

PROTECTING GIRLS' RIGHTS

The Foundation for Addressing Motherhood in Childhood

*Background paper for
The State of World Population 2013*



state of world population 2013

Adolescent Pregnancy: the Human Rights Dimension

This monograph was conceived as a background paper for the *State of the World Population 2013, "Motherhood in Childhood" Facing the Challenge of Adolescent Pregnancy*. This background paper was produced by the Information and External Relations Division with support from the Gender, Human Rights and Culture Branch at the Technical Division - United Nations Population Fund (UNFPA).

Editorial Team:

Editor: Richard Kollodge

Technical Human Rights Advisor: Alfonso Barragues

Chief, Gender Human Rights and Culture Branch: Luis Mora

Other Editorial Support:

Bruce Campbell, Kate Gilmore, Mona Kaidbey, Laura Laski, Sonia Martinelli-Heckadon and Sylvia Wong

LEAD RESEARCHER AND AUTHOR

Christina Zampas, J.D., is an international human rights lawyer focusing on sexual and reproductive rights issues. She is currently a consultant for UN agencies and non-governmental organizations and a Fellow at the International Reproductive and Sexual Health Law Program at the Faculty of Law, University of Toronto. Earlier, she served as director of the Center for Reproductive Rights Europe Program, where for 10 years she led litigation, legal advocacy and training efforts in Europe. She also managed projects on women's health in West African parliaments for Parliamentarians for Global Action. She has taught at University of Miami Law School's human rights clinic and was a visiting lecturer at several law faculties in the Russian Federation. She is the author of numerous peer-reviewed articles.

The views expressed herein are those of the author and do not necessarily reflect the views of UNFPA or the United Nations.

Cover photo: © Mark Tuschman/AMMD

UNFPA

Delivering a world where
every pregnancy is wanted
every childbirth is safe and
every young person's
potential is fulfilled

PROTECTING GIRLS' RIGHTS

The Foundation for Addressing
Motherhood in Childhood

*Background paper for
The State of World Population 2013*

Foreword

When a girl becomes pregnant, her present and future change radically, and rarely for the better. Her education may end, her job prospects evaporate, and her vulnerabilities to poverty, exclusion and dependency multiply.

Many countries have taken up the cause of preventing adolescent pregnancies, often through actions aimed at changing a girl's behaviour. Implicit in such interventions are a belief that the girl is responsible for preventing pregnancy and an assumption that if she does become pregnant, she is at fault.

Such approaches and thinking are misguided because they fail to account for the circumstances and societal pressures that conspire against adolescent girls and make motherhood a likely outcome of their transition from childhood to adulthood. When a young girl is forced into marriage, for example, she rarely has a say in whether, when or how often she will become pregnant. A pregnancy-prevention intervention, whether an advertising campaign or a condom distribution programme, is irrelevant to a girl who has no power to make any consequential decisions.

What is needed is a new way of thinking about the challenge of adolescent pregnancy. Instead of viewing the girl as the problem and changing her behaviour as the solution, governments, communities, families and schools should see poverty, gender inequality, discrimination, lack of access to services, and negative views about girls and women as the real challenges, and the pursuit of social justice, equitable development and the

empowerment of girls as the true pathway to fewer adolescent pregnancies.

Efforts—and resources—to prevent adolescent pregnancy have typically focused on girls ages 15 to 19. Yet, the girls with the greatest vulnerabilities, and who face the greatest risk of complications and death from pregnancy and childbirth, are 14 or younger. This group of very young adolescents is typically overlooked by, or beyond the reach of, national health, education and development institutions, often because these girls are in forced marriages and are prevented from attending school or accessing sexual and reproductive health services. Their needs are immense, and governments, civil society, communities and the international community must do much more to protect them and support their safe and healthy transition from childhood and adolescence to adulthood. In addressing adolescent pregnancy, the real measure of success—or failure—of governments, development agencies, civil society and communities is how well or poorly we respond to the needs of this neglected group.

Adolescent pregnancy is intertwined with issues of human rights. A pregnant girl who is pressured or forced to leave school, for example, is denied her right to an education. A girl who is forbidden from accessing contraception or even information



about preventing a pregnancy is denied her right to health. Conversely, a girl who is able to enjoy her right to education and stays in school is less likely to become pregnant than her counterpart who drops out or is forced out. The enjoyment of one right thus puts her in a better position to enjoy others.

From a human rights perspective, a girl who becomes pregnant—regardless of the circumstances or reasons—is one whose rights are undermined.

Investments in human capital are critical to protecting these rights. Such investments not only help girls realize their full potential, but they are also part of a government's responsibility for protecting the rights of girls and complying with human rights treaties and instruments, such as the Convention on the Rights of the Child, and with international agreements, including the Programme of Action of the 1994 International Conference on Population and Development, which continues to

guide the work of UNFPA today.

The international community is developing a new sustainable development agenda to succeed the Millennium Declaration and its associated Millennium Development Goals after 2015. Governments committed to reducing the number of adolescent pregnancies should also be committed to ensuring that the needs, challenges, aspirations, vulnerabilities and rights of adolescents, especially girls, are fully considered in this new development agenda.

There are 580 million adolescent girls in the world. Four out of five of them live in developing countries. Investing in them today will unleash their full potential to shape humanity's future.

Dr Babatunde Osotimehin

United Nations Under-Secretary-General
and Executive Director
UNFPA, the United Nations Population Fund

▲ *Dr Osotimehin
with adolescent
peer educators
in South Africa.*
© UNFPA/Rayana
Rassool





Adolescent pregnancy

The human rights dimension

Every day, 20,000 girls below age 18 give birth in developing countries. Births among girls are also common in developed countries but on a much smaller scale.

◀ *A 13-year-old fistula patient at a VVF centre in Nigeria.*
© UNFPA/Akintunde Akinleye

Every day, 20,000 girls below age 18 give birth in developing countries. Births among girls are also common in developed countries but on a much smaller scale.

A pregnancy can have immediate consequences for a girl's health, education and income-earning potential. And it often alters the course of her entire life.

The tragedy is that for most adolescents, particularly those below the age of 18, pregnancies are not the result of a deliberate choice. To the contrary, pregnancies are generally the result of an *absence of choices* and of circumstances beyond a girl's control. Early pregnancies reflect powerlessness, poverty and pressures—from partners, peers, families and communities. And in too many instances, they are the result of sexual violence or coercion. Girls who have little autonomy—particularly those in forced marriages—have little say about whether or when they become pregnant.

Governments, civil society, families and community leaders that are serious about preventing pregnancy should take steps to build girls' agency and options. This means investing in girls' human capital, empowering girls to make decisions in all spheres of their lives, and creating conditions where girls are able to fully enjoy and exercise their basic human rights. Study after study has shown that these investments will yield transformative and long-lasting benefits—for the girls at risk, for their future families and for their communities and countries. It is an investment not only in this generation, but in the next.

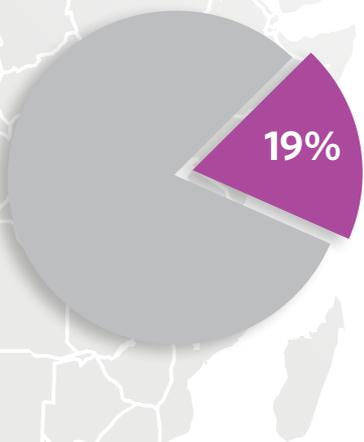
Adolescent pregnancy is both a cause and consequence of rights violations.

Pregnancy undermines a girl's possibilities for exercising the rights to education, health and autonomy, as guaranteed in international treaties such as the Convention on the Rights of the Child. Conversely, when a girl is unable to enjoy basic rights, such the right to education, she becomes more vulnerable to become pregnant. According to the Convention on the Rights of the Child, anyone under the age of 18 is considered a child. For nearly 200 adolescent girls every day, early pregnancy results in the ultimate rights violation—death.

Girls' rights are already protected—on paper—by an international, normative framework that requires governments to take steps that will make it possible for girls to enjoy their rights to an education, to health and to live free from violence and coercion. Children have the same human rights as adults but they are also granted special protections to address the inequities that come with their age. We need to make these protections real.

Upholding the rights that girls are entitled to can help eliminate many of the conditions that contribute to adolescent pregnancy and help

PREGNANCY BEFORE AGE 18



About 19 per cent of young women in developing countries become pregnant before age 18

mitigate many of the consequences to the girl, her household and her community.

Addressing these challenges through measures that protect human rights is key to ending a vicious cycle of rights infringements, poverty, inequality, exclusion and adolescent pregnancy.

The human rights approach to adolescent pregnancy means working with governments to remove obstacles to girls' enjoyment of rights. This means addressing underlying causes, such as child marriage, sexual violence and coercion, lack of access to education and sexual and reproductive health, including contraception and information. Governments, however, cannot do this alone. Other stakeholders and duty-bearers, such as teachers, parents, and community leaders, also play an important role.

Causes and consequences

Many of the consequences of pregnancy for an adolescent are well known. Research has shown, for example, the impact a pregnancy can have on a girl's education and health. Pregnancy-related complications are a leading cause of death for adolescent girls in developing countries (Patton, 2009).

Research has also provided insights into some of the factors that cause and perpetuate adolescent pregnancies, with gender discrimination and inequality being root causes. For example, close to 50 percent of all sexual assaults around the world are against girls below 16 years of age (UNFPA, 2005). Entrenched gender norms and stereotypes—and the laws and policies that reinforce them—can inhibit or block access to



◀ Sixteen-year-old Usha Yadab, class leader for Choose Your Future, a UNFPA-supported programme in Nepal that teaches girls about health issues and encourages the development of basic life skills.

©William Ryan/UNFPA

essential sexual and reproductive health services and information. Obstacles to, or lack of, services contribute to high rates of pregnancy and maternal mortality among adolescent girls.

Last year, the Office of the High Commissioner for Human Rights issued a groundbreaking report, which framed the United Nations Human Rights Council's numerous resolutions on maternal mortality and morbidity as human rights violations and identified some of the underlying causes of adolescent pregnancy:

The first step is to analyse not only why adolescent girls suffer from high rates of maternal morbidity and death, but also why they are becoming pregnant. A human rights-based approach defines the problem and addresses it in terms of both the immediate and underlying causes of maternal mortality and morbidity, given that they determine the possibilities for resolving concrete problems at the

local level. Amidst many other factors, adolescent pregnancy might be due to a lack of comprehensive sexuality education; gender norms that reinforce early pregnancy; early marriage; high levels of sexual violence and/or transactional sex; a lack of youth-friendly health services; lack of affordable and accessible contraception; or a combination of the above. Disproportionately high rates of morbidity and death may be attributable to, inter alia, late arrival at health facilities or failure to seek care for any of the reasons noted in the example above. Among adolescents, there might also be a disproportionately high rate of self-induced abortion and fear of criminal sanctions; a marked lack of awareness relating to obstetric alarm signals; perceived and actual insensitivity to youth in facilities; or a combination of the above (Office of the High Commissioner for Human Rights, 2012, para 59).

Wide view of the 23rd session of the Human Rights Council.



Intersecting forms of inequality compound the situation. Adolescent girls living in poverty or in rural areas, or who are also disabled, or indigenous, face additional barriers to accessing sexual and reproductive health information and services, and in some cases, are more likely to be subject to sexual violence.

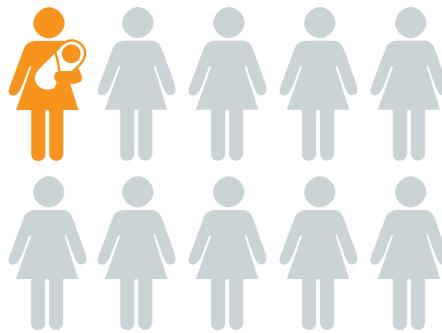
Addressing adolescent pregnancy through human rights protections is built on an international, normative framework that requires governments to take steps that will make it possible for girls to enjoy their rights to an education, to health and to live free from violence. In fact, human rights apply to everyone, regardless of their age. Children have the same human rights as adults but they are also granted special protections to address the inequities that come with their age.

Girls who become pregnant are often not able to enjoy or exercise their rights as guaranteed in international treaties such as the Convention on the Rights of the Child. Similarly, when a girl is unable to enjoy basic rights such as her right to an education, she becomes more vulnerable to become pregnant before adulthood.

If the adolescent girl becomes pregnant as a result of forced or coerced sex, her rights are further undermined. If that same girl is unable to attend school because she is pregnant or responsible for taking care of her children, her rights are again denied. If she cannot attend school, her income-earning potential in life is blunted, and her chances of spending the rest of her life in poverty increase dramatically.

Rights violations are often an underlying cause and frequently a consequence of adolescent pregnancy.

Upholding rights, therefore, can help eliminate many of the conditions that contribute to



ONE GIRL IN 10

has a child before the age of 15 in
Bangladesh, Chad, Guinea, Mali,
Mozambique and Niger

adolescent pregnancy and help mitigate many of the consequences to the girl, her household and her community.

Addressing these challenges through human rights protections is key to ending a vicious cycle of rights infringements, poverty, inequality, exclusion and adolescent pregnancy.

Human rights foundations

At the International Conference on Population and Development (ICPD) in 1994, 179 governments acknowledged the connection among early marriage, adolescent childbearing and elevated rates of adolescent maternal mortality. The ICPD Programme of Action highlighted the critical role that education can play in preventing these harms (ICPD Programme of Action, Principle 4 and para 7.41). Governments agreed to protect and promote adolescents' rights to reproductive health education and information and to guarantee universal access to comprehensive and factual information on reproductive health.



▲ Marielle, 25, gave birth when she was 13.
© UNFPA/
Berge, Borghild

Since the ICPD, United Nations treaty-monitoring bodies, which interpret and monitor governments' compliance with human rights treaties, have recognized the need to empower adolescents to make informed decisions about their lives and have asserted that *adolescents have the same human rights, including reproductive rights, as adults have*. The Convention on the Rights of the Child, the most ratified human rights treaty in the world, expressly recognizes children as rights holders. However, lacking the legal capacity to act on their own behalf, in many cases children as rights-holders are not given the ability or choice to claim their rights. This lack of autonomy in decision-making, combined with their low social and economic status and their

physical vulnerability, make it more difficult for them to enjoy and exercise those rights. Adolescent girls who become pregnant additionally face stigma and discrimination in their families, communities and the institutions that are supposed to serve them.

Despite the critical health and human rights issues at stake, individuals, families and policymakers alike are reluctant to talk about adolescent sexuality and pregnancy, stirring controversy and preventing development of appropriate measures to address important issues. Misguided assertions that practices, such as child marriage, somehow *justify* violations of adolescents' rights are but one example of the obstacles to progress in addressing adolescent pregnancy.

One of the root causes underlying the challenges adolescents face in exercising their reproductive rights is persistent gender discrimination and inequality in society. Stereotypes around women's primary role as mothers and girls as potential child-bearers, attitudes around sexual activity before marriage and adolescent sexuality, generally permeate attitudes of health care providers, educators, families and societies. These beliefs and attitudes can negatively influence the development of laws, policies and programmes for adolescents, resulting in negative health outcomes, as evidenced by the high levels of maternal mortality among adolescents, and compromising their human rights (ICPD Programme of Action, para 4.17; Cook et.al, 2007; United Nations Special Rapporteur on Health, 2011). Compounding gender discrimination and inequality are factors such as poverty, race and disability. For example, adolescent childbearing and unsafe abortion are more prevalent among poor women than among the better off (Gutmacher Institute and International Planned Parenthood Federation, 2013; International Planned Parenthood Federation, 2011; Organization for Economic Co-operation and Development, 2010; International Planned Parenthood Federation, 2006).

The international consensus reflected in the ICPD Programme of Action and in the standards developed by United Nations treaty-monitoring bodies recognize that the lack of sexuality education and sexual and reproductive health care, and the prevalence of child marriage and sexual violence are conditions which foster and perpetuate adolescent pregnancy and the numerous rights violations that accompany it. Such violations impact all aspects of an

adolescent girl's life—for the rest of her life. It was agreed at the ICPD that an effective government response should include creating and implementing laws, policies and programmes that enable adolescents to flourish and achieve their full potential, including preventing adolescent pregnancy (ICPD paras 4.15, 4.17, 6.7).

Duty of the State: respect, protect and fulfil human rights

A State has an obligation to respect, protect and fulfil human rights. This includes both limitations on its actions and proactive measures it must undertake in the area of adolescent health. *The obligation to respect* requires States to refrain from interfering directly or indirectly with

UNITED NATIONS TREATY-MONITORING BODIES

Each of the major United Nations human rights treaties has a committee made up of experts mandated to monitor and provide guidance to States parties to ensure their compliance with these instruments. States submit reports to these treaty-monitoring bodies on their efforts to respect, protect and fulfil human rights enshrined in a given treaty. After reviewing these reports and having discussions with government officials, the treaty-monitoring bodies issue "concluding observations" about whether State obligations have been met and make recommendations for measures to take where governments have fallen short. Every year, these observations are compiled and sent to the General Assembly of the United Nations. The treaty-monitoring bodies also issue general comments and recommendations which are not country-specific, but which address measures that all countries can take to ensure that specific rights or issues covered by the treaty are addressed. Finally, most of these bodies can also hear individual complaints alleging violations of the treaty against a specific country. Taken together, the concluding observations, general comments, and case decisions of the bodies serve as legal authorities that interpret the meaning of treaty obligations of States parties, providing benchmarks for state compliance (United Nations Office of the High Commissioner for Human Rights).

human rights. For example, States have an obligation under international law to refrain from denying or limiting access to health-care services by adolescents by requiring parental consent, for example; from limiting access to contraceptives and other means of maintaining sexual and reproductive health; and from withholding, censoring or misrepresenting health information. *The obligation to protect* requires States to prevent third parties from interfering with the realization of these rights. This would include taking necessary legislative and other measures to protect adolescents from sexual violence and address child marriage, situations that lead to adolescent pregnancy, and to guarantee that pregnant adolescents and adolescent mothers can continue their education and are not prohibited from attending school. *The obligation to fulfil* requires States to adopt appropriate legislative, administrative, budgetary, judicial, promotional and other measures to enable full enjoyment of rights. States must, for instance, provide for health care and adopt a national health policy or a national health plan covering the public and private sectors. They must take measures to prevent adolescent pregnancy and to empower adolescents to make informed choices regarding their reproductive rights. This includes ensuring the availability, accessibility and affordability of quality youth-friendly services, including contraceptive services, by trained personnel, especially to the most vulnerable, such as poor or indigenous adolescents. States also have a duty to ensure that maternal health care addresses the particular needs of pregnant adolescents and that the delivery of those services is strengthened and provided in a manner that respects the dignity and autonomy of adolescents.

Ensuring effective monitoring and evaluation systems, promoting an enabling environment for the participation of adolescents in the development of policies and programmes and ensuring accountability mechanisms that respect and respond to adolescent girls to help them claim their rights is key to the realization of their rights. Without these, countries will not know whether they are making progress in helping their citizens exercise their human rights.

Ensuring the existence of effective and acceptable accountability mechanisms is an important aspect of ensuring that laws, policies, programmes and practices reflect the health care needs of adolescents and respect their human rights. Accountability mechanisms that effectively enable girls to claim their rights can ensure that justice is served when violations occur and can help prevent such violations from occurring in the first place.

United Nations treaty-monitoring bodies have made the connection among early childbearing and high rates of maternal mortality and morbidity, especially among marginalized populations, such as poor and indigenous girls, and have articulated it as a violation of the right to life and to health, calling on States to take measures to prevent adolescent pregnancy. Such measures include youth-friendly confidential contraceptive information and services and age-appropriate sexuality education both in and out of schools. They have also recognized how lack of autonomy can inhibit access to essential health care, information and services and have called on States to respect the privacy and confidentiality of adolescents in health care settings.

Adolescents are particularly vulnerable to having unintended pregnancies because they are more likely to be subjected to coerced sex

and often lack the information and services needed to protect themselves (World Health Organization, 2008; Ipas, 2013). Common abuses against adolescents and young women, such as sexual violence and child marriage, are human rights violations in and of themselves and result in further violations when pregnancy is a result. Discriminatory gender norms and stigma, such as blaming the victim for rape and cultural justifications for early marriage, perpetuate such violations. These abuses can be compounded for marginalized adolescent girls, such as those with disabilities who face a much higher risk of sexual violence. Treaty-monitoring bodies have recommended that States prohibit child marriage and take effective measures to prevent and address sexual violence against minors.

These bodies have also recognized that adolescent pregnancies often hinder the ability

of adolescents to fully realize their potential throughout their lives, including in the areas of employment and political participation and in exercising other rights, such as their right to education. Pregnant adolescents are often unable to continue their studies because they have to care for their children or are expelled from school as a result of prejudices and stigma surrounding adolescent sexuality. This same stigma hinders the availability and accessibility of reproductive health services for pregnant adolescents, including appropriate maternal health care, resulting in poor health outcomes for both mother and child. For girls living in poverty, this creates a vicious circle of continued poverty for themselves and their children and families.

Recognizing the particular vulnerability faced by minors in exercising their human rights, human rights provisions grant special protection to minors (Universal Declaration of Human



◀ Delegates during a meeting of the 56th session of the Committee on the Elimination of Discrimination Against Women (CEDAW) in Geneva, Switzerland.

Rights article 25; International Covenant on Civil and Political Rights, article 24 [1]). They also entitle motherhood to special protection (Universal Declaration of Human Rights, article 25). When children become mothers, these protections are intensified. Finally, children who have experienced sexual violence

and other forms of neglect, exploitation, abuse, torture or any other form of cruel, inhuman or degrading treatment or punishment also require specific protection by States.

Non-discrimination and equality

Gender discrimination

The rights to non-discrimination and equality lie at the core of every international human rights treaty and are the foundation for realizing sexual and reproductive health and reproductive rights for all, including adolescents. In the ICPD Programme of Action, States recognized the inherent links among sustainable development, the eradication of poverty and gender equality and committed themselves to address these issues together. States specifically recognized the gender dynamic underlying adolescent girls' sexual and reproductive health and committed to taking action to break stereotypes and discriminatory patterns that value girls only as potential child bearers and caretakers. As such, States committed to adopting and implementing policies that encourage girls' full participation as equal members of society, including ensuring equal treatment in health care and education (ICPD, para 4.17). Treaty-monitoring bodies have consistently recognized that reproductive rights violations, including denying health services needed only by women and adolescent girls, are embedded in gender roles and stereotypes and are forms of gender discrimination (Convention on the Elimination of All Forms of Discrimination against Women—CEDAW—articles 12 and 16; CEDAW, 1999 and cases 2010, 2011; Human Rights Committee, 2000; Committee on the Rights of the Child, 2003). In addition to eliminating laws and policies that are discriminatory and taking affirmative

ADOLESCENT PREGNANCY: KEY HUMAN RIGHTS STANDARDS

The rights to:

- liberty and security of person
- privacy
- self-determination
- consent to marriage and to equality in marriage
- health, including sexual and reproductive health
- equality and non-discrimination, including based on age
- be free from torture or other cruel, inhuman, or degrading treatment or punishment
- be free from sexual violence
- education, including access to sexuality education
- participate in the conduct of public affairs and the right to free, active and meaningful participation
- seek, impart and receive information
- freedom of expression

These rights can be found in numerous international and regional human rights treaties. The major treaties focusing solely on children's rights include the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child.

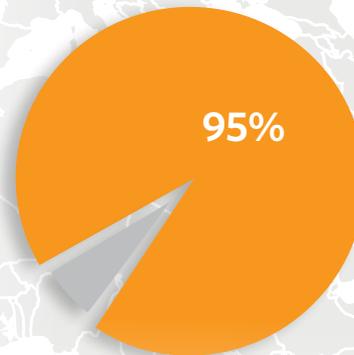
measures to promote equality, States must also combat conditions that perpetuate discrimination and inequality, including social and cultural beliefs that contribute to the diminished status of women and adolescent girls worldwide and that have a negative impact on their sexual and reproductive health (CEDAW articles 2[f] and 5; Convention on the Rights of the Child article 24 [3]; Committee on the Rights of the Child, 2003).

Multiple discrimination

Governments and health professionals should treat *all* children and adolescents in a non-discriminatory manner and ensure their access to a wide range of services. They should also pay particular attention to the needs and rights of children belonging to specific groups.

While adolescents are generally underserved in sexual and reproductive health care settings, adolescent girls belonging to marginalized groups may encounter additional barriers to realizing their reproductive rights. Multiple and intersectional forms of discrimination are experienced, for example, by adolescents who have disabilities, who are migrants or who live in rural areas or are living in poverty, who belong to indigenous populations or to racial, ethnic or linguistic minorities, or who are lesbian, gay, bisexual or transgendered. Barriers that adolescents face in accessing information and services can disproportionately impact persons belonging to such marginalized populations. For example, adolescent pregnancy and adolescent maternal mortality are higher among indigenous communities. In addition, some groups, such as migrants or the disabled, also face heightened risk of sexual violence (Center for Reproductive Rights and UNFPA, 2012).

ADOLESCENT BIRTHS



95 per cent of the world's births to adolescents occur in developing countries

Recognizing the vulnerable situation of persons belonging to such groups, States agreed at the ICPD that sexual and reproductive health programmes and services should address their specific needs (ICPD Programme of Action, para 6.25) and should be socially and culturally appropriate (ICPD Programme of Action, para 6.24 b). Human rights standards guarantee the right to non-discrimination on many grounds, including race, sex, colour, religion, language, physical or mental disability, and health or HIV status. (See example, Committee on Economic, Social and Cultural Rights, 2000, 2009; Convention on the Rights of Persons with Disabilities.) Treaty-monitoring bodies, as well as the ICPD Programme of Action, call for including vulnerable populations in the design, implementation, and monitoring of sexual and reproductive health programmes. (See generally, Center for Reproductive Rights and UNFPA, 2012; Committee on Economic, Social and Cultural Rights, 2000; ICPD Programme of Action, paras 6.24 a, 6.28, 6.16.)

Autonomous decision-making and the right to confidentiality

Adolescence is a critical stage in life, for females and males, who undergo rapid biological and emotional change, placing them in a particularly vulnerable position while they make the transition from childhood to adulthood (World Health Organization, 2013; Guttmacher Institute and International Planned Parenthood Federation, 2013). International law recognizes the challenges in ensuring adolescents' (girls' and boys') access to information and services related to pregnancy and pregnancy-prevention and provides a framework for States to ensure informed decision-making. Under international law, children have a right to participate in decision-making on important matters affecting their lives (Convention on the Rights of the Child, article 5 and Committee on the Rights of the Child, 2003; CEDAW, 1999; Committee on Economic, Social and Cultural Rights, 2000; Convention on the Rights of Persons with Disabilities, article 7).

The Convention on the Rights of the Child, the principal treaty recognizing minors as rights-holders and guaranteeing them special protections, acknowledges that minors have "evolving capacities." These relate to adolescents' acquisition of sufficient maturity and understanding to make informed decisions on matters of importance, including on sexual and reproductive health services. It also recognizes that some minors are more mature than others (article 5; Committee on the Rights of the Child, 2003; CEDAW, 1999; Convention on the Rights of Persons with Disabilities, article 7). Thus, States must systematically consider the adolescent's evolving capacities and should ensure that appropriate services are made available to them independent of parental or guardian

authorization (Committee on the Rights of the Child, 2003; CEDAW, 1999).

Even where parental or guardian consent is not required, the stigma associated with adolescent sexuality may deter some from seeking services. Adolescents often have to confront discrimination and judgmental providers of sexual and reproductive health services. Moreover, young people can be ostracized or even treated as criminals for engaging in consensual sexual activity before a certain age or outside of marriage. The shame and fear that they experience can discourage them from accessing sexual health services or seeking information (Guttmacher Institute and International Planned Parenthood Federation, 2013).

Adolescents should be recognized in their family environment as active rights-holders who have the capacity to progressively become full and responsible citizens when given proper guidance and direction. The Convention on the Rights of the Child thus recognizes the rights and duties that parents have in "providing appropriate direction and guidance in children's exercise of their rights," but that the best interest of the child takes precedence over all other interests (Articles 3[1,2], 5, 14[2], 18[1]).

Human rights bodies have called on States to strictly respect adolescents' right to privacy and confidentiality, including with respect to advice on health matters. In addition, they have recommended that States make youth-friendly services available and that health-care providers be trained to provide information and services to adolescents according to principles of confidentiality and privacy (Committee on Economic, Social and Cultural Rights, 2000; Committee on the Rights of the Child, 2003).



Child marriage

Child marriage is defined as marriage of one or both partners before the age of 18. It applies to both boys and girls, but the practice overwhelmingly impacts young girls. Child brides have difficulty in exercising their autonomy, whether negotiating safer sex, the timing or spacing of their pregnancies or their access to sexual and reproductive information and services.

Child marriage is often coerced on the grounds that the family cannot support its daughter, that the daughter can provide valuable labour to her husband's family, or that the family is simply following local custom. Hand in hand are

expectations of sexual activity and early child-bearing, resulting in harm to the girl's health and lost educational and employment opportunities. Child brides are generally more vulnerable than older women to domestic violence, sexually transmitted infections and unintended pregnancy due to power imbalances, including those that may result from age differences (Guttmacher Institute and International Planned Parenthood Federation, 2013). A married girl is usually not enrolled in school or is forced to drop out and never return, limiting her earnings, and deepening her dependence on her spouse and his family. Child marriage also isolates adolescents socially,

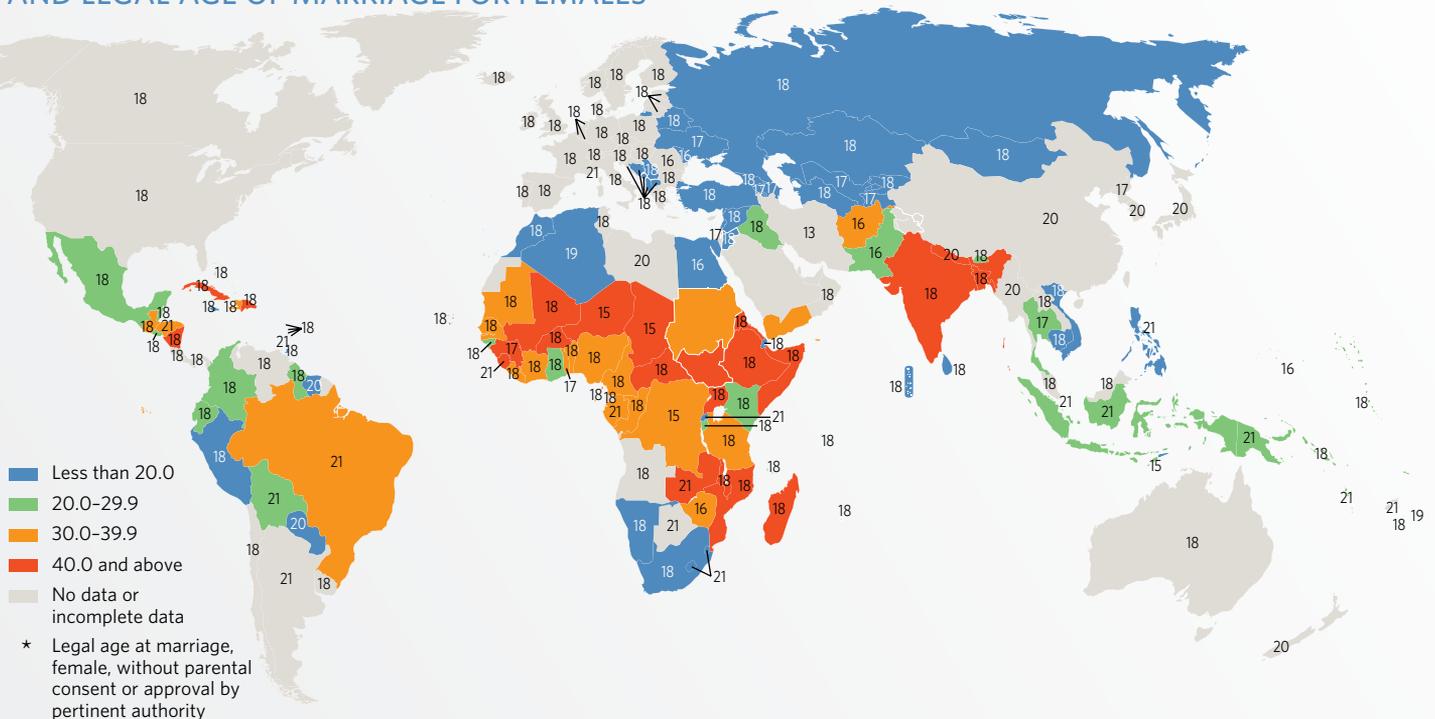
▲ Young people in Ecuador participate in a march organized to mark adolescent pregnancy prevention week.
©UNFPA/Jeannina Crespo

hindering their social development (Center for Reproductive Rights, 2008; Guttmacher Institute and International Planned Parenthood Federation, 2013). While they are often viewed as adults in the eyes of the law or by custom (when children are married, they are often emancipated under national laws and lose protections as children), in reality they are children or adolescents who need particular attention and support, due to their exceptional vulnerability (Committee on the Rights of the Child, 2003).

One of the principles of the ICPD Programme of Action is that a child has the right to an

adequate standard of living, health and education and to be free from neglect, exploitation and abuse. International human rights standards strongly condemn child marriage. The Universal Declaration of Human Rights, the foundational human rights instrument, declares that “marriage shall be entered into only with the free and full consent of the intending spouses” (article 16 [2]; see also International Covenant on Economic, Social and Cultural Rights, article 10 and the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages, 1964). The Committee on Economic, Social, and

PERCENTAGE OF GIRLS AGED 20-24 WHO WERE MARRIED BEFORE AGE 18 AND LEGAL AGE OF MARRIAGE FOR FEMALES*



Sources: United Nations Population Fund MDG5b+Info database obtained from DHS and MICS studies. See www.devinfo.org/mdg5b; World Fertility Policies 2011.

Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. 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.

Cultural Rights and the CEDAW Committee have repeatedly condemned the practice of child marriage. The Human Rights Committee, which monitors State compliance with the International Covenant on Civil and Political Rights, has joined other treaty bodies in recommending legal reform to eliminate child marriage (Center for Reproductive Rights, 2008). The Children's Rights Convention and its corresponding committee require State parties to "take measures to abolish traditional practices that are harmful to children's health." (article 24[3]). In its General Comment 4 on Adolescent Health, the Children's Rights Committee has explicitly stated that it:

...is concerned that early marriage and pregnancy are significant factors in health problems related to sexual and reproductive health, including HIV/AIDS. Both the legal minimum age and actual age of marriage, particularly for girls, are still very low in several States parties. There are also non-health-related concerns: children who marry, especially girls, are often obliged to leave the education system and are marginalized from social activities. Further, in some States parties married children are legally considered adults, even if they are under 18, depriving them of all the special protection measures they are entitled under the Convention. The Committee strongly recommends that States parties review and, where necessary, reform their legislation and practice to increase the minimum age for marriage with and without parental consent to 18 years, for both girls and boys. The Committee on the Elimination of Discrimination against Women has made a similar recommendation (Children's Rights Committee, General Comment 4, para. 20).

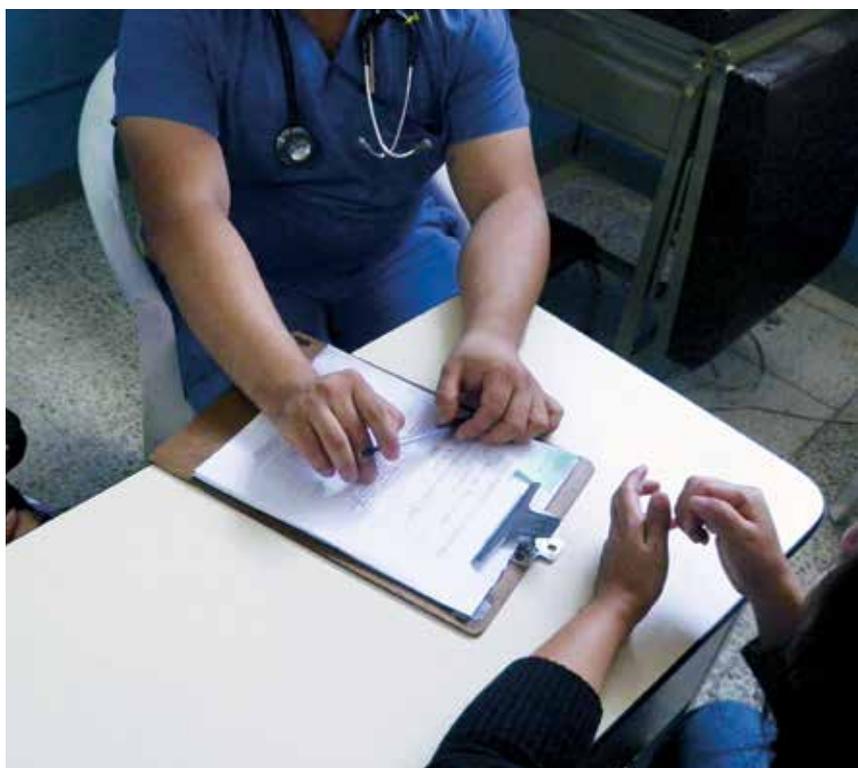
But legal reform is not enough. In some cases, practice diverges from the law, and even where the legal age of marriage is 18, the median age of marriage is lower, especially in rural areas

(Guttmacher Institute and International Planned Parenthood Federation, 2013). To combat this unlawful practice, treaty-monitoring bodies, such as the Committee on the Elimination of Discrimination against Women, recommend awareness-raising campaigns aimed at changing attitudes and call for measures such as the implementation of marriage-registry systems that can help enforce laws or identify violations (Center for Reproductive Rights, 2008).

Sexual violence

The World Health Organization and international human rights bodies have characterized sexual violence as a major public health problem and a violation of human rights. Human rights bodies condemn sexual violence against women and adolescent girls in all its forms, whether it

▼ Guatemala's Survivors Foundation counsels girls and women who have been sexually assaulted.
© UNFPA Guatemala





▲ Sarah Jones, actress and United Nations Children's Fund (UNICEF) Goodwill Ambassador, gives a performance at the 30th anniversary event for the Convention on the Elimination of All forms of Discrimination against Women (CEDAW), as panelists listen. They are, from left to right, Rachel N. Mayanja, former Special Adviser on Gender Issues and Advancement of Women; Naela Gabr, Assistant Foreign Minister for International Organizations of Egypt and Chair of the CEDAW Committee; Secretary-General Ban Ki-moon; Navi Pillay, UN High Commissioner for Human Rights; and Inés Alberdi, the former Executive Director of the then-United Nations Development Fund for Women.

occurs in times of peace or in times of conflict by State actors or by private persons, whether it occurs in the home, schools, the workplace, or in health care facilities, or whether it results in a pregnancy or not. The rights to be free from violence, ill treatment, and torture, as well as the rights to life, health, and non-discrimination create a government duty to protect women and adolescent girls from violence, regardless of the perpetrator (Center for Reproductive Rights, 2009).

The ICPD Programme of Action recognizes that one of the cornerstones of population and development-related programmes is eliminating all forms of violence against women, including

sexual abuse and violence against children and adolescents (ICPD, Principles 4 and 11). As such, governments agreed to protect the rights and safety of those who suffer from these crimes, and to take effective legal and other steps to prevent and address exploitation and abuse of children, adolescents and youth, such as rape and incest. The ICPD Programme of Action also calls for the development of programmes for the prevention and treatment of such abuse, including reproductive health services (ICPD paras 4.9, 6.9 and 7.4, principle 11).

International human rights bodies have recognized the links among sexual violence, unwanted pregnancy and unsafe abortion. The

ICPD Programme of Action, which guides the work of UNFPA, stated that where abortion is legal, it should be safe.

The World Health Organization and treaty-monitoring bodies support girls' and young women's right to comprehensive sexual and reproductive health including access to emergency contraception. (World Health Organization, 2012; Commission on the Status of Women, 2013).

Recognizing that emergency contraception is the only effective form of post-coital contraception, treaty bodies have repeatedly called on States to increase its availability, especially in cases of rape. The Committee against Torture, which monitors State compliance with the Convention against Torture, has expressed concern about the lack of access to emergency contraception for victims of rape, framing the practice as potential torture or cruel, inhuman or degrading treatment (Center for Reproductive Rights, 2013).

Treaty-monitoring bodies, recognizing the severe physical and psychological consequences of being forced to carry a pregnancy resulting from rape, have also consistently urged countries to not only to abolish laws allowing rapists to escape criminal liability by marrying his victim, but to also to implement laws establishing rape and incest as grounds for abortion (Center for Reproductive Rights, 2008). They recognize along with the World Health Organization that prohibition in law or in practice does not reduce incidence of abortion but only pushes it underground, causing women to undergo unsafe abortions (World Health Organization, 2012). Treaty-monitoring bodies have repeatedly urged countries that do not allow abortion in cases of rape to amend their laws to this effect. In separate

cases, the Human Rights Committee and the Committee on the Elimination of Discrimination against Women found that by failing to provide minors and young women with a legal therapeutic abortion in cases of rape, governments had violated numerous rights, including the rights to equality and non-discrimination, and the right to privacy. They recognized the exceptional mental suffering of minors who are raped or facing an unwanted pregnancy, finding the denial of abortion as a violation of the right to special protection for children and the right to be free from torture or cruel and inhuman and degrading treatment. They have called for a broad interpretation of health exception in accordance with the World Health Organization's definition of health and the issuance of standards and guidelines on preventing unsafe abortion (Human Rights Committee, 2005 and 2011; CEDAW, 2011). UNFPA abides by the ICPD Programme of Action, which states that any measures or changes related to abortion within the health system can only be determined by countries at the national or local level.

Access to sexual and reproductive health information and services

The realization of the right to health for adolescents is dependent on the availability of youth-friendly health services and information and education on sexual and reproductive health both in and out of schools (See generally, Commission on Population and Development, 2012; Center for Reproductive Rights and UNFPA, 2010). Governments agreed at the ICPD that "information and services should be made available to adolescents to help them understand their sexuality and protect themselves from unwanted pregnancies, sexually transmitted



▼ Youth peer educators of *Geração Biz* in Maputo, Mozambique. © UNFPA/Pedro Sá da Bandeira

diseases, and subsequent risk of infertility. This should be combined with the education of young men to respect women’s self-determination and to share responsibility with women in matters of sexuality and reproduction” (ICPD, para 7.41).

Promoting male involvement

The Children’s Rights Committee has called on States to promote male acceptance of the use of contraceptives through education, health policies, and counselling, and to include men in development and implementation of programs on reproductive health.

Comprehensive and accurate sexuality education

The ICPD Programme of Action recognizes that providing adolescents with information is the first step towards reducing adolescent pregnancies and unsafe abortions and empowering adolescents to make conscious and informed decisions (ICPD, para 7.44, see also ICPD, para

11.9). The Children’s Rights Committee has also noted that “consistent with their obligations to ensure the right to life, survival and development of the child (article 6), States parties must ensure that children have the ability to acquire the knowledge and skills to protect themselves and others as they begin to express their sexuality” (Committee on the Rights of the Child, 2003a).

However, sexuality education is inadequate or completely lacking in many countries. Addressing this concern, international human rights bodies have noted that the rights to health, life, non-discrimination, information and education require States to both remove barriers to adolescent access to sexual and reproductive health information and to provide comprehensive and accurate sexuality education, both in and out of schools. The Children’s Rights Committee has frequently recommended to countries that they improve adolescent reproductive health and education policies (Center for Reproductive Rights, 2008a).

Treaty-monitoring bodies have also recommended that sexual and reproductive health education be made a compulsory and robust component of the official curricula in primary and secondary schools, including vocational schools (Center for Reproductive Rights, 2008a; See also ICPD, para 11.9).

Furthermore, they have provided guidance to States on the quality and content of programmes. Committees have recommended, for example, that States ensure that sexuality education programmes provide comprehensive, non-discriminatory information that is accurate and objective and addresses not just biological and physiological functions such as preventing unwanted pregnancies and sexually transmitted infections, but also promotes an understanding of relationships and the emotional aspects of the sexual experience including gender issues and equal rights (Center for Reproductive Rights,

2008a). The Children's Rights Committee notes that sexuality education should aim to transform cultural views against adolescents' access to contraception and other taboos regarding adolescent sexuality (Committee on the Rights of the Child, 2003a). Research has shown that egalitarian gender attitudes are associated with safer sexual behaviours such as consistent use of contraceptives, especially condoms (Guttmacher Institute and International Planned Parenthood Federation, 2013).

Addressing the increasing prevalence of ideologically driven programmes that often put forth medically inaccurate and biased information, the Economic, Social and Cultural Rights Committee and the Committee on the Rights of the Child find that the rights to health and information require States to refrain from censoring, withholding or misrepresenting health-related information (Committee on



© Mark Tuschman/Planned Parenthood Global

UNESCO SEXUALITY EDUCATION GUIDANCE

In 2010, the United Nations Educational, Scientific and Cultural Organization issued groundbreaking guidelines to States on developing and implementing sexuality education programmes. The *International Technical Guidance on Sexuality Education* recommends that sexuality education should incorporate human rights principles; employ participatory teaching methods; provide evidence-based, scientifically accurate information; address norms about use of condoms and other types of contraception; and cover a range of topics including human sexuality, sexual and reproductive health, human rights and gender equality.

Economic, Social and Cultural Rights, 2000; Committee on the Rights of the Child, 2003a).

Sexual and reproductive health services

Recognizing that adolescents and youth have historically not been given access to reproductive health services, governments agreed in the ICPD Programme that access to sexual and reproductive health services is critical to reducing unintended pregnancy and unsafe abortion among adolescents (ICPD, para 7.41).

International human rights bodies, including the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women, have recognized that the rights to health and to non-discrimination require States to ensure adolescents' right to contraceptive services and have called on them to increase the availability, range and affordability of contraceptive methods.

They have also recommended that States refrain from strictly regulating or prohibiting a particular contraceptive method, such

as emergency contraception (Center for Reproductive Rights and UNFPA, 2010).

However, stigma around these issues and fear that parents may learn that they are or will become sexually active deters adolescents from seeking the services they need. Thus, governments agreed at the ICPD that such services “must safeguard the rights of adolescents to privacy and confidentiality,” in conformity with their evolving capacities (ICPD, para 7.45).

International human rights bodies are following suit and are urging States to remove barriers to sexual and reproductive health services. The Children's Rights Committee has strongly advocated that adolescent reproductive health services be available without parental consent. The Committee on the Elimination of Discrimination against Women has called on States to eliminate parental consent for contraception.

Stigma and shame associated with sexual activity and pregnancy make it difficult for adolescents to find non-judgmental care, making adolescents less willing to seek information and services. Recognizing these barriers, human rights bodies have recommended that States specially train providers on working with adolescents and ensure that services are acceptable to them (Committee on the Rights of the Child, 2003).

“AAAQ”

The Committee on Economic Social and Cultural Rights' General Comment 14 on the right to the highest attainable standard of physical and mental health defined normative elements that apply to all the underlying determinants of health, including availability, accessibility, acceptability and quality of health services. The Children's Rights Committee's

General Comment 4 on adolescent health has applied these norms to adolescents:

States parties should provide health services that are sensitive to the particular needs and human rights of all adolescents, paying attention to the following characteristics:

Availability. Primary health care should include services sensitive to the needs of adolescents, with special attention given to sexual and reproductive health and mental health;

Accessibility. Health facilities, goods and services should be known and easily accessible (economically, physically and socially) to all adolescents, without discrimination. Confidentiality should be guaranteed, when necessary;

Acceptability. While fully respecting the provisions and principles of the Convention, all health facilities, goods and services should respect cultural values, be gender sensitive, be respectful of medical ethics and be acceptable to both adolescents and the communities in which they live;

Quality. Health services and goods should be scientifically and medically appropriate, which requires personnel trained to care for adolescents, adequate facilities and scientifically accepted methods.

Right to maternal health services

The ICPD Programme of Action and treaty bodies recognize that a number of factors, including adolescent child bearing, child marriage and unsafe abortion, result in elevated maternal death rates (ICPD, para 8.19). Children of young mothers also have higher levels of death, illness and disability (ICPD para 7.41; World Health Organization and

UNFPA, 2006; UNFPA 2005). Maternal health programmes nearly everywhere fall short of addressing the specific needs of this particularly vulnerable group, failing to provide access to post-partum contraceptive services or obstetric health services to pregnant adolescents (Guttmacher Institute and International Planned Parenthood Federation, 2013).

International consensus documents and human rights law recognize that pregnant adolescents have the same right to reproductive and maternal health services as all other women and also recognize the need to develop maternal health policies and programmes specific to adolescents. According to the ICPD Programme of Action, women have the “right of access to appropriate health-care services that will enable [them] to go safely through pregnancy and childbirth and provide couples with the best

▼ Prenatal care at Tan Ux'il centre in Guatemala.
© Mark Tuschman/
Planned Parenthood
Global



chance of having a healthy infant” ICPD, 7.2). Millennium Development Goal 5 reinforces this commitment by calling on states to reduce maternal death, including by reducing adolescent birth rate. The United Nations Human Rights Council has passed multiple resolutions declaring preventable maternal death a human rights violation, and treaty-monitoring bodies have recognized the high rates of preventable maternal death as a violation of the right to life (Human Rights Council, 2012).

The ICPD Programme of Action and treaty-monitoring bodies have called on States to take specific measures to reduce rates of maternal death, including through developing policies and programmes to ensure access to nutrition, prenatal care, delivery assistance, emergency obstetric care and contraceptives and to address underlying determinants (ICPD, para 8.22; Committee on the Rights of the Child, 2003). Further reductions in maternal death rates require specific measures to prevent, detect and manage high-risk pregnancies and births, particularly adolescent pregnancies. In addition, pregnant adolescents require special support from their families and communities during pregnancy and early child care (ICPD, paras 7.47 and 8.23; Committee on the Rights of the Child, 2003). The Children’s Rights Committee has specifically urged States parties to “...foster positive and supportive attitudes towards adolescent parenthood for their mothers and fathers; and to develop policies that will allow adolescent mothers to continue their education” (General Comment 4, para 31).

Right to education

Pregnant adolescents typically confront discrimination in the educational system due to attitudes

around adolescent sexuality and pregnancy (Center for Reproductive Rights, 2008). The ICPD Programme of Action states that early childbearing is a serious impediment to improvements in the educational, economic and social status of women across the globe, curtailing educational and employment opportunities that will have a long-term adverse impact on quality of life (ICPD, para 7.41). At the ICPD, governments agreed to take affirmative steps to keep girls and adolescents in school through measures such as training teachers to be more sensitive and sensitizing parents to the value of educating girls (ICPD, para 11.8). The Children’s Rights Committee and the Committee on the Elimination of Discrimination against Women have also made similar recommendations (CRC/C/SEN/CO/2, para 54-55; CRC/C/ARG/CO/3-4, para 6).

Accountability and monitoring progress

Human rights obligations include ensuring accountability, which in turn, helps guide States in meeting their human rights commitments and provides an opportunity to improve laws, policies and practices (Cottingham, 2010). Accountability is also important as it may provide avenues of redress for victims of violations and deters future violations.

Accountability is achieved through a variety of processes and institutions that include both national and international mechanisms. National mechanisms vary by country and include courts, national human rights institutions, such as ombudspersons, and professional disciplinary proceedings. Measures to enhance accountability may be incorporated into laws and policies and include ensuring oversight, allocating

appropriate budgets for initiatives, and clearly defining the roles of government ministries and the rights and duties of healthcare providers.

International and regional human rights bodies can also support accountability and change, especially when national mechanisms are non-existent or ineffective in addressing violations of rights, including those of adolescents. These bodies have routinely recommended that States take action to prevent and address adolescent pregnancy and to respect adolescent reproductive rights.

Laws and implementation

Implementation of laws and policies requires adequate budgets and systems for monitoring and evaluation, including collecting disaggregated data on access to and use of sexual and reproductive health services. These measures are key to ensuring that quality standards are being met in the provision of sexual and reproductive health information and services as well as in education and in efforts to combat violence and child marriage. Monitoring and evaluation are also crucial to ensuring that rights are continuously upheld. Treaty-monitoring bodies have consistently recommended that States ensure adequate budgetary allocations to health services, review laws to ensure their compliance with human rights standards, and continuously monitor and evaluate sexual and reproductive health information services and programmes, including maternal health services. Treaty-monitoring bodies consistently recommend that in order to address national needs and demand for services and to ensure laws and policies do not have a discriminatory impact, disaggregated data from all segments of society should be collected. They also have consistently

THE BENEFITS OF PREVENTING ADOLESCENT PREGNANCY

HEALTH



BETTER MATERNAL AND CHILD HEALTH

Later pregnancies reduce health risks to girls and to their children.

EDUCATIONAL



MORE GIRLS COMPLETING THEIR EDUCATION

This reduces the likelihood of child marriage and delays childbearing, leading eventually to healthier birth outcomes. Also builds skills, raises girls' status.

EQUALITY



EQUAL RIGHTS AND OPPORTUNITY

Preventing pregnancy helps ensure girls enjoy all basic human rights.

ECONOMIC



INCREASED ECONOMIC PRODUCTIVITY AND EMPLOYMENT

Investments that empower girls improve income-earning prospects.

POTENTIAL



ADOLESCENT GIRLS' POTENTIAL FULLY REALIZED

Prospects are brighter for a girl who is healthy, educated and able to enjoy rights.

UNFPA, RIGHTS AND ADOLESCENT PREGNANCY

For UNFPA, which is guided by the ICPD Programme of Action, the benefits to respecting, protecting and fulfilling human rights to adolescents sexual and reproductive health, including preventing adolescent pregnancy, are, that doing so:

- Reduces vulnerabilities faced by adolescents, including those who are the most marginalized, by focusing on their particular needs
- Increases and strengthens the participation of civil society, the community and adolescents themselves
- Empowers adolescents to continue their education and lead productive and satisfying lives
- Increases transparency and accountability
- Leads to sustained change as human rights-based programmes have an impact on norms and values, structures, policy and practice.

called for ensuring that cases of sexual violence be investigated, prosecuted and punished and that perpetrators should not be allowed to avoid criminal responsibility by marrying their victims. (Center for Reproductive Rights and UNFPA 2010 and 2012, 2013).

Participation

Civil society and individual participation in the development and monitoring of laws and policies, including budgets and use of public funds, can be important accountability tools. In fact, international human rights law requires States to ensure effective, accountability processes, including monitoring and evaluation, the availability of effective remedies, and the participation of a wide range of stakeholders in the development and implementation of laws, policies and

programme (Committee on Economic Social and Cultural Rights, 2000). States agreed under the ICPD Programme of Action that adolescents should be active participants in the planning, implementation and evaluation of programmes affecting them, particularly in programmes surrounding reproductive and sexual health (ICPD, para 6.15). It also recognized the importance of including other vulnerable populations in the design, implementation, and monitoring of sexual and reproductive health programmes. (ICPD, paras 6.24[a], 6.28, 6.16.)

Conclusion

In respecting, protecting and fulfilling human rights, States have an obligation to address the underlying causes of adolescent pregnancy and to take measures to prevent it and address all the resulting harm and violations that arise from it. This includes combating gender inequality and discrimination in public and private spheres, including in education and health care and in families and communities; guaranteeing autonomous decision-making and respect for the right to privacy and confidentiality in health care services; ensuring access to sexual and reproductive health services, including contraceptive services; ensuring comprehensive and accurate sexuality education both in and out of schools; and banning marriage under the age of 18.

States are ultimately accountable to *all* their citizens, including adolescents, for upholding basic rights. Through such an approach, the State has an obligation to create conditions under which every person—young or old, pregnant or not—is able to enjoy or exercise his or her rights. These are imperatives for any government that has ratified or acceded to relevant international treaties.



Delivering a world where
every pregnancy is wanted
every childbirth is safe and
every young person's
potential is fulfilled

United Nations Population Fund
605 Third Avenue
New York, NY 10158
Tel. +1-212 297-5000
www.unfpa.org
©UNFPA 2013