Legacy Report

# Young Lives
# Two decades of Findings and Future Research Opportunities: Health and Well-being

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Young Lives

# Overview

Achieving food security and adequate nutrition, as well as ensuring good health and well-being, are fundamental to children and young people reaching their full potential, as set out in Sustainable Development Goal 2 (SDG2: Zero Hunger) and SDG3 (Good Health and Well-being).

Young Lives' unique mixed-methods longitudinal research provides a holistic, life-course perspective to understanding health and well-being outcomes in low- and middle-income countries (LMICs) – from infancy to adulthood – highlighting the compounding impacts of inequality, gender, shocks and crises, such as climate change, conflict and COVID-19.

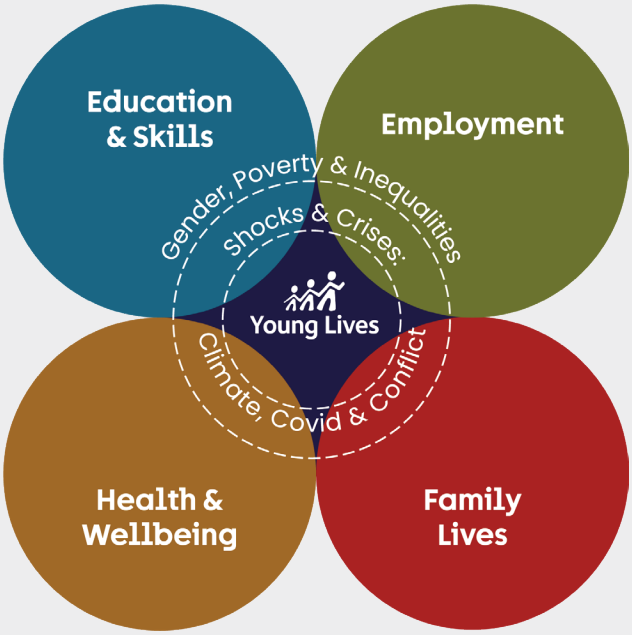
With extensive data now covering more than two decades, Young Lives is one of the few studies in the Global South that can examine how early childhood exposure to poor health and nutrition affects later outcomes, including mental health. The study also explores how widening inequalities – exacerbated by national and global crises – affect the resilience of vulnerable young people and threaten to reverse recent gains in health and well-being, with risks extending to the next generation. Data on nutrition, health and well-being is collected through child and household surveys, anthropometric measurements (height and weight), more recently, biomarkers for mental health and, in Peru, biomarkers for non-communicable diseases, alongside in-depth interviews with children and their families. Young Lives can track the physical and mental health development of two generations of children growing up in poverty.

**This report presents key findings from over 20 years of quantitative and qualitative research by Young Lives** on nutrition, health and well-being. It also highlights Young Lives' significant contributions to health and well-being policy debates, showcases impact case studies, presents the latest trends in physical and mental health from a preliminary analysis of Round 7 data and sets out unique opportunities for future research.

## The Young Lives study

Young Lives has been following the lives of 12,000 young people in Ethiopia, India (in the states of Andhra Pradesh and Telangana), Peru and Vietnam, from infancy into early adulthood, since 2002. In each country, the study is divided into two age groups: 2,000 young people born in 2001 (the Younger Cohort) and 1,000 born in 1994 (the Older Cohort).

This report is one of a series of four legacy reports – Education and Skills, Health and Well-being, Employment, and Family Lives – which together provide a comprehensive overview of Young Lives' holistic research and policy findings from the last two decades.



# 1. What we know: evidence from the Young Lives study

**There have been significant improvements in the health and nutrition of participants as they have transitioned from childhood to adolescence**. When the study began in 2002, between 21% (in Vietnam) and 41% (in Ethiopia) of Young Lives children, who were then 1 year old, were stunted. A comparison between the two cohorts at the age of 15 indicates that the situation has notably improved across all study countries. For example, in Peru, the percentage of 15-year-olds who were stunted dropped from 31% in 2009 (among the Older Cohort) to 17% by 2016 (among the Younger Cohort).

**Overall improvements in health and nutrition can be attributed to a reduction in poverty**, an increase in food security and dietary diversity, enhancements in living standards and greater access to services, clean water, sanitation and healthcare (Outes and Porter, 2013; Humphries *et al.*, 2015, 2017; Aurino, Fernandes and Penny, 2017; Nguyen-Phung and Le, 2025). However, inequalities persist both between and within countries, as access to quality services and sanitation remains insufficient in poorer communities and rural areas.

**Young Lives' evidence also demonstrates significant intergenerational improvements in health at birth, with enhanced access to services promoting a healthier generation of babies.** By comparing birth circumstances over the last two decades, the study has observed a marked increase in access to antenatal care and the presence of skilled health personnel during labour (above 90% across all four study countries in 2021). In Ethiopia, the proportion of births attended by skilled health personnel increased dramatically from 17% in 2002 to 94% in 2021. There has also been a corresponding rise in birth weight – measured by comparing participants' birth weights with the birth weights of their children – in India, Peru and Vietnam. This has significant implications for improving children's health and development, as higher birth weight is associated with improved cognitive skills in childhood (Kumar *et al.*, 2022).

**Despite this progress, wide inequalities persist and expose disadvantaged children to shockingly high rates of undernutrition across all the study countries.** From the earliest phases of life, growing up in poor households, having lower maternal education, living in rural areas and belonging to marginalised groups significantly increase the risk of stunted growth (Danbe and Goshu, 2024; Das and Khan, 2024; Gunjan and Galab, 2024; Haile and Legisso, 2024; Echeandía-Diez and Ormeño-Julca, 2025) and lower weight growth (Argawu, Muniswamy and Punyavathi, 2024), consequently raising their chances of dying before the age of 5 (Gausman, Kim and Subramanian, 2021). For example, the proportion of children who were stunted at age 1 in 2001 was typically twice as high in the poorest households compared to better-off households in Ethiopia, India and Vietnam. In Peru, the prevalence of stunting was about three times higher in the poorest households. Despite progress over time – stunting is lower for the Younger Cohort compared to the Older Cohort – inequalities persist (Penny, 2018).

**Children from the poorest households are not only more likely to experience stunting at an early age but these disparities also tend to persist as they get older** (Reynolds *et al.*, 2017). In India, evidence suggests that household food insecurity contributes to the development of stunting as children grow older (Dhamija, Ojha and Roychowdhury, 2022). Furthermore, children who are

moderately stunted before the age of 5 are more likely to experience further growth faltering rather than recovery at later ages (Das *et al.*, 2022).

**There are notable gender differences in nutritional status, disadvantaging boys in early childhood and, in India, disadvantaging girls in late adolescence**. During early childhood, boys are more likely than girls to experience stunting; however, these differences tend to disappear by around age 12 (Duc and Behrman, 2023). In India, evidence shows a reversal of this pattern, with girls exhibiting higher rates of stunting by age 18–19 (Krishna *et al.*, 2019). Similarly, gender disparities in dietary diversity in India – disadvantaging girls – widen significantly during adolescence (Aurino, 2017). Further research shows that moderately stunted girls in India, particularly those aged 8–12, are a highly vulnerable group, emphasising the need for gender-responsive approaches to support positive growth trajectories for girls (Das *et al.*, 2022).

**Children's physical growth and development are profoundly influenced by factors related to their parents' characteristics, family structure and community environments.** Across all four study countries, children of better-educated parents are at less risk of stunting in infancy and are more likely to recover from stunting in early childhood (Wake *et al.*, 2023). The mother's role is especially crucial in encouraging investments in children's education and health (Sabates and Di Cesare, 2021; Perez-Alvarez and Favara, 2023), as well as fostering equal opportunities for boys and girls during times of financial strain on the household (Novella, 2019).

**A mother's mental health, as well as a child's family structure and household income diversification, all have an impact on children's physical growth and development.** Young Lives' evidence shows that maternal stress adversely affects children's physical growth and the development of important cognitive and socio-emotional skills (Bennett *et al.*, 2016; Upadhyay, Singh and Singh, 2019; Bendini and Dinarte, 2020). Furthermore, maternal mental health can have long-term repercussions on children's health, and engagement in risky behaviours into early adulthood (Dickerson, 2021). In Vietnam, family structure also significantly influences physical growth, with evidence showing that having one additional sibling is associated with lower weight-for-age and height-for-age (Chen, 2021). In poorer, subsistence-oriented households in Ethiopia, agricultural factors play a crucial role, as crop diversification is linked to higher dietary diversity through increased agricultural earnings (Esaryk *et al.*, 2021).

**Teenage childbearing has decreased substantially over the last decade, which is likely to have significant positive effects on the health of the next generation.** Early maternal age has been shown to have a detrimental overall effect on a child's health and cognition. For example, in India, children born to teenage mothers have shorter height-for-age and lower numeracy skills in adolescence, compared to children born to older mothers (Perez-Alvarez and Favara, 2023). In Peru, children born to adolescent mothers also experience adverse effects on their physical growth (Antiporta *et al.*, 2021).

**Malnutrition during infancy and early childhood has severe long-term consequences, affecting physical growth, cognitive and socio-emotional skills, schooling and employability** (Crookston *et al.*, 2011; Kowalski *et al.*, 2018; Arteaga and Glewwe, 2019; Aurino *et al.*, 2019; Attanasio *et al.*, 2020; Deshpande and Ramachandran, 2022; Mitchell *et al.*, 2023)**.** In India, children who are of lower-than-expected weight at age 1 underperform in vocabulary, quantitative reasoning and maths tests at ages 5 and 8 (Aurino and Burchi, 2017). In Peru, children who are of lower-than-expected weight at age 1 had lower maths scores at age 8, compared to children of healthy weight; in addition, those who were thin or severely thin (with a low body mass index (BMI) for age) had significantly lower cognitive scores at ages 5 and 8 (Wisniewski, 2017). In Ethiopia, children with stunted growth scored significantly lower in literacy and numeracy tests at age 8 (Woldehanna, Behrman and Araya, 2017; Dessie *et al.*, 2025).

Girls are particularly sensitive to early deprivations, with physical growth between ages 1 and 5 more strongly associated with lower maths and reading test scores at age 8 compared to boys. In contrast, some evidence suggests that boys' cognitive performance is more strongly associated with physical growth during adolescence (Duc and Behrman, 2023). Nutritional deficits in early childhood are also linked to lower foundational cognitive skills, which in turn predict success at school (Lopez *et al.*, 2024). In Peru and Ethiopia, children who were stunted at around age 5 had lower working memory and inhibitory control – key skills related to goal planning and execution – at age 12, with these impacts already evident at earlier ages (Sánchez *et al.*, 2024). In India, persistently high food insecurity predicts lower educational outcomes for children between ages 8 and 15 (Argaw *et al.*, 2023).

**Importantly, Young Lives' evidence shows that early growth stunting can be reversed over a much longer period than previously thought** – well beyond the first 1,000 days, up to around age 15 – indicating significant 'growth plasticity' (Fink and Rockers, 2014; Lundeen *et al.*, 2014; Georgiadis and Penny, 2017; Reynolds *et al.*, 2017; Benny, Boyden and Penny, 2018). Physical recovery is associated with better performance (and at least partial catch-up) in cognitive tests and progression through school. While children who were never stunted performed best of all, those who were stunted at age 1 and had recovered by age 5 performed better on cognitive tests and school progression than those who remained stunted throughout their childhood (Crookston *et al.*, 2011). **While recognising the importance of investment in children's development in the first 1,000 days, sustained investment throughout the first two decades of life is also crucial,** especially for those from the most disadvantaged households (Crookston *et al.*, 2013; Schott *et al.*, 2013; Krishna *et al.*, 2015; Kumar *et al.*, 2019; Aizawa, 2020).

**Investments in cognitive development can help children recover from the adverse effects of early stunting even in the absence of physical recovery**. In Vietnam, attending preschool for a sufficiently long time mitigates the negative impact of stunting on cognition, even into adolescence (Robinson and Dinh, 2023). Since physical,

cognitive and socio-emotional development remains responsive to parental investments, supporting children from disadvantaged households is essential to breaking the cycle of intergenerational inequalities (Attanasio *et al.*, 2020; Mitchell *et al.*, 2023).

**Social protection programmes can play a crucial role in mitigating the impacts of early-life shocks and supporting the most disadvantaged children achieve their full potential.** Nutritional interventions, such as school feeding programmes, can have a positive impact on physical growth and mitigate the long-term consequences of early childhood stunting (Singh, Park and Dercon, 2014), particularly for children whose mother has achieved higher levels of education (Himaz, 2009). Young Lives' evidence has also demonstrated the potential benefit of social protection programmes in providing effective safety nets to compensate for early-life shocks. Examples include: in India, the National Rural Employment Guarantee Scheme (Ahmed and Ray, 2018) and Midday Meal Scheme (Singh, Park and Dercon, 2014)*;* in Peru, the JUNTOS conditional cash transfer programme (Andersen *et al.*, 2015); and, in Ethiopia, the Productive Safety Net Programme (PSNP) (Porter and Goyal, 2016), Emergency Aid Programme (EIP) and Health Extension Programme (HEP) (Begashaw, Zewotir and Fenta, 2024). Importantly, the PSNP was shown to partly mitigate the negative impacts of early nutritional deficits on foundational cognitive skills (Freund *et al.*, 2024). Similarly, with JUNTOS, a programme that targets children from poor families, greater nutritional gains were observed among beneficiaries enrolled since early childhood, with cognitive gains observed only within this group (Sánchez, Meléndez and Behrman, 2020).

**Young Lives has also seen an increasing prevalence of excess weight (overweight and obesity) in recent years**, particularly in India, Peru and Vietnam, most commonly in urban settings and among wealthier households (Wake, Mekebo and Fissuh, 2023). In Peru, around one-quarter of participants were overweight or obese by age 15. Obesity rates are also increasing in both India and Vietnam. **India is experiencing a double burden of malnutrition, with undernutrition and overweight or obesity coexisting, while Vietnam is facing an emerging double burden,** as levels of overweight and obesity rise. In Peru, while the consumption of unhealthy meals and drinks is a major risk factor for excess weight, regular breakfast consumption and physical activity serve as protective factors (Centeno-Leguia, Ango-Bedriñana and Mejia, 2022). Moreover, a diet high in carbohydrates, combined with certain genetic predispositions, is associated with an increased risk of cardiovascular disease (Wuni *et al.*, 2025). During the COVID-19 pandemic, reduced physical activity alongside increased time spent on sedentary activities increased the risk of excess weight among young people. **Rising levels of obesity now threaten to lower life expectancy for this generation, due to the increasing prevalence of non-communicable diseases** such as high blood pressure, diabetes mellitus, cardiovascular disease and certain forms of cancer (Curi-Quinto *et al.*, 2022).

**Increasing economic growth has been accompanied by changes in lifestyle and dietary patterns,** typically resulting in greater consumption of highly processed, calorie-dense foods and beverages (Aurino, Fernandes and Penny, 2017; Schott *et al.*, 2019, 2020). In Vietnam and Peru, a higher intake of sugary drinks and snacks, along with more meals being eaten outside the home in restaurants or fast-food outlets, have been associated with overweight and obesity in childhood and adolescence (Alviso-Orellana *et al.*, 2018; Nguyen *et al.*, 2021; Centeno-Leguia, Ango-Bedriñana and Mejia, 2022; Bernabé-Ortiz *et al.*, 2023). Declining physical activity and increased sedentary behaviour, alongside reduced access to healthy food are also contributing to the rise in overweight and obesity in Peru (Schott *et al.*, 2020; Centeno-Leguia, Ango-Bedriñana and Mejia, 2022; Bernabé-Ortiz *et al.*, 2023). Importantly, policies aimed at reducing overweight and obesity should also consider parental influences, as having an overweight mother in early childhood has been shown to significantly increase the risk of overweight and obesity later in life in Peru (Bernabé-Ortiz, Quinteros-Reyes and Carrillo-Larco, 2022; Bernabé-Ortiz *et al.*, 2023).

**Young Lives' research has examined not only physical health across the life course, but also mental health and well-being.** The study's mixed-methods approach has enabled the use of child-focused and participatory research methods to deepen understanding of children's well-being (Crivello, Camfield and Woodhead, 2009). Evidence suggests that children and young people's subjective well-being is associated with the quality of their relationships with family and peers, as well as their access to services, social support networks and continued education during adolescence (Crivello, Camfield and Woodhead, 2009; Das, 2024). However, disparities persist. For example, children in India who attended private preschools reported higher subjective well-being at age 12 than those who attended public institutions (Singh and Mukherjee, 2019). Other key factors influencing well-being include poverty and structural disadvantages, nutrition, caregivers' subjective well-being, participation in extra classes, and early marriage (Ko and Xing, 2009; Nguyen, 2011; Hoang Dat *et al.*, 2015; Singh and Espinoza Revollo, 2016), all of which have significant effects on cognitive skill development (Baryshnikova, Ploeckl and Yunren, 2023).

**Young Lives started measuring symptoms of anxiety and depression among young adults in the Round 6 phone survey during the COVID-19 pandemic.** This includes measuring symptoms compatible with anxiety and depression using the Generalised Anxiety Disorder-7 (GAD-7) scale and the Patient Health Questionnaire depression scale-8 (PHQ-8), respectively. This evidence shows that **the prevalence of anxiety and depression varies substantially across countries and by gender**. In Peru and India, young women experience significantly higher levels of mental health issues at age 22, compared to young men (Quigua, Favara and Sanchez, 2025; Singh and Juneja, 2025). Qualitative evidence from Peru indicates that women are disproportionately affected by crises. Having responsibility for a disproportionate share of unpaid care work – including housework and childcare responsibilities

– along with gender-based violence and interruptions in education, are likely contributors to these disparities (Rojas and Alván, 2024).

**Young Lives' evidence also shows that mental health challenges at age 22 are predicted by early-life circumstances, as well as adolescent and young adulthood factors**. Early-life circumstances, including parents' or caregiver's mental health and household wealth, significantly affect young people's mental health in early adulthood. Adolescent factors, including social relationships and academic performance, and early adulthood factors, such as interpersonal trust and exposure to violence, are also strongly associated with mental health. While some predictors – such as neuroticism and violence exposure – consistently show significant associations across countries, the importance of other factors varies, highlighting the role of local contexts in shaping mental health determinants (Favara *et al.*, 2025).

## *The impact of shocks and crises (climate, conflict and COVID-19) on health and well-being*

The young people in the Young Lives study are beginning their adult lives having to navigate the profound economic and social impacts of the global COVID-19 pandemic, alongside the increasingly urgent and growing impacts of climate change, which has increased the frequency and intensity of extreme weather events that typically affect poor countries considerably more than high-income countries. Many Young Lives families in Ethiopia have also been severely affected by ongoing armed conflicts and multi-year droughts in southern regions.

**Young Lives' research has showcased how childhood exposure to climate shocks – such as droughts and floods – has an unequal impact on children's development**, affecting their nutrition, learning progress and access to education, with the poorest children most affected. **Changes in children's diets often reflect broader shifts in household food security and overall household welfare** following such events (Aurino and Morrow, 2015; Aurino *et al.*, 2020; Sedai, Mudenda and Miller, 2022). Moreover, excessive rainfall is also associated with increased participation in agricultural work and household chores (Trinh, Posso and Feeny, 2020), poorer physical and mental health (Trinh, 2020; Trinh, Posso and Feeny, 2020) and reduced school enrolment and lower achievements on standardised tests (Nguyen and Le, 2024).

**A major concern is that the impact of climate shocks might extend to the next generation, with exposure early in life or even during gestation having long-term consequences.** Children exposed to extreme weather events in early childhood are more likely to be shorter than their peers and to experience higher rates of infections such as diarrhoea in infancy, which can impair nutrient absorption and later growth (Bahru *et al.*, 2019; Georgiadis, 2023). Maternal exposure to rainfall shocks during pregnancy has been shown to affect the future development of a child's vocabulary (Chang, Favara and Novella, 2022; Dhamija, Ojha and Roychowdhury, 2022; Yamashita and Trinh, 2022), although evidence on the persistence of these effects beyond ages 8 and 12 is mixed. In Peru, these early-life exposures have been linked to negative impacts on children's foundational cognitive skills, specifically on working memory (Pazos *et al.*, 2024). Longer-term effects on basic maths and socio-emotional skills, such as self-esteem, self-efficacy and agency, manifest even into adolescence (Chang, Favara and Novella, 2022). In Ethiopia, Young Lives children born to mothers exposed to the 1984 famine were, on average, shorter and attained less schooling than their peers, mirroring the outcomes experienced by their mothers (Tafere, 2016).

**The combination of extreme weather shocks, alongside the continuing economic and social impacts of the COVID-19 pandemic (and the concurrent devastating conflict in Ethiopia), places vulnerable families at high risk of food insecurity,** exacerbated by disrupted services and a lack of adequate social protection and humanitarian assistance. By the end of 2020, the risk of running out of food was a serious concern in Ethiopia, India and Peru (Favara, Freund, *et al.*, 2022). For many households, rising food prices have compounded the impact of decreasing incomes, along with higher costs of farming supplies. While the prevalence of severe food insecurity fell in all countries except Vietnam by the end of 2021, it remains a persistent issue among the most marginalised groups, with Round 7 data indicating that this trend has continued.

**Most recently, severe drought and rising food prices have led to shocking levels of food insecurity in southern Ethiopia, particularly among the poorest households, with profound consequences for the nutrition and development of children who were born or were very young during this period** (Freund *et al.*, 2022). In 2021, 75% of Young Lives families living in the Southern Nations, Nationalities Peoples' Region (SNNP) reported being worried about running out of food and over 40% had actually run out of food (Freund *et al.*, 2022). This is a staggering increase in food insecurity compared to the same families' situation before the drought at the end of 2020, reflecting the unprecedented challenges faced by vulnerable families as they grapple with the compounding effects of climate change, conflict and COVID-19. As the drought conditions improved, food insecurity declined in SNNP. By 2023, while fewer than 20% of households reported running out of food, levels of mild food insecurity remained widespread, with 61% of households still worried about running out of food, underscoring the need for sustained support for vulnerable families even after the immediate crisis has passed.

**Severe droughts also affect mental health.** In Ethiopia, exposure to droughts increases the likelihood of young adults experiencing symptoms compatible with anxiety and depression, with the strongest effects observed among those from rural areas, those working in agriculture and those born into the poorest households (Freund, 2023). In contrast, other extreme weather events, such as tropical cyclones and earthquakes, do not seem to have similarly differential effects on anxiety and depression (Cerna-Turoff *et al.*, 2024).

**The pandemic also affected young people's mental health, with a striking fall in subjective well-being and increased levels of anxiety and depression during lockdowns in 2020, despite previous positive trends in subjective well-being over the last two decades** (Favara, Freund, *et al.*, 2022; Rojas and Alván, 2024). Pandemic-related health, economic and social stressors presented significant risks to young people's mental health, particularly those living in food-insecure households (Hossain, 2021; Porter *et al.*, 2021, 2022; Gulati, Nanda and Hora, 2023) and those exposed to job losses (Freund *et al.*, 2025), as well as young women.

**In-depth interviews by Young Lives capturing the lived experiences of two young women in Peru** illustrate how the combined pressures of increased household responsibilities, financial hardship and limited access to mental health services – often compounded by stigma – have profoundly affected their mental health and overall well-being (Rojas and Flores, 2025). Previous research in Peru had documented the importance of economic stressors on self-perceived well-being and quality of life: adolescents who experienced fewer deprivations, as measured by the multidimensional poverty index, reported higher levels of subjective well-being, while those who moved out of poverty reported greater improvements compared to those who remained in poverty (Clausen, Barrantes and Matos, 2024). Across all study countries, Young Lives' evidence also shows that persistent food insecurity is associated with high levels of depression and anxiety (Porter *et al.*, 2022). These increases in mental health issues are of particular concern as **adolescence and young adulthood are critical periods for the onset of chronic mental health conditions**, often occurring just when young people are starting their own families and in contexts where formal mental health care is limited or non-existent.

**Young Lives has identified both risk and protective factors influencing young people's mental health in the contexts of shocks and crises**. Evidence shows that long-term physical or emotional health problems put young people at higher risk of developing mental health conditions in response to shocks, while strong relationships with parents and peers (Porter *et al.*, 2021) and perceived support from friends and government organisations act as protective factors (Das, 2024). The outbreak of civil conflict in Ethiopia in November 2020 led to an increase in mental health issues not only in the primarily affected Tigray region (Favara, Hittmeyer, *et al.*, 2022) but also across the rest of the country, with stronger impacts observed among young people living close to the Tigray region and these impacts decreasing with distance away from the centre of the conflict.

**As of 2023–24, young people's mental health continues to be significantly affected by the ongoing armed conflict.** The highest level of anxiety and depression is among participants from Tigray and Amhara, particularly those surveyed by phone, who were located in areas experiencing active conflict at the time of the interview. Young people from these regions also report the highest rates of PTSD-related symptoms. While no more than 1% of participants originally from Addis Ababa, Oromia, and SNNP exhibited at least one symptom of PTSD, the prevalence is significantly higher among participants originally from Tigray (20%) and among Amhara participants interviewed by phone (17%). In contrast, only 9% of participants from Amhara who were interviewed in person exhibited PTSD symptoms – about half the rate observed in the phone survey.

Furthermore, across the eight conflict-related negative experiences assessed by Young Lives, participants from Tigray reported an average of six, those interviewed by phone in Amhara reported four, and those interviewed in person in Amhara reported three negative experiences, whereas participants from other regions reported none. The most commonly reported negative impacts relate to disruptions to public services (Quigua, Favara and Sanchez, 2025).

**When conflict coincides with extreme climate shocks, the consequences can be devastating.** Young Lives' evidence shows that drought, combined with the political violence associated with the Naxal insurgency in India, significantly undermined young people's livelihoods, impeded access to public services and restricted flows of aid. Even households not directly affected by the uprising struggled to cope with the drought, possibly due to fear, insecurity or social isolation (Tranchant, Justino and Müller, 2020).

**The negative impacts of conflict can also affect future generations.** In Peru, many Young Lives families affected by the Shining Path conflict in the 1980s and 1990s migrated to escape the violence. Children whose mothers had migrated from conflict-affected areas scored lower in cognitive tests and were more likely to be physically stunted compared to children whose mothers had left areas unaffected by conflict (Escobal and Flores, 2009). Similarly, in Ethiopia, children born during the Ethiopian–Eritrean war whose family migrated due to the conflict had lower cognitive skills at age 8 (Demis, Kane and Greene, 2022), with children exposed to conflict having lower student achievement and higher risk of school dropout and grade repetition, regardless of their family's migration history (Weldeegzie, 2023). In Vietnam, children living in areas heavily bombed during the Vietnam War were more likely to engage in any type of labour, with the poorest households most affected (Churchill, Smyth and Trinh, 2022).

# 2. Policy implications and how Young Lives has made an impact

**Young Lives' longitudinal research provides a holistic, life-course perspective to understanding health and well-being outcomes in LMICs,** highlighting the compounding impacts of inequality, gender, shocks and crises, including climate change, conflict and COVID-19. This evidence is crucial for shaping policies aimed at achieving both SDG2, 'Ending hunger, achieving food security and improved nutrition' and SGD3, 'Ensuring healthy lives and promoting well-being for all at all ages'.

**Despite progress in health and well-being over the last two decades, Young Lives' findings show persistent inequalities,** with ongoing undernutrition and food insecurity exacerbated by multiple crises. These disparities expose disadvantaged children to high levels of malnutrition, which can have severe long-term effects on their physical growth, cognitive skills and education outcomes. Alongside this, overweight and obesity are increasing – particularly among young people in Peru and India – but remain largely overlooked in public policy. In addition, young people's mental health has not fully recovered since the pandemic (see Section 3), and the combined effects of COVID-19, conflict and climate change are having a significant impact as young people transition to adulthood.

**While policies must be tailored to specific countries and regional contexts, the following recommendations outline broad strategies** to address the increasing risks of food insecurity, improve nutrition and promote healthy lives and well-being across the life course, including young people's mental health.

**These actions should focus on supporting the most vulnerable groups**, especially those from disadvantaged backgrounds, as well as girls and young women, who are disproportionately affected by intersecting inequalities and compounding crises.

1. **Addressing persistent inequalities in food security and nutrition.** Despite overall gains, widening inequalities expose disadvantaged children to high rates of undernutrition across all Young Lives study countries. Social protection programmes, such as cash transfers and food assistance, can be effective ways to reduce financial hardship and improve food security, which in turn can have positive effects on children and young people's physical and mental health.

### Young Lives' impact: shifting the global debate on tackling undernutrition

Young Lives' longitudinal evidence has been pivotal in demonstrating that early childhood stunting can be reversed well beyond the first 1,000 days, even up to age 15, and that physical recovery is associated with improved cognitive tests and educational outcomes. While reinforcing the importance of the early years, the study's research challenges the idea that all is lost after early childhood by demonstrating clear windows of opportunity for recovery and catch-up in later childhood and adolescence.

This ground-breaking discovery is important for reshaping global nutrition initiatives, including promoting the extension of school feeding and social protection programmes to support a generation of children and young people at risk of malnutrition.

It has important policy and programme implications for extending nutrition interventions into middle childhood and adolescence and improving children's ability to learn, which has been incorporated into the work of the World Bank, UNICEF and Save the Children.

2. **Targeting support throughout childhood from infancy to adolescence.** Delivering child-sensitive social protection is crucial in creating a protective environment for all children, from infancy to adolescence. Prioritising sustained support to children who are undernourished or physically stunted (including beyond the first 1,000 days), those who are excluded from preschool and early education, those who spend excessive time on paid or unpaid work, household duties or childcare responsibilities, and those with disabilities, is likely to yield the greatest benefits for improving children's skills and learning.

## Young Lives' impact: improving children's health and nutrition through social protection

In Peru, Young Lives' longitudinal evidence has directly informed the redesign and expansion of the **JUNTOS conditional cash transfer programme**, delivering better access to health and education for disadvantaged pregnant women, children and adolescents. The evidence shows that children from households that receive JUNTOS support are significantly less likely to experience chronic malnutrition. The nutritional benefits are greater for children receiving support from an early age, with severe stunting in children under 5 years of age reduced by 8.4 percentage points. Children who receive JUNTOS support from an early age also show significant cognitive gains.

Similarly, in Ethiopia, Young Lives' evidence demonstrates the significant benefits of the **Productive Safety Net Programme (PSNP)** on children's growth and nutrition. Designed to reduce food insecurity among rural households and build resilience to economic shocks, analysis shows the nutritional benefits of PSNP support throughout childhood and into adolescence, at least up to age 15. Children in households benefiting from PSNP also show cognitive gains (better long-term memory) by remediating the negative effects of early nutritional deficits, including those caused by climate shocks.

These findings are particularly significant in the context of recent cuts and reallocations of aid budgets towards other priorities, underscoring the critical importance of protecting investment in effective national social protection programmes for safeguarding children's long-term development.

3. **Extending and improving school feeding programmes, including for children in pre-primary, primary and secondary education.** Such programmes can help sustain early gains and support children's later development (and provide incentives for school attendance), particularly in areas vulnerable to food insecurity. Young Lives' research also shows that children's skills are malleable from infancy through to adolescence, supporting the call to extend school feeding programmes beyond primary schools to both pre-primary and secondary schools.
4. **Improving food security and nutrition in times of crises through 'shock-responsive' social protection.** Adapting and expanding social protection programmes to be more shock-responsive is essential to ensure that the most disadvantaged households in disaster-prone regions receive timely and sustained support, particularly in response to acute nutritional deficits caused by conflict and climate shocks. Linking social protection programmes to climate risk monitoring and early warning systems can also ensure that vulnerable households are supported before extreme weather events occur.
5. **Prioritising safety nets and access to basic services for adolescent girls and young women**, particularly pregnant teenagers and young mothers vulnerable to climate shocks and nutritional deficits. This is crucial not only to safeguard their own health and well-being, but also for their children's long-term development, breaking intergenerational cycles of poverty and inequality. Young women's mental health is also disproportionately affected by crises. Strategies to improve women and girls' mental health should include practical measures to reduce the burden of unpaid care work, prevent early marriage and teenage pregnancy and support continued education.
6. **Addressing rising levels of overweight and obesity among young people** is critical for protecting long-term health, especially during the transition from adolescence to adulthood. Policies should focus on promoting healthy diets, encouraging physical activity and reducing time spent in sedentary activities, through education and public health campaigns, particularly in urban areas where there is easier access to unhealthy foods and limited exercise opportunities. This could include improving access to affordable nutritious food, promoting healthy weight through primary healthcare and improving infrastructure for active transportation, which is often the most common form of physical exercise among young people. In addition, monitoring increasing trends in overweight and obesity among children and young people and establishing specific SDG targets and indicators are vital to respond to the growing threat of obesity and the double burden of malnutrition.

## Young Lives' impact: influencing global climate policy

Young Lives' longitudinal research has shown that early exposure to climate shocks has a profound and unequal impact on children's long-term development, affecting their nutritional intake, physical growth, learning progress and access to education – with the poorest children most affected. It has even shown that these impacts can extend to the next generation: droughts, flooding or cyclones experienced by a pregnant mother can have adverse effects on her child's vocabulary by age 5, with longer-term effects on their basic maths and social and emotional skills in adolescence.

But these impacts are neither irreversible nor inevitable. Young Lives' evidence also shows that public policies such as social protection programmes can mitigate the negative effects of climate shocks and poverty, supporting young people on the frontline of climate change.

These findings have powerful implications for climate policy, particularly in relation to the Global Goal on Adaptation, a key item on the agenda at COP30. Young Lives was able to significantly influence policy by working collaboratively with UNICEF and Save the Children ahead of COP30 in Brazil in November 2025. This included preparing a series of joint policy briefs with recommendations for indicators to track progress on child health, nutrition and education in National Adaptation Plans and in the indicators for the Global Goal on Adaptation.

7. **Addressing the mental health impacts of shocks and crises, such as climate change and conflict, at high-level international fora.** The Political Declaration presented at the fourth meeting of the UN General Assembly on the prevention and control of non-communicable diseases and promotion of mental health and well-being in September 2025 recognises that people living in areas most vulnerable to climate change often bear a disproportionate burden, which is why it is important that supporting young people's mental health is included in national and global climate policies. There is also an urgent need to address widespread psychological trauma in conflict-affected regions, such as Ethiopia, where mental health services are often severely limited or absent.
8. **Recognising adolescence and early adulthood as critical periods for building resilience to mental health issues**, with strong parental relationships and close friendships shown to be protective factors. Embedding mental health education within school and university curricula, training teachers and counsellors to identify and support at-risk students, and promoting peer support groups and youth clubs can contribute to improving mental health. Integrating mental health into violence prevention and response programmes is vital, as exposure to violence during adolescence can have lasting negative effects. Early investments in positive parenting could have long-term benefits in protecting young people's mental health later in life. Awareness campaigns are also key to normalising open conversations around mental health, encouraging young people to seek help and reducing stigma.
9. **Investing in longitudinal (quantitative and qualitative) data to identify early risk and protective factors and pathways that predict adult mental health and well-being**. Most research in LMICs relies on short-term, cross-sectional data, limiting deeper insights. A life-course approach is essential to enable a comprehensive understanding of mental health and to identify effective approaches for addressing underlying causes and effective service delivery, as mental health issues in adulthood are closely linked to social disadvantages and childhood adversity.
10. **Substantially increasing global investment in the mental health of children and young people, alongside integrating mental health into existing services** such as primary healthcare, community-based initiatives and social protection programmes, is essential to expand access in resource-constrained settings. This requires greater funding for workforce expansion and training, and for mainstreaming mental health objectives across government sectors, including health, education, labour and social welfare, to foster coordinated action and understanding of financial and political constraints to create incentives for reform. Political economy research on national mental health systems can generate valuable insights to inform policy and system-level change, particularly in LMICs where this type of research remains underfunded.

## Young Lives' impact: protecting young people's mental health in global crises

Young Lives longitudinal evidence directly informed the 2025 WHO Guidance on Mental Health Policy and Strategic Action Plans (World Health Organization, 2025). These global guidelines incorporate numerous policy recommendations from Young Lives to embody a holistic, life-course perspective, addressing the social and structural determinants that contribute to poor mental health.

This is an exceptional resource with the potential to support transformational change in mental health action around the world – setting out comprehensive recommendations for strategic action to help shift predominantly biomedical approaches to mental health towards a person-centred, recovery-orientated and rights-based approach.

Young Lives' longitudinal research shows that COVID-19, conflict and climate change are exacerbating mental health issues, triggering mental health conditions among young people at a critical period in their lives when resilience to mental health issues is typically built.

# 3. Latest findings from the Young Lives Round 7 survey

**In 2023–24, Young Lives completed its seventh round of data collection in Ethiopia, India and Peru,** surveying the Younger Cohort at age 22 and the Older Cohort at age 29.[1] A series of factsheets provides a preliminary overview of Round 7 data on education and skills, health and well-being and work and family lives. The country-specific health and well-being factsheets (Curi-Quinto and Campos, 2025; Quigua, 2025a, 2025b) present recent trends and changes in these outcomes as participants transition into adulthood. Quigua *et al*. (2025) provide further details about recent trends in mental health.

**Preliminary findings indicate that young people in Ethiopia, India and Peru face distinct malnutrition challenges.** Ethiopia continues to experience a high prevalence of underweight: although the rate has declined when comparing the Younger Cohort to the Older Cohort at the same age (23% vs 28%, respectively at age 22), it remains a significant concern. In contrast, Peru shows a high and increasing prevalence of overweight and obesity, with 41% of the Younger Cohort at age 22 and 61% of the Older Cohort at age 29 affected. Participants born into wealthier households and those whose maternal tongue is Spanish are significantly more likely to be overweight or obese than their peers, highlighting persistent disparities linked to childhood circumstances. In India, there is a double burden of malnutrition among the Younger Cohort, with a high prevalence of underweight (24%) coexisting alongside a high prevalence of overweight or obese participants (21%). The number of underweight participants is similar across both cohorts and declines between ages 12 to 22. However, significant early-life inequalities persist: participants from poorer households, those with low maternal education and individuals from historically disadvantaged groups (Scheduled Castes and Scheduled Tribes) show higher rates of underweight. At the same time, the prevalence of overweight or obesity has significantly increased, with higher rates among more advantaged groups.

**Food insecurity remains widespread across the three study countries, with most participants being moderately affected**. Over the last decade, food insecurity has remained persistently high in Ethiopia and Peru. In Ethiopia, 74% of both the Younger and Older Cohorts are at least mildly food insecure. This percentage has remained consistently high for the Younger Cohort since the age of 12, likely due to ongoing droughts, armed conflict and macro-economic challenges (Fikre *et al.*, 2017; Concern Worldwide and Welthunger, 2024; Hassen, Yimam and Awoke, 2024). In Peru, food insecurity increased slightly during the COVID-19 pandemic but remained relatively stable between ages 12 and 22 for the Younger Cohort. By 2023–24, 60% of households across both cohorts were food insecure; India had the highest prevalence of food insecurity, with 76% of the Older Cohort and 80% of the Younger Cohort affected. Concerningly, the percentage of food-insecure households in the Younger Cohort doubled between 2013 and 2023, from 41% at age 12 to 80% at age 22. The largest increase occurred in 2021, when the Younger Cohort participants turned 19, coinciding with both the transition to adulthood and the pandemic. Despite varying trends, early-life inequalities continue to significantly affect food security in all three countries, with individuals born into poorer households experiencing higher rates of food insecurity in adulthood.

1 Data was not collected in Vietnam in this survey round due to a change in government regulations regarding the international transfer of personal data.

**Across the three study countries, self-reported well-being follows similar patterns, but mental health issues vary significantly.** Self-reported well-being declined sharply during the pandemic, but has started to recover in Ethiopia, India and Peru. In contrast, mental health conditions differ across countries. Peru exhibits the highest burden, with 33% of the Younger Cohort and 29% of the Older Cohort reporting symptoms indicative of at least mild anxiety, and 29% of the Younger Cohort and 19% of the Older Cohort reporting symptoms indicative of at least mild depression. In Ethiopia, rates are lower for both anxiety (20% for the Younger Cohort and 23% for the Older Cohort) and depression (16% for the Younger Cohort and 19% for the Older Cohort). However, the prevalence is significantly higher among participants originally from Tigray and Amhara, likely due to the impact of armed conflict. India exhibits a lower overall burden of mental health, with fewer than 15% of participants reporting symptoms compatible with anxiety or depression, but the prevalence is higher among historically disadvantaged groups. Across all three countries, women report similar or higher levels of anxiety and depression, which might be related to the longer-term impacts of the pandemic, as well as gender differences in time use.

# 4. Looking forward: harnessing the power of longitudinal research

**Unique research opportunities in health, nutrition and well-being:** Young Lives' latest survey, Round 7, combined with the extensive quantitative and qualitative data collected and research evidence generated over the past 20 years – including the recent waves of qualitative research in Peru and Ethiopia – will enable a thorough investigation of the health, nutrition and well-being trajectories spanning two decades of life and across varied education systems and country contexts in the Global South.

**The Young Lives study offers a unique opportunity to conduct policy-relevant research** on the following overarching questions, while examining the influence of gender, ethnicity and early-life vulnerabilities as key factors behind the differences observed:

1. The long-term implications of living in poverty on adult physical health, the rising prevalence of double burden of undernutrition, obesity and non-communicable diseases.
2. The neuroscience of cognitive development and the long-term consequences of child malnutrition and mental health.
3. The critical aetiological factors and developmental pathways of mental health.
4. The aetiology of stress and its long-term consequences on physical and mental health, cognitive development, behaviours and choices.

## The future of Young Lives

Young Lives' vision to 2030 is an ambitious plan to extend its longitudinal research, creating a unique 'birth-to-thirty' evidence base to track the long-term, intergenerational impacts of global crises on young people's lives. The core goals of this vision include:

- expanding the recently launched Research Hub on Climate Change and Environmental Shocks to generate policy-relevant evidence on the long-term and intergenerational effects of extreme weather events across the life course and across three generations of children and young adults.
- pioneering new research to uncover the profound impact of crises (COVID-19 pandemic, climate change and the recent armed conflict in Ethiopia) on mental health, alongside an innovative analysis of cortisol stress levels in hair samples – an approach never before undertaken in the Global South.
- launching a new nationally representative longitudinal cohort study in the Global South. Building on the existing Young Lives study, the SDG Generation study will collect new data on the children of Young Lives participants and their peers, including expanding into new countries where possible. This cohort study will generate groundbreaking evidence on the life trajectories of a new generation born into a time of unprecedented crises, enabling in-depth intergenerational analysis.

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Young Lives is a longitudinal study of poverty and inequality, following the lives of 12,000 young people – from infancy to adulthood – in four countries (Ethiopia, India, Peru and Vietnam).



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