What Young People Want

Insights from the world's largest survey on adolescent and youth well-being

WHO: U274JRR
Mozambique: Responding to Health Needs in the Wake of Cyclone Chido, December 2024

PMNCH for
Hosted by the World Health Organization

What Young People Want

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This report was developed under the overall direction of the PMNCH team, led by Anshu Mohan and consisting of Renée de Jong, David Gomez, Étienne V Langlois, and Bhavya Nandini.

The lead writers of the report are listed in alphabetical order of representing organization and the names of individuals:

Ashrita Saran, Global Development Network, New Delhi, India; David A Ross, Institute for Life Course Health Research, Stellenbosch University, South Africa; Renée de Jong, Maria El Bizri, David Gomez, Etienne V Langlois, Anshu Mohan, PMNCH, Geneva, Switzerland; Howard White, Centre for Evidence-Based Social Sciences, Lanzhou University, China.

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Lead Analysts:

Ashrita Saran from the Global Development Network, New Delhi, India, took the lead in conducting and analysing the report under the overall guidance of Howard White, Centre for Evidence-Based Social Sciences, Lanzhou University, China. Sujata Shirodkar, Campbell South Asia, New Delhi, India, provided valuable support for the analysis and assisted in data cleaning

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None of the external writers, reviewers, or experts declared any conflict of interest.

Abbreviations and acronyms

Abbreviation	Full Term
AA-HA!	Accelerated Action for the Health of Adolescents
AFR	African region
AMR	Region of the Americas
BCR	Benefit-cost ratio
DALY	Disability-adjusted life years
EMR	Eastern Mediterranean region
EUR	European region
GDP	Gross domestic product
GDPR	General Data Protection Regulation
HICs	High-income countries
LICs	Low-income countries
LMICs	Low- and middle-income countries
MICs	Middle-income countries
PMNCH	Partnership for Maternal, Newborn and Child Health
SDGs	Sustainable Development Goals
SEAR	South-East Asian Region
UN	United Nations
UN DESA	United Nations Department of Economic and Social Affairs
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WPR	Western Pacific region
WYPW	What Young People Want

Executive summary

The "What Young People Want: Insights from the world's largest survey on adolescent and youth well-being" report presents a comprehensive analysis of the priorities and needs of today's young people. The survey gathered 1 510 004 responses from individuals around the world aged 10–24 years, making it the largest of its kind. It aimed to delve into what young people from low- and middle-income countries (LMICs) specifically want and believe they need in order to improve their well-being.

The study applied a semi-grounded approach based on the United Nations' (UN) H6+ Adolescent Well-being Conceptual Framework (Ross et al., 2020). This framework defines adolescent well-being as "Adolescents thrive and are able to achieve their full potential". The framework identifies five domains of adolescent well-being: good health and optimum nutrition; connectedness, positive values, and contribution to society; safety and a supportive environment; learning, competence, education, skills, and employability; and agency and resilience. The five domains are underpinned by 27 subdomains (Ross et al., 2020).

Data collection happened both digitally, through the dissemination of a QR code, and in-person with the support of trained mobilizers in 16 countries, primarily in LMICs. The WYPW survey worked by asking adolescents and youth to complete the sentence:

"To improve my well-being, I want..."

The answers given were then analyzed using both quantitative and qualitative methods to identify domains, subdomains, and patterns across the answers given by various demographic groups. After cleaning of the data, a hybrid approach was used to work on the content analysis, applying human validation for more nuanced subjective coding where necessary and then automating preliminary classification (tokenization) with natural language processing (NLP)-based word matching (Wiedemann, G., & Fedtke, C. , 2022).

The subjective coding was initially done manually for a subset of the data (1%) to develop a codebook. This was created in consultation with an expert from PMNCH and then automated, using syntax routines, for the full dataset. Using IBM SPSS software, a coding scheme was developed based on the adolescent well-being domains and subdomains. Each response was coded for the presence or absence of keywords or phrases corresponding to each domain and subdomain. A further 4% of the responses were manually coded to balance the efficiency and accuracy of the coding and then automated, using syntax routines, for the full dataset.

Two independent reviewers carried out a quality check of 100 randomly selected entries to understand the limitations of the methods. The data collection process adhered to strict privacy and ethical standards, ensuring anonymity and compliance with the General Data Protection Regulation (GDPR) (European Union, 2016).

Nearly half of the respondents were aged 15–19, with a significant portion also aged 20–24. The youngest age group, aged 10–14, was the least represented (9.6%). Gender diversity was notable with 50.5% of respondents identifying as women. A small but significant percentage identified outside the traditional male-female binary (3.3%).

The majority of respondents were from LMICs (76.0%) with a substantial representation from low-income countries (LICs) (16.6%). The African region (AFR) had the highest number of respondents (48.9%) followed by the South-East Asia region (SEAR) (33.3%) and the Eastern Mediterranean region (EMR) (10.3%). In contrast, there was only a small amount of responses from the European region (EUR) (n=138) and the Western Pacific region (WPR) (n=6).

The survey identified “learning, competence, education, skills, and employability” as the most prioritized domain (36.4%), particularly among younger age groups with 41.1% of 10–14 year olds highlighting this domain and among young people in low-income countries (44.0%), versus 34.0% in middle-income countries (MICs). “Safety and a supportive environment” was also highly emphasized (28.4%), especially in lower-middle-income countries (29.0%).

Sub-domain analysis revealed that “education” was the most desired sub-domain across all demographics (18.6%), while “privacy” (0.2%), “agency” (0.3%), and “resilience” (0.3%) were mentioned less frequently. AFR emphasized “education” (23.6%) and “material conditions” (19.5%) as important subdomains, while the EMR was more focused on “physical health and capacities” (23.9%). The Americas and SEAR prioritized “education” (17.7%) and “material conditions” (11.5%) with minimal emphasis on “privacy” (0.2%) and “agency” (0.5%).

Major strengths of the study include: that there was only one question; that it was simple for respondents to answer; that answers could be given in any language; that there was a large number of respondents; that there was broad gender diversity within respondents; and that respondents were mainly from LMICs and LICs, which are usually under-represented in studies.

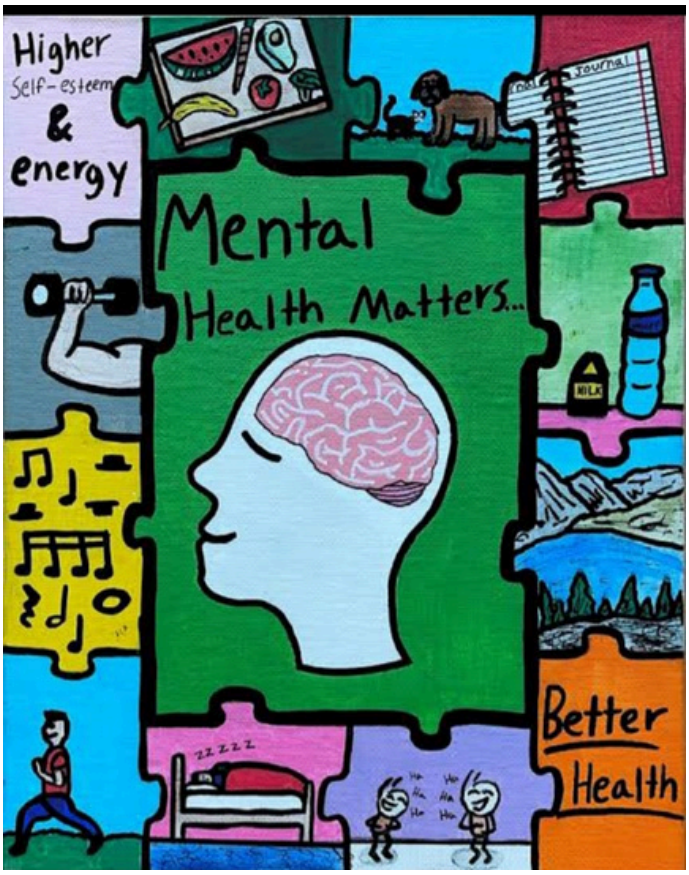
The study did, however, have its limitations. The decision to prioritize mobilization in LMICs skews the results toward the priorities of young people in those countries. The youngest adolescents, aged 10–14, are underrepresented (9.6%). This was because of a requirement that those within this age group seek parental consent to participate.

The manual analysis, conducted by two independent reviewers of 100 random respondents, showed that they fully agreed with 49 of the computer-coded responses, partly agreed with 20, and disagreed with 31. The coders employed a hybrid approach, initially utilizing NLP-based word matching for preliminary classification, followed by human validation to apply nuanced subjective coding as needed. However, when handling large datasets, this method faces limitations in capturing nuanced meanings, contextual variations, and implicit sentiments inherent in the data.

The manual analysis showed that "Wants" related to the domains of "connectedness, positive values, and contribution to society" and "agency and resilience" may have been missed by the computer-based assignment more than "wants" from the other three domains of adolescent well-being.

Overall, the findings suggest that there are relatively similar needs and priorities of young people globally. The survey shows that the Conceptual Framework for Adolescent Well-being (Ross et al., 2020) is comprehensive, covering all of the specific "wants" that were mentioned by the adolescents and can serve as an important tool for policy making. Given that many of the domains are highly interrelated, it stresses the importance of a multi-sectoral approach to adolescent well-being.

ART OF WELL-BEING COMPETITION



Artist: Aditya Pratap
Age: 15 Country: India

Chapter 1: Background

The global realization of the Sustainable Development Goals (SDGs) is intricately linked to the enhancement of young people's well-being. This well-being is characterized by the ability of individuals aged 10–24 to thrive and achieve their full potential across five essential domains (Ross et al., 2020).

Worldwide, there have been notable strides in improving the well-being of young people. Educational opportunities have significantly expanded, as evidenced by a 20% increase in secondary school enrollment among adolescents in low- and middle-income countries (LMICs) over the past decade, better equipping them to enter the workforce (Plesons et al., 2019). Mental health awareness campaigns have been instrumental in reducing stigma and fostering understanding (Foulkes and Andrews, 2023).

Despite these encouraging advances, significant challenges persist. Unemployment and underemployment continue to affect approximately 60% of young people in some LMICs (O'Higgins, 2017; Cieslik et al., 2021). Alarmingly, in 2022, up to 70% of 10-year-olds in these contexts were unable to read or comprehend a simple text; a stark increase from 53% prior to the COVID-19 pandemic (UNICEF, 2022). The increasing number of global conflicts has also disrupted education systems, leaving many young people ill-prepared for the job market due to inadequate education, physical and psychological challenges, and a lack of educational and vocational training opportunities. Educational disparities and learning crises among adolescents are further compounded by inadequate resources, support, and teaching practices (Ford et al., 2022).

The digital divide has also exacerbated educational inequalities with 463 million children and adolescents unable to engage in remote learning due to a lack of internet connectivity, or family and teacher support, raising concerns about permanent school dropouts (Clark et al., 2020; Favara et al., 2022; United Nations, 2020; UNICEF, 2020).

In humanitarian settings, adolescents face heightened risks of violence, including recruitment into conflict, trafficking, and child marriage (Siddiqi and Greene, 2022; Hillis et al., 2016). Sub-Saharan Africa, despite some progress, records the highest rates of adolescent pregnancy worldwide, often linked to child marriage, with nearly 14 million unintended pregnancies recorded annually; 44% of which occur among adolescent girls and young women (Ahinkorah et al., 2021; Yaya et al., 2019). Poor maternal health conditions are the second leading cause of death among 15-19 year old girls in this region (WHO, 2023).

Mental disorders also account for 13% of the global adolescent disease burden, as measured by disability-adjusted life years (Institute for Health Metrics and Evaluation, 2019).

All of these issues are exacerbated by climate change, which disproportionately affects 85% of children in LMICs (Newnham et al., 2020; Sanson et al., 2019). For instance, following floods in Pakistan in 2010, 73% of those aged 10–19 exhibited high levels of post-traumatic stress disorder symptoms, with displaced girls being the most severely affected (Gibbons, 2014).

Global population growth and a rapidly changing age distribution pose additional challenges for adolescents. Many countries are experiencing sharp increases in adolescent populations—sub-Saharan Africa's youth population is projected to grow by 60% by 2050—while others are experiencing precipitous declines—youth populations in China, Korea, and Japan are expected to decline by 40% by 2050 (WHO, 2024). Several factors, including inequality, may contribute to youth unemployment (Viner et al., 2012).

To fully realize the developments being made and to address the remaining challenges, increased investment in areas of education, mental health, employment, and others is urgently needed (Stelmach et al., 2022). This calls for a united and collaborative effort from all stakeholders to ensure the well-being and development of the world's young people.

1.1 Why is investing in adolescents a smart thing to do?

There is a pressing need for the world to invest in programmes to improve the well-being of adolescents. The World Health Organization (WHO) (2024) estimates that investing in adolescents can yield an economic return of US$9.60 for every US$1 invested, with some interventions potentially generating benefit-cost ratios (BCRs) well above 10. The staggering cost of inaction is estimated to cost US$110 trillion over a period of 27 years (2024–2050), which amounts to 7.7% of the total gross domestic product of the countries included in the models, which themselves include around 80% of the world's population (WHO, 2024).

The recent report published by WHO (2024) underscores the importance of targeted investments in areas such as health services, education, and interventions to prevent child marriage and road accidents. These investments not only enhance human capital but also contribute to reducing inequalities and fostering sustainable development. The high BCRs reflect the substantial economic and social returns that can be achieved by prioritizing adolescent well-being, emphasizing the strategic importance of such investments for future societal prosperity (WHO/UNICEF, 2021).

Furthermore, investing in adolescents is a strategic imperative for achieving global health and other SDGs (SDG, 2024). Adolescents, constituting over 16% of the global population (United Nations, 2024), are pivotal to the future socio-economic landscape and are explicitly mentioned in 12 health-related SDG indicators, including nutrition, reproductive health, and education. The "Global Strategy for Women's, Children's, and Adolescents' Health", which is aligned with the SDGs, emphasizes the centrality of adolescents to its success and the necessity for robust health data on this population to ensure accountability (Kuruvilla et al., 2016). Furthermore, the "Lancet Commission for Adolescent Health and Well-being" and the "Global Accelerated Action for the Health of Adolescents" (AA-HA!) emphasize the crucial need for high-quality data to identify priorities and track progress in adolescent health (Patton et al., 2016; WHO, 2023).

1.2 Objectives of the WYPW initiative

As part of the "1.8 Billion Young People for Change" campaign, PMNCH launched the WYPW survey, which aimed to gather the perspectives, opinions, and aspirations of at least one million adolescents and youth (aged 10–24) through an engaging global data collection effort (PMNCH, 2024). PMNCH created a platform for adolescents and youth to share their thoughts on the issues that matter most to them.

In 2020, PMNCH, WHO, and other partners within the UN H6+ Technical Working Group on Adolescent Health and Well-Being developed a definition and conceptual framework for adolescent well-being (Ross et al., 2020). The definition was based on subjective and objective well-being constructs to highlight adolescents' various needs and go beyond the health sector as a focus area. Thus, adolescent well-being is underpinned by five domains and 27 subdomains, reflected in Figure 1.

Fig. 1 Domains and subdomains of adolescent well-being

Source: Ross et al., 2020

Chapter 2: Methods

The WYPW survey asked adolescents and youth aged 10–24 from 88 countries—with a particular focus on those living in LMICs—to complete the sentence: "To improve my well-being, I want…" Information was also gathered on the respondent's age, gender, country, and region within a country. The responses were then categorized into one or more of the five domains and 27 subdomains of the UN H6+ Adolescent Well-being Conceptual Framework.

2.1 Data collection

In order to reach as many adolescents and youth as possible, the WYPW survey utilized a variety of mobilization methods, including:

•Digital data collection: PMNCH promoted the survey on digital channels and invited attendees at events organized by PMNCH or partners to participate. A QR code was provided so that individuals could use their smartphones to participate. The code directed them to a WhatsApp-based chatbot where they could respond to the survey.

•On-the-ground efforts: PMNCH grantees and other civil society partners trained community mobilizers to focus on reaching traditionally hard-to-reach communities. They did this by organizing mass collection efforts in schools and places of worship and at sports events, community hearings, national events, and door-to-door campaigns. Most of the responses collected this way came from 16 countries—Brazil, Cameroon, Colombia, Egypt, Ghana, India, Indonesia, Kenya, Liberia, Malawi, Nigeria, Sierra Leone, Tanzania, Uganda, Zambia, and Zimbabwe—in the three WHO regions of AMR, SEAR, and AFR.

•Language facilitation: To maximize access to the survey, respondents were given the option to submit their responses in any language. The 1.5 million-plus responses were then translated into English using Microsoft Azure Translation services, integrated within the broader Microsoft Azure cloud infrastructure. This tool enabled scalable, real-time translation across multiple languages, ensuring a streamlined workflow between data collection and analysis while also acting as the survey's secure data storage environment.

The data collected were then displayed on a publicly available, interactive, and user-friendly dashboard (PMNCH, 2023).

Age considerations and privacy protections were key in WYPW's data collection process. Complying with the GDPR (European Union, 2016), if a respondent was under 16 years of age, WYPW ensured that digital means were not used and permission from a parent or legal guardian was obtained. In addition, all participants' data remained anonymous.

2.2 Data analysis

The quantitative analysis of the demographics and survey questions was performed using descriptive statistics, while the qualitative responses were examined through deductive thematic analysis (Braun et al., 2022) to identify themes (domains) and subthemes (subdomains).

This iterative process involved organizing responses into codes and subsequently into themes. Two experienced researchers, each with over seven years of expertise in conducting similar qualitative analyses, were involved in the analysis and interpretation. Their extensive training in qualitative analysis ensured the reliability and depth of the findings. The analysis was carried out in five key steps:

2.2.1. Data preparation and cleaning

Data extraction

The survey responses to the prompt were extracted along with accompanying demographic data: age, gender, country, and region. Data from the digital collection channels and on-the-ground efforts were merged into a single database.

Data cleaning

Prior to analysis, responses were cleaned to ensure quality. This involved removing duplicate entries and data from respondents who did not meet the minimum and maximum age or consent requirements; excluding entries where either the respondent's age or country were missing; correcting obvious input errors; standardizing response text such as uniform casing, removal of unnecessary punctuation, and translating non-English responses.

2.2.2 Textual analysis using WordStat

Tokenization and pre-processing

Text responses were tokenized (split into words) using standard NLP techniques. Stop words, which are common words that do not contribute to meaning, were removed and stemming/lemmatization was applied to reduce words to their root form.

Word frequency analysis

Word count statistics were calculated to identify the most frequently used words and phrases in the responses. Frequency distributions and word clouds were used as visual tools to highlight key themes.

Domain-specific analysis

An initial manual check of 1% of the responses showed that there were some responses that were very non-specific such as "nice", "express myself", "sleep better", and "time for me". These were assigned to a code for "broader well-being".

All the other responses could be assigned to one or more of the 27 subdomains of the adolescent well-being framework. Frequency analyses were also performed within each domain and subdomain to uncover distinctive language patterns per domain and subdomain.

2.2.3 Statistical analysis with SPSS

Variable definition and integration

IBM's SPSS software was used to integrate the textual data with demographic variables. The cleaned text responses were linked with age, gender, country, and region for stratified analyses.

Content analysis coding

We used a hybrid approach to work on the content analysis, applying human validation for more nuanced subjective coding where necessary and then automating preliminary classification with NLP-based word matching. As mentioned above, the initial subjective coding was done manually for a subset of data (1%) to develop a codebook and to identify responses that were non-specific. This was done in consultation with an expert from PMNCH.

In SPSS, a coding scheme was developed based on the adolescent well-being domains and subdomains. This process of manual coding was repeated with another subset (4%) of the responses to balance the efficiency and accuracy of the coding and then automated using syntax routines for the full dataset.

Each response was analyzed for the presence or absence of specific keywords and phrases corresponding to each domain and subdomain. For example, if a respondent mentioned "better physical and mental health," this response was categorized under the domain of "good health and optimum nutrition." This is because both physical and mental health are included within the same overarching domain, but were further coded under the subdomains of "physical health and capacities" and "mental health and capacities".

2.2.4 Manual coding check

As part of a data quality check, 100 randomly selected responses were independently coded to one or more subdomains of adolescent well-being by two PMNCH staff familiar with the adolescent well-being framework. They had knowledge as to how they had been coded by the computer algorithm. Their findings were then compared with the final computer-generated coding.

2.2.5 Integration of insights and reporting

Visualization

Graphs and charts reflecting word frequencies, thematic distributions across domains and subdomains, and demographic comparisons were generated within SPSS.

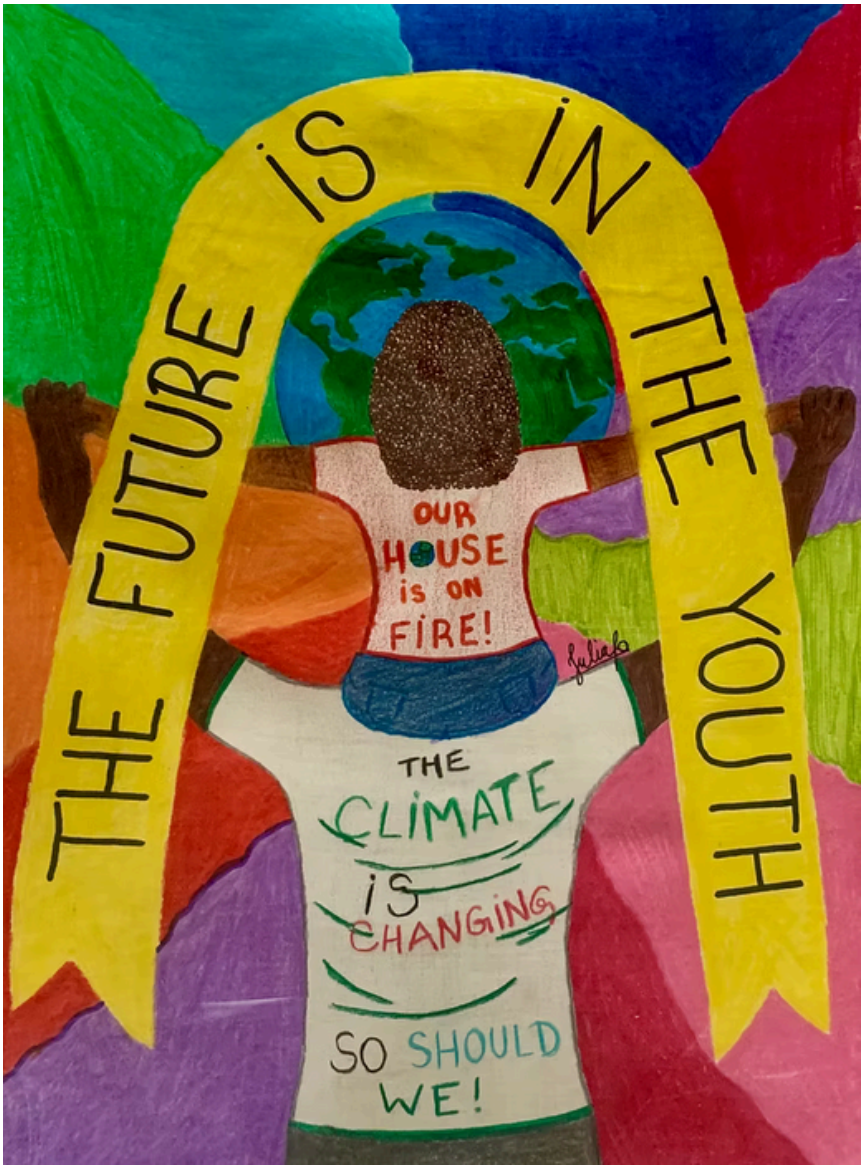
Interpretation

The final phase consisted of synthesizing quantitative findings—word statistics and frequency distributions—with qualitative insights—domain and subdomain—to provide a comprehensive understanding of what adolescents want to improve their well-being.

Ethical considerations

Throughout the analysis, strict adherence to data protection and privacy (including compliance with GDPR for respondents aged under 16) was maintained, ensuring that the anonymized data were handled responsibly.

Our House is on Fire!



Artist: Julia
Age: 16 Country: Brazil

> ***The artwork conveys a powerful message about the significance of educating and empowering the youth, particularly in the context of addressing pressing global issues like climate change. The central theme revolves around the idea that the future of our planet relies heavily on the younger generation, and they have the potential to be the driving force behind its preservation and salvation.***

Chapter 3: Results

This analysis is based on 1,510,004 entries received from young people, aged 10–24, from 88 countries.

3.1 Participants demographics

3.1.1 Age

Figure 2 indicates that roughly half of the respondents, 49.7% (n=749,939), were older adolescents aged 15–19 years. This was closely followed by those aged 20–24, comprising 40.7% (n=614,696). As would have been expected because of the requirement for parental consent, 10-14 year-olds represented a lesser share of the sample (9.6%, n=145,369).

Fig. 2 Age of the respondents by five-year age groups

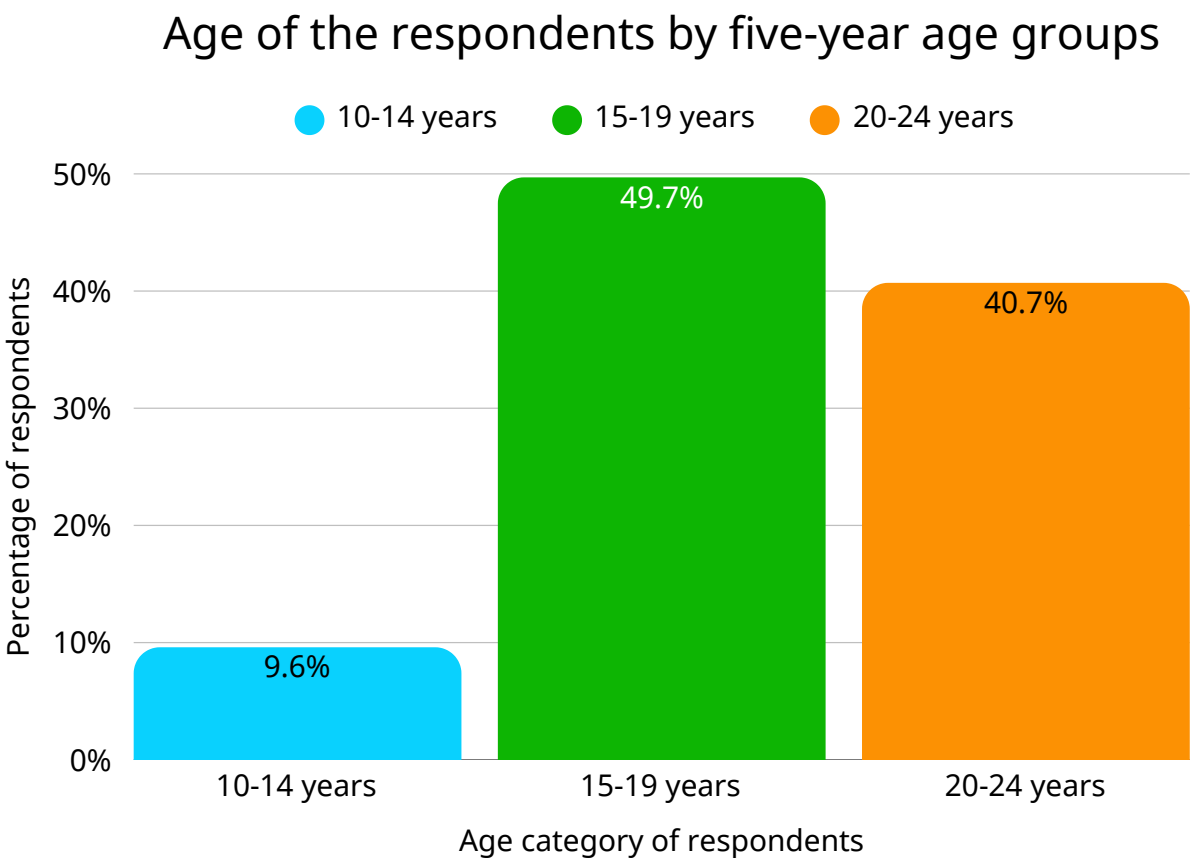
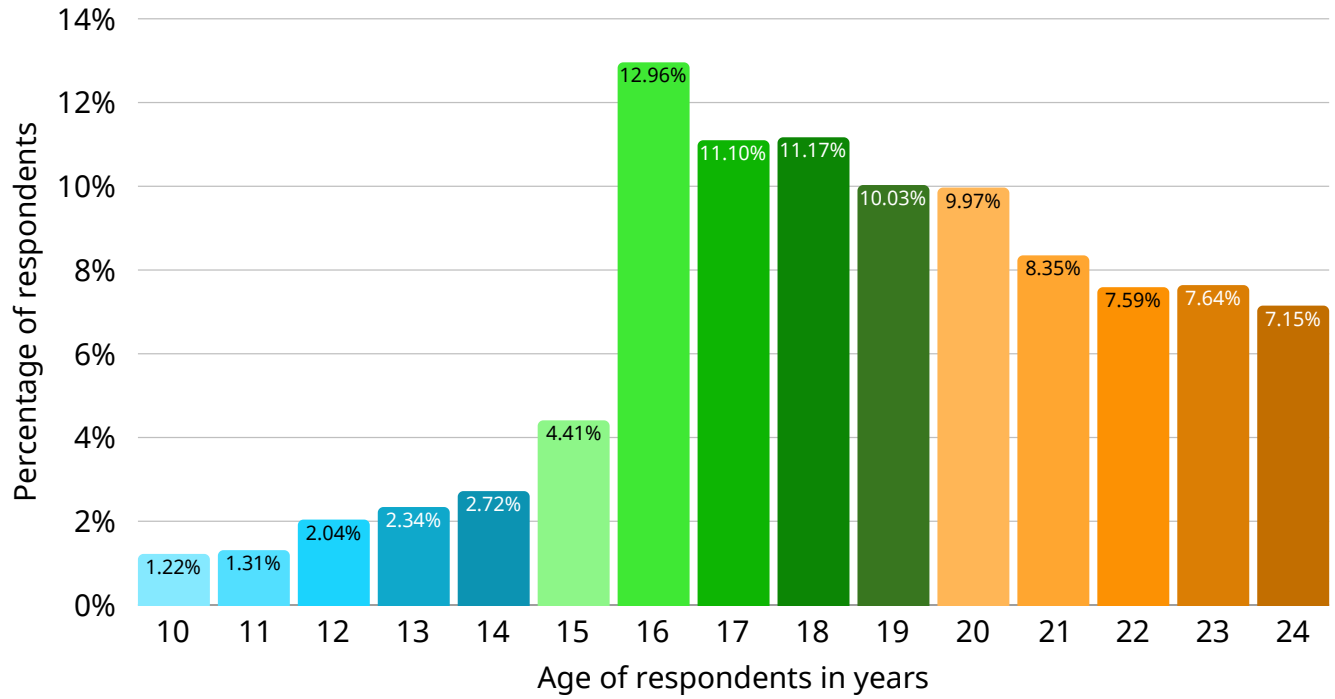


Figure 3 displays the percentage of respondents by single years of age, ranging from 10 -24. The distribution shows a sudden increase in the percentage of respondents aged 15–16. This is most likely attributable to the fact that those aged below 16 required parental consent to participate in the survey.

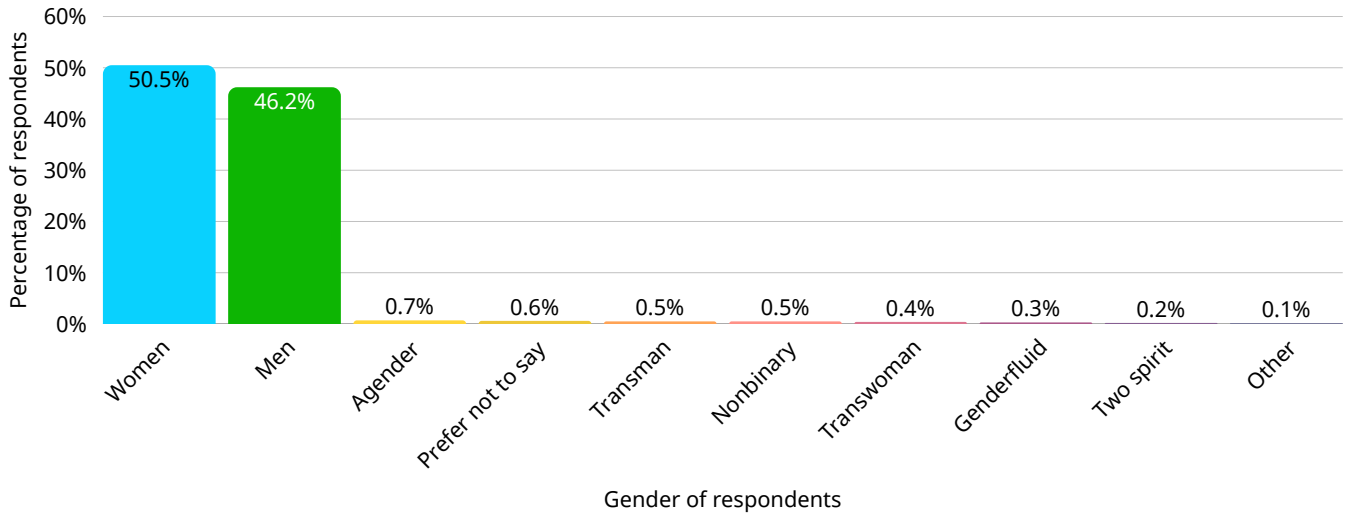
Fig. 3 Age of the respondents by single years of age



3.1.2 Gender

Although 762 390 respondents (50.5%) identified as women and 697 984 (46.2%) identified as men, 41 009 (2.7%) reported other gender identities, including agender, genderfluid, transman, transwomen, two-spirit, non-binary, and other. Only 8621 (0.6%) either preferred not to disclose their gender (n=8,575) or left this question blank (n=46). If one excludes those who chose not to disclose their gender, the proportion of respondents who did not identify as either male or female was slightly higher than the upper limit of the range (0.1-2.0%), which was suggested in a recent narrative review (Goodman et al., 2019).

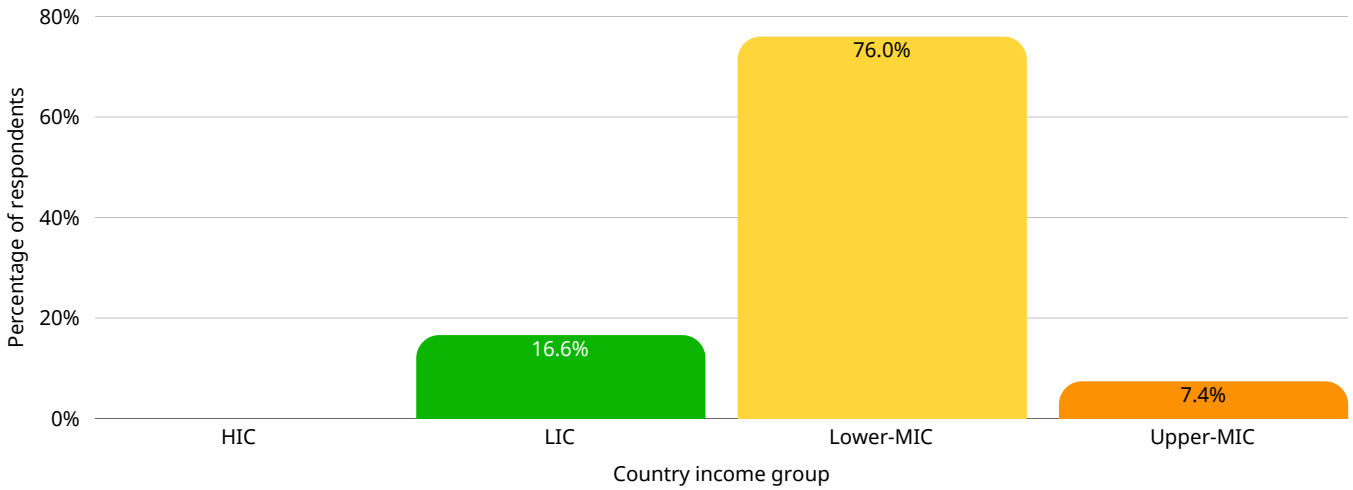
Fig. 4 Proportion of respondents by gender



3.1.3 Country income group

Figure 5 illustrates that 76.0% of respondents (n=1,146,896) were from lower MICs. This was followed by 16.6% (n=251,163) from LICs and 7.4% (n=111,900) from upper MICs. Only 0.01% (n=43) were from HICs.

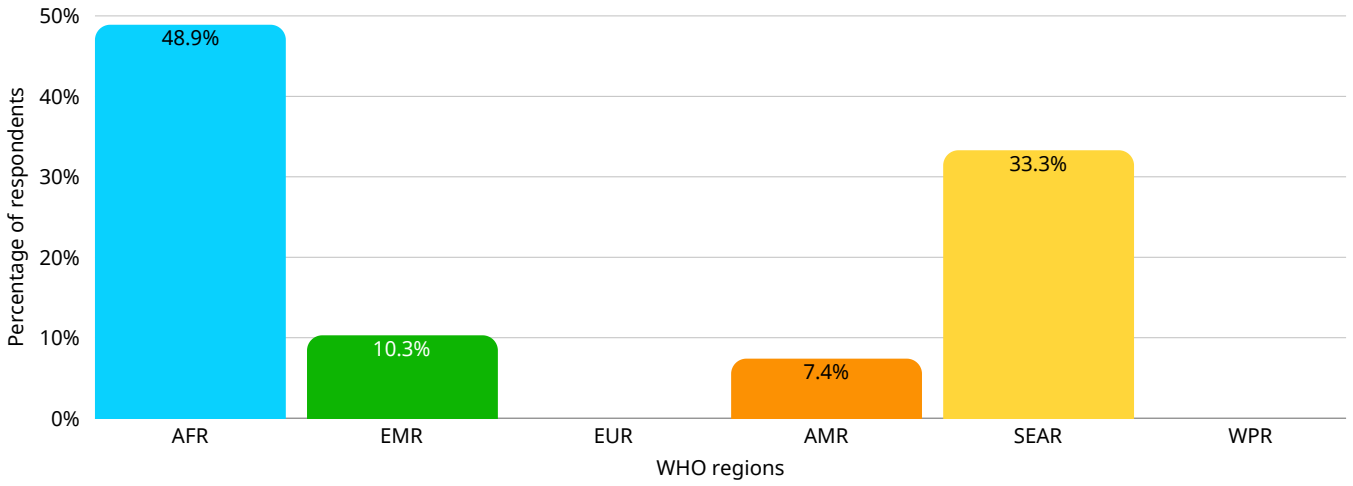
Fig. 5 Proportion of respondents by country income group



3.1.4 WHO region

The vast majority of the respondents (1509860, 99.9%) originated from four WHO regions. Nearly half, 48.9% (n= 738,369), were from the AFR, followed by 33.3% (n= 503,180) from the SEAR, while the EMR accounted for 10.3% (n= 156,186). The AMR accounted for 7.4% (n= 112,125). In contrast, very few respondents (n = 138) came from the EUR or the WPR (n = 6) (Fig. 6).

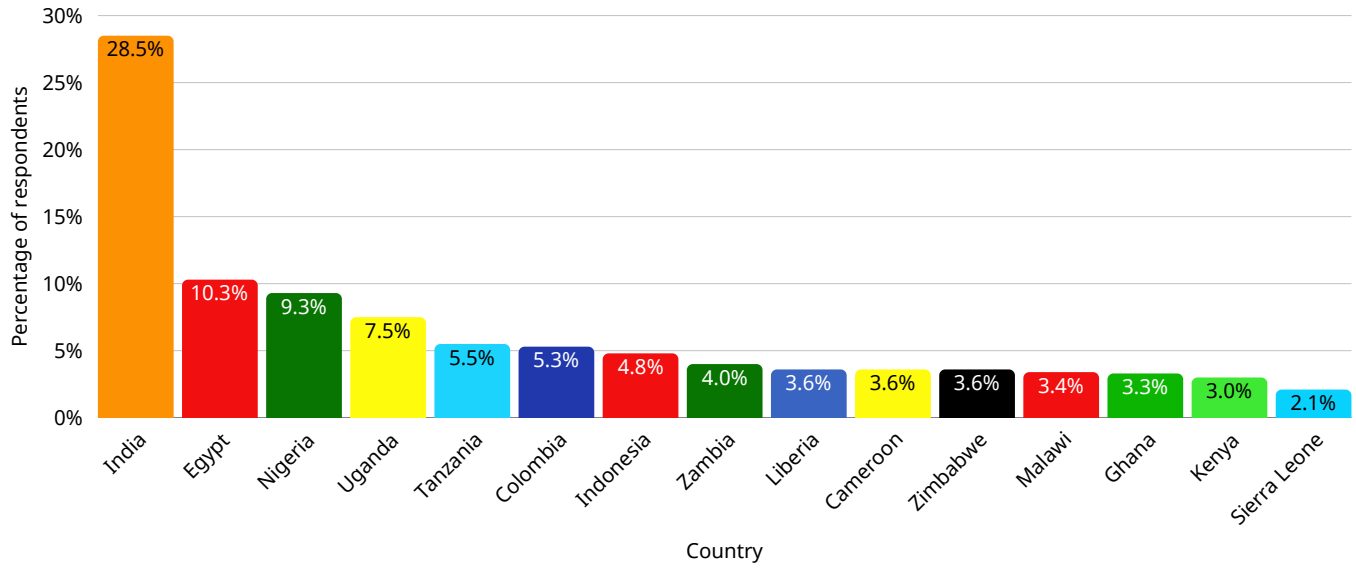
Fig. 6 Proportion of respondents by WHO region



3.1.5 By country

Figure 7 displays the distribution of respondents across the 15 countries, which represent 97.9% (n = 1,496,277) of the total 1,510,004 responses.

Fig. 7 Proportion of respondents (15 countries with the largest number of respondents shown)



3.2 Distribution of "wants" by domain

In total, the 1,510,004 respondents mentioned a total of 1,714,027 "wants". The number of "wants" was higher than the number of respondents because a single respondent could mention "wants" from more than one subdomain, which might either fall within one or more domains. An example of how one response could refer to multiple domains was the response: "To improve my well-being, I want free sanitary pads in homes". It refers to a material condition, which is a subdomain within the "safety and a supportive environment" domain, as well as the "physical health and capacities" subdomain within the "good health and optimum nutrition domain". A total of 100 responses were not coded.

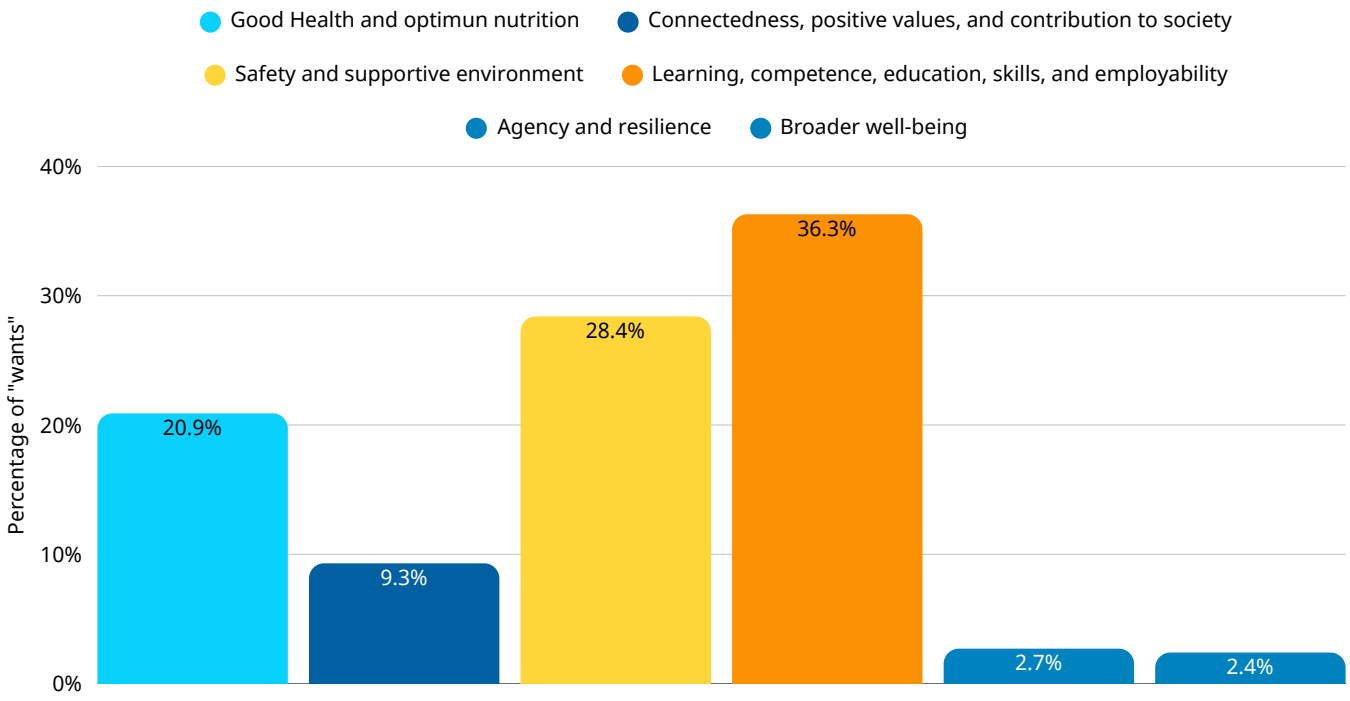
An overview of the most frequent phrases within the 1 510 004 responses is shown in the word cloud in Figure 8. The most frequent phrases related either to the "learning, competence, education, skills, and employability domain"—for example, "good education", "education and learning opportunity", "learning opportunity", "quality education", "education and economic opportunity", "job opportunity", and "government job"—or to the "good health and optimum nutrition domain"— for example "mental health", "good health", "reproductive health", and "sexual and reproductive health".

Fig. 8: A word cloud showing the most common phrases within the 1,510,004 responses

3.2.1 Domains

The domain with the most “wants” was “learning, competence, education, skills, and employability”, accounting for 36.3% (n=623 357) (Fig. 9). This was followed by “safety and a supportive environment” at 28.4% (n=48 977), “good health and optimum nutrition” at 20.9% (n=358 282), “connectedness, positive values, and contribution to society” at 9.3% (n=160 591), and “agency and resilience” at 2.6% (n=44 983) (Fig. 9). Close to 2.4% (n=40 837) of responses could not be categorized within the five domains of adolescent well-being and were grouped under “broader well-being”.

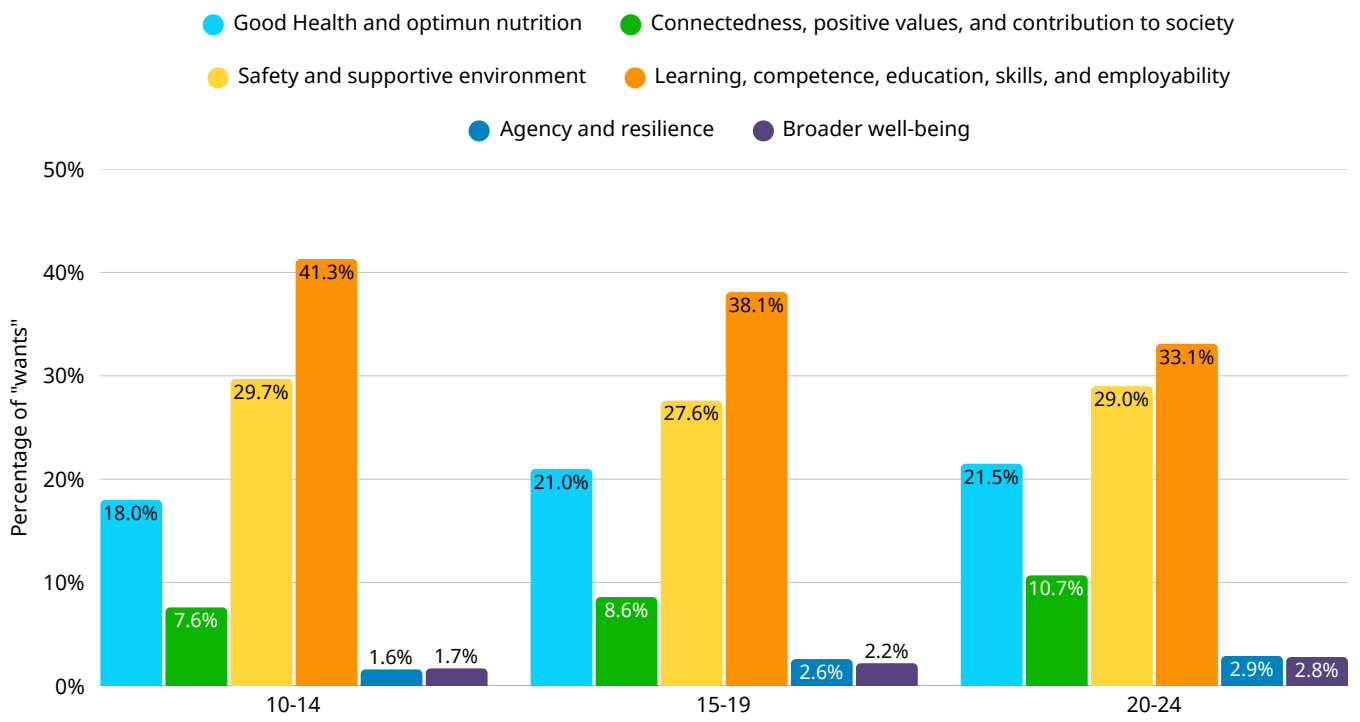
Fig. 9 Proportion of all “wants” by domain



3.2.2 Age

Figure 10 shows the distribution of "wants" across various well-being domains based on the respondents' self-reported age groups: 10-14 years, 15-19 years, and 20-24 years. The ranking by domain was similar across the three age groups; however, the youngest age group, 10-14 years, tended to prioritize "learning, competence, education, skills, and employability" and "safety and a supportive environment" more in comparison to the older age groups. The older age groups tended to place more emphasis on "good health and optimum nutrition", "connectedness, positive values, and contribution to society", and "agency and resilience".

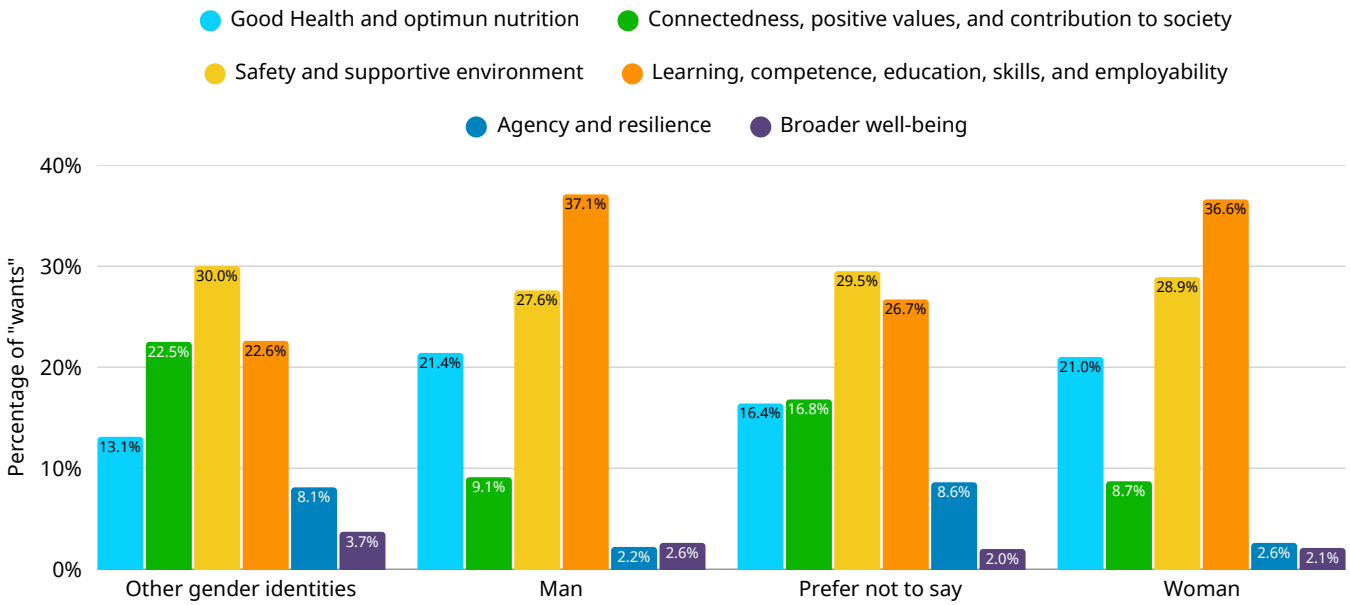
Fig. 10 Proportion of "wants" by well-being domain and age group



3.2.3 Gender

Figure 11 presents an analysis of the proportion of "wants" that fell into the various well-being domains across the self-reported gender identities of the respondents. Those who identified as men and women tended to prioritize the domain of "learning, competence, education, skills, and employability". On the other hand, those identifying themselves as agender, gender fluid, nonbinary, transwomen, transmen, and two-spirit alongside those who selected "prefer not to say" prioritized the domain of "safety and a supportive environment" over others. Transwomen, transmen, and two-spirit respondents also referred to "connectedness, positive values, and contribution to society" more often than the "learning, competence, education, skills, and employability" domain. "Agency and resilience" was the least prioritized by all groups and was lower among the male and female demographics compared to all other groups.

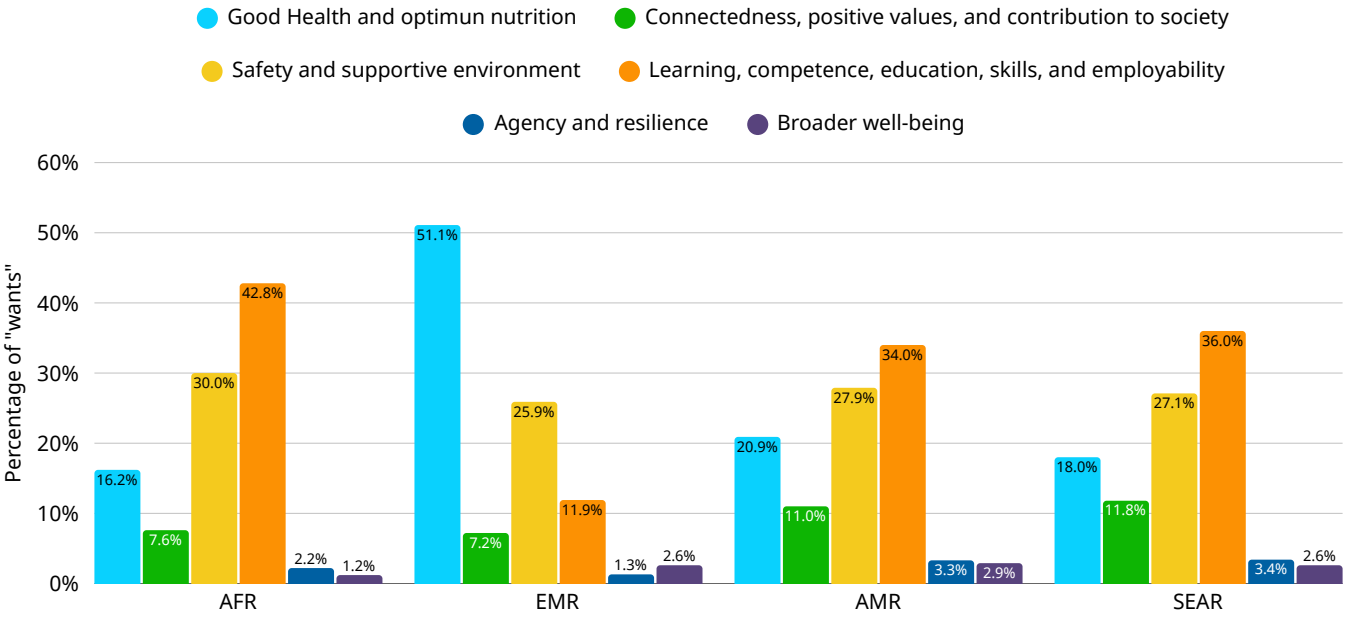
Fig. 11 Proportion of all “wants” by well-being domain and gender



3.2.4 WHO region

Figure 12 shows the proportionate distribution of “wants” across well-being domains categorized by WHO region: AFR, AMR, EMR, and SEAR. EUR and WPR have been excluded from the analysis as they accounted for only 179 and eight “wants” respectively. “Learning, competence, education, skills, and employability” followed by “safety and a supportive environment” were particularly highly prioritized in AFR, SEAR, and AMR while “wants” within the “good health and optimum nutrition” domain were most often mentioned in EMR with over 50% of the respondents reporting “wants” in that domain.

Fig. 12 Proportion of "wants” by well-being domain and WHO region

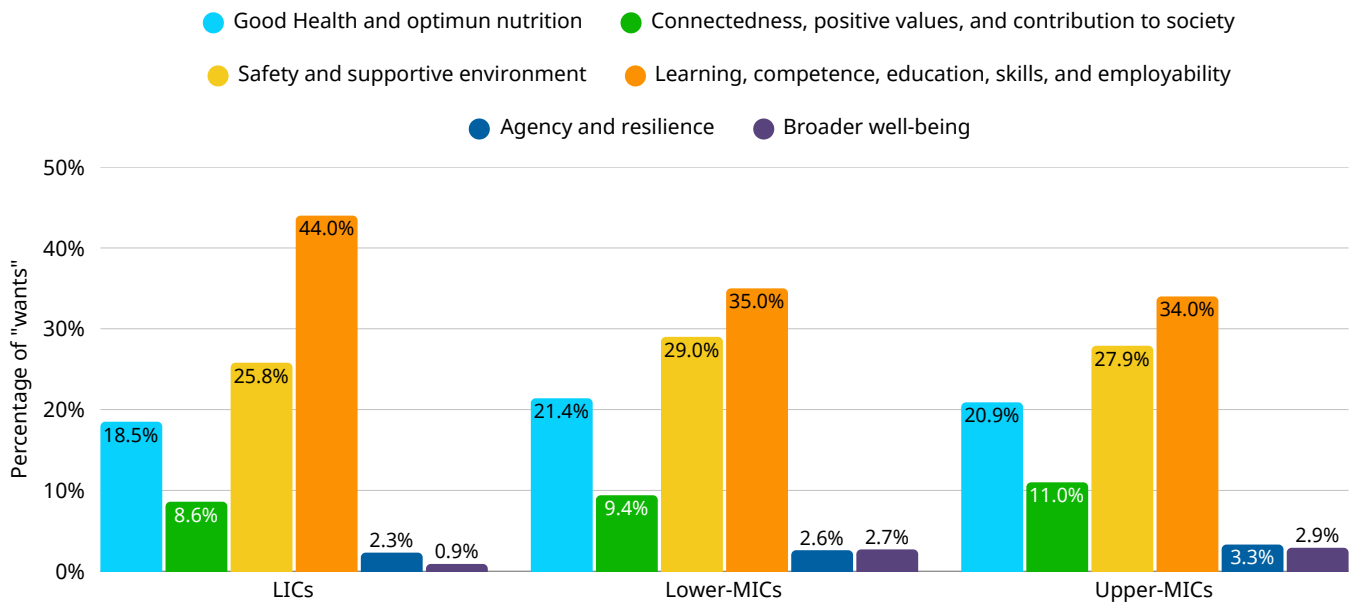


3.2.5 Country income groups

Figure 13 presents the distribution of “wants” across the various domains of well-being categorized by country income groups: LICS, lower- MICs, and upper- MICs. We have excluded HICs from this analysis as they accounted for only 62 “wants” (0.01%).

Although the absolute proportions differed, the ranking of “wants” by domain was similar in all three country income groups. “Learning, competence, education, skills, and employability” was the domain with the highest number of “wants” followed by “safety and a supportive environment”, “good health and optimum nutrition”, “connectedness, positive values, and contribution to society”, and “agency and resilience”.

Fig. 13 Proportion of “wants” by well-being domain and country income group



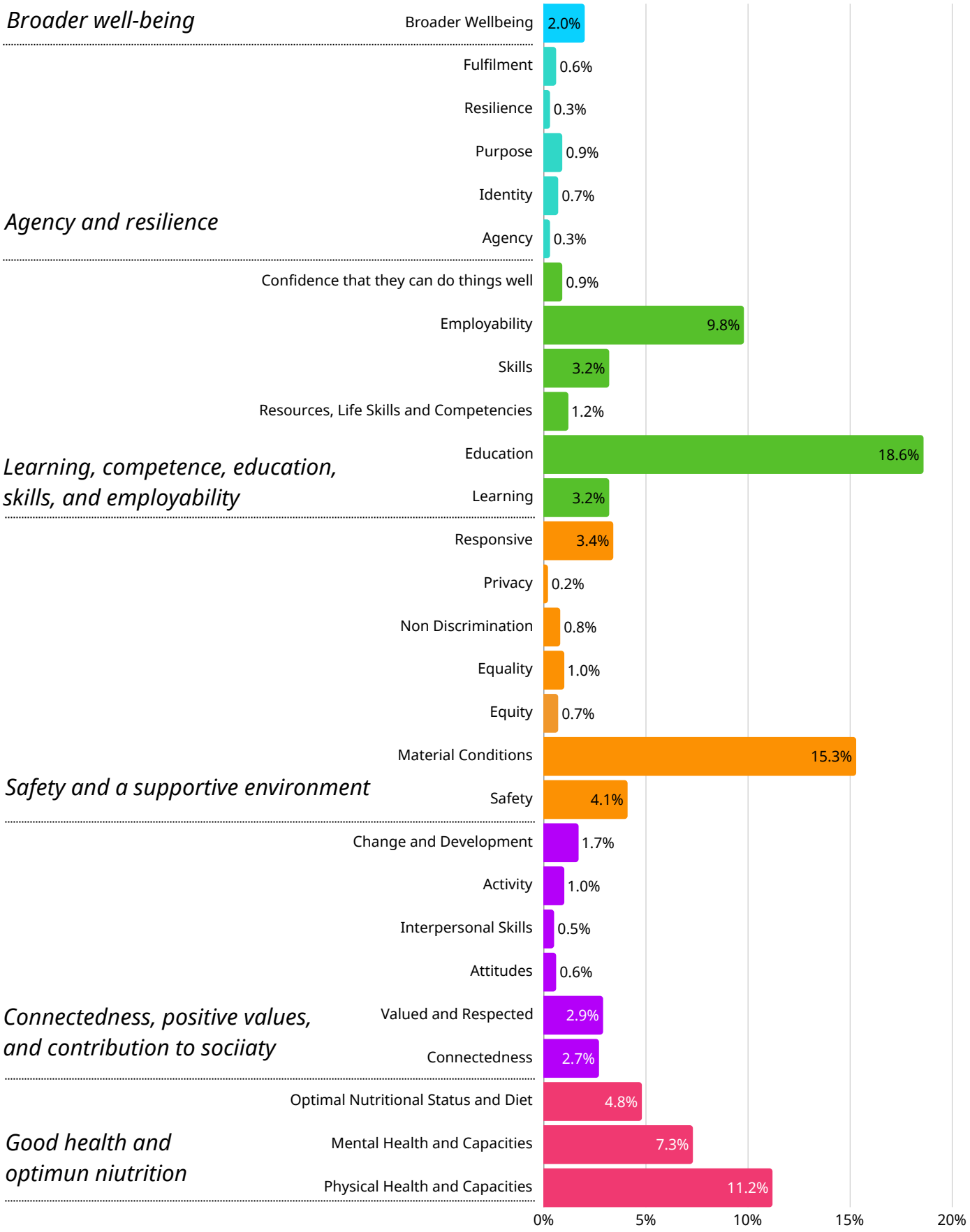
3.3 Distribution of responses by subdomains

The 1 510 004 respondents provided a total of 1 714 027 “wants” related to the domains. However, when applying the analysis to the subdomains, there were 2 072 657 “wants” related to the different subdomains. An example of a response that spanned multiple subdomains within a single domain would be: “To improve my well-being I want to reduce education fees”. This refers to the domain of “learning, competence, education, skills, and employability” (1 response for domains) but was allocated to the subdomains of “resource” and “education” (2 “wants” for subdomains).

3.3.1 Subdomains

Figure 14 presents the distribution of “wants” across various well-being domains and subdomains along with their respective percentages. Overall, the most represented subdomains were “education” followed by “material conditions”, and “physical health and capacities”.

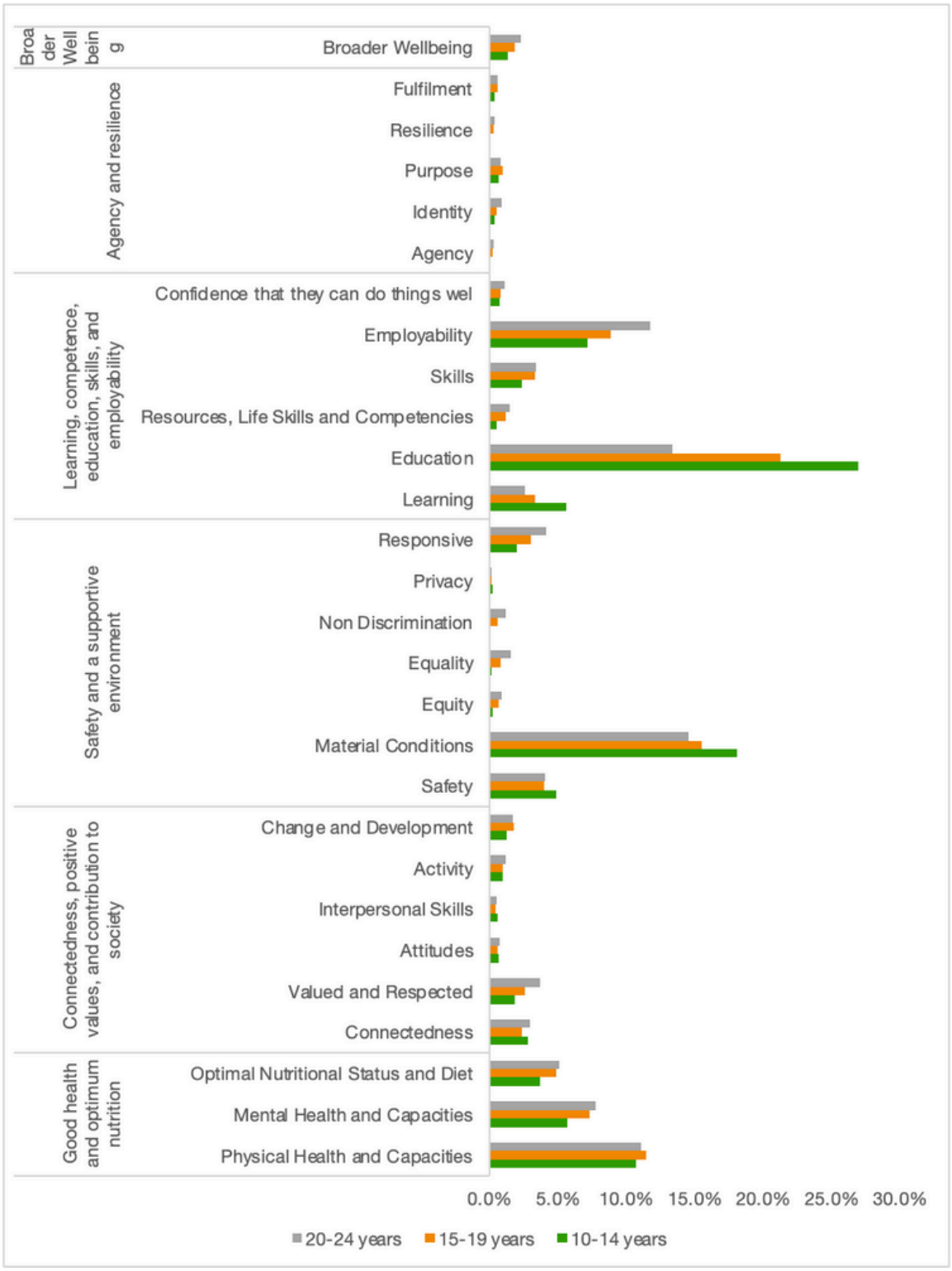
Fig. 14. Proportion of “wants” by subdomains



3.3.2 Age

Figure 15 presents the distribution of “wants” across the 27 well-being subdomains, segmented by age groups: 10-14 years, 15-19 years, and 20-24 years. The graph shows a clear pattern that as they get older, young people grow less concerned about “education”, “learning”, and “material conditions” but grow more concerned about “employability”.
Other subdomains, which were more important to older youth included “a responsive environment” as well as “mental health” and “being valued and respected”. They were also increasingly concerned about “discrimination, equality and equity”.

Fig. 15 Proportion of "wants” by well-being subdomain and the adolescent’s age group

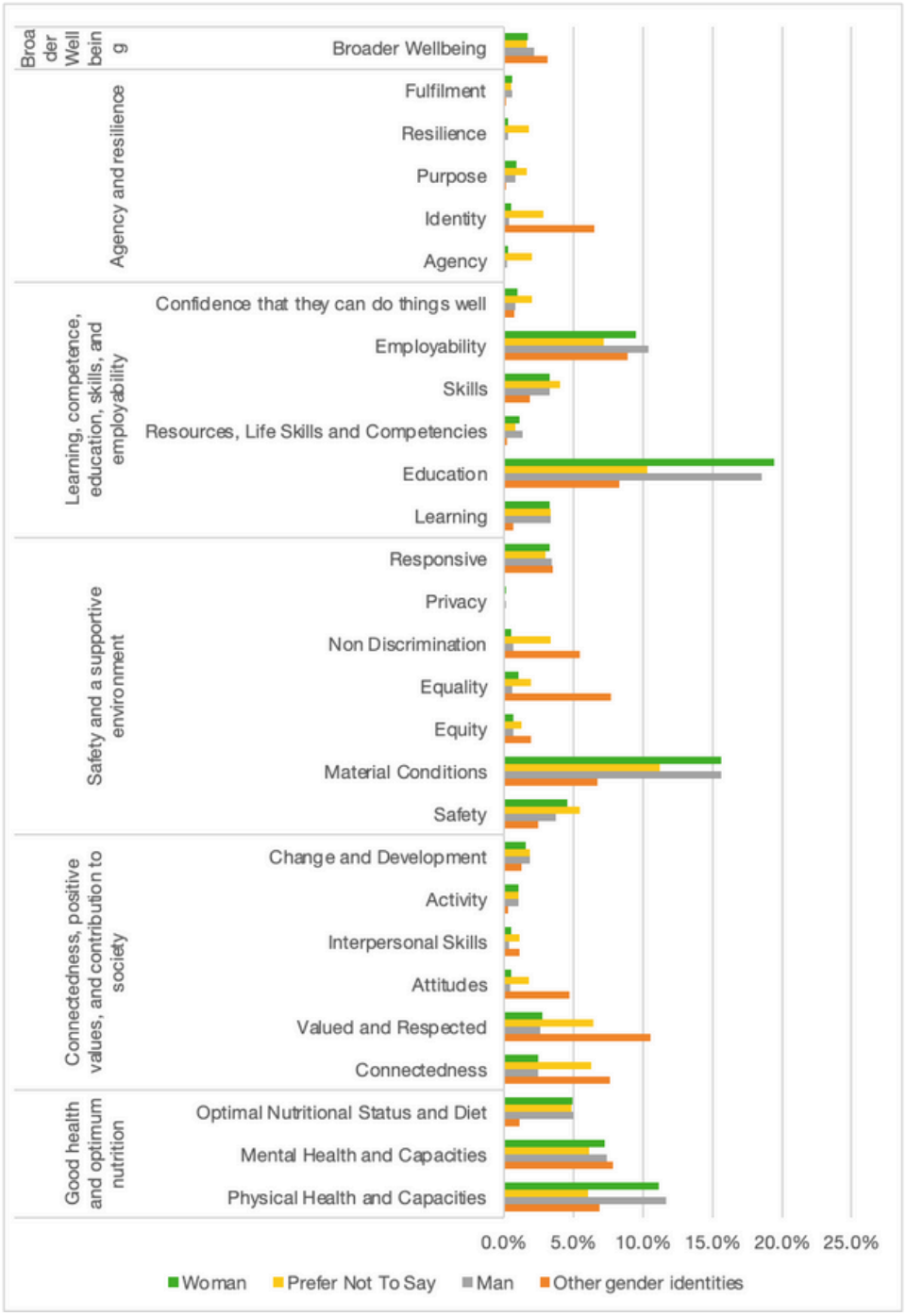


3.3.3 Gender

Figure 16 provides a proportionate breakdown of "wants" across the 27 well-being subdomains segmented by gender identity.

Young people who identified their gender as anything but man or woman mentioned the subdomains "valued and respected", "equality", "identity", "connectedness", and "non-discrimination" more often. The differences between the "wants" reported by the men and women categories were relatively small. Women mentioned "wants" related to the "education" (19.4%) and "safety" (4.5%) subdomains more frequently than men at 18.5% and 3.8%, respectively. The men category mentioned "employability" (10.4%) and "physical health and capacities" (11.6%) slightly more often than women at 9.5% and 11.2%, respectively.

Fig. 16. Proportion of "wants" by well-being subdomain and gender



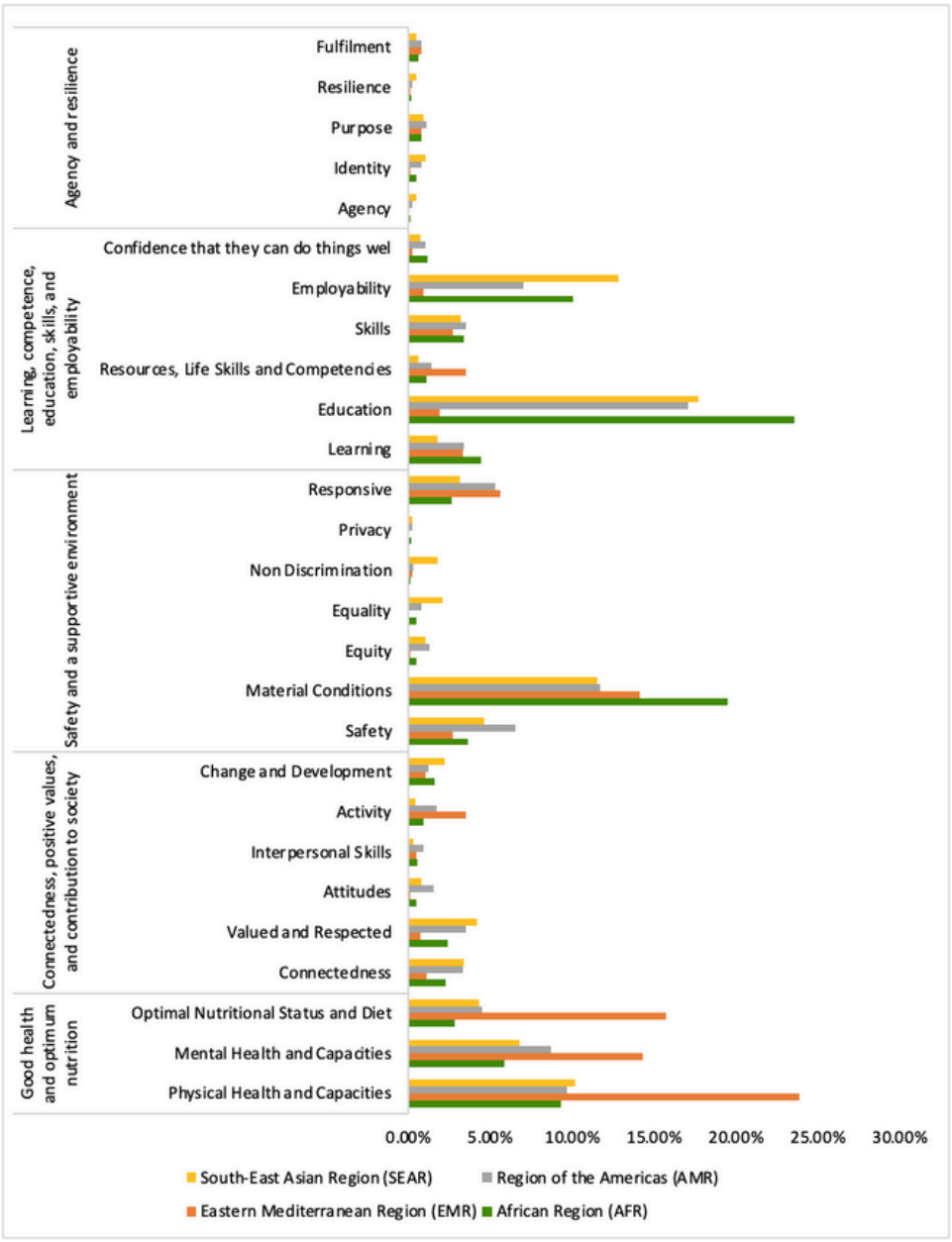
3.3.4 WHO region

Figure 17 shows the proportionate distribution of "wants" across well-being subdomains by region: AFR, AMR, EMR, and SEAR. EUR and WPR were excluded from the analysis as they accounted for only 237 and 10 "wants" respectively.

Several differences between regions stand out. Young people in EMR mentioned "wants" related to the subdomains of "education" (3.3%) and "employability" (0.9%) less than their peers from the other three WHO regions. They also mentioned "wants" related to "resources, life skills, and competencies" (3.5%) more than their peers in AMR, AFR, and SEAR. They also frequently mentioned "wants" related to all the three subdomains in the "good health and optimum nutrition" domain: "physical health and capacities" (23.9%), "mental health and capacities" (14.3%), and "optimal nutritional status and diet" (15.7%).

Young people from AFR most frequently mentioned "wants" from the "education" (23.6%) and "material conditions" (19.5%) subdomains while young people from SEAR most frequently mentioned "wants" related to "education" (17.1%) and "employability" (12.8%).

Fig. 17. Proportion of "wants" by well-being subdomains and WHO regions



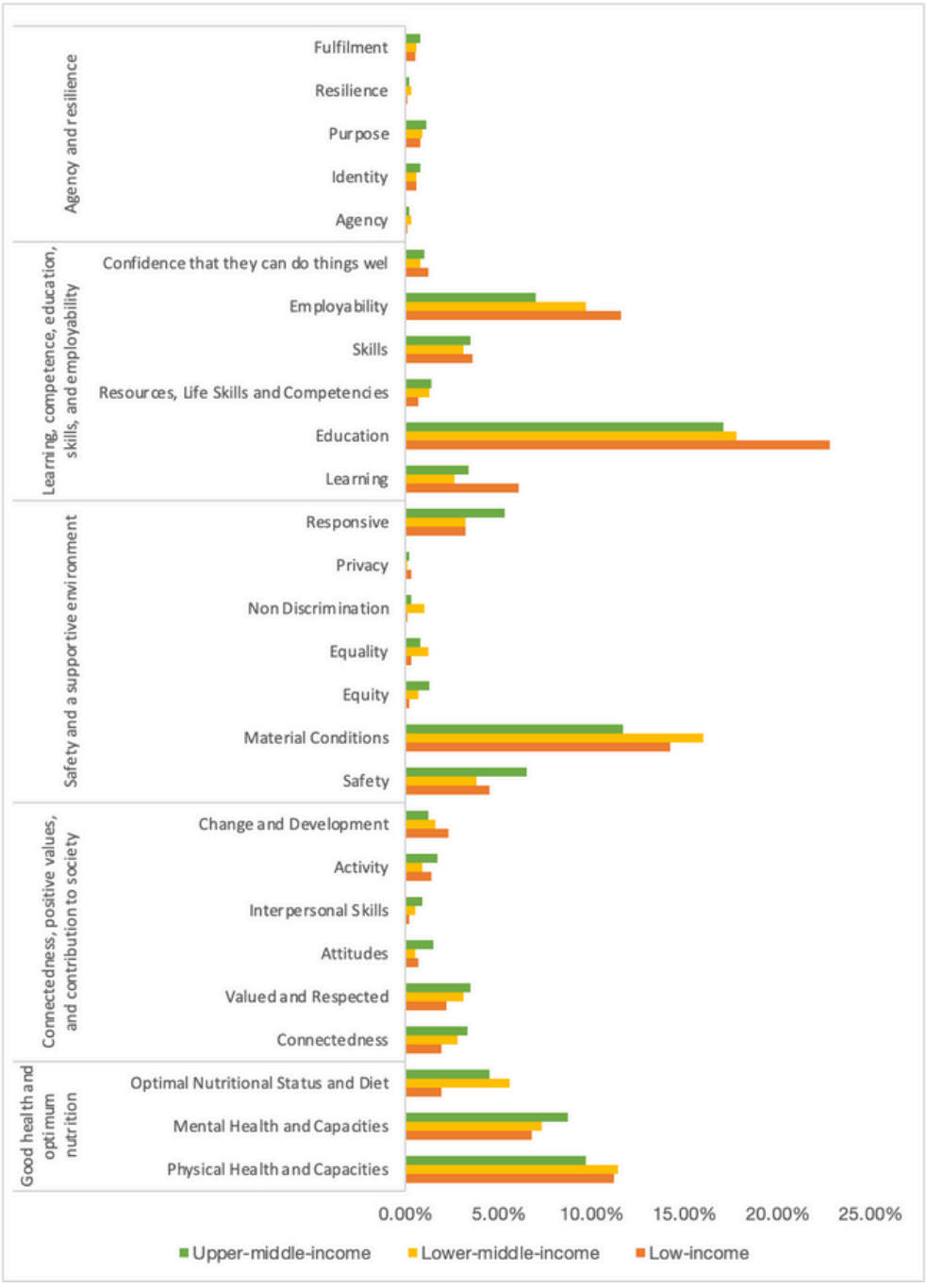
3.3.5 Country income groups

The HICs group was excluded from this analysis as it accounted for only 79 “wants”.

Figure 18 shows that there were many similarities in the “wants” mentioned by young people, irrespective of the country income group that they came from. “Wants” related to “education” followed by “material conditions” ranked one and two across all three country income groups.

Respondents from LICs and LMICs particularly focused on fundamental needs such as “education”, “material conditions”, “employability”, and “physical health and capacities” while respondents from upper MICs emphasized “mental health and capacities”, “safety”, “mental health and capacities”, “connectedness”, and being “valued and respected” more than young people from LICs and lower- MICs.

Fig. 18 Proportion of "wants” by well-being subdomain and country income group



Chapter 4: Discussion

The comprehensive analysis of 1 510 004 respondents from young people aged 10–24 offers significant insights into the priorities of this demographic across various sociodemographic and geographic contexts. For too many young people, these resources are, at present, not available, and their voices remain unheard. WYPW aimed to change that. By leveraging technology and engaging directly with young people, the survey aimed to capture their perspectives on WYPW as a means of forging a path to improve their well-being.

The direct engagement allows their voices to be heard and ensures that their priorities are taken into account in the development of policies and interventions that affect their lives. WYPW aims to foster a culture of dialogue and collaboration among young leaders, policymakers, and civil society actors. By providing a platform for young people to engage with decision-makers and experts, the survey seeks to empower them to become active participants in shaping their futures.

4.1 Representativeness of the data

The predominance of respondents from LMICs, primarily in the AFR and SEAR, is both a strength and a limitation of this survey. It is a strength because these are the country income groups and geographical regions for which the least information exists since most global data on the specific desires and needs of young people come from HICs, especially in Europe and North America (Hariel Spinelli et al., 2023). Yet, relative to the global population of young people, this means that respondents from LICs were over-represented and that those from HICs were under-represented (UN Department of Economic and Social Affairs, 2024). In particular, there were almost no respondents from the WPR (n=6) or EUR (n=138). The difference between regions can be explained by the mobilization methods. The on-the-ground efforts, particularly by mobilizers, were much more effective in comparison to passive mobilization through the QR code disseminated online. Lastly, young adolescents, aged 10-14, were substantially under-represented at 9.6% of all respondents. This under-representation can be explained by the need for written parental consent.

4.2 Accuracy of the translation of responses into English

Some limitations were encountered regarding the translation of entries through Microsoft Azure Translation Services. For example, a small subset of users submitted responses in Hindi using Roman characters rather than Devanagari script, which prevented automatic translation due to the lack of standardization. Another limitation arose from user-generated content that included severe typographical errors, which rendered the text unintelligible for automated translation.

4.3 Accuracy of the assignment to (sub) domains of adolescent well-being

The coders employed a hybrid approach, initially utilizing NLP-based word matching for preliminary classification before following up with human validation to apply nuanced subjective coding as needed. However, when handling large datasets this method faces limitations in capturing nuanced meanings, contextual variations, and implicit sentiments inherent in the data (Xu and Goodacre 2018).

Based on coding by two independent reviewers of 100 randomly selected responses, they fully agreed with 49 responses, partly agreed with 20, and disagreed with 31. Partial agreement often related to entries which referred to multiple (sub) domains where only one was captured by the computer algorithm. For example, the algorithm allocated a response which stated "affordable and safe housing" to the "material conditions" subdomain but not to the "safety" subdomain. Several of the responses that the reviewers disagreed with the computer algorithm pertained to issues that were particularly hard to allocate to a domain or a subdomain and could have potentially been better judged to be "uncodable". Examples include: "pastor" or "because it is important to me".

4.4 Outcomes of the analysis

The emphasis on "learning, competence, education, skills and employability", particularly among young people from LICs and lower- MICs, reinforces the demand for improved learning opportunities and employability skills. The findings from the WYPW survey align with results from other global surveys. For instance, the World Economic Forum's Global Shapers community of just over 11 000 youth also identified "education, skills and employment" as top priorities among youth (World Economic Forum, 2023).

Given that the great majority (90.4%) of the respondents were aged 15-24, the prioritization of education and employment opportunities is not surprising. In order to meet this need, policies and programmes that enhance educational access and quality and provide pathways to employment are required. The aim should be to ensure that young people are equipped with the skills they need to enter the workplace of the 21st century.

The survey received responses from a roughly equal number of respondents who self-identified as women and men while those who identify as other genders represented 3.3%. Programmes must consider the unique needs of different genders, particularly in areas such as safety and health. For example, ensuring access to menstrual hygiene products, providing sexual and reproductive health services, and creating safe environments may be particularly important for girls, young women, and gender diverse individuals while addressing road safety may be particularly important for boys and young men whose cause-specific mortality from road traffic injuries is much higher than for girls and young women (WHO, 2023). The provision of clean drinking water, however, is equally important for all genders. Furthermore, the emphasis on safety and supportive environments across age and gender groups suggests a universally perceived need for secure and stable communities. Addressing these concerns could lead to improved mental health, increased participation in social activities, and a stronger sense of community belonging.

Interestingly, the ranking of the number of “wants” by domain of adolescent well-being was identical across all three age groups: “learning, competence, education, skills, and employability” followed by "safety and a supportive environment”, “good health and optimum nutrition”, “connectedness, positive values, and contribution to society”, and “agency and resilience”.

However, examination of the distribution of "wants” related to each of the five well-being domains across the three age groups provides a nuanced understanding of how the priorities and concerns of young people vary by age in the 10-24 years demographic. The proportion of “wants” related to “learning, competence, education, skills, and employability” decreased with age, while those related to “safety and a supportive environment” stayed roughly the same. The proportion related to “good health and optimum nutrition”, “connectedness, positive values, and contribution to society”, and “agency and resilience” all increased with age.

Generation Z(eal)

ART OF WELL-BEING COMPETITION

As depicted in my piece, "Generation Z(eal)", I believe I am well because I am greeted by the flora and fauna in my yard each morning. I have access to potable water, quality education, a safe space where my voice is heard and a great system of family and friends. However, some are less fortunate and this makes me uneasy.

Every individual should enjoy the five tenets of wellness unconditionally. Our well beings are not only interconnected with one another, but with Earth as well. Hence, we must stand together, hand in hand, to achieve wellness for all and our home. Our generation has demonstrated the passion to reach this goal on countless occasions. I believe that with our zeal, we will see that it is achieved.

Chapter 5: Conclusion

The responses to the WYPW survey, mapped against the UN H6+ Adolescent Well-being Conceptual Framework (Ross et al., 2020), provide a comprehensive analysis of the priorities and needs of 1.5 million young people aged 10-24 globally.

The results of this large-scale, multi-country survey show that the five domains and 27 subdomains of adolescent well-being in the Adolescent Well-being Conceptual Framework (Ross et al, 2020) appear to be comprehensive as all the intelligible responses could be mapped to one or more of the 27 subdomains or were a general statement of a desire for well-being. The fact that responses from all age groups, genders, world regions, and country income groups included “wants” that related to all five domains of adolescent well-being also re-emphasizes the multi-faceted nature of adolescent well-being and the need for multi-sectoral policies and programmes.

Furthermore, interventions to promote young people’s well-being should be aware of the variations in the “wants” of different age groups, genders, world regions, and country income groups, as they tailor their policies and programmes to the particular needs of specific groups and contexts.

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