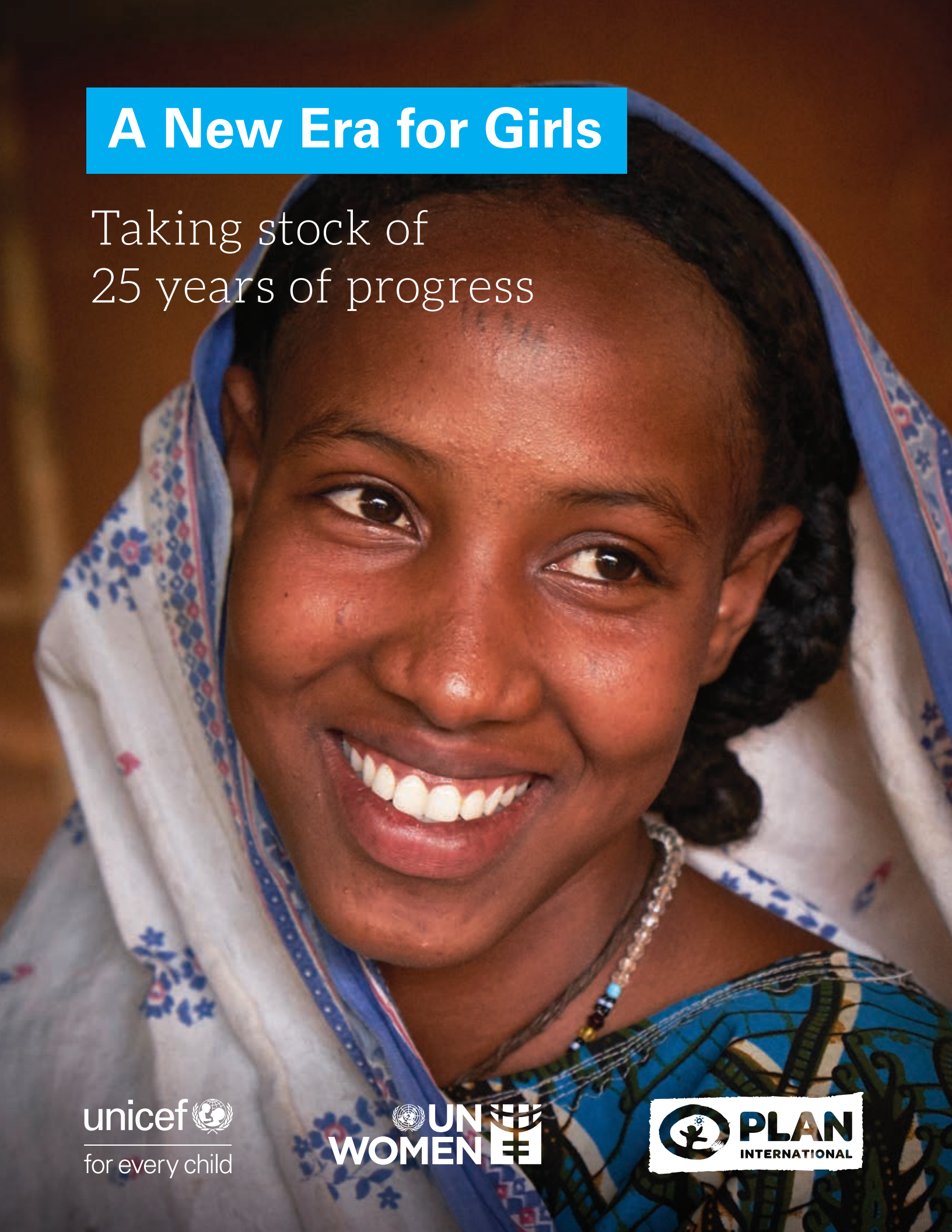
A New Era for Girls

Taking stock of 25 years of progress



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Taking stock

Nearly 64 million girls were born in 1995, the year the Beijing Declaration and Platform for Action was adopted, beginning their lives as the global community committed to improving their rights. In 2020, nearly 68 million girls are expected to be born. The analysis presented in this report shows that while girls' lives are better today than they were 25 years ago, these gains are uneven across regions and countries. This is particularly true for adolescent girls.

To accelerate progress, girls need to be involved in both the decision-making and designing of solutions that impact their future. This report demonstrates the need to focus on the realities girls face today and addresses the critical issues of ending gender-based violence, child marriage and female genital mutilation (FGM); making sure girls have access to 12 years of education and the skills they need for the workforce; and improving girls' health and nutrition. This analysis is not intended to be an exhaustive assessment of girls' rights and well-being, but rather a review of progress for girls in key dimensions of their lives. It draws upon internationally comparable time series data to assess advancements against the strategic objectives for girls set out in the Beijing Platform for Action 25 years ago. Where a lack of data prevents trend analysis, the current situation of girls is highlighted.

The evidence provides a foundation for recommendations to global, national and regional stakeholders on important actions that would enable girls to successfully transition into adulthood with the ability to make their own choices and with the social and personal assets to live a fulfilled life.

Foreword

Today's more than 1.1 billion girls are poised to take on the future. Every day, girls are breaking boundaries and barriers to lead and foster a safer, healthier and more prosperous world for all. They are tackling issues like child marriage, education inequality, violence, climate justice, and inequitable access to healthcare. Girls are proving they are unstoppable.

Back in 1995, the world adopted the Beijing Declaration and Platform for Action – the most comprehensive policy agenda for gender equality – with the vision of ending discrimination against women and girls. But today, 25 years later, discrimination and limiting stereotypes remain rife. Girls' life expectancy has extended by eight years, yet for many the quality of that life is still far from what was envisioned. Girls have the right to expect more. The realities they face today, in contexts of technological change and humanitarian emergencies, are both remarkably different from 1995 and more of the same: with violence, institutionalized biases, poor learning and life opportunities, and multiple inequalities unresolved. There are major breakthroughs still to be made.

There are many success stories: Fewer girls are getting married or becoming mothers, and more are in school and literate – acquiring key foundational skills for lifelong success. But progress has been uneven and far from equitable. Girls from the poorest households or living in fragile or humanitarian settings are not benefiting from the expansion in education, while the girls who are in school are struggling to secure the quality education they need to compete in a rapidly changing workforce, where digital and transferable skills, like critical thinking and confidence, are indispensable.

Today, no matter where a girl lives, she is risk of encountering violence in every space – in the classroom, home and community. And the types of violence she will come into contact with have become increasingly complex with the rise of technology. However, technology has also opened up opportunities for girls to grow their networks and learn digital and transferable skills that will prepare them for life and work.

To have an education and a future, girls must also be healthy. Yet, when it comes to making decisions about their health and well-being, girls still face significant barriers to accessing and benefiting from health services to meet their specific needs, such as those related to sexual and reproductive health – due to cost, stigma, limited age-appropriate information, fear of side effects or limited decision-making autonomy. In 2020, a gender-equitable world is still a long way off. The next steps for change must meaningfully include girls as decision-makers and designers of the solutions to the challenges and opportunities they face every day.

Girls are rights holders and equal partners in the fight for gender equality. They represent a tremendous engine for transformational change towards gender equality. They deserve the full support of the global community to be empowered to successfully transition to adulthood with their rights intact, able to make their own informed choices and with the social and personal assets acquired to live fulfilled lives.

We know the best advocates for girls are girls. Every girl is a powerful agent of change in her own right. And, when girls come together to demand action, shape policies, and hold governments to account, we can together change our schools, families, communities and nations for the better. As leaders, it's our duty to bridge the generations, working with and for today's girls to raise their voices and achieve their dreams.

Henrietta H. Fore
Executive Director, UNICEF

Phumzile Mlambo-Ngcuka
Executive Director, UN Women

Anne-Birgitte Albrectsen
CEO, Plan International

Reflecting on a quarter century of progress

The world is home to more than 1.1 billion girls under age 18, who are poised to become the largest generation of female leaders, entrepreneurs and change-makers the world has ever seen. Girls are living longer lives than they were 25 years ago, when nations committed to advancing gender equality as part of the Beijing Declaration and Platform for Action.

Girls born today can expect to live nearly eight more years, on average, than girls born in 1995.[1]

That's eight more years to live out their dreams, to participate in decisions that affect their lives, and to lead positive change in society. Yet, girls continue to face enormous hurdles in a world that still largely favours boys and men. Girls are still excluded from decision-making that impacts their lives, and the most marginalized girls – those from ethnic minorities, indigenous groups and poor households; living in rural or conflict settings; and living with disabilities – face additional layers of discrimination.

Discrimination and harmful gender norms starting at birth (and in some places before birth through female foeticide) set limits on what behaviours or opportunities are considered appropriate for girls. These beliefs are often entrenched in laws and policies that fail to uphold girls' rights, such as rights to inheritance. At least 60 per cent of countries still discriminate against daughters' rights to inherit land and non-land assets in either law or practice.[2]

I am glad to be a girl because when girls are given the chance, we will fight for our rights and pass on what we have learned to other girls who are facing the same situations."

Zaharah, age 16, from Uganda

Gender discrimination not only restricts girls' abilities to accumulate human, social and productive assets, limiting their future educational and employment opportunities, but also hinders their well-being and diminishes their self-belief. As a result, by the time girls reach adolescence, many are left dreaming instead of achieving.

When it comes to education today, fewer girls are out of school. Nearly two in three girls are enrolled in secondary school compared to one in two in 1998. However, we are facing a globally recognized "learning crisis"; this means, even when girls are in school, many do not receive a quality education. Many are not developing the transferable skills, like critical thinking and communication, or digital skills needed to compete in today's labour market and gig economy. In fact, worldwide, nearly one in four girls aged 15–19 years is neither employed nor in education or training compared to 1 in 10 boys of the same age.

The risk of violence in every space – online and in the classroom, home and community – similarly keeps girls from achieving. Thirteen million girls aged 15–19 years have experienced forced sex in their lifetimes. Meanwhile, even though harmful practices such as child marriage and FGM have declined in the past 25 years, they continue to disrupt and damage the lives and potential of millions of girls globally.

Further, conflict and displacement only heighten the risk and realities of gender-based violence. As girls lose their support systems and homes, and are placed in insecure environments and in new roles, their risk of gender-based violence, including sexual violence, intimate partner violence, child marriage and abuse, increases.

While fewer adolescent girls are becoming mothers today, they still face a high risk of sexually-transmitted infections and anaemia – risks that increase when they struggle to access age-appropriate health services and information. This is nowhere more obvious than in the case of HIV, where adolescent girls continue to bear the brunt of the virus's effects. Globally, 970,000 adolescent girls aged 10–19 years are living with HIV today, compared to 740,000 in 1995.

Girls are a unique group requiring focused commitments

There is no definition of what it means to be a girl. What a man can do, a woman can do, too. I believe life would be better if we didn't have those stereotypes."

Lan*, Grade 10, Viet Nam
***name changed to protect identity**

The global community has good cause to celebrate the progress achieved over the last quarter century in the name of girls' rights. But we cannot lose sight of the challenges girls still face every day.

Twenty-five years ago, the Beijing Platform for Action recognized that childhood is a separate space from adulthood. Girls' needs, preferences and vulnerabilities are related to women's, but are also distinct. The Platform called upon governments, donors and civil society to invest in ending discrimination against girls and eliminating barriers in health, nutrition, education and related domains that prevent them from realizing their full potential. It also called upon governments to ensure that all data is disaggregated and analysed by sex and age so governments can formulate policies and programmes, and make decisions that better protect and support girls in achieving brighter futures.

Adopted in 2015, the 2030 Agenda for Sustainable Development renews the commitment to creating a world where all girls are healthy and protected, learn and have a fair chance to succeed. But, commitment has not led to direct investments: Only a fraction of international aid dollars is spent on meeting the needs of girls.[3]

Similarly, even forward-looking policies and programmes addressing girls' challenges specifically, including skills development for employability, often start only after adolescent girls have transitioned into adulthood, missing the millions of girls that have never set foot in school and live in poverty. Limited investment in these key areas means girls are already lagging behind when it comes to achieving equal participation in society as adults.

Likewise, programmes and interventions to support adolescent girls are often disjointed, and they fall through the gaps in approaches only targeted at either children or women. For example, efforts to end child marriage are often disconnected from efforts to support school retention or secure sexual and reproductive health. Adolescent girls' challenges and the solutions to them must be addressed holistically, as success in each area pushes progress in another.

For progress to be achieved, girls' voices and solutions must take centre stage, and the global community, including governments, civil society organizations, multilaterals, statisticians and the private sector must work with girls to take actions that set them up to succeed.

Empowering girls will require the global community to:

- Expand opportunities for girls to be the changemakers, actively engaging their voices and opinions in their communities and political processes about any decision that relates to their bodies, education, career and future. All actions should place girls' voices and solutions at the centre – no decisions for girls, without girls.

- Scale up investments in girls' programming models that will accelerate progress aligned with today's reality, including in developing adolescent girls' education and skills for the Fourth Industrial Revolution; ending gender-based violence, child marriage and FGM; and ensuring

My family's situation and the challenges I face every day to attend school will not stop me from continuing to fight for my dreams. I worry that some of my friends are not studying due to lack of money or because they are not interested in education or because their family does not support them. I always advise them to return to school if they want to have a better future."

Timotea, age 14, from Guatemala

girls have accurate, timely and respectful health information and services. This also includes building synergies and expanding partnerships between adolescent girls' skills development and women's economic participation to address persistent gender divides in areas such as science, technology, engineering, and math (STEM).

- Boost investments into the production and intersectional analysis of high quality, timely sex-and age-disaggregated data for children and adolescents, including adolescents aged 10–14 years, particularly in areas where data are limited, such as gender-based violence, twenty-first century skills acquisition, adolescent nutrition, and mental health.

Additionally, to ensure all girls live a fulfilled life, data must make marginalized girls visible. This includes girls living with disabilities, in poor households and in rural areas, from ethnic minorities and indigenous groups, in fragile and conflict settings and those who may be marginalized due to sexual orientation or gender identity. This would drive evidence-informed policy and programme decisions for adolescent girls, alongside better accountability.

Once girls have gained the right tools and the space to strengthen their engagement and leadership, they will be well placed to shape the world around them, opening doors for them to be at the heart of decision-making processes that affect their lives.

Education empowers girls for life and work

Primary education provides children with the foundation for a lifetime of learning, while secondary education equips them with the knowledge and skills needed to become empowered and engaged adults. The benefits of secondary education for girls are significant. Compared to girls with only a primary education, girls with secondary education are less likely to marry and become pregnant as adolescents. And, while women with primary education earn only marginally more than women with no education, women with secondary education earn twice as much, on average, compared to women who never went to school.[4]

Critical to ensuring girls complete school is a home environment that prioritizes learning and a safe and supportive school environment with functioning toilets, a relevant curriculum, and trained teachers.

Even so, completing secondary school is insufficient if girls do not acquire a quality education with transferable skills, such as critical thinking and problem solving and digital skills, both of which are needed in the labour force. These are necessary for future employability, yet too many education systems worldwide fail to deliver a quality education that supports girls in their transition from school to work.

The number of girls out of school worldwide dropped by 79 million between 1998 and 2018

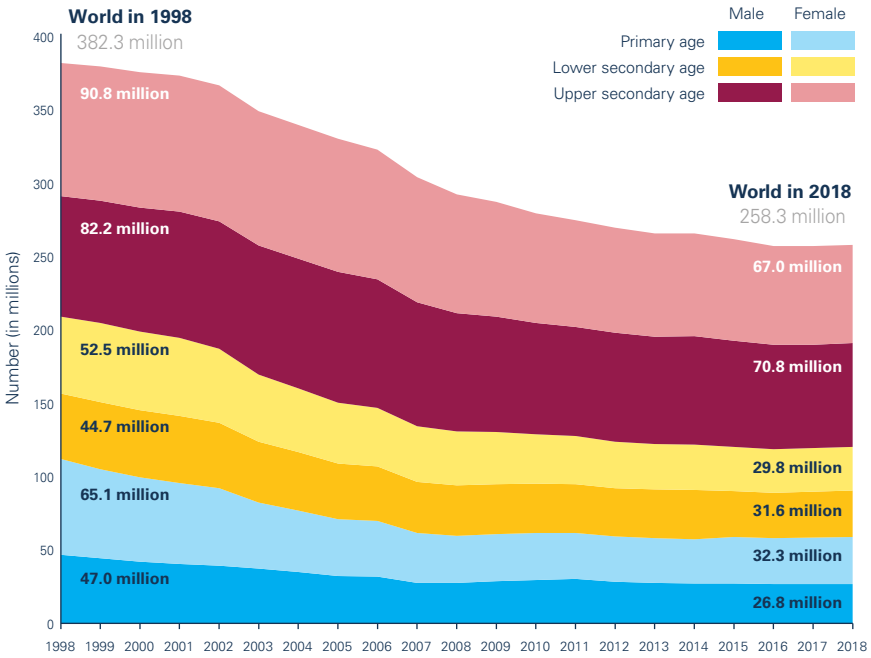
At the primary level, the number fell by more than half, from 65 million to 32 million (see Figure 1). Regionally, while fewer girls are out of school today in East Asia and the Pacific, and in South Asia (14 million and 45 million, respectively), the reverse is true in sub-Saharan Africa. While fewer girls of primary-school age are out of school today in the region, 2 million more girls of lower secondary age and 5 million more girls of upper-secondary age are out of school today (see Figure 2). This is because enrollment rates have not kept pace with the increase in the school-age population in the region, which is home to the fasting growing child population, worldwide.

Gender disparities in the number of out-of-school children have also narrowed substantially over the past two decades. At the secondary level, they have shifted to the disadvantage of boys.

Globally, in 1998, there were more girls of secondary school age out of school than boys (143 million girls compared to 127 million boys). Today, the opposite is true: There are 97 million girls of secondary school age out of school compared to 102 million boys.

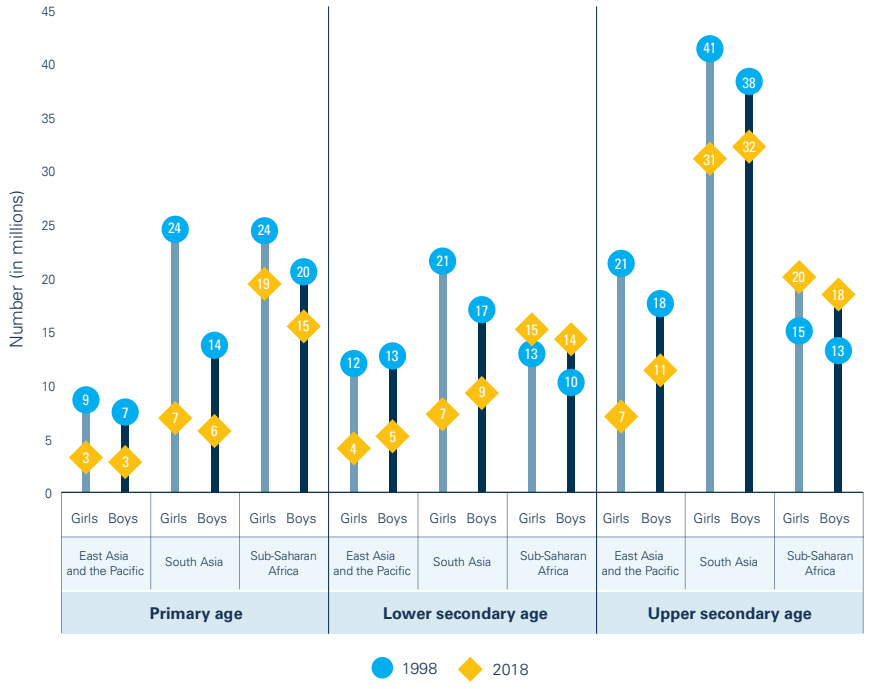
Still, despite the remarkable gains made for girls in the past two decades, they are still more disadvantaged at the primary level, with 5.5 million more girls than boys of this age out of school worldwide. Added to this, global progress in reducing the number of out-of-school children at the primary level has stagnated for both girls and boys since 2007.

Figure 1. Number of out-of-school children, by level of education and sex, 1998–2018



Source: UNESCO Institute for Statistics (UIS), September 2019.

Figure 2. Number of out-of-school children, by sex, level of education, select regions, 1998* and 2018

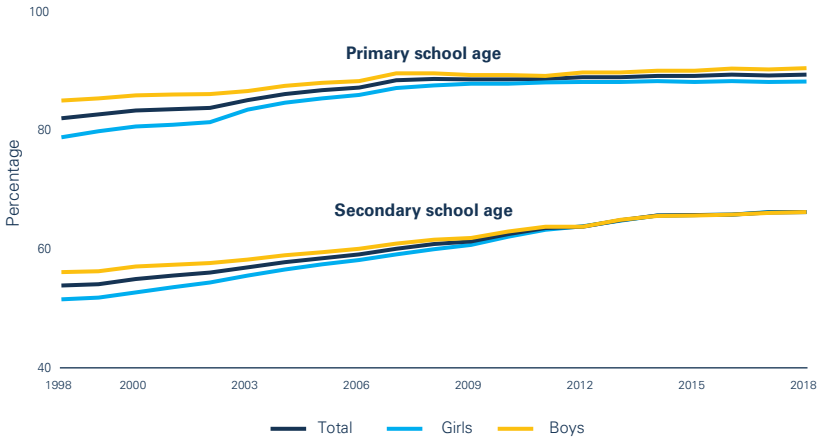


Source: UNESCO Institute for Statistics (UIS), September 2019.
Note: *For South Asia, the first data point for lower secondary age and upper secondary age is 1999.

Today, two in three girls of secondary school age globally are enrolled in secondary school compared to only one in two in 1998

Since 1998, globally, the gender gap in primary school enrolment has narrowed from 6 percentage points to 2 percentage points. And at the secondary level, the gender gap has closed (see Figure 3).

Figure 3. Net enrolment rate, by sex and education level, 1998–2018

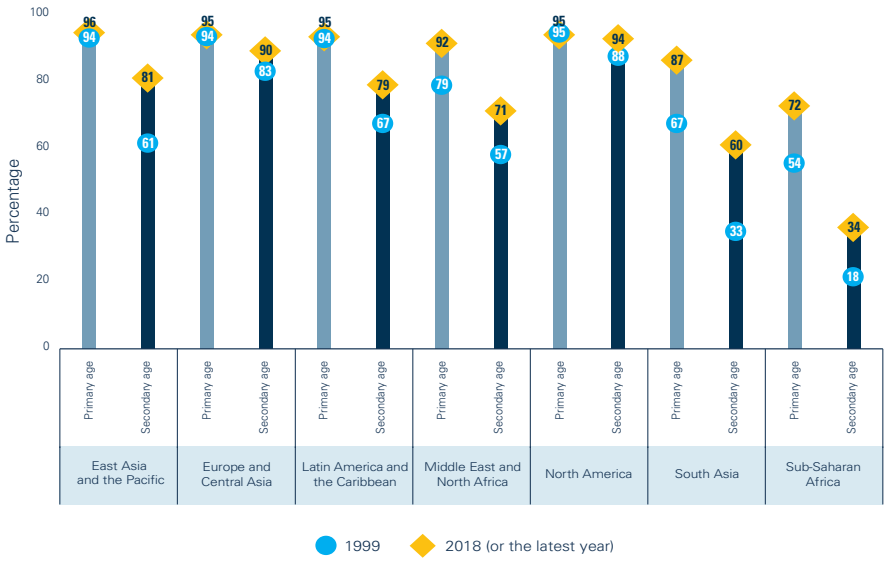


Source: UNESCO Institute for Statistics, September 2019.

While all regions have seen increases in girls' secondary school enrolment over the past two decades, there are wide regional variations today

Between 1999 and 2018, the proportion of secondary school age adolescent girls enrolled in secondary school increased from three in five to four in five in East Asia and the Pacific and from 33 per cent to 60 per cent in South Asia. During this same period, girls' secondary school enrolment rose from 57 per cent to 71 per cent in the Middle East and North Africa while in sub-Saharan Africa, only 34 per cent of girls of secondary school age are enrolled in secondary school today compared to 18 per cent in 1999 (see Figure 4).

Figure 4. Female net enrolment ratio, by education level and region, 1999 and 2018*



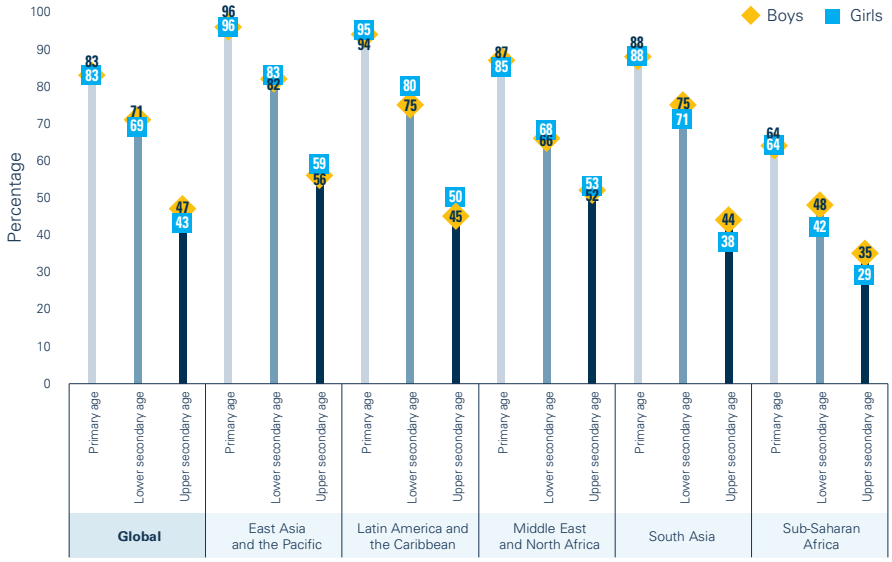
Source: UNESCO Institute for Statistics (UIS), September 2019.

Note: *For East Asia and the Pacific and sub-Saharan Africa, the latest available data for primary age education are 2015 and 2009, respectively.

Worldwide, four of five girls complete primary school but only two of five complete upper secondary school

In all regions, girls and boys are equally likely to complete primary school (see Figure 5). But at the secondary level, gender parity in completion rates is not sustained across all regions. For example, in East Asia and the Pacific and Latin America and the Caribbean, girls are more likely than boys to complete upper secondary school, but in South Asia and sub-Saharan Africa, the reverse is true. Only 38 per cent of girls in South Asia and 29 per cent of girls in sub-Saharan Africa complete upper secondary school. And girls from the poorest households are often doubly disadvantaged. In low income countries, for instance, only 8 per cent and 2 per cent of girls from the poorest households complete lower secondary and upper secondary school, respectively.[5]

Figure 5. Completion rate, by sex and education level, 2012–2018*

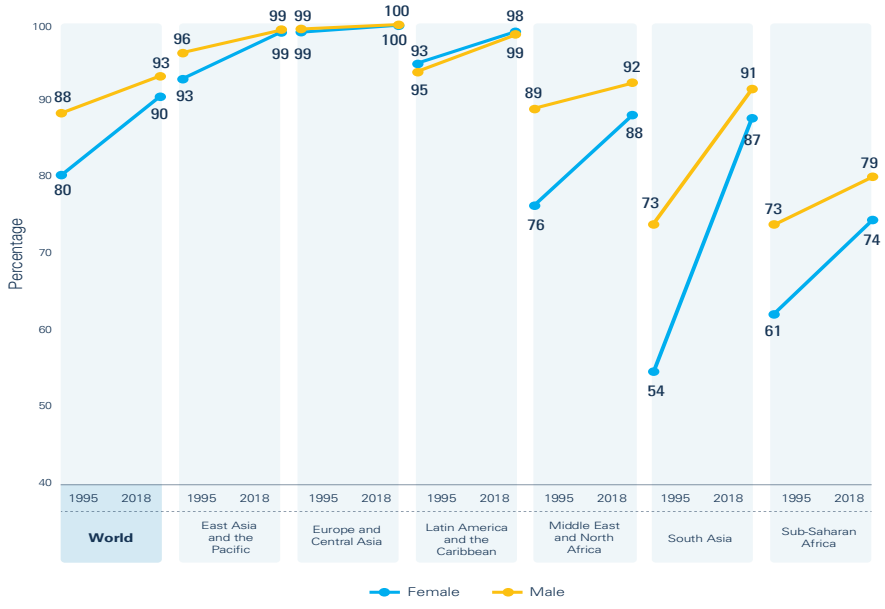


Source: UNICEF global databases, 2019, based on DHS, MICS, other national surveys and data from routine reporting systems.
Note: *Data refer to the most recent year available during the period specified in the chart title. Data were insufficient to calculate a regional average for Europe and Central Asia and North America.

The number of female youth aged 15–24 years who are illiterate declined from 100 million to 56 million between 1995 and 2018, but 1 in 10 female youth remain illiterate today

Literacy, a basic foundational skill necessary for personal growth and active citizenship, has increased globally among youth over the past 25 years, but a gender gap at the expense of girls persists. Adolescent girls and young women aged 15–24 years make up 56 per cent of the global illiterate youth population today compared to 61 per cent in 1995. South Asia has seen the most progress for girls. In 1995, 7 in 13 female youth were literate compared to 11 in 13 female youth, today. In sub-Saharan Africa, the region with the widest gender disparity in youth literacy rates, just under three in four adolescent girls and young women are literate today (see Figure 6).

Figure 6. Literacy rate among youth aged 15–24 years, by region and sex, 1995–2018



Source: UNESCO Institute for Statistics (UIS), September 2019.
Note: Data were not available for North America.

Adolescent girls outperform boys in reading while math performance is more varied

Assessing the relative achievements of girls and boys in secondary school provides insights into whether education systems are meeting the needs of girls and boys equally. Skills in reading and mathematics are critical for anyone's successful entry into the labour market. These skills also serve as the foundation for others, such as digital literacy.

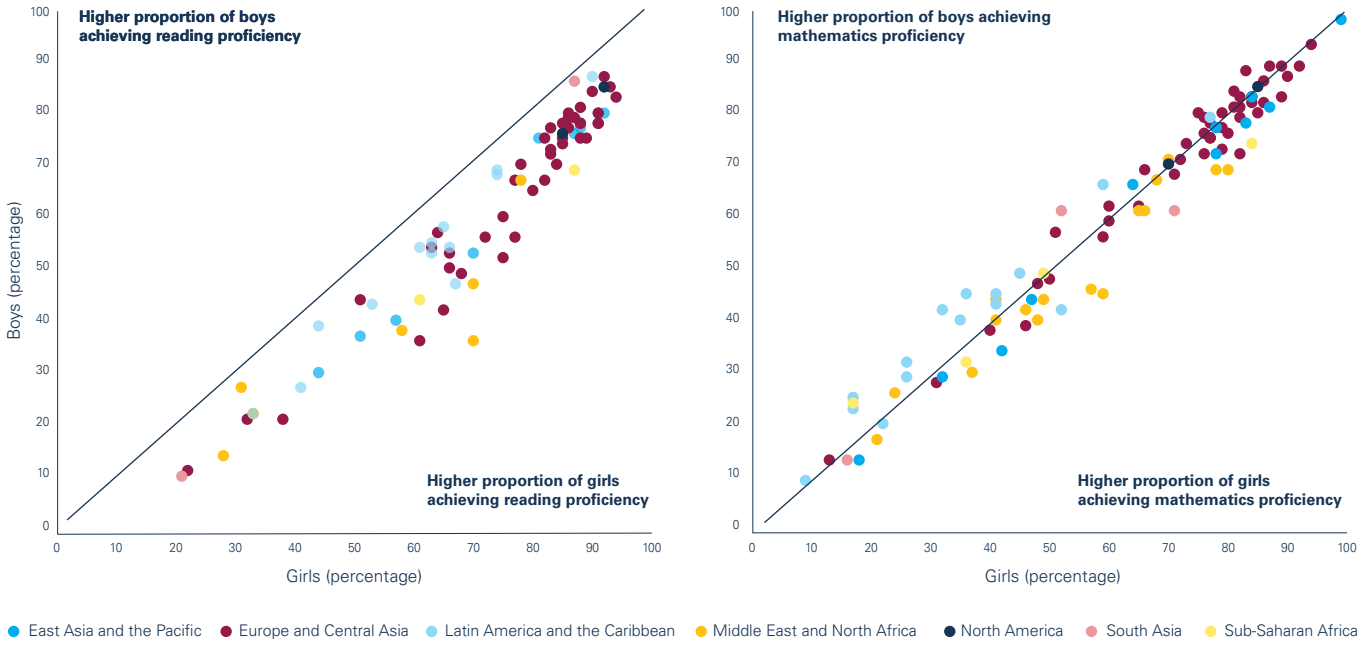
At the end of lower secondary school, girls outperform boys in reading across all countries with available data. In math proficiency, results are more varied, with girls performing better than boys in about half of the countries with available data (see Figure 7).

While there has been much debate about the factors that account for gender differences in educational attainment, emerging evidence of the role of positive gender socialization, both at school and at home, suggests that parents, teachers and policymakers can foster foundational skills in reading and math in all children.[6]

Lower expectations of girls' performance in subjects other than reading and a lack of role models become barriers for girls to develop essential skills for future careers, such as digital skills or skills in science, technology, engineering, and math (STEM). This in turn decreases their perceptions of self-efficacy and ability and can lead to girls being excluded from developing skills crucial to engage

in the Fourth Industrial Revolution, such as innovative and critical thinking, problem solving and entrepreneurship. As a result, many adolescent girls leave school without the skills required to succeed in twenty-first century jobs.

Figure 7. Percentage of children and young people at the end of lower secondary school achieving at least a minimum proficiency level in reading and math, by sex, 2010–2017*



Source: United Nations Statistics Division, 2019.

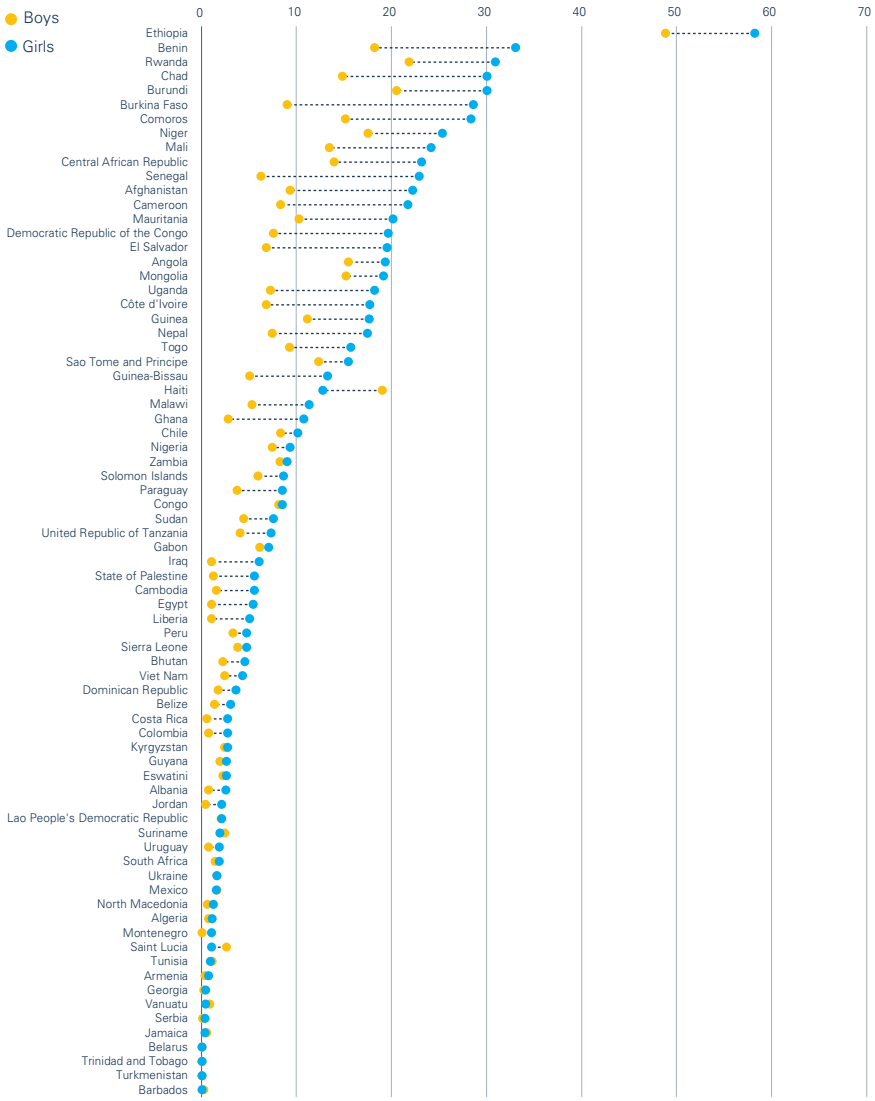
Note: Minimum proficiency level is the benchmark of basic knowledge measured through school-based learning assessments. Each dot represents a country, with x- and y-axes indicating the proportions of girls and boys in the country achieving minimum proficiency, respectively. The diagonal line represents the gender parity line. Data points below the gender parity line represent countries where higher proportions of girls than boys reach proficiency.

In more than five of six countries with available data, girls aged 10–14 years are more likely than boys of the same age to spend 21 or more hours on household chores per week

Starting in childhood, girls are often assigned more household chores than boys. This is often due to gender norms that deem domestic responsibilities as women's and girls' work. In countries in West and Central Africa in particular, the gender disparity in time spent on household chores is stark. For example, in Burkina Faso, girls aged 10–14 years are three times more likely than boys of the same age to engage in 21 or more hours of household chores (see Figure 8).

Household chores are a normal part of family life – for both girls and boys – and are not always detrimental to children's health and well-being. But, it is the amount of time spent on chores that can curtail girls' opportunities to enjoy the pleasures of childhood, including time to play, build social networks and focus on their education.[7] The types of chores girls typically perform, including cooking, cleaning and caring for others, also lay the groundwork for girls to assume a disproportionate level of responsibility for these activities as women, limiting their ability to enter and advance in the labour market.[8]

Figure 8. Percentage of adolescents aged 10–14 years who, during the reference week, spent at least 21 hours on unpaid household services, by sex, 2010–2018*



Source: UNICEF global databases, 2019, based on DHS, MICS and other national surveys.
Note: *Data refer to the most recent year available during the period specified in the chart title.

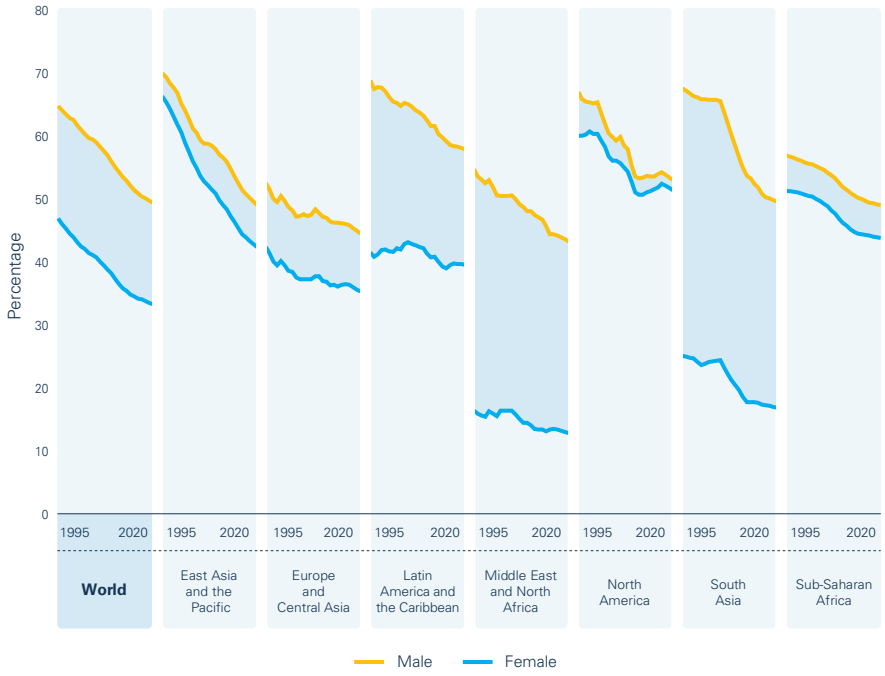
To me, it's very sad that in the twenty-first century, men in many parts of society still believe that women should stay at home, do all the chores, and not study certain subjects."

Yasmira, a youth advocate, from Colombia

Female youth labour force participation has declined over the past 25 years, owing in part to improved educational opportunities

Globally, the participation of female youth aged 15–24 years in the labour force has declined from 47 per cent in 1995 to 33 per cent in 2020 (see Figure 9). This is partly because of greater education opportunities for girls. For example, in East Asia and the Pacific, a region that saw a substantive increase in girls' secondary school enrolment over the past 25 years, female youth participation in the labour force has declined by 24 percentage points. But, the decline as well as the sizeable gender gap, cannot be explained only by increasing educational opportunities for girls. Globally, 22 per cent of youth aged 15–24 years are neither in employment nor in education or training (NEET), 68 per cent of which are adolescent girls and young women.[9]

Figure 9. Youth labour force participation rate (percentage), by sex and region, 1995–2020

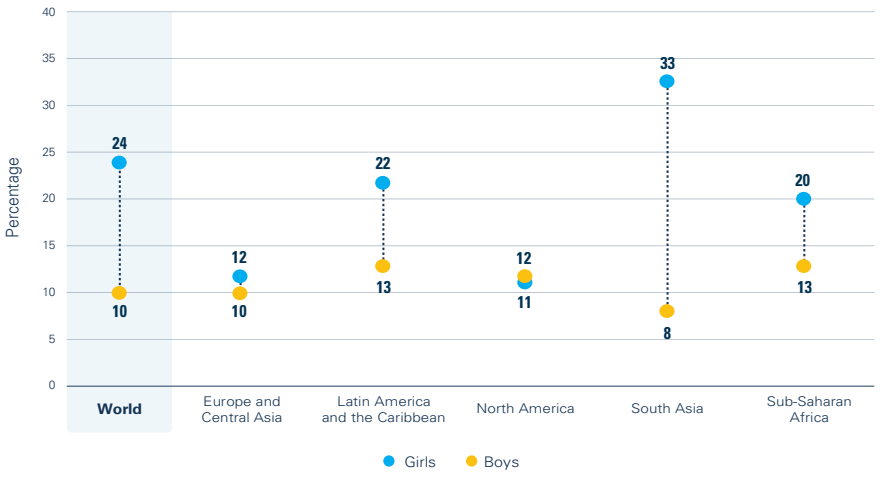


Source: UNICEF calculations based on International Labour Organization data, 2019.

Nearly one in four adolescent girls aged 15–19 years globally are neither in education, employment nor training compared to 1 in 10 boys of the same age

Among the proportion of adolescents who are NEET, the gender disparity is also stark. In South Asia, for example, adolescent girls are over four times as likely to be in that situation than adolescent boys (see Figure 10). This suggests that even in childhood, girls' aspirations for education and employment compete with gender biases in the labour market and societal expectations of girls, such as marrying young and having children, and assuming a disproportionate share of unpaid domestic and care work.

Figure 10. Percentage of adolescents aged 15–19 years not in employment, education or training (NEET), by sex, 2010–2018*



Source: UNICEF calculations based on International Labour Organization data, 2019.

Note: *Data refer to the most recent year available during the period specified in the chart title. Data not available for East Asia and the Pacific and Middle East and North Africa.

Gender-based violence and harmful practices violate girls' rights

Gender-based violence is one of the most pervasive violations of human rights across the world. It occurs in various forms and does not discriminate according to race, religion, culture, class or country. Predominantly experienced by women and girls, it is rooted in gender-based power imbalances and fuelled by many factors, including harmful gender norms and insufficient legal protections. When girls and women experience gender-based violence, the impacts are lifelong. It increases their risk of HIV, unintended pregnancy, alcohol abuse, suicide and depression.

Harmful practices, such as FGM and child marriage are a violation of girls' human rights, rob girls of their childhood and compromise their options and opportunities throughout life.

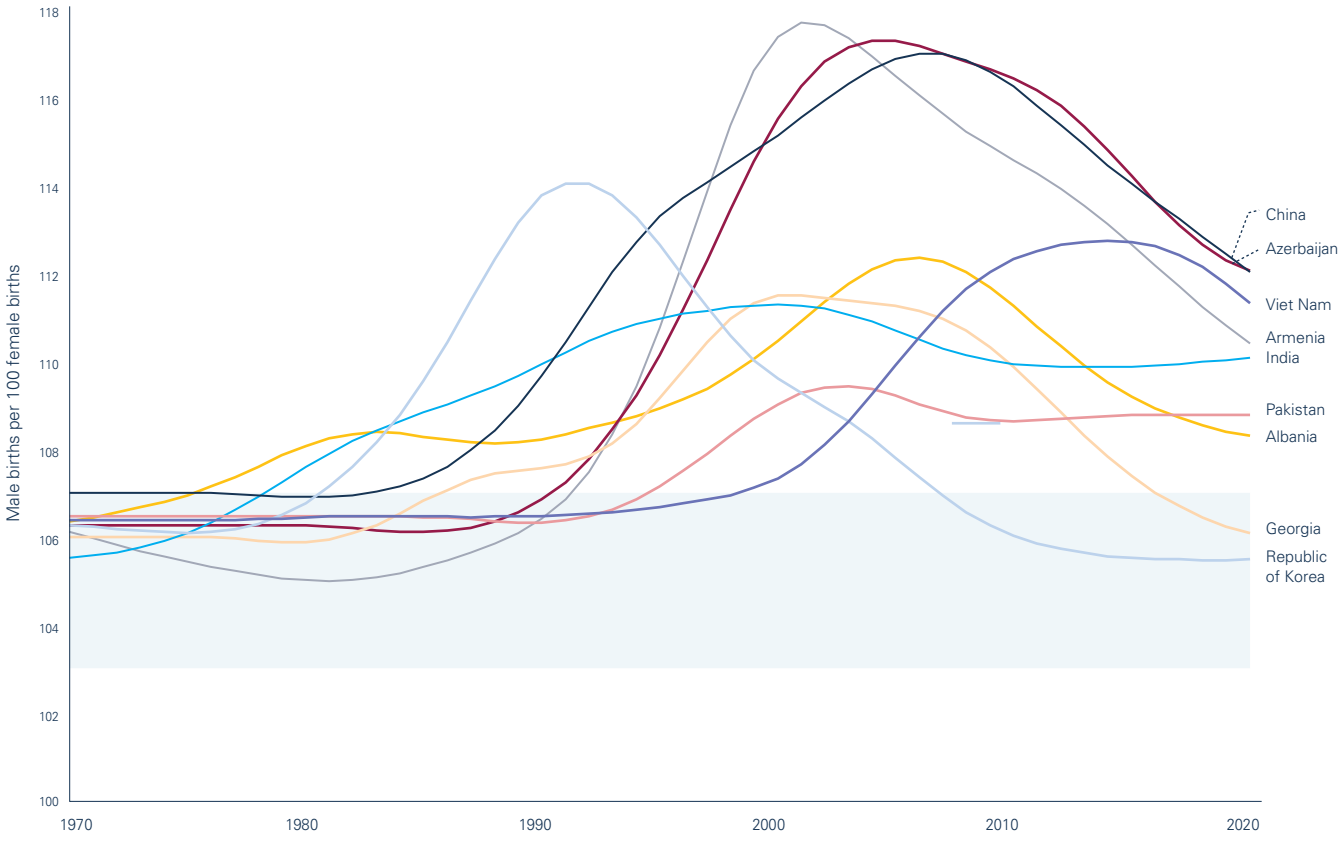
Girls who marry before turning 18 are less likely to remain in school and more likely to become pregnant in adolescence. In some regions, they are also more likely to experience domestic violence. Child marriage can isolate girls from family and friends and exclude them from participating in their communities, taking a heavy toll on their physical and psychological well-being. While ending child marriage is a must, mechanisms should also be set up to ensure girls who are already married receive the services and support they need, including access to health services and education.

Such practices, which occur in a wide range of countries, are driven by complex interrelated factors, linked to deep-rooted cultural gender norms, insecurity and poverty. Conflict and displacement heighten the risks and realities of gender-based violence and some harmful practices, such as child marriage. As girls and women lose their support systems as well as homes, and are placed in insecure environments and in new roles, their risk of violence increases. The trafficking of girls, for example, tends to increase in crises, including conflict and post-conflict situations. In 2016, girls accounted for about 23 per cent of detected trafficking victims globally, the majority of whom were trafficked for sexual exploitation.[10]

The combination of son preference and access to prenatal sex determination technologies has led to the birth of more boys than biologically expected in some countries

Gender-based violence can begin in utero. A combination of son and small family-size preferences and the availability of prenatal sex determination technologies has resulted, historically, in imbalanced sex ratios in some countries in East Asia and the Pacific, Europe and Central Asia, and South Asia.[11] For example, in Armenia, between 2001 and 2002, 118 males were born for every 100 females, suggestive of acute gender discrimination against girls. Currently, the highest sex ratios at birth are observed in Azerbaijan and China, where 112 males are born for every 100 females. However, with the exception of India and Pakistan, peaks in the sex ratio at birth have been followed by steady declines in the past two decades. And, in Georgia and the Republic of Korea, values have returned to biologically expected levels. In the Republic of Korea, this shift is partly attributed to legislation banning sex-selective abortions. However, in India, where sex-selective abortions have been illegal since 1996, the sex ratio at birth has remained persistently high at 110 male births per 100 females over nearly the past 15 years (see Figure 11).

Figure 11. Imbalanced sex ratios at birth, select countries, 1970–2020



Source: United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects* 2019, online edition, rev. 1.

Note: The sex ratio at birth represents the number of males born for every 100 females. Because more males are born than females, due to biological reasons, a natural sex ratio at birth ranges from 103 to 107 male births for every 100 female births.

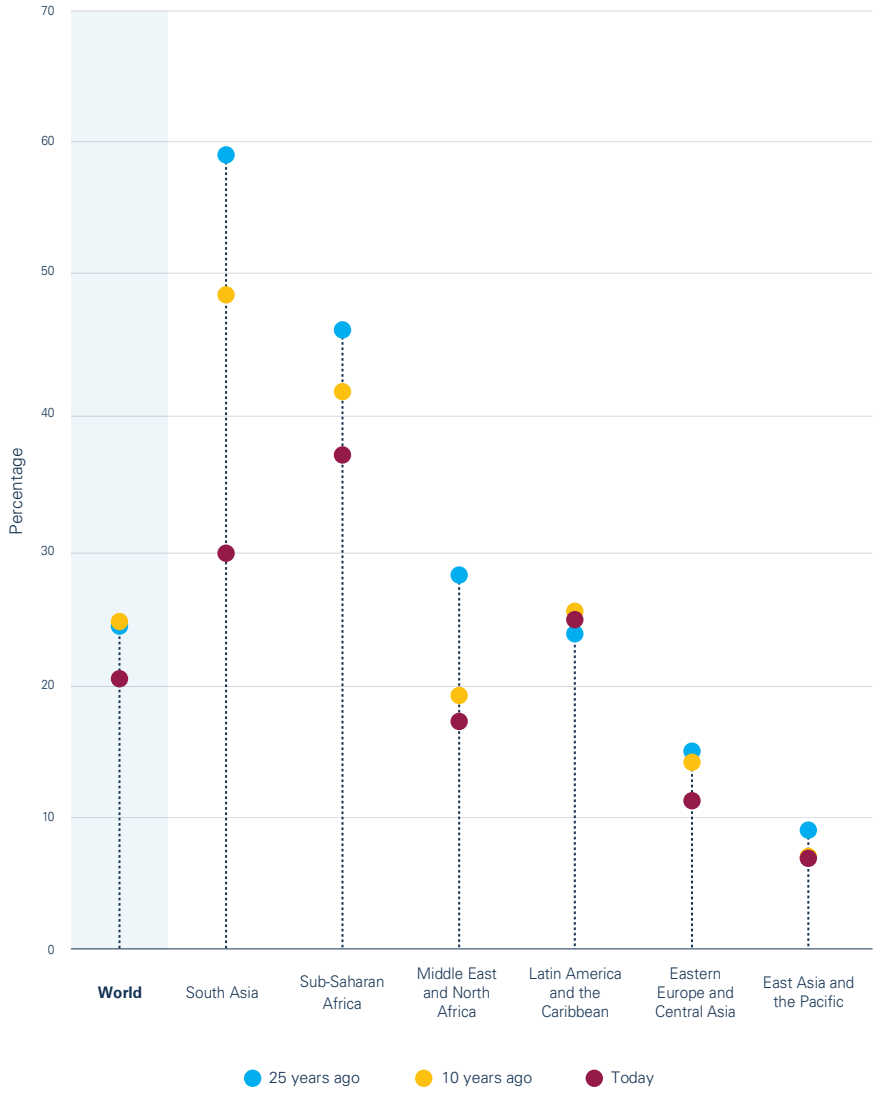
Child marriage has become less common over the past 25 years

Since 1995, the proportion of young women who were married as children has declined globally from one in four to approximately one in five. Encouragingly, this is happening in countries where a large numbers of girls are at risk, such as in South Asia. In that region, the practice of child marriage has almost halved in the last 25 years, declining from 59 per cent to 30 per cent today (see Figure 12).

But progress is far from universal. Millions of girls remain at risk of child marriage today, particularly the poorest girls.

In fact, the gap in prevalence between the richest and poorest has widened in most parts of the world. Globally, progress to date has been stronger among the richer segments of society, and millions of girls who are among the world's poorest remain vulnerable.[12] Moreover, efforts to stop child marriage run up against harmful gender norms, laws and policies that fail to put girls' rights first. For example, although all but 4 of 170 countries and territories with available data specify 18 as a legal minimum age of marriage for girls, nearly two thirds of countries allow girls to marry before age 18 with parental or judicial consent.[13]

Figure 12. Percentage of women aged 20–24 years who were first married or in union before age 18, by region



Source: UNICEF global databases, 2019, based on MICS, DHS and other nationally representative sources.

Note: Analysis based on a subset of 97 countries with nationally representative data from 2012–2018, representing 62 per cent of the global population of women aged 20–24 years. Regional aggregates are based on at least 50 per cent population coverage. Data were insufficient to calculate regional averages for North America and Western Europe.

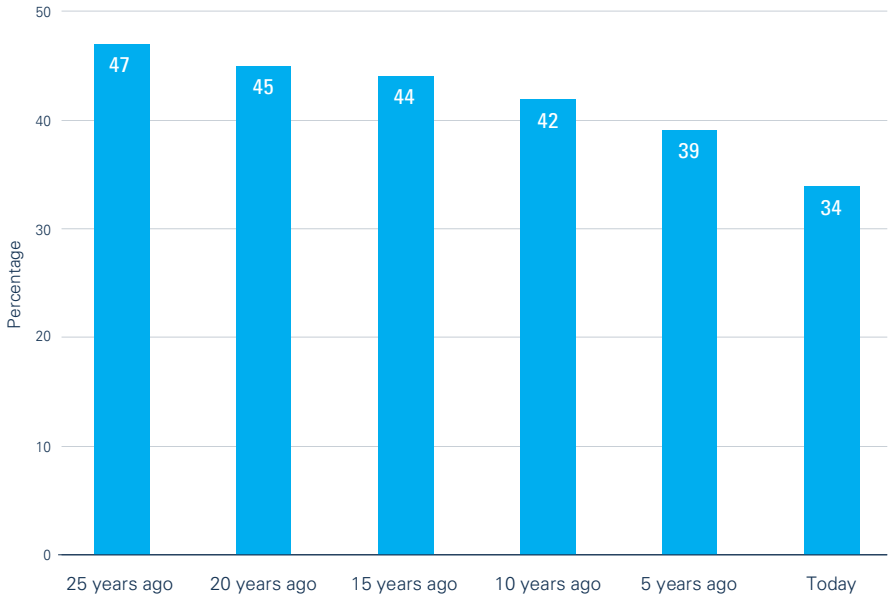
When I learned that my parents wanted to marry me off, I knew I couldn't let it happen. If I did, what kind of message would I be sending to other girls? With community support, I told my parents, I'd go to the police if they didn't give up."

Phulan, age 18, from Nepal, who is now free to continue her studies

The prevalence of FGM has declined over the past 25 years but the pace of decline has been uneven

Despite FGM being internationally recognized as a human rights violation that affects girls and women worldwide, one in three adolescent girls aged 15–19 years are still cut today in 31 practising countries with national data on prevalence (see Figure 13). In many of the countries where FGM is performed, it is a deeply entrenched social norm rooted in gender inequality. Yet there is evidence of change, with the practice declining in both countries where it was once universal as well as those with smaller practising communities.

Figure 13. Percentage of adolescent girls aged 15–19 years who have undergone FGM

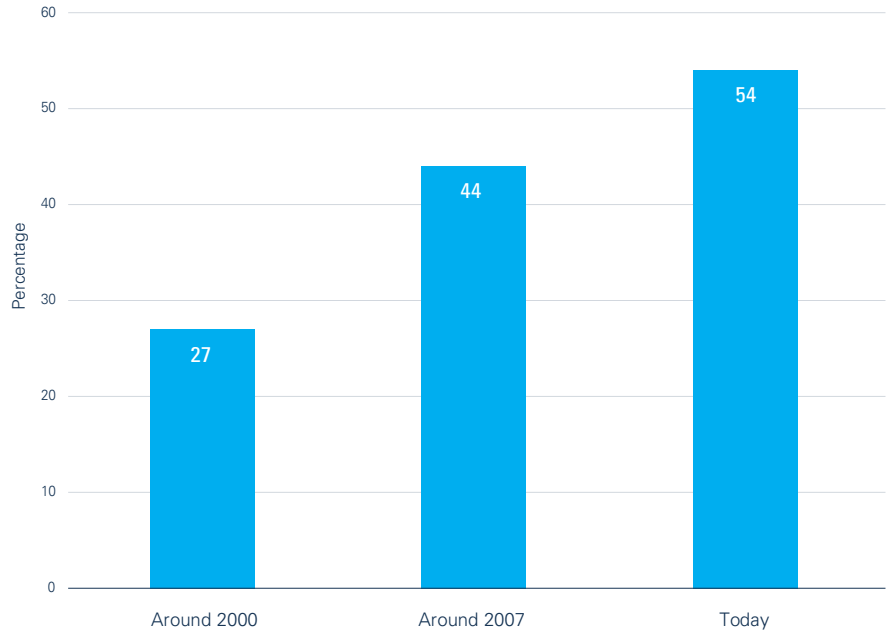


Source: UNICEF global databases, 2020, based on DHS, MICS and other national surveys, 2004–2018.
Note: This is a weighted average based on comparable data from 31 practising countries with nationally representative data on the prevalence of FGM.

Among countries most affected by FGM, opposition to the practice is growing

Opposition to FGM can be leveraged to promote elimination, particularly through education, communication and mobilization platforms that help challenge traditional mindsets and promote behaviour change. And in countries in which at least 50 per cent of girls and women have undergone FGM, opposition is growing. In the last two decades, the proportion of girls and women aged 15-49 years in high prevalence countries who want the practice to stop has doubled (see Figure 14). Moreover, adolescent girls are more likely than older women to oppose the continuation of FGM - suggesting that girls can lead the way towards abandonment of the practice.[14]

Figure 14. Percentage of girls and women aged 15–49 years who have heard of FGM and think the practice should stop, in high-prevalence countries



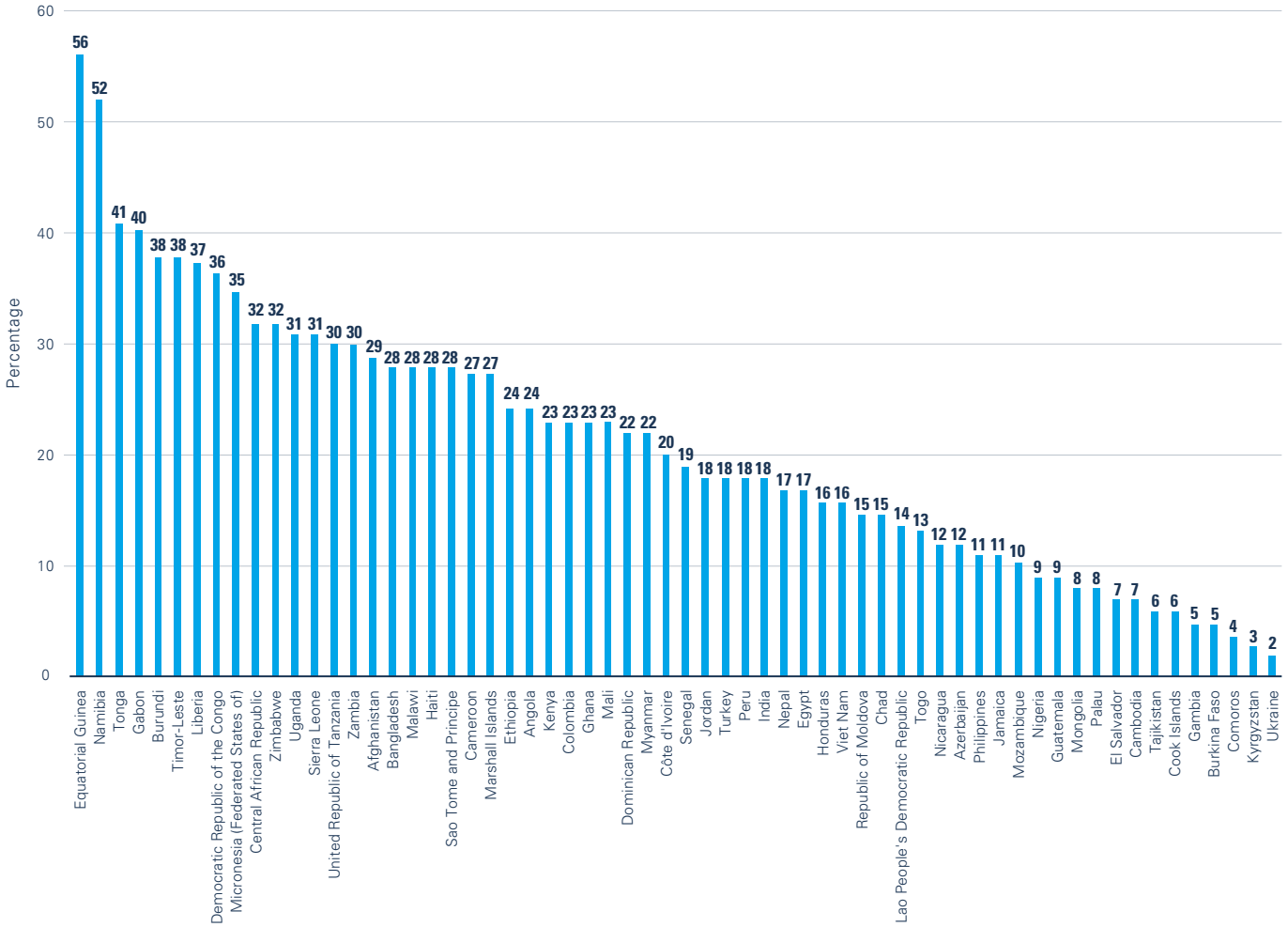
Source: UNICEF global databases, 2020, based on DHS, MICS and other national surveys.
Note: In high-prevalence countries, at least 50 per cent of girls and women have undergone FGM.

In more than one third of countries with comparable data, at least one in four ever-partnered adolescent girls have experienced recent intimate partner violence

Though both sexes can experience intimate partner violence, women and adolescent girls are at much greater risk for numerous reasons. Harmful gender norms that cast women and girls as inferior to men and boys are a major cause. These norms justify violence as a means of controlling female bodies and choices, as a form of punishment, or as a normal and acceptable way to resolve conflict.

Among 62 countries with comparable data on ever-partnered girls aged 15–19 years who have experienced recent intimate partner violence, prevalence rates range from two per cent in Ukraine to more than 50 per cent in Namibia and Equatorial Guinea (see Figure 15). Regionally, around one in five ever-partnered girls between the ages of 15 and 19 in sub-Saharan Africa and South Asia have experienced intimate partner violence. However, these data likely underestimate the extent of intimate partner violence experienced by adolescent girls since girls often do not report due to shame and fear of retribution.

Figure 15. Percentage of ever-partnered girls aged 15–19 years who have experienced physical and/or sexual violence by a current or former intimate partner during the last 12 months, 2010–2018*



Source: UNICEF global databases, 2019, based on DHS, MICS and other national surveys.

Notes: *Data refer to the most recent year available during the period specified in the chart title. Data for Côte d'Ivoire refer to currently married girls. Data for Bangladesh, Cook Islands, El Salvador, Jamaica, Lao People's Democratic Republic, Mongolia, Nicaragua and Palau differ from the standard definition. Data for Equatorial Guinea and Namibia are based on 25 to 49 unweighted cases and should be interpreted with caution. Data for Marshall Islands, Federated States of Micronesia and Tonga refer to girls aged 15 to 24 years and differ from the standard definition. Data for Mozambique refer to girls aged 18 to 19 years. Data for Turkey refer to girls aged 15 to 24 years. Data for Viet Nam refer to girls aged 18 to 24 years and differ from the standard definition.

If you give a girl the comprehensive sex education she deserves, by the time she grows up, she'll be able to make an informed decision about whom to have sex with and when. And if someone tries to exploit her for sex, she'll be able to recognize that this is happening and demand her rights."

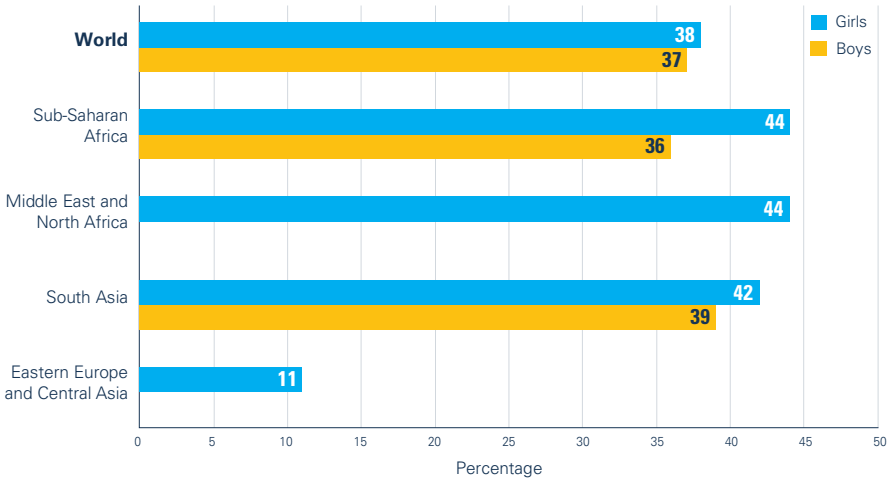
Marelin, age 19, from the Dominican Republic

Nearly 4 in 10 adolescent girls globally think wife-beating is justified

The social acceptability of intimate partner violence is reflected in attitudes about wife-beating. Acceptance among adolescents suggests that it can be difficult for married girls who experience violence to seek assistance, whether formally or informally, and for unmarried girls to identify and negotiate healthy and equitable relationships.

More than 40 per cent of adolescent girls aged 15–19 years in South Asia, the Middle East and North Africa, and sub-Saharan Africa think a husband is justified in hitting or beating his wife under certain circumstances. Moreover, globally, adolescent girls are as likely to justify wife-beating as boys (see Figure 16). Such attitudes may be influenced by deeply embedded gender norms that ascribe a lower social status to women and girls than to men and boys.

Figure 16. Percentage of adolescents aged 15–19 years old who consider a husband to be justified in hitting or beating his wife for at least one of five specified reasons, by sex and region, 2012–2018*



Source: UNICEF global databases, 2019, based on DHS, MICS and other national surveys.

Notes: *Data refer to the most recent year available during the period specified in the chart title. Reasons are if his wife: burns the food, argues with him, goes out without telling him, neglects the children or refuses sexual relations. Regional estimates represent data from countries covering at least 50 per cent of the regional population of *Data refer to the most recent year available during the period specified in the chart title. Reasons are if his wife: burns the food, argues with him, goes out without telling him, neglects the children or refuses sexual relations. aged 15–19 years. Data coverage was insufficient to calculate regional averages for East Asia and the Pacific, Latin America and the Caribbean, North America and Western Europe and for boys for the Middle East and North Africa and Eastern Europe and Central Asia.

Today, boys are still educated on the basis of very traditional values with little respect given to the role of women in society. In school, they are considered funny when they lift up girls' skirts."

Celia, age 23, from Spain

Most adolescent girls who have experienced forced sex never seek help

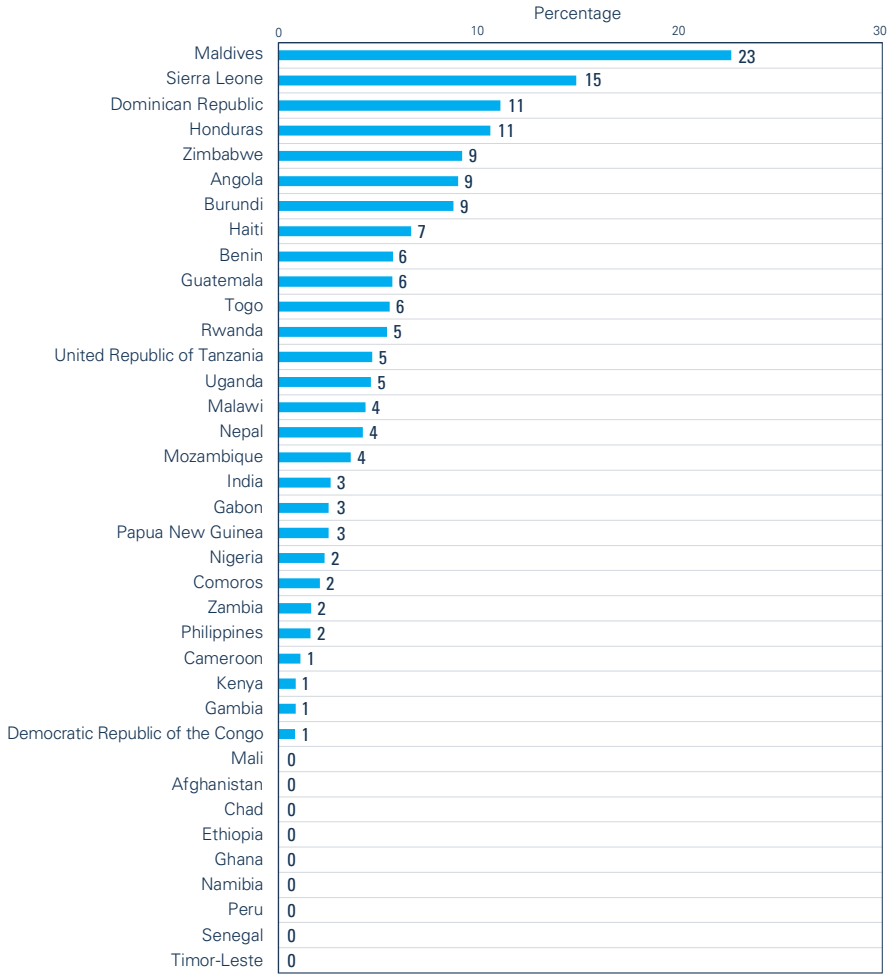
One in every 20 adolescent girls aged 15–19 years, around thirteen million, have experienced forced sex, one of the most violent forms of sexual abuse women and girls can suffer, in their lifetime.[15] Yet, very few of them seek professional help, preferring to keep their abuse secret.

In the majority of countries with available data, fewer than 10 per cent of adolescent girls aged 15–19 years who experienced forced sex sought professional help (see Figure 17).

The reasons for this are varied, but can include fear of retaliation, guilt, shame, fear of being blamed, lack of confidence in the abilities or willingness of professionals to help, lack of knowledge about available support services and mistrust of law enforcement.

Social norms can also affect a survivor's reluctance to come forward or dictate to whom she or he is expected to look to for assistance. Formal support services for survivors, including survivor-centred health services, continue to be lacking in many communities, creating even more obstacles for those who consider seeking help.[16]

Figure 17. Among girls aged 15–19 years who ever experienced forced sex, the percentage who sought help from professional sources, 2005–2018*



Source: UNICEF global databases, 2019, based on DHS and MICS.

Note: *Data refer to the most recent year available during the period specified in the chart title. Professional sources of help include doctor/medical personnel, police, lawyer/court and social service organization. Data for Chad, the Comoros, Ethiopia, the Gambia, Kenya, Namibia, Nepal, Peru, Senegal and Timor-Leste are based on 25–49 unweighted cases and should be interpreted with caution. Data for Afghanistan refer to ever-married girls aged 15–19 years who have ever experienced forced sex committed by a husband. The figures in this chart may overestimate help-seeking from professional sources for experiences of forced sex since they also include those who have ever experienced any physical violence and sought help.

Girls face heightened health risks in adolescence

Today, more children and adolescents are surviving than 25 years ago, but too few are thriving. Early childhood is a time to lay the foundations for a healthy life. Good nutrition and nurturing care are essential building blocks of children's physical and cognitive development, allowing them to survive, grow, learn and play.

Girls' and boys' nutritional needs are largely the same in early childhood. And, there are no observable differences in the prevalence of stunting, wasting or overweight by sex among children under five.[17] But, girls are especially vulnerable to malnutrition during adolescence – a period characterized by rapid physical growth, the onset of menstruation, and harmful expectations to marry or become mothers while still children.

Similarly, during early childhood, girls are no more likely than boys to manifest symptoms of depression, but after puberty girls' risks of depressive disorders increase substantially – and they are more likely than boys to be diagnosed with clinical depression in adolescence.[18] Among adolescent girls aged 15–19 years, suicide is the second leading cause of death, only surpassed by maternal conditions.[19]

Gender norms and discrimination can heighten health risks and rights violations, impacting girls' ability to access and benefit from health services to meet their specific needs.

Pregnancy, higher risks of HIV and human papillomavirus (HPV) infection, which are all preventable, are some of the significant health challenges girls face, with potentially lifelong consequences to their health and well-being.

In humanitarian emergencies, girls are at heightened risk of unwanted pregnancy, HIV infection, maternal death and disability, as well as gender-based violence, yet they are often forgotten in the response.[20] With limited access to health services, information or safe spaces, girls' vulnerabilities in crises increase.

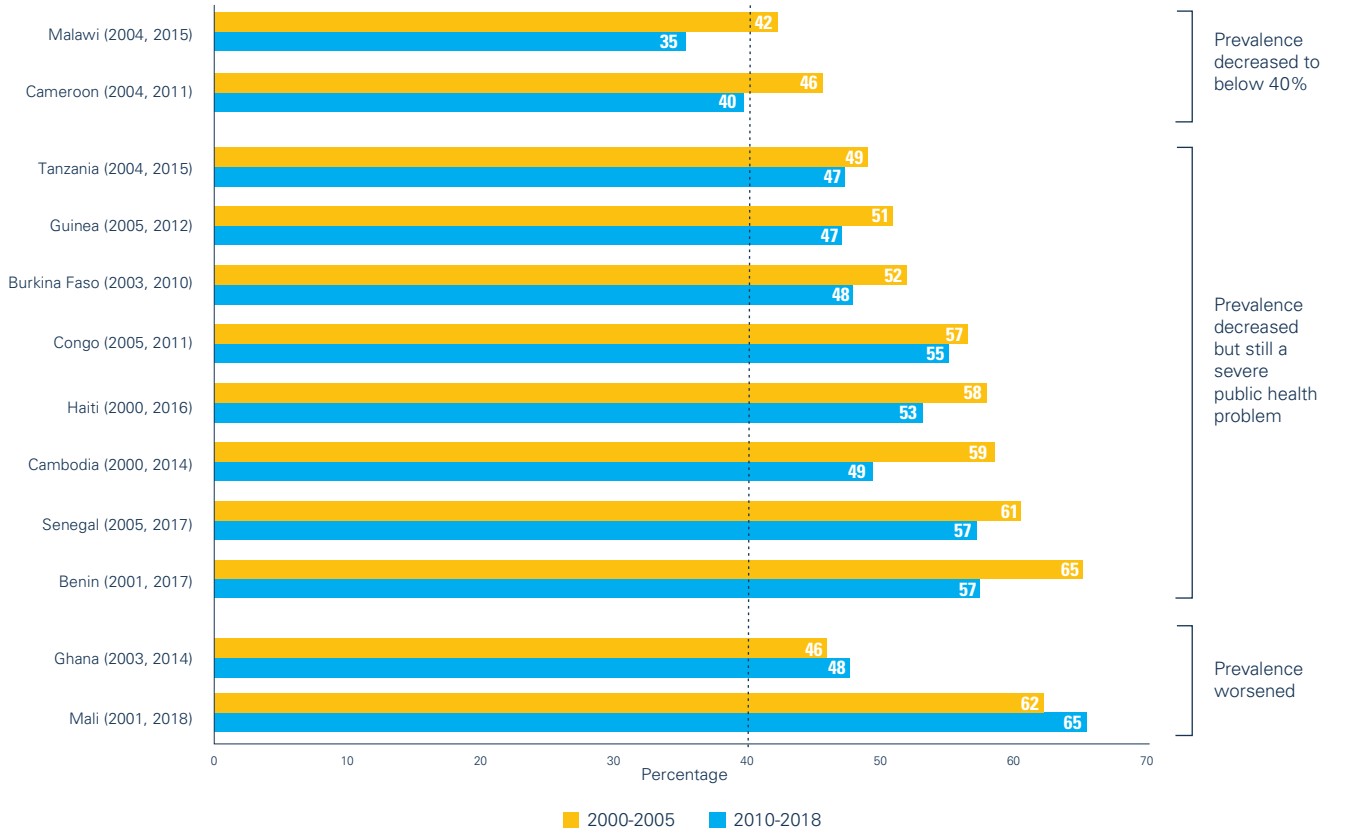
Over the past 20 years, progress to reduce anaemia among adolescent girls has been slow

Adolescent girls have an increased risk of iron deficiency anaemia due to their growth spurts and menstruation. Iron deficiency and iron deficiency anaemia are the leading causes of adolescent disability-adjusted life years (DALY) lost by girls aged 10–19 years.[21] Among women, iron-deficiency anaemia is linked to the greater likelihood of being poor, and lacking power and access to resources.[22]

Pregnant adolescents are particularly vulnerable to anaemia because they have dual iron requirements, for their own growth and the growth of the fetus. Having anaemia during pregnancy is associated with mortality and morbidity in the mother and baby, including risk of miscarriages, stillbirths, prematurity and low birth weight.[23]

Based on analysis of a subset of 12 countries with trend data on the prevalence of anaemia among adolescent girls aged 15–19 years, progress to reduce anaemia among adolescent girls has been slow. In all 12 countries, adolescent girls' anaemia was a severe public health problem 20 years ago, and in a majority of these countries, the crisis remains today (see Figure 18).

Figure 18. Percentage of adolescent girls aged 15–19 years with any anaemia, select countries, 2000–2017



Source: Demographic and Health Survey StatCompiler, 2019.

Note: Any anaemia is classified as <12.0 g/dl for non-pregnant women and <11.0 g/dl for pregnant women; Anaemia is considered a severe public health problem when prevalence is ≥40.0%.[24]

In South Asia, where virtually no progress has been observed since 1995, one in five girls are moderately or severely underweight

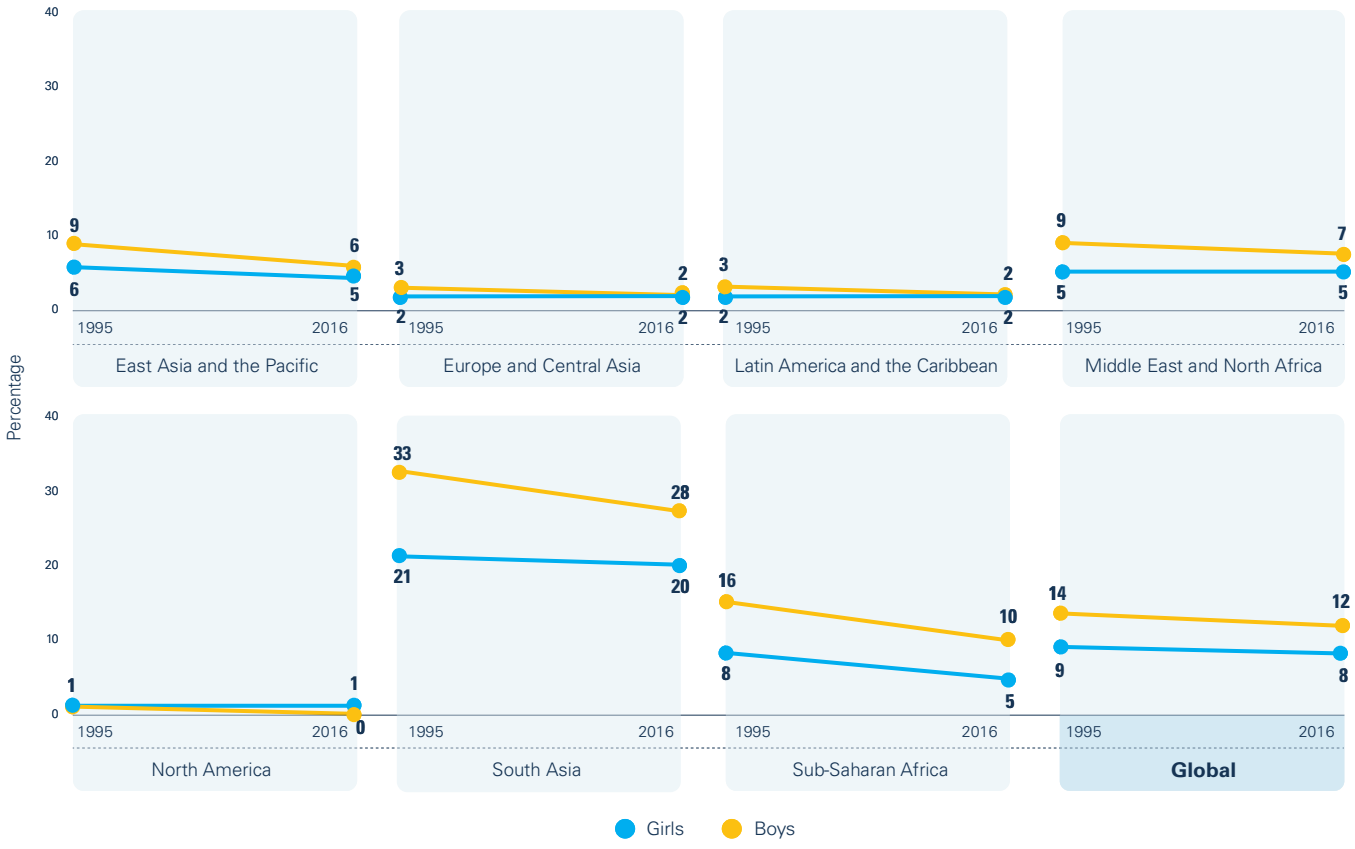
Being over or underweight can have long-term negative implications for children's health. For example, childhood obesity is associated with a higher chance of obesity, premature deaths from non-communicable diseases and disability in adulthood. For adolescent girls, this can negatively impact their self-esteem, confidence and learning, but also their health and that of their children, if they become pregnant.

In the past two decades, the proportion of girls aged 5–19 years who are moderately or severely underweight has remained the same (see Figure 19). But, the proportion of girls in this same age range who are overweight has nearly doubled since 1995, from 9 per cent to 17 per cent (see Figure 20). In absolute numbers, this represents an increase of 81 million overweight girls, globally, from 74 million to 155 million.

Among regions, East Asia and the Pacific has experienced the largest increase during this time, from under 15 million overweight girls aged 5–19 years to 38 million, followed by sub-Saharan Africa where 6 million girls aged 5–19 years were overweight in 1995 compared to 27 million in 2016. While Europe and Central Asia saw a smaller increase (from 15 million to 18 million girls), nearly one in four girls between the ages of 5 and 19 in the region are currently overweight.

Long thought of as a condition of the wealthy, overweight is now increasingly a condition of the poor. An increased access to 'cheap calories' from fatty and sugary foods, a shift in what children are eating from traditional to modern diets, as well as urbanization and lack of physical activity are contributing to this rise in overweight.[25]

Figure 19. Percentage of children aged 5–19 years who are moderately or severely underweight, by sex and region, 1995 and 2016

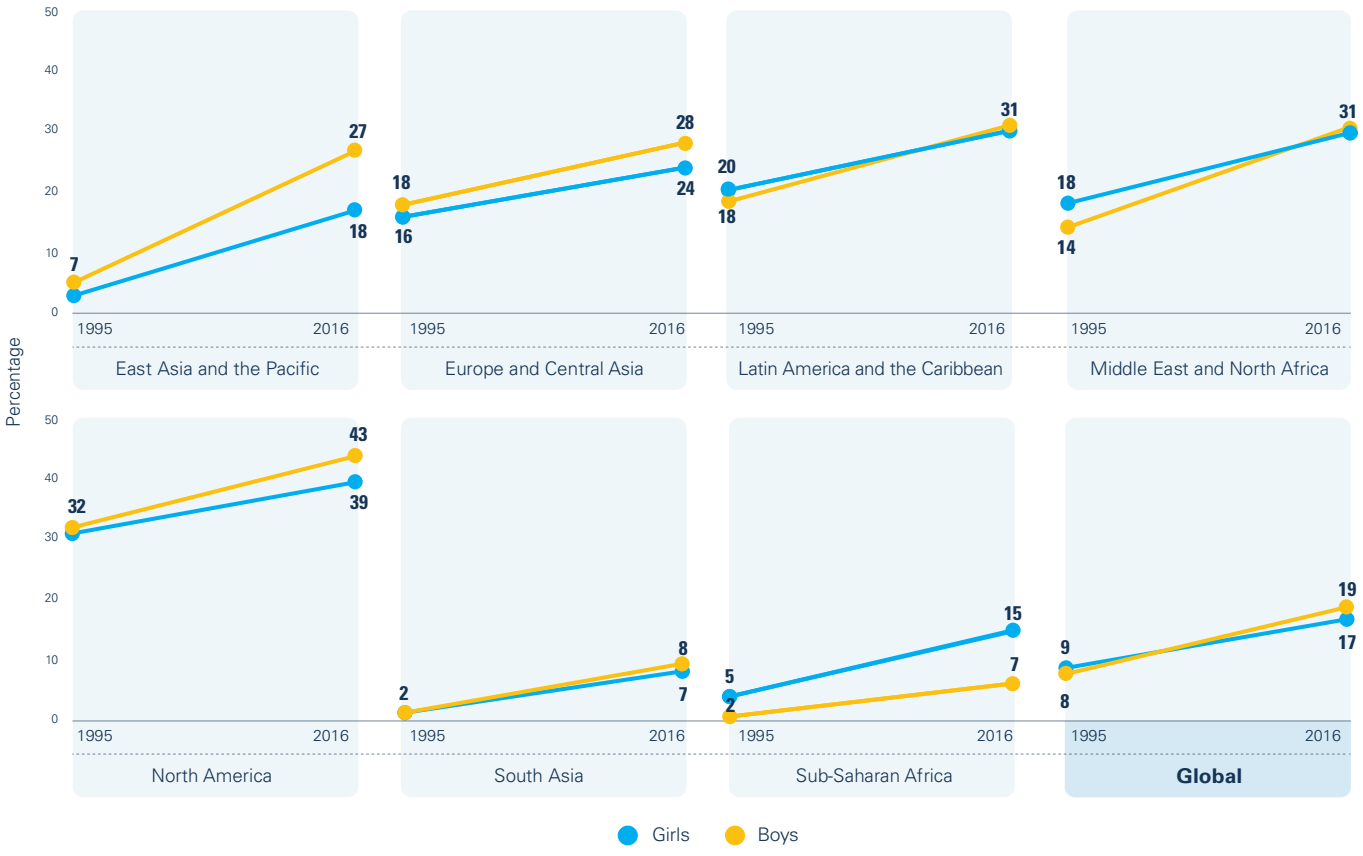


Source: NCD Risk Factor Collaboration (NCD-RisC), based on Worldwide trends in body mass index, underweight, overweight and obesity from 1975 to 2016: a pooled analysis of 2,416 population-based measurement studies in 128.9 million children, adolescents, and adults. The Lancet 2017, 390 (10113): 2627–2642.

Note: Moderate or severe underweight refers to percentage of children aged 5–19 years with BMI < –2 SD below the median according to the WHO child growth standards.

Globally, the proportion of girls aged 5–19 years who are overweight has nearly doubled since 1995

Figure 20. Percentage of children aged 5–19 years who are overweight, by sex and region, 1995 and 2016



Source: NCD Risk Factor Collaboration (NCD-RisC), based on Worldwide trends in body mass index, underweight, overweight and obesity from 1975 to 2016: a pooled analysis of 2,416 population-based measurement studies in 128.9 million children, adolescents, and adults. The Lancet 2017, 390 (10113): 2627–2642.

Note: Overweight refers to the percentage of children aged 5–19 years with BMI > 1 SD above the median according to the WHO child growth standards.

The adolescent birth rate has declined globally but remains high in sub-Saharan Africa

Pregnancy during adolescence can have a number of negative consequences for the health and well-being of girls. Globally, maternal conditions, such as haemorrhage, sepsis and obstructed labour, are the leading cause of mortality among adolescent girls between the ages of 15 and 19.[26] Unintended adolescent pregnancies, especially those outside of marriage, can also bring upon stigma, social isolation, school dropouts, forced marriage, and in some cases, violence and suicide.

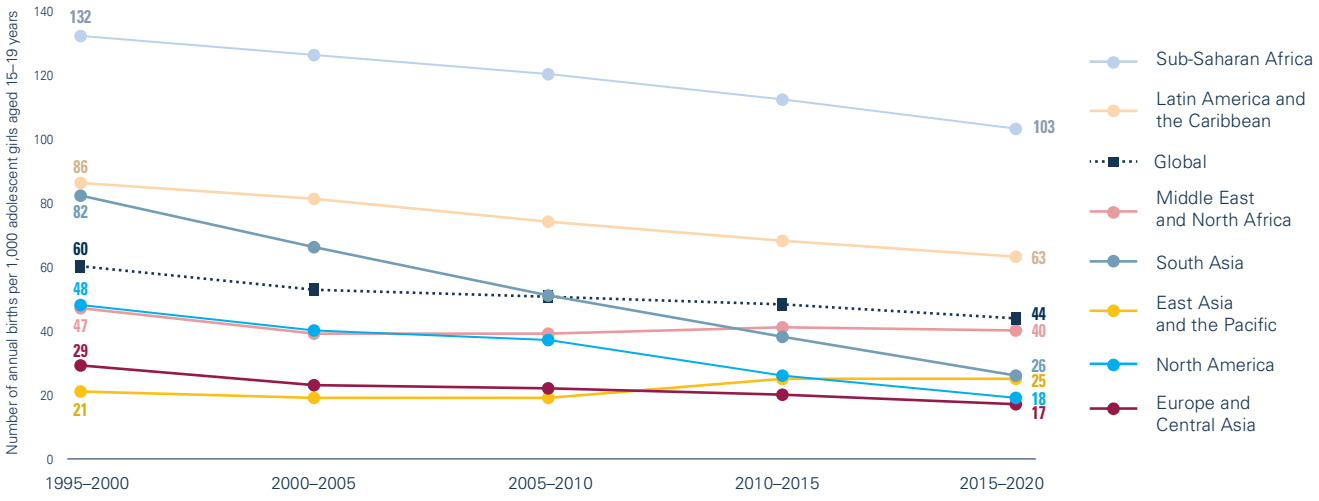
Over the past 25 years, the adolescent birth rate has declined from 60 births per 1,000 girls aged 15–19 years 9 to 44 births, worldwide (see Figure 21). But in East Asia and the Pacific, adolescent childbearing has slightly increased, from 21 to 25 births per 1,000 girls aged 15-19. South Asia has made the most progress in reducing early childbearing since 1995, with the adolescent birth rate dropping from 82 to 26 births per 1,000 girls. Although sub-Saharan Africa experienced a 22 per cent decline in the adolescent birth rate during this period, it continues to have the highest rate of any region globally, at 103 births per 1,000 adolescent girls. This means that for every 100 adolescent girls aged 15–19 years, 10 give birth. In countries where early marriage or union is prevalent, adolescent fertility rates are often higher.

Girls' secondary education is a powerful deterrent to becoming pregnant in adolescence. In all sub-Saharan African countries with available data, early childbearing is higher among adolescent girls with no education or only primary education. In half of these countries, the adolescent birth rate is more than double among less educated girls (see Figure 22). Comprehensive sexuality education, as well as access to adolescent-friendly health information and facilities, including confidential services on sexual and reproductive health, free of shame and stigma, also help reduce early pregnancy.

In my opinion, now is the time to complete our studies to succeed in the future, not to get pregnant early."

Cristina, age 16, from Timor-Leste, who advocates to end child marriage and teen pregnancy in her community

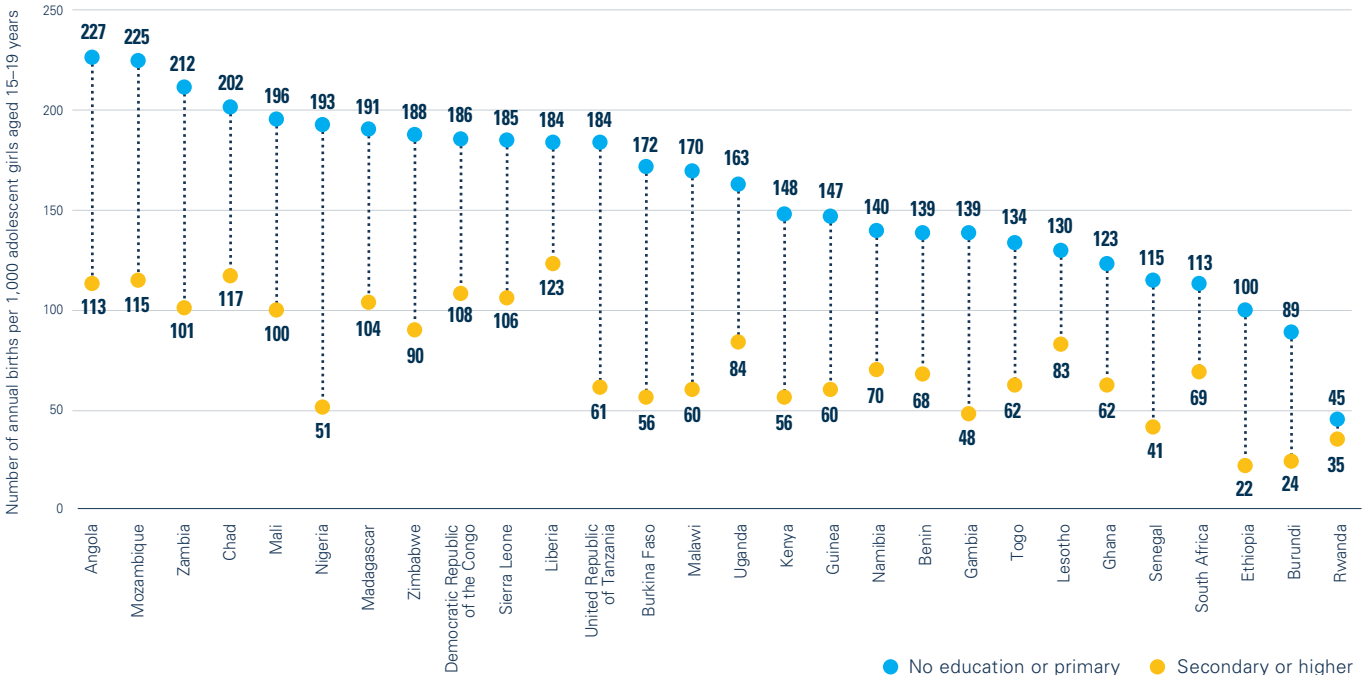
Figure 21. Adolescent birth rate, by region, 1995–2020



Source: United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects: The 2019 Revision*.

Early childbearing is more common among the least educated

Figure 22. Adolescent birth rate, by level of education and country, sub-Saharan Africa, 2013–2018*



Source: UNICEF analysis based on Demographic and Health Survey Statcompiler data, 2019.
Note: *Data refer to the most recent year available during the period specified in the chart title.

Too few adolescent girls are receiving essential maternal health care

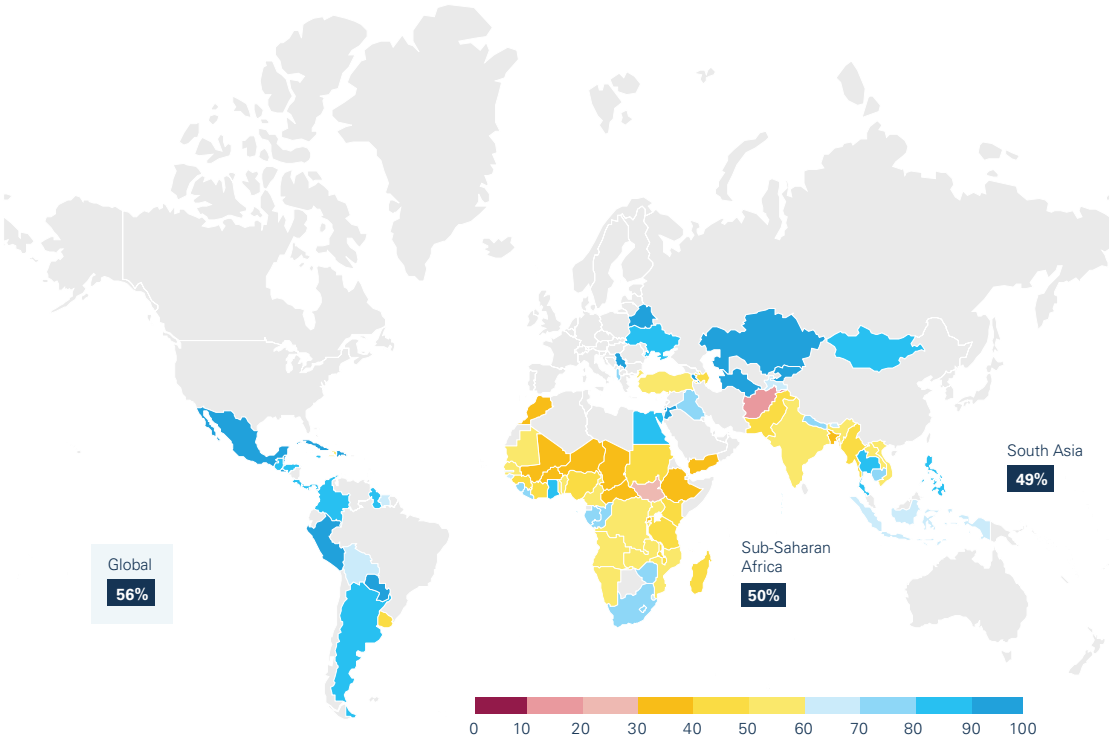
Receiving the appropriate number of antenatal care visits and delivering in health facilities is essential for pregnant women and girls.[27] Because most pregnant adolescent girls are experiencing their first pregnancy, their need for careful monitoring and quality care is acute. Yet, under one in two pregnant adolescent girls in South Asia receive at least four antenatal care visits. In sub-Saharan Africa, the region with the highest burden of adolescent childbearing, only one in two girls do (see Figure 23). Further, progress in the region over the past 20 years to improve adolescent girls' access to antenatal care has been slow and unsteady.

A critical strategy for improving maternal and newborn survival is ensuring that every baby is delivered with the assistance of a skilled birth attendant, which generally means a medical doctor, nurse or midwife.

Yet, nearly one in four births among adolescent mothers aged 15–19 years worldwide are not attended by skilled health personnel, putting the lives of these young mothers and their newborns at risk.

This is more grave in some countries such as South Sudan and Chad, where almost three in four adolescent mothers aged 15–19 years are not attended by a skilled health attendant (see Figure 24).

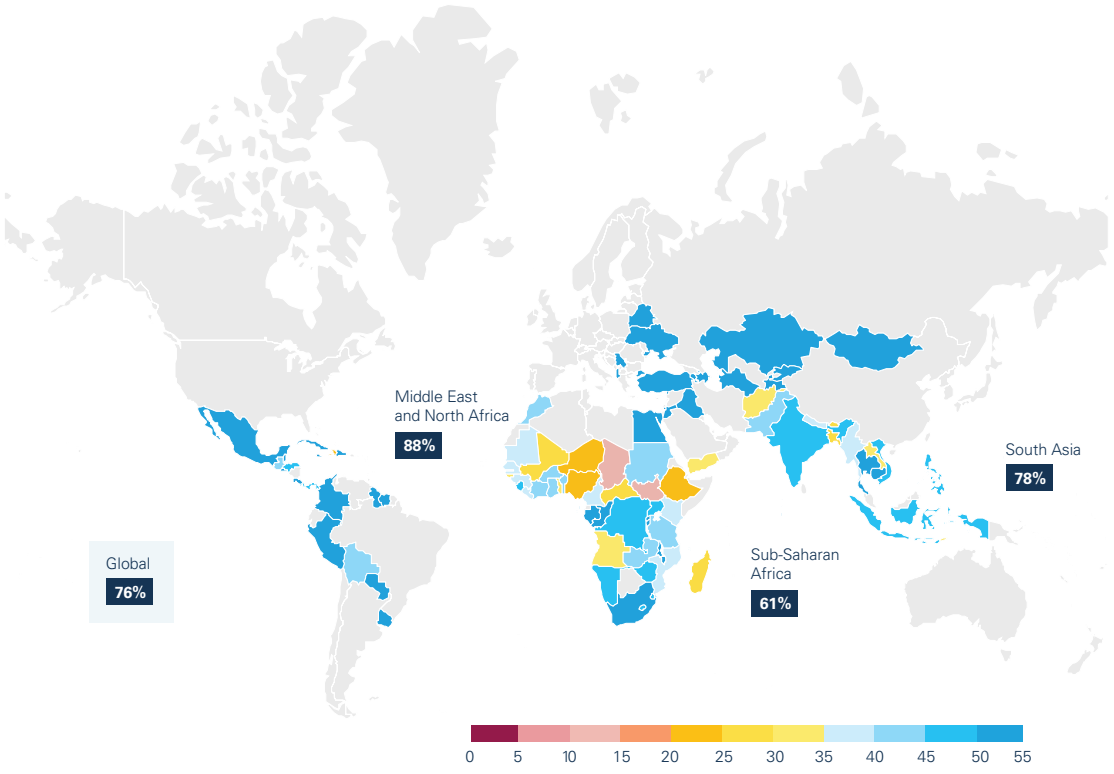
Figure 23. Percentage of adolescent girls aged 15–19 years attended by any provider at least four times during pregnancy (ANC4), 2013–2018*



Source: UNICEF's SOWC 2019 - data analyzed by International Center for Equity in Health, Federal University of Pelotas, Brazil, based on DHS, MICS and other national surveys, 2019.

Note: *Data refer to the most recent year available during the period specified in the chart title. Regional estimates represent data from countries representing at least 50 per cent of the regional population. Data coverage was insufficient to calculate regional estimates for East Asia and the Pacific, Europe and Central Asia, Middle East and North Africa, Latin America and the Caribbean and North America. The boundaries shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Figure 24. Percentage of births among adolescent mothers aged 15–19 years attended by skilled heath personnel (typically a doctor, nurse or midwife), by country, 2013–2018*



Source: Joint UNICEF/ WHO SBA database, based on DHS, MICS and other national surveys as well as national administrative data, 2019.

Note: *Data refer to the most recent year available during the period specified in the chart title. Regional estimates represent data from countries representing at least 50 per cent of the regional population. Data coverage was insufficient to calculate regional estimates for East Asia and the Pacific, Europe and Central Asia, Latin America and the Caribbean, and North America. The boundaries shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

While adolescent girls' access to family planning has increased over the past 25 years, many girls' needs remain unmet

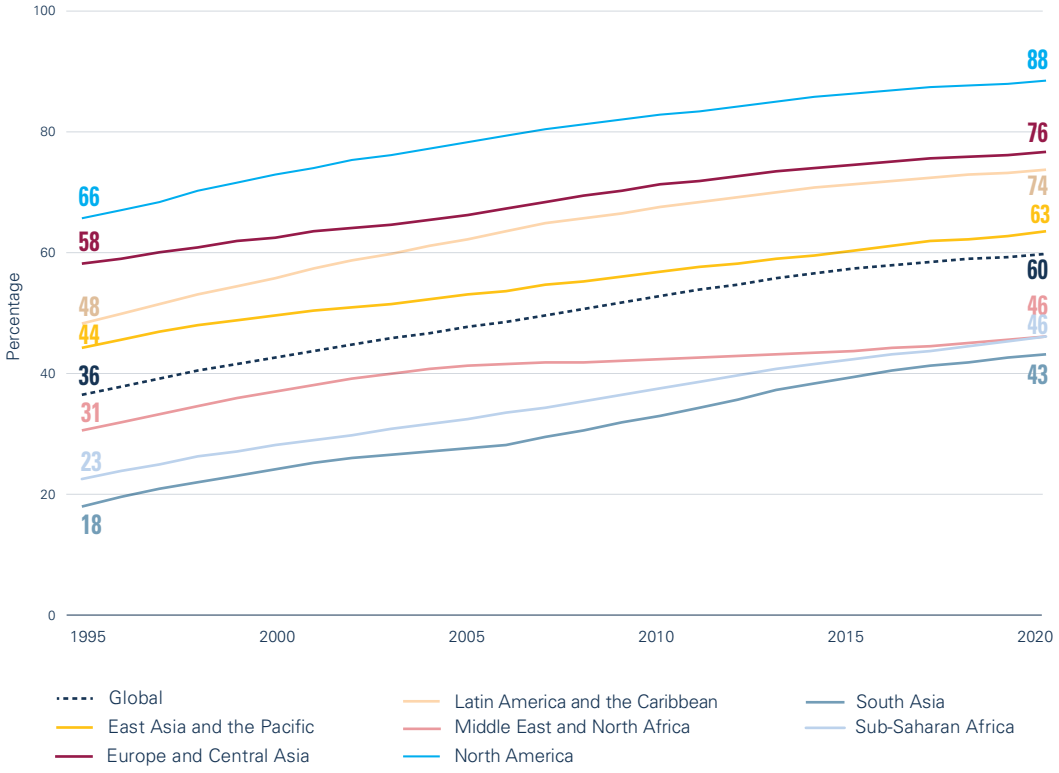
For many adolescent girls, pregnancies are neither planned nor wanted. Girls face barriers to accessing and using effective contraceptives, including cost, stigma, lack of access to accurate and relevant information, fear of side effects and limited decision-making autonomy. However, adolescent girls do make decisions about their health when they have the support, tools and resources to do so.

The proportion of adolescent girls aged 15–19 years whose needs for family planning were satisfied by modern methods rose from 36 per cent to 60 per cent between 1995 and 2020.

Yet, 4 in 10 adolescent girls aged 15–19 years who want to avoid pregnancy are currently not using a modern method

Wide variation is observed across regions. South Asia, sub-Saharan Africa and the Middle East and North Africa have all observed steady increases in adolescent girls' demand for family planning satisfied by modern methods over the past 25 years. Still, fewer than one in two adolescent girls in these regions have their demand satisfied compared to around three in four girls in Latin America and the Caribbean, and Europe and Central Asia, and 88 per cent of girls in North America (see Figure 25).

Figure 25. Percentage of adolescent girls aged 15–19 years who have their need for family planning satisfied with modern methods, by region, 1995–2020



Source: Aggregates calculated by United Nations, Department of Economic and Social Affairs, Population Division from survey data compiled in World Contraceptive Use 2019 (POP/DB/CP/Rev2019).

Note: Modern methods of contraception include female and male sterilization, the intrauterine device (IUD), the implant, injectables, oral contraceptive pills, male and female condoms, vaginal barrier methods (including the diaphragm, cervical cap and spermicidal foam, jelly, cream and sponge), lactational amenorrhea method (LAM), emergency contraception and other modern methods not reported separately (e.g., the contraceptive patch or vaginal ring).

Globally, adolescent girls continue to bear the brunt of the HIV epidemic

Historically, in the first decade of childhood, few gender disparities in the HIV epidemic have been observed. It is during adolescence that disparities begin to emerge, influenced by a wide range of gender inequalities. These include early and forced marriage, gender-based violence, unequal access to services and information, including sexual health knowledge, and a lack of negotiating power and economic autonomy.

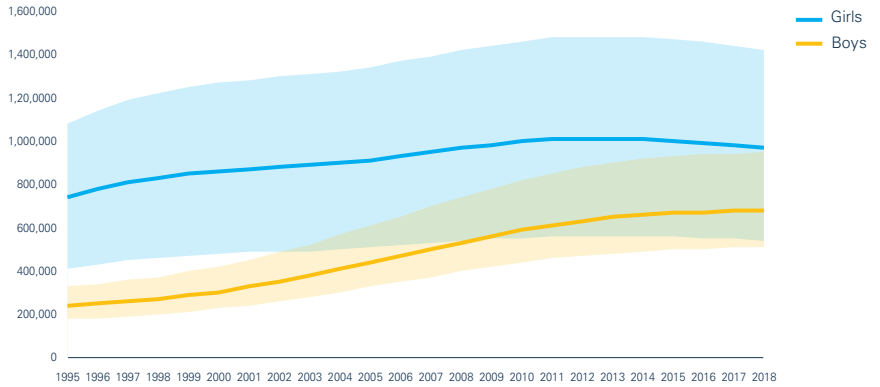
Globally, 970,000 adolescent girls aged 10–19 years are living with HIV today compared to 740,000 in 1995, a 31 per cent increase (see Figure 26).

Worldwide, the number of new HIV infections among adolescent girls has halved since 1995, but adolescent girls still account for nearly three in four new infections among adolescents (see Figure 27).

Further, although the number of HIV-related deaths among adolescent girls has declined globally since 2009, more than 300 adolescent girls continue to die every week (see Figure 28).

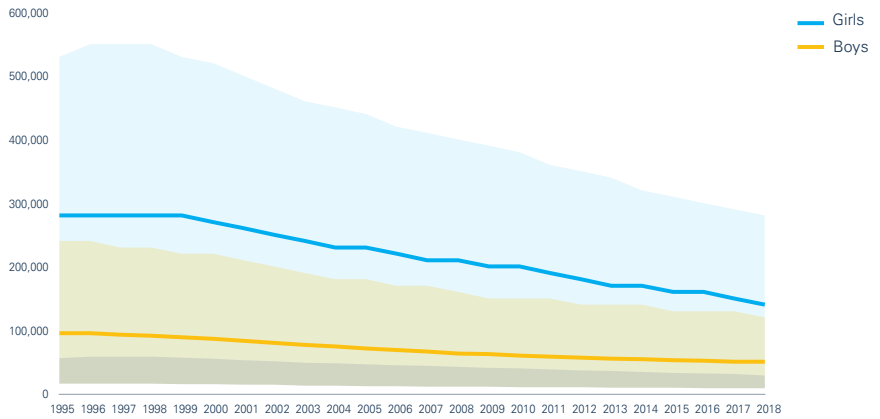
In sub-Saharan Africa, where four times as many adolescent girls are newly infected with HIV than adolescent boys, only 1 in 3 adolescent girls aged 15–19 years with multiple partners use condoms; less than than a third have comprehensive knowledge of HIV. Even fewer (15 per cent) have been tested for HIV in the past 12 months and received the results.[28]

Figure 26. Estimated number of adolescents aged 10–19 years living with HIV, by sex, 1995–2018



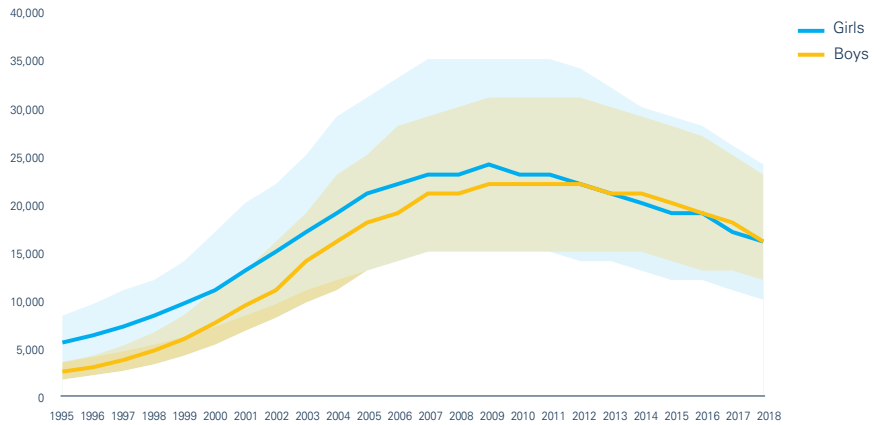
Source: UNAIDS estimates, 2019.

Figure 27. Estimated number of annual new HIV infections among adolescents aged 10–19 years, by sex, 1995–2018



Source: UNAIDS estimates, 2019.

Figure 28. Estimated number of annual AIDS-related deaths among adolescents aged 10-19 years, by sex, 1995–2018



Source: UNAIDS estimates, 2019.

Prioritizing actions with girls

Girls lives have been steadily improving for the past 25 years since the adoption of the Beijing Platform for Action. Fewer are getting married or becoming mothers, and more are in school and literate – acquiring key foundational skills for lifelong success.

But, it is clear that gaps remain in achieving the commitments set out in the Beijing Platform. The world has seen great improvement in terms of girls' access to primary and secondary education, but girls from the poorest households and those who are on the move or live in conflict and fragile settings have not benefited from this progress.

Girls – especially adolescent and marginalized girls – are far from being free of all discrimination and far from enjoying their full rights.

Violence, which should never occur, is still experienced by too many girls. No girl should be subject to child marriage, FGM, sexual violence or abuse in any place. Good health and well-being are the foundation of an empowered girl. When girls are healthy they can support themselves, resilient families and healthier future generations. Yet, girls today still face challenges receiving the health services and information they need to protect themselves against sexually transmitted infections or unintended pregnancies. And, too few are getting the proper nutrition they need to live long and healthy lives.

While the Beijing Platform of Action brought about improvements for girls' lives, the world has changed significantly since 1995. The rapid expansion of digital technology and internet connectivity now offer children and young people unlimited opportunities for learning, communicating and free expression – which can be a game-changer for helping them fulfil their potential. However, girls are not benefiting equally from this expansion, as fewer have access to technology like

mobile phones; when they do have access, resources and applications are not designed with girls in mind. As a result, girls are falling behind on acquiring the digital and social entrepreneurship skills needed to compete in the labour force or start their own business in the future.

Today, adolescent girls and young women also are leading and organizing global movements like "Fridays for the Future" for tackling climate change, and the "#MeToo movement" against sexual violence and harassment, to call action to where action is needed and show the power behind girls as changemakers. Girls' voices are rising. Now, the global community needs to listen and develop the solutions with girls at the centre so all girls, including those most marginalized, can move from dreaming to achieving.

First, the global community must look to girls.

Girls are rights holders, and equal partners in the fight for gender equality. They represent a tremendous engine for transformational change towards gender equality. They deserve the full support of the global community to be empowered to successfully transition to adulthood with their rights intact, able to make their own choices and with the social and personal assets acquired to live fulfilled lives.

This requires expanding opportunities for girls to be the changemakers, actively engaging their voices and opinions in their communities and political processes about any decision that relates to their bodies, education, careers and future. All actions should place girls' voices at the centre – no decisions for girls, without girls.

Second, more targeted investment in adolescent girls, as a unique group with interlinked vulnerabilities, opportunities and perspectives, is needed.

This includes scaling up investments in girls' programming models that will accelerate progress aligned to today's reality, including in developing adolescent girls' education and skills for the Fourth Industrial Revolution; ending gender-based violence, child marriage and FGM and ensuring girls have accurate, timely and respectful health information and services. Synergies must be built and partnerships expanded between adolescent girls' skills development and women's economic participation to address persistent gender divides, in areas such as STEM.

Finally, accountability for commitments to girls cannot be achieved without stronger investment in data.

Increasing investments in the production and intersectional analysis of high quality, timely, sex- and age-disaggregated data for children and adolescents, including adolescents aged 10–14 years, particularly in areas where data are limited -such as gender-based violence, twenty-first century skills acquisition, adolescent nutrition and mental health – is needed to drive evidence-informed policy and programme decisions for adolescent girls and to further accountability.

Additionally, to ensure all girls live fulfilled lives, data must make marginalized girls visible. This includes girls living with disabilities, in rural areas or in the poorest households, from ethnic minorities and indigenous groups, in fragile and conflict settings and those who may be marginalized due to sexual orientation or gender identity.

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