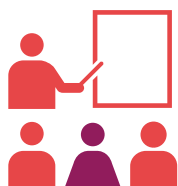


A framework for improving the health of adolescent girls

Summary: healthy girls are central to sustainable development. Building on lessons learned for success in the Millennium Development Goal (MDG) era, the Post 2015 framework must ensure that adolescent girls are healthy, educated, safe and empowered. This can be achieved by making sure that:



1. Girls have equitable access to youth friendly health and nutrition information and services, especially as they relate to sexual and reproductive health and rights



2. Girls are able to complete quality primary school and transition to, and complete quality secondary school



3. Girls are free from the threat of violence and harmful practices, such as early marriage

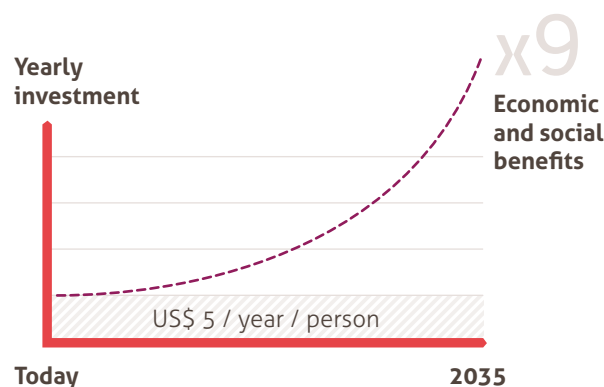


4. Girls have increased access to economic opportunities and resources, and improved political and institutional representation and voice

Investing in healthy girls fulfils human rights and makes economic sense

Gender equality is a human right. Women and girls are entitled to live in dignity, free from want and fear. They also have a fundamental right to the highest attainable standard of health and physical, mental and social well-being. Yet, thousands die every day from preventable causes and even more are left with injury, infection, or disease.^{i ii iii} Achieving gender equality in the post-2015 era will require a focus on improving the health of populations, in particular that of adolescent girls.

Investing in healthy populations is also the foundation for sustainable social, economic and environmental development and for peace and security.^{iv} A recent publication estimates that increasing health expenditure by just US\$ 5 per person per year up to 2035 in 74 high-burden countries could yield up to nine times that value in economic and social benefits.^v



i WHO, UNICEF, UNFPA and World Bank. Trends in maternal mortality: 1990 to 2010. Geneva: 2012.

ii Andrea Nove, Zoë Matthews, Sarah Neal, Alma Virginia Camacho. Maternal mortality in adolescents compared with women of other ages: evidence from 144 countries. The Lancet Global Health, Early Online Publication, 21 January 2014.

iii V Chandra-Mouli, A V Camacho, P A Michaud PA. WHO guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries. Journal of Adolescent Health. 2013; 52: 517-22.

iv Lancet Commission on Investing in Health. Global Health 2035: a World Converging Within a Generation. The Lancet 7 December 2013; 382:1898-955.

v Sternberg et al. Advancing Social and Economic Development by Investing in Women's and Children's Health: a New Global Investment Framework. The Lancet 19 November 2013; DOI:10.1016/S0140-6736(13)62231-X.

Yet today, discrimination against women and girls remains the most pervasive and persistent form of inequality.

Women and girls continue to experience economic discrimination, low political and institutional representation, reproductive health inequities, challenges to accessing quality education, gender based violence and harmful traditional practices.

Despite substantial progress towards MDGs 4 and 5, 287,000 women died in 2010 of pregnancy related causes. Of these, about 50,000 were adolescents.^{vi} Approximately 16 million adolescent girls aged 15-19 and one million girls aged 10-14 give birth every year, accounting for 11% of births worldwide.^{vii} In low- and middle-income countries, complications from pregnancy and childbirth are a leading cause of death among girls aged 15-19 years.^{viii} For every young woman who dies in childbirth, WHO estimates that 30-50 others are left with injury, infection, or disease.^{ix} 3.2 million adolescents undergo unsafe abortions every year.^x Adolescent pregnancy is also closely linked to newborn health. Stillbirths and newborn deaths are 50% higher among infants of adolescent mothers than among infants of women aged 20-29 years^{xi} and infants of adolescent mothers are more likely to have low birth weight.

Adolescents also face issues related to HIV, unhealthy lifestyles and harmful behaviours such as tobacco and alcohol use, mental health issues such as depression and anxiety, and injuries due to violence and road traffic incidents.^{xii} Young people account for 40% of new HIV infections with adolescent girls being particularly vulnerable.

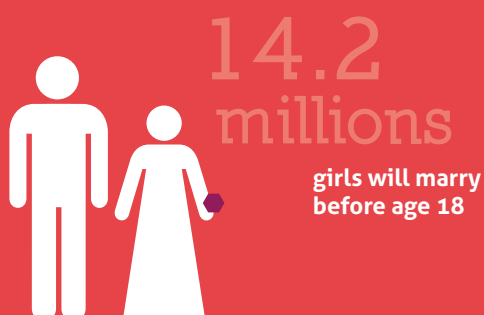
Tobacco consumption, drug and alcohol use, and rising rates of obesity are growing health risks for adolescents, putting girls at higher risk for developing non-communicable diseases and related disabilities. Today girls aged 13-15 years old are using tobacco at higher rates than women aged 15 and older.^{xiii}

Adolescents who face health problems tend to be from lower-income households and be nutritionally depleted, with adolescent girls having higher rates of undernutrition than adolescent boys.^{xiv} Worldwide, adolescent girls from poorer households, rural communities, ethnic minorities and marginalized groups who have less opportunities and access to information and services; are at greater risk of early and unintended pregnancy and ill health than their wealthier counterparts.



Discriminatory social and economic norms and policies contribute to poor health outcomes among adolescent girls.

Ninety percent of births among girls under the age of 20 occur within marriage.^{xv} Child marriage is a major factor in adolescent pregnancies, and lies at the intersection of a broad set of deeply rooted cultural and social inequalities facing girls. The practice violates girls' human rights, curtails their schooling, harms their health, increases their risk of intimate partner violence and constrains their futures. While the majority of child brides are in South Asia and sub-Saharan Africa, child marriage is a global problem, cutting across countries, religions and cultures. In the developing world, 1 in 3 girls are married before they turn 18, and 1 in 9 are married by the age of 15. Despite its serious consequences for girls, and the fact that 158 countries have set the legal age for marriage at 18 years, child marriage still persists. If current levels of child marriages hold, 14.2 million girls annually or 39,000 daily will marry before age 18.^{xvi}



Violence against women and girls has a critical impact on health and can result in increased vulnerability to adolescent pregnancy, HIV, as well as miscarriage, stillbirth and nutritional deficiency.^{xvii} Violence also diminishes the ability of women and girls to participate in public life, through reduced access to social and economic opportunities. It impoverishes women, their families and communities. Recent research indicates that 35% of women worldwide have experienced violence in their lifetime, with heightened risks during and in the aftermath of emergencies. Girls aged 15-19 years are particularly vulnerable.^{xviii}

Educating girls in addition to improving girls' economic prospects is critical for delaying child marriage and age of first birth and improving health outcomes for girls and their families. While there has been progress in girls' education, there are still 31 million girls of primary school age out of school. Of these 17 million are expected never to enter school. There are an additional 34 million girls of secondary school age out of school and two-thirds of the 774 million illiterate people in the world are female.^{xix}

Improving education and creating economic opportunities for girls can improve their decision making power and reduce their vulnerability to violence and poor health, yet today the International Labour Organization notes that the world is facing a worsening youth employment crisis with young people three times more likely to be unemployed than adults and almost 73 million youth worldwide looking for work.^{xx}

Placing girls at the heart of the Post 2015 sustainable development agenda

Globally in 2010, there were 1.2 billion young people (between 15 and 24 years of age) in the world, making up the largest youth generation in history, amounting to 18% of the world population.^{xvi} Of these, 580 million were adolescent girls. This youth population will continue to

grow exponentially. Appropriate investments are needed to ensure that young people and in particular, adolescent girls, are healthy, well-educated, and able to realize their potential and to contribute to society.

The Post-2015 sustainable development agenda must be framed to allow adolescents, and in particular girls, to realize their full potential. There is a growing consensus on effective strategies and priorities to improve adolescent health and the Beijing+20 and International Conference on Population and Development reviews provide a basis for Post 2015 deliberations. Building on countries' progress towards the MDGs, the Post 2015 framework must seek to ensure that adolescent girls are:



1. Healthy

Through equitable access to youth friendly health and nutrition information and services, especially sexual and reproductive health and rights, by protecting against exposure to the risk factors that cause disease and disability, and by promoting healthy lifestyles



2. Educated

Through the completion of quality primary school and transition to, and completion of quality secondary school



3. Safe

Through the elimination of violence against women and girls and harmful practices such as early marriage



4. Empowered

Through increased access to economic opportunities and resources, and improved political and institutional representation and voice

vi UNFPA. The State of the World Population: Motherhood in Childhood. Facing the Challenge of Adolescent Pregnancy. New York. 2013.

vii WHO. Adolescent pregnancy. Fact sheet N°364. May 2012. <http://www.who.int/mediacentre/factsheets/fs364/en/>, last accessed 28/01/2014.

viii *ibid.*

ix V Chandra-Mouli, A V Camacho, P A Michaud PA. WHO guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries. *Journal of Adolescent Health*. 2013; 52: 517–22.

x Shah, I. H. and E. Ahman. 2012. "Unsafe abortion differentials in 2008 by age and developing country region: high burden among young women." *Reproductive Health Matters*. 20(39): 169–173.

xi WHO. Adolescent pregnancy. Fact sheet N°364. May 2012. <http://www.who.int/mediacentre/factsheets/fs364/en/>, last accessed 28/01/2014

xii R Blum, B Dick. Strengthening Global Programs and Policies for Youth Based on the Emerging Science. *Journal of Adolescent Health* 52 (2013) S1–S3.

xiii WHO. WHO report on the global tobacco epidemic: Warning about the dangers of tobacco. Geneva. 2011.

xiv UNICEF. Progress for children: A report card for adolescents. UNICEF. New York. 2012.

xv UNFPA. The State of the World Population: Motherhood in Childhood. Facing the Challenge of Adolescent Pregnancy. New York. 2013.

xvi *ibid.*

xvii WHO. Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence. 2013 Geneva.

xviii WHO. Violence Against Women: Intimate partner and sexual violence against women. Fact sheet N°239. Updated October 2013. <http://www.who.int/mediacentre/factsheets/fs239/en/>. Last accessed 28/01/2014

xix UNESCO. Education for All Global Monitoring Report. Fact Sheet: Girls' Education – The Facts. October 2013. <http://www.unesco.org/new/fileadmin/MULTIMEDIA/HQ/ED/GMR/images/2011/girls-factsheet-en.pdf>. Last accessed 15 January 2014.

xx ILO. Global Employment Trends for Youth 2013: A Generation at Risk. 2013 Geneva.

xxi UNFPA. The State of the World Population: Motherhood in Childhood. Facing the Challenge of Adolescent Pregnancy. New York. 2013.

Achieving these outcomes for girls will require the sustained engagement of men and boys as well as a special focus on reaching girls aged 10-14 years.^{xxii} The Post 2015 framework must seek to address inequalities among adolescents with different backgrounds and mainstream gender across all goals and targets. It must ensure that all girls are counted and national governments collect, disaggregate and analyze data in all sectors by age and sex to improve programs, influence policy and track progress. The framework should also include robust global, regional, national and sub-national level accountability mechanisms.

1. Improving the health of adolescent girls through equitable access to youth friendly health and nutrition information and services

The Post 2015 frameworks should ensure universal and equitable access to sexual and reproductive health services and right by girls to reduce pregnancy and childbirth associated mortality and morbidity. This will require investments in comprehensive and age appropriate sexuality education, in access to contraception and maternal health services and in prevention, treatment and care services for HIV/AIDS. Improving health outcomes will also require universal and equitable access to quality youth friendly services aimed at improving nutritional status and mental health, reducing the adoption of unhealthy behaviours, and protecting against exposure to unhealthy environments, among others. Ensuring access to specially trained health workers and teachers will be critical. Improving financing for adolescent health services, including sexuality education and sexual and reproductive health services, and availability and use of disaggregated data will also be important.

2. Improving the education of adolescent girls through investments in quality education and safe school environments

Girls who remain in school longer are less likely to become pregnant. Education prepares girls for jobs and livelihoods, raises their self-esteem and their status in their households and communities. It gives them more say in decisions that affect their lives, reduces the likelihood of child marriage and delays childbearing. Increased enrolment and completion of primary and secondary school by girls should be a Post 2015 priority. Efforts to increase girls' school attendance should include making schools girl friendly and removing financial and social barriers to girls' school attendance through incentive schemes. Educational programmes should be relevant, ensuring appropriate curricula. Educational environments should be free from discrimination, and violence. States should also provide access to non-formal education where required.^{xxiii}

3. Creating a safe environment for girls by ending violence against women and girls and child marriage

The Post 2015 framework should focus on reducing exposure to physical, psychological and sexual violence against women and girls in the home, school, workplace and community. It should also focus on reducing harmful practices such as female genital mutilation, as a strategy for reducing the associated health risks that adolescent girls face.

A particular focus on ending child marriage is required. Enacting laws and enforcing legal frameworks, changing social norms that perpetuate a tolerance for all forms of violence (in part through an engagement of men and boys), creating safe spaces for girls in communities, and empowering girls with skills and knowledge of their rights, will all contribute to reducing violence against women and girls.

4. Empowering girls through increased access to economic opportunities and resources, and improved political and institutional representation

Adolescent girls should be meaningfully involved in developing the policies that will affect their future. The Post-2015 framework should recognize the importance of promoting youth empowerment through access to information, capacity building and through the creation of an enabling environment for youth to meaningfully participate in decision making (at family, community, national, regional and global level). Ensuring access to financial and other resources that can facilitate youth entrepreneurship and economic development is also important.

^{xxii} UNFPA. The State of the World Population: Motherhood in Childhood. Facing the Challenge of Adolescent Pregnancy. New York. 2013.

^{xxiii} World Bank. World Development Report. Gender Equality and Development. 2012. Washington D.C.