

the STATUS of
ADOLESCENTS' SRHR in
ASIA and the
PACIFIC REGION

Sivananthi Thanenthiran



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ABOUT THIS BRIEF

This brief is part of ARROW's State of the Region Report on Sexual and Reproductive Health and Rights: International Conference on Population and Development (ICPD+25), developed as a result of monitoring of 25 years of implementing the ICPD programme of Action in the region by ARROW and our partners. This is the fifth five-yearly review, research and monitoring report contributing to insights on progress, gaps and challenges to ICPD PoA implementation in the region. This brief provides an overview of the status of SRHR in Asia and the Pacific region with a focus on 19 countries. The monitoring series also includes country level research findings around the status of ICPD implementation in 13 countries in the region.

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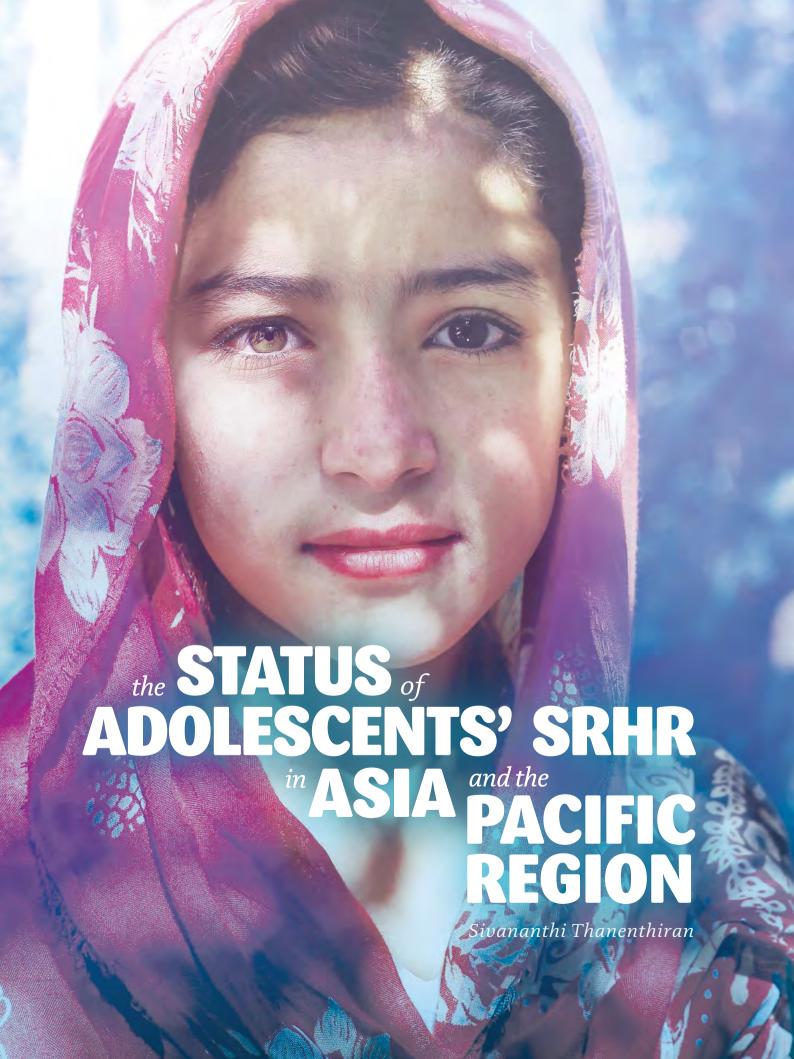
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Adolescent Girls

25 years ago, the ICPD helped bring adolescents as a demographic critical to development to light. The ICPD mentions the rights of adolescents with regards to: the right to education especially a secondary school education; the right to sexual and reproductive health; the right to delay marriage and have full and free choice in marriage related decisions; the right to be free from gender-based violence; and the right to be equal within family and community through gender equitable roles and attitudes.

The ICPD PoA acknowledges that adolescents have sexual and reproductive health (SHR) needs that must be addressed. It urges the governments to address adolescent SRH issues, including unwanted pregnancy, unsafe abortion and sexually transmitted diseases, including HIV/AIDS, through the promotion of responsible and healthy reproductive and sexual behaviour, including voluntary abstinence, and the provision of appropriate services and counselling specifically suitable for that age group.

The World Health Organization (WHO) defines adolescents as those people between 10 and 19 years of age. The great majority of adolescents are also included in the age-based definition of "child," adopted by the Convention on the Rights of the Child, as a person under the age of 18 years.

All of the countries in the region are signatories to the *Convention on the Rights of the Child*, which then obligates states to act in the best interest of the child (including adolescents) in enabling the protection, promotion and fulfilments of the political, economic, social, health and cultural rights of the child.

Youth is defined as 15-24 years of age, while young people are defined as 10-24 years of age. However, in this section we have singled out adolescents, especially adolescent girls as a critical constituency to examine inequalities faced by this group. This is because adolescence is one of the most pivotal phases of life. The structure of life that affects adolescence, both in health and gender, has consequences over the entire life-cycle. Vulnerabilities and marginalisations faced in adolescence, within the family, community and larger society, are repeated and augmented throughout life. As such, adolescents need explicit focus for gender and

health interventions, and are often left unaddressed because of existing programmatic and social biases.

The adolescent population in the region is a large and neglected one. In 2017, almost one in four persons in Asia, was below the age of 15. 29% of the population in Southern Asia, 26% in Southeast Asia, and a lower rate of 17% in Eastern Asia were below the age of 15. The number of adolescents (10-19 years of age) across countries is given below and the sheer numbers are astonishing.

Of the total population in Table 1, around half of this population comprises of girls, and girls suffer from the double burden of age and gender and are usually further neglected. In addition, if we place an inter-sectional web, adolescents and girls, are further marginalised due to poverty, geographic reach, minority (ethnic, religious) status, migrant status, and sexuality including sexual orientation and gender identity. This section tries to highlight some of these challenges, and how this agenda is critical to the achievement of the ICPD and the SDGs in the region.

The Asia-Pacific region is known for son preference. Data indicates that son preference has led to female infanticide and sex selective abortions in several countries in the region: China, South Korea, India, Nepal and Bangladesh. More importantly, son preference also reinforces negative stereotypes and value systems that regard females as lesser beings, and to be primarily utilised as secondary beings in the household – for domestic labour and sexual release.

Within Asian societies, girls are absorbed into their husbands' families after marriage. There is an Indian saying that goes, "Raising a daughter is like watering your neighbour's garden" and girls once married, cease contributing to their parents and their birth families. Families then tend to spend less resources (in education, health and other opportunities) on their daughters, as compared to their sons, because of social expectations of girls contributing or belonging to the families they marry into. This social norm is also replicated in inheritance laws across many Asian societies, which favour sons over daughters, as well as ownership of family businesses and professions.

Across all countries, there is the existence of some form of laws and customs that specifically discriminate against women in the area of inheritance and reinforce

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TABLE 1: ADOLESCENT POPULATION - Estimates, 1950 – 2015 (in Thousands)									
	10-14	15-19	Total		10-14	15-19	Total		
EAST ASIA				SOUTH EAST ASIA					
China	7,821	80,820	159,642	Cambodia	1,485	1,567	3,052		
Mongolia	219	229	448	Indonesia	23,677	22,512	46,188		
SOUTH ASIA				Lao PDR	717	715	1432		
Bangladesh	16,458	16,116	32,575	Malaysia	2,615	2,898	5,513		
India	126,752	123,333	250,086	Myanmar	5,197	4,845	10,042		
Maldives	27	31	59	Philippines	10,459	10,208	20,667		
Nepal	3,374	3,251	6,625	Thailand	4,388	4,819	9,207		
Pakistan	19,552	19,355	18,337	Vietnam	4,388	6,982	13,605		
Sri Lanka	1,699	1,585	3,284	PACIFIC					
urce:				Fiji	80	77	157		
NDESA, World Population Prospects: The 2017 Revision;² NDESA, World Population Prospects 2019,³				Papua New Guinea	904	824	1,728		
,				Samoa	23	21	43		

the concept of the male being head of a household, which perpetuate the social attitudes of son preference. This is evident in all Muslim personal laws across countries, the Confucian family systems in East Asia and amongst the diaspora, and in Nepal and Sri Lanka as well. Furthermore, these discriminatory inheritance laws continue to be upheld as politicians and policymakers see these as traditions and customs that cannot be changed. Even when some laws change, for example, in Nepal, in 2007, important legislation repealing the discriminatory provisions in its customary inheritance law was introduced through recent amendments to the Country Code and the enactment of the law on gender equality; social customs and attitudes on son preference prevail.4

With this belief in son preference, girls receive less nutrition, fewer educational opportunities, less access to health services, and fewer opportunities for self-development. At the same time, adolescent girls also suffer the risk of violence, exploitation and poor SRH outcomes.⁵

To reduce discrimination and inequalities against girls, it is critical to have policies that raise the value of girls to their parents, relative to boys. So even as adult women acquire education and garner formal employment, and the situation of women improves, discrimination against

girls persists because the fundamentals of the family system have not been altered.⁶

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It is not enough to hope that policies aimed more generally at raising the status of women will be equally effective at reducing discrimination against girls. As long as daughters continue to be totally absorbed into their husband's home and cannot contribute to their parents' welfare, son preference will continue to persist even though adult women are integrated into education and formal employment. For example, in China, there has been much emphasis on gender equality, but far less effort to alter the fundamentals of the family system in order to make daughters and sons more equally valuable to their parents. In fact, it has been useful for the state to encourage the continuation of those aspects of the kinship system which assure stable customary family residential patterns, with clear expectations that women will care for their husbands' parents, their children and other family dependents, thereby helping maintain social stability and relieving the state of the burdens of caring for the old, the young, the sick and the unemployed. Thus, the situation of women has improved but discrimination against girls persists.

We will look at the following indicators to highlight the status of adolescent girls in the region.

TABLE 2: ADOLESCENT BIRTH RATE (Per 1,000 Women Aged 15-19 Years)									
	2000	2010	2016		2000	2010	2016		
EAST ASIA				SOUTH EAST ASIA					
China	6	5.9	9.2 (2015)	Cambodia	52 (2003)	46 (2009)	57 (2013)		
Mongolia	27.3	18.9	26.7 (2014)	Indonesia	54	48	_		
SOUTH ASIA			-	Lao PDR	96	94	75.6 (2014)		
Bangladesh	134	118	78	Malaysia	12	13.9 (2011)	11.5 (2015)		
India	79.1	37.2	28.1 (2013)	Myanmar	22.7	16.7 (2007)	36 (2014)		
Maldives	28.9	15.8	12.9 (2014)	Philippines	55 (2001)	59 (2011)	47		
Nepal	71	90	88 (2015)	Thailand	31.1	50.1	42.5		
Pakistan	60 (2002)	44 (2011)	46 (2016)	Vietnam	24	38	30.1 (2014)		
Sri Lanka	30.3	20.3 (2008)	21 (2015)	PACIFIC					
Source:	ource: Inited Nations, Statistics Division (UNSD), "Indicator 3.7.2." ⁷				34.8 (2002)	27.5 (2008)	40 (2014)		
United Nations, Statistics D					70	65 (2004)	_		
				Samoa	33.6 (2001)	39.2 (2011)	40.8 (2016)		

1. Adolescent Girls and Unintended **Pregnancies**

The adolescent birth rate is defined as the number of births per 1,000 women ages 15 to 19. Early child-bearing poses grave risks: risks which are usually taken without the full understanding and choice of the girls themselves, and socially imposed by laws and norms. The chance of adolescent girls dying in child birth is twice as high as that of a woman who waits till her 20s in order to give birth. In addition, there are other risks: premature labour, complications during delivery, low birthweight and infant mortality, as well as morbidities, especially vesico-vaginal fistula.

Early childbearing greatly reduces the likelihood of a girl advancing her education, limits her opportunities for training and employment, and often confines her to the domestic sphere for a number of years. Early childbearing is also closely connected to repeat and frequent pregnancies.

Table 2 shows great variations in progress towards reducing adolescent birth rate. Steady reductions are seen in Bangladesh, India and Pakistan, where adolescent pregnancies received attention, although the number of girls involved are much higher due to the larger population size. Maldives and Sri Lanka also saw a downward trend.

Surprisingly, usually Southeast Asia demonstrates progressive indicators, the adolescent birth rates, however, seem to have stagnated (Malaysia, the Philippines, and Indonesia), or risen (Thailand, Myanmar, Cambodia) in the sub-region. Lao PDR has shown a decline, but the percentages are still very high: from 96 to 75.6 per 1000. Of course, the numbers in comparison to South Asia are much lower, but what the stagnation or rises may suggest is the rising inequality within society, which either sees certain groups being unable to access critical SRH information and services, and in times of new economic vulnerabilities, girls could be resorting to early age marriage.

In most of the countries in the region, adolescent pregnancies and births occur within the context of marriage, and adolescent birth rates also seem to be higher in countries that do not strictly enforce the legal age of marriage.

If we look at met need for contraception, we can see stark differences between girls 15-19, who are currently in a union, compared to overall total met need. With the exception of Myanmar where girls aged 15-19 have a higher met need, all other countries where data is available, show great gaps, especially at younger ages, when contraception is essential for health and well-being of girls is ensured through fertility regulation. However, girls 15-19 do not receive these essential services.

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The Status of

TABLE 3: PERCENTAGE OF WOMEN CURRENTLY MARRIED OR IN UNION AGE 15-19 WITH UNMET NEED FOR FAMILY PLANNING IN COMPARISON WITH WOMEN AGE 15-49

	Total Unmet Need (15-49)	Total Unmet Need (15-19)
SOUTH ASIA		
Bangladesh ⁸	12	17.1 (Highest)
India ⁹	12.9	22.2 (Highest)
Maldives ¹⁰	31.4	36
Nepal ¹¹	23.7	34.9 (Highest)
Pakistan ¹²	17.3	17.9
Sri Lanka ¹³	7.5	21.4 (Highest)
PACIFIC		
Fiji	_	_
Papua New Guinea ¹⁹	25.9	32.2 (Highest)
Samoa ²⁰	34.8	49.9 (Highest)

	Total Unmet Need (15-49)	Total Unmet Need (15-19)
SOUTH EAST ASIA		
Cambodia ¹⁴	12.5	14.9 (Highest)
Indonesia ¹⁵	10.6	8.5
Lao PDR ¹⁶	14.3	17.6 (Highest)
Malaysia	_	_
Myanmar ¹⁷	16.2	18.9
Philippines ¹⁸	16.7	27.9 (Highest)
Thailand	_	_
Vietnam	_	_

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Source:

Various Demographic and Health Surveys (DHS) of countries reviewed.

If we investigate this further, we can also see that in all countries, reasons for non-use amongst the lower age groups are due to two key reasons: the intention to get pregnant and/or the opposition of spouse/ other parties. Both of these speak of prevailing gender norms that young women, when married despite even at young ages are expected to reproduce, and their spouse and families themselves are opposed to the use of contraception. 'Spouse/others opposed to use' numbers reduce significantly, on the other hand as women grow older, the percentage of those opposing the use of contraception whether by spouse or others, reduces significantly.

Additionally, mothers aged 15-19 say they planned and wanted their first births, despite overall understanding that giving birth at a young age carries greater risks.

This shows that there is a great need for girls and their families to better understand the risks of pregnancy, and to change the social norms around early marriage and early pregnancy to help elevate the status of girls.

Younger women across all countries had higher unmet need for contraception. In almost all countries where data is available, unmet need was highest in the age group 15-19. In the two countries—Indonesia and Pakistan where the data shows otherwise—these are conservative countries where there are strict religious and social

taboos around pre-marital sexual activity (in some provinces punishable by corporal punishment or even by death i.e. honour killing) and as such there are severe limitations in data collection. In India, the unmet need was 3% for women age 45-49, whilst a high 22% for women age 15-24.²¹ In Samoa, unmet need was highest for women aged 15-19 (50%) and for women aged 20-24 (42%).²²

Unmet need for contraception is higher amongst sexually active unmarried women in the Philippines, where half (49%) have an unmet need, 35% for spacing and 13% for limiting.²³ This is magnified and reiterated in Papua New Guinea where the total unmet need for contraception is at 25.9%, but amongst sexually active unmarried women, the unmet need is at 65%.²⁴

There is a great need for girls and their families to better understand the risks of pregnancy, and to change the social norms around early marriage and early pregnancy to help elevate the status of girls.

TABLE 4: PERCENTAGE OF WANTED AND MISTIMED PREGNANCIES ACCORDING TO MOTHER'S AGE

Percent Distribution of Births to Women Age 15-49 in the Five Years Preceding the Survey (Including Current Pregnancies), by Planning Status of the Birth, and Mother's Age at Birth

Birth Order	Planr	ning Status of	Birth	Birth Order	Planning Status of Birth		
and Mother's Age at Birth	Wanted Then	Wanted Later	Wanted No More	and Mother's Age at Birth	Wanted Then	Wanted Later	Wanted No More
Bangladesh ²⁵				Indonesia ²⁸			
< 20	78.4	21.3	0.2	< 20	88.5	9.1	2.1
20 - 24	75.8	17.5	6.3	20 - 24	89.3	8.7	1.5
25 - 29	74	9.8	16.0	25 - 29	88.2	8.4	3.0
30 - 34	60.4	5.8	33.8	30 - 34	82.7	8.5	8.3
35 - 39	56.1	4.3	39.6	35 - 39	75.2	6.4	17.9
40 - 44	19.8	5.0	75.3	40 - 44	63.4	3.5	32.2
45 - 49	_	_	_	45 - 49	59.0	5.5	35.5
Cambodia ²⁶				Maldives ²⁹			
< 20	89.7	9.9	0.4	< 20	70.6	24.4	5.1
20 - 24	87.3	10.3	2.3	20 - 24	80.6	17.3	2.1
25 - 29	85.7	10.9	3.3	25 - 29	76.6	18.3	5.1
30 - 34	81.6	9	9.2	30 - 34	76.5	14.1	9.3
35 - 39	72.6	5.7	21.7	35 - 39	73.6	9.4	17.0
40 - 44	59-3	2.9	37-7	40 - 44	55.5	2.7	41.8
45 ⁻ 49	_	_	_	45 - 49	_	_	_
India ²⁷				Myanmar ³⁰			
< 20	94	3.1	0.8	< 20	93.7	3.5	2.8
20 - 24	92.8	4.7	2.5	20 - 24	92.1	6	1.9
25 - 29	90.7	3.9	5.3	25 - 29	91.5	3.9	4.5
30 - 34	87.4	2.4	10	30 - 34	92	3.4	4.6
35 - 39	82	2.0	15.7	35 - 39	88.8	2.5	8.7
40 - 44	73.2	1.4	24.4	40 - 44	86.8	0.2	12.9
45 ⁻ 49	60.5	0.7	33.3	45 ⁻ 49	_	_	_

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Percent Distribution of Births to Women Age 15-49 in the Five Years Preceding the Survey (Including Current Pregnancies), by Planning Status of the Birth, and Mother's Age at Birth

		/: •					
Birth Order	Planr	ning Status of	Birth	Birth Order	Planning Status of Birth		
and Mother's Age at Birth	Wanted Then	Wanted Later	Wanted No More	and Mother's Age at Birth	Wanted Then	Wanted Later	Wanted No More
Nepal ³¹				Philippines ³³			
< 20	80.1	19.3	0.7	< 20	70.9	25.9	3.2
20 - 24	83.4	13.2	3.3	20 - 24	71.4	23.0	5.6
25 - 29	81.5	7.8	10.7	25 - 29	75	15.7	9.4
30 - 34	80	1.1	18.8	30 - 34	78.4	7.5	14.1
35 - 39	73.7	2.2	24	35 - 39	69.6	6.9	23.5
40 - 44	49.2	0.0	50.8	40 - 44	64.5	4.4	31.1
45 ⁻ 49	_	_	_	45 ⁻ 49	58.5	0.0	41.5
Pakistan ³²				Samoa ³⁴			
< 20	96.0	3.9	0.1	< 20	81.3	13.1	4.9
20 - 24	91.5	7.2	1.3	20 - 24	86.3	8.2	3.7
25 - 29	87.4	8.7	3.9	25 - 29	85.8	9.3	3.9
30 - 34	84	6.6	9.4	30 - 34	87.2	8.6	3.9
35 - 39	79.6	3.5	16.9	35 - 39	84.3	6.8	7.8
40 - 44	75.5	1.4	23.1	40 - 44	89.5	4.2	5.8
45 ⁻ 49	70.6	4.0	25.4	45 ⁻ 49	_	_	_

Source

Various DHS of countries reviewed.

Table 4 shows that the highest number of mistimed pregnancies (i.e. pregnancies wanted later) occurs when mothers are below the age of 20, or in the next age bracket, 20-24 years of age. This is true in Bangladesh, Maldives, Nepal, Samoa, and the Philippines. In many of these countries the legal age of marriage is not strictly observed. Overall, it is clear that amongst new mothers, those below 20 years of age are the ones who would have benefitted from information and counselling about their fertility and having access to services would have helped them better achieve their fertility preferences.

It will be good to contrast adolescent numbers in relation to HIV to understand a fuller picture of the situation of adolescent SRH.

It is clear that amongst new mothers, those below 20 years of age are the ones who would have benefitted from information and counselling about their fertility and having access to services would have helped them better achieve their fertility preferences.

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2. Adolescent Girls and Unsafe Sex

Globally, there were 2.1 million adolescents living with HIV and AIDS, of which 190,000 were in Asia-Pacific. Young women age 15-24 are most vulnerable to HIV, with infection rates twice as high as in young men, at o.6%. Every minute, one young woman acquires HIV, accounting for 22% of all new HIV infections, with sexual transmission being the dominant mode of infection.35 However, in the Asia-Pacific region, the regional data shows equal numbers for both male and female adolescents. The data may need to be further examined as perhaps most female adolescents may not be aware or have access to testing facilities, and are most routinely captured at MTCT screenings, or unless, they belong to high-risk groups. Additionally, adolescents, especially adolescent girls, are the only population group for which AIDS related deaths are not falling.36

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> If we contrast these numbers with the number of adolescents who have comprehensive knowledge of HIV prevention, we can see that in the last 20 years, the numbers have been decreasing, and there is less emphasis on giving adolescents information about protection from HIV. This is shown in Table 6.

> > The UN General Assembly Special Session on HIV/ AIDS (UNGASS) called on governments to improve the knowledge and skills of young people to protect themselves from HIV. As part of the Global AIDS Monitoring (GAM) Reporting indicator, the percentage of young people who have comprehensive and correct knowledge of HIV prevention and transmission is collected. This indicator is defined as 1) knowing that consistent use of a condom during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV, 2) knowing that a healthy-looking person can have HIV, and 3) rejecting the two most common local misconceptions about transmission/prevention of HIV.

Across all countries, comprehensive knowledge on HIV/ AIDS is low. More alarmingly, in countries such as Nepal, Cambodia, and Lao PDR—there has been a considerable decline. This is most probably indicative of recent trends which have de-prioritised HIV education for young people. But even then, across all countries, 1 in 5 girls have adequate knowledge to protect themselves from HIV infections.

In addition, further studies also indicate lower condom use amongst females as compared to males. The gender difference of condom use exists in both married and unmarried females. Gender differences around sex, with women having fewer opportunities and less freedom than young men, has been cited as the key reason for this. This affects women's possibility of negotiating (asking for and using) condoms with partners.³⁷

The reported use of condoms among adolescents at higher risk of HIV infection is low—according to evidence. The lower use of condoms is usually due to: trust in and the belief that a partner is 'disease-free', young age, coerced sex (for those over 18), lower education, being isolated from school and family, self-stigma, and drug and alcohol use, and need for heightened sexual pleasure.³⁸

According to a 2010 survey in Cambodia, just 1 in 3 girls (aged 10-19 years) at high risk for HIV said a condom was used at last sex with a 'sweetheart.'³⁹ This is significant because DHS data through the years suggests that insisting on a condom might be interpreted as a sign of suspicion or even a veiled allegation about infidelity. Surveys in Thailand have linked drug taking (especially of amphetamine-type stimulants) and increased sexual risk taking among men having sex with men. In a study of MSM (mostly aged 18-24) in Chiang Mai, HIV prevalence was at 20% among methamphetamine users compared with 12% among those who did not use the drug. The use of amphetamine-type stimulants during sex appears to be a growing phenomenon in the region and calls for further research on the implications for safer sex efforts.⁴⁰

For adolescents who sell sex, the unwillingness of some clients to use condoms is a common barrier to condom use. The cost of condoms may also be prohibitive, particularly for 'freelance' adolescents with a high number of daily clients.

In the data, there is a large gap in relation to the sexual lives of adolescents, and due to social taboos, we are not able to programme effectively to help adolescents traverse this crucial time period of adolescence, which also includes sexual awakening, as safely as possible.

TABLE 5: ADOLESCENT (AGE 10-19) LIVING WITH HIV										
		2000			2010 2016		2016			
	Overall	Male	Female	Overall	Male	Female	Overall	Male	Female	
EAST ASIA										
China	_	_	_	_	_	_	_	_	_	
Mongolia	_	_	_	_	_	_	_	_	_	
SOUTH ASIA				•						
Bangladesh	< 100	< 100	< 100	< 200	< 100	< 200	< 500	< 100	< 200	11
India	_	_	_	_	_	_	_	_	_	•••••
Maldives	_	_	_	_	_	_	_	_	_	The Status of Adolescents'
Nepal	< 1000	< 500	< 500	< 1,000	< 500	< 500	< 1,000	< 500	< 500	SRHR in Asia and the Pacif
Pakistan	< 100	< 100	< 100	< 1,900	< 1,900	< 1,100	< 2,400	< 1,000	< 1,400	Region
Sri Lanka										
SOUTH EAST ASIA										
Cambodia	9,200	3,600	5,600	3,100	1,400	1,700	3,300	1,600	1,700	
Indonesia	6,300	5,100	1,200	20,000	13,000	7,100	17,000	10,000	6,600	
Lao PDR	< 200	< 100	< 100	< 500	< 200	< 500	< 500	< 200	< 500	
Malaysia	< 1,000	< 1,000	< 200	< 1,000	< 1,000	< 500	< 1,000	< 500	< 500	
Myanmar	19,000	10,000	8,300	11,000	4,600	6,400	11,000	5,200	5,700	
Philippines	< 200	< 100	< 100	2,000	1,800	< 500	5,200	4,700	< 500	
Thailand	18,000	5,600	12,000	14,000	6,800	6,900	9,700	5,000	4,700	
Vietnam	2,600	1,400	1,200	2,600	1,100	1,500	3,200	1,500	1,700	
PACIFIC										
Fiji	_	_	_	_	_	_	_	_	_	
Papua New Guinea	< 1,000	< 500	< 1,000	< 1,200	< 500	< 1,000	2,000	< 1,000	1,100	
Samoa	_	_	_	_	_	_	_	_	_	
REGIONAL	230,000	120,000	110,000	180,000	92,000	84,000	190,000	100,000	90,000	
GLOBAL	1,600,000	560,000	1,000,000	1,800,000	760,000	1,000,000	2,100,000	900,000	1,200,000	

Source: UNAIDS, "Trend of New HIV Infections." 41

Young women age 15–24 are most vulnerable to HIV, with infection rates twice as high as in young men, at 0.6%. Every minute, one young woman acquires HIV, accounting for 22% of all new HIV infections, with sexual transmission being the dominant mode of infection.

Additionally, adolescents, especially adolescent girls, are the only population group for which AIDS-related deaths are not falling.

Across all countries, comprehensive knowledge on HIV/AIDS is low. More alarmingly, in countries such as Nepal, Cambodia, and Lao PDR—there has been a considerable decline. This is most probably indicative of recent trends which have de-prioritised HIV education for young people. But even then, across all countries, 1 in 5 girls have adequate knowledge to protect themselves from HIV infections.

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TABLE 6: COMPREHENSIVE KNOWLEDGE ABOUT HIV/AIDS AMONGST YOUNG PEOPLE (Ages 15-19)

	20	00	20	10	20	16	
	Women	Men	Women	Men	Women	Men	
EAST ASIA							
China	_	_	_	_	_	_	
Mongolia	_	_	_	_	_	_	
SOUTH ASIA							
Bangladesh	_	_	11.4 (2011) ⁴²	_	12 (2014) ⁴³	_	
India	_	_	18.6 (2005-06) ⁴⁴	34.5 (2005-06)	18.5 (2015-16) ⁴⁵	28.2 2015-16)	
Maldives	_	_	_	_	_	_	
Nepal	29.1 (2006) ⁴⁶	45.3 (2006)	25 (2011) ⁴⁷	32.7 (2011)	18.3 (2016) ⁴⁸	24.3 (2016)	
Pakistan	2 (2006-07) ⁴⁹	_	0.6 (2012-13) ⁵⁰	5.4 (2012-13)	1 (2017-18) ⁵¹	0.2 (2017-18)	
Sri Lanka	_	_	12.1 (2006-07) ⁵²	_	16.4 (2016) ⁵³	_	
SOUTH EAST ASIA			•				
Cambodia	_	_	42.8(2010) ⁵⁴	40.9 (2010)	32.7 (2014) ⁵⁵	42.4 (2014)	
Indonesia	5.7 (2007) ⁵⁶	2.1 (2007)	9.4 (2012) ⁵⁷	4.0 (2012)	12.4 (2017) ⁵⁸	12.6 (2017)	
Lao PDR	_	_	24 (Age 15-24, 2011-12) ⁵⁹	27.6 (Age 15-24, 2011-12)	19.1 (2017) ⁶⁰	21.2 (2017)	
Malaysia	_	_	_	_	_	_	
Myanmar	_	_	_	_	13.4 (2015-16) ⁶¹	14.3 (2015-16)	
Philippines	_	_	18.7 (2008) ⁶²	_	15.7 (2017) ⁶³	_	
Thailand	_	_	_	_	_	_	
Vietnam	_	_	_	_	_	_	
PACIFIC							
Fiji	_	_	_	_	_	_	
Papua New Guinea	_	_	_	_	21.3 (2016-18) ⁶⁴	21.4 (2016-18)	
Samoa	_	_	2.0 (2009) ⁶⁵	4.6 (2009)	3.6 (2014) ⁶⁶	3.5 (2014)	

Source: Various DHS of countries reviewed.

3. Adolescent Girls and Violence

Violence plays a large role in the lives of adolescents, especially girls, although it is seldom addressed or discussed. It is difficult to imagine this in a region that professes to protect and elevate the status of women and girls, however, data paints a different picture.

Every year, around 1.3 million adolescents die as a result of various causes, including infectious diseases, pregnancy and childbirth, and injuries. Some 45% of these deaths (about 600,000) are among adolescent girls; about 10% of them are due to violence. As children move from early childhood to adolescence, violence accounts for a more significant share of deaths. The proportion of violent deaths among girls (out of all causes) has risen from 0.4% at age 0-9, to 4% at age of 10-14, to 13% at age 15-19.67

The highest levels of violent death among adolescent girls are found in South Asia, where almost 30,000 girls died as a result of violence in 2012. This translates into a death rate of 19 per 100,000—approximately twice the global rate.⁶⁸

In the first decade of life, infectious and parasitic diseases are the main causes of mortality. But when they start their second decade, violence is then factored in. Apart from that, a clearer understanding on the role that gender plays in shaping mortality patterns. While boys are killed by strangers, girls are at particular risk of being killed by those closest to them.⁶⁹ The WHO estimates that 30% of girls aged 15-19 experience violence by a

partner.⁷⁰ A girl's risk of dying as a result of violence increases from early to late adolescence.⁷¹

As adolescence is a critical period, mental health has also emerged as a key concern—and violence, poverty, humiliation, and feeling devalued can increase the risk. Half of all mental health disorders in adulthood seem to start by age 14, however, most are untreated and undiagnosed. Amongst adolescents, depression is the top cause of illness and disability. Recent data from the WHO indicate that suicide is now the second leading cause of death for adolescent girls between the age of 10 and 19 at the global level, and the leading cause of death for those between the ages of 15 and 19, in some countries.

Where data is available, we can see that girls start experiencing physical violence from a young age - one in ten in Nepal, to one in three in Pakistan as shown in Table 7 below. The numbers are shocking when one considers that these young girls will experience violence as a life-long occurrence, and internalise it as part and parcel of the consequences of being female. Though the table below shows only the data collected for physical violence (defined as a spouse pushing, shaking, throwing something at her; slapping; twisting her arm or pulling her hair; punching her with his fist or with something that could hurt; kicking, dragging, beating up; choking, burning on purpose; or threatening or attacking with a knife, gun, or any other weapons), in some countries like India and Pakistan, data is also collected on sexual violence and emotional violence as well, which provides a full dimension of the violence faced by women and girls. 13

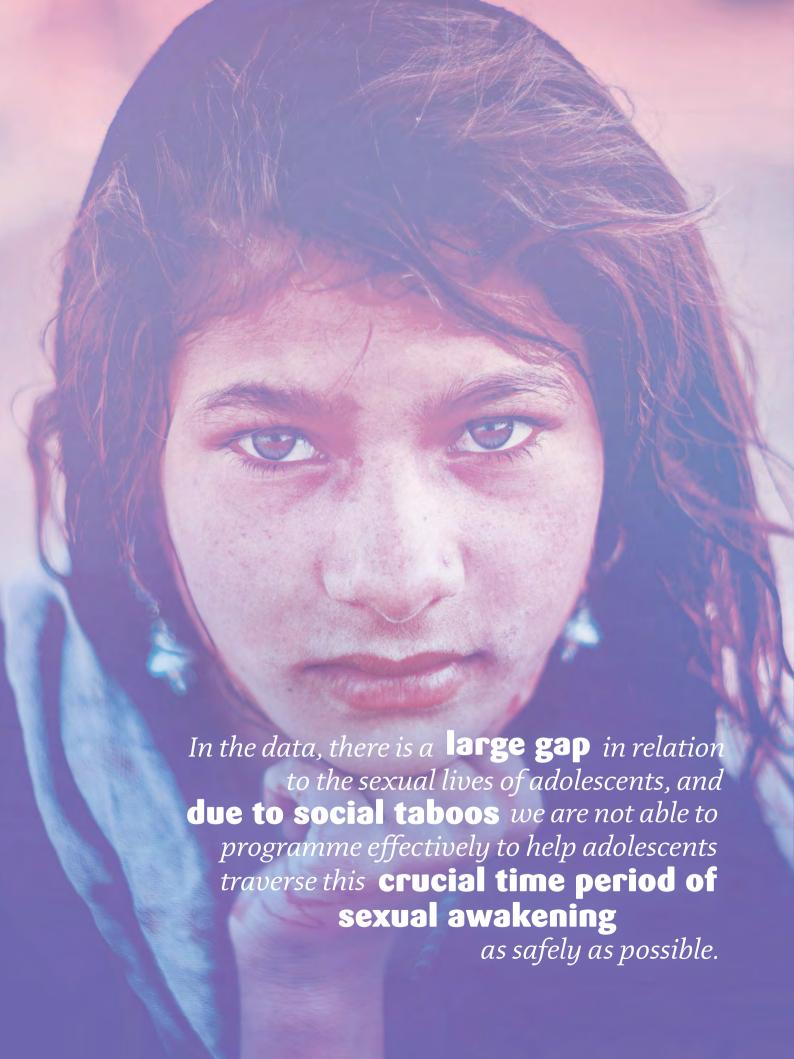
The Status of Adolescents' SRHR in Asia and the Pacific Region

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TABLE 7: EXPERIENCE OF PHYSICAL VIOLENCE

	Percentage of	Percentage of Women Age 15-19 and 20-24 Who Have Ever Experienced Physical Violence Since Age 15								
	20	00	20	10	2016					
	15 - 24	20 - 24	15 - 24	20 - 24	15 - 24	20 - 24				
Cambodia	_	_	_	_	6.8 (2014) ⁷⁴	16.1 (2014)				
India	15.3 (1998-99) ⁷⁵	21.1 (1998-99)	20.7 (2005-06) ⁷⁶	30.8 (2005-06)	14.9 (2015-16) ⁷⁷	21.1 (2015-16)				
Myanmar	_	_	_	_	15.0 (2015-16) ⁷⁸	13.4 (2015-16)				
Nepal	_	_	9.6 (2011) ⁷⁹	18.2 (2011)	10.5 (2016) ⁸⁰	15.1 (2016)				
Pakistan	_	_	30 (2012-13) ⁸¹	28 (2012-13)	32 (2017-18) ⁸²	21 (2017-18)				
Philippines	15.1 (2008) ⁸³	19.9 (2008)	16.6 (2013) ⁸⁴	19.8 (2013)	13.3 (2017) ⁸⁵	17.8 (2017)				

Source: Various DHS of countries reviewed.





4. Menstruation Taboos and Discrimination

While violence is generally construed as gender-based violence and intimate partner violence, there is also violence that culture perpetrates on the bodies and lives of girls and adolescent girls. One key example is the isolationist practices around menstruation. In Nepal, girls at menarche tend to be isolated in a dark room or, as reported, even in cow sheds, and not permitted to be seen by males, including male members of the family, or to be exposed to sunlight even in urban households. This is called the *chaupadi* practice. Socio-cultural practices are imposed during the regular period of menstruation, as girls are considered impure during this time period such as not praying, not cooking, and fetching water. The chaupadi practice prescribed that women must live in cow sheds outside their homes during and after childbirth.86 In 2017, Nepal passed a law where those who exiled women during menstruation would be jailed up to three months or fined 3000 Nepali rupees. The law went into effect in August 2018.

In Buddhism, Islam, and Hinduism, the menstruation is the period when girls and women are to refrain from participating in religious obligations, void of a religious life. Hence, menstruation practices remind adolescent girls of the impurity of their bodies and reiterate the second-class status ascribed to them, socially.

The practice of banishing girls and women, however, is not unique to Nepal alone. In many parts of India such as Maharashtra, Chhattisgarh, Andhra Pradesh, and Orissa, this practice is ongoing since these locations are also isolated and there is little to no opportunity of participating in social activities or having a social life. In fact, other people are also not permitted to touch them during the time of menstruation. In Bangladesh, women are not permitted to pray or perform religious duties while menstruating, and some are barred from preparing food, working in the fields, or sharing a bed with their partner. If men sight menstrual rags or menstrual blood, it is believed that misfortune will befall them.⁸⁷

In Buddhism, Islam, and Hinduism, the menstruation is the period when girls and women are to refrain from participating in religious obligations, void of a religious life. Hence, menstruation practices remind adolescent girls of the impurity of their bodies and reiterate the second-class status ascribed to them, socially. The divide between the elevation of males and the subjugation of girls begins with the onset of menarche as girls become subject to additional socio-cultural practices which isolate them from their regular, social life.

5. Female Genital Cutting

According to UNICEF, female genital cutting (FGC) threatens about 3 million girls annually and at least 200 million girls and women have been cut in 30 countries.

FGC has, for a long time, been presented as a traditional practice with harmful consequences for girls and women, and it has primarily taken place in Africa. What is lesser known is that there are many girls and women in Asia who are affected by the same practice. FGC is prevalent in countries such as Indonesia, Malaysia, Southern Thailand, Southern Philippines, Maldives, and the Bohra communities of Pakistan, India, and Sri Lanka.

In the Asian region, FGC is not framed as a rite of passage to womanhood, as the age at which women and girls are subjected to the practice varies from the first week of life right up to after the delivery of the first child. Both religious and cultural obligations are the driving forces of this practice.

Because of the overall lack of advocacy in the region and pressure from the international community to end the practice in the region, governments continue to shy from taking measures to end FGC. There has also been very little capacity building of religious leaders in order to make positive statements or fatwas on ending FGC as has been the case in the African continent.

This is in direct contradiction with government commitments in the region towards:

a) The Sustainable Development Goals in 2015 which calls for an end to FGM by 2030 under Goal 5 on Gender Equality, and Target 5.3 that is to eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.

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b) The UN declaration on Human rights and several core human rights conventions such as the Convention on the Rights of the Child, Convention on Economic, Social and Cultural Rights, and the Convention on Torture. Additionally, the United Nations General Assembly (UNGA) unanimously passed a resolution (Resolution A/RES/67/146 on Intensifying Global Efforts to Ending Genital Mutilation)⁸⁸ in 2012, calling FGC a human rights violation and urged nations to ban the practice.

The practice of FGC is prevalent in Indonesia, Malaysia, Singapore, Brunei, Thailand, Maldives, India, and Pakistan.⁸⁹

Indonesia contributes the largest numbers in the region with around half of the population of girls under the age of 12 having undergone FGC.⁹⁰ The procedure is often carried out by health professionals. The government recently launched a campaign to end FGM despite opposition from religious leaders who have stymied past efforts to combat the practice.

In Malaysia, the practice is common and held as being in accordance with the local version of Islam as it is considered wajib—obligatory.91 The sunat, as the procedure is referred to in Malay, is designed to protect a woman from the impurity of premarital sex. Typically Types I and IV are practised. Practitioners usually prick the genitalia (Type IV) or cut off a small piece of the clitoral hood.92 There is no national prevalence data for Malaysia. In 1995, a very small study of 262 pregnant women, who had all been circumcised, was done in the labour ward in University Hospital in Kelantan.93 The clinical study showed no injury or scarring to the clitoris or labia and almost all the women attributed religion for the practice. Furthermore, the most recent study, also on a small scale, was done by Dr. Maznah Dahlui, an associate professor at the University of Malaya's Department of Social and Preventive Medicine, in 2012 with 1,196 respondents.94 The study revealed that up to 93% of Malay women had undergone circumcision, with 83% of respondents citing religious obligations as a reason, 35% for hygiene purposes, 15% to control one's sexual desire and 7% to satisfy their partners. Dahlui also discovered that the procedure is increasingly performed by trained medical professionals in private clinics, instead of by traditional circumcision practitioners called Mak Bidans.95 She said it usually involves a needle prick to the clitoral hood and is performed on girls between the ages of one and six. However, there are reports of more invasive procedures.

Although Bangladesh is a Muslim majority country with 90% followers of Islam—the practice of female circumcision, female genital mutilation or cutting is totally absent. The possible reasons are that religious leaders in Bangladesh maintain that there is no credible hadith on female circumcision.

In 2009, the Fatwa Committee of Malaysia's National Council of Islamic Religious Affairs ruled that female circumcision was obligatory for all Muslim women, unless it was harmful. Concerned about a spike in the procedure being performed without proper medical care, the Ministry of Health announced a planned institutionalisation of the practice.⁹⁶

India has no ban or legislation against FGM.⁹⁷ Presently, the country's top court, the Supreme Court is hearing a petition to ban the practice. FGM is known as a practice that carried out in the close-knit Dawoodi Bohra community, a Shia Muslim sect that has a population of 2 million, worldwide.⁹⁸ A group of Indian women subjected to FGM as children have called for the government to ban the ritual, called khatna. In most cases, part of the clitoral hood is cut, but in some cases, girls have had part, or all of the clitoris cut. The Bohras consider khatna a religious obligation.

Similar to India, in Pakistan, FGC is carried out by the Dawoodi Bohra and it had remained a well-kept secret until very recently. It is typically performed on girls between the ages of six and nine years old. It is thought that the practice may have come from Yemen, to where Dawoodi Bohras have traced their roots to and where female cutting is prevalent in some parts of Yemen. As a comparison, although Bangladesh is a Muslim majority country with 90% followers of Islam—the practice of female circumcision, female genital mutilation or cutting is totally absent. The possible reasons are that religious leaders in Bangladesh maintain that there is no credible hadith on female circumcision.

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TABLE 8: PROPORTION OF GIRLS MARRIED BEFORE AGE 15 AND 18 (Child Marriage in 2010 - 2016)

	Married Before Age 15	Married Before Age 18	
EAST ASIA			SOUT
China	_	_	Camb
Mongolia	0.0%	5%	Indon
SOUTH ASIA			Lao Pl
Bangladesh	22%	59%	Malay
India	18%*	47%*	Myanı
Maldives [°]	0.0%*	4%*	Philip
Nepal	10%	37%	Thaila
Pakistan	3%	21%	Vietna
Sri Lanka	2%*	12%*	F

	Married Before Age 15	Married Before Age 18
SOUTH EAST ASIA		
Cambodia	2%	19%
Indonesia	1%	14%
Lao PDR	9%	35%
Malaysia	_	_
Myanmar	2%	16%
Philippines	2%	15%
Thailand	4%	23%
Vietnam	1%	11%
PACIFIC		
Fiji	_	_
Papua New Guinea	2%*	21%*

1%

11%

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Source:

United Nations Children's Fund (UNICEF), The State of the World's Children 2017. ⁹⁹ Note: *Data refer to years or periods other than those specified in the column heading. Such data are not included in the calculation of regional and global averages.

TABLE 9: LEGAL FRAMEWORK IN ASIA-PACIFIC COUNTRIES ON CHILD MARRIAGE AND PROTECTION

Samoa²⁰

	Convention on the Rights of the Child (1989)	Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography (2000)	Convention on the Elimination of All Forms of Discrimination Against Women (1979)	International Covenant on Economic, Social and Cultural Rights (1966)	Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages (1962)
Bangladesh	Ratified 1990	Ratified 2000	Ratified 1984(a)	Ratified 1998(a)	Ratified 1998(a)
Cambodia	Ratified 1992(a)	Ratified 2000	Ratified 1992	Ratified 1992	Neither ratified nor signed
China	Ratified 1992	Ratified 2002	Ratified 1980	Ratified 2001	Neither ratified nor signed
India	Ratified 1992(a)	Ratified 2005	Ratified 1993	Ratified 1979(a)	Neither ratified nor signed
Indonesia	Ratified 1990	Ratified 2012	Ratified 1981	Ratified 2006(a)	Neither ratified nor signed
Lao PDR	Ratified 1991(a)	Ratified 2006	Ratified 1981	Ratified 2007	Neither ratified nor signed
Malaysia	Ratified 19952(a)	Ratified 2012	Ratified 1995	Neither ratified nor signed	Neither ratified nor signed
Maldives	Ratified 1991	Ratified 2002	Ratified 1993(a)	Ratified 2006(a)	Neither ratified nor signed
Mongolia	Ratified 1990	Ratified 2003	Ratified 1981	Ratified 1974	Ratified 1991
Myanmar	Ratified 1991(a)	Ratified 2012(a)	Ratified 1997(a)	Neither ratified nor signed	Neither ratified nor signed

	Convention on the Rights of the Child (1989)	Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography (2000)	Convention on the Elimination of All Forms of Discrimination Against Women (1979)	International Covenant on Economic, Social and Cultural Rights (1966)	Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages (1962)
Nepal	Ratified 1990	Ratified 2006	Ratified 1991	Ratified 1991(a)	Neither ratified nor signed
Pakistan	Ratified 1990	Ratified 2011	Ratified 1996(a)	Ratified 2008	Neither ratified nor signed
Papua New Guinea	Ratified 1993	Neither ratified nor signed	Ratified 1995(a)	Ratified 2008	Neither ratified nor signed
Philippines	Ratified 1990	Ratified 2002	Ratified 1981	Ratified 1974	Ratified 1965
Samoa	Ratified 1994	Neither ratified nor signed	Ratified 1992(a)	Neither ratified nor signed	Ratified 1964(a)
Sri Lanka	Ratified 1991	Ratified 2006	Ratified 1981	Ratified 1980	Ratified 1962
Thailand	Ratified 1992	Ratified 2006(a)	Ratified 1985(a)	Ratified 1999(a)	Neither ratified nor signed
Vietnam	Ratified 1990	Ratified 2001	Ratified 1982	Ratified 1982(a)	Neither ratified nor signed

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Source:

WHO, Child, Early and Forced Marriage Legislation in 37 Asia-Pacific Countries. 100

6. Child, Early and Forced Marriages

The data in Table 8 suggests, especially in the Asia-Pacific region, that much of the pregnancy related mortality and morbidity risks, HIV, and violence towards adolescent girls occur within the context of marriage. Hence, the rates of early age marriage in the region are particularly vital.

Since the Asia-Pacific region is home to the largest population of adolescents, the actual number of girls affected by early age marriage is high. This occurs despite repeated commitments at the global level to reduce child, early and forced marriages.

Table 9 demonstrates that all governments in the region have signed and ratified the Convention on the Rights of the Child yet early marriage continues to be a feature in the lives of adolescent girls, especially those who come from poorer, lesser educated backgrounds living in vulnerable conditions (in places affected by conflict, disasters, and climate change). 101, 102 Additionally, early age marriage has also been a feature of a number of

Human Rights Council Resolutions. In September 2014, the UN General Assembly adopted unanimously a resolution on Child Early and Forced Marriage. 103
The Human Rights Council also passed a number of resolutions pertaining child early and forced marriage, in particular—in the 2015 Resolution 29/8 on Strengthening Efforts to Prevent and Eliminate Child, Early and Forced Marriage, and the 2017 Resolution 35/16 on Child, Early and Forced Marriage in Humanitarian settings. 104

Other HRC Resolutions also touch on child, early and forced marriage – such as Resolution 35/10 on accelerating efforts to eliminate violence against women, ¹⁰⁵Resolution 35/18 on the elimination of discrimination against women and girls, ¹⁰⁶ and Resolution 35/22 on realising the equal enjoyment of the right to education. ¹⁰⁷

Governments across the globe have been committing and recommitting to the agenda of preventing and eliminating child, early and forced marriage, however, the practice continues in many key countries.

to enforce. Minimum age and legal age of marriage are difficult to enforce in countries which do not have a vital registration system, where girls may be presented as being of the 'right' age. In the Asia-Pacific region, multiple laws may co-exist on the age of marriage – the civil laws, religious laws, and cultural, indigenous traditions and laws, often provide exemptions and the minimum age of marriage law flouted. Even when countries have adopted a strong legal system to fight the practice of child marriage, and even where the legislators have been able to harmonise the different legal systems, the rate of child marriage still remains high. 109 The table

Key barriers include a lack of enforcement or an inability

below shows that there are exemptions in every single country with regards to the legal age of marriage with the exception of China.

Governments need to resolve the differences in law and uphold the highest standards possible for the most vulnerable groups such as adolescent girls.

In most of the countries surveyed, one could note differing ages at which boys and girls could get married, and on the overall, the age for girls was lower. This itself speaks of gender bias, and the belief that girls would eventually have to marry, and hence, enabling them to marry sooner is acceptable.

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Region

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TABLE 10: LEGAL AGE OF MARRIAGE IN THE ASIA-PACIFIC REGION

	18 or Above for Girls and Boys				
	Legal Age of Marriage – With No Third-party Consent Required	Exceptions to the Legal Age of Marriage – in Special Circumstances and/or With Third-party Consent Required			
Bangladesh	18 for girls and 21 for boys	 In the case of non-religious marriage, a girl can marry at 14 with parental consent Under Muslim personal law, a girl is permitted to marry at 14 			
Cambodia	18 for girls and 20 for boys (Law on Marriage and Family 1989), or 18 for girls and boys (Civil Code of Cambodia 2007)	 16 if he or she wishes to marry and has parental/guardian consent and if the other party is at least 18 In the case of pregnancy if one or both parties are under 18, with parental/guardian consent or under general guardianship consent if the marriageable party has the minimum capacity required 			
China	20 for women and 22 for men				
India	18 for girls and 21 for boys	Except under Mohammedan Law or Sharia law			
Indonesia	21 for girls and boys	16 for girls and 19 for boys with parental consent			
Lao PDR	18 for girls and boys	15 under special circumstances			
Malaysia	21 for girls and boys in the case of non-Muslim marriages; 16 for girls in the case of Muslim marriages Note: Muslim marriages are subject to prior consent from the chief minister (religious authority) in the state of residence	 18 with parental consent in the case of non-Muslim marriages 16 for girls if a licence is granted by a chief minister and with parental consent in the case of non-Muslim marriages Under 16 for girls with the permission of a Sharia court in the case of Muslim marriages 			
Maldives	18 for girls and boys	Under 18 with permission from the Registrar of Marriages, granted at its discretion			

	Legal Age of Marriage – With No Third-party Consent Required	Exceptions to the Legal Age of Marriage – in Special Circumstances and/or With Third-party Consent Required			
Mongolia	18 for girls and boys	Under 18 if the girl or boy is declared a person with full legal capacity			
Myanmar	18 for girls and boys; 20 for girls and boys in the case of Buddhist marriages; 21 for girls and boys in the case of Cristian marriages	 14 for girls with parental or guardian consent 16 for girls and 18 for boys with parental or guardian consent in the case of Buddhist marriages Under 21 with the father's or guardian's consent in the case of Christian marriages 	21		
Nepal	20 for girls and boys	18 with parental consent	The Status of		
Samoa	19 for girls and 21 for boys	16 for girls and 18 for boys with parental or guardian consent	Adolescents' SRHR in Asia and the Pacific Region		
Thailand	21 for girls and boys	Under 21 for boys and girls with parental consent, or under 17 with court order	Kegion		
Vietnam	18 for girls and 20 for boys		••••		
	Below 18 for Girls and/or Boys				
	Legal Age of Marriage – With No Third-party Consent Required	Exceptions to the Legal Age of Marriage – in Special Circumstances and/or With Third-party Consent Required			
Pakistan	16 for girls and 18 for boys	14 for girls with parental consent (non-religious marriages			
Papua New Guinea	16 for girls and 18 for boys	• 14 for girls and 16 for boys with court order			
Philippines	21 for girls and boys; age of puberty (presumed to be 15) for girls and 15 for boys in the case of Muslim marriages	 18 with parental consent 12 for girls who have attained puberty and with the order of a Sharia court in the case of Muslim marriages 			
Sri Lanka	18 for girls and boys; 12 for girls in the case of Muslim marriages	 Under 18 with parental consent or court order Under 12 for girls in the case of Muslim marriages, with the authorization of a Muslim courtg 			

Source

Inter-Parliamentary Union (IPU) and WHO, Child, Early and Forced Marriage Legislation in 37 Asia-Pacific Countries. 110

Governments need to resolve the differences in law and uphold the highest standards possible for the most vulnerable groups such as adolescent girls.

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Early marriage is a strong indicator of less autonomy within the relationship and the family. Early marriage goes hand-in-hand with exclusion of girls from the decision on when and whom to marry.

The majority of ASEAN member States (Brunei,

Cambodia, Indonesia, Malaysia, Singapore, and Thailand)

have legalised exceptions to the general minimum age

for marriage. Exceptions may be granted for a wide

range of reasons, which vary from State to State, but

are generally based on the grounds of religion, ethnicity

or custom; physical signs of puberty; parental consent;

pregnancy; or for other, broadly defined or undefined

children, couples and families. The CRC Committee and

the CEDAW Committee have consistently expressed concern about exceptions in law to the general minimum

reasons related to the personal circumstances of

In some cases, marriage laws explicitly exclude jurisdiction over particular religious or ethnic groups. Section 1(2) of the Marriage Act in Brunei states that the law does not apply to Muslims, Hindus, Buddhists, Dayaks and "other persons governed by their own laws or customs of marriage which are recognized by Brunei law." Section 3 of the Women's Charter, Singapore, provides that particular sections of the act, including section (III) that establishes the minimum age for marriage, do not apply to persons married under Muslim law. Similarly, Section 3 of the Law Reform (Marriage and Divorce) Act 1976, Malaysia, stipulates the law does not apply to Muslims and those married under Islamic Law, any native of Sabah or Sarawak, or any aborigine of Peninsular Malaysia (unless "he elects to marry under this act," or contracted marriage under the Christian Marriage Ordinance or the Church and Civil Marriage Ordinance). Section 1448 of the Civil and Commercial Code, Thailand, specifies that "the court may, in case of having appropriate reason, allow [marriage applicants] to marry before attaining such age [the minimum legal age for marriage]," however, there is no further clarification of what this "appropriate reason" may be.112 Finally, in Indonesia, in cases where a boy is below 19 years of age, or a girl is below 16 years of age, the parents of the couple may petition the court to allow the marriage to proceed.

Conservatives argue that flexibility within the law concerning the minimum age for marriage may serve the best interests of individual children in particular cases (providing, of course, that the free and full consent of the marriage applicant is clearly established). Where, for example, a 17-year-old child becomes pregnant in a community where sexual relationships outside marriage are highly taboo and heavily sanctioned, it may be in the best interests of the child, providing, of course, that she gives free and full consent to the marriage, to allow her to marry. In several countries, however, these loopholes have been utilised to let rapists free themselves of the charge of statutory rape. There should be an overall understanding, nevertheless, that it is usually not in the interests of children to be married.

Early marriage is a strong indicator of less autonomy within the relationship and the family. Early marriage goes hand-in-hand with exclusion of girls from the decision on when and whom to marry. Evidence from India, for example, shows that compared with young women who had married at age 18 or older, those who had married early were less likely to have been consulted on the timing of marriage and choice of spouse, as well as to have had an opportunity to get to know their spouse before marriage.¹¹³

Recent research shows that young women, in particular, tend to report that their first experience of sex was physically forced or obtained through threats, trickery, or deception and early marriages, especially in settings where arranged marriages are common, are frequently characterised by forced early marital sex.

Younger married women are more at risk of experiencing violence. A 10-country study demonstrates that age at first marriage is a major factor related to experiences of violence: women who were younger than 20 years old when they first married or started living with their current husband or partner were more likely to report physical or sexual violence than those who reported being 20 years or older when they first married. Data from the WHO multi-country study shows that 20–36% of women ages 15–19 years old in 10 out of 15 study sites

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age for marriage.111

reported having being subjected to at least one act of physical violence in the previous year and the rates of current physical violence are higher in the 15–19 years old age group, compared with older women aged 20–49 years old.¹¹⁵

Recent research shows that young women, in particular, tend to report that their first experience of sex was physically forced or obtained through threats, trickery, or deception and early marriages, especially in settings where arranged marriages are common, are frequently characterised by forced early marital sex.¹¹⁶

Early marriage is also associated with lower educational attainment for girls, limiting their employment opportunities, economic security and productive value to society. All these factors contribute to low levels of decision making in the family, increased vulnerability to violence, and limited access to social and economic resources.

Younger girls who marry at an early age often have negligible sexual experience, lesser information, no autonomy and little negotiating power within the relationships—an Indian study showed only one in seven married girls aged 15-19 (13.8%) could go to the market without her husband's permission and only one in ten (10.2%) could visit friends without permission. Twice as many older married women had the freedom to do these things.¹¹⁷

Their partners of these young girls are often older, for example, in Bangladesh the mean age difference between a married girl aged 15-19 and her husband is 9.8 years, 118 and more sexually active. This puts younger women at greater risk of contracting reproductive and sexually transmitted infections, including HIV. 119 Young people at higher risk of HIV infection who are in relationships with older partners are more likely to have unprotected sex than those with partners of the same age, and are more likely to be HIV-positive. 120

Early marriage is also associated with lower educational attainment for girls, limiting their employment opportunities, economic security and productive value

to society. All these factors contribute to low levels of decision making in the family, increased vulnerability to violence, and limited access to social and economic resources. 121 There are cases which have shown that a combination of these factors also leads to death. For example, a study in Matlab, Bangladesh, for the period 1976-1993, found that pregnant adolescents had a greater risk of suicide death than non-pregnant adolescents. 122 Early marriage often leads to early pregnancy and early childbearing, which are linked to higher risks of maternal mortality and morbidity. 123

Adolescent Girls: Marginalisations and Vulnerabilities

Adolescent girls are a particularly marginalised group within the Asia-Pacific region. Strong patriarchal and familial norms continue to hamper their development, and interventions on their development and well-being are deterred by socio-cultural and religious norms.

Adolescence, the period between 10-19 years of age, marked by puberty, is often the period of sexual awakening. Both boys and girls experience crushes and different feelings of love, form relationships, and experiment with their bodies and with sex. This is part and parcel of the biological process.

In Asia-Pacific, however, boys and girls experience adolescence differently. Boys usually get more freedom and autonomy to explore and define their sexual identity, whereas girls usually face curbs and limitations on experiencing and exploring their sexuality. In many traditional societies, the onset of menstruation, signals availability for marriage, and the period of adolescence is for girls far shorter, and sometimes coincides with marriage. This often means that adolescent girls are limited in their opportunities to develop themselves, seek an autonomous and independent identities, form networks and relationships with others outside the family circle. This affects the status of girls, and in later life, the women they become.

The social curbs on girls' sexuality means that sexuality is only meant to be expressed within the framework of marriage. Sexual expression, including intercourse, is considered unacceptable before marriage. The protection of girls' virginity is seen as vital, and puts a strain on families, and is correlated to family honour. Families also

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resort to marrying girls off before 18, to 'protect' girls from sexual promiscuity - since these girls may have been dating, socialising, having a boyfriend, having had sex or are pregnant. In extreme cases, violence is used in order to restore or regain honour in cases of sexual defilement.

Hence, sexuality and marriage are considered one and the same for most of the girls in the region. Girls' needs for sexual expression and discovery is not at all recognised as part of self-development, which it should rightfully be. Ensuring adolescent girls are able to fully enjoy their entire period of awakening, discovery and development should be an essential strategy for the well-being of adolescent girls.

Summary and Recommendations

Adolescent girls in the region suffer the vulnerabilities of gender and age simultaneously, in the Asia-Pacific region which is rife with patriarchy. This becomes manifest in practices such as FGC and early age marriage, where the bodies of adolescent girls are marked with society's control of their bodies and sexuality. Lack of access to information (whether it is information on contraception or to be able to protect one's self from HIV) indicates the overall lack of access to resources. Social curbs and social expectations placed on adolescent girls – leads them into cycles of early marriage, early pregnancy and limited opportunities for independence.

Recommendations:

- 1) Governments need to make concerted efforts to abolish and correct laws and policies which continue to hinder adolescent girls' full enjoyment of their rights which enable them to discover and develop their full potential in life.
- 2) Governments need to put in place laws and policies which affirm adolescent girls' equality including their right to consent to marriage, and their right to sexual consent, and ensure adolescent girls receive access to information and services.
- 3) All stakeholders must emphasise uprooting patriarchal biases which perpetuate discriminatory biases against adolescent girls in programmes that aim to empower adolescent girls.

Endnotes

- Refer to 7.44 of the ICPD PoA. Furthermore, in paragraph 7.46,
 Governments are urged to "protect and promote the rights of
 adolescents to reproductive health education, information and
 care..." and in Paragraph 7.47, in collaboration with NGOs, to
 "meet the special needs of adolescents and to establish appropriate
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