
UNFPA
GIVING GIRLS
TODAY & TOMORROW
BREAKING THE CYCLE OF ADOLESCENT PREGNANCY

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Adolescent Pregnancy: A long road ahead

Adolescent girls hold the key to a world without poverty. With the right skills and opportunities, they can invest in themselves now and, later, in their families. If they are able to stay in school, postpone marriage, delay family formation, and build their capacity they will have more time to prepare for adulthood and participate in the labor force before taking on the responsibilities of motherhood. They and their future children can be educated and healthy. One family at a time, they can help fuel the economic growth of their countries.

The current reality, however, is hindering their potential. Adolescent girls become brides, get pregnant, and have children before they are physically, emotionally, and socially mature enough to be mothers. Married or unmarried, adolescent girls become pregnant for different reasons. For some, pregnancy is accidental and results from experimenting with sexuality or lacking knowledge about how to prevent conception. Others seek pregnancy and motherhood to achieve adult status or fill an emotional void. But most adolescent pregnancies have little to do with choice or mistake. **Globally, the overwhelming majority of adolescent girls who become pregnant are married** and pressured to have a child. For others, pregnancy often results from abusive, forced, or coerced sex.

The future is compromised for most adolescent girls who become mothers. Many will face poverty, ill health, abuse, unprotected sex carrying HIV risk, frequent pregnancies, an end to education, and few positive life options. Their children are more likely than those of older mothers to be malnourished and have developmental problems.[1] One million babies born to adolescent mothers will not make it to their first birthday.[2] Several hundred thousand more will be dead by age 5.[3]

But change is possible. **Investing in adolescent girls' rights and potential, and ensuring they get their fair share of dedicated, quality resources, will make a difference.** These investments will help adolescent girls avoid the trap of becoming mothers while still children, and they will improve the prospects for pregnant girls and young mothers. The means to make these investments are largely available. Yet more action is needed. Every person has a role to play in promoting awareness and taking strategic steps. Young women need increased access to equal opportunities, services, social support, education, employment, and empowering life skills, so that unplanned or unwanted childbearing does not hinder the achievement of their dreams at a young age.

Pregnancy: The Number One Killer of Adolescent Girls

Pregnancy and childbirth-related deaths are the number one killers of 15 - 19 year old girls worldwide.[4] Each year, nearly 70,000 die.[5] At least 2 million more are left with chronic illness or disabilities that may bring them life-long suffering, shame, and abandonment.[6] Physically immature and often with few resources, the youngest first-time mothers are most at risk. Moreover, each year 2.2 to 4 million adolescents resort to unsafe abortion.[7] Ninety nine per cent of maternal deaths occur in the developing world[8], and most of them—an overwhelming 74 per cent—are preventable.[9]

Sources: UNICEF 2002; WHO, UNICEF, and UNFPA 2004; Safe Motherhood Inter-Agency Group 2002; Olukoya et al. 2001; Bale, Stoll, and Adetokunbo 2003; Wagstaff and Claeson 2004.

*"**I married at age 12, before I even had my first period.** I am from a lower caste family, and I never attended school. We cannot afford nutritious food or a decent house to live in. I have three children – two daughters and one son. My last childbirth was especially difficult. I cannot describe for you how much I suffered during that time. I still feel weak, and I look like an old woman. I have enormous awful days in my life. I wish I had not married so young and had babies so young. For me it is too late now, but my message to all teenage girls is do not marry before age 20 and wait to have children until you are 22. That is the right age for childbearing, when a woman is mature and can look after herself and her baby. "*

– Ganga, 19, Nepal.

Global Trends: Adolescent Pregnancy & Childbearing

Each year, an estimated 14 million adolescents between the ages of 15 and 19 give birth. Uncounted others are even younger when they have babies. While adolescent pregnancy is declining overall worldwide, high rates in many countries persist, mostly where poverty and poor health are endemic. On average, one third of young women in developing countries give birth before age 20.[10]

Girls living in developing countries are the most at risk of adolescent pregnancy. The average fertility rate (number of births per 1,000 young women) among 15-19 year olds in the least developed countries is more than 5 times greater than that for more developed regions.[11] Among developed countries, the United States stands out – almost 750,000 girls aged 15-19 become pregnant each year, and fertility rates are double the average for developed countries.[12]

Regionally, **adolescent childbearing is most prevalent in sub-Saharan Africa.** More than 50 per cent of adolescent girls give birth by age 20. In some sub-Saharan African countries this figure is over 70 per cent.[13]

In South and Southeast Asia, adolescent childbearing is highest in Bangladesh, at over 64 per cent, followed by Nepal (51 per cent), and India (47 per cent). Regionally, almost a quarter of girls give birth by the time they are 18.[14]

Adolescent childbearing rates are also high in Latin America and the Caribbean – between 30 and 40 per cent in Bolivia, Columbia, Dominican Republic, Haiti, Honduras, Nicaragua, and Peru.[15] Running counter to global trends, adolescent fertility has been rising in at least three countries in the region.[16]

The Early Motherhood Risk Ranking*: Ten countries where early motherhood is most threatening

Rank	Country	Scaled risk score*
1	Niger	100
2	Liberia	88
3	Mali	88
4	Chad	78
5	Afghanistan	77
6	Uganda	77
7	Malawi	75
8	Guinea	73
9	Mozambique	70
10	Central African Republic	66

*Score based on 3 indicators: early marriage, early motherhood, and infant death risk.

Source: Save the Children, 2004.

"People were dancing but I was crying. *At the end of the day, they pronounced us husband and wife. I ran away and hid at a relative's house, but they found me and brought me back to my husband."*

--Habi, married at 13, now 16, Niger.

Globally, the highest adolescent birth-rates are found where child marriage rates are high, including much of West, Central and East Africa, and South Asia.[17] Worldwide, more than 51 million adolescent girls are married[18], and in the next decade 100 million more will be married by their 18th birthday.[19] Though child marriage is declining globally, hotspots where most girls are married young exist within regions and countries. For instance, a high proportion of girls are married before age 15 in parts of Bangladesh, Ethiopia, India, Mali, Nicaragua, and Nigeria, among other countries.[20]

Where child marriage is not the norm, pregnancy among unmarried adolescents still occurs.[21] Community studies suggest that ten to 40 per cent of young unmarried women have experienced unwanted pregnancy.[22] Childbearing among unmarried adolescents is more common in Latin America and the Caribbean and parts of sub-Saharan Africa than in Asia, North Africa, and the Middle East.[23] The highest regional rate of premarital birth by age 20—14.5 per cent— occurs in East and Southern Africa. In West Africa and South America approximately 8 per cent of unmarried young women have a child by age 20.[24]

Too young to die:
Adolescent Maternal Deaths, Disabilities & Unsafe Abortion

Adolescent girls between the ages of 15 and 19 are twice as likely to die during pregnancy or childbirth as women in their 20s. For those under 15, the risks are 5 times higher.

Source: UNFPA 2005.

Becoming a mother carries risks for all women regardless of their age, but many factors make adolescent childbearing especially hazardous. For younger adolescents who are not physiologically mature, pregnancy and childbirth are dangerous, particularly in cases where girls get pregnant within two years of starting their periods or when their pelvis and birth canal are still growing.[25] Most adolescent girls are also giving birth for the first time, with sparse knowledge, health care, and support. Too few young women are empowered enough to access critical sexual and reproductive health services. Compared to older women, many adolescent girls are more likely to give birth without a skilled attendant, which further compounds their risks.[26] Many adolescents receive no prenatal care, especially in developing countries. In Bangladesh, Bolivia, and Egypt, for example, 75 per cent of pregnant adolescent girls received no prenatal treatment.[27]

A woman who begins childbearing at a young age usually has 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 or disability due to pregnancy or childbirth.[28] The main causes of adolescent maternal death include high blood pressure resulting from pregnancy, uterine infection, unsafe abortion, and malaria.[29]

Young mothers and their children face other life- and health-threatening risks more frequently than do older women:

- Prolonged, obstructed labour. A risk especially for young, physically immature, first-time mothers. It increases the chance of infection, and both mother and baby can die without access to emergency obstetric care. Mothers also face risk of obstetric fistula.
- Malnutrition. Often affects female children worse than other family members and causes negative pregnancy outcomes. Malnourishment among girls may stunt growth, increasing the likelihood of obstructed labour. Nutritional anemia is one particularly widespread risk, affecting approximately 50 per cent of girls in developing countries.[30] Anemia also increases the risk for miscarriage, stillbirth, premature birth, and maternal death.[31]

- *Adolescent girls undergo at least 2.2 to 4 million unsafe abortions in developing countries each year.*
- *In sub-Saharan Africa, where 40 per cent of all unsafe abortions occur, data from 7 countries revealed that 39 – 79 per cent of those treated for abortion-related complications were adolescents.*

Source: WHO 2006b., UNFPA 2005.

- Mother to child transmission of HIV (MTCT). Causes 800,000 new cases each year.[32] HIV is transmitted to 1 in 3 children born to infected mothers in developing countries. Though MTCT is preventable with anti-retroviral (ARV) treatment, many pregnant girls may not know their HIV status or be able to afford this critical treatment; access to family planning to prevent unintended pregnancy is essential.

Beyond the immediate effects of pregnancy and childbearing, research shows that pregnant adolescents in sub-Saharan Africa, USA, and Europe face high frequencies of physical abuse.[33]

Three delays worsen pregnancy outcomes, especially for the youngest first-time mothers[34]:

1. Delay in recognizing complications and seeking care. Pregnant women, especially young adolescents, may not know when to seek care, what services are available, or have the financial resources to pay for care. Pregnant adolescent girls often do not have power within the family to seek care, even if they realize they need it.[35]

2. Delay in reaching an appropriate health care facility. Adolescent girls are least likely to seek prenatal care, prepare for an emergency, or have a plan for getting to a health care facility. Young female adolescents may be low priorities in their families. Especially among poor families, the husband, mother-in-law, or others, may not be willing to use money to take a young girl to the hospital, which may be far away.[36] Others make decisions about the girl's fate.

3. Delay in receiving quality care at the facility. Staff and supply shortages as well as costs often delay caregiving at health facilities. Even when a young woman reaches a facility, judgmental attitudes towards pregnant adolescents (especially unmarried ones) and lack of knowledge among staff of adolescents' particular needs may pose additional barriers.[37]

Obstetric Fistula: A Preventable Tragedy

Obstetric fistula is a life-altering condition that occurs primarily as a result of prolonged labour without adequate emergency obstetric care.

A fistula develops when pressure on the pelvis from the baby's head cuts off the blood supply to tissues of the vagina, bladder, or rectum. This tissue rots away and develops into a hole which will uncontrollably leak urine, feces, or both.

Women and girls living with fistula often face abandonment by their husbands, inability to practice religion and participate in social events, loss of economic support, and social ostracism.

An estimated 2 million women and girls worldwide are living with fistula, and up to 100,000 new cases occur each year. Because fistula is often kept secret due to its stigma, and because it typically affects marginalized women and girls in rural areas, exact figures are difficult to track.

Only about 20 per cent of the women and adolescent girls living with fistula receive the treatment they need to heal both the fistula and the emotional wounds. This care costs about US $300 per person.

Adolescents face higher risk for fistula than adult women. Recent analysis across three countries showed that 11-13 per cent of pregnancies at risk of prolonged labour could be prevented by girls delaying pregnancy until after 17 years of age.

Obstetric fistula is most common in sub-Saharan Africa and parts of Asia and Arab States regions. Efforts are underway to prevent and treat it in over 40 countries across these regions.

Sources: WHO 2004a, UNFPA/ www.endfistula.org

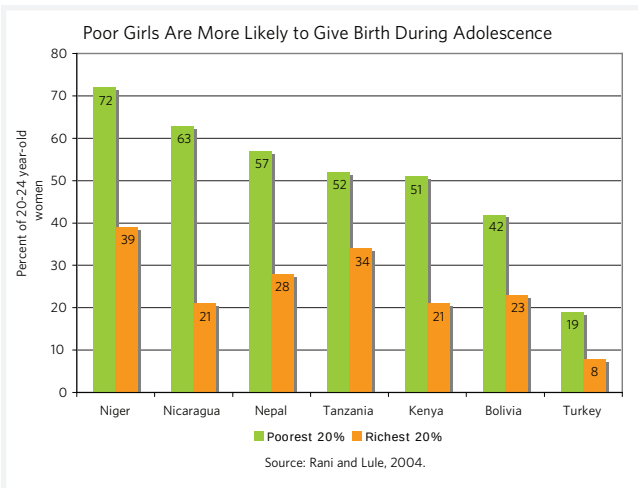
"At first I was in a lot of pain, then I had convulsions and lost consciousness. When I woke up, I asked my aunt what had happened. She told me the baby was dead. After seven days, urine started to leak out of me. People in the village who used to love me said, 'Go away. You are smelly."

—Shahin, married at 10, cast aside at 12. Bangladesh.

The Roots of Adolescent Pregnancy

Adolescent pregnancy results from multiple factors. Many girls simply cannot beat the odds.

Poverty is a key risk factor. Poor girls have the fewest opportunities in life, and therefore the least ability and incentive to avoid unwanted pregnancy.

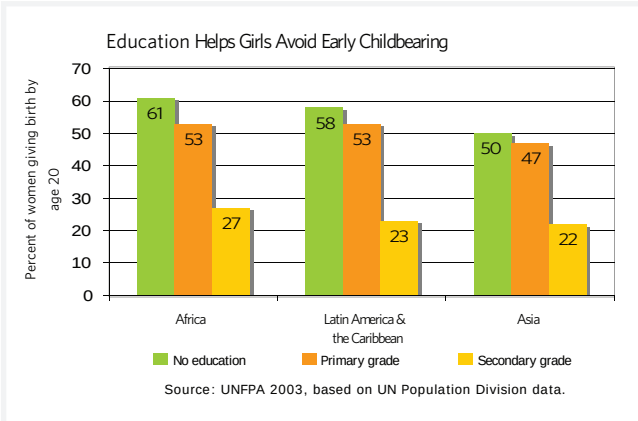


Indeed poor girls are far more likely to give birth during adolescence than girls who are better off.[38] Within countries, rural adolescent girls are more likely to be poor, have less education, less access to reproductive health services, and to marry young. Consequently, they are much more likely to become pregnant at a young age.[39] Within urban areas, poor girls living in slums have higher fertility rates than non-slum dwellers.[40] Tragically, for many girls living in poverty and social deprivation, becoming pregnant and having a child may not seem to make much of a difference in long-term success.[41]

Gender norms, inequality, and power imbalances between girls and their partners make adolescent girls vulnerable to pregnancy. During adolescence, girls' and boys' lives become vastly different. Boys' autonomy, mobility, opportunity, and power all increase while girls' freedoms are stripped away.[42] In settings where pre-marital sex is taboo, an adolescent daughter's reputation, safety, and marriage prospects are of prime concern to her family. Fears for a daughter's marriageability, as well as economic incentives and tradition, also drive child marriage, even though marriage without consent, particularly under age 18, violates a girl's human rights.[43] For married girls and other marginalized and vulnerable girls, the result is often social isolation: restricted movement outside the home, disconnection from the public sphere, and limited access to sexual and reproductive health information and services that could help them avoid or delay pregnancy and control birth spacing.[44]

"Custom here is that women marry when they're fourteen or fifteen, and that's a risk if they start dating at an early age. That's the reason why parents don't let their daughters go out."

– Father in indigenous community, Guatemala.



Source: UNFPA 2003, based on UN Population Division data.

"We work day in and day out. I haven't seen the use of my marriage yet. I would have liked an education, but I was not able to. Education is useful. First, you can earn money without being exhausted. And second, the child can grow eating whatever he likes and dressing however he likes. But here, a child grows up with one dress."

—Married Girl, Ethiopia, participating in a UNFPA-supported study on child marriage.

Lack of education is a key factor predisposing adolescents to pregnancy. The longer a girl is enrolled in school, the better. Married or unmarried, young mothers are the least-educated young women. Recent research shows that in-school adolescents are less likely to have ever had sex than those not enrolled. Female students who are sexually active are more likely to use contraception than non-students.[45] Less-educated young women are more likely to become pregnant, and in-school pregnant adolescents and adolescent mothers are more likely to leave school than other girls.[46]

The majority of sexually-active adolescents in sub-Saharan Africa do not use modern contraception:

- *Only 12 percent of married adolescents use a modern method, though data for 11 countries show as many as 50 percent have unmet needs.*
- *In many countries, 70 percent or more of unmarried, sexually-active adolescents do not use any modern method. Unmet needs for contraception is at least 10 percent higher for unmarried adolescents than for older women.*

Source: PRB 2006; PRB 2001.

Married or Unmarried, Pregnant Adolescents Face Distinct Challenges and Risks

"I was promised to a man before I was 10....When the time came I was just handed over to my husband's family, and when I saw him I realized he was older than my daddy."

—Married Girl, Burkina Faso.

Married adolescent girls face significant risks due to their social vulnerability. Marriage brings many abrupt changes an adolescent girl has no power to refuse, including frequent unprotected sex, increased risk of HIV infection, a high burden of responsibilities in the new home, and isolation from family and friends. Adolescent girls also have limited knowledge about reproductive health.[47] Married girls often lack awareness of their rights and have little, if any, say over their health care and family planning.[48] They are commonly expected to have a child soon after marriage to prove their fertility.[49] With little education and no opportunity to gain marketable skills, a married adolescent girl is backed into a corner – the results are too often pregnancy without appropriate care and support, abuse, and HIV-infection.

***"I hate early marriage. I was married at any** early age and my in-laws forced me to sleep with my husband and he made me suffer all night. After that, whenever day becomes night, I get worried thinking that it will be like that. This is what I hate most."*

--Ethiopian Girl, age 11, married at age 5

Unmarried adolescent girls face a different set of challenges. Unmarried girls are more likely than married girls to suffer unplanned, financially unsupported, and socially unsanctioned pregnancies.[50] Similar to married girls, unmarried adolescent girls may have older partners and little power to negotiate the timing and frequency of sex and use of condoms or other contraceptive methods, particularly when their partners provide them with financial and other means of support. Fears about losing her partner, or inciting anger or abuse, may also lead an unmarried adolescent girl to consent to unprotected sex.[51] Yet unlike the husbands of married girls, the partners of unmarried girls may not want or support a pregnancy. An unmarried adolescent mother may face the social stigma of single motherhood and lack the financial means to take care of herself and her child. Adolescent girls confronted with unplanned pregnancy are more likely to resort to unsafe abortion than older women.[52]

"Parents blame their daughters, not their sons. They lose confidence and make you feel guilty."

– Unmarried Girl, Dominican Republic.

Among both the married and the unmarried, it is the youngest first-time mothers who face the greatest risks to their health and safety and that of their children. They have the least exposure to sexual and reproductive health information and are less able to prevent or cope with unwanted pregnancy. Many adolescent pregnancies are the devastating result of coerced sex or rape (inside and outside of marriage), and younger girls who have had sex are more likely to have been coerced or forced.[53] In much of sub-Saharan Africa, surprisingly high numbers of 10-14 year olds are out of school and living away from their parents.[54] Without these two crucial pillars of support, girls may be susceptible to ongoing risk through trafficking, rape, violence, and exchanges of sex for gifts or money. Younger girls who are sexually coerced are more likely than their peers to have multiple sexual partners, to feel less empowered to use condoms, and to be at increased risk of unintended pregnancy, HIV, and other STIs.[55]

"The problem we face as (unmarried) adolescents is being chased away from home when you get pregnant, and this is done by parents. You will begin loitering like one who doesn't have a home... and at delivery the man will also deny being the father of the child. You may decide to go back home, but life will not be the same there anymore. Your parents will act different and this surely is what most pregnant adolescent go through."

– Adolescent Mothers, Uganda.

Adolescent Pregnancy: Not just a health issue

The price of adolescent pregnancy is lost potential. Beyond jeopardizing her health, pregnancy can take a drastic toll on a girl's chance of success in life. Becoming a mother before developing the personal resources for effective parenthood—being educated, gaining comprehensive health knowledge, starting

work and participating in the community—constrains a girl's life options and endangers her children. She will develop less social capital and is more likely to be poor, to be a single parent or to get divorced, or to have more children than she wants. The outcome will be worse if she does not have a strong support system, as she will struggle to secure her family's safety, health, and livelihood.[56]

Adolescent pregnancy is expensive. For young, poor parents, each additional child creates further strain on an already small budget for nourishing, educating, and keeping their children healthy. Too often this means having to choose which child to invest in – a difficult decision that rarely favors girl children. Failing to help adolescent girls delay pregnancy until they are physically, emotionally, and financially ready leads to[57]:

- Higher health care costs
- Higher social welfare costs
- A less educated, less skilled workforce, which limits the human resources available for socio-economic development
- Increased dependency of young mothers on male providers, which perpetuates gender inequality
- Increased population momentum and fewer opportunities to rely on a growing youth population to help accelerate economic development ("the demographic dividend")[58]
- Reduced prospects for eradicating poverty.

On the other hand, delaying pregnancy makes economic sense. Data for seven Caribbean countries show that the cost of preventing an adolescent pregnancy is $17 per year, while the savings that result total approximately $235 per year in financial (direct expenditure) and economic (opportunity) costs. These estimates do not include the costs of lost human capital development and lost income for adolescent mothers and their children.[59]

Invest in Girls Now: It Pays

"[If a girl is married at 18 or 19 vs. earlier],the children will be healthy, the mother will also be healthy. She can do all the housework; she will also make her children read and write."

—Unmarried Girl, India, participating in a UNFPA-supported study on child marriage.

Preventing unwanted adolescent pregnancy and investing in girls' education, health, and livelihoods, means:

- Promoting young women's human rights and rectifying pervasive gender inequalities
- Supporting adolescent girls to grow up happy, healthy, and empowered
- Saving lives - decreasing unnecessary maternal, infant, and child mortality and illness
- Ensuring more babies will be born to mothers who are better prepared to care and provide for them
- Improving the economic potential of families – breaking the cycle of intergenerational poverty
- Producing positive ripple effects for communities and societies, including improved productivity, reduced expenditures, and economic growth.

There are more than 500 million adolescent girls in the developing world. They are part of the largest generation of young people in history. Investing in adolescent girls now can have more impact than ever before – for the girls, their children, their families, and their societies.

As youth populations reach their peak in developing countries, a historic opportunity to accelerate human development and economic growth is created: the demographic dividend. As higher proportions of young people enter their productive years with lower fertility rates, they have relatively fewer dependents to support. With the right polices and investments to develop young people's human capital and create jobs, they will earn more income. Under-investment, however, will exacerbate current problems, including un- and under-employment, crime and violence, and will miss the unique opportunity afforded by the demographic dividend. And the window of opportunity is time-limited – as these large generations age, the new generation of young people will become increasingly dependent. [60]

Strategically investing in adolescent girls produces a double dividend.[61] Enabling the adolescent girls of this and the next several generations to have greater control over their reproductive rights, and to delay childbearing and family formation, will contribute to greater fertility decline.[62] Investing in their education, livelihoods, and health is critical to this end, but also has other effects: When girls stay in school, develop productive skills, protect their health, and have smaller families, young women will be stronger economic actors, individual children will benefit from increased investment, families will enjoy greater economic prospects, and future generations will be less likely to live in poverty.[63] The "dividend" is thus maximized. With even a few years to develop their potential, adolescent girls can change their lives, their communities, and their countries.

Investing in Adolescent Girls Promotes Human Rights and Achievement of the Millennium Development Goals

The eight Millennium Development Goals (MDGs) – which range from halving extreme poverty to halting the spread of HIV/AIDS and providing universal primary education, all by the target date of 2015 – form a blueprint agreed to by all the world's countries and all the world's leading development institutions. Investments in adolescent girls will promote human rights and contribute to many of the MDGs:

Directly:
Goal 4: Reduce child mortality (Target 5: Reduce under 5 mortality by two thirds)
- Children of adolescent mothers are at a higher risk of death until age five.

Goal 5: Improve maternal health (Target 6: Reduce maternal mortality ratio by 75 per cent)
- Pregnant adolescents are at a higher risk of dying than older mothers-to-be. Delaying first birth for very young adolescents means lower biological risks; older mothers are likely to have more resources to seek and receive adequate antenatal and childbirth care, compared to younger ones.

With positive effects on:
Goal 1: End hunger and extreme poverty
- Delaying family formation means greater opportunity for adolescent girls to develop marketable skills and generate income, which they will use to support their families and pass down to their children.

Goal 2: Achieve universal primary education
- Avoiding pregnancy allows more adolescent girls to complete primary school.

Goal 3: Promote gender equality and empower women
- Adolescent girls empowered to resist sexual coercion, negotiate safer sex, and seek reproductive health care have greater self-esteem and have more options in life, which paves the way for more adolescent girls and women to demand their rights and achieve their potential.

Goal 6: Combat HIV/AIDS, malaria, and other diseases
- Increasingly the face of HIV is young and female – more than 50 per cent of new infections occur in young people, and in some settings prevalence rates are as much as 8 times greater for young women compared to young men. Married and unmarried adolescent girls at risk of pregnancy are also at risk of HIV infection. Helping girls gain greater control over their sexual and reproductive lives will reduce their—and their children's—vulnerability to HIV and AIDS.

Sources: Shisana et al. 2005; http://www.un.org/millenniumgoals/

"When she is mature and older than 18, she can manage her family well and can also take care of herself."
– Unmarried Girl, India, participating in a UNFPA-supported study on child marriage.

Expanding Life Options for Adolescent Girls

Simply expanding existing health services – or any single intervention – is not enough. The most marginalized and disadvantaged girls need comprehensive, strategic, and targeted investments that address the multiple interconnected roots of their vulnerability. Multi-sectoral programmes are needed that build girls safety and assets across the board – in health, education, and livelihoods – including empowering negotiating skills, social support networks, and mobility. These programmes must not only cross sectors but should also operate at several levels of influence, from the individual and the community up to the national government. Such investments will take significant time and resources. But if targeted early enough, they will prove to be valuable.

Investing in girls is the best economic investment a country can make. Adolescent girls will capitalize on these investments. Over and above delaying pregnancy and marriage, practicing safe sex, and having healthy pregnancies and children when they are ready, developing girls' potential will result in great returns. Empowered girls will make invaluable contributions to reversing intergenerational poverty, steadily breaking the cycle of poverty, one family at a time.

International agreements and frameworks for action such as the Convention on the Rights of the Child (CRC) and the Convention on Ending All Forms of Discrimination Against Women (CEDAW) help to protect adolescent girls' rights. But they must be enforced. Changing gender norms from the policy level all the way to the community and individual levels is imperative in order to inform societies about the repercussions of adolescent childbearing and to improve opportunities for adolescent girls to become successful adults.

The Convention on the Rights of the Child (CRC) is an international agreement, signed by 193 member states, which defines a child as anyone less than 18 years of age. It provides norms and protective measures for children which form an enabling framework for tackling child marriage. The articles make it clear that child marriage undermines a number of rights which are guaranteed by the Convention, including:

- The right to life
- The right to health
- The right to be protected from harmful practices
- The right to freedom from abuse and exploitation
- The right to education
- The right to participation

Source: http://www.unicef.org/crc/ and IPPF 2006.

Still, we need to do more for adolescent girls (particularly the most vulnerable) to realize their dreams. For example, we need to make very young adolescents a priority since they face the greatest risks associated with pregnancy. Policy, programming, and advocacy investments must utilize and build on the existing evidence to make each effort more successful.

The needs are clear. Now is the time to act. More than 500 million young women depend on it.

Supporting Married and Unmarried Adolescent Girls in Ethiopia[64]

In the Amhara region of Ethiopia, rates of child marriage and early childbearing (and consequences such as obstetric fistula) are among the highest in the world. The Berhane Hewan (Amharic for "light of Eve") programme is working to change that. Berhane Hewan is designed to build the knowledge, skills, and resources of adolescent girls so they can avoid early marriage and increase their life options. The programme also supports married girls. Developed with extensive community involvement, girls learn functional literacy, life skills, and reproductive health. They are encouraged to attend school, and they participate in married and unmarried girls' clubs led by adult female mentors. They also have the opportunity to save money. Girls who attend the programme regularly for 18-24 months are awarded a lamb.

Berhane Hewan is run by the Ministry of Youth and Sports and the Amhara Region Youth and Sports Bureau, with funding from UNFPA through the Nike Foundation, and technical support from the Population Council. The programme enrolled 700 girls in its first two months – roughly 40 per cent of eligible girls—and will increase to as many as 36 sites in Amhara, with a likely reach of 10,000 otherwise highly vulnerable adolescent girls.

Source: Gelaw, A. 2006. Population Council 2006

"[When they were trying to marry me] I escaped to my grandparents. But they took me back to my parents and decided to marry me when I was 8 years old. My husband was 12 year old and I started to live with him. After 5 years, he left me and I returned back to my family. I am now a member of Berhane Hewan and I would like to tell you that getting married at an early age is unsafe."

—Girl, age 18, married at age 8, divorced, attending married girls' club.

We all have a role... What can you do?

As a parliamentarian or minister interested in youth issues:

- Enforce laws against child marriage and promote socio-economic alternatives for impoverished families to avoid marrying off their young daughters.
- Advocate for laws and policies enforcing zero tolerance of violence against girls and young women.
- Pass legislation and commit funds to support multi-sectoral programmes targeting adolescent girls.

As a policy maker concerned about poverty reduction:

- Include young people's multi-sectoral issues—health, education, and livelihoods—in poverty reduction strategies.
- Give marginalized adolescent girls their fair share of resources. Make sure they have access to health, education, and employment opportunities.

As a policy maker involved in the education sector:

- Promote girls' education, especially for marginalized and poor girls. Get girls into school at an early age, keep them there through secondary school, and improve school quality.
- Ensure sexuality education, including HIV prevention, is part of the national education curricula.
- Give pregnant and parenting adolescents the opportunity to complete school and gain vocational skills.

As a policy maker working on expanding and improving health services:

- Support programmes that target the youngest first-time mothers and reach out to those in great need of health services, including sexual and reproductive health services.
- Promote a core essential package of youth-friendly sexual and reproductive health services— including, at a minimum, contraception (including emergency contraception), HIV prevention, and maternal health services—as part of a multi-sectoral strategy for young people.
- Ensure pregnant adolescents have access to skilled care before, during, and after giving birth, especially emergency obstetric care.

As a youth leader:

- Lobby governments to allocate funds for expanding adolescent girls' access to education and sexual and reproductive health information and services.
- Work with boys, parents, and other adults to promote gender equality, respect girls' rights and autonomy, and to have zero tolerance of violence against girls and women.

As a programme manager:

- Plan multi-sectoral programmes that target girls at a younger age – before they leave school, before they get married, and before sexual initiation. Include health, education, employment, life skills, and gender equality, and address multiple levels – from the individual and family to communities and government.

- Consider alternative service delivery models beyond free-standing clinics and schools; those most in need are not being reached by traditional youth programmes.
- Address adolescent girls' limited mobility (especially married adolescents) with socially

acceptable activities that either get them out of their homes or reach them at home.[65]

As a health care provider:

- Learn about the specific sexual and reproductive health needs of married and unmarried adolescent girls and how to provide improved health services for them. including Keep their confidence, withhold judgment, be sensitive, and give them the referrals they need.
- Make sure your health facility is comfortable, private, and has sexual and reproductive health information prominently available. Partner with youth to explore how services could be improved.

As a teacher:

- Treat female students with the same respect as males and promote their participation in the classroom.
- Seek opportunities to integrate sexual and reproductive health education into basic health curricula and make sure referral resources and information are available to students.

As a journalist:

- Promote awareness about adolescent pregnancy, child marriage, and sexual violence.
- Share success stories of programmes that help girls delay marriage and pregnancy and avoid HIV.

As a parent, brother, sister, other family member, or friend:

- Learn as much as you can about sexual and reproductive health, including preventing unwanted pregnancy and HIV infection. Act on that knowledge.
- Support young women in your family or community to stay in school, develop life skills, stay healthy, and delay childbearing.

As an adolescent girl:

- Seek a person you can trust to talk about sexual and reproductive health issues and ask for advice or help when you need it.
- Don't be afraid to seek help, information, and sexual and reproductive health services if you face violence or discrimination, even if you feel afraid, embarrassed, or think you cannot afford it.
- Stand up for your rights to stay in school, to protect yourself from violence and unsafe and unwanted sexual relations, to access family planning services, and to delay marriage until you are ready.
- Learn about projects, programmes, and other youth services for young women in your area and how you can get involved and benefit.
- Participate in the youth programmes available to you with the goals of building skills, making friends, and accessing resources. Seek leadership roles in order to have a voice in how programmes can better meet the rights and needs of you and your peers.

UNFPA vision on young people:

A world fit for adolescents is one in which their rights are promoted and protected. It is a world in which girls and boys have optimal opportunities to develop their full potential, to freely express themselves and have their views respected, and to live free of poverty, discrimination, and violence.

What Is UNFPA Doing?

UNFPA promotes the development and rights of adolescents and youth worldwide, focusing on girls, working with boys, and fostering youth-adult partnerships. UNFPA's work on addressing adolescent pregnancy is multi-faceted, and includes programmes for reaching marginalized girls, increasing age at marriage, keeping girls in school, building their life skills, and providing access to contraceptives and other sexual and reproductive health services including HIV prevention.

A holistic, multi-sectoral approach is at the heart of UNFPA's Framework for Action on Adolescents and Youth. The "Four Keys" guiding UNFPA's efforts include: addressing population, youth, and poverty issues at the policy level; facilitating gender-sensitive, life skills-based sexual and reproductive health education; promoting a core package of health and SRH services; and fostering young people's leadership and participation in policy and programming processes. UNFPA programmes are locally-driven and recognize the diverse environments and life situations in which young people live.

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UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every young woman, man, and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

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