



state of world population 2003

making 1 billion count: investing in adolescents' health and rights

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The largest generation of adolescents in history—1.2 billion strong—is preparing to enter adulthood in a rapidly changing world. *The State of World Population 2003* report from UNFPA, the United Nations Population Fund, examines the challenges and risks they face. It finds that investing in young people will yield generous returns, but that their needs continue to be shortchanged.

Nearly half of all people are under the age of 25. About 20 per cent are adolescents between the ages of 10 and 19.* Eighty-seven per cent of these adolescents live in developing countries. Their educational and health status, their readiness to take on adult roles and responsibilities, and the support they receive from their families, communities and governments will have profound consequences for the future.

Today's young people face varied—and changing—political, economic, social and cultural realities. For many, the certainties of rural tradition are giving way to the complexities of city life. Family structures are shifting. Young people are being exposed to new risks and demands. They are deriving more and more of their information about the world and how to behave from peers and mass media.

A common thread runs through all of their lives: the hope for a better future. This hope is bolstered by the Millennium Development Goals agreed to by world leaders in 2000 to reduce extreme poverty and hunger, slow the spread of HIV/AIDS, reduce maternal and child mortality, ensure universal primary education and improve sustainable development by 2015.

Within the framework of human rights established and accepted by the global community, certain rights are particularly relevant to youth, including gender equality and the rights to education and health. Exercising the right to health requires access to reproductive and sexual health information and services appropriate to their age, capacities and circumstances.

UNFPA is working with a wide range of partners and with young people themselves to address their needs in ways that are participatory, culturally sensitive, locally driven and in line with international human rights standards.

In addition to presenting development challenges, the demographic surge of young people offers a window of opportunity. For a large group of countries where fertility has declined sharply in the last two decades, the proportion of the population of working age (15 to 60) will increase relative to younger and older dependent populations over the next few decades. With appropriate investments, policies and governance, countries can take advantage of this low dependency ratio, or demographic “bonus”, to launch an economic and social transformation. This one-time window of opportunity will open much later for countries where fertility remains high, unless critical investments are made now.

One in Four Lives on the Margins

An estimated 238 million youth—almost one in four—face the constraints of extreme poverty. A large percentage survive without their parents, or are marginalized for other reasons, including humanitarian emergencies, migration, disability, poor health or family dissolution.

More than 13 million children under age 15 have lost one or both parents to AIDS. Many take on the care of younger siblings or live on the streets. Global estimates of street children vary from 100 million (half of them

* The report uses the term “adolescents” to refer to those aged 10-19, “youth” for those aged 15-24, and “young people” to include those between the ages of 10 and 24.

in Latin America) to 250 million, and their numbers are rapidly increasing. Recent political and ethnic conflicts have also taken a terrible toll on young people, and exacerbate vulnerability to sexual exploitation and associated risks. One in every 230 people worldwide is a child or adolescent who has been forced to leave home as a result of conflicts.

Most young people have some access to school. Nevertheless, 57 million young men and 96 million young women aged 15-24 in developing countries cannot read or write. However, in all regions women are gaining access to literacy and education, and at a faster rate than men. About 90 countries are on track to meet global goals for ending gender inequality in primary education by 2015. Keeping girls in school longer is an urgent development priority. Girls who stay in school marry and bear children later in life, which decreases their health risks and increases their potential economic contributions.

Additional Risks for Young Women

Most countries now recognize that investing in and empowering women and girls is one of the most cost-effective and efficient ways to advance the development agenda. Yet young women face pervasive discrimination and disenfranchisement. Unequal power relations between males and females lead to widespread violations of health and human rights. Among the most persistent and pernicious are early or child marriage, sexual violence and coercion, sexual trafficking and female genital cutting.

Entrenched gender norms may limit young women's control over their sexual and reproductive lives. Adolescent girls are especially vulnerable to risks from unprotected sexual activity. Biologically, women's risk of infection during unprotected sexual relations is two to four times that of men. Younger women are even more vulnerable because their reproductive tracts are still maturing.

Social expectations often put pressure on girls to marry and begin bearing children before they are ready. Despite a shift towards later marriage in many parts of the world, 82 million girls in developing countries who are now between the ages of 10 and 17 will be married before their 18th birthday. Early marriage jeopardizes the health and opportunities afforded to women and their children, usually disrupts their education and often violates their human rights. Married adolescent

girls often find it difficult to negotiate the use of contraceptive methods, or to access reproductive health services. Of married women aged 15-19 in less developed countries, only 17 per cent use contraception.

Some 14 million women and girls between ages 15 and 19—both married and unmarried—give birth each year. For this age group, complications of pregnancy and childbirth are a leading cause of death, with unsafe abortion being a major factor. The risks are significantly higher for girls under 15.

Obstructed labour is especially common among young, physically immature women giving birth for the first time. In Ethiopia, one study found that obstructed labour accounted for almost half of maternal deaths. Those who don't die from unrelieved obstructed labour may lose their babies and suffer from fistula, a hole in the birth canal that leaves them incontinent, and often socially isolated.

Adolescent girls are also vulnerable to various forms of sexual violence, the extent of which is only beginning to be understood. The first sexual experience for many adolescent girls is forced, often by people they know, including family members. This kind of violence and betrayal of trust puts girls at risk for long-term physical and psychological damage.

HIV/AIDS, a Disease of Young People

A youth is infected with HIV every 14 seconds, and youth (increasingly women) account for nearly half of the new cases of HIV infection worldwide. Yet many young people are unable to protect themselves from HIV infection. Discussing sexual behaviour is taboo in many countries, so large numbers of young people do not have the information or skills to refuse sex or negotiate safer sex practices. Concerted, scaled-up prevention efforts, as successful programmes have shown, are crucial to turning back the epidemic.

Only a small percentage of young people with HIV know they are infected. For this reason, voluntary counselling and testing services are vital to HIV prevention and care. Regardless of the result, young people tend to take fewer risks after being tested. Unfortunately, few people in the developing world have access to antiretroviral medicines if they do test positive.

Youths who have lost one or both parents to AIDS are particularly vulnerable to infection themselves. They may be subject to exploitation, including physical and sexual abuse. Some turn to commercial sex and

crime as a means to survive. After suffering the emotional toll of losing their parents, many also face stigma and discrimination.

Promoting Healthier Behaviour

Providing age-appropriate information about sexuality and promoting responsible and safe behaviour, including abstinence, is essential to reducing adolescent pregnancy and stemming the HIV/AIDS epidemic. But many parents do not know how to communicate on this subject with their children. Young people tend to absorb their knowledge about reproductive health haphazardly, from a variety of sources. The result is widespread ignorance. The best counter is education delivered through different institutions in societies, such as families, schools and youth clubs, both secular and religious.

Studies have repeatedly shown that accurate information provided at the right age tends to delay the onset of sexual activity and encourages responsible behaviour. The core HIV/AIDS prevention message for all age groups is abbreviated as “ABC”—Abstain from sexual activity, Be faithful to one partner, and use Condoms correctly and consistently. Targeting those who are most vulnerable and at risk—often out-of-school youth—is especially important, but they are hardest to reach.

Programmes on sexuality increasingly focus on giving adolescents life skills as well as imparting information. The various approaches intended to improve knowledge, skills and attitudes are now often referred to as “behaviour change communication”. Topics may include reproductive biology, human development, relationships and feelings, sexuality, communication and negotiation, safer sexual practices (including abstinence, delay of sexual initiation and limitation of partners), and methods of protection against pregnancy and sexually transmitted infections including HIV.

School programmes on sexual and reproductive health have the potential to reach large numbers of youth, at least in countries where most young people attend school.

However, youth populations are enormously diverse: strategies to reach them must correspond to their life situations (married or unmarried, for example, in or out of school, employed or not) and cultural expectations—there are no “one-size-fits-all” approaches.

Especially since the International Conference on Population and Development (ICPD) in 1994, many innovative methods and media have been used to deliver and

reinforce health messages to various audiences. These include drama and folk communications, mass media, sports events, telephone hotlines and individual counselling, as well as formal and informal education. Peer counselling and peer education by trained young people is also being widely used in many countries to get reproductive health information to targeted populations.

Using several of these formats, a single programme can reach different segments of the youth population and reinforce key messages. Social marketing, which combines market research and advertising techniques with health promotion, shows considerable promise, especially in increasing the use of condoms.

Behaviour change communication can promote responsible behaviour, generate demand for and publicize reproductive health services, ensure that communities accept these services, and reassure young people that they are welcome. Well-designed, large-scale behaviour change programmes are having a significant impact on reducing HIV prevalence among adolescents in Uganda and Zambia.

Adolescent Reproductive Health Services

Health promotion needs to be linked with service provision, so that those adolescents who are sexually active can take necessary measures to protect their health. With the age of marriage increasing and sexual activity often occurring earlier, far greater access to youth-friendly sexual and reproductive health services, which include abstinence counselling, is needed to reduce widespread adolescent pregnancy and high rates of sexually transmitted infections and HIV/AIDS.

The earlier they begin sexual activity, the less likely adolescents are to practise safer sexual behaviour, or to use contraception. Contraceptive use is still infrequent in most early sexual experiences, often with life-altering results.

In surveys, adolescents indicate an unmet need for contraception that is more than twice as high as that of the general population. High levels of unwanted pregnancy and abortion are further evidence of the large unmet need for family planning among this group. Women aged 15-19 account for at least one fourth of the estimated 20 million unsafe abortions performed each year. The unmet need for contraceptive methods varies widely among regions, reflecting differences in demand, marital patterns, institutional capacity and political will to address the needs of the young.

Since the ICPD in 1994, there has been an upsurge in efforts to provide appropriate sexual and reproductive health services in response to increased awareness of the special needs and rights of youth. A variety of programme models are being used to provide youth-friendly services that honour privacy and confidentiality, offer convenient hours and locations, and keep fees affordable, among other features. Promising approaches include peer outreach, mobile clinics, programmes in schools and workplaces, and social marketing of condoms at non-traditional outlets easily accessible to young people.

Creative, multisectoral partnerships have begun in several countries to establish programmes that combine youth-friendly services with behaviour change communication and advocacy for policy change. Many build on successful approaches pioneered by family planning associations and other non-governmental organizations.

Giving Priority to Adolescents

In every region, there is a need for positive dialogue and concerted action among parents, families, communities and governments to address complex and sensitive situations facing young people. Breaking the transmission of poverty from one generation to the next will also require more investments in adolescent reproductive health needs and education, and a supportive policy environment.

The costs of failing to support young people will have serious consequences at both the individual and societal levels. These consequences range from premature deaths, higher rates of sexually transmitted infections and unwanted pregnancies to slower economic growth, civil unrest and the reinforcement of gender disparities.

Investments in health and education are among the most cost-effective development expenditures in terms

of the social and private returns they generate. For instance, seven Caribbean region countries would save around \$235 on average each year in direct and economic costs for each adolescent birth delayed. The return on preventing more HIV infection among young people is even higher, in terms of avoiding the costs of arrested development, lost agricultural output, excess training to provide for personnel losses, health facility overloads, treatment (where available) and care, among other factors. The economic benefit of a single averted HIV/AIDS infection is estimated at \$34,600 for a poor country with annual per capita earnings of \$1,000 per year.

Governments need to do more in order to meet their international development goals and commitments to young people. At the ICPD in 1994, the international community pledged to meet one third of the costs of a package of population and reproductive health services in developing countries. The amount was estimated to reach \$18.5 billion by 2005. The needs have since increased, largely in response to the HIV/AIDS pandemic. But amounts contributed by the international community are declining. In the year 2001, total expenditure was \$9.6 billion. The international assistance portion of that was \$2.5 billion—about one quarter of the total, and less than half of what was committed to for 2000.

Today more than 1.2 billion adolescents are coming of age. Their success and happiness depend on the support, the examples, the education, the opportunities and the resources with which they are provided. They must be empowered to make responsible and healthy choices and provided with information and services. Investing in the well-being and ensuring the participation of the world's largest youth generation will yield benefits for generations to come.

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For more information

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