

# 2017 World Population Data Sheet

WITH A SPECIAL FOCUS ON YOUTH



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FOCUS ON YOUTH



## What Is NEET?

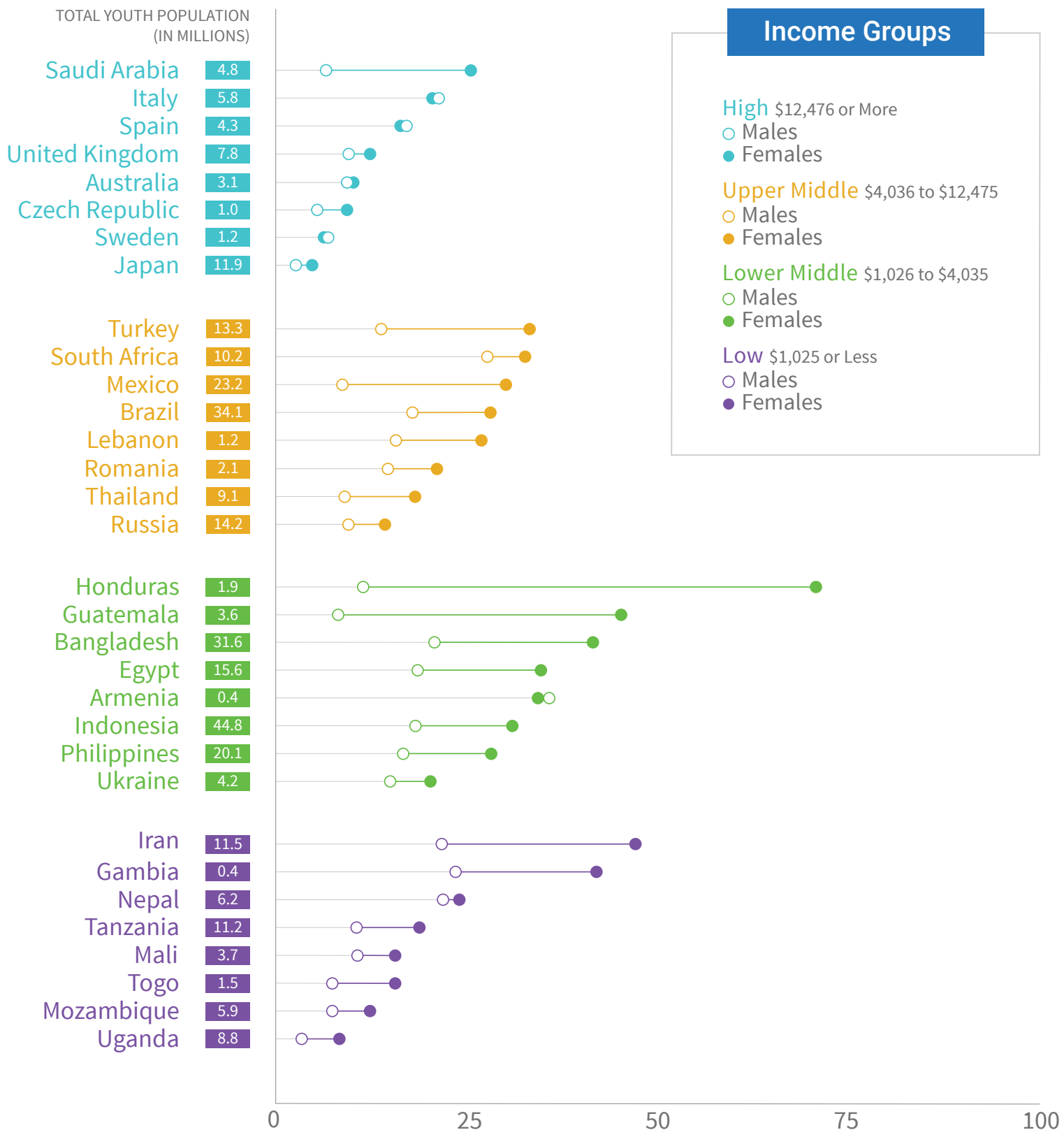
The NEET indicator (Not in Education, Employment, or Training) measures the percentage of youth—typically ages 15 to 24—who are not in the education system, not working, and not in work training. They are missing out on chances to develop their potential in adulthood.

Except for most high-income countries, NEET rates generally are much higher for young women than young men. Young women often have less access to jobs, education, and training, and are more likely to be fully engaged in nonlabor-market activities, such as caregiving and household work. Middle-income countries, especially the lower middle-income countries, have the highest NEET rates and the largest gender disparities. Many low-income countries do not have data on NEET, but when they do, the rates are generally low since many youth are engaged in low productivity, informal agricultural or urban livelihood activities. Given rapidly growing youth populations in low-income countries, particularly sub-Saharan Africa, NEET rates are likely to rise unless investments are made in more educational and job opportunities for youth.

**Notes:** Classification of NEET categories may vary slightly across countries as referenced in ILOSTAT. The four income groups refer to the World Bank's Country Classification in 2017. The income group thresholds for the four groups in 2017 are based on gross national income per capita in 2015 (calculated using the World Bank Atlas method). Unlike standard unemployment measures, the NEET measure also includes youth who are not actively looking for work or not available to work.

**Sources:** International Labor Organization, ILOSTAT; World Bank, World Development Indicators.

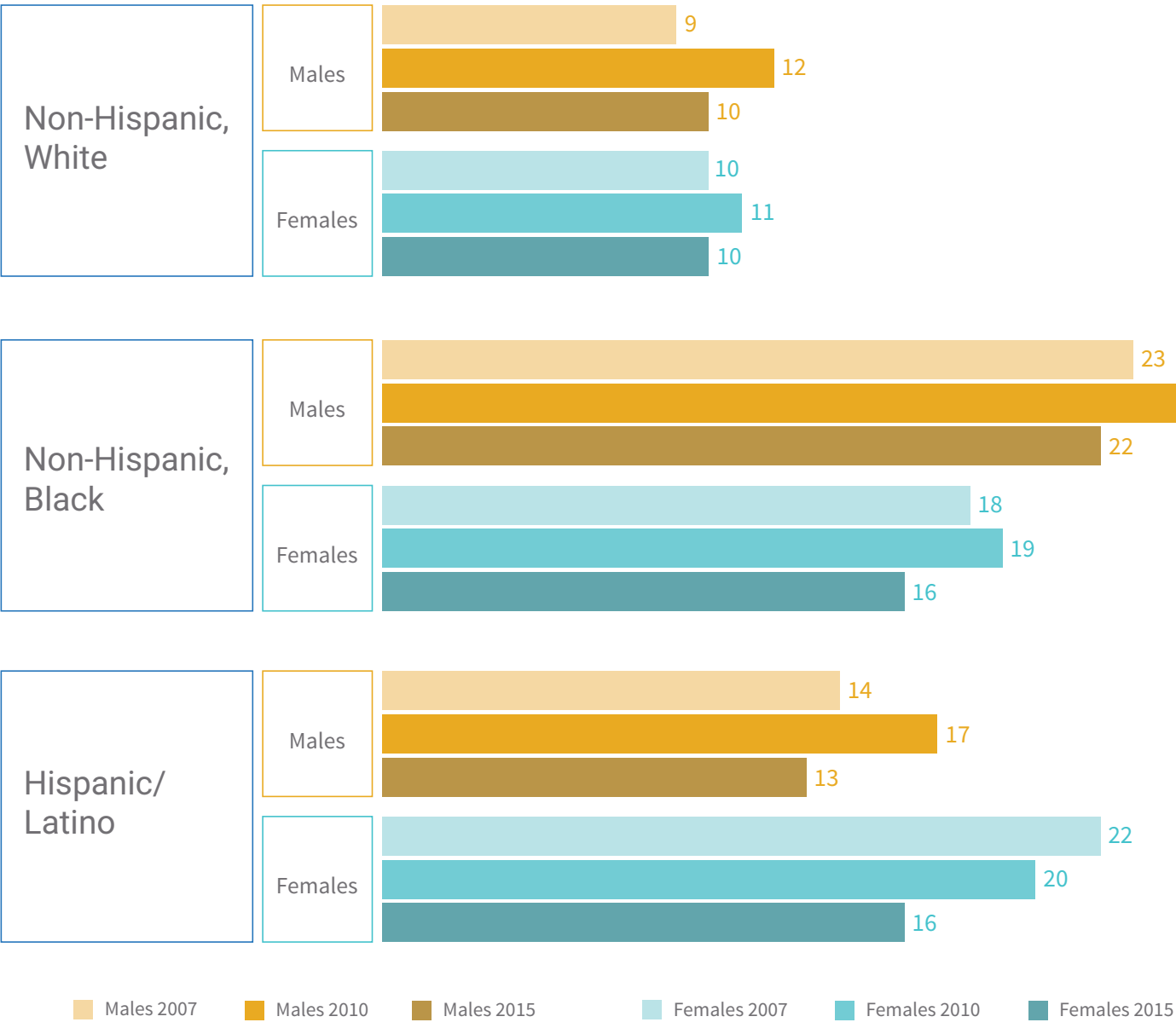
Percent of Youth Ages 15-24 Not in Education, Employment, or Training, by Gender and Income Group



## In the United States, Racial/Ethnic Disparities Persist as Youth Rebound From Great Recession

Before the Great Recession in 2007, one in 10 non-Hispanic white youth ages 16 to 24 were not enrolled in school or working, while this share among minority youth was higher—ranging from one in six to one in four. By 2010, the share of youth not in school or working had risen among every racial/ethnic group except Hispanic females, where it decreased slightly. By 2015, the share of youth who were not attending school or working had returned to or dropped below prerecession levels for all gender and racial/ethnic groups except non-Hispanic white males. Even so, sizeable gaps remain between white and minority youth—particularly black males, where more than one-fifth were still not in school or working in 2015.

Percent of U.S. Youth Ages 16-24 Not in School and Not Working: 2007, 2010, and 2015

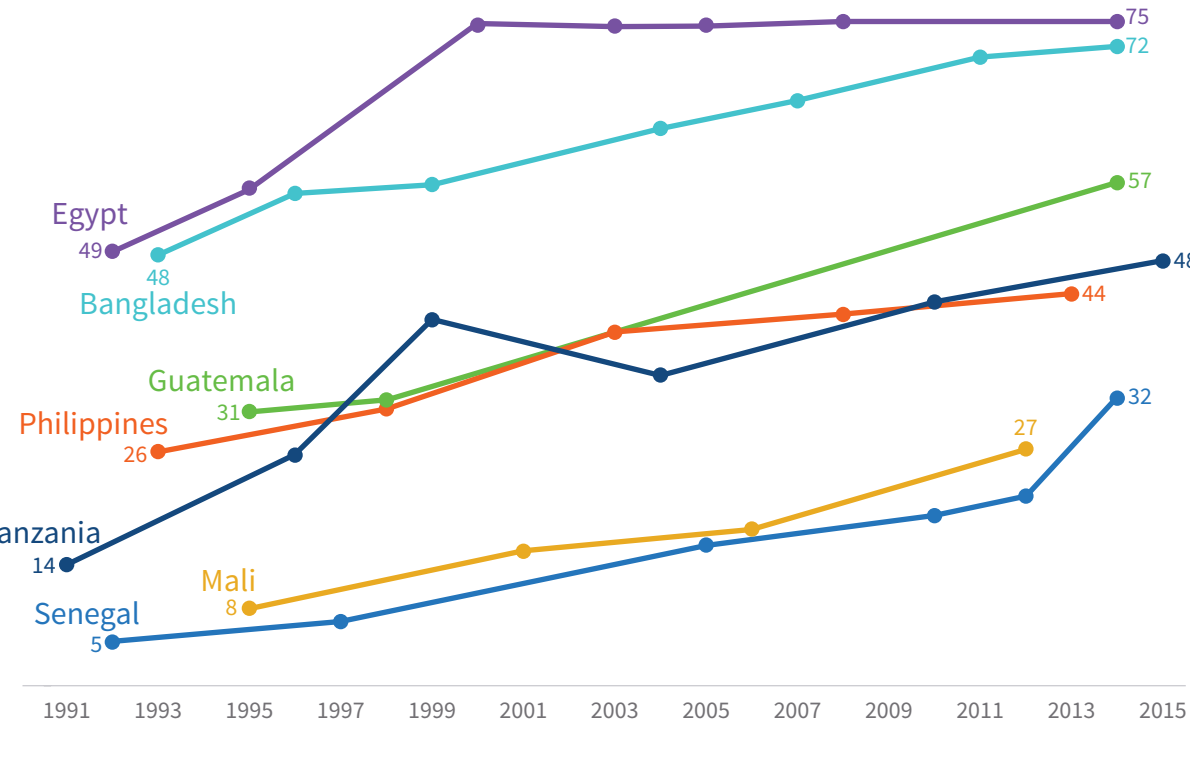


**Source:** PRB analysis of data from U.S. Census Bureau, American Community Survey, Public Use Microdata Samples.

## More Progress Needed in Meeting Young Married Women's Family Planning Needs With Modern Methods

Sustainable Development Goal 5 on gender equality calls for empowering women to make informed decisions about their reproductive health. Over the last two decades, increasing numbers of married women ages 15 to 24 in many low- and middle-income countries have met their family planning needs to delay or limit childbearing with modern methods of contraception. But challenges and barriers unique to younger women slow progress in several countries. Age-restrictive policies, social pressures, and provider bias limit knowledge about available options and access to appropriate methods, leading to higher rates of contraceptive failure and discontinuation after short periods. Addressing these barriers will improve maternal and child health, increase educational attainment, and improve economic opportunities for young women.

Percent of Demand for Family Planning Satisfied by Modern Methods, Married Women Ages 15-24

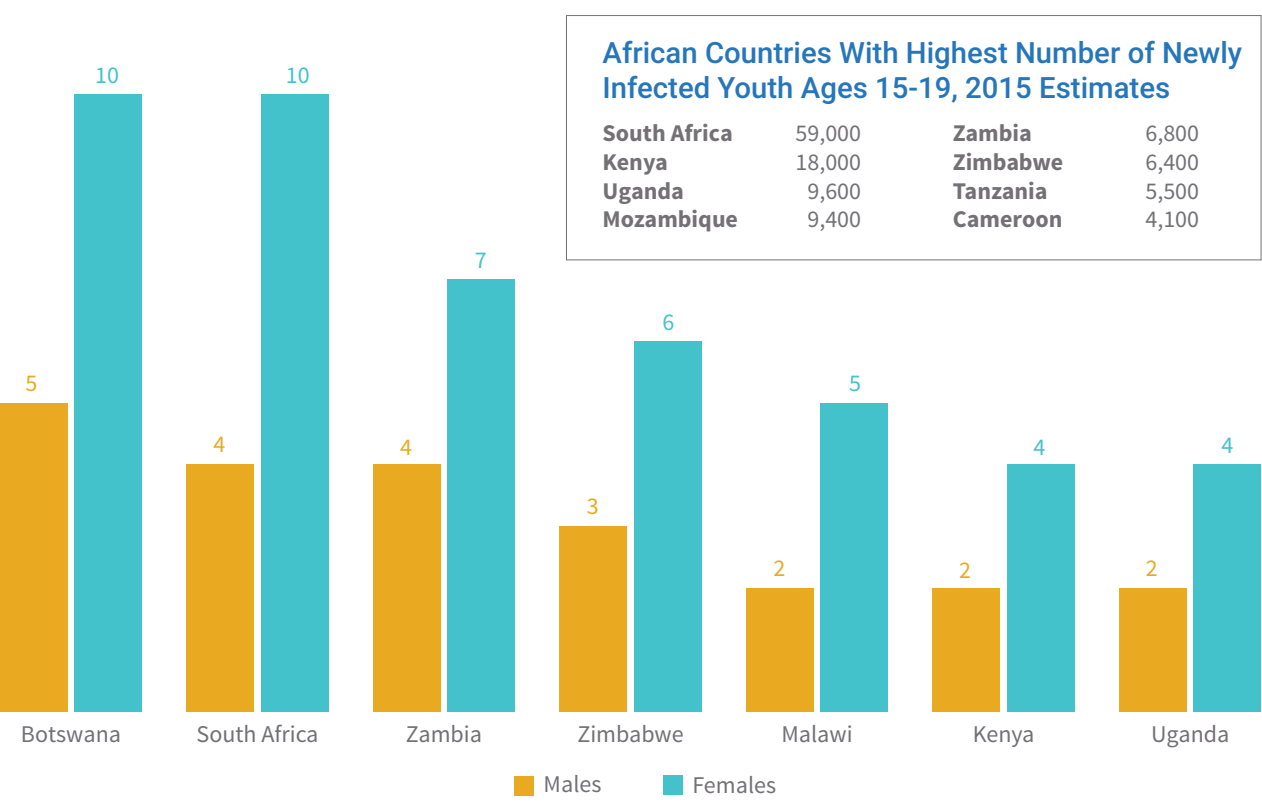


**Sources:** ICF, Demographic and Health Surveys.

## HIV Continues to Affect Young Women Disproportionately in Sub-Saharan Africa

HIV/AIDS continues to affect many youth in sub-Saharan Africa—especially young women—despite progress in prevention, testing, and treatment. An estimated 250,000 youth ages 15 to 19 were newly infected with HIV worldwide in 2015, with two out of three living in sub-Saharan Africa. Young women accounted for two-thirds of newly infected youth globally and three-quarters in sub-Saharan Africa. Young women are more vulnerable to HIV/AIDS because of gender-based violence and less access than young men to secondary school and economic opportunities. These factors hinder young women's ability to negotiate safe sexual practices and to access services for prevention and treatment. Empowering young women through education and employment, and countering gender-based violence, are essential for prevention and early treatment.

Percent of Youth Ages 15-24 Living With HIV, by Gender

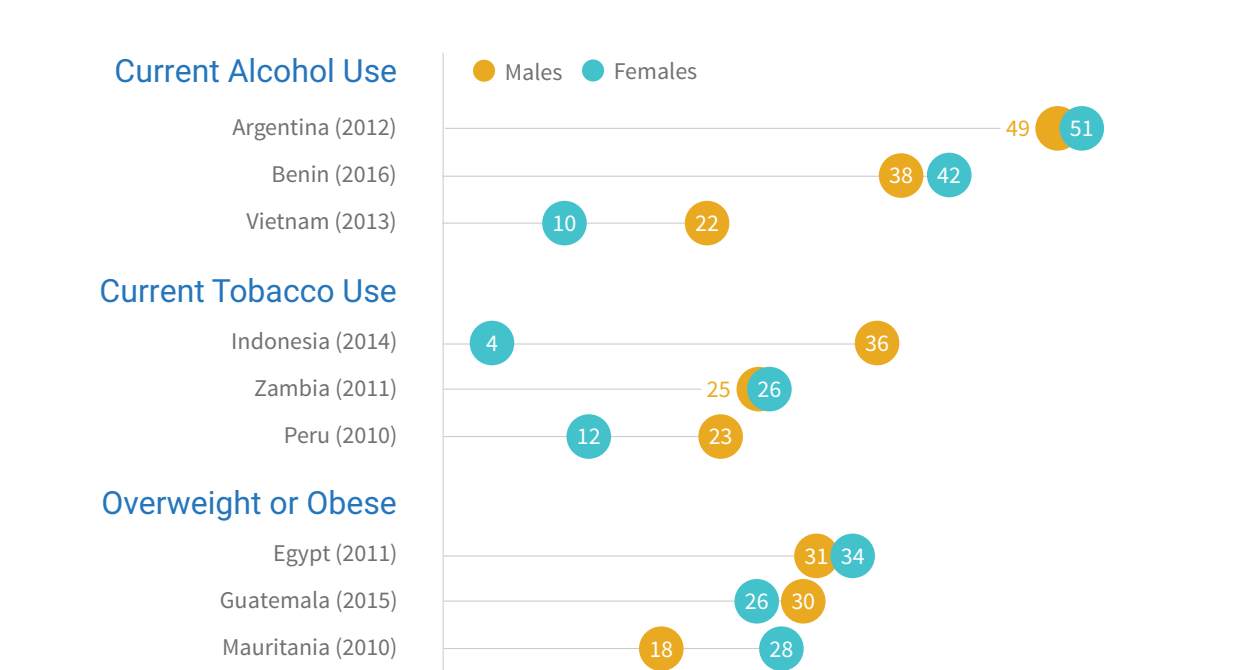


**Sources:** UNAIDS, AIDSinfo Database; UNICEF, *For Every Child, End AIDS—Seventh Stocktaking Report* (New York: UNICEF, 2016).

## Youth Worldwide Face Growing Risk From Noncommunicable Diseases

Tobacco use, harmful use of alcohol, lack of exercise, and unhealthy dietary habits typically take root in adolescence or young adulthood and are key risk factors for developing the main noncommunicable diseases (NCDs) later in life—notably, cardiovascular diseases, chronic lung diseases, diabetes, and cancers. NCDs are a growing problem in every region of the world; the four risk behaviors are already at high levels or are increasing among youth, including in many low- and middle-income countries. School-based education and behavioral change programs are lowering tobacco and alcohol use in some settings. Policy interventions, such as taxation and advertising bans for tobacco products, have also been positive. Addressing youth risk behaviors is key to curbing a growing NCD epidemic in low- and middle-income countries and supporting youth to become healthy adults who contribute to sustainable development of their countries.

Percent of Secondary School Students Ages 13-15 Who Currently Use Alcohol or Tobacco Products, or Are Overweight or Obese, by Gender



**Notes:** Current use of tobacco and alcohol is defined as any use in the last 30 days. Peru data refer to current cigarette use only; current tobacco use may be higher.

**Sources:** World Health Organization and U.S. Centers for Disease Control and Prevention, Global School-Based Student Health Survey, Global Youth Tobacco Survey.

## Most Populous Countries (Millions)

CHINA	INDIA	UNITED STATES	INDONESIA	BRAZIL	PAKISTAN	NIGERIA	BANGLADESH	RUSSIA	MEXICO
1,387	1,353	325	264	208	199	191	165	147	129
INDIA	CHINA	NIGERIA	UNITED STATES	INDONESIA	PAKISTAN	BRAZIL	CONGO, DEM. REP.	BANGLADESH	ETHIOPIA
1,676	1,343	411	397	322	311	231	216	202	191

## Total Fertility Rates, 2017

HIGHEST	NIGER	CHAD	SOMALIA	CONGO, DEM. REP.	ANGOLA	MALI	BURKINA FASO	NIGERIA	BURUNDI	GAMBIA
	7.3	6.4	6.4	6.3	6.2	6	5.7	5.5	5.5	5.5
LOWEST	SOUTH KOREA	TAIWAN	ROMANIA	SINGAPORE	BOSNIA-HERZEGOVINA	ITALY	SPAIN	GREECE	MOLDOVA	LIECHTENSTEIN
	1.2	1.2	1.2	1.2	1.2	1.3	1.3	1.3	1.3	1.3

### ACKNOWLEDGMENTS

This publication is funded by the David and Lucile Packard Foundation, the U.S. Agency for International Development (PACF Project, No. AID-OAA-A-16-00001), and supporters. The contents are the responsibility of the Population Reference Bureau and do not necessarily reflect the views of USAID or the United States government.

### NOTES

The Data Sheet lists all geopolitical entities with populations of 150,000 or more and all members of the UN, including sovereign states, dependencies, overseas departments, and some territories whose status or boundaries may be undetermined or in dispute. **More developed** regions, following the UN classification, comprise all of Europe and North America, plus Australia, Japan, and New Zealand. All other regions and countries are classified as **less developed**. The **least developed** countries consist of 47 countries with especially low incomes, high economic vulnerability, and poor human development indicators. The criteria and list of countries, as defined by the UN, can be found at <http://unhcr.org/about-ldcs/>.

**World and Regional Totals:** Regional population totals are independently rounded and include small countries or areas not shown. Regional and world rates and percentages are weighted averages of countries for which data are available. Regional averages are shown when data or estimates are available for at least three-quarters of the region's population.

World Population Data Sheets from different years **should not be used as a time series**. Fluctuations in values from year to year often reflect revisions based on new data or estimates rather than actual changes in levels.

### SOURCES

The rates and figures are primarily compiled from the following sources: national statistical offices' official websites, online

databases, statistical yearbooks, and bulletins from various countries; demographic surveys such as the Demographic and Health Surveys, Multiple Indicator Cluster Surveys, and Performance and Monitoring Accountability (PMA) 2020 Surveys; the UN Demographic Yearbook 2015 and *Population and Vital Statistics Report of the UN Statistics Division*; *World Population Prospects: The 2017 Revision*; *World Contraceptive Use 2016*; and *World Urbanization Prospects: The 2014 Revision* of the UN Population Division; the International Data Base of the International Program Center, U.S. Census Bureau; *World Development Indicators* online database of the World Bank; *AIDSTAT* online database of the UNAIDS; *FAOSTAT* online database of the Food and Agricultural Organization of the United Nations; and U.S. Stat online database of the UNESCO Institute for Statistics. The sources also include direct communication with demographers and country experts from around the world. Specific data sources may be obtained by contacting the authors of the 2017 *World Population Data Sheet*. For countries with complete registration of births and deaths, rates are those most recently reported. For more developed countries, nearly all vital rates refer to 2016 or 2015.

### DEFINITIONS

**Mid-2017 Population and Projected Population, 2030 and 2050** Current estimates and projections are based on a recent census, official national data, or analyses conducted by national statistical offices. PRB, UN Population Division, or International Programs of the U.S. Census Bureau. The effects of refugee movements, large numbers of foreign workers, and population shifts due to current events are taken into account to the extent possible. Projected populations based on reasonable assumptions on the future course of fertility, mortality, and migration.

**Birth and Death Rate** The annual number of births and deaths per 1,000 total population.

### Net Migration

The annual number of net migration (immigration minus emigration) per 1,000 population. For some countries, data are based on a residual from estimated birth, death, and population growth rates.

### Infant Mortality Rate

The annual number of deaths of infants under age 1 per 1,000 live births. Decimals indicate national statistics reported as completely registered; those without are estimates from the sources cited above. Rates shown in italics are based upon fewer than 100 annual infant deaths and, as a result, are subject to considerable yearly variability; rates shown for such countries are averages for a multiple-year period.

### Total Fertility Rate

The average number of children a woman would have assuming that current age-specific birth rates remain constant throughout her childbearing years (usually considered to be ages 15 to 49).

### Population Under Age 15/Age 65+

The percentage of the total population in those ages, which are often considered the "dependent ages."

### GNI per Capita PPP, 2016 (\$ current international)

GNI per capita PPP is gross national income in purchasing power parity (PPP) divided by mid-year population.

### Percent Urban

The percentage of the total population living in areas termed "urban" by that country or by the UN.

### Population per Square Kilometer of Arable Land (thousands)

The mid-year 2017 population divided by the square kilometers of arable land.

### Contraceptive Use

The percentage of currently married or "in union" women of reproductive age who are

currently using any form of contraception. Modern methods include clinic and supply methods such as the pill, IUD, condom, and sterilization. Data are from the most recently available national-level surveys. Data prior to 2011 are shown in italics.

### Life Expectancy at Birth

The average number of years a newborn infant can expect to live under current mortality rates.

### Mid-2017 and Mid-2050 Projections of Youth Ages 15-24 (millions)

Current estimates and 2050 projections of population ages 15 to 24.

### Adolescent Fertility Rate

The number of births per 1,000 women ages 15 to 19.

### Percent Ages 15-24 With HIV/AIDS, 2016

The proportion of the population ages 15 to 24 living with HIV.

### Secondary School Enrollment Ratio, 2009/2016

The ratio of the number of students enrolled in secondary school to the population in the applicable age group (such as ages 12 to 17), also known as the gross enrollment ratio. It can exceed 100 when the number of students currently enrolled exceeds the population of the relevant age group in the country.

### Tertiary Education Enrollment Ratio, 2009/2016

The ratio of the number of students enrolled in tertiary education to the population in the applicable age group (typically postsecondary school age), also known as the gross enrollment ratio. It can exceed 100 when the number of students currently enrolled exceeds the population of the relevant age group in the country.



PRB's 2017 *World Population Data Sheet* is available in English and French at [www.prb.org](http://www.prb.org). Also online, find a customized Digital Data Sheet with an interactive map, chart, and a table tool. To order PRB publications (discounts available for bulk orders):

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Cover photo: JGI/Jamie Grill

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