

GIRL GOALS: What has changed for girls?

Adolescent girls' rights over 30 years

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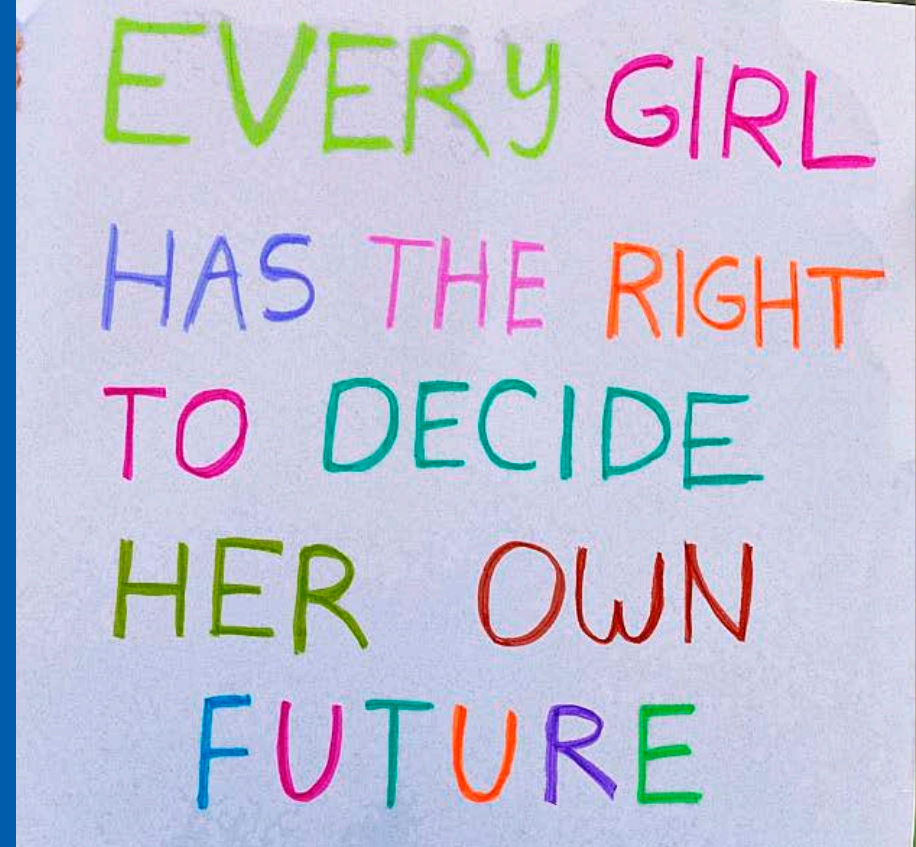
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Opening remarks

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Foreword BY Girls, FOR Girls

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Girls carry generations of potential and impact. They are essentially the carriers of our future, yet they face significant challenges to their well-being and development. This undermines their ability to reach their full potential and drive development. Recognizing the potential that girls hold for the future, numerous efforts have made an impact on improving the situation of girls. It is important to take stock of the progress of all the investments in girls to inform future interventions. This is why this report is important. It delves into the significant strides made in promoting girls' rights, highlighting key areas such as child protection, education and health.

It is also important to note that the progress made is not uniform. In some parts of the world girls remain disproportionately affected. For example, girls remain underrepresented when it comes to having their voices heard on climate change or their needs met by health services.

In Fiji and the Pacific, girls and women are more affected by many issues, including climate change, lack of access to education, health services and resources, and unequal gender roles. They are significantly excluded from opportunities for empowerment and leadership, both critical to building community resilience.

In Malawi, the highest HIV incidence rates are among adolescent girls due to limited

access to services and entrenched social norms. Many girls struggle to access secondary education due to limited schools, poverty and long distances. Early marriages, pregnancies and lack of menstrual hygiene facilities contribute to high dropout and absenteeism, and adolescent girls are vulnerable to various forms of violence — physical, emotional, and sexual abuse — at school and home.

It is important to sustain the investment in girls to ensure that they have a chance to reach their full potential. In a world where girls carry our future, it is non-negotiable that we are given equal and fair opportunities and access in all areas.”

—*Elizabet, 19, Malawi and Lovanchor, 20, Papua New Guinea*
Members of the UNICEF Global Girl Leaders Advisory Group (GGLAG)



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“

The challenges are profound and our society lacks a gender lens, failing to address the unique challenges faced by girls and women. All across the globe, girls endure domestic abuse, sexual violence and trafficking, often with no protection or justice. In conflict zones, displacement deepens their vulnerability, exposing them to exploitation and child marriage. Girls are at risk, their voices are silenced, and their futures are uncertain due to poor systems and deeply ingrained customs. This negligence leaves millions behind and sustains inequity.

The importance of advancing girls' rights cannot be

overstated, yet too often girls are denied this opportunity. It reminds us that while progress has been made, it is uneven and insufficient, and the barriers are real and urgent. Over the past three decades, the world has made significant strides in the advancement of girls' education, human rights and well-being.

Yet, even still, too many girls remain excluded from education, economic opportunities, essential services and policymaking spaces. We continue to face inequalities, deepened by harmful gender norms, systemic barriers and a lack of resources necessary to thrive.

This report is a call to action — for governments, institutions and policymakers — to prioritize girls. It is essential that our voices are not only heard, but also valued, considered and empowered. Investing in girls is not only a moral responsibility; it is the key to a more just and equitable world for all.”

—Angelina, 18, Ecuador and Lia, 17, Canada
Plan International Global Young Influencers



“

While the past few years have seen significant progress, millions of adolescent girls, particularly those from marginalized communities, continue to face systemic inequities that limit their potential. Barriers such as limited access to secondary education, gender-based violence, economic inequities and life-threatening health-care gaps — from maternal mortality to HIV — are not just policy gaps and injustices; they are systemic failures that continue to rob adolescent girls of their futures and the world

of their potential, and they demand immediate and sustained action.

I envision a world where we as adolescent girls are not just beneficiaries of change but active architects of our present and future. A world where access to quality health care, including sexual and reproductive health services, is treated as a necessity and not a luxury. A world where education is a right, not a privilege, and where economic opportunities are not dictated by gender.

Investing in adolescent girls is a powerful catalyst for a more progressive, just and equitable society. It is high time that we operationalize the policies and recommendations that global youth and allies have worked on for so long. Now is the time for urgent and real action to ensure that no girls, and no children, are left behind.”

—Gauri, 19, India, UN Women Generation Equality Adolescent Girl Steering Committee





GIRL GOALS

Executive Summary

The world is profoundly different from what it was in 1995 — including for girls.

Girl Goals examines how the lives of adolescent girls have changed since the Beijing Platform for Action was endorsed by 189 countries in 1995. Taking stock of progress for girls over the past three decades, this report examines statistical and data trends across key areas, and benchmarks historical gains against further effort required to meet 16 Sustainable Development Goals for adolescent girls by 2030.

Progress for girls has been made across many domains. Investments in education have paid dividends, while access to health care for girls has improved. Girls today are less likely to marry in childhood, and the practice of female genital mutilation is declining.

Yet despite robust evidence that investing in adolescent girls has a multiplier effect for girls, communities and countries, they continue to fall behind their male peers in many areas. For example:

- Adolescent girls and young women aged 15–24 are still twice as likely to not be in education, employment or training, and 9 out of 10 in low-income countries are offline.
- Globally, 650 million girls and women alive today have experienced sexual violence in childhood, and nearly one in five girls are married during childhood. Considerable progress to reduce child marriage was made in South Asia, while Latin America and the Caribbean saw no progress.
- The proportion of adolescent girls aged 10–19 who are underweight has declined by only 2 per cent.

Complications from pregnancy and childbirth are life-threatening and account for 1 in every 23 deaths among girls aged 15–19 worldwide.

Key recommendations

This report makes three key recommendations on action we can take now to advance adolescent girls' rights at scale in ways that account for fiscally constrained contexts and multiple competing priorities:

1. Ensure tangible and actionable support for adolescent girls' voices, advocacy and action

The current generation of girls are raising their voices to be heard and are already at the forefront of making change around the world. With the right support, resources and seats at the table, adolescent girls can help transform the world for the better, shaping better policy outcomes for themselves and everyone. This is not about girls' voices above all others, or endless consultation, but about specific, meaningful actions that ensure girls get the support they need and are heard on policy issues that matter to them.

2. Establish and track explicit targets for change for adolescent girls, who are too often invisible and sidelined

Setting explicit targets to monitor outcomes for adolescent girls is key to making progress. Context-specific prioritization will be necessary, but there are some issues that stand out globally. Gaps in progress (such as child marriage gains accruing disproportionately to wealthier

households) demonstrate the need for programmes that address poverty and economic realities alongside harmful social norms. The disproportionate number of adolescent girls not in education, employment or training, not entering the labour market as young women, and left behind when it comes to digital skills, is a threat to the gains made for girls and to economic growth that will benefit everyone. Stagnation on issues like underweight also stand out. Country-specific priorities supported by data-driven accountability mechanisms and investments are needed to translate policy commitments into change on the ground.

3. Resource and deliver smartly to unlock the social and economic dividend

Governments and partners should invest in solutions proven to change outcomes across multiple SDGs at scale – for example, investing in education and skills, cash transfers and economic empowerment programmes designed to support girls. Existing systems, from maternal health care to school curricula, should be adapted to meet girls' needs rather than creating small-scale, separate projects. Streamlined, evidence-based 'add-ons' – such as adding parenting support to existing maternal health-care programmes – can be cost effective and accelerate outcomes if well designed.

Change is possible, and this report shows that great gains have been made. Smart investments now can transform the world for girls, families, communities and national economies. It is time to act.

GIRL GOALS

GIRL GOALS: What has changed for girls?

Adolescent girls' rights over 30 years

@30 YEARS AGO

@TODAY

Number of adolescent girls aged 10–19

539 million

(1995)

641 million

(2023)

Average life span for a 15-year-old girl

74.6 years

(1995)

79.1 years

(2023)

Adolescent girls and young women
out of school, upper secondary

49%

(2000)

30%

(2023)

Girls and young women not in education,
employment or training (aged 15–24)

33%

(2005)

28%

(2023)

Child marriage (women aged 20–24 married
or in union before age 18)

25%

(1998)

19%

(2023)

HPV vaccine coverage, at least 1 dose
(girls turning age 15)

3%

(2010)

20%

(2023)

Number of annual new HIV infections
(girls aged 15–19)

300,000

(1995)

96,000

(2023)

Adolescent birth rate
(per 1,000 girls aged 15–19)

73

(1995)

38

(2025)

Underweight (girls aged 10–19)

10%

(1995)

8%

(2022)

Lack of access to basic sanitation services
(girls aged 10–19)

45%

(2000)

19%

(2022)

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Introduction

In 1995, more than 30,000 women from 200 countries gathered in Beijing for the World Conference on Women to declare that women's and girls' rights are human rights. The Beijing Platform for Action, endorsed by 189 countries at the Conference, commits governments, international organizations and institutions at all levels to ensure the full implementation of women's rights across 12 critical areas of concern.

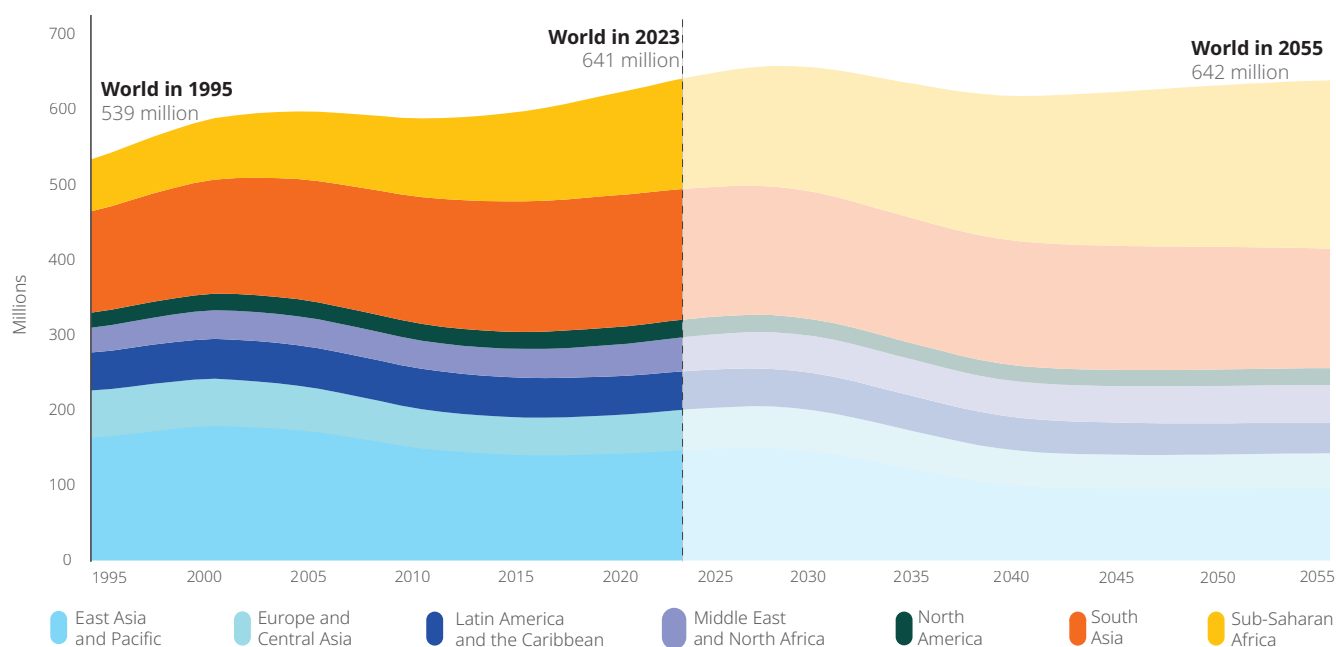
In recognition that childhood is a separate space from adulthood and that girls' needs, preferences and vulnerabilities are related to, but distinct from those of women, one of the 12 critical areas of the Platform addresses the *persistent discrimination against and violation of the rights of the girl child*.¹ It also recognizes that adolescent girls represent a unique demographic — no longer young children, not yet adults — with specific needs of their own.

Indeed, adolescence (ages 10–19) is a period of rapid change as children transition from childhood to adulthood, acquiring the cognitive, emotional and social growth they need to lead and thrive.² But adolescence is also a vulnerable life stage for girls, characterized by rapid physical growth, the onset of menstruation and the consolidation of harmful gender norms that expose girls to heightened and new risks,

such as school dropout, adolescent pregnancy and its attendant health risks, heightened mental health risks, child marriage and intimate partner violence.

To mark 30 years since this landmark set of commitments for women's and girls' rights, and with its specific commitments to the rights of the girl child, this report, published jointly by UNICEF, UN Women and Plan International, focuses on this period of intense change, risk and opportunity for girls.

Where relevant and where there are comparable data, reference is also made to adolescent boys. While girls and women are disproportionately affected by gender inequality across the life cycle, it is also harmful to boys and men.

Figure 1 Adolescent girl (aged 10–19) population trends and projections (in millions), by region, 1995–2055

Source: United Nations Department of Economic and Social Affairs – Population Division, 'World Population Prospects 2024'.

This report considers what has changed over the past three decades for adolescent girls, who now number 641 million – and that, including adolescent boys, represents 16 per cent of the total population.

The recommendations in this report take holistic consideration of how to advance the rights of all.

In the past 30 years, significant changes have taken place across the world. Globalization has accelerated significantly, with the expansion of global trade and rapid economic development in various major economies. Major global recessions (from the 1997–1998 Asian Financial Crisis, to the 2008–2009 Global Financial Crisis, to the 2020 COVID-19 Recession, alongside other regional recessions) had profound economic and social impacts, including rises in unemployment, poverty and food prices, and contractions in GDP, prompting the introduction of austerity policies. For the first time in over 20 years, extreme poverty

increased in the aftermath of the COVID-19 pandemic, threatening progress in many areas. In addition, pandemic measures such as school closures, stay-at-home or 'lockdown' policies and the severe strain on health-care services have had significant impacts on education, health (both physical and mental) and, in many contexts, workplace practices — mirroring some of the impacts of other pandemics and epidemics at varying scales (such as the H1N1 influenza/swine flu pandemic and the Ebola epidemic). Pandemic and epidemic lockdown measures have been linked to rising rates of gender-based violence, teenage pregnancy and poor mental health.^{3,4} While tremendous gains have been made in reducing new HIV infections since the peak of the epidemic in the mid-1990s,

adolescent girls account for 70 per cent of new infections among adolescents, speaking to their lack of power and access to resources, services and information.⁵

The technological and digital revolution has transformed economic, social and political spheres, creating a whirlwind of opportunity and risk affecting every dimension of human life, from a vast expansion in access to information and misinformation, to the ability to communicate, transfer funds and share cultural content instantaneously around the world, to the rapidly evolving world of social media and the rise in AI.





From telemedicine and AI-assisted surgery, to digital learning platforms, to the significant growth of renewable energy, the world is changing at breakneck speed. The technological and digital revolution comes with vast opportunities, including how services and information are accessed and delivered for girls and women in different contexts, and the types of work available, but also bring risks including a deepening of the existing gender divide. Online safety issues, exploitation and technology-facilitated gender-based violence — including disproportionate harassment of women in public life — have accompanied these changes and shape girls' and women's experiences of the online and offline world.^{6,7} The gender gap in science, technology, engineering and maths (STEM), including digital skills as well as access to and usage of the internet, threatens to make this a revolution that exacerbates gender inequality rather than acting as a great equalizer.⁸

Climate change has rapidly accelerated, resulting in an increase in the number and intensity of extreme weather events, from hurricanes and wildfires, to flooding and droughts and a rapid rise in extreme-heat events.⁹ About eight times more children could be exposed to extreme heatwaves than were in the 2000s.¹⁰

Climate change disproportionately affects women and girls, from impacts on water collection and unpaid care work (which is disproportionately undertaken by women and adolescent girls) to an increased risk of gender-based violence and child marriage.^{11,12} Increased migration has accompanied large-scale global remittances — dwarfing international development assistance.¹³

The nature of conflict has shifted, with the decline of large-scale inter-state

wars and a rise in civil wars, civilian deaths and displacement. During crisis there is a risk of increased gender-based violence — by combatants and civilians — alongside an associated risk of child marriage, higher maternal mortality risks and disruptions to essential health services for girls and women.¹⁴

There have been several positive gains relating to gender equality. For example, there are more women in formal political positions, more women who have been educated and at higher levels, and more women participating in the labour market, and there have been significant changes in legislation for women's rights and gender equality globally. Nevertheless, progress has been inadequate in many areas, with significant further investment needed to close gender gaps across many domains.¹⁵ Investment has also been fragmented and uneven, with a very small percentage of international development assistance being committed to adolescent girls.¹⁶

At this juncture, with five years remaining to fulfil our obligations on the Sustainable Development Goals (SDGs), and 30 years on since the Beijing Declaration, this report examines progress made, as well as where major gaps remain.

The world is profoundly different from what it was in 1995 – and these macro trends have a significant impact on progress for girls.

The data featured in this report present a story made up of many stories – stories of transformational changes, which act as lighthouses for those working to make real change in the world, and yet also of major challenges, areas where change has been nowhere near fast enough.

Beneath the data there are stories about how what is possible for a 15-year-old girl today has radically changed from what was possible a generation ago: to be educated, to access health services, or to choose when or to whom she will marry, with transformational consequences for herself, her family and her society.

But there are also stories of stark and preventable suffering and a lack of investment in adolescent girls which is costly to societies and economies — of millions of girls facing sexual violence and child marriage, out of school, facing persistent stigma and shame relating to menstrual health and hygiene, unable to access essential health care, or denied access to the kind of vocational,

financial or digital skills that could enable them to thrive when they move into adulthood. We also struggle with significant data gaps, particularly for the most marginalized girls and for areas where, to date, not enough investment has been made to develop robust measures (such as girls' empowerment).

As we reflect on what has changed for girls in these three decades, there are important lessons to be learned for our collective endeavours to improve people's lives around the world, especially but not only for adolescent girls. Accelerating action to enable girls to realize their own goals would be transformational, and progress in many areas demonstrates what is possible when resources, political will and technical expertise come together, utilizing the major population-level changes that societies around the world are contending with.

Galvanized by both what has been achieved and the stark issues that remain, we must work with and for adolescent girls to realize their rights.



Methodology

This report takes stock of global and regional progress for adolescent girls over the past three decades across the following domains: the enabling environment for realizing adolescent girls' rights; education and skills; economic security; violence, including harmful practices; health and nutrition; and WASH and menstrual health and hygiene. It leverages trend data in official statistics and complementary data for a key set of indicators measuring adolescent girls' well-being as conceptualized in the Beijing Platform for Action, as well as the 2030 Agenda for Sustainable Development. It also builds on an assessment undertaken in 2020 by UNICEF in collaboration with UN Women and Plan International, evaluating 25 years of progress for girls.¹⁷ Where trend data are not available to assess change over time in the lives of adolescent girls, the current status of girls is highlighted using the most recently available internationally comparable data. For



other indicators with insufficient data coverage,¹⁸ country-level data are presented¹⁹ – and where feasible and conceptually relevant (i.e., for sex-disaggregated indicators that measure issues for both girls and boys, such as education), data are disaggregated by sex to also assess the situation for adolescent boys.

The report also spotlights unique insights into adolescent girls' lives based on Plan International's qualitative and longitudinal research study, *Real Choices, Real Lives*. Through participatory research with adolescent girls and their mothers, the study reveals significant intergenerational shifts related to teenage pregnancy, access to information and child marriage.

Finally, in addition to assessing progress over the past 30 years for adolescent girls, the report looks forward. For a select set of SDG indicators central to adolescent girls' well-being and for which sufficient trend data are available,

the report benchmarks the level of relative effort required by countries to meet those targets for adolescent girls. By providing a comparative perspective, benchmarking allows countries to assess progress not only in absolute terms, but also in relation to the performance of other countries. This is vital for highlighting best practices, pinpointing where improvement is needed and fostering a sense of accountability.²⁰

This report is not intended to be an exhaustive assessment of adolescent girls' well-being, but rather a review of progress made and progress needed across key dimensions of adolescent girls' lives. Moreover, the analysis is circumscribed by the sufficient availability of internationally comparable and robust data on adolescent girls to enable global and regional analysis. While the 2030 Agenda for Sustainable Development fostered greater demand for, and production of, gender data, gaps still remain. As of March 2024, for example, none of the 193 country

signatories of the Agenda for Sustainable Development had comprehensive data on all 52 gender-specific indicators across the 17 Goals.²¹ Data gaps also exist on crucial issues for adolescent girls – especially younger adolescent girls – such as their voice, agency, civic engagement and leadership.

Yet, taken together, the evidence presented in this report provides a foundation for recommendations to global, national and regional stakeholders on important actions needed to enable girls to enjoy their rights to a safe, healthy childhood with the opportunities to learn, be skilled and pursue their dreams free from all forms of violence, and to successfully transition into adulthood with with the key assets they need to live fulfilled lives and contribute to the world in the ways they aspire to.

What's changed for girls
over the past three
decades?

Assessing progress for
adolescent girls

GIRL GOALS



Enabling environment for realizing adolescent girls' rights

There has been legal progress to promote gender equality but discriminatory legal frameworks that affect adolescent girls prevail in many parts of the world

Any assessment of adolescent girls' well-being must consider whether the enabling environments are in place for girls to thrive. Legal frameworks, for example, have consequences for all domains of life, including economic, social and political domains.

Discriminatory laws affect the life-course of adolescent girls, restricting their ability to accumulate human, social and productive assets and to exercise agency and voice over choices that affect their health and well-being. Evidence from India shows, for example, that prior to the reform of inheritance law to grant daughters equal rights to inherit land, households invested less in girls' educational attainment, while after the reform, educational investments in daughters increased without any adverse effect on sons.²² Implementing and monitoring laws and policies

that advance gender equality are thus prerequisites for realizing the rights of adolescent girls.

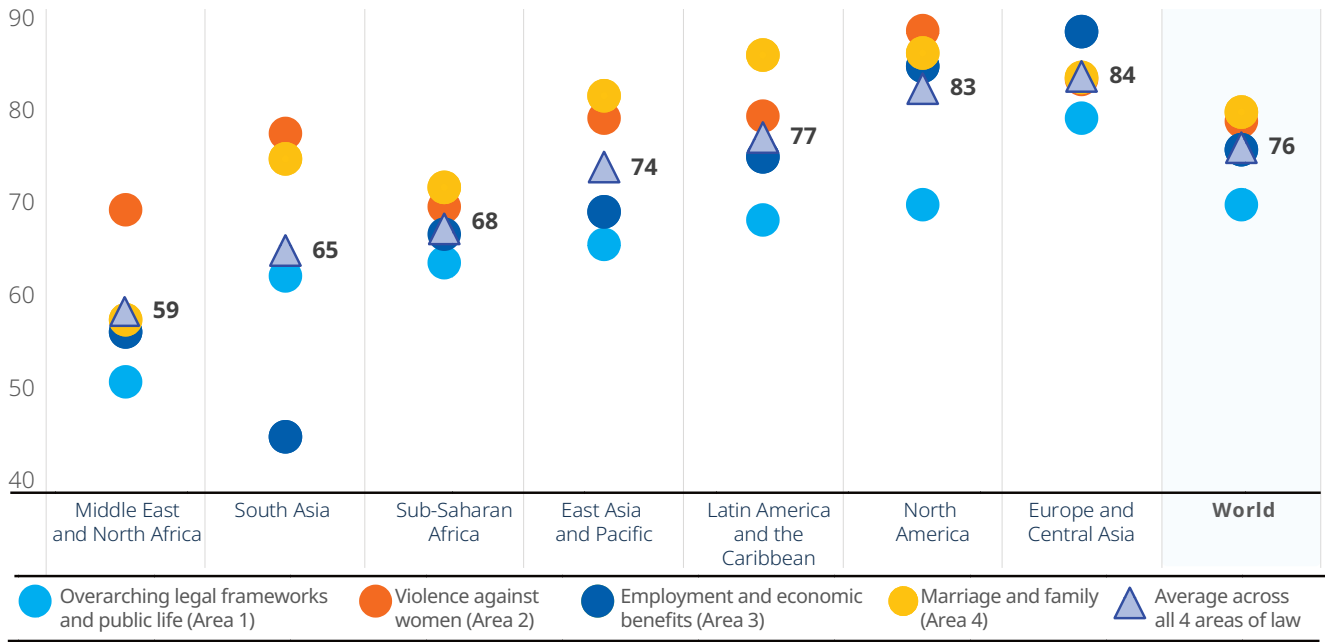
Using monitoring data for SDG indicator 5.1.1, Figure 2 presents the extent to which legal frameworks are in place to promote and monitor gender equality in four areas of law: overarching legal frameworks and public life; violence against women; employment and economic benefits; and marriage and family. While many of these laws are not specific to adolescent girls, they will influence their lives as they transition into adulthood. Between 2019 and 2023, 56 positive legal reforms took place across the four areas measured.²³

On average, 70 per cent of countries around the world have overarching legal frameworks pertaining to public life; 79 per cent have legal frameworks pertaining to violence against women; 76 per cent have legal frameworks pertaining to employment and economic

benefits; and 80 per cent have legal frameworks pertaining to marriage and family (see figure 2). In 18 per cent of countries, however, women do not have equal rights to confer citizenship to their spouses and their children, 54 per cent do not have laws that base the legal definition of rape on the lack of freely given consent, 51 per cent have at least one restriction preventing women from doing the same jobs as men, and 72 per cent set the minimum age of marriage below age 18, with no legal exceptions, for both women and men. Regionally, Europe and Central Asia has the highest percentage of achievement across all four areas of law, while the Middle East and North Africa has the lowest.

Notably, however, not a single country among the 120 with data has all relevant laws in place in place to promote and monitor gender equality.²⁴

Figure 2 Assessment of legal frameworks in place to promote, enforce and monitor equality and non-discrimination on the basis of sex (percentage of achievement), by region, 2018–2022 (latest available) (SDG 5.1.1)



Source: Global SDG Indicators Database, 2024.
Note: Data for SDG 5.1.1 are derived from an assessment of the country's legal frameworks completed by national statistical offices and/or national women's machinery, and practitioners/researchers on gender equality. The scores (between 0 and 100) represent the percentage of achievement, an (unweighted) average, for each area of law. The average across all four areas of law is also presented.

Nearly 150 million adolescent girls live in countries that do not grant them equal rights with boys to inherit assets from their parents

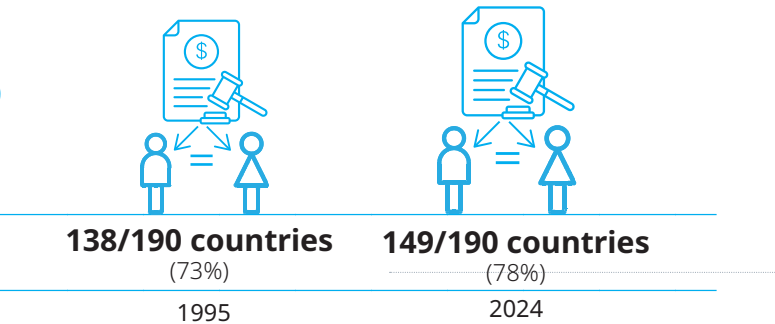
As recognized by the Beijing Platform for Action, equal inheritance rights to land and non-land assets provide a foundation for women's and girls' empowerment.

As conceptualized by UNICEF, productive assets help adolescents manage the present and prepare for the future

and are a cornerstone of adolescent empowerment.²⁵ In adulthood, women's ownership and control of assets is positively associated with a number of development outcomes, including children's nutritional status and schooling and women's own decision making within the household. In 1995, 138 out of 190 countries granted daughters and sons equal rights to

inherit assets from their parents. Since then, only 11 additional countries have passed legislation granting equal rights (the Bahamas, Benin, India, Lesotho, Mali, Nepal, Rwanda, Sierra Leone, South Sudan, Sri Lanka and Uganda). This means that nearly one in four adolescent girls currently live in countries that deprive them of the same inheritance rights as boys.²⁶

Inheritance rights



Number of countries in which sons and daughters have equal rights to inherit assets from their parents.

“
I want every girl to have the opportunity to feel free and valued. If I could change one thing, it would be the way girls are treated – not as second-class citizens, but as individuals with infinite strength and potential.”
–Keisi, 15, Albania

Source: World Bank, *Women, Business and the Law*, 2024.

Education and skills

The number of girls out of school worldwide declined from 200 million in 2000 to 122 million in 2023, a 39 per cent decrease

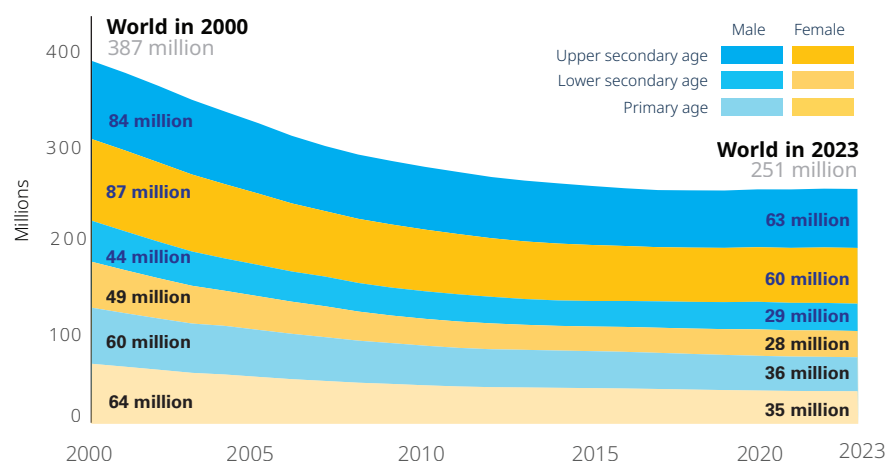
Primary education provides children with the foundation for a lifetime of learning, while secondary education equips them with the knowledge and skills needed to successfully transition into adulthood. The benefits of secondary education for girls are significant and wide-ranging beyond learning outcomes, increasing not only their earning potential but serving as a protective factor against child marriage, adolescent pregnancy and malnutrition, including short stature and anaemia.^{27, 28, 29}

As the data in this section illustrate, tremendous gains have been made in girls' access to education in the past 30 years, particularly for primary education.

Globally, girls have surpassed boys in attendance and completion rates. There is considerable variation between countries, however, and regional analysis indicates that for sub-Saharan Africa, more girls are out of school than boys at every level. Girls from the poorest households are particularly disadvantaged. An analysis of 29 countries with recent data on upper secondary school completion by sex, location and wealth uncovered gaps in completion rates between the poorest rural girls and the richest urban girls ranging from 12 to 72 percentage points.³⁰

Furthermore, gender gaps persist in key areas of education and skills for modern workforces, particularly in STEM subjects. Supporting adolescent girls to learn what they need to transition to earning in adulthood is a key aspect of economic security and empowerment. In short, there is more work to be done to support adolescent girls to be fully equipped with the education, skills and learning that will enable them to enter adulthood and the workforce on an equal footing. Finishing the

Figure 3 Number of out-of-school children, by sex and level of education, 2000–2023



Source: UNESCO Institute for Statistics, 2024.

job would be transformational for girls, societies and economies at large — and rather than leaving boys behind, targeted action to invest in accessible education and learning pathways, remove gender barriers and shift harmful gender norms will benefit all.

As of 2023, 122 million girls are out of school globally, compared to 128 million boys. In 2000, worldwide, there were more girls than boys out of school at every level. This reflects tremendous gains made in girls' schooling over the past three decades (see Figure 3). At the same time, progress in reducing the number of out-of-school children — both girls and boys — has slowed significantly at the secondary level since 2011 and has stagnated at the primary level since 2007.

These data also suggest a complex story about what is driving retention and attainment in schools globally — with adolescent boys more likely to leave education to enter paid work, and adolescent girls more likely to leave to undertake unpaid care work, get married and/or have children. A comprehensive approach to ensuring both girls and boys

complete their education and can access meaningful employment of their choice when they transition to adulthood is much needed.

This global picture also masks significant differences in the regional- and country-level realities for adolescent girls. In sub-Saharan Africa, for example, there are more girls than boys out of school at every level of education and the out-of-school population is growing.³¹ At lower and upper secondary levels, 31 and 46 per cent, respectively, of adolescent girls and young women in the region are not in school.³² In addition, millions of girls never enter the classroom or complete their education, which is especially heightened in conflict-affected areas. Girls in fragile, conflict-affected and violence-affected contexts are nearly 90 per cent more likely to be out of secondary school than girls in stable contexts.³³ In some cases, policies are holding girls back from education. For example, since 2021, 1.1 million adolescent girls over age 12 in Afghanistan can no longer attend school.³⁴ In other countries, discriminatory legislation prohibits adolescent mothers from attending school.

Since 2000, girls' completion rates have risen and surpassed boys at all levels of education — a testament to the success of investments in girls' schooling — but nearly 4 in 10 adolescent girls and young women do not complete upper secondary school today

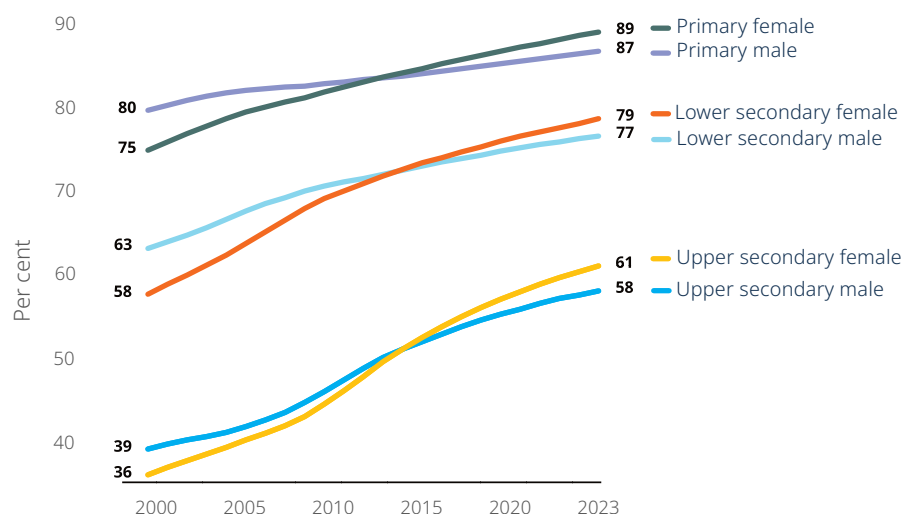
“

If I could change one thing, it would be that all girls could go to school. Education should be accessible for all children.”

—Majoie, 15,
Congo, Brazzaville

At the upper secondary level, the proportion of girls who completed school worldwide rose from 36 to 61 per cent between 2000 and 2023, a 25-percentage-point increase (see Figure 4). Nonetheless, nearly 4 in 10 adolescent girls and young women globally (39 per cent) do not finish upper secondary school today. For adolescent boys and young men, the rate is even higher (42 per cent). Regionally, at the lower secondary level, the highest girls' completion rates are observed in East Asia and Pacific, and Latin America and the Caribbean (89 and 84 per cent, respectively), while the lowest are observed in sub-Saharan Africa (37 per cent).³⁵ As with children out of school, sub-Saharan Africa is the only region in which gender parity

Figure 4 Completion rates, by sex and level of education, 2000–2023 (SDG Indicator 4.1.2)



Source: UNESCO Institute for Statistics, 2024.

in completion rates has not been achieved at any level.

In addition to school dropout, menstruation-related absenteeism is a real concern.

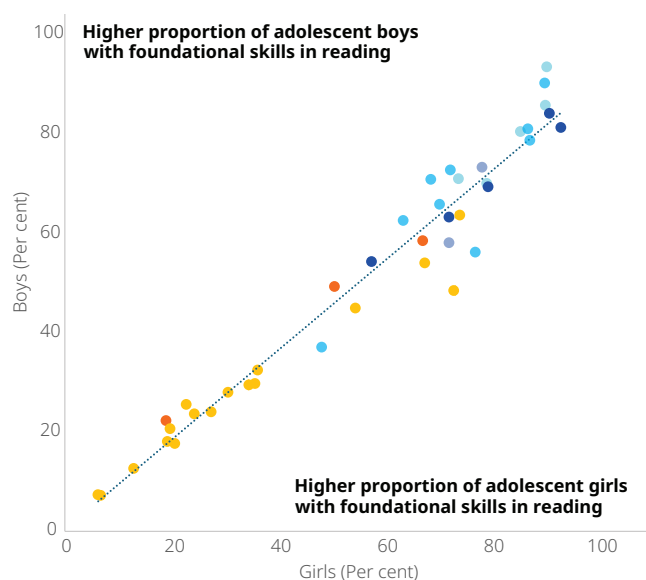
A pooled analysis of 47 UNICEF-supported Multiple Indicator Cluster Surveys in low- and

middle-income countries found that nearly 18 per cent of adolescent girls aged 15–19 missed school, work or social activities during their last menstruation. Further, the prevalence of menstrual-related absenteeism was higher for adolescent girls than older women, suggesting the greater vulnerability of adolescent girls.³⁶



On average, younger adolescent girls and boys are equally likely to possess foundational numeracy skills

Figure 5a Percentage of adolescents aged 10–14 who have foundational reading skills, by sex (2017–2023) (latest available)



● East Asia and Pacific

● Europe and Central Asia

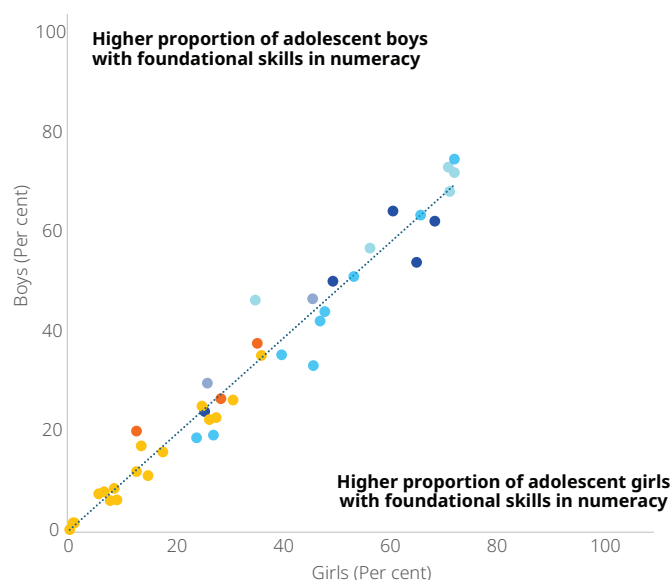
● Latin America and the Caribbean

● Middle East and North Africa

● South Asia

● Sub-Saharan Africa

Figure 5b Percentage of adolescents aged 10–14 who have foundational numeracy skills, by sex (2017–2023) (latest available).



Source: UNICEF global databases, 2024, based on Multiple Indicator Cluster Surveys.

Note: Foundational reading skills assess children on reading accuracy and reading comprehension. Foundational numeracy skills assess children on number reading, number discrimination, addition and pattern recognition. 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.

Reading and numeracy skills are foundational to the acquisition of a range of skills needed for 21st-century learning and employment, including jobs in STEM. The ability to read and understand a simple text is one of the most fundamental skills a child can learn.

Yet in many countries, students enrolled in school for as many as six years are unable to read and understand simple texts.

Acquiring literacy in the early grades of school is crucial because doing so becomes more difficult

in later grades for those who are lagging behind. Likewise, a strong foundation in basic numeracy skills during the early grades is crucial for success in mathematics in the later years.

Figures 5a and 5b present data on foundational reading and numeracy skills among adolescents aged 10–14 years from UNICEF-supported Multiple Indicator Cluster Surveys in low- and middle-income countries.

Advantages of these data are that they are internationally comparable and assess foundational reading and numeracy skills in children both in school and out of school.

In many countries in sub-Saharan Africa (represented by the yellow dots), gender parity is observed but few adolescent girls and boys possess foundational reading and numeracy skills.

Outside of these low-performing countries, adolescent girls, on average, outperform adolescent boys in foundational reading skills. In foundational numeracy skills, the gender gaps are less pronounced, suggesting that with the right support, including challenging gender norms about girls' capacities to excel in STEM both at school and at home, girls can develop the advanced maths skills needed to succeed.³⁷

Around the world, the number of adolescent girls and young women (aged 15–24) who are illiterate has nearly halved between 1995 and 2023, but nearly 50 million are unable to read or write a simple sentence today

Literacy is a foundational skill necessary for further learning, employment and civic engagement.

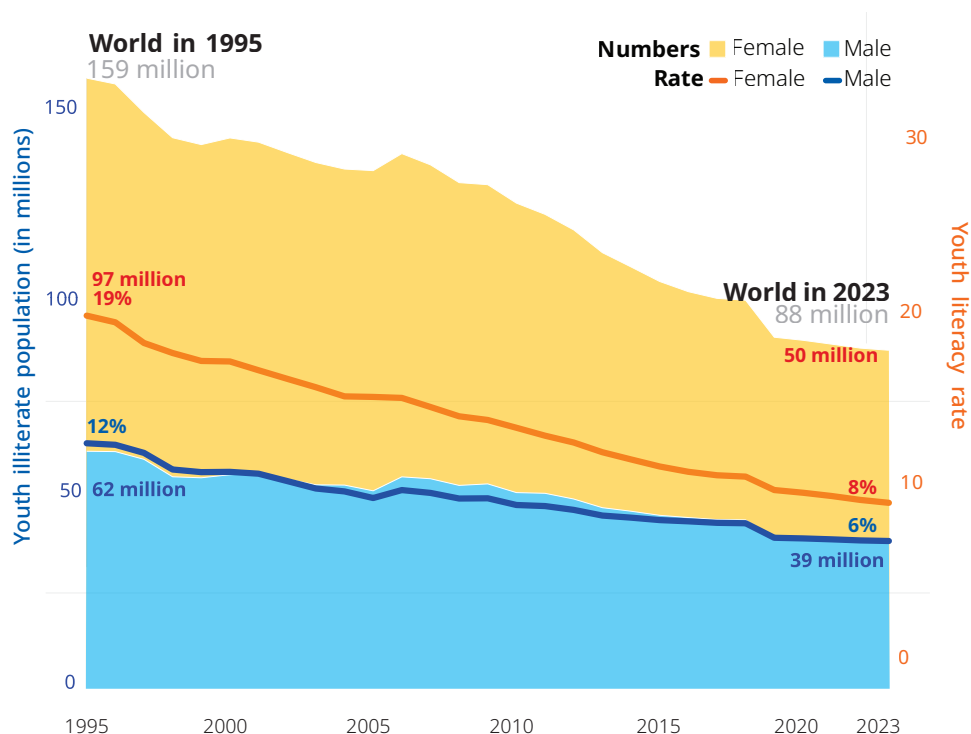
Globally, the number of adolescent girls and young women aged 15–24 who are illiterate fell from about 97 million to nearly 50 million (or from roughly 20 per cent to 8 per cent) between 1995 and 2023 (see Figure 6).

In addition, while the gender gap in youth illiteracy narrowed during that period, adolescent girls and young women account for 56 per cent of illiterate youth globally today, a number that has stagnated over the past decade.

Regionally, the most progress has been made in South Asia, where in 1995 more than 4 in 10 adolescent girls and young women were illiterate compared to fewer than 1 in 10 today.

In absolute terms, while the number of illiterate adolescent girls and young women has declined across almost all regions between 1995 and 2023, sub-Saharan Africa is a notable exception: there are more illiterate adolescent girls and young women today than in 1995, owing to population growth rates outpacing declines in illiteracy rates in the region.

Figure 6 Number and percentage of youth aged 15–24 who are illiterate, by sex, 1995–2023

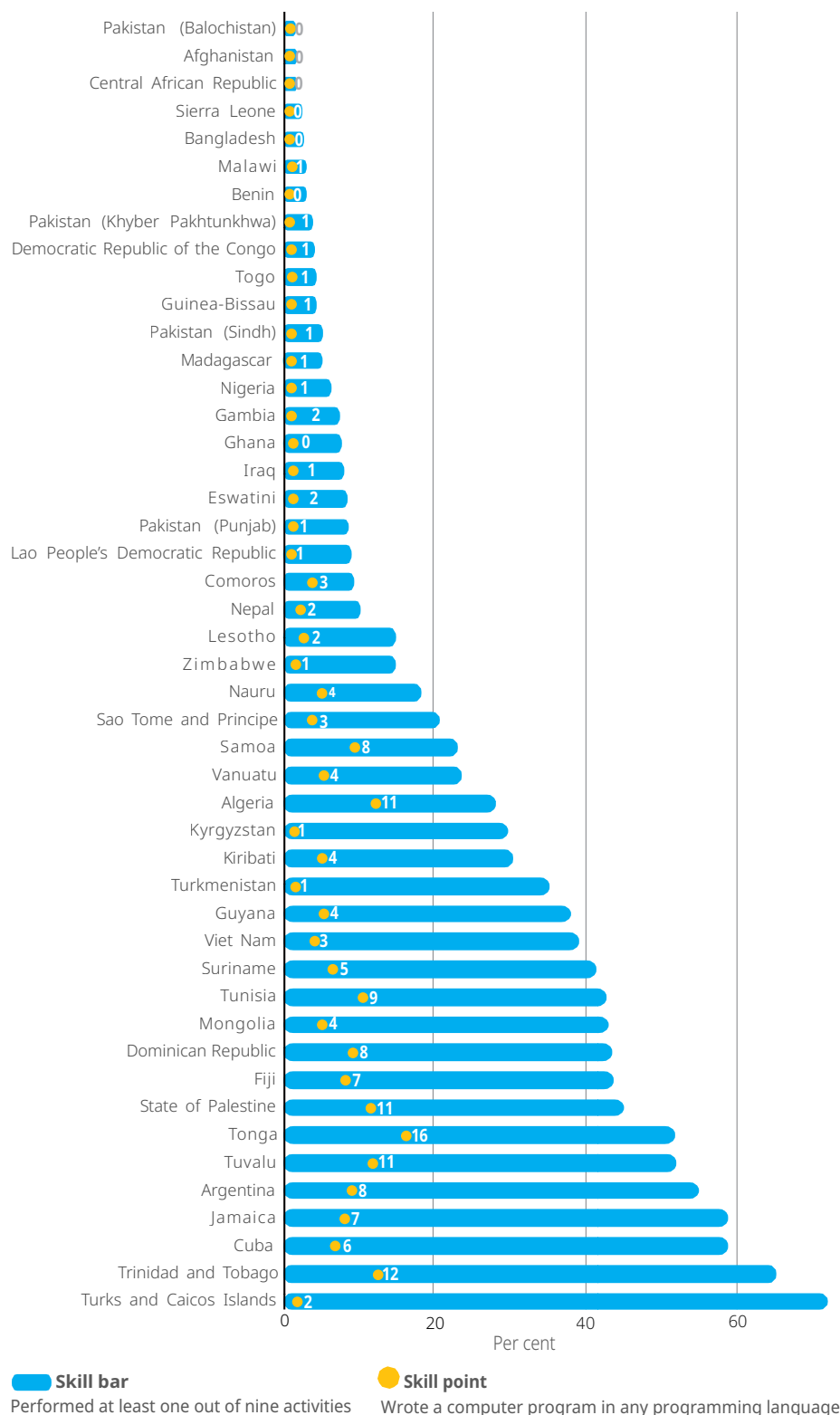


Source: UNESCO Institute for Statistics, 2024.



The proportion of adolescent girls and young women with digital skills ranges widely across countries, but few possess the advanced digital skills needed for careers in STEM

Figure 7 Percentage of adolescent girls and young women aged 15–24 with any digital skills and advanced digital skills, by country, 2017–2023 (latest available) (SDG 4.4.1)



Amplified by the COVID-19 pandemic, during which nearly all ministries of education adopted some form of remote learning to ensure that students continued to learn during school closures, access to digital devices and skills has become an increasingly important part of everyday life. The switch to distance learning, however, amplified pre-existing vulnerabilities for many children, especially adolescent girls and children with disabilities.³⁸ In addition, even basic skills, such as sending an email with an attachment or copying a file, are beyond the reach of many young people, especially in low- and middle-income countries.

Moreover, adolescent girls and young women face distinct barriers to developing digital skills. In low-income countries, 9 out of 10 adolescent girls and young women are offline, while their male peers are twice as likely to be online.

Even within the same households, adolescent girls and young women have less access to the internet and digital technologies than male household members of the same age, suggesting pervasive gender biases that restrict girls' digital access.³⁹

Among 49 countries with data, the proportion of adolescent girls and young women with digital skills⁴⁰ ranges from 2 per cent or fewer (Afghanistan, Bangladesh, Central African Republic, Chad, Sierra Leone and Yemen) to more than 70 per cent (Turks and Caicos) (see Figure 7). But across these countries, adolescent girls and young women lack advanced information and communication technology (ICT) skills. For example, in 29 countries, only around 1 to 2 per cent report possessing programming skills. The highest proportion of adolescent girls and young women with programming skills is found in Tonga (16 per cent).

While there are fewer data on adolescent boys' and young men's ICT skills, those that are available also indicate overall low levels of ICT skills; but in the majority of countries with data for both male and female youth, the gender gap in ICT skills disadvantages adolescent girls and young women.

Without digital skills, adolescent girls have fewer opportunities in STEM fields, limiting their opportunities for well-paid, decent jobs but also for economic development. By some estimates, doubling the share of women in the tech workforce could increase GDP by up to €600 billion by 2027.⁴¹ For instance, a 2020 study of Filipina girls demonstrated that loss of interest in STEM subjects started as early as age 10, when girls began perceiving STEM careers as male dominated and believing that girls are naturally less adept in STEM subjects. The relative lack of female STEM role models reinforced such perceptions.⁴²

Game changers: Girls' leadership, digital and STEM skills building in Cambodia

UNICEF's Skills4Girls initiative develops girls' skills in areas such as STEM, digital technologies and social entrepreneurship, in addition to life skills such as problem solving, negotiation, self-esteem and communication. Implemented in over 20 countries, it has reached 16 million adolescent girls around the world since 2020 with the aim to close the gender gap for girls in key areas through girl-centered and multi-sectoral approaches.⁴³ Building from this, to complement STEM opportunities with cutting-edge digital education, UNICEF and partners have created the Game Changers Coalition (GCC), an endeavour to redefine education and skills through innovative industries. The key strategy is to accelerate action to close the digital skills gap for adolescent girls by tapping into their creativity, ingenuity and autonomy – all through the world of video game development. By teaching coding, design, generative artificial intelligence, storytelling and teamwork, GCC equips girls with essential 21st-century skills. So far, the GCC has reached nearly 154,000 people across seven countries and amplified its advocacy for girls' access to STEAM sectors (STE-Art-M) to 1.3 million people through social media.

A Cambodia pilot with powerful results

In Cambodia, Skills4Girls has provided support to the Government of Cambodia's Local Life Skills Education (LLSE) programme, benefiting 21,500 students. Building on the LLSE curricula, UNICEF is also providing

cutting-edge digital education opportunities through the new game-based GCC digital skills curriculum. This was piloted in 33 public schools in the Siem Reap region from 2023 to 2024. Early consultations with teachers and parents helped dispel common stereotypes about video games, reframing them as powerful educational tools and pathways to digital literacy, created in a safe environment.

UNICEF trained public school teachers to become mentors in game development, who went on to teach girls aged 13–16 how to create their own games. Girls selected game topics, from climate change to cultural heritage. They showcased their new skills during a 'game jam' (a game creation hackathon) where skills such as teamwork, time management and public speaking were practiced. Students also used generative artificial intelligence to develop their characters and other game-related visual components.

Successful pilot leads the way for expansion and sustainability

Government stakeholders recognized game development as an engaging, effective way to impart digital skills — a key priority for the Ministry of Education, Youth and Sport. With the Ministry's support, the STEAM curriculum has been translated into Khmer and integrated into the national teacher training platform, reaching over 93,000 public school educators.

Economic security

Data on adolescent girls' economic security are scarce, but the right to live free of poverty and the ability to influence financial decisions that affect them are critical to adolescent girls' economic empowerment. While there are no statistically significant differences, either globally or regionally, in the proportion of men and women living in monetary poverty, analysis by household composition and age groups finds 122 women between the ages of 25 and 34 living in households struggling to survive on less than a dollar a day per person for every 100 men of the same age group. Where this disadvantage exists for

women, it disappears after 35 years of age.

Women in monetary poor households are most likely to live with a male earner, children and other adults who do not earn income, which are the households struggling most to survive with a dollar a day per person).⁴⁴

Monetary poverty intersects with gender inequality, however, to influence decision making in the household — for example, about how to distribute the household budget between boys' and girls' needs. Moreover, data indicate that adolescent girls and women of

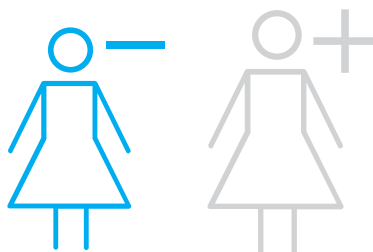
reproductive age face discriminatory social norms that are enforced early in life, disproportionate unpaid care burdens, discrimination entering and remaining in the workforce, and gender gaps in employment and pay.⁴⁵

For children and adolescents, poverty is about lacking material goods and services. This lack may occur even in households which are not monetary poor.

These unmet needs often result in deficits that cannot easily be overcome later in life.

Among countries with historical data, nearly half of adolescent girls aged 10-17 live in poverty in all its dimensions

Child poverty



*Population-weighted average of 42 countries with at least two data points between 2000–2023.

While internationally comparable estimates of multidimensional child poverty exist for about 80 countries, 42 countries have data for at least two time points since 2000 that enable analysis of child poverty over time. Among this sample, wide variation is observed in the proportion of adolescent girls aged 10–17 living in poverty, ranging from 10 to 94 per cent. In the aggregate, nearly one in two adolescent girls aged

10–17 currently live in poverty in all dimensions. Levels are similar for boys (47 per cent).

While projections suggest that the prevalence of poverty among adolescent girls is decreasing in the majority of countries in the sample, progress is slow, reducing by 1 per cent annually on average.



Educated adolescent girls and women can reduce the intergenerational transmission of poverty

TABLE 1 Prevalence of multidimensional poverty among adolescent girls aged 10–17, by mother's educational attainment, 2000–2022 (latest available)

Mother's education	% of adolescent girls in poverty
No education/preschool	63
Primary	40
Secondary	22
Higher	8

Source: Authors' calculations based on Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS) harmonized data sets for 104 countries.

Educating adolescent girls and young women, who in turn may choose to become mothers, is one mechanism for reducing poverty rates both for women and girls and their children.

Table 1 estimates the prevalence of multidimensional poverty among adolescent girls aged 10–17 by their mother's educational status.

Not surprisingly, given the well-evidenced multiplier effects of women's education across a range of development outcomes, the gradient is quite pronounced. The percentage of adolescent girls in multidimensional poverty is nearly eight times higher for mothers with no or little education (i.e., they have not completed primary education) than for mothers who have completed higher education (8 per cent and 63 per cent, respectively).



Empowering girls in urban areas of Uganda through cash transfers

Adolescent girls living in urban areas in Uganda face great vulnerabilities and unique challenges: only one in three complete primary school education and 6 per cent complete secondary school, facing a disproportionately higher risk of sexual and gender-based violence and HIV infection than their male counterparts. Exactly 25 per cent of girls aged 15–19 are mothers already or are pregnant. The situation worsened during COVID-19, with teenage adolescent pregnancies surging to more than four and a half times the pre-pandemic level.

Children aged 10–19 make up 46 per cent of Kampala's population, with girls comprising 58 per cent of this group. In 2019, the Kampala Capital City Authority, in partnership with UNICEF, designed a pilot for the first urban social protection programme in Uganda, targeting vulnerable adolescent girls, facing multi-dimensional deprivations in households living in poverty. The Girls Empowering Girls (GEG) programme is meant to address the challenges of adolescent pregnancy and motherhood, school dropout, sexual abuse and limited access to essential social services. Interventions include

peer mentorship aiming to empower girls through one-on-one mentor sessions and referral to services for education, training, health and protection services, in addition to cash transfers to the household. Aiming to leave no one behind, specific attention is paid to adolescent girls with disabilities, adolescent refugee girls, pregnant adolescent girls and adolescent mothers.

The programme has achieved a primary-to-secondary school transition rate of 96 per cent, compared to an average of 30 per cent in the same schools prior to the programme. The programme has also been successful with refugee girls, achieving a 98 per cent transition rate. At least 71 per cent of GEG girls who were out of school, have returned to education voluntarily and are staying in school. The key takeaway is that a combination of cash support for the household, and mentorship and referrals to essential social services for adolescent girls can help create a strong and lasting change in their lives. Returning to school is an entirely possible option with a fully comprehensive package for adolescent girls, especially with meaningful support of parents or caregivers.⁴⁶

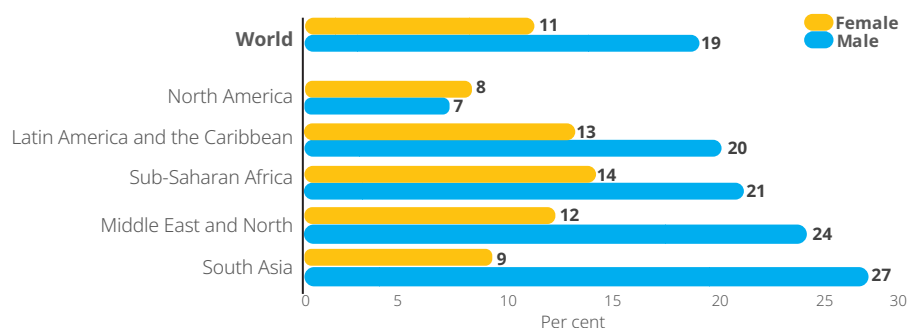
Adolescent girls and young women continue to be overrepresented among those not in education, employment or training

The NEET rate, which refers to the proportion of youth aged 15–24 who are not in employment, education or training, is used to gain a better understanding of the labour market dynamics affecting adolescents and young adults.

It consists of two components: youth who are not in education or training and are not looking for paid work (i.e., the economically inactive), and youth who are not in education or training and are looking for paid work but are unable to find a job (i.e., the economically active). During adolescence, a period when all youth aged 15–19 should be in school or training, gender gaps disadvantaging girls are observed across all regions with data (see Figure 8). The widest gap can be seen in South Asia, where adolescent girls are three times more likely to be NEETs than boys of the same age (27 and 9 per cent, respectively), followed by Middle East and North Africa, where the rate for girls is twice that of boys (24 and 12 per cent, respectively).

The gender gap widens significantly when adolescents transition into young adulthood, with most of this disparity

Figure 8 Adolescent (aged 15–19) NEET rate, by sex and region, 2015–2023 (latest available) (SDG 8.6)



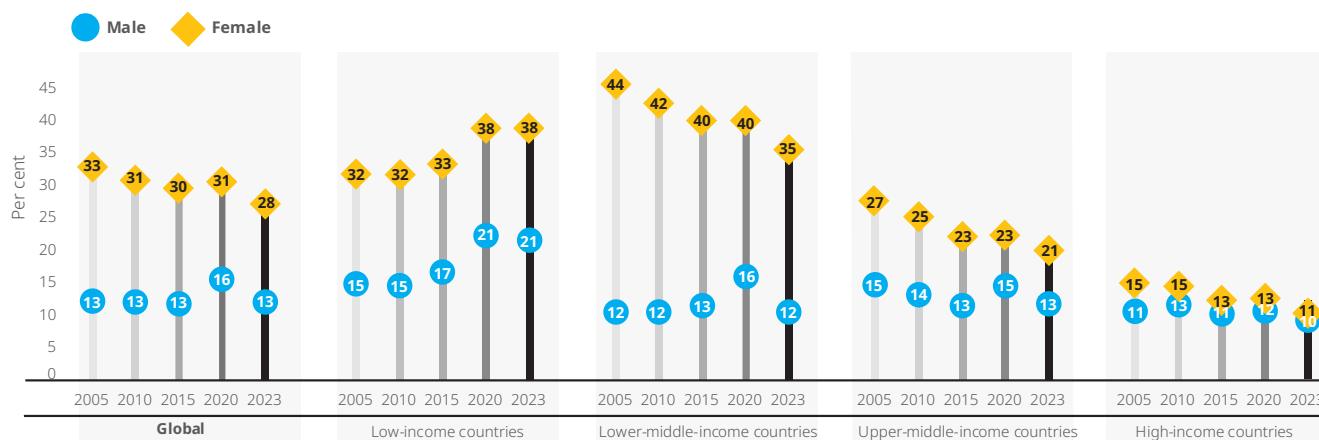
being driven by the disproportionate percentage of young women among the economically inactive. In other words, on average, young men are more likely to move into the labour market and look for work while young women, even if they finished school, are more likely to never enter the labour market. Globally, the NEET rate among adolescent girls and young women aged 15–24 has been more than double that of adolescent boys and young men since 2005 (see Figure 9).⁴⁷ In 2023, 28 per cent of female youth were NEETs compared to 13 per cent of male youth. And while some progress has been made to reduce NEET rates, most of that progress has been skewed in favour of advanced economies, where the gender gap is smallest.⁴⁸ The

widest gender gaps are observed in lower-middle- and low-income countries.

Young women are not only overrepresented among those not in education, employment or training, but they also tend to stay in that category longer.

This can be explained by the need to attend to family responsibilities (as girls, but also as wives and/or mothers for some) and engage in household chores, combined with institutional barriers such as workplace discrimination, inadequate access to affordable childcare, and a lack of care policies such as parental leave or ensuring a menstrual-friendly workplace.⁴⁹

Figure 9 Youth (aged 15–24) NEET rate, by sex and income classification, 2005–2023 (SDG 8.6)



Source: Figure 8, Regional aggregates calculated by UNICEF on the basis of data from the International Labour Organization, 2024.

Source: Figure 9, ILOSTAT, ILO modelled estimates, August 2024.

Note: Figure 9, 2005 is the earliest year of data availability.

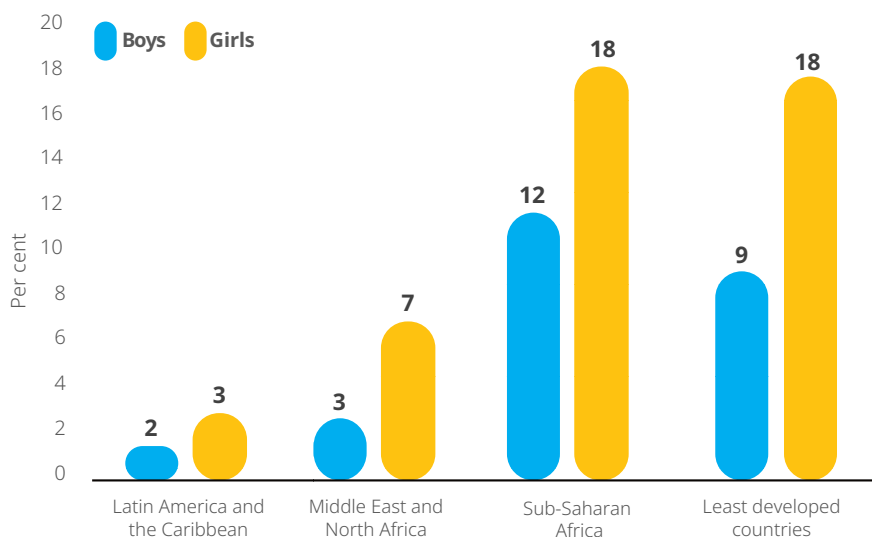
In least developed countries, adolescent girls aged 10–14 are twice as likely as boys of the same age to engage in excessive household chores and care

In homes around the world, girls are spending more time performing chores and caregiving than boys.

Globally, girls aged 10–14 spend a collective 160 million more hours on unpaid care and domestic work than boys of the same age.⁵⁰

As children mature into adolescence, girls' responsibilities intensify and the gender gap widens.⁵¹ This unequal gendered distribution of chores and care work among children has significant implications for girls' well-being. Engagement in excessive household chores, defined as performing chores at least 21 hours per week,⁵² can have adverse impacts on children's learning and leisure time. The types of chores girls typically perform, including cooking, cleaning and caring for younger children or sick family members, also socializes them to assume a disproportionate amount of unpaid domestic and care work as women, shaping girls' lives well beyond adolescence.

Figure 10 Percentage of adolescents aged 10–14 who, during the reference week, spent at least 21 hours on unpaid household chores, by sex and region, 2015–2023 (latest available)



Source: UNICEF global databases, 2024.

Indeed, women's unpaid work burdens can explain, in part, the greater likelihood for young women to not be in education, employment or training than young men, and women's lower labour force participation rates.⁵³

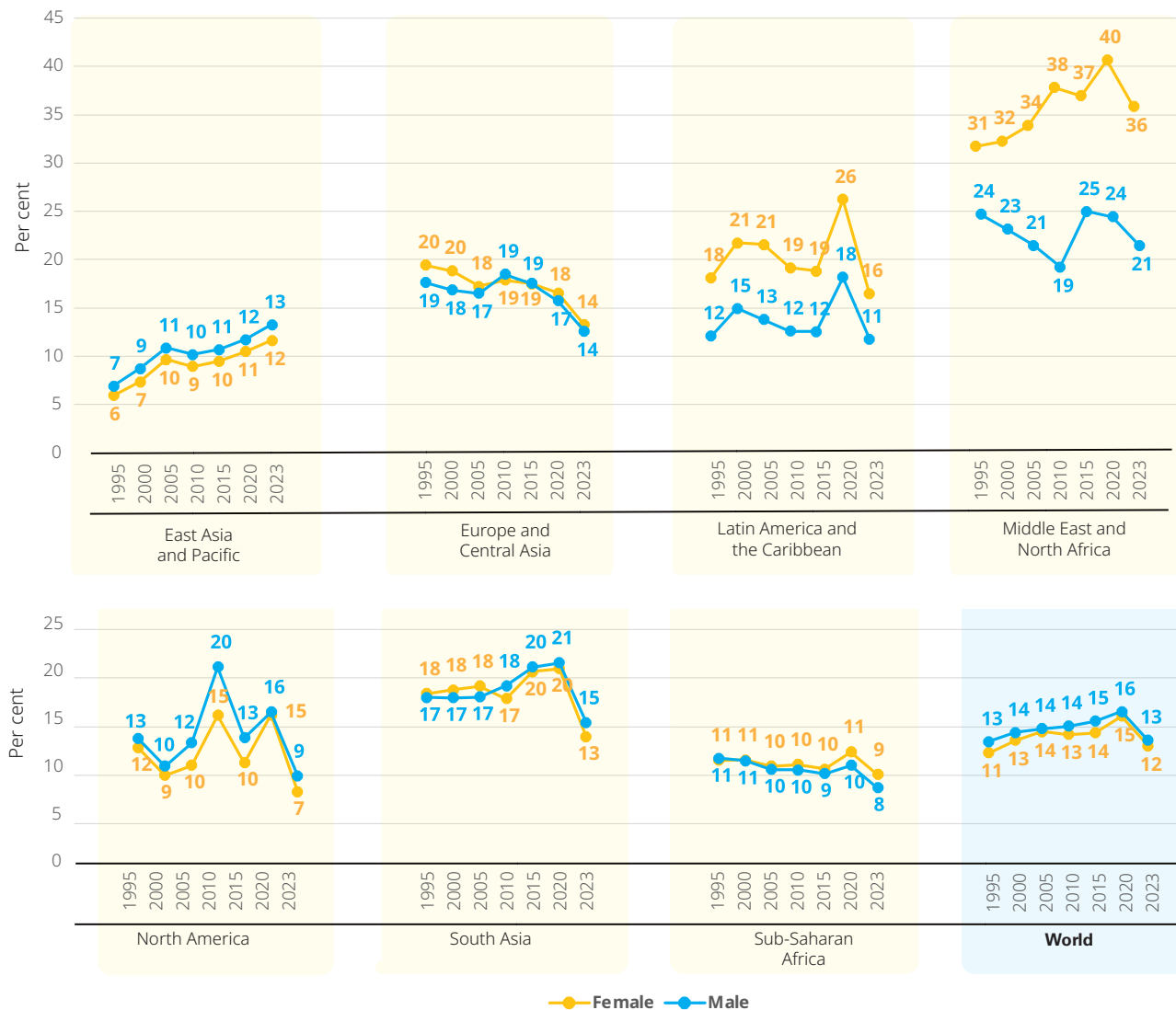
And there are impacts on boys, as well: boys can adopt a skewed sense of the value of girls' versus boys' time and grow up to play

limited roles as fathers and caregivers.⁵⁴ Among regions with available data, the widest gender gap disadvantaging adolescent girls is observed in sub-Saharan Africa (6 percentage points) followed by Middle East and North Africa (4 percentage points) (see Figure 10). In three quarters of countries with available data (73) adolescent girls are more likely than adolescent boys to engage in excessive household chores.



Unemployment for adolescent girls and young women is declining but most jobs that youth hold are insecure

Figure 11 Percentage of youth aged 15–24 who are unemployed, by sex and region, 1995–2023 (SDG 8.5.2)



Source: Regional aggregates calculated by UNICEF on the basis of data from the International Labour Organization, 2024.

Generating employment opportunities for young women in the labour market is essential to their economic empowerment as well as to economic growth.

In most regions, youth unemployment rates are declining for both young women and men, suggesting recovery from the COVID-19 pandemic during which more youth than adults — and more female youth than male youth — lost their jobs. Some of these youth

left the labour force altogether and have yet to return.⁵⁵ Globally, 13 per cent of female and male youth were unemployed in 2023 (see Figure 11). In Middle East and North Africa, however, where the widest gender gap disadvantaging female youth is observed, more than one in three adolescent girls and young women aged 15–24 were unemployed in 2023, compared to slightly more than one in five adolescent boys and young men. Moreover, while declining unemployment is a positive sign, insecure employment,

including temporary jobs and self-employed jobs, is typically the only form of employment youth outside of high-income countries can find — and young women are more likely than young men to hold these jobs.⁵⁶ When young women are able to secure a job, it is often lower paid and in the informal economy, in unprotected and low-skilled jobs with greater job insecurity and a lack of access to training, social protection and other resources — making them more vulnerable to poverty and economic shocks.⁵⁷

Violence, including harmful practices

Nearly one in five adolescent girls aged 15–19 worldwide have experienced intimate partner violence in the past year

Gender-based violence is one of the most pervasive violations of human rights across the world. Predominantly experienced by women and girls, it is rooted in gender-based power imbalances and fueled 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, substance use, suicide, and mental health conditions such as depression and anxiety, while also undermining protective factors including social connectedness and cohesion. Violence against adolescent girls includes both forms of violence experienced by children as well as by adult women, yet because of the way response services and prevention efforts can be designed with younger children or adult women in mind, adolescent girls can fall through the cracks.⁵⁸

Violence and harmful practices are driven by complex interrelated factors, linked to deep-rooted cultural gender norms, economic insecurity and poverty.

Crisis, conflict and displacement heighten the risks and realities of gender-based violence and some harmful practices, such as child marriage and female genital mutilation (FGM).

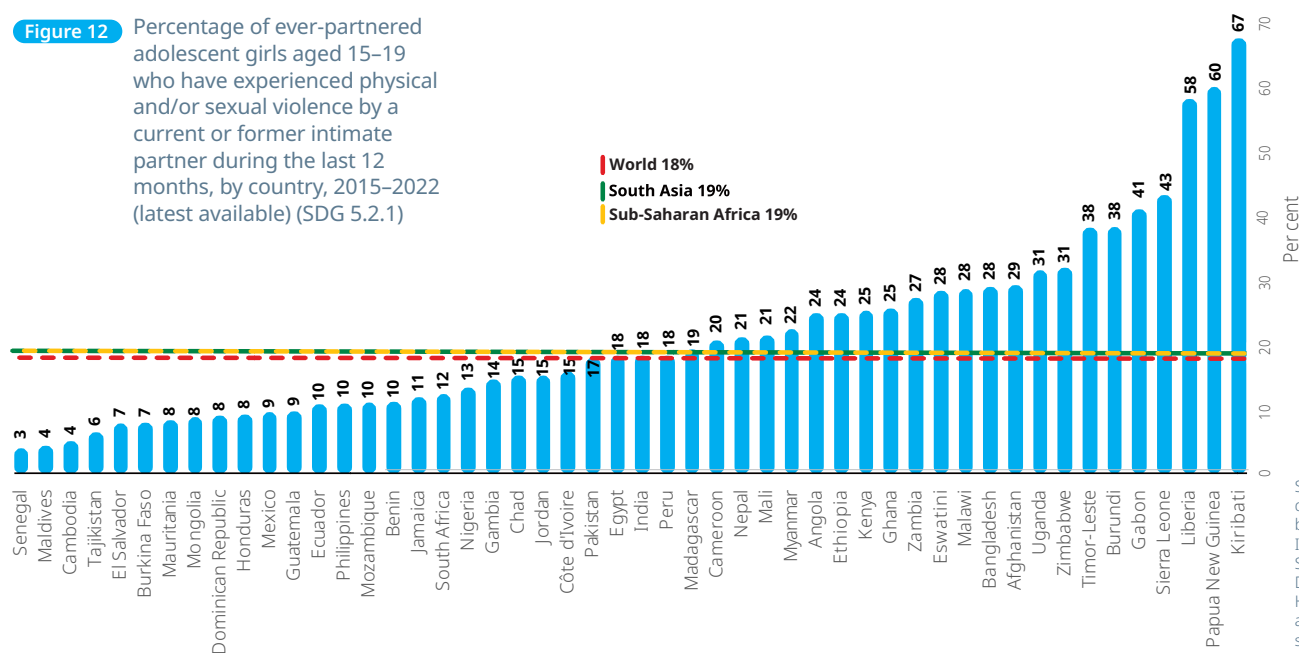
As girls and women lose their support systems as well as their homes, face income shocks and economic security, and are displaced to insecure environments, their risk of violence increases. For example, among more than 850 women interviewed across several humanitarian and post-conflict settings in Africa nearly one year into the COVID-19 pandemic, 73 per cent reported an increase in intimate partner violence, 51 per cent reported an increase in sexual violence and 32 per cent reported a rise in early and forced marriage since the onset of the pandemic.⁵⁹ In addition, compared to pre-pandemic levels in 2019, the global detection of girls being trafficked increased by 38 per cent in 2022, with the majority being trafficked for sexual exploitation.⁶⁰ Moreover, even in their own homes, girls are not always safe. In 2023, 51,100 women and girls — or 140 women and girls each day — were killed by intimate partners or other family members. Many

of these victims of femicide had previously reported some form of physical, sexual or psychological violence by their partner.⁶¹

Globally, in their lifetimes, nearly one in four ever-married or partnered adolescent girls have experienced intimate partner violence, defined as any physical or sexual abuse perpetrated by a current or former partner within the context of marriage, cohabitation or any other formal or informal union.⁶²

In the past year,⁶³ nearly one in five have experienced such violence (see Figure 12). Past-year prevalence rates vary significantly across countries, indicating that intimate partner violence is not an immovable feature of life at a given level, but rather a phenomenon that can be reduced and ultimately prevented. Levels in South Asia and sub-Saharan Africa are similar (19 per cent). In least developed countries, the proportion rises to one in four adolescent girls. In addition, among countries with recent data, values range from under 5 per cent of adolescent girls in countries such as Cambodia and Senegal to more than 50 per cent in countries such as Liberia, Papua New Guinea and Kiribati.

Figure 12 Percentage of ever-partnered adolescent girls aged 15–19 who have experienced physical and/or sexual violence by a current or former intimate partner during the last 12 months, by country, 2015–2022 (latest available) (SDG 5.2.1)



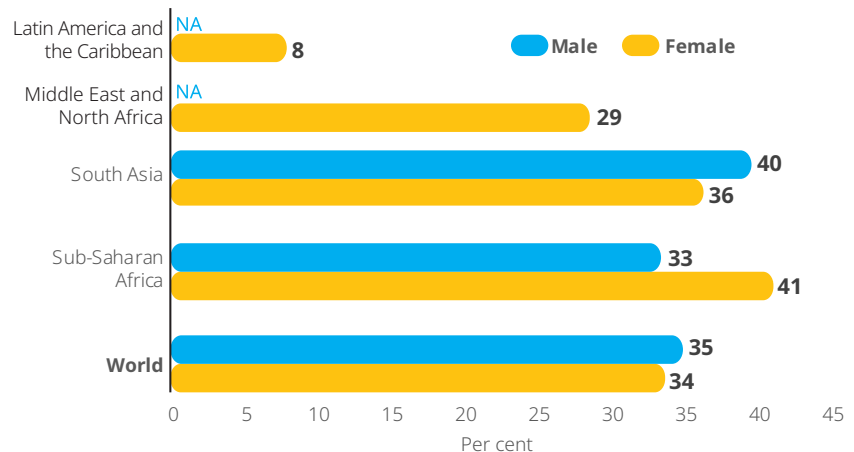
Source: UNICEF global databases, 2024, based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other national surveys.

Globally, adolescent girls and boys are equally likely to justify intimate partner violence

The social acceptability of intimate partner violence is reflected in adolescents' attitudes – both male and female – about whether husbands are ever justified in hitting or beating their wives.

Acceptance among adolescents points to the pervasiveness of harmful gender norms and 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. Worldwide, about one in three adolescent girls and boys aged 15–19 consider a husband to be justified in hitting his wife under at least one of the following circumstances: if she burns the food, argues with him, goes out without telling him, neglects the children or refuses sexual relations (see Figure 13). In South Asia, more adolescent boys hold this view than

Figure 13 Percentage of adolescents aged 15–19 who consider a husband to be justified in hitting or beating his wife under certain circumstances, by sex and region, 2015–2022 (latest available)



Source: UNICEF global databases, 2024, based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other national surveys.

Note: Data coverage was insufficient to calculate aggregates for the regions not shown. Data coverage was insufficient to calculate regional aggregates for males in Latin America and the Caribbean and Middle East and North Africa. Specified reasons were: if his wife burns the food, argues with him, goes out without telling him, neglects the children or refuses sexual relations.

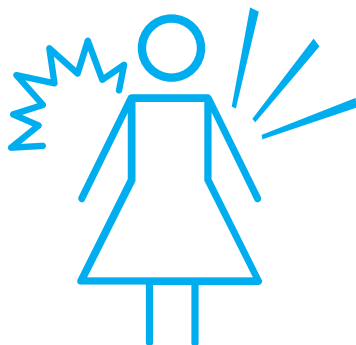
girls (40 and 36 per cent, respectively) while in sub-Saharan Africa the opposite is true, with 41 per cent of adolescent girls justifying intimate partner violence compared to 33 per cent of boys.

This variation indicates, similar to the violent behaviour itself, that this social norm is not intractable, nor constrained to boys and men – rather, it is malleable and can shift over time.



Globally, 50 million girls alive today have experienced sexual violence*

Sexual violence



Internationally comparable and reliable data on girls' experience of sexual violence are scarce and scarcer for boys.

Globally, 6 in 10 countries have national data on sexual violence against girls while only one in six have national data on boys.⁶⁴ Recent estimates, however, suggest that worldwide, 650 million girls and women alive today have experienced

sexual violence in childhood; of these, 50 million are girls who have already been victimized and 600 million are adult women who were subjected to such violence as children.⁶⁵ Of these 650 million, 370 million were raped or sexual assaulted as children. Adolescent girls and young women are disproportionately affected, yet boys are affected in large numbers too: it is estimated that nearly 40 million boys alive today have already been victimized.⁶⁶

*Sexual violence includes contact forms (i.e., rape or sexual assault) as well as non-contact forms such as verbal or online abuse. United Nations Children's Fund, *When Numbers Demand Action: Confronting the global scale of sexual violence against children*, UNICEF, New York, 2024.

Technology-facilitated gender-based violence presents emerging risks, especially among adolescent girls

Technology-facilitated gender-based violence (TFGBV) is a rapidly evolving area of research, with evidence suggesting that adolescent girls face disproportionate levels of TFGBV.⁶⁷

As technology and digital platforms become a larger part of daily life, particularly among adolescents, these spaces also become avenues for abuse and sexual harassment alongside potential opportunity. The widespread

use of technology and the anonymity that is frequently involved increase the reach, duration and severity of such forms of violence, while also making it harder to regulate and address.⁶⁸ TFGBV has serious impacts on the lives of girls and women, and may have substantial effects on the meaningful engagement of girls and women in society.⁶⁹ TFGBV may lead girls to reduce their participation in public activities and on digital platforms — for which they already have less access than their male peers — and may lead to self-censoring and

withdrawal from participation in both online and offline spaces.

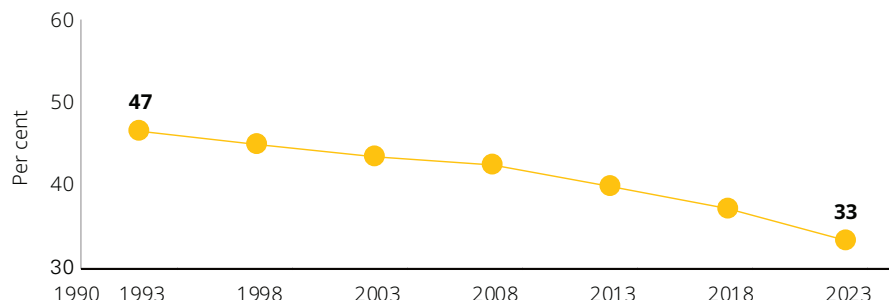
As a tool that often offers opportunities of connection and community, technology poses unique risks during adolescence. As digital platforms evolve, there is an urgent need for standardized concepts and measures of TFGBV to be able to more effectively measure its prevalence,⁷⁰ as well as stronger protective mechanisms, safe technology and digital literacy programmes to make sure that digital spaces are inclusive and safe for all, including adolescent girls.



The practice of female genital mutilation is declining but progress is taking decades

Deeply entrenched in harmful gender norms, the practice of FGM is a grave violation of girls' rights with long-term physical and psychological consequences, including infection, infertility and adverse mental health outcomes including symptoms of anxiety, depression and post-traumatic stress disorder, as well as childbearing complications.

Figure 14 Percentage of adolescent girls aged 15–19 years who have undergone female genital mutilation in countries making progress, 1993–2023 (SDG 5.3.2)



Source: UNICEF global databases, 2024, based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other national surveys.

Note: Values represent a population-weighted average of the prevalence of female genital mutilation in 22 countries which have collected nationally representative data on the practice and which have observed a statistically significant decline in the prevalence in the past 30 years.

The practice has become less common over time in many countries where it occurs, while in others, levels have remained stagnant. Over the past 30 years, among countries making some progress, the prevalence of FGM among adolescent girls aged 15–19 has declined 14 percentage points, from 47 per cent in the early 1990s to 33 per cent today (see Figure 14). But the rate of decline would need to be 27 times faster to meet the SDG target of eradication by 2030. Moreover, around 4 million girls are subject to the practice each year — and the number of girls born

in the 31 countries in which FGM is concentrated is expected to continue growing at a rapid pace, meaning that even more girls will be at risk in the future if the practice is not eliminated. Yet, progress is possible. Benin, Burkina Faso, Ethiopia, Iraq, Kenya, Liberia, Maldives, Nigeria, Sierra Leone and the United Republic of Tanzania have made tremendous strides, halving or reducing the prevalence of FGM by at least 30 percentage points over the past three decades.⁷¹

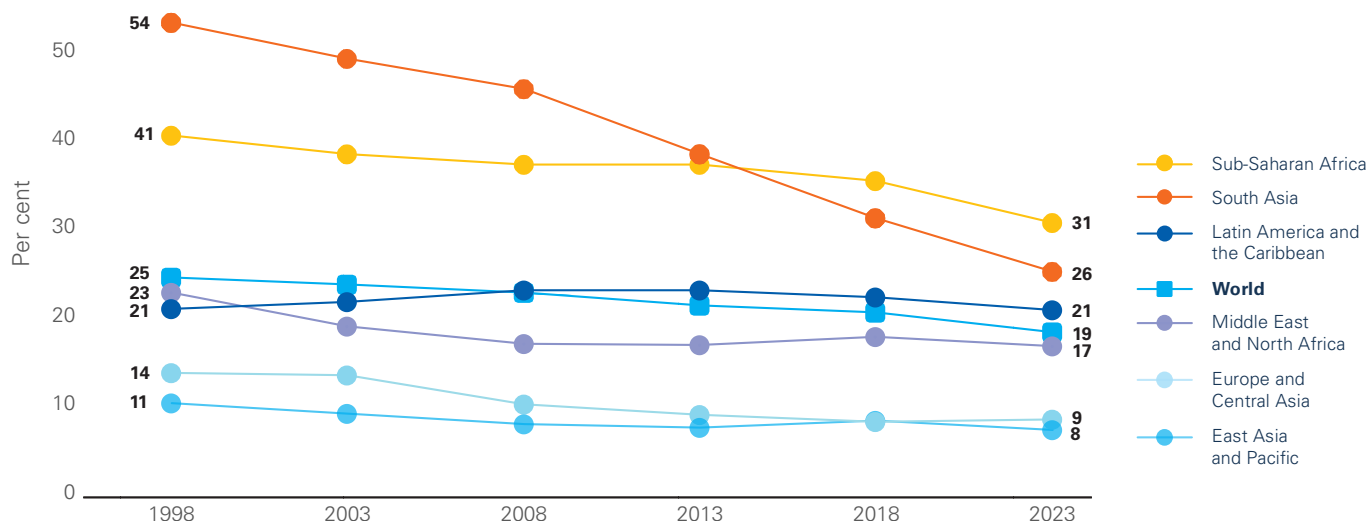
Moreover, 4 in 10 FGM survivors live in fragile and conflict-affected settings, where population growth is also fast.

This combination can strain education and health services, divert resources towards crises, and disrupt programmes that address gender inequality, making it more challenging to tackle FGM.⁷²



Globally, the prevalence of child marriage has decreased over the past 25 years but millions of girls continue to be married in childhood

Figure 15 Percentage of young women aged 20–24 who were first married or in union before age 18, by region, 1998–2023 (SDG 5.3.1)



Source: UNICEF global databases, 2024, based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other national surveys.

Child marriage is a breach of girls' rights to their childhood and compromises adolescent girls' healthy transitions into adulthood.

Countries with a higher prevalence of child marriage have been associated with a higher prevalence of intimate partner violence (both in the past year and over a lifetime).⁷³ 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, protection services and education.

In the past 25 years, the prevalence of child marriage has reduced from nearly one in four to one in five girls marrying before the age of 18 (see Figure 15).

But most of that progress has occurred among girls from the wealthiest families, with girls from the richest households representing three times as many of the averted cases of child marriage as girls from the poorest households.⁷⁴

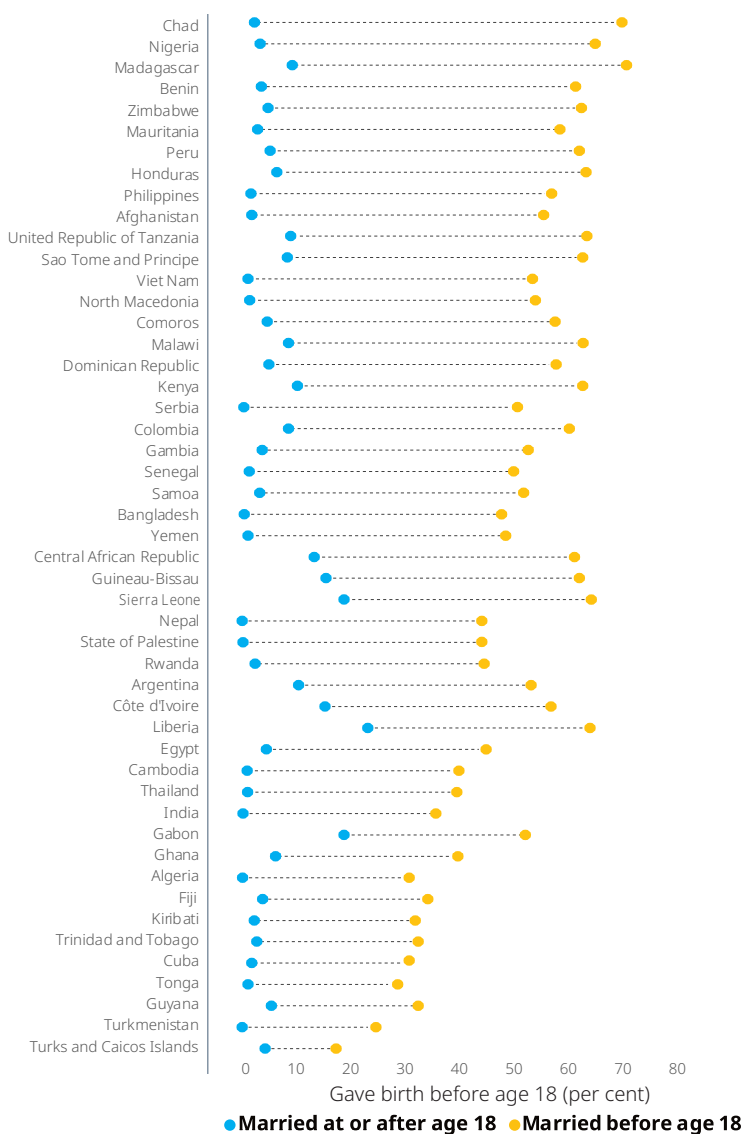
Regionally, the most progress has been observed in South Asia, where a girl's risk of marrying in childhood has halved in the past 25 years, from 54 to 26 per cent. While India has led this progress, one in three girls and women alive today who were married in childhood reside in the country — a share equal to the next 10 countries combined.⁷⁵ The rate of progress has been slower in sub-Saharan Africa, which now surpasses South Asia as the region with the highest prevalence of child marriage (31 per cent). In Latin America and the Caribbean, where child marriage often takes the form of an informal union in which a girl lives with her partner, no progress has been observed in the past 25

years. Currently, 21 per cent of young women in the region were married or in a union before age 18.



Child marriage and early childbearing are closely linked

Figure 16 Percentage of young women aged 20–24 years who gave birth before age 18, by age of marriage, by country, 2019–2023 (latest available)



Source: UNICEF global databases, 2024, based on Multiple Indicator Cluster Surveys (MICS), Demographic Health Surveys (DHS) and other national surveys.

Girls who marry before turning 18 are more likely to become pregnant in adolescence, whether it be a cause or a consequence of child marriage.

Among 49 countries with recent data, early childbearing is most common among child brides. And the gaps are sizeable across all countries (see Figure 16). For example, in Chad, 71 per cent of young women aged 20–24 who

married in childhood also gave birth in childhood, compared to only 3 per cent of women aged 20–24 who married at age 18 or above. In Afghanistan, the respective levels are 55 per cent and 2 per cent. But in some places, the birth rate in adolescence among those who are not married is still high. In Sierra Leone, for example, one in five young women gave birth before age 18 despite not marrying until age 18 or above.

Ending child marriage: Significant changes in India

Over the past 30 years, India has taken concrete steps to eliminate child marriage, with 15 states supported by the UNFPA-UNICEF Global Programme to End Child Marriage since 2016. In the past decade, child marriage prevalence has dramatically declined, driven by gains in female education, poverty reduction, promotion of positive gender norms, and stronger social services, justice and enforcement systems.⁷⁶ Despite this progress, 23 per cent of girls in India still marry before they reach 18 years, and in some states, progress is stagnating, highlighting the need for targeted strategies to reach marginalized communities.

Advika: A unique approach to ending child marriage in Odisha state in India

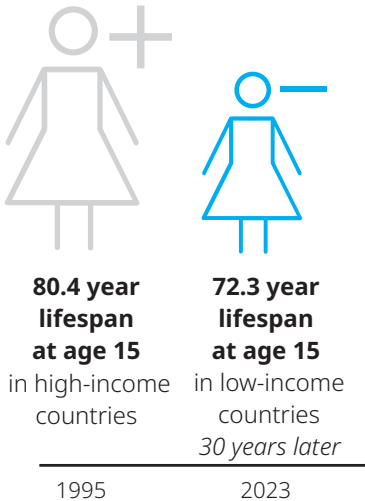
The Advika ('I Am Unique') programme, launched in 2020 by the Odisha State Government with UNICEF and UNFPA, is a transformative initiative to prevent child marriage. Odisha, home to 8.3 million children aged 10–19 years old, accounts for 20.5 per cent of reported child marriages in India, with 7.6 per cent of adolescent girls becoming mothers by the time they turn 19.

The Advika programme tackles these challenges through education, skills, leadership training, and community engagement. Peer leaders (Sakhi-Sahelis and Sakha-Bandhus) are trained in child rights, protection, life skills, and career readiness, serving as gender equality champions. In 2023, 230,000 out-of-school adolescents received vocational and educational support. The initiative also trained 448,000 frontline workers, including 300,000 peer leaders, to combat child marriage, trafficking, and abuse.

The impact has been significant: as of 2024 it has reached over 2.5 million adolescents, over 11,000 villages have been declared free of child marriage, and 950 child marriages prevented in just one year.⁷⁷

Health and nutrition

Lifespan of a 15-year-old girl



Source: United Nations Department of Economic and Social Affairs – Population Division, 'World Population Prospects 2024'.

Note: Lifespan is calculated based on the the average number of remaining years of life expected by a hypothetical cohort of females alive at age 15 who would be subject during the remaining years of their lives to the mortality rates of a given year.

In 1995, when the Beijing Platform for Action was adopted, a 15-year-old girl could expect to live 74.6 years on average, globally. Today, a 15-year-old girl can expect to live 79.1 years (4.5 years longer), marking some improvements in health and well-being for this generation. Equipped with the right resources and opportunities, each of these girls has the potential to make decisions about her life and well-being, to pursue her dreams, and to shape her family, community and society's collective future. But resources and opportunities are not equally distributed and progress is not always linear. While the life expectancy of 15-year-old girls across all income groupings has increased since 1995, challenges to girls' health and well-

being beyond childhood remain pervasive, especially in low-income countries.

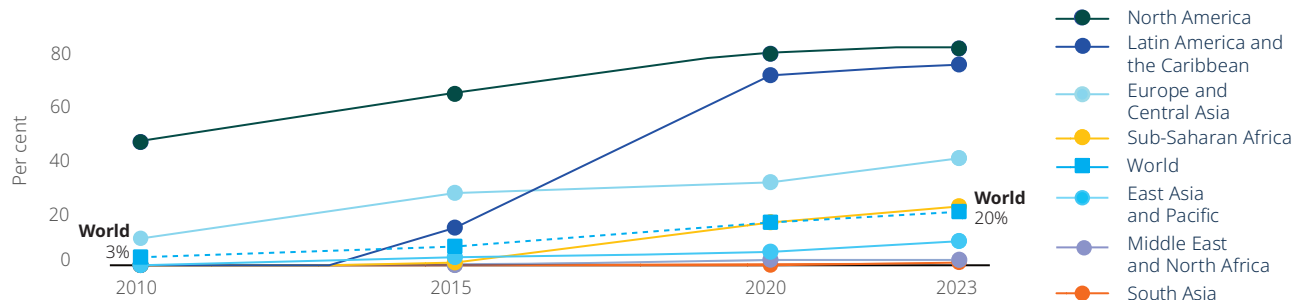
The data indicate that for adolescent girls living in low-income countries, three decades has not resulted in closing gaps in inequality for girls between countries.

In fact, a 15-year-old girl residing in a low-income country today has a shorter lifespan (8.1 fewer years on average) than an adolescent girl living in a high-income country had 30 years ago. And compared to her counterparts today in high-income countries, her expected lifespan is 12 years lower (72.3 vs. 84.5 years).



While progress has been made since 2010 to inoculate adolescent girls against cervical cancer, currently only one in five adolescent girls globally have received at least one dose of the HPV vaccine, indicating the need for accelerated efforts

Figure 17 Percentage of adolescent girls turning 15 in the reporting year that received at any time between ages 9 and 14 at least one dose of the HPV vaccine, by region, 2010–2023



Source: WHO/UNICEF estimates of HPV immunization coverage, 2023 revision.

Human papillomavirus (HPV) is a common viral infection that can lead to a number of cancers, including cervical cancer, the fourth-leading cause of cancer deaths among women, worldwide.⁷⁸

Globally, the percentage of adolescent girls turning 15-years-old who have received at least one dose of the HPV vaccine — one of the most effective

vaccines in the world — between the ages of 9 and 14 has increased from 3 to 20 per cent between 2010 and 2023 (see Figure 17). In Latin America and the Caribbean, which has made the most progress over the past decade, currently three in four adolescent girls aged 15 have received at least one dose of the vaccine. In contrast, nearly no progress has been made in South Asia and the Middle East and North Africa, where 1 and 2 per cent of

15-year-old girls, respectively, received at least one dose of the vaccine.

Moreover, monitoring data indicate that the COVID-19 pandemic set back already low rates of HPV coverage in East Asia and Pacific, Latin American and the Caribbean and sub-Saharan Africa, due in part to the closure of schools, which is where many girls receive their vaccinations.⁷⁹

HPV Plus: Delivering better for girls in Bangladesh

The HPV vaccine is a life-saving, high-impact tool critical to the goal of cervical cancer elimination. The World Health Organization recommends vaccinating girls aged 9–14. Beyond cancer prevention, delivery of the HPV vaccination can be an opportunity to reach otherwise hard-to-reach girls with other services, such as nutrition support. Barriers like supply constraints, poverty and public mistrust, however, hinder progress in many countries.

UNICEF launched the HPV Plus programme in 2023, investing USD\$10 million to support HPV vaccine introduction and expansion in 21 countries by 2025, in alignment with Gavi's HPV initiative, which aims to reach 86 million girls globally by 2025.

The programme provides technical assistance and support, leveraging existing health systems to deliver more for girls, and building partnerships with girl- and women-led organizations.⁸⁰

In Bangladesh, where cervical cancer is the second most common cancer among women, UNICEF's HPV Plus programme made significant strides in 2024. Overall, the HPV campaign in Bangladesh achieved 93 per cent coverage, vaccinating 5.2 million girls, while the HPV Plus pilot ensured the most vulnerable girls were reached with a comprehensive adolescent health and nutrition package, with the endorsement of the Ministry of Health. UNICEF supported the training of 1,752 health providers and reaching 291,939 adolescents, seeing over 124,000 girls

vaccinated. 1,098 peer leaders, 2,640 adolescent club members, and 1,345 teachers were trained, while 73,871 adolescents were reached in 210 schools and madrasas. The Adolescent Health Website and App integrated HPV information, garnering 1.5 million views last year. Mental health support reached 123,288 individuals, with the Child Helpline providing key services. Partnerships with 19 community-based organizations led to the vaccination of 2,353 vulnerable adolescents exposed to transactional sex, alongside training for 33 community-based organization leaders and 600 vulnerable adolescents and young women. This is a valuable learning experience in understanding which multisectoral responses work the best to meet girls' needs and advance their rights in a cost-effective way.

The adolescent birth rate among girls aged 15–19 has nearly halved in the past three decades but remains high in sub-Saharan Africa and Latin America and the Caribbean

Figure 18a Adolescent birth rate (births per 1,000 girls aged 15–19), by region, 1995–2025 (SDG 3.7.2)

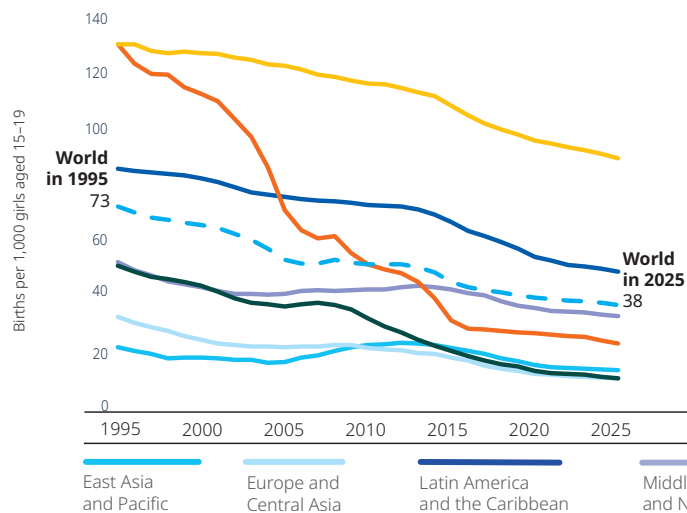
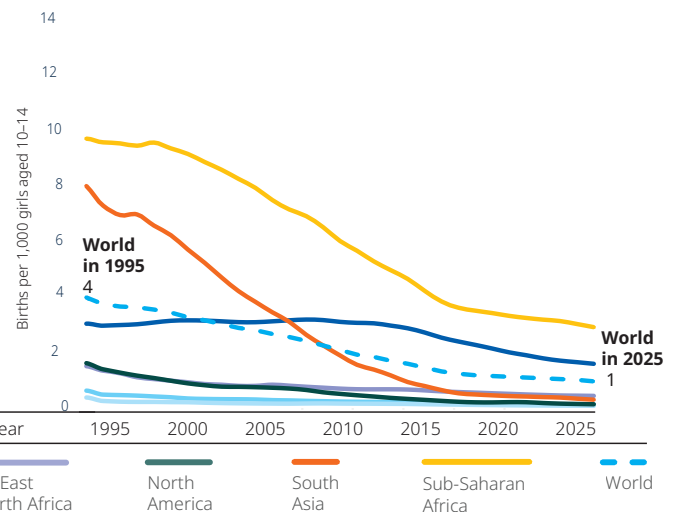


Figure 18b Adolescent birth rate (births per 1,000 girls aged 10–14), by region, 1995–2025 (SDG 3.7.2)



Source: United Nations Department of Economic and Social Affairs – Population Division, 'World Population Prospect 2024'.

Early childbearing, or pregnancy and delivery during adolescence, can have severe consequences. Complications from pregnancy and childbirth account for roughly 1 in every 23 deaths among adolescent girls aged 15–19 worldwide,⁸¹ while the likelihood that a 15-year-old girl will eventually die from a maternal cause was 1 in 210 in 2020.⁸²

Pregnancy and childbearing can also derail adolescent girls' otherwise healthy development into adulthood. Many girls who are pregnant are pressured or forced to drop out of school, which can impact their learning opportunities and curtail their labour force participation and access to decent work in adulthood.

As these girls are already more likely to be from poorer households — globally, women aged 20–24 in the lowest wealth quintile are 3.7 times more likely to give birth before the age of 18 than those in the highest wealth quintile⁸³ — their economic disadvantage is further compounded due to early childbearing.

Early pregnancy and childbearing can also have negative social consequences for girls, including stigmatization and reduced status in the home and community. Unintended adolescent pregnancies, especially those outside of marriage, can lead to rejection and violence by family members, peers and partners as well as early and forced marriage.

Adolescent mothers are also at risk of being lone mothers. The proportion of younger lone mothers (i.e., below age 25) heading one-parent households is 3 per cent, globally. Although a relatively small proportion, it means some 3.8 million extremely vulnerable young women, many below the age of 17, live alone with their children.⁸⁴

Globally, the adolescent birth rate has nearly halved over the past 30 years, from 73 to 38 births per 1,000 adolescent girls aged 15–19 (see Figure 18a). Still, nearly 12 million adolescent girls aged 15–19 are expected to give birth in 2025. The most progress has been observed in South Asia, where 13 out of every 100 girls aged 15–19

gave birth in 1995 compared to only 2 out of 100 today. While adolescent girls in South Asia and sub-Saharan Africa were equally likely to give birth in 1995, sub-Saharan Africa's progress to reduce adolescent births has been slower than South Asia's. Today, one in nine adolescent girls aged 15–19 in sub-Saharan Africa give birth. Moreover, while the proportion of births to adolescent girls in sub-Saharan Africa has decreased over the past three decades, the number of births to adolescent girls has actually increased, owing to population growth in the region.

Among younger adolescent girls, for whom the risk of pregnancy is even more grave, more than 325,000 girls aged 10–14 are expected to give birth in 2025. Although the adolescent birth rate among this age group has declined in all regions since 1995, Latin America and the Caribbean and sub-Saharan Africa continue to have adolescent birth rates (2 and 3 births per 1,000 girls aged 10–14, respectively) above the global rate (1 birth per 1,000 girls aged 10–14) (see Figure 18b).

Girls' schooling is associated with lower rates of adolescent fertility.

In rural Kenya, for example, adolescent girls whose schooling was disrupted due to COVID-19 were twice as likely to fall pregnant before completing secondary school

as compared to girls graduating just before the COVID-19 pandemic.

These girls were also twice as likely to report their first sex was not desired when compared with girls who did not experience COVID-19 during secondary school.⁸⁵ A study in Kenya, Rwanda, Uganda and the United

Republic of Tanzania found that 56 per cent of adolescent girls from hard-to-reach populations who had dropped out of school early in the pandemic were currently or recently pregnant. Poverty, lack of available services, societal stigma and legal restrictions compound the challenges adolescent girls face.⁸⁶

Adolescent girls' access to family planning has increased by 25 percentage points over the past 30 years but many girls' needs remain unmet

For many adolescent girls, pregnancies are neither planned nor wanted.

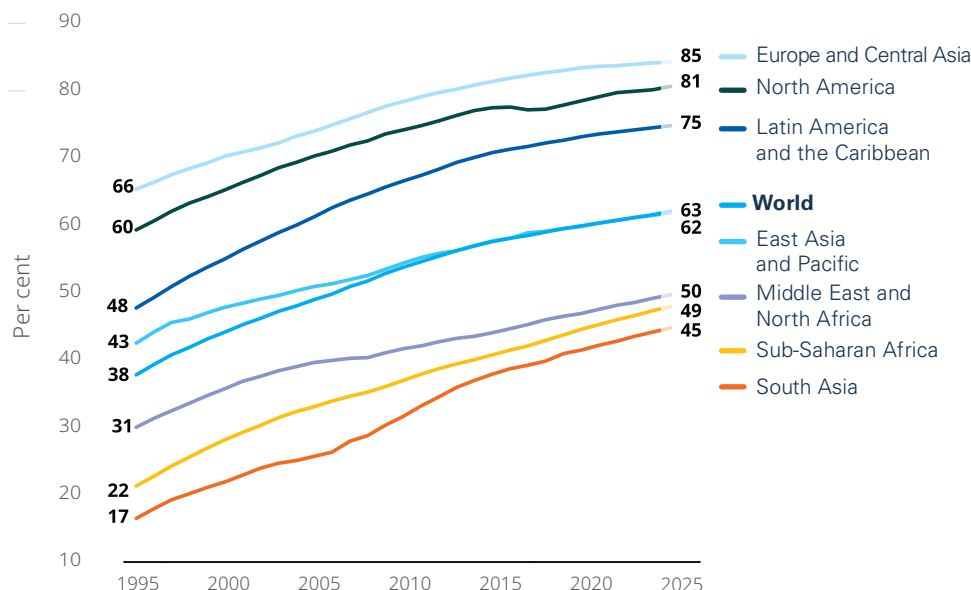
Girls face barriers to accessing and using effective contraceptives, including but not limited to cost, stigma, lack of access to accurate and relevant information, fear of side effects and limited decision-making autonomy. Adolescent girls do make decisions

about their health, however, when they have the support, tools and resources to do so. Meeting the needs of adolescent girls to prevent or delay childbearing requires tackling all of these barriers.

Globally, the proportion of adolescent girls aged 15–19 whose needs for family planning were satisfied by modern methods rose from 38 to 63 per cent over the past 30 years (see Figure 19). While there has been an increase in

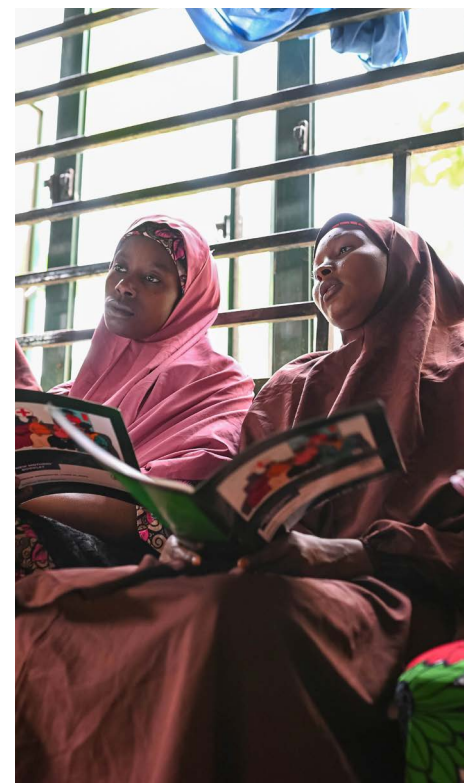
meeting girls' needs across all regions since 1995, wide variation is observed. The Middle East and North Africa, South Asia and sub-Saharan Africa all had steady increases but still one in two or fewer adolescent girls have their demands for modern contraceptives met in these regions compared to three in four in Latin American and the Caribbean and more than 80 per cent in North America and Europe and Central Asia.

Figure 19 Percentage of adolescent girls aged 15–19 who have their needs for family planning satisfied with modern methods, by region, 1995–2025 (SDG 3.7.1)



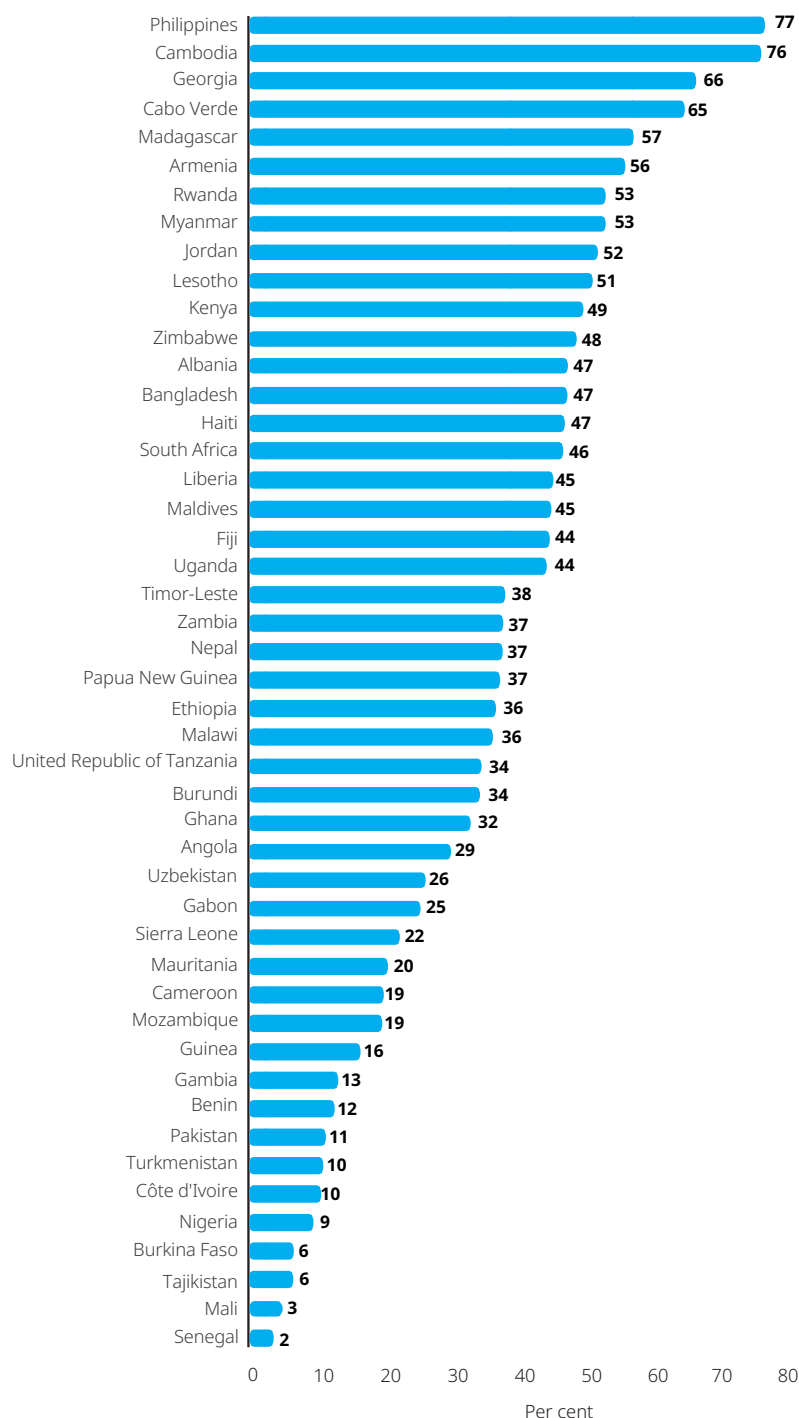
Source: Aggregates calculated by United Nations Department of Economic and Social Affairs – Population Division, from survey data compiled in World Contraceptive Use 2024.

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 amenorrhoea method (LAM), emergency contraception and other modern methods not reported separately (e.g., the contraceptive patch or vaginal ring).



In most countries with data, few married adolescent girls make decisions about their own sexual and reproductive health

Figure 20 Percentage of currently married adolescent girls aged 15–19 who make informed decisions about their reproductive health, by country, 2015–2024 (latest available) (SDG 5.6.1)



In 37 of 47 countries with data (see Figure 20), fewer than one in two currently married or partnered adolescent girls aged 15–19 make informed decisions about their own sexual and reproductive health — including the ability to make decisions about their health care, to decide on whether to use contraceptives and to say no to sex. The lowest prevalence is observed in Senegal, where only 2 per cent of girls make informed decisions, and the highest in the Philippines, where 77 per cent of adolescent girls make informed decisions.

Access to comprehensive sexuality education (CSE) is a critical dimension to ensure that adolescent girls and boys have the knowledge, skills and ability to make autonomous and healthy decisions about their bodies, sexual activity and relationships, and to challenge taboos and harmful myths and norms about sex and adolescent pregnancy.⁸⁷

Definitions: Comprehensive sexuality education

Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives.⁸⁸ It should be age and developmentally appropriate.⁸⁸

Source: UNICEF global databases, 2024, based on Multiple Indicator Cluster Surveys (MICS), Demographic Health Surveys (DHS and other national surveys).

Note: Adolescent girls are defined as making their own informed decisions if they: 1) decide on health care for themselves, either alone or jointly with their husbands or partners; (2) decide on the use or non-use of contraception, either alone or jointly with their husbands or partners; and (3) can say no to sex with their husbands or partners.

Snapshot from Plan International's research study, *Real Choices, Real Lives*

Plan International's qualitative and longitudinal research study, *Real Choices, Real Lives*, provides unique insights into adolescent girls' access to CSE, including information on menstruation, teenage pregnancy and related topics, across nine countries around the world.^{89, 90} It reveals significant intergenerational shifts in access to information — highlighting the importance of parents having access to quality CSE to facilitate healthy intergenerational dialogue for reducing rates of early pregnancy.⁹¹

Promising progress has been evident in reducing adolescent pregnancy among the cohort families. In four countries — Benin, Brazil, Uganda, and El Salvador — most of the girls' mothers gave birth before the age of 18, some as young as 13 years old. In Benin, Brazil, and Uganda, none of the cohort girls have given birth before 18, marking a positive shift in age of first pregnancy. Similar progress in reducing adolescent pregnancy is evident in El Salvador. While all girls' mothers gave birth before the age of 18 — and many between 13 and 15, often as single mothers in all female-households — only 2 of 12 cohort girls have become mothers before the age of 18.

Girls identified the following factors as key in reducing adolescent pregnancy across generations: 1) girls staying in school longer, including improved access to CSE at school (only 10 per cent of mothers had formal CSE at school, compared to over half of the cohort girls); and 2) girls actively seeking health information from their caregivers, friends, the internet, or from workshops and seminars run by civil society organizations.

The progress in reducing adolescent pregnancy among the cohort families remains uneven, however, with generational patterns of early motherhood repeated in the

Dominican Republic and Togo. Many of the girls follow their mother's trajectories/paths, with high rates of child, early and forced marriages and unions from as young as 13 years of age, and 19 per cent of the girls becoming mothers by the age of 18. Over half of the girls reported that CSE was not taught in their school, while a number of girls dropped out of school early due to pregnancy. Many girls underlined the importance of girls being equipped with information to make informed decisions as they enter early adolescence, though this varied by country. A key gap is in the comprehensiveness of the education that girls across the study cohort are receiving on how to prevent teenage pregnancy and sexually transmitted infections — with many girls explaining that they feel they don't yet have enough information.

Both girls and parents noted that girls' lack of access to this vital information is in part due to a lack of dialogue between girls and caregivers. Across the cohort, parents reported a taboo about fathers speaking with their daughters about sex and puberty — leaving mother or female caregivers with responsibility to talk to girls about menstruation, reproduction and contraception. Across all nine countries, the mothers expressed their hesitation and discomfort with having such conversations. While mothers saw access to CSE as crucial for girls, they felt ill-equipped to provide this education due to gaps in their own knowledge.

The girls and their mothers had recommendations for what they thought could help them have frank conversations about this range of topics. These included workshops to better equip parents to pass on this information to their daughters, or joint sessions for caregivers and girls to learn about these subjects together, which would promote more open intergenerational dialogue.

“

I would like to learn more so I can protect myself against mistakes. I'd like to know what I have to do to prevent myself becoming pregnant again by mistake.”

—Ayomide,* age 17
Togo, 2024

“

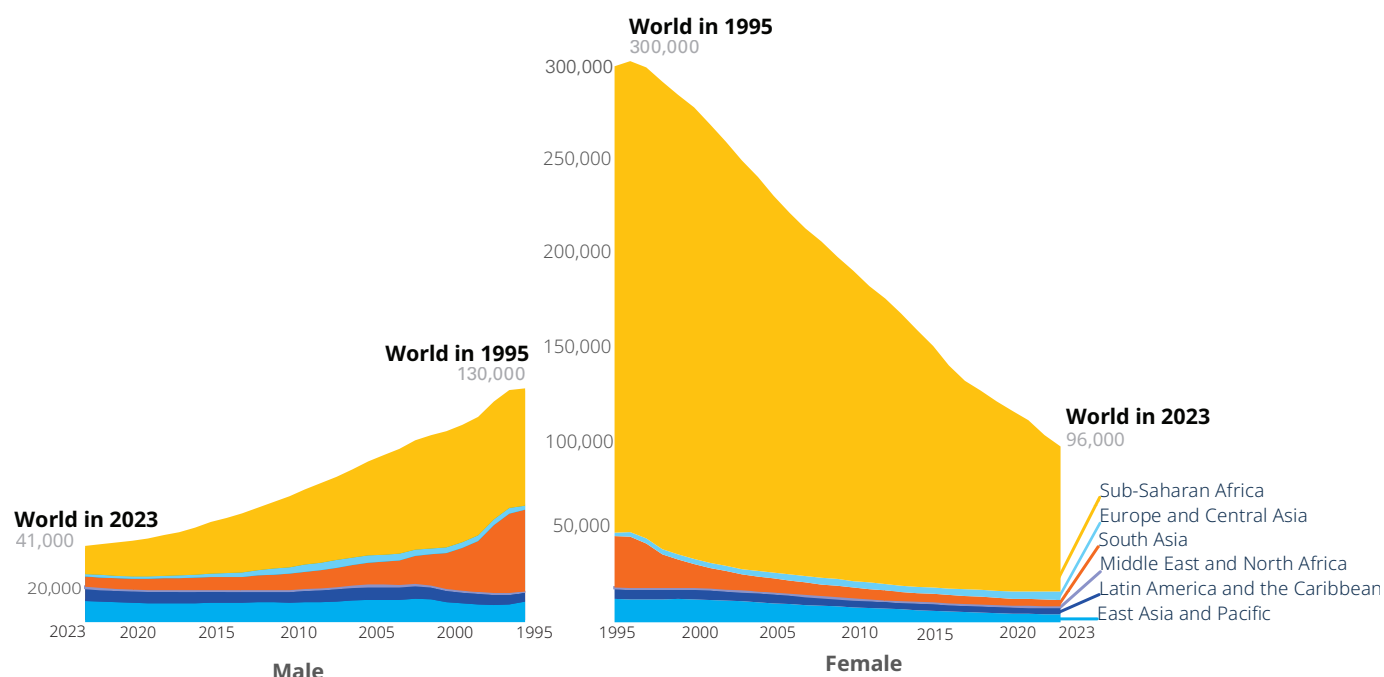
Most parents are shy when it comes to those things and other parents themselves have less information to share with their daughters [...] we are less informed about such issues.”

—Justine's mother
Uganda, 2021

*The names of participants have been changed to protect their privacy.

While the number of new HIV infections among older adolescent girls has decreased over the past three decades, they continue to bear the burden of the HIV epidemic among adolescents

Figure 21 Number of annual new HIV infections among adolescents aged 15–19, by sex and region, 1995–2023 (SDG 3.3.1)



Source: UNAIDS 2024 estimates.

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

Globally, the number of new HIV infections among adolescent girls aged 15–19 has declined by 68 per cent since 1995 (from 305,000 to 96,000 — see Figure 21). Yet in 2023, adolescent girls accounted for 7 in 10 new infections compared to 3 in 10 among adolescent boys, worldwide. In sub-Saharan Africa, the region with the largest number of HIV-positive adolescents (roughly 840,000), almost six times as many adolescent girls than adolescent

boys were newly infected with HIV.

Prevention, counselling and treatment services are all critical investments for adolescent girls, and prevention efforts must work in multisectoral ways across communities, including working with men and boys, front-line staff, caregivers and adolescent girls themselves.



In both 2000 and 2021, self-harm was a leading cause of death among adolescent girls

TABLE 2 Top five causes of death among adolescents aged 15–19, by sex, 2000 and 2021

Deaths per 100,000 girls aged 15	Rate	2000	2021	Rate
	111	1. Other NCDs	1. Other NCDs	90
	89	2. Other communicable diseases	2. Self-harm	44
	62	3. Self-harm	3. Other communicable diseases	31
	58	4. Tuberculosis	4. Neoplasms/cancer	28
	47	5. Other injuries	5. Interpersonal violence	26
Girls				
Deaths per 100,000 boys aged 15	Rate	2000	2021	Rate
	117	1. Road traffic injuries	1. Road traffic injuries	77
	89	2. Other communicable diseases	2. Other communicable diseases	71
	80	3. Other NCDs	3. Other NCDs	68
	73	4. Interpersonal violence	4. Interpersonal violence	58
	72	5. Tuberculosis	5. Other injuries	48
Boys				

Source: Villavicencio, Francisco, et al., 'Global, Regional, and National Causes of Death in Children and Adolescents Younger than 20 Years: An open data portal with estimates for 2000–2021', *Lancet Global Health*, vol. 12, no. 1, January 2024, pp. e16–e17.

Note: Non-communicable diseases (NCDs): NCDs are chronic diseases, which mainly include cardiovascular disease, cancer, diabetes, and chronic respiratory disease.

Mental health is a critical dimension of the health and psychosocial well-being of adolescents. Adolescent girls face a unique set of risk factors which can affect their mental health, including gender-based discrimination and violence, poverty, lack of education, early marriage and motherhood, and inadequate access to mental health services.

Specific life events such as child marriage and early and unintended childbearing, which particularly affect girls, are likely drivers of mental health conditions such as depression and anxiety, particularly in low- and middle-income countries.)

Globally, depression is the leading cause of disability among adolescent girls aged 15–19.⁹²

For many of these girls, the burden manifests through self-harm, a behaviour that may represent a visible manifestation of the silent struggle they face with mental health challenges and which can lead to devastating outcomes. While boys have higher suicide rates than adolescent girls globally, adolescent girls are much

more likely to engage in self-harm, underlining the importance of gender analysis to understand the challenges that children face.

The mortality rate due to self-harm has decreased from 62 deaths to 44 deaths per 100,000 adolescent girls aged 15–19 between 2000 and 2021 (see Table 2), yet nearly 27,000 girls died of self-harm in 2021. Moreover, despite the severe impact of self-harm and suicide on adolescent girls, data limitations persist. Historically, suicide has been under-reported, and the quality of available data remains poor, particularly in lower-resource settings. Of the World Health Organization's 194 member states, only 80 have good-quality vital registration data to estimate suicide rates⁹³ This means the true scope of self-harm among adolescent girls may be even greater than current estimates suggest.

A systematic review and meta-analysis indicates that one in five children and adolescents experience disordered eating, with more girls and older adolescents experiencing disordered eating.⁹⁴

Girls are also more likely to experience symptoms which may not meet the criteria for typical mental health diagnoses, such as psychological distress, a lack of life satisfaction or an absence of a sense of flourishing and happiness⁹⁵ — despite the majority of girls around the world remaining optimistic about the future in the face of many challenges.⁹⁶

As in other programmatic areas, mental health services are not always set up to cater to the needs and experiences of adolescent girls and the kinds of issues that they disproportionately face. Specialist training that covers topics such as intimate partner violence among adolescent peers, child marriage or eating disorders can help services to better respond to girls' needs.

School-based adolescent mental health interventions that address anxiety, depression and suicide have shown significant returns on investment (\$22.60 for every \$1 invested over 80 years).⁹⁷

Nutrition is both an input to, and an output of, adolescent girls' well-being

Nutrition, girls and adolescent well-being are interlinked, as well-nourished girls are more likely to fight infections thanks to stronger immune systems and perform better in school, and are less likely to suffer poor mental health. Conversely, malnourishment lowers adolescent girls' learning potential, productivity and — as girls transition into adulthood — their income, thus exacerbating existing gender inequalities.^{98, 99}

While girls' and boys' nutritional needs are largely the same in early childhood, girls are especially vulnerable to malnutrition during adolescence — a period characterized by rapid physical growth and the onset of menstruation. Pregnancy also compounds the risks of malnutrition for both adolescent girls and their children. Having a low body mass index, for instance, places adolescent girls at higher risk of complications during pregnancy,

whereas being overweight during pregnancy increases the risk that their children will suffer chronic diseases later in life.¹⁰⁰ Yet, historically, nutrition programming for adolescent girls has not received the attention it deserves, as most interventions targeting this age group have predominantly been focused on the provision of school meals.

Iron-deficiency anaemia is a leading cause of disability-adjusted life years among adolescent girls aged 10–19 years.^{101, 102}

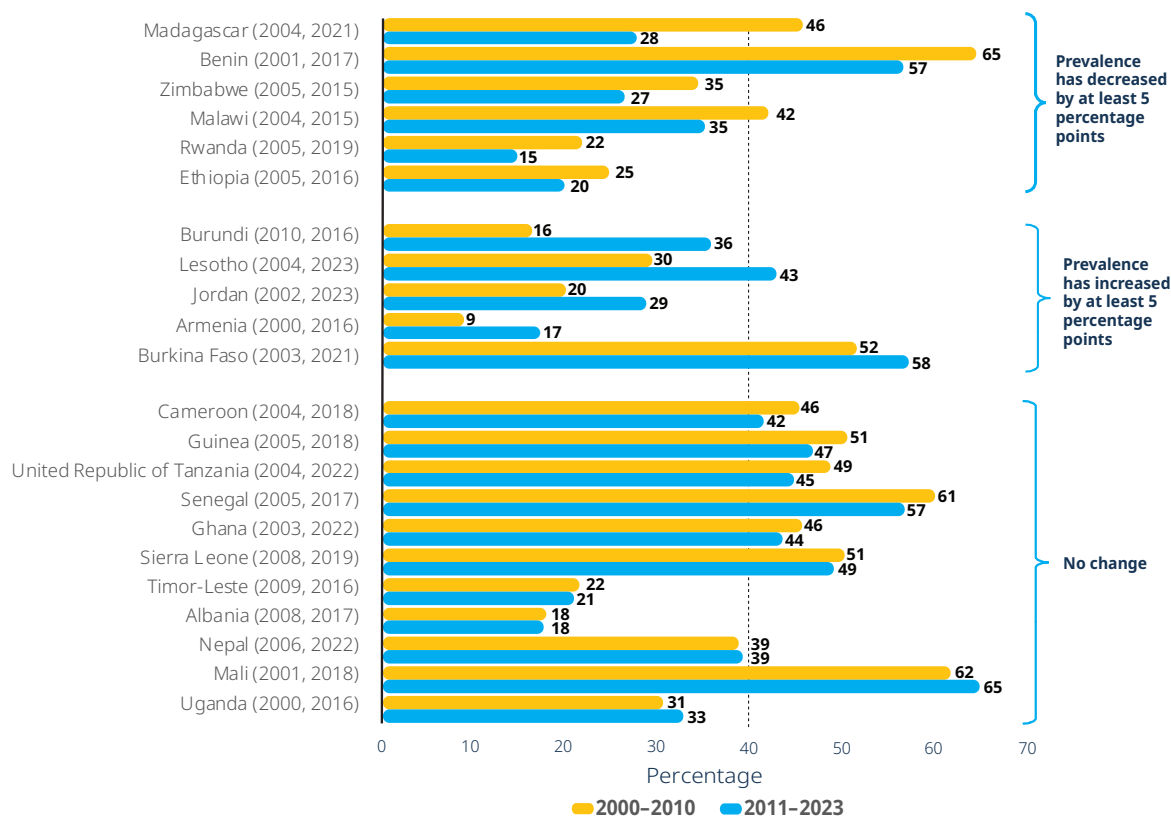
Pregnant adolescents are particularly vulnerable to anaemia because they have dual iron requirements, for their own growth and the growth of the fetus. Having anaemia during pregnancy is associated with mortality and morbidity in the mother and baby, including risk of miscarriages, stillbirths, prematurity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

Among 23 countries with data on anaemia prevalence for at least two time points between 2000 and 2023, 11 countries have seen no change in the percentage of adolescent girls aged 15–19 with any anaemia (see Figure 22). Even more disconcerting, the proportion of girls with any anaemia has increased in five countries by at least 5 percentage points. For example, the percentage of adolescent girls aged 15–19 with anemia has more than doubled in Burundi (from 16 per cent in 2010 to 36 per cent in 2016).

Some progress, however, has been observed. In Madagascar, for example, the proportion of adolescent girls with any anaemia has decreased from 46 per cent in 2004 to 28 per cent in 2021 and is no longer classified as a public health problem. But among the 23 countries, anaemia prevalence among adolescent girls is currently a severe public health problem — defined as a prevalence of 40 per cent or more — in 10 countries.

High levels of anaemia among adolescent girls persist, and in some countries have increased since 2000

Figure 22 Percentage of adolescent girls aged 15–19 with any anaemia, by country, 2000–2010 and 2011–2023 (SDG Indicator 2.2.3)

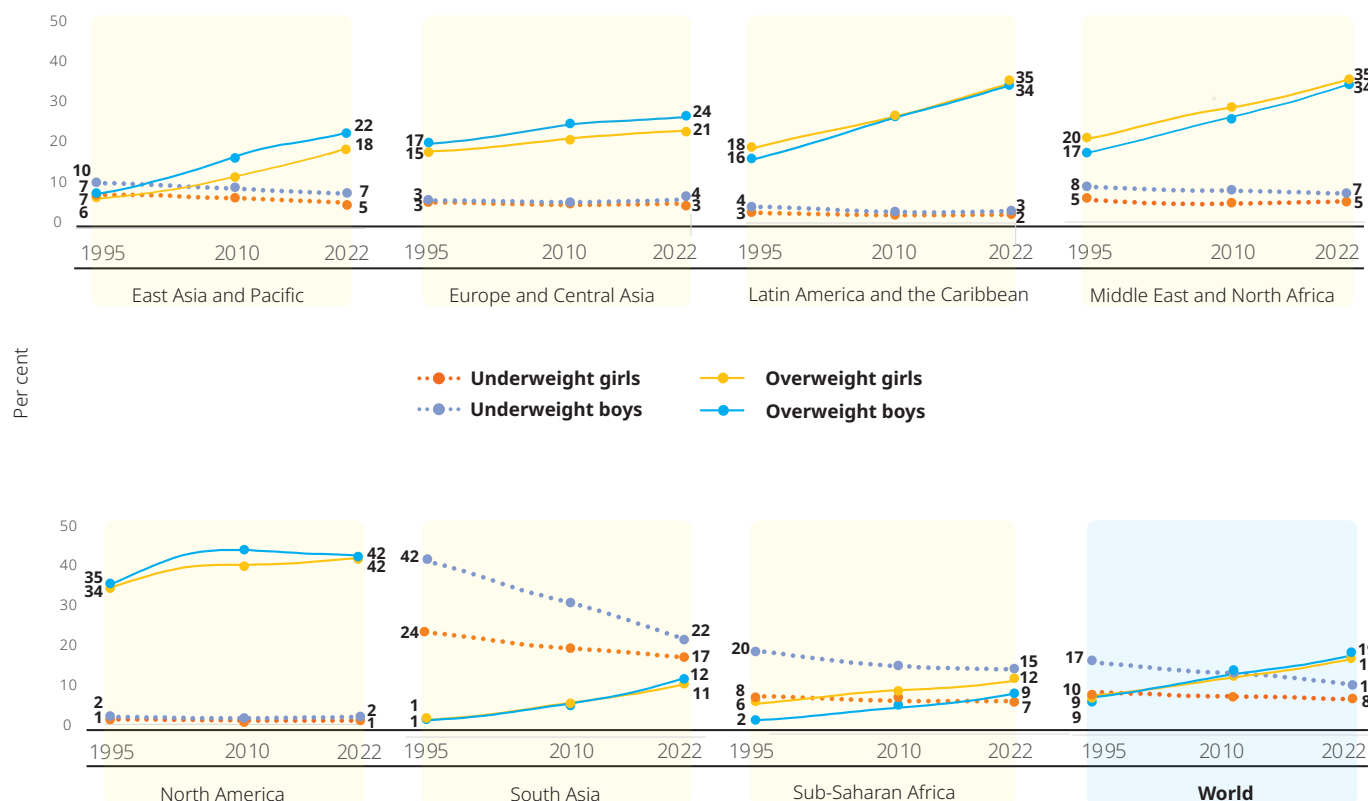


Source: Demographic Health Survey STATcompiler, 2025.

Note: *Data were insufficient to analyse prevalence of anaemia among adolescent boys over time; '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% as represented by the vertical dotted line in the chart.

In the past three decades, the prevalence of underweight has declined slightly while the prevalence of overweight has been on the rise among adolescent girls

Figure 23 Trends in prevalence of underweight and overweight among adolescents aged 10–19, by sex and region, 1995–2022.



Source: UNICEF analysis based on NCD Risk Factor Collaboration 2022 NCD-RisC.

Note: Moderate or severe underweight refers to the percentage of adolescents aged 10–19 years with BMI < –2 SD below the median according to the WHO child growth standards. 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.

Globally, the proportion of adolescent girls aged 10–19 who are underweight has declined slightly, from 10 per cent in 1995 to 8 per cent in 2022 (see Figure 23).

South Asia experienced the largest decrease (by 7 percentage points) during this period, but the region is still home to the largest proportion of underweight adolescent girls (17 per cent, or roughly 30 million). It is also home to the largest proportion of underweight adolescent boys (22 per cent).

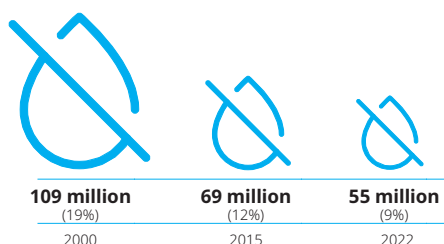
In contrast, the percentage of adolescent girls aged 10–19 who are overweight has doubled since 1995, increasing from 9 to 18 per cent worldwide (see Figure 23). All regions have experienced an increase, with the largest observed in Latin America and the Caribbean, where 35 per cent of adolescent girls are overweight today, compared to 18 per cent three decades ago. This is followed by the Middle East and North Africa (35 per cent today compared to 20 per cent in 1995). The rate for adolescent boys has also more than doubled since 1995, and increased in all regions, a sign that overweight has become an escalating epidemic throughout the world for all adolescents.



WASH and menstrual health and hygiene

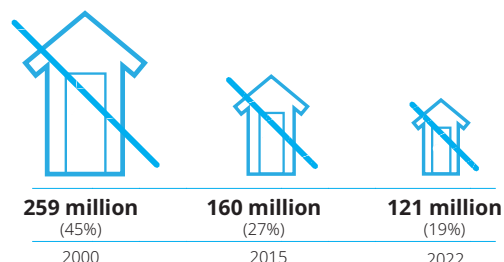
Despite progress since 2000, millions of adolescent girls around the world lack access to basic drinking water, sanitation and hygiene, compromising their health and well-being

Drinking water



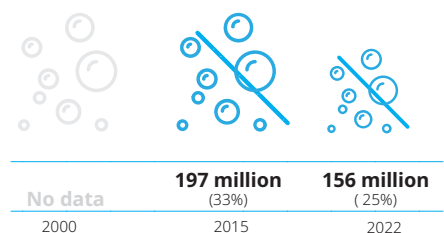
Globally, nearly 1 in 10 (more than 55 million) adolescent girls aged 10–19 lacked access to at least basic drinking water services in 2022.*

Basic sanitation



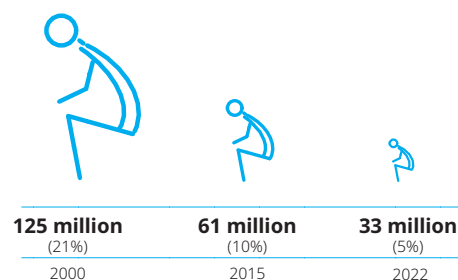
Globally, nearly 1 in 5 (approximately 121 million) adolescent girls aged 10–19 lacked access to at least basic sanitation services in 2022.**

Basic hygiene



Globally, 1 in 4 (nearly 156 million) adolescent girls aged 10–19 lacked access to at least basic hygiene services in 2022.***

Open defecation



Globally, almost 1 in 20 (nearly 33 million) adolescent girls aged 10–19 practised open defecation in 2022.****

Inadequate drinking water, sanitation and hygiene (WASH) pose critical health risks to all children, but have additional implications for the health, psychosocial well-being and mobility of girls. Indeed, progress on universal and equitable access to safe and affordable drinking water, and adequate and equitable sanitation and hygiene for all, is now widely recognized as crucial for achieving the

SDG goal on gender equality and the empowerment of women and girls.¹⁰³

Between 2000 and 2022, 54 million adolescent girls aged 10–19 have gained access to basic drinking water, but nearly 1 in 10 adolescent girls (55 million) still lacked access in 2022, the majority of whom were in sub-Saharan Africa.¹⁰⁴



Source for all: WHO/UNICEF JMP 2023 estimates.

*Note: Basic drinking water services are defined as drinking water from an improved source, provided collection time is not more than 30 minutes for a round trip, including queuing. Improved sources include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water.

**Note: Basic sanitation services are defined as improved facilities that are not shared with other households. Improved sanitation facilities include wet sanitation technologies such as flush or pour flush toilets connected to sewer systems, septic tanks or pit latrines; and dry sanitation technologies such as dry pit latrines with slabs (constructed from materials that are durable and easy to clean), ventilated improved pit (VIP) latrines, pit latrines with a slab, composting toilets and container-based sanitation.

***Note: Basic hygiene services are defined as the availability of a handwashing facility with soap and water at home.

****Note: Open defecation entails the disposal of human faeces in fields, forests, bushes, open places, or with solid waste.

Adolescent girls are more likely to be responsible for water carriage than adolescent boys, socializing them to assume these responsibilities in adulthood

In households lacking drinking water on premises, the burden of collection often falls to women and girls.

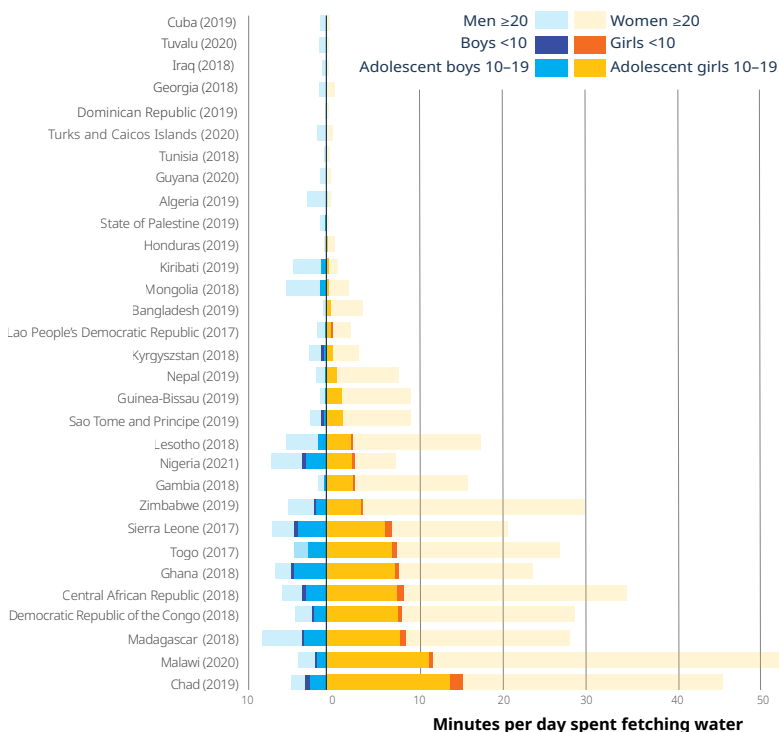
In 7 out of 10 households with water off premises, women and adolescent girls aged 15 and above are responsible for water collection.¹⁰⁵ Further disaggregation of age groups in an analysis of household survey data from 31 countries shows that while few girls and boys under 10 years of age are the main person responsible for water collection in their household, the activity becomes highly gendered in adolescence. In 20 countries, adolescent girls are more likely than boys to be responsible for water collection and to spend more time collecting water than adolescent boys — and in some countries, to even spend more time on water carriage than adult men (see Figure 24). Extensive time spent on water collection can impact girls' schooling.

In rural Nepal, for example, a one-hour increase in the time spent per round trip to collect water decreases girls' probability of completing primary school by about 17 percentage points.¹⁰⁶

Moreover, even small differences disadvantaging girls can socialize them into thinking domestic duties are primarily women's and girls' responsibilities, jeopardizing the continuity of their education and movement into the labour market as they transition into adulthood.

Similarly, lack of access to handwashing facilities disproportionately impacts adolescent girls who are more likely than adolescent boys to be primarily responsible for, or help their mothers with, childcare and domestic chores in many countries around the world.

Figure 24 Time spent collecting drinking water, by sex, age and country, 2017–2021 (latest available)



Source: United Nations Children's Fund, Adolescent Girls' Access to Water, Sanitation & Hygiene: Data Snapshot and Recommendations for Gender-Responsive Actions, UNICEF, New York, 2023.

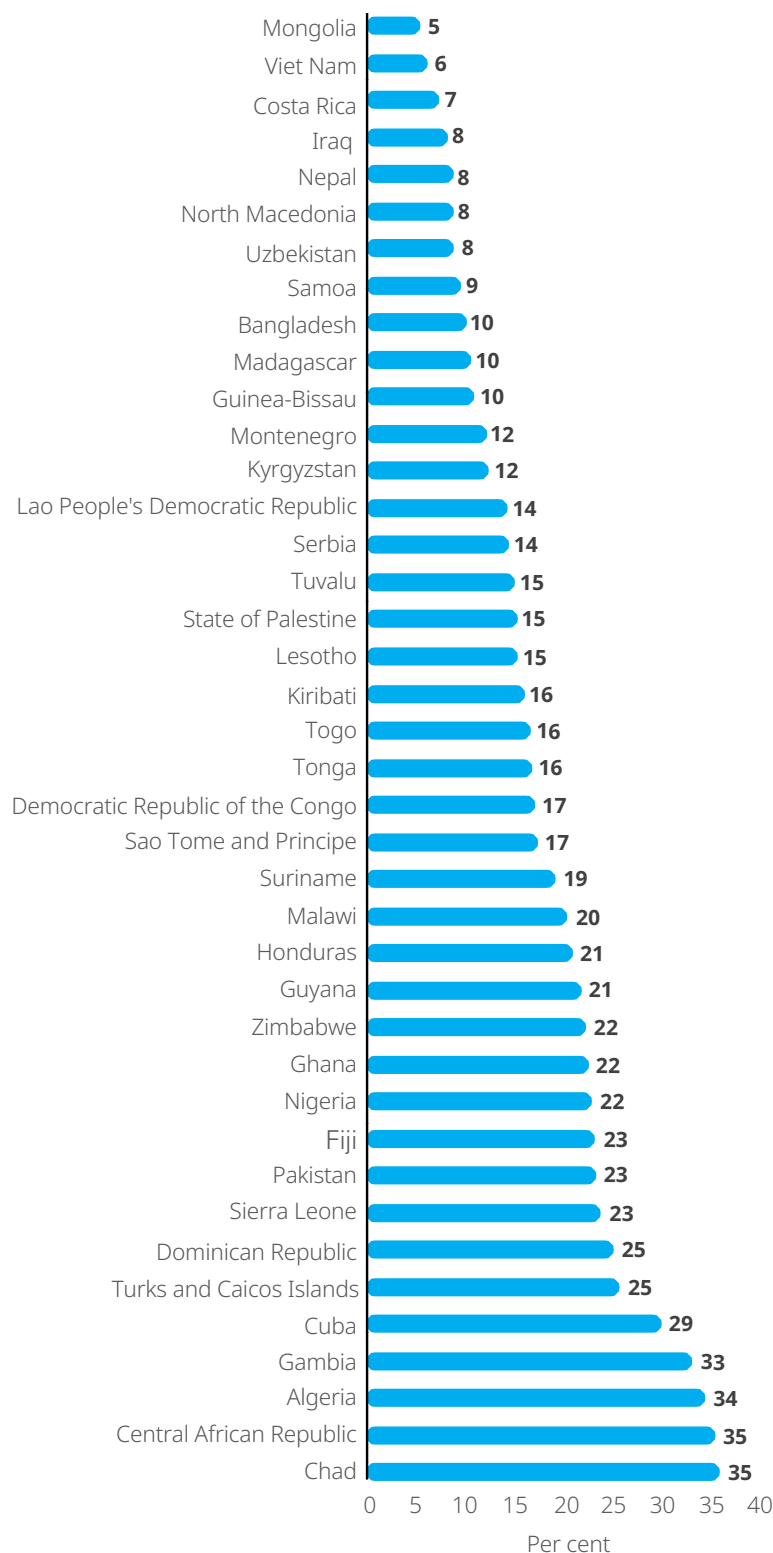
Note: The chart features countries with data in which at least 5% of households collect water.

Between 2015¹⁰⁷ and 2022, more than 40 million adolescent girls and their families gained access to basic hygiene services, but one in four adolescent girls globally (156 million) still lacked access in 2022. Progress has also been observed in access to basic sanitation services, with around 138 million adolescent girls gaining access between 2000 and 2022. Yet nearly one in five adolescent girls worldwide (121 million) still lacked access in 2022. In the absence of sanitation, adolescent girls may rely on open defecation, exposing them to physical health complications as well as the risk of physical attack and sexual violence as they look for a secluded place to excrete. While globally, the proportion of adolescent girls aged 10–19 practicing open defecation decreased by 16 percentage points since 2000, nearly 33 million adolescent girls practiced open defecation in 2022.

In light of these data, expanding access to safely managed drinking water services that are available on premise will significantly contribute to reducing the burden of having to collect water from outside the home, as well as positively affect girls' health and well-being. In addition, providing basic WASH services in schools is a critical investment for creating a safe and healthy environment where girls can learn and thrive. Currently, 77 per cent of schools have access to basic drinking water service, 78 per cent to basic sanitation and 67 per cent to basic hygiene. In sub-Saharan Africa, less than half (49 per cent) of schools in the region have access to basic drinking water and sanitation (50 per cent) and only two in five schools (37 per cent) have access to basic hygiene services.¹⁰⁸

Millions of adolescent girls have missed out on school, work or leisure during their menstrual periods

Figure 25 Percentage of adolescent girls aged 15–19 years who did not participate in school, work or social activities during their last menstrual period, by country, 2016–2022 (latest available)



Source: UNICEF global databases, 2024, based on Multiple Indicator Cluster Surveys (MICS).

Adolescent girls require access to adequate menstrual hygiene facilities, supplies, information and a supportive social environment without stigma and taboo. If their menstrual needs are unmet, they may not be able to take advantage of important educational, social and economic opportunities.

Between 2016 and 2022, more than 10 million adolescent girls aged 15–19 across 41 countries missed out on school, work or social activities during their last menstrual period (see Figure 25). In 32 of these 41 countries, 10 per cent or more of adolescent girls aged 15–19 did not participate in school, work or social activities during their last period. In the Gambia, Algeria, Central African Republic and Chad, as many as one in three girls did not participate during their last period.





Transforming WASH and menstrual health programmes in schools for girls in Ethiopia

Despite strides towards universal access to WASH facilities in schools, menstrual-related absenteeism remains widespread, especially among adolescent girls in Asia and Africa. Investing in menstrual health and hygiene (MHH) is a game-changer for girls' health, well-being and safety, and directly impacts their ability to attend school.¹⁰⁹

Only 39 per cent of schools provide menstrual health education, and less than one third have bins for menstrual waste in girls' toilets, and millions of girls still lack the basic essentials: menstrual products and clean, private facilities.¹¹⁰

Driving change, one school at a time across the continent

UNICEF and partners are tackling these challenges through WASH programmes in 36 countries in sub-Saharan Africa, reaching almost 13,000 schools with basic WASH services. In addition, MHH initiatives in 24 countries have supported over 16 million women and girls.

Since 2022, more than 157,000 girls and women have received comprehensive menstrual health services in 538 schools and communities in Ethiopia, including access to menstrual products, water and menstrual-friendly toilets, and a place to rest when needed. Girls and boys are both part of the school's gender clubs, where they learn about menstruation.

UNICEF's efforts helped increase girls' school attendance and restore their dignity. UNICEF is on a mission to scale up MHH-friendly schools in Ethiopia and sub-Saharan Africa, one school at a time, so that girls can stay in school and realize their full potential.

“

I used to stay home for up to 7 days when I am on my period, missing classes. We didn't have a culture of mentioning menstruation in public. It was a taboo.”

—Workalem Weshkaro, a girl at Anka Primary School in Ethiopia's Southern Nations Nationalities and Peoples' Region (SNNP) ¹¹¹

Assessing progress
needed to meet
select SDG targets
central to adolescent
girls' well-being

GIRL GOALS



Assessing progress towards SDG targets

This section of the report presents the results of benchmarking the historical gains made and effort required by countries to make progress towards select SDG targets for adolescent girls.

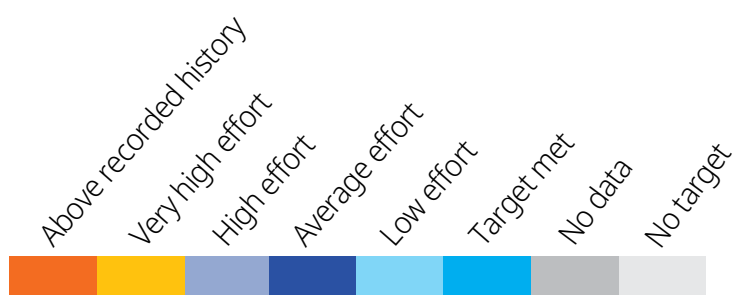
Benchmarking is applied to assess the effort required to achieve a target by comparing it to historical evidence of progress.¹¹² In other words, instead of measuring the effort needed by assessing how far a country is from reaching an SDG target (for example, 15 or 20 percentage points from the target value), the assessment is based

on whether the future required efforts are lower, similar, slightly higher, much higher or unprecedented when compared to all other countries' historical trends.

An advantage of this approach is that it allows for a universal comparison of indicators that are intrinsically not comparable because they use different scales and sometimes have different directions of change (e.g., an increase in the share of students learning indicates progress, whereas a decrease in the share of children not in education, employment or training indicates progress). Moreover, it considers the rate of progress a country needs to

achieve the SDG targets and contrasts it with the observed performance across countries during the last two decades. This analysis provides insight into whether the acceleration required by countries, when compared to historically observed trends, may be considered a reasonable effort or unrealistic.

Further, in fiscally constrained environments, the analysis can point governments towards investing in the sectors and issues for which the gaps are largest and most pressing for adolescent girls, among other criteria.



For the analysis, SDG indicators were selected for their conceptual relevance to adolescent girls' well-being, as outlined earlier in this report, as well as for having sufficient trend data (i.e., at least more than one observation for the period 2000–2022)¹¹³ for the majority of countries. In total, 16 of the 48 child-related SDG indicators meet these criteria.

Figure 26 ranks countries by percentile¹¹⁴ for each of the 16 indicators according to the level of effort required to reach the SDG target, in comparison to other countries with data, as follows:

- **Orange:** Effort required is above recorded history (i.e., higher than any country has managed to achieve during the last 20 years)
- **Gold:** Very high effort is required (i.e., higher than the 80th percentile rank of historic rates of change shown by countries globally in achieving the target)
- **Medium blue:** High effort is required (i.e., higher than the 60th percentile rank but less than or equal to the 80th percentile rank of historic rates of change shown by countries globally in achieving the target)
- **Dark Blue:** Average effort is required (i.e., higher than the 40th

percentile rank but less than or equal to the 60th percentile rank of historic rates of change shown by countries globally in achieving the target)

- **Light turquoise:** Low effort is required (i.e., higher than the 20th percentile rank but less than or equal to the 40th percentile rank of historic rates of change shown by countries globally in achieving the target)

In addition, countries which have met the SDG target for a given indicator are presented in **turquoise** for that indicator while countries that do not have data to measure an indicator are presented in **dark grey** for that indicator. When no target exists for a given indicator, it is presented in **light grey**.¹¹⁵



With only five years remaining for the 2030 Agenda, no country has met even half of the 16 SDG targets central to adolescent girls' well-being

Figure 26 Heat map displaying benchmarking results of the effort required to meet 2030 targets on SDGs related to adolescent girls, by country and indicator

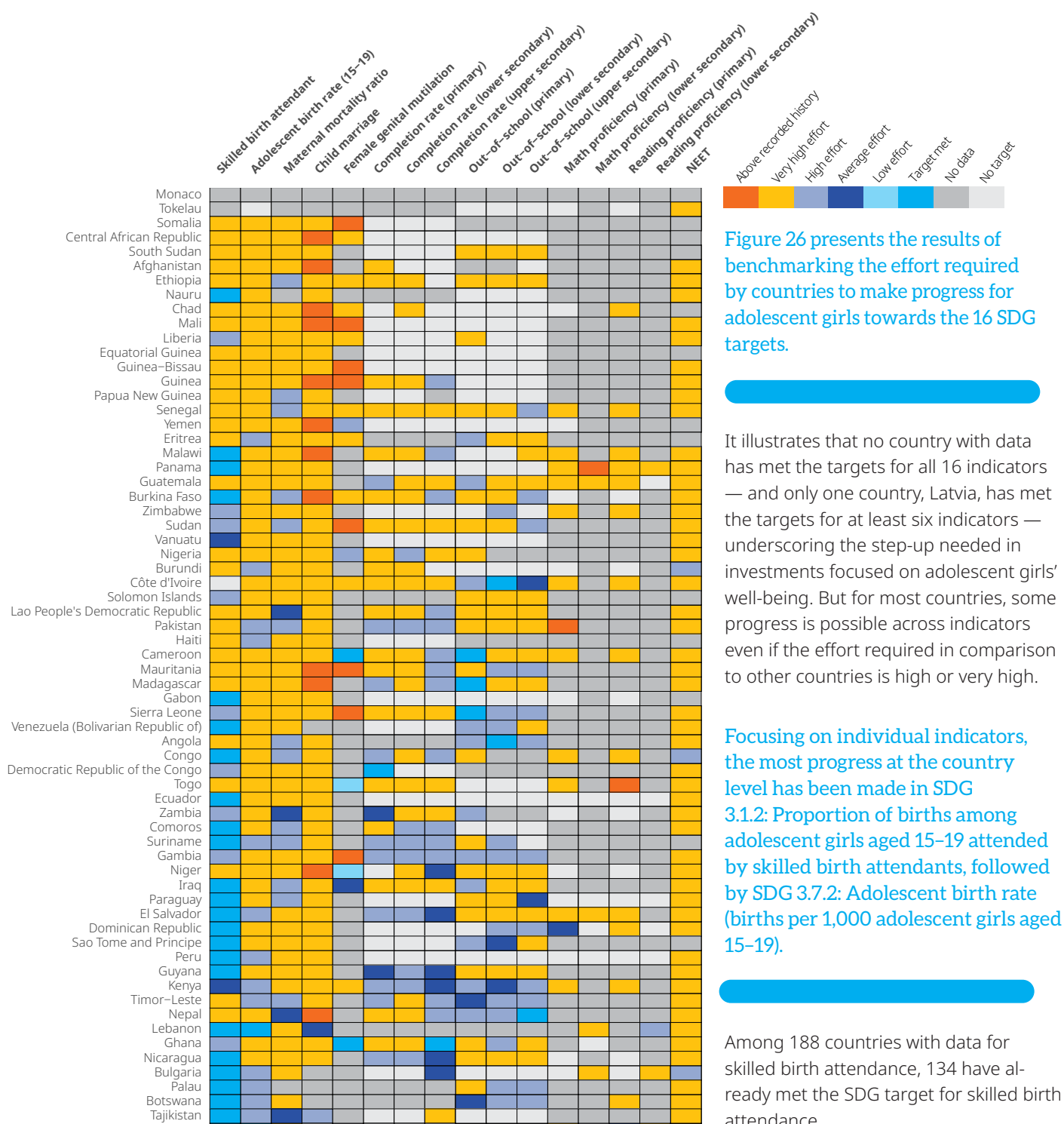


Figure 26 presents the results of benchmarking the effort required by countries to make progress for adolescent girls towards the 16 SDG targets.

It illustrates that no country with data has met the targets for all 16 indicators — and only one country, Latvia, has met the targets for at least six indicators — underscoring the step-up needed in investments focused on adolescent girls' well-being. But for most countries, some progress is possible across indicators even if the effort required in comparison to other countries is high or very high.

Focusing on individual indicators, the most progress at the country level has been made in SDG 3.1.2: Proportion of births among adolescent girls aged 15–19 attended by skilled birth attendants, followed by SDG 3.7.2: Adolescent birth rate (births per 1,000 adolescent girls aged 15–19).

Among 188 countries with data for skilled birth attendance, 134 have already met the SDG target for skilled birth attendance.

Figure 26 (cont.)

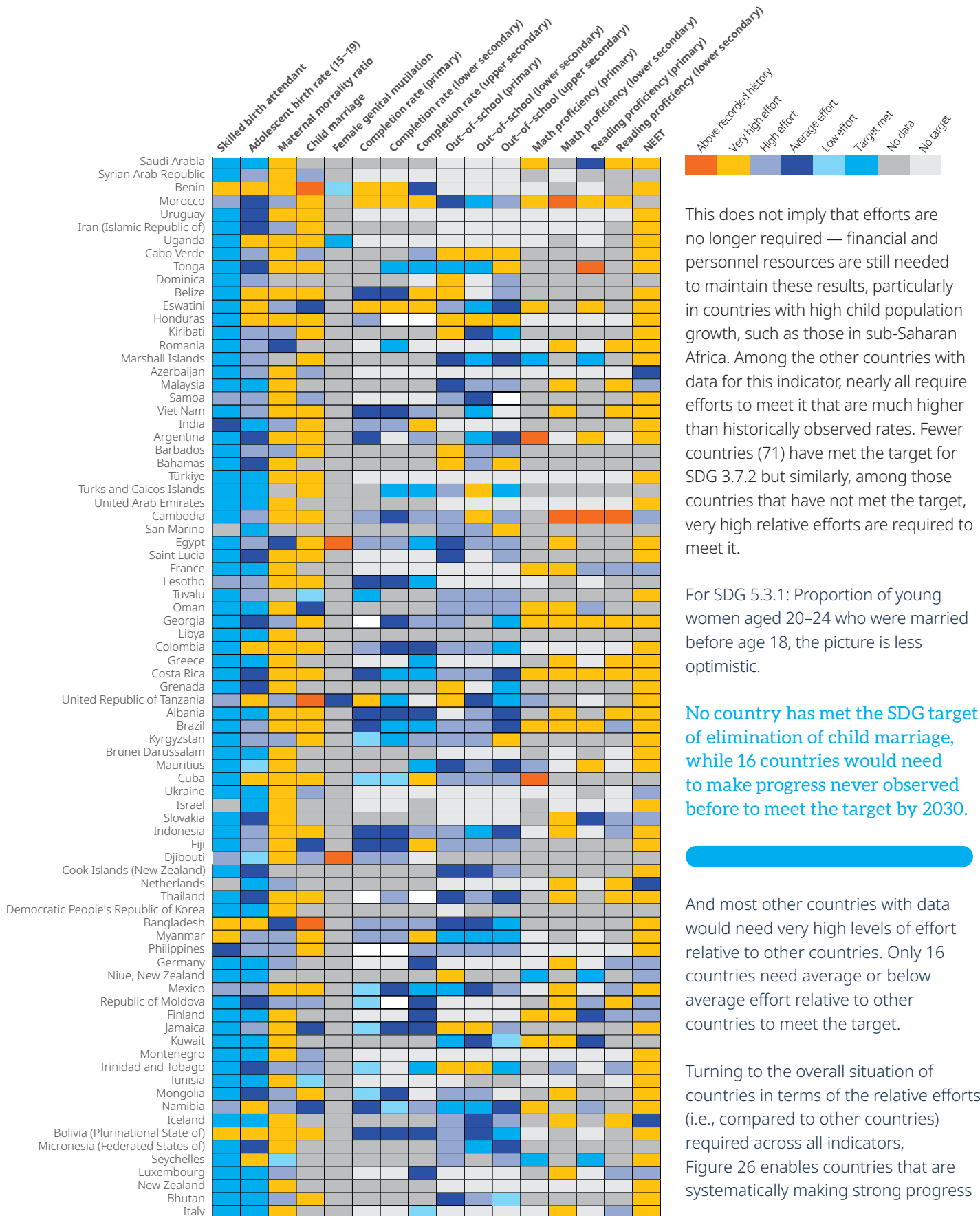
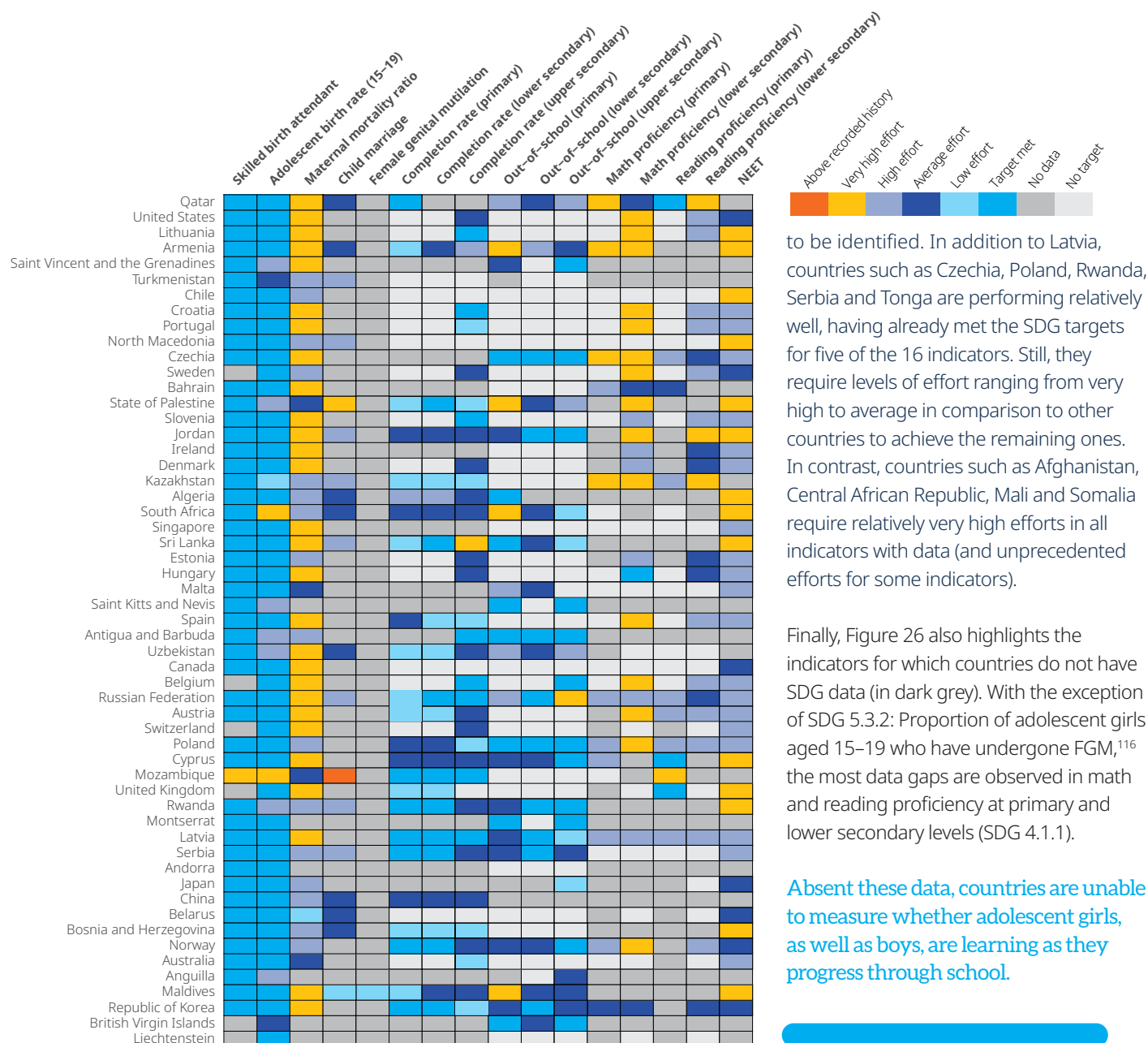


Figure 26 (cont.)



Benchmarking gender gaps in progress observed and effort needed to meet select SDGs for adolescents, by country

While Figure 26 spotlights relative effort required by countries to meet SDG targets for adolescent girls, it is also useful to compare historical progress and effort required for adolescent girls and boys for applicable indicators (i.e., those that can be disaggregated by sex). Such analyses, as presented in Figures 27 and 28 for illustration purposes, can provide insights into whether there

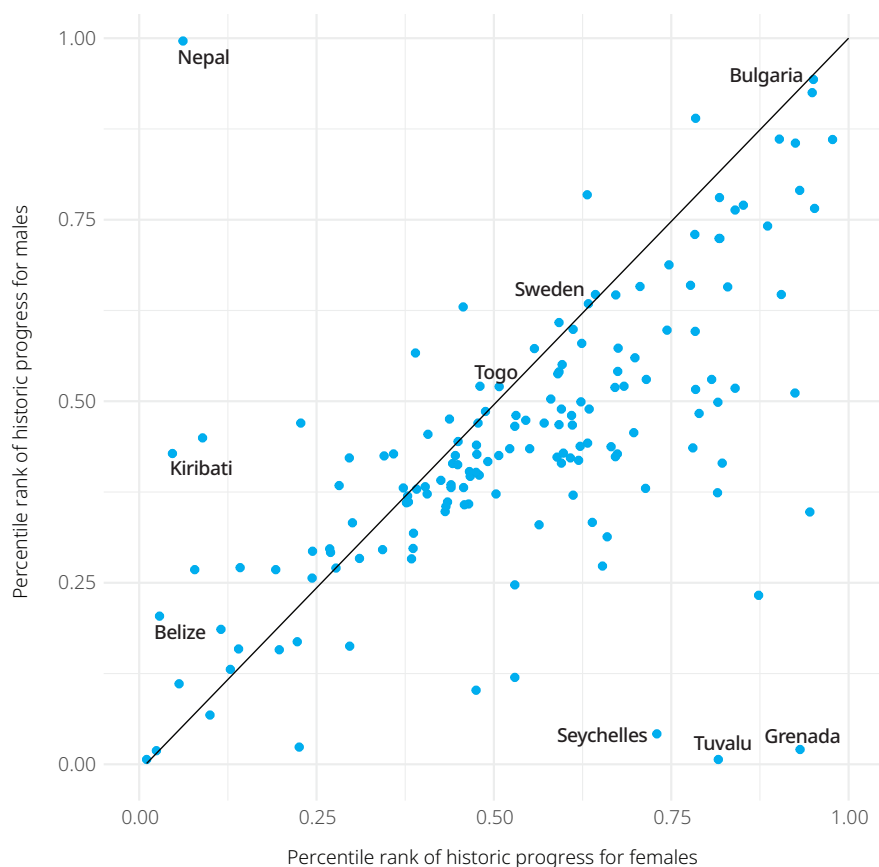
are differences in the observed rates of historical progress for adolescent girls and boys as well as the future efforts required to meet the SDG targets. When gender differences are observed, particularly when different relative levels of effort are required to meet the SDG targets for girls and boys, countries may need to tailor their interventions to 'catch up' the group furthest behind, which, in turn,

require differentiated interventions or levels of investment.

Figure 27 visualizes the historic progress (since 2000) that countries have made in reducing the NEET rate (SDG 8.6.1: Proportion of youth who are not in education, training or employment) for female and male youth.

Historic progress has not been even for adolescent girls and boys

Figure 27 Scatter plot displaying benchmarking results of the historical rate of progress observed for SDG 8.6.1 (NEETs), by sex

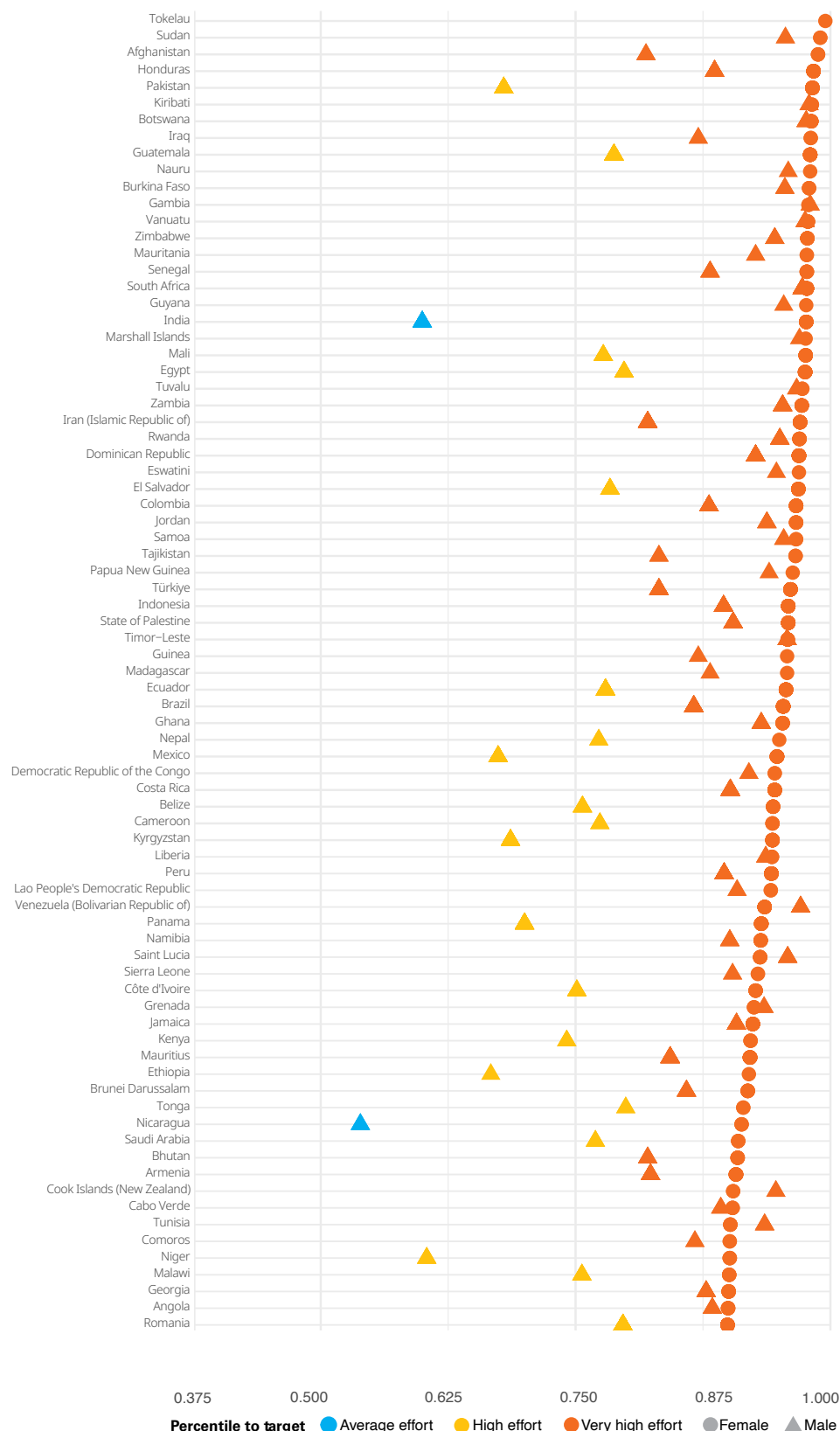


Dots located below the diagonal line represent countries in which the rate of progress favoured female youth while dots located above the diagonal line represent countries in which the rate of progress favoured male youth. The figure suggests that although there has been gender parity in reducing the male and female youth NEET rate in some countries — for example, Bulgaria, Sweden and Togo — in most countries progress for female and male youth was uneven. Countries such as Belize, Kiribati and Nepal made significantly more progress reducing the NEET rate for male youth than female youth while other countries, including Grenada, Seychelles and Tuvalu, made substantively more progress for female youth than male youth.

Overall, in most countries, historical rates of progress in reducing NEET rates favoured female youth. As female youth were more likely to not be in education, employment or training, this accelerated effort to close gaps for female youth is welcome and required in order to reach parity.

Different relative levels of effort are often required by countries to meet SDG targets for adolescent girls and boys

Figure 28 Benchmarking results of the effort required to meet NEET targets for SDG 8.6.1, by sex and country



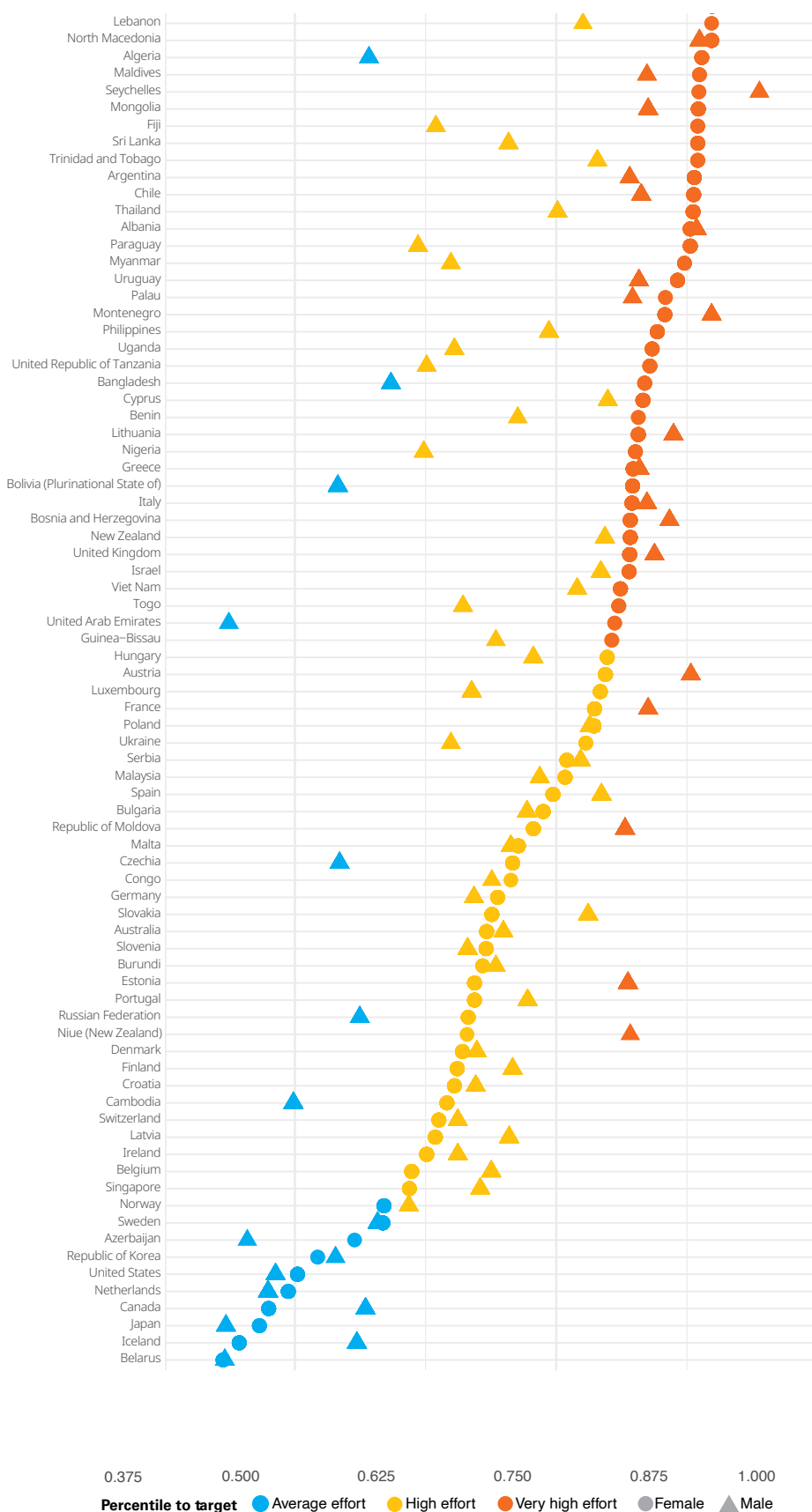
The differential historical progress observed for female and male youth in Figure 27 informs Figure 28 which visualizes gender gaps in the relative effort required by countries to meet NEET targets for 157 countries with data available for both male and female youth. As no universal or country targets have been established for SDG 8.6.1, the best (lowest) value observed for each region since 2000 is used as the target for countries within that region.

Progress towards the NEET target for female youth is represented by a circle while progress for male youth is represented by a triangle. When the circle is located further to the right than the triangle (i.e., has the higher value on the X axis), this means that the effort required to reach the NEET target is higher for adolescent girls and young women than for adolescent boys and young men — and vice versa. The colour of each circle and triangle illustrates the level of relative effort needed to reach the NEET target for female and male youth, respectively.

In the majority of countries, a very high level of effort relative to other countries is required to reach the NEET target for both female and male youth - in other words, many of the poorest performing countries perform poorly for both female and male youth.

However, regardless of the relative level of effort required (very high, high or average), in most countries girls still fall behind. Specifically, 71 per cent of countries (111) require a relatively higher level of effort to reach the NEET target for female youth than for male youth. For example, Kyrgyzstan, Mexico, Tajikistan and India require very high levels of relative effort to reach the NEET target for female youth and only average levels of relative effort to meet it for male youth.

Figure 28 (cont.)



In 22 per cent of countries (35) the opposite is true: a higher relative level of effort is required to meet the NEET target for male youth than for female youth. In only 11 countries is the same level of effort required.

Looking at both the historic rates of progress (Figure 27) and the effort needed to achieve the targets (Figure 28) suggests that high historic performance does not always translate into lower relative levels of effort needed to reach the SDG targets.

As seen in Figure 28, many of the countries require higher levels of relative effort to meet the NEET target for girls than for boys, even though Figure 27 shows that more historical progress was made for girls. This can be explained by the fact that NEET rates for adolescent girls and young women were higher than for adolescent boys and young men in most countries. As the starting point for adolescent girls and young women is higher than for adolescent boys and young men, they require faster rates of reduction (even in countries where their progress was faster than for adolescent boys and young men, if they have not yet caught up with them).¹¹⁷

Taken together, these results demonstrate the value of unpacking aggregate data for a more nuanced understanding of the historical progress made and the additional effort required to meet the SDG targets for different subpopulations (in this case, adolescent girls and young women and adolescent boys and young men).

Moreover, countries can use these insights to design gender-responsive interventions that account for the differential starting points, historical progress and levels of effort required to meet the SDG targets for adolescent girls and boys — in order to ensure that no one is left behind.



Girl Goals: Making
good on global
commitments to
adolescent girls

GIRL GOALS



“

Governments should invest more in girls' empowerment programs and support initiatives that enhance their capacity, rights, leadership, entrepreneurship, and safety. Your support is crucial in creating a better future for all girls.”

—Menghorng, 18, Cambodia,
Member, Global Girl Leaders
Advisory Group (GGLAG)

Key policy recommendations for accelerating action

Despite some progress, 30 years on from the Beijing Platform for Action and its commitments to the girl child, many girls around the world are still living in dire conditions. Yet transformational change is possible.

Beyond identifying the progress, challenges and gaps, this report concludes with key policy recommendations for accelerating action for adolescent girls and unlocking the enormous potential and society- and economy-wide benefits in doing so.

These recommendations are informed by the close collaboration and partnerships that the co-authoring organizations have with girls themselves, governments, other multilateral organizations, the private sector and civil society — including girls' and women's rights organizations, who have been at the forefront of championing so many changes.

These recommendations also bear in mind the major trends and shifting landscapes that adolescent girls face in the world today, including the fiscal constraints and

economic realities of the world we all live in, and focus on why it is in the interests of policymakers and populations at large to act, in addition to being essential from a rights-based perspective.

They also aim to speak to how the major gaps for adolescent girls can be addressed in ways that are feasible amidst a competing array of urgent issues which, while intersecting, are not financed or addressed in that way.

GIRL GOALS

Why prioritize taking action for adolescent girls?



The data presented in this report clearly outline that the international community and national governments will not achieve our goals for current or future cohorts of children and the population at large without targeted investments in adolescent girls. If societies care about ending maternal mortality, ending HIV, preventing child marriage, or a range of other issues affecting adolescent girls, targeted action is needed. It will be a prerequisite for fulfilling the commitments laid out 30 years ago in the Beijing Platform for Action, and ten years ago in the SDGs.



Adolescent girls represent a huge cohort of under-resourced, untapped potential. The evidence is clear that investing in adolescent girls is a multiplier for children, communities and economies. For example, by making key investments in adolescent girls between now and 2040, African countries could unlock an additional \$2.4 trillion in income.¹¹⁸ A University of Oxford, University of Cape Town & UNICEF collaboration demonstrates that investing in one proven, scalable programme model for adolescent girls would achieve a more than fourfold return on investment — including

across multiple SDG outcomes including teenage pregnancy, child marriage, sexual violence, extra years of schooling and labour market productivity.¹¹⁹ Investing in adolescent girls' secondary education would increase future earnings of up to 20 per cent for girls, and unlock economic growth for nations.¹²⁰ Investments in adolescent girls' rights also have significant demographic impacts — one of the major megatrends affecting children today — and generate associated reductions in social welfare costs for states. This allows states to invest more in each child per capita and improve the quality of health, education and other systems and services.



Strong evidence points to adolescence as an essential 'second window of opportunity and dividend'¹²¹ for government and others to invest in, where the biological changes (from brain development to puberty) and social changes (where peers become of central importance) that children undergo coincide with new vulnerabilities and opportunities (from risks relating to HIV and maternal mortality, to child marriage, to the potential to remain in education and lead community initiatives). Children must be equipped to confront and thrive in a fast-evolving world, whether due to technological or climate change, and adolescence is the critical period

during which to do it. Where possible, a second chance for adolescent girls should also be prioritized.

How urgent action for adolescent girls can be pursued in realistic terms:

1

Make support for adolescent girls' voices, advocacy and action tangible and actionable

All around the world, girls are boldly advocating for and making the change they need to see in their lives — from leadership on the need to confront the climate crisis, to sexual violence, to child marriage. Girls have spoken loudly and clearly about their priorities and what will help unlock their potential, including through a mass poll on girls' rights, which reached over half a million adolescent girls, boys and young people.¹²² Their policy priorities mirror what the evidence tells us about what works at scale: investment in access to education, including on the body, alongside practical skills, including vocational skills and financial literacy. Support for parents, including classes and financial assistance, were also top priorities. In every country, school, community and house, girls have important knowledge about the reality of their lives, their priorities, their needs and what would work to address the issues they and their peers face.

We need girls' insights in the policymaking process, and we need to support and resource their advocacy and organizations that enable their voices, ideas and actions to be heard. This does not mean asking girls to become full-time civil servants, politicians or to take on other professional roles, nor to hear their voices above all others. Instead, a range of tools and approaches can enable adolescent girls to contribute to change in society and policymaking alongside other marginalized groups, from the direct actions they take in their communities, to engagement in policy processes that are practicable — such as consultations and focus group discussions, school-level councils, ministry-level advisory groups, and mass polls and surveys.

2

Have explicit targets to move the needle on outcomes for adolescent girls who are too often invisible and sidelined

In the context of global economic pressure, a changing landscape of fragility, conflict and climate change, there is also a concerning trend in unequal gender attitudes among young men (for example relating to household gender roles and violence).¹²³ In this context, we require a dual approach of tackling poverty alongside the negative gender norms that are harmful to all and act as structural barriers to

change, including for example change related to child marriage and violence. Investing in social protection, economic empowerment and equipping more adolescent girls with the skills to enter the labour market as adults are all key, alongside working with men and boys who are also ultimately harmed by these norms. The gender gap in digital and broader STEM skills is a threat to gains for girls' rights today; to unlock the economic and social dividends and sustain progress, a laser focus is required on closing the education, skills and training gap for girls, especially in STEM (including digital technologies).

Sticky and stagnant issues need special attention: for example, concerted action to address maternal mortality and anaemia is needed, particularly in regions where progress has stalled. Experience from low-, middle- and high-income contexts have demonstrated the efficacy of having data-driven accountability mechanisms for seeing through change on hard-to-shift issues, including national and subnational monitoring and implementation plans.

Investing in better data and evidence is key if we are to pursue these targets with determination and track if changes are happening. While the experiences of women and girls are often grouped together in what we measure, adolescent girls have distinct experiences and needs. There are particular gaps for girls aged 10–14 and the most marginalized girls in society.

3

Resource, and resource smartly, to unlock the social and economic dividend

Governments can unlock the dividends that will be generated through an investment in adolescent girls. But we know resources need to be invested in the smartest possible ways in fiscally constrained environments with many demands on existing capacities. Driven by evidence and experience, this should include:

- **Investing where the gaps are largest and most pressing for adolescent girls, with programmes that contribute to multiple SDGs**, (for example, investing in education and skills, or cash transfers and economic empowerment that are designed to support girls and can accelerate action across multiple SDGs at scale).¹²⁴
- **Investing in systems-level change at scale, moving away from small projects to layer support** for adolescent girls where programmes and systems already exist. Key interventions can be combined where they rely on an existing system, programme platform or workforce, with some additional but not exorbitant support to make the combination feasible. For example, existing maternal health clinics could ensure

provision of iron and folic acid supplementation for adolescent mothers and referrals to nutrition counselling. Another example is investing in joint school health, nutrition and WASH programming that responds to the menstrual needs of girls.

► **Targeted action, and adapting the wheel rather than reinventing it.** We need to move beyond adolescent girls being invisible or sidelined, neither considered children nor women in mainstream services (and thus often only served by small projects dedicated to responding to their specific needs) and deliver targeted action to deliver for adolescent girls at scale. This does not mean whole new programmes or systems which are unlikely to be feasible at

scale solely for adolescent girls, but rather tweaking or adapting existing systems to be more responsive to girls' needs. For example, this can include extra training modules for community health workers or midwives on girls' and adolescent mothers' health needs; or engaging with existing plans for curriculum reform to ensure that mainstream STEM content includes equal role models for aspiring girls and boys, and adding sample materials for after-school clubs on coding and STEM that are designed to reach and teach girls on an equal footing.

► **Working better together to move from fragmented and siloed work to at-scale and evidence-based solutions.** This will take better coordination across

the ecosystem of line ministries, the private sector, development partners and civil society — and should also include, where feasible, institutions with resources pooling funds behind a shared vision to scale up action for adolescent girls.

With support for adolescent girls' voices and movements; explicit targets for adolescent girls' outcomes; and smart investments in the proven solutions to take change to scale, we can change the world, with and for girls. These investments would be transformative for girls, families, communities and economies as a whole — building upon investments that have made inroads on girls' rights in the past thirty years. We have what we need to take action; now is the time.



GIRL GOALS

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www.data.unicef.org

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WOMEN** 

220 E 42nd Street
New York, NY 10017 USA

www.unwomen.org

 **PLAN
INTERNATIONAL**

Duke's Court, Block A Duke Street
Woking Surrey, GU215BH United Kingdom

www.plan-international.org