



3.4 CHILD MARRIAGE AND TEENAGE PREGNANCY

Key issues in East Asia and the Pacific

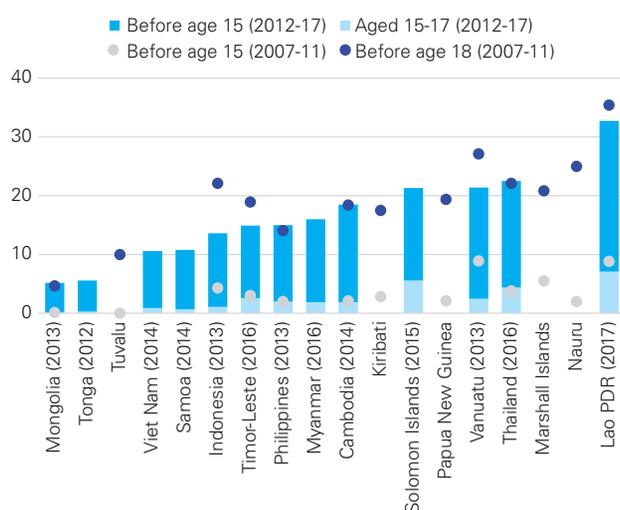
While global adolescent birth rates are falling, they are either stagnant or increasing in several countries in East Asia and the Pacific. The average adolescent birth rate in Southeast Asia is now higher than in South Asia, at 47 per 1,000 girls. Adolescent birth rates are above the global average in many countries in the region. In the meantime, child marriage (marriage where one or both partners are under the age of 18) prevalence remains high in some countries. In terms of total number of girls in child marriages, Indonesia ranks seventh, the Philippines 12th and Thailand 19th in the world.

'Peer' ('love') marriages, or circumstantial child marriages between teenagers, seem more common, but arranged and forced marriages can also be found in the region. While in South Asia and Africa, child marriage often drives early pregnancy, in East Asia and the Pacific, pregnancy may also precede marriage, and act as a trigger for child marriage or early union. For example, in Thailand, which saw an increase in the adolescent birth rate from 40 to over 50 per 1,000 girls over the past 10 years, studies show that pregnant adolescents often get married to 'save face', while arranged child marriage remains a norm in some cultural groups. In Viet Nam, for example, types of child marriage include 'peer' marriages, child marriages arranged by families to capitalize on young people's labour, marriage to resolve the perceived shame of premarital sex or early pregnancy, and bride kidnapping. In Timor-Leste, a recent study found that gender norms and unequal power relations between girls and boys were key drivers of teenage pregnancy. The legislative framework for protecting children from early marriage is weak in the region, with only six countries categorically prohibiting marriage below the age of 18, allowing no exceptions on the basis of sex, religion, ethnicity or parental consent.

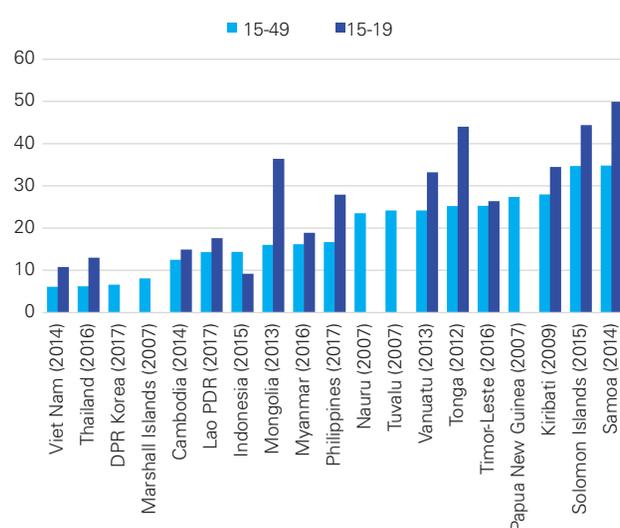


Adolescent fertility rates are generally higher in settings where early marriage is prevalent, in rural rather than urban areas, and among girls with less educational attainment and lower socio-economic status. An unintended pregnancy can have negative consequences for the girl, including stigma, social isolation, school expulsion, forced marriage, and in some cases violence and suicide. Abortions, which are highly restricted or prohibited in many countries in the region, can be unsafe and result in illness and death. Complications of adolescent pregnancy and childbirth are a leading cause of death among girls and young women aged 15–19 in developing countries.

Women aged 20-24 years who were married or in a union before age 15 and before age 18 (%)



Unmet need for family planning among married girls age 15-19 and women age 15-49 (%)



Source: UNICEF Global Database; DHS and MICS

Source: UNDESA, World Contraceptive Use 2017; DHS & MICS.

Driving results for children

In line with the Sustainable Development Goals (SDGs), particularly SDGs 3¹ and 5², UNICEF prioritizes support to prevention of and response to child marriage and teenage pregnancy. This includes support to: (1) the establishment of enabling and empowering legal and policy frameworks that recognize adolescent sexuality; (2) strengthening pathways to adulthood through education and employment, increasing access to sexual reproductive health services and comprehensive sexuality education; and (3) promoting adolescent girls' empowerment and gender norm change, including those that support sexual and gender-based violence.

Key programme strategies



Systems and capacity

- Support capacity building to design and implement evidence-based strategic interventions, that include prevention and response, built on an understanding of patterns of adolescent pregnancy, child marriage and early union.
- Promote interventions targeting girls and boys most at risk of child marriage, ensuring that approaches are adapted to their local situation.
- Support efforts to strengthen access to and quality of education, employability and economic opportunities for girls.
- Strengthen capacity and services to prevent and respond to sexual assault and intimate partner violence against girls.
- Strengthen capacity for targeted pregnancy care, nutrition, maternal health care and psycho-social support for adolescent girls.
- Promote comprehensive sexuality education in line with international standards.
- Promote sexual and reproductive health and family planning services to be accessible, non-judgemental and tailored to the needs of married and unmarried adolescents, girls and boys.



Behaviour change

- Change gender norms, non-consensual sexual behaviour, and community attitudes towards both.
- Mobilize youth, parents and communities to end child marriage.
- Strengthen gender norm change within behaviour change communications and social norm programming.
- Integrate gender socialization dimensions into all programmes that engage with 'agents of socialization'.
- Address stigmatization and isolation of married adolescents, pregnant adolescent girls and teenage mothers.



Partnerships and alliances

- Meaningful engagement of young people at all ages and all stages – 'reaching young people where they are'.
- Build alliances and networks for adolescent girls' empowerment.
- Strengthen intersectoral collaboration to effectively address the drivers of adolescent pregnancy.
- Collaborate with sexual reproductive health partners to create an enabling environment for gender equality and adolescent sexual and reproductive health and rights.



Governance, policy and budgets

- Advocate for the adoption of enabling and empowering legal and policy frameworks that recognize adolescent sexuality.
- Promote comprehensive sexuality education, including gender equality, human rights and power relations.
- Ensure access to sexual and reproductive health services, particularly family planning and contraception.
- Strengthen policies to support married children and pregnant girls to continue their education.



Data, evidence and knowledge

- Collect, analyse and use disaggregated and sub-national data to understand the patterns of adolescent pregnancy, child marriage and early union (particularly for 10- to 14-year-olds), and to make the most affected groups more visible.
- Evaluate approaches that work to prevent child marriage and adolescent pregnancy.

1 'Ensure healthy lives and promote well-being for all at all ages'

2 'Achieve gender equality and empower all women and girls'