



10 How our future depends on a girl at this **decisive age**



The State of World Population 2016

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Delivering a world where
every pregnancy is wanted
every childbirth is safe and
every young person's
potential is fulfilled



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FOREWORD



Photo: © UN Photo/Mark Garten

When a girl reaches age 10, her world changes.

A flurry of life-changing events pulls her in many directions. Where she ends up depends on the support she receives and the power she has to shape her own future.

In some parts of the world, a 10-year-old girl, on the verge of adolescence, sees limitless possibilities ahead and begins making choices that will influence her education and, later, her work and her life.

But in other parts of the world, a 10-year-old girl's horizons are limited. As she reaches puberty, a formidable combination of relatives, figures in her community, social and cultural norms, institutions and discriminatory laws block her path forward.

By age 10, she may be forced to marry. She may be pulled out of school to begin a lifetime of childbearing and servitude to her husband.

At 10, she may become property, a commodity that can be bought and sold.

"In many ways, a 10-year-old girl's life trajectory will be the true test of whether the 2030 Agenda is a success—or failure."

At 10, she may be denied any say in decisions about her life.

At 10, her future is no longer hers. It is determined by others.

Impeding a girl's safe, healthy path through adolescence to a productive and autonomous adulthood is a violation of her rights. But it also takes a toll on her community and nation.

Whenever a girl's potential goes unrealized, we all lose.

Conversely, when a girl is able to exercise her rights, stay healthy, complete her education and make decisions about her own life, she—and everyone around her—wins. She will be healthier and, if she later chooses to start a family, her children will be healthier. She will be more productive and make a better living and in turn make the world a better place.

The new United Nations 2030 Agenda for Sustainable Development and its accompanying 17 Sustainable Development Goals aim for equitable, inclusive development that leaves no one behind. This 15-year plan promises to help transform the futures of millions of 10-year-old girls who have traditionally been left behind.

At the same time, many of the Sustainable Development Goals may only be achieved if everyone's potential—including that of all 10-year-old girls—is realized. Chief among the Goals is a vision for a world without poverty. But how much progress can we expect if the enormous potential of girls remains stifled and squandered?

In many ways, a 10-year-old girl's life trajectory will be the true test of whether the 2030 Agenda is a success—or failure.

With support from family, community and nation, and the full realization of her rights, a 10-year-old girl can thrive and help bring about the future we all want.

What the world will look like in 15 years will depend on our doing everything in our power to ignite the potential of a 10-year-old girl today.

Dr. Babatunde Osotimehin

United Nations Under-Secretary-General and Executive Director
UNFPA, the United Nations Population Fund

A young girl with dark hair, wearing a purple and green striped shirt, is looking towards the camera. The background is a soft, out-of-focus outdoor setting. The text is overlaid on a dark grey rectangular area.

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CHAPTER

THE FACE OF THE FUTURE

She is 10 years old. Still a child, her face fresh, but lit with curiosity as she instinctively turns towards adulthood. Equipped to rapidly absorb wisdom and knowledge from those around her, she is poised to one day become an inspiring leader, a productive worker, an innovator, a caring parent or any of the other roles that power a thriving, dynamic society. She will shape the future of her community and our shared world.

Photo: © UNFPA/Live Images



But will that future be for better—or for worse? Many dangers lie ahead. At 10, a girl arrives at a vulnerable point in her life. She must negotiate a tricky transition to being an adult, with its rapid changes in body and brain, and dramatic shifts in family and social expectations. Although risks abound for both girls and boys, gender discrimination makes these worse for girls in almost every way. Public policies focused on very young children or older adolescents, and limited in their responsiveness to gender discrepancies, do not adequately manage these risks (Population Council, 2016a). Social norms and practices may make them more severe.

As a result, millions of 10-year-old girls end up with poor protection of their rights and well-being. Too many become labourers, primary performers of household chores, wives or sex-trafficked commodities. Childhood ends with limited education or opportunities, with violence or ill-health, with no say in decisions.

At 10, a girl is approaching puberty, when many people start to think of her as an asset—for work, childbearing or sex (Bruce, 2006, 2009). If her rights are not well protected, through appropriate laws, services and investments, the chance to bloom in adolescence and become a fully fledged adult forever slips away. Her prospects may be particularly grim if she lives in a poor country or community, or in a village instead of a city.

The world has already done well in many ways for the 10-year-old boy. It is past time to do equally well for the 10-year-old girl. If we fail her, we do so at our shared peril: we squander a powerful triple dividend from investing in the potential of all 10-year-olds as children, as future adults and as parents of the next generation (The Lancet Commissions, 2016). We short-circuit aspirations for a world where all people flourish in inclusive, stable societies.

Picture a new world for the 10-year-old girl

Picture the 10-year-old girl in a world that truly values, nurtures and protects her. This is the age when her options, instead of contracting, expand and diversify. People have agreed that her human rights in their entirety must be upheld, just as they are for her brother, and this is reflected in laws and legal practice as well as social norms. No one thinks that a girl is ready for marriage or childbearing until she is at least 18. No one expects her to abandon school for paid work or household chores.

She goes to a good school that is clean, safe and not too far from her house. Male and female teachers encourage girls to raise their hands to answer questions as often as boys. Textbooks tell stories of leaders and historical figures who are men and women. If the girl is a whiz in science or math, no one suggests that she study anything more “feminine.” She begins to acquire new skills to manage her life—how to sustain positive relationships, comprehensively understand sexuality and reproduction, develop financial literacy, and avoid risks to her physical and mental well-being.

This 10-year-old girl has enough food, and it is the right food to nourish her growing body and developing brain. She does not suffer from either malnutrition or obesity. When she needs health care, services will be nearby, and she finds caregivers trained to listen carefully. They respect her extra needs for privacy, safeguard against emerging adolescent embarrassment and remain alert to any vulnerabilities she may face.

While still under the protective wing of her family, the 10-year-old girl has the same opportunities as boys to explore the world around her, make friends and participate in social interactions. People in her family and community encourage her to express opinions, and guide but also respect her decisions. She enjoys equal access to the digital realm, and the

chance to safely learn and build wider networks, free from dangers, such as sexual predators and cyberbullies.

Every effort is made to protect the 10-year-old girl from all forms of violence, physical and mental. She does not suffer from discrimination because of ethnicity, disability, location or any other factor. If she is disadvantaged by poverty, social protection systems help mitigate the impacts, keeping her healthy and in school through at least the secondary level, as the foundations for adult advancement. Measures such as these are possible through the commitment of political leaders and society at large, and because 10-year-old girls, as part of the cadre of young adolescents, are as visible as everyone else in national data systems providing sound evidence for the best interventions.

Making a vision a reality

The world has not yet realized this vision for all 10-year-old girls—far from it. But it can, and it has agreed to do so in the set of international commitments known as the 2030 Agenda for Sustainable Development. Adopted by 193 countries at the United Nations in 2015, the 2030 Agenda represents a singular moment in the history of global consensus on development, applying to all countries—rich, poor and in-between. It charts a course of transformation, grounded firmly in human rights and the inclusion of all individuals, and aiming for sustainability so that resources used wisely now will remain on hand for future generations.

Over the next 15 years, 17 Sustainable Development Goals and 169 targets will underpin the achievement of the 2030 Agenda. Many are integrally tied to earlier commitments made in the 1994 Programme of Action of the International Conference on Population and Development, which guides UNFPA's work. In 2014, a review of progress in achieving the goals of the Programme

In some sense, today's 10-year-old girls—just over 60 million in number—are the point where achieving the 2030 Agenda begins, since they are among the population groups most in danger of being left behind.

of Action affirmed that human progress depends fundamentally on dignity, equality and human rights for all.

For the first time in history, the 2030 Agenda explicitly commits countries to leaving no one behind as they seek to develop. This puts the world on notice that no 10-year-old girl can remain on the margins, abandoned to poverty, ill or ignorant. In some sense, today's 10-year-old girls—just over 60 million in number—are at the point where achieving the 2030 Agenda begins, since they are among the population groups most in danger of being left behind (United Nations, Department of Economic and Social Affairs, Population Division, 2015). The strong likelihood that the same disadvantages will be transmitted to their own children will exert an additional drag on hopes for change.

Countries cannot end poverty, under Sustainable Development Goal 1, if a girl carries water for long distances to supply household needs instead of remaining in school. A 10-year-old girl who is blocked from completing her education means that Sustainable Development Goal 4 will also be unattainable. And without quality education, that 10-year-old girl will not acquire skills to earn a better income and find decent work, as sought in Sustainable Development Goal 8. Goal 3 on health and well-being at all ages is not feasible for a girl at risk of HIV or early pregnancy, or consuming

poor-quality food that escalates a lifelong risk of non-communicable diseases, such as diabetes.

Where will we be on Goal 5, on gender equality, if a girl cannot expect one day to inherit land, express her opinion on issues affecting her or look forward to a family where she can plan the number of children? Or on Goal 10, on reducing many forms of inequalities within and among countries, such as extreme impoverishment, that compound gender and age discrimination for the 10-year-old girl?

In wealthier countries and population groups, in particular, the 10-year-old girl, who may grow into a prime shaper of purchasing decisions, must be at the vanguard of learning and practising more responsible consumption and production patterns. Only these can fully protect the planet and fairly share its bounty, as under Goal 12. When all girls have a birth certificate, equal access to justice and freedom

from all forms of violence, we will realize Goal 16, on just, peaceful and inclusive societies.

An intensified focus on realizing the rights and full potential of 10-year-old girls would contribute to another possibility enshrined in the 2030 Agenda—reaping the demographic dividend. Every developing country in the world is passing through a demographic transition—or will in the future. Transition occurs when a larger share of people enter the workforce, producing a potentially enormous dividend in terms of greater economic growth. The process only gains steam, however, when girls and young women are fully equipped to manage their fertility and empowered to make choices. If workers are healthy and highly productive because they have had a solid education, the dividend grows exponentially.

For countries at the start of transition, which are among the world's poorest, the Sustainable



THE GLOBAL GOALS

For Sustainable Development



Development Goals open an opportunity to lay a foundation for a demographic dividend by investing in the health, education and empowerment of the 10-year-old girl. For countries already in transition or on the curve of rapid ageing, sustaining gains and maximizing the dividend depend largely on bringing more women into the paid workforce, equipping them with advanced skills and making the most of their productivity. Here, too, the starting point is girls.

All evidence suggests that healthy, educated girls will in the course of their lives contribute to greater economic growth, higher agricultural productivity, lower rates of infant and maternal mortality, smaller and better educated families, lower prevalence of HIV and malaria, more women in leadership positions, and more resilience to climate change and crisis. And these are just a few of the benefits (Sperling and Winthrop, 2016).

Where will the 10-year-old girl be at 25?

In 15 years, the lifespan of the 2030 Agenda, the 10-year-old girl will be 25. Will she still be left behind? Or will she be enjoying her human rights and well-being, and exploring the many avenues open to her, knowing that, when her own daughter turns 10, she will experience more of the same?

Only the latter scenario will allow the world to truly claim that it transformed the course of development and met the challenge of the Sustainable Development Goals.

Much depends on the choices many different people make, from parents to policymakers, educators to health-care professionals, economists to entrepreneurs, journalists to community leaders. We must all be involved. Today's 10-year-old girl is already on the way to her future. And her future is our own.



I'M 10!

Today's 10-year-old girls, whether they live in developing or developed countries, cities, villages or refugee camps, or come from rich or poor households, all have hopes and dreams for the future. But each will face different challenges on their journey through adolescence to adulthood.

The State of World Population 2016 includes glimpses into the lives and aspirations of 10 girls from diverse backgrounds.



ADITI
BANGLADESH

Each morning before going to school in the village of Noyakata, Aditi does her homework. After school, she takes care of her younger sister while her mother works. Her favorite food is hil-sha fish. She and her school friend Shumi like to read books together. She hopes to go to college one day.

All photos of Aditi:
UNFPA/Barcroft Media/
Zakir Chowdhury



DALINE
CAMEROON

Daline, who lives in Yaoundé, is about to start her first year of secondary school and is bilingual in English and French. She assists in looking after her two brothers and helps out at home for an hour a day by sweeping the compound and the veranda. Her favorite meal is water fufu and eru. She and her best friend Anais like to take walks together or play cards and Scrabble.

All photos of Daline:
UNFPA/Barcroft Media/
Adrienne Surprenant



HIBA
JORDAN

Hiba, originally from Syria, now lives in the Za'atari refugee camp in Mafraq, Jordan, with her mother, three sisters and two brothers. Her favorite food is mutabaka, a dish of eggplant and tomatoes. She takes care of her younger sister and brother during the day, while her mother and older sister campaign against child marriage in the camp. She also likes to play hide-and-seek with her friends. She wants one day to go to college.

All photos of Hiba:
UNFPA/Barcroft Media/
Maria de la Guardia



INGEBORG
NORWAY

Ingeborg lives in Oslo with her mother and father close to her school. She began reading and writing when she was about four years old. She likes to spend time with her friends and playing Pokemon with her younger brother. She also takes ballet lessons, goes slalom skiing in Italy in winter and wants to take up free diving.

All photos of Ingeborg:
UNFPA/Barcroft Media/
Sigrid Bjorbekkmo



ISABELLE
UNITED STATES

Isabelle lives with her parents and younger sister in a house in Cabin John, Maryland. She is in the fourth grade and wants one day to go to college. Her favorite meal is dinner because it means she can sometimes have chicken. She and her friends like to play hide-and-seek, tag and board games.

All photos of Isabelle:
UNFPA/Barcroft Media/
Ruaridh Connellan



ORTILIA
GUATEMALA

Ortilia has four brothers and five sisters and lives in Chisec. When she returns home from school, she helps around the home and takes care of her younger siblings. She loves reading stories, proverbs and riddles and would like to go to university one day. She likes to play with her four best friends. She also attends a skills-building programme for girls.

All photos of Ortilia:
UNFPA/Barcroft Media/
Daniele Volpe



ROSITA
ALBANIA

Rosita, her parents, sister and three brothers live in Peshkopi. She is in the fourth grade and plans to attend university after finishing high school. Her favorite food is rice because it smells so good when it cooks. In addition to doing her homework every day, she spends about two hours helping out at home. She likes to play ball and other games with her friend Kristina.

All photos of Rosita:
UNFPA/Barcroft Media/
Nake Batev



SAMANTHA
BRAZIL

Samantha lives with her parents and five-year old brother Guilherme in Ceilândia, outside Brasilia in a small house; her grandmother lives in the adjoining house. Samantha is a gifted student who has already won four awards for her achievements. She hopes to go to college. Her favorite foods are rice, beans, steak and fries. She and her friend Ingrid play together almost every day.

All photos of Samantha:
UNFPA/Barcroft Media/
Bento Viana



TEMAWELASE
SWAZILAND

Temawelase, a sixth-grader in a rural community in the Hhohho region, has four siblings. Her favorite food is rice because it gives her energy. When she is not at school, she helps with housework, takes care of a younger sibling or skips rope or plays hula hoops with her friend Notsile. She also attends a programme that equips young girls with information about their health and well-being. She is planning on attending university.

All photos of Temawelase:
UNFPA/Barcroft Media/
Mark Lewis



TUONG ANH
VIET NAM

Tuong Anh is in the fourth grade. She lives in Hanoi with her parents and three brothers, ages 11, 12 and 16. She helps out around the house whenever she has time. Her mother told her she has to study hard if she wants to go to university one day. She wants to get married, but only after she finishes her education, and wants to have one or maybe two children.

All photos of Tuong Anh:
UNFPA/Barcroft Media/
Quinn Ryan Mattingly



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CHAPTER

THE TIDE OF 10-YEAR-OLDS

An estimated 125 million 10-year-olds are alive today, part of the largest number of young people in human history. Of these, just over 60 million are girls, and 65 million are boys.

Photo: © UNFPA/Vu Ngoc Dung

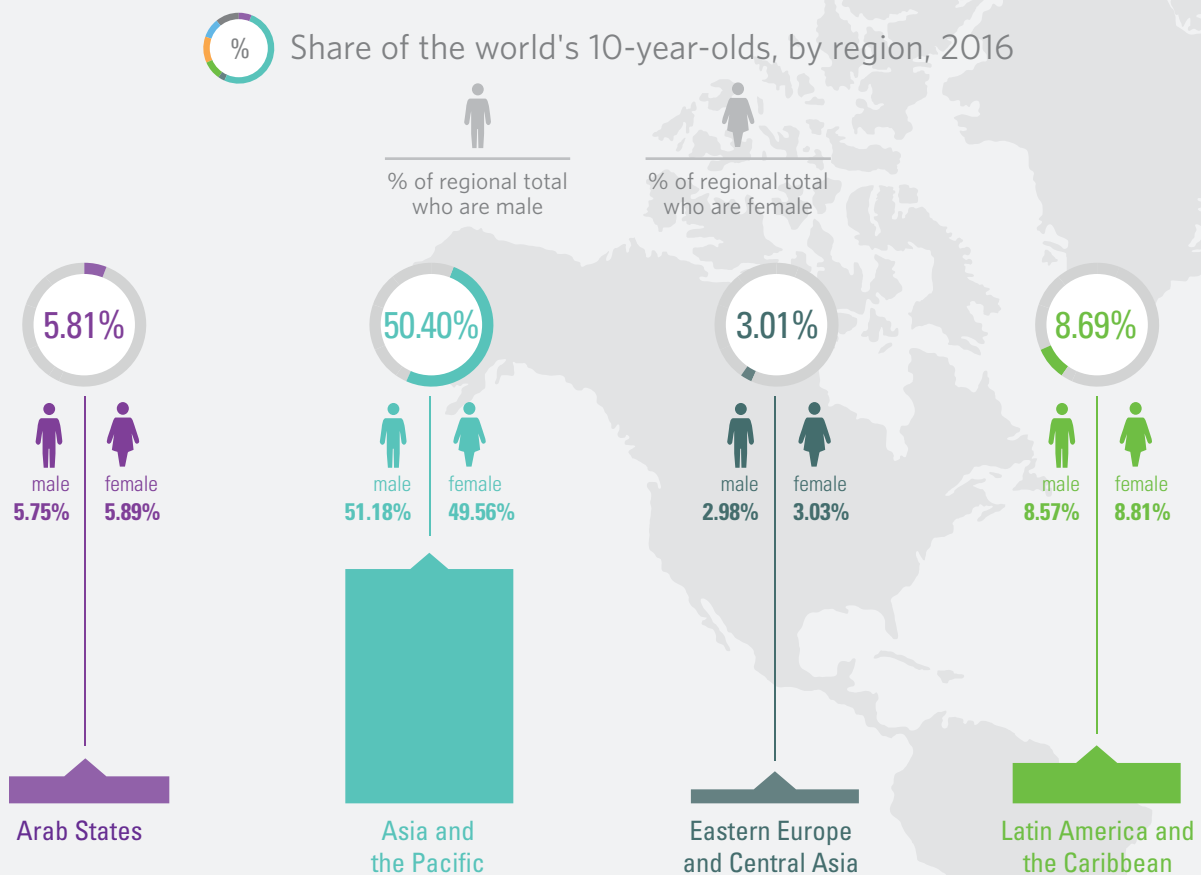


This generation of 10-year-old girls and boys, the so-called SDG Generation, will play a critical role in achieving the United Nations Sustainable Development Goals for eliminating poverty, achieving inclusive economic growth, and improving health and well-being for all by 2030, when they will be young adults entering the labour force. This cohort will also be a measure of the success or failure of the Sustainable Development Goals: Will the 10-year-olds of today be healthier, free of extreme poverty, and full and equal

participants in their communities and nations 15 years from now? The answer to that question will to a large extent determine not only progress towards the Sustainable Development Goals, but also the direction that humankind takes during the twenty-first century.

Of particular importance are girls, who are systematically disadvantaged at the global level in a number of ways: lower participation in and completion of formal schooling, particularly at the secondary and tertiary levels; poorer health, both

MORE THAN HALF OF THE WORLD'S 10-YEAR-OLDS ARE IN ASIA AND THE PACIFIC



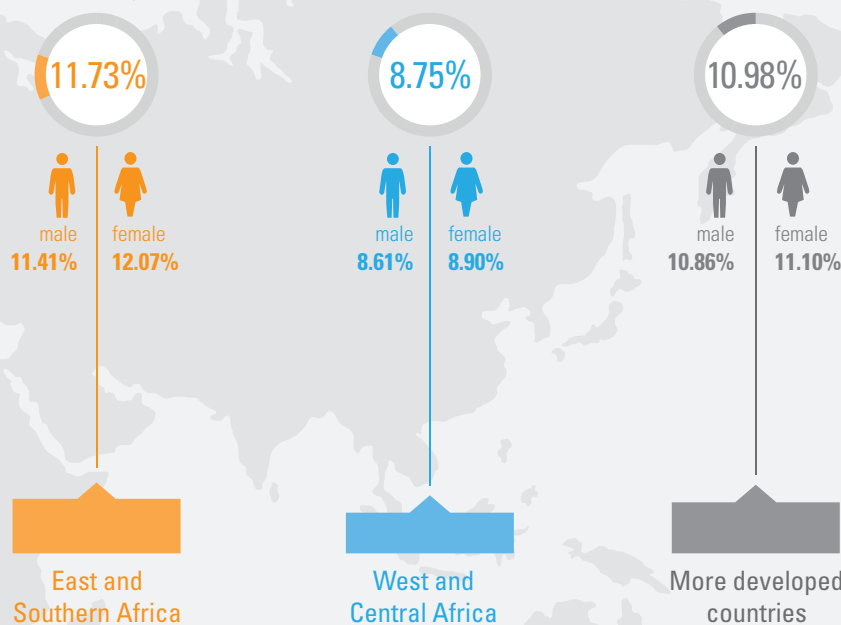
physical and mental; lower engagement in formal employment; fewer legal rights; and a far greater likelihood of having their childhoods interrupted by marriage and childbearing.

As a result, many women across the globe today are not able to fully contribute to their families or communities or realize their full potential. In addition to the violation of human rights and denied opportunity that many of these patterns reveal, this systematic discrimination greatly affects the ability of countries to develop socially

and economically by effectively limiting the contributions of half of the population.

This cohort of 10-year-olds therefore represents both a challenge and an opportunity for the global community, and will have a significant role to play in what the future represents. The ability of institutions, both local and global, to help prepare 10-year-olds for their transition through adolescence to adulthood, particularly in terms of safeguarding their emotional and cognitive development, health and rights, will

Of the 10 countries with the largest cohorts of 10-year-olds today, five are in Asia and the Pacific, two are in Latin America and the Caribbean, one is in West and Central Africa and one in East and Southern Africa.



Almost
9 in 10 of them—
89 PER CENT
—live in less developed
regions of the world

shape the degree to which this generation is able to maximize its potential and become drivers of positive change at the local and global levels.

Even though the 10-year-olds of today are pivotal to the well-being and prosperity of all in the future, detailed data about them or the lives they live are scarce. This in part reflects their transitional life stage: no longer very young children and just at the start of adolescence, they often fall between the cracks in national and international data collection.

As a result, there is a paucity of global information on where they live, their quality of life and their needs. This makes it much harder for governments and other key institutions to adequately prepare and invest in their future, including providing them with adequate education, freedom from violence, meaningful employment, access to health care and equal opportunity in life.

Although a number of obstacles must be overcome if girls' potential is to be realized, perhaps the most pernicious is that of gender inequality. Inequitable gender norms hurt both boys and girls, but the burden is particularly high for girls, effectively limiting the ability of half of the population to fully realize their potential. More than half of 10-year-old girls today live in countries that can be considered to be very unequal in terms of gender. Addressing these inequalities will require a better understanding of who these children are, their vulnerabilities and the challenges they will face as they transition through adolescence into adulthood.

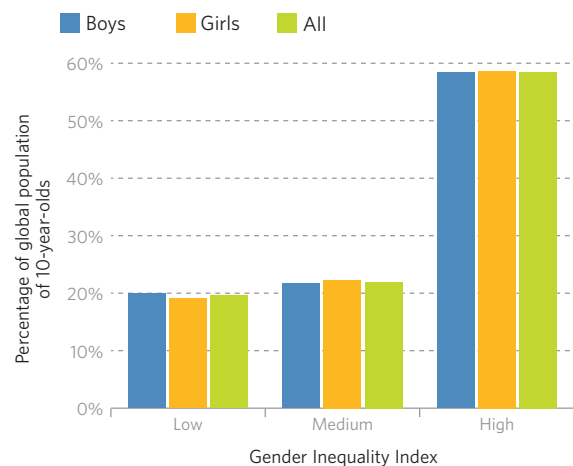
Where are today's 10-year-olds?

The typical 10-year-old today lives in a developing country. Almost nine in 10 of them—89 per cent—live in less developed regions of the world, with half in Asia and the

Pacific, including China and India. One in five lives in the 48 countries defined by the United Nations as least developed (34 in sub-Saharan Africa, 13 in Asia and the Pacific, and one in Latin America and the Caribbean), where the challenges to the fulfilment of their potential are the greatest and the institutions to support them are the weakest.

Of the 10 countries with the largest cohorts of 10-year-olds today, five are in Asia and the Pacific, two are in Latin America and the Caribbean, one is in West and Central Africa and one in East and Southern Africa. The sole country among these 10 that is not classified as

More than half of all 10-year-olds are in countries with high levels of gender inequality



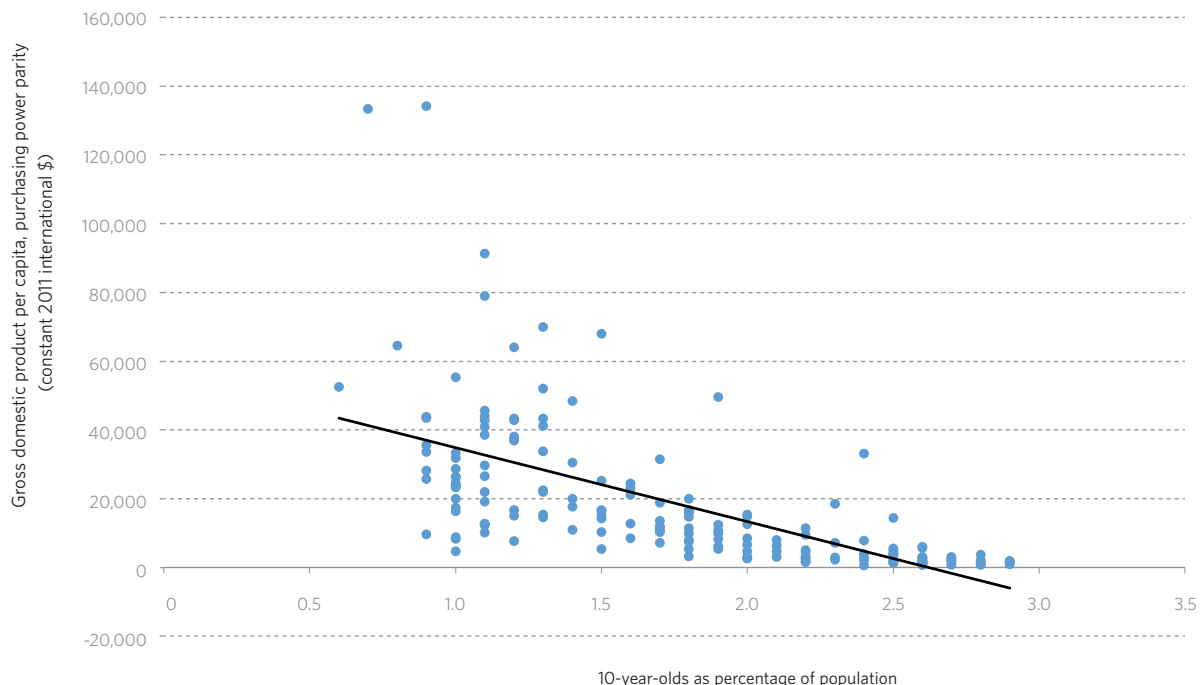
The Gender Inequality Index (GII) ranks countries by their levels of gender inequality in three areas: reproductive health, empowerment and economic status. Greater levels of gender inequality have higher GIIs. This graph shows the proportions of boys and girls living in countries with lower GIIs (and thus lower levels of gender inequality), mid-range GIIs (with moderate levels of inequality) and high GIIs (with high levels of gender inequality).

“less developed” is the United States. The largest numbers of 10-year-olds today are in India and China, which account for about 20 per cent and 12.3 per cent of the world's total, respectively. In other words, one in five 10-year-olds today lives in India and one in eight lives in China.

While 10-year-old boys outnumber 10-year-old girls in most countries, this difference is generally small and due mainly to natural differences in the sex ratio at birth, with the majority of countries having roughly 105 boys (or fewer) for every 100 girls. The exception is Asia and the Pacific, where, at the regional level, there are 111 boys for every 100 girls. This is largely driven by

significant differences in the numbers of boys and girls in a handful of countries, including India and China, where there are 112 and 117 boys, respectively, for every 100 girls. In both these countries, the uneven sex ratio is largely driven by a strong preference for male children, which results in discrimination against girl children both before they are born (in the form of prenatal sex selection) and afterwards (in the form of discriminatory practices that increase the mortality of girls). In many ways, this is the most obvious representation of the discrimination 10-year-old girls face today, but it is far from the only one.

Countries with larger cohorts of 10-year-olds are more likely to be poorer



Reflecting data from 175 countries, this graph shows a strong negative relationship between the percentage of a country's population consisting of 10-year-olds and the per capita gross domestic product of that country. The countries with larger proportions of 10-year-olds in their populations are poorer than those with relatively smaller proportions of 10-year-olds.

Of the world's approximately 60 million 10-year-old girls today, about 35 million live in countries with high levels of gender inequality, measured by the Gender Inequality Index.

The lives of 10-year-olds today: challenges and promise

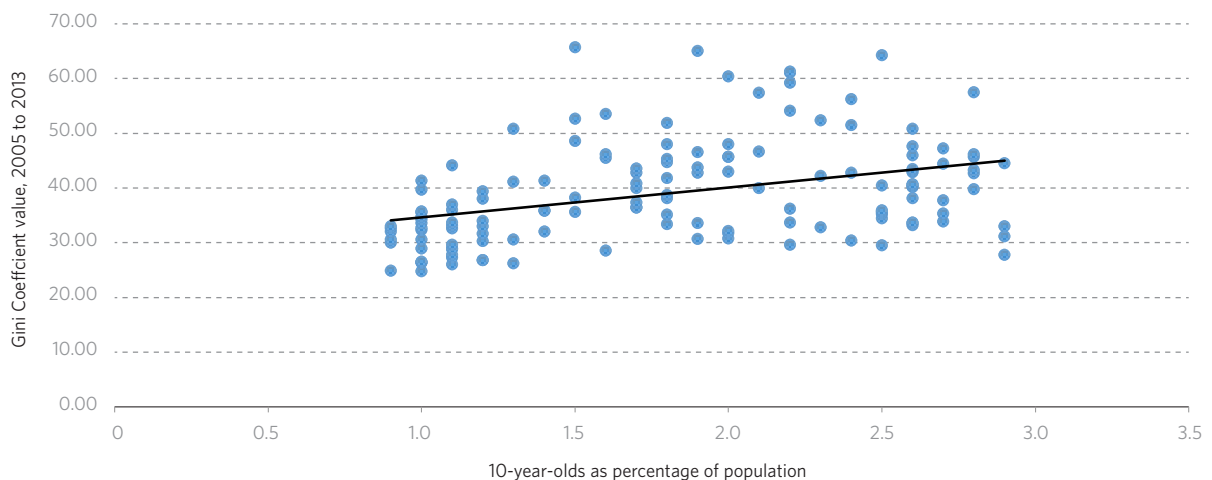
The global cohort of 10-year-olds lives in a world that is very different from the one their parents grew up in, with unique challenges and opportunities. While they share the same chronological age, there is tremendous variation around the world in the ways they live their lives, with significant implications for both their own future and that of the planet. This section examines some of the key components of their lives, focusing in particular on the areas where clear patterns emerge. Particular

attention is paid to gender differences between boys and girls, reflecting the significant disadvantages 10-year-old girls face.

Schooling

Despite gains in children's access to education, significant proportions of boys and, particularly, girls are not in school. The situation is particularly acute in countries that have recently experienced significant upheavals such as war or natural disasters. For example, less than half of boys of primary school age in South Sudan were attending school in 2015; only about one third of girls were in school. Similarly low levels of primary school enrolment are seen in countries such as the Democratic Republic of the Congo and Liberia.

Countries with the highest proportions of 10-year-olds in their population are more likely to have higher rates of income inequality

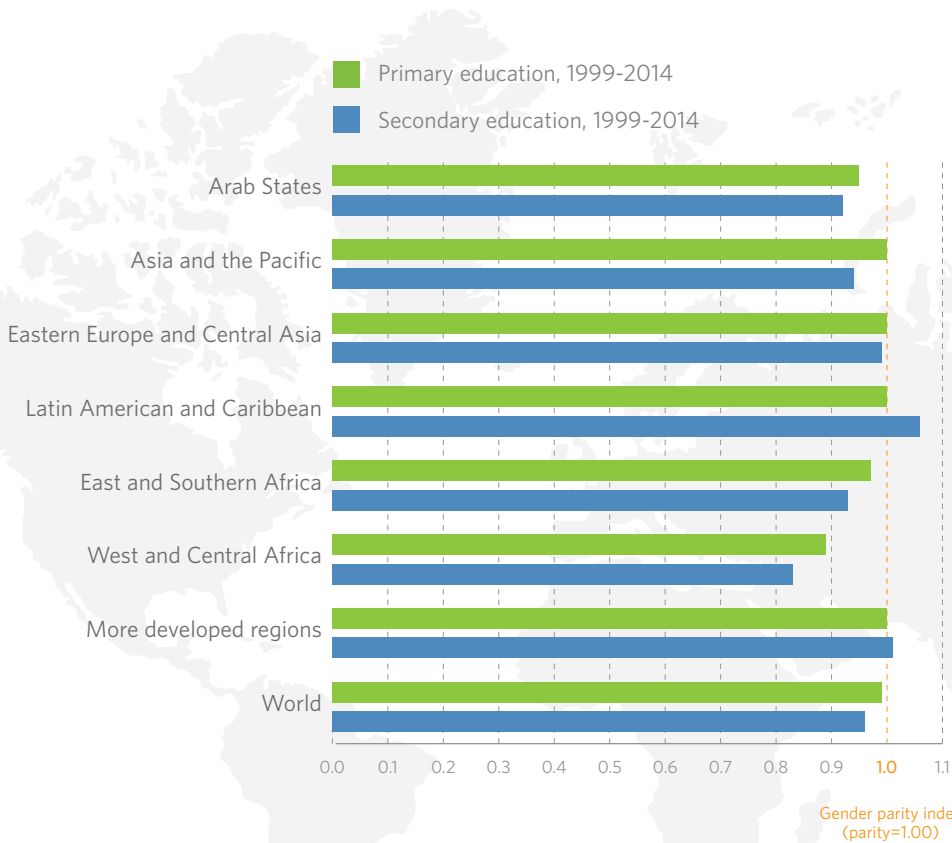


This graph, based on data from 142 countries, shows a positive correlation between income inequality, as measured by a Gini Coefficient, and larger cohorts of 10-year-olds. The Gini Coefficient is a measure of income distribution in a country and is the most commonly used measure of income inequality. The graph suggests that countries with young age structures are generally more unequal in terms of income.

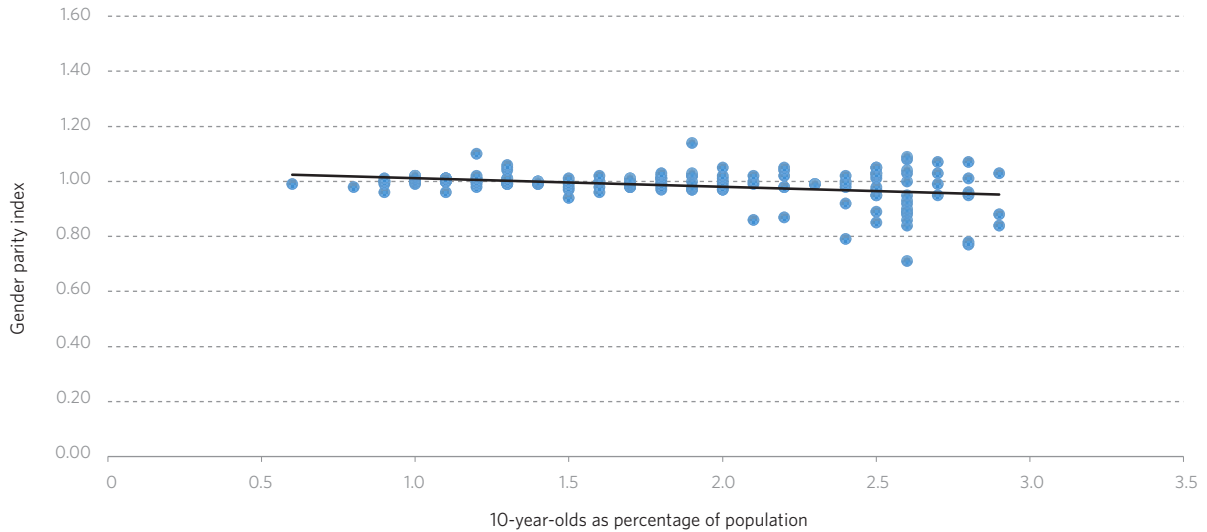


Photo: @ UNFPA/Abraham Gelaw

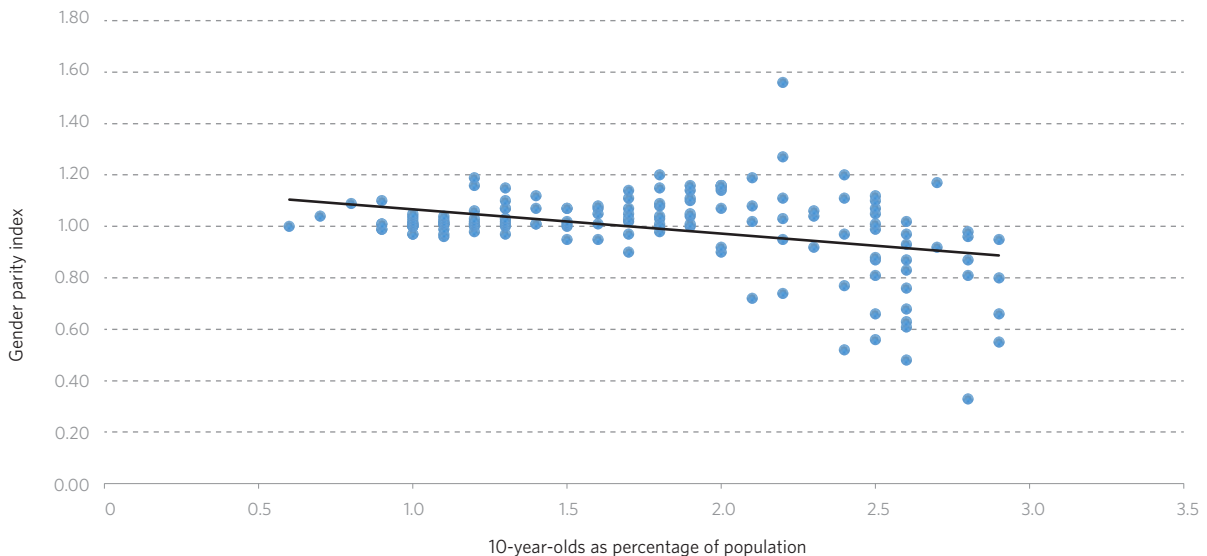
Girls are less likely than boys to be enrolled in school, especially at the secondary level



Gender parity values in primary education are slightly lower in countries with larger proportions of 10-year-olds



Gender parity values in secondary education are significantly lower in countries with larger proportions of 10-year-olds in their populations



These graphs, based on data from 168 countries, show the relationship between the relative size of the population of 10-year-olds in a country and the level of gender inequality at the primary and secondary levels, as measured by the gender parity index. On this index, a value of 1.00 indicates perfect equality, a value above 1.00 shows an advantage to girls, and a value below 1.00 shows an advantage to boys. For both primary and secondary education, the relationship is negative, showing that girls are more disadvantaged compared with boys in countries with large proportions of 10-year-olds. The differences are relatively small for primary education, but become more pronounced for secondary enrolments.



My one wish...
To visit beautiful places in India and to visit America

ADITI

BANGLADESH



Photo: © UNFPA/Santosh Chhetri

Even in areas where conflict is less of a concern, significant proportions of children miss out on receiving a full education. For example, in Nigeria, Africa's most populous country with one of the world's largest youth populations, only 60 per cent of girls and 71 per cent of boys are enrolled in primary school. The figures are even more striking for secondary school, which current 10-year-olds will enter within a couple of years, when pressures to perform other roles such as earning an income or starting a family become more pronounced. This is especially true for girls, who by the time they reach secondary-school age, may not be seen as an effective "investment" by the household, may suffer the consequences of unintended pregnancy, may experience sexual harassment both on the way to and in school, and may have limits set on where they may travel within their communities.

As a result, the gap in school attendance between boys and girls often widens between primary and secondary school, as measured through a gender parity index, which shows the ratio of girls to boys in school.

Gender parity in education means that girls and boys are enrolled at the same rates. Perfect gender parity is scored as 1.00. When more boys

are enrolled than girls, the parity score is less than 1.00. Conversely, when there are more girls than boys in school, the parity score is more than 1.00.

Worldwide, there is overall parity in primary education, with equal proportions of boys and girls enrolled in school.

But at the secondary level, girls are less likely to be enrolled in the Arab States, East and Southern Africa, and West and Central Africa—home to 70 per cent of the world's 10-year-olds today.

Only in Latin America and the Caribbean do more girls go to secondary school than boys. In West and Central Africa, about eight girls are in school for every 10 boys, a drop from almost nine for every 10 in primary school. Missing out on secondary schooling is particularly critical for the long-term prospects of these children because the global economy (and increasingly local economies as well) places a premium on the skills developed at the secondary school level, meaning that girls are at risk of falling even further behind.

Of even greater concern is that the lowest gender parity indices for both primary and secondary school are in those countries where current 10-year-olds account for the highest proportions of the population. This relationship is particularly clear for secondary school. For example, Ethiopia, which is home to an estimated 2.6 million 10-year-olds, half of whom are girls, has a gender parity index of 0.6 for secondary school, a marked decline from parity in primary school.

Overall, the transition from primary to secondary school will be a particularly perilous period for girls who are 10 today, potentially marking a point where they fall further behind their male peers. The fact that this change is greatest in countries with the highest relative numbers of 10-year-olds is particularly troubling, suggesting that significant numbers of these young girls may fail to build the skills required for modern economic life.

Work

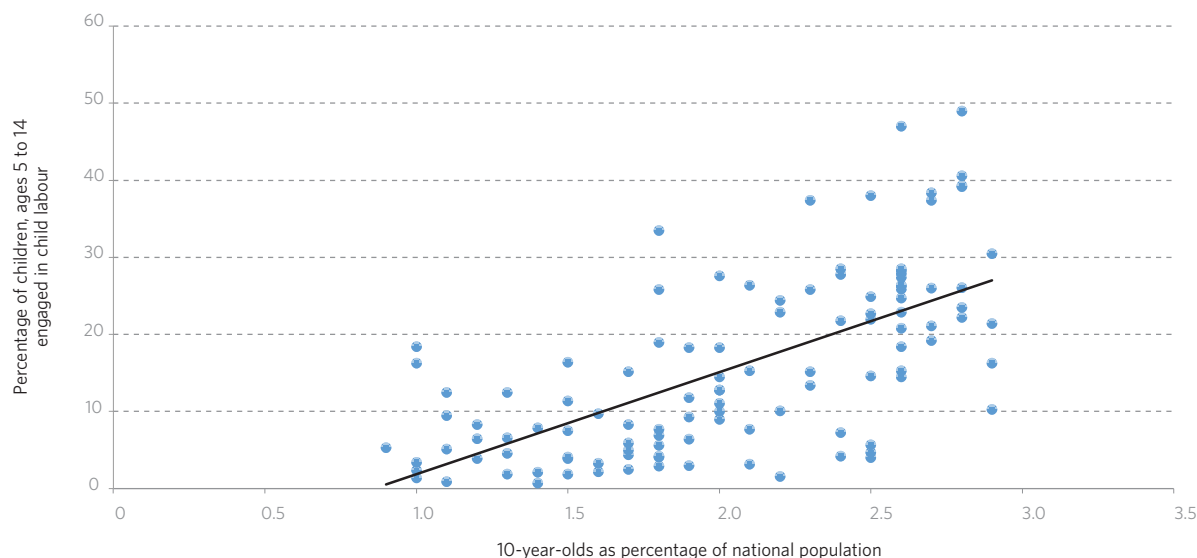
In many settings, late childhood and early adolescence are marked by an entry into the workforce. In addition to shouldering the burden of unpaid work, such as household chores, many 10-year-old girls and older adolescents also work in family enterprises or wage-earning activities. These responsibilities invariably mean less time for schoolwork, place them at risk, and may contribute to their dropping out of school. A child who misses out on an education is a child whose future economic potential is undermined.

The proportions of boys and girls between ages 5 and 14 who are engaged in child labour are largest in countries where there are also greater proportions of 10-year-olds, suggesting that it is likely that child

labour is a feature of many 10-year-olds' lives today, particularly in less developed countries. UNICEF, the United Nations Children's Fund, defines child labourers as those who are between ages 5 and 11 and who in a week engaged in at least one hour of economic activity or at least 28 hours of household chores, or those between ages 12 and 14 who in a week engaged in at least 14 hours of economic activity or at least 28 hours of household chores.

Young girls are particularly likely to be engaged in child labour, although this is predominantly via household chores or other forms of unpaid work. As a result, girls are often less engaged with the formal labour market than boys. They may therefore be afforded less legal protection and are more susceptible to exploitative employment arrangements.

Child labour rates are higher in countries with larger proportions of 10-year-olds in the population



This graph, drawn from data from 112 countries, shows a strong relationship between the size of the 10-year-old population relative to all other age groups and the proportion of 5-to-14-year-olds engaged in child labour. Levels of child labour, which can include domestic work or paid work, are highest in the countries where there are more 10-year-olds relative to adults. Where child labour is common, vulnerabilities to exploitation and school dropout are greater.

Health

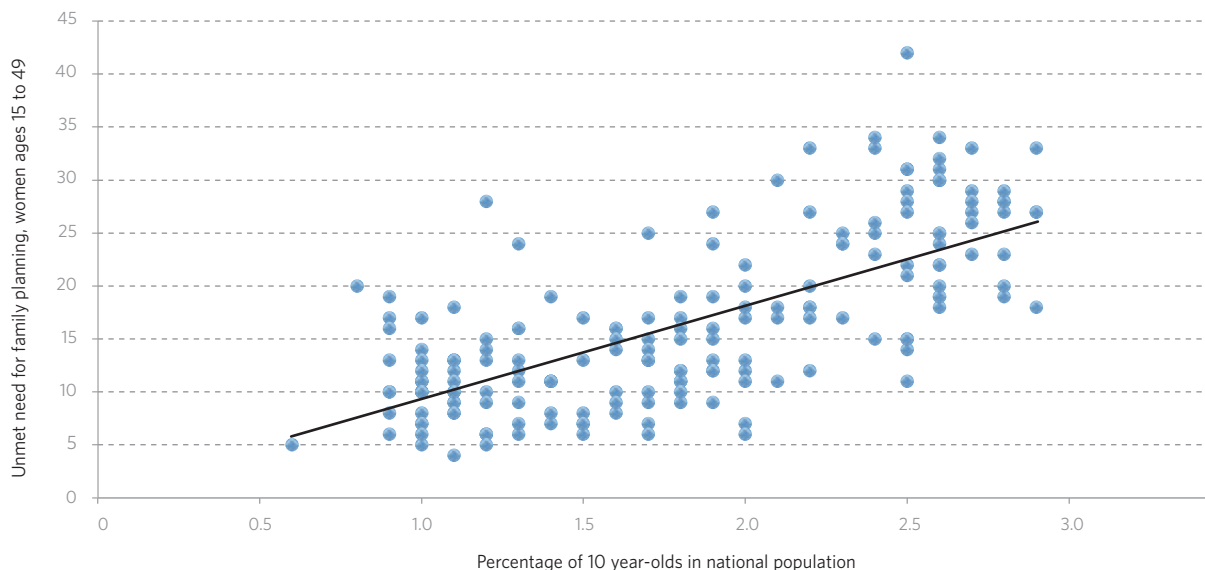
Although 10-year-olds are not an especially vulnerable population overall in terms of health outcomes, most live in environments where they are likely to face significant health challenges as they enter adolescence and adulthood. Most live in less developed areas of the world, where health systems are less extensive. Many live in countries with high rates of adolescent pregnancy, low rates of use of modern contraception, poor or non-existent sexuality education and relatively high rates of HIV and AIDS.

The majority of these 10-year-old girls are entering adolescence and early adulthood in situations that present unique risks, such as child marriage. Given that one in three girls in the developing world today is married before turning 18, it is

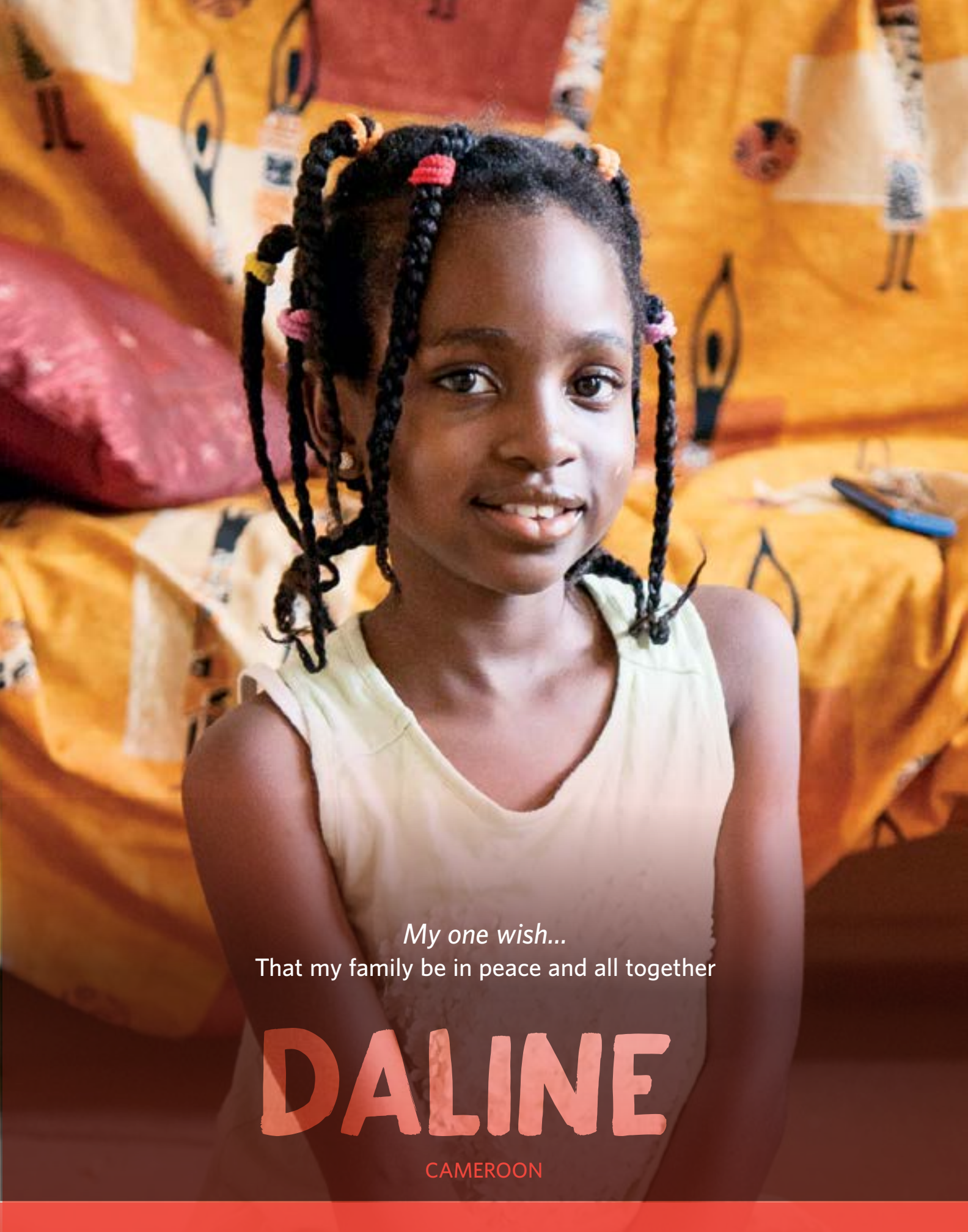
likely that many of today's 10-year-olds will soon also face risks of early pregnancy. As a result, effectively anticipating and planning for the future family planning needs of current 10-year-olds is critical now, particularly given the strong positive correlation between the proportion of the population represented by 10-year-olds, the current unmet need for contraception at the national level and current adolescent birth rates.

An emerging health concern for adolescents relates to their mental health, particularly for girls. Recent data from the World Health Organization indicate that suicide is now the second leading cause of death for adolescent girls between ages 10 and 19 at the global level, and the leading cause of death for those between 15 and 19. Combined

Unmet need for family planning is highest in countries with larger proportions of 10-year-olds in their populations



Using data from 185 countries, this graph shows that countries with larger proportions of 10-year-olds in their populations are also countries with the highest unmet need for family planning.



My one wish...
That my family be in peace and all together

DALINE

CAMEROON

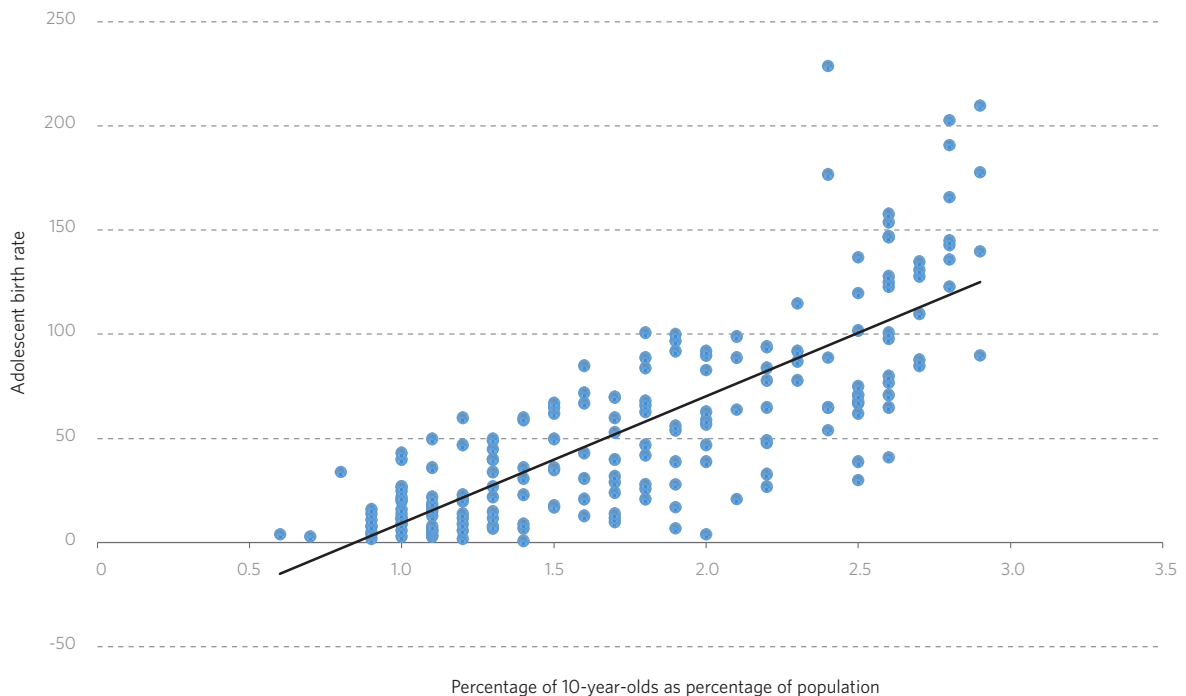
with information on the prevalence of violence experienced by adolescent girls, with one dying as a result of violence on average every 10 minutes globally, this highlights the very specific vulnerabilities of this population (UNICEF, 2014).

What may the future hold?

The average 10-year-old today faces a number of challenges to her ability to fulfil her potential and contribute to progress towards the Sustainable Development Goals. The average 10-year-old today lives in a country with significant resource constraints, some of which restrict access to basic services such as education and health care. Most

10-year-olds are in countries where poverty remains common and income inequality is relatively large. Furthermore, almost six in 10 girls live in countries where gender norms and practices place them at a significant disadvantage, both at their current 10 years of age and as they grow older. Relative to their brothers, these girls are less likely to stay in school, more likely to be engaged in child labour, more likely to be married before they turn 18, more likely to experience intimate partner violence, more likely to suffer from complications related to pregnancy and childbearing, and less likely to have a substantive say in household decisions, including about

More adolescents give birth in countries with larger proportions of 10-year-olds in their populations



Using data from 196 countries, this graph shows a strong relationship between the adolescent birth rate and the size of the 10-year-old population relative to the total population.

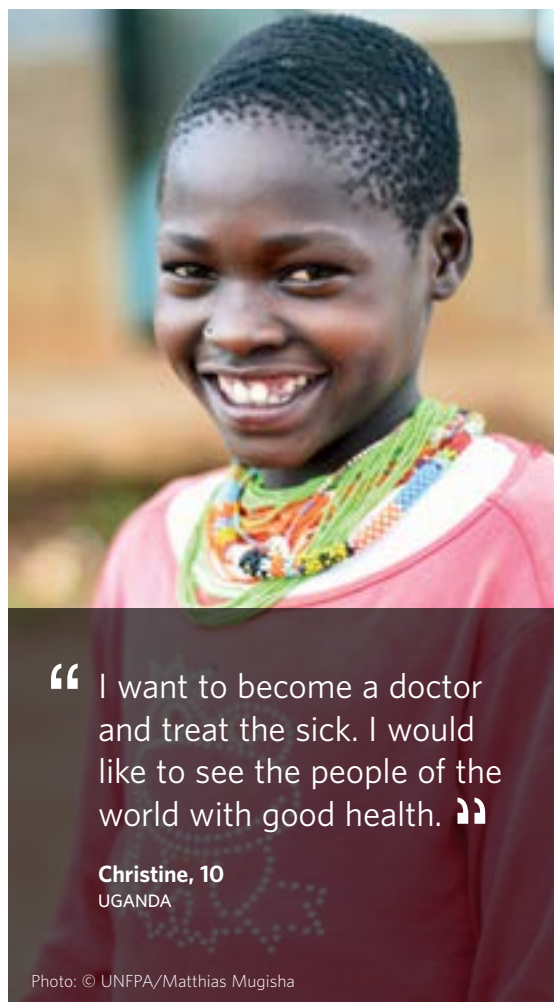
their schooling or health care. The implications of these patterns for such girls may be profound, with further impacts that extend to families, communities and even countries.

Failure to invest effectively in each of these 10-year-old girls—and boys—may have significant effects on economic growth, potentially holding back the progress of countries for years, if not generations. The International Labour Organization estimates that 600 million new jobs need to be created by 2030 just to keep pace with the growth of the working-age population, which by that time will include current 10-year-olds.

Meeting the goals of providing decent work and ensuring economic growth will be impossible without building the capacity of both individuals and institutions. Gender inequalities play a particularly important role in this process, both because inequalities in one domain reinforce inequalities in others and because failing to maximize the potential of young girls effectively reduces gains made in economic growth, health or productivity.

Finally, and most importantly, many of the outcomes of gender inequality, such as child marriage, female genital mutilation, forced or coerced sex, unintended pregnancy, or the denial of basic education, represent the subjugation of the basic human rights to which every 10-year-old is entitled.

However, although the challenges described above are significant, there is some cause for optimism about the future for these 10-year-olds. Both India and China, which together are home to roughly one in three 10-year-olds alive today, are among the world's fastest growing economies and have seen dramatic improvements in the opportunities available to youth. The same is true for Nigeria, home to almost 5 million 10-year-olds, and for many of the other countries where most of this cohort of children lives.



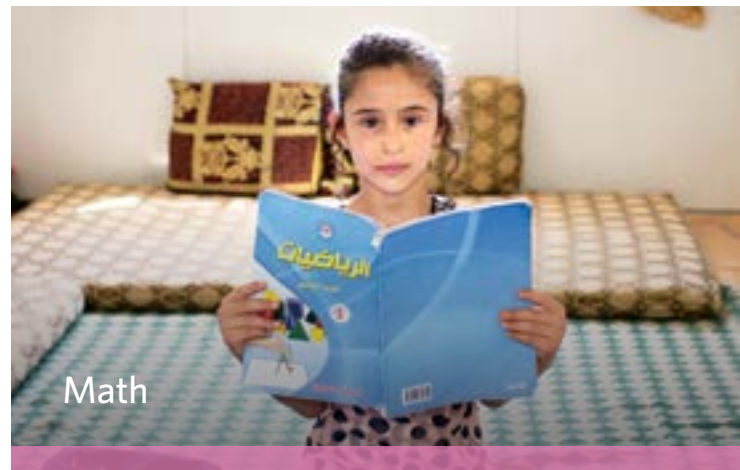
“ I want to become a doctor and treat the sick. I would like to see the people of the world with good health. ”

Christine, 10
UGANDA

Photo: © UNFPA/Matthias Mugisha

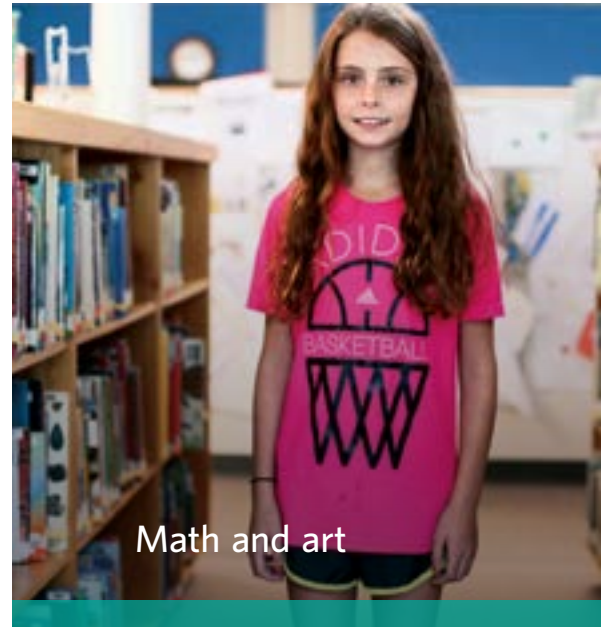
The past two decades have also seen extremely rapid changes in the proportions of children attending school; dramatic declines in maternal, neonatal, and infant deaths; and a slow transition to greater gender equality. If these improvements continue and we collectively invest in developing this cohort in ways that allow them to maximize their potential, 10-year-olds may well prove pivotal to transforming the world for the better.

WHAT IS MY FAVOURITE SUBJECT?

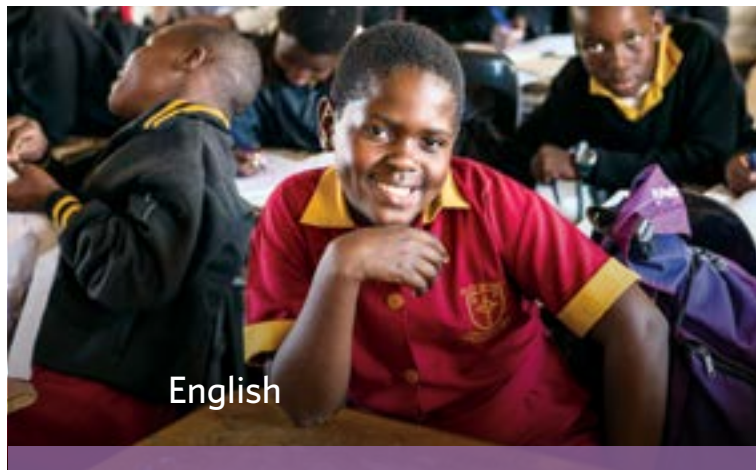




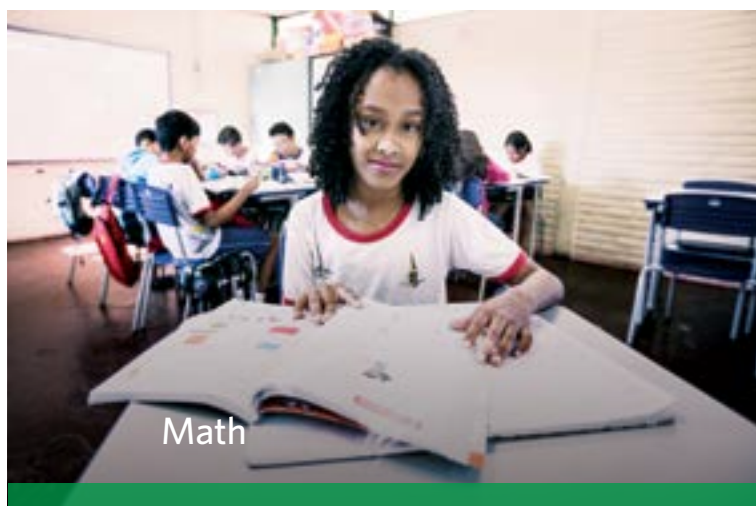
My favourite subject is language and communication because I learn stories, proverbs and riddles



Math and art



English



Math



Bengali



3

CHAPTER

OBSTACLES

on the path to adulthood

Today, more than 60 million 10-year-old girls are poised to begin the journey through adolescence to adulthood. When they become adults, will they be healthy? Will they have had a quality education that prepares them to enter the labour force and find decent work or start their own businesses? Will they have the power to make their own decisions and chart their own course to the future?

Photo ©Panos Pictures/Tommy Trenchard



Prospects are overall brighter for a 10-year-old girl today than they were a generation ago. But improvements in their health and education have been uneven, both between and within countries. The outlook for a 10-year-old girl is more favourable in a wealthier, urban household in a wealthier country than in a poorer, rural one in a developing country. Differences within countries can be greater than differences among countries.

An age of increased risks and vulnerabilities

Age 10 is a turning point in girls' lives.

Early adolescence is a transformative time mentally, physically and socially. At 10, a girl is only beginning her journey through adolescence and into adulthood, and into a future that has the potential to be secure and successful.

The start of that journey, however, is fraught with risks and vulnerabilities.

In some parts of the world, when a girl reaches 10, she is deemed ready for marriage. Every day, an estimated 47,700 girls are married at age 17 or younger in developing countries. When a girl is married, she will likely be taken out of school. And as soon as she goes through puberty, she may be expected to begin bearing children. Her genitals may be forcibly mutilated as a rite of passage. Without an education or autonomy, she may spend the rest of her life in poverty.

Meanwhile, her identity is still forming, and she has low resistance to peer influences, low levels of future orientation, and low risk perception and self-regulation (The Lancet Commissions, 2016). Laws and social norms seek to control her budding sexuality and prevent her from learning about her body and her rights. Entrenched negative attitudes about women and girls limit a girl's options in life and lay the foundation for a lifetime of subjugation and missed opportunities.

The obstacles faced by a 10-year-old girl vary in type and intractability around the world. But no matter the place, there are walls that disadvantage her compared with boys, and these walls will only grow taller as she does.

Whether these obstacles are reinforced or torn down will mean the difference between a future of dependency, powerlessness and poverty, and one of autonomy, engagement and economic strength.

Impediments to health and well-being

During adolescence, an individual acquires the physical, cognitive, emotional and social resources that are the foundation for later-life health and well-being. These resources define trajectories into the next generation (The Lancet Commissions, 2016). The health attitudes, attributes and behaviours that are developed and cemented during adolescence, which begins at age 10, will define a girl's health outcomes throughout her life. Positive choices during this critical period in a girl's life, and access to youth-friendly health services, have lifelong effects.

The picture is bleak for more than half of the world's adolescents, ages 10 to 19, who live in countries with high levels of so-called diseases of poverty (HIV and AIDS, undernutrition and poor sexual and reproductive health), injury and violence and non-communicable diseases. Strikingly, an adolescent girl is more likely to die from AIDS than any other cause (World Health Organization, n.d.).

Global efforts to end the HIV epidemic have so far largely overlooked adolescent girls. In 2013, two thirds of the 250,000 new HIV infections among adolescents between the ages of 15 and 19 were among girls. In several sub-Saharan African countries, girls of that age group are five times more likely to be infected than boys.

Many of the new infections are attributed to intimate-partner violence and forced sex, a reflection that in many settings, “adolescent girls’ right to privacy and bodily autonomy is not respected” (UNAIDS, 2015). Health centres are often the front lines for recognizing signs of gender-based violence, treating sexually transmitted infections and vaccinating against human papillomavirus. Sadly, many young people face barriers to health care, including fears that they will be stigmatized by doctors or that their confidentiality will be breached (Barker et al., 2005). Youth-friendly health services and service providers, and measures such as comprehensive sexuality education, can help to mitigate risk and impact of infections.

In a number of countries where adolescent girls are at high risk of HIV infection, condom use is limited: in one sub-Saharan African country, for example, only 8.5 per cent of adolescents reported that condoms were used the last time they had higher-risk sex (UNAIDS, 2015).

By the time a girl reaches age 15, she will face other risks. For example, there is a one in nine chance she will be married (UNFPA, 2012). If she is married, she faces overwhelming likelihood of forced sex and early childbearing, as well as increased risk of sexually transmitted infections and physical and emotional abuse. In sub-Saharan Africa and Latin America, between 10 per cent and 20 per cent of young people report that their first sexual intercourse took place before they turned 15 (The Lancet Commissions, 2016). Since this sexual debut is often forced or coerced (Baumgartner et al., 2009), her agency in using contraception is also limited. By the time she is 19, there is a one in three chance that she will have married and an 11 per cent chance that she will have given birth, neither of which may have been her choice (Guttmacher Institute, 2016).

There is also a significant chance that she will have taken her own life. According to the World Health Organization, self-harm is the leading cause of death among adolescents girls 15-19 worldwide (World Health Organization, n.d.).

What drives these troubling trends? In parts of the developing world, high suicide rates may be sparked by an overwhelming sense among girls that their lives and bodies are not their own or that aspirations for independence are less likely to be realized.

At 10, a girl has reason to be optimistic. Differences between her experiences and opportunities and those of the boys around her are not yet so obvious and pronounced—she may only be starting to awaken to them. She is likely in school and may be hopeful that she will be able to go on to secondary school, graduate and be equipped to lead a life of her own choosing—become a doctor, a police officer or even president of her country (International Center for Research on Women, 2013).

But, as she ages, a girl’s marital fate will likely be decided for her. If she is married, she will likely



Photo: ©UNFPA/Sophia Baraket

leave school and face increased risk of gender-based violence, and her mobility may be limited. A girl fortunate enough to stay in school may nonetheless be vulnerable to physical abuse or sexual assault in the classroom by schoolmates, teachers or other school officials, or by others on her way to and from school. Her family may force her to undergo female genital mutilation (UNFPA, 2016).

Gradually, she realizes that her dreams and optimism from earlier adolescence are likely to be deferred—perhaps with deadly results. As she ages, reality begins to sink in: impending marriage, leaving school and embarking on a life of servitude and, often, destitution. All is not possible. These painful realizations can negatively affect her mental health, and are manifested in the increased anxiety, depression, self-harm and suicide. Girls who survive to 20 become more vulnerable to unintended pregnancy and to fatal complications from pregnancy and childbirth (The Lancet Commissions, 2016).

Violence

One in three girls will experience violence in their lifetime, and many will experience it during adolescence (World Health Organization, 2013). Often, the people girls trust most are the perpetrators. Regardless of social or geographic context, up to 60 per cent of known sexual assaults within a family are committed against girls who are 15 or younger (UNICEF, 2000).

While roughly one third of females directly experience violence, its threat is ubiquitous. The threat of violence affects all girls, informing their choices and constraining their potential. In the words of researcher Judith Bruce, violence “conditions [girls] to avoid opportunity in order to manage risk. As girls internalize their responsibility for managing this risk, they begin to pre-censor their potential.” This itself, she says, is violence (Bruce, 2011a).

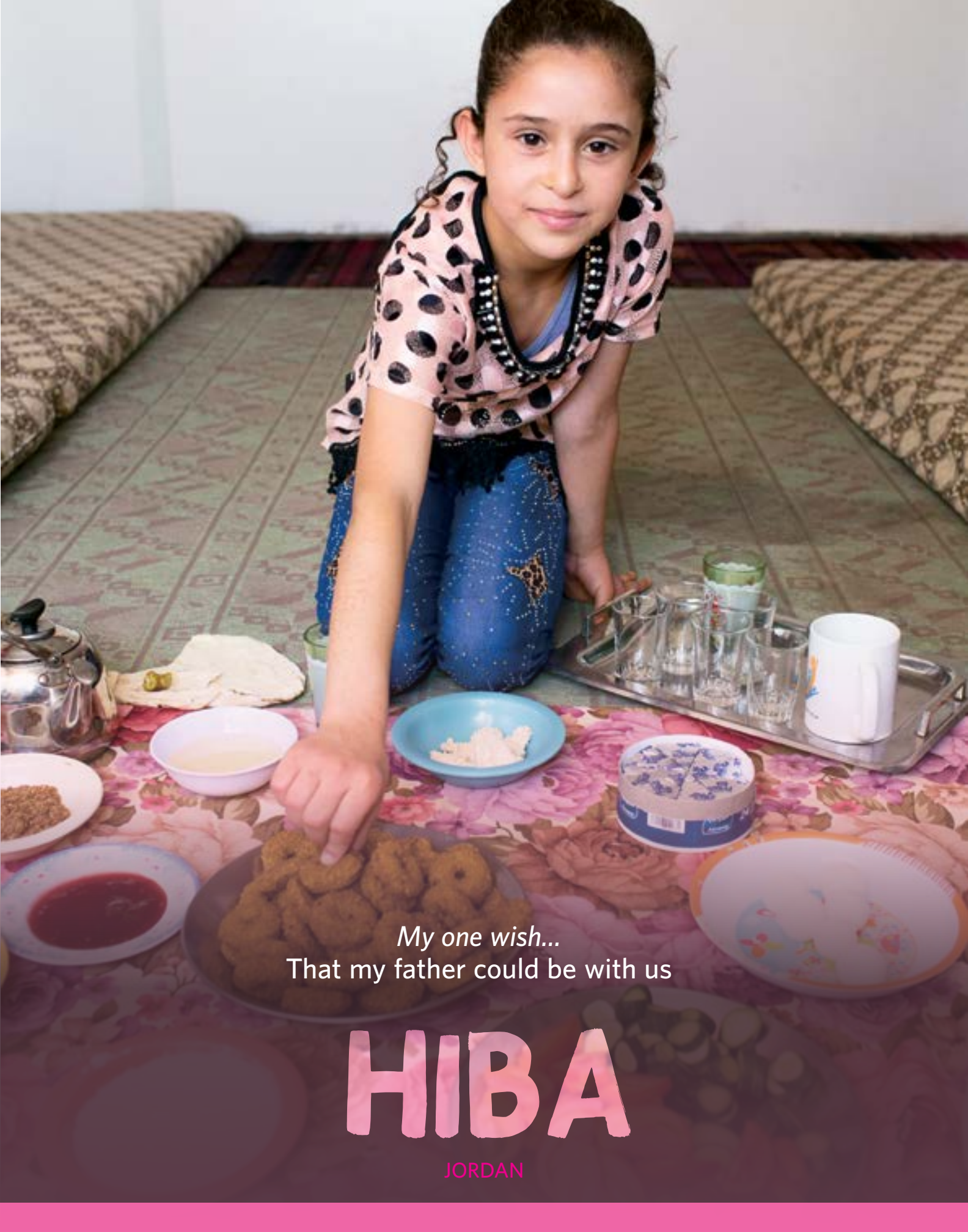
Violence towards 10-year-old girls is also expressed through harmful practices, such as child marriage and female genital mutilation, as well as gender-based violence, coerced sex and psychological abuse, including bullying and harassment (Chong et al., 2006).

Girls are at risk of violence virtually everywhere: in the home, walking to collect water or firewood, travelling to school or the market and even in classrooms (Patrick, 2007). When violence does occur, most girls are unable to defend themselves; when they report it, their claims are often met with incredulity, and access to criminal justice is rare (Education for All Global Monitoring Report et al., 2015; Lundgren and Amin, 2015; UNICEF, 2000).

Violence against girls is often used to intimidate them into conforming to certain behaviours. For example, in many parts of the world, girls have been attacked for attending school, engaging in sports or participating in other activities deemed inappropriate for girls.

Girls in areas affected by natural disasters, climate change, or conflict and instability are even more vulnerable to violence because the rule of law and the protection normally provided by family and community may be absent. In Bangladesh, flooding and other natural disasters have been key drivers of the harmful practice of child marriage. There, almost one in three girls is married before age 15 (Human Rights Watch, 2015).

Similarly, displacement and social disruption resulting from the Syrian conflict led to a doubling of child marriage rates among Syrian refugees in Jordan (Save the Children, 2014). In Jordan and many other countries, girls and their families report a lack of economic opportunities, fear for girls’ safety and family honour as reasons for child marriage; marriage is seen as a way of protecting and providing for girls via their husband and his family (Save the Children, 2014). Regardless of the rationale for child marriage, it is not a protective factor for girls.



My one wish...
That my father could be with us

HIBA

JORDAN

Instead, it often results in violence at the hands of husbands and in-laws and lost opportunities for girls.

Violence against girls is not limited to the developing world. In industrialized countries, girls are also at risk of violence and intimidation. Bullying in schools is one example of violence that has been linked to social isolation, loss of self-confidence, anxiety, depression, self-harm and suicide (Horton, 2011).

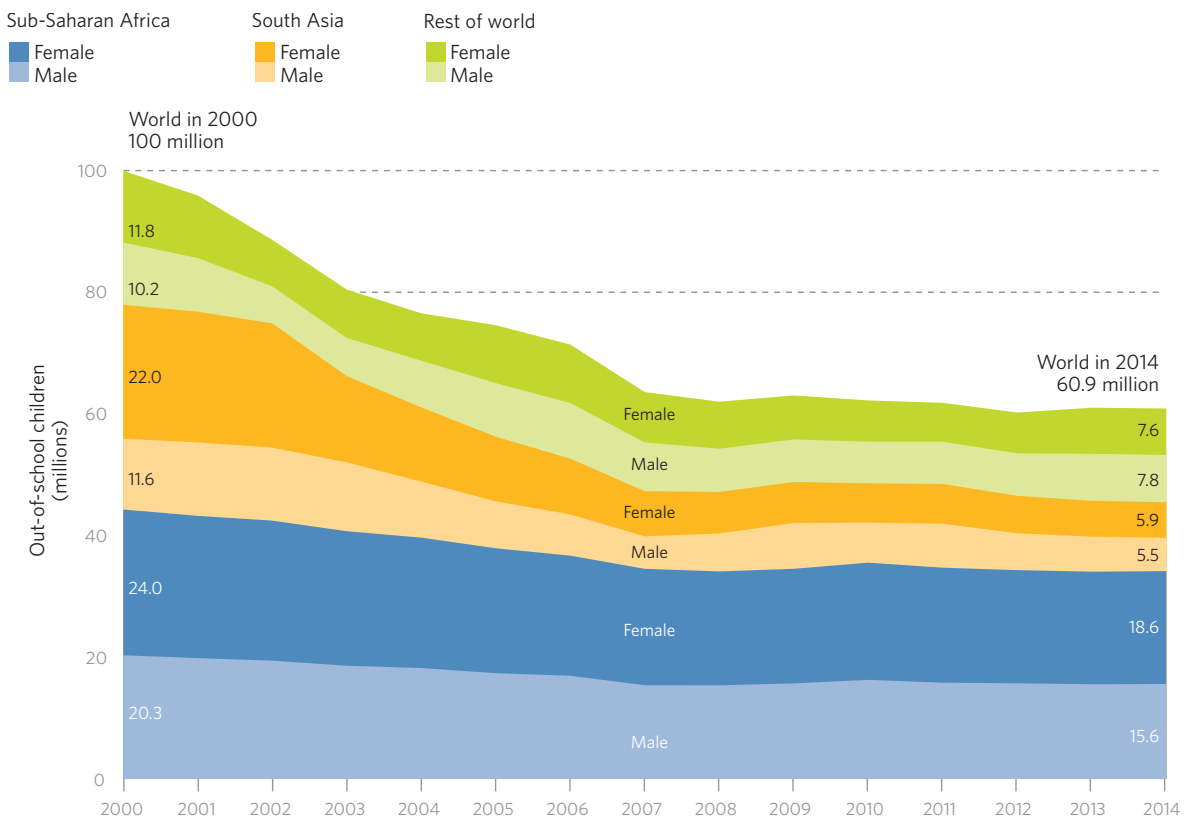
Limited access to education

Education is not only a human right in itself, but also enables access to almost all other human rights (UNESCO, 2016). Even though education is a right

shared by all, girls are not in school at the same rates as boys across the globe, and are more likely than boys never to enrol in school (Sperling and Winthrop, 2016; UNESCO, 2015).

About 62 million adolescent girls around the world are not in school today (UNESCO Institute for Statistics and UNICEF, 2015). When a girl is not enrolled, or is pulled out of school, her rights are violated and her future options are limited. The right to education is enshrined in Article 26 of the Universal Declaration of Human Rights (United Nations, 1948). Equal access to quality education is also an objective of the United Nations 2030 Agenda for Sustainable Development and its accompanying

Out-of-school children of primary school age by region and sex, 2000 to 2014



Data source: UNESCO Institute for Statistics

17 Sustainable Development Goals, which are to be achieved 15 years from now—when a girl who is 10 today will reach age 25.

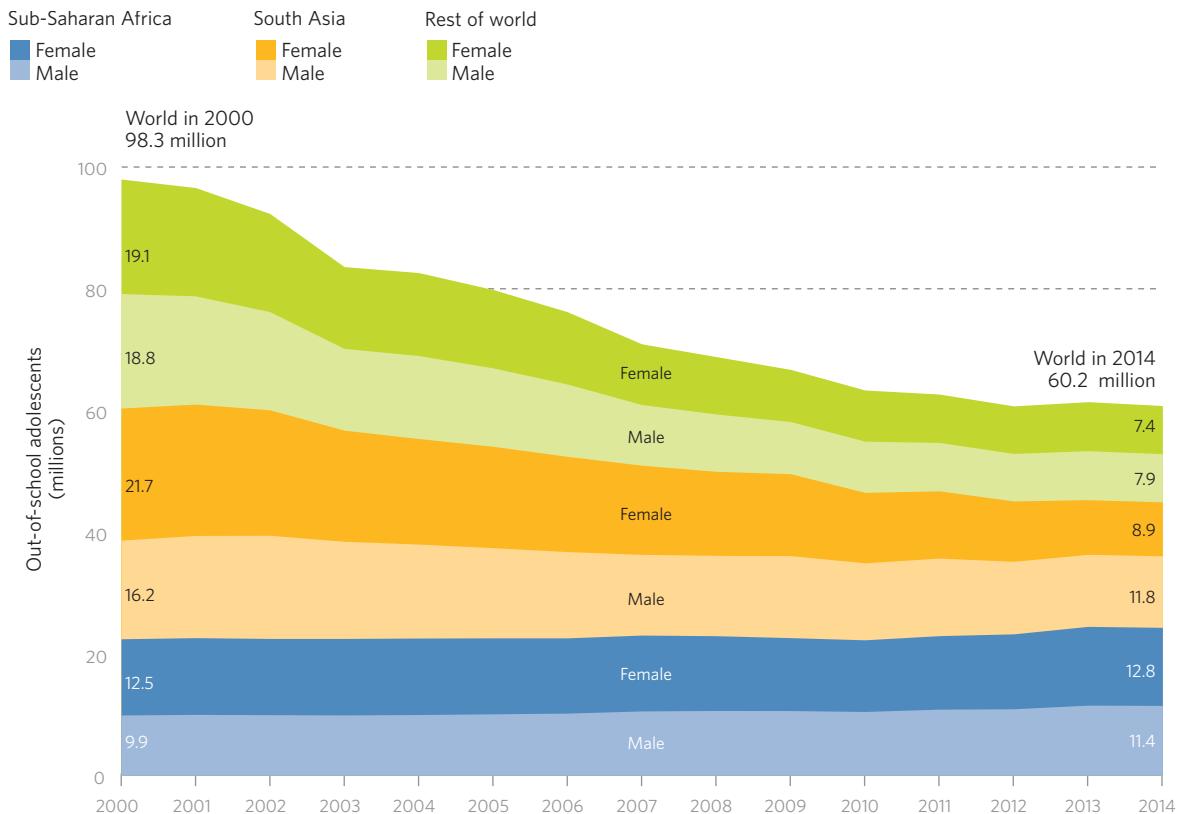
Globally, sub-Saharan Africa has the largest gender disparities in education: the region hosts 55 per cent of the world’s out-of-school children and 52 per cent of its out-of-school adolescents. Of the 34 million out-of-school children in the region, half will never enrol. Around 19 per cent start school but leave early, and 31 per cent enter school late. Girls face the biggest barriers: 56 per cent of out-of-school girls in the region will never enter a classroom, compared with 41 per cent of out-of-school boys (UNESCO Institute for Statistics, 2015, 2016).

In South and West Asia, girls account for 47 per cent of all out-of-school children and 48 per cent of all out-of-school adolescents, but this is largely a reflection of the fact that the number of boys exceeds the number of girls in the total population.

A 10-year-old girl today is more likely than at any time since World War II to have been displaced by conflict or natural disaster. Girls in these situations are two and a half times more likely to be out of school (Alam, 2016; UNESCO Institute for Statistics, 2015).

In developing countries, more than 90 per cent of children with disabilities do not attend school (Nicolai and Peers, 2015).

Out-of-school adolescents of lower secondary school age by region and sex, 2000 to 2014



Data source: UNESCO Institute for Statistics

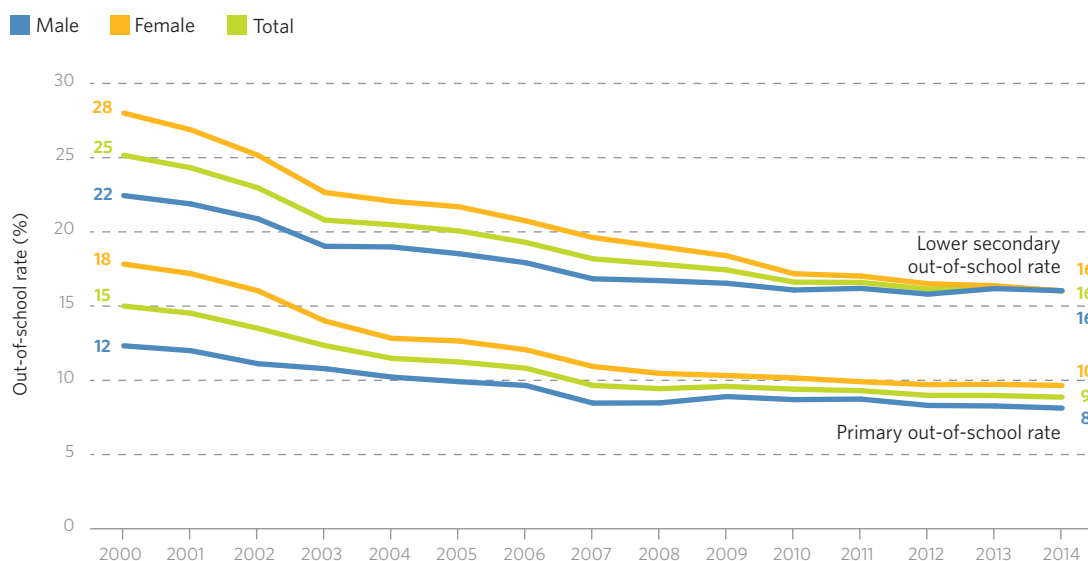
Harmful gender norms, such as those that perceive sons as a better investment in a family's future, also result in enrolment and completion rates that are higher for boys than for girls. Girls face greater household burdens than their male peers: a 2009 International Labour Organization survey showed that 10 per cent of girls between ages 5 and 14 perform chores at least 28 hours a week. This is twice the amount of time that boys of the same age must devote to chores (Sperling and Winthrop, 2016). The International Labour Organization estimates that 75 per cent of girl labourers are unpaid and work for family businesses or farms, compared with 64 per cent of boys (Sperling and Winthrop, 2016). Girls may, therefore, be called upon to forego schooling and take on responsibilities for cooking, cleaning and caring for family members (International Center for Research on Women, 2015). For many girls, it

seems, childhood is not a time of learning, but a time of work.

Other girls are not getting an education because parents see little point in sending their children to school if the quality of education is low, if sanitary facilities are unavailable (especially for menstruating girls) or if they risk violence, including sexual violence, in or on the way to school (Hallman et al., 2013; UNFPA, 2011). Regardless of the reasons why girls are not in school, they miss out on critical knowledge and opportunities that are foundational to future health and well-being. Out-of-school girls are less likely to have access to comprehensive sexuality education and life-skills courses, where they might learn about their bodies and about gender and power relations, as well as communication and negotiation skills.

Without this information, a 10-year-old girl is at yet another disadvantage in life, at this critical time

Global out-of-school rate, children of primary and lower secondary age, 2000-2014



(UNESCO Institute for Statistics, 2016)

when she is entering adolescence and on the way to puberty.

Uneven protection of human rights

Although the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child are international legal standards that outline rights related to gender and youth, there is no single legal instrument focused on girls themselves, who, as females and as young people, face dual and intersecting challenges to their rights.

For a 10-year-old girl, legal obstacles likely started for her at birth: 230 million children under the age of 5 lack a birth certificate, overwhelmingly in Asia and sub-Saharan Africa (UNICEF 2013). Without a birth certificate, a child—girl or boy—will later in life face difficulties in enrolling in school, accessing health and other social services,

securing a job and inheriting property (International Center for Research on Women, 2013).

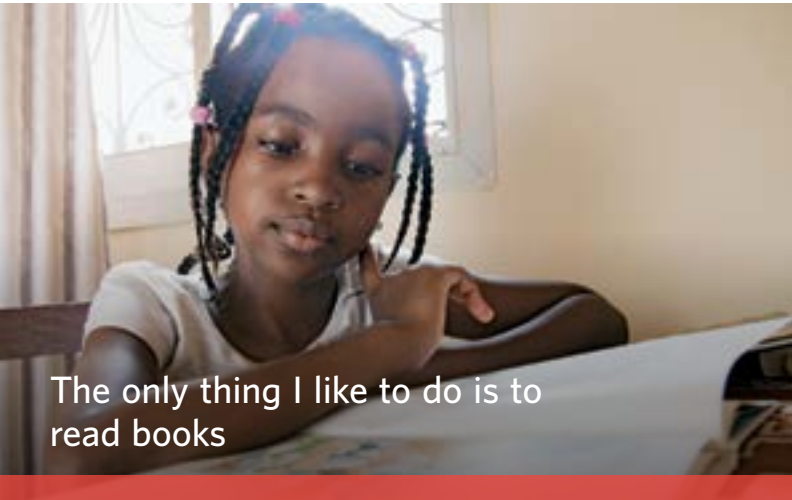
In some parts of the world, a 10-year-old girl may be forced to marry, even where laws prohibit child marriage. Child marriage is a violation of a child's rights in and of itself. But this harmful practice often results in the denial of other human rights, such as the right to an education. Girls in many parts of the world are removed from school on or soon after their wedding day, making them less likely to learn about their rights in the first place. A 10-year-old girl who does not know her rights is unable to assert them, whether at home, in the classroom or on the street.

Enforcement and accountability are always the true test of a right—for a 10-year-old girl or anyone else. Even if a girl knows her rights and attempts to voice them, the likely scenario is that she will be quashed by parents, her spouse or a state justice



© UN Viet Nam/Aidan Dockery

WHAT I DO FOR FUN



The only thing I like to do is to read books



Figure skate, read and draw



My friends and I like to read novels



I read books



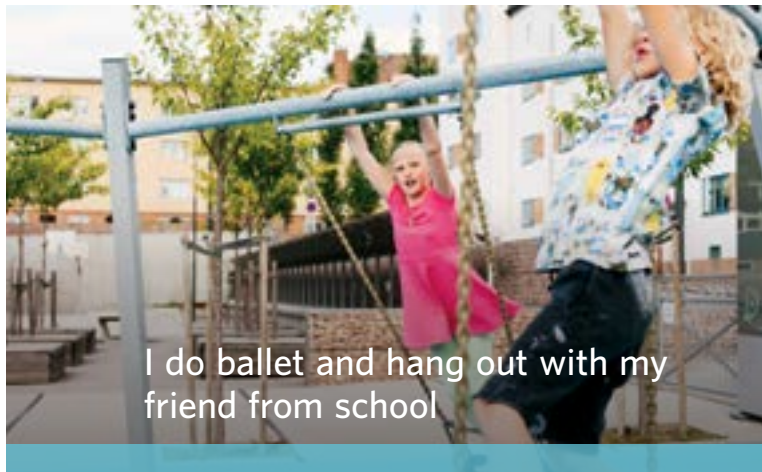
I play hide-and-seek with my friends



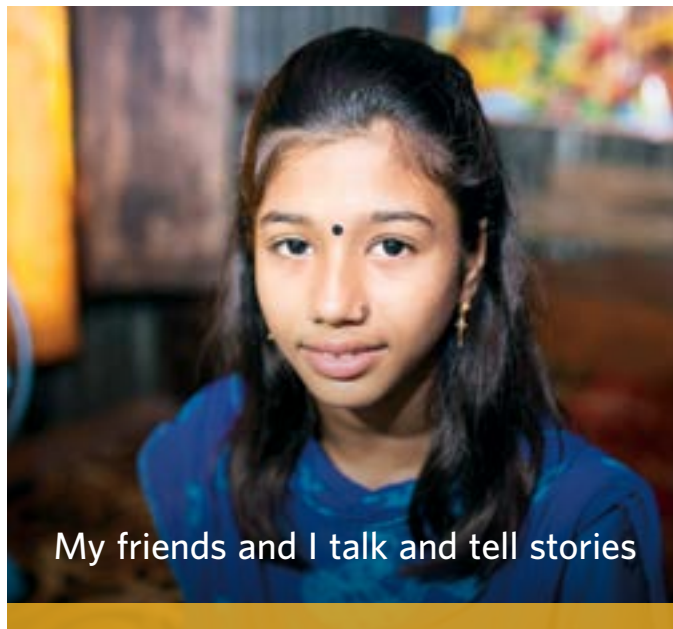
Play ball, ride a bike, skate—
and play with my friends



I like to go for a ride on my brother's bike



I do ballet and hang out with my
friend from school



My friends and I talk and tell stories



I like playing jump rope
very much

system that does not take her rights seriously. This is the case for the 10-year-old for whom a judge allows a marriage to proceed, whom a parent or spouse forbids going to school, or who receives no protection from a police officer in cases of spousal or parental violence.

Economic obstacles

Whether she lives in a developing or developed country, a 10-year-old girl today is more likely than her brother to shoulder the burden of domestic duties and unpaid work needed to keep the household functioning. For many girls, this will be the sole or primary form of labour for their lifetime, making them poorer—for longer—than male counterparts.

Economic obstacles start and cement in girlhood and will continue through adult life: women spend more time than men on unpaid chores—from house cleaning, to childcare, to food production and preparation—in every country in the world for which data are available (OECD, 2016). This translates into future joblessness for girls as measured by youth or female labour force participation. The global youth unemployment rate stands at 13 per cent (International Labor Organization, 2015), and women are 27 per cent less likely to participate in the global labour market than men (International Labour Office, 2016).

Although girls often engage in income-generating activities for themselves and their families, they are unlikely to have access to the money they earn, or to control financial decisions (Fewer et al., 2013). A 10-year-old girl is now, and will later be, unlikely to possess the identification required to set up a formal bank account, the collateral to take out loans, or the financial literacy knowledge to save and control her own finances as she grows older.

In Northern Nigeria, for example, two thirds of the 15-to-19-year-old girls in one study

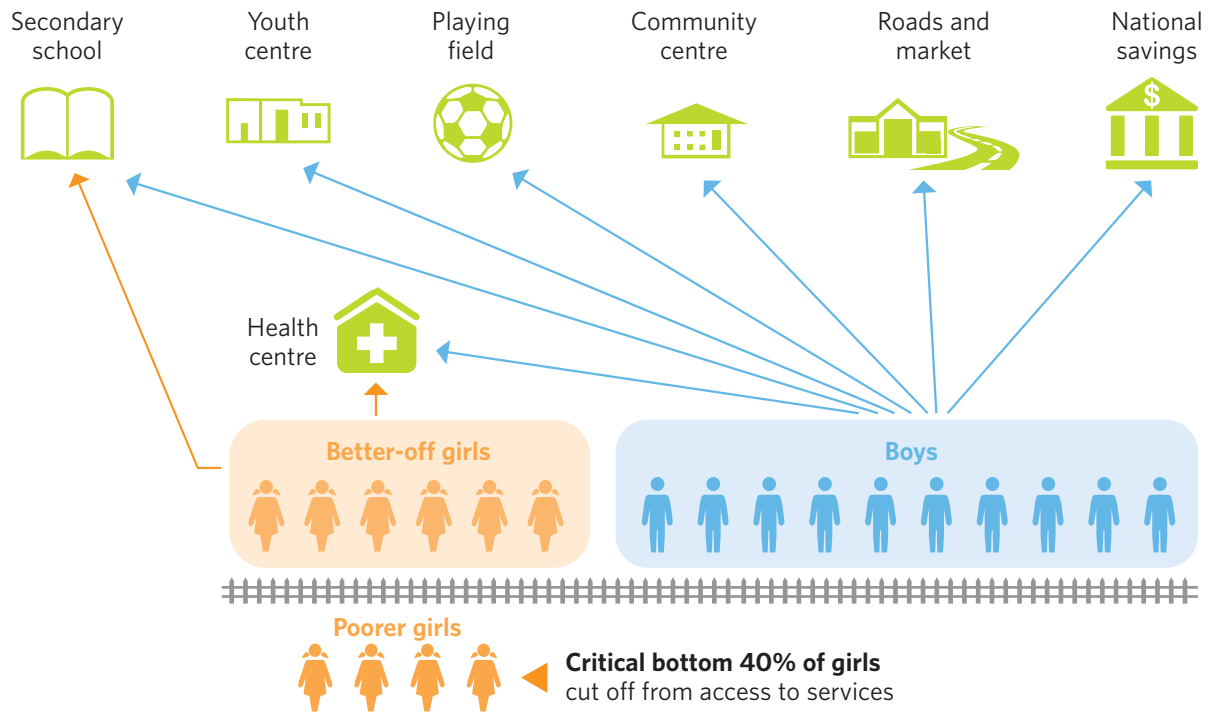
participated in income-generating activities, but less than one tenth had a formal bank account (Mercy Corps, 2013).

In India, 15-to-19-year-old-girls have reported that while they are likely to save the money they earn or are given and to have a bank account, they are less likely than boys to make independent decisions about how that money is spent (Jejeebhoy and Acharya, 2014). This, too, is unlikely to change over the course of a girl's life: many girls move straight from financial dependence in their natal home to a similar dynamic in their marital home. As daughters and wives, girls are less likely to have economic rights and assets outside of jewellery or small livestock.

Looking outside the home, gender bias and other obstacles continue to present challenges for girls' economic participation. Many youth workforce development programmes focus on male-dominated fields and do not take deliberate and sufficient steps to include girls, such as by conducting direct outreach to girls, providing transportation to ensure safety or targeting parents with messages about why their daughters should participate (Crandall and Surabhi, 2007; Nanda et al., 2013).

Further complicating matters, much of the data on youth workforce development have not been disaggregated by sex to determine gender-related impacts (USAID, 2013). In India, the majority of girls who do work are employed in home-based work or the informal sector. Where vocational training is undertaken, it is "gendered," with girls overwhelmingly being trained in tailoring and boys in skills that have a market demand (such as those related to computers). Girls are much less aware than boys of these market-oriented options and less likely to express interest in them. This spells

Bottom 40 per cent of girls are often excluded from benefits of global development investments



(Bruce, 2011)

high costs not only for Indian girls, but also for the country itself, which loses \$56 billion a year in potential earnings because of adolescent pregnancy, high secondary school dropout rates and joblessness among young women (International Center for Research on Women, 2013a).

These obstacles to economic empowerment and autonomy conspire to trap a 10-year-old girl in poverty for the rest of her life and prevent her from enjoying other human rights. By age 10 in Nepal, for example, many impoverished girls have been sold as slaves or as indentured servants through a process so normalized and formalized that it has its own name: *kamalari* (Plan International, 2010).

Clear the obstacles

Just as a 10-year-old girl is poised to begin her journey through adolescence, the global community is poised to rectify inequalities on its new path to sustainable, inclusive development. The United Nations 2030 Agenda for Sustainable Development and its accompanying 17 Sustainable Development Goals provide an ambitious vision for global progress that does far more to position today's 10-year-old girls for a future course of health and happiness than any previous effort. It also contains specific targets to end child marriage and female genital mutilation, to ensure girls' sexual and reproductive health and to achieve free, equitable and quality education.

Achieving goals of inclusive, equitable and sustainable development means tearing down the

barriers that prevent a 10-year-old girl from enjoying her rights and sharing in the benefits of economic and social progress. We have pledged to do this by 2030—when today’s 10-year-old girl will be 25. Will the obstacles blocking her path to adulthood have been cleared by then? Will that girl be in good health, educated, empowered and engaged in the affairs and development of her community and nation?

The global community has promised to see to it, understanding that we must urgently and comprehensively invest in the health and well-

being of today’s 10-year-old girl if we are to achieve tomorrow’s global goals. The challenge is considerable, but we must honour our commitments or the framework will ring hollow. The future hangs in the balance.

Girls are at the centre of the international agenda as key drivers of change. But without support for the most marginalized and poorest adolescents, critical global and national commitments will not be met. Investing in girls makes good financial sense. Conversely, failing to invest in them is nothing less than planned poverty (Bruce, 2012).



Bipana Adhikari (third from left), 10, with her friends after school in Nepal.
© UNFPA/Santosh Chhetri



My one wish...
To have a good and healthy life

INGEBORG

NORWAY



CHAPTER

4

SUPPORTING GIRLS TODAY

for the collective
well-being of tomorrow

Whether a country's economy grows, stagnates or collapses in the future depends in no small way on how well it supports its 10-year-old girls today. Just as a 10-year-old girl is at a turning point in her life as she transitions into adolescence and moves towards adulthood, many developing countries are at a critical demographic juncture, with the emergence of comparatively large populations of adolescents and young people.

Photo: ©UNFPA/Matthias Mugisha



Countries that choose to develop policies and institutions to build a 10-year-old girl's human capital through quality education and access to health information and services stand to realize major economic gains. Those that choose to do little or nothing to tear down barriers standing in the way of a girl's realizing her full potential will experience significant impediments to economic growth and development.

In countries with large or emerging youth populations, investments that empower 10-year-old girls can yield a “demographic dividend,” which not only benefits girls, but can also lead to inclusive, equitable and strong economic growth.

For 10-year-old girls, a potential tripling of their lifetime income is at stake. For the societies the girls are a part of, the reduction of poverty is at stake.

Over the next 15 years alone, developing countries together stand to gain or forfeit at least \$21 billion, depending on whether or not they invest in the well-being, education, and independence of their 10-year-old girls today. The number may seem small, considering it covers so many countries. But at the individual level, the gains can be substantial. An educated, healthy 10-year-old girl today in Morocco or Costa Rica, for example, will have earned about \$30,000 more by the time she reaches 25 than a peer who has not completed secondary education and is in poor health. In addition, in countries such as the Central African Republic, a girl's annual gain in earnings over this period (averaged over both her working and non-working years) may amount to as much as 130 per cent of her nation's per capita gross domestic product (GDP).

Reaping a demographic dividend

Many developing countries are undergoing a dramatic demographic transition that begins with falling infant and child death rates, due largely to

improvements in health care, nutrition and sanitation. In the years that follow, fertility rates fall as couples realize that the reduced risk of child death means that it is easier for them to achieve their desired family size with fewer births. Rates also fall as these couples choose to use modern contraception.

The result of this demographic transition is a population structure in which there is a greater number of working-age adults in relation to children or older people who depend on them. “Working-age” generally refers to people aged 15 to 64.

When the right policies and institutions are in place to build young people's human capital, a developing country can see dramatic economic growth associated with this increase in the working-age share of its population, leading to a demographic dividend, a unique opportunity for economic progress and poverty reduction (Bloom, 2016).

Realizing potential

Investments in health and education are powerful vehicles for promoting economic growth and human well-being (Bloom and Luca, 2015; Bloom et al., 2015). Human capital investments and the protection of the rights of girls and women are particularly potent because healthy women and their children help develop more prosperous societies (Onarheim et al., 2016). Conversely, failure to make these investments means that girls will never be able to fulfil their potential and enjoy their human rights. Failure also translates into economic loss and foregone opportunities for growth and development.

Investments in a 10-year-old girl's health—and the health of girls and women of all ages—are crucial to economic growth: healthier girls grow up to become healthier women who are more productive workers. Healthier girls are able to attend school more consistently and learn more effectively. In addition, healthier girls who grow to become healthier mothers give birth to healthier children who are better

nourished and can grow to become more effective students and workers (Bloom and Luca, 2015; Bloom et al., 2015; Onarheim et al., 2016).

Investments in the health of girls and women have the potential to speed up a country's demographic transition and to increase the size of the demographic dividend. Investing primarily in the health of boys and men may actually delay the start of a demographic transition and diminish any potential demographic dividend (Bloom and Luca, 2015; Bloom et al., 2015). One of the main reasons for this is that the income effect of higher male productivity tends to raise fertility, delaying a demographic transition. In contrast, investments in women's health—specifically reproductive health—may lower fertility rates (Bloom et al., 2015).

Investments in education are an equally important engine of growth. Because of long-standing disparities between boys and girls in educational access and attainment, educating girls is vital to achieving gender equality, initiating a demographic transition and maximizing a demographic dividend.

In developing countries, investments in female secondary education yield returns, in the form of increased earnings, at a higher rate for women than for men (Psacharopoulos and Patrinos, 2004). Women with more education also tend to marry later (this relationship is especially important in settings with high rates of child marriage), bear children later and exercise greater control over their fertility (Martin, 1995). On the macroeconomic level, these trends together help accelerate the demographic transition.

In settings in which women bear a disproportionate burden of child-rearing and household duties, lower fertility and later marriage increase female labour force participation, another area of economic potential for both the household and the nation. One fewer birth adds up to an average of 1.8 years more female lifetime labour-force participation

(Bloom et al., 2009). In highly patriarchal settings, there is also evidence that women's earnings and education increase their household bargaining power and their ability to influence decision-making within their families, often resulting in greater personal agency and increased investment in children's health and education (Doss, 2013; Prettner and Strulik, 2014).

The evidence overwhelmingly suggests that policies promoting better health, education and labour-force participation for women—as well as being worthy ends in themselves—can contribute to healthier, better educated and more prosperous families and nations.

So how do today's 10-year-old girls fit into this equation?

The benefits of completing a secondary education

The first challenge is to make sure that a 10-year-old girl is in school and stays in school until she finishes secondary education.

One proven way to increase girls' school-completion rates, especially in poor communities, is to offer conditional cash transfers to defray the direct costs of schooling and incentivize school attendance.

Conditional cash transfers involve providing an amount of money to the girl's family to cover costs associated with her school attendance, in exchange for agreeing to keep the girl in school.

Conditional cash transfers have been remarkably effective in improving girls' educational outcomes in Latin America, South Asia and sub-Saharan Africa (Baird et al., 2011), and the positive effects of conditional cash transfers are overall larger for secondary than for primary school (Saavedra and Garcia, 2012).

Competitive scholarships for girls entering secondary school also have the potential to boost both primary school achievement and secondary school enrolment (Kremer et al., 2009). Other research has shown that girls who have access to vocational training and female career role models and who (along with their families)

are informed about job opportunities, are further incentivized to remain in school (Beaman et al., 2012; Jensen, 2011). Recent evidence also shows that providing mobility through bicycles has a larger effect on secondary school girls than it does on secondary school boys, in terms of increasing school attendance (Muralidharan and Prakash, 2013).

The success of conditional cash transfers, scholarships and labour-market role models in getting girls to attend and complete secondary school is encouraging in itself. But it is also encouraging because it suggests that in many situations, the barriers to girls' education are largely financial, rather than only cultural or social. In low- and middle-income countries in the early phases of a demographic transition, cash transfers may offer a quicker path to the demographic transition and the demographic dividend that potentially follows.

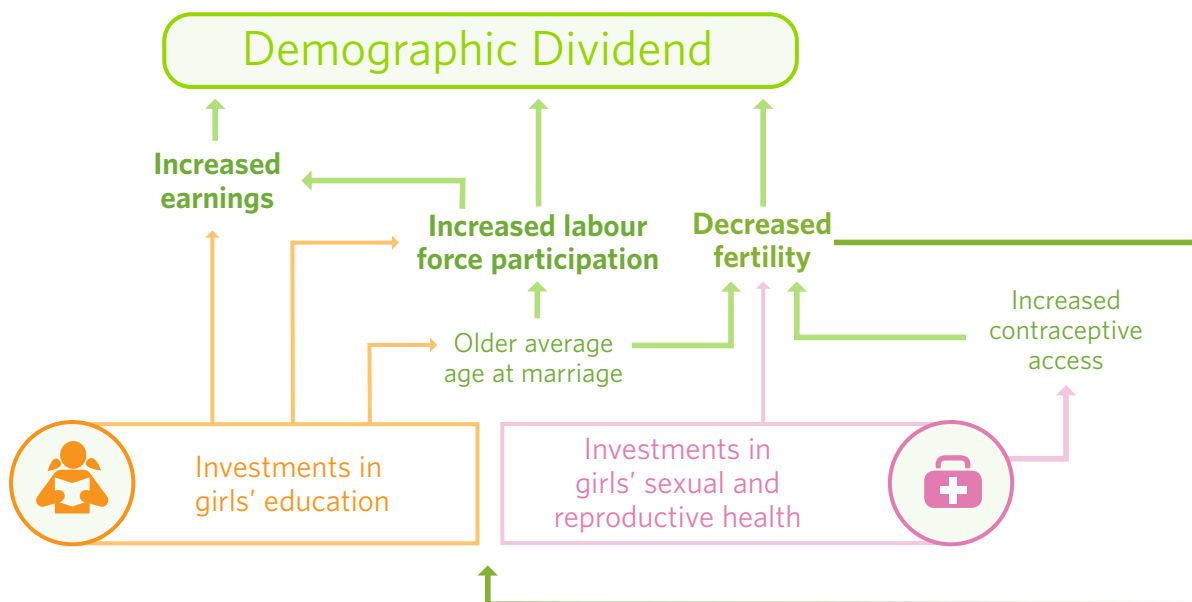
The power of information: comprehensive sexuality education

In countries preparing to realize a demographic dividend, access to contraceptives for

adolescents and women of childbearing age is crucial. Comprehensive sexuality education is another vital intervention, particularly for a 10-year-old girl, who has just begun her journey through adolescence and who will soon go through puberty.

Although sexual and reproductive health is a key element of girls' well-being, especially as they enter adolescence, many girls may not have a safe forum in which to ask questions about these topics, which in many communities are still considered taboo. Community life-skills training programmes aimed at school-age girls, with a focus on sexual health and relationships, reduce childbearing among teenagers in developing-country settings. They also increase girls' personal agency and bargaining power in their relationships with male sexual partners (Bandiera et al., 2015; Dupas, 2011).

Comprehensive sexuality education programmes are commonly geared towards adolescents between the ages of 12 and 14, but there is also great potential for expanding them to 10-year-old girls to help them understand, and eventually make decisions about, their own bodies.





My one wish...
To have peace in this world

ISABELLE

UNITED STATES

The demographic dividend in action

How will investments in 10-year-old girls play out in the real world? What do girls and countries stand to gain or lose?

Imagine a girl, who, like her country, is at a pivotal point in her life and development, and consider the different paths her future might take over the next 15 years.

This girl, Gayatri, is 10 and lives with her parents, grandparents, two brothers, and sister in a village in India. Her parents completed primary school and are now agricultural workers. The household has little disposable income after paying for food, housing, clothing and medical

expenses. Depending on the support she receives, Gayatri may have two very different futures ahead of her.

Even though Gayatri is not a real person, she is representative of tens of millions of girls in India and low- and middle-income countries the world over. And while every girl in every country has unique circumstances, potential and challenges, it is possible to make informed predictions about what each stands to lose or to gain.

With the additional earnings expected through path 1, Gayatri will be able to save money as a fallback for future emergencies, to help support



ONE GIRL, TWO PATHS

*Her tomorrow depends on making
the right investments today.*

Photo © Adobe Stock

parents and grandparents, or to invest in education for herself or her children—this is made easier by the fact that she has fewer children than in path 2. In addition, in path 1, Gayatri’s children are more likely to be healthier and better educated than if Gayatri had not benefited from these initial investments in her human capital, kicking off a virtuous cycle and allowing her family to escape poverty.

How does Gayatri’s story—and her potential gains in income—add up on the national level? In India, there are more than 12 million 10-year-old girls, far more than in any other country. Based on secondary school-progression data, nearly 900,000—about 9 per cent—of these 12 million girls, while already having access to basic

education, are at risk of not continuing on to secondary school. What if India could achieve a female secondary school progression rate of 100 per cent, ensuring that all 12 million of these girls—including the 900,000 at risk of not continuing with their education after primary school—finish their secondary school education?

About 158,000 of these 900,000 10-year-old girls will be entering the labour force in the next 15 years. Although this is a relatively modest number, especially compared with India’s child and youth population as a whole, it nevertheless equates to a combined potential earnings gain of \$792 million, in total, over the next 15 years alone (applying regular increases in salary). On top of this, if labour force participation among today’s cohort

PATH 1

Thanks to a conditional cash transfer programme, Gayatri’s parents have a financial incentive to make sure she attends school regularly; the family is able to use the extra money for food and school supplies for the children. Gayatri also learns about a competitive secondary school scholarship that will be offered to girls from her village. She decides to study hard for the exams—her parents and teachers are supportive. Gayatri also begins to attend a community programme for girls, where she starts to learn about reproductive health—including puberty, pregnancy, contraceptive use and sexually transmitted infections—decision-making and life skills.

→ 2016

AGE
10

AGE
11

PATH 2

Gayatri’s parents warn that, although secondary school will be tuition-free, expenses for books, uniforms and related items will be higher than those associated with primary school. Although her parents would like all of their children to attend secondary school, they realize that this may not be possible. Because they believe that Gayatri’s brothers will have better employment prospects, they prioritize their sons’ education over that of their daughters.

of 900,000 10-year-old girls increases by 15 per cent (when they reach working age) in response to increased access to education and reduced fertility, their expected combined gain in earnings would total \$911 million between now and 2031.

Over the lifetimes of the young women of India's "dividend generation," these gains in income—not to mention the productivity conferred on the overall economy—may very well translate into tens of billions of dollars over the working lives of these individuals (about the next 50 years).

Among developing regions, the potential gains are greatest in Eastern and Southern Africa, with annual earnings between 2016 and 2031 (averaged over girls' earning and non-earning years) possibly

matching or exceeding per capita GDP—this could be the case in Mozambique and the Central African Republic. The next-highest individual returns are found in Eastern and Southern Asia, notably Nepal and Pakistan, where girls who complete secondary school and earn at least double the minimum wage will be able to earn additional wages equivalent to 150 per cent of per capita GDP. Individual earnings gains in the Arab States, Eastern Europe and Central Asia, and Latin America and the Caribbean, where both minimum wages and per capita GDP tend to be higher, are more modest; however, they still have the potential to make an amazing difference in the quality of life of an individual young woman and her family, particularly in low-income communities.

Gayatri **qualifies for the scholarship** and progresses to the local secondary school.

Gayatri **continues to build support** from peers and gain agency.

AGE
12

AGE
13

AGE
14

AGE
15

Gayatri **leaves school** after completing her primary education. She has fewer opportunities to access safe spaces outside the home or connect with peers.

Having left school, **Gayatri weds a 20-year-old** man from a neighbouring village in a marriage arranged by her family and that of the young man. Gayatri's parents are especially keen on the match because the groom's family is not asking for a dowry, which will considerably ease the financial burden on Gayatri's family.

Assumptions about Gayatri's two paths over 15 years

	Years of schooling	Completes secondary school?	Employment type	Wages	Years in the labour force
PATH 1 INVESTMENT SCENARIO ¹	12	Yes	Skilled	Starts at double the national minimum wage of her country ² ; 2 per cent increase in real income annually.	Starts work at age 18; between 18 and 25, takes off 18 months for childcare.
PATH 2 NON-INVESTMENT SCENARIO	9	No	Unskilled	Starts at the national minimum wage of her country; wages remain flat.	Starts work at age 15; between 15 and 25, she takes eight years off for childcare.

¹ At the country level, this model does *not* take into account the initial costs of investing in girls' education, because this is likely to vary widely across countries. Although girls' education has been shown to be highly cost-effective, it is not free, and the cost of initial investments will detract from countries' overall gains as set out in this model.

² Minimum wage scales and policies vary vastly across the globe: many countries' minimum wage structures set wages based on occupation, sector, worker characteristics and other factors. Enforcement of minimum wage laws also varies widely between countries. If minimum wage structures vary within a country, the lowest possible wage has been used to establish a baseline.

A complication to wage and earnings models for developing countries is that in many low- and middle-income economies, a large proportion of individuals in the work-force—particularly individuals with low socioeconomic status, and often women—are engaged in informal sector labour that is often not compensated on a salaried basis and for which earnings vary widely. Because reliable earnings data, particularly for the informal sector, are not available for many developing countries, earnings calculations are based on national minimum wages for all individuals accounted for in this model, to establish a plausible baseline figure. This model is further simplified in that it assumes that minimum wage policies will remain the same over the next 15 years, even with changes in education and labour force trends.

Gayatri **completes secondary school** and finds work as a data entry clerk at a small firm in a nearby town. Acting on the advice of a co-worker, she **opens a bank account** and begins making regular deposits.

AGE
16

Amid pressure from her in-laws to have children shortly after marriage, **Gayatri gives birth to her first child.** The pregnancy is difficult and takes a toll on her health.

AGE
17

AGE
18

AGE
19

Gayatri **gives birth to her second child.**

Over the next 15 years, Gayatri might expect to earn the following amounts in total:

If she follows PATH 1 (Investment scenario)	\$9,386
If she follows PATH 2 (Non-investment scenario)	\$4,464
Potential additional earnings gain from PATH 1	\$4,922
Annual earnings gain (averaged over 15 years)	\$328 <i>(equal to 21 per cent of India's per capita GDP)</i>

With the approval of her family, Gayatri **chooses to marry** a 23-year-old man from a neighbouring village. In part because of the income she is bringing in, she feels confident in expressing her opinion and making household decisions. Because of the reproductive and sexual health education she received as a young adolescent, she is also able to confidently discuss delaying childbearing with her husband, countering family pressures to have her first child immediately after getting married. She succeeds in **practising contraception** to delay her first pregnancy until she and her husband become better acquainted with each other and their finances are more secure.

Gayatri **gives birth to her first child**; she takes some time off work to care for the baby, but plans to return. She and her husband would like to have another child, but decide not to do so for at least another two or three years.

AGE
20

AGE
21

AGE
22

AGE
23

Gayatri works intermittently as **an unskilled labourer** to help support her family, but work is generally inconsistent because of her household responsibilities.

Gayatri, **pregnant with her third child**, wants to discuss birth control options with her husband, but he expresses disapproval. Worried that he may become violent, she does not bring it up again.

Unlocking the power of a generation

Today's 10-year-old girls have the power to shape the future and improve the health and prosperity of their countries. This power can be greatly magnified with investments in these girls' education, empowerment and well-being. Developing country governments, as well as non-governmental and multilateral organizations, must make investments in girls an urgent priority. They must also commit to increasing the presence, visibility and agency of women and girls in the public spheres of school and work, and to dismantle the patriarchal systems that confine them exclusively to the home. Inherent in each 10-year-old girl—like Gayatri and her sisters around the world—is the potential to unlock the power of a generation.



Photo © UNFPA/Fahmia Al-Fotih

Although her daughter is still very young, Gayatri, now working again, hopes to be able to provide her with an education that is at least as good as the one she had.

AGE
24

AGE
25

2030

Gayatri is now the mother of three children, and household finances are tight, just as they were in her parents' house when she was a child. Her oldest child, a 9-year-old girl, attends primary school. Gayatri hopes that she will be able to give her daughter the continued education that she was unable to have, but is worried that this will be impossible, both because of money and because her household will increasingly rely on their daughter to help with the household chores and with the younger children.

Photo © Adobe Stock

Potential individual total income gains over the next 15 years resulting from investments in 10-year-old girls in selected low- and middle-income countries

Country or territory	INDIVIDUAL EARNINGS			
	Number of 10-year-old girls, thousands	PATH 1 (Investment) Total individual earnings, in \$ 2015-2030	PATH 2 (Non-investment) Total individual earnings, in \$ 2015-2030	PATH 1 - PATH 2 Difference in \$
Albania	16	36,335	17,280	19,055
Algeria	334	39,060	18,576	20,484
Angola	363	28,765	13,680	15,085
Armenia	17	23,012	10,944	12,068
Azerbaijan	54	23,315	11,088	12,227
Belarus	46	39,363	18,720	20,643
Belize	4	49,960	23,760	26,200
Benin	144	14,231	6,768	7,463
Bhutan	7	10,598	5,040	5,558
Bolivia	113	41,179	19,584	21,595
Bosnia and Herzegovina	16	37,849	18,000	19,849
Botswana	23	8,781	4,176	4,605
Bulgaria	33	51,474	24,480	26,994
Burkina Faso	257	12,112	5,760	6,352
Cabo Verde	5	20,892	9,936	10,956
Cameroon	310	12,717	6,048	6,669
Central African Republic	60	13,323	6,336	6,987
Chad	203	21,801	10,368	11,433
Colombia	390	50,263	23,904	26,359
Congo, Democratic Republic of the	1,087	6,056	2,880	3,176
Congo, Republic of the	61	31,793	15,120	16,673
Costa Rica	35	56,319	26,784	29,535
Côte d'Ivoire	297	13,020	6,192	6,828
Dominican Republic	103	13,323	6,336	6,987
Ecuador	151	74,486	35,424	39,062
El Salvador	55	15,139	7,200	7,939
Fiji	8	37,243	17,712	19,531
Gambia	28	3,633	1,728	1,905
Georgia	19	2,120	1,008	1,112
Ghana	323	9,084	4,320	4,764
Guatemala	191	47,538	22,608	24,930
Guyana	7	29,673	14,112	15,561
Honduras	86	32,096	15,264	16,832
India	12,033	9,386	4,464	4,922
Indonesia	2,229	16,048	7,632	8,416
Iran	587	37,546	17,856	19,690
Jamaica	22	42,391	20,160	22,231
Jordan	85	39,060	18,576	20,484
Kazakhstan	137	22,406	10,656	11,750
Kyrgyzstan	53	3,028	1,440	1,588
Lao People's Democratic Republic	75	25,434	12,096	13,338
Lebanon	46	65,100	30,960	34,140

Country or territory	INDIVIDUAL EARNINGS			
	Number of 10-year-old girls, thousands	PATH 1 (Investment) Total individual earnings, in \$ 2015-2030	PATH 2 (Non-investment) Total individual earnings, in \$ 2015-2030	PATH 1 - PATH 2 Difference in \$
Lesotho	24	16,956	8,064	8,892
Liberia	60	5,450	2,592	2,858
Madagascar	317	8,478	4,032	4,446
Malawi	244	6,056	2,880	3,176
Malaysia	250	35,729	16,992	18,737
Mali	253	8,478	4,032	4,446
Mauritania	51	17,562	8,352	9,210
Mauritius	9	13,323	6,336	6,987
Mexico	1,143	20,892	9,936	10,956
Moldova, Republic of	20	12,414	5,904	6,510
Mongolia	25	18,470	8,784	9,686
Morocco	288	56,622	26,928	29,694
Mozambique	396	16,653	7,920	8,733
Myanmar	513	13,928	6,624	7,304
Nepal	318	11,809	5,616	6,193
Niger	291	10,598	5,040	5,558
Pakistan	2,000	18,773	8,928	9,845
Panama	34	36,940	17,568	19,372
Paraguay	65	59,650	28,368	31,282
Peru	280	38,454	18,288	20,166
Philippines	1,012	18,470	8,784	9,686
Romania	103	65,100	30,960	34,140
Samoa	2	26,040	12,384	13,656
Senegal	200	11,203	5,328	5,875
Serbia	48	55,713	26,496	29,217
Sierra Leone	88	19,379	9,216	10,163
Sri Lanka	174	8,781	4,176	4,605
Sudan	513	13,020	6,192	6,828
Swaziland	15	9,992	4,752	5,240
Syria	226	30,885	14,688	16,197
Tajikistan	84	8,781	4,176	4,605
Tanzania	747	3,633	1,728	1,905
The former Yugoslav Republic of Macedonia	11	60,255	28,656	31,599
Timor-Leste	14	18,167	8,640	9,527
Togo	97	12,414	5,904	6,510
Tunisia	80	17,865	8,496	9,369
Turkey	653	116,877	55,584	61,293
Uganda	577	303	144	159
Ukraine	210	21,195	10,080	11,115
Uzbekistan	260	8,175	3,888	4,287
Viet Nam	664	19,681	9,360	10,321
Zambia	232	12,414	5,904	6,510

Demographic dividend: how it works

A demographic dividend is the potential for economic growth that can result from shifts in a population's age structure when the share of the working-age population (15 to 64) expands relative to the non-working-age population (14 and younger, and 65 and older).

A demographic dividend is linked to a demographic transition, which begins when child and infant death rates decrease in

response to increased access to vaccines, antibiotics, safe water, sanitation and better nutrition.

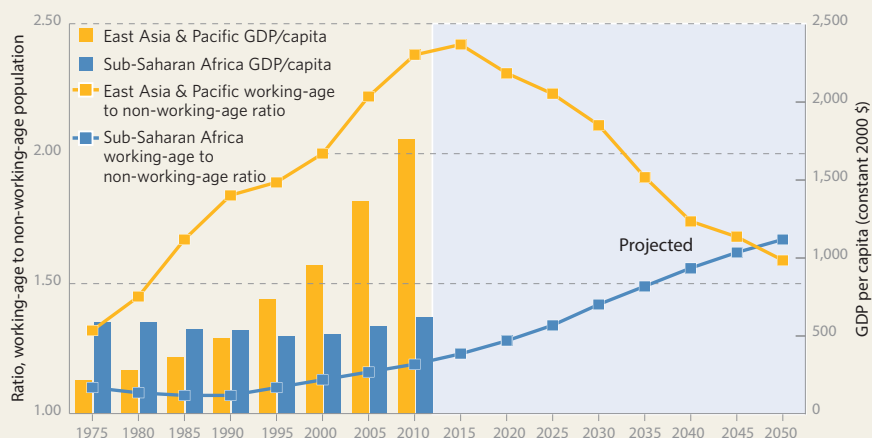
A baby boom results from the increased number of children who survive past age 5. As couples realize that they do not need to have as many children to reach their desired family size, fertility rates then begin falling. And over time, desired family size itself decreases. The time lag between the drop in

fertility and the drop in child and infant death creates a population rise, or "bulge," which moves up in age over time. This baby-boom cohort reaches maturity at a time when relatively fewer children are being born, greatly increasing the ratio of the working-age population to the non-working-age population, with a related increase in work and savings. This effect is further augmented by the rise in women's labour-force participation, which accompanies the decline in fertility.

The high ratio of workers to children dependent on them creates the potential for a major boost to economic growth, as resources that might otherwise be needed to support dependants can instead be diverted to savings and human capital.

The demographic dividend can account for an estimated two percentage points of annual growth in income per capita. The economic boost is magnified over time because gains are compounded. However, the economic gains associated with a demographic dividend are not automatic. Reaping higher levels of income depends in part on the human capital development of the younger population. Young people who are healthy

GDP per capita and the ratio of working-age to non-working-age population skyrocketed in East Asia and Pacific while it remained flat in sub-Saharan Africa



(Bloom et al., 2014)

THE DEMOGRAPHIC DIVIDEND

As a country transitions from high mortality and fertility to low mortality and fertility, a young, working-age population emerges and can propel economies forward

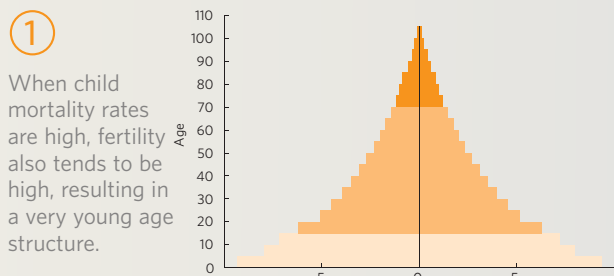
PRE-TRANSITION

▲ HIGH MORTALITY ▲ HIGH FERTILITY

KEY INVESTMENTS TO

reduce child mortality through

- Childhood vaccinations
- Primary health
- Sanitation
- Safe drinking water



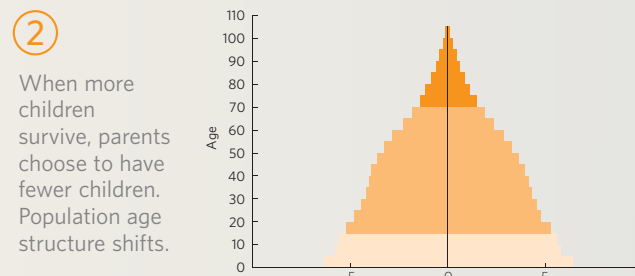
EARLY TRANSITION

▼ REDUCED MORTALITY ▲ HIGH FERTILITY

KEY INVESTMENTS TO

empower girls, give them choices through

- Secondary education
- Comprehensive sexuality education
- Access to sexual and reproductive health information, services and supplies, including contraceptives



and educated as they reach working age have the potential to be more productive than peers who are not. Productivity also depends on access to employment and capital. Realizing a demographic dividend therefore also depends on the effective operation of labour and capital markets, institutions and policy.

Much of the evidence for the demographic dividend comes from the rise of East Asian economies between the 1960s and 1990s. The dividend accounts for as much as one third of the rise in incomes in the region during that period.

Comparing the experiences of East Asia and sub-Saharan Africa illustrates how population trends can affect incomes in different ways over time.

In the 1960s, although East Asia and sub-Saharan Africa had similar fertility rates, incomes were higher in the latter region.

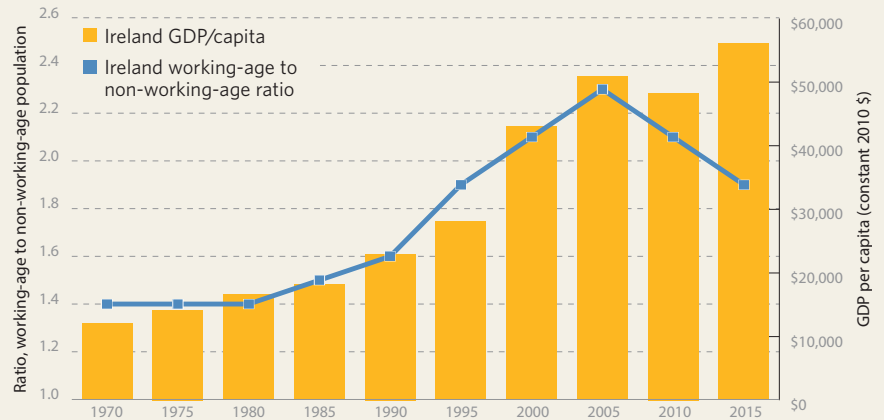
In the 1970s, however, fertility in East Asia fell rapidly, which meant that the proportion of that region's working-age population grew larger than the proportion of younger, dependent people. Meanwhile, in sub-Saharan Africa, fertility changed very little and the proportion of the working-age population did not start growing until much

later, around 1990, and even then at a slower rate. Today, East Asia has roughly 2.4 working-age individuals for every dependant, compared with 1.2 working-age individuals for every dependant in sub-Saharan Africa.

Income growth has closely tracked these demographic changes in both regions, offering a compelling explanation of East Asia's economic outperformance of sub-Saharan Africa.

Industrialized countries have also reaped demographic dividends. Ireland, for example, saw rapid declines in infant and child death in the 1960s and 1970s but continued to have high rates of fertility until 1980, when modern contraception became accessible. The fertility rate sharply decreased, falling by one third in 10 years, initiating a surge in the working-age population relative to the population of dependent children. This translated into remarkable growth in per capita income.

Ireland's demographic dividend



(United Nations, Department of Economic and Social Affairs, Population Division, 2015; World Bank, 2016)



LATE TRANSITION

- ▼ REDUCED MORTALITY
- ▼ LOW FERTILITY

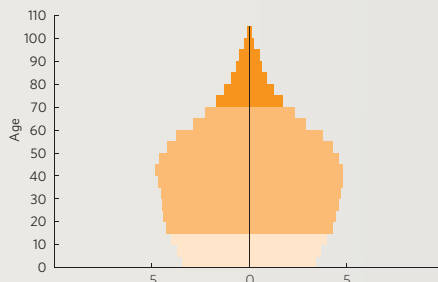
KEY INVESTMENTS TO

spur economic growth, expand employment of young people through

- Macroeconomic management
- Open trade
- Good governance
- Well-functioning labour and financial markets

③

The size of the working-age population grows while the share of young dependent population shrinks.



DEMOGRAPHIC DIVIDEND IS REALIZED

- When young people are healthy and educated and equipped to seize opportunities
- When more resources are available for productive investment
- When per capita incomes and standards of living rise
- When poverty is reduced





5

CHAPTER

IGNITING THE POTENTIAL

Age 10 is a critical juncture in a girl's life. What is happening now in her home, community and nation will determine the trajectory for the rest of her life. At this age, everything is about to change. In some parts of the world, she is old enough to be forced into marriage. She might be forced to stop attending school. Later in adolescence, it is likely that her first sexual experience will be coerced. In a couple of years, she might be a mother. Her rapidly accelerating life may careen towards a destination characterized by poverty and powerlessness.

Photo: © UNFPA



Fifteen years from now, when we are to have realized the United Nations Sustainable Development Goals, today's 10-year-old will be 25 years old. An adult.

If governments, communities and families do the right thing, the 25-year-old will be healthy, empowered and economically productive and contributing in some way to internationally agreed objectives, such as the elimination of poverty.

The crossroads of age 10 symbolizes not just a juncture in a girl's life, but in a nation's. Much of what this adolescent will accomplish and achieve, and have the capacity to contribute in his or her lifetime, is determined at this point. Thus it is imperative that policies and

programmes are in place to support 10-year-olds as they begin their journey to adulthood.

Quality education, age-appropriate sexual and reproductive health information and services, an end to child marriage, programmes to prevent and address gender-based violence and adequate nutrition will all play roles in improving a 10-year-old's prospects for the future.

Investing now in programmes and institutions that support 10-year-old girls is smart not only because it will increase the chances that girls will realize their full potential, but also because such investments will eliminate the need to address insidious problems, such as poverty, exclusion and chronic illness, as girls reach adulthood.



“ I like science. I want to be a nurse and treat the sick. I love my sister Sylvia because she buys me clothes. I like my friend Laura. She gives me books and pens. I will marry at 28 and have five children. I want quality education for all. ”

Gloria, 10
UGANDA

Photo: © UNFPA/Matthias Mugisha

The “world’s best investment”

Education is an incredibly powerful tool for reducing poverty and creating a healthier, more productive society. Above all, access to a quality education is a human right.

Educating girls has been described as the “world’s best investment” because it increases economic opportunity for women and girls, increases a nation’s productivity and economic growth and leads to a cycle of healthier, better educated children (Sperling and Winthrop, 2016).

Global policy priorities in girls’ education have so far largely focused on equal access to primary education, with much success: globally there has been about an 80 per cent increase in girls’ enrolments during the past 20 years, with two thirds of countries displaying near-equal numbers of boys and girls enrolled at the primary level (Winthrop and McGivney, 2015).

Progress in girls’ enrolments in secondary education, however, has not been as impressive. In low-income countries, on average 80 girls per 100 boys are enrolled in upper secondary school, and only 70 per cent of girls who complete primary school transition into secondary school (Winthrop and McGivney, 2015).

Research has shown that education yields the highest return when it is attained to secondary or tertiary levels. Studies have identified about a 10 per cent increase in wages later in life per additional year of schooling, with evidence revealing slightly higher returns for women at 11.7 per cent versus 9.6 per cent for men. The higher the level of education, the greater the return. At the secondary level alone, studies have identified links between secondary education and higher wages, increased national income, smaller more sustainable families, reduced inequalities and a reduction in severe poverty (Sperling and Winthrop, 2016).

There are also links between increased education and HIV reduction; recent studies have shown that the HIV disease burden predominantly falls on the less educated. As evidenced by a 2015 study conducted in Botswana, every year of additional schooling has the potential to yield an 8 per cent reduction in the risk of HIV infection (Grépin and Bharadwaj, 2015). Today, more than 1,000 adolescent girls are infected with HIV every day (UNAIDS, 2013). Evidence has shown that the more educated girls are, the better equipped they will be later in life to make decisions about their bodies, and the better able they will be to implement protective measures, such as using condoms (UNAIDS, 2013).

Evidence has shown that the more years of education an adolescent girl receives, the later she is likely to marry and begin childbearing (Malhotra et al., 2011). The benefits of continued education highlight the crucial need for early, preventive intervention to ensure that communities and families understand the benefits and value of continued education. There is also a need for strategies that address alternative education pathways and re-enrolment programmes for girls who have fallen out of mainstream education because of marriage, motherhood or other reasons.

Many of the education-related actions that may enable countries to realize a demographic dividend are also helpful in making sure that 10-year-old girls are in school and stay in school at least through the secondary level:

- *Making school attendance more affordable and manageable for girls’ families.* In Malawi, for example, the Government provides scholarships, stipends and cash transfers for poorer families. Girls also receive school meals and food to take home with them. Studies from as early as 1999 have shown that better nutritional outcomes

correlate strongly with better educational outcomes, particularly for girls (Scaling Up Nutrition, 2016; Smith and Haddad, 1999).

- *Improving water, sanitation and hygiene infrastructure in schools.* This reduces the incidence of waterborne disease and illness for all children and reduces absenteeism. It is also particularly important for girls to have safe, clean, private facilities as they reach puberty.
- *Reducing the time and distance to get to school.* When schools are built closer to the communities they serve, it becomes easy for girls to attend class. Also, offering flexible school schedules can make attendance easier for girls who have work responsibilities at home.
- *Providing childcare programmes.* Some studies have shown that free or affordable childcare in schools can make attendance easier for girls who care for their younger siblings (Miske Witte and Associates, 2007).
- *Protecting girls from gender-based violence in school or on the way to and from it.*
- *Improving school quality by improving teaching standards and hiring more qualified teachers.* Good teachers are strongly linked to success at school. In the United States, research found that a good or great teacher may be the equivalent of a gain in learning of up to 1.5 years. For girls, who generally spend fewer years at school, quality teachers are especially important. Quality education has the power to provide a girl with the knowledge to make informed decisions about her future: knowledge and skills to find a career that will provide her, her family, and her community with economic and physical security in the long term, but also immediate knowledge about her value, her health and her body (Sperling and Winthrop, 2016).
- *Increasing community engagement to sustain gains made in education for girls.* The involvement

of the community and parents—especially mothers—in the management of schools and committees is linked to improved outcomes for girls. Successful initiatives include explicit agreement to educate girls as well as boys, community influence over teacher recruitment, and greater community involvement in school operations.

- *Maintaining access to education, even in the wake of natural disasters or during conflict* (Sperling and Winthrop, 2016).

Access to information and services

At age 10, a girl may already go through puberty, and thus, in some parts of the world, be considered ready for marriage and, soon afterward, for childbearing. An understanding of her own body is therefore critical to a girl as she enters adolescence.

Comprehensive sexuality education is a critical source of age-appropriate information for millions of girls around the world.

There is clear evidence that comprehensive sexuality education has a positive impact on sexual and reproductive health and helps reduce sexually transmitted infections, including HIV, and unintended pregnancy (UNESCO, 2015a).

Comprehensive sexuality education also has a demonstrated impact on improving knowledge and self-esteem, changing attitudes and gender and social norms, and building agency. This is particularly critical during adolescence, as young people make the transition into adulthood.

Evidence has confirmed that sexuality education does not hasten sexual activity but has a positive impact on safer sexual behaviours and can delay sexual debut. As with all curricula, comprehensive sexuality education must be delivered in accordance with national laws and policies.



My one wish...
To have my own bike!

ORTILIA

GUATEMALA



Photo: © UNFPA/Margret Masanga

Comprehensive sexuality education for adolescents between ages 10 and 14 is critical because this age marks a key transition between childhood and older adolescence and adulthood, setting the stage for future sexual and reproductive health and gendered attitudes and behaviours (Igras et al., 2014).

Primary education is now compulsory in almost every country, making this an important vehicle for reaching a large number of children in a cost-effective manner (UNESCO, 2015a). Starting sexuality education in primary school allows children to identify and report inappropriate behaviour, including child abuse, and develop

healthy attitudes about their own body and relationships.

To maximize the effectiveness of sexuality education, it must be comprehensive in the information and skills it imparts. It must also have broad coverage.

Where sexuality education is not compulsory, many students will not reap its benefits (UNESCO, 2015a).

A recent review showed that about 80 per cent of 48 countries covered in the study have policies or strategies that support comprehensive sexuality education (UNESCO, 2015a).

In recent years, a noticeable shift has occurred in the comprehensive sexuality education landscape: from programmes that are solely informative to ones that also discuss gender norms and rights (Haberland and Rogow, 2015). Research has shown that when gender and power dynamics are addressed in sexuality and HIV-education programmes, they are five times more likely to be effective (Haberland, 2015). A study of programmes that addressed gender and power showed that 80 per cent of them were linked to lower rates of unintended pregnancy or sexually transmitted infections. Only 17 per cent of programmes that did not address gender or power were linked to reductions in unintended pregnancy and sexually transmitted infections (Haberland, 2015).

Adolescents who are old enough to need sexual and reproductive health services, including contraception, are often blocked from accessing these services. Sometimes, laws prohibit access. In other cases, it is community norms or even a judgmental service provider who refuses access. Around the world, however, governments and civil society have been tearing down barriers that prevent adolescents, especially girls, from obtaining services. Some emerging and successful programmes are targeting the sexual and reproductive health of girls as they enter adolescence, while others have targeted older adolescents.

India launched a national adolescent health strategy, Rashtriya Kishor Swasthya Karyakram (RKSK), in 2014 (Government of India, Ministry of Health and Family Welfare, 2014). The initiative, based on principles of participation, rights, inclusion, gender equity and strategic partnerships, helps expand adolescents' access to information and services. Adolescents as young as 10 have access to peer

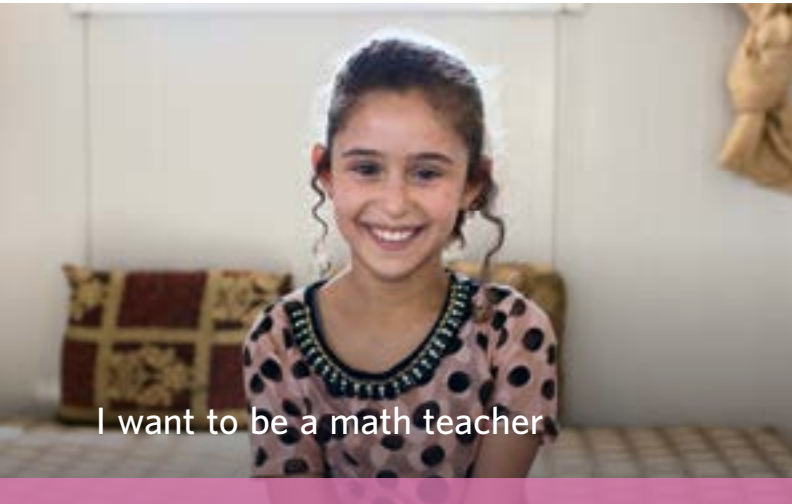
support, mental and reproductive health services and medical care for survivors of gender-based violence.

The recently launched DREAMS initiative strives to reduce new HIV infections among adolescent girls in 10 sub-Saharan African countries. The programme assists young girls to transition into Determined, Resilient, Empowered, AIDS-free, Mentored and Safe women (PEPFAR, 2016).

Gavi, the Vaccine Alliance, is working to fight cervical cancer in developing nations, with aims to provide the human papillomavirus vaccine to more than 30 million girls as young as 9 years old by 2020 (Gavi, 2012, 2013).

From 2010 to 2013, CARE's Tesfa programme ("hope" in Amharic) provided sexual and reproductive health information and services, information about saving and investing money, and a range of lessons such as caring for newborns and communicating in relationships to 5,000 married girls between the ages of 10 and 19 in Ethiopia. An evaluation by the International Center for Research on Women found that the programme resulted in significant gains in communication between young wives and their husbands, decreased levels of gender-based violence, improved mental health among participants, increased investment in productive economic assets, improved knowledge and use of sexual and reproductive health services and increased social capital and support compared with the baseline. For example, 78 per cent of girls who received sexual and reproductive health information during the programme were using contraception after the three-year programme concluded—an increase of 27 percentage points compared with the start of the programme (Edmeades et al., 2014).

WHAT I WANT TO BE WHEN I GROW UP

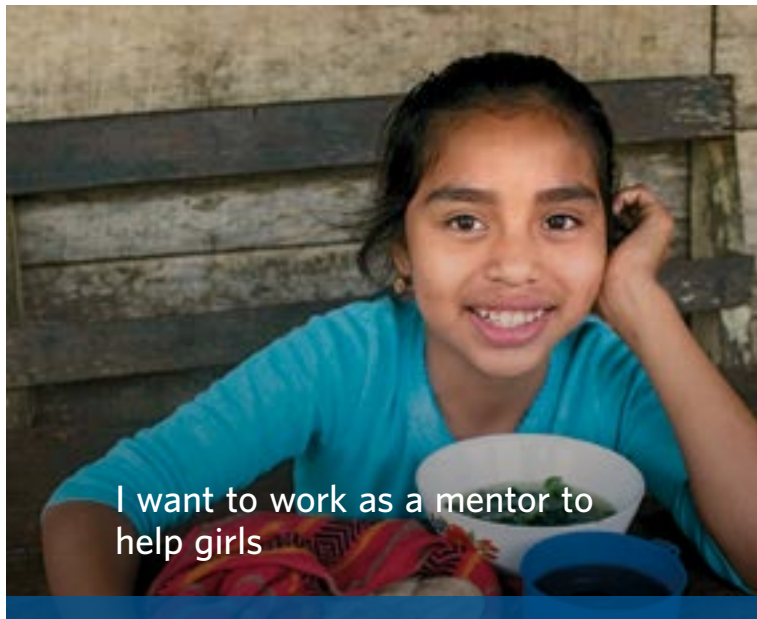




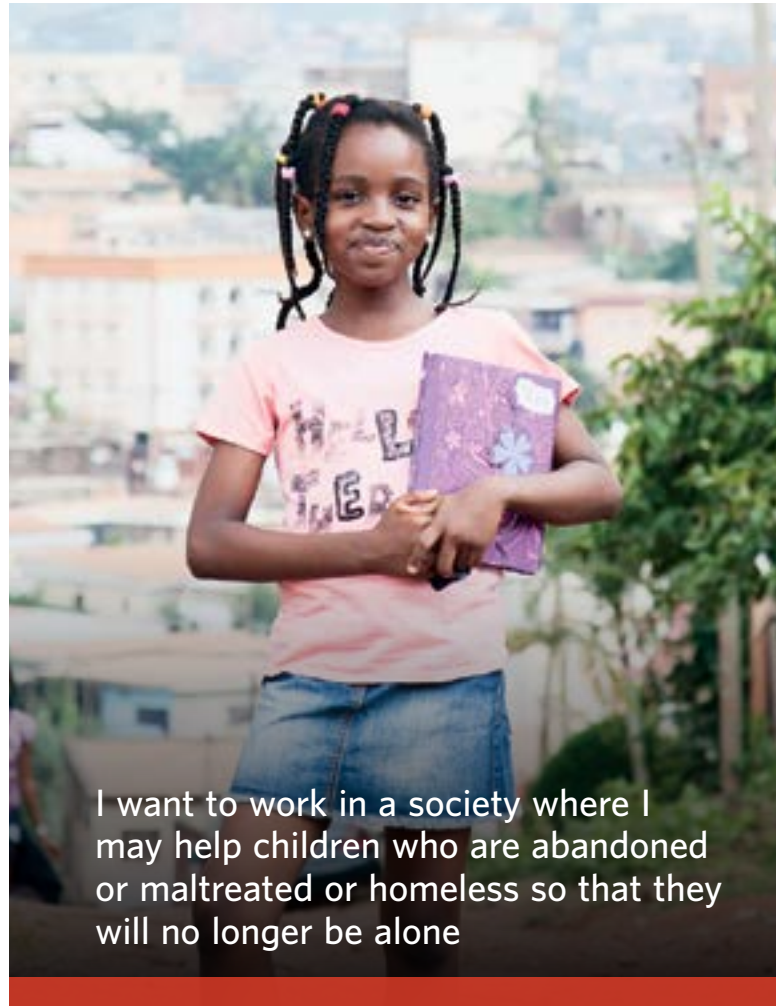
A farmer or archaeologist



A physical education teacher or police officer



I want to work as a mentor to help girls



I want to work in a society where I may help children who are abandoned or maltreated or homeless so that they will no longer be alone



A teacher

Protecting girls from child marriage

Every day, nearly 47,700 girls around the world are married before age 18.

In some parts of the world, a girl who begins menstruating may soon be married against her will. Marrying early limits educational attainment opportunities and future prosperity, increases the likelihood of intimate-partner violence and the risk of early and unwanted sexual contact, and may increase the risk of sexually transmitted infections (Population Council, 2015).

Protecting a girl from child marriage requires interventions that reach her before age 10—before puberty, when vulnerability to this harmful practice accelerates.

An evaluation of 23 child marriage-prevention programmes by the International Center for Research on Women showed that strategies typically include:

- empowering girls with information, skills and support networks
- educating and mobilizing parents and community members
- enhancing the accessibility and quality of formal schooling for girls
- offering economic support and incentives for girls and their families
- fostering an enabling legal and policy framework.

The evaluation showed that programmes that fostered information, skills and networks for girls yielded the strongest and most consistent results. Programmes that had the least impact on reducing child marriage were those that attempted to address the problem only at a macro-level, by, for example, changing laws.

A body of evidence is emerging that programmes that help poor girls stay in school and protect their health help reduce the incidence of child marriage.

In Kenya, for example, incentives to enrol and stay in school, coupled with an HIV-awareness and prevention programme, delayed marriage for 12 per cent of girls and 40 per cent of boys.

The Population Council led a study in Bangladesh from 2012 to 2016 to determine whether skills-building programmes for girls could reduce the incidence of child marriage. The Bangladeshi Association for Life Skills, Income and Knowledge for Adolescents, or BALIKA, study included a randomized controlled trial involving more than 9,000 girls, ages 12 to 18, in 72 intervention communities and 24 control communities in three districts. Three intervention communities received one of three interventions for 18 months, while a fourth control group received no interventions. The three interventions were:

- education—girls in school received tutoring in English and mathematics, and out-of-school girls received computing or financial training
- gender- and rights-awareness training—girls received life-skills training focusing on gender, rights and negotiation, critical thinking and decision-making
- skills training—girls received training in computers, entrepreneurship, mobile phone servicing, photography and basic first aid.

Common elements across the intervention areas were community engagement and safe spaces for girls, where participants could meet weekly with mentors and peers, make friends with other girls and have access to technology training and a library.

Results showed that girls in the intervention communities were one third less likely to be married as children than the control group. Those receiving educational inputs or gender and rights training were 31 per cent less likely to be married, and those receiving livelihood skills training were



My one wish...

That my family and I may travel to France or Germany

ROSITA

ALBANIA

23 per cent less likely to be married than those in the control group.

Across the intervention groups, girls were more likely to be attending school, and more likely to seek and receive sexual and reproductive health care. Community engagement, local mentors and safe spaces for girls were elements common to all. While BALIKA focused on adolescent girls ages 12 and older, the programme could be easily adapted to reach girls as young as 10 (Population Council, 2016).

Similarly, CARE's Tipping Point programme uses innovation, insight and influence to address child

marriage in Bangladesh and Nepal. Focusing on geographically and economically isolated areas, the programme aims to develop viable alternative paths for adolescent girls (CARE, 2014). Tipping Point also aims to raise awareness of gender issues among boys, who may one day have children of their own and may have a positive influence on protecting the rights and opportunities of their daughters. The programme emphasises local solutions to local causes, including understanding the complex drivers of early marriage, including social pressures around family honour, and local perceptions of risk and benefit.



Photo: © UNFPA/Claudia Porras

Protecting girls from gender-based violence

Girls around the world are vulnerable to sexual, physical and psychological violence in and around schools and in public spaces. Vulnerabilities increase when a girl reaches puberty. The risk of violence leads many parents to stop their daughters from attending school. Also, girls who are forced into marriage are at risk of experiencing intimate-partner violence (Lundgren and Amin, 2015).

Action to prevent gender-based violence—and to make it safer for girls to attend school—must encompass prevention and response activities and “whole-of school” approaches that involve students, parents, teachers, community members and local organizations in finding solutions. An integrated approach, recognizing that gender-based violence within schools is related to gender-based violence outside of schools, is essential to effect change. Codes of conduct, safety policies, systems for confidentially reporting gender-based violence and girl-only spaces, such as clubs, have all been found to help address the problem (Sperling and Winthrop, 2016; Taylor et al., 2010).

A project that promoted gender-equitable attitudes and behaviours among adolescents and their communities reduced gender-based violence and improved sexual and reproductive health among adolescents in post-conflict northern Uganda. At the completion of the Gender Roles, Equality and Transformation Project, 48 per cent of participating adolescents reported believing that women and men were equal, compared with 37 per cent in a control group. Similarly, 43 per cent of participating adolescents reported using contraception, compared with 33 per cent of the control group (Institute for Reproductive Health et al., 2014).

Tearing down barriers to gender equality: the roles of men, boys, parents and communities

Empowering 10-year-olds socially and economically benefits girls themselves and has the potential to transform their communities. But empowerment requires tearing down the numerous and complex barriers to equality and changing negative attitudes.

The Action for Adolescent Girls programme of UNFPA, the United Nations Population Fund, aims to protect marginalized girls’ rights, delay marriage and pregnancy and elevate their status in their communities (UNFPA, 2014). The programme is providing adolescent girls, some as young as 10, with opportunities for social participation and leadership, life-skills training and literacy, as well as access to health care, including age-appropriate sexual and reproductive information and health care services.

Parents and communities play an important role in achieving gender equality. A programme led by the United States Centers for Disease Control and Prevention, for example, teaches parents and caregivers of 9-to-12-year-olds how to talk about issues such as gender norms and gender-based violence. So far, 300,000 families have participated in the programme, which has been adapted for use in eight other countries (Centers for Disease Control and Prevention, 2014).

Men and boys can be important allies and supporters of girls’ empowerment. Engaging them in programmes that promote gender equality can therefore contribute to lasting change.

Ideas about manhood are deeply ingrained. From an early age, boys may be socialized into gender roles designed to keep men in power and in control. Many are conditioned to believe that dominant behaviour towards girls and women is part of being a man.

Risk-taking and aggressive sexual behaviour on the part of young men may be applauded by peers and condoned by society on some level. These stereotypes result in harm to both females and males and erode prospects for satisfying and mutually respectful relationships.

Many UNFPA-supported programmes seek to increase men's and boys' involvement in initiatives that promote gender equity, equality and women's empowerment. They aim to increase men's comfort with seeing themselves as responsible, caring and non-violent partners or peers.

Programmes that recognize that gender roles and relations are intertwined with cultural, religious, economic, political and social circumstances are more likely to have a positive impact. They are based on the idea that gender relations are not static and can be changed.

Gender-transformative programmes targeted to boys, such as CARE's Young Men Initiative, strive to reshape traditional notions of what it means to "be a man" and how boys are expected to behave from childhood into adulthood. Working with boys from an early age is more likely to cultivate gender-equitable attitudes and a reduction in gender-based violence (CARE, 2013).

The success of any male engagement in girls' rights and empowerment should ultimately be reflected in measures of improvements in girls' well-being. Rather than relying on men's and boys' self-reported changes in attitudes and behaviours, there must be realistic, private and safe ways for girls themselves to assess and report whether their lives have changed for the better (Bruce, 2009a).

Scale up

Through small-scale and pilot efforts around the world, 10-year-old girls have gained access to services and support that have helped build their human capital, skills, agency and autonomy. These attributes in turn have helped delay marriage and pregnancy and keep them on a safe and healthy path to adulthood.

At the same time, community-level actions aimed at promoting gender equality, and local and national efforts to prevent and address gender-based violence have begun to yield positive results.

The challenge now is to scale up and adapt successful interventions so that they reach more girls in more places and effect change in more communities.

Measures to help a 10-year-old girl to stay in school until she completes secondary education are absolutely critical because education leads to later marriage, delayed pregnancy, better health, higher lifetime earnings and better chances that she will be a healthy, productive adult, realizing her full potential 15 years from now.

Every girl everywhere has the right to be empowered and informed and to make her own decisions and choices in life. Yet, untold millions of 10-year-old girls are unable to exercise these rights and are therefore likely to see their life trajectories go from bad to worse.


But through a concerted effort by governments, civil society, communities and international institutions to learn from and replicate successful initiatives in places as diverse as India, the United States and Ethiopia, the world can transform every 10-year-old girl's future and ignite her full potential.



My one wish...
I would like to be a police officer

SAMANTHA

BRAZIL



CHAPTER 6

IMAGINE AND ACT

transforming the world
for every 10-year-old girl

By 2030, the world could be a dramatically different place for a 10-year-old girl. If the United Nations goals for inclusive, equitable and sustainable development are achieved in 15 years, every 10-year-old will have every opportunity to be healthy, protected and in school. She would not be married or mutilated against her will. Her rights would be upheld in the law and fully supported through broad social consensus. She would no longer be left far behind the 10-year-old boy.

Photo: © UNFPA/Maks Levin



Some 10-year-old girls in the world today already have many of these advantages. And by the time they reach 25 in 2030, they will be fully equipped for a productive and rewarding adulthood. They will be more likely to make sound choices about how to live and where to work and how to raise a family, yielding wider benefits to their societies and economies.

But many other 10-year-old girls, at 25, will be struggling in poverty and with multiple, closely spaced pregnancies—and some will already have their own 10-year-old daughters. Their skills will be limited; their susceptibility to abuse high; their avenues for advancement uncertain—all of which will reverberate in the development deficits of their countries.

It is not too late to prevent the latter scenario. The course towards marginalization and loss can be corrected—and measures put in place to prevent it from reoccurring. But countries and all the people involved in the life of a 10-year-old girl have to start acting now.

No country in the world can yet claim that it delivers all rights and opportunities to which the 10-year-old girl is entitled. All nations have work to do, even though the actions they must take will vary.

Richer countries have sound health and education systems in general, but still have to deliver fully on commitments to sexual and reproductive health and rights, protection against violence, and norms that undercut girls' self-value, among other issues. These are also priorities in poorer countries. Many poorer countries have been focused on making strides in primary education and basic health care. They now need to extend these achievements upward, including through quality secondary schooling and health care tailored to the 10-year-old girl's changing physical and psychological needs.

The clock on the United Nations 2030 Agenda for Sustainable Development is ticking. The 10-year-old girl is growing up. What will it take to transform her world? Our world?

Every 10-year-old girl should enjoy her human rights

National laws, translated through supportive legal practices, are the foundation for upholding rights and ending all forms of discrimination against girls, as recognized in the United Nations 2030 Agenda for Sustainable Development. The 1989 Convention on the Rights of the Child, to which almost all countries are signatories, stipulates that children have human rights and are not simply the property of their parents. However, these rights often remain invisible or are undercut by statutes reflecting harmful lingering biases, as happens when laws allow child marriage.

Commitment in law

A growing number of countries commit to gender equality in their constitutions, but these provisions could be further strengthened by explicitly extending coverage to all women *and* girls. In addition, aligning national laws with the human rights treaties that they have ratified or other agreements that offer protections to girls and women would help translate gender-equality rhetoric into action.

As a guiding principle, legal frameworks should protect young adolescents from harm and recognize their growing autonomy, since with the right safeguards, they can make responsible decisions (The Lancet Commissions, 2016). Blanket bans on access to contraceptives, for example, have done little to slow the expression of adolescent sexuality, with consequences that are particularly onerous for girls. Comprehensive sexuality education, coupled with access to a range of contraceptive options and other sexual and reproductive health-care services,

on the other hand, allows adolescents to start making choices suitable for them, while reducing rates of pregnancy and HIV transmission. Legal minimum ages for contraceptive access and HIV testing may be overly blunt instruments that often fail to extend protections to all who need them.

Countries should enact and enforce comprehensive laws to ban practices that harm adolescent girls. These include female genital mutilation and child marriage. A minimum age of marriage should be set at 18, avoiding ambiguous definitions such as “puberty,” which begins as early as age 8 in girls. Laws to stop all forms of violence against girls must cover all locations—at home, in schools, on the street, online or in any other venue—and all perpetrators, including family members. Legislation should reflect the reality that gender may make girls more vulnerable to violence, including sexual violence, than boys, with one implication possibly being a requirement for more comprehensive girl-focused services to prevent and respond to abuse.

Other reforms could look at proactively closing gaps in realizing the rights of girls and boys—such as the right to education. Legal requirements for a minimum level of schooling need to be the same for girls and boys, for instance, and if there is a de facto lag in girls’ performance, education systems should be required to act on it, towards achieving equality in practice.

Action in legal practice

Reforms to the letter of the law will mean little without equal changes to legal practice. An important element in stopping child marriage, for example, is requiring marriage registration in all cases, and calling on all elements of the judicial system to uphold compliance. Training for judicial officials active on cases involving girls should prepare them to act with sensitivity and confidentiality, to counteract

discriminatory tendencies linked to gender and age, and to perform their duties first and foremost in line with girls’ human rights.

Awareness among 10-year-old girls is equally important. They need to start learning about their human and legal rights, and where they can get support and protection if needed, whether through health or legal aid services, peer groups, school mentorship programmes or other options.

Every 10-year-old girl should have equal opportunities

Every girl should have equal opportunities to be healthy, educated at a level appropriate to her age, and empowered to participate in choices affecting her—these are, after all, her rights. Support to grow and develop must reach girls regardless of where they are—in well-off and poor communities, in urban and rural areas, and at any stage of migration or displacement. This offers the added benefit of spurring demographic transition and the size of any associated demographic dividend.

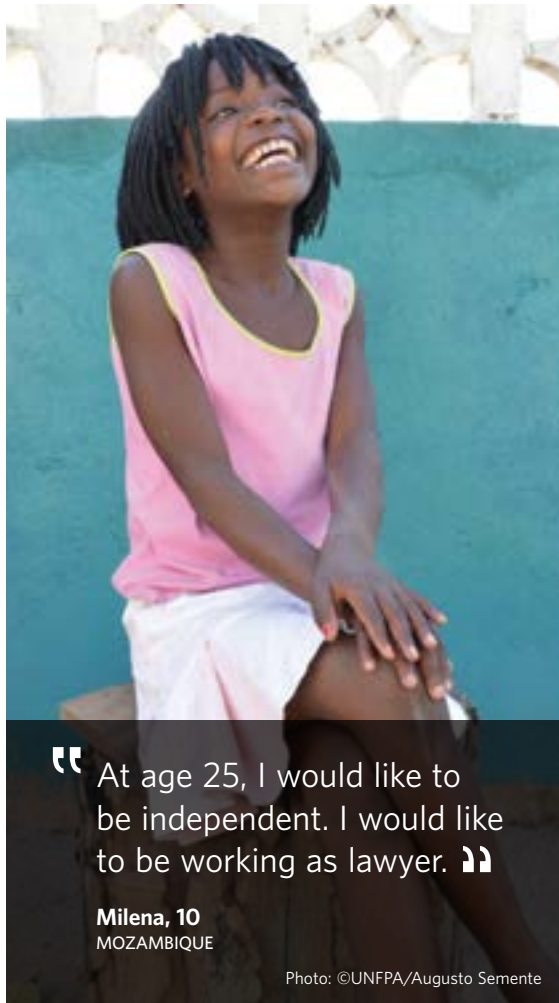
A safe, high-quality school helps girls complete an education

A quality education is both a right and a path to realizing many other human rights for the 10-year-old girl, yet 16 million girls between ages 6 and 11 will never start school, twice the number of boys (World Bank Group, 2016).

Girls are less likely to enter secondary school, and in many settings, to complete it. This is a great loss for the girl on many fronts. Schooling should help girls not just acquire skills to eventually work, but also communicate and negotiate in the world, claim their rights, and secure resources for themselves and their future families (Sperling and Winthrop, 2016). School should build self-confidence, the ability to envisage and plan for the future, a sound

understanding of gender equality and safe relationships and an ability to persevere in the face of adversity.

For countries where secondary education is not yet universal, education policy needs to be oriented in that direction, in line with commitments in the 2030 Agenda. Mandatory secondary education might be one measure to stem higher dropout rates among girls in many countries. Important strategies for girls at all levels include having male and female teachers and school leaders who have been trained in gender sensitivity and can model gender equality. Curricula should be free of gender stereotypes, and should encour-



age critical thinking, including on discriminatory norms (Population Reference Bureau, 2016). Competitive scholarships, opportunities for vocational training, mentorships and career role models can help keep girls in school.

Schools need to be safe and clean, and offer sanitation facilities for girls because the lack of any of these attributes can cause parents to end their education. Having schools that are close by and ensuring that classes are structured so girls can return home before dark can also encourage parents and reduce risks of gender-based violence. All-girl classes and complementary “safe” learning spaces can provide girls with room to develop decision-making and leadership skills that may be more difficult to cultivate in places where these skills are mostly reserved for men and boys. Extracurricular sports can also be important for empowerment (Sperling and Winthrop, 2016).

In developed countries, Latin America and the Caribbean, and East Asia and the Pacific, girls now outperform boys in education (UNICEF, 2011), but countries still face the challenge of closing gaps for girls left behind as a result of poverty, disability, ethnicity and other factors. Some higher-income countries have increasingly adopted narrowly focused academic measurements of student achievement, posing the risk that schools lose their equally critical role in developing social skills, a course with particular consequences for girls struggling to manage competing sources of information, including media, that shape self-perceptions in negative ways (The Lancet Commissions, 2016).

All countries need education policies to allow girls who become pregnant to stay in school and return to school after giving birth. Quality non-formal and catch-up options should be available for girls whose education has been derailed for reasons ranging from working as child labourers to being forced into sex work.

Appropriate health care should reach all young adolescent girls

High-quality health care is a critical complement to a quality education, allowing girls to learn better. Targets in the 2030 Agenda stipulate the attainment of universal access to sexual and reproductive health services and universal health coverage. Right now, however, a girl from a poor community in many countries will intersect with the health system only for immunizations as a toddler, and then not again until her first pregnancy (Bruce, 2009a). Adolescents have the lowest levels of health coverage of any age group (The Lancet Commissions, 2016), and represent an obvious next step in the drive for universal coverage.

Strategies need to be tailored specifically to the needs of young adolescents, and specifically to girls, recognizing their shorter biological childhood, and the social reality that around 10 their bodies will increasingly be seen as assets that others use for work, sexuality and fertility (Bruce, 2006). One measure could be an automatic check-up at age 10 that screens girls for diseases like malaria, nutritional deficits such as anaemia, reproductive and sexual health risks including pregnancy and HIV infection, mental health issues and signs of gender-based violence. Such sessions could also offer opportunities for beginning to inform girls about their rights (Bruce, 2009a).

Making existing health services more responsive to the needs of young adolescents has generally proven more effective than setting up new service points specifically for them. Services must be of good quality, involve strict protection of privacy, and be free or low cost as has been done in some cases for children under age 5 (Santhya and Jejeebhoy, 2015). Service providers need to know how to communicate and be non-threatening, and should be trained to avoid discriminatory

attitudes and practices linked to gender, age or socioeconomic circumstances. Community outreach should ensure that parents and young adolescents—girls and boys—are aware of what is available, and that it may be accessed with or without parental involvement. This may require different strategies for girls and boys, who may be found in different places in their community, as well as tailored messages for health concerns particular to both groups.

At a time of rapid brain development comparable only to infancy, adolescence sees the emergence of risks that may pose immediate health threats or cause disease later in life. Some risks link to gender dynamics. Girls whose physical movements are constrained and who are less engaged in sports and exercise, for example, may be more prone to obesity, which is on the rise in many countries. Mental health deficits, while still poorly measured, can correlate to experiences of gender discrimination and violence, and contribute significantly to death and disability, with suicide now the leading cause of death among older adolescent girls (World Health Organization, n.d.).

These issues underscore the increasing importance of prevention and intervention efforts early in adolescence, before potentially harmful behaviours take root. Home garden programmes, for instance, have helped raise iron levels and staunch high rates of anaemia among girls, and improve overall nutrition (The Lancet Commissions, 2016). These programmes can also impart empowering skills, such as modern agricultural practices, which rural girls in particular will use later in life to their economic advantage. They can be part of education around healthy eating that girls will likely apply someday in their own families, and that can be the foundation for future healthy pregnancies.

Strive for universal comprehensive sexuality education

An essential element of preventing health risks is age-appropriate, comprehensive sexuality education. Countries should consider adopting it, starting at age 10, since where it is provided, the typical starting point at age 12 is too late for many girls. It should be available not only in schools but also for the millions of girls who are not enrolled. Tailored appropriately to distinct age groups, it should cover biological as well as social and psychological aspects of sexuality. Girls should be able to explore risks, and nurture life skills and positive values around issues such as respect for human rights and diversity, participation, gender equality, and vulnerabilities and exclusion (UNFPA, 2014a).

Where comprehensive sexuality education has helped girls understand gender and power dynamics, it has proven to be more successful in reducing pregnancy and sexually transmitted infections (Santhya and Jejeebhoy, 2015). Including vocational training or other mechanisms such as savings groups can contribute to these outcomes, as well by orienting girls around a vision for their future. In Latin America, comprehensive sexuality education is already widely available, but could be expanded to cover the prevention of non-communicable diseases as well as mental health concerns (Santhya and Jejeebhoy, 2015).

Participation is the route to active citizenship

As they arrive at age 10, girls should start learning to be active leaders and citizens. Participation is a fundamental right that also stimulates the development of personality and individual capacities, and may help in overcoming discrimination and inequalities. In learning about their rights and active citizenship, girls can bring fresh perspectives to family and school issues, and even to the development of their communities (UNICEF, 2011).

This process could be launched in comprehensive sexuality education courses, but also requires additional venues for girls to practise and expand new skills. School speaking or debate clubs, community forums with space reserved for girls to voice their ideas, and youth parliaments that include younger age cohorts are among the options. Processes to foster participation need to be carefully managed, however, since many end up dominated by adults, and even among young adolescents, girls are already likely to be more reticent than boys.

Every 10-year-old girl should be protected from risks

Risks abound for the 10-year-old girl, many with lifelong consequences. One essential protection from these risks is as simple as a birth certificate. Signifying legal “personhood,” it is a passport to a wide range of services and entitlements, and safeguards against abuse. While roughly equal numbers of boys and girls are missing birth certificates, the implications for girls can be more severe, such as a lack of proof that child marriage is taking place. Birth registration should be free and compulsory, and upheld by law (UNICEF, 2003).

Stopping the tide of gender-based violence

Girls everywhere in the world are at risk of violence linked to their gender, age or both; some studies suggest that the majority of females who experience sexual violence do so for the first time in adolescence (UNICEF, 2014). Many cases of violence, even those already deemed illegal, are never reported. While progress has been made in developing services to prevent and respond to violence against women and against children, these are still far from universal. Much more needs to be done to respond to the specific needs of young adolescent girls, including as part of the 2030 Agenda commitment to eliminating all forms of violence against girls.



My one wish...
That I grow up to be a responsible person

TEMAWELASE

SWAZILAND

Steps forward might include outreach to at-risk girls through schools, community venues or places where they gather, as well as dedicated helplines or even mobile apps, which may be more accessible given constraints on mobility or concerns about confidentiality. Special units in the police and court systems, staffed in large part by women, can improve detection and reporting, as could networks of community child protection officers in some countries. Staff should be trained to interact skilfully with both girls and caretakers who might support or block access. Girls also need knowledge of what violence is and how they can protect themselves, including by speaking up to report it.

Efforts to protect girls once violence has occurred should include full access to reproductive health care and counselling in cases of rape, regardless of the age of the girl, and a thorough shielding against longstanding attitudes that treat a violation as her fault, which in the most extreme cases end in horrific practices such as so-called honour killings. Married girls can be assisted through actions to lower pressure to become pregnant, improve reproductive health care, and ensure they can continue their education and acquire livelihood skills (Population Reference Bureau, 2016).

Providing means to cope with poverty

In poor countries, and in poor communities in better-off countries, poverty adds significantly to the risks girls face. With the lowest status in the family, girls end up serving as a kind of coping mechanism. If extreme weather related to climate change destroys a crop, or armed conflict sends people fleeing across a border, or people lack assets or skills to pursue better opportunities, girls will be the first to be short-changed on food, health care and education. They may be married off to reduce household expenditures—or sold and trafficked.

Social protection programmes can mitigate these risks—but they need to be alert to girls’ specific vulnerabilities and dynamics within households that favour boys. If more girls than boys consistently drop out of school, for example, cash transfer systems can incentivize households to sustain girls’ education, with added benefits possibly coming from lower rates of child marriage and pregnancy, as has been the case in Malawi (Sanfilippo et al., 2012). Where countries adopt a social protection floor, guaranteeing a minimum standard of well-being for all citizens, success needs to be measured partly in terms of whether this fully ensures the rights of all girls are met.

No 10-year-old girl should be left behind

The 2030 Agenda commits to leaving no one behind. Some girls, already likely to be left behind because of their age and gender, are even more vulnerable because of factors such as ethnicity or place of residence. Even very well-designed laws, policies and interventions targeted generally at 10-year-old girls may not adequately address these factors.

If equity for all 10-year-old girls is the objective, special measures may be required for those left furthest behind. In some countries, sensitization may be needed to expose discriminatory practices that have long gone unnamed and unquestioned. If these practices are more visible, a process can begin of developing programmes to correct them. Affirmative action measures, as one option, can address imbalances in power and access by opening opportunities to girls who might otherwise never find them. Where resources are scarce, equity implies that they go first to those most in need.

Systematic analysis should underpin this process, and be integrated across policymaking. For instance, why are marriage rates higher among young adolescents in a particular ethnic group?

Are national legal systems extending sufficient protection? Are there information gaps related to language? If 10-year-olds in rural areas drop out of school at higher rates than those in cities, is it because there are not enough female teachers? Or the lack of skilled jobs has left girls and their families seeing no future economic benefit to remaining in school?

Early adolescence is also a time to proactively correct for inequities that may manifest later as the 10-year-old becomes an adult, and even into the next generation. A girl from an impoverished background, married early and a mother soon after, taught that other people make decisions for her, has a very poor chance of ever forging a better life for herself or her family (The Lancet, 2013).

Every 10-year-old girl should receive her fair share of resources

Decisions about the investment of public and private resources can have long-lasting implications for the 10-year-old girl. If resources are inadequate in early childhood, she will arrive at 10 with a variety of disadvantages. If they continue to be inadequate, and fail to shift in response to her changing needs, the disadvantages will only worsen and become permanently embedded in her adult life. Adequate and well-targeted investments at every stage, by contrast, make a profound contribution to the well-being of the 10-year-old girl and to more prosperous societies, including through the demographic dividend.

The current underinvestment in young adolescents has not been quantified, but a sense of the economic costs is visible in some calculations—and the social costs can be imagined, particularly in poorer countries facing severe constraints in financing their development.

Girls in most countries still complete secondary school at lower rates than boys, for instance, even

though an increase of just 1 per cent in girls' completion rates can boost per capita income growth by 0.3 per cent (World Bank Group, 2016). Child marriage accounts for up to a third of girls who drop out of secondary school; it imposes additional costs through greater population growth and lower wages for women. Eliminating child marriage in Niger alone could produce benefits of more than \$25 billion from 2014 to 2030 (Wodon et al., 2015). By one estimate, India loses \$56 billion a year as a result of adolescent pregnancy, high secondary school dropout rates and joblessness among young women (International Center for Research on Women, 2013a).

Making new investment choices

Rectifying these losses and realizing the rights of girls depend on new investment choices. The completion of a quality secondary education for all girls is one major priority, building on successful investments in recent years that have greatly expanded primary schooling. Another priority is comprehensive sexuality education starting before puberty or, at the latest, by age 10. As well, more could be invested in nutrition and mental health care during early adolescence. In most countries, anti-violence efforts have yet to meet the enormous scale of different forms of abuse against girls. Humanitarian relief efforts have been slow to take gender-responsive actions on board, much less those specific to girls.

Other investments could aim to mitigate factors that result in girls leaving school. Many relate to the burden of unpaid work in homes. Childcare facilities and early childhood development schemes—a commitment in the 2030 Agenda—have a double benefit of relieving young adolescent girls from caring for younger siblings, and giving the youngest children, girls and boys, a jump start on their future education. Infrastructure to deliver water to homes

and communities could reduce the tedious hours that many girls still spend fetching water each day, while improving crop yields and sanitation.

Tracking the equitable allocation of funds

Exercises to review the collection and spending of public resources can reveal whether policy choices are well-aligned with the rights of a 10-year-old girl. Disaggregated by sex and age, these can show, for example, whether health care spending on young children goes disproportionately to boys, or whether tax policy favours incentives for large businesses, even as spending cuts reduce specialized outreach services to help girls in poor communities stay in school. A number of countries have begun applying gender- and child-responsive budgeting exercises; these need to expand in scope. They could start with priority sectors such as health and education. But they should eventually extend to cover all public resources, not just those traditionally associated with women and children, and make strong connections between gender and different stages of life.

Every 10-year-old girl should be visible in the numbers

With its 17 Sustainable Development Goals and 169 targets, the 2030 Agenda will likely revolutionize the national collection of data and statistics as countries begin to measure progress, including for the 10-year-old girl. Beyond the Agenda's call for girls in all countries to be equal and empowered, targets stipulate addressing the nutritional needs of adolescent girls, ensuring that all girls complete quality secondary and pre-primary education, eliminating all forms of violence against girls in public and private arenas, providing adequate sanitation and hygiene for girls, and eliminating child marriage and female genital mutilation.

Developing new data

Most countries will be faced with developing new data to track progress on these issues—nutrition may already be measured for young children, for instance, but not adolescent girls. Other numbers will be required to better match the reality of long-standing problems such as the large unmet need for contraceptives. Measures here often start at age 15, even though adolescents just below that age may have large unmet needs as well.

Realizing any commitment to the well-being of the 10-year-old girl also rests on more detailed information about young adolescents and gender norms, parental attitudes to schooling and health, mental health, the quality of education, engagement in household and community decision-making, and early access to economic assets such as savings accounts, among other issues.

Making more of existing data

In some cases, more use could be made of current data, such as from national censuses, which could be better analysed to reveal a clearer picture of the lives of young adolescents. These figures could also be combined in imaginative ways with new sources of data, such as satellite maps depicting climate shifts, to see if novel information on vulnerabilities faced by adolescents could be extracted.

The Demographic and Health Surveys, and Multiple Indicator Cluster Surveys conducted in some countries could evolve through the addition of retrospective questions about issues such as reproductive health knowledge and attitudes among 15-to-19-year-olds to capture information about young adolescence. Rich information on 10-year-olds is now emerging from the World Health Organization's Global School-based Student Health Survey series, but no parallel exists yet for those who are out of school.



My one wish...

I wish for a bicycle so that I can ride to school with my friends

TUONG ANH

VIET NAM

In both developing and industrialized countries, some level of technical capacity will have to be built to produce data required for the 2030 Agenda. This is an opportunity to extend not only the types of data, but also their coverage, ideally down to the community level. Finer degrees of disaggregation could capture inequities faced by young adolescent girls in general, as well as girls vulnerable to different forms of marginalization. More nuanced analyses could help not only to highlight problems but also to pinpoint solutions.

Every 10-year-old girl should be supported by the people in her life

As she enters adolescence, a girl is rapidly absorbing the norms accepted by her society. Many of these define her subordinate position at home and elsewhere (Population Reference Bureau, 2016). Left unquestioned, they may harm her now and throughout her adult life. Empowerment programmes for girls can help them avoid the

internalization of negative norms, and absorb notions grounded in their human rights, such as to marry when they choose, work in whatever profession suits their ability or live free from violence.

Norm changing also needs to involve all the people who surround 10-year-old girls. Harmful norms result in parents thinking that school is not for girls, in educators steering girls into low-paying “feminine” jobs, in health-care providers refusing to provide reproductive health information and services, in police choosing to believe a parent who claims not to be abusing a girl over the testimony of the girl herself. Failing to recognize the power of norms to shape behaviour can undercut the effectiveness of all interventions otherwise aimed at greater well-being for the 10-year-old girl.

Many ways to change a norm

The process of changing norms can involve many strategies. Aiming for a demonstration effect, where

10 ESSENTIAL ACTIONS FOR THE

LAWS		SERVICE		
1	2	3	4	5
Stipulate legal equality for girls, backed by consistent legal practice.	Ban all harmful practices against girls, and make 18 the minimum marriage age.	Provide safe, high-quality education that fully upholds gender equality in curricula, teaching standards and extracurricular activities.	In working towards universal health care, institute a 10-year-old mental and physical health check-up for all girls.	Provide universal comprehensive sexuality education when puberty begins.

behaviour change precedes norm change, is one avenue, as when parents start seeing economic or other tangible benefits from educating girls. Parenting programmes can teach notions of equality and offer tools, ideally sensitive to different contexts, for translating those principles into raising girls. Such programmes can stress positive interactions, inform parents about opportunities for their daughters, and may provide entry points for moving away from still widely accepted corporal punishment practices.

Training of service providers in all fields relevant to girls is critical to ensuring that they uphold positive norms based on girls' human rights and transmit them to the people they work with, avoiding situations where, for instance, female genital mutilation is illegal, but the majority of violations are perpetrated by doctors. Awareness campaigns can build momentum and encourage large cross-sections of people to start thinking in new ways, such as on birth registration, where one major barrier is parents failing to understand its importance.

Other efforts can aim at changing gender norms among boys at an early age, such as 10. Boys who learn to think and act in non-discriminatory ways can educate their parents on behalf of their sisters, for instance. They may be less likely to perpetrate violence against girls, such as through bullying or sexual harassment, and may uphold egalitarian notions once married.

Where norms are more sensitive or controversial, as may be the case around many issues in sexual and reproductive health, there may be a need for guided dialogues, at the community or other levels, that allow people to explore accepted norms and see for themselves whether new norms might better protect the well-being of their daughters. Champions of positive norms, such as local leaders and religious figures, including influential women, can be powerful and convincing voices for change in these cases. Men and boys may be well positioned to persuade other men and boys to discard discriminatory ways of thinking.

10-YEAR-OLD GIRL

POLICY

6

Institute a rigorous and systematic focus on inclusion, acting on all factors rendering girls vulnerable to being left behind.

INVESTMENTS

7

Track and close investment gaps in young adolescent girls.

8

Mobilize new funds for mental health, protection and reducing unpaid work that constrains options for girls.

DATA

9

Use the 2030 Agenda data revolution to better track progress for girls, including on sexual and reproductive health.

NORMS

10

Engage girls, boys and all the people around them in challenging and changing gender discriminatory norms.

Women, youth and reproductive health advocates have all been leaders in changing norms, but mainly in their separate arenas. The well-being of the 10-year-old girl is in the interest of all and consistent with their principles. She could be a point where they join forces, unlocking rapid progress so that she is no longer left out and left behind.

Where will the 10-year-old girl be at 25?

In 2030, today's 10-year-old girl will be 25. In 15 years, as an empowered young woman, she could change the world. But she should not have to. It is up to the world to change for her.

In the 2030 Agenda, almost all countries have agreed to transform development so that it includes everyone and avoids destroying the planet that we all share, including with future generations. Transformation is a tall but feasible order. All nations will need to make new choices that manifest through far-reaching shifts in laws and legal practices, policies and services, investments, norms and the measurements of success.

We have every reason to put the 10-year-old girl at the very centre of all elements of this process. This is her right. It will be essential to inclusive development that leaves no one behind. And it will yield major social and economic dividends that benefit everyone.

If we do not put the 10-year-old girl at the centre, in 15 years, we will only be able to say that we failed yet another generation of girls and fell short of many other goals we set for our societies. Our commitment to transformation will echo as a tragically empty promise. And with the resources and understanding available in the world today, backed by the common blueprint of the 2030 Agenda, we will have no excuse for coming up short.





Indicators

Monitoring ICPD goals: selected indicators

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Demographic indicators

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Monitoring ICPD goals: selected indicators

Country,
territory or
other area

	Maternal and newborn health					Sexual and reproductive health					Education					
	Maternal mortality ratio (MMR): deaths per 100,000 live births ^a	Range of MMR uncertainty (UI 80%) 2015		Births attended by skilled health personnel, per cent ^b	Adolescent birth rate per 1,000 women aged 15-19 ^b	Contraceptive prevalence rate, women aged 15-49 2016		Unmet need for family planning rate, women aged 15-49 ^c	Proportion of demand satisfied, women aged 15-49 ^c	Proportion of demand satisfied with modern methods, women aged 15-49 ^c	Adjusted primary school enrolment, net per cent of primary school-age children, 1999-2015		Gender parity index, primary education 1999-2015	Secondary school enrolment, net per cent of secondary school-age children, 2000-2015		Gender parity index, secondary education 2000-2015
		2015	Lower estimate			Upper estimate	2006-2015				2006-2015	Any method ^d		Modern method ^d	2016	
Afghanistan	396	253	620	51	78	31	25	27	53	44	–	–	–	62	35	0.57
Albania	29	16	46	99	20	66	20	13	84	26	97	95	0.99	86	85	0.98
Algeria	140	82	244	97	12	60	52	13	82	71	98	96	0.98	–	–	–
Angola	477	221	988	47	191	19	13	28	41	28	95	73	0.77	14	11	0.81
Antigua and Barbuda	–	–	–	100	–	63	60	14	82	78	87	85	0.98	78	81	1.04
Argentina	52	44	63	97	68	62	58	15	80	76	100	99	0.99	85	91	1.07
Armenia	25	21	31	100	23	60	30	13	82	42	89	98	1.10	79	91	1.15
Aruba	–	–	–	–	34	–	–	–	–	–	99	99	1.00	73	81	1.10
Australia	6	5	7	99	14	68	65	10	87	83	–	–	–	–	–	–
Austria	4	3	5	99	8	67	65	10	87	84	–	–	–	–	–	–
Azerbaijan	25	17	35	97	47	57	23	14	81	32	96	94	0.98	89	87	0.98
Bahamas	80	53	124	98	30	67	65	12	85	82	94	99	1.06	80	86	1.07
Bahrain	15	12	19	100	14	66	44	11	85	57	–	–	–	–	–	–
Bangladesh	176	125	280	42	113	65	57	12	84	75	93	97	1.04	50	55	1.09
Barbados	27	19	37	98	50	61	57	16	79	75	91	92	1.02	86	92	1.06
Belarus	4	3	6	100	22	66	54	11	86	71	94	94	1.00	96	96	1.01
Belgium	7	5	10	–	7	69	67	9	88	87	–	–	–	–	–	–
Belize	28	20	36	96	64	59	54	17	78	72	100	98	0.99	67	71	1.06
Benin	405	279	633	77	94	18	11	31	37	23	100	88	0.88	50	34	0.68
Bhutan	148	101	241	75	28	68	67	10	87	85	88	90	1.03	59	67	1.14
Bolivia (Plurinational State of)	206	140	351	85	116	63	41	18	78	51	95	95	1.00	75	76	1.01
Bosnia and Herzegovina	11	7	17	100	11	49	18	17	74	27	98	99	1.01	–	–	–
Botswana	129	102	172	95	39	57	55	17	77	75	91	92	1.01	59	67	1.13
Brazil	44	36	54	98	65	79	75	8	91	87	94	94	1.00	79	85	1.07
Brunei Darussalam	23	15	30	100	17	–	–	–	–	–	–	–	–	–	–	–
Bulgaria	11	8	14	100	41	67	49	13	83	60	96	97	1.01	89	87	0.97
Burkina Faso	371	257	509	66	132	19	19	27	42	40	70	66	0.95	23	20	0.87
Burundi	712	471	1,050	60	85	29	25	29	49	42	95	97	1.02	25	25	0.99
Cambodia	161	117	213	89	57	59	42	12	83	59	96	94	0.98	40	37	0.92
Cameroon, Republic of	596	440	881	65	119	30	18	22	57	35	100	90	0.90	46	40	0.87
Canada	7	5	9	98	13	73	71	8	90	87	–	–	–	–	–	–
Cape Verde	42	20	95	92	90	62	59	15	81	76	98	98	1.00	65	74	1.14
Central African Republic	882	508	1,500	54	229	24	13	23	51	28	79	62	0.79	18	9	0.52
Chad	856	560	1,350	24	203	7	3	23	22	11	95	74	0.78	16	5	0.33
Chile	22	18	26	100	52	65	62	13	83	79	93	93	1.00	87	90	1.04
China	27	22	32	100	6	83	82	4	96	95	–	–	–	–	–	–
China, Hong Kong SAR	–	–	–	–	3	80	75	6	94	88	–	–	–	–	–	–
China, Macao SAR	–	–	–	–	3	–	–	–	–	–	–	–	–	–	–	–
Colombia	64	56	81	99	84	78	72	8	91	83	92	92	1.00	76	82	1.08

Monitoring ICPD goals: selected indicators

Country, territory or other area	Maternal and newborn health					Sexual and reproductive health					Education					
	Maternal mortality ratio (MMR): deaths per 100,000 live births ^a	Range of MMR uncertainty (UI 80%) 2015		Births attended by skilled health personnel, per cent ^b	Adolescent birth rate per 1,000 women aged 15-19 ^b	Contraceptive prevalence rate, women aged 15-49 2016		Unmet need for family planning rate, women aged 15-49 ^c	Proportion of demand satisfied, women aged 15-49 ^d	Proportion of demand satisfied with modern methods, women aged 15-49 ^e	Adjusted primary school enrolment, net per cent of primary school-age children, 1999-2015		Gender parity index, primary education 1999-2015	Secondary school enrolment, net per cent of secondary school-age children, 2000-2015		Gender parity index, secondary education 2000-2015
		2015	Lower estimate			Upper estimate	2006-2015				2006-2015	Any method ^f		Modern method ^g	2016	
Comoros	335	207	536	82	70	25	18	31	45	33	88	83	0.95	42	45	1.07
Congo, Democratic Republic of the	693	509	1,010	80	138	23	9	27	46	18	36	34	0.95	-	-	-
Congo, Republic of the	442	300	638	94	111	48	24	18	73	36	89	97	1.09	-	-	-
Costa Rica	25	20	29	97	61	79	76	6	93	89	96	96	1.00	76	80	1.05
Côte d'Ivoire	645	458	909	59	129	21	15	24	47	34	80	71	0.89	-	-	-
Croatia	8	6	11	100	12	66	43	11	85	56	-	-	-	-	-	-
Cuba	39	33	47	99	53	74	72	9	90	88	93	94	1.01	88	91	1.04
Curaçao	-	-	-	-	35	-	-	-	-	-	-	-	-	-	-	-
Cyprus	7	4	12	99	4	-	-	-	-	-	-	-	-	-	-	-
Czech Republic	4	3	6	100	11	78	69	7	92	82	-	-	-	-	-	-
Denmark	6	5	9	98	2	71	66	10	88	82	-	-	-	-	-	-
Djibouti	229	111	482	87	21	25	24	30	46	44	61	54	0.89	29	21	0.72
Dominica	-	-	-	100	47	63	60	14	82	78	96	99	1.03	76	82	1.07
Dominican Republic	92	77	111	98	90	72	69	11	87	83	86	85	0.99	61	70	1.14
Ecuador	64	57	71	94	-	73	61	9	89	75	96	98	1.02	81	84	1.04
Egypt	33	26	39	92	56	60	58	12	83	81	99	99	1.01	81	82	1.01
El Salvador	54	40	69	98	72	71	64	12	86	78	94	94	1.01	69	71	1.03
Equatorial Guinea	342	207	542	68	176	17	11	32	34	23	58	58	1.00	24	19	0.77
Eritrea	501	332	750	34	76	21	16	29	42	33	43	38	0.90	31	26	0.84
Estonia	9	6	14	99	16	65	59	12	84	77	-	-	-	-	-	-
Ethiopia	353	247	567	16	71	38	38	24	61	60	89	84	0.94	18	11	0.62
Fiji	30	23	41	100	28	50	44	19	72	63	96	98	1.03	79	88	1.11
Finland	3	2	3	100	7	75	72	8	91	88	-	-	-	-	-	-
France	8	7	10	97	6	74	72	6	92	90	-	-	-	-	-	-
French Guiana	-	-	-	-	87	-	-	-	-	-	-	-	-	-	-	-
French Polynesia	-	-	-	-	40	-	-	-	-	-	-	-	-	-	-	-
Gabon	291	197	442	89	114	35	22	25	58	37	-	-	-	-	-	-
Gambia	706	484	1,030	57	88	12	10	28	29	26	66	72	1.09	-	-	-
Georgia	36	28	47	100	41	53	37	17	76	54	96	94	0.98	92	92	1.00
Germany	6	5	8	99	8	67	62	10	87	81	-	-	-	-	-	-
Ghana	319	216	458	71	65	23	21	34	40	37	92	92	1.01	58	57	0.98
Greece	3	2	4	-	8	69	46	10	87	59	-	-	-	-	-	-
Grenada	27	19	42	99	-	64	61	13	83	78	97	97	1.00	81	84	1.03
Guadeloupe	-	-	-	-	-	59	51	16	78	69	-	-	-	-	-	-
Guam	-	-	-	-	54	54	45	17	76	64	-	-	-	-	-	-
Guatemala	88	77	100	66	91	58	48	17	77	65	89	89	1.00	48	45	0.95
Guinea	679	504	927	45	146	8	5	25	24	15	84	72	0.86	38	25	0.66
Guinea-Bissau	549	273	1,090	45	106	18	13	22	44	34	71	68	0.95	10	6	0.56
Guyana	229	184	301	92	74	46	44	26	64	62	86	84	0.97	82	83	1.00
Haiti	359	236	601	37	66	39	34	32	54	48	-	-	-	-	-	-
Honduras	129	99	166	83	101	73	64	11	87	77	95	95	1.01	46	53	1.16
Hungary	17	12	22	99	20	75	68	8	90	83	-	-	-	-	-	-

Monitoring ICPD goals: selected indicators

Country, territory or other area	Maternal and newborn health					Sexual and reproductive health					Education					
	Maternal mortality ratio (MMR): deaths per 100,000 live births ^a	Range of MMR uncertainty (UI 80%) 2015		Births attended by skilled health personnel, per cent ^b	Adolescent birth rate per 1,000 women aged 15-19 ^b	Contraceptive prevalence rate, women aged 15-49 2016		Unmet need for family planning rate, women aged 15-49 ^c	Proportion of demand satisfied, women aged 15-49 ^c	Proportion of demand satisfied with modern methods, women aged 15-49 ^c	Adjusted primary school enrolment, net per cent of primary school-age children, 1999-2015		Gender parity index, primary education 1999-2015	Secondary school enrolment, net per cent of secondary school-age children, 2000-2015		Gender parity index, secondary education 2000-2015
		2015	Lower estimate			Upper estimate	2006-2015				2006-2015	Any method ^d		Modern method ^d	2016	
Iceland	3	2	6	–	7	–	–	–	–	–	–	–	–	–	–	–
India	174	139	217	52	28	60	53	13	82	72	97	98	1.01	61	62	1.01
Indonesia	126	93	179	87	48	63	59	11	85	80	93	92	0.99	75	75	0.99
Iran (Islamic Republic of)	25	21	31	96	38	77	60	7	92	72	99	100	1.01	80	81	1.01
Iraq	50	35	69	91	82	55	38	14	80	55	98	87	0.89	49	40	0.81
Ireland	8	6	11	100	9	67	63	11	86	80	–	–	–	–	–	–
Israel	5	4	6	–	10	71	54	9	89	67	–	–	–	–	–	–
Italy	4	3	5	100	6	65	49	11	85	65	–	–	–	–	–	–
Jamaica	89	70	115	99	46	72	68	10	88	83	93	94	1.01	64	70	1.09
Japan	5	4	7	100	4	57	51	16	78	70	–	–	–	–	–	–
Jordan	58	44	75	100	26	62	43	12	84	58	88	87	0.99	83	88	1.06
Kazakhstan	12	10	15	100	36	56	53	15	78	74	100	100	1.00	92	94	1.02
Kenya	510	344	754	62	96	58	57	18	76	74	84	88	1.04	57	56	0.97
Kiribati	90	51	152	80	49	28	23	27	52	42	–	–	–	66	73	1.11
Korea, Democratic People's Republic of	82	37	190	100	1	70	63	11	87	78	97	97	1.00	–	–	–
Korea, Republic of	11	9	13	100	2	79	69	6	93	82	–	–	–	–	–	–
Kuwait	4	3	6	99	7	57	45	16	78	62	–	–	–	–	–	–
Kyrgyzstan	76	59	96	98	42	43	39	17	72	66	98	98	0.99	80	80	1.00
Lao People's Democratic Republic	197	136	307	42	94	55	47	17	76	65	96	94	0.98	52	50	0.96
Latvia	18	13	26	100	15	68	60	12	85	75	–	–	–	–	–	–
Lebanon	15	10	22	–	–	63	41	13	83	54	92	86	0.94	65	65	1.00
Lesotho	487	310	871	78	94	61	60	18	77	76	79	82	1.04	27	42	1.57
Liberia	725	527	1,030	61	149	21	20	31	40	39	39	37	0.95	–	–	–
Libya	9	6	15	100	6	49	29	19	72	43	–	–	–	–	–	–
Lithuania	10	7	14	100	14	64	53	13	83	70	–	–	–	–	–	–
Luxembourg	10	7	16	100	6	–	–	–	–	–	–	–	–	–	–	–
Madagascar	353	256	484	44	145	47	38	19	72	58	77	78	1.00	31	32	1.04
Malawi	634	422	1,080	90	136	59	56	18	76	73	90	96	1.06	33	33	0.98
Malaysia	40	32	53	99	13	57	42	15	79	58	–	–	–	–	–	–
Maldives	68	45	108	96	14	43	35	24	64	52	97	96	0.98	45	51	1.14
Mali	587	448	823	59	172	13	12	27	32	30	67	60	0.90	39	30	0.76
Malta	9	6	15	100	13	81	60	5	94	71	–	–	–	–	–	–
Martinique	–	–	–	–	20	61	54	15	80	71	–	–	–	–	–	–
Mauritania	602	399	984	65	71	15	13	31	33	29	73	77	1.05	24	22	0.92
Mauritius	53	38	77	100	29	76	54	7	92	66	96	98	1.02	79	80	1.01
Mexico	38	34	42	96	83	73	67	11	87	81	97	98	1.01	66	69	1.04
Micronesia (Federated States of)	100	46	211	100	33	–	–	–	–	–	86	88	1.03	–	–	–
Moldova, Republic of	23	19	28	99	27	64	46	13	83	60	90	90	1.00	77	77	1.01
Mongolia	44	35	55	99	27	58	52	14	80	72	96	95	0.99	85	88	1.03
Montenegro	7	4	12	99	12	35	11	23	60	19	–	–	–	–	–	–
Morocco	121	93	142	74	32	69	58	10	88	75	99	99	1.00	59	53	0.90
Mozambique	489	360	686	54	167	19	17	27	40	37	90	85	0.95	18	18	1.00

Monitoring ICPD goals: selected indicators

Country, territory or other area	Maternal and newborn health					Sexual and reproductive health					Education					
	Maternal mortality ratio (MMR): deaths per 100,000 live births ^a	Range of MMR uncertainty (UI 80%) 2015		Births attended by skilled health personnel, per cent ^b	Adolescent birth rate per 1,000 women aged 15-19 ^b	Contraceptive prevalence rate, women aged 15-49 2016		Unmet need for family planning rate, women aged 15-49 ^c	Proportion of demand satisfied, women aged 15-49 ^c	Proportion of demand satisfied with modern methods, women aged 15-49 ^c	Adjusted primary school enrolment, net per cent of primary school-age children, 1999-2015		Gender parity index, primary education 1999-2015	Secondary school enrolment, net per cent of secondary school-age children, 2000-2015		Gender parity index, secondary education 2000-2015
		2015	Lower estimate			Upper estimate	2006-2015				2006-2015	Any method ^d		Modern method ^d	2016	
Myanmar	178	121	284	71	22	53	50	16	77	72	88	87	0.99	48	49	1.02
Namibia	265	172	423	88	82	58	57	17	78	77	89	92	1.03	45	57	1.27
Nepal	258	176	425	56	71	53	49	23	70	64	98	96	0.98	58	63	1.08
Netherlands	7	5	9	-	5	68	65	10	87	84	-	-	-	-	-	-
New Caledonia	-	-	-	-	23	-	-	-	-	-	-	-	-	-	-	-
New Zealand	11	9	14	97	19	71	67	9	89	84	-	-	-	-	-	-
Nicaragua	150	115	196	88	92	79	75	7	92	87	97	100	1.03	45	53	1.17
Niger	553	411	752	40	206	16	10	18	47	31	66	57	0.86	19	13	0.67
Nigeria	814	596	1,180	38	122	17	12	22	43	30	71	60	0.84	-	-	-
Norway	5	4	6	99	5	78	71	6	93	85	-	-	-	-	-	-
Oman	17	13	24	99	13	39	26	28	58	38	97	97	1.00	94	89	0.94
Pakistan	178	111	283	52	44	40	29	20	66	48	79	67	0.85	46	36	0.79
Palestine ¹	45	21	99	100	67	57	44	15	79	61	93	93	1.00	77	84	1.10
Panama	94	77	121	91	91	62	58	15	80	75	97	96	0.99	75	81	1.07
Papua New Guinea	215	98	457	53	65	38	29	25	60	47	90	84	0.92	-	-	-
Paraguay	132	107	163	96	63	77	68	6	92	82	89	89	1.00	67	66	1.00
Peru	68	54	80	90	65	74	53	9	89	64	95	96	1.01	77	79	1.03
Philippines	114	87	175	73	57	55	39	18	76	54	95	99	1.04	62	74	1.19
Poland	3	2	4	100	14	69	48	10	87	62	-	-	-	-	-	-
Portugal	10	9	13	-	10	77	70	7	92	84	-	-	-	-	-	-
Puerto Rico	14	10	18	-	36	78	69	6	93	82	-	-	-	-	-	-
Qatar	13	9	19	100	13	44	37	19	70	59	-	-	-	-	-	-
Reunion	-	-	-	-	44	72	70	9	89	86	-	-	-	-	-	-
Romania	31	22	44	99	39	69	54	10	88	70	92	91	0.99	86	86	1.00
Russian Federation	25	18	33	100	27	69	56	10	88	72	-	-	-	-	-	-
Rwanda	290	208	389	91	45	54	48	19	74	65	95	97	1.03	-	-	-
Saint Kitts and Nevis	-	-	-	100	-	60	55	16	79	74	80	83	1.04	81	85	1.04
Saint Lucia	48	32	72	99	42	57	54	17	78	73	95	93	0.97	80	81	1.01
Saint Vincent and the Grenadines	45	34	63	99	70	65	62	13	84	80	92	91	0.99	84	87	1.03
Samoa	51	24	115	83	39	32	31	42	44	42	97	98	1.02	75	84	1.12
San Marino	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
São Tomé and Príncipe	156	83	268	93	92	41	37	32	56	50	97	95	0.98	44	51	1.15
Saudi Arabia	12	7	20	98	7	38	31	24	61	51	98	95	0.97	82	79	0.95
Senegal	315	214	468	53	80	19	17	30	38	36	70	76	1.09	23	18	0.77
Serbia	17	12	24	98	22	58	23	13	81	33	98	99	1.01	91	93	1.02
Seychelles	-	-	-	99	56	-	-	-	-	-	94	95	1.01	72	78	1.09
Sierra Leone	1,360	999	1,980	60	125	17	15	26	40	35	100	99	0.99	39	35	0.90
Singapore	10	6	17	100	3	66	58	11	86	75	-	-	-	-	-	-
Sint Maarten	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Slovakia	6	4	7	99	21	71	59	10	88	74	-	-	-	-	-	-
Slovenia	9	6	14	100	5	75	64	8	90	78	-	-	-	-	-	-
Solomon Islands	114	75	175	86	62	39	32	21	64	53	82	79	0.97	42	42	0.99

Monitoring ICPD goals: selected indicators

Country, territory or other area	Maternal and newborn health					Sexual and reproductive health					Education					
	Maternal mortality ratio (MMR): deaths per 100,000 live births ²	Range of MMR uncertainty (UI 80%) 2015		Births attended by skilled health personnel, per cent ³	Adolescent birth rate per 1,000 women aged 15-19 ³	Contraceptive prevalence rate, women aged 15-49 2016		Unmet need for family planning rate, women aged 15-49 ²	Proportion of demand satisfied, women aged 15-49 ²	Proportion of demand satisfied with modern methods, women aged 15-49 ²	Adjusted primary school enrolment, net per cent of primary school-age children, 1999-2015		Gender parity index, primary education 1999-2015	Secondary school enrolment, net per cent of secondary school-age children, 2000-2015		Gender parity index, secondary education 2000-2015
		2015	Lower estimate			Upper estimate	2006-2015				2006-2015	Any method ⁵		Modern method ⁵	2016	
Somalia	732	361	1,390	33	123	25	7	29	46	13	-	-	-	-	-	-
South Africa	138	124	154	94	46	65	64	12	84	83	83	94	1.13	59	69	1.16
South Sudan	789	523	1,150	19	158	8	3	30	20	8	47	34	0.71	-	-	-
Spain	5	4	6	-	8	67	63	12	84	80	-	-	-	-	-	-
Sri Lanka	30	26	38	99	20	72	56	8	91	71	98	96	0.98	84	87	1.04
Sudan	311	214	433	23	87	17	14	28	37	31	53	56	1.05	-	-	-
Suriname	155	110	220	91	65	52	51	19	73	72	91	92	1.01	49	60	1.21
Swaziland	389	251	627	88	87	65	62	15	82	78	79	78	0.99	31	38	1.24
Sweden	4	3	5	-	3	70	62	10	88	77	-	-	-	-	-	-
Switzerland	5	4	7	-	2	77	72	6	92	87	-	-	-	-	-	-
Syrian Arab Republic	68	48	97	96	54	58	42	15	79	57	72	70	0.98	47	46	0.99
Tajikistan	32	19	51	87	54	34	31	22	61	55	98	98	1.00	88	79	0.90
Tanzania, United Republic of	398	281	570	49	95	42	35	22	65	54	81	82	1.01	-	-	-
Thailand	20	14	32	100	60	78	76	6	93	91	93	92	0.99	77	82	1.06
The former Yugoslav Republic of Macedonia	8	5	10	100	19	49	18	18	73	26	89	88	0.98	83	81	0.97
Timor-Leste, Democratic Republic of	215	150	300	29	51	31	28	26	54	49	96	99	1.03	48	56	1.16
Togo	368	255	518	59	85	22	20	33	40	35	96	90	0.93	32	15	0.48
Tonga	124	57	270	98	30	35	30	28	56	48	99	99	1.00	71	80	1.12
Trinidad and Tobago	63	49	80	100	36	51	44	19	73	64	99	98	0.99	70	75	1.07
Tunisia	62	42	92	99	6	65	54	10	86	72	99	98	0.99	-	-	-
Turkey	16	12	21	97	29	74	48	6	92	60	94	93	0.99	88	85	0.97
Turkmenistan	42	20	73	100	21	58	51	15	80	71	-	-	-	-	-	-
Turks and Caicos Islands	-	-	-	-	29	-	-	-	-	-	-	-	-	-	-	-
Tuvalu	-	-	-	98	42	35	28	28	55	44	95	98	1.03	62	78	1.26
Uganda	343	247	493	57	140	31	29	33	49	45	92	95	1.03	24	22	0.95
Ukraine	24	19	32	99	27	67	51	10	87	67	96	98	1.02	88	89	1.01
United Arab Emirates	6	3	11	100	34	49	39	19	72	58	-	-	-	-	-	-
United Kingdom	9	8	11	-	19	81	80	5	94	92	-	-	-	-	-	-
United States of America	14	12	16	99	27	75	69	7	92	85	-	-	-	-	-	-
United States Virgin Islands	-	-	-	-	43	69	62	11	87	78	-	-	-	-	-	-
Uruguay	15	11	19	98	64	77	74	8	91	87	100	99	1.00	72	79	1.10
Uzbekistan	36	20	65	100	30	67	61	10	88	79	93	91	0.97	-	-	-
Vanuatu	78	36	169	89	78	48	38	24	66	53	98	97	0.99	51	53	1.04
Venezuela (Bolivarian Republic of)	95	77	124	100	95	70	64	12	85	78	93	93	1.00	71	79	1.10
Viet Nam	54	41	74	94	36	77	65	7	92	79	-	-	-	-	-	-
Western Sahara	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Yemen	385	274	582	45	67	39	29	27	60	44	92	78	0.85	50	33	0.67
Zambia	224	162	306	64	145	52	46	20	73	65	88	90	1.02	-	-	-
Zimbabwe	443	363	563	78	110	66	65	11	86	84	86	87	1.02	44	44	1.01

World and regional data

	Maternal and newborn health					Sexual and reproductive health					Education					
	Maternal mortality ratio (MMR): deaths per 100,000 live births ¹	Range of MMR uncertainty (UI 80%) 2015		Births attended by skilled health personnel, per cent ^b	Adolescent birth rate per 1,000 women aged 15-19 ^b	Contraceptive prevalence rate, women aged 15-49 2016		Unmet need for family planning rate, women aged 15-49 ²	Proportion of demand satisfied, women aged 15-49 ³	Proportion of demand satisfied with modern methods, women aged 15-49 ³	Adjusted primary school enrolment, net per cent of primary school-age children, 1999-2015		Gender parity index, primary education 1999-2015	Secondary school enrolment, net per cent of secondary school-age children, 2000-2015		Gender parity index, secondary education 2000-2015
		2015	Lower estimate			Upper estimate	2006-2015				2006-2015	Any method ⁴		Modern method ⁵	2016	
Arab States	162	138	212	73	58	52	43	16	76	63	86	83	0.96	64	58	0.92
Asia and the Pacific	127	114	151	70^c	33^c	69	63	10	87	81	95	95	0.99	65	66	1.02
Eastern Europe and Central Asia	25	22	31	98	31	65^l	47^l	11^l	86^l	62^l	94	94	0.99	88	87	0.99
Latin American and the Caribbean	68	64	77	93^d	75^h	73^m	67^m	11^m	87^m	80^m	94	94	1.00	74	78	1.06
East and Southern Africa	455	419	556	56	109	40	35	23	63	55	87	85	0.98	34	32	0.93
West and Central Africa	676	586	862	48	127	18	13	24	43	31	77	68	0.89	38	31	0.83
More developed regions	12	11	14	99^e	18ⁱ	70	61	10	88	77	97	97	1.00	91	93	1.01
Less developed regions	238	228	274	68^f	56^j	63	57	12	84	76	91	90	0.98	62	61	0.99
Least developed countries	436	418	514	50^g	109^k	40	35	22	65	56	85	80	0.95	37	33	0.90
World	216	207	249	71	51	64	57	12	84	76	92	90	0.98	65	65	1.00

NOTES

– Data not available.

§ Data reflect only women currently married or in union.

a The MMR has been rounded according to the following scheme: <100, no rounding; 100-999, rounded to nearest 1; and >1,000, rounded to nearest 10.

b Includes surveys conducted between 2006 and 2015.

c Excludes Cook Islands, Marshall Islands, Nauru, Niue, Palau, Tokelau, and Tuvalu due to data availability.

d Excludes Anguilla, Aruba, Bermuda, British Virgin Islands, Cayman Islands, Curacao, Montserrat, Sint Maarten, and Turks and Caicos Islands due to data availability.

e Excludes Andorra, Belgium, Bermuda, Faeroe Islands, Gibraltar, Greece, Greenland, Iceland, Liechtenstein, Netherlands, Portugal, San Marino, Spain, Sweden, Switzerland, and United Kingdom due to data availability.

f Excludes American Samoa, Anguilla, Aruba, British Virgin Islands, Cayman Islands, China, Hong Kong SAR, China, Macao SAR, Cook Islands, Curacao, Dominica, French Guiana, French Polynesia, Guadeloupe, Guam, Israel, Martinique, Marshall Islands, Montserrat, Nauru, New Caledonia, Niue, Northern Mariana Islands, Palau, Puerto Rico, Reunion, Sint Maarten, Tokelau, Turks and Caicos Islands, Tuvalu, United States Virgin Islands, Wallis and Futuna Islands, and Western Sahara Islands due to data availability.

g Excludes Tuvalu due to data availability.

h Excludes Anguilla, Antigua and Barbuda, Bermuda, British Virgin Islands, Cayman Islands, Ecuador, Grenada, Montserrat, Sint Maarten, and Saint Kitts and Nevis due to data availability.

i Excludes Andorra, Bermuda, Faeroe Islands, Gibraltar, Greenland, Liechtenstein, and San Marino due to data availability.

j Excludes American Samoa, Anguilla, British Virgin Islands, Cayman Islands, Cook Islands, Dominica, Marshall Islands, Montserrat, Nauru, Niue, Northern Mariana Islands, Palau, Saint Kitts and Nevis, Tokelau, Turks and Caicos Islands, Tuvalu, Wallis and Futuna Islands, and Western Sahara Islands due to data availability.

k Excludes Tuvalu due to data availability.

l Includes Bulgaria and Romania.

m Includes Netherland Antilles, and excludes Curacao and Sint Maarten.

1 On 29 November 2012, the United Nations General Assembly passed Resolution 67/19, which accorded Palestine "non-member observer State status in the United Nations..."

Demographic indicators

Country, territory or other area

	Population								Life expectancy		Fertility
	Total population in millions	Average annual rate of population change, per cent	Total population aged 10, female, in thousands	Population aged 10-24, per cent	Population aged 0-14, per cent	Population aged 15-64, per cent	Population aged 65 and older, per cent	Dependency ratio ⁸	Life expectancy at birth (years), 2015-2020		Total fertility rate, per woman
	2016	2010-2016	2016	2016	2016	2016	2016	2016	male	female	2015-2020
Afghanistan	33.4	2.9	466	35	43	54	3	84.6	60	63	4.2
Albania	2.9	0.0	16	24	18	69	13	45.2	76	81	1.8
Algeria	40.4	1.9	334	23	29	65	6	53.7	73	78	2.6
Angola	25.8	3.3	363	33	48	50	2	99.5	52	55	5.8
Antigua and Barbuda	0.1	1.0	1	25	24	69	7	45.2	74	79	2.0
Argentina	43.8	1.0	356	24	25	64	11	56.5	73	81	2.3
Armenia	3.0	0.3	17	19	19	70	11	42.1	71	79	1.5
Aruba	0.1	0.4	1	21	18	70	13	43.8	74	78	1.6
Australia ¹	24.3	1.5	146	19	19	66	15	51.7	81	85	1.9
Austria	8.6	0.3	39	16	14	67	19	49.5	80	84	1.5
Azerbaijan ²	9.9	1.4	54	21	23	72	6	39.5	68	74	2.2
Bahamas	0.4	1.4	3	23	21	71	9	41.7	73	79	1.8
Bahrain	1.4	1.7	9	22	21	76	2	31.3	76	78	2.0
Bangladesh	162.9	1.2	1,564	29	29	66	5	51.4	72	74	2.1
Barbados	0.3	0.3	2	19	19	66	15	51.0	74	79	1.8
Belarus	9.5	0.0	46	15	16	69	14	44.2	66	77	1.6
Belgium	11.4	0.7	62	17	17	65	18	54.9	79	84	1.8
Belize	0.4	2.2	4	31	32	64	4	55.7	68	73	2.5
Benin	11.2	2.7	144	32	42	55	3	81.2	59	62	4.5
Bhutan	0.8	1.4	7	28	26	69	5	46.0	70	71	1.9
Bolivia (Plurinational State of)	10.9	1.6	113	30	32	61	7	62.9	67	72	2.8
Bosnia and Herzegovina	3.8	-0.1	16	16	13	71	16	41.5	75	80	1.2
Botswana	2.3	2.0	23	29	32	64	4	55.3	62	67	2.7
Brazil	209.6	0.9	1,587	25	23	69	8	44.4	72	79	1.7
Brunei Darussalam	0.4	1.4	3	24	23	72	5	38.1	78	81	1.8
Bulgaria	7.1	-0.7	33	14	14	65	20	52.9	71	78	1.6
Burkina Faso	18.6	2.9	257	33	45	52	2	91.4	58	61	5.2
Burundi	11.6	3.3	149	31	45	52	3	90.5	56	60	5.7
Cambodia	15.8	1.6	155	30	31	64	4	55.4	68	72	2.5
Cameroon, Republic of	23.9	2.5	310	33	42	54	3	83.6	56	58	4.5
Canada	36.3	1.0	187	18	16	67	17	48.2	81	84	1.6
Cape Verde	0.5	1.2	5	30	29	66	5	51.2	72	76	2.2
Central African Republic	5.0	2.0	60	32	39	57	4	74.5	51	55	4.0
Chad	14.5	3.3	203	34	48	50	2	100.1	51	54	5.8
Chile	18.1	1.1	120	22	20	69	11	45.4	80	85	1.7
China ³	1,382.3	0.5	7,080	18	17	73	10	37.5	75	78	1.6
China, Hong Kong SAR ⁴	7.3	0.8	22	14	12	72	16	38.6	82	87	1.3
China, Macao SAR ⁵	0.6	1.8	2	15	13	77	9	29.8	79	83	1.3
Colombia	48.7	1.0	390	25	24	69	7	45.4	71	78	1.8
Comoros	0.8	2.4	10	31	40	57	3	75.2	63	66	4.2
Congo, Democratic Republic of the	79.7	3.2	1,087	32	46	51	3	95.5	58	61	5.7
Congo, Republic of the	4.7	2.6	61	31	43	54	4	86.1	62	65	4.6
Costa Rica	4.9	1.1	35	24	22	69	9	45.2	78	82	1.8
Côte d'Ivoire	23.3	2.4	297	33	42	55	3	83.0	52	54	4.8

Country, territory or other area	Population								Life expectancy		Fertility
	Total population in millions	Average annual rate of population change, per cent	Total population aged 10, female, in thousands	Population aged 10-24, per cent	Population aged 0-14, per cent	Population aged 15-64, per cent	Population aged 65 and older, per cent 2016	Dependency ratio ⁵	Life expectancy at birth (years), 2015-2020		Total fertility rate, per woman
	2016	2010-2016	2016	2016	2016	2016	2016	2016	male	female	2015-2020
Croatia	4.2	-0.4	21	16	15	66	19	51.8	75	81	1.5
Cuba	11.4	0.1	61	18	16	70	14	43.8	78	82	1.6
Curaçao	0.2	1.2	1	19	19	66	15	52.1	75	81	2.1
Cyprus ⁶	1.2	1.1	6	20	16	70	13	42.0	79	83	1.4
Czech Republic	10.5	0.1	53	14	15	66	19	50.9	76	82	1.5
Denmark	5.7	0.4	33	19	17	64	19	56.2	79	83	1.8
Djibouti	0.9	1.3	9	30	32	63	4	58.1	61	64	3.0
Dominica	0.1	0.4	-	-	-	-	-	-	-	-	-
Dominican Republic	10.6	1.2	103	28	30	64	7	57.3	71	77	2.4
Ecuador	16.4	1.5	151	27	29	64	7	55.3	74	79	2.4
Egypt	93.4	2.2	875	26	33	61	5	63.3	70	74	3.2
El Salvador	6.1	0.3	55	29	26	65	8	53.4	69	78	1.9
Equatorial Guinea	0.9	2.9	10	30	39	58	3	72.8	57	60	4.5
Eritrea	5.4	2.2	71	32	43	55	3	82.4	63	67	4.0
Estonia	1.3	-0.3	7	15	16	65	19	54.4	73	82	1.7
Ethiopia	101.9	2.5	1,320	35	41	56	4	79.8	64	68	4.0
Fiji	0.9	0.7	8	26	29	65	6	53.1	68	74	2.5
Finland ⁷	5.5	0.5	29	17	16	63	21	59.7	79	84	1.8
France	64.7	0.4	393	18	18	62	19	61.1	80	86	2.0
French Guiana	0.3	2.7	3	27	34	61	5	62.8	77	84	3.3
French Polynesia	0.3	1.1	2	24	22	70	8	42.8	75	80	2.0
Gabon	1.8	2.2	20	30	37	58	5	72.6	65	67	3.7
Gambia	2.1	3.2	28	32	46	52	2	94.0	60	63	5.5
Georgia ⁸	4.0	-1.1	19	18	18	68	14	46.4	72	79	1.8
Germany	80.7	0.1	337	15	13	66	21	52.2	79	84	1.4
Ghana	28.0	2.4	323	31	39	58	3	73.0	61	63	4.0
Greece	10.9	-0.4	52	15	15	64	22	56.7	79	84	1.3
Grenada	0.1	0.4	1	26	26	66	7	50.6	71	76	2.1
Guadeloupe ⁹	0.5	0.5	4	20	22	63	15	57.9	79	85	2.1
Guam	0.2	1.3	1	26	25	66	9	52.0	78	83	2.3
Guatemala	16.7	2.1	191	32	36	59	5	69.8	69	76	3.0
Guinea	12.9	2.7	166	32	42	55	3	83.4	60	61	4.7
Guinea-Bissau	1.9	2.4	23	31	41	56	3	78.4	54	58	4.6
Guyana	0.8	0.4	7	33	28	67	5	50.0	64	69	2.5
Haiti	10.8	1.4	117	31	33	62	5	61.4	62	66	2.8
Honduras	8.2	1.5	86	32	31	64	5	56.2	71	76	2.3
Hungary	9.8	-0.3	48	16	15	67	18	48.7	72	79	1.4
Iceland	0.3	0.7	2	20	20	66	14	52.2	82	85	1.9
India	1,326.8	1.2	12,033	28	28	66	6	51.9	68	71	2.3
Indonesia	260.6	1.3	2,229	26	28	67	5	48.8	67	72	2.4
Iran (Islamic Republic of)	80.0	1.3	587	22	24	71	5	40.6	75	77	1.6
Iraq	37.5	3.3	452	31	41	56	3	78.5	68	72	4.4
Ireland	4.7	0.3	33	18	22	65	13	54.4	80	84	2.0
Israel	8.2	1.6	69	23	28	61	11	65.0	81	85	2.9
Italy	59.8	0.1	276	14	14	64	23	57.1	81	86	1.5

Demographic indicators

Country, territory or other area	Population								Life expectancy		Fertility
	Total population in millions	Average annual rate of population change, per cent	Total population aged 10, female, in thousands	Population aged 10-24, per cent	Population aged 0-14, per cent	Population aged 15-64, per cent	Population aged 65 and older, per cent	Dependency ratio ⁵	Life expectancy at birth (years), 2015-2020		Total fertility rate, per woman
	2016	2010-2016	2016	2016	2016	2016	2016	2016	male	female	2015-2020
Jamaica	2.8	0.4	22	27	23	68	9	48.0	74	79	2.0
Japan	126.3	-0.1	533	14	13	60	27	65.7	81	87	1.5
Jordan	7.7	2.9	85	30	35	61	4	64.1	73	76	3.2
Kazakhstan	17.9	1.5	137	21	27	66	7	51.8	65	75	2.5
Kenya	47.3	2.6	612	32	42	55	3	80.3	61	65	4.1
Kiribati	0.1	1.8	1	29	35	61	4	62.9	64	70	3.6
Korea, Democratic People's Republic of	25.3	0.5	172	23	21	70	9	43.8	67	75	1.9
Korea, Republic of	50.5	0.5	222	18	14	73	14	37.6	80	86	1.3
Kuwait	4.0	4.5	26	19	23	75	2	32.6	74	76	2.0
Kyrgyzstan	6.0	1.7	53	26	32	64	4	56.7	67	75	2.9
Lao People's Democratic Republic	6.9	1.7	75	32	34	62	4	62.1	66	69	2.8
Latvia	2.0	-1.1	10	15	15	65	19	52.7	70	79	1.6
Lebanon	6.0	5.4	46	27	24	68	8	46.8	79	82	1.7
Lesotho	2.2	1.2	24	34	36	60	4	67.1	50	50	3.0
Liberia	4.6	2.6	60	32	42	55	3	81.9	61	63	4.5
Libya	6.3	0.2	61	25	30	66	5	52.0	70	75	2.3
Lithuania	2.9	-1.5	13	17	15	66	19	50.5	68	79	1.6
Luxembourg	0.6	2.1	3	18	16	69	14	44.1	80	84	1.6
Madagascar	24.9	2.8	317	33	41	56	3	79.6	65	68	4.2
Malawi	17.7	3.1	244	33	45	52	3	93.7	65	67	4.9
Malaysia ¹⁰	30.8	1.5	250	27	24	70	6	43.4	73	78	1.9
Maldives	0.4	1.8	3	27	27	68	5	47.4	77	79	2.0
Mali	18.1	3.0	253	32	47	50	3	99.8	60	60	5.9
Malta	0.4	0.3	2	18	14	66	20	51.3	80	83	1.5
Martinique	0.4	0.1	2	18	17	63	20	57.8	79	85	1.9
Mauritania	4.2	2.5	51	31	40	57	3	75.6	62	65	4.4
Mauritius ¹¹	1.3	0.4	9	23	19	71	10	40.6	72	78	1.4
Mexico	128.6	1.4	1,143	27	27	66	7	51.1	75	80	2.1
Micronesia (Federated States of)	0.1	0.2	1	35	34	62	5	61.6	69	71	3.1
Moldova, Republic of ¹²	4.1	-0.1	20	18	16	74	10	35.3	68	76	1.2
Mongolia	3.0	1.7	25	24	29	67	4	48.7	66	75	2.5
Montenegro	0.6	0.1	4	20	18	68	14	48.1	74	79	1.7
Morocco	34.8	1.4	288	25	27	67	6	50.3	74	76	2.4
Mozambique	28.8	2.8	396	33	45	51	3	94.2	55	57	5.1
Myanmar	54.4	0.8	513	28	27	67	6	48.2	64	69	2.1
Namibia	2.5	2.3	28	32	37	60	4	67.1	63	68	3.3
Nepal	28.9	1.2	318	33	32	63	6	60.0	69	72	2.1
Netherlands	17.0	0.3	93	18	16	65	19	54.0	80	84	1.8
New Caledonia	0.3	1.3	2	23	22	68	10	47.9	75	80	2.0
New Zealand	4.6	0.7	30	20	20	65	15	54.6	81	84	2.0
Nicaragua	6.2	1.2	59	29	30	65	5	53.3	73	79	2.2
Niger	20.7	4.0	291	31	51	47	3	113.3	62	64	7.5
Nigeria	187.0	2.7	2,411	31	44	53	3	87.6	53	54	5.4

Country, territory or other area	Population								Life expectancy		Fertility
	Total population in millions	Average annual rate of population change, per cent	Total population aged 10, female, in thousands	Population aged 10-24, per cent	Population aged 0-14, per cent	Population aged 15-64, per cent	Population aged 65 and older, per cent	Dependency ratio ⁵	Life expectancy at birth (years), 2015-2020		Total fertility rate, per woman
	2016	2010-2016	2016	2016	2016	2016	2016	2016	male	female	2015-2020
Norway ¹³	5.3	1.2	31	19	18	65	17	52.8	80	84	1.8
Oman	4.7	7.6	27	20	21	76	3	31.3	76	80	2.5
Pakistan	192.8	2.1	2,000	30	35	61	4	65.0	66	68	3.4
Palestine ¹⁴	4.8	2.7	58	34	40	57	3	75.2	71	76	3.9
Panama	4.0	1.6	34	25	27	65	8	53.2	75	81	2.4
Papua New Guinea	7.8	2.1	89	31	37	60	3	66.3	61	65	3.6
Paraguay	6.7	1.3	65	30	30	64	6	56.0	71	76	2.4
Peru	31.8	1.3	280	26	28	65	7	53.0	73	78	2.4
Philippines	102.3	1.6	1,012	29	32	64	5	57.2	65	72	2.9
Poland	38.6	0.0	185	16	15	69	16	45.1	74	82	1.3
Portugal	10.3	-0.4	49	16	14	65	21	53.9	79	84	1.2
Puerto Rico	3.7	-0.1	22	21	19	67	15	50.2	76	84	1.6
Qatar	2.3	4.3	10	20	16	83	1	20.3	78	80	1.9
Reunion	0.9	0.7	7	23	23	66	11	51.3	78	84	2.1
Romania	19.4	-0.8	103	16	15	67	18	49.5	72	79	1.5
Russian Federation	143.4	0.0	731	15	17	69	14	44.6	65	76	1.7
Rwanda	11.9	2.4	157	32	41	57	3	76.8	63	68	3.6
Saint Kitts and Nevis	0.1	1.2	-	-	-	-	-	-	-	-	-
Saint Lucia	0.2	0.8	1	25	23	68	9	46.9	73	78	1.8
Saint Vincent and the Grenadines	0.1	0.0	1	26	24	68	8	46.3	71	76	1.9
Samoa	0.2	0.7	2	31	37	58	5	73.2	71	78	3.9
San Marino	0.0	0.7	-	-	-	-	-	-	-	-	-
São Tomé and Príncipe	0.2	2.1	3	32	42	55	3	83.2	65	69	4.4
Saudi Arabia	32.2	2.3	291	24	28	69	3	45.6	74	76	2.6
Senegal	15.6	3.1	200	32	44	53	3	87.6	66	70	4.8
Serbia ¹⁵	8.8	-0.5	48	18	16	66	18	51.0	73	78	1.6
Seychelles	0.1	0.7	1	21	24	69	7	44.2	70	79	2.2
Sierra Leone	6.6	2.2	88	33	42	55	3	81.0	51	53	4.3
Singapore	5.7	1.9	30	19	15	72	12	38.1	81	87	1.3
Sint Maarten	0.0	2.9	-	-	-	-	-	-	-	-	-
Slovakia	5.4	0.1	26	16	15	71	14	41.8	73	80	1.4
Slovenia	2.1	0.1	10	14	15	67	18	50.1	78	84	1.6
Solomon Islands	0.6	2.0	7	32	39	57	3	74.1	67	70	3.8
Somalia	11.1	2.4	153	33	47	51	3	97.6	55	58	6.1
South Africa	55.0	1.1	529	28	29	66	5	51.6	56	59	2.3
South Sudan	12.7	3.9	162	33	42	55	3	83.0	56	58	4.7
Spain ¹⁶	46.1	-0.2	235	14	15	66	19	51.1	81	86	1.4
Sri Lanka	20.8	0.5	174	23	24	66	10	51.5	72	79	2.0
Sudan	41.2	2.2	513	32	40	56	3	77.1	63	66	4.1
Suriname	0.5	0.9	5	25	26	67	7	50.4	68	75	2.3
Swaziland	1.3	1.5	15	34	37	59	4	69.2	50	48	3.1
Sweden	9.9	0.8	55	17	17	62	20	60.4	81	84	1.9
Switzerland	8.4	1.1	39	16	15	67	18	49.4	82	85	1.6
Syrian Arab Republic	18.6	-1.8	226	33	36	60	4	67.2	65	77	2.8

Demographic indicators

Country, territory or other area	Population								Life expectancy		Fertility
	Total population in millions	Average annual rate of population change, per cent	Total population aged 10, female, in thousands	Population aged 10-24, per cent	Population aged 0-14, per cent	Population aged 15-64, per cent	Population aged 65 and older, per cent 2016	Dependency ratio ⁵	Life expectancy at birth (years), 2015-2020		Total fertility rate, per woman
	2016	2010-2016	2016	2016	2016	2016	2016	2016	male	female	2015-2020
Tajikistan	8.7	2.2	84	29	35	62	3	61.4	67	74	3.3
Tanzania, United Republic of ¹⁷	55.2	3.2	747	32	45	52	3	93.6	65	68	4.9
Thailand	68.1	0.4	399	19	17	72	11	39.5	72	78	1.5
The former Yugoslav Republic of Macedonia	2.1	0.1	11	19	17	70	13	42.0	74	78	1.6
Timor-Leste, Democratic Republic of	1.2	2.3	14	32	43	52	6	93.5	68	71	5.3
Togo	7.5	2.7	97	32	42	55	3	81.3	60	62	4.3
Tonga	0.1	0.5	1	32	36	58	6	72.9	70	76	3.6
Trinidad and Tobago	1.4	0.5	9	20	21	70	10	43.8	67	74	1.7
Tunisia	11.4	1.1	80	22	23	69	8	45.5	73	78	2.1
Turkey	79.6	1.6	653	25	25	67	8	49.5	73	79	2.0
Turkmenistan	5.4	1.3	49	27	28	68	4	47.8	62	70	2.2
Turks and Caicos Islands	0.0	2.0	–	–	–	–	–	–	–	–	–
Tuvalu	0.0	0.2	–	–	–	–	–	–	–	–	–
Uganda	40.3	3.3	577	34	48	50	2	101.3	59	63	5.5
Ukraine	44.6	-0.4	210	15	15	69	16	44.4	66	76	1.6
United Arab Emirates	9.3	1.8	39	17	14	85	1	18.1	77	79	1.7
United Kingdom	65.1	0.6	368	18	18	64	18	55.7	79	83	1.9
United States of America	324.1	0.7	2,045	20	19	66	15	51.5	77	82	1.9
United States Virgin Islands	0.1	0.0	1	20	20	62	18	62.5	79	84	2.2
Uruguay	3.4	0.3	24	22	21	64	15	55.7	74	81	2.0
Uzbekistan	30.3	1.5	260	26	29	67	5	49.9	65	72	2.3
Vanuatu	0.3	2.3	3	29	36	60	4	67.8	71	75	3.2
Venezuela (Bolivarian Republic of)	31.5	1.4	284	27	28	66	6	52.1	71	79	2.3
Viet Nam	94.4	1.1	664	23	23	70	7	42.8	72	81	2.0
Western Sahara	0.6	2.2	5	24	25	71	3	39.9	68	72	2.1
Yemen	27.5	2.5	340	34	40	57	3	74.7	63	66	3.8
Zambia	16.7	3.1	232	33	46	51	3	94.6	60	65	5.1
Zimbabwe	16.0	2.2	200	32	42	55	3	80.2	61	64	3.6

World and regional data

	Population								Life expectancy		Fertility
	Total population in millions	Average annual rate of population change, per cent	Total population aged 10, female, in thousands	Population aged 10-24, per cent	Population aged 0-14, per cent	Population aged 15-64, per cent	Population aged 65 and older, per cent	Dependency ratio [§]	Life expectancy at birth (years), 2015-2020		Total fertility rate, per woman
	2016	2010-2016	2016	2016	2016	2016	2016	2016	male	female	2015-2020
Arab States	346	2.0	3,546	28	34	61	5	64.1	68	72	3.3
Asia and the Pacific	3,902	1.0	29,854	24^a	24^a	68^a	7^a	46.4^a	70^a	73^a	2.1^a
Eastern Europe and Central Asia	241	0.9	1,691	22	23	68	9	48.0	69	76	2.0
Latin American and the Caribbean	636	1.1	5,311	26^b	25^b	67^b	8^b	49.7^b	72^b	79^b	2.0^b
East and Southern Africa	561	2.7	7,274	32	42	54	3	83.5	60	64	4.4
West and Central Africa	414	2.7	5,361	32	44	53	3	87.2	56	58	5.2
More developed regions	1,255	0.3	6,686	17	16	66	18	52.4	76	82	1.7
Less developed regions	6,178	1.4	53,557	26	28	66	7	52.6	68	72	2.6
Least developed countries	977	2.4	12,047	32	40	57	4	76.4	63	66	4.0
World	7,433	1.2	60,242	24	26	66	8	52.5	69	74	2.5

NOTES

— Data not available.

§ Due to rounding, dependency ratios may differ from numbers calculated based on percentage of population aged 0-14, aged 15-64 and aged 65 and older.

a Excludes Cook Islands, Marshall Islands, Nauru, Niue, Palau, Tokelau, and Tuvalu due to data availability.

b Excludes Anguilla, Bermuda, British Virgin Islands, Cayman Islands, Dominica, Montserrat, Saint Kitts and Nevis, Sint Maarten, and Turks and Caicos Islands due to data availability.

1 Includes Christmas Island, Cocos (Keeling) Islands and Norfolk Island.

2 Includes Nagorno-Karabakh.

3 For statistical purposes, the data for China do not include Hong Kong and Macao, Special Administrative Regions (SAR) of China, and Taiwan Province of China.

4 As of 1 July 1997, Hong Kong became a Special Administrative Region (SAR) of China.

5 As of 20 December 1999, Macao became a Special Administrative Region (SAR) of China.

6 Includes data for Northern Cyprus.

7 Includes Åland Islands.

8 Includes Abkhazia and South Ossetia.

9 Includes Saint Barthélemy and Sint Martin (French part).

10 Includes Sabah and Sarawak.

11 Includes Agalega, Rodrigues and Saint Brandon.

12 Includes Transnistria.

13 Includes Svalbard and Jan Mayen Islands.

14 Includes East Jerusalem. On 29 November 2012, the United Nations General Assembly passed Resolution 67/19, which accorded Palestine "non-member observer State status in the United Nations..."

15 Includes Kosovo.

16 Includes Canary Islands, Ceuta and Melilla.

17 Includes Zanzibar

Technical notes for indicators

Data sources and definitions

The statistical tables in *The State of World Population 2016* include indicators that track progress toward the goals of the Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development (ICPD) beyond 2014, and the Sustainable Development Goals (SDGs) in the areas of maternal health, access to education, reproductive and sexual health. In addition, these tables include a variety of demographic indicators. The statistical tables support UNFPA's focus on progress and results towards delivering a world where every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled.

Different national authorities and international organizations may employ different methodologies in gathering, extrapolating or analysing data. To facilitate the international comparability of data, UNFPA relies on the standard methodologies employed by the main sources of data. In some instances, therefore, the data in these tables differ from those generated by national authorities. Data presented in the tables are not comparable to the data in previous *The State of the World Population* due to regional classifications updates, methodological updates and revisions of time series data.

The statistical tables draw on nationally representative household surveys such as Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS), United Nations organizations estimates, and inter-agency estimates. They also include the latest population estimates and projections from World Population Prospects: the 2015 revision and Model-based Estimates and Projections of Family Planning Indicators 2015 (United Nations Department of Economic and Social Affairs, Population Division). Data are accompanied by definitions, source, and notes. The statistical tables in *The State of World Population 2016* generally reflect information available as of July 2016.

Monitoring ICPD goals: selected indicators

Maternal and newborn health

Maternal mortality ratio (MMR), deaths per 100,000 live births and range of MMR uncertainty (UI 80%), lower and upper estimates 2015. Source: United Nations Maternal Mortality Estimation Inter-agency Group (MMEIG). This indicator presents the number of deaths of women from pregnancy-related causes per 100,000 live births. The estimates are produced by the MMEIG using data from civil registration and vital statistics systems, household surveys, surveillance systems, population censuses, and other specialized studies/surveys. UNFPA, World Health Organization, the World Bank, UNICEF, and the United Nations Population Division are members of the MMEIG. Estimates and methodologies are reviewed regularly by the MMEIG. MMEIG estimates should not be compared with previous inter-agency estimates.

Births attended by skilled health personnel, per cent, 2006-2015. Source: United Nations Inter-Agency and Expert Group on Millennium Development Goals Indicators and UNFPA global database. Regional aggregates calculated by UNFPA based on data from United Nations Inter-Agency and Expert Group on Millennium

Development Goals Indicators and UNFPA global database. Percentage of births attended by skilled health personnel (doctors, nurses or midwives) is the percentage of deliveries attended by health personnel trained in providing life-saving obstetric care, including giving the necessary supervision, care and advice to women during pregnancy, labour and the post-partum period; conducting deliveries on their own; and caring for newborns. Traditional birth attendants, even if they receive a short training course, are not included.

Adolescent birth rate, per 1,000 women aged 15-19, 2006-2015.

Source: United Nations Population Division and UNFPA global database. Regional aggregates calculated by UNFPA based on data from United Nations Population Division and UNFPA global database. The adolescent birth rate represents the risk of child-bearing among adolescent women 15 to 19 years of age. For civil registration, rates are subject to limitations that depend on the completeness of birth registration, the treatment of infants born alive but dead before registration or within the first 24 hours of life, the quality of the reported information relating to age of the mother, and the inclusion of births from previous periods. The population estimates may suffer from limitations connected to age misreporting and coverage. For survey and census data, both the numerator and denominator come from the same population. The main limitations concern age misreporting, birth omissions, misreporting the date of birth of the child, and sampling variability in the case of surveys.

Sexual and reproductive health

The United Nations Population Division produces a systematic and comprehensive set of annual, model-based estimates and projections, provided for a range of family planning indicators for a 60-year time period. Indicators include contraceptive prevalence, unmet need for family planning, total demand for family planning and the percentage of demand for family planning that is satisfied among married or in-union women for the period from 1970 to 2030. A Bayesian hierarchical model combined with country-specific time trends was used to generate the estimates, projections and uncertainty assessments. The model advances previous work and accounts for differences by data source, sample population and contraceptive methods included in measures of prevalence. More information on family planning model-based estimates, methodology and updates can be found at www.un.org/en/development/desa/population. The estimates are based on the country-specific data compiled in World Contraceptive Use 2015.

Contraceptive prevalence rate, women currently married/in union aged 15-49, any method and any modern method, 2016.

Source: United Nations Population Division. Model-based estimates are based on data that are derived from sample survey reports. Survey data estimate the proportion of married women (including women in consensual unions) currently using, respectively, any method or modern methods of contraception. Modern or clinic and supply methods include male and female sterilization, IUD, the pill, injectables, hormonal implants, condoms and female barrier methods.

Unmet need for family planning rate, women aged 15-49, 2016.

Source: United Nations Population Division. Women with unmet need for spacing births are those who are fecund and sexually active but are not using any method of contraception, and report wanting to delay the next child. This is a subcategory of total unmet need for family planning, which also includes unmet need for limiting births. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behaviour. Unmet need here is expressed as a percentage based on women who are married or in a consensual union, in line with monitoring for Millennium Development Goals.

Proportion of demand satisfied with modern methods, women currently married/in union aged 15-49, 2016. Source: United Nations Population Division. Percentage of total demand for family planning among married or in-union women aged 15 to 49 that are satisfied.

Proportion of demand satisfied with modern methods (mPDS) = Contraceptive prevalence rate for modern methods (mCPR) divided by total demand for family planning (TD).

Where total demand = Contraceptive prevalence rate plus unmet need for contraception rate (UNR), that is

$$TD = CPR + UNR \text{ and}$$

$$mPDS = mCPR / (CPR + UNR)$$

Education

Male and female adjusted primary school enrolment, net per cent of primary school-age children, 1999-2015. Source: UNESCO Institute for Statistics. The adjusted primary school net enrolment ratio indicates the percentage of children of the official primary age group who are enrolled in primary or secondary education.

Male and female secondary school enrolment, net per cent of secondary school-age children, 2000-2015. Source: UNESCO Institute for Statistics. The secondary school net enrolment ratio indicates the percentage of children of the official secondary age group who are enrolled in secondary education.

Gender parity index, primary education, 1999-2015. Source: UNESCO Institute for Statistics. The gender parity index refers to the ratio of female to male values of adjusted primary school net enrolment ratio. Parity = 1.00.

Gender parity index, secondary education, 2000/2015. Source: UNESCO Institute for Statistics. The gender parity index refers to the ratio of female to male values of secondary school net enrolment ratio. Parity = 1.00.

Demographic indicators

Total population, in millions, 2016. Source: United Nations Population Division. Regional aggregates calculated by UNFPA based on data from United Nations Population Division. These indicators present the estimated size of national populations at mid-year.

Average annual rate of population change, per cent, 2010-2015.

Source: United Nations Population Division. Regional aggregates calculated by UNFPA based on data from United Nations Population Division. These figures refer to the average exponential rate of growth of the population over a given period, based on a medium variant projection.

Total population aged 10, female, in thousands, 2016. Source: UNFPA calculation based on data from the United Nations Population Division. These indicators present the estimated size of the national population of 10-year-old females.

Population aged 10-24, per cent, 2016. Source: UNFPA calculation based on data from United Nations Population Division. These indicators present the proportion of the population between age 10 and age 24.

Population aged 0-14, per cent, 2016. Source: UNFPA calculation based on data from United Nations Population Division. These indicators present the proportion of the population between age 0 and age 14.

Population aged 15-64, per cent, 2016. Source: UNFPA calculation based on data from United Nations Population Division. These indicators present the proportion of the population between age 15 and age 64.

Population aged 65 and older, per cent, 2016. Source: UNFPA calculation based on data from United Nations Population Division. These indicators present the proportion of the population aged 65 and older.

Dependency ratio, 2016. Source: United Nations Population Division. Regional aggregates calculated by UNFPA based on data from United Nations Population Division. These indicators present the ratio of dependants (people younger than 15 or older than 64) to the working-age population (those ages 15-64). Data are shown as the proportion of dependants per 100 working-age population.

Male and female life expectancy at birth (years), 2015-2020. Source: United Nations Population Division. Regional aggregates calculated by UNFPA based on data from United Nations Population Division. These indicators present the number of years newborn children would live if subject to the mortality risks prevailing for the cross section of population at the time of their birth.

Total fertility rate, 2015-2020. Source: United Nations Population Division. Regional aggregates calculated by UNFPA based on data from United Nations Population Division. These indicators present the number of children who would be born per woman if she lived to the end of her childbearing years and bore children at each age in accordance with prevailing age-specific fertility rates.

Regional classification

UNFPA averages presented at the end of the statistical tables are calculated using data from countries and areas as classified below. The regional classifications include only the countries where UNFPA works.

Arab States Region

Algeria; Djibouti; Egypt; Iraq; Jordan; Lebanon; Libya; Morocco; Oman; Palestine; Somalia; Sudan; Syrian Arab Republic; Tunisia; Yemen

Asia and Pacific Region

Afghanistan; Bangladesh; Bhutan; Cambodia; China; Cook Islands; Fiji; India; Indonesia; Iran, Islamic Republic of; Kiribati; Korea, Democratic People's Republic of; Lao People's Democratic Republic; Malaysia; Maldives; Marshall Islands; Micronesia, Federated States of; Mongolia; Myanmar; Nauru; Nepal; Niue; Pakistan; Palau; Papua New Guinea; Philippines; Samoa; Solomon Islands; Sri Lanka; Thailand; Timor-Leste, Democratic Republic of; Tokelau; Tonga; Tuvalu; Vanuatu; Viet Nam

Eastern Europe and Central Asia Region

Albania; Armenia; Azerbaijan; Belarus; Bosnia and Herzegovina; Georgia; Kazakhstan; Kyrgyzstan; Moldova, Republic of; Serbia; Tajikistan; The former Yugoslav Republic of Macedonia; Turkey; Turkmenistan; Ukraine

East and Southern Africa Region

Angola; Botswana; Burundi; Comoros; Congo, Democratic Republic of the; Eritrea; Ethiopia; Kenya; Lesotho; Madagascar; Malawi; Mauritius; Mozambique; Namibia; Rwanda; Seychelles; South Africa; South Sudan; Swaziland; Tanzania, United Republic of; Uganda; Zambia; Zimbabwe

Latin American and the Caribbean Region

Anguilla; Antigua and Barbuda; Argentina; Aruba; Bahamas; Barbados; Belize; Bermuda; Bolivia, Plurinational State of; Brazil; British Virgin Islands; Cayman Islands; Chile; Colombia; Costa Rica; Cuba; Curaçao; Dominica; Dominican Republic; Ecuador; El Salvador; Grenada; Guatemala; Guyana; Haiti; Honduras; Jamaica; Mexico; Montserrat; Nicaragua; Panama; Paraguay; Peru; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; Sint Maarten; Suriname; Trinidad and Tobago; Turks and Caicos Islands; Uruguay; Venezuela, Bolivarian Republic of

West and Central Africa Region

Benin; Burkina Faso; Cameroon, Republic of; Cape Verde; Central African Republic; Chad; Congo, Republic of the; Côte d'Ivoire; Equatorial Guinea; Gabon; Gambia; Ghana; Guinea; Guinea-Bissau; Liberia; Mali; Mauritania; Niger; Nigeria; São Tomé and Príncipe; Senegal; Sierra Leone; Togo

More developed regions comprise Europe, Northern America, Australia, New Zealand and Japan.

Less developed comprise all regions of Africa, Asia (except Japan), Latin America and the Caribbean plus Melanesia, Micronesia and Polynesia.

The least developed countries, as defined by the United Nations General Assembly in its resolutions (59/209, 59/210, 60/33, 62/97, 64/L.55, 67/L.43, 64/295) included 48 countries as of May 2016: 34 in Africa, nine in Asia, four in Oceania and one in Latin America and the Caribbean — Afghanistan, Angola, Bangladesh, Benin, Bhutan, Burkina Faso, Burundi, Cambodia, Central African Republic, Chad, Comoros, Democratic Republic of the Congo, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Haiti, Kiribati, Lao People's Democratic Republic, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Myanmar, Nepal, Niger, Rwanda, São Tomé and Príncipe, Senegal, Sierra Leone, Solomon Islands, Somalia, South Sudan, Sudan, Timor-Leste, Togo, Tuvalu, Uganda, United Republic of Tanzania, Vanuatu, Yemen and Zambia. These countries are also included in the less developed regions.

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