainly due to complications during pregnancy and delivery reflecting the intimate link between newborn survival and the quality of maternal care (Save the Children, 2010).

It is important to note that Nigeria has recorded some level of progress though on a very slow pace. According to Afolabi (2015) the under-five mortality rate dropped from 90 to 46 deaths per 1000 live births in 2013. This no doubt shows that, there is still a lot to be done to attain the Millennium Development Goals of reducing child mortality by the end of 2015.

Challenges of Organizing Adult Education Programmes in Nigeria

Some of the challenges facing adult education programmes in Nigeria include the following:-

1. Failure of Universal Basic Education (UBE) act to give adequate recognition to adult and non-formal education as a key sector of basic education
2. Funding: The budgetary allocation to adult and non-formal education programmes at all levels of government is grossly inadequate, especially when compared with other sectors. More importantly, non-formal education (NFE) is excluded in the share of the two per cent consolidated fund meant for basic education in spite of the policy provision. Adedokun (2013) is of the view that the downward fall in programme development and implementation of adult education programme in Nigeria is as a result of the poor funding accorded to this sector in the last decade. Education Right Campaign (2013) suggests that the poor funding of adult education in Nigeria has resulted to lack of adequate facilities for teaching, learning and research. This has led to the poor quality of adult education experienced over the years in Nigeria. However it is noted that there is the problem of accountability and transparency in the management of funds allocated to adult and non - formal education programmes.
3. Poor Remuneration of Facilitators: Most states and LGAs are not able to pay the basic amounts stipulated as benchmarks for facilitators of adult education programmes. In some cases these facilitators are not paid for months and in other cases they are meager pay which is not commensurate with the services rendered. This is a big threat to the success of the programmes. In addition monitoring and evaluation which is a major ingredient for the success of adult education programmes is lacking due to lack of funds for the inspectors.
4. Inadequate qualified facilitators: According to NMEC (2008) Nigerian certificate in education (NCE) should be the minimum teaching qualification to ensure quality delivery

in adult and non formal education programmes . Statistics reveals that there are still unqualified facilitators in the non formal education centers who lack the basic andragogical methods for helping adults to learn.

5. Poor Record keeping: There is the problem of record keeping in adult and non formal education programmes. This has seriously affected the database needed for adequate planning and implementation of adult education intervention programmes. This also affects the tracking of learner's performance and transition from one level to the other.
6. Inaccessibility: All citizens should have the opportunity to develop themselves throughout their life at whatever age, to acquire the knowledge and know how to better pilot their life transition, to improve the quality of their life, to develop their potentials, to experience the joy of learning. Regrettably, the expensive nature of fees for these programmes impedes the rate of accessibility by adults to benefit from them. Hence resulting to low participation in adult education programmers.

Methodology

This study adopted a descriptive survey design. Population of this study was 1024 respondents comprising Adult Education Personnel, staff of Health Centers and women of childbearing age (15-49 years) from two Local Government Areas under study in Delta State. Proportionate sampling technique was used to select 25% of the population to have 256 respondents. A 15-Item structured instrument titled "Questionnaire on the Relevance of Adult Education Programmes to the Achievement of Goal Four (4) of the Millennium Development Goals" (QRAEPAG4MDG) with reliability index 0.82 was used for data collection. Data was analysed using mean statistics.

Results

The results are presented in the tables below.

Research question 1: What are the Adult Education Programmes relevant for reduction of child mortality in Delta State?

Table 1: Mean Responses of Respondents on Adult Education Programmes relevant for Reduction of Child Mortality

S/N	STATEMENT	SA 4	A 3	D 2	SD 1	TOTAL	MEAN	DECISION
1.	Basic literacy is relevant in the reduction of child mortality in your area	120 480	89 267	32 64	15 15	256 826	3.22	Accepted
2.	Women education is relevant to reduction of child mortality in your area	119 476	82 246	5 10	40 40	256 772	3.02	Accepted
3.	Functional literacy is relevant to reduction of child mortality in your area	16 64	67 201	75 150	98 98	256 513	2.00	Rejected
4.	Adult health education is relevant to reduction of child mortality in your area	121 484	93 279	30 60	12 12	256 835	3.26	Accepted
5.	Environmental adult education is relevant to reduction of child mortality in my area	125 500	101 303	27 54	3 3	256 860	3.36	Accepted
	GRAND MEAN						2.77	

Table 1 shows that items 1, 2, 4 and 5 are accepted, while item 3 with a mean of 2.00 is rejected. However, the grand mean of 2.77 reveals that basic literacy, women education, adult health education and environmental adult education are all relevant to the reduction of child mortality in Delta State.

Research question 2: What are the challenges confronting agency for adult education in the development and implementation of programmes for reduction of child mortality in delta state?

Table 2: Mean Responses of Respondents on Challenges of Agency for Adult Education Towards Programmes Development and Implementation

S/N	STATEMENT	SA 4	A 3	D 2	SD 1	TOTAL	MEAN	DECISION
6	There is no enough Adult Education Staff working towards the reduction of child mortality in my area.	130 520	76 228	34 68	16 16	256 832	3.25	Accepted
7	Facilities for Adult Education programmes aimed at reduction of child mortality are not adequate in my area.	121 484	77 231	39 78	19 19	256 812	3.17	Accepted
8	There are no enough qualified Adult Educators working towards reduction of child mortality in your area	119 476	81 243	47 94	9 9	256 822	3.21	Accepted
9	There is low response to Adult Education programmes aimed at reduction of child mortality by adult citizens of Delta State in your area	51 204	49 147	104 208	52 52	256 611	2.39	Rejected
10	Adult education programmes aimed at reduction in child mortality are insufficient in my area	116 464	75 225	21 42	44 44	256 775	3.02	Accepted
	GRAND MEAN						3.00	

Table 2 shows that items 6, 7, 8, 10 were accepted, while item 9 with a mean score of 2.39 is rejected. The grand mean of 3.00 indicates that some of the challenges facing the agency for adult education in development and implementation of programmes for reduction of child mortality include low number of adult education staff, lack of facilities for adult education programmes, and insufficient number of adult education programmes.

Research question 3: What are the solutions to the challenges confronting agency for adult education in Delta state?

Table 3: Mean Responses of Respondents on Solutions to Challenges Confronting Agency for Adult Education

S/N	STATEMENT	SA 4	A 3	D 2	SD 1	TOTAL	MEAN	DECISION
11	Sufficient funding to Adult Education Programmes will contribute to the reduction of child mortality in my community	201 804	36 108	15 30	4 4	256 946	3.70	Accepted
12	Provision of incentives to enhance high citizen's response to Adult Education programmes will promote the effectiveness of Adult Education Programmes in reduction of child mortality in my community.	115 460	73 219	49 98	19 19	256 796	3.11	Accepted
13	Provision of adequate Adult Education facilities will promote the effectiveness of Adult Education programmes in reduction of child mortality in my community.	171 684	47 141	31 62	7 7	256 894	3.49	Accepted
14	Development of relevant Adult Education Programmes will promote the effectiveness of Adult Education Programmes in reduction of child mortality in Delta State.	187 748	40 120	19 38	10 10	256 916	3.58	Accepted
15	Creation of awareness to Adult Education Programmes will promote the effectiveness of Adult Education Pogrammes in the reduction of child mortality in Delta State	192 768	49 147	9 18	6 6	256 939	3.67	Accepted
	GRAND MEAN						3.51	

Table 3 shows that all items were accepted. The grand mean of 3.51 indicates that some of the measures that can contribute to solving the challenges facing agency for adult education includes, adequate funding, provision of adequate facilities for adult education programmes, development of relevant programmes and creation of awareness.

Discussion of Findings

Research question one which sought to identify the Adult Education Programmes relevant for reduction of child mortality in Delta State, revealed that basic literacy, women education, adult health education and environmental adult education are all relevant to the reduction of child mortality in Delta State. This finding corroborates Iyewumi and Ofuegbu (2013) who affirmed that the higher a woman's level of education, the more likely it is for her to marry later, play greater role in decision making and exercise her reproductive rights and her children will tend to be better

nourished and healthier. In their view, women who complete secondary school education are more likely to delay pregnancy, receive pre-natal and post-natal care and have their birth attended to by qualified medical personnel. A well-educated society has the ability to identify and avoid situations that will pose further risks to their health. In addition, Piebalgs (2012) is of the view that a well-informed mother has the ability to take precautions against factors that will pose greater risks to her infants. Among other issues, she will remember to keep appointments with her doctor, attend anti and post natal clinics as at when schedules and maintain good hygiene conditions necessary for the good health of her baby.

Research question two which sought to find out the challenges confronting agency for adult education in the development and implementation of programmes for reduction of child mortality in delta state, revealed that low number of adult education staff, lack of facilities for adult education programmes, and insufficient number of adult education programmes are some of the challenges facing the agency for adult education in development and implementation of programmes for reduction of child mortality. This finding is in line with Adedokun (2013) who claimed that the downward fall in programme development and implementation of adult education in Nigeria is as a result of the poor funding accorded to the sector. Furthermore, Education Right Campaign (2013) suggested that the poor funding of adult education programmes in Nigeria has resulted to lack of adequate facilities for teaching, learning and research. This has led to the poor quality of adult education experienced over the years in Nigeria. However, it is noted that there is the problem of accountability and transparency in the management of funds allocated to adult and non-formal education programmes.

Research question three which sought to proffer solutions to the challenges confronting agency for adult education in Delta state, revealed that adequate funding, provision of adequate facilities for adult education programmes, development of relevant programmes and creation of awareness are measures that can contribute to solving the challenges facing agency for adult education. This finding supports NMEC (2008) which affirmed that Nigerian Certificate in Education (NCE) should be the minimum teaching qualification to ensure quality delivery in adult and non formal education programmes. Statistics reveals that there are still unqualified facilitators in the non formal education centers who lack the basic andragogical methods for helping adults to learn.

Conclusion

Based on the findings of this study, it is obvious that adult education programmes play important role in the reduction of child mortality in Delta State. Some of such adult education programmes that are relevant to the reduction of child mortality in Delta state includes basic literacy, women education, adult health education programmes and environmental adult education. However the study shows that the extent of funding of agency for adult education is low. Some of the challenges facing the agency for adult education in the development and implementation of programmes are poor staffing, poor facilities, low response to adult education programmes, and insufficient programmes.

Recommendations

1. Mothers should be given adequate education on the significance of health services and family planning as this will help reduce the rate of child mortality.
2. State government and agency for adult education should develop relevant adult education programmes that will enhance reduction of child mortality.
3. State government should develop a positive and progressive attitude towards the agency for adult education in delta state by providing adequate funds and facilities to enable the agency achieve its set objectives.

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