PROGRESS FOR CHILDREN

A report card on adolescents

Number 10, April 2012

unite for children

unicef

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FOREWORD | MEASURING UP

For adolescents around the world, report cards present a measure of their academic progress – and can point the way towards their futures. But how does the global community measure up in our efforts to give those young people the futures they deserve – and the tools and opportunities to make the most of their lives?

As the 10th edition of UNICEF's *Progress for Children* shows, this report card is mixed. For while we have made significant progress for millions of children over the last decades – reducing child mortality, increasing the number of children enrolled in primary school, expanding access to health care services – our efforts have left behind far too many adolescents between the ages of 10 and 19.

We must reach them. For adolescence is not only a pivotal time in the life of a child – the gateway to adulthood. It is also a critical opportunity to make progress for *all* children. And it is a stage of life in which we must invest more attention, resources and effort today, or suffer tomorrow the social and economic consequences of a generation less equipped to become fully contributing members of society.

Today there are 1.2 billion adolescents, worldwide. Nearly 90 per cent live in developing countries. But we know less about them than other segments of the child population: too little about their situations, habits, hopes and dreams. While household surveys have improved the quality and quantity of information about adolescents, there remains a marked paucity of data, especially about young adolescents between the ages of 10 and 14.

But here is some of what we do know. Some 71 million children of lower secondary school age are not in school, despite the critical importance of education in helping adolescents develop the skills they will need as adults in the work force and in the community. Girls are less likely than boys to attend and complete secondary school – even though educated girls marry later than uneducated girls, bear children later, earn more income for their families, and have healthier, better educated children.

In the least developed countries, a quarter of young men and a third of young women are illiterate. Some 75 million young people between the ages of 15 and 24 are unemployed – a number that has grown, while educational attainment among adolescents has marginally increased.

While adolescents are at a comparatively low risk for diseases that kill the greatest number of young children – diarrhoea and pneumonia – it is by no means a safe time in their lives. Each year, 1.4 million adolescents die from injuries due to road traffic accidents, violence, and other causes. In 21 developing countries where we have enough data to assess the situation, more than one third of all girls aged 15 to 19 suffer from anaemia.

The onset of puberty and greater personal freedom make adolescents acutely vulnerable, and girls especially so. An estimated 2.2 million adolescents are living with HIV – around 60 per cent of whom are girls. More than one third of young women in the developing world were married before reaching the age of 18, a change in status which can increase the risk of domestic violence. And early marriage frequently leads to early childbirth – the leading killer of adolescent girls in Africa.

But even when excluded from critical services and denied their basic rights, adolescents can be resourceful, courageous, and well aware that their futures depend not only on what we can do for them, but on what they can do for themselves.

Around the developing world, digital technology, mobile communications and social media are connecting young people as never before – not only to one another, but to the world of information and ideas – and inspiring them to find innovative ways to improve their own lives.

I have seen this first hand. In the *favelas* of Rio de Janeiro, teenagers use cameras tied to the strings of kites to map the risks in their neighbourhoods. In Uganda, and other nations, young people use SMS texting to report on conditions in their communities, and to offer their ideas for how to address problems. And in virtually every country and community, adolescents and young people are changing *their* world – and thus, the world we all share.

Today's adolescents were born under the auspices and protections of the Convention of the Rights of the Child. They are the children of the Millennium Declaration, reared during a decade of unprecedented global effort to create a more peaceful, prosperous and equitable world. We have promised them much; and we must deliver.

Anthony Lake
UNICEF Executive Director

1 PROGRESS FOR ADOLESCENTS

In the Millennium Declaration, adopted in 2000, world leaders made a promise to children to help them fulfill their human potential. The children born in that milestone year are now adolescents. It is time to review whether the promise is being kept for these 'Millennium children' and for all adolescents. Have the lives of adolescents improved?

Millions of children have benefited from the promise of the United Nations Millennium Declaration and the Millennium Development Goals (MDGs). Many adolescents are alive today as a result of the significant drop in the child mortality rate since 1990. Globally, more children are enrolled in school today than any generation of children before them.

But the benefits of progress have not been equally shared among all adolescents. Economic growth has not always been equitable, and the benefits have not necessarily accrued to the poorest and the most marginalized.

Situation analysis

Adolescents – defined by the United Nations as those between the ages of 10 and 19 – number 1.2 billion in the world today. As children up to the age of 18, most adolescents are protected under the Convention on the Rights of the Child. Yet, their vulnerabilities and needs often remain unaddressed.

- Every year, 1.4 million adolescents die from road traffic injuries, complications of childbirth, suicide, violence, AIDS and other causes.[1] Cause of adolescent death varies by region, and mortality patterns are associated with sex. In Latin America, injuries (including homicide) are the leading cause of death among adolescent boys; in Africa, complications of pregnancy and childbirth are the leading cause among adolescent girls aged 15–19.

- Around 11 per cent of all births worldwide, or an estimated 16 million, are to girls aged 15–19,[2] and the youngest mothers are the most likely to experience complications and die of pregnancy-related causes.[3] Despite the decline in the overall birth rate in the developing world, adolescent birth rates remain high, especially in some countries of sub-Saharan Africa and Latin America and the Caribbean.

- Some 71 million children of lower secondary school age are not in school,[4] and 127 million youth between the ages of 15 and 24 are illiterate, the vast majority of them in South Asia and sub-Saharan Africa.[5] Rates of secondary school enrolment, literacy and employment in most regions are lower among girls and young women than among boys and young men.

- An estimated 2.2 million adolescents, around 60 per cent of them girls, are living with HIV,[6] and many do not know they are infected. Overall, the levels of correct knowledge about HIV among older adolescents aged 15–19 remain low, with fewer girls having correct knowledge than boys. Many adolescents aged 15–19 know where HIV testing is offered, yet they are unlikely to take advantage of these services.

- Large proportions of adolescent girls aged 15–19 have experienced sexual violence, and domestic violence is common among adolescent girls who are in relationships. Gang violence is common among adolescents, particularly boys. Adolescents with disabilities are at increased risk of violence and sexual abuse.[7]

Neither young children nor adults, adolescents lack the services that respond to their distinctive needs. Interventions for children very often focus on the younger ages; adolescents 'age out' of paediatric health care, for example, and they are often unreached by programmes for adults. Many adolescents are excluded from services that would reduce their risk of HIV and sexually transmitted infections, or that would help them prevent pregnancies, because of laws that limit their access to these services without parental consent. Adolescents who live on their own, either by choice or by circumstance, may no longer have the protection of their families.

"Understanding adolescents in all their diversity is fundamental to improving their lives."

A time of transition

Adolescents experience intense physical, psychological, emotional and economic changes as they make the transition from childhood to adulthood.[8] Risk-taking is part of adolescence, and it is the duty of society both to prevent risk and to mitigate any dangerous consequences such risk-taking is bound to have.

At this stage, investment must focus on those adolescents who are most at risk of passing the legacy of poverty and discrimination to the next generation: girls at risk of child marriage, girls and boys exposed to violence, younger adolescents out of school and all adolescents who are illiterate, adolescents living with HIV and those without access to knowledge, information and basic services.

Investing in adolescent girls and boys is crucial. In many countries, girls are less likely than boys to obtain a secondary education, more likely to be forced into child marriage and its attendant early sexual activity, less likely to use information and communication technologies and, if they live in sub-Saharan Africa, more likely to contract HIV. Boys are more likely than girls to participate in gang violence and – at least in some regions – fall victim to homicide.

Many of the development successes over the past decade have been the result of targeted investment in programmes and policies benefiting younger children, and investing in a safe, healthy and productive transition from childhood to adulthood is critical to consolidating these successes. Not to invest in adolescence, or to focus on adolescents only when they become 'problems', is to squander the investment already made in the early years.

Progress for adolescents

This edition of *Progress for Children* sets out who adolescents are, where they live, what they do, what their problems are and how their needs are – or are not – being met. Understanding adolescents in all their diversity is fundamental to improving their lives.

Countries are increasingly adjusting national statistical tools to better capture the dimensions, threats and opportunities that adolescents face in their lives. Much data pertaining to the 15–19-year-old age group now exist, although there are far fewer data pertaining to the 10–14-year-old age group.

Household surveys, especially the Multiple Indicator Cluster Surveys (MICS), have been instrumental in increasing the base of available data on adolescents. Such surveys are being conducted in more countries and on more topics than ever before, and their data can be disaggregated *(see panel on page 38)*. This report is informed by an analysis of these expanded data sets.

The current status and future prospects of the Millennium children in relation to education and labour (MDGs 1, 2 and 3); health (MDG 4); sexual behaviour, childbearing and maternal health, and HIV (MDGs 5 and 6); and violence (Millennium Declaration) are described in the following pages.

2 SOCIO-DEMOGRAPHIC PROFILE OF ADOLESCENTS

POPULATION TRENDS AND CHILD MARRIAGE

Some 1.2 billion adolescents (10–19 years old) today make up 18 per cent of the world's population *(see Figures 2.1–2.2)*. More than half of all adolescents live in Asia *(see Figure 2.3)*. In absolute numbers, India is home to more adolescents – around 243 million – than any other country. It is followed by China, with around 200 million adolescents. The adolescent population of either of these countries dwarfs that of any other country.

Sub-Saharan Africa, however, is the region where adolescents make up the greatest proportion of the population, with fully 23 per cent of the region's population aged 10–19 *(see Figure 2.4)*. Two of the countries with the highest proportion of adolescents in the world – 26 per cent – are here: Swaziland and Zimbabwe. A third country where adolescents make up an equally high proportion of the population is Timor-Leste *(see Figure 2.5 on page 8 and statistical table)*.

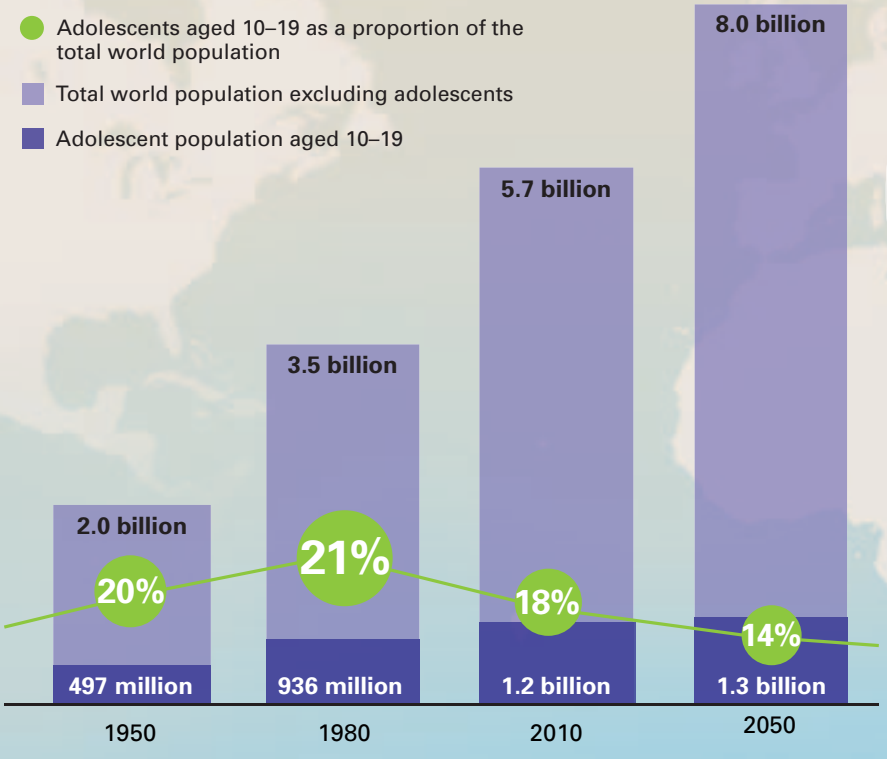
In the least developed countries, adolescents comprise 23 per cent of the population. Their share in developing countries is 19 per cent and in industrialized countries, 12 per cent.

ADOLESCENT POPULATION: 1950–2050

FIGURE 2.1

Adolescents' share of a growing world population peaked around 1980

Population of adolescents 10–19 years old as a proportion of the total population, 1950–2050



The number of adolescents will increase slightly through 2050, but their share of the population will decrease.

Note: United Nations population data have been adjusted to include only those countries and territories in the UNICEF world classification. The 2050 population figures are projections.

Source: United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects: The 2010 revision*, CD-ROM edition, 2011.

FIGURE 2.2

There are 1.2 billion adolescents 10–19 years old living in the world today

World population, by age group and by sex, 2010

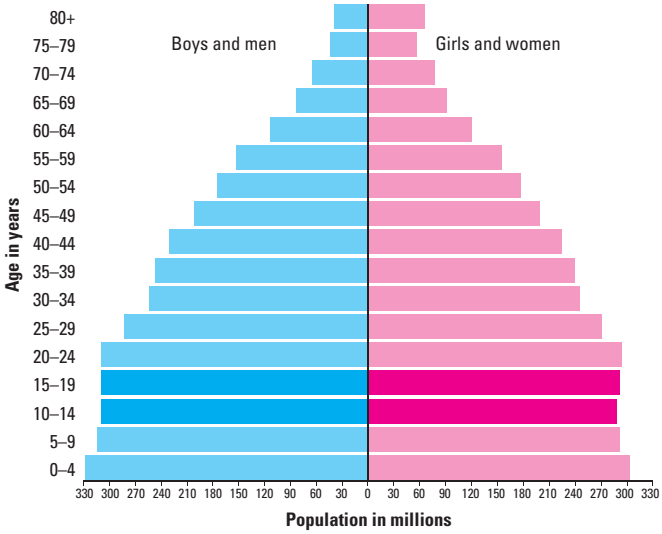


FIGURE 2.3

More than half of the world's adolescents live in Asia

Population of adolescents 10–19 years old by region, 2010

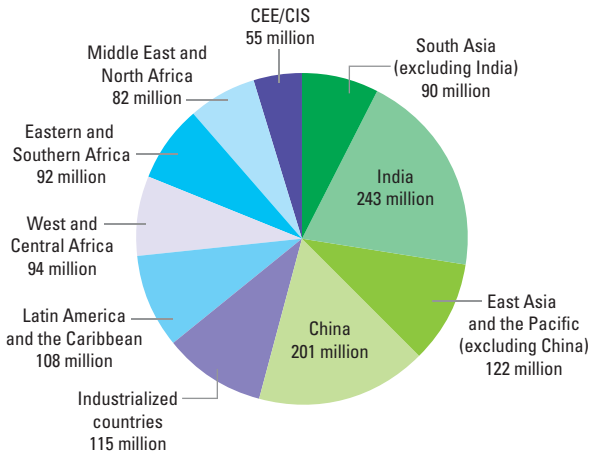
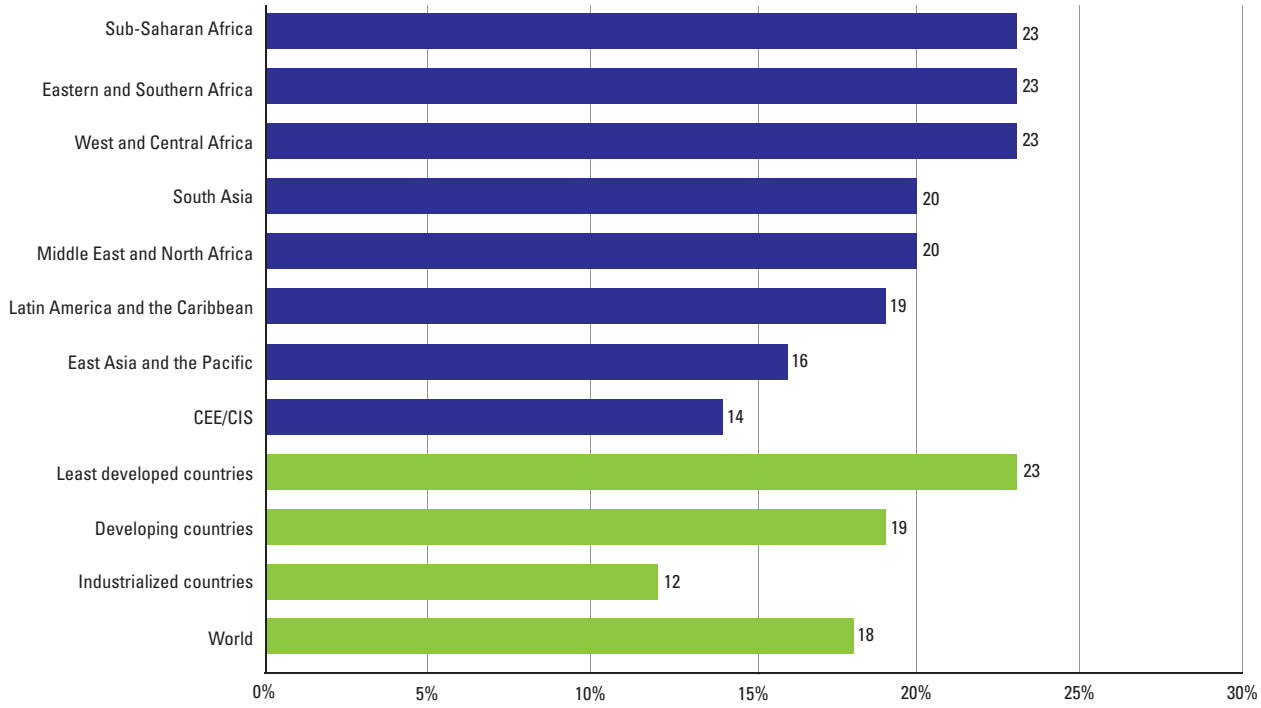


FIGURE 2.4

Adolescents account for nearly one fifth of the world's population

Population of adolescents 10–19 years old as a proportion of the total population, by region, 2010



Note: Because of rounding, the values presented in Figures 2.2 and 2.3 may differ slightly from those in the statistical table on pages 44–51.

Sources for all figures on this page: United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects: The 2010 revision*, CD-ROM edition, 2011.

The demographic transition

The proportion of adolescents in the global population peaked around 1980 and is now on the decline almost everywhere, a trend expected to continue through 2050. The absolute number of adolescents, however, is expected to rise during that same period *(see Figures 2.6–2.8)*.

The striking differences among regions in the proportion of adolescent populations result from a demographic transition that occurs when declines in mortality rates are later followed by declines in fertility rates; the interim period of lower mortality rates and still-high fertility rates results in a large proportion of youth in a population, sometimes termed a 'youth bulge'. Yet, at least in some regions, countries have not made sufficient investment in adolescents and youth; they have yet to realize the enormous opportunity that this population dynamic represents.

Child marriage

Nearly one in every four adolescent girls aged 15–19 in the developing world (excluding China) is currently married or in union. In South Asia, nearly one in every three adolescent girls aged 15–19 is married or in union, compared to 1 in 14 in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS) *(see Figure 2.9)*.

The South Asia and sub-Saharan Africa regions have the greatest proportion of girls aged 15–19 married or in union. The percentage of boys the same age who are married or in union is much lower (less than 5 per cent) in these regions.[9]

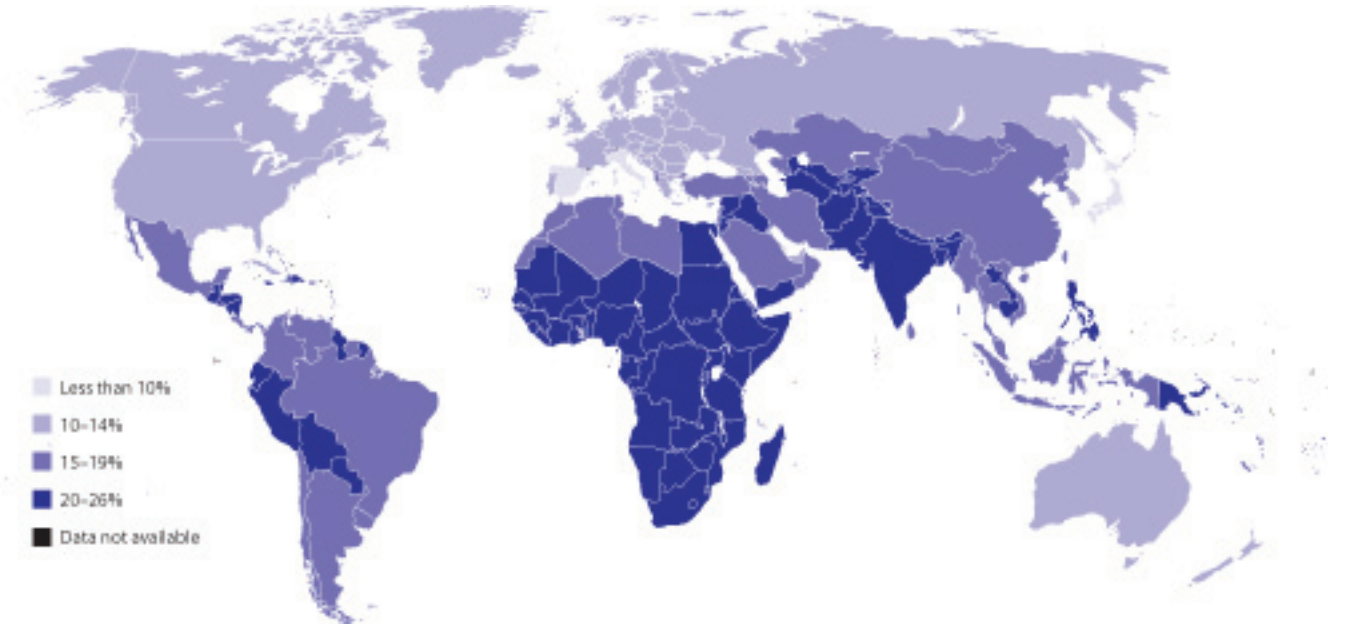
The marital status of adolescent girls varies greatly from country to country, even within regions. In Mali, for instance, 40 per cent of girls aged 15–19 are either married or in union, whereas in Cape Verde, this figure drops to 8 per cent. In Nicaragua, 24 per cent of adolescent girls aged 15–19 are either married or in union; in Colombia, this figure is 14 per cent.

The real extent of adolescent marriage is known only retrospectively, since adolescent girls who are currently single still face the risk of being married before they finish adolescence. More than one third of women aged 20–24 in the developing world were married by age 18 – while they were still children – with about one

FIGURE 2.5

Adolescents account for a large proportion of the population of sub-Saharan African countries

Population of adolescents 10–19 years old as a proportion of the total population, by country, 2010



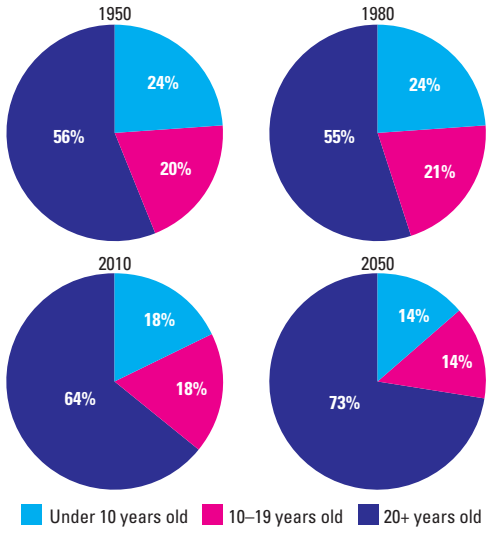
Note: This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the Parties. The final boundary between the Republic of the Sudan and the Republic of South Sudan has not yet been determined. The final status of the Abyei area has not yet been determined.

Source: United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects: The 2010 revision*, CD-ROM edition, 2011.

FIGURE 2.6

The adolescent proportion of the world population was greatest around 1980

Percentage of the world population, by age group



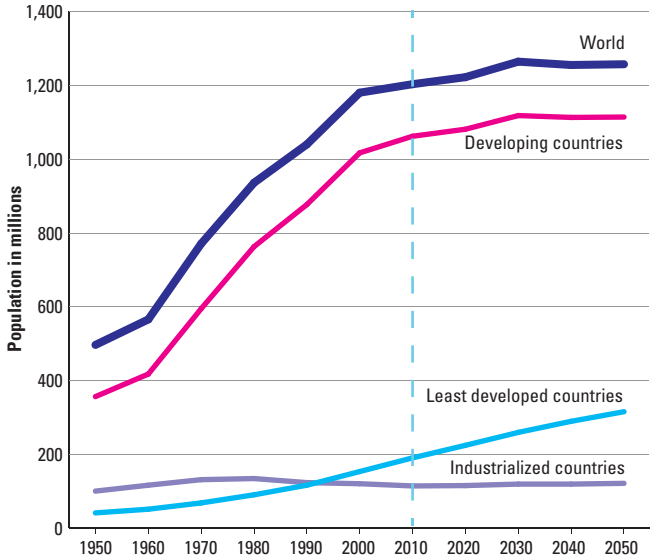
Note: Values may not add to 100% because of rounding. The 2050 population figures are projections.

Source: United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects: The 2010 revision*, CD-ROM edition, 2011.

FIGURE 2.7

The number of adolescents in the world will increase slightly through 2050

Population of adolescents 10–19 years old in millions, 1950–2050



Note: The 2050 population figures are projections.

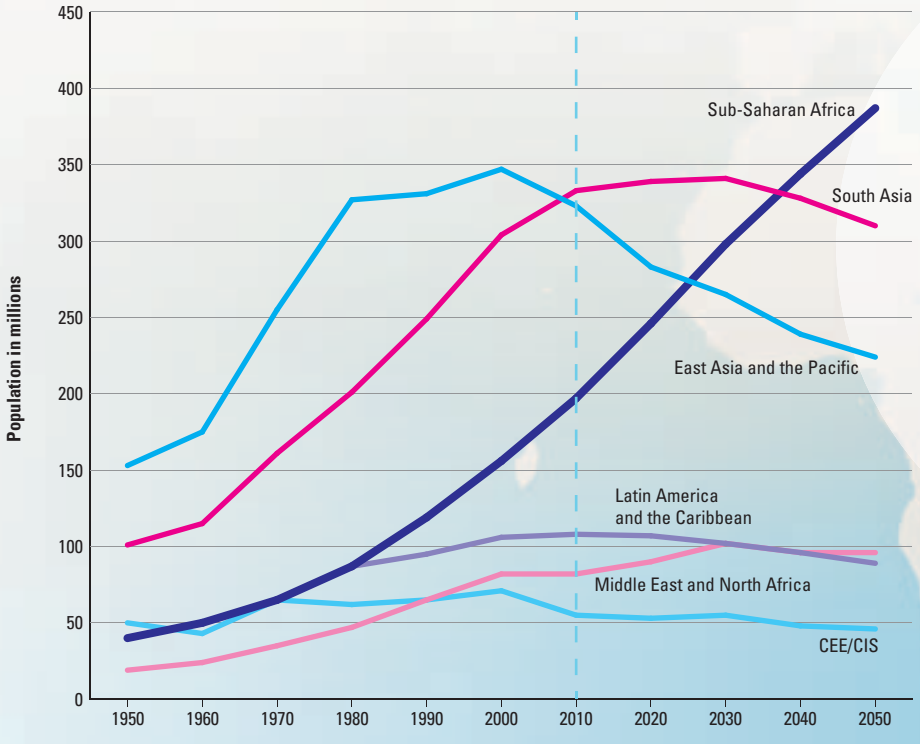
Source: United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects: The 2010 revision*. CD-ROM edition, 2011.

ADOLESCENT POPULATION GROWTH IN DEVELOPING REGIONS

FIGURE 2.8

By 2050, sub-Saharan Africa is projected to have more adolescents than any other region

Population of adolescents 10–19 years old in millions, by region, 1950–2050



Sub-Saharan Africa is the only region of the world in which the number of adolescents continues to grow significantly.

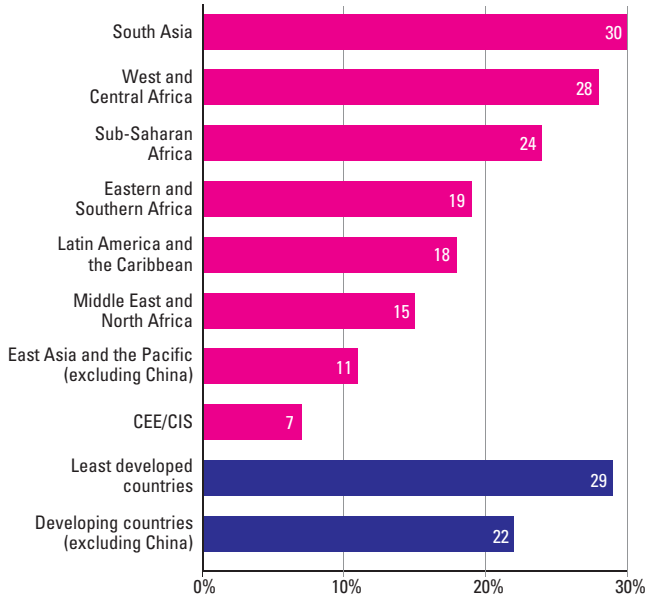
Note: The 2050 population figures are projections.

Source: United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects: The 2010 revision*, CD-ROM edition, 2011.

FIGURE 2.9

Nearly one third of adolescent girls in South Asia are married or in union

Percentage of adolescent girls 15–19 years old who are currently married or in union, by region



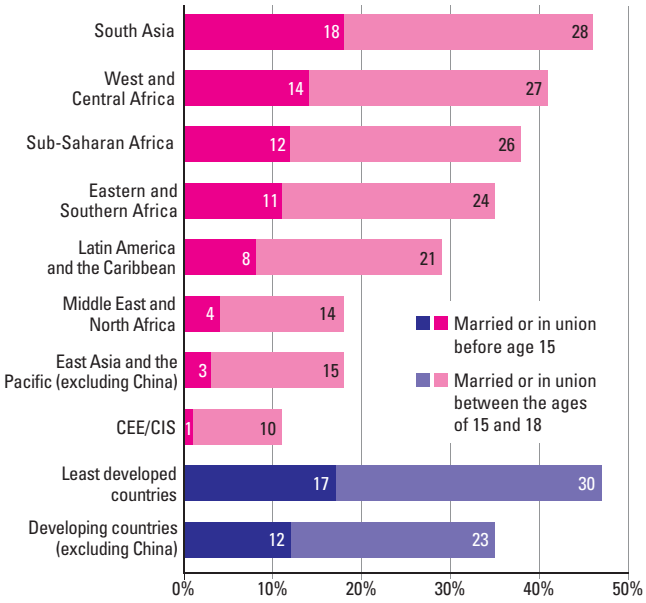
Note: Estimates based on a subset of 104 countries, covering 92% of the 15–19-year-old female population of the developing world (excluding China, for which comparable data are not available). Regional estimates represent data from countries that cover at least 50% of the regional population. Data coverage was insufficient to calculate an average for industrialized countries.

Source: UNICEF global databases, 2011, based on Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other national surveys, 2000–2010.

FIGURE 2.10

More than one third of young women in the developing world were married as children

Percentage of women 20–24 years old who were first married or in union before ages 15 and 18, by region



Note: Estimates are based on a subset of 105 countries, covering 90% of the 20–24-year-old female population of the developing world (excluding China, for which comparable data are not available). Regional estimates represent data from countries that cover at least 50% of the regional population. Data coverage was insufficient to calculate an average for industrialized countries.

Source: UNICEF global databases, 2011, based on DHS, MICS and other national surveys, 2000–2010.

third of these married by age 15 *(see Figure 2.10)*. In the least developed countries, nearly half of women aged 20–24 were married before the age of 18.

Negative consequences of child marriage abound, particularly for girls. They may be cut off from their families, their formal education left behind. Their development – and the fulfillment of their human rights – may be compromised. There are also health concerns associated with child marriage, which often leads to adolescent childbearing. In developing countries, more than 90 per cent of births to adolescents occur within marriage[10] *(see 'Adolescent childbearing', in Chapter 5, page 24)*.

Data for several countries suggest that women who marry as children are at risk of domestic violence *(see Chapter 6, on violence)*.

Many adolescent girls who marry or enter into union do so, often against their will, with men who are much older. A 2005 analysis of Demographic and Health Survey data indicates that the age difference between the spouses tends to be greater when women marry early than when they marry at an older age.[11] Available data show that in the Gambia and Sierra Leone, more than half of girls aged 15–19 who are currently married or in union are with a man who is at least 10 years older.[12]

Marriages of girls to much older men are most prevalent in West African countries, but they also occur in other regions. Survey data from Bangladesh (2006), for example, indicate that 32 per cent of girls aged 15–19 are married or in union with a man 10 or more years their senior.[13] (The actual percentage may be higher; in some surveys, large proportions of girls said they did not know their husband's or partner's age.)

A large age difference between spouses may affect the power relations within the marriage and make the young wife more vulnerable to violence and abuse. In addition, women with much older husbands are more likely to become widows, which may create economic instability and negatively affect their social status. Marrying older partners can also increase girls' risk of HIV in countries with generalized HIV epidemics.[14]

Use of information and communication technology

Adolescents' interactions with media are constantly evolving. In developing countries, however, 28 per cent of girls and 17 per cent of boys aged 15–19 do not watch television, listen to the radio or read a newspaper on a weekly basis. Among adolescents who do use media, the most common form is television, with more than half of all boys and girls aged 15–19 in developing countries watching television at least once a week *(see Figure 2.11)*.

Globally, access to information and communication technology (ICT) has improved for the general population.[15] Yet, data on adolescent access to and use of ICTs are minimal, and standards and definitions that would aid data analysis and comparison across countries are lacking.

Overall, the available data suggest that Internet use is more likely with higher income and education, and more men than women use the technology in both industrialized and developing countries. Data also indicate a deep urban/rural divide, with urban dwellers more likely to log on. Internet use is also more common among people who are currently in school.[16]

In all countries with data, a higher proportion of people under age 25 use the Internet than people over age 25.[17] In a few countries for which these data are further disaggregated by age group, youth aged 15–24 are generally more likely to use the Internet than adolescents aged 10–14 *(see Figure 2.12)*. The gap in usage is narrower in economies in transition and in industrialized countries.

The profile of Internet usage is similar to that of mobile phone usage *(see Figure 2.13)*. With the number of people forecast to be using mobile devices to access the Internet growing from 14 million in 2010 to 788 million by 2015, it is important to understand how adolescent users fit into this picture.[18]

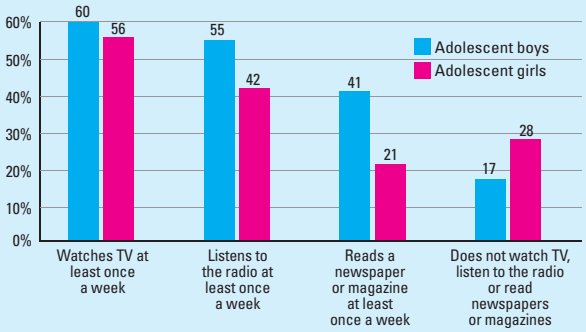
Young people's use of social media such as Facebook, Orkut in Brazil and India, RenRen in China and VK in the Russian Federation has grown exponentially over the past few years. In South Africa, nearly half the 44 million users of the MXit mobile phone-based network are aged 18–25, and fully one quarter are aged 13–17.[19]

The use of ICTs can enable access to information, foster the expression of ideas on a large scale and help adolescents connect with others; but it carries such risks as exposure to inappropriate content, unwelcome contact from others or the possibility of engaging in inappropriate conduct themselves.[20] It is necessary to support children's capacity to cope with such risks, thereby building their resilience as digital citizens.

FIGURE 2.11

Television is the most commonly used form of media among adolescents in developing countries

Percentage of adolescents 15–19 years old who make use of specified media on a weekly basis, by sex



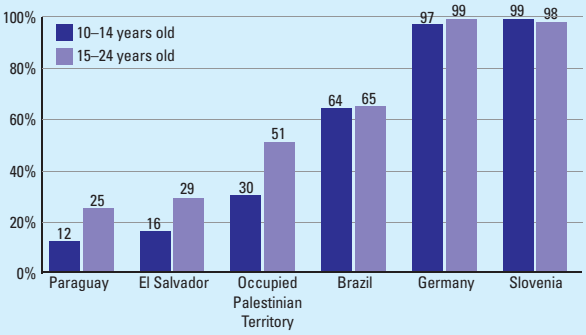
Note: Estimates are based on subsets of 44 countries with available data covering 51% of the male population 15–19 years old and 56 countries with available data covering 66% of the female population 15–19 years old in the developing world (excluding China, for which comparable data are not available).

Source: UNICEF global databases, 2011, based on DHS and other national surveys, 2000–2010.

FIGURE 2.12

Adolescents' use of the Internet varies across countries …

Percentage of adolescents 10–14 years old and percentage of young people 15–24 years old who used the Internet from any location in the past 12 months, in selected countries and territories with available data

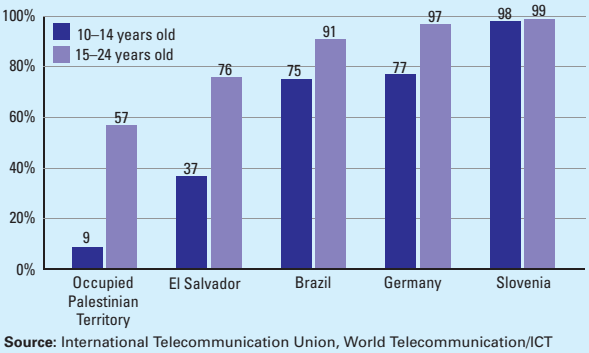


Source: International Telecommunication Union, World Telecommunication/ICT Indicators Database, 2008–2010.

FIGURE 2.13

… as does adolescents' use of mobile phones

Percentage of adolescents 10–14 years old and percentage of young people 15–24 years old who used a mobile cellular telephone in the past 12 months, in selected countries and territories with available data



Source: International Telecommunication Union, World Telecommunication/ICT Indicators Database, 2008–2010.

3 EDUCATION AND WORK

RELATED TO MDG 1, MDG 2 AND MDG 3

MDG 1 – eradicate extreme poverty and hunger – has as its second target full and productive employment and decent work for all, including women and young people. MDG 2 – achieve universal primary education – is the basis for the further education and literacy that are necessary to prepare adolescents and young people for this 'decent work' as well as for their civic participation. And MDG 3 – promote gender equality and empower women – makes it possible for adolescent girls and boys to share equally in the benefits of goals 1 and 2.

Secondary education

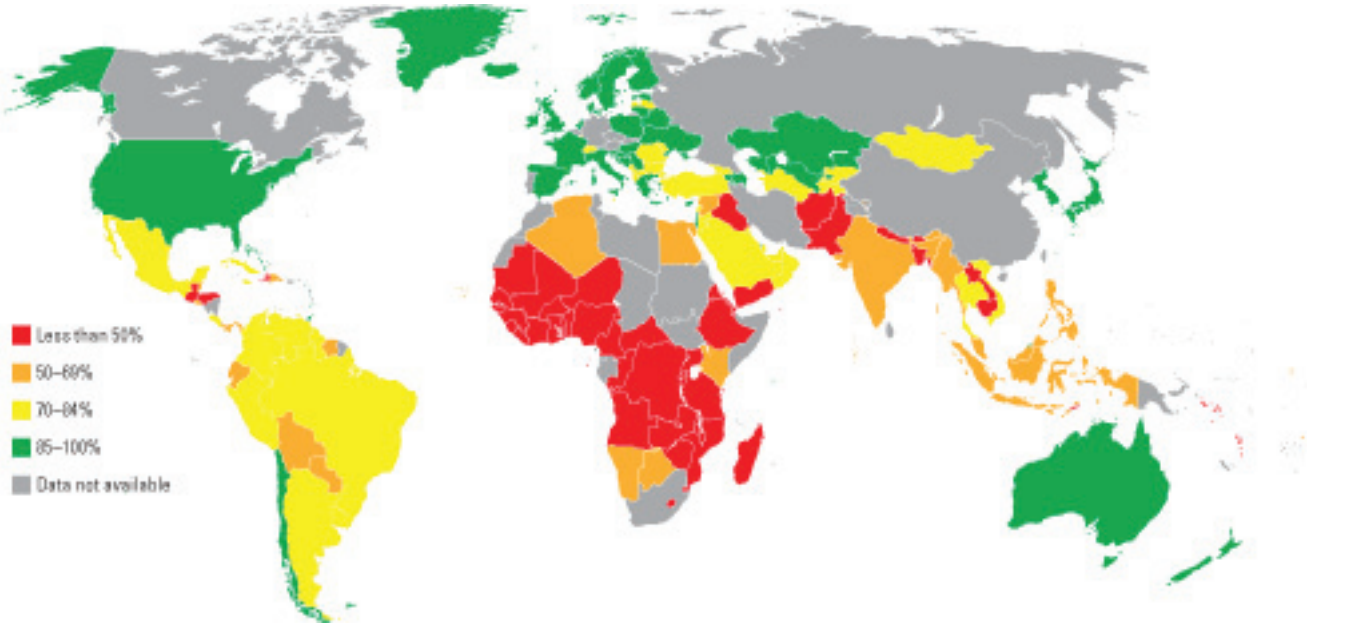
Some 90 per cent of primary-school-aged children are enrolled in primary school worldwide, despite challenges in some countries and regions.[21] This success in moving towards universal primary education since 1990 has led to a growing demand for post-primary education, and secondary education systems have indeed expanded in many countries: Approximately 531 million students were accommodated in secondary education in 2009, compared to 196 million in 1970.[22]

Yet secondary school enrolment remains low in the developing world, particularly in countries of Africa and Asia *(see Figure 3.1)*. Many pupils of secondary

FIGURE 3.1

Secondary school enrolment is very low in countries of Africa and Asia

Secondary school net enrolment/attendance ratio



Note: 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 Republic of the Sudan and the Republic of South Sudan has not yet been determined. The final status of the Abyei area has not yet been determined.

Note: The net enrolment ratio (NER) is used for all countries with available data. For countries where NER was unavailable, the net attendance ratio (NAR) is used. The availability of net enrolment/attendance data differs from the availability of gross enrolment/attendance data; this accounts for differences between Figures 3.1 and 3.2.

Source: NER: UNESCO Institute for Statistics, 2011. Data refer to 2009 or latest year available. NAR: UNICEF global databases, 2011, based on DHS and MICS, 2005–2010.

school age are in primary school, having entered school late or repeated grades; thus overage is a significant part of the challenge in addressing the educational needs of adolescents.

Globally, 60 per cent of secondary-school-aged children are enrolled in secondary school. In sub-Saharan Africa and the least developed countries, fewer than one third are enrolled. And even where national secondary enrolment ratios are high, disparities within countries may be an issue.

Gender parity – where the percentage of girls enrolled in or attending school is equal to the percentage of boys – has been reached in primary education in most countries. But gender parity at the secondary level is lagging behind *(see Figure 3.2)*.

Overall, a greater percentage of boys than girls are in secondary school in most developing countries and most regions, and only CEE/CIS, East Asia and the Pacific, and North Africa have achieved gender parity at the secondary level.[23] In these regions, however, Cambodia, Lao People's Democratic Republic, Morocco, the Solomon Islands and Turkey stand out as exceptions – gender parity has not yet been achieved in these countries, and girls are disadvantaged. More girls than boys are likely to be enrolled in secondary school in Latin America and the Caribbean.

The primary to secondary school transition

In many countries there is a drop-off in enrolment between primary and lower secondary education, and between lower and upper secondary education. Particularly in sub-Saharan Africa, drop-off is high between the primary and lower secondary levels. Globally, the lower secondary gross enrolment rate was 80 per cent in 2009, whereas the upper secondary gross enrolment rate was 56 per cent.[24]

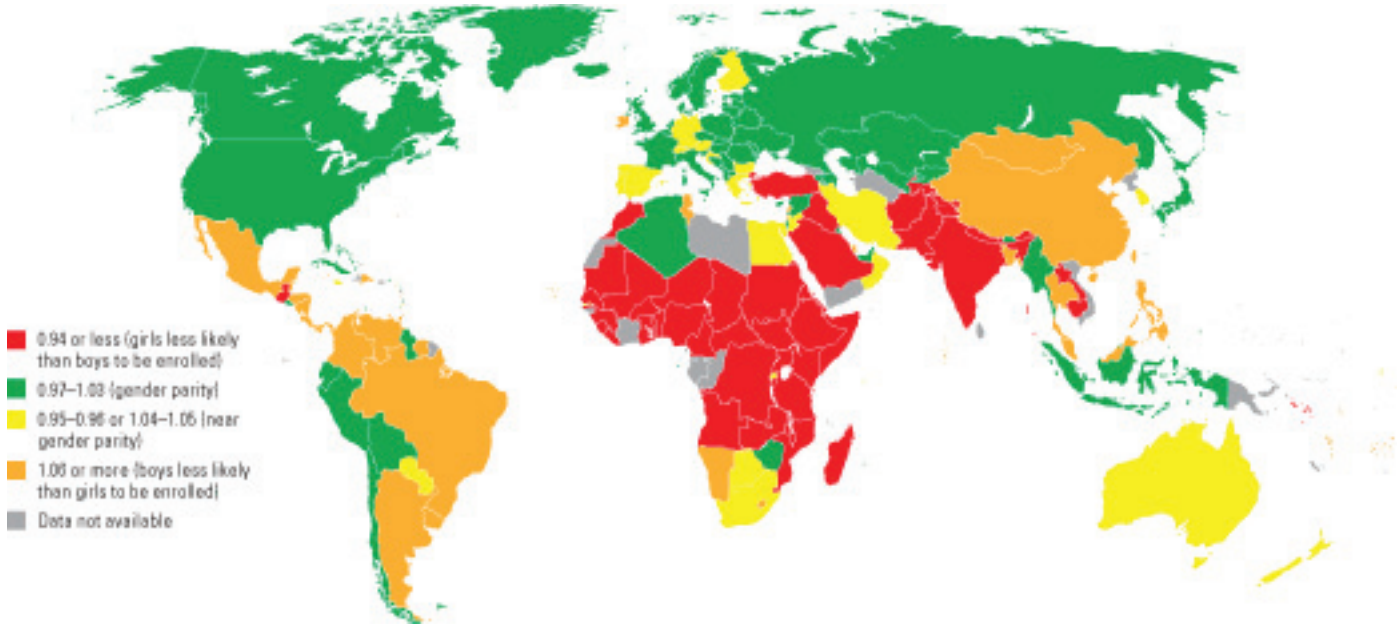
In sub-Saharan Africa, girls are less likely than boys to be enrolled at both levels of secondary education. In Latin America and the Caribbean, there is near parity between girls and boys at the lower secondary level, but girls are more likely to be enrolled than boys at the upper secondary level.

A recent report from UNESCO found that around 71 million children of lower secondary school age were out of school,[25] although many of these

FIGURE 3.2

Gender parity has not been reached at the secondary level

Gender parity index (GPI) of secondary school gross enrolment/attendance ratio



Note: 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 Republic of the Sudan and the Republic of South Sudan has not yet been determined. The final status of the Abyei area has not yet been determined.

Note: The gross enrolment ratio (GER) is used for all countries with available data. For countries where GER was unavailable, the gross attendance ratio (GAR) is used. The availability of net enrolment/attendance data differs from the availability of gross enrolment/attendance data; this accounts for differences between Figures 3.1 and 3.2.

Source: GER: UNESCO Institute for Statistics, 2011. Data refer to 2009 or latest year available. GAR: UNICEF global databases, 2011, based on DHS and MICS, 2005–2010.

children reside in countries where education at this level is compulsory.

The gap in lower secondary school completion rates between sub-Saharan Africa and the rest of the world appears to be widening.[26] In fact, sub-Saharan Africa has the worst secondary education indicators of any region: Its level of enrolment of secondary-school-aged children is the lowest, as are its rates of secondary school completion, and it has fewer girls enrolled than boys.

Low secondary school enrolment stems in part from low primary school completion. In sub-Saharan Africa, only 47 per cent of 15–19-year-old girls and 52 per cent of 15–19-year-old boys have completed primary school *(see Figure 3.3 for percentages in selected countries)*.[27]

The effective transition rate measures the probability that a student in the last grade of primary school will enrol in the first grade of secondary school. Many industrialized countries and many countries in CEE/CIS, the Middle East and North Africa, and Latin America and the Caribbean have primary-to-secondary school transition rates of nearly 90 per cent or above. In the least developed countries, three fourths of children who complete primary school make the transition to secondary school.[28]

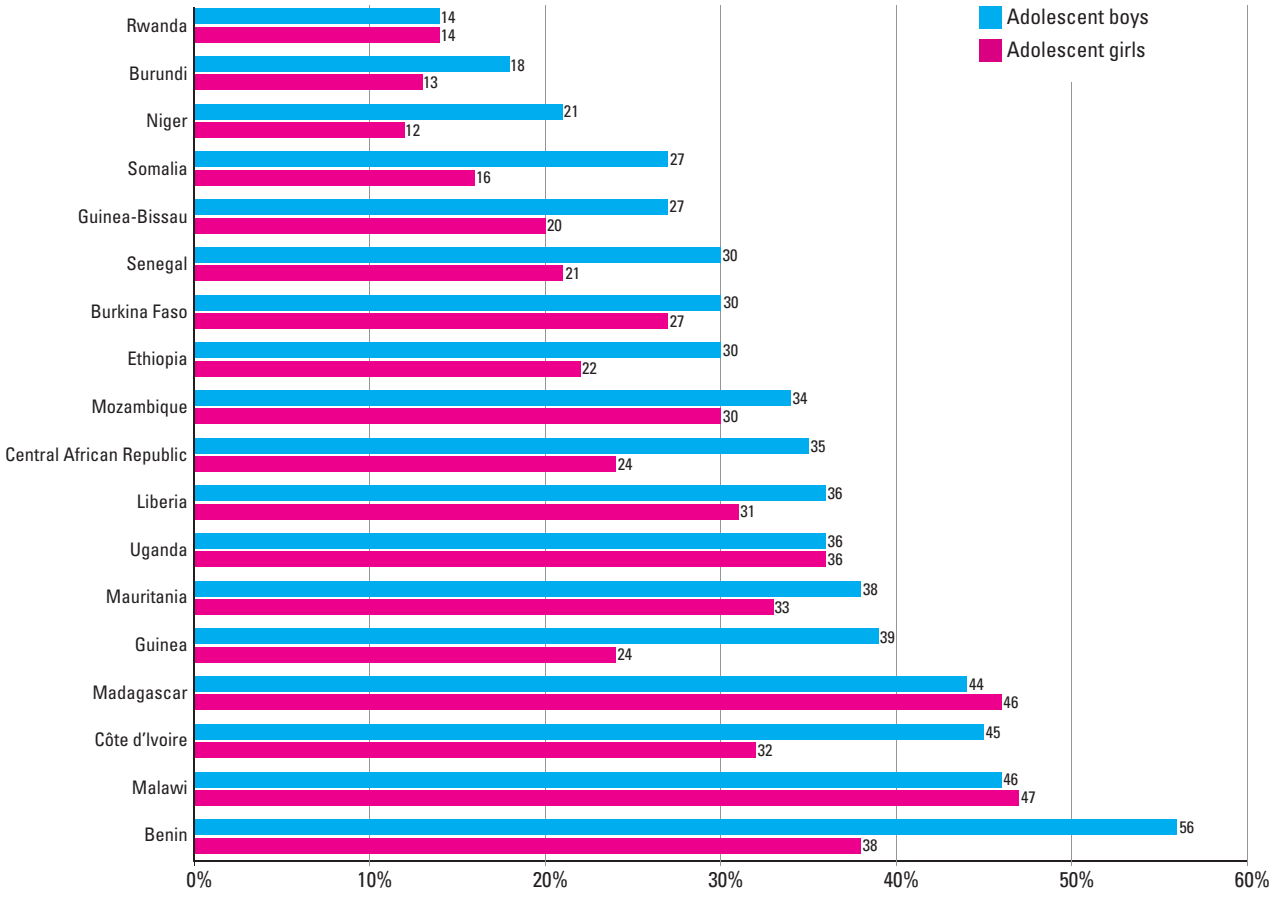
Behind the regional averages, however, are wide variations in primary-to-secondary school transition rates. In sub-Saharan Africa, rates range from as low as 36 per cent in the United Republic of Tanzania to as high as 98 per cent in Botswana.[29] The transition rate does not reflect whether primary completion in the country is high or low, nor does it reflect such quality indicators as age in grade.

National averages often mask disparities, particularly in middle-income regions. For example, a 2006 study

FIGURE 3.3

In sub-Saharan Africa, primary school completion rates are low

Primary school completion rates among adolescents 15–19 years old in selected sub-Saharan African countries with total completion rates below 50%, by sex



Note: The primary completion rate is the percentage of the population 15–19 years old who have completed primary school.

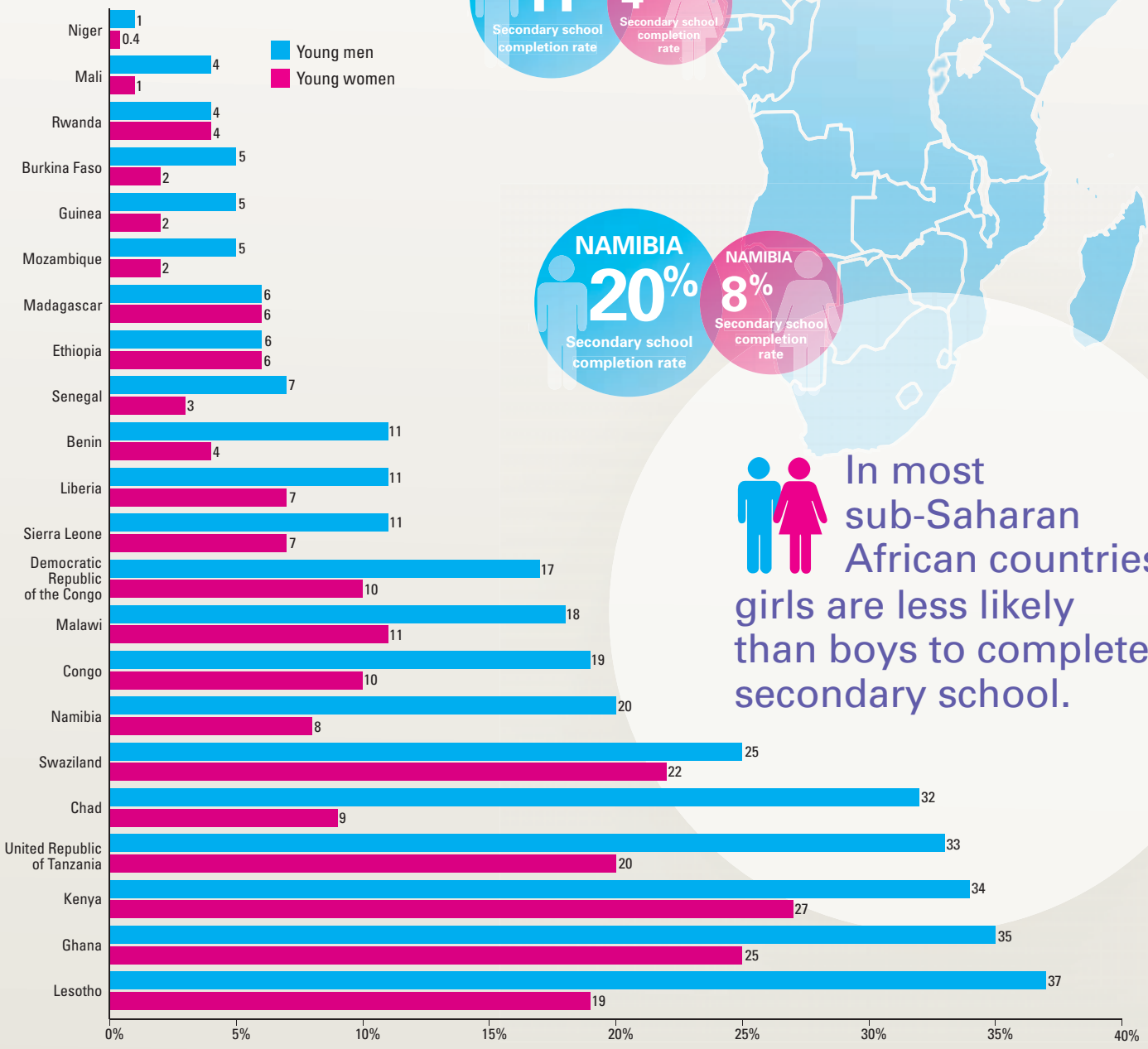
Source: UNICEF global databases, 2011, based on DHS, MICS and other national surveys, 2005–2010.

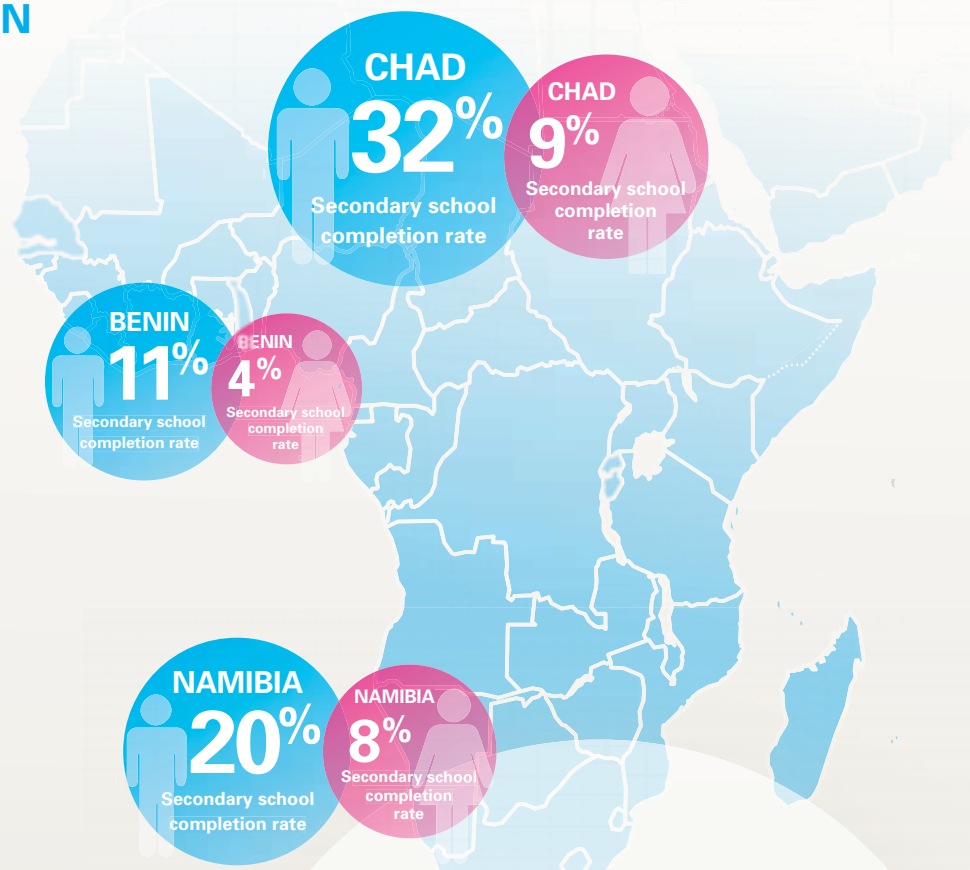
SECONDARY EDUCATION IN SUB-SAHARAN AFRICA

FIGURE 3.4

In sub-Saharan Africa, secondary school completion rates are low

Secondary school completion rates among young people 20–24 years old in selected sub-Saharan African countries with total completion rates below 40%, by sex





In most sub-Saharan African countries, girls are less likely than boys to complete secondary school.

Note: The secondary school completion rate is the percentage of the population 20–24 years old who have completed secondary school.

Source: UNICEF global databases, 2011, based on DHS, MICS and other national surveys, 2003–2010.

of Roma children in south-eastern Europe found they were only one fifth as likely as other children to make the transition from primary to secondary school.[30]

In most countries, gender does not seem to have an impact on transition from primary to secondary school.[31] Thus in regions where secondary school enrolment is low, the focus needs to be on getting all students – both boys and girls – to complete primary school and make the transition to secondary school.

Secondary school completion

With returns on investment in secondary school greater for girls than for boys in developing countries,[32] obtaining a secondary education is particularly important for girls. However, girls are less likely than boys to complete secondary school in most sub-Saharan African countries. In 14 sub-Saharan African countries, secondary school completion rates for women aged 20–24 are under 10 per cent *(see Figure 3.4)*. Regionwide, some 21 per cent of young women and 28 per cent of young men have completed secondary school.

Through secondary education, adolescents expand their skills and ability to think critically, which can translate into increased opportunities in the future; education also shapes the attitudes, values and aspirations that affect adolescents' ability to function as members of their families, communities and societies. Secondary education thus prepares adolescents for adult civic engagement as well as gainful employment.

Non-formal education

Non-formal education can occur within or outside of formal schools; it can include life skills, work skills and adult literacy training, as well as basic education for out-of-school children. Such education can either complement formal schooling or serve as an alternative to it. For disadvantaged girls, non-formal education is often the main route to learning.[33]

There is some evidence to suggest that the number of adolescents enrolled in non-formal programmes may be fairly significant. Yet enrolment in non-formal education is not captured in most countries' enrolment data, and few non-formal programmes have been evaluated.[34] More remains to be known about the effects of non-formal schooling on adolescents and, in particular, on girls in terms of what they learn and how they are prepared for adulthood.

Youth literacy

The literacy rate of youth aged 15–24, an MDG 2 indicator, rose from 83 per cent in 1990 to 89 per cent in 2009 (female: 86 per cent, male: 92 per cent).[35] This increase parallels the expansion of universal primary education over the same time period. Youth literacy is consistently high in most countries of Latin America, and low or varied in sub-Saharan Africa and South Asia.

Nearly 90 per cent of the world's 127 million illiterate youth live in South Asia (65 million) and sub-Saharan Africa (47 million).[36] In the least developed countries one quarter of young men aged 15 to 24 and one third of young women aged 15 to 24 are illiterate *(see Figure 3.5)*.

Literacy as an indicator assesses one of the main outcomes of education, the ability to read. Yet in some countries, even students attending and completing primary school are unable to read and write basic sentences and are thus unprepared for further education. This is a clear call for attention to the quality of primary and secondary schools.

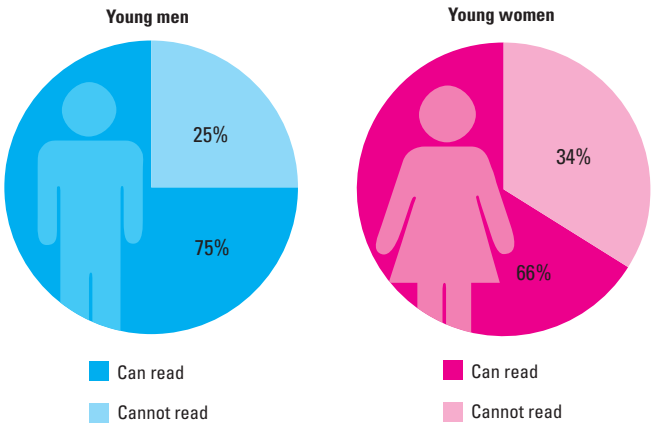
Education and work

Several regions – sub-Saharan Africa, Latin America and the Caribbean, South Asia, and East Asia and the

FIGURE 3.5

In least developed countries, a quarter of young men and a third of young women cannot read

Literacy rate of youth 15–24 years old in least developed countries



Note: Estimates were produced using the UNESCO Institute for Statistics (UIS) Global Age-specific Literacy Projections Model (GALP).

Source: UNESCO Institute for Statistics, 2011. Based on data from national population censuses and household surveys. Data refer to 2009 or latest year available.

Pacific – have a narrow gender gap in school attendance rates by age. All but sub-Saharan Africa, however, have a widening gender gap in labour force participation. In sub-Saharan Africa, the problem is different: a very low rate of labour force participation on the part of both young women and young men.[37]

Youth participation in the labour force depends on the labour market, as well as on educational attainment. Education itself provides individuals and societies with the benefits of wage earnings and economic growth, in addition to such non-market benefits as reduced fertility and mortality, increased civic engagement and lower crime.

Young people today are the most educated generation ever, yet their prospects for getting jobs are often uncertain. Particularly since 2007, the rate of youth unemployment has risen, with around 75 million youth aged 15–24 now unemployed – 12.6 per cent of the labour force in this age group.[38]

In all regions except East Asia, young women have lower rates of labour force participation than young men, reflecting both social mores and the difficulty for young women to combine family and work responsibilities. While this gender gap in labour force participation has decreased in most regions, it is still pronounced in South Asia. In the Middle East and North Africa it has actually widened.[39]

In some middle income countries in particular, learning content and processes are often not aligned with opportunities on the labour market, thus many adolescents who complete their education do not find employment. This in turn contributes to increased rates of school drop-out: Adolescents see few job prospects, thus they lose their motivation to finish secondary school.

In most industrialized countries, education serves as a springboard towards secure employment, with youth who are less educated facing higher unemployment rates than their better-educated peers. But in developing countries, unemployment rates are higher among better-educated youth than less educated youth, because there are more of them than there are formal-sector jobs.[40] Youth in developing countries are thus disproportionately affected by unemployment, and, among them, educated youth are doubly affected.

Vocational or technical training may be one way to smooth the school-to-work transition and provide a second chance for those who have emerged from school without the knowledge and skills to get what jobs are available. Experience in Latin America and the United States points to such training as an effective way to reach marginalized youth who have dropped out of school, helping them re-enter the education system.[41] Vocational training is not without challenges, however, including those related to cost.

Adolescent labour

The younger a working adolescent is, the greater the possibility that he or she is involved in the type of work that can be defined as child labour or hazardous labour. Working can undermine adolescents' education and health and can have an impact on their future livelihood choices and earning potentials.

Adolescents may engage in child labour because poverty compels them to help support their families. Thus they search for income-generating opportunities – but they do not yet have skills or qualifications. Those adolescents who must work should be able to combine schooling and work. Yet many working adolescents forgo formal school because it does not fit into their daily lives.

The International Labour Organization (ILO) estimated that in 2008 nearly 60 per cent of the 215 million children engaged in child labour were aged 12–17.[42] Boys are typically engaged in hazardous labour, such as in agriculture or industry, with higher rates of injury in such work than older workers. Girls are typically involved in domestic work, with potential risks of abuse, mistreatment and limited education opportunities.

4 ADOLESCENT MORTALITY, MORBIDITY AND HEALTH-RELATED BEHAVIOURS

RELATED TO MDG 4

Higher immunization levels and better child nutrition – thanks to decades of investments in early childhood health and well-being – have resulted in a steep decline in the spread of communicable diseases that primarily affect young children, which is related to MDG 4. Many children have survived to adolescence because of these advances. They are also healthier overall because of them.

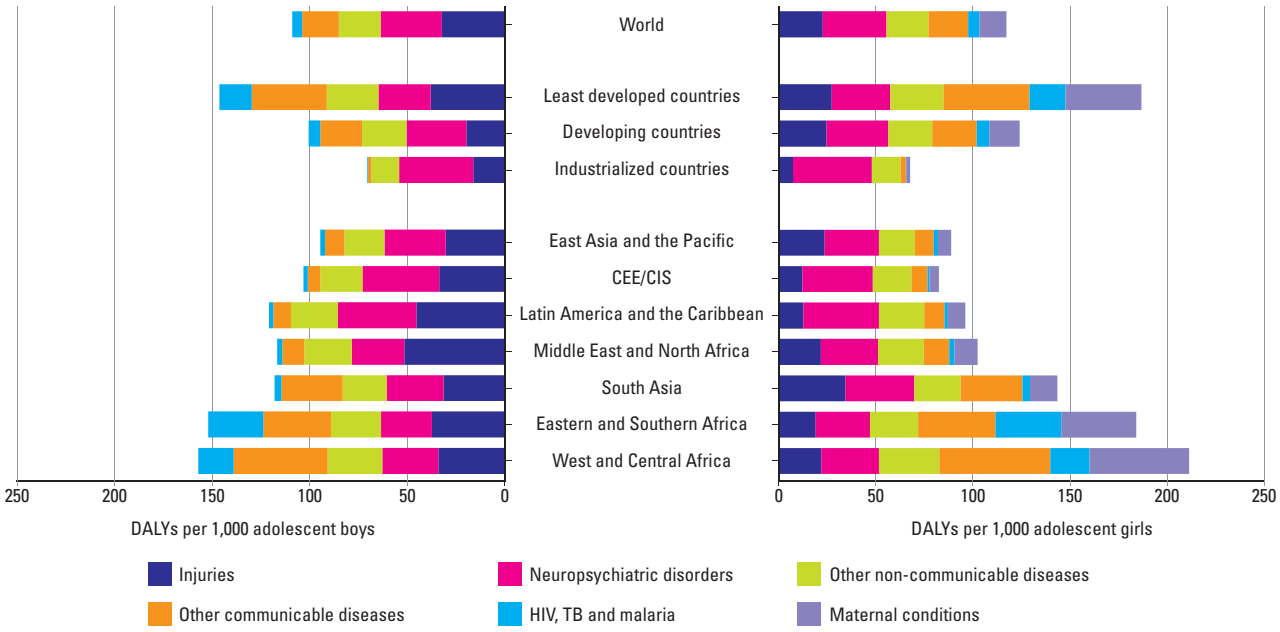
Yet over the past 50 years, adolescents have benefited less than younger children from the 'epidemiological transition' that has reduced all-cause mortality among children and young people aged 1–24. A 2011 review of trends in mortality in 50 countries revealed that, between 1955 and 2004, mortality declined significantly less for adolescents than it did for children under 10.[43]

Behaviours often established in adolescence – such as using tobacco, alcohol and drugs; having unprotected sex; and avoiding physical activity – along with conditions such as exposure to violence, account for two thirds of premature deaths and one third of the total disease burden in adults.[44] Clearly, adolescence is an important time in which to consolidate the promise of better child health and translate

FIGURE 4.1

Injuries and neuropsychiatric disorders are major causes of mortality and morbidity among adolescents in all regions

Major causes of disease burden in disability-adjusted life years (DALYs) per 1,000 adolescents 10–19 years old, by region and by sex



Note: Neuropsychiatric disorders include depression, bipolar disorder, anxiety/panic disorders (including post-traumatic stress disorder and obsessive-compulsive disorder), psychotic disorders (including schizophrenia), seizure disorders (including epilepsy and Parkinson's disease) and alcohol and drug-use disorders.

Disability-adjusted life years (DALYs) are a summary measure combining years of life lost because of premature mortality (YLLs) and years lost because of disability (YLDs) for incident cases of the disease or injury. One DALY represents the loss of the equivalent of one year of full health. Population data are for the year 2004. The data have been recalculated according to UNICEF regional classification.

Source: WHO, *The Global Burden of Disease: 2004 update*, 2008, and United Nations Department of Economic and Social Affairs, Population Division, *World Population Prospects: The 2010 revision*, CD-ROM edition, 2011.

it into lasting good health for adolescents and the adults they will become.

Adolescent mortality and causes of death

Each year, 1.4 million deaths occur among 10–19-year-olds.[45] Injuries are leading causes of death in adolescents and young people. These include road traffic injuries; injuries such as falls, burns, poisoning and drowning; and injuries from violence, including armed violence.

Complications related to pregnancy and childbirth account for the deaths of some 50,000 adolescent girls each year and are among the leading causes of death in girls of this age group.[46]

A look at which adolescents are dying of what, and where, provides a glimpse of the disparate challenges in keeping all adolescents healthy. In Africa, childbirth is the leading killer of adolescent girls, with maternal causes accounting for the largest proportion of deaths among women in all age groups.[47] In middle- and high-income countries, cars are the biggest killers, with road traffic injuries a leading cause of death among adolescent girls.[48]

Suicide is a leading cause of death among adolescents worldwide.[49] Three countries of the CEE/CIS region – Belarus, Kazakhstan and the Russian Federation – have the highest rates of adolescent suicide in the world.[50]

Until age 10, mortality is not differentiated substantially by sex. As children become adolescents, however, sex begins to play a role and mortality patterns diverge.[51] In developing countries, boys become more vulnerable to road traffic injuries and violence, and maternal causes become prominent in mortality among girls.

The risk of death increases as adolescents grow older. The mortality rate for adolescents aged 10–14 was 95 deaths per 100,000 persons (the lowest of any age cohort) in 2004. Among 15–19-year-olds it was 139 per 100,000 persons, and among 20–24-year-olds, 224.[52]

Adolescent burden of disease

Injuries and neuropsychiatric disorders are major causes of mortality and morbidity among adolescents in all regions *(see Figure 4.1)*.

From early to late adolescence and young adulthood, there is a shift in the risk factors for the leading causes of morbidity and mortality. For example, both environmental causes and behavioural factors are prominent among adolescents aged 10–14. Risks related to individual behaviours, including alcohol use and unsafe sex, are more common for youth aged 15–24, while environmental causes become less relevant, particularly among boys.[53]

In Eastern and Southern Africa, one of the greatest risk factors for 10–14-year-olds, both boys and girls, is unsafe sex, which sets this region apart from the others in terms of key risk factors for this younger age group. Unsafe sex is the most common risk factor for 15–24-year-olds in this region, but the risk for females is nearly double that for males. In the younger age group (10–14), it is just slightly higher for girls than for boys.[54]

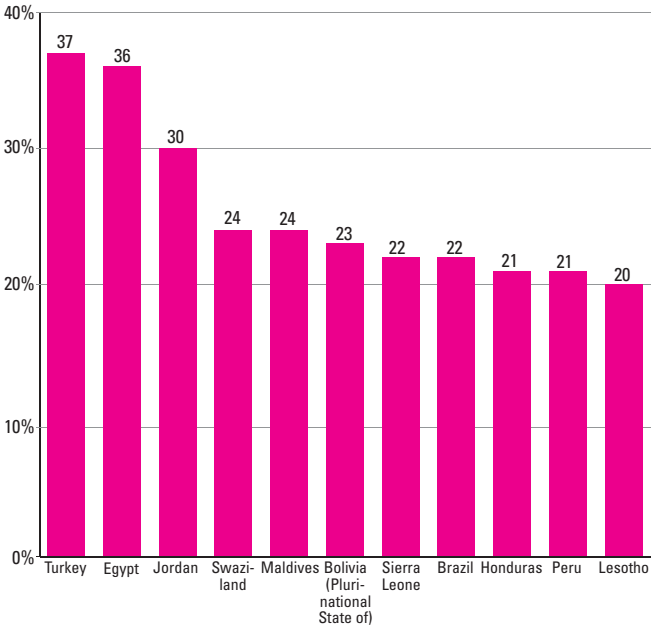
Adolescent mental health

Each year, an estimated 20 per cent of adolescents experience a mental health problem, most commonly major depression or other disturbances of mood.[55] Mental health problems in adolescence, if unaddressed, can carry over and negatively affect individuals over the long term. A major depression experienced for the first time in adolescence, for example, can persist or recur through adulthood. Suicide is often associated with mental health problems, although it also stems from difficulties within the family.[56]

FIGURE 4.2

In 11 countries, more than one fifth of adolescent girls are overweight

Proportion of adolescent girls 15–19 years old whose body mass index is above 25



Note: Analysis based on 58 countries with available data.

Source: UNICEF global databases, 2011, based on DHS 2005–2010; data were reanalysed by UNICEF.

In most developing countries, however, few mental health services or resources are available for adolescents and young people. Mental health professionals are often in short supply, and non-specialist health workers may not be able or motivated to provide quality mental health services to young people. The stigma associated with mental disorders is a further challenge to addressing mental health needs.[57]

Adolescent nutrition

Both undernutrition and obesity or overweight are problems among adolescents in low- and middle-income countries *(see Figure 4.2, on page 19)*.

Nearly 50 per cent of adolescent girls aged 15–19 in India are underweight, with a body mass index of less than 18.5, and more than one quarter are underweight in 10 other countries *(see Figure 4.3)*. Such undernutrition renders adolescents vulnerable to disease and early death and has lifelong health consequences. In adolescent mothers, undernutrition is related to slow fetal growth and low birthweight.

Anaemia, most commonly iron-deficiency anaemia, increases the maternal risk of haemorrhage and sepsis during childbirth. It causes cognitive and physical deficits in young children and reduces productivity in adults. Women and young children are most vulnerable to anaemia due to insufficient iron in their diets, ongoing blood loss and periods of rapid growth.

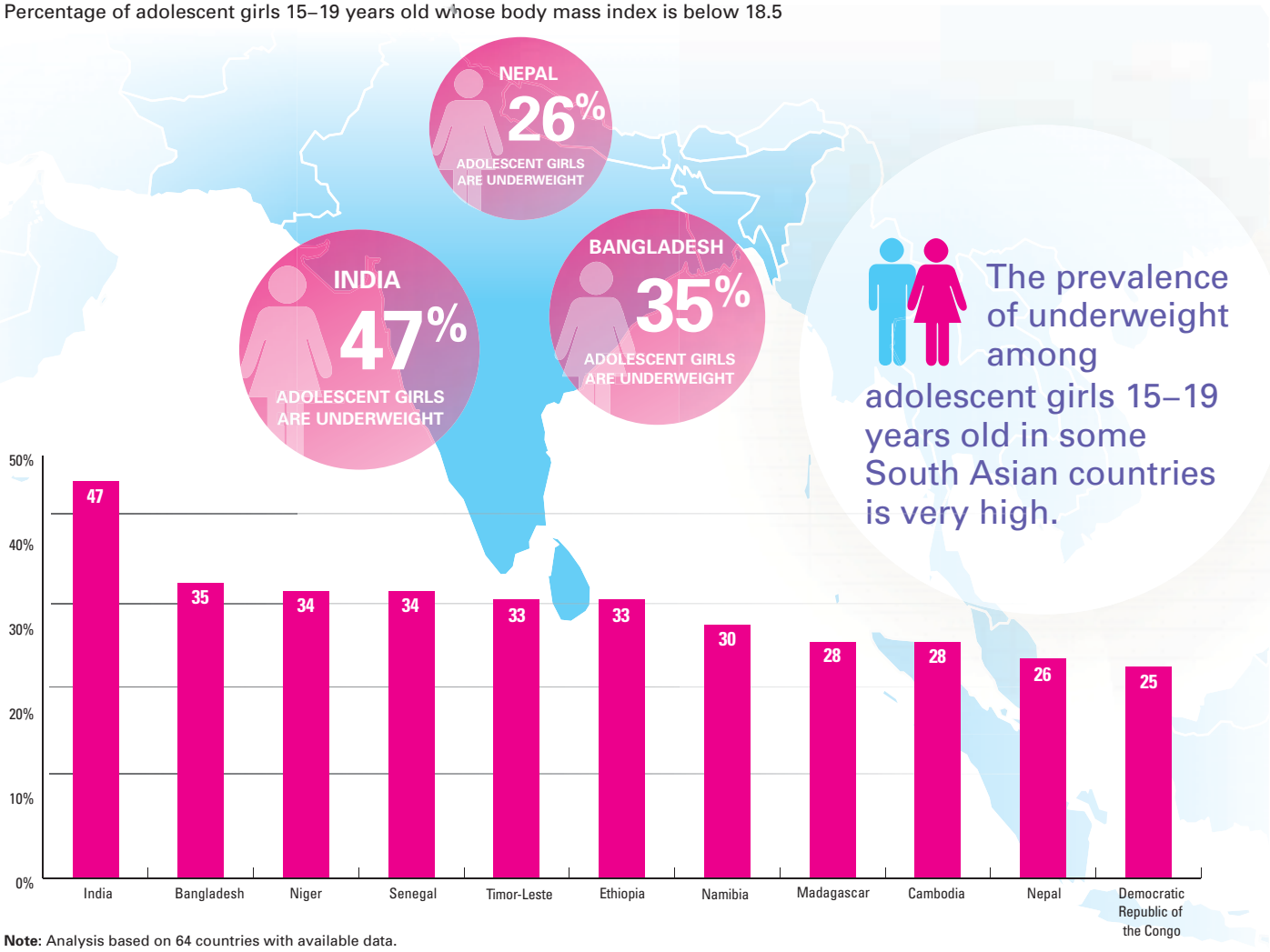
In 21 out of 41 countries with data, more than one third of girls aged 15–19 are anaemic *(see Figure 4.4)*.

PREVALENCE OF UNDERWEIGHT AMONG ADOLESCENT GIRLS

FIGURE 4.3

In 11 countries, more than a quarter of adolescent girls are underweight

Percentage of adolescent girls 15–19 years old whose body mass index is below 18.5



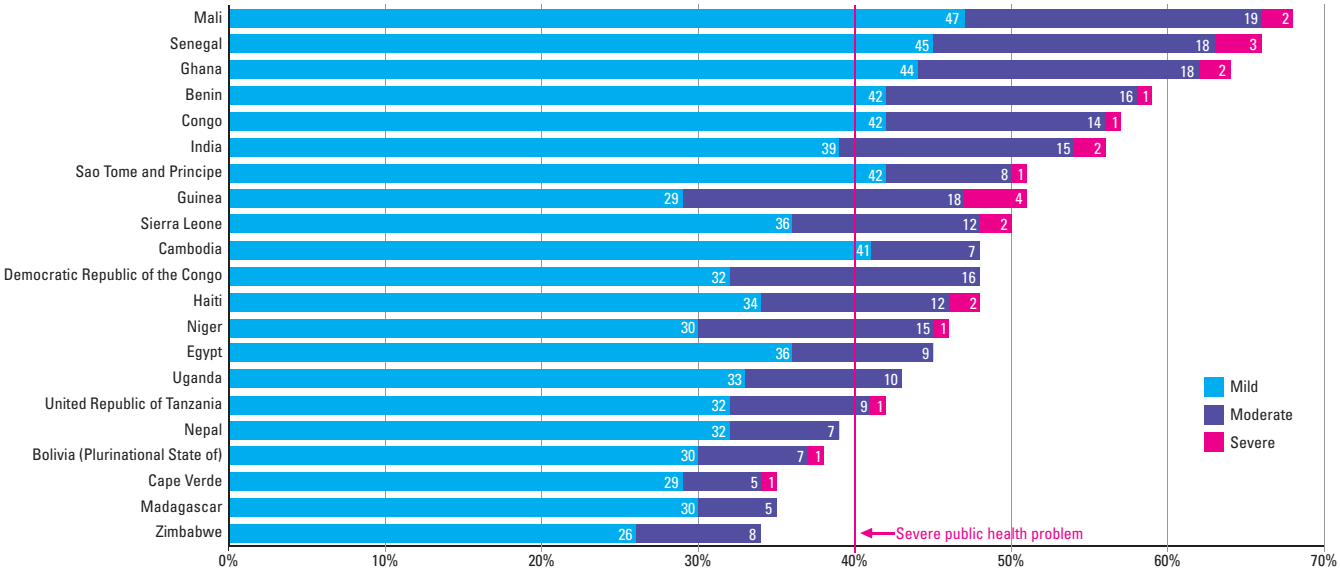
Note: Analysis based on 64 countries with available data.

Source: UNICEF global databases, 2011, based on DHS 2005–2010; data were reanalysed by UNICEF.

FIGURE 4.4

In 21 countries, more than one third of adolescent girls are anaemic

Proportion of adolescent girls 15–19 years old who are anaemic



Note: Analysis based on 41 countries with available data. The vertical line at the 40% mark represents the threshold at which anaemia is considered a severe national public health issue.

Source: UNICEF global databases, 2011, based on DHS 2005–2010; data were reanalysed by UNICEF.

Anaemia prevalence is highest in Mali, where more than two thirds of girls aged 15–19 are anaemic. Anaemia is a severe public health problem in 16 countries, the largest number of cases being found in India, where more than half of girls aged 15–19 are anaemic.

Tobacco, alcohol and drugs

Many people have their first experiences with tobacco, alcohol and illicit drugs during adolescence, partly out of a need to explore boundaries as they begin to develop their individuality. These are risky behaviours that can have a negative impact on adolescent health and well-being and bring lifelong negative consequences. Abuse of these substances is also associated with poor mental health.[58]

Addiction to tobacco often begins in adolescence, when young people are susceptible to peer pressure and feel a need to fit in. Tobacco smoking among adolescents can lead to such diseases as lung cancer and chronic respiratory infections in adults.

The available data show that Latin America and the Caribbean is the region with the highest prevalence of adolescent tobacco use – 26 per cent of boys and 25 per cent of girls aged 13–15 surveyed reported they had used tobacco during the past month *(see Figure 4.5)*. In other regions, adolescent boys were consistently more likely to report tobacco use than adolescent girls.

As with tobacco, many people's first exposure to alcohol is during adolescence. In almost half the countries with available data, about one in four adolescents aged 13–15 reported having had an alcoholic drink sometime within the past month *(see Figure 4.6)*. Boys are more likely to report past alcohol consumption than girls in most of the countries surveyed, with the exception of a few countries in Latin America and the Caribbean and sub-Saharan Africa. Harmful or excessive alcohol use can lead to alcohol addiction and dependence, injuries, cirrhosis and cancer.

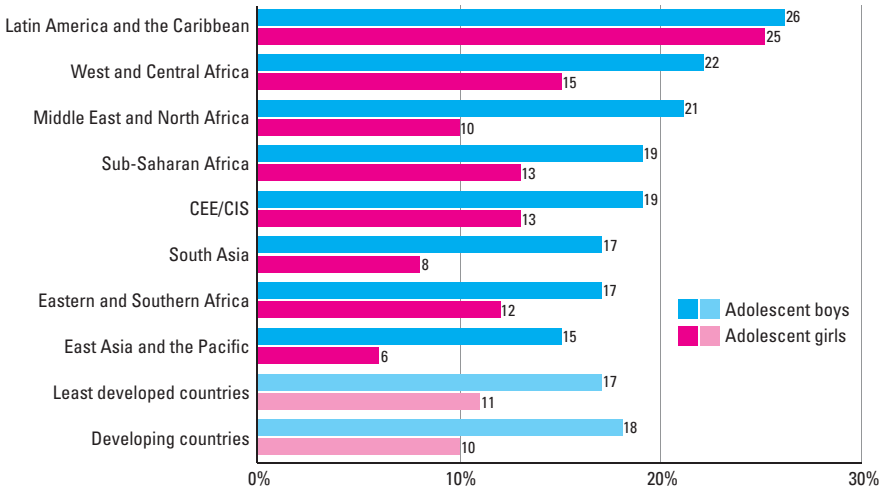
The United Nations Office on Drugs and Crime (UNODC) estimates that between 149 and 272 million people aged 15–64 used illicit substances at least once in 2009.[59] Many adolescents begin drug use by experimenting with marijuana, seen as a 'soft' and non-lethal drug. In surveys, adolescent boys aged 13–15 were more likely than adolescent girls of the same age to report having used drugs at least once in most of the countries with available data *(see Figure 4.7)*.

One of the consequences of drug use among adolescents is increased risk of HIV infection. In seven countries (Armenia, Bangladesh, Georgia, Kazakhstan, Kyrgyzstan, the Philippines and Tajikistan), HIV incidence increased by more than 25 per cent between 2001 and 2009, largely owing to injecting drug use and unprotected sex among key populations, in all cases including adolescents.[60]

FIGURE 4.5

Tobacco use among young adolescents is highest in Latin America and the Caribbean

Percentage of adolescents 13–15 years old who have used tobacco in any form in the past 30 days, by region and by sex



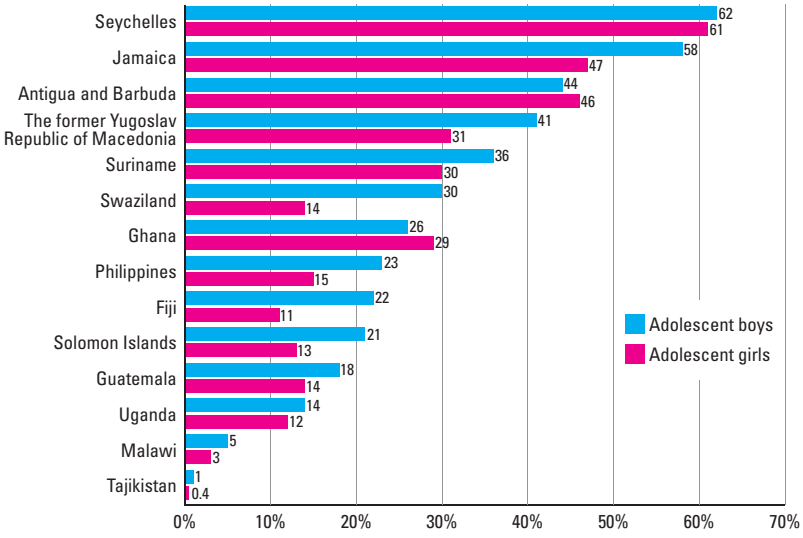
Note: Estimates are based on a subset of 158 countries covering 99% of both the male and female populations aged 13–15 years in the developing world. Regional estimates represent data from countries that cover at least 50% of the regional population. Data coverage was insufficient to calculate an average for industrialized countries.

Source: *World Health Statistics 2011*, based on data from WHO/CDC Global Youth Tobacco Surveys from 2000–2010, reanalysed by UNICEF.

FIGURE 4.6

About 1 in 4 adolescents report drinking alcohol during the past month in nearly half of countries surveyed

Percentage of students 13–15 years old who had at least one drink containing alcohol on one or more days during the past 30 days, in a random selection of countries with available data, by sex



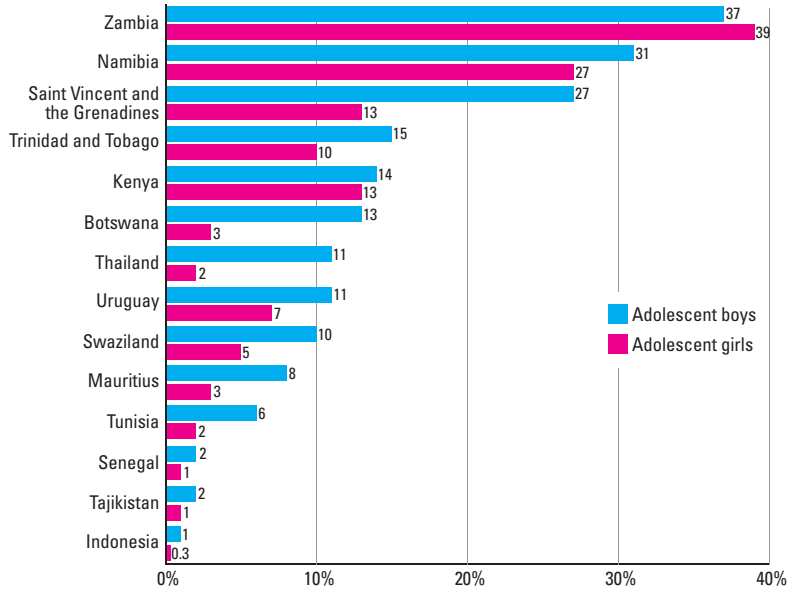
Note: Comparable data are available for a larger number of countries, but because of space constraints, only a random selection is presented here. The legal drinking age varies across countries. Respondents were asked how many drinks they had consumed in the past 30 days but were told not to consider drinking a few sips of wine (or relevant country example) for religious purposes as a drink. Respondents participating in surveys conducted after 2008 were informed that a 'drink' was defined as a glass of wine, a bottle of beer, a small glass of liquor or a mixed drink.

Source: WHO, Global School-based Student Health Survey, 2003–2011.

FIGURE 4.7

Adolescent boys are more likely than adolescent girls to report using drugs

Percentage of students 13–15 years old who used drugs one or more times during their life, in a random selection of countries with available data, by sex



Note: Comparable data are available for a larger number of countries, but because of space constraints, only a random selection is presented here. Students surveyed were provided with examples of drugs relevant to their countries.

Source: WHO, Global School-based Student Health Survey, 2003–2008.

5 ADOLESCENT SEXUAL BEHAVIOUR, CHILDBEARING AND MATERNAL HEALTH, AND HIV

RELATED TO MDG 5 AND MDG 6

Adolescence is the period when many young people begin to explore their sexuality, so access to sexual and reproductive health information and services is necessary for their well-being. MDG 5 – improve maternal health – is important to adolescents because 11 per cent of births worldwide occur to adolescent girls. Early childbirth curtails education and other opportunities for all adolescent girls and can be dangerous for the youngest among them.

MDG 6 – combat HIV/AIDS, malaria and other diseases – is important for adolescent boys and girls, because millions of those who are becoming sexually active live in countries with a high HIV burden. At the same time, many adolescents inject drugs or live in settings with concentrated HIV epidemics; their age and their social or economic status may limit their access to information and services. Some 2.2 million adolescents 10–19 years old are living with HIV globally, 1.8 million in sub-Saharan Africa.

Adolescent sexual behaviour

Among adolescents 15–19 years old in the developing world (excluding China), a higher percentage of girls (11 per cent) than boys (5 per cent) had sex before the age of 15. This pattern is seen in all regions with available data *(see Figure 5.1)*. In Latin America and the Caribbean, 17 per cent of girls had sex before the age of 15. Early sex can result in early childbearing, and it increases the risk of HIV infection.

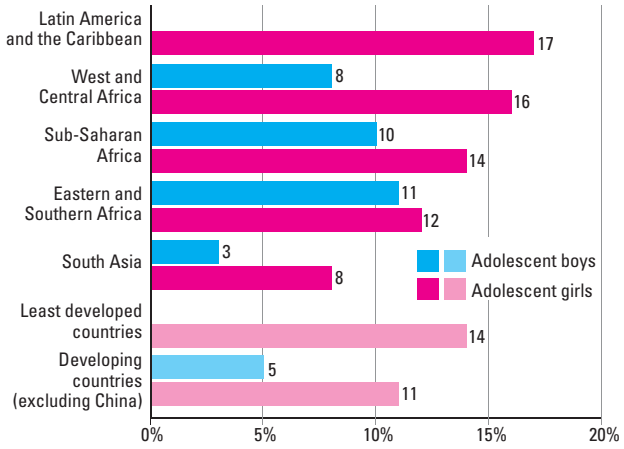
The contraceptive prevalence rate and unmet need for family planning are two MDG 5 indicators related to the target of universal access to reproductive health. In sub-Saharan Africa, contraceptive use is low among women who are married or in union and even lower among married adolescent girls between the ages of 15 and 19. Many of these young married women may choose not to use contraception because they wish to have a child. Others do not wish to have a child, and among these, fully one quarter have an unmet need for family planning.[61]

A related indicator, condom use during higher-risk sex, refers to condom use during last sex with a non-marital, non-cohabiting partner and is used to assess progress towards the MDG target on HIV and AIDS. Global averages remain low. In only three countries with an adult

FIGURE 5.1

Adolescent girls are more likely than adolescent boys to have sex before age 15

Percentage of adolescents 15–19 years old who had sex before age 15, by region and by sex



Note: Estimates are based on a subset of countries with available data. This analysis included 48 countries with data on males and 77 countries with data on females, representing 48% and 63% of the respective male and female populations aged 15–19 in the developing world (excluding China, for which comparable data are not available). Regional estimates represent data from countries covering at least 50% of the regional population. Data coverage was insufficient to calculate averages for East Asia and the Pacific, the Middle East and North Africa, CEE/CIS, Latin America and the Caribbean (adolescent boys), least developed countries (adolescent boys) and industrialized countries.

Source: UNICEF global databases, 2011, based on AIS, DHS, MICS and other national surveys, 2005–2010.

HIV prevalence above 5 per cent – Lesotho, where adult HIV prevalence is 23.6 per cent, Namibia (13.1 per cent) and Swaziland (25.9 per cent) – the level of condom use at last higher-risk sex is 60 per cent or more for both adolescent boys and adolescent girls aged 15–19 *(see Figure 5.2)*. In nearly all of the countries, boys surveyed were more likely to report using condoms during higher-risk sexual activity than girls. Where disaggregated data for youth aged 15–24 are available, they reveal that condom use is less common among those in poorer households and those living in rural areas.[62]

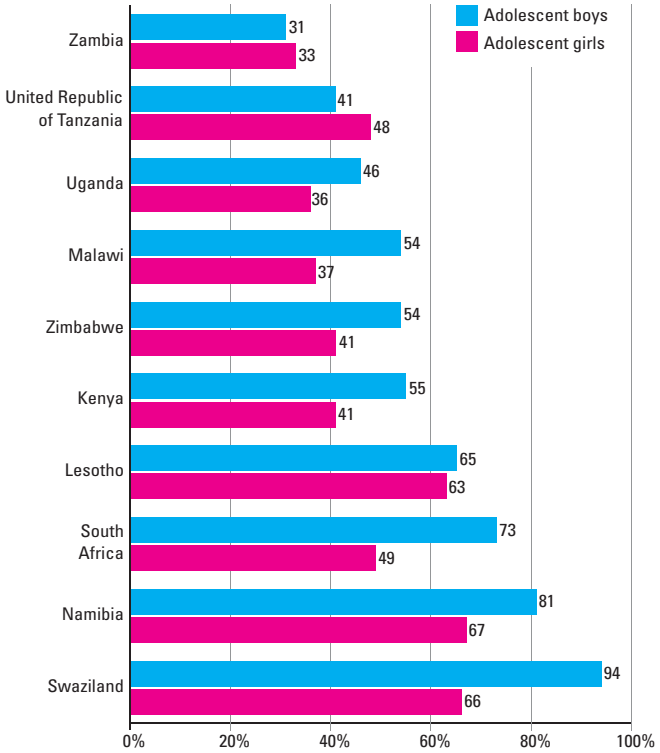
Adolescent childbearing

Early childbearing often results from child marriage, the negative consequences of which are described in Chapter 2 *(see pages 8–10)*.

FIGURE 5.2

Levels of condom use at last higher-risk sex are above 60% among adolescents – both boys and girls – in only three countries with a high burden of HIV: Lesotho, Namibia and Swaziland

Percentage of adolescents 15–19 years old who used a condom at last higher-risk sex, in countries with an adult HIV prevalence above 5%



Note: The analysis includes only those countries whose most recent survey included both male and female data. Higher-risk sex is defined as sex with a non-marital, non-cohabiting partner during the last 12 months.

Source: UNICEF global databases, 2011, based on AIS, DHS, MICS and Sexual Behaviour Survey (Zambia), 2005–2010. Data for South Africa refer to 2003, as estimates for 2005–2010 were not available.

Indeed, in developing countries, 90 per cent of births to adolescents are within marriage. Almost all adolescent births occur within marriage in Asian and North African countries, as do around 70–80 per cent in sub-Saharan Africa and Latin America and the Caribbean.[63]

The adolescent birth rate (the number of births per 1,000 women aged 15–19) has declined in almost all regions since 1990, as has the birth rate among women overall. Since 2000, however, the decline in the adolescent birth rate has slowed or, in some regions, reversed.[64] Yet, adolescent birth rates remain high. At 123 births per 1,000, sub-Saharan Africa today has the highest adolescent birth rate, and this has shown almost no decline since 1990.

Globally, each year around 16 million girls aged 15–19 give birth, accounting for around 11 per cent of all births.[65] Countries of Latin America and the Caribbean and sub-Saharan Africa have the highest proportion of adolescent births: In both regions, around one in five babies is born to an adolescent mother *(see Figure 5.3)*.

Approximately 95 per cent of adolescent births occur in low- and middle-income countries.[66] Bangladesh, India and Nigeria alone account for one in every three of the world's adolescent births. The only industrialized country among the top 10 countries with the highest number of adolescent births is the United States.[67]

One measure of early childbearing is the percentage of young women aged 20–24 who gave birth by age 18, a retrospective indicator. More than one in four women in sub-Saharan Africa has given birth before age 18.[68]

Still, there are differences among countries at the regional level. Within the West and Central Africa region, for example, 51 per cent of women aged 20–24 in Niger gave birth before age 18, whereas in Mali the figure is 46 per cent and in Guinea, 44 per cent *(see Figure 5.4)*. Contrast this to the average in the developing world, which is 20 per cent.

In the three countries with the highest prevalence of early childbearing – Guinea, Mali and Niger – around 10 per cent of women gave birth before age 15.

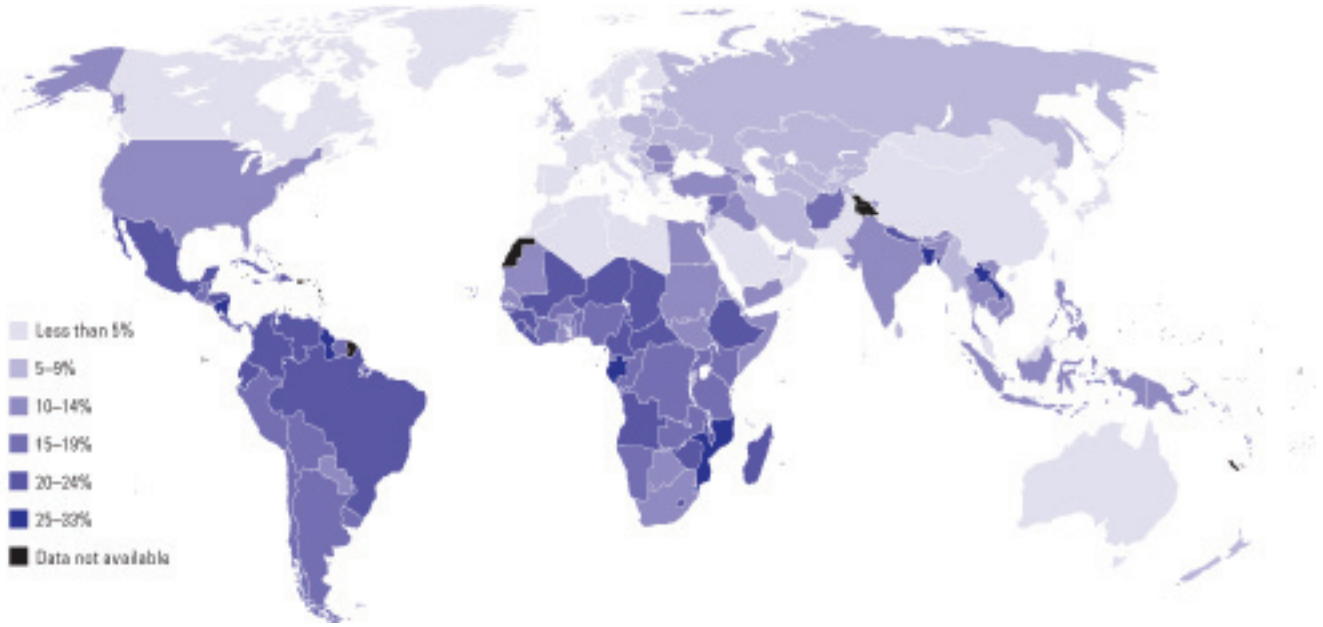
Adolescent maternal health

Appropriate antenatal care and attendance by skilled health personnel at delivery are crucial for preventing maternal mortality and morbidity among adolescents. Girls 15–19 years old account for 11 per cent of all births and around 14 per cent of all maternal deaths, with some 50,000 girls dying from maternal causes annually.[69]

FIGURE 5.3

The prevalence of births among adolescents is high in developing countries

Births among adolescent girls 15–19 years old as a percentage of total births, 2000–2010



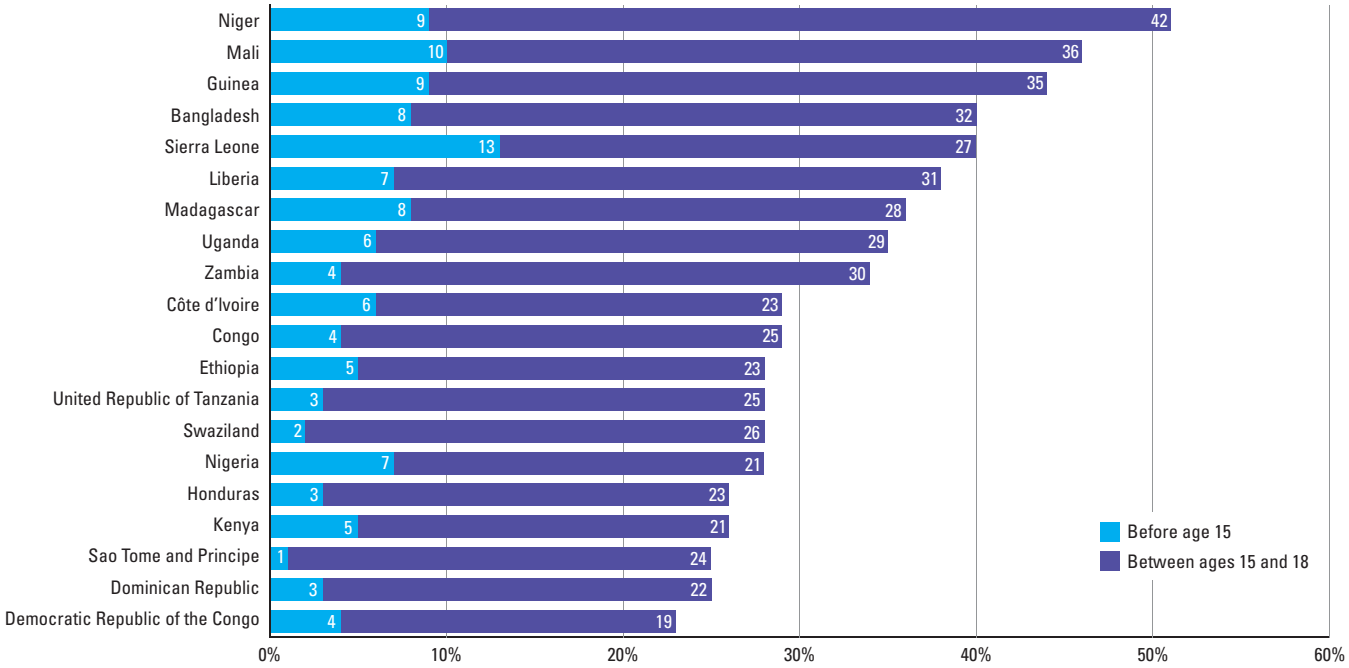
Note: This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the Parties. The final boundary between the Republic of the Sudan and the Republic of South Sudan has not yet been determined. The final status of the Abyei area has not yet been determined.

Source: United Nations Department of Economic and Social Affairs, Population Division, *World Population Prospects: The 2010 revision*, CD-ROM edition, 2011, and '2011 Update for the MDG Database: Adolescent Birth Rate' (POP/DB/Fert/A/MDG2011), reanalysed by UNICEF.

FIGURE 5.4

Top 20 countries with the highest prevalence of early childbearing

Percentage of young women 20–24 years old who gave birth before age 15 and before age 18, in the 20 countries (of those with available data) with the highest prevalence of early childbearing



Source: UNICEF global databases, 2011, based on DHS and other national surveys, 2005–2010.

According to surveys from a subset of countries that disaggregate data by age, around 75 per cent of adolescent mothers in developing countries receive antenatal care,[70] a level similar to that of all women aged 15–49 in those countries. Only about half of adolescent mothers (53 per cent) deliver with the assistance of skilled health personnel, which again differs little from the proportion of all mothers (54 per cent) and generally reflects the low coverage of basic health services in developing countries *(excluding China; see Figure 5.5)*.

A UNICEF analysis of maternal health indicators in three countries that account for about 30 per cent of all adolescent births in the world – the Democratic Republic of the Congo, India and Nigeria – found striking disparities across wealth quintiles in the coverage of basic maternal health interventions like antenatal care and skilled attendance at birth.[71] In Nigeria, 22 per cent of pregnant women under 20 years old in the poorest households are attended at least once during pregnancy by a skilled health provider, compared to 80 per cent of young women in the richest households. In India, less than 30 per cent of mothers under 20 years old in the poorest households are assisted during delivery by a skilled birth attendant, compared to 90 per cent of young mothers in the richest households.

The issue of disparities in access to maternal health services in the developing world is particularly relevant in the context of adolescent girls from the poorest households, who are more likely than those from the richest households to begin childbearing early. Young women in the poorest households are seven times more likely to give birth before age 18 than young women from the richest households in India, six times more likely in Nigeria and about three times more likely in the Democratic Republic of the Congo.[72]

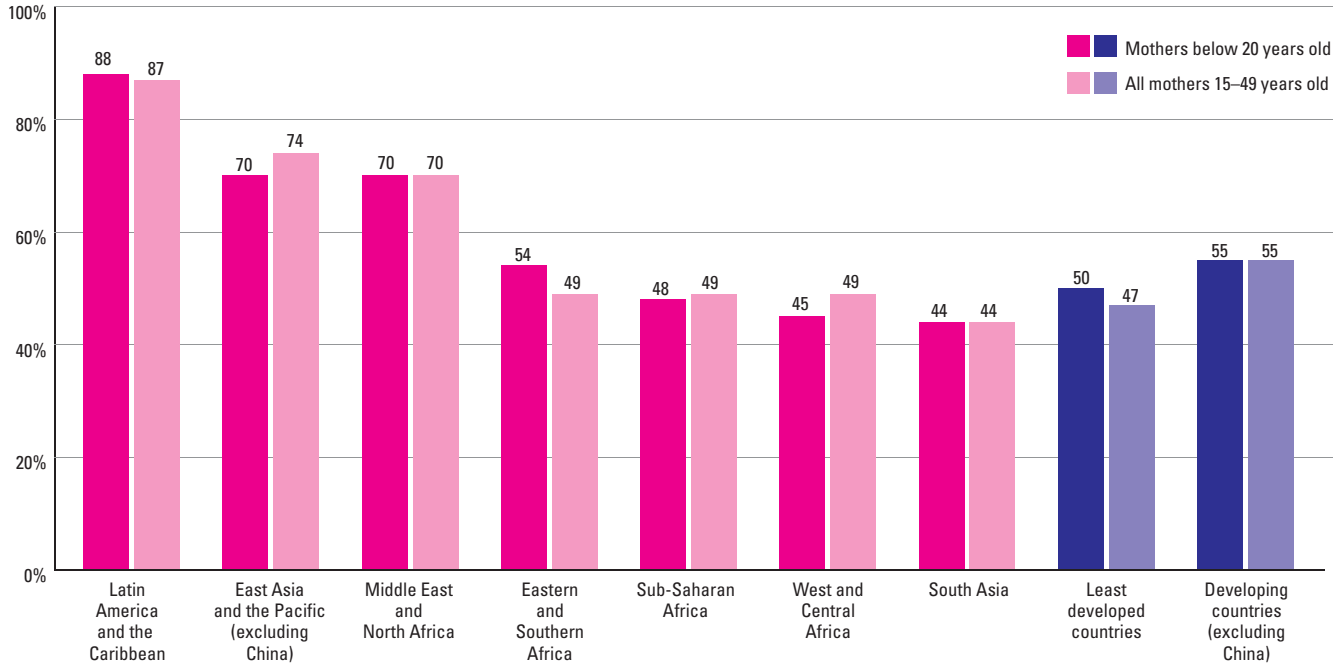
Adolescents and HIV

Today, approximately 2.2 million adolescents (between a low estimate of 2.0 million and a high estimate of 2.5 million) aged 10–19 are living with HIV, and most of them do not know their status *(see Figure 5.6)*.[73] Globally, this breaks down to 1.3 million (1.2 million–1.5 million) adolescent girls and 870,000 (770,000–960,000) adolescent boys.

FIGURE 5.5

Young mothers are just as likely to give birth with a skilled attendant present as are all mothers in developing regions, amid insufficient coverage of basic maternal health services

Percentage of births attended by skilled health personnel among young mothers (below 20 years old) and among all mothers 15–49 years old



Note: Estimates are based on a subset of 79 developing countries with available data, covering 71% of births in the developing world (excluding China for which comparable data are not available). The estimates represent data from countries that cover at least 50% of the regional population. Data coverage was insufficient to calculate a regional average for CEE/CIS.

Source: UNICEF global databases, 2011, based on DHS, MICS and other national surveys, 2006–2010.

Many adolescents with HIV were infected through perinatal transmission; many others were infected through unprotected sex or through the sharing of non-sterile injecting equipment. Adolescent girls who are sexually active are particularly vulnerable to HIV biologically. They are also at higher risk because they may have older sexual partners who are more likely to have been exposed to HIV infection or may have other partners; adolescent girls in such relationships often cannot negotiate the correct and consistent use of condoms with their partners.[74]

HIV prevalence in young pregnant women aged 15–24 years old is used as an indicator for recent infection. HIV prevalence in young pregnant women in antenatal clinics has declined in 22 of 24 countries with national prevalence of 1 per cent or higher, and in half of these countries – 12 countries, all in sub-Saharan Africa – the decline seen was statistically significant.[75]

Yet, in several countries, HIV incidence continues to rise, particularly among people who inject drugs, an increase that is largely due to escalating levels of unsafe injecting practices coinciding with initiation into injecting drug use at younger ages.

Preventing infection in adolescents and treating and supporting adolescents who have been infected

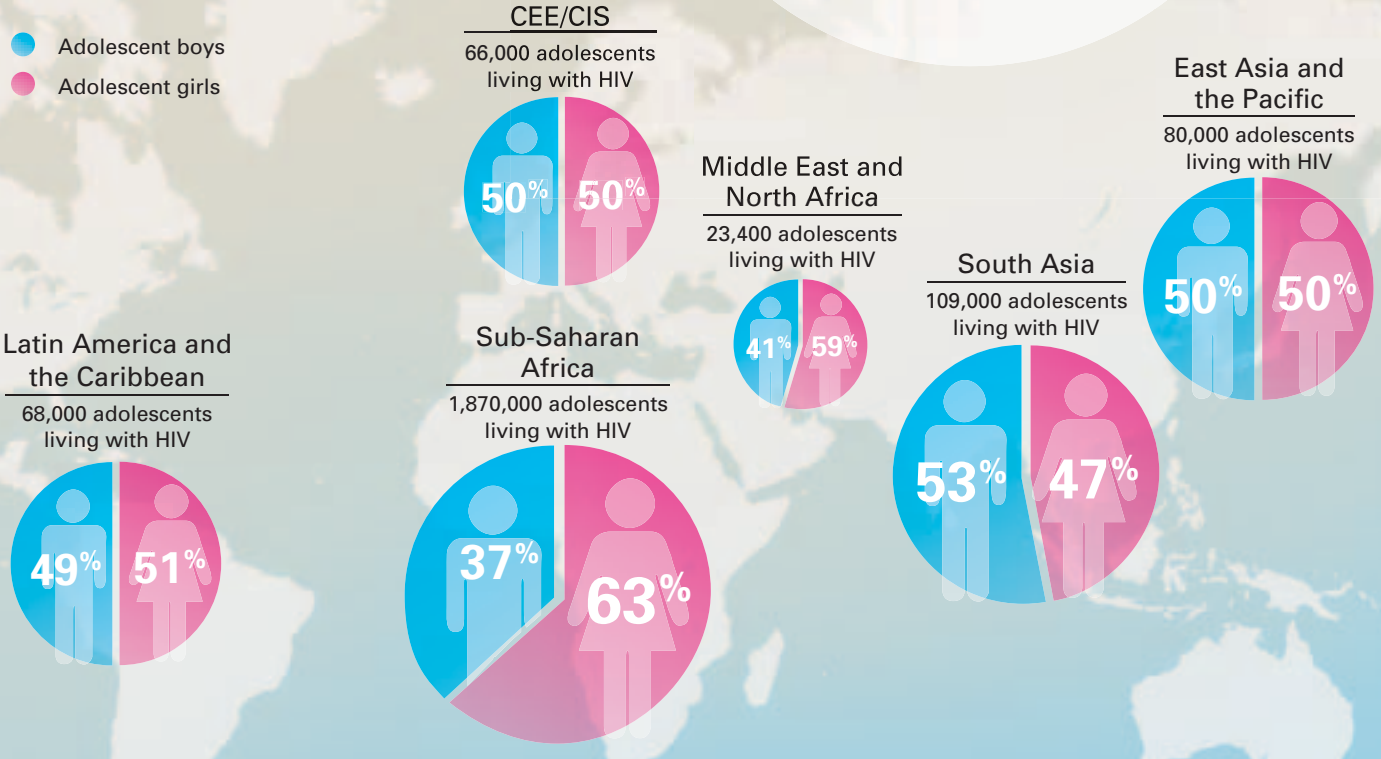
ADOLESCENTS AND HIV

FIGURE 5.6

Globally, about 2.2 million (2.0–2.5 million) adolescents were living with HIV in 2010

Estimated population of adolescents 10–19 years old living with HIV, by region

Some 1.3 million (1.2–1.5 million) adolescent girls and 870,000 (770,000–960,000) adolescent boys were living with HIV in 2010.



Source: UNAIDS medium estimates, 2011.

with HIV means addressing a host of context-specific barriers to providing information and services – barriers rooted in gender norms, sociocultural practices, economic inequalities, low levels of knowledge, stigma and discriminatory practices, and legal systems.

While these remain barriers for all individuals at risk of HIV infection or who are living with HIV regardless of age, adolescents in both generalized and concentrated epidemic settings are extremely vulnerable because of their age, biology and, often, legal status. The most marginalized among them – adolescents who inject drugs, those involved in sex work, and adolescent males who have sex with other males – experience great vulnerability to HIV infection in all epidemic settings.

A further challenge lies in providing a comprehensive level of support to adolescents living with HIV – especially where they lack the protection of family or are otherwise on their own – through their adherence to treatment and as they start their adult futures with sexual partners, as wage earners and as parents.

Challenges to providing adolescent girls with appropriate HIV-related information and services and cultivating a protective environment for them in their homes, schools and societies remain particularly acute. In a number of countries where HIV prevalence among adults is above 5 per cent, prevalence exceeds 3 per cent among girls aged 15–19 *(see Figure 5.7)*. In Swaziland, it is 10 per cent.

Particularly in sub-Saharan Africa, the vulnerability of adolescent girls to HIV has been associated with age-disparate sex related to early marriage or relationships with older partners for money or other material gain. In addition, in many countries, laws and policies restrict adolescent girls' access to condoms, testing and accurate, comprehensive information.

While there is little detailed information on the subject, adolescents with disabilities are also likely to be at greater risk of HIV for several reasons. They may lack information in formats accessible to them, and if they are not in school, they do not benefit from sex education programmes. They are subject to higher levels of violence and sexual abuse.[76] Additionally, it is often not acknowledged that adolescents with disabilities might have sex.[77]

HIV knowledge and behaviours

Comprehensive, correct knowledge is fundamental to the uptake of HIV services and behaviour change. Overall, the level of comprehensive, correct knowledge of HIV and AIDS remains very low among older adolescents aged 15–19, with more boys than girls having accurate knowledge *(see Figure 5.8)*.

For levels of condom use during last higher-risk sex, see Figure 5.2 on page 24.

Most adolescents aged 15–19 in countries with adult HIV prevalence above 5 per cent know of a place to be

Collecting data on adolescents engaging in risky behaviour

Collecting data from some of the most marginalized adolescents – those who live on the streets or in institutions, inject drugs, sell sex or are members of ethnic minorities – is challenging, because they live their lives largely outside the mainstream, often beyond formal structures and even without households.

Yet such information is extremely important. Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS), home to one quarter of the world's injecting drug users, many of whom are young, is witnessing a surge in HIV incidence that is particularly threatening to marginalized adolescents. Accurate data can help guide policies and programmes to break the cycle of 'blame and banishment' that jeopardizes young lives.

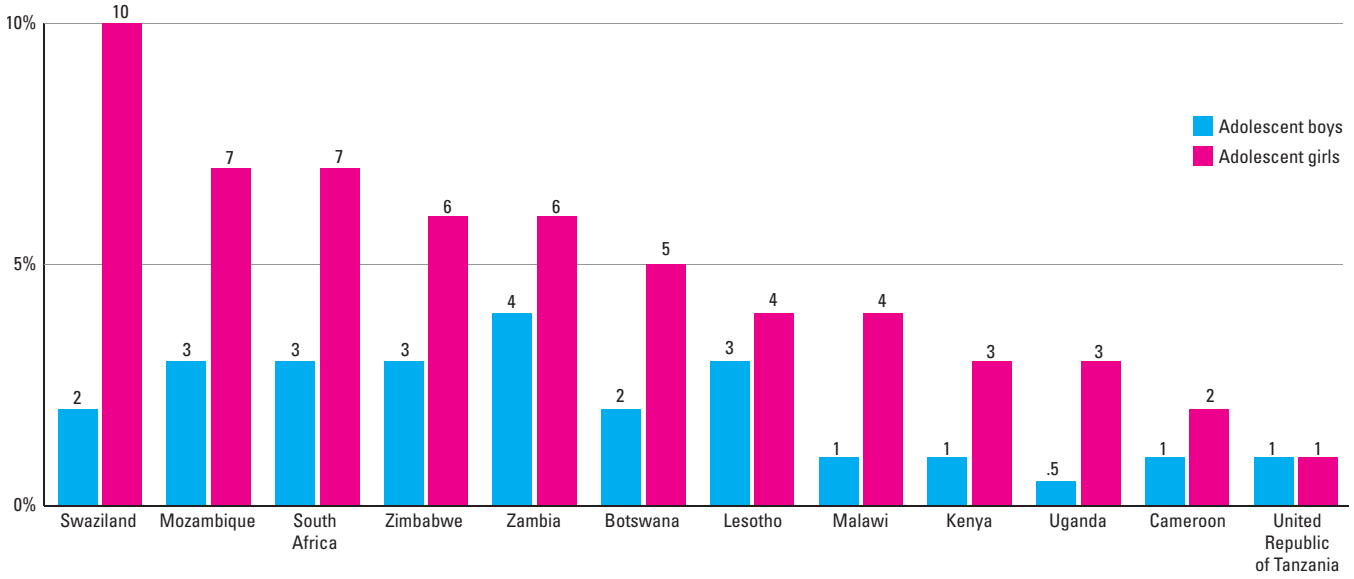
Recent strides in data collection have begun to chip away at the wall that separates marginalized adolescents and youth from the services and information they need to maintain and improve their health. Since 2007, UNICEF has been working with research institutions and governments in seven countries in the region to seek out and survey adolescents in such settings as institutions, boarding facilities and collective centres as well as through formal networks.

Respondent-driven sampling, developed to collect information from hard-to-reach groups – including injecting drug users in Moldova, Romania and Serbia and sex workers in Romania – has been used with marginalized young people who could not be found within formal structures. Other data collection methods (such as time-location sampling) have also proved effective in reaching the hard to reach in this and other regions.

FIGURE 5.7

HIV prevalence among older adolescent girls is above 3% in most countries with a high burden of HIV

HIV prevalence among adolescents 15–19 years old in countries with an adult HIV prevalence above 5%

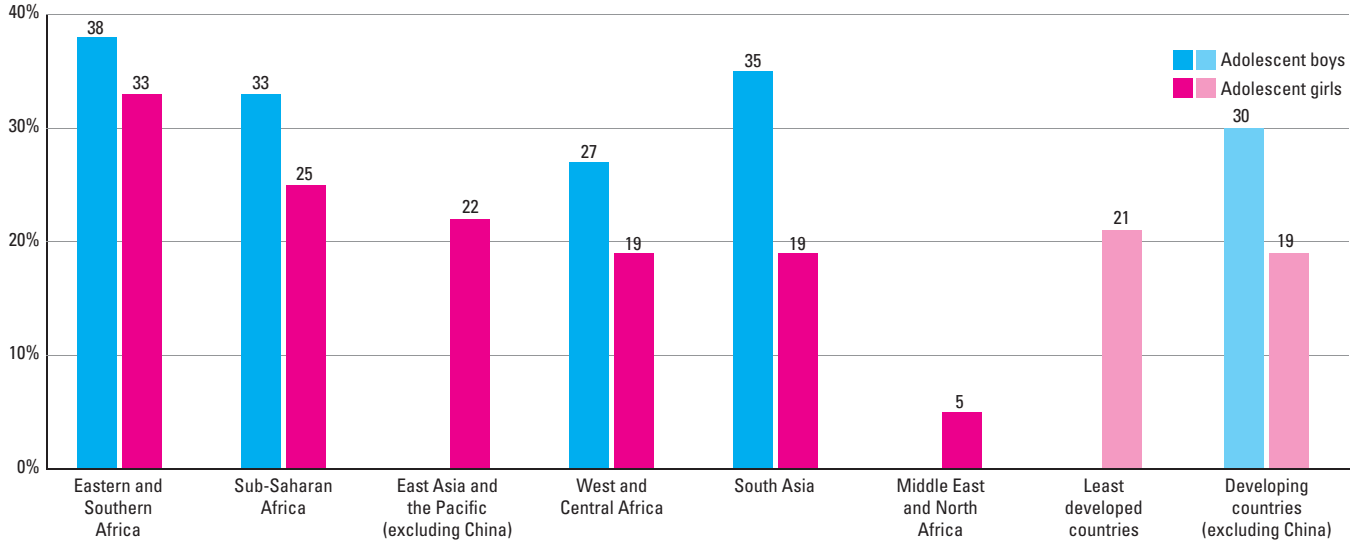


Source: UNICEF global databases, 2011, based on AIDS Impact Survey III (Botswana), AIS, DHS, HIV/AIDS and Malaria Survey (United Republic of Tanzania), and South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, 2004–2010.

FIGURE 5.8

Levels of comprehensive knowledge among older adolescents remain very low across developing regions

Percentage of adolescents 15–19 years old with comprehensive knowledge of HIV, by region



Note: Comprehensive and correct knowledge means that a person can correctly identify the two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), rejects the two most common local misconceptions about HIV transmission and knows that a healthy-looking person can have HIV.

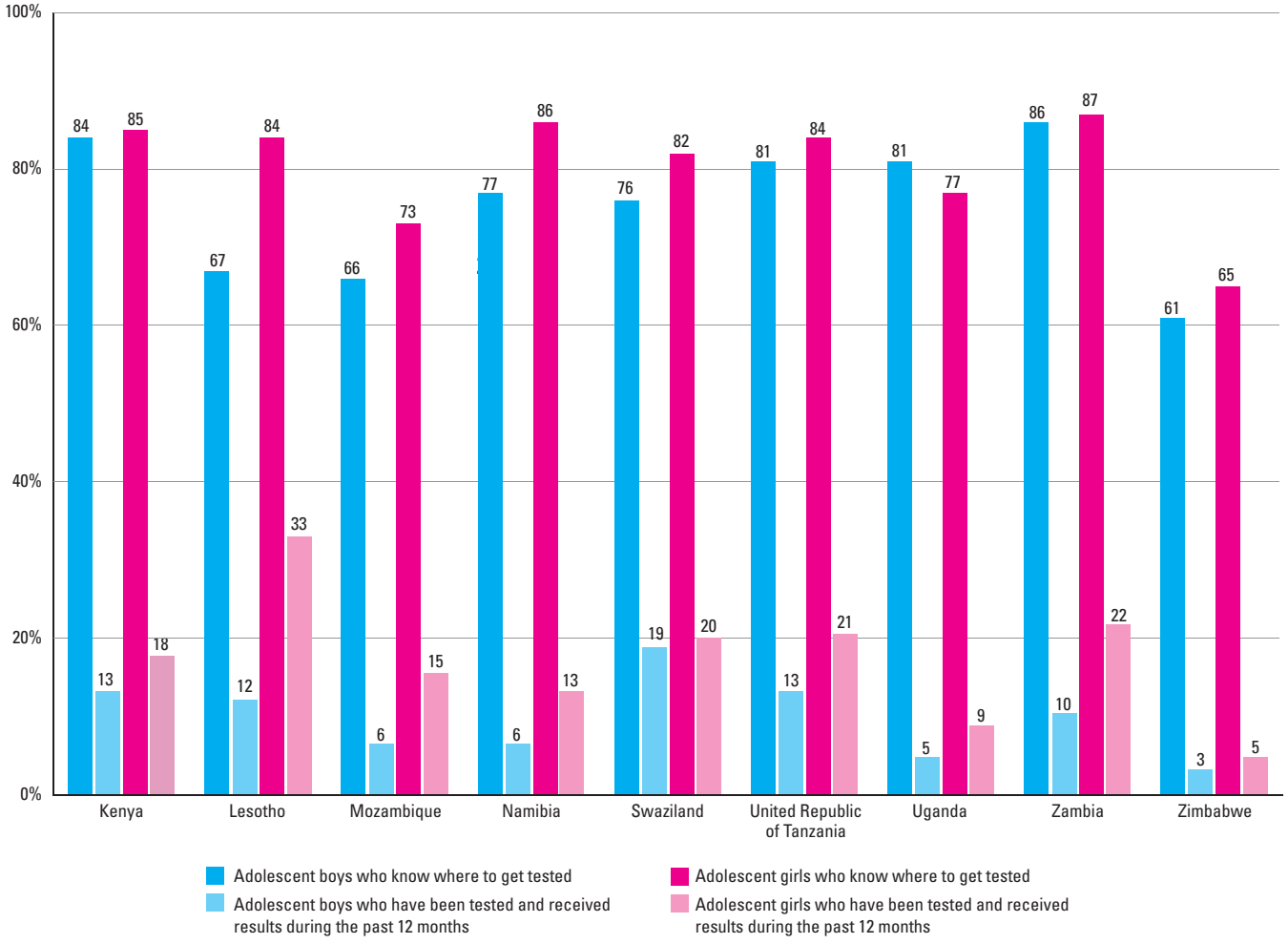
Estimates are based on a subset of countries with available data. This analysis includes 47 countries with data on males and 93 countries with data on females, covering 53% and 79% of the respective male and female populations aged 15–19 in the developing world (excluding China, for which comparable data are not available). Regional estimates represent data from countries that cover at least 50% of the regional population. Data were insufficient to calculate averages for adolescent boys and girls for Latin America and the Caribbean, CEE/CIS and the industrialized countries, and averages for adolescent boys in East Asia and the Pacific, the Middle East and North Africa and the least developed countries.

Source: UNICEF global databases, 2011, based on AIS, DHS, MICS and other national household surveys, 2005–2010.

FIGURE 5.9

Older adolescents are unlikely to have been tested for HIV and received their results, despite knowing where to be tested

Percentage of adolescents 15–19 years old who know a place to get tested and percentage who have been tested and received their results during the past 12 months, in selected countries with an adult HIV prevalence above 5%



Note: Only countries where the most recent survey included both indicators were represented in this analysis.

Source: UNICEF global databases, 2011, based on AIS, DHS, MICS and Sexual Behaviour Survey (Zambia), 2005–2010.

tested for HIV. However, the percentage of those who were tested and received their results during the 12 months prior to their being surveyed remains extremely low among both sexes, and in particular among older adolescent males *(see Figure 5.9)*.

The low level of testing among adolescents is a factor in AIDS-related mortality and morbidity in this age group. Adolescents who do not know they are infected with HIV are unlikely to seek antiretroviral treatment; their diagnosis may be delayed until they experience the symptoms of advanced disease.[78]

Measuring comprehensive knowledge of HIV and key behaviours and studying the linkages between the two are crucial to understanding which adolescents are at risk for HIV, and why. In particular, there is little available information on the knowledge levels and behaviours of younger adolescents aged 10–14, a gap that urgently needs to be filled.

6 VIOLENCE
RELATED TO THE MILLENNIUM DECLARATION

The Millennium Declaration stipulates that parents have the right to raise their children free from violence, injustice and oppression. It reiterates the need to protect children from conflict and violence.

Adolescents experience many forms of violence: physical abuse, sexual abuse, peer violence, domestic violence, involvement in gang violence, and conscription into armed forces or groups. While younger children are more likely to experience physical abuse, older children and adolescents are more vulnerable to sexual violence.[79] Boys are at greater risk of physical and armed violence, girls of neglect, sexual abuse and exploitation.[80]

Adolescents living with disabilities are at increased risk for physical, sexual and psychological abuse because of their isolation.[81]

Many factors contribute to the likelihood that violence will mar the lives of adolescents. High rates of urban growth, for example, are linked to greater violence, as are social, political and economic inequalities.

Sexual violence

According to the World Health Organization (WHO), approximately 150 million girls and 73 million boys under age 18 experienced sexual violence and exploitation in 2002, the most recent year for which comprehensive data are available.[82]

In a number of countries with available data, large proportions of adolescent girls aged 15–19 report having experienced sexual violence, defined here as forced sexual intercourse or the performance of sexual acts against their will.[83] In Uganda, 21 per cent of girls have reported such sexual violence.

Whether experienced as young children or as adolescents, sexual violence has a host of negative outcomes for the adolescent years and beyond. Girls who have experienced sexual violence are more likely to be depressed, to engage in behaviours that put them at risk of sexually transmitted infections or HIV infection, and to commit suicide. They are also three times as likely to have an unplanned pregnancy and are less likely to go to school.[84]

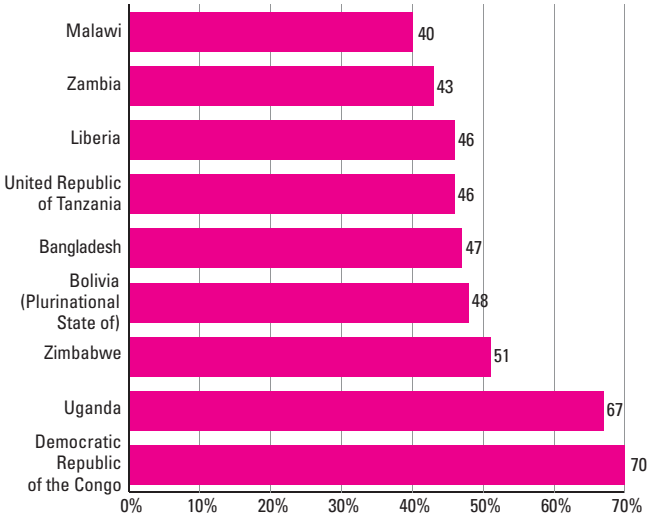
Domestic violence

Intimate partner violence, the most common form of violence against women in developing countries, occurs frequently in adolescent relationships.[85] A 2005 WHO study on women's health and domestic violence found that adolescent girls aged 15–19 were more likely than older women (aged 45–49) to have experienced partner violence.[86]

FIGURE 6.1

Spousal violence is common among married adolescent girls

Percentage of ever-married adolescent girls 15–19 years old who report that they have ever experienced emotional, physical and/or sexual violence committed by their current or most recent husband or partner, in a subset of countries with available data where prevalence of spousal violence is 40% or higher



Physical violence was defined as: (a) being pushed or shaken, having something thrown at her, or having her arm twisted or her hair pulled; (b) being slapped; (c) being punched with a fist or with something that could hurt her, or being kicked, dragged or beaten up; (d) being choked or burned; or (e) being threatened or attacked with a knife, gun, or other type of weapon.
Sexual violence was defined as being forced to have sexual intercourse or perform any other sexual acts against her will (this includes forced sexual initiation).
Emotional violence was defined as: (a) having something said or done to humiliate her in front of others; (b) being threatened with hurt or harm to herself or someone close to her; or (c) being insulted or made to feel bad about herself.

Source: UNICEF global databases, 2011, based on DHS and other national surveys, 2005–2010.

Adolescent girls are vulnerable to violence within marriage, including sexual violence *(see Figure 6.1)*. In surveys in the Democratic Republic of the Congo, 70 per cent of adolescent girls aged 15–19 who had ever been married reported having experienced violence at the hands of a current or former partner or spouse. And, because of reporting bias, this may be an underestimation of the true size of the problem in this and other countries.

Many factors contribute to the incidence of domestic violence. In many places, child marriage, gender-based power relations, women's low economic status and traditional practices or social norms perpetuate it. These are often deeply rooted and difficult to overcome.

Societal attitudes that convey acceptance or justification of domestic violence may make girls and women more vulnerable to becoming victims. Available data for developing countries show that nearly 50 per cent of girls and women aged 15–49 believe that wife-beating is justified under certain circumstances; this percentage remains virtually the same whether those surveyed are older or younger – that is, girls aged 15–19 hold the same views as women aged 45–49 *(see Figure 6.2)*. Data show that large percentages of 15–19-year-old boys also justify the practice under certain circumstances *(see Figure 6.3)*.

It is important to note that 'justification' should not necessarily be interpreted as a measure of approval of wife-beating, nor should it imply that a woman or girl will inevitably become a victim of wife-beating. Rather, it reflects societal views that accept such practices when women and girls have a lower status or when they do not fulfil certain expected gender roles.

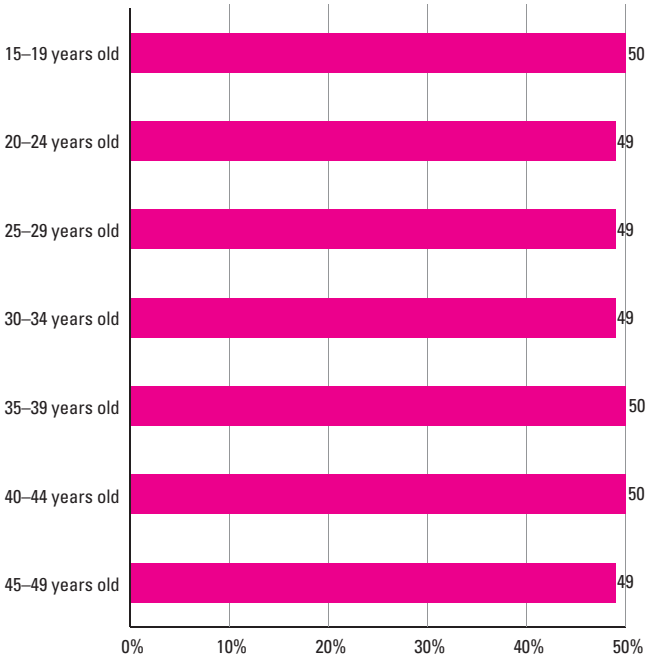
Peer violence

In numerous countries, large percentages of students aged 13–15, boys in particular, report having been involved in physical fights or having been the victims of physical attacks or bullying within the past month *(see Figures 6.4–6.6)*. Bullying, whether physical or

FIGURE 6.2

Adolescent girls are as likely as older women to justify wife-beating

Percentage of girls and women 15–49 years old who think that a husband is justified in hitting or beating his wife under certain circumstances, by age group



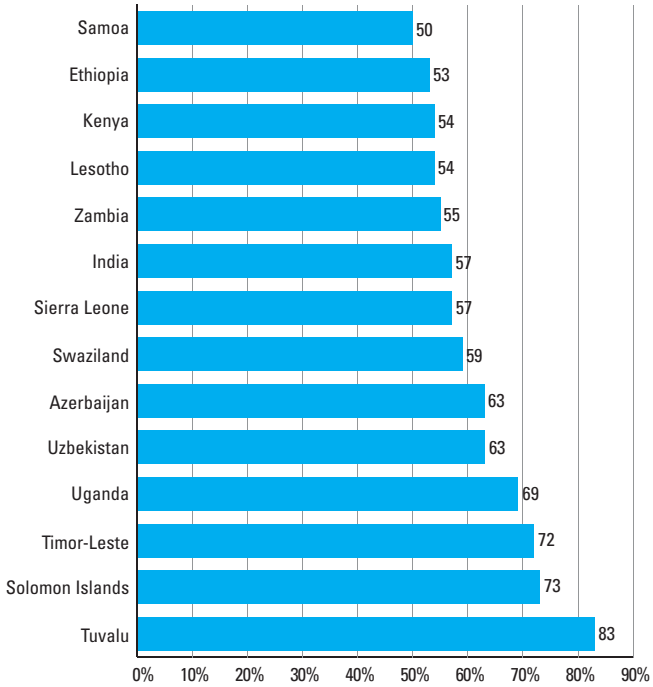
Note: Estimates are based on data from 74 countries with available data, covering 69% of the female population 15–49 years old in the developing world (excluding China, for which comparable data are not available). Girls and women were asked whether they think that a husband is justified in hitting or beating his wife under certain circumstances, i.e., if his wife burns the food, argues with him, goes out without telling him, neglects the children or refuses sexual relations.

Source: UNICEF global databases, 2011, based on DHS, MICS and other national surveys, 2002–2010.

FIGURE 6.3

Adolescent boys justify wife-beating

Percentage of adolescent boys 15–19 years old who think that a husband is justified in hitting or beating his wife under certain circumstances, in a subset of countries with available data where prevalence of supportive attitudes towards wife-beating is 50% or higher



Note: Adolescent boys were asked whether they think that a husband is justified in hitting or beating his wife under certain circumstances, i.e., if his wife burns the food, argues with him, goes out without telling him, neglects the children or refuses sexual relations.

Source: UNICEF global databases, 2011, based on DHS and other national surveys, 2002–2009.

emotional, typically takes place at school and affects many adolescents.

Cyberbullying, or bullying that takes place using various digital forums and technologies, is common in both industrialized and developing countries *(see panel on the use of information and communication technology, on page 11)*.

Gang violence

Gang violence affects the lives of adolescents throughout the world. The average age for entry into gangs is 13 – early adolescence. Although there are often older members, most gang members are typically 12–24 years old.[87]

Children – mostly boys – join gangs for a variety of reasons, including poverty, social exclusion, lack of jobs and lack of educational opportunity.[88] Gang peers can become like families, offering emotional support.

Latin America is considered one of the most violent regions of the world. Here, violence in general is a more prominent cause of death for adolescents than it is in other regions.[89] Large numbers of Latin American boys are involved in gangs.

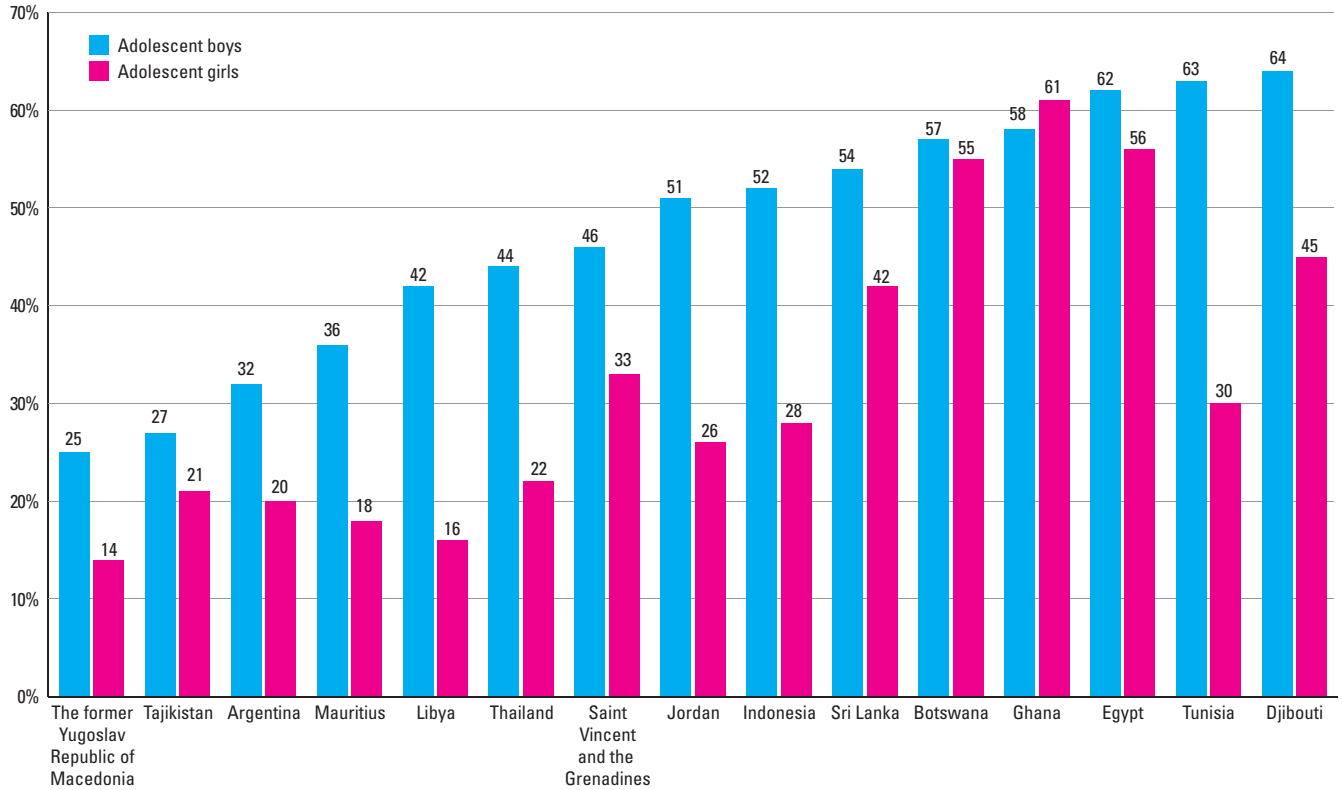
In the 53 countries of the WHO European region, 15,000 young people lose their lives each year to interpersonal violence, the third leading cause of death among people aged 10–29 years old.[90] Four out of five homicide victims are young males.

The rates of homicide in low- and middle-income countries of the region are nearly seven times higher than in high-income countries of the region. WHO projects that if the homicide rates in all countries of the region could be brought down to the level of the country of the region with the lowest homicide rate – Germany – then 9 out of 10 homicide deaths or 13,400 deaths annually could be avoided.[91]

FIGURE 6.4

Many adolescents report that they have been physically attacked

Percentage of students 13–15 years old who report having been physically attacked one or more times during the past 12 months, by sex, in a random selection of countries with available data



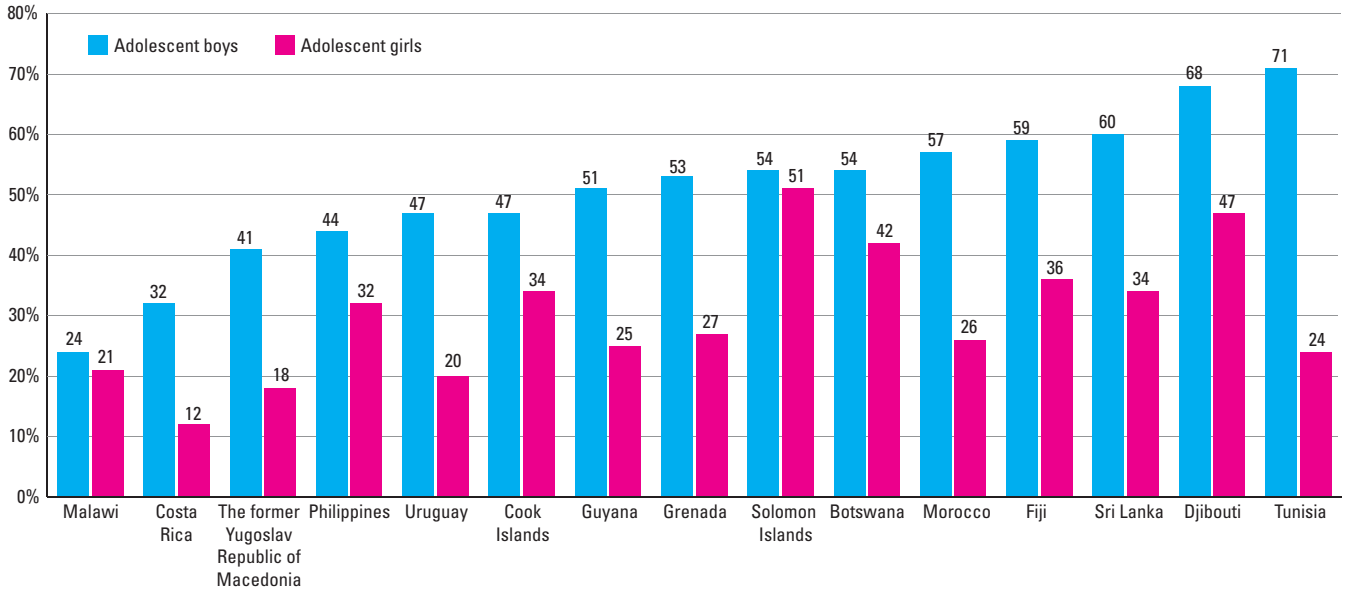
Note: Comparable data are available for a larger number of countries, but because of space constraints, only a random selection is presented here. Students were given the following definition when asked if they had been physically attacked in the past 12 months: "A physical attack occurs when one or more people hit or strike someone, or when one or more people hurt another person with a weapon (such as a stick, knife or gun). It is not a physical attack when two students of about the same strength or power choose to fight each other."

Source: WHO, Global School-based Student Health Survey, 2005–2008.

FIGURE 6.5

Many adolescents report that they have been involved in physical fights …

Percentage of students 13–15 years old who report having been in a physical fight one or more times during the past 12 months, by sex, in a random selection of countries with available data



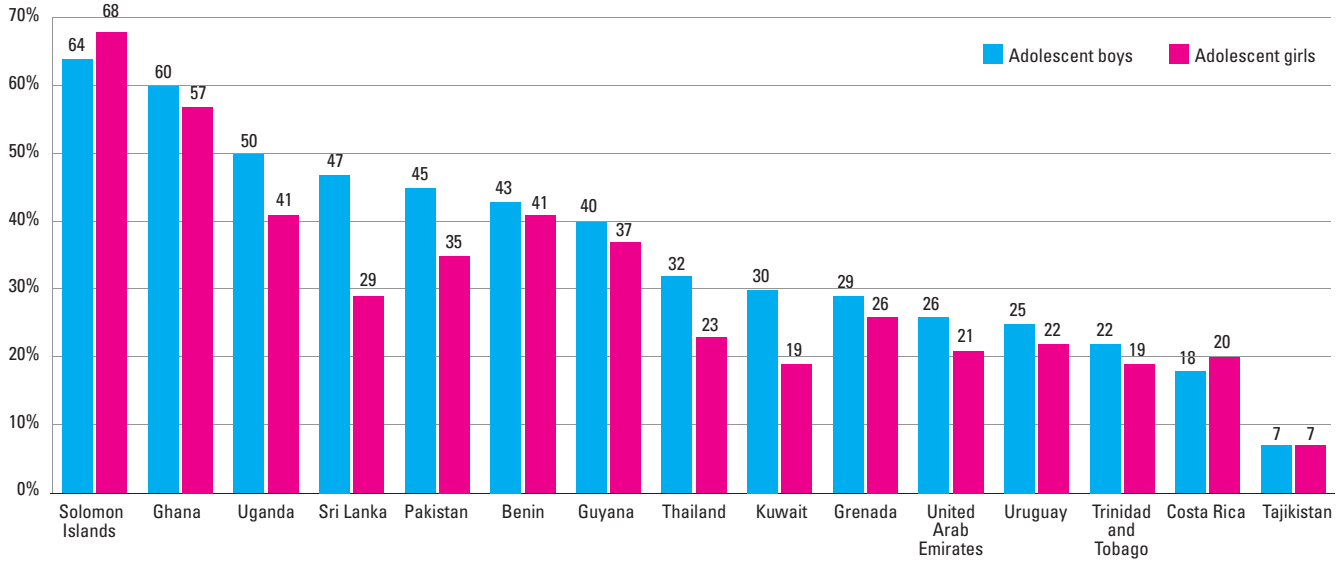
Note: Comparable data are available for a larger number of countries, but because of space constraints, only a random selection is presented here. Students were given the following definition when asked if they had been in a physical fight in the past 12 months: "A physical fight occurs when two or more students of about the same strength or power choose to fight each other."

Source: WHO, Global School-based Student Health Survey, 2005–2011.

FIGURE 6.6

… and many adolescents report that they have been victims of bullying

Percentage of students 13–15 years old who report having been bullied on one or more days during the past 30 days, by sex, in a random selection of countries with available data



Note: Comparable data are available for a larger number of countries, but because of space constraints, only a random selection is presented here. Students were given the following definition when asked if they had been bullied in the past 30 days: "Bullying occurs when a student or group of students say or do bad and unpleasant things to another student. It is also bullying when a student is teased a lot in an unpleasant way or when a student is left out of things on purpose. It is not bullying when two students of about the same strength or power argue or fight or when teasing is done in a friendly and fun way."

Source: WHO, Global School-based Student Health Survey, 2003–2011.

Violence in the Americas

Some 31 per cent of all the world's homicides in 2010 took place in the Americas; here, the homicide rate for all ages was 15.6 per 100,000 persons, more than double the world average. About one in four homicides in the region is related to organized crime and the activities of criminal gangs.[92] While homicide rates in most world regions have been declining since 1995, they have increased in the Central America and Caribbean subregions.

Boys, especially older adolescent boys (aged 15–19), are particularly at risk of death from homicide in certain Latin American countries *(see Figures 6.7 and 6.8)*; homicide is a leading cause of death among these older adolescent boys in most Latin American countries with available data *(see Figure 6.9)*. Adolescent girls here are far less likely to die by homicide than adolescent boys.

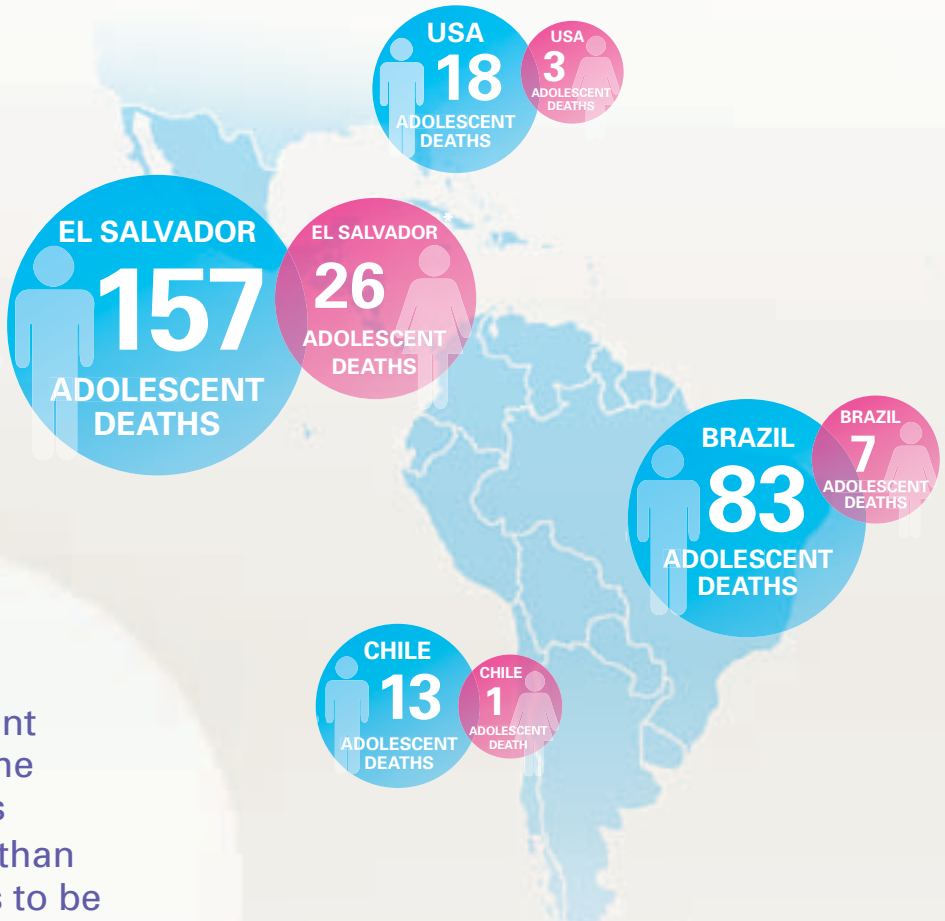
(Note that these data do not distinguish between deaths in which the adolescent victim was directly involved in some violent or criminal behaviour and those where the adolescent may have been an unintended victim. The actual homicide rates in some Latin American countries are likely to be higher than those reported here, as many deaths are of an undetermined intention and could potentially have been homicides.)

Yet these data capture only part of the story. The full impact of violence on the lives of adolescents reaches far beyond the tragedy of adolescent death to encompass adolescents who sustain serious injuries or suffer emotional trauma; those who lose a parent or someone else because of violence; and the damage such violence inflicts on the social bonds that sustain an adolescent's world.

ADOLESCENT HOMICIDE IN THE AMERICAS

FIGURE 6.7

- Deaths per 100,000 adolescent boys 15–19 years old
- Deaths per 100,000 adolescent girls 15–19 years old



Adolescent boys in the Americas are more likely than adolescent girls to be victims of homicide.

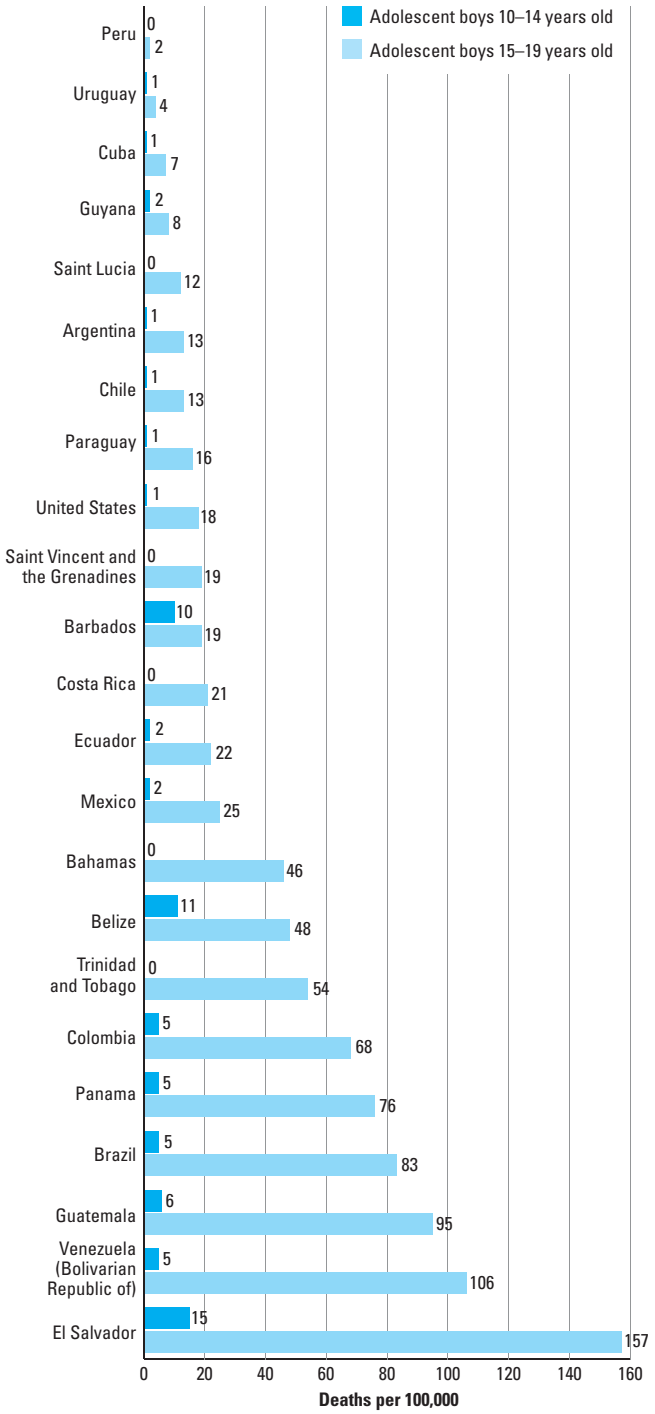
Note: Comparable data are available for a larger number of countries, but because of space constraints only a random selection is presented here. Data on homicides among boys for more countries are included in Figure 6.8.

Source: PAHO/WHO Mortality Information System, 2007–2010, reanalysed by UNICEF.

FIGURE 6.8

Homicide rates rise dramatically as adolescent boys get older

Homicide rate among adolescent boys 10–14 years old and 15–19 years old in Latin American countries with available data and in the United States



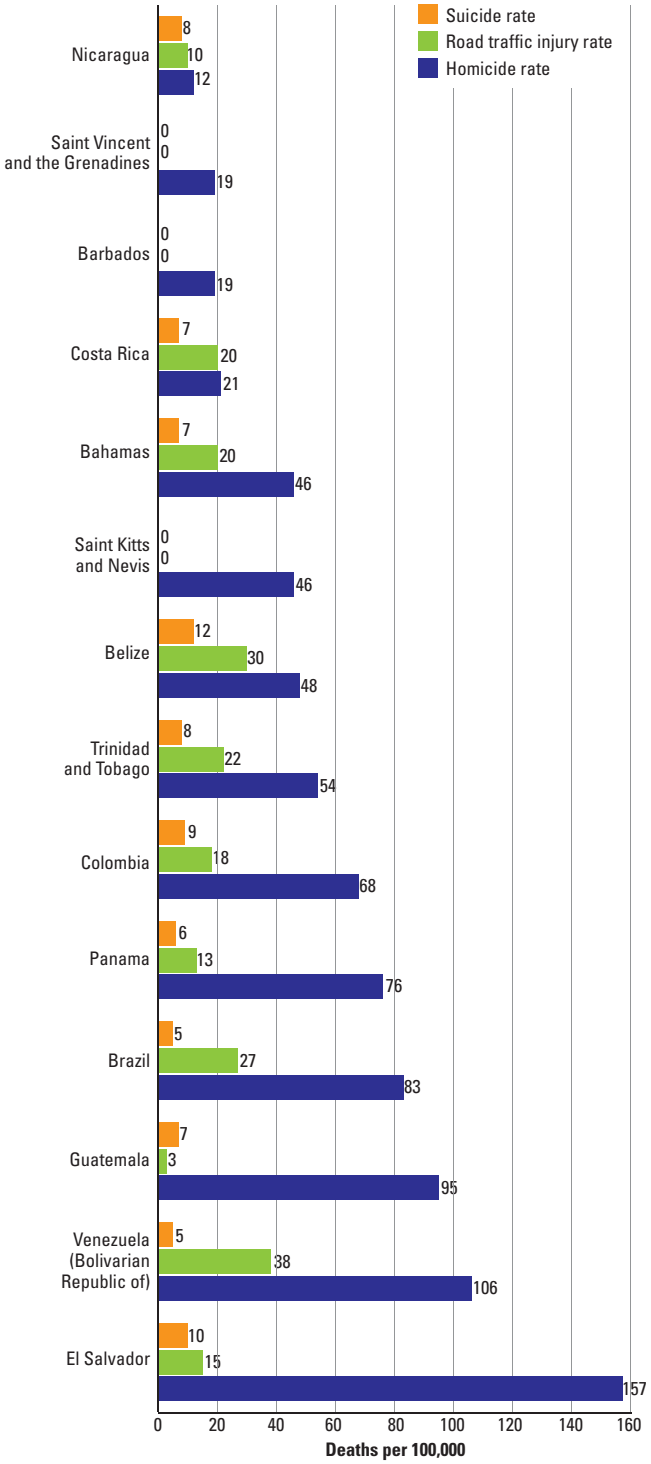
Note: Countries with a total homicide rate of 0 for both age groups (Grenada and Suriname) were not included in this chart. Zeroes appearing in the chart do not necessarily imply that there were no adolescent victims of homicide in these countries but rather indicate that the recalculated homicide rates came to 0 after rounding because of small population size.

Source: PAHO/WHO, Mortality Information System, 2006–2009, reanalysed by UNICEF.

FIGURE 6.9

In certain Latin American countries, more adolescent boys die as a result of homicide than from road traffic injuries or suicide

Rates of homicide, road traffic injury and suicide among adolescent boys 15–19 years old in Latin American countries where homicide is the leader among the three causes of death



Note: Zeroes appearing in the chart do not necessarily imply that there were no adolescent victims of homicide, road traffic injury or suicide in these countries but rather indicate that the recalculated rates came to 0 after rounding because of small population size.

Source: PAHO/WHO, Mortality Information System, 2007–2010, reanalysed by UNICEF.

7 THE WAY FORWARD

Adolescence is a formative period during which children grow into their rightful place as full citizens and agents of change in their own lives and the lives of their societies. As they physically and psychologically mature, they form their values, core beliefs, sense of identity and understanding of their place in the world.

Adolescence is also a time when children's and young people's relationships with the people and communities that surround them can change dramatically. They leave behind childhood and take on new roles: as heads of household, earners and citizens – and as adult rights holders and duty bearers in their communities and societies.

Yet much of what is described in these pages is not about adolescents realizing their human potential, but about the risks and deprivations experienced by a diverse and heterogeneous group of 1.2 billion individuals whose lot is defined – often unfairly – by geography, gender, culture and the societies in which they live.

Viewing adolescents through an equity lens – as the analysis in this edition of *Progress for Children* seeks to do – allows for a focus on several groups who are most marginalized and at risk of further deprivation, among them:

- **Married adolescent girls:** Nearly one in four adolescent girls aged 15–19 worldwide is married or in union. These girls are at risk of school dropout, early childbearing with its inherent health risks, domestic violence and HIV.

- **Adolescent victims of violence:** Available data suggest that large proportions of adolescent girls aged 15–19 have experienced sexual violence, and large proportions of adolescent boys and girls aged 13–15 have been physically attacked, involved in physical fights or bullied. Adolescent boys aged 15–19 living in certain Latin American countries are particularly at risk of death from homicide.

- **Younger adolescents out of school:** An estimated 71 million children of lower secondary school age are out of school,[93] and 127 million youth aged 15–24 are illiterate.[94] These adolescents are effectively prevented from acquiring the skills and knowledge that would enable them to make better decisions in their lives. A secondary school education is particularly important for girls.

- **Adolescents with HIV:** Approximately 2.2 million adolescents are living with HIV, 1.3 million of them girls.[95] Many of them do not even know they are infected, reflecting a lack of knowledge, low use of HIV testing and other services, and the stigma associated with AIDS.

- **Adolescents without access to information:** Millions of adolescents, particularly girls, still do not have access to information and communication technologies, which further excludes and marginalizes them. ICT is a strong influence in adolescent lives and a potential tool to empower them in their civic participation and activism.

- **Adolescents without access to services:** Poverty, gender, disability, stigma and discriminatory laws may curtail adolescents' access to services, including HIV prevention and treatment, education, assistance in humanitarian emergencies, and maternal health and reproductive care for adolescent girls.

Sub-Saharan Africa is repeatedly cited in this report as the most challenging place for an adolescent to live. Only about half of the children in this region have completed primary school, and less than one third are enrolled in secondary school. Youth employment rates are low, as in most regions. Sub-Saharan Africa is the only one of the world's regions in which the adolescent population continues to expand, and it is projected to have the greatest number of adolescents of any region by 2050.

"The available data suggest that significant efforts in advocacy, programmes and policy are needed to realize the rights of adolescents."

The evidence base

Far more is known today than in the past about the state of adolescents in the world, thanks to the rich base of statistical data described in these pages. Such knowledge is helping to make adolescents more visible, and with greater visibility comes the potential for adolescents to benefit more fully from the protections the Convention on the Rights of the Child affords them as children.

Yet, important gaps in the knowledge base exist. More needs to be known and understood about the underlying social and economic determinants of deprivation in adolescence. Much of the recent research has sought to further an understanding of adolescent risk-taking, while far less research has been conducted on protective factors, adolescent decision-making and how awareness translates to behavioural change. Some of the biggest gaps pertain to knowledge of child and adolescent development and, thus, knowledge about the critical moments for investment throughout the life cycle.

Little is known about adolescents aged 10–14: For example, there is a dearth of data on how they spend their time, their health status, the knowledge and information they have, their role in their families and communities, their use of online social networks and so on. Many large-scale surveys avoid gathering information from young adolescents out of a concern that they will not understand the questions being asked or because of consent issues. Such ethical and practical considerations must be balanced against the need for evidence to inform policies and guide investment in programmes to ensure the fulfillment of adolescents' rights, including their right to express themselves and to be heard.

It is critical that the existing data be used to the greatest effect. In addition, the data have tended to focus on deficits, rather than on such positive qualities as adolescents' resilience, capacities and contributions to their communities. Notwithstanding efforts to aid such understanding – the module on subjective youth well-being in the fourth round of MICS is one such effort *(see panel, below)* – these gaps are obstacles to understanding adolescents and what they are capable of, and they make it harder to identify interventions that are appropriate for them.

Innovations in data collection for adolescents: The case of MICS

Multiple Indicator Cluster Surveys (MICS) provide one of the largest sources of statistically sound and internationally comparable data in the areas of health, nutrition, water and sanitation, education, child protection, and HIV and AIDS. Since 1995, UNICEF has assisted more than 100 developing countries in carrying out this household survey programme. MICS allow for data to be disaggregated by a large number of stratifiers, such as age, sex, education, geographic area, residence (urban or rural), ethnicity, religion, economic status, marital status and combinations of these.

MICS collect information on adolescents and youth, including age-specific indicators for youth aged 15–24 on reproductive health, education, sexual behaviour and HIV. Data on populations aged 15–19 and 20–24 are included in MICS standard tables for women aged 15–49 and cover topics such as contraceptive prevalence, unmet need for family planning, antenatal care coverage, institutional deliveries, child marriage, polygyny, attitudes towards domestic violence, knowledge of HIV, attitudes towards people living with HIV, and uptake of HIV counselling and testing during antenatal care. Data on household characteristics and children of young mothers aged 15–24 are also available from the MICS data sets.

With the aim of gathering evidence on the emerging challenges facing adolescents and youth, the fourth round of MICS, conducted during 2009–2011, included a new set of questions and indicators in domains relevant to adolescents and young people, such as access to media (television, radio and printed media) and technology (use of computers and the Internet), use of alcohol and tobacco, and subjective well-being. The module on subjective well-being, specifically designed for youth aged 15–24, includes questions on perceived life satisfaction in the areas of family, friendships, living environment, school, job, income level, physical appearance and overall happiness. The questionnaire also captures young people's assessment of recent changes in living conditions and their expectations about the future.

The available data suggest that significant efforts in advocacy, programmes and policy are needed to realize the rights of adolescents. The way forward suggests a six-pronged approach:

- **Adopt a life-cycle approach:** Children and adolescents have specific characteristics, capabilities and needs that evolve throughout the life cycle, and opportunities to advance their rights present themselves at every stage. Positive interventions during early adolescence, for example, can avert negative outcomes in late adolescence. Because 'remedial' programmes are costly, it is crucial to strengthen the protective aspects of the environment for adolescents early on and invest in preventive programmes and policies that can help them.

- **View adolescence through an equity lens:** Policies and programmes to reach the most vulnerable groups of adolescents must be informed by data disaggregated by age, gender, wealth, residence status and family status. Efforts must be made to collect data from the most marginalized adolescents, including adolescents out of school; those with disabilities, HIV or chronic diseases; those from indigenous, migrant and minority households; those living on the street or in institutions and those otherwise beyond the reach of formal data-gathering exercises, in order to better understand the risks of their social exclusion.

- **Make better use of data:** More and better use must be made of the full range of available data to inform programmatic and policy decision-making and advocacy. This includes not just data on the risks and deficits facing adolescents, but also data on their positive qualities and contributions. The gathering of qualitative data, research and analysis will enhance an understanding of existing quantitative data, such as those presented in these pages. Programming for adolescents must build on the existing evidence base and it must incorporate better systems of monitoring the results of interventions.

- **Approach adolescents intersectorally:** Adolescents benefit from programme interventions in all sectors – education, health, nutrition, maternal health, and HIV and AIDS – but these must come together to create the synergies that will have a transformative effect on their lives. Programme efforts to improve the uptake and delivery of high-impact interventions must be adolescent-sensitive. To achieve optimal scale and results, these must be supported through community partnership and sectoral actions to address legislative barriers, change harmful social norms and ensure sustained investment in protecting adolescents' rights and creating opportunities that will reduce their vulnerability.

- **Develop services to address the specific needs of adolescents:** Such services must be respectful of adolescents, attentive to their concerns, confidential and accessible. They must rely on a cadre of professionals who understand adolescents, are trusted by them and can counsel them successfully. There are many examples of youth-friendly services that can be studied and evaluated for potential expansion and replication.

- **Recognize adolescents' potential as agents of change:** Adolescents often take on adult roles as spouses, workers, parents and members of their communities. Programmes and policies must acknowledge this capacity for real contribution on the part of adolescents to their communities, while at the same time ensuring the continued protection of adolescents as children.

The case for investing in adolescents

Adolescence is the final stage of childhood. It is a critical point at which investment can break the cycle of poverty and result in social, economic and political benefits for individuals, communities and nations.

Investing in adolescents is strategically important for the achievement of the MDGs, because adolescence is tied to employment, maternal mortality, quality education, poverty and other issues. Tackling issues of economic opportunity, the availability of health care and access to secondary education will boost adolescents' prospects.

There is a crucial need for educational opportunities that are meaningful for young people as future wage-earners, parents and citizens. The foundation for this is quality basic education, including primary and lower secondary education. Secondary education must be relevant to students' lives and linked to local economies. Girls, in particular, must acquire the skills that will help them earn their livelihoods and become productive members of society.

A further challenge is to address the prevailing social and cultural norms and practices that constrain the healthy development of millions of adolescents. These include harmful traditional practices such as child marriage, attitudes that justify and condone violence, and behaviours that drive the spread of HIV. All of these must be changed through sustained efforts that actively involve adolescents and other stakeholders, or the MDGs will not be achieved.

Adolescents are often seen as victims of weak protective environments. But in many circumstances, they can begin to influence the events occurring around them. They can be resilient in the face of adversity and, in fact, can help identify problems and shape solutions based on their own experiences. Adolescents' ability to voice their concerns and aspirations helps them protect themselves as they emerge into adulthood.

Many factors surrounding children and adolescents help create a protective environment around them. But having at least one strong relationship with a caring adult may be the single most important factor in a child's positive development.[96]

The Millennium promise

The path from childhood to adulthood is shaped by adults, and it is incumbent on adults to prepare and enable adolescents as they begin to take on adult responsibilities. The Convention on the Rights of the Child clearly articulates the responsibility of adults to protect children's rights, including their right to expression and involvement in shaping their own destinies, in keeping with their evolving capacities.

Adolescents must be valued as an asset to society. It is time to invest in them, especially in the most marginalized adolescents, to ensure that they have the opportunity to fully realize their potential and that of their communities. A future in which adolescents are healthy, educated, protected and empowered is the promise of the Millennium Declaration for children and adolescents the world over.

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OVERVIEW OF THE STATISTICAL TABLE

The statistical table that follows presents the most recent key statistics on adolescents. It helps meet the demand for timely, reliable, comparable and comprehensive data on the state of the world's children, including adolescents. (UNICEF has also recently begun to showcase data on adolescents in a statistical table in its flagship publication *The State of the World's Children.*) The data support UNICEF's focus on progress and results towards internationally agreed-upon goals and compacts relating to children's rights and development. UNICEF is the lead agency responsible for global monitoring of the child-related goals of the Millennium Declaration as well as the Millennium Development Goals (MDGs) and indicators; the organization is also a key partner in the United Nations' work on monitoring these targets and indicators.

The numbers presented in this statistical table are available online via the UNICEF global statistical website at <www.childinfo.org>. Please refer to the website for the latest tables and for any updates or corrigenda subsequent to printing.

GENERAL NOTE ON THE DATA

The data presented in the following statistical table are derived from the UNICEF global databases, which include only internationally comparable and statistically sound data; these data are accompanied by definitions, sources and explanations of symbols. The statistical table draws on inter-agency estimates, data from other United Nations agencies, and nationally representative household surveys such as Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS). Data presented in the statistical table generally reflect information available as of July 2011. More detailed information on methodology and data sources is available at <www.childinfo.org>.

This report includes the latest population estimates and projections from *World Population Prospects: The 2010 revision* (United Nations Department of Economic and Social Affairs, Population Division). Data quality is likely to be adversely affected for countries that have recently suffered disasters, especially where basic country infrastructure has been fragmented or where major population movements have occurred.

Some of the data presented here are subject to evolving methodologies and revisions of time series data. For other indicators, comparable data are unavailable from one year to the next. It is therefore not advisable to compare data from consecutive editions of UNICEF publications.

Multiple Indicator Cluster Surveys: UNICEF supports countries in collecting statistically sound and internationally comparable data through MICS. Since 1995, nearly 240 surveys have been conducted in more than 100 countries and territories. The fourth round of MICS, involving more than 60 countries, will be completed in 2012, and planning for the fifth round of MICS is under way. MICS are among the largest sources of data for monitoring progress towards internationally agreed-upon development goals for children, including the MDGs. Many of the MICS indicators have been incorporated into the statistical table in this report. More information is available at <www.childinfo.org>.

Regional classification: Regional estimates are presented only when the available data are representative of at least 50 per cent of corresponding regions, unless otherwise noted. Many estimates do not include China, as comparable data are often not available in UNICEF databases for this country. For a complete list of countries and territories in the regions and subregions, please see page 52.

Data analysis: A series of United Nations inter-agency MDG monitoring groups focus on developing new methodologies, indicators and monitoring tools; building statistical capacity at the country level; developing joint estimates; and harmonizing partners' monitoring work. UNICEF leads or plays an active role in the inter-agency monitoring groups focused on the following areas: maternal and child mortality estimation, water supply and sanitation, immunization, malaria, HIV and AIDS, and child protection. The joint estimates developed by these inter-agency monitoring groups are included in UNICEF's global databases and are used to monitor progress towards international goals and targets, including the MDGs.

Statistical Table: Adolescents

Countries and territories	Population of adolescents aged 10–19 (thousands)			Adolescents aged 10–19 as a proportion of the total population (%)			Adolescent birth rate per 1,000 females aged 15–19	Women aged 20–24 who gave birth before age 18 (%)	Skilled attendant at birth among mothers under age 20 (%)	Adolescent girls aged 15–19 with a BMI <18.5 (%)	Effective transition rate from primary to secondary school (%) 2007–2010*		Secondary school net enrolment ratio (%) 2007–2010*		Youth literacy rate (%) 2005–2010*		Adolescents aged 15–19 with exposure to media at least once a week (%) 2000–2010*	
	1950	2010	2050	1950	2010	2050	2000–2010*	2000–2010*	2006–2010*	2006–2010*	male	female	male	female	male	female	male	female
Afghanistan	1,785	7,771	14,921	22	25	20	151	–	–	–	–	–	38	15	–	–	–	–
Albania	267	561	275	22	18	9	20	3	100	9	–	–	–	–	99	99	97	99
Algeria	1,877	6,571	5,002	21	19	11	4	–	84	–	93	100	–	–	94	89	–	–
Andorra	–	–	–	–	–	–	9	–	–	–	–	–	68	72	–	–	–	–
Angola	882	4,553	8,017	21	24	19	165	–	49	–	–	–	–	–	81	66	–	–
Antigua and Barbuda	–	–	–	–	–	–	67	–	–	–	100	88	89	87	–	–	–	–
Argentina	3,147	6,797	6,158	18	17	12	65	–	–	–	100	100	76	85	99	99	–	–
Armenia	341	457	320	25	15	11	27	3	99	10 x	–	–	86	89	100	100	99	99
Australia	1,136	2,911	3,648	14	13	12	17	–	–	–	–	–	87	88	–	–	–	–
Austria	959	942	789	14	11	9	10	–	–	–	100	100	–	–	–	–	–	–
Azerbaijan	745	1,477	1,453	26	16	13	41	4	86	12	100	98	91	94	100	100	97	95
Bahamas	16	59	48	21	17	11	39	–	–	–	100	100	83	87	–	–	–	–
Bahrain	24	149	184	21	12	10	13	–	–	–	100	100	87	91	100	100	–	–
Bangladesh	8,207	31,514	21,963	22	21	11	133	40	27	35	–	–	40	43	74	77	–	63 y
Barbados	42	38	27	20	14	10	51	–	–	–	100	98	–	–	–	–	–	–
Belarus	1,601	1,075	830	21	11	10	22	–	–	–	–	–	–	–	100	100	–	–
Belgium	1,193	1,209	1,320	14	11	11	11	–	–	–	100	98	–	–	–	–	–	–
Belize	14	72	73	21	23	14	91	–	–	–	96	97	62	68	–	–	–	–
Benin	414	2,042	4,325	18	23	20	114	23	71	14	–	–	–	–	65	43	83	64
Bhutan	37	149	107	22	21	11	46	–	58	–	96	100	46	49	80	68	–	–
Bolivia (Plurinational State of)	591	2,209	2,647	22	22	16	89	20	75	5	97	95	69	69	99	99	100	97
Bosnia and Herzegovina	666	446	240	25	12	8	15	–	–	–	–	–	–	–	100	100	–	–
Botswana	97	437	386	23	22	15	51	–	91	–	–	–	56	64	94	97	–	–
Brazil	11,840	33,729	23,107	22	17	10	77	16 x	97	2	–	–	78	85	97	99	–	–
Brunei Darussalam	10	64	63	20	16	11	17	–	–	–	100	99	88	91	100	100	–	–
Bulgaria	1,281	724	551	18	10	10	44	–	–	–	98	97	84	81	98	97	–	–
Burkina Faso	933	3,880	9,901	22	24	21	128	27	49	27 x	76	73	18	13	47	33	70	59
Burundi	530	1,947	2,200	22	23	16	30	–	71	–	90	46	10	8	77	76	–	–
Cambodia	969	3,286	2,316	22	23	12	52	9	73	28 x	82	80	36	32	89	86	88	87
Cameroon	939	4,422	7,195	21	23	19	141	33	62	10 x	50	53	–	–	89	77	77	61
Canada	2,203	4,188	4,653	16	12	11	14	–	–	–	–	–	–	–	–	–	–	–
Cape Verde	42	115	71	24	23	11	92	22	87 x	–	92	95	–	–	97	99	88	88
Central African Republic	263	1,012	1,518	20	23	18	133	38 x	60	–	59	59	13	8	72	57	–	–
Chad	491	2,618	5,575	20	23	20	193	48	27	29 x	–	–	–	–	54	39	55	24
Chile	1,195	2,817	2,095	20	16	10	53	–	–	–	88	100	83	86	99	99	–	–
China	107,080	200,660	120,915	19	15	9	6	–	–	–	–	–	–	–	99	99	–	–
Colombia	2,543	8,752	7,632	21	19	12	84	20	98	14	100	99	71	77	97	98	–	–
Comoros	33	155	340	21	21	20	95	17 x	–	–	–	–	–	–	86	85	–	–
Congo	171	888	1,705	21	22	19	132	29	87 x	21 x	74	69	–	–	87	78	75	63
Cook Islands	–	–	–	–	–	–	47	–	–	–	–	–	76	82	–	–	–	–
Costa Rica	186	836	605	19	18	10	67	–	–	–	98	91	–	–	98	99	–	–
Côte d'Ivoire	594	4,563	7,442	23	23	18	111	29	61	–	70	67	–	–	72	61	86	75
Croatia	710	499	379	18	11	10	14	–	–	–	100	99	91	94	100	100	–	–
Cuba	1,231	1,483	848	21	13	9	50	–	–	–	99	99	82	83	100	100	–	–
Cyprus	96	154	129	20	14	10	6	–	–	–	100	100	95	96	100	100	–	–
Czech Republic	1,186	1,110	1,028	13	11	10	12	–	–	–	100	100	–	–	–	–	–	–
Democratic People's Republic of Korea	2,729	4,123	3,116	28	17	12	1	–	–	–	–	–	–	–	100	100	–	–
Democratic Republic of the Congo	2,680	15,877	29,182	22	24	20	135	23	80	25	92	85	–	–	69	62	55	43
Denmark	606	701	688	14	13	12	6	–	–	–	100	100	89	92	–	–	–	–
Djibouti	14	201	263	23	23	16	27	–	–	–	91	86	28	20	–	–	–	–
Dominica	–	–	–	–	–	–	47	–	–	–	100	83	88	91	–	–	–	–
Dominican Republic	569	1,964	1,709	24	20	13	98	25	98	–	96	95	52	63	95	97	98	98
Ecuador	697	2,829	2,465	21	20	13	100	–	97 x	5 x	–	–	59	60	97	97	–	–
Egypt	4,411	15,926	16,817	21	20	14	50	7	76	4	–	–	66	64	88	82	–	97 y
El Salvador	499	1,462	939	23	24	12	68	–	97	5 x	96	94	54	56	95	95	–	–
Equatorial Guinea	43	151	279	19	22	19	128	–	–	–	–	–	–	–	98	98	–	–
Eritrea	258	1,144	2,079	23	22	18	85	25	30 x	40 x	95	89	32	23	92	86	–	85
Estonia	199	138	130	18	10	11	24	–	–	–	99	100	88	91	100	100	–	–
Ethiopia	4,042	20,535	22,488	22	25	15	109	28	7 x	33 x	90	92	–	–	56	33	34	27
Fiji	66	161	140	23	19	14	30	–	–	–	100	100	–	–	–	–	–	–

Statistical Table: Adolescents (continued)

Countries and territories	Adolescents aged 15–19 who had sex before age 15 (%) 2005–2010*		Adolescents aged 15–19 who have comprehensive knowledge of HIV (%) 2005–2010*		Adolescents aged 15–19 who had higher-risk sex in the last 12 months (%) 2005–2010*		Adolescents aged 15–19 who used a condom at last higher-risk sex (%) 2005–2010*		Adolescents aged 10–19 living with HIV 2009†				Adolescents not living with biological parents (%) 2000–2010*		Adolescents aged 15–19 currently married or in union (%) 2000–2010*		Adolescents aged 15–19 who think a husband is justified in hitting his wife (%) 2002–2010*	
	male	female	male	female	male	female	male	female	male	low–high estimate	female	low–high estimate	aged 10–14	aged 15–17	male	female	male	female
Afghanistan	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Albania	1	1	21	36	97	54	56	20	–	–	–	–	1	2	1	8	37	24
Algeria	–	–	–	12	–	–	–	–	<1,000	[<500–1,900]	<500	[<500–<1,000]	2	2	–	2	–	66
Andorra	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Angola	–	–	–	–	–	–	–	–	5,400	[3,800–7,500]	11,000	[8,000–15,000]	–	–	–	–	–	–
Antigua and Barbuda	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Argentina	–	–	–	–	–	–	–	–	2,500	[<1,000–8,000]	1,800	[<1,000–3,100]	–	–	–	–	–	–
Armenia	3	<1	7	19	100 y	0	84 y	–	<100	[<100–<100]	<100	[<100–<100]	2	4	0	7	31	22
Australia	–	–	–	–	–	–	–	–	<500	[<200–1,100]	<500	[<200–<500]	–	–	–	–	–	–
Austria	–	–	–	–	–	–	–	–	<500	[<200–1,300]	<500	[<200–<1,000]	–	–	–	–	–	–
Azerbaijan	1	<1	2	3	96	–	33 y	–	<100	[<100–<200]	<500	[<200–<500]	1	4	0	10	63	39
Bahamas	–	–	–	–	–	–	–	–	<200	[<100–<500]	<500	[<100–<1,000]	–	–	–	–	–	–
Bahrain	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Bangladesh	–	–	–	7	–	–	–	–	<500	[<200–<1,000]	<500	[<200–<500]	5	19	–	46	–	41
Barbados	–	–	–	–	–	–	–	–	<100	[<100–<100]	<100	[<100–<100]	–	–	–	–	–	–
Belarus	–	–	–	32	–	–	–	–	<100	[<100–<100]	<200	[<100–<200]	2	3	–	4	–	–
Belgium	–	–	–	–	–	–	–	–	<100	[<100–<500]	<100	[<100–<100]	–	–	–	–	–	–
Belize	–	–	–	39	–	53	–	68 y	<200	[<100–<200]	<500	[<200–<500]	8	9	–	–	–	14
Benin	13	13	31	17	96	54	42	26	1,300	[<1,000–1,900]	2,500	[1,700–3,500]	18	23	2	22	12	41
Bhutan	–	2	–	22	–	1	–	–	<100	[<100–<100]	<100	[<100–<100]	10	13	–	15	–	70
Bolivia (Plurinational State of)	10	7	24	22	88	–	46	–	<500	[<200–1,200]	<500	[<200–<1,000]	10	14	4	13	–	17
Bosnia and Herzegovina	–	1	–	45	–	37	–	73	–	–	–	–	0	1	–	7	–	4
Botswana	3	2	–	–	–	–	–	–	5,400	[3,800–,7600]	9,200	[7,100–12,000]	28	–	–	–	–	–
Brazil	–	33	–	–	–	–	–	–	12,000	[7,000–9,000]	14,000	[8,000–23,000]	–	–	–	25	–	–
Brunei Darussalam	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Bulgaria	–	–	–	–	–	–	–	–	<100	[<100–<100]	<100	[<100–<100]	–	–	–	–	–	–
Burkina Faso	–	6	–	18	–	46	–	60	6,300	[4,600–8,500]	7,600	[5,300–11,000]	15	21	–	24	–	68
Burundi	–	3	–	30	–	30	–	26	7,300	[5,800–9,200]	10,000	[8,100–14,000]	13	14	–	10	–	–
Cambodia	<1	<1	41	43	70	1	80	–	2,200	[1,100–4,700]	2,300	[1,000–5,500]	9	11	2	8	–	49
Cameroon	–	13	–	32	–	55	–	62	14,000	[11,000–19,000]	29,000	[23,000–40,000]	22	32	–	22	–	58
Canada	–	–	–	–	–	–	–	–	<1,000	[<500–1,300]	<500	[<200–<1,000]	–	–	–	–	–	–
Cape Verde	32	11	36	37	97	79	78	64	–	–	–	–	19	–	2	8	24	23
Central African Republic	12	29	26	16	83	28	56	40	4,200	[2,600–5,800]	5,600	[3,500–7,900]	25	39	–	59	–	–
Chad	–	21	–	10	–	7	–	30	4,700	[3,200–9,600]	9,400	[6,400–20,000]	16	25	–	42	–	–
Chile	–	–	–	–	–	–	–	–	<1,000	[<500–2,700]	<1,000	[<500–1,100]	–	–	–	–	–	–
China	–	–	–	–	–	–	–	–	2,700	[1,700–4,200]	3,100	[1,800–5,000]	–	–	–	–	–	–
Colombia	–	14	–	21	–	66	–	50	3,200	[1,100–11,000]	2,500	[1,100–5,800]	9	–	–	14	–	–
Comoros	–	–	–	–	–	–	–	–	<100	[<100–<100]	<100	[<100–<100]	–	–	–	–	–	–
Congo	24	23	18	8	99	79	33	20	2,600	[2,000–3,400]	4,200	[3,300–5,700]	19	26	2	19	–	76
Cook Islands	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Costa Rica	–	–	–	–	–	–	–	–	<500	[<200–<500]	<200	[<100–<500]	–	–	–	10	–	–
Côte d'Ivoire	17	20	30	18	97	70	57	40	15,000	[10,000–24,000]	20,000	[13,000–29,000]	28	35	2	20	–	63
Croatia	–	–	–	–	–	–	–	–	<100	[<100–<100]	<100	[<100–<100]	–	–	–	–	–	–
Cuba	–	12	–	54	–	49	–	75	<500	[<200–<1,000]	<500	[<200–<500]	–	–	–	–	–	–
Cyprus	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Czech Republic	–	–	–	–	–	–	–	–	<100	[<100–<100]	<100	[<100–<100]	–	–	–	–	–	–
Democratic People's Republic of Korea	–	–	–	7	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Democratic Republic of the Congo	–	21	–	13	–	28	21	6	–	[12,000 – 20,000]	–	[24,000–40,000]	20	26	–	25	–	72
Denmark	–	–	–	–	–	–	–	–	<100	[<100–<200]	<100	[<100–<100]	–	–	–	–	–	–
Djibouti	–	–	–	16	–	–	–	–	<500	[<200–<1,000]	<1,000	[<500–1,000]	8	12	–	4	–	–
Dominica	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Dominican Republic	21	14	33	39	96	43	71	46	1,300	[<1,000–1,900]	2,300	[1,300–3,300]	19	–	3	19	14	6
Ecuador	–	–	–	–	–	–	–	–	1,100	[<500–3,700]	<1,000	[<500–1,400]	–	–	–	16	–	–
Egypt	–	–	16	3	–	–	–	–	<1,000	[<500–<1,000]	<500	[<500–<1,000]	1	3	–	13	–	50 y
El Salvador	–	–	–	–	–	–	–	–	<1,000	[<500–3,000]	<1,000	[<500–1,400]	–	–	–	21	–	–
Equatorial Guinea	–	–	–	–	–	–	–	–	<500	[<500–<1,000]	1,100	[<1,000–1,800]	–	–	–	–	–	–
Eritrea	–	–	–	–	–	–	–	–	<1,000	[<500–1,200]	<1,000	[<1,000–1,600]	9	–	–	29	–	70
Estonia	–	–	–	–	–	–	–	–	<100	[<100–<100]	<100	[<100–<100]	–	–	–	–	–	–
Ethiopia	2	11	32	21	68	7	44	27 y	–	–	–	–	14	21	2	22	53	77
Fiji	–	–	–	–	–	–	–	–	<100	[<100–<100]	<100	[<100–<100]	–	–	–	–	–	–

Statistical Table: Adolescents (continued)

Countries and territories	Population of adolescents aged 10–19 (thousands)			Adolescents aged 10–19 as a proportion of the total population (%)			Adolescent birth rate per 1,000 females aged 15–19	Women aged 20–24 who gave birth before age 18 (%)	Skilled attendant at birth among mothers under age 20 (%)	Adolescent girls aged 15–19 with a BMI <18.5 (%)	Effective transition rate from primary to secondary school (%) 2007–2010*		Secondary school net enrolment ratio (%) 2007–2010*		Youth literacy rate (%) 2005–2010*		Adolescents aged 15–19 with exposure to media at least once a week (%) 2000–2010*	
	1950	2010	2050	1950	2010	2050	2000–2010*	2000–2010*	2006–2010*	2006–2010*	male	female	male	female	male	female	male	female
Finland	637	634	620	16	12	11	9	–	–	–	100	100	95	96	–	–	–	–
France	5,957	7,460	8,365	14	12	12	11	–	–	–	–	–	98	100	–	–	–	–
Gabon	80	344	465	17	23	17	144 x	35	88 x	9 x	–	–	–	–	99	97	89	83
Gambia	58	409	769	21	24	19	104	–	62	–	82	84	–	–	71	60	–	–
Georgia	734	575	301	21	13	9	44	–	100 x	–	99	99	–	–	100	100	–	–
Germany	11,128	8,202	7,167	16	10	10	10	–	–	–	100	99	–	–	–	–	–	–
Ghana	1,120	5,327	8,624	22	22	18	70	16	50	16	98	97	48	44	81	79	90	85
Greece	1,561	1,091	1,135	21	10	10	12	–	–	–	–	–	91	91	99	99	–	–
Grenada	16	21	11	21	20	12	54	–	–	–	84	92	93	85	–	–	–	–
Guatemala	709	3,388	5,623	23	24	18	92	22	67	–	95	91	41	39	89	84	–	–
Guinea	628	2,286	4,499	20	23	20	153	44	45 x	19 x	63	53	35	22	68	54	66	55
Guinea-Bissau	103	343	625	20	23	20	137	–	45	–	–	–	–	–	78	64	–	–
Guyana	83	177	93	20	23	12	101	22	94	–	94	93	–	–	–	–	94	96
Haiti	704	2,265	2,151	22	23	15	69	15	30	22	–	–	–	–	74	70	88	83
Holy See	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Honduras	320	1,764	1,877	22	23	15	108	26	71	9	–	–	–	–	93	95	–	98
Hungary	1,493	1,097	941	16	11	10	20	–	–	–	100	100	92	91	99	99	–	–
Iceland	24	46	51	17	14	12	15	–	–	–	100	100	88	89	–	–	–	–
India	79,637	242,991	224,418	21	20	13	45	22	47	47	85	84	–	–	88	74	88	72
Indonesia	17,153	42,797	33,863	23	18	12	52	10	73	–	91	93	69	68	100	99	–	79 y
Iran (Islamic Republic of)	3,662	12,612	7,761	21	17	9	31	–	–	–	97	98	–	–	99	99	–	–
Iraq	1,143	7,262	15,853	20	23	19	68	–	88	–	–	–	48	38	85	80	–	–
Ireland	482	564	714	17	13	12	17	–	–	–	–	–	88	91	–	–	–	–
Israel	218	1,184	1,715	17	16	14	15	–	–	–	71	70	85	87	–	–	–	–
Italy	8,198	5,744	5,589	18	9	9	7	–	–	–	100	100	94	95	100	100	–	–
Jamaica	293	565	319	21	21	12	60	–	95 x	–	–	–	75	79	92	98	–	–
Japan	17,118	11,873	9,759	21	9	9	5	–	–	–	–	–	98	99	–	–	–	–
Jordan	99	1,408	1,370	22	23	14	32	4	98	6	100	100	80	83	99	99	–	97 y
Kazakhstan	1,562	2,497	3,046	23	16	14	31	6 x	100	–	100	100	87	87	100	100	–	–
Kenya	1,277	9,135	19,243	21	23	20	106	26	48	19	–	–	51	48	92	94	91	81
Kiribati	–	–	–	–	–	–	39	–	–	–	–	–	–	–	–	–	–	–
Kuwait	30	381	632	20	14	12	12	–	–	–	99	100	–	–	99	99	–	–
Kyrgyzstan	378	1,120	1,187	22	21	15	30	4 x	–	–	100	100	79	80	100	100	–	–
Lao People's Democratic Republic	358	1,516	1,033	21	24	12	110	–	20	–	84	79	39	33	89	79	–	–
Latvia	348	229	186	18	10	10	15	–	–	–	99	100	82	85	100	100	–	–
Lebanon	291	779	485	20	18	10	18	–	–	–	94	96	71	79	98	99	–	–
Lesotho	155	531	494	21	24	18	92	13	64	12	83	87	22	36	86	98	64	69
Liberia	203	891	1,938	22	22	20	177	38	50	18	67	64	–	–	70	81	73	63
Libya	222	1,105	1,029	22	17	12	4	–	–	–	–	–	–	–	100	100	–	–
Liechtenstein	–	–	–	–	–	–	4	–	–	–	100	97	87	80	–	–	–	–
Lithuania	491	412	278	19	12	10	20	–	–	–	99	99	91	93	100	100	–	–
Luxembourg	44	61	79	15	12	11	9	–	–	–	–	–	82	85	–	–	–	–
Madagascar	858	4,920	10,366	21	24	19	147	36	40	28	75	72	23	24	66	64	61	60
Malawi	638	3,583	11,235	22	24	23	177	34	60	16	85	83	26	24	87	86	84	70
Malaysia	1,307	5,455	5,916	21	19	14	12	–	–	–	100	98	66	71	98	99	–	–
Maldives	19	69	34	25	22	8	15	1	93	24	93	100	–	–	99	99	–	100
Mali	934	3,612	9,084	20	23	22	190	46	52	23	87	85	37	23	47	31	81	79
Malta	60	52	36	19	12	9	20	–	–	–	100	100	79	82	97	99	–	–
Marshall Islands	–	–	–	–	–	–	88	–	85	–	92	90	51	54	–	–	–	–
Mauritania	151	776	1,306	23	22	18	88	25	66	25 x	–	–	17	15	71	64	55	44
Mauritius	112	213	145	23	16	11	34	–	–	–	81	88	–	–	96	98	–	–
Mexico	6,008	21,669	16,668	22	19	12	90	–	–	–	95	94	72	74	99	98	–	–
Micronesia (Federated States of)	7	27	22	22	24	16	51	–	–	–	–	–	–	–	–	–	–	–
Monaco	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Mongolia	148	519	569	19	19	14	20	3	100	–	96	98	79	85	95	97	–	–
Montenegro	91	84	63	23	13	10	17	–	–	–	–	–	–	–	–	–	–	–
Morocco	2,021	6,168	4,527	23	19	12	18	8	66 x	15 x	90	84	–	–	87	72	–	90
Mozambique	1,386	5,402	10,196	22	23	20	185	42	65	13 x	61	64	16	14	78	64	95	88
Myanmar	3,409	8,763	6,186	20	18	11	17	–	62	–	74	73	49	50	96	95	–	–
Namibia	98	526	566	20	23	16	74	17	82	30	93	95	49	60	91	95	86	88
Nauru	–	–	–	–	–	–	84	22	91	–	–	–	–	–	–	–	–	–

Statistical Table: Adolescents (continued)

Countries and territories	Adolescents aged 15–19 who had sex before age 15 (%) 2005–2010*		Adolescents aged 15–19 who have comprehensive knowledge of HIV (%) 2005–2010*		Adolescents aged 15–19 who had higher-risk sex in the last 12 months (%) 2005–2010*		Adolescents aged 15–19 who used a condom at last higher-risk sex (%) 2005–2010*		Adolescents aged 10–19 living with HIV 2009†				Adolescents not living with biological parents (%) 2000–2010*		Adolescents aged 15–19 currently married or in union (%) 2000–2010*		Adolescents aged 15–19 who think a husband is justified in hitting his wife (%) 2002–2010*	
	male	female	male	female	male	female	male	female	male	low–high estimate	female	low–high estimate	aged 10–14	aged 15–17	male	female	male	female
Finland	–	–	–	–	–	–	–	–	<100	[<100–<200]	<100	[<100–<100]	–	–	–	–	–	–
France	–	–	–	–	–	–	–	–	2,000	[<1,000–6,300]	1,400	[<1,000–2,500]	–	–	–	–	–	–
Gabon	–	–	–	–	–	–	–	–	<1,000	[<1,000–1,300]	1,900	[1,100–2,700]	22	–	2	18	–	–
Gambia	–	4	–	40	–	18	–	49	<500	[<500–<1,000]	1,300	[<1,000–2,300]	21	31	–	25	–	71
Georgia	–	–	–	12	–	–	–	–	<100	[<100–<100]	<100	[<100–<100]	2	7	–	11	–	5
Germany	–	–	–	–	–	–	–	–	1,200	[<1,000–1,500]	<500	[<500–<500]	–	–	–	–	–	–
Ghana	4	8	30	28	96	74	40	24	6,800	[4,900–9,600]	12,000	[9,100–17,000]	23	27	1	8	28	41
Greece	–	–	–	–	–	–	–	–	<200	[<100–<500]	<100	[<100–<200]	–	–	–	–	–	–
Grenada	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Guatemala	14	7	24	20	–	–	–	–	2,000	[<1,000–6,400]	1,600	[<1,000–2,800]	–	–	–	20	–	–
Guinea	18	20	20	17	99	47	34	24	2,500	[1,700–3,800]	4,000	[2,600–5,600]	19	–	3	36	–	79
Guinea-Bissau	–	27	–	12	–	75	–	46	<500	[<500–<1,000]	<1,000	[<1,000–1,400]	24	30	–	19	–	39
Guyana	16	10	45	53	97	52	85	59	<500	[<100–<500]	<500	[<100–<1,000]	13	16	–	14	–	19
Haiti	42	15	34	31	99	71	33	32	4,100	[3,000–5,600]	6,500	[4,800–8,900]	25	32	2	17	–	29
Holy See	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Honduras	–	10	–	28	–	21	–	23	1,200	[<500–3,800]	1,000	[<500–1,700]	15	21	–	20	–	18
Hungary	–	–	–	–	–	–	–	–	<100	[<100–<500]	<100	[<100–<100]	–	–	–	–	–	–
Iceland	–	–	–	–	–	–	–	–	<100	[<100–<100]	<100	[<100–<100]	–	–	–	–	–	–
India	3	8	35	19	63	1	31	20 y	49,000	[43,000–56,000]	46,000	[41,000–53,000]	5	10	5	30	57	53
Indonesia	–	–	2 y	6 y	–	–	–	–	1,300	[<1,000–2,100]	1,600	[<1,000–2,700]	9	–	–	13	–	41 y
Iran (Islamic Republic of)	–	–	–	–	–	–	–	–	<500	[<500–<500]	<500	[<500–<1,000]	–	–	–	16	–	–
Iraq	–	–	–	2	–	–	–	–	–	–	–	–	2	9	–	19	–	57
Ireland	–	–	–	–	–	–	–	–	<100	[<100–<500]	<100	[<100–<100]	–	–	–	–	–	–
Israel	–	–	–	–	–	–	–	–	<100	[<100–<500]	<100	[<100–<200]	–	–	–	–	–	–
Italy	–	–	–	–	–	–	–	–	<500	[<200–<500]	<500	[<200–<500]	–	–	–	–	–	–
Jamaica	–	–	–	59	–	–	–	–	<1,000	[<500–2,900]	<1,000	[<500–1,500]	16	21	–	5	–	6
Japan	–	–	–	–	–	–	–	–	<100	[<100–<500]	<100	[<100–<200]	–	–	–	–	–	–
Jordan	–	–	–	12 y	–	–	–	–	–	–	–	–	1	2	–	6	–	91 y
Kazakhstan	–	–	–	22	–	–	–	–	<500	[<200–<500]	<1,000	[<1,000–1,400]	–	–	–	5	–	7
Kenya	22	12	52	42	98	56	55	41	54,000	[39,000–71,000]	82,000	[61,000–110,000]	16	21	0	12	54	57
Kiribati	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Kuwait	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Kyrgyzstan	–	<1	–	19	–	11	–	–	<100	[<100–<200]	<100	[<100–<200]	5	8	–	8	–	28
Lao People's Democratic Republic	–	9	–	–	–	–	–	–	<500	[<500–<500]	<500	[<500–<1,000]	4	9	–	–	–	79
Latvia	–	–	–	–	–	–	–	–	<100	[<100–<100]	<100	[<100–<100]	–	–	–	–	–	–
Lebanon	–	–	–	–	–	–	–	–	<100	[<100–<200]	<100	[<100–<100]	–	–	–	–	–	–
Lesotho	26	9	28	35	–	–	65	63	6,800	[5,100–9,300]	13,000	[11,000–18,000]	40	47	1	16	54	48
Liberia	9	19	21	18	96	76	16	12	1,200	[<500–2,200]	1,600	[<1,000–2,900]	30	32	3	19	37	48
Libya	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Liechtenstein	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Lithuania	–	–	–	–	–	–	–	–	<100	[<100–<100]	<100	[<100–<100]	–	–	–	–	–	–
Luxembourg	–	–	–	–	–	–	–	–	<100	[<100–<100]	<100	[<100–<100]	–	–	–	–	–	–
Madagascar	8	17	26	23	–	–	–	–	<1,000	[<500–2600]	<1,000	[<500–1,100]	18	26	11	34	33	35
Malawi	26	12	45	40	92	29	54	37	32,000	[24,000–43,000]	49,000	[38,000–66,000]	29	34	–	33	28	32
Malaysia	–	–	–	–	–	–	–	–	<500	[<500–<500]	<200	[<100–<500]	–	–	–	–	–	–
Maldives	–	<1	–	22 y	–	–	–	–	<100	[<100–<100]	<100	[<100–<100]	6	15	–	5	–	41
Mali	–	17	–	14	–	34	–	14	2,600	[1,100–4,800]	3,600	[1,600–6,500]	15	–	–	40	–	83
Malta	–	–	–	–	–	–	–	–	<100	[<100–<100]	<100	[<100–<100]	–	–	–	–	–	–
Marshall Islands	25	15	35	27	96	60	21	10	–	–	–	–	–	–	–	–	–	–
Mauritania	–	–	10	4	–	–	–	–	<500	[<200–1,400]	<500	[<200–<1,000]	12	16	–	25	–	–
Mauritius	–	–	–	–	–	–	–	–	<100	[<100–<100]	<100	[<100–<100]	–	–	–	–	–	–
Mexico	–	4	–	–	–	–	–	–	4,600	[3,400–6,700]	4,400	[3,300–6,300]	–	–	–	15	–	–
Micronesia (Federated States of)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Monaco	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Mongolia	–	<1	–	32	–	–	–	–	<100	[<100–<100]	<100	[<100–<100]	4	5	–	4	–	17
Montenegro	–	<1	–	29	–	–	–	–	–	–	–	–	–	–	–	2	–	6
Morocco	–	–	–	–	–	–	–	–	<1,000	[<500–3,000]	<1,000	[<500–1,200]	–	–	–	11	–	64
Mozambique	27	23	31	37	–	43	–	43	26,000	[20,000–36,000]	63,000	[51,000–88,000]	22	34	–	40	–	37
Myanmar	–	–	–	31	–	–	–	–	5,200	[4,400–6,100]	4,900	[4,100–5,700]	–	–	–	–	–	–
Namibia	19	7	59	62	98	84	81	67	2,300	[1,300–3,700]	3,800	[2,400–5,600]	44	47	0	5	44	38
Nauru	35	15	8	8	96	70	–	–	–	–	–	–	–	–	–	–	–	–

Statistical Table: Adolescents (continued)

Countries and territories	Population of adolescents aged 10–19 (thousands)			Adolescents aged 10–19 as a proportion of the total population (%)			Adolescent birth rate per 1,000 females aged 15–19	Women aged 20–24 who gave birth before age 18 (%)	Skilled attendant at birth among mothers under age 20 (%)	Adolescent girls aged 15–19 with a BMI <18.5 (%)	Effective transition rate from primary to secondary school (%) 2007–2010*		Secondary school net enrolment ratio (%) 2007–2010*		Youth literacy rate (%) 2005–2010*		Adolescents aged 15–19 with exposure to media at least once a week (%) 2000–2010*	
	1950	2010	2050	1950	2010	2050	2000–2010*	2000–2010*	2006–2010*	2006–2010*	male	female	male	female	male	female	male	female
Nepal	1,883	6,935	6,257	23	23	13	106	23	22	26	88	88	–	–	87	77	88	80
Netherlands	1,630	2,013	1,938	16	12	11	5	–	–	–	–	–	87	88	–	–	–	–
New Zealand	279	618	678	15	14	12	34	–	–	–	–	–	95	97	–	–	–	–
Nicaragua	300	1,326	1,016	23	23	13	109	28	76	7 x	100	94	–	–	85	89	–	95
Niger	588	3,644	12,587	24	23	23	199	51	17	34	69	76	13	8	52	23	66	48
Nigeria	8,196	35,326	80,709	22	22	21	123	28	25	19	–	–	29	22	78	65	82	64
Niue	–	–	–	–	–	–	53	–	–	–	–	–	–	–	–	–	–	–
Norway	418	646	716	13	13	12	9	–	–	–	100	100	95	95	–	–	–	–
Occupied Palestinian Territory	207	1,022	1,746	22	25	18	60	–	–	–	97	97	82	87	99	99	–	–
Oman	100	495	361	22	18	10	14	–	–	–	–	–	83	81	98	98	–	–
Pakistan	8,087	39,911	39,103	22	23	14	16	10	39	–	75	73	36	29	79	61	–	–
Palau	–	–	–	–	–	–	29	–	–	–	–	–	–	–	–	–	–	–
Panama	174	639	653	20	18	13	87	–	–	–	98	99	63	69	97	96	–	–
Papua New Guinea	369	1,521	2,352	22	22	17	70	–	62	–	–	–	–	–	65	70	–	–
Paraguay	343	1,376	1,520	23	21	15	65	16 x	–	–	90	90	58	62	99	99	–	–
Peru	1,666	5,771	4,833	22	20	12	69	15	82	6	97	95	–	–	98	97	–	91
Philippines	4,045	20,201	24,198	22	22	16	53	7	59	–	100	98	55	66	97	98	–	94
Poland	4,735	4,487	3,275	19	12	9	16	–	–	–	100	99	92	94	100	100	–	–
Portugal	1,612	1,100	819	19	10	9	16	–	–	–	–	–	–	–	100	100	–	–
Qatar	5	136	207	21	8	8	15	–	–	–	100	99	65	96	98	98	–	–
Republic of Korea	4,238	6,595	4,290	22	14	9	2	–	–	–	100	100	98	94	–	–	–	–
Republic of Moldova	473	495	251	20	14	9	24	5	100 x	16 x	99	98	79	80	99	100	99	98
Romania	3,268	2,318	1,795	20	11	10	39	–	–	–	100	99	80	82	97	98	–	–
Russian Federation	22,155	14,646	13,678	22	10	11	30	–	–	–	100	100	–	–	100	100	–	–
Rwanda	471	2,314	5,139	23	22	20	43	7	83	17 x	–	–	–	–	77	77	79	60
Saint Kitts and Nevis	–	–	–	–	–	–	67	–	–	–	93	100	85	92	–	–	–	–
Saint Lucia	18	33	22	21	19	11	50	–	–	–	96	99	–	–	–	–	–	–
Saint Vincent and the Grenadines	15	21	13	22	19	11	72	–	–	–	–	–	85	95	–	–	–	–
Samoa	19	43	41	23	23	19	29	5	86	–	–	–	–	–	99	100	97	97
San Marino	–	–	–	–	–	–	1	–	–	–	94	100	–	–	–	–	–	–
Sao Tome and Principe	7	40	49	12	24	17	110	25	86	14	73	72	30	35	95	96	96	95
Saudi Arabia	666	4,931	5,215	21	18	12	7	–	–	–	100	98	70	76	99	97	–	–
Senegal	522	2,941	5,530	22	24	19	96	22	51 x	34 x	74	69	–	–	74	56	61	89
Serbia	1,311	1,225	885	19	12	10	22	–	–	–	100	99	89	91	99	99	–	–
Seychelles	–	–	–	–	–	–	59	–	–	–	99	98	95	99	99	99	–	–
Sierra Leone	395	1,332	2,074	21	23	19	143	40	45	16	–	–	–	–	68	48	66	51
Singapore	215	740	574	21	15	9	5	–	–	–	88	94	–	–	100	100	–	–
Slovakia	604	661	494	18	12	9	22	–	–	–	99	99	–	–	–	–	–	–
Slovenia	265	197	187	18	10	9	5	–	–	–	100	99	91	92	100	100	–	–
Solomon Islands	21	119	203	23	22	17	70	15	69	–	–	–	32	29	–	–	–	–
Somalia	476	2,078	6,313	21	22	22	123	–	31	–	–	–	–	–	–	–	–	–
South Africa	2,825	9,956	8,442	21	20	15	54	15	93 x	–	95	95	–	–	97	98	–	–
South Sudan[§]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Spain	5,064	4,276	4,842	18	9	9	13	–	–	–	100	100	94	97	100	100	–	–
Sri Lanka	1,611	3,173	2,843	20	15	12	23	4	98	–	97	98	–	–	97	99	–	–
Sudan[§]	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Suriname	44	95	74	20	18	12	66	–	91	–	58	78	–	–	99	99	–	–
Swaziland	60	303	292	22	26	17	111	28	82	7	–	–	31	26	92	95	94	89
Sweden	865	1,121	1,218	12	12	11	6	–	–	–	100	100	98	98	–	–	–	–
Switzerland	641	877	758	14	11	10	4	–	–	–	99	100	86	82	–	–	–	–
Syrian Arab Republic	728	4,707	4,477	21	23	14	75	–	97	–	97	98	70	69	96	93	–	–
Tajikistan	369	1,681	1,685	24	24	16	27	–	93	–	–	–	88	77	100	100	–	–
Thailand	4,821	10,267	7,165	23	15	10	43	–	100	–	–	–	68	77	98	98	–	–
The former Yugoslav Republic of Macedonia	256	286	173	21	14	9	20	–	100 x	–	99	99	–	–	99	99	–	–
Timor-Leste	94	295	589	22	26	20	54	9	33	33	–	–	–	–	–	–	61	62
Togo	294	1,393	1,892	21	23	17	89 x	19 x	71	–	82	73	–	–	85	68	–	–
Tonga	11	23	26	24	22	19	16	–	–	–	–	–	–	–	99	100	–	–
Trinidad and Tobago	119	196	135	19	15	10	33	–	–	–	92	97	–	–	100	100	–	–
Tunisia	705	1,757	1,300	20	17	10	6	–	–	–	94	95	–	–	98	96	–	–
Turkey	4,772	13,042	10,258	22	18	11	51	8	90	1	–	–	77	70	99	97	–	–

Statistical Table: Adolescents (continued)

Countries and territories	Adolescents aged 15–19 who had sex before age 15 (%) 2005–2010*		Adolescents aged 15–19 who have comprehensive knowledge of HIV (%) 2005–2010*		Adolescents aged 15–19 who had higher-risk sex in the last 12 months (%) 2005–2010*		Adolescents aged 15–19 who used a condom at last higher-risk sex (%) 2005–2010*		Adolescents aged 10–19 living with HIV 2009†				Adolescents not living with biological parents (%) 2000–2010*		Adolescents aged 15–19 currently married or in union (%) 2000–2010*		Adolescents aged 15–19 who think a husband is justified in hitting his wife (%) 2002–2010*	
	male	female	male	female	male	female	male	female	male	low–high estimate	female	low–high estimate	aged 10–14	aged 15–17	male	female	male	female
Nepal	3	6	45	29	35	1	80	–	2,000	[<1,000–5,800]	1,600	[<1,000–2,600]	8	19	10	32	27	24
Netherlands	–	–	–	–	–	–	–	–	<200	[<100–<1,000]	<200	[<100–<500]	–	–	–	–	–	–
New Zealand	–	–	–	–	–	–	–	–	<100	[<100–<200]	<100	[<100–<100]	–	–	–	–	–	–
Nicaragua	–	13	–	–	–	–	–	–	<500	[<200–<500]	<200	[<200–<500]	11	–	–	24	–	19
Niger	5	26	14	12	76	1	31 y	–	1,600	[1,200–2,100]	2,800	[2,100–3,700]	13	–	3	59	–	68
Nigeria	6	15	28	20	95	33	36	29	100,000	[76,000–130,000]	180,000	[150,000–250,000]	15	30	1	29	35	40
Niue	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Norway	–	–	–	–	–	–	–	–	<100	[<100–<200]	<100	[<100–<100]	–	–	–	–	–	–
Occupied Palestinian Territory	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	13	–	–
Oman	–	–	–	–	–	–	–	–	<100	[<100–<100]	<100	[<100–<100]	–	–	–	–	–	–
Pakistan	–	–	–	2	–	–	–	–	3,200	[1,300–9,600]	2,100	[<1,000–3,400]	–	–	–	16	–	–
Palau	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Panama	–	–	–	–	–	–	–	–	<1,000	[<200–1,600]	<500	[<200–<1,000]	–	–	–	–	–	–
Papua New Guinea	4	4	–	–	–	–	–	–	<1,000	[<500–<1,000]	1,300	[<1,000–1,900]	–	–	3	15	–	–
Paraguay	–	7	–	–	–	–	–	–	<500	[<200–1,200]	<500	[<200–<500]	–	–	–	11	–	–
Peru	–	6	–	17	–	–	–	31	1,700	[1,100–2,500]	1,100	[<1,000–1,700]	9	–	–	11	–	–
Philippines	–	2	–	19	–	16	–	9	<500	[<200–1,400]	<500	[<200–<1,000]	–	–	–	10	–	15
Poland	–	–	–	–	–	–	–	–	<500	[<100–<1,000]	<200	[<100–<500]	–	–	–	–	–	–
Portugal	–	–	–	–	–	–	–	–	<500	[<200–1,500]	<500	[<200–<1,000]	–	–	–	–	–	–
Qatar	–	–	–	–	–	–	–	–	<100	[<100–<100]	<100	[<100–<100]	–	–	–	–	–	–
Republic of Korea	–	–	–	–	–	–	–	–	<500	[<100–<1,000]	<200	[<100–<500]	–	–	–	–	–	–
Republic of Moldova	9	1	–	–	94	54	65	47	<100	[<100–<100]	<100	[<100–<100]	7	–	1	10	25	24
Romania	–	–	–	–	–	–	–	–	<500	[<100–<1,000]	<200	[<100–<500]	–	–	–	–	–	–
Russian Federation	–	–	–	–	–	–	–	–	1,900	[1,500–2,300]	5,200	[4,200–6,200]	–	–	–	–	–	–
Rwanda	15	5	49	45	96	53	37	28	5,700	[3,900–7,000]	6,900	[4,800–8,500]	21	25	1	3	–	51
Saint Kitts and Nevis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Saint Lucia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Saint Vincent and the Grenadines	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Samoa	–	–	5	2	–	–	–	–	–	–	–	–	13	15	1	7	50	58
San Marino	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Sao Tome and Principe	12	10	39	39	97	48	65	54	–	–	–	–	23	27	1	20	25	23
Saudi Arabia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Senegal	13	9	21	18	98	14	44	31	1,300	[<1,000–1,800]	2,900	[2,200–4,100]	20	–	6	29	–	66
Serbia	–	1	–	43	–	73	–	87	<200	[<100–<500]	<100	[<100–<200]	1	4	–	6	–	5
Seychelles	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Sierra Leone	11	22	26	16	89	56	15	8	<1,000	[<500–1,300]	2,100	[1,300–3,600]	34	38	1	30	57	55
Singapore	–	–	–	–	–	–	–	–	<100	[<100–<500]	<100	[<100–<100]	–	–	–	–	–	–
Slovakia	–	–	–	–	–	–	–	–	<100	[<100–<100]	<100	[<100–<100]	–	–	–	–	–	–
Slovenia	–	–	–	–	–	–	–	–	<100	[<100–<100]	<100	[<100–<100]	–	–	–	–	–	–
Solomon Islands	16	15	26	29	99	68	30	13	–	–	–	–	–	–	–	–	73	72
Somalia	–	–	–	3	–	–	–	–	1,100	[<1,000–1,800]	2,000	[1,400–3,300]	11	14	–	25	–	75 y
South Africa	–	–	–	–	–	–	–	–	82,000	[74,000–92,000]	210,000	[190,000–230,000]	27	–	2	4	–	–
South Sudan§	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Spain	–	–	–	–	–	–	–	–	1,300	[1,000–1,600]	<1,000	[<500–<1,000]	–	–	–	–	–	–
Sri Lanka	–	–	–	–	–	–	–	–	<100	[<100–<200]	<100	[<100–<200]	–	–	–	9	–	54 y
Sudan§	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Suriname	–	9	–	41	–	77	–	56	<100	[<100–<500]	<100	[<100–<200]	11	12	–	11	–	19
Swaziland	2	3	52	56	99	83	94	66	3,600	[2,700–4,900]	7,400	[5,900–10,000]	40	44	0	7	59	54
Sweden	–	–	–	–	–	–	–	–	<100	[<100–<500]	<100	[<100–<200]	–	–	–	–	–	–
Switzerland	–	–	–	–	–	–	–	–	<500	[<100–<1,000]	<200	[<100–<500]	–	–	–	–	–	–
Syrian Arab Republic	–	–	–	6	–	–	–	–	–	–	–	–	1	3	–	10	–	–
Tajikistan	4	<1	9	11	–	–	–	–	<100	[<100–<100]	<100	[<100–<100]	2	4	–	6	–	85 y
Thailand	–	–	–	46	–	–	–	–	9,000	[7,200–11,000]	11,000	[8,500–14,000]	19	17	–	15	–	–
The former Yugoslav Republic of Macedonia	–	1	–	23	–	88	–	88	–	–	–	–	1	1	–	2	–	14
Timor-Leste	1	1	15	11	–	–	–	–	–	–	–	–	12	19	0	8	72	81
Togo	–	12	–	33	–	66	–	51	2,800	[1,900–3,900]	5,600	[4,000–7,900]	23	28	–	12	–	54
Tonga	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Trinidad and Tobago	–	5	–	49	–	78	–	57	<500	[<200–1,200]	<500	[<200–<1,000]	9	10	–	6	–	10
Tunisia	–	–	–	–	–	–	–	–	<100	[<100–<500]	<100	[<100–<200]	–	–	–	–	–	–
Turkey	–	–	–	–	–	–	–	–	<200	[<100–<500]	<200	[<100–<200]	2	6	–	10	–	30

Statistical Table: Adolescents (continued)

Countries and territories	Population of adolescents aged 10–19 (thousands)			Adolescents aged 10–19 as a proportion of the total population (%)			Adolescent birth rate per 1,000 females aged 15–19	Women aged 20–24 who gave birth before age 18 (%)	Skilled attendant at birth among mothers under age 20 (%)	Adolescent girls aged 15–19 with a BMI <18.5 (%)	Effective transition rate from primary to secondary school (%) 2007–2010*		Secondary school net enrolment ratio (%) 2007–2010*		Youth literacy rate (%) 2005–2010*		Adolescents aged 15–19 with exposure to media at least once a week (%) 2000–2010*	
	1950	2010	2050	1950	2010	2050	2000–2010*	2000–2010*	2006–2010*	2006–2010*	male	female	male	female	male	female	male	female
Turkmenistan	268	1,031	828	22	20	12	21	2	97 x	16 x	–	–	–	–	100	100	–	96
Tuvalu	–	–	–	–	–	–	23	3	–	–	–	–	–	–	–	–	–	–
Uganda	1,114	8,063	20,476	22	24	22	159	35	50	16	65	61	22	21	90	85	87	78
Ukraine	7,358	4,889	3,757	20	11	10	30	3	99	–	100	100	85	85	100	100	99	99
United Arab Emirates	15	877	924	21	12	8	22	–	–	–	–	–	82	84	94	97	–	–
United Kingdom	6,547	7,483	8,247	13	12	11	26	–	–	–	–	–	92	95	–	–	–	–
United Republic of Tanzania	1,734	10,198	30,371	23	23	22	116	28	55	18	40	32	–	–	78	76	79	70
United States	22,791	41,449	50,105	14	13	12	40	–	–	–	–	–	87	89	–	–	–	–
Uruguay	401	526	422	18	16	12	60	–	–	–	83	94	66	73	98	100	–	–
Uzbekistan	1,408	5,941	4,213	22	22	12	26	4	–	–	100	99	93	91	100	100	–	–
Vanuatu	11	53	88	23	22	17	92 x	–	73	–	–	–	–	–	94	94	–	–
Venezuela (Bolivarian Republic of)	1,068	5,482	5,361	21	19	13	101	–	–	–	98	98	67	75	98	99	–	–
Viet Nam	5,583	15,807	10,291	20	18	10	35	4	74 x	–	–	–	–	–	97	96	97	94
Yemen	926	5,974	11,630	21	25	19	80	25 x	37	–	–	–	–	–	96	72	–	–
Zambia	524	3,087	10,604	22	24	24	151	34	54	15	74	75	–	–	82	67	80	71
Zimbabwe	600	3,223	3,292	22	26	16	101	21	51	15	–	–	–	–	98	99	68	60
MEMORANDUM§																		
Sudan and South Sudan	2,016	9,804	16,221	22	23	18	72 x	17 x	48	–	91	100	–	–	89	83	–	–
SUMMARY INDICATORS#																		
Africa	49,285	228,066	415,185	21	22	19	108	25	51	18	79	77	36	30	79	70	72	65
Sub-Saharan Africa	40,049	196,540	386,509	22	23	20	123	28	48	20	78	76	30	24	77	67	72	61
Eastern and Southern Africa	18,167	92,302	172,682	22	23	19	116	27	54	–	74	73	32	28	79	72	68	61
West and Central Africa	19,851	94,232	197,344	21	23	20	130	29	45	21	80	77	29	20	73	61	74	61
Middle East and North Africa	19,164	82,264	96,003	21	20	14	38	–	70	–	95	97	65	58	93	87	–	–
Asia	253,929	655,548	533,600	21	18	12	36	19 **	50 **	45 **	86 **	85 **	63	48	92	86	89 **	74 **
South Asia	101,265	332,513	309,645	21	20	13	53	22	44	45	84	83	–	–	85	72	88	71
East Asia and the Pacific	152,663	323,035	223,955	20	16	10	19	8 **	70 **	–	93 **	93 **	66	68	99	99	–	86 **
Latin America and the Caribbean	34,849	108,361	89,146	21	19	12	81	–	88	6	96	96	71	76	97	97	–	–
CEE/CIS	50,014	55,069	46,167	21	14	11	34	–	–	–	100	99	82	81	99	99	–	–
Industrialized countries	100,787	114,933	122,298	16	12	11	22	–	–	–			90	92	100	100	–	–
Developing countries	356,851	1,061,866	1,113,911	21	19	14	56	20 **	55 **	32 **	86 **	85 **	61	49	91	85	83 **	72 **
Least developed countries	42,260	190,445	315,418	22	23	18	123	32	50	26	77	75	31	25	75	66	67	59
World	496,762	1,202,710	1,257,241	20	18	14	52	20 **	55 **	–	86 **	86 **	65	55	92	87	–	72 **

NOTES

\# For a complete list of countries and territories in the regions, subregions and country categories, see page 52.

§ Because of the cession in July 2011 of the Republic of South Sudan by the Republic of the Sudan, and its subsequent admission to the United Nations on 14 July 2011, disaggregated data for the Sudan and South Sudan as separate States are not yet available for most indicators. Aggregated data presented are for the Sudan pre-cession (see Memorandum item preceding the Summary Indicators in the table).

– Data not available.

x Data refer to years or periods other than those specified in the column heading. Such data are not included in the calculation of regional and global averages.

y Data differ from the standard definition or refer to only part of a country. Such data are included in the calculation of regional and global averages.

* Data refer to the most recent year available during the period specified in the column heading.

** Excludes China.

† Regional data on the number of adolescents living with HIV are for the year 2010 and are derived from *Global HIV/AIDS Response: Epidemic update and health sector progress towards Universal Access – Progress report 2011*, which was released in November 2011 by the World Health Organization, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and UNICEF. Please note that the corresponding country data are not revised in the update and therefore refer to the year 2009.

DEFINITIONS OF THE INDICATORS

Adolescent birth rate – Number of births per 1,000 females 15–19 years old.

Women who gave birth before age 18 – Percentage of females 20–24 years old who gave birth before age 18. This standardized indicator from population-based surveys captures levels of fertility among adolescents up to the age of 18. Note that the data are based on the answers of females 20–24 years old, whose risk of giving birth before the age of 18 is behind them.

Skilled attendant at birth – Percentage of births among mothers under 20 years old attended by skilled heath personnel (doctors, nurses or midwives).

Adolescent girls aged 15–19 with a BMI <18.5 – Percentage of non-pregnant females 15–19 years old whose body mass index is below 18.5 kg/m^2.

Effective transition rate from primary to secondary school – Number of new entrants to the first grade of secondary education in a given year, expressed as a percentage of students enrolled in the last grade of primary education in the previous year who are not repeating that grade during the year in question. Applies to general education programmes only.

Secondary school net enrolment ratio – Number of children enrolled in secondary school who are of official secondary school age, expressed as a percentage of the total number of children of official secondary school age. The secondary net enrolment ratio does not include secondary-school-aged children enrolled in tertiary education, owing to challenges in age reporting and recording at that level.

Youth literacy rate – Number of literate persons 15–24 years old, expressed as a percentage of the total population in that group.

Exposure to media – Percentage of the population 15–19 years old who make use of at least one of the following types of information media at least once a week: newspaper, magazine, television or radio.

Sex before age 15 – Percentage of the population 15–19 years old who say they had sex before age 15.

Statistical Table: Adolescents (continued)

Countries and territories	Adolescents aged 15–19 who had sex before age 15 (%) 2005–2010*		Adolescents aged 15–19 who have comprehensive knowledge of HIV (%) 2005–2010*		Adolescents aged 15–19 who had higher-risk sex in the last 12 months (%) 2005–2010*		Adolescents aged 15–19 who used a condom at last higher-risk sex (%) 2005–2010*		Adolescents aged 10–19 living with HIV 2009†				Adolescents not living with biological parents (%) 2000–2010*		Adolescents aged 15–19 currently married or in union (%) 2000–2010*		Adolescents aged 15–19 who think a husband is justified in hitting his wife (%) 2002–2010*	
	male	female	male	female	male	female	male	female	male	low–high estimate	female	low–high estimate	aged 10–14	aged 15–17	male	female	male	female
Turkmenistan	–	–	–	4	–	–	–	–	–	–	–	–	1	3	–	5	–	37 y
Tuvalu	19	2	57	31	55	–	–	–	–	–	–	–	–	–	–	–	83	69
Uganda	14	12	38	31	94	44	46	36	49,000	[38,000–61,000]	78,000	[63,000–100,000]	26	33	2	20	69	70
Ukraine	3	1	33	39	96	70	74	73	<1,000	[<1,000–<1,000]	1,800	[1,400–2,200]	3	5	3	6	8	3
United Arab Emirates	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
United Kingdom	–	–	–	–	–	–	–	–	1,400	[<1,000–5,200]	<1,000	[<500–1,700]	–	–	–	–	–	–
United Republic of Tanzania	8	1	41	46	95	49	41	48	47,000	[36,000–61,000]	76,000	[61,000–100,000]	21	31	4	18	39	52
United States	–	–	–	–	–	–	–	–	17,000	[9,700–31,000]	11,000	[6,500–21,000]	–	–	–	–	–	–
Uruguay	–	–	–	–	–	–	–	–	<500	[<100–<1,000]	<200	[<100–<500]	–	–	–	–	–	–
Uzbekistan	–	–	–	27	–	–	–	–	<200	[<100–<500]	<200	[<200–<500]	2	5	–	5	63	63
Vanuatu	–	–	–	14	–	–	–	–	–	–	–	–	13	12	–	13	–	–
Venezuela (Bolivarian Republic of)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	16	–	–
Viet Nam	<1	1	–	45	52 y	4	–	–	<1,000	[<1,000–1,400]	1,100	[<1,000–1,700]	3	3	–	5	–	53
Yemen	–	–	–	2 y	–	–	–	–	–	–	–	–	2	6	–	19	–	–
Zambia	9	7	38	36	94	48	31	33	31,000	[24,000–41,000]	49,000	[40,000–66,000]	30	39	1	18	55	61
Zimbabwe	5	5	–	51	97	24	54	41	44,000	[34,000–60,000]	60,000	[47,000–82,000]	34	39	–	21	–	57
MEMORANDUM§																		
Sudan and South Sudan	–	–	–	–	–	–	–	–	6,700	[4,900–9,900]	19,000	[14,000–28,000]	9	12	–	25	–	–
SUMMARY INDICATORS#																		
Africa	10	14	31	23	90	36	40	31	670,000	[600,000–750,000]	1,200,000	[1,000,000–1,300,000]	17	24	2	22	–	57
Sub-Saharan Africa	10	14	33	25	90	36	40	31	670,000	[590,000–750,000]	1,200,000	[1,000,000–1,300,000]	19	27	2	24	43	57
Eastern and Southern Africa	11	12	38	33	86	34	46	37	480,000	[420,000–530,000]	800,000	[710,000–890,000]	21	27	3	19	50	60
West and Central Africa	8	16	27	19	94	38	35	27	190,000	[160,000–220,000]	350,000	[300,000–400,000]	18	29	1	28	–	55
Middle East and North Africa	–	–	–	5	–	–	–	–	9,400	[6,100–13,000]	14,000	[8,800–18,000]	3	6	–	15	–	–
Asia	3**	7**	30**	17**	62**	2**	33**	19**	97,000	[71,000–130,000]	90,000	[65,000–120,000]	6**	11**	5**	25**	56**	48**
South Asia	3	8	35	16	62	1	33	20	58,000	[34,000–85,000]	51,000	[30,000–75,000]	5	11	5	30	56	51
East Asia and the Pacific	–	–	–	22**	–	–	–	–	40,000	[34,000–45,000]	40,000	[34,000–45,000]	9**	–	–	11**	–	38**
Latin America and the Caribbean	–	17	–	–	–	–	–	–	33,000	[24,000–41,000]	35,000	[26,000–44,000]	–	–	–	18	–	–
CEE/CIS	–	–	–	–	–	–	–	–	33,000	[27,000–44,000]	33,000	[27,000–44,000]	2	5	–	7	–	31
Industrialized countries	–	–	–	–	–	–	–	–	28,000	[23,000–34,000]	18,000	[15,000–22,000]	–	–	–	–	–	–
Developing countries	5**	11**	30**	19**	–	16**	–	25**	810,000	[720,000–900,000]	1,300,000	[1,100,000–1,400,000]	10**	15**	–	22**	–	50**
Least developed countries	–	14	–	21	–	29	–	30	320,000	[290,000–360,000]	530,000	[460,000–590,000]	15	23	–	29	–	56
World	–	11**	–	19**	–	–	–	–	870,000	[770,000–960,000]	1,300,000	[1,200,000–1,500,000]	10**	15**	–	22**	–	49**

Comprehensive knowledge of HIV – Percentage of the population 15–19 years old who correctly identify the two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission and who know that a healthy-looking person can be HIV-positive.

Higher-risk sex – Percentage of the population 15–19 years old who had sex with a non-marital, non-cohabiting partner in the last 12 months.

Condom use at last higher-risk sex – Percentage of the population 15–19 years old who have had sex with a non-marital, non-cohabiting partner during the past 12 months and who say they used a condom the last time they had sex with such a partner.

Adolescents aged 10–19 living with HIV – Estimated number of persons 10–19 years old living with HIV as of 2009.

Adolescents not living with biological parents – Percentage of the population 10–17 years old not living with either biological parent.

Marital status – Percentage of the population 15–19 years old who are currently married or in union. This indicator is meant to provide a snapshot of the current marital status of boys and girls in this age group. It is worth noting that those not married at the time of the survey are still exposed to the risk of marrying before they finish adolescence.

Justification of wife-beating – Percentage of the population 15–19 years old who consider a husband to be justified in hitting or beating his wife for at least one of the specified reasons: if his wife burns the food, argues with him, goes out without telling him, neglects the children or refuses sexual relations.

MAIN DATA SOURCES

Adolescent population – United Nations Population Division.

Adolescent birth rate – United Nations Population Division.

Women who gave birth before age 18 – Demographic and Health Surveys (DHS).

Skilled attendant at birth – DHS, Multiple Indicator Cluster Surveys (MICS) and other nationally representative sources.

Adolescent girls aged 15–19 with a BMI <18.5 – DHS.

Effective transition rate from primary to secondary school – UNESCO Institute for Statistics (UIS) global databases, 2011. Based on administrative data.

Secondary school net enrolment ratio – UIS global databases, 2011. Based on administrative data.

Youth literacy rate – UIS global databases, 2011. Based on administrative data.

Exposure to media – AIDS Indicator Surveys (AIS), DHS and other national household surveys.

Sex before age 15 – AIS, DHS, MICS and other national household surveys.

Comprehensive knowledge of HIV – AIS, DHS, MICS and other national household surveys.

Higher-risk sex – AIS, DHS, MICS and other national household surveys.

Condom use at last higher-risk sex – AIS, DHS, MICS and other national household surveys.

Adolescents aged 10–19 living with HIV – Joint United Nations Programme on HIV/AIDS (UNAIDS), *Report on the Global AIDS Epidemic 2010*.

Adolescents not living with biological parents – DHS, MICS and other national household surveys.

Marital status – DHS, MICS and other national household surveys.

Justification of wife-beating – DHS, MICS and other national household surveys.

REGIONAL CLASSIFICATION

Regional averages are calculated using data from the countries and territories as classified below.

Africa
Sub-Saharan Africa; North Africa (Algeria, Egypt, Libya, Morocco, Tunisia)

Sub-Saharan Africa
Eastern and Southern Africa; West and Central Africa; Djibouti; Sudan[1]

Eastern and Southern Africa
Angola; Botswana; Burundi; Comoros; Eritrea; Ethiopia; Kenya; Lesotho; Madagascar; Malawi; Mauritius; Mozambique; Namibia; Rwanda; Seychelles; Somalia; South Africa; South Sudan[1]; Swaziland; Uganda; United Republic of Tanzania; Zambia; Zimbabwe

West and Central Africa
Benin; Burkina Faso; Cameroon; Cape Verde; Central African Republic; Chad; Congo; Côte d'Ivoire; Democratic Republic of the Congo; Equatorial Guinea; Gabon; Gambia; Ghana; Guinea; Guinea-Bissau; Liberia; Mali; Mauritania; Niger; Nigeria; Sao Tome and Principe; Senegal; Sierra Leone; Togo

Middle East and North Africa
Algeria; Bahrain; Djibouti; Egypt; Iran (Islamic Republic of); Iraq; Jordan; Kuwait; Lebanon; Libya; Morocco; Occupied Palestinian Territory; Oman; Qatar; Saudi Arabia; Sudan[1]; Syrian Arab Republic; Tunisia; United Arab Emirates; Yemen

Asia
South Asia; East Asia and the Pacific

South Asia
Afghanistan; Bangladesh; Bhutan; India; Maldives; Nepal; Pakistan; Sri Lanka

East Asia and the Pacific
Brunei Darussalam; Cambodia; China; Cook Islands; Democratic People's Republic of Korea; Fiji; Indonesia; Kiribati; Lao People's Democratic Republic; Malaysia; Marshall Islands; Micronesia (Federated States of); Mongolia; Myanmar; Nauru; Niue; Palau; Papua New Guinea; Philippines; Republic of Korea; Samoa; Singapore; Solomon Islands; Thailand; Timor-Leste; Tonga; Tuvalu; Vanuatu; Viet Nam

Latin America and the Caribbean
Antigua and Barbuda; Argentina; Bahamas; Barbados; Belize; Bolivia (Plurinational State of); Brazil; Chile; Colombia; Costa Rica; Cuba; Dominica; Dominican Republic; Ecuador; El Salvador; Grenada; Guatemala; Guyana; Haiti; Honduras; Jamaica; Mexico; Nicaragua; Panama; Paraguay; Peru; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; Suriname; Trinidad and Tobago; Uruguay; Venezuela (Bolivarian Republic of)

CEE/CIS
Albania; Armenia; Azerbaijan; Belarus; Bosnia and Herzegovina; Bulgaria; Croatia; Georgia; Kazakhstan; Kyrgyzstan; Montenegro; Republic of Moldova; Romania; Russian Federation; Serbia; Tajikistan; the former Yugoslav Republic of Macedonia; Turkey; Turkmenistan; Ukraine; Uzbekistan

Industrialized countries/territories
Industrialized countries/territories are defined as those not included in the UNICEF regional classification.

Andorra; Australia; Austria; Belgium; Canada; Cyprus; Czech Republic; Denmark; Estonia; Finland; France; Germany; Greece; Holy See; Hungary; Iceland; Ireland; Israel; Italy; Japan; Latvia; Liechtenstein; Lithuania; Luxembourg; Malta; Monaco; Netherlands; New Zealand; Norway; Poland; Portugal; San Marino; Slovakia; Slovenia; Spain; Sweden; Switzerland; United Kingdom; United States

Developing countries/territories
Developing countries/territories are classified as such for purposes of statistical analysis only. There is no established convention for the designation of 'developed' and 'developing' countries or areas in the United Nations system.
Afghanistan; Algeria; Angola; Antigua and Barbuda; Argentina; Armenia; Azerbaijan; Bahamas; Bahrain; Bangladesh; Barbados; Belize; Benin; Bhutan; Bolivia (Plurinational State of); Botswana; Brazil; Brunei Darussalam; Burkina Faso; Burundi; Cambodia; Cameroon; Cape Verde; Central African Republic; Chad; Chile; China; Colombia; Comoros; Congo; Cook Islands; Costa Rica; Côte d'Ivoire; Cuba; Cyprus; Democratic Republic of the Congo; Democratic People's Republic of Korea; Djibouti; Dominica; Dominican Republic; Ecuador; Egypt; El Salvador; Equatorial Guinea; Eritrea; Ethiopia; Fiji; Gabon; Gambia; Georgia; Ghana; Grenada; Guatemala; Guinea; Guinea-Bissau; Guyana; Haiti; Honduras; India; Indonesia; Iran (Islamic Republic of); Iraq; Israel; Jamaica; Jordan; Kazakhstan; Kenya; Kiribati; Kuwait; Kyrgyzstan; Lao People's Democratic Republic; Lebanon; Lesotho; Liberia; Libya; Madagascar; Malawi; Malaysia; Maldives; Mali; Marshall Islands; Mauritania; Mauritius; Mexico; Micronesia (Federated States of); Mongolia; Morocco; Mozambique; Myanmar; Namibia; Nauru; Nepal; Nicaragua; Niger; Nigeria; Niue; Occupied Palestinian Territory; Oman; Pakistan; Palau; Panama; Papua New Guinea; Paraguay; Peru; Philippines; Qatar; Republic of Korea; Rwanda; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; Samoa; Sao Tome and Principe; Saudi Arabia; Senegal; Seychelles; Sierra Leone; Singapore; Solomon Islands; Somalia; South Africa; South Sudan[1]; Sri Lanka; Sudan[1]; Suriname; Swaziland; Syrian Arab Republic; Tajikistan; Thailand; Timor-Leste; Togo; Tonga; Trinidad and Tobago; Tunisia; Turkey; Turkmenistan; Tuvalu; Uganda; United Arab Emirates; United Republic of Tanzania; Uruguay; Uzbekistan; Vanuatu; Venezuela (Bolivarian Republic of); Viet Nam; Yemen; Zambia; Zimbabwe

Least developed countries/territories[2]
Least developed countries/territories are those countries and territories classified as such by the United Nations.
Afghanistan; Angola; Bangladesh; Benin; Bhutan; Burkina Faso; Burundi; Cambodia; Central African Republic; Chad; Comoros; Democratic Republic of the Congo; Djibouti; Equatorial Guinea; Eritrea; Ethiopia; Gambia; Guinea; Guinea-Bissau; Haiti; Kiribati; Lao People's Democratic Republic; Lesotho; Liberia; Madagascar; Malawi; Mali; Mauritania; Mozambique; Myanmar; Nepal; Niger; Rwanda; Samoa; Sao Tome and Principe; Senegal; Sierra Leone; Solomon Islands; Somalia; South Sudan[1]; Sudan[1]; Timor-Leste; Togo; Tuvalu; Uganda; United Republic of Tanzania; Vanuatu; Yemen; Zambia

[1] Because of the cession in July 2011 of the Republic of South Sudan by the Republic of the Sudan, and its subsequent admission to the United Nations on 14 July 2011, disaggregated data for the Sudan and South Sudan as separate States are not yet available for most indicators. Aggregated data presented are for the Sudan pre-cession, and these data are included in the Middle East and North Africa region as well as in all other categories according to the classification scheme described above.

[2] For the purposes of this report, South Sudan is designated as a least developed country.

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