

YOUTH IN A GLOBAL WORLD

by Rachel Nugent

In today's world, "growing up" is not what it used to be. The lives of youth today present a wide range of educational, family, employment, and health experiences that depart in major ways from those of youth one or two generations ago. These different experiences can be attributed to the effects of globalization, technological advances, and widespread economic development.

There are more youth (also referred to as "young people" in this brief) in the world now than ever before, and they are concentrated in developing countries. Youth spend a longer time in school, begin work at a later age, and get married and have children later than their counterparts did 20 years ago. They are also less likely to live in poverty, unless they are growing up in sub-Saharan Africa, or parts of Eastern Europe or Central Asia. While in many ways the lives of young people are more complex and challenging than ever, in most countries they are also more varied, full of opportunity, and more secure than in the past. In general, modern youth spend longer preparing for adulthood than their parents. However, the transition to adulthood is also laden with risks and challenges,

and the youthful time of life for a young woman in sub-Saharan Africa is drastically different from that of a young man in China.

Youths come face-to-face with numerous health risks along the path to adulthood, many of which will affect the length and quality of their lives. Foremost among them is HIV/AIDS, which is increasingly afflicting young people, especially women, in some regions of the developing world. Other potential risks to health usually encountered for the first time as youth are alcohol, tobacco, and road accidents. Early sexual activity and early childbearing also have long-term effects on quality of life. The health needs of youth are best addressed through multisectoral strategies that respond to the varying social and economic circumstances that different youth experience today.

Programs that reduce maternal deaths and help prevent HIV/AIDS (in sub-Saharan Africa) have the greatest promise of improving young people's lives. Programs should not be embedded only in the health sector, as they are more successful across multiple sectors (such as both health and education) where messages and interventions can be reinforced. School-based programs can reduce the risk of sexually transmitted diseases and increase contraceptive use. Such programs are most effective in changing behavior when they are repeated, consistent, and well targeted. They offer the potential to reach large numbers of youth, especially girls. Young married women are often neglected in designing interventions, but they present an especially important target group. Other types of interventions that have demonstrated effectiveness in specific settings are mass media programs to increase knowledge and change attitudes, peer promotion of healthy behaviors, and workplace health promotion.

This policy brief describes what it's like to grow up in today's world, with a focus on four major experiences in the lives of young people: schooling, health, marriage, and childbearing. The brief synthesizes parts of a 2005 report from

Youth Population Ages 10-24, Total and as a Share of Population, 2006 and 2025

Region	Number in 2006 (millions)	Share in 2006 (% of pop.)	Number in 2025 (millions)	Share in 2025 (% of pop.)
World	1,773	27	1,845	23
Developed Regions	236	19	207	17
Developing Regions	1,537	29	1,638	25
Africa	305	33	424	32
Asia	1,087	28	1,063	22
North America	71	21	74	19
Latin America/Caribbean	161	28	165	24
Europe	140	19	111	16
Oceania	8	24	8	20

SOURCE: L. Ashford, D. Clifton, and T. Kaneda, *The World's Youth 2006* (Washington, DC: Population Reference Bureau, 2006).

the U.S. National Academies of Science (NAS), *Growing Up Global: The Changing Transitions to Adulthood in Developing Countries*, and uses selected data compiled more recently by the Population Reference Bureau.

The Demographics of Youth

The share of young people in the world's population has already peaked and will diminish globally and in each region of the world between now and 2025 (see table, page 1).

More than one in four persons in the world are youth (see box), and that share is expected to drop to 23 percent in 2025, largely because of declines in fertility (number of births per woman) in recent decades. In developing countries, youth are about 29 percent of the total population and are declining as a proportion of total population while still growing in absolute numbers, altering the landscape for many social and financial policy issues. In sum, the number of youth will keep rising in some parts of the world, offsetting declines in other regions. There will be about 72 million more youth in 2025 than at present.

Youth in Poverty Declines

One measure of the overall condition of youth today is how likely they are to be brought up in poverty compared to the past. Poverty definitions and measurement are inexact but can give an indication of the quality of one's life. The decline in poverty rates in developing countries over the past 30 years is a welcome trend,¹ but has not occurred in all regions.

Surveys suggest the number of youth living in extreme poverty (defined as living on less than \$1 per day) in the developing world declined from 350 million to 325 million between 1987 and 1998.² The highest rates of poverty during the period were found in sub-Saharan Africa (48 percent measured at less than \$1/day) and South Asia (40 percent measured at less than \$1/day).³ Poverty rates in sub-Saharan Africa and parts of Europe and Asia rose during this period and, combined with growing population, led to an increase in the number of poor youth in those regions.

Increases in School Attendance Are Widespread but Limited

Educational attainment is a critical factor determining young people's future work opportunities, earnings, and contributions to society. More education at all ages, among both boys and girls, and across all regions since 1990, is paying dividends in many facets of their lives.

Increases in school attendance have been considerable in the past decade and stem from multiple factors affecting households, including policy changes. Several African and Asian countries have recently implemented free or compulsory primary education, drawing children into school from the labor force and spurring greater enrollment of girls.

About three-quarters of children ages 10 to 14 in developing countries attend primary school, including almost equal numbers of boys and girls. The lowest rates of attendance are in sub-Saharan Africa and in the Middle East (for girls only). The attendance rate is about 15 percentage points lower in the lowest-income countries than in the upper-middle income countries.

The average number of years children in developing countries spend in school is 7.4 for boys and 6.0 for girls, with only countries in the former Soviet Union and South America doing significantly better. Youth in Africa are the most disadvantaged, with only 58 percent of boys and 53 percent of girls in 24 countries completing primary school.⁴

By the time youth reach the secondary school ages of 15 to 19, the proportion attending school drops off somewhat. In all developing countries, 61 percent of males and 57 percent of females are

Who Are Youth?

The concept of "youth" can be defined as all the people within a specific age group, or as a state of being or even a state of mind. In this brief, we define youth as the people between ages 10 and 24. This covers a wide range of experiences and transitions that includes an early phase (between ages 10 and 14), a middle phase (between 15 and 20), and a later phase (between 21 and 24).

Young people in all three age groups face major events that affect their future well-being. At the younger end of the age spectrum, youth are still children in many respects. By the time they reach the middle phase, youth are transitioning from puberty to maturity. This group can be considered adolescents. By the time a person finishes this stage of life, they have set in motion many of the events that will determine their life path. Finally, youth ages 21 through 24 are also young adults. They are still discovering their interests and talents and making commitments—to work, to a spouse, and often to becoming a parent.

All of these phases form the experience of being a youth. This brief addresses youth as a whole group in some sections, but specifies where the youth experience varies significantly by age group.

enrolled in secondary school. Girls are less likely to continue their schooling than boys, but the gender imbalance has improved in recent years. **Figure 1** shows girls' enrollment as a proportion of boys' enrollment in secondary school for selected countries in 1990 and in the most recent years from 2000–2004. The figure shows dramatic improvement in equality of access for girls compared to boys. The largest regional improvements have occurred in South-Central and East Asia and Northern Africa (not shown).

Despite the narrowing gender gap, low secondary school attendance among 15-to-19-year-olds is cause for concern. In some cases, the low attendance is due to a late start or slow progression through primary school, but in many countries the drop-off is really a drop-out and only a small percentage of teenagers will move on to secondary school. The reasons for the drop-off in school attendance differ somewhat for boys and girls, but work is a major factor, either within the household or outside. Families' inability to pay school fees and associated expenses becomes a greater factor at the secondary level. In addition, girls suffer from parents' unwillingness to send them to school, especially in cultures in which the return to parents' investment in education is uncertain or where marriage and motherhood are expected at an early age.

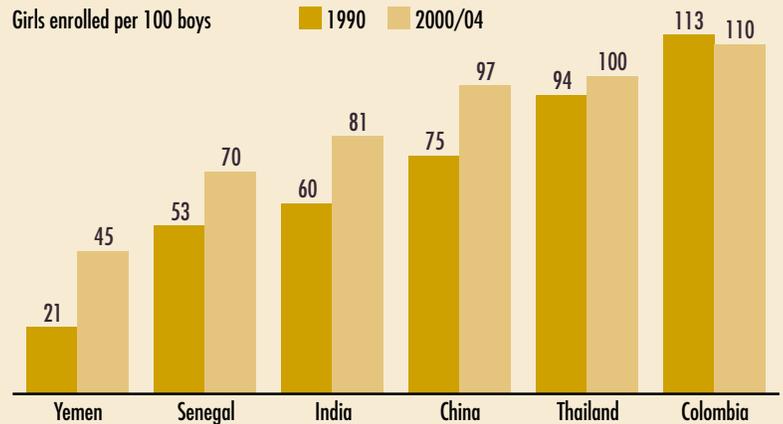
Young people across the globe combine work and school. Combining work with school can be good preparation for the next stage of young people's lives, if a child doesn't begin working at a very young age, and if the work is not full time. As with other indicators, there is wide variation among regions in the share of young people in the work force, but the general trend is downward.

Figure 2 shows a small but widespread decline in the past 15 years in the proportion of young people ages 15 to 19 in the labor force. This trend applies in all regions except for the small increases in young women working in Central and South America during this period; however, their rates of working are still substantially below those of young men in the region.

Across sub-Saharan Africa, 59 percent of young men ages 15 to 19 work—young women are not far behind. The averages obscure wide differentials across Africa, where the most northern and most southern countries have much

Figure 1

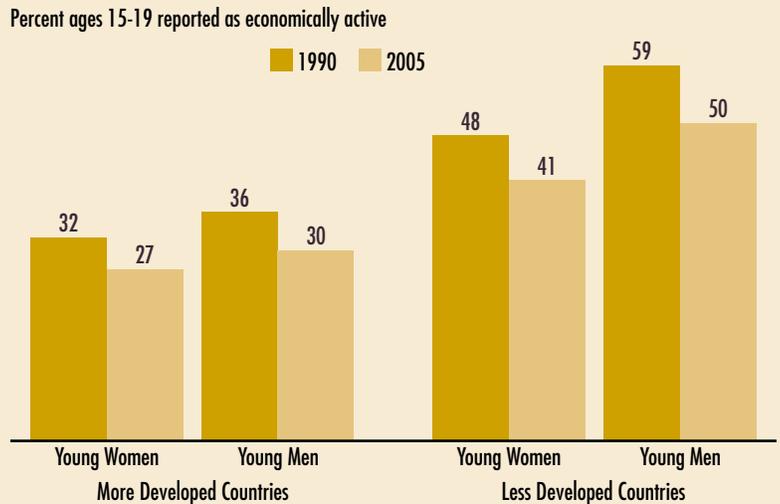
The Gender Gap in Secondary Schooling Is Closing in Most Developing Countries



SOURCE: UNESCO Institute for Statistics (www.uis.unesco.org).

Figure 2

Labor Force Participation Is Declining Among Adolescents of Both Sexes



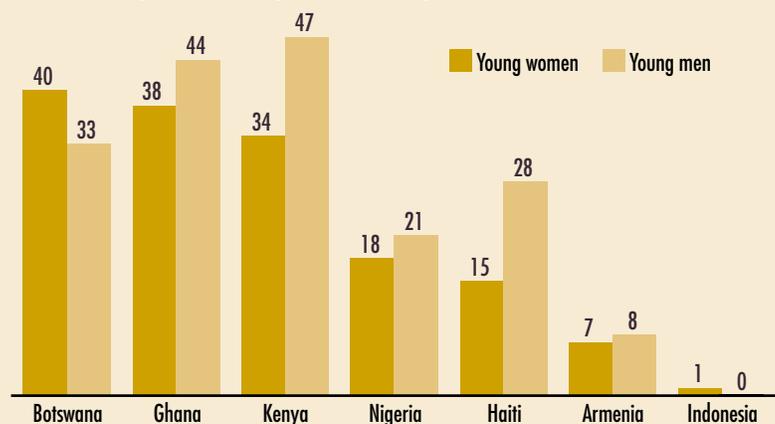
SOURCE: International Labour Organization, LABORSTA database.

lower rates of young people at work. Work and school appear to be in conflict with each other in Africa, as high rates of school attendance coincide with low work activity in the north and the south; while low rates of school attendance combine with high levels of work in the rest of Africa. In other regions of the developing world,

Figure 3

Only a Minority of Young People Have Correct Knowledge About HIV/AIDS

Percent of 15-24-year-olds with comprehensive knowledge about HIV/AIDS*



*The percentage who correctly identify at least two major ways of preventing the sexual transmission of HIV (limiting sex to one faithful, uninfected partner and using condoms), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy-looking person can have HIV. Survey years range from 2000 to 2003.

SOURCE: ORC Macro, MEASURE DHS+, HIV/AIDS database.

high levels of school enrollment coexist with a wide range of work patterns, but generally less than 50 percent of youth are working. This suggests that working for pay need not stand in the way of getting an education, but in poor conditions may slow or prevent educational achievement and eventually social progress.

Despite the widespread increases in schooling in developing countries, there is some evidence from standardized tests that knowledge and skills obtained through formal education are lagging those demonstrated by students in wealthier countries. While not conclusive, these signs raise concerns about the ability of developing country youth to thrive in a globalized world.

Youth Health Issues

Various behaviors of youth have long-term implications for their health. These include smoking, drinking alcohol, overeating, and sexual behavior. Each of these activities carries some degree of risk. Risk taking is considered to be a characteristic of youth, and experimentation and exploration are valuable parts of growing up. However, youth

commonly underestimate their risk of disease, accident, or vulnerability, and they often lack knowledge about the consequences of their actions—thereby exposing themselves to serious health problems.

Shortsightedness regarding the health effects of their behavior lies behind tobacco and alcohol use by youth; increased incidence of overweight and obese youth; and high rates of injury, especially from traffic accidents. Surveys of school attendees ages 13 to 15 show wide variation across countries in smoking rates. In those countries for which data are available, smoking is consistently higher among males than females. An average of 15 percent of male students and 7 percent of female students are smokers. While there are no data to confirm trends in youth smoking rates, youth smoking is believed to be rising along with increases in adult smoking in developing countries. Smoking tends to increase with income levels, so improved economic conditions in some developing regions are likely to further increase smoking-related health problems among youth.

Unintentional and intentional injuries (violence, war, suicide) are responsible for almost half of young adult male mortality in developing countries. Injuries account for a much smaller but still significant share of female deaths. Many female injuries stem from gender-based violence, which is believed to be vastly underreported.

The impact of HIV/AIDS on youth cannot be underestimated. It is affecting their family situations, their economic circumstances and prospects, their health and well-being, and even their social behavior as they negotiate sexual and intimate behavior in the age of AIDS. While HIV/AIDS information is increasingly available, comprehensive knowledge of HIV risk remains low among young people. Figure 3 compares men and women ages 15 to 24 in their knowledge of HIV/AIDS in selected developing countries. Less than 50 percent of young adults showed adequate knowledge of HIV risks—in most countries the figure for young women is closer to 20 percent. This holds true even in countries where more than 25 percent of adults are infected with HIV, and where AIDS orphans and widows exist in every family.

Increase in Life Expectancy

In spite of the health risks that young people must navigate, youth are healthier around the world than in the past. Early childhood, where the greatest risk of mortality exists, has become more survivable, and life expectancy has improved even for children who live past the 10th birthday. Average life expectancy has risen by 8.6 years in developing countries, and 5.8 years in developed countries between 1970-1975 and 1995-2000.

The major exception to the rosy picture of rising longevity is in countries hard hit by HIV/AIDS. Average life expectancy has dropped from 50 to 46 years in sub-Saharan Africa between 1990 and 2002, largely due to HIV/AIDS.⁵ About 12 million young people ages 15 to 24 were estimated to be living with AIDS in 2002, and three-quarters of those live in sub-Saharan Africa. One-half of all new infections are currently occurring in this age group.⁶

Reproductive Health a Major Factor

Deaths and illness related to pregnancy, as well as other reproductive health problems, harm young women's health and ability to function normally, especially in low-income countries. Young women suffer complications from childbirth, including preterm and obstructed labor, infections, anemia, and other complications. As young women's bodies mature, they experience fewer reproductive health problems.

Young women ages 15 to 19 are far less likely to use modern contraceptives than women ages 20 to 24. **Figure 4** shows a large gap in contraceptive use among sexually active adolescents compared with women in their early twenties. Lack of access to desired family planning methods remains especially high among the poorer and less-educated segments of the population in developing countries. However, knowledge and use of contraception is increasing. DHS data in recent years show that nine in every 10 young women know at least one method of contraception, and use is rising either slowly (in sub-Saharan Africa) or rapidly (in Latin America.)

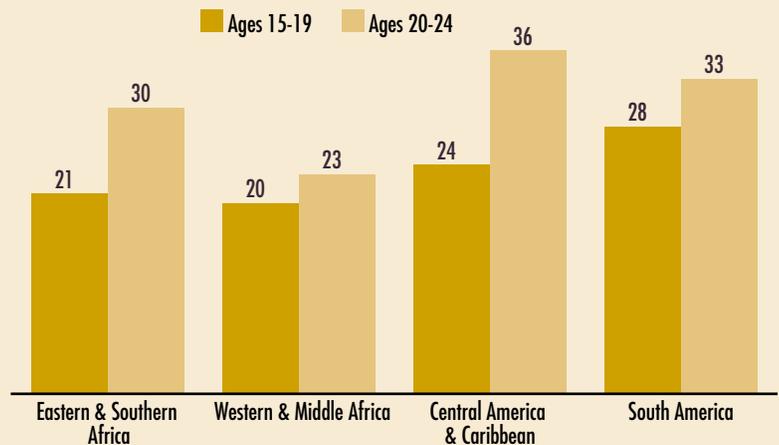
Marriage Patterns

Marriage is a crucial step on the road to adulthood. Despite the near universality of marriage, its tim-

Figure 4

Adolescents Are Less Likely Than Young Adults to Use Modern Contraceptives

Percent of sexually active women using a modern contraceptive method



SOURCE: Tabulations of Demographic and Health Surveys from 51 countries, 1990-2001, in National Research Council, *Growing Up Global: The Changing Transitions to Adulthood in Developing Countries* (2005).

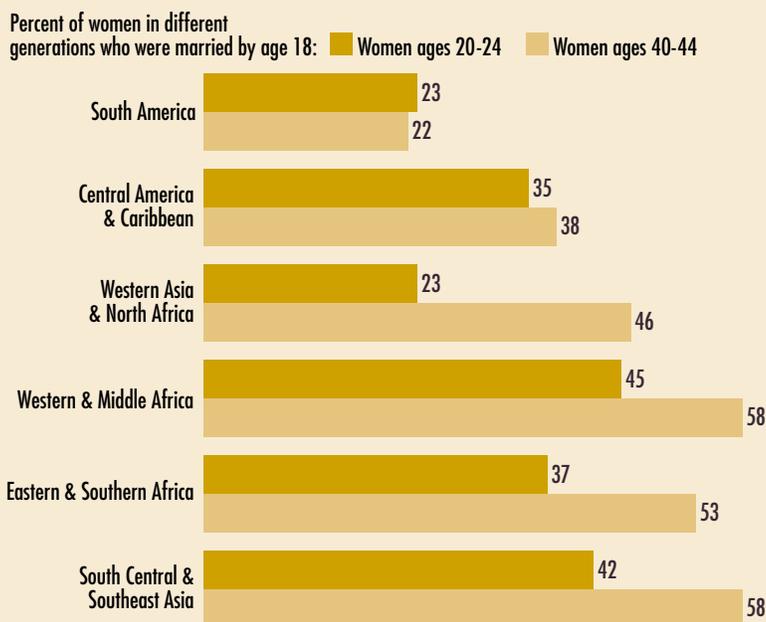
ing, conditions, and consequences vary dramatically. For most regions of the world, except South America, both women and men are marrying at later ages. Child marriage (defined as marriage by age 18) is typically driven by poverty, parental concerns about premarital sex and pregnancy, and other economic and cultural reasons. Wealthier people are much less likely to marry young than are the poor, and young people in urban areas marry later than those living in the countryside.

Figure 5 (page 6) shows the drop in early marriage among women in recent years. There are multiple reasons for the change, encompassing policy, economic, and social shifts. These changes are also mutually reinforcing. An increase in girls' education may be contributing to postponement of marriage in certain locales. Education for girls may broaden perspectives, increase aspirations, open opportunities, and enhance autonomy in the timing of marriage and choice of partner. Young women's access to paid employment can also enhance their earnings, increase their contribution to family resources, and discourage parents from arranging or pressuring them to marry.

For men in developing countries, marriage is increasingly associated with economic status.

Figure 5

Early Marriage Has Declined But Is Still Widespread



SOURCE: Tabulations of Demographic and Health Surveys from 51 countries, 1990–2001, in National Research Council, *Growing Up Global: The Changing Transitions to Adulthood in Developing Countries* (2005).

Unlike the men of previous generations who were more likely to marry early regardless of employment status, unemployed men in recent years have been substantially less likely to marry due to economic uncertainty and a view that marriage has become more burdensome financially. Given the growing number of adolescents and the difficulty of ensuring adequate employment in developing countries, postponement of marriage among men until their 30s or beyond could become commonplace.

Terms and Conditions of Marriage

The marriage experience is at the very core of relations between men and women in most societies. The age gap between spouses is an important measure of equity in marriage, with larger gaps more likely to hinder married girls' capacity to negotiate sex and reproduction, as well as other aspects of domestic and public life. Adolescents often have little or no control over who they marry and where they live, which cuts them off

from education, social networks, and media—all of which provide essential information regarding reproductive and maternal health.

Young women who are able to choose a husband are more likely to postpone marriage, and have better education, health, and employment prospects. The ability to choose one's spouse undoubtedly affects gender roles in marriage and decisionmaking between partners, especially regarding the number, spacing, and upbringing of children.

Early Childbearing Patterns

In both developed and developing countries, young people are reaching puberty earlier because of improved nutrition. This has implications not only because of the traditional rituals attached to puberty but also because sexually active youth are exposed to significant health risks for a longer period. These include the complications of pregnancy for young women, and risk of sexually transmitted diseases for both young men and women.

Age at First Birth

Data from Demographic and Health Surveys in developing countries show that women experience parenthood much earlier than men, more than five years earlier on average. Figure 6 shows the percentage of women experiencing their first birth before age 18 in developing countries where data are available. The highest proportion of births among young women occurs in sub-Saharan Africa, where more than one in every four young women have a child by age 18. In South-Central and Southeast Asia, the odds are similar; while in Latin America, Western Asia, and North Africa, the chances of becoming a mother at a young age are much lower. For men, parenthood before age 18 is very rare in all regions.

The characteristics of young mothers are common across regions of the world: little education, rural dwelling, and low income. Young mothers are more likely to be married than unmarried in all regions. An array of social challenges emerges from early parenthood, but the conditions are more dire for young women than for young men. Among them are the possible physical and social ramifications from early pregnancy, which can include injury from childbirth if

the body is not fully matured, early exit from school, a greater labor burden, and inability to develop social and economic support systems.

Schooling for young women is one of the areas that appears to suffer from early childbearing, whether within or outside wedlock. There is a clear negative relationship between educational attainment and timing of first birth; but it is unclear whether early birth actually causes girls to drop out of school.

Policy and Program Implications: What Works?

Policies Affecting Schooling

Educational attainment is the driving force behind vastly improved conditions and opportunities for youth today. Additional gains can be made using targeted subsidies and conditional cash grants (as in Mexico's *Oportunidades* program) to increase access for disadvantaged and hard-to-reach youth.

Policies Affecting Reproductive Health

Further improvements in life expectancy will be achieved by addressing maternal mortality and HIV/AIDS as major causes of death among youth, particularly in specific regions. Information and services delivered to young people, both married and unmarried, can be effective in reducing risk-taking. Multisectoral approaches, especially combining health and education efforts, are the most likely to be successful. Specifically, teens enrolled in school are less likely to be sexually active than their unmarried, unenrolled counterparts.

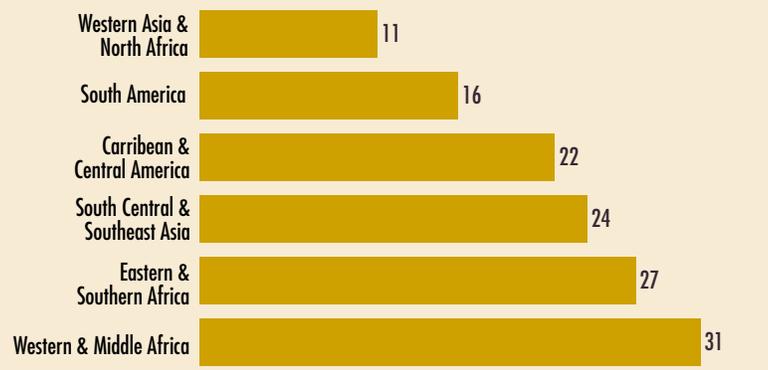
Policies and Institutions Related to Marriage

Laws defining the legal marriage age have been changing, and greater awareness and enforcement are needed. Age of marriage for women was raised between 1990 and 2000 in 23 of 55 countries whose laws were examined, while the age of marriage for men was raised in 20 countries. In 50 of 81 countries with laws on marriage age without parental consent, both women and men must be at least 18 years of age. These statutory changes reflect social norms, even though laws are not always strictly observed. A growing coalition against childhood marriage continues to advocate

Figure 6

More Than One-Fifth of Women in the Poorest Regions Have a Child by Age 18

Percent of women ages 20-24 giving birth by age 18



SOURCE: Tabulations of Demographic and Health Surveys from 51 countries, 1990–2001, in National Research Council, *Growing Up Global: The Changing Transitions to Adulthood in Developing Countries* (2005).

for change through multiple channels, such as adoption of policies respecting international human rights and changes in national laws. Public relations campaigns to reduce financial transactions at marriage may help both to dissuade families from marrying their daughters off at a young age and to enable men not to delay marriage. Such efforts would reduce the age gap between spouses.

Policies Affecting Early Childbearing

The evidence is mixed on how to reduce the number of very young parents. Programs and policies need to be culturally and contextually specific.

Preventing early pregnancy can be addressed by increasing contraceptive use among sexually active youth. In nearly all the countries where data are available, adolescents are far less likely to use modern contraceptives than young adults, whether or not they are married. This gap can be attributed to lack of knowledge, social pressures on married youth to have a first child, and more limited access to family planning services. In addition to preventing very early pregnancy, programs should address the multifaceted needs of young parents. These include retaining or returning young parents to school, and providing opportunities for economic and social independence for women who have children at a young age.

For More Information

This policy brief and the datasheet *The World's Youth 2006* are available online at www.prb.org.

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The Future of Youth

A young person today has many reasons to be grateful: greater contact with the rest of the world, more educational opportunities, and a longer life than her mother and grandmother. This typifies the experience of a young person growing up in a developed country, and is increasingly the experience of many young people growing up in developing countries as well. But these experiences are not universal. Young people also face some daunting risks. HIV/AIDS will lead many young people and/or their parents to an early death. Youth who live in poor countries, or poor youth in wealthier countries, still cannot count on living lives better off than their parents, and there is a substantial wealth gap within and across regions of the world.

Young women are more challenged than young men in achieving a long and healthy life. They are vulnerable to sexual violence or coercion, they suffer from high levels of reproductive or pregnancy-related disorders, they stay in school for shorter periods than boys, and they face fewer economic opportunities. For example, the likelihood of a young woman bearing a child before 18 has declined in many developing countries, but the likelihood of sexual initiation prior to marriage has increased.

Both young women and young men today may benefit from a global effort to improve the well-being of the world's poor through the Millennium Development Goals, a framework for poverty reduction forged by world leaders in 2000. Six of the eight Millennium goals address issues raised here: reducing poverty, achieving universal primary education, promoting gender equality and empowering women, reducing child mortality, improving maternal health, and combating HIV/AIDS and other diseases. While not all the

goals are likely to be reached by the year 2015, and although the goals are not aimed only at youth, they do promise better lives for today's youth if and when they are attained.

References

- ¹ National Research Council and Institute of Medicine, *Growing Up Global: The Changing Transitions to Adulthood in Developing Countries*, ed. Cynthia Lloyd (Washington, DC: National Academies Press, 2005): 61.
- ² Figures are from national population surveys. Youth poverty can differ from the overall averages in countries with age-specific income transfer schemes.
- ³ A \$2/day poverty cutoff would yield rates of 84 percent for South Asia and 78 percent for sub-Saharan Africa.
- ⁴ Estimates cited in National Research Council and Institute of Medicine, *Growing Up Global: The Changing Transitions to Adulthood in Developing Countries*: 84-85.
- ⁵ Dean T. Jamison et al., *Disease Control Priorities in Developing Countries*, 2d ed. (New York: Oxford University Press, 2006).
- ⁶ National Research Council and Institute of Medicine, *Growing Up Global: The Changing Transitions to Adulthood in Developing Countries*: 179.

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