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Drawing on the Framework laid out in Section 1.5, one would expect young people's health to be affected through changes in household incomes (affecting the affordability of food and health care), changes in working patterns (with both physical and emotional effects), changes in funding for health services (affecting their affordability and the quality of service provided) and behavioural changes, particularly in the areas of sexual behaviour and family formation, and in substance use. This section examines evidence of how far economic crises have led to changes in these areas and affected young people's health and nutritional wellbeing.

The most substantive evidence reviewed concerning the effects of crisis on young people's health comes from East and Southeast Asia, and so the discussion concentrates on this region. For particular issues, such as substance abuse and the effects of downturns on fertility and mental health, there is evidence from a wider range of sources, including developed countries, and so this evidence is also reviewed. Table 3 summarises the evidence of impacts on health sector budgets, and young people's health outcomes discussed in this section.

### 4.1 Accessibility, funding and quality of health care system

#### 4.1.1 Use of health system and private expenditure on health

Data from both short- and long-term economic crises reveal declining use of health care systems and declining private expenditure on health.<sup>19</sup> Studies based on Indonesian data, which unusually have been disaggregated by age, found an overall decline in the use of health services as a result of the financial crisis (both public and private) by both children and adults, and that older children (i.e. adolescents) were one of the groups where the decline was most marked (Frankenberg et al, 2009). Achmad and Westley (1999) found that young people were one of the groups with the greatest decline in the use of private sector health services – from 40% to 15% in 1998.

Declining health service use has generally been accompanied by a shift towards self-medication, non-treatment and/or use of traditional healers (Baschieri and Falkingham, 2006; Macfarlane Burnet, 2000). In Thailand, there was a 12.2% increase in self-medication and a 23% decline in household spending on public health facilities between 1996 and 2001 (Hopkins, 2006). The decline in private health care spending was concentrated among the bottom two deciles (Tangcharoensathien et al., 2000). Although data were not available for this review to confirm this, an increase in ill-health among young people would not be surprising in this context.

#### 4.1.2 Health sector budgets and quality of health care

Even though young people generally make less use of health care systems than older groups (with exceptions, such as for reproductive health and for treatment of accidents and substance abuse), they are also indirectly affected by ill-health of other family members – particularly older people and children, who are more susceptible to illness and thus vulnerable to declines in the quality of health care.

In both short- and longer-term crises, public health expenditure has declined. Table 3 gives some examples from the Asian financial crisis, where all affected countries except Malaysia cut health sector budgets (Knowles et al, 1999). Within the health sector, budgets for reproductive health, health promotion and HIV/AIDS control were particularly severely cut – See Box X for details – with the intention of protecting areas that would have a greater long-term impact on health. The

<sup>19</sup> Some examples of literature discussing trends in health care utilisation and private expenditure during the transition period in the former Soviet Union (a long-running crisis) include: Baschieri and Falkingham (2006); Bonilla-Chacin et al. (2003); and Figueras et al. (2004).

available evidence does, however, suggest that these cuts, though severe were relatively short-lived: Thailand's budgets for reproductive health, vertical HIV transmission prevention and health promotion for schoolchildren and youth were increased in 1998 and 1999 (Kittiprapas, 2002). The relatively brief period of diminished funding may help explain why impacts on these areas were relatively limited (see below). Furthermore, cuts in these areas helped finance an extension of free health care for people on low incomes (Hopkins, 2006). No assessment of the net effects on young people, who would have suffered from the cuts to reproductive health and HIV/AIDS services but benefited from the extension of free medical care, is available.

**Box 5: Cuts within the health sector in Thailand and Indonesia**

The Thai government cut expenditure on health promotion by 54% and HIV/AIDS control by 33% in 1998, and reduced the reproductive health budget by 12.2%, more than the Department of Health budget (5.1%) during 1997 to 1998 (Tangcharoensathien et al., 2000) Knowles et al. (1999) report findings of a survey in Thailand which indicated that two-thirds of public health facilities had cut their budgets for medicines, including contraceptives, and Chayovan et al. (2000) found that many hospitals and clinics no longer provided free contraceptives. In Thailand in 1998, the budget of the Department of Mental Health was cut by 13.56% (Thai Bureau of Budget, 1998, in Kittiprapas, 2002).

Following a reorientation of donor support, Indonesia's HIV/AIDS prevention budget declined by 50% by 1998 and 1999 (Macfarlane Burnet, 2000). As a result of declining funding, waiting times increased, there were stock outages of basic drugs at public health facilities and the cost to users of health services and medicines rose 61% between 1996 and 1998 (ibid).<sup>20</sup>

In longer-running crises, public health expenditure has frequently declined even more severely. The sharp decline in Peru's health budget in the late 1980s (detailed in Table 3) is likely to have contributed to increasing infant and child mortality, affecting young parents in particular (Ferreira and Schady, 2008).

None of the literature reviewed provides systematic information on budget allocations to reproductive health care during economic crises. In Thailand, for which most information is available, the reproductive health budget was cut in 1998 but restored to pre-crisis levels in 1999 (Tangcharosathien et al., 2000). In recent years, aid to sexual and reproductive health has declined as a proportion of overall aid to the health sector.<sup>21</sup> Although this trend preceded the current crisis, it may be exacerbated if overall aid levels and the proportion allocated to health care fall.

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<sup>20</sup> This compares with rises of between 200% and 300% for various foodstuffs, over 200% for clothing and 36% for education (Macfarlane Burnet, 2000).

<sup>21</sup> [www.unfpa.org/public/News/pid/3008](http://www.unfpa.org/public/News/pid/3008) (accessed 31 May 2010).







Yemtsov, 2004) following the financial crises of 1997 to 1998, and from the current crisis (Hossain et al., 2009), indicates many households shifting to cheaper, less nutritious foods.

#### **Box 6: Impacts of Crisis on Young People's Nutritional Wellbeing**

Some of the most detailed information concerning the effects of crisis on nutritional well-being comes from the IFLS. Analysing data collected through this survey, Frankenberg et al. (1999) found that in Indonesia in 1997/8 the proportion of adults with Body Mass Index (BMI) less than 18 increased significantly during the crisis, whereas the proportion of underweight children went down, suggesting that adults were protecting children's consumption and/or were working harder and expending more energy. De Pee et al. (2000), using different Indonesian data, found that the BMI of mothers in all socioeconomic groups fell after the onset of the crisis, by a mean 0.45kg/m<sup>2</sup>, but the expected increase in adolescents' BMI did not take place. Boys were particularly affected. Furthermore, there was a decline in the proportion of boys aged 12 to 15 who had reached puberty by the start of the school year. The decline in mothers' BMIs and the failure of adolescents' BMIs to increase in the crisis period is attributed to reduced access to food rather than illness.

In addition to these trends, Hopkins (2006) observes an increase in anaemia among children and mothers between 1996 and 1998. Citing the findings of a study which focused on people in poor areas of Indonesia, Burnet Macfarlane (2000) reports increased rates of night-blindness among young children and mothers. This may reflect reduced intake of vitamin A supplements, which were reported to decline among children under three but may also have declined among pregnant women.

#### **Obesity**

Young people are one of the groups most affected by the rising trend towards obesity in many countries. Obesity is no longer a problem only of rich countries, or of the rich minority in middle-income and poorer countries. Indeed, being overweight is becoming more prevalent in low- and middle-income countries, where incidence is increasing especially rapidly among poor households, and girls and young women are particularly affected (World Bank, 2007). Given this, one would expect that obesity rates might rise as a result of crisis, if an increasing proportion of the population is unable to afford healthy food.

However, there is little evidence to suggest that discrete or longer-running economic crises have contributed in any clear or direct way to this trend, which seems to reflect globalisation, increased availability of food high in saturated fat, sugar and salt, declining consumption of fruit, vegetables, cereals and legumes and declining rates of physical activity among young people. Detailed studies of the nutritional impact of economic crises, such as those based on the IFLS, indicate increased undernutrition, rather than growing obesity, and evidence from the US indicates an improvement in nutritional status during recessions as people tend to exercise more (Ruhm, 2000). Where periods of economic stress have been associated with increased obesity, as in Russia following the collapse of the Soviet Union, this has tended to be concentrated among both older age groups and higher-income groups, indicating that having insufficient money to afford healthy food is not a major factor (Huffman and Rizov, 2008).

The absence of attention to the effects of crisis on obesity may reflect the fact that this is an emerging concern among the development community. There is some anecdotal evidence of a link with economic crisis in poor urban communities, reflecting both the high cost of fruit and vegetables and relative cheapness of sugary, fatty food, and the high levels of violence in these communities, which make exercising for youth and, for children, playing outside too dangerous to contemplate.<sup>22</sup>

<sup>22</sup> The BBC's Big Meets Bigger programme, aired on 15 July 2010, discussed rising obesity rates in Argentina since the crisis of the early 2000s.

## 4.3 Demographic impacts and reproductive health

### 4.3.1 Impacts on rates of marriage, timing of pregnancies and contraceptive use

#### Trends in marriage

The conceptual framework would suggest that young people might be likely to postpone marriage and childbearing as a way of coping economic crisis or uncertainty. Most of the evidence reviewed finds delays in marriage during crises from contexts as varied as Poland in the 'transition period' (Wroblewska, 2002), South Korea (Eun, 2009, in Sobotka et al., 2010) and Egypt (Dhillon et al., 2009). Evidence from Thailand also suggests an intergenerational effect – that young women whose mothers experienced difficulties during the 1998 economic crisis and resulting recession are significantly less likely to want to get married (Tsuya and Chayovan, 2002). Most of the studies reviewed focus only on young women, meaning that it is not clear young men's marriage behaviour is affected differently by crisis.

Evidence from Indonesia is contradictory. Of Indonesian adolescents surveyed in 1999 (Achmad and Westley, 1999), 10% stated that they had delayed marriage plans as a result of the crisis. However, Nobles and Buttenheim (nd) found that, in Indonesia, following the economic crisis of the late 1990s, the trend towards later age of marriage was disrupted and there was an 11% increase in the odds of being married aged 15 to 24 in 2000 as compared with in 1993. This may reflect poor parents urging young people to get married and form new households so as to reduce their own responsibility for maintaining them. This review has found surprisingly little evidence of young people being forced to marry earlier to help reduce the burden on parental households in the crises surveyed, perhaps because it has not been documented, or because marriage itself entails significant costs.

#### Timing of pregnancies and desire for children

Reviewing evidence from OECD countries, Sobotka et al. (2010) found that recessions have a small negative effect on birth rates (of around 5%) for a brief period and that typically, after one to two years, these return to their pre-recession levels. GDP decline is associated with a decline in fertility in 81% of cases between 1980 and 2008. The authors expect that the fertility effect of the current crisis is likely to be most pronounced among young people under 28 meaning that the effects on first births are most acute. Those who are less well established in labour markets, or are more educated and have more to lose, are more likely to delay fertility.

However, the negative effect of recession on birth rates has been more pronounced in East Asia – Japan and South Korea, for example. Eun (2009), in Sobotka et al. (2010) (discussing South Korea) suggests that the main proximate factor has been postponement in marriage. Unfortunately, although several of the studies on Thailand and Indonesia reviewed here discuss the impact of the crisis on fertility overall, none of them considers the impact on birth rates among 15 to 24 year olds separately. Indeed, some of the studies specifically exclude this age group.

By contrast, Kohler and Kohler (2002), examining evidence from the Russian Longitudinal Monitoring Survey, found no evidence of the hardships of transition leading young people to postpone childbearing; in fact, the mean age at first birth actually declined between 1990 and 1994.<sup>23</sup> The authors found that neither male nor female unemployment had a significant effect on the probability of a couple having a child, but living in an area where wage arrears were common did: overall, those most affected by the crisis had a higher probability of having an additional child between 1994 and 1996. This mirrors patterns in Western Europe, where unemployment may increase young women's propensity to have a child, whereas male unemployment decreases the likelihood of initiating fatherhood. Young women with less education, in particular, are more likely

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<sup>23</sup> However, this trend was not shared by most other former socialist countries.

to initiate childbearing while unemployed. A recession therefore may increase socioeconomic differentials in childbearing (Kohler and Kohler, 2002).

### **Contraceptive use**

The only studies reviewed here that consider the impacts of crisis on contraceptive use are from Thailand and Indonesia. Unfortunately, only the Indonesian studies disaggregated sufficiently by age to reveal specific effects on young people.

Although in both Thailand and Indonesia the price of contraceptives rose (Frankenberg et al., 1999; Tangcharoensathien et al., 2000), most analysis suggests that these changes had little impact on contraceptive use patterns. In parts of both countries, at times during the crisis period, there were stock-outs, particularly in public sector clinics (Chayovan et al., 2002; Macfarlane Burnet, 2000). Although contraception increased in price over the crisis period, for couples who already had at least one child it was still cheaper than the costs of an additional child (Frankenberg et al., 1999). Achmad and Westley (1999) found that young people shifted during the crisis period to obtaining contraceptives from cheaper sources, such as pharmacies and midwives. Frankenberg et al. (2004), undertaking more disaggregated analysis, found that 15 to 24 year olds were more likely than this cohort was before to use contraception after the onset of crisis, indicating that they may have been postponing childbearing because of economic difficulties. However, none of the studies reviewed report declining birth rates overall, or among the 15 to 24 age group, suggesting that the effect of higher rates of contraceptive use by Indonesian young people during the crisis was slight.

#### **4.3.2 Safe motherhood**

Many of the countries with the highest maternal mortality rates are those which have suffered long-term economic crisis or stagnation and/or conflict. This review did not find any studies that considered the relationship between economic crisis and maternal mortality. Nevertheless, there is a plausible link between economic downturn and increased maternal mortality. Where economic crises lead to reduced public spending on reproductive health care, in areas where greater numbers of women cannot afford sufficient food to maintain a healthy pregnancy and/ or forego professional care, these responses are often already occurring against a backdrop of high maternal mortality. Young women under 20 giving birth face double the risk of dying in childbirth compared with those over 20 (UNFPA, 2009), and may thus be particularly at risk if these hypothesised links between economic crises and maternal mortality do occur. Infant mortality rates, which are highly sensitive to economic crisis<sup>24</sup> are also significantly higher for young mothers (under 19) (Temin and Levine, 2010). Though data on infant mortality disaggregated by the age of the mother during crises are not available, this combination of risks means that young mothers may face a 'double whammy' of increased risk to their own health and survival, and that of their babies during crises.

A few studies consider the effects of economic crisis on maternal health. One common impact of economic crisis appears to be somewhat increased rates of women giving birth at home, and/ or without attendance of a trained practitioner, and a reduction in ante and postnatal contacts with mothers. Table 3 summarises some of this data. Chayovan et al. (2000) conclude that, in Thailand, the relatively small impacts observed were related to shortfalls in financing of public health facilities and in supplies and equipment, which were most severe in Bangkok, and also rectified through increased budget allocations after the crisis.

<sup>24</sup> Cornia, Rosignoli and Tiberti (2008) in Conceicao et al, (2010) found that a 1 percent increase in GDP per capita is associated with a decline in the infant and under-5 mortality rates, respectively, by about 14 points and 22 points.

### 4.3.3 Safe abortion

In much of the world, women having unsafe abortions are predominantly young and unmarried and decide to abort pregnancies because of social stigma, or so that they can continue their education. In Sub-Saharan Africa, 60% of women who have unsafe abortions are 15 to 24 years old, whereas in Latin America and the Caribbean the corresponding figure is 43% (World Bank, 2007). Unsafe abortions are concentrated among the youngest women – worldwide, young women aged 15 to 19 account for one in four unsafe abortions – at 5 million each year (UNFPA, 2009). In Kenya, Nigeria, and Tanzania, adolescent girls make up more than half of the women admitted to the hospital for complications following illicit abortions (World Bank, 2007).

Because of social stigma and illegality in some countries, which affect the reporting of abortions, and because few studies have focused on this issue (even studies of reproductive behaviour rarely mention the issue), there is not sufficient evidence to draw conclusions concerning trends in safe (or unsafe) abortion during or following economic crisis. Hossain et al. (2009) cite qualitative evidence of more young women undergoing unsafe abortions in the current crisis period.

### 4.3.4 STDs, including HIV/AIDS

The vast majority of the literature reviewed here considers the impact of economic crisis and/or poverty on HIV/AIDS, and factors that underlie HIV/AIDS incidence, morbidity and mortality rates. There is very little specific discussion of the impact of crisis on other STDs.<sup>25</sup> However, some indications can be inferred from evidence concerning trends in sexual behaviour, use of condoms, use of health care facilities and access to medicines. As use of health care facilities has been discussed above, this section concentrates on sexual behaviour, use of condoms and access to medicines, particularly anti-retrovirals (ARVs).

Qualitative evidence (such as Hossain et al., 2009) indicates a strong relationship between poverty and risky sexual behaviour. Poorer young women (and in some contexts men) are more likely than their better-off counterparts to engage in sex work on a regular, commercial basis, or in relationships with better-off men where they provide sex in exchange for gifts (including money) and favours (also known as transactional sex). They are also likely to be less educated and, resulting from this and financial need, less likely than their better-off counterparts to be able to insist on condom usage if their partner is reluctant. This suggests that, in periods of economic decline, there may be a rise in risky sexual behaviour (such as non-use of condoms, multiple partnerships). Potishiri et al. 1998 (in JUNIMA, 2009) found evidence of this in Thailand between 1997 and 1999.

However, Dinkelman et al. (2007), in a study of nearly 3,000 young people, found little evidence in a study of young people in Cape Town of associations between negative economic shocks, household and community poverty and risky sexual behaviour. Indeed, there was a statistically significant increase in condom use and a decrease in multiple sexual partnerships among young women aged 17 to 22. The authors did, however, find that education was associated with younger sexual debut for women and multiple partnerships for both sexes, but this effect did not override the general increase in safer sexual behaviour over the study period, even among young people affected by economic shocks. Although this is only one study, it is a helpful reminder that negative impacts of crisis on the risk of STDs should not be assumed. It also points to the importance of continuing an active public health policy during a crisis to promote safer sexual behaviour and prevent a rise in STDs.

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<sup>25</sup> Exceptions are Tangcharoensathien et al. (2000), who found that, in Thailand, the downward trend in STD incidence continued during the crisis, and Burnet Macfarlane (2000), which found no evidence of rising STD rates during the late 1990s crisis in Indonesia. By contrast, Hopkins (2006), writing longer after the end of the crisis, suggests that an approximately 10% increase in untreated STDs and HIV in the female population in Indonesia, and Jones et al. (2000) suggest that at the very least HIV prevalence rates did not decline, because of an increase in injecting drug use and needle sharing.

## Impacts on HIV/AIDS

An estimated one-third of the 40 million people with HIV/AIDS in the mid-2000s were young people aged 15 to 24 (Knowles and Behrman, 2005); in 2005, more than half the estimated 5 million people who contracted HIV worldwide were young people between 15 and 24, the majority of them young women and girls (World Bank, 2007).

Studies from Thailand and Indonesia do not indicate a rise in HIV/AIDS incidence occurring as a result of the late 1990s economic crisis (Macfarlane Burnet, 2000; Tangcharoensathien et al., 2000). However, this may reflect the fact that many assessments of the effects of crisis took place relatively soon after the crisis, so lagged effects were not picked up. Thus, for example, in Indonesia, Macfarlane Burnet (2000) argue that the crisis could have triggered a rise in HIV/AIDS rates because of the possible interaction between heterosexual spread and spreading through infectious drug use. Furthermore, the increased numbers of women engaging in commercial sex work had the potential to increase HIV/AIDS incidence. Some estimates cited by Macfarlane Burnet indicate around 50 to 100 new entrants per month to the red light district in Jakarta in 1999, as compared with approximately 20 in 1997, and substantially increased rates of STDs among clinics treating a large number of sex workers in Yogyakarta. These changes may have been too small to show up in aggregate statistics concerning trends in STD incidence.

There is some evidence from Thailand that HIV prevalence continued the pre-crisis downward trend among commercial sex workers (both brothel and non-brothel based), pregnant women and donated blood; this trend was slightly reversed among male STD patients and more among intravenous drug users. Condom coverage among brothel-based commercial sex workers continued to increase, to 97.5%, despite a 72% budget cut in free condom distribution (Tangcharoensathien et al., 2000), indicating the importance of effective public policy in mitigating the effects of crisis.

## Outlook for HIV/AIDS prevention and treatment in the current crisis

As noted above, HIV/AIDS budgets have often been cut in economic crises. It seems that this pattern is being repeated in the current crisis. UNAIDS (2009a) found that:

'The global economic crisis is having a real and tangible negative effect on HIV programmes in nearly all low and middle income countries ... The impact of the crisis is compounded by important trends that would probably have occurred even in the absence of a global recession, including a slowing down in the rate of increase of donor financing, growing demand for treatment in a number of high prevalence countries, and an expansion of competing agendas such as the rise of pandemic flu.'

The most widely reported concern is in prevention, and the impact is severest in middle-income countries, where financing is based largely on domestic sources. However, donors have cut funding HIV/AIDS in at least 21 countries (UNAIDS, 2009b). Reduced funding for civil society organisations is limiting their ability to provide community-level services, both prevention and treatment (UNAIDS, 2009a). As a result of these funding declines, programmes preventing HIV/AIDS among sex workers, injecting drug users and, in some countries, men who have sex with men were particularly likely to be cut (UNAIDS, 2009b) – these are crucial services for stopping the epidemic spreading. Targeted programmes for young people were also expected to be cut in Argentina (UNAIDS, 2009c).

In most regions, it is also expected that treatment will be affected, across the board or for the most vulnerable groups. Access to treatment is affected not only by cuts in public sector health budgets but also by devaluations that increase the cost of imported ARVs, test kits and other supplies (UNAIDS, 2009a), declining household incomes and worsening food security. Hunger can mean that people discontinue ARVs which must be taken with food – UNAIDS reports this to be a particular problem in many parts of Africa (e.g. Tanzania and Burkina Faso, where economic shocks have been coupled with droughts and so there has been a significant decline in food security (UNAIDS, 2009b; 2009c)). Drug stock-outs, possibly reflecting devaluations and rising





declined across all income groups in Thailand as a result of the Asian financial crisis (Tangcharoensathien et al., 2000).

Increasing rates of drug, alcohol and tobacco use among young people during periods of economic stress thus do not necessarily or solely reflect the effects of that crisis. Atlani et al. (2000) observed in Russia that, for some youth sub-cultures, drug consumption constituted a form of youth hedonism, whereas simultaneously for others it reflected unemployment and alienation from societies in which their prospects were minimal. Rising drug availability – itself sometimes affected by economic changes induced by crises – and changing social norms among young people are also important factors.

**Box 7: Rising rates of drug use among young people in Russia**

Although both young people aged 20 and over and those aged 19 and under registered a rise in drug use in Russia over the period 1989 to 1998, the rise among young people over 20 was substantially sharper (UNICEF, 2000). Pilkington (2007) cited Russian Ministry of Health data that indicated a 10-fold increase in the number of 'teenage drug addicts'<sup>27</sup> between 1991 and 2001. The steeper rise among over 20 year olds may reflect the greater degree of supervision of teenagers, and also the greater financial and other autonomy of the older cohort.

The rise in injecting drug use has been one of the major factors behind the spread of HIV/AIDS in the former Soviet Union. Davidova et al. (1998), in Atlani et al. (2000), found that 60% of drug users surveyed in Odessa shared equipment, putting them at great risk of HIV/AIDS.

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<sup>27</sup> Unfortunately this is not defined.







providing informal loans and gifts of food, money and other forms of help. Hossain et al. (2009) indicate that these kinds of informal support have both increased in importance but also become more limited during the crisis. An absence of this kind of support may propel young people into harmful coping strategies, such as dropping out of school or taking up sex work.

### 5.3 Social exclusion

The impacts of economic crises on social exclusion are little discussed in the literature; again, in this section we seek to extrapolate from the limited literature available to highlight possible impacts on socially excluded young people. In a study of the social impacts of the current crisis, Hossain et al. (2009) found that, in urban Kenya, the stress caused by rising prices in particular was increasing social tensions, which were being expressed along religious lines. They also found that, in rural Bangladesh and Jakarta, there was scope for social tensions to arise around the distribution of resources for coping with crisis, and some evidence of minorities (ethnic minorities and migrants) being discriminated against in social protection schemes, although this was not necessarily systematic. Where social tensions spill over into violence, young women are at particular risk of rape. Other stigmatised and marginalised social groups may also be at greater risk of scapegoating and violence.

Long-running economic crises coupled with unequal spatial patterns of development – particularly, but not exclusively, in Latin America – have led to highly segregated cities, with poor urban areas marginalised, with high unemployment and crime rates typifying social exclusion (Maclure and Sotelo, 2004; Prillaman, 2003). Young people from such neighbourhoods can find it extremely difficult to obtain work – young men are assumed to be criminals or to have links with criminals, young women to be likely to get pregnant and both genders to be unreliable and lazy, lacking in a work ethic. These areas are often at some distance from city centres; affording the transport to reach employment may well have become more difficult as fuel prices have risen. These structural difficulties suggest that young people from these excluded areas are likely to face even greater difficulties during economic crises.

The difficulties young people face in securing adequately remunerated and secure employment can, in some parts of the world, lead to another form of exclusion. In regions such as the Middle East, where marriage and forming a family are considered fundamental rites of passage to adulthood (as discussed in Sections 1.2 and 4.3.1), the involuntary delay of marriage is a form of exclusion and is generating new social and economic difficulties by protracting the transitions of young people. In Egypt, high unemployment rates among young men mean that many are unable to afford the high costs associated with marriage (Dhillon et al., 2009).<sup>28</sup>

Antoine et al. (2001), in Cling et al. (2007), report similar trends in the capital cities of Cameroon, Senegal and Madagascar, where young men appear to be postponing marriage by five to ten years because of difficulties in finding a first job and lengthening studies. (Klasen and Woolard (2005), in Cling et al. (2007), found similar impacts of unemployment in South Africa). In Kenya, Agwanda et al. (2004) found that the economic crisis of the 1990s made it harder for young people to form their own independent households, while the youngest generation of Kenyan women had a much more delayed entry into both fertility and union compared with the intermediate and the oldest generation.

<sup>28</sup> This situation has partially been eased by housing reforms that enable fixed-term rental contracts and allow couples to set up households without needing large sums for advance payments (Dhillon et al., 2009).

## 5.4 Youth wellbeing outcomes: Citizenship and political engagement

The transition to adult citizenship, with its rights and responsibilities, is one of the key youth transitions. Despite extensive searching, this review has not located any literature that discusses in any depth the impacts of recession or economic crisis on young people's civic or political engagement. Again, we seek to extrapolate here from the findings of the limited literature on political and civic engagement during economic crises.

There is some evidence that recent food and energy price rises have fuelled political protest and contributed to the overthrow of some governments (e.g. in Haiti (Hossain et al., 2009) and Kyrgyzstan (Reeves, 2010)), and that young people have been active participants in these protests. Tumenggung and Nugroho (nd) note that student and young people's political mobilisation in the context of the 1998 financial crisis was a crucial factor behind the fall of the Suharto government in Indonesia. Less dramatically, one study from the UK found that, as a result of the economic crisis, young people feel more interested in politics and the politics of responses to the crisis (Citizenship Foundation, 2009), perhaps because so much public expenditure of potential benefit to them is likely to be axed.<sup>29</sup>

It is plausible that the current economic crisis could lead to an increase in alienation among young people, since poverty and unemployment are likely to increase and there are signs of growing social tensions (Hossain et al., 2009). In this context, militant organisations are likely to find a larger body of potential recruits, particularly if they offer financial incentives, and, as in the case of gangs, an alternative 'community.' There is certainly evidence of disenfranchised young men being paid to swell political movements in difficult economic times. Many of the demonstrators involved in the April 2010 overthrow of President Bakiev in Kyrgyzstan (and many of those who lost their lives) were young, poor, rural men, paid to be there (Reeves, 2010).<sup>30</sup> Of course, although alienated youth may well be fertile recruiting ground for militant organisations, alienation and grievance are by no means confined to the poor and dispossessed, and many militant movements have highly educated, wealthy leaders and supporters.

More positively, there is some evidence of young people mobilising to effect changes in their communities. Annex 2 gives some examples of youth-led initiatives that may be playing an important role in helping young people find a way through present difficulties (see, for example, World Bank, 2007, and initiatives described in annual World Bank youth essay competitions).

## 5.5 Youth wellbeing outcomes: Crime and security

### 5.5.1 Causes of increasing youth crime

Overall, the evidence examined for this review upholds the view that economic crisis is an important factor underlying rising youth crime.<sup>31</sup> There are a number of interrelated factors operating here: increased poverty can create incentives for theft and robbery; increased rates of young people being unemployed, and not in education or training, mean that there are many young people with time on their hands;<sup>32</sup> and alienation from a society that provides limited opportunities for youth can lead to resentment of inequalities. These, in turn, may be expressed directly through crime, or can lead to substance abuse, which itself often propels criminal activity in order to finance

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<sup>29</sup> This may be a factor behind the increase in voter turnout among young people in the UK's 2010 general election.

<sup>30</sup> This is not to suggest that they did not have real grievances, including sharply falling living standards resulting from food and fuel price rises since 2008, and predation by the ruling elites and their families.

<sup>31</sup> To put this in context, overall crime rates usually also rise sharply during economic crises. For example, in Chile in the mid-1990s, a one point rise in the unemployment rate was associated with a 4% increase in property crimes (Garcia, 1997, in Arriagada and Godoy, 1999, in Benvenuti, 2008).

<sup>32</sup> One study from Moldova found that 85% of the crime committed by 15 to 24 year olds in 2000 was committed by those not in education, training or employment (World Bank, 2006).

continued drug or alcohol habits. Because both drugs and alcohol impair decision-making capacities, this may impel young people to undertake rasher (and more criminal) acts.<sup>33</sup> The financial returns to criminal activity may also make it attractive to unemployed young people, particularly those facing long-term unemployment.<sup>34</sup> Furthermore, once a person has a criminal record, it is very much harder for them to obtain legal, adequately paid work with some prospects of advancement. To this extent, there is a negative cycle of criminal activity reinforcing future unemployment (Mocan and Rees, 1999).

Economic crisis also often leads to greater pressure on families, familial stress and break-up and less parental supervision of young people, as parents become occupied with trying to make ends meet. This lack of supervision is another key factor behind rising rates of youth crime. Where familial ties are stretched and fractured, peer groups provide another source of social and material support – thus gangs and friendship groups that engage in criminal acts can become increasingly attractive to young people (Maclure and Sotelo, 2004). (See Box 6 below on gangs and crime.)

Indeed, some analysis suggests that the impacts of crisis on family and social support for young people are more critical than the immediate effects of poverty and unemployment. Over the period 1989 to 1998, registered youth crime rose by over 60% in the Czech Republic, while youth unemployment was ‘only modest.’ At the same time, Poland, which suffered a much greater increase in poverty and youth unemployment, had a much smaller rise (30%) in youth crime (UNICEF, 2000). The suggestion is that strong familial networks may have limited the rise in youth crime in Poland. Typically, young people who have been in public care have received relatively little adult support and guidance. Additionally, they are more likely to be unemployed and not in education. All these factors together mean that they are at greater risk of being drawn into crime.

The vast majority of crimes committed by young offenders (under 18) are petty crimes, such as small-scale thefts and ‘status offences’ (being in the wrong place at the wrong time, contravening curfews, etc) (Save the Children, 2005). However, in some countries – often those that have faced prolonged periods of economic crisis with significant growth of poverty, inequality and social dislocation, such as parts of the CIS (UNICEF, 2000) – there has been a substantial increase in young people’s involvement in violent crime since the 1980s. As with substance abuse, the increased availability of firearms, connected to the rise of the drug trade, has contributed to the increase in lethal violence.

#### **Box 8: Youth crime and economic crises – some evidence**

One of the effects of the Asian financial crisis in 1997 to 1998 was rising crime – both overall and among young people. In South Korea, for example, juvenile crime increased 20% between 1997 and 1998 (before the crisis it had been rising at 10% per year). In Malaysia, juvenile crime, in particular petty theft, vehicle theft and house break-ins, increased 13% between July 1997 and 1998 (Knowles et al., 1999).

US data from the 1970s and 1980s indicate that periods of falling average wage rates were associated with higher levels of youth crime (World Bank, 2007). Mocan and Rees (1999), using micro data from the US, found that overall levels of both unemployment and poverty in a community affected young people’s propensity to commit crimes, and that familial unemployment had a specific effect. They cited a study by Freeman and Rodgers (1999) showing that rates of imprisonment of black youths were substantially higher in areas most affected by unemployment between the mid-1980s and 1990s. In the same vein, evidence from Romania during the late 1990s, at a time of economic recovery, shows a steady decrease in juvenile convictions, from 49.76 per 100,000 in 1998 to 39.1 in 1999 and 30.08 in 2000 (World Bank, 2006).

<sup>33</sup> For example, Mugisha and Zulu (2004) suggest that, in Nairobi, young people took drugs and alcohol partly in order to give them the courage to carry out violent crimes. Evidence from Moldova suggests that 20% of youth crime in 2000 was committed under the influence of alcohol (World Bank, 2006).

<sup>34</sup> Benvenuti (2008) cited data on the financial rewards for involvement in drug gangs in Rio de Janeiro. A watchman, at the lowest level of the hierarchy of the drug gangs, would earn a monthly salary of between R\$600 and R\$1,000; a dealer between R\$2,000 and R\$3,000; and a general manager between R\$10,000 and R\$15,000 (\$1 = R\$2.50) (ILO 2002 in Benvenuti 2008). Unfortunately, comparisons with average earning data for this period were not available.











## 6. Policy responses

### 6.1 Background

In this section, we discuss two main sets of policy responses:

- 1) Those that aim to stop the transmission of the crisis through measures to protect household incomes and to secure young people's access to public services, and programmes to promote social cohesion, particularly with young people;
- 2) Those that aim to prevent negative impacts on young people's well-being as a result of changes in these three areas.

The lack of data on the consequences for youth of macroeconomic crisis management policies means these cannot be discussed here.

Table 2 summarises some of the main vulnerabilities of young people during crises (as outlined in the Framework in section 1.5 and discussed in the preceding four sections), and key policies for reducing these vulnerabilities. Well-designed policies during economic crises and recovery periods can, however, do more than reduce vulnerability – they can facilitate countries' capitalising on the youth bulge by focusing on promoting decent work among young people.<sup>35</sup>

The literature reviewed describes many crisis response programmes and gives some evidence of their effectiveness in terms of reducing poverty rates, preventing malnutrition or maintaining secondary school attendance, but only a relatively small subset of this literature evaluates their contribution to protecting young people specifically in crisis. This section concentrates on what is known about effective ways to protect young people in crisis; Annex 2 contains more detail about wider crisis response programmes and youth-focused development policies, both of which are important for protecting and improving young people's well-being during times of crisis and recovery. Knowles and Behrman (2005) and World Bank (2007) provide comprehensive overviews of effective policies to promote young people's well-being (not specific to economic crises) and are a useful complement to the discussion here.

None of the literature reviewed attempts any evaluation of the costs and benefits of anti-crisis programmes as compared with more systemic investment in services or activities that promote young people's well-being. Indeed, there is very little systematic cost-benefit analysis of most youth support interventions. Knowles and Behrman (2005) propose a methodology for such an analysis, but recognise that the results of their analyses are very partial, as important issues such as the effects on youth crime or adolescent pregnancy cannot be included. Several interesting-sounding programmes with young people have not been evaluated but are included here as they are potentially innovative ways of helping young people weather economic crises. In the context of the global slowdown, and constrained public resources, a more detailed assessment of the costs and benefits of specific anti-crisis and youth development policies should be a clear research priority. Within this, given the particularly strong effects on youth employment of both short and long-term economic crises, and its wider social effects, policies to enhance youth employment are a particular priority.

Very little information is available concerning youth-focused civil society responses to economic crises. This is not to suggest that civil society is unconcerned with young people's well-being, but that information concerning civil society action is not available internationally. Hopefully, this is a gap that the country studies will fill. This section therefore concentrates on large-scale, largely

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<sup>35</sup> In countries where the youth cohort is yet to peak, there is a strong case for investing in human development, so that as today's children enter adulthood they are able to contribute to the maximum as healthy, productive citizens (Ron Mendoza, personal communication).





end of secondary education, and possibly those in post-school education, as a means to protect education during a crisis.

### **6.2.2 Youth-focused cash transfers**

Schwarz and Abreu (2007) provide details of two youth-focused cash transfer programmes started in Brazil. One, Youth Action, is aimed at 15 to 24 year who have not completed basic education and are from poor 'socially vulnerable' households. It provides stipends to young people to enable them to complete their education. The other, Youth Agents of Development, is intended to promote the social integration of young people, with priority given to 15 to 17 year olds who are not in school and who are personally vulnerable or socially at risk. Young people who have formerly been recipients of other forms of social assistance are prioritised. The programme aims to promote family cohesion, reduce rates of violence, STDs (including HIV/AIDS) and teenage pregnancy and motivate and assist young people to contribute to their communities. It is also intended to prepare recipients aged 18 and over to enter the labour force.

No evaluations of the effectiveness of youth-focused cash transfers could be found for this review. It is notable that one of these transfers is focused largely on building social capital and cohesion and, if this is successful, it may hold lessons for helping strengthen social capital and reduce crime in the context of crisis. Furthermore, youth-focused cash transfers may help reduce the 'ghettoisation' and stigmatisation of poor young people from particular neighbourhoods, which (over and above their generally lower levels of education) limit their prospects of decent work.

### **6.2.3 Other transfers**

In countries that provide other earmarked subsidies to poor households (e.g. for fuel or housing), these may be extended during crisis. In the past 15 years, many countries with separate subsidies and allowances have unified them into a few income transfers to reduce administrative costs (e.g. Kyrgyzstan, Brazil). Hence, it is not surprising that none of the studies reviewed analyses the impacts of such programmes on young people or their households. Where separate subsidies have been retained and are large enough to have a protective effect on poor households, impacts on young people may be worth investigating in the field research component of this project.

## **6.3 Programmes to protect and promote young people's access to decent employment**

There is a clear consensus in the youth employment literature that the most effective way to promote young people's employment opportunities is by increasing overall employment opportunities (Godfrey, 2003; Stavreska, 2006; World Bank, 2009). This suggests that, in an economic crisis, a fiscal stimulus approach is much more likely to safeguard young people's employment opportunities than one that cuts public spending in order to control fiscal deficits. Targeted support to particular sectors may be necessary to enable productive investment and create more jobs in those sectors.<sup>36</sup>

Aside from measures to increase overall employment, most other youth-focused active labour market policies aim to increase the 'integrability' (Godfrey, 2003) of disadvantaged young people into mainstream labour markets, or to improve the flow of information between employers with vacancies and job seekers. This section reviews evidence concerning the impact of different active labour market policies of relevance to young people in economic crises.

### **6.3.1 Temporary employment programmes**

<sup>36</sup> Currencies devaluation may help safeguard jobs in export-oriented sectors, although the net effects on young people and their families will depend on the effects on prices of essential goods, particularly food, clothing, energy and medicines.

Temporary employment programmes are a common response to economic crisis, as well as to chronic poverty. Although they can help maintain jobs during a crisis, Mazza et al. (2009) suggest that, based on experience in Latin America, temporary employment programmes should be implemented only 'if there is a genuine crisis with large scale unemployment of the very poor.'

Otherwise, they suggest that measures to reduce the costs of employment to employers (such as reductions in employers' social security contributions) and on-the-job training programmes are more likely to be successful. Unlike programmes which keep people in existing jobs or provide training to help them into work, and which thus contribute positively to skills acquisition for the post-crisis labour market, temporary employment programmes – which generally provide unskilled labour opportunities – do little to build skills or employability. There is actually evidence, from Chile's Temporary Employment Programme of the late 1980s that poor workers who took temporary jobs found it harder to find work after the crisis than those who did not participate in the programme. This was closely associated with the stigma of having participated in a poverty-focused employment programme (Mazza et al., 2009). However, this is not universal – no such problems were experienced in South Korea's crisis employment programmes.

Evidence from Kenya in the current crisis also suggests that the labour demands of typical food or cash for work programmes may be excessive for people who have to cope with long periods of food insecurity and malnutrition (Hossain et al, 2010). However, of all vulnerable groups, young people, who tend to be stronger, may be relatively better-placed to benefit from such programmes, provided they are not designed with excessive work demands, or prevent other income-generating activities. The fact that some schemes are poorly designed does not negate their potential, if better designed. Underpinning such schemes with a statutory employment guarantee, as in India, for example, considerably adds to their effectiveness in social protection terms (Green et al, 2010).

Although temporary employment programmes, such as public works, are often considered male biased, the evidence is that women are often major participants. In 1998/99, women made up 73% of those employed in India's National Rural Employment Guarantee Scheme whereas in public works programmes in Peru and in Chile, women made up, respectively, 84% and 72% of workers.<sup>37</sup> In 2005, women constituted 70% of those employed in Argentina's Heads of Household Programme. These programmes catered for women by 'providing work close to home, flexible hours and options for child care; they used women-based intermediaries and included a range of employment options, among them, home based production' (Van der Gaag, 2009).

Some temporary employment programmes have strongly emphasised hiring young people. In Senegal's Public Works and Employment Agency (AGETIP) programme, started during a period of economic downturn, construction firms that get the contracts to build public works also agree to use relatively labour-intensive practices and to use local inexperienced youth who receive training funded by AGETIP (Cling et al., 2007).

Another way of increasing the value of temporary employment programmes to young people may be to extend the concept of public works beyond construction of infrastructure to public investment programmes which:

'incorporate social services and environmental protection components. Social services could include the delivery of essential community-based social services – auxiliary health care, care for elderly, childcare, early childhood development, and youth development activities. These components would attract women and ... youth; some activities would not need more than secondary education complemented by short training courses' (King Desjardin and Owens, 2009).

### **6.3.2 Measures to preserve jobs and create new opportunities**

#### **Reducing employment costs**

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<sup>37</sup> No reference date for these statistics is given.







## 6.4 Programmes to protect and promote young people's education during crises

'The greatest contribution to improving the future employment prospects of disadvantaged children is to keep them in school until they are at least functionally literate and numerate' (Godfrey, 2003).

This section outlines two main sets of measures: those that aim to enable children and young people from poor households to stay in education during a crisis; and those that aim to maintain or increase the quality of education. It also briefly discusses measures to enable young people to catch up on missed educational opportunities, since these are likely to be one of the most effective ways of improving both the labour market prospects and other aspects of well-being for disadvantaged youth.

### 6.4.1 Measures to keep young people in secondary school

#### **Earmarked subsidies: school scholarships, fee waivers and other school subsidies**

Subsidies to enable children and adolescents to continue attending school, at both primary and secondary levels, are one of the most common responses to economic crisis. These take the form of school scholarships or fee waivers – paid either directly to the school or to the families of school-going children. These are usually means tested, as in the case of Indonesia's School Scholarship Programme (Cameron, 2000; see Annex 2) and South Korea's Temporary Livelihood Protection Programme, which provided fee waivers for children of unemployed parents attending middle or high school.<sup>38</sup> Eligibility for this programme was based on the household's having income and assets below a minimum threshold (Blomquist et al., 2001). Analysis of Indonesia's School Scholarship Programme suggests that, despite some leakage, it has been effective in reaching poor students at primary, lower secondary and senior secondary levels. The impact has been greatest at senior secondary level, where the subsidies are greatest. However, scholarships – like other transfers – are vulnerable to political interference or elite capture (Duryea et al., 2007).

#### **Education-focused loans**

Education-focused loans have also been effective in maintaining school attendance in some crises, including in Tanzania (Duryea et al., 2007) and Thailand (see Annex 2). These have generally been provided by governments at a relatively low interest rate.

#### **School feeding programmes**

These can be helpful in securing school attendance during crisis, and/ or reducing household food costs. Duryea et al. (2007) found some indication from Argentina and El Salvador that school feeding programmes can prevent children from dropping out of school during a crisis. It is not clear whether this effect is stronger for particular age groups. There is little evidence that school feeding programmes have a major impact on health or nutrition (Glassman et al., 2007), partly because of the generally low quality of the food provided and partly because poor households use the feeding programme to reduce their overall food costs, and so children who receive school meals may receive proportionately less food at home. Hossain et al (2010) and Gavrilovic et al (2009) found that school meals were one of the most valued public responses to crises, as they facilitated households' efforts to maintain their children in school.

#### **Compulsory schooling laws**

Compulsory schooling laws may also help increase adolescents' school attendance. One US study estimated that it reduced the high school dropout rate by about 25% (Knowles and Behrman,

<sup>38</sup> This programme also provided school lunches subsidies for the children of unemployed parents at all levels of the school system (Blomquist et al., 2001).

2005). On the other hand, this is not likely to be an effective strategy with adolescents who find school constraining, for whom a mix of employment and training is more likely to be productive.

#### **6.4.2 Investment in quality**

Godfrey (2003) stresses the crucial role that improving the quality of schooling received by disadvantaged children and young people – from pre-school upwards – has to play in improving their position in the labour market and thus their chances of escaping poverty.

Reviewing evidence from a range of economic crises in middle-income countries, Ferreira and Schady (2008) conclude that reductions in the quality of education services would appear to represent a greater threat to enrolment, attainment and achievement than falling demand. They argued that expenditures that protect the supply side of the educational system (such as preserving teachers' real salaries and continuing to invest in schools) may be more important than expenditures aimed at further buttressing demand, such as CCTs. Some countries have attempted to prevent the quality of education declining during crises – by providing grants to schools for materials to enhance the quality of education. For example, in Indonesia schools were eligible for grants that could be spent as the school saw fit (with certain exclusions, such as information and communications technology (ICT) equipment or subsidising teachers' transport) – on repairs, photocopying, resource materials, etc (Filmer et al., 2001).

Ferreira and Schady's point is an important one. This said, the longer and deeper the crisis, the higher the vulnerability of children's school attendance (Duryea et al., 2007), meaning that cash transfers may be relevant even if initially there is no significant decline in adolescents' attendance. CCTs are one of the most cost-effective ways to increase school attendance (ibid), about three times more cost effective than employing extra teachers and 18 times more effective than school meals.<sup>39</sup> They are particularly significant for poorer young people, in low income countries and in long-running crises. However, where drop-out rates are unaffected, teacher training, credit and book distribution appear to be among the most effective ways to prevent a decline in student attainment among 14 to 17 year olds during recessions (ibid).

#### **6.4.3 Post-school education**

The case for supporting young people's access to post-school education is controversial. On the one hand, public spending on higher education is essentially regressive – it benefits better-off people, as poorer young people tend to drop out of education and attempt to enter the labour market instead of continuing in post-school education, and there is some evidence of this differential being exacerbated in times of crisis (see the discussion on education enrolment and expenditure in South Korea in the late 1990s). On the other hand, if public support to higher education manages to secure poorer young people's access, then it is playing an important role in helping disadvantaged young people weather the crisis, build their human capital, and in investing in the future productivity of the economy.

How far public support to higher education should be a priority for anti-crisis programmes is context specific: where completing higher education, rather than secondary education, has a major effect in terms of expected incomes and in lowering poverty rates, and where poor young people largely complete secondary education but then do not enter or drop out of higher education, there may be a case for providing financial support for poorer students. Where few young people complete primary or secondary education, there is a stronger case for focusing financial resources on helping disadvantaged young people complete basic education, or providing basic education to young adults to enable them to become functionally literate and numerate and to catch up on other key aspects of their education (Godfrey, 2003).

#### **6.4.4 Adult basic education**

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<sup>39</sup> Author calculations from data provided in Duryea et al. (2007).

No evidence could be found of programmes aiming to provide basic education to young adults during crises, although there are a number of established ‘catch-up’ programmes for those who missed out on education as children. The World Bank (2007) provides some examples of adult education programmes with young adults, such as the Mexican National Institute for Adult Education, which enables people who have missed out on formal schooling to complete the curriculum and to learn other relevant work-based and life skills through distance learning, and national literacy programmes, such as those in Ghana and Senegal.

## 6.5 Programmes to protect and promote young people’s health

Common approaches to protecting health and nutrition during crises are generally intended either to protect the capacity of the health system to provide effective preventative and curative care or to protect vulnerable groups’ access to health care. Some of these measures are summarised here – for more detail see Annex 2.

Programmes aimed specifically at young people tend to focus on STD control (including HIV/AIDS), reproductive health more generally and preventing and reducing the harmful effects of substance abuse. Unsurprisingly, no evidence of crisis-specific programmes could be found; however, a key lesson emerging from the literature is the importance of continuing to fund services that effectively promote young people’s health and, if necessary, scaling them up to meet the increasing demand during a crisis. Annex 2 gives details of some approaches that have proved effective in developing health services that are accessible and trusted by young people.

### 6.5.1 General health

Protecting general public health spending, and especially those programmes with proven high cost effectiveness, is one of the key ways to prevent a deterioration in the decline of service quality during a crisis, and thus to ensure their availability to young people and their families. Health services, or parts of them, may be able to weather reduced operating budgets for a short period (Chayovan et al., 2000), but in the longer term funding declines are associated with a declining quality of service. Typically in long-running crises, budgets for repairs, equipment and medicines have been cut; in some crises, entire areas of public health have been discontinued.<sup>40</sup> Alongside operational budgets, protecting health professionals’ salaries is important for preventing loss of morale and moonlighting, particularly in longer-running crises.

To secure disadvantaged groups’ access to health care during crises, existing subsidised health insurance or fee waiver programmes for treatment and essential medicines<sup>41</sup> can be extended, or introduced if such provisions are not already in place. Young people over the age of 16 are often excluded by subsidies and waivers, which tend to concentrate on children, pregnant women, older people and sometimes unemployed people. Where universal free access is fiscally impossible, extending schemes such as these to vulnerable young people could help protect their health during crises. Annex 2 gives some examples of crisis-related programmes aiming both to protect the quality of health services (such as Indonesia’s Health Sector Social Safety Net) and to secure access, such as the Thai insurance card programme.

### 6.5.2 Nutrition

Although much of the focus of nutritional policy and nutritional support programmes is on very young children, recent studies suggest that school-age children suffer from higher levels of stunting than previously acknowledged (World Bank, 2002, in Knowles and Behrman, 2005). It also appears that adolescent boys are more sensitive to infection and diseases than girls, and thus are

<sup>40</sup> One example is the cutting of various public health activities and a scaling back of antenatal care in some countries of the former Soviet Union during the transition crisis period (Figueras et al., 2004).

<sup>41</sup> Including ARVs and contraceptives.

more often malnourished (Lwamba et al., 2000, in Knowles and Behrman, 2005). The most detailed nutritional evidence available concerning adolescents during an economic crisis – that from Indonesia in 1997/98 – underlines the additional vulnerability of adolescents, particularly boys in terms of stunted growth, indicating the need for policies to ensure adequate food security for all during crises. As discussed in Section 4, there is limited evidence concerning the impacts of crisis on micronutrient deficiencies. However, the consequences of micronutrient deficiencies such as iron deficiency anaemia, vitamin A deficiency, etc, for health and safe motherhood underlines the urgency of continuing to prevent them during economic crises.

### **Programmes to boost access to food**

Cash transfer programmes, which aim to provide sufficient income support to ensure access to food (and other basic needs), were discussed in Section 6.2. The other main programmes aiming to protect access to food in crisis of relevance to young people include:

*General or targeted food subsidy programmes.* These have attracted considerable criticism for their fiscal implications; however, they can be applied quickly and so can be effective in preventing nutritional decline. More common, however, are targeted subsidy programmes, such as Indonesia's subsidised rice ration programme in the 1997/8 crisis, which was intended to be targeted to people from the two poorest socioeconomic groups (see Annex 2), its more recent Raskin programme (introduced in the current crisis) and Jamaica's food stamp programme, which provided assistance to pregnant women and women with children under six (Knowles and Behrman, 2005), and thus is likely to have benefited a significant number of young people. There is some evidence of high levels of leakage within Indonesia's programme to non-poor groups (Sumarto and Suryahadi, 2003). Furthermore, one of the groups of young people most likely to need food rations – retrenched urban migrant workers – were ineligible to receive Raskin rice supplies, unless they had formally registered as residents in their areas of work (Hossain et al, 2010).

### **Micronutrient programmes**

*Distribution of micronutrients through schools or the public health system.* Where secondary school attendance and prevalence of micronutrient deficiencies among adolescents are both high, micronutrient supplements may be distributed through schools. However, these are likely to miss the most vulnerable young people, whose school enrolment rates decline disproportionately in times of crisis. Distribution via the public health system is an alternative. How likely supplementation programmes of this kind are to reach nutritionally vulnerable young people will depend on their access to the health system, and how it has been affected by the crisis.

Where a large proportion of births take place to women in the 18 to 24 age group, young women are at greater risk of nutritional shortfalls and are likely to benefit particularly from ante and postnatal nutrition programmes. Although this was not developed during a crisis, the World Bank-supported Bangladesh Integrated Nutrition Project provides iron supplements to pregnant women and vitamin A supplements during the postpartum period. The project also serves newly-weds (Tinker et al., 2000, cited in Knowles and Behrman, 2005), a good example of a preventative approach to reproductive health with youth.

*Fortification of food with specific micronutrients.* Where certain poverty-related micronutrient deficiencies are widespread, fortification of commonly consumed food and subsidised prices for these foods can help reduce these problems, among the population as a whole, including young people. One example is the subsidisation of iodine-fortified salt in Kyrgyzstan.

### **6.5.3 Reproductive health, maternal and child health and HIV/AIDS**

Given the evidence outlined in Section 4 of declining use of antenatal health care and rising rates of babies being delivered at home without trained assistance, ensuring that all pregnant women

have access to affordable health care (which in practice means free health care) is one of the single most important health-related measures to protect young people's well-being (and that of their families) during a crisis. This may be achieved through general measures to ensure access to health care (discussed above) or by specific programmes to increase the accessibility of antenatal and trained birth assistance. Ensuring young people's access to contraception and to safe abortions are other important parts of reproductive health care that need to be maintained in order to prevent unwanted pregnancies and endangering young women's health.

Although the evidence from the Asian financial crisis indicates no significant rise in HIV/AIDS rates, there are good reasons to believe that, in the current crisis, rates of HIV/AIDS and other STDs may well rise. The increase in transactional sex reported in Section 5 might lead to an increase in STD rates among young people unless there are strong efforts to ensure a continuing supply of affordable condoms, public awareness campaigns and programmes of voluntary counselling and testing (Knowles and Behrman, 2005). The long-term social and financial costs of increasing rates of STDs mean that the case for investment in this area is strong. Annex 2 outlines some particularly effective approaches with youth, including attempts to make sexual and reproductive health services more youth friendly and peer counselling among socially excluded 'hard-to-reach' groups. A combination of measures of this kind led to a decline in infection rates among youth aged 15 to 19 in Uganda, from 22% in the early 1990s to 8% in 1998 (FOCUS, 2001, in Knowles and Behrman, 2005). As noted above, ensuring the availability of essential medicines for treating STDs (including ARVs for HIV/AIDS) is another vital component of a pro-youth crisis health policy.

#### **6.5.4 Harm reduction**

The evidence of rising rates of drug use among young people following many crises, and the role of injecting drug use in the spread of HIV/AIDS and other diseases, makes preventing further increases in drug consumption, and measures to prevent or lessen some of the harmful effects of drug use on health, a key youth-focused policy priority where drug use is a serious problem. Although the numbers involved are small compared with the overall number of crisis-affected young people, the effects on users' health and social well-being can be very severe. Annex 2 outlines various approaches that have proved effective in different parts of the world, such as information and communication, opioid substitution therapy and needle exchange programmes. Evidence could not be found to substantiate this, but such programmes may be more successful when combined with actions addressing some of the socioeconomic roots of drug use, including unemployment and a lack of social cohesion. Given the more limited evidence of tobacco and alcohol consumption being affected by crisis, these are in most cases a lower priority than youth narcotic drug use.

#### **6.5.5 Mental health**

No evidence could be found of programmes aiming to secure mental health during periods of economic crisis, whether targeted at young people or available to the population as a whole. Effective implementation of other crisis responses could make an important contribution to preventing a rise in mental health problems, such as measures that secure incomes and access to education, discussed above, and those that help promote social inclusion and develop young people's social capital (discussed below). The rise in demand for psychiatric services during the Thai crisis of 1997/98 indicates that there is also a need for mental health support, at least in some cultural contexts, whether provided by the public health system or civil society, or a combination of both.

## **6.6 Programmes to promote social cohesion and security and reduce youth crime**

In all regions of the world surveyed, and in both short- and long-term crises, youth crime has risen and then has stabilised at new, higher levels. This indicates the importance of crime prevention policies forming part of a youth-focused crisis package. Many of the key crisis response measures outlined above help address young people's economic disempowerment – for example, employment programmes and cash transfers, and measures to ensure that all young people have completed basic education, through post-school 'catch-up' programmes if necessary. Other important ways of promoting both economic empowerment and social cohesion are through: urban renewal initiatives, strengthening existing community organisations and finding ways in which marginalised youth can contribute to these; and promoting leisure activities such as sports, arts and street theatre that give young people a community of peers and an alternative to gangs, particularly among pre-teens and young teenagers, who are at risk of being recruited into criminal activity (UNODC and World Bank, 2007). Parent education may also help parents support their adolescent children and prevent them being drawn into substance abuse or other criminal activity. Weapons amnesties and enforcing bans on firearms and other weapons can also help reduce violent crime. Annex 2 outlines some examples of programmes to prevent crime. It also discusses some approaches to juvenile justice that are less likely to lead to reoffending and prevent an escalating cycle of criminal behaviour.<sup>42</sup>

## **6.7 Programmes to promote young people's social inclusion and citizenship**

This review found no evidence of programmes aiming to promote young people's sense of social inclusion and citizenship or voice in decision-making during crises. There are many such programmes with young people, but none discussed in the literature reviewed here was supporting young people's engagement in governance as a means of mitigating the effects of crisis or actively engaging young people in designing youth-friendly policies in the context of crisis. See Annex 2 for some examples of programmes engaging young people in governance and decision making. Golombek (2002) provides an overview of other programmes aiming to increase young people's voice and accountability to young people, and World Bank (2007) gives additional examples.

More structural aspects of social exclusion facing young people may be addressed via the measures outlined above – anti-discriminatory legislation and campaigns, economic empowerment, education and programmes to promote social cohesion.

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<sup>42</sup> The literature reviewed does not discuss approaches common in Northern debates on crime, such as increased police presence in areas of high crime rates.

## 7. Evidence gaps

There are a number of important gaps in the evidence reviewed for this paper. Although, as Annex 3 indicates, a number of longitudinal datasets do contain information concerning the well-being and resilience of youth from poor families through periods of crisis and better times, relatively few have been analysed systematically to reveal the impacts of crises on young people. Those that do, inevitably focus on a relatively small number of issues, typically those that can be measured well or easily, such as employment, education enrolment and, in some studies, aspects of health.

Many discussions of the impacts of crisis do not discuss the **impact on young people** at all, or do so only in passing. Those that do, often do not disaggregate sufficiently among young people. Thus, for example, no data on **the effects of crisis on monetary poverty rates among 15 to 19 and 20 to 24 year olds** could be found in the literature reviewed.

The **effects of crisis on socially excluded young people, such as young people from ethnic or religious minorities and disabled people**, are not discussed in the literature reviewed at all. This is of concern, since these groups tend to be particularly at risk of poverty, and may also face sharpened discrimination and scapegoating.

Very few studies discuss **the lagged effects of past crises**. This gap is particularly apparent in relation to health and nutrition, where some impacts may become apparent only after some time. However, it is also the case for issues, such as youth unemployment and the shift towards greater informal sector unemployment among youth, where very limited analysis of longer-term effects is available. Where panel data exist, as in Indonesia's IFLS, for example, it may be possible to clarify whether there are longer-term negative effects of past crises and their significance.

There is very little information on the effects of crisis on **employment rates among 15 to 17 year olds, and on hazardous and exploitative work** among this age group. Analysis of the effects of crisis on child labour concentrates almost exclusively on children aged 14 and under.

There is very little documentation of the effects of crisis in **hard-to-measure or hard-to-research areas of social well-being, such as mental health, intra-household tensions, domestic violence, commercial sex work and trafficking**. However, young people are affected by all of these, disproportionately so in some areas, such as commercial sex work and trafficking.

Another important gap lies in the effects of **economic crises on maternal mortality**. Women aged 15 to 19 are at the greatest risk of pregnancy-related death, and there are grounds to suggest economic crises might exacerbate a number of risk factors. However, this review could find no data, either general or age disaggregated, on crisis-related trends in maternal mortality.

The **effects of crisis on young people's political engagement** are hardly discussed in the literature reviewed. The literature on violent conflict views the alienation of young people with limited employment prospects as one of the grievances that can underpin violent conflict, and there are passing references to student and youth mobilisation during or in the aftermath of particular crises. However, no clear picture emerges of the ways in which young people's engagement with civic and political institutions has been affected by crisis.

Turning to policy responses, this review found **no analyses of the impacts of macroeconomic crisis management measures** on young people.

Most of the literature on policy responses to economic crisis focuses on large-scale, government-led action. There is very little literature on **civil society approaches**. This may reflect the fact that many of these are small in scale and have not been described in the internationally available

literature used for this review. Many effective ways of increasing young people's opportunities, reducing poverty among young people, promoting their social integration and educating young people on specific issues have been developed by civil society, and are as applicable in times of crisis as in more stable times. A greater appreciation of some of these – and their strengths and limitations – would be useful for expanding the menu of effective ways of supporting young people in crises.

There is little detailed evidence concerning how far social spending which is either targeted to or particularly likely to benefit young people is prioritised or deprioritised during crises and recovery periods. It is not clear how youth employment programmes, community-based crime prevention initiatives or catch-up educational programmes (eg night schools, educational programmes for out-of-school youth) have fared either during fiscal stimuli or in post-crisis reorientations of social spending.

Most critically of all, there is very little **cost-benefit analysis of different policy options for investing in young people and mitigating the impact of crisis**. The scarcity of resources during economic crises and recovery periods means that the need for rigorous analysis of the most effective policy options is even more acute than in better times. This is particularly the case in relation to young people, a group which is generally not seen as a priority for investment, and for whom resources are usually scarce. Many evaluations of policy approaches focus on a limited period after the intervention, and so evidence concerning the longer-term impact and effectiveness of particular approaches in mitigating the effects of crisis on young people is not available. Evaluations typically focus on a few, easy-to-measure issues, usually related to education or employment, meaning that more intangible effects of youth-focused policies (e.g. reductions in youth involvement in violent crime or teenage pregnancy rates) are not considered (Knowles and Behrman, 2005).

Finally, there appears to be very little systematic collection of data on **young people's perceptions and experiences** of past or current crises. For example, the Global Impact and Vulnerability Alert System (GIVAS) does not have a specific section on young people.



## 8. Conclusions and recommendations

### 8.1 Summary of main findings

Unsurprisingly, **the effects of economic crises appear to be most severe for the poorest young people** who have the fewest resources (financial, human and social capital) to weather shocks of different kinds. It is the poorest young people who are most at risk of leaving school during a crisis, for example, or of pregnancy during adolescence. In the current crisis, high food prices and the collapse of employment appear to be the two most significant issues affecting youth.

Likewise, **longer-term crises appear to be more damaging to young people than shorter-term crises**. This is particularly the case for some issues, such as youth crime, which has risen more substantially in long-term crises and then remained high, or crises which limit public investment over a long period.

The **gender-based effects are complex**. There is evidence of young men suffering more than young women in some countries and in certain dimensions of well-being, such as nutrition and becoming a victim of crime, and in some labour markets. In other contexts, young women face greater discrimination, both in the labour market and in education, or are rendered particularly vulnerable by institutionalised gender inequalities that value young men's time, leisure, health and well-being more than those of young women.

**Demographic impacts:** Contrary to commonly held perceptions, there is little evidence that economic crises lead to increased pressures on young women, in particular, to marry early, although there are exceptions. There is clear evidence of young people, particularly men, having to delay marriage during economic crises until they have steady jobs, and thus delaying an important rite of passage into adulthood. There is some evidence of young people facing economic shocks temporarily postponing childbearing, but very little evidence that economic shocks reduce the total number of children they wish to have or aggregate birth rates.

**Employment:** Young people suffer disproportionately in labour markets in times of crisis. They are particularly vulnerable to layoffs, are more likely to suffer declining wages, face additional barriers in finding their first jobs and frequently are pushed into informal sector work with very poor pay and conditions and very few protective rights.

**Health:** There is some evidence of increased mortality among young people in crises, although this may be specific to particular circumstances. The available evidence suggests that young people's use of health services declines disproportionately in crises. General levels of ill-health among young people tend to increase, with particular rises in STDs and substance abuse-related illness. There is some evidence of fewer births being attended, so the risks to mothers and babies rise substantially. This may partially reflect the steeper decline in funding to these services as compared with other areas of health services.

**Nutrition:** The main evidence of impacts on young people's nutrition comes from one study in Indonesia. This found that the BMI of mothers declined and the expected increase in adolescents' BMI did not take place, with boys being particularly affected. Other studies from Indonesia also indicate an increasing incidence of micronutrient deficiencies, such as iron deficiency anaemia and night-blindness during the 1997 to 1999 crisis. There is also anecdotal evidence from Argentina of increasing obesity in the aftermath of the economic crisis of 2001.

**Education:** In poorer countries, and for poorer groups, the effects of crisis are usually pro-cyclical – education enrolment rates tend to fall and dropout rates increase during a crisis. In better-off countries, by contrast, educational enrolments at secondary and tertiary levels usually increase, as

the opportunity costs decline and young people seek to invest in their future employability. Even so, poorer young people are much less likely to stay in education.

**Other social problems:** Although there is less documentation of hard-to-measure and hard-to-research social problems, such as **intra-household conflict, domestic violence, suicide, substance abuse, commercial sex work and mental health problems**, there is qualitative (and some quantitative) evidence of increases in all of these among young people during economic crises, past and present. In addition to their effect on the quality of young people's lives now, many of these social problems can have long-term effects on young people's health (leading to death in some cases), ability to work, social integration and future poverty. As such, they can affect future generations as well as today's young people.

**'Prevention is better than cure.'** Once rates of social problems, such as youth unemployment, alienation of young people or crime, increase, it can be hard to bring them back down to pre-crisis levels. This indicates the importance of preventing a rise in these problems through investment in disadvantaged young people's economic well-being and social capital before and during crises.

During crisis recovery periods, public expenditure is particularly vulnerable. The effects of declining public expenditure – where this occurs – on young people do not simply arise through cuts to or increased charges for existing services, but also in **foregone investments** that might have tackled particular problems facing young people. In past crises, mental health programmes and HIV/AIDS prevention have been vulnerable to crises; in the current crisis, job subsidy and placement programmes have been cancelled in some OECD countries, such as the UK, arguably at the time when they are most needed.

## 8.2 Policy recommendations

**Develop better evidence on cost-effective ways to support young people in crisis.** A key priority is rigorous analysis of the most cost-effective ways to support disadvantaged young people during crises and, where possible, analysis of the impacts and effectiveness of policies over an extended period. Clearly, there are methodological obstacles to this, such as the lack of appropriate data, the problem of comparing 'apples with pears' – unlike interventions with diverse purposes - and the difficulty of taking into account many of the social gains of effective investments in young people's well-being (such as reduced crime rates and adolescent pregnancy rates). Knowles and Behrman (2005) have developed a methodology for comparing the costs and benefits of over 40 youth-focused policy approaches, which could be applied to key crisis response policies, where sufficient data exist.

In addition, more analysis like Ferreira and Schady's (2008) discussion of the different priorities for supporting human development in crisis in low- and middle-income countries, which points to the most effective responses in particular contexts, could help ensure increasingly scarce resources are well targeted.

Despite the lack of overall evidence on the cost effectiveness of different interventions, the following policy instruments and approaches have proved effective in helping young people weather crises:

- **Cash transfers** – both conditional and unconditional – have helped poor young people remain in secondary school during times of crisis. The question of whether conditional or unconditional transfers, or subsidies for specific costs, such as school fees, have been most effective is unresolved in relation to both economic crises and chronic poverty (Devereux, 2009).
- **Maintaining or enhancing the quality of education** during crises is a crucial complement to measures to boost demand among poorer adolescents; since in middle- and upper-

income countries education enrolment often increases during times of economic downturn, extra investment may be needed to meet this growing demand without compromising quality. Only good quality education will equip young people with the skills they need, both for adult life in general and for reasonably remunerated work in particular.

- **Job and wage subsidies and on-the-job training** that helps increase productivity have all proven effective in helping create or maintain jobs for young people (Godfrey, 2003).
- **Preventing a rise in youth crime requires both economic empowerment**, which reduces poverty and increases young people's stake in society, such as employment promotion and cash transfers, **and action to enhance social cohesion**. Although evidence from rigorous evaluations is limited, there is indicative evidence of programmes that engage young people in **sports, drama and community service, mentoring programmes and parenting education for parents and carers of adolescents** all helping provide a supportive social network that in turn reduces the attractiveness of gangs and other criminal groups as a source of social and emotional support.
- Young people's health is best safeguarded during crisis through **measures that ensure their access to the health system**. This may mean extending guarantees of free health to young people. An effort **to increase the youth friendliness** and accessibility of health care may also be needed for areas of health where young people tend to be overrepresented, such as in sexual and reproductive health and substance abuse, and where they may find services aimed at older users off-putting. There is some indication that **peer-based approaches** are appealing to young people and have helped increase knowledge and change behaviour (the latter less than the former) in relation to sexual behaviour and substance abuse. In some societies, young people may have particular need of **mental health services** as they struggle to make transitions to adulthood in a context of economic insecurity and deprivation.

And the following approaches have a less good track record:

- Although **temporary employment programmes** are a common crisis response, their effectiveness in helping young people gain skills or move into longer-term work is limited. They are, however, an effective poverty alleviation instrument for poor people in crisis, and as such are potentially relevant to young people.
- **Pre-employment skills training** for young people also has a poor record in helping young people find employment or increasing levels of remuneration once they are in employment. On-the-job training and training through apprenticeships or job placement programmes for unemployed young people have been more effective at both goals. Adult education in functional literacy and numeracy has also proven helpful in enabling young people who missed out on basic education to work more effectively.
- Most effective **programmes to support young people's entrepreneurship** are highly costly; many young people's businesses fail, and supporting youth enterprise is not a simple alternative to active labour market measures to increase employment opportunities for young people.

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## Annex 1: Youth and economic crisis vulnerability matrix

| Type of risk   | Youth-specific experiences   | Gender-specific manifestations   |
|--|--|--|
| <b>1. Economic risks</b>   | <i>Lower levels of experience, skills and qualifications, limited productive and social assets and weak political agency make youth particularly vulnerable to economic shocks. In some contexts, discriminatory norms of entitlement (e.g. gender, caste, ethnicity, age) prevent young people from accessing, owning or managing assets, leaving them dependent on older relatives.</i>  |  |
| 1.1. Decrease in demand for labour leading to greater youth unemployment, and declining earnings and quality of work | <ul style="list-style-type: none"> <li>• Youth are disproportionately concentrated among temporary workers – often the first to be fired in a slowdown – and in certain ‘vulnerable’ sectors (e.g. construction, manufacturing, tourism, services).</li> <li>• Limited employment opportunities and lack of ownership of productive assets may force young people to: i) accept worsening working conditions (e.g. less overtime, wage decline, longer working hours; ii) shift to the informal sector; iii) incur debts to finance a job search and/or training; iv) emigrate in search for work. Spill-over risks include fewer opportunities to accumulate human capital, social marginalisation, etc.</li> <li>• Long-term unemployed youth risk long inactivity and permanent exclusion from labour market, as their knowledge, skills and social networks go out of date; they may also be prevented from accessing loans/assets; new labour market entrants are particularly vulnerable to lack of employment opportunities.</li> <li>• Difficulties young entrepreneurs face in starting and financing business may be exacerbated by tighter credit markets and more challenging business environment.</li> </ul> | <ul style="list-style-type: none"> <li>• Young women typically face a greater risk of retrenchment, since they are traditionally perceived as a cheap, expendable workforce and secondary income earners.</li> <li>• Youth may undertake risky work to generate livelihoods (e.g. sex work (especially females), criminal work (especially males)). Both may migrate, and young women are especially vulnerable to trafficking.</li> <li>• Threat of layoffs may lead to increased risk of sexual harassment and abuse in the workplace.</li> </ul>  |
| 1.2. Decrease in real household income leading to reduced purchasing power   | <ul style="list-style-type: none"> <li>• Reduced food consumption (quantity/quality) placing youth at risk of malnutrition or obesity. This may affect their physical and cognitive capacity, especially younger cohorts who are still growing. Long-term implications may include lower educational outcomes and lifetime earnings, weaker health as an adult.</li> <li>• Cuts in household expenditure on education can reduce participation at secondary and tertiary levels and lead to lower academic achievement.</li> <li>• Adolescents may leave school and start to work, sometimes in hazardous activities. This can affect their future employment prospects, school attainment, health outcomes and time poverty; older youth may be expected to support the household through migratory employment (in-country and international) and sending remittances.</li> </ul>   | <ul style="list-style-type: none"> <li>• Young women’s nutrition may be perceived as lower priority than that of young men, resulting in girls and young women eating less. A low BMI is associated with poor pregnancy outcomes and susceptibility to illness and anaemia for young mothers. Young men who have to do long hours of hard labour on inadequate food intake are also exposed to risks.</li> <li>• Decline in utilisation of reproductive health services can put young women at risk of STDs and unwanted pregnancies;</li> <li>• Harmful coping strategies include adolescent labour (especially males); dropping out of school (especially females); early marriage (especially females).</li> <li>• Growing intra-household tensions place young women (especially young wives) at risk of domestic violence and/or increased conflict at home, and job loss may undermine their personal autonomy.</li> <li>• Care and domestic responsibilities increase (especially for young females) in response to parents’ increased paid work responsibilities.</li> </ul> |

| Type of risk   | Youth-specific experiences  | Gender-specific manifestations   |
|--|---|--|
| 1.3. Decline in government revenues reduces government social spending | <ul style="list-style-type: none"> <li>This is very important for young people, as accumulation of human capital in particular depends on public investments.</li> <li>Reduction in preventative health programmes (e.g. HIV prevention campaigns, health promotion for youth, family planning, anti-substance abuse programmes) may lead to a rise in ill-health among youth.</li> <li>Reduced access to and quality of education affect school enrolment, attendance and school qualifications. Already disadvantaged youth (e.g. orphans, disabled, ethnic minorities, etc) are at particular risk of discontinuing their education. Reduced quality of education may further exacerbate their inequality in society.</li> <li>Cutbacks in programmes for youth (e.g. youth-specific job creation, youth clubs, sports, extra-curricular activities, night schools, adult education) may increase the likelihood of social exclusion and of youth engagement in crime, violence and substance abuse; they also limit young people's opportunities to form social capital.</li> <li>Cutbacks in publicly supported loans (e.g. microfinance, support to youth entrepreneurs, agricultural support) may force youth to borrow from moneylenders. This means higher interest rates, as bank loans with lower interest are not readily available to young people.</li> </ul> | <ul style="list-style-type: none"> <li>Young women are often more affected by basic service cuts, as they typically have greater responsibility for care of family members.</li> <li>Reduced access to maternal and child health services increases vulnerability to maternal and infant mortality, and diminished sexual/reproductive health care (contraception, access to safe abortion facilities, cancer screening and treatment, response to STDs, protection against violence) increases health risks.</li> <li>Cutbacks in sexual education programmes, especially among high risk-groups (e.g. sex workers, drug users) place young women at particular risk of unwanted pregnancies, STDs and mortality.</li> <li>Cuts to public transport may place women at greater risk of violence. Perceived insecurity may prevent them from accessing markets, schooling and health care. Lack of transport impacts also on access to employment (irrespective of gender).</li> </ul> |
| <b>2. Age-related vulnerabilities</b>                                  | <i>Particularly significant as youth are undergoing important life transitions; these interact with economic and social vulnerabilities.</i>  |  |
| 2.1. Moving from school to work  | <ul style="list-style-type: none"> <li>New entrants into the labour market are particularly hard hit by diminished labour market prospects, having to compete with a growing number of jobseekers for fewer job vacancies.</li> <li>Early unemployment spells and insecurity may have harmful long-term effects on a number of outcomes, e.g. happiness, job satisfaction, future wages and health.</li> <li>Youth who are unable to find/keep decent work are more likely to migrate, and/or participate in crime or militant groups.</li> </ul>   | <ul style="list-style-type: none"> <li>Young women are at increased risk of discrimination in formal labour markets.</li> <li>Young women are more likely than young men to be unemployed and to stay out of the labour force entirely.</li> <li>Lack of economic opportunities contributes to conditions in which young women are vulnerable to sex work, trafficking and exploitation in the informal sector (especially single women, single mothers, those from poor families, etc).</li> </ul>  |
| 2.2. Learning for work and life  | <ul style="list-style-type: none"> <li>There is an increase in school dropout rates among poorest groups, particularly at transition from junior to senior secondary school and tertiary level. In some middle- and upper-income countries, youth stay in education longer in times of recession because of lack of labour market opportunities.</li> <li>Unskilled school leavers are ill-prepared for the labour market and are at risk of unemployment and lower lifetime earnings.</li> <li>Declining quality of education (e.g. teacher absenteeism, inability to afford new or upgrade technological equipment) increases the risk of social marginalisation of youth.</li> <li>Halting educational reforms because of expenditure reductions is risky, as inadequate education systems fail to prepare young workers for competitive labour markets.</li> </ul>  | <ul style="list-style-type: none"> <li>When employment opportunities or further educational opportunities are cut off, young women face increased pressure to succumb to early marriage, exploitation or harsh working conditions.</li> <li>Once removed from school, adolescent girls are less likely than males to go back and, at the same time, are more disadvantaged in labour markets than males.</li> </ul>  |





## Annex 2: Typology of youth-focused policy responses<sup>43</sup>

| Type of policy/measure  | General household/community level measures  | Youth-focused policy instruments and programme examples  | Key lessons (pros/cons)  |
|---|---|--|--|
| <b>1. Labour policies</b>   | <i>Goal: Expanding employment and income generation opportunities in order to maintain purchasing power.</i><br><i>Targeting: Youth aged 16+; poor and disadvantaged youth.</i>   |  |  |
| 1.1. Stimulating new jobs through temporary employment programmes (e.g. public works) | <p><b>Labour-intensive public works schemes.</b> Used widely as key job creation initiatives in cases of acute or cyclical employment problems. Chile, Argentina, Peru, Bolivia, Indonesia, Thailand have a relatively good track record (Blomquist et al., 2001; Mazza et al., 2009).</p> <p>When designed well, can reach large numbers in a short time span (at its height, the South Korean temporary employment programme covered 70% of the unemployed, benefiting around 2.5 times more people than unemployment insurance). Mazza et al. (2009) suggest that they are most suited to crises with large-scale unemployment of very poor; otherwise, measures that protect existing jobs or help disadvantaged people into longer-term work are more effective.</p> | <p>Public works schemes are sometimes considered a partial solution to youth unemployment.</p> <p><b>Example: Kazakhstan's Road Map programme</b><br/>Launched in 2008, the Road Map focuses on women and youth. It combines public works, vocational training initiatives and social jobs (e.g. in providing care). Within a one-year period, the Road Map programme created 252,277 jobs; the retraining programme has benefited 44,675 people; and the internship component has achieved 98% of its target benefiting 34,452 people. The programme has been criticised for not providing child care and ignoring long-term employment issues, as public works jobs are seasonal and low paid (Gavrilovic et al., 2009).</p> | <p>1. Often not designed properly and launched in an ad hoc manner, resulting in poor targeting; also inadequate evaluation of the long-term effects.</p> <p>2. Do little to build skills or future employability. In Chile's Temporary Employment Programme of the late 1980s, poor workers who took temporary jobs actually had more difficulty finding jobs after the crisis than those who did not participate in the programme (Mazza et al., 2009).</p> <p>3 Tend to benefit men more than female workers because jobs are usually in male-dominated sectors (e.g. construction), although programmes in Argentina, Peru and India have all had rates of female participation of around 70% to 80% through providing on-site child care and facilitating home-based production (van der Gaag, 2009).</p> |
| 1.2. Training   | <p><b>Subsidies for on-the-job training.</b> Intended to help retain workers during a downturn and help the unemployed back into the labour market.</p> <p>Widely used in Latin America and OECD countries to retain formal sector workers in their jobs through short-term skill upgrading of the existing workforce during the crisis. It can be focused on 'retooling' workers in their current firms, implementing new technologies or new</p>  | <p>Usually intended to help bridge skills gaps of disadvantaged youth, or to help young people adjust to new labour market conditions during periods of change.</p> <p><b>Example: Mexico's Probecat</b> provides job training to the unemployed (mainly targeting youth 16 to 29 from the lowest income quintile) and a stipend of up to three months of minimum wage income to trainees. The programme was enlarged during the 1994 to 1995 crisis, serving 198,000 workers in 1994, 412, 000 in 1995 and 544,200 in 1996 (Mazza et al., 2009; Perezniето and Jones, 2009).</p>  | <p>1. Evaluations show on-the-job-training both helps secure jobs in the short term (during crisis) and build in the medium term capacity to continue such programmes post-crisis (Mazza et al., 2009).</p> <p>2 Success depends strongly on ensuring that firms participating make the required commitments to hire a high percentage of the trainees.</p> <p>3 Little is known about the long-term impacts in terms of increased salaries</p>  |

<sup>43</sup> This is intended to be illustrative of approaches and examples rather than a comprehensive overview. Where no information could be found on measures developed to support youth during economic crises, we have included findings from the general youth policy literature. See Knowles and Behrman (2005) and Golombek (2002) for useful overviews of youth-focused development policies.







| Type of policy/measure   | General household/community level measures  | Youth-focused policy instruments and programme examples  | Key lessons (pros/cons)  |
|--|---|--|--|
|  |   | role in their communities (e.g. through cultural and sports activities). This aims to reduce youth's exposure to violence and general social vulnerability (Schwartz and Abreu, 2007).   | unconditional transfers may be as effective as conditional transfers in securing secondary school attendance.  |
| 2.2. Social welfare services   | <p><b>Expanding a network of support services to prevent family breakdown and potential exploitation, abuse and neglect of children and youth.</b> This includes services to: prevent and treat alcohol and drug abuse (see 4. Health); prevent suicide; support families in childrearing; prevent domestic violence; and support victims of domestic violence.</p> <p>During the transition period, Russia developed a 'social patronage' programme for families in crisis, including those with adolescent children. Social workers provided social assistance, mediation, access to rehabilitation services and emotional support. The programme is estimated to cover more than 321,000 families per year and to have helped reduce institutionalisation of children and adolescents.</p> | <p>The increase of social problems among youth in crisis means that improving access to social services for vulnerable youth – including those in conflict with the law, pregnant adolescents, drug users and undereducated and unemployed youth – is a high priority. There is little evidence of programmes of this type being expanded during crisis.</p> <p><b>Examples</b></p> <p><b>Indonesian programme for street and neglected children/adolescents</b> (e.g. those in conflict with the law and at risk of commercial sexual exploitation) during the recovery period: scholarships, vocational training, supplementary feeding and operating funds for open houses and social workers. Coverage was low (several thousand), but it had a positive impact on well-being: almost all beneficiaries completed training, one-third found safe employment and a number rejoined their families (Jones and Marsden, 2009).</p> <p>In <b>Albania and Moldova</b>, improving local employment opportunities and incentives to stop the poorest and most marginalised youth dropping out of school, combined with broader life skills, has helped reduce <b>trafficking</b>. In Moldova, NGOs have provided information to girls and young women on the dangers of trafficking and a hotline for potential and actual victims of trafficking (Homans, 2003).</p> <p>In Brazil, local groups use theatre, music and other forms of community engagement to reach adolescents on the streets, diverting them from gangs to more productive forms of social capital (Homans, 2003).</p> | <p>1. Marginalised populations, such as migrants, refugees, IDPs, are often excluded from prevention initiatives, as even in good economic times they are often unreachable and excluded from prevention services.</p> <p>2. Insufficient human and financial resources often undermine social welfare service provision, with in particular a lack of social workers specialised in the special needs of vulnerable families and youth. This is even more acute in times of crisis.</p> |
| <b>3. Basic social Services</b>  | <p><i>Goal: Preserving access and utilisation of basic services and safeguarding human development, focusing on most vulnerable individuals and households.</i></p> <p><i>Key general approach: Protection of social sector expenditures during period of fiscal restraint and maintenance/and/or reorientation of budget to key programmes targeted at the most vulnerable groups.</i></p> <p><i>Targeting: Youth 12+; adolescents with special focus on adolescent girls and young mothers; 'most at risk' youth.</i></p>   |  |  |
| 3.1. Education (targeted subsidies, e.g. scholarships, fee waivers, etc) | Common strategies for maintaining access to education during crisis include: i) protecting the overall education budget and increasing it for basic education; ii) targeted subsidies to keep children in school; and iii)  | Scholarships for secondary school students are the most common form of government support to low-income families. <b>Argentina's National Student Scholarships Programme</b> , launched post-crisis in 2000, has been effective at retaining children in school (Blomquist et al., 2001).  | <p>1. Scholarship targeting often ineffective and subject to political interference by school and village elites (Knowles et al., 1999).</p> <p>2. Crisis interventions should be aligned with longer-term policies. For</p>   |

| Type of policy/measure | General household/community level measures  | Youth-focused policy instruments and programme examples   | Key lessons (pros/cons)   |
|------------------------|---|---|---|
|                        | <p>preventing deterioration of quality.</p> <p>Targeted subsidies include: i) <b>block grants</b> to schools to compensate for reduced parental contributions; ii) <b>scholarships and fee waivers</b> to poor students to help them with costs of schooling; iii) broader <b>loan-programmes</b> to finance fees for the non-poor( who can afford loans).</p> <p>In Tanzania, access to credit enabled parents to maintain their children's school participation during the 1980's economic collapse. Thailand's economic crisis education loan programme was so popular that the government loan fund was rapidly depleted (Mazza et al., 2007).</p> <p>Young people who have missed out on education first time round need 'second chance' opportunities (World Bank, 2007). Specific focus should be on linking vocational training programmes for out-of-school youth with labour demand (e.g. employment services and life skills training, e.g. <i>Jovenes</i> in Brazil).</p> | <p><b>Indonesia's Back to School Campaign.</b> In 1998, with World Bank and ADB support, the government launched a scholarships programme for poor children in primary, junior and senior secondary schools and block grants to schools serving poor communities. The total cost of the initiative was roughly \$382 million (Pritchett et al., 2002). This programme was relatively successful in removing cost barriers for poor students. About 2.6 million of the poorest junior secondary students received a scholarship of \$30 in voucher form intended to cover costs such as notebooks, uniforms, transportation costs and school fees. Amounts received at senior secondary level were three times those allocated at primary level (Cameron, 2000). Targeting criteria appear to have been followed quite closely, leading to the poorest students receiving a greater than proportional share of the scholarships (63% of all recipients). Moreover, girls were 6% more likely to receive a scholarship at upper secondary school level than boys (ibid). A lower secondary school student in a household that received scholarship funding had a 3.5 percentage point lower probability of dropping out than a similar student in a household that received no funding.</p> <p><b>School feeding</b> is a common crisis response and used as an incentive for children to attend school. As a response to the current crisis, <b>Yemen</b> launched a feeding programme in primary and junior secondary school which aims to promote girls' enrolment in school, by requiring that girls enrolled in schools attend more than 80% of class days in order to receive take-home rations (Jones et al, 2009).</p> <p>Fieldwork in <b>Kazakhstan</b> revealed that free hot meals provided at primary and secondary school were considered by poor families to be one of the most important forms of government support during the crisis (Gavrilovic et al., 2009).</p> <p><b>Higher education: Malaysia and Kazakhstan</b> are rare examples of public support to higher education. In 1999, Malaysia expedited construction of facilities in two new universities, increasing capacity. This became urgent after many students could not afford to continue studying abroad (Ablett and Slengesol, 2001). To reduce the cost of tertiary education, in 2008 Kazakhstan expanded its scholarship scheme, letting more low-income students embark on or continue university degrees (Gavrilovic et al., 2009).</p> | <p>example, scholarships that can continued to be accessed for several years have greater impacts on attainment and graduation than scholarships applied for on a yearly basis (Mazza et al., 2007).</p> <p>3. Long-term measures that involve sustaining/improving quality and broad-based educational expansion are central to shaping the future workforce, combating the labour market disadvantage of poor young people and promoting the competitiveness of economies. This entails greater attention to functional literacy and numeracy and problem-solving skills, and may also involve developing more relevant curricula for vocational training and tertiary education to facilitate the incorporation of young people into the labour market (World Bank, 2007).</p> <p>4. School feeding programmes are considered to be cost-effective interventions for maintaining enrolment, although nutritionally ineffective. Average cost less than \$50 per child.</p> <p>5. May need to be complemented by cash transfers and/or other in-kind assistance, e.g. free textbooks.</p> |

| Type of policy/measure  | General household/community level measures   | Youth-focused policy instruments and programme examples   | Key lessons (pros/cons)  |
|---|--|---|--|
| <p>3.2. Health (health insurance schemes, fee waivers, youth-friendly sexual and reproductive health services, etc)</p> | <p>To protect health during crises <b>essential public health programmes</b>, such as immunisation, control of communicable (TB, HIV/AIDS) and vector-borne diseases (malaria, etc), safe blood supply need to be maintained. Other health promotion activities – maternal and child health, prevention and control of chronic diseases including mental illness – are also important to preserve (and scale up), given the effects of crisis on these outcomes (Glassman et al., 2009).</p> <p>Use of <b>targeted vouchers/fee waivers and low-cost insurance</b> to subsidise the price of health services and drugs can help assure delivery and utilisation of critical services and products.</p> <p>Thailand's low-cost health insurance programme (the 30 Baht scheme), set up in the 1997 crisis, was hailed as a regional model of a lower-middle country building a social protection system in the face of severe economic challenges. In Indonesia's Health Sector Social Safety Net, poor households were issued with health cards to obtain free health services including basic health services, health services for pregnant women, food and nutrition interventions and hospital operational costs. This also subsidised medical services, provided operational support for health centres, subsidised medicines and imported medical equipment and provided additional finance for family planning, midwifery and nutritional support (Pritchett et al., 2002; Sumarto et al., 2000).</p> <p>In both cases, these measures played an important safety net role for</p> | <p>In addition to mainstream health care, attention needs to be paid to <b>safeguarding the healthy habits of young people by providing youth-friendly sexual and reproductive health services and substance prevention and harm reduction support</b>. While no specific crisis-related programmes have been identified, there are important examples of successful interventions and lessons derived from good practice.</p> <p>Provision of youth-friendly services entails: public education, preventative care, health promotion, support networks, counselling, hotlines, shelters and other participatory and empowering initiatives. <b>UNFPA, for example, advocates a core package of services for young people</b>, including: contraception, HIV prevention and maternal health services targeting hard-to-reach people, especially married and unmarried girls. Gender-sensitive, life skills-based sexual and reproductive health education in schools and community settings with both young men and young women can be effective. Family Life Education programmes, for example, from primary to tertiary school levels, can ensure that all young people going through the school system are educated on various topics related to family planning and sexual health. Community-based initiatives are also needed to target out-of-school youth (UNICEF, 2000).</p> <p>Youth-friendly communication strategies are a key part of a package promoting healthy behaviour. To help change behaviour, for example, in <b>Albania</b>, Population Services International has developed a social marketing programme which seeks to motivate young people to buy and use condoms. This is carried out through the medium of a radio talk shows with youth to reduce the social stigma associated with condoms (ibid).</p> <p><b>Engaging peer educators and promoters is usually effective</b>, particularly when working with hard-to-reach youth, who prefer to receive health information from peers. In Romania, HIV/AIDS prevention work with street children involved peer educators (trained street children) who are mobilised to provide education and counselling on STDs and HIV, facilitate street children's access to medical and social services and distribute hygiene materials (ibid).</p> | <ol style="list-style-type: none"> <li>1. Lack of awareness of services is often a barrier, which impedes access to these services, even if they are free. Stronger communication with marginalised citizens can help address this.</li> <li>2. Programmes are often at risk from inadequate budgets, particularly during crises, and especially where they are locally funded.</li> <li>3. Young people are more likely to use services if they are: i) culturally appropriate to the needs and perceptions of youth; ii) affordable; iii) comprehensive 'one-stop' services.</li> <li>4. There is mounting evidence to show significant long-term benefits when peer-based interventions are carefully planned and implemented. They are also often strikingly cost-effective (UNICEF, 2000).</li> </ol> |

## The Impacts of Economic Crisis on Youth

| Type of policy/measure                     | General household/community level measures  | Youth-focused policy instruments and programme examples  | Key lessons (pros/cons)  |
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|  | maternal and child health, including youth under 20 years of age, and had a positive impact on maintaining women's access to family planning services.  |  |  |
| 3.3. Health (nutrition)                    | <p><b>Nutritional support measures.</b> Options for preventing malnutrition among adolescents include: i) transfers in kind or cash (e.g. food stamps or vouchers in Guyana, Brazil, Argentina); ii) free distribution of micronutrient supplements at pharmacies, clinics, schools, stores, with training for those using them (e.g. Kazakhstan vitamin supplements) (Mazza et al., 2007; Gavrilovic et al., 2009).</p> <p><b>Example: Indonesia's rice subsidy programme.</b> Indonesia's targeted cheap rice programme provided 10kg of rice per poor family per month at around a third of the market price (Sumarto et al., 2000). Each village and urban community was assigned an allocation of subsidised rice on the basis of their poverty level; subsidised rice was supposed to be available to the bottom two socioeconomic groups. The programme is reported to have contributed to continuing the downward trend in child malnutrition. Poor targeting meant that much of the subsidy leaked to better-off households and those which had not experienced income shocks during the crisis (Sumarto and Suryahadi, 2003).</p> | Broad nutritional programmes specifically targeting adolescents and young people are rarely prioritised during crises. Malaysia's Food and Nutrition Programme is the only programme identified with a youth-specific focus. This aims to ensure equitable access to nutritious food and promotes healthy eating habits among schoolchildren and adolescents.  | <ol style="list-style-type: none"> <li>1. Food subsidies can be efficient policy responses provided adequate targeting mechanisms are in place and rapid evaluations are conducted to inform quick up-scaling and avoid leakage (Sumarto and Suryahadi 2003); however, this is difficult to achieve in practice.</li> <li>2. May be susceptible to corruption, as in Indonesia's rice subsidy programme, where officials used their distribution power for political and financial gain (ibid).</li> </ol> |
| 3.4. Health (harm reduction interventions) | Existing donor commitments to harm reduction have so far been maintained globally. There are indications, however, of some national government spending cuts (especially in Eastern Europe), on top of already limited budgets and programs (IHRA, 2010).   | No information could be found on crisis-related harm reduction responses; however, there are a few good practice examples. For example, Ukraine's response to harm reduction has become one of the most comprehensive in the Eastern European region. By late 2009, up to 5,000 people received opioid substitution therapy. A large-scale social campaign known as Return Ticket has been launched to sensitise Ukrainian society, to stimulate open dialogue about | <ol style="list-style-type: none"> <li>1. Existing harm reduction services are uneven with relatively low coverage.</li> <li>2. Barriers to scaling up and mainstreaming harm reduction services include inadequate funding, political commitment, leadership and technical assistance (IHRA, 2010).</li> </ol>  |

| Type of policy/measure                | General household/community level measures  | Youth-focused policy instruments and programme examples  | Key lessons (pros/cons)  |
|---------------------------------------|---|--|--|
|                                       | <p>In crises, there is an urgent need to introduce and/or rapidly scale up <b>youth-centred harm reduction interventions to reduce the hazards associated with substance abuse</b>. This entails activities that improve access to treatment and prevention and work to mitigate the harms associated with substance use (e.g. alcohol and tobacco programmes, provision of safer means of using drugs – syringe exchanges, opioid substitution therapy); removal of stigma and age-related barriers in youth access to drug treatment and services like HIV testing; implementation of humane drug laws and policies in accordance with the UN Convention on the Rights of the Child (Youth RISE, 2010).</p>   | <p>drug dependence therapy and to build support among policymakers, law enforcement agencies and the general population (IHRA, 2010).</p> <p>Regional youth networks also play an important advocacy and programme delivery role. Youth RISE is a youth-driven network working with young people from around the world to reduce the risks and harms associated with substance use. Youth RISE focuses on youth peer-to-peer leadership, with youth supported by mentors.</p>  | <p>3. Addressing the needs of most-at-risk and usually neglected adolescents and young people (e.g. young sex workers, young men who have sex with men and young injecting drug users) is a priority.</p>  |
| <p><b>4. Security</b></p>             | <p><i>Goal: Preventative and protective policies are designed to protect young people in difficult or at-risk situations (e.g. juvenile offenders, victims of violence).</i><br/> <i>Targeting: Youth aged 12+.</i></p>   |  |  |
| <p>4.1. Prevention of youth crime</p> | <p>In crises, approaches to criminal justice often become more punitive. A key challenge is therefore to maintain <b>more sensitive approaches to dealing with youth delinquency and violence prevention and treatment that involve addressing the root causes</b> (i.e. social, political and economic conditions) <b>underpinning youth crime</b>. Policy approaches range from sector-specific interventions (human rights training for police officers, community policing), to more holistic strategies to prevent crime and improve citizen security through urban renewal, strengthening social capital and cohesion through local organisation, providing employment and microcredit and empowering and integrating at-risk youth (Benvenuti, 2008; Elliott, 1994; Moser and von Bronkhorst, 1999).</p> | <p><b>Neighbourhood or community interventions</b> to combat youth violence bring together the main institutions that serve youth (e.g. families, health agencies, schools, employment and justice system) in a coordinated effort to develop effective neighbourhood organisations and deliver the full range of services needed at a single site. Specific measures include educational awareness programmes, family support, community development activities and school-based clinics. Sports, street theatre and arts programmes (often initiated by civil society and run by young people), which help build social cohesion and youth's self-esteem, can form part of a crime prevention package (Benvenuti, 2008; Elliott, 1994).</p> <p><b>Youth organisations are also actively involved with young people in conflict with the law in both prevention and intervention.</b> For example, in El Salvador, the <i>Homies Unidos</i>, a youth organisation of former gang members, aims to diminish violence and to reintegrate gang members into society through various educational programmes, such as group discussion on the topics of violence prevention, English and art classes, human rights training and psychological support. This example of engaging of young</p> | <p>1. Often, neighbourhood programmes lack resources and capacity to provide a comprehensive range of services or a cohesive neighbourhood organisation. At the same time, when such programmes are well implemented, the positive effects are substantially greater and quite cost effective.</p> <p>2. Efforts to confront and incorporate the issue of fear into violence prevention and reduction strategies are still largely missing (Moser and von Bronkhorst, 1999).</p> |

The Impacts of Economic Crisis on Youth

| Type of policy/measure  | General household/community level measures   | Youth-focused policy instruments and programme examples  | Key lessons (pros/cons)   |
|---|--|--|---|
|   | <p>More specific actions such as weapon amnesties and enforcing prohibitions on weapons can reduce youth homicide rates (World Bank, 2007).</p>  | <p>people – and former gang members in particular – in designing appropriate solutions is unusual (Elliott, 1994).</p>   |   |
| <p>4.2. Protection and rehabilitation of juvenile offenders</p> | <p>Improving juvenile justice requires <b>bringing legislation in line with international standards and strengthening capacity of key actors to implement new policies taking into account children’s and youth rights</b>. A relatively new trend includes pilot projects for: i) diversion or reintegration of juvenile offenders into society; ii) establishment of child- and youth-sensitive procedures and systems of legal assistance; and iii) setting up community-based alternatives to incarceration of young offenders (restorative justice). For those in detention, protective measures are needed to safeguard human rights (e.g. access to adequate health care; protection against abuse and exploitation (torture, physical and sexual violence and other forms of cruel punishment) (Bergeron, 2009).</p> <p><b>‘Restorative’ justice efforts are increasingly seen as important ways of dealing with certain offences by entities other than courts.</b> These confront young offenders with their accountability without reinforcing their social marginalisation, which increases the propensity to reoffend.</p> <p>In Palau, the restorative justice model brings victim and offender together in the presence of mediators so the offender gains an appreciation of how the crime has affected the victim. The offender is expected to make reparations, often as assistance.</p> | <p>During the Asian financial crisis, the <b>Community-Based Rehabilitation Services programme</b> in the Philippines provided valuable support to rehabilitated youth offenders, assisting them with reintegration into mainstream society. Support was also provided to their families, including capital assistance for income-generating projects and parent and child counselling to strengthen parents’ capacity to supervise their children (Pineda, 1999). Other examples of good practice in the Philippines include the following two programmes.</p> <p>The NGO-run <b>Community-Based Prevention and Diversion Programme</b> in Cebu City aimed to reduce the number of youths reoffending and to support children in detention through: provision of free legal assistance; rehabilitation of offenders; and a prevention and diversion programme for offenders. A broad range of support is provided by a network of peer facilitators, including: skills training for out-of-school youth, including HIV awareness activities; educational assistance through the provision of school supplies, school uniforms and enrolment fees; and micro-loans targeted to parents of the children to augment family income. Peer facilitators (who work closely with the Children’s Justice Committee) provide an opportunity for children in conflict with the law to share their experiences, circumstances and difficulties – leading to an exchange of ideas on how to help one another and ways of being useful to the community.</p> <p>The NGO-run <i>Balay Pasilungan</i> programme in the Philippines provides temporary shelter and a continuing rehabilitation programme to released youth offenders (mainly males) supporting their return to normal life (Bergeron, 2009).</p> | <ol style="list-style-type: none"> <li>1. Greater impact is likely to result from non-custodial interventions, which have also proven to be less costly.</li> <li>2. More attention is needed to address the specific needs of girl offenders.</li> <li>3. Public support for crime prevention and for youth-sensitive approaches needs to be fostered. This takes time.</li> <li>4. Youth peer educators play an important outreach role with hard-to-reach young people. Former offenders who can act as role models can be particularly effective (Bergeron, 2009).</li> </ol> |



| Type of policy/measure     | General household/community level measures   | Youth-focused policy instruments and programme examples   | Key lessons (pros/cons)   |
|----------------------------|--|---|---|
|                            | Rehabilitation and support services for the victims of violence are inadequate. This review was unable to identify any examples of such services.  |   |   |
| <b>5. Civic engagement</b> | <i>Goal: Empowering and developing the capacity of all young people to realise their rights through authentic participation. Targeting: Youth aged 12+; socially excluded young people (e.g. young people with disabilities, ethnic minorities, rural youth, especially young females).</i>  |   |   |
|                            | Young people are generally marginalised in public life (in civil society and broader political processes). To build effective policies and young people's stake in them, measures that foster genuine participation of youth anti-crisis policies and programmes are crucial. Approaches to youth civic engagement include participation in governance, media, social entrepreneurship and campaigning. In order to encourage youth civic engagement, <b>youth need capabilities and opportunities to participate in public decision making. They also need access to information and mechanisms for their voices to be heard and taken into account</b> in this process (Golombek, 2002; UNICEF, 2000; World Bank, 2007). | <p><b>Institutional mechanisms supporting young people's engagement in policy processes.</b> National youth councils and youth parliaments are a way for youth to influence policies and legislation. In Montenegro, Youth Parliaments in school provide young people with a channel for democratic decision making. They have regular meetings with the local mayor to discuss changes to make the town more youth friendly. Some positive outcomes are: a better school environment with decreased rates of truancy; the development of life skills; less tobacco and drug use and fewer school fights; and an increase in self-confidence among youth. Simulated parliamentary and municipal council sessions in Bulgaria and civic education classes in secondary schools in Montenegro help youth develop skills to participate in public policy processes (Homans, 2003).</p> <p><b>Mechanisms for including young people's voices.</b> These include research, opinion polls and stakeholder analysis. E.g UNICEF's Young Voices Survey of Children and Youth. These are most effective when integrated into change processes.</p> <p><b>Mechanisms for encouraging and promoting young people's access to information.</b> Making information available to young people requires making use of ICT; some activities include informal 'phone-in, talk-back,' computer notice boards and chat rooms (UNICEF, 2000).</p> | <ol style="list-style-type: none"> <li>1. Usually only a small share of the youth population is involved in such initiatives, with the most vulnerable, rarely included (UNICEF, 2000).</li> <li>2. Youth participation initiatives are often accused of being hierarchical, with adults setting the agenda and little room for young people to take on leadership roles.</li> <li>3. Initiatives may also lack funding, coordination and follow-through (ibid).</li> </ol> |

### Annex 3: Evidence from longitudinal and panel surveys

| Survey  | Type                    | Size  | Country and period   | Areas covered & findings  | References   |
|---|-------------------------|---|--|---|--|
| Indonesian Family Life Survey                 | Longitudinal            | 32,000 individuals (over 6,000 of these are 15-24 year olds)                        | Indonesia, 1993, 1997/98, late 1998, 2000  | Socioeconomic issues, health, fertility, contraceptive use; education. Found contraceptive use and fertility not much affected; adolescent nutritional well-being declined; education of adolescents protected over younger children.   | Frankenberg et al. 1998; Frankenberg et al. 2004; Nobles and Buttenheim nd |
| Jimma Longitudinal Youth Survey               | Longitudinal            | 2,106 13-17 year olds   | Ethiopia, 1995   | Social and economic determinants of adolescent health and well-being  | Hadley et al. 2008   |
| Russian Longitudinal Monitoring Survey        | Longitudinal            |   | Russia, 1994, 1996   | Poverty, health. Found fertility not reduced by labour market crises.   | Kohler and Kohler 2002   |
| Cape Area Panel Survey                        | Longitudinal            | 2,993 17-22 year olds (in data used by Dinkelman et al.)                            | South Africa, 2002, 2005   | Sexual behaviour, socioeconomic issues. Found riskiness of youth sexual behaviour did not increase in recession but poverty reduced condom use and education reduced age of sexual debut.   | Dinkelman et al. 2007  |
| Brazil Monthly Employment Survey              | Rotating panels         | 10-16 year olds in 6 largest cities   | Brazil, 1982-1999 (periods of economic crisis and instability)                         | Paternal unemployment shocks increased likelihood of school drop out. Review of other Latin American evidence: most finds that economic shocks lead to increased school dropout and child labour, particularly for girls.   | Duryea et al. 2007   |
| Transitions to Adulthood Among Adolescents    | Panel                   | 1st round 1999, 2,007 household interviews; 3,096 interviews with adolescents 14-22 | Durban, South Africa   | Poor families do utmost to keep children in secondary school as job opportunities increase significantly with school-leaving certificate.   | Hunter and May 2002  |
| Living Standards Monitoring Survey            | Repeated cross sections |   | Peru before the crisis (1985/86), during the crisis (1991) and after the crisis (1997) | Found no increase in adolescent labour; adolescent educational enrolment increased as labour market opportunities declined.   | Schady 2002  |
| National Mexican Urban Employment Survey      | Longitudinal            | 4,589 families in data analysed, people aged 12+                                    | Urban Mexico. One panel during the peso crisis and the other during recovery period    | Concluded that children's (adolescents') school attendance, at least in the short run, is insulated from idiosyncratic shocks to households. The effect of these same shocks on the work hours of both boys and girls takes place at the expense of children's leisure rather than schooling. | Skoufias and Parker 2002   |
| Canadian Survey of Labour and Income Dynamics | Longitudinal            | 1993-2001   |  | Persistent negative parental income shocks attributable to exogenous job loss have significant negative impacts on university attendance (reduce probability of attendance by 7% compared with 1% for temporary shock).   | Coelli 2004  |