

HAVING A CHILD BEFORE BECOMING AN ADULT

Exploring the Economic Impact
in a Multi-Country Analysis

Prepared by:



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DHS: Demographic and Health Surveys

DRC: Democratic Republic of the Congo

ICPD: International Conference on Population and Development

SRH: sexual and reproductive health

SRHR: sexual and reproductive health and rights

UHC: universal health coverage



When a woman has a child before the age of 18, what does her economic future look like?

This report, prepared by Population Council and Women Deliver, presents findings from one of the first multi-country analyses to examine the short- and long-term impacts of having a child before age 18 on employment and monetary compensation (cash earnings). Cash earnings (as opposed to in-kind payments and unpaid work) play an important role in economic empowerment. Research suggests women receiving cash are more likely to be able to make decisions about their own healthcare and education.¹⁻⁴ The study dives further into women's economic empowerment by analyzing married women's sole control over her cash earnings. A woman's power to make her own decisions over her health, income, and life choices is a marker of empowerment and a core element of gender equality.

Women's sexual and reproductive health and rights are inextricably linked to their economic empowerment. Both factors play essential roles in achieving a more gender-equitable world and reaching development goals. Fully meeting contraceptive needs in developing countries and providing comprehensive care for all pregnant women and newborns would reduce unintended pregnancies, unplanned births, and induced abortions, leading to an estimated **73 percent decrease in maternal deaths** and **80 percent in newborn deaths**.⁵ Fully closing the gender gap in workplaces could add up to **US\$28 trillion** in annual gross domestic product by 2025.⁶ It has been estimated that every \$1 invested in meeting the unmet need for contraceptives yields as much as **\$60 to \$100 in long-term benefits** from economic growth.⁷ Despite these benefits, the world is far from meeting the sexual and reproductive needs of girls and women and from closing the economic gender gap.

This study explores the association between having a child before 18 and economic opportunity.

The findings have implications on both the *Individual Power* (girls' and women's individual power, self-esteem, and agency) and *Structural Power* (the systems, barriers, and opportunities for progress in power relations, including political, economic, and social structures).



An analysis of data representing more than 600 million women, ages 20 to 49, from 43 low- and middle-income countries⁸ found that:

1

There is a strong and consistent lifelong negative association between having a child during adolescence and a woman's economic empowerment.

Women, ages 20 to 24, who had an adolescent birth are 1.2 times more likely to work than their peers.

Young mothers may be pushed into working by economic necessity. This effect of adolescent childbearing on employment disappears among women ages 25 to 49.

Women who have a child before the age of 18 are set back economically throughout their lives.

Across all age groups, working women who had a child during adolescence are less likely to earn cash for their work than women who did not have a child during adolescence.

2

Most women, ages 20 to 49, are employed (regardless of having a child before 18); however, the work is often not economically empowering.

More than half of all women in more than three quarters of the countries analyzed were employed. Employment tends to be lowest among women ages 20 to 24 years old and increases steadily with age. In some countries, employment levels off after age 40.

The percentage of women paid in cash for their work varies widely across countries. The percentage of working women paid in cash ranges from less than 30 percent in Burundi and Rwanda to more than 90 percent in Colombia, Guatemala, the Maldives, and South Africa.

Unpaid work outside of the household is the second most common form of employment in 22 of 43 countries after working for cash, and the most common form of employment in five countries. Overall, unpaid work outside the household accounts for at least 10 percent of women's employment in more than half of the countries analyzed.

3

Married or cohabiting women's control over cash earnings generally remains low.

Less than 50 percent of married or cohabiting women work, earn cash, and have control over their earnings across all countries studied, except Cambodia and Togo.

CONCLUSIONS

Taken together these results demonstrate that **when a woman has a child before the age of 18, her economic and financial options become more limited throughout her lifetime.**

The evidence paints a picture of the difficult and important decisions young mothers may face. Young mothers may be compelled to work out of necessity in jobs that may not promote their economic empowerment—a reality that can extend throughout the rest of their reproductive lives.

RECOMMENDATIONS

What governments, policymakers, civil society, and donors can do:

Improve

the provision of, and access to, high-quality, youth-friendly sexual and reproductive health services and information before, during, and after girls and women have begun having children.

Commit

to collect nationally representative gender- and age-disaggregated data and to use evidence to inform policies and practices.

Develop

policies and programs to open-up a range of employment opportunities that are economically empowering for girls and women. These include policies that are compatible with motherhood, such as social protection systems (for example, parental leave policies, old-age pensions, flexible working hours, child allowances) and recognize and value unpaid care work.



PART I.

Introduction



A woman's sexual and reproductive health and her economic empowerment are inextricably linked.

Both factors play essential roles in increasing a woman's agency and achieving a more gender equitable world. More specifically, the health of girls and women—especially their sexual and reproductive health (SRH)—is linked to individual well-being, gender equality, and inclusive and sustainable growth.⁹ It has been estimated that for every \$1 invested in meeting the unmet need for contraceptives yields as much as \$60 to \$100 in long-term benefits from economic growth.⁷



Access to quality healthcare and the right to free participation in social, economic, and political spheres of society are fundamental human rights and determinants for overall human well-being.^{10, 11, 12} The 1994 International Conference on Population and Development (ICPD) recognized that reproductive health and women's empowerment are intertwined and necessary to achieve gender equality and development goals.⁹ Almost 25 years ago, the Beijing Declaration and Platform for Action from the Fourth World Conference on Women affirmed that women's empowerment and full participation in all spheres of society are fundamental for the achievement of equality, development, and peace.¹³ More recently, the Sustainable Development Goals Agenda placed health and the empowerment of girls and women at the center of the development discourse.¹⁴

PROGRESS IN WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH

BOX 1. DEFINING SEXUAL AND REPRODUCTIVE HEALTHⁱ

In 2018, the Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights developed a comprehensive and integrated definition of SRH. This was developed based on human rights and to raise the visibility of the needs of marginalized populations and foster strong, equitable, and holistic health systems that recognize and respond to essential needs of all across their lifespan.⁵ The Commission defines SRH as the “state of physical, emotional, mental, and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity.” SRH relies on realizing sexual and reproductive rights, including the right to bodily autonomy, privacy, safety, and access to care, counselling, information, and education, among others. Under this definition, reproductive health covers aspects of the reproductive health system, gender-based violence, contraception and family planning, maternal and newborn care, abortion and post-abortion care, menstruation, and infertility.⁵

ⁱ For a full definition of sexual health, sexual rights, reproductive health, and reproductive rights, please visit: <https://www.guttmacher.org/guttmacher-lancet-commission/accelerate-progress-executive-summary>

A quarter of a century after the 1994 ICPD Plan of Action, there have been many improvements in women's SRH. The percentage of women of reproductive age that use contraception has increased by 25 percent globally from 1994 to 2019, and the adolescent birth rate has declined.¹⁵ Since 1994, the total fertility rate has dropped from 2.9 children per woman in 1994 to 2.4 in 2016.¹⁶

Despite progress in women's reproductive health outcomes at the global level, substantial regional and national inequalities persist. Unmet need for family planning in developing countries is greatest among women in the poorest 20 percent of households.¹⁷ Additionally, in developing countries, women from the poorest 20 percent of households are more likely to have a child without a skilled birth attendant than women in the top wealth quintile.¹⁷ Inequality is also prevalent within some high-income countries, where aggregate numbers hide significant racial, ethnic, and socio-economic disparities related to maternal death and disability.¹⁸ Access to comprehensive reproductive health services, including modern contraception and safe abortion, is still a major challenge.¹⁸ Globally, 214 million women still have an unmet need for modern contraception, which means that they want to stop or delay childbearing, but are not using modern contraception.¹⁹ In developing regions, this unmet need can account for up to 84 percent of all unintended pregnancies.¹⁹ Globally, an estimated 25 million unsafe abortions take place each year.⁵

Increased investment in SRH is not only necessary to meet the demand, but also crucial to reap broad socioeconomic returns. At the individual level, access to modern contraception, safe and legal abortion, and the whole suite of SRH services, products, and information is critical to girls' and women's health, education, and participation in society and the economy. For example, fully meeting contraceptive needs in developing countries and providing comprehensive care for all pregnant women and newborns would reduce unintended pregnancies, unplanned births, and induced abortions. This would lead to an estimated 73 percent decrease in maternal deaths and 80 percent in newborn deaths.⁵ The provision of curriculum-based sexuality education can contribute to increased contraceptive use,²⁰ which, in turn, could lead to a decrease in unintended pregnancy, and result in girls remaining in school. If girls and women are more empowered to decide if, and when, to have children, they have the potential to be more economically productive, increase their lifetime earnings, and realize their full economic potential.⁵ Women with limited educational or labor force opportunities in some contexts may perceive few options other than childbearing. Expanding access to schooling or economic opportunities may mean women choose to delay childbearing or have fewer children.²¹⁻²³

MEASURING AND ASSESSING WOMEN'S ECONOMIC EMPOWERMENT

Despite progress, more work is needed globally to achieve gender parity in labor force participation and access to paid economic opportunities. In 2018, approximately 49 percent of women above the age of 15 participated in the global labor force compared to 75 percent of men.²⁴ Moreover, as of 2018, more than 100 countries have laws preventing women from accessing the same choice of jobs as men.²⁵ Fully closing the gender gap in workplaces would add up to \$28 trillion in annual gross domestic product by 2025.⁶

Not all labor force participation is equally empowering; work may be in the formal sector (e.g., salaried or hourly work) or in the informal sector (e.g., street vendors, domestic service, agricultural work, and others).²⁶ Employment in the informal sector often does not confer the same benefits and security as work in the formal sector, such as labor rights and decent working conditions.²⁷ While there are various types of informal work, women tend to be overrepresented in informal occupations that are characterized by low pay and a lack of social protection.²⁸

Remuneration for work may be in the form of cash, in-kind (payment in the form of goods or services instead of money), or work can be unpaid (such as cultivating crops or working for a family member without direct payment).²⁹⁻³¹ Women who are economically active, especially those who earn an income, have been shown in some contexts to be more likely to make major decisions about their own health and investments in assets, compared to their peers who are economically inactive.¹ In addition, both conditional and unconditional cash transfer programs, which put money in the hands of women, have been found to be associated with increased educational attainment, lower fertility and pregnancy rates, and increased contraceptive use. This indicates that cash in hand may empower women to make

decisions about their own health and education.²⁻⁴ Cash earnings or access to cash can empower women in other domains of their lives, including increasing their ability to decide about contraceptive use.³²

BOX 2. DEFINING WOMEN'S ECONOMIC EMPOWERMENT

There are many aspects to women's economic empowerment, including having the ability to participate in, contribute to, and benefit from economic opportunities such as jobs, financial services, assets, and information.³³ Additionally, women's economic empowerment should go beyond participation in economic opportunities, and should focus on the ability to succeed and advance oneself economically, combined with the power to make and act on financial decisions.³⁴ In summary, economic empowerment can be defined as "the transformative process by which women and girls go from having limited power, voice, and choice at home and in the economy to having the skills, resources, and opportunities needed to access and compete equitably in markets and the agency to control and benefit from economic gains."³⁵

However, for women, having control over their own income is not always guaranteed.³⁶ Compared to men, women are less likely to have control over how their earnings are used.³⁶ In some contexts, employment has been shown to be empowering both economically and in other aspects of women's lives, when a person chooses to be in a job that provides earnings and leads to independent decision-making.¹ Therefore, it is not just working, but the type of work, the type of remuneration, and control over that remuneration, that are important.³⁷

THE RELATIONSHIP BETWEEN SEXUAL AND REPRODUCTIVE HEALTH AND ECONOMIC EMPOWERMENT

Many have theorized about the effects of economic empowerment on reproductive health outcomes. For example, studies show women with limited educational or labor force opportunities may perceive few options other than childbearing and put them at increased risk of adolescent pregnancies (Country Snapshot 1, p. 28).^{21, 22, 23, 38}

There are multiple ways in which the timing and number of children a woman has can affect her participation in the economic sphere.³⁹ For example, postponing a first child until after adolescence has been linked with better educational outcomes and improved probability of working in the formal sector.⁴⁰⁻⁴⁵ In contrast, childbearing during adolescence can limit a woman's future economic

opportunities by curtailing her schooling, and/or by compelling her to enter the labor force in lower paid, informal, or unskilled positions to support herself and her family.^{40, 41, 45, 46} However, this evidence is limited as it is primarily based on single-country studies.

A study in multiple low- and middle-income countries found that having fewer children at home is associated with higher levels of women's employment.³⁹ Another global study found that as a country's fertility rates decline, women's labor force participation rates increase.⁴⁷ These studies do not look at the types of employment, quality of the work women engage in, or how women are compensated for their work.⁴⁸ Importantly, even if more women are "available" to participate in the labor force due to decreased fertility, factors such as the availability of labor opportunities for women, laws against gender discrimination in employment, amongst others may impede their participation.²⁴

At the aggregate level there appears to be an association between fertility and women's labor force participation. However, it is not clear whether labor force opportunities drive lower fertility, or lower fertility rates free women to participate in the labor force. At the same time, we know a limited amount about whether fertility is related to the types of earnings women garner.

This study adds to the current literature by exploring the relationship between adolescent childbearing and women's labor force participation and earning cash in 43 low- and middle-income countries. Few studies of low- and middle-income countries have considered whether the immediate consequences of an adolescent birth continue throughout a woman's lifetime.

This study uses adolescent childbearing—one indicator of SRH—to specifically examine its association to women's economic empowerment, defined as being employed and earning cash (i.e., all forms of monetary payments). This association, disaggregated by age group, elucidates the short- and long-term economic impacts of adolescent childbearing on women's lives. This study suggests that cash earnings (as opposed to being paid in-kind), are the most empowering type of earnings, given the research linking cash earnings to economic empowerment. In addition, this study undertakes a descriptive analysis of married women's sole control over cash earnings to capture a broader perspective of economic empowerment. The study also presents recommendations to expand girls' and women's choices regarding when and how they begin childbearing, and the type of work they engage in throughout their lives. This is one of the first multi-country analyses to examine the short- and long-term impacts of having a child before 18 on employment and monetary compensation (cash earnings).

PART II.

Methodology

In this study, the relationship between having a child during adolescence and women's employment in 43 low- and middle-income countries was examined. The 43 countries included in the analysis are home to more than 600 million women ages 20 to 49.⁸

First, the study explores patterns of adolescent childbearing and employment for women across countries and regions. The study then examines, for women who were employed, whether they were paid in cash, in-kind, a combination of cash and in-kind, or were unpaid. Finally, it explores whether currently married women earning cash for their work are controlling the use of their earnings.ⁱⁱ Country-level regression models of the likelihood of being employed and working for cash by age group were estimated. Finally, a meta-analysis was carried out to summarize the country-level results.

ⁱⁱ In the Demographic and Health Surveys, only married/cohabiting women, who are employed and receiving cash earnings are asked about control over earnings.



DATA SOURCES AND INDICATORS

Data Sources

Data from the most recent Demographic and Health Surveys (DHS) conducted between 2012 and 2018 for all women ages 20 to 49 were analyzed. The 43 countries for which surveys fall within the selected time-period, and sample sizes are detailed in Annex Table 1. DHS are nationally representative household surveys of women of reproductive ages (15 to 49). DHS were used for this work because they provide comparable, nationally-representative, recent data for many low- and middle-income countries. The surveys use standard questionnaires that collect information on fertility and women's employment, amongst other topics.

Sexual and Reproductive Health Indicator Selected

The DHS questionnaire collects information on a range of SRH outcomes. This study focuses on *adolescent childbearing*, or birth by age 18, as it has been an important arena for primary research as well as interventions.ⁱⁱⁱ The study categorizes women by whether they had a child by age 18 or not. This was constructed from the "age at first birth" variable, calculated by the DHS. The sample was limited to those ages 20 to 49 to exclude respondents for whom there is incomplete information on adolescent childbearing, as those ages 15 to 19 have not yet completed their exposure to the risk period (adolescence).

ⁱⁱⁱ The variable used in this study represents live births; pregnancies that do not result in a live birth (i.e., spontaneous and induced abortions, miscarriage, and stillbirths) are not included.

Economic Empowerment Indicators Selected

Three variables on economic empowerment were constructed based on a series of questions asked in the DHS:

1. *Employment in the past year*, defined as currently working or having worked in the 12 months preceding the survey. This includes engaging in formal and informal work. It does not include the respondents' own housework or other domestic responsibilities, including care of her own children or relatives.
2. *Cash earnings among women employed in the past 12 months*, defined as having received payment in cash in exchange for work.
3. *A woman's control over her own cash earnings*, among those currently married or cohabiting, defined by whether the married woman usually decides herself how her earnings are used.

The DHS questionnaire includes a series of questions for female respondents about whether they work, the type of work they do, and control over earnings. Women are first asked about work “aside from your own housework.” Those who work (or have worked in the last 12 months) are asked whether they worked for cash, for payment in-kind, for a combination of cash and in-kind payment, or are unpaid. The study focuses on cash earnings as past research has indicated that women receiving cash are more likely to make decisions about their own health and education.¹² In-kind payments are less likely to be economically empowering and do not provide financial independence as cash earnings do.⁴⁹ For married/cohabitating women who report cash earnings, there is an additional question on “who usually decides” how the money she earns will be used. The paper focuses on the percent of women who state they usually have sole control over their earnings, as women who control their assets are better able to exercise their agency and make decisions.³⁴

DATA ANALYSIS

The analysis compares the likelihood of being employed in the past 12 months (including women who are currently employed) among two groups of women—those who had a child during adolescence and those who did not. Next, the analysis considered whether women who were employed earned cash for their work or not. The analysis also describes whether or not married/cohabiting women who earn cash usually have sole control over their cash earnings.

Logistic regression models were estimated for each country to get national-level estimates of the strength and magnitude of the association between adolescent childbearing and employment. Several adjustment variables were also assessed (including household composition, education, and parity), but it was found that including them did not alter the main results presented in this study. Country-level coefficients were subsequently used in meta-regression models to produce estimates across countries, and results are reported by five-year age groups.

Data were analyzed using Stata, version 15.0. Sampling weights provided in the DHS data files were applied to account for survey design.

PART III.

Findings

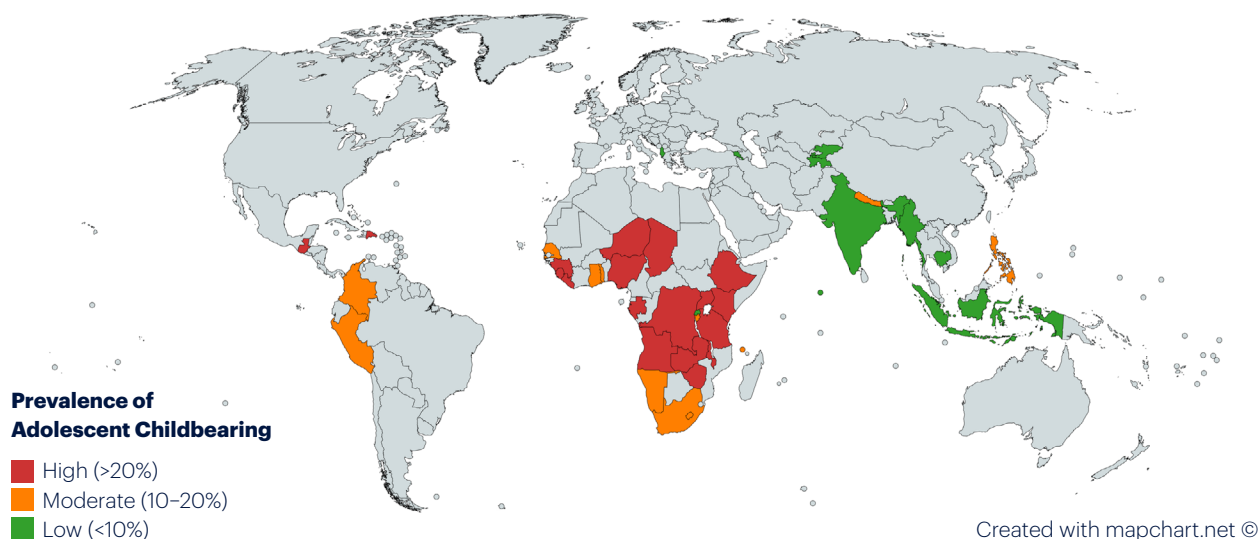


ADOLESCENT CHILDBEARING AROUND THE WORLD

Despite declines in some places, the prevalence of adolescent childbearing remains common in many countries, particularly in Sub-Saharan Africa, for the selected time-period (2012 to 2018; Figure 1, p. 20). Data from DHS during this time period show more than 20 percent of women ages 20 to 24 had a child by age 18 in 18 countries; of these, 16 countries were in Sub-Saharan Africa. Within Sub-Saharan Africa, the proportion of women ages 20 to 24 who had a child by age 18 varies widely, from 6 percent in Rwanda to 51 percent in Chad.

A birth during adolescence was rare (fewer than 10 percent) among women ages 20 to 24 years-old in 11 countries, including most of the Asian countries in the analysis. Moderate levels of adolescent childbearing (between 10 and 20 percent) are seen in 14 countries spread across all regions (Map 1).

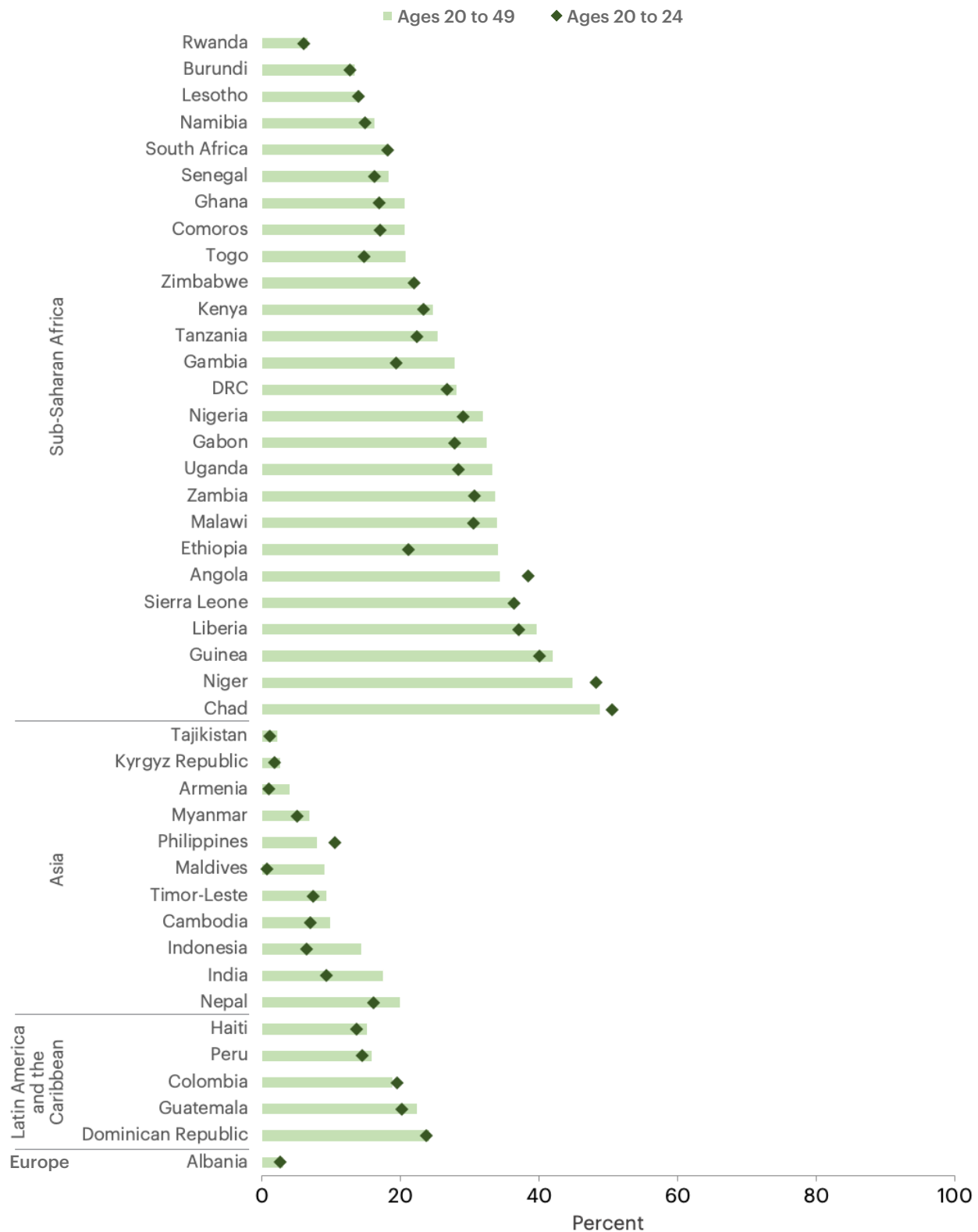
Map 1. The Prevalence of Adolescent Childbearing Among Women Ages 20 to 24*



*Countries analyzed for the purpose of this study are highlighted in red, orange, and green.

In many countries, there was a large difference between the proportion of women ages 20 to 49 who had a child by age 18 and the proportion of women ages 20 to 24 who had a child by age 18, indicating that the incidence of birth by age 18 has changed over time. For example, in Ethiopia, 34 percent of women ages 20 to 49 had a child by age 18, while only 21 percent of women ages 20 to 24 had a child by age 18, indicating a decline in adolescent childbearing. At the time of the survey, only four countries analyzed had a higher percentage of younger women compared to all women who experienced an adolescent birth: Angola, Chad, Niger, and the Philippines (Figure 1, p. 20).

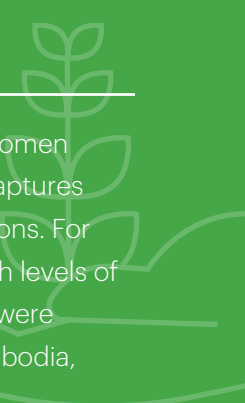
Figure 1. Percent of Women Who Had a Child by Age 18, by Country and Age Groups



WOMEN'S EMPLOYMENT AND EARNINGS AROUND THE WORLD

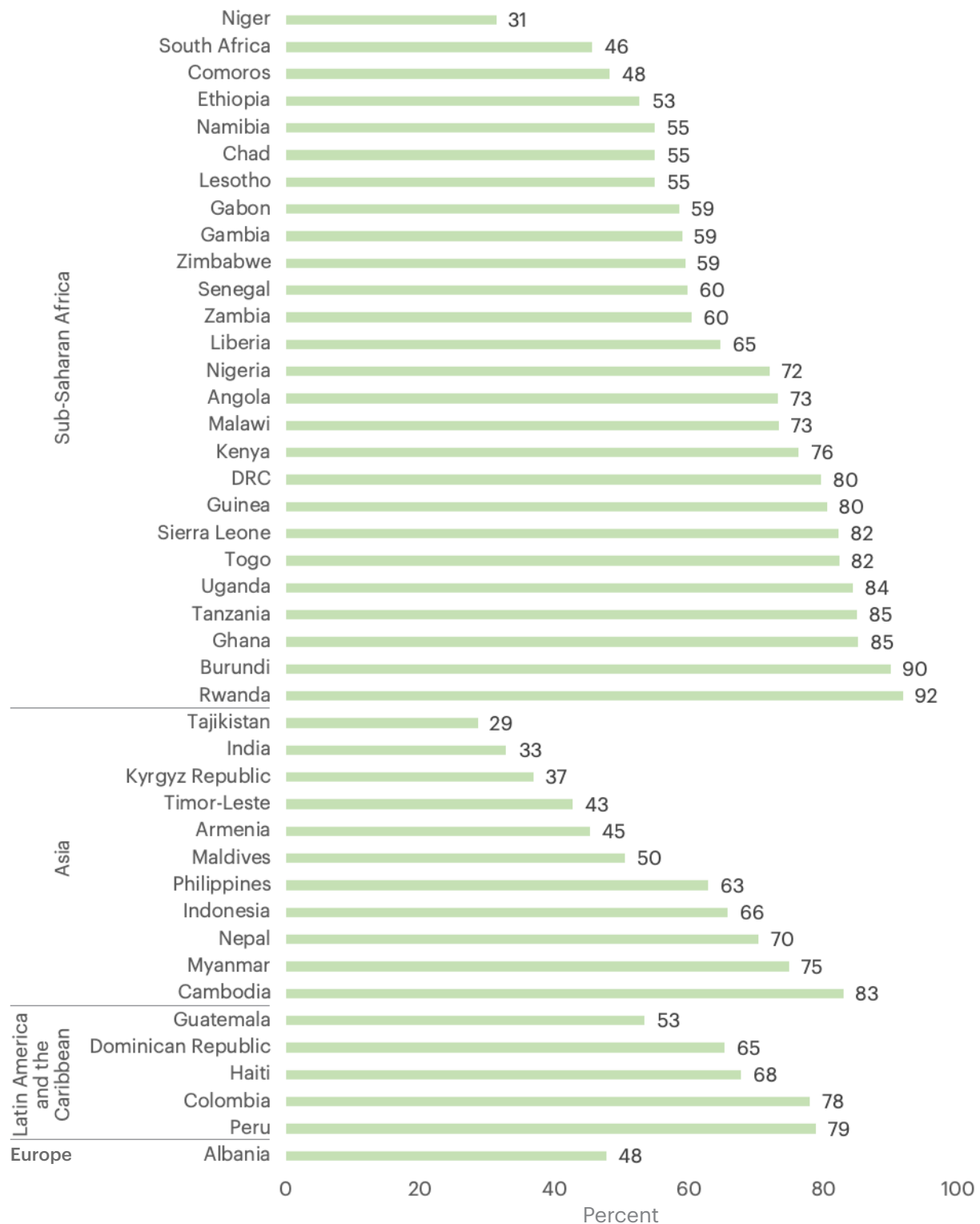
WOMEN'S EMPLOYMENT

In 34 of 43 countries analyzed (more than three quarters of those included), at least half of women ages 20 to 49 were employed in the last 12 months (Figure 2, p. 22). This proportion, which captures employment in both the formal and informal economies, varies widely across and within regions. For example, among the Sub-Saharan African countries, there are several countries with very high levels of employment, including 13 countries where more than 70 percent of women report that they were employed in the last year. Among the Asian countries, at least 70 percent are working in Cambodia, Myanmar, and Nepal. In Latin America, Colombia and Peru have similarly high levels.



There is also considerable variation within regions; for example, among countries in West Africa, 31 percent of women are employed in Niger, while 85 percent of women work in Ghana. In Asia, the proportion of women employed ranges from approximately 33 percent in Tajikistan and India to 83 percent in Cambodia. Despite large differences in levels of employment across countries and regions, the patterns by age are similar. Across the age range from 20 to 49, employment in most countries tends to be lowest among women ages 20 to 24 years old and increases steadily with age, although there is a leveling off after age 40 in some countries (Annex, Table 2, p. 52). These patterns suggest that younger women may have less access to the labor market.

Figure 2. Percent of Women Ages 20 to 49 Who Were Employed in the Past Year



TYPE OF EARNINGS

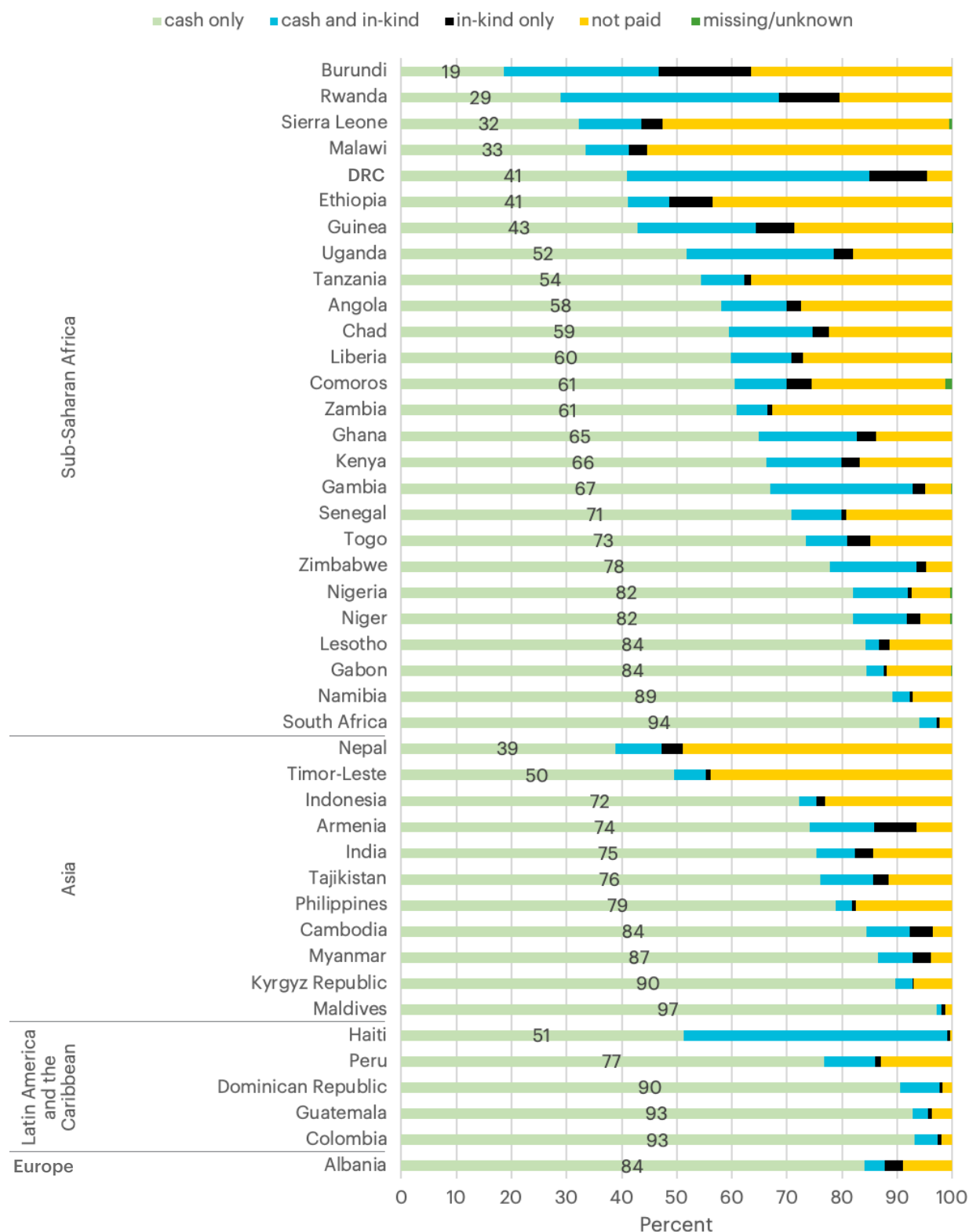
Women who work may earn cash only, a combination of cash and in-kind payment, in-kind payment only, or be unpaid. Figure 3 (p. 24) presents the distribution of working women by type of earnings with the percentage who earn cash only, shown on the left side of each bar. The proportion of working women who earn cash ranges from less than 30 percent in Burundi and Rwanda to over 90 percent in Colombia, Guatemala, the Maldives, and South Africa. In 34 of 43 countries analyzed, more than half of women who work earn cash only, and in 19 countries, at least three-quarters of women who work earn cash only.

Unpaid work also takes up a significant share of employment in over half of the countries analyzed, even in countries where women are predominantly paid in cash. Of the 36 countries where cash is the most prevalent form of payment, unpaid work is the second most common form of employment in 22 countries. In an additional five countries analyzed (Burundi, Ethiopia, Malawi, Nepal, and Sierra Leone), unpaid work is the most common form of employment; in Sierra Leone and Malawi more than half of women report being unpaid for their work. In 11 of 43 countries at least one in four (25 percent) working women are unpaid.

In some countries, substantial proportions of women are paid both in cash and in-kind; in Burundi, the Democratic Republic of the Congo (DRC), Gambia, Rwanda, and Uganda, more than 25 percent of working women fall into this category. Haiti is notable in that almost half (48 percent) of working women receive both cash and in-kind payment. Receiving a good or a service in exchange for work instead of a cash payment can contribute to household and food security but does not promote women's financial independence.⁴⁹



Figure 3. Percent Distribution of Women Ages 20 to 49 Who Worked in the Past Year, by Type of Earnings

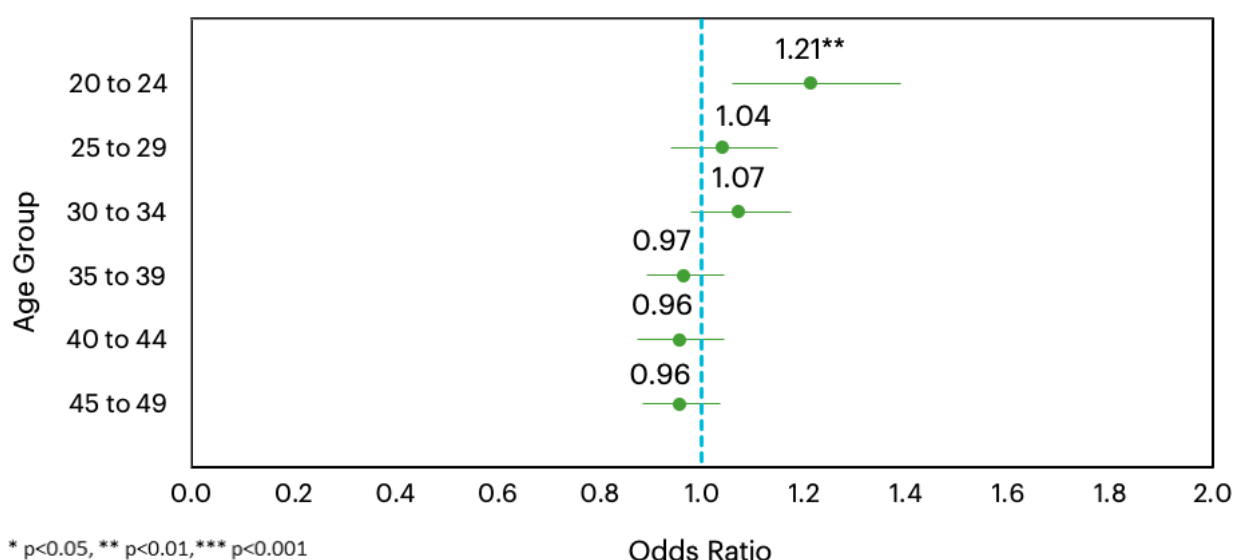


RELATIONSHIP BETWEEN ADOLESCENT CHILDBEARING AND ECONOMIC EMPOWERMENT

ADOLESCENT CHILDBEARING AND WOMEN'S EMPLOYMENT

The analysis shows that women ages 20 to 24 who had a child during adolescence were significantly more likely to be working at the time of the survey than women of the same age who did not have an adolescent birth (Figure 4). **Women ages 20 to 24 with an adolescent birth are 1.2 times more likely to be working than their peers.** This result is statistically significant. For older women (ages 25 to 49), the likelihood of working is the same whether or not they had a child during adolescence.

Figure 4. Odds of Being Employed in the Past 12 Months After Having a Child by Age 18, by Age Group



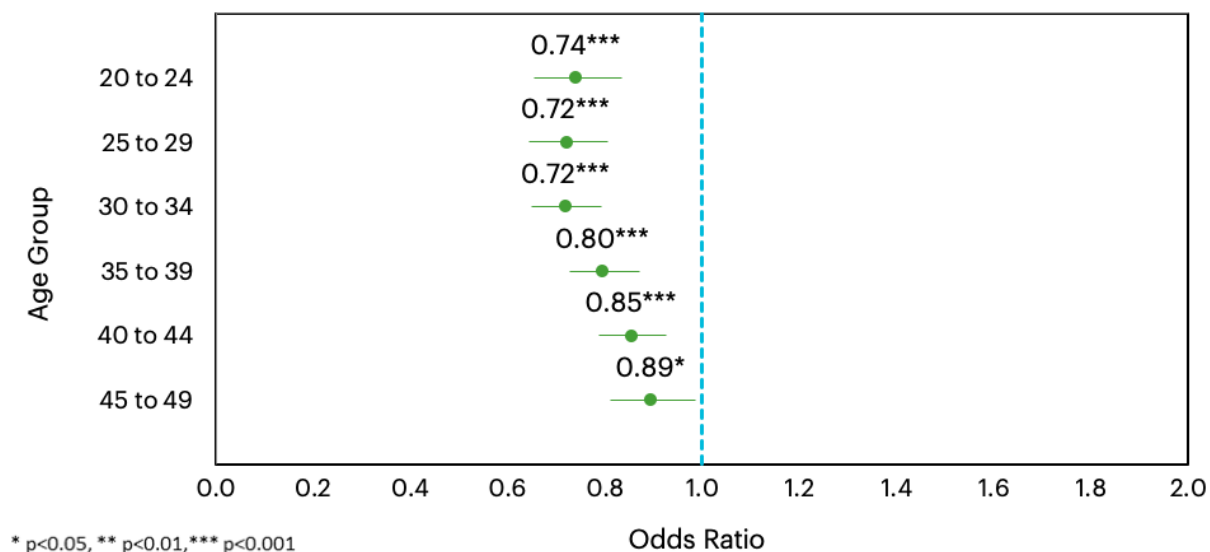
This pattern by age group may reflect that young mothers may be entering the workforce earlier than their peers in order to support themselves and their children. This study corroborates earlier findings that suggest early childbearing directly and indirectly compels young women to participate at higher rates in low-quality informal sector jobs possibly due to reduced educational outcomes and due to the reluctance of the formal employment sector to hire teenage mothers.^{40, 41, 45} The absence of the effect of an adolescent birth on women's employment among older women suggests that as she ages, other factors may play a greater role in determining whether she works or not.

ADOLESCENT CHILDBEARING AND CASH EARNINGS

Further analysis of the subset of women who are working shows those who had a child by age 18 are significantly less likely to be receiving cash earnings than those who did not have a child by age 18.^{iv} This relationship is statistically significant for all age groups (Figure 5).

^{iv} For this analysis, we categorize working women by whether they are paid in cash only versus cash and in-kind, in-kind only, or unpaid.

Figure 5. Odds of Earning Cash After Having a Child by Age 18 Among Women Employed in the Past 12 Months, by Age Group



Having a child as an adolescent is associated with a 0.72 to 0.89 lower odds of receiving cash earnings, depending on age. This means women ages 25 to 49 who had a child before age 18 are less likely to earn cash than women of the same age who did not have a child before age 18, even though they are equally likely to be employed. Therefore, the concern is not only that young mothers may be initially pushed into unpaid jobs, but that they remain in employment opportunities with limited cash-earning potential across their lives. These findings suggest that the economic impact of an adolescent birth continues throughout a woman's life, negatively influencing the ability of women to engage in the type of empowering work that cash signifies.

The study suggests that women who have a child by age 18 may be set back economically throughout their reproductive life span.

PART IV.

Country Snapshots

Country Snapshot 1

ADOLESCENT GIRLS EMPOWERMENT PROGRAM, ZAMBIA

The relationship between adolescent childbearing and economic empowerment is complex. In Zambia, high adolescent pregnancy rates have been a concern for the government, and evidence suggests that these rates are not declining.³⁸ Recognizing that adolescent girls in Zambia are often vulnerable and exposed to multiple risks, the Population Council implemented the Adolescent Girls Empowerment Program (AGEP), a program to build social, health, and economic assets of vulnerable girls ages 10 to 19. The goal of the program was to provide resources and tools to girls so that they would delay their first sexual interaction—a key moment that could increase their likelihood of completing school and decreasing the likelihood of marrying young and becoming pregnant. The intervention, which covered five urban and five rural sites, included a range of activities to promote girls' empowerment, including safe spaces, health vouchers, and savings accounts. AGEP was rigorously designed and evaluated.³⁸

Qualitative results from AGEP show this complex interplay between pregnancy and transactional sex (sex in exchange for financial compensation or material goods).

“It was a kind of thing where you do not have things to use for the child like washing soap. So I met this guy who bought things like that and told me that he wanted to have sex with me and could not just give me for free. So I accepted and that was how I got pregnant.”

[Girl, 15 to 21, rural site]

Quantitative results of the study showed that transactional sex is not only an important driver of adolescent pregnancy, independent of other risk factors, but is a relatively common phenomenon: at baseline, 12.2 percent of girls in this analytical sample had engaged in transactional sex. At any given age, girls who have engaged in transactional sex are 1.37 times as likely as their peers who have not had transactional sex to have a premarital pregnancy, even when adjusting for socio-demographic risk factors such as school attendance, number of sexual partners, and orphanhood status ($p < 0.01$). When contraceptive use and other sexual behaviors are also adjusted for, at any given age, girls who have engaged in transactional sex are still 1.29 times more likely than their peers to have a premarital pregnancy ($p < 0.05$).³⁸

The results of AGEP show that transactional sex, although a form of employment, is not economically empowering and may lead to adolescent pregnancy, which in turn can lead to school dropout and poor future employment outcomes.

For more information on AGEP, please see: <https://www.popcouncil.org/research/adolescent-girls-empowerment-program>

Country Snapshot 2

ADOLESCENT CHILDBEARING AND ECONOMIC OUTCOMES IN BIHAR, INDIA

Globally, approximately one in five adolescents ages 10 to 19 years currently lives in India.⁵⁰ The Government of India has articulated its commitment to protect and promote the health and rights of adolescents through the National Population Policy (2000) and the National Youth Policy (2014).⁵¹ A host of other policies and social sector programs have been implemented by the government, with funding from bilateral donors and multilateral agencies, to support adolescent and youth development and ensure a healthy, educated, and skilled future workforce.^{52, 53}

Despite these programs, evidence on the health and development situation of adolescents and youth in India highlights that many Indian adolescents are lacking a complete or high-quality education, livelihood skills, employment opportunities, and healthcare.⁵² Socio-economic and gender gaps exacerbate these issues.⁵⁴ Moreover, child marriage and adolescent childbearing remain common. According to this study's analysis of India's 2015 to 2016 National Family Health Survey (source for the DHS data), at the national level, 17.5 percent of women ages 20 to 49 gave birth by 18. Levels of employment among women in India are relatively low (33 percent of women ages 20 to 49), but among those who work, the majority earn cash (75 percent). Whether or not a woman had an adolescent birth also impacts her future employment in India; the study's analysis found that women ages 20 to 24 who gave birth by age 18 had 1.6 times the odds of working compared to women who had not given birth by age 18 ($p < 0.001$). However, among women who worked, the odds of earning cash were the same among women who had given birth by age 18 compared to those who had not.



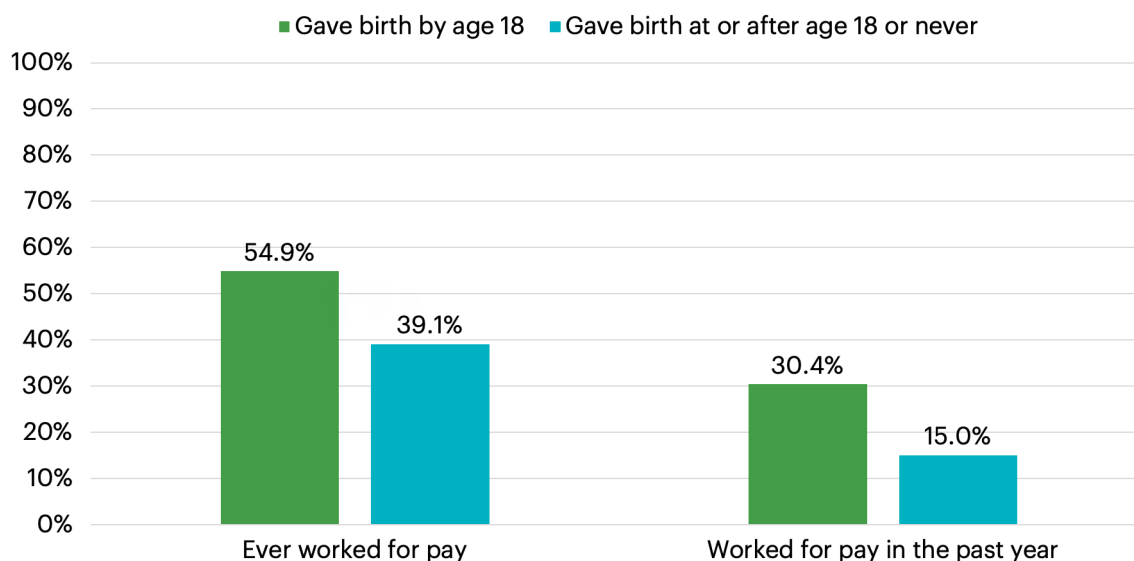
Sub-national analyses shed further light on the situation of adolescents and thereby help guide government and donors' efforts to improve investments for adolescents. The Understanding the Lives of Adolescents and Young Adults Survey (UDAYA), conducted by the Population Council in 2015 to 2016, collected state-representative data on the situation of adolescents and young people living in Bihar—one of India's most populous states.

UDAYA provides information on the association between adolescent childbearing and employment in Bihar. In 2015 to 2016, nearly 1 in 5 (18.7 percent) of the young women ages 23 to 27 surveyed had given birth before turning age 18, and nearly all women who reported an adolescent birth were married at the time of the birth.⁵⁵ In keeping with this study's analysis, UDAYA data showed that the proportion of young women ages 23 to 27 in Bihar who reported working in the last 12 months was significantly higher among women who gave birth before age 18 (44.4 percent) compared to those who had not given birth by age 18 (27.6 percent, $p < 0.001$) (data not shown). Additionally, the percent of all women ages 23 to 27 who reported working in exchange for payment^v ever, or in the past year, was significantly higher among women who gave birth by age 18 compared to those who did not (Figure 6).⁵⁰

While not directly comparable to the multi-country analysis presented in the broader report, these findings support similar conclusions—that young mothers may face challenges such as having to work out of necessity after giving birth.

^v Within the UDAYA study, paid work included payment either in cash or in-kind; thus, findings are not directly comparable to the findings presented within the broader multi-country analysis.

Figure 6. Percent of Women Ages 23 to 27 Who Reported Working in Exchange for Payment, by Whether They Gave Birth by Age 18



PART V.

Control Over Earnings: Descriptive Analysis



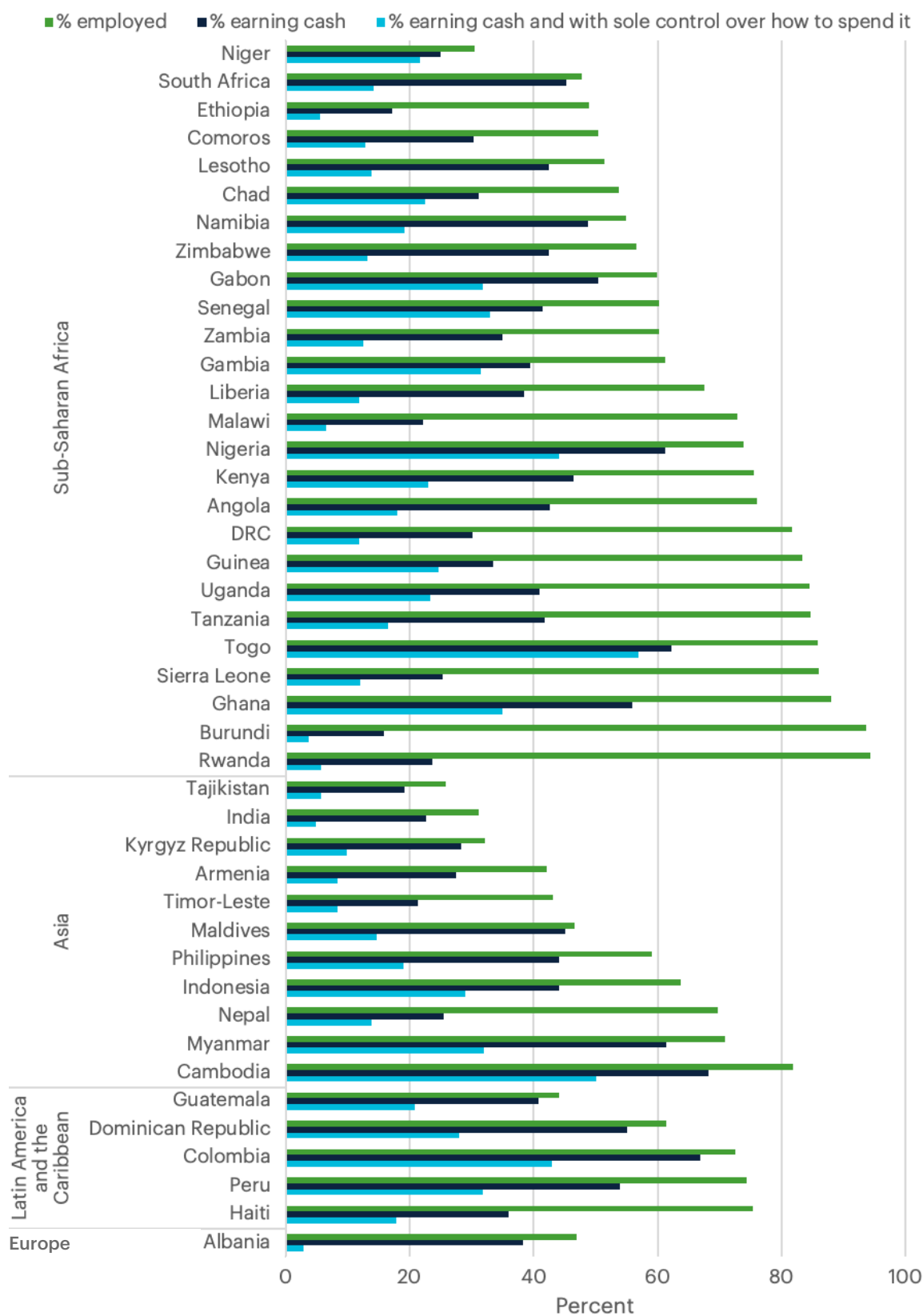
A descriptive analysis conducted for this report presents information on married/cohabiting women's sole control over earnings.^{vi} This is in an effort to capture a more realistic picture of married/cohabiting women's economic empowerment levels in each country. While this analysis does not delve into the relationship between early childbearing and control over cash for this sub-sample of the population, the descriptive analysis is a key step in understanding the broader perspective of a woman's economic empowerment. Control over earnings is one indicator of a woman's agency, i.e., the ability to make and carry out decisions and choices for herself.

Three indicators for each country were calculated for this analysis:

1. The percent of married/cohabiting women who are working
2. The percent of married/cohabiting women who work and earn cash
3. The percent of married/cohabiting women who work, earn cash, and usually have sole control over how their earnings are used (Figure 7, p. 33).

^{vi} The analysis refers to married/cohabiting women because DHS information on control over earnings was only collected for this subset of women.

Figure 7. Percent of Currently Married/Cohabiting Women Ages 20 to 49 Who Were Employed, Earning Cash, and Controlling Their Cash Earnings



Women's economic empowerment is complex. These indicators together show the variation in overall patterns of control over earnings for married/cohabiting women. The following three examples serve to illustrate these differences and their implications for efforts aimed at advancing women's economic status and achieving gender equality:

1. High levels of employment, and high levels of cash earnings, and control over earnings among those employed

In Togo, most married/cohabiting women are employed (86 percent), a majority earn cash (62 percent), and usually decide alone how to control their cash earnings (57 percent). In this case, ensuring working women can continue to access economically empowering jobs that provide cash payments would be a priority, as most married/cohabiting women who earn cash for their work also control their earnings.

2. High levels of employment, but low levels of cash earnings, and control over earnings among those employed

In Burundi, even though the vast majority of married/cohabiting women are employed (94 percent), only one-sixth (16 percent) are receiving cash earnings and fewer than one in 20 women (4 percent) usually have sole control over their earnings. Therefore, to increase economic empowerment in Burundi, policies should focus on providing opportunities for women to enter the paid labor market.

3. Low levels of employment, but high levels of cash earnings, and control over earnings among those employed

In Niger, only 31 percent of married/cohabiting women are employed, but 25 percent earn cash and 22 percent usually have sole control over their earnings. Therefore, in Niger, if married/cohabiting working women earn cash, most of them are also likely controlling their earnings. However, since so few married/cohabiting women are employed, this finding represents a low proportion of married women overall and policies could focus on improving women's labor force participation overall.

While many findings are specific to each country, this analysis uncovers some overarching patterns regarding married/cohabiting women's economic empowerment. While in most countries (32 out of 43 countries analyzed) more than 50 percent of married/cohabiting women were employed, in few countries do most women work for cash (over 50 percent in nine countries). In only two countries do more than half of women work, earn cash, and control their earnings (Cambodia and Togo). These patterns allude to the importance of valuing women's work, increasing access to paid economic opportunities, and addressing imbalances in decision-making power. In most countries, many married

women who do not usually have sole control over their earnings report that they jointly decide with their spouse how their earnings are used (data not shown).

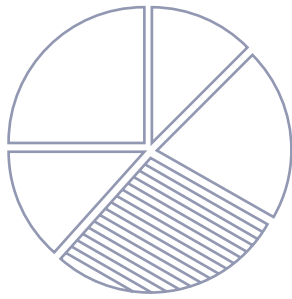
It is important to note that if the proportion of women who are married/cohabiting in a country is low, the findings on control over earnings, which are collected only among married/cohabiting women, are less representative (Annex, Table 3, p. 53). **Lack of data on unmarried girls and women who are working remain a barrier to a complete understanding of women's economic empowerment.**

Control over cash for married women is an important empowerment variable to analyze in countries with high marriage rates, and in particular, high rates of child marriage. While not specifically considered in this report, as data on age of marriage were not included, there are clear links between child marriage and early childbearing and negative educational outcomes.^{40, 46, 56, 57} Each of these factors, independently or together, directly and indirectly limit women's economic empowerment and merit further consideration.



PART VI.

Study Limitations



Due to the availability of comparable data, findings from this analysis pertain to low- and middle-income countries. While using DHS data enhanced the comparability and validity of the findings, it is a cross-sectional survey that does not comprehensively capture all the nuances of the topic examined. For example, the lack of data on the amount of earnings or women's employment history as well as limited questions on control over cash earnings for unmarried women limit the depth of this study regarding women's agency. The use of cross-sectional data also limits our understanding of whether and how the impact of adolescent childbearing is sustained throughout a woman's lifetime. Future analysis of longitudinal data would enable us to account for any changes in the labor market that have altered the impact of adolescent childbearing on women's economic prospects over time.



PART VII.

Conclusions

Results from this study indicate that adolescent childbearing is associated with lower levels of economic empowerment throughout the lifetime.^{vii}

^{vii} When defined as being employed and working for cash.

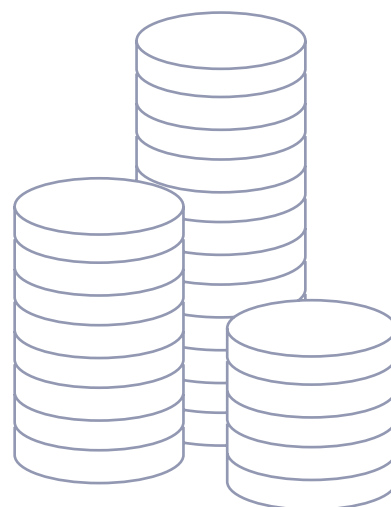


In fact, women ages 20 to 24 who have an adolescent birth are more likely to be employed, but less likely to be earning cash than their peers who did not have an adolescent birth. In most of the countries analyzed, the majority of women were employed, but whether they were paid in cash for their work varied widely. Unpaid work constituted a large proportion of women's work in several countries. Together, these associations suggest that **in the countries analyzed, young women who had a child before age 18 are more likely to be in forms of employment that are unpaid or provide in-kind payments, limiting their cash earnings potential.** Although adolescent childbearing is declining globally, it remains common in many countries, particularly in Sub-Saharan Africa.

Furthermore, this negative association between adolescent childbearing and earning cash for work is apparent for women throughout their reproductive years. The evidence suggests that even older women who had an adolescent birth had a significantly lower likelihood of earning cash, perhaps reflecting the challenge of shifting into paid work from less empowering work. **Without cash earnings, and consequently no control over earnings, women who had a child during adolescence might have already adversely altered their trajectory for economic empowerment.**

Women's control over their cash earnings is a marker of economic empowerment. While DHS data on control over earnings were only available for married/cohabiting women, the analysis found that the ability of married/cohabiting women to control their earnings varies widely across countries, but is generally low. In fact, in only two countries studied do more than 50 percent of currently married/cohabiting women work, earn cash, and control their earnings. Though not assessed in this study, these findings are important in countries with high proportions of child marriage given the relationships between child marriage, early childbearing, educational outcomes, and economic empowerment.^{40, 46, 56, 57}

Taken together, these associations reflect a number of important life choices young mothers face, including working out of necessity after having a child, possibly in jobs that have limited opportunities for economic advancement.



PART VIII.

Recommendations



The study suggests that progress is still to be made in providing every girl and woman with high-quality SRH services and enabling her full economic empowerment. Furthermore, the findings in this report highlight that these trends do not occur in isolation, as the ability to delay childbearing improves the chances of women to engage in economically empowering work. Therefore, improving access to adolescent SRH services and information for youth to reduce unintended pregnancies should be an essential component in efforts to improve women's economic empowerment. For mothers, reducing the constraints of adolescent childbearing and childrearing is also necessary. These efforts should be made in addition to improving women's participation in paid economic opportunities and control over earnings. Finally, various social, cultural, and political factors need to be taken into consideration when designing and implementing policies and practices aimed at increasing women's economic empowerment.

GOVERNMENTS, POLICYMAKERS, CIVIL SOCIETY, AND DONORS MUST COMMIT TO:

1. Improve the provision of, and access to, high-quality, youth-friendly SRH services and information before, during, and after girls and women have children.

Integrate comprehensive SRH services, including those targeting youth, into the provision of primary healthcare and universal health coverage (UHC). Strengthen gender-sensitive health services that address gender-related barriers to healthcare; implement youth-friendly training, and guarantee the availability of affordable, accessible, and appropriate youth-friendly SRH services—including a wide range of discreet and on-demand contraceptive options, adequate counseling, confidentiality and privacy, friendly staff, short waiting times, safe abortion and post-abortion care, maternal and newborn care—free of stigma, discrimination, coercion, and violence.

Meaningfully engage youth in the design of programs and interventions related to their SRH. Involve youth, from design through dissemination, to increase ownership over programs and ensure their effectiveness.

Fully implement comprehensive sexuality education in schools and for out-of-school children and young people. Adopt the United Nation's 2018 International Technical Guidance on Comprehensive Sexuality Education, to deliver universal, high-quality comprehensive sexuality education. The revised guide involves boys, teachers, and the community to tackle issues of sexuality, masculinities, and gender-based violence in order to reduce stigma, promote gender equality, and prevent unwanted pregnancies.²⁰

Remove legal barriers that restrict access to SRH services and information and opportunities to make decisions about one's own body and fertility.

Liberalize abortion laws to enable all adolescent girls and women to obtain safe abortion services. Remove restrictions involving parental or partner consent to access abortion services and family planning methods. Provide post-abortion care as a life-saving medical intervention and ensure adolescents can obtain post-abortion contraceptive information and services.

Increase investments in SRH programs, including those targeting youth. Implement gender-responsible budgeting and monitoring for sexual and reproductive services within UHC and minimize out-of-pocket payments for women over their life-course. This includes supporting community programming that provides SRH services.

2. Develop policies and programs to open-up a range of employment opportunities that are economically empowering for girls and women.

Remove barriers that prevent teenage mothers from returning to school. Remove barriers such as abolishing education systems' policies that restrict or forbid pregnant girls and teenage mothers from staying in or returning to schools, or enforce hard social sanctions on pregnant girls and young mothers to enable girls to gain skills that prepare them to enter the paid labor market. Policies should facilitate safe environments in which girls can learn.

Increase girls' and women's marketable skills. Implement programs that develop girls' and women's skills, reflecting labor market demands, to increase their ability to enter the paid labor market. Examples of programs include internships, apprenticeships, mentoring programs, and training opportunities.

Invest in policies and social protection systems to create an enabling environment for women to enter and thrive in the formal and informal labor markets. Create an enabling environment for all women to access decent work. This includes strong social protection benefits such as parental leave policies, old-age pensions, flexible working hours, child allowances, social security, and establishing anti-harassment policies. Social protections should not be tied to employment contracts and should be legally available to informal workers. Implement measures to ensure pay is fair, reasonable, and meet the worker's needs should be implemented, such as prohibiting in-kind payments as part of minimum wage, or setting specific thresholds for in-kind payments.

Improve data availability on the time spent working, including paid and unpaid employment outside the home, as well as housework and care work.

In addition to paid and unpaid employment outside the home, women spend a significant amount of time on housework and care of others, such as children and other family members. Little is known about the total amount of time women spend working, and how housework and family care may affect women's participation in paid jobs.

Increase women's control over their cash earnings. This includes increasing access to comprehensive and equitable financial services, including credit, loans, savings, and insurance and removing any related legislative barriers. Programs and interventions must focus on increasing women's agency and meaningful participation in economic decision-making at the individual, household, and community levels.

3. Commit to collect nationally representative gender- and age-disaggregated data and use evidence to inform policies and practices.

Collect comprehensive, population-level data on issues related to girls and women, disaggregated by gender and other demographic characteristics. There are insufficient data on the amount of earnings and questions on control over cash earnings for unmarried women; lack of data regarding SRH and decision-making ability of young adolescents and unmarried women; lack of comprehensive measures of women's economic empowerment and detailed longitudinal data on women's economic activities that capture changes during important life transitions. To this end, it is important to facilitate partnerships between stakeholders to coordinate data collection and management efforts, and ensure sufficient resources are budgeted for regular collection of high-quality gender data.



Beyond the implications of the results of this analysis, there are broader considerations to improve girls' and women's SRH and economic empowerment.

Enact and enforce comprehensive legal frameworks and policies to prevent early marriage and violence against girls and women. Enforce laws and policies that prohibit marriage of girls before age 18, establishing mechanisms for girls to report sexual harassment and violence and mechanisms of redress. National-level child protection systems must be implemented in addition to systems that connect girls and social networks in order to access social support.

Address harmful gender norms and tackle stigma that limit girls' and women's health and agency. Implement gender-transformative interventions that target community members, including boys and men, to delay early marriage and improve uptake of modern contraception. Implement community programming around behavior change to promote gender equality, including interventions that inform and empower girls, such as comprehensive sexuality education, programming on sports that can increase girls' confidence, self-esteem, and agency; and programming to increase life skills such as communication and negotiation.

Mainstream gender across funding and programmatic decisions. Ensure the links between SRH, economic empowerment, and broader development goals are adequately represented and included in funding decisions. Funding decisions should be transparent and well-coordinated amongst public and private financiers. Civil society should be involved in the creation of financing structures and national financing plans. Use reliable gender-disaggregated data to drive accountability efforts.

NEXT STEPS FOR RESEARCH

Further research at the national level could illuminate the influence of context on the relationships between adolescent birth, employment, type of earnings, and control over earnings. More qualitative studies are needed to better understand the choices girls and women make regarding their SRH (including decisions around getting pregnant, not using contraception, etc.) and employment (including being employed, not working for cash, etc.). In addition, studies that consider the inter-generational effects of SRH and economic empowerment are needed. Global studies that assess various components of SRH beyond adolescent childbirth are necessary to understand the role of SRH more broadly on women's economic empowerment. Finally, fully capturing the links between SRH and women's economic empowerment requires overcoming essential key data and knowledge gaps. Efforts and research towards filling these gaps are essential.

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Annex

Table 1. Surveys Included in the Analysis by Regional Groupings				
Region	Country	Survey Year	Number of Survey Respondents ages 20–49	
			weighted	unweighted
Africa	Angola	2015	10935	11016
	Burundi	2016	13410	13301
	Chad	2014	13785	13830
	Comoros	2012	4014	4034
	DRC	2013	14773	14846
	Ethiopia	2016	12302	12185
	Gabon	2012	6638	6588
	Gambia	2013	7826	7770
	Ghana	2014	7771	7640
	Guinea	2012	7119	7148
	Kenya	2014	11908	11878
	Lesotho	2014	5181	5079
	Liberia	2013	7159	7324
	Malawi	2015	19299	19289
	Namibia	2013	7270	7319
	Niger	2012	9330	9259
	Nigeria	2013	31128	31043
	Rwanda	2014	10729	10718
	Senegal	2015-16	13715	13502
	Sierra Leone	2013	12780	12607
	South Africa	2016	7087	7009
	Tanzania	2015	10362	10334
	Togo	2013	7780	7747
	Uganda	2016	14242	14230
	Zambia	2013	12786	12725
	Zimbabwe	2015	7756	7799
Asia	Armenia	2015	5391	5373
	Cambodia	2014	14685	14572
	India	2015	100062	100562
	Indonesia	2012	38680	38400
	Kyrgyz Republic	2012	6571	6608
	Maldives	2016	6600	6684
	Myanmar	2015	11075	11050
	Nepal	2016	10264	10240
	Philippines	2017	20177	19954
	Tajikistan	2017	8807	8820
	Timor-Leste	2016	9622	9481
Latin America and the Caribbean	Colombia	2015	30192	29375
	Dominican Republic	2012	7552	7508
	Guatemala	2014	20121	20143
	Haiti	2016	11206	11064
	Peru	2012	19465	19399
Europe	Albania	2017	9286	9162

Table 2. Percent of Women Employed in the Past 12 Months, by Age Group and Region

Region	Country	20–24	25–29	30–34	35–39	40–44	45–49
Africa	Angola	58.1	71.7	77.5	82.5	85.7	87.2
	Burundi	81.2	89.6	93.5	93.6	94.6	95.1
	Chad	45.5	51.5	59.2	58.1	61.5	63.9
	Comoros	33.9	46.7	53.1	54.5	56.7	61.8
	DRC	67.3	81.0	83.3	84.5	86.8	87.4
	Ethiopia	47.3	53.5	56.1	53.9	54.9	51.9
	Gabon	35.2	52.9	63.6	73.1	78.2	78.4
	Gambia	40.4	59.4	62.2	69.2	76.5	75.4
	Ghana	65.6	85.2	88.6	93.1	94.5	93.3
	Guinea	67.0	77.9	84.2	88.2	90.4	87.0
	Kenya	59.9	76.3	80.9	82.2	87.6	85.2
	Lesotho	39.5	53.6	66.0	63.1	62.9	56.4
	Liberia	47.2	61.0	67.3	74.4	78.2	77.4
	Malawi	64.2	72.1	76.6	79.8	79.7	78.1
	Namibia	36.5	57.3	63.6	60.8	64.0	59.2
	Niger	19.0	26.4	34.1	39.3	40.8	43.1
	Nigeria	52.2	67.7	77.8	82.2	83.6	84.4
	Rwanda	82.5	92.6	94.6	95.8	95.8	95.5
	Senegal	41.3	55.8	64.3	70.9	73.6	76.2
	Sierra Leone	67.2	80.9	87.9	88.1	87.2	90.6
	South Africa	24.5	43.1	50.8	52.5	54.6	57.6
	Tanzania	75.1	83.3	88.0	90.4	91.3	90.3
	Togo	62.5	81.7	87.0	90.9	91.0	93.1
	Uganda	77.3	84.2	86.4	87.9	88.2	91.3
	Zambia	43.2	58.5	64.8	67.8	73.3	72.3
	Zimbabwe	47.0	60.2	62.2	64.1	64.5	66.9
Asia	Armenia	24.1	41.1	41.0	53.4	59.8	59.3
	Cambodia	77.1	80.6	83.5	86.8	88.1	85.2
	India	21.3	28.9	35.1	40.1	40.4	37.8
	Indonesia	58.6	61.8	63.6	66.9	72.4	72.8
	Kyrgyz Republic	24.9	37.2	36.2	40.5	46.5	43.5
	Maldives	58.8	52.6	46.6	44.4	46.6	52.9
	Myanmar	72.5	73.5	76.1	76.9	75.6	74.4
	Nepal	62.1	66.9	73.7	74.6	76.2	74.8
	Philippines	53.9	58.0	60.3	68.4	71.9	69.8
	Tajikistan	16.4	23.6	30.3	36.1	37.4	41.4
	Timor-Leste	28.7	38.8	45.3	51.2	51.3	53.1
Latin America and the Caribbean	Colombia	72.4	79.9	80.6	81.7	78.7	75.2
	Dominican Republic	54.9	64.0	70.9	71.6	69.6	65.4
	Guatemala	47.8	52.8	54.9	55.9	56.6	56.9
	Haiti	41.6	66.2	75.2	81.1	85.4	83.6
	Peru	73.9	77.1	77.0	80.6	82.4	83.3
Europe	Albania	37.1	44.6	49.9	50.0	52.5	51.3

Table 3. Percent of Women Ages 20–49 Who Are Currently Married or Living in Union, by Country		
Region	Country	Women married/cohabitating
Africa	Niger	94
	Chad	85
	Guinea	85
	Nigeria	82
	Sierra Leone	80
	Gambia	79
	Ethiopia	78
	Senegal	78
	Togo	78
	Malawi	77
	DRC	76
	Comoros	76
	Zimbabwe	74
	Uganda	73
	Tanzania	73
	Zambia	72
	Burundi	71
	Liberia	71
	Kenya	71
	Ghana	67
	Angola	67
	Lesotho	65
	Rwanda	64
	Gabon	64
	South Africa	42
	Namibia	42
Asia	Nepal	89
	India	85
	Tajikistan	85
	Indonesia	84
	Maldives	79
	Cambodia	78
	Kyrgyz Republic	78
	Timor-Leste	77
	Philippines	72
	Armenia	72
	Myanmar	68
Latin America and the Caribbean	Guatemala	69
	Peru	67
	Haiti	64
	Dominican Republic	62
	Colombia	61
Europe	Albania	79

