

# STATUS REPORT

## ADOLESCENTS AND YOUNG PEOPLE IN SUB-SAHARAN AFRICA

Opportunities and Challenges





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## Opportunities and Challenges



# Acknowledgements

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# Introduction

The development of sub-Saharan Africa is closely linked to the wellbeing of its young people. With more than one-third of the total population aged 10 to 24, this large number of young people represents an opportunity to accelerate economic growth and reduce poverty, but only if nations make the right investments in current and future generations.\* Often unaddressed in policies and programmes are the unique vulnerabilities and challenges of young people, limiting their ability to contribute to the development of their families, communities and nations. Without strategic investments, young people will continue to face social and economic challenges and slow development efforts in the region.

- **Education.** The most dramatic gains in primary school enrolment for both males and females have been in sub-Saharan Africa. However, rates of secondary and higher education enrolment remain low in many countries and girls are more likely to be out-of-school compared to boys. Improving retention and completion rates for both boys and girls is crucial so they have the skills to build a productive workforce and can contribute to the development of their families and communities.
- **Employment.** Although many jobs have been created in sub-Saharan Africa over the last decade, there have not been enough to accommodate the number of young people in search of work.<sup>1</sup> In addition, more investments are needed to build the capacity of both young men and young women to transition from school to work and engage in productive employment.
- **Sexual and reproductive rights and health.** Although sub-Saharan Africa is experiencing an overall decline in the number of births per woman, adolescent birth rates remain high in many countries. Each year, births to adolescent girls aged 15 to 19 account for 16 per cent of all births in sub-Saharan Africa. The youngest mothers are the most likely to experience complications or death due to pregnancy and childbearing. And sexually active young women often face obstacles to accessing contraceptives and health services, increasing the risk of unintended pregnancy and unsafely performed abortions. Young men also need information and services so they can be partners in preventing unintended pregnancies.
- **HIV/AIDS.** In sub-Saharan Africa, HIV prevalence among young people is falling in many high-burden countries,

a reduction that is critical to curbing the spread of HIV across the continent. However, condom use remains low and few adolescents take advantage of HIV testing and counseling services.<sup>2</sup> In addition, girls continue to face a higher risk of HIV infection compared to boys. Young women need confidence and competence to negotiate condom use and young men must recognize the importance of consistent condom use for their own health and that of their partners.

- **Gender equality and social protection.** Sexual violence and coerced sex is common in relationships, especially among female adolescents and young women. Furthermore, while some countries are experiencing a decline in harmful traditional practices like female genital mutilation/cutting (FGM/C) and child marriage, millions of girls remain at risk across the continent. To end these harmful practices and advance more equitable attitudes and behaviours, families and communities must work together to alter cultural expectations for both males and females.

There is a strong rationale for investing in the wellbeing of young people in sub-Saharan Africa. But in order to develop appropriate policies and programmes that accommodate age-related needs, policymakers must recognize how the experience of adolescents and youth is distinct from that of children and adults. Given that today's generation of young people is the largest in history, there is no better time to empower young people with the knowledge, tools and supportive policy environment they need to adopt healthy attitudes and behaviours and improve their capacity to lead their communities.

## Adolescence and Youth Is a Time of Transition

Young people are experiencing a time of transition, full of physical, psychological, emotional and economic changes as they leave childhood and enter adulthood. The decisions that are made during this period of life affect not only the individual wellbeing of young people, but also the wellbeing of entire societies. Ensuring that young people can successfully navigate this phase of life will help break the cycle of poverty and produce benefits for individuals, communities and nations.

\*This publication uses the term "young people" to refer to those aged 10 to 24. "Adolescents" refers to those aged 10 to 19. Specific age ranges are used to refer to different groups of adolescents, such as those aged 10 to 14 (very young adolescents) or those aged 15 to 19 (older adolescents).

Investments to help young people make a healthy transition into adulthood are also directly related to achieving the Millennium Development Goals (MDGs) and other national development goals in sub-Saharan Africa. Helping young people complete their education, prevent unintended pregnancy and HIV infection, accumulate skills that are relevant to the job market and start an independent livelihood are critical to ensure they can positively engage in civil society.<sup>3</sup> In addition, investing in young people's sexual and reproductive health will help young people make informed decisions about marriage and childbearing and prepare them to become the next generation of parents.

## Measuring the Status of Young People in Sub-Saharan Africa

Today, programme managers, researchers and advocates know much more about the status of young people than previous decades. Large-scale surveys are helpful for uncovering the attitudes and behaviours of young people as well as the opportunities, risks and protective factors that shape their lives. Data from these surveys must be used to increase awareness about the issues that affect young people and to advocate for strategic investments in programmes and policies that will help them finish school, protect their sexual and reproductive health, prevent HIV infection and find meaningful employment. Moreover, age-disaggregated data can ensure that policymakers, programme managers and technical experts develop effective policies and programmes to reach all young people, especially those at higher risk for marginalization and exclusion.

Unfortunately, gaps remain in the existing knowledge base about young people. For example, indicators such as the prevalence of sexual violence, young people having multiple sex partners in the last year and sex before age 15 are missing data for many countries in sub-Saharan Africa. There are also gaps regarding the availability of age- and sex-disaggregated data. While retrospective data is available to gain better insight into the experience of adolescents before age 15 (marriage and sexual experience), most large-scale surveys avoid gathering information about very young adolescents (aged 10 to 14). Although concerns about getting the consent of minors are valid, there still is a need to learn about their experiences to determine if and what types of programmes and policies are reaching this age group.

In addition, while many indicators have data available for males and females, indicators such as prevalence of sexual violence are often limited to females alone. While assumptions may lead survey managers to believe that few adolescent males or young men experience sexual violence, it is impossible to adequately assess the situation without data. Similarly, many countries do not collect data about female genital mutilation/cutting (FGM/C) and surveys tend to focus on countries with the highest prevalence rates.

## Defining the Indicators and Three-Tier Ranking System

Although there are many indicators that can be used to assess the status of young people in sub-Saharan Africa, this analysis presents available data for 20 specific indicators. Certainly, other indicators should be considered when developing policies and programmes for young people; however, these 20 indicators were prioritized based on consultations with UNFPA and staff members in other UN agencies. The team also made considerations based on the availability of data. The indicators discussed in this publication are:

### Population

- **Proportion of Young People in Population:** Percentage of total population aged 10 to 14, 15 to 19, 20 to 24, and 10 to 24. (Source: United Nations Population Division, *World Population Prospects: The 2010 Revision*.)

### Education

- **Progression to Secondary School:** Proportion of students that transition from primary (ISCED 1) to secondary (ISCED 2), general programmes (%). (Sources: World Bank, World Development Indicators; and UNESCO.)
- **Gender Index, Secondary Education:** Ratio of girls to boys in secondary education (%). (Source: World Bank, World Development Indicators.)
- **Out-of-School Adolescents:** Proportion of out-of-school adolescents of lower-secondary-school age. (Source: UNESCO Institute for Statistics, e-Atlas on Out-of-School Adolescents.)

### Employment

- **Labour Force Participation:** Proportion of a country's working-age population that engages actively in the labour market, either by working or looking for work. It

provides an indication of the relative size of the supply of labour available to engage in the production of goods and services (%). (Source: International Labour Organization, *Key Issues in the Labour Market* (KILM), 7th ed.)

## Sexual and Reproductive Health

- **Age at First Sex:** The age by which one-half of young people aged 15 to 24 have had penetrative sex (median age). (Source: ICF Macro, Demographic and Health Surveys, 2005-2012.)
- **Adolescent Fertility Rate:** The number of births per 1,000 women aged 15 to 19. (Source: United Nations Population Division, *World Population Prospects: The 2010 Revision*.)
- **Contraceptive Prevalence Rate, Modern:** Proportion of women married or in-union aged 15 to 49 who are currently using, or whose sexual partner is using, at least one method of modern contraception, regardless of the method used (%). (Sources: ICF Macro, Demographic and Health Surveys, 2005-2012; and UNICEF Multiple Indicator Cluster Surveys, 2005-2012.)

## HIV/AIDS

- **HIV Prevalence:** Proportion of young people aged 15 to 24 who are HIV-infected. (Sources: ICF Macro, Demographic and Health Surveys, 2005-2012; and UNAIDS.)
- **Multiple Sex Partners:** Proportion of young people (aged 15 to 19, 20 to 24, and 15 to 24) who have had sex with more than one partner in the last 12 months, of all sexually active young people in the last 12 months. (Source: ICF Macro, Demographic and Health Surveys, 2005-2012.)
- **Condom Use at Last High-Risk Sex:** Proportion of young people who say they used a condom the last time they had sex with a nonmarital, noncohabiting partner, of those who have had sex with such a partner in the last 12 months. (Source: ICF Macro, Demographic and Health Surveys, 2005-2012.)
- **HIV Testing:** Proportion of the general population aged 15 to 19, 20 to 24, and 15 to 24 receiving HIV test and results in the last 12 months. (Source: ICF Macro, Demographic and Health Surveys, 2005-2012.)

## Gender Equality and Social Protection

- **Married by Age 15:** Proportion of women aged 20 to 24 married by age 15. (Sources: ICF Macro, Demographic and Health Surveys, 2005-2012; and UNICEF Multiple Indicator Cluster Surveys, 2005-2012.)
- **Married by Age 18:** Proportion of women aged 20 to 24 married by age 18. (Sources: ICF Macro, Demographic and Health Surveys, 2005-2012; and UNICEF Multiple Indicator Cluster Surveys, 2005-2012.)
- **Sex Before Age 15:** Proportion of young people aged 15 to 19, 20 to 24, and 15 to 24 who have had sex before the

age of 15. (Source: ICF Macro, Demographic and Health Surveys, 2005-2012.)

- **Sexual Violence:** Proportion of women and men aged 15 to 49 who have ever experienced sexual violence by anyone. (Source: ICF Macro, Demographic and Health Surveys, 2005-2012.)
- **Female Genital Mutilation/Cutting:** Per cent of women aged 15 to 19 and 20 to 24 who have experienced FGM/C. (Sources: ICF Macro, Demographic and Health Surveys, 2005-2012; and UNICEF Multiple Indicator Cluster Surveys, 2005-2012.)
- **Orphan Attendance Ratio:** Percentage of children aged 10 to 14 who have lost both biological parents and who are currently attending school as a percentage of nonorphaned children of the same age who live with at least one parent and who are attending school. (Source: UNICEF, *State of the World's Children Report, 2012*.)
- **Child Labour:** Percentage of children aged 5 to 14 involved in child labour at the moment of the survey. A child is considered to be involved in child labour under the following conditions: children aged 5 to 11 who, during the reference week, did at least one hour of economic activity or at least 28 hours of household chores; or children aged 12 to 14 who, during the reference week, did at least 14 hours of economic activity or at least 28 hours of household chores. (Source: UNICEF, *State of the World's Children Report, 2012*.)
- **Pediatric AIDS Infections:** Estimated number of children aged 0 to 14 living with HIV, 2009 (thousands). (Source: UNICEF, *State of the World's Children Report, 2012*.)

When data are available, these indicators are disaggregated by age group (15 to 19 years; 20 to 24 years; 15 to 24 years) as well as by sex. Some of the indicators, such as child labour and pediatric AIDS infections, cover an age range that includes children and very young adolescents; these indicators were included to examine issues that impact the transition from childhood to adulthood.

The following six sections—population, education, employment, sexual and reproductive rights and health, HIV/AIDS, and gender equality and social protection—highlight key findings for the 20 indicators profiled in this report. Each section features easy-to-understand graphs and charts and references the three-tier colour code system. In addition, each one identifies “other issues for consideration” to account for the varied factors that influence the wellbeing of young people in sub-Saharan Africa, but are not necessarily captured in the indicators in this report.

The report concludes with individual country profiles for all countries with available data in sub-Saharan Africa. Each profile offers a quick overview of the country situation followed by a chart with available data for each indicator. A coloured dot is used to denote whether the country is “red”, “yellow” or “green” for that particular indicator.



## Red, Yellow, and Green: What Do These Colours Mean?

The available data for each indicator was ranked and sorted based on a three-tier system devised with technical guidance and input from UNFPA. For some indicators, like HIV prevalence, the cut-off for each colour was determined based on international guidelines; for other indicators, the colour range was determined based on consultations with UNFPA staff members.

Each tier corresponds to a specific colour: red, yellow or green.



**The colour red is used to identify countries that need to take immediate action to address a particular indicator.**

**For example**, countries with an adolescent fertility rate of more than 100 births per 1,000 adolescent girls are identified as “red” because a larger number of girls are at risk for complications due to pregnancy and delivery and less likely to finish school.



**The colour yellow is used to identify countries that are making progress in meeting targets for a particular indicator, but may need additional investments to see further improvement. Countries that are identified as “yellow” are considered average compared to other countries with available data.**

**For example**, countries that have between 30 per cent and 49 per cent of adolescents out of secondary school are identified as “yellow”. Although more than half of all adolescents are in school, more progress is needed to ensure that all adolescents can enjoy the benefits of secondary education.



**The colour green is used to distinguish countries that are making exceptional progress towards achieving targets or goals related to a particular indicator.**

**For example**, countries that have the highest proportion of adolescents progressing to secondary school—more than three-quarters—are identified as “green” to denote exceptional progress.

### Human Rights Violations

It is important to note that for some indicators—including female genital mutilation/cutting, child marriage, sexual violence and child labour—it is difficult to apply “green” because of human rights implications. For these types of indicators, green is used only to highlight countries with the lowest prevalence or to illustrate exceptional progress in reducing the prevalence of a harmful traditional practice. The continuation of these harmful traditional practices remains unacceptable in any context.

### Interactive Map

A corresponding interactive map is accessible on the Population Reference Bureau (PRB) website, [www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx). The map provides available data for the 20 indicators disaggregated by age and sex. Browse through the indicators organized in six tabs and feel free to embed the map on your blog or website.

# Indicators

## Population

See interactive map:

[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

### Africa Has the Youngest Population in the World

Young people make up the greatest proportion of the population in sub-Saharan Africa, with more than one-third of the population between the ages of 10 and 24. And sub-Saharan Africa is the only region of the world in which the number of young people continues to grow substantially.<sup>4</sup> By 2025, the number of young people (aged 10 to 24) in sub-Saharan Africa is expected to increase to 436 million; the population is projected to further increase to 605 million by 2050. Although this scenario presents challenges, with the right investments, nations have an unprecedented opportunity to capitalize on the potential of their young population to strengthen economic growth and national development.

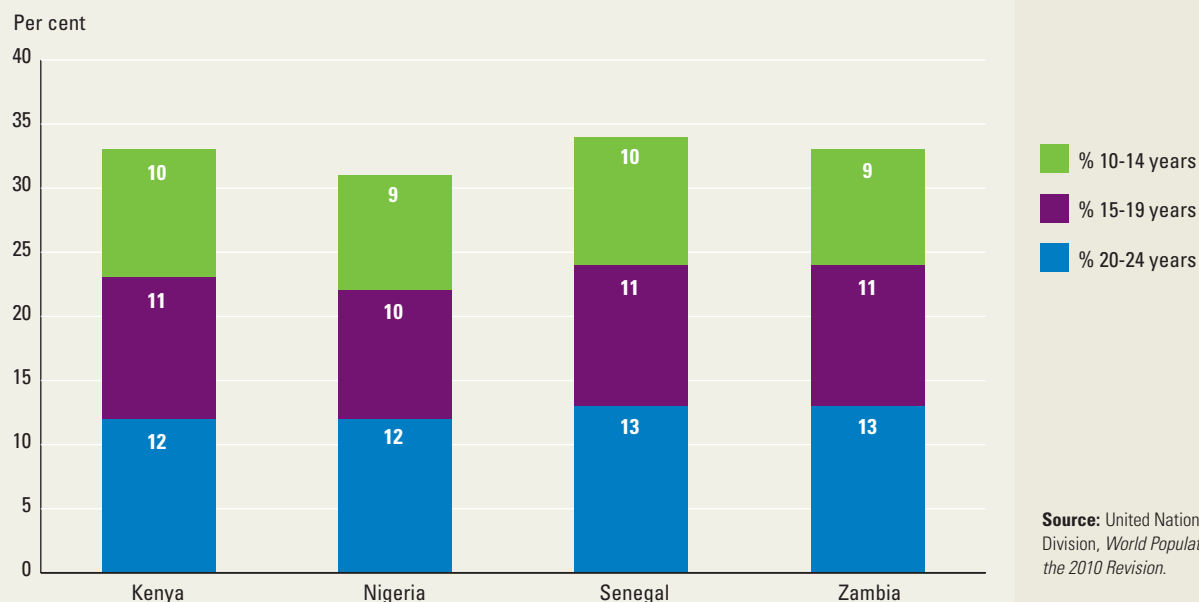
In most countries in sub-Saharan Africa, the age group 10 to 14 years remains the largest among the three five-year age groups for all “young people”. Given that this trend is evident in countries across all regions—Western, Central,

Eastern and Southern Africa—the population indicators are not separated using the red, yellow and green tier system.

This demographic trend has implications for current and future development. Very young adolescents (aged 10 to 14) are still considered dependents who need access to education, health and other social services; yet very often, they are rendered invisible by policies and programmes. On the one hand, this group “ages out” of programmes focused on children, such as immunization campaigns and efforts to register children for school. Peer education programmes and youth centers tend to attract older youth and often are not tailored to meet the specific needs of very young adolescents. Since the size of this age cohort is likely to continue growing for the next few decades in sub-Saharan Africa, it will continue to put pressure on secondary education and health care systems to provide services to this population.<sup>5</sup>

Unfortunately, very little is known about the attitudes, behaviour and risk and protective factors for very young adolescents. Most countries have commitments to getting young people into and through primary school, with the expectation that adolescents aged 10 to 14 will actually be in school. Without specific investments and interventions, the large numbers of very young adolescents will remain at-risk for child marriage and early childbearing

Proportion of Population in Five-Year Age Groups for All Young People, Selected Countries



Source: United Nations Population Division, *World Population Prospects, the 2010 Revision*.

and have fewer education and employment opportunities. Policymakers may assume that very young adolescents are protected and supported by some kind of adult, presumably parents. But very young adolescents do not necessarily have all of these protective factors in their lives. In order to invest wisely in this age cohort, more evidence is needed about their attitudes and behaviours, as well as the risk and protective factors that shape the opportunities available to them.

## Other Issues for Consideration

- **Young people are diverse.** Many other categories of young people (married adolescents, out-of-school adolescents, adolescent mothers, disabled youth, refugees, internally displaced persons, youth living with HIV, injecting drug users, indigenous youth, men who have sex with men, sex workers, and migrants) are vulnerable and lack access to information and services. Given the diversity of the adolescent and youth population in sub-Saharan Africa, programmes and policies must be

multifaceted and tailored for young people's individual characteristics.

- **As young people mature, their needs change.** In addition to the contextual factors described above, different age groups—very young adolescents (aged 10 to 14), older adolescents (aged 15 to 19) and young adults (aged 20 to 24)—have different needs based on their age. Adopting a life course approach can ensure that positive interventions reach young people early in life (starting at 10 years of age); and supporting healthier development can help avert negative outcomes in late adolescence and young adulthood.
- **Countries must prepare for growing populations of young people.** Since the number of young people will continue to grow across sub-Saharan Africa, nations must prepare their education, employment and housing systems as well as their reproductive health programmes to meet the needs of the largest generation of young people.

## Education

See interactive map:

[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

### More Progress Is Needed in Secondary Education

Over the last two decades, sub-Saharan Africa has seen rapid progress towards universal primary education, with nearly all countries having implemented policies to ensure free access. As a result, the proportion of children of official primary school age has increased from just over half in 1991 to more than three-quarters in 2010.<sup>6</sup> Of course, some countries remain behind in achieving development goals related to education; for example, in Burkina Faso, Eritrea and Niger, fewer than half of all children complete primary education. But as more and more children start and complete primary school, the demand for secondary school will continue to grow.

Progression to secondary school measures the likelihood that a child who finishes primary school will start his or her first year of secondary school. Some "green" countries like Ghana, Swaziland, Cape Verde, Botswana and the Seychelles have more than 90 per cent of both boys and girls

progressing to secondary school. Botswana in particular has shown significant leadership in their educational investments. In 1977, 13 years before the Jomtien Declaration, Botswana had committed to universal primary as well as junior secondary education. This early political commitment and dedicated funding for secondary education led to the development of a network of public secondary schools of relatively even quality.<sup>7</sup>

However, overall there is a large drop-off in enrolment between primary and secondary school in sub-Saharan Africa. Twelve of the 36 countries with available data for females are categorized as "red", meaning less than 60 per cent of all girls will start their first year of secondary school. Among males, 10 of the 36 countries with data are categorized as "red".

### Gender Disparities in Secondary Education Persist

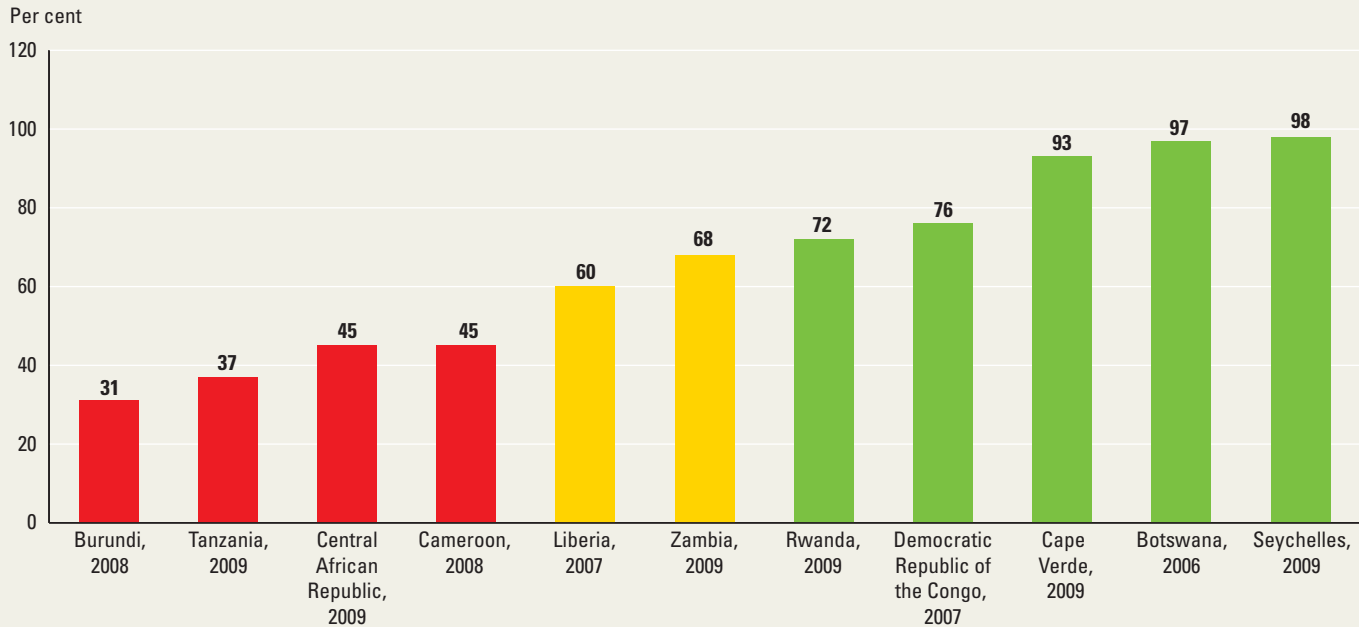
In many countries profiled in this analysis, the transition from primary to lower secondary school is particularly difficult for girls. Data show that fewer than half of all females in "red" countries Burundi, Tanzania, Angola, Côte d'Ivoire, Central African Republic and Cameroon progress to secondary school. Often, barriers that already exist at the primary level are magnified

at the secondary level, such as cost, distance to school and domestic chores that include cooking, cleaning and caring for children. Furthermore, traditional social and cultural expectations about girls' role as wives and mothers may limit opportunities for them to continue their education.<sup>8</sup>

While the transition to secondary school may be more challenging for females than males, young men are also

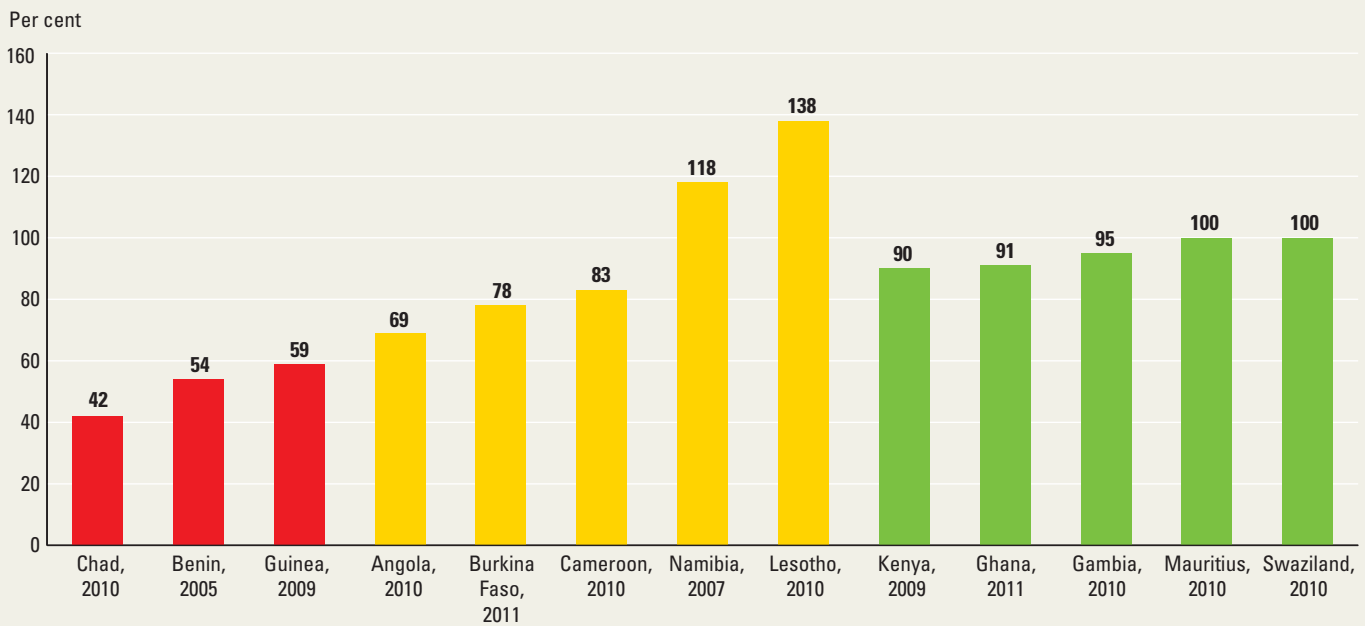
at-risk of leaving school too early and missing out on opportunities to improve their knowledge and skills. For instance, less than two-thirds of all males will transition to secondary school in Angola, Mauritania, Burundi, Cameroon, Burkina Faso, Central African Republic, Tanzania, Côte d'Ivoire, Mozambique and Uganda and are thus identified as "red". In countries where gender does not seem to have an impact on the transition from primary to secondary school, policies need to focus broadly on

### Progression to Secondary School, Selected Countries, Female



Source: The World Bank Database, World Development Indicators.

### Gender Parity in Secondary Education, Selected Countries



Source: The World Bank Database, World Development Indicators.

improving secondary enrolment and completion rates for all young people.<sup>9</sup>

Gender parity—or the percentage of girls enrolled in or attending school compared to the percentage of boys—can also be used to measure equity in education. Although the most dramatic gains in achieving gender parity in secondary education have occurred in sub-Saharan Africa, these disparities have not been eliminated, and are particularly pronounced in Central and West Africa. Chad, Togo, Benin, Central African Republic, the Democratic Republic of the Congo, Guinea, Niger and Angola are considered to be “red” countries and are in need of urgent action to address gender disparities in secondary school enrolment.

On the other hand, countries like Kenya, Ghana, Malawi, Madagascar and The Gambia are considered “green” and are on their way towards achieving gender parity. Mauritius and Swaziland stand out as exceptional “green” countries, with an equal percentage of girls and boys enrolled in secondary school.

Finally, in some countries girls are more likely to be enrolled in secondary school compared to boys. Sao Tome and Principe, Namibia, Cape Verde and Lesotho are notable because of a higher proportion of girls in secondary school compared to boys. These countries are identified as “yellow”, suggesting that they must pay more attention to boys’ transition into secondary school.

## Many Adolescents Are Out-of-School

In all countries in sub-Saharan Africa, some adolescents and young people experience extreme and persistent disadvantages in education. The high number of out-of-school adolescents not only curbs efforts to achieve universal education, but leaves millions of young people trapped in a cycle of poverty with fewer opportunities.<sup>10</sup> The challenges associated with keeping young people in school are linked to many factors, including gender, poverty, conflict and natural disasters, location, migration and displacement, HIV/AIDS, disability, ethnicity, religion and language.<sup>11</sup>

The good news is that half of all countries with available data for out-of-school adolescents are “green”, meaning that less than 30 per cent of adolescents are out of school. Botswana, South Africa, the Seychelles and Kenya stand out as notable exceptions, with less than 5 per cent of all adolescents out of school.

However, in several countries—including Niger, Senegal, Eritrea, Central African Republic, Burkina Faso, Mali, Burundi and Guinea—more than half of all 10-to-19-year-old adolescents are out of school. The following chart shows the top 10 countries with the highest proportion of out-of-school adolescents. Not only do these countries risk falling short of their education goals related to school enrolment and attendance, but adolescents in these countries struggle to lift themselves and their families out of poverty.<sup>12</sup>

### Top 10 Countries With Highest Proportion of Out-of-School Adolescents

Niger, 2008	78%
Senegal, 2006	67%
Eritrea, 2010	59%
Central African Republic, 2010	58%
Burkina Faso, 2010	56%
Mali, 2010	54%
Burundi, 2007	53%
Guinea, 2009	51%
Mauritania, 2007	48%
Ethiopia, 2010	39%

Source: UNESCO Institute for Statistics, e-Atlas on Out-of-School Adolescents, 2005-2012.

Disaggregated data are helpful to identify adolescents that are most at risk for being out of school. Data show that female adolescents are often more likely to be out of school than male adolescents. For instance, Niger, Mali and Mozambique all have a higher proportion of out-of-school adolescent girls than boys. It is also important to note that these three countries are among the top 20 countries for child marriage, illustrating the association between school dropout and child marriage. However, more data are needed to better identify who the out-of-school children are, where they live, and why they are excluded from school.

## Other Issues for Consideration

- **Improving policies and programmes for out-of-school adolescents.** While nonformal and alternative education strategies are common approaches to reaching adolescents who are not in school, these interventions are often of a lower quality due to limited funding. In addition, these programmes rarely offer the same credentials as formal education, which are often needed to secure a job later in life. To accelerate and sustain enrolment rates for adolescents, policymakers must identify bottlenecks, analyze existing interventions related to school participation and develop appropriate policies and strategies to combat multiple, intersecting factors of disadvantage.<sup>13</sup>
- **Expanding opportunities for tertiary education.** Tertiary education plays an important role in promoting economic growth and alleviating poverty. At the individual level, tertiary education generates benefits that include better employment prospects, higher salaries and a greater ability to save and invest. In turn, these positive outcomes support better health and an improved quality of life for young people. Though there are few studies about the benefits of tertiary education to society, some research suggests that expanding tertiary education may promote faster technological growth, research and innovation as well as increase production levels.<sup>14</sup>

# Employment

See interactive map:

[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Over the last two decades, sub-Saharan Africa has experienced great economic growth, with six of the world's 10 fastest-growing economies. But Africa also has the fastest-growing population of young people in the world. Population growth puts strong pressure on labour markets, particularly in an environment in which decent work opportunities are limited. Between 2000 and 2008, Africa's working-age population (aged 15 to 64) grew from 443 million to 550 million—an increase of 25 per cent. And if these trends continue, by 2040 the continent's working-age population will be the largest in the world at 1 billion.<sup>15</sup>

In addition, today's young people in sub-Saharan Africa are the best-educated generation ever. Increasing access to and the quality of education can give young people the skills and confidence they need to be effective in the labour force, but it can also present a significant threat to political stability if there are not a sufficient number of jobs for educated young people or opportunities for self-employment. Given the large population of young people in these countries and the fact that Africa's youthful population is its best-educated generation ever, policymakers must prioritize the integration of young people into working life to capitalize on their potential.<sup>16</sup>

## Young People Are Affected Disproportionately by Labour Market Trends

Available evidence suggests that young people tend to be disproportionately affected by challenges in the labour market compared to adults. For example, the International Labour Organization (ILO) estimates that although 73 million new jobs were created in sub-Saharan Africa between 2000 and 2008, only one-fifth of those jobs went to young people. In addition, young people often have more difficulty securing a job than adults as a result of their limited experience and professional networks. As a result, many young people find themselves unemployed or underemployed in informal jobs with low pay. Of Africa's unemployed, 60 per cent are young people and youth unemployment rates are double those of adult unemployment in most African countries.<sup>17</sup>

## Measuring Youth Employment and Unemployment Rates Remains Challenging

Although there are many indicators that can be used to examine youth employment and unemployment, this analysis focuses on the labour force participation rate, which is available for many countries in sub-Saharan Africa and can be disaggregated by sex. The labour force participation rate is a measure of the proportion of a country's population that is actively engaged in the labour

market—either working or looking for work. Young people aged 15 to 24 who are not in the labour force are either students or inactive (not looking for work).

According to the ILO, labour force participation rates tend to be highest in the poorest countries, where only a small proportion of the working-age population can afford not to work. Therefore, some countries with the lowest income per person have the highest youth labour force participation rates. For example, among the "green" countries, more than three-quarters of all youth aged 15 to 24 in Ethiopia, Burkina Faso, Eritrea and Tanzania are working or looking for a job. On the other hand, some "red" countries like Gabon, South Africa and Namibia have some of the lowest rates of youth participation in the labour force but higher levels of per capita income. This trend suggests that economic need may push young people into the labour force regardless of whether or not decent jobs are available.<sup>18</sup> Therefore, this indicator does not capture data about young people who have given up their job search or are discouraged.

### Labour Force Participation Rates, Youth Aged 15-24, and GNI per Capita, Selected Countries, 2010

Country	Youth Labour Force Participation Rate (%)	GNI per Capita
Gabon	25	\$13,650
South Africa	27	\$10,790
Namibia	40	\$6,600
Ethiopia	77	\$1,100
Burkina Faso	77	\$1,310
Tanzania	81	\$1,510

Source: International Labour Organization, *Key Issues in the Labor Market* (KILM), 7th ed.

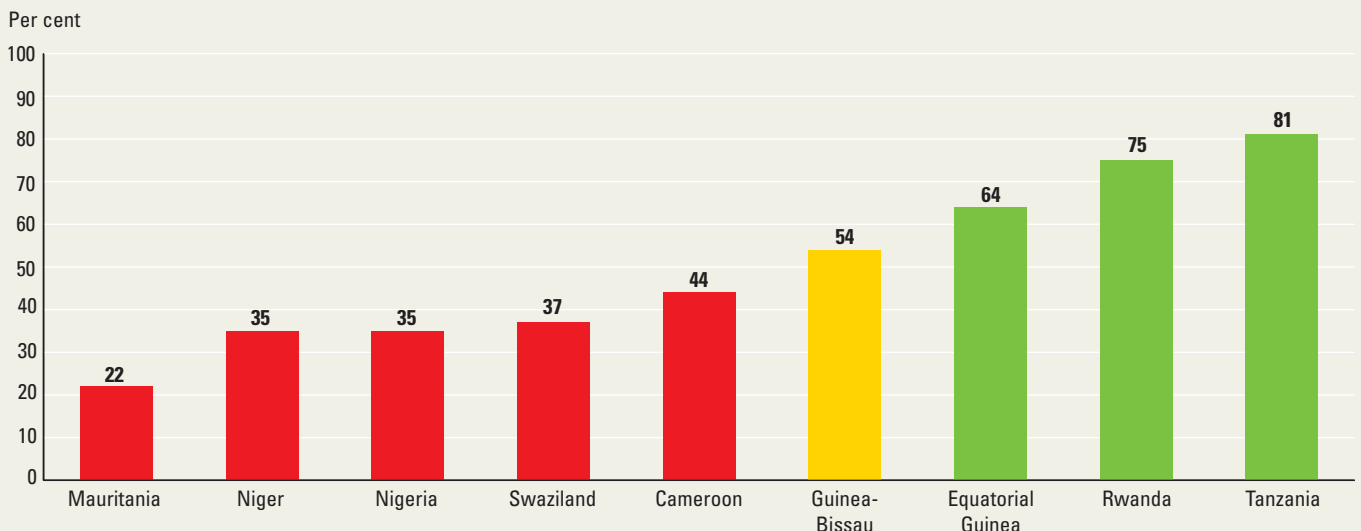
In addition, a country with a low labour force participation rate may also reflect cultural attitudes towards young people—and in particular young women—in the workforce. For instance, less than one-third of young women in Mauritania and Niger are working or looking for a job and are subsequently identified as "red" countries; meanwhile, the proportion of young men participating in the labour force is nearly two times greater in these countries. Overcoming traditional attitudes and expanding education opportunities for girls and young women may encourage alternatives beyond marriage and childbearing and support their participation in the labour force.

Adding to these complexities is the fact that labour force participation rates are often lower in countries with higher enrolment rates in secondary and higher education. For instance, the total labour force participation rates of South Africa and Namibia—both middle-income countries—are 27 per cent and 40 per cent, respectively. Although these countries are considered "red", these rates may actually reflect an increase in education opportunities as opposed to challenges in looking for and finding work.

## Other Issues for Consideration

- Addressing the needs of young people living in poverty.** Youth unemployment remains a major issue in sub-Saharan Africa, especially given very high poverty rates. Compared to adults, young people emerge as over-represented among those living in poverty. Data from Senegal, Sierra Leone and the Democratic Republic of Congo show that more than half of all youth in these countries are among the working poor.<sup>19</sup> The highest rates of poverty can be observed among young women as well as young people living in rural areas.<sup>20</sup>
- Expanding investments in technical and vocational education.** Improving the accessibility and quality of education and training programmes, such as technical and vocational education (TVE), can help expand opportunities for young people who are more disadvantaged in terms of access to education and career development opportunities.<sup>21</sup> Generally, these programmes are most effective when focused on skills that are closely linked to the demands of employers. The involvement of employers in the design and delivery of training and apprenticeship programmes, as well as governance, financial and market reforms, are critical to improve young people's opportunities for decent jobs and better lives.<sup>22</sup>
- Supporting real workplace learning.** Extensive and real workplace learning is another strategy to improve young people's transition from school to work. For example, providing career guidance and counseling services that are organized and supported by local businesses and professionals from different sectors can improve the relevance of young people's skills to the job market.<sup>23</sup> At the same time, young people's interests and aptitudes can be matched to appropriate jobs.<sup>24</sup>
- Increasing attention on the informal economy.** Considering that the majority of young people find work in the informal economy, skills development and workplace learning cannot be limited to the formal sector alone.<sup>25</sup> For example, the National Federation of Malian Craftsmen (FNAM) offers entrepreneurship training for people who run the informal production and service units that are most likely to generate growth. Skills development for young people in the informal sector has the potential to boost this sector from the subsistence economy to economic growth and improve the skills of their members.<sup>26</sup>
- Supporting youth entrepreneurship.** Youth entrepreneurship can reduce unemployment and strengthen the creation of an enterprise culture in sub-Saharan Africa.<sup>27</sup> In particular, small and medium-sized enterprises play a vital role in employment and income generation. For example, the Kenya Rural Enterprise Programme (K-REP), a fully licensed bank, provided microfinance loans to youth microenterprises and small enterprises. Research shows that the provision of microfinance had a positive effect on the performance of youth microenterprises in Kenya. In addition, training in microenterprise helped young people in business management and minimized associated risks.<sup>28</sup>
- Investing in policies to support job growth.** Given the large youth populations in countries across sub-Saharan Africa, investments that support economic growth, diversify the economy and increase the number of meaningful job opportunities for young people are vital. Economic growth will require investing in policies and programmes that address both the demand for labour and improving the skills of young people needed to succeed in a challenging labour market.

### Labour Force Participation, Females Aged 15-24, Selected Countries, 2010



Source: International Labour Organization, *Key Issues in the Labor Market* (KILM), 7th ed.

# Sexual and Reproductive Health

See interactive map:

[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Today, more young people are making the transition from childhood to adulthood and entering their reproductive years. Young people need access to sexual and reproductive health information and services so they can use contraception, prevent unintended pregnancy and decide if and when to have children. At the same time, these investments allow young people—especially girls—to take advantage of education and employment opportunities. Ultimately, if nations want to give young people a healthy start, they must protect their right to sexual and reproductive health information and services.

## Adolescence Marks the Start of Sexual Activity for Many Individuals

Age at first sex is the indicator to determine the average age at which young people become sexually active. It can also provide some insight into when most young people are exposed to risks related to pregnancy and sexually transmitted infections. Adolescents rarely use protection when having sex for the first time and younger adolescents face a greater risk than older adolescents of acquiring sexually transmitted infections, including HIV. In most countries with available data, the median age of first sexual experience for young women is between ages 16 and 18. The average age at first sex in the “red” countries—including Niger, Sierra Leone, Liberia, Guinea and Uganda—is younger than 17. These countries are identified as “red” since adolescents under the age of 18 are at a higher risk for sexually transmitted infections and

poor reproductive health outcomes due to pregnancy and early childbearing.

For young men, the median age at first sex is between ages 17 and 20. The majority of countries—14 out of the 22 countries with available data—are identified as “green”, meaning the average age of first sex is 18 or older.

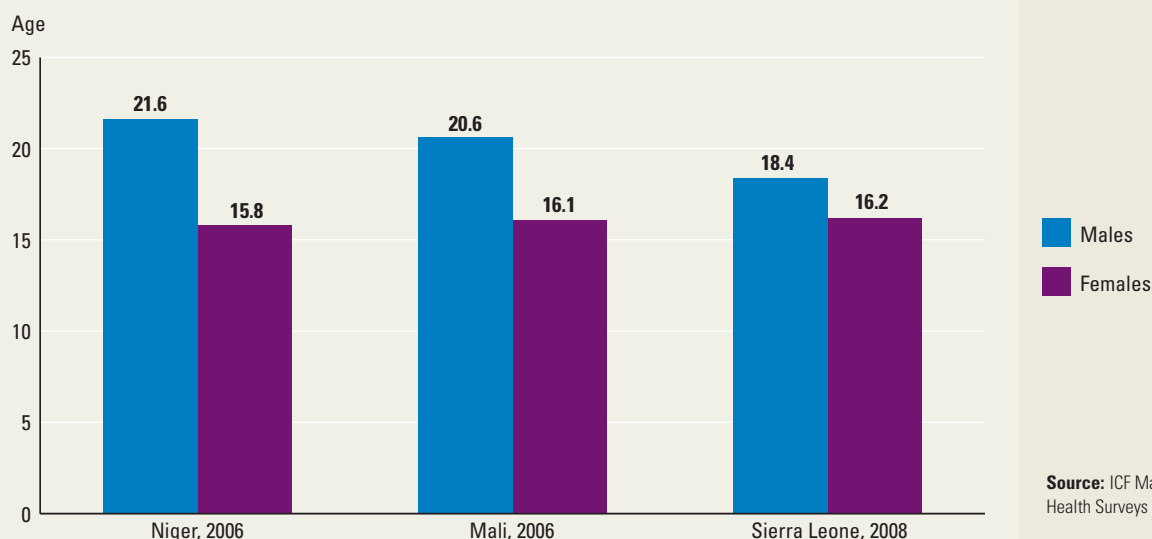
Gender differences between age at first sex are most pronounced in several West African countries, such as Niger, Mali and Sierra Leone, reflecting the early age at marriage for girls.

## Adolescent Childbearing Remains High Across the Continent

Although there has been a slight decline in adolescent birth rates in developing countries over the last two decades, sub-Saharan Africa continues to have some of the highest rates of adolescent fertility in the world, showing almost no decline since 1990.<sup>29</sup> Among the 14.3 million adolescent girls that gave birth in 2008, one of every three was from sub-Saharan Africa.<sup>30</sup> Often, early childbearing is the result of child marriage, the negative consequences of which are described in greater detail in the “Gender Equality and Social Protection” section. But unmarried adolescents are also at risk for unintended pregnancy if they do not have access to comprehensive sex education and family planning services.

Nearly half of the countries with available data are categorized as “red”, meaning they have an adolescent fertility rate of more than 100 births per 1,000 adolescent girls. Niger, the Democratic Republic of the Congo and Mali are particularly high, with 192, 168 and 167 births per 1,000 adolescent girls, respectively. And high rates of adolescent childbearing are not limited to any one region in sub-Saharan Africa; the 10 “red” countries with the highest adolescent fertility rates include countries from West Africa, Central Africa, East Africa and Southern Africa.

Age at First Sex, Selected Countries, Male (aged 25-29) and Female (aged 20-24)



Source: ICF Macro, Demographic and Health Surveys 2005-2012.



## Top 10 Countries With Highest Adolescent Fertility Rates in Sub-Saharan Africa

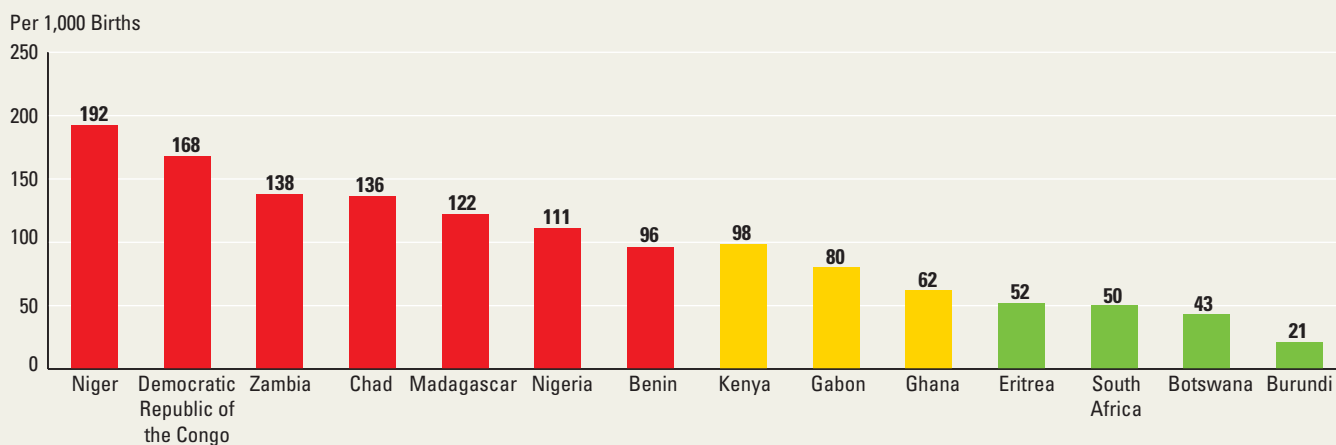
Niger	192
Democratic Republic of the Congo	168
Mali	167
Angola	146
Zambia	138
Chad	136
Guinea	131
Tanzania	128
Uganda	124
Mozambique	122
Madagascar	122

Source: United Nations Population Division, *World Population Prospects: The 2012 Revision*.

Approximately one-quarter of the countries with available data are considered “green” with an adolescent fertility rate of less than 60 births per 1,000 adolescent girls. Countries like Botswana, Rwanda, Mauritius and Burundi stand out as notable “green” countries with the lowest rates of adolescent childbearing across the continent.

A later and healthier start to childbearing produces important gains in maternal and child health outcomes and breaks cycles of poor health. It is well documented that adolescent pregnancies carry risk to the mother as well as to the newborn. Across the globe, pregnancy and childbearing is the leading cause of death for adolescent girls. In developing countries, the risk of dying during childbirth is twice as high for women aged 15 to 19 as it is for women in their 20s and five times greater for girls under the age of 15.<sup>31</sup> And the risk of maternal death is aggravated by unsafely performed abortions. Ensuring that adolescent girls have access to information and services to prevent unintended pregnancies and delay that first birth will help reduce the burden of maternal death and disability in sub-Saharan Africa.

## Adolescent Childbearing, Selected Countries, 2007-2011



Source: United Nations Population Division, *World Population Prospects: The 2012 Revision*.

## Modern Contraceptive Use Among Married Adolescents Aged 15-19, Selected Countries



Source: ICF Macro, Demographic and Health Surveys 2005-2012.

## Modern Contraceptive Use Remains Low Among Young Women

In recent decades, most women have become aware of at least one modern method of contraception. However, young women, especially those who are married, are not likely to use modern methods. Low contraceptive use puts adolescents at risk for unintended and mistimed pregnancies, which pose health risks for the adolescent girl as well as the child.<sup>32</sup>

Overall, rates of contraceptive use remain very low in all regions in sub-Saharan Africa among 15-to-19-year-old and 20-to-24-year-old married women. Nearly all the countries with available data for married women aged 15 to 19 are categorized as “red”, meaning that less than 30 per cent are using modern contraception. Among married women aged 20 to 24, Namibia and Zimbabwe stand out as the only “green” countries, with more than half of all women using a modern method of contraception.

Among the countries with available data, the lowest rates of modern contraceptive use are in West Africa. For example, among 15-to-19-year-old married women, contraceptive use in Sierra Leone, Niger, Nigeria and Benin ranges from 1 per cent to 3 per cent. And while some countries in Eastern and Southern Africa have higher rates of contraceptive use—Rwanda at 31 per cent, Zimbabwe at 35 per cent, Namibia at 39 per cent and Swaziland at 43 per cent—more than half of all married

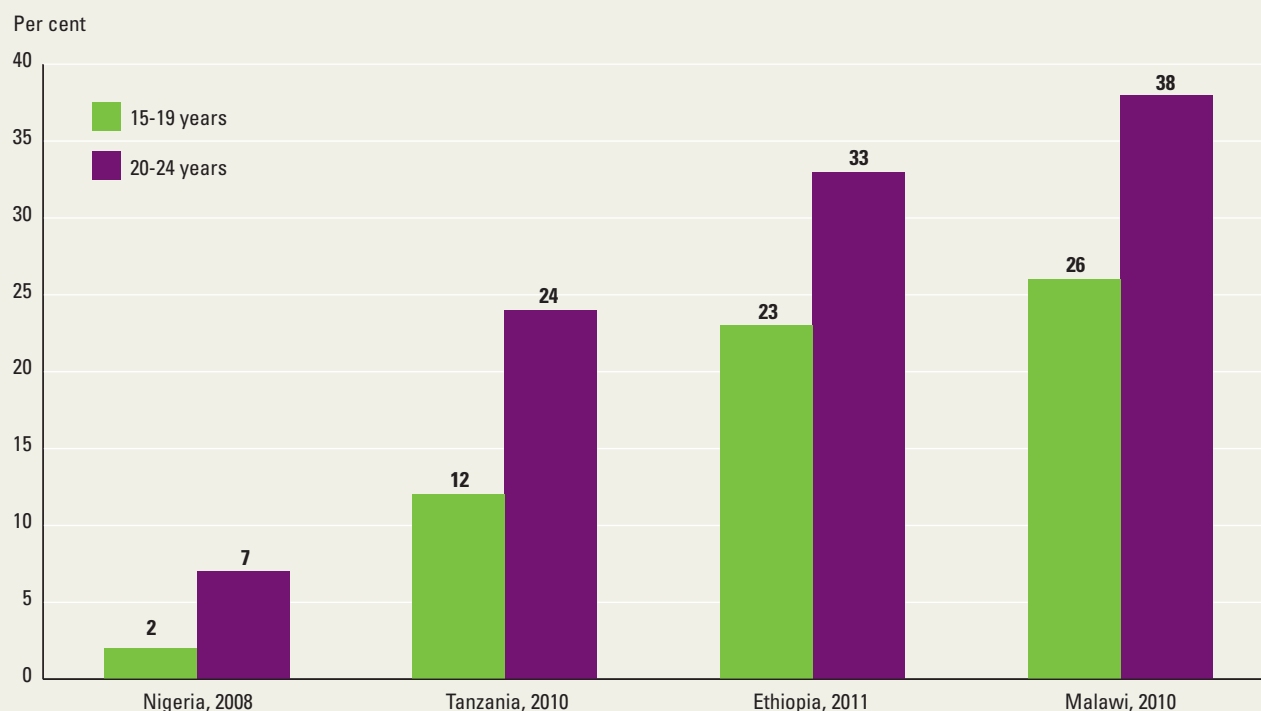
adolescents are not using any contraception and these countries are therefore “yellow”.

In the graph below, data from Nigeria, Tanzania, Ethiopia and Malawi show that married young women (20 to 24 years) are more likely to use modern contraception than married adolescents (15 to 19 years).

## Other Issues for Consideration

- **Target Risk Factors for Early Sexual Debut.** Although sexual initiation is often linked to marriage—especially for girls—other factors influence age at first sex. For example, many girls’ first sexual experiences involve coercion. Research shows that girls aged 15 to 19 are at higher risk for experiencing physical and sexual violence compared to older women. In addition, the younger the adolescent girl and the greater the age difference between her and her partner, the greater the likelihood of an exploitive relationship.<sup>33</sup>
- **Focus on Pregnant Adolescents and Young Mothers.** Pregnant adolescents and young mothers, who are often neglected in maternal health programmes, need access to quality antenatal and postnatal care so they can have a safe pregnancy and delivery. And beyond health care, these young mothers need “second chance” opportunities to complete school and find a job. Unfortunately, in spite of international conventions such as the Convention of the Rights of the Child

### Modern Contraceptive Use Among Married Women Aged 15-19 and 20-24, Selected Countries



Source: ICF Macro, Demographic and Health Surveys 2005-2012.

(CRC) that explicitly recognize the right of pregnant girls to go to school, there is often a disagreement between international law and national law. For example, in Tanzania, a 2002 regulation sanctioned the expulsion of pregnant girls. Although the Ministry of Education later set out legal processes to help keep pregnant adolescents and mothers in school, discrimination continues to threaten educational opportunities for huge numbers of girls in Tanzania.<sup>34</sup>

- **Provide Contraception for Sexually Active, Unmarried Adolescents.** Although sexually active, unmarried young women are more likely to use modern contraceptive methods, they too have high levels of unmet need for contraception. About 42 per cent of unmarried, sexually active adolescent women in sub-Saharan Africa are not using any contraceptive method, putting them at risk for unintended pregnancy as well as sexually transmitted infections, including HIV.<sup>35</sup>

## HIV/AIDS

See interactive map:

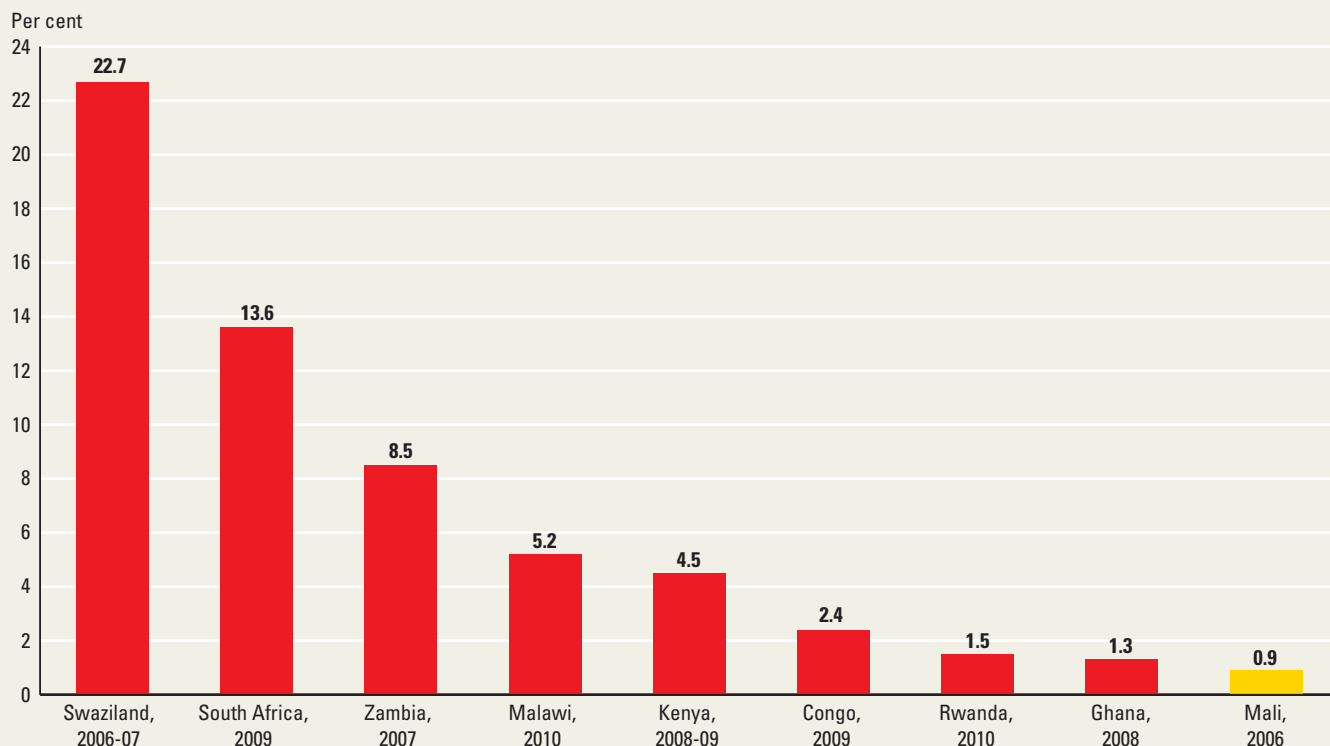
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

In sub-Saharan Africa, changes in sexual behaviour patterns among young people—such as waiting longer to become sexually active, having fewer multiple partners and increasing condom use—have resulted in reductions in HIV prevalence. For instance, high-burden countries such as Côte d’Ivoire, Ethiopia, Kenya, Malawi, Namibia, South Africa, Tanzania, Zambia and Zimbabwe achieved a significant decline of more than 25 per cent in HIV prevalence among young people. Burundi, Lesotho and Rwanda also reduced HIV prevalence among young people by one-quarter. These declines are essential for curbing the AIDS epidemic in sub-Saharan Africa.<sup>36</sup>

Although HIV prevalence has declined among young people in many high-burden countries, young people, especially young women, are still disproportionately affected by the epidemic. Twenty countries in sub-Saharan Africa accounted for nearly 70 per cent of the world’s new HIV infections among young people in 2009.<sup>37</sup>

Among the countries with available data, Swaziland, Lesotho, Botswana, South Africa and Zambia have the highest HIV prevalence rates for both males and females aged 15 to 24 and are therefore identified as “red”. However, rates of infection among females are more than double that of males. In addition, HIV prevalence is higher in the 20-to-24-year-old age group (both male and female) compared to the 15-to-19-year-old age group, suggesting that more efforts are needed to strengthen HIV prevention for young adults, their partners and their children.

### HIV Prevalence, Females Aged 15-24 , Selected Countries



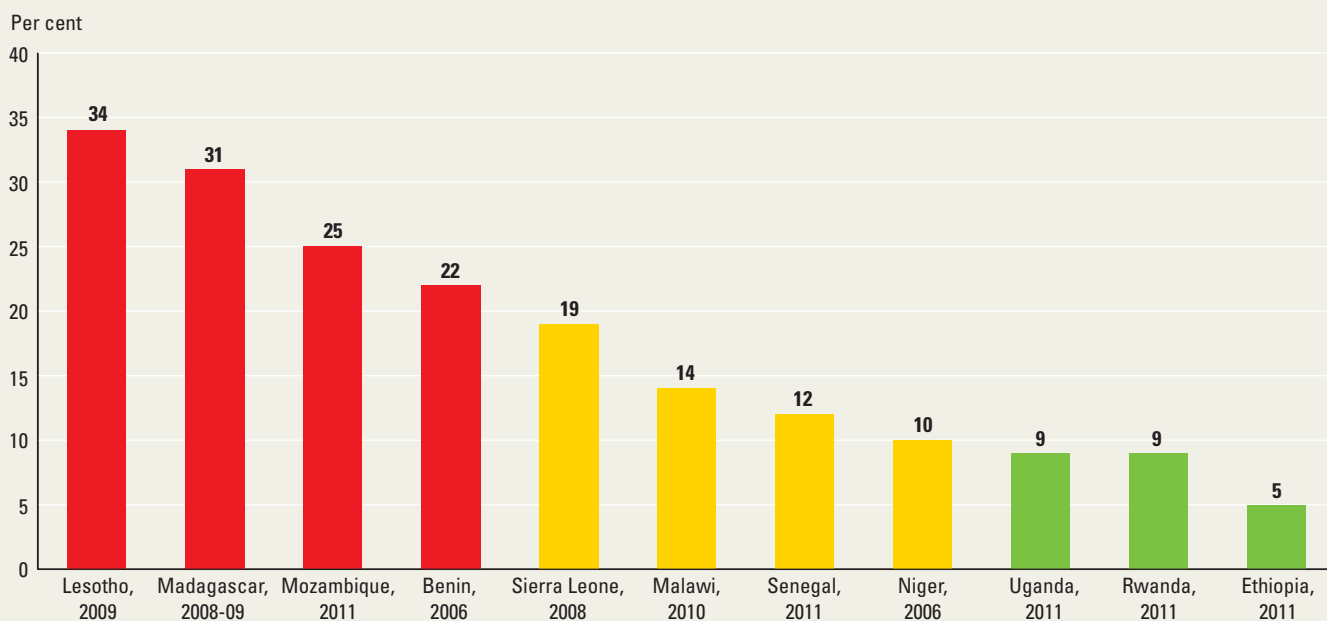
Source: ICF Macro, Demographic and Health Surveys and AIDS Indicator Survey (AIS) 2005-2012.

It is important to note that many adolescents living with HIV contracted the virus “vertically”—before being born or during delivery. This phenomenon illustrates that some of the challenges associated with HIV prevention—as well as diagnosis and treatment—start well before a child enters early adolescence.<sup>38</sup>

## Risky Sexual Behaviour Puts Young People at Risk for HIV Infection

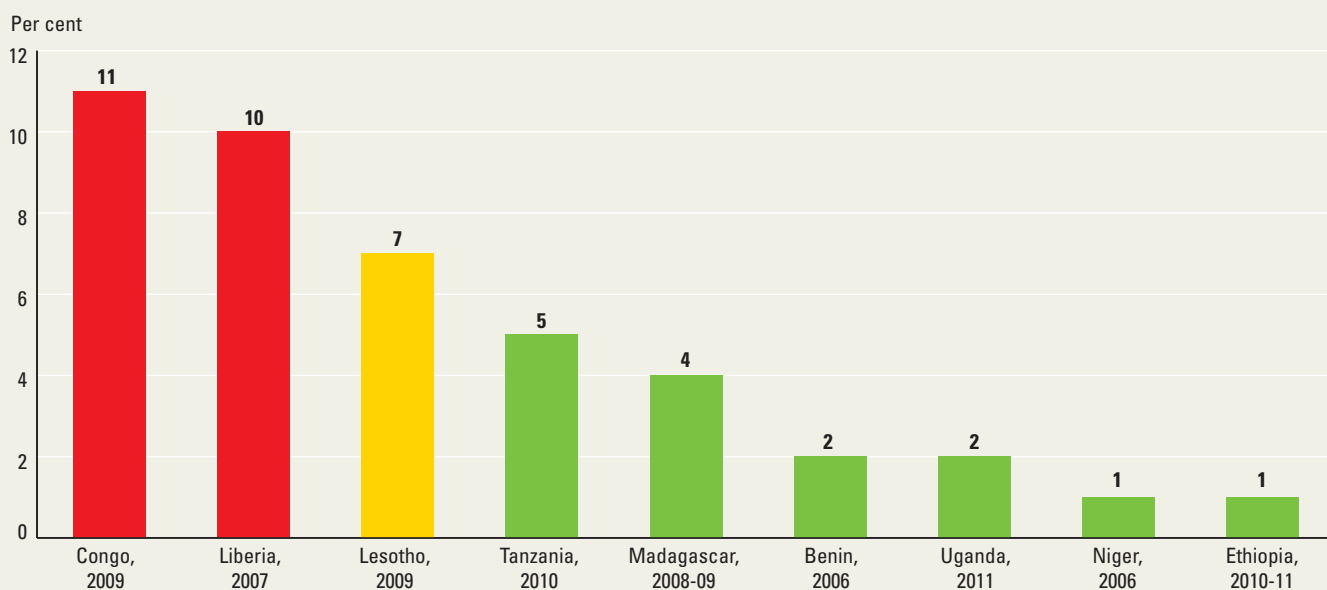
Preventing infection in adolescents and youth as well as supporting those who are living with HIV starts with understanding the attitudes and behaviours of young people. One indicator that measures high-risk behaviour

### Young Men Aged 15-24 Who Reported Having Multiple Partners in the Last Year, Selected Countries



Source: ICF Macro, Demographic and Health Surveys and AIDS Indicator Survey (AIS) 2005-2012.

### Young Women Aged 15-24 Who Reported Having Multiple Partners in the Last Year, Selected Countries



Source: ICF Macro, Demographic and Health Surveys and AIDS Indicator Survey (AIS) 2005-2012.

is the proportion of sexually active young people that have had multiple sexual partners in the last year. When young people engage in unprotected sex with many different partners, they increase their chances of becoming infected with HIV.<sup>39</sup>

Data show that in sub-Saharan Africa, male youth are more likely to report having multiple partners in the last year than female youth. In fact, nearly half of the countries with available data are considered “red”, meaning more than one of every five sexually active young men reported having multiple partners. Of the 26 countries with available data for males, only three—Uganda, Rwanda and Ethiopia—are considered “green” (less than 10 per cent of sexually active males reported having multiple partners).

Data show that fewer females report having multiple partners compared to males. Nearly three-quarters of the countries with available data are considered “green”, meaning that less than 5 per cent of females reported having multiple partners in the last year. The Congo and Liberia stand out as the only “red” countries, with 11 per cent and 10 per cent of all girls reporting multiple sex partners, respectively. Of course, girls may be less likely than boys to report sexual activity due to fear or stigma.

## Condom Use Is Critical to Stopping the HIV Epidemic Among Young People

In addition to the previous indicator, condom use during high-risk sex is also used to assess progress towards the Millennium Development Goal 6 regarding HIV/AIDS. Sexually active individuals who are not in an exclusively monogamous relationship with an uninfected partner are

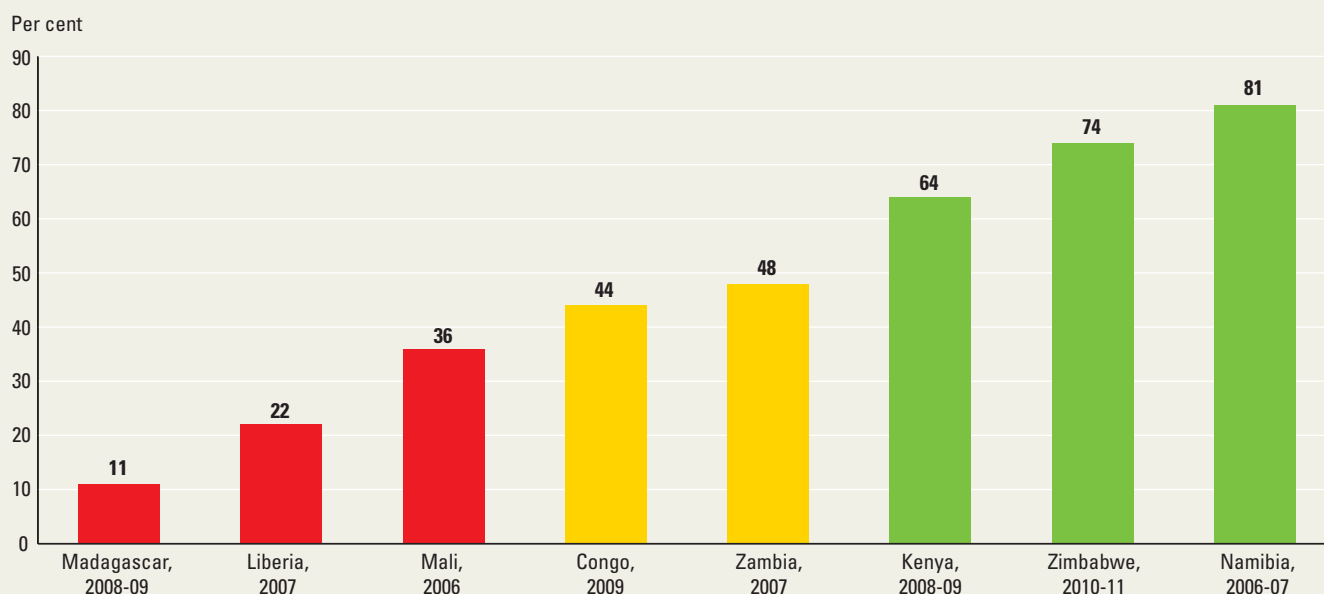
strongly urged to use a condom with a nonregular partner. Research shows that condoms, when used correctly and consistently, are highly effective in preventing HIV infection in sexually active people.<sup>40</sup>

Among the countries with data, rates of condom use at last high-risk sex—defined as sexual intercourse with a nonmarital and noncohabiting sexual partner in the last 12 months—vary substantially. The good news is that more than half of all countries with available data for males aged 15 to 24 are considered “green”, meaning more than half of all males reported using a condom during their last high-risk sexual encounter. Several “green” countries including Namibia, Cape Verde, Zimbabwe and Swaziland are exceptionally notable: More than 70 per cent of young men reported using a condom during their last high-risk sexual encounter. This increasing use may be contributing to the decline in new infections and is exceptionally notable in countries like Zimbabwe and Swaziland, which have high HIV prevalence rates.

However, in Madagascar, Liberia, Sierra Leone, Mali, Guinea and Niger, less than 40 per cent of young men reported using a condom at their last high-risk sex. As a result, these countries are identified as “red”. Even though they have lower HIV prevalence rates among this population, the infrequent use of condoms during high-risk sex suggests that the epidemic could expand rapidly.

In addition, there are differences regarding young men’s and young women’s use of condoms. Overall, rates of condom use are lower among women aged 15 to 24 than men of the same age in all countries. In fact, more than half of all countries with available data for young women

Condom Use at Last High-risk Sex, Males Aged 15-24, Selected Countries



Source: ICF Macro, Demographic and Health Surveys and AIDS Indicator Survey (AIS) 2005-2012.

aged 15 to 24 are “red”. And while “yellow” countries including Mozambique, Rwanda, Central African Republic, Malawi, Guinea-Bissau, Zimbabwe and Tanzania are making progress, fewer than half of all young women reported using a condom at their last high-risk sexual encounter. The fact that young women are less likely to report using condoms than young men may reflect their inability to negotiate condom use, especially in the context of coerced or forced sex.<sup>41</sup>

## Knowledge of HIV Status May Help Young People Change Behaviour or Access Treatment and Care

Increasing the number of young people who know their HIV status is fundamental to the uptake of HIV services, treatment and care. Data from selected countries show that most young people do not know their HIV status. Among young women aged 15 to 24, nearly three-quarters of countries with available data are “red”, meaning less than 30 per cent of women have been tested for HIV. Among young men aged 15 to 24, Malawi, Rwanda and Uganda stand out as the only countries that are not “red”.

In some of the countries profiled in this analysis, particularly from Eastern and Southern Africa, young women are more likely to have been tested for HIV and received the results from their tests. However, this trend may be linked to their use of antenatal services where HIV testing and counseling are offered more regularly.

### HIV Testing Rates Among Young Women and Young Men Aged 15-24, Selected Countries

Country	Females	Males
Rwanda, 2010	59%	55%
Kenya, 2008-09	41%	26%
Tanzania, 2010	39%	25%
Namibia, 2006-07	33%	14%

Source: ICF Macro, Demographic and Health Surveys and AIDS Indicator Survey (AIS) 2005-2012.

On the other hand, in many West and Central African countries—including Niger, Sierra Leone, Liberia, Guinea and Côte d’Ivoire—rates of HIV testing are extremely low among both males and females, ranging from 1 per cent to 3 per cent for both sexes. These “red” countries have particularly low rates of HIV testing. Although HIV prevalence may be lower in West Africa compared to other countries in sub-Saharan Africa, HIV testing is recommended for high-risk groups, including sex workers, men who have sex with men, injecting drug users and pregnant adolescents.

Unfortunately, the stigma surrounding HIV and AIDS combined with legal restrictions on services may cause adolescents to avoid HIV testing, prevention services

and treatment. To tackle this challenge, some countries are revising laws regarding the age of consent for HIV testing and care-seeking. For example, South Africa’s Children’s Act, passed in 2005, lowered the age of consent for HIV testing and contraceptives to 12, thus opening access to full sexual and reproductive health care for adolescents.<sup>42</sup>

## Other Issues for Consideration

- Address the intersection of HIV infection and maternal death.** HIV is an increasing contributor to direct and indirect causes of maternal deaths in sub-Saharan Africa. Ensuring that young women receive appropriate HIV diagnosis and treatment, including access to antiretroviral drugs, is crucial to manage HIV infection in young, pregnant women as well as women who have just given birth and to reduce the number of maternal deaths. This set of interventions is particularly important in Eastern and Southern Africa, where HIV prevalence rates are higher.<sup>43</sup>
- Focus on married adolescents.** A 2004 study in Kenya and Zambia found that being married at a young age increases a girl’s chance of being HIV-positive by more than 75 per cent compared to sexually active, unmarried girls. In both countries, child marriage, coupled with a lack of information about reproductive health, virtually eliminated girls’ ability to negotiate condom use or abstain from sex.<sup>44</sup> Both of these scenarios—cross-generational sex as well as child marriage—illustrate that a broad spectrum of interventions are needed to reach all young women who are at risk for HIV infection. Changing attitudes that permit child marriage are essential to reversing the HIV/AIDS epidemic in the region.
- Recognize that cross-generational sex puts girls at risk for HIV.** Cross-generational sex between an unmarried adolescent girl and a man 10 or more years older is not unusual in sub-Saharan Africa. These relationships are often driven by economic need and expose young women to HIV. Many researchers have found that girls and young women are less able to negotiate condom use in cross-generational sexual relations due to an imbalance in power and a girl’s lack of control in decisionmaking.<sup>45</sup>
- Consider other health-related behaviours that put young people at-risk for HIV infection.** Many people have their first experience with tobacco, alcohol and drugs during adolescence and youth. These are risky behaviours that can have a negative impact on young people’s wellbeing and also lead to poor sexual and reproductive health outcomes. For example, alcohol use often contributes to risky sexual behaviour, such as multiple sex partners, inconsistent condom use and transactional sex.<sup>46</sup> In addition, young people who sell or use drugs are at higher risk for HIV infection. They may not have access to information, sterile injecting equipment and services such as HIV testing and counseling.<sup>47</sup>

- **Increase attention on adolescents living with HIV.** For adolescents and youth who are already living with HIV, care, treatment and support is of the utmost importance to prevent the spread of HIV and help young people lead healthy, productive lives. Expanding HIV treatment and care can help reduce transmission by 50 per cent to 90 per cent in couples where one partner is HIV-positive and the other is HIV-negative. And HIV treatment is important to prevent the transmission of HIV from a mother to her baby.
- **Link HIV prevention with economic empowerment.** Supporting the integration of HIV prevention pro-

grammes with other programmes, including sexual and reproductive health, economic empowerment and education, is critical to improve young people's access to these important services and achieve better health outcomes. Evidence from a cash transfer programme in Zomba, Malawi, suggests that social protection programmes can strengthen efforts to prevent HIV. The study found that cash transfers increased school attendance, reduced child marriage and early pregnancy and reduced self-reported sexual activity. HIV incidence also declined since there was less of a need to rely on sexual relationships with older men for economic support.<sup>48</sup>

## Gender Equality and Social Protection

See interactive map:

[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

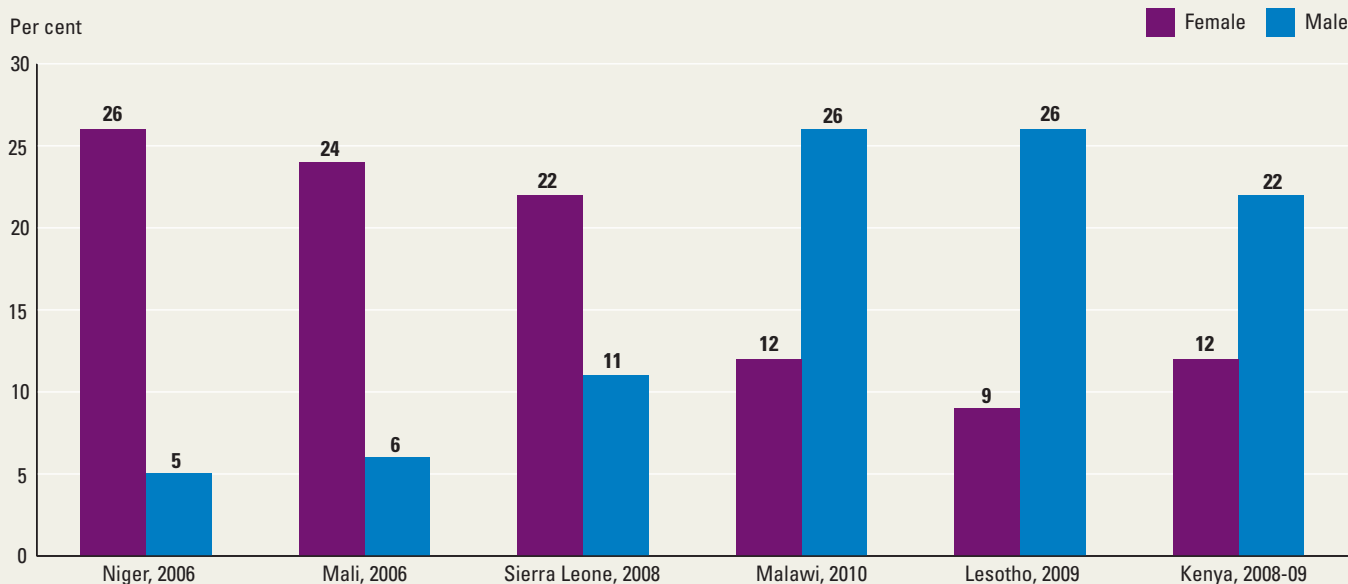
As a result of their age and limited social protection mechanisms, young people (aged 10 to 24) are one of the most vulnerable groups in any population. At the same time, challenges and human rights violations that occurred during childhood—including child labour, pediatric AIDS infections and female genital mutilation/cutting—often have a direct bearing on the opportunities available to young people as they enter adulthood. Policymakers and governments need to play a leading role in ending harmful traditional practices, enforc-

ing laws that protect children, adolescents and youth; and raising public awareness of how to better support young people's transition from childhood to adulthood.

### Child Marriage Is Declining, but Millions of Girls Are Still at Risk

Child marriage is a violation of human rights as well as many international laws and conventions including the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. Although most countries in sub-Saharan Africa have established age 18 as the minimum legal age for marriage for both males and females, there are some notable exceptions. Cameroon, Chad, the Democratic Republic of the Congo, Mali and Niger have set 15 as the legal age of marriage for women. In addition, there are

Males and Females Aged 15-19 Who Had Sex Before Age 15, Selected Countries



Source: ICF Macro, Demographic and Health Surveys 2005-2012.

many exceptions that allow a young girl to get married, such as parental consent, if a girl is pregnant or has already given birth to a child, or customary laws that emphasize physical maturity rather than age to get married.

### Legal Age of Marriage for Women and Men, Selected Countries

Country	Women	Men
Burkina Faso, 2005	17	20
Cameroon, 2000	15	18
Chad, 2011	15	18
Democratic Republic of the Congo, 2006	15	18
Guinea, 2007	17	18
Guinea-Bissau, 2009	17	17
Mali, 2006	15	18
Niger, 2007	15	18
Togo, 2006	17	20
Zimbabwe, 2011	16	18

**Source:** Compiled by the United Nations Statistics Division from information provided in the periodic country reports to the Committee on the Elimination of All Forms of Discrimination against Women (CEDAW), supplemented by data published by United Nations, Department of Economic and Social Affairs, Population Division (2011).

The use of the colour “green” for the three-tier system is used only to illustrate progress in some countries with lower prevalence of marriage before age 15 and age 18. Nearly one-third of all countries with available data are “red”, with more 40 per cent of young women aged 20 to 24 married

by age 18. In Niger, Mali and Guinea—the top three “red” countries for child marriage—nearly three-quarters of all females married by age 18. And 14 of the top 20 countries for child marriage are in sub-Saharan Africa.

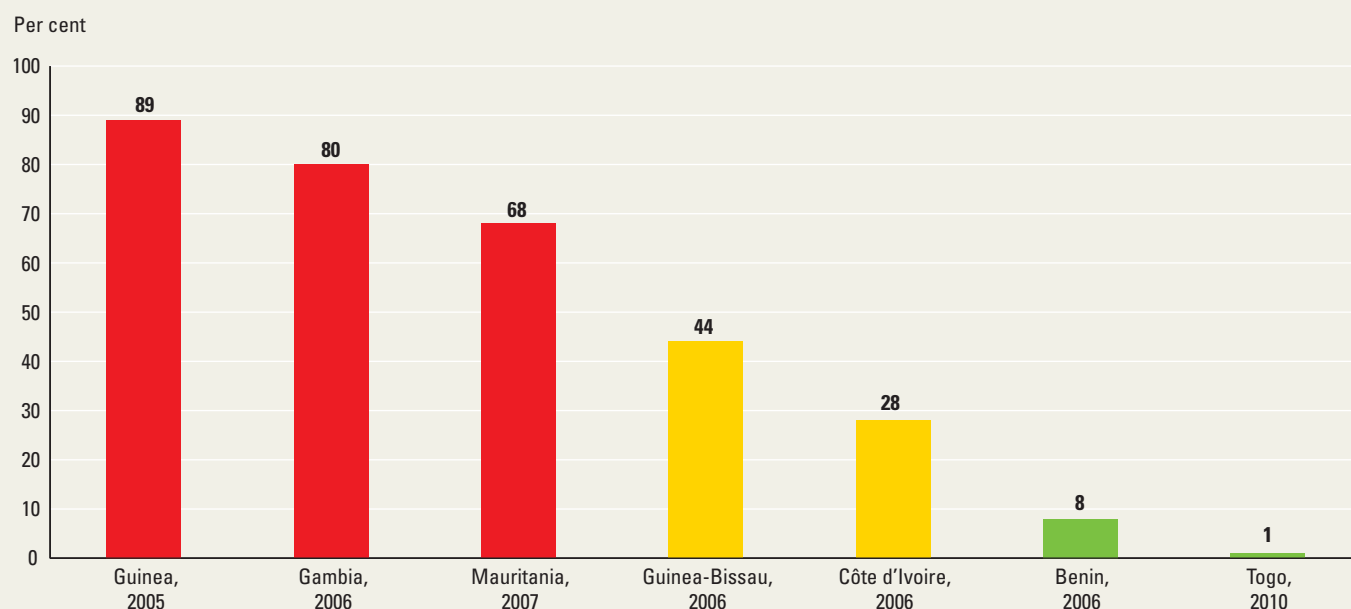
Many additional countries in sub-Saharan Africa have dangerously high rates of child marriage before age 15, increasing the risk for physical, sexual, psychological and economic abuse. Niger, Mali, Central African Republic, Guinea, Sierra Leone, Nigeria, Ethiopia, Mauritania, Madagascar, Uganda, Senegal, Malawi, Cameroon and Liberia are considered “red” since more than 10 per cent of surveyed women were married by age 15.

However, some countries are making notable progress. Among “green” countries like Namibia, Rwanda and Swaziland, less than 10 per cent of surveyed women (aged 20 to 24) reported being married by age 18. However, more investments are needed to ensure all girls can enjoy the benefits of education, stay healthy, make friends and break the cycle of poverty.

### Sex Before Age 15

Although the median age of first sexual experience is often used to identify the average age of sexual debut, it often overlooks large numbers of young people who start having sex before age 15.<sup>49</sup> According to the graph on page 21, girls are more likely to have had sex before age 15 in West African “red” countries including Niger, Mali and Sierra Leone. In fact, in Niger the proportion of adolescents aged 15 to 19 who reported having sex before age 15 was five times greater than the proportion of boys, reflecting the association between child marriage and early sexual activity.

### FGM/C Prevalence Among Girls Aged 15-19, Selected Countries



**Sources:** ICF Macro, Demographic and Health Surveys 2005-2012; and UNICEF Multiple Indicator Cluster Surveys, 2005-2012.



On the other hand, in some Eastern and Southern African countries like Malawi, Lesotho and Kenya, adolescent males aged 15 to 19 are more likely to have reported having sex before age 15 than girls. These countries are therefore considered to be “red” and sex is more likely to have taken place prior to marriage.

The adverse effects of early sexual activity, whether occurring within or outside of marriage, have a direct bearing on the wellbeing of young people as well as progress towards national development goals. Child marriage and early childbearing almost always ensure that a young woman will not advance in her education. This trend slows progress towards achieving education enrolment and completion goals as well as goals related to gender equity in educational enrolment. In addition, early sexual debut increases the risk of HIV and other sexually transmitted infections for both males and females.<sup>50</sup>

## Sexual Violence Threatens the Wellbeing of Young People

Sexual violence is a human rights violation as articulated in many regional and international conventions including the Convention on the Rights of the Child (CRC), the Geneva Conventions and the Maputo Protocol. Yet many adolescents’ first experiences of sexual intercourse are coerced or violent. Specifically, girls who live in extreme poverty, among marginalized communities, without family support or in situations of conflict or displacement are particularly vulnerable to coerced sex and violence.

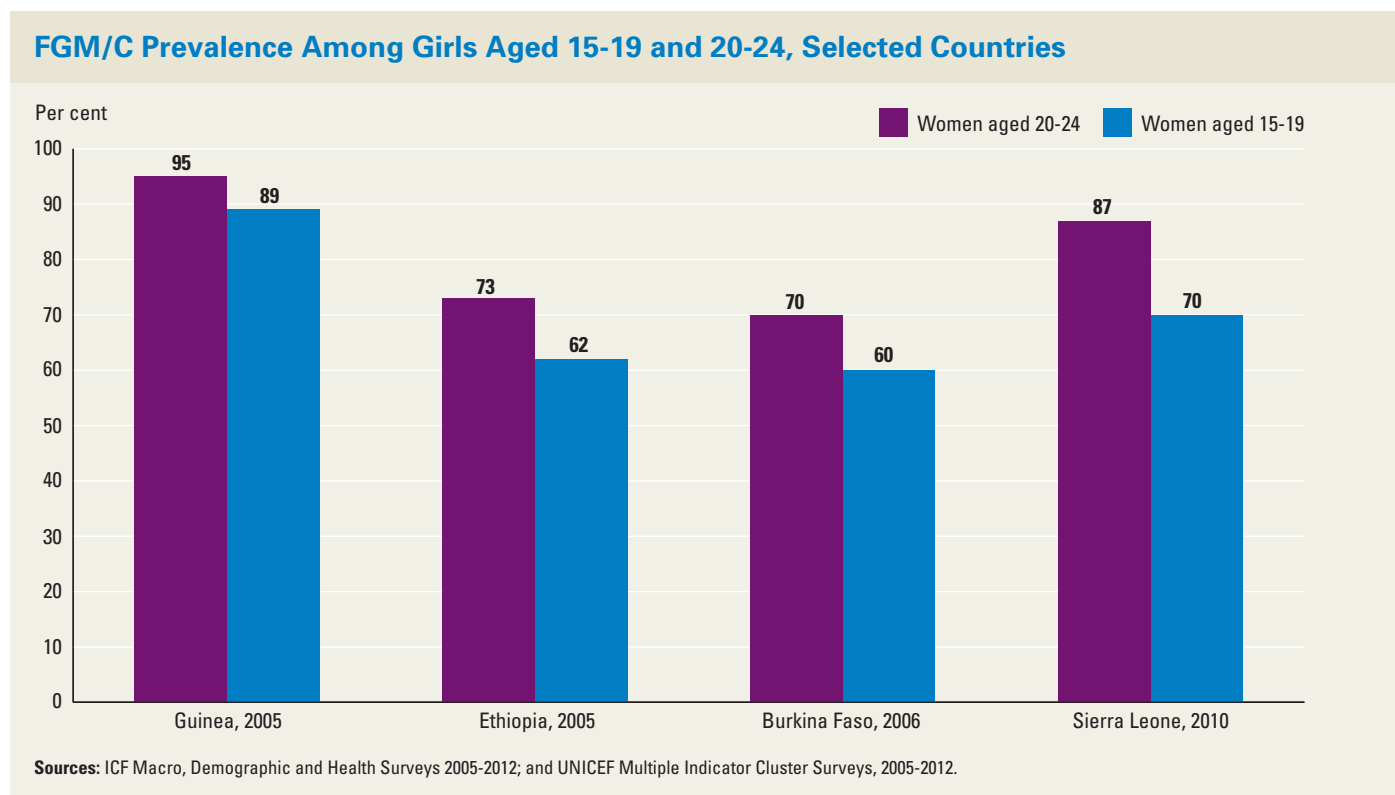
Among female adolescents aged 15 to 19, the Democratic Republic of the Congo, Uganda, Zimbabwe, Malawi and

Zambia are “red” countries, meaning more than 15 per cent of girls reported experiencing sexual violence. In the Democratic Republic of the Congo, more than one in three adolescents aged 15 to 19 experienced sexual violence. And although Tanzania, Liberia, Rwanda, Kenya and Ghana are “yellow”—between 10 per cent to 14 per cent—more investments are needed to protect the health and wellbeing of female adolescents.

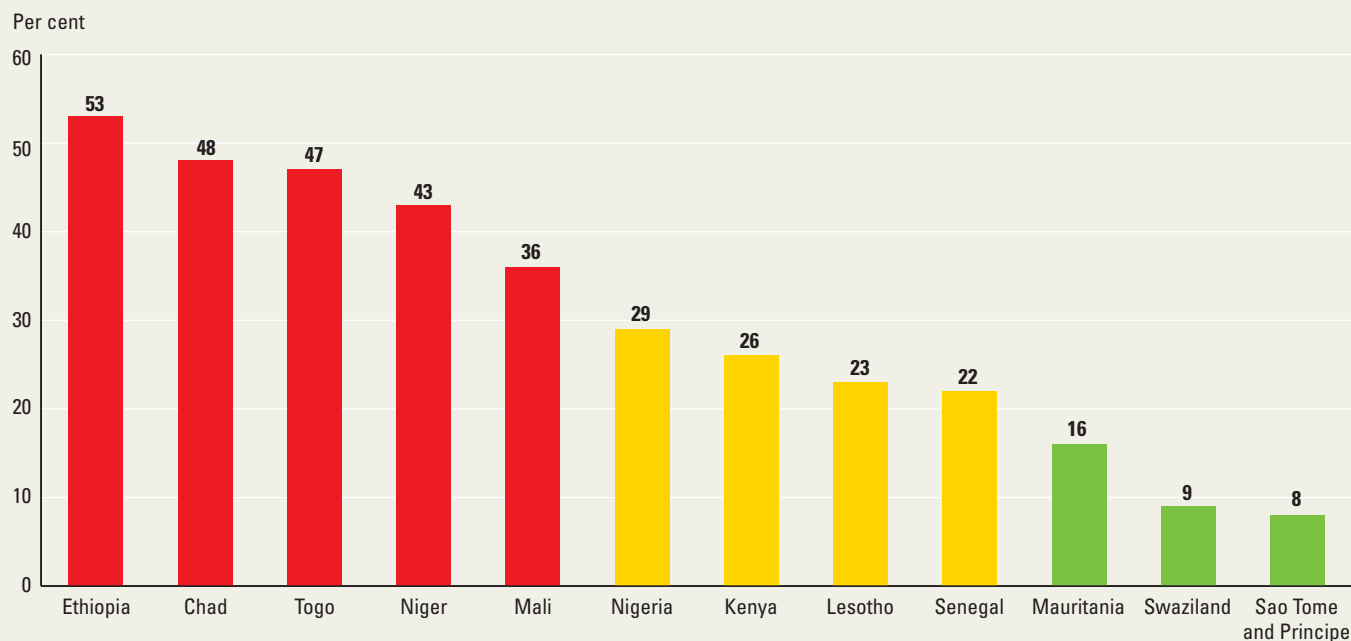
## Female Genital Mutilation/Cutting Has Declined in Some Countries, but Many Girls Are Still at Risk

In sub-Saharan Africa, more than 3 million girls are at risk for female genital mutilation/cutting (FGM/C) each year. FGM/C is practiced in at least 28 countries in sub-Saharan Africa at all educational levels and in all social classes and occurs among many religious groups (although no religion mandates it). Again, the colour “green” is only used to denote countries with a lower prevalence rate. FGM/C remains unacceptable under any circumstances since it violates children’s rights as defined by the Convention on the Rights of the Child. Prevalence rates vary significantly across the continent. Among adolescents aged 15 to 19, Guinea-Bissau, Burkina Faso, Ethiopia, Mauritania, Sierra Leone, The Gambia, Mali and Guinea are “red”, meaning more than 30 per cent of girls experienced FGM/C. There is some progress in a few “yellow” countries—Benin, Tanzania, Niger, Ghana, Togo and Uganda. In these countries, less than 10 per cent of girls have experienced FGM/C.

In addition, recent data reflect lower levels of cutting among female adolescents aged 15 to 19 compared



## Child Labour, Boys and Girls, Selected Countries, 2000-2010



Source: UNICEF, *State of the World's Children Report, 2012*.

to young women aged 20 to 24. For example, surveys conducted between 2005 and 2010 in Guinea, Ethiopia, Burkina Faso and Sierra Leone show a decline in the number of girls who experienced female genital mutilation/cutting. Notably, Ethiopia, Burkina Faso and Sierra Leone saw a decline of 10 percentage points between women aged 15 to 19 compared to women aged 20 to 24.

However, while these trends indicate progress in reducing rates of FGM/C, millions of girls remain at risk. Countries such as Mauritania (“red”), Mali (“red”) and Senegal (“yellow”) do not show any differences in rates of FGM/C when comparing responses between the two age groups. Furthermore, the lack of data for many countries in sub-Saharan Africa—presumably because the practice does not exist in these countries—makes it difficult to determine if girls are indeed at risk. Investing in survey and data collection to determine if FGM/C is practiced in a country as well as the magnitude of the practice is critical to stop this harmful traditional practice.

### Focus on Orphaned Adolescents: Improving School Attendance Is Key for Better Development Outcomes

In recent years, the international community has increased investments in education and health care services for orphans and vulnerable children (OVCs). But many OVCs are actually adolescents whose needs are not adequately addressed in programmes and policies directed towards children. Improving access to and the quality of education opportunities for orphaned adolescents is one strategy to help protect, support and prepare them for the transition into adulthood and for their countries’ overall development.

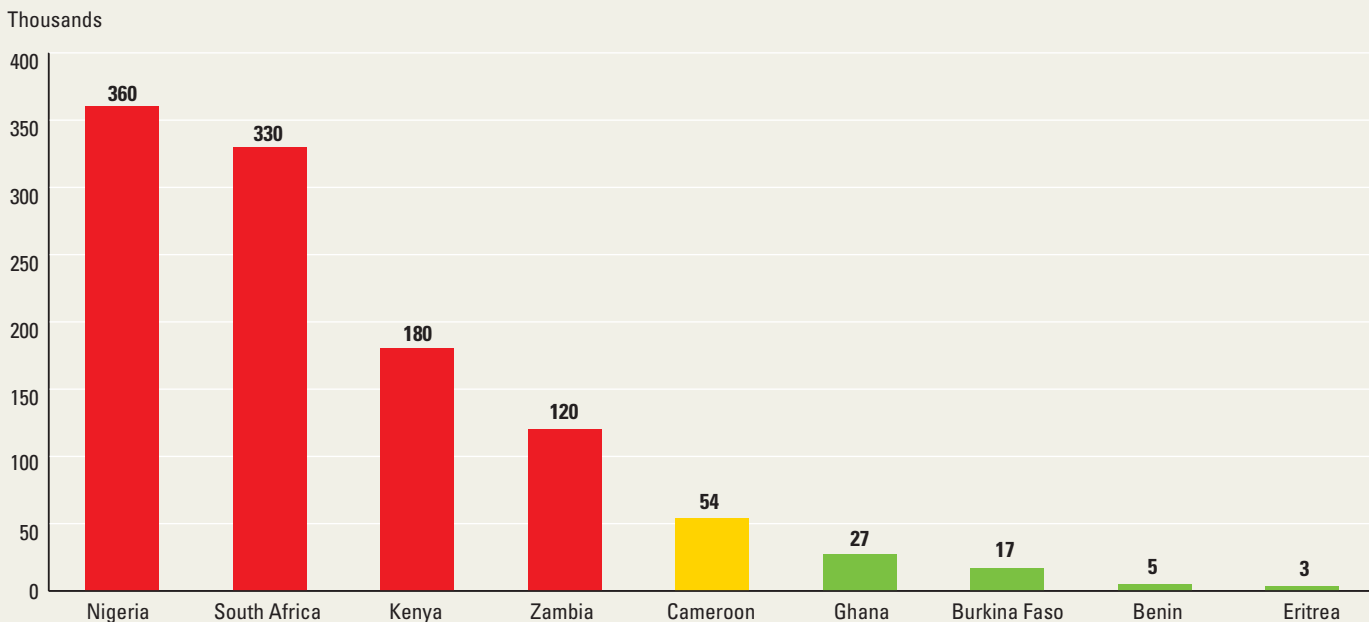
The orphan school attendance ratio—defined as the percentage of very young adolescents (aged 10 to 14) who have lost both biological parents and who are currently attending school—is one way to measure progress towards such a goal. Among the countries profiled in this analysis, four have 100 per cent or higher attending school and are therefore “green”: Namibia, Guinea-Bissau, Chad and Nigeria.<sup>51</sup> And many more countries—including Swaziland, Lesotho, Malawi, Uganda and Zimbabwe—are “yellow” and on track to achieve 100 per cent enrolment. These achievements are especially important in countries like Swaziland, Lesotho and Zimbabwe, which have higher rates of HIV and are therefore more likely to have a large population of orphans and vulnerable children.

### Child Labour, Though Declining, Is Still Widespread in Sub-Saharan Africa

Hazardous and exploitative child labour is a violation of the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC). Furthermore, the practice deprives children of their childhood and potential and is often harmful to their physical and mental development.<sup>52</sup> While many children in sub-Saharan Africa are attending primary school, millions of children under 18 work, some even full-time. The International Labour Organization estimates that one in every four children in sub-Saharan Africa is a child labourer—the highest rate of any region of the world. And data suggest that the prevalence of child labour is actually increasing across the continent.<sup>53</sup>

Of the 32 countries with available data, nearly half are identified as red, meaning they have more than 30 per

## Pediatric AIDS Infections, Selected Countries, 2009



Source: UNICEF, *State of the World's Children Report, 2012*.

cent of children (both male and female) working. The majority of “red” countries are in West and Central Africa and have high rates of child labour for both males and females. On the other hand, Swaziland and Sao Tome and Principe stand out as notable “green” countries, with fewer than 10 per cent of male children and female children working in hazardous conditions. Although these countries are green, child labour remains a children’s rights violation.

Child labour has implications for adolescent development as well as for young adults later in life. Although many child labourers may participate in some level of primary education, they spend much less time in school compared to nonworking children. In addition, because of their age, very young adolescents are less experienced, more vulnerable to exploitation and more likely to be hurt or made ill from their job than adult workers. Hazardous labour limits opportunities for schooling, endangers the health of the child and can have an impact on future livelihood choices and earning potential.<sup>54</sup>

### Pediatric AIDS Infections Have Consequences for Adolescents and Youth

Among young people living with HIV, some contracted the virus through vertical transmission—from the mother to the child. Although there has been significant progress in reducing pediatric AIDS infections, sub-Saharan Africa continues to have the highest rate in the world.<sup>55</sup>

Among countries with available data, two-thirds are considered to be “green” with less than 30,000 pediatric in-

fections. However, data show regional differences across the continent regarding pediatric AIDS infections, with a greater number of infections occurring in Eastern and Southern Africa compared to West Africa. Nigeria, South Africa, Kenya and Zambia are considered to be “red” countries with 120,000 or more pediatric AIDS infections. On the other hand, Ghana, Burkina Faso and Benin are “green” countries.

Since adolescents often “age out” of pediatric health care, they must have access to services for continued treatment and care. In addition, young people need support so they can adhere to their treatment regimen during their adolescent years and have the skills to disclose their HIV status to supportive adults and potential sexual partners. Preventing unwanted pregnancies among HIV-positive adolescents and young women will support other efforts to prevent the transmission of HIV from mother to child.

Finally, reaching young people with sexual and reproductive health and family planning information and services to prevent maternal HIV infection in the first place is also necessary. Since adolescents remain a high-risk group (both for HIV infection and pregnancy), HIV prevention programmes must address their specific sexual and reproductive health needs. Young people—especially young women—need access to family planning services and comprehensive sex education so they have a full understanding of how to prevent HIV and can gain competence in negotiating condom use.<sup>56</sup>

# Investing in Young People Today and Tomorrow

Sub-Saharan Africa's large population of young people has special significance for national development. With more than one-third of the total population between the ages of 10 and 24, investments in the right policies and institutions are crucial so young people can develop their knowledge and skills, stay healthy and contribute to the social and economic development of their nations. In countries that are starting to experience slower population growth—such as Botswana, Cape Verde, Mauritius and South Africa—immediate investments can help young women and young men delay marriage and childbearing, prevent HIV infection and take advantage of education and employment opportunities. These investments will not only improve the wellbeing of young people today, but also support healthier, better-educated families and communities.

Given that the number of people aged 10 to 24 is projected to grow through 2050, nations must also consider planning for the long term. For example, while there are 22 million young people aged 10 to 24 in the Democratic Republic of the Congo today, this age group is projected to nearly double to 43 million by 2050. And while a country like Rwanda is experiencing slower population growth, its population of young people is still expected to increase from 3.5 million to 7.4 million by 2050. Ensuring that education, health and employment systems can accommodate and provide services to even larger generations of young people in the future will help support more sustainable development.

The most critical actions to be taken to harness the potential of young people today as well as future generations include:

- **Education.** Improve the quantity and quality of schooling. Expanding school enrolment—especially for girls—and the quality of education is a driving force for improved quality of life, knowledge and skills development and future economic growth. Particular attention should be given to secondary school and university education, to ensure young people's skills are competitive and relevant for the workforce and that Africa can compete in the global markets.
- **Employment.** Expand economic opportunities for young people. More investments are needed to build the skills and capacity of both young men and women to find productive employment. Ease barriers to starting work and encourage flexibility in hiring and job mobility. Also,

encourage private-sector firms to invest in training for young people and ensure equal access to employment opportunities for male and female youth.

- **Sexual and reproductive health and rights.** All young people have a need for comprehensive, age-appropriate and accurate sexuality education. Effective sex education programmes have been shown to reduce misinformation, increase the use of contraception to prevent unintended pregnancies and sexually transmitted infections and promote positive attitudes and behaviours.
- **HIV/AIDS.** Integrate reproductive health and HIV/AIDS services. Linking these two services is a cost-effective strategy to meet the needs of young people. Youth-friendly, integrated services are needed throughout the region, providing convenience, privacy and low-cost or free services, including HIV testing and counseling and male circumcision where necessary for young people. Particular attention should be given to young people who engage in intergenerational and transactional sex as well as adolescents who are exploited in sex work.
- **Gender equality and social protection.** End discrimination and harmful traditional practices and protect the rights of young people so they can achieve their full potential. Educational and community-based programmes are needed to challenge traditional attitudes and practices that put males and females at risk for poor development outcomes.
- **Age- and sex-disaggregated data.** Collect age- and sex-disaggregated data to gain greater insight into the status of young people as well as which populations are benefiting from programmes and policies and which are missed. Particular attention should be given to indicators that measure human rights violations—such as FGM/C—to help document the extent to which these problems exist within a country and to develop appropriate policy responses.

Improving the education, employment, sexual and reproductive health and social status of young people is a smart investment that will help young people reach their full potential today and allow them to become positive agents of national development and progress tomorrow. Missed opportunities to invest in and prepare this generation will be extremely costly, if not impossible, to reverse for young people themselves as well as for entire nations.

# Country Profiles

# Angola

**Population.** In 2010, 33 per cent of Angola's population of 19 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 9.3 million by 2025 and to 11.9 million by 2050.

**Education.** Compared to the rest of the region, progression to secondary school is low: Twenty-six per cent of male adolescents progress from primary to secondary school, while 45 per cent of females advance. Angola is unique because girls are more likely than boys to progress to secondary school. However, retention and completion remain challenging. Twenty-two per cent of adolescent females of lower secondary school age are out of school compared to just 3 per cent of adolescent males.

**Employment.** Fifty-six per cent of young men aged 15 to 24 are looking for or have a job while 50 per cent of young women are participating in the labour force.

**Sexual and reproductive health and rights.** Early childbearing is high in Angola: Sixteen per cent of female adolescents aged 15 to 19 give birth each year. In fact, Angola has one of the highest rates of adolescent childbearing in sub-Saharan Africa, threatening the health and wellbeing of females and limiting their education and employment prospects.

**Gender equality and social protection.** Twenty-four per cent of all children aged 5 to 14 are involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children. While Angola has one of the lower rates of child labour across the continent, the issue requires further attention to protect children's health and wellbeing and to ensure they can take advantage of education opportunities that will shape their earning potential later in life.

**HIV.** In Angola, the number of pediatric AIDS infections is relatively low at 22,000. Unfortunately, more evidence is needed about the attitudes and behaviours of young people that put them at risk for HIV infection, including the proportion of young people who have multiple sex partners as well as condom use during high-risk sex.

## Promising Progress

- Child labour
- Pediatric AIDS infections

## Urgent Action

- Progression to secondary school
- Out-of-school adolescents
- Early childbearing

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	13	
Per cent Youth 15-19	11	
Per cent Youth 20-24	9	
Per cent Adolescents and Youth 10-24	33	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	26 ●	45 ●
Out-of-School Adolescents (male, female)	3 ●	22 ●
Gender Index Secondary Education	69 ●	

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	56 ●	50 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	146 ●	
Age at First Sex (male, female)		
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years		
20-24 years		

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	22 ●	25 ●
Sex Before Age 15		
15-19 years (male, female)		
20-24 years (male, female)		
Married by Age 15		
Married by Age 18		
Orphan Attendance Ratio	85 ●	
Pediatric AIDS Infections (thousands)	22 ●	
Female Genital Mutilation/Cutting		
15-19 years		
20-24 years		
Sexual Violence		
15-19 years		
20-24 years		

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)		
20-24 years (male, female)		
HIV Testing Behaviour		
15-19 years (male, female)		
20-24 years (male, female)		
Condom Use at Last High Risk Sex		
15-19 years (male, female)		
20-24 years (male, female)		
Multiple Partners		
15-19 years (male, female)		
20-24 years (male, female)		

# Benin

**Population.** In 2010, 32 per cent of Benin's population of 8.9 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 4.2 million by 2025 and to 6.3 million by 2050.

**Education.** Compared to other countries in the region, progression to secondary school is promising: Seventy-two per cent of male adolescents progress from primary to secondary school; 70 per cent of females advance.

**Employment.** Benin is right in the middle for both male and female labour force participation rates compared to other countries in sub-Saharan Africa. Fifty-eight per cent of young women aged 15 to 24 are looking for or have a job in Benin; 56 per cent of young men participate in the labour force.

**Sexual and reproductive health and rights.** In Benin, 34 per cent of young women aged 20 to 24 were married by age 18. Early childbearing is high, with 10 per cent of female adolescents aged 15 to 19 giving birth each year. Only 3 per cent of married female adolescents use a modern method of contraception. This rate increases to just 5 per cent among young women aged 20 to 24, suggesting that expanding access to and improving the quality of sexual and reproductive information and services remains key for adolescent and youth development in Benin.

**Gender equality and social protection.** Child labour is high with 46 per cent of children aged 5 to 14 involved in child labour including economic activity or household chores such as cooking, cleaning or caring for children. Eight per cent of young women aged 15 to 19 and 10 per cent aged 20 to 24 have undergone the harmful traditional practice of female genital mutilation/cutting (FGM/C). While this rate is low compared to other countries in sub-Saharan Africa, more efforts are needed to reach the girls that face the highest risk of experiencing FGM/C.

**HIV.** HIV prevalence is relatively low in Benin with 0.3 per cent of young men and 0.7 per cent of women aged 15 to 24 infected. Certain behaviours can continue to put them at risk for infection. Twenty-two per cent of young men had multiple partners in the last year; only 2 per cent of young women had multiple partners. Condom use at last high-risk sex is lower among young women at 28 per cent compared to 45 per cent for young men. Among those who have been sexually active in the last 12 months, HIV testing is low, at 10 per cent for women and 6 per cent for men.

## Promising Progress

- Progression to secondary school
- HIV prevalence

## Urgent Action

- Child labour
- Early childbearing
- Modern contraceptive use

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	12	
Per cent Youth 15-19	11	
Per cent Youth 20-24	9	
Per cent Adolescents and Youth 10-24	32	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	72 ●	70 ●
Out-of-School Adolescents (male, female)		
Gender Index Secondary Education	54 ●	

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	56 ●	58 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	96 ●	
Age at First Sex (male, female)	18.2 ●	17.7 ●
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years	3 ●	
20-24 years	5 ●	

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	47 ●	45 ●
Sex Before Age 15		
15-19 years (male, female)	13 ●	13 ●
20-24 years (male, female)	13 ●	12 ●
Married by Age 15	8 ●	
Married by Age 18	34 ●	
Orphan Attendance Ratio	90 ●	
Pediatric AIDS Infections (thousands)	5 ●	
Female Genital Mutilation/Cutting		
15-19 years	8 ●	
20-24 years	10 ●	
Sexual Violence		
15-19 years		
20-24 years		

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)		
20-24 years (male, female)		
HIV Testing Behaviour		
15-19 years (male, female)	5 ●	8 ●
20-24 years (male, female)	6 ●	11 ●
Condom Use at Last High Risk Sex		
15-19 years (male, female)	41 ●	26 ●
20-24 years (male, female)	47 ●	30 ●
Multiple Partners		
15-19 years (male, female)	18 ●	3 ●
20-24 years (male, female)	25 ●	1 ●

# Botswana

**Population.** In 2010, 33 per cent of Botswana's population of 2 million consisted of young people between 10 and 24 years of age. Botswana is one of the few countries in sub-Saharan Africa where the number of young people is projected to decrease to 655,000 by 2025 and 588,000 by 2050.

**Education.** Compared to other countries in the region, progression to secondary school is high: ninety-seven per cent of female adolescents progress from primary to secondary school; 98 per cent of males advance. In addition, many adolescents complete their secondary education. Only 4 per cent of adolescent males of lower-secondary-school age are out of school; 3 per cent of females do not attend. Botswana stands out as a remarkable leader for secondary education.

**Sexual and reproductive health and rights.** In Botswana, early childbearing is low with 5 per cent of female adolescents aged 15 to 19 giving birth each year.

**Employment.** Labour force participation is relatively high in Botswana. Fifty-seven per cent of young women aged 15 to 24 are looking for or have a job; 62 per cent of young men participate in the labour force.

**HIV.** HIV prevalence is among the highest in the region in Botswana with 5.2 per cent of young men and 11.8 per cent of women aged 15 to 24 infected. In addition, there are 16,000 cases of children aged 0 to 14 living with HIV. More data is needed about the sexual attitudes and behaviours of young people to reduce risky behaviour and improve young people's capacity to prevent HIV infection.

## Promising Progress

- Progression to secondary school
- Early childbearing

## Urgent Action

- HIV prevalence

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	11	
Per cent Youth 15-19	11	
Per cent Youth 20-24	11	
Per cent Adolescents and Youth 10-24	33	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	98 ●	97 ●
Out-of-School Adolescents (male, female)	4 ●	3 ●
Gender Index Secondary Education	106 ●	

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	62 ●	57 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	43 ●	
Age at First Sex (male, female)		
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years		
20-24 years		

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)		
Sex Before Age 15		
15-19 years (male, female)		
20-24 years (male, female)		
Married by Age 15		
Married by Age 18		
Orphan Attendance Ratio		
Pediatric AIDS Infections (thousands)	16 ●	
Female Genital Mutilation/Cutting		
15-19 years		
20-24 years		
Sexual Violence		
15-19 years		
20-24 years		

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)		
20-24 years (male, female)		
HIV Testing Behaviour		
15-19 years (male, female)		
20-24 years (male, female)		
Condom Use at Last High Risk Sex		
15-19 years (male, female)		
20-24 years (male, female)		
Multiple Partners		
15-19 years (male, female)		
20-24 years (male, female)		



# Burkina Faso

**Population.** In 2010, 33 per cent of Burkina Faso's population of 16.5 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 8.2 million by 2025 and to 14.2 million by 2050.

**Education.** Progression from primary to secondary school is low among male adolescents with 43 per cent advancing. Their female counterparts fare better at 62 per cent. However, a large proportion of these adolescents do not complete their secondary education. Sixty per cent of adolescent females of lower-secondary-school age do not attend school, while 53 per cent of their male counterparts do not attend.

**Employment.** Labour force participation is high in Burkina Faso. Seventy-three per cent of young women aged 15 to 24 are looking for or have a job, while 81 per cent of young men participate in the labour force. Of course, this phenomenon may reflect the fact that countries with the lowest per capita income tend to have the highest youth labour force participation rates.

**Sexual and reproductive health and rights.** In Burkina Faso, 48 per cent of young women aged 20 to 24 were married by age 18. Early childbearing is high with 12 per cent of female adolescents aged 15 to 19 giving birth each year. And only 6 per cent of married female adolescents use a modern method of contraception, increasing the risk of poor health outcomes for the mother and child from early childbearing. This rate increases to just 15 per cent among young women aged 20 to 24.

**Gender equality and social protection.** Child labour remains high with 38 per cent of children aged 5 to 14 involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children. Seventy per cent of young women aged 20 to 24 have undergone the harmful traditional practice of female genital mutilation/cutting.

**HIV.** HIV prevalence is relatively low in Burkina Faso with 0.5 per cent of young men and 0.3 per cent of women aged 15 to 24 infected.

## Promising Progress

- HIV prevalence

## Urgent Action

- Progression to secondary school
- Out-of-school adolescents

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	13	
Per cent Youth 15-19	11	
Per cent Youth 20-24	9	
Per cent Adolescents and Youth 10-24	33	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	43	62
Out-of-School Adolescents (male, female)	53	60
Gender Index Secondary Education	78	

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	81 ●	73 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	117 ●	
Age at First Sex (male, female)		
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years	6 ●	
20-24 years	15 ●	

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	39 ●	36 ●
Sex Before Age 15		
15-19 years (male, female)		
20-24 years (male, female)		
Married by Age 15	5 ●	
Married by Age 18	48 ●	
Orphan Attendance Ratio		
Pediatric AIDS Infections (thousands)	17 ●	
Female Genital Mutilation/Cutting		
15-19 years	60 ●	
20-24 years	70 ●	
Sexual Violence		
15-19 years		
20-24 years		

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)	0.4 ●	0.1 ●
20-24 years (male, female)	0.5 ●	0.4 ●
HIV Testing Behaviour		
15-19 years (male, female)		
20-24 years (male, female)		
Condom Use at Last High Risk Sex		
15-19 years (male, female)		
20-24 years (male, female)		
Multiple Partners		
15-19 years (male, female)		
20-24 years (male, female)		

# Burundi

**Population.** In 2010, 34 per cent of Burundi's population of 8.4 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 3.2 million by 2025 and to 3.3 million by 2050.

**Education.** Progression to secondary school is among the lowest in the region: Thirty-one per cent of female adolescents progress from primary to secondary school and 41 per cent of males advance. In addition, a large proportion of adolescents do not complete their secondary education. Forty-eight per cent of adolescent males of lower-secondary-school age do not attend school; 58 per cent of females are out of school.

**Employment.** Sixty-eight per cent of young women aged 15 to 24 are looking for or have a job; 62 per cent of young men participate in the labour force.

**Sexual and reproductive health and rights.** In Burundi, 18 per cent of young women aged 20 to 24 were married by age 18. Early childbearing is low with just 2 per cent of female adolescents aged 15 to 19 giving birth each year. Eight per cent of married female adolescents use a modern method of contraception. This rate increases to 18 per cent among young women aged 20 to 24.

**Gender equality and social protection.** Child labour is low with 19 per cent of children aged 5 to 14 involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children.

**HIV.** HIV prevalence in Burundi is relatively high with 1.0 per cent of young men and 2.1 per cent of young women aged 15 to 24 infected. Addressing certain risky behaviours can help reduce the risk of HIV infection. Condom use at last high-risk sex among young women is one of the lowest rates in sub-Saharan Africa at 25 per cent. Although less than 1 per cent of women reported having multiple partners in the last year, more efforts are needed to improve young women's skills to negotiate condom use.

## Promising Progress

- Child marriage and early childbearing

## Urgent Action

- Progression to secondary school
- Condom use at high-risk sex

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14		12
Per cent Youth 15-19		12
Per cent Youth 20-24		11
Per cent Adolescents and Youth 10-24		34

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	41 ●	31 ●
Out-of-School Adolescents (male, female)	48 ●	58 ●
Gender Index Secondary Education		72 ●

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	62 ●	68 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate		21 ●
Age at First Sex (male, female)	22.1 ●	19.8 ●
Contraceptive Prevalence Rate, Modern Method, married female		8 ●
15-19 years		18 ●
20-24 years		18 ●

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	19 ●	19 ●
Sex Before Age 15		
15-19 years (male, female)	9 ●	4 ●
20-24 years (male, female)	7 ●	3 ●
Married by Age 15		3 ●
Married by Age 18		18 ●
Orphan Attendance Ratio	85 ●	
Pediatric AIDS Infections (thousands)	28 ●	
Female Genital Mutilation/Cutting		
15-19 years		
20-24 years		
Sexual Violence		
15-19 years		
20-24 years		

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)		
20-24 years (male, female)		
HIV Testing Behaviour		
15-19 years (male, female)		
20-24 years (male, female)		
Condom Use at Last High Risk Sex		
15-19 years (male, female)		
20-24 years (male, female)		
Multiple Partners		
15-19 years (male, female)	1 ●	0 ●
20-24 years (male, female)		0 ●

# Cameroon

**Population.** In 2010, 32 per cent of Cameroon's population of 19.6 million consisted of young people between 10 to 24 years of age. The number of young people is projected to increase to 8.3 million by 2025 and to 10.6 million by 2050.

**Education.** Compared to the rest of the region, progression to secondary school is low for both males and females: Forty-two per cent of male adolescents progress from primary to secondary school; 45 per cent of females advance. This trend suggests that more investments are needed to help all children transition from primary school to secondary school.

**Employment.** Labour force participation is low among young women in Cameroon where 44 per cent aged 15 to 24 are looking for or have a job; 51 per cent of young men participate in the labour force.

**Sexual and reproductive health and rights.** In Cameroon, 36 per cent of young women aged 20 to 24 were married by age 18, which suggests some progress in reducing child marriage. The adolescent fertility rate is high with 11 per cent of female adolescents aged 15 to 19 giving birth each year. Only 12 per cent of married female adolescents use a modern method of contraception, thus fueling continued higher rates of early childbearing. This rate increases to just 16 per cent among young women aged 20 to 24.

**Gender equality and social protection.** Child labour remains high with 31 per cent of children aged 5 to 14 involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children.

**HIV.** HIV prevalence is high in Cameroon with 1.6 per cent of young men and 3.9 per cent of women aged 15 to 24 infected.

## Promising Progress

- Child marriage

## Urgent Action

- Progression to secondary school
- Early childbearing
- HIV testing

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	12	
Per cent Youth 15-19	11	
Per cent Youth 20-24	10	
Per cent Adolescents and Youth 10-24	32	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	42 ●	45 ●
Out-of-School Adolescents (male, female)		
Gender Index Secondary Education	83 ●	

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	51 ●	44 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	114 ●	
Age at First Sex (male, female)		
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years	12 ●	
20-24 years	16 ●	

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	31 ●	30 ●
Sex Before Age 15		
15-19 years (male, female)		
20-24 years (male, female)		
Married by Age 15	11 ●	
Married by Age 18	36 ●	
Orphan Attendance Ratio	91 ●	
Pediatric AIDS Infections (thousands)	54 ●	
Female Genital Mutilation/Cutting		
15-19 years		
20-24 years		
Sexual Violence		
15-19 years		
20-24 years		

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)		
20-24 years (male, female)		
HIV Testing Behaviour		
15-19 years (male, female)		
20-24 years (male, female)		
Condom Use at Last High Risk Sex		
15-19 years (male, female)		
20-24 years (male, female)		
Multiple Partners		
15-19 years (male, female)	10 ●	4 ●
20-24 years (male, female)	30 ●	9 ●

# Cape Verde

**Population.** In 2010, 34 per cent of Cape Verde's population of 500,000 consisted of young people between 10 and 24 years of age. The number of young people is projected to decrease to 139,000 by 2025 and to 110,000 by 2050.

**Education.** Compared to other countries in the region, progression to secondary school is high: Ninety-three per cent of female adolescents progress from primary to secondary school; 86 per cent of males advance. In addition, a large proportion of adolescents go on to complete their secondary education. Only 8 per cent of adolescent males of lower-secondary-school age are not in school while 9 per cent of their female counterparts do not attend. Cape Verde stands out as a promising success story of improving access to secondary education.

**Employment.** Seventy-three per cent of young men aged 15 to 24 are looking for or have a job; only 46 per cent of their female counterparts participate in the labour force.

**Sexual and reproductive health and rights.** In Cape Verde, only 18 per cent of young women aged 20 to 24 were married by age 18. Early childbearing, however, is moderately high with 7 per cent of female adolescents aged 15 to 19 giving birth each year. While these statistics are lower in Cape Verde compared to other countries in sub-Saharan Africa, more attention should be given to females that face the highest risk of child marriage and childbearing.

**HIV.** Addressing certain risky behaviours can help reduce the risk of HIV infection among youth aged 15 to 24. In Cape Verde, condom use at last high-risk sex is higher among young men at 79 per cent compared to 56 per cent for young women, suggesting that efforts should be targeted towards young women to improve their skills to negotiate condom use. However, compared to other countries in sub-Saharan Africa, these are some of the highest rates across the continent.

## Promising Progress

- Progression to secondary school
- Condom use at high-risk sex

## Urgent Action

- Early childbearing

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	11	
Per cent Youth 15-19	12	
Per cent Youth 20-24	11	
Per cent Adolescents and Youth 10-24	34	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	86 ●	93 ●
Out-of-School Adolescents (male, female)	8 ●	9 ●
Gender Index Secondary Education	120 ●	

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	73 ●	46 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	68 ●	
Age at First Sex (male, female)		
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years	9 ●	
20-24 years	10 ●	

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)		
Sex Before Age 15		
15-19 years (male, female)		
20-24 years (male, female)		
Married by Age 15	3 ●	
Married by Age 18	18 ●	
Orphan Attendance Ratio		
Pediatric AIDS Infections (thousands)		
Female Genital Mutilation/Cutting		
15-19 years		
20-24 years		
Sexual Violence		
15-19 years		
20-24 years		

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)		
20-24 years (male, female)		
HIV Testing Behaviour		
15-19 years (male, female)		
20-24 years (male, female)		
Condom Use at Last High Risk Sex		
15-19 years (male, female)		
20-24 years (male, female)		
Multiple Partners		
15-19 years (male, female)		
20-24 years (male, female)		

# Central African Republic

**Population.** In 2010, 33 per cent of Central African Republic's population of 4.4 million consisted of young people between 10 to 24 years of age. The number of young people is projected to increase to 1.8 million by 2025 and to 2.3 million by 2050.

**Education.** Compared to other countries in the region, progression to secondary school is low: Forty-three per cent of male adolescents progress from primary to secondary school, and only 45 per cent of females advance. In addition, a large proportion of adolescents—particularly females—do not complete their secondary education. Sixty-eight per cent of adolescent females of lower-secondary-school age do not attend school; 47 per cent of their male counterparts do not attend. The economic and social benefits of secondary education cannot be understated, especially for young women.

**Employment.** Fifty-seven per cent of young women aged 15 to 24 are looking for or have a job in Central African Republic; 68 per cent of young men participate in the labour force. These trends suggest that as a lower-income country, youth are pushed into the labour market out of economic need.

**Sexual and reproductive health and rights.** In Central African Republic, 61 per cent of young women aged 20 to 24 were married by age 18, one of the highest rates in sub-Saharan Africa. Early childbearing is high with 10 per cent of female adolescents aged 15 to 19 giving birth each year. Only 9 per cent of married female adolescents use a modern method of contraception. This rate increases to just 10 per cent among young women aged 20 to 24. Child marriage and childbearing as well as low rates of contraceptive use put young mothers and their infants at a higher risk for poor health outcomes.

**Gender equality and social protection.** Child labour remains high with 47 per cent of children aged 5 to 14 involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children. Nineteen per cent of young women aged 15 to 19 and 24 per cent aged 20 to 24 have undergone the harmful traditional practice of female genital mutilation/cutting.

**HIV.** HIV prevalence is high in Central African Republic with 1.0 per cent of young men and 2.2 per cent of women aged 15 to 24 infected.

## Promising Progress

- Condom use at high-risk sex

## Urgent Action

- Progression to secondary school
- Child marriage and early childbearing
- Child labour

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	12	
Per cent Youth 15-19	11	
Per cent Youth 20-24	10	
Per cent Adolescents and Youth 10-24	33	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	43 ●	45 ●
Out-of-School Adolescents (male, female)	47 ●	68 ●
Gender Index Secondary Education	55 ●	

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	68 ●	57 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	98 ●	
Age at First Sex (male, female)		
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years		
20-24 years		

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	44 ●	49 ●
Sex Before Age 15		
15-19 years (male, female)		
20-24 years (male, female)		
Married by Age 15	21 ●	
Married by Age 18	61 ●	
Orphan Attendance Ratio	96 ●	
Pediatric AIDS Infections (thousands)	17 ●	
Female Genital Mutilation/Cutting		
15-19 years	19 ●	
20-24 years	24 ●	
Sexual Violence		
15-19 years		
20-24 years		

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)		
20-24 years (male, female)		
HIV Testing Behaviour		
15-19 years (male, female)		
20-24 years (male, female)		
Condom Use at Last High Risk Sex		
15-19 years (male, female)		
20-24 years (male, female)		
Multiple Partners		
15-19 years (male, female)		
20-24 years (male, female)		

# Chad

**Population.** In 2010, 32 per cent of Chad's population of 11.2 million were young people between 10 to 24 years of age. The number of young people is projected to increase to 5.4 million by 2025 and to 8.1 million by 2050.

**Education.** Compared to the rest of the region, progression to secondary school is promising: Seventy-six per cent of male adolescents progress from primary to secondary school, and 64 per cent of females advance.

**Employment.** Fifty-seven per cent of young men aged 15 to 24 are looking for or have a job while 56 per cent of young women participate in the labour force.

**Sexual and reproductive health and rights.** Early childbearing is high in Chad, where 14 per cent of female adolescents aged 15 to 19 give birth each year.

**Gender equality and social protection.** Forty-eight per cent of all children aged 5 to 14 are involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children.

**HIV.** While HIV prevalence is relatively low in Chad, rates are higher among young women aged 15 to 24 at 2.5 per cent, than among their male counterparts at 1.0 per cent. The number of pediatric AIDS infections is relatively low at 23,000.

## Promising Progress

- Progression to secondary school
- HIV prevalence

## Urgent Action

- Early childbearing

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	13	
Per cent Youth 15-19	11	
Per cent Youth 20-24	9	
Per cent Adolescents and Youth 10-24	32	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	76 ●	64 ●
Out-of-School Adolescents (male, female)		
Gender Index Secondary Education	42 ●	

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	57 ●	56 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	136 ●	
Age at First Sex (male, female)		
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years		
20-24 years		

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	44 ●	52 ●
Sex Before Age 15		
15-19 years (male, female)		
20-24 years (male, female)		
Married by Age 15		
Married by Age 18		
Orphan Attendance Ratio	117 ●	
Pediatric AIDS Infections (thousands)	23 ●	
Female Genital Mutilation/Cutting		
15-19 years		
20-24 years		
Sexual Violence		
15-19 years		
20-24 years		

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)		
20-24 years (male, female)		
HIV Testing Behaviour		
15-19 years (male, female)		
20-24 years (male, female)		
Condom Use at Last High Risk Sex		
15-19 years (male, female)		
20-24 years (male, female)		
Multiple Partners		
15-19 years (male, female)		
20-24 years (male, female)		

# Comoros

**Population.** In 2010, 30 per cent of Comoros' population of 735,000 consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 338,000 by 2025 and to 488,000 by 2050.

**Employment.** Fifty-four per cent of young men aged 15 to 24 are looking for or have a job, while only 25 per cent of young women participate in the labour force. Labour force participation rates may be lower in Comoros because there is less of an economic need to work.

**Sexual and reproductive health and rights.** Early childbearing is low in Comoros where 5 per cent of female adolescents aged 15 to 19 give birth each year.

**HIV.** HIV prevalence is low in Comoros with less than 0.1 per cent of young women and men aged 15 to 24 infected. Unfortunately, due to limited data, it is difficult to determine if young people face a high risk for HIV infection due to risky sexual behaviour or incorrect attitudes towards HIV/AIDS.

## Promising Progress

- HIV prevalence

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	12	
Per cent Youth 15-19	9	
Per cent Youth 20-24	9	
Per cent Adolescents and Youth 10-24	30	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)		
Out-of-School Adolescents (male, female)		
Gender Index Secondary Education	76 ●	

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	54 ●	25 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	50 ●	
Age at First Sex (male, female)		
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years		
20-24 years		

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	26 ●	28 ●
Sex Before Age 15		
15-19 years (male, female)		
20-24 years (male, female)		
Married by Age 15		
Married by Age 18		
Orphan Attendance Ratio		
Pediatric AIDS Infections (thousands)		
Female Genital Mutilation/Cutting		
15-19 years		
20-24 years		
Sexual Violence		
15-19 years		
20-24 years		

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)		
20-24 years (male, female)		
HIV Testing Behaviour		
15-19 years (male, female)		
20-24 years (male, female)		
Condom Use at Last High Risk Sex		
15-19 years (male, female)		
20-24 years (male, female)		
Multiple Partners		
15-19 years (male, female)		
20-24 years (male, female)		

# Congo

**Population.** In 2010, 31 per cent of Congo's population of 4 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 1.7 million by 2025 and to 2.5 million by 2050.

**Education.** Compared to other countries in the region, progression to secondary school is promising: Sixty-nine per cent of male adolescents progress from primary to secondary school; 67 per cent of females advance.

**Employment.** Labour force participation is low in Congo where 45 per cent of young women and men aged 15 to 24 are looking for or have a job.

**Sexual and reproductive health and rights.** In Congo, 31 per cent of young women aged 20 to 24 were married by age 18. Early childbearing is high with 11 per cent of female adolescents aged 15 to 19 giving birth each year. Only 11 per cent of married female adolescents use a modern method of contraception. This rate increases to just 14 per cent among young women aged 20 to 24. Among the 15-to-24 age group, 20 per cent of young women were sexually active by age 15, compared to 25 per cent of young men, the highest rate in the region. High rates of sexual activity before age 15 continue to put adolescent girls at risk for unintended pregnancy and HIV/AIDS.

**Gender equality and social protection.** Child labour remains high with 25 per cent of children aged 5 to 14 involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children. School attendance among orphans is 88 per cent. While this figure is higher than other countries in the region, more attention is needed to ensure all orphans and vulnerable children can benefit from an education.

**HIV.** HIV prevalence is relatively high in Congo with 0.7 per cent of young men and 2.4 per cent of women aged 15 to 24 infected. Certain risky behaviours continue to put them at risk for infection. Twenty-nine per cent of young men had multiple partners in the last year; 11 per cent of young women had multiple partners—the highest rate in the region. Condom use at last high-risk sex is low among young women at 32 per cent compared to 44 per cent for young men. Among those who have been sexually active in the last 12 months, HIV testing is low at 9 per cent among young women compared to 5 per cent for young men.

## Promising Progress

- Progression to secondary school
- Orphan school attendance ratio

## Urgent Action

- Child marriage and early childbearing
- Sex before age 15
- HIV prevalence

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	12	
Per cent Youth 15-19	10	
Per cent Youth 20-24	9	
Per cent Adolescents and Youth 10-24	31	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	69 ●	67 ●
Out-of-School Adolescents (male, female)		
Gender Index Secondary Education		

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	45 ●	45 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	112 ●	
Age at First Sex (male, female)	16.2 ●	
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years	11 ●	
20-24 years	14 ●	

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	24 ●	25 ●
Sex Before Age 15		
15-19 years (male, female)	24 ●	23 ●
20-24 years (male, female)	25 ●	18 ●
Married by Age 15		4 ●
Married by Age 18		31 ●
Orphan Attendance Ratio	88 ●	
Pediatric AIDS Infections (thousands)	8 ●	
Female Genital Mutilation/Cutting		
15-19 years		
20-24 years		
Sexual Violence		
15-19 years		
20-24 years		

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)	0.8 ●	1.9 ●
20-24 years (male, female)	0.6 ●	2.9 ●
HIV Testing Behaviour		
15-19 years (male, female)	3 ●	6 ●
20-24 years (male, female)	6 ●	11 ●
Condom Use at Last High Risk Sex		
15-19 years (male, female)	45 ●	32 ●
20-24 years (male, female)	42 ●	32 ●
Multiple Partners		
15-19 years (male, female)	17 ●	13 ●
20-24 years (male, female)	39 ●	10 ●



# Côte d'Ivoire

**Population.** In 2010, 32 per cent of Côte d'Ivoire's population of 19.7 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 8.4 million by 2025 and to 11 million by 2050.

**Education.** Compared to other countries in the region, progression to secondary school is low: Forty-seven per cent of male adolescents progress from primary to secondary school; 45 per cent of females advance.

**Employment.** Labour force participation is low among young women in Côte d'Ivoire where 41 per cent aged 15 to 24 are looking for or have a job; 62 per cent of young men participate in the labour force.

**Sexual and reproductive health and rights.** In Côte d'Ivoire, 35 per cent of young women aged 20 to 24 were married by age 18. Early childbearing is high with 10 per cent of female adolescents aged 15 to 19 giving birth each year. Only 5 per cent of married female adolescents use a modern method of contraception. This rate increases to just 8 per cent among young women aged 20 to 24. Among the 15-to-24 age group, 19 per cent of young women were sexually active by age 15, compared to 15 per cent of young men. These rates are some of the highest in the region and continue to put adolescents at a higher risk of acquiring sexually transmitted infections, including HIV, and unintended pregnancy.

**Gender equality and social protection.** Child labour remains high with 35 per cent of children aged 5 to 14 involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children. Thirty-four per cent of young women aged 20 to 24 have undergone the harmful traditional practice of female genital mutilation/cutting, one of the higher rates in sub-Saharan Africa.

**HIV.** HIV prevalence is moderate in Côte d'Ivoire with 0.3 per cent of young men and 2.4 per cent of women aged 15 to 24 infected. Certain risky behaviours continue to put them at risk for infection. Thirty-three per cent of young men had multiple partners in the last year—one of the highest rates in the region, while only 6 per cent of women had multiple partners. Condom use at last high-risk sex is low among young women at 39 per cent compared to 53 per cent for young men. Among those who have been sexually active in the last 12 months, HIV testing is low at 3 per cent among both young women and men. The infrequent use of condoms and other risky behaviour suggests that the epidemic could expand rapidly.

## Promising Progress

- HIV prevalence

## Urgent Action

- Child marriage and early childbearing
- Multiple sex partners
- Condom use at high-risk sex

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	12	
Per cent Youth 15-19	11	
Per cent Youth 20-24	9	
Per cent Adolescents and Youth 10-24	32	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	47 ●	45 ●
Out-of-School Adolescents (male, female)		
Gender Index Secondary Education	55 ●	

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	62 ●	41 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	103 ●	
Age at First Sex (male, female)		
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years	5 ●	
20-24 years	8 ●	

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	36 ●	34 ●
Sex Before Age 15		
15-19 years (male, female)	17 ●	20 ●
20-24 years (male, female)	14 ●	18 ●
Married by Age 15	8 ●	
Married by Age 18	35 ●	
Orphan Attendance Ratio	83 ●	
Pediatric AIDS Infections (thousands)		
Female Genital Mutilation/Cutting		
15-19 years	28 ●	
20-24 years	34 ●	
Sexual Violence		
15-19 years		
20-24 years		

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)	0.2 ●	0.4 ●
20-24 years (male, female)	0.3 ●	4.5 ●
HIV Testing Behaviour		
15-19 years (male, female)	3 ●	3 ●
20-24 years (male, female)	3 ●	3 ●
Condom Use at Last High Risk Sex		
15-19 years (male, female)	57 ●	40 ●
20-24 years (male, female)	50 ●	38 ●
Multiple Partners		
15-19 years (male, female)	32 ●	7 ●
20-24 years (male, female)	33 ●	6 ●

# Democratic Republic of the Congo

**Population.** In 2010, 33 per cent of the Democratic Republic of Congo's population of 66 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 31.6 million by 2025 and to 42.9 million by 2050.

**Education.** Compared to the rest of the region, progression to secondary school is high: Eighty-three per cent of male adolescents progress from primary to secondary school, while 76 per cent of females advance.

**Employment.** Only 42 per cent of young men aged 15 to 24 are looking for or have a job while nearly half of young women participate in the labour force.

**Sexual and reproductive health and rights.** The Democratic Republic of Congo has the second-highest rate of adolescent childbearing in sub-Saharan Africa, with nearly one in five female adolescents aged 15 to 19 giving birth each year. These adolescents are at risk for poor reproductive health outcomes, including unsafely performed abortions as well as maternal disability, and death. Only 4 per cent of currently married female adolescents use a modern method of contraception, one of the lowest rates in the region. The rate increases only slightly, to 5 per cent, among young women aged 20 to 24.

**Gender equality and social protection.** Thirty-six per cent of young women aged 15 to 19 have experienced sexual violence—the highest rate in sub-Saharan Africa. This rate may be a reflection of the many years of conflict in the country. Furthermore, child labour remains high with 42 per cent of all children aged 5 to 14 involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children.

**HIV.** Condom use at last high-risk sex among young women aged 15 to 24 is nearly the lowest in the region at 6 per cent, demonstrating young women's lack of negotiating power concerning their own health.

## Promising Progress

- Progression to secondary school

## Urgent Action

- Sexual violence
- Early childbearing
- Modern contraception use
- Condom use

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	13	
Per cent Youth 15-19	11	
Per cent Youth 20-24	9	
Per cent Adolescents and Youth 10-24	33	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	83 ●	76 ●
Out-of-School Adolescents (male, female)		
Gender Index Secondary Education	58 ●	

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	42 ●	49 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	168 ●	
Age at First Sex (male, female)	17.7 ●	17 ●
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years	4 ●	
20-24 years	5 ●	

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	36 ●	48 ●
Sex Before Age 15		
15-19 years (male, female)		
20-24 years (male, female)		
Married by Age 15	9 ●	
Married by Age 18	39 ●	
Orphan Attendance Ratio	74 ●	
Pediatric AIDS Infections (thousands)		
Female Genital Mutilation/Cutting		
15-19 years		
20-24 years		
Sexual Violence		
15-19 years	36 ●	
20-24 years	31 ●	

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)		
20-24 years (male, female)		
HIV Testing Behaviour		
15-19 years (male, female)		
20-24 years (male, female)		
Condom Use at Last High Risk Sex		
15-19 years (male, female)		
20-24 years (male, female)		
Multiple Partners		
15-19 years (male, female)		
20-24 years (male, female)		

# Equatorial Guinea

**Population.** In 2010, 31 per cent of Equatorial Guinea's population of 700,000 consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 299,000 by 2025 and to 411,000 by 2050.

**Education.** Compared to the rest of the region, the per cent of out-of-school adolescents is high: Sixty-three per cent of adolescent females of lower-secondary-school age do not attend school; 54 per cent of boys do not attend.

**Employment.** Eighty-eight per cent of young men aged 15 to 24 are looking for or have a job—the highest in the region, while 64 per cent of young women participate in the labour force.

**Sexual and reproductive health and rights.** In Equatorial Guinea, early childbearing is high with 11 per cent of female adolescents aged 15 to 19 giving birth each year. These adolescents are at risk for poor sexual and reproductive health outcomes, including unsafely performed abortion, maternal disability, and death.

**Gender equality and social protection.** Child labour remains relatively high with 28 per cent of children aged 5 to 14 involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children.

**HIV.** HIV prevalence is high in Equatorial Guinea with 5.0 per cent of young women and 1.9 per cent of young men infected. While there are only 2,000 cases of pediatric AIDS infection, risky sexual behaviour may continue to put young people at risk for HIV infection.

## Promising Progress

- Pediatric AIDS infections

## Urgent Action

- Out-of-school adolescents
- Early childbearing
- HIV prevalence

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	11	
Per cent Youth 15-19	10	
Per cent Youth 20-24	9	
Per cent Adolescents and Youth 10-24	31	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)		
Out-of-School Adolescents (male, female)	54 ●	63 ●
Gender Index Secondary Education		

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	88 ●	64 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	114 ●	
Age at First Sex (male, female)		
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years		
20-24 years		

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	28 ●	28 ●
Sex Before Age 15		
15-19 years (male, female)		
20-24 years (male, female)		
Married by Age 15		
Married by Age 18		
Orphan Attendance Ratio		
Pediatric AIDS Infections (thousands)	2 ●	
Female Genital Mutilation/Cutting		
15-19 years		
20-24 years		
Sexual Violence		
15-19 years		
20-24 years		

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)		
20-24 years (male, female)		
HIV Testing Behaviour		
15-19 years (male, female)		
20-24 years (male, female)		
Condom Use at Last High Risk Sex		
15-19 years (male, female)		
20-24 years (male, female)		
Multiple Partners		
15-19 years (male, female)		
20-24 years (male, female)		

# Eritrea

**Population.** In 2010, 31 per cent of Eritrea's population of 5.3 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 2.5 million by 2025 and to 3 million by 2050.

**Education.** Compared to other countries in the region, progression to secondary school is high: Eighty-two per cent of adolescents progress from primary to secondary school. However, many adolescents do not complete their secondary education. Thirty-five per cent of adolescent males of lower-secondary-school age are out of school; 43 per cent of females do not attend. These data suggest that more attention should be given to improving secondary school retention and completion rates for both males and females.

**Employment.** Labour force participation is high in Eritrea. Eighty per cent of young men aged 15 to 24 are looking for or have a job; 74 per cent of young women participate in the labour force. This phenomenon may reflect the fact that countries with the lowest income per person tend to have the highest youth labour force participation rates.

**Sexual and reproductive health and rights.** Early childbearing is relatively low with 5 per cent of female adolescents aged 15 to 19 giving birth each year.

**HIV.** HIV prevalence is low in Eritrea with 0.2 per cent of young men and 0.4 per cent of women aged 15 to 24 infected. In addition, there are 3,000 cases of children aged 0 to 14 living with HIV. More data is needed to understand young people's sexual attitudes and behaviours that may put them at risk for HIV infection.

## Promising Progress

- Progression to secondary school
- HIV prevalence
- Early childbearing

## Urgent Action

- Out-of-school adolescents

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	11	
Per cent Youth 15-19	10	
Per cent Youth 20-24	10	
Per cent Adolescents and Youth 10-24	31	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	82 ●	82 ●
Out-of-School Adolescents (male, female)	35 ●	43 ●
Gender Index Secondary Education	76 ●	

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	80 ●	74 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	52 ●	
Age at First Sex (male, female)		
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years		
20-24 years		

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)		
Sex Before Age 15		
15-19 years (male, female)		
20-24 years (male, female)		
Married by Age 15		
Married by Age 18		
Orphan Attendance Ratio		
Pediatric AIDS Infections (thousands)	3 ●	
Female Genital Mutilation/Cutting		
15-19 years		
20-24 years		
Sexual Violence		
15-19 years		
20-24 years		

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)		
20-24 years (male, female)		
HIV Testing Behaviour		
15-19 years (male, female)		
20-24 years (male, female)		
Condom Use at Last High Risk Sex		
15-19 years (male, female)		
20-24 years (male, female)		
Multiple Partners		
15-19 years (male, female)		
20-24 years (male, female)		

# Ethiopia

**Population.** In 2010, 34 per cent of Ethiopia's population of 83 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 34.1 million by 2025 and to 34.2 million by 2050.

**Education.** Compared to other countries in the region, progression to secondary school is high: Eighty-seven per cent of female adolescents progress from primary to secondary school; 91 per cent of males advance. In addition, Ethiopia has fewer out-of-school adolescents compared to other countries in sub-Saharan Africa. Twenty-seven per cent of adolescent males of lower-secondary-school age do not attend school; 26 per cent of females do not attend, suggesting that Ethiopia has made progress in keeping both males and females in school.

**Employment.** Labour force participation is high in Ethiopia. Three in four young women aged 15 to 24 are looking for or have a job; 80 per cent of young men participate in the labour force. Economic need may push more young men and women to seek employment.

**Sexual and reproductive health and rights.** In Ethiopia, 41 per cent of young women aged 20 to 24 were married by age 18, one of the higher rates across the continent. Early child-bearing is relatively low with 5 per cent of female adolescents aged 15 to 19 giving birth each year. Twenty-three per cent of married female adolescents use a modern method of contraception. This rate increases to 33 per cent among young women aged 20 to 24. While there is still room for improvement, Ethiopia stands out as a country with some of the highest rates of modern contraceptive use among married young women.

**Gender equality and social protection.** Child labour remains among the highest in the region with 53 per cent of children aged 5 to 14 involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children. Sixty-two per cent of female adolescents aged 15 to 19 have undergone the harmful traditional practice of female genital mutilation/cutting (FGM/C). While this rate is one of the highest in sub-Saharan Africa, there is evidence that FGM/C is decreasing in Ethiopia.

**HIV.** Addressing certain risky behaviours can help reduce the risk of HIV infection. Condom use at last high-risk sex is low among young women aged 15 to 24 at 33 per cent; 62 per cent of young men used a condom. Very few young men had multiple partners in the last year at 5 per cent; only 1 per cent of young women had multiple partners. Among those in this age group who have been sexually active in the last 12 months, HIV testing is low, at 28 per cent for men and 25 for women.

## Promising Progress

- Progression to secondary school
- Out-of-school adolescents
- Condom use among young men

## Urgent Action

- Child marriage
- HIV testing

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	13	
Per cent Youth 15-19	12	
Per cent Youth 20-24	10	
Per cent Adolescents and Youth 10-24	34	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	91 ●	87 ●
Out-of-School Adolescents (male, female)	27 ●	26 ●
Gender Index Secondary Education	82 ●	

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	80 ●	75 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	46 ●	
Age at First Sex (male, female)	21.8 ●	18.8 ●
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years	23 ●	
20-24 years	33 ●	

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	59 ●	46 ●
Sex Before Age 15		
15-19 years (male, female)	1 ●	7 ●
20-24 years (male, female)	1 ●	16 ●
Married by Age 15	16 ●	
Married by Age 18	41 ●	
Orphan Attendance Ratio	90 ●	
Pediatric AIDS Infections (thousands)		
Female Genital Mutilation/Cutting		
15-19 years	62 ●	
20-24 years	73 ●	
Sexual Violence		
15-19 years		
20-24 years		

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)	0 ●	0.2 ●
20-24 years (male, female)	0.2 ●	0.9 ●
HIV Testing Behaviour		
15-19 years (male, female)	27 ●	24 ●
20-24 years (male, female)	28 ●	26 ●
Condom Use at Last High Risk Sex		
15-19 years (male, female)	56 ●	41 ●
20-24 years (male, female)	65 ●	28 ●
Multiple Partners		
15-19 years (male, female)	9 ●	1 ●
20-24 years (male, female)	4 ●	1 ●

# Gabon

**Population.** In 2010, 32 per cent of Gabon's population of 1.5 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 551,000 by 2025 and to 688,000 by 2050.

**Employment.** Only 23 per cent of young women aged 15 to 24 are looking for or have a job in Gabon; 27 per cent of young men participate in the labour force, the lowest in the region. While it is difficult to determine the reason for this phenomenon without further research, it may reflect an increase in discouragement among youth regarding the labour market.

**Sexual and reproductive health and rights.** In Gabon, early childbearing is moderately high with 8 per cent of female adolescents aged 15 to 19 giving birth each year.

**HIV.** HIV prevalence is relatively high in Gabon with 1.4 per cent of young men and 3.5 per cent of women aged 15 to 24 infected, suggesting that more attention is needed to reduce risky sexual behaviour among young people. However, the number of pediatric AIDS cases is low at 3,000.

## Promising Progress

- Pediatric AIDS infections

## Urgent Action

- Early childbearing
- HIV prevalence

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	11	
Per cent Youth 15-19	11	
Per cent Youth 20-24	10	
Per cent Adolescents and Youth 10-24	32	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)		
Out-of-School Adolescents (male, female)		
Gender Index Secondary Education		

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	27 ●	23 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	80 ●	
Age at First Sex (male, female)		
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years		
20-24 years		

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)		
Sex Before Age 15		
15-19 years (male, female)		
20-24 years (male, female)		
Married by Age 15		
Married by Age 18		
Orphan Attendance Ratio		
Pediatric AIDS Infections (thousands)	3 ●	
Female Genital Mutilation/Cutting		
15-19 years		
20-24 years		
Sexual Violence		
15-19 years		
20-24 years		

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)		
20-24 years (male, female)		
HIV Testing Behaviour		
15-19 years (male, female)		
20-24 years (male, female)		
Condom Use at Last High Risk Sex		
15-19 years (male, female)		
20-24 years (male, female)		
Multiple Partners		
15-19 years (male, female)		
20-24 years (male, female)		

# The Gambia

**Population.** In 2010, 33 per cent of The Gambia's population of 1.7 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 818,000 by 2025 and to 1.1 million by 2050.

**Education.** Compared to other countries in the region, progression to secondary school is high: Eighty-two per cent of female adolescents progress from primary to secondary school while 80 per cent of males advance. The Gambia is a unique example of a country that has more females progressing to secondary school than males. In addition, a large proportion of adolescents go on to complete their secondary education. Only 16 per cent of adolescents males of lower-secondary-school age do not attend school; 17 per cent of females do not attend.

**Employment.** Sixty-five per cent of young men aged 15 to 24 are looking for or have a job; 64 per cent of their female counterparts participate in the labour force.

**Sexual and reproductive health and rights.** In The Gambia, 36 per cent of young women aged 20 to 24 were married by age 18. Early childbearing is moderately high with 7 per cent of female adolescents aged 15 to 19 giving birth each year.

**Gender equality and social protection.** Child labour is moderately high with one in four children aged 5 to 14 involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children. Eighty per cent of female adolescents aged 15 to 19 have undergone the harmful traditional practice of female genital mutilation/cutting, one of the highest rates in sub-Saharan Africa.

**HIV.** HIV prevalence is high in The Gambia with 0.9 per cent of young men and 2.4 per cent of women aged 15 to 24 infected. Addressing certain risky behaviours can help reduce the risk of HIV infection. Condom use at last high-risk sex is among the highest in the region for young women at 56 per cent; however, given the high HIV prevalence rate, more efforts are needed to help young women negotiate condom use and encourage more young people to be tested for HIV.

## Promising Progress

- Progression to secondary school
- Condom use at high-risk sex among young women

## Urgent Action

- Child marriage and early childbearing
- FGM/C
- HIV prevalence

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	13	
Per cent Youth 15-19	11	
Per cent Youth 20-24	10	
Per cent Adolescents and Youth 10-24	33	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	80 ●	82 ●
Out-of-School Adolescents (male, female)	16 ●	17 ●
Gender Index Secondary Education	95 ●	

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	65 ●	64 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	66 ●	
Age at First Sex (male, female)		
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years		
20-24 years		

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	20 ●	29 ●
Sex Before Age 15		
15-19 years (male, female)		
20-24 years (male, female)		
Married by Age 15	7 ●	
Married by Age 18	36 ●	
Orphan Attendance Ratio	87 ●	
Pediatric AIDS Infections (thousands)		
Female Genital Mutilation/Cutting		
15-19 years	80 ●	
20-24 years	78 ●	
Sexual Violence		
15-19 years		
20-24 years		

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)		
20-24 years (male, female)		
HIV Testing Behaviour		
15-19 years (male, female)		
20-24 years (male, female)		
Condom Use at Last High Risk Sex		
15-19 years (male, female)		
20-24 years (male, female)		
Multiple Partners		
15-19 years (male, female)		
20-24 years (male, female)		

# Ghana

**Population.** In 2010, 31 per cent of Ghana's population of 24.4 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 10.1 million by 2025 and to 12.7 million by 2050.

**Education.** Compared to other countries in the region, progression to secondary school is high: Ninety-two per cent of female adolescents progress from primary to secondary school; 91 per cent of males advance. However, a large proportion of adolescents do not complete their secondary education. Forty-six per cent of adolescent males of lower-secondary-school age are out of school; 60 per cent of females do not attend. Clearly, efforts to improve school retention and completion rates require further attention in Ghana.

**Employment.** Labour force participation is low in Ghana. Thirty-nine per cent of young women and young men aged 15 to 24 are looking for or have a job. Of course, these low participation rates could reflect the fact that there are more secondary and higher education opportunities available to young people compared to other countries in sub-Saharan Africa.

**Sexual and reproductive health and rights.** In Ghana, 25 per cent of young women aged 20 to 24 were married by age 18. Early childbearing is moderately high with 6 per cent of female adolescents aged 15 to 19 giving birth each year. Only eight per cent of married female adolescents use a modern method of contraception, suggesting that more efforts are needed to provide family planning information and services to female adolescents so they can delay childbearing. This rate increases to 17 per cent among young women aged 20 to 24.

**Gender equality and social protection.** Child labour remains high with 34 per cent of children aged 5 to 14 involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children. One in ten young women aged 15 to 19 has experienced sexual violence, suggesting that more attention is needed to change cultural attitudes about men and women.

**HIV.** HIV prevalence is moderately high in Ghana with 0.5 per cent of young men and 1.3 per cent of women aged 15 to 24 infected. However, condom use at last high-risk sex is low among young women at 28 per cent; comparatively, 46 per cent of young men used a condom. Among those who have been sexually active in the last 12 months, HIV testing is low at 5 per cent for men and 8 per cent for women. More efforts are needed to encourage sexually active young people and especially most at risk young people, such young sex workers and men who have sex with men to get tested for HIV.

## Promising Progress

- Progression to secondary school

## Urgent Action

- Modern contraception use
- Child labour
- HIV testing

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	11	
Per cent Youth 15-19	11	
Per cent Youth 20-24	9	
Per cent Adolescents and Youth 10-24	31	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	91 ●	92 ●
Out-of-School Adolescents (male, female)	42 ●	60 ●
Gender Index Secondary Education	91 ●	

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	39 ●	39 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	62 ●	
Age at First Sex (male, female)	19.9 ●	18.5 ●
Contraceptive Prevalence Rate, Modern Method, married female	8 ●	
15-19 years	8 ●	
20-24 years	17 ●	

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	34 ●	34 ●
Sex Before Age 15	8 ●	
15-19 years (male, female)	4 ●	8 ●
20-24 years (male, female)	5 ●	7 ●
Married by Age 15	5 ●	
Married by Age 18	25 ●	
Orphan Attendance Ratio	76 ●	
Pediatric AIDS Infections (thousands)	27 ●	
Female Genital Mutilation/Cutting	1 ●	
15-19 years	1 ●	
20-24 years	1 ●	
Sexual Violence	10 ●	
15-19 years	10 ●	
20-24 years	6 ●	

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence	1.3 ●	
15-19 years (male, female)	1.3 ●	
20-24 years (male, female)	1.3 ●	
HIV Testing Behaviour	8 ●	
15-19 years (male, female)	0 ●	6 ●
20-24 years (male, female)	6 ●	9 ●
Condom Use at Last High Risk Sex	28 ●	
15-19 years (male, female)	40 ●	24 ●
20-24 years (male, female)	49 ●	31 ●
Multiple Partners	4 ●	
15-19 years (male, female)	19 ●	4 ●
20-24 years (male, female)	17 ●	2 ●



# Guinea-Bissau

**Population.** In 2010, 32 per cent of Guinea-Bissau's population of 1.5 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 636,000 by 2025 and to 907,000 by 2050.

**Education.** Compared to other countries in the region, many adolescents continue with their secondary education. Only twelve per cent of adolescent males of lower-secondary-school age do not attend school; 8 per cent of females do not attend, making Guinea-Bissau a promising example of retaining adolescents in school.

**Employment.** Fifty-four per cent of young women aged 15 to 24 are looking for or have a job in Guinea-Bissau; 57 per cent of young men participate in the labour force.

**Sexual and reproductive health and rights.** In Guinea-Bissau, 24 per cent of young women aged 20 to 24 were married by age 18. Early childbearing is high with 10 per cent of female adolescents aged 15 to 19 giving birth each year. Only 5 per cent of married female adolescents use a modern method of contraception. This rate increases to just 6 per cent among young women aged 20 to 24. When young married women do not use contraception, child marriage is often followed by early pregnancy, which poses health risks to the mother and child.

**Gender equality and social protection.** Child labour is the highest in the region with 57 per cent of children aged 5 to 14 involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children. The high rate of child labour threatens progress towards education enrolment and completion goals and threatens the health and wellbeing of children. In addition, forty-four per cent of young women aged 15 to 19 have undergone the harmful traditional practice of female genital mutilation/cutting (FGM/C), suggesting that FGM/C is still widely practiced.

**HIV.** HIV prevalence is relatively high in Guinea-Bissau with 0.8 per cent of young men and 2.0 per cent of women aged 15 to 24 infected. Certain risky behaviours can continue to put them at risk for infection. Condom use at last high-risk sex remains low among young women at 47 per cent. More young women need confidence and competence in negotiating condom use and young men must recognize the importance of condom use for their own health and the health of their partners.

## Promising Progress

- Out-of-school adolescents

## Urgent Action

- Child labour
- FGM/C

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	12	
Per cent Youth 15-19	11	
Per cent Youth 20-24	9	
Per cent Adolescents and Youth 10-24	32	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)		
Out-of-School Adolescents (male, female)	12 ●	8 ●
Gender Index Secondary Education		

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	57 ●	54 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	96 ●	
Age at First Sex (male, female)		
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years	5 ●	
20-24 years	6 ●	

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	55 ●	60 ●
Sex Before Age 15		
15-19 years (male, female)		
20-24 years (male, female)		
Married by Age 15	7 ●	
Married by Age 18	24 ●	
Orphan Attendance Ratio	109 ●	
Pediatric AIDS Infections (thousands)	2 ●	
Female Genital Mutilation/Cutting		
15-19 years		
20-24 years		
Sexual Violence		
15-19 years	44 ●	
20-24 years	43 ●	

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)		
20-24 years (male, female)		
HIV Testing Behaviour		
15-19 years (male, female)		
20-24 years (male, female)		
Condom Use at Last High Risk Sex		
15-19 years (male, female)		
20-24 years (male, female)		
Multiple Partners		
15-19 years (male, female)		
20-24 years (male, female)		

# Guinea

**Population.** In 2010, 32 per cent of Guinea's population of 10 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 4.6 million by 2025 and to 6.6 million by 2050.

**Education.** Progression from primary to secondary school is low among female adolescents with 51 per cent advancing. Their male counterparts fare better at 62 per cent. Secondary education, especially for girls, is key to economic and social development, improving lifetime earnings as well as the health of individuals and families.

**Employment.** Fifty-seven per cent of young men aged 15 to 24 are looking for or have a job while 52 per cent of young women participate in the labour force.

**Sexual and reproductive health and rights.** Twenty per cent of young women aged 20 to 24 in Guinea were married by age 15—among the highest rates of child marriage in sub-Saharan Africa. Early childbearing is also high where 13 per cent of female adolescents aged 15 to 19 give birth each year. Only 5 per cent of married female adolescents use a modern method of contraception. This rate increases to 6 per cent among young women aged 20 to 24. These are among the lowest rates in the region. Twenty-two per cent of young women aged 15 to 24 were sexually active by age 15, compared to 17 per cent among young men. These trends in sexual activity suggest that more efforts are needed to provide young people with sexual and reproductive health information and services to delay marriage and childbearing.

**Gender equality and social protection.** One in four children aged 5 to 14 are involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children. Ninety-five per cent of women aged 20 to 24 have undergone the harmful traditional practice of female genital mutilation/cutting (FGM/C)—the highest rate in the region. Since FGM/C remains widely practiced in Guinea, more efforts are needed to end this harmful traditional practice and alter cultural attitudes for boys and girls.

**HIV.** While HIV prevalence is relatively low in Guinea, rates are higher among young women aged 15 to 24 at 1.2 per cent than among their male counterparts at 0.6 per cent. However, certain behaviours continue to put them at risk. Only 4 per cent of young women had multiple partners in the last year, while 33 per cent of young men had multiple partners. Among those in this age group who have been sexually active in the last 12 months, HIV testing is among the lowest in the region for both young women and men at 2 per cent and 3 per cent, respectively.

## Promising Progress

- HIV prevalence

## Urgent Action

- Progression to secondary school
- Child marriage and early childbearing
- Modern contraception use
- FGM/C

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	12	
Per cent Youth 15-19	11	
Per cent Youth 20-24	9	
Per cent Adolescents and Youth 10-24	32	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	62 ●	51 ●
Out-of-School Adolescents (male, female)		
Gender Index Secondary Education	59 ●	

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	57 ●	52 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate		131 ●
Age at First Sex (male, female)	18.6 ●	16.4 ●
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years		5 ●
20-24 years		6 ●

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	26 ●	24 ●
Sex Before Age 15		
15-19 years (male, female)	18 ●	20 ●
20-24 years (male, female)	16 ●	25 ●
Married by Age 15		20 ●
Married by Age 18		63 ●
Orphan Attendance Ratio	73 ●	
Pediatric AIDS Infections (thousands)	9 ●	
Female Genital Mutilation/Cutting		
15-19 years		89 ●
20-24 years		95 ●
Sexual Violence		
15-19 years		
20-24 years		

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)	0.5 ●	0.9 ●
20-24 years (male, female)	0.7 ●	1.6 ●
HIV Testing Behaviour		
15-19 years (male, female)	2 ●	2 ●
20-24 years (male, female)	4 ●	2 ●
Condom Use at Last High Risk Sex		
15-19 years (male, female)	34 ●	24 ●
20-24 years (male, female)	40 ●	29 ●
Multiple Partners		
15-19 years (male, female)	32 ●	5 ●
20-24 years (male, female)	35 ●	3 ●

# Kenya

**Population.** In 2010, 33 per cent of Kenya's population of 40.5 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 19 million by 2025 and to 27.8 million by 2050.

**Education.** Compared to other countries in the region, most adolescents continue with their secondary education. Less than 1 per cent of adolescent males of lower-secondary-school age are out of school; 2 per cent of females do not attend. In fact, Kenya has the lowest rate of out-of-school adolescents for countries that have available data.

**Employment.** Thirty-six per cent of young women aged 15 to 24 are looking for or have a job in Kenya, compared to 44 per cent of young men.

**Sexual and reproductive health and rights.** In Kenya, 26 per cent of young women aged 20 to 24 were married by age 18. Early childbearing is high with 10 per cent of female adolescents aged 15 to 19 giving birth each year. Twenty per cent of married female adolescents use a modern method of contraception. This rate increases to 30 per cent among young women aged 20 to 24. While these rates are not the lowest among other countries in Africa, more effort is needed to increase contraceptive use to protect the health of adolescents. In addition, among the 15-to-24 age group, 11 per cent of young women were sexually active by age 15; twenty-two per cent of young men were sexually active, a rate that is one of the highest in the region. Early sexual activity puts girls at risk for unintended pregnancy since they are less likely to use contraception. At the same time, very young adolescents are more likely to acquire sexually transmitted infections, including HIV.

**Gender equality and social protection.** Child labour remains high with 26 per cent of children aged 5 to 14 involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children. Fifteen per cent of young women aged 15 to 19 have undergone the harmful traditional practice of female genital mutilation/cutting. And one in five young women aged 20 to 24 has experienced sexual violence.

**HIV.** HIV prevalence is high in Kenya with 1.1 per cent of young men and 4.5 per cent of women aged 15 to 24 infected. Certain risky behaviours can continue to put them at risk for infection. Eighteen per cent of young men had multiple partners in the last year; only 3 per cent of young women reported having multiple partners. Among those who have been sexually active in the last 12 months, HIV testing is lower among young men at 26 per cent; 41 per cent of young women were tested. Reaching young people with information and services is critical so they can avoid infection.

## Promising Progress

- Out-of-school adolescents

## Urgent Action

- Sex before age 15
- HIV prevalence

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	12	
Per cent Youth 15-19	11	
Per cent Youth 20-24	10	
Per cent Adolescents and Youth 10-24	33	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)		
Out-of-School Adolescents (male, female)	0 ●	2 ●
Gender Index Secondary Education	90 ●	

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	44 ●	36 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	98 ●	
Age at First Sex (male, female)	17.8 ●	18.2 ●
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years	20 ●	
20-24 years	20 ●	

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	27 ●	25 ●
Sex Before Age 15		
15-19 years (male, female)	22 ●	12 ●
20-24 years (male, female)	22 ●	10 ●
Married by Age 15	6 ●	
Married by Age 18	26 ●	
Orphan Attendance Ratio		
Pediatric AIDS Infections (thousands)	180 ●	
Female Genital Mutilation/Cutting		
15-19 years	15 ●	
20-24 years	21 ●	
Sexual Violence		
15-19 years	11 ●	
20-24 years	20 ●	

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)	0.7 ●	2.7 ●
20-24 years (male, female)	1.5 ●	6.4 ●
HIV Testing Behaviour		
15-19 years (male, female)	23 ●	35 ●
20-24 years (male, female)	27 ●	43 ●
Condom Use at Last High Risk Sex		
15-19 years (male, female)	55 ●	41 ●
20-24 years (male, female)	70 ●	38 ●
Multiple Partners		
15-19 years (male, female)	17 ●	5 ●
20-24 years (male, female)	18 ●	3 ●

# Lesotho

**Population.** In 2010, 36 per cent of Lesotho's population of 2.2 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 782,000 by 2025 and to 746,000 by 2050.

**Education.** Compared to other countries in the region, progression to secondary school is relatively high: Seventy-three per cent of female adolescents progress from primary to secondary school; 75 per cent of males advance. In addition, a large proportion of adolescents go on to complete their secondary education. Twenty-nine per cent of adolescent males of lower-secondary-school age do not attend school; 21 per cent of females do not attend.

**Employment.** Only 38 per cent of young women aged 15 to 24 are looking for or have a job while 53 per cent of young men participate in the labour force. More research is needed to understand the barriers to young women's participation in the labour force.

**Sexual and reproductive health and rights.** In Lesotho, 19 per cent of young women aged 20 to 24 were married by age 18. Early childbearing is moderately high with 6 per cent of female adolescents aged 15 to 19 giving birth each year. Ten per cent of married female adolescents use a modern method of contraception. This rate increases to 37 per cent among young women aged 20 to 24. More efforts are needed to reach female adolescents with family planning information and services, especially since they face a higher risk for poor health outcomes due to early childbearing.

**Gender equality and social protection.** Child labour remains moderately high with 23 per cent of children aged 5 to 14 involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children. While this rate is lower compared to other countries in sub-Saharan Africa, more efforts are needed to eliminate the practice altogether and ensure that children have opportunities for education.

**HIV.** HIV prevalence in Lesotho is among the highest in the region with 4.2 per cent of young men and 13.6 per cent of young women aged 15 to 24 infected. Addressing certain risky behaviours can help reduce the risk of HIV infection. Seven per cent of women had multiple partners in the last year, while 34 per cent of men had multiple partners—the highest in the region. However, condom use at last high-risk sex is high among both young women and men at 64 per cent, representing progress in reducing the spread of HIV. Among those who have been sexually active in the last 12 months, HIV testing is low among men at 21 per cent but higher for women at 51 per cent.

## Promising Progress

- Progression to secondary school
- Condom use at high-risk sex

## Urgent Action

- HIV prevalence

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14		12
Per cent Youth 15-19		12
Per cent Youth 20-24		11
Per cent Adolescents and Youth 10-24		36

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	75 ●	73 ●
Out-of-School Adolescents (male, female)	29 ●	21 ●
Gender Index Secondary Education		138 ●

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	53 ●	38 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate		60 ●
Age at First Sex (male, female)		
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years		10 ●
20-24 years		37 ●

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	25 ●	21 ●
Sex Before Age 15		
15-19 years (male, female)	26 ●	9 ●
20-24 years (male, female)	18 ●	7 ●
Married by Age 15		2 ●
Married by Age 18		19 ●
Orphan Attendance Ratio		98 ●
Pediatric AIDS Infections (thousands)		28 ●
Female Genital Mutilation/Cutting		
15-19 years		
20-24 years		
Sexual Violence		
15-19 years		
20-24 years		

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)	2.9 ●	4.1 ●
20-24 years (male, female)	5.9 ●	24.1 ●
HIV Testing Behaviour		
15-19 years (male, female)	14 ●	49 ●
20-24 years (male, female)	26 ●	52 ●
Condom Use at Last High Risk Sex		
15-19 years (male, female)	62 ●	62 ●
20-24 years (male, female)	66 ●	66 ●
Multiple Partners		
15-19 years (male, female)	28 ●	6 ●
20-24 years (male, female)	38 ●	8 ●

# Liberia

**Population.** In 2010, 31 per cent of Liberia's population of 4 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 1.9 million by 2025 and to 2.8 million by 2050.

**Education.** Compared to the rest of the region, progression to secondary school is relatively low: Sixty per cent of female adolescents progress from primary to secondary school, while 64 per cent of males advance. More efforts are needed to support adolescents' transition from primary to secondary school to support and improve their wellbeing, as well as the wellbeing of families and communities.

**Employment.** Labour force participation is low in Liberia. Thirty-five per cent of young women aged 15 to 24 are looking for or have a job; 36 per cent of their male counterparts participate in the labour force.

**Sexual and reproductive health and rights.** In Liberia, 38 per cent of young women aged 20 to 24 were married by age 18. Early childbearing is high with 12 per cent of female adolescents aged 15 to 19 giving birth each year. Only 4 per cent of married female adolescents use a modern method of contraception. This rate increases to just 6 per cent among young women aged 20 to 24. Among the 15-to-24 age group, 17 per cent of young women were sexually active by age 15, compared to 9 per cent of young men. Given the association between child marriage and early childbearing, more efforts are needed to keep girls in school and stop forced marriage.

**Gender equality and social protection.** Twenty-one per cent of children aged 5 to 14 are involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children. This lower rate compared to other countries in sub-Saharan Africa suggests that Liberia is making progress in eliminating child labour altogether.

**HIV.** HIV prevalence is relatively low in Liberia with 1.7 per cent of young women aged 15 to 24 infected and 0.5 per cent of young men. However, certain risky behaviours continue to put them at risk. Condom use at last high-risk sex is among the lowest in the region at 14 per cent for young women and 22 per cent of young men. Among those who have been sexually active in the last 12 months, HIV testing is also low for both young women and men at 2 per cent each. Even with its relatively low HIV prevalence, the infrequent use of condoms during high-risk sex and low rates of HIV testing suggest the epidemic could expand rapidly.

## Promising Progress

- Child labour
- HIV prevalence

## Urgent Action

- Progression to secondary school
- Child marriage and early childbearing
- HIV testing

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	12	
Per cent Youth 15-19	10	
Per cent Youth 20-24	9	
Per cent Adolescents and Youth 10-24	31	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	64 ●	60 ●
Out-of-School Adolescents (male, female)		
Gender Index Secondary Education		

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	36 ●	35 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	121 ●	
Age at First Sex (male, female)	17.9 ●	16.3 ●
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years	4 ●	
20-24 years	6 ●	

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	21 ●	21 ●
Sex Before Age 15		
15-19 years (male, female)	9 ●	19 ●
20-24 years (male, female)	8 ●	16 ●
Married by Age 15	11 ●	
Married by Age 18	38 ●	
Orphan Attendance Ratio	85 ●	
Pediatric AIDS Infections (thousands)	6 ●	
Female Genital Mutilation/Cutting		
15-19 years		
20-24 years		
Sexual Violence		
15-19 years	13 ●	
20-24 years	13 ●	

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)	0.4 ●	1.3 ●
20-24 years (male, female)	0.7 ●	2.0 ●
HIV Testing Behaviour		
15-19 years (male, female)	1 ●	2 ●
20-24 years (male, female)	3 ●	2 ●
Condom Use at Last High Risk Sex		
15-19 years (male, female)	16 ●	12 ●
20-24 years (male, female)	26 ●	16 ●
Multiple Partners		
15-19 years (male, female)	16 ●	12 ●
20-24 years (male, female)	27 ●	8 ●

# Madagascar

**Population.** In 2010, 33 per cent of Madagascar's population of 20.7 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 9.7 million by 2025 and to 15 million by 2050.

**Education.** Compared to the rest of the region, progression to secondary school is promising: Sixty-three per cent of female adolescents progress from primary to secondary school, while 65 per cent of males advance.

**Employment.** Labour force participation is high in Madagascar. Seventy-two per cent of young women aged 15 to 24 are looking for or have a job while 74 per cent of young men participate in the labour force.

**Sexual and reproductive health and rights.** In Madagascar, 48 per cent of young women aged 20 to 24 were married by age 18. Early childbearing is high with 12 per cent of female adolescents aged 15 to 19 giving birth each year. Only 17 per cent of married female adolescents use a modern method of contraception. This rate increases to 28 per cent among young women aged 20 to 24. Among the 15-to-24 age group, sexual activity by age 15 was twice as high among young women at 18 per cent, compared to young men at 9 per cent, suggesting a strong association between child marriage and early sexual activity.

**HIV.** HIV prevalence is low in Madagascar with 0.1 per cent of young men and women aged 15 to 24 infected. However, certain attitudes and behaviours put young people at a high risk for HIV infection. Condom use at last high-risk sex is the lowest in the region at 5 per cent among young women and 11 per cent among young men. Thirty-one per cent of young men had multiple partners in the last year—one of the highest rates in the region, while 4 per cent of women reported having multiple partners. Among those who have been sexually active in the last 12 months, HIV testing is low, at 5 per cent and 6 per cent for young men and women, respectively. More investments are needed to equip young people with the knowledge and skills they need to prevent HIV infection.

## Promising Progress

- Progression to secondary school
- HIV prevalence

## Urgent Action

- Child marriage and early childbearing
- Condom use at high-risk sex
- HIV testing

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	13	
Per cent Youth 15-19	11	
Per cent Youth 20-24	9	
Per cent Adolescents and Youth 10-24	33	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	65 ●	63 ●
Out-of-School Adolescents (male, female)		
Gender Index Secondary Education		

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	74 ●	72 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	122 ●	
Age at First Sex (male, female)	17.9 ●	17.1 ●
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years	17 ●	
20-24 years	28 ●	

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)		
Sex Before Age 15		
15-19 years (male, female)	8 ●	17 ●
20-24 years (male, female)	10 ●	18 ●
Married by Age 15	14 ●	
Married by Age 18	48 ●	
Orphan Attendance Ratio	74 ●	
Pediatric AIDS Infections (thousands)		
Female Genital Mutilation/Cutting		
15-19 years		
20-24 years		
Sexual Violence		
15-19 years		
20-24 years		

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)		
20-24 years (male, female)		
HIV Testing Behaviour		
15-19 years (male, female)	4 ●	6 ●
20-24 years (male, female)	5 ●	6 ●
Condom Use at Last High Risk Sex		
15-19 years (male, female)	9 ●	5 ●
20-24 years (male, female)	13 ●	6 ●
Multiple Partners		
15-19 years (male, female)	35 ●	7 ●
20-24 years (male, female)	28 ●	3 ●

# Malawi

**Population.** In 2010, 33 per cent of Malawi's population of 14.9 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 7.9 million by 2025 and to 15.9 million by 2050.

**Education.** Compared to other countries in the region, progression to secondary school is high: Seventy-eight per cent of male adolescents progress from primary to secondary school; 76 per cent of females advance. Malawi also has one of the lower rates of out-of-school adolescents, with only 22 per cent of males and females of lower-secondary-school age out of school. While more efforts are needed to target adolescents and youth who face the highest risk of dropping out of school, Malawi stands out as a promising success story regarding education.

**Employment.** Sixty-six per cent of young women aged 15 to 24 are looking for or have a job in Malawi, compared to 54 per cent of young men. This disparity between males and females may suggest women are pushed into the labour market out of economic need.

**Sexual and reproductive health and rights.** In Malawi, half of young women aged 20 to 24 were married by age 18. Early childbearing is high with 10 per cent of female adolescents aged 15 to 19 giving birth each year. Twenty-six per cent of married female adolescents use a modern method of contraception. This rate increases to 38 per cent among young women aged 20 to 24. Among the 15-to-24 age group, 14 per cent of young women were sexually active by age 15, compared to 22 per cent of young men. The rate for young men is one of the highest in the region.

**Gender equality and social protection.** Child labour remains high with 26 per cent of children aged 5 to 14 involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children. Eighteen per cent of young women aged 15 to 19 have experienced sexual violence.

**HIV.** HIV prevalence is high in Malawi with 5.2 per cent of young women and 1.9 per cent of men aged 15 to 24 infected. Certain risky behaviours can continue to put them at risk for infection. Fourteen per cent of young men had multiple partners in the last year; but only 1 per cent of young women reported having multiple partners. Condom use at last high-risk sex is lower among young women at 46 per cent compared to 53 per cent for young men. Ensuring young people have access to quality information and services to prevent HIV is critical to reduce the spread of the epidemic among young people.

## Promising Progress

- Progression to secondary school
- Out-of-school adolescents

## Urgent Action

- Child marriage and early childbearing
- HIV prevalence

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	13	
Per cent Youth 15-19	11	
Per cent Youth 20-24	9	
Per cent Adolescents and Youth 10-24	33	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	78 ●	76 ●
Out-of-School Adolescents (male, female)	22 ●	22 ●
Gender Index Secondary Education	91 ●	

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	54 ●	66 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	104 ●	
Age at First Sex (male, female)	18.5 ●	17.4 ●
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years	26 ●	
20-24 years	38 ●	

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	25 ●	26 ●
Sex Before Age 15		
15-19 years (male, female)	26 ●	12 ●
20-24 years (male, female)	16 ●	17 ●
Married by Age 15	12 ●	
Married by Age 18	50 ●	
Orphan Attendance Ratio	97 ●	
Pediatric AIDS Infections (thousands)	120 ●	
Female Genital Mutilation/Cutting		
15-19 years		
20-24 years		
Sexual Violence		
15-19 years	18 ●	
20-24 years	25 ●	

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)	1.3 ●	4.2 ●
20-24 years (male, female)	2.8 ●	6.4 ●
HIV Testing Behaviour		
15-19 years (male, female)	27 ●	
20-24 years (male, female)	42 ●	
Condom Use at Last High Risk Sex		
15-19 years (male, female)	47 ●	44 ●
20-24 years (male, female)	61 ●	50 ●
Multiple Partners		
15-19 years (male, female)	15 ●	2 ●
20-24 years (male, female)	13 ●	1 ●

# Mali

**Population.** In 2010, 33 per cent of Mali's population of 15.4 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 7.9 million by 2025 and to 13 million by 2050.

**Education.** Compared to the rest of the region, progression to secondary school is average. Seventy-four per cent of male adolescents progress from primary to secondary school, while 72 per cent of females advance. In contrast, a large proportion of adolescents do not complete their secondary education. Sixty-one per cent of adolescent females of lower-secondary-school age are not in school; 46 per cent of adolescent males are out of school. These data suggest that more effort is needed to address secondary school retention and drop-out rates, particularly for girls.

**Employment.** Half of all young men aged 15 to 24 are looking for or have a job while only 31 per cent of young women participate in the labour force.

**Sexual and reproductive health and rights.** Mali has one of the highest rates of child marriage in the region, where 25 per cent of young women aged 20 to 24 were married by age 15. This rate is alarmingly high and requires immediate attention. In addition, early childbearing is also high in Mali where 17 per cent of female adolescents aged 15 to 19 give birth each year. This high rate of early childbearing puts both the young mother and infant at risk for poor health and development outcomes. Only 6 per cent of currently married female adolescents use a modern method of contraception. The rate increases slightly, to 7 per cent, among young women aged 20 to 24.

**Gender equality and social protection.** Thirty-six per cent of all children aged 5 to 14 are involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children. Eighty-five per cent of young women aged 15 to 24 have undergone female genital mutilation/cutting (FGM/C), one of the highest rates across the region. More efforts are needed to increase community awareness about FGM/C as a human rights violation and its link to adverse health outcomes for girls and women.

**HIV.** While HIV prevalence is low in Mali at less than 1 per cent among youth aged 15 to 24, certain attitudes and behaviours put them at risk for HIV infection. Condom use at last high-risk sex among young women aged 15 to 24 is low at 17 per cent; the rate is more than double that for their male counterparts at 36 per cent. And 19 per cent of young men aged 15 to 24 had multiple sexual partners in the past year.

## Promising Progress

- HIV prevalence

## Urgent Action

- Child marriage and early childbearing
- FGM/C
- Modern contraception use

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14		13
Per cent Youth 15-19		11
Per cent Youth 20-24		9
Per cent Adolescents and Youth 10-24		33

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	74 ●	72 ●
Out-of-School Adolescents (male, female)	46 ●	61 ●
Gender Index Secondary Education		71 ●

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	50 ●	31 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate		167 ●
Age at First Sex (male, female)	20.6 ●	16.1 ●
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years		6 ●
20-24 years		7 ●

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	33 ●	38 ●
Sex Before Age 15		
15-19 years (male, female)	6 ●	24 ●
20-24 years (male, female)	4 ●	26 ●
Married by Age 15		25 ●
Married by Age 18		71 ●
Orphan Attendance Ratio		92 ●
Pediatric AIDS Infections (thousands)		
Female Genital Mutilation/Cutting		
15-19 years		85 ●
20-24 years		85 ●
Sexual Violence		
15-19 years		
20-24 years		

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)	0.7 ●	0.6 ●
20-24 years (male, female)	0.8 ●	1.3 ●
HIV Testing Behaviour		
15-19 years (male, female)	5 ●	4 ●
20-24 years (male, female)	5 ●	4 ●
Condom Use at Last High Risk Sex		
15-19 years (male, female)	31 ●	14 ●
20-24 years (male, female)	40 ●	21 ●
Multiple Partners		
15-19 years (male, female)	19 ●	4 ●
20-24 years (male, female)	18 ●	2 ●



# Mauritania

**Population.** In 2010, 32 per cent of Mauritania's population of 3.5 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 1.5 million by 2025 and to 1.9 million by 2050.

**Education.** Compared to other countries in the region, progression to secondary school is low: Thirty-eight per cent of male adolescents progress from primary to secondary school; 31 per cent of females advance. In addition, many adolescents do not go on to complete their secondary education. Forty-eight per cent of adolescents of lower-secondary-school age do not attend school. To ensure individuals, communities, and countries can reap the social and economic benefits of increased access to education, more efforts must be directed towards improving school retention and completion rates.

**Employment.** Fifty-seven per cent of young men aged 15 to 24 are looking for or have a job in Mauritania; only 22 per cent of young women participate in the labour force—the lowest rate in the region. This disparity may reflect cultural attitudes that encourage women to stay in the home and limit their role in society and public life.

**Sexual and reproductive health and rights.** In Mauritania, 35 per cent of young women aged 20 to 24 were married by age 18. Early childbearing is relatively high with 7 per cent of female adolescents aged 15 to 19 giving birth each year.

**Gender equality and social protection.** Child labour is low with 18 per cent of children aged 5 to 14 involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children. Sixty-nine per cent of young women aged 20 to 24 have undergone the harmful traditional practice of female genital mutilation/cutting, one of the higher rates in sub-Saharan Africa.

**HIV.** HIV prevalence is low in Mauritania with 0.4 per cent of young men and 0.3 per cent of women aged 15 to 24 infected. More information is needed about young people's attitudes and behaviour towards HIV to strengthen prevention efforts.

## Promising Progress

- HIV prevalence
- Child labour

## Urgent Action

- Progression to secondary school
- Child marriage and early childbearing

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	12	
Per cent Youth 15-19	11	
Per cent Youth 20-24	9	
Per cent Adolescents and Youth 10-24	32	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	38 ●	31 ●
Out-of-School Adolescents (male, female)	48 ●	48 ●
Gender Index Secondary Education	85 ●	

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	57 ●	22 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	71 ●	
Age at First Sex (male, female)		
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years		
20-24 years		

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	18 ●	15 ●
Sex Before Age 15		
15-19 years (male, female)		
20-24 years (male, female)		
Married by Age 15	15 ●	
Married by Age 18	35 ●	
Orphan Attendance Ratio		
Pediatric AIDS Infections (thousands)		
Female Genital Mutilation/Cutting		
15-19 years	68 ●	
20-24 years	69 ●	
Sexual Violence		
15-19 years		
20-24 years		

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)		
20-24 years (male, female)		
HIV Testing Behaviour		
15-19 years (male, female)		
20-24 years (male, female)		
Condom Use at Last High Risk Sex		
15-19 years (male, female)		
20-24 years (male, female)		
Multiple Partners		
15-19 years (male, female)		
20-24 years (male, female)		

# Mauritius

**Population.** In 2010, 24 per cent of Mauritius' population of 1.3 million consisted of young people between 10 and 24 years of age. The number of young people is projected to decrease to 262,000 by 2025 and to 220,000 by 2050.

**Education.** Compared to other countries in the region, progression to secondary school is relatively high: Seventy-six per cent of female adolescents progress from primary to secondary school; 65 per cent of males advance.

**Employment.** Labour force participation is low in Mauritius. Thirty-four per cent of young women aged 15 to 24 are looking for or have a job; 47 per cent of young men participate in the labour force. This phenomenon may reflect the fact that more adolescents and youth are in secondary or higher education.

**Sexual and reproductive health and rights.** Early childbearing is among the lowest in the region with just 3 per cent of female adolescents aged 15 to 19 giving birth each year.

**HIV.** HIV prevalence is low in Mauritius with 0.3 per cent of young men and 0.2 per cent of women aged 15 to 24 infected. More research is needed about HIV knowledge and behaviour to determine which adolescents and youth face the highest risk of infection.

## Promising Progress

- Early childbearing
- HIV prevalence

## Urgent Action

- Progression to secondary school, especially for males

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	8	
Per cent Youth 15-19	8	
Per cent Youth 20-24	8	
Per cent Adolescents and Youth 10-24	24	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	65 ●	76 ●
Out-of-School Adolescents (male, female)		
Gender Index Secondary Education	100 ●	

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	47 ●	34 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	31 ●	
Age at First Sex (male, female)		
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years		
20-24 years		

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)		
Sex Before Age 15		
15-19 years (male, female)		
20-24 years (male, female)		
Married by Age 15		
Married by Age 18		
Orphan Attendance Ratio		
Pediatric AIDS Infections (thousands)		
Female Genital Mutilation/Cutting		
15-19 years		
20-24 years		
Sexual Violence		
15-19 years		
20-24 years		

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)		
20-24 years (male, female)		
HIV Testing Behaviour		
15-19 years (male, female)		
20-24 years (male, female)		
Condom Use at Last High Risk Sex		
15-19 years (male, female)		
20-24 years (male, female)		
Multiple Partners		
15-19 years (male, female)		
20-24 years (male, female)		

# Mozambique

**Population.** In 2010, 32 per cent of Mozambique's population of 23.4 million was comprised of young people between 10 and 24 years of age. The number of young people is projected to increase to 10.8 million by 2025 and to 15 million by 2050.

**Education.** Compared to the rest of the region, progression to secondary school is low: Fifty-two per cent of female adolescents progress from primary to secondary school, while 49 per cent of males advance. However, some of these adolescents go on to complete their secondary education. Only 28 per cent of adolescent males of lower-secondary-school age do not attend school, but 40 per cent of adolescent females do not attend.

**Employment.** Labour force participation is high in Mozambique. Seventy-two per cent of young women aged 15 to 24 are looking for or have a job; 61 per cent of their male counterparts participate in the labour force.

**Sexual and reproductive health and rights.** In Mozambique, early childbearing is high with 12 per cent of female adolescents aged 15 to 19 giving birth each year. Only 6 per cent of married female adolescents use a modern method of contraception. This rate increases to 11 per cent among young women aged 20 to 24. Among young men and women aged 15 to 24, one in four was sexually active by age 15. Since adolescents rarely use contraception when having sex for the first time, younger adolescents face a greater risk of acquiring sexually transmitted infections or for girls, becoming pregnant.

**Gender equality and social protection.** Twenty-two per cent of children aged 5 to 14 are involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children.

**HIV.** HIV prevalence is high in Mozambique with 11.1 per cent of young women aged 15 to 24 infected. The rate among young men is 3.7 per cent. Certain behaviours continue to put them at risk. Twenty-five per cent of young men had multiple partners in the last year compared to just 3 per cent among young women. Among those who have been sexually active in the last 12 months, HIV testing is low for both young women and men at 23 per cent and 10 per cent, respectively. The number of pediatric AIDS infections is high at 130,000 cases, suggesting that efforts to provide HIV treatment, care, and support must start early in life to ensure a successful transition into adulthood.

## Promising Progress

- Child labour

## Urgent Action

- Progression to secondary school
- Sex before age 15
- HIV prevalence

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	12	
Per cent Youth 15-19	11	
Per cent Youth 20-24	9	
Per cent Adolescents and Youth 10-24	32	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	49 ●	52 ●
Out-of-School Adolescents (male, female)	28 ●	40 ●
Gender Index Secondary Education	87 ●	

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	61 ●	72 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	122 ●	
Age at First Sex (male, female)		
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years	6 ●	
20-24 years	11 ●	

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	21 ●	24 ●
Sex Before Age 15		
15-19 years (male, female)	27 ●	23 ●
20-24 years (male, female)	22 ●	27 ●
Married by Age 15		
Married by Age 18		
Orphan Attendance Ratio	83 ●	
Pediatric AIDS Infections (thousands)	130 ●	
Female Genital Mutilation/Cutting		
15-19 years		
20-24 years		
Sexual Violence		
15-19 years		
20-24 years		

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)	2.7 ●	7.1 ●
20-24 years (male, female)	5.0 ●	14.5 ●
HIV Testing Behaviour		
15-19 years (male, female)	8 ●	19 ●
20-24 years (male, female)	12 ●	26 ●
Condom Use at Last High Risk Sex		
15-19 years (male, female)	36 ●	42 ●
20-24 years (male, female)	45 ●	38 ●
Multiple Partners		
15-19 years (male, female)	18 ●	3 ●
20-24 years (male, female)	36 ●	3 ●

# Namibia

**Population.** In 2010, 33 per cent of Namibia's population of 2.3 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 840,000 by 2025 and to 858,000 by 2050.

**Education.** Compared to other countries in the region, progression to secondary school is relatively high: Eighty-three per cent of female adolescents progress from primary to secondary school; 80 per cent of males advance. In addition, fewer adolescents are out of school in Namibia compared to other countries. Thirteen per cent of adolescent males of lower-secondary-school age do not attend school; only 3 per cent of females do not attend. Namibia stands out as a country that has fewer females out of school compared to males.

**Employment.** Just 38 per cent of young women aged 15 to 24 are looking for or have a job while 42 per cent of young men participate in the labour force. This figure may reflect the fact that more youth are enrolled in secondary school or higher education.

**Sexual and reproductive health and rights.** In Namibia, 9 per cent of young women aged 20 to 24 were married by age 18. Early childbearing is relatively low with 5 per cent of female adolescents aged 15 to 19 giving birth each year. Thirty-nine per cent of married female adolescents use a modern method of contraception. This rate increases to 52 per cent among young women aged 20 to 24—one of the highest in the region.

**HIV.** HIV prevalence is high in Namibia with 2.3 per cent of young men and 5.8 per cent of young women aged 15 to 24 infected. Addressing certain risky behaviours can help reduce the risk of HIV infection. Four per cent of women reported having multiple partners in the last year. Meanwhile 22 per cent of men had multiple partners, one of the higher rates in sub-Saharan Africa. However, condom use at last high-risk sex is high among both young women and men at 64 per cent and 81 per cent, respectively—the highest rates in the region. Among those who have been sexually active in the last 12 months, HIV testing is low among men at 14 per cent; 33 per cent of women were tested.

## Promising Progress

- Progression to secondary school
- Condom use at high-risk sex
- Child marriage

## Urgent Action

- HIV prevalence
- HIV testing

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14		12
Per cent Youth 15-19		11
Per cent Youth 20-24		10
Per cent Adolescents and Youth 10-24		33

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	80 ●	83 ●
Out-of-School Adolescents (male, female)	13 ●	3 ●
Gender Index Secondary Education		118 ●

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	42 ●	38 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate		52 ●
Age at First Sex (male, female)	17.5 ●	18.3 ●
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years		39 ●
20-24 years		52 ●

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)		
Sex Before Age 15		
15-19 years (male, female)	19 ●	7 ●
20-24 years (male, female)	17 ●	7 ●
Married by Age 15		3 ●
Married by Age 18		9 ●
Orphan Attendance Ratio		100 ●
Pediatric AIDS Infections (thousands)		16 ●
Female Genital Mutilation/Cutting		
15-19 years		
20-24 years		
Sexual Violence		
15-19 years		
20-24 years		

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)		
20-24 years (male, female)		
HIV Testing Behaviour		
15-19 years (male, female)	10 ●	25 ●
20-24 years (male, female)	17 ●	39 ●
Condom Use at Last High Risk Sex		
15-19 years (male, female)	81 ●	67 ●
20-24 years (male, female)	81 ●	62 ●
Multiple Partners		
15-19 years (male, female)	17 ●	3 ●
20-24 years (male, female)	25 ●	5 ●

# Niger

**Population.** In 2010, 31 per cent of Niger's population of 15.5 million was comprised of young people between 10 and 24 years of age. The number of young people is projected to increase to 8.5 million by 2025 and to 17.7 million by 2050.

**Education.** Compared to the rest of the region, progression to secondary school is low: Sixty-three per cent of male adolescents progress from primary to secondary school; 59 per cent of females advance. In addition, a large proportion of adolescents do not complete their secondary education. Eighty-three per cent of adolescent females of lower-secondary-school age do not attend school; and nearly three out of every four adolescent males do not attend.

**Employment.** More than three of every four young men aged 15 to 24 are looking for or have a job. On the other hand, only 35 per cent of young women participate in the labour force. This gap may reflect cultural attitudes and expectations about women's role in public life and the labour force.

**Sexual and reproductive health and rights.** Thirty-six per cent of young women aged 20 to 24 in Niger were married by age 15—the highest rate of child marriage in sub-Saharan Africa. Early childbearing is also highest in Niger where nearly one in five female adolescents aged 15 to 19 gives birth each year. Only 2 per cent of currently married female adolescents use a modern method of contraception. The rate increases only slightly, to 5 per cent, among young women aged 20 to 24. And among the 15-to-24 age group, 30 per cent of young women were sexually active by age 15, compared to just 5 per cent of young men. This trend may be closely linked to the high rates of child marriage for young women.

**Gender equality and social protection.** Child labour remains high with 43 per cent of all children aged 5 to 14 involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children.

**HIV.** Although HIV prevalence is low in Niger, at about 1.0 per cent among youth aged 15 to 24, they are still at risk for infection due to certain risky behaviours. Among those in this age group who have been sexually active in the last 12 months, HIV testing is also alarmingly low, at 2 per cent for men and 1 per cent for women. Only 1 per cent of women had multiple partners in the last year, while 10 per cent of men had multiple partners. Condom use at last high-risk sex is twice as high among young men at 37 per cent, compared to young women at 18 per cent.

## Promising Progress

- HIV prevalence

## Urgent Action

- Progression to secondary school
- Child marriage and early childbearing
- Sex before age 15

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	13	
Per cent Youth 15-19	10	
Per cent Youth 20-24	8	
Per cent Adolescents and Youth 10-24	31	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	63 ●	59 ●
Out-of-School Adolescents (male, female)	74 ●	83 ●
Gender Index Secondary Education	66 ●	

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	80 ●	35 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	192 ●	
Age at First Sex (male, female)	21.6 ●	15.8 ●
Contraceptive Prevalence Rate, Modern Method, married female	2 ●	
15-19 years	2 ●	
20-24 years	5 ●	

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	43 ●	43 ●
Sex Before Age 15	5 ●	
15-19 years (male, female)	5 ●	26 ●
20-24 years (male, female)	5 ●	34 ●
Married by Age 15	36 ●	
Married by Age 18	75 ●	
Orphan Attendance Ratio	67 ●	
Pediatric AIDS Infections (thousands)	67 ●	
Female Genital Mutilation/Cutting	2 ●	
15-19 years	2 ●	
20-24 years	2 ●	
Sexual Violence	2 ●	
15-19 years	2 ●	
20-24 years	2 ●	

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence	1.0 ●	
15-19 years (male, female)	1.0 ●	
20-24 years (male, female)	1.0 ●	
HIV Testing Behaviour	2 ●	
15-19 years (male, female)	2 ●	1 ●
20-24 years (male, female)	2 ●	1 ●
Condom Use at Last High Risk Sex	37 ●	
15-19 years (male, female)	37 ●	18 ●
20-24 years (male, female)	42 ●	21 ●
Multiple Partners	10 ●	
15-19 years (male, female)	10 ●	0 ●
20-24 years (male, female)	7 ●	1 ●

# Nigeria

**Population.** In 2010, 31 per cent of Nigeria's population of 158.4 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 73 million by 2025 and to 116 million by 2050.

**Employment.** Compared to the rest of the region, labour force participation is low in Nigeria: Forty per cent of young men aged 15 to 24 are looking for or have a job, compared to 35 per cent among young women. These low rates could be the result of higher numbers of discouraged youth who are no longer working or actively seeking a job as well as cultural attitudes about the role of women in the labour force.

**Sexual and reproductive health and rights.** In Nigeria, 16 per cent of young women aged 20 to 24 were married by age 15. Early childbearing is high with 11 per cent of female adolescents aged 15 to 19 giving birth each year. Only 2 per cent of married female adolescents use a modern method of contraception. This rate increases to just 7 per cent among young women aged 20 to 24, suggesting that more efforts are needed to expand and improve married adolescents' access to quality family planning information and services. Among the 15-to-24 age group, 16 per cent of young women were sexually active by age 15, compared to 6 per cent of young men.

**Gender equality and social protection.** Child labour remains high with 29 per cent of children aged 5 to 14 involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children. Twenty-two per cent of female adolescents aged 15 to 19 have undergone the harmful traditional practice of female genital mutilation/cutting (FGM/C), suggesting that while Nigeria is making progress in reducing FGM/C, more efforts are needed to protect all girls.

**HIV.** HIV prevalence is relatively high in Nigeria with 1.2 per cent of young men and 2.9 per cent of women aged 15 to 24 infected. Certain sexual behaviours continue to put them at risk for infection. Condom use at last high-risk sex is low among young women at 36 per cent compared to 49 per cent for young men. Among those who have been sexually active in the last 12 months, HIV testing is low at 7 per cent among both young men and young women.

## Promising Progress

- Child marriage
- FGM/C

## Urgent Action

- Modern contraception use
- Condom use at last high risk sex
- HIV prevalence
- HIV testing

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14		12
Per cent Youth 15-19		10
Per cent Youth 20-24		9
Per cent Adolescents and Youth 10-24		31

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)		
Out-of-School Adolescents (male, female)		
Gender Index Secondary Education		88 ●

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	40 ●	35 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate		111 ●
Age at First Sex (male, female)	20.4 ●	18.2 ●
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years		2 ●
20-24 years		7 ●

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	29 ●	29 ●
Sex Before Age 15		
15-19 years (male, female)	6 ●	15 ●
20-24 years (male, female)	5 ●	16 ●
Married by Age 15		16 ●
Married by Age 18		39 ●
Orphan Attendance Ratio		117 ●
Pediatric AIDS Infections (thousands)		360 ●
Female Genital Mutilation/Cutting		
15-19 years		22 ●
20-24 years		26 ●
Sexual Violence		
15-19 years		7 ●
20-24 years		9 ●

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)		
20-24 years (male, female)		
HIV Testing Behaviour		
15-19 years (male, female)	7 ●	3 ●
20-24 years (male, female)	7 ●	9 ●
Condom Use at Last High Risk Sex		
15-19 years (male, female)	36 ●	29 ●
20-24 years (male, female)	55 ●	41 ●
Multiple Partners		
15-19 years (male, female)	15 ●	2 ●
20-24 years (male, female)	18 ●	2 ●

# Rwanda

**Population.** In 2010, 32 per cent of Rwanda's population of 10.6 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 5.1 million by 2025 and to 7.4 million by 2050.

**Education.** Compared to other countries in the region, progression to secondary school is promising: Seventy-two per cent of female adolescents progress from primary to secondary school; 73 per cent of males advance.

**Employment.** Labour force participation is high in Rwanda. Three in four young women aged 15 to 24 are looking for or have a job; 72 per cent of young men participate in the labour force.

**Sexual and reproductive health and rights.** In Rwanda, just 8 per cent of young women aged 20 to 24 were married by age 18. Early childbearing is low with 4 per cent of female adolescents aged 15 to 19 giving birth each year. Thirty-one per cent of married female adolescents use a modern method of contraception. This rate increases to 42 per cent among young women aged 20 to 24.

**Gender equality and social protection.** Child labour remains high with 35 per cent of children aged 5 to 14 involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children. Twenty-three per cent of young women aged 20 to 24 have experienced sexual violence. While there is still room for improvement, rates of modern contraceptive use are among the highest in sub-Saharan Africa.

**HIV.** HIV prevalence is relatively high in Rwanda with 1.5 per cent of women aged 15 to 24 infected but only 0.4 per cent of young men. The good news is condom use at last high-risk sex is relatively high among young men aged 15 to 24 at 62 per cent; 41 per cent of young women used a condom. Very few young men had multiple partners in the last year at 9 per cent; only 2 per cent of young women had multiple partners. Among those in this age group who have been sexually active in the last 12 months, HIV testing is the highest in the region at 55 per cent for men and 59 per cent for women.

## Promising Progress

- Progression to secondary school
- HIV testing
- Child marriage and early childbearing

## Urgent Action

- HIV prevalence
- Modern contraceptive use

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	12	
Per cent Youth 15-19	10	
Per cent Youth 20-24	11	
Per cent Adolescents and Youth 10-24	32	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	73 ●	72 ●
Out-of-School Adolescents (male, female)		
Gender Index Secondary Education	105 ●	

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	72 ●	75 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	35 ●	
Age at First Sex (male, female)	22 ●	
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years	31 ●	
20-24 years	42 ●	

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	36 ●	35 ●
Sex Before Age 15		
15-19 years (male, female)	13 ●	5 ●
20-24 years (male, female)	9 ●	3 ●
Married by Age 15	1 ●	
Married by Age 18	8 ●	
Orphan Attendance Ratio	82 ●	
Pediatric AIDS Infections (thousands)	22 ●	
Female Genital Mutilation/Cutting		
15-19 years		
20-24 years		
Sexual Violence		
15-19 years	12 ●	
20-24 years	23 ●	

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)	0.3 ●	0.8 ●
20-24 years (male, female)	0.5 ●	2.4 ●
HIV Testing Behaviour		
15-19 years (male, female)	37 ●	59 ●
20-24 years (male, female)	58 ●	59 ●
Condom Use at Last High Risk Sex		
15-19 years (male, female)	53 ●	42 ●
20-24 years (male, female)	65 ●	40 ●
Multiple Partners		
15-19 years (male, female)	8 ●	4 ●
20-24 years (male, female)	9 ●	2 ●

# Sao Tome and Principe

**Population.** In 2010, 34 per cent of Sao Tome and Principe's population of 165,000 consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 67,000 by 2025 and to 74,000 by 2050.

**Education.** Compared to other countries in the region, progression to secondary school is promising: Seventy per cent of female adolescents progress from primary to secondary school; 65 per cent of males advance. In addition, a large proportion of adolescents go on to complete their secondary education. Only thirteen per cent of adolescent males of lower-secondary-school age do not attend school; 15 per cent of females are out of school. Efforts to improve secondary school retention and completion rates should be targeted at both males and females.

**Employment.** Only 27 per cent of young women aged 15 to 24 are looking for or have a job while, in contrast, 54 per cent of young men participate in the labour force.

**Sexual and reproductive health and rights.** In Sao Tome and Principe, 34 per cent of young women aged 20 to 24 were married by age 18. Early childbearing is low with 5 per cent of female adolescents aged 15 to 19 giving birth each year. Twenty-one per cent of married female adolescents use a modern method of contraception. This rate increases to 37 per cent among young women aged 20 to 24. While Sao Tome and Principe has made progress in increasing contraceptive use, more efforts are needed to ensure all young women—especially female adolescents who face a higher risk of death and complications due to childbearing—can access and use contraception.

**Gender equality and social protection.** Child labour is low with just 8 per cent of children aged 5 to 14 involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children. Fifteen per cent of young women aged 20 to 24 have experienced sexual violence.

**HIV.** Addressing certain risky behaviours can help reduce the risk of HIV infection. Just 3 per cent of young women aged 15 to 24 had multiple partners in the last year, while 21 per cent of men reported having multiple partners. However, condom use at last high-risk sex is high among both young women and men at 54 per cent and 64 per cent, respectively. Among those who have been sexually active in the last 12 months, HIV testing is low among men at 21 per cent; on the other hand, 42 per cent of women were tested.

## Promising Progress

- Progression to secondary school
- Early childbearing
- Condom use at high-risk sex

## Urgent Action

- HIV testing

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	13	
Per cent Youth 15-19	11	
Per cent Youth 20-24	10	
Per cent Adolescents and Youth 10-24	34	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	65 ●	70 ●
Out-of-School Adolescents (male, female)	13 ●	15 ●
Gender Index Secondary Education	115 ●	

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	54 ●	27 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	54 ●	
Age at First Sex (male, female)	17.5 ●	17.8 ●
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years	21 ●	
20-24 years	37 ●	

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	8 ●	7 ●
Sex Before Age 15		
15-19 years (male, female)	12 ●	10 ●
20-24 years (male, female)	13 ●	8 ●
Married by Age 15	5 ●	
Married by Age 18	34 ●	
Orphan Attendance Ratio		
Pediatric AIDS Infections (thousands)		
Female Genital Mutilation/Cutting		
15-19 years		
20-24 years		
Sexual Violence		
15-19 years	9 ●	
20-24 years	15 ●	

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)	0.8 ●	0.6 ●
20-24 years (male, female)	0.2 ●	1.4 ●
HIV Testing Behaviour		
15-19 years (male, female)	12 ●	31 ●
20-24 years (male, female)	27 ●	48 ●
Condom Use at Last High Risk Sex		
15-19 years (male, female)	65 ●	54 ●
20-24 years (male, female)	62 ●	55 ●
Multiple Partners		
15-19 years (male, female)	8 ●	3 ●
20-24 years (male, female)	23 ●	2 ●



# Senegal

**Population.** In 2010, 33 per cent of Senegal's population of 12.4 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 5.9 million by 2025 and to 8.1 million by 2050.

**Education.** Compared to other countries in the region, progression to secondary school is promising: Sixty-six per cent of female adolescents progress from primary to secondary school; 71 per cent of males advance. However, a large proportion of adolescents do not complete their secondary education. Sixty-four per cent of adolescent males of lower-secondary-school age are out of school; 70 per cent of females do not attend. These figures suggest that broad efforts are needed to improve secondary school retention and completion rates among both males and females.

**Employment.** Fifty-three per cent of young women aged 15 to 24 are looking for or have a job; 80 per cent of young men participate in the labour force, among the highest in the region.

**Sexual and reproductive health and rights.** In Senegal, 33 per cent of young women aged 20 to 24 were married by age 18. While child marriage is on the decline, many girls remain at risk. Early childbearing is high with 9 per cent of female adolescents aged 15 to 19 giving birth each year. Six per cent of married female adolescents use a modern method of contraception. This rate increases to 9 per cent among young women aged 20 to 24. Improving contraceptive use among female adolescents is key to ensuring the health of mothers and children.

**Gender equality and social protection.** Child labour remains high with 22 per cent of children aged 5 to 14 involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children. Nearly one in four young women aged 15 to 19 has undergone the harmful traditional practice of female genital mutilation/cutting (FGM/C). Unfortunately, there is almost no difference between females aged 15 to 19 that experienced FGM/C and females aged 20 to 24.

**HIV.** HIV prevalence is relatively low in Senegal with 0.1 per cent of young men and 0.3 per cent of women aged 15 to 24 infected. However, certain behaviours can continue to put them at risk for infection. Condom use at last high-risk sex is low among young women at 42 per cent; 64 per cent of young men used a condom. Among those who have been sexually active in the last 12 months, HIV testing is low at 11 per cent for men and 19 per cent for women. These behaviours suggest that although HIV prevalence is low, the epidemic could expand rapidly among young people.

## Promising Progress

- Progression to secondary school
- HIV prevalence

## Urgent Action

- Modern contraception use
- FGM/C

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	13	
Per cent Youth 15-19	11	
Per cent Youth 20-24	10	
Per cent Adolescents and Youth 10-24	33	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	71 ●	66 ●
Out-of-School Adolescents (male, female)	64 ●	70 ●
Gender Index Secondary Education	88 ●	

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	80 ●	53 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	88 ●	
Age at First Sex (male, female)	22 ●	19.8 ●
Contraceptive Prevalence Rate, Modern Method, married female	6 ●	
15-19 years	9 ●	
20-24 years	9 ●	

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	24 ●	21 ●
Sex Before Age 15	6 ●	
15-19 years (male, female)	6 ●	10 ●
20-24 years (male, female)	3 ●	12 ●
Married by Age 15	12 ●	
Married by Age 18	33 ●	
Orphan Attendance Ratio	83 ●	
Pediatric AIDS Infections (thousands)	83 ●	
Female Genital Mutilation/Cutting	24 ●	
15-19 years	24 ●	
20-24 years	24 ●	
Sexual Violence	12 ●	
15-19 years	12 ●	
20-24 years	12 ●	

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence	0.1 ●	
15-19 years (male, female)	0.0 ●	0.2 ●
20-24 years (male, female)	0.1 ●	0.5 ●
HIV Testing Behaviour	11 ●	
15-19 years (male, female)	9 ●	15 ●
20-24 years (male, female)	12 ●	21 ●
Condom Use at Last High Risk Sex	42 ●	
15-19 years (male, female)	56 ●	38 ●
20-24 years (male, female)	68 ●	45 ●
Multiple Partners	1 ●	
15-19 years (male, female)	12 ●	1 ●
20-24 years (male, female)	12 ●	1 ●

# Seychelles

**Population.** In 2010, Seychelles' population stood at 87,000.

**Education.** Progression to secondary school is the highest in the region: Ninety-eight per cent of adolescents progress from primary to secondary school.

## Promising Progress

- Progression to secondary school

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

## Population

### Most Recent

MALE FEMALE

Per cent Adolescents 10-14  
 Per cent Youth 15-19  
 Per cent Youth 20-24  
 Per cent Adolescents and Youth 10-24

## Education

### Most Recent

MALE FEMALE

Progression to Secondary School  
 (male, female) 98 ● 98 ●  
 Out-of-School Adolescents (male, female)  
 Gender Index Secondary Education 109 ●

## Employment

### Most Recent

MALE FEMALE

Labour Force Participation (male, female)

## Sexual and Reproductive Health

### Most Recent

MALE FEMALE

Adolescent Fertility Rate  
 Age at First Sex (male, female)  
 Contraceptive Prevalence Rate,  
 Modern Method, married female  
 15-19 years  
 20-24 years

## Gender and Social Protection

### Most Recent

MALE FEMALE

Child Labour (male, female)  
 Sex Before Age 15  
 15-19 years (male, female)  
 20-24 years (male, female)  
 Married by Age 15  
 Married by Age 18  
 Orphan Attendance Ratio  
 Pediatric AIDS Infections (thousands)  
 Female Genital Mutilation/Cutting  
 15-19 years  
 20-24 years  
 Sexual Violence  
 15-19 years  
 20-24 years

## HIV/AIDS

### Most Recent

MALE FEMALE

HIV Prevalence  
 15-19 years (male, female)  
 20-24 years (male, female)  
 HIV Testing Behaviour  
 15-19 years (male, female)  
 20-24 years (male, female)  
 Condom Use at Last High Risk Sex  
 15-19 years (male, female)  
 20-24 years (male, female)  
 Multiple Partners  
 15-19 years (male, female)  
 20-24 years (male, female)

# Sierra Leone

**Population.** In 2010, 32 per cent of Sierra Leone's population of 5.9 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 2.6 million by 2025 and to 3.1 million by 2050.

**Employment.** Only 40 per cent of young men aged 15 to 24 are looking for or have a job, while nearly half of young women participate in the labour force, suggesting young women have a greater economic need to find a job.

**Sexual and reproductive health and rights.** In Sierra Leone, 44 per cent of young women aged 20 to 24 were married by age 18. Early childbearing is high with 10 per cent of female adolescents aged 15 to 19 giving birth each year. Delaying marriage and childbearing should be a priority to improve the health and wellbeing of adolescent girls and young women. In addition, contraceptive use is among the lowest in the region; only 1 per cent of married female adolescents use a modern method of contraception. This rate increases to just 5 per cent among young women aged 20 to 24.

**Gender equality and social protection.** Child labour remains high with 48 per cent of children aged 5 to 14 involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children. Seventy per cent of adolescent females aged 15 to 19 have undergone the harmful traditional practice of female genital mutilation/cutting, one of the highest rates in sub-Saharan Africa.

**HIV.** HIV prevalence rates in Sierra Leone are 1.4 per cent among young women 15 to 24 and 0.5 per cent among young men. However, engaging in certain behaviours continues to put them at risk of infection. Condom use at last high-risk sex is low for the region at 10 per cent among young women and 22 per cent among young men. Nineteen per cent of young men had multiple partners in the last year, compared to only 6 per cent for women. HIV testing is also lagging at 6 per cent among young women and 2 per cent among young men, the lowest rate in the region. The infrequent use of condoms during high-risk sex and low rates of HIV testing suggest the epidemic could expand rapidly.

## Promising Progress

- HIV prevalence

## Urgent Action

- Child marriage and early childbearing
- Modern contraception use
- FGM/C

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14		12
Per cent Youth 15-19		10
Per cent Youth 20-24		9
Per cent Adolescents and Youth 10-24		32

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)		
Out-of-School Adolescents (male, female)		
Gender Index Secondary Education		

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	40 ●	49 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate		100 ●
Age at First Sex (male, female)	18.4 ●	16.2 ●
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years		1 ●
20-24 years		5 ●

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	49 ●	48 ●
Sex Before Age 15		
15-19 years (male, female)	11 ●	22 ●
20-24 years (male, female)	11 ●	27 ●
Married by Age 15		18 ●
Married by Age 18		44 ●
Orphan Attendance Ratio	62 ●	
Pediatric AIDS Infections (thousands)	3 ●	
Female Genital Mutilation/Cutting		
15-19 years		70 ●
20-24 years		87 ●
Sexual Violence		
15-19 years		
20-24 years		

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)	0.0 ●	1.3 ●
20-24 years (male, female)	1.3 ●	1.5 ●
HIV Testing Behaviour		
15-19 years (male, female)	1 ●	4 ●
20-24 years (male, female)	3 ●	7 ●
Condom Use at Last High Risk Sex		
15-19 years (male, female)	15 ●	8 ●
20-24 years (male, female)	28 ●	12 ●
Multiple Partners		
15-19 years (male, female)	12 ●	7 ●
20-24 years (male, female)	23 ●	6 ●

# South Africa

**Population.** In 2010, 30 per cent of South Africa's population of 50.1 million consisted of young people between 10 and 24 years of age. The number of young people is projected to decrease to 14.6 million by 2025 and to 12.9 million by 2050.

**Education.** Fewer adolescents are out of school in South Africa compared to other countries in the region. Only 3 per cent of adolescent males of lower-secondary-school age do not attend school; 2 per cent of females do not attend.

**Employment.** Labour force participation is low in South Africa. Twenty-four per cent of young women aged 15 to 24 are looking for or have a job; 29 per cent of young men participate in the labour force. These figures could reflect the fact that more youth are enrolled in secondary and higher education, and therefore are not looking for a job.

**Sexual and reproductive health and rights.** In South Africa, early childbearing is low with 5 per cent of female adolescents aged 15 to 19 giving birth each year.

**HIV.** HIV prevalence is high in South Africa with 4.5 per cent of young men and 13.6 per cent of women aged 15 to 24 infected. Certain risky behaviours can continue to put them at risk for infection. In addition, there are 330,000 cases of children aged 0 to 14 living with HIV. Efforts to provide HIV treatment, care, and support must start early in life to ensure a successful transition into adulthood.

## Promising Progress

- Early childbearing
- Out-of-school adolescents

## Urgent Action

- HIV prevalence
- Pediatric AIDS infections

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	10	
Per cent Youth 15-19	10	
Per cent Youth 20-24	10	
Per cent Adolescents and Youth 10-24	30	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)		
Out-of-School Adolescents (male, female)	3 ●	2 ●
Gender Index Secondary Education	105 ●	

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	29 ●	24 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	50 ●	
Age at First Sex (male, female)		
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years		
20-24 years		

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)		
Sex Before Age 15		
15-19 years (male, female)		
20-24 years (male, female)		
Married by Age 15		
Married by Age 18		
Orphan Attendance Ratio		
Pediatric AIDS Infections (thousands)	330 ●	
Female Genital Mutilation/Cutting		
15-19 years		
20-24 years		
Sexual Violence		
15-19 years		
20-24 years		

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)		
20-24 years (male, female)		
HIV Testing Behaviour		
15-19 years (male, female)		
20-24 years (male, female)		
Condom Use at Last High Risk Sex		
15-19 years (male, female)		
20-24 years (male, female)		
Multiple Partners		
15-19 years (male, female)		
20-24 years (male, female)		

# Swaziland

**Population.** In 2010, 37 per cent of Swaziland's population of 1.2 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 448,000 by 2025 but then decrease to 439,000 by 2050.

**Education.** Compared to other countries in the region, progression to secondary school is high: Ninety-two per cent of female adolescents progress from primary to secondary school while 90 per cent of males advance. Swaziland is well on its way to ensuring all children complete primary school and start secondary school. However, a proportion of adolescents do not complete their secondary education. Thirty-three per cent of adolescents of lower-secondary-school age are not in school, suggesting that more efforts are needed to promote retention and completion at the secondary level.

**Employment.** Fifty-two per cent of young men aged 15 to 24 are looking for or have a job; only 37 per cent of their female counterparts participate in the labour force.

**Sexual and reproductive health and rights.** In Swaziland, only 7 per cent of young women aged 20 to 24 were married by age 18, one of the lowest rates in sub-Saharan Africa. Early childbearing, however, is moderately high with 7 per cent of female adolescents aged 15 to 19 giving birth each year. Forty-three per cent of married female adolescents use a modern method of contraception. This rate increases to 45 per cent among young women aged 20 to 24 and is among the highest in the region.

**Gender equality and social protection.** Child labour is low with 9 per cent of children aged 5 to 14 involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children.

**HIV.** HIV prevalence in Swaziland is the highest in the region with 5.9 per cent of young men and 22.7 per cent of women aged 15 to 24 infected. Certain behaviours can continue to put them at risk for infection. While only 4 per cent of women had multiple partners in the last year, the rate among men was 29 per cent. Condom use at last high-risk sex is higher among young men at 70 per cent compared to 54 per cent for young women. More young women need the knowledge and skills to negotiate condom use to prevent HIV infection; at the same time, young men need to consistently use condoms to protect their health and the health of their partners. In addition, among those who have been sexually active in the last 12 months, HIV testing is low at 7 per cent for men and 28 per cent for women. Considering Swaziland is a high-prevalence country, young people who engage in risky sexual behaviour must be tested regularly.

## Promising Progress

- Progression to secondary school
- Condom use at high-risk sex

## Urgent Action

- HIV prevalence
- HIV testing

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	13	
Per cent Youth 15-19	13	
Per cent Youth 20-24	12	
Per cent Adolescents and Youth 10-24	37	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	90 ●	92 ●
Out-of-School Adolescents (male, female)	31 ●	34 ●
Gender Index Secondary Education	100 ●	

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	52 ●	37 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	66 ●	
Age at First Sex (male, female)	19.3 ●	18.2 ●
Contraceptive Prevalence Rate, Modern Method, married female	43 ●	
15-19 years	43 ●	
20-24 years	45 ●	

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	9 ●	9 ●
Sex Before Age 15	7 ●	
15-19 years (male, female)	5 ●	7 ●
20-24 years (male, female)	5 ●	6 ●
Married by Age 15	1 ●	
Married by Age 18	7 ●	
Orphan Attendance Ratio	99 ●	
Pediatric AIDS Infections (thousands)	14 ●	
Female Genital Mutilation/Cutting	15-19 years	
20-24 years		
Sexual Violence	15-19 years	
20-24 years		

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence	10.1 ●	
15-19 years (male, female)	1.9 ●	10.1 ●
20-24 years (male, female)	12.3 ●	38.4 ●
HIV Testing Behaviour	31 ●	
15-19 years (male, female)	4 ●	23 ●
20-24 years (male, female)	7 ●	31 ●
Condom Use at Last High Risk Sex	55 ●	
15-19 years (male, female)	69 ●	52 ●
20-24 years (male, female)	70 ●	55 ●
Multiple Partners	4 ●	
15-19 years (male, female)	26 ●	4 ●
20-24 years (male, female)	30 ●	4 ●

# United Republic of Tanzania

**Population.** In 2010, 32 per cent of Tanzania's population of 44.8 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 22.9 million by 2025 and to 43.1 million by 2050.

**Education.** Compared to the rest of the region, progression to secondary school is low: Thirty-seven per cent of female adolescents progress from primary to secondary school, while 45 per cent of males advance.

**Employment.** Labour force participation is high in Tanzania. Eighty-one per cent of both young women and men aged 15 to 24 are looking for or have a job. These high participation rates may reflect young people's need to engage in economic activity, regardless of the types of jobs that are available.

**Sexual and reproductive health and rights.** In Tanzania, 37 per cent of young women aged 20 to 24 were married by age 18, a moderate rate compared to the rest of sub-Saharan Africa. Early childbearing is high with 13 per cent of female adolescents aged 15 to 19 giving birth each year. Only 12 per cent of married female adolescents use a modern method of contraception. This rate increases to 24 per cent among young women aged 20 to 24, suggesting that female adolescents need greater access to family planning information and services to delay childbearing. Among the 15-to-24 age group, 13 per cent of young women were sexually active by age 15, compared to 7 per cent of young men. This early sexual activity is often associated with child marriage.

**Gender equality and social protection.** Nineteen per cent of young women aged 20 to 24 have experienced sexual violence and 11 per cent have undergone the harmful traditional practice of female genital mutilation/cutting.

**HIV.** HIV prevalence is relatively high in Tanzania with 3.6 per cent of young women aged 15 to 24 infected. The rate among young men is 1.1 per cent. Certain behaviours continue to put them at risk for infection. Twenty-eight per cent of young men had multiple partners in the last year, while only 5 per cent of women reported having multiple partners. Among those who have been sexually active in the last 12 months, HIV testing is low, at 25 per cent for young men; 39 per cent of young women were tested. Considering that Tanzania has higher rates of HIV infection compared to other countries in sub-Saharan Africa, more efforts are needed to encourage young people who engage in risky sexual behaviour to be tested regularly.

## Promising Progress

- Child marriage

## Urgent Action

- Progression to secondary school
- Early childbearing

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	12	
Per cent Youth 15-19	11	
Per cent Youth 20-24	9	
Per cent Adolescents and Youth 10-24	32	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	45 ●	37 ●
Out-of-School Adolescents (male, female)		
Gender Index Secondary Education		

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	81 ●	81 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	128 ●	
Age at First Sex (male, female)	18.2 ●	17.4 ●
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years	12 ●	
20-24 years	24 ●	

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)		
Sex Before Age 15		
15-19 years (male, female)	8 ●	11 ●
20-24 years (male, female)	6 ●	15 ●
Married by Age 15	7 ●	
Married by Age 18	37 ●	
Orphan Attendance Ratio	90 ●	
Pediatric AIDS Infections (thousands)	160 ●	
Female Genital Mutilation/Cutting		
15-19 years	7 ●	
20-24 years	11 ●	
Sexual Violence		
15-19 years	13 ●	
20-24 years	19 ●	

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)	0.7 ●	1.3 ●
20-24 years (male, female)	1.7 ●	6.3 ●
HIV Testing Behaviour		
15-19 years (male, female)	15 ●	35 ●
20-24 years (male, female)	32 ●	40 ●
Condom Use at Last High Risk Sex		
15-19 years (male, female)	46 ●	49 ●
20-24 years (male, female)	55 ●	48 ●
Multiple Partners		
15-19 years (male, female)	24 ●	5 ●
20-24 years (male, female)	30 ●	6 ●

# Togo

**Population.** In 2010, 33 per cent of Togo's population of 6 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to 2.4 million by 2025 and to 2.8 million by 2050.

**Education.** Compared to other countries in the region, progression to secondary school is promising: Sixty-seven per cent of female adolescents progress from primary to secondary school; 73 per cent of males advance. However, many adolescents are out of school. Twenty-six per cent of adolescent males of lower-secondary-school age do not attend school; 49 per cent of females do not attend. Clearly, more efforts are needed to address secondary school retention and completion rates, especially for females.

**Employment.** Labour force participation is high in Togo. Sixty-eight per cent of young women aged 15 to 24 are looking for or have a job; 64 per cent of young men participate in the labour force.

**Sexual and reproductive health and rights.** In Togo, 25 per cent of young women aged 20 to 24 were married by age 18. Early childbearing is relatively low with 5 per cent of female adolescents aged 15 to 19 giving birth each year. Twelve per cent of married female adolescents use a modern method of contraception. This rate remains the same among young women aged 20 to 24. Increasing access to quality family planning services is critical to help female adolescents delay childbearing and to promote safe motherhood.

**Gender equality and social protection.** Child labour remains high with 47 per cent of children aged 5 to 14 involved in child labour, which includes economic activity or household chores such as cooking, cleaning or caring for children. This rate is one of the highest in sub-Saharan Africa and threatens education and employment opportunities for adolescents and youth later in life.

**HIV.** HIV prevalence is moderately high in Togo with 0.9 per cent of young men and 2.2 per cent of women aged 15 to 24 infected. While condom use at last high-risk sex is high among young women at 50 per cent, more information is needed about the sexual behaviours of males. While there are 11,000 cases of children aged 0 to 14 living with HIV—one of the lowest figures in sub-Saharan Africa—policymakers should address the needs of adolescents and youth living with HIV to prevent the spread of the epidemic and ensure they can make a healthy transition during this phase of life.

## Promising Progress

- Progression to secondary school
- Child marriage and early childbearing

## Urgent Action

- Child labour
- Out-of-school adolescents

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	12	
Per cent Youth 15-19	11	
Per cent Youth 20-24	10	
Per cent Adolescents and Youth 10-24	33	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	73 ●	67 ●
Out-of-School Adolescents (male, female)	26 ●	49 ●
Gender Index Secondary Education	53 ●	

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	64 ●	68 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	53 ●	
Age at First Sex (male, female)		
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years	12 ●	
20-24 years	12 ●	

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)	44 ●	49 ●
Sex Before Age 15		
15-19 years (male, female)		
20-24 years (male, female)		
Married by Age 15	6 ●	
Married by Age 18	25 ●	
Orphan Attendance Ratio	94 ●	
Pediatric AIDS Infections (thousands)	11 ●	
Female Genital Mutilation/Cutting		
15-19 years	1 ●	
20-24 years	2 ●	
Sexual Violence		
15-19 years		
20-24 years		

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)		
20-24 years (male, female)		
HIV Testing Behaviour		
15-19 years (male, female)		
20-24 years (male, female)		
Condom Use at Last High Risk Sex		
15-19 years (male, female)		
20-24 years (male, female)		
Multiple Partners		
15-19 years (male, female)		
20-24 years (male, female)		

# Uganda

**Population.** In 2010, 33 per cent of Uganda's population of 33.4 million was comprised of young people between 10 and 24 years of age. The number of young people is projected to increase to 17.9 million by 2025 and to 29.5 million by 2050.

**Education.** Progression rates from primary to secondary school are low with 58 per cent of female adolescents advancing; 60 per cent of their male counterparts advance. However, the proportion of out-of-school adolescents is relatively low compared to other countries in sub-Saharan Africa. Only 21 per cent of adolescent females of lower-secondary-school age do not attend school; 19 per cent of adolescent males do not attend.

**Employment.** Labour force participation is promising in Uganda. Sixty per cent of young men and women aged 15 to 24 are looking for or have a job.

**Sexual and reproductive health and rights.** In Uganda, 46 per cent of young women aged 20 to 24 were married by age 18. Early childbearing is also high with 12 per cent of female adolescents aged 15 to 19 giving birth each year. Thirteen per cent of married female adolescents use a modern method of contraception. This rate increases to 20 per cent among young women aged 20 to 24. Sixteen per cent of young women aged 15 to 24 were sexually active by age 15, compared to 12 per cent among young men.

**Gender equality and social protection.** Forty-one per cent of young women aged 20 to 24 have experienced sexual violence—the highest rate in the region. Sexual violence is a violation of human rights and requires immediate attention in Uganda.

**HIV.** HIV prevalence is high in Uganda with 4.8 per cent of young women aged 15 to 24 infected. The rate among young men is 2.3 per cent. Compared to other countries in the region, fewer young people are having sex with multiple partners. Nine per cent of males aged 15 to 24 years had multiple partners in the last year compared to two per cent of females. However, certain behaviours continue to put them at risk. Condom use at last high-risk sex in this age group is 55 per cent among young men, but only 38 per cent among young women. Among those who have been sexually active in the last 12 months, HIV testing is high for both young women and men at 53 per cent and 32 per cent, respectively. The number of pediatric AIDS infections is high with 150,000 cases. Expanding HIV testing, care, and treatment as well as social support networks is crucial, especially during the very young adolescent years (10 to 14 years) to protect the health and wellbeing of children living with HIV and prevent the further spread of the epidemic.

## Promising Progress

- Condom use at last high-risk sex

## Urgent Action

- Child marriage and early childbearing
- Progression to secondary school
- HIV prevalence
- Sexual violence

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	13	
Per cent Youth 15-19	11	
Per cent Youth 20-24	9	
Per cent Adolescents and Youth 10-24	33	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	60 ●	58 ●
Out-of-School Adolescents (male, female)	19 ●	21 ●
Gender Index Secondary Education	85 ●	

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	60 ●	60 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	124 ●	
Age at First Sex (male, female)	16.9 ●	
Contraceptive Prevalence Rate, Modern Method, married female	13 ●	
15-19 years	13 ●	
20-24 years	20 ●	

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)		
Sex Before Age 15		
15-19 years (male, female)	14 ●	12 ●
20-24 years (male, female)	10 ●	20 ●
Married by Age 15	12 ●	
Married by Age 18	46 ●	
Orphan Attendance Ratio	96 ●	
Pediatric AIDS Infections (thousands)	150 ●	
Female Genital Mutilation/Cutting		
15-19 years	1 ●	
20-24 years	1 ●	
Sexual Violence		
15-19 years	21 ●	
20-24 years	41 ●	

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)	0.3 ●	2.6 ●
20-24 years (male, female)	2.4 ●	6.3 ●
HIV Testing Behaviour		
15-19 years (male, female)	26 ●	49 ●
20-24 years (male, female)	36 ●	55 ●
Condom Use at Last High Risk Sex		
15-19 years (male, female)	46 ●	36 ●
20-24 years (male, female)	62 ●	41 ●
Multiple Partners		
15-19 years (male, female)	5 ●	2 ●
20-24 years (male, female)	15 ●	3 ●



# Zambia

**Population.** In 2010, 33 per cent of Zambia's population of 13.1 million was comprised of young people between 10 and 24 years of age. The number of young people is projected to increase to 6.9 million by 2025 and to 14.8 million by 2050.

**Education.** Progression rates from primary to secondary school are promising with 68 per cent of female adolescents advancing; 65 per cent of their male counterparts advance.

**Employment.** Labour force participation is relatively high in Zambia. Seventy-one per cent of young men aged 15 to 24 are looking for or have a job while 65 per cent of young women participate in the labour force. This phenomenon could reflect fewer education opportunities for youth at the secondary and tertiary level. At the same time, economic need could push male and female youth into the labour market regardless of the types of the jobs available to them.

**Sexual and reproductive health and rights.** In Zambia, 42 per cent of young women aged 20 to 24 were married by age 18. Early childbearing is also high with 14 per cent of female adolescents aged 15 to 19 giving birth each year. Twenty-two per cent of married female adolescents use a modern method of contraception. This rate increases to 34 per cent among young women aged 20 to 24. Fourteen per cent of young women aged 15 to 24 were sexually active by age 15, compared to 16 per cent among young men.

**Gender equality and social protection.** Sixteen per cent of female adolescents aged 15 to 19 have experienced sexual violence—one of the highest rates in the region.

**HIV.** HIV prevalence is high in Zambia with 8.5 per cent of young women aged 15 to 24 infected. The rate among young men is 4.3 per cent. The incidence of multiple partners in the last year is relatively low in this age group at 19 per cent among young men and only 3 per cent among young women. However, certain behaviours continue to put them at risk. Among those who have been sexually active in the last 12 months, HIV testing is low for both young women and men at 23 per cent and 13 per cent, respectively. The number of pediatric AIDS infections is high with 120,000 cases, suggesting that efforts to support young people living with HIV must start early in childhood.

## Promising Progress

- Modern contraception use
- Multiple sex partners, particularly among young women

## Urgent Action

- Child marriage and early childbearing
- Sexual violence
- HIV prevalence

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14	13	
Per cent Youth 15-19	11	
Per cent Youth 20-24	9	
Per cent Adolescents and Youth 10-24	33	

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)	65 ●	68 ●
Out-of-School Adolescents (male, female)		
Gender Index Secondary Education		

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	71 ●	65 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate	138 ●	
Age at First Sex (male, female)	17.9 ●	17.2 ●
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years	22 ●	
20-24 years	34 ●	

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)		
Sex Before Age 15		
15-19 years (male, female)	16 ●	12 ●
20-24 years (male, female)	16 ●	15 ●
Married by Age 15	9 ●	
Married by Age 18	42 ●	
Orphan Attendance Ratio	92 ●	
Pediatric AIDS Infections (thousands)	120 ●	
Female Genital Mutilation/Cutting		
15-19 years		
20-24 years		
Sexual Violence		
15-19 years	16 ●	
20-24 years	21 ●	

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)	3.6 ●	5.7 ●
20-24 years (male, female)	5.1 ●	11.8 ●
HIV Testing Behaviour		
15-19 years (male, female)	11 ●	20 ●
20-24 years (male, female)	15 ●	24 ●
Condom Use at Last High Risk Sex		
15-19 years (male, female)	42 ●	36 ●
20-24 years (male, female)	52 ●	41 ●
Multiple Partners		
15-19 years (male, female)	15 ●	5 ●
20-24 years (male, female)	22 ●	1 ●

# Zimbabwe

**Population.** In 2010, 33 per cent of Zimbabwe's population of 12.6 million consisted of young people between 10 and 24 years of age. The number of young people is projected to increase to approximately 5 million by 2025 and remain in the same range in 2050.

**Employment.** Labour force participation is among the highest in the region in Zimbabwe. Seventy-seven per cent of young women aged 15 to 24 are looking for or have a job; 82 per cent of young men participate in the labour force. Economic need may push more youth into the labour force, regardless of the quality of jobs available to them.

**Sexual and reproductive health and rights.** In Zimbabwe, 31 per cent of young women aged 20 to 24 were married by age 18. Early childbearing is relatively low with 5 per cent of female adolescents aged 15 to 19 giving birth each year. Thirty-five per cent of married female adolescents use a modern method of contraception. This rate increases to 59 per cent among young women aged 20 to 24—the highest in the region.

**HIV.** HIV prevalence is high in Zimbabwe with 3.6 per cent of young men and 7.3 per cent of women aged 15 to 24 infected. Certain behaviours can continue to put them at risk for infection. Condom use at last high-risk sex is high among young men at 74 per cent; but among young women the rate is only 48 per cent, suggesting that more efforts are needed to increase young women's skills to negotiate condom use. The incidence of multiple partners varies by sex: Only 2 per cent of sexually active women had multiple partners while 21 per cent of men had multiple partners. Among those in this age group who have been sexually active in the last 12 months, HIV testing is low for young men at 24 per cent, but relatively high for young women at 45 per cent—probably done during antenatal care. In addition, there are 150,000 cases of children aged 0 to 14 living with HIV.

## Promising Progress

- Progression to secondary school
- Condom use at high-risk sex

## Urgent Action

- HIV prevalence
- HIV testing

Access data on interactive map:  
[www.prb.org/Reports/2012/status-report-youth.aspx](http://www.prb.org/Reports/2012/status-report-youth.aspx)

Population	Most Recent	
	MALE	FEMALE
Per cent Adolescents 10-14		13
Per cent Youth 15-19		13
Per cent Youth 20-24		12
Per cent Adolescents and Youth 10-24		37

Education	Most Recent	
	MALE	FEMALE
Progression to Secondary School (male, female)		
Out-of-School Adolescents (male, female)		
Gender Index Secondary Education		

Employment	Most Recent	
	MALE	FEMALE
Labour Force Participation (male, female)	82 ●	77 ●

Sexual and Reproductive Health	Most Recent	
	MALE	FEMALE
Adolescent Fertility Rate		52 ●
Age at First Sex (male, female)	20.6 ●	18.9 ●
Contraceptive Prevalence Rate, Modern Method, married female		
15-19 years		35 ●
20-24 years		59 ●

Gender and Social Protection	Most Recent	
	MALE	FEMALE
Child Labour (male, female)		
Sex Before Age 15		
15-19 years (male, female)	4 ●	4 ●
20-24 years (male, female)	4 ●	4 ●
Married by Age 15		4 ●
Married by Age 18		31 ●
Orphan Attendance Ratio		95 ●
Pediatric AIDS Infections (thousands)		150 ●
Female Genital Mutilation/Cutting		
15-19 years		
20-24 years		
Sexual Violence		
15-19 years		18 ●
20-24 years		30 ●

HIV/AIDS	Most Recent	
	MALE	FEMALE
HIV Prevalence		
15-19 years (male, female)	3.4 ●	4.2 ●
20-24 years (male, female)	3.8 ●	10.6 ●
HIV Testing Behaviour		
15-19 years (male, female)	13 ●	40 ●
20-24 years (male, female)	28 ●	48 ●
Condom Use at Last High Risk Sex		
15-19 years (male, female)	66 ●	39 ●
20-24 years (male, female)	77 ●	54 ●
Multiple Partners		
15-19 years (male, female)	15 ●	3 ●
20-24 years (male, female)	23 ●	2 ●

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