

# W O M E N

# C O M M E N T A R Y



# Claiming the future

Geeta Rao Gupta

***Adolescence has long been viewed as a distinct stage of life in the industrialized world. Now it is also emerging as a key interval between childhood and adulthood in the developing countries. Young people age 10 to 19 account for one sixth of the population on earth, making them a force for profound change. But they need the support of their families, communities and nations if they are to capitalize on their potential and avoid the perils ahead.***

**A**dolescence should be the time of greatest hope and promise in life. It can be a springboard, producing self-confident young adults equipped with the knowledge they need to create a successful future for themselves and their societies. Or it can be the point at which everything goes wrong — when all their promise and potential are lost.

If it goes wrong for today's adolescents, it goes wrong for the world. The current generation of young people is the largest in history. Around 1 billion people — one out of every six on the planet — are between 10 and 19 years of age, 85 per cent of them

in developing countries. And they face profound obstacles:

- In 1997 alone, around 3 million young people age 15 to 24 became infected with HIV, about two thirds of them girls.
- Girls age 15 to 19 give birth to 15 million babies a year, and more girls in this age group die from pregnancy-related causes than from any other cause.
- Around the globe, 73 million children age 10 to 14 are working — not counting the tens of millions, mostly girls, believed to be in domestic service.
- In developing countries, 59 per cent of girls and 48 per cent of boys are not enrolled in secondary school.

For previous generations, the burden that fell on adolescent shoulders was at least foreseeable. Close on the heels of puberty came marriage, children and hard work to support the family. Young adults faced these challenges within the context of a familiar and supportive environment. Today, on top of the predictable problems of growing up, adolescents must confront the increasing challenges of exploitation and abuse, ethnic conflict and war. Communities are being uprooted, either literally, as families abandon the countryside in search of work, or figuratively, as media and other new influences disrupt familiar mores and traditions.

No longer children but not yet adults, adolescents are struggling to understand their own place in this confusing new world. Yet when it comes to government programmes and family decision-making, adolescents are hardly to be seen. After the age of 5, when their survival is relatively assured, they fall off the radar screen of health services, the girls showing up again only when they get pregnant; boys, at particular risk of accidents, violence and substance abuse, only receive attention when they break the rules. Just at the time of greatest potential and peril, adolescents are left to fend for themselves.

But this scenario is beginning to change. As the span of time between puberty and marriage has increased, as the HIV/AIDS pandemic has underscored the

importance of equalizing the power in sexual relationships, as the child rights movement has taken hold, we have begun to realize that adolescence is a window of opportunity. Today's generation of young people, linked by threads as diverse as the tragedy of AIDS and the power of the media, can revolutionize the world — girls and boys together. Young people can be the catalyst to transform the past into a just and egalitarian future that works for both men and women, and for all of society.

## **The gender rules**

Of all the issues that influence the adolescent experience, none is more profound than gender: the countless, unspoken cultural rules that govern the behaviour of females and males in every country on earth, almost from the day they are born.

Adolescent boys and girls are both vulnerable — but in different ways. They both face sexual pressures, but boys' sexuality is affirmed, while girls' is denied. They may both come from poor families, but in most cultures it is the girls whom poverty forces out of school, not the boys. They may both have to work, but for boys it is outside the home, expanding their horizons; for girls it is inside the home, restricting their experience. At adolescence, a boy faces the pressure of societal expectations to 'be a man', while a girl loses whatever freedom she had as a child.

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Those differences show up clearly in the division of responsibilities at home. Studies by the Population Council in Kenya, for example, show that 8- to 14-year-old girls work at domestic chores for 19 hours a week, boys for 14 hours. By the time they reach the 15- to 19-year-old age group, girls' workload has shot up to 32 hours a week, while the workload of boys has increased by just 4 hours. In Bangladesh, out-of-school boys spend just 12 minutes a day on domestic duties, compared to the 5 hours girls spend.

Nor are girls just working in their own homes. Ninety per cent of the children working as domestic servants — one of the most exploitive forms of child labour — are girls, and a survey in India found that 9 out of 10 households employing domestic servants preferred 12- to 15-year-old girls.

### Family honour

In many societies, an adolescent girl is closeted in the home for the sake of the family's honour, which depends on her virginity and modesty. If she is out in the world, coming into contact with men outside her family, she risks her family's reputation. For this reason, young women are frequently married off as fast as possible. The median age of marriage for girls in Bangladesh is 14; in Senegal, 16; in Nigeria, 17; and in Egypt, 19.

These limits become visible in many secondary school classrooms, where a majority of the seats are filled by boys. Boys have higher rates of enrolment in secondary school than girls in about three quarters of developing countries outside Latin America. More than four times as many Yemeni boys attend secondary school as do girls, 36 per cent to 8 per cent. In Nepal, 49 per cent of boys are in secondary school, compared to 25 per cent of girls, and in Turkey, 67 per cent of boys

attend, compared to 45 per cent of girls. (*See story, page 26.*)

A girl with minimal education, raised to be submissive and subservient, married to an older man, has little ability to negotiate sexual activity, the number of children she will bear or how she spends her time. In much of the developing world, women who have not completed primary school have two to three more children than those with some secondary education.

A young woman's lack of schooling also has a profound effect on the lives of her children. In Indonesia, the children of women with no formal schooling are almost three times more likely to die than those born to women with at least a secondary education.

Education is not a magic pill. But it can boost a young woman's confidence and teach her 'life skills', equipping her to make her own judgements. It may enable her to assert her right to choose whom and when she marries and to shift the skewed distribution of power between herself and her husband. Education can also provide vocational skills, potentially increasing her economic power, thus freeing her from dependence on her husband, father or brother.

However, that economic power often comes with a price. Most of the more than 1 million women employed in Bangladesh's garment factories begin working during adolescence. Forced by poverty to leave school, they accept the trade-off of a job that pays relatively well but exploits them, sometimes requiring them to work a 12-hour shift, seven days a week.

Although a job can raise self-confidence and provide the income needed to delay marriage, both the adolescent girl and society pay a high price in the long term when she drops out of school to go to work.

It is a tragic irony that adolescents were largely ignored by their elders until HIV/AIDS began to threaten their lives. Combining issues of sexuality, inequality, culture and poverty in complex ways, this disease encapsulates the adolescent experience in the late 1990s. Young people age 15 to 24 account for more than half of all new HIV infections, and teenage girls become infected at twice the rate of boys.

### HIV disparities

In some countries, the disparity is even greater, as in Malawi and Uganda, where HIV-infected females age 15 to 19 outnumber infected males six to one. In Eastern Europe, HIV-infection rates went up sixfold between 1995 and 1997. Worldwide, 1 in 20 adolescents contracts a sexually transmitted disease every year.

In the age of AIDS, being knowledgeable about reproductive health and having control over sexual activity is a matter of life and death for young people. Both boys and girls are in jeopardy: boys because of their sexual risk-taking; girls because they

generally lack the social power to set the terms of relationships, given males' traditional dominance in sexual matters.

In most encounters, the males are older, further enhancing their control. A study in Mali found that girls had their first sexual encounter at a median age of 15.8 years, compared to 20.7 years for boys. In Tanzania, female teachers had to be recruited as 'guardians' to protect young female students from the sexual advances of their male teachers. Among 53 countries reporting on marriage and cohabitation among 15- to 19-year-old males and females, every country had a higher rate for females — and in many countries it was far higher. (*See story, page 27.*)

Although the adolescent birth rate is falling in every region except sub-Saharan Africa, girls age 15 to 19 still account for more than 10 per cent of all births worldwide. One fifth of adolescents in the United States are parents before age 20, one half in Guatemala and Nicaragua and four fifths in Bangladesh.

Young women's immature bod-



*Education equips girls with skills and confidence, enabling them to take their place in the world. These adolescent girls learn computer graphic design at a school in Damascus (Syria).*

ies simply are not ready to have babies. Pregnancy-related deaths, mostly from obstructed labour, infection, haemorrhage, abortion and anaemia, are the leading cause of mortality for girls age 15 to 19 worldwide. The risk of death from pregnancy-related causes is four times higher in this age group than for women older than 20.

Having children when she is still a child herself interferes with a young woman's ability to make the most of her own life. Pregnancy typically ends a girl's schooling, and whatever free time she has is taken up by the demands of childcare.

### Taking action

The peril is clear, but so is the potential. And it is also obvious that to take action for girls requires taking action for boys. Their lives and problems are deeply intertwined — and so must be the solutions.

Almost 10 years ago, the Convention on the Rights of the Child defined the upper age limit of childhood as 18, recognizing that adolescents are entitled to the help and protection of society. The disturbing realization that this generation is at risk has alerted governments, non-governmental organizations and individuals to some key realities: that young people as individuals have rights to information, skills and services, and that as a group they are key to the future of their nations.

Anyone who has worked with young people knows what a resource they are, especially in overcoming the problems their generation faces — among them early pregnancy, school drop-out rates, substance abuse and violence. To participate in the solutions, they need information, they need skills and services, and they need a safe and supportive environment, including trusted adults to whom they can turn for advice.

The world has begun to respond. In 1994, the international community acknowledged young people's reproductive health rights in the Programme of Action at the International Conference on Population and Development in Cairo. It said that adolescents need appropriate direction and guidance in sexual and reproductive matters in a manner consistent with their evolving maturity. Another milestone was the Fourth World Conference on Women (Beijing, 1995). It was the first international women's conference at which the Platform for Action contained a section addressing the rights of girls and young women.

These conferences have recognized that young people, girls in particular, have been denied their rights and that society has not paid attention to their needs. These gatherings have also galvanized the political commitment to address adolescent concerns. We know what works. Now we must take advantage of the political consensus to help young people cope with the social and sexual changes of adolescence.

The evidence shows that young people successfully take charge of their lives when they receive the information and learn the skills they need — and acquire the self-confidence to employ them. Numerous studies have shown, for instance, that sex education delays young people's sexual initiation or reduces the number of partners.

The media can play a role in opening minds and changing policies. Radio, television and video, magazines and newspapers, even the Internet reach into all but the most isolated corners of the developing world. These media can be used to reinforce fundamental messages, such as the fact that we *must* keep girls in school — the most cost-effective development intervention known, given the pos-

itive ripple effect of girls' education on the lives of their children and communities.

Creating a better future for adolescents also means helping them connect with others who struggle with the same questions and concerns. Young people are creating their own media initiatives to reach their peers.

Kenya's Kenyatta University has launched *KUPeer*, a student-run magazine with a nationwide circulation of 20,000, to inform young people about health issues and to recruit peer educators. The Palestinian Ministry of Youth and Sport is sponsoring a magazine produced by young people and focusing on child rights issues, with upcoming editions devoted to gender and child labour.

China's Radio Shanghai hosts a talk show called 'Whisper', which takes questions from listeners on adolescent health. Hosted by a presenter with a friendly name like 'Aunt Ling', it can be heard in almost half of China. 'Straight Talk', a radio programme run by young people to discuss youth issues including health and sexuality, airs in Kenya, Malawi, Tanzania and Uganda. The scripts for India's 'Dehleez', a popular dramatic radio serial, incorporate messages about appropriate health behaviour. Jamaica's Red Cross Peer Educator project uses a similar strategy.

But information is not enough. Young people need services, especially youth-friendly health services. In Zambia, three pilot clinics have been staffed with 52 peer educators, 16 to 26 years old, who are trained to teach negotiating skills and provide counselling on issues including HIV/AIDS, pregnancy and substance abuse. In Swaziland, an education campaign aims to motivate young people to use the services of 80 health workers specially trained in adolescent health promotion.

In an initiative in Costa Rica, young people are consulted about

the health services provided, and they can take their questions to specially trained health workers. In Ukraine, the Young People's Development Programme provides youth health services as part of an effort that also aims to prevent crime, drug abuse and suicide.

While young people deal with the confusing developments of adolescence, they need education and vocational skills to enable them to support themselves. One model is a programme in Maqattam, near Cairo, that offers both literacy and vocational classes for girls — and also sends a strong message about self-worth by promising 500 Egyptian pounds (\$148) to each girl who agrees to defer marriage until the age of 18 and whose marriage is consensual. Plans are under way to bring boys and men into the programme to encourage their support of girls and women, both married and single.

These initiatives are a first step towards confronting the issues that must be addressed if today's generation of young people is to reach its adult potential. These actions hold promise, but they are far too few. No country is making enough use of the institutions already in place, especially schools, religious institutions and youth clubs, to provide a safe haven for young people to work out their concerns with each other and with supportive adults.

A couple of decades ago, before the age of child rights, before the age of AIDS, adolescents in developing countries were the nearly forgotten people. But a social revolution is under way. It presents an opportunity to change the rules, to transform not only their lives but the path their nations follow in the 21st century. Young people are full of energy and ideas. It is up to us to make sure that both girls and boys have the opportunity to capitalize on their monumental potential. ■

## TEEN BIRTHS

**T**he experience of adolescent girls traditionally has been measured by examining rates of pregnancy. But focusing exclusively on reproductive health ignores other profound changes taking place during this crucial stage of life. However, in the absence of country-level statistics about the diverse forces that shape the lives of teenagers, reproductive health remains one of the only tools available to compare adolescent girls around the world.

### The adolescent experience: Beyond childbearing

During the past 30 years, the time span between the age of puberty and the age of marriage and childbearing has grown, increasing the time that adolescent girls spend outside marriage. Knowing more about their lives is therefore imperative, helping both to reduce risk and to increase potential. Researchers are now beginning to study the myriad issues that arise in the lives of adolescent girls at the end of the 20th century, including:

- What is their treatment at the hands of their families? Do they eat as well as their brothers? Do they receive as much health care? How are domestic duties divided in the household? How much leisure time do girls have, and how do they spend it?
- How do they fare in school? How do their attendance rates and academic achievements compare with those of boys? Are girls treated the same as boys in the classroom? Are they encouraged to excel? Does their education influence how their families and communities perceive them?
- What is their experience in the workplace, whether formal or informal? Do they work for pay? How does their rate of pay compare to that of adolescent boys? Can they access credit? Are they slotted into traditionally female occupations?
- What is their experience with potentially risky behaviours? Do they experiment with cigarettes, alcohol, drugs? Do they engage in unsafe sexual practices? What happens when they do?

To date, answers to these questions are sketchy or anecdotal. While researchers are beginning to quantify the adolescent experience, the studies are as yet small, painting a picture of communities, rather than countries. UNICEF is working with others to create more realistic and revealing statistical indicators and is supporting governments in measuring them. As they become available, the results will be published in *The Progress of Nations*.



SUB-SAHARAN AFRICA



MIDDLE EAST AND NORTH AFRICA

1	Mauritius	45
2	Burundi	54
2	Rwanda	54
4	South Africa	70
5	Botswana	83
6	Lesotho	88
7	Kenya	101
8	Namibia	104
9	Zimbabwe	114
10	Ghana	115
11	Togo	119
12	Mauritania	122
13	Mozambique	124
13	Tanzania	124
15	Eritrea	128
16	Côte d'Ivoire	131
17	Zambia	132
18	Benin	133
19	Central African Rep.	134
20	Congo	136
21	Nigeria	138
22	Cameroon	140
23	Madagascar	142
23	Senegal	142
▶	Regional average	143
25	Gambia	153
26	Burkina Faso	157
27	Malawi	159
28	Ethiopia	168
29	Chad	173
30	Gabon	175
31	Uganda	179
32	Guinea-Bissau	180
33	Mali	181
34	Sierra Leone	201
35	Congo, Dem. Rep.	206
35	Liberia	206
35	Niger	206
38	Somalia	208
39	Angola	212
40	Guinea	229

1	Tunisia	18
2	Israel	19
3	Algeria	24
4	Lebanon	26
5	Morocco	28
6	Kuwait	31
7	Turkey	43
8	Jordan	44
8	Syria	44
10	Iraq	45
11	Sudan	52
▶	Regional average	56
12	Egypt	62
13	U. Arab Emirates	73
14	Iran	77
15	Yemen	101
16	Libya	102
17	Saudi Arabia	114
18	Oman	122



*Women who do not complete primary school have two to three more children on average than women with some secondary education.*



**CENTRAL ASIA**

1	Azerbaijan	19
2	Turkmenistan	20
3	Kazakhstan	32
4	Tajikistan	33
5	Uzbekistan	35
6	Kyrgyzstan	40
7	Armenia	41
8	Georgia	46
▶	<i>Regional average</i>	59
9	Afghanistan	152



**EAST/SOUTH ASIA AND PACIFIC**

1	Japan	4
1	Korea, Rep.	4
3	China	5
3	Korea, Dem.	5
5	Singapore	8
6	Cambodia	15
7	Sri Lanka	20
8	Australia	22
9	Papua New Guinea	24
10	Malaysia	26
11	Myanmar	31
12	New Zealand	32
13	Viet Nam	33
14	Mongolia	39
15	Philippines	40
16	Lao Rep.	50
▶	<i>Regional average</i>	56
17	Indonesia	58
18	Thailand	70
19	Bhutan	84
20	Nepal	89
20	Pakistan	89
22	India	109
23	Bangladesh	115



**AMERICAS**

1	Canada	24
2	Chile	49
3	Trinidad/Tobago	51
4	Haiti	53
5	Peru	57
6	United States	60
6	Uruguay	60
8	Argentina	64
9	Cuba	65
▶	<i>Regional average</i>	68
10	Mexico	69
11	Brazil	71
11	Ecuador	71
13	Colombia	74
14	Paraguay	76
15	Bolivia	79
16	Panama	81
17	Dominican Rep.	88
17	Jamaica	88
19	Costa Rica	89
20	El Salvador	92
21	Venezuela	98
22	Guatemala	111
23	Honduras	113
24	Nicaragua	133



**EUROPE**

1	Switzerland	4
2	Netherlands	7
3	France	8
3	Italy	8
5	Belgium	9
5	Denmark	9
7	Spain	10
7	Sweden	10
9	Finland	11
10	Germany	13
11	Ireland	14
12	Norway	16
13	Greece	18
14	Austria	21
15	Lithuania	22
15	Portugal	22
17	Belarus	24
18	Poland	25
▶	<i>Regional average</i>	25
19	Estonia	27
19	Slovenia	27
21	Bosnia/Herzegovina	29
21	Hungary	29
23	Latvia	30
24	Albania	31
24	Croatia	31
24	United Kingdom	31
27	Moldova, Rep.	32
28	Czech Rep.	35
28	Slovakia	35
30	Ukraine	36
31	Yugoslavia	38
32	Russian Fed.	39
33	TFYR Macedonia*	40
34	Romania	43
35	Bulgaria	57

**WHAT THE TABLE RANKS**

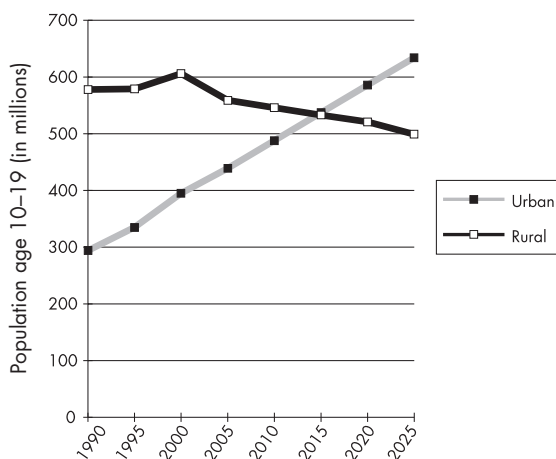
Births per 1,000 females age 15-19

**Moving to the cities**

Adolescent population in developing countries by urban and rural areas, 1990-2025

The largest generation in history will soon be the most urbanized. Moving to the city may mean:

- Growing exposure to risks — alcohol and drugs, violence, risky sexual practices, HIV/AIDS.
- Loss of culture and isolation from extended family.
- Improved access to better schools, youth-friendly health services (if subsidized).
- More employment opportunities.
- Falling birth rates (over time).



\*The former Yugoslav Republic of Macedonia, subsequently referred to as TFYR Macedonia.

Source: UN Population Division, Dept. of Economic and Social Information and Policy Analysis, *World Population Prospects: The 1996 Revision*. New York, 1997.

## Women's health: Up in smoke?

Smoking among women in developing countries is far less prevalent than among men — so far. WHO estimates that 48% of males aged 15 and over in the developing world smoke, compared to only 7% of females. But in developing countries, with fewer restrictions to stop the tobacco companies' aggressive marketing and with less public awareness of smoking's grave risks, it is only a matter of time before the percentage of women smokers starts to climb. Stemming a surge in smoking among girls and women is therefore a global health challenge.

Among 87 countries with available data, there are 38 countries worldwide where 20% or more women age 15 or older smoke. Only 7 of these are developing countries: Brazil, Chile, Cook Islands, Cuba, Fiji, Papua New Guinea and Uruguay. The highest women's smoking rates are in Europe — Denmark and Norway top the list with 37% and 36%, respectively.

About 3.5 million people die each year from tobacco use, more than half a million of them women. As the proportion of women smokers increases, so ultimately will the proportion of women dying from tobacco-related causes.

Most smokers start during their teens — the median age of initiation is under 15 in many countries. In a number of industrialized countries, including Austria, Denmark, Spain and Sweden, smoking rates are now higher among teenage girls than teenage boys, according to WHO. Yet the tragic impact in illness and death among these young people will not appear in the statistics for about 30 years. In the industrialized countries where women have long smoked, their death rate from smoking-related disease is rising rapidly, accounting for 25% to 30% of all female deaths in middle age.

In addition to the main smoking-related illnesses, including lung and oral cancer, emphysema and heart disease, women smokers face increased risk of cervical cancer, im-

paired fertility and premature menopause. There is also a higher rate of miscarriage among expectant mothers who smoke, and smoking during pregnancy is linked to low birth weight, which increases infants' risk of death and illness.

The Convention on the Rights of the Child mandates countries to safeguard children's health and to protect them from exploitation and promote health education. Therefore, support for strong restrictions on the sale and promotion of tobacco products to children and teens is a global child rights issue.

### Where 20% or more women smoke

Percentage of smokers aged 15 or above

Country	Men	Women
Denmark	37	37
Norway	36	36
Czech Rep.	43	31
Fiji	59	31
Israel	45	30
Russian Fed.	67	30
Canada	31	29
Netherlands	36	29
Poland	51	29
Greece	46	28
Iceland	31	28
Ireland	29	28
Papua New Guinea	46	28
Austria	42	27
France	40	27
Hungary	40	27
Uruguay	41	27
Cook Islands	44	26
Italy	38	26
Luxembourg	32	26
Slovakia	43	26
Switzerland	36	26
United Kingdom	28	26
Brazil	40	25
Chile	38	25
Cuba	49	25
Spain	48	25
Estonia	52	24
Sweden	22	24
Turkey	63	24
United States	28	24
Argentina	40	23
Slovenia	35	23
Germany	37	22
New Zealand	24	22
Australia	29	21
Bolivia	50	21
Costa Rica	35	20

Source: WHO, *The Tobacco Epidemic: A Global Public Health Emergency*, table 3, April 1996.



More boys than girls attend secondary school in 25 countries, but rates are low for both in sub-Saharan Africa. This adolescent girl attends school in Ethiopia.

## Girls missing in secondary school classrooms

Primary school enrolment rates have risen all over the world in recent decades, and the gender gap in primary education is beginning to close. But, when it comes to secondary education, it is a different story.

In 25 countries the proportion of boys enrolling in secondary school is higher than girls by 10% or more, and in five — India, Nepal, Togo, Turkey and Yemen — the gap exceeds

20%. In more than 40 countries worldwide, fewer than 25% of girls are enrolled in secondary school.

The worst disparity is found in South Asia, where 52% of boys but only 33% of girls enrol — a gap of 19%. Secondary enrolment is low for both boys and girls in sub-Saharan Africa, with rates of just 27% and 22%, respectively, but nonetheless, girls trail behind.

In contrast, 13 countries have higher enrolment rates for girls than boys by 10% or more. Girls generally lead boys in Latin America and the Caribbean, with 56% of girls and 52% of boys enrolled in secondary school.

### School enrolment

Countries with large disparities between boys' and girls' secondary school enrolment...

	...where ratio is higher for boys than girls by 10% or more*
Cameroon	10
Zimbabwe	10
Chad	11
Morocco	11
Egypt	12
Guinea	12
Lao People's Dem. Rep.	12
Uzbekistan	12
Benin	13
Congo, Dem. Rep.	13
Gambia	13
Zambia	13
Bangladesh	14
Cambodia	14
Iran	14
Côte d'Ivoire	15
Ghana	16
Pakistan	16
Congo	17
Iraq	19
India	21
Turkey	22
Nepal	24
Togo	27
Yemen	28

	...where ratio is higher for girls than boys by 10% or more*
Colombia	10
Namibia	10
Spain	11
Lesotho	12
Venezuela	12
Dominican Republic	13
Trinidad and Tobago	13
South Africa	15
Uruguay	15
Finland	16**
Guyana	17
Mongolia	18
United Kingdom	22**

\* Includes all students enrolled in secondary school regardless of age.

\*\* Disparity due to higher enrolment in secondary vocational schools for young women age 20 and older.

Source: UNESCO *Statistical Yearbook 1997*. [Data: 1990-95.]

## Too many teen brides

Teenage marriage may be less common than it was a generation ago, but in many countries, and for many young women, it is still the norm. Compared to girls who marry later, teenage brides typically have less schooling, less independence and less experience of life and work. Boys, in contrast, rarely marry during their teens.

A young girl often does not have a say in whether and whom she will marry, and she is frequently subordinate to her older partner in fundamental family decisions, such as when to have children and how many to have. The age difference between a teenage married woman and her partner further exacerbates the disparities in power. Early marriage is closely linked to early, repeated and unplanned childbearing. Death rates are higher for both mothers and babies, as teenage bodies are not ready for the rigours of pregnancy or childbirth.

Data from 53 countries show that the highest rates of 15- to 19-year-old girls 'in union'—either married or cohabiting—are in sub-Saharan Africa, followed by Asia. Among the 22 countries in sub-Saharan Africa with data, more than 25% of girls in this age-group in 14 countries are married or cohabiting. Five countries have rates above 40%. The data include diverse types of union socially accepted in various societies, including marriage, forms of cohabitation and polygyny, in which a man has more than one wife at a time.

The contrast in the rates of marriage between teen girls and boys is considerable in most countries. All countries reporting have higher rates of teen marriage for girls, and in only two do teenage boys' rate of marriage or cohabiting exceed 10%.

Although delaying marriage until after adolescence has many advantages, there are also risks. Unmarried teenage girls who are sexually active face the risk of unintended pregnancy, as well as sexually transmitted diseases, including HIV/AIDS.

### Married adolescents

Per cent of 15- to 19-year-olds who are currently married or cohabiting

	Males	Females
<b>Sub-Saharan Africa</b>		
Mali	1	72
Niger	14	57
Uganda	8	47
Burkina Faso	3	44
Cameroon	3	41
Central African Rep.	6	39
Nigeria	—	37
Malawi	6	36
Liberia	3	32
Senegal	1	29
Togo	2	27
Zambia	2	27
Côte d'Ivoire	3	26
Tanzania	3	26
Madagascar	9	21
Ghana	2	20
Zimbabwe	2	19
Kenya	3	15
Rwanda	3	8
Namibia	—	7
Botswana	1	6
Burundi	4	6
<b>Middle East and North Africa</b>		
Yemen	13	24
Sudan	3	15
Egypt	3	14
Turkey	5	13
Morocco	2	12
Tunisia	0	4
<b>Asia</b>		
Bangladesh	7	48
India	6	38
Pakistan	4	24
Indonesia	2	17
Thailand	4	16
Philippines	4	7
Sri Lanka	1	7
China	1	3
<b>Latin America and Caribbean</b>		
El Salvador	4	24
Guatemala	8	24
Trinidad/Tobago	1	20
Dominican Rep.	6	18
Mexico	7	18
Ecuador	4	17
Bolivia	3	15
Brazil	2	14
Colombia	6	14
Paraguay	1	14
Peru	3	10
<b>Industrialized countries</b>		
United Kingdom	3	11
Poland	1	8
United States	1	8
France	1	4
Germany	0	2
Japan	0	2

Source: The Alan Guttmacher Institute, *Into a New World, Young Women's Sexual and Reproductive Lives*, New York, 1998. (Data: 1986-96.)

## The family planning gap

For any girl, married or unmarried, few events are as traumatic as an unwanted pregnancy. Nonetheless, a significant number of adolescent girls aged 15 to 19 are sexually active and do not want a child, but are not using any form of family planning, according to a recent survey.

In more than half of the 46 countries providing data, which are home to almost 50% of the world's population, at least 10% of girls aged 15 to 19 have an unmet need for family planning services. The data do not reveal whether family planning services are actually available or whether it is legal for adolescents under 18 to obtain them. The highest rates are found in sub-Saharan Africa, where 20% or more of adolescent girls use no means of contraception in 10 of the 21 countries surveyed, and where many sexually active girls are also unmarried. This is also the case in the United States, the only industrialized country covered, where 9% of unmarried girls aged 15 to 19 have an unmet need for family planning, compared to only 1% of married girls. Unmarried pregnant adolescents face larger risks, including the possibility of receiving less care and of family rejection.

Postponing marriage and childbearing gives girls the chance for more education and experience and for improving their own health, nutrition and well-being and that of their future children.

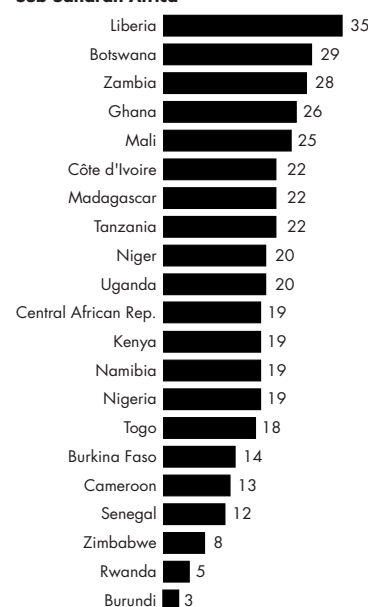


Significant numbers of 15- to 19-year-old girls do not use or have access to family planning services. An adolescent mother watches over her premature baby in a hospital in Encarnación (Paraguay).

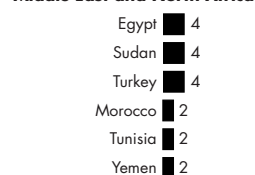
### Unmet need

Per cent of women aged 15-19 who are sexually active, do not want a child soon and are not using any method of contraception

#### Sub-Saharan Africa



#### Middle East and North Africa



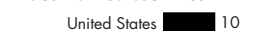
#### Asia



#### Latin America and Caribbean



#### Industrialized countries



Source: The Alan Guttmacher Institute, *Into a New World, Young Women's Sexual and Reproductive Lives*, New York, 1998.