

A STATISTICAL SNAPSHOT OF VIOLENCE AGAINST ADOLESCENT GIRLS



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OVERVIEW

Every 10 minutes, somewhere in the world, an adolescent girl dies as a result of violence. Yet these deaths represent only the most extreme and irrevocable assaults in a long continuum of violence faced by adolescent girls on a daily basis, usually at the hands of people closest to them – caregivers, peers and intimate partners.

Violence can take many forms, including physical, sexual and emotional violence, and varies in its severity. While all adolescents may experience violence, being a girl presents unique vulnerabilities – some with consequences that can last a lifetime. Gender discrimination, norms and practices mean that adolescent girls are likely to experience certain forms of violence, such as sexual violence, at much higher rates than boys. Girls are also more likely to be exposed to certain harmful practices, such as child marriage and female genital mutilation/cutting (FGM/C) – both of which are direct manifestations of gender inequality.

Puberty intensifies the vulnerability of girls to violence. During the transition into womanhood, sexuality and gender roles begin to assume greater importance in how adolescent girls are viewed socially. For many girls, the first experience of sexual intercourse is unwanted or even coerced. Young brides face especially high risks of physical, emotional and sexual violence along with curtailed personal freedom and decision-making power. Puberty is also a time in which girls are more likely to engage in risky behaviours – such as drug and alcohol abuse and unprotected, unsafe sex – that increase their susceptibility to violence. Girls' low status in society and within the family, along with the tendency of men and boys to wield power, especially over girls' sexuality, are key factors in the high rates of violence against adolescent girls. When such factors remain at play into adulthood, they tend to reinforce recurring patterns of violence and the restrictions placed upon women.

Gender inequality contributes not only to the pervasiveness of violence against girls, but also to its acceptability. In some societies, for example, sexual violence, child marriage and FGM/C are not regarded as forms of violence, or even as problems to be addressed. And many girls themselves do not identify these violations as violence or abuse.

The right of adolescent girls to be protected from all forms of violence and discrimination is guaranteed under the Convention on the Rights of the Child, its Optional Protocols and the Convention on the Elimination of All Forms of Violence against Women. Moreover, many countries have legal frameworks that make sexual and physical violence against girls punishable by law. Similarly, child marriage and FGM/C are legally prohibited in many countries where these harmful practices still prevail. Ending the cycle of violence against adolescent girls, however, requires more than the passage and enforcement of laws and conventions. Systems and services need to be reoriented with a view to reducing the risk of harm to girls. For example, transportation options that emphasize safety and accessibility to girls need to be provided. Similarly, lighting, water and sanitation services need to be structured to give girls greater mobility and access to schooling, enabling them to establish essential daily routines.

Most importantly, girls must be empowered with the knowledge, skills, resources and options they need to reach their potential and serve as their own advocates. Educating girls and boys in an environment that is responsive to gender differences and free from all forms of violence, neglect and abuse is a key strategy in breaking the cycle of violence. Providing adolescent girls with life skills education can help them develop critical thinking, build self-esteem, communicate and negotiate effectively, and solve problems in a cooperative way. It can also build skills required to cope with violence if and when it does occur.



Helping reduce girls' vulnerabilities and expand their opportunities, including increasing their access to social, health and economic resources, is an integral component of empowerment.

Ending violence against adolescent girls involves

action at every level. Governments, the private sector, civil society organizations, communities and ordinary individuals all have a role to play in stopping the cycle of violence and in contributing to the empowerment of adolescent girls.

1. MORTALITY DUE TO VIOLENCE

Every year, around 1.3 million adolescents die as a result of various causes, including infectious diseases, pregnancy and childbirth, and injuries. Some 45 per cent of these deaths (about 600,000) are among adolescent girls; about 10 per cent of them are due to violence.¹

As children move from early childhood to adolescence, violence accounts for a more significant share of deaths. The proportion of violent deaths among girls (out of all causes) rises from 0.4 per cent at age 0 to 9, to 4 per cent at age 10 to 14, to 13 per cent at age 15 to 19 (*Figure 1.1*).

Worldwide in 2012, violence took the lives of around 54,000 adolescent girls between the ages of 10 and 19, making it the second leading cause of death among this population group, after infectious and parasitic diseases (*Table 1.1*). The highest levels of violent death among adolescent girls are found in South Asia, where almost 30,000 girls died as a result of violence in 2012 (*Table 1.2*). This translates

into a death rate of 19 per 100,000 – approximately twice the global rate.

As children begin the second decade of their lives, gender begins to play a role in shaping mortality patterns. For instance, a look at the perpetrators of interpersonal violence sheds light on the influence of gender on mortality patterns: While most boys are killed by strangers, girls are at particular risk of being killed by those closest to them. Globally, almost half (47 per cent) of female homicide victims of all ages are killed by family members or intimate partners, whereas the share for men is 6 per cent.²

A girl's risk of dying as a result of violence increases from early to late adolescence (*Figure 1.2*). Data from 2012 show that about 11,000 girls aged 10 to 14 died from some form of violence, indicating a death rate of 4 per 100,000. Among adolescent girls aged 15 to 19, the death toll from violence is even higher, with almost 44,000 victims, or 15 per 100,000.

FIGURE 1.1

Deaths due to violence increase as girls enter adolescence

Percentage distribution of deaths among girls aged 0 to 19 years in 2012, by cause and by age group



Source: World Health Organization, *Global Health Estimates (GHE) Summary Tables: Deaths by cause, age, sex and region, 2012*, WHO, Geneva, 2014, recalculated by UNICEF.

TABLE 1.1

Violence is the second leading cause of death among adolescent girls globally

Number of deaths among girls aged 10 to 19 years in 2012, by top 10 causes

Infectious and parasitic diseases	181,000
Violence	54,000
Road injuries	34,000
Cardiovascular diseases	33,000
Respiratory infections	33,000
Maternal conditions	28,000
Neurological conditions	24,000
Other unintentional injuries	24,000
Malignant neoplasms	23,000
Nutritional deficiencies	21,000

Note: Figures in this table have been rounded.

Source: World Health Organization, *Global Health Estimates (GHE) Summary Tables: Deaths by cause, age, sex and region, 2012*, WHO, Geneva, 2014, recalculated by UNICEF.

TABLE 1.2

The vast majority of violent deaths among adolescent girls globally occur in South Asia, both due to its population size and high rates of violence

Number of violent deaths among girls aged 10 to 19 years and number of violent deaths among girls aged 10 to 19 years per 100,000 population in 2012, by region

	Total number of violent deaths	Death rate due to violence
South Asia	29,300	19
West and Central Africa	5,100	11
Eastern and Southern Africa	5,800	11
Latin America and the Caribbean	4,200	8
Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS)	1,400	5
East Asia and the Pacific	5,400	4
Middle East and North Africa	1,300	3
Countries outside of these regions	1,600	3
World	54,000	9

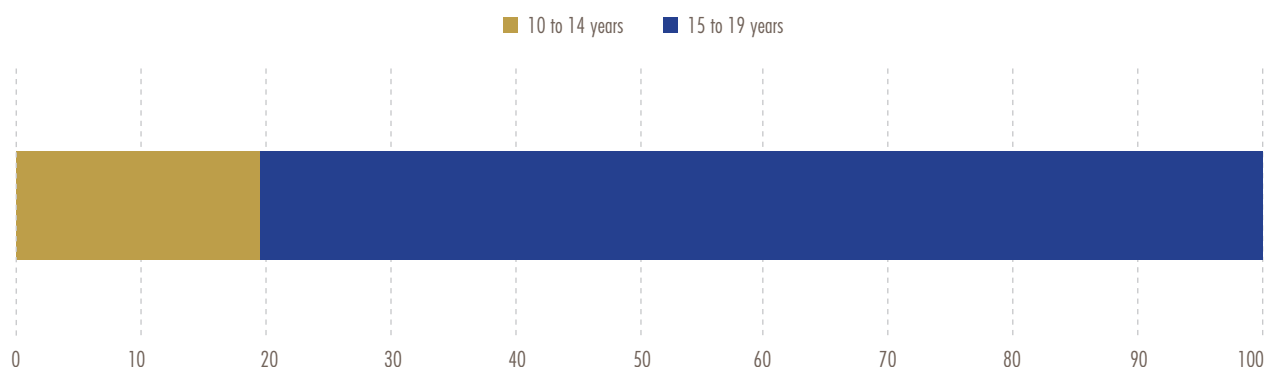
Note: Figures in this table have been rounded.

Source: World Health Organization, *Global Health Estimates (GHE) Summary Tables: Deaths by cause, age, sex and region, 2012*, WHO, Geneva, 2014, recalculated according to UNICEF's regional classification.

FIGURE 1.2

Eight out of 10 adolescent girls who died as a result of violence were between the ages of 15 and 19

Percentage distribution of violent deaths among girls aged 10 to 19 years in 2012, by age group



Source: World Health Organization, *Global Health Estimates (GHE) Summary Tables: Deaths by cause, age, sex and region, 2012*, WHO, Geneva, 2014, recalculated by UNICEF.

2. NON-FATAL PHYSICAL VIOLENCE

According to General Comment No. 13 on the Convention on the Rights of the Child, physical violence takes both fatal and non-fatal forms and encompasses physical torture, cruel and inhuman physical punishment, physical bullying and hazing, and corporal punishment.³ Examples include slapping, spanking, pushing, punching, kicking, choking and burning. Physical violence against children and adolescents can be committed by anyone, although adults in positions of trust and authority (such as caregivers and teachers) are often cited as perpetrators. Acts of physical force are also common among peers.

Data show that the most common form of physical violence that children and adolescents experience occurs within the context of discipline – usually in their own homes and at the hands of their caregivers. Among younger adolescent girls aged 10 to 14, nearly two out of three are subjected to corporal punishment on a regular basis (*Figure 2.1*).

Adolescent girls continue to experience corporal punishment by parents into late adolescence, and at the same time become prone to acts of physical aggression by intimate partners.

Among girls aged 15 to 19 worldwide, almost one quarter (around 70 million) said they were the victims of some form of physical violence since age 15. The proportion of adolescent girls who reported experiencing some form of physical violence since age 15 varies widely across low- and middle-income countries with available data (*Figure 2.2*).

When it comes to perpetrators of physical violence against girls, parents (mothers or fathers) and other caregivers (stepmothers or stepfathers) were the most commonly reported perpetrators in the majority of the 33 countries with available data (*Table 2.1*). In Azerbaijan, Cambodia, Haiti, Kyrgyzstan and Timor-Leste, for instance, over half of girls named

their mother or stepmother as perpetrators. In the Plurinational State of Bolivia, Egypt, Mozambique, Nepal and Zimbabwe, current husbands or partners were most often cited.

Never-married girls are most likely to report physical violence at the hands of family members, friends or acquaintances and teachers. However, among ever-married girls, current and/or former intimate partners are the most commonly reported perpetrators of physical violence in all the countries with available data. In India, Mozambique, Nepal, the United Republic of Tanzania and Zambia, for instance, over 70 per cent of girls named their current or former husbands or partners as the perpetrators of physical violence against them.

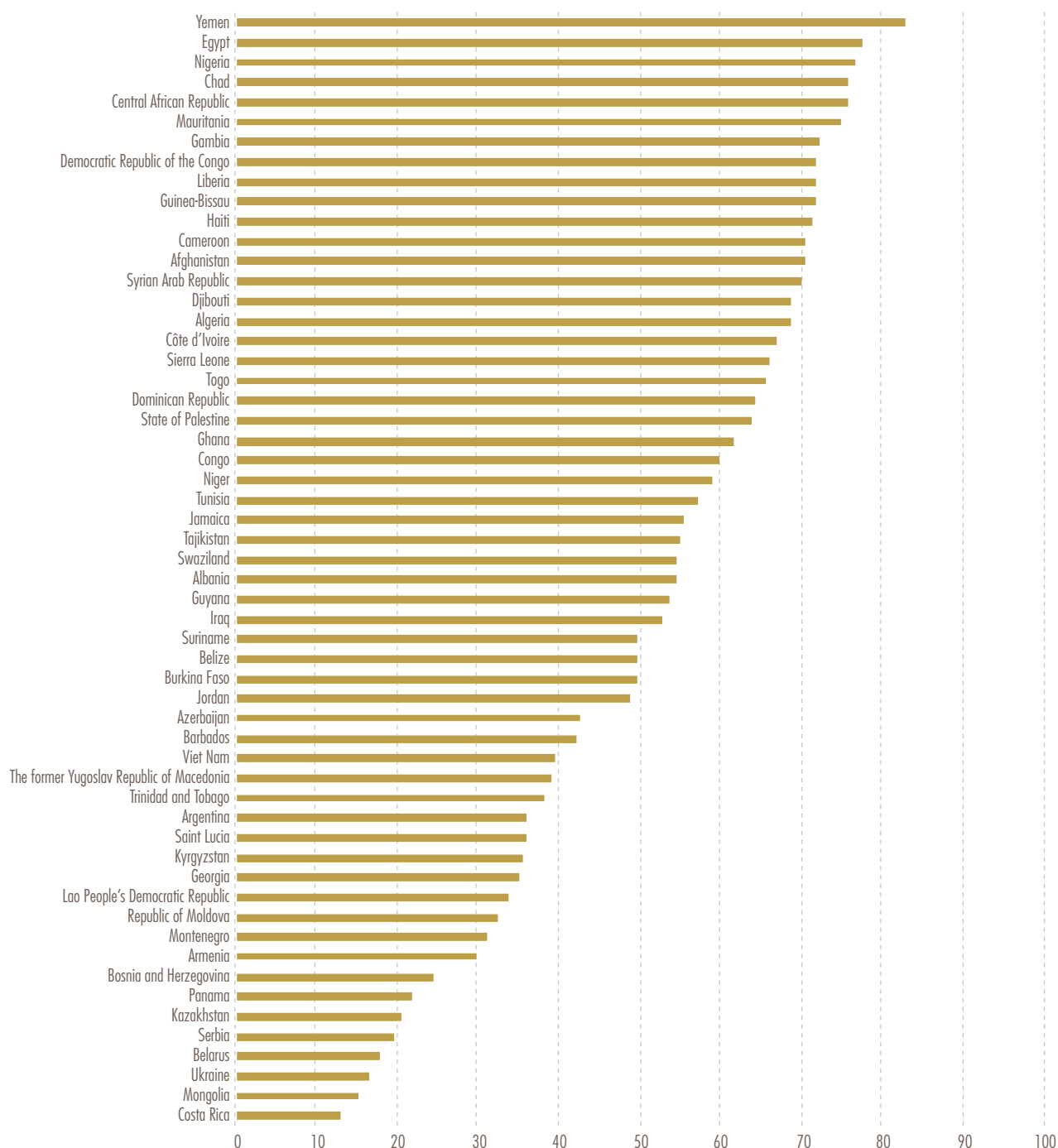


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FIGURE 2.1

The use of corporal punishment against younger adolescent girls is widespread

Percentage of girls aged 10 to 14 years who experienced any physical punishment in the past month



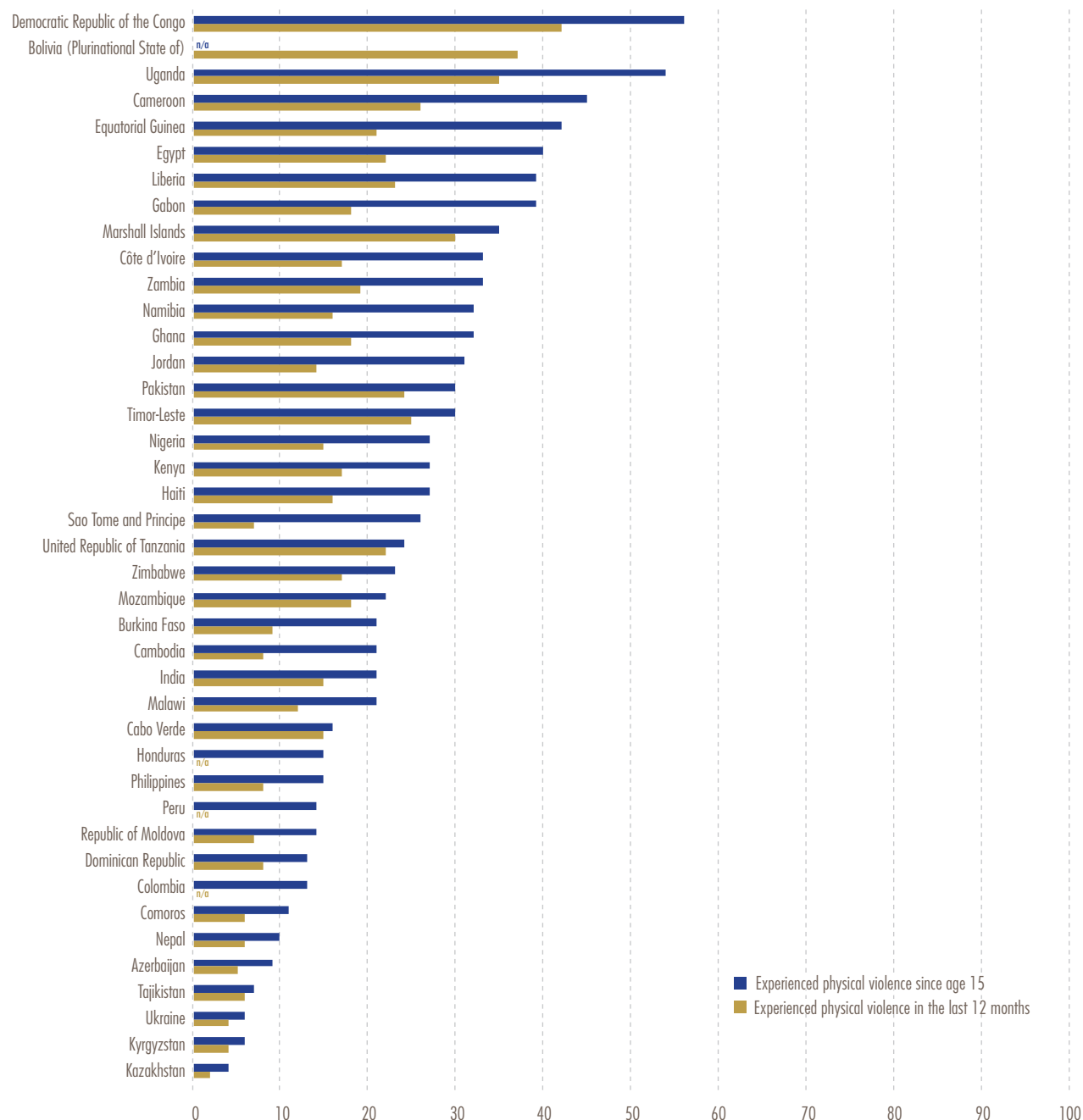
Notes: Data for Belarus differ from the standard definition. For Argentina, the sample was national and urban (municipalities with a population of more than 5,000), since the country's rural population is scattered and accounts for less than 10 per cent of the total.

Source: UNICEF global databases, 2014, based on Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other nationally representative surveys, 2005-2013.

FIGURE 2.2

Over half of adolescent girls report incidents of physical violence since age 15 in the Democratic Republic of the Congo and Uganda

Percentage of girls aged 15 to 19 years who experienced any physical violence since age 15 and percentage of girls aged 15 to 19 years who experienced any physical violence in the last 12 months



Notes: Data on the proportions of adolescent girls who experienced any physical violence in the last 12 months are not available for Colombia, Honduras and Peru. Data for the Plurinational State of Bolivia, Cambodia, Egypt, Jordan and Pakistan refer to ever-married girls aged 15 to 19 years. Data on the proportion of adolescent girls who experienced any physical violence since age 15 are not available for the Plurinational State of Bolivia. Data for Colombia and Peru refer only to physical violence committed by someone other than the current or most recent spouse or partner. Data for the Marshall Islands are based on 25-49 unweighted cases. Data for Kazakhstan are from MICS 2010-2011, which used an adapted version of the DHS module on domestic violence.

Source: UNICEF global databases, 2014, based on DHS and MICS, 2005-2013.

TABLE 2.1

In almost all countries, parents and intimate partners are the most commonly cited perpetrators of physical violence against adolescent girls

Percentage of girls aged 15 to 19 years who experienced any physical violence since age 15, by perpetrator

	Persons who committed physical violence against girls															
	Current husband/partner	Former husband/partner	Current/former boyfriend	Mother/stepmother	Father/stepfather	Daughter/son	Brother/sister	Other relative	Mother-in-law	Father-in-law	Other in-law	Friend/acquaintance	Teacher	Employer/someone at work	Police/soldier	Other
Azerbaijan	11	3	0	52	20	0	29	5	0	0	0	-	0	0	0	0
Bolivia (Plurinational State of)	55	6	-	3		0	4	1	1	-	4	3	0	-	-	1
Burkina Faso	7	2	3	36	34	0.1	8	24	0.3	0	2	4	3	0	-	16
Cambodia	7	0	-	63	30	1	29	1	0	0	3	0	3	0	0	5
Cameroon	20	5	7	26	22	0	24	9	0.1	0	1	1	16	0	0	11
Colombia	18	11	13	42		0	-	18	-	-	1	-	-	-	-	13
Comoros	5	3	5	30	14	0	33	15	2	0	2	-	12	0	0	8
Côte d'Ivoire	13	2	5	36	32	0	26	-	0	0	11	2	1	1	-	10
Democratic Republic of the Congo	23	3	9	37	35	1	45	0	2	0	0	14	11	0.2	1	12
Dominican Republic	26	18	-	24	23	0	7	6	0	0	-	13	0	0	-	5
Egypt	49	3	-	26	48	0	25	-	1	0	-	0	3	0	-	0
Gabon	16	4	13	28	26	0	26	21	0	0.4	0.1	-	3	0	0	5
Ghana	6	0	1	27	14	0	18	12	0	0	0.4	-	33	1	0	22
Haiti	13	2	4	52	40	0	17	16	0.1	1	0.2	-	11	0	0.2	4
Honduras	25	14	2	29	21	0	15	11	0	0	0	-	0	0.2	0	6
India	33	2	0.2	41	18	0.4	25	2	1	0.4	1	-	11	0	0	0.4
Kenya	10	2	1	37	23	0	13	10	0.1	0.1	0.1	-	42	0	0.1	18
Kyrgyzstan	4	1	0	55	15	2	30	5	0	0	0	-	3	0	0	12
Liberia	17	6	12	46	39	0.2	12	13	0	0.1	1	-	8	0	2	4
Malawi	22	6	1	14	5	0	21	9	0	0	1	-	3	0	0	31
Mozambique	37	7	5	20	11	0.1	17	10	0	0	1	-	5	0.2	0	8
Nepal	44	0	0	17	22	0	18	7	0	0	0	-	4	0	0	1
Nigeria	9	2	4	41	32	1	30	18	0.2	0	1	7	32	1	0.1	1
Peru	22	6	-	33	34	0	22	9	0	0	2	2	0	0	-	7
Philippines	15	3	0	33	28	0	20	11	0	0	0.3	0	0	0.4	0	13
Republic of Moldova	9	6	9	17	38	0	11	6	0	0	0	-	0.3	3	0	13
Sao Tome and Principe	25	2	3	44	32	0	9	-	0	0	10	4	0	0	0	5
Tajikistan	13	0	1	47	12	3	30	7	0	0	0	-	4	0	0	1
Timor-Leste	7	0.3	0.3	63	51	2	28	8	0	0	0	-	12	0	0	1
Uganda	12	4	7	26	21	0	10	7	0	0	1	-	48	2	0	11
United Republic of Tanzania	23	4	5	17	3	0	18	13	0	0	0.2	-	28	3	0	12
Zambia	20	3	6	19	12	0	18	14	0	0	2	-	10	0	0	19
Zimbabwe	30	5	4	15	8	0	10	21	1	0	0.4	-	12	1	0	10

Note: Data for the Plurinational State of Bolivia, Cambodia and Egypt refer only to ever-married girls aged 15 to 19 years.

Source: UNICEF global databases, 2014, based on DHS and MICS, 2005-2013.

3. BULLYING

Adolescence is a period in life when the establishment of friendships and interaction with peers takes on increasing importance.⁴ While this presents opportunities for personal growth and the development of social competency, it also exposes adolescents to new forms of violence at the hands of their peers. Bullying refers to the use of aggression to assert power over another person.⁵ More specifically, it has been defined by researchers as actions, either physical or verbal, that have a hostile intent, are repeated over time, cause distress for the victim and involve a power imbalance between the perpetrator and victim.⁶

Bullying is a problem worldwide; one in three girls between the ages of 13 and 15 worldwide experience bullying on a regular basis. Available data suggest that both sexes are at equal risk of

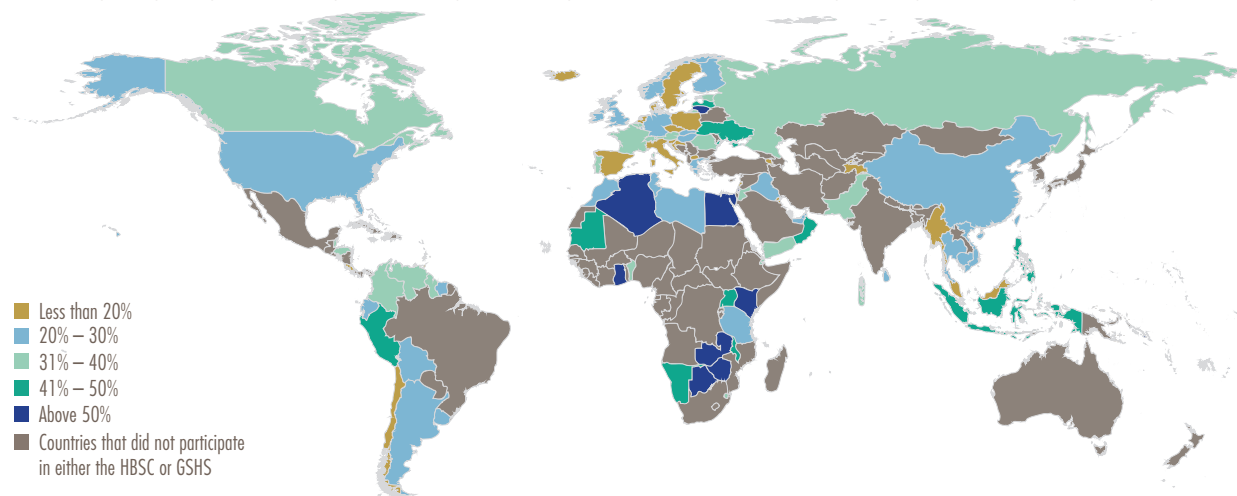
being bullied in a majority of countries. However, differences between the sexes have been documented when it comes to the ways in which boys and girls experience bullying and bully others, with girls seemingly more prone to psychological/relational forms of bullying, which involve actions such as excluding others or spreading rumours.⁷

Among 106 countries with comparable data on adolescent girls who were recently bullied, rates range from 7 per cent in Tajikistan to 70 per cent in Egypt (*Map 3.1*). Among the high-income countries with available data, proportions of reported bullying among girls range from 8 per cent in Italy to 52 per cent in Lithuania. In 12 of the 67 low- and middle-income countries with available data, more than half of adolescent girls said they recently experienced bullying.

MAP 3.1

A large proportion of adolescent girls in many countries report recent experiences of bullying

Percentage of girls aged 13 to 15 years who reported being bullied at least once in the past couple of months, by country



Notes: This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. The final boundary between the Sudan and South Sudan has not yet been determined. The final status of the Abyei area has not yet been determined. Data from the HBSC were recalculated as weighted averages for 13- to 15-year-olds to allow for comparison with data collected in the GSHS. Reference periods for the two surveys differ slightly. Data for China, Colombia, Ecuador, State of Palestine, the Bolivarian Republic of Venezuela and Zimbabwe are not national but have been recalculated on the basis of subnational surveys that took place in selected cities in each country or area. Data for Belgium are a weighted average of the Flemish and French samples. Data for Ghana refer to female students in junior high school only. Data for the United Kingdom are a weighted average of the samples in England, Scotland and Wales. Data for the United Republic of Tanzania are not national but represent only the city of Dar es Salaam.

Source: Health Behaviour in School-aged Children Study (HBSC), 2009/2010 and Global School-based Student Health Surveys (GSHS), 2003–2013.



4. SEXUAL VIOLENCE

Adolescence can be a period of heightened vulnerability to sexual victimization outside the home through increased exposure to both strangers and peers, the latter within the context of both friendship and intimate relationships.⁸ Adolescent girls in particular may encounter more unwanted or insistent sexual advances as they physically mature and begin to assume a sexual identity. They may also face increased social criticism if they do not adhere to, and comply with, expected gender roles and this can lead to circumstances in which girls are sometimes blamed for their own victimization.

Experiences of sexual violence experienced during childhood or adolescence hinder all aspects of development: physical, psychological and social. For girls, there can be some potential sex-specific consequences. For instance, research has found that girls who have been sexually abused are at higher risk of experiencing intimate partner violence and of being involved, or exploited, in sex work later in life.⁹ Early pregnancy can also be an unintended outcome for adolescent girls who have experienced the most severe form of sexual violence (i.e., forced sexual intercourse, or rape).¹⁰

Acts of sexual violence, which often occur together and with other forms of violence, range from direct physical contact to unwanted exposure to sexual language and images. Even when not accompanied by physical force or restraint, sexual victimization resulting from emotional and psychological manipulation, intimidation and verbal threats, deception or entrapment can be equally intrusive and traumatic.¹¹ 'Sexual violence' is often used as an umbrella term to cover all types of sexual victimization, including exploitative as well as non-exploitative forms.¹²

Around 120 million girls worldwide (slightly more than 1 in 10) have experienced forced intercourse or

other forced sexual acts at some point in their lives. However, girls living in certain parts of the world seem to be at greater risk than others (*Figure 4.1*).

Age at first experience of sexual violence

Comparable data are available for 18 countries on the percentage of adolescent girls (aged 15 to 19) who were subjected to sexual violence by the age at which they first experienced it (*Figure 4.2*).¹³ In all of these countries except three (Gabon, Honduras and Uganda), the majority of girls reported that they were victimized for the first time between the ages of 15 and 19. In fact, an analysis of data from the entire sample of girls and women aged 15 to 49 confirms that a large share of them experienced their first incident of sexual violence when they were adolescents. In most of the countries in which respondents were able to recall the age at which this occurred, it was most often between the ages of 15 and 19.

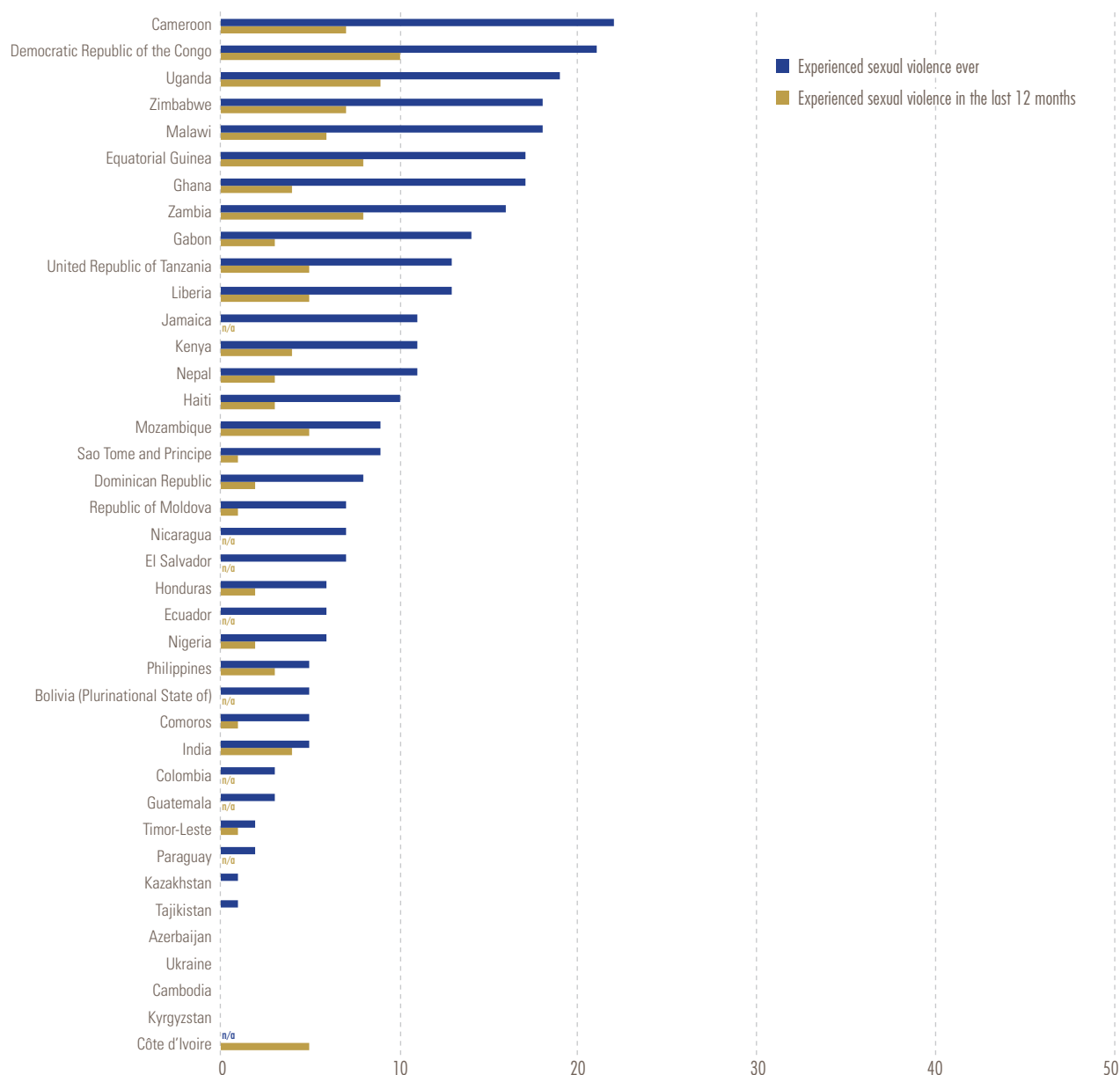
Perpetrators of sexual violence

By far the most commonly reported perpetrators of violence against girls across all countries are intimate partners, defined as either a current or former husband, partner or boyfriend (*Table 4.1*). A significant share of girls in the Plurinational State of Bolivia, the Dominican Republic, Guatemala, Kenya, the Republic of Moldova, the United Republic of Tanzania and Uganda also reported being victimized by a friend or acquaintance. Relatively few girls reported being sexually violated by their father or stepfather. Other relatives were reported perpetrators in a significant number of instances in Colombia, Gabon, Guatemala and Honduras. Reports of sexual victimization by an in-law, teacher, employer or someone else at work, priest or other religious leader, and police officers or soldiers are relatively uncommon across all countries.

FIGURE 4.1

Forced sexual intercourse and other forms of sexual coercion are not uncommon in the lives of many girls

Percentage of girls aged 15 to 19 years (or otherwise noted) who ever experienced forced sexual intercourse or any other forced sexual acts (including in childhood), and percentage of girls aged 15 to 19 years (or otherwise noted) who experienced forced sexual intercourse or any other forced sexual acts in the last 12 months



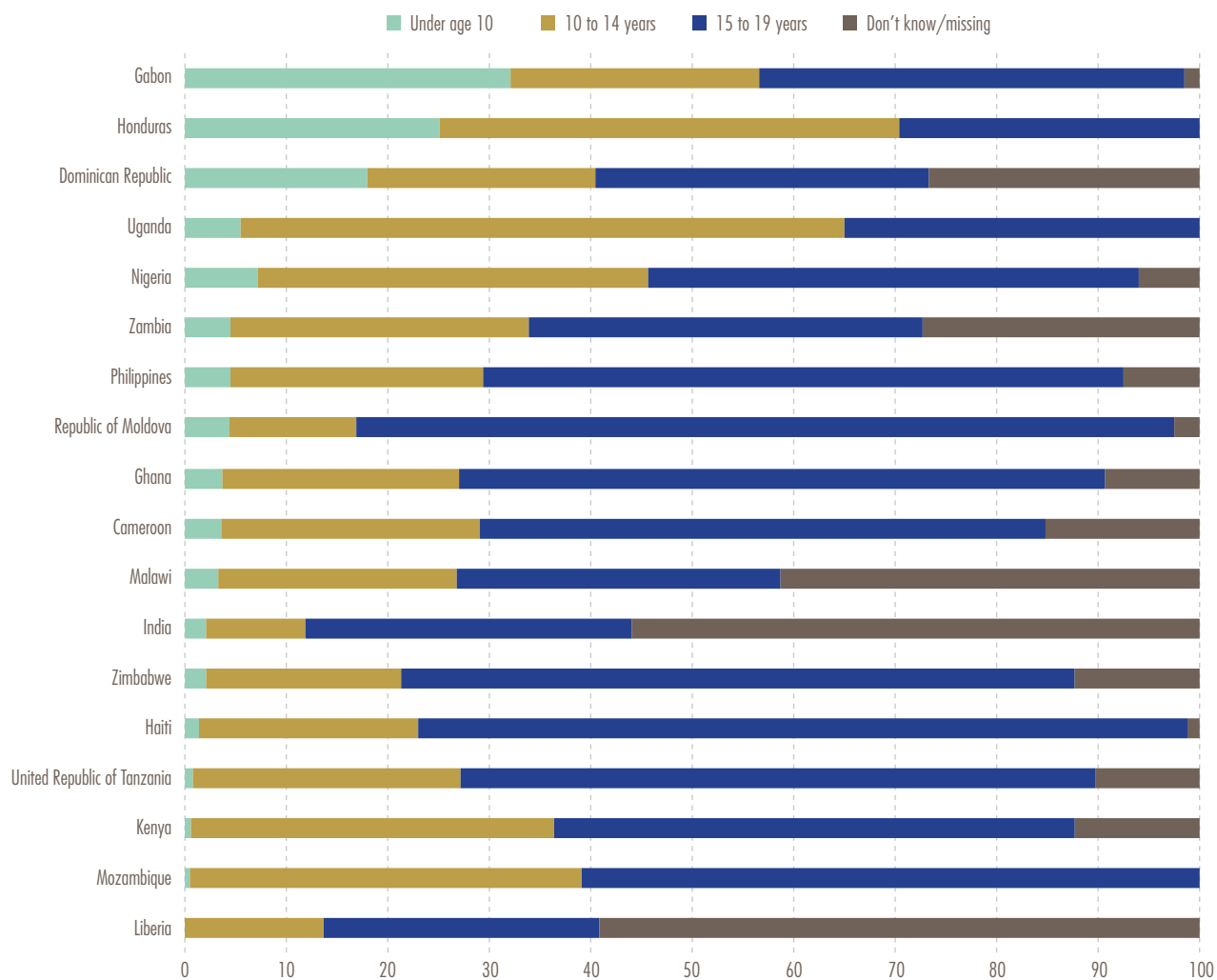
Notes: Data on the proportions of girls who experienced forced sexual intercourse or any other forced sexual acts in the last 12 months are only available for a selection of countries. Data for the Democratic Republic of the Congo refer to girls aged 18 to 19 years who experienced only forced sexual intercourse. Data for Côte d'Ivoire refer only to ever-married girls aged 15 to 19 years; there are no lifetime prevalence data available for the country. Data for the Plurinational State of Bolivia and Ecuador include only forced sexual intercourse. In El Salvador, Guatemala, Nicaragua and Paraguay, sexual violence committed by a spouse or partner among ever-married girls included forced sexual intercourse or agreeing to have sexual intercourse when they did not want to for fear of what their partner might do; sexual violence committed by anyone among all girls and women included only forced sexual intercourse. Data for Colombia include only girls raped by someone other than a spouse or partner. Data for Jamaica refer to girls and women aged 15 to 24 years who experienced only forced sexual intercourse. Zeroes appearing in the figure do not necessarily mean that there were no victims of sexual violence in these countries but rather that the estimates came to 0 after rounding.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2004-2013.

FIGURE 4.2

Most girls report they were sexually victimized for the first time during adolescence

Percentage distribution of girls aged 15 to 19 years who ever experienced forced sexual intercourse or any other forced sexual acts, by age at first incident of the violence



Source: UNICEF global databases, 2014, based on DHS, 2005-2013.

TABLE 4.1

Among adolescent girls who have been subjected to sexual violence, the most likely perpetrator was an intimate partner

Percentage of girls aged 15 to 19 years who ever experienced forced sexual intercourse or any other forced sexual acts, by perpetrator

	Persons who committed sexual violence against girls																
	Current husband/partner	Current/former boyfriend	Former husband/partner	Father/stepfather	Brother/stepbrother	Other relative	In-law	Own friend/acquaintance	Family friend	Teacher	Employer/someone at work	Police/soldier	Priest/religious leader	Stranger	Neighbour/community member	Other	Missing
Bolivia (Plurinational State of)	14	-	17	3	-	9	1	26	-	0	1	-	-	14	-	4	3
Cameroon	26	21	7	0	-	5	0.3	14	7	0	1	0	0.2	-	-	7	9
Colombia	-	6	8	8	2	17	0.1	15	-	0	-	-	-	16	-	9	-
Dominican Republic	7	12	8	1	-	5	0.4	31	4	0	0	0	0	23	-	5	7
Gabon	15	3	3	4	1	41	0.2	1	7	7	7	7	7	7	-	13	0
Ghana	10	43	3	0	-	5	1	11	6	5	0	0	0	10	-	0	10
Guatemala	19	14	3	19	-	13	-	27	-	-	-	-	-	9	-	1	-
Honduras	13	7	18	5	2	22	0	14	7	0	1	0	0.3	14	-	1	-
India	77	3	6	0.3	-	6	1	4	2	0	0.4	0	0	3	-	0.3	0
Jamaica	16	36	-	-	-	12	-	19	-	-	-	-	-	15	-	2	-
Kenya	7	29	6	0	-	4	1	23	1	0	0	0	0	16	-	14	3
Liberia	15	12	14	2	-	0	1	5	8	0	0	6	0	5	-	1	45
Malawi	27	20	5	1	-	5	1	5	2	2	0	0	0	11	-	4	26
Mozambique	44	25	14	4	-	1	0	11	2	0	0	0	0	9	-	0	0
Nepal	27	6	0.4	0	0	0	0	1	0	0	0	0	0	3	-	2	0
Nigeria	22	17	5	0	0.2	9	0.3	14	10	1	0.2	0	0	27	-	0	0
Philippines	25	40	7	6	-	2	0	6	2	0	3	0	0	1	3	0	3
Republic of Moldova	1	25	3	1	-	1	0	28	2	0	0	0	0	38	-	0	4
United Republic of Tanzania	24	14	5	0	-	9	0	27	3	0	0	0	0	9	-	6	7
Uganda	29	3	10	1	1	8	4	21	3	2	0	0	0	19	-	5	1
Zambia	14	9	2	0	-	12	3	4	6	2	1	0	0	27	-	5	0.1
Zimbabwe	47	25	12	0	0	10	0	1	3	0	0	0	0	5	-	4	0

Notes: Data for Colombia include only girls who were raped by someone other than a current spouse or partner. In Guatemala, sexual violence committed by a spouse or partner among ever-married girls included forced sexual intercourse or agreeing to have sexual intercourse when they did not want to for fear of what their partner might do; sexual violence committed by anyone among all girls and women included only forced sexual intercourse. Data for Jamaica refer to girls and women aged 15 to 24 years who experienced only forced sexual intercourse. For the Plurinational State of Bolivia, the category 'Father/stepfather' also includes 'Mother/stepmother'.

Source: UNICEF global databases, 2014, based on DHS and other nationally representative surveys, 2005-2012.

5. INTIMATE PARTNER VIOLENCE

Intimate partner violence includes any physical, sexual or emotional abuse perpetrated by a current or former partner within the context of marriage, cohabitation or any other formal or informal union. Violence directed at girls and women by an intimate partner is the most common form of gender-based violence.¹⁴ In societies that sanction male dominance over women, violence between intimate partners may be perceived as an ordinary component of interpersonal dynamics between the sexes, particularly in the context of marriage or other formal unions.

A girl who marries early may find herself in a vulnerable position vis-à-vis her husband and his family. She may also be cut off from her own family, friends and other sources of social support and be more economically dependent than same-age peers who are not married.¹⁵ Furthermore, in societies where girls and women are believed to hold a lower status than boys and men, they may be socialized into thinking that certain forms of violence against them are justifiable, carrying this set of expectations into their marriage at a young age. Research confirms that girls who marry in childhood are at greater risk for intimate partner

violence than same-age peers who marry later.¹⁶

Adolescents who are involved in informal relationships can be equally vulnerable to intimate partner violence. Dating violence refers to a pattern of controlling or violent behaviours by a current or former dating partner. Dating violence can, however, escalate into very serious forms of physical, emotional or sexual abuse. It can also set the stage for lifelong involvement in unhealthy intimate relationships.¹⁷ Research has found that girls are more likely than boys to engage in physical force against a partner in self-defence and are more likely to be seriously injured in dating violence.¹⁸ They are also far more likely to be victims of sexual violence in dating relationships.¹⁹

Globally, nearly one in three adolescent girls aged 15 to 19 (84 million) in formal unions have been the victims of any emotional, physical or sexual violence perpetrated by their husbands or partners at some point in their lives. Comparable data from 42 low- and middle-income countries show that prevalence rates for partner violence against ever-married adolescent girls are particularly high in sub-Saharan Africa (*Figure 5.1*).

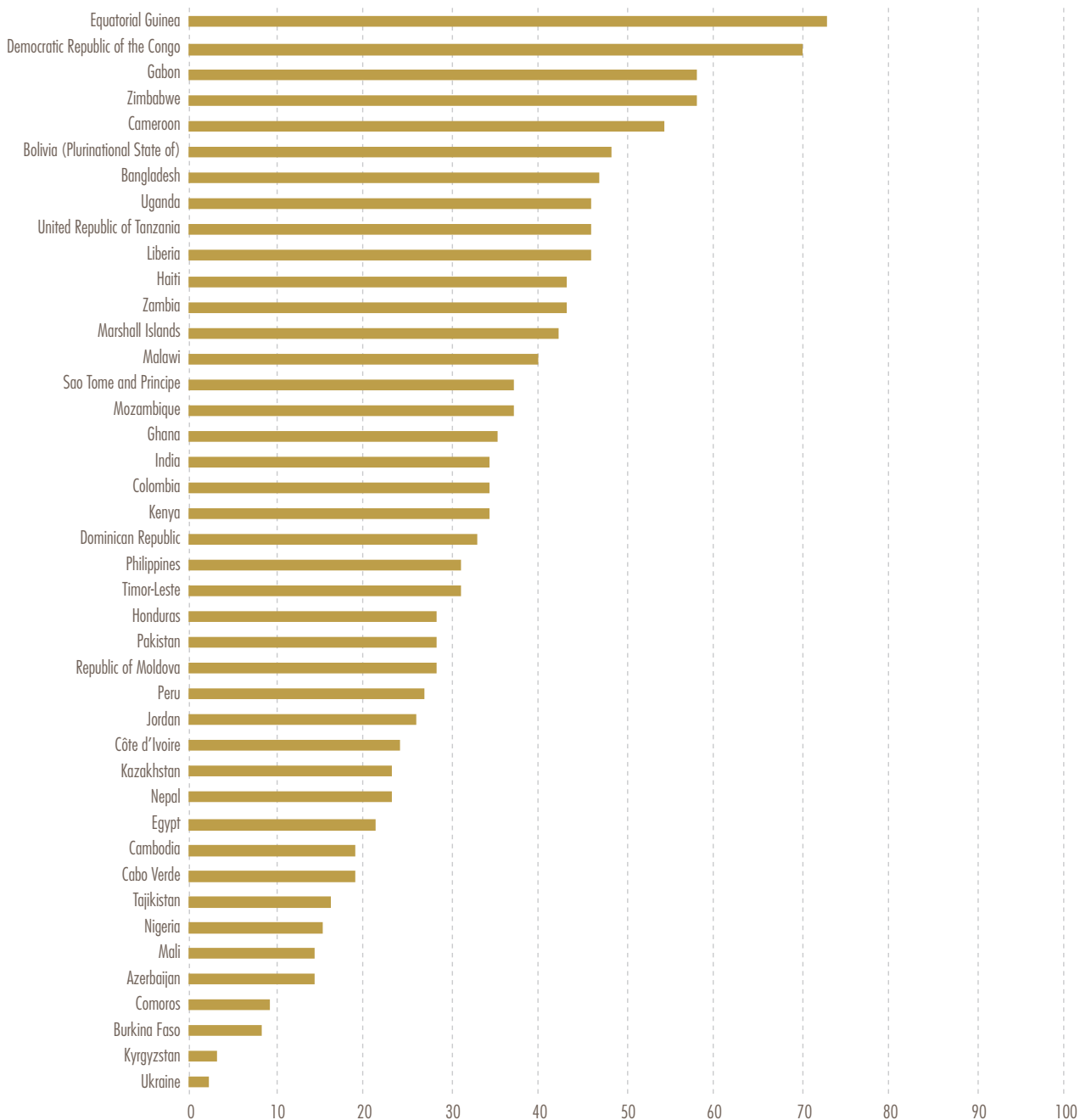


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FIGURE 5.1

More than half of ever-married girls have experienced partner violence in Cameroon, the Democratic Republic of the Congo, Equatorial Guinea, Gabon and Zimbabwe

Percentage of ever-married girls aged 15 to 19 years who ever experienced any physical, sexual or emotional violence committed by their husbands or partners



Notes: Data for the Plurinational State of Bolivia and Honduras refer to girls who experienced any physical, sexual or emotional partner violence in the last 12 months. Data for Côte d'Ivoire refer only to adolescent girls who are currently married or in union. Data for Kazakhstan are from MICS 2010-2011, which used an adapted version of the DHS module on domestic violence. Data for Pakistan refer only to physical or emotional violence. Data for the Philippines refer to physical, sexual, emotional or other forms of violence, including economic violence. Data for Bangladesh, Colombia and Peru refer to physical or sexual violence only. Data for Cabo Verde, Equatorial Guinea, Marshall Islands and Ukraine are based on 25-49 unweighted cases.

Source: UNICEF global databases, 2014, based on DHS and MICS, 2005-2013.

6. ATTITUDES TOWARDS WIFE-BEATING

Violence against girls and women persists for many reasons. One contributing factor may be the widely held view that girls and women have low status in society and are expected to comply with, and conform to, certain defined gender roles of devoted mothers and wives. Several studies have demonstrated that rates of violence against girls and women are higher in societies characterized by unequal gender roles, where 'manhood' is defined in terms of dominance and 'womanhood' is constrained by the fulfilment of certain rigid codes of conduct.²⁰ When such roles are not fulfilled, partner violence may be seen as a justified form of punishment in certain contexts.

Close to half of all girls aged 15 to 19 worldwide (about 126 million) think a husband or partner is sometimes justified in hitting or beating his wife (or partner) under certain circumstances – if the wife argues with her husband, goes out without telling him, neglects the children, refuses to have sexual relations with him or burns the food (*Figure 6.1*). In sub-Saharan Africa and the Middle East and North Africa, this proportion rises to more than half. In Central and Eastern Europe and the

Commonwealth of Independent States (CEE/CIS), it drops to 28 per cent.

At the country level, more than half of girls aged 15 to 19 believe that wife-beating is sometimes justified in 39 of 101 countries; in an additional 23 countries, more than one third of girls agree with the statement (*Map 6.1*).

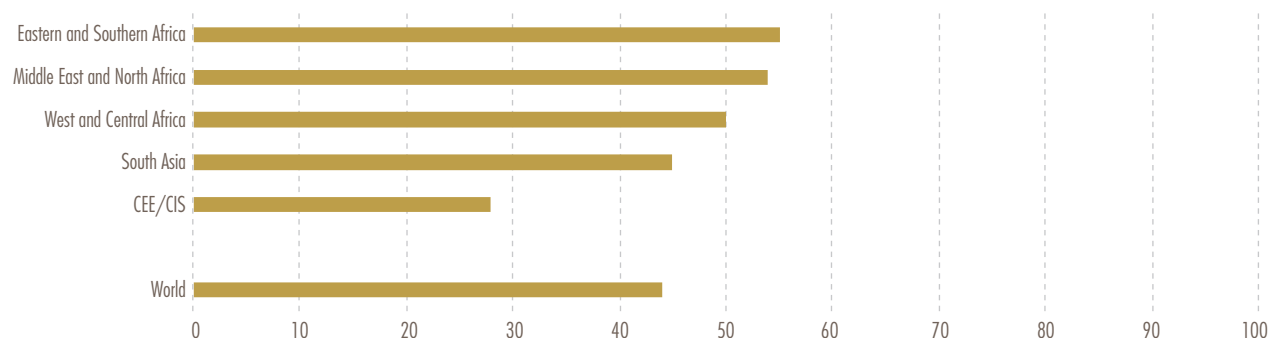
More than any other variable, little or no education appears to be strongly associated with justification for wife-beating (*Figure 6.2*). Less educated girls are much more likely overall to report that a husband is justified in hitting or beating his wife for at least one of the reasons previously mentioned. This gap is most pronounced in the Middle East and North Africa, where 67 per cent of girls with no education think a husband is sometimes justified in beating his wife compared to 35 per cent of those with higher levels of education.

Neglecting the children is the most commonly cited reason for justifying wife-beating among female adolescent respondents (*Table 6.1*).

FIGURE 6.1

Nearly half of adolescent girls worldwide say wife-beating can be justified under certain circumstances

Percentage of girls aged 15 to 19 years who think that a husband/partner is justified in hitting or beating his wife or partner under certain circumstances, by region

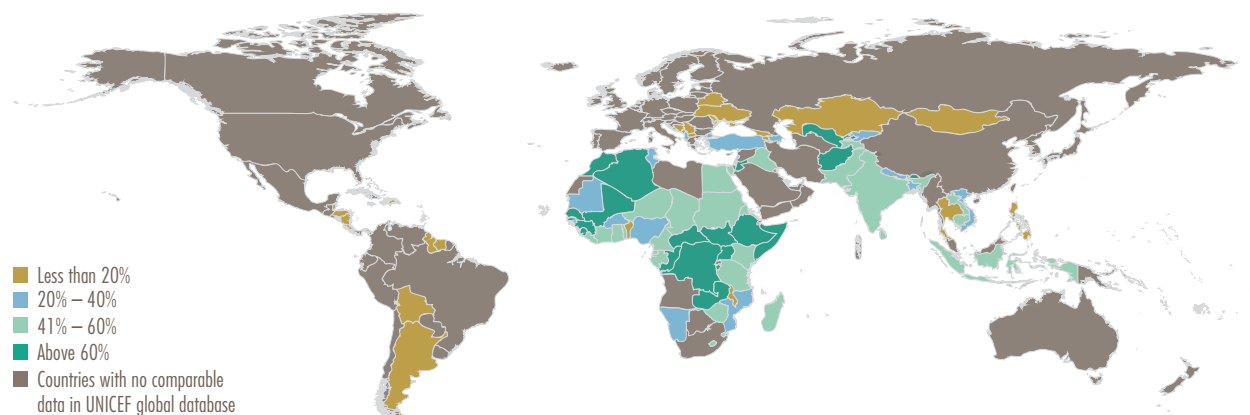


Notes: The world estimate is based on a subset of 102 countries covering 59 per cent of the population of girls aged 15 to 19 years worldwide. Regional estimates represent data covering at least 50 per cent of the regional population. Data coverage was insufficient to calculate regional estimates for East Asia and the Pacific and Latin America and the Caribbean.
Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2002-2013.

MAP 6.1

In a majority of countries, more than 4 in 10 girls think wife-beating is sometimes justifiable

Percentage of girls aged 15 to 19 years who think that a husband/partner is justified in hitting or beating his wife or partner under certain circumstances, by country



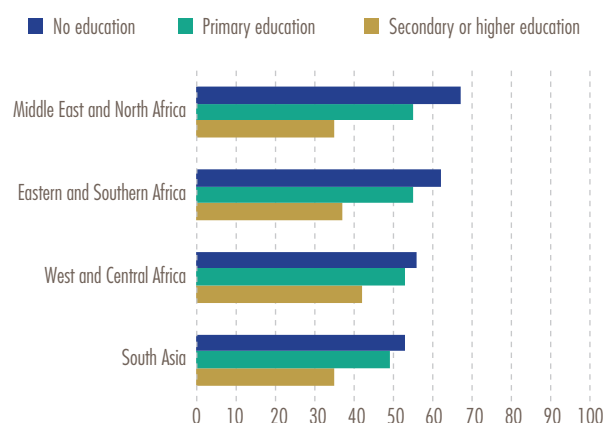
Notes: This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. The final boundary between the Sudan and South Sudan has not yet been determined. The final status of the Abyei area has not yet been determined. For Argentina, the sample was national and urban (municipalities with a population of more than 5,000), since the country's rural population is scattered and accounts for less than 10 per cent of the total. Data for Lebanon refer to currently married girls. Data for Bangladesh, Egypt, Jordan, Maldives, Pakistan, Somalia and Sri Lanka refer to ever-married girls. Data for the Congo, Guinea-Bissau, Jordan, Nicaragua and Turkey differ from the standard definition.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2002–2013.

FIGURE 6.2

Uneducated girls are more likely to justify wife-beating than their more educated peers

Percentage of girls aged 15 to 19 years who think that a husband/partner is justified in hitting or beating his wife or partner under certain circumstances, by level of education and by region



Notes: Regional estimates represent data covering at least 50 per cent of the regional population. Data coverage was insufficient to calculate a global estimate and regional estimates for CEE/CIS, East Asia and the Pacific, and Latin America and the Caribbean.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2002–2013.

TABLE 6.1

In almost all regions, 'neglecting the children' is the most common reason cited by girls to justify wife-beating

Percentage of girls aged 15 to 19 years who think that a husband/partner is justified in hitting or beating his wife or partner under certain circumstances, by reason and by region

	If she goes out without telling him	If she neglects the children	If she argues with him	If she refuses sex with him	If she burns the food
CEE/CIS	20	19	17	6	7
Eastern and Southern Africa	32	40	31	24	24
Middle East and North Africa	40	40	29	28	17
South Asia	27	32	30	15	18
West and Central Africa	33	35	33	26	20
World	27	32	26	16	16

Notes: The world estimate is based on a subset of 102 countries covering 59 per cent of the population of girls aged 15 to 19 years worldwide. Regional estimates represent data covering at least 50 per cent of the regional population. Data coverage was insufficient to calculate regional estimates for East Asia and the Pacific and Latin America and the Caribbean.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2002–2013.

7. FEMALE GENITAL MUTILATION/CUTTING

The mutilation or cutting of female genitals, also known as FGM/C, has been practised for centuries among population groups in Africa, Asia and the Middle East. The practice is also found in pockets of Europe and North America, which have been destinations for migrants from countries where the cutting of girls is a tradition. Today FGM/C is recognized as a human rights violation and is one of many manifestations of gender inequality.²¹

More than 130 million girls and women alive today have been cut in the 29 countries in Africa and the Middle East with available data.²² Of these, 28 million are adolescent girls between the ages of 10 and 19. Since certain groups and immigrant communities continue the practice in other countries as well, the total number of girls and women worldwide who have undergone FGM/C is likely to be higher. The actual figure remains unknown, however, since reliable data on the magnitude of the phenomenon in these population groups are largely unavailable.

The most recently available data show wide variations in FGM/C prevalence among both younger and older adolescent girls across countries (*Figure 7.1*). Data on the prevalence of the practice among younger adolescent girls aged 10 to 14 are only available for a subset of 14 countries. By the time girls reach early adolescence in Gambia, Guinea, Mauritania and Sudan, at least 6 in 10 have already been subjected to the practice.²³ Among older adolescent girls aged 15 to 19, the practice is almost universal in Guinea, Djibouti and Somalia,²⁴ with prevalence levels at or above 90 per cent, while it affects only 1 per cent or less of girls in Cameroon, Niger, Togo and Uganda. Most girls who have undergone FGM/C were subjected to the cutting and removal of some flesh from the genitalia. More than one in five girls have undergone the most invasive form of FGM/C (involving the

sewing of genitalia) in Benin, Djibouti, Eritrea, Senegal and Somalia.

Data on the age at which FGM/C is performed are helpful in understanding when girls are most at risk of being cut. Some of the immediate health complications that girls can experience when undergoing the practice as adolescents include bleeding, delayed or incomplete healing, and infections.²⁵ Pregnant adolescent girls who have undergone FGM/C may also face birth complications, such as an increased need for Caesarean sections and excessive bleeding during delivery. Even if girls have been cut as infants or young children, they may continue to suffer from the repercussions well into adolescence and beyond, including damage to adjacent organs, sterility, recurring urinary tract infections, the formation of dermoid cysts and even death.²⁶

The ages at which girls experience FGM/C vary substantially across countries. At least one in four cut girls in the Central African Republic, Egypt, Kenya and Sierra Leone had the procedure performed during early adolescence (between the ages of 10 and 14), while in Guinea-Bissau, about 18 per cent of cut girls underwent FGM/C after age 15.

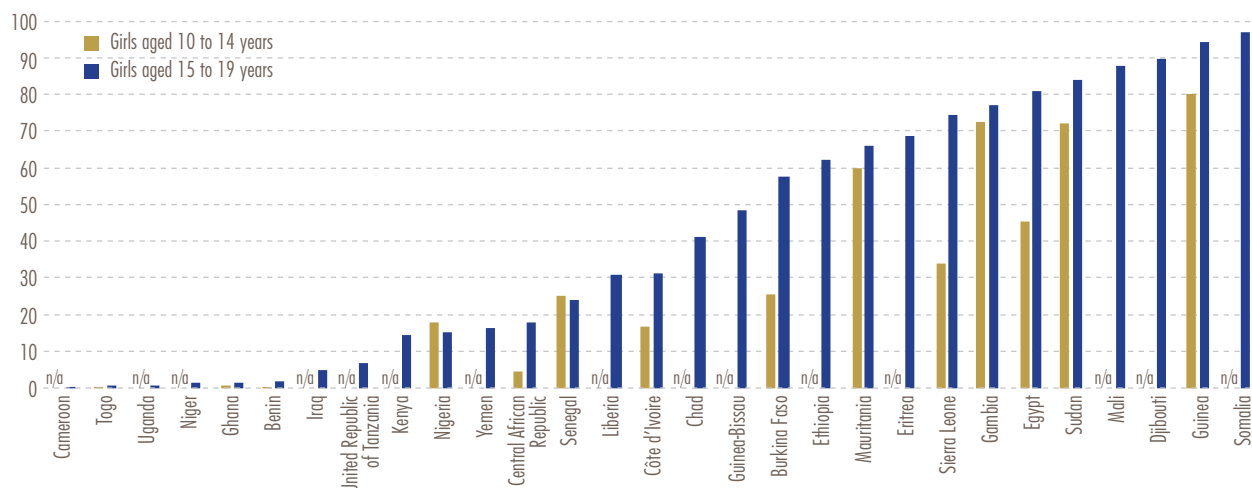
What girls think about FGM/C

Available data reveal that FGM/C often persists in spite of individual preferences to stop it. In most countries where FGM/C is concentrated (21 out of 29), the majority of girls think it should end (*Figure 7.2*). The highest levels of support can be found in Gambia, Guinea, Mali, Sierra Leone and Somalia,²⁷ where more than half of the female adolescent population think the practice should continue. The data also show that between 1 per cent and 27 per cent of girls surveyed have mixed feelings on the

FIGURE 7.1

Nearly all adolescent girls in Djibouti, Guinea and Somalia have undergone FGM/C

Percentage of girls aged 10 to 14 years who have undergone FGM/C (as reported by their mothers) and percentage of girls aged 15 to 19 years who have undergone FGM/C



Notes: In Liberia, girls who have heard of the Sande society were asked whether they were members; this provides indirect information on FGM/C since it is performed during initiation into the society. Data on girls aged 10 to 14 for Sierra Leone are from MICS 2010 and for girls aged 15 to 19 are from the DHS 2013.

Source: UNICEF global databases, 2014, based on DHS, MICS, Sudan Household Health Survey and other nationally representative surveys, 2004-2013.

subject, do not have a strong opinion or prefer not to express what they think.²⁸

When comparing data by age groups (girls aged 15 to 19 versus women aged 45 to 49), stated opinions towards FGM/C are similar in almost half the countries with available data (*Figure 7.3*). However, when a difference is observed, a clear pattern emerges: With a few exceptions, more women in the older age cohort report that they want FGM/C to continue. Strikingly large differences across cohorts are found in countries such as Egypt.

In a number of countries, respondents were asked what they perceived to be the benefits or advantages for a girl to undergo FGM/C. This information essentially captures the commonly held beliefs about why the practice of FGM/C should continue.²⁹

The most common responses from girls on their reasons for continuing FGM/C are summarized in Table 7.1. Large proportions of girls in most of the countries say they do not see any benefits or

advantages for a girl to undergo the practice. When a reason was selected from the pre-formulated list, girls most often chose gaining social acceptance as a benefit to the practice. Marriageability is often posited as a motivating factor in FGM/C. This may have been true at one time, but the available data show that relatively few girls report concern over marriage prospects as a justification for FGM/C. Preserving virginity, which may be indirectly related to marriageability, was among the more common responses given by girls in Gambia, Mali, Mauritania and Senegal.

Trends in the prevalence of FGM/C

Overall, the chance that a girl will be cut today is about one third lower than it was around three decades ago. Still, the pace of change is uneven, both within and among countries. The decline is particularly striking in some very low-prevalence countries including Benin, Cameroon, Ghana and Togo (*Figure 7.4*). Among countries with higher prevalence, the most dramatic reductions in the

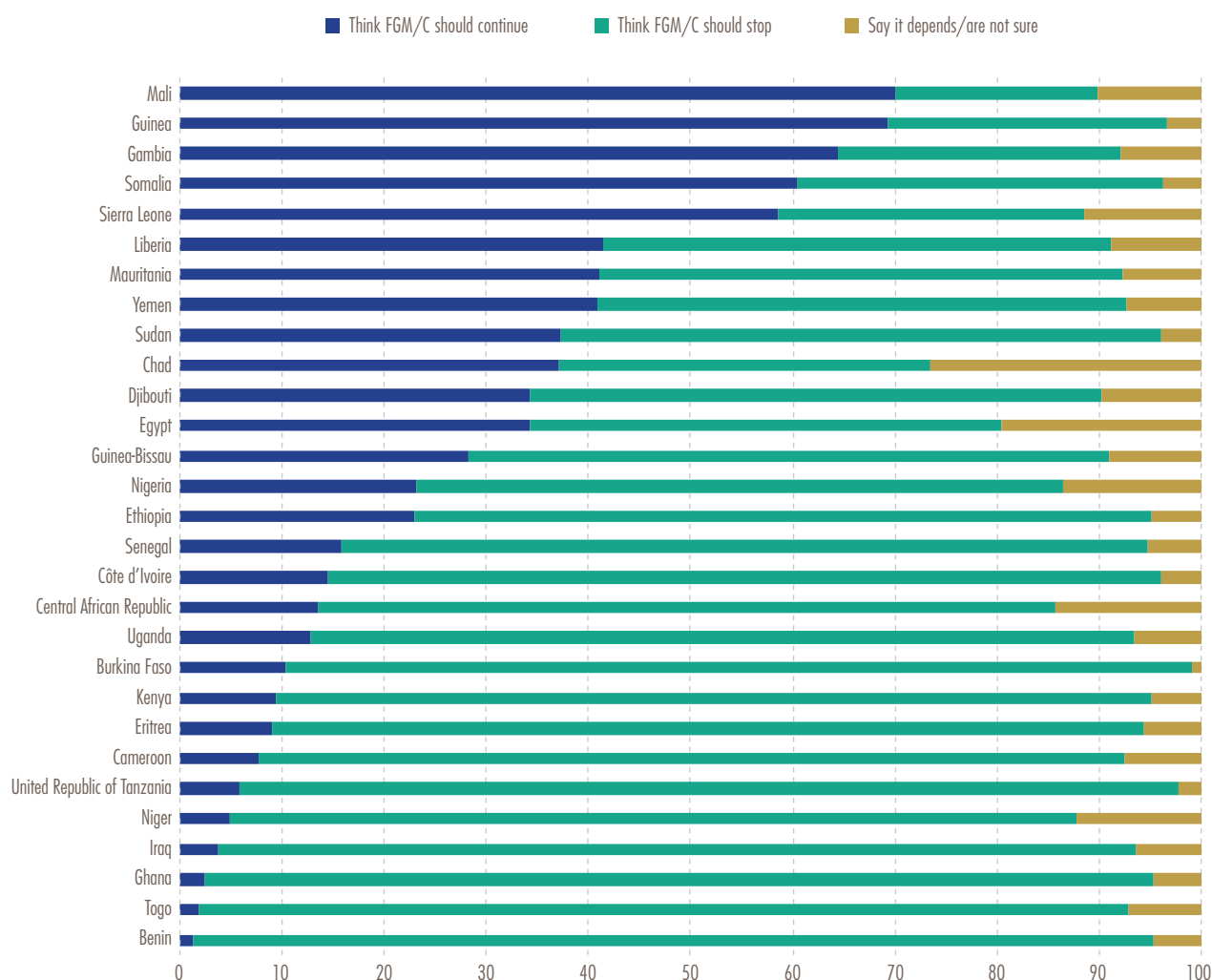
practice of FGM/C have been found in Kenya and the United Republic of Tanzania. Thirty years ago, prevalence levels among adolescents in these two countries were three times higher than they are today. In the Central African Republic, Iraq, Liberia and Nigeria, prevalence has dropped by as much as half. Some evidence of decline can also be found

in certain high-prevalence countries. In Burkina Faso, the prevalence among girls aged 15 to 19 compared to women aged 45 to 49 has dropped by 31 percentage points, and in both Eritrea and Sierra Leone, it has fallen 24 percentage points. Egypt, Ethiopia and Mauritania have registered smaller declines.

FIGURE 7.2

In most countries where FGM/C is practised, the majority of girls think it should end

Percentage distribution of girls aged 15 to 19 years who have heard about FGM/C, by their attitudes about whether the practice should continue



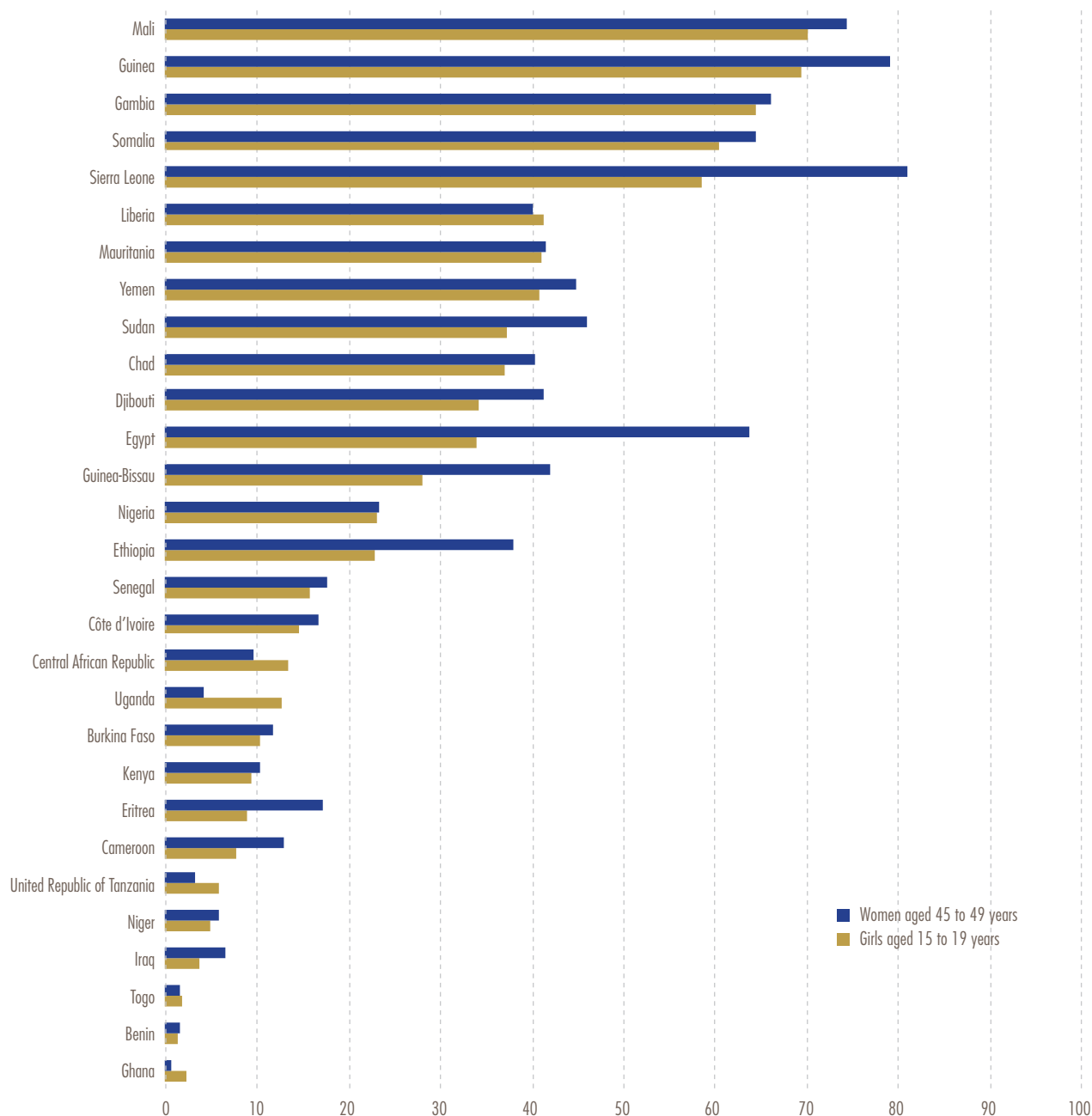
Notes: The category of girls who are unsure or responded that 'it depends' also includes those for whom data are missing. In Liberia, only cut girls were asked about their attitudes towards FGM/C; since girls from practising communities are more likely to support the practice, the level of support in this country as captured by the 2013 DHS is higher than would be anticipated had all girls been asked their opinion. MICS data for Ghana (2011) were not used to report on attitudes towards FGM/C due to the fact that information is missing for girls with no living daughters; data from MICS 2006 was used. Data for Yemen refer to ever-married girls.

Source: UNICEF global databases, 2014, based on DHS, MICS, Sudan Household Health Survey and other nationally representative surveys, 1997-2013.

FIGURE 7.3

In Egypt and Eritrea, adolescent girls are far less likely than older women to support the continuation of FGM/C

Percentage of girls aged 15 to 19 years and women aged 45 to 49 years who have heard about FGM/C and think the practice should continue



Notes: MICS data for Ghana (2011) were not used to report on attitudes towards FGM/C due to the fact that information is missing for girls with no living daughters; data from MICS 2006 was used. Data for Yemen refer to ever-married girls and women.

Source: UNICEF global databases, 2014, based on DHS, MICS, Sudan Household Health Survey and other nationally representative surveys, 1997-2013.

TABLE 7.1

Among girls, the most commonly reported benefit of FGM/C is gaining social acceptance

Among girls aged 15 to 19 years who have heard of FGM/C, the percentage who cite specific benefits or advantages for a girl to undergo the procedure

	No benefits	Cleanliness/hygiene	Social acceptance	Better marriage prospects	Preservation of virginity	More sexual pleasure for the man	Required by religion	Other	Don't know
Benin	56	0.4	5	1	1	1	1	1	36
Burkina Faso	53	6	17	3	4	1	2	2	N/A
Cameroon	50	0	0.4	0.4	6	0.2	0.4	4	39
Chad	39	5	26	7	6	1	22	4	N/A
Eritrea	84	4	6	2	4	N/A	1	4	N/A
Gambia	27	N/A	N/A	N/A	18	N/A	N/A	5	18
Guinea	16	11	55	5	6	3	27	7	N/A
Kenya	80	3	6	3	5	1	2	1	N/A
Mali	21	20	30	8	12	5	21	20	N/A
Mauritania	26	15	32	4	26	2	21	11	N/A
Niger	77	0.4	8	3	5	1	2	7	N/A
Nigeria	59	5	6	7	8	4	2	3	13
Senegal	49	5	16	2	11	0.4	5	23	N/A
Sierra Leone	29	19	38	7	3	2	10	2	19

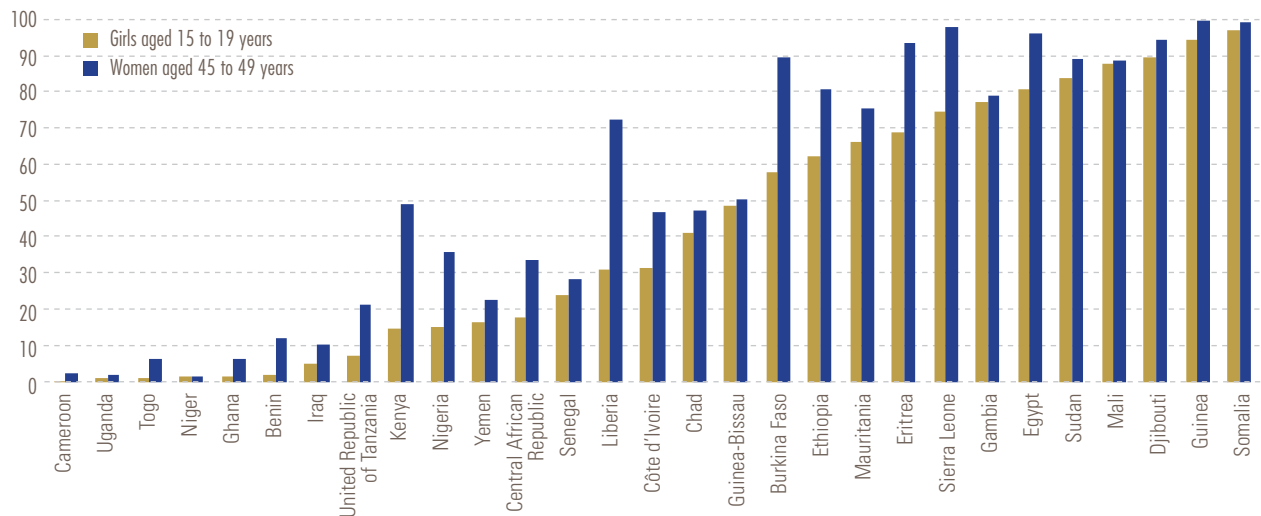
Notes: N/A = not asked. Multiple responses were allowed. Only the most common response categories are included in the table. Preservation of virginity also includes categories called *Preserves virginity/prevents premarital sex*, *Preservation of virginity/prevention of immorality*, and *Reduces sexual desire*. Required by religion also includes categories called *Religious demand*, *Religious approval* and *Gain religious approval*. Data from Benin, Burkina Faso, Chad, Guinea, Mali, Mauritania, Niger, Nigeria and Senegal are from older surveys since the most recent surveys did not include questions on the perceived benefits of the practice.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2000-2013.

FIGURE 7.4

In most of the 29 countries, FGM/C is less common among adolescent girls than middle-aged women

Percentage of girls aged 15 to 19 years and women aged 45 to 49 years who have undergone FGM/C



Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2004-2013.



8. CHILD MARRIAGE

In many cultures, girls reaching puberty are expected to assume gender roles associated with womanhood. These include entering into a union and becoming a wife and mother. Parents may pursue marriage for their adolescent daughters in an attempt to secure a better economic future for them. In turn, adolescent girls may consent to the arrangement due to family pressures without fully understanding – and being prepared for – the responsibilities, risks and considerable complexity of navigating the roles of wife, mother and daughter-in-law.³⁰

Marriage before the age of 18 is a fundamental violation of human rights. Cohabitation – when a couple lives ‘in union’, as if married – raises the same human rights concerns as marriage. When a girl lives with a man and takes on the role of his caregiver, the assumption is often that she has become an adult, even if she has not yet reached the age of 18. Additional concerns due to the informality of the relationship – in terms of inheritance, citizenship and social recognition, for example – may make girls in informal unions vulnerable in different ways than girls who are married.

Although child marriage is often against the law, many factors interact to place a girl at risk of marriage, including poverty, the perception that marriage will provide ‘protection’, family honour, social norms, customary or religious laws that condone the practice, an inadequate legislative framework and the state of a country’s civil registration system. Child marriage often compromises a girl’s development by resulting in early pregnancy and social isolation, interrupting her schooling, limiting her opportunities for career and vocational advancement and placing her at increased risk of intimate partner violence.

The current situation

Worldwide, more than 700 million women alive today were married before their 18th birthday (*Figure 8.1*).

More than one in three (about 250 million) entered into union before age 15. Boys are also married as children, but girls are disproportionately affected.

Child marriage among girls is most common in South Asia and sub-Saharan Africa, and the 10 countries with the highest rates are found in these two regions (*Figures 8.2 and 8.3*). Niger has the highest overall prevalence of child marriage in the world. However, Bangladesh has the highest rate of marriage involving girls under age 15. South Asia is home to almost half (42 per cent) of all child brides worldwide; India alone accounts for one third of the global total (*Figure 8.4*).

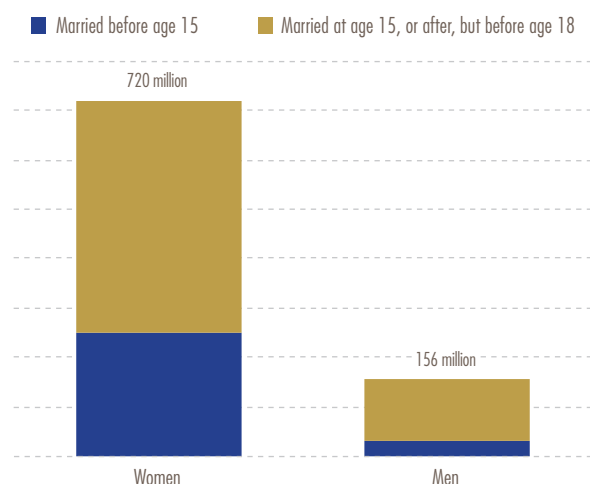


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FIGURE 8.1

Child marriage affects girls in far greater numbers than boys

Number of women and men aged 18 years and older who were married or in union before ages 15 and 18



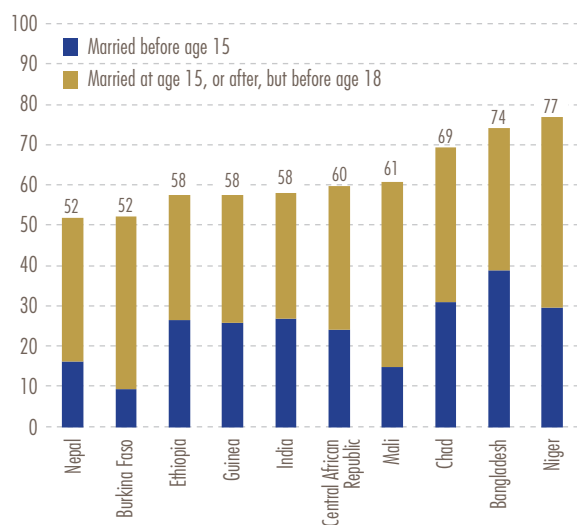
Note: Estimates are based on a subset of countries covering around 50 per cent of the global population of women and men aged 18 years and older.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2005-2013.

FIGURE 8.3

Niger and Bangladesh have the highest levels of child marriage in the world

Percentage of women aged 20 to 49 years who were married or in union before ages 15 and 18, in the 10 countries with the highest prevalence of child marriage

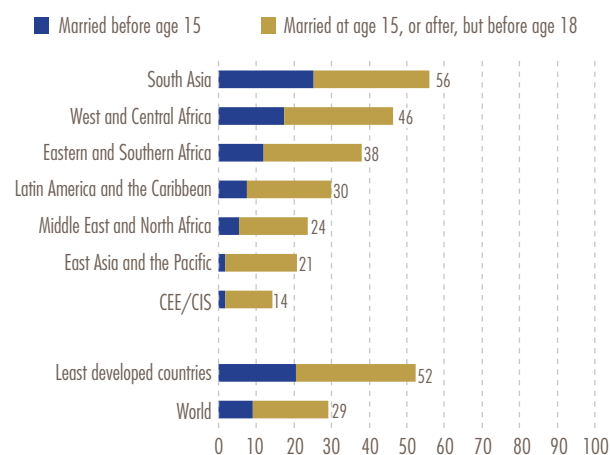


Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2005-2013.

FIGURE 8.2

The highest prevalence of child marriage is found in South Asia and sub-Saharan Africa

Percentage of women aged 20 to 49 years who were married or in union before ages 15 and 18, by region



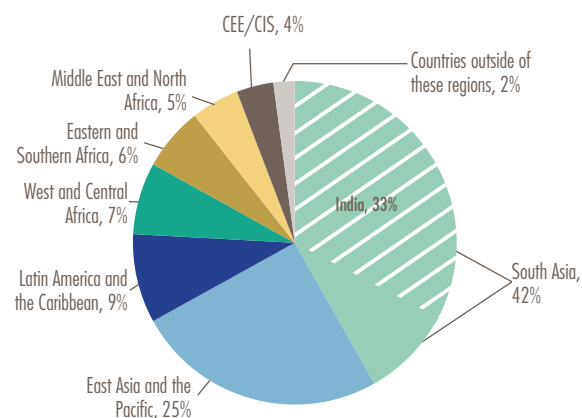
Notes: Estimates are based on a subset of countries covering around 50 per cent of the global population of women aged 20 to 49 years. Regional estimates represent data covering at least 50 per cent of the regional population. Data coverage is below 50 per cent for East Asia and the Pacific region due to the lack of comparable data on child marriage for China in UNICEF global databases.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2005-2013.

FIGURE 8.4

Almost half of all child brides worldwide live in South Asia; 1 in 3 are in India

Percentage distribution of women aged 18 years and older who were married or in union before age 18, by region



Note: Estimates are based on a subset of countries covering around 50 per cent of the global population of women aged 18 years and older.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2005-2013.

Lifelong – sometimes intergenerational – consequences

Girls who marry are not only denied their childhood. They are often socially isolated – cut off from family and friends and other sources of support – with limited opportunities for education and employment. Households typically make decisions about girls' schooling and marriage jointly, not sequentially, and education tends to lose out. Accordingly, lower levels of education are found among women who married in childhood (*Figure 8.5*). In Malawi, for instance, nearly two thirds of women with no formal education were child brides compared to 5 per cent of women who attended secondary school or higher levels of education.

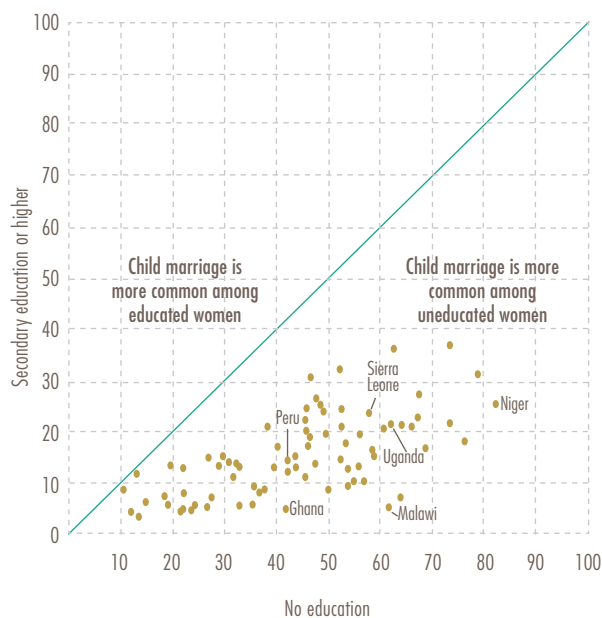
Child brides are often unable to effectively negotiate

safer sex, leaving themselves vulnerable to sexually transmitted infections, including HIV, along with early pregnancy. The pressure to become pregnant once married can be intense, and child brides typically end up having many children to care for while still young (*Figure 8.6*). In Nepal, for example, over one third of women aged 20 to 24 who married before their 15th birthday had three or more children compared to 1 per cent of women who married as adults. Child brides are also less likely to receive proper medical care while pregnant. In countries including Bangladesh, Ethiopia, Nepal and Niger, women who married as adults were at least twice as likely to have delivered their most recent baby in a health facility compared to women who married before age 15. This, along with the fact that girls are not physically mature enough to give birth, places both mothers and their babies at risk.

FIGURE 8.5

Child brides tend to have low levels of education

Percentage of women aged 20 to 49 years who were married or in union before age 18, by level of education



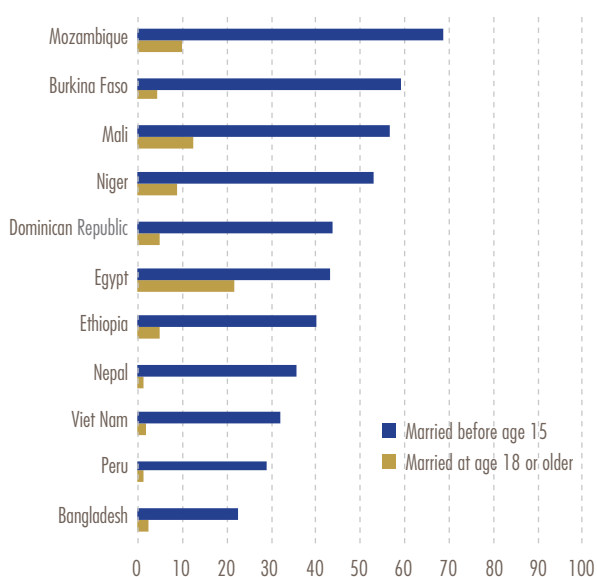
Note: Each dot represents a country.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2005-2013.

FIGURE 8.6

Child brides typically end up having many children to care for while still young

Percentage of women aged 20 to 24 years who have had three or more children, by age at first marriage or union, in selected countries



Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2005-2013.

Progress to date and prospects

The practice of child marriage is slowly declining. Progress is most dramatic when it comes to the marriage of girls under 15 years of age. Globally, 1 in 4 young women alive today were married in childhood versus 1 in 3 in the early 1980s (*Figure 8.7*). The proportion of young women who entered into marriage before age 15 declined from 12 per cent to 8 per cent over the same period.

But progress has been uneven across regions and countries. In the Middle East and North Africa, the percentage of women married before age 18 has dropped by about half, from 34 per cent to 18 per cent, over the last three decades (*Figure 8.8*). In South Asia, the decline has been especially marked for marriages involving girls under age 15, dropping from 32 per cent to 17 per cent; the marriage of

girls under age 18, however, is still commonplace. Although rates of child marriage are lower overall in Latin America and the Caribbean, no significant change has been seen in the prevalence of child marriage.

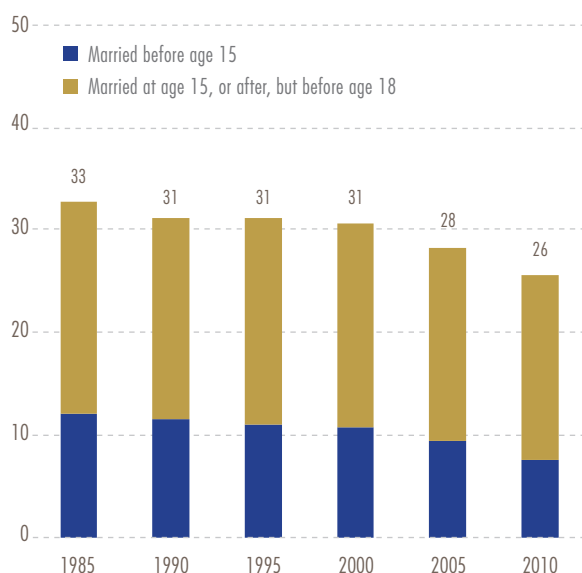
But that was the past. What does the future hold for present and future generations of girls?

If the current rate of progress is sustained, the proportion of women married as children will continue to decrease: from 33 per cent in 1985 to 22 per cent by 2030 and to 18 per cent by 2050 (*Figure 8.9*). Despite gains, this rate of decline is barely fast enough to keep pace with population growth. Even if progress continues, the total number of women married as children will still be around 700 million in 2050, although nearly 490 million girls will have avoided early marriage (*Figure 8.10*).

FIGURE 8.7

Globally, the practice of child marriage is declining, especially when it comes to the marriage of girls under age 15

Percentage of women aged 20 to 24 years who were married or in union before ages 15 and 18



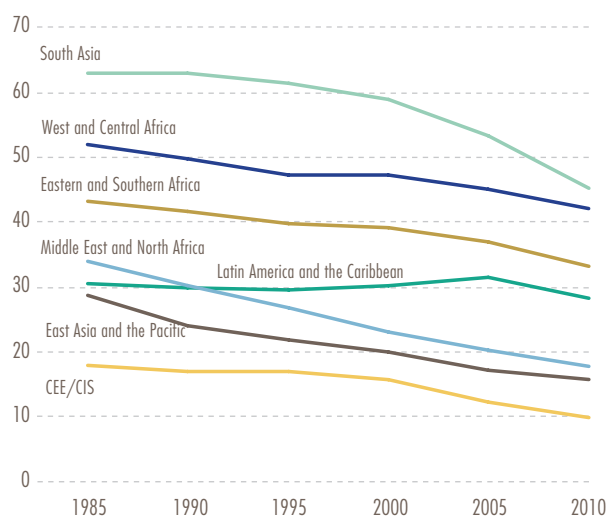
Note: Estimates are based on a subset of countries covering at least 50 per cent of the global population of women aged 20 to 24 years.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2005–2013.

FIGURE 8.8

The Middle East and North Africa has made the fastest progress in reducing child marriage

Percentage of women aged 20 to 24 years who were married or in union before age 18, by region

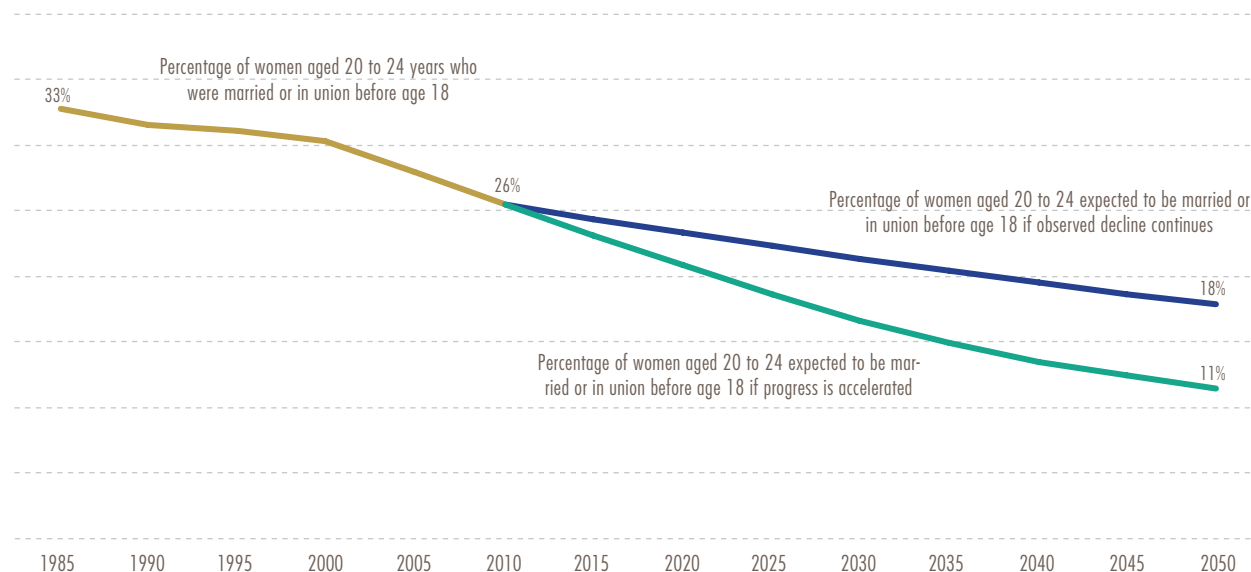


Notes: Estimates are based on a subset of countries covering at least 50 per cent of the global population of women aged 20 to 24 years. Regional estimates represent data covering at least 50 per cent of the regional population. Data coverage is below 50 per cent for East Asia and the Pacific region due to the lack of comparable data on child marriage for China in UNICEF global databases.

Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2005–2013.

FIGURE 8.9

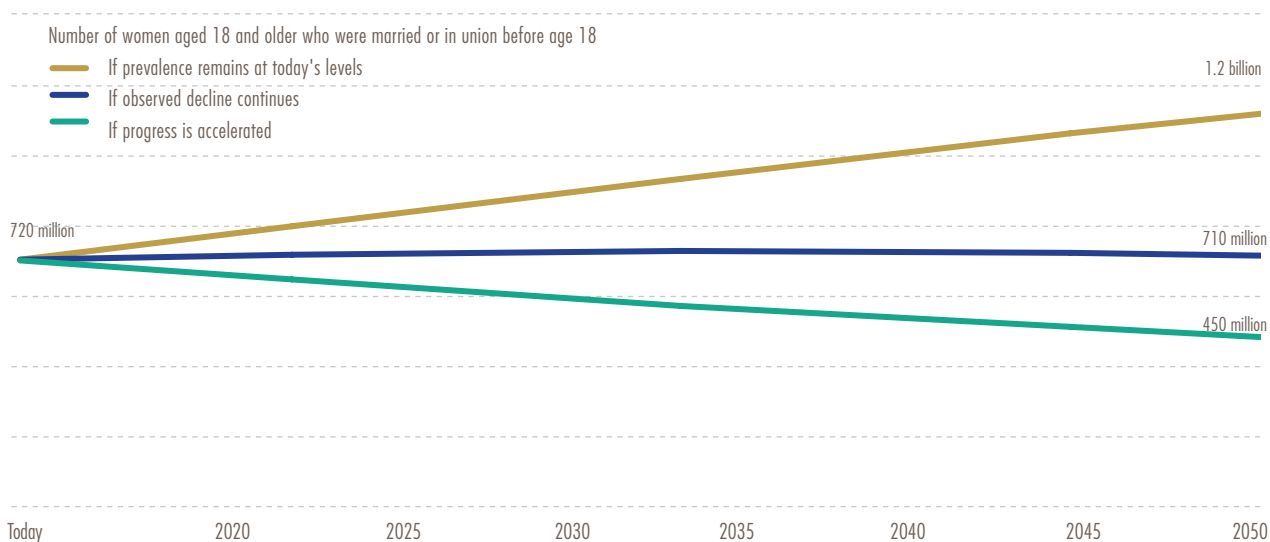
If progress is accelerated, there will be 1 in 10 child brides in the world in 2050 compared to 1 in 4 today



Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2005-2013.

FIGURE 8.10

Unless progress is accelerated, the global number of child brides will remain at least as high as it is today



Source: UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2005-2013.



NOTE ON THE DATA

Data related to violence can be found through multiple sources. These include surveys, administrative records and modelled estimates – all of which have strengths and limitations.

Survey data

Surveys offer numerous advantages when conducting research on violence. For one, they capture data about incidents that have not been reported to the police or other authorities. Moreover, they can include detailed and targeted information about the identity of the victims and/or perpetrators. There are, however, some challenges to ensuring the accuracy of survey data – that is, how closely the data represent the reality of a particular situation. While accuracy is challenging in any statistical field, it is particularly so when producing statistics on topics such as violence due to increased risks for underreporting and other possible sources of bias. Furthermore, since disclosure is also dependent on questionnaire design and on the ability of interviewers to draw out sensitive information from respondents, the data are also influenced by the quality of the data collection tools and process, and differences among findings in various surveys may arise as a result of the data collection method used.

It is important to remember that the survey data presented in this publication reflect the willingness and capacity of respondents to disclose personal experiences. Caution is therefore warranted when interpreting the findings.

Mortality data

Estimates on mortality are derived from the Global Health Estimates produced by the World Health Organization (WHO). These figures are obtained through a standardized statistical model that produces cross-country comparable data on all causes of death, including figures on fatalities due to violence. The model is based on a series of underlying assumptions and inferences and, as result, estimates are prone to measurement errors.

Obtaining high-quality cause of death data is difficult and several important caveats need to be taken into

consideration when interpreting available estimates of cause-specific mortality. Of the WHO 172 Member States for which estimates are produced, only 60 are deemed to have good-quality vital registration data that can be used directly to estimate rates of violent deaths.³¹ These 60 countries (39 of which are high-income nations) account for less than 30 per cent of the world population.

Registration systems that are operating effectively compile vital statistics on the occurrence of births and deaths during a given period. These data are then combined with figures obtained through medical and police records resulting from the certification of causes of individual deaths and the investigation of criminal cases. However, in many countries, administrative data pertaining to intentional injuries and deaths are not systematically collected, may not be accessible or may not be adequately compiled across sources. Calculating reliable figures from these basic counts is often not possible due to weaknesses in data collection systems, such as incomplete coverage, underreporting or misrepresentation of the events. The identification of causes of death is a complex undertaking even in countries with advanced health systems. And, even when injuries are identified as the cause of death, the determination of whether the death resulted from an accidental or wilful act can be challenging, particularly in situations of conflict and civil unrest, or when the victim is very young. Cultural biases in how a violent death is perceived could also distort the reporting. For instance, in some countries and regions, taboos or stigma around suicide may lead to it being classified as an accidental death or not reported at all. In other cases, the horror of homicides perpetrated by family members may be concealed through a suicide classification.

In the absence of reliable administrative data, mortality estimates for all causes of death are necessarily based on modelling methods that account for possible errors due to underreporting and misclassification of causes of death. While such methods are not immune to other measurement errors, modelled estimates are considered the best available sources of information. The use of such estimates to draw conclusions on levels and patterns, however, requires a correct understanding of their strengths and limitations and needs to be undertaken with caution.

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It is in our hands to collectively ensure that the environment in which girls live is safe and supportive, and provides them with opportunities to thrive.