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REPORT OF THE SECRETARY-GENERAL

MR. BELA HOVY
POPULATION DIVISION/DESA
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Mr. Chairman,
Distinguished delegates,
Ladies and gentleman,

It is my pleasure to introduce the report of the Secretary-General entitled Adolescents and youth (E/CN.9/2012/4). This report describes levels and trends in the size of the adolescent and youth population, their marriage patterns, their experience in regard to childbearing and the use of contraception, and their health status. It also touches on the role of international migration as a strategy for young people to access education and employment opportunities. The report provides a set of concrete policy recommendations that allow young people to transition safely from childhood to adulthood and to participate fully in all spheres of society.

In December 2010, the General Assembly noted that, while progress had been made towards achieving the goals and objectives of the Programme of Action of the International Conference on Population and Development, considerable gaps still existed in its implementation. Meeting the needs and aspirations of adolescents and youth will be essential in narrowing these gaps.

Ladies and gentlemen,

The ages at which the periods of adolescence and youth begin and end are not clearly defined.

Adolescence is usually considered to begin with puberty and tends to last two to four years. Reproductive maturation, one of the key markers of this transition, often starts around the age of 12 or 13 for girls and around the age of 13 or 14 for boys. Taking into account that the legal age of majority is 18 in many countries, the adolescent population is sometimes referred to as those aged 12 to 17.

Similarly, the period of youth is delineated in various ways. For statistical purposes, the United Nations defines persons between the ages of 15 and 24 as youth. The use of 15, rather than 18, as the lower bound is motivated by practical, rather than substantive, considerations: most demographic data is available by five-year age groups.

To capture both adolescence and youth, the report of the Secretary-General generally targets the age group 12 to 24. However, slightly different age groups have also been used in the report when dictated by data limitations.

Globally, the population of adolescents and youth is at an all time high. Currently, our world counts an estimated 1.6 billion young people, including 721 million adolescents aged 12 to 17 and 850 million youth aged 18 to 24. Over the next 30 years, the global number of young people is projected to remain relatively stable.

It should be noted that a stabilisation in the population of young people is by no means certain.

In particular, small changes in fertility lead to very different outcomes.

For example, if we assume that women will have, on average, not 2.0 children but 2.5 children, the population aged 10 to 24 increases from 1.9 billion now to 2.3 billion by 2040. Conversely, if we assume that women will have, on average, not 2.0 children but only 1.5 children, the population aged 10 to 24 declines from 1.9 billion now to 1.5 billion persons by 2040.

The difference between the high scenario, based on 2.5 children per woman, and the low scenario, based 1.5 children per woman, represents 800 million young people by 2040.

Mr. Chairman,

For adolescent women, early pregnancy and childbearing are associated with higher risks of morbidity and mortality, particularly in developing countries. Preventing early marriages and avoiding high-risk childbearing among adolescents are two key objectives of the ICPD Programme of Action.

Regarding early marriage, the proportion of young people who have been ever married or living in a consensual union has been steadily decreasing.

The global percentage of ever married women aged 15 to 19 fell from 18 per cent in 1990 to 15 per cent in 2005, reflecting declines that were evident in most world regions.

Regional differences in the prevalence of early marriage are striking, however. In Africa in 2005, 24 per cent of all women aged 15 to 19 had been married. In contrast, in developed countries, only 4 per cent of all women aged 15 to 19 had been married.

As regards childbearing among adolescents, there is also some good news. The adolescent birth rate, that is the number of births per 1,000 women aged 15 to 19, dropped from 71 in 1990 to 56 in 2008.

Here again, progress has been uneven. In Africa, the adolescent birth rate was 101, almost double the global average. The African continent is not only recording the highest

adolescent birth rate, it is also reporting the smallest gain in reducing adolescent pregnancies since 1990.

One crucial way to reduce the number of adolescent pregnancies is by protecting and promoting the rights of adolescents to reproductive health education, information and care, including family planning.

Recent surveys conducted in developing countries indicate that among currently married women aged 15 to 19, 56 per cent wish to have a child or are intentionally pregnant, 20 per cent are using contraception, while the remaining 24 per cent do not wish to get pregnant, but are not using any form of contraception, implying that their need for contraception is unmet. For married women aged 20 to 24, the unmet need for family planning is somewhat lower, namely 21 per cent.

Regional differences in the unmet need for family planning are quite small. For women aged 15 to 19, the unmet need for family planning varies from 22 per cent in Latin America and the Caribbean to 25 per cent in Asia. For women aged 20 to 24, the unmet need fluctuates between 17 per cent in Latin America and the Caribbean and 22 per cent in Africa.

Mr. Chairman,

Adolescence is generally the healthiest period in life. Yet, the transition from childhood to adulthood is also a period when unhealthy behaviours are being developed, including tobacco use, physical inactivity, unhealthy diets and the harmful use of alcohol.

Death rates among young males are often significantly higher than for young females. Male adolescents and young men are particularly vulnerable to injuries, especially road traffic injuries, homicides and suicides.

In Africa and South Asia, mortality among young women exceeds that of young men, however.

In Africa, high levels of maternal mortality and the prevalence of HIV/AIDS are largely responsible for higher mortality among young women. In South Asia, early marriage, early childbearing and insufficient access to health services are the main causes for the relatively high mortality among adolescent and young women.

Given the large regional variations in the major causes of death among adolescents and youth, the report presents a wide array of interventions in order to reduce mortality and morbidity at young ages.

The report also briefly touches on young international migrants. In 2010, the world counted an estimated 214 million international migrants. Some 35 million international migrants, 16 per cent of the total, were between the age of 10 and 24. Young people migrate for a number of reasons. They may accompany their parents or reunite with them.

They may also move independently in order for find employment, to improve their education or to acquire skills.

The report indicates the benefits of migration may go well beyond those of the individual migrant. Countries of origin may benefit from the training and skills that young people have acquired abroad by maintaining links while they are abroad and by facilitating their reintegration into the labour market upon return.

In conclusion, Mr. Chairman, the goals and objectives of the ICPD Programme of Action can only be implemented if we address the multiple and varied needs of adolescents and youth with respect to their education, health, and well-being in a comprehensive way.

Thank you.