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World Population Highlights 2026: Youth

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Department of Economic and Social Affairs
Population Division

World Population Highlights 2026: Youth

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United Nations Department of Economic and Social Affairs, Population Division

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Back cover: "Malik Al-Ali'e, 22, sits outside his gift shop in the Hajjah Governorate", Yemen. Abdulrahman Rashid/Gabreez/ILO.

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Foreword

In 1995, the United Nations General Assembly adopted the *World Programme of Action for Youth to the Year 2000 and Beyond*, establishing a shared global vision to advance the rights, well-being and opportunities of young people everywhere. Considering that the 1.3 billion people between ages 15 and 24 worldwide make up the largest generation of youth to date, that vision is more relevant—and the need for progress is more urgent—than ever before.

The world stands at a pivotal moment marked by geopolitical challenges, persistent inequalities, accelerating climate impacts, rapid technological transformation and evolving demographic realities. How the international community responds to these challenges will have a major impact on prospects for peace, prosperity and sustainability for generations to come.

Young people are central to this global transformation. They are not only the inheritors of the future; they are already shaping it today through innovation, civic engagement and leadership. The perspectives, needs and contributions of youth are reflected across all of the Sustainable Development Goals, which recognize young people as both beneficiaries and essential drivers of progress. From quality education, decent work and health to gender equality, climate action, peaceful societies and strong institutions, meaningful youth engagement is indispensable for advancing the integrated and universal ambition of the 2030 Agenda for Sustainable Development.

The present report, *World Population Highlights 2026: Youth*, provides critical evidence to support forward-looking policies. By presenting sound, comparable and timely estimates and projections of population trends among youth globally—including changes in their numbers and geographic distribution and in both persistent and emerging issues affecting their health and well-being—the report strengthens our collective capacity to use demographic foresight as a guide to policymaking.

The report reveals a divergent demographic landscape in which the global population of youth will be increasingly concentrated in countries facing the greatest challenges to development but having the fewest resources to respond. It underscores how disparities between the world's economies shape young people's lives, influencing their health and well-being, as well as their choices about when and how many children to have, about relationships and marriage, and about whether to remain in their communities or seek new opportunities abroad.

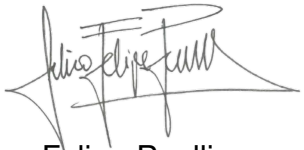
The report contributes to advancing the United Nations Youth Strategy, Youth2030, which reaffirms the commitment to empowering young people and ensuring their full, rights-based, effective and meaningful participation across all pillars of the United Nations' work—peace and security, human rights and sustainable development. Realizing this vision requires sustained political leadership, strengthened partnerships and scaled-up investments in youth-responsive policies and programmes.

The demographic trends presented in this report underscore that investing in youth is essential for building resilient, inclusive and sustainable societies. Strengthening young people's access to education, skills development, decent work and healthcare, as well as promoting intergenerational dialogue and inclusive participation in decision-making processes is critical for advancing equitable economic growth, renewing trust in multilateralism and ensuring that global governance reflects the contributions and aspirations of younger generations.

The choices we make today will shape the trajectory of our common future. By placing young people at the centre of development policies and global cooperation—and by applying foresight to better anticipate demographic and societal changes impacting young people—we can unlock transformative progress towards a more peaceful, equitable and sustainable world for all.

Bjørg Sandkjær

Assistant Secretary-General
for Policy Coordination



Felipe Paullier

Assistant Secretary-General
for Youth Affairs

27 February 2026

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The report was edited by William Dunbar and Bintou Papoute Ouedraogo, who also provided the cover design and final layouts for all text, tables and figures.

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Explanatory notes

The following symbols have been used in the tables throughout this report:

A minus sign (-) before a figure indicates a decrease or negative number.

A full stop (.) is used to indicate decimals.

Unless otherwise stated, years given refer to 1 July.

Use of a dash (–) between years, for example, 1995–2000, signifies the full period involved, from 1 July of the first year to 1 July of the second year.

Numbers and percentages in this table do not necessarily add to totals because of rounding.

References to regions, development groups, countries and areas

The designations employed in this publication and the material presented in it do not imply the expression of any opinions whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. The term "country" as used in this report also refers, as appropriate, to territories or areas.

In this publication, data for countries and areas are often aggregated by income level.

The classification of countries and areas by income level is based on gross national income (GNI) per capita as reported by the World Bank (May 2024). These income groups are not available for all countries and areas. Further information is available at: https://datahelpdesk.worldbank.org/knowledgebase/articles/906519.

The group of least developed countries (LDCs) includes 44 countries, as of 10 February 2025, located in sub-Saharan Africa (31), Northern Africa and Western Asia (2), Central and Southern Asia (3), Eastern and South-Eastern Asia (4), Latin America and the Caribbean (1), and Oceania (3). Further information is available at: https://www.un.org/ohrlls/content/leastdeveloped-countries.

The group of small island developing States (SIDS) includes 39 States and 18 Associate Members of the United Nations Regional Commissions. Further information is available at: https://www.un.org/ohrlls/content/small-island-developing-states.

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List of abbreviations

ABR	Adolescent birth rate
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
COVID-19	Coronavirus disease 2019
CPD	Commission on Population and Development
CRC	Convention on the Rights of the Child
ECOSOC	Economic and Social Council
ENDS	Electronic nicotine delivery systems
ENNDS	Electronic non-nicotine delivery systems
FAO	Food and Agriculture Organization
GII	Gender Inequality Index
GNI	Gross national income
HCI	Human Capital Index
HICs	High-income countries
HIV	Human immunodeficiency virus
HUMICs	High- and upper-middle-income countries
ICD	International Classification of Diseases
ILO	International Labour Organization
LICs	Low-income countries
LLMICs	Low- and lower-middle-income countries
LMICs	Lower-middle-income countries
LTR15	Lifetime risk of maternal death
NCDs	Non-communicable diseases
NEET	Not in employment, education or training
OECD	Organisation for Economic Co-operation and Development
PHC	Primary health care
SDGs	Sustainable Development Goals
STIs	Sexually transmitted infections
UHC	Universal health coverage
UIS	UNESCO Institute for Statistics
UMICs	Upper-middle-income countries
UN DESA	United Nations Department of Economic and Social Affairs
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WB	World Bank
WHO	World Health Organization
WPAY	World Programme of Action for Youth to the Year 2000 and Beyond

Key messages

More than half of the world's 1.3 billion youth live in low- and lower-middle-income countries.

- Between 2025 and 2050, the size of the youth population[1] (persons between 15 and 24 years) in low- and lower-middle-income countries (LLMICs) is projected to increase by 16 per cent, with much of that growth occurring in sub-Saharan Africa.
- During the same period, the number of young people in high- and upper-middle-income countries (HUMICs) is projected to decline by nearly 24 per cent.
- As a result, by 2050, 69 per cent of the world's youth will be living in LLMICs, compared to 59 per cent in 2025.

In LLMICs, substantial investments will be required to meet the needs of growing numbers of youth.

- To maximize the contribution of a youthful population, countries will need to invest in the health and well-being of young people, provide opportunities for quality education and decent work, and remove barriers that prevent them from participating fully in society.
- In many countries where youth populations are projected to grow rapidly, the per capita resources invested in children and youth will need to increase substantially to ensure that the most vulnerable do not fall further behind. The returns on investing in young people's human capital are manifold, generating virtuous cycles that can lift individuals, families and societies out of poverty, reduce inequality and help build more resilient and peaceful societies.

In HUMICs, the share of youth in the total population is projected to decline rapidly.

- Today, in the group of HUMICs, there is roughly one person aged 65 years or higher for every person aged between 15 and 24 years. By 2050, the population of older persons in these countries is projected to be almost three times larger than the population of youth.
- In countries where the share of young people is projected to decline rapidly, it will be critical to promote intergenerational solidarity and ensure that youth voices continue to be heard by supporting youth participation in policymaking and engagement in decision-making.

Safe, orderly and regular migration can contribute to empowering young people.

- Enhancing the availability and flexibility of pathways for regular migration can expand opportunities for youth while protecting their human rights and promoting security and prosperity at the place of origin, along transit routes and in the final destination.
- In addition, creating more opportunities for sustainable livelihoods in their home countries can address some of the adverse drivers and structural factors that often motivate or compel young people to migrate.

Adopting healthy habits from a young age is crucial for a longer life and greater well-being.

- During childhood and youth, people typically acquire habits and behaviours that influence health throughout the life course. Policies that enable and encourage young people to increase physical activity and to consume healthy diets can reduce the prevalence of and mortality from heart attack, stroke, diabetes and other non-communicable diseases later in life.
- Preventing and addressing the harmful use of substances, including tobacco, alcohol and other drugs, which often starts during adolescence, can also contribute to better mental and physical well-being.

Young men are disproportionately impacted by fatal injuries and violence.

- Among youth, four of the top five causes of death are injury-related, with young men facing higher odds of dying from these causes compared to young women.
- Promoting mental health and well-being, addressing the harmful use of substances, strengthening family support, and creating environments where young people are able to thrive can prevent injuries and violence among young people with multiple positive ripple effects for individuals and societies.

[1] Throughout the report, the terms "youth" and "young people" are used interchangeably.

Maternal conditions are among the leading causes of death for young women.

- In LLMICs, 1 in 4 women who die between the ages of 15 and 24 years loses her life during or following pregnancy and childbirth.
- Over the past decade, progress in reducing maternal mortality in LLMICs has stalled, and stark differences persist both within and among countries. Providing access to care by skilled health professionals before, during and after childbirth can dramatically reduce the number of maternal deaths.

Every year, nearly 1 in 10 women and girls aged 15–19 give birth in low-income countries.

- Empowering young people to make informed and responsible decisions and strengthening access to appropriate information and healthcare services, including effective family planning methods, consistent with their evolving needs and capacities, can prevent unintended pregnancies, save lives and improve the health and well-being of young women and men.

About 1 in 5 women aged 20–24 globally were married before age 18.[2]

- Enforcing laws concerning the minimum age of marriage for women and men and addressing factors that encourage or compel young people to enter a union or marry early, including poverty and lack of educational and employment opportunities, can help end child marriage and ensure that marriage is entered into with free, full and informed consent.
- Increasing the legal age of marriage in countries where early marriage is common can have multiple positive repercussions for women's health, educational attainment and autonomy, and can contribute to reducing the frequency of early pregnancies and childbearing.

Young women and girls are entitled to the full and equal enjoyment of their human rights.

- Discrimination and violence against women – which are often at the root of child marriage and other harmful practices – persist in many parts of the world, contributing to poor health and diminished well-being.
- To accelerate progress in reducing inequalities between women and men, it is critical to ensure that women from an early age have control over their sexual and reproductive lives. It is also important to teach boys and men about the positive effects of more equitable societies and to encourage young people to participate fully in actions promoting equality. Priority areas of action include addressing discriminatory laws and social norms and adopting and strengthening policies that promote the empowerment of all women and girls.

[2] The global estimate is based on data for 121 countries with a survey estimate for the period 2015–2024, accounting for 80 per cent of the global number of women aged 20 to 24 in 2025. Early marriage was estimated to affect 3 per cent of men, although the population coverage of available survey data was lower than for women (UNICEF, 2025).

High school students actively playing during their Physical Education class. Kolonia Micronesia (Federated States of). WHO / Acer Apis.

Introduction

Youth represents a pivotal phase in the human life course, marked by profound biological, psychological and social transformations that shape individual trajectories and broadly influence societal outcomes (see box 0.1). It is a formative period during which critical decisions are made regarding education, work and family formation – decisions that carry lasting implications for long-term well-being, productivity and overall quality of life. At the societal level, a healthy, well-educated and empowered youth population holds the potential to foster transformative change, drive accelerated economic growth and innovation, promote peacebuilding and advance social progress (United Nations, General Assembly, 2025).

Box 0.1

How "youth" is defined in this report

There is no internationally agreed-upon age group that defines "youth". The United Nations, however – without prejudice to national definitions adopted by Member States – uses an operational definition of youth as persons between the ages of 15 and 24 years. All United Nations statistics on youth, including those presented in this report, follow this definition. For analytical purposes, a distinction is sometimes made in this report between adolescents, namely those between ages 15 and 19, and the "older youth", those between ages 20 and 24.

In the report, references to children or minors are included where relevant and apply to persons below the age of 18 years, in accordance with the Convention on the Rights of the Child (1989), unless the age of majority is attained earlier under applicable national legislation.

For further information, see Youth at the UN; OHCHR CRC.

With an estimated 1.3 billion young people worldwide – the largest generation of youth to date – countries and communities are presented with a remarkable opportunity to harness youth potential and translate it into sustained, inclusive and equitable development outcomes. The Pact for the Future and other intergovernmental frameworks recognize the crucial role of youth in accelerating progress towards the 2030 Agenda for Sustainable Development and in further advancing development objectives beyond 2030 (see box 0.2).

Today, global uncertainty has intensified amid a convergence of crises – from armed conflicts and humanitarian emergencies to climate-induced disasters and economic instability – leaving young people among those most affected. At this critical juncture, the report seeks to provide Governments, youth advocates and civil society with sound, comparable and timely information on key population trends regarding global youth, including expected changes in the size and geographical distribution of this age group along with some of the core aspects of youth well-being. These findings can help policymakers and other stakeholders integrate population foresight into the formulation of strategic actions to address the persistent and emerging needs of young people everywhere and to ensure that demographic change supports equitable and sustainable development.

Box 0.2

Key milestones on youth policies in the United Nations

1965: The General Assembly adopts the Declaration on the Promotion among Youth of the Ideals of Peace, Mutual Respect and Understanding between Peoples.

1989: The General Assembly adopts the Convention on the Rights of the Child.

1994: At the International Conference on Population and Development (ICPD), Member States adopt the Programme of Action of the ICPD containing objectives and actions on children and youth (chapter VI.B), gender equality equity and empowerment of women (chapter IV), and changing age structures (chapter II) among other issues concerning youth.

1995: On the tenth anniversary of the International Youth Year, the General Assembly adopts the World Programme of Action for Youth to the Year 2000 and Beyond (WPAY) identifying 10 priority areas for youth.[3]

2012: In preparation for the 2012 Economic and Social Council (ECOSOC) Annual Ministerial Review, ECOSOC holds its first Youth Forum. Since then, the Forum has been organized annually, allowing youth stakeholders to dialogue with Member States and explore ways and means of promoting youth development and engagement.

2012: At its forty-fifth session, the Commission on Population and Development (CPD), a functional commission assisting ECOSOC on matters related to the implementation of the Programme of Action of the International Conference on Population and Development, adopts Resolution 2012/1 on the special theme "Adolescent and Youth".[4]

2015: The General Assembly adopts the 2030 Agenda for Sustainable Development and its 17 Sustainable Development Goals, which address employment, adolescent girls, health and education among other critical issues related to youth.

2018: The Secretary-General launches Youth2030, the UN system-wide framework guiding the work with and for youth in the areas of peace and security, sustainable development, human rights and humanitarian action.

2022: The General Assembly establishes the United Nations Youth Office as a dedicated office for youth affairs in the Secretariat.

2023: The Youth Declaration For All Generations is adopted at the Fifth United Nations Conference on the Least Developed Countries (LDC5).

2024: Member States adopt the Pact for the Future at the Summit of the Future containing Actions 34 to 37 on youth, Annex I: "Global Digital Compact" and Annex II: "Declaration on Future Generations".

2025: The High-level plenary meeting of the General Assembly commemorates the thirtieth anniversary of the WPAY, "World Programme of Action for Youth at 30: Accelerating global progress through intergenerational collaboration".

[3] In 2007, 5 additional priority areas were added to WPAY, bringing the total to 15 priority areas.

[4] The CPD has considered youth as a cross-cutting issue in several of its sessions, including in relation to reproductive health and rights (2002 and 2011), education and development (2003 and 2023), sustained and inclusive economic growth (2022) and health and well-being for all at all ages (2010 and 2025).

As the world celebrates the thirtieth anniversary of the World Programme of Action for Youth (WPAY) in 2025, this report also seeks to support Youth2030 – the first United Nations system-wide youth strategy aimed at strengthening the United Nations' coordination, accountability and coherence in youth-related policies and programmes. The report outlines priority actions to promote sustainable livelihoods, improve youth health, including sexual and reproductive health, and strengthen the protection of the related rights of young people across different parts of the world. Its findings draw on population estimates and projections through 2050 produced by the United Nations Department of Economic and Social Affairs (UN DESA) and other robust international statistical evidence focused on women and men aged 15 to 24 years (United Nations, 2024d).

Chapter I presents the diverging demographic landscape for youth. Over the next 25 years, most low- and lower-middle-income countries (LLMICs) will experience continued growth in the size of their youth populations, while many high- and upper-middle-income countries (HUMICs) will experience the opposite trend, a stall or reduction in the number of youth. International migration is also likely to play a major role in shaping future youth population dynamics.

The chapter argues that creating sustainable livelihoods for young people in both LLMICs and HUMICs will require ensuring equitable access to the resources, skills and opportunities that enable youth to adapt, build resilience and thrive in increasingly knowledge- and technology-based societies. A rights-based, well-governed approach to international migration can help ensure that youth mobility contributes to human development by protecting migrants' rights, promoting safe and regular pathways and fostering mutual benefits for countries of origin and countries of destination.

Chapter II examines key priorities for promoting the health and well-being of young people, recognizing that their healthy growth and development are essential to realizing their full potential and rights. The chapter illustrates persistent and emerging health challenges affecting young women and men in LLMICs and HUMICs, including maternal mortality, injury and violence, along with risk factors for non-communicable diseases. Policy recommendations aimed at reducing premature mortality from key causes, preventing and addressing mental health conditions and curbing the harmful use of substances are provided. The chapter further underscores the importance of establishing healthy behaviours and lifestyle habits early in life, including fostering digital safe spaces.

Chapter III focuses on safeguarding young people's rights to make informed and autonomous decisions about marriage and childbearing. It considers the definition of a child established in the Convention on the Rights of the Child and discusses measures to prevent marriage before age 18 – a practice that disproportionally affects girls in LLMICs. The chapter stresses that expanding access to age-appropriate sexual and reproductive health information, education and services, including for family planning, is critical to reducing early childbearing and unintended pregnancies among sexually active youth. It also examines the importance of engaging young men as key partners in advancing gender equality, ending early marriage and childbearing, and eliminating sexual abuse, exploitation and other forms of discrimination and violence against women and girls.

Vendor in a bakery shop of Tirana, Albania. Crozet M. / ILO.

Chapter I. Harnessing population trends to generate opportunities for youth

Young people constitute a vital driving force in all societies, bringing energy, innovation and creativity to the development process. They are often at the forefront of technological advancement, entrepreneurship and civic participation, generating new ideas and solutions to address complex global challenges such as climate change, inequality and poverty (ILO, 2024a; United Nations, 2023a). Compared with previous generations, today's youth are, on average, healthier and better educated, and are increasingly equipped with the knowledge, skills and capacities required to contribute meaningfully to national development and to the achievement of the Goals and targets of the 2030 Agenda for Sustainable Development.

However, the opportunities available to young people remain unevenly distributed within and among countries. Many young people continue to face significant barriers that constrain their ability to realize their potential and participate fully in society. Unequal access to quality education and healthcare, limited opportunities for decent work and disparities in access to digital technologies persist across and within societies. In many countries, these challenges are compounded by conflict, political instability, food insecurity and environmental pressures. The consequences extend beyond individual lives, shaping demographic dynamics and influencing social and economic development outcomes.

Anticipating changes in the size, structure and spatial distribution of youth populations is essential for effective planning and policymaking. The presence of a sizable youthful population can be a powerful catalyst for innovation and social transformation. When the share of young and working-age people increases relative to dependents,[5] countries may experience a window of opportunity for accelerated economic growth, commonly referred to as a demographic dividend. Realizing this potential depends on ensuring that young people are healthy, well-educated and productively employed, and that the necessary economic and institutional conditions are in place to translate demographic change into sustainable development gains. In countries with large and growing youth cohorts, therefore, expanding access to quality education, healthcare and decent work, together with fostering meaningful civic engagement, is critical to realizing the potential of demographic trends for accelerated economic and social progress.

In countries where youth populations are stable or starting to decline, policies that strengthen productivity, support innovation and promote intergenerational solidarity are increasingly key to sustaining economic vitality and promoting social cohesion. As young people navigate societies with progressively ageing populations, they have a unique opportunity to serve as catalysts for intergenerational dialogue and to contribute to building inclusive societies for all ages, grounded in the shared interests of different generations (United Nations, 2023b).

Ultimately, trends in youth populations offer critical insights into how societies are evolving and provide an essential evidence base for building more inclusive, resilient and sustainable futures for all. Careful attention to the size, structure and spatial distribution of youth populations enables Governments and stakeholders to anticipate emerging needs in education, employment, health systems and infrastructure, and to design forward-looking policies that leverage demographic change as a driver of equitable and sustainable development.

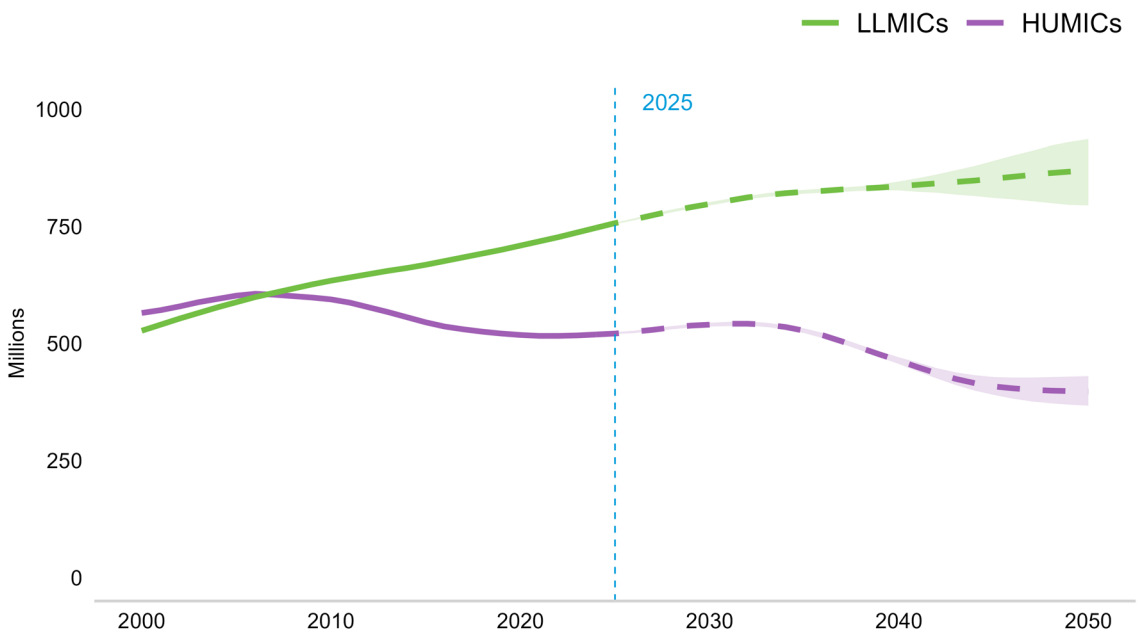
[5] The working-age population refers to the number of people above the legal working age and is used to estimate the size of the labour force. The "dependant" population refers to the number of persons outside the labour force. In the analysis of age structures, working ages are often defined as ages 15 to 64 for statistical purposes. See https://ilostat.ilo.org/methods/concepts-and-definitions/description-labour-force-statistics/

I.A The size and spatial distribution of youth populations

Today, the world is home to nearly 1.3 billion young people aged 15 to 24, the largest youth generation to date. Of these, almost 760 million live in countries classified as low- and lower-middle-income (LLMICs), while 521 million reside in high- and upper-middle-income countries (HUMICs) (figure I.1). Nearly 60 per cent of the global youth population is concentrated in just 10 countries: 5 LLMICs – Bangladesh, Ethiopia, India, Nigeria and Pakistan – and 5 HUMICs – Brazil, China, Indonesia, Mexico and the United States of America.

Figure I.1

Population aged 15–24 years by income level (millions), 2000–2050



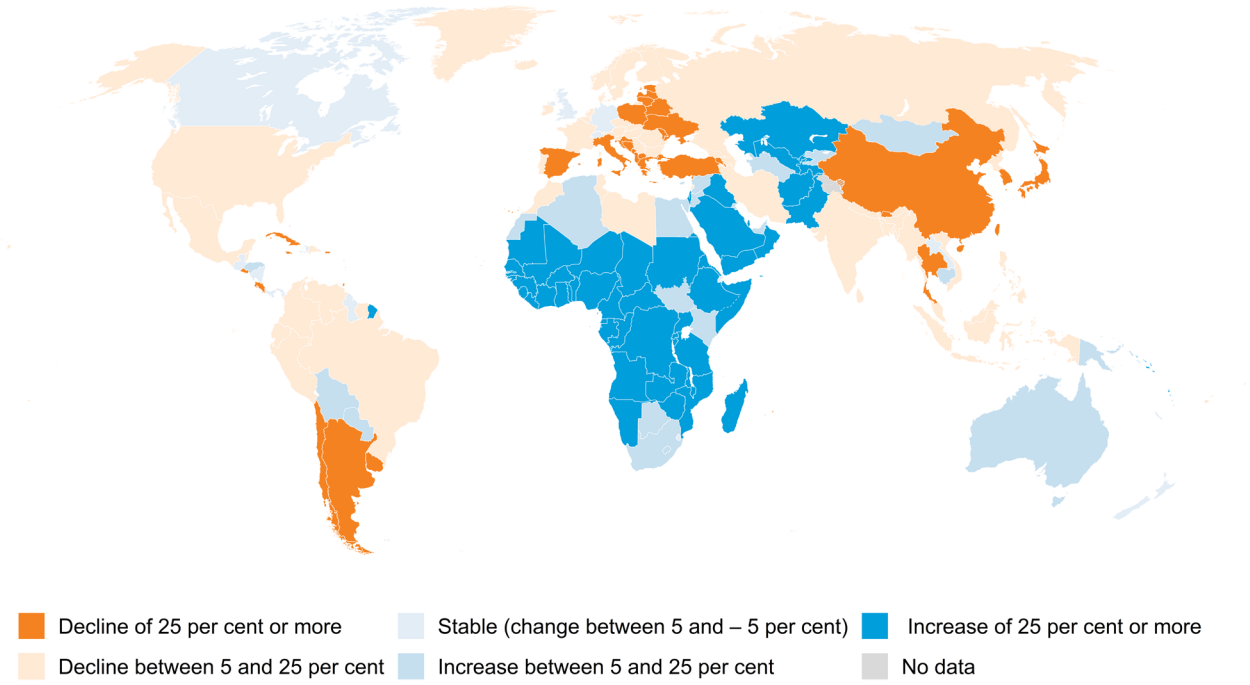
Source: United Nations (2024d).
Note: Dashed lines correspond to the projection period from 2024 to 2050 with 95 per cent prediction intervals.

Over the coming decades, these patterns are projected to become even more pronounced, with an increasing share of the world's young people living in countries facing persistent development challenges. Between 2025 and 2050, the youth population in LLMICs is expected to grow by 16 per cent, reaching nearly 880 million. By contrast, youth populations in HUMICs are projected to stabilize and then gradually decline, decreasing by almost 24 per cent over the same period and falling below 400 million by 2050. As a result, by mid-century, approximately 69 per cent of the world's young people will reside in LLMICs, compared with 59 per cent today.

Three quarters of LLMICs are projected to experience growth in their youth populations between 2025 and 2050. In 22 of these countries, the population aged 15 to 24 is expected to increase by at least 50 per cent, with the most rapid expansion anticipated in Angola, Central African Republic, Chad, the Democratic Republic of the Congo, Niger and Somalia (map I.1). By contrast, three quarters of HUMICs are projected to see declines in the size of their youth populations, with 51 countries likely to experience reductions of 25 per cent or more by 2050. Among the countries with the largest relative decreases are Albania, China, Greece, Jamaica and the Republic of Korea.

Map I.1

Percentage change in the size of the population aged 15–24, 2025–2050



Source: United Nations (2024d).
Disclaimer. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

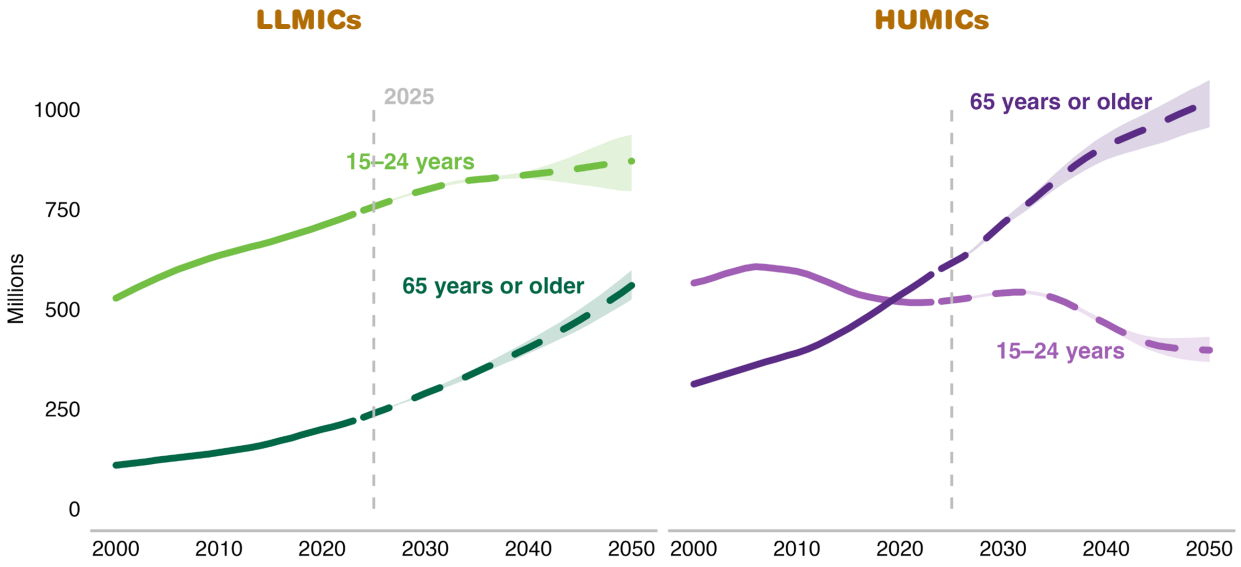
These demographic patterns are closely linked to the broader process of the demographic transition – the long-term shift from high to low fertility and mortality that accompanies social and economic development (United Nations, 2021, 2024e, 2026). In the early stages of this transition, declining death rates, particularly among infants and children, drive rapid population growth, resulting in an expansion of the number of young people. As birth rates fall, overall population growth slows and youth cohorts eventually peak in size, stabilizing or declining thereafter. In the later stages of the transition, sustained low fertility and population ageing lead to a gradual reduction in both the absolute number and the proportion of young people in the total population.

I.B Shifting age structures and implications for development

As these demographic transitions unfold, countries around the world are experiencing significant shifts in age structure, with far-reaching implications for social and economic development. In many HUMICs, declines in size of youth cohorts are occurring alongside sustained increases in the number of older persons (United Nations, 2023b, 2024e). As a result, older persons make up a growing share of the total population, a trend that is projected to intensify in the coming decades. In 2025, HUMICs had over one person aged 65 years or older for every person aged 15 to 24 years. By 2050, this ratio is projected to rise to nearly three older persons for every young person (figure I.2), highlighting the growing imbalances associated with ageing populations and the pressures this may place on smaller working-age cohorts.

Figure I.2

Population aged 15–24 years and aged 65 years or older (millions), by income level, 2000–2050



Source: United Nations (2024d).
Note: Dashed lines correspond to the projection period from 2024 to 2050 with 95 per cent prediction intervals.

These demographic shifts make intergenerational dialogue and solidarity increasingly important. Even as the number of young people declines, their voices and contributions remain essential for social, economic, and political development. Engaging youth as equal partners in decision-making is critical to sustaining innovation, civic participation and social cohesion. By actively incorporating youth perspectives into policy, societies can better respond to the challenges of population ageing while maintaining a forward-looking approach to development priorities (Rüdiger and others, 2025; Stockemer and Anlar, 2024; United Nations, 2023a).

In contrast, while most LLMICs continue to have youthful populations, they are experiencing an increase in both the number and proportion of older persons. In 2025, there was roughly one person aged 65 years or older for every three young people in LLMICs. Although young people will continue to outnumber older persons in these countries in the near future, the number of persons aged 65 years or older in LLMICs is expected to double by 2050, reducing the gap between the size of younger and older age groups (figure I.2). This shifting age structure highlights the importance of policies that promote intergenerational collaboration, ensuring that societies can harness the complementary strengths of both young and older populations.

I.C Policy priorities for countries with growing youth populations

Rapid changes in the size and spatial distribution of youth populations require targeted and forward-looking policy responses. Many of the countries with the fastest growing youth populations are not on track to achieve the Goals and targets of the 2030 Agenda for Sustainable Development,[6] particularly those related to ending poverty (SDG 1), ensuring healthy lives (SDG 3) and quality education (SDG 4), and promoting gender equality and full and productive employment and decent work for all (SDG 5 and SDG 8). Several of these countries are also contending with institutional or social fragility and violent conflict and are disproportionately affected by the adverse impacts of climate change and other severe environmental pressures, including land degradation, water scarcity and pollution.

[6] For additional information, see https://unstats.un.org/sdgs/report/2025/.

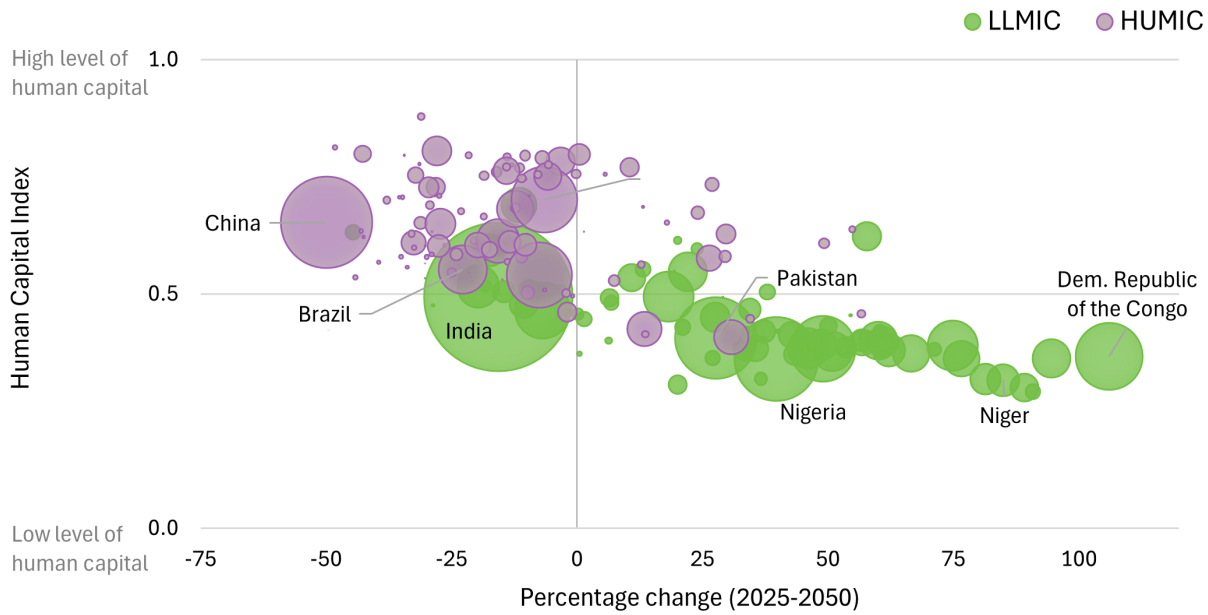
Countries experiencing rapid growth in their youth populations also tend to have some of the lowest levels of investment in human capital, a crucial driver of economic growth and sustainable development (figure I.3).[7] While young people everywhere encounter barriers that can constrain their development and well-being – including limited access to quality education and healthcare, restricted economic opportunities and heightened risks of violence, displacement and marginalization – these challenges are often particularly acute in LLMICs.

Persistent resource constraints, weaker institutional capacity and limited coverage of essential public services contribute to chronic underinvestment in education and health systems, labour markets that struggle to generate sufficient decent work and social protection systems that remain incomplete or inaccessible. Higher exposure to conflict, fragility and severe environmental pressures further disrupts schooling, livelihoods and the transition to adulthood, compounding vulnerabilities and limiting opportunities for young people to realize their full potential.

Rapid population growth amplifies the scale of investments and efforts required to advance social and economic development and to ensure that no one is left behind. It places substantial pressure on education systems, labour markets, and healthcare and social protection systems. Many countries with youthful populations continue to face challenges in creating sufficient decent work opportunities to absorb the growing number of young labour market entrants (ILO, 2022, 2024a). Limited access to quality education and healthcare, coupled with structural barriers to social mobility, can heighten economic insecurity and increase the risk of social unrest (Balestra and Cian, 2022). In countries affected by fragility or conflict, the absence of inclusive policies may further marginalize young people, eroding trust in institutions and constraining their participation in decision-making.

Figure I.3

Human capital index by percentage change in the size of the population aged 15–24 (2025–2050) and income level



Source: United Nations (2024d) and World Development Indicators, World Bank Group. https://databank.worldbank.org/source/world-development-indicators#. Accessed on 25 July 2025.
Notes: (1) The Human Capital Index (HCI) provides a snapshot of human capital investments across economies. The index incorporates different dimensions of health and the quantity and quality of schooling. A higher HCI score, ranging from 0 to 1, indicates a greater potential for productivity and economic growth. (2) HCI data available for 173 economies in 2020. (3) Circle size is proportional to a country's projected population size in 2050.

[7] Human capital consists of the knowledge, skills and health that people invest in and accumulate throughout their lives, enabling them to become productive members of society.

In countries facing these challenges, it is critical to accelerate progress on key indicators of human development, particularly through greater investment in education and healthcare, including by increasing public expenditure where it remains low. Improving health outcomes and reducing preventable mortality between ages 15 and 24 can also contribute to extending life expectancy in good health and to substantial reductions in the risk of dying prematurely at older ages (see chapter II). Strengthening human capital – while addressing the learning and health losses caused by the COVID-19 pandemic – through more inclusive, equitable and high-quality systems will enhance young people's well-being, support their full participation in economic and civic life, and empower them to contribute more effectively to sustainable development.

For LLMICs with rapidly growing youth populations, digital solutions offer innovative ways to strengthen human capital by expanding access to education,[8] healthcare and employment opportunities. Building on regional initiatives and lessons from HUMICs, where youth-led digital innovations have advanced e-commerce and mobile technologies, policymakers can design strategies to promote technological innovation and entrepreneurship. Digital tools, automation and data-driven solutions can improve production efficiency, create high-value jobs and support the growth of emerging economic sectors.

In Asia, the Youth Empowerment for Climate Action Programme (YECAP) has enabled young people to engage in climate-smart agriculture and entrepreneurship through digital platforms providing access to training, finance and markets. In Africa, the World Bank's "Scaling Up Disruptive Agricultural Technologies in Africa" initiative has promoted digital and precision agriculture, mobile advisory services and data-driven farming to enhance productivity, resilience and youth-led enterprise development (Jeehye and others, 2020). A key consideration in these initiatives is inclusion: while digital agriculture can expand youth employment, it may also exacerbate gender gaps. Strengthening digital literacy and entrepreneurship support for women, alongside research to address gender-specific barriers, is essential. More broadly, reducing disparities in digital access, literacy and affordability is critical to ensure that the benefits of digital transformation are shared equitably, fostering social and economic inclusion, enhancing resilience and advancing progress toward the Sustainable Development Goals.

Structural barriers that prevent young people from fully participating in the economy must also be addressed. With the projected increase in the population aged 15 to 24, creating sufficient opportunities for decent work[9] remains a pressing priority. This challenge is particularly acute in countries where youth are trapped in cycles of informality[10] and low-paid employment. Addressing it will require technological upgrading and economic diversification, supporting a shift from low-value-added sectors such as agriculture and extractive industries toward higher-value-added sectors, including manufacturing and knowledge-intensive services (ILO, 2022, 2024a).

In many LLMICs, the share of youth who are neither employed nor enrolled in education or training (NEET) – often used as an indicator of youth economic disengagement – is significantly higher than in most HUMICs (figure I.4; Angel-Urdinola and Mayer Gukovas, 2018). At the current pace of job creation, labour markets are unlikely to be able to absorb the growing number of new entrants (ILO, 2022, 2024a). Active labour market programmes that promote youth entrepreneurship and facilitate access to opportunities in expanding sectors, such as the green, digital and care economies, represent promising approaches that LLMICs may consider for enhancing youth employment outcomes (ILO, 2024b; United Nations, 2020a; World Bank and ILO, 2024).

[8] Digital technologies provide great potential for increasing access to open educational resources (OER). See the Dubai Declaration on Open Educational Resources, aimed at advancing the implementation of the UNESCO 2019 Recommendation on OER.

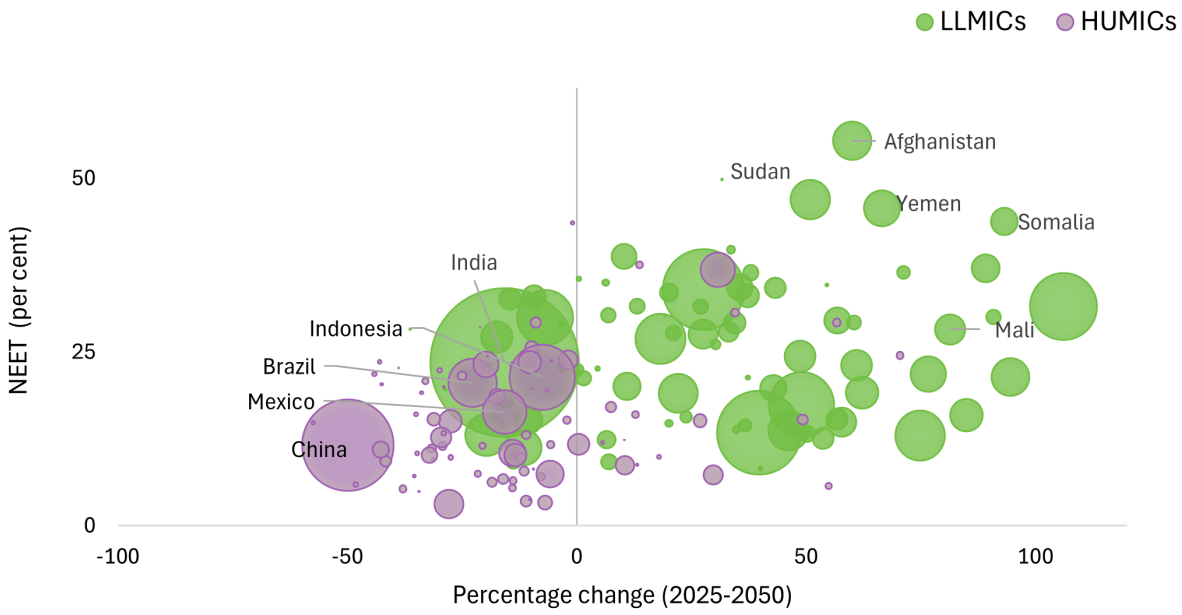
[9] Decent work involves opportunities for work that is productive and delivers a fair income, security in the workplace and social protection for all, better prospects for personal development and social integration, freedom for people to express their concerns, organize and participate in the decisions that affect their lives and equality of opportunity and treatment for women and men.

[10] The informal economy accounts for a significant share of employment and income among young people. In recent years, the increase in informal employment among youth has contributed to the recovery from the shock caused by the COVID-19 pandemic.

For young people in countries with rapidly growing youth populations, international migration is often one of the few options available to secure a better future for themselves and their families (United Nations, 2024b). In many LLMICs, young people comprise a large share of the total migrant population, often moving to neighbouring countries or within the same region. For example, in Guinea, Malaysia and Senegal, international migrants aged 15 to 24 represent more than one fourth of the total migrant population. Migrants represent a significant share of the total youth in many countries of destination. In about one third of the countries with available data, young migrants aged 20 to 24 years represent at least 10 per cent of the total population in that age range (United Nations, 2020b).[11]

Figure I.4

Percentage of youth not in employment, education or training (NEET), 2025, by change in the size of the population aged 15–24, 2025–2050 and income level



Source: United Nations (2024d) and ILO Modelled Estimates and Projections (ILOEST) Database, Nov. 2024 edition, ILOSTAT. Accessed on 25 July 2025.
Notes: (1) NEET data available for 189 locations in 2025. (2) Bubble size is proportional to a country's projected population size in 2050.

These migration patterns are frequently driven by limited access to education and decent work, economic instability, environmental pressures and, in some cases, conflict or social marginalization. While migration can offer opportunities for income generation, skills development and social mobility, it can also expose young people to vulnerabilities, including precarious employment, exploitation and restricted access to social services. Creating more opportunities for sustainable livelihoods in countries of origin, therefore, is essential to address the structural drivers that motivate or compel young people to migrate. Implementing sound macroeconomic policies, fostering institutional reforms and investing in sustainable, high-value sectors can boost productivity, generate decent work and address the root causes of migration by enabling people to build fulfilling lives in their home countries. Enhancing the availability and flexibility of regular migration pathways is also important, particularly when domestic opportunities are insufficient to meet the needs of growing youth populations (United Nations, 2024b). Expanding the availability of regular pathways for admission and stay can help prevent migrants from falling into situations of vulnerability and reduce the prevalence of criminal activities associated with migrant smuggling.

[11] Estimates of migrant stock by age groups are available for 200 countries or areas in 2020.

Advancing gender equality remains a global priority with far-reaching benefits for societies at all stages of development. However, the challenge is particularly acute in many LLMICs, which continue to exhibit lower levels of gender equality compared with HUMICs (see chapter III). As the global youth population becomes increasingly concentrated in these countries, promoting gender equality and empowering both young women and men is essential to harnessing the demographic dividend and fostering inclusive economic growth. In contexts characterised by rapid population growth, persistent gender gaps in education, labour market participation and unpaid care work limit human capital formation, reduce opportunities for decent work and constrain progress toward poverty reduction and sustainable development (United Nations, 2021; 2025b).

In many LLMICs, more than one third of young women are NEET.[12] Most of these young women are not actively seeking a paid job, suggesting that many may be engaged in traditional care and family roles with fewer chances of lifelong economic independence (Rahmani and Groot, 2023). Ensuring that all young people, particularly young women and girls, have access to quality education and skills training is therefore critical for building resilient societies and enabling youth to contribute fully to national development. Promoting women's empowerment – through equitable participation in paid employment, decent work and a more balanced sharing of caregiving and household responsibilities – can generate broad social and economic gains. Expanding access to sexual and reproductive healthcare services and enabling young women to make informed choices regarding marriage and childbearing further supports human capital accumulation, producing positive effects across generations (see chapter III).

The benefits of accelerating progress on the Goals and targets of the 2030 Agenda for Sustainable Development, particularly those related to health, education and the empowerment of women and girls, are far-reaching. Achieving these Goals would enable today's youth to thrive now, support their well-being and productivity as they transition into adulthood, and benefit their future children, should they choose to have any, contributing to healthier, better-educated generations to come (Patton and others, 2016).

Investments in young people generate significant social and economic returns. For example, countries such as Bangladesh and Ghana, which have expanded access to secondary and tertiary education, strengthened reproductive health services and increased women's participation in the labour force, have successfully translated these demographic and social investments into sustained economic growth (Bawah and others, 2025; Chowdhury and others, 2023). In India, reductions in adolescent fertility and improvements in girls' education are closely associated with higher household incomes, lower poverty rates and greater resilience to economic shocks, highlighting the critical role of education and reproductive health in enhancing human capital and promoting inclusive development (Singh and Shri, 2025).

When supported by effective policies including investments in human capital, job creation, gender equality and good governance, the demographic transformation associated with declining family size in youthful populations can free up resources, allowing households and Governments to save more while enabling the labour force to become more productive, ultimately fostering more inclusive economic development (United Nations, 2021, 2023c). As the demographic dividend is temporary, it is essential to capitalize on this favourable age structure while it lasts (Lee and Reher, 2011; Guengant, 2012).

However, in many countries facing persistent development challenges, the opportunity to realize the demographic dividend may be lost unless bold and innovative strategies, backed by adequate financial mechanisms, are urgently implemented (United Nations, 2023b, 2024f; Horton and others, 2020; see box I.1). For Governments and their partners, mobilizing sufficient resources to meet the needs of expanding youth populations is critical. Equally important is engaging young people as full, meaningful and effective participants in all decision-making processes that shape their lives and futures.

[12] In 38 LLMICs, the difference between the share of NEET among young women and young men was more than 10 percentage points in 2025.

Box I.1

Innovative financing approaches to create sustainable livelihoods for youth

Many LLMICs struggle with structural economic and fiscal constraints that limit their capacity to implement effective policies capable to meet the needs of their growing youth populations. Innovative financing approaches can help bridge these gaps by mobilizing additional resources, improving the efficiency of public spending and creating new partnerships to support sustainable investments in young people, offering a pathway to create sustainable livelihoods for youth and accelerate progress toward inclusive and sustainable economic transformations (United Nations, 2024f).[13] However, domestic public resources alone are often insufficient to address the scale of the sustainability challenges these countries face. To better engage the private sector, Governments have increasingly adopted blended and equity financing approaches[14] that mobilize resources from both public and private sources to advance sustainable development targets, particularly those related to youth and education investments (Patrinos and Tanaka, 2024; Dalhuijsen, Gutierrez and others, 2023).

Governments have also used tax incentives to encourage lenders to maintain a certain proportion of youth clients in their portfolios. In addition, lending instruments such as green bonds,[15] often grounded in environmental justice principles, have effectively expanded opportunities for youth entrepreneurship and participation in the green economy (Horton and others, 2020; Herrera, 2024). In several LLMICs, green bonds have helped reduce the youth gap in sustainable agriculture by supporting youth-led agrifood businesses.

Fostering youth financial inclusion is equally crucial for expanding decent work opportunities. Financial solutions should be adapted to the realities of young people, who are often overrepresented in the informal economy and typically lack the collateral or credit history required to access traditional financial services (Chacaltana and Dasgupta, 2021). Expanding access to start-up capital, for instance, can facilitate the transition from informal work or schooling into formal self-employment. In Brazil, Mexico and Uganda, income support and entrepreneurship incentives have played an important role in supporting the success of young entrepreneurs.

For many young people, improving financial literacy goes hand in hand with reskilling and upskilling to acquire digital competencies. In Ethiopia and Kenya, for example, online learning platforms targeting high school students, out-of-school youth and unemployed young people have enhanced digital literacy and expanded access to online job opportunities. Digital government-to-person (G2P) payment systems are also emerging in many LLMICs and may be particularly well-suited to youth. Zambia, for example, has implemented an innovative digital G2P model through the GEWEL Project, which aims to strengthen human capital development and livelihood support for girls and women (Baur-Yazbeck, Chen and Roest, 2019).

For further information, see UN DESA Financing for Sustainable Development Office (FSDO).

Another priority is to address the environmental pressures associated with rapidly growing youth populations. Larger youth cohorts increase demand for energy, water, land and other natural resources, and in many LLMICs – where population growth is most rapid – this intensifies the environmental impacts of economic development, including higher greenhouse gas (GHG) emissions and accelerated resource consumption. Although these countries have historically contributed only a small share of global emissions, achieving sustained economic growth and meeting the Goals and targets of the 2030 Agenda will require substantial increases in energy and resource use (United Nations, 2021). Managing these pressures sustainably will require strong international support, including

[13] The Sevilla Commitment, adopted at the Fourth International Conference on Financing for Development in June 2025, sets out a renewed global framework for financing sustainable development to respond to economic and financial challenges. See: https://financing.desa.un.org/document/ffd4-outcome-booklet-spread.

[14] Equity finance is an efficient way for small and medium enterprises to finance high-risk investments and comprises the finance a company raises by selling shares rather than borrowing.

[15] A type of debt instrument where the proceeds are specifically used to finance or refinance projects with positive environmental or climate impacts.

technology transfer, investment in clean energy and policies to decouple economic growth from environmental degradation, combined with strategies to create green jobs for young people. HUMICs, which have historically driven unsustainable patterns of production and consumption, bear primary responsibility for achieving net-zero emissions and supporting global sustainable development. In LLMICs with rapidly expanding youth populations, urgent action is needed to ensure that the opportunities associated with demographic growth are realized without compromising environmental sustainability.

I.D Policy priorities for countries with stable or declining youth populations

Countries where youth populations are projected to stabilize or decline in the coming decades will face a distinct set of opportunities and challenges shaped by their evolving demographic landscape.

Historically, large youth cohorts have played a pivotal role in driving development trajectories across many HUMICs. For example, Japan and the Republic of Korea harnessed the entry of educated young people into the labour force to fuel industrial expansion, urbanisation and sustained productivity growth. Similarly, in Brazil, China and Malaysia, sizeable youth cohorts entering the labour market supported infrastructure development, the rise of manufacturing and service industries and the emergence of competitive technology sectors. In each of these cases, long-term investments in education and vocational training as well as in strong health systems helped transform demographic potential into tangible economic and social progress.

For many countries where youth populations have already peaked in size or will do so in the near future, the central challenge will be to develop new models of economic growth that are less dependent on population expansion and more reliant on productivity gains, technological innovation and continued human capital development.

To sustain economic performance in the context of shrinking youth populations, countries will need to complement demographic adaptation with forward-looking investments in skills, technology and sustainable development pathways (United Nations, 2023b; ILO, 2024b). Strengthening digital infrastructure, expanding access to technology-driven lifelong learning and incentivising private-sector investment in youth entrepreneurship and innovation are critical priorities. At the same time, aligning these efforts with the broader green and digital transitions is essential (United Nations, 2021; ILO, 2024b). Investments in renewable energy, sustainable production systems and climate-resilient infrastructure can generate new opportunities in emerging green industries, while digital technologies can enhance productivity, expand access to services and foster economic diversification.[16] Targeted support for young innovators, including access to finance, mentorship and incubation programmes, can ensure that smaller youth cohorts continue to drive economic dynamism.

Equipping young people with the skills required for rapidly evolving labour markets is equally important. Beyond digital and technical competencies, young workers need strong foundational and transversal skills such as creativity, teamwork, problem-solving, empathy, conflict resolution and relationship management to adapt to fast-changing work environments and participate effectively in knowledge-intensive and service-oriented sectors (ILO, 2024a; 2024b; UNESCO, 2021). Integrating these competencies into education, training and workplace practices can enhance productivity, broaden access to economic opportunities and promote more inclusive growth. Such measures not only sustain national economic performance in the context of shrinking youth populations but also strengthen social resilience and adaptability in societies undergoing demographic change and confronting rising shares of older persons (see section I.B).

[16] See also https://www.decentjobsforyouth.org/#latest.

Public-private partnerships can facilitate access to technology, finance and skills development, particularly for marginalized youth. When combined with broader human capital development policies, including those related to healthcare, education and gender equality, such partnerships can help countries harness the full potential of their youth populations. Integrating these approaches can support innovation, strengthen labour market outcomes and sustain inclusive growth, even in contexts where youth populations are stabilising or declining.

In some contexts, a smaller youth population entering the labour force may create opportunities for improved decent work outcomes and higher wages, although these effects depend strongly on broader economic conditions, labour demand and the effectiveness of supporting policies (Moffat and Roth, 2016; Morin, 2015; ILO, 2024a; 2024b). Employers may be incentivized to invest in training and skills development to attract and retain young talent, potentially leading to higher-quality jobs, better working conditions and greater prospects for career advancement, though such gains are not guaranteed in all labour market settings (Oladapo, 2014).

Young people may also face reduced competition for access to education, with smaller class sizes, more individualized attention and improved learning environments, provided that education systems maintain adequate levels of investment (OECD, 2024; UNESCO, 2021). Families and societies may be able to allocate more resources to each young person's health, well-being and human capital formation, contributing to improved long-term outcomes (Fertig and others, 2009). Countries such as Indonesia and Mexico, where the share of youth NEET exceeds 15 per cent, can potentially use the momentum generated by shrinking youth cohorts to accelerate progress and converge towards the lowest NEET rates observed globally, provided that supportive labour market and education policies are in place (ILO, 2024a; United Nations, 2023b).

In contexts where increased fiscal space allows, Governments and communities may be able to enhance the quality and accessibility of healthcare services, including in areas of growing concern such as mental health. By investing in early identification, prevention and treatment of conditions including depression, anxiety, substance use disorders and injuries – leading contributors to poor health among youth aged 15 to 24 in many HUMICs (see chapter II) – countries can help improve overall health outcomes for young people.

Additional per capita resources can also be directed toward complementary interventions that promote youth well-being, such as school-based health programmes, psychosocial support services, community engagement initiatives and access to recreational and cultural activities. Prioritizing mental health alongside broader health and social investments can strengthen young people's human capital and resilience, reduce long-term social and economic costs associated with these conditions and better equip youth to participate fully in education, employment and civic life as they age (Bartelink and others, 2020; Kondirolli and Sunder, 2022).

A smaller youth population can also present opportunities for more environmentally sustainable development. With slower population growth, countries may face reduced pressure on natural resources including land, water and energy, allowing for more targeted investments in conservation, renewable energy and sustainable infrastructure (United Nations, 2021). In addition, with greater resources available per capita, Governments may be better positioned to implement programs that integrate environmental education into school curricula, foster youth engagement in climate action, and incentivize sustainable consumption and production practices. By aligning demographic shifts with environmental priorities, countries can enhance resilience to climate change, promote biodiversity conservation, and advance progress towards multiple Sustainable Development Goals (United Nations, 2024c).

Nevertheless, rapidly declining youth populations may also pose challenges, including potential shortages of young workers, reduced economic dynamism and diminished innovation capacity, which could constrain long-term growth. To address these challenges, policies should not only target youth but also support other population groups, particularly those traditionally excluded, such as women, older persons and persons with disabilities.[17] Strengthening

[17] These approaches are important in all contexts, regardless of population trends.

human capital through lifelong learning, reskilling and upskilling and harnessing advanced technologies including robotics, automation, artificial intelligence and digital platforms can help maintain productivity and innovation (ILO, 2024a; United Nations, 2023b). At the same time, aligning these strategies with the green and digital transitions can create sustainable economic opportunities for smaller youth cohorts, including in renewable energy, climate-smart industries and digital entrepreneurship. By combining demographic, technological and environmental strategies, countries can promote inclusive and sustainable development even in the context of declining youth populations.

In some countries, immigration may help alleviate labour force shortages associated with declining youth populations, at least in the short term. In several HICs, international migrants already constitute a substantial share of the population aged 15 to 24, with Australia, New Zealand and several countries of the Gulf Cooperation Council (GCC) among those with the highest proportions of young migrants (United Nations, 2020b). In countries with ageing populations, young migrant workers can help mitigate some of the economic pressures associated with a shrinking working-age population, including by strengthening tax bases, easing pressure on public pension systems and supporting innovation and productivity growth (United Nations, 2024b). However, the extent of these benefits depends on national policies and labour market conditions, including migrants' access to formal employment, protections of their labour rights and opportunities for skills recognition and career advancement.

For young migrants themselves, gaining work experience abroad can expand opportunities for decent work and enhance employment prospects both internationally and upon return to their countries of origin, particularly where safe, regular and well-managed migration pathways are in place. At the same time, outcomes vary widely; some young migrants face barriers such as precarious employment, discrimination or limited access to social protection, underscoring the need for policies that safeguard their rights and promote their full economic and social inclusion.

In line with objective five of the Global Compact for Safe, Orderly and Regular Migration, countries should consider enacting rights-based and gender-responsive labour mobility schemes that are tailored to their national and local labour market demands. Partnerships between countries of origin and countries of destination to invest in skills development, including vocational training aligned with projected labour market needs, can help unlock the talent, innovation and entrepreneurial potential of youth, while safeguarding the development needs of countries of origin (Di Salvo, 2022). To prevent the depletion of critical skills in LLMICs, destination countries should uphold and rigorously enforce fair and ethical recruitment practices, ensuring that labour migration – particularly of young talent – does not exacerbate brain drain (box I.2).

Targeted migration policies can also help address regional disparities within countries experiencing declining youth populations. In many HUMICs, the youth population decline has been especially pronounced in remote or rural areas. Creating economic opportunities in these regions – including through financial incentives for youth-led enterprises, support for rural entrepreneurship and investment in infrastructure such as high-speed internet – may help slow the outmigration of young people and encourage their return.

Supporting the settlement of young international migrants in remote or rural areas can further contribute to the revitalization of those areas, as migrants often fill critical labour shortages in sectors such as high-value agriculture and other activities that are difficult to mechanize (Woods, 2016). However, the potential benefits of these strategies vary considerably across countries and regions. Successful outcomes depend on factors such as the availability of decent work, access to adequate housing and services, the strength of local institutions and the degree to which social and economic inclusion is promoted.

Where these enabling conditions are in place, an inflow of young migrants may help stimulate local economic growth, enhance the attractiveness of these regions for investors and job seekers and, when combined with policies that leverage smaller populations to promote environmental sustainability, support more balanced, resilient and sustainable regional development (FAO, 2018; Hospers and Reverda, 2015).

Box I.2

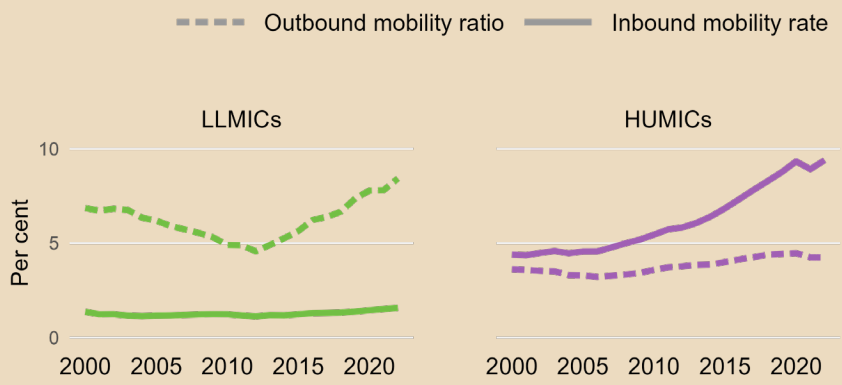
International migration and human capital

The emigration of highly educated individuals from poorer to wealthier countries can result in "brain drain", depleting scarce human capital and hindering progress toward the Sustainable Development Goals, particularly in least developed countries and small island developing States (SIDS).18 This loss can reduce productivity, weaken essential public services and limit socioeconomic development. Upholding ethical recruitment standards and implementing policies to retain talent or to support circular or return migration can help mitigate these negative effects.

Under certain conditions, skilled migration can generate positive outcomes. The prospect of higher returns on education abroad may incentivize investment in human capital, creating a more educated population. For young people, migration can also expand access to quality education, diversify employment opportunities and foster skills that support innovation and entrepreneurship at home. LLMICs have the highest ratios of students studying abroad relative to domestic tertiary enrolments (figure I.5). Globally, youth participation in international education has grown substantially, contributing to knowledge production and international exchange (United Nations, 2024b).

Figure I.5

Outbound international mobility ratio and inbound mobility rate (per cent) by income level, 2000–2022



Source: UNESCO UIS Data Browser. https://databrowser.uis.unesco.org/browser. Accessed on 8 May 2025.
Notes: (1) The outbound international mobility ratio is the estimated number of students from a given country studying abroad, expressed as a percentage of total tertiary enrolment in that country. The inbound mobility rate is the estimated number of students from abroad studying in a given country, expressed as a percentage of total tertiary enrolment in that county. (2) Estimates on inbound mobility for LICs are only available for years 2008–2012.

However, when qualifications are not recognized abroad, migrants may end up in jobs below their skill level, a phenomenon known as "brain waste". Facilitating the recognition of formal and informal skills through bilateral, regional and multilateral agreements is essential to prevent the loss of human capital and ensure that migration fully supports the educational, economic and entrepreneurial potential of youth.

[18] Some SIDS economies depend heavily on the inflow of migrant remittances. Limited resources, geographical isolation and environmental susceptibility are important drivers of international migration in SIDS, along with the special status of island territories, associated states and former colonies. For youth, socioeconomic insecurity and lack of opportunities contribute to high emigration rates, with "brain drain" becoming a major concern in many countries.

I.E Harnessing youth potential amid demographic change

Changes in the size, structure and spatial distribution of youth populations are reshaping development trajectories worldwide, presenting distinct economic, social and environmental challenges and opportunities. Understanding these trends is essential for designing policies that empower young people, promote gender equality and address the pressures of shifting age structures while advancing sustainable development.

In countries with rapidly growing youth populations, demand for education, healthcare, employment and social protection is likely to increase. Strategic investment in young people's human capital is critical to ensure they are healthy, skilled and able to participate fully in economic, social and civic life. Policies must also address persistent gender gaps, enabling equal access to education, healthcare and employment opportunities for young women and men. Integrating environmental sustainability and international cooperation into youth policies can amplify these efforts, promoting green skills, climate action and sustainable livelihoods while fostering cross-border collaboration and solidarity.

In countries where fertility is declining, large youth cohorts can present an opportunity to harness a demographic dividend. A higher share of working-age individuals relative to dependants can accelerate economic growth. Translating these demographic trends into sustainable development outcomes requires policies that expand access to quality education, vocational training, digital and green skills, healthcare and decent work. Programmes must recognise the interconnections between technical skills, social and emotional competencies and mental and physical well-being (see chapters II and III). Cross-sectoral collaboration and co-financing mechanisms, such as pooled or aligned budgeting, can enhance the efficiency, integration and responsiveness of policies and programmes (WHO, 2023a; Kuruvilla and others, 2018).

Countries with declining youth populations face different but equally important considerations, including potential labour shortages, slower economic growth and rising dependency ratios. Policies in these contexts should focus on enhancing productivity, fostering technological innovation, supporting workforce participation across all ages and promoting active and healthy ageing. Promoting inclusive employment opportunities alongside environmentally sustainable development can help countries manage the effects of shrinking youth cohorts while maintaining dynamic and resilient economies. In some contexts, carefully designed immigration policies and support for youth mobility can also help alleviate labour constraints while fostering knowledge exchange, innovation and international collaboration.

Across all contexts, young people are increasingly asserting their right to participate in decisions that affect their lives, bringing innovation, creativity and accountability to governance. Youth are often at the forefront of social and institutional reform, advocating for improvements in education, healthcare, gender equality, environmental protection and governance systems that strengthen resilient, inclusive and sustainable societies. By strategically investing in young people and aligning policies with demographic realities, countries can mitigate risks, capitalise on opportunities and ensure that youth contribute fully to sustainable development, social cohesion and long-term well-being.

Chapter II. Critical interventions to improve the health of young people

The period between ages 15 and 24 is a critical period of human development. During this time, most individuals complete physical maturation and reach or approach their peak physical capacity. It is also a formative phase for establishing key behaviours and lifestyle habits, including those related to nutrition, physical activity and social-emotional well-being. In some cases, it is also when individuals first engage with psychoactive substances such as tobacco, alcohol or drugs.

These behaviours and habits can have lasting implications for long-term health, well-being, productivity and overall quality of life. Good physical and mental health can support young people's ability to take on new roles and responsibilities, though the impact varies across individual and social contexts. Healthier individuals may find it easier to engage in education, employment and social life, and experiences in these areas – such as access to supportive schools, decent work and strong social networks – can in turn influence health trajectories and opportunities for well-being. Health is therefore an important component of building human capital (chapter I). Mental well-being, in particular, enables young people to develop socio-emotional skills needed to succeed in education systems and navigate fast-changing labour markets.

As young people gain autonomy and developmental maturity, supporting them in making informed decisions about their health can contribute to long-term well-being. Strengthening protective factors such as access to accurate information, supportive environments and timely health services can be as important as addressing risk factors that undermine good health. Encouraging healthy behaviours may help reduce risks associated with harmful substance use and the problematic use of digital technologies.

Because most health and mortality risks among persons aged 15 to 24 years can be prevented or mitigated, differences within and between countries in health outcomes for this age group often signal broader inequities in access to, affordability of, and quality of healthcare. The importance of addressing the social, economic, environmental and political factors that impact health cannot be overstated (United Nations ECOSOC, 2025; WHO, 2025c). Strengthening healthcare systems, particularly in resource-limited contexts with growing numbers of children and young people, will require substantial investment just to keep pace with population growth (chapter I). In many contexts, urgent action is needed to address preventable illness and death arising from inadequate access to primary care, sexual and reproductive healthcare services and other essential health interventions. These gaps continue to affect millions of vulnerable young people globally.

Effective programmes for health promotion and disease prevention targeting young people require collaboration across sectors, including the health, education, employment, housing and social protection sectors, as well as with community support systems. They also require meaningful youth engagement as equal partners in identifying new solutions to persistent and emerging health issues that affect them the most. Ensuring the sustainability of health systems in countries confronting a variety of demographic situations and developmental challenges, strengthening youth-friendly services within primary healthcare services, and addressing the intersecting social and environmental determinants of health – including poverty, gender equality, water and sanitation and pollution and climate change – are areas that need to be prioritized to put the Goals and targets of the 2030 Agenda for Sustainable Development on health and well-being back on track, protect the related rights of young people and ensure a more equitable future for current and future generations.

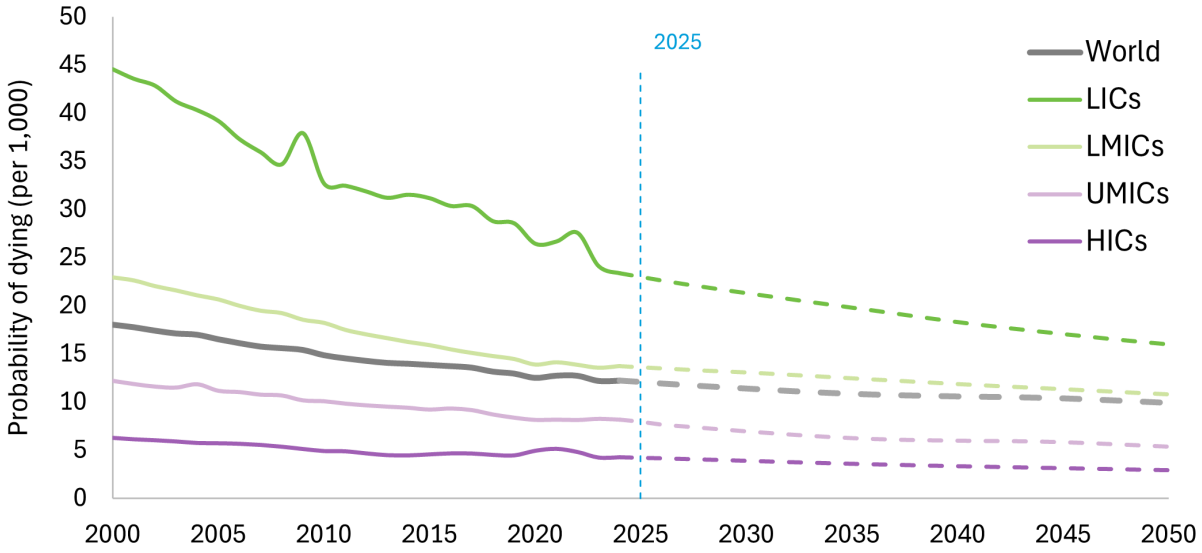
II.A Trends in youth mortality

Although the ages 15 to 24 are critical for shaping long-term health trajectories, mortality during this period remains relatively low compared with other age groups. A 15-year-old is approximately three times less likely to die before age 25[19] than a newborn is to die before age 5, and nearly ten times less likely than an adult aged 25 is to die before age 60 (United Nations, 2024d; Remund and others, 2018).

Over the past 25 years, substantial progress has been made in reducing youth mortality. Globally, the probability of a 15-year-old dying before age 25 declined by one third, from 18 to 12 deaths per 1,000 between 2000 and 2025 (figure II.1). The most marked improvements occurred in LICs, where youth mortality fell by half over the same period, from 45 to 23 deaths per 1,000 population.[20]

Figure II.1

Probability of dying between exact ages of 15 and 25 by income group, 2000–2050



Source: United Nations (2024d).
Note: Dash lines correspond to the projection period from 2024 to 2050.

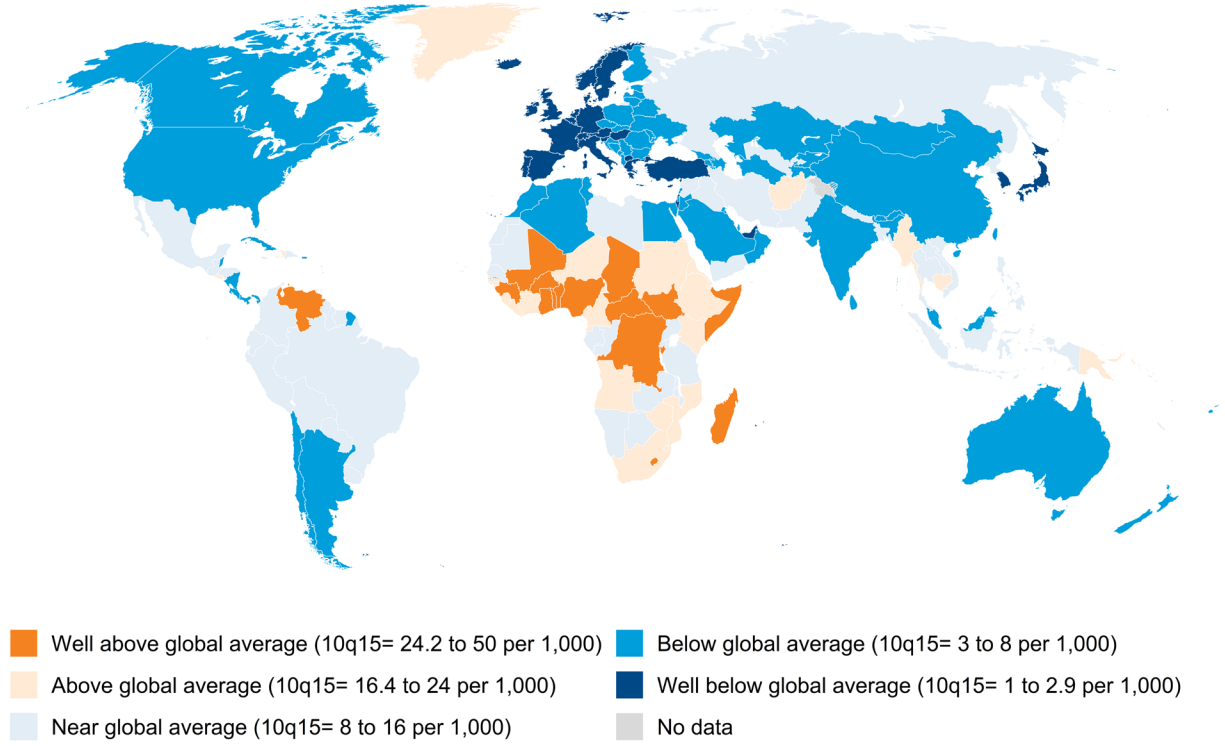
Despite significant progress in reducing youth mortality over recent decades, wide disparities persist (map II.1). In LICs, the risk of dying between ages 15 and 24 remains approximately twice the global average and five times higher than in HICs. Countries such as Chad, Nigeria, Somalia and South Sudan continue to record some of the highest youth mortality rates globally. Most of these premature deaths are preventable and could be averted through the implementation of universal and targeted evidence-based interventions. These include implementing youth-friendly services in primary healthcare facilities, expanding social protection systems in resource-constrained settings and addressing the leading causes of death disproportionately affecting young people in the poorest countries (WHO, 2025c).

[19] The probability of dying between exact ages 15 and 25 – denoted as 10q15 in life table notation – represents the likelihood that a 15-year-old will die before reaching age 25, based on current age-specific mortality rates. This measure is typically expressed per 1,000 population.

[20] Robust monitoring of youth mortality remains challenging, as the burden is disproportionately concentrated in countries with weak civil registration and vital statistics systems.

Map II.1

Probability of dying between exact ages 15 and 25 (ratio to global average), 2025



Source: United Nations (2024d).
Notes: (1) The global 10q15 stood at 12.07 deaths per 1,000 population in 2025. For each country and area, 10q15 was divided by this value. Ratios were rounded to the second decimal. (2) The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

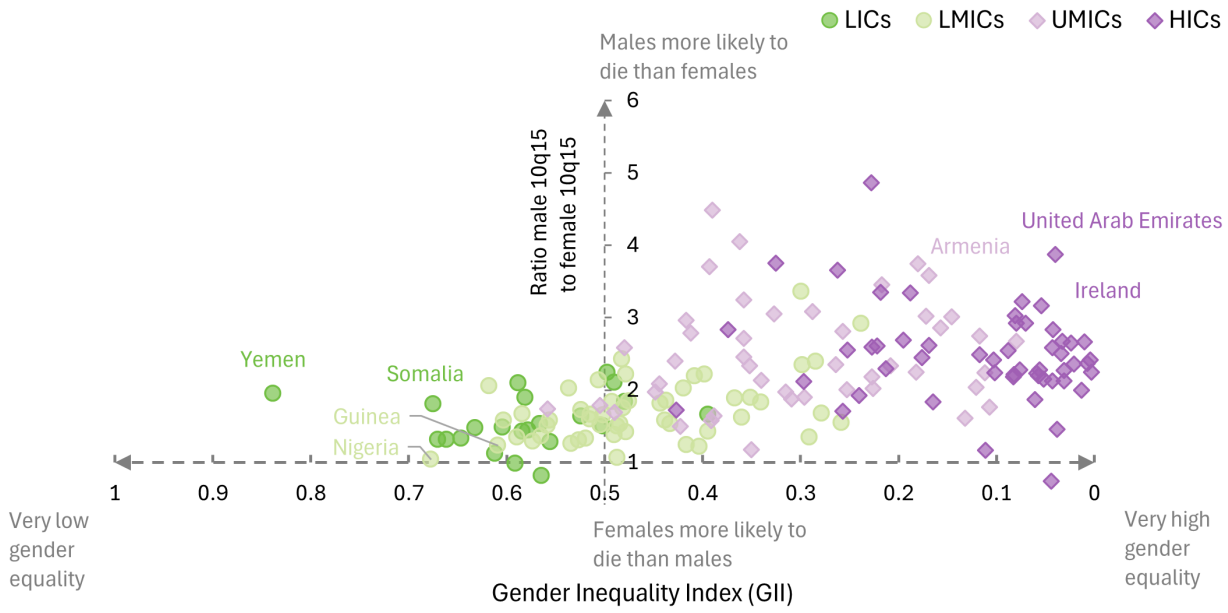
II.B Differences in health and mortality among young women and young men

Across countries at all income levels, male youth face significantly higher mortality rates than their female counterparts (United Nations, 2024d; GBD 2021 Demographics Collaborators, 2024).[21] In 128 countries and territories, including Australia and Canada, males aged 15 are twice as likely to die before reaching age 25 compared to young women. In 33 countries and areas, including Brazil, the Russian Federation and Saudi Arabia, this disparity is even more pronounced, with males in this age group being three times or more as likely to die as young women.

[21] Globally, males are about 54 per cent more likely to die between ages 15 and 24 than females. Across countries and over time, the variability of sex gaps in youth mortality is greater than in other age groups. For instance, fatal disruptions such as wars and conflicts disproportionally affect young males in some countries. On average, female death rates in LLMICs have decreased faster than among males in recent decades, widening the sex gap in those countries.

Figure II.2

Probability of dying between exact ages 15 and 25 (ratio male to female) by Gender Inequality Index and income level, 2025



Sources: United Nations (2024d) and UNDP (2025).
Notes: (1) For each country and area, 10q15 for males was divided by the value of 10q15 for females. (2) Rare events can lead to highly volatile rates with increased statistical uncertainty, especially in small populations.

Gender norms influence the disparity in mortality risks between male and female youth in complex ways. In many HUMICs, including Armenia, Ireland and the United Arab Emirates, which are characterized by high levels of gender equality,[22] young men are significantly more likely to die before age 25 than their female peers (figure II.2; GBD 2021 Demographics Collaborators, 2024). Conversely, in many LLMICs, including Guinea, Nigeria, Somalia and Yemen, where gender equality is low and where structural barriers disproportionately affect young women's health and well-being, the gap in mortality between male and female youth tends to be narrower. In these settings, prevailing gender norms contribute to eroding the survival advantage typically observed among young females. This heightened vulnerability is often linked to limited access to healthcare services, restricted autonomy in health-related decision-making, early and forced marriage, and exposure to gender-based violence, all of which disproportionately affect young women in contexts of low gender equality (chapter III).

Maternal conditions, which are among the leading causes of death for young women, help explain this disparity. In LLMICs, 1 in 4 women who die between ages 15 and 24 loses her life during or following pregnancy and childbirth. In 2021, an estimated 74,000 young women died from maternal causes globally, with nearly 93 per cent of these deaths occurring in LLMICs.[23] Over the past decade, progress in reducing maternal mortality in LLMICs has stalled and stark differences persist both within and among countries. The lifetime risk of maternal death for a 15-year-old girl in a LIC remains approximately 120 times higher than that of her counterpart in a high-income country (figure II.3).[24]

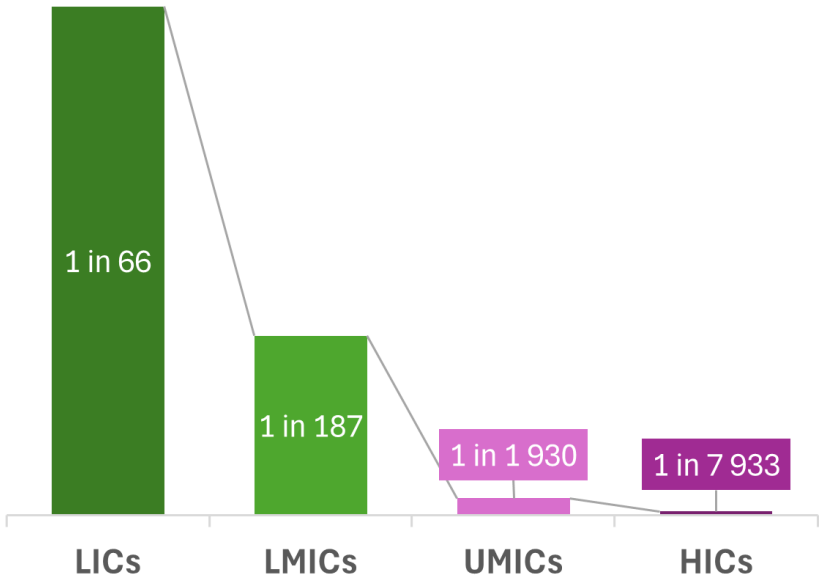
[22] Measuring gender inequality is inherently complex, as it necessitates the assessment of disparities between men and women across a range of social, economic and political dimensions. In this chapter, the Gender Inequality Index (GII) is employed as a composite measure to capture these multidimensional aspects of inequality.

[23] Significant country-level differences among LICs are observed, suggesting that a complex array of factors may substantially affect maternal health outcomes. Structural biases related to gender, socioeconomic status, education and ethnicity play an important role in maternal health and mortality (Souza and others, 2024).

[24] The lifetime risk of maternal death is the probability that a 15-year-old female will die eventually from a maternal cause assuming that current levels of fertility and mortality (including maternal mortality) do not change in the future, taking into account competing causes of death.

Figure II.3

Lifetime risk of maternal death for 15-year-old girls (LTR15) by income group, 2023



Source: WHO (2025a).

Providing access to care by skilled health professionals before, during and after childbirth can dramatically reduce the number of maternal deaths (Budu and others, 2021; Priebe and others, 2024). Empowering young people to make free and informed decisions and strengthening access to appropriate information, education and healthcare services, including effective family planning methods, consistent with their evolving needs and capacities, can prevent unintended pregnancies, save lives and improve the health and well-being of young women and men. Addressing the factors that encourage or compel young people to enter a union or marry at an early age is also critical (see chapter III).

While in most countries young men are more likely to have their lives cut short prematurely compared to young women, they often report higher health-related quality of life (Alwhaibi and Balkhi, 2025; Bisegger and others, 2005).[25] Lower reported quality of life among young women reflects a range of intersecting factors, including discrimination and unequal access to appropriate healthcare. Addressing the disparities in health and mortality between male and female youth requires implementing gender-responsive policies that recognize and address the distinct vulnerabilities, needs and barriers faced by both young women and young men.

One area of particular importance is ensuring that sexual and reproductive healthcare services are designed to respond to the distinct needs of young women and men. For young women, this includes a better understanding of the drivers of contraceptive discontinuation, abandonment or method switching (Busse and others, 2025; Adedini and Omisakin, 2023). Equally critical is improving menstrual health and addressing "period poverty", the inability of adolescent girls and young women to afford menstrual products or access adequate sanitation facilities. These interventions can directly improve the physical health, school attendance and participation in social and community life of adolescent girls and young women, particularly in contexts where harmful social and cultural norms restrict their mobility and increase the risk of discrimination or gender-based violence (Sarkar and others, 2025; UNICEF and WHO, 2023; World Bank, 2017).

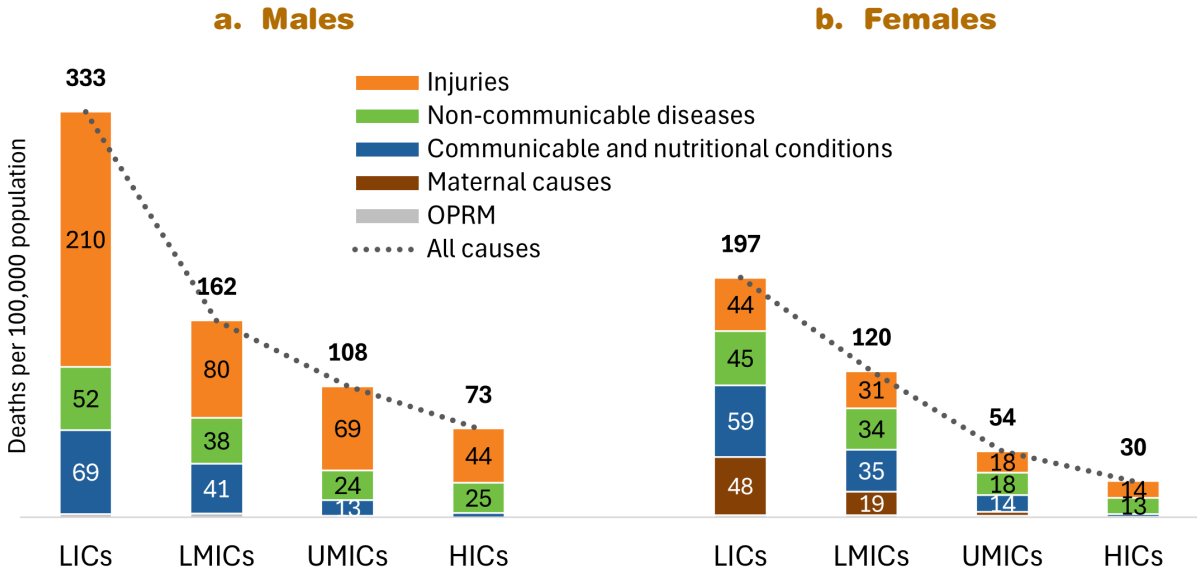
[25] In some contexts, higher mortality among young men compared to young women is associated with environmental events and circumstances classified in the International Classification of Diseases (ICD) as external causes (see section II.C). Differences in health reporting may also contribute to sex differences in health status.

II.C Main causes of poor health and mortality among young people

For young people, four of the top five causes of death are injury-related, with young men facing higher odds of dying from these causes compared to young women (figure II.4) (United Nations, 2024d; WHO, 2025b). Injuries, which according to the International Classification of Diseases (ICD) include both unintentional causes (such as road traffic crashes) and intentional causes (including interpersonal violence and self-harm), account for nearly half of all youth deaths in LICs and more than half of all youth deaths in UMICs and HICs (figure II.4).[26] In approximately two thirds of countries and areas, injuries are responsible for over 40 per cent of all deaths among individuals aged 15 to 24.

Figure II.4

Mortality rates for major groups of causes of death by income level (per 100,000 population), ages 15–24, 2021



Sources: United Nations calculations based on WHO (2025b) and United Nations (2024d).
Notes: (1) Causes of death are available for 185 locations with income level, some of which have been adjusted for completeness and quality issues. (2) OPRM refers to "other pandemic related mortality", an estimate of the number of deaths that were not specifically caused by COVID-19 but indirectly attributed to the pandemic. In 2021, OPRM rates for males and females aged 15 to 24 varied between 0 and 3 per 100,000 on average among income groups. (3) Values are not shown for rates lower than 5 per 100,000.

Road traffic crashes remain a major public health concern for youth worldwide and are responsible for approximately 1 in 8 deaths among individuals aged 15 to 24. Although global fatality rates have declined compared to two decades ago, road traffic injuries continue to result in a high number of deaths in this age group, ranging from 23 per 100,000 population annually in LICs to 9 per 100,000 in HICs. Contributing factors include limited driving experience, low awareness of road safety, engagement in high-risk behaviours such as speeding, driving under the influence of alcohol or other psychoactive substances, distracted driving and failure to use seatbelts or protective gear such as motorcycle and bicycle helmets. Young men are disproportionately affected by road traffic fatalities (figure II.5).

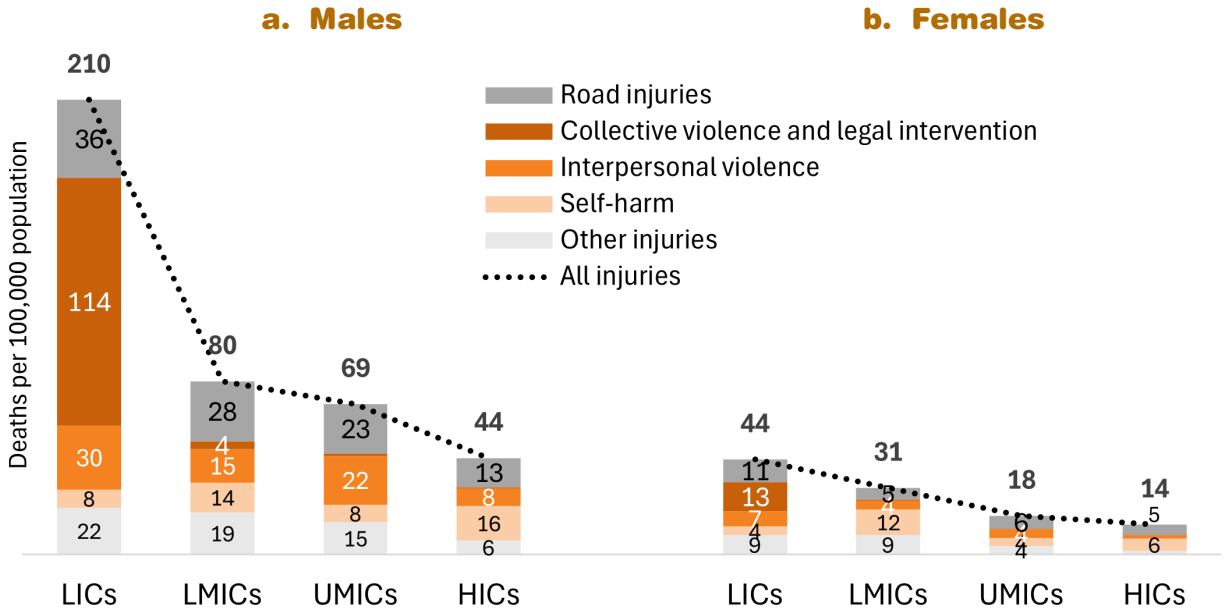
Adherence to WHO best practices, including the adoption of international legal standards pertaining to vehicle and road safety,[27] and the effective implementation and enforcement of legislation targeting key risk factors for traffic injuries, such as alcohol consumption or speeding, can significantly reduce road traffic-related fatalities (WHO, 2023b). These interventions are particularly critical in LLMICs, where the burden of road traffic injuries among youth remains high (Symons and others, 2019).

[26] Estimates of number of deaths by cause are available for 186 countries in 2021. Higher mortality in Afghanistan and Yemen affects the average death rate from injuries in LICs.

[27] Relevant United Nations conventions include the 1968 Convention on Road Traffic; the 1968 Convention on Road Signs and Signals; the 1997 Agreement concerning the Adoption of Uniform Conditions for Periodical Technical Inspections of Wheeled Vehicles; and the 1998 Agreement concerning the Establishing of Global Technical Regulations for Wheeled Vehicles, Equipment and Parts.

Figure II.5

Mortality rates for types of injuries by sex and income level (per 100,000 population), ages 15–24, 2021



Sources: United Nations calculations based on WHO (2025b) and United Nations (2024d).
Notes: (1) Causes of death are available for 185 locations with income level Some adjustments have been made for completeness and quality issues. (2) The average death rate from injuries for LICs is affected by higher levels in Afghanistan and Yemen. (3) Values are not shown for rates lower than 4 per 100,000.

Intentional injuries – defined in the ICD as including self-harm,[28] interpersonal violence,[29] and collective violence[30] and legal intervention[31] – are another major cause of youth mortality, accounting for nearly 1 in 4 deaths among young people globally (WHO, 2025b).[32] In HICs, where overall youth mortality is relatively low, self-harm ranks among the top causes of death, along with road injuries, for both young women and men. Countries such as Australia, Japan, the Republic of Korea and the United States of America, which report some of the highest mortality rates from self-harm among adolescents and young adults, have experienced significant increases in suicide rates over recent decades (Bertuccio and others, 2024). Rising levels of depression, anxiety and other mental health concerns, exacerbated by academic pressure, social media use, substance abuse, and, in some contexts, access to firearms, are key contributors to this alarming trend (Athey and others, 2024; Imataka and Shiraishi, 2024; Verlenden, 2024).

Each year, around 150,000 young people lose their lives due to interpersonal violence, while countless others suffer physical injuries, psychological trauma and long-term impacts on their health and well-being. Interpersonal violence, which includes homicide, assault and gender-based violence, is a leading cause of injury-related mortality among youth, with LICs and UMICs recording the highest death rates per 100,000 persons aged 15 to 24 (figure II.5). In countries such as the Bolivarian Republic of Venezuela, Brazil, Colombia, El Salvador, Honduras and South Africa, where social inequalities, organized crime and gang violence often intensify risk, youth homicide has become a major public health concern, particularly among young males (Matzopoulos and others, 2025; Sanhueza and others, 2023). Young women, meanwhile, face elevated risks of intimate partner violence including sexual violence, often with long-term consequences for their physical and mental health. Among adolescent girls who have ever been in a relationship, nearly 1 in 4 will have experienced physical or sexual intimate partner violence by the time they reach 20 years of age (Sardinha and others, 2024).

[28] Refers to the act of intentionally carrying out an action to kill oneself (suicide) or to the act of self-injuring without intent to die from it.
[29] Refers to violence involving two people or a small group, including homicide.
[30] Includes events like war, terrorism and other acts of violence perpetrated against a group or community.
[31] Refers to injuries or deaths inflicted by law enforcement or other legal authorities in the line of duty.
[32] In addition to death, youth violence can lead to physical injuries and to mental health problems (WHO, 2024e).

Deaths from collective violence and legal intervention are relatively uncommon in many countries, although they remain a significant concern in LICs, where they account for nearly a quarter of all youth deaths. Young males are disproportionately affected, comprising 89 per cent of victims in 2021 (figure II.5). Ongoing armed conflicts in countries such as Afghanistan, Burkina Faso, the Democratic Republic of the Congo, Ethiopia, Sudan, Ukraine and Yemen exact a heavy toll on young people, who are often killed, maimed, subjected to sexual violence, traumatized or forcibly displaced, either within their countries or across international borders (UNODC, 2023, 2019). Youth mortality linked to legal interventions – often involving law enforcement – also remains a critical issue in countries including Haiti[33] and the Philippines,[34] raising concerns about excessive use of force, impunity and human rights violations, particularly among marginalized and vulnerable youth populations.

Reducing the harmful impacts of intentional injuries among young people requires addressing their root causes, including poverty, social exclusion and limited access to quality education and employment – challenges that are particularly acute in many LICs. Effective interventions should prioritize equitable access to essential resources for marginalized youth, the implementation of comprehensive social protection systems, the creation of safe and inclusive communities and the strengthening of family and peer support networks. These measures are critical to protect young people from violence and prevent their involvement as perpetrators, whether in schools, on the streets (including gang-related violence), in digital spaces or in situations of intimate partner violence.

II.D Promoting mental well-being and healthy habits among youth

Youth mental health[35] is increasingly recognized as a global priority (United Nations, 2025e; WHO Europe, 2025; Henking, Reeves, and Chrisinger, 2023). Mental health conditions affect about 1 in 6 young people worldwide, with nearly half of all mental disorders in adulthood estimated to begin by age 18 (IHME, 2024; WHO, 2023a; McGrath and others, 2023). Depression and anxiety are now among the leading causes of years lived with disability[36] for young people of both sexes globally (WHO, 2025b). Despite this growing burden, mental health conditions among youth often go undiagnosed and untreated. Promoting mental well-being requires equipping youth with the knowledge and skills to recognize emotional distress, manage their mental health and adopt healthy coping strategies. Early intervention delivered through family-centered, youth-responsive services at the primary healthcare, school or community levels is essential to reducing the burden of mental health conditions and preventing self-harm and addictions among young people (WHO, 2021a; United Nations, 2025e).

Digital technologies are now deeply embedded in young people's daily lives. Globally, nearly 80 per cent of people aged 15 to 24 use the Internet, a proportion that is significantly higher than that of the general population (ITU, 2024). While digital tools offer opportunities for learning, connection and empowerment, their widespread use is also linked to negative physical and mental health outcomes, including cyberbullying and other forms of technology-facilitated violence,[37] which disproportionally affect women and girls (UN Women, 2025). Social media use, in particular, continues to rise among youth (WHO Europe, 2025) and has been associated with increased symptoms of depression and anxiety (United Nations, 2025e; UN Women, 2025; Pazdur, Tutus and Haag, 2025).[38] Fostering digital safe spaces is therefore a growing priority. Technology itself can be part of the solution, supporting young people in managing screen time, accessing mental health resources and building resilience.

[33] See https://news.un.org/en/story/2025/02/1159791#:~:text=Harrowing%20mass%20killings,of%20Port%2Dau%2DPrince.

[34] See https://www.ohchr.org/sites/default/files/Documents/Countries/PH/Philippines-HRC44-AEV.pdf.

[35] Mental health is defined as a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community (United Nations, 2025e).

[36] Years lived with disability represent the number of years individuals live with a disease or injury in less-than-optimal health and are calculated based on the severity and duration of specific health conditions.

[37] Technology-facilitated violence against women and girls is defined as any act that is committed, assisted, aggravated or amplified by the use of information communication technologies or other digital tools, that results in or is likely to result in physical, sexual, psychological, social, political or economic harm, or other infringements of rights and freedoms.

[38] Problematic social media use can expose youth to harmful content, including misleading marketing, body image pressure, cyberbullying, exploitation and violence.

Poor mental health is often closely associated with risk-taking behaviours, including the use of psychoactive substances such as tobacco, alcohol or drugs (Crone and Duijvenvoorde, 2021).[39] Globally, tobacco use among young people aged 15 to 24 declined from just over 20 per cent in 2000 to around 13 per cent in 2022.[40] However, nicotine addiction, which remains significantly more prevalent among young men than women, is projected to increase in the coming years due to the rising popularity of electronic nicotine delivery systems (ENDS) including e-cigarettes and vapes, as well as other novel products such as nicotine pouches and HTPs (Kaneda and Naik, 2017; Matthews, Matthews and Cherian, 2023; WHO Europe, 2020; WHO, 2025d).[41]

While alcohol consumption shows diverging trends across regions, its use remains widespread and often begins in adolescence or early adulthood. In some HICs, including Ireland, New Zealand and the United Kingdom, alcohol consumption among youth has declined in recent decades, driven by greater awareness of health risks and tighter regulations (Vashishtha and others, 2021; Vieira and others, 2025). However, in many LMICs, youth alcohol use remains high, with males having significantly greater odds of drinking, intoxication and alcohol-related harm compared to females (Leung and others, 2019). In several LMICs, underage drinking is rising, fuelled by increased marketing, greater affordability and limited enforcement of age restrictions (Farrell and Gordon, 2012; Smith and others, 2024).

Drug use among youth is also on the rise globally. An estimated 13 million people aged 15 to 24 used cannabis in 2022, with rates of regular use – especially through vaping – sharply increasing in several countries (UNODC, 2024). Beyond cannabis, the use of synthetic drugs (such as amphetamines), non-medical use of prescription opioids and experimentation with novel psychoactive substances (NPS) has been growing, particularly among youth with limited economic opportunities. Early initiation of psychoactive substances is particularly harmful, as it increases the risk of developing substance use disorders, engaging in violence or unsafe sexual behaviour and experiencing delays in healthy physical and emotional development (WHO, 2024a, 2024b).

The alarming rise in youth exposure to harmful products and their associated health risks calls for urgent, multipronged responses. Scaling up smoking and vaping cessation programmes, alongside drug and alcohol addiction prevention, treatment and harm reduction interventions, is essential, especially in contexts where progress has stalled or negative trends are emerging (UNODC, 2024; WHO, 2021c, 2024a; 2024b). Evidence points to the effectiveness of policy measures such as excise taxes (box II.1), restrictions on marketing targeting youth,[42] advertising bans and graphic health warnings in preventing the initiation and use of psychoactive substances. For cessation and rehabilitation, comprehensive approaches including accessible and youth-friendly treatment services, integration of mental health and substance use disorder care and community-based support programmes have shown promising outcomes (UNODC, 2023; NIDA, 2018). Early intervention programmes in schools and primary care settings can also play a key role in identifying at-risk youth and facilitating timely support (WHO, 2009).

Discouraging the use of harmful substances is essential not only to prevent premature mortality among youth but also to reduce the risk of developing noncommunicable diseases (NCDs) later in life (WHO, 2018). Early exposure to risk factors, particularly tobacco use, significantly increases the likelihood of developing cardiovascular diseases, including heart attacks and stroke, as well as various forms of cancer. Tobacco use remains a major global health concern, accounting for 15 per cent of the total disease burden among men and contributing to 23 per cent of all male deaths worldwide (WHO, 2025d).

[39] See https://www.who.int/europe/news/item/08-11-2021-the-vicious-cycle-of-tobacco-use-and-mental-illness-a-double-burden-on-health.

[40] Despite the overall decline, the availability and use of heated tobacco products (HTPs), also known as "heat-not-burn" products, is on the rise (WHO, 2024d).

[41] Global estimates of the use of e-cigarettes and other ENDS/ENNDS among youth or older adults are not available due to poor data quality or missing data. Other less common ENDS include e-cigars and e-pipes, while ENNDS refers to electronic non-nicotine delivery systems.

[42] For example, the use of flavoured products and accessories by the tobacco and nicotine industries has been shown to significantly enhance product appeal among youth (WHO, 2025d).

Box II.1

Fiscal tools for improving young people's health

Health taxes – excise taxes imposed on products harmful to health, such as tobacco, alcohol and sugary beverages – are a proven, cost-effective strategy to reduce consumption of these products, particularly among youth.[43] Young consumers, especially young men, tend to be more responsive to price increases than older adults (Paraje and others, 2023; Randy and others, 2010).

Despite targeted marketing by industries, especially in LMICs, where youth populations are large and growing, health taxes have been effective in curbing youth demand for unhealthy products. However, evidence and policy experience remain limited regarding excise taxation on other emerging products that pose health risks to young people. These include ultra-processed foods, flavoured electronic nicotine delivery systems (ENDS), non-nicotine vaping devices (ENNDS), "hard seltzers", and recreational cannabis (WHO Europe, 2020; Hoffer, 2023; Lauer and others, 2022). Expanding excise taxes to cover these products can help reduce their affordability and discourage consumption among youth.

Given the significant social and health costs of harmful product use, Governments should earmark revenue from health taxes to fund youth-targeted prevention campaigns, cessation services and health promotion programmes (WHO, 2024c, 2025d). When well-designed, health taxes can simultaneously improve public health and generate sustainable public revenue.

Similarly, sleep,[44] nutrition and physical activity play a vital role in shaping health during adolescence and determining long-term outcomes. In many settings, young people from low-income households are more likely to consume ultra-processed foods high in salt, sugar and unhealthy fats, while lacking access to nutritious options such as fresh fruits and vegetables (Sluijs and others, 2021). In 2021, an estimated 80.6 million youth aged 15 to 24 were living with obesity, reflecting a significant global health challenge (GBD 2021 Adolescent BMI Collaborators, 2025). Between 1990 and 2021, the global prevalence of overweight and obesity in this age group doubled, while the prevalence of obesity more than tripled, substantially increasing the risk of serious chronic conditions later in life. Encouragingly, in some contexts, a cultural shift is emerging in which healthy lifestyles are increasingly seen as aspirational, reflected in the growing notion that "healthy is the new cool". This shift can reinforce efforts to reduce risk behaviours and promote long-term well-being.

II.E The unfinished agenda of communicable diseases affecting youth

Over the past decades, remarkable progress has been made in reducing the burden of communicable diseases among young people. Between 2000 and 2023, new human immunodeficiency virus (HIV) infections among girls and young women aged 15 to 24 years declined by 63 per cent globally (UNAIDS, 2024). Similarly, tuberculosis incidence for adolescents and young adults has steadily decreased since 1990, with an estimated annual decline of approximately 1.3 per cent (GBD 2019 CACD Collaborators, 2023; Shang and others, 2024).

Despite this progress, communicable diseases remain significant causes of death and illness among young people in many LLMICs (figure II.4). Acquired immunodeficiency syndrome (AIDS) continues to be a leading cause of death, particularly among young people in countries where HIV testing, treatment and care are limited (UNAIDS, 2024).

[43] An excise tax (also called "sin tax") is a tax imposed on specific types of products, typically levied to discourage consumption.

[44] Sleep plays an important role in maintaining weight control, mental health, pain management and illness recovery. Sleep quality can be severely affected by extended "screen time", which can also drive a sedentary lifestyle and increase the risk of NCDs.

Drug-resistant tuberculosis strains are rising, further complicating treatment efforts (Shang and others, 2024). Sexually transmitted infections (STIs) remain prevalent among youth, with rising rates reported in several countries across Europe and sub-Saharan Africa (Dadzie and others, 2022; ECDC, 2024; Zhang and others, 2022b; chapter III).

This persistent "unfinished" agenda reflects deep-rooted barriers to healthcare access, including weak health systems, limited youth-responsive services, chronic underinvestment in prevention and stigma and discrimination. Integrating HIV and STI services with family planning and other sexual and reproductive healthcare services is an effective strategy to enhance the prevention of HIV, STIs and unintended pregnancies among young people (WHO, 2021b; chapter III).

In many LLMICs, environmental and infrastructural conditions further heighten young people's vulnerability to communicable diseases. Limited access to safe water, sanitation and hygiene (WASH) services increases exposure to waterborne and parasitic infections, while overcrowded living conditions facilitate the spread of respiratory diseases, including tuberculosis (WHO, 2023a). Pollution, ranging from unsafe air quality to contamination of water and soil, also undermines immune and respiratory health, exacerbating susceptibility to infectious diseases. Climate change is compounding these risks by altering the geographic distribution of vector-borne diseases, increasing the frequency of extreme weather events and placing additional strain on already fragile health and sanitation systems (Prüss-Ustün and others, 2019).

II.F Addressing the multidimensional factors of youth health and well-being

Given the multidimensional nature of health, effective strategies to improve young people's well-being must adopt a multi-sectoral approach, integrating education, healthcare, social protection and community engagement. Many health systems, particularly in LLMICs where youth populations are expected to grow rapidly (see chapter I), already face significant financial and resource constraints. For these countries, many of which are now confronting a "triple burden of disease" marked by high rates of infectious diseases, growing prevalence of NCDs and elevated injury-related morbidity and mortality, addressing youth health challenges has become even more complex and urgent (figure II.4; Niessen and others, 2018). In these countries, it will be essential to increase investment to respond to both persistent and emerging health challenges confronting young people. Strengthening primary health care (PHC) remains the most cost-effective and equitable pathway to meet the diverse health needs of young people and advance Universal Health Coverage (UHC), ensuring that high-quality care is accessible and affordable for all.

Empowering young people should also be at the core of all policies and programmes that impact their health and well-being. As young people take more responsibility for their own health, supporting their capacity to make choices and build resilience is vital to improving health outcomes. Enhancing health literacy among youth can also play a protective role by fostering healthier behaviours and practices such as improved nutrition, physical activity and sleep, as well as the reduction or elimination of substance use, including alcohol, tobacco and drugs.

Galoa Nursing Station, Fiji. WHO / Faizza Tanggol.

Chapter III. Marriage, union formation and childbearing among youth

Between the ages of 15 and 24, young people undergo profound physical, cognitive, social and emotional transformations that have lasting impacts on their sexual and reproductive health, behaviours and life trajectories. This period of rapid development is often marked by key milestones, including the end of puberty, the initiation of sexual activity, the formation of intimate relationships, entry into unions or marriage, and, for some, the beginning of childbearing and parenthood.

As young people navigate these critical stages, their needs evolve and diversify. Ensuring access to accurate, age-appropriate information and supportive resources tailored to young people's circumstances is essential to promote their health, development and overall well-being. Policies and programmes, developed in close consultation with young people, should therefore respond to the diverse needs within this population, considering not only age but also differences related to sex, cultural background, disability and socio-economic context.

Legal definitions play a critical role in shaping how the rights and needs of young people are understood and addressed. Under the Convention on the Rights of the Child (CRC), all persons below the age of 18 are recognized as children and entitled to special protection and care. Within this group, adolescents aged 15 to 17 occupy a particularly complex space — legally still minors, yet progressively assuming more adult-like roles and responsibilities. In contrast, those aged 18 and older are generally recognized as adults under most legal frameworks, with the corresponding rights to make independent decisions, including regarding their health and well-being.

These distinctions call for differentiated policy approaches. Child protection frameworks are critical for addressing issues such as early marriage and adolescent pregnancy, while strategies targeting adults often emphasize access to sexual and reproductive health services, legal autonomy and empowerment.

However, the real-life experiences of adolescents and youth often transcend these schematic categories. The processes of growing up — shaped by biological changes, social expectations and exposure to adult roles — are influenced by a complex interplay of factors, including socioeconomic background, cultural and customary practices and religious beliefs. These dynamics vary widely across and within countries and communities, requiring nuanced, inclusive and rights-based responses that reflect the diversity of young people's experiences and needs (Lloyd, 2005; Schulenberg and Schoon, 2012).

III.A Marriage and union formation

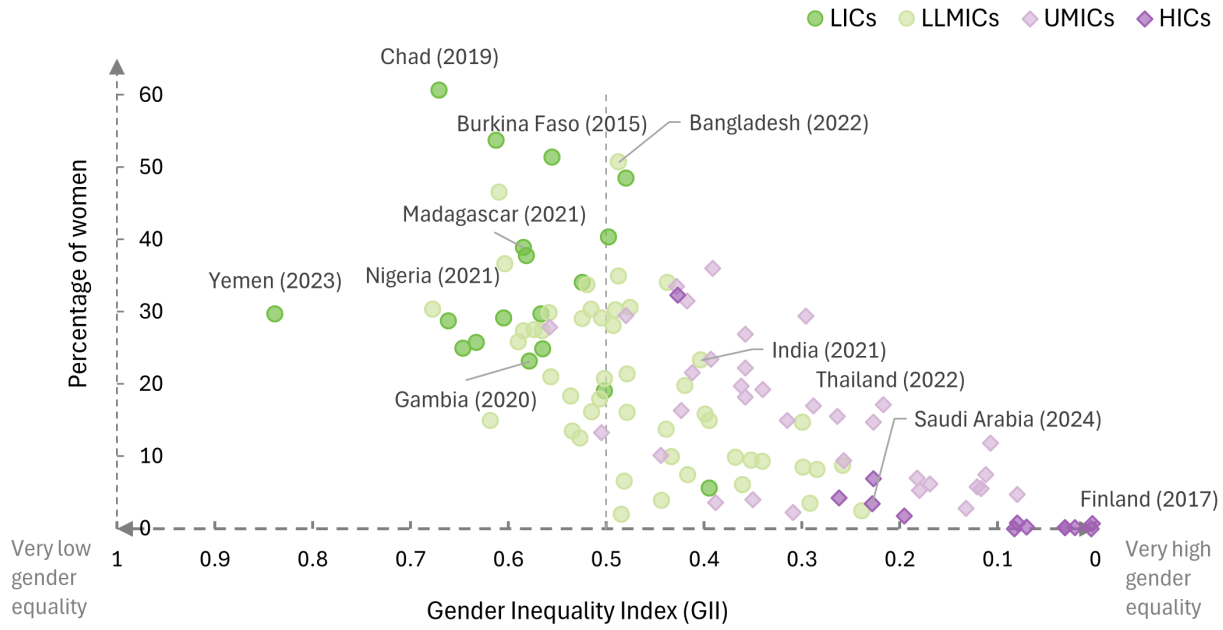
In most countries, individuals are recognised as adults at 18, at which point they acquire full civil and legal rights and responsibilities (see Introduction, box 1). Those under 18 — legally defined as children — are entitled to special care and protection from their families, communities and the State. International human rights instruments,[45] including the CRC, require States to safeguard children from harmful practices that violate children's rights and expose them to physical, sexual or psychological harm.

[45] Key agreements include the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages (1962) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (1979).

Child marriage,[46] defined as any formal marriage or informal union where at least one partner is under age 18, remains a widespread and deeply rooted practice that disproportionately affects girls (United Nations, 2025a; UN Women, 2023; UNICEF, 2023). While boys may also be subject to this practice, girls are far more likely to be affected due to entrenched gender inequality[47] and discriminatory social norms (figure III.1).[48] In many contexts, poverty, economic insecurity and limited access to education contribute to the persistence of this practice, which is sometimes perceived as a means of safeguarding a girl's honour or securing her future, particularly where alternative opportunities are scarce (Haarr and Duncan, 2023; Malhotra and Elnakib, 2021; Psaki and others, 2021).

Figure III.1

Percentage of women aged 20–24 years who were married or in a union before age 18 by Gender Inequality Index and income level, 2025



Sources: United Nations SDG Indicators Global Database (United Nations, n.d.) and UNDP (2025).
Notes: (1) Data available for 113 countries. (2) Country names are followed by the reference year of the respective country survey.

The prevalence of child marriage has declined across most regions in recent decades, reflecting broader social and economic changes (UNICEF, 2023). In Southern Asia, for instance, the proportion of women aged 20 to 24 who had been married by age 18 fell from nearly 50 per cent in 2004 to 26 per cent in 2024 (United Nations, n.d.). Nevertheless, progress has been uneven, and significant disparities persist. In sub-Saharan Africa, the proportion of women aged 20 to 24 who were married before age 18 was still 31 per cent in 2024, down from 40 per cent in 2004.

Globally, nearly 1 in 5 women aged 20 to 24 were married or in a union before age 18 — six times the corresponding share among men (UNICEF, 2025).[49] In around 40 countries, more than 1 in 4 women in this age group were married before reaching adulthood. Despite an overall decline in prevalence, the absolute number of girls affected, particularly

[46] Early marriage is a broader term that includes child marriage but also covers legal marriages where one or both spouses are over 18 but not yet ready to consent to marriage because of their level of physical, emotional, sexual and psychosocial development (United Nations, General Assembly, 2014). Forced marriage is a marriage in which one or both spouses do not give full and free consent, regardless of age.

[47] Measuring gender inequality is inherently complex, as it necessitates the assessment of disparities between men and women across a range of social, economic and political dimensions. In this chapter, the Gender Inequality Index (GII) is employed as a composite measure to capture these multidimensional aspects of inequality.

[48] Discriminatory gendered norms typically refer to those that attach women's roles and status to marriage, childbearing, domesticity and caregiving (Ouahid and others, 2025).

[49] The global estimate based on 121 countries with the last survey estimate in the period 2015–2024, accounting for 80 per cent of the global number of women aged 20 to 24 in 2025. Early marriage may affect 3 per cent of men, although population coverage was lower than for females (UNICEF, 2025).

in LICs, remains high and is projected to continue increasing due to population growth, underscoring the continued urgency of safeguarding their rights (chapter I).

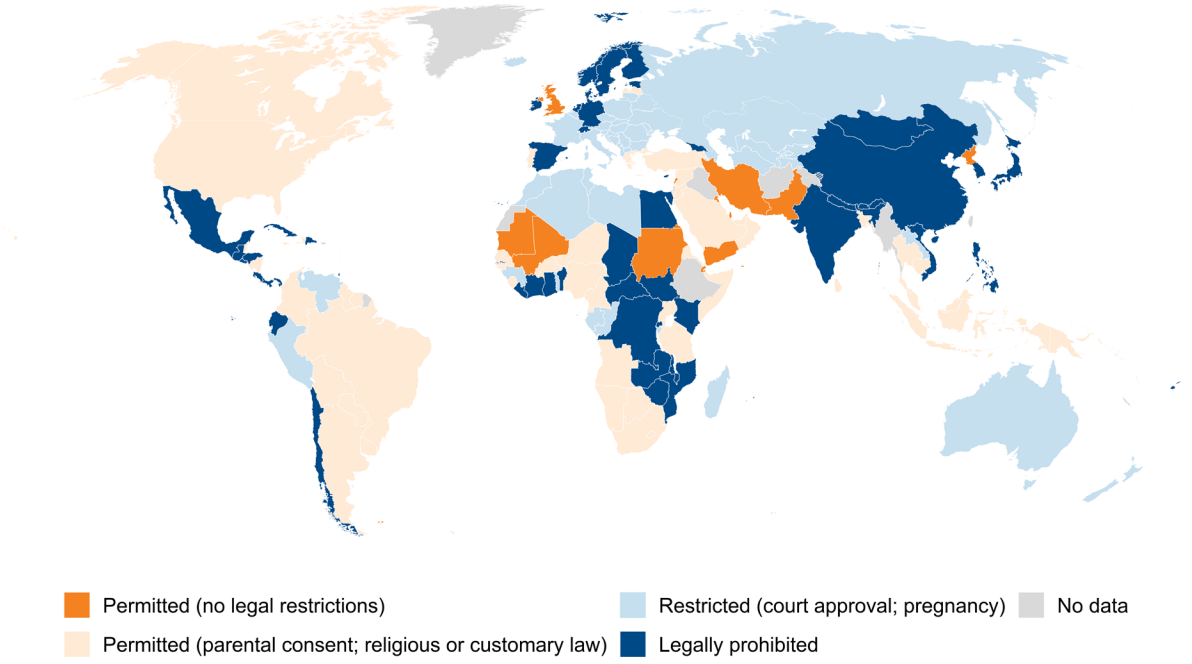
Although most countries establish 18 as the minimum legal age of marriage, many permit exceptions on parental, judicial, religious or customary grounds, thereby weakening protection. As of 2023, at least 146 countries still allowed girls to marry before age 18 with some form of consent, and in 27 of these, the legal minimum age was below 15 (map III.1; World Policy Analysis Center, 2023). Such exceptions, combined with limited enforcement, continue to undermine global progress (Kidman and others, 2024).

Encouragingly, several countries have strengthened legal protections in recent years. Mozambique has raised the minimum marriage age to 18 for both sexes, closing previous exceptions. Nepal and Malawi have also aligned national legislation with international human rights standards. These reforms represent important steps toward universal safeguards, but their effectiveness depends on consistent implementation, adequate resourcing and sustained monitoring.

However, legal reform alone cannot eliminate early or child marriage, particularly where family or community support for the practice remains strong. Broader, multisectoral strategies are needed to address the social, economic and cultural factors that perpetuate it. Education is among the most powerful tools in this regard; girls who stay in school, particularly through secondary education, are far less likely to marry early (Kidman and others, 2024; UNICEF, 2022). Education raises aspirations, enhances girls' perceived value within their families and communities, and expands future opportunities. Compulsory education laws, when supported by adequate policies and resources, can help delay marriage and protect adolescent girls.

Map III.1

Level of policy-based protection for women against marrying before age 18, 2023



Source: World Policy Analysis Center (2023).
Notes: (1) The map reflects laws in place as of 31 May 2023. (2) The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

Equally important is the protection and support of girls who are already married, as their well-being is often shaped by unequal power dynamics within the household. Marked age disparities between spouses can exacerbate power imbalances. In countries such as Burkina Faso, Côte d'Ivoire, Gabon, the Gambia and Mauritania, more than 40 per cent of currently married women aged 15 to 24 have spouses who are at least 10 years older than they are (ICF, n.d.).[50] Such age differences can increase girls' vulnerability to coercion and violence, including intimate partner violence, with long-term implications for their physical and mental health as well as socioeconomic well-being (Kidman, 2017; Sardinha and others, 2024; Tenkorang, 2019).[51]

Child marriage not only violates the rights of children, but it also perpetuates poverty, hinders progress on gender equality and undermines social and economic development. For girls, it restricts their autonomy, limits their decision-making power and increases the likelihood of early and closely spaced pregnancies, with serious consequences for health, education and socioeconomic opportunities. Ending this harmful practice is therefore essential to ensuring a safe and healthy transition to adulthood, advancing gender equality and upholding the human rights of women and girls.

The international community has recognised the urgency of ending child marriage through commitments such as the Sustainable Development Goals. Target 5.3 calls for the elimination of child, early and forced marriage and other harmful practices. Achieving this target requires coordinated, rights-based and multisectoral action, including strengthening laws and closing legislative gaps, ensuring universal access to quality education, transforming harmful social norms and providing protection, services and opportunities for girls already in marriage.

At the same time, it is important to address the needs of young adults aged 20 to 24. Extended education, challenges in finding decent work, rising housing costs and changing social expectations mean that many young people in this age group postpone union formation. For example, in the United States of America, only 7 per cent of adults aged 18 to 24 were married in 2023, compared with 18 per cent three decades earlier, reflecting a marked shift towards later marriage (Pew Research Center, 2024). Similarly, in Japan, employment insecurity among young men has contributed to delays in both first marriage and childbearing (Mugiyama, 2025). Globally, the share of women aged 20 to 24 ever married or in a union declined from approximately 60 per cent in 1990 to 51 per cent in 2005, while among men aged 20 to 24 the share fell from 31 per cent to 23 per cent during the same period (United Nations, 2012).

In many countries, young adults express a desire to marry or form stable partnerships, but they face increasing social and economic barriers. In the Republic of Korea, for instance, among young adults aged 20 to 24, only 29 per cent report a positive intention to marry, while many cite economic instability, low household income and limited social support as reasons for delaying marriage (An and others, 2022). In Singapore, surveys of young adults aged 21 to 24 indicate that although a majority still foresee themselves marrying, many report difficulties finding a suitable partner, attributing this to career priorities, financial constraints and housing costs (Institute of Policy Studies, 2024). In Saudi Arabia, the high cost of living and the challenges in finding a suitable partner were also cited as major reasons for delaying marriage, particularly among young women (General Authority for Statistics, 2020). These patterns highlight how economic uncertainty, changing gender roles and evolving social expectations intersect to influence young adults' decisions about marriage and family formation. They underscore the importance of comprehensive, integrated policies that both support and empower young people who wish to marry or form a union, while fostering autonomy, mutual respect and equality within relationships.

[50] Among countries with the last estimate for the year 2020 or later.

[51] There is no internationally recommended specific minimum age at which a person is considered to have the legal capacity to consent to sexual intercourse (Petroni and others, 2019). In many countries, statutory rape is used by law enforcement to refer to sexual intercourse with a person under the age of sexual consent.

III.B Age at sexual initiation and access to sexual and reproductive healthcare services

The age at which young people initiate sexual activity is a key factor in anticipating their risk of pregnancy and identifying their need for sexual and reproductive health services, including access to family planning. Substantial regional differences exist in the timing and context of sexual initiation (Kushal and others, 2022). In some societies, sexual activity occurs predominantly within marriage, particularly for females, whereas in others it takes place outside formal unions, necessitating tailored approaches to address differing health risks and service needs (Singh and others, 2000; Widodo and others, 2025).[52] In sub-Saharan Africa, for instance, sexual debut for both women and men typically occurs between the ages of 15 and 18 years, with earlier initiation disproportionately concentrated among youth in the poorest and most marginalized households (Amo-Adjei and Tuoyire, 2018).[53] By contrast, in many Asian societies, sexual initiation tends to occur later (Ahn and others, 2021; Ghaznavi and others, 2024; Guo and others, 2012). Patterns also differ by sex. In many sub-Saharan African countries, females tend to initiate sexual activity earlier than males, whereas in Latin America and the Caribbean males have a lower median age of sexual debut than females (Gayet and Juarez, 2025; Nguyen and Eaton, 2022).

Initiating sexual activity at an early age often occurs under conditions of coercion or pressure, disproportionately affecting girls. In sub-Saharan Africa, for instance, at least 1 in 4 young women experienced sexual violence by age 18 (UNICEF, 2025).[54] Experiences of sexual abuse and violence during childhood and adolescence are associated with a wide range of adverse outcomes, including post-traumatic stress, depression, anxiety, substance abuse, suicidal ideation, early pregnancy and marriage, as well as an increased risk of experiencing intimate partner violence later in life (Mazza and others, 2021; Raj and Scrimshaw, 2024).

Coerced and unprotected early sexual activity is also frequently associated with increased risks of acquiring sexually transmitted infections (STIs),[55] including HIV. Globally, more than 1 million new STIs occur each day,[56] with high levels of incidence among young people (Deng and others, 2025). Adolescent girls and young women are particularly vulnerable due to biological susceptibility, age-disparate relationships, limited access to prevention and treatment services and persistent gender inequality (Elendu and others, 2024). In 2021, women and girls accounted for 63 per cent of all new HIV infections among individuals aged 15 to 24 in sub-Saharan Africa (Murewanhema and others, 2022).

Despite these risks, young people in many parts of the world face significant barriers to access age-appropriate, confidential and non-discriminatory sexual and reproductive health services. Legal requirements, such as obtaining parental or guardian consent, can restrict access to STI prevention and treatment, as well as care and support for survivors of sexual violence. While these measures are intended to protect minors and respect family roles, they can unintentionally delay or limit access to essential services, undermining adolescents' ability to safeguard their health and well-being. Young women and girls are particularly affected, facing additional social pressures in contexts where sexuality outside of marriage is heavily stigmatised.

Access to information and education on sexual and reproductive health also remains limited in many countries. Evidence indicates that age-appropriate education enables young people to make informed choices, adopt healthy behaviours and reduce unintended pregnancies and exposure to STIs (Goldfarb and others, 2025). In addition to providing accurate information on sexual and reproductive health, such programmes should also address topics such

[52] Although early marriage increases the likelihood of starting childbearing prematurely, the causal relationship between marriage and childbearing is difficult to establish (Molitoris and others, 2023; United Nations, 2025b) with childbearing outside marriage likely being underreported.

[53] Based on 34 nationally representative surveys conducted between 2006 and 2014.

[54] Refers to the percentage of women aged 18 to 29 who experienced sexual violence by age 18, based on the most recent country estimates between 2010 and 2022. Statistical corrections and adjustments are applied in the calculation of regional estimates.

[55] The rise of antimicrobial resistance is of particular concern and threatens to undermine the effectiveness of existing treatments for bacterial STIs such as gonorrhea and syphilis.

[56] See https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-(stis).

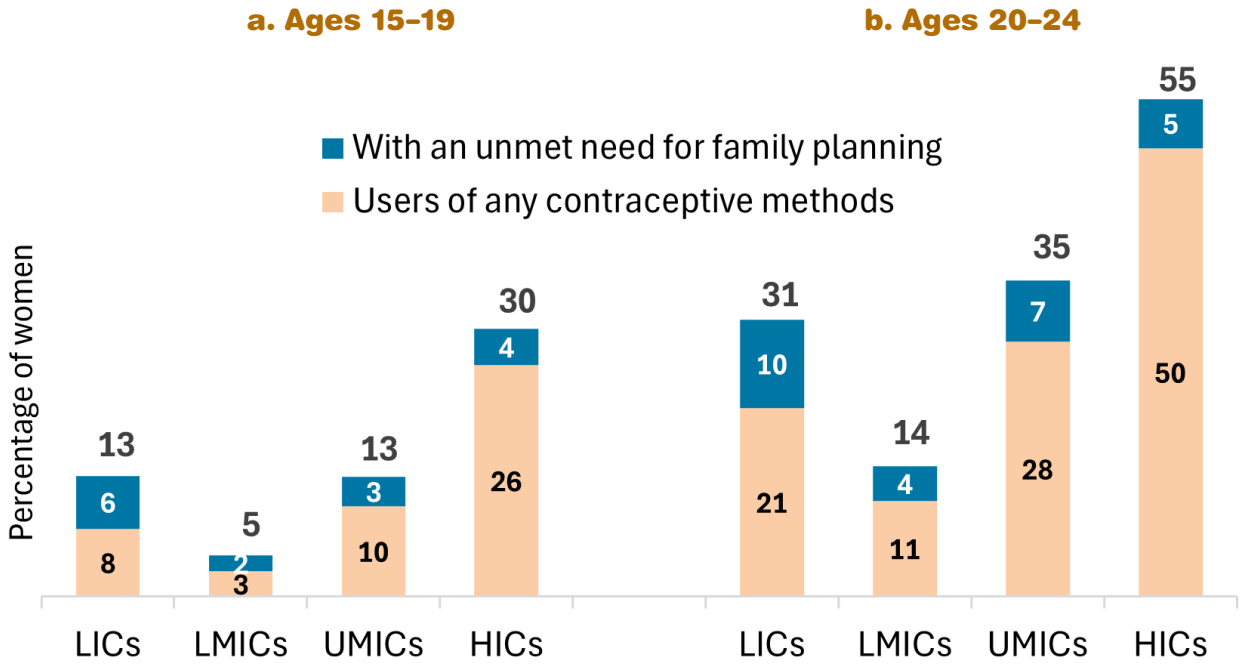
as consent, communication, healthy relationships and the prevention of sexual violence. Engaging men and boys as advocates for non-discriminatory behaviours is particularly important to accelerate the achievement of SDG targets 5.1 and 5.2 on ending discrimination and all forms of violence against women and girls (Ruane-McAteer and others, 2020; Shand and Marcelli, 2021; UN Women, 2024). By equipping young people with the knowledge and skills to make informed decisions about their sexual health, such programmes can reduce risk behaviours and promote positive health outcomes.

Access to family planning services, including to a wide range of effective contraceptive methods, is essential for young people to make informed decisions about whether and when to have children. Among women aged 20 to 24, average use of contraception is significantly smaller among those living in LLMICs compared to those in UMICs and HICs (figure III.2). Among adolescents and girls aged 15 to 19, the use of contraception is lower, varying from 3 per cent in LMICs to 26 per cent in HICs. In addition, the share of young women who are not using any form of contraception, although they wish to stop or delay childbearing (and are fecund and sexually active)[57] is higher among those in LICs, reflecting a gap between young people's reproductive intentions and their contraceptive behaviour.

These differences are the result of complex interactions between marriage patterns, sexual activity, family planning preferences and reproductive intentions, as well as of varying levels of access to sexual and reproductive healthcare services, including for family planning, information and education.

Figure III.2

Percentage of young women aged 15–19 and 20–24 who use contraceptive methods and who have unmet need for family planning by income group, 2025



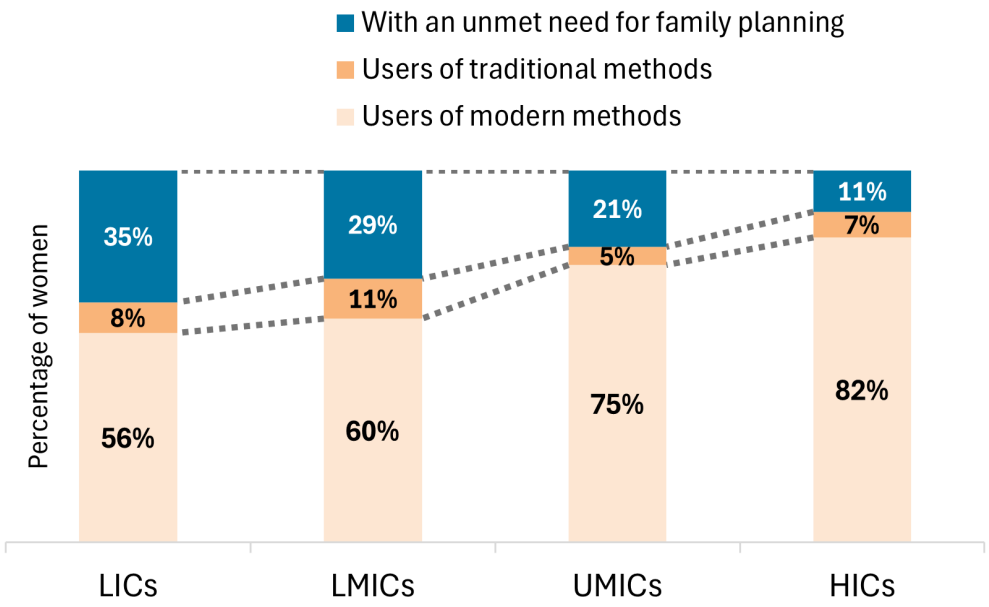
Source: United Nations calculations based on United Nations (2024a).
Note: Data available for 200 countries or areas.

[57] The share of women who are fecund and sexually active, who wish to stop or delay childbearing, but who are not using any form of contraception, is used as an indicator of the unmet need for family planning.

The use of modern methods[58] including hormonal contraception is one of the most effective ways to reduce the risk of unintended pregnancies, enabling women and couples to plan how many children they have and when to have them.[59] However, the use of modern methods of contraception among young women who want to avoid pregnancy varies widely across income groups and remains low compared with women aged 25 and older (United Nations, 2022). In HICs, 82 per cent of women aged 15 to 24 who wish to avoid pregnancy use a modern method, compared with 56 per cent in LICs (figure III.3).

Figure III.3

Percentage of young women aged 15–24 who use modern and traditional contraceptive methods and who have unmet need or no need for family planning, among those who wish to avoid pregnancy by income group, 2025



Source: United Nations calculations based on United Nations (2024a).
Note: Data available for 200 countries and areas.

Gaps in access and use of contraception are particularly pronounced among young women in LICs. In LICs, more than one third of young women with a latent need for family planning do not use any type of contraception, while an additional 8 per cent rely on traditional methods, such as the rhythm method or withdrawal.[60] These methods require detailed knowledge of fertility cycles and reproductive physiology, which many young people may not possess. Overall, about 40 per cent of young women in LLMICs who want to avoid pregnancy do not use modern methods of contraception, highlighting the need for a substantial increase in the coverage of family planning programmes and services. The reasons underlying non-use are complex and context-specific, ranging from limited access to counselling or family planning services to changes in individual method choice and preferences (Busse and others, 2025; United Nations, 2022). These factors underscore the need for targeted outreach and youth-responsive delivery of appropriate family planning services. The persistent gaps in access, information and service responsiveness underscore the need for context-specific approaches to overcome legal, logistical and social barriers (United Nations, 2025a).

[58] Modern methods of contraception include female and male sterilization, intra-uterine devices (IUD), implants, injectables, oral contraceptive pills, male and female condoms, vaginal barrier methods (including the diaphragm, cervical cap and spermicidal foam, jelly, cream and sponge), the lactational amenorrhea method, emergency contraception and other modern methods.

[59] Barrier methods, such as male and female condoms, offer the additional benefit of dual protection, preventing both unintended pregnancies and STIs (see chapter III).

[60] Traditional methods of contraception include withdrawal (coitus interruptus), rhythm (fertility awareness-based methods, periodic abstinence) and other locally recognized practices.

III.C Childbearing during adolescence and youth

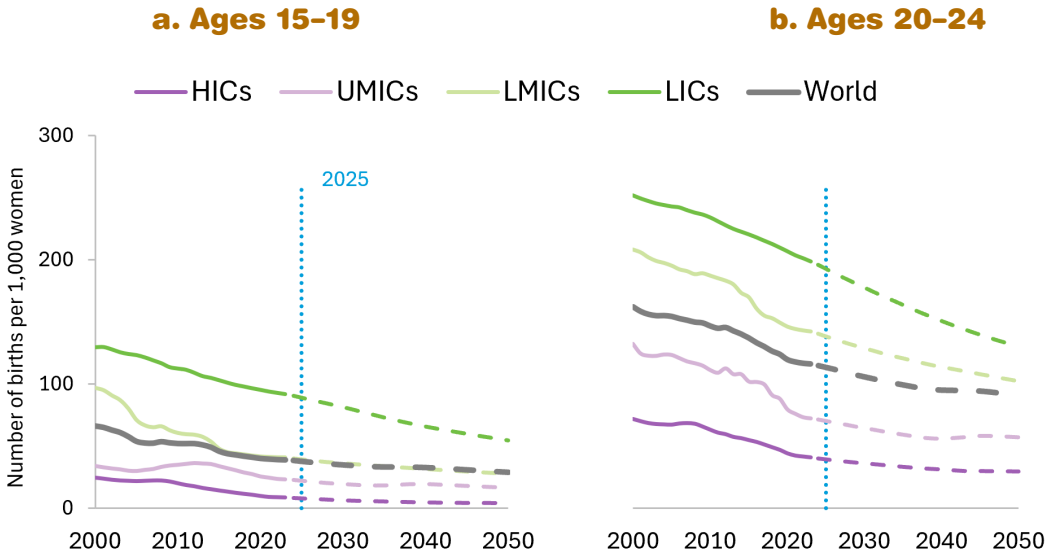
Beginning childbearing at a young age has serious and often lasting consequences for girls' physical and mental health. Early pregnancy increases the risk of complications, including obstructed labour, obstetric fistula and maternal mortality (Ganchimeg and others, 2014; Raj and Scrimshaw, 2024).[61] Beyond immediate health risks, early childbearing often disrupts education, limits employment opportunities and constrains social and economic mobility.

The impact of early childbearing also extends to the children of adolescent mothers. Infants born to adolescent mothers are more likely to be premature, have low birthweight or die in the neonatal period. Children are also more likely to experience poor health, malnutrition and developmental delays (Marvin-Dowle and Soltani, 2020; Welch and others, 2024).

Although early childbearing has declined globally over the past decades, progress has been uneven (figure III.4, panel a). Twenty-five years ago, the birth rate among women and girls aged 15 to 19 years in LICs was twice the global average and five times higher than in HICs. Since then, the average birth rate for this age group has declined more slowly in LICs than in richer countries, further widening disparities between income groups.

Figure III.4.

Birth rates by age group of the mother and income level, 2000–2050



Source: United Nations (2024d).

Note: Dashed lines correspond to the projection period from 2024 to 2050.

At present, nearly 1 in 10 young women and girls aged 15 to 19 in LICs become mothers each year, a rate more than ten times higher than that observed in HICs in 2025. Consequently, close to one third of the estimated 12 million annual births to mothers in this age group occur in LICs, a trend projected to become more pronounced over the next decades (see Spoorenberg and others, 2024). In 2050, 4 in 10 births to adolescent mothers are projected to occur in LICs. The increasing share of births to younger mothers in countries facing persistent barriers to development has wide-ranging implications for maternal and child health, educational attainment and gender equality, and poses systemic challenges to achieving the Goals and targets set out in the 2030 Agenda for Sustainable Development for LICs.

[61] Girls who give birth before age 18 are more likely to have a second child before age 21, compounding health and socioeconomic vulnerabilities for both mother and child (Molitoris and others, 2019; UNFPA, 2022).

Over the past four decades, several LLMICs have made substantial progress in reducing childbearing among girls and adolescents under age 18, the age internationally recognized as the age of majority. In LICs, birth rates among girls and adolescents below that age decreased by 40 per cent between 2000 and 2025, even amid rapid growth in their youth populations. Countries such as Bangladesh, Côte d'Ivoire, Kenya, Senegal and Uganda have halved these early birth rates. In high-fertility settings, reducing early childbearing not only improves the health, education and socioeconomic outcomes of young women and their children but can also contribute to slowing population growth (box III.1).

Box III.1

Ending early childbearing can accelerate the demographic transition

In countries where overall fertility remains high, elevated childbearing among girls under age 18 contributes to population growth in two ways. First, it directly increases total fertility, adding more births overall, all else being equal, such as fertility patterns at older ages. Second, it shortens the interval between generations.[62]

Based on past trends, fertility is expected to decline further in high-fertility countries, contributing to slowing population growth. This process is inherent to the demographic transition (see chapter I; United Nations, 2024e). In those contexts, ending early childbearing could further accelerate these gains. Under a hypothetical scenario in which no births occurred among girls under 18 between 2024 and 2050, the annual number of births would be substantially lower than projections based on past trends.

For example, Central African Republic, Equatorial Guinea and Mozambique have some of the highest early childbearing rates in the world. In these countries, women have more than four live births on average over their lifetime, and total population size is projected to double in just over 30 years (United Nations, 2024d). Under the hypothetical scenario in which birth rates among girls under age 18 are zero from 2024 to 2050, the total number of births through 2050 could be reduced by more than 10 per cent through 2050, compared with the projection based on past trends, highlighting the potential demographic impact of preventing early births on accelerating the demographic transition.

To achieve the SDG target 3.7, which calls for universal access to sexual and reproductive healthcare services, including for family planning, information and education, and SDG target 5.6, which aims to ensure universal access to sexual and reproductive health and reproductive rights, coordinated, cross-sectoral policy frameworks to address the needs of youth are essential (United Nations, 2025a). Such frameworks should ensure that young people have access to accurate and age-appropriate information, education and counselling on human sexuality and reproductive health as well as youth-responsive sexual and reproductive healthcare services (Corley and others, 2022; Nash and others, 2019). They must also address the underlying social and economic determinants of early childbearing, which often overlap with those of early marriage, including gender inequality, limited access to education and economic insecurity. Adolescents who become pregnant and adolescent mothers should be supported so they can return to school, gain agency and have expanded opportunities, capabilities and aspirations for their future, including opportunities to make informed decisions about their sexual and reproductive health. In many countries, where girls have limited opportunities to continue schooling and limited prospects for decent work, early marriage and motherhood may be perceived as socially acceptable or even necessary pathways to adulthood (Raj and Scrimshaw, 2024; Wodon and others, 2018). Promoting gender equality and expanding access to quality education remain among the most effective strategies to delay childbearing while enhancing the health, autonomy and socioeconomic opportunities of young people.

[62] Most populations grow in size, primarily due to a positive balance between the number of births and the number of deaths, which, in turn, are a function of three demographic components: the level of fertility, the level of mortality and the number of women of reproductive age. When women give birth at younger ages, the children's generation is closer to the parents' generation, contributing to a youthful population. Thus, a young age structure can be an important driver of population growth.

While early childbearing often receives the greatest attention, it is equally important to address the needs of older youth who become parents. Although legally adults, many young people remain in transitional life stages, often balancing continued education, early employment experiences and the pursuit of economic and social autonomy. For young women, childbearing during this stage can interrupt schooling and limit career prospects, reinforcing gendered patterns of constrained social mobility and economic dependence.

Young mothers aged 20 to 24 frequently fall through policy gaps; they may no longer be eligible for adolescent-focused programmes yet may not benefit from services designed for those with financial stability or established autonomy. As a result, they can face multiple barriers in continuing education, securing employment and accessing appropriate health and social support. Targeted policies and services are therefore essential to ensure that young women and men can balance parenthood with opportunities for personal and professional development.

Young people across the globe face multiple barriers to combining early parenthood with education or work. In Malawi, for instance, young mothers who drop out of school due to early childbearing often struggle to return because adult education programmes are limited and inflexible (United Nations, 2025c). Similarly, in the United States of America, young mothers are more likely to discontinue university studies owing to insufficient childcare support and a lack of flexible education pathways (Annie E. Casey Foundation, 2025). In Brazil, young women often face financial and logistical barriers to access postnatal care, highlighting gaps in social protection and maternity support (Matijasevich and others, 2009).

At the same time, in many countries, young women and men are increasingly delaying childbearing or choosing not to have children. The proportion of childless adults has risen substantially in recent decades (Mogi and others, 2021). Surveys indicate that while many young adults would like to have children in the future, they are discouraged by economic insecurity, housing unaffordability and the high cost of childcare. In Finland, for example, young adults cite financial constraints and employment uncertainty as major barriers to starting a family (Miettinen, 2023). In China, similar patterns have been observed, with younger cohorts expressing concern over the costs of education, housing and childcare (Zhang and others, 2022a).

These trends underscore the need for comprehensive and age-responsive policies that support young adults' reproductive intentions and enable young parents to thrive. Key measures include affordable housing, access to decent work, family-friendly workplace policies, subsidised or community-based childcare, and youth-responsive healthcare and social protection systems. By addressing the intersecting economic and social barriers that shape family formation, Governments can help ensure that young adults are able to continue their education, participate fully in the labour force, and make informed choices about if and when to have children, advancing both individual well-being and promoting sustainable development at the societal level.

III.D Integrated approaches to address the needs of young people in union formation and childbearing

Supporting young people as they enter adulthood requires integrated, age-responsive policies that recognise the evolving capacities, diverse circumstances and overlapping vulnerabilities of this critical age group. Such approaches must address the needs of adolescents, young adults and young families, enabling all to make informed, safe and voluntary decisions regarding marriage, union formation and childbearing.

Enforcing laws on the minimum age of marriage and addressing structural factors that encourage or compel early marriage, such as poverty and limited educational and employment opportunities, can help ensure that unions are entered into freely and with full consent. Strengthening access to age-appropriate information and healthcare services, including effective methods of contraception, aligned with their evolving needs and capacities, is also a

clear priority. Empowering young people to make informed decisions can prevent unintended pregnancies, save lives and improve the health and well-being of both young women and men.

For young adults, expanding access to reproductive healthcare, education and decent work opportunities, while supporting informed decisions about if and when to have children, is also critical. Tailored support for young mothers and fathers, including affordable childcare, flexible employment arrangements, continued education opportunities and youth-responsive healthcare, can enable young people to balance family responsibilities and socioeconomic advancement.

Addressing the evolving needs of young people in marriage, union formation and childbearing requires profound societal transformations. Central to this is fostering norms and attitudes that promote equality between women and men, which underpin sustainable development. The inclusion and full participation of young women and men in awareness efforts, decision-making processes and leadership is critical. Engaging boys and young men as partners in promoting equity, respect and shared decision-making can have measurable impacts on sexual and reproductive health and in reducing violence against women and girls. Intervening early — during adolescence and young adulthood—offers the greatest potential to shape positive life trajectories and support intergenerational change.

Alaaddin attending apprenticeship program in Konya under the Opportunities for Lives Project run by the ILO Turkey Office. Berke Araklı /ILO.

Conclusions and recommendations

With the world's youth population surpassing 1.3 billion, its composition and geographical distribution are set to shift significantly in the coming decades. Patterns of youth population growth are likely to vary across countries, creating diverse opportunities and challenges that depend on local demographic, social and economic contexts. These changes will shape how young people live, learn, work and participate in society, with important consequences for development, equity and well-being. Addressing these dynamics requires forward-looking policies on education, health, employment, social protection and youth empowerment, integrated into broader national development strategies.

The data and projections in this report provide Governments, youth organizations and civil society with a robust evidence base to anticipate emerging needs, design targeted interventions and ensure that demographic change contributes to inclusive, equitable and sustainable development. By linking population foresight to strategic action, stakeholders can empower young people as drivers of social and economic progress.

As youth populations grow, particularly in LLMICs (section I.A), Governments should prioritise quality education, healthcare, skills development and social protection to reduce poverty, inequality and social exclusion. Expanding decent work opportunities, fostering economic diversification, supporting the green economy and accelerating digital transformation are critical to realising the demographic dividend. Investing in digital access, literacy and youth-led innovation will enhance productivity and drive structural change towards inclusive and sustainable growth.

Governments should intensify efforts to eliminate barriers to young women's empowerment across all sectors, including education, health and labour markets (sections I.C and I.E). Ensuring that young women have access to quality education and skills training, equal opportunities in the labour market including equal pay for work of equal value and promoting equitable sharing of care work and household responsibilities contributes to social development and builds more productive and resilient economies. In many LLMICs, where youth populations are growing rapidly and gender equality remains low, such measures are crucial for advancing inclusive and sustainable development amid a rapidly changing demographic landscape.

A rights-based and well-governed approach to international migration and student mobility is essential to support the development, aspirations and agency of young people, while generating mutual benefits for countries of origin and destination (sections I.C and I.D). Migration for young people should be a genuine choice, supported by expanded opportunities for sustainable livelihoods, education and skills development in their home countries. Enhancing regular migration pathways for young people can also help meet growing labour demand and reduce the risks associated with irregular migration, including exploitation and smuggling.

Another priority is to address the environmental pressures associated with rapidly growing youth populations. Larger youth cohorts increase demand for energy, water, land and other natural resources, and in many LLMICs — where population growth is most rapid — this intensifies the environmental impacts of economic development, including higher GHG emissions and accelerated resource consumption. Although these countries have historically contributed only a small share of global emissions, achieving sustained economic growth and meeting the Goals and targets of the 2030 Agenda will require substantial increases in energy and resource use.

HUMICs, which have historically driven unsustainable patterns of production and consumption, bear primary responsibility for achieving net-zero emissions and supporting global sustainable development. Strong international support is required to ensure that the development process in countries with rapidly expanding youth populations is decoupled from further environmental degradation (section I.C). Technology transfer and investment in clean energy, along with other policy innovations, should support young people's leading role in achieving sustainability goals and pave the way for a better future for themselves and future generations.

In countries with stable or declining youth populations, strategies that enhance productivity, promote technological innovation and support labour force participation across all ages can mitigate the challenges and seize the opportunities associated with population ageing (sections I.B, I.D and I.E). Complementary policies, such as inclusive employment initiatives, active and healthy ageing strategies and options for regular migration that reflect demographic and labour market realities and optimize education opportunities, can help reduce labour shortages, sustain innovation and strengthen economic resilience.

Addressing the socioeconomic factors that drive health disparities among youth, including differences between young women and men, is essential (sections II.A and II.B). Youth health can have lasting implications for long-term well-being, productivity and overall quality of life, making health one of the key investments in human capital.

Given the multidimensional nature of youth health, strengthening cross-sectoral collaboration and coordinated financing among health, education, labour and social protection sectors, with particular attention to health disparities between young males and females can further enhance policy coherence, efficiency and impact.

Policies must also focus on preventing injuries, including fatal road traffic crashes and violence among youth, which disproportionately affect young men in LLMICs (sections II.B and II.C). Equitable access to essential resources for marginalized youth is critical to protect young people from violence and prevent their involvement as perpetrators. Improving youth maternal health is another urgent priority in LLMICs, where a significant share of deaths among young women and girls occur during or following pregnancy and childbirth. Providing access to care by skilled health professionals before, during and after childbirth can dramatically reduce the number of maternal deaths.

Priority actions should also focus on implementing comprehensive approaches to tackle the rising levels of depression, anxiety and self-harm among youth in HICs, as well as addressing the risk factors of these trends, including problematic social media use and cyberbullying (section II.D). Fostering digital safe environments is a growing priority everywhere. To respond more effectively to context-specific risks associated with digital technologies, harmful substance use and high rates of injuries and violence among youth, health systems need to implement integrated approaches that address both physical and mental health.

In many LLMICs experiencing rapid population growth, youth face elevated burdens of infectious diseases, injuries and a rising prevalence of non-communicable diseases and their risk factors (section II.E). Strengthening primary healthcare is a top priority for meeting diverse youth health needs and advancing universal health coverage. Age-appropriate sexual and reproductive health services should also be expanded to reduce unintended pregnancies, improve maternal health outcomes and support healthy transitions to adulthood.

Legal and policy frameworks must protect adolescents and youth from child, early and forced marriage, gender-based discrimination, sexual abuse and all forms of violence, including intimate partner violence. In addition to legal frameworks, greater efforts are needed to enforce existing laws and address the social, economic and cultural factors that perpetuate these practices (section III.A). Effective interventions should meaningfully engage boys and young men as partners in promoting equality between women and men and respectful relationships.

Access to accurate and age-appropriate information, education and counselling on human sexuality and reproductive health and to sexual and reproductive healthcare services, including modern contraceptive methods, is essential, particularly in settings with elevated risks of unintended pregnancies and high adolescent birth rates (sections III.B and III.D). Beyond preventing unintended pregnancies and protecting adolescents' rights, tailored policies and services should also enable young parents, especially young mothers, to continue their education, access employment and obtain appropriate healthcare and social support, helping them balance family responsibilities with work or study (section III.C).

All of these measures will only succeed if young people are meaningfully empowered and included in decision-making. Young people increasingly assert their right to shape the policies and programmes that affect their lives. Ensuring their full, meaningful and equitable participation in advocacy, policymaking and governance will bring innovation, enhance accountability and accelerate progress toward green and digital transitions (sections I.B, I.C, II.D, II.F and III.D). Strengthening mechanisms for youth engagement, such as integrating sustainable practices into education, employment and urban planning,[63] will contribute to more inclusive, resilient and sustainable development outcomes amid shifting population dynamics.

[63] With two-thirds of the growth of the world's population between now and 2050 expected to take place in cities, Youth 2030 Cities (United Nations, 2025d) focuses on promoting meaningful participation of young people to shape local and global urban governance agendas.

Paraguay, 2025. ‘I want to live like this! #WithoutViolence’ campaign - Estefanía, Afro-Paraguayan. UNFPA Paraguay/Mario Achucarro.

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Annex 1: Glossary of terms

Child marriage: Any formal marriage or informal union where at least one partner is under age 18.

Contraceptive methods: Methods used to prevent pregnancy.

Demographic dividend: A temporary time period during which the share of the working-age population increases relative to non-working ages, generating a window of opportunity for accelerated economic growth.

Demographic transition: The long-term shift from high to low fertility and mortality that has historically accompanied social and economic development.

Early marriage: Any formal marriage or informal union where at least one partner is under age 18 or where is over 18 but not yet ready to consent to marriage because of their level of physical, emotional, sexual and psychosocial development.

Gender Inequality Index (GII): A composite metric of gender inequality using three dimensions: reproductive health, empowerment and the labour market. A low GII value indicates low inequality between women and men, and vice-versa.

Green jobs: Decent jobs that contribute to preserve or restore the environment, be they in traditional sectors such as manufacturing and construction, or in new, emerging green sectors such as renewable energy and energy efficiency.

Health: A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Health literacy: Personal knowledge and competencies that accumulate through daily activities, social interactions and across generations, and are mediated by the organizational structures and availability of resources.

Human capital: Knowledge, skills and health that people invest in and accumulate throughout their lives, enabling them to become productive members of society.

Human Capital Index (HCI): A composite metric of human capital investments that incorporates different dimensions of health and the quantity and quality of schooling. HCI indicates the potential for productivity and economic growth.

Lifetime risk of maternal death: The probability that a 15-year-old female will die eventually from a maternal cause assuming that current levels of fertility and mortality (including maternal mortality) do not change in the future, taking into account competing causes of death.

Mental health: A state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.

Modern methods of contraception: Methods used to prevent pregnancy including female and male sterilization, intra-uterine devices (IUD), implants, injectables, oral contraceptive pills, male and female condoms, vaginal barrier methods (including the diaphragm, cervical cap and spermicidal foam, jelly, cream and sponge), the lactational amenorrhea method, emergency contraception and other modern methods.

Primary health care: An overall approach to the organization of health systems which encompasses the three aspects of: multisectoral policy and action to address the broader determinants of health; empowering individuals, families and communities; and meeting people's essential health needs throughout their lives.

Probability of dying between exact ages 15 and 25 (10q15): The likelihood that a 15-year-old will die before reaching age 25, based on current age-specific mortality rates. This measure is typically expressed per 1,000 population.

Risk factors for noncommunicable diseases (NCDs): The five major risk factors for NCDs are tobacco use, physical inactivity, the harmful use of alcohol, unhealthy diets and air pollution. NCDs include heart disease, stroke, cancer, diabetes and chronic lung disease.

Sexual and reproductive health: A broad range of services that cover access to contraception, fertility and infertility care, maternal and perinatal health, prevention and treatment of sexually transmitted infections (STIs), protection from sexual and gender-based violence, and education on safe and healthy relationships.

Technology-facilitated violence against women and girls: Any act that is committed, assisted, aggravated, or amplified by the use of information communication technologies or other digital tools, that results in or is likely to result in physical, sexual, psychological, social, political or economic harm, or other infringements of rights and freedoms.

Traditional methods of contraception: Methods used to prevent pregnancy including withdrawal (coitus interruptus), rhythm (fertility awareness-based methods, periodic abstinence) and other locally recognized practices.

Unmet need for family planning: The share of women who are fecund and sexually active, who wish to stop or delay childbearing, but who are not using any form of contraception. This indicator measures, at the population level, the gap between women's reproductive intentions and their contraceptive behaviour.

Annex 2: Selected indicators

Table A1

Number of people aged 15–24 years (in thousands) and as percentage of total population, for the world, income groups, countries and areas, 2000, 2025 and 2050

Groups, countries and areas	*Population aged 15-24 years (thousands)*			*Percentage aged 15-24 years (per 100 total population)*		
	2000	*2025*	*2050*	*2000*	*2025*	*2050*
World	1,096,535	1,283,150	1,281,227	17.8	15.6	13.3
Low- and lower-middle-income countries (LLMICs)	526,552	756,599	878,404	19.8	18.4	15.8
Low-income countries (LICs)	74,144	57,423	251,377	19.0	20.3	19.1
Afghanistan	3,729	9,224	14,763	18.5	21.0	19.2
Burkina Faso	2,427	5,051	6,844	20.4	21.0	18.3
Burundi	1,419	2,957	4,542	21.9	20.5	18.8
Central African Republic	723	1,238	2,363	18.9	22.5	22.3
Chad	1,573	4,160	7,867	18.5	19.8	20.2
Dem. People's Rep. of Korea	3,544	3,378	2,913	15.0	12.7	11.3
Dem. Republic of the Congo	9,079	21,559	44,422	18.0	19.1	20.4
Eritrea	418	804	1,047	18.6	22.3	18.4
Ethiopia	12,222	28,428	42,360	18.1	21.0	18.8
Gambia	267	577	771	18.4	20.5	17.9
Guinea-Bissau	250	458	618	20.3	20.4	18.0
Liberia	579	1,203	1,645	19.8	21.0	18.5
Madagascar	3,243	6,576	9,775	19.6	20.1	18.4
Malawi	2,234	4,836	6,906	19.7	21.8	18.5
Mali	2,407	5,186	9,404	20.8	20.6	20.4
Mozambique	3,610	7,207	12,729	19.9	20.2	20.0
Niger	2,165	5,763	10,656	18.8	20.6	20.3
Rwanda	1,896	3,021	4,023	23.1	20.7	17.7
Sierra Leone	841	1,818	2,309	19.0	20.6	17.8
Somalia	1,688	3,858	7,452	19.1	19.6	20.0
South Sudan	1,185	2,845	3,415	19.6	23.3	18.6
Sudan	5,370	10,390	15,674	19.3	20.1	18.4
Syrian Arab Republic	3,541	5,914	6,524	21.3	23.1	17.3
Togo	1,050	1,911	2,869	20.4	19.7	18.4
Uganda	4,642	11,043	16,131	19.3	21.5	18.9
Yemen	4,041	8,019	13,355	20.6	19.2	18.8
Lower-middle-income countries (LMICs)	452,408	599,176	627,027	19.9	18.0	14.8

Groups, countries and areas	Population aged 15-24 years (thousands)			Percentage aged 15-24 years (per 100 total population)		
	2000	2025	2050	2000	2025	2050
Algeria	7,078	6,826	7,572	22.9	14.4	12.7
Angola	2,978	7,552	14,691	18.4	19.3	19.8
Bangladesh	28,312	33,253	30,970	21.0	18.9	14.4
Benin	1,402	2,915	4,569	19.4	19.7	18.7
Bhutan	124	140	100	20.9	17.6	11.3
Bolivia (Plurinational State of)	1,661	2,316	2,479	19.3	18.4	15.4
Cabo Verde	94	92	58	20.8	17.4	10.3
Cambodia	2,509	3,081	3,282	20.1	17.3	15.0
Cameroon	3,032	5,951	9,577	20.3	19.9	18.7
Comoros	102	169	232	19.1	19.2	17.8
Congo	641	1,268	2,034	20.3	19.6	18.5
Côte d'Ivoire	3,713	6,446	10,456	21.0	19.7	18.8
Djibouti	153	231	242	20.5	19.5	15.8
Egypt	14,759	20,926	24,743	20.2	17.7	15.3
Eswatini	231	250	251	22.2	19.9	16.7
Ghana	4,084	6,753	8,613	20.8	19.3	17.0
Guinea	1,565	3,058	4,381	18.6	20.3	18.7
Haiti	1,672	2,273	2,306	20.1	19.1	15.7
Honduras	1,395	2,123	2,268	21.2	19.3	15.3
India	205,461	256,511	216,224	19.4	17.5	12.9
Iran (Islamic Republic of)	15,833	12,366	10,209	23.8	13.4	10.0
Jordan	1,018	2,152	2,434	18.9	18.7	14.9
Kenya	6,586	12,378	15,114	21.5	21.5	18.1
Kiribati	16	24	31	18.6	17.4	16.7
Kyrgyzstan	986	1,176	1,457	19.6	16.1	15.1
Lao People's Dem. Republic	1,074	1,452	1,454	19.8	18.4	14.9
Lebanon	840	1,014	922	19.4	17.3	13.2
Lesotho	440	469	499	22.0	19.9	16.7
Mauritania	522	1,059	1,813	20.0	19.9	19.3
Micronesia (Fed. States of)	24	22	22	21.4	19.8	17.0
Mongolia	524	517	621	21.3	14.7	13.8
Morocco	5,929	6,199	5,619	20.9	16.1	12.9
Myanmar	9,120	8,856	7,918	20.1	16.1	13.5
Nepal	4,735	5,762	4,920	19.3	19.5	14.2
Nicaragua	1,112	1,278	1,239	22.1	18.2	14.1
Nigeria	25,368	49,657	69,406	20.1	20.9	19.3
Pakistan	30,034	50,933	65,026	19.4	20.0	17.5
Papua New Guinea	1,107	2,046	2,476	20.0	19.0	16.6
Philippines	16,016	22,166	17,800	20.1	19.0	13.2
Samoa	34	40	48	18.5	18.3	17.5

Groups, countries and areas	Population aged 15-24 years (thousands)			Percentage aged 15-24 years (per 100 total population)		
	2000	2025	2050	2000	2025	2050
Sao Tome and Principe	33	51	67	22.6	21.2	18.4
Senegal	2,112	3,909	5,364	21.2	20.6	17.7
Solomon Islands	91	163	229	20.6	19.5	17.5
Sri Lanka	3,737	3,531	2,985	19.4	15.2	12.0
Tajikistan	1,260	1,839	2,537	20.1	17.1	16.3
Timor-Leste	134	306	295	18.0	21.6	15.6
Tunisia	2,046	1,716	1,402	21.0	13.9	10.7
Ukraine	7,349	4,181	2,315	14.8	10.7	7.2
United Republic of Tanzania	7,089	14,210	24,846	20.7	20.1	19.2
Uzbekistan	4,886	5,359	8,456	19.7	14.5	16.2
Vanuatu	35	60	93	18.5	17.9	17.4
Viet Nam	16,210	13,988	12,373	21.0	13.8	11.2
Zambia	2,129	4,545	7,128	21.3	20.7	18.7
Zimbabwe	3,015	3,615	4,861	25.4	21.3	18.8
High- and upper-middle-income countries (HUMICs)	565,085	521,267	398,427	16.2	12.7	9.7
High-income countries (HICs)	152,027	147,316	130,237	13.9	11.6	10.1
American Samoa	10	9	5	17.1	18.6	12.3
Andorra	8	9	6	11.6	11.0	7.6
Antigua and Barbuda	12	13	10	16.7	13.9	10.6
Aruba	11	14	10	12.8	12.8	10.2
Australia	2,618	3,284	3,628	13.7	12.2	11.2
Austria	955	906	806	11.9	9.9	9.2
Bahamas	52	58	47	16.0	14.3	11.1
Bahrain	114	202	238	17.0	12.3	11.1
Barbados	39	37	29	14.8	12.9	10.9
Belgium	1,243	1,372	1,153	12.1	11.7	9.7
Bermuda	7	7	5	11.1	10.4	8.3
British Virgin Islands	3	5	4	14.9	13.0	8.8
Brunei Darussalam	60	67	61	18.3	14.4	11.6
Canada	4,195	4,633	4,652	13.6	11.5	10.2
Cayman Islands	5	8	10	11.7	10.6	10.0
Chile	2,578	2,520	1,735	16.6	12.7	8.5
China, Hong Kong SAR	938	541	280	14.0	7.3	4.6
China, Macao SAR	62	67	44	14.2	9.2	6.5
China, Taiwan Province of China	3,928	2,201	1,284	17.6	9.5	6.6
Croatia	571	403	292	13.2	10.5	9.0
Curaçao	18	23	16	12.7	12.2	9.1
Cyprus	164	143	151	17.3	10.4	10.0

Groups, countries and areas	Population aged 15-24 years (thousands)			Percentage aged 15-24 years (per 100 total population)		
	2000	2025	2050	2000	2025	2050
Czechia	1,562	1,119	912	15.3	10.5	9.3
Denmark	613	723	667	11.5	12.0	10.9
Estonia	200	143	98	14.3	10.6	8.4
Faroe Islands	6	8	8	13.4	13.9	12.2
Finland	660	639	501	12.7	11.4	9.4
France	7,727	8,321	7,153	13.0	12.5	10.5
French Guiana	25	55	77	15.7	17.7	16.4
French Polynesia	43	43	26	17.8	15.1	9.1
Germany	9,162	7,992	7,525	11.2	9.5	9.6
Gibraltar	4	5	6	13.0	12.5	11.7
Greece	1,558	1,048	741	14.4	10.5	8.4
Greenland	7	7	6	13.1	12.2	11.9
Guam	25	24	26	15.8	14.0	13.7
Guernsey	7	7	6	12.1	10.7	9.4
Guyana	140	143	141	18.4	17.1	15.0
Hungary	1,504	1,013	889	14.8	10.5	10.2
Iceland	43	52	46	15.2	13.0	10.7
Ireland	640	719	619	16.8	13.5	10.4
Isle of Man	9	9	7	11.3	10.9	9.0
Israel	1,052	1,490	1,890	17.2	15.7	14.4
Italy	6,712	5,962	4,200	11.7	10.1	8.1
Japan	15,808	11,786	8,497	12.4	9.6	8.1
Jersey	10	11	10	11.5	10.7	9.7
Kuwait	368	545	615	18.8	10.8	9.7
Latvia	340	193	125	14.4	10.4	8.2
Liechtenstein	4	4	4	12.3	10.4	10.3
Lithuania	498	290	189	14.2	10.3	8.4
Luxembourg	50	73	83	11.4	10.8	10.5
Malta	60	49	45	15.1	9.1	8.3
Martinique	63	37	27	15.0	11.0	9.4
Mayotte	27	61	120	17.0	18.2	18.6
Monaco	3	3	4	8.4	8.8	11.6
Nauru	2	2	3	20.1	18.3	17.2
Netherlands	1,912	2,188	2,036	11.9	11.9	10.7
New Caledonia	39	43	41	17.6	14.5	11.9
New Zealand	530	671	632	13.7	12.8	11.0
Northern Mariana Islands	11	7	4	16.0	15.6	10.1
Norway	543	691	594	12.1	12.3	10.1
Oman	497	750	1,119	21.8	13.6	14.3
Panama	570	729	713	18.9	15.9	12.7

Groups, countries and areas	Population aged 15-24 years (thousands)			Percentage aged 15-24 years (per 100 total population)		
	2000	2025	2050	2000	2025	2050
Poland	6,444	3,802	2,579	16.8	10.0	7.9
Portugal	1,491	1,079	955	14.5	10.4	9.8
Puerto Rico	611	389	165	16.0	12.0	6.6
Qatar	101	305	473	15.7	9.8	11.4
Republic of Korea	7,810	5,015	2,872	16.7	9.7	6.4
Réunion	147	124	106	19.2	14.1	11.2
Romania	3,436	2,102	1,598	15.6	11.1	10.0
Saint Barthélemy	1	2	1	9.1	14.5	7.8
Saint Kitts and Nevis	8	6	5	18.0	12.9	10.8
Saint Martin (French part)	4	3	2	13.5	12.7	8.3
Saint Pierre and Miquelon	1	1	0.3	11.6	12.5	7.1
San Marino	3	4	3	11.5	10.5	7.9
Saudi Arabia	3,090	5,182	6,550	19.1	15.0	13.7
Seychelles	15	17	17	18.3	12.6	12.0
Singapore	665	817	563	16.5	13.9	9.3
Sint Maarten (Dutch part)	4	5	5	12.0	12.1	10.3
Slovakia	923	543	442	17.2	9.9	9.0
Slovenia	290	210	183	14.6	9.9	9.2
Spain	5,961	5,122	3,679	14.5	10.7	8.2
Sweden	1,025	1,245	1,117	11.6	11.7	9.9
Switzerland	830	901	900	11.6	10.1	9.6
Trinidad and Tobago	264	189	139	20.0	12.5	9.9
Turks and Caicos Islands	3	5	5	14.9	11.3	10.0
United Arab Emirates	723	1,442	1,789	20.7	12.7	11.6
United Kingdom	7,333	8,258	7,989	12.4	11.9	10.6
United States of America	39,699	45,891	42,905	14.1	13.2	11.3
United States Virgin Islands	14	10	8	13.3	11.5	11.6
Uruguay	508	473	319	15.6	14.0	9.8
Upper-middle-income countries (UMICs)	413,059	373,951	268,190	17.3	13.3	9.6
Albania	544	342	195	17.2	12.3	8.7
Argentina	6,494	7,056	5,111	17.5	15.4	10.6
Armenia	559	367	257	17.9	12.4	10.3
Azerbaijan	1,507	1,456	1,295	18.4	14.0	11.5
Belarus	1,523	934	580	15.2	10.4	7.8
Belize	49	77	68	20.3	18.3	13.2
Bosnia and Herzegovina	742	329	213	17.8	10.5	8.7
Botswana	383	489	556	22.8	19.1	16.2
Brazil	34,476	30,160	23,314	19.8	14.2	10.7
Bulgaria	1,133	663	526	14.2	9.9	9.7

Groups, countries and areas	Population aged 15-24 years (thousands)			Percentage aged 15-24 years (per 100 total population)		
	2000	2025	2050	2000	2025	2050
China	202,745	163,487	81,894	16.0	11.5	6.5
Colombia	7,420	8,210	6,584	19.0	15.4	11.1
Costa Rica	730	731	490	18.5	14.2	9.2
Cuba	1,488	1,223	836	13.4	11.2	8.9
Dominica	11	9	7	16.0	13.2	10.8
Dominican Republic	1,730	1,944	1,752	20.2	16.9	13.5
Ecuador	2,514	3,139	2,592	19.8	17.2	12.1
El Salvador	1,186	1,137	852	20.0	17.9	12.8
Equatorial Guinea	119	343	584	17.0	17.7	18.6
Fiji	170	157	147	20.2	16.9	14.7
Gabon	252	459	719	19.8	17.7	17.6
Georgia	670	455	391	15.5	11.9	10.7
Grenada	19	17	12	17.9	14.3	10.3
Guatemala	2,383	3,758	3,687	20.4	20.1	14.9
Indonesia	43,067	45,587	42,170	19.9	16.0	13.1
Iraq	4,938	9,247	12,090	20.2	19.7	16.8
Jamaica	517	447	250	19.8	15.8	10.2
Kazakhstan	2,821	2,945	3,821	18.2	14.1	14.4
Kosovo (under UNSC res. 1244)	340	285	172	18.9	17.0	10.5
Libya	1,231	1,308	1,192	23.2	17.5	12.9
Malaysia	4,205	5,921	5,126	18.3	16.5	11.6
Maldives	61	65	52	21.7	12.2	8.9
Marshall Islands	11	8	4	21.9	22.0	16.0
Mauritius	217	174	100	17.9	13.7	9.0
Mexico	19,482	22,247	18,746	19.8	16.9	12.6
Montenegro	102	78	56	16.1	12.4	10.5
Namibia	368	550	739	20.2	17.8	16.4
North Macedonia	333	207	137	16.2	11.4	9.1
Palau	3	2	2	14.3	12.6	11.2
Paraguay	1,005	1,165	1,252	19.7	16.6	14.5
Peru	5,376	5,699	5,114	20.2	16.5	12.6
Republic of Moldova	719	342	243	17.0	11.4	10.3
Russian Federation	23,104	15,629	13,700	15.7	10.9	10.1
Saint Lucia	31	26	18	19.9	14.2	10.4
St. Vincent and the Grenadines	23	14	10	19.9	14.5	11.3
Serbia	1,058	684	526	13.7	10.2	9.5
South Africa	9,892	10,569	11,986	21.0	16.3	15.1
State of Palestine	629	1,079	1,397	20.0	19.3	16.5
Suriname	89	109	102	18.7	17.1	13.9

Groups, countries and areas	Population aged 15-24 years (thousands)			Percentage aged 15-24 years (per 100 total population)		
	2000	2025	2050	2000	2025	2050
Thailand	10,718	8,907	6,006	17.0	12.4	9.0
Tonga	21	21	18	20.2	20.7	17.4
Türkiye	12,924	12,612	9,184	19.8	14.4	10.1
Turkmenistan	922	1,080	1,310	20.1	14.2	13.6
Tuvalu	1	2	2	15.3	16.7	15.5
No income group available	4,848	5,239	4,363	19.5	17.9	13.7
Anguilla	2	2	1	15.6	15.5	9.4
Bonaire, Sint Eustatius and Saba	2	3	3	11.8	10.8	10.0
Cook Islands	3	2	1	16.0	15.0	8.5
Falkland Islands (Malvinas)	0.4	0.3	0.3	12.5	9.3	8.8
Guadeloupe	50	45	33	11.9	12.1	10.1
Holy See	0.1	0.0	0.1	8.7	7.7	9.6
Montserrat	1	1	0.3	12.0	11.6	9.1
Niue	0.3	0.3	0.3	15.6	15.6	15.3
Saint Helena	1	0.5	0.3	14.1	9.0	8.2
Tokelau	0.3	0.5	1	14.5	18.3	15.4
Venezuela (Bolivarian Republic of)	4,780	5,143	4,253	19.5	18.0	13.7
Wallis and Futuna Islands	3	2	1	19.2	17.0	8.7
Western Sahara	57	84	102	20.8	14.1	13.1

Source: United Nations (2024d).
Notes: In this table, the classification of countries and areas by income level is based on gross national income (GNI) per capita as reported by the World Bank (May 2024). Further information is available at: https://datahelpdesk.worldbank.org/knowledgebase/articles/906519.
Table A1 has been revised (June 2026). No other sections of the report have been modified.

Young people are a vital driving force in all societies, contributing energy, innovation and creativity to national development and to the achievement of the Goals and targets of the 2030 Agenda for Sustainable Development. Yet, many continue to face significant barriers that limit young people's ability to realise their full potential and to participate meaningfully in society.

World Population Highlights 2026: Youth provides sound, comparable and timely data on global youth population trends, including changes in size and geographical distribution and key dimensions of youth well-being. The report identifies priority actions to reduce disparities, promote sustainable livelihoods, improve health outcomes — including sexual and reproductive health — and strengthen the protection of young people's rights.

The findings of this report can help policymakers, youth advocates and civil society to integrate population foresight into the formulation of policies and programmes and to ensure that demographic change contributes to a more equitable, inclusive, resilient and sustainable future for current and future generations. The report supports *Youth2030*, the United Nations system-wide youth strategy guiding global action with and for young people.

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