ADOLESCENT PREGNANCY:

A Review of the Evidence

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CHAPTER 1. ADOLESCENT PREGNANCY AND DEVELOPMENT[1]

1.1 Introduction

The Convention on the Rights of the Child (CRC) provides signatory governments and societies in general with the basic elements for the protection of girls and boys up to the time they reach adulthood. Any departure from CRC goals and principles constitutes a violation of the rights of the child, and governments, as duty-bearers, are accountable to respond to these violations. There is plenty of evidence that in those countries and societies where the rights of the child are honoured and respected, girls and boys grow up and develop to their potential, and become empowered adults who can function accordingly. Unfortunately, there is also plenty of evidence of the opposite tendency, with devastating consequences, especially for girls.

Many children are denied the right to have a name, acquire a nationality and identity, and to be cared for by her or his parents. Discrimination constantly occurs along the lines of race, colour, sex, language, religion, disability, etc. Often, children are not able to fully and freely participate in their societies, or do not receive needed assistance from their governments to develop physically, mentally, spiritually, morally or socially. The survival and development of children depend extensively on government and parental provision of a high standard of health, including nutrition; access to water and sanitation; child care; antenatal, post-natal and preventive care; family planning; and education on child health, nutrition and hygiene, among other services (UNICEF 2012). Equal opportunity via education is also an undeniable right for children, and yet millions of girls and boys are out of school (UNESCO 2012). On the protection side, children are affected by all forms of violence, injury, abuse, neglect and exploitation.

In the CRC, governments agreed that their actions concerning children should be guided by the principles of non-discrimination; the best interest of the child; the right to life, survival and development; and respect for their views. States Parties promised to take "all effective and appropriate measures with a view to abolish traditional practices prejudicial to the health of the children" (Article 24.3). Many CRC provisions have been sustained and reinforced under subsequent treaties and agreements, including the Programme of Action issued by the 1994 International Conference on Population and Development (ICPD). The CRC and ICPD both make commitments to eliminate harmful traditional practices such as child marriage and child pregnancy.

The ICPD put substantial emphasis on supporting the needs, aspirations and development capacities of adolescents worldwide, and the elimination of practices that could curtail the normal development and empowerment of children. On marriage, the Programme of Action urges governments to enforce "…laws to ensure that marriage is entered into only with the free and full consent of the intended spouses…(and) laws concerning the minimum legal age of consent and the minimum age at marriage…." (paragraph 4.21). There are also calls for action "to encourage children, adolescents and youth, particularly young women, to continue their education in order to equip them for a better life, to increase their human potential, to help prevent early marriages and high-risk child-bearing and to reduce the associated mortality and morbidity" (paragraph 6.7[c]). On adolescents and youth participation, the programme calls for greater and active involvement in the planning, implementation and evaluation of development activities that have direct effect on their daily lives, such as information, education and communication activities, and services concerning reproductive and sexual health, including the prevention of pregnancies before age 18 (paragraphs 6.11 and 6.15).

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[1] This chapter uses some of the elements of Chapter 1 of UNFPA, 2012.

On the reproductive health needs of adolescents, the ICPD agreed on two distinctive objectives: "(a) to address adolescent sexual and reproductive health issues, including unwanted pregnancy, unsafe abortion, and STIs, including HIV/AIDS, through the promotion of responsible and healthy reproductive and sexual behavior...and (b) to substantially reduce all adolescent pregnancies" (paragraph 7.44). More specifically, it called for countries and the international community to "...protect and promote the right of adolescents to reproductive health education, information and care and greatly reduce the number of adolescent pregnancies" (paragraph 7.46).

Pregnancies among girls less than 18 years of age have irreparable consequences. It violates the rights of girls, with life-threatening consequences in terms of sexual and reproductive health, and poses high development costs for communities, particularly in perpetuating the cycle of poverty. Existing evidence strongly disputes the rationale of traditional cultural practices such as child marriage. It supports immediate action to enforce laws protecting the rights of children and particularly of girls; guarantee education and health needs; and eliminate the risks of violence, pregnancy among girls less than 18 years of age, HIV infection, and maternal deaths and disability.

This report presents an update on the current situation of pregnancies among girls less than 18 years of age and adolescents 15-19 years of age; trends during the last 10 years; variations across geographic, cultural and economic settings; interventions available to minimize pregnancy among adolescents; evidence for these programmatic approaches; and challenges that nations will have to deal with in the next 20 years given current population momentum.

Article 1 of the CRC establishes that "…a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier." Any pregnancy that occurs to girls before age 18 is therefore considered an adolescent-girl pregnancy in this report. Pregnancies that occur between ages 10 and 19 in general are referred to as adolescent pregnancies. The analysis focuses on documented cases of pregnancies among girls before the ages of 15 and 18 as reported by women aged 20 to 24. [2]

1.2 Adolescent-girl pregnancy undermines achievement of the Millennium Development Goals

With less than three years left to realize the United Nations Millennium Development Goals (MDGs), governments and their partners should recognize that many of the goals are directly and negatively affected by the prevalence of adolescent-girl pregnancy. Urgent investments to end this harmful practice should be part of national strategies for poverty reduction and social justice.

Goal 1: End Hunger and Extreme Poverty
Support for girls to avoid pregnancy, stay in school and delay family formation translates into greater opportunities for them to develop skills and generate income for themselves and their present families, building an economic base to lift future generations out of poverty.

Goal 2: Achieve Universal Primary Education
Adolescent pregnancy abruptly limits and ends girls' potential because they are taken out of school to be mothers. Children of mothers with little education are less likely to be educated.

Goal 3: Promote Gender Equality and Empower Women

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[2] These measurements are retrospective in asking women aged 20 to 24 (who are no longer adolescents, but were at risk of pregnancies at that time) about pregnancies while they were adolescent girls.

Girls often get pregnant without any say in the decision, and often with much older men or husbands. Large spousal age gaps also mean huge power differentials between girls and their partners/husbands. Girls who get pregnant before age 18 are more likely to experience violence within marriage or a partnership than girls who postpone child-bearing.

Goal 4: Reduce Child Mortality
Still births and deaths in the first week of life are 50 per cent higher among babies born to adolescent mothers than among babies born to mothers in their 20s.[3]

Goal 5: Improve Maternal Health
Every year, nearly 16 million adolescent girls give birth, the majority of whom are married. These youngest, first-time mothers face significant risks during pregnancy, including obstetric fistula and maternal death. Because they start child-bearing early, a married girl will likely have more children and at shorter intervals during her lifetime. These factors—a young age, multiple children and a short interval between births—are all linked to a higher risk of death and disability due to pregnancy or childbirth.[4]

Goal 6: Combat HIV/AIDS, Malaria and Other Diseases
Adolescent pregnancy exposes young girls to the risk of HIV and sexually-transmitted infections (STIs). Girls in a marriage or union often have older, more sexually experienced husbands or partners, lack the power to negotiate safer sex and have little access to family planning information.

1.3 How is this report organized?

Chapter 2 defines the main indicators for adolescent pregnancy, including some variation for the proportion of women aged 20 to 24 having a live birth before ages 18 and 15, respectively, and describes data sources, measurements and limitations. The number of adolescents, that is, the population between the ages of 10 and 19, has steadily increased in most of the developing world as a result of declines in mortality and relatively high levels of fertility—in other words, an increasing number of live births with better chances of survival.

In Chapter 3, the report presents 2010 estimates of the adolescent population at the global, regional and country levels. It describes expected changes from 2010 to 2030, given current knowledge on possible shifts in mortality, fertility and migration developed by the United Nations Population Division in the 2010 publication *World Population Prospects*. The chapter also includes a description of the distribution of adolescents between the ages of 15 and 19 according to their marital status and levels of school participation.

Chapter 4 summarizes empirical evidence of the prevalence and recent trends in adolescent pregnancy using data from household surveys, mostly the Demographic and Health Surveys (DHS), but also the Multiple Indicators Cluster Surveys (MICS). It illustrates the potential effects of adolescent pregnancy from 2010 to 2030 if current estimates do not change through actions to minimize its incidence, and in light of current population momentum. The chapter also delves into the global population dynamics that have resulted in an increasing number of adolescents.

Chapter 5 looks at disparities in adolescent pregnancy associated with key social and economic characteristics: place of residence (region and urban/rural), educational attainment and household wealth (quintiles). The assessment is carried out in a descriptive manner and addresses associations

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[3] World Health Organization, 2008.
[4] UNFPA, 2007.

between the adolescent birth rate (ABR), defined as the number of live births per 1,000 adolescents 15 to 19 years of age, and the three background characteristics that serve as explanatory variables. Disaggregating data in this way not only emphasizes the extent and growth of internal disparities that may easily be overlooked in discussions that address only global, regional or national averages, but also provides entry points for the development of appropriate policies and programmes to minimize the incidence of adolescent pregnancies.

Chapter 6 includes a brief description of the extent to which adolescents are making use of contraception (contraceptive dynamics) as one of the possible interventions to prevent early and unwanted pregnancies. The evidence is presented using three main indicators: the contraceptive prevalence rate, the rate of the unmet need for contraception and the proportion of demand satisfied among adolescents aged 15 to 19. Data is organized to present current levels, trends and differentials at the global, regional and country levels.

Chapter 7 outlines the future that is already defined in terms of population size and growth, and its possible influence in terms of the future number of pregnancies among adolescent girls if the current levels are not modified. Since some knowledge has been accumulated from past efforts to deal with child marriage and pregnancies among adolescent girls, Chapter 8 draws on this to propose some possible interventions to advance the elimination of adolescent-girl pregnancy. Annexes include 10 country profiles for the 5 countries with the highest prevalence of pregnancy among adolescent girls, and the 5 with the highest absolute number of adolescent girls with a live birth before age 18.

CHAPTER 2. THE MEASUREMENT OF ADOLESCENT PREGNANCY

2.1 The measurement of adolescent pregnancy

Adolescent pregnancy is reported and analyzed here using the percentage of women aged 20 to 24 with a live birth before ages 15 or 18, respectively, and the adolescent birth rate (ABR) among women 15-19 years of age. Although both estimates provide an approximation of the reality of adolescent pregnancy, both offer different information, as discussed later. Although the measurement of the percentage of women aged 20 to 24 who are married or in a union before the ages of 15 and 18 is retrospective,[5] it is the closer estimation of the prevalence of pregnancies among girls under the age of 18 or 15 respectively. Other indicators, such as the percentage of adolescents aged 15 to 19 who are currently pregnant or who have had a live birth is affected by censoring—girls not pregnant or without a live birth still face the risk of pregnancy before they reach age 18.

For the purpose of identifying policy and programmatic approaches, additional empirical evidence is presented using the percentage of adolescents aged 15 to 19 who are currently pregnant or have had a live birth as well as the number of live births observed among them. The first indicator is used in this report to define the magnitude of adolescent pregnancies, especially among adolescent girls under age 18. The second indicator, the ABR, or the total number of live births per 1,000 adolescents aged 15 to 19, is used here to illustrate disparities linked to basic background characteristics (place of residence, education and wealth quintile).

The ABR includes live births among adolescents who initiated child-bearing when they were 18 or 19 years old, and therefore are not to be considered pregnancies among adolescent-girls. The percentage of women aged 20 to 24 who were pregnant or had a live birth before ages 15 or 18 is not affected by this limitation; therefore, it represents more accurately the real extent of adolescent pregnancy among girls less than 18 years of age. This report provides evidence and analysis on data for both indicators since they complement each other.

Data from household surveys are used to produce country, regional and global estimates of adolescent pregnancy, to assess trends over the period from 2000 to 2010, and to generate disparity estimates along the lines of individual and household characteristics. The majority of the data on adolescent pregnancy have been collected by the DHS and to a lesser extent by the MICS[6] using national representative samples, and in close collaboration with national counterparts (e.g., national statistics offices and/or ministries of health).

Data on adolescent-girl pregnancy are available for 81 developing countries, representing 83 per cent of the developing world's population of women 20 to 24 years of age in 2010. The trends analysis of the prevalence of adolescent-girl pregnancy stemmed from comparing results from the two most recent surveys in 54 countries that represent 72 per cent of the population of developing countries (more than 90 per cent in the case of African countries with two datasets available). The first surveys were conducted from 1990 to 2008, and the second surveys between 1997 and 2011.

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[5] The percentage of women aged 20 to 24 who married or entered into a union before age 18 in 2010 includes girls born from 1986 to 1990. They probably married or entered into a union from 1995 to 2008.

[6] DHS is sponsored by the United States Agency for International Development and MICS by the United Nations Children's Fund (UNICEF).

For the disparity analysis of ABR, data are available for 79 developing countries, representing 80 per cent of the developing world's population of women 15 to 19 years of age in 2010. With the exception of Latin America and the Caribbean, all other regions (sub-Saharan Africa, the Arab States, East Asia and the Pacific, South Asia, and Eastern Europe and Central Asia) have information on ABR for countries representing 50 per cent or more of the region's population.[7] The trends analysis of ABR for the period 1998 to 2011 was only possible for 51 developing countries with two data points.

2.2 Data sources and limitations

Adolescent and adolescent girl pregnancy indicators

A. The prevalence of adolescent-girl pregnancy or AGP (under the age of 18) and adolescent birth rate or ABR, are calculated with the following two indicators:

  1. *AGP:* $\underline{\textit{Number of women aged 20 to 24 that had a live birth before the ages 15/18}}$ *x 100*
                  Total number of women aged 20 to 24

  2. *ABR:* $\underline{\textit{Total number of live births among adolescents (15-19)}}$ *x 1,000*
              Total number of adolescents (15-19)

B. The background characteristics of adolescents aged 15-19 used to disaggregate data are defined as follows:

   Place of residence relies on two basic indicators:
   - region of country of residence
   - urban or rural residence
   The *levels of education* considered are:
   - No education
   - Primary education
   - Secondary or higher education
   Household wealth is measured by quintiles:
   - Poorest 20 per cent
   - Second 20 per cent
   - Middle 20 per cent
   - Fourth 20 per cent
   - Richest 20 per cent

Thus, the percentage of women aged 20 to 24 who had a live birth before age 18 among women aged 20 to 24 without education is a proxy for adolescent-girl pregnancy, since their live birth occurred before they turned 18 years old.[8] The ABR for the poorest quintile is interpreted as the average number of live births among adolescents aged 15 to 19 from the poorest 20 per cent of households.

Results are presented using regions defined by UNFPA. They include the Arab States; Asia and the Pacific (disaggregated into East Asia and the Pacific, and South Asia when possible); Eastern Europe and Central Asia; Latin America and the Caribbean; sub-Saharan Africa (disaggregated into Eastern and Southern Africa, and West and Central Africa); and non-UNFPA programme countries. A full description of the countries in each region appears in Annex 3.

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[7] Data for Latin American and the Caribbean cover only 30 per cent of the region's population. China is excluded from East Asia and the Pacific.
[8] Notice, however, that this number may underestimate the real value of child pregnancy, since only pregnancies that ended in a live birth are counted (excludes stillbirths and abortions).

CHAPTER 3. GLOBAL ESTIMATES OF THE ADOLESCENT POPULATION

The number of adolescents has steadily increased in most of the developing world as a result of declines in mortality and relatively high levels of fertility, with an increasing number of live births and better chances of survival. This chapter includes 2010 estimates of the adolescent population at the global, regional and country levels. It also describes expected changes from 2010 to 2030, given knowledge on possible shifts in mortality, fertility and migration. Data come from the most recent population projections produced by the United Nations Population Division (2010).

3.1 Overview of the global adolescent population

For 2010, the total number of adolescents was estimated at 1.2 billion, representing 18 per cent of total world population. Adolescents are almost equally distributed by age group—10 to 14 and 15 to 19 (see Figure 3.1). They are similarly distributed by sex, with over 580 million female adolescents representing close to half the total. Among female adolescents, this report gives special attention to girls aged 10 to 17, given the higher risks they confront during pregnancy and motherhood.[9] These include higher risks of maternal death, violence, disability, and violations of rights to education, employment and reproductive health. This cohort represents about 80 per cent of all adolescents aged 10 to 19, or about 14 per cent of the total female population.

Figure 3.1: Age pyramid of the world population by sex, 2010 and 2030
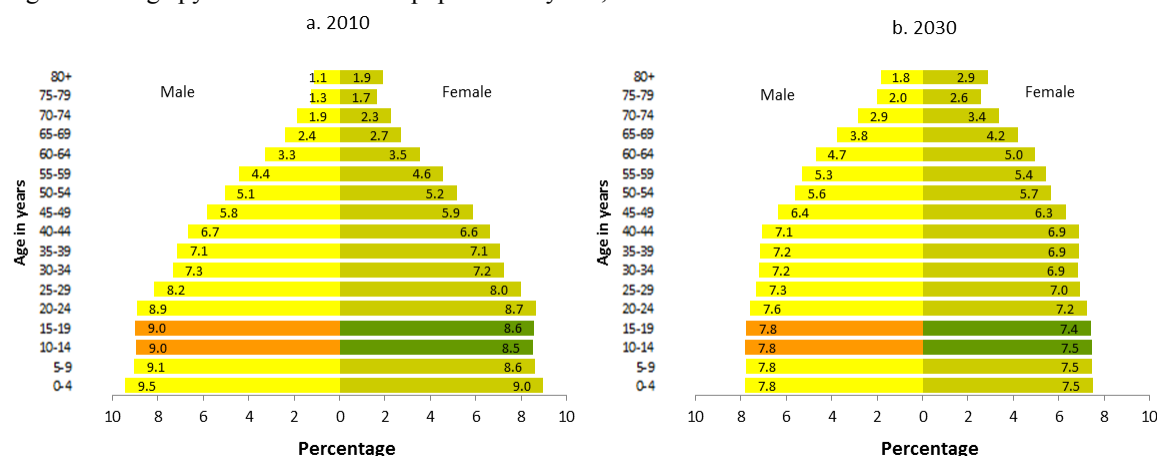
Source: UNFPA database, using United Nations Population Division, 2010 estimates.

From 2010 to 2030, the total population of adolescents will increase to 1.3 billion in spite of forecasted declines in fertility. Almost 500 million will be adolescent girls aged 10 to 17 (see Figure 3.1). The number of female adolescents aged 10 to 19 will rise to almost 615 million, representing 15 per cent of the total female population. While the number of adolescents will increase, they will represent less of the total population at 15 per cent in 2030, compared to 18 per cent in 2010.

3.2 Global, regional and country-specific trends

In 2010, 55 per cent of the global total of adolescents lived in Asia and the Pacific—with 29 per cent in South Asia, including India, and 26 per cent in East Asia and the Pacific, including China (see Figure 3.2). Adolescents in sub-Saharan Africa accounted for 16 per cent of the world total, equally divided between Eastern and Southern Africa, and West and Central Africa. By 2030, the adolescent population

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[9] Adolescents aged 10 to 17 are considered children under the CRC.

of Asia and the Pacific will decline to 48 per cent of the total, while the one in sub-Saharan Africa will rise to 23 per cent.

Figure 3.2: Distribution of the adolescent population aged 10 to 19 by region, 2010
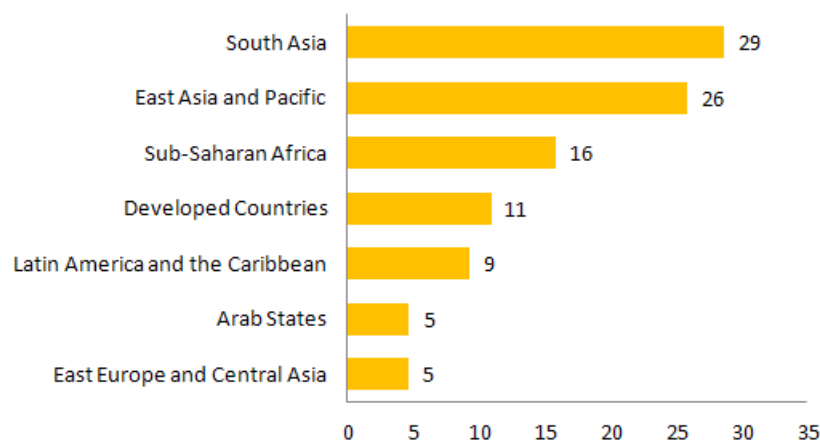
The concentration of adolescent girls aged 10 to 17 will also change significantly, with the largest increase occurring in sub-Saharan Africa, where adolescent pregnancy is most common, and the rate of contraceptive use the lowest in the world. The number of adolescent girls there will rise markedly, by 51 per cent, from 75 million in 2010 to 113 million in 2030, and from 18 per cent to 26 per cent of the adolescent girl population in developing societies (Figure 3.3). This indicates that by 2030, approximately 1 in every 4 adolescent girls will live in sub-Saharan Africa.

In comparison, the number of adolescent girls in East Asia and the Pacific and Latin America and the Caribbean will fall from 117 million in 2010 to 98 million in 2030 for the former, and from 43 million to 40 million in the latter (Figure 3.3). South Asia will experience a slight increase from 133 million to 136 million.

If current trends continue, by 2030, there will be 26 million more adolescent girls in the world. Most of them will live in Asia and the Pacific and sub-Saharan Africa, where they will face significantly higher risks of pregnancy compared to their counterparts in other regions.

Globally, from 2010 to 2030, the number of countries with more than 5 million adolescent girls will increase from 16 to 18. The number of sub-Saharan African countries with more than 5 million will double, from 3 to 6. The number of countries with more than 2.5 million will increase from 32 to 44 (Map 3.1).

The largest absolute national increases in adolescent girls will mostly happen in sub-Saharan Africa. The top five countries with the greatest absolute increases are all sub-Saharan African nations: Nigeria (9.2 million), United Republic of Tanzania (3.7 million), Democratic Republic of the Congo (3.3 million), Uganda (2.5 million) and Kenya (2.3 million). In percentage terms, 8 of the 9 countries to see an increase of over 70 per cent in the adolescent girl population are in sub-Saharan Africa: Niger (101 per cent), Zambia (99 per cent), Malawi (93 per cent), United Republic of Tanzania (90 per cent), Rwanda (78 per cent), Mali (75 per cent), Uganda (75 per cent) and Burkina Faso (74 per cent).

Figure 3.3: The number of adolescent girls aged 10 to 17 in sub-Saharan Africa will increase from 75 million to 113 million during the period 2010-2030[10]

Number of women aged 10-17 years, by UNFPA regions (in millions)

Proportion of women aged 10-17 years, by UNFPA regions (percentage)

Legend:
- Eastern Europe and Central Asia
- Arab States
- Latin America and the Caribbean
- Sub-Saharan Africa
- Asia and the Pacific
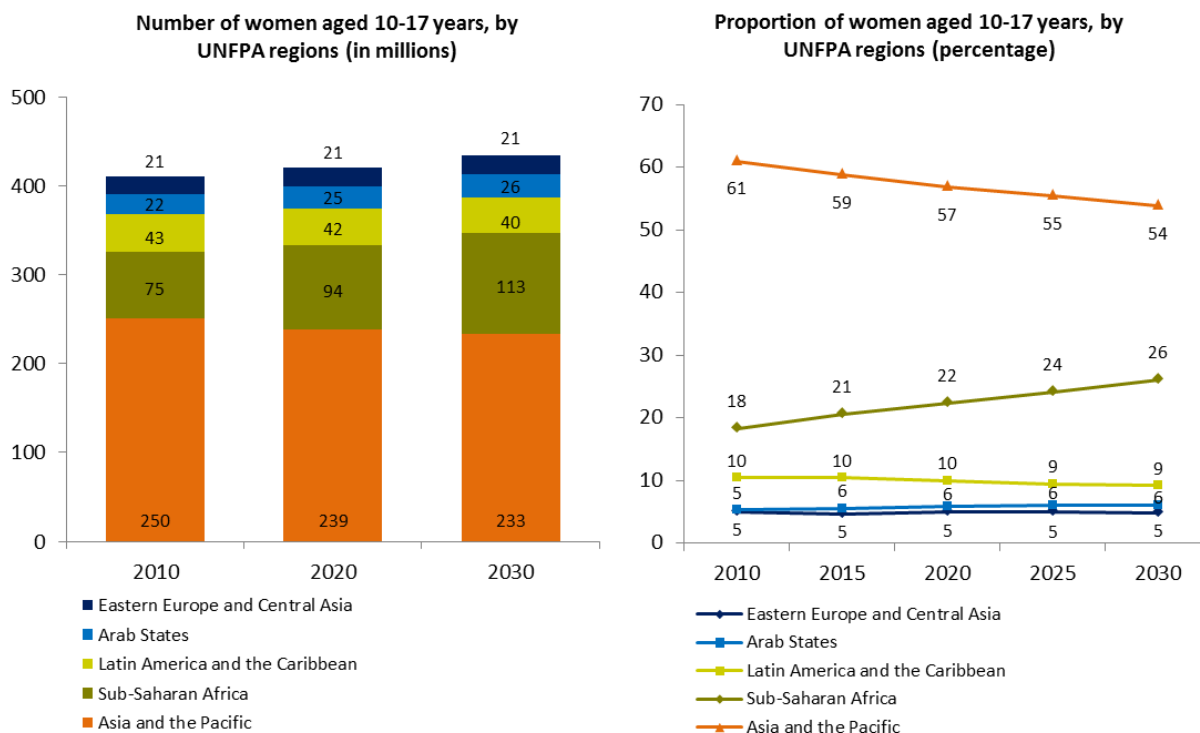
Source: UNFPA database, using United Nations Population Division, 2010 estimates.

In 2010, 49 per cent of adolescent girls lived in only six countries: China, India, Indonesia, Nigeria, Pakistan and the United States of America. India (20 per cent) and China (16 per cent) together account for more than one-third of the global total. India will retain the biggest national adolescent girl population, with hardly any net change from 2010 to 2030 (93 million to 95 million). China, in contrast, will experience a sharp decline from 72 million to 55 million. It will only account for 11 per cent of the global total by 2030 (Figure 3.4).

While East Asia and the Pacific and South Asia will still have the most adolescent girls, the face of this group will increasingly be African.

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[10] Calculation is based on 137 UNFPA programme countries with available data. Non-UNFPA programme countries are not included.

Figure 3.4: Top 10 countries with the greatest number (millions) of adolescent girls aged 10 to 17, 2010 and 2030
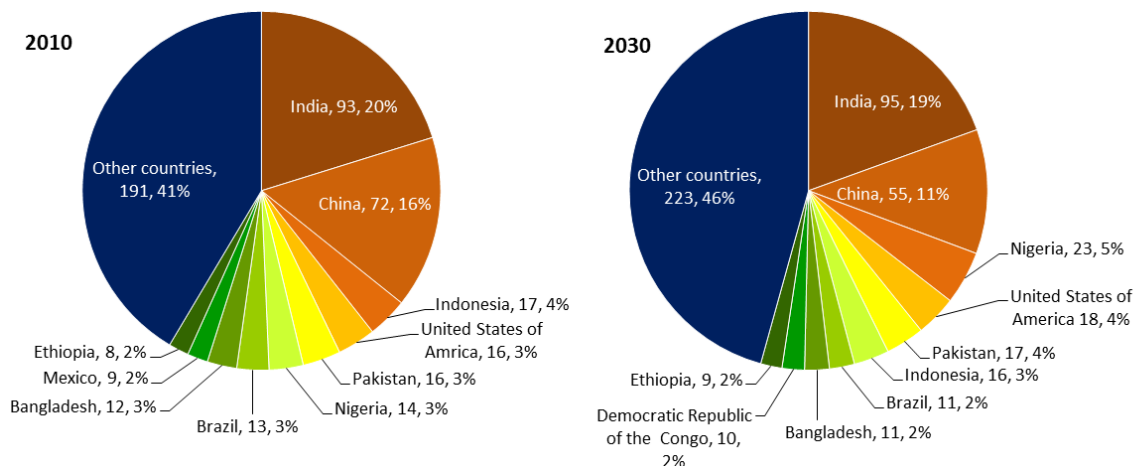
3.3 The adolescent population and school participation

Adolescents aged 10 to 19 are of school age, officially defined at the country level for secondary and tertiary education. Unfortunately, many are either out of school or are enrolled in or attending school at levels that do not correspond to their ages. In 2007, the United Nations Educational, Scientific and Cultural Organization (UNESCO) Institute for Statistics (2010) estimated that "approximately 71 million out-of-school adolescents of lower-secondary school age (are) excluded from any level of education."[11] Almost two-thirds of them live in South and West Asia or in sub-Saharan Africa (Table 3.1). In both cases, they represent an important proportion of the adolescents of lower-secondary school age (28 per cent and 38 per cent, respectively). Almost one in three adolescents of secondary school age in sub-Saharan Africa and South and West Asia are out of school.

The situation of adolescents is further aggravated by the fact that many attend school at a grade that does not correspond to their age. In 2007, 17 per cent of lower-secondary school age adolescents were enrolled in primary education (about 67 million, of which 35 million were girls) (Table 3.1). Evidence also indicates that once a child or adolescent starts attending grades behind the one indicated for her or his age, the probability of dropping out of school increases substantially.

Access to good quality education is one of the most effective interventions to empower adolescents with the most basic skills to function and contribute to society. This is of greater relevance for girls to obtain comprehensive sexual education; to know and recognize options; to be able to negotiate reproductive desires, including when and how many children to have; and to be able to demand access to good quality services for reproductive health. All of these faculties could be easily denied to adolescent girls who are out of school and unable to complete their secondary education as a minimum. In sub-Saharan Africa, only 23 per cent of adolescents of lower-secondary school age are attending at this level, with 38 per cent out of school and 39 per cent enrolled in primary education. By contrast, in North America and Western Europe, 95 per cent of lower-secondary school age adolescents are enrolled at that level, with only 4 per cent out of school.

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[11] Lower-secondary school ages vary, starting between 10 and 13 years of age, and finishing between 14 and 16 years of age. The lower-secondary school population represents an important part of the adolescent population aged 15 to 19.

Table 3.1: Number and percentages of adolescents who are out of school or enrolled in primary education by region, 2007

Regions defined by UNESCO	Out-of-school adolescents of lower-secondary school age				Secondary school age adolescents in primary school		
	Number (000)	Percentage	Girls (000)	Percentage of girls	Number (000)	Percentage	Girls (000)
South and West Asia	29,147	28	16,089	55.2	12,492	12	6,895
Sub-Saharan Africa	21,311	38	11,913	55.9	21,872	39	12,226
East Asia and the Pacific	10,646	10	5,099	47.9	15,969	15	7,649
Arab States	4,280	18	2,504	58.5	4,280	18	2,504
Latin America and the Caribbean	1,977	5	949	48.0	9,094	23	4,365
Central and Eastern Europe	1,946	7	1,103	56.7	1,112	4	631
North America and Western Europe	1,334	4	600	45.0	2,335	7	1,051
Central Asia	392	4	234	59.8	98	1	59
Total	71,033	18	38,492	54.2	67,087	17	35,379

3.4 Adolescent population by marital status

At the global level, over 9 out of 10 adolescents are currently not married (see Table 3.2). Many more female than male adolescents, however, are married—16 per cent and 3 per cent in the developing world, respectively. This unequal distribution is even more extreme in South Asia, where 25 per cent of female adolescents are already married versus 5 per cent of male adolescents, and West and Central Africa, where the figures are 28 per cent and 2 per cent, respectively. Percentages shrink in East Asia and the Pacific to 5 per cent and 2 per cent, respectively. In Eastern Europe and Central Asia, the differences just start to be evident, at 9 per cent and 2 per cent, respectively.

Table 3.2: Distribution of adolescents, female and male aged 15 to 19, by marital status and UNFPA regions, 2010

UNFPA regions	Female			Male		
	Percentage		Number (000)	Percentage		Number (000)
	Currently married	Single/ other	Currently married	Currently married	Single/ other	Currently married
Eastern Europe and Central Asia	8.7	91.3	1,250	1.7	98.3	253
Latin America and the Caribbean	12.0	88.0	3,183	3.9	96.1	1,053
Arab States	12.5	87.5	1,891	1.2	98.8	179
Asia and the Pacific	15.2	84.8	24,357	3.2	96.8	5,604
East Asia and Pacific	5.0	95.0	3,908	1.7	98.3	1,475
South Asia	24.9	75.1	20,449	4.6	95.4	4,129
Sub-Saharan Africa	23.6	76.4	10,238	2.6	97.4	1,125
East and Southern Africa	19.2	80.8	4,178	3.1	96.9	671
West and Central Africa	28.0	72.0	6,060	2.1	97.9	454
All other countries	1.4	98.6	466	0.5	99.5	165
Developing countries	15.8	84.2	40,919	3.0	97.0	8,214
World	14.2	85.8	41,386	2.7	97.3	8,379

Source: UNFPA database, based on United Nations Population Division, 2010 and 2012.

Given the negative outcomes associated with child marriage (UNFPA 2012), adolescents who marry, especially girls, are entering into adulthood in extremely unequal conditions. These same girls are not attending school and experience high levels of fertility over their lifetimes.

Map 3.1: Changes in the population of adolescent girls aged 10 to 17 by country between 2010 and 2030

2010

2010 and 2030 (in thousands)

- Less than 500
- 501 - 2500
- 2501 - 5000
- More than 5000
- Data not available

2030
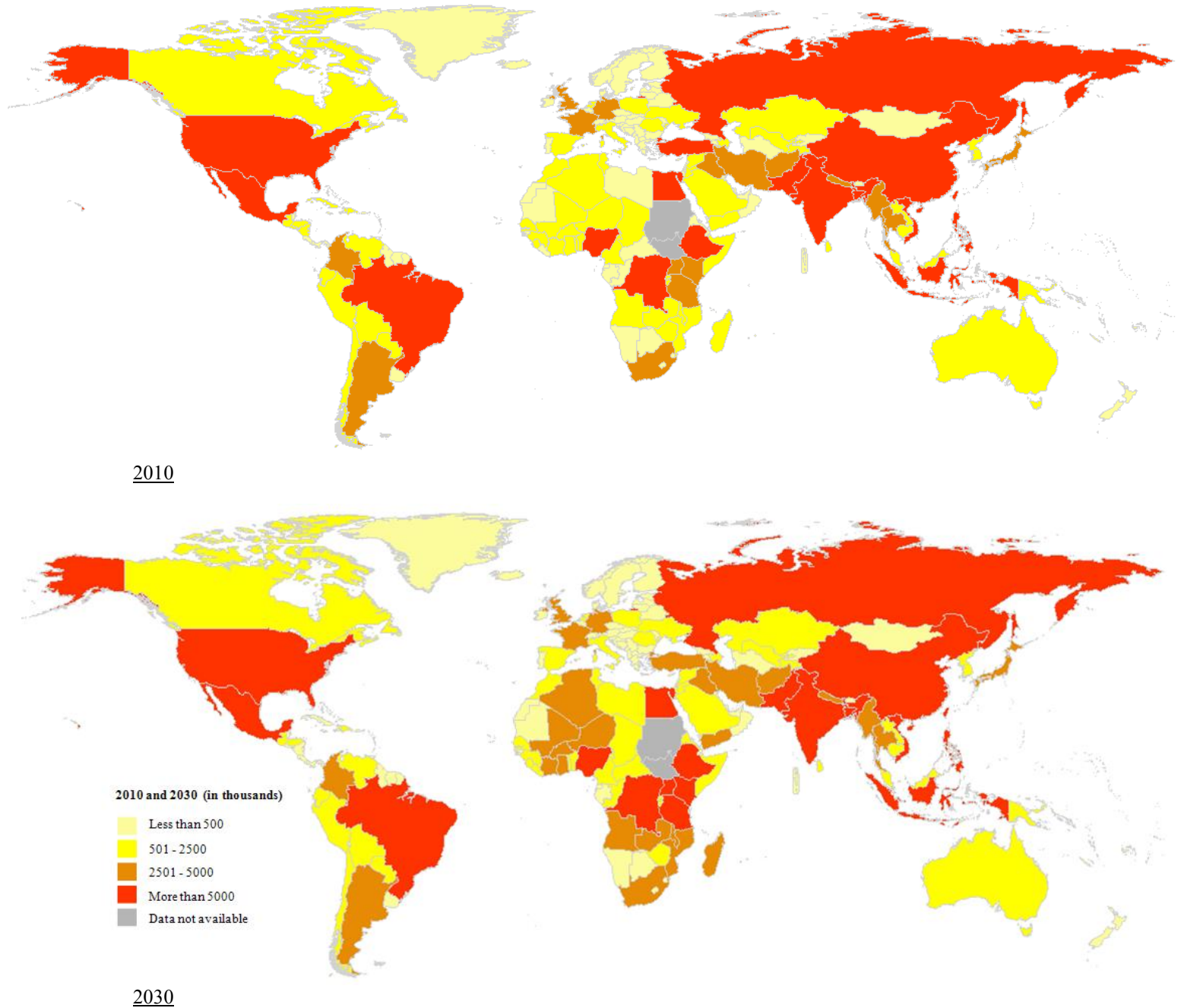
Source: UNFPA database, using United Nations Population Division, 2010.

CHAPTER 4. ADOLESCENT PREGNANCY LEVELS AND TRENDS BY REGION

4.1 Current levels of adolescent pregnancy

The magnitude of the issue of adolescent pregnancy can be better understood by looking at evidence from household surveys such as the DHS and MICS on the percentage of women aged 20 to 24 who had a live birth by age 15 or 18. The most recent estimate available indicates that almost one in five women aged 20 to 24 (19 per cent) had a live birth by their 18th birthday (Figure 4.1).[12] An equivalent value of 3 per cent was observed for those who had the live birth by age 15. As with many averages, there are substantial variations across different regions. For the before age 18 figure, extreme values are observed in sub-Saharan Africa, at 28 per cent in West and Central Africa, and 25 per cent in Eastern and Southern Africa, compared to just 4 per cent in Eastern Europe and Central Asia. By contrast, Latin America and the Caribbean show a value close to the global estimates at around 18 per cent.

Figure 4.1: Percentages of women aged 20-24 with a live birth by ages 15 or 18, 1995-2011
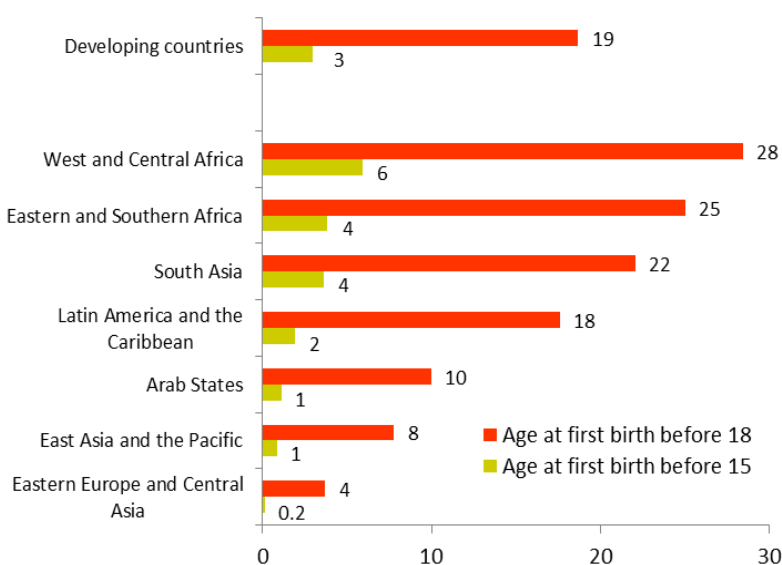
Note: Calculations are based on data for 81 countries, representing over 83 per cent of the populations in these regions.

Source: UNFPA MDG5b+Info database with data from DHS and MICS studies (www.devinfo.org/mdg5b).

Table 4.1 includes the 10 countries with the highest prevalence of pregnancy among adolescent girls in both relative and absolute terms. While Niger has the highest percentage of women aged 20 to 24 with a live birth before age 18, at 51 per cent, India in 2010 had the highest total number at 12 million. In addition to these 10 countries, there are 30 additional countries where the percentage is 20 per cent or more, a value that is high and unacceptable overall (see also Map 4.1).

In absolute terms, in 2010, 36.4 million women aged 20 to 24 had their first live birth before age 18, and 5.6 million did so before age 15. This value is equivalent to 7.3 million girls under the age of 18 giving birth every year,[13] or 20,000 every day. Of the 36.4 million, almost half or 17.4 million adolescent mothers lived in South Asia. Sub-Saharan Africa, with the highest prevalence of pregnancies among

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[12] Similar findings and trends are observed when using the ABR as a proxy for adolescent pregnancy. A more detailed analysis using the ABR is included in Chapter 5.
[13] The 36.5 million value is from 2010, with the live births taking place between approximately 2005 and 2009.

adolescent girls, accounted for 28 per cent of adolescent mothers, with 15 per cent in West and Central Africa, and 13 per cent in Eastern and Southern Africa.

Table 4.1: Ten countries with the highest percentages and the greatest numbers of women aged 20 to 24 who have had a live birth before age 18, most recent data from surveys since 2000

Top 10 countries with the highest **percentages** of women aged 20-24 who gave birth by 18		Top 10 countries with the greatest **numbers** of women aged 20-24 who gave birth by age 18	
Niger	51%	India	11,875,182
Chad	48%	Bangladesh	2,904,220
Mali	46%	Nigeria	1,978,365
Guinea	44%	Brazil	1,354,236
Mozambique	42%	Indonesia	1,078,955
Bangladesh	40%	Pakistan	895,449
Sierra Leone	38%	Ethiopia	881,168
Liberia	38%	DR of the Congo	757,596
Central African Republic	38%	United republic of Tanzania	585,949
Madagascar	36%	Kenya	535,441

Source: UNFPA MDG5b+Info database with data from DHS and MICS studies (www.devinfo.org/mdg5b). Absolute numbers were estimated using United Nations Population Division, 2010.

There are 40 countries where 20 per cent or more of women aged 20 to 24 gave birth before age 18 (see Figure 4.2 and Map 4.1). Of the 15 countries where the figure is over 30 per cent, 14 are in sub-Saharan Africa, with the highest rates observed in Niger (51 per cent), Chad (48 per cent), Mali (46 per cent), Guinea (44 per cent), Mozambique (42 per cent), Sierra Leone (38 per cent), Liberia (38 per cent), Central African Republic (38 per cent), Madagascar (36 per cent), Gabon (35 per cent), Malawi (35 per cent), Zambia (34 per cent), Uganda (33 per cent) and Cameroon (30 per cent). The only country that has a rate above 30 per cent outside sub-Saharan Africa is Bangladesh at 40 per cent.

Map 4.1: Percentages of women aged 20-24 who gave birth by age 18, by country, most recent data (1996-2011)

Age at first birth before 18 (percent)

- Less than 10
- 10 - 19
- 20 - 29
- 30 and above
- Data not available
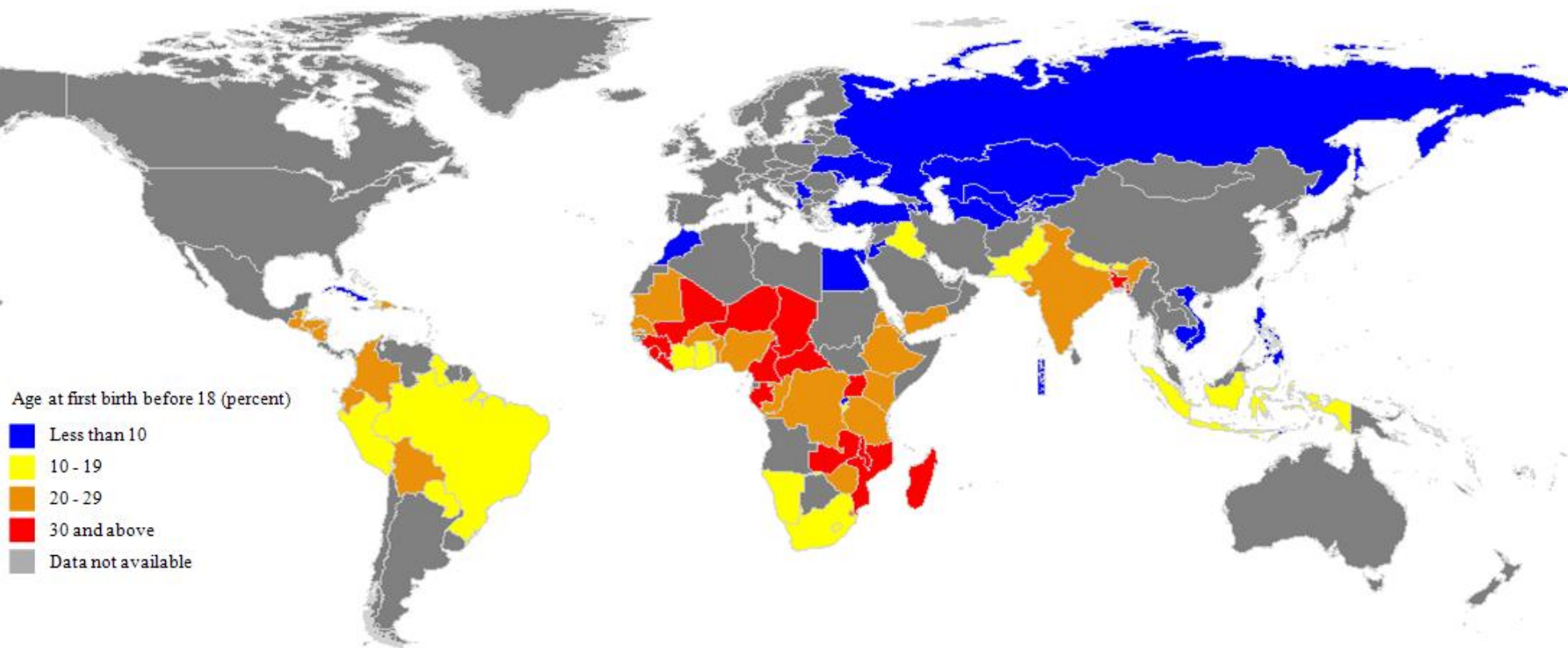
Source: UNFPA MDG5b+Info database with data from DHS and MICS studies (www.devinfo.org/mdg5b).

Figure 4.2: Countries with 20 per cent or more of women aged 20-24 having a live birth before age 18

Country	Value
Colombia	20
Bolivia	20
Zimbabwe	21
Mauritania	21
Ecuador	21
Senegal	22
India	22
Cape Verde	22
Swaziland	22
Ethiopia	22
Benin	23
El Salvador	24
Guatemala	24
Yemen	25
Dominican Republic	25
Sao Tome and Principe	25
Congo, Democratic Republic of the	25
Eritrea	25
Kenya	26
Honduras	26
Nigeria	28
Nicaragua	28
Burkina Faso	28
United Republic of Tanzania	28
Congo, Republic of the	29
Cameroon	30
Uganda	33
Zambia	34
Malawi	35
Gabon	35
Madagascar	36
Central African Republic	38
Liberia	38
Sierra Leone	38
Bangladesh	40
Mozambique	42
Guinea	44
Mali	46
Chad	48
Niger	51

Source: UNFPA MDG5b+Info database with data from DHS and MICS studies (www.devinfo.org/mdg5b).

4.2 Global and regional trends in adolescent-girl pregnancy

Over the recent past, the global prevalence of pregnancies among girls less than 18 years of age has slightly declined, by 14 per cent, from 23.3 per cent to 20.1 per cent (see Figure 4.3). All regions, with the

exception of Latin America and the Caribbean, appear to be moving towards a decline, although this is still incipient in some cases.[14]

Eastern Europe and Central Asia and South Asia have experienced the largest declines at 20 per cent, followed by East Asia and the Pacific at 13 per cent. Unfortunately, the overall levels in sub-Saharan Africa, the Arab States, and Latin America and the Caribbean have remained relatively constant, with changes of less than 10 per cent.

Figure 4.3: Trends in the percentages of women aged 20-24 who gave birth by age 18 and age 15, by UNFPA regions

Note: Calculations are based on data for 54 countries with two data points available, 1990 to 2008, and 1997 to 2011. The countries cover over 72 per cent of the populations in the regions above.

Source: UNFPA MDG5b+Info database with data from DHS and MICS studies (www.devinfo.org/mdg5b).

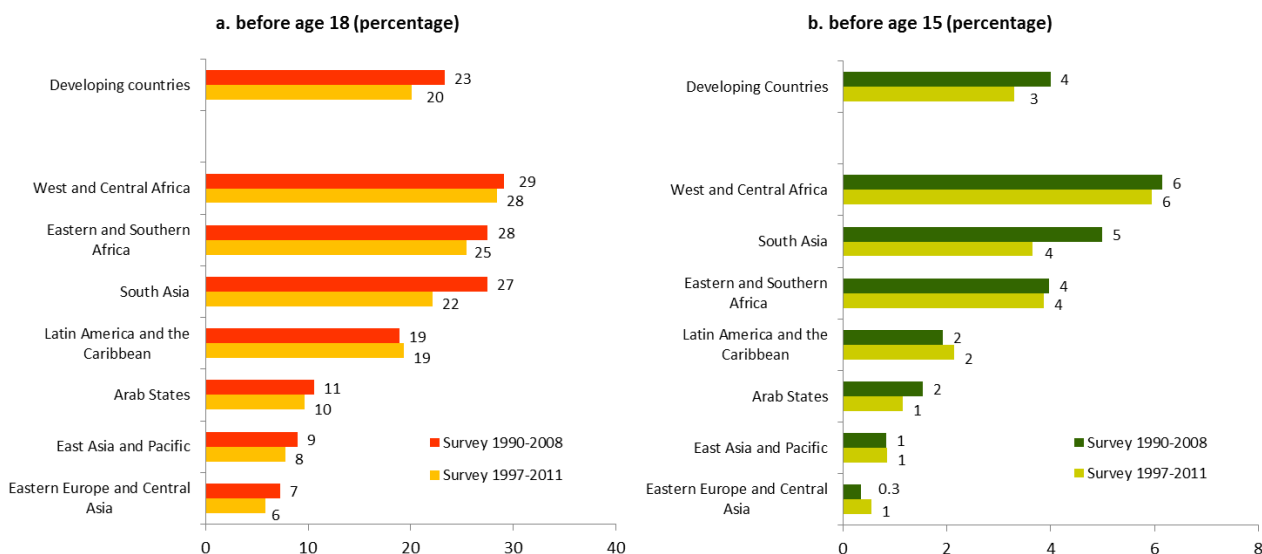Despite some progress towards reducing pregnancies among adolescent girls, the disparity between sub-Saharan Africa, particularly West and Central Africa, and other regions has grown. Among those countries that conducted surveys during 1990 to 2008, a woman aged 20 to 24 in West and Central Africa faced a probability of giving birth before age 18 that was 1.1 times as likely as a woman in South Asia, 2.7 times as a woman in the Arab States, and 4 times as a woman in Eastern Europe and Central Asia. Around the second period, 1997 to 2011, these probabilities increased to 1.3 times, 2.9 times and 4.9 times those of South Asia, the Arab States, and Eastern Europe and Central Asia, respectively.

4.3 Country specific trends

Of the 15 countries with a high prevalence of pregnancy among girls less than 18 years of age, or over 30 per cent, only half have seen a reduction (Figure 4.4). All 6 countries with an increased rate are in sub-Saharan Africa: Madagascar (15 per cent), Liberia (13 per cent), Niger (10 per cent), Chad (6 per cent), Mali (3 per cent) and Malawi (2 per cent). It is also remarkable to note the decline in prevalence in Côte d'Ivoire, which achieved a 54 per cent reduction between 1989 and 2005, from 35 per cent to 16 per cent.

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[14] These values are affected by sampling errors that may render the differences statistically insignificant. Changes therefore should be viewed cautiously.

Figure 4.4: Of the 15 countries with a high prevalence of pregnancy among girls less than 18 years of age, 8 have seen reductions
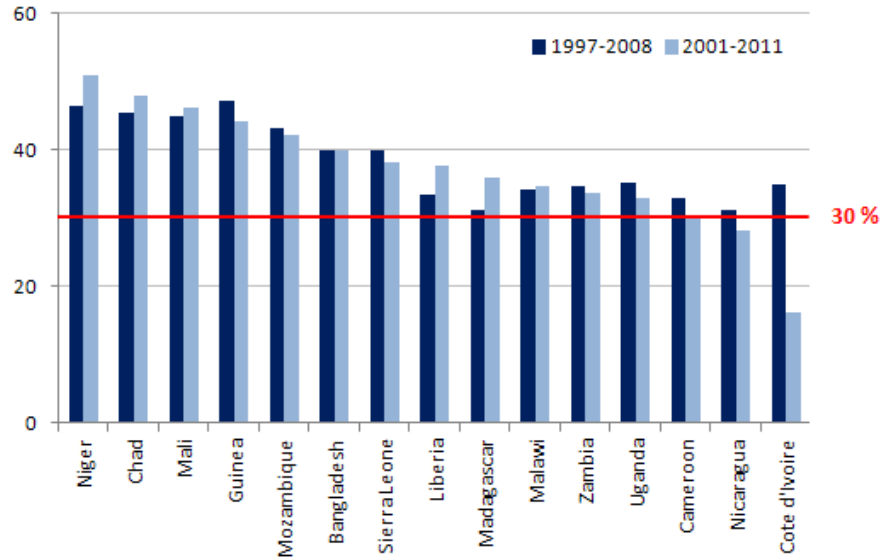
Source: UNFPA MDG5b+Info database with data from DHS and MICS studies (www.devinfo.org/mdg5b).

4.4 Disparities at the sub-national level

The prevalence of pregnancy among girls less than 18 years of age exhibits important variations not only between countries (Map 4.1), but also across regions within countries. For example, in Niger, adolescents less than 18 years of age living in the region of Zinder are more than three times as likely to give birth before age 18 (68 per cent) than their counterparts in Niamey (21 per cent). See Map 4.2. Variations at sub-national level are common within most of the countries analyzed. Understanding these differences is helpful for policymakers and programme managers to minimize adolescent-girl pregnancies.

Map 4.2: Percentages of women aged 20 to 24 who gave birth by age 18 in regions of Niger
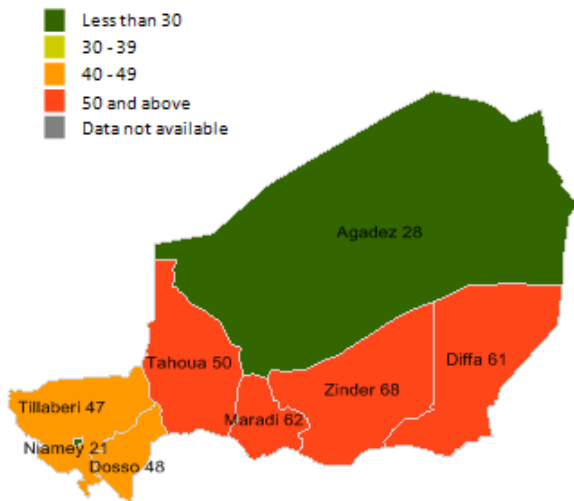
Source: Niger DHS 2006, 2011.

CHAPTER 5. DISPARITIES AND INEQUALITIES

In addition to considering the percentage of women aged 20 to 24 with a live birth before ages 15 and 18, adolescent pregnancy can be examined using the adolescent birth rate (ABR), that is, the average number of live births per 1,000 women aged 15 to 19 at any given time. Worldwide, the ABR was 50, while in developing societies, the ABR was 85.

The ABR varies across regions in a way similar to the percentage of women aged 20 to 24 who have a live birth before ages 15 and 18, as discussed in Chapter 4. It is higher among adolescents in sub-Saharan Africa; with values above 100 (see Figure 5.1). In East Asia and the Pacific, the value is relatively low at 20. This chapter presents ABR variations across regions according to background characteristics: place of residence (region and urban/rural), level of education and household wealth.

Figure 5.1: The ABR by UNFPA region and background characteristics

a) By region, 1991-2011

Region	ABR
West and Central Africa	129
Eastern and Southern Africa	109
Latin America and the Caribbean	79
World	50
Arab States	50
South Asia	49
Eastern Europe and Central Asia	31
East Asia and the Pacific	20

b) By background, 1998-2011

Background	ABR
Total	85
Rural	103
Urban	56
No Education	154
Primary	119
Secondary or higher	56
Poorest 20%	118
Second	109
Middle	95
Fourth	77
Richest 20%	42

Note: Estimates for Figure 5.1(b) are based on data for 79 countries, representing over 80 per cent of the populations in these regions.

Source: UNFPA estimates based on the MDG database of the United Nations Population Division, and the MDG5b+Info database with data from DHS and MICS studies (www.devinfo.org/mdg5b).

Overall, the ABR is higher among adolescents in rural areas, with less education or in poor households, and is lower among adolescents in urban areas, with higher levels of education or in wealthier households. Adolescents in rural areas, with no education and in the poorest 20 per cent of households have ABRs that are 1.8, 2.8 and 2.8 times higher than the ones observed for those in urban areas, with a secondary or higher education, or in the richest 20 per cent of households, respectively.

Similar disparities occur across regions, although with different intensities (see Annex 4 for data disaggregated by region). East Asia and the Pacific have the largest residence disparity, where adolescents living in rural areas were 2.3 times as likely to give birth compared to their urban counterparts (69 per 1,000 compared to 31 per 1,000; see Annex 4). The largest disparity by education is in West and Central Africa, where the ABR for adolescents with no education is 210, versus only 52 among those with secondary or higher education—a rate about four times higher. Latin America and the Caribbean have the

largest wealth disparity. Adolescents in the poorest 20 per cent of households are 4.8 times as likely to give birth as those in the richest 20 per cent (148 versus 31, respectively).

Figure 5.2 indicates that during the last 20 years, the ABR in the developing world has declined by about 9 per cent. This trend appears across most socioeconomic and demographic groups, as can be seen in changes by place of residence and wealth quintile (except among the richest 20 per cent, where the rate seems unchanged).

Figure 5.2: Trends in the ABR according to background characteristics
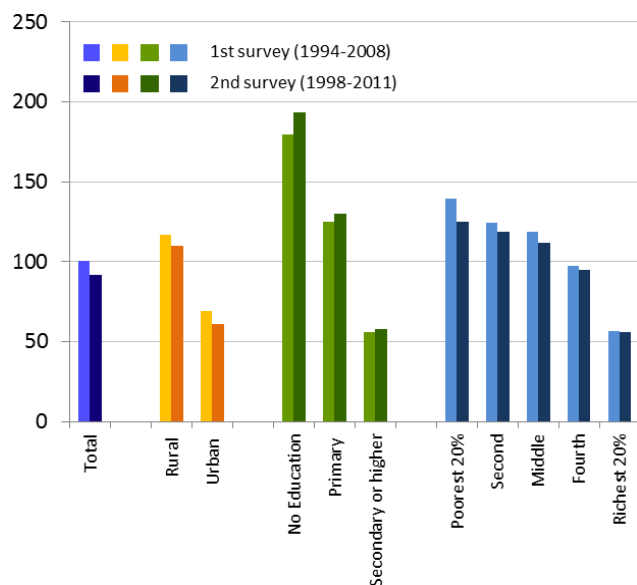
Note: Calculations based on data for 51 countries with two data points available, for 1990 to 2008 and 1998 to 2011. The countries cover over 67 per cent of the populations in these regions.

Source: UNFPA MDG5b+Info database with data from DHS and MICS studies (www.devinfo.org/mdg5b).

Table 5.1 shows that progress in reducing adolescent pregnancy has taken place across all UNFPA regions, except for the Arab States, and East Asia and the Pacific. The ABR in Eastern Europe and Central Asia decreased by 24 per cent from 46 to 35, followed by South Asia with a 15 per cent decline from 109 to 93. West and Central Africa experienced a slower decline of 1.3 per cent, from 131 to 129. In two regions, East Asia and the Pacific, and the Arab States, the ABR increased, by 12 per cent and 6 per cent, respectively. Changes have been unequal when considering variations by background characteristics. There are consistent declines in the second wealth quintile, but in the four other quintiles, ABR increases are observed in some regions.

Table 5.1: Trends in the ABR by region and wealth quintile, percentage changes between two consecutive surveys, 1994 to 2008 and 1998 to 2011

Regions	Total	Wealth quintiles				
		Poorest	Second	Middle	Fourth	Richest
Eastern Europe and Central Asia	-23.8	52.3	-23.1	-32.0	-49.2	92.1
South Asia	-14.7	0.2	-11.4	-7.6	-20.7	-4.3
Developing countries	-8.8	-10.3	-4.1	-6.0	-3.0	-0.8
Latin America and the Caribbean	-8.3	-5.7	-4.7	-13.0	-4.4	-21.6
Eastern and Southern Africa	-7.8	-8.2	-2.2	-10.8	-13.3	-3.0
West and Central Africa	-1.3	-0.3	-0.9	-8.0	3.1	-8.7
Arab States	5.9	-5.9	-2.9	10.7	16.4	67.4
East Asia and the Pacific	12.2	-31.8	-10.9	21.2	30.6	62.8

Note: Based on data for 51 countries with 67 per cent of the population of women aged 15 to 19. Results should be interpreted with caution for regions with data covering less than 50 per cent of this group: Arab States (28 per cent), Eastern Europe and Central Asia (23 per cent), and Latin America and the Caribbean (27 per cent).

Source: UNFPA MDG5b+Info database with data from DHS and MICS studies (www.devinfo.org/mdg5b).

CHAPTER 6: UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH

As noted in Chapter 3, in the developing world, most female adolescents aged 15 to 19 are currently single—84 per cent compared to 97 per cent of male adolescents. Of the 16 per cent of female adolescents who are married, 45 per cent need contraception. About half of this group uses contraception; the other half has an unmet need for it.

The 55 per cent who do not need contraception indicated they wanted live births, contributing to the global ABR of 85 live births per 1,000 adolescents as reported in Chapter 5. Unfortunately, female adolescent who are currently married, compared to other age groups, have the lowest use of contraception (22 per cent compared to 60 per cent or more among married women aged 30 or more) and the highest levels of unmet need.

As discussed in Chapter 3, 28 per cent of female adolescents aged 15 to 19 in West and Central Africa are currently married. This group has the highest ABR at 129 live births per 1,000, the lowest total demand for family planning at 30 per cent, and the lowest use of contraception at 7 per cent. What is also clear from analysis of data in Table 6.1 is that 70 per cent of married female adolescents in West and Central Africa are having wanted live births, in spite of the fact that 23 per cent of the same group has an unmet need for contraception. By contrast, in Eastern Europe and Central Asia, 54 per cent of female adolescents indicated that they do not need contraception and are having wanted live births, but with only 9 per cent of female adolescents currently married, the ABR is relatively low at 31.

Table 6.1: Distribution of female adolescents aged 15-19 by marital status, adolescent birth rate, total demand for family planning, contraceptive prevalence and unmet need for contraception by region, 1998-2011

UNFPA regions	Girls age 15-19			Total demand for family planning (%)	Contraceptive prevalence (%)	Unmet need for contraception (%)
	Currently married (%)	Single/ other (%)	Adolescent Birth Rate			
Eastern Europe and Central Asia	8.7	91.3	31	46	31	15
Latin America and the Caribbean	12.0	88.0	84	77	51	26
Arab States	12.5	87.5	50	34	21	13
Asia and the Pacific	15.2	84.8	80	46	23	23
East Asia and the Pacific	5.0	95.0	50	53	38	15
South Asia	24.9	75.1	88	45	21	25
Sub-Saharan Africa	23.6	76.4	120	37	13	24
Eastern and Southern Africa	19.2	80.8	112	48	22	26
West and Central Africa	28.0	72.0	129	30	7	23
Developing countries	15.8	84.2	85	45	22	23

Source: UNFPA MDG5b+Info database with data from DHS and MICS studies (www.devinfo.org/mdg5b). Estimates for distribution of girls aged 15 to 19 by marital status are based on United Nations Population Division, 2010 and 2012.

Figure 6.2 suggests that most of the need for contraception among female adolescents aged 15 to 19 who are currently married is for spacing their children rather than limiting births (18 per cent and 3 per cent for spacing and limiting, respectively, compared to 12 per cent and 49 per cent, respectively, for women aged 30 to 34). The family planning indicators show that compared to other age groups, adolescents consistently remain the most vulnerable group in terms of family planning. The use of contraception among female adolescents is the lowest at 21 per cent, compared to 62 per cent among women aged

women 30 to 34. The highest unmet need for family planning is observed among adolescents at 25 per cent, compared to only 15 per cent among women aged 30 to 34. As a result, about 80 per cent of women aged 30 to 34 have their family planning demand satisfied, compared to only 46 per cent of adolescents, the lowest among all age groups.

To minimize the incidence of early pregnancy, policymakers and programme managers need to consider the contributions of different demographic factors to population growth, as observed in population projections. Policy options for countries with population growth mainly affected by high levels of unwanted fertility could be different from those for countries with population growth affected by a young age structure, for example.

Figure 6.1 shows the decomposition process for Mali and India. In Mali, the removal of the momentum effect, where the current age structure is due to previous population dynamics, from the effect of unwanted fertility is 16.7 per cent. By removing unwanted pregnancy from current conditions, the total population for Mali in 2050 could be reduced from 42.1 million to 35.1 million. One possible policy option could be meeting contraception needs and strengthening family planning programmes.

By contrast, in India, the impact of high fertility, both wanted and unwanted, on future population growth is not as important. Growth is instead rather heavily dependent on the current age structure (Figure 6.1). Momentum from the existing young age structure will be responsible for 33.6 per cent of population growth from 2010 to 2050. If this effect could be removed, the total expected population for India in 2050 could be reduced by 25.1 per cent. While a young age structure is not amenable to modification, an option to offset momentum is available that has received little attention in past policy debates: rising the average age at which women begin child-bearing and encouraging wider spacing between births. Delaying the onset of child-bearing has the added benefit of significantly improving the well-being of adolescents.[15][16]

Figure 6.1: Alternative population projections for 2005-2050 and population growth components
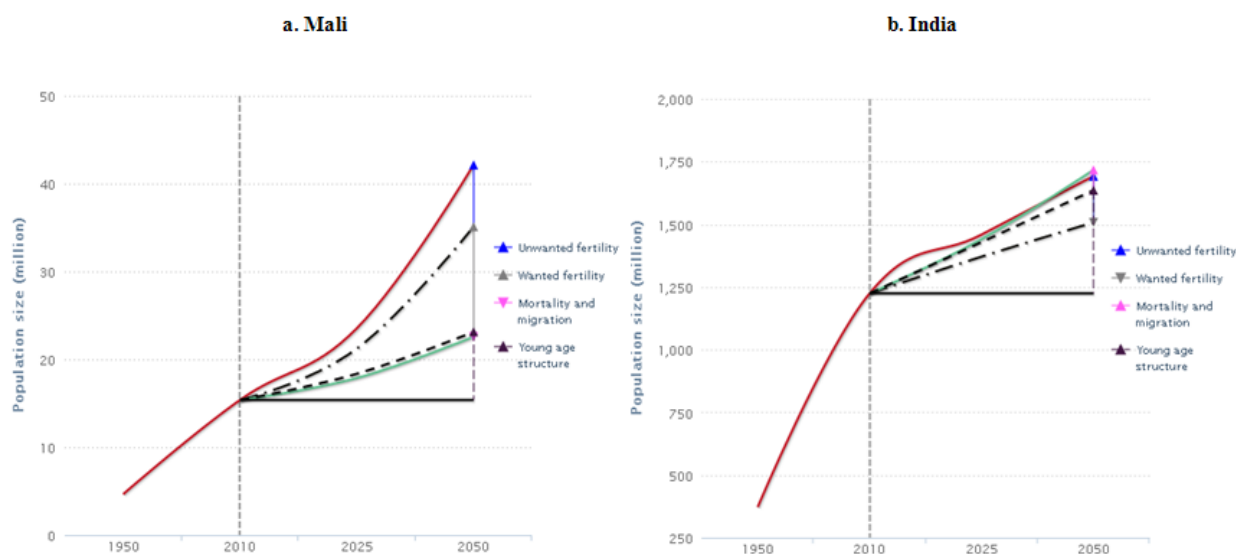
Source: Decomposition of Future Population Growth Tool, UNFPA (www.devinfolive.info/dashboard/UNFPA_PC_decomposition).

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[15] Bongaarts, 1994.
[16] Bongaarts and Bulatao, 1999.

Figure 6.2: Levels of family planning by age group, most recent data

Contraceptive prevalence rate, total, by age group (percentage)
- 15-19: 21
- 20-24: 38
- 25-29: 52
- 30-34: 62
- 35-39: 64
- 40-44: 61
- 45-49: 49

Unmet need for family planning, total, by age group (percentage)
- 15-19: 25
- 20-24: 20
- 25-29: 18
- 30-34: 15
- 35-39: 14
- 40-44: 13
- 45-49: 11

Proportion of demand statisfied, total, by age group (percentage)
- 15-19: 46
- 20-24: 65
- 25-29: 74
- 30-34: 80
- 35-39: 82
- 40-44: 82
- 45-49: 82

Contraceptive prevalence rate for spacing, by age group (percentage)
- 15-19: 18
- 20-24: 23
- 25-29: 19
- 30-34: 12
- 35-39: 6
- 40-44: 2
- 45-49: 1

Unmet need for family planning for spacing, by age group (percentage)
- 15-19: 21
- 20-24: 15
- 25-29: 10
- 30-34: 6
- 35-39: 4
- 40-44: 2
- 45-49: 1

Proportion of demand statisfied for spacing, by age group (percentage)
- 15-19: 46
- 20-24: 60
- 25-29: 65
- 30-34: 67
- 35-39: 61
- 40-44: 54
- 45-49: 40

Contraceptive prevalence rate for limiting, by age group (percentage)
- 15-19: 3
- 20-24: 15
- 25-29: 33
- 30-34: 49
- 35-39: 58
- 40-44: 59
- 45-49: 48

Unmet need for family planning for limiting, by age group (percentage)
- 15-19: 3
- 20-24: 5
- 25-29: 8
- 30-34: 9
- 35-39: 11
- 40-44: 12
- 45-49: 10

Proportion of demand statisfied for limiting, by age group (percentage)
- 15-19: 52
- 20-24: 75
- 25-29: 81
- 30-34: 84
- 35-39: 84
- 40-44: 83
- 45-49: 83

Note: Calculations of percentages are based on 76 UNFPA programme countries with data available.

CHAPTER 7. AN ALREADY DEFINED FUTURE AND ITS CHALLENGES

It is critical to understand who adolescent mothers are and the challenges they face, given that about one in five adolescent girls end up having a live birth before age 18. The majority are concentrated in South Asia and sub-Saharan Africa. Given current and past population dynamics, most adolescents aged 10 to 19 for the period 2010 to 2030 are already born. This chapter considers the number who will end up as mothers if current conditions prevail during the next 20 years. The analysis is based on girls already born who could give birth between 2010 and 2030, assuming no change in the prevalence of pregnancy among adolescent girl less than 18 years of age during this period as quantified in the previous chapters.

For 2010, in developing countries, the authors of this report estimated that over 36 million women aged 20 to 24 gave birth before age 18, or about 7.3 million every year (Table 7.1). If current trends do not decline, 78 million girls will give birth during the next decade.[17] This means an average of 7.8 million girls will give birth every year from 2011 to 2020. From 2021 to 2030, the number of adolescent mothers would be even higher, reaching 86 million by 2030. The potential increase in the total number of girls giving birth before age 18 is determined by increased cohorts of already born girls. Populations in the majority of developing societies are still growing due to declining mortality and slower reductions in fertility, resulting in population age structures dominated by younger cohorts.

Table 7.1: Number of women aged 20-24 (millions) who will give birth before age 18 from 2010 to 2030, by UNFPA regions

UNFPA regions	Number of women aged 20-24 who will give birth by age 18				
	2010	2015	2020	2025	2030
Eastern Europe and Central Asia	0.6	0.6	0.5	0.5	0.5
Arab States	1.5	1.6	1.7	1.9	2.1
Latin America and the Caribbean	4.5	4.6	4.7	4.7	4.6
Sub-Saharan Africa	10.1	11.4	12.9	14.7	16.4
Eastern and Southern Africa	4.7	5.3	6	6.7	7.4
West and Central Africa	5.4	6	6.9	7.9	8.9
Asia and the Pacific*	19.6	20.1	20.3	20.4	20.6
East Asia and the Pacific*	2.2	2.2	2.2	2.2	2.2
South Asia	17.4	17.9	18.1	18.2	18.4
Total developed countries	36.4	38.3	40	42.1	44.1
Total per year	7.3	7.7	8.0	8.4	8.8

*Excluding China
Source: UNFPA MDG5b+Info database with data from DHS and MICS studies (www.devinfo.org/mdg5b).

The greatest increase in pregnancy among adolescent girls less than 18 years of age over the next 20 years is likely to happen in sub-Saharan Africa (see Figure 7.1). In West and Central Africa, the number of pregnancies among adolescent girls less than 18 years of age could increase by 67 per cent, from 5.4 million in 2010 (1.1 million per year) to 8.9 million in 2030 (1.8 million per year). Over the same period, in Eastern and Southern Africa, the number of adolescent-girls pregnant could increase by 57 per cent, from 4.7 million (0.9 million per year) to 7.4 million (1.5 million per year).

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[17] The estimates do not include women who die before age 20, thus they could underestimate the number of women aged 20 to 24 who gave birth before age 18 if the levels of mortality are higher for this group of women than for those giving birth after age 18.

South Asia, the region with the highest number of adolescent girls having a child before age 18, would experience a small increase of 6 per cent, from 17.4 million in 2010 (3.5 million per year) to 18.4 million in 2030 (3.6 million per year). Although the increase is slight, the absolute number of future adolescent mothers in South Asia is massive. From 2010 to 2030, a total of 90 million adolescent-girls in South Asia alone are likely to give birth, accounting for about 45 per cent of the future adolescent mothers in developing societies over the same period.

Figure 7.1 indicates that trends in the total number of adolescent girls with a live birth before age 18 are not that different from those for the same girls before age 15. The potential number for sub-Saharan Africa could eventually equal or surpass the one for South Asia around 2025 to 2030, however, with a total of 3 million adolescents who could have had their first birth before age 15 (Figure 7.1b). These results depend on different age structures and the current prevalence of pregnancy among adolescent girls.

Figure 7.1: Number of women (millions) aged 20 to 24 who will give birth before ages 15 and 18 from 2010 to 2030, by UNFPA regions
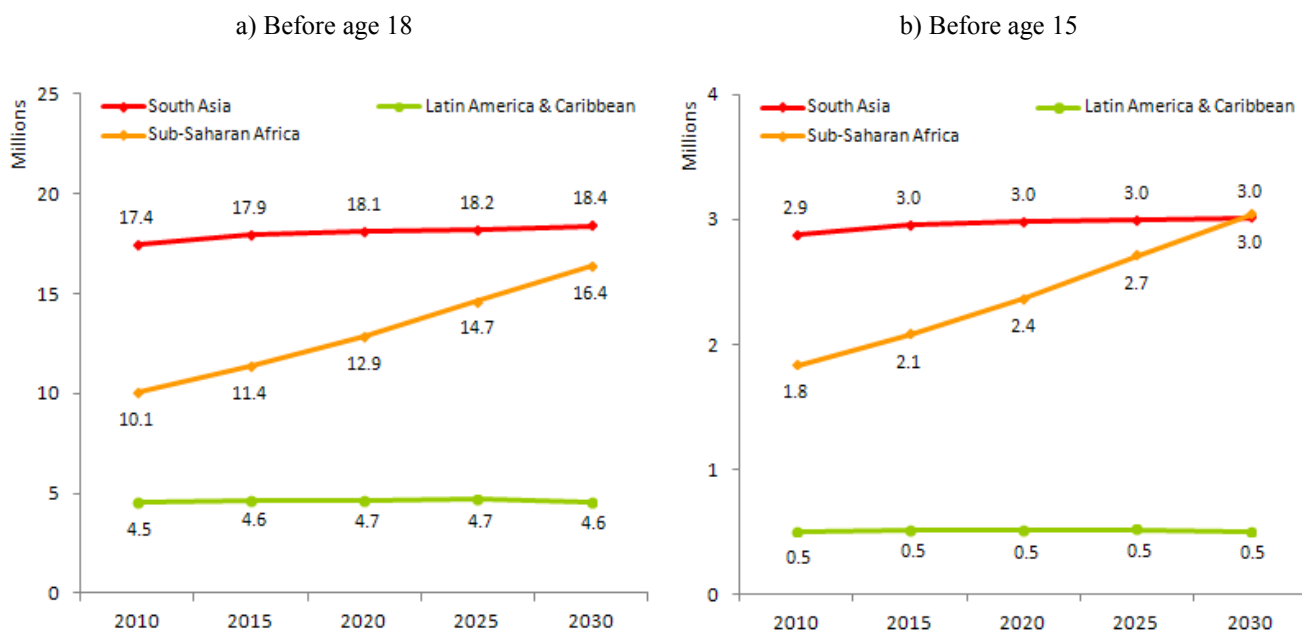
a) Before age 18   b) Before age 15

Source: UNFPA MDG5b+Info database with data from DHS and MICS studies (www.devinfo.org/mdg5b). Estimates for future adolescent mothers are based on United Nations Population Division, 2010.

CHAPTER 8. WHAT CAN BE DONE?[18]

The previous chapters provide sufficient evidence for a call for action, including policies and programmes to accelerate the prevention of adolescent pregnancy for the millions of young girls at risk, and to ensure adequate support to girls who are already mothers. Rates of adolescent pregnancy remain high in the developing world, despite the overwhelming majority of countries that are signatories to international charters and covenants that discourage child marriages, and that have laws and policies to prevent early marriages, pregnancies and motherhood. Gender inequality, a lack of protection of girls' human rights, persistent traditions in favour of early marriage and motherhood, poverty, humanitarian crises and tough economic realities all work to encourage adolescent pregnancy to continue.

8.1 Key findings and implications for policies and programmes

The girls most likely to have a live birth before age 18 reside in rural and remote areas, have little or no education, and live in the poorest households. To assess the patterns and prevalence of adolescent pregnancy—a precondition for effective policies and programmes—each country should collect and analyse its own data so that it can identify and target areas with high proportions of girls at risk. On this basis, programmes should be put in place, supported by appropriate allocations of resources, to prevent and minimize pregnancy and motherhood among girls, and to manage consequences when they occur.

It is no coincidence that countries with high rates of child marriage and early child-bearing are also grappling with high adolescent-girl birth and maternal mortality rates. This calls for targeted interventions to support girls with an early initiation into marital relationships and child-bearing. Married girls (adolescents that married before age 18) should have systematic support to help them avoid early and frequent child-bearing. They should have ready access to sexual and reproductive health information and programmes that provide family planning, maternal health services, and HIV prevention and treatment. The fact that data show very low levels of satisfied demand for family planning, including contraception, among married girls underscores this need. *Programmes should be put in place that enable girls who are married or in a union to exercise their right to identify and understand their options* to delay or limit child-bearing, and to receive support from their husbands or partners and in-laws accordingly.

Countries with high rates of child marriage and adolescent-girl pregnancy, and low levels of satisfied demand for family planning should consider a multi-pronged approach across sectors that encourage delayed marriage and motherhood for girls. Such approaches should include the enforcement of laws against child marriage, including the enactment and enforcement of statutes that rise the minimum age at marriage to 18 for both girls and boys. Countries should expand girls' opportunities for post-primary education, especially for rural and isolated girls during adolescence, and consider incentives to encourage families and communities to address the economic and social factors underlying adolescent girl pregnancy. Equally important is offering girls themselves the opportunity to develop new skills and show their families a positive alternative to child marriage and motherhood. Investment in girls is not only a good in itself, but can also have a powerful multiplier effect on a range of outcomes, including population dynamics.

8.2 UNFPA support in ending adolescent pregnancy

Addressing adolescent pregnancy and motherhood is a key component of UNFPA's work to uphold the rights of adolescents. UNFPA supports partnerships and advocacy efforts to raise awareness about child pregnancy, including its causes and consequences. It also works with governments and partners at all levels to foster supportive policies, legislation and dialogue to promote the dignity and rights of girls and

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[18] This chapter is entirely based on Chapter 6 of UNFPA, 2012.

adolescents. Through a variety of means, including advocacy and communication, UNFPA draws attention to girls' needs and realities, given the harmful and life-threatening risks they face from pregnancies before age 18.

In collaboration with communities, UNFPA assists programmes that enable parents, elders, religious and other leaders to identify the dangers of pregnancies before age 18, promote the rights of girls, and find community-owned, collective solutions to discourage and eventually end the practice. It also aids the most marginalized and vulnerable girls in deferring pregnancy by advocating that they stay in school; supports programmes that build their life skills; helps provide safe spaces to learn, play and make friends; delivers sexual and reproductive health and HIV information and services; and assists in improving girls' economic and social well-being.

8.3 An agenda for change

Programmes to end pregnancy among adolescent girls (particularly those taken place before the age of 18) have yielded promising results, created momentum, and provided evidence that the right policies and programmes can make the difference girls need, and to which, by virtue of their rights, they are entitled. A growing body of evidence suggests that successful efforts reach across sectors to integrate a range of approaches that address the root causes of pregnancy among adolescents before the age of 18 years, and simultaneously promote girls' human rights.

The evidence, knowledge and experiences to date suggest that priority should be given to actions that include the following components:

- **Enact and enforce national legislation that raises the age of marriage to 18 for both girls and boys.**

Legislators and policymakers should review national legislation, as well as customary laws, in light of international human rights standards. But even strong legislation on child marriage can be poorly enforced or unevenly applied to the detriment of girls. Greater efforts are needed to raise awareness of and enforce existing laws at the community level, while fostering a rights culture among members of the judiciary, legislature and the police to protect girls from child marriage and uphold their rights overall. Birth and marriage registration systems should be strengthened to support the enforcement of child marriage laws.

More broadly, strengthening and implementing laws on child marriage should be part of a national action plan, which should be a wide-ranging, systematic effort to move towards gender equality in practice as well as under the law, remove the impediments to women's empowerment and promote their human rights.

The CEDAW[19] and CRC committees[20] have a critical role to play by asserting pressure on individual governments to enforce laws prohibiting child marriage in line with international norms, and to address

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[19] The Committee on the Elimination of Discrimination against Women is the body of independent experts that monitors implementation of the Convention to Eliminate All Forms of Discrimination against Women (CEDAW). The Committee consists of 23 experts on women's rights from around the world. States Parties to the Convention are obliged to submit regular reports to the Committee on measures to uphold rights specified in CEDAW. On 6 October 1999, the CEDAW Optional Protocol was adopted, which allows the Committee to receive complaints from individual persons alleging violations of their rights under CEDAW (www2.ohchr.org/english/bodies/cedaw/index.htm).

[20] The Committee on the Rights of the Child is the body of independent experts that monitors implementation of the CRC. All States Parties are obliged to submit regular reports, initially two years after acceding to the Convention, and every five years after that, on measures to uphold rights specified in it. Through two optional protocols, individual persons can submit complaints alleging violations of rights under the Convention. A third optional protocol is expected to allow individual children to submit complaints (www2.ohchr.org/english/bodies/crc/index.htm).

the root causes of girls' disadvantaged status compared to boys. More generally, governments should promote policies of zero tolerance towards all forms of violence against women and girls, including harmful practices such as child marriage.

- **Use data to identify and target geographic "hotspots"—areas with high proportions and numbers of girls at risk of child marriage and pregnancy before the age of 18.**

Despite a range of efforts, child marriage and pregnancy rates before age 18 have not changed significantly for the poorest and least educated girls, and those who live in rural areas. Policymakers and programme managers should utilize available DHS, MICS and/or census data to identify administrative and/or geographic units (e.g. district or constituency/municipality) with concentrations of girls at risk of child marriage and pregnancy, in terms of either high proportions or absolute numbers.

In addition to looking at lower geographic/administrative units where marriages and pregnancies of girls before age 18 are prevalent, programme designers and managers should identify whether these same units also have low levels of satisfied demand for family planning among adolescents; large age differences between girls and their partners; high proportions of adolescents experiencing violence; and other indicators of vulnerability. Those units showing multiple levels of risk for girls should be prioritized, and would benefit from political and financial commitments, and corresponding actions to end child marriages and pregnancies.

Table 8.1 uses DHS data to illustrate the issues for vulnerable groups of adolescent girls in Bolivia, Burkina Faso, India and Niger. In all four countries, adolescent girls married to men older than them by five or more years tend to have a higher probability of having their first live birth before their 18th birthday. The rate is 60 per cent in Niger, compared to 40 per cent among couples in which ages are closer, a pattern similar across the other three countries.

Table 8.1: Percentage of women 20-24 with first live birth before age 18 by selected characteristics

Selected Characteristics	Niger (DHS-2006)	Burkina Faso (DHS-2010)	India (DHS-2005/06)	Bolivia (DHS-2008)
Age difference between wife and husband				
Wife older or 0-4 years younger	40	22	22	30
Wife's 5-9 years younger	60	34	32	42
Wife's 10 years younger or more	59	39	39	46
Comprehensive HIV/AIDS knowledge				
No	54	32	25	23
Yes	32	20	8	11
Ethnicity/Indigenous/Caste/Tribe*				
Ethnic/Indigenous/Caste/Tribe #1	56	43	31	28
Ethnic/Indigenous/Caste/Tribe #2	55	31	27	23
Ethnic/Indigenous/Caste/Tribe #3	37	23	23	20
Ethnic/Indigenous/Caste/Tribe #4	--	23	14	16
Total	51	28	22	20
* <u>Niger</u>: Houssa; Gourmantche/Kanouri/Peul/Touareg, Other <u>Burkina Faso</u>: Fulfuldé/Peul/Gourmatché/Sénoufo; Touareg/Bella/Bobo/Dioula/Lobi; Mossi; Gourounsi/Dagara/Bissa/Pays CEDEAO/Other. <u>India</u>: Schedule tribe/Schedule caste/Other backward class/None of them, Don't know. <u>Bolivia</u>: Guarani/Other; Quechua; None; Aymara.				

Early child-bearing among girls can also be addressed by analysing and understanding higher levels among specific ethnic/indigenous/caste/tribal groups. In Bolivia, for example, early child-bearing is more common among Guarani girls (28 per cent) than among their Aymara counterparts (16 per cent). In Niger, 56 per cent of Houssa girls have had a live birth before age 18, compared to 37 per cent of girls in the "other" group category.

Data also suggest that rates of pregnancy among girls under age 15 are declining in some countries, while the prevalence of pregnancy before age 18 has remained roughly constant. This suggests that girls today may be able to avoid pregnancy during their early adolescence, but that the pressure is still strong to be mothers before 18. More follow-up studies are needed to understand this phenomenon and other issues surrounding the timing of pregnancies, including the protective factors associated with the avoidance of pregnancy before 15. That said, pregnancy before age 15 is still commonplace in many areas within high-prevalence countries. Such "hotspots" should receive the bulk of policy and programmatic resources aimed at making pregnancy later, safer and fully consensual.

A significant part of these resources should be devoted to improving the sexual and reproductive health of adolescents, including married girls. Universal access to sexual and reproductive health information and services is a human right. Given the scale of unsatisfied demand for contraception, it will also contribute to curbing population growth in high-fertility countries.

- **Expand prevention programmes that empower girls at risk of early pregnancy and address the root causes underlying the practice.**

Programmes aimed at preventing child marriage and pregnancy should employ a variety of key strategies. The more successful ones often combine interventions into an integrated and multisectoral response targeted at girls and their families. These programmes should improve access to and the quality of formal education for girls, especially at the post-primary and secondary levels; build up girls' economic, health and social assets through the safe spaces model; address underlying economic motivations; seek to change social norms that undervalue girls; and reduce the social pressures on families to marry off their girls at early ages. Timing is the key. These interventions, especially schooling and asset-building for girls, should be directed to very young adolescents in the crucial age range of 10 to 14 in order to counter pressures on girls to marry and bear children for social and economic security. Even in a short amount of time, such programmes have yielded demonstrable results at the community level. Policymakers and programme managers can adapt these models to new settings, monitor and evaluate them for feasibility and impact, and take them to scale.

Policymakers and programme managers should also leverage new opportunities offered by larger scale efforts in other sectors, especially education (for example, policies and programmes that offer incentives to keep girls in school at the secondary level, improve the quality of schooling and teach comprehensive sexuality education); health (sexual and reproductive health programmes, including maternal health, family planning, and HIV-related services targeting the most marginalized and vulnerable girls); and poverty reduction (such as life skills, vocational training and livelihood programmes directed to adolescent girls). Strong coordination across these different sectors will be needed to promote greater synergy and maximize impacts.

A lack of comprehensive knowledge of HIV/AIDS is highly correlated with early adolescent child-bearing. Girls without this knowledge are more likely to have their first live birth before age 18. In India (Table 8.1), 25 per cent of girls with no comprehensive knowledge have their first live birth before age 18, compared to only 8 per cent of those with the appropriate knowledge.

- **Mitigate the harmful impact of early pregnancy on married girls.**

Zero tolerance towards child marriage and pregnancy among adolescent-girls is the goal. Until that aspiration becomes a reality, however, millions of girls will become child brides and mothers, with irreparable harm to their lives, their well-being and their future life prospects. These girls occupy a difficult and often neglected space within society, receiving scant, if any, attention from social protection programmes. While they are still children in all respects—developmentally, biologically, physically, psychologically and emotionally —their marital status, however premature and unwelcome, signals an end to their childhood and renders them women in the eyes of society. Youth-oriented programmes and those targeting adult women need to deliberately consider and plan for the unique circumstances of girls married or in a union, and those at risk of pregnancy before age 18.

Dedicated and well-resourced efforts are needed to prioritize the needs of girls who are married or in a union in health and development efforts. For example, examining their unique circumstances and tailoring specific interventions accordingly, with measurable targets and indicators, could strengthen maternal health and family planning programmes. Maternal health programmes should also develop effective outreach strategies to draw in girls from remote and isolated communities, and those who are pregnant for the first time, and to help girls access comprehensive antenatal care, prepare for and utilize delivery services, and return for post-partum and infant care. The goal should be to promote the rights of girls, to help families including in-laws understand the dangers of early and frequent child-bearing, and to make it culturally acceptable for girls who are married or in a union to delay child-bearing and use family planning.

Programmes should provide safe spaces and social platforms for married girls to gain access to peer support, critical information (including on sexual and reproductive health, and HIV), develop life skills and engage in livelihood initiatives. They should also advocate for policies calling for compliance with a legal marriage age of 18 for both spouses, and steps that ensure both the bride and groom have given their free, prior and full consent, as set out in the ICPD Programme of Action and the Universal Declaration of Human Rights.[21]

- **Invest in efforts to improve data on monitoring and evaluation in order to strengthen programmes for girls at risk and married girls**.

Data collection systems such as the DHS and MICS should collect sufficient and appropriate data to inform public policy and decision-making processes that aim to end child marriage and pregnancies before age 18, including data on cultural and social practices that embed child marriage and early pregnancy, such as gender-based violence. Efforts are also needed to develop further analysis of the determinants of child marriage and pregnancies before age 18 (demographic, cultural, social and economic factors) to better inform policies and programmes, and to strengthen the evidence base and programmatic linkages with education, health and poverty reduction. Under-researched areas such as the experiences, needs and concerns of girls in humanitarian situations require greater attention. Further research is also needed to evaluate and document programmatic approaches to ending child marriage and pregnancies before age 18, and mitigating the impacts on married girls. These might then serve as examples for other countries in similar conditions.

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[21] Santhya, 2011.

8.4 Conclusion

This report describes the costs and consequences of pregnancy before age 18. The data affirm that adolescent pregnancy is first and foremost a threat to girls and a breach of their fundamental human rights to education, health, life opportunities, and, indeed, to life itself. For the sake of the more than 75 million girls at risk over the next decade, it is high time to end adolescent girl pregnancy.

This report reveals that globally, the prevalence of pregnancy among girls before age 18 have not altered much in the recent past, however. Across continents and the regions of the developing world, pregnancy among girls before age 18 occurs at high rates, with the gravest consequences for those who are the poorest, least educated, and living in rural and isolated areas. There is evidence of some small shifts in prevalence in a handful of countries, in a few areas, and for some age groups, notably girls under 15. But the pace and reach of change is neither fast nor far enough.

Even beyond the human suffering involved, the world can ill afford to squander the well-being, talents and contributions of the 20,000 girls who had their first live birth before age 18 each day. It is time to understand that the costs of inaction extend far beyond the price paid by girls themselves. They include rights unrealized, foreshortened personal potential and lost development opportunities, and they far outweigh the costs of interventions. It is time to end adolescent pregnancy for the sake of girls, families, communities and countries.

Promising interventions and strategic policy choices are available to avert the human tragedy of pregnancy among girls before age 18 and put girls instead on a path towards prosperity, progress and peace. Investments targeting support for girls who are married or in a union, and interventions that reduce vulnerability to early pregnancy for the poorest, least-educated, and rural or isolated girls are investments in social justice and human rights, producing benefits for individuals, their families and generations to come. Such investments are a sure and certain means by which to turn the tides of gender inequality, illiteracy, adolescent pregnancies, and associated rates of maternal mortality and morbidity. In today's demographic realities, reducing child marriage, delaying pregnancies and securing the rights of young women to education can also help offset population momentum.

Bringing an end to child marriage and pregnancy before age 18, therefore, is a matter of national priorities and political will. It requires effective legal frameworks that protect the rights of the children involved, and enforcement of laws in compliance with human rights standards. It calls for the engagement and support of families and communities who, when they stand up for their daughters and granddaughters, will begin to change longstanding but harmful social norms and traditions. Most of all, it depends on the empowerment of girls themselves, so they are positioned to exercise free and informed consent, and can make decisions at the right time that will safeguard their own futures, transform their own lives and enable them to live with the dignity to which they, as human beings, are entitled.

INDICATOR DEFINITIONS

Total Female Population (000)	Estimates produced by the United Nations Population Division based on populations projections.
Female Population 10-19 (000) / (%)	Estimates produced by the United Nations Population Division based on populations projections.
Female Population 10-17 (000) / (%)	Estimates produced by the United Nations Population Division based on populations projections.
Adolescent birth rate (per 1,000 women 15-19)	Adolescent birth rate measures the annual number of births to women 15-19 years of age per 1,000 women in that age group. It represents the risk of childbearing among adolescent women 15 to 19 years of age. It is also referred to as the age-specific fertility rate for women aged 15-19.
Contraceptive prevalence rate (15-19) (%)	Percentage of women 15-19 years old married or in union currently using contraception.
Unmet need for family planning (15-19) (%)	Percentage of women 15-19 years old married or in union currently with unmet need for contraception. They expressed a desire to control their fertility but were not using contraception.
Total demand for family planning (15-19) (%)	Percentage of women 15-19 years old married or in union currently have a demand for family planning. It obtained as TD=CPR+UNR
Proportion of demand satisfied (15-19) (%)	Percentage of the total demand for contraception that is satisfied. It is obtained as PDS=CPR/(CPR+UNR)
Adolescent pregnancy (%)	The percentage and number of women age 20-24 gave birth before reaching age 18.

ABBREVIATIONS

CEDAW	Convention to Eliminate All Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
DHS	Demographic and Health Survey
MICS	Multiple Indicator Cluster Survey
STI	Sexually transmitted infection
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WPP	World Population Prospects

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ANNEX 1: STATISTICAL TABLES

Table 1: Percentages of women aged 20-24 with a live birth by age 18 and Adolescent Birth Rates (ABR) per 1,000 women aged 15 to 19, by background characteristics

| Country or territory | Percentage of women aged 20-24 giving birth before a specific age | | ABR per 1,000 women aged 15-19 | | | | | | | | | | | |
	Before age 18	Before age 15	Total	Urban	Rural	No education	Primary	Secondary or higher	Poorest	Second	Middle	Fourth	Richest	Source
Albania	2.5	0.1	16.9	10.1	21.5	254.2	32.6	5.6	17.8	13.6	36.1	12	4.2	2009 DHS
Algeria	-	-	4.4	4.7	4.1	-	-	-	-	-	-	-	-	2006 MICS
Angola	-	-	190.9	126.4	238.4	284.8	200.8	61.1	248.6	243.4	252.3	197.2	116.1	2011 DHS
Armenia	1.5	0	27.8	17.9	42.2	-	-	-	50.1	30.7	23.4	20.2	12.1	2010 DHS
Azerbaijan	4.3	0.2	33.3	20.1	49.1	31.5	77	33.8	35	58.3	36.4	28.1	9.1	2006 DHS
Bangladesh	40	8.8	118.3	91.3	128.5	188.3	145.9	116.4	170.8	134.9	122.5	98.4	83.9	2011 DHS
Belize	16.8	2.1	-	-	-	-	-	-	-	-	-	-	-	2011 MICS
Benin	23.2	4.8	112	71	145	176	90	30	176	155	140	102	38	2006 DHS
Bhutan	15.3	1.2	59	30	77	113	70	29	112	95	97	36	10	2010 MICS
Bolivia	20	1.8	87.6	67.2	131.6	279.7	176.2	62.2	181	116.1	95.7	65.1	31.6	2008 DHS
Brazil	16	1.8	-	-	-	-	-	-	-	-	-	-	-	1996 DHS
Burkina Faso	28.2	2.4	130.1	68.9	160.5	169.6	106.6	31.1	160	176.6	172.6	133	62.3	2010 DHS
Burundi	11	1.1	65.2	57.6	66.3	108	56	24.2	68.3	76.4	68.8	60.7	52.7	2010 DHS
Cambodia	6.7	0.3	46.1	26	52.3	84.5	71	29.6	92.3	45.8	45.3	39.1	27.1	2010 DHS
Cameroon	29.9	6.4	126.7	88.7	174.7	238.5	182.6	78.9	201.8	173.3	145.6	96.3	65.7	2011 DHS
Cape Verde	22.1	0.7	90	80	102	-	-	-	-	-	-	-	-	2005 DHS
Central African Republic	37.7	5.7	-	-	-	-	-	-	-	-	-	-	-	1994-95 DHS
Chad	48	12.4	203.4	170.9	216.2	223.7	203.2	146.8	216.3	218.1	233.9	196.1	164.1	2004 DHS/2010 MICS
Colombia	19.7	2.3	83.5	72.9	122.1	275.6	211.9	78.7	141	113.8	78	59.2	28.8	2010 DHS
Comoros	17	2.6	-	-	-	-	-	-	-	-	-	-	-	1996 DHS
Congo, Democratic Republic of the	25.1	4.3	135	105	153	188	198	63	91	163	166	206	71	2010 MICS

Country														Source
Congo, Republic of the	29.2	3.9	147	125	204	-	-	-	-	-	-	-	-	2005 DHS/ 2011-12 DHS
Côte d'Ivoire	16.1	3.1	127	82	169	168	116	39	225	147	191	115	52	2005 AIS/ 1998-99 DHS
Cuba	9.4	0.1	-	-	-	-	-	-	-	-	-	-	-	2010 MICS
Dominican Republic	24.8	3	92.4	82.7	117.1	242.1	173.9	66.5	171.8	124.4	84.7	63.4	39.1	2007 DHS
Ecuador	21	1.8	100	87	119	281	173	65.7	145	129	94	64	38	2004 RHS
Egypt	6.5	0.6	50.5	32.1	63.9	117.8	75	49.4	67.1	60	55.5	42	24.4	2008 DHS
El Salvador	24.4	2.2	89	73	108	-	-	-	-	-	-	-	-	2002-03 RHS/ 2008 RHS
Eritrea	25.4	4.9	77	51	97	120	76	35	66	100	107	81	37	2002 DHS
Ethiopia	22.2	3	79.3	27.1	99.5	163.8	61.6	19	117.7	123	99.4	61.7	33.1	2011 DHS
Gabon	35.4	6.7	141.7	127.2	214.2	183.6	200.6	113.7	-	-	-	-	-	2000 DHS
Georgia	-	-	48	37	63	-	-	-	-	-	-	-	-	2005 RHS
Ghana	15.8	2.2	66	49	82	150	124	39	110	83	89	53	14	2008 DHS
Guatemala	24.4	2.6	98	78	114	-	-	-	-	-	-	-	-	2002 RHS/ 2008 RHS
Guinea	44.1	8.7	154	104	187	196	127	56	197	217	171	125	101	2005 DHS
Guyana	15.9	1.9	101.3	49.6	122.5	282.1	213.5	89.7	221.9	111.8	104.2	46.8	32.1	2009 DHS
Haiti	15	2.3	68.1	50.3	85.5	152.7	86	40.6	110.4	81.5	81.7	66	33.9	2006 DHS
Honduras	26.1	2.8	101.8	79.4	129.2	184.7	149.6	49.3	155.6	129	120.5	84.3	49.5	2006 DHS
India	21.7	3.4	90	57	105	163	112	55	134	122	98	72	33	2005-2006 DHS
Indonesia	10.1	1.3	51	25.8	73.8	86.2	97.6	34.6	49.4	49.7	71.2	62.8	52.2	2007 DHS
Iraq	11.8	0.9	68	64	70	89	86	36	-	-	-	-	-	2011 MICS/ 2006 MICS
Jordan	3.5	0.1	32.4	33.7	23.7	73.5	50.3	48.4	37.9	47.1	40.7	27.8	9.1	2009 DHS
Kazakhstan	2.3	0.1	23.4	17.1	31.5	-	-	-	26.3	33.6	18	18	21.9	2011 MICS
Kenya	25.9	4.5	103	92.2	106.5	207.6	127.7	53.8	153.8	113	74.5	102.9	84.5	2009 DHS
Kyrgyz Republic	4.2	0	-	-	-	-	-	-	-	-	-	-	-	1997 DHS
Lesotho	13.2	0.8	96.5	64.1	109.6	302.4	138.1	72.6	146.9	127.8	101.3	69.8	66.2	2009 DHS
Liberia	37.8	7.2	176.9	135.9	240.3	272.1	175.5	129.1	239	212.9	236.5	162.7	98.4	2009 MIS
Madagascar	35.9	7.9	147.7	73.8	164.4	267.3	173.8	66.7	241.3	202.8	167.3	105.1	58.9	2009 DHS
Malawi	34.7	4.8	151.9	108.7	162.4	238.9	177.6	78.8	187.3	190.6	172.2	137.6	90.5	2010 DHS
Maldives	1.4	0	10.5	5.9	12.3	26	33.1	9.1	11.3	11.8	13.3	6.1	7.9	2009 DHS
Mali	46.3	9.9	188	141	219	220	182	78	229	206	228	199	127	2006 DHS

Country														Source
Mauritania	20.9	7.5	-	-	-	-	-	-	-	-	-	-	-	2000-01 DHS
Morocco	7.5	0.6	32.4	24.4	43.3	62.6	31.8	9.6	50.7	35.7	44.3	21	12.5	2004 DHS
Mozambique	42.1	9.8	194.4	174.3	208.1	238	215.6	105.9	222.8	253.2	209.4	191.9	129.5	2003 DHS/ 2008 MICS
Namibia	17	2.3	78	58	92	230	141	58	104	86	102	64	39	2006 DHS
Nepal	19.4	1.4	81	42.5	87.4	176.1	129.7	52.8	103.1	105.3	95.3	72.1	31.5	2011 DHS
Nicaragua	28.1	4.4	119.2	98.8	153	215.3	170.5	77.9	-	-	-	-	-	2001 DHS
Niger	50.9	9.4	199	118	222	223	158	51	223	208	223	223	134	2006 DHS
Nigeria	27.7	6.5	121	70	148	247	165	45	205	180	120	86	27	2008 DHS
Pakistan	10.2	1.3	51.1	39.2	58.1	86.8	51.5	23	79.5	67.3	52.1	41.3	26.7	2007 DHS
Paraguay	13.2	0.8	63	47	85	-	-	-	-	-	-	-	-	2004 RHS/ 2008 RHS
Peru	14.4	1.4	61.3	46	103.7	176	147.2	53.9	156.4	94.3	73.6	44.4	22.3	2008 DHS
Philippines	7.1	0.5	54.3	42.4	70.8	144.4	108.9	51.1	113.8	80.6	51.8	42.9	20.9	2008 DHS
Republic of Moldova	4.8	0.1	33.6	26.1	39.1	219.3	340.3	37.1	50.1	59.3	40	18.2	13	2005 DHS
Russian Federation	2.7	0	29	23	49	-	-	-	42	33	31	18	19	2011 RHS
Rwanda	5.2	0.3	41	40	41.2	116	45.2	18.7	69.4	43	32.9	41.5	26.8	2010 DHS
Samoa	-	-	44	30	48	-	-	-	-	-	-	-	-	2009 DHS
Sao Tome and Principe	25.1	1.3	93.5	68.2	122.5	45.5	154.1	49.1	159.5	132.7	107.3	71.5	30	2009 DHS
Senegal	21.5	5.7	92.7	59.6	125.1	142.6	91.8	26.7	179.8	114.5	76.9	75.2	45.5	2010-11 DHS
Serbia	3.3	0	23.9	6.7	47.2	-	-	-	107.8	16	21.2	4.7	0	2010 MICS
Sierra Leone	38.1	13.6	122	98	138	163	134	94	146	111	154	138	82	2010 MICS
Somalia	-	-	123	102	140	136.9	97	30	118	145	149	128	83	2006 MICS
South Africa	15	1.1	76	56	99	105	113	69	108	109	66	68	22	2003 DHS/ 1998 DHS
Swaziland	22.1	2	89	79	91	277	138	77.3	124	87	95	93	51	2010 MICS
Tajikistan	-	-	54	52	54	-	-	-	-	-	-	-	-	2011 DHS
Timor-Leste	8.8	0.7	51.4	35.2	57.4	74.2	99.9	35.1	59.8	51	74.1	48.1	29.7	2010 DHS
Togo	17.3	2.8	88	76	99	167	126	49	98	137	78	101	56	2010 MICS
Turkey	6.9	0.7	35	32	47	-	-	-	-	-	-	-	-	2008 DHS
Turkmenistan	1.8	0.1	30	36	26	-	-	-	-	-	-	-	-	2000 DHS
Uganda	33	6.6	134.5	91.3	146.2	198.8	167.6	78.3	185.8	184.1	159.6	108.3	77.2	2011 DHS
Ukraine	3.2	0	24.2	15.7	43.2	-	-	-	48.5	28.5	19.9	15.3	17	2007 DHS

Uzbekistan	2.6	0	-	-	-	-	-	-	-	-	-	-	-	1996 DHS
United Republic of Tanzania	28.3	3.3	116.2	71	136	231.7	140.3	31.4	177.6	159.1	125.1	108.9	56.8	2010 DHS
Viet Nam	3	0.2	46	15	59	126	171	38.1	95	56	28	39	15	2011 MICS
Yemen	24.6	4	80	66	86	128	57	49	129	81	70	75	55	1997 DHS/ 2006 MICS
Zambia	33.6	4	146	99	189	239	198	88	215	174	193	153	63	2007 DHS
Zimbabwe	20.5	1.2	114.6	71.5	143.9	225.2	187.5	95.6	176.4	138.5	143	110.6	48.7	2010-11 DHS

Table 2: Distribution of currently married adolescents aged 15-19 by marital status, and, among those currently married, contraceptive prevalence rate, rate of unmet need for contraception, total demand for family planning and proportion of satisfied contraceptive demand

Country or territory	Girls		Boys		Family planning				Source
	Currently married (percentage)	Single/other (percentage)	Currently married (percentage)	Single/other (percentage)	Contraceptive prevalence rate (percentage)	Unmet need for family planning (percentage)	Total demand for family planning (percentage)	Proportion of demand satisfied (percentage)	
					15-19				
Albania	7	93	1.9	98.1	54.7	16.6	71.3	76.7	2008-09 DHS
Armenia	7.9	92.1	1	99	19.1	27	46.1	41.4	2010 DHS
Azerbaijan	8.2	91.8	0.3	99.7	6.4	16.4	22.8	28.1	2006 DHS
Bangladesh	44.7	55.3	2.1	97.9	47.1	17	64.1	73.5	2011 DHS
Benin	21.7	78.3	1.5	98.5	7.9	26.6	34.5	22.9	2006 DHS
Bhutan	13.5	86.5	4.9	95.1	30.2	27.4	57.6	52.4	2010 MICS
Bolivia	13.4	86.6	3.6	96.4	40.9	37.9	78.8	51.9	2008 DHS
Brazil	3.9	96.1	1	99	54.1	25.5	79.6	68.0	1996 DHS
Burkina Faso	31.5	68.5	1.6	98.4	6.6	21.7	28.3	23.3	2010 DHS
Burundi	8.6	91.4	1.4	98.6	10.1	18.8	28.9	34.9	2010 DHS
Cambodia	10.2	89.8	1.6	98.4	27.1	16	43.1	62.9	2010 DHS
Cameroon	24.2	75.8	1.8	98.2	16.1	25.7	41.8	38.5	2011 DHS
Central African Republic	39.1	60.9	5.6	94.4	12.5	18.4	30.9	40.5	1994-95 DHS
Chad	42	58	0.9	99.1	4.8	25.1	29.9	16.1	2010 MICS
Colombia	14.6	85.4	3.7	96.3	60.5	23.7	84.2	71.9	2010 DHS
Comoros	10.2	89.8	2	98	10.5	50	60.5	17.4	1996 DHS
Congo, Democratic Republic of the	22.5	77.5	3.9	96.1	13	26.1	39.1	33.2	2010 MICS
Congo, Republic of the	16.4	83.6	2.7	97.3	37.2	30.3	67.5	55.1	2005 DHS
Côte d'Ivoire	23.9	76.1	1.3	98.7	10.7	24	34.7	30.8	1998-99 DHS
Cuba	21	79	5	95	67	11.2	78.2	85.7	2011 MICS
Dominican Republic	18.9	81.1	2.8	97.2	45.8	27.2	73	62.7	2007 DHS
Egypt	11.4	88.6	0.7	99.3	23.4	7	30.4	77.0	2008 DHS
Eritrea	32.5	67.5	1.4	98.6	2.4	43.6	46	5.2	2002 DHS
Ethiopia	19.1	80.9	2.2	97.8	23.8	32.8	56.6	42.0	2011 DHS
Gabon	18.1	81.9	2	98	40.1	29.1	69.2	57.9	2000 DHS

Ghana	8.3	91.7	0.7	99.3	13.6	61.7	75.3	18.1	2008 DHS
Guatemala	23.3	76.7	8.9	91.1	14.6	29.1	43.7	33.4	1998-99 DHS
Guinea	35.6	64.4	2.7	97.3	8.8	19.5	28.3	31.1	2005 DHS
Guyana	16.2	83.8	1.2	98.8	29.8	34.9	64.7	46.1	2009 DHS
Haiti	16.6	83.4	2.1	97.9	28.5	52.1	80.6	35.4	2005-06 DHS
Honduras	21.4	78.6	5.7	94.3	45.9	25.8	71.7	64.0	2005-06 DHS
India	24.5	75.5	5.2	94.8	13	27.1	40.1	32.4	2005-06 DHS
Indonesia	13.9	86.1	6	94	46.8	9.3	56.1	83.4	2007 DHS
Jordan	8.8	91.2	1	99	27	8.4	35.4	76.3	2009 DHS
Kazakhstan	4.3	95.7	0.9	99.1	19.2	20.6	39.8	48.2	2011 MICS
Kenya	12.1	87.9	0.4	99.6	22.5	29.7	52.2	43.1	2008-09 DHS
Kyrgyz Republic	7.6	92.4	0.9	99.1	29.3	11.1	40.4	72.5	1997 DHS
Lesotho	13.8	86.2	2.3	97.7	28.2	29.6	57.8	48.8	2009 DHS
Liberia	19.4	80.6	8.8	91.2	5.2	40.7	45.9	11.3	2007 DHS
Madagascar	33.7	66.3	11.4	88.6	24.6	26.8	51.4	47.9	2008-09 DHS
Malawi	23.4	76.6	2.2	97.8	28.8	25.2	54	53.3	2010 DHS
Maldives	6.3	93.7	0.8	99.2	15	36.9	51.9	28.9	2009 DHS
Mali	50.4	49.6	8.5	91.5	7.7	34.8	42.5	18.1	2006 DHS
Mauritania	24	76	0.5	99.5	5.3	35.5	40.8	13.0	2000-01 DHS
Morocco	10.7	89.3	0.8	99.2	38.4	10.3	48.7	78.9	2003-04 DHS
Mozambique	41.6	58.4	7.8	92.2	20	16.9	36.9	54.2	2003 DHS
Namibia	5.2	94.8	0.3	99.7	40.9	34.3	75.2	54.4	2006-07 DHS
Nepal	28.7	71.3	6.8	93.2	17.6	41.6	59.2	29.7	2011 DHS
Nicaragua	25	75	7.5	92.5	61.1	16.7	77.8	78.5	2006-07 RHS
Niger	59	41	2.9	97.1	4.3	11.2	15.5	27.7	2006 DHS
Nigeria	28.7	71.3	0.9	99.1	3	18	21	14.3	2008 DHS
Pakistan	10.8	89.2	2.3	97.7	6.7	20.2	26.9	24.9	2006-07 DHS
Paraguay	11.7	88.3	1.9	98.1	35.4	21.2	56.6	62.5	1990 DHS
Peru	14.5	85.5	5.2	94.8	60.7	16	76.7	79.1	2011 DHS
Philippines	5.1	94.9	1.5	98.5	25.9	33.7	59.6	43.5	2008 DHS
Republic of Moldova	9.6	90.4	1.2	98.8	58.4	14.2	72.6	80.4	2005 DHS
Rwanda	8.7	91.3	2	98	32.9	6.4	39.3	83.7	2010 DHS
Samoa	7	93	0.7	99.3	8.1	52.3	60.4	13.4	2009 DHS
Sao Tome and Principe	19.8	80.2	0.7	99.3	22.2	48.3	70.5	31.5	2008-09 DHS
Senegal	24.3	75.7	0.7	99.3	5.8	31.4	37.2	15.6	2010-11 DHS
Serbia	5.1	94.9	0.9	99.1	44.8	7.2	52	86.2	2010 MICS

Sierra Leone	29.9	70.1	0.9	99.1	5.4	28.9	34.3	15.7	2010 MICS
South Africa	3.3	96.7	0.6	99.4	47	17.7	64.7	72.6	2003 DHS
Swaziland	6.8	93.2	1.8	98.2	54.2	28.6	82.8	65.5	2010 MICS
Timor-Leste	7.7	92.3	0.4	99.6	7.9	27.4	35.3	22.4	2009-10 DHS
Togo	19.1	80.9	2.3	97.7	5.1	49.8	54.9	9.3	2010 MICS
Turkey	12.7	87.3	2.1	97.9	40.2	14.7	54.9	73.2	2008 DHS
Turkmenistan	6.2	93.8	1.4	98.6	26.6	13.2	39.8	66.8	2000 DHS
Uganda	20	80	1.8	98.2	13.9	31.3	45.2	30.8	2011 DHS
Ukraine	5.7	94.3	3	97	48.3	30.6	78.9	61.2	2007 DHS
United Republic of Tanzania	18.4	81.6	4.2	95.8	14.9	16.3	31.2	47.8	2010 DHS
Uzbekistan	10.8	89.2	1.2	98.8	15.8	13.5	29.3	53.9	1996 DHS
Viet Nam	9.7	90.3	2.5	97.5	21	15.6	36.6	57.4	2011 MICS
Yemen	16.6	83.4	2.8	97.2	8.6	34.3	42.9	20.0	1997 DHS
Zambia	17.8	82.2	1.2	98.8	28.1	22.6	50.7	55.4	2007 DHS
Zimbabwe	23.2	76.8	1	99	36.2	18.5	54.7	66.2	2010-11 DHS

Note: Data for distribution of adolescents according to marital status are from United Nations Population Division, 2012.

ANNEX 2: PROFILES OF COUNTRIES WITH THE HIGHEST PREVALENCE AND ABSOLUTE NUMBERS

Five countries with the highest prevalence of adolescent pregnancy

Niger
Chad
Mali
Guinea
Mozambique

Five countries with the highest absolute number of adolescent girls with a live birth before age 18

India
Bangladesh
Nigeria
Indonesia
Pakistan

NOTES FOR COUNTRY PROFILES

1. For the Indonesia Proportion of demand satisfied map and Adolescent birth rate map, due to limited number of cases, estimates for Aceh, North Sumatra, West Sumatra, Riau, Jambi, South Sumatra, Bengkulu, Lampung, Bangka Belitung, and Kep Bangka Belitung are the regional average for the 10 provinces ; estimates for Jakarta and Banten are the regional average for the 2 provinces; estimates for Central Java and Yogyakarta are the regional average for the 2 provinces; estimates for Bali, West Nusa Tenggara, and East Nusa Tenggara are the regional average for the 3 provinces; estimates for West Kalimantan, Central Kalimantan, South Kalimantan and East Kalimantan are the regional average for the 4 provinces; estimates for North Sulawesi, Central Sulawesi, South Sulawesi, Southeast Sulawesi, Gorontalo and Sulawesi Barat are the regional average for the 6 provinces.

2. For the India Proportion of demand satisfied map, due to limited number of cases, estimates for Jammu & Kashmir, Himachal Pradesh, Punjab and Uttaranchal are the regional average for the 4 states; estimates for Sikkim, Arunachal Pradesh, Nagaland, Manipur, Mizoram, Tripura and Meghalaya are the regional average for the 7 states; estimates for Maharashtra and Goa are the regional average for the 2 states.
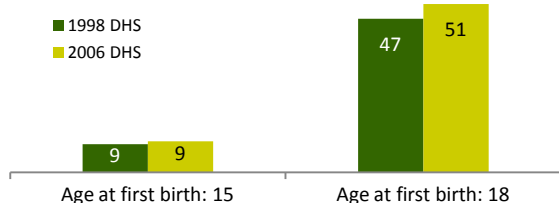
Niger

Adolescent Pregnancy Profile

DEMOGRAPHICS

Total Female Population *(thousands)*	7,710 WPP 2010
Female Population aged 10-19 *(thousands) / (percentage)*	1,800 / 23.3 WPP 2010
Female Population aged 10-17 *(thousands) / (percentage)*	1,497 / 19.4 WPP 2010
Adolescent birth rate *(per 1,000 women 15-19)*	199 DHS 2006
Contraceptive prevalence rate *(women aged 15-49, percentage)*	11.2 DHS 2006
Unmet need for family planning *(women aged 15-49, percentage)*	16.1 DHS 2006
Proportion of demand satisfied* *(women aged 15-49, percentage)*	41 DHS 2006

* PDS=CPR/(CPR+UNR)

## WOMEN GIVING BIRTH BY AGE 18 / 15

The adolescent pregnancy rate (before age 18) increased 9 per cent between 1998 and 2006

Percentage of women aged 20-24 who gave birth before age 15 and 18 (percentage)

- 1998 DHS
- 2006 DHS

Age at first birth: 15	Age at first birth: 18
9 9	47 51

Future adolescent mothers: projections for the next two decades

Number of women aged 20-24 who gave birth before age 18 (thousands)

| 2010	2015	2020	2025	2030
331	405	491	592	709
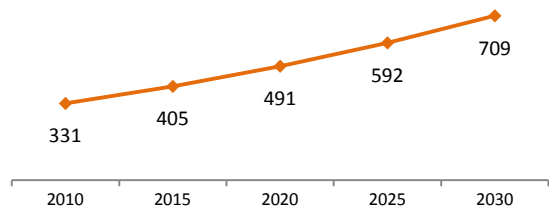
Source: UNFPA

FAMILY PLANNING

Use of contraception declined 33 per cent between 1998 and 2006

Contraceptive prevalence rate, unmet need for family planning, total demand and proportion of demand satisfied for age group 15-19 (percentage)

- 1998 DHS
- 2006 DHS

	CPR	UNR	TD	PDS
1998 DHS	6	18	24	25
2006 DHS	4	11	16	28
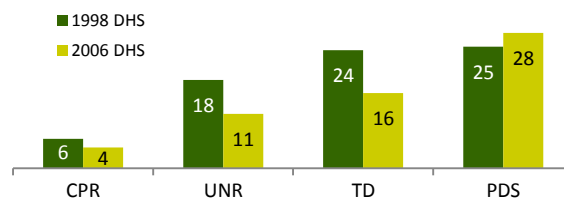
Proportion of demand satisfied among currently married adolescents aged 15-19 (percentage)

- Less than 20
- 20-29
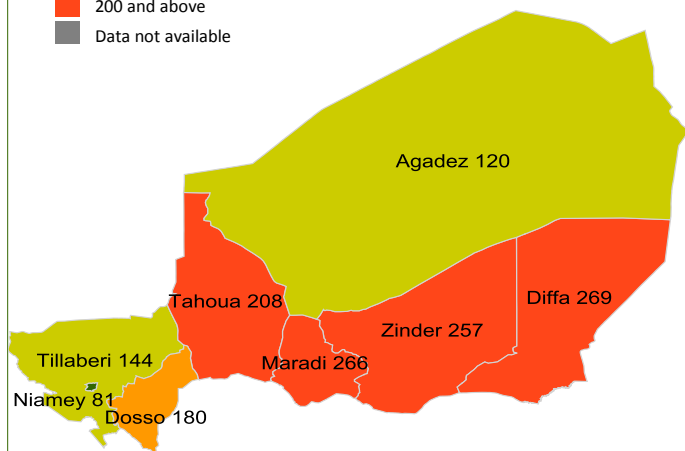- 30-39
- 40 and above
- Data not available

Agadez 13
Diffa 13
Zinder 13
Tahoua 22
Maradi 50
Tillaberi 20
Niamey 6
Dosso 41
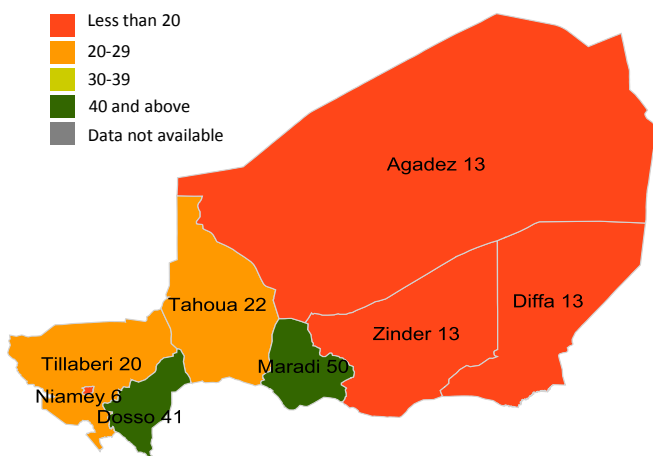
Notes: Estimates for Agadez, Diffa and Zinder are the regional average for the three regions due to limited number of cases.

Source: DHS 2006

ADOLESCENT BIRTH RATE

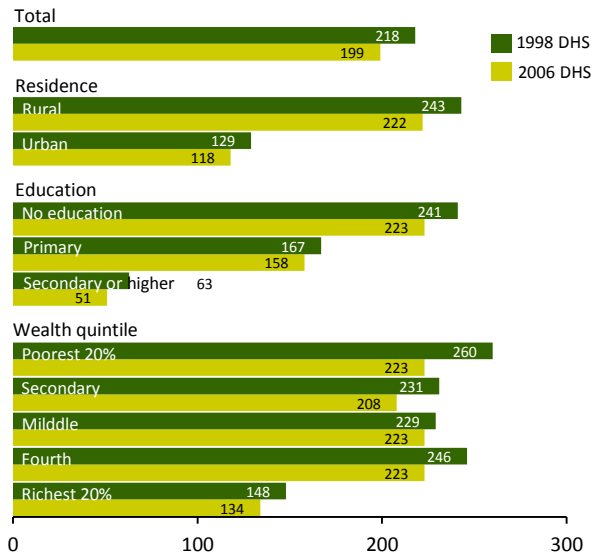**Adolescent birth rate (per 1,000 women aged 15-19)**

- Less than 100
- 100-149
- 150-199
- 200 and above
- Data not available

Agadez 120
Diffa 269
Tahoua 208
Zinder 257
Maradi 266
Tillaberi 144
Niamey 81
Dosso 180

Source: DHS 2006

Adolescents who are poor, have no education and live in rural areas are most likely to give birth

Number of births per 1,000 women aged 15-19, by residence, education and wealth quintile

- 1998 DHS
- 2006 DHS

	1998 DHS	2006 DHS
Total	218	199
Residence		
Rural	243	222
Urban	129	118
Education		
No education	241	223
Primary	167	158
Secondary or higher	63	51
Wealth quintile		
Poorest 20%	260	223
Secondary	231	208
Milddle	229	223
Fourth	246	223
Richest 20%	148	134

Chad

DEMOGRAPHICS

Total Female Population *(thousands)*	5,645	WPP 2010
Female Population aged 10-19 *(thousands) / (percentage)*	1,305 / 23.1	WPP 2010
Female Population aged 10-17 *(thousands) / (percentage)*	1,077 / 19.1	WPP 2010
Adolescent birth rate *(per 1,000 women 15-19)*	203.4	MICS 2010
Contraceptive prevalence rate *(women aged 15-49, percentage)*	4.8	MICS 2010
Unmet need for family planning *(women aged 15-49, percentage)*	28.3	MICS 2010
Proportion of demand satisfied* *(women aged 15-49, percentage)*	14.5	MICS 2010

* PDS=CPR/(CPR+UNR)

WOMEN GIVING BIRTH BY AGE 18 / 15

The adolescent pregnancy rate (before age 18) increased by 6 per cent between 1997 and 2004

Percentage of women aged 20-24 who gave birth before age 15 and 18 (percentage)
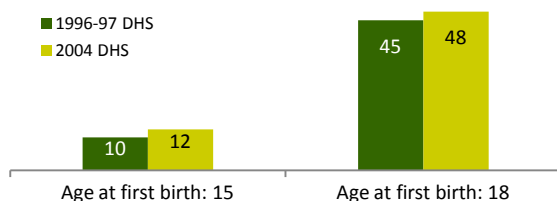
Legend:
- 1996-97 DHS
- 2004 DHS

Age at first birth: 15 — 10, 12
Age at first birth: 18 — 45, 48

Future adolescent mothers: projections for the next two decades
Number of women aged 20-24 who gave birth before age 18 (thousands)

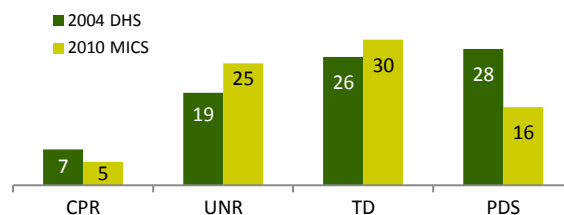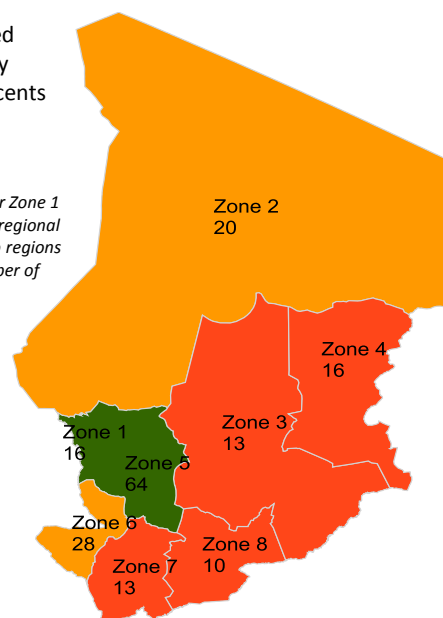| 2010	2015	2020	2025	2030
243	279	323	375	424
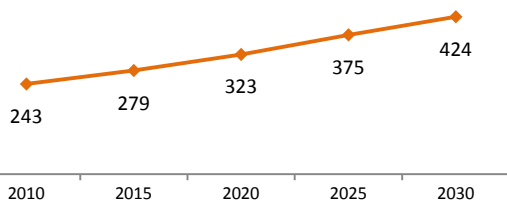
Source: UNFPA

FAMILY PLANNING

Use of contraception decreased by 35 per cent from 2004 to 2010
Contraceptive prevalence rate, unmet need for family planning, total demand and proportion of demand satisfied for age group 15-19 (percentage)

Legend:
- 2004 DHS
- 2010 MICS

	CPR	UNR	TD	PDS
2004 DHS	7	19	26	28
2010 MICS	5	25	30	16

Proportion of demand satisfied among currently married adolescents aged 15-19 (percentage)

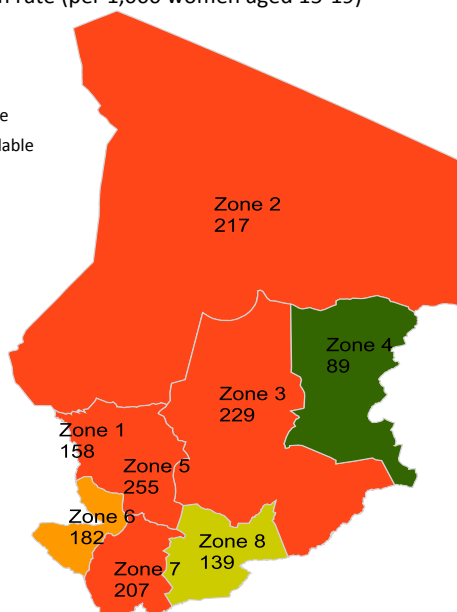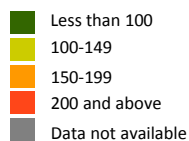*Notes: Estimates for Zone 1 and Zone 4 are the regional average for the two regions due to limited number of cases.*

Zone 2: 20
Zone 4: 16
Zone 3: 13
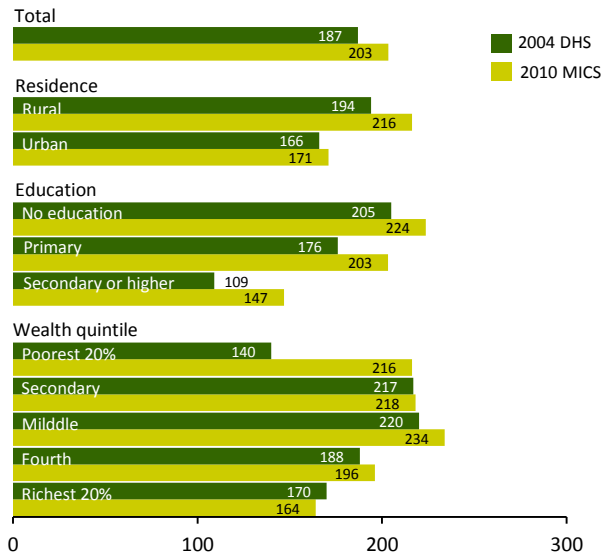Zone 1: 16
Zone 5: 64
Zone 6: 28
Zone 7: 13
Zone 8: 10

Source: DHS 2004

ADOLESCENT BIRTH RATE

Adolescent birth rate (per 1,000 women aged 15-19)

Legend:
- Less than 100
- 100-149
- 150-199
- 200 and above
- Data not available

Zone 2: 217
Zone 4: 89
Zone 3: 229
Zone 1: 158
Zone 5: 255
Zone 6: 182
Zone 7: 207
Zone 8: 139

Source: DHS 2004

Adolescents who are poor, have no education and live in rural areas are most likely to give birth
Number of births per 1,000 women aged 15-19, by residence, education and wealth quintile

Legend:
- 2004 DHS
- 2010 MICS

	2004 DHS	2010 MICS
Total	187	203
Residence		
Rural	194	216
Urban	166	171
Education		
No education	205	224
Primary	176	203
Secondary or higher	109	147
Wealth quintile		
Poorest 20%	140	216
Secondary	217	218
Middle	220	234
Fourth	188	196
Richest 20%	170	164

Mali

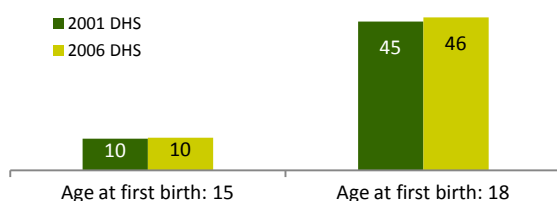## Adolescent Pregnancy Profile

DEMOGRAPHICS

Total Female Population *(thousands)*	7,691 WPP 2010
Female Population aged 10-19 *(thousands) / (percentage)*	1,770 / 23 WPP 2010
Female Population aged 10-17 *(thousands) / (percentage)*	1,465 / 19 WPP 2010
Adolescent birth rate *(per 1,000 women 15-19)*	188 DHS 2006
Contraceptive prevalence rate *(women aged 15-49, percentage)*	8.2 DHS 2006
Unmet need for family planning *(women aged 15-49, percentage)*	27.6 DHS 2006
Proportion of demand satisfied* *(women aged 15-49, percentage)*	22.9 DHS 2006

* PDS=CPR/(CPR+UNR)

## WOMEN GIVING BIRTH BY AGE 18 / 15

The adolescent pregnancy rate almost remained unchanged between 2001 and 2006

Percentage of women aged 20-24 who gave birth before age 15 and 18 (percentage)

- 2001 DHS
- 2006 DHS

Age at first birth: 15	Age at first birth: 18
10 / 10	45 / 46

Future adolescent mothers: projections for the next two decades

Number of women aged 20-24 who gave birth before age 18 (thousands)

2010	2015	2020	2025	2030
317	361	426	506	589
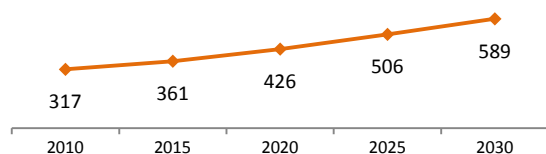
Source: UNFPA

FAMILY PLANNING

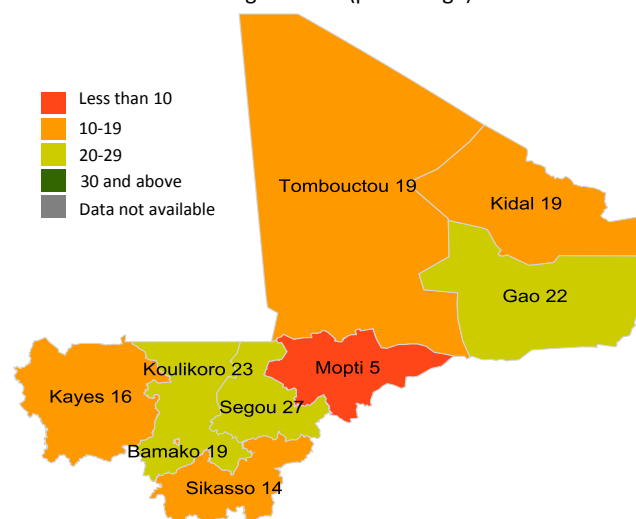**Unmet need for family planning increased 10 per cent between 2001 and 2006**

Contraceptive prevalence rate, unmet need for family planning, total demand and proportion of demand satisfied for age group 15-19 (percentage)

- 2001 DHS
- 2006 DHS

	CPR	UNR	TD	PDS
2001 DHS	5	32	36	13
2006 DHS	8	35	43	18

Proportion of demand satisfied among currently married adolescents aged 15-19 (percentage)

- Less than 10
- 10-19
- 20-29
- 30 and above
- Data not available

Tombouctou 19
Kidal 19
Gao 22
Koulikoro 23
Mopti 5
Kayes 16
Segou 27
Bamako 19
Sikasso 14

Notes: Estimates for Kidal and Tombouctou are the regional average for the two regions due to limited number of cases.

Source: DHS 2006

ADOLESCENT BIRTH RATE

Adolescent birth rate (per 1,000 women aged 15-19)

- Less than 100
- 100-139
- 140-179
- 180 and above
- Data not available

Tombouctou 163
Kidal 163
Gao 188
Koulikoro 217
Mopti 143
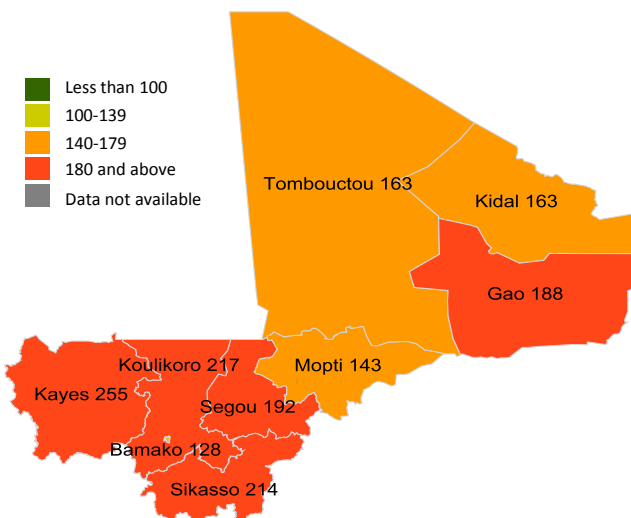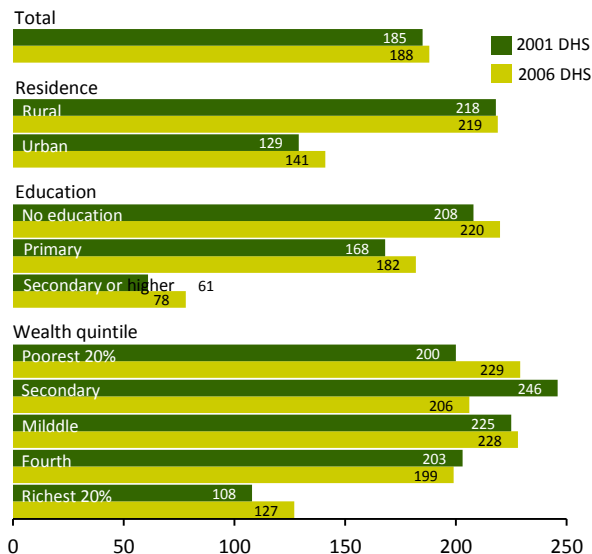Kayes 255
Segou 192
Bamako 128
Sikasso 214

Notes: Estimates for Kidal and Tombouctou are the regional average for the two regions due to limited number of cases.

Source: DHS 2006

Adolescents who are poor, have no education and live in rural areas are most likely to give birth

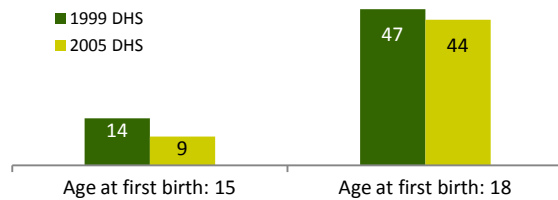Number of births per 1,000 women aged 15-19, by residence, education and wealth quintile

- 2001 DHS
- 2006 DHS

Total

	2001 DHS	2006 DHS
	185	188

Residence

	2001 DHS	2006 DHS
Rural	218	219
Urban	129	141

Education

	2001 DHS	2006 DHS
No education	208	220
Primary	168	182
Secondary or higher	61	78

Wealth quintile

	2001 DHS	2006 DHS
Poorest 20%	200	229
Secondary	246	206
Milddle	225	228
Fourth	203	199
Richest 20%	108	127

Guinea

Adolescent Pregnancy Profile

DEMOGRAPHICS

Total Female Population *(thousands)*	4,938 WPP 2010
Female Population aged 10-19 *(thousands) / (percentage)*	1,124 / 22.8 WPP 2010
Female Population aged 10-17 *(thousands) / (percentage)*	923 / 18.7 WPP 2010
Adolescent birth rate *(per 1,000 women 15-19)*	154 DHS 2005
Contraceptive prevalence rate *(women aged 15-49, percentage)*	9.1 DHS 2005
Unmet need for family planning *(women aged 15-49, percentage)*	21.9 DHS 2005
Proportion of demand satisfied* *(women aged 15-49, percentage)*	29.4 DHS 2005

* PDS=CPR/(CPR+UNR)

## WOMEN GIVING BIRTH BY AGE 18 / 15

The adolescent pregnancy rate (before age 18) declined by 7 per cent between 1998 and 2006

Percentage of women aged 20-24 who gave birth before age 15 and 18 (percentage)

- 1999 DHS
- 2005 DHS

Age at first birth: 15	Age at first birth: 18
14 / 9	47 / 44

Future adolescent mothers: projections for the next two decades

Number of women aged 20-24 who gave birth before age 18 (thousands)

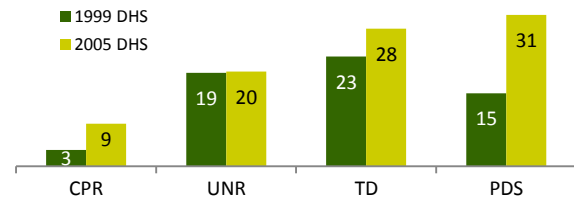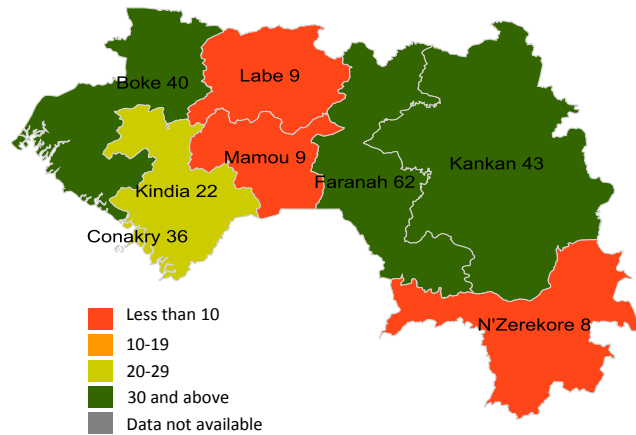| 2010	2015	2020	2025	2030
199	227	256	290	327
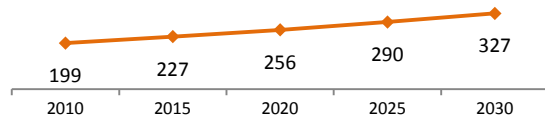
Source: UNFPA

FAMILY PLANNING

Proportion of demand satisfied doubled between 1999 and 2005

Contraceptive prevalence rate, unmet need for family planning, total demand and proportion of demand satisfied for age group 15-19 (percentage)

- 1999 DHS
- 2005 DHS

	CPR	UNR	TD	PDS
1999 DHS	3	19	23	15
2005 DHS	9	20	28	31

Proportion of demand satisfied among currently married adolescents aged 15-19 (percentage)

Boke 40
Labe 9
Mamou 9
Kindia 22
Faranah 62
Kankan 43
Conakry 36
N'Zerekore 8

- Less than 10
- 10-19
- 20-29
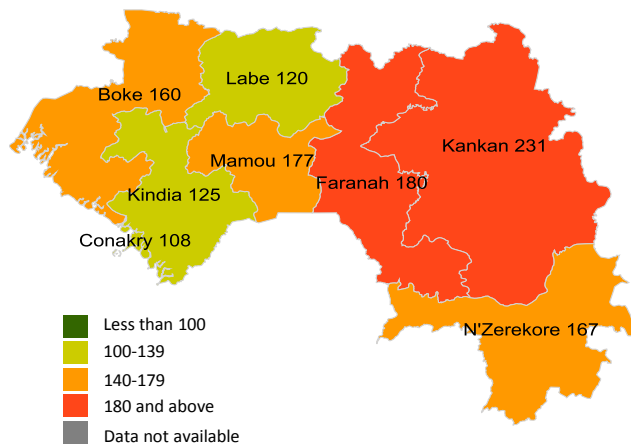- 30 and above
- Data not available

Notes: Estimates for Labe and Mamou are the regional average for the two regions due to limited number of cases.

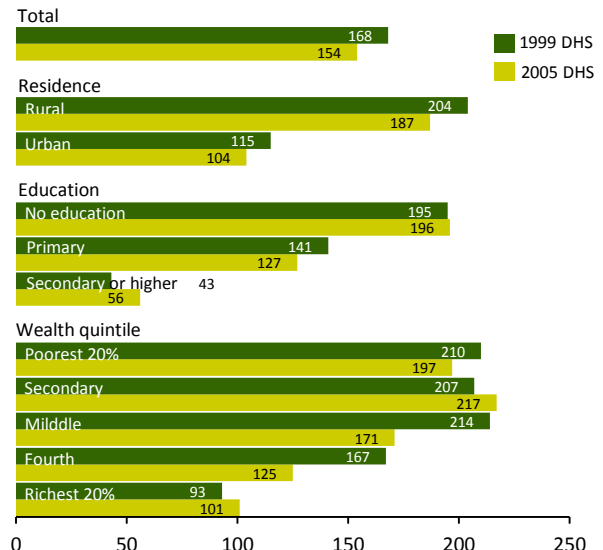Source: DHS 2005

ADOLESCENT BIRTH RATE

Adolescent birth rate (per 1,000 women aged 15-19)

Boke 160
Labe 120
Mamou 177
Kindia 125
Faranah 180
Kankan 231
Conakry 108
N'Zerekore 167

- Less than 100
- 100-139
- 140-179
- 180 and above
- Data not available

Source: DHS 2005

Adolescents who are poor, have no education and live in rural areas are most likely to give birth

Number of births per 1,000 women aged 15-19, by residence, education and wealth quintile

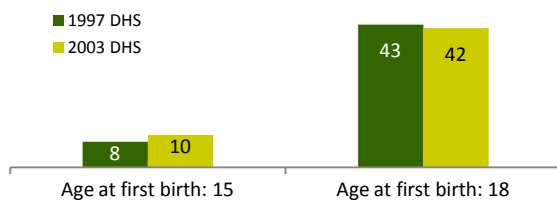|	1999 DHS	2005 DHS
Total	168	154
Residence		
Rural	204	187
Urban	115	104
Education		
No education	195	196
Primary	141	127
Secondary or higher	43	56
Wealth quintile		
Poorest 20%	210	197
Secondary	207	217
Middle	214	171
Fourth	167	125
Richest 20%	93	101

- 1999 DHS
- 2005 DHS

Mozambique

Adolescent Pregnancy Profile

DEMOGRAPHICS

Total Female Population *(thousands)*	12,010 WPP 2010
Female Population aged 10-19 *(thousands) / (percentage)*	2,701 / 22.5 WPP 2010
Female Population aged 10-17 *(thousands) / (percentage)*	2,226 / 18.5 WPP 2010
Adolescent birth rate *(per 1,000 women 15-19)*	194.4 MICS 2008
Contraceptive prevalence rate *(women aged 15-49, percentage)*	25.5 DHS 2003
Unmet need for family planning *(women aged 15-49, percentage)*	18.9 DHS 2003
Proportion of demand satisfied* *(women aged 15-49, percentage)*	57.4 DHS 2003

* PDS=CPR/(CPR+UNR)

WOMEN GIVING BIRTH BY AGE 18 / 15

The adolescent pregnancy rate (before age 18) almost unchanged between 2001 and 2006

Percentage of women aged 20-24 who gave birth before age 15 and 18 (percentage)

- 1997 DHS
- 2003 DHS

Age at first birth: 15	Age at first birth: 18
8 / 10	43 / 42

Future adolescent mothers: projections for the next two decades

Number of women aged 20-24 who gave birth before age 18 (thousands)

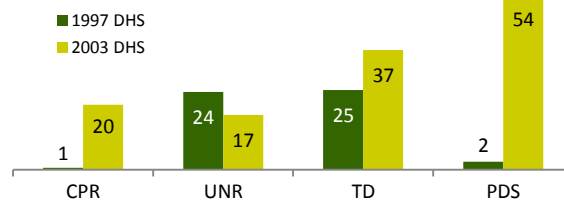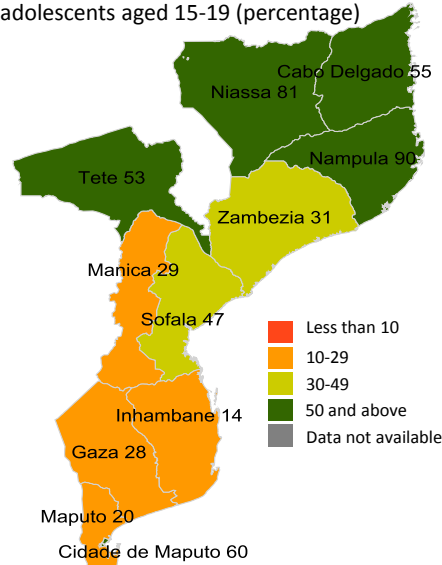| 2010	2015	2020	2025	2030
448	513	595	705	747
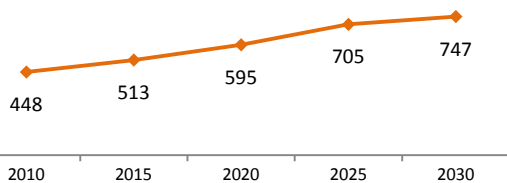
Source: UNFPA

FAMILY PLANNING

Unmet need for family planning declined by 30 per cent from 1997 to 2003

Contraceptive prevalence rate, unmet need for family planning, total demand and proportion of demand satisfied for age group 15-19 (percentage)
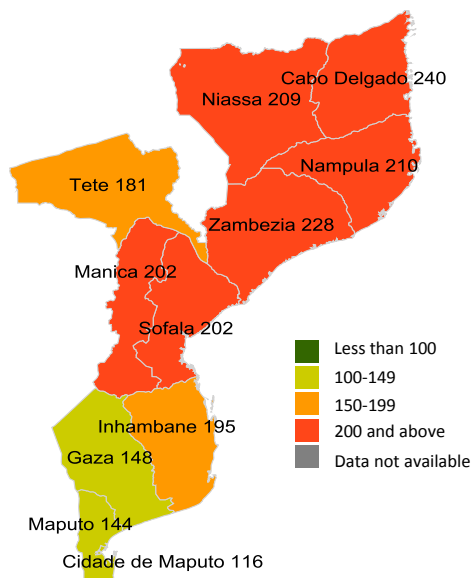
- 1997 DHS
- 2003 DHS

	CPR	UNR	TD	PDS
1997 DHS	1	24	25	2
2003 DHS	20	17	37	54

Proportion of demand satisfied among currently married adolescents aged 15-19 (percentage)

Niassa 81
Cabo Delgado 55
Nampula 90
Tete 53
Zambezia 31
Manica 29
Sofala 47
Inhambane 14
Gaza 28
Maputo 20
Cidade de Maputo 60

- Less than 10
- 10-29
- 30-49
- 50 and above
- Data not available

Source: DHS 2003

ADOLESCENT BIRTH RATE

Adolescent birth rate (per 1,000 women aged 15-19)

Cabo Delgado 240
Niassa 209
Nampula 210
Tete 181
Zambezia 228
Manica 202
Sofala 202
Inhambane 195
Gaza 148
Maputo 144
Cidade de Maputo 116

- Less than 100
- 100-149
- 150-199
- 200 and above
- Data not available

Source: MICS 2008

Adolescents who are poor, have no education and live in rural areas are most likely to give birth

Number of births per 1,000 women aged 15-19, by residence, education and wealth quintile

- 2003 DHS
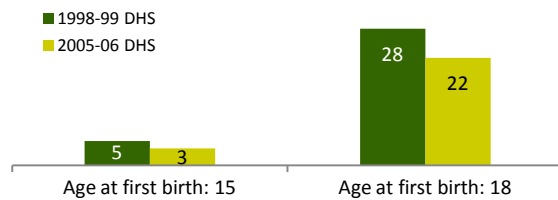- 2008 MICS

	2003 DHS	2008 MICS
Total	179	194
Residence		
Rural	207	208
Urban	143	174
Education		
No education	221	238
Primary	185	216
Secondary or higher	60	106
Wealth quintile		
Poorest 20%	234	223
Secondary	197	253
Middle	208	209
Fourth	188	192
Richest 20%	111	130

India

Adolescent Pregnancy Profile
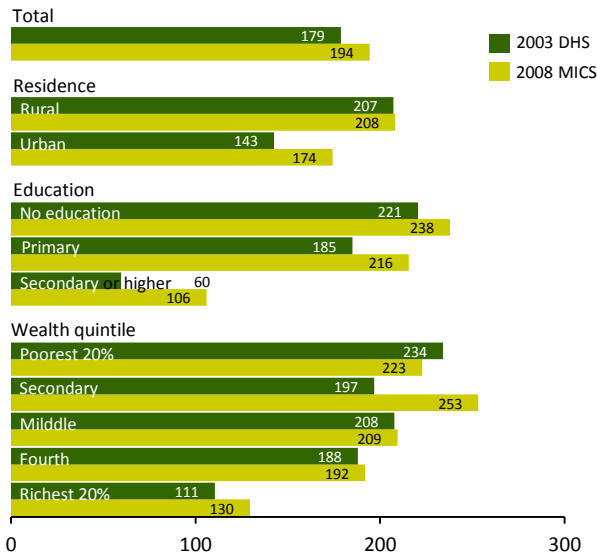
DEMOGRAPHICS

Total Female Population *(thousands)*	592,068 WPP 2010
Female Population aged 10-19 *(thousands) / (percentage)*	116,066 / 19.6 WPP 2010
Female Population aged 10-17 *(thousands) / (percentage)*	93,310 / 15.8 WPP 2010
Adolescent birth rate *(per 1,000 women 15-19)*	90 DHS 2005-06
Contraceptive prevalence rate *(women aged 15-49, percentage)*	56.3 DHS 2005-06
Unmet need for family planning *(women aged 15-49, percentage)*	13.9 DHS 2005-06
Proportion of demand satisfied* *(women aged 15-49, percentage)*	80.2 DHS 2005-06

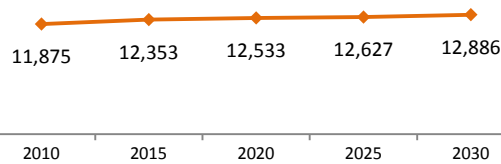* PDS=CPR/(CPR+UNR)

WOMEN GIVING BIRTH BY AGE 18 / 15

The adolescent pregnancy rate (before age 18) declined by 21 per cent between 1998 and 2006

Percentage of women aged 20-24 who gave birth before age 15 and 18 (percentage)

- 1998-99 DHS
- 2005-06 DHS

	Age at first birth: 15	Age at first birth: 18
1998-99 DHS	5	28
2005-06 DHS	3	22

Future adolescent mothers: projections for the next two decades

Number of women aged 20-24 who gave birth before age 18 (thousands)

2010	2015	2020	2025	2030
11,875	12,353	12,533	12,627	12,886

Source: UNFPA

ADOLESCENT BIRTH RATE

Adolescent birth rate (per 1,000 women aged 15-19)

Legend:
- Less than 40
- 40-79
- 80-119
- 120 and above
- Data not available

Jammu & Kashmir 32
Himachal Pradesh 27
Punjab 36
Uttaranchal 45
Haryana 72
NCT of Delhi 40
Rajasthan 98
Uttar Pradesh 96
Sikkim 59
Arunachal Pradesh 70
Assam 86
Nagaland 60
Bihar 128
Meghalaya 54
Manipur 43
Jharkhand 122
Tripura 109
West Bengal 121
Mizoram 74
Gujarat 70
Madhya Pradesh 96
Chhattisgarh 92
Orissa 73
Maharashtra 84
Andhra Pradesh 98
Goa 25
Karnataka 86
Pondicherry
Kerala 35
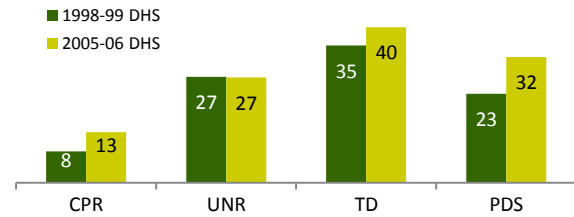Tamil Nadu 56
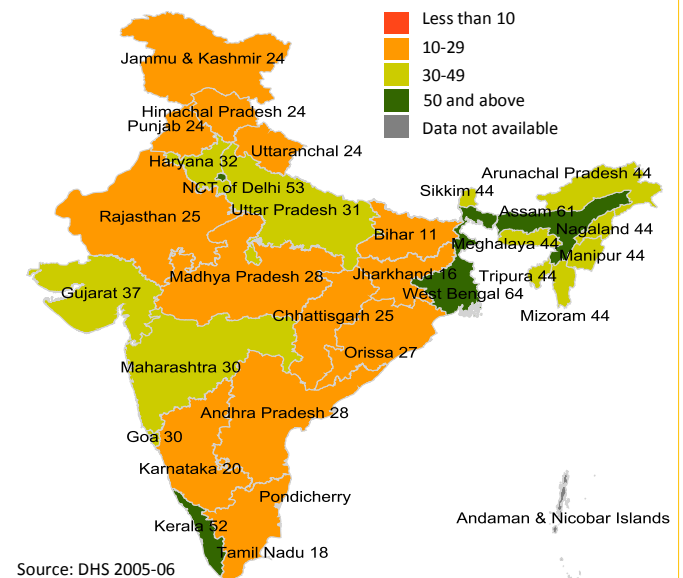Andaman & Nicobar Islands

Source: DHS 2005-06

FAMILY PLANNING

Use of contraception increased 60 per cent between 1998 and 2006

Contraceptive prevalence rate, unmet need for family planning, total demand and proportion of demand satisfied for age group 15-19 (percentage)
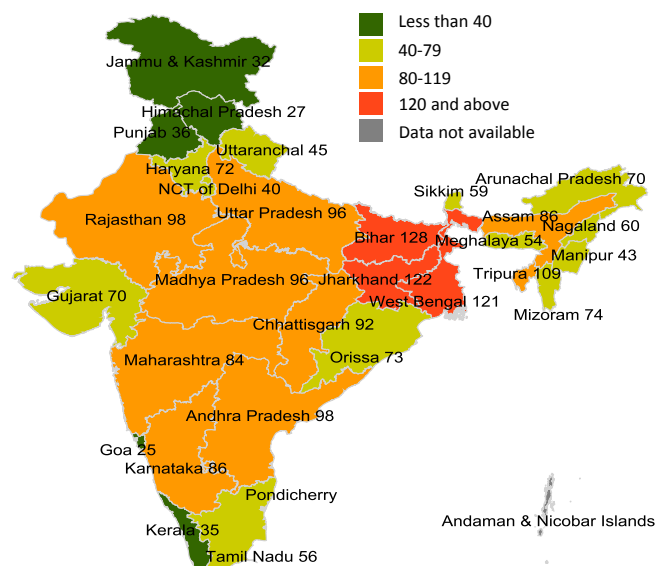
- 1998-99 DHS
- 2005-06 DHS

	CPR	UNR	TD	PDS
1998-99 DHS	8	27	35	23
2005-06 DHS	13	27	40	32

Proportion of demand satisfied among currently married adolescents aged 15-19 (percentage)

Legend:
- Less than 10
- 10-29
- 30-49
- 50 and above
- Data not available

Jammu & Kashmir 24
Himachal Pradesh 24
Punjab 24
Uttaranchal 24
Haryana 32
NCT of Delhi 53
Uttar Pradesh 31
Rajasthan 25
Sikkim 44
Arunachal Pradesh 44
Assam 61
Bihar 11
Nagaland 44
Meghalaya 44
Manipur 44
Madhya Pradesh 28
Jharkhand 16
Tripura 44
West Bengal 64
Mizoram 44
Gujarat 37
Chhattisgarh 25
Orissa 27
Maharashtra 30
Andhra Pradesh 28
Goa 30
Karnataka 20
Pondicherry
Kerala 52
Tamil Nadu 18
Andaman & Nicobar Islands

Source: DHS 2005-06

Adolescents who are poor, have no education and live in rural areas are most likely to give birth

Number of births per 1,000 women aged 15-19, by residence, education and wealth quintile

- 1998-99 DHS
- 2005-06 DHS

Total
- 107
- 90

Residence
- Rural: 121
- Rural: 105
- Urban: 68
- Urban: 57

Education
- No education: 163
- Primary: 112
- Secondary or higher: 55

Wealth quintile
- Poorest 20%: 134
- Secondary: 122
- Middle: 98
- Fourth: 72
- Richest 20%: 33

(scale: 0 50 100 150 200)

Bangladesh

## Adolescent Pregnancy Profile
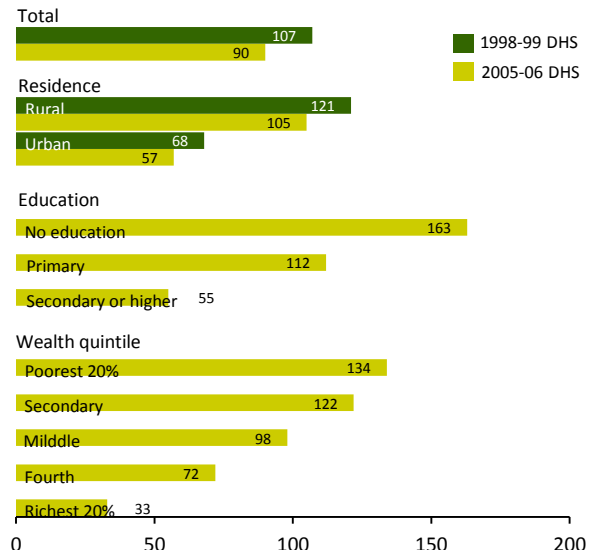
DEMOGRAPHICS

Total Female Population *(thousands)*	73,383 WPP 2010
Female Population aged 10-19 *(thousands) / (percentage)*	15,338 / 20.9 WPP 2010
Female Population aged 10-17 *(thousands) / (percentage)*	12,349 / 16.8 WPP 2010
Adolescent birth rate *(per 1,000 women 15-19)*	118.3 DHS 2011
Contraceptive prevalence rate *(women aged 15-49, percentage)*	61.2 DHS 2011
Unmet need for family planning *(women aged 15-49, percentage)*	13.5 DHS 2011
Proportion of demand satisfied* *(women aged 15-49, percentage)*	81.9 DHS 2011

* PDS=CPR/(CPR+UNR)

WOMEN GIVING BIRTH BY AGE 18 / 15

The adolescent pregnancy rate remained unchanged between 2007 and 2011

Percentage of women aged 20-24 who gave birth before age 15 and 18 (percentage)
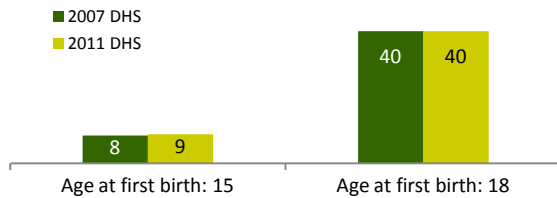
- 2007 DHS
- 2011 DHS

Age at first birth: 15	Age at first birth: 18
8 / 9	40 / 40

Future adolescent mothers: projections for the next two decades

Number of women aged 20-24 who gave birth before age 18 (thousands)

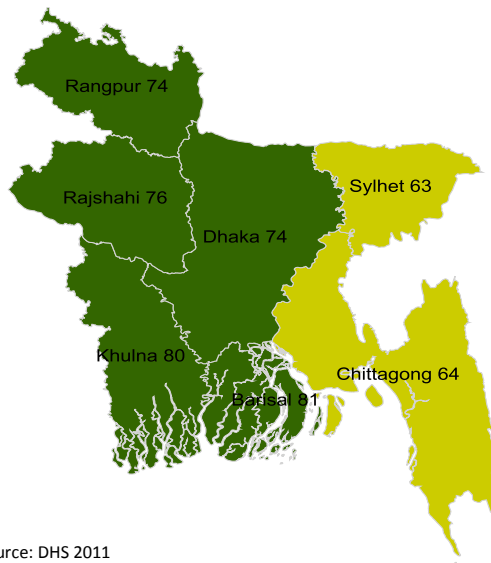| 2010	2015	2020	2025	2030
2,904	2,991	3,049	3,009	2,778
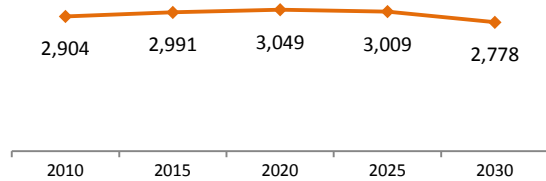
Source: UNFPA

FAMILY PLANNING

Use of contraception increased 13 per cent from 2007 to 2011

Contraceptive prevalence rate, unmet need for family planning, total demand and proportion of demand satisfied for age group 15-19 (percentage)
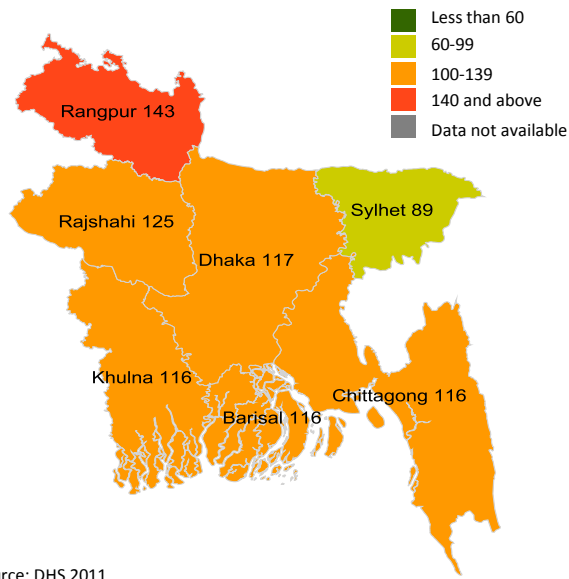
- 2007 DHS
- 2011 DHS

	CPR	UNR	TD	PDS
2007 DHS	42	20	61	68
2011 DHS	47	17	64	73

Proportion of demand satisfied among currently married adolescents aged 15-19 (percentage)

- Rangpur 74
- Rajshahi 76
- Sylhet 63
- Dhaka 74
- Khulna 80
- Chittagong 64
- Barisal 81

Source: DHS 2011

ADOLESCENT BIRTH RATE

Adolescent birth rate (per 1,000 women aged 15-19)

- Less than 60
- 60-99
- 100-139
- 140 and above
- Data not available

- Rangpur 143
- Rajshahi 125
- Sylhet 89
- Dhaka 117
- Khulna 116
- Barisal 116
- Chittagong 116

Source: DHS 2011

Adolescents who are poor, have no education and live in rural areas are most likely to give birth

Number of births per 1,000 women aged 15-19, by residence, education and wealth quintile

- 2007 DHS
- 2011 DHS

Total
| 2007 DHS	2011 DHS
126	118

Residence
	2007 DHS	2011 DHS
Rural	137	129
Urban	90	91

Education
	2007 DHS	2011 DHS
No education	169	188
Primary	167	146
Secondary or higher	112	116

Wealth quintile
	2007 DHS	2011 DHS
Poorest 20%	170	171
Secondary	154	135
Middle	131	123
Fourth	124	98
Richest 20%	77	84

Nigeria
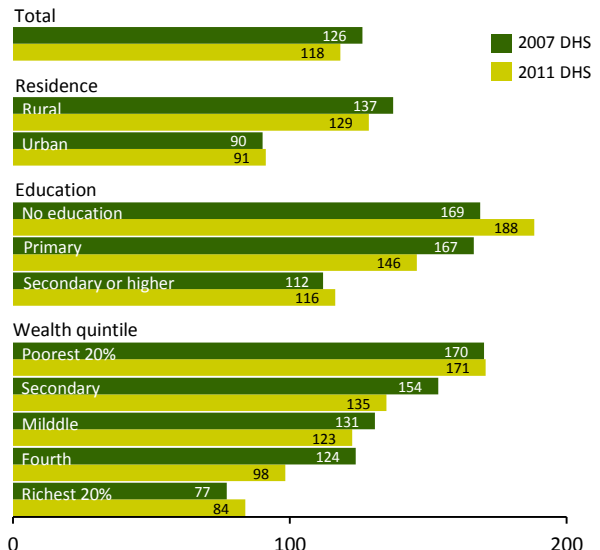
DEMOGRAPHICS

Total Female Population *(thousands)*	78,222 WPP 2010
Female Population aged 10-19 *(thousands) / (percentage)*	17,308 / 22.1 WPP 2010
Female Population aged 10-17 *(thousands) / (percentage)*	14,216 / 18.2 WPP 2010
Adolescent birth rate *(per 1,000 women 15-19)*	121 DHS 2008
Contraceptive prevalence rate *(women aged 15-49, percentage)*	14.6 DHS 2008
Unmet need for family planning *(women aged 15-49, percentage)*	20.2 DHS 2008
Proportion of demand satisfied* *(women aged 15-49, percentage)*	42 DHS 2008

* PDS=CPR/(CPR+UNR)

WOMEN GIVING BIRTH BY AGE 18 AND 15

The adolescent pregnancy rate remained unchanged between 2003 and 2008

Percentage of women aged 20-24 who gave birth before age 15 and 18 (percentage)
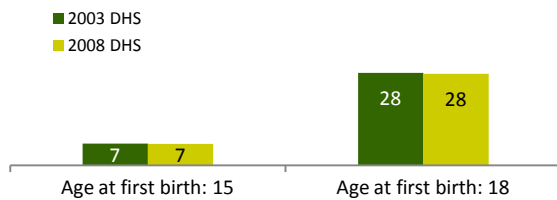
- 2003 DHS
- 2008 DHS

Age at first birth: 15	Age at first birth: 18
7 / 7	28 / 28

Future adolescent mothers: projections for the next two decades

Number of women aged 20-24 who gave birth before age 18 (thousands)

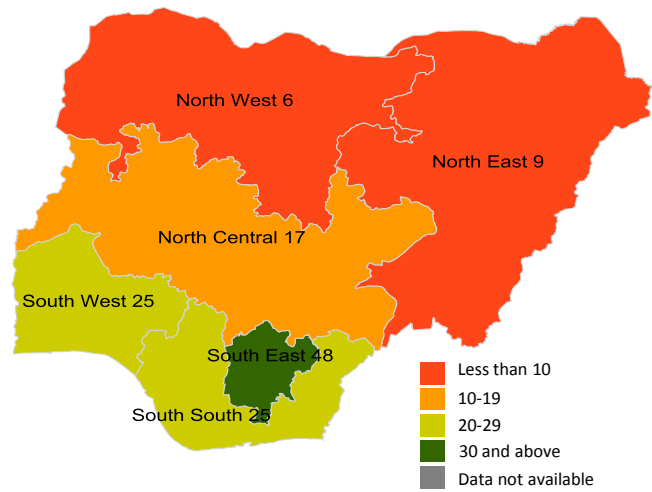| 2010	2015	2020	2025	2030
1,978	2,175	2,476	2,855	3,244
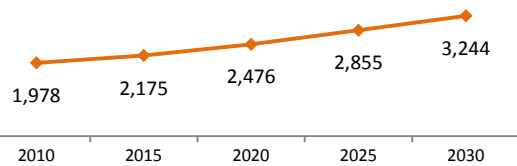
Source: UNFPA

FAMILY PLANNING

Use of contraception declined 30 per cent between 2003 and 2008

Contraceptive prevalence rate, unmet need for family planning, total demand and proportion of demand satisfied for age group 15-19 (percentage)
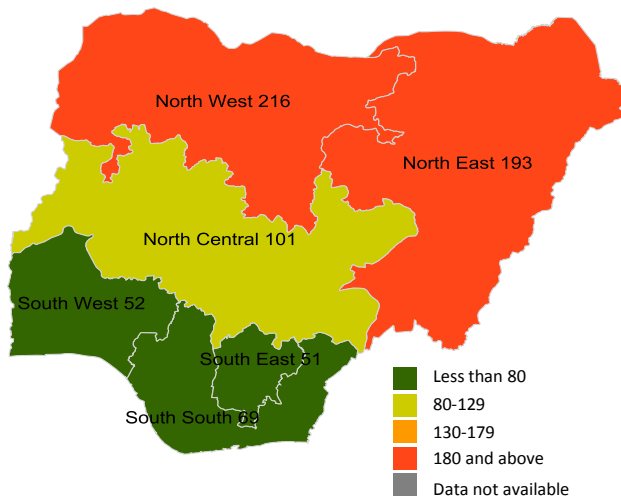
- 2003 DHS
- 2008 DHS

	CPR	UNR	TD	PDS
2003 DHS	4	15	19	23
2008 DHS	3	18	21	14

Proportion of demand satisfied among currently married adolescents aged 15-19 (percentage)

- North West 6
- North East 9
- North Central 17
- South West 25
- South East 48
- South South 25

Legend:
- Less than 10
- 10-19
- 20-29
- 30 and above
- Data not available

Source: DHS 2008

ADOLESCENT BIRTH RATE

Adolescent birth rate (per 1,000 women aged 15-19)

- North West 216
- North East 193
- North Central 101
- South West 52
- South East 51
- South South 69

Legend:
- Less than 80
- 80-129
- 130-179
- 180 and above
- Data not available

Source: DHS 2008

Adolescents who are poor, have no education and live in rural areas are most likely to give birth

Number of births per 1,000 women aged 15-19, by residence, education and wealth quintile

- 2003 DHS
- 2008 DHS

	2003 DHS	2008 DHS
Total	126	121
Residence		
Rural	146	148
Urban	88	70
Education		
No education	238	247
Primary	150	165
Secondary or higher	46	45
Wealth quintile		
Poorest 20%	184	205
Secondary	162	180
Middle	152	120
Fourth	98	86
Richest 20%	27	58

Indonesia

Adolescent Pregnancy Profile
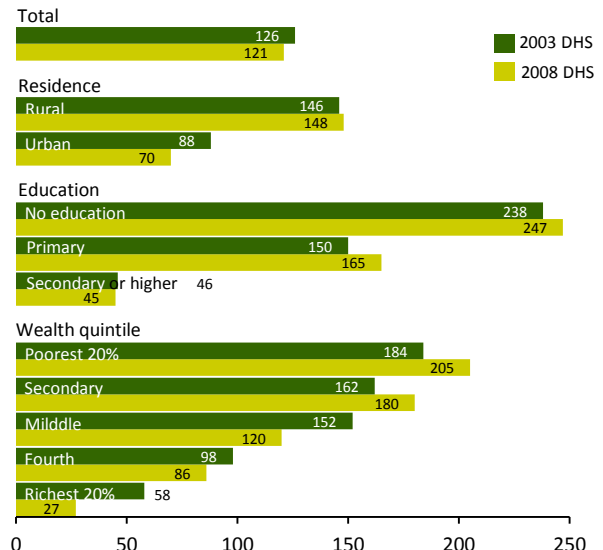
DEMOGRAPHICS

Total Female Population *(thousands)*	120,249	WPP 2010
Female Population aged 10-19 *(thousands) / (percentage)*	21,044 / 17.5	WPP 2010
Female Population aged 10-17 *(thousands) / (percentage)*	16,772 / 13.9	WPP 2010
Adolescent birth rate *(per 1,000 women 15-19)*	51	DHS 2007
Contraceptive prevalence rate *(women aged 15-49, percentage)*	61.4	DHS 2007
Unmet need for family planning *(women aged 15-49, percentage)*	13.1	DHS 2007
Proportion of demand satisfied* *(women aged 15-49, percentage)*	82.4	DHS 2007

* PDS=CPR/(CPR+UNR)

WOMEN GIVING BIRTH BY AGE 18 / 15

The adolescent pregnancy rate (before age 18) deceased by 15 per cent between 2002 and 2007

Percentage of women aged 20-24 who gave birth before age 15 and 18 (percentage)
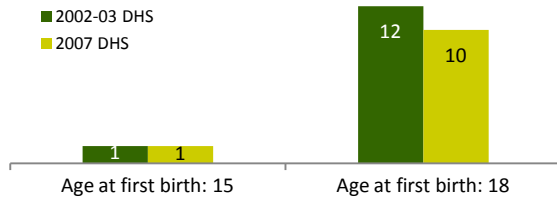
Legend: 2002-03 DHS, 2007 DHS

- Age at first birth: 15 — 1, 1
- Age at first birth: 18 — 12, 10

Future adolescent mothers: projections for the next two decades

Number of women aged 20-24 who gave birth before age 18 (thousands)

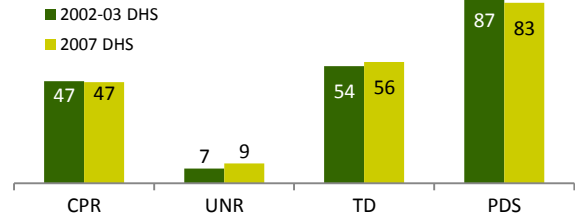| 2010	2015	2020	2025	2030
1,079	1,064	1,037	1,076	1,045
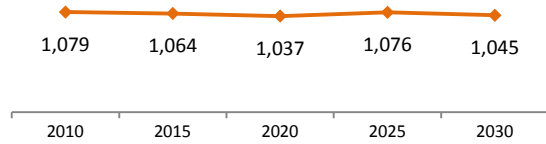
Source: UNFPA

FAMILY PLANNING

Use of contraception remained unchanged from 2002 and 2007

Contraceptive prevalence rate, unmet need for family planning, total demand and proportion of demand satisfied for age group 15-19 (percentage)

Legend: 2002-03 DHS, 2007 DHS

	CPR	UNR	TD	PDS
2002-03 DHS	47	7	54	87
2007 DHS	47	9	56	83

Proportion of demand satisfied among currently married adolescents aged 15-19 (percentage)

Source: DHS 2007

Legend:
- Less than 20
- 20-49
- 50-79
- 80 and above
- No enough cases
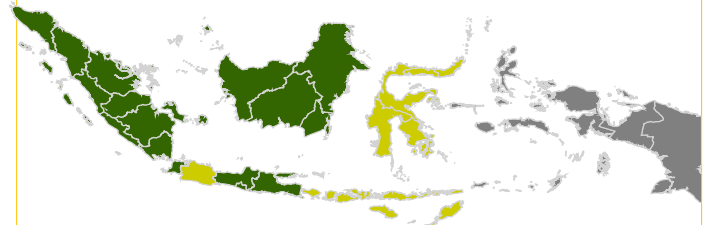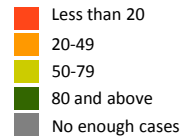
ADOLESCENT BIRTH RATE

Adolescent birth rate (per 1,000 women aged 15-19)

Source: DHS 2007

Legend:
- Less than 40
- 40-49
- 50-59
- 60 and above
- No enough cases
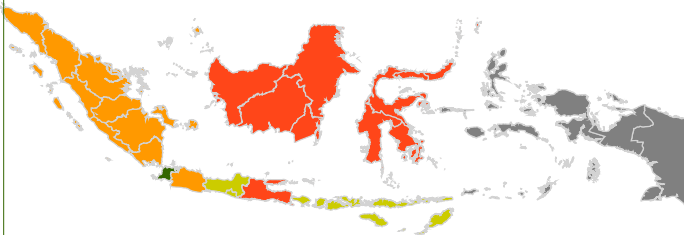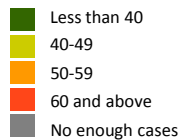
Adolescents who have no education and live in rural areas are most likely to give birth

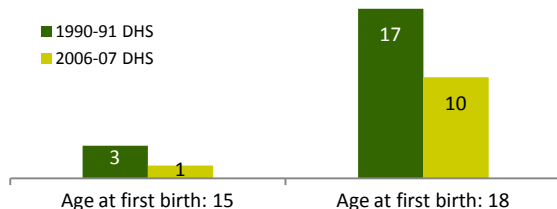Number of births per 1,000 women aged 15-19, by residence, education and wealth quintile

Legend: 2002-03 DHS, 2007 DHS

Total
- 51
- 51

Residence
- Rural: 63 / 74
- Urban: 41 / 26

Education
- No education: 80 / 86
- Primary: 90 / 98
- Secondary or higher: 37 / 35

Wealth quintile
- Poorest 20%: 80 / 49
- Secondary: 59 / 50
- Middle: 54 / 71
- Fourth: 46 / 63
- Richest 20%: 24 / 52

Pakistan
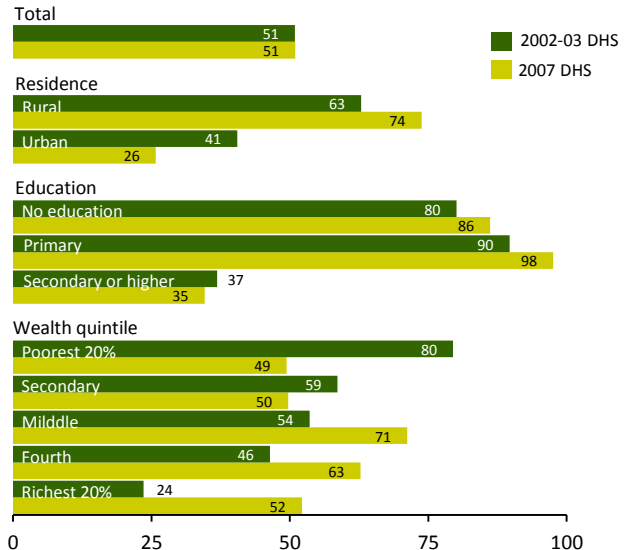
DEMOGRAPHICS

Total Female Population *(thousands)*	85,356 WPP 2010
Female Population aged 10-19 *(thousands) / (percentage)*	19,558 / 22.9 WPP 2010
Female Population aged 10-17 *(thousands) / (percentage)*	15,818 / 18.5 WPP 2010
Adolescent birth rate *(per 1,000 women 15-19)*	51.1 DHS 2006-07
Contraceptive prevalence rate *(women aged 15-49, percentage)*	29.6 DHS 2006-07
Unmet need for family planning *(women aged 15-49, percentage)*	25.2 DHS 2006-07
Proportion of demand satisfied* *(women aged 15-49, percentage)*	54.0 DHS 2006-07

* PDS=CPR/(CPR+UNR)

WOMEN GIVING BIRTH BY AGE 18 / 15

The adolescent pregnancy rate (before age 18) declined by 40 per cent between 1990 and 2007

Percentage of women aged 20-24 who gave birth before age 15 and 18 (percentage)

- 1990-91 DHS
- 2006-07 DHS

	Age at first birth: 15	Age at first birth: 18
1990-91 DHS	3	17
2006-07 DHS	1	10

Future adolescent mothers: projections for the next two decades

Number of women aged 20-24 who gave birth before age 18 (thousands)

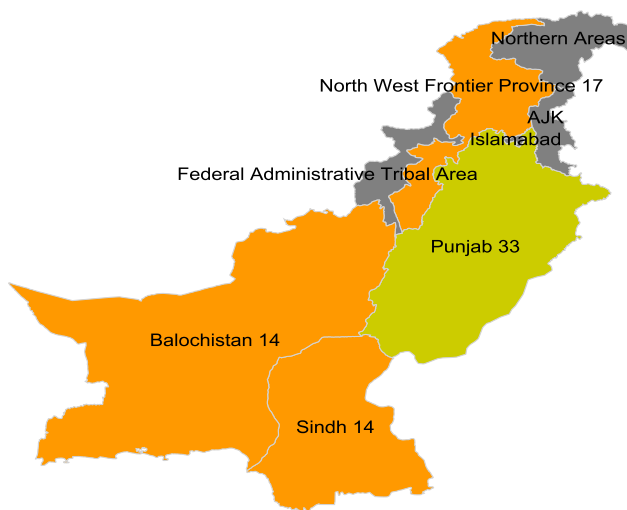| 2010	2015	2020	2025	2030
895	955	993	945	1,020
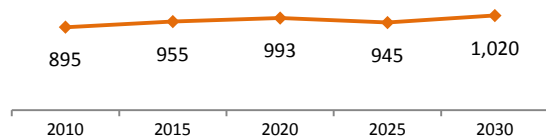
Source: UNFPA

FAMILY PLANNING

Proportion of demand satisfied tripled between 1990 and 2007

Contraceptive prevalence rate, unmet need for family planning, total demand and proportion of demand satisfied for age group 15-19 (percentage)

- 1990-91 DHS
- 2006-07 DHS

	CPR	UNR	TD	PDS
1990-91 DHS	3	28	31	8
2006-07 DHS	7	20	27	25

Proportion of demand satisfied among currently married adolescents aged 15-19 (percentage)

- Northern Areas
- North West Frontier Province 17
- AJK
- Islamabad
- Federal Administrative Tribal Area
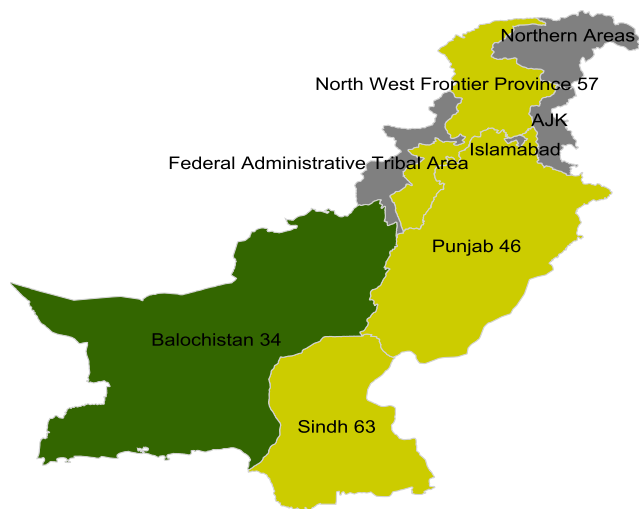- Punjab 33
- Balochistan 14
- Sindh 14
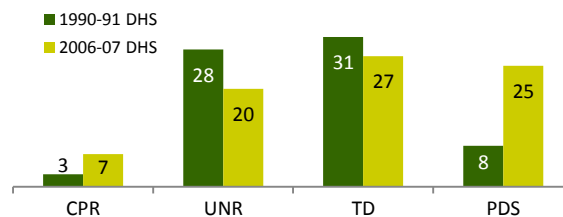
Notes: Estimates for Sindh and Balochistan are the regional average for the two regions due to limited number of cases.

Source: DHS 2006-07
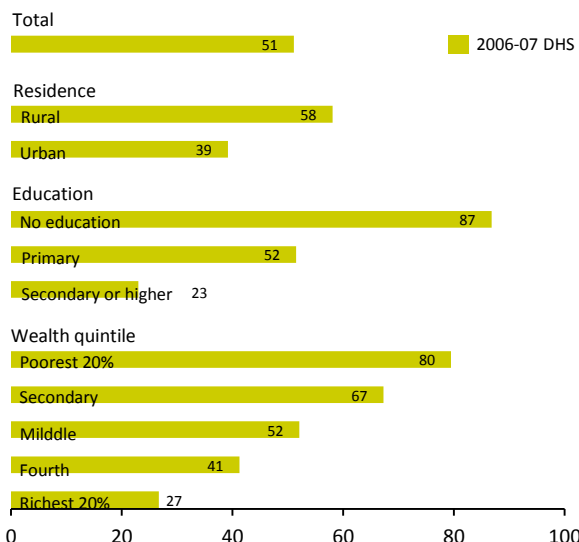
ADOLESCENT BIRTH RATE

Adolescent birth rate (per 1,000 women aged 15-19)

- Northern Areas
- North West Frontier Province 57
- AJK
- Islamabad
- Federal Administrative Tribal Area
- Punjab 46
- Balochistan 34
- Sindh 63

Source: DHS 2006-07

Adolescents who are poor, have no education and live in rural areas are most likely to give birth

Number of births per 1,000 women aged 15-19, by residence, education and wealth quintile

2006-07 DHS

Total	51
Residence	
Rural	58
Urban	39
Education	
No education	87
Primary	52
Secondary or higher	23
Wealth quintile	
Poorest 20%	80
Secondary	67
Milddle	52
Fourth	41
Richest 20%	27

ANNEX 3: REGIONAL CLASSIFICATIONS

Arab States
Algeria, Djibouti, Egypt, Iraq, Jordan, Lebanon, Libya, Morocco, Oman, Somalia, State of Palestine, Sudan, Syrian Arab Republic, Tunisia, Yemen

Asia and the Pacific

East Asia and the Pacific
Cambodia, China, Cook Islands, Democratic People's Republic of Korea, Fiji, Indonesia, Kiribati, Lao People's Democratic Republic, Malaysia, Marshall Islands, Micronesia (Federated States of), Mongolia, Myanmar, Nauru, Niue, Palau, Papua New Guinea, Philippines, Samoa, Solomon Islands, Thailand, Timor-Leste, Tokelau, Tonga, Tuvalu, Vanuatu, Viet Nam

South Asia
Afghanistan, Bangladesh, Bhutan, India, Iran (Islamic Republic of), Maldives, Nepal, Pakistan, Sri Lanka

Eastern Europe and Central Asia
Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Georgia, Kazakhstan, Kyrgyz Republic, Republic of Moldova, Romania, Russian Federation, Serbia, Tajikistan, the former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Ukraine, Uzbekistan

Latin America and the Caribbean
Anguilla, Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bermuda, Bolivia, Brazil, British Virgin Islands, Cayman Islands, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Montserrat, Netherlands Antilles, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos Islands, Uruguay, Venezuela (Bolivarian Republic of)

Sub-Saharan Africa

Eastern and Southern Africa
Angola, Botswana, Burundi, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, South Africa, South Sudan, Swaziland Uganda, United Republic of Tanzania, Zambia, Zimbabwe

West and Central Africa
Benin, Burkina Faso, Cameroon, Cape Verde, Central African Republic, Chad, Côte d'Ivoire Democratic Republic of the Congo, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, the Republic of the Congo, Sao Tome and Principe, Senegal, Sierra Leone, Togo

ANNEX 4: SUPPLEMENTARY TABLES AND FIGURES

Table 1: Population estimates and distribution by age group, UNFPA regions, 2010

UNFPA regions	Population (thousands)				Percentages of age group 10-19				Percentages of total female population			
	10-19	10-14	15-19	10-17	10-19	10-14	15-19	10-17	10-19	10-14	15-19	10-17
Arab States	27,141	13,733	13,408	21,808	100	50.6	49.4	80.4	20.3	10.3	10.0	16.3
Asia and the Pacific	315,136	155,122	160,014	250,290	100	49.2	50.8	79.4	17.6	8.7	8.9	14.0
East Asia and the Pacific	149,235	71,415	77,820	117,003	100	47.9	52.1	78.4	15.5	7.4	8.1	12.2
South Asia	165,901	83,707	82,194	133,287	100	50.5	49.5	80.3	20.0	10.1	9.9	16.1
Eastern Europe and Central Asia	26,665	12,260	14,405	20,520	100	46.0	54.0	77.0	12.8	5.9	6.9	9.8
Latin America and the Caribbean	53,383	26,878	26,505	42,848	100	50.3	49.7	80.3	18.0	9.1	9.0	14.5
Sub-Saharan Africa	91,561	48,670	42,891	75,040	100	53.2	46.8	82.0	22.8	12.1	10.7	18.7
Eastern and Southern Africa	45,025	23,783	21,242	36,809	100	52.8	47.2	81.8	23.0	12.1	10.8	18.8
West and Central Africa	46,537	24,887	21,650	38,231	100	53.5	46.5	82.2	22.7	12.1	10.6	18.7
Non-UNFPA list	63,173	30,374	32,799	49,796	100	48.1	51.9	78.8	11.5	5.5	6.0	9.0
UNFPA Countries	513,888	256,664	257,224	410,506	100	49.9	50.1	79.9	18.2	9.1	9.1	14.5
WORLD	577,061	287,038	290,023	460,302	100	49.7	50.3	79.8	17.1	8.5	8.6	13.6

Figure 1: Global trends in adolescent and total female populations, 2010-2030
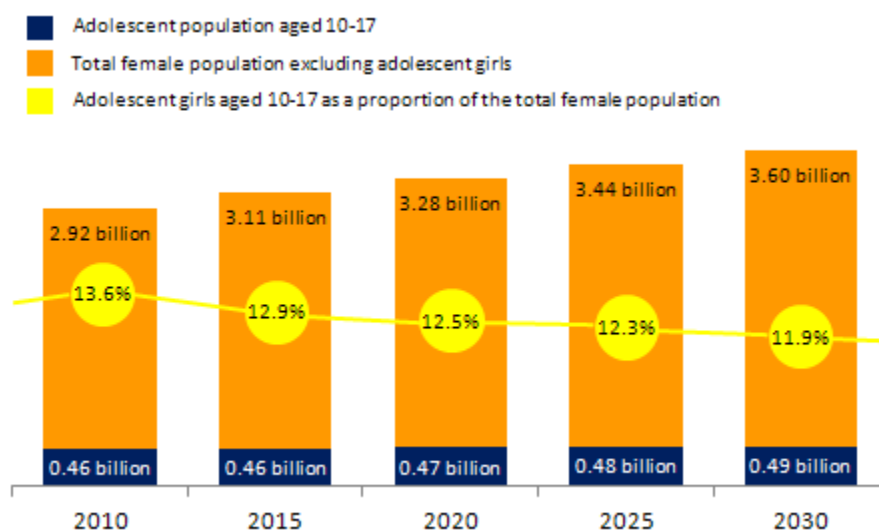

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Figure 2: Disparities and inequalities in the ABR per 1,000 women aged 15 to 19 by UNFPA regions, most recent data 1998-2011
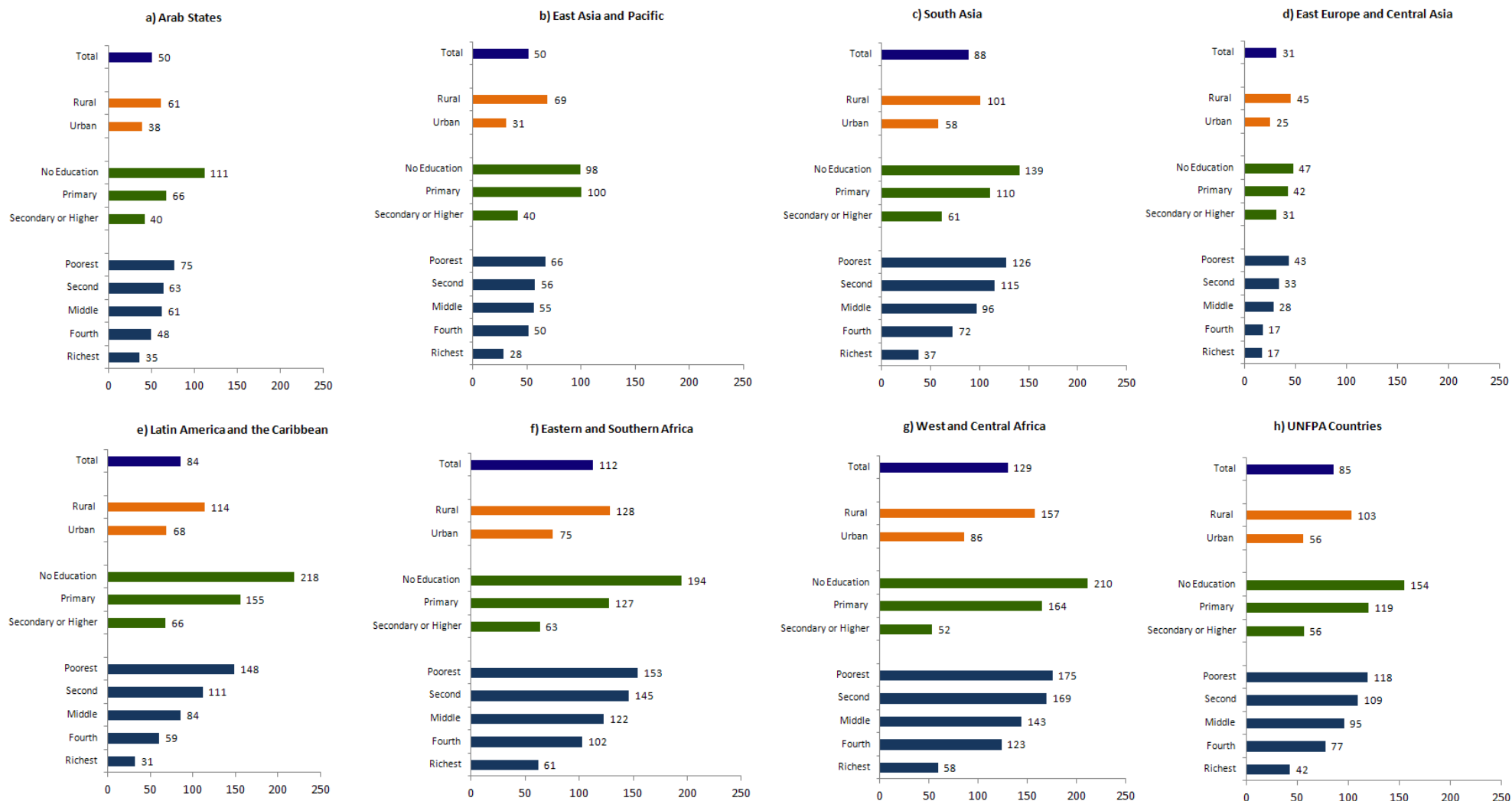
Figure 3: Trends in the ABR per 1,000 women aged 15 to 19 by background characteristics, two consecutive surveys (1994-2008 and 1998-2011)
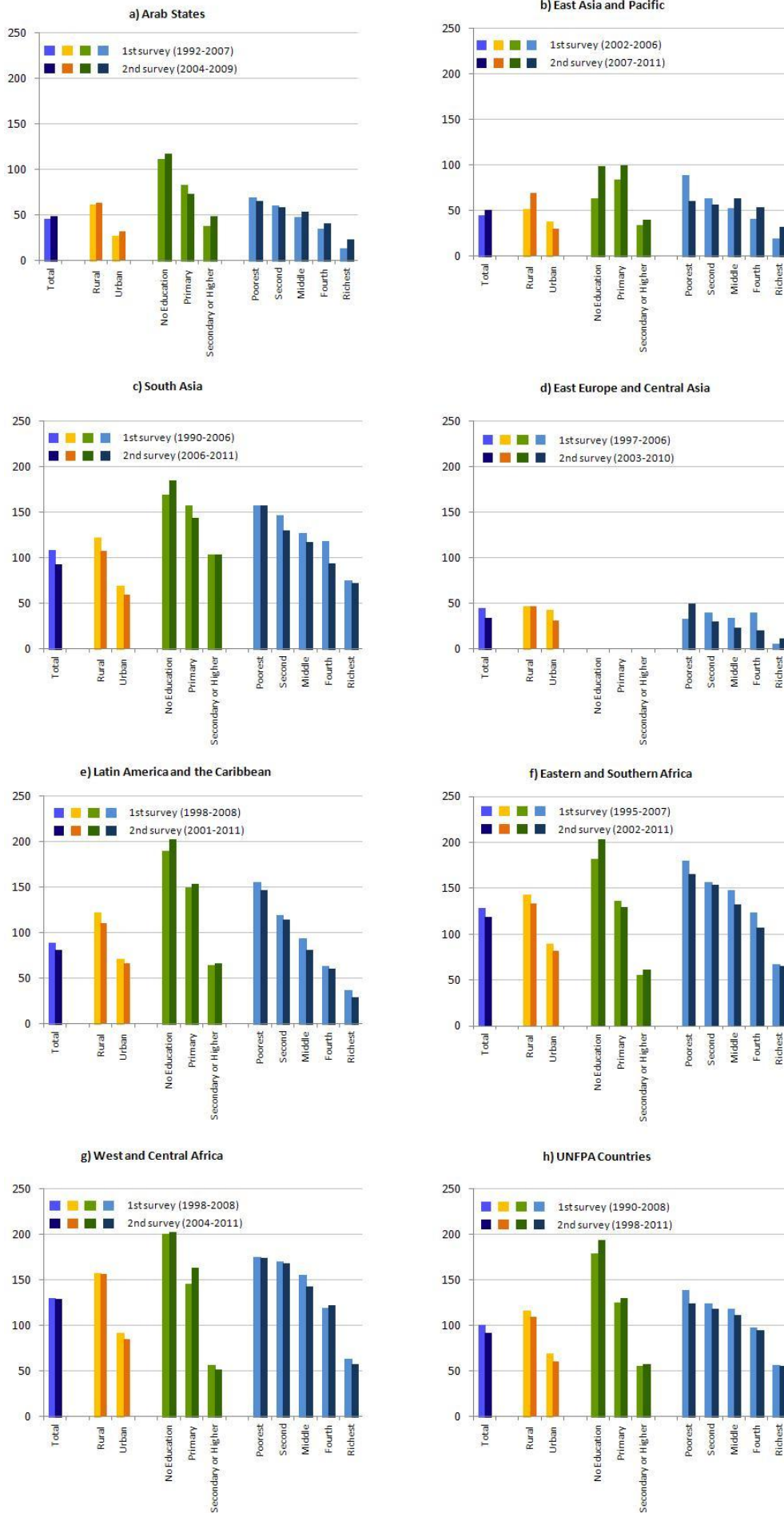
Table 2: Trends in the ABR **per 1,000 women aged 15 to 19** by background characteristics, two consecutive surveys (1994-2008 and 1998-2011, percentage change)

UNFPA regions	Total	Residence		Education			Wealth quintiles				
		Rural	Urban	No Education	Primary	Secondary or Higher	Poorest	Second	Middle	Fourth	Richest
Arab States	5.9	3.2	16.5	5.2	-11.3	28.4	-5.9	-2.9	10.7	16.4	67.4
East Asia and the Pacific	12.2	32.1	-21.0	54.2	17.7	17.2	-31.8	-10.9	21.2	30.6	62.8
South Asia	-14.7	-12.4	-14.2	9.4	-8.9	0.3	0.2	-11.4	-7.6	-20.7	-4.3
Eastern Europe and Central Asia	-23.8	-0.9	-27.3	-	-	-	52.3	-23.1	-32.0	-49.2	92.1
Latin America and the Caribbean	-8.3	-9.2	-7.1	17.6	2.6	2.9	-5.7	-4.7	-13.0	-4.4	-21.6
Eastern and Southern Africa	-7.8	-7.3	-8.7	11.7	-4.6	11.0	-8.2	-2.2	-10.8	-13.3	-3.0
West and Central Africa	-1.3	-0.4	-7.2	4.6	12.2	-8.5	-0.3	-0.9	-8.0	3.1	-8.7