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Quarterly Bulletin of the Vienna NGO Committee on the Family

September 2019, No. 111
Deadline for contributions: 15.11. 2019

Vienna NGO Committee on the Family
MAG. WOLFGANG ENGELMAIER
KOLPING AUSTRIA
PAULANERGASSE 11
A-1040 VIENNA
AUSTRIA
FAX: 00 43 1 587 99 00
EMAIL: CONTACT@VIENNAFAMILYCOMMITTEE.ORG 

Dear Readers of Families International,

The United Nations' fifth Sustainable Development Goal, of the seventeen set for 2030, is concerned with achieving gender equality and empowering all women and girls. As part of this goal, the target was set to eliminate the harmful practise of child marriage, which is one of the reasons this 111th issue of Families International focuses, amongst other matters, on this topic. Included in this issue are an introductory text by UNICEF entitled "Child Marriage: Latest Trends and Future Prospects" as well as other more specific texts from UNICEF and the World Bank.

This 111th issue also includes the programme of an upcoming International Forum, organised by the Vienna NGO Committee on the Family, at the United Nations, Vienna International Centre, on November 4th 2019. Further included are contributions from three Member Organisation of the Committee, namely the International Federation for Family Development (IFFD), Make Mothers Matter (MMM), and the International Confederation of Christian Family Movements (ICCFM), as well as an introduction to Bala Vikasa, an Indian organisation concerned with sustainable community development. Finally, a number of recent and upcoming events are also listed.

Sincerely,

Karin Kuzmanov, B.A.

Deputy Editor

Table of Contents

From the Vienna NGO Committee on the Family

International Forum, United Nations Vienna International Centre – Programme
(Nov. 4th 2019) 3

From UNICEF

Child Marriage: Latest Trends and Future Prospects 5

Exploring the Potential of Cash Transfers to Delay Early Marriage and Pregnancy
Among Youth in Malawi and Zambia 13

From the World Bank

Basic Profile of Child Marriage in Burkino Faso 17

Family Planning: The Hidden Need of Married Adolescents in Nepal 22

From Member Organisations of the Vienna NGO Committee on the Family

The International Federation for Family Development (IFFD)

IFFD no. 87: Women and Men in Europe 28

IFFD no. 88: An Unequal and Declining Growth 33

Make Mothers Matter (MMM)

MMM statement for the 2019 High-Level Political Forum on Sustainable Development 39

International Confederation of Christian Family Movements (ICCFM)

Contributions to the well-being of the Families by the International Confederation
of Christian Family Movements (ICCFM) 44

Introducing

Bala Vikasa – India 46

Recent & Upcoming Events 48

Impressum 49

From the Vienna NGO Committee on the Family

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UNITED NATIONS
VIENNA INTERNATIONAL CENTRE

Monday November 4th 2019

INTERNATIONAL FORUM

13.00 – 15.00

[Including Discussion with Presenter & Participants]

Programme

**‘Child & Youth Media Protection
From the Perspective of Parents’**

Christin Kohler, M.A.

Christin Kohler, M.A. studied Communication Science at the University of Bamberg (B.A.) in Germany and at the University of Salzburg (M.A.) in Austria. During her studies, Christin continuously dealt with the topic of children and media, as well as media use in families. The research focus of her master thesis was on child and youth media protection, from the perspective of parents. The presentation is based on the research and the results of the master thesis.

Office of the Chairperson:
Mag. Wolfgang Engelmaier
Kolping Austria
Paulanergasse 11
A-1040 Vienna
Fax: 00 43 1 587 99 00
Email: contact@viennafamilycommittee.org

Board Officers:
Chairperson: Mag. Wolfgang Engelmaier, Kolping International
Deputy Secretary: Dr. Peter Crowley, International Council of Psychologists
Treasurer: Mag. Alexandra Lugert, European Union of Women
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Gerald Williams, Latter Day Saints Charities

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Children and young people grow up in a mediatized society. They actively select media, and use them for their needs. This brings both, opportunities and risks for adolescents and creates new challenges for youth media protection, in which parents play a central role. Therefore, the aim of this master thesis was to figure out the parental perspective on youth media protection. The following research questions were developed in order to learn about the parents' point of view and their wishes with regard to the protection of minors from harmful media, as well as to learn more about the parents' strategies.

Research question 1

What wishes and expectations do parents have of child and youth media protection? a) What fears and problems do parents have with regard to their children's media use? b) What issues do parents need support on?

Research question 2

What (media) education strategies do parents use?

a) What do parents understand by the term media education?

b) What role does one's own media competence play in media education?

By using screening questionnaires and conducting guided interviews with parents, their attitudes, wishes and expectations regarding youth media protection were determined and their media education strategies made clear. The results show, that parents have some wishes for youth media protection and expect support in the media education of their children. In addition, various media education strategies of the parents were identified.

The presentation will focus on the media education strategies of parents, their expectations of the protection of minors from harmful media, as well as possible support offers for parents.

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Gerald Williams, Latter Day Saints Charities

From UNICEF

CHILD MARRIAGE

Latest trends and future prospects



for every child

Global Overview



Child marriage is an egregious violation of every child's right to reach her or his full potential. The Sustainable Development Goals (SDGs) enshrine a target to eliminate this practice by 2030.

The practice of child marriage has continued to decline around the world. Based on the latest data available from each country, 21 per cent of young women (aged 20 to 24) were married as children. This represents a decrease from 25 per cent 10 years ago, driven predominantly by progress in India.

This reduction also marks an acceleration of trends. An estimated 25 million child marriages have been prevented due to progress during the past decade. Of these, 7 million were expected based on the prior trends and 18 million were due to an acceleration of progress.

Still, approximately 650 million girls and women alive today were married before their 18th birthday.

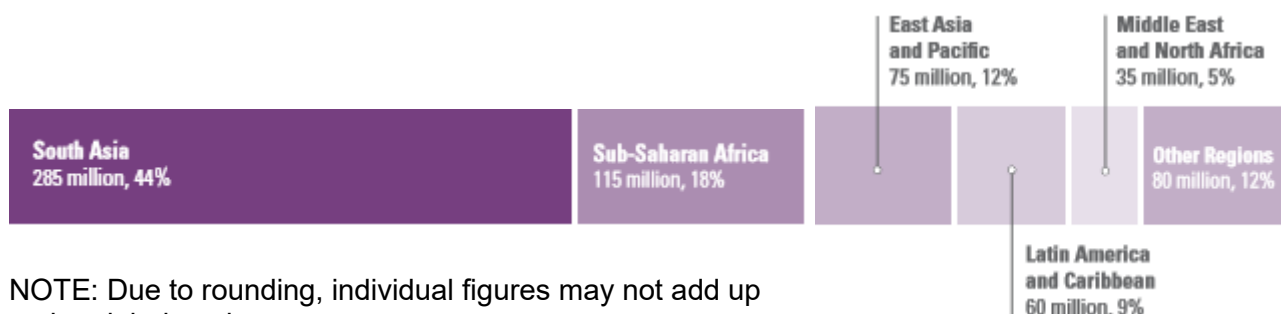
As the designated custodian agency for monitoring progress towards reaching this target, UNICEF is responsible for generating periodic global estimates of child

marriage. These estimates are produced primarily from nationally representative household surveys, and for a minority of countries, from census data. The estimates in this document supersede those in previous publications, as they rely on new data for a number of countries. These include India and Ethiopia, which have recently seen a decline in the prevalence of child marriage, and China, for which data were previously not available in UNICEF's global databases. These updates have enabled a refinement of the estimation of the magnitude of the practice worldwide, at a slightly lower level than estimated in previous years.

The practice of child marriage has continued to decline around the world. During the past decade, the proportion of young women who were married as children decreased by 15 per cent, from 1 in 4 (25%) to approximately 1 in 5 (21%).

South Asia is still home to the largest number of child brides, followed by sub-Saharan Africa

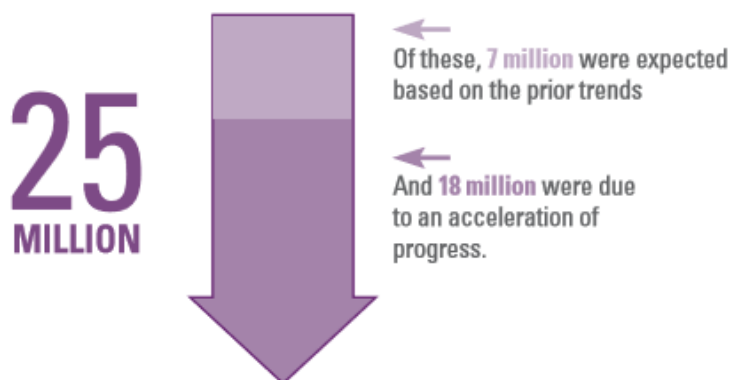
Global distribution of the number of women first married or in union before age 18, by region



NOTE: Due to rounding, individual figures may not add up to the global total.

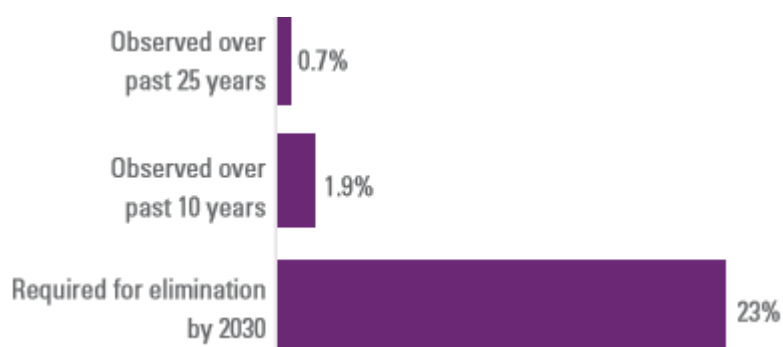
The global number of child brides is now estimated at **650 million**, including girls under age 18 who have already married, and adult women who married in childhood.

25 million child marriages have been prevented due to progress in the past decade



Yet a substantial acceleration would be required in order to eliminate the practice by 2030

Average annual rate of reduction in the prevalence of child marriage, observed and required



REGIONAL TRENDS

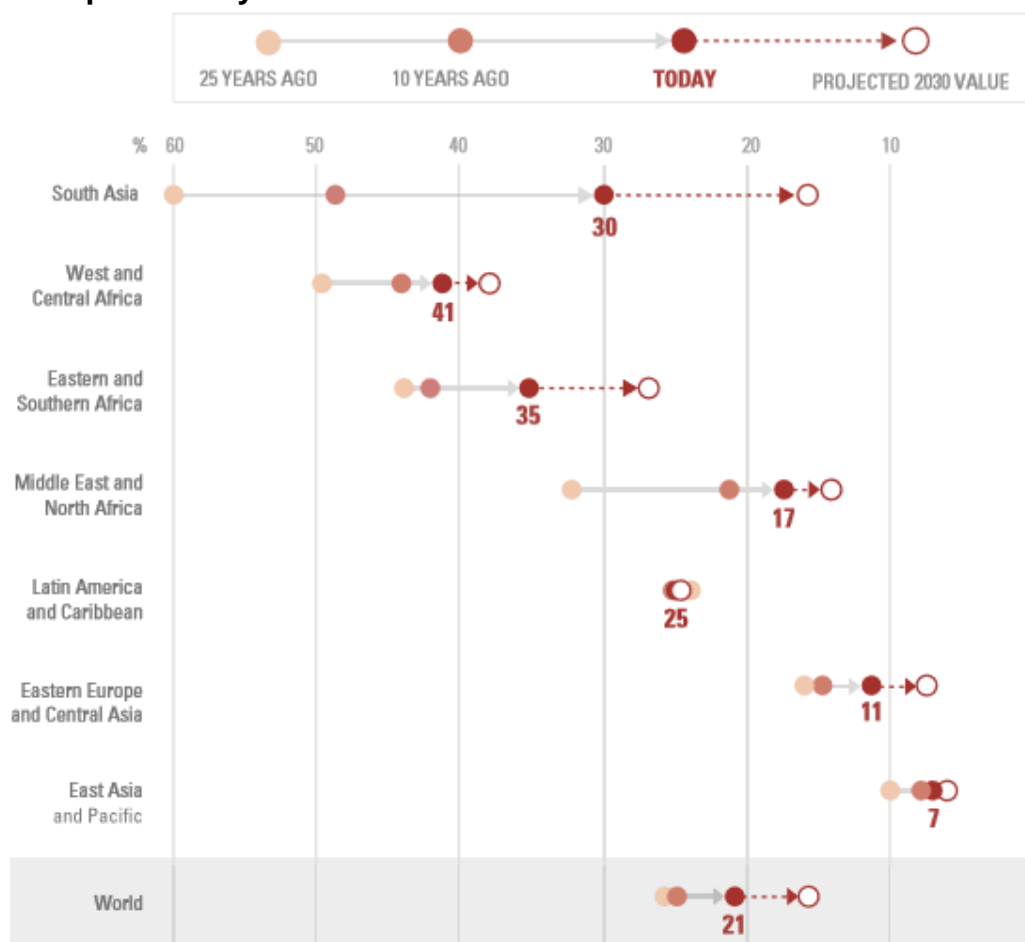
Distinct trends in the practice of child marriage are evident across geographical regions, though variations exist within regions and even within countries.

In **South Asia**, a girl’s risk of marrying in childhood has declined by more than a third, from nearly 50 per cent a decade ago to 30 per cent today, largely driven by great strides in reducing the prevalence of child marriage in India. Nonetheless, South Asia remains home to the largest total number of child brides, with more than 40 per cent of the global burden. This is due both to the legacy of how common child marriage was in previous generations and to the region’s large population.

Increasingly, however, the global burden of child marriage is shifting from South Asia to sub-Saharan Africa. In **sub-Saharan Africa**, levels of child marriage have declined at a modest rate. In **West and Central Africa** in particular, the region with the highest prevalence of child marriage, progress has been among the slowest in the world. At the same time, population growth threatens to result in an ever-higher number of child brides in sub-Saharan Africa during the coming years.

Despite a marked reduction in child marriage, especially in South Asia, no region is on track to eliminate the practice by 2030

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



NOTE: Projected values are calculated on the basis of observed trends over the past ten years. For further details on the data, see the Technical Notes page.

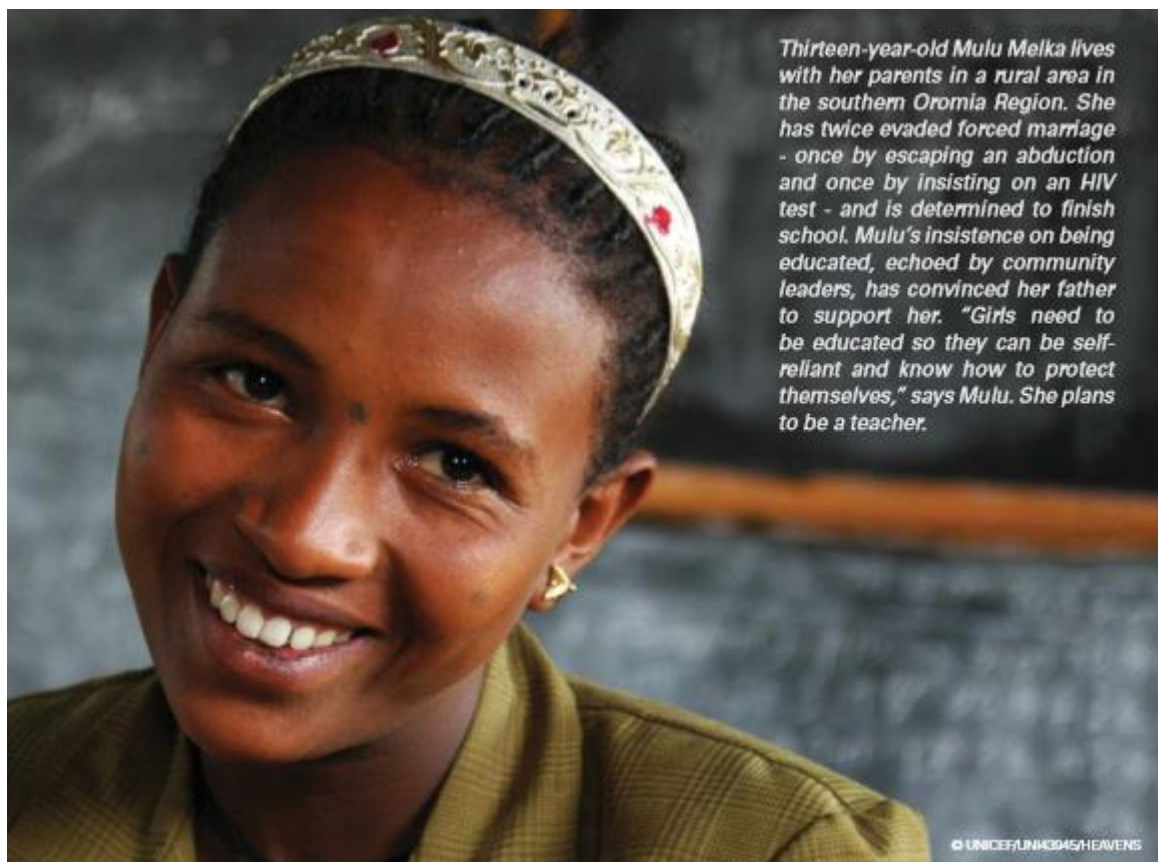
Of the most recently married child brides globally, close to 1 in 3 are now in sub-Saharan Africa, compared to 25 years ago when the proportion was 1 in 7.

Yet progress is possible. In Ethiopia, once among the top five countries for child marriage in sub-Saharan Africa, the prevalence has dropped by a third during the past 10 years.

In the **Middle East and North Africa**, substantial progress in reducing the prevalence of child marriage has occurred over the past 25 years. Within the past 10 years, however, this progress appears to have slowed.

In **Latin America and the Caribbean**, there is no evidence of progress, with levels of child marriage as high as they were 25 years ago. Levels of child marriage remain low in **East Asia and the Pacific** and in **Eastern Europe and Central Asia**, though girls from disadvantaged populations are still at risk.

While the global reduction in child marriage is to be celebrated, no region is on track to meet the SDG target of eliminating this harmful practice by 2030.



In order to meet the target of elimination by 2030, global progress would need to be 12 times faster than the rate observed over the past decade.

TECHNICAL NOTES

Data sources

UNICEF global databases include child marriage estimates for 125 countries, primarily from nationally representative household surveys such as the Multiple Indicator Cluster Survey (MICS) and Demographic and Health Survey (DHS). Of these, 106 countries have estimates that are recent enough (2010 to 2016) to be included in the present analysis. These countries represent 63 per cent of the global population. *(For a summary of data availability by region, see the table on the next page.)*

Demographic data are from the United Nations Department of Economic and Social Affairs Population Division, *World Population Prospects: The 2017 revision* (DVD Edition).

Calculation of global figures

To assess the prevalence of child marriage, this analysis used SDG indicator 5.3.1 – the percentage of women aged 20 to 24 years who were first married or in union before age 18. This information is available from data collection instruments, primarily household surveys that ask respondents about their marital status and their age at first marriage or union. All references to ‘marriage’ include both formal marriages and informal unions in which women started living together with a partner as if married.

The current global estimate of the prevalence of child marriage, referred to as the level “today”, is calculated on the basis of the latest available data for each country, within the span of 2010 to 2016. National values are not extrapolated to a common reference year.

The global burden of child marriage is defined as the number of girls under age 18 who have already married plus the number of adult women who were married before age 18.

The burden is calculated by applying the prevalence of child marriage for each age cohort from 18 to 49 years to the respective female population. Outside this range we do not have direct estimates of the prevalence, so the following assumptions are made:

- **0–9 years** – all are assumed to be unmarried.
- **10–17 years** – indirect estimates are produced using related indicators, including the percentage of girls married before age 15, the percentage of adolescents aged 15 to 19 currently married, and the proportion of marriages during adolescence that occur before age 18.
- **50+ years** – prevalence of women aged 45– 49 years is used, unless otherwise noted.

The number of child marriages averted is calculated as the difference between the number of women married before age 18 during the previous 10 years and the number who would have been married if levels had remained steady at the prevalence 10 years ago. Further details on the estimation process, including a discussion of limitations, data quality issues and fluctuations in the global estimates over time, will be available in a forthcoming technical paper.



Regional and country estimates

Each regional prevalence is calculated as a population-weighted average of the national values. Regional estimates are available according to the regional classification used for UNICEF reporting, as presented in this brief, as well as the regional classification used for SDG reporting, which is used for calculation of the global figures.

Global figures are calculated as a population-weighted average of the prevalence in each of the geographical regions. The SDG regional classification is used for this calculation because it is more granular than the UNICEF regional classification so allows for greater precision. In using this method, the prevalence in countries without data is implicitly assumed to be the same as the population-weighted average of other countries in the same region.

No data exist for Northern America or Australia and New Zealand, which are assumed to have the same prevalence as Europe, the region with the closest socio-economic profile.

Because the global burden is significantly affected by the values for India and China, special consideration was given to these countries in this round of estimates.

For India, the results from the most recent survey were evaluated in the context of results from prior surveys in order to validate

the prevalence of child marriage for each age cohort as captured at multiple points in time. This analysis raised questions about comparability across surveys for some cohorts of women, and as a result, the estimates of child marriage took into account the results from all surveys since 1990. This is a deviation from the standard, as this step is not necessary when results are consistent across sources over time. These data are undergoing further analysis and will be the focus of a forthcoming publication on child marriage in India.

For China, internationally comparable and nationally representative data on child marriage prevalence have not been available historically. Previous global estimates implicitly assumed that child marriage in China was as common as in the rest of the region, although it is likely this was an overestimate. Following a desk review of census data for China from 1982 to 2015, estimates of related indicators were identified – including marital status of adolescents aged 15 to 19 years and the average age at first marriage over time. With this information, assumptions on the prevalence of child marriage across age cohorts were ascribed, taking into account the expected relationship between the related indicators with available data.

Summary of data availability and population coverage

SDG Region	Number of countries with data	Percentage of population represented
Southern Asia	7 of 9	99%
South-Eastern Asia	8 of 11	94%
Sub-Saharan Africa	41 of 48	93%
Northern Africa	4 of 6	82%
Western Asia	8 of 18	70%
Central Asia	4 of 5	52%
Latin America and the Caribbean	22 of 37	52%
Oceania, excluding Australia and New Zealand	4 of 15	11%
Europe	7 of 44	10%
Eastern Asia	1 of 5	<1%
Australia and New Zealand	0 of 2	0%
Northern America	0 of 2	0%
UNICEF Region		
Sub-Saharan Africa	42 of 49	93%
Eastern and Southern Africa	19 of 25	87%
West and Central Africa	23 of 24	100%
Middle East and North Africa	9 of 19	73%
South Asia	6 of 8	99%
East Asia and Pacific	13 of 33	33%
Latin America and Caribbean	22 of 37	52%
Europe and Central Asia	14 of 54	27%
Eastern Europe and Central Asia	14 of 21	54%
Western Europe	0 of 33	0%
North America	0 of 2	0%
World	106 of 202	63%

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for every child

UNICEF

Data and Analytics Section, Division of Data, Research and Policy 3 United Nations Plaza, New York, NY 10017, USA Tel: +1 (212) 326-7000

E-mail: data@unicef.org Website: data.unicef.org

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Suggested citation: United Nations Children's Fund, Child Marriage: Latest trends and future prospects, UNICEF, New York, 2018.

Innocenti Research Brief

2019-01

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Exploring the potential of cash transfers to delay early marriage and pregnancy among youth in Malawi and Zambia

Luisa Natali, Fidelia Dake and Amber Peterman

Luisa Natali and Amber Peterman are Social Policy Consultants at the UNICEF Office of Research – Innocenti

Fidelia Dake is a Transfer Project Fellow and Lecturer at the Regional Institute for Population Studies at the University of Ghana

There is increasing interest in the potential of cash transfers to facilitate safe transitions to adulthood among vulnerable youth in low-income settings. However, little evidence exists that analyses these linkages from at-scale government-run programmes. This brief summarizes the impacts of two government-run large-scale unconditional cash transfers on outcomes of early marriage and pregnancy among youth in Malawi and Zambia after approximately three years. Results indicate limited impacts on safe transitions for both males and females. However, the programmes were successful in reducing poverty and improving schooling outcomes—two main pathways for safe transitions as reported in the literature. Research implications include the need to study transitions over longer time periods, including tracking of youth as they transition out of study households. If reducing early marriage and pregnancy is among policy makers' primary priorities, then dedicated programming via cash plus or services specifically targeted at addressing the needs of adolescents and youth should be considered.

Recent reviews of 'what works' to delay early marriage and prevent unintended and repeat pregnancy among young people in low- and middle-income countries highlight cash transfers as promising interventions to facilitate safe transitions.¹ This proposition is intuitive given that a broad body of literature demonstrates the strong impacts of cash transfers in terms of decreasing household poverty and promoting education of children—two factors linked to favourable later outcomes for adolescents and youth. However, both reviews acknowledge that there are limited studies across programme design typologies and geographies. Results from impact evaluation studies on early marriage and pregnancy in Africa are generally promising but also mixed. For example, adolescent girl-focused programmes in Malawi had favourable short-term impacts on marriage and pregnancy, yet no impacts were found on the latter in South Africa. Moreover, at-scale government cash transfers in Kenya and South Africa had favourable impacts on early pregnancy whereas no such impacts were found in Kenya for early marriage.² This brief summarizes new evidence on the impacts of two government-run unconditional cash transfers on outcomes of early marriage and pregnancy among youth

(aged 14 to 21 at programme start) in Malawi and Zambia, including investigation of pathways through which impacts may occur.

PROGRAMMES

The Malawi Social Cash Transfer Programme (SCTP) and the Zambia Multiple Category Targeted Grant (MCTG) are both government-run unconditional cash transfers targeted to ultra-poor, rural, labour-constrained households with primary objectives related to poverty reduction (see *Table 1*). Cash transfers are provided on a bi-monthly basis to heads of households and represent roughly a 20 per cent increase over pre-programme consumption. As transfers are unconditional, cash is delivered with no strings attached; there are neither co-responsibilities imposed on beneficiary households nor additional programme components. Although these programmes were not specifically designed to impact safe transitions to adulthood, there is potential for beneficial impacts given that alleviating poverty and promoting education are essential for facilitating safe transitions.

Existing evidence indicates that both programmes were largely successful in reaching their main poverty-related objectives, including decreasing poverty and increasing food security and household resilience.³

STUDY DESIGN AND DATA

Evaluations of both programmes were designed as cluster-randomized controlled trials (cRCTs) in two rural districts (see *Table 1*). Data were collected at baseline and these households were then followed over approximately three years from 2013 to 2015 in Malawi and 2011 to 2013 in Zambia. The total household sample size was 3,531 in Malawi and 3,078 in Zambia. However, in our analysis, sample sizes for youth aged 14 to 21 at baseline range from 878 and 1,023 for males and females, respectively, in Malawi to 1,296 and 1,070 for males and females, respectively, in Zambia. We examine impacts on outcomes of the following indicators: 1) ever married or cohabited (males and females), and 2) ever pregnant, currently pregnant and ever given

Table 1: Main features of the programmes and evaluations

	Malawi	Zambia
Programme	Social Cash Transfer Program (SCTP)	Multiple Category Targeted Grant (MCTG)
Implementer	Ministry of Gender, Children, Disability and Social Welfare	Ministry of Community and Social Services
Targeting	Ultra-poor and labour-constrained households	Female- or elderly-headed households keeping orphans; households with a disabled member; or special cases (critically vulnerable)
Transfer size	Variable by household size and number of children enrolled in school, bimonthly (~18% of pre-programme consumption) ¹	Flat transfer of 120 kwacha [ZMW] (US\$24), bimonthly (~21% of pre-programme consumption)
Evaluation timeline	2013–2015 (30 months)	2011–2013 (36 months)
Location	Two rural districts: Salima and Mangochi	Two rural districts: Luwingu and Serenje
Evaluation design	Cluster randomized-controlled trial (cRCT)	Cluster randomized-controlled trial (cRCT)
Household sample size	3,531	3,078

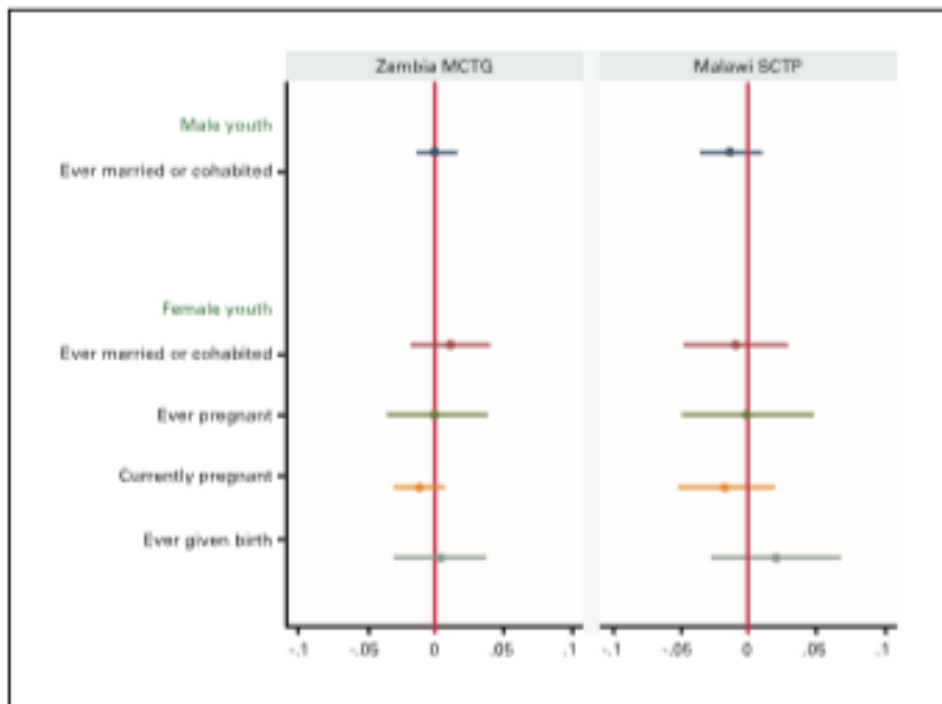
¹POST MAY 2015, THE TRANSFER SIZE WAS ADJUSTED UP TO 23% OF AVERAGE PRE-PROGRAMME CONSUMPTION.

birth (females only). The proportion of youth aged 14 to 21 years at baseline who have ever been married or pregnant is, on average, low at baseline (0 to 2 per cent for early marriage among males; 3 to 12 per cent for early marriage among females and 9 to 22 per cent for early pregnancy). To estimate the causal impact of the programme, we run Analysis of Covariance (ANCOVA) models and include a number of sensitivity analyses to show that our results are robust.

FINDINGS

Overall, we find no significant impact on the safe transition outcomes in either country (see Figure 1). To better understand the lack of impacts, we further examine two of the main pathways through which cash is hypothesized to lead to improved outcomes for youth: poverty and education. Our analysis confirms strong and significant impacts of the programmes in terms of reducing household poverty and improving youth schooling outcomes, which demonstrates that the preconditions for impacts are met. Further, we explore whether there are subgroup impacts among older youth, the poorest sample of youth, those attending school at baseline, or those living in communities with more gender-progressive norms (measured using information on gender norms at the community level). We find no evidence of significant subgroup impacts. This is particularly notable as it has been suggested that community-level social norms relating to gender and family formation may constrain the impacts of cash transfers in low-income settings. We find no support for this hypothesis in our setting.

Figure 1. Main impacts on early marriage and pregnancy among youth aged 14–21 at baseline, by sex and country



Note: Dots represent intent-to-treat point estimates for cash transfer treatment, with confidence intervals represented by bars. Each coefficient is from a different regression estimate using ANCOVA methodology. If the confidence interval passes zero (red line) the estimate is insignificant, representing no programme impact. Sample sizes range from 878 and 1,023 in Malawi to 1,070 and 1,296 in Zambia.

RESEARCH AND POLICY IMPLICATIONS

We find limited impacts of large-scale poverty-targeted cash transfers on safe transitions in Malawi and Zambia. However, as these national programmes did not have any youth-specific components and were not specifically aimed at achieving these objectives, null impacts should not be viewed as a marker of programme effectiveness. Rather, the lack of impact has several research implications, including the need to examine outcomes over longer time periods, and design studies to carefully track youth as they transition out of study households. Nonetheless, findings suggest that protective impacts of cash transfers on early marriage and pregnancy found elsewhere in sub-Saharan Africa may not translate to

different settings, programme designs and target populations. This finding should encourage policy makers and programme implementers to holistically assess the evidence base when designing programming to affect safe transitions. In particular, complementing cash transfers with services and interventions specifically designed to address the needs of adolescents and youth over longer time periods may be needed to achieve these objectives. We welcome further experimentation and research evaluating outcomes for boys and girls within diverse programme designs to better understand how best to address linkages between

responding to poverty and facilitating safe transitions.

ACKNOWLEDGEMENTS

The Malawi and Zambia cash transfer evaluations benefited from the intellectual input of a large number of individuals and donor contributions. For additional information on study teams and funding acknowledgements, please see: Dake, F., et al. on behalf of the Malawi Cash Transfer Evaluation Team and the Zambia Cash Transfer Evaluation Team, 'Cash Transfers, Early Marriage, and Fertility in Malawi and Zambia', *Studies in Family Planning*, vol. 49, 2018, pp. 295–317.

1. Hindin, MJ, et al., 'Interventions to Prevent Unintended and Repeat Pregnancy Among Young People in Low- and Middle-Income Countries: A Systematic Review of the Published and Gray Literature', *Journal of Adolescent Health*, vol. 59, no. 3, 2016, S 8–15. Kalamar, AM, Lee-rife, S and MJ Hindin, 'Interventions to Prevent Child Marriage Among Young People in Low- and Middle-Income Countries: A Systematic Review of the Published and Gray Literature', *Journal of Adolescent Health*, vol. 59, no. 3, 2016, S16–21.
2. Handa, S, et al., 'Impact of the Kenya Cash Transfer for Orphans and Vulnerable Children on Early Pregnancy and Marriage of Adolescent Girls', *Social Science & Medicine*, vol. 141, 2015, pp. 36–45. Pettifor, A, et al., 'The Effect of a Conditional Cash Transfer on HIV Incidence in Young Women in Rural South Africa (HPTN 068): A Phase 3, Randomised Controlled Trial', *The*

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3. The Malawi Cash Transfer Evaluation Team, 'Malawi's Social Cash Transfer Programme: A comprehensive summary of impacts', *Innocenti Research Briefs 2018-01*, 2018. Handa, S, et al., 'Can unconditional cash transfers raise long-term living standards? Evidence from Zambia', *Journal of Development Economics*, vol. 133, 2018, pp. 42–65.

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UNICEF OFFICE OF RESEARCH-INNOCENTI
Florence, Italy

www.unicef-irc.org

+39 055 20330

florence@unicef.org

@UNICEFInnocenti

facebook.com/UnicefOfficeofResearchInnocenti

Research for Children
at Innocenti



From the World Bank

Knowledge Brief



Health, Nutrition and Population Global Practice

BASIC PROFILE OF CHILD MARRIAGE IN BURKINA FASO



Chata Malé and Quentin Wodon
March 2016

Child Marriage Series with Education Global Practice

KEY MESSAGES:

-) Measures of child marriage are high in Burkina Faso. The share of women ages 18-22 who married as children is 49.8 percent and it has not decreased substantially over time. The share of girls marrying very early, before the age of 15, has increased slightly.
-) Child marriage is associated with lower wealth, lower education levels, and higher labor force participation. These are however only correlations, not necessarily causal effects.

In order to design programs and policies to reduce child marriage, information is needed on the trend in the practice over time, where it is most prevalent in a country, and what the characteristics of girls marrying early are.

program and policies to reduce the practice, this brief provides a basic profile of child marriage in Burkina Faso. The brief is part of a series of standardized briefs on this topic for several countries.

Measuring child marriage is needed to inform policy.

Child marriage is recognized as a major development issue that affects girls in many developing countries. The practice has been linked to a number of health risks, higher fertility, and lower education attainment, among others. The negative impact of child marriage on a wide range of development outcomes explains why in many countries child marriage is now prohibited by law, and why the elimination of child marriage is part of the new Sustainable Development Goals. Yet more is needed to eliminate the practice than adopting laws. In order to inform

Box 1: Brief and Series Primer

How is child marriage defined? Child marriage is defined as a marriage or union taking place before the age of 18.

Why a series on child marriage? Child marriage has significant negative impacts – not only for girls, but also for a range of development outcomes. Demonstrating these impacts will assist governments and others to make the case for intervening to reduce the practice.

What are the topics discussed in the series? The series looks at the impacts of

child marriage on health, population, education, employment, agency, and violence, among other outcomes. The welfare, budget, and non-monetary costs of child marriage are estimated. Legal/institutional aspects and options to reduce the practice are also discussed.

What is the question asked in this brief? The question is: How widespread is the practice, not only in terms of the share of girls marrying early, but also in terms of how early they marry?

How is the question answered? Measures and a profile of child marriage inspired by the literature on poverty are provided.

Half of women in Burkina Faso still marry early.

The analysis is based on data from the 2010 Demographic and Health Survey (DHS) for Burkina-Faso. This is the latest DHS available. Table 1 provides basic statistics on the age at first marriage for women. Two samples are considered: women ages 18 to 22, which is the youngest age group that can be used to measure child marriage in the country¹, and women ages 18-49 (the women’s questionnaire in the DHS collects data for women up to age 49). Clearly, a large share of women marry below the age of 18, and many do so before the age of 15, but there are few differences in the likelihood of marrying as children between the two groups. This suggests that child marriage

may not have decreased much over time, as will be confirmed below.

The consequences of child marriage are not the same whether girls marry at 12 or 17. Measures inspired from the poverty literature help in capturing better how early girls marry (see the annex). The headcount (H) measures the share of girls who marry early. The child marriage gap (CMG) measures the “depth” of the practice, taking into account how early girls marry. The squared gap (SG) puts even more weight on the girls who marry very early.

Beyond the share of girls who marry early, other measures of child marriage are also important.

The negative impact of child marriage for a girl’s health, education, and well-being is often larger when the girl marries very early. For example, child marriage is known to have a negative impact on school enrollment and attainment. The earlier a girl marries, the more likely it is that she will drop out early and thereby have a low level of education attainment. This will not only limit her employment and earnings potential for the rest of her life, but it will also have other negative consequences for her as well as for her children.

Most studies on child marriage report the incidence of child marriage - the share of girls who marry early (before 18), sometimes also with the share of girls who marry very early, before age 15. Such statistics are useful, but they do not capture the “depth” and “severity” of the practice very well. Better measures of child marriage can be adopted from the poverty literature (Ngyuen and Wodon (2012). Three measures are used here: the incidence of child marriage or headcount index, the child marriage gap, and the squared child marriage gap. Definitions of these measures is provided in the annex. The measures are estimated for

Table 1: Age at First Marriage for Women (%)

	18-22 years	18-49 years
Not Married	28.3	8.6
18 or Above	21.8	39.7
Below 12	0.3	0.4
12	0.8	1.0
13	2.1	2.3
14	6.1	5.8
15	10.5	11.3
16	13.0	13.9
17	17.2	17.1
Total	100.0	100.0
Mean age at first marriage	16.6	17.5

Source: Authors’ estimation.

child marriage as well as very early marriage defined as marrying before age 15.

The child marriage gap represents the “depth” of child marriage. It takes into account not only the share of girls who marry early, but also the mean number of years of early marriage. When using the child marriage gap for the evaluation of programs or policies, instead of simply looking at the share of the girls who marry early, more weight is placed on the girls who marry at a very young age. While the child marriage gap takes into account the average number of years of early marriage for girls who marry early, the squared gap takes into account the square of that number, thereby putting even more emphasis on girls who marry very early and taking into account inequality in the age of marriage among girls marrying early.

The incidence of child marriage in Burkina-Faso in 2010 was only marginally lower than that observed 25 years ago. There has been a reduction in how early girls marry, but even that reduction has been fairly limited.

Child marriage has not been reduced over time.

Table 2 provides trends over time in the measures of child marriage inspired by the poverty literature. Consider first the age group 18-22. In that age group, half of girls marry before the age of 18 (49.8 percent for the 18-22 age group). The child marriage gap (CMG) is at 6.4 percent and the squared gap (SG) at 1.1 percent for that group. By estimating the same measures on older groups, the table provides the trend in child marriage over time. When considering the 18 years threshold, there has been no substantial decline in the headcount. The share of girls marrying as children has decreased by only one percentage point over the last 25 years (the approximate time gap between the first and last age group), and for extreme child marriage (15 years threshold), there has been a slight increase in incidence by one percentage point² over

the last two and a half decade. Essentially, child marriage has not changed much over that time period.

Table 2: Trend in Child and Very Early Marriage (%)

	18 years			15 years		
	H	CMG	SG	H	CMG	SG
All 18-49 years	51.8	6.8	1.2	9.5	1.0	0.1
Age group						
18-22 years	49.8	6.4	1.1	9.3	0.9	0.1
23-30 years	52.0	7.0	1.2	10.2	1.1	0.1
31-40 years	53.5	7.0	1.2	9.5	1.1	0.2
41-49 years	51.0	6.5	1.1	8.2	0.9	0.1

Source: Authors' estimation.

Girls are more likely to marry early if they live in rural areas and are from poorer socio-economic groups.

Child marriage is more prevalent in rural than in urban areas. There are also differences between regions, with the lowest measures observed in the Center region and the highest measures observed (according to the headcount index for the 18 years threshold) in the Sahel and East regions, followed by the North, North-Center, Boucle de Mouhoun and East-Center regions. Child marriage is less prevalent in the Central Plateau region. The ranking of regions in terms of the measures obtained with the 15 and 18 years thresholds tends to be similar.

Rural girls are twice more likely to marry early than urban girls. Girls from the bottom four quintiles of wealth are much more likely to marry than girls from the top quintile.

Table 3: Child Marriage by Location, Age 18-22 (%)

	18 years			15 years		
	H	CMG	SG	H	CMG	SG
All 18-22 years	49.8	6.4	1.1	9.3	0.9	0.1
Region						
Boucle de Mouhoun	56.3	6.6	1.0	6.2	0.7	0.1
Cascades	51.6	6.2	0.9	5.7	0.5	0.1
Center	24.9	2.7	0.4	2.7	0.3	0.1
East-Center	54.7	5.8	0.8	4.5	0.4	-
North-Center	59.6	5.9	0.8	4.5	0.3	-
West-Center	40.8	4.8	0.7	5.6	0.5	0.1
South-Center	48.3	5.9	0.9	6.6	0.6	0.1
East	72.9	10.2	1.8	16.8	1.7	0.2
Hauts Basins	41.4	5.9	1.1	10.9	1.0	0.1
North	60.4	7.4	1.2	9.6	0.8	0.1
Central Plateau	37.6	4.4	0.7	4.7	0.6	0.1
Sahel	77.9	14.5	3.1	34.5	3.7	0.5
South-West	53.1	6.9	1.1	8.5	0.8	0.1
Residence						
Urban	25.0	2.9	0.4	3.4	0.4	-
Rural	61.4	8.1	1.4	12.0	1.2	0.1

Source: Authors' estimation. Values rounding to 0.0 not shown.

Household welfare is measured through a wealth index with households categorized in five quintiles from poorest to richest. For most women the level of wealth observed is that of the household in which they married, not their household or origin, but it is likely that many women marry with men who have similar socio-economic profiles, so the quintile after marriage may not be that different from the quintile before. Also, for younger women, assets and wealth may be lower than for older women. In Burkina Faso, the measures of child marriage differ by quintile, but it is only in the top quintile of wealth that child marriage is much less

causality goes both ways. Child marriage may lead to dropouts and lower education attainment. But the reverse is true as well: keeping girls in school is often one of the best ways to delay marriage.

Table 4: Child Marriage by Quintile, Age 18-22 (%)

	18 years			15 years		
	H	CMG	SG	H	CMG	SG
All	49.8	6.4	1.1	9.3	0.9	0.1
Wealth quintiles						
Poorest	65.7	10.0	2.0	18.9	2.0	0.3
Poorer	63.8	8.5	1.4	12.6	1.2	0.1
Middle	59.9	7.3	1.2	10.6	1.0	0.1
Richer	52.9	6.3	1.0	6.9	0.7	0.1
Richest	25.5	3.0	0.5	3.3	0.4	-

Source: Authors' estimation. Values rounding to 0.0 not shown.

prevalent.

Child marriage is associated with lower education attainment and a lower likelihood of literacy.

Table 5 provides data on child marriage by level of education of the women, as well as literacy. Child marriage affects education attainment negatively, because girls often drop out of school when they marry. The causality goes the other way as well, as the ability to pursue one's education may help delay the age at marriage. This relationship between education and child marriage is apparent in the data, in that the measures of child marriage tend to be higher among women with lower levels of education. The same relationship is observed when considering literacy where three categories are considered: the woman cannot read at all, can read part of a sentence, or can read a full sentence.

Marrying between the ages of 15 and 17 tends to affect primarily secondary education enrollment or completion, and may not necessarily affect the completion of primary education. But marrying even earlier can also prevent girls from completing their primary education (primary school takes in principle six years to complete, but some students start primary school late and may also repeat grades, so the actual age of completion may be delayed).

Table 5: Child Marriage by Education Level and Literacy Status, Age 18-22 (%)

	18 years			15 years		
	H	CMG	SG	H	CMG	SG
All 18-22 years	49.8	6.4	1.1	9.3	0.9	0.1
Education						
No education	62.3	8.3	1.4	12.7	1.3	0.2
Primary, some	40.0	4.7	0.7	4.7	0.4	-
Primary, compl.	32.6	3.3	0.4	1.8	0.1	-
Secondary, some	14.6	1.6	0.2	1.6	0.2	-
Secondary, compl.	-	-	-	-	-	-
Higher	36.0	3.7	0.5	-	-	-
Literacy						
Cannot read	60.4	7.9	1.4	11.6	1.1	0.1
Limited ability	36.9	4.3	0.6	5.1	0.3	-
Full sentence	19.0	2.0	0.3	1.6	0.2	-
No card available	75.3	14.6	3.5	37.4	5.2	0.8

Source: Authors' estimation. Values rounding to 0.0 not shown.

Relationships between child marriage and labor force participation can be complex and depend on context.

Table 6 provides data on labor force participation. In some countries child marriage may reduce labor force participation through higher fertility. In others, if child marriage is associated with poverty, women may have little choice but to work. Other effects could be at work, so that the relationship between child marriage and labor force participation is complex. In Burkina Faso, child marriage measures are lower for women not working, suggesting a positive association between child marriage and work. In addition, the type of work associated most with child marriage is work

The relationship between child marriage and schooling is important for policy as the

without only cash earnings, which may be work with low productivity.

These basic statistics however do not imply causality.

Table 6: Child Marriage by Labor Force Participation Status, Age 18-22 (%)

	18 years			15 years		
	H	CMG	SG	H	CMG	SG
All 18-22 years	49.8	6.4	1.1	9.3	0.9	0.1
Working						
No	43.6	6.2	1.1	10.6	1.1	0.1
Yes	52.2	6.6	1.1	8.7	0.8	0.1
Type of work						
Not paid	52.3	6.5	1.1	8.4	0.8	0.1
Cash only	48.3	6.1	1.0	8.0	0.8	0.1
Cash and in-kind	61.6	9.0	1.7	16.0	1.6	0.2
In-kind only	56.3	6.3	0.9	5.7	0.5	0.1

Source: Authors' estimation.

Conclusion

This brief has provided a basic profile of child marriage in Burkina Faso. Measures of child marriage are high. The share of women ages 18-22 who married as children is 49.8 percent and it has not declined substantially over time. The share of girls marrying very early, before the age of 15, has also not changed much (it has increased slightly versus 25 years ago). Child marriage is associated with lower wealth, lower education levels, and higher labor force participation. These are however only correlations, not necessarily causal effects. Other briefs in this series look at potential causal effects.

This brief was produced as part of the Economic Impacts of Child Marriage study, a joint project of the International Center for Research on Women (ICRW) and the World Bank, which is supported by the Bill & Melinda Gates Foundation and the Children's Investment Fund Foundation (CIFF). More details on the research can be found at the project's website: www.costsofchildmarriage.org. Partial funding for the work related to child marriage and education, labor

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Annex: Methodological Note

The headcount index, child marriage gap, and squared child marriage gap are the first three measures of the so-called FGT class (Foster et al., 2014). Denote by q the number of girls who marry early and by n the number of girls in the overall population. Denote by y_i the age of marriage of girl i and by z the age threshold defining child marriage (18 years of age, but a lower age threshold can also be used to measure extreme child marriage). The general formula for the FGT class of measures depends on a parameter α which takes a value of zero for the headcount, one for the child marriage gap, and two for the squared child marriage gap in the following expression:

$$P\alpha = \frac{1}{n} \sum_{i=1}^q \left[\frac{z - y_i}{z} \right]^\alpha$$

force participation, earnings, and program responses has been provided by the Global Partnership for Education. Comments from Jeff Edmeades and Margareta Norris Harrit are gratefully acknowledged. The opinions expressed in this brief are those of the authors only and need not reflect the views of the World Bank, its Executive Directors, of the countries they represent.



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Knowledge Brief

Health, Nutrition and Population Global Practice

FAMILY PLANNING: THE HIDDEN NEED OF MARRIED ADOLESCENTS IN NEPAL

Ana Milena Aguilar and Rafael Cortez

January 2015



KEY MESSAGES

-) Guaranteeing adolescent access to family planning is critical in preventing early childbearing and catalyzing socioeconomic gains.
-) Married adolescents need and demand family planning in Nepal, but few use contraception. Only 30 percent of their demand is met.
-) Limited empowerment and education, male migration, social norms, poor outreach services and supply constraints are some of the factors responsible for adolescents' low use of contraception.
-) Strengthening outreach services, improving providers' capacity to meet the special needs of married adolescents, and establishing a program targeting short term husband separation (<3 months) can increase contraceptive use.

Introduction

In Nepal, both early marriage and motherhood still place adolescents and their children at a great disadvantage. In 2011, one-third of girls aged 15-19 were already married. About 60 percent of them were pregnant or had at least one child, and one in ten had two living children (Nepal Demographic Health Survey, 2011).

Together with the health risks that adolescents and their babies face during childbirth, adolescent girls are more likely to be poor, uneducated, nonusers of contraception, have an unplanned pregnancy, and have repeated unsafe abortions. On average one-third of births or pregnancies to married adolescent mothers

in Nepal are either mistimed or unwanted, and over two-thirds of adolescent mothers have their second child within 24 months of their first birth. Poor young women are three times more likely to be married by 18 years, and twice as likely to become mothers than women in the top wealth quintile.

Delaying first births and ensuring healthy birth intervals among adolescents are the central mechanisms to a healthy and productive life, and the reason why access to family planning for adolescents is critical. Delaying childbearing, even for a year or two, could prevent premature maternal and neonatal mortality, allowing young girls to gain more education and work experience, among other benefits (Sonfield, A., K. Hasstedt, et al. (2013).

Despite governmental efforts in improving women's sexual and reproductive health (SRH) (Ministry of Health and Population 2014), adolescents' low uptake of contraception is a persistent and serious problem in Nepal. More than half of Nepali married adolescents desire to delay childbearing, but only 17 percent use any method of contraception. Adolescent modern contraceptive use has remained at 14 percent without remarkable change since 2006 (Khatiwada N. 2013). The low levels and lack of progress over time in contraceptive use among adolescents is a complex problem that requires immediate action. In 2011, 70 percent of adolescents' demand for family planning in Nepal was not met. Over 2 in 5 married adolescents had an unmet need for family planning contributing to 30 percent of the overall unmet spacing need of family planning in the country. This proportion places Nepali adolescents' contraception needs as one of the highest in the South Asia region. Using the latest population data (2011) this translates to an unmet need of approximately 140,000 adolescent girls.

This brief aims to understand why married adolescents in Nepal have low contraceptive use and a high unmet need for family planning, providing policy recommendations based on a literature review, interviews with key-informants, and a comprehensive analysis of secondary data from household surveys (NDHS 2006-2011). Given that early childbearing in Nepal still occurs primarily within marriage, the brief addresses the needs of female married adolescents which are often overlooked by policy-makers. However, it is important to note that unmarried adolescents are progressively engaging in sexual activity in Nepal increasing their risks for contracting an STI or an unplanned pregnancy that warrants special attention.

STUDY FINDINGS

Ensuring access to and effective use of family planning among adolescents requires

demand and supply factors, as well as an enabling environment and a legal framework (Allison Glinski, Magnolia Sexton et al. 2014). Efficient contraceptive use comprises five critical aspects of fertility regulation decision-making: a) desire to delay or limit childbearing; b) desire to use family planning to delay childbearing; c) be empowered to express and demand family planning; d) access to family planning services; and e) provision of adolescent-friendly services (Allison Glinski, Magnolia Sexton et al. 2014). The following sections present the study findings based on the NDHS 2011 analysis.

A) DO MARRIED ADOLESCENTS WANT TO DELAY OR LIMIT CHILDBEARING?

Married adolescent girls tend not to be considered in need of contraception, in particular at the initial stages of their reproductive life. Yet, increasing economic and labor opportunities have modified the expected returns to education and the opportunity cost of childbearing. As a result, both ideal family size and intentions to delay childbearing among married adolescents are changing. Results from the analysis found that in Nepal, more than half of Nepali married adolescents would prefer to wait at least two years to have a baby or limit childbearing altogether, regardless of the number of children they already have. Individual preferences are influenced, nonetheless by social norms. A preference to have a male child and having a baby shortly after marriage prevails in Nepal. As a consequence, adolescents (especially the poor and less educated) are less likely to postpone or delay childbearing.

Adolescent's pregnancy intentions vary across ethnic groups and ecological regions. Whereas more than half of married adolescent girls from the Brahman, Chhetri or Janajati groups would prefer to delay childbearing, Muslim and Dalit couples were more likely to prefer early childbearing. Regional differences are

noteworthy as well. A majority of married adolescents living in the mountainous regions who have not yet started childbearing would like to delay their first birth, in comparison to young girls in the Terai region. This is consistent with the finding that these communities follow more traditional behaviors regarding marriage and family formation (for example, dowry, cross-border marriage, etc).

B) CHOOSING FAMILY PLANNING? KNOWLEDGE AND AWARENESS

Eight out of ten married adolescents not using contraception reported the intention to use family planning in the future. Yet, very few will do it. The fear of side effects and a negative impact on fertility or one's health were among the main reasons for not using contraception among married adolescents (following husband separation and postpartum amenorrhea). Knowledge and awareness can guide adolescent decision-making by dispelling misconceptions and clarifying questions. Yet adolescents tend to be poorly informed about reproductive matters (Regmi, Simkhada et al. 2008). In Nepal, as in other countries, most adolescents are aware of at least one modern child spacing method such as condoms and the pill. However, only one-fourth reported knowing the four main child spacing methods (condom, pill, injections and emergency contraception), and only 65 percent reported knowledge on both IUD and implants.

Most importantly, Nepali married adolescents lack practical knowledge on family planning methods such as awareness about side effects, methods' characteristics and effectiveness, and where to obtain them. For instance, only one in three married adolescent non-users of contraception were aware they can get contraceptives from either health posts or sub-health posts. Only one in ten mentioned both places as a source of family planning. Users of contraception also appear to have

incomplete knowledge about method efficacy. Among married adolescents who wanted to limit childbearing altogether, 40 percent were using condoms or withdrawal as a limiting method.

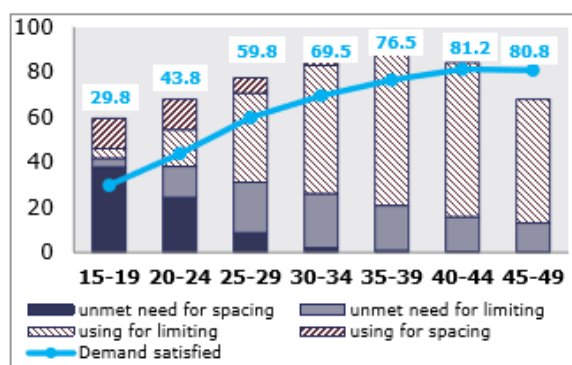
C) AGENCY AND FAMILY PLANNING: EMPOWERING GIRLS

Young married women in Nepal have low decision-making power within marriages that may limit their ability to make independent and informed decisions on reproductive issues. Not only do two-thirds of Nepali married adolescents depend on other family members or their husbands to seek medical care but also husbands tend to be the sole decision makers regarding contraception and pregnancy in marriages (Sharma, Verma et al. 2001). A large age gap difference among couples and arranged marriages and dowry practices leads to unbalanced power dynamics within marriage. Adolescents are also more prone to suffer from domestic violence starting with their first sexual experience (Puri, Shah et al. 2010). This type of violence undermines girls' control of their sexual and reproductive life and can lead to acute consequences.

DEMAND FOR CONTRACEPTION AMONG ADOLESCENTS

Married adolescent have the lowest rate of contraceptive use and the lowest proportion of demand satisfied among evermarried women in reproductive age (Figure 1).

Figure 1. Demand for family planning, by age group



Source: Author with data from Nepal Demographic and Health Survey 2011

Among married adolescents who adopted a family planning method, the most common were condoms (6.5 percent) injections (4.9 percent) and pills (3 percent). In comparison to Bangladesh, a country with a similar early marriage prevalence but a higher contraceptive use (three times that of Nepal), pills contributed to 26 percent of the contraceptive prevalence rate (CPR) among adolescents versus 3 percent in Nepal. Depo-Provera was the second most prevalent method in both countries, and long-lasting methods such as the IUD and implants among adolescents was the least common.

A multivariate analysis from the NDHS (2006 and 2011) indicates that primary/secondary education, higher wealth quintile (4th vs poorest), ecological region (Mountain vs Terai), age (15-17 vs 18-19) and receiving family planning outreach visits or information at the health center are important predictors of contraceptive use among married adolescents. Male migration has been identified as one important factor explaining the extent of unmet need and the low rates of child spacing methods in Nepal. Our analysis highlights the urgent need to target adolescents whose husbands are absent between one week and 3-months (half of the husbands from this group are migrant workers) as this population group constitutes an extremely high-risk group for unplanned pregnancies. Among this group 80 percent of adolescents want to delay or limit their next birth, but contraceptive use among them is negligible and discontinuation is very high (even among condom users). Effective counseling on

method use and efficacy are essential to meet their contraceptive needs.

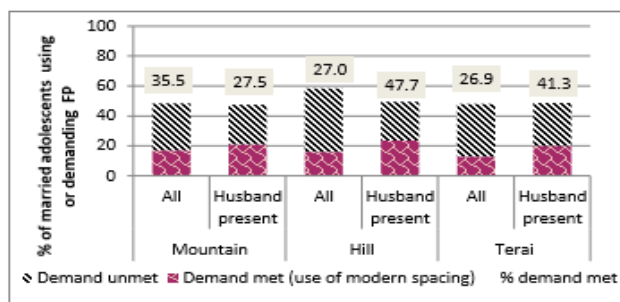
Data analysis by ecological region (Figure 2) indicates that girls in the Mountain and Hills are more likely to use modern contraceptive methods (condom, pill, DEPO, IUD, Implants) in comparison to adolescents in the Terai. The Mountainous region has also a higher share of demand satisfied than the other two regions (36 percent versus 27 percent). Yet, it is important to note, that unmet need is more prevalent in the Hills region, therefore, once male migration is taken into account the difference across ecological regions is reversed with the Hill regions having the highest demand satisfied (48 percent) among resident couples, whereas only 28 percent of women with a resident husband in the mountainous regions have their demand for contraceptives met (Figure 3). Also, it is essential to consider that in every region more than half of married adolescents are still at risk of early childbearing.

ACCESS TO FAMILY PLANNING

Family planning is a key priority for the Government of Nepal. It is a component of the essential health care services mandated by the Nepal Health Sector Programme II (NHSP II), which the World Bank in collaboration with other development partners supports. The National Family Planning program aims to address the needs of poor and vulnerable populations. Yet, frequently, neither health providers nor public health programs that target adolescents address the special needs of married adolescents. As a result married adolescents face significant and very often hidden barriers to access family planning.

Barriers concerning the quality of care, such as issues related to infrastructure and lack of separate space, confidentiality and privacy, quality and lack of training, workload of health workers and their availability, and opening hours greatly affect the likelihood of a married adolescent seeking family

Figure 2. Family Planning demand and husband separation



Source: Author with data from *Nepal Demographic and Health Survey 2011*

planning at the health center. As a result, only 6 percent of new users of contraception are adolescents. While half of married adolescents received their contraceptives from government sources mainly at the subhealth post level, 70 percent obtained condoms from pharmacies and private clinics, despite health posts providing them free of charge. Similarly, both emergency contraception and the use of long acting reversible contraception (LARC) are not promoted nor is counseling for adolescent women (Tamang, Govind Subedi et al. 2010).

Increasing educational materials and provider training in adolescent friendly services can improve confidentiality and informed choice at public facilities. This is contingent upon staff capacity and the availability of commodities in each health post. Furthermore, outreach visits and information at health centers can help overcome these barriers and ensure informed choice. However, outreach services for married adolescents has been and continues to be scant in Nepal, with only one in ten married adolescents reporting that they have been reached by a family planning worker or were provided with information at a health center. Yet, adolescents who were visited were three times more likely to use contraception than those who were not visited.

Conclusions and recommendations

The study findings indicate that both generating demand and addressing supply constraints need to be addressed to increase effective contraceptive use. Understanding married adolescents' special needs and preferences requires strengthening outreach services and quality of care at the sub-health level, and adopting innovative approaches focused on reaching high-risk groups. Listed below are specific recommendations:

-) Empowering adolescents with practical knowledge and life skills can reduce

misconceptions and increase contraceptive use.

-) Ensuring outreach counseling and contraceptive distribution for married adolescents. Both female community health (FCHV) and village health workers need to be trained to address adolescents' needs by developing separate strategies for unmarried and married adolescents. Promoting outreach home visits to married adolescents by both experienced and younger CHWs (<5 percent of FCHV are less than 25 years) would constitute a skill-mix delivery model that can result in a much higher level of contraceptive use and discussion among adolescents and young women.

-) Continue scaling-up adolescent-friendly services prioritizing sub-health posts. Ensuring confidentiality and appropriate hours. Ensuring that health staff is trained, encompassing strategies for married and unmarried adolescents, and integrating these services within the family planning program. Monitoring and evaluation are also essential to capture shortage and health staff turnover.

-) Designing IEC interventions preferably through various channels including FCHVs visits targeted to adolescent and young wives with short-term husband separation (0--3 months) who represent one quarter of unmet needs, on effective use of non-permanent methods, particularly barriers methods such as condoms.

-) Innovative contraceptive delivery modalities through training and distribution of contraceptives in private outlets such as beauty parlors, henna painters, tailors and seamstress etc.

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This HNP Knowledge Brief highlights the key findings from a study by the World Bank on "Family Planning: hidden need of adolescent in Nepal" prepared by Ana Milena Aguilar Rivera and Rafael Cortez under the World Bank Economic Sector "Paving the Path to Adolescent Sexual and Reproductive Health conducted by the Health, Nutrition and Population Global Practice and funded by the Bank-Netherlands Partnership Program.

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87 EN

Women and Men in Europe

A fact-check report with various family implications

1 June 2019



The recently published report on 'The life of women and men in Europe' is a statistical portrait that aims at comparing women and men in their daily lives. Showing large differences and similarities between the lives of women and men in Europe.

The report analyzes demography and health, including for example data on life expectancy, single mothers and fathers. It also shows how Europeans perceive their health and their satisfied with life.

Data is provided on education levels, reconciliation of work and family life, full-time and parttime work, gender pay gap,

female and male managers, etc. It highlights not only structural differences but also inequalities between women and men.

Other useful information is provided regarding nutrition, social habits and leisure activities, including for example data on smoking and alcohol consumption, body mass index, cinema attendance, childcare, housework and cooking.

The publication is a useful tool to follow-up on the implementation and evaluation of various policies. It is also crucial to identify the areas where improvement is necessary for the wellbeing of all families in Europe.

"I would like to make a point about data. It is still a challenge to obtain quality and timely data from all Member States right across the 169 targets and 230 indicators.

Lack of data impacts our ability to provide the most comprehensive overview of global progress and limits the decision-making and policy capacity of governments and others. Much greater investment in national statistical capabilities is essential.

I have asked UN-DESA and other relevant UN development system entities to look again at how we might overcome this data challenge in future reports on SDG progress, working together with national statistical systems."

[Deputy Secretary-General's remarks at informal briefing on the Global Sustainable Development Report and Special Addition of the Secretary General's SDG Progress Report]

Extracts from 'The life of women and men in Europe: A statistical portrayal'. Available at <https://bit.ly/2WEa6vL>.

Life's cycle

Milestones in life

In all Member States, women leave their parental home and get married earlier than men. Life is filled with different milestones, such as starting school, entering adulthood by leaving the parental home and starting work, getting married, having children, retiring, etc. At the same time, there are large differences between women and men. The analyses of these milestones in life show, for example, that on average in the EU in 2017, women left their parental home two years earlier than men (at the age of 25 for women and 27 for men). Women also married earlier in all Member States, with an age difference at first marriage of more than 3 years in Bulgaria, Romania and Greece in 2016, while it was less than 2 years in Ireland (2015), Portugal and the UK (2015).

Regarding birth of first child, women in the EU gave birth on average at the age of 29 in 2016, ranging from around 26 years in Bulgaria and Romania to 31 years in Spain and Italy. Another significant difference between women and men is life expectancy. In all Member States, women lived longer than men – the average in the EU was 83.6 years for women and 78.2 years for men in 2016, a difference of 5.4 years. Among the Member States, the difference between women and men ranged from 10-11 years in Latvia and Lithuania to below 4 years in Denmark, Ireland, Malta, the Netherlands, Sweden and the UK.

Communities

In average, women live 5% more than men in the EU and as result of this longer life expectancy; there are more women than men, with 105 women per 100 in 2017. There were more women than men in nearly all Member States, with the largest differences in Latvia (18% more), Lithuania (17% more) and Estonia (13% more), while Luxembourg, Malta and Sweden had slightly more men than women. Looking at young people aged up to 18, the opposite pattern applies with 5% more young men than young women of this age. On the other hand, among the older age group aged 65 and over, there were 33% more women.

Some differences can be seen when looking at the way women and men live; as a couple, single, with or without children. In the EU in 2017, 7.6% of women aged 25-49 lived alone with children, compared with 1.1% of men of the same age. For singles without children in this age group, the share was 9.6% for women and 16.3% for men. Another group where there are large differences between women and men is for singles aged 65 and over: the share of elderly women living alone (40.4%) was twice the share for men (19.9%). Among young people aged 15 to 24, 8.5% of women and 8.1% of young men lived alone. The same applies for those living in a couple: 45% of women and 48% of men aged 15 or over in the EU lived in a couple.

Health and happiness

The way people perceive their health is influenced by a complex set of factors, among others

environmental, cultural and socioeconomic conditions. Not surprisingly, the older you get, the lower is the perception of being in good health — this is the same for both women and men.

Looking at different age groups, it can be seen that for those aged 16 to 44, 85% of women in the EU in 2016 felt they were in good health and 87% of men. This decreased to 62% of women and 65% of men for those aged 45 to 64, and for those aged 65 and over to 36% and 42% respectively. In almost all Member States, a larger share of men than women had a perception of being in good health and the difference increased with age. It is also interesting to note that the difference between Member States also increased with age.

About the three most common causes of death for both women and men in the EU it can be found that Cancer, ischemic heart diseases (for example heart attack) and cerebrovascular diseases (for example stroke) are among the most common. For all three, deaths among men are more likely than among women: in the EU in 2015, 346 men per 100 000 died of cancer compared with 201 for women, 172 men per 100 000 died of heart diseases compared with 95 for women and 93 men per 100 000 died of cerebrovascular diseases, compared with 78 for women.

Even though there are large differences in the lives of women and men, when measuring life satisfaction, the perception is almost equal. Women and men are equally happy with their lives. On

average in the EU, women aged 16 and over rated their life satisfaction as 7.0 on a scale from 0 to 10 and men 7.1 in 2013. In most of the Member States, the ratings were either equal or there was a difference of 0.1.

Transitions into adulthood

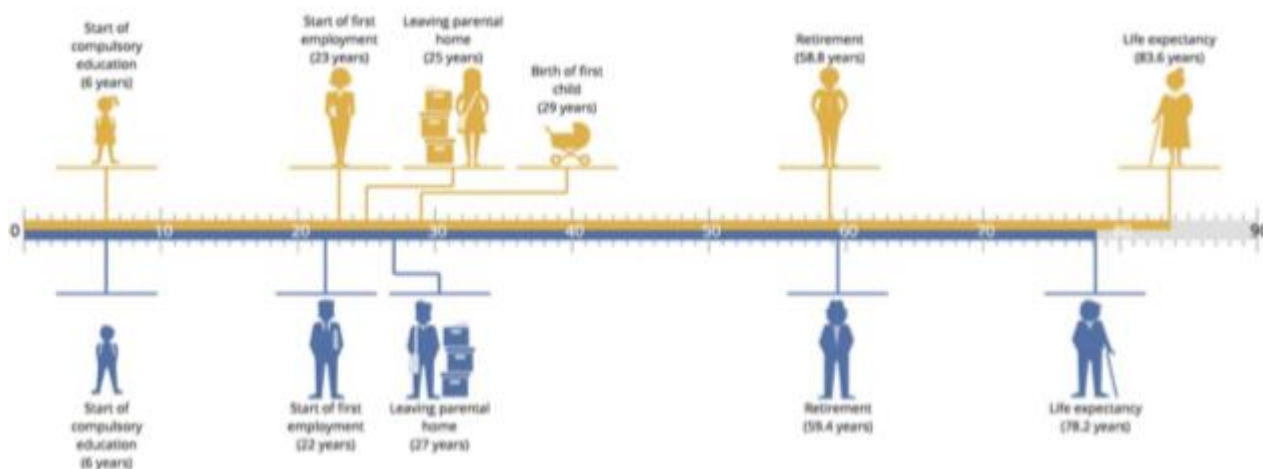
Education

When looking at the level of education completed, there are hardly any differences between women and men in the EU at lower education level. Nevertheless, it is not the same for the higher levels of education. Almost equal shares of women and men aged 25 to 64 in the EU (22% of women and 23% of men) had at most completed the low education level (lower secondary education) in 2017. A smaller share of women (44%) than men (48%) in the EU had successfully completed at most the medium level of education (upper secondary education or post-secondary non-tertiary education). This pattern could be observed in almost all Member States. When it comes to tertiary education, 33% of women in the EU had completed this level, compared with 30% of men. There was a majority of women with this education level in almost all Member States, with the largest differences between women and men observed in the Baltic Member States as well as Finland, Sweden and Slovenia.

Finding a job

On average, the employment rate of men is higher than that of women (73% compared with 62% in the EU in 2017). However, it is interesting to note that

Lifeline of women and men in EU



Source: Eurostat 2018.

the difference between employment rates of women and men increases with the number of children. In the EU in 2017, the employment rate for women without children was 66%, while it was 74% for men. For women with one child, the rates increased and were 71% for women and 86% for men. For women with two children, the rate remained almost the same at 72%, while the one for men increased to 90%. For those with three or more children, the employment rate decreased and was 57% for women, compared with 85% for men. This pattern is observed in a large majority of Member States.

An important aspect of the reconciliation between work and family life is part-time work. This is, however, not equally spread between women and men: in the EU in 2017, 32% of women in employment worked part-time, compared with 9% of men. This differed among the Member States, with the highest shares of women working part-time in the Netherlands (76%), Austria (47%) and Germany (46%), and of men in the Netherlands (27%) and Denmark (16%). The lowest share of both women and men working part-time was observed in Bulgaria (2% for both women and men).

In the EU in 2017, the unemployment rate was 7.9% for women and 7.4% for men. In thirteen Member States, the unemployment rate was higher for women, in twelve it was higher for men and in Belgium, Luxembourg and Poland it was even. The largest differences between female and male unemployment rates, where the rate was higher for women than for men, were observed in Greece (26.1% for women and 17.8% for men) and Spain (19.0% and 15.7%). The largest differences for the opposite pattern, lower rates for women than for men, were observed in Lithuania (5.7% for women and 8.6% for men) and Latvia (7.7% and 9.8%).

Building a future

When working, men generally occupy higher positions than women. For example, one can see that around a third (34%) of managers in the EU in 2017 were women. The share of women in this position was not over 50% in any of the Member States: the largest proportions were observed in Latvia (46%), Poland and Slovenia (both 41%), Hungary, Lithuania, Bulgaria, Sweden and Estonia

(all 39%). On the other hand, the smallest shares were found in Luxembourg (19%), Cyprus (21%), Czechia (25%), the Netherlands, Denmark and Italy (all 27%).

In the EU in 2016, women earned 16.2% less than men when comparing their average gross hourly earnings. On average, women earned less than men in all Member States, however this gender pay gap varies. The largest differences were observed in Estonia (25.3%), Czechia (21.8%), Germany (21.5%), the UK (21.0%) and Austria (20.1%). On the other hand, the smallest differences in earnings between women and men were found in Romania (5.2%), Italy (5.3%), Luxembourg (5.5%), Belgium (6.1%) and Poland (7.2%).

As an unadjusted indicator, the gender pay gap gives an overall picture of gender inequalities in terms of hourly pay. Part of the earnings difference can be explained by individual characteristics of employed men and women (e.g. experience and education) and by sectorial and occupational gender segregations (e.g., there are more men than women in certain sectors/occupations with, on average, higher earnings compared to other sectors/occupations). Consequently, the pay gap is linked to a number of cultural, legal, social and economic factors, which go far beyond the single issue of equal pay for equal work.

When comparing hourly earnings for different professions, in all nine groups of professions listed women earned less than men on average in the EU in 2014. This was also the case in all Member States, with very few exceptions. The profession with the largest differences in hourly earnings (23% lower earnings for women than for men) was managers. The smallest differences were observed for clerical support workers (office clerks, secretaries etc.) and service and sales workers (both 8% lower), two of the professions with the lowest salaries.

Daily life

Eating and exercising

When looking at consumption of alcohol, cigarettes or fruit and vegetables, there are large differences between women and men and also between Member States. A larger share of men than women in the EU drink alcohol on a weekly basis (38% of

men aged 18 and over, compared with 23% of women in 2014). Among the Member States, the shares for men ranged from 21% in Latvia to 52% in the UK, and for women from 5% in Romania and Lithuania to 40% in the UK.

A larger share of men than women in the EU are smokers (24% of men aged 18 and over are daily smokers, compared with 16% of women). The proportions varied for men from 10% in Sweden to 40% in Cyprus and for women from 9% in Romania to 23% in Austria.

Unlike alcohol consumption and smoking, regular consumption of fruit and vegetables is considered an important element of a healthy and balanced diet. In the EU in 2014, 49% of men ate one to four portions of fruits and vegetables on a daily basis, compared with 54% of women. The shares for men varied from 26% in the Netherlands to 70% in Belgium and for women from 32% in the Netherlands to 73% in Belgium.

Another component of a healthy life is regular physical activity. In the EU in 2014, 36% of men spent 150 minutes or more per week on sports and non-workrelated physical activities, compared with 26% of women. The proportions ranged for men from 14% in Romania to 55% in Finland and for women from 4% in Romania to 57% in Denmark.

All the factors mentioned above have an impact on weight. In the EU in 2014, 57% of men were considered to be overweight (having a body mass index of 25 or over), compared with 44% of women. The proportions among the Member States varied for men from 52% in the Netherlands and France to 66% in Croatia, and for women from 35% in Italy to 54% in Malta.

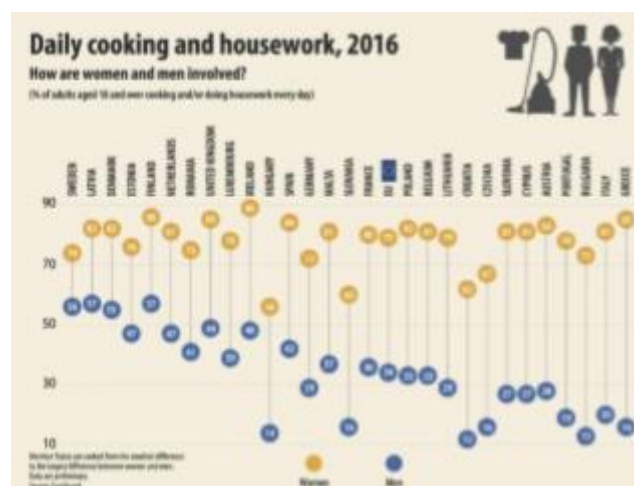
Culture and society

Social activities, like seeing friends, and cultural habits, such as going to concerts, also differ between women and men. Reading books was more common among women than among men in the EU (42% of

women and 31% of men in 2013), as well as going to live performances, such as concerts (30% of women and 27% of men in 2015). Cultural habits, such as going to the cinema (28% of women and 27% of men) and visiting cultural sites (27% of both women and men) or getting together with friends (23% of both women and men), were very similar among women and men. However, going to live sports events was more common among men than among women (21% of men and 13% of women) in the EU.

Unpaid care and housework

For all Member States, there is a much larger share of women doing childcare, housework and cooking than men. In the EU in 2016, 92% of women aged 25 to 49 (with children under 18) took care of their children on a daily basis, compared with 68% of men. Among the Member States, the largest differences between women and men were observed in Greece (95% of women and 53% of men) and Malta (93% and 56%), while the smallest were found in Sweden (96% of women and 90% of men) and Slovenia (88% and 82%). For housework and cooking, the differences are even larger. In the EU in 2016, 79% of women cooked and/or did housework on a daily basis, compared with 34% of men. The largest differences between women and men were found in Greece (85% of women and 16% of men) and Italy (81% and 20%), and the smallest in Sweden (74% women and 56% of men) and Latvia (82% and 57%).



An unequal and declining growth

2019 world population estimates and projections

1 July 2019



1. The world's population continues to grow, albeit at a slower pace than at any time since 1950

The growth rate of the world's population peaked in 1965-1970, when it was increasing by 2.1% per year, on average. Since then, the pace of global population growth has slowed by half, falling below 1.1% per year in 2015-2020, and it is projected to continue to slow through the end of this century.

The global population is expected to reach 8.5 billion in 2030, 9.7 billion in 2050 and 10.9 billion in 2100, according to the medium-variant projection, which assumes a decline of fertility for

countries where large families are prevalent, a slight increase of fertility in several countries where women have fewer than two live births on average over a lifetime, and continued reductions in mortality.

There is inherent uncertainty in population projections. At the global level that uncertainty depends on the range of plausible future trends in fertility, mortality and international migration, which have been assessed for each country or area using demographic and statistical methods. This analysis concludes that, with a certainty of 95%, the size of the global population will stand between 8.5 and 8.6 billion in 2030, between 9.4 and 10.1 billion in 2050, and between 9.4 and 12.7 billion in 2100..

The Population Division of the Department of Economic and Social Affairs provides the international community with timely and accessible population data and analysis of population trends and development outcomes for all countries and areas of the world. To this end, the Division undertakes regular studies of population size and characteristics.

The 2019 revision of the 'World Population Prospects' is the twenty-sixth edition of the United Nations population estimates and projections. It presents population estimates from 1950 to the present for 235 countries or areas, underpinned by analyses of historical demographic trends.

The population estimates and projections presented describe two of the four demographic megatrends (population growth and ageing).

Extract of UN DESA Population Division, 'World Population Prospects 2019 - Highlights' (June 2019). Available at: <http://bit.do/wpo>.

Thus, the size of the world's population is virtually certain to rise over the next few decades. Later in the century, although a continued increase of the global population is considered the most likely outcome, there is roughly a 27% chance that the world's population could stabilize or even begin to decrease sometime before 2100.

2. Sub-Saharan Africa will account for most of the growth of the world's population over the coming decades, while several other regions will begin to experience decreasing population numbers

Of the additional 2.0 billion people who may be added to the global population between 2019 and 2050, 1.05 billion (52%) could be added in countries of sub-Saharan Africa.

Another 25% of global population growth is expected to be concentrated in Central and Southern Asia, which is projected to add 505 million people between 2019 and 2050. Sub-Saharan Africa is projected to become the most populous of the eight geographic regions [1] (hereafter "regions" or "SDG regions") around 2062, surpassing both Eastern and South-Eastern Asia and Central and Southern Asia in size.

While population growth in Northern Africa and Western Asia has been slower than in sub-Saharan Africa over recent decades, the region is also projected to continue to grow through the end of this century, adding 237 million people between 2019 and 2050 and another 170 million people between 2050 and 2100.

The world's two most populous regions in 2019 are Eastern and South-Eastern Asia, with 2.3 billion people, representing 30% of the global population, and Central and Southern Asia, with 2.0 billion (26%). Both regions, which experienced rapid population growth since the mid-twentieth century, are expected to reach their peak population size in the coming decades. Eastern and South-eastern Asia is projected to reach a maximum population size of 2.4 billion around 2038 and Central and Southern Asia is projected to peak some 27 years later at under 2.6 billion around 2065.

The combined population of Europe and Northern America is stabilizing, having reached 1.11 billion in 2019 and, according to the medium variant, projected to grow slowly to just under 1.14 billion around 2042 and decline thereafter to about 1.12 billion at the end of the century. The population of Latin America and the Caribbean, which more than

tripled in size between 1950 and 2019, is projected to peak at just below 768 million around 2058 and decline thereafter to about 680 million in 2100. The population of Oceania [2] is projected to continue to grow through the end of the century.

The total population of the region, excluding Australia and New Zealand, is expected to increase from just over 12 million in 2019 to 19 million in 2050 and 26 million in 2100. Australia and New Zealand, which are home to 30 million people in 2019, could see their population grow to 38 million in 2050 and 49 million in 2100, according to the medium-variant projection.

3. Two-thirds of the projected growth of the global population through 2050 will be driven by current age structures

It would occur even if childbearing in high-fertility countries today were to fall immediately to around two births per woman over a lifetime. Globally, the generation of young people now entering their reproductive years is larger than their parents' generation. Thus, even if the global level of fertility were to fall immediately to around two births per woman, the number of births would still exceed the number of deaths for several decades, and the world's population would continue to grow.

The implication of the current population age structure for future population growth is called "population momentum" and can be assessed at the global level by projecting the population while assuming that (a) mortality rates remain constant at current levels; and (b) fertility instantly equals the replacement level associated with the current level of mortality.

A comparison of the projected size of the world's population according to the medium variant and the 'momentum scenario' indicates that 68% of global population growth between 2020 and 2050 is implied by the current population age structure. That is, this growth would occur even if global fertility were to fall immediately to around two births per woman over a lifetime. The remaining 32% of the growth projected by the medium variant is due to fertility above the level required to balance

mortality, as well as improvements in survival, that are considered likely over that period. After 2050, the population size projected by the momentum scenario gradually levels off at around 9.3 billion, and the impact of the current age structure on projected growth between 2050 and 2100 is negligible.

This assessment of population momentum implies that over the short term, between 2020 and 2050, only a limited portion of world population growth can be influenced by policies that slow or accelerate fertility decline.

In regions where fertility has declined recently such that it is close to two births per woman over a lifetime, including Central and Southern Asia and Latin America and the Caribbean, virtually all of the projected population growth between now and 2050 will be driven by relatively youthful population age structures. By contrast, in regions where lifetime fertility remains well above two births per woman, such as sub-Saharan Africa and Oceania, population momentum accounts for 42 and 58%, respectively, of projected growth between 2019 and 2050. In these regions, future growth is additionally driven by levels of fertility above the level required to balance mortality and yield zero growth over the long run.

4. Continued rapid population growth presents challenges for sustainable development

The rate of population growth remains especially high in the group of 47 countries designated by the United Nations as least developed [3], including 32 countries in sub-Saharan Africa. With an average growth of 2.3% annually from 2015 to 2020, the total population of the least developed countries as a group is growing 2.5 times faster than the total population of the rest of the world. Although the growth rate of LDCs is projected to slow in the future, the population of this group of countries is projected to nearly double in size from 1 billion inhabitants in 2019 to 1.9 billion in 2050, and to increase further to 3.0 billion in 2100.

Between 2019 and 2050, the populations of 18 LDCs, all in sub-Saharan Africa, have a high probability of at least doubling in size, while in one country, Niger,

the population is projected to nearly triple by 2050. Most of the LDCs that are expected to double in population size are the world's poorest countries, with gross national income (GNI) per capita below US\$1,000.

Several of the least developed countries that are experiencing rapid population growth are Small Island Developing States (SIDS) [4], such as Comoros, Guinea-Bissau, Sao Tome and Principe, the Solomon Islands and Vanuatu. For many SIDS, the challenges to achieving sustainable development are compounded by their vulnerability to climate change, climate variability and sea-level rise. The SIDS collectively are home to 71 million people in 2019. It is projected that this group of countries or areas will house 78 million people in 2030 and 87 million in 2050.

5. Several of the world's largest countries will drive much of anticipated global population change

More than half of the projected increase in the global population to 2050 will be concentrated in just nine countries. Ordered by the absolute increase in population, they are: India, Nigeria, Pakistan, Democratic Republic of the Congo, Ethiopia, the United Republic of Tanzania, Indonesia, Egypt and the United States of America.

India is expected to add nearly 273 million people between 2019 and 2050, while the population of Nigeria is projected to grow by 200 million. Together, these two countries could account for 23% of the global population increase to 2050.

Disparate population growth rates among the world's largest countries will re-order their ranking by population size.

China, with 1.43 billion people in 2019, and India, with 1.37 billion, have long been the two most populous countries of the world, comprising 19 and 18%, respectively, of the global total in 2019. They are followed by the United States of America, with 329 million in 2019, and Indonesia, with 271 million.

The populations of both Pakistan and Nigeria more than doubled in size between 1990 and 2019, with

Pakistan moving up in rank from the 8th to the 5th position and Nigeria from the 10th to the 7th position. Current projections indicate that India will surpass China as the world's most populous country around 2027.

After this re-ordering between 2019 and 2050, the ranking of the five largest countries is projected to be preserved through the end of the century, when India could remain the world's most populous country with nearly 1.5 billion inhabitants, followed by China with just under 1.1 billion, Nigeria with 733 million, the United States with 434 million, and Pakistan with 403 million inhabitants.

6. A growing number of countries are experiencing a decrease in population size

This is due to sustained low levels of fertility and, in some places, high rates of emigration. In total, 27 countries or areas have experienced population decrease of at least one% since 2010. The largest decline was observed in the Syrian Arab Republic, where the population in 2019 is 20% smaller than in 2010, due to the outflow of refugees and heightened mortality risks associated with the conflict there. Already high rates of emigration from Puerto Rico increased further in the wake of Hurricane Maria in 2017 and, as a result, the island's population decreased by 18% between 2010 and 2019. Another eight countries or areas also experienced population decrease of more than five% since 2010: Andorra, Bosnia and Herzegovina, Bulgaria, Latvia, Lithuania, Romania, Saint Pierre and Miquelon, and Wallis and Futuna Islands.

In 14 of the 27 countries or areas where the population declined by at least one% between 2010 and 2019, the rate of natural increase was negative over that period, that is, the number of deaths exceeded the number of births. Examples include Japan, which recorded 2.6 million more deaths than births from 2010 to 2019, and Ukraine, where deaths exceeded births by close to 2.3 million over that period. In 23 of the 27 countries or areas where the population declined between 2010 and 2019, more people left the country than arrived, that is, net international migration was negative.

Between 2019 and 2050, 55 countries or areas are expected to see their populations decrease by at least one%. In the largest of these, China, the population is projected to shrink by 31.4 million, or 2.2%. As a proportion of the total population, the largest projected declines are for Lithuania and Bulgaria, where the projected population in 2050 will be 23% smaller than in 2019.

7. In some parts of the world, populations are still relatively young

In some countries, the number of people in the working ages is growing faster than in other age groups, creating a window of opportunity for rapid economic growth known as the 'demographic dividend'.

Although the populations of all countries are expected to grow older within the foreseeable future, populations will remain relatively young, at least for the shortterm, in regions where fertility is still high. In sub-Saharan Africa, for example, 62% of the population is below age 25 in 2019. This percentage is expected to fall only slightly to 59% in 2030 and to decline further to around 52% in 2050.

In most of sub-Saharan Africa, as well as in Oceania and parts of Asia, Latin America and the Caribbean, the working-age population (25 to 64 years) is growing faster than other age groups. These conditions can yield an opportunity for accelerated economic growth known as the 'demographic dividend'. The percentage of the population that is aged 25 to 64 years in sub-Saharan Africa is projected to rise for several decades, from 35% in 2019 to 43% in 2050 and to 50% in 2100. In Latin America and the Caribbean, the window of time for an increasing proportion of the population at working ages will be shorter, with a peak around 2039, while in Central and Southern Asia the proportion aged 25 to 64 is expected to peak around 2047. Of the eight SDG regions, the proportion of the population of working age is highest in Eastern and South-Eastern Asia, where 56% are aged 25 to 64 years in 2019. This age group accounts for more than half of the population in Europe, Northern America and Australia/New Zealand as well. However, as a result of population ageing the

projections indicate that by 2050 the proportion aged 25 to 64 years will fall below 50% in each of these regions.

8. Historically low levels of fertility combined with increased longevity ensure that populations in virtually all countries and areas are growing older

In 2018, for the first time in human history, persons aged 65 years or over outnumbered children under five years of age worldwide. Between 2019 and 2050, the number of persons aged 65 or over globally is projected to more than double, while the number of children under five is projected to remain relatively unchanged. Consequently, the projections indicate that in 2050 there will be more than twice as many older persons as children under five. Moreover, it is expected that in 2050 the 1.5 billion people aged 65 years or over worldwide will outnumber adolescents and youth aged 15 to 24 years (1.3 billion).

Whereas the overall numbers of males and females globally are about equal, women outnumber men at older ages owing to their longer average life expectancy. In 2019, women comprise 55% of those aged 65 years or over and 61% of those aged 80 years or over globally.

All 201 countries or areas with at least 90,000 inhabitants in 2019 are projected to see an increase in the proportion of persons aged 65 or over between 2019 and 2050. At the global level in 2019, approximately nine% of people are aged 65 or over. The proportion of older persons in the world is projected to reach nearly 12% in 2030, 16% in 2050 and it could reach nearly 23% by 2100. Europe and Northern America have the most aged population in 2019, with 18% aged 65 or over, followed by Australia/New Zealand (16%). Both regions are continuing to age further. Projections indicate that by 2050 one in every four persons in Europe and Northern America could be aged 65 years or over. Populations in other regions are also projected to age significantly over the next several decades. For Latin America and the Caribbean, the share of the population aged 65 years or over could increase from 9% in 2019 to 19% in 2050. Similarly, the proportion aged 65 or over in Eastern and South-

Eastern Asia is expected to increase from 11% in 2019 to 24% in 2050. Sub-Saharan Africa, which has the youngest age distribution of the eight SDG regions, is also projected to experience population ageing over the coming decades, but to a much lesser extent, with the percentage of the population aged 65 or over rising from three% in 2019 to around five% in 2050.

The number of people above age 80 years is growing even faster than the number above age 65. In 1990 there were just 54 million people aged 80 or over in the world, a number that nearly tripled to 143 million in 2019. Globally, the number of persons aged 80 or over is projected to nearly triple again to 426 million in 2050 and to increase further to 881 million in 2100. In 2019, 38% of all persons aged 80 or over reside in Europe and Northern America, a share that is expected to decline to 26% in 2050 and to 17% in 2100 as the older populations of other regions continue to increase in size.

Population ageing will have a profound effect on the potential support ratio, defined here as the number

of people of working age (25 to 64 years) per person aged 65 years or over. In 2019, sub-Saharan Africa has 11.7 persons aged 25 to 64 for each person aged 65 or over. This ratio is 10.2 for Oceania, 8.3 for Northern Africa and Western Asia, 8.0 for Central and Southern Asia, 5.8 for Latin America and the Caribbean, 5.0 for Eastern and South-Eastern Asia, 3.3 for Australia and New Zealand, and 3.0 for Europe and Northern America. At 1.8, Japan in 2019 has the lowest potential support ratio of all countries or areas with at least 90,000 inhabitants.

An additional 29 other countries or areas, mostly in Europe and the Caribbean, have potential support ratios below three. By 2050, 48 countries, mostly in Europe, Northern America, Eastern Asia or South-Eastern Asia, are expected to have potential support ratios below two. These low values underscore the potential impact of population ageing on the labour market and economic performance as well as the fiscal pressures that many countries are likely to face in the coming decades in relation to public systems of health care, pensions and social protection schemes for older persons.

[1] Sub-Saharan Africa will account for most of the growth of the world's population over the coming decades, while several other regions will begin to experience decreasing population numbers.

[2] Oceania refers to Oceania excluding Australia and New Zealand, throughout this report.

[3] The group of least developed countries includes 47 countries: 32 in Sub-Saharan Africa, 2 in Northern Africa and Western Asia, 4 in Central and Southern Asia, 4 in Eastern and South-Eastern Asia, 1 in Latin

America and the Caribbean, 4 in Oceania. Further information is available at <http://unohrlls.org/about-lDCs/> [4] The group of Small Island Developing States (SIDS) is composed of 58 countries or territories: 29 in the Caribbean, 20 in the Pacific and 9 in the Atlantic, Indian Ocean, Mediterranean and South China Sea (AIMS): Further information is available at <http://unohrlls.org/aboutsids/Figure>.



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MMM ACTIVITIES TO PROMOTE MOTHERS' ROLE AND RIGHTS

MMM statement for the 2019 High-Level Political Forum on Sustainable Development: Empowering mothers for achieving the SDGs

Mothers must not only be considered as beneficiaries of the SDGs – they must be considered as partners who have the potential to greatly contribute to the realisation of this ambitious development agenda. Empowering mothers and investing in children and families can have a wide-ranging positive impact, right across many if not all the SDGs – a potentially high return on investment to advance sustainable development and peace and make our world a better place.

We at MMM took the opportunity of the 2019 HLPF, held under the auspices of ECOSOC 9–18 July 2019 in New York, to show, in a written Statement, how empowered mothers can contribute to four of the SDGs whose implementation was reviewed this year. The statement also provides concrete recommendations on how this could happen:

- SDG 4: Making sure that mothers receive adequate education will improve the health and education of their children, which can transform society in many areas.
- SDG 8: Supporting mothers' labour force participation and addressing the many obstacles and discriminations they face to enter, stay and thrive in the labour market, would contribute to both economic growth and investments in children – the future workforce.
- SDG 10: Supporting mothers and family for nurturing Early Childhood Education and Care can make a difference to the future of their children, and lift them out of poverty,

which in turn can go a long way to reduce inequalities in a country.

- SDG 16: Peace begins in the home, and starts already during the early years of a child. Supporting the educational role of parents, especially that of the mother, is crucial for building peace.

Read the full statement on the MMM website:

<https://makemothersmatter.org/empowering-mothers-for-achieving-the-sdgs/>

Mothers' Rights are Human Rights – MMM at the UN Human Rights Council

MMM made several oral statements at the 41st session of the Human Rights Council, which took place from 24 June to 12 July 2019 at the Palais des Nations in Geneva.

On children's rights to develop to their full potential and the importance of supporting and educating parents and other caregivers – also for building sustaining peace

Giving a child the best start in life begins with investing in maternal health care, quality childcare and preschools, and targeting the most vulnerable families.

But it also means educating parents, other caregivers, and society as a whole on child development, on the importance of providing security and nurturing care to their child, as well as on positive parenting. In addition, parents, especially mothers, must be

emotionally, socially and economically supported in fulfilling their nurturing and educational responsibilities so that their children and the whole family can thrive.

Every child has the right to live free from fear, free from want and should have the opportunity to develop their full potential. Investing in Early Childhood Development is also one of the best investments a country can make, because it means building a better future for all generations to come. And ultimately, it also means building sustainable peace.

Read the full statement on the MMM website:

<https://makemothersmatter.org/parents-and-the-society-as-a-whole-must-be-educated-on-child-development-and-supported-to-provide-security-and-nurturing-care-to-their-children/>

On mother' specific game-changing purpose to fight and mitigate climate change

An OHCHR analytical study on gender-responsive climate action, which was presented to the Council, highlights among others:

- the disastrous consequences of climate change on pregnancy and birth, and more generally on maternal and child health;
- and its negative impact on women's unpaid care workload.

However, we at Make Mothers Matter strongly believe that women must not only be considered as victims but also as a powerful force for change in achieving climate mitigation and resilience.

In addition to the countless initiative that women undertake around the world, women in their role as mothers, also have a specific game-changing purpose. Through the values and sustainable practices they pass on to their children in everyday life, they are key levers for the changes in behaviour,

which, as highlighted by the IPCC, are critical in the fight against climate change.

MMM, therefore, calls for the recognition and support of the skills and contributions of women in their multiple roles, including their role in education on sustainable development within families.

Read the full statement on the MMM website:

<https://makemothersmatter.org/mothers-are-not-only-victims-of-climate-change-they-also-have-a-specific-game-changing/>

On the "motherhood penalty" and its root causes: the care gap

Commenting on the new "gender guidance" to the UN Guiding Principles on Business and Human Rights, MMM drew attention to the "motherhood penalty", i.e. the specific obstacles and discriminations women face in relation to maternity, which include:

- obstacles to access the labour market,
- discrimination in hiring and promotion,
- maternity-related stigmatisation,
- harassment and even unjustified dismissal,
- and a gender pay gap, which is higher for mothers than for women without children and which increases with the number of children.

In our view, the gender guidance falls short of making recommendations to address the main obstacle to substantive gender equality – that is, the inequitable distribution of unpaid family care work.

MMM is calling for more systemic changes. We are calling for business and government policies that promote and support a more equal sharing of the essential work of caring, nurturing and educating the next generation – not only between men and women, but also between families and society. In the long term, everyone benefits.

Read the full statement on the MMM website:

<https://makemothersmatter.org/businesses->

[must-address-the-motherhood-penalty-and-its-root-cause-the-imbalance-of-unpaid-care-work/](https://makemothersmatter.org/maternal-depression-and-burnout-must-be-acknowledged-and-addressed-also-for-early-childhood-development/)

On the importance of addressing maternal depression and burnout, especially in relation to Early Childhood Development

Maternal mental health issues can lead to insecure attachments or neglect and even violence against children, which, in turn, all have a long-lasting negative effect on a child's physical, emotional and cognitive development – a high cost for society in the long term.

MMM supports the call of the Special Rapporteur on the right to health to promote non-violent, healthy relationships – and it starts already during early childhood.

Not only must maternal mental health issues be acknowledged and addressed, but parents and society must be educated on child development, positive parenting and the importance of sharing the care. Parents must also be emotionally, socially and economically supported in assuming their nurturing and educational responsibilities so that their children and the whole family can thrive.

Ultimately, nurturing healthy and non-violent people and relationships is also about building peace.

Read the full statement on the MMM website:

<https://makemothersmatter.org/maternal-depression-and-burnout-must-be-acknowledged-and-addressed-also-for-early-childhood-development/>

MMM at the International Labour Conference: the world of work must adapt to people and families – not the other way around

The world faces multiple challenges, many of which are also affecting and transforming the

world of work as we have known it. All these changes pose risks and will profoundly affect individuals, families and more generally society. However, those challenges also bring opportunities, including some changes that MMM has long advocated.

The world of work begins at home

A more equal distribution of unpaid family care work between men and women is a condition for more equality in the world of work. Gender equality can no longer ignore motherhood – and fatherhood.

Investment in human capital starts with children

Public spending on policies that support the unpaid care work of nurturing, raising and educating children, especially during their early years, should be considered as an investment, not as a mere expenditure.

Raising and educating a child requires time. The world of work must provide parents with the time and means to assume their care responsibilities, including work-life balance policies, flexibility at work and paid leave.

The world of work must also support life-course transitions, especially the return to work of parents after a career break. And the specific skills acquired through caring, including organisational, leadership and other life skills, must be recognised.

Whether paid or unpaid, work should give the right to social security

Diverse forms of work exist, paid and unpaid. Not only must they be accounted for, but they should also be linked to social security rights. In particular, MMM calls to recognise unpaid family care work as a particular category of labour, which gives status and rights to caregivers.

These recommendations are developed in the statement that MMM delivered at the 108th International Labour Conference (ILC),

which among others discussed the future of work.

Read the full statement on the MMM website: <https://makemothermatter.org/the-world-of-work-must-adapt-to-people-and-families-not-the-other-way-around/>

Response to the public consultation on the new EU gender equality strategy

On 31 May 2019, the EU Delegation of Make Mothers Matter responded to the [European Commission's public consultation on the current EU strategic framework for gender equality](#) (2016–19) and submitted a detailed annex with concrete measures to improve the situation.

The objective was to gather input from various stakeholders on the current situation of gender equality in the EU as well as the priorities for the next five years in order for the Commission to prepare the next strategy. Despite efforts of the European Commission, the path towards gender equality is progressing at a slow pace. The EU legislation and adopted policies have had a limited impact with a persisting gender pay and pension gap. This gap is the result of an unequal repartition of the unpaid care activities between men and women in European households, particularly in the domain of child and long-term care where women are expected to do most of the chores even though they may have a full-time job as well. The lack of recognition of the value of such activities and the absence of measures to adjust the sharing of them is a major obstacle to gender equality in the European Union.

As an example, from 2005 to 2015, the average 2017 EU gender equality index shows it has only improved by 4.2 points.

Our response highlighted that gender equality must progress at a faster pace and therefore policies and legislation at EU and national level need to be adopted to the

realities of the 21st century. MMM believes the Commission should adopt a new strategy with clear targets and indicators to accelerate progress rather than a strategic engagement. In order to achieve this, unpaid care work caring of children, the frail and disabled, and household tasks have to be recognised, reduced and redistributed.

Taking into account the results of the survey we conducted with 12,000 mothers in Europe on their priorities, observed best practices and other research results, MMM proposes to eliminate the discriminatory consequences of the motherhood penalty by asking:

- for more **TIME** to be spent with their family;
- to have a real **CHOICE** including childcare solutions;
- to have access to affordable and high-quality **SERVICES** and **RESOURCES** to help them reconcile work and family life;
- for the **RECOGNITION** of the important role they play in society.

Please access [the response to the consultation](#) and the [Annex to the response](#).

Submission of reports on childbirth to UN Special Rapporteur on violence against women

On 17 May 2019, MMM submitted two reports to Ms. Dubravka Šimonović, the [UN Special Rapporteur on violence against women](#), on the issue of the “Mistreatment and violence against women during reproductive healthcare with a focus on childbirth”. A [European comparative report](#) (in English) and a [country report](#) on Argentina (in Spanish) were drafted on the situation of obstetric violence in those countries. Ms. Šimonović identified this issue as the subject of her next thematic report to be presented at the 74th session of the General Assembly in September 2019.

The first submission was a legal analysis of obstetric violence and the violation of human

rights in Europe based on the country reports submitted by civil society organisations who participated in the Fourth European Summit on Human Rights in Childbirth in Strasbourg in October 2016.

The second one was an analysis of the situation in Argentina including an explanation of the healthcare system. Both show a systemic violation of women's human rights during childbirth in facilities as well as the lack of response from national governments. Aside from civil society initiatives exposing and condemning the current situation, there is barely any public discussion or measures taken from public authorities to tackle this hidden violation of human rights.

Make Mothers Matter has voiced its concerns on the subject and hopes that the initiative of the UN Special Rapporteur will lead to systemic change. In the meantime, we are pleased to share with you our report submissions as well as reports from our members or other organisations we collaborate with.

Please find here submissions on obstetric violence in other European countries from our collaborating partners:
<https://makemothersmatter.org/make-mothers-matter-submits-reports-on-obstetric-violence-to-un-special-rapporteur/>

CIRC4Life: MMM launches new consumer survey on attitudes to reuse and recycling

In the framework of the EU **CIRC4Life** research project, MMM was responsible to launch the consumer's survey on attitudes to reuse and recycling concerning electronic and food products.

We are looking to involve end-users, especially families, in the creation and design of new sustainable products and services and raise awareness about the importance of reuse and recycling.

Input from families is crucial as they are key drivers in encouraging a transition to a circular economy.

Answer the survey [here](#). Find more information on the project [here](#).

About Make Mothers Matter – MMM

Make Mothers Matter believes in the power of mothers to make the world a better place, advocating for their recognition and support as changemakers.

Created in 1947, MMM is an international NGO with no political or religious affiliations, transparently voicing the concerns of mothers at the highest level: the European Union, UNESCO and the United Nations (general consultative status).

Compiled by Irina Pálffy-Daun-Seiler, MMM Representative to the United Nations in Vienna, with input from Valérie Bichelmeier, MMM Representative to the United Nations in Geneva, and Olalla Michelena, Secretary General of the European Delegation of MMM.

Make Mothers Matter – MMM : 5 rue de l'Université 75007 Paris – Tel/Fax: +33-1-42 88 27 28
E-mail: mmmi@makemothersmatter.org – www.makemothersmatter.org

Contributions to the well-being of the Families by the International Confederation of Christian Family Movements (ICCFM)

Updated April-2019

ICCFM is a confederation of Christian Family Movements. Has movements in the 5 continents and for us are 6 due America is divided in North-America and Latin-America. Our main Objective is: *“The purpose of the Confederation is to promote, encourage and help the Christian Family Movements so that their members continue to grow in the love of God and neighbor by prayer and service to other families, as proclaimed by the Gospel and guided by the teachings of the Catholic Church. The Confederation shall support the expansion of the Christian Family Movements in countries where they are established and strive to establish them where they do not exist.” Constitution Article 1, Sec B.*

The foundation was made between marriages and Priest in 1966, in this year 53 years of tis foundation. And is recognized by the Vatican the Pontifical Council for the Laity since 1989 and validated again this 2018 by the Dicastery of Laity, Family and Life.

The ICCFM has its own Constitution and Bylaws, Manual of Organization

The formation process in the different continents and movements are for Marriage couples, Mothers alone (solo parents), youths, teenagers, Grandparents, bride and groom couples, divorce and in newly union, many of them, these are differentiated for each particular situation, all these, strength the couples as well the families and individuals, and foster them to participate in the family and society in a positive way for a better world, for better current and future generations. The formation materials in the movements are based and had topics in

Dignity of persons, men, woman, elders and children, its dialogue, Christian values as well Human values, spirituality, psychological and Socio-economical situations, and Prayers in agreement with the teachings of the Catholic Church.

ICCFM is present in many countries over the world. The approximate number of ICCFM member families over the continents is:

-) North America	8,879
-) Latin America	78,326
-) Europe	4,186
-) Africa	6,200
-) Asia	1,170
-) Australia	43
-) Total	98,804

ICCFM in general is based on two main and complementary branches: the local CFM groups and the Marriage Encounter programmes. The meetings of the CFM groups are structured according to the method of Cardinal Josef Cardijn: **See, Judge, Act.**

During the meeting the personas learn and develop studying examine and sharing personal experiences, at the light of the teachings of the Gospel, trying to learn from each other define and make concrete actions – commitments for the future.

Usually per country has congress about the challenges of the actual world and get guidelines and define action to follow for the groups. **The last 3 years the mission are starting in Asia: Vietnam, Malaysia, Indonesia, and supporting to grow in Europe: Italy, Sweeden, as well Malawi in Africa, and some intents in Cameroon and Nigeria.**

Also was added formation material (by now in Spanish) for divorce couples in new union.

Next is a list of programmes that have the movements, between other are:

-) Marriage preparation and/or engaged encounter
-) Marriage encounter
-) Solidarity Evangelical Project: Formation (English and Spanish) for Sacred Couples, Mothers Alone, Teenagers. In Spanish: Youths, Couples in Newly Union, bride and groom couples.
-) Grandparenting program
-) Religious formation
-) Sons and daughters encounter and/or other programs for the youth
-) Programs for middle-aged families

Also support for different groups of families as examples:

-) Marriage and family counselling
-) Support groups and counselling for solo parents
-) Natural family planning and responsible parenthood
-) Apostolate for couples in irregular situations
-) Advocacy for the disadvantaged and the unborn

-) Discipleship of non-Christians
-) Different activities performed for some movements for example social activities to support to whom have more necessities – poor's, ecological activities, activities to get sponsors between some members to help another's for training, for translation and / or printing formation materials. That promotes the corporal and spiritual works of mercy

Every year more than 20,000 new families goes in to the movements that are attending, and some others that are prepared, goes out continue develop and apply and realize other activities in their world in which are working to make a better world.

The Medias that ICCFM has are: 2 websites on in English www.iccfm.org and the other in Spanish www.cimfc.org. Also has a Facebook ICCFM page and YouTube ICCFM channel.

Is issued a yearly Bulletin English and Spanish "Link/Lazo".

It was printed a book of the 50th anniversary of the ICCFM in 2016.

Introducing

BALA VIKASA - INDIA

**Dear Sir/Madam,
Greetings from Bala Vikasa - India
Imparting Knowledge, Enhancing Skills and Changing Attitudes**

Introduction:

Bala Vikasa, a professional, innovative, secular and non-profit Community Development organization working in 6 states of South India reaching 6000 villages every year impacting upto 6 million people through different programs. The core methodologies and sustainable practices implemented by Bala Vikasa leaves enormous and community owned sustainable results and is evolving as **“Sustainable Community Development Model”** in India.

Bala Vikasa shares over 42 years of community development experience through Bala Vikasa People Development Training Center (PDTC) - "Center of Excellence" by designing and conducting training programs to development professionals, bureaucrats, community leaders, activists and development students across the globe. Over 13500 development professionals from 79 countries participated these training's and enhanced their development knowledge. As this program is more a practical experiential program, participants are exposed to community programs where the learnt the learnt methodologies and skills are applied in the ground. Thus this program is making participants feel more relevant and build confidence in replicating similar best practices back home. The theoretical sessions designed help the participants at individual, community and organizational level.

Objective:

1. To impart new knowledge in community driven sustainable development with field exposures to community driven development models in the ground in the streams of Women, Water, Health, Education and Model villages
2. To enhance skills in applying the learnt theory in practice upon their return
3. To bring a change in attitudes and mind sets that development is not NGO driven but community driven

Methodology:

Interactive theoretical sessions, Videos, case study analysis, field exposures

Who can Attend:

Development Practitioners, Development professionals, Development students pursuing their education in Social development, Rural development, International development and community development Any individual with a passion to work for the upliftment of the society

Fee information: INR 25000 including Food, Accommodation, Field Exposure Visits, Stationary, Wifi facility and Certificate

Send your applications to **sunitha@balavikasa.org** (or) **Mobile : + 91-9849844868**

S.Sunitha Reddy
Program Manager, PDTC,
Fathimanagar(NIT post),
Kazipet - 506004,
Warangal Dt, Telangana

Mobile: 91-9849844868

Recent and Upcoming Events

2019

September

- 20.: GM1 Family Meeting (San Diego, CA, USA); <https://curegm1.org/>

October

- 11.-15.: WONCA Global Family Doctor: World Rural Health conference (Albuquerque, NM, USA); <https://www.globalfamilydoctor.com/Conferences/WorldRuralhealthconference.aspx>

November

- 20.-23.: NCFR: Family Sustainability: Contextualizing Relationships Within Evolving Systems (Fort Worth, TX, USA); <https://www.ncfr.org/future-conferences>
- 22.-24.: WONCA Global Family Doctor: South Asia region conference; Primary Care-complete health care (Lahore, Pakistan); <https://www.globalfamilydoctor.com/Conferences/SouthAsiaregionconference.aspx>

Impressum

Projects of the Vienna NGO Committee on the Family are supported by:

- ❖ Austrian Federal Government
- ❖ Bank Austria
- ❖ Berndorf Gruppe
- ❖ Country Womens Association in Lower Austria
- ❖ E.F.T. Transportagency GmbH
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- ❖ Shell Austria AG
- ❖ Siemens
- ❖ United Nations Trust Fund on Family Activities

'Families International' is published by:

Vienna NGO Committee on the Family:

Office of the Chairperson:

MAG. WOLFGANG ENGELMAIER

PAULANERGASSE 11

A-1040 VIENNA

AUSTRIA

EMAIL: CONTACT@VIENNAFAMILYCOMMITTEE.ORG

Web: <http://www.viennafamilycommittee.org>

Editorial Committee:

Wolfgang Engelmaier – Chairperson

Peter Crowley – Editor

Karin Kuzmanov – Deputy Editor

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Christin Kohler – Assistant Editor

Theresa Schwarz – Layout

If you do not wish to be informed when a new issue of our Quarterly Bulletin 'Families International' is online and available to download, please just send an E-Mail, indicating such, to: contact@viennafamilycommittee.org