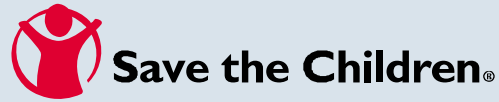




CHILDREN HAVING CHILDREN

*State of the
World's Mothers 2004*



Save the Children is the leading independent nonprofit relief and development organization working for children in the United States and in more than 40 countries around the world. Our mission is to create lasting, positive change in the lives of children in need. Save the Children is a member of the International Save the Children Alliance, comprising 29 Save the Children national organizations working in more than 100 countries to ensure the well-being of children everywhere.

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On the cover:

Fatoumata, a 15-year-old girl in Mali, holds her newborn son Moussa. She was 14 when she got married and she has never attended school. Her husband is 27.

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The women's and children's stories in this report are real but some names have been changed to protect identities.

Children Having Children

In commemoration of **Mother's Day**, Save the Children is publishing its fifth annual *State of the World's Mothers* report. By focusing on the tens of millions of girls who become mothers when they are themselves still children, this report helps to bring attention to the enormous, often life-and-death challenges faced by young mothers and their children. It suggests actions required to help girls who are at risk of early motherhood. It also recommends programmatic and policy solutions that have been successful both in helping girls to postpone marriage and childbirth and in providing health and education services for child mothers and their babies.



Letter from the President



As I have traveled the world with Save the Children, I have seen many children struggling to overcome difficult circumstances including war, famine, disease and poverty. Yet hope never dies.

Children are so resilient, and if there is one common denominator

that enables children to survive and thrive against seemingly impossible odds, it is a healthy and caring mother.

The relationship between mother and child is, indeed, profound and universal. But when mothers are children themselves – when they begin to have children before they are physically and emotionally ready for parenthood – too often everyone suffers: the mother, the child and the community in which they live.

Save the Children's fifth annual *State of the World's Mothers* report examines the implications of children having children. The report finds that in poor countries, pregnancy is the leading cause of death among adolescent girls, and their babies face a risk of dying before they reach their first birthday that is 50 percent higher than children born to women in their twenties.

Childhood should be a special time to grow, learn, play and prepare for a happy and productive life. But throughout the developing world, the report shows, millions of girls drop out of school, get married and start childbearing at a dangerously young age.

Our first-ever *Early Motherhood Risk Ranking* (see page 17) looks at 50 countries where this problem is especially severe. In addition, we offer analysis of the problem in the United States, which has by far the highest rate of early motherhood in the industrialized world.

What can be done? First, we must give every girl in every country access to education and offer viable options that enable girls to delay early marriage and childbirth. Second, every country must do a better job of ensuring that the health of young girls and young mothers is not ignored. Research shows that one of the

most important, and often unavailable, health services for young women and their children is access to voluntary family planning and reproductive health care.

This year's report marks a milestone for Save the Children. Five years ago, Save the Children issued its first *State of the World's Mothers* report documenting conditions for mothers and their children in more than 100 countries. Over the past five years, our annual *Mothers' Indexes* have shown consistently that in those countries where mothers fare best, children fare best.

Overall, we have accomplished an enormous amount as a result of these reports including:

- Increasing awareness of the critical issues facing mothers and their children among tens of millions of people in the United States and around the world;
- Organizing a network of supporters willing to voice their views on programs and policies that benefit women and children around the world;
- Forming new partnerships with corporations and foundations that share our vision of creating real and lasting change in the lives of the world's poorest children; and
- Working with the U.S. administration and Congress to develop effective programs and policies that can make a difference in children's lives worldwide.

Every one of us has a part to play in addressing the needs of women and children in the poorest parts of the world. Please read the *Take Action Now!* section of this report, and visit www.savethechildren.org on a regular basis to find out what you can do to address the global problem of children having children.

It is possible to make the world better for children everywhere if each of us does our part. On behalf of the children and women we serve, thank you for your commitment.

A handwritten signature in blue ink that reads "Charles F. MacCormack". The signature is fluid and cursive.

Charles F. MacCormack
President and CEO
Save the Children

Foreword



As we celebrate Mother's Day, we once again take time to reflect on one of the world's most challenging jobs and greatest adventures – raising children.

When it comes to parenting, the experts will tell you to come prepared. However, as any of us who are

mothers and grandmothers know, you can never really be ready for motherhood – no matter how many books you read or childbirth classes you take, or friends and family members you consult. Nothing can fully prepare you for the full-throttle roller-coaster ride of raising a child to adulthood. There's nothing quite like it.

All of which leads me to ask: If motherhood is a tremendous challenge for well-educated women with reasonable incomes in the world's richest countries, what must it be like for some very young girls with little or no education and meager resources in the poorest areas of the world?

As this year's *State of the World's Mothers* report so well documents, motherhood at a young age is a dance with death for millions of girls and their babies throughout the developing world.

Consider Rokeya, a teenager in Bangladesh, who is old beyond her years. Taken out of school at 13 and forced to marry at 14, she became pregnant before her body was physically ready to bear a child. As a result, she lost her baby during pregnancy, and her husband quickly divorced her, leaving her alone and shunned by family members and friends.

Today, she says, if she had only stayed in school, her life would be much different. "I would be like other girls who are going to school now and enjoying life," she told one of Save the Children's staff recently.

Too often, in too many countries, girls like Rokeya are having children at a dangerously young age. Throughout the developing world, the death toll is staggering: an estimated 70,000 teenage girls die each year from

causes related to pregnancy and childbirth, and an estimated 1 million children of teenage mothers die before their first birthday.

The United States is not immune to these problems – especially in rural areas where education levels are low and poverty is high. In one rural county in Arkansas, adolescent birth rates are higher than in 94 developing countries. Nationwide, adolescent birth rates have declined in the United States, but they still remain much higher than in any other industrialized country.

What can we do? What strategies can help young girls delay motherhood until they are emotionally and physically ready to become parents?

This year's *State of the World's Mothers* report not only identifies countries where young mothers and their children are most at risk, it also cites numerous ways that small investments in innovative programs can make a difference in the lives of young girls.

One example: A program in Egypt has created a safe place for young rural teenage girls to get together, participate in sports and learn reading and livelihood skills. The program also reaches out to adolescent boys, parents, other family members and community leaders, helping them to see girls as an important part of the community. The result: the rates of early marriage and motherhood have declined significantly among participants within only a few years.

Such successes demonstrate the situation is not hopeless. There are, in fact, practical, successful, uncomplicated solutions that address the needs of millions of young girls.

Please join me in supporting these efforts and helping Save the Children call for more investments in the health and education of young girls worldwide. It will make for a more joyous Mother's Day for you, and for mothers and children around the world.

Cokie Roberts

News Commentator and Save the Children Trustee

Executive Summary

Around the world, tens of millions of girls marry and have babies while they are still children themselves. When girls become mothers before they are physically and emotionally ready, the results are often tragic: many girls die in childbirth, even greater numbers of their babies die, and young mothers and babies who do survive often struggle to overcome poor health, limited education and grinding poverty.

This year's *State of the World's Mothers* report, focusing on the widespread problem of children having children, identifies 50 perilous places where the problem is particularly severe. The first-ever *Early Motherhood Risk Ranking* (see page 17) analyzes countries where child motherhood is most common and where the consequences are most devastating. It tells us where girls are most at risk of marrying young and having babies too young. It also tells where the greatest percentages of babies born to child mothers are dying before they reach their first birthday.

The stories of these girls speak volumes:

- Safa in Egypt becomes the second wife of a 60-year-old man when she is 17. Her husband and his first wife expect her to do the majority of the work around the house and do not provide enough nutritious food. She becomes pregnant, but receives no pre-natal care. She loses that baby, and quickly becomes pregnant again.
- Ganga in Nepal has three children by the time she is 18. She never attended school. She cannot afford nutritious food or a decent house to live in. Her last childbirth was especially difficult and she still feels weak all the time. "I am busy all day with my household work and children," she says. "I have enormous awful days in my life."
- Abeba in Ethiopia marries at age 7, begins having sex at 9, and becomes a widow at 12. She discovers she is pregnant, but loses the baby after a difficult labor. "I do not want to remarry," she says. "I do not want any man to come near me."

Research from dozens of countries around the world points to enormous, often life-and-death challenges commonly faced by young mothers and their children.

Children Having Children: A Snapshot

1 in every 10 births worldwide is to a mother who is still herself a child.

Complications from pregnancy and childbirth are the leading cause of death for young women aged 15 to 19 in the developing world.

Girls in their teens are twice as likely to die from pregnancy- and childbirth-related causes compared with older women.

Research suggests that very young mothers – aged 10 to 14 – have maternal mortality rates *five times* higher than women aged 20 to 24.

Babies born to girls in their teens face a risk of dying before age 1 that is 50 percent higher than babies born to women in their twenties.

Worldwide, an estimated 70,000 girls and 1 million infants born to young mothers die each year due to complications from pregnancy and childbirth.

Educated girls tend to marry later, have fewer children, and raise healthier, better nourished children.

115 million primary school-aged children worldwide are not now in school, 60 percent of them girls.

Birth rates for teenage girls in the United States have declined in recent years, but they remain much higher than in any other industrialized country.

Key Findings

1. Early motherhood is often a death sentence for a girl and her baby. Both are at great risk of dying as a result of complications during pregnancy and childbirth. Babies born to girls in their teens face a risk of dying before age 1 that is 50 percent higher than babies born to women in their twenties. Worldwide, over 1 million girls and their babies each year do not survive pregnancy and childbirth. Zeroing in on mothers aged 14 and under, available data suggest these mothers face the greatest risks. Research from Bangladesh suggests that very young mothers (aged 10 to 14) may face *five times* the risk of maternal mortality compared to mothers aged 20 to 24.

2. Throughout the developing world, alarming numbers of children are having children, with tragic consequences. Our *Early Motherhood Risk Ranking*, analyzing the problem in 50 developing

countries, found that more than 1 in 4 girls aged 15 to 19 are married, more than 1 in 10 girls in this age group will give birth in a given year, and nearly 1 in 9 babies born to these young mothers will die within the first year of life. Girls in sub-Saharan African countries tend to have the highest rates of early marriage and early motherhood as well as the highest mortality rates for young mothers and their babies. Countries outside of Africa where risks to young mothers are especially high include Afghanistan in Central Asia, Bangladesh and Nepal in South Asia, Yemen in the Middle East, and Guatemala, Haiti and Nicaragua in Latin America.

3. If they survive, young mothers and their babies face enormous health risks. When a young woman's body is not physically mature enough to deliver a baby safely, obstructed labor is common, and can result in



Ten Highest-Risk Countries for Children Having Children

Risk Rank	Country
1	Niger
2	Liberia
2	Mali
4	Chad
5	Afghanistan
5	Uganda
7	Malawi
8	Guinea
9	Mozambique
10	Central African Republic

In the 10 highest-risk countries, on average, nearly half of all girls (48 percent) aged 15 to 19 are married, more than 1 in 6 girls in this age group will give birth in a given year, and at least 1 out of 7 children born to teenage mothers dies within the first year of life. An estimated 13,000 adolescent girls die each year of complications from pregnancy and childbirth in these 10 countries. For the complete *Early Motherhood Risk Ranking* for 50 countries along with additional analysis, see pages 16 and 17.

painful disabilities. Babies born to teen mothers are more likely to be premature and low birth weight. And young married girls are at greater risk of contracting HIV/AIDS than boys their own age, which puts their babies at risk of being born with the disease.

4. Limited education can be both a cause and an effect of child motherhood. Girls who are not attending school are more likely to become mothers at a dangerously early age, and girls in school who marry young or become pregnant usually leave school. Young uneducated mothers and their children are at a severe disadvantage. When mothers lack education, they are more likely to be poor, to get pregnant more often, to have higher rates of child and maternal mortality, to be less knowledgeable about family planning and HIV/AIDS and to be less prepared to look after the health, well-being and educational prospects of their children.

5. Young mothers often struggle economically, and their children are likely to repeat the cycle of poverty. The relationship between poverty and early motherhood is mutually reinforcing – the poorest women are most likely to have children while young, and those having children while young are likely to remain in poverty. The consequences of poverty for the children in terms of nutrition, health care and educational opportunities are profound. These children are likely to

be poor when they grow up, and to perpetuate the downward cycle of children having children.

6. In the industrialized world, the United States has by far the highest rate of early motherhood.

Although the adolescent birth rate in the United States has fallen over the past decade, it is still significantly higher than other industrialized nations – about two-and-a-half times that of the United Kingdom, more than 10 times that of the Netherlands or Japan, and over 17 times the birth rate of the Republic of Korea. States with large rural populations, above-average poverty rates and lower-than-average education levels have the worst records for children having children. These include: Arizona, Arkansas, Mississippi, New Mexico and Texas.

Recommendations to Save the Lives of Young Mothers and their Children

The key findings point to specific interventions and investments to encourage girls to stay in school and delay motherhood until they are both emotionally and physically ready to give birth and raise children. These strategies give girls opportunities and services tailored to their unique needs and aspirations. They make it more likely that girls who become pregnant will safely deliver a healthy baby and raise children successfully. They also encourage families, communities and governments to support roles and responsibilities for girls that protect their health and development.

1. Help more girls go to school and stay in school.

One of the most effective ways to help girls in poor countries who are at risk of becoming mothers at a dangerously early age is to focus on girls' education. Increased investments are needed to help more girls go to school and stay in school, and to encourage families and communities to value the education of girls. Both formal education and non-formal training give girls knowledge, self-confidence, practical skills and hope for a bright future. These are all powerful tools that can help them delay marriage and child-bearing to a time that is healthier and more economically secure for them and their babies.

2. Tailor health services to the special needs of newly married girls and young first-time mothers. Newly married girls and young first-time mothers need health services that are designed to meet

their special needs, taking into consideration the unique risks they face, their limited knowledge and experience, and their social isolation. Successful programs around the world are reaching out to newly married girls and helping them to delay first births by providing family planning information and services. Other programs serve those who do become pregnant, giving both young mothers and their babies a better chance to survive and thrive.

3. Give girls better income-earning options to help them to delay marriage and motherhood.

When teenage girls are able to earn money, they have greater control over their future. They have more options when it comes to delaying marriage and childbirth, higher status within the family, and improved ability to provide for themselves and their children. Girls and young women with some schooling are clearly at an advantage with regard to economic opportunities, but even those with little formal education can learn vocational skills that will help them, and their children, to improve their livelihoods and avoid harmful or exploitative work.

4. Support efforts to change societal attitudes towards the role of girls. Governments and non-governmental organizations (NGOs) are having some success in increasing awareness of the harm caused by early motherhood and in changing opinions about the value of girls. While progress is slow, there is some encouraging evidence that communities are moving away from the traditional view of daughters as an economic liability and a potential source of shame for a family if they are not married at a young age.

5. Work to improve laws regarding minimum age at marriage and to enforce existing laws.

Governments can do much more to strengthen and better enforce laws concerning the minimum legal age of marriage. They also can do a better job of enforcing laws to ensure marriage is entered into only with free and full consent. Governments and NGOs, working together, can help raise awareness of existing laws at the community level and generate social support for their enforcement.

6. Urge the U. S. administration and Congress to support girls' education in the United States and around the world. Because education is one of the best ways to create lasting, positive change for children

everywhere – and to help girls delay motherhood until they are emotionally and physically ready to become parents – Save the Children is working through the Basic Education Coalition to guarantee education for all the world's children. As a first step, the United States should commit \$1 billion to global basic education by the year 2006. To help address these issues in poor areas of the United States, the U.S. government should fully fund two important programs: 21st Century Community Learning Centers and the Rural Education Achievement Program (REAP). In addition, the U.S. government should increase support for child survival and maternal health programs, including family planning, to meet the needs of young mothers in developing countries while also helping save the lives of 4 million infants who die each year of preventable or treatable causes before they are one month old.



**The 2004 Mothers' Index:
Sweden Tops List, Niger Ranks Last, United States
Ranks 10th**

Save the Children's fifth annual *Mothers' Index* compares the well-being of mothers and children in 119 countries. The *Index* uses six indicators measuring the status of women: lifetime risk of maternal mortality, use of modern contraception, births attended by trained personnel, prevalence of anemia among pregnant women, female literacy and participation of women in national government; and four indicators covering the well-being of children: infant mortality, nutritional status, primary school enrollment and access to safe water.

The *Mothers' Index* also provides information on an additional 45 countries for which sufficient data existed to present findings on women's indicators or children's indicators, but not both. When these are included, the total comes to 164 countries.

Sweden, Denmark and Finland top the rankings this year. The top 10 countries, in general, attain very high scores for mothers' and children's health and educational status. Niger ranked last among the 119 countries surveyed, as it did last year. The 10 bottom-ranked countries – all but one from sub-Saharan Africa – are a reverse image of the top 10, performing poorly on all indicators. The United States places 10th this year.

Conditions for mothers and their children in these bottom 10 countries are devastating. On average, 1 in 12 mothers will die in her lifetime from pregnancy-related causes. One in 8 children dies before its first birthday, and 1 in 9 children suffers from malnutrition.

Besides its latest *Mothers' Index*, Save the Children also has documented important regional trends among countries included in all five reports issued since May 2000. Among the major positive trends over the past five years:

- Several Latin American countries – including Costa Rica, Chile and Cuba – are approaching the industrialized countries on indicators of women's and children's well-being, such as percent of births attended by trained personnel, use of modern contraception, female literacy, primary school enrollment and women in national government positions.
- Countries in Central and Eastern European and the Commonwealth of Independent States have made important gains in improving the health status of women, led by countries such as the Czech Republic, Moldova and Uzbekistan. The Czech Republic also shows a reduction in the infant mortality rate over all five years.

See Appendix for *The 2004 Mothers' Index* and Country Rankings.

Children Having Children:

WHERE YOUNG MOTHERS ARE MOST AT RISK



Previous State of the World's Mothers reports have documented the inextricable link between the well-being of mothers and that of their children. Research has consistently shown that when mothers have health care, education and economic opportunities, both they and their children have the best chance to survive and thrive.

But what if mothers are children themselves? This year's report looks at countries where it is common for girls to marry as young as 12 and to begin having babies shortly after they begin menstruating. These are places where pregnancy and childbirth are by far the leading cause of death among teenage girls and where on average nearly 1 in 9 children born to young mothers dies before reaching age 1.

It is estimated that 70,000 teenage girls die each year in developing countries from causes related to pregnancy and childbirth. And 1 million children of teenage mothers die before reaching their first birthday. Mothers and children who do survive often face tremendous hardships that make it nearly impossible to lead happy, productive lives and raise the next generation successfully.

To address the global problem of children having children, Save the Children is working on three fronts:

- First, we have devised an *Early Motherhood Risk Ranking* that identifies 50 perilous places for children having



children. The ranking looks at countries where each year millions of adolescent girls marry and have children at a dangerously young age.

- Second, we are working in partnership with government agencies and colleague humanitarian organizations to raise greater awareness of the problem, and to call on Americans to support efforts to promote girls' education as the best way to prevent children from having children and to give mothers and their babies a better chance to survive and thrive.

- Third, we are working in developing countries to help young girls delay having babies until they are physically and emotionally ready for motherhood. In a number of countries, we have adopted innovative strategies to educate girls about different life options, to promote awareness of the vital role girls play in families and communities, and to provide appropriate health and education services to those young girls who do become mothers. Our literacy programs in rural areas across the United States also help to prevent early motherhood, and prepare girls to be better mothers, by encouraging them to succeed in school and to stay in school.

Save the Children also has identified five successful strategies that can make a difference in the lives of millions of girls and their children. These strategies have worked in a wide range of countries to encourage young girls to delay motherhood and stay in school until they are both emotionally and physically ready to marry, give birth and raise children. They focus on giving girls in poor countries opportunities and services tailored to their unique needs and aspirations. They promote education, better health care and improved economic opportunities for girls and their children. They also encourage families, communities and governments to value their daughters and consider the costs of poorly educated young mothers struggling to raise the next generation.

The Perils of Early Motherhood

I. Early motherhood is often a death sentence for a girl and her baby

“Kadja was my older sister. She died two years ago. She wasn’t even 20 years old. . . . She was only 14 years old when she married but all the girls in our community marry very young. Four years after she got married, she still didn’t have any children. In the beginning, people spoke behind her back, but after a while, they made fun of her, saying that she would never have any children and that her husband had better remarry. On the advice of his mother, her husband became engaged to another girl from the village. That’s when we started to notice that my sister was pregnant. As the pregnancy advanced, my sister’s husband wanted her to rest but our aunt refused, saying that Kadja was not the only woman who ever got pregnant. One day her water broke while she was splitting wood. She carried on as if nothing happened because she didn’t understand what this meant. A couple of days later, Kadja had horrible pains. We did not take her to the hospital, which was far from the village. She died two days later, without anyone trying anything to save her. I think that the baby died inside her. My mother said that this must have been meant to be, but deep down she has never accepted it and she still suffers.” – Amadou, Mali¹

Worldwide, more than 13 million adolescent girls give birth each year – with more than 9 out of 10 births taking place in the developing world. In the poorest countries, young motherhood often becomes a death sentence. An estimated 70,000 girls aged 15 to 19 die each year during pregnancy and childbirth² and more than 1 million infants born to adolescent girls die before their first birthday.³

Complications from pregnancy and childbirth are the leading cause of death for adolescent girls between the ages of 15 and 19 in poor countries.⁴ Girls in this age group are twice as likely to die from pregnancy and childbirth-related causes compared with older women.⁵ And their babies face a risk of dying before age 1 that is 50 percent higher than children born to women in their twenties.⁶

The youngest mothers – those aged 14 and under – face the greatest risks. Research from Bangladesh suggests that very young mothers (aged 10 to 14) may face five times the risk of maternal mortality compared to mothers aged 20 to 24.⁷

Each year, 1 in every 10 births worldwide is to a mother who is still herself a child.⁸ Overall, 33 percent of women from developing countries give birth before

Mothers Too Young to Ignore



In many parts of the world, motherhood begins before a girl is emotionally or physically ready. In Guatemala, for example, nearly 1 in 16 girls is pregnant or has given birth by the age of 15. In Bangladesh, more than 1 in 7 15-year-olds is a mother. Unfortunately, reliable data do not exist to tell us precisely how many young mothers in these countries die in childbirth, but one study in Bangladesh found that the maternal mortality rate for girls aged 10 to 14 was five times higher than for women aged 20 to 24.

Source: Demographic and Health Surveys, 1998-2002, reported in Westoff, DHS Comparative Reports No. 5. (2003) and Chen et al., cited in Asian Population Studies Series, No. 156

the age of 20 – varying from 8 percent in East Asia to 55 percent in West Africa.⁹ In Africa and South Asia, families tend to marry off their daughters at an early age, often to much older men, and these girls are under great pressure to prove their fertility by bearing children immediately. In Latin America, the Caribbean and the United States, young mothers tend to be unmarried. But whether they are married or unmarried, living in rural areas or in cities, child mothers tend to be isolated. To a great extent their health and education needs are not met, and they are poorly prepared to deal with the challenges facing them and their children.

Besides having a negative impact on young girls, early marriage and motherhood can have a profound impact on newborns. Children born to children are more likely to be delivered prematurely and at low birth weight; they are more likely to die in the first month of life; they are less likely to receive adequate health care and nutritious food; they are less likely to get a good education and they are more likely to be impoverished throughout life.

If nothing is done to help young mothers to change their lives for the better, they tend to follow a predictable and tragic script that brings hardship and challenges in the areas of education, health and economic survival.



How Many More Young Mothers Remain Uncounted?

While early marriage and early motherhood data are available for some developing countries, other places around the globe – where conditions are likely to be equally bad or worse for young mothers – are not included in the ranking due to a simple lack of data to document the extent of the problem. It is important to remember that the condition of geographic or ethnic sub-groups in a country may vary greatly from the national average. War, violence and lawlessness may affect certain segments of the population disproportionately, especially in the case of internal ethnic conflict. These details are hidden when only broad national-level data are available.

The youngest mothers are often found in the most marginalized populations, and therefore are more likely to remain uncounted in demographic and medical statistics. In some cases, social or cultural norms may make it difficult or impossible for researchers to gain access to young married women. In many developing countries births take place at home, rather than at a medical facility, and birth registration is incomplete. The mother's and baby's exact ages may not be recorded or even known. Similarly, many marriages may be legitimized by local law or custom, but not formally recorded in national statistics. All these factors affect the availability and reliability of data on this important issue.

2. Throughout the developing world, alarming numbers of children are having children, with tragic consequences

“I married at age 12, before I even had my first period. I am from a lower caste family and I never attended school. We cannot afford nutritious food or a decent house to live in. I have three children – two daughters and one son. My last childbirth was especially difficult – I cannot describe for you how much I suffered during that time. I still feel weak and I look like an old woman. I have enormous awful days in my life. I wish I had not married so young and had babies so young. For me it is too late now, but my message to all teenage girls is do not marry before age 20 and wait to have children until you are 22 – that is the right age for childbearing, when a woman is mature and can look after herself and her baby.”
– Ganga, 19, Nepal¹⁰

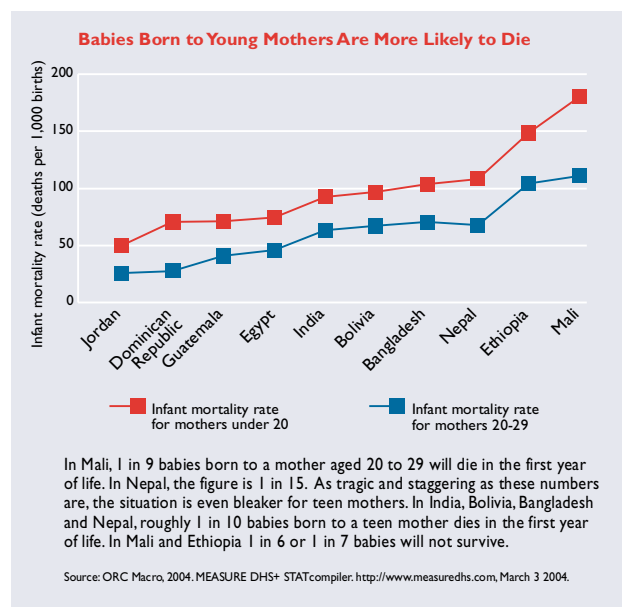
The *Early Motherhood Risk Ranking* analyzes 50 developing countries where child motherhood is most common and

where the consequences are most devastating. It shows where girls are most at risk of marrying too young and having babies too young. It also shows where the greatest proportion of babies born to child mothers is dying before they reach the age of 1.

In these 50 perilous places, on average, more than 1 in 4 girls aged 15 to 19 is married, more than 1 in 10 girls in this age group will give birth in a given year, and nearly 1 in 9 babies born to these young mothers will die within the first year of life.

In Niger – the highest-risk country on the list – more than half of girls aged 15 to 19 are married, 1 in 4 has given birth, and 1 out of 6 of their babies dies before reaching age 1.

Girls in sub-Saharan African countries, like Niger, tend to have the highest rates of early marriage and early motherhood. Countries outside of Africa where risks to young mothers are especially high include Afghanistan in Central Asia, Bangladesh and Nepal in South Asia, Yemen in the Middle East, and Guatemala, Haiti and Nicaragua in Latin America. (See pages 16 and 17 for the complete *Early Motherhood Risk Ranking and analysis*.)





3. If they survive, young mothers and their babies face enormous health risks

“I went to school until I was 13 and was married at 14. I was afraid at the beginning to have sexual relations with my husband, but he never listened to me. He did as he wished with me. Sometimes he hurt me. Having relations with him became a nightmare for me. He began physically assaulting me. When I became pregnant, I did not get proper food or pre-natal care. I had labor pains for three days and was at home without proper care. Then I was taken to a local health center but the paramedic told my husband that I needed to go to a hospital. They also mentioned that probably the baby inside my womb was dead and would have to be delivered with certain precautions. Unfortunately, after learning that the child was not alive, my husband did not take me to the hospital. He brought me back to home. An untrained birth attendant helped deliver the dead baby after two days. After that I began leaking urine. The long labor made me get fistula. My husband could not tolerate me anymore and divorced me at the age of 16. Now my only thought is that if I was educated, all these incidents would not have happened to me and I would be like other girls who are going to school now and enjoying life.” – Rokeya, 16, Bangladesh¹¹

In addition to the health risks exacerbated by lack of education, knowledge and experience, child mothers and their babies face risks because a young mother's body is often not physically mature enough to deliver a baby without complications. The consequences can be devastating for the mother's health as well as the child's.

Adolescent mothers tend to have more babies over the course of their lifetime, and to have shorter intervals between births than older women. Both factors increase the risk of death and poor health for the young mother and her children. In Bangladesh, for example, the median birth interval for women aged 15 to 19 is 27 months, compared with 38 months for women aged 20 to 29.¹²

Early motherhood places vulnerable infants at even greater risk. Worldwide, about 40 percent of all deaths among children under 5 occur in their first month of life.¹³ In developing countries, an infant's risk of death

during the first year is 30 percent greater if born to a young mother than to an adult woman.¹⁴ A nationwide health survey in Nepal found that the death rate for newborns was 73 percent higher for babies of adolescent mothers compared to older mothers.¹⁵ Even if they survive, infants born to teen mothers are more likely to be premature and low birth weight.¹⁶

Other health risks that are more acute and more common among young mothers include:

- **Obstructed labor** – A pregnant girl in a poor country is usually of small stature, due to her young age and/or malnutrition. Her pelvis is often too small for her baby to fit through without assistance, and obstructed labor is a common result.

If this occurs, help is needed to deliver the baby via Caesarean section. Tragically, however, most children who are having children today are doing so in poor countries, in remote areas, where help often is not available. Many lack access to skilled assistance during childbirth. Even larger numbers do not have modern medical facilities to turn to. Complications during childbirth, which are common for young mothers, lead to high rates of death among girls and their babies.

Female genital mutilation (FGM) – a cultural practice performed on girls and adolescents that involves the partial or total cutting of female genitals – increases a woman's risk of having prolonged or obstructed labor. This practice is common in many of the same countries where girls marry and get pregnant at young ages: Benin, Burkina Faso, Central African Republic, Chad, Côte d'Ivoire, Egypt, Guinea, Niger, Senegal, Tanzania and Yemen. It is also common in parts of Asia. An estimated 130 million women worldwide have undergone FGM, with an additional 2 million girls and young women undergoing the procedure every year.¹⁷

- **Fistula** – Perhaps the most devastating of all pregnancy-related disabilities, fistula is most common in the poorest countries – places like Benin, Chad, Ethiopia, Malawi, Mali, Mozambique, Niger, Nigeria, Uganda and Zambia – where child marriage is common and trained doctors and well-equipped hospitals are scarcest.

Fistula occurs as a result of obstructed labor that is not dealt with in a timely manner. The prolonged pressure of



the baby's head against a young mother's pelvis cuts off blood supply to the soft tissue surrounding the bladder, rectum and vagina, which can then rot away leaving a hole (fistula) with the girl unable to control her bladder or bowels. The condition causes great pain, both physical and emotional, and victims are often shunned by their families and communities.

Fistula is treatable and sometimes preventable by delaying pregnancy until a girl fully matures. Pre-natal care is also critically important. Skilled caregivers often can recognize complications in advance of childbirth and refer young mothers to clinics or hospitals where they can get the care they need.

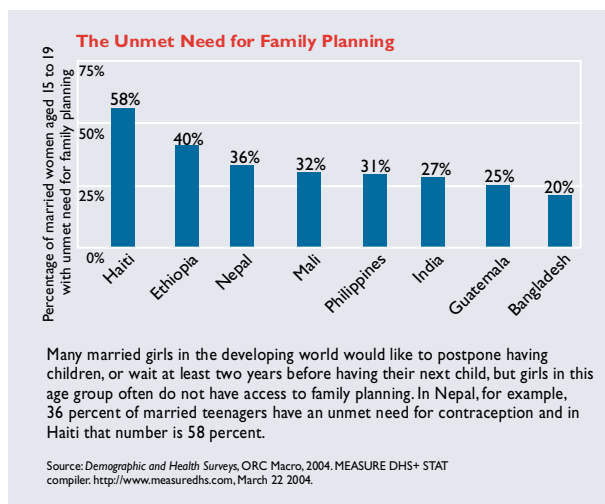
- **HIV/AIDS** – In developing countries, girls typically marry and begin sexual activity at a younger age than boys do, often with older men who have multiple partners. For a variety of reasons – pressure to bear children, lack of knowledge, lack of power within the relationship – these girls rarely are able to ask for condom use to protect themselves against HIV/AIDS.

The results have been tragic. Many young girls are infected with the virus and transmit it to their infants through pregnancy, childbirth and breastfeeding.

In western Kenya, nearly 1 girl in 4 aged 15 to 19 is HIV-positive, compared with 1 in 25 boys of the same age. In Zambia, in the same age group, 16 times as many girls as boys are infected.¹⁸

Contrary to conventional wisdom, marriage does not protect young women from HIV/AIDS. In many traditional cultures, families marry off their girls in their early teens in order to protect family honor and improve family economic status. But ironically, this also puts the girls at higher risk of contracting HIV/AIDS. In the poorest countries, the disease is most common among girls and women who are infected by their only sexual partner – their husband or regular boyfriend.

One study of 15- to 19-year-old girls in Indonesia found that while 31 percent of unmarried girls knew what a condom was, only 13 percent of married girls knew; and while 86 percent of unmarried girls had heard of HIV/AIDS, only 59 percent of married girls had heard of it.¹⁹ And among currently married 15- to 19-year-old girls in Ethiopia, only 27 percent knew that condoms can be used to prevent HIV/AIDS.²⁰



- **Lack of family planning** – Most young girls in developing countries do not want to have babies at such early ages. Nor do they want to bear the burden of repeated pregnancies and starting large families while they themselves are still children.²¹ Yet only 17 percent of sexually active adolescents use any form of family planning.²² It is estimated that the unmet need for contraception among adolescents – both married and unmarried – is twice as high as that of the general population. There are many reasons why girls are not using family planning; they include lack of information, lack of personal autonomy, limited financial resources and pressure to demonstrate fertility soon after marriage.²³

Girls facing unplanned and unwanted pregnancies often resort to unsafe abortions. Worldwide, an estimated 5 million girls aged 15 to 19 have abortions every year, 40 percent of which are performed under unsafe conditions that lead to high rates of mortality.²⁴

4. Limited education can be both a cause and an effect of child motherhood

“I became pregnant at 16 and then I got married. This marriage was not my choice as I was a student and wanted to continue my studies. I was very ill at ease when I found myself pregnant. I had the baby, but I was unable to continue my studies as I had been dismissed from school due to my pregnancy outside of marriage.” – Mariame, 17, Guinea²⁵



An estimated 69 million primary school-aged girls around the world do not attend school.²⁶ Some have never been to school at all because their parents are too poor to send them, or they do not think it is important to educate girls, or because they fear for their daughter's safety if the school is far away or there are only male teachers. Others may have completed a few grades, but had to drop out when they were needed for work at home, or their parents had to choose between educating daughters and educating sons.

Girls who do not attend school are more likely to become mothers at a dangerously early age, and girls in school who marry or become pregnant are usually forced to leave school. In some countries, pregnant girls are routinely expelled from school, and in places where girls marry young, very often their husbands or in-laws will insist they drop out to help at home with agriculture, household chores and caretaking of other family members.

The relationship between lack of schooling and early motherhood is a strong one. In the Dominican Republic, Ecuador and Mexico, for example, more than two-thirds of girls with no education give birth before age 20.²⁷

Depriving girls of an education puts both them and their children at significant disadvantage. Girls who do not receive an education are more likely to be poor, to get pregnant more often, to have higher rates of child and maternal mortality, to be less knowledgeable about family planning and HIV/AIDS, and to be less prepared to look after the health, well-being and educational prospects of their children.²⁸

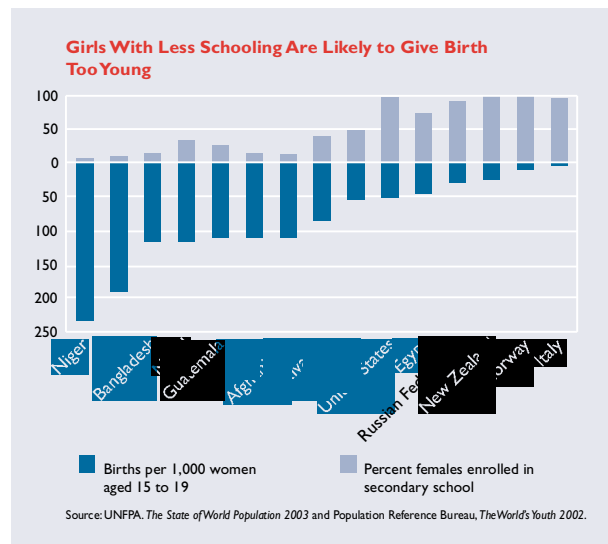
A girl who leaves school usually loses connections with peers and mentoring adults. So not only does her formal education stop, but she may also be cut off from informal opportunities to gain useful knowledge and life skills. She may be unaware of services available nearby for her and her children. And she is less likely to have a say in important life decisions such as planning when to get pregnant and ideal family size.

If she does go to a doctor, she may lack the self-esteem and knowledge required to get good information and

advice. In many poor communities, health service providers are not trained to take into account the unique needs of young first-time mothers who may require more time and more thorough explanations than older women.

Research in developing countries shows that mothers with less education are less likely to receive skilled medical care during pregnancy and childbirth. In Egypt, for example, only 33 percent of women without education receive any pre-natal care, and only 17 percent receive regular prenatal care, while 75 percent of women with secondary or higher education receive prenatal care and 60 percent regularly do.²⁹ And in Nigeria, only 15 percent of births to uneducated women are assisted by trained medical personnel, compared to 56 percent, 74 percent, and 88 percent of births to women with primary, secondary and higher education, respectively.³⁰

Many children born to mothers with little or no education face serious health risks throughout their lives. According to data from 35 recent demographic and health surveys, children of mothers with no education are more than twice as likely to die or to be malnourished than children of mothers who have secondary or higher education, even when controlling for other factors.³¹



5. Young mothers often struggle economically, and their children are likely to repeat the cycle of poverty

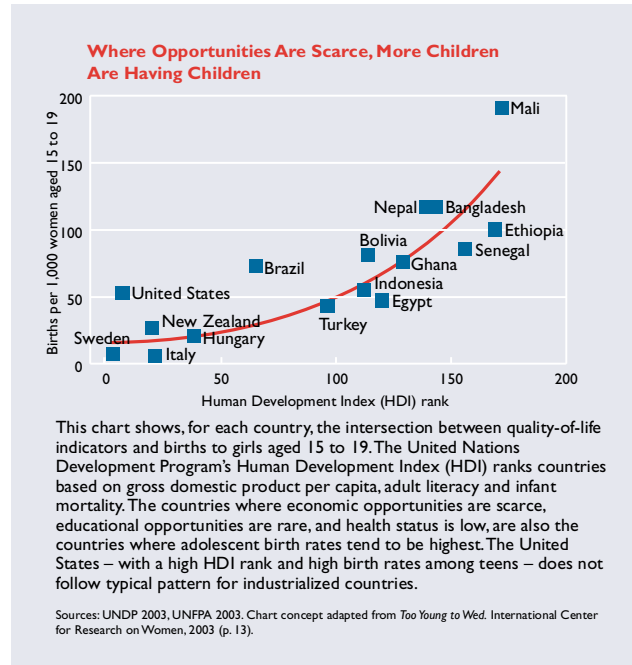
“I never went to school because we were too poor. I got pregnant for the first time when I was 15. Now I have a 3-month-old son. His father is an apprentice mason. He does not take any responsibility for my son’s needs. In addition to my son, I also take care of my grandmother. I sell oranges, but I don’t make enough money.” – Sitan, 16, Mali³²

When children have children, the economic consequences are often extreme and long-lasting. It is not hard to imagine why a child mother would have poor economic prospects. Her education has probably been severely limited, she is unlikely to have the skills required for many jobs, and her household responsibilities and health problems may limit the time and energy she has for employment or entrepreneurial activities.

Research shows that the majority of child mothers do work, but usually their work is unpaid or in the “informal” sector (for example, selling produce or sewing clothing) where they do not have the benefits that come with regular employment.³³ Young married mothers in developing countries tend to be primarily responsible for household-related tasks, and they have limited access to productive resources such as land, housing, credit, water and agricultural technical assistance.³⁴ Young unmarried mothers face even greater economic hardships, and many are forced to sell sex to support themselves and their children.³⁵

The consequences for the children of impoverished young mothers are profound. When a mother does not have money, she is less able to provide good nutrition, health care and educational opportunities for her children. Lack of money also gives her less leverage within the family and frequently less ability to advocate for the well-being of her children.

A daughter born to a poor family may be seen as an economic burden that must be shed through marriage as early as possible. Varying cultural practices put pressure on parents to marry their daughters off early. For example, in South Asia, a girl’s parents must pay a dowry to the husband’s family, and the older the girl, the greater the dowry. The financial incentive runs in the opposite direction in parts of Africa, where a husband



typically pays a “bride price” to the girl’s family, but the result is the same – younger girls are seen as having higher capacity for productive labor and childbearing, so families often marry them off early when they can be exchanged for more cattle or other valued goods.³⁶

Studies in Guatemala and Mexico found that adolescent mothers are more likely to live in poverty (measured by housing quality and socioeconomic indicators) even after controlling for the mother’s education level and her economic status as a child. In the Mexican study, 26 percent of adolescent mothers lived in poverty, compared with only 4 percent of adult mothers.³⁷

In Barbados, a study found that younger teenage mothers earned an average of \$557 per month, compared to \$707 for older teenage mothers. Research in Chile confirmed that poor younger mothers’ monthly earnings were about 90 percent lower than those of poor adult mothers. Younger mothers’ earnings remained lower even when researchers controlled for the lower levels of work experience among younger women. The study concluded that poor adolescent mothers tend to “work more and earn less” than other mothers, entrenching the cycle of poverty.³⁸

The relationship between poverty and early motherhood is therefore mutually reinforcing – the poorest women are most likely to have children while young, and those having children while young are likely to remain in poverty. Their children are likely to also struggle economically, and perpetuate the downward cycle of children having children.

50 Perilous Places for Children Having Children

This year's report introduces a first-ever ranking of the 50 developing countries where early motherhood is most common and where the consequences are the most devastating. In each of these countries, many girls become pregnant when they are still children themselves. These young mothers and their babies die at alarmingly high rates, and when they do survive, their lives are often threatened by ill health, illiteracy and poverty.

The *Early Motherhood Risk Ranking* relies on three indicators:

- **Early marriage** – percent of females aged 15 to 19 ever married
- **Early motherhood** – adolescent birth rate (number of births per 1,000 females aged 15 to 19)
- **Risk to babies** – infant mortality rate for children born to mothers under age 20

These indicators were combined to calculate a “risk score” for each country, with the most perilous place for young mothers and their babies ranked highest.³⁹ In the 10 highest-risk countries, at least 1 out of 7 children born to teenage mothers dies within the first year of life, and an estimated 13,000 adolescent girls die each year of complications from pregnancy and childbirth in these 10 countries.

Unfortunately, reliable data for maternal deaths among adolescents are not available for each country on the *Early Motherhood Risk Ranking*, but we know that childbirth is the leading cause of death for girls aged 15 to 19 in many poor countries, and that an estimated 70,000 adolescent girls die each year from causes related to pregnancy and childbirth – about 1 in 8 of all women who die in childbirth worldwide. In Ethiopia alone, an estimated 3,000 girls aged 15 to 19 die each year of complications from pregnancy and childbirth. Given that these figures are not universally collected, and exclude the youngest mothers under age 15, the death toll is likely much higher.

Girls in sub-Saharan African countries tend to have the highest rates of early marriage and early motherhood. Countries outside of Africa where risks to young mothers are especially high include Afghanistan in Central Asia, Bangladesh and Nepal in South Asia, Yemen in the Middle East, and Guatemala, Haiti and Nicaragua in Latin America.

Individual country comparisons are especially startling when one considers the human suffering behind the statistics:

- In **Afghanistan, Bangladesh, Chad, Guinea, Mozambique** and **Uganda**, approximately half of all girls aged 15 to 19 are married.
- In **Mali, Niger** and **Uganda**, 1 in 5 women aged 15 to 19 gives birth each year.
- In **Afghanistan, Liberia, Mali, Mozambique, Niger** and **Tanzania**, 1 out of 6 children born to teen mothers dies within the first year of life.

There is no good news in this ranking. All 50 countries have unacceptably high numbers of children having children, with tragic consequences. In these 50 countries, on average, more than 1 in 4 (29 percent) girls aged 15 to 19 is married, more than 1 in 10 girls in this age group will give birth in a given year, and nearly 1 in 9 babies born to these young mothers will die within the first year of life.

In addition, girls' education levels in the countries are very low. Only slightly more than a quarter of girls (27 percent) are enrolled in secondary school in these 50 countries combined.⁴⁰

Even countries with a lower risk score are still doing poorly compared to the world as whole. In 38th-ranked Bolivia, for example, 14 percent of girls aged 15 to 19 are married, 1 in 12 girls in this age group has given birth, and 1 out of 10 babies born to teen mothers dies before reaching age 1. Compare this to Finland where less than 1 percent of girls aged 15 to 19 are married or have given birth. (See next section for more analysis of early motherhood in industrialized countries.)

When significant percentages of girls are becoming pregnant very young – and as result are losing their babies, losing their lives, or living with painful disabilities – the destabilizing effect on society as a whole is profound. In countries where large numbers of children have children, education levels are low, health indicators poor, and poverty is a vicious cycle that is repeated generation after generation.

Putting the Problem in Perspective

Complications related to pregnancy and childbirth constitute the leading cause of death among adolescent girls in the developing world. To gain some perspective on how widespread the problem is, consider the leading cause of death among teenagers in the United States: car accidents.

In a typical year in the United States, about 2,000 girls aged 13 to 19 die in motor vehicle accidents. In a recent year in Ethiopia, more than 3,000 girls of the same age died as a result of pregnancy-related complications. If Ethiopia's population were as large as the United States', you might expect as many as 8,500 deaths among girls in this age group.

Source: Insurance Institute for Highway Safety, *Fatality Facts: Teenagers, 2000* http://www.hwysafety.org/safety_facts/fatality_facts/teens.htm and estimate based on recent mortality rates in Ethiopia

Early Motherhood Risk Ranking

		Overall Risk	Early Marriage	Early Motherhood	Risk to Babies
Rank	Country	Scaled risk score*	Percent of women aged 15 to 19 ever married	Births per 1,000 women aged 15 to 19	Infant deaths per 1,000 births, mothers under 20
1	Niger	100	62	233	178
2	Liberia	88	36	227	178
2	Mali	88	50	191	181
4	Chad	78	49	195	126
5	Afghanistan	77	54	111	185 ***
5	Uganda	77	50 **	211	106
7	Malawi	75	44	163	148
8	Guinea	73	49 **	163	127
9	Mozambique	70	47 **	105	170
10	Central African Republic	66	42	132	133
11	Burkina Faso	65	35 **	136	142
12	United Republic of Tanzania	63	25	120	164
13	Bangladesh	61	51	117	104
14	Côte d'Ivoire	60	28	116	145
14	Madagascar	60	34	137	119
16	Ethiopia	59	31	100	149
17	Nepal	58	42	117	108
17	Zambia	58	27 **	145	110
19	Cameroon	55	36 **	121	102
20	Yemen	54	24	111	128
21	Benin	53	29 **	107	115
21	Eritrea	53	38 **	115	90
23	Senegal	50	44	86	89
24	Nicaragua	49	37 **	135	55
25	Nigeria	47	36	103	74
26	Guatemala	43	24	111	71
26	Haiti	43	17 **	64	131
28	Iraq	42	28 **	38	126 ***
29	El Salvador	41	16 **	87	100
29	Pakistan	41	22	50	121
29	Togo	41	20 **	81	95
32	India	40	36	45	93
33	Burundi	39	9	50	139
33	Dominican Republic	39	22 **	93	71
33	Gabon	39	16	113	65
33	Kenya	39	17 **	78	97
33	Rwanda	39	10 **	50	138
38	Bolivia	38	14	81	97
39	Ghana	37	22 **	76	76
39	Zimbabwe	37	21	92	66
41	Sudan	35	21	55	87
42	Ecuador	31	20 **	66	62
42	Kyrgyzstan	31	15	33	98
44	Brazil	30	17 **	73	57
44	Mexico	30	16 **	64	63
44	Namibia	30	8 **	78	67
44	Paraguay	30	17 **	75	53
48	Egypt	29	16	47	74
48	Indonesia	29	18	55	63
48	Morocco	29	11	25	107

*The three indicators – early marriage, early motherhood and risk to babies – were combined to calculate this risk score for each country, with the most perilous place for young mothers and their babies ranked highest.

**Data may refer to a different year than noted or may vary from the standard.

***Values for Afghanistan and Iraq were estimated based on each country's overall infant mortality rate and the relationship between overall infant mortality rates and under-20 infant mortality rates for all countries combined.

See page 37 for a full description of the research methodology and individual indicators.

Early Motherhood in the Industrialized World

United States Has Highest Adolescent Birth Rate

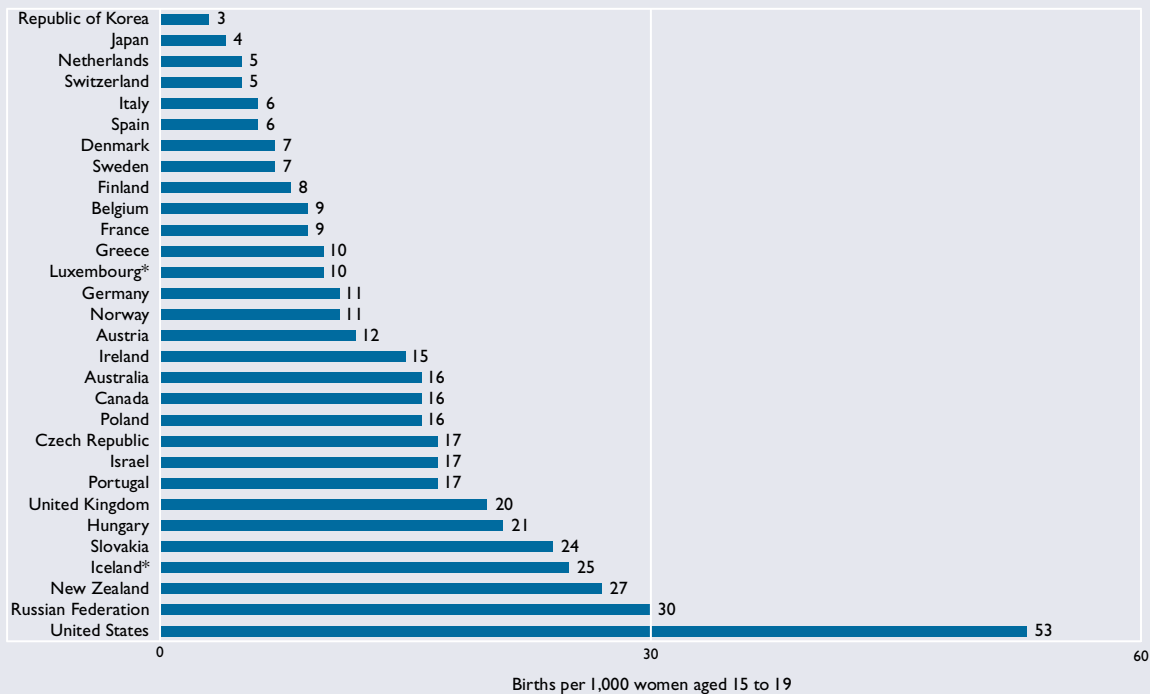
Although the adolescent birth rate in the United States has fallen over the past decade, it is still significantly higher than other industrialized nations – about two-and-a-half times that of the United Kingdom, more than 10 times that of the Netherlands or Japan, and over 17 times the birth rate of the Republic of Korea.⁴¹

Over one-fifth (22 percent) of 20-year-old women in the United States gave birth while in their teens. This figure is 5 percent or less in 14 other industrialized countries (Belgium, Denmark, Finland, France, Greece, Italy, Japan, Republic of Korea, Luxembourg, Netherlands, Norway, Spain, Sweden and Switzerland).⁴²

Still, the impact of early motherhood is universal. An analysis of 13 European Union countries found that women who gave birth as teenagers were twice as likely to be living in poverty later in life.⁴³



Early Motherhood in the Industrialized World



Source: UNFPA, *The State of World Population 2003*. Data denoted by * are from UNICEF, "A League Table of Teenage Births in Rich Nations," Innocenti Report Card No.3, July 2001.

Within the United States, states with large rural populations, above-average poverty rates and lower-than-average education levels had the highest adolescent birth rates. Mississippi, Texas, Arizona, Arkansas and New Mexico had the highest adolescent birth rates. Girls aged 15 to 19 in these states had children at about two-and-a-half times the rate as girls the same age in the five states with the lowest rates: New Hampshire, Vermont, Massachusetts, North Dakota and Maine.⁴⁴

In many of the nation's poorest rural areas, birth rates are well above the national average and in some rural communities the rates even exceed those in many developing countries. In Phillips County, Arkansas, for example, the birth rate among teenage girls in 2000 was 127 births per 1,000 women aged 15 to 19 – a rate higher than in 94 developing countries.⁴⁵ However, death rates for young mothers and their children in the developing world remain many times higher than anywhere in the United States.

Here are some facts about children having children in the United States:

- Nearly 900,000 teenage girls in the United States become pregnant each year. Eight in 10 of these pregnancies are unintended and 78 percent are to unmarried teens.⁴⁶
- About 19,000 girls aged 14 and under become pregnant in the United States each year – that's one child every 30 minutes.⁴⁷
- Girls in the bottom 20 percent of basic reading and math skills are five times more likely to become mothers over a two-year high school period than girls in the top 20 percent.⁴⁸
- Thirty-one percent of girls who drop out of school from the eighth to tenth grade in the United States say becoming pregnant was the reason.⁴⁹
- Only one-third of all teenage mothers in the United States obtain a high school diploma.⁵⁰
- About one-third of adolescents who become pregnant do not receive adequate pre-natal care. As a result, their babies are more likely to be low birth weight, to have health problems, and to be hospitalized more often than those born to older mothers.⁵¹
- The annual cost of teen pregnancies in the United States is estimated to be about \$7 billion.⁵²



Breaking the Cycle of Poverty in Rural America

Save the Children works in many of the nation's poorest rural areas where children face an array of problems including high poverty rates, limited access to health care, lower than average high school graduation rates and high adolescent birth rates.

Based on more than 70 years of experience working in the United States and around the world, Save the Children has learned that education – especially improving a child's ability to read – is the single most important way to help children gain the skills and confidence they need to break the cycle of poverty and make a better life for themselves.

Unfortunately, due to the many obstacles they face, rural children frequently under-perform in school, specifically in those subjects related to reading. In many of the 18 states Save the Children serves, 40 to 50 percent of fourth graders read below basic reading levels. Youth from poor rural families also have a high school dropout rate of 20 percent, higher than the 15 percent dropout rate of their urban peers.

Many studies have documented the close link between low levels of educational attainment and high rates of adolescent pregnancy.⁵³ Save the Children's literacy programs – that touch the lives of more than 125,000 children in approximately 200 locations primarily in rural America – are working to prevent this problem by helping children to improve their ability to read, succeed academically and stay in school.

Ways to Save the Lives of Young Mothers and Their Children

Save the Children has developed recommendations based on practices that have succeeded in a wide range of countries to encourage young girls to stay in school and delay motherhood until they are both emotionally and physically ready to give birth and raise children.

These solutions give girls in poor countries opportunities and services tailored to their unique needs and aspirations. They make it more likely that girls who become pregnant will safely deliver a healthy baby, and raise children successfully. They also encourage families, communities and governments to support roles and responsibilities for girls that protect their health and development.

Recommendation 1: Help more girls go to school and stay in school

“My mother married at an early age and had nine children. Six are still alive. I stayed in school through the ninth grade so I am literate. I could not study further because I was married at age 18, but I went to classes after that where I learned about how to take care of my family’s health. I learned about the importance of cleanliness, nutrition and family planning. I now have one son. When I was pregnant, I went to the hospital for a check-up every month. Now I am using contraceptives because I need a two-year gap before my next

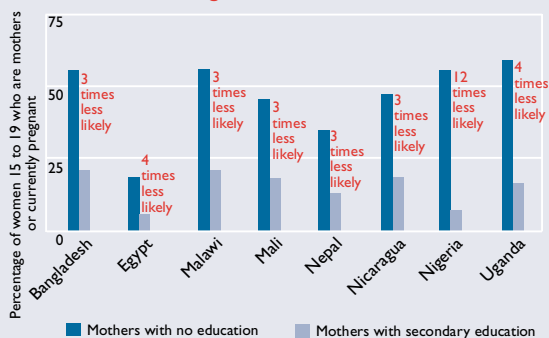


baby. My husband and I want only one more child, either a son or a daughter. I am very satisfied with my present situation I feel proud of myself, unlike some of my friends. I have discovered I am smart, capable and knowledgeable. If my mother had had an opportunity to study, she never would have had an early marriage and given birth to nine children. Her life would have been entirely different like mine.”
– Bhagirathi, 20, Nepal⁵⁴

One of the most effective ways to help girls in poor countries who are at risk of becoming mothers at a dangerously early age is to focus on girls’ education. Increased investments are needed to help more girls go to school and stay in school, and to encourage families and communities to value the education of girls. Both formal education and non-formal training give girls knowledge, self-confidence, practical skills and hope for a bright future. These are all powerful tools that can help delay marriage and childbearing to a time that is healthy for women and their babies.

There is strong evidence from around the world that girls who stay in school are less likely to have babies at a young age. For example, in Nigeria, research showed that only 7 percent of women with seven years of schooling gave birth before age 20, compared with 43 percent of those with no education. And in Pakistan only 16 percent of women with seven years of education gave birth before age 20, compared to 54 percent with no education.⁵⁵

The More Schooling a Girl Has, the Less Likely She Is to Give Birth Too Young



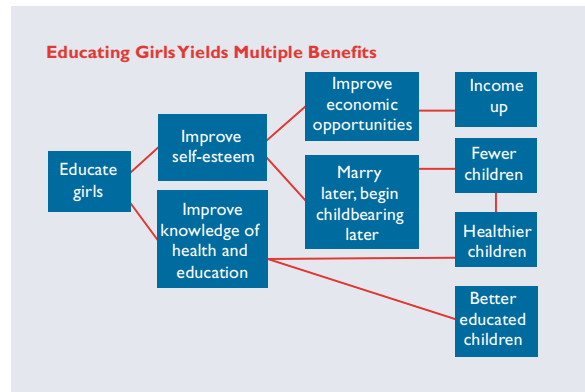
In Bangladesh, Malawi and Uganda over half of 15- to 19-year-olds with no primary education are mothers, while only about 1 in 5 women with secondary education has given birth or is pregnant. Even in countries like Egypt, where births to adolescents are lower overall, girls with secondary schooling are much less likely to become young mothers. About 1 in 6 girls without a primary education is a mother, compared to less than 1 in 20 with secondary education.

Source: Demographic and Health Surveys, reported in Westoff, DHS Comparative Reports No. 5. (2003)

Research has established that every year of schooling increases individual wages for both women and men by a worldwide average of about 10 percent. In poor countries, the gains are even greater.⁵⁶

There is evidence that girls who participate in less-formal educational activities are also more likely to delay marriage, and as a result delay the birth of their first child. For example, in India, the Institute for Health Management, in partnership with the International Center for Research on Women, provided a one-year life skills training course for unmarried girls aged 12 to 18 in 100 villages in rural Maharashtra. The girls learned about social issues, civic involvement, health, nutrition and child care. There was also a service element in which participants provided literacy and math training to other girls in the community. Analysis afterwards showed that girls who participated were two-and-a-half times less likely to marry before the age of 18 compared with those who did not participate. In addition, the median age of marriage in these communities rose from 14.5 to 17.⁵⁷

Education also prepares girls to be better mothers. Mothers with basic education tend to have healthier pregnancies, safer deliveries, and healthier babies who are more likely to survive and thrive. In Chile, for



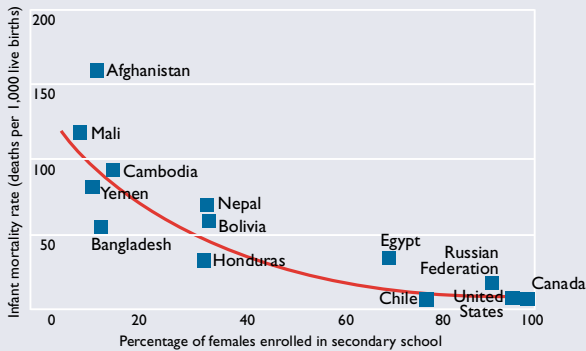
example, 78 percent of girls are enrolled in secondary school and nearly all babies (99 percent) survive the first year of life. Compare this to Mali, where only 8 percent of girls are enrolled in secondary school and 1 out of every 8 babies dies before reaching age 1 (see chart on page 22).

Educated mothers are more likely to use family planning to space their births at healthy intervals, to seek pre- and post-natal care, to follow doctors' recommendations, and have births attended by trained personnel. They are more proactive about seeking care for illness, negotiate better health care for themselves and their families, and are more aware of preventive measures such as vaccinations. Educated mothers also provide better hygiene and nutrition for their children.

Governments of developing countries have pioneered some effective new programs to keep girls in school and help them delay marriage and childbearing. Bangladesh, for example, offered girls and their parents secondary school scholarships and a stipend that was conditional upon the girl remaining unmarried through the completion of tenth grade. In areas targeted by the project, female enrollment in secondary school more than doubled between 1994 and 2001, and the number of child brides declined. Following this success, the government expanded the program to the national level.⁵⁸ Several Indian states have also developed long-term investment programs that offer young women money or gifts when they have completed a certain level of schooling and are still unmarried.⁵⁹



As Girls' Education Increases, Infant Death Rates Decrease



This chart shows the intersection between girls' education and infant mortality rates. In countries where a higher percentage of girls is enrolled in secondary education, infant mortality rates are lower. Numerous studies have documented the correlation between educated mothers and healthier babies. In Chile, for example, 78 percent of girls are enrolled in secondary school and nearly all babies (99 percent) survive the first year of life. Compare this to Mali, where only 8 percent of girls are enrolled in secondary school and 1 out of every 8 babies dies before its first birthday.

Sources: IMR – Unicef 2004 (data from 2002), Female secondary enrollment – Population Reference Bureau 2000 NOTE: Trendline based on data from 145 countries. Chart concept adapted from: *Teach a Child, Transform a Nation*, The Basic Education Coalition 2004.

Other developing countries are investing in programs to help girls who do have children to stay in school and complete their education. Jamaica and Tanzania have set up special schools for pregnant girls that provide an environment free from the prejudice they would face in a mainstream school.⁶⁰ And in Chile, a countrywide program allows unmarried teen mothers to stay in public high schools and receive job skill training. In-school daycare is provided for the children of these students, with an emphasis on preparing them for future academic success.⁶¹ To extend these protections to private school students and their children, Chile recently reformed its education law, making it illegal for any school to expel pregnant students, and requiring all schools to make it possible for young mothers to nurse their babies during the school day.⁶²

Many studies have documented close links between girls' education and poverty reduction. Investing in girls' education is perhaps the single most effective intervention a developing country can make to raise its standard of living.⁶³ Children of educated mothers are more likely to succeed in school. These children, in turn, are more likely to encourage their children to attend school – creating a positive cycle benefiting future generations and society as a whole.

Gender equality, especially in female educational levels, can increase productivity and earnings for households and for the economy. Research from countries such as Burkina Faso, Cameroon, Kenya and Vietnam suggests that agricultural yields could be increased by as much as 20 percent if women had the same educational levels and productive inputs as men.⁶⁴

**Recommendation 2:
Tailor health services to newly married girls and young first-time mothers**

“I am married and pregnant for the second time. The whole family of my husband treats me like a servant. They make me do all the hard work around the house. So I lost my first baby during pregnancy because I always had to carry very heavy

The Asian Miracle

The education of young girls is considered by many international economists to be the single best investment a developing country can make to improve its social well-being and its economic prospects. Advancements in girls' education played a key role in helping transform East Asia during the past half century.

In 1950, East Asia's education levels and literacy rates – as well as its economic status – were roughly the same as those of many countries today in sub-Saharan Africa, the world's poorest region.

Today, 94 percent of East Asia's adult population can read and write. Four of these nations – South Korea, Taiwan, Thailand and Indonesia – import American goods and services worth more than all the U.S. economic assistance dollars they received since 1961. The “Asian miracle” is the world's most dramatic example of how quality education, combined with increased use of family planning, and improved health and nutrition, can transform nations within a single generation.

Sources: Asian Development Bank (1997), East West Center Program on Population (1996), World Bank (1993) and Population Action International (www.populationaction.org)



objects. Now I'm in classes that teach us how to keep our pregnancy, how to be healthy, how to eat a well-balanced diet and to get prenatal care regularly. I am learning to schedule my chores to decrease the daily workload. I can also identify the signs of a high risk pregnancy to avoid losing my second baby." – Safa, 18, Egypt⁶⁵

Newly married girls and young first-time mothers need health services and support that are designed to meet their special needs, taking into consideration the unique risks they face, as well as their limited knowledge, experience and autonomy. A number of successful programs around the world are helping girls to delay pregnancy. Other programs serve girls who do become pregnant, giving these young mothers and their babies a better chance to survive and thrive.

Experts have found it is not enough simply to make family planning and reproductive health services available in communities where girls marry and become pregnant at young ages. To be effective, health programs must reach out to girls, breaking through fear and isolation, to increase their knowledge of options they may not know exist.

In Bangladesh, China and Taiwan, health workers visit the homes of newly married girls to encourage them to use contraceptives and inform them about health services available nearby. And in Bangladesh, India and Taiwan, mass media campaigns have emphasized the importance of adolescents delaying first births, the benefits of a small family, contraceptive options and the importance of immunizations.⁶⁶

In many countries, international and local groups operate adolescent reproductive health programs that provide information and services to married and unmarried boys and girls. Young people receive information about a range of issues, including puberty, relationships, sexual health, family planning and childbearing. In addition, program staff work with health providers and members of the community to make health services and counseling more friendly and accessible to young people.⁶⁷

In places where couples must apply for marriage licenses, or where religious institutions register couples' intent to wed, there are opportunities to provide information about safe childbirth, responsible parenting and contraception during the critical time period before

a couple begins making a life together. In Indonesia, marriage counselors from Islamic and secular institutions were trained to give information about family planning along with other health and relationship advice.⁶⁸ And in the Philippines, a law requires all marriage license applicants to receive information on responsible parenthood and planning a family. In addition, all couples under 25 years of age are required to participate in a premarital counseling course.⁶⁹

When a girl becomes pregnant for the first time, there is often much she needs to learn about how to have a healthy pregnancy, a safe delivery and how to care for her baby and herself.

In one successful program, Pathfinder International encouraged young pregnant newlyweds in Bangladesh to seek pre-natal services and care from trained birth attendants, as well as provided education about nutrition and breastfeeding. An evaluation found that 78 percent of the births to newlyweds reached by the program were attended by trained traditional birth attendants or health professionals, compared to only 41 percent of births to all 15- to 19-year-olds. Young mothers in the program were almost twice as likely to breastfeed their newborns compared to those who did not participate.⁷⁰

The Cairo Consensus

In 1994, 179 countries agreed on a comprehensive 20-year plan to stabilize the world's population by investing in people and providing universal access to education and reproductive health services. The Programme of Action ratified at the International Conference on Population and Development in Cairo, Egypt, includes a number of commitments to improve girls' education and make reproductive health services – including contraception – more widely available to adolescents.

Ten years later, there has been substantial progress. In many developing countries, school enrollment rates are increasing and mortality rates are declining. But the progress is uneven, and the developed world has met just half of the financial commitment promised at Cairo. There is a \$3 billion funding shortfall among donor countries for education and reproductive health programs. This shortfall is one of the reasons the world is not making greater progress toward reducing maternal and newborn mortality.

Source: Obaid, Thorayda Ahmed. *Cairo at 10: Moving Forward*. March 22, 2004. <http://www.unfpa.org/news/news.cfm?ID=438>



A program in Jamaica found that providing education and support to adolescent mothers – including family planning information – also encouraged delay of second births. Ten years after completing the program, 51 percent of participants had only one child, and the average spacing between first and second births was 5.5 years.⁷¹ Research has shown that when women have access to modern contraceptives, and can space their births at healthy intervals, the risk of infant mortality is significantly reduced.

**Recommendation 3:
Give girls better income-earning options**

“I joined the club out of high school and spent six months learning to make dresses and scarves. There are no drop-outs in my class. In this village, the girls come to marriage with their own ‘dowries’ earned themselves. Here we are on more equal terms with men. [Without this project,] I would probably have married by 19, had a child already, and remained poor and malnourished.” – Shabina, 20, Bangladesh⁷²

When teenage girls are able to earn money, they have greater control over their futures, more options when it comes to delaying marriage and childbirth, higher status within the family, and improved ability to provide for themselves and their children. Girls and young women with some schooling are clearly at an advantage with regard to economic opportunities, but even those with little formal education can learn vocational skills that will help them, and their children, to stay out of poverty and away from harmful or exploitative work.

In Bangladesh – where traditionally girls are considered marriageable as soon as they reach puberty and over 50 percent of girls are married before the age of 18 – research shows that employment in the garment industry brings a number of beneficial social changes to girls and their communities. The evidence strongly suggests that working and earning an income delays female workers’ age at marriage. The average age of marriage also rises among girls who do not work but who live in communities where other girls have gone off to work. Girls who participated in the research reported that the opportunity to work gave them a new perspective on themselves and their futures. Working created a new transitional stage in their lives – between girlhood and adulthood – that was previously non-existent in their culture.⁷³

In India, the Self Employed Women’s Association (SEWA), with the support of the Population Council, has launched a project to improve the livelihood skills of married and unmarried girls aged 13 to 19 from families of lower socioeconomic status. Girls are participating in training on literacy, leadership, health, financial management, forestry, milk production and water management. There is also a loan and scholarship fund to provide girls with access to more formal vocational training in computers or fashion design.⁷⁴

International and in-country groups in Bangladesh, India and Kenya are working to adapt micro-credit programs – which have been highly successful with older women – to make them more useful and appealing to teenage girls. In Kenya, the Population Council, in collaboration with the Kenya Rural Enterprise Program (K-Rep), has a project aimed at young unmarried women from a lower-income slum of Nairobi. The project, called TRY (Tap and Reposition Youth), explores the role access to credit can play in changing girls’ lives. For example they hope to learn whether the experience of running a business can change a girl’s self-image and her relationships with others. Reproductive health training is included as a component of the project.⁷⁵

**Recommendation 4:
Support efforts to change societal attitudes
towards the role of girls**

“The courses I have taken have reversed my life. I know everything about my rights now. I can defend myself and I can defend my rights. I have more information about the world. I know I have the right to marry or not. I have the right to contraceptive protection, the right not to experience violence, the right to get information, and to say no to sexual relations. Before the program I didn’t know anything.” – Johanna, 13, Bolivia⁷⁶

Girls in traditional cultures are rarely in a position to make their own decisions about their lives and their futures, so successful efforts to delay early marriage and childbearing often work not only with the girls themselves, but also with family members and community leaders.

Governments and non-governmental organizations around the world have pioneered a number of initiatives to increase awareness of the harm caused by early

motherhood and to change opinions about the value of girls. While progress is slow, there is some encouraging evidence that communities are moving away from the traditional view of daughters as an economic liability and a potential source of shame for a family if they are not married off at a young age.

A district in Rajasthan, in northern India, has conducted a public education campaign encouraging families to prolong engagements – often entered into when girls are age 7 or 8. This gives girls a few more years to develop physically and intellectually before they move into their husbands' homes and consummate their marriages.⁷⁷

The Government of Nepal, in collaboration with the United Nations Population Fund (UNFPA), is educating adults about the negative consequences of early marriage, and has created materials encouraging parents to delay marrying their daughters. The headline on a poster reads "Arrange the Marriage of Your Daughter After 20 Years of Age."⁷⁸

In Kenya, a loose network of activists, educators and community leaders keeps an eye on communities where the illegal practice of marrying off girls – sometimes as young as 9 – is still common. When they see indications that a family might be preparing for the marriage of a young girl, they take the girl to a boarding school that protects her from being married against her will. The African Inland Church Girls Primary School has been rescuing girls from early marriage for nearly two decades, but it has been only in the last several years that its leaders have begun to notice changes in attitudes about child marriage. Fathers now sometimes bring their daughters to the school, and sympathetic chiefs are beginning to support parents who decide not to marry off young girls.⁷⁹

And in Egypt, a Save the Children program works with out-of-school girls aged 13 to 15 who live in rural areas where there are few opportunities for socializing and



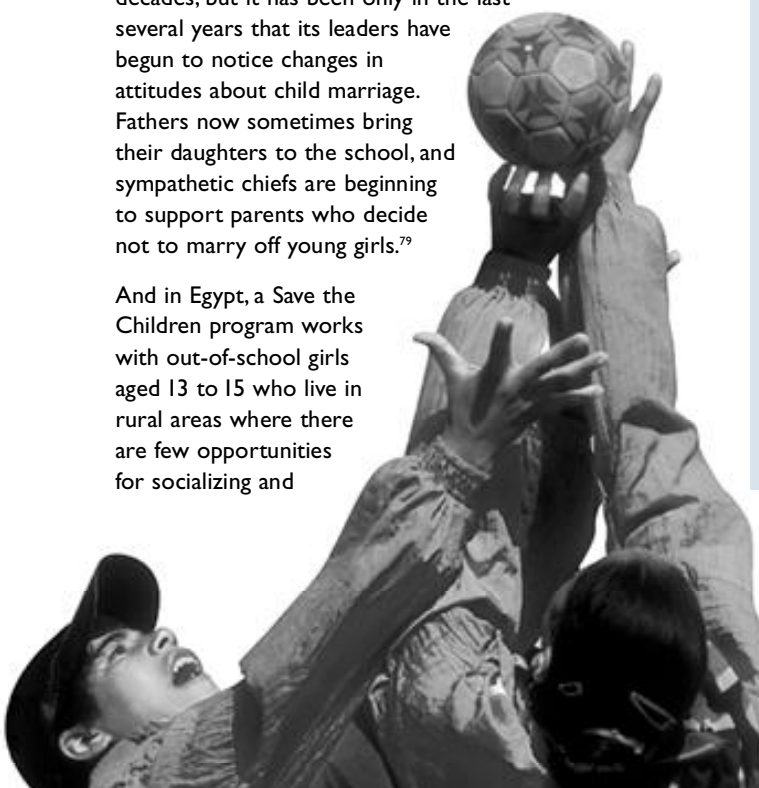
Men and Boys – Partners in Progress

Efforts to prevent child motherhood and to support girls who become mothers often focus on girls who are at risk; however, there is increasing recognition that boys and men have key roles to play in this area. Boyfriends, husbands, fathers and other male relatives exert strong influence over teenage girls, and they also have their own needs for health information and services.

Men and boys have an important role to play in supporting girls' health, preventing unwanted pregnancies, slowing the transmission of sexually transmitted infections, making pregnancy and delivery safer, and reducing gender-based violence.

Save the Children is employing a number of strategies to increase male awareness of the risks of early childbearing and to encourage men's constructive participation in family health:

- In Egypt, Save the Children is reaching out to boys and young unmarried men – often the brothers of girls who participate in the organization's "safe places" program – to change ideas about gender roles and the importance of education for girls. Save the Children also works with men in leadership positions (e.g., teachers, doctors and religious leaders) who can influence other men and serve as advocates for girls' health and human rights.
- In Malawi, the organization offers life skills training for adolescents that raises boys' and girls' awareness and abilities with regard to relationships, marriage, communication, family planning and preventing HIV/AIDS.
- In Pakistan, the organization supports a counseling center for Afghan refugees where men go to learn about family planning, healthy pregnancy and delivery, and care of their wives and newborns after birth. In addition, Save the Children provides confidential treatment of sexually transmitted diseases.





self-improvement. Public spaces in these areas are often dominated by men and boys, so families keep girls at home for fear of sexual harassment or damage to the girls' reputation. The program provides safe places for girls to gather, participate in sports, and learn reading, livelihood and leadership skills. The program reaches out to adolescent boys, parents, other family members, teachers and community leaders, encouraging them to see girls as important community members with rights and responsibilities. The result: rates of early marriage declined significantly among program participants. Before the program began, 1 out of every 4 girls married before age 16. Two years later, the early marriage rate declined to 1 out of every 10 girls.

**Recommendation 5:
Improve and enforce laws regarding minimum
age at marriage**

"The Family Law should not be considered as a legislation devised for women only, but rather as a code for the family: father, mother and children. The proposed legislation is meant to free women from the injustices they endure, in addition to protecting children's rights and safeguarding men's dignity. Would any one of you want to see his wife and children thrown out of their home and into the street, or his sister or daughter treated brutally?" – King Muhammad VI of Morocco, speech to Parliament, October 10, 2003⁸⁰

Governments can do much more to strengthen and better enforce laws concerning the minimum legal age of marriage. They also can do a better job of enforcing laws to ensure marriage is entered into only with free and full consent. Governments and non-governmental organizations (NGOs), working together, can help raise awareness of existing laws and generate social support for their enforcement.

Most countries – even those with high scores on the *Early Motherhood Risk Ranking* – have laws making it illegal for girls to marry before the age of 16 or 18, but enforcement tends to be lax. Many countries also have different age minimums for girls and boys, with girls having a legal age of marriage several years younger than that of boys.

New laws are being enacted in some countries to remove these inequalities and to better protect children.

For example, Morocco's new family code, adopted earlier this year, raises the minimum age of marriage for girls from 15 to 18, making it the same age as for boys. The government has also organized a large-scale media campaign – involving Islamic law experts, intellectuals and political representatives – to raise awareness of the new law and encourage changes in behavior.⁸¹

Better laws combined with better law enforcement can do even more to prevent child marriage and its often tragic consequences. For example, the state of Uttar Pradesh in India has worked to increase awareness of the legal minimum age at marriage, which is 18 years, and to deny government jobs to people who marry before that age.⁸²

And in Ghana, teachers, students and the police are working together to prevent underage marriages. Teachers have been trained to be watchful for situations of forced marriage and to educate their pupils about the dangers of children having children. Students are encouraged to report their concerns to teachers, who bring suspicious situations to the attention of the police. When this happens, the police go and speak with the girl's parents, explaining that it is against the law to force a minor into early marriage. In many cases, they say, it is simply a matter of the parents not knowing that law requires a person to be 18 before getting married.⁸³

Advocacy efforts by NGOs are also promoting stronger laws and better enforcement. For example, a coalition of NGOs in Nigeria is pushing for legislation to outlaw marriage before the age of 18 and to ensure that girls who have babies during their school years have the opportunity to continue their education.⁸⁴

And India's National Commission for Women has proposed amendments to the country's Child Marriage Restraint Act, which is seen as too lenient and difficult to enforce. The amendments include more stringent penalties, compulsory registration of all marriages, the appointment of child marriage prevention officers in each state and the requirement that anyone attending a child marriage must act to prevent it or report it to authorities.⁸⁵

Take Action Now!

Help More Girls Go to School and Stay in School

Worldwide, an estimated 115 million primary school-aged children are not attending school, and 60 percent of them are girls. These girls are at great risk of marrying too young and having children while they are still children themselves.

When significant percentages of girls become pregnant very young – and as result lose their babies, lose their lives, or live with painful disabilities – the destabilizing effect on society as a whole is profound. In places where large numbers of children have children, education levels are low, health indicators point to widespread suffering, and poverty is a vicious cycle that is repeated generation after generation.

Join the global effort to prevent the tragedies that result from early marriage and motherhood:

- **Contact the President and your congressional representatives.** Urge them to help prevent early motherhood by: 1) supporting a bold new initiative, calling for the commitment of \$1 billion to global basic education by the year 2006; 2) increasing support for child survival and maternal health programs, including family planning, to meet the needs of young mothers in developing countries while also helping save the lives of 4 million newborns who die each year of preventable or treatable causes before they are a month old; and 3) fully funding education programs in the United States that support literacy activities for children through high school, especially in after-school programs in rural areas. Visit www.savethechildren.org to learn more about these legislative initiatives and how to write or e-mail an effective letter to policymakers.
- **Give more girls the opportunity to go to school and stay in school.** Visit www.savethechildren.org for more ideas about ways to support successful girls' education programs around the world.
- **Think globally, act locally.** Spread the word in your community about the need to address the global problem of children having children. Write a letter to your local newspaper about the importance of encouraging girls to stay in school – both in the United States and in the poorest countries of the world.



- **Join the Save the Children Action Network** to receive a monthly e-mail newsletter about initiatives in Washington, D.C. that will affect the well-being of children in the coming years, along with ideas on how you can get involved and make a difference. Go to www.savethechildren.org.

Education for All

Save the Children is working through the Basic Education Coalition to build global support to guarantee education for all the world's children. The countries of the world have recognized the vital role that education plays in growing economies, fighting poverty, and promoting health and security for future generations. World leaders have agreed to the broad goal of "Education for All" by the year 2015. The Basic Education Coalition is urging the United States to demonstrate leadership towards this goal by announcing a commitment of \$1 billion towards the global effort by the year 2006. For more information, visit www.basiced.org.

In the United States, the educational needs of 12 million children living in poverty – 2.5 million of whom live in rural areas – continue to be unmet. The national high school graduation rate is only 70 percent, and poor reading skills are both a result and a cause of this phenomenon. Drop-outs tend to have higher than average rates of early motherhood. Because educated girls are more likely to avoid pregnancy, and to be better prepared when they do become mothers, Save the Children supports full funding of two important federal programs: 21st Century Community Learning Centers and the Rural Education Achievement Program (REAP).

Appendix:

**THE 2004 MOTHERS' INDEX &
COUNTRY RANKINGS**





The fifth annual *Mothers' Index* helps document conditions for mothers in 119 countries – 19 developed nations and 100 in the developing world – and shows where mothers do best and where they face the greatest hardships. All countries for which sufficient data were available are included in the *Index*.

Why should Save the Children be so concerned with mothers? Because more than 70 years of field experience have taught us that the quality of children's lives depends on the health, security and well-being of their mothers. In short, providing mothers with access to education, economic opportunities, and maternal and child health care, including voluntary family planning, gives mothers and their children the best chance to survive and thrive.

The *Index* relies on information published by governments, research institutions and international agencies. The 2004 *Mothers' Index*, based on a composite of separate indices for women's and children's well-being, appears in the fold-out table in this Appendix. A full description of the research methodology and individual indicators (briefly described below) appears after the fold-out.

What the Numbers Can't Tell You

The national-level data presented in the *Mothers' Index* provide an overview of many countries. However, it is important to remember that the condition of geographic or ethnic sub-groups in a country may vary greatly from the national average. War, violence and lawlessness may affect certain segments of the population disproportionately, especially in the case of internal ethnic conflict. These details are hidden when only broad national-level data are available.

2004 Mothers' Index

Top 10		Bottom 10	
Rank	Countries	Rank	Countries
1	Sweden	110	Central African Republic
2	Denmark	110	Mauritania
2	Finland	112	Chad
4	Austria	112	Sierra Leone
4	Netherlands	112	Yemen
6	Norway	115	Guinea-Bissau
7	Australia	116	Ethiopia
7	Canada	116	Mali
9	United Kingdom	118	Burkina Faso
10	United States	119	Niger

The six indicators of women's well-being are:

- Lifetime risk of maternal mortality
- Percent of women using modern contraception
- Percent of births attended by trained personnel
- Percent of pregnant women with anemia
- Adult female literacy rate
- Participation of women in national government

The four indicators of children's well-being are:

- Infant mortality rate
- Gross primary enrollment ratio
- Percent of population with access to safe water
- Percent of children under age 5 suffering from moderate or severe nutritional wasting

Scandinavian countries "sweep" the top positions while countries from sub-Saharan Africa dominate the lowest tier. While industrialized countries cluster tightly at the top of the *Index* – with the majority of these countries performing well on all indicators – the highest-ranking countries attain very high scores for mother's and children's health and educational status. The United States places 10th this year.



The 10 bottom-ranked countries in this year's *Mothers' Index* are a reverse image of the top 10, performing poorly on all indicators. Conditions for mothers and their children in these countries are devastating:

- On average, 1 in 12 mothers will die in her lifetime of pregnancy-related causes.
- 1 in 8 children dies before age 1.
- 1 in 9 children suffers from malnutrition.
- 1 in 3 children is not enrolled in primary school.
- Only 1 out of 4 adult women is literate.

The contrast between the top-ranked country, Sweden, and the lowest-ranked country, Niger, is striking.

A trained attendant is present at virtually every birth in Sweden, while only 16 percent of births are attended in Niger. Nearly all Swedish women are literate, 72 percent are using some modern method of contraception, and only 1 in 333 will see her child die before its first birthday. At the opposite end of the spectrum, only 1 in 11 women is literate in Niger, 4 percent are using modern contraception, and 1 child in 6 dies before its first birthday.

The data collected for the *Mothers' Index* document the tremendous gaps between rich and poor countries and the urgent need to accelerate progress in the health and well-being of mothers and their children. The data also highlight the regional dimension of this tragedy. Nine of the bottom 10 countries are in sub-Saharan Africa. That region also accounts for 16 of the bottom 20 countries.

Frequently-Asked Questions about the Mothers' Index

Why doesn't the United States do better in the rankings?

The United States ranked 10th this year based on several factors:

- One of the four key indicators used to calculate the well-being for mothers is lifetime risk of maternal mortality. The United States rate for maternal mortality is 1 in 2,500. Canada, Australia and all the Western and Northern European countries in the study performed better than the U.S. on this indicator.
- Similarly, the United States did not do as well as the top nine countries with regard to infant mortality rates. The U.S. infant mortality rate is 7 per 1000 births. All other top 10 countries performed better than the U.S. on this indicator.
- The United States is also lagging behind with regard to the political status of women. Only 14 percent of seats in the U.S. national government are held by women, compared to 45 percent in Sweden and 38 percent in Denmark and Finland.

Why is Sweden number one?

Sweden performed as well as or better than the other countries in the ranking on all the indicators. It has the lowest infant mortality rate in the world and the highest percentage of women with seats in the national government.

Why are some countries not included on the Mothers' Index?

Rankings were based on a country's performance with respect to a defined set of indicators related primarily to education, health and nutrition. There were 119 countries for which published information regarding performance on these indicators existed. All 119 were included in the study. The only basis for excluding countries was insufficient/unavailable data.

What needs to be done to bridge the divide between countries that meet the needs of their mothers and those that don't?

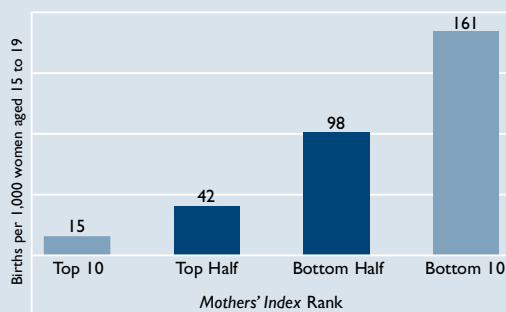
- Governments and international agencies need to increase funding to improve education levels for women and girls, provide access to maternal and child health care, including voluntary family planning services, and advance women's economic opportunities.
- The international community also needs to improve current research and conduct new studies that focus specifically on mothers' and children's well-being.
- In the United States and in other industrialized nations, governments and communities need to work together to improve education and health care for disadvantaged mothers and children.

Individual country comparisons are especially startling when one considers the human suffering behind the statistics:

- Fewer than 15 percent of births are attended by trained health personnel in **Bangladesh, Ethiopia** and **Nepal**.
- 1 woman in 7 dies in pregnancy or childbirth in **Malawi** and **Niger**.
- 3 of every 4 pregnant women in **Liberia** are anemic.
- Fewer than 5 percent of women use modern contraception in **Burundi, Central African Republic, Eritrea, Guinea-Bissau, Niger** and **Rwanda**.
- Only 9 percent of women in **Niger** can read and write.
- Fewer than half the children are enrolled in primary school in **Burkina Faso**.
- 1 in 6 of all children under age 5 is suffering from moderate or severe malnutrition in **Eritrea** and **India**.
- More than 75 percent of the population in **Ethiopia** does not have access to safe drinking water.

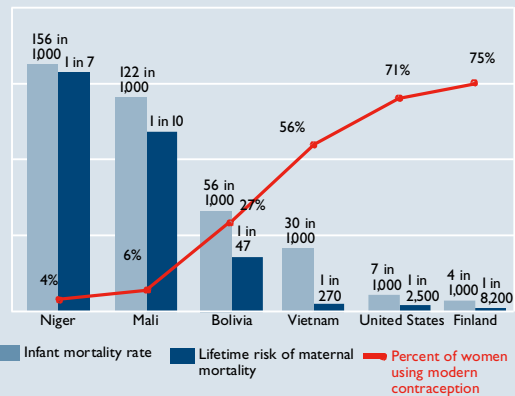
Statistics are far more than numbers. It is the human despair and lost opportunities behind these numbers that call for ensuring that mothers everywhere have the basic tools they need to break the cycle of poverty and improve the quality of life for themselves, their children, and for generations to come.

The Youngest Mothers Live in the Lowest-Ranked Countries



Although the *Mothers' Index* does not directly measure early motherhood, it is clear that countries where large percentages of children are having children tend to perform poorly on the *Index*. The average adolescent birth rate (births per 1,000 women aged 15 to 19) for the countries in the bottom half of the rankings is more than twice the average rate for countries in the top half of the rankings. The gap between the bottom and top 10 countries is even more extreme, with the rate for the bottom 10 countries over 10 times higher.

Family Planning Saves Lives: As Contraceptive Use Rises, Maternal and Infant Deaths Decline



The data in the *Mothers' Index* indicate that increased access to and use of modern contraception can lead to dramatic improvements in infant and maternal survival rates. For example, in Finland, where 75 percent of women use birth control, the lifetime risk of a mother dying in childbirth is only 1 in 8,200, and 4 out of 1,000 infants do not make it to their first birthday. Compare this to Niger, where 4 percent of women use birth control, 1 in 7 mothers dies in childbirth, and 156 out of 1,000 infants die before reaching age 1.

Every year, millions of women and children in the developing world die as a result of births that are too close together, too early or too late in a woman's life. In developing countries, maternal mortality is the leading cause of death for women of reproductive age, killing an estimated 500,000 women a year. At least 1 in 8 are teenage girls. Every minute of every day, at least one woman dies from complications of pregnancy and childbirth.

Voluntary family planning also makes important contributions to child survival. More than 10 million children under 5 die every year in the developing world. Family planning could prevent many of these deaths by spacing births at least two years apart, by helping women to bear children during their healthiest reproductive years, and by enabling parents to have their desired number of children.

2004 Mothers' Index Rankings

Country	Mothers' Index Rank*	Women's Index Rank**	Children's Index Rank**
Sweden	1	1	10
Denmark	2	2	1
Finland	2	2	1
Austria	4	4	1
Netherlands	4	4	10
Norway	6	6	1
Australia	7	6	1
Canada	7	6	1
United Kingdom	9	9	1
United States	10	10	1
Costa Rica	11	11	15
Cuba	11	13	18
Czech Republic	11	11	14
Slovenia	14	13	1
Chile	15	16	10
Argentina	16	15	36
Korea, Republic of	16	16	15
Singapore	16	21	10
Uruguay	16	18	15
Belarus	20	23	18
Colombia	21	25	21
Kazakhstan	21	21	36
Moldova, Republic of	21	18	36
Russian Federation	21	23	21
Mexico	25	27	29
Trinidad and Tobago	25	29	25
Panama	27	33	25
Jamaica	28	37	21
Ukraine	28	25	44
Dominican Republic	30	33	45
Ecuador	30	33	45
Georgia	30	33	33
Korea, Democratic People's Rep. of	30	37	45
Romania	30	29	55
Serbia and Montenegro	30	27	49
South Africa	30	37	49
Thailand	30	29	45
Venezuela	30	37	29
Uzbekistan	39	18	79
Vietnam	39	43	49
Bahrain	41	45	27
El Salvador	42	47	36
Mongolia	42	29	75
Paraguay	42	47	36
Brazil	45	37	70
China	45	47	62
Jordan	45	60	20
Lesotho	45	43	68
Mauritius	45	47	55
Peru	45	55	55
Azerbaijan	51	47	62
Botswana	51	55	62
Maldives	51	37	80
Philippines	51	57	49
Guyana	55	47	70
Namibia	55	47	73
Sri Lanka	55	45	66
Honduras	58	65	27
Kuwait	58	59	59
Lebanon	58	65	21
Tajikistan	58	47	75
Zimbabwe	58	57	68
Iran, Islamic Republic of	63	62	49

Country	Mothers' Index Rank*	Women's Index Rank**	Children's Index Rank**
Belize	64	62	62
Indonesia	64	64	55
Nicaragua	64	68	33
United Arab Emirates	64	60	66
Bolivia	68	67	59
Tunisia	69	70	36
Turkey	70	72	33
Saudi Arabia	71	68	70
Syrian Arab Republic	71	74	36
Algeria	73	75	36
Guatemala	74	80	29
Kenya	74	71	84
Swaziland	74	72	81
Egypt	77	86	29
Gabon	77	75	78
Uganda	79	78	91
Zambia	79	75	92
Cameroon	81	80	86
Rwanda	81	80	100
Tanzania, United Republic of	83	78	98
Ghana	84	84	84
Morocco	84	93	49
India	86	87	81
Papua New Guinea	86	80	105
Sudan	88	84	94
Côte d'Ivoire	89	93	89
Iraq	89	98	73
Senegal	89	95	87
Lao People's Democratic Republic	92	87	109
Bangladesh	93	106	59
Madagascar	93	89	100
Malawi	93	89	106
Nigeria	96	89	107
Cambodia	97	92	111
Pakistan	97	102	90
Togo	97	95	103
Bhutan	100	106	81
Haiti	100	97	94
Mozambique	100	102	94
Benin	103	104	87
Burundi	104	104	100
Eritrea	104	98	111
Guinea	104	98	110
Gambia	107	111	93
Liberia	108	106	98
Nepal	108	115	75
Central African Republic	110	111	103
Mauritania	110	98	114
Chad	112	106	115
Sierra Leone	112	106	116
Yemen	112	116	94
Guinea-Bissau	115	116	108
Ethiopia	116	113	116
Mali	116	116	111
Burkina Faso	118	114	118
Niger	119	119	119

* Due to different indicator weights and rounding, it is possible for a country to rank high in the women's and children's indices but not score among the very highest countries in the overall *Mothers' Index*. For a complete explanation of the indicator weighting, please see the Methodology and Research Notes.

** Rank out of the 119 countries included in the *Mothers' Index*.

The Complete Mothers' Index 2004

Country	Women's Index					Children's Index					Rankings		
	Life-time risk of mortality (1 in number of women)	Percent of women using modern contraception	Percent of women using sterilized condoms or intrauterine devices	Percent of women with pregnant women	Adult female literacy rate (percent)	Participation of women in national politics (% of seats held by women)	Infant mortality rate (per 1,000 live births)	Primary enrollment ratio (percent)	Percent of population with access to sanitation	Percent of children under age 5 suffering from moderate or severe wasting	Mothers' Index (out of 100 countries)*	Women's Index (out of 100 countries)*	Children's Index (out of 100 countries)*
Algeria	190	50	92	42	51	6	39	112	89	3	73	82	54
Argentina	410		98	26	97	31	16	120	100	3	16	15	54
Australia	3,600	72	100		99.2	25	6	102	100			6	1
Austria	16,000	47	100x		99.2	34	5	104	100	4	4	4	1
Azerbaijan	520	16	84		96x	11	74	98x	78	2	51	53	86
Bahrain	1,200		98	20	83	0	13	103		5	41	50	42
Bangladesh	59	43	12	51	30	2	51	100	97	10	93	113	83
Belarus	1,800	42	100		100	10	17	109x	100		20	24	27
Belize	190		83	65	93	3	34	128	92	64	64	68	86
Benin	17	7	64	41	24	6	93	95	63	8	103	111	118
Bhutan	37	19	24		34	9	74		62	2	100	112	110
Bolivia	47	27	69	54	79	19	56	116	89	2	64	74	83
Bosnia	200	39	94		80	17	80	108	95	5	51	61	86
Brazil	140	70	88	33	87	9	30	155	87	2	45	41	96
Burkina Faso	12	5	31	24	24	14	12	109	44	42	13	118	154
Burundi	12	1	25	68	40	18	114	65	78	8	104	111	133
Cambodia	36	19	32	66	57	7	96	110	30	15	97	99	146
Cameroon	23	7	60	44	64	9	95	108	58	5	81	87	117
Canada	8,700	73	98	3	99.2	21	5	100	100	7	7	6	1
Central African Republic	15	3	44	67	35	7	115	75x	70	9	110	118	136
Chad	11	2	16	37	34	6	117	73	27	11	112	113	151
Chile	1,100		100	13	96	13	10	103	99	0	15	16	11
China	8,30	81	76	52	78	22	31	114	75		45	53	86
Colombia	240	64	86	24	92	12	19	112	91	1	21	28	31
Costa Rica	690	65	98	27	96	35	9	107	95	2	11	11	22
Cote d'Ivoire	25	7	63	34	37	9	102	79	81	8	89	100	120
Cuba	1,600	67	100	47	97	36	7	102	91	2	11	13	27
Czech Republic	7,700	63	99	23	100x	17	4	104		2x	11	20	20
Denmark	9,800	72	100x		99.2	38	4	102	100		2	2	1
Dominican Republic	200	59	98		84	17	32	124x	86	2	310	37	64
Ecuador	210	50	69	17	90	16	25	115	85	10	30	37	64
Egypt	310	54	61	45	44	2	35	100x	97	5	77	93	44
El Salvador	180	54	90	14	76	11	33	109	77	1	42	53	64
Eritrea	24	4	21		45	22	47	59	46	16	104	105	146
Ethiopia	14	6	6	42	31	8	114	64	24	11	116	120	152
Finland	8,200	75	100x		99.2	38	4	102	100		2	2	1
Gabon	37	12	86		62	9	60	144	86	3	77	82	106
Gambia	31	9	55	73	30	13	91	82	62	9	107	118	124
Georgia	1,700	20	94	60	99x	7	24	95	79	2	310	37	51
Ghana	35	13	44	64	63	9	57	80	73	10	84	91	114
Guatemala	74	31	41	45	61	9	36	102	92	3	74	87	44
Guinea	18	4	35	11	27	19	139	67	48	9	104	105	145
Guinea-Bissau	13	4	35	14	24	8	100	86x	56	10	115	123	145

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Country	Women's Index					Children's Index					Rankings		
	Life-time risk of mortality (1 in number of women)	Percent of women using modern contraception	Percent of women using sterilized condoms or intrauterine devices	Percent of women with pregnant women	Adult female literacy rate (percent)	Participation of women in national politics (% of seats held by women)	Infant mortality rate (per 1,000 live births)	Primary enrollment ratio (percent)	Percent of population with access to sanitation	Percent of children under age 5 suffering from moderate or severe wasting	Mothers' Index (out of 100 countries)*	Women's Index (out of 100 countries)*	Children's Index (out of 100 countries)*
Ghana	200		86	71	98	20	24	120x	94	11	53	53	76
Haiti			21	24	64	48	4	79		46	5	100	104
Honduras	190	41	56	14	75	6	32	106	88	1	58	72	42
India	48	43	43	50	45	9	67	102x	84	16	86	94	110
Indonesia	150	55	64	51	82	8	33	110	78		64	71	78
Iran, Islamic Republic of	370	56	90	17	69	4	35	86	92	5	63	68	71
Iraq	65	10	72	18	23	8	102	102x	85	6	89	105	99
Jamaica	380	63	95	53	91	12	17	100	92	3	28	41	31
Jordan	430	38	97	50	84	6	27	101x	96	2	45	66	29
Kazakhstan	190	53	99	27	99	10	61	99	91	2	21	22	54
Korea	19	32	44	35	76	7	28	94x	57	6	74	78	114
Korea, Democratic People's Republic of	590	53	97	71	96	20	42	100	100	8	30	41	64
Korea, Republic of	2,800	67	100	96	6	6	5	101	92		16	65	23
Kuwait	6,000	41	98	40	80	0	9	94		11	58	66	83
Laos	25	29	19	62	53	23	87	113	37	15	92	94	144
Laos People's Democratic Republic	240	37	89	49	80	2	28	99	100	3	58	72	31
Latvia	32	30	60	7	94	12	64	115	78	5	45	47	94
Lebanon	16	6	51	78	37	8	157	99x		6	108	113	131
Liberia	26	12	46		60	4	84	103	47	14	93	96	133
Madagascar	7	26	56	55	47	9	114		57	6	93	96	140
Mali	140		70	20	97	6	58	131	100	13	31	41	109
Moldova	10	6	41	58	16	10	122	61	65	11	116	123	146
Moldova, Republic of	14	5	57	24	30	4	120	83	37	13	110	108	149
Morocco	1,700	49	99	29	81	6	17	109	100	14	45	53	78
Mexico	370	58	86	27	89	23	24	113	88	2	25	31	44
Moldova, Republic of	1,500	43	99	20	98	13	27	84	92	3	21	18	54
Mongolia	300	46	97	45	98	11	58	99	60	6	42	33	102
Morocco	120	42	40	45	36	11	39	94	80	4	84	100	71
Mozambique	14	5	44	55	29	30	125	92	57	6	102	109	125
Namibia	54	26	78	16	81	26	55	112	77	9	55	53	99
Nepal	24	35	11	68	24	6	66	118	88	10	103	122	102
Netherlands	3,500	76	100		99.2	37	5	108	100		4	4	11
Nicaragua	88	57	67	36	64	21	32	104	77	2	64	75	51
Niger	7	4	16	41	9	1	156	35	59	14	119	126	156
Nigeria	18	9	42	55	56	5	110		62	9x	96	96	141
Norway	2,900	69	100x		99.2	36	4	101	100		6	6	1
Philippines	31	20	20	37	28	22	83	75x	90	13	97	109	121
Poland	210	54	90	20	91	10	19	112	90	1	27	37	38
Poland New Guinea	62	20	53	16	57	1	70	84x	42		86	87	139
Portugal	120	48	71	44	92	9	26	113x	78	1	42	53	54
Rerun	73	50	59	29	85	18	30	127	80	1	45	61	78
Rhodesia	120	28	58	50	95	18	29	113	86	6	31	63	71
Romania	1,300	30	98	31	97	11	19	99	99	58	58	31	78

The Complete Mothers' Index 2004

Country	Women's Index				Children's Index				Rankings				
	Life-time risk of maternal mortality (1 in number of women)	Percent of women using modern contraception	Percent of women using sterilized methods (percent)	Percent of pregnant women with anemia	Adult female literacy rate (percent)	Participation of women in national politics (% of seats held by women)	Infant mortality rate (per 1,000 live births)	Grass primary enrollment ratio (percent)	Percent of population with access to water	Percent of children under age 5 suffering from moderate or severe wasting	Mothers' Index (out of 100 countries)*	Women's Index (out of 100 countries)*	Children's Index (out of 100 countries)*
Bahrain (data not available)	1,000	99	30	99	99	8	18	100	99	4	71	24	31
Bahrain	10	4	31	60	60	49	96	119	41	6	81	87	123
Bahrain	610	29	91	67	67	0	23	68	95	11	71	75	96
Bahrain	4,500	33	58	28	19	79	75	78	8	4	89	102	118
Bahrain	6	4	42	31	23	15	165	66	98	4	30	31	71
Bahrain	1,700	73	100	88	16	3	100	100	100	4	16	22	11
Bahrain	4,100	59	100	100	12	4	100	100	100	4	14	13	1
Bahrain	120	55	84	37	85	30	52	111	86	3	30	41	71
Bahrain	430	44	97	39	89	4	17	100	77	14	55	50	91
Bahrain	30	7	86	36	46	10	64	59	75	10	88	91	125
Bahrain	49	17	70	79	79	3	108	125	1	1	74	79	110
Bahrain	29,600	72	100	99	99	45	3	110	100	1	1	1	11
Bahrain	130	28	76	41	60	12	23	109	80	4	71	81	54
Bahrain	250	17	71	50	99	13	53	104	60	4	58	53	102
Bahrain	900	70	99	57	94	9	24	95	84	6	30	33	64
Bahrain	26	7	49	48	43	7	79	124	54	12	97	102	136
Bahrain	330	44	96	53	98	19	17	100	90	4	25	33	38
Bahrain	320	51	90	38	61	12	21	117	80	2	69	77	54
Bahrain	480	38	81	74	77	4	36	101	82	2	70	79	51
Bahrain	13	18	39	30	57	25	82	82	52	4	79	85	122
Bahrain	2,000	38	100	100	100	5	16	78	96	6	28	28	63
Bahrain	500	24	96	14	79	0	8	99	100	15	64	66	91
Bahrain	3,800	82	99	99	99	18	5	99	100	9	9	9	1
Bahrain	2,500	71	99	99	99	14	7	101	100	1	10	10	1
Bahrain	1,300	100	20	98	12	14	109	98	1	16	18	22	13
Bahrain	1,300	63	96	27	99	7	52	100	85	12	39	18	108
Bahrain	300	38	94	29	92	10	19	102	83	3	30	41	44
Bahrain	270	56	70	52	91	27	30	106	77	6	39	47	71
Bahrain	19	10	22	35	0	79	79	69	13	112	123	125	
Bahrain	19	14	43	47	72	12	108	78	64	5	79	82	123
Bahrain	16	50	73	85	10	76	95	95	83	6	53	63	94
Bahrain	1,200	22	97	98	5	30	30	30	2	2	47	47	47
Bahrain	1,900	16	100	98	17	15	15	114	6	6	50	50	50
Bahrain	1,800	52	99	93	15	6	6	6	114	6	24	24	24
Bahrain	1,800	39	100	100	21	17	100	100	100	100	18	18	18
Bahrain	660	30	97	83	10	8	98	83	10	8	68	68	68
Bahrain	4,600	19	99	100	20	8	100	100	100	100	28	28	28
Bahrain	11,100	33	100	90	19	5	121	121	121	121	24	24	24

* Data may refer to a different year than stated or may vary from the standard. ** Data are from different year or different source.

Country	Women's Index				Children's Index				Rankings				
	Life-time risk of maternal mortality (1 in number of women)	Percent of women using modern contraception	Percent of women using sterilized methods (percent)	Percent of pregnant women with anemia	Adult female literacy rate (percent)	Participation of women in national politics (% of seats held by women)	Infant mortality rate (per 1,000 live births)	Grass primary enrollment ratio (percent)	Percent of population with access to water	Percent of children under age 5 suffering from moderate or severe wasting	Mothers' Index (out of 100 countries)*	Women's Index (out of 100 countries)*	Children's Index (out of 100 countries)*
Algeria	6	4	12	100	100	21	165	15	13	25	157	157	157
Algeria	610	15	99	99	99	6	26	107	97	11	64	64	64
Algeria	7	4	45	29	83	5	12	154	74	38	6	6	149
Algeria	580	99	100	100	83	20	13	91	97	10	64	64	64
Algeria	590	91	100	100	100	11	12	110	100	5	31	31	31
Algeria	2,400	25	100	98	26	14	103	100	100	6	30	30	30
Algeria	160	89	100	89	66	11	29	139	74	6	6	6	106
Algeria	33	33	62	62	49	9	59	86	96	12	99	99	99
Algeria	26	2	61	76	50	7	81	97	51	4	110	110	110
Algeria	13	2	100	100	97	21	129	47	45	13	155	155	155
Algeria	6,100	890	100	100	95	11	5	97	100	1	31	31	31
Algeria	19	100	40	54	11	100	40	100	13	100	141	141	141
Algeria	16	65	74	5	101	130	44	7	2	11	11	11	11
Algeria	360	100	100	91	6	17	110	47	8	7	136	136	136
Algeria	4,000	68	99	99	27	20	95	95	95	8	102	102	102
Algeria	290	85	98	55	99	10	8	102	99	2	38	38	38
Algeria	240	49	98	55	68	10	52	101	77	3	78	78	78
Algeria	2100	26	94	94	94	18	22	99	100	4	44	44	44
Algeria	2,100	97	98	93	8	5	106	100	100	1	1	1	1
Algeria	75	28	56	58	81	77	89	72	9	9	114	114	114
Algeria	140	97	97	23	108	86	3	108	86	3	44	44	44
Algeria	170	18	95	54	62	11	72	39	13	13	135	135	135
Algeria	3,400	100	100	98	94	0	24	111	79	2	64	64	64
Algeria	150	100	100	100	100	11	17	112	98	6	44	44	44
Algeria	190	41	100	100	96	6	20	103	99	100	22	22	22
Algeria	120	85	85	0	20	0	20	71	71	7	90	90	90
Algeria	340	85	85	93	18	31	127	82	7	7	91	91	91
Algeria	7,900	78	92	27	5	107	100	100	100	100	29	29	29
Algeria	99	99	99	99	99	0	38	104	100	100	38	38	38
Algeria	140	89	89	89	89	2	34	108	88	88	54	54	54

* Data may refer to a different year than stated or may vary from the standard. ** Data are from different year or different source.

The Mothers' Index rank is out of 119 countries for which sufficient data were available. The Women's Index rank and Children's Index rank are out of 126 and 127 countries respectively - these include additional countries for which adequate data existed to present findings on women's indicators or children's indicators, but not both.

What Five Years of Mothers' Index Rankings Show

Scandinavian Countries Top Index Year After Year; Conditions Are Improving in Parts of Latin America and Central and Eastern Europe



In issuing five annual *State of the World's Mothers* reports since May 2000, Save the Children has documented important regional trends among 80 countries included in all five reports. Among the major trends:

- Industrialized countries dominate the top rankings, with Scandinavian countries in particular ranking consistently high each year.
- Several Latin American countries – such as Chile, Costa Rica and Cuba – are approaching the industrialized countries in the *Index* on several indicators of women and children's well-being, such as percent of births attended by trained personnel, use of modern contraception, female literacy, primary school enrollment, and women in national government positions. Moving forward, these higher-performing developing countries will likely have to focus special attention on reaching the most marginalized populations that remain underserved, a challenge many industrialized countries also continue to grapple with today.
- Several countries from the region of Central and Eastern Europe, the Commonwealth of Independent

States and the Baltic States show gradual improvement in the rankings, led by the Czech Republic, Moldova and Uzbekistan. These countries show gains in women's health status, as evidenced by reduced anemia among pregnant women, increased use of modern contraception, and reduced lifetime risk of maternal mortality. The Czech Republic also shows a reduction in the infant mortality rate over all five years.

- Many countries of sub-Saharan Africa – as well as Yemen and Nepal – have remained at the bottom of the rankings over this five-year period. Many of these countries have experienced war and conflict – conditions where it is difficult to make progress. Some countries that have endured the most severe conflict and post-conflict stress – such as Afghanistan and Rwanda – are absent from the five-year rankings due to lack of data, but would presumably rank near the bottom of the scale as well.



Mothers' Index Methodology and Research Notes

1. In the first year of the *Mothers' Index* (2000), a review of literature and consultation with members of the Save the Children staff identified health status, educational status, political status and children's well-being as key factors related to the well-being of mothers. Indicators were selected to represent these factors, and published data sources for each indicator were identified. In some cases, the factors were difficult to capture because few countries reported related statistics. To adjust for these variations in data availability when calculating the final Index, the indicators for maternal health and children's well-being were grouped into sub-indices (see step 5). This procedure allowed researchers to draw on the wealth of useful information on those topics without giving too little weight to the factors for which less abundant data were available.

2. Data were gathered for six indicators of women's status and four indicators of children's status.

The indicators that represent women's health status are:

Lifetime risk of maternal mortality

A woman's risk of death in childbirth over the course of her life is a function of many factors, including the number of children she has and the spacing of the births, as well as the conditions under which she gives birth and her own health and nutritional status. Estimates are based on maternal mortality and fertility rate in a country.

Source: *Maternal Mortality in 2000: Estimates developed by WHO, UNICEF and UNFPA.*

Percent of women using modern contraception

Access to family planning resources, including modern contraception, allows women to plan their pregnancies. This helps ensure that the mother is physically and psychologically prepared to give birth and care for her child. Data are derived from sample survey reports and estimate the proportion of married women (including women in consensual unions) currently using modern methods of contraception (including male and female sterilization, IUD, the pill, injectables, hormonal implants, condoms and female barrier methods.) These numbers are roughly but not completely comparable across countries due to variation in the timing of the surveys and in the details of the questions. All country and

regional data refer to women aged 15 to 49. All of the data were collected in 1995 or later. The most recent survey data available are cited.

Source: *United Nations Population Fund (UNFPA) 2003. The State of World Population.* Available online at: <http://www.unfpa.org/swp/2003/english/indicators/index.htm>

http://www.unfpa.org/swp/2003/presskit/pdf/indicators_eng.pdf

Percent of births attended by trained personnel

The presence of a trained attendant at a birth reduces the likelihood of both maternal and infant mortality. The attendant can help create a hygienic environment and recognize complications that require urgent medical care. Percentage of births attended by trained personnel is defined as those births attended by skilled health personnel (physician, nurse, midwife or health care worker trained in midwifery skills). Data are from 1995-2002. The data refer to the most recent year available during the specified period.

Source: *UNICEF 2003. State of the World's Children 2004 (Table 8).* Available online at: http://www.unicef.org/sowc04/sowc04_tables.html
<http://www.unicef.org/files/Table8.pdf>



Percent of pregnant women with anemia

Poor nutritional status puts pregnant women and their children at risk for complications during birth, and makes them more susceptible to other types of illness. Anemia reflects nutritional deficiencies and possible malaria. The World Health Organization defines anemia in pregnant women as likely to be present when the hemoglobin level is less than 110g/L. It also defines nutritional anemia as a condition in which the hemoglobin content of the blood is lower than normal as a result of a deficiency of one or more essential nutrients, regardless of the cause of such deficiency. Data are from 1989-2000.

Source: *The Manoff Group and The Micronutrient Initiative: Iron Improves Life* (wall map).

The indicator that represents women's educational status is:

Adult female literacy rate

Educated women are more likely to be able to earn a livelihood and support their families. They are also more likely than uneducated women to ensure that their children attend school. Female literacy rate is the percentage of women aged 15 and over who can read and write. Data are from 2000.

Source: UNICEF (2003). *State of the World's Children 2004* (Table 5). Available online at: http://www.unicef.org/sowc04/sowc04_tables.html <http://www.unicef.org/files/Table5.pdf>

Additional estimates (as noted in the data annex) are from UNDP's *Human Development Report 2000*.

The indicator that represents women's political status is:

Participation of women in national government

When women have a voice in public institutions, they can participate directly in governance processes, and advocate for issues of particular importance to women and children. This indicator represents the percentage of seats in national legislatures or parliaments occupied by women. The percentage was calculated only for the lower chamber countries with a bicameral assembly.

Source: UNSD (2000) *The World's Women 2000: Trends and Statistics*. (Updated January 27, 2004) Available online at: <http://unstats.un.org/unsd/demographic/ww2000/table6a.htm> <http://unstats.un.org/unsd/demographic/ww2000/tables.htm>



The indicators that represent children's well-being are:

Infant mortality rate

The infant mortality rate is likely to increase dramatically when mothers receive little or no pre-natal care and give birth under difficult circumstances. Infant mortality rate is the probability of dying between birth and exactly 1 year of age, expressed per 1,000 live births. Data are from 2002.

Source: UNICEF (2003) *State of the World's Children 2004* (Table 1). Available online at: http://www.unicef.org/sowc04/sowc04_tables.html <http://www.unicef.org/files/Table1.pdf>

Gross primary enrollment ratio

The gross primary enrollment ratio is the number of children enrolled in primary school, regardless of age, expressed as a percentage of the total number of children of primary school age. Data are from 1998-2001.

Source: UNESCO Institute for Statistics (2003) *Gross and Net Enrollment Ratios, and Gender Parity Index, primary (ISCED 1), for school years 1998/1999, 1999/2000, and 2000/2001*. Available online at: http://www.uis.unesco.org/TEMPLATE/html/Exceltables/education/gerner_primary.xls http://www.uis.unesco.org/ev.php?URL_ID=5187&URL_DO=DO_TOPIC&URL_SECTION=201

Percent of population with access to safe water

Safe water is essential to good health. Families need an adequate supply for drinking, as well as cooking and washing. This indicator reports the percentage of the population with access to an adequate amount of water from an improved source within a convenient distance from a user's dwelling, as defined by country-level standards. "Improved" water sources include household connections, public standpipes, boreholes, protected dug wells, protected springs and rainwater collection. In general, "reasonable access" is defined as at least 20 liters (5.3 gallons) per person per day, from a source within one kilometer (.62 miles) of the user's dwelling. Data are from 2000.

Source: UNICEF (2003) *State of the World's Children 2004* (Table 3). Available online at: http://www.unicef.org/sowc04/sowc04_tables.html <http://www.unicef.org/files/Table3.pdf>



Percent of children under age 5 suffering from moderate or severe nutritional wasting

Poor nutrition affects children in many ways, including making them more susceptible to a variety of illnesses and impairing their cognitive development. Moderate or severe wasting is defined as more than two standard deviations below median weight for height of the reference population. Data are from 1995-2002. Data refer to the most recent year available during the period specified.

Source: UNICEF (2003) *State of the World's Children 2004* (Table 2). Available online at: http://www.unicef.org/sowc04/sowc04_tables.html <http://www.unicef.org/files/Table2.pdf>

3. Standard scores, or Z-scores, were created for each of the indicators using the following formula:

$$Z = \frac{X - \bar{X}}{S}$$

where Z = The standard, or Z-score

X = The score to be converted

\bar{X} = The mean of the distribution

S = The standard deviation of the distribution

4. The standard scores of indicators of ill-being were then multiplied by (-1) so that a higher score indicated increased well-being on all indicators.

Notes on specific indicators

- To avoid rewarding school systems where pupils do not start on time or progress through the system, gross enrollment ratios between 100 and 105 percent were discounted to 100 percent. Gross enrollment ratios over 105 percent were discounted to 100 and any amount over 105 percent was subtracted from 100 (e.g., a country with a gross enrollment rate of 107 percent would be discounted to 100-(107-105), or 98.)

- Developed countries that lacked data for percent of pregnant women with anemia or percent of children under age 5 suffering from moderate or severe nutritional wasting were given a dummy score based on the developed country average to avoid penalizing industrialized countries for missing data in comparison with high-performing developing countries.

5. Z-scores were divided by the range of Z-scores for each variable in order to control for differences in the range of possible scores. These percentage scores (i.e., actual score as percent of range of scores) were then averaged to create the index scores.

6. The percentage scores of the four indicators related to women's health were averaged to create an index of women's health. An index of child well-being was created the same way. At this stage, cases (countries) missing more than one indicator for either sub-index were eliminated from the sample. Cases missing any one of the other indicators (i.e., educational status or political status) were also eliminated.

7. The *Mothers' Index* was calculated as a weighted average of women's health status (30 percent), maternal educational status (30 percent), children's well-being (30 percent) and maternal political status (10 percent). The scores on the *Mothers' Index* were ranked.

Note: Data exclusive to mothers are not available for many important indicators (e.g. literacy rate, government positions held). In these instances, data on women's status have been used to approximate maternal status, since all mothers are women. In areas such as health, where a broader array of indicators is available, the index emphasizes indicators that address uniquely *maternal* issues.

8. Data analysis was conducted using Microsoft Excel software.

Early Motherhood Risk Ranking Methodology and Research Notes

This year Save the Children has created the *Early Motherhood Risk Ranking* that focuses on the prevalence of early marriage and early childbearing, as well as the increased risk to babies that early motherhood often creates. Data were gathered for three indicators of risks associated with early motherhood:

The indicator that represents early marriage is:

Percent of women aged 15 to 19 ever married

This is an indicator of the percent of women aged 15 to 19 that have ever been married. Consensual unions are reported in the ever-married category whenever they were disaggregated.

Source: United Nations Population Division, Department of Social and Economic Affairs, (2000). *World Marriage Patterns 2000*. (Wall chart) Available online at: <http://www.un.org/esa/population/publications/worldmarriage/worldmarriagepatterns2000.pdf>
<http://www.un.org/esa/population/publications/worldmarriage/worldmarriage.htm>

The indicator that represents the prevalence of early motherhood status is:

Births per 1,000 women aged 15 to 19

This is an indicator of the burden of fertility on young women, presented as an annual level summed over all women in the age cohort. Only live births are included in the numerator. Stillbirths and spontaneous or induced abortions are not reflected.

Source: United Nations Population Fund (UNFPA) 2003. *The State of World Population 2003*. Available online at: <http://www.unfpa.org/swp/2003/english/indicators/index.htm>
http://www.unfpa.org/swp/2003/presskit/pdf/indicators_eng.pdf

The indicator that represents risk to babies is:

Infant Mortality Rate (IMR) for mothers under age 20

Infant mortality rate for mothers under age 20 is the probability of an infant born to a mother under age 20 dying between birth and 1 year of age, expressed per 1,000 live births. Data include infant mortality rates for the 10-year period preceding the survey.

Source: ORC Macro, 2004. *Measure DHS + STATcompiler*. Available online at: <http://www.measuredhs.com>
http://www.measuredhs.com/statcompiler/table_builder.cfm?userid=107050&usertabid=118840

1. Standard scores, or Z-scores, were created for each of the indicators using the following formula:

$$Z = \frac{X - \bar{X}}{S}$$

where Z = The standard, or Z-score

X = The score to be converted

\bar{X} = The mean of the distribution

S = The standard deviation of the distribution

2. Z-scores were divided by the range of Z-scores for each variable in order to control for differences in the range of possible scores. These percentage scores (i.e., actual score as percent of range of scores) were then averaged to create the index scores. The indexed risk score was calculated as a weighted average of early marriage (30 percent), early motherhood (40 percent) and risk to children (30 percent).

3. The index scores were scaled on a scale of 0 to 100, where 100 represents the country in the sample with the highest level of risk to young mothers. Scaled scores were then ranked.

4. Data analysis was conducted using Microsoft Excel software.



Endnotes

- ¹ Center for Reproductive Rights. *Claiming Our Rights: Surviving Pregnancy and Childbirth in Mali*. (New York: 2003) p.89
- ² World Health Organization. *Child and Adolescent Health and Development Progress Report 2002*. (Geneva: 2003) p.79. http://www.who.int/child-adolescent-health/publications/OVERVIEW/CAH_PR2002.htm
- ³ Estimate based on data and analysis from WHO, UNICEF and UNFPA. *Maternal Mortality in 2000: Estimates Developed by WHO, UNICEF, and UNFPA*. http://www.who.int/reproductive-health/publications/maternal_mortality_2000/maternal_mortality_2000.pdf and Alan Guttmacher Institute. *Issues in Brief: Risks and Realities of Early Childbearing Worldwide*. <http://www.agi-usa.org/pubs/ib10.html#8>
- ⁴ UNICEF. *Too Old for Toys, Too Young for Motherhood* (New York: 1994) and UNICEF. *Early Marriage: Child Spouses*, Innocenti Digest. No. 7. (UNICEF Innocenti Research Centre, Florence: 2001) www.unicef-icdc.org/publications/pdf/digest7e.pdf
- ⁵ United Nations. *The World's Women: Trends and Statistics 1970-1990* (New York: 1991)
- ⁶ Shane, Barbara. *Family Planning Saves Lives*. Third Edition. (Population Reference Bureau: Washington, DC: January 1997) pp.4,16
- ⁷ Chen, Lincoln C., et al., "Maternal Mortality in Rural Bangladesh," *Studies in Family Planning*, 5(11): 334-341 (1974), cited in United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) Population Programme, "Adolescent Reproductive Health in the Asian and Pacific Region," *Asian Population Studies Series No. 156*. <http://www.unescap.org/pop/publicat/apssi156/chapter1.htm>
- ⁸ International Planned Parenthood Federation. *Mother's Day, Mothers Die*. <http://www.ippf.org/mothersday/world.htm#young>. This statistic is for girls aged 10 to 19.
- ⁹ Boyd, Anne. *The World's Youth 2000*. (Population Reference Bureau: Washington, DC: 2000)
- ¹⁰ As told to a Save the Children staff member in Nepal. Ganga is a peer educator in Save the Children's adolescent reproductive health program.
- ¹¹ As told to a Save the Children USA staff member in Bangladesh.
- ¹² National Institute of Population Research and Training (NIPORT), Mitra and Associates (MA), and ORC Macro (ORCM). *Bangladesh Demographic and Health Survey 1999-2000*. (Dhaka, Bangladesh and Calverton, Maryland: 2001)
- ¹³ UNICEF. *Newborn Health*. http://www.unicef.org/health/index_newbornhealth.html
- ¹⁴ UNFPA. *Reproductive Health and Early Life Changes*. <http://www.unfpa.org/intercenter/cycle/earlylife.htm>
- ¹⁵ Adhikari, Ramesh. "Early Marriage and Childbearing: Risks and Consequences," *Towards Adulthood: Exploring the Sexual and Reproductive Health of Adolescents in South Asia*. Ed. Sarah Bott et al. (WHO: Geneva: 2003)
- ¹⁶ UNFPA. *Reproductive Health and Early Life Changes*. <http://www.unfpa.org/intercenter/cycle/earlylife.htm>
- ¹⁷ Center for Reproductive Rights. *Female Circumcision/Female Genital Mutilation (FC/FGM): Legal Prohibitions Worldwide*. http://www.crlp.org/pub_fac_fmcpicd.html
- ¹⁸ UNFPA. *Adolescence and the Transition to Adulthood*. <http://www.unfpa.org/intercenter/cycle/adolescence.htm>
- ¹⁹ World Health Organization. *Technical Consultation on Married Adolescents, Geneva, December 9-12, 2003*. http://www.who.int/child-adolescent-health/New_Publications/NEWS/NEWS_30/Background_MA.pdf
- ²⁰ Mathur, Sanyukta, Margaret Greene and Anju Malhotra. *Too Young to Wed: The Lives, Rights, and Health of Young Married Girls*. (International Center for Research on Women: Washington, DC: 2003)
- ²¹ For more on this issue, see Caroline H. Bledsoe and Barney Cohen. *Social Dynamics of Adolescent Fertility in sub-Saharan Africa*. Washington, DC: National Academy Press: 1993 and Barbara Mensch, Judith Bruce and Margaret Greene. *The Uncharted Passage: Girls' Adolescence in the Developing World*. (Population Council: New York: 1998)
- ²² UNFPA. *Adolescence and the Transition to Adulthood*. <http://www.unfpa.org/intercenter/cycle/adolescence.htm>
- ²³ UNFPA. *Key Messages for Launch of The State of World Population 2003: Making 1 Billion Count: Investing in Adolescents' Health and Rights*. http://www.unfpa.org/swp/2003/presskit/press_releases/swp2003_keymessages.doc
- ²⁴ UNFPA. *Adolescence and the Transition to Adulthood*. <http://www.unfpa.org/intercenter/cycle/adolescence.htm>
- ²⁵ As told to a Save the Children staff member in Guinea.
- ²⁶ Basic Education Coalition. *Teach a Child, Transform a Nation*. (Washington, DC: 2004)
- ²⁷ Senderowitz, Judith. *Adolescent Health: Reassessing the Passage to Adulthood*, World Bank Discussion Paper #272. (Washington DC: 1995) p.14
- ²⁸ Hannum, Emily and Claudia Buckman. *Partnership in Sustainable Strategies for Girls' Education 2003* (UNICEF: 2003; World Bank: 2002, A Window of Hope)
- ²⁹ El-Zanaty, Fatma and Ann Way. *Egypt Demographic and Health Survey 2000*. (Ministry of Health and Population [Egypt], National Population Council and ORC Macro: Calverton, Maryland: 2001)
- ³⁰ National Population Commission [Nigeria] and ORC/Macro. *Nigeria Demographic and Health Survey 1999*. (Calverton, Maryland: 2000)
- ³¹ Basic Education Coalition. *Teach a Child, Transform a Nation*. (Washington, DC: 2004)
- ³² As told to a Save the Children staff member in Mali.
- ³³ Population Council and International Center for Research on Women. *Adolescent Girls' Livelihoods*. (New York and Washington, DC: 2000)
- ³⁴ Mathur, Sanyukta, Margaret Greene and Anju Malhotra. *Too Young to Wed: The Lives, Rights, and Health of Young Married Girls*. (International Center for Research on Women: Washington, DC: 2003)
- ³⁵ Population Information Program, Center for Communication Programs, The Johns Hopkins School of Public Health. "Meeting the Needs of Young Adults." *Population Reports*. (Baltimore: 1995)
- ³⁶ Nasimiyyu, Ruth. "Changing Women's Rights Over Property in Western Kenya." *African Families and the Crisis of Social Change*. C.B. Thomas, S. Weisner and P.L. Kilbride, eds. (in collaboration with A.B.C. Ocholla-Ayayo, Joshua Akong'a and Simiyu Wandibba) (Greenwood Publishing Group: Westport, CT: 1997)
- ³⁷ Buvinic, Mayra. "The Costs of Adolescent Childbearing: Evidence from Chile, Barbados, Guatemala, and Mexico," *Studies in Family Planning*, Vol. 29, No. 2, *Adolescent Reproductive Behavior in the Developing World* (June 1998) pp.201-209
- ³⁸ Ibid.
- ³⁹ Indicators were standardized and used to create a weighted average. The "risk score" was then scaled (using a 100 point scale) and countries were ranked based on scaled scores. The highest risk countries are ranked first.
- ⁴⁰ The figure for secondary school enrollment is based on an average for 48 of the 50 countries. Data were not available for Liberia and Brazil.
- ⁴¹ UNFPA. *The State of World Population 2003*. Note that the Republic of Korea is included in the UNICEF/Innocenti Research Center analysis of industrialized countries. In other parts of *The State of the World's Mothers 2004*, the Republic of Korea is classified as a developing country, in accordance with UNICEF classification based on the *State of the World's Children 2003*.
- ⁴² UNICEF. "A League Table of Teenage Births in Rich Nations," *Innocenti Report Card No.3*. (UNICEF Innocenti Research Centre, Florence, Italy: July 2001)
- ⁴³ Ibid.
- ⁴⁴ Alan Guttmacher Institute. *U.S. Teenage Pregnancy Statistics: Overall Trends, Trends by Race and Ethnicity and State-by-State Information*. (New York: February 19, 2004)
- ⁴⁵ Data sources: Arkansas Department of Health, *Arkansas County Trends in Maternal and Child Health 1996-2000*, <http://www.health.arkansas.com/stats/trends2000/TRND06.HTM> and UNFPA. *The State of World Population 2003*
- ⁴⁶ The National Campaign to Prevent Teen Pregnancy. *Halfway There: A Prescription for Continued Progress in Preventing Teen Pregnancy*. (Washington, DC: 2001) and data and analysis from The Alan Guttmacher Institute.
- ⁴⁷ Calculation based on data in *US Teenage Pregnancy Statistics: Overall Trends, Trends by Race and Ethnicity and State-by-State Information*. (The Alan Guttmacher Institute: New York: updated February 19, 2004)
- ⁴⁸ Alliance for Excellent Education. *FactSheet: The Impact of Education On: Health & Well-Being*. (Washington, DC: November 2003)
- ⁴⁹ U.S. Department of Education, National Center for Education, Statistics. *National Education Longitudinal Study of 1988 First Followup Study*. (Washington, DC: 1990)
- ⁵⁰ Maynard, R.A., (Ed.). *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*. (Robin Hood Foundation: New York: 1996)
- ⁵¹ Ibid.
- ⁵² The National Campaign to Prevent Teen Pregnancy. *Halfway There: A Prescription for Continued Progress in Preventing Teen Pregnancy*. (Washington, DC: 2001) and data and analysis from The Alan Guttmacher Institute.
- ⁵³ See, for example: Alliance for Excellent Education. *FactSheet: The Impact of Education On: Health & Well-Being*. (Washington, DC: November 2003)
- ⁵⁴ As told to a Save the Children staff member in Nepal. Bhagirathi is a peer educator in Save the Children's adolescent reproductive health program. She has received training in safe motherhood, family planning, nutrition and hygiene.
- ⁵⁵ Senderowitz, Judith. "Adolescent Health: Reassessing the Passage to Adulthood," World Bank Discussion Paper #272, (Washington DC: 1995) p.14
- ⁵⁶ World Bank. *Education and Development Brochure*. (Washington DC: 2002)
- ⁵⁷ International Center for Research on Women. *Increasing Low Age at Marriage in Rural Maharashtra, India*. (Washington, DC: December 2003)
- ⁵⁸ World Bank Group. *Public and Private Initiatives: Working Together in Health and Education*. (World Bank: Washington, DC: 2003)
- ⁵⁹ Greene, Margaret. *Watering the Neighbor's Garden: Investing in Adolescent Girls in India*, Regional Working Papers. No. 7. [The Population Council: New Delhi: 1997]
- ⁶⁰ Guttman, Cynthia. "Involve the Young!" *UNESCO Courier*. July/August 2000. http://www.unesco.org/courier/2000_07/uk/apprend3.htm
- ⁶¹ Greene, Margaret, Zohra Rasekh and Kali-Ahset Amen. *In This Generation: Sexual and Reproductive Health Policies for a Youthful World*. (Population Action International: Washington, DC: 2002)
- ⁶² González, Gustavo. "No More Discrimination Against Pregnant Students," *Inter Press Service News Agency*, March 10, 2004. <http://www.ipsnews.net/interna.asp?idnews=22783>
- ⁶³ See, for example: Dollar, David and Roberta Gatti, "Gender Inequality, Income, and Growth: Are Good Times Good for Women?" Working Paper Series, No. 1. (The World Bank Development Research Group/Poverty Reduction and Economic Management Network: May 1999)
- ⁶⁴ World Bank. *Empowering Development Through Gender Equality in Rights, Resources and Voice*, (World Bank and Oxford University Press: Washington, DC: January 2001) pp.85-86
- ⁶⁵ As told to a Save the Children staff member in Egypt. Safa participates in Save the Children's IMPRESS project (improving pregnancy outcomes through counseling and supplementation).
- ⁶⁶ Alauddin, MacLaren. *Reaching Newlyweds and Married Adolescents*. 1999. <http://www.fhi.org/en/Youth/YouthNet/Publications/FOCUS/InFOCUS/newlywedandmarried.htm>
- ⁶⁷ Save the Children field office annual reports for Bangladesh, Bolivia, Egypt, Ethiopia, Malawi and Nepal and Malawi; and Sanyukta Mathur, Margaret Greene and Anju Malhotra. *Too Young to Wed: The Lives, Rights, and Health of Young Married Girls* (International Center for Research on Women: Washington, DC: 2003)
- ⁶⁸ Alauddin, MacLaren. *Reaching Newlyweds and Married Adolescents*. 1999. <http://www.fhi.org/en/Youth/YouthNet/Publications/FOCUS/InFOCUS/newlywedandmarried.htm>
- ⁶⁹ UNFPA. "Review and Analysis of Premarital/Newlywed Education Activities in Mexico, Indonesia and the Philippines." (Unpublished document prepared for UNFPA: New York)
- ⁷⁰ Alauddin, MacLaren. *Reaching Newlyweds and Married Adolescents*. 1999. <http://www.fhi.org/en/Youth/YouthNet/Publications/FOCUS/InFOCUS/newlywedandmarried.htm>
- ⁷¹ Ibid.
- ⁷² UNFPA. *State of World Population 2003*. <http://www.unfpa.org/swp/2003/english/ch7/page6.htm>
- ⁷³ Amin, Sajeda and Cynthia B. Lloyd. *Women's Lives and Rapid Fertility Decline: Some Lessons from Bangladesh and Egypt*. Policy Research Division Working Paper, No. 117 (Population Council: New York: 1998)
- ⁷⁴ Population Council and UNFPA. *Adolescent and Youth Sexual and Reproductive Health: Charting Directions for a Second Generation of Programming* (New York: 2002)
- ⁷⁵ Population Council and International Center for Research on Women. *Adolescent Girls' Livelihoods: Essential Questions, Essential Tools: A Report on a Workshop* (New York and Washington, DC: 2000)
- ⁷⁶ As told to a Save the Children staff member in Bolivia. Johanna participates in Save the Children's adolescent program in Oruru. She has completed courses in sexuality, computers and vocational orientation.
- ⁷⁷ Chandrasekhar, R. "Childhood in Rajgarh: Too Young for Wedlock, Too Old for the Cradle." *Economic and Political Weekly* 31(40): 2721-2722. 1996.
- ⁷⁸ Nepal Health Education, Information, and Communication Center and UNFPA. "Arrange the Marriage of Your Daughter After 20 Years of Age" (Item No. PO NEP 64). Poster (Nepal Ministry of Health: Kathmandu: 1995)
- ⁷⁹ Friedlin, Jennifer. *Kenya School Shelters Girls from Forced Marriages*. Women's eNews: October 28, 2003. <http://www.womensnews.org/article.cfm/dyn/aid/1579/context/archive>
- ⁸⁰ Excerpt from speech to members of the Moroccan parliament on October 10, 2003. "King of Morocco Calls for Fundamental Reform in Family Law." Middle East Media Research: Berlin: November 7, 2003
- ⁸¹ Hakim, Jaafar Alj. "Moroccan Family Code Enhances Women's Rights," *The Korea Herald*, February 14, 2004.
- ⁸² Government of Uttar Pradesh, Department of Family Welfare. *Uttar Pradesh Population Policy* (Lucknow: 2000)
- ⁸³ Amakye, Rachel O. "Not a Girl, Not Yet a Woman: Education May Save Girls from Underage Marriages," *Ghanaian Chronicle*, February 25, 2004. <http://allafrica.com/stories/200402250435.html>
- ⁸⁴ "The Child Rights Bill: Matters Arising." *Nigeria News Now*. January 3, 2003. http://nigerianewsnow.com/News/January03/810103_Bill.htm
- ⁸⁵ Ramachandran, Sudha. *Child Marriage Means Child Labor for Daughters*. (Panos London: September 15, 2003) <http://www.panos.org.uk/global/featuredetails.asp?featureid=1002&lD=1005>
- ⁸⁶ The category "developed nations" includes 11 industrialized countries and eight countries from Central and Eastern Europe, Baltic States or the Commonwealth of Independent States, including Belarus, Czech Republic, Georgia, Republic of Moldova, Romania, the Russian Federation, Serbia and Montenegro, and the Ukraine. The remaining countries from Central and Eastern European, Baltic States, or the Commonwealth of Independent States are classified as "developing countries" in accordance with the classification used in UNICEF's *The State of the World's Children 2003*.

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Mali. 15-year-old Fatoumata and her newborn son Moussa

Page 1 – Rebecca Janes

Honduras. 16-year-old Dora with her day-old son, who was born at a Save the Children school where community members took refuge after Hurricane Mitch

Page 5 – Michael Bisceglie

Philippines. Anna Marie and children at their home in Victoria Ville, where Save the Children runs health and education programs

Page 7 – Michael Bisceglie

Philippines. 11-year-old Mary Grace and 10-year-old Jessica are friends in Victoria Ville

Page 8 – AP/ Murad Sezer

Afghanistan. Gulkana and her 9-day-old son (still unnamed) at a hospital in Kabul

Page 9 (top) – Michael Bisceglie

Malawi. Sisters and brothers orphaned by AIDS. The oldest sister, Aziweni, holds her 1½-year-old son George.

Page 9 (bottom) – Michael Bisceglie

Bolivia. 17-year-old Maxima and her day-old baby, not yet named

Page 11 – Michael Weymouth

Bolivia. A young girl from Yamora

Page 12 – Michael Bisceglie

Vietnam. Hien, who participated in Save the Children's safe motherhood project, holds her 11-day-old girl

Page 13 – WHO/ P.Virot

Ethiopia. Patients at the Addis Ababa Fistula Hospital

Page 14 – Susan Warner

Bangladesh. A young girl who is attending school thanks to a Save the Children program

Page 17 – Same as cover

Page 18 – Susan Warner

USA. Carla holds her one-month-old daughter Kaylee in White Oak, Tennessee

Page 19 – Susan Warner

USA. Brothers and sisters from Hogansville, Georgia who participate in Save the Children's after-school programs

Page 20 – Michael Bisceglie

Egypt. 16-year-old Abd works at her desk in a Save the Children education center

Page 21 – Michael Bisceglie

Mali. Fatoumata and Bibatou walk to school together

Page 22 – Michael Bisceglie

Ethiopia. An HIV-positive expectant mother talks with a Save the Children community counselor

Page 23 – Michael Bisceglie

Mozambique. Dalila (left) learns about family planning from a Save the Children community activist

Page 24 – Michael Bisceglie

Egypt. 13-year-old Moshera works on a macramé project in a Save the Children class

Page 25 (top) – Michael Bisceglie

Malawi. Twallu talks with Emma about safe sex and family planning

Page 25 (bottom) – Michael Bisceglie

Egypt. Girls play hand ball in a Save the Children program in Alsaliba Village

Page 26 – AP/ Michelle Kelso

Romania. Narcisa, 15, prepares for her wedding. She dreads becoming a wife, which means a life of cooking, cleaning, field work and childbearing.

Page 27 – Rohanna Mertens

Bolivia. A girl enjoys her studies at a Save the Children school in Oruro

Page 28 – Michael Bisceglie

Ethiopia. Mother Diko comforts 1-year-old Guyyo after he receives a vaccination

Page 29 – Michael Bisceglie

El Salvador. Lorena and Ana attend first grade in a school Save the Children helped build

Page 30 – AP/ Scout Dalton

Guatemala. Young street child with her baby by her side

Page 33 (top) – Michael Bisceglie

Guatemala. Isabela and her daughter, Ana, in their store, which provides income for the family thanks to a Save the Children micro-credit program

Page 33 (bottom) – Michael Bisceglie

Bangladesh. Shilpi carries vegetables to her home

Page 34 – Michael Bisceglie

Mozambique. Alama and her 6-month-old baby Momade

Page 35 – Save the Children staff

Guinea. Young mothers learn how to sew at a Save the Children vocational school

Page 36 – Michael Bisceglie

Bangladesh. Parul, a young mother, learns to write through a Save the Children program

Page 37 – Michael Bisceglie

Egypt. A Save the Children summer learning program for girls who have left traditional school

Back cover – AP/ David Longstreath

Thailand. A Karen refugee mother and child near the Thailand-Myanmar border

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Around the world, tens of millions of girls marry and have babies while they are still children themselves. When girls become mothers before they are physically and emotionally ready, the results are often tragic: many girls die in childbirth, even greater numbers of their babies die, and young mothers and babies who do survive often struggle to overcome poor health, limited education and grinding poverty.

State of the World's Mothers 2004 focuses on the widespread problem of children having children, identifying 50 perilous places where the problem is particularly severe. The first-ever *Early Motherhood Risk Ranking* analyzes countries where child motherhood is most common and where the consequences are most devastating. It tells us where girls are most at risk of marrying young and having babies too young. It also tells where the greatest percentages of babies born to child mothers are dying before they reach their first birthday.

State of the World's Mothers 2004 concludes that the United States must play a leading role in helping young girls in developing countries to delay early marriage and childbirth by improving access to education and health care.

As in previous years, *State of the World's Mothers 2004* presents a *Mothers' Index* using the latest data on health, nutrition, education and political participation to rank over 100 countries where it is best and worst to be a mother.