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Fertility Context: the Case of Sub-
Saharan Africa**

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NOTE

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PREFACE

The Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat organized an Expert Group Meeting on “Fertility, Changing Population Trends and Development: Challenges and Opportunities for the Future” at the United Nations Headquarters in New York on 21 and 22 October 2013. The meeting was convened to inform substantive preparations for the forty-seventh session of the Commission on Population and Development in April 2014. In light of the twentieth anniversary of the 1994 International Conference on Population and Development (ICPD), the Commission’s theme for 2014 is an “Assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development”.

The meeting brought together experts from different regions of the world to address key questions about the future pace of fertility change, implications for age structure changes and other population trends and effective policy responses. A selection of the papers prepared by experts participating in the meeting is being issued under the Expert Paper Series published on the website of the Population Division (www.unpopulation.org).

This paper describes the challenges and opportunities of transitions to adulthood in high fertility settings, focusing on the case of sub-Saharan Africa, which has the most youthful population in the world. Current challenges in the region are high levels of youth unemployment and under-employment and low levels of education in terms of quality of education and access to education. Early marriage among girls is high in many sub-Saharan African countries, which limits their employment and education prospects. Youth in sub-Saharan Africa are also uniquely vulnerable to poor sexual and reproductive health outcomes, illustrated by early childbearing and the HIV epidemic among youth. The paper concludes with the policy prospects to address these challenges, including increased allocation of resources to support primary and secondary education, vocational training, and access to health services, particularly among the most vulnerable groups of youth.

The Expert Paper series aims at providing access to government officials, the research community, non-governmental organizations, international organizations and the general public to overviews by experts on key demographic issues. The papers included in the series will mainly be those presented at Expert Group Meetings organized by the Population Division on the different areas of its competence, including fertility, mortality, migration, urbanization and population distribution, population estimates and projections, population and development, and population policy.

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A. INTRODUCTION

Sub-Saharan Africa (SSA) is projected to experience the highest population growth rate of any sub-region in the next three decades (United Nations, 2013). Rapid population growth in this region is a major challenge due largely to the inability of the economies of many countries to absorb the large number of adults in productive ages. The large population of children and young people in the region means that drastic measures are urgently needed to ensure that the educational, employment, and social needs of the youthful population are met. Failure to address these needs means that many young people's ability to contribute meaningfully to the economy will be severely curtailed with adverse consequences to regional development.

With 32 per cent of the population aged 10 to 24 years (United Nations, 2013), SSA has the most youthful population in the world (table 1). It is projected that the proportion of young people in many SSA countries will increase due to two factors. First, fertility rates remain relatively high compared with other regions due, in part, to early marriage (Shapiro and Gebreselassie, 2013), pronatalist cultures (Bongaarts and Casterline, 2012), and high unmet need for contraception (Bongaarts and Casterline, 2012). Second, more children are surviving to adolescence due to improvements in health. The youthful nature of the population in SSA presents immense opportunities for development, but also presents significant challenges given the precarious economic and social realities in the region. A large population of young people in productive ages can drive economic development if young people are equipped with requisite skills and knowledge for economic participation and if there are adequate work opportunities. However, as highlighted in the sections on youth employment and education below, a large number of youth in SSA are out of school and either unemployed or underemployed. The large number of young people who are disengaged from productive economic activity or education presents a security threat – unemployed youth are more likely to be involved in armed conflict and crime (Abdullah, 1998; Ndulo, 2003; Abbink, 2005). Indeed as Oppenheimer and Spicer (2011) warn “Without the right environment and set of opportunities, Africa's youth will likely become a destabilising force...” (pp. 17). Low educational participation in SSA is also likely to impact on national and regional efforts to manage population growth as low education levels are associated with higher fertility levels (Mboup et al., 1998; Gupta and Mahy, 2003).

It is projected that much of the population growth in SSA will be concentrated in urban areas (table 1), many of which are currently ill-equipped to handle a rapid rise in population. Globally, young people constitute a substantial proportion of migrants to cities and towns (FAO, 2013). The majority of these young people migrate to urban areas in search of better livelihood prospects. However, existing evidence suggests that many of these young urban migrants move to slums or informal settlements at the periphery of cities and towns (Beguy et al., 2010). These slums offer cheap housing in close proximity to potential sources of employment but are also characterized by abject poverty, very limited employment opportunities, and high levels of violence and crime (Zulu et al., 2011). Previous studies show that many youth in these urban slums face extreme difficulties that inhibit their capacity to achieve their life aspirations (Kabiru et al., 2013).

Drawing on existing data and literature, this paper examines the current challenges that mark young people's transitions to adulthood in SSA, a context marked by the highest total fertility globally (5.4 children per woman in 2005-2010) (table 1). The paper is organized into two sections. The first section provides an overview of the current situation of young people (aged 10 to 24 years) in SSA with respect to human capital development (education and employment), family formation (marriage and informal unions), and sexual and reproductive health. Where relevant, differences by sex, socio-economic status, and other background characteristics are highlighted. The second section highlights the policy prospects to address the challenges that young people in this context face as they transition to adulthood.

B. THE CURRENT SITUATION OF YOUNG PEOPLE IN SUB-SAHARAN AFRICA

1. *Youth employment*

Although youth unemployment rates over the past two decades have been lower in SSA compared to other regions of the world (figure I), the region has the highest rate of working poverty (64 per cent of workers earn less than US\$2 per day), meaning that many young people are engaged in jobs that do little to propel them out of poverty (ILO, 2013). Youth unemployment rates vary across countries, with southern African countries having much higher rates of unemployment. Levels of youth unemployment in SSA are projected to remain around 12 per cent over the next five years (ILO, 2013). However, even with the comparatively low youth unemployment rates, young people are twice as likely as adults to be unemployed (ILO, 2013). Child labour is also pervasive and Garcia and Fares (2008) have shown that, on average, 35 per cent of children under the age of 15 in 29 African countries work. Child labour has adverse consequences on future earning potential as a substantial proportion of child workers have limited schooling.

The relatively lower rate of unemployment in SSA has prompted some scholars to argue that the region's problem is not unemployment, but rather under-employment (World Bank, 2009; Altman et al., 2013), as many young people in the region are engaged in insecure jobs with meagre pay. However, other scholars also highlight a skills gap driven by early school dropouts, weak quality of education, and a relative lack of key competencies that are critical for employment, including information and communication technology, communication and problem solving skills, and other soft skills (Benthurst Foundation, 2011; Altman et al., 2013). Indeed, industrialization and technological advances associated with globalization mean that economies are becoming much more dependent on an educated labour force. The exclusion of many youth in SSA from formal education (as highlighted in the next section) and the questionable quality of education (Spaull and Taylor, 2012; Ngware et al., 2013) mean that many African youth are poorly prepared for the rigors of globalized digital economies.

2. *Education*

Investing in human capital development through education is considered a key ingredient for social progress (Okpala and Okpala, 2006). Although many SSA countries have initiated policies and programmes to improve access to education, a large number of young people remain out of school, literacy rates remain lower than other regions (table 1), and the quality of schooling remains an area of concern. Rapid population growth in the region also adds pressure on educational facilities and resources.

Existing data show that SSA has the lowest primary and secondary school participation rates of all regions (UNICEF, 2012). Wide disparities in school attendance are observed between urban and rural areas and across socioeconomic groups. Specifically, whereas the primary school net attendance ratio for the region for 2005-2010 was 81 children of primary school age attending primary school for every 100 children of primary school age in urban areas, it was 66 in rural areas. Likewise, whereas the primary school net attendance ratio for 2005-2010 was 50 in the poorest 20 per cent of households, it was 74 for the richest 20 per cent (UNICEF, 2012). Participation rates for males and females are almost similar at primary school level with the primary school net attendance ratio for 2005-2010 estimated at 67 among males and 65 among females. For both males and females, transition rates to secondary school are low, with secondary school net attendance ratios for 2005-2010 of 31 and 28 for males and females, respectively (UNICEF, 2012). Although net attendance ratios show little difference between males and females, overall literacy rates (table 2) suggest that young women are relatively disadvantaged compared to males.

Despite improvements in access to schooling in many SSA countries, there are substantial concerns about the quality of education. In Kenya, for example, Ngware and colleagues (2013) have shown that many teachers in schools situated in informal urban settlements in Kenya use ineffective teaching methods, such as individual seat work, which disadvantages students who require higher levels of teacher support. They also highlight low levels of content knowledge among teachers particularly for those teaching lower grades; high rates of teacher absenteeism; and a heavy reliance on untrained teachers in non-governmental schools, which serve a significant proportion of urban children (Ngware et al., 2013). Spaul and Taylor (2012) further show that considerable proportions of young people enrolled in primary school in ten countries in SSA are functionally illiterate or innumerate.

Previous studies have shown that educated youth in SSA are more likely to be in full-time wage employment than uneducated youth (Altman et al., 2013). However, a tracer study report¹ by Al-Samarrai and Bennell (2007) highlights the unique employment challenges faced by educated young people in SSA. The tracer study followed cohorts of secondary school and university leavers who graduated in the 1980s and 1990s in four countries in SSA (Malawi, Tanzania, Uganda, and Zimbabwe) to assess employment, income, migration and other outcomes several years after graduation. The tracer study showed that there are: one, declining employment opportunities in areas that typically require secondary school or university qualifications; and two, as expected, high rates of migration to urban areas and across national borders for educated graduates driven, in part, by limited opportunities in the sending areas and income differentials between the sending and receiving areas. Al-Samarrai and Bennell (2007) also underscore a decline in wage employment opportunities over time (both in public and private sectors) and argue that an increasing number of educated youth are engaged in ‘survivalist’ income-generating activities that require limited skills and capital, and that have minimal potential for boosting economic growth. The extended transition period between completion of education and entry into first employment in SSA countries (Fares et al., 2005) also points to the limited capacity of economies to absorb new workers.

3. *Marriage*

Union formation is considered a key marker of the transition from adolescence to adulthood (National Research Council and Institute of Medicine, 2005). The timing of marriage can have long-term implications for a young person’s educational and future life prospects. Although research shows a rising age at first marriage in many parts of SSA (Shapiro and Gebreselassie, 2013), early marriage—defined as marriage before the age of 18 years—remains pervasive in many SSA countries, especially among girls (UNFPA, 2012). The prevalence of early marriage has implications for sustained population growth given the link between early marriage and fertility rates (Raj et al., 2009).

Existing data show that the proportion of women aged 20-24 years who are married or in a union by age 18 is quite high in SSA countries (UNFPA, 2012). About 13.1 per cent of women aged 20 to 24 years in SSA were married as a child in 2010 compared with 8.5 per cent in Latin America and the Caribbean and 24.4 per cent in South Asia (UNFPA, 2012). However, these figures mask significant regional and in-country variations in the prevalence of early marriage. For example, in Mali, a country in SSA with one of the highest child marriage prevalence rates in the world, the national prevalence in 2010 was 55 per cent while the prevalence was 54 per cent in the Bamako (capital) region, 71 per cent in the Gao region and 87 per cent in the Kayes region (UNFPA, 2012).

Early marriage occurs more frequently among females than males (Mensch et al., 2005) and limits young women’s access to education and employment as well as increases the risk for early pregnancies that are often associated with poor maternal and child health outcomes (Erulkar, 2013a). Girls who marry at an early age are more likely to experience intimate partner violence (Hindin et al., 2008; Erulkar, 2013b), to have suicidal ideations (Gage, 2013), and to be at greater risk for HIV infection (Clark, 2004).

Girls who marry at young ages are also more likely to be married to older men resulting in women's limited capacity to negotiate marital relationships (Erulkar, 2013a) and to make reproductive decisions (Raj et al., 2009). Further, early marriage may perpetuate poverty levels as girls who marry very early are less likely to have formal education (Gyimah, 2009; Erulkar, 2013b) and are therefore less likely to be engaged in income-generation activities with high potential for economic growth. Early age at marriage thus has broader social and economic implications by limiting the extent to which the region's women can develop the skills necessary for them to make meaningful economic contributions (UNFPA, 2012).

Another feature of union patterns in SSA countries that warrants consideration is the rise in informal unions. Informal unions, which are considered a prelude to or a substitute for marriage (Antoine, 2006; Calvès, 2007; Hosegood et al., 2009; LeGrand and Younoussi, 2009), have become increasingly popular among younger generations of men and women, especially urban dwellers who often exhibit more "modern" attitudes and behaviours. An analysis conducted by Calvès (2007) using retrospective data on marital histories of male residents of two cities in Burkina Faso (Ouagadougou and Bobo-Dioulasso) showed that about 34 per cent of men born between 1965 and 1974 began their first union by cohabitation compared with 18 per cent in the 1955-1964 cohort and 7 per cent in the 1945-1954 cohort. Another study in Nairobi, Kenya indicated that informal unions formed 74 per cent of all first unions and that the transition to formal union once in informal union was only 1.4 per cent per year (Bocquier and Khasakhala, 2009). Anecdotal evidence suggests that cohabitating couples often go through the process of union formalization after the first child is born; that is, a year or two after starting cohabitating (LeGrand and Younoussi, 2009). Informal unions have been shown to be associated with a higher risk for intimate partner violence (Hindin et al., 2008) and risky sexual behaviour (Hattori and Dadoo, 2007) than formal unions.

4. *Sexual and reproductive health*

The transition to adulthood is characterized by developmental changes, including increased sexual risk taking which exposes young people to poor sexual and reproductive health outcomes. Early sexual debut is one of the key indicators of sexual risk taking. A recent review by Doyle and colleagues (2012) of Demographic and Health Survey and AIDS Indicator Survey data from 24 countries in SSA showed wide variations in the proportion of adolescents aged 15 to 19 years who reported sexual activity prior to the age of 15. In their review, Doyle and colleagues noted that, in general, a significantly higher proportion of females than males reported early sexual activity due to earlier age at first marriage for females and/or females having older sexual partners. In addition, they noted that among females, early sexual debut was more common in rural areas than urban areas and among less educated females compared with their more educated counterparts. The proportion of male adolescents who reported early sexual debut did not differ much by area of residence and the association between education and early sexual debut was inconsistent among males.

Extant studies show that many young people in SSA lack comprehensive knowledge about the risks associated with early sexual activity and have limited access to sexual and reproductive health services (Rungheim and Gribble, 2010). Studies suggest that the lack of access to sexual and reproductive health information is not due to the absence of school-based sexuality education, but due to the exclusion of essential information in the curricula of many sexuality education programmes (Bankole and Malarcher, 2010; Obare and Birungi, 2013). The lack of comprehensive sexuality information is due in part to unfounded fears that exposing young people to comprehensive sexuality information will heighten sexual activity (Bankole and Malarcher, 2010). In addition, the large number of out-of-school youth means that many young people have limited access to sexual and reproductive health information, yet many of them are engaging in sexual activity at an early age.

Early—often unprotected—sexual activity exposes young people to poor sexual and reproductive health outcomes and other negative social consequences. The numbers of young women with unmet need for contraception—that is, who want to delay or stop childbearing but are not using contraception—are high (Prata et al., 2013). For example, Prata and colleagues (2013) in their review of Demographic and Health Surveys (2006-2008) from six countries in SSA noted that 21 to 46 per cent of married females aged 15 to 24 years had an unmet need for contraception. Unmet need for contraception exposes many young women to unintended pregnancies and, accordingly, to a relatively high incidence of unsafe abortion. In 2008, about 3.2 million women aged 15 to 19 years had unsafe abortions in low and middle income countries; 50 per cent of these abortions occurred in Africa (Shah and Ahman, 2012). As shown in table 2, young people in SSA are more likely than youth in other regions to report early childbearing: the age-specific fertility rates in SSA in 2005-2010 were 117.4 births per 1,000 women aged 15 to 19 and 238.0 births per 1,000 women aged 20 to 24. These rates were considerably higher than any other sub-region. Previous studies have shown that young women and girls aged below 20 years are more likely to die during pregnancy or childbirth compared with women aged 20 to 24 (Blanc et al. 2013) and that pregnancy-related complications are the leading cause of death among women ages 15 to 19 years in SSA (Patton et al., 2009). However, as shown in table 2, it is estimated that only 40 per cent of births to women aged less than 20 years are attended by a skilled health worker, suggesting that young women face considerable barriers in accessing sexual and reproductive health services.

The unique vulnerability of young people in SSA to poor sexual and reproductive health outcomes is also illustrated by the HIV epidemic among the youth, who are disproportionately affected by HIV/AIDS. Globally, in 2010, young people aged 15 to 24 years comprised 42 per cent of new HIV infections. Of young people who were living with HIV at the time, close to 80 per cent were living in SSA (UNAIDS, 2012). Young women are at substantially greater risk for HIV infection due, in part, to higher biological susceptibility, greater vulnerability to sexual coercion, sexual intercourse with older males, and lower levels of comprehensive knowledge of HIV and condom use (UNAIDS, 2013).

Although there are positive trends worth acknowledging—a declining number of young people aged 15 to 24 years report sexual initiation prior to age 15 and there are increases in HIV knowledge among the youth (UNAIDS, 2013)—reducing poor sexual and reproductive health outcomes among young people remains a challenge. The growing population of young people in poor urban settlements is worth highlighting. Studies have shown that young people living in resource-poor urban settlements are at heightened risk for poor sexual and reproductive health outcomes compared to young people living in other urban or rural settings (Dadoo et al., 2007; Kabiru et al., 2010a). These differences in sexual risk behaviour occur, in part, because many young people in resource-poor urban settings engage in transactional sex to meet basic needs (Beguy et al., 2013).

C. POLICY PROSPECTS TO ADDRESS THE CHALLENGES THAT YOUTH IN SUB-SAHARAN AFRICA FACE

The youth bulge in most SSA countries suggests that high fertility levels and associated population pressures will be sustained unless measures are taken to address poor schooling outcomes, high levels of youth unemployment and underemployment, early marriage and childbearing among young people, and poor sexual and reproductive health outcomes. These challenges are driven in large part by structural factors, including limited educational and employment opportunities, pervasive poverty, and poor governance. Addressing these structural factors requires multi-sectoral action to ensure that young people are able to lead healthy lives and contribute to the development of the region.

Urgent responses are needed in the education sector to enhance youth participation in SSA countries' economies. As Kabiru and colleagues (2010b) argue, educational opportunities must match the demands of a growing population if young people's ability to engage meaningfully in the formal economy is to be harnessed. In line with this, Altman and colleagues (2013) underscore the need for countries in the

region to align the content of school curricula to current and future needs of the economy. In particular, they note that adequate resources should be invested in vocational education and training in IT skills. Vocational training should extend to occupations related to accountancy, nursing, medicine, architecture, pharmacy, and law, among others that are critical for development. These vocational training programmes must be formalized and accredited to ensure that graduates are able to gain employment. Efforts to improve the quality of basic education are also critical and should include: public-private partnerships to enhance education service delivery, establishment of rigorous systems for assessing teacher competence and teaching quality, and development of continuous professional development programmes (Ngware et al., 2013). The extended duration of the school-to-work transition period also presents a unique opportunity for policies and programmes that involve graduates in civic activities, including national community service and volunteer teaching, as well as provide youth with opportunities for professional and personal development (Eloundou-Enyegue, 2013).

To achieve economic growth and increase employment opportunities, countries in the region should invest in ‘the basics for growth’ (Oppenheimer and Spicer, 2011, pp. 18) . The ‘basics for growth’ include increased access to financial capital for private investors, improvements in transport infrastructure, creation of social protection systems, and improvements in health, education and social amenities (African Economic Outlook, 2013). The central role that the private sector plays in providing employment and reducing poverty levels warrants special attention (Zille and Benjamin, 2011). Thus, in addition to ensuring increased access to financial capital and requisite infrastructure to support private investments, countries in the region must develop a private sector that is independent, competitive and integrated into global markets. These efforts will, in the long run, ensure that the large and growing population of young people are able to find employment and contribute to the region’s economic growth.

Early marriage and childbearing are likely to perpetuate high fertility levels, increase poverty levels, and limit improvements in maternal and child health outcomes. Efforts to delay marriage and childbearing are therefore critical. Virtually all SSA countries have ratified the Convention on the Rights of the Child, which underscores the need to protect the well-being and guarantee the rights of all children below the age of 18 years, including the right to education and health and protection from abuse, maltreatment and injury (UNICEF, 2001). Early marriage and childbearing threaten the rights of women and girls because of the limits to educational and employment opportunities and the reproductive health risks that early marriage and childbearing impose. As recommended in the WHO guidelines to prevent early pregnancies and poor reproductive health outcomes, Governments should therefore enforce laws that prohibit early marriage, advocate for and implement comprehensive sexual education, and enhance young people’s access to sexual and reproductive health (Chandra-Mouli et al., 2013). The use of mobile phones to reach young people with sexual and reproductive health information is particularly noteworthy given increasing access to mobile phones among youth in SSA and widespread acceptability for health messaging via text among young people (Mitchell et al., 2011; Akinfaderin-Agarau et al., 2012). In addition, efforts to ensure that young people have access to quality health services are essential. In particular, these services must be made accessible to hard-to-reach young people including those who are out of school, those living in urban slums and those in rural areas.

In conclusion, SSA is not short of policies or regional and global declarations, such as the 1994 ICPD Programme of Action (PoA), the 2006 Maputo Plan of Action for the Operationalisation of the Continental Policy Framework for Sexual And Reproductive Health And Rights 2007-2010, and the 2013 Addis Ababa Declaration on Population and Development in Africa beyond 2014, that if fully implemented would address many of the challenges that young people face as they transition from adolescence into adulthood. The 1994 ICPD PoA, for example, underscores universal access to reproductive health; reduction of maternal and child mortality; enhanced gender equity and equality; increased access to education, particularly for girls; sustainable development; and the need to address the impacts of urbanization and migration (United Nations, 1994). Likewise, the Millennium Development

Goals offer a useful framework for support to youth because these goals touch on key issues that affect young people’s health and wellbeing, including education, access to health and improved living conditions and livelihoods. What is needed, therefore, is the means to accelerate the implementation of existing policies and declarations in order to ensure that the region takes advantage of its youthful population to achieve a demographic dividend. This demographic dividend can only occur when countries experience rapid fertility declines that lead to a higher proportion of productive-age adults (15 to 64 years) relative to children and older adults, and subsequently achieve low economic dependencies and increased savings and investments necessary for improved development (Eloundou-Enyegue, 2013). The efforts to enhance the acceleration of existing policies and declarations include; one, increased allocation of resources to support primary and secondary education, vocational training, youth entrepreneurship, and access to health, particularly among the most vulnerable groups of youth; two, establishment of rigorous monitoring and evaluation systems—including data systems—to assess implementation progress; three, creation of knowledge-sharing platforms that bring together key stakeholders—including researchers, civil society, non-governmental agencies, and key ministries such as education, youth, health, labour, finance and planning—to identify and prioritize programming for youth as well as ensure that there is a well-coordinated approach to enhancing youth development; and, four, direct involvement of young people in decision making and programme implementation. Progress in the latter has been documented in countries where young people are actively engaged in decision making processes through youth congresses and parliaments (United Nations, 2012).

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NOTES

¹ Tracer studies are used to assess the long-term impacts of an intervention or action. These studies involve finding or locating individuals after a particular event or intervention to investigate what has happened in their lives since the event.

<http://www.ilo.org/ipeinfo/product/download.do;jsessionid=4959f4c9e92f338d52c7280b93832865b29f295519d7e9014fc3620fd711cb36.e3aTbhuLbNmSe34MchaRah8Sbxz0?type=document&id=19155>

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TABLE 1. SELECTED REGIONAL DEMOGRAPHIC INDICATORS

	Total fertility rate (2005-2010) ¹	Average annual percentage rate of change of urban population (2010-2015) ²	Percentage of population age 10-24 years (2010) ¹
Africa	4.9	3.23	32
Sub-Saharan Africa	5.4	3.61	32
Asia	2.3	2.39	27
Europe	1.5	0.40	18
Latin America and the Caribbean	2.3	1.42	28
Northern America	2.0	1.13	21
Oceania	2.5	1.49	23
World	2.5	1.97	26
More developed regions	1.7	0.67	18
Less developed regions	2.7	2.43	28

*Sources:*¹ World Population Prospects: the 2012 Revision (www.esa.un.org/unpd/wpp/)² World Urbanization Prospects: the 2011 Revision (www.esa.un.org/unpd/wup/)

TABLE 2. SELECTED REGIONAL DEMOGRAPHIC INDICATORS ON YOUNG PEOPLE

	Literacy rate of persons ages 15-24 (2005-2008) (per cent) ¹		Ever-married persons ages 15-19 (2006) (per cent) ²		Percentage married or by age 18, by region, 2000-2010 ³	Age-specific fertility rates (births per 1000 women, 2005- 2010) ⁴		Births to women under age 20 attended by skilled personnel (per cent) ²
	Female	Male	Females	Males		15-19 year olds	20-24 year olds	
Africa	70	80	23	2	34	103.6	215.7	44
Sub-Saharan Africa	68	77	27	3	38	117.4	238.0	40
Asia	87	93	15	3	39*	34.8	155.2	-
Europe	-	-	-	-	-	19.2	65.0	-
Latin America and the Caribbean	98	97	17	4	29	73.2	127.5	-
Northern America	-	-	3	1	-	37.3	96.4	-
Oceania	-	-	6	-	-	32.8	97.2	-
World	86	91	14	3	35	48.9	151.7	-
More developed regions	-	-	3	-	-	23.6	71.3	-
Less developed regions	85	91	17	3	-	52.7	165.1	-

Sources:

¹ Population Reference Bureau (2011) The World's Women and Girls 2011 Data Sheet (<http://www.prb.org/pdf11/world-women-girls-2011-data-sheet.pdf>)

² Population Reference Bureau World's Youth 2006 Data Sheet (<http://www.prb.org/DataFinder>)

³ UNICEF (2012) State of the World's Children 2012 (http://www.unicef.org/sowc/files/SOWC_2012-Main_Report_EN_21Dec2011.pdf)

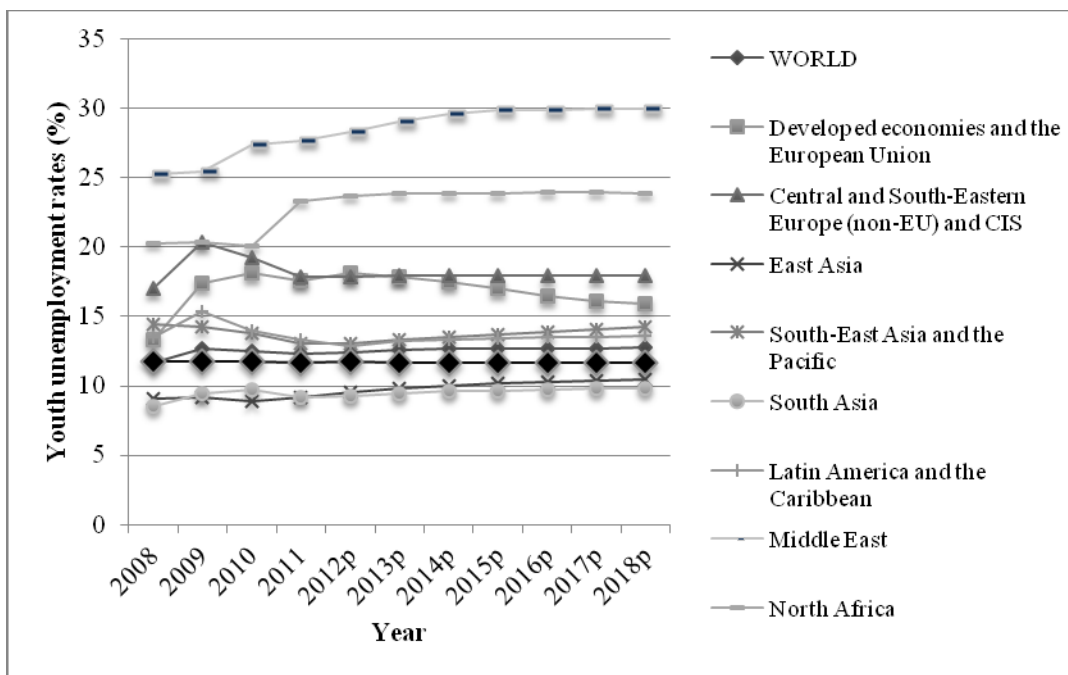
⁴ World Population Prospects: the 2012 Revision (www.esa.un.org/unpd/wpp/)

NOTES:

* Estimates exclude data from China

(-) Data unavailable, inapplicable, or not collected

Figure I. Youth unemployment rates 2008–2018, by region (per cent)



Source: International Labour Office (2013). Global Employment Trends for Youth 2013. A generation at risk. Geneva: International Labour Organization.

NOTES: 2012p are preliminary estimates. 2013p–2018p are projections.