

# The Changing Transitions to Adulthood in Developing Countries

Highlights from  
**NRC/IOM Panel Report**  
Cynthia Lloyd, Chair & Editor

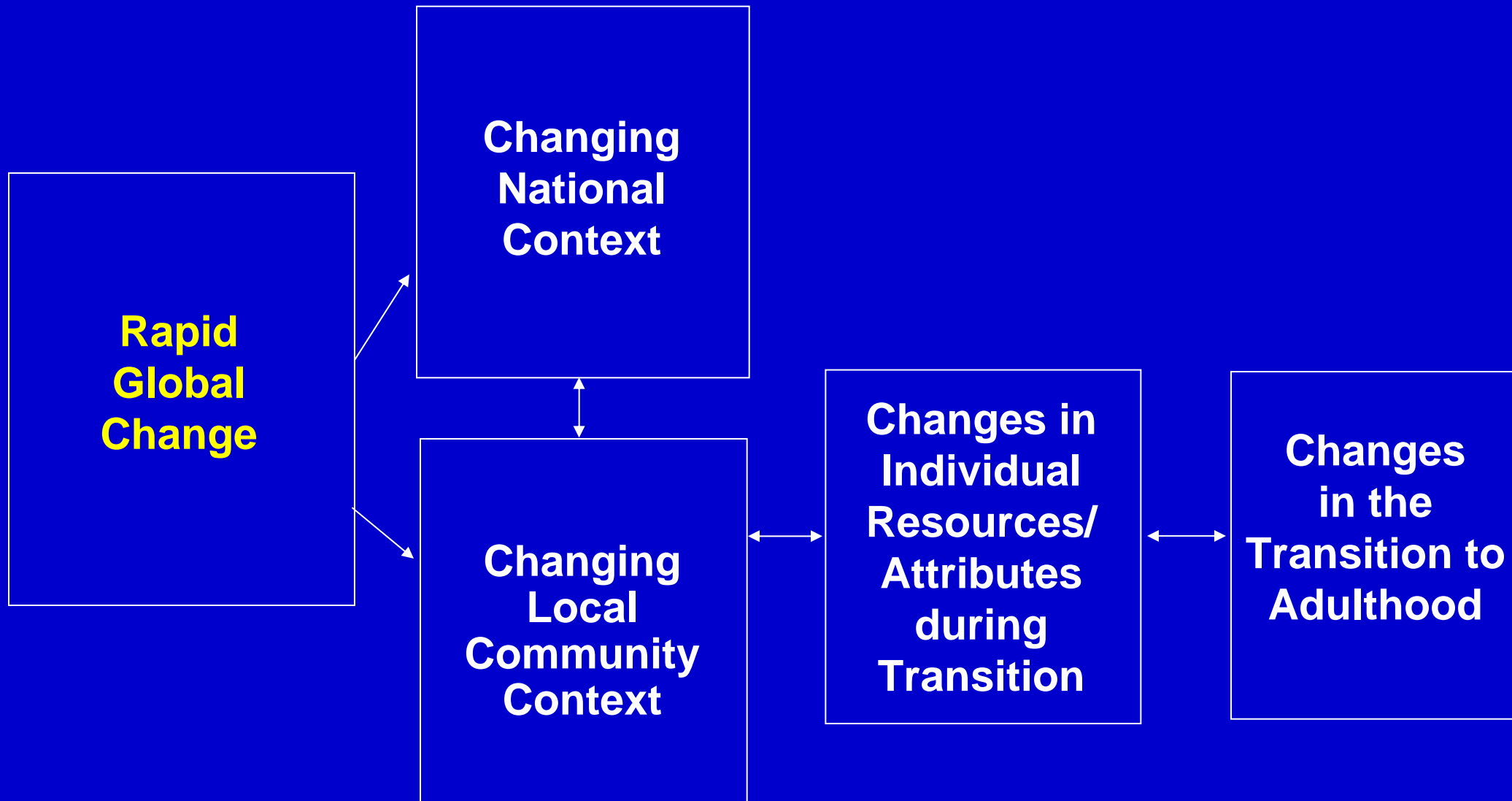
**Africa Regional Forum on Youth Reproductive Health and HIV**  
**6–9 June 2006**  
**Dar es Salaam, Tanzania**

# Outline

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- **Framework and context**
- **Preparation for adult roles: schooling and health**
- **Transitions to adult roles: work, citizenship, marriage, parenthood**
- **Policy and program implications**

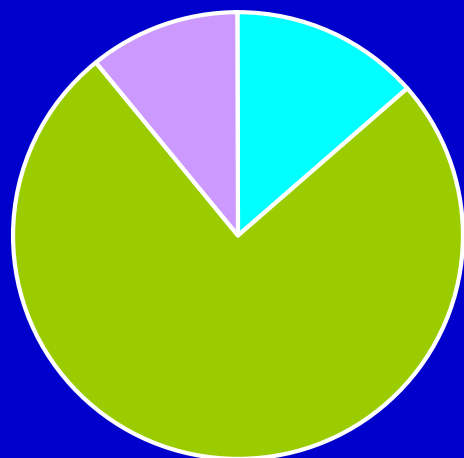
# Conceptual framework



Source: NRC/IOM (2005)

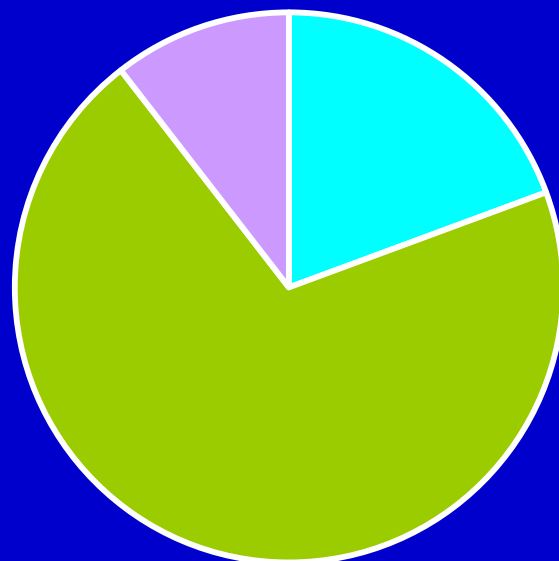
# Demographic profile of young people (10-24) in developing countries

1980



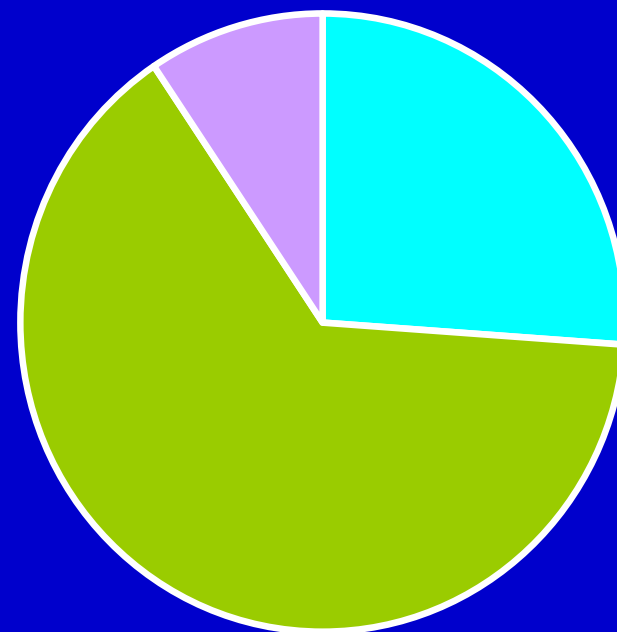
1.1 billion

2005



1.5 billion

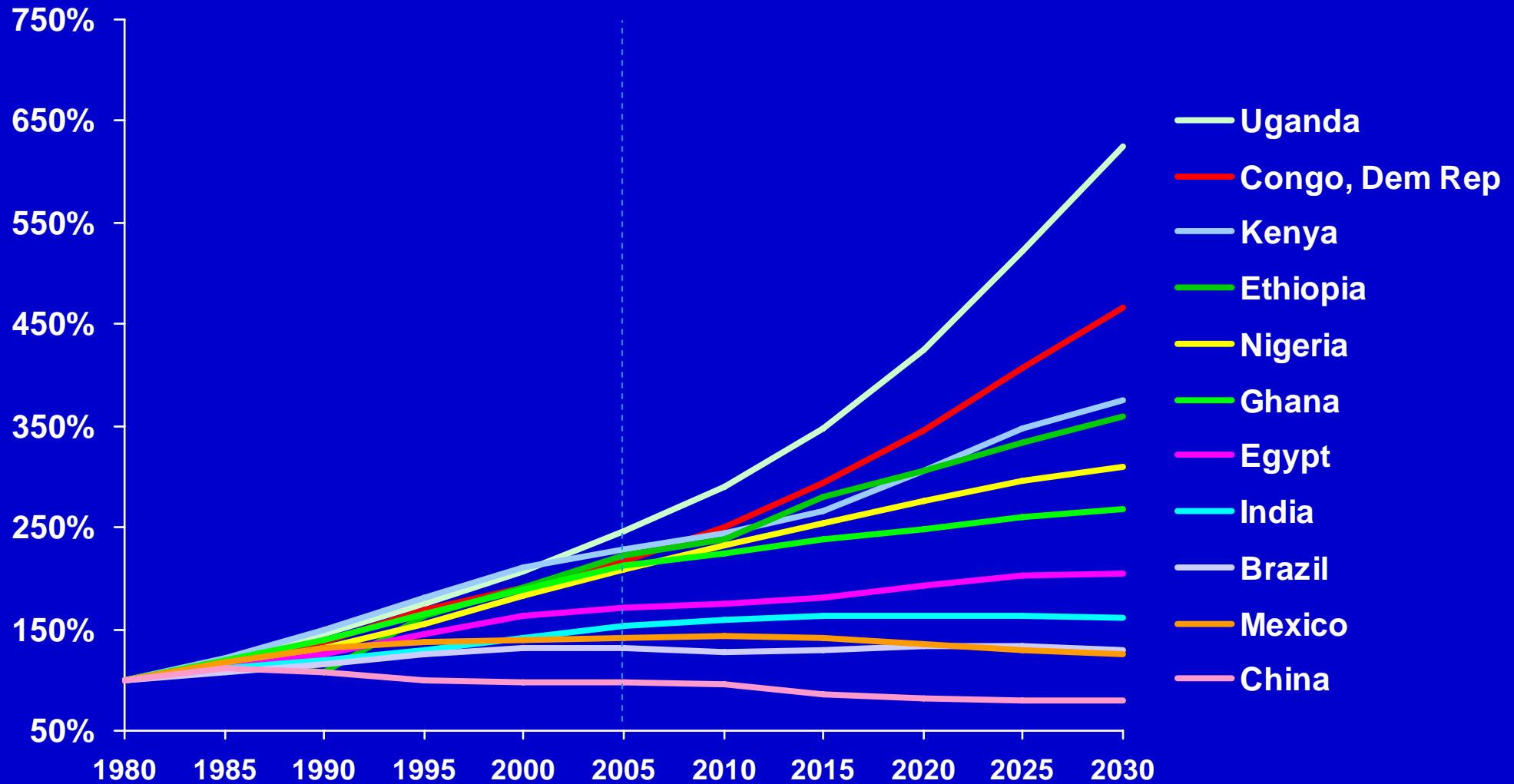
2030



1.7 billion



# Population of Young People (Ages 10-24) as Percent of 1980 Level



Source: UN estimates and projections [<http://esa.un.org/unpp/index.asp>] 2004 Revision

# Population of young people, by region and country

## Percent of Population Ages 10-24

	1980	2005	2030
World	30.1	27.1	23.0
Less developed countries	31.9	28.9	24.3
<b>Africa</b>	<b>31.3</b>	<b>33.1</b>	<b>31.1</b>
Kenya	32.3	35.2	32.7
Ethiopia	31.3	33.2	32.3
Senegal	30.9	34.2	30.2
Tanzania	31.5	34.3	31.4
Uganda	31.5	33.7	34.4
Zambia	31.5	35.6	34.8

# What do young people need to achieve successful transitions?

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- **Good health, including knowledge and means to sustain health**
- **An appropriate stock of human and social capital to become a productive adult**
- **Prosocial values and the ability to contribute to the collective well-being**
- **Adequate preparation for the assumption of adult social roles and obligations**
- **The capability to make choices**

# Outline

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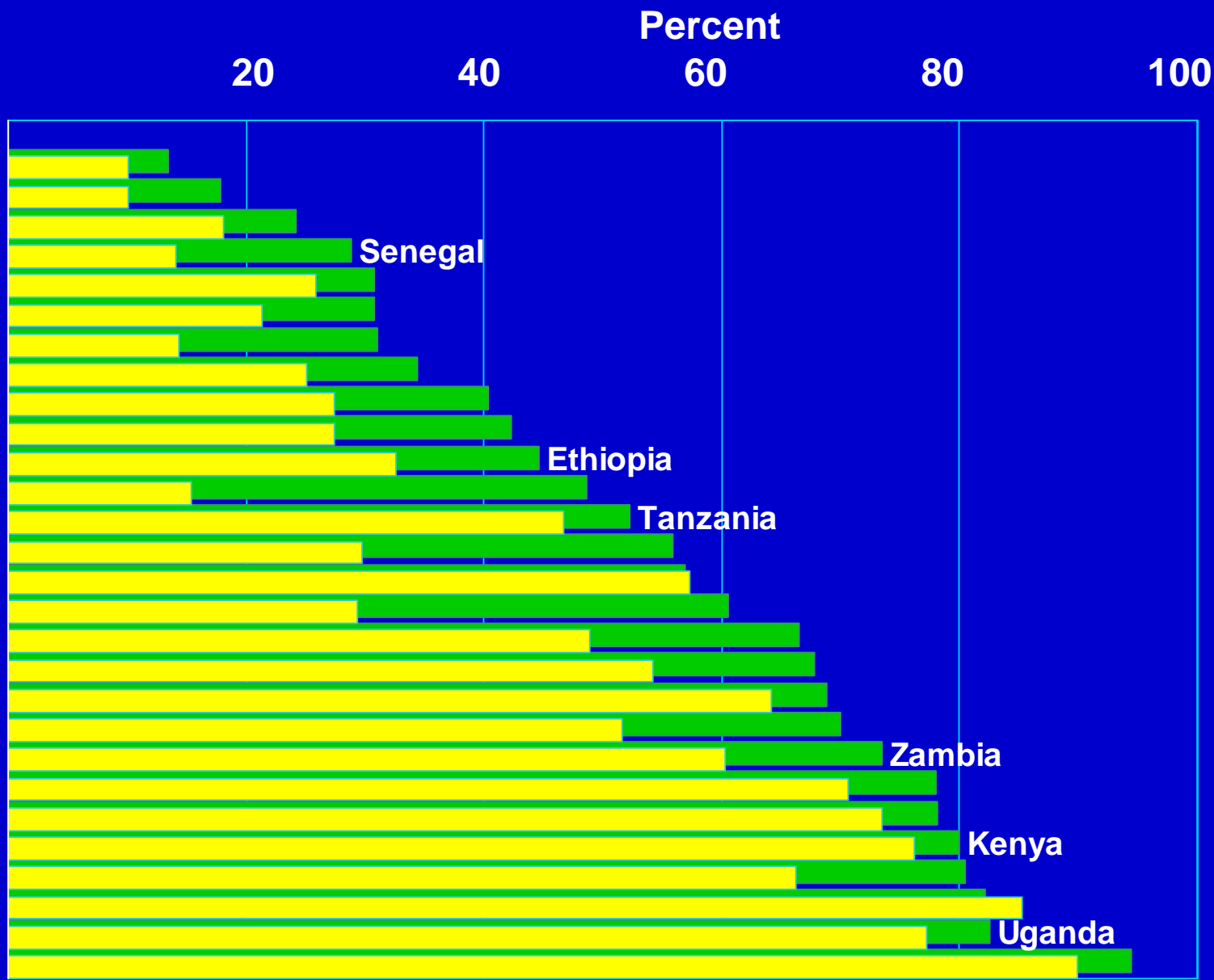
- Framework and context
- **Preparation for adult roles: schooling and health**
- Transitions to adult roles: work, citizenship, marriage, parenthood
- Policy and program implications

# Schooling

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- Young people spend more of their adolescence in school
- Growth in school attendance and grade attainment has been unprecedented
- Gender gap, where it still exists, is closing rapidly
- Large differentials in school attendance by wealth and residence persist

# Currently Enrolled (15 year olds) 28 African Countries



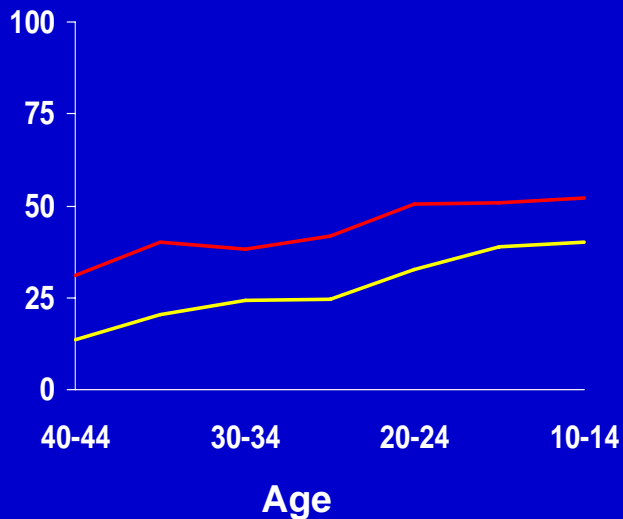
Source: DHS

■ Boys ■ Girls

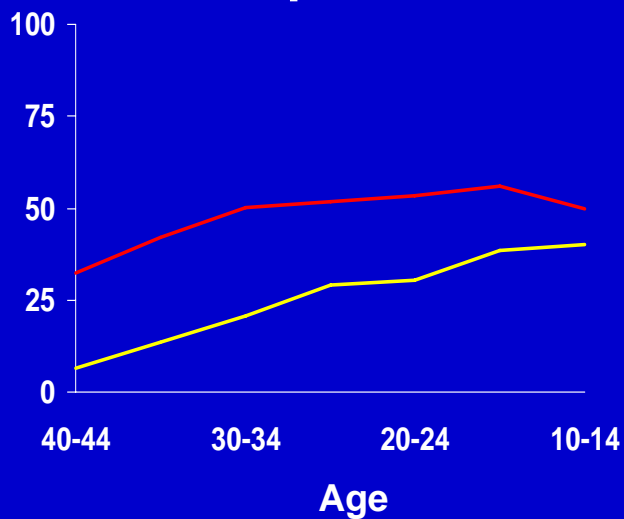
# Percent ever attended school, 6 African countries

Boys Girls

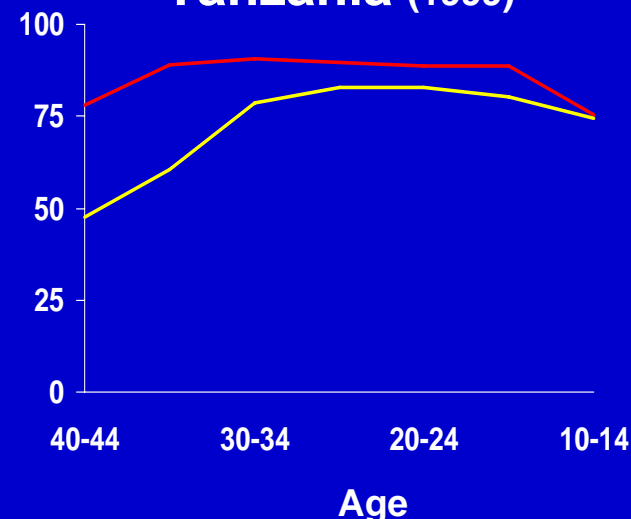
## Senegal (1992-93)



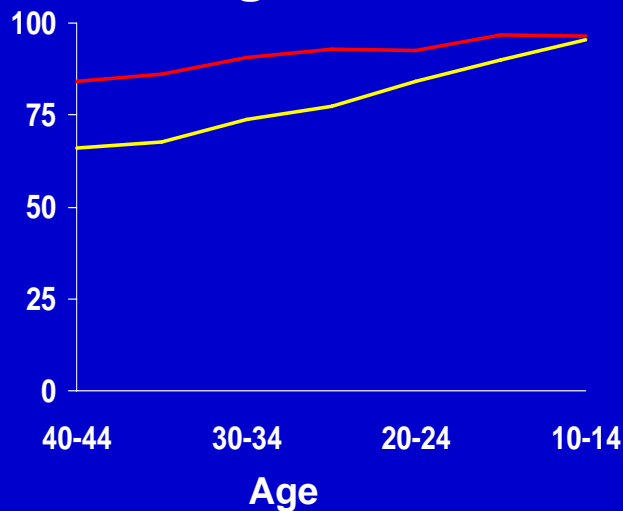
## Ethiopia (1999)



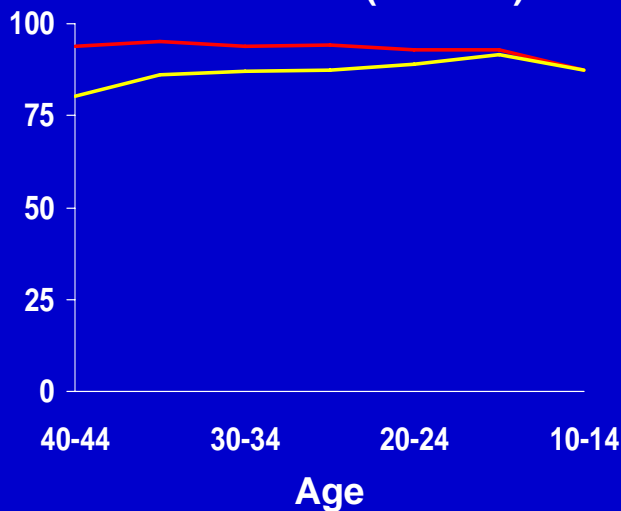
## Tanzania (1999)



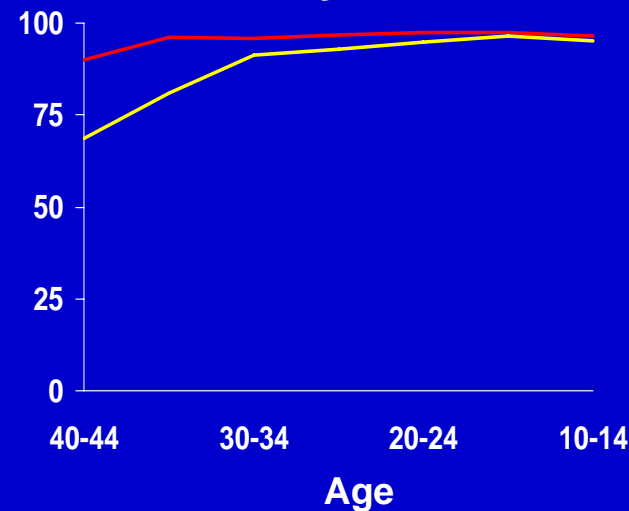
## Uganda (2000-01)



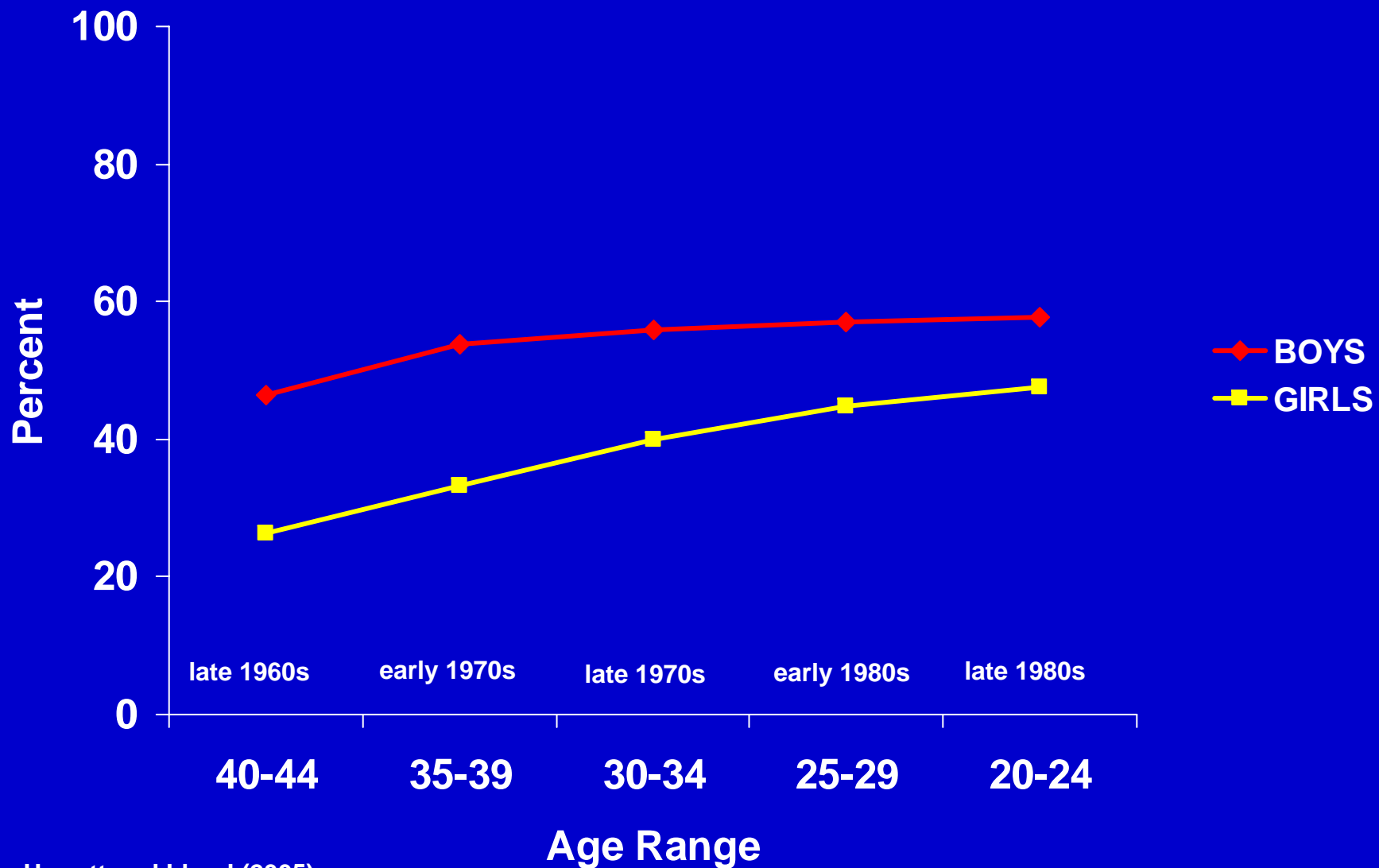
## Zambia (1996-97)



## Kenya (1998)

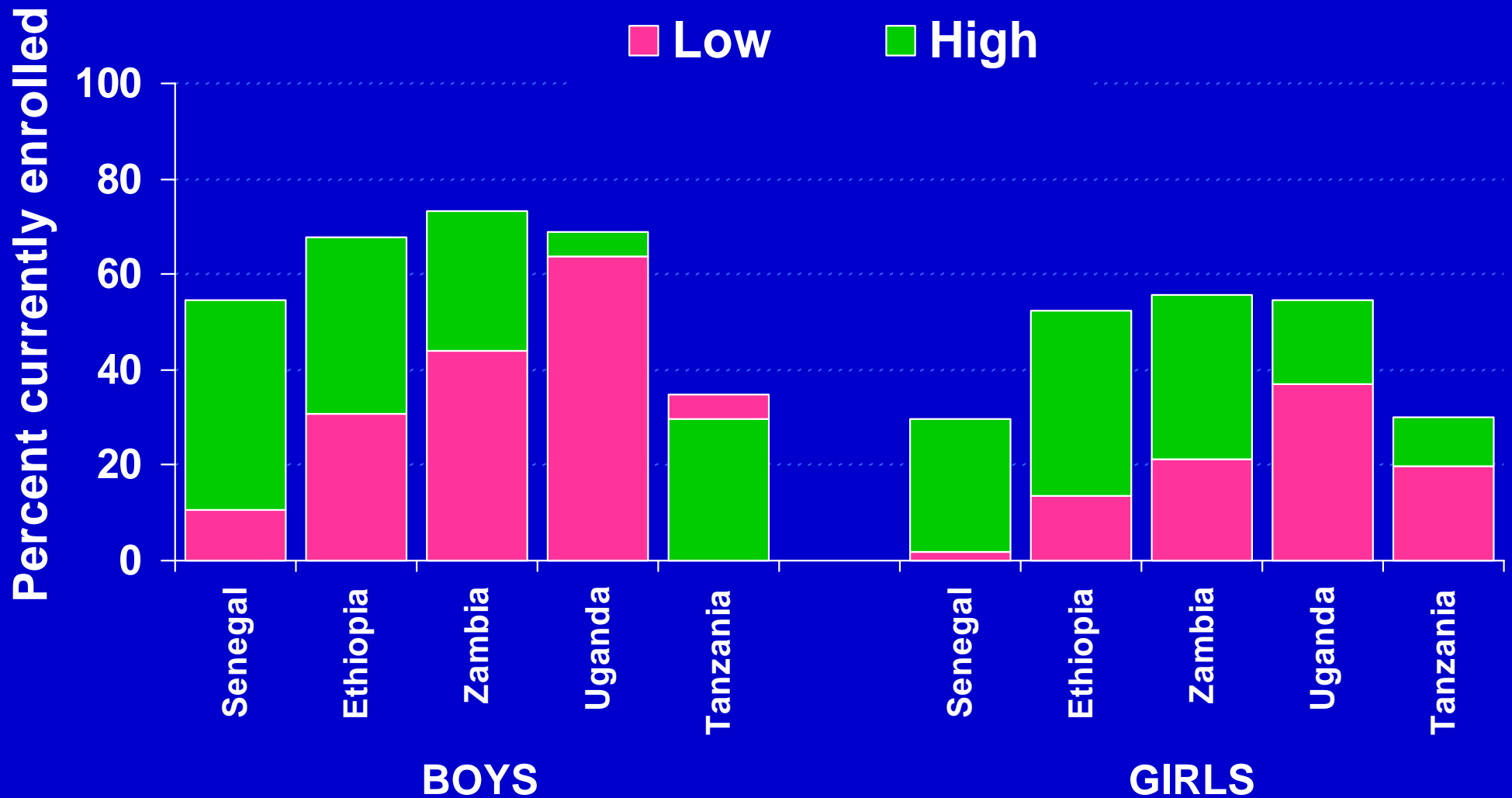


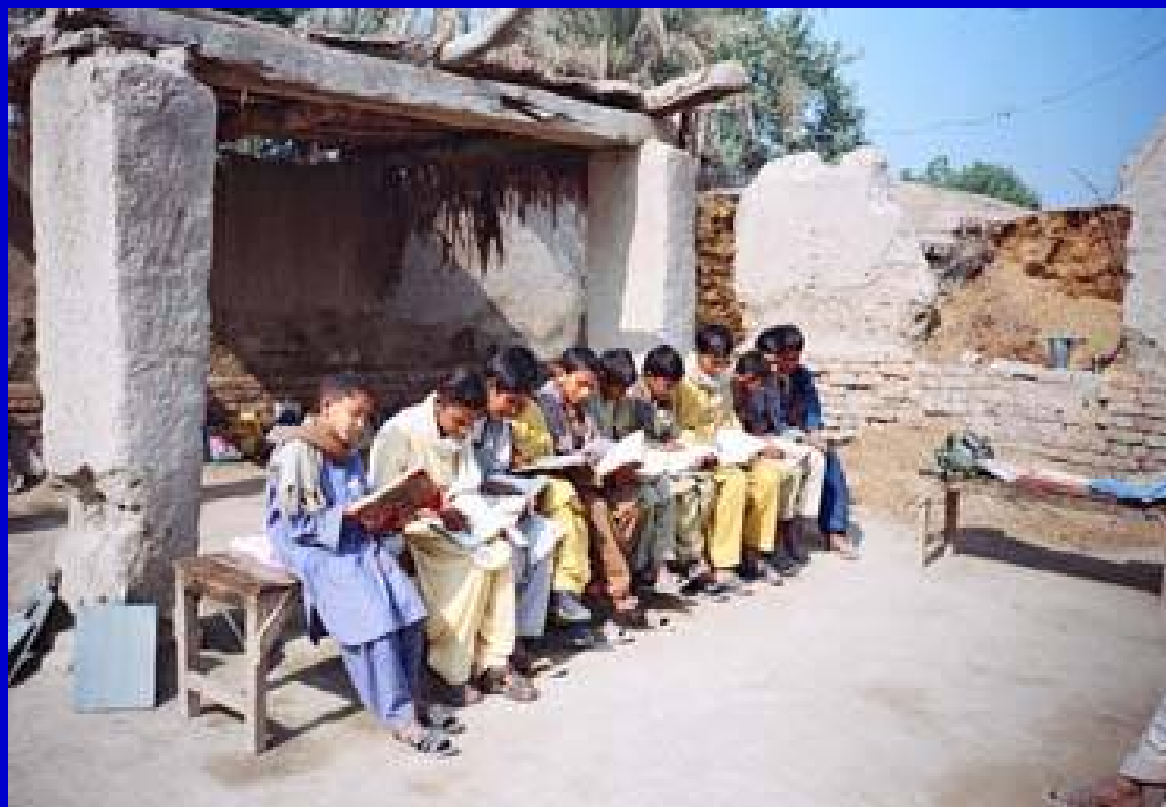
# Trends in proportion completing primary school, 24 African countries



Source: Hewett and Lloyd (2005)

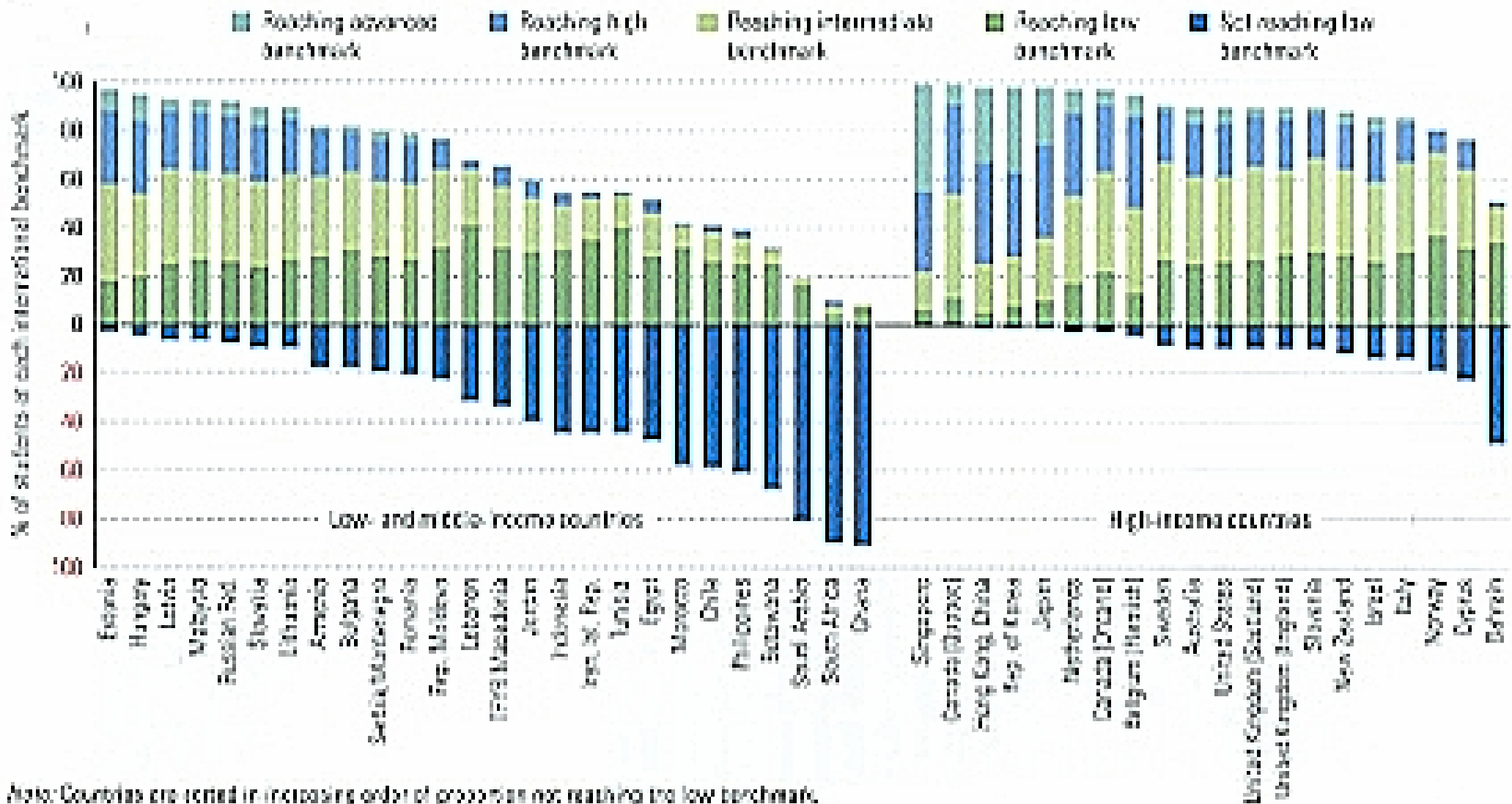
# School attendance, 15-19 year olds, by socio-economic status





- **Comparative data from standardized test scores raise serious concerns**
- **Poor school quality compromises attendance and retention**

# Results of TIMSS 2003: Mathematics achievement of Grade 8 students



Note: Countries are listed in increasing order of proportion not reaching the low benchmark.

Source: Mullis et al. (2004), p. 61

# Health and reproductive health

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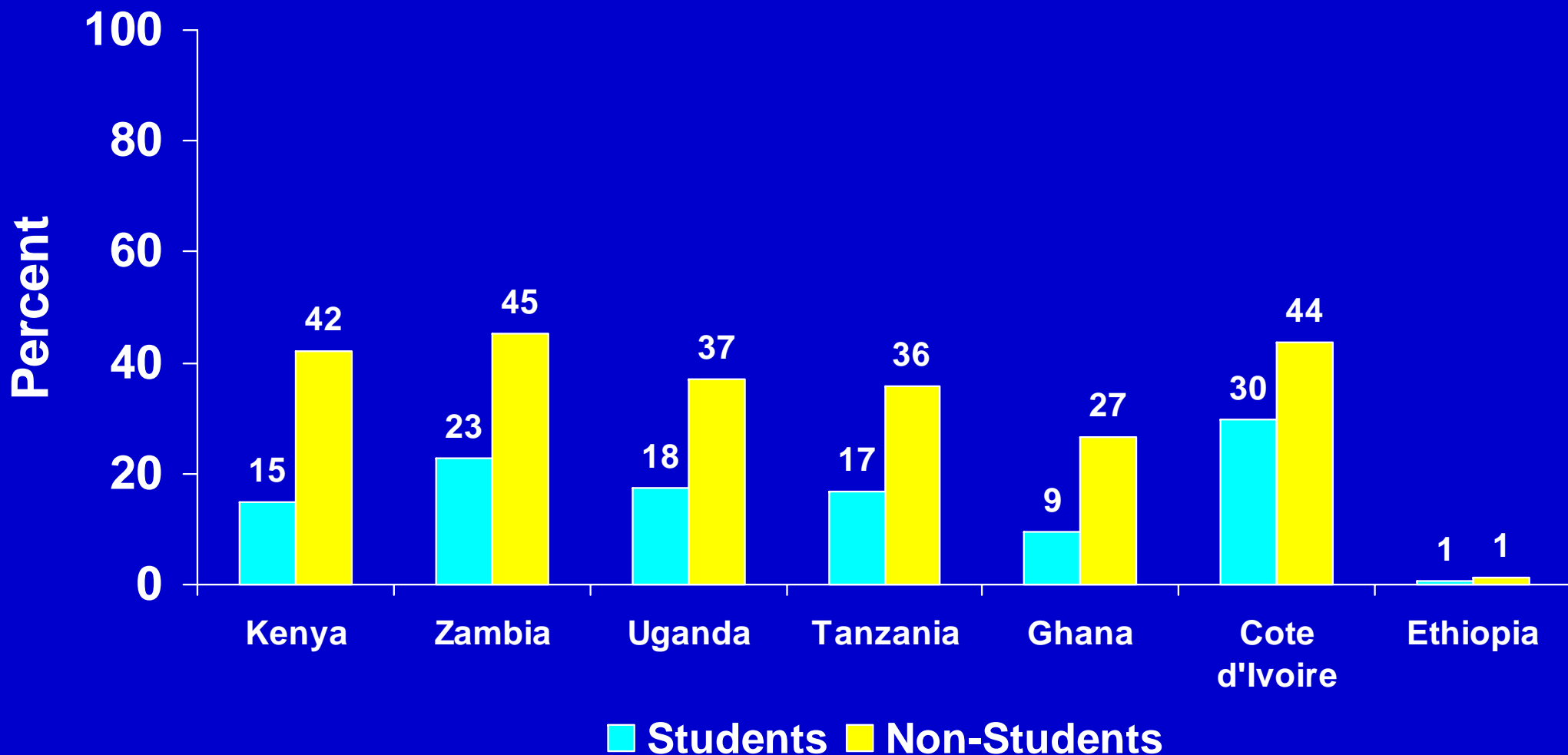
- **Health improving overall, except in areas hard hit by HIV**
- **In most regions, higher prevalence of HIV among girls than boys**
- **For young women, maternal mortality/morbidity still among most significant risks**
- **Young men disproportionately affected by accidents, violence, war, and suicide**
- **Mental health problems — a substantial, and possibly increasing, share of illness**

# Health behaviors

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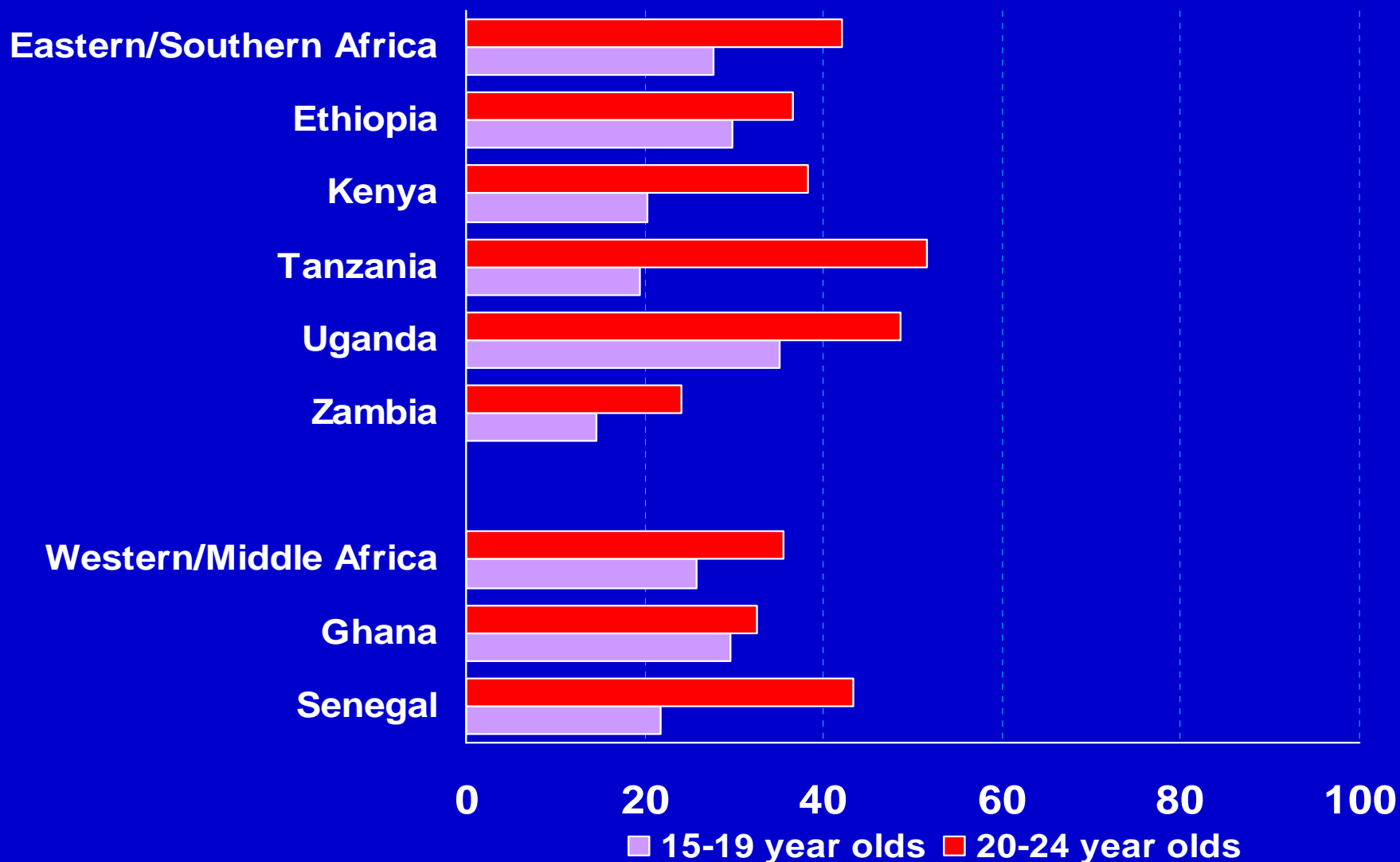
- **Students are less likely to have had sex than non-students**
- **Students are more likely, if sexually active, to use contraception than non-students**
- **Condom use is very low but increasing; contraceptive use is rising among sexually active young women**
- **Smoking rates are high; use of illicit drugs and alcohol is likely to be rising**

# Unmarried women reporting ever having had sex, ages 15-17, by enrollment status



Source: DHS data, 1995-2001

# Percentages currently using contraception, among unmarried, sexually active women



Demographic and Health Surveys, 1992-2001, 23 African countries.

# Types of reproductive health programs evaluated by Panel

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- School-based programs
- Mass media and social marketing
- Youth-friendly services
- Peer promotion programs
- STI/HIV counseling and testing
- Youth centers
- Programs targeting parents
- Workplace-based programs
- Multicomponent community-based programs\*
- Comprehensive youth development programs (livelihoods)\*

# Trends in “rigorous” program evaluation

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- **Rapid growth over 10 years in small scale programs**
- **A small minority have undergone rigorous evaluation — randomized or matched control design**
- **Overlap between distribution of evaluations and distribution of programs is unknown**

# Current limitations in most program evaluations

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- **Short time frame (6–18 months)**
- **Problems of selectivity not properly dealt with**
- **Attitudes and behaviors evaluated more frequently than health outcomes**

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# Transitions to work

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- **Delays in school exit have led to later labor force entry, declines in child labor**
- **Rise in schooling has led to a greater equalization of work burdens by sex**
- **Poverty is the main cause of child labor**
- **Increased numbers of young people have entered the labor market without any large relative increases in unemployment rates**

- **Young women are increasingly likely to engage in paid employment**



- **More educated workers have higher earnings, greater job stability and mobility**

# Transitions to citizenship

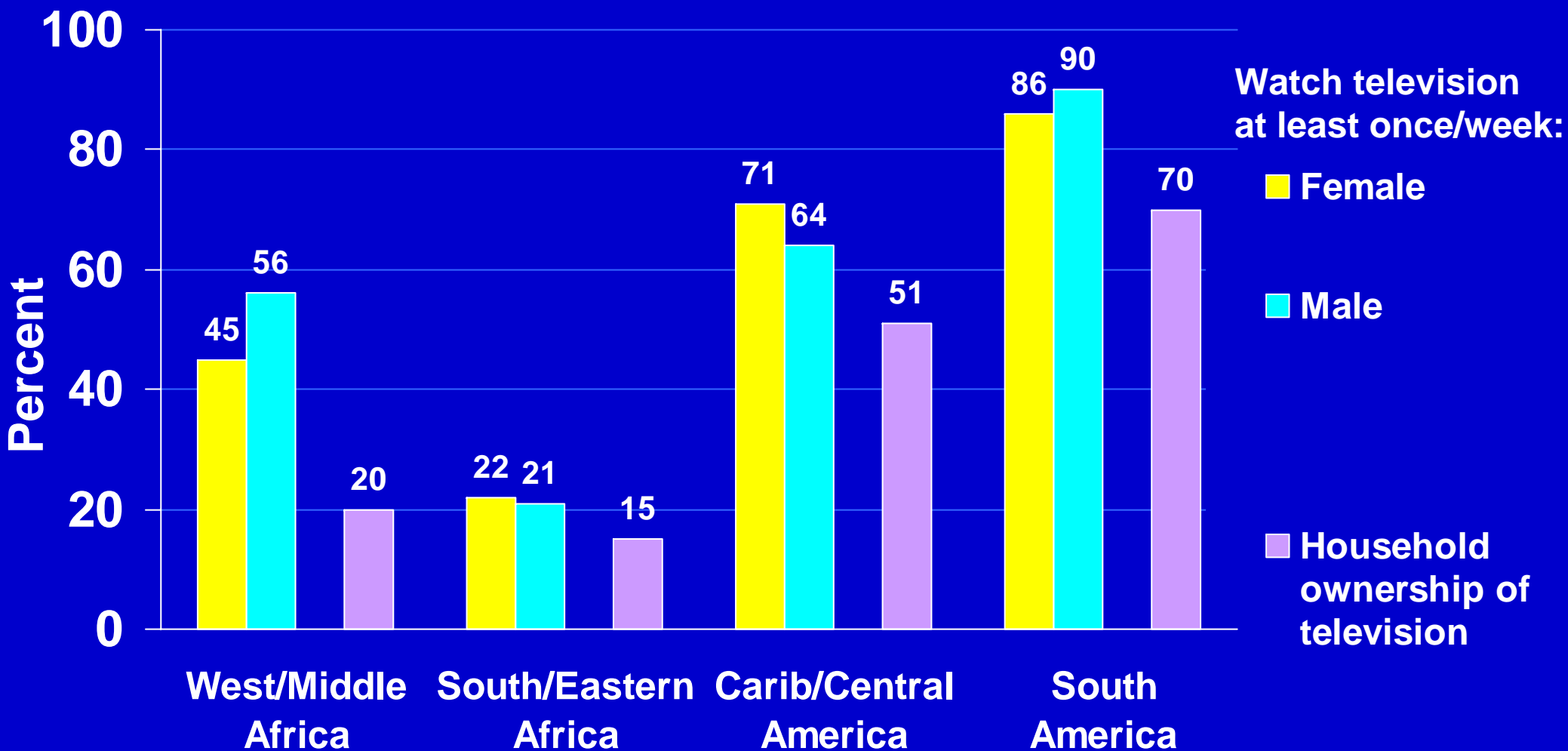
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- **Successful transitions to citizenship are important to development**
- **Young men are more likely than young women to be active politically**
- **Young people are more likely than older people to participate in community organizations**
- **Young people have greater trust in religious institutions and the press than public institutions**



- **A variety of institutions and programs can be important to citizenship formation**

# Media access, 15–19 year olds



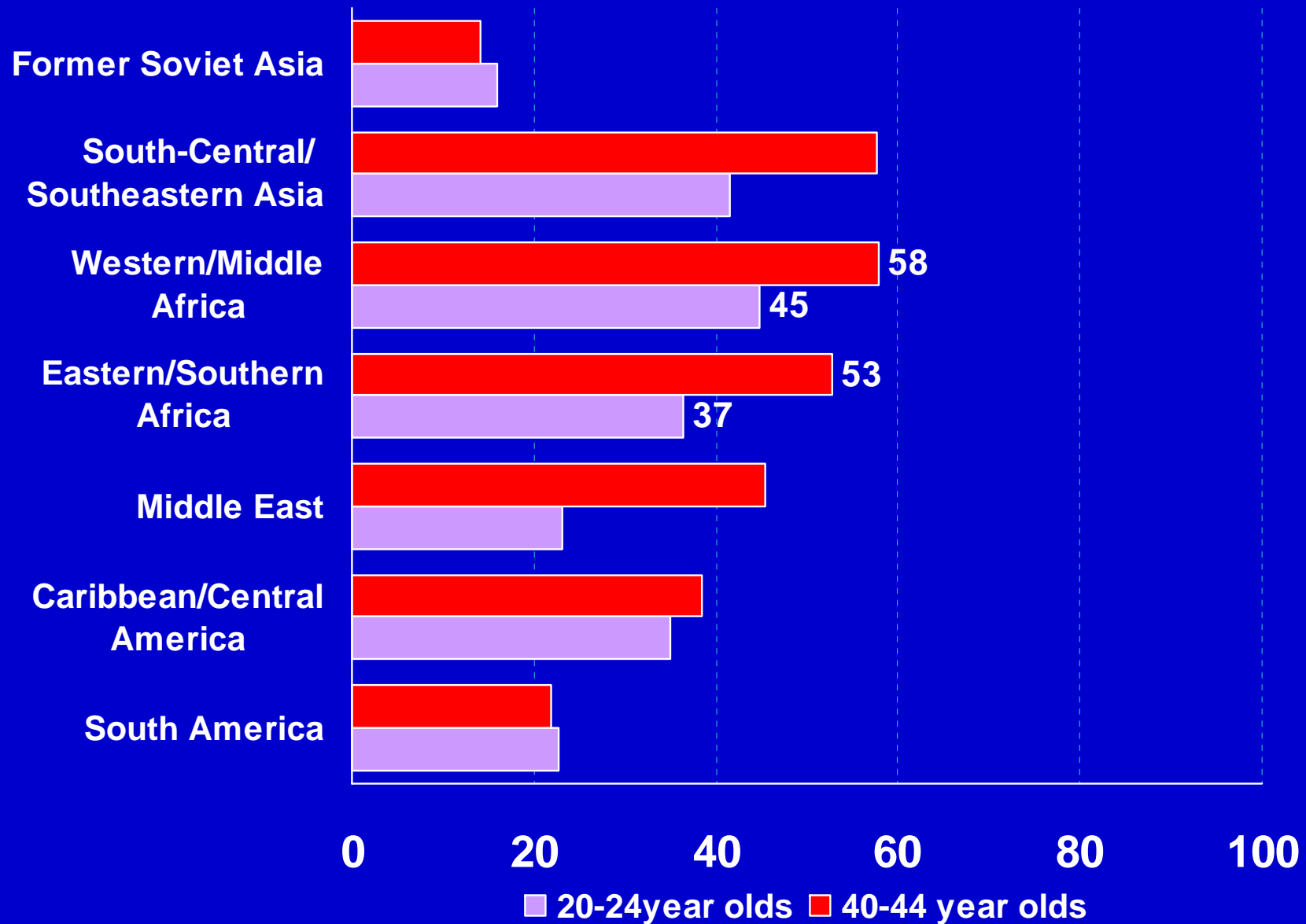
Source: DHS, all women surveys

# Transitions to marriage

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- A smaller proportion of young people are married than previously
- Declines in early marriage (before 18) are widespread. Nonetheless, prevalence of child marriage remains significant in some regions
- Large differentials in age of marriage by education, wealth, and residence persist
- Typically, there is a distinct gap between the age of school leaving and marriage

# Trends in percent of women married by age 18



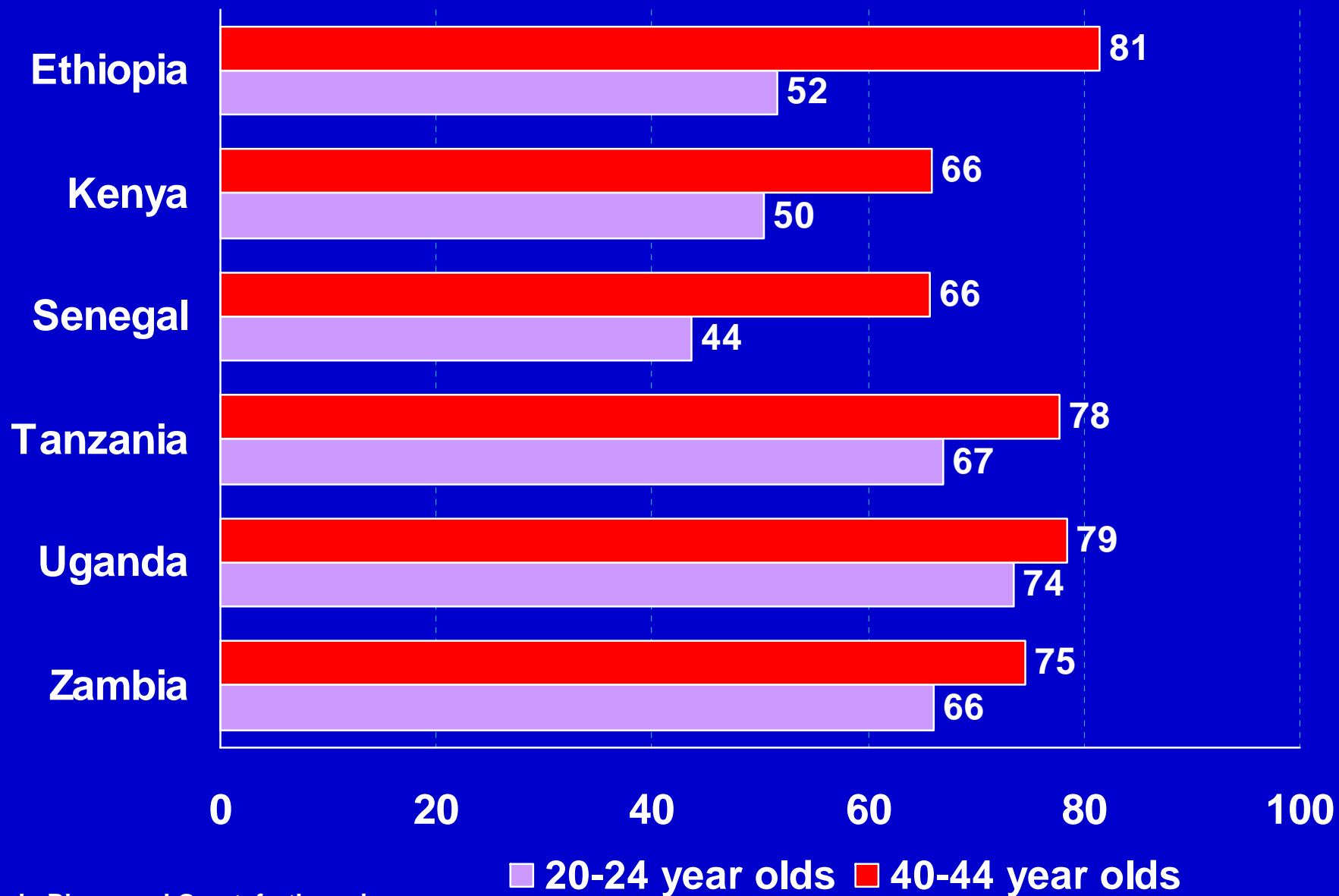
Data source: Demographic and Health Surveys, 1990-2001.

# Implications of changes in marriage timing for first sex

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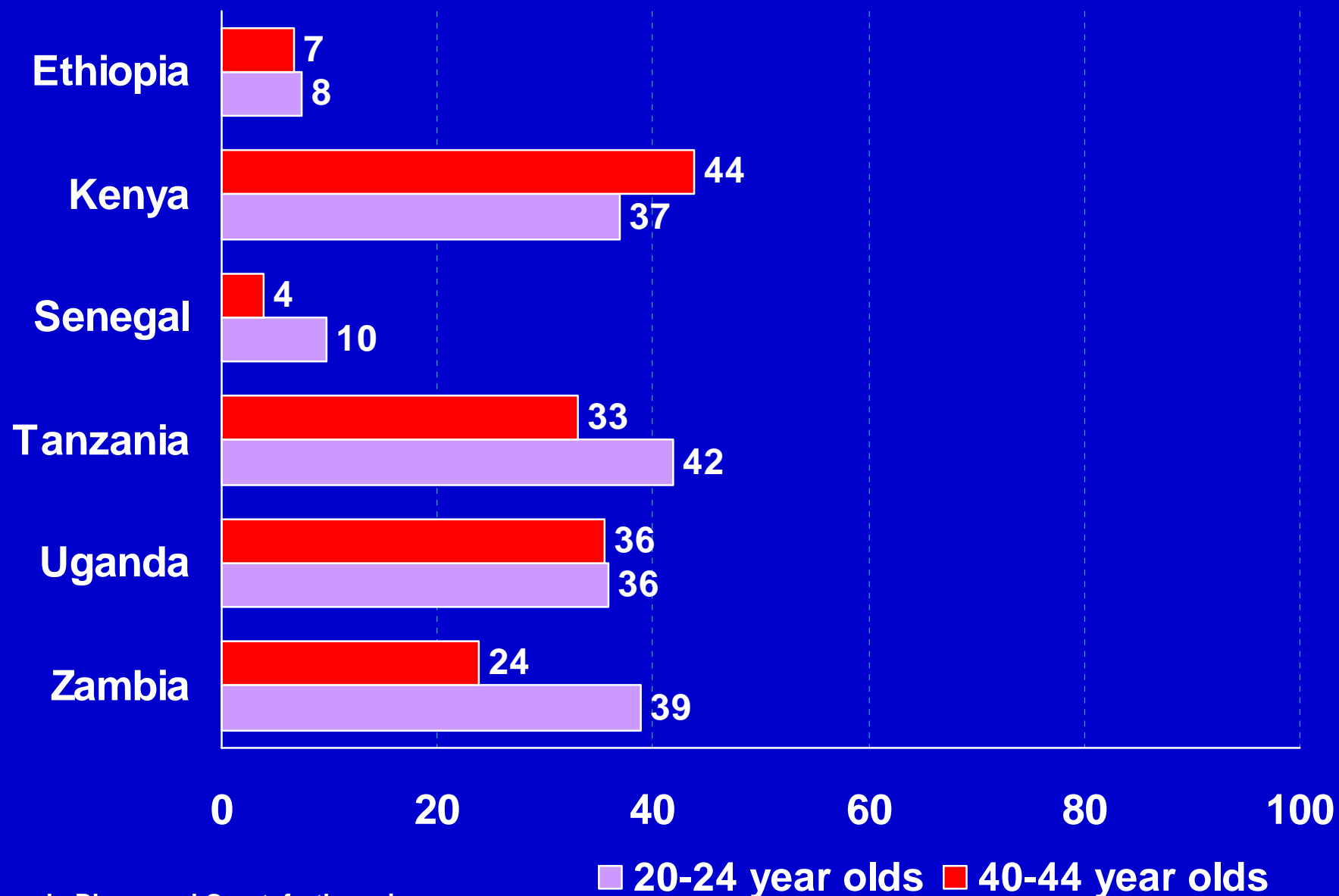
- **First sex is increasingly likely to occur prior to marriage**
- **Overall, marriage delays have not led to a delay in the age of sexual initiation**

# Percentages of women reporting sex by age 18, surveyed at 20-24 and 40-44 years old



Source: Mensch, Blanc, and Grant, forthcoming

# Percentages of women reporting premarital sex by age 18, surveyed at 20-24 and 40-44 years old



Source: Mensch, Blanc, and Grant, forthcoming

# Transitions to parenthood

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- Young men become parents later than young women, allowing more time to prepare
- Age of first parenthood is rising; the pace of change is highly variable
- 90% of births occur within marriage; no change in 20 years
- Mean length of first birth interval is declining everywhere
- Patterns of premarital childbearing vary substantially by region

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# Policy and program implications

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- **Target policies and programs to the poor, especially poor girls**
- **Invest in significant improvements in primary school quality, building a base for secondary school expansion**
- **Promote equitable treatment in the classroom through gender training of teachers and school administration**
- **Promote gender equity in the arenas of citizenship, work, marriage, and parenthood for all social classes**

# Policy and program implications

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- **Safe motherhood a continuing priority — other health problems need increased attention (e.g., smoking, mental health)**
- **Provide general health information and sex education to all young people, both in and out of school**
- **Increase service availability for the sexually active**
- **Encourage active collaboration between health and education sectors in designing multi-pronged reproductive health programs**

**END**