

Adolescents and the International Conference on Population and Development at 30



This September marks the 30th anniversary of the International Conference on Population and Development (ICPD) and its approach to development centred on individuals, with rights-based sexual and reproductive health, along with women's empowerment and gender equality, at the core. The ICPD Programme of Action,¹ adopted by 179 countries in 1994, emphasised the importance of addressing the needs and rights of adolescents as a key demographic, whose health, education, and empowerment were essential for sustainable development. An entire generation has grown through childhood, adolescence, and young adulthood since the historic consensus on the ICPD Programme of Action in Cairo in 1994. Three decades on, many of the adolescent-related Sustainable Development Goal targets that stemmed from the ICPD are off track, including those related to universal access to sexual and reproductive health, bodily autonomy, girls' education, gender-based violence, and harmful practices.²

In committing to the ICPD Programme of Action in 1994 and reaffirming their commitments every 5 years since, UN member states have repeatedly recognised the critical importance of addressing the needs and rights of adolescents. They have committed to engaging adolescents in policy making, ensuring their right to education, and ending child marriage. They have pledged to prevent adolescent pregnancy, protect against gender-based violence, support girls' agency and leadership, and foster safe and supportive environments in which adolescents can achieve their full potential. Progress, however, has been uneven, and 30 years later, parts of the ICPD agenda remain contested and underinvested.

Globally, child marriage and adolescent birth rates have declined substantially since 1994, but these trends mask stark differences within and across countries and socioeconomic levels. While child marriage prevalence has dropped from 53% to 23% in India since 1994, for example, one-third of girls in Middle Africa still marry before the age of 18 years—a statistic that is unchanged since Cairo.

Access by adolescents to education, contraception, and health services has expanded, but last year,

21 million adolescent girls became pregnant and 13 million gave birth.³ Nearly one-third of all women in low-income and middle-income countries still begin childbearing at or before the age of 19 years.⁴ And while population declines will reduce demand for adolescent sexual and reproductive health services in Latin America and parts of Asia, demand will rise alongside increasing numbers of adolescents in sub-Saharan Africa.⁵

At least one-quarter of all girls continue to experience physical or sexual violence, or both, by an intimate partner,⁶ and adolescents in all their diversity increasingly face new forms of violence facilitated by technology. Each year, more than 4 million girls, mostly younger than 15 years, remain at risk of undergoing female genital mutilation, and 140 000 adolescents aged 10–19 years are newly infected with HIV, the majority (69%) girls.⁷ Inadequate attention to menstrual health and hygiene contributes to girls' school absenteeism, reproductive and urinary tract infections, and stress and shame that negatively affects their mental health.

Adolescent boys have also experienced too-slow progress since the ICPD, in part due to harmful masculinities that heighten their risk of violence, substance abuse, and sexually transmitted infections, while driving violence against women, girls, and sexual minorities.⁸ Adolescents with disabilities, or who are LGBTQI+, living in rural areas, in poverty, in humanitarian settings, or on the move experience even greater intersectional discrimination and vulnerability to these negative outcomes. Climate change, conflict, and a global backlash against gender equality further entrench stagnation and threaten to reverse progress.

There is clearly much more to do. And while governments must lead the way, UN agencies, along with civil society and academia, are collaborating to test, learn from, and model programmes and policies that centre adolescents. Through the 2gether 4 SRHR programme, the UN Population Fund (UNFPA), UNICEF, and WHO, with UNAIDS, support quality, people-centred, integrated sexual and reproductive health and rights, HIV, and gender-based violence services for adolescent girls, young people, and key populations in



Lancet Child Adolesc Health 2024

Published Online
September 11, 2024
[https://doi.org/10.1016/S2352-4642\(24\)00235-9](https://doi.org/10.1016/S2352-4642(24)00235-9)

For more on **female genital mutilation** see <https://data.unicef.org/topic/child-protection/female-genital-mutilation/>

For more on **2gether 4 SRHR** see <https://www.2gether4srhr.org/>

For more on **statistics of child marriage** see <https://childmarriedata.org/>

For more on the **Global Programme to End Child Marriage** see <https://www.unicef.org/protection/unfpa-unicef-global-programme-end-child-marriage>

For more on the **Joint Programme on the Elimination of Female Genital Mutilation** see <https://www.unfpa.org/unfpa-unicef-joint-programme-female-genital-mutilation>

For more on the **Global Menstrual Collective** see <https://www.globalmenstrualcollective.org/>

For more on **out-of-school sexuality education** see <https://www.unfpa.org/featured-publication/international-technical-and-programmatic-guidance-out-school-comprehensive>

For more on the **Global Youth Dialogue** see <https://www.unfpa.org/resources/cotonou-youth-action-agenda>

For the **AA-HA! 2nd Edition** see <https://www.who.int/initiatives/global-accelerated-action-for-the-health-of-adolescent/aa-ha!-guidance-2d-edition>

For more on the **Global Girl Leaders Advisory Group** see <https://www.unicef.org/gender-equality/global-girl-leaders-advisory-group>

east and southern Africa. The UNFPA-UNICEF Global Programme to End Child Marriage promotes the rights of girls to avoid marriage and pregnancy, helping to drive progress in countries with a high burden or high prevalence of child marriage, while the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation works to shift social norms, support national response systems, and build a global movement working to eliminate this harmful practice. Through the Global Menstrual Collective, UN agencies work with academia, governments, funders, private sector, and civil society to expand evidence and access to menstrual health information, products, and services, including for adolescent girls. UNFPA, with WHO's Human Reproduction Programme, provides guidance and technical support to countries on out-of-school comprehensive sexuality education to empower and equip marginalised young people with information and skills to make informed choices about their sexual and reproductive health, rights and wellbeing.

Increasingly, UN agencies are drawing on the voices of adolescents and young people themselves. This year, for example, UNFPA hosted the ICPD30 Global Youth Dialogue, WHO released the updated Global Accelerated Action for the Health of Adolescents (AA-HA!) guidance, and UNICEF began working in earnest with its new Global Girl Leaders Advisory Group to systematically embed girls' leadership in the organisation's work with and for adolescent girls.

The UN must do more, but so too must member states, whose political leadership and financial investments in adolescents are essential to achieving and sustaining the yet-to-be fulfilled commitments of the ICPD. They can start by acting on a growing evidence base supporting cost-effective and scalable solutions that work for adolescent girls. Girls' secondary education, for example, yields substantive economic benefits for countries.⁹ In Africa, bundled interventions, such as those that combine parenting skills, social protection, and sexual and reproductive health services, can reduce child marriage, violence, and adolescent

pregnancies, while driving economic growth and development.¹⁰

It is long overdue—30 years overdue—for the world to adequately address the health, rights, and wellbeing of adolescents. But it is never too late to invest in proven models and to continue exploring other promising strategies. We must do this alongside adolescents as core partners in co-creating, co-implementing, and co-evaluating these solutions.

SP is the principal and owner of Gender Equality Solutions. PB and SB are WHO staff members. All other authors declare no competing interests. The opinions expressed are those of the authors and do not necessarily represent the policies and positions of WHO, UNFPA, or UNICEF.

**Satvika Chalasani, Lauren Rumble, Prerna Banati, Sheri Bastien, Jose Roberto Luna, Suzanne Petroni*
schalasani@unicef.org

Programme Group, UNICEF, New York, NY 10003, USA (SC, LR); Gender, Human Rights, and Inclusion Branch, Programme Division, UNFPA, New York, NY, USA (JRL); Department of Maternal, Newborn, Child & Adolescent Health & Ageing, World Health Organization, Geneva, Switzerland (PB); The UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction, Department of Sexual and Reproductive Health and Research, WHO, Geneva, Switzerland (SB); Gender Equality Solutions, Arlington, VA, USA (SP)

- 1 UNFPA. ICPD Programme of Action. https://www.unfpa.org/sites/default/files/event-pdf/PoA_en.pdf (accessed July 22, 2024).
- 2 Rumble L, Petroni S, Goulder RG, Pandolfelli L. Adolescent girls and the SDGs: acting at the midpoint milestone. *Lancet Child Adolesc Health* 2024; **8**: 180–81.
- 3 WHO. Adolescent pregnancy. April 10, 2024. <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy> (accessed July 22, 2024).
- 4 UNFPA. Motherhood in childhood: the untold story. June, 2022. https://www.unfpa.org/sites/default/files/pub-pdf/MotherhoodInChildhood_report.pdf (accessed Aug 8, 2024).
- 5 UNFPA. Navigating megatrends: the ICPD Programme of Action for a sustainable future. ICPD30 think piece: the future of sexual and reproductive health and rights. July 11, 2024. <https://www.unfpa.org/sites/default/files/resource-pdf/2.%20SRHR%2070424%20WEB.pdf> (accessed Aug 8, 2024).
- 6 Sardinha L, Yüksel-Kaptanoğlu I, Maheu-Giroux M, García-Moreno C. Intimate partner violence against adolescent girls: regional and national prevalence estimates and associated country-level factors. *Lancet Child Adolesc Health* 2024; **8**: 636–46.
- 7 UNAIDS. Global HIV & AIDS statistics—fact sheet. July, 2024. <https://www.unaids.org/en/resources/fact-sheet> (accessed July 26, 2024).
- 8 Patton GC, Darmstadt GL, Petroni S, Sawyer SM. A gender lens on the health and well-being of young males. *J Adolesc Health* 2018; **62** (suppl): S6–S8.
- 9 Citi Global Insights, Plan International. The case for holistic investment in girls. Oct 28, 2020. <https://plan-international.org/publications/the-case-for-holistic-investment-in-girls/> (accessed July 8, 2024).
- 10 Rudgard W, Desmond C, Obiesie S, et al. The case for rights-based investments in adolescent girls in Kenya: an economic modelling study. *SSRN* 2024; published online April 26. <http://dx.doi.org/10.2139/ssrn.4796783> (preprint).