GROWING UP GLOBAL
THE CHANGING TRANSITIONS TO ADULTHOOD IN DEVELOPING COUNTRIES

Based on research by a panel on Transitions to Adulthood in Developing Countries convened by the National Academies’ National Research Council and Institute of Medicine

Cynthia B. Lloyd
Editor
Population Council
www.popcouncil.org

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The passage from childhood to adulthood is a period of momentous social, psychological, economic, and biological transitions. The nature and quality of young people’s future lives depend on how successfully they negotiate the passage through this critical period. The challenges for young people are greater today than ever before. Accelerating globalization, which carries the transformative power of new markets and new technology, can invalidate traditional expectations regarding future employment prospects and life experiences.

Concerns about how global forces are altering the transition to adulthood are all the more urgent because of the changing demographic profile of many developing countries. As of 2005, the world’s population of 10-to-24-year-olds is estimated to be 1.76 billion, 1.5 billion of whom are in the developing world.

Recognizing the need to learn more about this crucial period of life, the National Research Council and the Institute of Medicine convened a panel of experts to examine the changing transition to adulthood in developing countries, with a particular emphasis on gender, and the policy implications of these changes. The National Research Council and the Institute of Medicine are private, nonprofit institutions that provide science and health policy advice under a Congressional charter. The National Research Council is the principal operating arm of the National Academy of Sciences and the National Academy of Engineering.

The 15-member panel was led by Cynthia B. Lloyd, director of social science research at the Population Council. Lloyd is considered one of the population field’s leading experts on transitions to adulthood in developing countries. Population Council researchers have concentrated on the study of adolescents since the early 1990s, committed to moving the field of adolescent policy research from a narrow focus on sexuality and reproductive health to broader attention to social and economic issues that underpin adolescent health. Three Population Council senior staff members—Lloyd, Barbara Mensch, and Shireen Jejeebhoy—sat on the panel.

The panel found that, compared to the situation 20 years ago, young people are entering adolescence in better health and reaching puberty earlier. They are also more likely to attend school, more likely to postpone entering the labor force, and more likely to delay marriage and childbearing. These broad statements, however, capture only the average tendencies for young people in developing countries. Disparate circumstances across regions mean that the experiences of today’s young people vary enormously. Sub-Saharan Africa is a region of special concern. Not only are poverty rates rising and population growth continuing at unprecedented levels, but the risks of HIV/AIDS for young people are very high and increasing.

The panel identified adequate schooling and good health as essential in their own right and necessary for success in key adult roles, including worker, citizen, spouse, and parent. In the panel’s judgment, poverty is the greatest barrier to making a successful transition to adulthood.

Poverty and poor school quality reduce school enrollments, encourage dropout, and compromise learning. There remain large differences in school attendance rates according to family wealth, with poor girls suffering particular disadvantage. Nevertheless, recent growth in rates of school participation and grade attain-
ment have been substantial, historically unprecedented, and greater for girls than for boys.

In most countries of the developing world, young people are entering adulthood with improved chances of surviving to old age. But behaviors that young people adopt at this stage have critical implications for their future health and mortality. For example, smoking and the use of illicit drugs, both of which are increasing in this age group, may compromise long-term health. Unprotected sex is one of the riskiest behaviors that young people can undertake, particularly in places where HIV/AIDS is widespread. Young women are especially vulnerable to HIV infection and also risk death and disease related to pregnancy, childbirth, and unsafe abortion.

A rise in school enrollment and an extension in the years spent in school have resulted in a delay in workforce entry and a decline in child labor. The economic payoff for attending high school and college is consistently high, and the gap in income, job stability, and upward mobility between those who have attended only primary school and those who have completed more schooling is widening. In many parts of Asia, as well as in Latin America and the Caribbean, increasing numbers of young people have been absorbed into the labor force without any large increase in youth unemployment; the challenge for youth employment remains substantial in some of the poorer countries of Asia, sub-Saharan Africa, and the Middle East, given unprecedented growth in younger populations.

Globalization, trends toward greater democratization, rising school enrollment, and greater access to media have all increased opportunities for young people to become active and involved members of their communities. Recent survey data show that a majority of young men in many Latin American and Asian countries express a willingness to engage in traditional types of political activism, whereas young women appear less inclined to express these views. Schools, employers, national service programs, sports and other informal youth programs, and the media play increasingly important roles in citizenship formation.

Marriage is not necessarily a marker of adulthood, particularly for the many young women who wed during their teenage years. On the basis of Demographic and Health Survey (DHS) data, which represent 60 percent of the population of the developing world, 38 percent of young women ages 20–24 married before age 18, which by international convention is a violation of human rights. In comparison, in the United States in 1995, the most recent data available, 11 percent of young women ages 20–24 married before age 18. Young women in the developing world who marry as minors are more likely to come from poor households and rural areas and to have relatively few, if any, years of schooling.

Entry into marriage is strongly associated with entry into parenthood. More than 90 percent of first births occur within marriage, and this percentage has changed only minimally over the past 20 years. Early childbearing remains common in many parts of the developing world because of high rates of early marriage. According to DHS data, 23 percent of young women ages 20–24 in the developing world gave birth before age 18. In the United States in 1995, only 9 percent of young women ages 20–24 gave birth before age 18.

Substantial investments in the health and schooling of young people will position them to participate constructively in shaping their own
and their countries’ future. In the panel’s view, policies and programs, if they are to be effective, must be evidence-based, locally appropriate, and designed in cooperation with developing-country governments and local communities.

Policies and programs designed to enhance successful transitions for young people should be targeted to the poor, particularly poor young women, who are often doubly disadvantaged. The panel also calls for interventions that promote gender equity in the arenas of citizenship, work, marriage, and parenthood in all social classes. Achieving the United Nations Millennium Development Goals of universal primary schooling and gender equity in schooling will not be enough to ensure that the next generation of young people acquires the skills necessary for successful adulthood. Policymakers should give equal attention to school quality and expanding enrollments at the secondary level.

The panel recommends that policymakers increase the provision of general health information and sex education, including negotiating skills, for all young people and increase the availability of reproductive health services for those who are sexually active. Some of the most important reproductive health interventions for young people may lie outside the health sector. For example, school participation and higher levels of educational attainment appear to have positive associations with young people’s health; both male and female students who remain enrolled during their teens are substantially less likely to have had sex than their unmarried peers who are not enrolled. Indeed, the growing percentage of adolescents attending school may have contributed to delays in the age of sexual initiation in some countries, which were documented by the panel. Thus, resources spent on expanding opportunities for secondary schooling may have a direct effect on the reproductive health of young people.

The challenges of promoting a successful passage to adulthood for young people in developing countries are significant. Investing in their health and schooling as well as in opportunities for productive livelihoods will greatly enhance young people’s future prospects.