

THE POWER OF



ADOLESCENTS, YOUTH AND THE TRANSFORMATION OF THE FUTURE



state of world population 2014

The State of World Population 2014

RESEARCHERS AND AUTHORS

Monica Das Gupta
Robert Engelman
Jessica Levy
Gretchen Luchsinger
Tom Merrick
James E. Rosen

Other contributions from Sarah Castle

UNFPA ADVISORY TEAM

Björn Andersson
Satvika Chalasani
Françoise Ghorayeb
Mona Kaidbey
Michael Herrmann
Daniel Schensul
Sylvia Wong

RESEARCH ADVISER

David Bloom, Department of Global Health and Population,
Harvard University

Youth adviser and contributing editor

İrem Tümer

EDITORIAL TEAM

Editor: Richard Kollodge

Editorial associate: Katheline Ruiz

Copy editor and bibliography editor: Susan Guthridge Gould

Publication design and production: Prographics, Inc.

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every young person's
potential is fulfilled



THE POWER OF 1.8 BILLION

ADOLESCENTS, YOUTH AND THE TRANSFORMATION OF THE FUTURE

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Foreword

Our world is home to 1.8 billion young people between the ages of 10 and 24, and the youth population is growing fastest in the poorest nations. Within this generation are 600 million adolescent girls with specific needs, challenges and aspirations for the future.

Never before have there been so many young people. Never again is there likely to be such potential for economic and social progress. How we meet the needs and aspirations of young people will define our common future.

Education is critical. The skills and knowledge young people acquire must be relevant to the current economy and enable them to become innovators, thinkers and problem-solvers.

Investments in health, including sexual and reproductive health, are also central. When young people can make a healthy transition from adolescence into adulthood, options expand for the future. Yet today, more than 2 million 10 to 19-year-olds are living with HIV: about one in seven of all new HIV infections occur during adolescence.

Strategic investments can allow young people to claim their rights—to education, health, development, and to live free from violence and discrimination. Yet today one in three girls in developing countries is married before the age of 18, threatening her health, education and future prospects. Up to half of sexual assaults are committed against girls below the age of 16. Rule

of law and security institutions must be strengthened to protect the rights of all, including young people. Realizing these changes will require that young people are counted and have a voice—meaningful participation—in governance and policymaking.

With the right policies and investments, countries can realize a “demographic dividend,” made possible by falling mortality and fertility rates. With a larger working population and fewer dependents, a country has a one-time opportunity for rapid economic growth and stability.

To realize this dividend, investments are needed to build institutional capacity, strengthen human capital, pursue economic models that improve employment prospects, and promote inclusive governance and the enjoyment of human rights. International support can unlock the potential of the next generation of innovators, entrepreneurs, change agents and leaders.

Twenty years ago, 179 governments at the International Conference on Population and Development endorsed a groundbreaking

“When young people can make a healthy transition from adolescence into adulthood, options expand for the future.”

Programme of Action, which recognized the important role of young people in development. Today, we have an opportunity to define a post-2015 sustainable development framework, built on lessons learned, that empowers youth and includes specific indicators and targets on education, skills development and employment, health, especially sexual and reproductive health, youth participation and leadership.

Young people must be at the centre of the post-2015 vision for sustainable development to drive the future we want.

Dr. Babatunde Osotimehin
Executive Director



A message from İrem Tümer, contributing editor

Calls for investments in young people have increased dramatically in recent years. Meanwhile, more and more countries agree that policies that help young people fulfil their potential can also help drive economic development. This year's *The State of World Population* is significant because it frames investments in youth not solely as responding to the needs of young people, but also as an imperative for sustainable development. The perspective and data that are being presented in this report can be a very valuable asset for the advocacy and programming of youth-led organizations and youth activists.

In many countries today, there is a discrepancy between rhetoric about the need to invest in youth and young people's participation in policymaking, planning and implementation. With the momentum that is created by the ongoing discussions on young people, there also emerges a great opportunity for their further integration in development processes. This requires dedication, will and commitment on both sides.

Terms like “investment in youth” may imply that young people are or can only be passive recipients of investment. But this view is misguided because young people can and must be indispensable partners in development. In my involvement in youth organizations, I have seen firsthand that with the right support, young people can be the problem-solvers and innovators who can break the mould and find new ways of doing things or ways to do them better. Young people are in the best position to understand what they and their peers need and are able to ensure implementation

in broader networks that are often inaccessible to policymakers.

While it is vital for policymakers and other stakeholders to reach out to young people, the responsibility also lies with youth-led organizations and youth activists to bring their involvement to the next level by establishing themselves as sustainable and reliable partners. Being accountable and professional are first steps in establishing their credibility. Youth organizations must also adapt to our rapidly changing world and embrace new technologies that can revolutionize commerce, industry and policymaking.

Even though it has become well-established that investing in youth makes good economic sense and is a human rights imperative, the latter is sometimes forgotten, especially when young people are called on to “change the world.” But the world will not change, no matter how hard we try, if young people are not able to exercise their human rights. It is true that young people will be the major drivers of



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change in the coming decades, but it should still be remembered that most of the investments that this report is advocating should be made to ensure that the fundamental rights of young people are protected. A world in which a quarter of humanity is without full enjoyment of rights is a world without the basic building blocks for change and progress.

The My World 2015 survey revealed that globally, young people see “a good education,” “better healthcare” and “an honest and responsive government” as actions that would make the greatest difference to their lives. Better job opportunities and protection against crime and violence are similarly important. These responses show a lingering global need to provide the essential conditions for the full empowerment of young people.

Young people are about to inherit an enormous responsibility for resolving many long-standing complex problems, ranging from poverty to climate change, yet they have mostly been excluded from participating in the decisions that will determine

what the future looks like. Young people must therefore have a say now in shaping the policies that will have a lasting impact on humanity and the health of the planet.

As the sustainable development goals that will follow the Millennium Development Goals are being defined, policymakers must not neglect to prioritize the needs of young people and make room for them to carry the next development agenda forward. Young people should be involved in all aspects of the process. Only through meaningful representation by and collaboration with youth will it be possible to move away from an entrenched mindset of delivering basic services to youth towards an approach that empowers young people and enables them to realize their potential.

Ms. Tümer, 23, is a former Women Deliver Youth Leader and member of the European Youth Parliament. She lives in Turkey.

There are more young people between the ages of 10 and 24 today than at any other time in human history.



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Youth: big numbers, big challenges, big possibilities

Young people matter. They matter because they have inherent human rights that must be upheld. They matter because an unprecedented 1.8 billion youth are alive today, and because they are the shapers and leaders of our global future. Yet in a world of adult concerns, young people are often overlooked. This tendency cries out for urgent correction, because it imperils youth as well as economies and societies at large.



About
nine out of 10
people between
the ages 10 and 24
live in less developed
countries.

There are more young people between the ages of 10 and 24 today than at any other time in human history. And in some parts of the world, not only do the numbers of youth grow, but so does their share of the population. In some countries, more than one in three is a young person.

Why do these trends matter?

In some countries, the growth of the youth population is outpacing the growth of the economy and outstripping the capacities of institutions charged with providing them basic services. Will schools and universities be able to meet the demand for education? Some 120 million young people reach working age every year. Will there be enough jobs to accommodate their need for decent work and a good income? Are health services strong enough? Will the young, including adolescents, have the information and services they need to avoid early, unintended and life-changing parenthood? Will the next generation be able to realize its full potential?

The emergence of a large youth population of unprecedented size can have a profound effect on any country. Whether that effect is positive or negative depends largely on how well governments respond to young people's needs and enable them to engage fully and meaningfully in civic and economic affairs. Governments can choose to see

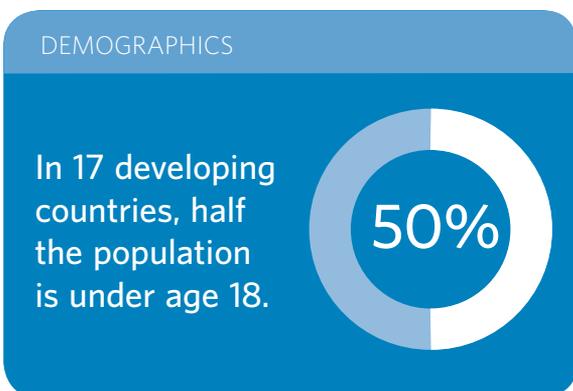
their growing numbers of young people as a liability, a cohort that will place demands on strained resources, or as an opportunity. With the right policies and investments and the engagement of young people in nurturing their own potential, the largest generation of young people in human history can become the problem-solving producers, creators, entrepreneurs, change agents and leaders of the coming decades.

Today's generation of young people numbers slightly less than 1.8 billion in a world population of 7.3 billion. That's up from 721 million people aged 10 to 24 in 1950, when the world's population totaled 2.5 billion (United Nations Department of Economic and Social Affairs, 2014).

The Population Division of the United Nations Department of Economic and Social Affairs projects under its "medium fertility" scenario (often considered the "most likely" demographic outcome) that the number of 10 to 24-year-olds will reach two billion by the middle of this century. Slight changes in expected birth or death rates over time, however, could easily change this outcome.

Global estimates and projections, nonetheless, mask vast differences in age structures between and even within countries. Large and still-growing populations of young people are already challenging many less-developed and low-income countries, where government capacities and resources are strained. Without appropriate investments today in youth—girls, boys, young adolescents and young adults—to prepare them for the future, these challenges of meeting the needs of a growing population will become increasingly daunting with time in many lower income countries.

While the ageing of populations is a frequent topic in the news media and among economists and policymakers, humanity as a whole is still young. Most people alive today have yet to reach age 30. In the world's 48 least developed countries, most people



are children (under age 18) or adolescents (ages 10 to 19). In Afghanistan, Timor-Leste and 15 countries in sub-Saharan Africa, half the population is under 18. In Chad, Niger and Uganda, half are under 16. In six countries—five in sub-Saharan Africa and Israel—populations are actually “youthening” rather than ageing, meaning their median age is projected to decline from 2010 to 2015.

In countries such as Burundi and Niger, this youthening process will continue at least until 2020 before reversing. After 2020, ageing is projected to proceed at various rates in all the world’s countries. The proportions of the young in all populations—though not necessarily their absolute numbers—will shrink with time.

This demographic reality, tied to the ongoing shift in the balance of world population from younger to older people, creates risks. In more developed countries, smaller cohorts of young people may be tasked with paying more per person for the pensions and health care costs of larger older populations. But the ongoing proportional shift towards older age groups, along with the declines in fertility and the lengthening of life expectancy that bring it about, also offers opportunities of incalculable value. For example, consumption of goods and services by older persons, who often have more disposable income than the young, can result in an expansion of industries that cater to older persons. Rising demand for services provides significant investment opportunities and contributes to economic growth.

Lack of meaningful work among young people is playing into frustration that has in some instances contributed to social unrest or unmanaged migration. Indeed, many countries in sub-Saharan Africa and southern and western Asia, which have some of the largest cohorts of young people, are confronting or will soon confront seemingly insurmountable challenges to meeting the needs of rising younger generations in future decades.



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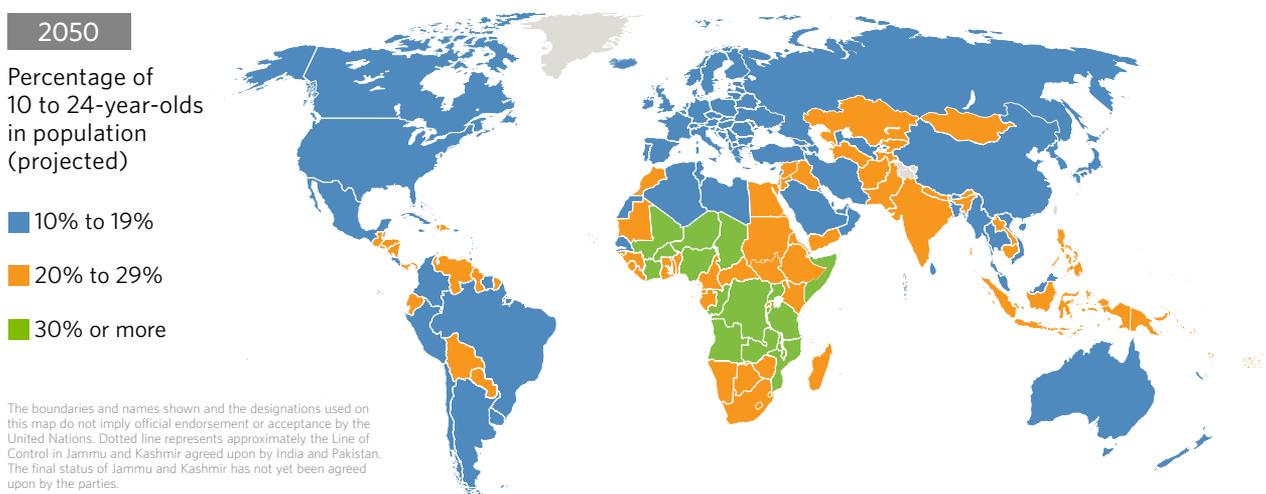
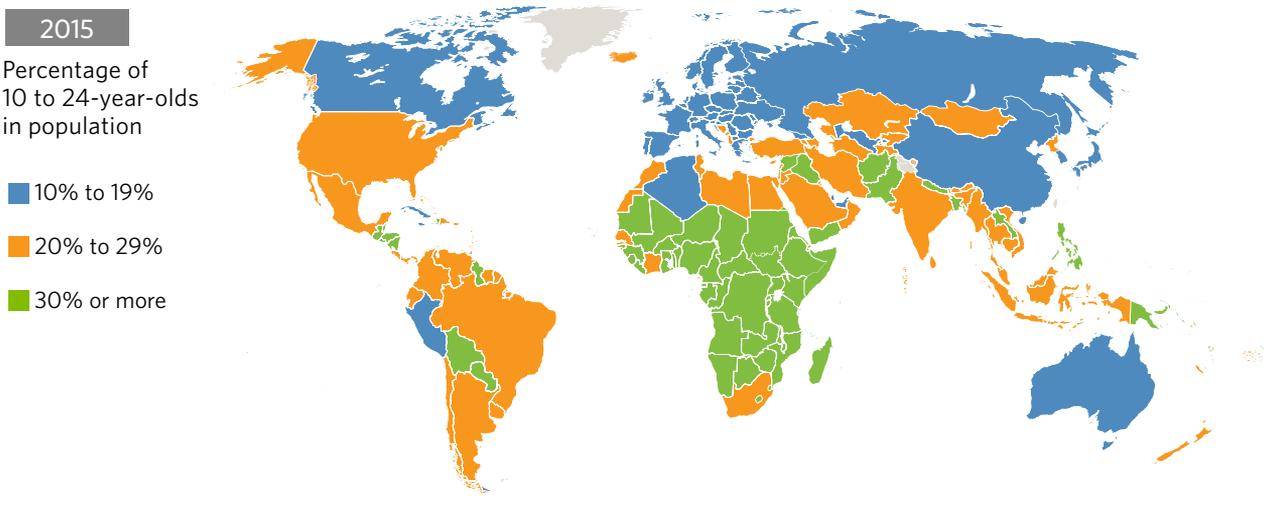
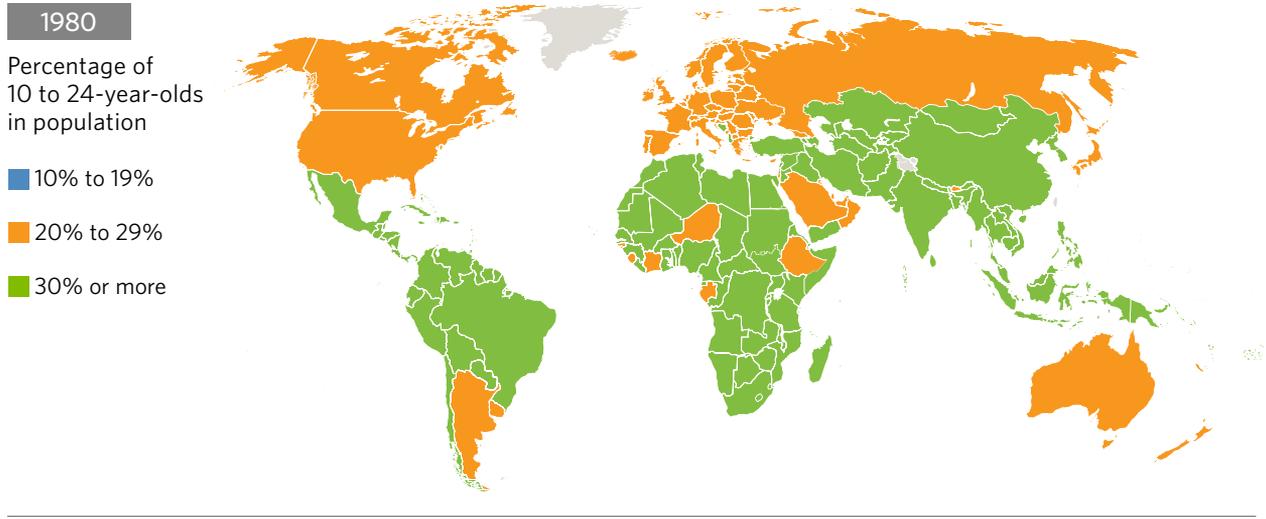
If investments are prioritized so that all individuals in developing countries gain the power and the means to decide freely and responsibly whether, when or how often to have children—to exercise their reproductive rights—fertility rates will decline. Research has shown that when individuals have a choice, they will choose smaller families. Lower fertility, along with successful interventions in saving children’s lives and extending life expectancy, are the building blocks for a demographic transition and potentially to a demographic dividend, described in the next chapter.

Where today’s young people live

The highest proportion of young people today is in poor countries, where barriers to their development and fulfilment of their potential are the highest. Poverty is the most prevalent, access to critical health care and schooling is the lowest, conflict and violence are the most frequent, and life is the hardest.

Fully 89 per cent of the world’s 10 to 24-year-olds, almost nine out of 10, live in less developed countries. That percentage is even higher among the

YOUNG IN THE WORLD: CHANGING PROPORTIONS IN 1980, 2015 AND 2050



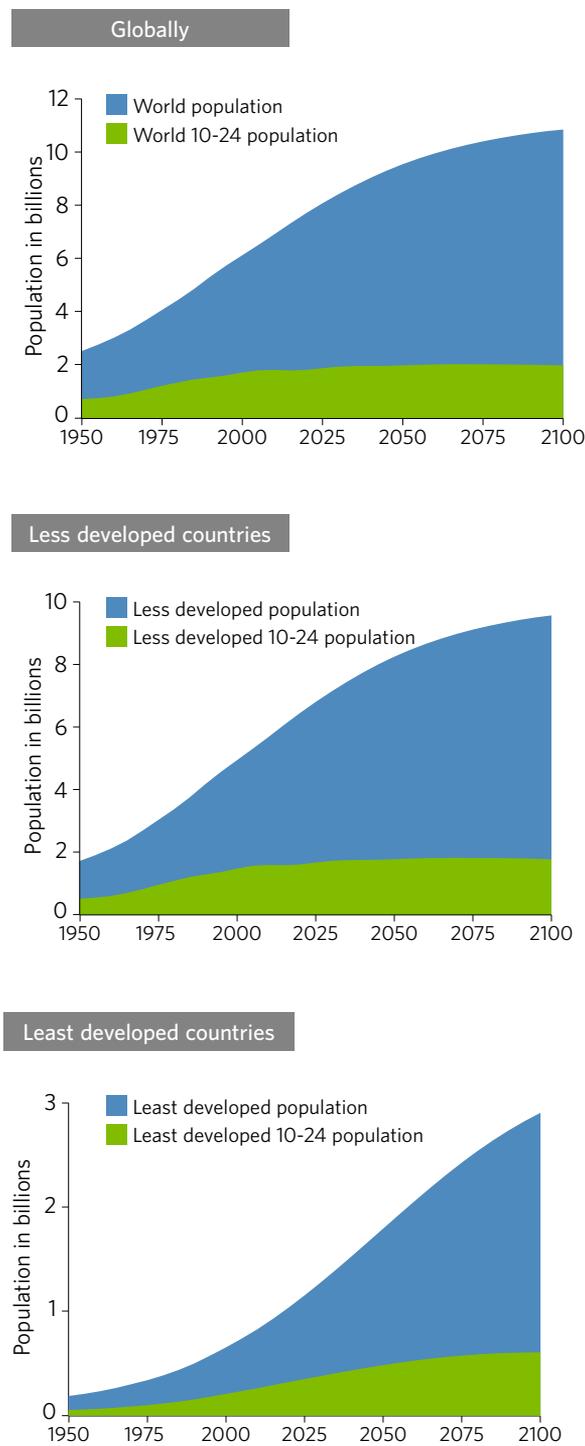
youngest in this age range. Young people make up slightly less than one quarter of world population. In the world's least developed countries (a United Nations category that includes 33 countries in sub-Saharan Africa, eight in Asia, six in Oceania and Haiti in the Caribbean) the age group makes up 32 per cent of the population. In the more developed countries the figure is 17 per cent.

India has the world's highest number of 10 to 24-year-olds, with 356 million—despite having a smaller population than China, which has 269 million young people. These countries are followed by Indonesia with 67 million young, the United States with 65 million, Pakistan with 59 million, Nigeria with 57 million, Brazil with 51 million, and Bangladesh with 48 million. As proportions of both the world's population and that of the less developed countries, the young peaked at 30 per cent and 32 per cent respectively during the decade from 1975 to 1985. The proportions have been declining ever since.

Within the world's least developed countries, the share of the population that is young crested around 2010. That share has begun declining.

It is one thing for youth's *proportion* to fall in a population. It is quite another for their total *numbers* to decline. There are more young people in most developing countries each year. Even the more developed countries as a region are projected to be home to growing numbers of people in this age group from 2021 until the early 2030s, when their numbers will crest under the medium-fertility scenario at about 219 million. The growth trend in the numbers of young people is most pronounced in the least developed countries, where no peak at all is projected for the foreseeable future. In some sub-Saharan African countries, fertility is barely declining, while the number of women of childbearing age is rising significantly—leading to larger cohorts of young children and adolescents.

THE PROPORTIONS OF YOUTH VARY OVER TIME AND BY LEVEL OF NATIONAL DEVELOPMENT



"... I am skilled, creative and innovative. As a young person, I have innovative solutions to the social problems in my country—fresh ideas to help contribute to the development of my country."

Robert Nkwangu, Uganda



It is these countries that will struggle the hardest to assure basic health and education services, jobs and livelihoods for their young—and indeed for their still-growing populations—for decades to come.

Futures that differ markedly from the medium-fertility scenario are possible. The United Nations constructs several projections varying by assumptions about fertility, migration and mortality rates. Under the high-fertility projection (in which fertility rates descend from today's levels, but not as rapidly as in other projections), the world's youth population would exceed 3.5 billion by the end of the century.

Agents of change and resilience

Whenever it occurs, the approaching reversal of the trend of youth population growth underlines an important point: Under all likely scenarios, the next few years or decades will witness the rise and then the cresting of the most young people ever. If the countries of the world can rise to the challenge of meeting young people's needs in this period, that challenge is likely to become easier with time in the second half

of the century—at least for the world as a whole—even as total population continues to grow modestly, as currently projected.

Since young people will live longer into the future than their parents and other elders, they are more likely to face the impacts of accelerating climate change and other environmental shifts, with accompanying risks to human well-being. The need for social resilience is likely to grow, and today's young will need in their own adulthood to be the main agents of tomorrow's resilience. Their resilience depends in part on whether they are healthy and educated, whether they have options and opportunities in life, and whether they are fully engaged citizens whose rights are upheld. If girls and young women continue to face gender discrimination, early marriage and barriers to sexual and reproductive health and rights, resilience to rapid social and environmental change will be further undermined. The question of how young people will manage and thrive as adults, preparing the way for their own children and grandchildren, deserves attention and effort for their sake and for the sake of all of humanity.

Why some populations are more youthful

Over time it is birthrates and life expectancy in any population that largely determine the median age and proportion of young people. Migration in and out of countries also influences age structure, but in most cases, the impact is limited. Median age throughout the world closely correlates with total fertility rates (the average number of births per woman of childbearing age).

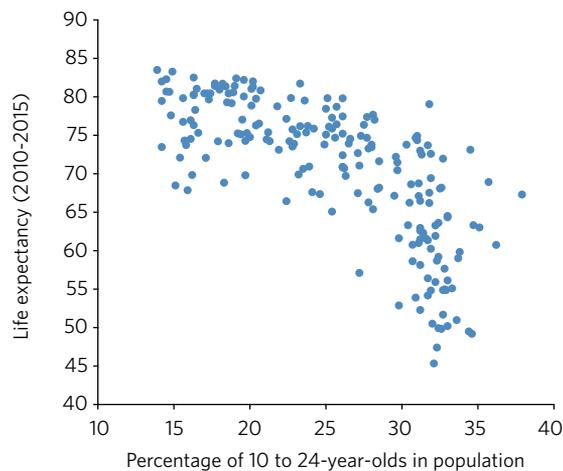
Challenging correlations

Unfortunately for the young, the ancient expression "strength in numbers" has not always held true. Economic power tends to be lowest in this age group, jobs are at entry levels or in the informal sector when

they can be found at all, and only those 18 and older typically are able to vote. Even where old enough to vote, young people tend to be less well integrated than older groups into electoral and political processes as reflected partly in their lower voter turnout.

LIFE EXPECTANCY TENDS TO BE HIGHEST WHERE YOUTH PROPORTIONS ARE LOWEST

Percentage of 10 to 24-year-olds in national population (2015) compared to life expectancy (2010-2015), 200 countries



It is not surprising that the young become a priority for policymakers only in cases where parents vote for the interests of their children.

Research has found correlations between a high proportion of 15-29-year-olds in a population and a greater incidence of civil conflict—outbreaks of violence within countries in which 25 or more people lose their lives. The correlation is not proof of causality, but it does suggest to some researchers that societies must make greater efforts to increase opportunities for education, jobs, livelihoods and political engagement for their youth.

Lacking jobs and access to the experience and wisdom of those older than themselves, these young people tend to seek role models, routes to self-esteem and even sources of food, shelter and livelihood within their own age group. This tendency, if not counterbalanced by hope for a better future, can sometimes lead young people to become involved in violence (Urdal, 2006). Conversely, there is some evidence that declines in fertility that lead to demographic dividends can also make transition to democratic governance more likely (Cincotta, 2008).

YOUNG PEOPLE AND MIGRATION

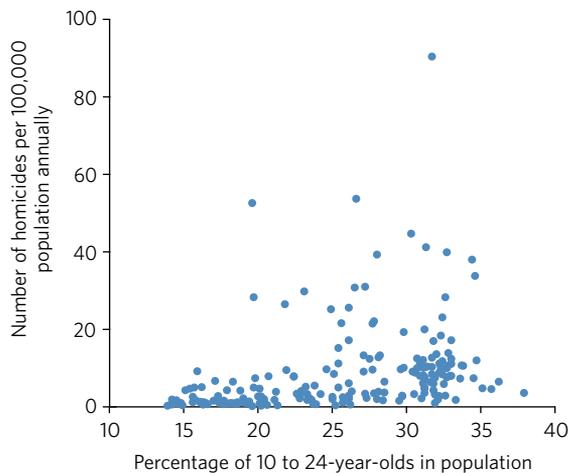
International migrants aged 10 to 24 constituted just over 12 per cent of the world's total 232 million international migrants in 2013, according to the United Nations. Most such migrants moved from one developing country to another. While the flow of young people rarely alters the age structure or slows the growth of population significantly in migrant-sending countries, over time it affects population dynamics in some developed countries that receive large numbers of migrants.

The search for jobs and a decent livelihood is perhaps the biggest motivator of migration, and the search for security and freedom from violence and discrimination is a major driver of refugee flows. For the young, the hope of achieving a good education is also often an incentive to migrate. Between 2000 and 2010, the number of students enrolled in universities outside of their own country rose from 2 million to 3.6 million. China, India and the Republic of Korea were the countries of origin for the most foreign university students, while the United States was the destination for the largest number, followed by the United Kingdom and Australia (United Nations Department of Economic and Social Affairs, 2013b).

There is a strong correlation between the percentage of 10 to 24-year-olds in a population and low life expectancy at age 15. In 2012 an estimated 1.3 million adolescents—young people aged 10 to 19—died, according to one tally, with 97 per cent of these deaths in low- and middle-income nations and two thirds divided among sub-Saharan Africa and Southeast Asia (Patton et al., 2009). For young males, violence—often from gang activity and civil conflict—is a top killer. Honduras’ murder rate, the highest recorded in the world at 90 per 100,000 people per year, was often cited in the news media as a leading reason for the exodus of unaccompanied minors from that country to the United States in mid-2014 (Patton et al., 2009; United Nations Office of Drugs and Crime, n.d.).

HOMICIDE RATES TEND TO BE HIGHEST WHERE YOUTH PROPORTIONS ARE HIGHEST

Annual homicides per 100,000 people compared to percentage of 10 to 24-year-olds in country populations, 197 countries



Reproductive and other risks

Complications during pregnancy and childbirth are a common cause of death among girls and young women in developing countries. In a positive development that demonstrates that the right investments can save lives, such deaths “among adolescents have declined significantly since 2000,” according to the World Health Organization. “This decline is particularly noticeable in the regions where maternal mortality rates are highest. The Southeast Asia, Eastern Mediterranean and African regions have seen declines of 57 per cent, 50 per cent and 37 per cent, respectively.”

The World Health Organization credits this improvement to the fact that “ministries of health have intensified efforts to reduce the unacceptable toll of deaths among children and women by applying well-known, well-proven interventions.” This reflects progress by many developing countries in achieving the fifth of the United Nations’ eight Millennium Development Goals: to cut the maternal death ratio by three quarters in all age groups by 2015. The complications of pregnancy and childbirth are nonetheless still the second leading killer of females 15 to 19, and the risks of dying rise with the proportion of young people in populations. The leading cause of death for adolescent girls aged 15 to 19 worldwide is suicide—a fact that raises questions about hopes and opportunities for young women, especially in the developing countries in which most of them live (World Health Organization, 2014).

Although not well studied or quantified, the mental health of young people is increasingly recognized as a global problem, one that may correlate with the barriers to development that the young in many countries face and that has a major impact on both life expectancy and quality of life. Mental disorders are high among health disorders suffered by people of all ages. Most begin between the ages 12 and

24, even if their manifestations and diagnosis occur later in life. Poor reproductive and sexual health is among the most important contributors to poor mental health (Patel, 2007).

HIV is today the second leading cause of deaths for adolescents, and in contrast to the case with maternal mortality, “estimates suggest that numbers of HIV deaths are rising in the adolescent age group,” the World Health Organization reports. Given girls’ and young women’s greater risk of exposure to HIV, this increase in HIV-related deaths is a clear case of failure to respond to young people’s needs—particularly the sexual and reproductive health needs of girls and young women.

A particular source of danger to the health and lives of girls and young women is the prevalence of child marriage in those countries where the young are most prevalent in populations. Every day, 39,000 girls become child brides—or about 140 million in a decade. (The term “child” here refers to those under 18, generally considered minors.) Moreover, this practice is becoming not less but more common—and partly for demographic reasons. “The problem threatens to increase with the expanding youth population in the developing world,” notes UNFPA (2012). Child marriage, because it usually results in early pregnancy, is linked to deaths from complications of pregnancy and childbirth, and married girls are more likely than married women to suffer violence and other abuse at the hands of their husbands.

From vicious to virtuous circles

Correlations between high proportions of young people in populations and obstacles to development feed a vicious circle of poor life chances for the young. In the critical area of reproductive health, for example, girls and young women in youth-dominated populations tend to be most likely to have an unmet need for family planning. They are also most vulnerable to HIV

CHILD MARRIAGE

Every day,
39,000 girls
become
child brides
—or about 140 million
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and other sexually transmitted infections. Gender discrimination impedes girls and young women, especially in today’s youth-dominated populations. Girls and young women face the largest gaps between their enrolment in secondary school—a critical gateway to participation in society and the economy. Similarly, they face overall discrimination that further inhibits their engagement and contributions to their families, communities and the larger society, as illustrated by comparing percentages of young people in country populations and those countries’ rankings on a United Nations Development Programme index of gender discrimination.

Not surprisingly, given the overall correlation between high proportions of young people in populations and lower national economic and development status, total public and private per-capita spending on health care is lower in youthful countries. This is especially harmful because good health paves the way to economic opportunity, long life, and overall well-being.

The young are hardly at fault for the barriers to their development. In most countries, their numbers compound challenges in escaping violence, in finding dignified work, or in gaining access to decent schooling and youth-friendly health services, including reproductive health and family planning services.



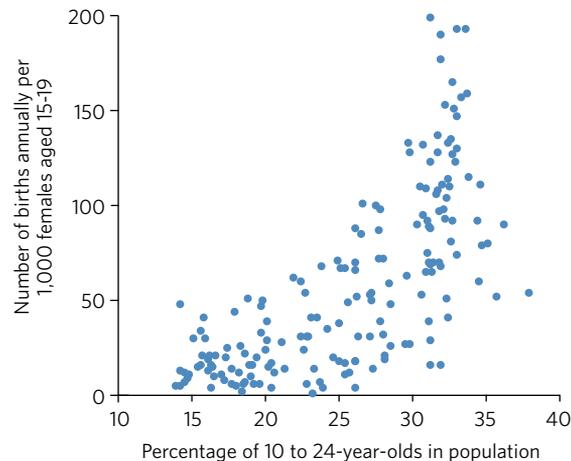
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For millions of young women and adolescent girls, these barriers to development are connected in part to their low status in their homes and communities and to their lack of access to the means to decide freely whether, when or how often to become pregnant. Improved reproductive health and increased access to contraception information and services would offer some of the best hopes for removing the barriers that prevent young people from reaching their full potential and contributing

fully to the communities in which they live. Among the most promising strategies for spurring national development and improving the prospects of young people are energetic and well-timed investments in education, health—including sexual and reproductive health—and women’s status. These investments are not only essential to enable young people to enjoy their rights, including reproductive rights, but will also help young people realize their full potential.

ADOLESCENT BIRTH RATES ARE HIGHER WHERE YOUTH PROPORTIONS ARE HIGHER

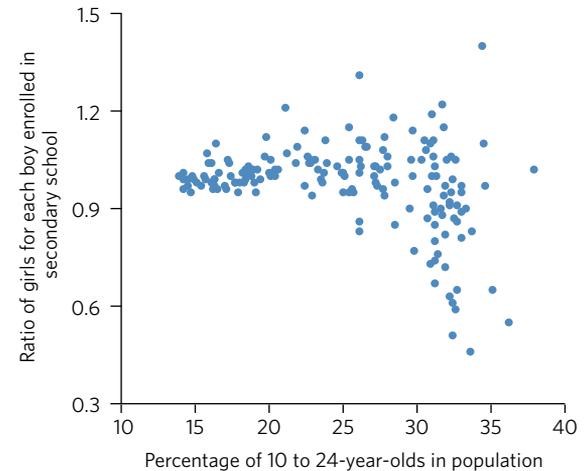
Birth rates among 15 to 19-year-old girls and percentage of 10 to 24-year-olds in populations, 177 countries



GENDER GAPS IN SECONDARY EDUCATION TEND TO BE LARGER—IN BOTH DIRECTIONS, BUT GENERALLY FAVOURING BOYS—WITH LARGER YOUTH PROPORTIONS

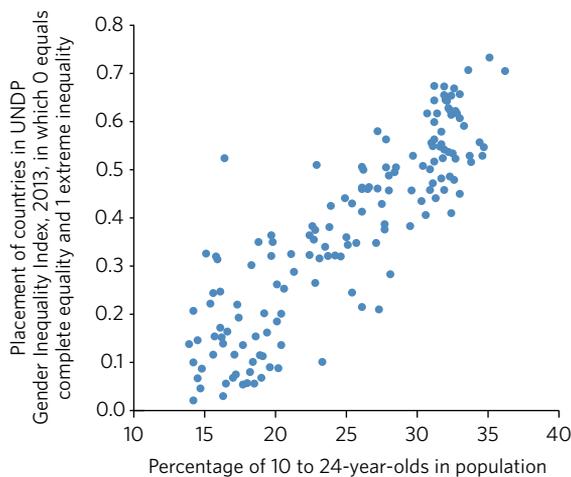
Gender gaps in secondary school enrolment, 168 countries, 2008-2013

(Note: 1=parity. Greater than 1 means more girls than boys enrolled. Less than 1 means more boys than girls enrolled.)



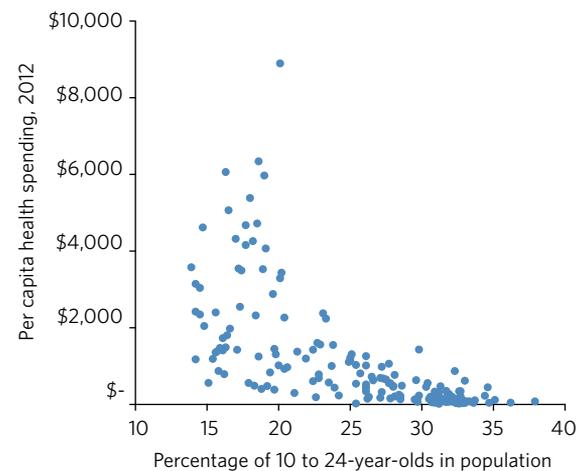
GENDER INEQUALITY CLOSELY TRACKS PROPORTION OF YOUTH POPULATIONS

UNDP Gender Inequality Index and proportion of young people in populations, 152 countries



HEALTH SPENDING IS LOWEST IN COUNTRIES WITH THE HIGHEST YOUTH PROPORTIONS

Per capita health expenditures (public and private), 2012, and proportion of young people in population, 178 countries



The demographic dividend is the economic growth potential that can result from shifts in a population's age structure, mainly when the share of the working-age population (15 to 64) is larger than the non-working-age share of the population.



Young people and the demographic dividend

Many of the countries with the largest portions of youth today are among the poorest in the world, but they are also on the cusp of the demographic transition that can yield a demographic dividend. Transition begins as fertility and mortality rates start to fall, leaving fewer dependents. More people, proportionally, are in the workforce. The dividend comes as resources are freed for economic development, and for greater per capita spending on higher quality health and education services. Economic growth takes off. A virtuous cycle begins where capabilities and opportunities continuously expand.

Key actions to realize a demographic dividend



Increase investment in young people's human capital



Expand access to contraception



Increase opportunities for employment



Improve access to financial systems

The size of today's youth population may seem daunting for policymakers and government institutions charged with providing or paying for education, health and other services. Countries with limited resources or weak economies face additional challenges of meeting the rapidly growing demand for jobs and income-earning opportunities for the millions who are approaching working age.

When considered solely as a monolithic large number, young people may be improperly perceived by some as a drain on the national economy, on households or on health and education systems.

But, when viewed as a font of untapped or unrealized potential, today's youth cohort can only be seen as a resource, an asset, a force for economic and social progress and transformation.

Recent shifts in the age structure towards younger populations present an unprecedented opportunity to catapult developing economies forward. The "economic miracle" experienced by East Asian economies could become a reality for many of today's poorer countries, particularly in sub-Saharan Africa. But, such economic change depends on how well countries create an enabling environment for growth, and more importantly, on how well they create conditions for young people to make a safe and healthy transition from adolescence to adulthood, acquire the skills they need to find good jobs

and succeed in a dynamic economy, enjoy their rights and realize their full potential.

Policies that empower young people, coupled with efforts to actively engage them in decisions that affect their lives and shape their future can mean the difference between a demographic trend that weighs economies down and one that buoys them—through a demographic dividend.

From demographic transition to demographic dividend

The demographic dividend is the economic-growth potential that can result from shifts in a population's age structure, mainly when the share of the working-age population, 15 to 64, is larger than the non-working-age share of the population, 14 and younger or 65 and older (Bloom et al., 2014). That potential can be enormous, provided supportive economic policies are in place and investments in human capital, particularly of young people, are substantial and strategic. Without a solid economic and policy framework to back it up, the demographic dividend may not be fully realized.

For a country to realize a demographic dividend, it must first undergo a demographic transition, which means a shift from high fertility and mortality to low fertility and mortality.

During the early stages of the demographic transition, mortality rates among children fall, mainly because of interventions such as safe water and sanitation. Better health for children improves the chances for their survival.

The immediate effect of fewer child deaths is a larger cohort of children. When this occurs, households devote more of their resources to feeding and clothing their children and keeping them healthy, diverting resources that could be used to start up small businesses, expand agricultural production or invested in other ways. It also

"Despite the 'information explosion,' youth seldom get access to relevant and reliable information."

Saket Mani, India



means governments need to devote more national resources towards services such as primary education and health, sometimes at the expense of investments that could otherwise support economic development.

When child survival improves, parents typically feel more confident about having smaller families, and this contributes to a gradual reduction in fertility rates, the next stage of the demographic transition. Fewer children mean more resources are available to invest in ways that can raise household income over the long term.

Over time, the children born during the early stage of the demographic transition mature and reach working age. When the share of the population that is of working age rises and begins earning an income, there is greater per capita economic output or income.

Meanwhile, as fertility rates fall, more women are able to participate in the labour force. Bloom et al. (2014) say that "...fertility declines are potent drivers of economically consequential changes in the age structure of the population."

The pivotal moment in the demographic transition is when the labour force grows more rapidly than the population dependent on it, freeing up resources for investment in economic development and in the household. And, when there are fewer people to support, a country has an opportunity for rapid economic growth, provided the right social and economic policies and investments are in place. (Lee and Mason, 2006). These forces and trends together can constitute a demographic dividend. The magnitude of that dividend depends on governments' policy and economic responses: Emerging cohorts of working-age youth can represent great economic potential, but only if families and governments adequately invest in their health and education and stimulate new economic opportunities for them (Gribble and Bremner, 2012).



Students at a technical and vocational education training, led by UNFPA, brainstorm ideas on what an ideal youth development centre would look like.

© UNFPA/Dustin Barter

This period during which a demographic dividend may be realized can be long, lasting five decades or more, but eventually lower fertility reduces the growth rate of the labour force, while continuing improvements in health result in longer life expectancies and corresponding growth of the elderly population (Lee and Mason, 2006).

The majority of research on the demographic dividend is based on an analysis of dependency ratios, measuring the share of the population that is of working age compared to the share that is of non-working age. A more nuanced analysis of the dividend, however, is possible by drawing on data on average consumption and earnings by age group in a country and combining it with the population structure of that country. This provides a detailed picture of net transfers and the number of workers needed to support each consumer in a given setting at a given time (Lee and Mason, 2011).

Drivers of the dividend

According to Bloom and Canning (2011), the demographic dividend results from “accounting” and “behavioural” effects. One accounting effect is the swelling of the working age population after a baby boom. The other accounting effect is the fact that “working age” coincides with the prime years for savings.

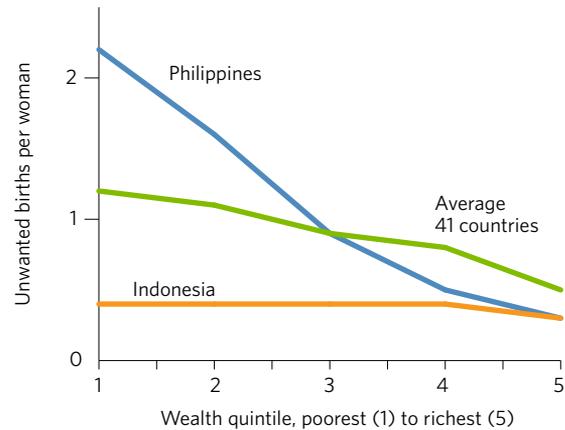
Behavioural effects are the rise in women’s workforce activity as fertility declines; the further boost to savings that occurs as the incentive to save for longer periods of retirement increases with greater longevity—sometimes called the “second demographic dividend” (Lee and Mason, 2006); and the use of the increased savings to invest in human and physical capital, infrastructure and technological innovation. This last effect is shaped by how conducive the policy environment is to channeling savings into investments for economic growth.

Some aspects of the demographic dividend may arise simply as a result of the arithmetic truth that, over time, lower fertility decreases the numbers requiring livelihoods and other resources. This can result in a substantial reduction in poverty in low-income countries, with the extent of the reduction depending on the policy frameworks. It may also increase per capita resources available for investments in young people’s health and education, which can accelerate economic growth, and for investments in physical capital, research and development and infrastructure, which may contribute to jobs growth.

Lower fertility: the start of the demographic transition

Globally, fertility rates have been dropping since the 1950s, from an average of six children per woman to about 2.5 today. In a number of countries, fertility rates remain high, delaying a demographic transition that could pave the way for a demographic dividend.

UNWANTED BIRTHS ARE MORE COMMON AMONG THE POOR, AND VOLUNTARY FAMILY-PLANNING PROGRAMMES CAN REDUCE THE GAP



Source: Gillespie et al. (2007)

Decades of research has shown that women in developing countries generally have more children than they desire. One explanation for the inconsistency between desired and actual family size is the lack of access to a reliable supply of quality contraceptives and voluntary family planning services. Hundreds of millions of women in the developing world have an unmet need for modern contraception. Access has been limited for a range of economic, social and geographic reasons (UNFPA, 2012). Young people, particularly adolescents, routinely encounter obstacles to accessing contraception.

Expanding access to contraception and information, including comprehensive sexuality education, can lead to lower fertility rates. When women have the power, the means and the information to decide freely whether, when or how often to have children, they choose to have smaller families.

Increasing access to voluntary family planning programmes can help reduce the unmet need for

contraception and accelerate the pace of fertility decline, although the unmet need for contraception often rises in the early stages of fertility decline, as increasing numbers of women become more aware of the possibility of exercising control over their childbearing (Bongaarts, 1997).

Empowering individuals to freely decide on childbearing requires a set of policies that respect human rights and freedoms, and assure access to sexual and reproductive health care, education beyond the primary level, and the empowerment of girls and women (UNFPA, 2012). Lower fertility is linked to women's labour-force participation and earnings, contributing to the demographic dividend (Bloom et al. 2009; Schultz, 2009; Joshi and Schultz, 2013). It also enhances the life-chances of their children.

Having easy access to affordable and quality contraception is an enormous step forward in enabling women to exercise their reproductive rights (UNFPA et al., 2013). It also enhances the health of women and their children and helps build human capital among women, especially those who are poor or

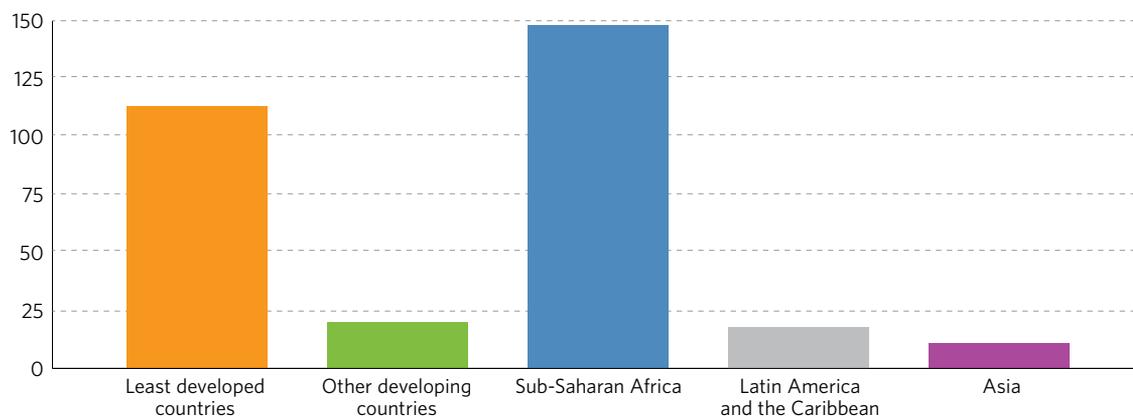
less-educated, and increases their income-earning capacity. This contributes to the demographic dividend not only by reducing fertility, but also by building human capital.

Lower fertility is also associated with improvements in maternal health, by reducing the number of times women are exposed to the odds of dying in childbirth. Maternal mortality is a major cause of death for young women in high fertility settings (World Health Organization, 2011). Moreover, women's mortality risk remains elevated long after childbirth: a study in Bangladesh found that it is nearly twice as high as normal for up to two years after childbirth (Menken et al., 2003). Child mortality and stunting is also higher if births are spaced less than two years apart, and the outcomes are most negative for adolescent mothers (Cleland et al. 2012, Finlay 2013).

Ensuring young women's access to voluntary family planning has the greatest impact on educational attainment and lifetime earnings. Women who start childbearing early, especially during adolescence, pay

THE WORKING-AGE POPULATION IS POISED TO MORE THAN DOUBLE IN THE LEAST DEVELOPED COUNTRIES, ESPECIALLY IN SUB-SAHARAN AFRICA

Per cent change in the working-age population (ages 15 to 64), between 2015 and 2050



Source: United Nations (2013)

the highest wage penalty for childbearing. Miller (2010) found that young women who were given access to voluntary family planning were more likely to work in the formal sector. The negative effect of family size on women’s labour-force participation in the United States is strongest among poorer and less-educated women (Angrist and Evans, 1998).

Similar findings emerged from other studies using data both from Sweden and the United States. Analyses of policy-induced variation in access to the means of controlling the timing of births in these countries indicate that expanded access to such services was found to reduce births, especially among adolescents and poorer or less-educated women (Kearney and Levine, 2009; Bailey, 2012). This allowed them to invest in their careers and increased their labour-force participation and earnings (Bailey, 2012; Ragan, 2013). Increasing women’s ability to plan their births was also associated with substantial improvements in their children’s education

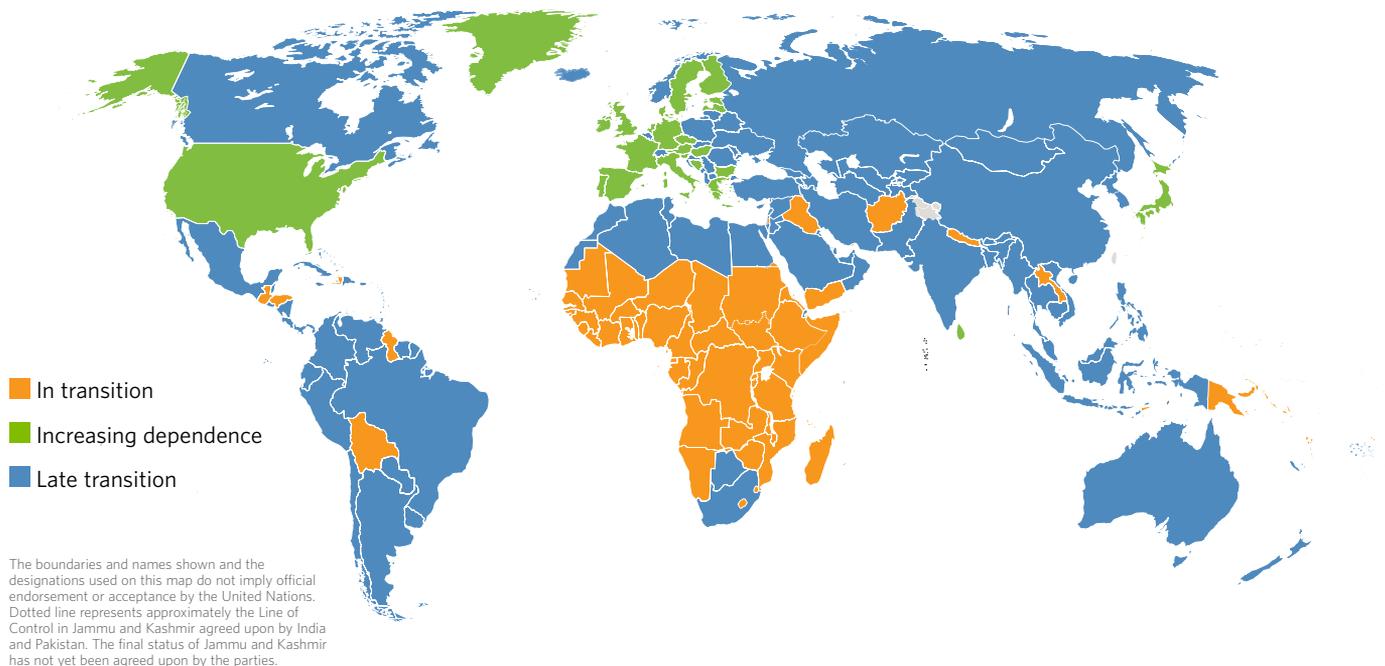
and socio-economic success and eventual wages (Madestam and Simeonova, 2013; Rotz, 2013).

Family size also affects investment in children. Studies in China and India found that lower fertility is associated with better child health and schooling (Rosenzweig and Wolpin, 1980; Rosenzweig and Zhang, 2009). Miller (2010) concluded that family planning may be “among the most effective (and cost-effective) interventions to foster human capital accumulation.”

Lower fertility has also been shown to mitigate the shortage of land and jobs in poorer countries (Das Gupta, 2014). Land scarcity is acute in large parts of Asia. In sub-Saharan Africa, available cropland per person engaged in agriculture decreased by 40 per cent between 1960 and 2003, fueling expansion into fragile lands (World Bank, 2007) and rapid urbanization (Soucat and Ncube, 2014; UNICEF, 2014).

As for needed job growth, the World Bank (2012) estimates that maintaining the 2005 levels

THREE GROUPS OF COUNTRIES AND THE DEMOGRAPHIC TRANSITION



of employment of the working-age population in 2020 will *require generating an additional million jobs a month* in South Asia and East Asia, and a 50 per cent increase in the number of jobs in sub-Saharan Africa. This pressure will be eased in Asia due to fertility decline (UNICEF, 2014).

Research by Ashraf et al. (2013) shows that in Nigeria, a slight decline in fertility would raise output per capita by 5.6 per cent at a horizon of 20 years and by 11.9 per cent at a horizon of 50 years.

Kelley and Schmidt (2005) and Weil and Wilde (2009) show that population growth can have a negative impact on per capita GDP growth and can actually *reduce* income per capita in poor countries that are heavily dependent on agriculture, or on mineral or energy exports.

How big will the dividend be?

The extent to which an increase in per capita resources resulting from fertility declines translate into higher living standards depends on policy settings. With good policy management and investment in physical and human capital, the additional resources could be used to transform economies, now and well after this window of opportunity has closed, as experienced by a number of East Asian countries between the 1960s and 1990s.

Bloom et al. (2014) suggest that the dividend accounts for up to one third of the rise in income in East Asia between 1965 and 1995. In 1995 international dollars, annual income per capita in the region (China, Hong Kong SAR, Japan, Republic of Korea and Singapore) more than quadrupled from \$2,296 to \$9,777. The demographic dividend accounts for between one third and one half of this increase, amounting to between \$2,500 and \$3,740 per person, per year.

The region had the fastest and most pronounced demographic transition in history (United Nations, 2013). The ratio of working-age to non-working-age



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population began to soar in East Asia in the 1980s. Today, East Asia has about 2.4 workers for every non-worker (Bloom et al., 2014). About two percentage points of annual per capita income growth in East Asia over the past few decades can be attributed to its shifting demographics.

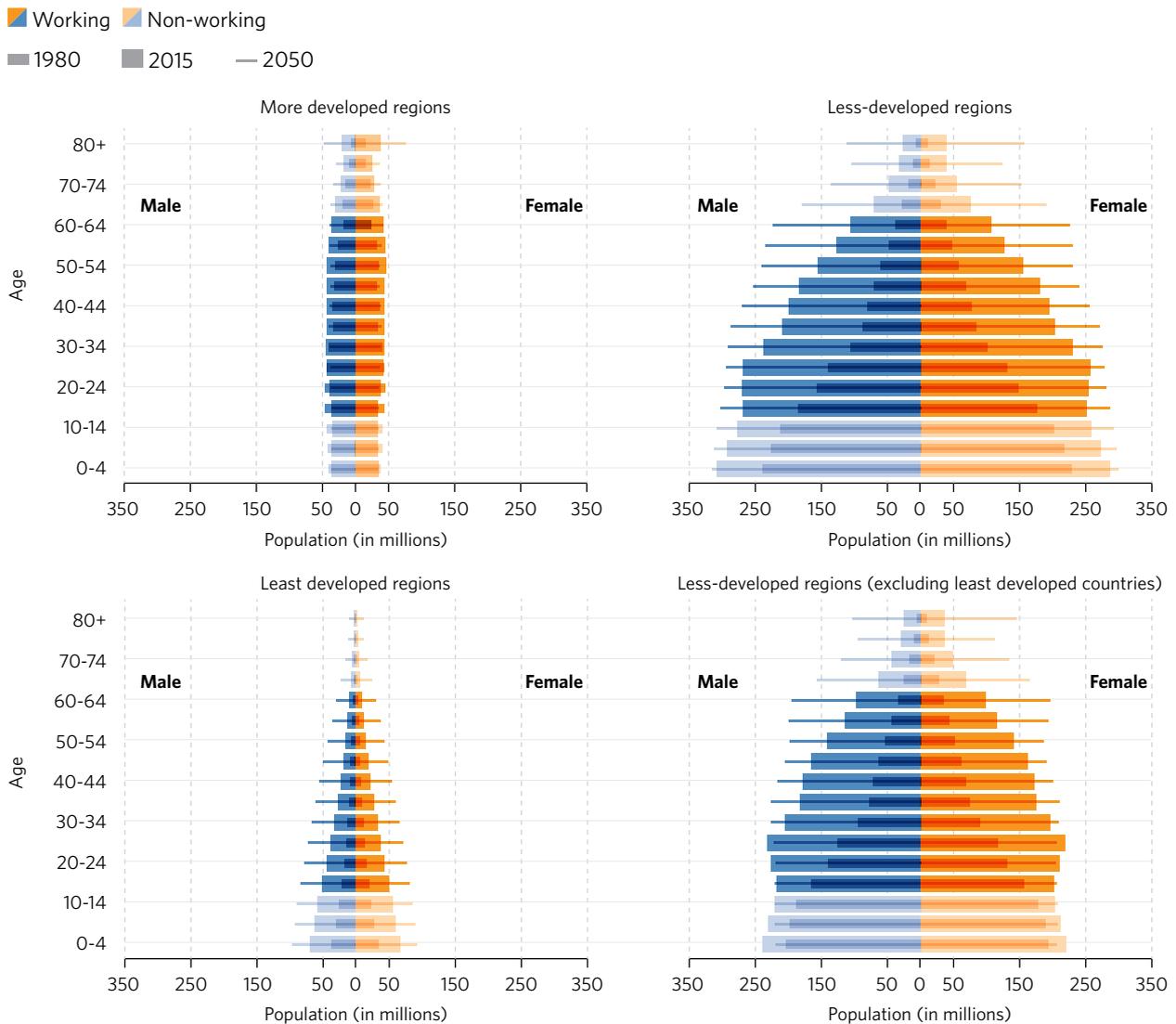
While East Asian economies continue to reap the benefits of a demographic dividend, sub-Saharan Africa has not yet experienced a dividend; however, some countries in the region have had fertility declines and thus may be soon be in a position to benefit from a dividend, provided that the right policy and economic frameworks are in place.

East Asia and sub-Saharan Africa had about the same fertility rates in the 1970s. While the rate plummeted in East Asia, it declined slowly in

sub-Saharan Africa, which meant that the ratio of working-age to non-working-age people rose slowly and then only in the 1990s. This means that sub-Saharan Africa has had a “fairly high burden of youth dependency, due to a long history of consistently high fertility,” according to Bloom et al. (2014). Today, sub-Saharan Africa has 1.2 workers for every non-worker.

The experiences of Indonesia and Nigeria are a useful case study about the relationship between a demographic transition and a demographic dividend. In 1960, both countries had similar ratios of working-age to non-working-age populations. Soon afterward, Indonesia’s fertility rate began dropping; Nigeria’s did not. As a result, Indonesia’s working-age to non-working age population ratio

CHANGING POPULATION AGE STRUCTURES



Source: United Nations, Department of Economic and Social Affairs, Population Division (2013). World Population Prospects: The 2012 Revision.



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surged, while Nigeria's has only recently begun to rise, due to a gradually decreasing fertility rate. Partly as a result of these trends, Nigeria had a slightly higher GDP per capita than Indonesia in 1960 but today has per capita GDP that is about half of Indonesia (Bloom et al., 2014).

The British Council and the Harvard School of Public Health (2010) found that with increased investment in human and social capital in Nigeria, GDP could rise an additional two percentage points by 2030, lifting 2.3 million people out of poverty. Over the next generation, Nigeria's demographic wave, if accompanied by the right policies and investments, could also treble per capita incomes in a generation. A report by the World Economic Forum (2014) stated that Nigeria's GDP per capita would be almost 12 per cent higher by 2020 and 29 per cent higher by 2030, simply as a result of demographic shifts and increases in life expectancies.

If countries in sub-Saharan Africa make the right human capital investments and adopt policies that expand opportunities for young people, their combined demographic dividends could be enormous: at least \$500 billion a year, equal to about one third of the region's current GDP, for as many as 30 years.

The size of the dividend could be even larger, depending on how rapidly fertility rates fall and the extent to which governments invest in young people's human capital. The region stands to reap the benefits of a demographic dividend much as East Asia did. Sub-Saharan Africa could thus experience an economic miracle of its own.

Young people, human capital and the demographic dividend

Investing in young people's schooling and health not only improves their immediate well-being, but also their employability, productivity and earnings

IF IT'S NOT A TAILWIND, IT'S A HEADWIND: THE DEMOGRAPHIC DIVIDEND IN THE PHILIPPINES, THAILAND AND THE REPUBLIC OF KOREA

Fertility decline is often seen as providing a “tailwind” in support of policy reforms for economic growth by reducing dependency ratios, but goes much further than that by reducing the “headwinds” of population growth that constrain economic growth.

In 1950, the Philippines, Thailand, and the Republic of Korea had similar total populations, each between 19 and 20 million. Fertility declines were earliest and steepest in the Republic of Korea, followed by Thailand. Declines were slower in the Philippines. Today, populations in the Republic of Korea, Thailand and the Philippines are about 50 million, 67 million and 101 million, respectively.

In the 1960s and 1970s, most East Asian countries launched or expanded family planning programmes. In 1962, the Republic of Korea, for example, started its national family planning campaign, which included provision of maternal and child health services, as well as supplies and information.

Between 1950 and today, the Philippines experienced 320 per cent growth in the numbers of children who need schooling and health and who will need jobs in the future. It also experienced 549 per cent growth in the number of working-age people needing jobs now. The total population requiring food, services, jobs, and basic infrastructure will have grown 750 per cent by 2050—a substantial headwind.

In contrast, the fertility decline in the Republic of Korea and Thailand gave them a tailwind for economic growth, with far more resources per capita for investing in human capital, in economic growth, and thereby raising living standards.

The experience of these countries also illustrates the importance of differences in policy settings, as well as in investments in the social sectors, especially education. Thailand and the Republic of Korea differ modestly in their trends in dependency ratios, compared to their pace of growth in GDP per capita. The latter’s better policy and institutional settings obtained far higher growth in GDP per capita during its demographic window of opportunity. The former had slower growth.

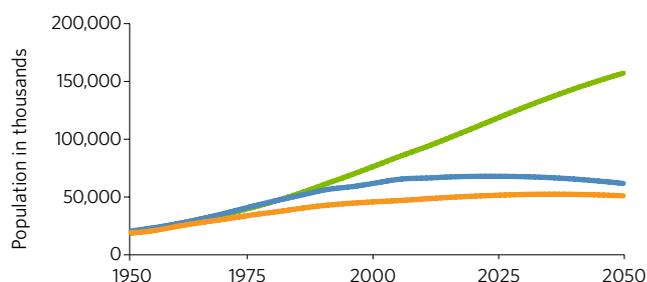
In 1950, estimated GDP per capita in the Philippines was \$1,070, compared to the Republic of Korea’s \$854 and Thailand’s \$817. By 2008, this had grown about 170 per cent in the Philippines, 2,200 per cent in the Republic of Korea and 970 per cent in Thailand (Maddison, 2010).

1950 TO PRESENT

| | Philippines | Thailand | Republic of Korea |
|--|-------------|----------|-------------------|
| Per cent change in child population (less than 15 years old) | 320 | 35 | -13 |
| Per cent change in working age population (ages 15 to 64) | 549 | 332 | 245 |
| Per cent change in total population | 448 | 227 | 159 |

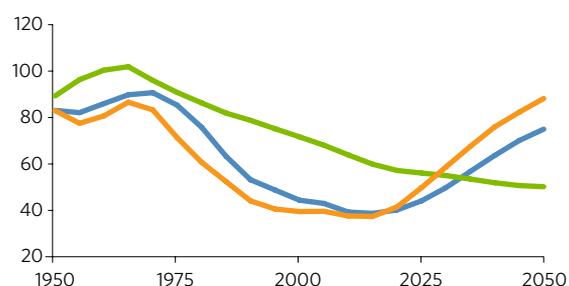
■ Philippines ■ Thailand ■ Republic of Korea

TOTAL POPULATION 1950 TO 2050 (THOUSANDS)



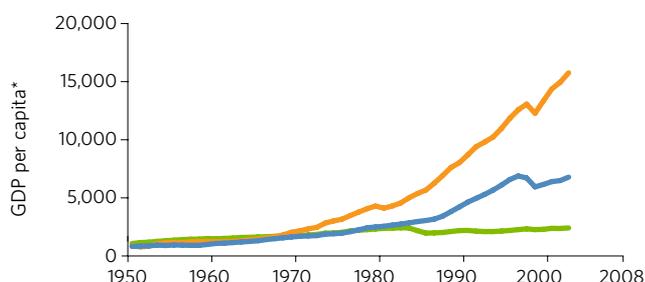
Source: United Nations (2013)

TOTAL DEPENDENCY RATIO 1950 TO 2050



Source: United Nations (2013)

GROWTH IN GDP PER CAPITA 1950-2008



Source: United Nations (2013)

* Data in 1990 G-K dollars

(UNFPA et al., 2013). This is true regardless of whether they work in farming, non-farm enterprises, or in formal sector employment.

Preventive public health services are essential especially for youth. The importance of maternal and child health services is well-recognized, but far more attention needs to be paid to reducing exposure to infectious and parasitic diseases, which stunt children's physical growth as well as cognitive development, with long-term consequences for educational attainment and subsequent earnings (Alderman et al., 2006). Preventive public health services were at one point the top health policy priority in countries such as the Republic of Korea, which has realized its demographic dividend.

Universal access to primary education for children is a basic step of development policy, and high coverage of secondary schooling improves the livelihood prospects of youth. However, many countries obtain low quality schooling for the budgets they allocate, because of poor governance of the education sector (World Bank, 2011; Filmer and Fox, 2014:10). Also important is vocational training to prepare youth for various levels of skill (high and lower), that can serve them well whether in home-based enterprises or in the formal sector. Education and training policies need to focus on easing the school-to-work transition and to prevent labour market mismatches (International Labour Organization, 2013).

Maximizing the dividend

Investment in adolescents and youth, the realization of sexual and reproductive health and reproductive rights and the promotion of gender equality are important but by themselves insufficient to realize a demographic dividend.

Economic policies also play an important role. The World Bank (2013) says the “policy environment must be conducive to growth. That requires attending to macroeconomic stability, an enabling

business environment, human capital accumulation, and the rule of law.” Achieving this optimal policy environment can seem daunting for many developing countries. Even some developed and middle-income countries are not in a position to meet all these standards at the same time.

The experience of countries that have developed more recently indicates that appropriate policy formulation can and should proceed gradually, starting by focusing on areas that will expand employment and increase the living standards of broad sections of the population and gradually moving up the production chain. This has been the model used across East Asia.



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Expanding opportunities for livelihoods

Expanding livelihoods and employment opportunities for youth requires a number of approaches. Since the estimated proportion of the population living in rural areas is very high in the developing world—71 per cent in the least developed countries, 68 per cent in South Asia, 63 per cent in sub-Saharan Africa, and 49 per cent in East Asia—effort needs to go into expanding livelihoods in rural areas in agriculture, small enterprises and formal sector employment.

The non-agricultural labour-force is growing much more rapidly than the agricultural labour-force (UNFPA, 2011). The greatest potential for job creation and raising productivity and living standards lies in expanding formal-sector employment, especially in the manufacturing sector, which can absorb a large amount of semi-skilled labour. This is because the demand for manufactured goods has far greater potential for growth in global markets than that for agricultural produce. The manufacturing sector offers large-scale job opportunities for young people who may have limited schooling, while helping countries reap more of the demographic dividend by using the available labour force in more productive jobs.

The policy settings and infrastructure requirements for expanding opportunities in agriculture and small enterprises are far less demanding than those for moving the majority of the population quickly into formal-sector employment. Some basic institutional arrangements, such as secure property rights and savings systems that can also be tapped for credit, are needed. Countries can take steps to expand livelihood opportunities for the majority of their young populations—their rural and urban poor—while they gradually establish full-fledged business-friendly environments along the lines of developed economies.

Increasing the productivity of small-scale and micro-enterprises is critical in rural areas, where people are increasingly dependent on them to supplement and diversify their income (World Bank, 2013). Partly because of population growth, the average farm size has shrunk to 1.2 hectares in Asia and 1.8 in sub-Saharan Africa (World Bank, 2013). This can do much to enhance employment opportunities for the growing number of rural youth, while also harnessing their energies more effectively to reap the demographic dividend.

Meanwhile, growing numbers of urban poor also depend heavily on micro-enterprises. Population growth and climate change are pushing people out of the rural areas in sub-Saharan Africa, contributing to rapid urbanization (Soucat and Ncube, 2014). Slow growth in formal sector employment expands the numbers dependent on the informal economy (Filmer and Fox, 2014).

The formal sector offers far greater scope for creating jobs and raising incomes for young people, with far higher value added per worker. This is especially the case with the manufacturing sector, which can produce for world markets, absorb large numbers of semi-skilled workers and create opportunities for young people to benefit from globalization.

Countries such as the Republic of Korea focused on lower-end manufacturing in the 1960s and 1970s, while building skills and policies to expand into higher-end manufacturing and services. Vietnam moved from exporting primary produce to manufacturing for foreign companies, such as Samsung. This created jobs for semi-skilled laborers, whose primary schooling enabled them to follow instruction manuals.

The state can make an enormous difference in employment generation and in the productivity of rural enterprises, which can provide important income-earning opportunities for young people. Meanwhile, basic infrastructure, such as all-weather roads, is needed, as are rural credit schemes and reliable electricity supplies.

The state can help to generate livelihood opportunities on a larger scale, as illustrated by two quite different examples—that of the dairy industry in India (Kurien, 2007) and of the township and village enterprises that flourished in China from the 1980s to the mid-1990s (Xu and Zhang, 2009). Starting in 1970, India's National Dairy Development Board vastly expanded jobs in both rural and urban areas by selling milk donated by European countries and used the proceeds to finance the establishment of a large milk industry based on a network of dairy cooperatives. By the late 1990s, milk production had quadrupled, and there were 11 million members of these dairy cooperatives, and many more millions employed in the manufacture and sale of milk products (Kurien, 2007). China's village enterprises employed people in villages and small towns by creating manufacturing enterprises that produced a wide range of products for local consumption and export (Xu and Zhang, 2009). In 1995, the village enterprises were contributing 37 per cent of China's GDP, more than its state-owned enterprises (Xu and Zhang 2009).

Access to banking and credit

Improving access to financial services is essential. Poor people have limited access to formal financial institutions, for reasons including physical distance, inability to meet the requirements to qualify for an account, and complexities of the paperwork. Only 11 per cent of adults in low-income countries report they saved at a bank, credit union, or micro-finance institution in 2011 (World Bank, 2014).

Some institutions offer lower barriers to entry than banks. For example, post offices provide accounts to the poor, less-educated individuals and the unemployed (Anton et al., 2013). These other institutions are often authorized to transfer remittances from family members living elsewhere or to process government transfers. They can also partner with other financial institutions to increase their account penetration. In Brazil, banks and financial institutions have partnered with retail establishments, the post office network and lottery agencies (World Bank 2014).

New technologies such as mobile phone payment services enable the poor to access some low-cost financial services. M-PESA in Kenya, for example,



"Myself and other young people definitely need greater access to funding opportunities targeted at spearheading/ supporting grassroots NGO movements and community based initiatives."

Victoria Melhado, Jamaica



© Marc Shoul/Panos

offers individual electronic accounts which can be used to receive money, make payments, and withdraw cash from a network of retail stores (Mas and Radcliffe, 2011). Young people rely heavily on these new technologies.

Access to financial institutions encourages saving and expands access to credit. However, accessing credit through formal financial institutions is much more complicated for young people, who typically have little collateral or have no proven creditworthiness (World Bank, 2014).

Indigenous systems of rotating savings and loans reduce the risk of default through intimate knowledge of their members' creditworthiness. This works especially well in rural areas, where kinship and social networks also make it hard to default on loans. In Cameroon, the system also worked in urban areas, but relied on confiscating the property of a defaulting member (van den Brink and Chavas, 1997).

Community-based savings methods, such as savings clubs, are also common. In sub-Saharan Africa, 19 per cent of adults reported they had used them in 2011 (World Bank, 2014). These also have the potential to help young people establish a small enterprise, while benefitting from the mentoring and access to information that come from being a member. Formal micro-finance institutions such as the Grameen Bank rely on local knowledge of creditworthiness and social pressure to repay loans.

Relationship lending can also be used by banks. BancoSol in Bolivia, for example, relies on a solidarity group lending strategy, whereby members organize small joint liability credit groups, and the bank lends simultaneously to all group members (World Bank, 2014).

The scope and productivity of micro- and small-scale enterprises can be vastly expanded if the state or larger entrepreneurs help with skills, ideas, and marketing.

Girls and young women, particularly those in rural areas, have especially limited access to credit, yet their needs are great. Girls drop out or leave secondary school at a much higher rate than boys in many developing countries. Leaving school early often means increased social and economic vulnerabilities including fewer job opportunities. Access to credit can therefore help girls establish livelihoods or seize other income-earning opportunities (United Nations Capital Development Fund, 2012).

A youth-friendly regulatory environment that recognizes the needs of youth, particularly adolescent girls and young women, and is inclusive and protective of youth is essential. Financial education and entrepreneurship development can also assist youth in taking greatest advantage of the financial services available. Government policies and incentives can help stimulate the financial sector to design appropriate financial products as well as innovative delivery channels, including low-cost access points such as mobile banking and school banking programmes that are accessible to young people, particularly young women.

Financial education seeks to reduce the economic vulnerability of youth by providing them with the knowledge, skills and attitudes to make wise financial decisions and counteract the negative influences on their financial behaviour (e.g., media, family and peer pressure). To improve outcomes for adolescent girls, the Population Council and MicroSave partnered with four financial institutions in Kenya and Uganda to develop, test, and roll out a programme that included individual savings accounts with no opening balances or monthly fees, weekly girls' group meetings with financial mentors and financial education. The pilot in Kenya reported positive change in social networks and mobility, gender norms, financial literacy, use of bank

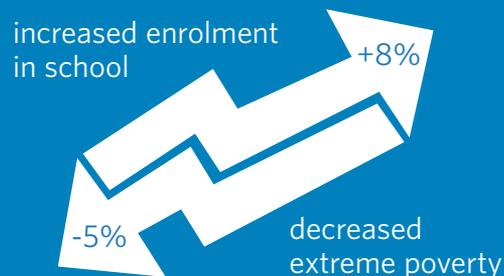
services, saving behaviour and communication with parents/guardians on financial issues (United Nations Capital Development Fund, 2012).

In 2009, XacBank in Mongolia partnered with the Nike Foundation, Women's World Banking and Microfinance Opportunities to develop a means for girls between the ages of 14 and 17 to save and build their financial literacy. A review of the initiative showed that participating girls had a "significant increase in savings knowledge and behaviour." For example, the number of girls with savings plans rose by 85 per cent after receiving financial education. All of the girls said that they were more confident asking questions at a bank and that the bank is a safe place to keep money.

Increasing access to credit for women can have an indirect benefit for girls. A World Bank study found, for example, that a 10 per cent increase in women's borrowing increases girls' and boys' schooling enrolment rates by about 8 percentage points,

FINANCIAL EMPOWERMENT

A 10 per cent increase in women's borrowing increases girls' and boys' schooling enrolment rates, while reducing extreme poverty at the household level.



while reducing extreme poverty at the household level by about 5 percentage points (Khandker and Samad, 2014).

Governance, jobs and the demographic dividend

Good policies and governance are important for creating a business-friendly environment for expanding job opportunities in the formal sector. Although many economies have grown rapidly without all the optimal conditions, sustained growth is helped by well-designed and enforced regulations, well-regulated financial institutions and instruments for raising large-scale finance, and openness to trade. Labour laws need to be flexible enough to encourage firms to expand and create jobs.

The requirements for setting up a business, meeting regulatory requirements, and paying taxes need to be transparent and easy to manage. Regulations should be enforceable without extensive delays or opacity. Slow processing by bureaucracies, corruption, and above all randomness in processing can be very discouraging for business because it greatly increases the effort and costs of doing business. Such costs are the most discouraging for smaller firms. Predictability is of the essence for a business-friendly environment, whether it is power availability or regulations.

Expanding links with regional markets is also useful. It saves transport costs and diversifies the risk of dependence on specific markets. Pending moving up the quality chain, it also enables selling



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products that are of adequate quality for consumers in lower-income countries, but not for markets in developed countries.

Some countries face specific opportunities and constraints. Those with large natural resource reserves have an easy source of income. However, the revenues may not be used to increase skills, jobs and living standards for the population as a whole. For conflict-affected countries, fragile institutions and social cohesion make it difficult to attract private investment. However, labour-intensive sectors, such as construction, can flourish in a post-conflict setting, resulting in jobs for the young and others and thus supporting economic recovery.

The costs of under-investing in young people's futures

Fertility decline in poor countries creates conditions permitting a demographic dividend that can reduce poverty and vulnerability and result in much larger gains, when strong economic policies are in place. Many factors determine whether an economy grows or stagnates, including investment in infrastructure and the business environment. However, the basic investments in young people's reproductive health and rights and in human capital are essential for expanding their opportunities.

As indicated by a recent United Nations global survey of priorities for the future, a good education is the highest priority reported among young people between the ages of 10 and 24, regardless of whether they are from a country with low or high levels of human development.

The consequences of under-investing in youth and in expanding the livelihood opportunities available to them can be manifold. Slower poverty reduction and weaker economic growth, and the human cost to individuals and households can be devastating for individuals, households and entire nations. But the ramifications can go much further.

Faced with few opportunities, young people can feel frustrated. Most youth in developing countries are exposed through the media—if not through direct observation—to images of much higher living standards. This raises their aspirations and raises their awareness of apparent large inequalities in opportunity and in wealth.

Especially if opportunities for civic and political participation are low, limited opportunities for economic advancement can lead to political instability (World Bank, 2006; UNFPA, 2010). As Albert Hirshmann (1973) argued, people's tolerance for inequality erodes the longer they face limited opportunities relative to others, and they may resort to direct action to correct manifest injustice.

Realizing the potential

A demographic dividend can drive countries' economies forward, as was seen in East Asia, where it contributed to the 6 per cent annual average growth in per capita income between 1965 and 1995. Never before in history had such a large group of countries grown their economies so fast for so long. An important feature of that seemingly miraculous wave of growth was the rapid fertility decline that paved the way for it.

The demographic dividend may be maximized through supportive policies aimed at building the human capital of young people, including adolescents. Such policies include expanding access to contraception and information so that individuals wanting to prevent a pregnancy have the power and the means to exercise their reproductive rights, creating an enabling economic environment that generates jobs and other income-earning opportunities for the current and future generations of youth and increases their access to credit, and investing in infrastructure and other sectors so that enterprises and trade may flourish.

Young people everywhere encounter social, economic and legal obstacles that impede their safe and healthy transition from adolescence to adulthood, and from school into the labour force.



Obstacles to young people's growth and potential

Despite evidence in recent years of greater attention to young people, including through successful public policy initiatives, youth as a whole still confront many obstacles that keep them from safely transitioning into adulthood and the workforce. Tens of millions do not go to school, or if they do, they miss even minimum benchmarks for learning. Employment prospects are often dismal, with jobs unavailable or poor in quality, leading to a worsening global youth unemployment crisis. Up to 60 per cent of young people in developing regions are not working or in school, or have only irregular employment.

Key challenges



In 2011, 57 million children were not enrolled in school.



Globally, 73.4 million youth between the ages of 15 and 24 are unemployed.



Only 10 per cent of young men and 15 per cent of young women know their HIV status.

When young people realize their sexual and reproductive health and reproductive rights, they are on a path to realizing their full potential as individuals and as actively engaged members of their communities and nations. Sexual and reproductive health and reproductive rights also help young people achieve important life intentions.

To be able to make the choices that promote their sexual and reproductive health and happiness, young people need support from many dimensions of their cultures and societies (UNFPA, 2013b). Each young person needs a quality education, decent work, positive participation in their communities, human rights protections and access to sexual and reproductive health information and services. Tellingly, these are the necessary ingredients not only for realization of their sexual and reproductive health and reproductive rights, but also the foundation to help each young person confront the challenges they face as they inherit responsibility for their countries' economic and social development. Yet, for hundreds of millions of young people, these basic building blocks are not in place.

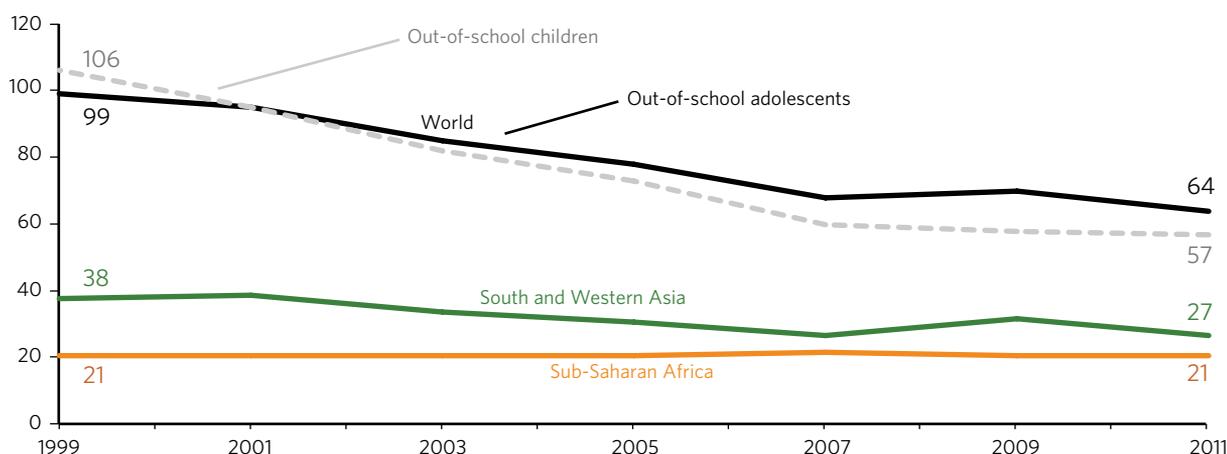
Young people everywhere encounter social, economic and legal obstacles that impede their safe and healthy transition from adolescence to adulthood, and from school into the labour force.

Millions, especially girls, still lack access to high-quality education

A good education gives young people the skills and knowledge that will enable them to mitigate reproductive health risks and exercise their rights. Staying in school means both boys and girls are less likely to have sex. The longer a girl stays in school, the greater the chances that she uses modern contraception if she does have sex, and the lower their chances of giving birth as an adolescent (Greene et al., 2014; United Nations Commission on Population and Development, 2014). The risk of HIV infection and of risky sexual behaviour



OUT-OF-SCHOOL ADOLESCENTS, BY REGION, 1999 TO 2011



Source: UNESCO (2014)

is reduced when a girl stays on through secondary school (Greene et al., 2014).

Despite all the research showing the health and other benefits of attending and staying in school, the number of children out of primary school in 2011 was still 57 million (UNESCO, 2014b). Most of these children are never expected to enrol, and in sub-Saharan Africa, most are girls. (UNESCO, 2014b). Those out of school are also from the poorest, most remote areas of their countries, and thus most vulnerable to sexual and reproductive health problems. At the secondary level, 64 million adolescents were out of school in 2011, of which 21 million lived in sub-Saharan Africa (UNESCO, 2014b).

Troublingly, poor quality deters many from going to school. Many countries still have unacceptably high pupil-teacher ratios, poorly trained teachers, insufficient textbooks, poor infrastructure, and a lack of female teachers (UNESCO, 2014b). Estimates suggest that 130 million children stay in primary school for at least four years but never achieve even the minimum benchmarks for learning.

Decent work opportunities still out of reach for young people poised to enter the labour force

The ability of young people to get decent work—critical on so many levels—underlies their ability to achieve their sexual and reproductive health and reproductive rights. The overall benefits, in the words of the United Nations Commission on Population and Development (2014), are “wealthier economies, fairer societies, and stronger democracies.” For young people, access to decent work and improved living conditions is a gateway towards empowerment, and a protective factor.



“I strongly believe I am empowered enough to stand up and pursue my dreams... and make an impact, be it political or economic.”

Malefswane Modisenyane, Botswana

Yet, young people in many countries still do not have access to a good job or hope for a useful livelihood. What the International Labour Organization (2013) terms a “global youth employment crisis” is worsening. In the world’s least developed countries, every year about 15 million young people enter a labour force in which the large majority of workers suffer from unemployment, underemployment, or vulnerable employment (UNFPA, 2011; International Labour Organization, 2011). The rate of youth unemployment worldwide remains at very high levels, both in developed and developing countries (International Labour Organization, 2013).

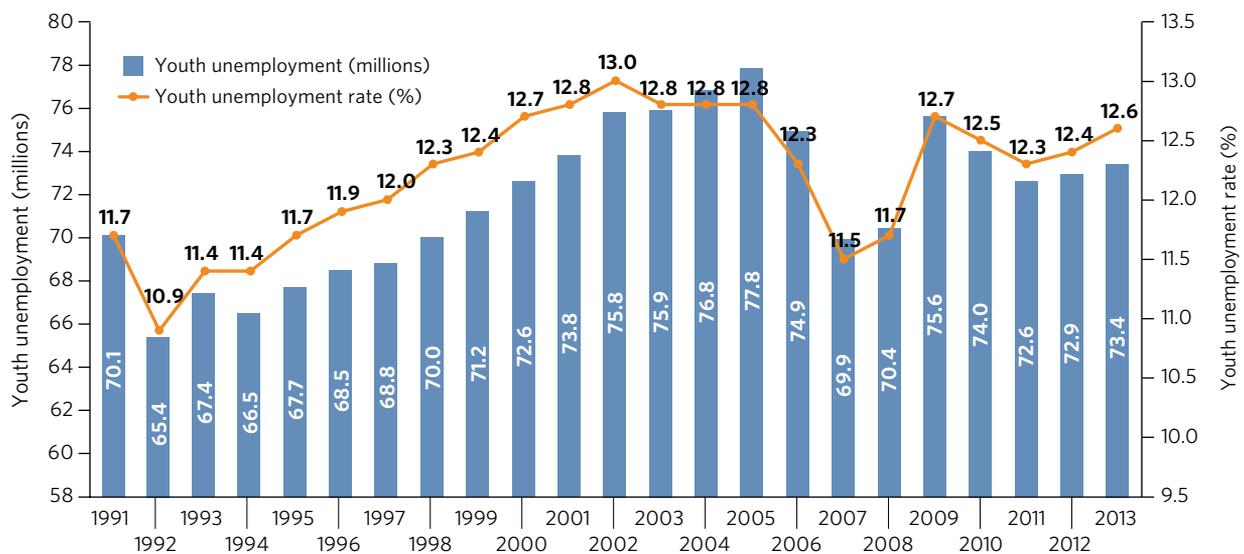
Globally, 73.4 million youth between the ages of 15 and 24 were unemployed in 2013 (about 36 per cent of the world’s 202 million unemployed people (International Labour Organization, 2013). Youth unemployment is highest in North Africa and Western Asia (United Nations, 2014b).

Unemployment in many of the poorest countries is relatively low, because these countries provide few or no unemployment benefits. Almost everyone works some kind of job, but these are typically subsistence activities characterized by very low productivity. Most jobs are in the informal sector, and many of these jobs are also hazardous and dangerous (International Labour Organization, 2011). Ominously, in 18 of 60 countries where data are available, the proportion of youth between 15 and 24 who have no job and are not in school is greater than 20 per cent (ILOStat Database, 2014).

An International Labour Organization study of 10 countries showed that young men have an advantage over young women in completing their labour-market transition. In all 10 countries, young men are more likely than young women to obtain stable employment and to find work in the formal sector (International Labour Organization, 2013).

AFTER A BRIEF RECOVERY, GLOBAL YOUTH UNEMPLOYMENT CONTINUES TO RISE

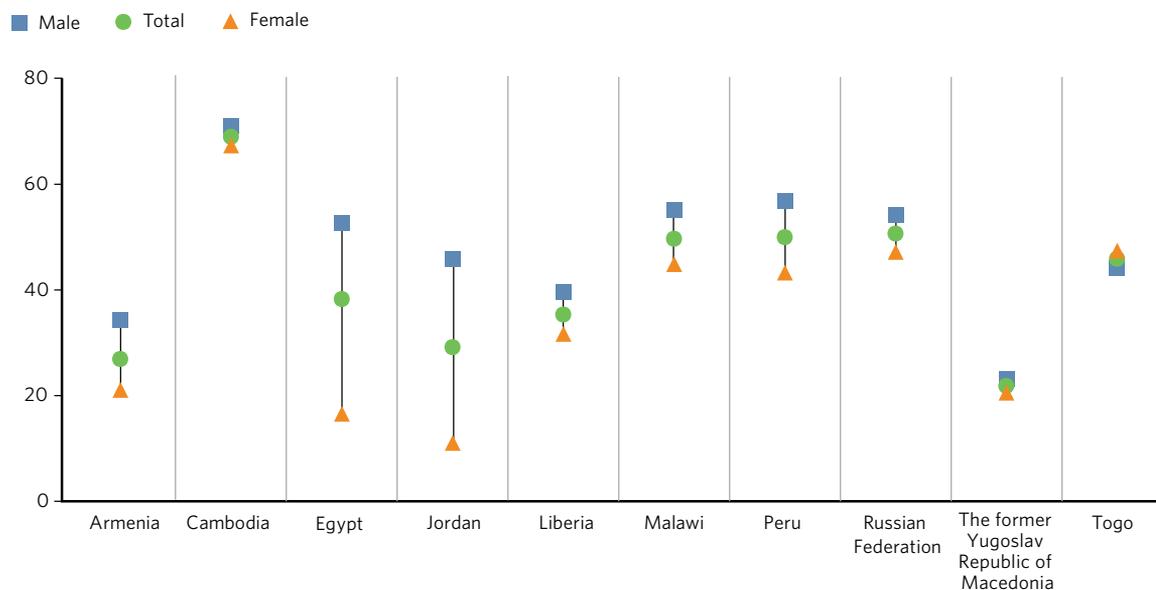
Global youth unemployment and unemployment rate, 1991-2013



Source: International Labour Organization (2013)

YOUNG MALES ARE MORE LIKELY TO COMPLETE THE TRANSITION TO STABLE OR SATISFACTORY EMPLOYMENT

Share of transited youth in total youth population, by sex (%)



Source: International Labour Organization (2013)

Exclusion, marginalization and discrimination still the norm

Starting in early adolescence, young people begin to make choices about their lives that will have a profound effect on how they navigate the transition to adulthood and who they become as adults. The older they get, the more they are able to decide and act independently.

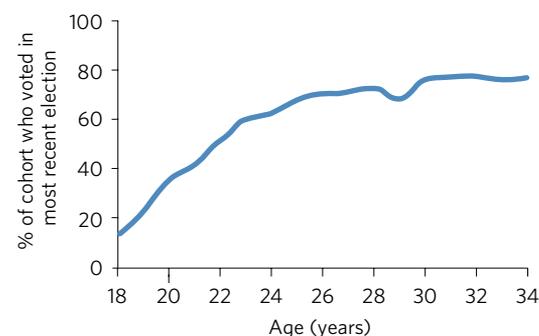
As a natural part of their development as individuals and as citizens, young people gradually gain “agency,” which is critical to their future sexual and reproductive health and reproductive rights. When young people start maturing, they need those around them with power and influence to treat them appropriately.

Yet, in many countries and many contexts, parents, families, and communities do not respect the emerging autonomy of young people, adolescents in particular. Young people are generally excluded from decision-making about the types of

programmes and policies that might best meet their needs (Department for International Development, 2010). Age of consent laws bar adolescents under 18 from getting access to needed reproductive health services and information (Coram, 2014d).

Young people whose gender identity falls outside the norm face discrimination in many countries (Pan

AS THEY GET OLDER, YOUNG PEOPLE INCREASINGLY ENGAGE AS CITIZENS



Source: Filmer and Fox (2014)

THE HUMAN RIGHTS OF ADOLESCENTS AND YOUTH

The human rights of adolescents and youth include, among others:

- Life, liberty and security
- Health
- Education
- Information
- Expression
- Association
- Freedom from discrimination
- Freedom from torture and other cruel, inhuman and degrading treatment or punishment, including sexual violence
- Consent to marriage

Source: The Universal Declaration of Human Rights

American Health Organization, 2011). Furthermore, young people themselves do not always take advantage of the opportunities for civic participation afforded to them by societies. For example, statistics show that youth are less likely to vote than older people, and that today's youth vote at lower rates than in the past (Oxford Analytica, 2014).

Millions of young people lack full enjoyment of universal human rights

The human rights that everyone is born with underpin young people's realization of their sexual and reproductive health and reproductive rights. In its 2012 resolution on adolescents and youth, the Commission on Population and Development of the United Nations urged "governments to protect the human rights of adolescents and youth to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination, and violence, and regardless of age and marital status..."

(United Nations Commission on Population and Development, 2014). These rights are not new and are already embodied in hundreds of national laws and dozens of international treaties and agreements (UNFPA, 2012b).

Despite these declarations, egregious violations of human rights continue to be the norm for many young people (UNFPA, 2013b). According to the Population Reference Bureau, an estimated 100 million to 140 million girls and women worldwide have undergone female genital mutilation and more than 3 million girls are at risk for this harmful practice each year on the African continent alone (Feldman-Jacobs and Clifton, 2014). Female genital mutilation is a reproductive health and human rights concern that has devastating short- and long-term impacts on the lives of women and girls.

Sexual and gender-based violence is one of the most prevalent human rights violations worldwide. A 2013 review by the World Health Organization estimates that 36 per cent of women have experienced intimate-partner violence or sexual violence by a non-partner, with lower rates for men (World Health Organization, 2013a). Young girls and boys are particularly vulnerable, with wide-ranging negative consequences for the health and welfare of victims. Gender-based violence takes many forms, ranging from domestic-partner violence, rape, workplace harassment, female genital mutilation, trafficking, and in the worst case, murder.

Child marriage is a human rights violation that remains commonplace in many countries and most regions worldwide—even where laws forbid it. If current trends continue, an additional 142 million girls will be married before their 18th birthday by 2020. Between 2000 and 2011, an estimated 34 per cent of women between the ages of 20 and 24 in developing regions had been married or in union before age 18; further, an estimated 12 per cent had been married or in union before age 15

(United Nations Commission on Population and Development, 2014; UNFPA, 2012a).

Human rights violations related to HIV status disproportionately affect HIV-infected young men and women, and include forced abortion and sterilization, travel and migration restrictions, criminalization of HIV transmission and exposure, drug use, selling sex or sex work, expulsion from school or a job, and mandatory HIV testing, registration, and forced treatment (UNAIDS and Lancet Commission, 2013). In sub-Saharan Africa, females 15 to 24 are twice as likely as young men to be living with HIV (UNAIDS, 2013).

Millions of adolescents and young people lack access to sexual and reproductive health information and services

Access to appropriate health information and services is at the core of the ability of young men and women to realize their sexual and reproductive health and reproductive rights. Tragically, despite all the recent attention to their needs, most adolescents and young people are still not getting what they need in the way of information and services.

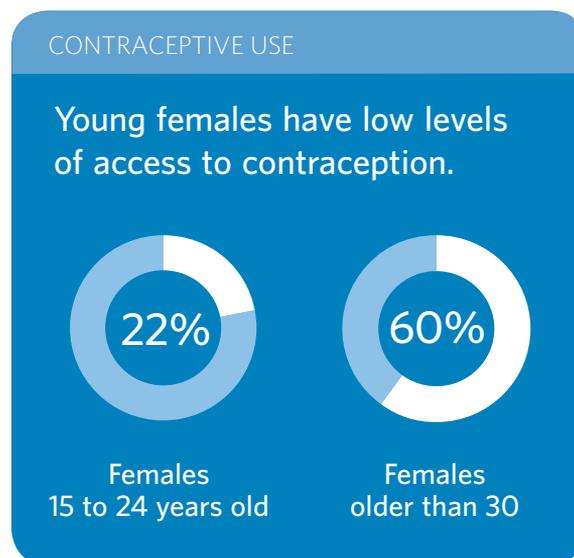
Access to quality comprehensive sexuality education remains elusive for most adolescents (United Nations Commission on Population and Development, 2014; UNESCO, 2014a). Although many countries have a comprehensive sexuality education policy and programme, most do not implement it widely or in a way that adheres to international standards (UNFPA, 2014c; UNFPA, 2013b).

A recent analysis by Anderson et al. (2013) found a wide range in the percentage of schools providing skills-based HIV education, with most countries reporting that less than half of schools provide such programmes, and many reporting coverage of less than 10 per cent. Moreover, the millions of adolescents out of school—often those boys and girls

most at risk—will not benefit from school-based sexuality education programmes. Consequently, young people still have very low levels of comprehensive knowledge about HIV or AIDS (World Health Organization, 2014c; UNESCO, 2013a). For example, the percentage of young people with comprehensive knowledge of HIV was just 39 per cent for young men and 28 per cent for young women 15 to 24 in sub-Saharan Africa (United Nations, 2014a).

To complement this knowledge, young people require a wide range of sexual and reproductive health services, including for the prevention of adolescent pregnancy, care for pregnant adolescents, HIV prevention, testing, counselling, treatment and care, the provision of HPV vaccines, and safe abortion care (World Health Organization, 2014b). Chandra-Mouli and colleagues (2014) define an accessible service as when “adolescents are able to obtain the health services that are available.”

Access to pregnancy prevention means being able to obtain contraceptive services. Yet adolescent females have low levels of access to contraception, hence their contraceptive use is only 22 per cent compared to 60 per cent for women older than 30.



"I hope to have a life where young people have access to medical services for free and all rights of the young people are respected."

Dilnoza Shukurova, Tajikistan



Emergency contraception is something that adolescents particularly need because they use relatively ineffective methods, do not use anything at all, or are more susceptible to coerced sex. Their access to emergency contraception, however, is often limited or blocked (Parker, 2005; International Consortium for Emergency Contraception, 2014).

Adolescents and young women seeking safe abortion or post-abortion care face access problems in many countries. Studies have shown that, compared to older women, younger women are more likely to wait to seek abortion, use an unskilled abortion provider or use dangerous methods to self-abort, and delay seeking care for complications (Rosen, 2009).

Many young women who do get pregnant do not use or have no access to prenatal care services (UNFPA, 2013a, Reynolds et al., 2006; Rosen, 2009). Moreover, they use prenatal care less and have fewer visits than older mothers (Guliani et al., 2014). Although the World Health Organization recommends HPV vaccinations of all girls between the ages of 9 and 13, the high price has meant that only a fraction of the hundreds of millions of eligible girls living in developing countries have access to this vaccine (GAVI Alliance, 2014).

Access to HIV prevention and care is a critical component of young people's sexual and

reproductive health and reproductive rights, particularly because young women bear the brunt of new infections (UNAIDS, 2013). Access to condoms for HIV and STI prevention is a critical prevention strategy, but too few young men and women are using them (United Nations Commission on Population and Development, 2014).

Adolescents also have significantly lower access to and use of HIV testing and counselling compared to older people, the result being that just 10 per cent of young men and 15 per cent of young women know their HIV status (World Health Organization, 2013b). Access to programmes to prevent mother-to-child transmission is also less for adolescent girls, particularly for those from key populations (World Health Organization, 2014a). Access to HIV services for key populations, such as men who have sex with men, people who inject drugs, people in prisons and other closed settings, sex workers and others who sell sex and transgender people are generally inadequate, with adolescents at even higher risk compared to their older peers (World Health Organization, 2014a).

Many studies have shown that adolescents also have less access to HIV treatment and care relative to older people (United Nations, 2014a; Kim et al., 2014). Even when they do get into HIV treatment programmes, their adherence to treatment regimens is typically lower compared to older adults (Kim et al., 2014). Even in a wealthy country like the United States, adolescents who test positive for HIV wait longer to get care compared to older people; about one third of adolescents who do enrol in HIV care programmes drop out (Philbin et al., 2014).

Underlying social, economic and legal obstacles

The yawning gap between what young people need as a basis for a safe and successful transition to adulthood and what they are getting reflects strong and persistent underlying social, economic, and legal obstacles. Some

of these barriers affect people of all ages, while others are specific to young people. All contribute to denying young people the fullest enjoyment of their sexual and reproductive health and reproductive rights.

Social obstacles

Gender norms and inequalities put girls and young women at a disadvantage

Cultures in many countries assign very different social and economic roles to young men and young women, roles which often work to the detriment of girls and young women in particular (Buvinic et al., 2007). Many of these gender inequalities explain the lack of schooling and job opportunities afforded to girls and young women and the human rights violations described above (UNFPA, 2012b; World Bank, 2011). When a young person sells sex, is of diverse sexual orientation or injects drugs, the existing power imbalances created by gender norms are exacerbated, putting young men and women at even greater risk

for sexually transmitted infections, including HIV. The ability of these “key populations” of young people to get access to available prevention strategies such as condom use, are severely constrained (World Health Organization, 2014a).

Young people, whether adolescents aged 10 to 19 or young adults aged 18 to 24, constitute a significant proportion of those engaged in selling sex, and this poses significant challenges in designing and implementing HIV programmes. Evidence suggests that as many as 40 per cent of female adult sex workers report having begun selling sex when they were 16 or younger.

The attitude of husbands, boyfriends, and other male partners who oppose their female partner’s use of contraception is a problem for women of all ages (UNFPA, 2012b). Adolescent girls face even greater barriers to negotiating contraceptive and condom use, because often their male partners are much older (UNFPA, 2013). This power imbalance can



be deadly. A study by Kelly et al. (2003) in rural Uganda found that female adolescents between the ages of 15 and 19 had double the risk of HIV infection when their sexual partners were 10 or more years older than them, compared to girls who were having sex with men closer to their own age.

When parents do not place value on educating their daughters, this is another sign of gender inequalities. In Tanzania, for example, there is evidence that higher female adult illiteracy rates correlate with the tendency of parents to devalue educating their daughters, thus perpetuating the cycle of illiteracy and lack of schooling for girls (UNESCO, 2012). As the World Bank points out in its 2012 World Development Report on gender equality, families in many societies still send their sons to school before their daughters, in part as a rational response to markets and institutions that value men over women (World Bank, 2011). A daughter who receives limited or no education will thus have fewer chances to earn a decent living in the job market, undercutting her life opportunities

and leaving her with few options outside of marriage and childbearing.

Gender norms in many societies perpetuate the image of boys and young men as violent and risk-takers, while categorizing girls and young women as submissive in their sexual relationships (Greene and Barker, 2011). These same norms can get in the way of girls being able to establish relationships with peers and older mentors, role models who are critical to them being able to navigate their teen and young adult years (Austrian, 2012). For boys, having to conform to norms of being “real men” can lead to behaviours that are detrimental to themselves and girls.

Poor communication between parents and children

Being able to talk to parents and other family members about sexual and reproductive matters is often an important way for young people to get the knowledge they need to protect themselves. Yet, this communication does not happen the way it should.

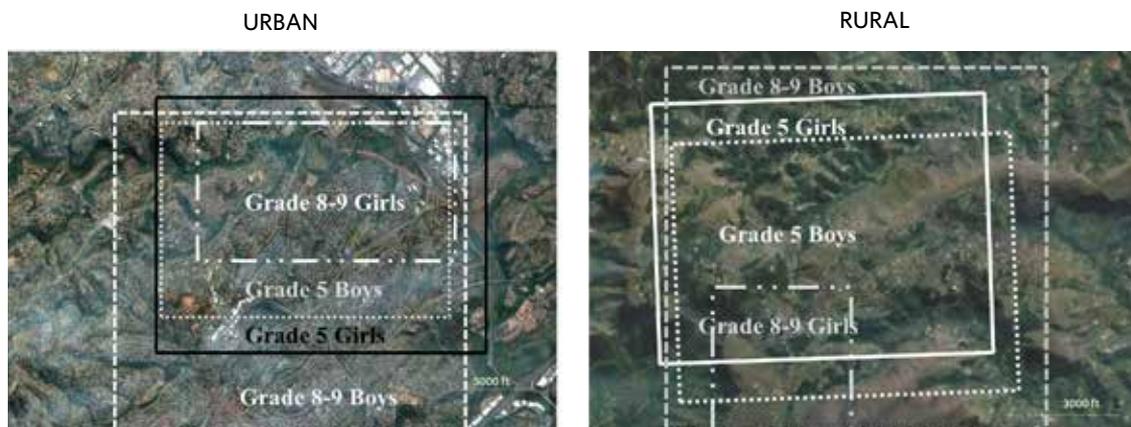


World AIDS Day, Tbilisi.

© UNFPA

AT PUBERTY, A GIRL'S WORLD SHRINKS WHILE A BOY'S HORIZONS EXPAND

A study in South Africa's KwaZulu-Natal region shows that at puberty, girls typically find their horizons shrinking. The area through which a fifth-grade girl travels from home to school and through her community is equal to or larger than the area a boy of her same age travels, whether in a rural or urban setting. But when the girl reaches eighth or ninth grade—the reverse occurs: girls remain closer to home because of concerns about safety, while boys travel farther and farther from their homes. Limited safe movement for girls can translate into fewer opportunities to complete an education, stay healthy and safe from violence and realize their full potential (Hallman et al., 2013).



Parents themselves often lack accurate information about sexuality or do not know how to talk to their children about such matters (Bastien et al., 2011).

Health workers' negative attitudes drive a wedge between youth and services

Adolescents, particularly unmarried adolescents, often face hostile and judgmental health care workers. Some may refuse to provide services, others may berate adolescents who they believe should not be having sexual relations (Chandra-Mouli et al., 2014). Moreover, despite the fact that medical guidelines put few if any age restrictions on almost all contraceptives, many providers mistakenly believe that young women should not be using long-acting methods of contraceptives. These attitudes are not limited to developing countries. A recent study of physicians in the United States found bias in the advice they give to adolescents on use of intrauterine

devices (Rubin et al., 2013). UNAIDS has identified similar health worker attitudes and practices limiting the access of young people to HIV information and services, including when workers condition access by young people to antiretroviral drugs or contraception, and chide young women living with HIV about wanting to have children at all (UNAIDS and Lancet Commission, 2013). Adolescents also often express concern that health workers fail to maintain privacy and confidentiality with regard to their use of sexual and reproductive health care (World Health Organization, 2012).

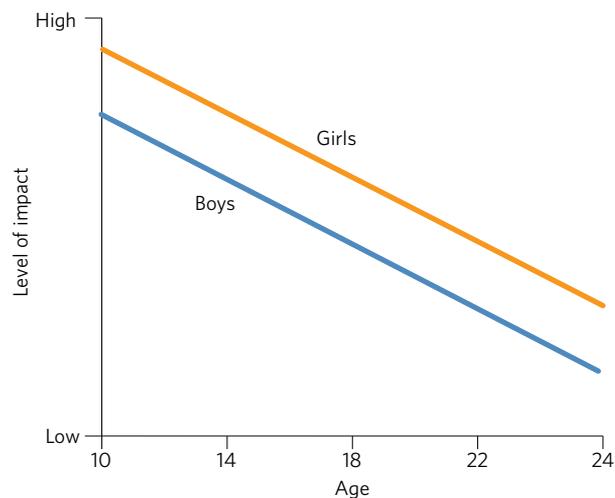
Pressures from many directions

As last year's *The State of World Population* (UNFPA, 2013) noted, "pressures from many directions"—friends, families, and communities—conspire to place obstacles between young people and what they need to realize their sexual and reproductive

THE YOUNGEST ADOLESCENTS FACE THE GREATEST OBSTACLES BUT RECEIVE THE LEAST SUPPORT

Among young people, young adolescents aged 10 to 14 face the greatest challenges to their development and realizing their potential. Stymied by discrimination that limits their role to the home, denied equal access to health services and educational and economic opportunities, and often blocked from exercising their rights to decide when and if to marry and whether and when to have children, adolescent girls are the least empowered of all young people. Adolescent boys also face barriers to information and services and are often socialized to conform to harmful gender stereotypes. Very young adolescents who are sexually active typically have little or no access to contraceptives (World Health Organization, 2011, cited in Igras et al., 2014). Being healthy in younger adolescence means being not only physically and mentally healthy but also emotionally and physically safe, having a positive sense of self and developing decision-making and life skills (Igras et al., 2014).

Obstacles to sexual and reproductive health and reproductive rights have their greatest impact on the youngest of the youth cohort



health and reproductive rights. As Chandra-Mouli and colleagues (2014) noted in their recent report on adolescents and access to contraception, social pressures are a strong impediment to young men and women. These include the pressure for young, married couples to get pregnant and have a baby as soon as possible after getting married. Communities, including health care workers, stigmatize as being immoral or worse the unmarried adolescent or those not in stable relationships who want to use contraception.

Community gatekeepers' opposition to young people's access to information and services

Young people live within communities, and gatekeepers such as religious and traditional leaders,

parents, teachers, and others regulate their access to information and services (Inter-Agency Working Group on the Role of Community Involvement in ASRH, 2007; World Health Organization, 2009). For example, sometimes the strongest opposition to comprehensive sexuality education comes from community groups and religious institutions (World Health Organization, 2008).

Girls lack the appropriate safe spaces to empower themselves

Researchers have identified a lack of safe spaces for adolescent girls that prevent them from realizing their sexual and reproductive health and reproductive rights. Without these safe spaces, young girls have difficulty building their social and economic assets; making

friends and forming social networks can provide the social capital that forms a safety net or social protection at various points in their lives. A safety deficit may also make it difficult for girls to attend school, where they may face harassment or unwarranted punishment. The forces contribute to an overall lack of social empowerment that undermines their ability to obtain the sexual and reproductive health information and services they need. It can also lead to greater vulnerability to human rights violations and abuses. A girl who finds herself in a school that discriminates against her or harasses her because of her sex, and to which she cannot safely travel, may end up not enrolling or withdrawing (Mensch et al., 2001).

Economic obstacles to young people's sexual and reproductive health and reproductive rights

Although more girls and boys complete school than ever before, getting a job or livelihood remains an elusive goal for millions. While many economies are growing, the growth is often erratic, especially in the poorest countries, and based on a narrow range of commodities or industries. It fails to generate sufficient and sufficiently productive and remunerative job opportunities. Many young people lack entrepreneurial skills and capacity, access to financial services, and access to business advisory services, and have greater difficulty getting appropriate credit to start a business (African Union, 2014). The lack of quality in basic education and training hinders the productivity of young people (Filmer and Fox, 2014).

Entry by young people into the large and growing household enterprise sector also faces a series of constraints (Filmer and Fox, 2014). Both reflecting and exacerbating gender inequalities, many factors disadvantage young women over young men in finding a job. Barriers to getting agricultural education are more acute for women than for men, for example, with few

women graduates of agricultural programmes (Filmer and Fox, 2014).

For young women, barriers to the labour market include regulations and conditions of employment, distance to work and unsafe conditions of transport from home to work, and mismatches between what is learned in school and skills required on the job (Lloyd, 2005). Young women tend to leave school earlier, and face sexual harassment and discrimination based on marital or parenting status (Filmer and Fox, 2014).

Poverty and economic stagnation are outside the control of any one young person, or even of their families and communities, but can be a powerful barrier to individuals getting what they need to achieve their sexual and reproductive health and reproductive rights (Grepin and Klugman, 2013). Although poverty is falling amidst widespread economic growth, millions of young people continue to grow up poor, and income inequality is increasing (UNFPA, 2014b). Data from the World Bank show that children have higher poverty rates than adults in the poorest countries of sub-Saharan Africa, with more than half of children living in conditions of extreme poverty (UNICEF, 2014). Poor boys and girls are less likely to enrol and stay in school than their wealthier peers (UNESCO, 2014b; United Nations Commission on Population and Development, 2014). They start at a disadvantage in getting the requisite skills to enter the job market and seek out and maintain a livelihood. Not being in school precludes access to comprehensive sexuality education, thus shutting off a possible key source of information.

Poverty also exacerbates the exposure of young people to a range of human rights violations such as early and forced marriage, and sexual violence and coercion (International Center for Research on Women, 2014). For example, the financial element involved in forcing a daughter to marry young may loom even larger for parents who are poor. If poor

young people or their families cannot pay for sexual and reproductive health services, their access is in effect denied.

Poor people tend also to live in rural and other remote areas that already lack health services. Poor young people have less exposure to technology through which they could get critical information. Extreme poverty can also drive young girls into sex work (UNAIDS, 2012).

Inequalities in young people's access to and use of sexual and reproductive services and to other opportunities persist across and within countries, depending largely on household wealth (Loaiza and Lang, 2013; Lule et al., 2005).

Poverty, youth and the digital divide

Poor youth are less likely to have access to digital technologies and thus are disadvantaged with regard to information and other means of building social capital. Although 30 per cent of youth aged 15 to 24 worldwide in 2012 were "digital natives," that is, with five or more years of online experience, the proportions of digital natives are much higher in

wealthier countries with better Internet access, ranging from over 90 per cent in Norway and other wealthy countries to under 10 per cent in much of sub-Saharan Africa (International Telecommunications Union, 2013). Moreover, studies show that poor youth are much less likely than wealthier youth to use digital technologies (International Telecommunications Union, 2013).

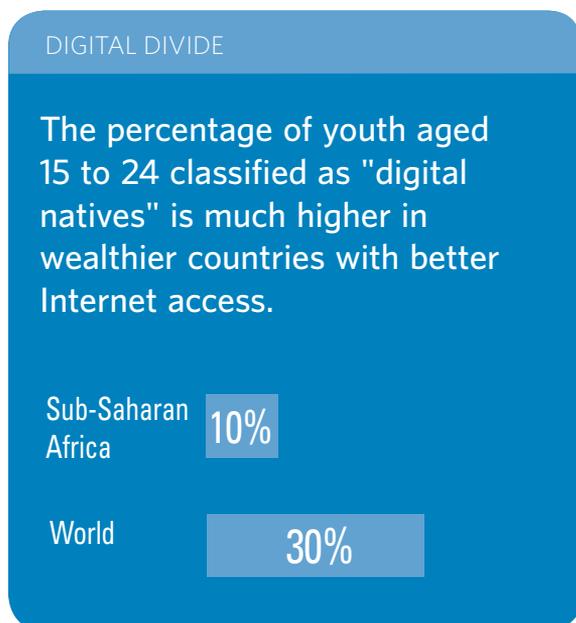
Underinvestment in human capital

The cost of schooling for both boys and girls remains a barrier that keeps many out of school. These include the direct costs of school (such as school fees, uniforms and transport) and opportunity costs: schoolchildren from poor families may be required to work in the home, family business or other paid labour to make family ends meet. Furthermore, many countries still do not invest enough in school infrastructure, or in the numbers and quality of their teachers (UNESCO, 2014b).

Legal obstacles

Laws acting against the best interests of young people

Laws, regulations, and policies reflect the preferences and customs of the societies that promulgate them. Yet often, such structures act against the best interests of young people seeking to realize their sexual and reproductive health and reproductive rights. The legal, regulatory, and policy framework in most countries has yet to catch up with the commitments that most countries have made to the various international treaties and agreements guaranteeing the rights of adolescents and young people (Greene et al., 2014). In many countries, the framework has yet to catch up with the realities of adolescents and youth.

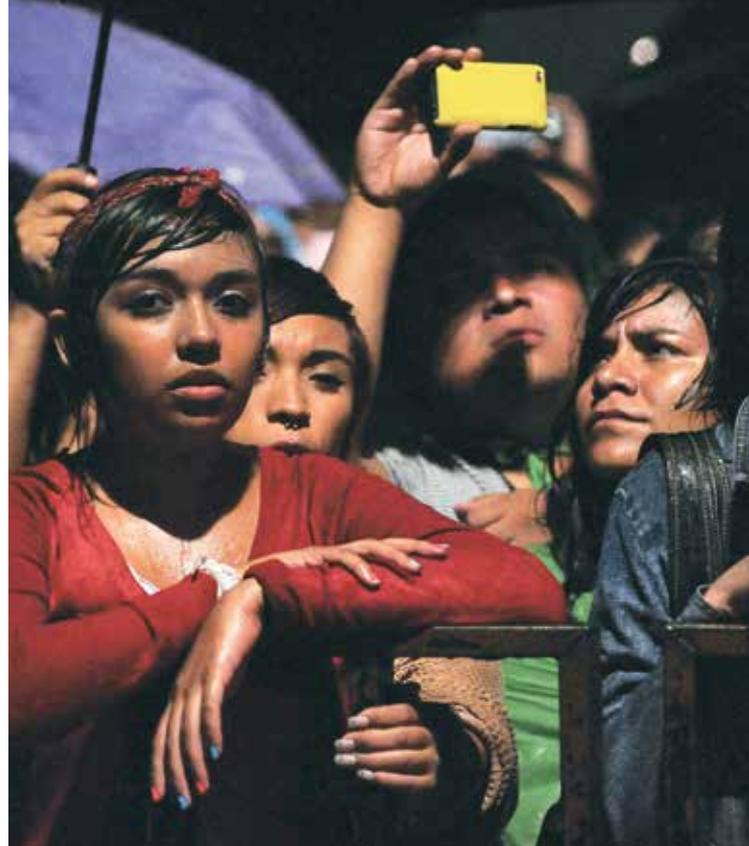


Age of consent

Age of consent laws that require adolescents to get the permission of a parent or guardian to use a service, or that limit access to people under a certain age, are barriers to information and services for adolescents. Despite being signatories to treaties and agreements that call for adolescents to have access to sexual and reproductive health care, many countries have laws or policies that do not allow for unmarried adolescents or minors to have access to contraceptives (Chandra-Mouli et al., 2014).

Adolescents who find themselves with an unwanted pregnancy and want to terminate it may be more likely to resort to unsafe abortion knowing that they have to get the permission of their parents or guardian to get a legal abortion (World Health Organization, 2014a). Age of consent laws are also a barrier when adolescents under 18 want access to HIV testing and counselling, harm-reduction services, such as needle exchange programmes, and other services (World Health Organization, 2013b; 2014a). Besides blocking access to information and services, these age of consent laws contradict the idea that young people should participate in decisions that affect them in line with their evolving capabilities. This “age discrimination,” as UNAIDS and the Lancet Commission (2013) describe it, “interferes with their civic participation, their ability to freely make decisions, and their access to sexuality education and life-saving sexual and reproductive health and HIV services.”

Many of the HIV-specific legal obstacles, such as criminalization of same-sex behaviour, drug use, and selling sex or sex work, fall particularly hard on young people realizing their sexual and reproductive health and reproductive rights. In addition to limiting their access to care and information, such laws can exacerbate the social exclusion, discrimination, and marginalization young people already experience (UNAIDS and Lancet Commission, 2013).



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Overcoming the obstacles

As the United Nations Secretary-General said on World Population Day in 2014, too many of today’s 1.8 billion youth “are denied their rightful opportunities to get a quality education, find decent work, and participate in the political life of their societies.” Young people’s access to quality sexual and reproductive health information and services is too easily blocked.

Many of the obstacles faced by young people, but especially girls, are in some way a violation or denial of their mental and physical integrity. Some of these obstacles are directly related to adult attitudes and behaviours, which only the adults themselves can change. For millions of adolescents, the challenge is the combination of adults’ hostility towards them as they move through puberty coupled with their lack of power to act autonomously in key decisions and behaviours that affect their lives and futures.

Countries face different economic and social circumstances, which means there is no one-size-fits-all approach to investing in young people's human capital.



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Human capital investments open the window to a demographic dividend

Regardless of their stage of development, all countries bear a responsibility to uphold the rights of youth and help them establish foundations for their lives. This includes equipping them with high-quality, relevant education, and comprehensive health care, encompassing all aspects of sexual and reproductive health. Youth need opportunities to earn a living and to participate in decisions that affect them. Given the disparities that persist in all societies, special efforts should reach groups marginalized on multiple fronts, such as age, gender and ethnicity.

Promising interventions



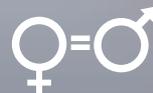
Stopping child marriage



Discouraging harmful practices



Bolstering young people's sexual and reproductive health and reproductive rights



Promoting gender parity in education



Preventing sexual and gender-based violence



Improving employment and earnings opportunities

Countries with large cohorts of adolescents and youth can reap a demographic dividend for national development, resilience and sustainability. But the size of that dividend depends critically on investment in human capital and the strengthening of human capabilities, as well as on policies that support the empowerment of young people.

Countries face different economic and social circumstances, which means there is no one-size-fits-all approach to investing in young people's human capital. The obstacles encountered by adolescents and youth on the path towards healthy, productive futures differ among and within countries. Obstacles are often more imposing for those who are poorer, rural, less educated and otherwise marginalized or denied their basic human rights.

Even though many of the obstacles are daunting, developing countries have found innovative ways to overcome them. Many of the solutions found to help young people enjoy their rights and access sexual and reproductive health information and services have been small in scale or scope but have the potential to reach many more individuals. Others were the unintended benefit of initiatives aimed at achieving other development objectives. Either way, countries are finding ways to ensure young people's sexual and reproductive health and reproductive rights and tear down barriers to their entry into the productive labour force.

Prioritizing investments

Actions taken by governments to build human capital have typically prioritized increasing access to education, particularly beyond the primary level. But education alone will not suffice to build a critical mass of human capital to reap the demographic dividend. Policies that ensure young

people's access to health, including sexual and reproductive health, are also critical.

Young people, including adolescents, need quality education, training, health information and services, as well as human rights protections and opportunities to participate in decision-making to equip them for the future and enable them to participate in the affairs of their communities and contribute to economic development. With these investments, young people are also better able to develop the judgement, values, behaviours and resilience they need to thrive in their rapidly changing and globalizing world.

The economic arguments for policy interventions to achieve demographic dividends are inextricably linked to the human rights rationale for action on sexual and reproductive health and reproductive rights. For example, one driver of the dividend is increased participation of women in the paid economy. Child marriage and early childbearing can erode or even erase this potential through their detrimental effects on the health, education, and earnings potential of young mothers and their children. Though less is known about the impact of unintended parenthood on young fathers, the limited evidence we have suggests that effects on their earnings potential are also negative.

The examples of the Republic of Korea, Taiwan Province of China, and Thailand between 1965 and 1990 testify to the importance of economics, rights and social policies to realize the demographic dividend. All capitalized on their potential demographic dividends through economic policies as well as social investments in health, education and gender equality. Girls' enrolment rates in secondary school increased substantially from 1965 to 1980, and gender inequities in enrolments diminished. Trends towards fewer children and later marriage resulted in more women entering the work force. Increased female labour force participation was a key driver of economic growth (Bauer, 2001).

Building human capital among young people and supporting their employability must be complemented by productive investment in the real economy, which creates employment opportunities for people.

How can policies and interventions aimed at increasing access to sexual and reproductive health, enabling young people to exercise their reproductive rights and other human rights and promoting gender equity help governments realize a demographic dividend? Recent reviews of policies and programmes are shedding light on which investments in sexual and reproductive health and reproductive rights may be most effective at empowering young people and help countries more fully realize a demographic dividend.

Promising interventions include:

- Stopping child marriage and preventing adolescent pregnancies
- Bolstering sexual and reproductive health and reproductive rights among young people, including adolescents
- Preventing and addressing sexual and gender-based violence
- Discouraging harmful practices, such as female genital mutilation
- Promoting gender parity in education
- Improving employment and earnings opportunities for young people.

Child marriage and adolescent pregnancy

Marriage is a critical divide for millions of girls in developing countries. Child marriage derails a girl's future and means she has no control over her fertility, thus making the demographic dividend a more distant possibility. This "neglected majority" of married children has received a great deal of attention in recent years, with the allocation of new resources and the refocusing of existing resources targeted to



"Decisions. Decisions. Each day you make thousands of them. The decisions you make throughout life and in your various roles...will affect different people. Therefore, we need to stand on our own feet to become involved in making decisions."

Manisha Byanjankar, Nepal

preventing child marriage or supporting girls who are already married or in partnerships (Haberland and Chong, 2003). Keeping girls in school and supporting them in making healthy decisions about their own lives have been found to be the most important determinants of age at marriage.

While almost all countries have established some legal minimum age at marriage, the laws often remain unenforced, particularly in sub-Saharan Africa, the Arab States and South Asia. For example, in India, which has criminalized child marriage, only 11 people were actually convicted of perpetuating child marriage in 2010 (UNFPA, 2013; UNICEF, 2011). Thus, legal activism is necessary but insufficient for ending this practice.

Because of the weakness or absence of legal sanctions on child marriage, other approaches are being tried, including those aimed at keeping girls in school and working with community members to change norms around early marriage and childbearing.

The majority of programmes working to end child marriage have not yet been adequately evaluated, (Greene, 2014). One review, however, classifies the limited number of programmes that have been evaluated into five categories (Lee-Rife et al., 2012).

The first category focuses on the empowerment of girls at risk for early marriage through information, skills, safe spaces and support networks. These programmes have sought to reduce girls' social isolation and to prepare girls to act on the choices they must make in life. An example is the Maharashtra Life Skills Programme in India, which taught girls about social institutions, life skills, and health, including child health and nutrition (Pande et al., 2006).

Another group of programmes designed to end child marriage has aimed at enhancing girls' access to school and improvement in the quality of education. Quality schooling provides a viable alternative to marriage for some girls by providing them with social networks and raising their expectations of their own lives. Weak schools can contribute to parents' views that marriage is the best place for their daughters. The expectation that girls will marry early undermines the commitment to schooling. Ishraq,

a two-year programme in Egypt, prepared out-of-school girls for re-entry into the formal school system, teaching literacy and numeracy, life skills and sports (Brady et al., 2007).

Another approach has been the provision of economic support and incentives for girls and families. Economic training, support and sometimes incentives that address families' economic justifications for marrying their daughters early provide alternatives to marriage and increase the value of girls to their families of origin. One example is Berhane-Hewan in Ethiopia, which provided families with a goat as long as their daughters remained in the programme and remained unmarried until age 18 (Karei and Erulkar, 2010). Another example is the Zomba cash transfer programme in Malawi, which found that *unconditional* cash transfers were more effective in delaying marriage than *conditional* transfers (Baird et al., 2009).

Education and mobilization of parents and community members can also help end child marriage. By educating and mobilizing parents and communities—those who decide when and whom girls will marry—to change social norms relating to expectations of girls and their marriage prospects, these programmes aim to delay marriage. Reframing concepts and redefining traditions around female genital mutilation are strategies used by several countries. In Kenya, for example, alternative rites of passage have been developed to preserve the positive sociocultural aspects of the ritual without requiring girls to undergo female genital mutilation.

Some countries have taken steps to stop child marriage through fostering an enabling legal and policy framework. Most countries, even those with high levels of child marriage, have established legal minimum ages for marriage. Laws and the legal systems serve two purposes in this domain: they provide the overarching framing for any kind of programmatic interventions in multiple sectors, and they provide



Nancy Tomee, youth activist, speaking out against female genital mutilation.
© UNFPA/Omar Kasrawi

refuge and justice for the girls who seek it. Policy advocacy to clarify, strengthen and enforce such laws is needed. In Afghanistan, the Community-based Rural Livelihoods Programme has convened groups of women to mobilize for action on local issues of gender inequality and strengthened local *shura* councils to respond to problems including child marriage (Gandhi and Krijnen, 2006).

According to the United Nations (2011), in countries where women tend to marry at young ages, the difference between the singulate mean age at marriage, or SMAM, between males and females is generally large. SMAM is the average length of single life among persons between ages 15 and 49. Countries with the lowest SMAMs as of 2008 were Niger (17.6 years), Mali (17.8 years) and Chad (18.3 years). All had age differences between male and female SMAMs of at least six years.

UNFPA's *The State of World Population 2013* on adolescent pregnancy notes that while many governments have invested in programmes to enable adolescents to prevent a pregnancy, fewer of them invest in systems and services that support girls who have become pregnant or have had a child. Greene et al. (2013) reviewed a number of programmes in the United States and developing countries that sought to increase the desire to delay further child-bearing, increase contraceptive use, and increase birth intervals among young mothers. They identified a number of promising interventions and suggested a "mix and match" strategy of combining interventions where effective prevention methods are used and tailored to specific epidemiological and cultural contexts. In the majority of instances, adolescent pregnancies occur within child marriages or are linked to other circumstances that are beyond a girl's control. In every region of the world, impoverished, poorly educated and rural girls are more likely to become pregnant than their wealthier, urban, educated counterparts.

Sexual and reproductive health and reproductive rights

This largest-ever generation of adolescents has health needs, including sexual and reproductive health, which must be met if the potential of the world's young people is to be realized and long-term negative health outcomes are to be avoided. As a recent analysis by the World Health Organization (2014) highlights, health events during adolescence have an impact across the life course. Adolescents differ from other groups in the population and are served less well than many other groups, so they are a key population to address in efforts to achieve universal health coverage. Policies play a key role in protecting adolescent health; it is insufficient simply to provide adolescents with services, since the broader social and normative context for their health is especially important.

The presence of *supportive policies, laws and systems* forms the backdrop for health services that are accountable to the people who use them. A legal framework that facilitates redress to problems or obstacles in a health system is essential for ensuring quality. Likewise, a framework that ensures every person's right to services, without requiring special permissions of other family members, can facilitate the use of services and a sense of entitlement on the part of young clients. Behaviours and outcomes could be influenced by policy interventions, such as those that loosen age or parental-consent restrictions on adolescents' access to services, or policies that allow pregnant students to return to school after giving birth.

Millions of girls become pregnant during adolescence. The numbers of young women with unmet need for contraception are significant. A compilation of recent data from countries where Demographic and Health Surveys include information about contraceptive use among married and unmarried/sexually active young women reports an estimated

33 million women between the ages of 15 and 24 would use contraceptives if they had access to them (MacQuarrie, 2014). There is substantial regional variation. For girls aged 15 to 19, the figures range from 8.6 per cent of married women in the Middle East and North Africa to 30.5 per cent in West and Central Africa. For the countries reporting information on unmarried/sexually active young women, nearly half of those in the two African country groups have an unmet need for contraception. Variation across countries indicates the importance of conducting country-level analyses of patterns of exposure to pregnancy risk by age (Blanc and Way, 1998).

The African Youth Alliance sought to enhance youth-friendly services in Ghana, Tanzania and Uganda. An evaluation showed that all three countries experienced mixed results regarding reported

AVERAGE PER CENT OF UNMET NEED FOR CONTRACEPTION AMONG ADOLESCENTS AND YOUNG WOMEN (BASED ON DATA FROM RECENT DEMOGRAPHIC AND HEALTH SURVEYS SURVEYS)

Regional groupings of countries with available data

| Regional groupings | Currently married | | Unmarried/sexually active | |
|--------------------------|-------------------|------------|---------------------------|------------|
| | Ages 15-19 | Ages 20-24 | Ages 15-19 | Ages 20-24 |
| West/Central Africa | 30.5 | 29.1 | 46.3 | 35.1 |
| East/Southern Africa | 25.6 | 24.9 | 48.7 | 29.9 |
| Middle East/North Africa | 8.6 | 11.3 | No Data | No Data |
| Eastern Europe | 19.3 | 15.9 | 15.7 | 16.1 |
| Asia | 24.2 | 23.0 | No Data | No Data |
| Latin America/Caribbean | 30.1 | 30.8 | 30.8 | 20.6 |

Source: MacQuarrie (2014)

use of contraception. In Tanzania, reported use was significantly higher for females and males exposed to the intervention. But in Ghana and Uganda, use of contraception was higher only for females exposed to the intervention compared to males and unexposed females (Daniels, 2007; Williams et al., 2007). A systematic review of research on interventions to improve adolescents' contraceptive behaviours had several positive findings, in areas such as training of providers to reduce their reluctance to serve adolescents, building better communication skills for working with this age group and making services more attractive to adolescent users (Gottschalk and Ortayli, 2014). The authors noted the importance of community buy-in to help break down community-level socio-cultural barriers and the contribution of school-based comprehensive sexuality education. They cautioned that the impacts of interventions varied by context, and that the evidence base remained sparse.

Another systematic literature review by Denno et al. (2012) shows that the most effective out-of-facility approaches to reaching youth with services include condom distribution via street outreach and promotion of over-the-counter access to emergency contraception. In a literature review, Denno et al. (2013) found that more research needs to be done to determine if training health care workers and making facilities more youth-friendly is an effective way to improve adolescent sexual and reproductive health outcomes. Evidence was strong for programmes using a combination of interventions, including those that increased community approval of services for, or accessible by, adolescents.

A study in Zimbabwe found a significant increase in reported contraceptive-seeking behaviour and a reduction in reported pregnancies as a result of an intervention to improve access and quality of services for adolescents (Cowan et al., 2010).

Integrating services into school settings can be an important way of making them friendly to young people. A comparative study of two schools' youth health services showed the school that referred students for hormonal contraceptive services had a higher pregnancy rate than the school with on-site services (Smith et al., 2011). One evaluation of youth-friendly services found that over five years, the cost savings in preventing unintended pregnancy was greatest among adolescent mothers at a savings of \$17.23 for every \$1 spent on contraception for 14-to-19 year old women (Eisenberg et al., 2013).

McQueston et al. (2012) reviewed seven assessments of interventions that tailored existing reproductive health programmes to meet the needs of adolescents. Two of them, Kanesathan et al. (2008), on a large scale adolescent programme in India, and Bhuiya et al. (2004), on adolescent-friendly services in Bangladesh, had positive effects on contraceptive awareness or knowledge, with Kanesathan et al. (2008) also showing increased contraceptive use among married adolescents. Portner et al. (2011) reported an actual decrease in the number of children, even though the Ethiopian programme he studied was not specifically designed for adolescents. All of the studies involved multiple types of interventions and outcomes, so that it is difficult to disentangle the impact of a specific type of intervention on a specific outcome.

An additional area of intervention that has received some attention is finding ways to “normalize” adolescent access to services, much as services for young children are normalized. An example is the “12+” model being tested in Rwanda with support from the United Kingdom and GirlHub. The programme aims to educate young girls before the age of puberty on reproductive health as it applies to them. It empowers them with broad life skills to help them make informed choices as they go through life.

CONTRACEPTIVE USE

The cost savings in preventing unintended pregnancy is greatest among adolescent mothers at **\$17.23 for every \$1** spent on contraception for 14 to 19-year-old females.

Comprehensive sexuality education has been found to delay sexual debut for adolescents, and those who learned about abstinence and contraception, especially females, were significantly more likely to use contraception at sexual debut (Lindberg and Maddow-Zimet, 2012). UNESCO's systematic research on the impact of comprehensive sexuality education on sexual behaviour found that one third of programmes decreased the frequency of sexual intercourse, and more than one third delayed the initiation of intercourse and decreased the number of sexual partners (UNESCO, 2009). No programme hastened sexual debut. Also, curricula that emphasize critical thinking about gender and power are far more effective than conventional “gender-blind” programmes at reducing rates of sexually transmitted infections and unintended pregnancy. These important results echo a body of research demonstrating that gender norms are a “gateway factor” for a range of adolescent outcomes (Haberland, 2010).

As the World Bank's 2007 *World Development Report* notes, the voices of young people themselves can improve service delivery by monitoring and giving feedback on the quality of services (World Bank, 2006). Brazil's *Voices Jovens* institutionalizes



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youth voices through participation in the formation of youth policy at the national, state and local levels. Young people have introduced new ways of doing business: “different language, different organizing methods, and different ways of presenting cases and results that need to be incorporated into policy development and programming” (World Bank, 2006).

While some would argue that multifaceted interventions to delay early marriage and pregnancy are costly, the costs of failing to act are high. Researchers at Johns Hopkins University estimated that billions of dollars are lost globally as a result of adolescent childbirth through decreased earnings from less schooling, with estimates of the total cost of a adolescent childbirth for a cohort of 35 million girls from 72 countries ranging from \$168 to \$503 per girl, depending on the rate of return to schooling (Bonnenfant et al., 2013). A recent World Bank study employed methodology developed by Maynard and Hoffman for the United States (2008) to measure the lifetime opportunity costs resulting from an adolescent pregnancy in developing countries. They reported that “the lifetime opportunity cost related to adoles-

cent pregnancy—measured by the young mother’s foregone annual income over her lifetime—ranges from 1 per cent of annual GDP in China to 30 per cent of annual GDP in Uganda (Chaaban and Cunningham, 2012).

Gender-based violence

Gender-based violence in all its forms is a human rights violation that occurs with alarming frequency in every country. Along with the physical and psychological costs are the short- and long-term medical costs and reduced income and productivity. Gender-based violence may take many forms, ranging from intimate-partner violence, rape, workplace harassment, female genital mutilation, human trafficking and murder. A 2013 review by the World Health Organization estimates that 36 per cent of women have experienced intimate-partner violence or sexual violence by a non-partner, with lower rates for men (World Health Organization, 2013). Young girls and boys are particularly vulnerable, with wide-ranging negative consequences for the health and welfare of victims.

Incident rates from a series of National Violence Against Children Surveys estimate that among women ages 18 to 24, 38 per cent in Swaziland, 27 per cent in Tanzania and 32 per cent in Zimbabwe, had experienced sexual violence before they were 18. Among men, about one in nine in Tanzania and one in 10 in Zimbabwe had similar experiences. In Central America, between 3 per cent and 10 per cent of men between the ages of 19 and 30 reported having been sexually abused as a child (Willman and Corman, 2013).

Early sexual activity among girls is often linked to coercion and violence, exposing them to sexually transmitted infections, HIV and unintended pregnancy. Early sexual activity also often stems from persistent gender inequality and low value for girls, which together deny them the power to decide when or whether to have sex or with whom they will have sex. Seven types of policy interventions have been shown to be effective in preventing or reducing sexual violence by intimate partners (Heise, 2011).

Changing gender norms

Evidence shows that awareness-raising campaigns such as the Secretary-General's "UNiTE to End Violence" campaign, the UNFPA Breakaway campaign, Amnesty International's "Say No to Violence,"

and Oxfam's "We Can End All Violence against Women," can help shift entrenched social norms, such as the acceptance of wife-beating and male superiority in relationships. "Gender transformative programming" involving males and females has promoted change by challenging harmful gender norms to address the adverse distribution of power, roles, responsibilities and resources between men and women in countries such as Brazil, Egypt, Ethiopia, India and Peru.

Preventing childhood exposure to violence

Recognizing that witnessing or being the victim of violence as a child predisposes individuals to perpetrate violence in adulthood, programmes aimed at improving parental behaviours and curbing the practice of corporal punishment at home and in schools have proven effective in higher-income settings, and there is emerging evidence that parenting programmes in lower- and middle-income settings work to improve parenting and reduce the practice of harsh punishment.

According to Heise (2011), boys who are subjected to harsh physical punishment, who are physically abused themselves, or who witness their mothers being beaten are more likely to abuse their partners later in life.

SOUL CITY AND SOCIAL CHANGE

South Africa's Soul City Institute has become a force for social change with diverse interventions reaching more than four of every five South Africans. The core of Soul City's strategy is harnessing popular culture and communication to bring about social change. Using South Africa's public broadcasting infrastructure, the programmes communicate key public health messages and stimulate dialogue and debate. Soul City Institute works with partner non-governmental organizations in eight other southern African countries. The Institute has been independently evaluated through large nationally representative quantitative surveys and qualitative research (Usdin, 2009). The evaluations showed Soul City's positive impact on knowledge and awareness of the extent and severity of domestic violence, the definition of violence against women (in particular of domestic violence), the status of the law on violence against women, and what to do and where to go in cases of violence (Guedes, 2004).

Curbing alcohol abuse

There is considerable evidence on the link between heavy drinking by males and intimate-partner violence. Successful interventions include: counselling for problem drinkers; laws related to young people's access to alcohol and advertising targeting them; community-based social-norm campaigns, school programmes and public dialogue; the formation of local women's organizations that discourage alcohol abuse; and treatment and self-help initiatives, including Alcoholics Anonymous.

Economically empowering girls and women

Evidence points to positive links between empowerment measures (ownership of assets, employment, participation in credit schemes), girls' and young women's bargaining position in households, and decreased vulnerability to partner violence.

Legal and justice systems reform

Despite the expectation that arrest and prosecution of perpetrators may reduce violence, the evidence to support this view is weak. International treaties such as the Convention on the Elimination of All Forms of Discrimination against Women are an important stimulus towards reform at the country level.

Mitigating the effects of violence, particularly in conflict and post-conflict settings

Sexual violence typically escalates during conflicts, forced migrations and natural disasters. The physical, psychological and social impact on adolescents and young people can persist into adulthood and last a lifetime. Preventive measures are essential, but so are actions to prosecute perpetrators and provide health care and psycho-social, legal and economic support for survivors of violence, which may lead to sexually transmitted infections and unwanted pregnancies (Inter-Agency Standing Committee, 2005).



Young people attending a youth debate on teenage pregnancy organized by UNFPA and its partners in Uganda.

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Engaging men and boys

Programmes that work with men and boys also play an important role in promoting gender equality, addressing gender-based violence and bolstering sexual and reproductive health and reproductive rights. A review of research by Barker et al. (2007) yielded compelling evidence that such programmes can change attitudes and behaviours. One such initiative, Brazil's Programme H, resulted in positive changes in attitudes, measured through a Gender-Equitable Men scale, about topics such as prevention of HIV infection, partner violence, and sexual relationships (Pulerwitz et al., 2006).

Female genital mutilation

Female genital mutilation poses serious physical and mental health risks for women and girls. The World Health Organization reported that the practice was linked to increased complications in childbirth and maternal deaths as well as a range of other health problems (Feldman-Jacobs and Ryniak, 2006). Approaches to eliminate the practice include changes in laws and policies, public

education and dialogue, and introduction of alternative rites of passage. Among the better known programmes is the Community Empowerment Programme implemented by Tostan, which originated in Senegal and has expanded to several other countries. Tostan mobilizes community and religious leaders to help change attitudes. The programme has reduced the incidence of the practice and has contributed to other favourable outcomes, such as a reduction in the number of child marriages (Diop et al., 2004).

Attending school and completing secondary education

Most countries have made substantial progress in increasing enrolment in primary school for both boys and girls, but many lag behind in secondary education, particularly for girls. Many constraints need to be addressed, including socio-cultural norms, vulnerability to violence, costs (both direct costs and opportunity costs), inadequate school infrastructure and poor quality of teaching, as well as the impact of HIV on girls and their families.

Lewis and Lockheed (2006) recommended a number of policy changes to help advance girls' education. These included changing policies, laws and administrative rules that discriminate against girls (for example, those who are pregnant or have given birth to a child) and the establishment of compensatory programmes for them, providing incentives for households to help overcome their reluctance to send girls to school and reduce the costs they incur in doing so, improving the quality and relevance of education and expanding educational options for out-of-school girls. Distance from schools and the safety of girls on the way to and from school also need to be addressed.

Actions to increase girls' schooling and to improve the quality of girls' education are taking a variety of forms. These include scholarships, stipends, cash

transfers, and the recruitment and training of female teachers (Lloyd, 2009; Biddlecom et al., 2007; Baird et al., 2009; Arends-Kuenning and Amin, 2000). Attending school has a protective value in that girls in school are seen as children, not as individuals who are ready for marriage (Marcus and Page, 2013). Paying for school uniforms can reduce dropout rates, reduce adolescent marriage and lead to a reduction in adolescent pregnancy (Duflo et al., 2006).

The quality of education matters: if it fails to prepare girls for jobs and participation in civil society, it may not delay marriage and childbearing (Schurmann, 2009). Subsidized childcare may facilitate girls' schooling (Glick and Sahn, 2000). Gender equality in teaching, learning and management, including attention to the curriculum, learning materials, and pedagogical practices are important areas for action. Also, in-school health interventions and raising awareness about reproductive health issues can enhance learning gains for both boys and girls (Unterhalter et al., 2014). For adolescent girls, the availability of hygiene supplies and sanitation infrastructure is also important.

Girls need the flexibility to be able to return to school if they become pregnant or leave school for other reasons (Jimenez and Murthi, 2006; Greene et al., 2002). One study in Pakistan found that while girls with more schooling did not delay their marriages or first births, they were more likely to use contraception and delay second births (Alam et al., 2010).

Around the world, cash transfers and vouchers designed to alter a variety of behaviours and outcomes are gaining credibility. Successful cash-benefit programmes to improve health and education indicators in Brazil and Mexico, for example, have helped girls overcome gender disadvantage in school (Lindert et al. 2007; Barrientos and DeJong, 2004; Merrick and Greene, 2007). Evidence suggests they may also help delay marriage (Baird et al., 2011).

A team at the Center for Global Development identified four evaluations of the effects of cash transfers on adolescent fertility and related outcomes (McQueston et al., 2012). They reported that cash transfers had the greatest impact on marriage-related indicators, noting that the transfers worked as an incentive to stay in school and increase financial independence, both of which could have reduced adolescent marriage.

Findings from Mexico's Progresa-Oportunidades programme, a nationwide antipoverty intervention aiming to improve education and health through cash transfers, showed a significant effect in delaying young women's sexual debut (Gulemetova-Swan, 2009). Enrolment rates were higher for children participating in the programme, and there was a slight increase in the number of years of schooling they received.



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A recent study of the Oportunidades found no direct impact on pregnancy and contraceptive use among young rural women, though the programme may have had an indirect effect via other variables such as education, which were positively impacted (Darney et al, 2013). The mixed results suggest that the design of transfer programmes may be important for achieving outcomes. Cash payments made directly to girls rather than their parents had the greatest impact on reducing adolescent pregnancy and HIV in Malawi's Zomba programme (Baird et al., 2009).

Overcoming obstacles to productive labour-force participation

Measures to integrate women more fully into the economic and political mainstream help improve gender equity. For example, legal changes can empower women by enabling them to inherit and own property, access credit, and reduce barriers to their participation in the labour force. Policies for granting maternal leave reduce the likelihood that childbearing will cost women in terms of career prospects and lower lifetime earnings. Legal changes can also enable them to vote and increase their representation in political positions. Other policies seek to increase overall levels of education for both men and women, while ensuring that women are not left behind.

Many of the gains in girls' secondary school attendance have failed to reap benefits in employment and earnings because of obstacles in the labour market, including regulations and conditions of employment, distance to work and unsafe conditions of transport from home to work, and mismatches between what is learned in school and skills required on the job (Lloyd, 2005).

Workforce initiatives for girls can contribute greatly to delaying marriage and shifting norms (Amin et al., 1998). Girls often leave school unprepared for work, or cannot translate educational accomplishments into remunerative jobs. Programmes can help

girls manage or overcome prevalent gender expectations, negotiate the school-to-work transition, and play a role in the identification and promotion of safer and more accommodating workplaces than currently exist. Buvinic et al. (2007) point out that investments in transport, water and sanitation and energy supplies can relieve young women's domestic time burdens, and that interventions to increase girls' participation in sports have potential beneficial effects in health, self-confidence building and agency. Subsidized childcare may make it possible for young women to work, particularly in formal jobs (Ruel et al., 2006). The World Bank's Adolescent Girls Initiative works with the private sector to provide vocational training and employment opportunities for girls, but these interventions need to be evaluated and scaled up (Talieno, 2009).

Programmes in Latin America promote women's equal access to vocational training, especially in non-traditional skills, and provide stipends for childcare, thus increasing their employability and earnings.

Programmes that reinforce social supports for adolescent girls take a variety of forms. Old-age pensions to grandparents caring for grandchildren may, for example, benefit girls in areas from overall anthropometric measures to increased school attainment (Duflo, 2003; Carvalho, 2008). The creation of girl-only safe spaces has helped transform girls' self-concepts, provide social support and financial literacy, generate new opportunities for them, encourage continued schooling and reduce HIV infection and other negative outcomes (Bruce and Bongaarts, 2009; Bruce and Hallman, 2008).

Increased employment and earnings opportunities for young people of both sexes are critical for the achievement of the demographic dividend. A recent World Bank review of youth employment prospects in sub-Saharan Africa highlighted the need for policies and interventions to improve prospects for young people working in agriculture, household

enterprises and the modern wage sector. On the supply side, the authors called for investments in human capital to increase abilities and skills as well as family connections and networking that allow young people to find opportunities to be productive, increase earnings and achieve income security. On the demand side, they call for improved access to land, capital and finance, improved infrastructure, and technologies and regulations to widen opportunities for economic activity and improve the manner in which activity is conducted (Filmer and Fox, 2014).

Tailoring interventions to meet local needs

Governments and donors can employ a variety of policies and programmes to advance the sexual and reproductive health and reproductive rights of young people. These policies and programmes are desirable from both a human rights and economic growth perspective, creating a "win-win" situation. Most of these interventions have been effective in countries that have already benefitted from the demographic dividend. They could be adapted and introduced in countries whose dividend window is still opening.

But there is no universal panacea or intervention that can benefit all countries or apply to all economic and social settings. Interventions need to be tailored to specific contexts and needs. Many of the interventions will need to be multi-pronged and multi-sectoral, and require changes in policies and laws, community mobilization, and actions and incentives to modify behaviours that undermine reproductive health and rights. The time to act is now because changes need to be in place before or during the demographic shift that accompanies rapid fertility decline. Failure or delay in making these changes will undermine countries' potential to translate their demographic windows of opportunity into sustained and gender-equitable economic growth and development.

Whether the demographic dividend is large or small depends on the way a country invests in the human capital of its young people.

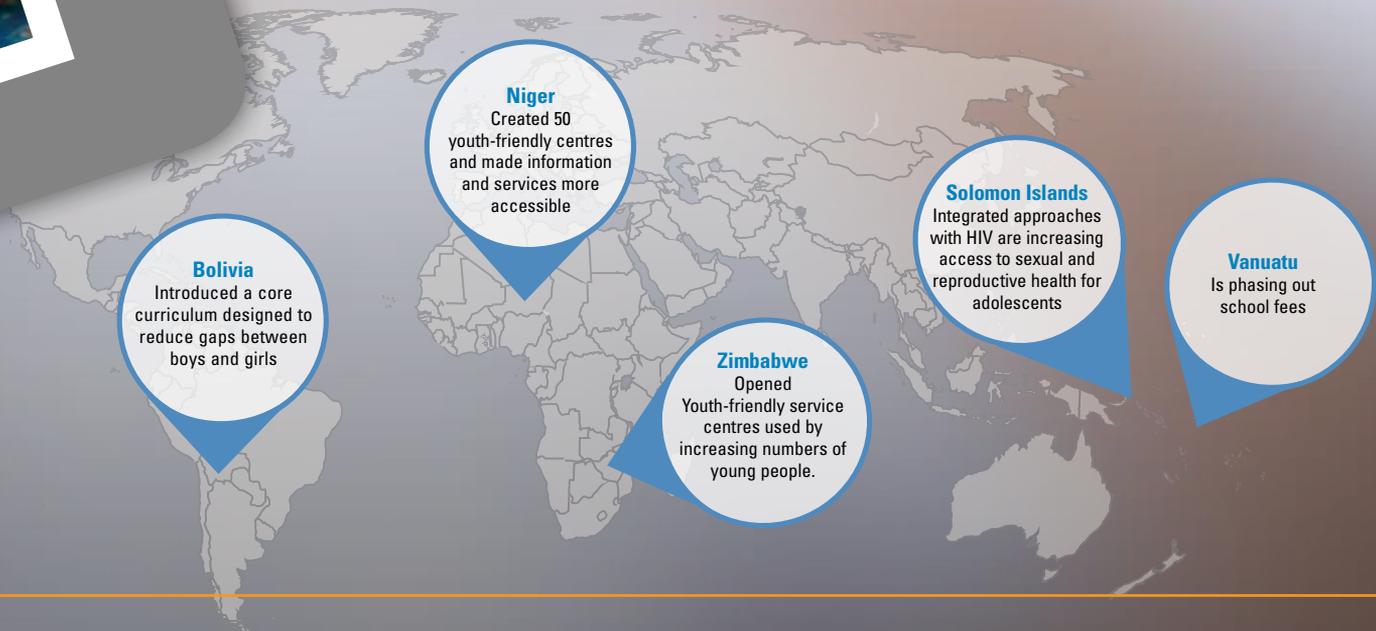


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Aligning policies, investments and the demographic transition

At different stages of the demographic transition, which paves the way to a demographic dividend, priorities evolve. Policies and investments can have a greater impact if they are aligned with and adjusted to each stage of the transition. When the right policies are in place at the right time, the impact of the demographic dividend can be magnified.

What are countries doing?



A demographic dividend is possible when the working-age population becomes relatively larger than the non-working-age population. Whether that dividend is large or small, however, depends on the way a country invests in the human capital of its young people, on the extent to which economic and other policies foster the growth of jobs and income-earning opportunities, and on the extent to which household and national savings are productively invested in the real economy.

Almost as important as the policies and investments themselves are their timing and sequencing. At different stages of the demographic transition, which paves the way to a demographic dividend, priorities evolve. Policies and investments can have a greater impact if they are aligned with and adjusted to each stage of the transition.

When the right policies are in place at the right time, the impact of the demographic dividend can be magnified.

In countries that have not yet begun the transition—those with high rates of fertility and mortality—making wider and deeper investments in health, especially primary health, as well as safe water and sanitation, child vaccination programmes, and school lunch and child nutrition programmes are critical. These interventions can improve child survival and thus reduce child deaths. And when more children survive, parents usually choose to have smaller families, translating to a reduction in fertility rates.

In countries at the beginning of the transition, with declining mortality rates but no commensurate drop in fertility, and with relatively large dependency ratios, investments to empower girls and women through education and health, including sexual and reproductive health, become even more important. Actions are also needed to protect individuals' rights, including reproductive rights, by ensuring adolescent

girls and young women have the power and the means to decide freely and responsibly whether, when or how often to become pregnant. Expanding access to contraception and information is key. In general, measures that build the human capital of women and girls and enable them to exercise all their human rights also lead to lower fertility rates and can lead in the long run to smaller dependency ratios, which are critical to capturing a demographic dividend.

Countries in the late stages of the transition are ones that have experienced marked reductions in both mortality and fertility rates. In this group, the population's age structure has changed so that the dependency ratio is comparatively small, where the share of the working-age population is larger than the non-working-age population. This means that the share of the population that is 15 to 64 has grown larger, relative to the share of the population that is either 14 and younger or 65 and older. In these countries with small dependency ratios, economic and other policies need to be formulated

WHERE DEPENDENCY RATIOS ARE HIGH AND A DEMOGRAPHIC DIVIDEND IS POSSIBLE

| | |
|----------------------------------|----------------------------------|
| Afghanistan | Chad |
| Angola | Comoros |
| Benin | Congo |
| Bolivia (Plurinational State of) | Côte d'Ivoire |
| Burkina Faso | Democratic Republic of the Congo |
| Burundi | Equatorial Guinea |
| Cameroon | Ethiopia |
| Central African Republic | Gabon |

or adjusted so that a demographic dividend may be captured and maximized, whether the country's non-working age population is very young or very old. For example, trade policies that do not take advantage of international markets to sell goods and services produced by a large working-age cohort can limit the benefits of having a large working-age population.

Aligning policies and investments to demographic shifts, however, is more a matter of emphasis than absolute prescription for advancing one set of policy measures at the expense of another. When a country shifts, for example, from the pre-demographic transition phase, with high mortality and fertility rates, into the midst of the transition, with reduced mortality rates and falling fertility rates, countries should not abandon investments in primary health, childhood vaccination programmes or sanitation in favour of policies that empower girls and women. Investments in health are always critical to the well-being of all individuals, communities and

their nations at all periods, regardless of their stage in the demographic transition.

Interventions are more effective when they reflect the conditions and circumstances *within* each part of a country. Rarely are conditions and circumstances uniform from one region to the next. Fertility rates, for example, are rarely the same in rural or remote areas as they are in cities, and even within cities, they usually vary according to income group or educational attainment.

Are countries prioritizing investments in young people's human capital at key stages of the demographic transition? Are policies and investments timed for maximum impact?

This chapter focuses on those countries and areas where their dependency ratios suggest they are at the early stages of the demographic transition. The dependency ratio compares the size of the working-age population with the non-working-age population. The countries and other areas below have high dependency ratios but are approaching a stage when a demographic dividend is possible.

| | | | | |
|----------------------------------|------------------|-----------------------|-----------------------------|----------|
| Gambia | Liberia | Samoa | Uganda | Yemen |
| Ghana | Madagascar | São Tomé and Príncipe | United Republic of Tanzania | Zambia |
| Guatemala | Malawi | Senegal | Vanuatu | Zimbabwe |
| Guinea | Mali | Sierra Leone | | |
| Guinea-Bissau | Mauritania | Solomon Islands | | |
| Guyana | Mozambique | Somalia | | |
| Haiti | Namibia | South Sudan | | |
| Honduras | Nepal | Sudan | | |
| Iraq | Niger | Swaziland | | |
| Kenya | Nigeria | Timor-Leste | | |
| Lao People's Democratic Republic | Palestine | Togo | | |
| Lesotho | Papua New Guinea | Tonga | | |
| | Rwanda | | | |

An unprecedented global survey of policies, investments and achievements

In the lead-up to the twentieth anniversary of the 1994 International Conference on Population and Development (ICPD), the United Nations General Assembly called on UNFPA to lead a global review of progress in implementing the ICPD's Programme of Action.

An ICPD Beyond 2014 Secretariat, located in UNFPA, coordinated and led the review in consultation with Member States and in cooperation with the United Nations system and other international organizations. The review entailed consultations with civil society, United Nations partners and other stakeholders, and regional and global thematic conferences and meetings. It also included a global survey of governments to assess progress achieved by governments in implementing all aspects of the ICPD Programme of Action.

The global survey, completed in 2013, reached 176 Member States and seven territories. The survey yielded a unique and unprecedented global picture of countries' policies, programmes and strategies for achieving the goals of the ICPD Programme of Action in areas such as education and health, including sexual and reproductive health. The quantitative and qualitative data gathered during the survey show whether countries are making progress towards realizing the vision of the ICPD, which placed the rights of the individual at the centre of development.

This chapter situates findings from the global survey within the context of the demographic transition, paying particular attention to the policies, programmes and strategies countries implement as they move from a state of high mortality and fertility to low mortality and fertility, and as the share of their working-age population becomes larger than the population that is not working. Critical during this stage are actions that empower adolescent girls

and young women to decide for themselves whether, when or how often they will become pregnant.

The global survey and countries' responses

The survey asked countries to assess their own progress in addressing key areas of the ICPD Programme of Action, ranging from promoting gender equality to supporting the health, including the sexual and reproductive health, of youth. Some of the questions—and governments' responses—related directly to young people, including adolescents. Many also related to actions that governments in the early stages of a demographic transition would want to take to position themselves to realize a demographic dividend. This chapter looks at six possible actions countries could be taking, depending on their national contexts, to empower young people in general and girls and young women in particular:

- Ensuring equal access to sexual and reproductive health services, including HIV prevention and treatment
- Keeping more girls and adolescents in secondary school
- Improving the well-being of the girl child
- Increasing access to comprehensive sexual and reproductive health for adolescents
- Ending child marriage
- Reaching out-of-school youth with sexual and reproductive health information and services.

The above are six of 21 actions that were identified in the global survey as pivotal to young people's enjoyment of their human rights, including reproductive rights, and to helping them realize their full potential in life.

The global survey of governments found that most of the countries considered to be at the early stages of the demographic transition have ambitions to take the six actions listed above. For example,

95 per cent of them report they have taken steps to keep more girls and adolescents in secondary school.

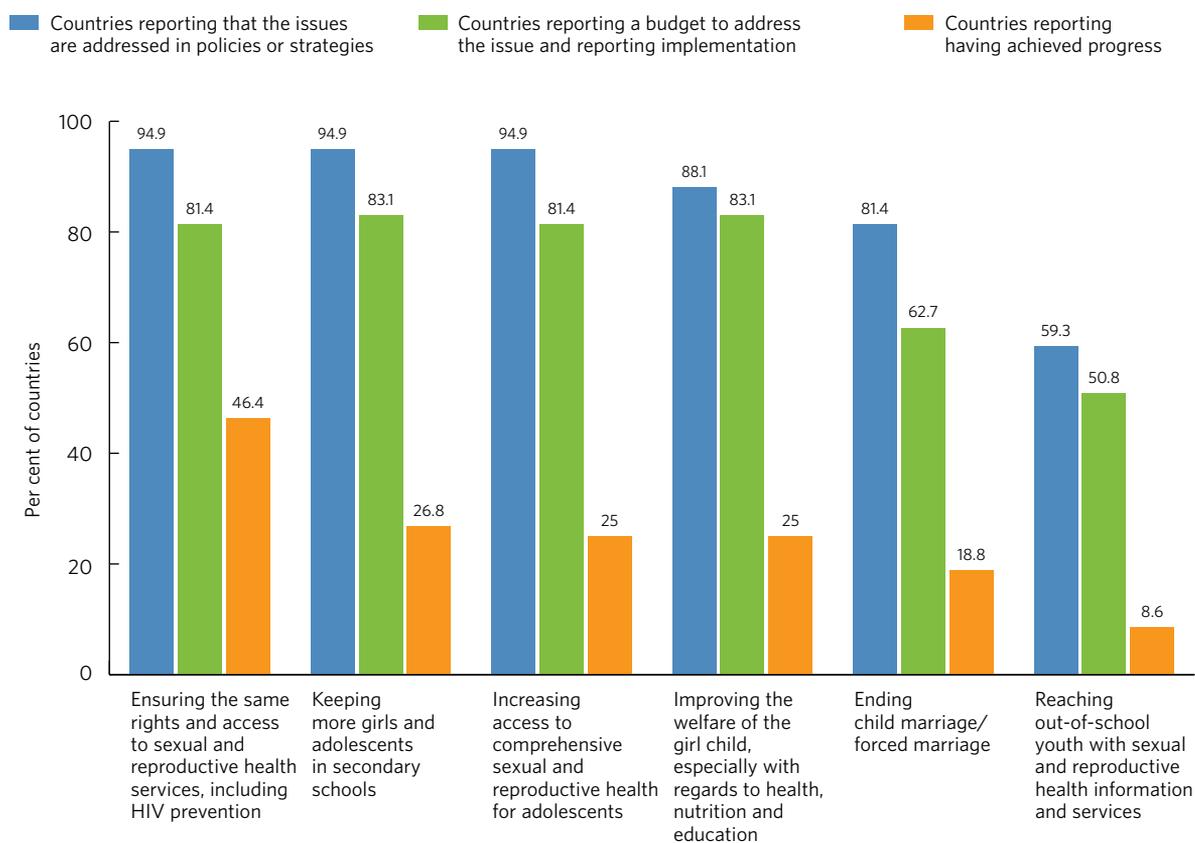
However, ambitions, as reported by governments themselves, do not always translate into achievements. For example, while more than nine tenths of the countries show a commitment to ensuring equal access to sexual and reproductive health, less than one fourth reported achievements in this area.

Similarly, 59 per cent of the countries in the early stages of the demographic transition reported ambitions to reach out-of-school youth with sexual and reproductive health information and services. But only 9 per cent of them reported progress in this area.

What countries are doing

Countries have very different approaches to implementing policies, in line with their national contexts and priorities. There is no single path towards, for example, ensuring equal rights and access to sexual and reproductive health. Similarly, each country encounters a different set of obstacles along the way. What is important is that most countries in the early stage of a demographic transition have set out to adopt policies that are appropriate to this stage, and some are seeing results. In responding to the global survey, countries reporting progress provided specific examples of achievements in empowering adolescents and young people.

EFFORTS AND ACHIEVEMENTS IN ADDRESSING SIX YOUTH EMPOWERMENT ISSUES



Ensuring equal rights and access

In **Malawi**, where political will and donor support are strong, the national youth policy spells out young people's rights while health-care standards govern youth-friendly services. Pregnancy among adolescents had declined by 2010, and youth HIV prevalence remained significantly lower than the national average. Yet traditional beliefs prevent many young people from gaining access to available youth-friendly services.

Namibia's expansion of adolescent-friendly health services to almost every health facility, including training for health workers, benefitted from youth serving on committees and from donors' technical and financial support. One pervasive challenge is privacy for youth, due to lack of separate infrastructure.

Tonga's inclusion of adolescents and youth in its national policy generated action in many areas: creation of school clinics; publication of information, education and communication materials; training of youth peer educators; and focused attention on

youth most at risk of HIV. Progress in Tonga reflects successful partnerships among all stakeholders, especially governmental.

An enabling policy environment in **Zimbabwe** led to a national Adolescent Sexual and Reproductive Health Strategy, opening the door to new youth-friendly service centres that are visited by increasing numbers of young people. Centres are being established despite financial constraints.

Keeping girls in secondary school

The introduction of **Bolivia's** national and regionalised core curriculum is improving educational opportunities and reducing the gender gap in schools. The curriculum was translated into seven indigenous languages (Chiquitano, Guarayo, Guaraní, Ayoreo, Quechua, Aymara and Mojeño). The "Huertos Escolares" project, which focuses on better nutrition and other objectives, has been incorporated in the curriculum, since 2013, as an incentive to increase school retention.



© UNFPA/Ulugbek Hakimov

Parents in **Guinea** increasingly recognize the need to educate girls as well as boys, forming associations to support their schools that help overcome prevailing customs. Opening school canteens, drilling wells to relieve the burden of rural household chores, and creating a school national health service are actions in support of girls' education.

In **Kenya**, readmission for girls who drop out of school when pregnant is keeping more girls in school. The country's emphasis on girl child education, plus pragmatic steps such as providing sanitary supplies at schools and reaching out to girls in remote arid and semi-arid areas, has brought the ratio of boys to girls to almost parity in secondary school. However, instability, low levels of education and lack of women's empowerment pose obstacles to keeping girls in secondary schools.

Tanzania's construction of a secondary school in each ward, along with a growing number of residential hostels, is saving girls a long—sometimes unsafe—walk to school. A combination of easier access, lower fees, educational guidance and empowerment programmes, and facilities for girls' privacy in schools are helping more girls stay in school and complete their studies. Infrastructure shortages are significant, however, with need for hostels, teachers' housing, classrooms, laboratories, libraries and sanitary facilities.

Phasing out school fees in **Vanuatu** is part of government education policy, as is greater funding for school grants—though high school fees remain a barrier in secondary schools. A series of policies covering cross-cutting issues are advancing inclusive education and improving monitoring of gender and equity issues. For girls, such policies can mean a return to secondary school after giving birth, access to an equal number of toilets for girls and boys, and civil society's support for programmes raising awareness about girls' safety.

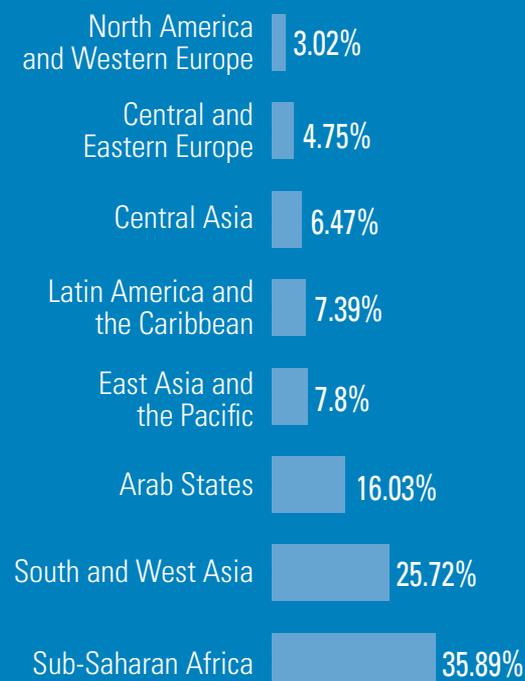
Improving the well-being of the girl child

Accelerating education for girls is a centrepiece of **Burkina Faso's** commitment to improving the well-being of the girl child while combatting low rates of literacy. The active participation of civil organizations includes a youth network's project on education, gender and HIV; action to protect the sexual and reproductive health and human rights of young housemaids and street vendors; and widespread creation of community homes or hostels for schoolgirls.

In **Namibia**, where school enrolment has improved for girls, efforts to increase girls' well-being include a focus on primary health care services and a school feeding programme. Civil

GIRLS NOT IN SCHOOL

Per cent of adolescent girls not in lower secondary school





Youth advocates, activists and peer counsellors.

Top left: © UNFPA, top right: © UNFPA/Ulugbek Hakimov,

Bottom left: © UNFPA/Diego Diaz, bottom right: © UNFPA

society organizations are instrumental in addressing challenges such as maternal death, gender inequality and cultural factors in the family and geographical isolation in remote areas.

The Child Rights Act in **Nigeria** has passed in 23 States and the Federal Capital Territory, with advocacy ongoing in the remaining 13 States. Other policies and programmes benefitting the girl child include a national database for vulnerable children, a girls' mentorship programme, a national nutrition

policy, a children's parliament, gender mainstreaming and a policy on gender in basic education.

Immunization programmes, universal primary and secondary education, and affirmative action at the university level are some of the ways **Uganda** is improving girls' well-being. A governmental department of gender has worked to ensure gender mainstreaming across the ministries of health, agriculture and education.

Increasing access to comprehensive sexual and reproductive health for adolescents

The creation of 50 youth-friendly centres and training for "father" (male) educators in **Niger** are making reproductive health information and services more accessible to adolescents and youth, with access extended through condom vending machines and a telephone "green line" for youth to find answers to questions about their reproductive health. Ministry-level support is strengthening youth rights and access, though obstacles are many, including religious beliefs, parental attitudes and early marriage.

In **Ghana**, "youth corners" at health facilities specifically address adolescent sexual and reproductive health. Strong national-level partnerships are facilitating their establishment, with involvement of civil society and community-based organizations and the private sector. The youth-friendly approach counters prevailing customs and practices reflecting women's low status.

More than one third of youth in **Madagascar** have been reached by a national programme for

young people's health. Operating since 1997, the programme is supported by many non-governmental partners, despite a lack of data and resources.

São Tomé and Príncipe is integrating aspects of sexuality and reproductive health into school curricula, training health service providers to be more youth-friendly, and incorporating reproductive health into the minimum package of services for adolescents. Youth non-governmental organizations are active in awareness-raising and community mobilization to improve contraceptive use among sexually active teens, increase the quality of services, and provide much-needed access to information.

Integrated approaches with HIV are increasing access to sexual and reproductive health for adolescents in the **Solomon Islands**. Guidelines for youth-friendly services, human resources training, and the establishment of youth-friendly centres in two provinces and Honiara are also expanding access while availability is ensured through a steady, reliable supply of reproductive health supplies. Stakeholder participation and partnerships are effective; hindering factors include misconceptions and lack of funding.

Ending child marriage

In **Palestine**, efforts are under way to amend the personal status law and increase the legal age of marriage. The initiative includes community engagement and dialogue to raise awareness of gender-sensitive legal reforms.

From 1997 to the present, **Nigeria's** Child Rights Act has formed the basis of law and policy in various parts of the country. In addition to promoting gender equity in education, the act prohibits child marriages and taking girls out of school.

With a high degree of political will, **Tanzania** is developing a supportive policy and strategic framework and using sensitization programmes

to end child marriage, building on the Child Act of 2009. Many partners are working with the Government, including civil society and community-based organizations, schools and media. Implementation of laws, policies and strategies remains constrained, however, due to socio-cultural factors limiting women's status, inadequate resources and lack of men's involvement in addressing gender issues.

Reaching out-of-school youth with sexual and reproductive health information and services

Young people seeking vocational training outside of school in **Uganda** are also learning about sexual and reproductive health. Youth-friendly services are offered at the training centre, as well at schools, youth centres and health facilities. Mobilizing out-of-school youth can be challenging, yet many community-based programmes, such as Straight Talk, actively pursue these young people, who represent an underserved population with significant unmet need for reproductive health information and services.

Barriers to implementation

Most of the countries responding to the survey cited obstacles to implementation of policies, which in many instances explain the discrepancy between ambitions and results.

The obstacles cited most frequently were related to low women's status, limited women's empowerment, limited participation by women or prevailing local customs or practices. While most countries have formulated policies that are aligned with their stage in the demographic transition, more needs to be done to address the obstacles so that achievements may keep up with intentions. Some obstacles can be overcome by mobilizing sufficient resources or committing a larger share of national budgets towards these goals. But other obstacles, such as

CITED OBSTACLES TO ACHIEVING PROGRESS IN SIX YOUTH-EMPOWERMENT AREAS

| Cited Obstacles | Youth-Empowerment Areas | | | | | |
|---|---|--|--|--|---|---|
| | Improving the welfare of the girl child, especially with regards to health, nutrition and education | Ending child marriage/ forced marriage | Increasing access to comprehensive sexual and reproductive health services for adolescents | Ensuring the same rights and access to sexual and reproductive health services, including HIV prevention | Keeping more girls and adolescents in secondary schools | Reaching out-of-school youth with sexual and reproductive health information and services |
| Low women status/woman's empowerment/limited participation of women | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Prevailing local customs/ social practices | ✓ | ✓ | ✓ | ✓ | | ✓ |
| Low degree of commitment from politicians/decision-makers | ✓ | ✓ | | ✓ | ✓ | ✓ |
| Low literacy rates/level of education | ✓ | ✓ | | ✓ | | ✓ |
| Lack of/limited financial resources | ✓ | | ✓ | ✓ | | |
| Political instability/conflict | ✓ | ✓ | | | ✓ | |
| Low degree of commitment from civil society organizations | | ✓ | | ✓ | | |
| Existing political/economic environment or change in political/economic environment | | | ✓ | | ✓ | |
| Lack of implementation or enforcement of relevant laws | | ✓ | | | | |
| Inadequate family planning services | | | ✓ | | | |
| Limited physical access | | | ✓ | | | |
| Lack of cultural acceptability | | | ✓ | | | |
| Opposition of parents/guardians | | | ✓ | | | |
| Discriminatory attitudes by service providers | | | ✓ | | | |
| Poor quality education | | | | | | ✓ |
| Opposition by organized groups | | | | | | ✓ |

the low status of girls and women, may only be overcome by taking concurrent actions to address the challenges through means such as making it possible for more girls to attend school, particularly at the secondary level, and remain enrolled longer.

Commitments and progress vary by region

The global survey also yielded regional data that paint a different picture about commitments to addressing challenges through policies or investments. One example is in the realm of education.

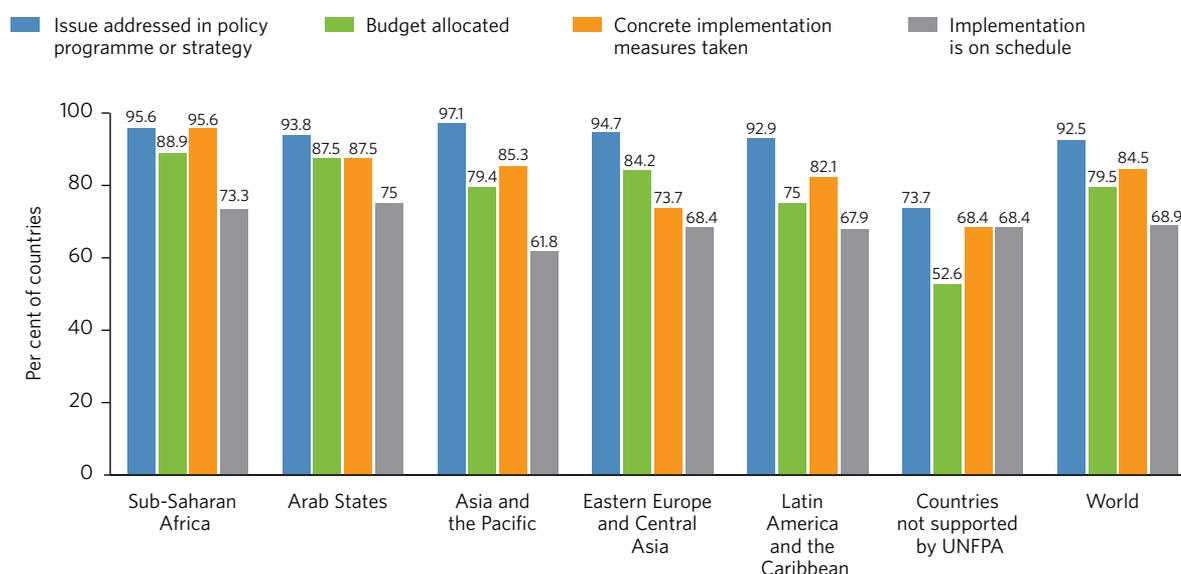
Investments in education are not only a matter of upholding human rights and enabling individuals to develop, grow and realize their own potential, but they can also help accelerate the demographic transition. Educated women are more likely to use family planning, and this can lead to lower fertility (Cleland and Shah, 2013). Education, particularly at secondary and tertiary levels, can also create a skilled and productive workforce that can then catalyse economic

growth. Lastly, educated youth can better benefit from the impact of a demographic dividend and advocate more successfully for programmes and investments that further support and engage young people.

The global survey data shows that more than 90 per cent of countries in each region had a policy, strategy or programme to ensure equal access of girls to all levels of education. In sub-Saharan Africa and Arab States, around three quarters of countries reported that their initiatives were on schedule.

In Kenya, the advent of free primary education in 2003, increased the rate of transition from primary to secondary education for children of both sexes to about 60 per cent in 2007 (from 46 per cent in 2003). However, substantial subnational disparities exist in overall enrolment rates in secondary schools. In 2006, the secondary gross enrolment rate (number of enrolled children as a per cent of the number of children in the official school-age group) was 6.3 per cent in

ENSURING EQUAL ACCESS OF GIRLS TO EDUCATION AT ALL LEVELS



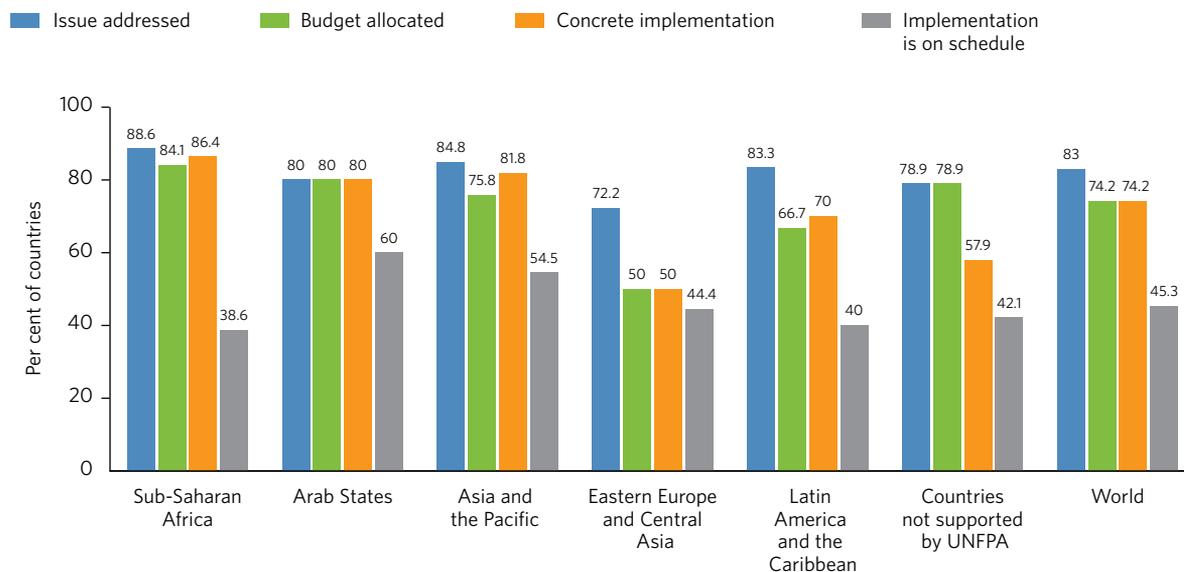
Northeastern Province (8.6 per cent of boys and 3.6 per cent of girls), compared with a national average of 32.2 per cent (34.6 per cent of boys and 29.9 per cent of girls), according to Keombe (2013). Kenya's Girl Child Education initiative, mentioned earlier, specifically targets communities in the arid and semi-arid areas of the country in order to increase girls' enrolment in school. This indicates that policies that carefully target particularly vulnerable groups and address, for example, logistics pertinent to nomadic groups or socio-cultural concerns about the value of education, can make a difference once economic barriers are overcome.

The Kenyan Government has put in place a readmission policy for pregnant school girls and noted in the global survey that this has enabled more girls to complete their education. In addition, it notes the importance of providing sanitary protection as monthly absences due to menstruation are a common reason behind girls' poor attendance. It has also addressed the issue of providing sex-segregated

latrines in schools, as an absence of girls' toilet facilities has been shown to be an important barrier to their education. These measures underscore the importance of equity-based approaches to managing the demographic transition.

The global survey also revealed regional differences in countries' efforts to provide training and employment opportunities to out-of-school girls. For example, sub-Saharan Africa is the region with the largest proportion of countries reporting they are addressing the needs of out-of-school girls, but it is also the region reporting the least progress in implementation. In fact, despite measures being taken, the percentage of countries stating their programmes and activities are on schedule is relatively low across regions. Nearly half of the countries reported effective partnerships with stakeholders at the national level and the involvement of community-based organizations as being the main factors in achieving progress in addressing the needs of out-of school girls.

PROVIDING TRAINING AND EMPLOYMENT OPPORTUNITIES TO OUT-OF-SCHOOL GIRLS

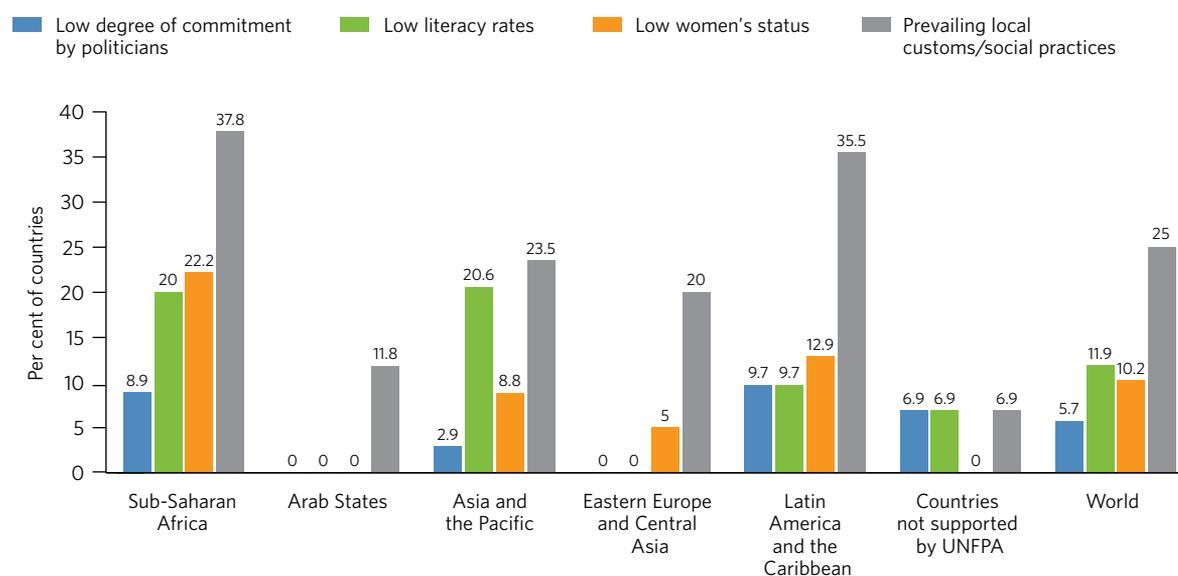


Ghana's response to the global survey noted that in order to improve employment opportunities for out-of-school girls, it had collaborated with Marie Stopes International in supporting the *kayayeei*, the female vendors and porters in Accra's markets (Marie Stopes International, 2014). The project targets very vulnerable, poor, migrant market workers and provides them with family planning and integrated gender-based violence services along with HIV prevention and testing. In order to do this successfully, the Ministry of Health, with support from Marie Stopes International, engaged other sectoral partners including the police and Ministry of Justice for forensic testing and prosecution in cases of sexual violence. They also offered savings and credit opportunities and provided the girls with skills to lobby the local authorities for better housing and child care. This example illustrates how multisectoral policy actions can contribute to women's and girl's empowerment, with the additional benefit of

positioning countries to realize a demographic dividend. It also illustrates how young men are key not just to securing optimal sexual health for young women, but also in their own right as stakeholders in young people's collective future.

Different regions also cited different barriers to implementing or measuring the impact of policies to support young people. Despite the differences, they all share the view that low political commitment is less of a problem than the low status of women, low literacy and other socio-cultural factors. In Latin America and the Caribbean, for example, socio-cultural factors were perceived by the majority of countries as an important barrier to implementing policies to further adolescents' well-being. Further analyses revealed that these factors are likely to be associated with conservative attitudes towards pre-marital sex and the use of contraception. In sub-Saharan Africa, other

SELECTED BARRIERS TO ACHIEVING PROGRESS IN AREAS RELATED TO ADOLESCENTS AND YOUTH ACROSS REGIONS



reported barriers include low status of women and illiteracy (which are likely to be linked). In Asia and the Pacific, the low status of women and socio-cultural factors were cited as the main barriers. Differences between regions mask sometimes significant differences among countries *within* each region, and cannot offer critical insights into variability within countries.

Alignment successes and shortcomings

The data from the global survey of countries in the lead-up to the twentieth anniversary of the ICPD show that most of the countries in the early stages of a demographic transition are striving to implement policies that are of utmost importance in this period, particularly if countries are to realize a demographic dividend. These policies are generally aimed at empowering girls and young women through measures that allow them to exercise their rights to health, including sexual and reproductive health, and that enable them to complete at least their secondary schooling. But most of these countries also report that they have not yet achieved what they had intended, citing economic, social, cultural, legislative and security obstacles.

The survey data also found that countries in the early stages of the demographic transition are paying greater attention to creating employment opportunities for young people than to expanding access to sexual and reproductive health information and services. About 90 per cent of the countries in this group stated they were confronting the challenge of creating jobs for the young, and 71 per cent reported significant achievements in this regard. While creating jobs and income-earning opportunities for the young are vital in most developing countries, they should not, particularly at the early stages of the demographic transition, supersede other efforts to empower young people and to build their human capital.

An analysis of data at the regional level shows progress has been made on many levels and that adolescents are at the forefront of most countries' policy agendas. But in virtually no region are intentions or commitments matched by reported achievements. Many policies and strategies exist but are not fully funded or are not implemented on schedule.

The data also show that policies and programmes are country-specific, reflecting national circumstances and context. A one-size-fits-all approach neither exists nor would be feasible. It can also be argued that interventions need to be customized to the stage to which each region of a country has progressed, in recognition of the considerable demographic and economic differences within countries.

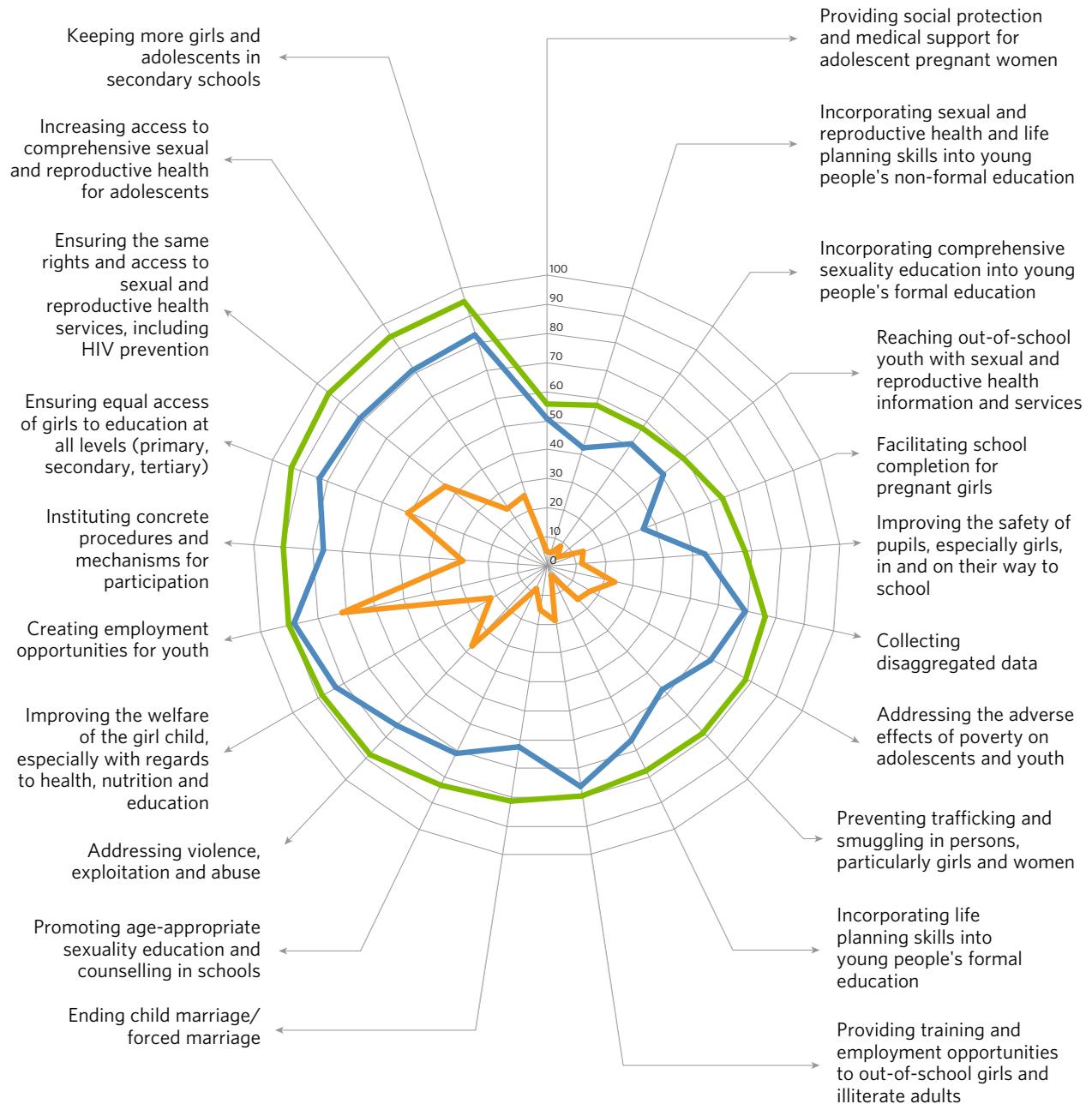
In order for countries to better align their policies to demographics, they need better population data, which are disaggregated by age, sex, location, and income quintiles. Without complete, reliable and detailed data about their populations, policymaking will inevitably fail to have its maximum impact. Solid population data can also bolster the formulation of targets to be included in the proposed sustainable development goals, which will succeed the Millennium Development Goals in 2015. Data can offer a better understanding of the challenges young people are facing and inform global initiatives aimed not only at helping them realize their own potential and make a safe and healthy transition from adolescence to adulthood, but they can also help individual countries manage their way along the demographic transition and position them to capture and maximize a demographic dividend.

REPORTED EFFORTS AND ACHIEVEMENTS IN 21 AREAS OF THE GLOBAL SURVEY RELATED TO ADOLESCENTS AND YOUTH AMONG 59 COUNTRIES IN THE EARLY STAGES OF THE DEMOGRAPHIC TRANSITION

■ % of countries reporting that the issues are addressed in policies or strategies

■ % of countries reporting a budget and implementation to address the issues

■ % of countries reporting having achieved progress



The formulation of a post-2015 sustainable development framework presents an opportunity to more deeply integrate the needs, aspirations and potential of young people into the global strategy for the coming 15 years.



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The future of sustainable development, with youth at the centre

A youth of 10 in 2015 will be an adult of 25 in 2030, the target year for achieving the next generation of sustainable development goals. Governments aiming high today will make that young person's future a brighter one, with rights upheld, promises fulfilled and potential realized.

Young people are central to the next generation of sustainable development goals, but especially those aimed at:



Ending poverty in all its forms everywhere



Ensuring healthy lives and promoting well-being for all



Realizing inclusive, equitable and quality primary and secondary education



Achieving inclusive and sustainable economic growth, full and productive employment and decent work for all

In 2000, world leaders committed to the Millennium Development Goals (MDGs) to address eight of the great development challenges of the day: poverty and hunger, lack of access to primary school, gender inequality, child mortality, poor maternal and reproductive health, HIV and other diseases, environmental decline and structural obstacles to countries' rise out of poverty.



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With great progress across all goals, and with some already having been met, the MDGs have been the most successful global anti-poverty push in history.

The MDGs included several targets and indicators of direct relevance to young people. For example, MDG 1, to eradicate extreme hunger and poverty, included a target for achieving full and productive employment and decent work for all, including women and young people.

The 2015 target for achieving the MDGs is only about a year away. Governments, international organizations, civil society and ordinary people from around the world are already engaged in crafting a transformative post-2015 development agenda and a new set of global sustainable development goals to succeed the MDGs.

The journey towards a post-2015 development agenda began in 2012 at a meeting of world leaders and top-level stakeholders in Rio de Janeiro on the twentieth anniversary of the Earth Summit. The 2012 event concluded with a declaration, “The Future We Want,” which provided a foundation and guide for development of a strategy for achieving an economically, socially and environmentally sustainable future for the planet for present and future generations.

As part of this process, the General Assembly in January 2013 established a 30-member intergovernmental Open Working Group to lead the debate about new post-2015 sustainable development goals. As of August 2014, the Open Working Group had proposed 17 goals and 169 targets to guide the international community over the coming 15 years (United Nations, 2014). With sustainable development at the nexus, the goals cover economic, social and environmental dimensions aimed at improving people's lives and protecting the planet for future generations. The new goals and targets would also aim to fully realize the MDG agenda.

The formulation of a post-2015 sustainable development framework presents an opportunity to more deeply integrate the needs, aspirations and potential of young people into the global strategy for the coming 15 years.

Role of youth in the post-2015 sustainable development agenda

The aspiration of the post-2015 sustainable development agenda is to create a just, prosperous and responsive world where all people, regardless of their age, realize their rights and live with dignity and hope. Eradicating poverty in all its forms, tackling exclusion and inequality, and empowering the world's 1.8 billion young people will be instrumental in bringing this vision to life.

Sustainable development is development that meets the needs of the present without compromising the ability of future generations to meet their own needs. Implicit in this definition is the idea that in order to meet the social and economic needs of people today and in the future, there must be continued efforts towards poverty eradication, human rights, and equity, as well as sustainable consumption and protection of our natural resources (UNFPA, 2010; UNICEF, 2013).

The largest cohort of young people in human history is about to enter the workforce, and their success will define development trajectories not only for sub-Saharan Africa and Central Asia, where they represent a high proportion of the population, but for the entire world, given our increasingly interconnected and globalized economies.

But young people are important to our sustainable future not just because of their unprecedented numbers. Globally, fertility rates are falling. That means that the current generation of young people will have smaller cohorts of young people to support them as they themselves age. And this means they must be able to support themselves and thrive



"I chose to study legal science because I think the first thing to do is demand, understand and act upon our rights as young people."

Starlyn Hernandez, Dominican Republic

as they age. Today's youth will also shoulder the responsibility for supporting the existing and growing population of elderly persons.

Today's youth are also important to the future because the majority of them are growing up in poor countries where they are facing challenges of education and health systems that are weak, limited access to sexual and reproductive health and a dearth of jobs or income-earning opportunities.

The aspirations of young people will also influence our sustainable future. Today's youth have higher expectations than the generations before them for self-direction, freedom and opportunity. The information age has taught them their human rights and given them a broader vision of what their lives could be (United Nations, 2014).

The declining fertility rates are providing low- and middle-income countries with a window of opportunity because the proportion of the population that is of young working age is historically high, and these cohorts can, if they are in good health and assured learning and work opportunities, jump-start economic growth and development. Therefore, the well-being and the positive social participation of this cohort of adolescents and youth hinges on the commitments of governments

to protect their human rights, develop their capabilities, secure their sexual and reproductive health and reproductive rights, prepare them for productive and creative activities and reward them for their labours.

Investments in human development targeting young people, including adolescents, are most critical to ensure that they have the capabilities and opportunities to define their futures, and to spur the innovations needed for a sustainable future.

Young people can drive economic growth forward. Investing in the health, education and safety of young people improves future productivity and economic returns. Furthermore, because human development is cumulative, it would be extremely costly—for young people and society—to reverse missed opportunities for investing in and preparing this generation for the future (World Bank, 2006). In the case of adolescent girls and young women, the positive effects of investments go beyond labour force participation and productivity. Improvements in the status of girls and women lead to better maternal health, lower child mortality, and an increase in reinvestment to households and communities (UNFPA, 2013).

Adolescents (ages 10 to 19) are at a critical stage in the life cycle. Because puberty occurs early in adolescence, social exposure begins to expand, and various pressures, including to try new things and to take risks, intensify throughout this life stage (United Nations General Assembly, 1999). Each person develops agency and many begin to be leaders. During their transition from dependence to independence, the choices and decisions that today's adolescents and youth make, or that they are forced to make by others, influence whether or not they are healthy and can take full advantage of opportunities for education, employment and political participation and carry the sustainable development agenda forward (UNFPA, 2013).

It is today's young people who will face the task of creating economic success and human security. Allowing youth to take the lead will mean of course ensuring they have a good education and good health (Bloom, 2012).

At the heart of the post-2015 quest for sustainable and inclusive development is the individual whose potential must be realized. The key to the agenda's success will lie in developing the resilience of individuals, particularly young people.



Humanitarian youth volunteers in the Philippines.

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Youth workshop in Uzbekistan.

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Guiding principles

When planning for the post-2015 sustainable development agenda and the new sustainable development goals began, the international community agreed that both should be visionary, transformative and inclusive and founded on the principles of respect for human rights, equality and sustainability.

Human rights

Sustainable, inclusive development is possible only where the human rights of all individuals, particularly young women and girls, are respected, protected, promoted and fulfilled. The lessons of the MDGs show that a human rights-based approach to devising, implementing and monitoring development goals is essential both normatively and for achieving the desired impacts.

The post-2015 discussions and consultations concluded that there is a need to ensure a human rights-based approach to the new sustainable development agenda and goals, in every theme and every sector and with due regard to national development processes and outcomes. A human rights-based approach to sustainable development can provide a normative basis on issues of equality and non-discrimination, quality of basic social services and accountability.

Sexual and reproductive health and reproductive rights are universal human rights. They are an indivisible part of broader human rights. The promotion and protection of sexual and reproductive health and reproductive rights are therefore instrumental to the achievement of other human rights, including the right to education, the right to work, the right to food and the right to participation—all rights that must be upheld for young people to realize their full potential.



"I feel determined to pursue my goals, my dream. And I will never give up. Nobody else will do it for me. The coming world belongs to me and young people of today, so we have to make it the best we can."

Krah Kouadio Modeste, Côte d'Ivoire

Equality

The current global development model has brought many out of poverty. However, prevailing inequalities in income, living standards and, more generally, opportunity remain at the root of economic, social, environmental and political segmentation, with 8 per cent of the world population accumulating 82 per cent of global wealth as part of a trend of steeply rising wealth inequality for the past 20 years.

When growing inequality precludes human well-being for vast numbers of people, every part of society is impacted. Inequality is a threat to social cohesion, empathy and shared responsibility because it generates and exacerbates social segmentation. A broadly educated, healthy, secure and empowered population is the goal of development, and also necessary for inclusive economic growth.

The cost of inequalities on young people, whether in health, education or economic opportunities, is immense. They include school dropout, lower productivity, reduced efficiencies, slower economic growth, economic instability

“Young people in Africa and the rest of the world need a favourable entrepreneurial ecosystem to realize their full potential.”

Charlie B. Wandji, Cameroon



and weaker social cohesion. Young women and girls may experience the most severe forms of inequalities, often reflected in sexual coercion and violence, including domestic violence, child marriage, female genital mutilation and other harmful practices that violate human rights and lead to blocked access to sexual and reproductive health information and education (including comprehensive sexuality education). Inequalities in access to sexual and reproductive health services are enormous in the poorest countries and severely affect disadvantaged young people.

Sustainability

Young people are both important actors and subjects in environmental sustainability. They will be the frontline in the race for the innovation needed to transform the relationship between development and the environment. Over the course of the coming 15 years and beyond, the adolescents of today will grow to become the engineers, scientists and entrepreneurs who can create new technologies to

support sustainable growth for all. Yet, their contribution will only materialize if we invest now in adolescents' health, education and their potential for innovation.

Many young people, especially those who are most disadvantaged and marginalized, are particularly vulnerable to environmental risks associated with, for example, access to clean and safe drinking water. Additionally, young people will have to live longer than their elders with the repercussions of current environmental decisions. Aside from being subjected to environmental consequences, young people are especially well-positioned to be advocates, problem-solvers, and agents for environmental change. Meaningful partnerships with young people can raise wider awareness, create capacity, and drive behaviour change that promotes sustainable consumption and protection of our natural resources (United Nations, 2003).

Proposed sustainable development goals and targets

A cornerstone of the post-2015 sustainable development agenda is a new set of sustainable development goals.

As of August 2014, none of the proposed sustainable development goals makes specific reference to “youth,” “young people” or “adolescents.” And of the 169 proposed targets, only seven make such reference.

Judging only by the wording of the goals and targets, it would seem that young people, including adolescents, are so far mostly an afterthought, despite the central role they will play in realizing a sustainable future.

But even though references to young people are sparse, young people remain central, since few if any of the goals can be met without their full engagement, and virtually all of the goals impact their lives and potential in ways large and small.

End poverty in all its forms everywhere

Topping the list of proposed sustainable development goals is the ending of poverty in all its forms everywhere.

Poverty eradication is an indispensable requirement for sustainable development.

Millions of youth face poverty, often stemming from gender discrimination, disability and other forms of marginalization. Approximately 515 million adolescents and youth aged 15 to 24 live on less than \$2 a day (UNESCO, n.d.). Despite the alarming numbers of young people in poverty, young people have mostly been left out of efforts to raise living standards and incomes: Young people are consulted in preparations of national poverty-reduction strategies of national development plans in only one in three countries (UNFPA, 2010). This fact is striking insofar as all countries with rapidly growing populations of young people who are reaching working age have the potential to realize a demographic dividend, which can raise per capita incomes and lift large numbers of people out of poverty. But this dividend may only be realized if countries invest in the human capital of their youth and pursue policy changes that can result in jobs, livelihoods or other income-earning opportunities for those reaching working age.

Healthy lives

Proposed goal 3 calls for ensuring healthy lives and promoting well-being for all at all ages. Young people who are in good health, including sexual and reproductive health, are in a better position to realize their potential and to seize opportunities as they mature and enter

the labour force. Conversely, when young people are in poor health, their range of options in life narrows. Poor health is one of the more common risk factors and manifestations of poverty, curtailing economic growth and human well-being and limiting the capability of both individuals and societies to innovate and thrive in a changing world.

Adolescent pregnancy has lifelong consequences on girls' health, with girls under age 15 five times more likely to die during childbirth than women over 20. Complications related to pregnancy and childbirth, including unsafe abortions, are a



The aspiration of the post-2015 sustainable development agenda is to create a just, prosperous and responsive world where all people, regardless of their age, realize their rights and live with dignity and hope. Eradicating poverty in all its forms, tackling exclusion and inequality, and empowering the world's 1.8 billion young people will be instrumental in bringing this vision to life.

Top left: © UNFPA/David Puig, top right: © UNFPA/Arlene Calaguian Alano, Bottom left: © UNFPA/ Pedro Sá da Bandeira, bottom right: © UNFPA/Aral Kalk

leading cause of death among 15 to 19-year old girls in low- and middle-income countries (World Health Organization, 2014).

Approximately 2.5 million adolescents have unsafe abortions every year, and 14 per cent of all unsafe abortions in low- and middle-income countries are among adolescents between the ages of 15 and 19.

The health consequences of adolescent pregnancy are closely linked to long-term economic and social consequences. Many girls who become pregnant drop out of school or are dismissed from school, drastically limiting their future opportunities, including future earnings, and both their own health and the health of their children.

For every woman who dies of pregnancy-related causes, an estimated 20 others experience maternal morbidity, including severe and long-lasting com-

plications, such as obstetric fistula. As many as 3.5 million women live with obstetric fistula in the developing world, and up to 65 per cent of them developed the condition as adolescents (United Nations, 2014).

More than 2 million adolescents between the ages of 10 and 19 are living with HIV or AIDS. About one seventh of all new HIV infections occur during adolescence (UNAIDS, 2014). Deaths due to cervical cancer are on the rise and concentrated in low- and middle-income countries, due to lack of screening and early diagnosis programmes. Expanding access to good-quality sexual and reproductive health services, especially for disadvantaged women, adolescents and youth, and protecting their human rights, will dramatically reduce such inequalities and advance inclusive social development by empowering women, enhancing their role in decision-making and improving their prospects for employment and livelihoods.

Approximately two thirds of premature deaths among adults and one third of their total disease burden are associated with conditions or behaviours that began during youth. These behaviours may include tobacco use, minimal physical activity, unprotected sex or exposure to violence. Furthermore, each year nearly 20 per cent of youth between the ages of 15 and 24 experience a mental health condition, and in 2012 an estimated 1.3 million adolescents died from preventable or treatable diseases (World Health Organization, n.d.).

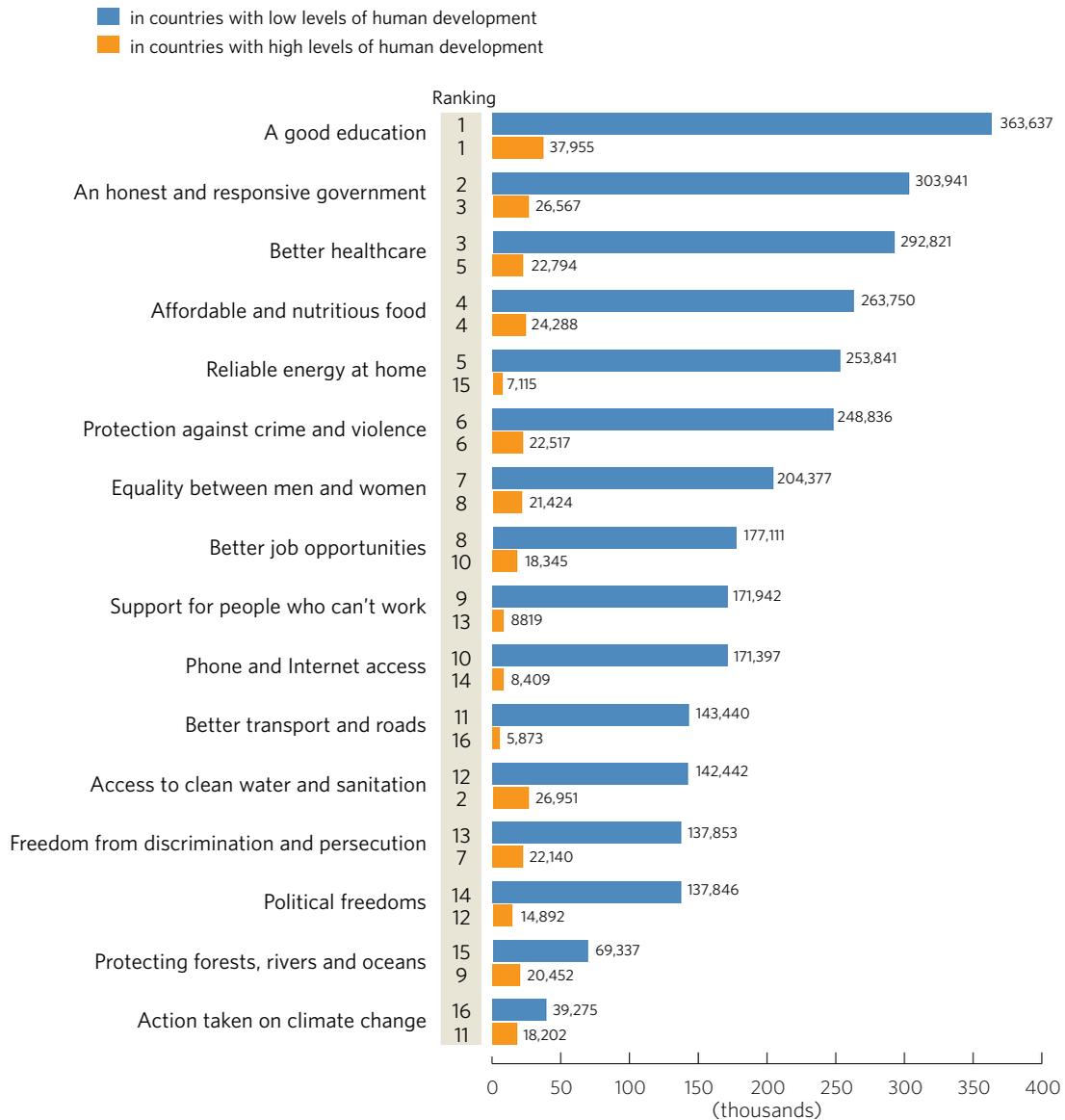
The development of young people's human capital depends on investments that protect and improve their health, and goals such as poverty eradication cannot be achieved if young people are unable to lead healthy and productive lives. Sustainable development, therefore, depends in part on the health, including the sexual and reproductive health, of the world's 1.8 billion young people and that of future generations.



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WHAT DO YOUNG PEOPLE SAY SHOULD BE A PRIORITY IN THE POST-2015 SUSTAINABLE DEVELOPMENT AGENDA?

The United Nations and partner organizations sponsored a global My World poll through which about 597,000 young people between the ages 10 and 24 ranked their priorities for the world after 2015, the target year for achieving the Millennium Development Goals. About 65,000 of the votes were cast by youth in countries with a very high Human Development Index rank, while about 532,000 were cast by those in countries with a low Human Development Index score. The Human Development Index is a summary measure of average achievement in key dimensions of human development: a long and healthy life, being knowledgeable and having a decent standard of living.



Source: MyWorld2015.org



Campaign to end adolescent pregnancy in Uganda.

© UNFPA/Martha Songa

Education

Sustainable development goal 4 aims for inclusive, equitable and quality primary and secondary education. Primary school enrolment rates have reached 90 per cent, with significant gains in parity that have particularly benefitted girls, but there is enormous variation in access and quality across regions and within countries. Further, secondary education remains a challenge for girls in many regions, especially in sub-Saharan Africa and South and West Asia, and girls may face gender discrimination that limits their access to education.

Education increases children's capacity to participate socially, economically and politically, and when girls are educated it reduces the likelihood of child marriage and delays childbearing, leading to healthier birth outcomes. Female literacy is associated with increased use of contraception, lower fertility, healthier families and stronger

GDP growth. Greater educational attainment also promotes more progressive attitudes of girls and boys about gender equality (United Nations, 2014).

Education expands opportunities for girls and young women and raises their aspirations for work outside the home. It enhances girls' social status, increases their bargaining power within marriage, increases their use of health services and enhances the health and survival of their children.

Greater educational attainment also shapes attitudes of both girls and boys to gender equality, with greater education leading to more positive attitudes towards gender equality among both males and females (United Nations, 2014).

Comprehensive sexuality education, as part of in- and out-of-school education, is recognized as an important means to empower

young people to make responsible and autonomous decisions about their sexual and reproductive health. Evidence also suggests that rights-based and gender-sensitive comprehensive sexuality education programmes can lead to greater gender equality. The Commission on Population and Development, in its resolutions 2009/1 and 2012/1, called on Governments to provide young people with comprehensive education on human sexuality, sexual and reproductive health, and gender equality to enable them to deal positively and responsibly with their sexuality.

Jobs and livelihoods

Proposed goal 8 aims to promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all. Young people are especially vulnerable to macro-economic downturns, and have borne the brunt of the global economic crisis that began in 2008 and the subsequent sluggish employment recovery (Bloom, 2012).

Young people are overrepresented among those who are unemployed, in informal or insecure employment, and in poor quality and low-paid jobs. Youth account for nearly 40 per cent of the 197 million people who were unemployed in 2012 and up to 60 per cent of young people in developing regions are not working, not in school, or are engaged in irregular employment.

Creating employment opportunities for youth is a critical challenge as 600 million productive jobs need to be generated globally over the next decade to reduce current unemployment levels and provide employment opportunities to the 40 million labour market entrants each year. The challenge of providing decent work to young people is a concern for both developing and industrialized countries.

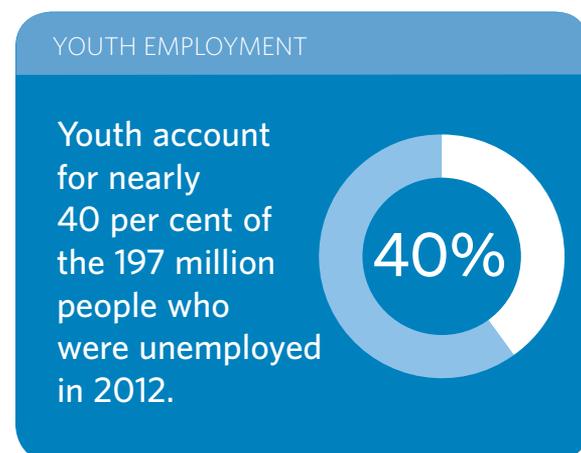
Achieving decent work for young people is crucial for the progression towards wealthier

economies, fairer societies and stronger democracies. Decent work involves opportunities for work that are productive and deliver a fair income; provides security in the workplace and social protection for workers and their families; offers better prospects for personal development; and empowers people by giving them the freedom to express their concerns, to organize and to participate in decisions that affect their lives (United Nations, 2014).

Although all regions face a youth employment crisis, large differences exist across countries and regions. For example, youth unemployment rates in 2012 were highest in the Middle East and North Africa, at 28 per cent and 24 per cent, respectively, and lowest in East Asia (10 per cent) and South Asia (9 per cent). The youth unemployment rate for the developed economies and the European Union in 2012 was estimated at 18 per cent, the highest level for this group of countries in the past two decades (United Nations, 2014).

In many countries, the unemployment scenario is further aggravated by the large numbers of young people in poor quality and low-paid employment with intermittent and insecure work arrangements, including in the informal economy.

Full, productive and remunerative employment along with comprehensive social protection mea-



asures are the sine qua non of attempts to eradicate poverty. Ensuring decent work and income-earning opportunities for young people is therefore integral not only to the eradication of poverty but also to the achievement of sustainable development.

Achievement of other goals

Young people are key players or intended beneficiaries of virtually every other sustainable development goal, even if the connection may not be immediately obvious.

Goal 16, for example, aims to promote peaceful societies. How do young people figure into the achievement of that goal? Young people often

represent a large portion of those affected by crises. Some of the factors that may leave young people especially vulnerable include the breakdown of social and cultural systems; personal traumas such as the loss of family members; exposure to violence and chaos; and the disruption of school and friendships. Conflicts and upheaval can deny societies the possibility of harnessing the contributions young people could make to their families, communities and nations.

Another goal, to end hunger, achieve food security and improve nutrition, has a youth dimension that may not be immediately apparent. At least 160 million young people aged 15 to 24 are undernourished worldwide (United Nations, 2005). The health of adolescent and young mothers is also significantly linked to low birthweight babies and has a direct influence on child mortality and malnutrition (UNFPA, 2010). Nutritional status, especially in early childhood, can enhance intellectual development and academic success during youth and adolescence, as well as economic status and human capital into adulthood.

A goal to ensure availability and sustainable management of water and sanitation for all also has a youth dimension. Fetching water is primarily allocated to young women and girls. In Africa and Asia, women and girls walk, on average, six kilometres daily to transport water for their families. The long hours spent collecting water reduce the amount of time spent on education, income generation and other productive endeavours (United Nations et al. 2010). Young women and girls regularly face harassment and fear sexual assault and rape when going to the toilet, especially after dark. (Massey, 2011). Easy access to safe, clean and private washrooms, especially at school facilities, can allow girls to maintain privacy and manage menstrual hygiene, which is key to ensuring school attendance (WaterAid, 2012).



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Accountability

Once the sustainable development goals are finalized, how will progress be monitored? The goals are accompanied by 169 specific targets, such as an increase in the number of youth and adults who have relevant skills for employment, and a reduction in the number of young people who are not in school or not employed.

Negotiations are still under way to assign indicators to each target to enable an accurate assessment of progress. Indicators can also help hold governments and the international community accountable to young people—and all other stakeholders.

Inclusion of youth in local and national poverty-reduction strategies could, for example, provide insights into the extent to which governments are committed to ending poverty among all groups, including the young. Measurement of progress—or setbacks—will therefore be critical to the success of the post-2015 agenda. Ensuring young people can be—and are—engaged in the achievement of the sustainable development goals will increase the likelihood of success because they have a stake in their own futures.

From 2015 to 2030

Through the new sustainable development goals, governments and the international community have an unprecedented but fleeting opportunity to enrich the lives of young people and support the development of the capabilities they will need to expand their individual choices and shape the innovative and sustainable future of the planet.

Young people in all countries have the potential to be agents for social change, economic development and technological innovation. Comprising about one quarter of the world's population, today's youth are tomorrow's parents, workers, investors, active citizens and leaders. The ways in which

young people are able to address their aspirations and challenges and fulfil their potential will influence current social and economic conditions and the well-being and livelihood of future generations (United Nations Commission on Population and Development, 2012). When fully engaged, educated, healthy, productive and empowered to realize their full potential and enjoy their rights, young people can help stop multigenerational poverty and can contribute effectively to the preservation and strengthening of their communities and national resources.

A meaningful future agenda for young people is one that recognizes the protection of their human rights and empowerment to ensure their well-being and role as citizens, expand their opportunities for social and political participation, promote their abilities and innovativeness to become entrepreneurs, and support their safe and healthy transitions from adolescence to adulthood and beyond.

A young person aged 10 in 2015 will have become an adult of 25 in 2030, the target year for achieving the sustainable development goals. Those charged with forging the post-2015 agenda would do well to imagine what the life of that 10-year-old is like now and what it could be in 2030 with the right support.

The future of today's young people is the future of the world.



The transformation of the future and the case for young people

Youth are better equipped to reach their full potential when they are healthy and well educated, and when they have opportunities to thrive and fulfil their aspirations. With appropriate support to achieve their potential, defined by decisions rooted in their participation, they can be an immense source of productivity, innovation and creative dynamism that accelerates development.

The post-2015 agenda provides accumulating evidence of the **IMPORTANCE OF YOUTH** to development, the growing recognition of their rights and the proven benefits of the demographic dividend.



Today the world has the largest number of young people in history—1.8 billion and counting. Most people alive right now have not yet reached age 30.

On the cusp of their sexual and reproductive and economically productive lives, young people's future is the world's future. Choices to foster their development and protect their rights could usher in enormous benefits for them and societies as a whole—and can be made right now.

The development case for youth

Youth are better equipped to reach their full potential when they are healthy and well-educated, and when they have opportunities to thrive and fulfil their aspirations. With appropriate support to achieve their potential, defined by decisions rooted in their participation, they can be an immense

source of productivity, innovation and creative dynamism that accelerates development.

Young people with jobs, for example, propel flourishing economies. A voice in decisions that affect them can lead to decisions that reflect their realities and leave them less likely to turn to alternative routes for expressing themselves through, for example, civil unrest. Full access to reproductive and sexual health means they can make informed choices about their lives and those of their families, and contribute to healthier societies overall.

Where investments are not made in youth, national prospects are constricted, dramatically in some cases. Many of the poorest countries have the highest numbers of young people and some of the steepest barriers to development. They are locked in a vicious cycle where large numbers of young people fiercely compete for scarce resources, especially jobs. When lacking education and health care, they may marry while they are still children and become parents before they are ready, undermining their transition to a happy, stable adulthood. Gender discrimination makes all of these issues particularly acute—even life-threatening—for young women.

This cycle is not unbreakable. But it continues to spin unless plans, policies and other instruments of development, from conceptualization through implementation, take young people into account. They should recognize that development is not age-neutral, and that demography matters. In many societies, however, youth are assumed to face the same issues as older adults—or are viewed as secondary citizens, subordinate to adult priorities, who will earn their turn later on.

The result is that young people often end up overlooked and shortchanged, even as they lack the economic or political clout to advocate their issues. The consequences are felt most immediately by youth, but extend through societies at large, particularly those that are largely young.

"I would like to live in a world where women have full access to the health services and human rights they need to have control over their sexual and reproductive lives. I would like this world to be available to men too, which would require men to work towards gender equality and support women in their sexual and reproductive health choices."

Lindsay Menard-Freeman, United States



The world can look to some recent hopeful successes in reversing this tendency. While complications from pregnancy and childbirth are the second leading killer of young women aged 15 to 19, deaths have significantly declined since 2000, when, spurred by the Millennium Development Goals, health ministries ramped up actions to reduce rates using basic, proven interventions. The rate fell across Africa by 37 per cent, for example, even though it still has the largest number of poor, youthful countries. This was a case of the right priorities, backed by the right policies and investments.

Most-likely scenarios suggest that within the next few years or decades, the numbers of young people will peak. Investing now in meeting their rights and needs has the added value of locking in progress, as they develop capabilities and find opportunities that improve their lives and can be passed to future generations. Investing now also builds the resilience they will likely need in the face of accelerating climate change, and its potentially major consequences for the environment and human well-being.

The rights case: commitments include youth too

The development case for youth is inextricably linked with a rights rationale. Universal human rights to health and education, for example, are codified in an array of international agreements signed by the vast majority of countries and in many cases translated into national laws, with an accompanying obligation to uphold them.

In principle, universal rights do not break down by age or other categories, where they apply more to some groups than others. In practice, however, youth suffer from many egregious violations. Some relate to social norms that treat youth as less important; others relate to breaks in legal protec-

tion, as occur, for example, when laws allow forced marriages between adolescent girls and male adults or fail to protect against gender-based violence.

There needs to be broader, clearer understanding of youth as equal rights holders, and of the specific shortfalls they may face as people of a particular age. Also critical is to recognize that these may vary across diverse groups of youth—defined by parameters such as gender ethnicity, location, income group, and specific age—where for a variety of reasons some enjoy their rights to a greater degree than others. Expanded awareness would help shift social norms, which could lead to the better alignment of laws and legal practices with human rights norms, and the fulfilment of commitments that have been made.

Youth, both female and male, need to be welcomed as full partners in claiming their rights, from sitting at tables where these are defined to taking part in legislative processes, making proposals for service provision and beyond. Their participation is a right in itself. And it is an avenue for empowering them to navigate the transition to adulthood as full citizens who uphold fair, well-functioning societies.

Unleash youth potential

Countries that choose to invest in youth have many options, some of which may be more appropriate than others, depending on national context. This report outlines a few broad categories that may be most relevant, stressing that these and the issues under them are interlinked and should be understood in connection to each other.

Build capability—starting with youth

Investing in human capability is essential for sustainable, resilient national development, and it needs to begin with youth. Capabilities in many ways define what people can be and do, and determine whether or not they can lead lives that they value. Youth with

the right capabilities, because they are educated and healthy, in particular, set in motion a long chain of choices and opportunities that can carry them skillfully through their lives, shape the broader progress of their society, and even determine the well-being of the next generation.

Many countries still underinvest in youth capabilities. Further, much of the focus has been on education, even though knowledge learned in school may not be sufficient for young people to transition into successful adult lives. Young people also need to be healthy, with sexual and reproductive health an integral aspect. They require skills most relevant to competing in the labour market and grasping the opportunities of a high-tech world. Capabilities come as well through the protection of the full spectrum of human rights, and through participation in society, especially on decisions that affect young people directly.

Some barriers to capabilities among youth that deserve priority attention include child marriage, sexual and gender-based violence and gender discrimination. Improving the education of girls helps more stay in school and empowers them to make choices about their lives. Universal access to quality, comprehensive reproductive and sexual health information and services allows all women to exercise their reproductive rights, which can lead to fertility declines and better maternal health. Further, more women participate in the labour force and contribute to economic growth, and the life chances of their children improve. Family planning, as a single intervention, may be one of the most effective ways to accelerate the accumulation of human capital.

Create an environment where youth can flourish
Capabilities are grounded in individuals. Once capabilities have been provided, making full use of them depends on individual choices, but also the surrounding environment. Youth may be well-educated

and healthy, and full of hope and inspiration to better the world. Yet their abilities fall flat—as do the public and family investments in them—if youth cannot find meaningful jobs, start businesses, enjoy legal protections, or know that political and social institutions will respond to their concerns.

Decent work is a particular problem, given a global crisis of worsening youth unemployment. Young people with jobs are more empowered and protected. They have better prospects for healthy families. They contribute to prosperous economies, and fair and stable societies. But as the high youth unemployment rates explicitly underscore, barriers to a productive work life can be steep for young people.

Those of particular concern include mismatches between the skills that young people have and those demanded by employers, a lack of labour market information, and poor access to financial and other business services. Gender discrimination throws up additional obstacles for young women, even in countries where their educational achievements surpass those of young men. Young people have rarely been invited into discussions on how these issues could be resolved, or what interventions have proven successful and should be expanded.

In general, labour policies need to recognize and respond to the specific concerns of youth, grounded in the understanding that this can make a major contribution to national development and social stability. They need to link to macroeconomic policies to ensure that while economies grow, so do good job options for young people. Policymakers also can consider how economic structures can operate to trap young people in situations of poverty and inequality, as when an anaemic manufacturing sector reduces avenues for rural young people to leave subsistence agriculture and find better-paying jobs. Social protection programmes can cushion risks, reduce disparities and fairly ensure that no one, at

any point in life, falls below a minimum standard of living.

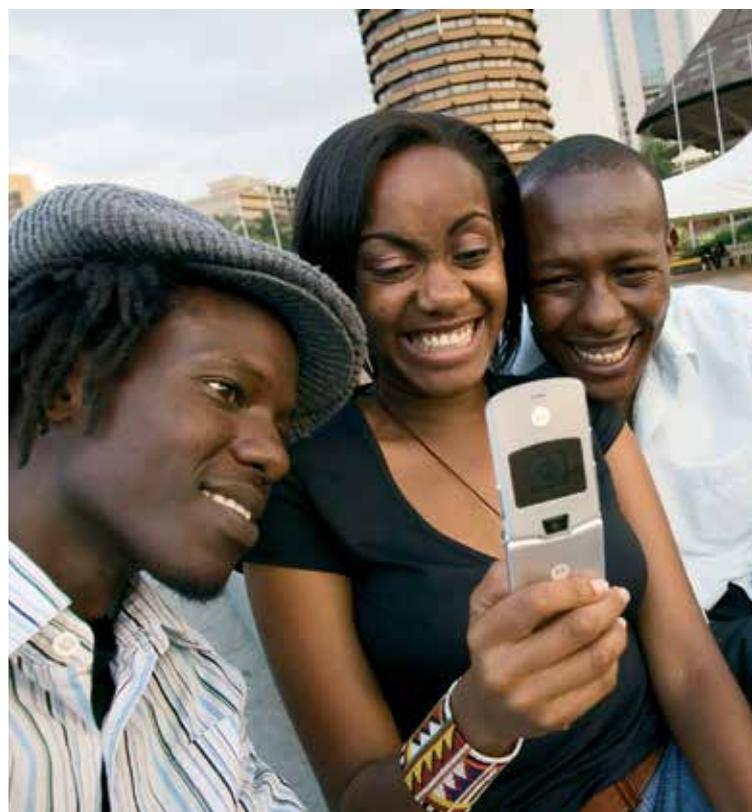
Prioritize science, technology and innovation

In 2013, more than 2.7 billion people used the Internet, and 2.1 billion had mobile phone subscriptions. The penetration of technology is such that it can now be considered fundamental to many basic dimensions of human well-being—improved delivery of health and education services, more accountable governance, and an array of economic benefits, from the creation of jobs to the planting of climate-resilient crops (Yousef et al., 2014).

Today's youth were born into a technological world. Opening every opportunity for them to make the most of it can lead to more competitive, diverse and productive economies, and more connected and inclusive societies (Mhenni, et al., 2014).

Many issues are involved. Access to technology has improved as costs have fallen, but some countries face the more basic problem of adequate electricity. Public access points for technology can be one option for beginning to address this gap (United Nations Economic and Social Council, 2013). Once technology is available, young people need digital literacy or e-skills, which encompass not just using devices, but also being equipped to think critically, communicate and collaborate. Abilities to manage risk and act with an entrepreneurial spirit are also relevant. Education systems, at all levels, and including both formal and informal avenues, need to help young people acquire these skills.

While these capabilities will help some youth with the critical problem of unemployment, including in the essential transition from informal to formal jobs, attention also needs to go to an environment that fosters new opportunities in science, technology and innovation. Encouraging



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open-source technologies can capitalize on existing research and development. Innovation “ecosystems” such as science and technology parks can be linked in a national system of innovation, supported by public policy, and with the engagement of both public and private concerns (Mhenni, 2014). Market research can probe opportunities, such as in mobile applications, that over time can help shift countries from technology consumers to producers.

In all of these areas, specific strategies can galvanize the talents of youth, with a special emphasis on young women, since gender stereotypes may discourage them from careers in science and technology. Options include mentoring, scholarships, access to finance and gender-neutral hiring practices, among many others (United Nations Economic and Social Council, 2013).

Keep the promises

The ICPD Beyond 2014 Global Survey conducted by UNFPA in 2012 found that 80 per cent of countries have at least some type of policy focused on youth. Around two-thirds have youth programmes or youth strategies. These are positive steps forward, joining other policies in health, education and so on that specifically benefit young people.

Across the broader framework of laws, policies and regulations, however, most countries fall short of the commitments they have made to the rights of young people in international agreements. These gaps need to be filled, and then implementation and measurement of impact taken seriously, towards improvement of youth well-being and the full protection of their rights. The success of all policies, programmes and strategies is premised in part on whether or not young people were involved in their formulation, and have roles in making decisions on implementation.

As an example of the implementation gap, although many countries have comprehensive sexuality education policies, on the ground, there is wide variance in terms of whether or not schools are actually teaching it. Further, the millions of young people who are out of school will not benefit, even as they are often at highest risk of the consequences of missing out. Comprehensive knowledge about HIV is still low for young men and even more so for young women, yet HIV deaths are increasing among adolescents, in contrast to all other age groups. Another case of implementation that starts but does not go far enough is when countries invest in preventing adolescent pregnancy, but do little to support girls who do become pregnant and/or have a child. In general, far too little has been done to understand and respond to the needs and rights of very young adolescents aged 10 to 14.

Implementation also needs to be considered in terms of issues that transcend national borders, as

is the case with the high cost of the HPV vaccine. This makes it inaccessible for hundreds of millions of girls in developing countries, despite a World Health Organization recommendation that it be given to all between the ages of 9 and 13.

Mobilize political will

Political will is one of the most important ingredients in shaping a better future for youth. It can take multiple forms, from leaders highlighting the essential role of youth in national development, to adequate budgetary allocations for youth programmes, to legislative changes that better protect the rights of youth, to a high visibility of youth and youth issues in political campaigns.

But political will is also subject to ideas about youth that may be prevalent across a society, some of which lead to marginalization. Political figures aware of the importance of youth can exercise leadership by beginning to question these norms. They can stress the civic value of youth participation, and avoid the tendency to mobilize youth for elections and then drop engagement in the aftermath. They can reach out to different groups of youth, including those at younger and older stages, recognizing that these may offer distinct and valuable perspectives.

In many countries, youth themselves may not be seen as a political constituency worthy of notice. But youth movements around the world have demonstrated how powerful they can be, including through the creative use of new technology, in coming together to make their voices heard.

Question assumptions

The way a society thinks about youth has a major impact on how youth are treated and their prospects in life. Some norms celebrate the unique value of young people. But others are discriminatory and damaging. They can be reflected in formal institutions, as when laws fail to uphold youth rights, or

policies ignore youth as a population group requiring specific attention. They appear in reproductive and sexual health care if youth cannot access a full complement of services to realize their rights, such as contraception because they are not married.

Norms affecting youth operate more informally as well. This occurs, for instance, when parents decide not to send their daughters to school, or employers decline to hire qualified young women.

Norms often seem to make sense in a particular context, in part because they may have been operating for a long time and the majority of people agree on them. But in many cases, they stand in the way of rights and development, and the full potential of youth will never be realized without questioning them. Assumptions that young adolescents are not sexually active, for instance, and therefore do not require sexual and reproductive health information and services, open doors to early pregnancy and the many consequences that stem from it, in addition to failing to acknowledge realities such as sexual violence.

Adults can take up the task of questioning assumptions about youth, both individually and through institutions, as can young people themselves. With a basic knowledge of their rights, and the keen sense of justice and fairness felt by many youth, they can point to the most harmful norms, and engage parents, teachers, peers, employers and others in understanding how these undercut their prospects, and could shift in favour of more positive, supportive attitudes.

Recognize and rectify inequities

While this report frequently talks about youth as a group, they are as far from being a monolith as humanity itself. Youth face a variety of opportunities and constraints, depending on age, gender, ethnicity, sexual orientation, location and many other parameters. Even within the group of people between the ages of 10 and 24, issues vary significantly among younger and older adolescents, and young adults. Not enough is even known at this point about very young adolescents, between the ages of 10 and 14,



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"Live your best life now, do your best work today and let your voice be heard on matters you are passionate about."

Adebayo Alonge, Nigeria



beyond the fact that there are substantial gaps in protection, as happens when girls in that group are married and/or pregnant.

Broader social inequities are reflected among youth, and may have a greater impact on them in many cases, because they are less prepared to counteract them. Inequalities have deepened between the richest and poorest in many countries, making it more difficult for those at the bottom to improve their lives. Youth in the poorest population segments will likely end up with the wrong education, the wrong health care, the wrong skills to navigate employment, and the wrong start in life, condemning them to lives no better than those of their parents.

Public policies and programmes need to take youth diversities and disparities on board, developing strategies to unblock bottlenecks to progress, making deliberate efforts to identify and reach young people who are otherwise overlooked, and in general living up to the principle of equity, which is inherent in human rights.

Youth must be part of shaping their own destiny

Youth have a right to participate in decisions that affect them. From a more instrumentalist perspective, those decisions may end up being better with

youth involved because they respond more closely to youth realities.

Young people do not always take advantage of options for participation. They vote at lower rates than in the past, and in many cases, voting is their main avenue for political expression. This may be due to a variety of factors, including the feeling that mainstream institutions dominated by adults do not reflect their interests, or a deep-seated pessimism about prospects for making a difference.

In the United Nations MyWorld survey conducted in 2013 and 2014, with over 2 million participants around the world, youth in countries with low and high development unequivocally dubbed honest and responsive government as among their priorities, even above health care and nutritious food. Decision-making, with its multiple impacts on their lives, is clearly important to them.

The explosive growth of social media among youth shows that they will engage and put forward their own ideas, perhaps where they consider forums more dynamic and open to change. At the 2013 Youth Forum at the United Nations Economic and Social Council, youth discussed how social media is more compelling for young people today than other types of social movements. They called for increasing access for youth in order to better engage them in the development process, particularly given the large portion of youth in many developing countries (United Nations Economic and Social Council, 2013).

There are roles for both adults and youth in broadening opportunities for youth participation. Adults need to provide new opportunities, while ensuring that these are respectful and take youth concerns seriously—including by acting on them. Youth can encourage each other to get more involved, and better equip themselves for participation through, for example, honing advocacy skills. They can call on youth organizations to be well run and effective.

Seize the demographic dividend

The period of demographic transition between high fertility and mortality rates and low ones will happen at some point in virtually every country. But only those that make the appropriate choices and investments will reap a demographic dividend, taking full advantage of the point where there are fewer dependents and more people in their productive years.

These countries will ensure that young people can be most productive because they have both capabilities and opportunities, including sound health care, relevant education and employment choices, and their rights are consistently protected.

The potential benefits are great, even beyond the fact that investing in young people is the right course of action for any society. They include greater economic productivity, more resources for better quality infrastructure and services as fertility rates decline, increased political stability and transmission of achievements to coming generations.

By contrast, shortsighted thinking that fails to recognize and grasp these benefits will result in the loss of an already-closing window of opportunity offered by the next generation. The current waste of human potential that young people experience, given the lack of protection, respect and targeted investments in them, is unconscionable in the best of times. At a moment of increasingly scarce resources, with numerous and growing threats from conflict, climate and diseases, it is beyond comprehension.

One size does not fit all

How a country can best manage its demographic transition and achieve a demographic dividend depends on its own context. This encompasses historical, political and cultural factors, as well as where it stands in terms of trends in fertility and mortality. Rates may both be high, or declining, or one may be high but not the other. Policy and investment choices have to hew closely to these realities.

There are some generally applicable truths, however. One is that demographic trends respond to policy choices that can be embedded in good development planning. A second is that demographic issues matter to everyone, in light of potential dividends. They are a common cause for national political figures, finance officials, businesses, traditional leaders, community groups and more. All of these can make the case for investing in youth and act on this understanding themselves.

Managing before, during and after

While recognizing diverse national situations, this report offers some general guidelines about the types of policies that may be relevant at different stages of demographic transition. At the beginning, where fertility and mortality are still high, some of the most important investments can be made in infant and child survival, with interventions such as safe water and sanitation, adequate nutrition and immunization.

As more children survive, larger numbers of people may see the advantages of smaller families. While earlier interventions for survival are sustained, additional emphasis on reproductive and sexual health care supports family planning, including through the provision of contraception, counselling and other services.

When fertility and mortality rates decline to a point where there are fewer dependents and more people in their productive years, the dividend has begun and economies can take off. Basic services for health and education need to be sustained, but fewer people require them. Resources once required in these areas can be redirected into economic investments to spur productivity, build human and physical capital, and pursue innovation.

Once the dividend begins, policymakers need to understand how to maximize its benefits, putting the country on a permanent trajectory of lower poverty



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rates and higher standards of living. The right balance of policies is essential. This can entail managing the imperatives of economic growth, the quality of that growth in terms of how equitably its benefits extend, the sustainable use of resources and protection of human rights.

This stage can also warrant a look ahead to what happens after the dividend. Countries that have passed through the demographic transition may face new challenges from a high portion of older people. Health care burdens may be significant, yet threatened by limited resources, since fewer economically active people are in the population. Elderly voters may pull political choices towards their concerns, potentially resulting in the neglect of younger groups, or even setbacks in youth well-being. While these issues may be far in the future for many countries, some current experiences show the value of anticipating them and striving, over time, for a point of intergenerational balance.

Staying on top of change

Across all stages of demographic transition, policies and planning need to be dynamic, based on regular assessments of the issues at stake. Analysis should account for variations at the national and subnation-

al levels, which may require improving systems for civil registration and vital statistics to secure accurate information, including where it needs to be broken down by different age segments among youth, and diverse groups (UNICEF, 2013). The process as a whole should never lose sight of those who are most excluded and furthest behind, because the full demographic dividend cannot be realized without them.

Improvements in data collection could begin with Demographic and Health Surveys collecting much more comprehensive and age-disaggregated information about youth, including adolescents, that provide insights into their sexual and reproductive health and reproductive rights. Computer-based survey instruments are increasingly an option to protect privacy for sensitive tasks such as exploring relationship histories.

Major data gaps on adolescents urgently need to be closed, with priorities encompassing the youngest age bracket, unmarried mothers and those living with HIV. Even though boys comprise half of adolescents, the paucity of statistics on issues specific to them limits understanding of vital concerns such as gendered patterns in contraceptive use that could inform more targeted pregnancy prevention (World Health Organization, 2014a).

Planning across the life cycle

People have different opportunities and needs at various points of the life cycle. This may be obvious in everyday life, but it is not consistently reflected in public policymaking. A life-cycle approach looks across generations to consider equitable and effective ways of apportioning resources and fulfilling rights.

It could consider questions of balance across generations, including in relation to potential demographic dividends. If policy choices, for example, result in too few young people in a nation, in proportion to the whole population, there is a risk of declines in economic productivity and a struggle

to support the elderly. Too many young people, and countries may strain to meet their needs for education, employment, health care and so on. Investments in training and employability across lifetimes, social protection measures for downturns and routine access to high-quality health care at different stages of life are among the key factors that help avoid either extreme.

Put youth at the centre of the post-2015 agenda

The post-2015 agenda offers an unprecedented opportunity to build on the achievements of the Millennium Development Goals, and the accumulating evidence of the importance of youth to development, the growing recognition of their rights and the proven benefits of the demographic dividend.

All issues relate to young people

To be most effective and fair, the post-2015 agenda needs to consider the needs and rights of youth in all issues under the three pillars of sustainable development: social, economic and environment. All agreed goals and targets, whether or not specific mention is made of “young people,” can be looked at in terms of opportunities and constraints for them, and in light of prospects for enhancing the demographic dividend. As often as appropriate, goals and targets need to be tailored to the rights and needs of diverse groups of youth, including young women and men, and those in distinct age brackets, from early adolescence to adulthood.

In both national planning and appropriate forms of international support, the goals and targets need to be viewed as interdependent and mutually reinforcing. Given the multiple dimensions of empowering youth at the start of their lives, this may be more the case for them than any other population group.

Adopt youth-specific targets—including at the national level

Agreement on new international targets specific to youth will keep them visible and sustain focused action, including on priority issues such as education, health and employment. Where possible, these should reflect some of the variances in youth of different ages, with one particular priority being greater attention to defining and responding to young adolescents.

Once the targets are agreed, all countries should work to achieve them. At the same time, countries can elaborate additional targets that may reflect national or subnational realities, including disparities among groups of youth, or are even more ambitious in scope. This process should operate within the agreed post-2015 framework, linking to the overarching goals, and can build on successes with similar experiences with the Millennium Development Goals. As appropriate, it can involve both national and international partners, so that their efforts can be aligned accordingly. Across all efforts towards implementation, youth should be encouraged to participate, to play leadership roles and to provide inputs that become the basis for action.

Financing that pays off

A full complement of domestic and international public and private resources will be needed to fund the post-2015 agenda. This report has repeatedly underscored the rationale for choosing to direct significant sums to youth, where the returns can multiply many times over, and in fact can be key to unlocking much faster and more sustainable development.

National ministries of finance, development banks, bilateral and multilateral development agencies and even businesses should consider the experiences of countries that have reaped the demographic dividend, and commit to what might be one of the smartest—and rightest—investments around: youth.

#SHOWYOURSELFIE—A PETITION TO WORLD LEADERS TO SAY “YOUTH MATTER”

Today's young people are a powerful force, both individually and collectively. But millions of today's youth have been failed by the world, lack access to basic rights, and don't have a genuine chance to reach their potential in life.

In some countries girls are more likely to die in child-birth than they are to finish school, and an estimated one in three girls is married before the age of 18, some as young as eight. More than 500 million young people live on less than \$2 a day, and nearly 175 million of them in poor countries cannot read a full sentence.

On International Youth Day 2014, UNFPA and Global Citizen launched #showyourselfie, a global petition campaign to urge world leaders to prioritize the needs and rights of young people in the agenda for international development once the Millennium Development Goals expire in 2015. Needs and rights include education, employment skills and opportunities,

quality health care, access to contraception, comprehensive sexuality education, protection from violence and harmful practices and participation in decision-making.

The campaign seeks to mobilize millions of young people and their supporters to tell decision makers across the world that young people must be at the centre of plans that will shape our future. It asks them to do this by taking a selfie and sharing it with the campaign.

Each selfie is a visual signature that shows the person pictured believes in the power of the world's 1.8 billion young people. Thousands and thousands of photographs, from all corners of the globe, will send a clear message to leaders that it's time to put young people in the spotlight.

The visual petition will be delivered to world leaders in September 2015 during the UN General Assembly. If you support the cause please can you—and everyone you know who shares this belief—#showyourselfie for youth!

#SHOWYOURSELFIE FOR YOUTH

www.showyourselfie.org



Indicators

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Demographic indicators page 110

Notes page 116

Monitoring ICPD goals: selected indicators

Country,
territory or
other area

| Country, territory or other area | Maternal and Newborn Health | | | Sexual and Reproductive Health | | | Education | | | | | |
|--|---|--|---|---|--|--|---|--------|---|--|--------|---|
| | Maternal mortality ratio (deaths per 100,000 live births) ¹ , 2013 | Births attended by skilled health personnel, per cent ² , 2006-2013 | Adolescent birth rate per 1,000 women aged 15-19, 1999-2012 | Contraceptive prevalence rate, women aged 15-49, any method ³ , 2014 | Contraceptive prevalence rate, women aged 15-49, modern method ⁴ , 2014 | Proportion of demand satisfied, women aged 15-49 ⁵ , 2014 | Adjusted primary school enrolment, net per cent of primary school-age children, 1999-2013 | | Gender parity index, primary education, 1999-2013 | Secondary school enrolment, net per cent of secondary school-age children, 2000-2013 | | Gender parity index, secondary education, 2000-2013 |
| | | | | | | | male | female | | male | female | |
| Afghanistan | 400 | 36 | 90 x | 28 | 23 | 51 | – | – | – | 39 | 14 | 0.37 |
| Albania | 21 | 99 | 12 | 66 | 18 | 83 | 93 | 90 | 0.96 | 66 | 64 | 0.96 |
| Algeria | 89 | 95 | 4 | 64 | 56 | 84 | 98 | 96 | 0.98 | – | – | – |
| Angola | 460 | 49 x | 188 | 18 | 12 | 38 | 97 | 74 | 0.77 | 15 | 12 | 0.81 |
| Antigua and Barbuda | – | 100 x | 67 | 63 | 60 | 82 | 87 | 84 | 0.97 | 72 | 85 | 1.18 |
| Argentina | 69 | 99 | 70 | 70 | 64 | 87 | 100 | 99 | 0.99 | 81 | 89 | 1.09 |
| Armenia | 29 | 100 | 28 | 59 | 29 | 81 | 89 | 98 | 1.10 | 76 | 91 | 1.19 |
| Aruba | – | – | 42 | – | – | – | 94 | 98 | 1.04 | 73 | 81 | 1.10 |
| Australia | 6 | 99 y | 15 | 69 | 66 | 87 | 97 | 97 | 1.01 | 85 | 86 | 1.01 |
| Austria | 4 | 99 y | 9 | 68 | 65 | 87 | – | – | – | – | – | – |
| Azerbaijan | 26 | 100 x | 47 | 56 | 21 | 80 | 90 | 88 | 0.98 | 88 | 86 | 0.98 |
| Bahamas | 37 | 99 x | 40 | 67 | 65 | 85 | 94 | 99 | 1.06 | 80 | 86 | 1.07 |
| Bahrain | 22 | 100 x | 14 | 66 | 43 | 85 | 100 | 98 | 0.99 | 84 | 87 | 1.04 |
| Bangladesh | 170 | 31 | 128 | 63 | 54 | 83 | 94 | 98 | 1.05 | 44 | 51 | 1.16 |
| Barbados | 52 | 100 x | 49 | 64 | 61 | 83 | 97 | 97 | 0.99 | 84 | 96 | 1.15 |
| Belarus | 1 | 100 x | 21 | 68 | 58 | 87 | 94 | 94 | 1.00 | 95 | 96 | 1.00 |
| Belgium | 6 | 99 | 9 | 69 | 67 | 88 | 99 | 99 | 1.00 | 87 | 84 | 0.97 |
| Belize | 45 | 95 | 93 | 58 | 53 | 77 | 98 | 100 | 1.01 | 70 | 75 | 1.06 |
| Benin | 340 | 84 | 98 | 16 | 10 | 35 | 100 | 88 | 0.88 | 25 | 12 | 0.47 |
| Bhutan | 120 | 58 | 59 | 67 | 66 | 86 | 90 | 93 | 1.03 | 53 | 61 | 1.15 |
| Bolivia (Plurinational State of) | 200 | 71 | 89 | 62 | 40 | 77 | 87 | 87 | 1.00 | 68 | 69 | 1.02 |
| Bosnia and Herzegovina | 8 | 100 | 14 | 48 | 16 | 73 | – | – | – | – | – | – |
| Botswana | 170 | 99 x | 51 | 56 | 54 | 76 | 83 | 85 | 1.01 | 56 | 65 | 1.16 |
| Brazil | 69 | 99 y | 65 x | 79 | 75 | 91 | – | – | – | – | – | – |
| Brunei Darussalam | 27 | 100 x | 17 | – | – | – | 96 | 95 | 0.99 | 94 | 95 | 1.01 |
| Bulgaria | 5 | 100 x | 42 | 67 | 47 | 83 | 96 | 97 | 1.00 | 86 | 84 | 0.98 |
| Burkina Faso | 400 | 67 | 136 | 19 | 18 | 43 | 68 | 65 | 0.95 | 22 | 18 | 0.83 |
| Burundi | 740 | 60 | 65 | 27 | 22 | 47 | 94 | 94 | 1.00 | 20 | 17 | 0.87 |
| Cambodia | 170 | 71 | 30 x | 56 | 41 | 78 | 100 | 97 | 0.97 | 40 | 36 | 0.92 |
| Cameroon, Republic of | 590 | 64 x | 128 | 28 | 17 | 56 | 97 | 86 | 0.88 | – | – | – |
| Canada | 11 | 98 y | 14 | 73 | 71 | 90 | 100 | 100 | 1.00 | – | – | – |
| Cape Verde | 53 | 99 | 92 | 62 | 58 | 80 | 99 | 96 | 0.97 | 64 | 74 | 1.15 |
| Central African Republic | 880 | 40 | 229 | 23 | 12 | 49 | 81 | 64 | 0.79 | 18 | 10 | 0.52 |
| Chad | 980 | 17 | 203 | 6 | 3 | 20 | 72 | 56 | 0.77 | 16 | 5 | 0.33 |
| Chile | 22 | 100 y | 52 | 65 | 61 | 83 | 93 | 93 | 1.00 | 82 | 86 | 1.04 |
| China | 32 | 96 y | 6 | 84 | 83 | 96 | – | – | – | – | – | – |
| China, Hong Kong SAR | – | – | 4 | 80 | 75 | 94 | 99 | 98 | 0.99 | 81 | 81 | 1.00 |
| China, Macao SAR | – | – | 3 | – | – | – | 87 | 87 | 1.00 | 77 | 80 | 1.04 |
| Colombia | 83 | 99 | 85 | 78 | 72 | 90 | 87 | 86 | 1.00 | 71 | 77 | 1.08 |

Monitoring ICPD goals: selected indicators

| Country, territory or other area | Maternal and Newborn Health | | | Sexual and Reproductive Health | | | Education | | | | | |
|-----------------------------------|---|--|---|---|--|--|---|--------|---|--|--------|---|
| | Maternal mortality ratio (deaths per 100,000 live births) ^a , 2013 | Births attended by skilled health personnel, per cent ^b , 2006-2013 | Adolescent birth rate per 1,000 women aged 15-19, 1999-2012 | Contraceptive prevalence rate, women aged 15-49, any method ^c , 2014 | Contraceptive prevalence rate, women aged 15-49, modern method ^c , 2014 | Proportion of demand satisfied, women aged 15-49 ^c , 2014 | Adjusted primary school enrolment, net per cent of primary school-age children, 1999-2013 | | Gender parity index, primary education, 1999-2013 | Secondary school enrolment, net per cent of secondary school-age children, 2000-2013 | | Gender parity index, secondary education, 2000-2013 |
| | | | | | | | male | female | | male | female | |
| Comoros | 350 | 82 | 70 | 23 | 16 | 41 | 86 | 80 | 0.93 | – | – | – |
| Congo, Democratic Republic of the | 730 | 80 | 135 | 23 | 8 | 46 | 37 | 35 | 0.95 | – | – | – |
| Congo, Republic of the | 410 | 90 | 147 | 47 | 22 | 72 | 88 | 96 | 1.09 | – | – | – |
| Costa Rica | 38 | 99 | 67 | 79 | 76 | 93 | 92 | 93 | 1.01 | 71 | 75 | 1.07 |
| Côte d'Ivoire | 720 | 57 | 125 | 20 | 14 | 45 | 67 | 56 | 0.84 | – | – | – |
| Croatia | 13 | 100 | 12 | 66 | 43 | 85 | 98 | 100 | 1.02 | 92 | 95 | 1.03 |
| Cuba | 80 | 100 y | 54 | 74 | 72 | 89 | 96 | 97 | 1.00 | 86 | 87 | 1.01 |
| Curaçao | – | – | – | – | – | – | – | – | – | – | – | – |
| Cyprus | 10 | 97 y | 4 x | – | – | – | 98 | 98 | 1.00 | 91 | 93 | 1.02 |
| Czech Republic | 5 | 100 y | 11 | 80 | 71 | 93 | – | – | – | – | – | – |
| Denmark | 5 | 98 y | 5 | 71 | 66 | 88 | 98 | 99 | 1.01 | 90 | 92 | 1.02 |
| Djibouti | 230 | 78 | 21 | 22 | 21 | 42 | 62 | 55 | 0.89 | 29 | 21 | 0.72 |
| Dominica | – | 100 x | 47 | 63 | 60 | 82 | 95 | 97 | 1.03 | 79 | 88 | 1.11 |
| Dominican Republic | 100 | 95 | 96 | 72 | 70 | 87 | 90 | 88 | 0.98 | 58 | 66 | 1.15 |
| Ecuador | 87 | 91 | 100 | 73 | 61 | 89 | 96 | 98 | 1.02 | 73 | 75 | 1.03 |
| Egypt | 45 | 79 | 50 | 63 | 60 | 85 | 100 | 97 | 0.97 | 83 | 82 | 1.00 |
| El Salvador | 69 | 85 y | 63 | 71 | 64 | 86 | 95 | 95 | 1.00 | 61 | 62 | 1.03 |
| Equatorial Guinea | 290 | 68 | 128 | 15 | 10 | 32 | 62 | 62 | 0.99 | 25 | 19 | 0.77 |
| Eritrea | 380 | – | 85 | 19 | 15 | 40 | 36 | 32 | 0.88 | 28 | 23 | 0.82 |
| Estonia | 11 | 99 y | 16 | 65 | 59 | 84 | 96 | 97 | 1.01 | 90 | 91 | 1.01 |
| Ethiopia | 420 | 10 | 87 | 34 | 33 | 56 | 72 | 66 | 0.91 | 18 | 11 | 0.61 |
| Fiji | 59 | 100 x | 31 | 50 | 44 | 73 | 98 | 100 | 1.02 | 79 | 88 | 1.11 |
| Finland | 4 | 100 y | 8 | 74 | 72 | 90 | 99 | 99 | 1.00 | 92 | 93 | 1.01 |
| France | 9 | 97 y | 9 | 75 | 72 | 92 | 98 | 99 | 1.01 | 96 | 98 | 1.02 |
| French Guiana | – | – | 84 x | – | – | – | – | – | – | – | – | – |
| French Polynesia | – | – | 41 | – | – | – | – | – | – | – | – | – |
| Gabon | 240 | 89 x | 115 | 34 | 21 | 57 | – | – | – | – | – | – |
| Gambia | 430 | 57 | 88 | 11 | 9 | 27 | 71 | 76 | 1.07 | – | – | – |
| Georgia | 41 | 100 | 40 | 51 | 36 | 75 | 98 | 99 | 1.01 | 84 | 80 | 0.95 |
| Germany | 7 | 98 y | 8 | 67 | 62 | 86 | 99 | 100 | 1.01 | – | – | – |
| Ghana | 380 | 67 | 70 | 22 | 20 | 38 | 87 | 88 | 1.00 | 53 | 50 | 0.95 |
| Greece | 5 | – | 10 | 69 | 46 | 87 | 99 | 100 | 1.01 | 99 | 99 | 1.00 |
| Grenada | 23 | 100 x | 53 | 64 | 60 | 82 | 96 | 99 | 1.04 | 77 | 77 | 1.01 |
| Guadeloupe | – | – | 21 | 58 | 51 | 78 | – | – | – | – | – | – |
| Guam | – | – | 60 | 54 | 45 | 76 | – | – | – | – | – | – |
| Guatemala | 140 | 51 | 92 | 56 | 47 | 76 | 96 | 95 | 0.99 | 48 | 45 | 0.92 |
| Guinea | 650 | 45 x | 154 | 7 | 4 | 22 | 81 | 70 | 0.86 | 37 | 23 | 0.63 |
| Guinea-Bissau | 560 | 43 | 137 | 16 | 12 | 42 | 73 | 69 | 0.95 | 11 | 6 | 0.56 |
| Guyana | 250 | 87 | 97 | 44 | 43 | 62 | 70 | 80 | 1.14 | 86 | 100 | 1.16 |
| Haiti | 380 | 37 | 65 | 37 | 33 | 52 | – | – | – | – | – | – |
| Honduras | 120 | 83 | 99 | 73 | 64 | 87 | 93 | 95 | 1.02 | – | – | – |
| Hungary | 14 | 99 x | 18 | 75 | 68 | 90 | 96 | 97 | 1.00 | 92 | 92 | 0.99 |
| Iceland | 4 | – | 11 | – | – | – | 98 | 99 | 1.01 | 88 | 89 | 1.01 |

Monitoring ICPD goals: selected indicators

| Country, territory or other area | Maternal and Newborn Health | | | Sexual and Reproductive Health | | | Education | | | | | |
|--|---|--|---|---|--|--|---|-----|---|--|-----|---|
| | Maternal mortality ratio (deaths per 100,000 live births) ^a , 2013 | Births attended by skilled health personnel, per cent ^b , 2006-2013 | Adolescent birth rate per 1,000 women aged 15-19, 1999-2012 | Contraceptive prevalence rate, women aged 15-49, any method ^c , 2014 | Contraceptive prevalence rate, women aged 15-49, modern method ^d , 2014 | Proportion of demand satisfied, women aged 15-49 ^e , 2014 | Adjusted primary school enrolment, net per cent of primary school-age children, 1999-2013 | | Gender parity index, primary education, 1999-2013 | Secondary school enrolment, net per cent of secondary school-age children, 2000-2013 | | Gender parity index, secondary education, 2000-2013 |
| India | 190 | 67 y | 39 | 59 | 52 | 82 | 92 | 89 | 0.97 | – | – | – |
| Indonesia | 190 | 83 x | 47 | 62 | 59 | 84 | 95 | 96 | 1.01 | 75 | 77 | 1.04 |
| Iran (Islamic Republic of) | 23 | – | 23 | 77 | 59 | 92 | 98 | 96 | 0.98 | 84 | 79 | 0.95 |
| Iraq | 67 | 91 | 68 | 54 | 37 | 78 | 97 | 86 | 0.89 | 49 | 40 | 0.81 |
| Ireland | 9 | 100 y | 14 | 67 | 63 | 86 | 100 | 100 | 1.00 | 99 | 100 | 1.01 |
| Israel | 2 | – | 13 x | 71 | 53 | 89 | 97 | 97 | 1.01 | 97 | 100 | 1.03 |
| Italy | 4 | 100 y | 7 | 66 | 49 | 85 | 99 | 99 | 0.99 | 91 | 92 | 1.01 |
| Jamaica | 80 | 96 x | 72 | 72 | 68 | 88 | 92 | 91 | 1.00 | 72 | 76 | 1.05 |
| Japan | 6 | 100 y | 5 x | 56 | 50 | 78 | – | – | – | 99 | 100 | 1.01 |
| Jordan | 50 | 100 | 27 | 62 | 42 | 84 | 98 | 96 | 0.98 | 86 | 89 | 1.03 |
| Kazakhstan | 26 | 100 | 31 | 56 | 52 | 78 | 98 | 100 | 1.02 | 87 | 86 | 0.99 |
| Kenya | 400 | 44 | 106 | 51 | 45 | 70 | 82 | 83 | 1.01 | 52 | 48 | 0.94 |
| Kiribati | 130 | 98 x | 49 | 27 | 22 | 50 | – | – | – | 66 | 73 | 1.11 |
| Korea, Democratic People's Republic of | 87 | 100 | 1 | 70 | 63 | 87 | – | – | – | – | – | – |
| Korea, Republic of | 27 | 100 y | 2 | 79 | 69 | 93 | 100 | 99 | 0.99 | 96 | 96 | 0.99 |
| Kuwait | 14 | 99 y | 9 | 57 | 45 | 78 | 99 | 98 | 0.99 | 86 | 88 | 1.03 |
| Kyrgyzstan | 75 | 99 | 41 | 40 | 37 | 70 | 99 | 98 | 0.99 | 81 | 80 | 0.99 |
| Lao People's Democratic Republic | 220 | 40 | 94 | 53 | 45 | 74 | 97 | 95 | 0.98 | 43 | 40 | 0.92 |
| Latvia | 13 | 99 y | 19 | 68 | 59 | 85 | 98 | 99 | 1.01 | 83 | 84 | 1.02 |
| Lebanon | 16 | – | 18 | 63 | 40 | 83 | 99 | 93 | 0.94 | 67 | 68 | 1.00 |
| Lesotho | 490 | 62 | 92 | 52 | 51 | 71 | 80 | 84 | 1.04 | 26 | 41 | 1.57 |
| Liberia | 640 | 61 | 149 | 20 | 19 | 37 | 42 | 40 | 0.95 | – | – | – |
| Libya | 15 | 100 y | 4 | 48 | 28 | 70 | – | – | – | – | – | – |
| Lithuania | 11 | – | 15 | 63 | 52 | 83 | 98 | 98 | 1.00 | 97 | 96 | 0.99 |
| Luxembourg | 11 | 100 y | 7 | – | – | – | 94 | 96 | 1.02 | 85 | 88 | 1.04 |
| Madagascar | 440 | 44 | 147 | 45 | 35 | 70 | 77 | 78 | 1.00 | 31 | 31 | 1.01 |
| Malawi | 510 | 71 | 157 | 50 | 47 | 68 | 90 | 97 | 1.07 | 30 | 29 | 0.95 |
| Malaysia | 29 | 99 x | 13 | 57 | 41 | 78 | 98 | 95 | 0.96 | 67 | 66 | 0.98 |
| Maldives | 31 | 99 | 16 | 41 | 33 | 61 | 95 | 94 | 0.99 | 46 | 53 | 1.14 |
| Mali | 550 | 58 | 172 | 12 | 11 | 29 | 78 | 68 | 0.88 | 40 | 28 | 0.71 |
| Malta | 9 | 100 y | 17 x | 81 | 60 | 94 | 95 | 95 | 1.00 | 80 | 84 | 1.05 |
| Martinique | – | – | 20 x | 60 | 53 | 80 | – | – | – | – | – | – |
| Mauritania | 320 | 57 | 88 | 14 | 12 | 32 | 68 | 73 | 1.07 | 15 | 14 | 0.88 |
| Mauritius | 73 | 100 y | 31 | 76 | 52 | 92 | 98 | 98 | 1.00 | 80 | 81 | 1.01 |
| Mexico | 49 | 95 x | 85 | 73 | 67 | 87 | 97 | 99 | 1.02 | 66 | 69 | 1.04 |
| Micronesia (Federated States of) | 96 | 100 x | 33 | – | – | – | – | – | – | – | – | – |
| Moldova, Republic of | 21 | 99 x | 26 | 67 | 49 | 86 | 91 | 90 | 1.00 | 78 | 78 | 1.01 |
| Mongolia | 68 | 99 x | 19 | 58 | 52 | 80 | 98 | 97 | 0.99 | 81 | 85 | 1.05 |
| Montenegro | 7 | – | 14 | 52 | 27 | 74 | 98 | 99 | 1.01 | – | – | – |
| Morocco | 120 | 74 x | 32 | 68 | 58 | 87 | 99 | 99 | 1.00 | – | – | – |
| Mozambique | 480 | 19 | 166 | 16 | 15 | 37 | 89 | 84 | 0.95 | 18 | 17 | 0.95 |
| Myanmar | 200 | 71 x | 17 | 51 | 48 | 75 | – | – | – | 46 | 48 | 1.05 |

Monitoring ICPD goals: selected indicators

| Country, territory or other area | Maternal and Newborn Health | | | Sexual and Reproductive Health | | | Education | | | | | |
|----------------------------------|---|--|---|---|--|--|---|--------|---|--|--------|---|
| | Maternal mortality ratio (deaths per 100,000 live births) ^a , 2013 | Births attended by skilled health personnel, per cent ^b , 2006-2013 | Adolescent birth rate per 1,000 women aged 15-19, 1999-2012 | Contraceptive prevalence rate, women aged 15-49, any method ^c , 2014 | Contraceptive prevalence rate, women aged 15-49, modern method ^c , 2014 | Proportion of demand satisfied, women aged 15-49 ^c , 2014 | Adjusted primary school enrolment, net per cent of primary school-age children, 1999-2013 | | Gender parity index, primary education, 1999-2013 | Secondary school enrolment, net per cent of secondary school-age children, 2000-2013 | | Gender parity index, secondary education, 2000-2013 |
| | | | | | | | male | female | | male | female | |
| Namibia | 130 | 81 | 74 | 58 | 57 | 77 | 87 | 90 | 1.04 | 45 | 57 | 1.27 |
| Nepal | 190 | 36 | 87 | 53 | 47 | 69 | 98 | 97 | 0.99 | 59 | 61 | 1.05 |
| Netherlands | 6 | – | 5 | 68 | 65 | 87 | 99 | 99 | 1.00 | 90 | 91 | 1.01 |
| New Caledonia | – | – | 23 | – | – | – | – | – | – | – | – | – |
| New Zealand | 8 | 96 y | 25 | 72 | 68 | 89 | 98 | 99 | 1.01 | 97 | 97 | 1.00 |
| Nicaragua | 100 | 88 x | 92 | 79 | 75 | 92 | 93 | 94 | 1.01 | 42 | 49 | 1.14 |
| Niger | 630 | 29 | 206 | 15 | 9 | 46 | 69 | 58 | 0.84 | 15 | 10 | 0.66 |
| Nigeria | 560 | 38 x | 122 | 15 | 10 | 41 | 71 | 60 | 0.84 | – | – | – |
| Norway | 4 | 99 y | 7 x | 79 | 72 | 93 | 99 | 100 | 1.00 | 94 | 96 | 1.01 |
| Oman | 11 | 99 x | 12 | 37 | 24 | 56 | 97 | 98 | 1.01 | 90 | 86 | 0.96 |
| Pakistan | 170 | 52 x | 48 | 37 | 27 | 64 | 77 | 67 | 0.87 | 41 | 31 | 0.74 |
| Palestine ^d | 47 | – | 67 | 56 | 43 | 78 | 93 | 92 | 0.99 | 77 | 84 | 1.09 |
| Panama | 85 | 94 | 81 | 56 | 52 | 75 | 92 | 92 | 0.99 | 74 | 79 | 1.08 |
| Papua New Guinea | 220 | 43 y | 65 | 37 | 29 | 60 | 90 | 83 | 0.92 | – | – | – |
| Paraguay | 110 | 95 y | 63 | 77 | 68 | 92 | 83 | 82 | 1.00 | 60 | 65 | 1.08 |
| Peru | 89 | 87 | 67 | 74 | 53 | 90 | 96 | 96 | 1.00 | 77 | 77 | 1.01 |
| Philippines | 120 | 72 | 53 | 52 | 38 | 71 | 88 | 89 | 1.02 | 56 | 67 | 1.19 |
| Poland | 3 | 100 y | 14 | 70 | 47 | 87 | 97 | 97 | 1.00 | 90 | 91 | 1.01 |
| Portugal | 8 | – | 13 | 77 | 70 | 92 | 98 | 99 | 1.01 | 78 | 86 | 1.10 |
| Puerto Rico | 20 | – | 55 | 79 | 69 | 93 | 82 | 87 | 1.06 | – | – | – |
| Qatar | 6 | 100 x | 20 | 48 | 38 | 75 | 99 | 95 | 0.96 | 91 | 100 | 1.10 |
| Reunion | – | – | 43 x | 72 | 69 | 89 | – | – | – | – | – | – |
| Romania | 33 | 99 x | 35 | 69 | 53 | 88 | 94 | 93 | 1.00 | 79 | 81 | 1.02 |
| Russian Federation | 24 | 100 x | 26 | 69 | 56 | 88 | 97 | 98 | 1.01 | – | – | – |
| Rwanda | 320 | 69 | 41 | 53 | 46 | 72 | 87 | 90 | 1.03 | – | – | – |
| Saint Kitts and Nevis | – | 100 x | 75 | 60 | 55 | 79 | 82 | 85 | 1.04 | 84 | 88 | 1.05 |
| Saint Lucia | 34 | 99 x | 50 | 60 | 58 | 80 | 83 | 83 | 0.99 | 81 | 84 | 1.03 |
| Saint Vincent and the Grenadines | 45 | 99 x | 70 | 65 | 62 | 83 | 97 | 97 | 1.00 | 84 | 87 | 1.03 |
| Samoa | 58 | 81 x | 39 | 32 | 31 | 42 | 95 | 97 | 1.03 | 75 | 84 | 1.12 |
| San Marino | – | – | 1 | – | – | – | 93 | 93 | 1.00 | 91 | 92 | 1.01 |
| São Tomé and Príncipe | 210 | 81 | 110 | 40 | 36 | 54 | 98 | 100 | 1.01 | 30 | 34 | 1.14 |
| Saudi Arabia | 16 | – | 7 x | 38 | 31 | 61 | 95 | 98 | 1.03 | – | – | – |
| Senegal | 320 | 51 | 80 | 17 | 16 | 37 | 77 | 82 | 1.08 | 24 | 18 | 0.76 |
| Serbia | 16 | 100 | 19 x | 58 | 28 | 81 | 93 | 93 | 1.00 | 90 | 91 | 1.02 |
| Seychelles | – | 99 x | 70 | – | – | – | 92 | 95 | 1.04 | 91 | 100 | 1.09 |
| Sierra Leone | 1100 | 61 x | 125 | 16 | 14 | 35 | – | – | – | – | – | – |
| Singapore | 6 | 100 y | 3 | 66 | 58 | 85 | – | – | – | – | – | – |
| Slovakia | 7 | 100 x | 23 | 71 | 59 | 88 | – | – | – | – | – | – |
| Slovenia | 7 | 100 y | 5 | 75 | 64 | 90 | 97 | 98 | 1.01 | 93 | 94 | 1.01 |
| Solomon Islands | 130 | 70 | 62 | 38 | 31 | 64 | 82 | 79 | 0.97 | 33 | 29 | 0.88 |
| Somalia | 850 | 9 | 123 | 22 | 5 | 43 | – | – | – | – | – | – |
| South Africa | 140 | – | 54 | 65 | 64 | 84 | 90 | 91 | 1.00 | 58 | 65 | 1.11 |
| South Sudan | 730 | 17 | 38 | 6 | 2 | 17 | 48 | 34 | 0.71 | – | – | – |

Monitoring ICPD goals: selected indicators

| Country, territory or other area | Maternal and Newborn Health | | | Sexual and Reproductive Health | | | Education | | | | | |
|---|---|--|---|---|--|--|---|--------|---|--|--------|---|
| | Maternal mortality ratio (deaths per 100,000 live births) ^a , 2013 | Births attended by skilled health personnel, per cent ^b , 2006-2013 | Adolescent birth rate per 1,000 women aged 15-19, 1999-2012 | Contraceptive prevalence rate, women aged 15-49, any method ^c , 2014 | Contraceptive prevalence rate, women aged 15-49, modern method ^c , 2014 | Proportion of demand satisfied, women aged 15-49 ^c , 2014 | Adjusted primary school enrolment, net per cent of primary school-age children, 1999-2013 | | Gender parity index, primary education, 1999-2013 | Secondary school enrolment, net per cent of secondary school-age children, 2000-2013 | | Gender parity index, secondary education, 2000-2013 |
| | | | | | | | male | female | | male | female | |
| Spain | 4 | – | 10 | 67 | 63 | 84 | 100 | 100 | 1.00 | 95 | 96 | 1.02 |
| Sri Lanka | 29 | 99 | 24 | 71 | 55 | 90 | 94 | 94 | 1.00 | 83 | 87 | 1.05 |
| Sudan | 360 | 20 | 102 x | 15 | 13 | 35 | 54 | 49 | 0.89 | 33 | 30 | 0.93 |
| Suriname | 130 | 90 | 66 | 52 | 51 | 72 | 92 | 93 | 1.01 | 52 | 63 | 1.22 |
| Swaziland | 310 | 82 | 89 | 64 | 61 | 80 | 84 | 86 | 1.02 | 32 | 38 | 1.17 |
| Sweden | 4 | – | 6 | 71 | 62 | 88 | 100 | 99 | 1.00 | 93 | 93 | 1.00 |
| Switzerland | 6 | – | 3 | 76 | 71 | 92 | 99 | 100 | 1.01 | 82 | 80 | 0.97 |
| Syrian Arab Republic | 49 | 96 x | 75 | 57 | 41 | 78 | 100 | 98 | 0.99 | 69 | 69 | 1.00 |
| Tajikistan | 44 | 87 | 47 | 32 | 29 | 59 | 100 | 97 | 0.97 | 88 | 79 | 0.90 |
| Tanzania, United Republic of | 410 | 49 | 128 | 39 | 32 | 62 | 98 | 98 | 1.00 | 30 | 26 | 0.86 |
| Thailand | 26 | 99 | 60 | 79 | 77 | 93 | 96 | 95 | 0.99 | 77 | 82 | 1.06 |
| The former Yugoslav Republic of Macedonia | 7 | 89 | 18 | 48 | 16 | 72 | 92 | 92 | 1.00 | 79 | 77 | 0.97 |
| Timor-Leste, Democratic Republic of | 270 | 29 | 54 | 29 | 26 | 52 | 92 | 91 | 0.98 | 36 | 40 | 1.11 |
| Togo | 450 | 44 | 88 | 21 | 17 | 37 | 98 | 87 | 0.89 | 32 | 15 | 0.48 |
| Tonga | 120 | 99 x | 30 | – | – | – | 89 | 91 | 1.03 | 73 | 80 | 1.10 |
| Trinidad and Tobago | 84 | 100 x | 36 | 50 | 44 | 72 | 99 | 98 | 0.99 | 70 | 75 | 1.07 |
| Tunisia | 46 | 74 | 7 | 64 | 53 | 85 | 100 | 100 | 1.00 | – | – | – |
| Turkey | 20 | 91 | 32 | 73 | 48 | 89 | 96 | 95 | 0.99 | 84 | 80 | 0.96 |
| Turkmenistan | 61 | 100 x | 21 | 57 | 51 | 79 | – | – | – | – | – | – |
| Turks and Caicos Islands | – | – | 29 | – | – | – | 77 | 84 | 1.08 | 72 | 69 | 0.96 |
| Tuvalu | – | 93 | 42 | 34 | 27 | 55 | – | – | – | – | – | – |
| Uganda | 360 | 58 | 146 | 34 | 30 | 52 | 90 | 92 | 1.03 | 16 | 15 | 0.89 |
| Ukraine | 23 | 99 | 28 | 66 | 50 | 86 | 98 | 99 | 1.02 | 85 | 86 | 1.00 |
| United Arab Emirates | 8 | 100 x | 34 | 48 | 39 | 71 | 99 | 97 | 0.98 | 73 | 79 | 1.09 |
| United Kingdom | 8 | – | 22 | 82 | 80 | 94 | 100 | 100 | 1.00 | 95 | 95 | 1.00 |
| United States of America | 28 | 99 | 34 | 75 | 69 | 92 | 93 | 93 | 1.00 | 86 | 88 | 1.02 |
| United States Virgin Islands | – | – | 59 | 70 | 63 | 87 | – | – | – | – | – | – |
| Uruguay | 14 | 100 | 60 | 77 | 74 | 91 | 100 | 99 | 0.99 | 68 | 76 | 1.12 |
| Uzbekistan | 36 | 100 | 26 | 67 | 61 | 88 | 93 | 90 | 0.97 | – | – | – |
| Vanuatu | 86 | 74 | 66 | 42 | 39 | 65 | 98 | 97 | 0.99 | 51 | 53 | 1.04 |
| Venezuela (Bolivarian Republic of) | 110 | 96 x | 101 | 70 | 64 | 85 | 96 | 93 | 0.98 | 71 | 78 | 1.09 |
| Viet Nam | 49 | 92 | 38 | 78 | 67 | 93 | – | – | – | – | – | – |
| Western Sahara | – | – | – | – | – | – | – | – | – | – | – | – |
| Yemen | 270 | 34 | 80 | 42 | 28 | 61 | 95 | 79 | 0.84 | 51 | 34 | 0.66 |
| Zambia | 280 | 47 | 151 | 47 | 35 | 67 | 98 | 98 | 1.00 | – | – | – |
| Zimbabwe | 470 | 66 | 112 | 61 | 60 | 82 | 83 | 84 | 1.02 | 37 | 34 | 0.93 |

World and regional data

| | Maternal and Newborn Health | | | Sexual and Reproductive Health | | | Education | | | | | |
|--|---|--|---|---|--|--|---|-----------|---|--|-----------|---|
| | Maternal mortality ratio (deaths per 100,000 live births) ^a , 2013 | Births attended by skilled health personnel, per cent ^b , 2006-2013 | Adolescent birth rate per 1,000 women aged 15-19, 1999-2012 | Contraceptive prevalence rate, women aged 15-49, any method ^c , 2014 | Contraceptive prevalence rate, women aged 15-49, modern method ^c , 2014 | Proportion of demand satisfied, women aged 15-49 ^c , 2014 | Adjusted primary school enrolment, net per cent of primary school-age children, 1999-2013 | | Gender parity index, primary education, 1999-2013 | Secondary school enrolment, net per cent of secondary school-age children, 2000-2013 | | Gender parity index, secondary education, 2000-2013 |
| | | | | | | | male | female | | male | female | |
| Arab States | 170 | 75 | 55 | 53 | 44 | 76 | 88 | 83 | 0.94 | 66 | 60 | 0.92 |
| Asia and the Pacific | 140 | 74 | 34 c | 68 | 63 | 87 | 95 | 95 | 1.00 | 67 | 63 | 0.94 |
| Eastern Europe and Central Asia | 27 | 96 | 30 | 65 | 47 | 85 | 95 | 94 | 0.99 | 86 | 85 | 0.98 |
| Latin American and Caribbean | 85 | 92 | 76 d | 73 | 67 | 87 | 93 | 94 | 1.00 | 71 | 75 | 1.07 |
| East and Southern Africa | 410 | 48 | 112 | 37 | 31 | 60 | 87 | 84 | 0.96 | 34 | 31 | 0.91 |
| West and Central Africa | 590 | 47 | 128 | 17 | 12 | 41 | 76 | 68 | 0.89 | 36 | 29 | 0.81 |
| More developed regions | 16 | - | 21 | 70 | 61 | 88 | 96 | 97 | 1.00 | - | - | 0.99 * |
| Less developed regions | 230 | 68 | 54 | 63 | 57 | 84 | 91 | 90 | 0.98 | - | - | 0.96 * |
| Least developed regions | 440 | - | 113 | 39 | 32 | 63 | 84 | 79 | 0.94 | - | - | 0.87 * |
| World | 210 | 69 | 50 | 64 | 57 | 84 | 92 | 90 | 0.98 | - | - | 0.97 * |

NOTES

- Data not available.

* Using gross enrolment ratios.

† Women currently married/in union

x Data differs from the standard definition, refers to only part of a country or adjusted.

y Data refers to institutional birth.

a The MMR has been rounded according to the following scheme: <100, no rounding; 100-999, rounded to nearest 10; and >1000, rounded to nearest 100.

b Figures include surveys conducted between 2006-2013 only. Live births for 2010 is used as this is the mid-year of the included surveys.

c Figures exclude Cook Islands, Marshall Islands, Nauru, Niue, Palau, Tokelau, and Tuvalu due to data availability.

d Figures exclude Anguilla, Bermuda, British Virgin Islands, Cayman Islands, Dominica, Montserrat, Netherlands Antilles, Saint Kitts and Nevis, and Turks and Caicos Islands due to data availability.

1 On 29 November 2012, the United Nations General Assembly passed Resolution 67/19, which accorded Palestine "non-member observer State status in the United Nations..."

Demographic indicators

| Country, territory or other area | Population | | | | Life expectancy | | Fertility |
|-----------------------------------|------------------------------------|---------------------------------------|---|---|---|--------|--|
| | Total population in millions, 2014 | Population aged 10-24, per cent, 2014 | Population aged 10-24 in millions, 2014 | Average annual rate of population change, per cent, 2010-2015 | Life expectancy at birth (years), 2010-2015 male | female | Total fertility rate, per woman, 2010-2015 |
| Afghanistan | 31.3 | 36 | 11.2 | 2.4 | 59 | 62 | 5.0 |
| Albania | 3.2 | 26 | 0.8 | 0.3 | 75 | 81 | 1.8 |
| Algeria | 39.9 | 25 | 9.9 | 1.8 | 69 | 73 | 2.8 |
| Angola | 22.1 | 33 | 7.2 | 3.1 | 50 | 53 | 5.9 |
| Antigua and Barbuda | 0.1 | 26 | 0.0 | 1.0 | 73 | 78 | 2.1 |
| Argentina | 41.8 | 24 | 10.0 | 0.9 | 73 | 80 | 2.2 |
| Armenia | 3.0 | 22 | 0.6 | 0.2 | 71 | 78 | 1.7 |
| Aruba | 0.1 | 21 | 0.0 | 0.4 | 73 | 78 | 1.7 |
| Australia ¹ | 23.6 | 19 | 4.6 | 1.3 | 80 | 85 | 1.9 |
| Austria | 8.5 | 17 | 1.4 | 0.4 | 78 | 84 | 1.5 |
| Azerbaijan ² | 9.5 | 25 | 2.3 | 1.1 | 68 | 74 | 1.9 |
| Bahamas | 0.4 | 24 | 0.1 | 1.4 | 72 | 78 | 1.9 |
| Bahrain | 1.3 | 21 | 0.3 | 1.7 | 76 | 77 | 2.1 |
| Bangladesh | 158.5 | 30 | 47.6 | 1.2 | 70 | 71 | 2.2 |
| Barbados | 0.3 | 20 | 0.1 | 0.5 | 73 | 78 | 1.9 |
| Belarus | 9.3 | 17 | 1.6 | -0.5 | 64 | 76 | 1.5 |
| Belgium | 11.1 | 17 | 1.9 | 0.4 | 78 | 83 | 1.9 |
| Belize | 0.3 | 31 | 0.1 | 2.4 | 71 | 77 | 2.7 |
| Benin | 10.6 | 32 | 3.4 | 2.7 | 58 | 61 | 4.9 |
| Bhutan | 0.8 | 29 | 0.2 | 1.6 | 68 | 68 | 2.3 |
| Bolivia (Plurinational State of) | 10.8 | 31 | 3.4 | 1.6 | 65 | 69 | 3.3 |
| Bosnia and Herzegovina | 3.8 | 21 | 0.8 | -0.1 | 74 | 79 | 1.3 |
| Botswana | 2.0 | 33 | 0.7 | 0.9 | 48 | 47 | 2.6 |
| Brazil | 202.0 | 25 | 50.9 | 0.8 | 70 | 77 | 1.8 |
| Brunei Darussalam | 0.4 | 25 | 0.1 | 1.4 | 77 | 80 | 2.0 |
| Bulgaria | 7.2 | 15 | 1.0 | -0.8 | 70 | 77 | 1.5 |
| Burkina Faso | 17.4 | 33 | 5.7 | 2.8 | 55 | 57 | 5.7 |
| Burundi | 10.5 | 31 | 3.3 | 3.2 | 52 | 56 | 6.1 |
| Cambodia | 15.4 | 29 | 4.5 | 1.7 | 69 | 74 | 2.9 |
| Cameroon, Republic of | 22.8 | 33 | 7.5 | 2.5 | 54 | 56 | 4.8 |
| Canada | 35.5 | 18 | 6.4 | 1.0 | 79 | 84 | 1.7 |
| Cape Verde | 0.5 | 32 | 0.2 | 0.8 | 71 | 79 | 2.3 |
| Central African Republic | 4.7 | 33 | 1.5 | 2.0 | 48 | 52 | 4.4 |
| Chad | 13.2 | 33 | 4.4 | 3.0 | 50 | 52 | 6.3 |
| Chile | 17.8 | 23 | 4.1 | 0.9 | 77 | 83 | 1.8 |
| China ³ | 1393.8 | 20 | 278.6 | 0.6 | 74 | 77 | 1.7 |
| China, Hong Kong SAR ⁴ | 7.3 | 15 | 1.1 | 0.7 | 80 | 86 | 1.1 |
| China, Macao SAR ⁵ | 0.6 | 17 | 0.1 | 1.8 | 78 | 83 | 1.1 |
| Colombia | 48.9 | 27 | 13.1 | 1.3 | 70 | 78 | 2.3 |
| Comoros | 0.8 | 30 | 0.2 | 2.4 | 59 | 62 | 4.7 |
| Congo, Democratic Republic of the | 69.4 | 33 | 22.6 | 2.7 | 48 | 52 | 6.0 |
| Congo, Republic of the | 4.6 | 31 | 1.4 | 2.6 | 57 | 60 | 5.0 |
| Costa Rica | 4.9 | 26 | 1.3 | 1.4 | 78 | 82 | 1.8 |

| Country, territory or other area | Population | | | | Life expectancy | | Fertility |
|----------------------------------|------------------------------------|---------------------------------------|---|---|---|--------|--|
| | Total population in millions, 2014 | Population aged 10-24, per cent, 2014 | Population aged 10-24 in millions, 2014 | Average annual rate of population change, per cent, 2010-2015 | Life expectancy at birth (years), 2010-2015 male | female | Total fertility rate, per woman, 2010-2015 |
| Côte d'Ivoire | 20.8 | 32 | 6.7 | 2.3 | 50 | 51 | 4.9 |
| Croatia | 4.3 | 16 | 0.7 | -0.4 | 74 | 80 | 1.5 |
| Cuba | 11.3 | 19 | 2.2 | -0.1 | 77 | 81 | 1.5 |
| Curaçao | 0.2 | 20 | 0.0 | 2.2 | 74 | 80 | 1.9 |
| Cyprus ⁶ | 1.2 | 21 | 0.2 | 1.1 | 78 | 82 | 1.5 |
| Czech Republic | 10.7 | 15 | 1.6 | 0.4 | 75 | 81 | 1.6 |
| Denmark | 5.6 | 19 | 1.1 | 0.4 | 77 | 81 | 1.9 |
| Djibouti | 0.9 | 30 | 0.3 | 1.5 | 60 | 63 | 3.4 |
| Dominica | - | - | - | 0.4 | - | - | - |
| Dominican Republic | 10.5 | 28 | 3.0 | 1.2 | 70 | 77 | 2.5 |
| Ecuador | 16.0 | 28 | 4.4 | 1.6 | 74 | 79 | 2.6 |
| Egypt | 83.4 | 28 | 22.9 | 1.6 | 69 | 73 | 2.8 |
| El Salvador | 6.4 | 32 | 2.0 | 0.7 | 68 | 77 | 2.2 |
| Equatorial Guinea | 0.8 | 30 | 0.2 | 2.8 | 51 | 54 | 4.9 |
| Eritrea | 6.5 | 31 | 2.0 | 3.2 | 60 | 65 | 4.7 |
| Estonia | 1.3 | 16 | 0.2 | -0.3 | 69 | 80 | 1.6 |
| Ethiopia | 96.5 | 35 | 33.4 | 2.6 | 62 | 65 | 4.6 |
| Fiji | 0.9 | 26 | 0.2 | 0.7 | 67 | 73 | 2.6 |
| Finland ⁷ | 5.4 | 17 | 0.9 | 0.3 | 77 | 84 | 1.9 |
| France | 64.6 | 18 | 11.8 | 0.5 | 78 | 85 | 2.0 |
| French Guiana | 0.3 | 28 | 0.1 | 2.5 | 74 | 81 | 3.1 |
| French Polynesia | 0.3 | 26 | 0.1 | 1.1 | 74 | 79 | 2.1 |
| Gabon | 1.7 | 31 | 0.5 | 2.4 | 62 | 64 | 4.1 |
| Gambia | 1.9 | 32 | 0.6 | 3.2 | 57 | 60 | 5.8 |
| Georgia ⁸ | 4.3 | 18 | 0.8 | -0.4 | 70 | 78 | 1.8 |
| Germany | 82.7 | 15 | 12.4 | -0.1 | 78 | 83 | 1.4 |
| Ghana | 26.4 | 31 | 8.3 | 2.1 | 60 | 62 | 3.9 |
| Greece | 11.1 | 15 | 1.6 | 0.0 | 78 | 83 | 1.5 |
| Grenada | 0.1 | 28 | 0.0 | 0.4 | 70 | 75 | 2.2 |
| Guadeloupe ⁹ | 0.5 | 21 | 0.1 | 0.5 | 77 | 84 | 2.1 |
| Guam | 0.2 | 26 | 0.0 | 1.3 | 76 | 81 | 2.4 |
| Guatemala | 15.9 | 33 | 5.2 | 2.5 | 68 | 75 | 3.8 |
| Guinea | 12.0 | 32 | 3.9 | 2.5 | 55 | 57 | 5.0 |
| Guinea-Bissau | 1.7 | 32 | 0.6 | 2.4 | 53 | 56 | 5.0 |
| Guyana | 0.8 | 31 | 0.3 | 0.5 | 64 | 69 | 2.6 |
| Haiti | 10.5 | 31 | 3.3 | 1.4 | 61 | 65 | 3.2 |
| Honduras | 8.3 | 32 | 2.6 | 2.0 | 71 | 76 | 3.0 |
| Hungary | 9.9 | 16 | 1.6 | -0.2 | 70 | 79 | 1.4 |
| Iceland | 0.3 | 21 | 0.1 | 1.1 | 80 | 84 | 2.1 |
| India | 1267.4 | 28 | 355.3 | 1.2 | 65 | 68 | 2.5 |
| Indonesia | 252.8 | 26 | 66.1 | 1.2 | 69 | 73 | 2.4 |
| Iran (Islamic Republic of) | 78.5 | 24 | 18.7 | 1.3 | 72 | 76 | 1.9 |
| Iraq | 34.8 | 32 | 11.1 | 2.9 | 66 | 73 | 4.1 |

Demographic indicators

| Country, territory or other area | Population | | | | Life expectancy | | Fertility |
|--|------------------------------------|---------------------------------------|---|---|---|--------|--|
| | Total population in millions, 2014 | Population aged 10-24, per cent, 2014 | Population aged 10-24 in millions, 2014 | Average annual rate of population change, per cent, 2010-2015 | Life expectancy at birth (years), 2010-2015 male | female | Total fertility rate, per woman, 2010-2015 |
| Ireland | 4.7 | 19 | 0.9 | 1.1 | 78 | 83 | 2.0 |
| Israel | 7.8 | 23 | 1.8 | 1.3 | 80 | 83 | 2.9 |
| Italy | 61.1 | 15 | 8.9 | 0.2 | 80 | 85 | 1.5 |
| Jamaica | 2.8 | 28 | 0.8 | 0.5 | 71 | 76 | 2.3 |
| Japan | 127.0 | 14 | 17.9 | -0.1 | 80 | 87 | 1.4 |
| Jordan | 7.5 | 28 | 2.1 | 3.5 | 72 | 76 | 3.3 |
| Kazakhstan | 16.6 | 23 | 3.8 | 1.0 | 61 | 72 | 2.4 |
| Kenya | 45.5 | 32 | 14.4 | 2.7 | 60 | 63 | 4.4 |
| Kiribati | 0.1 | 32 | 0.0 | 1.5 | 66 | 72 | 3.0 |
| Korea, Democratic People's Republic of | 25.0 | 23 | 5.9 | 0.5 | 66 | 73 | 2.0 |
| Korea, Republic of | 49.5 | 19 | 9.3 | 0.5 | 78 | 85 | 1.3 |
| Kuwait | 3.5 | 22 | 0.8 | 3.6 | 73 | 75 | 2.6 |
| Kyrgyzstan | 5.6 | 28 | 1.6 | 1.4 | 63 | 72 | 3.1 |
| Lao People's Democratic Republic | 6.9 | 33 | 2.3 | 1.9 | 67 | 69 | 3.1 |
| Latvia | 2.0 | 16 | 0.3 | -0.6 | 67 | 77 | 1.6 |
| Lebanon | 5.0 | 27 | 1.3 | 3.0 | 78 | 82 | 1.5 |
| Lesotho | 2.1 | 35 | 0.7 | 1.1 | 49 | 50 | 3.1 |
| Liberia | 4.4 | 32 | 1.4 | 2.6 | 59 | 61 | 4.8 |
| Libya | 6.3 | 26 | 1.6 | 0.9 | 73 | 77 | 2.4 |
| Lithuania | 3.0 | 18 | 0.5 | -0.5 | 66 | 78 | 1.5 |
| Luxembourg | 0.5 | 19 | 0.1 | 1.3 | 78 | 83 | 1.7 |
| Madagascar | 23.6 | 33 | 7.8 | 2.8 | 63 | 66 | 4.5 |
| Malawi | 16.8 | 33 | 5.6 | 2.8 | 55 | 55 | 5.4 |
| Malaysia ¹⁰ | 30.2 | 28 | 8.4 | 1.6 | 73 | 77 | 2.0 |
| Maldives | 0.4 | 29 | 0.1 | 1.9 | 77 | 79 | 2.3 |
| Mali | 15.8 | 32 | 5.0 | 3.0 | 55 | 55 | 6.9 |
| Malta | 0.4 | 18 | 0.1 | 0.3 | 77 | 82 | 1.4 |
| Martinique | 0.4 | 20 | 0.1 | 0.2 | 78 | 84 | 1.8 |
| Mauritania | 4.0 | 31 | 1.2 | 2.5 | 60 | 63 | 4.7 |
| Mauritius ¹¹ | 1.2 | 23 | 0.3 | 0.4 | 70 | 77 | 1.5 |
| Mexico | 123.8 | 28 | 34.5 | 1.2 | 75 | 80 | 2.2 |
| Micronesia (Federated States of) | 0.1 | 36 | 0.0 | 0.2 | 68 | 70 | 3.3 |
| Moldova, Republic of ¹² | 3.5 | 19 | 0.7 | -0.8 | 65 | 73 | 1.5 |
| Mongolia | 2.9 | 25 | 0.7 | 1.5 | 64 | 71 | 2.4 |
| Montenegro | 0.6 | 20 | 0.1 | 0.0 | 72 | 77 | 1.7 |
| Morocco | 33.5 | 27 | 9.0 | 1.4 | 69 | 73 | 2.8 |
| Mozambique | 26.5 | 33 | 8.7 | 2.5 | 49 | 51 | 5.2 |
| Myanmar | 53.7 | 26 | 13.9 | 0.8 | 63 | 67 | 2.0 |
| Namibia | 2.3 | 33 | 0.8 | 1.9 | 62 | 67 | 3.1 |
| Nepal | 28.1 | 33 | 9.2 | 1.2 | 67 | 69 | 2.3 |
| Netherlands | 16.8 | 18 | 3.0 | 0.3 | 79 | 83 | 1.8 |
| New Caledonia | 0.3 | 24 | 0.1 | 1.3 | 74 | 79 | 2.1 |
| New Zealand | 4.6 | 20 | 0.9 | 1.0 | 79 | 83 | 2.1 |

| Country, territory or other area | Population | | | | Life expectancy | | Fertility |
|----------------------------------|------------------------------------|---------------------------------------|---|---|---|--------|--|
| | Total population in millions, 2014 | Population aged 10-24, per cent, 2014 | Population aged 10-24 in millions, 2014 | Average annual rate of population change, per cent, 2010-2015 | Life expectancy at birth (years), 2010-2015 male | female | Total fertility rate, per woman, 2010-2015 |
| Nicaragua | 6.2 | 31 | 1.9 | 1.4 | 72 | 78 | 2.5 |
| Niger | 18.5 | 31 | 5.7 | 3.9 | 58 | 58 | 7.6 |
| Nigeria | 178.5 | 31 | 55.5 | 2.8 | 52 | 53 | 6.0 |
| Norway ¹³ | 5.1 | 19 | 1.0 | 1.0 | 79 | 84 | 1.9 |
| Oman | 3.9 | 28 | 1.1 | 7.9 | 75 | 79 | 2.9 |
| Pakistan | 185.1 | 32 | 58.6 | 1.7 | 66 | 67 | 3.2 |
| Palestine ¹⁴ | 4.4 | 35 | 1.5 | 2.5 | 71 | 75 | 4.1 |
| Panama | 3.9 | 26 | 1.0 | 1.6 | 75 | 80 | 2.5 |
| Papua New Guinea | 7.5 | 31 | 2.3 | 2.1 | 60 | 64 | 3.8 |
| Paraguay | 6.9 | 30 | 2.1 | 1.7 | 70 | 75 | 2.9 |
| Peru | 30.8 | 28 | 8.6 | 1.3 | 72 | 77 | 2.4 |
| Philippines | 100.1 | 31 | 30.8 | 1.7 | 65 | 72 | 3.1 |
| Poland | 38.2 | 17 | 6.4 | 0.0 | 72 | 80 | 1.4 |
| Portugal | 10.6 | 16 | 1.7 | 0.0 | 77 | 83 | 1.3 |
| Puerto Rico | 3.7 | 22 | 0.8 | -0.2 | 75 | 82 | 1.6 |
| Qatar | 2.3 | 18 | 0.4 | 5.9 | 78 | 79 | 2.1 |
| Reunion | 0.9 | 24 | 0.2 | 1.2 | 76 | 83 | 2.2 |
| Romania | 21.6 | 16 | 3.5 | -0.3 | 70 | 77 | 1.4 |
| Russian Federation | 142.5 | 16 | 23.3 | -0.2 | 62 | 74 | 1.5 |
| Rwanda | 12.1 | 33 | 3.9 | 2.7 | 62 | 65 | 4.6 |
| Saint Kitts and Nevis | - | - | - | 1.1 | - | - | - |
| Saint Lucia | 0.2 | 26 | 0.0 | 0.8 | 72 | 77 | 1.9 |
| Saint Vincent and the Grenadines | 0.1 | 26 | 0.0 | 0.0 | 70 | 75 | 2.0 |
| Samoa | 0.2 | 31 | 0.1 | 0.8 | 70 | 76 | 4.2 |
| San Marino | - | - | - | 0.6 | - | - | - |
| São Tomé and Príncipe | 0.2 | 31 | 0.1 | 2.6 | 64 | 68 | 4.1 |
| Saudi Arabia | 29.4 | 24 | 7.2 | 1.8 | 74 | 77 | 2.7 |
| Senegal | 14.5 | 32 | 4.7 | 2.9 | 62 | 65 | 5.0 |
| Serbia ¹⁵ | 9.5 | 19 | 1.8 | -0.5 | 71 | 77 | 1.4 |
| Seychelles | 0.1 | 22 | 0.0 | 0.6 | 69 | 78 | 2.2 |
| Sierra Leone | 6.2 | 32 | 2.0 | 1.9 | 45 | 46 | 4.8 |
| Singapore | 5.5 | 20 | 1.1 | 2.0 | 80 | 85 | 1.3 |
| Slovakia | 5.5 | 17 | 0.9 | 0.1 | 71 | 79 | 1.4 |
| Slovenia | 2.1 | 14 | 0.3 | 0.2 | 76 | 83 | 1.5 |
| Solomon Islands | 0.6 | 32 | 0.2 | 2.1 | 66 | 69 | 4.1 |
| Somalia | 10.8 | 33 | 3.5 | 2.9 | 53 | 57 | 6.6 |
| South Africa | 53.1 | 27 | 14.6 | 0.8 | 55 | 59 | 2.4 |
| South Sudan | 11.7 | 33 | 3.9 | 4.0 | 54 | 56 | 5.0 |
| Spain ¹⁶ | 47.1 | 14 | 6.7 | 0.4 | 79 | 85 | 1.5 |
| Sri Lanka | 21.4 | 23 | 4.9 | 0.8 | 71 | 77 | 2.4 |
| Sudan | 38.8 | 32 | 12.5 | 2.1 | 60 | 64 | 4.5 |
| Suriname | 0.5 | 26 | 0.1 | 0.9 | 68 | 74 | 2.3 |
| Swaziland | 1.3 | 35 | 0.4 | 1.5 | 50 | 49 | 3.4 |

Demographic indicators

| Country, territory or other area | Population | | | | Life expectancy | | Fertility |
|--|------------------------------------|---------------------------------------|---|---|---|--------|--|
| | Total population in millions, 2014 | Population aged 10-24, per cent, 2014 | Population aged 10-24 in millions, 2014 | Average annual rate of population change, per cent, 2010-2015 | Life expectancy at birth (years), 2010-2015 male | female | Total fertility rate, per woman, 2010-2015 |
| Sweden | 9.6 | 18 | 1.7 | 0.7 | 80 | 84 | 1.9 |
| Switzerland | 8.2 | 17 | 1.4 | 1.0 | 80 | 85 | 1.5 |
| Syrian Arab Republic | 22.0 | 31 | 6.8 | 0.7 | 72 | 78 | 3.0 |
| Tajikistan | 8.4 | 30 | 2.5 | 2.4 | 64 | 71 | 3.9 |
| Tanzania, United Republic of ¹⁷ | 50.8 | 32 | 16.1 | 3.0 | 60 | 63 | 5.2 |
| Thailand | 67.2 | 20 | 13.5 | 0.3 | 71 | 78 | 1.4 |
| The former Yugoslav Republic of Macedonia | 2.1 | 20 | 0.4 | 0.1 | 73 | 77 | 1.4 |
| Timor-Leste, Democratic Republic of | 1.2 | 38 | 0.4 | 1.7 | 66 | 69 | 5.9 |
| Togo | 7.0 | 32 | 2.2 | 2.6 | 56 | 57 | 4.7 |
| Tonga | 0.1 | 31 | 0.0 | 0.4 | 70 | 76 | 3.8 |
| Trinidad and Tobago | 1.3 | 20 | 0.3 | 0.3 | 66 | 74 | 1.8 |
| Tunisia | 11.1 | 23 | 2.6 | 1.1 | 74 | 78 | 2.0 |
| Turkey | 75.8 | 25 | 19.2 | 1.2 | 72 | 79 | 2.1 |
| Turkmenistan | 5.3 | 29 | 1.5 | 1.3 | 61 | 70 | 2.3 |
| Turks and Caicos Islands | – | – | – | 2.1 | – | – | – |
| Tuvalu | – | – | – | 0.2 | – | – | – |
| Uganda | 38.8 | 34 | 13.1 | 3.3 | 58 | 60 | 5.9 |
| Ukraine | 44.9 | 16 | 7.0 | -0.6 | 63 | 74 | 1.5 |
| United Arab Emirates | 9.4 | 17 | 1.6 | 2.5 | 76 | 78 | 1.8 |
| United Kingdom | 63.5 | 18 | 11.2 | 0.6 | 78 | 82 | 1.9 |
| United States of America | 322.6 | 20 | 65.4 | 0.8 | 76 | 81 | 2.0 |
| United States Virgin Islands | 0.1 | 20 | 0.0 | 0.1 | 77 | 83 | 2.5 |
| Uruguay | 3.4 | 23 | 0.8 | 0.3 | 74 | 80 | 2.1 |
| Uzbekistan | 29.3 | 29 | 8.6 | 1.4 | 65 | 72 | 2.3 |
| Vanuatu | 0.3 | 30 | 0.1 | 2.2 | 70 | 74 | 3.4 |
| Venezuela (Bolivarian Republic of) | 30.9 | 27 | 8.3 | 1.5 | 72 | 78 | 2.4 |
| Viet Nam | 92.5 | 25 | 23.0 | 1.0 | 71 | 80 | 1.8 |
| Western Sahara | 0.6 | 25 | 0.1 | 3.2 | 66 | 70 | 2.4 |
| Yemen | 25.0 | 35 | 8.9 | 2.3 | 62 | 64 | 4.2 |
| Zambia | 15.0 | 33 | 4.9 | 3.2 | 56 | 59 | 5.7 |
| Zimbabwe | 14.6 | 34 | 5.0 | 2.8 | 59 | 61 | 3.5 |

World and regional data

| | Population | | | | Life expectancy | | Fertility |
|--|------------------------------------|---------------------------------------|---|---|---|-----------|--|
| | Total population in millions, 2014 | Population aged 10-24, per cent, 2014 | Population aged 10-24 in millions, 2014 | Average annual rate of population change, per cent, 2010-2015 | Life expectancy at birth (years), 2010-2015 male | female | Total fertility rate, per woman, 2010-2015 |
| Arab States | 327 | 29 | 95 | 2.0 | 67 | 71 | 3.3 |
| Asia and the Pacific | 3823 a | 25 a | 957 a | 1.0 | 69 | 72 | 2.2 |
| Eastern Europe and Central Asia | 263 | 22 | 59 | 0.5 | 66 | 75 | 2.0 |
| Latin American and Caribbean | 618 b | 27 b | 165 b | 1.1 | 71 | 78 | 2.2 |
| East and Southern Africa | 523 | 32 | 170 | 2.6 | 56 | 59 | 4.8 |
| West and Central Africa | 388 | 32 | 123 | 2.7 | 53 | 55 | 5.6 |
| More developed regions | 1256 | 17 | 217 | 0.3 | 74 | 81 | 1.7 |
| Less developed regions | 5988 | 26 | 1580 | 1.3 | 67 | 70 | 2.6 |
| Least developed regions | 919 | 32 | 294 | 2.3 | 59 | 62 | 4.2 |
| World | 7244 | 25 | 1797 | 1.1 | 68 | 72 | 2.5 |

NOTES

- Data not available.
- a Figures exclude Cook Islands, Marshall Islands, Nauru, Niue, Palau, Tokelau, and Tuvalu due to data availability.
- b Figures exclude Anguilla, Bermuda, British Virgin Islands, Cayman Islands, Dominica, Montserrat, Netherlands Antilles, Saint Kitts and Nevis, and Turks and Caicos Islands due to data availability.
- 1 Figures include Christmas Island, Cocos (Keeling) Islands and Norfolk Island.
- 2 Figures include Nagorno-Karabakh.
- 3 For statistical purposes, the data for China do not include Hong Kong and Macao, Special Administrative Regions (SAR) of China, and Taiwan Province of China.
- 4 As of 1 July 1997, Hong Kong became a Special Administrative Region (SAR) of China.
- 5 As of 20 December 1999, Macao became a Special Administrative Region (SAR) of China.
- 6 Figures include Northern Cyprus.
- 7 Figures include Aland Islands.
- 8 Figures include Abkhazia and South Ossetia.
- 9 Figures include Saint-Barthélemy and Saint-Martin (French part).
- 10 Figures include Sabah and Sarawak.
- 11 Figures include Agalega, Rodrigues and Saint Brandon.
- 12 Figures include Transnistria.
- 13 Figures include Svalbard and Jan Mayen Islands.
- 14 Figures include East Jerusalem. On 29 November 2012, the United Nations General Assembly passed Resolution 67/19, which accorded Palestine "non-member observer State status in the United Nations..."
- 15 Figures include Kosovo.
- 16 Figures include Canary Islands, Ceuta and Melilla.
- 17 Figures include Zanzibar.

Technical notes

Data sources and definitions

The statistical tables in *The State of World Population 2014* include indicators that track progress toward the goals of the Programme of Action of the International Conference on Population and Development (ICPD) and the Millennium Development Goals (MDGs) in the areas of maternal health, access to education, reproductive and sexual health. In addition, these tables include a variety of demographic indicators. The statistical tables support UNFPA's focus on progress and results towards delivering a world where every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled.

Different national authorities and international organizations may employ different methodologies in gathering, extrapolating or analyzing data. To facilitate the international comparability of data, UNFPA relies on the standard methodologies employed by the main sources of data. In some instances, therefore, the data in these tables differ from those generated by national authorities. Data presented in the tables are not comparable to the data in previous issues of *The State of World Population* due to regional classifications updates, methodological updates, and revisions of time series data.

The statistical tables draw on nationally representative household surveys such as Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS), United Nations organizations estimates, and inter-agency estimates. They also include the latest population estimates and projections from World Population Prospects: The 2012 revision and Model-based Estimates and Projections of Family Planning Indicators 2014 (United Nations Department of Economic and Social Affairs, Population Division). Data are accompanied by definitions, sources, and notes. The statistical tables in *The State of World Population 2014* generally reflect information available as of August 2014.

Monitoring ICPD Goals

Maternal and newborn health

Maternal mortality ratio, per 100,000 live births, 2013. Source: Estimates are for the year 2013 and published in 2014 by the Maternal Mortality Estimation Inter-agency Group (MMEIG), composed of World Health Organization (WHO), UNICEF, UNFPA, the World Bank, the United Nations Population Division, together with independent technical experts. This indicator presents the number of deaths of women from pregnancy-related causes per 100,000 live births during the same time period. Several of the estimates differ from official government figures. The estimates are based on reported figures wherever possible, using approaches that improve the comparability of information from different sources. Estimates and methodologies are reviewed regularly by MMEIG and other agencies and academic institutions and are revised where necessary, as part of the ongoing process of improving maternal mortality data. Estimates should not be compared with previous inter-agency estimates. Maternal mortality estimates reported here are based on the global database on maternal mortality, which is updated every 5 years.

Births attended by skilled health personnel, per cent, 2006/2013.

Source: World Health Organization (WHO) and United Nations Inter-Agency and Expert Group on Millennium Development Goals Indicators. Country level data are taken from WHO global database on maternal health indicators, 2014 update. Percentage of births attended by skilled health personnel (doctors, nurses or midwives) is the percentage of deliveries attended by health personnel trained in providing life-saving obstetric care, including giving the necessary supervision, care and advice to women during pregnancy, labour and the post-partum period; conducting deliveries on their own; and caring for newborns. Traditional birth attendants, even if they receive a short training course, are not included.

Adolescent birth rate, per 1,000 women aged 15-19, 1999/2012.

Source: United Nations Population Division and United Nations Inter-Agency and Expert Group on Millennium Development Goals Indicators. UNFPA regional aggregates calculated by UNFPA based on data from United Nations Population Division. The adolescent birth rate represents the risk of childbearing among adolescent women 15 to 19 years of age 1,000 women in that age group. For civil registration, rates are subject to limitations which depend on the completeness of birth registration, the treatment of infants born alive but dead before registration or within the first 24 hours of life, the quality of the reported information relating to age of the mother, and the inclusion of births from previous periods. The population estimates may suffer from limitations connected to age misreporting and coverage. For survey and census data, both the numerator and denominator come from the same population. The main limitations concern age misreporting, birth omissions, misreporting the date of birth of the child, and sampling variability in the case of surveys.

Sexual and reproductive health

In 2014, the United Nations Population Division released a systematic and comprehensive set of annual, model-based estimates and projections is provided for a range of family planning indicators for a 60-year time period. Indicators include contraceptive prevalence, unmet need for family planning, total demand for family planning and the percentage of demand for family planning that is satisfied among married or in-union women for the period from 1970 to 2030. A Bayesian hierarchical model combined with country-specific time trends was used to generate the estimates, projections and uncertainty assessments. The model advances prior work and accounts for differences by data source, sample population, and contraceptive methods included in measures of prevalence. More information on family planning model-based estimates, methodology and updates can be found at <<http://www.un.org/en/development/desa/population>>. The estimates are based on the country-specific data compiled in World Contraceptive Use 2014.

Contraceptive prevalence rate, women currently married/in union aged 15-49, any method and any modern method, 2014. Source:

United Nations Population Division. Model-based estimates are

based on data that are derived from sample survey reports. Survey data estimate the proportion of married women (including women in consensual unions), aged 15-49, who are currently using, respectively, any method or modern methods of contraception. Modern or clinic and supply methods include male and female sterilization, IUD, the pill, injectables, hormonal implants, condoms and female barrier methods.

Proportion of demand satisfied, women currently married/in union aged 15-49, 2014. Source: United Nations Population Division.

Proportion of demand satisfied (PDS) = Contraceptive prevalence (CPR) divided by total demand for family planning (TD).

Where total demand = Contraceptive prevalence rate plus unmet need for contraception rate (UNR), that is

TD = CPR + UNR and

PDS = CPR / (CPR + UNR)

Unmet need for family planning. Women with unmet need for spacing births are those who are fecund and sexually active but are not using any method of contraception, and report wanting to delay the next child. This is a subcategory of total unmet need for family planning, which also includes unmet need for limiting births. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behaviour. For Millennium Development Goals monitoring, unmet need is expressed as a percentage based on women who are married or in a consensual union.

Unmet need for modern methods. UNFPA uses this concept to identify women with unmet need for contraception who are not using modern contraception, including women using traditional methods.

Education

Male and female adjusted primary school enrolment, net per cent of primary school-age children, 1999/2013. Source: UNESCO Institute for Statistics (UIS) and United Nations Inter-Agency and Expert Group on Millennium Development Goals Indicators. The adjusted primary school net enrolment ratio indicates the percentage of children of the official primary age group who are enrolled in primary or secondary education.

Male and female secondary school enrolment, net per cent of secondary school-age children, 2000/2013. Source: UNESCO Institute for Statistics (UIS). The secondary school net enrolment ratio indicates the percentage of children of the official secondary age group who are enrolled in secondary education.

Gender parity index, primary education, 1999/2013. Source: UNESCO Institute for Statistics (UIS). Regional aggregates calculated by UNFPA based on data from United Nations Inter-Agency and Expert Group on Millennium Development Goals Indicators. The gender parity index (GPI) refers to the ratio of female to male values of adjusted primary school net enrolment ratio.

Gender parity index, secondary education, 2000/2013. Source: UNESCO Institute for Statistics (UIS) and United Nations Inter-Agency and Expert Group on Millennium Development Goals Indicators. The gender parity index (GPI) refers to the ratio of female to male values of secondary school net enrolment ratio.

Demographic indicators

Total Population, in millions, 2014. Source: United Nations Population Division. Regional aggregates calculated by UNFPA based on data from United Nations Population Division. These indicators present the estimated size of national populations at mid-year.

Population aged 10-24 in millions, 2014. Source: United Nations Population Division. Regional aggregates calculated by UNFPA based on data from United Nations Population Division. These indicators present the estimated size of national population between age 10 and age 24 at mid-year.

Population aged 10-24, per cent, 2014. Source: UNFPA. These indicators present the proportion of the population between age 10 and age 24.

Average annual rate of population change, per cent, 2010/2015.

United Nations Population Division. Regional aggregates calculated by UNFPA based on data from United Nations Population Division. These indicators present the average exponential rate of growth of the population over a given period, based on a medium variant projection.

Male and female life expectancy at birth (years), 2010/2015. United Nations Population Division. Regional aggregates calculated by UNFPA based on data from United Nations Population Division. These indicators present the number of years newborn children would live if subject to the mortality risks prevailing for the cross section of population at the time of their birth.

Total fertility rate, 2010/2015. United Nations Population Division. Regional aggregates calculated by UNFPA based on data from United Nations Population Division. These indicators present the number of children who would be born per woman if she lived to the end of her childbearing years and bore children at each age in accordance with prevailing age-specific fertility rates.

Regional Classification

UNFPA averages presented at the end of the statistical tables are calculated using data from countries and areas as classified below. The regional classifications include only the countries where UNFPA works.

Arab States Region

Algeria; Djibouti; Egypt; Iraq; Jordan; Lebanon; Libya; Morocco; Oman; Palestine; Somalia; Sudan; Syrian Arab Republic; Tunisia; Yemen

Asia and Pacific Region

Afghanistan; Bangladesh; Bhutan; Cambodia; China; Cook Islands; Fiji; India; Indonesia; Iran (Islamic Republic of); Kiribati; Korea, Democratic People's Republic of; Lao People's Democratic Republic; Malaysia; Maldives; Marshall Islands; Micronesia (Federated States of); Mongolia; Myanmar; Nauru; Nepal; Niue; Pakistan; Palau; Papua New Guinea; Philippines; Samoa; Solomon Islands; Sri Lanka; Thailand; Timor-Leste, Democratic Republic of; Tokelau; Tonga; Tuvalu; Vanuatu; Viet Nam

Eastern Europe and Central Asia Region

Albania; Armenia; Azerbaijan; Belarus; Bosnia and Herzegovina; Bulgaria; Georgia; Kazakhstan; Kyrgyzstan; Moldova, Republic of; Romania; Serbia; Tajikistan; The former Yugoslav Republic of Macedonia; Turkey; Turkmenistan; Ukraine.

East and Southern Africa Region

Angola; Botswana; Burundi; Comoros; Congo, Democratic Republic of the; Eritrea; Ethiopia; Kenya; Lesotho; Madagascar; Malawi; Mauritius; Mozambique; Namibia; Rwanda; Seychelles; South Africa; South Sudan; Swaziland; Tanzania, United Republic of; Uganda; Zambia; Zimbabwe

Latin American and the Caribbean Region

Anguilla; Antigua and Barbuda; Argentina; Aruba; Bahamas; Barbados; Belize; Bermuda; Bolivia (Plurinational State of); Brazil; British Virgin Islands; Cayman Islands; Chile; Colombia; Costa Rica; Cuba; Dominica; Dominican Republic; Ecuador; El Salvador; Grenada; Guatemala; Guyana; Haiti; Honduras; Jamaica; Mexico; Montserrat; Netherlands Antilles; Nicaragua; Panama; Paraguay; Peru; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; Suriname; Trinidad and Tobago; Turks and Caicos Islands; Uruguay; Venezuela (Bolivarian Republic of)

West and Central Africa Region

Benin; Burkina Faso; Cameroon, Republic of; Cape Verde; Central African Republic; Chad; Congo, Republic of the; Côte d'Ivoire; Equatorial Guinea; Gabon; Gambia; Ghana; Guinea; Guinea-Bissau; Liberia; Mali; Mauritania; Niger; Nigeria; São Tomé and Príncipe; Senegal; Sierra Leone; Togo

More developed regions comprise Europe, Northern America, Australia/New Zealand and Japan.

Less developed regions comprise all regions of Africa, Asia (except Japan), Latin America and the Caribbean plus Melanesia, Micronesia and Polynesia.

The least developed countries, as defined by the United Nations General Assembly in its resolutions (59/209, 59/210, 60/33, 62/97, 64/L.55, 67/L.43) included 49 countries in June 2013: 34 in Africa, 9 in Asia, 5 in Oceania and one in Latin America and the Caribbean. The group includes 49 countries - Afghanistan, Angola, Bangladesh, Benin, Bhutan, Burkina Faso, Burundi, Cambodia, Central African Republic, Chad, Comoros, Democratic Republic of the Congo, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Haiti, Kiribati, Lao People's Democratic Republic, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Myanmar, Nepal, Niger, Rwanda, Samoa, São Tomé and Príncipe, Senegal, Sierra Leone, Solomon Islands, Somalia, South Sudan, Sudan, Timor-Leste, Togo, Tuvalu, Uganda, United Republic of Tanzania, Vanuatu, Yemen and Zambia. These countries are also included in the less developed regions.

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605 Third Avenue
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