

Investing in Young People in Eastern Europe and Central Asia



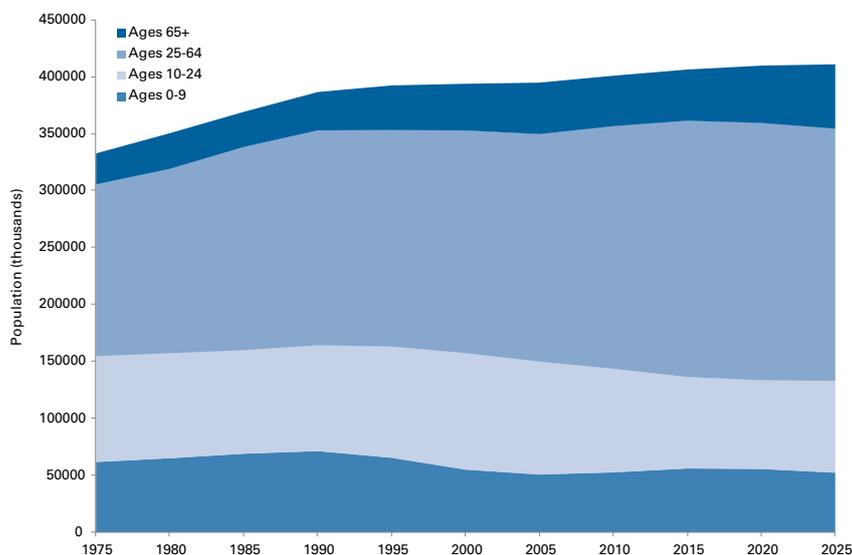
Young people in Eastern Europe and Central Asia: The demographic picture

In the last five decades, the countries of Eastern Europe and Central Asia (EECA) have experienced significant shifts in the number of young people (ages 10 to 24), people of working age, and older people as a percentage of their total populations. The number of young people in the region peaked in 2000 and has slightly decreased in the last decade, both in absolute terms and as a share of the total population (from 26% to 23%; Figure 1). In all EECA countries, the number of young people is expected to stabilize at around 17% of the population by 2075, according to the medium-fertility scenario of the UN World Population Prospects. The working-age population, however, is relatively large and expected to expand further in the coming decades in most countries. All countries in the region are also experiencing increases in the proportion of people in older age groups.

While these developments have been seen across the region, there are differences between countries, especially in the number of young people. This diversity is primarily the result of changes in fertility levels, which declined in all countries between 1990 and 2010, albeit at different rates, and with some countries showing upward trends again in recent years.¹

Figure 1: Population by age group, EECA region (1990-2011)

Source: UN World Population Prospects, 2012



“Never before have there been so many young people. Never again is there likely to be such potential for economic and social progress. How we meet the needs and aspirations of young people will define our common future.”

– Dr. Babatunde Osotimehin, UNFPA Executive Director

“Young people can change negative societal patterns of behavior and break cycles of violence and discrimination that pass from one generation to the next!”

– Zilola, 23, Tajikistan

This paper was developed by the UNFPA Regional Office for Eastern Europe and Central Asia as a supplement to the 2014 State of World Population Report, *The Power of 1.8 Billion*. It includes research done by Jesus Crespo Cuaresma, Professor of Economics at the Vienna University of Economics and Business, and contributions by Wendy Knerr of The Write Effect.

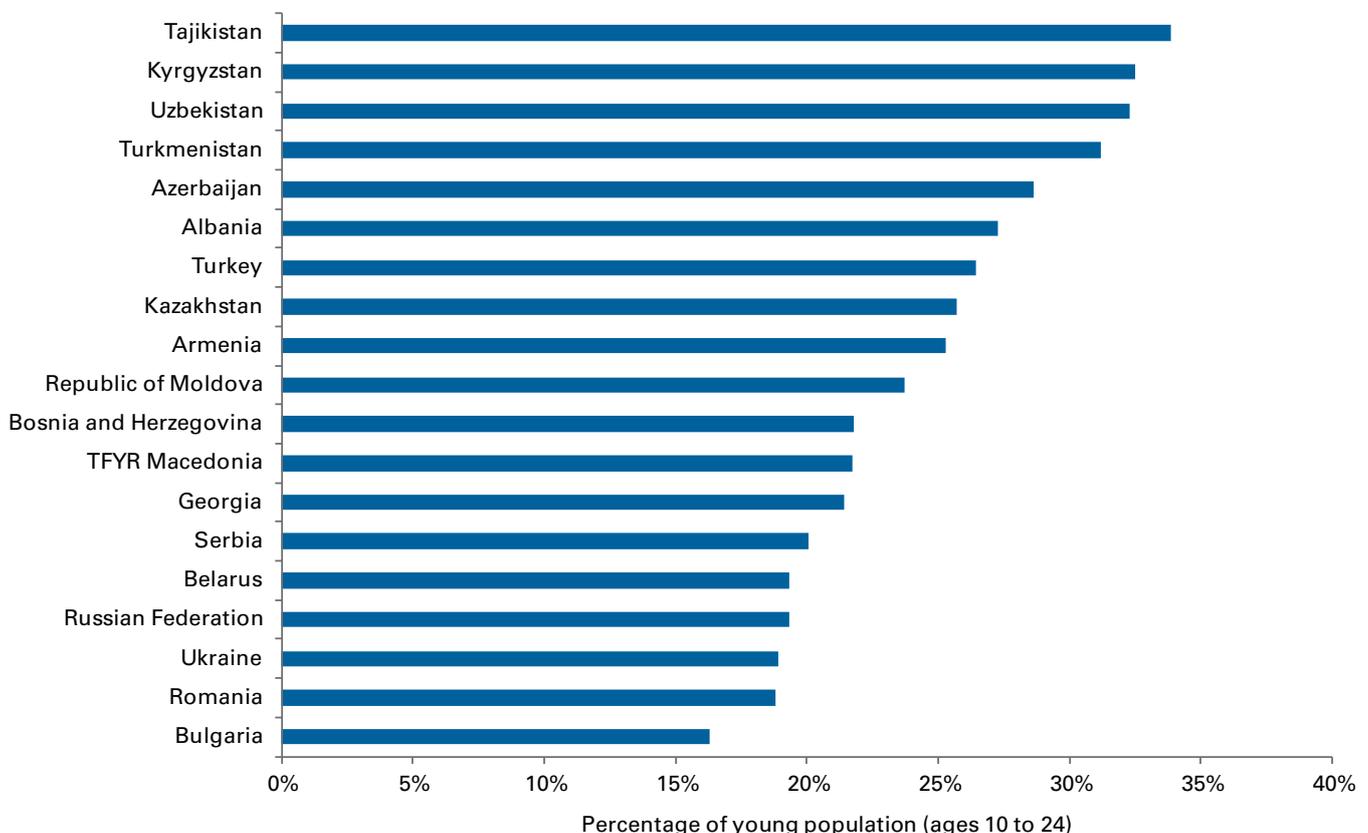
The difference in fertility levels has produced two clusters of countries. The first cluster is made up of countries in Eastern and South-Eastern Europe,ⁱ which have already experienced strong falls in fertility rates. In fact, current fertility rates in many of these countries are below replacement level, which is the rate at which women give birth to enough babies to sustain population levels (2.1 children per woman). These countries have relatively fewer young people as a share of the total population. The second cluster is comprised of Central Asian countries and Turkey, which are still undergoing significant declines in fertility levels and therefore have relatively more young people as a share of their populations (Figure 2). In Tajikistan, for example, young people account for more than one quarter of the population, while in Bulgaria they make up less than 17%.

A window of opportunity: Reaping the benefits of the demographic dividend

The demographic changes of the past decades provide an opportunity for all countries in the region to benefit from what is known as the ‘demographic dividend’: a window of opportunity when there is a large proportion of young and economically productive people (see Box). As fertility rates decline, countries are likely to experience automatic increases in income growth. This is in large part because a society with a smaller share of children has to distribute its income among a smaller number of inactive (i.e., dependent) persons. This leads to an increase in income per capita. In addition, research has shown that the fall in fertility rates tends to take place in parallel with increases in labour productivity, which also leads to an increase in income growth.²

Figure 2: Percentage of young population, EECA countries, 2010

Source: UN World Population Prospects, 2012



ⁱ For the purpose of this report, the EECA subregions are defined as follows: South-Eastern Europe — Albania, Bosnia and Herzegovina, Bulgaria, the former Yugoslav Republic of Macedonia, Romania, Serbia and Turkey, as well as Kosovo (UNSCR 1244); Eastern Europe — Armenia, Azerbaijan, Belarus, Georgia, Moldova, the Russian Federation and Ukraine; Central Asia — Kazakhstan, the Kyrgyz Republic, Tajikistan, Turkmenistan and Uzbekistan.

The demographic dividend

The demographic dividend is the potential economic growth that can result from changes in a population's age structure. This primarily occurs when the share of the working-age population (15 to 64) is larger than the non-working-age proportion of the population (14 and younger or 65 and older). The potential can be massive if supportive economic policies are implemented and substantial and strategic investments are made in human capital, particularly of young people. The demographic dividend may not be fully realized without a solid economic and policy framework to back it up.

“ To attain all of the potential economic benefits of the demographic transition, countries must invest in their current generation of young people. ”

These effects of the demographic dividend, however, are only part of the picture. To attain all of the potential economic benefits of the demographic transition, countries must invest in their current generation of young people. Today's youth will make up the majority of the labour force over the coming decades, and their education, skills and health – collectively known as human capital – will be the most direct determinants of a country's future income growth. Evidence-based policies are needed to boost young people's human capital. This is desirable in its own right, as part of governments' commitments to respect and enable the fulfilment of young people's rights, as agreed to at the 1994 International Conference on Population and Development (ICPD) and the 1995 World Program of Action for Youth. Yet it is also a key to economic development – and it can help to compensate for challenges that arise as populations age.

Calculating the benefits of the demographic dividend

Investing in young people's education and skills

Evidence from other regions has shown that expanding education is one of the central drivers of the increased labour productivity that characterizes the demographic transition.³ Investments in education, though, need to go beyond formal schooling. For instance, while improving the quality of tertiary education is vital for increasing the potential for technology creation and adoption, a large body of evidence also points to the impact of early childhood experiences on social outcomes, and therefore the importance of interventions that benefit pre-school-aged children. This includes policies that allow women to balance work and family, which contributes to early childhood development and greater participation of women in the labour market. (This may also contribute to increases in fertility in countries with very low birth rates.⁴) Investments in young people's education need to be complemented with policies explicitly aimed at matching educational outcomes with the needs of the labour market.

Findings from other regions are useful, but it is possible to extend this and determine the potential macro-economic benefits of investing in young people's education and skills specifically for the EECA region, and how countries can receive those benefits. The results of the analysis estimate the extra demographic dividend effect that countries in the EECA region can achieve through policies aimed at further improving educational attainment levels and education quality (see box at the end of this publication for details on the methodology used).

As illustrated in Figure 3, investments aimed at improving human capital through education have a significant return in terms of growth in income per capita for all economies in the region, and the potential increase in economic growth is particularly high (up

Investments in young people's human capital through education can lead to per capita GDP growth of up to 1.7% per year.

Figure 3: Increases in yearly income per capita growth from educational expansion projections

Source: author calculations

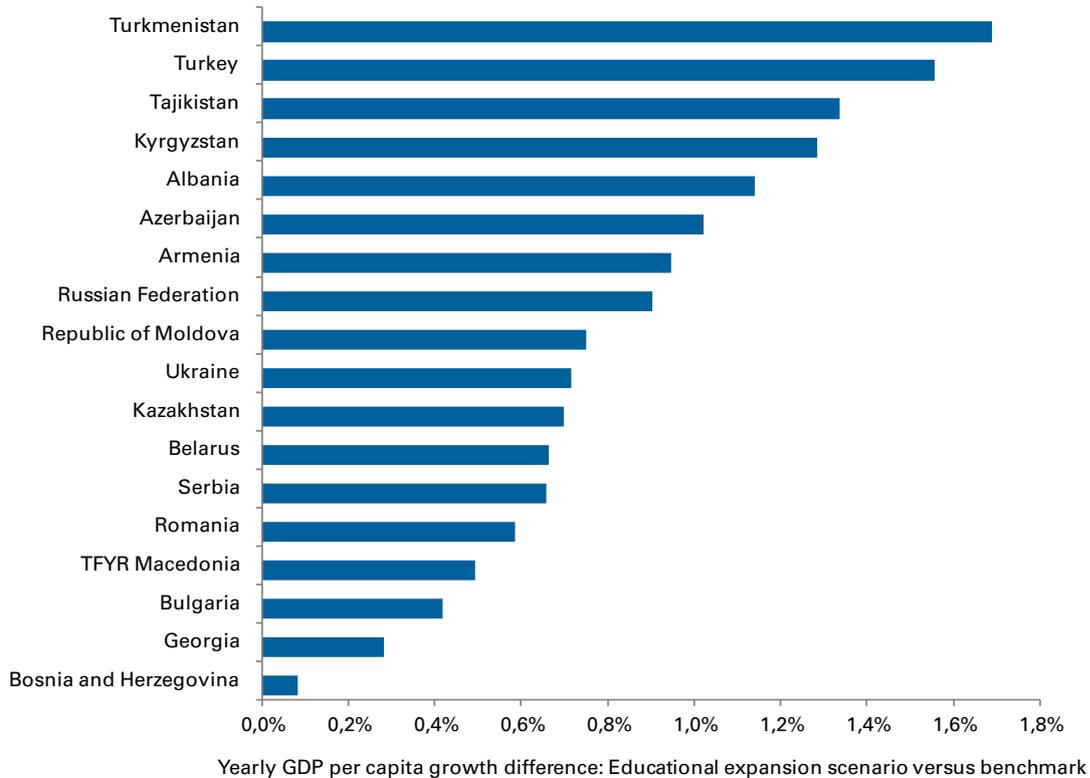
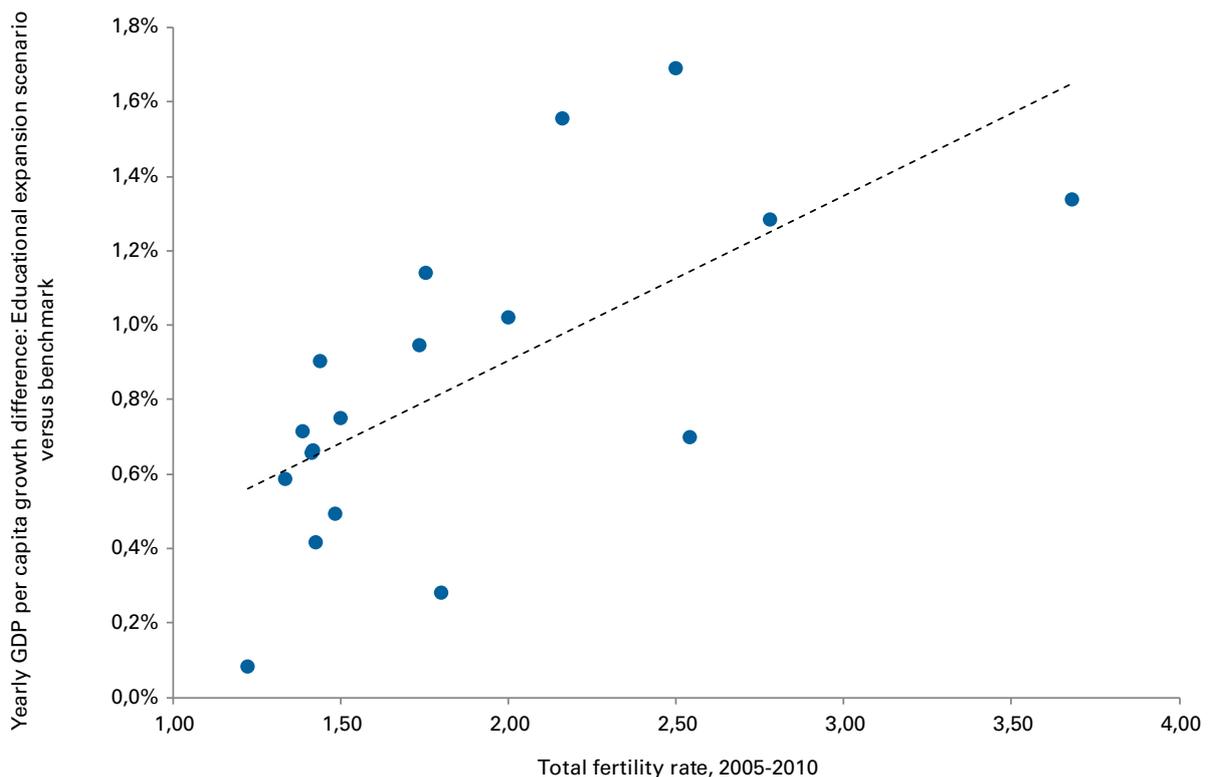


Figure 4: Increases in yearly income per capita growth from educational expansion projections vs. fertility

Source: UN World Population Prospects, 2012, and author calculations



to 1.7% per year) for countries whose fertility rates are relatively higher and still expected to fall further (Figure 4). Even in low-fertility countries, though, the benefits amount to an average increase in GDP per capita of 0.6% per year.

Investing in health

The full economic benefits of the demographic transition can only be enjoyed if investments are made, not only in education and skills but also in health. Countries with poorer health outcomes tend to be worse off economically as their populations age.

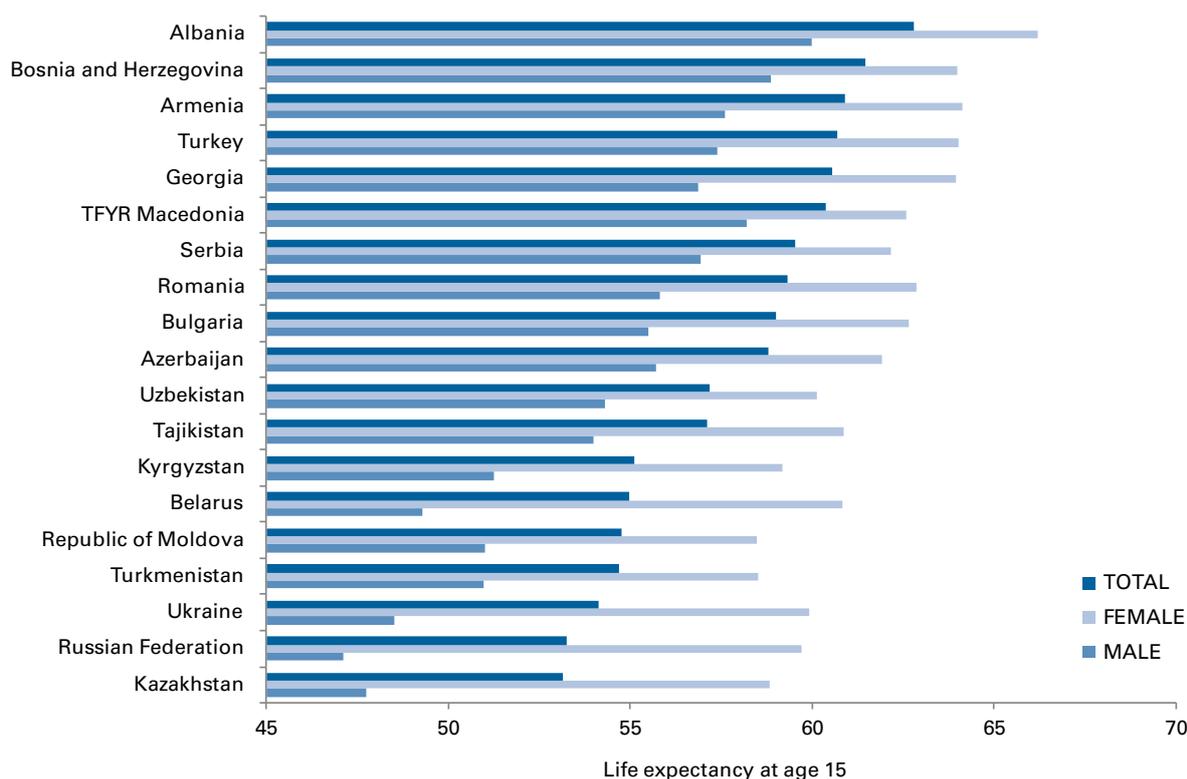
Life expectancy among both younger and older age groups is lower in EECA countries than other regions, largely due to non-communicable diseases (especially heart disease), injuries (mainly road accidents) and other lifestyle-related mortality risks.⁵ In terms of life expectancy at young ages, the region is still lagging behind Western and Northern Europe. The average life expectancy at age 15 in Northern Europe is an additional 64.6 years, while

in the EECA region it ranges between 53.2 years in Kazakhstan and 62.8 years in Albania.⁶ The high mortality of males of middle age in former Soviet Union countries creates extremely large gender gaps in life expectancy at young ages. For instance, the average number of remaining years of life expected for young women at age 15 in Kazakhstan and the Russian Federation is close to 60 years, while among young men it is less than 50 (Figure 5). It should also be noted that suicide among young people in EECA countries is also a factor in reduced life expectancy, but the risk of suicide decreases as educational attainment increases.⁷

The economic growth potential of demographic transition could be seriously constrained in Eastern Europe unless countries implement policy measures to address poor health and mortality, particularly by focusing on young people. By combining good policies for boosting young people's education and skills with policies that support life-long health and well-being, EECA countries have the best chance to reap the rewards of their demographic transition.

Figure 5: Life expectancy at age 15 (remaining years of life), EECA countries, 2010

Source: UN World Population Prospects, 2012; World Development Indicators



Policy approaches for harnessing the demographic dividend

Strategies for improving education, skills and access to the labour market

It is difficult to accurately estimate the costs of expanding education in the ways implied by the scenarios in the analysis. However, most EECA countries still spend substantially less on education than European Union countries (see Figure 6), which suggests there is room for improvement. The projections assume constant labour force participation and employment rates across population ages and over time for all countries of the region. Therefore, policymakers need to ensure access to productive employment across population groups.

There are high levels of youth unemployment and poverty in many countries in the region, and youth unemployment is generally higher than unemployment among adults (Table 1). However, there are huge disparities in terms of access to and quality of education and employment opportunities within and between countries, and among different ethnic and cultural groups in some countries.

Educational enrolment and literacy are both high in the EECA region compared to global averages, but there have been declines in quality in some countries,

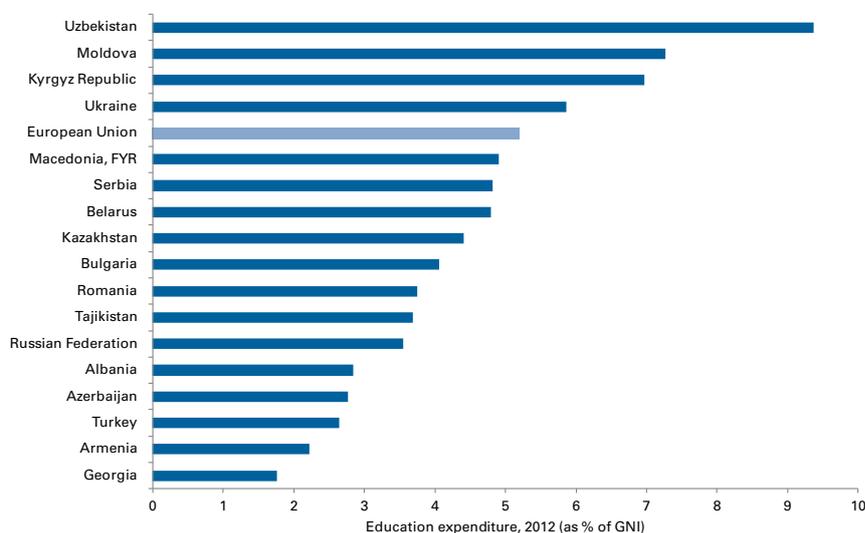
Table 1: Youth (15–24) unemployment rate (2012); youth unemployment as % of total labour force unemployment (2012)

Source: International Labour Organization Modelled Estimates, accessed via The World Bank

Country	Rate of Youth Unemployment	Youth unemployment as a % of total labour force unemployment
Bosnia and Herzegovina	57.5%	203.9%
Former Yugoslav Republic of Macedonia	53.8%	173.5%
Serbia	45.9%	234.2%
Armenia	38.3%	207.0%
Georgia	35.5%	236.7%
Bulgaria	28.2%	229.3%
Albania	26.3%	178.9%
Romania	22.8%	325.7%
Tajikistan	21.2%	184.3%
Turkmenistan	21.1%	186.7%
Uzbekistan	21.1%	186.7%
Belarus	20.8%	214.4%
Ukraine	17.3%	224.7%
Turkey	17.0%	184.8%
Kyrgyzstan	15.4%	183.3%
Russia	14.9%	270.9%
Azerbaijan	14.2%	263.0%
Moldova	13.1%	233.9%
Kazakhstan	4.2%	79.2%

Figure 6: Educational expenditure as % of GNI

Source: World Development Indicators



and declines in enrolment in tertiary education. Women aged 20–24 tend to have higher education levels than men (except in Azerbaijan, Tajikistan and Turkey) (Figure 7), but there is a need to raise the levels of educational attainment for countries that are lagging behind. Turkish women aged 20–24, for instance, have on average 5.2 fewer years of schooling than their Georgian counterparts.⁸ This suggests that some countries need to consider accelerating action to expand educational opportunities as a matter of urgency. However, increasing the number of educated individuals is not necessarily the most important component of the educational expansion required in the region. The World Bank’s Business Environment and Enterprise Performance Surveys (BEEPS) show that firms in the region consider lack of necessary skills to be

“ *Education systems must deliver the skills demanded by the labour market.* ”

one of the most important constraints to growth.⁹ One of the priorities that should govern policy changes, therefore, is to improve management of the education systems in EECA countries so that they deliver the skills demanded by the labour market.

Linked to the problem of skill mismatch is the ‘export’ of young people’s human capital to other countries, or ‘brain drain’. Comparing the educational level of young migrants to Western Europe with those in the respective

source country in the EECA region reveals that young emigrants (ages 15–24) from Uzbekistan, the former Yugoslav Republic of Macedonia and Bulgaria tend to have higher levels of education than the corresponding cohort in their home country (Figure 8). Particularly for these countries, brain

Figure 7: Average years of schooling in 2010, age group 20–24

Source: Wittgenstein Centre for Demography and Global Human Capital

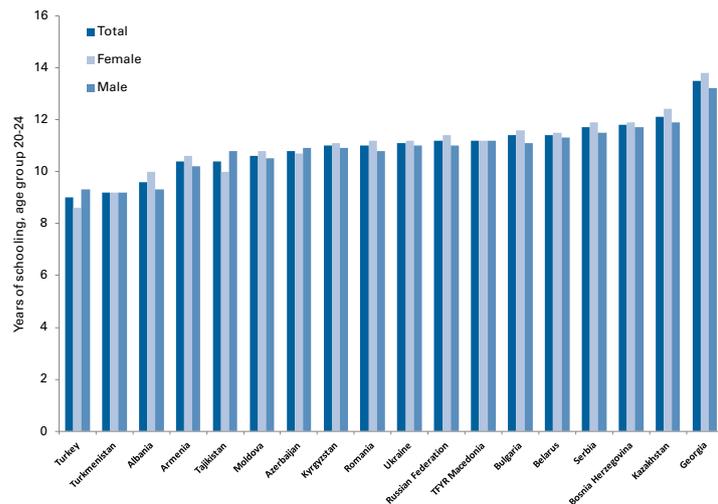
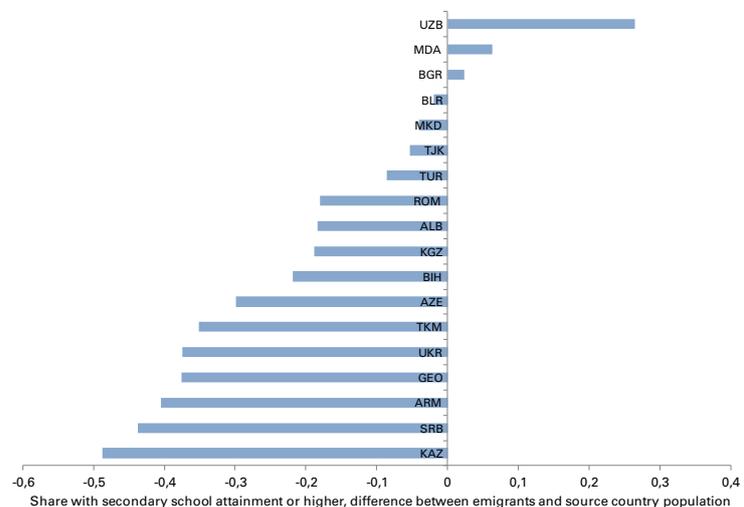


Figure 8: Share of youth (ages 15–24) with secondary education or higher, difference between migrants to Western Europe and source country population

Source: Author computations based on OECD DIOC 2005/06 and Wittgenstein Centre for Demography and Human Capital data



drain is likely to limit potential economic growth in the coming decades. Policies aimed at matching the supply and demand of skills are again a key factor to minimize these risks and the overall problem caused by the migration of highly educated young individuals.

While male labour force participation rates in EECA countries do not differ strongly from those observed in European Union countries (with the exception of Moldova), the gap between male and female labour force participation is extremely large in many of the economies of the region (e.g. Turkey, Albania, the former Yugoslav Republic of Macedonia, Turkmenistan or Uzbekistan; see Figure 9). Among young people (ages 15–24), female labour force participation lies consistently below the European

Union average and has dropped significantly over the last decade, in particular in Eastern and South-Eastern Europe (Figure 10).

Such a development in labour force participation rates by age and sex calls for the implementation of policies that increase young women's access to the labour market. This may include social policies aimed at helping women to balance work and family. Given the relatively high level of education of women in the region, countries could forfeit their high economic growth potential if women decide not to participate in the labour market because of challenges with combining work and family. Social policies that address this should be one of the important elements of an effective policy portfolio targeting young people's human capital in the region.

Figure 9: Labour force participation, males and females ages 15 and above
Source: World Development Indicators

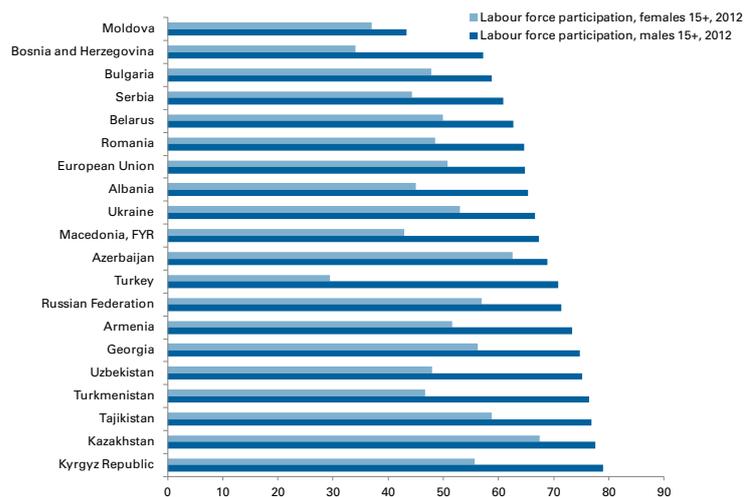
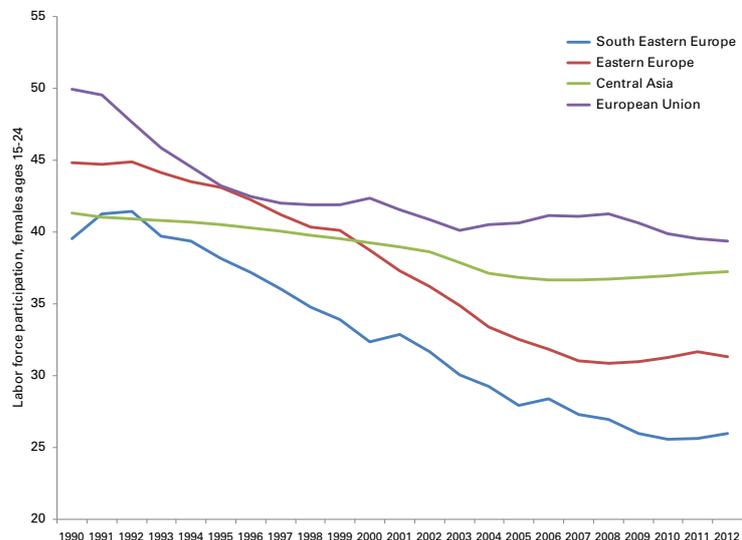


Figure 10: Labour force participation, females aged 15–24, averages by subregion
Source: World Development Indicators



Strategies for improving health, including sexual and reproductive health

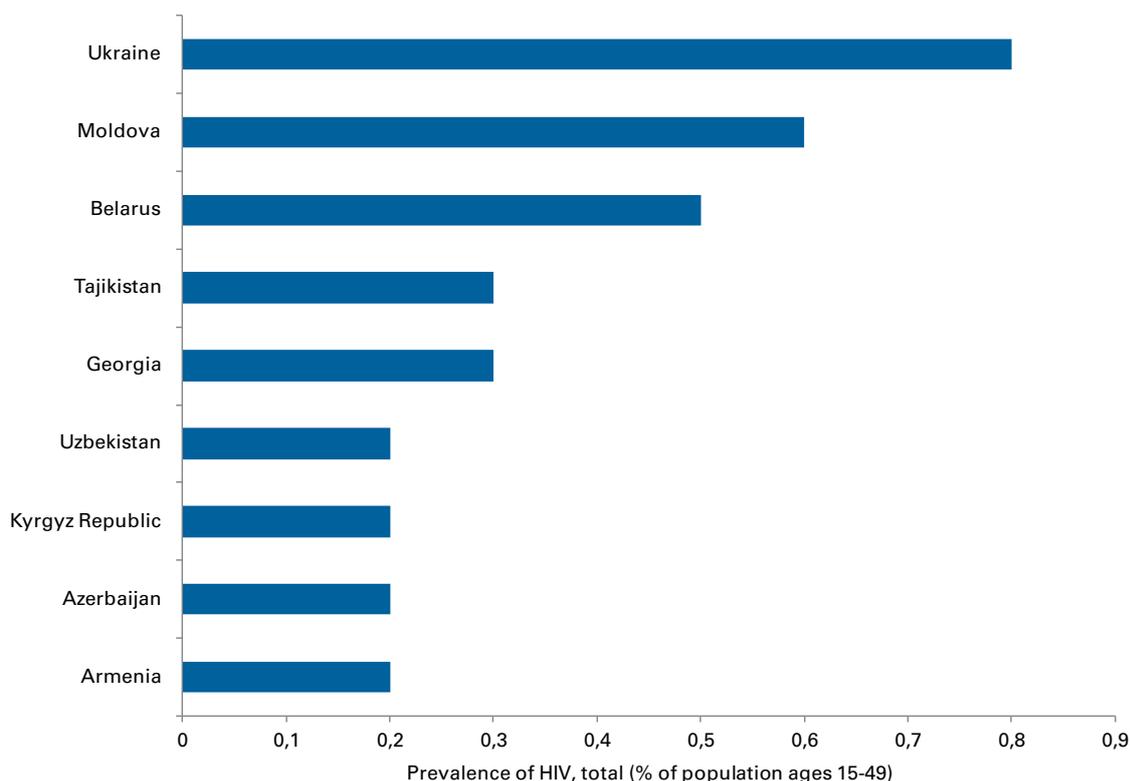
The economic growth potential of demographic transition could be seriously constrained in EECA countries unless they implement policy measures to address poor health and mortality, particularly by focusing on young people. For instance, road traffic accidents and alcohol poisoning account for a large proportion of the mortality gap among adults, particularly in former Soviet countries. These can be addressed through interventions that promote healthy lifestyles among young people — for instance, school-based interventions aimed at reducing alcohol consumption, which have been shown to be effective in evaluation studies.¹⁰ Stricter drink-driving policies and higher alcohol taxes have also been shown to reduce alcohol-induced mortality rates in the region and to reduce mortality at younger ages.

Although overall health policy action is needed, countries must make a special effort to implement policies that support young people's sexual and reproductive health. Policies aimed at ensuring

voluntary family planning and reproductive health appear to be an important way of ensuring that investments in education translate into actual inclusive economic growth. This is absolutely vital if young people are to fully develop their productive potential and contribute to income growth now and in the future. And this is especially urgent for countries in the region with concentrated HIV epidemics and where measures for HIV prevention and access to antiretroviral therapy are still lagging behind (see Figure 11). The incidence of sexually transmitted infections (STIs) among young people in the EECA region is on the rise, and the region has one of the world's fastest-growing HIV epidemics, with the majority of reported infections among young people.

Building a productive labour force in the region requires, for example, addressing STIs, including HIV, and the need for services and support related to unwanted pregnancies among young women, and ensuring that young people are able to make informed choices about their fertility, including whether and when to have children.

Figure 11: Prevalence of HIV (% of population aged 15–49), selected countries



Although fertility rates among adolescents in the EECA region have decreased in the last two decades, they have remained constant over the last decade and are still high compared to European Union countries (Figure 12). In the EECA region, 32 of every 1000 births are among adolescents between the ages of 15 and 19, compared with 10 of every 1000 births in the older European Union Member States. Unintended pregnancies and unsafe abortions remain common, as do inequities in access to maternal health and family planning services.

One way of illustrating the comparatively poor health and mortality outcomes for young women in the EECA region is to compare lifetime risk of maternal death (the probability that a 15-year-old female will die eventually from a maternal cause) across subregions and to the levels in European Union countries (Figure 13). While the EECA region as a whole has low levels of maternal mortality compared to global figures,¹¹ Central Asian countries have relatively high levels of lifetime risk of maternal death. These are driven mostly by the high rates in the Kyrgyz Republic, Tajikistan and Turkmenistan

Figure 12: Adolescent fertility rate, average in subregions and the European Union

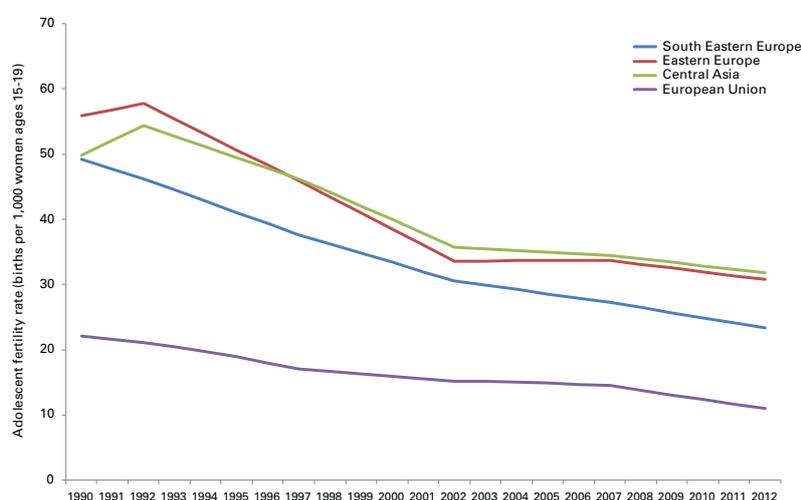
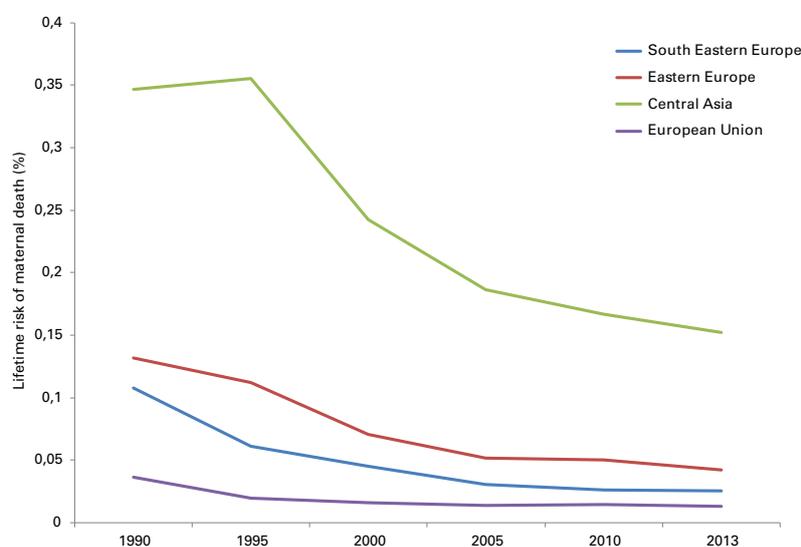


Figure 13: Lifetime risk of maternal death, average in subregions and the European Union

Source: World Development Indicators



and have remained persistently higher than the rest of the region for decades. Despite a decrease in the mid-1990s, the lifetime risk of maternal death in Central Asia is still almost 12 times higher than in the European Union. This strongly suggests that women in Central Asian countries have difficulties accessing the health system for the care they need before, during and after pregnancy. Although this applies in principle to all women of reproductive age in the region, evidence suggests that young girls are particularly disadvantaged in terms of access to reproductive and maternal health services.¹²

Vulnerable groups, including adolescents, also face serious barriers to accessing high-quality sexual and reproductive health services in the EECA region,¹³ so policies need to specifically target these groups.

For all groups of young people, policies must be designed to improve access to services but also to improve access to and provision of information and education, especially in the form of comprehensive sexuality education in and out of schools.

Evidence-informed policies on sexual and reproductive health require better monitoring

While monitoring of sexual and reproductive health has greatly improved in many parts of the region, gaps that remain in data collection can conceal the need for more robust services and better access to information for young people. Some countries have very limited or no data on the availability, coverage and impact of comprehensive sexuality education. In addition, data on contraceptive use by girls from younger age groups are often not systematically collected, and abortion among teenagers tends to be underreported.

Poor monitoring systems also make it difficult to fully comprehend the complex and interrelated issues surrounding gender inequality and harmful practices. For example, most child marriages are not registered with authorities or are only registered once the younger spouse reaches the age of 18. This complicates efforts to estimate prevalence; it also leaves married girls very vulnerable, as they have no legally recognized rights.

Young people are a highly diverse population, even within countries and regions. While national-level data may suggest a high level of well-being among young people, they can conceal the often restricted circumstances of different groups, including those who are marginalized, in ethnic or linguistic minorities, in rural areas or living in poverty.

The dearth of quantitative data on sexual and reproductive health in the EECA region limits the ability to develop evidence-informed policies. Monitoring and collecting data on sexual and reproductive health outcomes for young individuals would lead to significant improvements in the ability to evaluate youth-inclusive policies and to quantify their effect on welfare and on economic outcomes.

Barriers to young people's access to sexual and reproductive health information and services

Investments in young people's education, skills and health – which enable countries to reap the benefits of the demographic dividend – are often seen as separate pathways and are addressed by different government ministries or sectors. Yet they are deeply interlinked and interdependent. To ensure that adolescents and youth flourish on the road to adulthood, countries need to adopt an integrated set of policies and programmes that address the 'whole person'. This includes sexual and reproductive health, which is a cornerstone of young people's transition to adulthood.

Sexual and reproductive health influences a young person's ability to participate fully in education and work, and to contribute to their families and societies now and throughout their lives. While policies and programmes aimed at improving education, skills and job opportunities are important, they can be rendered ineffective if young people suffer from sexual and reproductive ill health and unwanted pregnancies, or do not have information, supplies or services to enable them to make conscious, informed childbearing and health choices.

Likewise, education can influence a young person's sexual and reproductive health. Interventions that encourage school attendance have been shown to reduce overall adolescent fertility. Poverty and ongoing economic uncertainty, violent conflict (or the legacy of conflict), and high rates of migration, all of which are pressing social issues in some parts of the EECA region, can drive harmful practices such as child marriage, which is detrimental to girls' health and future prospects, and their ability to be productive members of society.

These interconnected phenomena provide strong support for a holistic, cross-sectoral approach to investing in young people's human capital, and for the need to ensure young people's access to sexual and reproductive health services and information.

Access to sexual and reproductive health information

One of the most significant barriers to young people's sexual and reproductive health is a lack of access to information. Studies show that many adolescents and young people are sexually active; yet without access to information about sexual and reproductive health, they are simply not equipped to protect themselves against STIs and unwanted pregnancies, and to make educated choices about their health and lives.

In many places, young people are denied information because of a taboo against them being sexually active, or against talking with them about sexuality in positive ways. The widespread myth that comprehensive sexuality education and discussion promote early sexual debut can also be a barrier. This taboo and other forms of cultural or social resistance to young people's sexuality are part of the reason that sexuality education in schools is either of poor quality or is not available at all in some countries. Despite the well-documented positive behavioural outcomes of comprehensive sexuality education in Western Europe – including later sexual debut, fewer sexual partners and higher contraceptive use – many parents, teachers, policymakers, religious entities and others still resist it. Even in places where comprehensive sexuality education is available in schools, laws have been passed that enable parents to prevent their children from receiving it.

The availability, quality and comprehensiveness of sexuality education vary widely across the EECA region and in many countries the national sexuality education curriculum fails to meet international standards. When sexuality education is available in schools, it concentrates mostly on biology, without addressing social and psychological aspects of sexuality, and still largely focuses on the negative aspects of sexual development, disease and risk, rather than on positive, healthy sexual development, pleasure and choice.

Sexuality education programmes in some EECA countries are not embedded in broader health education. Instead, NGOs or civil society groups may provide peer education, but they usually do not have sustainable sources of funding, and they are rarely

Integrating comprehensive sexuality education into schools in Kyrgyzstan

A successful collaboration between Kyrgyzstan's Health Promotion Center (NHPC) under the Ministry of Health, the State Agency on Vocational Education (SAVE) under the Ministry of Labour, Migration and Youth, UNFPA, and the Y-Peer Network led to the introduction of Healthy Lifestyles (HLS) manuals into the curriculum of the vocational education system.

These manuals help to address teachers' difficulties with delivering information about sexual and reproductive health to students, which can be challenging because of the sensitivity of the issues and cultural or traditional restrictions on talking about them. As most vocational students live in dormitories, a manual was also developed for dormitory mentors on prevention of HIV and drug abuse.

In 2012 the manuals were tested and piloted in nine vocational schools in the capital, Bishkek. UNFPA provided technical and financial support to SAVE throughout the testing process. Then in 2013 the programme was rolled out to 15 vocational schools in Naryn and Talas provinces, and in 2014 to 45 schools in the southern regions of Osh, Jalalabad, and Batken.

The pilot testing helped to ensure the programme's success by involving a working group of experts, who participated in the HLS classes, conducted interviews with teachers and organized focus groups with students to obtain their feedback. Once the materials were refined based on the pilot phase, the NHPC and SAVE agreed on a long-term strategy to integrate the HLS programme within the vocational education system for the 2012–2017 period.

fully supported by government or local authorities. They may also lack the robust evaluation methods needed to persuade authorities of the effectiveness of their approaches. Sexuality education in non-school settings is mainly delivered and supported by civil society organizations rather than by governments.

Outside of schools, the torrent of information now available freely online has increased young people's access to information. Yet not all of that information is accurate, nor does it necessarily result in better knowledge among young people about healthy sexuality, including prevention of unwanted pregnancies and STIs.

The media plays a pivotal role in influencing beliefs, yet in most countries media outlets do not champion the strong evidence supporting young people's access to sexuality education, information and services. This not only results in misinformation being spread among young people, but it can also reinforce resistance to comprehensive sexuality education among parents, health providers and policymakers. Prominent media outlets and the internet can also undermine young people's health by reinforcing harmful gender stereotypes and norms about sex and sexuality, and in some cases endangering them by providing inaccurate information.

Access to youth-friendly services

Adolescents and youth face some of the same barriers as adults to accessing family planning and contraceptives. This includes inconsistent access to high-quality contraceptives, misinformation and distrust of modern methods of contraception, service providers with inadequate knowledge, stigmatizing attitudes, and limited availability of service providers.

However, even where sexual and reproductive health services are available, they may not be particularly accessible for young people, and youth face additional barriers to obtaining the services they need. For example, opening hours may not accommodate the schedules of young people, and services and commodities may not be affordable, especially when young people are financially dependent on their parents or relatives. There



can also be a lack of confidentiality, especially in villages and smaller towns and cities. And service providers may be influenced by their own negative beliefs about young people's sexuality or about sex in general. These factors can seriously diminish the quality of care that young people receive, and deter them from seeking services at all.

In most countries in the EECA region, youth-friendly services are not institutionalized, and there is still a huge reliance on the international community and donors to ensure provision of these services. This makes them susceptible to changes in funding and priorities, year after year, and gives less assurance that young people will consistently have access to the services they need.

One of the most formidable challenges in young people's access to sexual and reproductive health services are legislative barriers. These include laws that require parental consent for accessing services. All of these reduce a young person's ability and desire to seek services when they need them. Restrictive laws regarding parental consent for access to health services and commodities can also discourage health care providers from delivering comprehensive care to young people. Providers may be unable to make young people aware of all of the options available, such as safe abortion, because it may be a violation of the law. Recent evidence shows that reported adolescent pregnancy rates are generally lower for countries where parental consent for abortion is not required, youth sexual and reproductive health services are available in all areas and contraceptives are affordable for young people, compared to countries where these conditions are not met.¹⁴

Ending gender inequality

Gender inequality and gender disparities have profound impacts on women's and girls' abilities to benefit from education and to participate fully in society throughout their lives. The legal, policy and regulatory environment can strongly influence girls' ability to control their sexuality and their bodies, and to access and use services, including sexual and reproductive health services. This is overwhelmingly determined by cultural norms, attitudes and beliefs that prioritize the worth and value of men and boys

over women and girls, and manifests as harmful practices such as child and forced marriage and gender-based violence.

Child and forced marriage

Child and forced marriage are persistent in some countries in the EECA region. Early marriage, in particular, limits girls' opportunities for education and employment and exposes them to serious health risks, including complications due to early pregnancy and birth. Child marriage is often driven or perpetuated by the lack of value placed on girls' education and potential professional fulfilment, the links made between girls' and women's sexuality and family and community 'honour', the perception that women's roles should be confined to marriage, domestic labour and child rearing, and the expectation that a 'good wife' is an obedient, servile spouse. Among some of the communities that practise child marriage in the region (particularly the Roma in Ukraine and South-Eastern Europe, and minority groups in Armenia, Georgia and Kazakhstan), child marriage is seen as an important aspect of cultural identity. This makes it very difficult for women and girls to resist the practice. Rates of child marriage are known to be much higher among the Roma in South-Eastern Europe and Ukraine than among the general population.

Early marriage of girls embodies and maintains a cycle of gender discrimination and women's marginalization. Moreover, the return to old traditions and practices in some countries is considered a major contributor to the high adolescent pregnancy rates in the EECA region. Restrictive social and cultural norms, stigma and taboo surrounding adolescent sexuality can lead some young people or their families to view child marriage and childbearing as protective, often with little awareness of the increased risk this may bring to the young bride or mother.

Gender-based violence

Gender inequality manifests as high levels and acceptance of gender-based violence, as well as in trafficking of girls and young women. Other forms of sexual and gender-related exploitation also exist, with poverty and lack of opportunities for young women and girls making them more vulnerable to exploitation, and likewise more vulnerable to

Mobilizing change on child marriage in Kyrgyzstan

On the International Day of the Girl Child, 2014, UNFPA joined the Vice-Prime Minister of Social Affairs of Kyrgyzstan, Members of Parliament, and young people, to call for action against child marriages and accountability from decision makers. As a result, the government included child marriage as part of its strategy.

The call for action included the launch of 'Too Young to Wed: The sold childhood', a photo exhibition highlighting the personal narratives of Kyrgyz girls married against their will at early ages. And it involved the publication of 'Early marriage: Disadvantages without advantages', which profiled the real-life stories of six girls in Kyrgyzstan who are living proof of the dramatic and sometimes tragic consequences of early marriage.

The Government of Kyrgyzstan has also collaborated with UNFPA to create and strengthen youth networks and equip them with skills to address gender-based violence and HIV. This has involved delivering informational sessions on changing gender norms in society and mobilizing men, women, girls and boys as agents of change. The ultimate goal has been to end harmful practices, such as child marriages and bride kidnapping, in this generation.

As religious conservatism plays a strong role in the increasing number of child marriages in Kyrgyzstan, UNFPA is also supporting the development and dissemination of information and educational materials among religious groups. These materials are aimed at educating religious communities about the negative impacts of practices such as child marriage on adolescent girls' reproductive health and future potential.

unwanted pregnancy and other health risks. In the long run, gender-based violence is not only a serious violation of girls' and women's rights, but can seriously restrict their ability to contribute as productive members of society.

Combating marginalization and discrimination

The barriers to information and services disproportionately affect marginalized adolescents and youth, and contribute to higher rates of unintended pregnancies and abortions in these populations, as well as a growing incidence of STIs and HIV infection in the region. These young people can be socially and/or geographically isolated, which exacerbates their vulnerability and inability to access services.

Adolescent pregnancy in the EECA region affects some population subgroups disproportionately: married adolescents, youth from linguistic, religious and ethnic minorities including Roma youth, adolescents from lower-income groups or rural areas, migrants or internally displaced persons, out-of-school youth, street children, and other vulnerable and marginalized groups.



Youth-focused policies and programmes in EECA countries

Most countries and territories in the EECA region have either implemented or drafted a policy, programme, or strategy to address the needs of adolescents and youth, according to a survey conducted among governments in the region to assess progress towards implementing the Programme of Action adopted at the 1994 ICPD. Specific programmes are more common than youth-focused policies. Research looking at youth policies in seven EECA countries (Armenia, Azerbaijan, Georgia, Ukraine, Belarus, Moldova and the Russian Federation), published by the Council of Europe and the European Union, found that one of the most obvious similarities in the aims and priorities of youth policies is their emphasis on social issues such as employment, housing and support to young families.¹⁵

More than half of the countries have ministries related to youth (e.g. the Ministry of Youth and Sports in Azerbaijan, or the Ministry of Youth, Labour, and Employment in Kyrgyzstan). A number of countries have budgets allocated for their youth ministry or authority, ranging from as low as US\$29,000 (Albania) to more than US\$600 million (Russian Federation), according to research by youthpolicy.org. It is unclear how much of these budgets is spent addressing the most pressing youth issues, as the ministries or entities involved often cover a range of areas in addition to youth, such as sport.

The ICPD Beyond 2014 survey found that most countries included all youth as their target group, including disadvantaged youth (poor, female, disabled, widowed/orphaned, indigenous, etc.). However, the research from seven countries published by the Council of Europe found that few countries have analytical definitions of various subgroups of young people (e.g. urban and rural youth, young refugees, migrants etc.).¹⁶

In many countries there is a gap between theory and practice, with laws being set but not implemented or enforced, and few examples of any evaluation of the effectiveness of policies, according to analysis by youthpolicy.org.

Georgia's new youth policy champions sexual and reproductive health

“The policy fully reflects the government’s commitment to ensuring that young people have access to youth-friendly sexual and reproductive health services and information.”

— Lela Bakradze, UNFPA Assistant Representative in Georgia

Georgia’s new National Youth Policy reflects the principles adopted at the ICPD, mandating that sexual and reproductive health issues be integrated into both formal education and informal channels such as peer education programmes.

UNFPA and UNICEF supported the Ministry of Sport and Youth Affairs of Georgia in developing the policy. “We helped in creating a favourable environment and generating the political will for making youth development a priority in Georgia,” said Lela Bakradze, UNFPA’s Assistant Representative in Georgia. “But it was the government’s leadership and strong national ownership that made this a success.”

The new National Youth Policy was signed by the government on 28 March 2014. UNFPA has also supported the Ministry of Sport and Youth Affairs in finalizing a national action plan to implement the policy.



Youth participation

Participation is one of the guiding principles of the Universal Declaration of Human Rights, and young people's right to participation is recognized in the ICPD Programme of Action. Of the 18 countries and territories surveyed in the region, all report instituting concrete procedures and mechanisms for adolescents and youth to participate in the planning, implementation, and evaluation of development activities that have a direct impact on their lives. Two thirds (67%) report having allocated budgets to ensure youth participation. The report published by the Council of Europe on seven countries in the region found that, in most countries, the strategies and programmes have been prepared without proper consultations with the youth sector.

Youth unemployment and poverty

Youth unemployment was the most frequently cited priority by most of the countries and territories surveyed. Seventeen of the 18 countries and territories reported creating employment opportunities for young people through an existing policy, programme or strategy, and most have allocated a budget to support these efforts. However, in terms of the evaluation of progress, only 10 countries assessed their current situation as 'on schedule', while Kosovo (UNSCR 1244), Kyrgyzstan, Russia, and Ukraine reported their progress as 'deficient' or 'behind schedule'.

Eleven of the 17 countries and territories that have created employment opportunities for young people cited specific examples. These include, for instance, a national initiative for rural youth in Kazakhstan; youth labour exchanges in Kyrgyzstan; annual job fairs for young people in the Republic of Moldova; an action plan for youth and an employment growth policy, supported by public vocational training centres, in Albania; and a state programme to promote employment in Belarus.

Youth poverty

More than three quarters of the countries surveyed have taken steps to address the adverse effects of poverty on adolescents, with around 60% also allocating budgets to these efforts. All of the

Ensuring the meaningful involvement of young people in Armenia

In Armenia, the Y-PEER network conducts training for young people in institutions and disadvantaged youth outside the capital Yerevan. UNFPA supported Y-PEER to improve its recruitment and retention of volunteers, to involve volunteers in decision-making, and to mentor volunteers to develop their skills.

Y-PEER formed three activity groups — media and communications, trainers, and project management and development — and matched volunteers' backgrounds and interests to one of these groups. Volunteers were able to get more out of their experience with Y-PEER and had an incentive to stay involved, because they were doing tasks that fit their interests.

UNFPA created a supportive environment for Y-PEER volunteers to actively engage in discussions, which led to the development of initiatives by and for young people. This included the creation of a cartoon character as a symbol of the International Day of the Girl Child, the screening of a short movie about youth migration, training for refugees, and other projects.

Throughout the initiative the network cooperated with governmental, national non-governmental and international organizations. The Ministry of Sport and Youth Affairs agreed to involve Y-PEER volunteers in discussions about issues related to young people. UNHCR learned about the network's activities and expressed interest in organizing a one-off training session for young Syrian-Armenian refugees. And Generations' Solidarity Youth NGO engaged Y-PEER Armenia in its projects related to reproductive health and rights of young people, particularly training and workshops for vulnerable young people.



budget-allocating countries also took concrete implementation measures. Some of the countries addressed youth poverty with policies, programmes and/or strategies that have a national economic focus, such as Azerbaijan (through the State Programme on Poverty Reduction and Sustainable Development), Bulgaria (through a national target to reduce poverty, with a sub-target on children), and Serbia (the Poverty Reduction Strategy). Bureaucracy and budgets were cited as common main barriers to successfully implementing policies or programmes to fight poverty.

Specific measures taken to address youth poverty include Armenia's regulation on social security for unemployed youth, training for the unemployed, and a project on affordable apartments; the establishment of youth houses in Azerbaijan; adoption of a national target to decrease poverty, with a sub-target for children, in Bulgaria; and a strategic and legal framework for youth in Serbia.

Violence and exploitation

An overwhelming majority of countries have addressed violence against and exploitation and abuse of children, adolescents, and youth (including sexual exploitation). However, around one quarter either have not allocated budgets for these efforts or the budget status is unclear, according to youthpolicy.org.

Five of the 18 countries surveyed reported making specific progress in protecting young people from violence and exploitation. These included expanding the criminal code to cover violence against youth in Armenia; adoption of a national plan for the prevention of violence against children in Bulgaria; measures to reduce violence in the family and adoption of a national anti-trafficking strategy in Albania; and an action plan against paedophilia in the former Yugoslav Republic of Macedonia.

Ensuring access to sexual and reproductive health services

Nearly all of the countries in the EECA region have reported taking steps to ensure that adolescents and

youth have the same rights and access to sexual and reproductive health services as adults, including HIV prevention services. This has been demonstrated by specific policies, programmes and strategies — for example, Armenia's law on reproductive health and rights and its 'National Programme on Combating HIV/AIDS'. Three quarters of the countries allocated budgets for sexual and reproductive health, and most took concrete measures to ensure young people's access to reproductive health services. The exceptions were Bosnia and Herzegovina, where the situation is unclear, and Azerbaijan, which reported that adolescents and youth already have the same rights and access to sexual and reproductive health services as everyone else under its laws.

Some of the countries noted specific examples of progress. For example, Georgia introduced youth-friendly reproductive health services; Kazakhstan opened youth health centres; and Kyrgyzstan reached a significant proportion of sex workers.

Monitoring and data collection

Although data exist on youth employment and education in the EECA region, they are more scarce (and more difficult to obtain) for more sensitive issues such as sexual and reproductive health and violence or abuse. Statistics on poverty among youth and adolescents are also rare. Around three quarters of the countries reported that they collect age- and sex-disaggregated data on the socio-economic status of adolescents, but only around half allocated a specific budget to this type of monitoring. None of the participating EECA countries listed data collection on adolescents and youth among their priority issues for the next decade.

The report published by the Council of Europe regarding youth policies in seven countries in the region found that none of the countries had an effective monitoring and assessment system for youth policy, youth programmes and budgetary expenditures. The latter, in particular, contributes to a lack of transparency in funding for youth.¹⁷

Conclusion

The demographic shifts of the past decades, in particular the expansion of the working-age population and declining fertility rates, opened up a window of opportunity for EECA countries. Provided they make the necessary investments and policy changes, these countries can reap the benefits of the demographic dividend — the economic growth potential that can result from shifts in a population's age structure when more people, proportionally, are in the workforce and there are fewer non-working dependents.

One important element in realizing the demographic dividend is ensuring that the current generation of young people — some 23% of the region's population — is equipped with the education, skills and health it needs to help translate today's demographic realities into tomorrow's economic and social prosperity. Investing in young people is not only a human rights imperative; it makes economic sense.

Improving education alone can result in a significant boost in per capita GDP in the EECA countries, according to research done for this overview. The projected increases are particularly strong in high-fertility countries with falling fertility rates (mostly in Central Asia, as well as Turkey and Albania), with growth rates of up to 1.7% per year. But even in low-fertility countries, a yearly average of 0.6% growth in GDP per capita can be expected.

Policies aimed at improving young people's health, including their sexual and reproductive health, are also vital mechanisms for ensuring that advances in education lead to increased productivity and economic growth. While education, skills and health are often seen as separate aims addressed by separate government ministries and budgets, they are, in fact, interdependent. Policies and programmes aimed at improving education, skills and job opportunities can be ineffective if young people suffer, for example, from sexual and reproductive ill health and unwanted pregnancies. Likewise, education has been shown to improve sexual and reproductive health outcomes.

Good progress has been made in the EECA region to support young people's sexual and reproductive

health. However, fertility rates and rates of unintended pregnancy and unsafe abortion among adolescents are still high compared to European Union countries. Comprehensive sexuality education is rarely a mandatory part of school curricula, and few programmes exist for imparting information to young people who are not in school. Health services are often difficult for young people to access, and this can be exacerbated by legislative barriers, such as parental consent laws related to accessing health services. Harmful practices such as child and forced marriage and gender-based violence still prevent some young people from realizing their potential.

Fortunately, a recent survey showed that most countries and territories in the EECA region have either implemented or drafted a policy, programme or strategy to address young people's needs and well-being. EECA countries which continue this momentum by implementing evidence-informed policies to support young people are likely to have the greatest potential to reap the economic benefits of the demographic dividend in the coming decades.

Recommendations for EECA countries

- Adopt an integrated set of policies and programmes that address young people holistically, including their education, skills and health, and which meaningfully involve young people in policy development.
- Increase expenditures for education and skills-building and improve management of education systems so that they deliver the skills demanded by the labour market.
- Ensure access to productive employment across population groups, including policies that increase young women's access to the labour market, such as those aimed at helping women to balance work and family.
- Address the migration of young people from EECA countries (i.e. 'brain drain') — for instance, through policies that improve job opportunities and other aspects of young people's well-being and future potential.
- Prevent key health problems through interventions that promote healthy lifestyles among young people — for example, school-based interventions aimed at reducing alcohol

- consumption, stricter drink-driving policies and higher alcohol taxes.
- Implement policies that support young people's sexual and reproductive health, particularly: addressing STIs, including HIV; improving services and support related to unwanted pregnancies among young women and the ability of young people to make informed choices about their fertility; and policies to ensure provision of comprehensive sexuality education in and out of schools.
- Remove undue legal barriers preventing young people from accessing sexual and reproductive health services.
- Enact and enforce laws promoting gender equality and combating harmful practices affecting young people, such as child and forced marriage and gender-based violence.
- Make special efforts to eliminate discrimination and ensure access to sexual and reproductive health services and information for young people from marginalized groups, such as the Roma and those in rural areas.
- Improve monitoring and data collection on sexual and reproductive health outcomes for young people, and use this to create good policies and to evaluate youth-directed policies.

Notes on Methodology

We evaluated income per capita projections for the EECA countries of EECA (except Kosovo and Uzbekistan, for which data were unavailable) under different assumptions concerning human capital and demographic developments over the coming decades. Based on existing population projections,¹⁸ we defined a middle-of-the-road benchmark for the region and compared it to a scenario which assumes a higher level of educational attainment (based on the improvements in educational attainment observed in South Korea). The middle-of-the-road scenario assumes convergent fertility trajectories that resemble those of the UN 2010 assessment (albeit to a lower long-run total fertility rate of 1.75) and improvements in life expectancy. Further educational expansion in this scenario is assumed to take place according to the so-called Global Education Trend (GET) scenario. Under this scenario, progression rates to higher education levels are estimated based on data spanning information for a global sample of countries over the last four decades.

To quantify the potential economic gains of further investing in human capital in EECA countries, income per capita projections based on the benchmark are compared with those corresponding to the alternative scenario with higher educational attainment. (In parallel, the scenario assumes a trajectory of fertility which is 20% below the benchmark scenario and a trajectory of life expectancy which implies increases of one year per decade above the benchmark. In the context of population projections used for climate change assessment in the framework of the Intergovernmental Panel on Climate Change, our benchmark corresponds to the Shared Socioeconomic Pathways scenario 2 [SSP2] and our education expansion scenario is given by the SSP1 scenario.^{19, 20)}

Using econometric models for income projection based on population dynamics,²¹ the differences in yearly income per capita growth between the two scenarios are computed for a projection horizon ranging to 2050, assuming no change in labor force participation rates.

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