SITUATION OF CHILDREN IN THE REPUBLIC OF MALDIVES

SECONDARY ANALYSIS OF EXISTING INFORMATION FROM EQUITY PERSPECTIVE
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Introduction
The Republic of Maldives, a small country in the Indian ocean consisting of 1,192 islands, of which 194 are inhabited\(^1\) by a population of just over 336,000\(^2\) people, has been recently declared a middle income country. But has economic prosperity translated into improvement of people’s lives and in children’s lives in particular? And have all children benefited equitably from the increasing economic growth?

This paper represents an attempt to consolidate recent evidence of the situation of children in the Maldives with specific focus on existing disparities. It builds on an analysis of published information from Government authorities, population census, household based surveys conducted in recent years, and other research. Information available is not entirely recent and consistency between the different information sources is lacking. Nevertheless the available information allows sufficient in drawing a picture of the situation of Maldivian children, which can be used to inform policy dialogue and to advocate for full implementation of the rights of all children in the country.

The report starts with demographic profile of children. Later it is organised around children’s rights: the right to decent standard of living, to survival and health, to education and development, and to identity, care and protection. Lastly, some conclusions and recommendations are drawn from the analysis.

\(^1\) Statistics Division, Department of National Planning, Republic of Maldives (2012): Statistical Yearbook of Maldives 2012
\(^2\) Statistics Division, National Department of Planning, Republic of Maldives: 2013 mid-year population projection.
**Demographic profile**

The total population as per the Census in 2006 was 298,968 persons and has been increasing ever since. The estimated population number in mid-2013 is over 336,000.

![Population, 2006 and 2013 (Persons)](chart)


Children (0 -17 years of age) represented almost 40% of the population according to the Census 2006. The recent increase in the total population is due to increase in the numbers of young children (0-4 years) and adult population. Interestingly, the number of children aged 5 – 17 years has decreased by almost 20 % during this short period. While one possible reason may be emigration abroad to obtain better education, there is no evidence to support such assumption. It is important to understand better the drivers of this trend, which may have negative implications over the dependency ratio (ratio of the number of people in economically active age to the number of children + retirees) in the coming years, among others.
Population structure, 2006 and 2013

2006

- 0-4 years: 8.8%
- 5-17 years: 30.5%
- 18+ years: 60.7%

2013

- 0-4 years: 9.9%
- 5-17 years: 22.4%
- 18+ years: 67.7%

Children are unevenly distributed among the geographic regions with the biggest number concentrated in the capital Male’ and the smallest number in the Central region.

Children 0-17 years of age by geographic region, 2006 (Number)

Right to adequate standard of living

The Convention on the Rights of the Child (CRC), Article 27 (1) stipulates that “States Parties recognize the right of every child to a standard of living adequate for the child’s physical, mental, spiritual, moral and social development”. As a signatory of the Convention, the Republic of Maldives has to ensure that all children have adequate economic standard of life.

After the economic shock in 2009 the national economy registers continuous growth, though the trend has slowed down in the most recent years. This is associated with improvement the economic status of people. Available evidence suggests that poverty has decreased on average. However regions are affected differently. Economic inequalities are significant. Disaggregated estimates for children are not available. But even so, the patterns for the population at large can be expected to apply to children as well.

Gross Domestic Product (GDP) at constant 2003 prices and GDP annual growth rate, 2005-2012

Note: 2011 – estimate; 2012 - provisional

Several poverty lines are used to estimate poverty in the Maldives. A clear downward trend in poverty is demonstrated using each of them. For a country with middle-income status, which the Maldives are, the internationally set lines of 1.25 US$ and 2.00 US$ may not be good thresholds. When a nationally established poverty line of 44 MVR per person per day is applied, the poverty rate is significant, with 51% of the population falling below it in 2009-10.
Poverty headcount ratio, 2003 and 2010 (Percent of population)

![Graph showing poverty headcount ratio for 2003 and 2010 for Male’ and Atolls.]


It has to be noted that the overall trend of decrease in poverty incidence over the period 2002/03 to 2009/10 consists of two components: decrease of poverty in the atolls and increase of poverty in the capital. Statistics itself cannot explain this pattern. It needs further analysis to understand its causes. One possible cause behind the rising poverty in Male’ could be the increasing influx of poor people from other islands; such assumption needs however to be verified.

Poverty headcount ratio, 2003 and 2010, Male’ and Atolls (Percent of population)

![Graph showing poverty headcount ratio for 2003 and 2010 in Male’ and Atolls.]


In 2009/10, despite increase in poverty in Male’, proportionally less poor people were found in Male’ than in the atolls.
Poverty incidence 2009/10 (Percent of population)

Regions are affected differently by poverty. In 2009/10, in North region there were as many as 72% poor people, more than twice the poverty ratio in North Central region (32%).

Headcount income poverty ratio of 44 MVR, 2009/10 (Percent)

North region is the second largest by child population. If the overall poverty ratio for the region is applied to children, estimated over 14,000 poor children live there. In Male’, though
the overall poverty rate is lower, estimated number of poor children would be over 14,800 as the capital is the largest by child population size.

Child population (0-17 years of age, 2006) and poverty headcount ratio (of 44 MVR per person per day, 2009/10)

Notes: The two series are not strictly comparable as refer to different years. Poverty not adjusted for cost of living across regions. Estimated number of poor children is based on assumption that poverty among children is the same as poverty among the total population. Regions are ranked by number of child population.

Though the number of child population in 2006 and poverty ratio in 2009/10 are not strictly comparable, in the absence of calculated child poverty ratios an estimated numbers are obtained, suggesting that throughout the country the poor children are around 61,000.

Estimated poor children (Number, at 44 MVR poverty line)

<table>
<thead>
<tr>
<th>Region</th>
<th>Poor persons (% , 2009/10)</th>
<th>Population 0-17 years (Number, 2006)</th>
<th>Estimated poor children (Number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>44</td>
<td>33,661</td>
<td>14,811</td>
</tr>
<tr>
<td>North region</td>
<td>72</td>
<td>19,526</td>
<td>14,059</td>
</tr>
<tr>
<td>Upper North region</td>
<td>56</td>
<td>19,380</td>
<td>10,853</td>
</tr>
<tr>
<td>South region</td>
<td>51</td>
<td>11,351</td>
<td>5,789</td>
</tr>
<tr>
<td>North Central region</td>
<td>32</td>
<td>9,826</td>
<td>3,144</td>
</tr>
<tr>
<td>Upper South region</td>
<td>57</td>
<td>8,997</td>
<td>5,128</td>
</tr>
<tr>
<td>South Central region</td>
<td>52</td>
<td>8,870</td>
<td>4,612</td>
</tr>
<tr>
<td>Central region</td>
<td>44</td>
<td>5,751</td>
<td>2,530</td>
</tr>
<tr>
<td>Total</td>
<td>51</td>
<td>117,362</td>
<td>60,927</td>
</tr>
</tbody>
</table>
Income disparities are significant, more so in Male’ than in the atolls. Discrepancy between the income of the richest households and the rest in the capital is particularly high. The top 10% of households in Male’ alone were holding almost half (48.6%) of the total income in 2009/10. Further analysis is needed to understand why that is so.

Household income per month by deciles, 2009/10 (Total hh monthly income % share)

The size of household income sets the limitation on the amount of expenditure; household priorities dictate where proportionately more money should go. Poor households spend proportionately more on food than rich families, yet the amount spent is much lower. For example, in 2009/10 the poorest 10% of the population were spending 44.4% of the total per capita expenditure on food. This equalled 232 MVR on food per person per month. The richest 10% were spending only 12.6% of their total expenditure on food; yet the amount spent on food per person per month was 819 MVR, three-and-a-half times more than the amount spent by the poorest. Chronic insufficient food intake leads to stunting, a life-time condition with detrimental effects especially for children’s development (under-nutrition will be discussed in more details further in this report).

While food intake has biological limits, and respective expenditures may not differ excessively among the poor and the rich, other expenditures – such as for health and education – may vary substantially. In the Maldives rich people can enjoy much better health care as they can afford paying expensive (including private) consultations and treatment, and consequently maintain better health status. This is not true for the poor. As far as education is
concerned, again, the difference in paid services which the rich and the poor can afford is significant.

Per capita monthly expenditure, -the poorest (D1) and the richest (D10), 2009/10

<table>
<thead>
<tr>
<th>Type of expenditure</th>
<th>D1 (Rf)</th>
<th>D10 (Rf)</th>
<th>Ratio of D10 to D1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food and beverages</td>
<td>232</td>
<td>819</td>
<td>3.5</td>
</tr>
<tr>
<td>Health</td>
<td>20</td>
<td>746</td>
<td>37.3</td>
</tr>
<tr>
<td>Education</td>
<td>12</td>
<td>178</td>
<td>14.8</td>
</tr>
<tr>
<td>Total</td>
<td>522</td>
<td>6483</td>
<td>12.4</td>
</tr>
</tbody>
</table>


Share of selected types of per capita monthly expenditure by population decile in 2009/10 (Percent)

<table>
<thead>
<tr>
<th>Type of expenditure</th>
<th>Average per capita (All deciles)</th>
<th>D1</th>
<th>D2</th>
<th>D3</th>
<th>D4</th>
<th>D5</th>
<th>D6</th>
<th>D7</th>
<th>D8</th>
<th>D9</th>
<th>D10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food and beverages (%, left axis)</td>
<td>21.7</td>
<td>44.4</td>
<td>37.7</td>
<td>33.6</td>
<td>28.9</td>
<td>28.1</td>
<td>25.0</td>
<td>22.6</td>
<td>21.1</td>
<td>19.4</td>
<td>12.6</td>
</tr>
<tr>
<td>Health (%, left axis)</td>
<td>9.0</td>
<td>3.8</td>
<td>4.1</td>
<td>6.4</td>
<td>8.1</td>
<td>10.7</td>
<td>7.8</td>
<td>9.3</td>
<td>8.7</td>
<td>7.7</td>
<td>11.5</td>
</tr>
<tr>
<td>Education (%, left axis)</td>
<td>2.6</td>
<td>2.3</td>
<td>2.3</td>
<td>2.7</td>
<td>2.5</td>
<td>1.9</td>
<td>5.0</td>
<td>2.0</td>
<td>2.2</td>
<td>2.3</td>
<td>2.7</td>
</tr>
<tr>
<td>Total monthly per capita expenditure (Rf, right axis)</td>
<td>2136</td>
<td>522</td>
<td>822</td>
<td>1051</td>
<td>1304</td>
<td>1547</td>
<td>1827</td>
<td>2132</td>
<td>2615</td>
<td>3345</td>
<td>6483</td>
</tr>
</tbody>
</table>


Per capita monthly expenditure by population deciles, 2009/10 (MVR)

It is difficult for young people, especially in the atolls, to find a job especially if they are looking for specific types only. Evidence from 2009/10 suggests that youth unemployment is much higher than the over-all unemployment. Young males, 15-19 years old in the atolls had the highest unemployment rate in that year – 52.3 %.

Youth unemployment 2009/10 (Percent of respective population group)

Note: Based on ILO definition of seeking and available for work.

High poverty and inequality rates across the country affect negatively the other dimensions of child development. The Government has established social transfer programmes for those who are most in need. The Single Parent Allowance, introduced in 2010, provides for a monthly cash allowance to single parents amounting to MVR 1,000 (64.8 US$) per child under 18 years of age, up to a maximum of MVR 3,000 per family. In 2011 alone 4,673 children benefited from the allowance and in 2012 – 5,491 children. An estimated 88% of eligible children received the allowance in 2012³.

Single parent allowances, 2011-2012

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children - beneficiaries</td>
<td>4673</td>
<td>5491</td>
</tr>
<tr>
<td>Expenditure, thd US$</td>
<td>2832.4</td>
<td>4119.5</td>
</tr>
<tr>
<td>Annual expenditure per child, US$</td>
<td>606.1</td>
<td>750.2</td>
</tr>
<tr>
<td>Monthly expenditure per child, US$</td>
<td>50.5</td>
<td>62.5</td>
</tr>
</tbody>
</table>

Notes: Actual disbursements. Average monthly allowance per child may be smaller than the established due to the ceiling of allowance per family.

The Foster Parent Allowance programme, also initiated in 2010, provides for a monthly cash allowance to foster parents amounting to MVR 1,000 (64.8 US$) per child under 18 years of age under foster care and MVR 500 for the guardian (irrespective of number of children in his/her foster care), when the eligibility criteria are met.

<table>
<thead>
<tr>
<th>Foster care allowances, 2010-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Number of beneficiaries</strong></td>
</tr>
<tr>
<td>Children</td>
</tr>
<tr>
<td>Parents</td>
</tr>
<tr>
<td><strong>Total annual expenditure, thd US$</strong></td>
</tr>
</tbody>
</table>

Source: UNICEF Maldives (2013): Social Protection in Maldives, A Mapping Assessment (upcoming);

In 2012, 52 children and 44 foster parents benefited from the programme.
Right to survival and health

CRC Article 24 stipulates that:

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:
   (a) To diminish infant and child mortality;
   (b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;
   (c) To combat disease and malnutrition, including within the framework of primary health care, though, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution.

With U5MR of 11 per 1,000 births and IMR 9 per 1,000 live births in 2011\(^4\), the Republic of Maldives can compare with developed nations. The country has made significant progress by reducing child mortality two-and-a-half times in 15 years.

Child mortality, 1995-99 to 2005-09 (Deaths per 1,000 live births)

![Child mortality graph]

Source: Ministry of Health and Family, Maldives, ICF Macro USA (2010): Maldives Demographic and Health Survey 2009

However, the average national rates are accompanied by substantial disparities between regions\(^5\), economic wealth and mothers’ education.

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\(^5\) It has to be born in mind that the regions established for the Demographic and Health Survey 2009, which is a major source of information for this section, differ somewhat from the regions found in the Household Income and Expenditure Survey 2009/10. Thus comparability of regions between the two surveys is not strictly correct in some cases.
Neonatal, infant and under-5 mortality rates, period 1999-2009
(Cumulative, Per 1,000 live births)

Source: Ministry of Health and Family, Maldives, ICF Macro USA (2010): Maldives Demographic and Health Survey 2009

Note: neonatal mortality is represented by the darkest part of the columns; IMR is represented by the darkest + lighter part of the columns; U5MR is represented by the whole height of the columns.

The Demographic and Health Survey (DHS) conducted in 2009 estimated child mortality for the period 1999-2009. While this time period is wide and somewhat in the past, the estimates nevertheless are useful to reveal sub-national disparities, which may well be relevant today. The survey revealed that during 1999-2009 the South Central region had the highest U5MR (41 under-five deaths per 1,000 live births), while the one with the lowest U5MR was the North region - with half that rate (21 under-five deaths per 1,000 live births). This finding is somewhat unexpected as the North region is the poorest one.

Neonatal mortality, during the first 28 days of life, is the main contributor to under-five mortality across regions. Interestingly, the second highest value (20 neonatal deaths per 1,000 live births) was found in Male’ where one would expect that better health care provision is available compared to the atolls. In the North region the rate was found to be half of that in Male’ (10 neonatal deaths per 1,000 live births); that region had one of the lowest rates of skilled attendant at birth delivery during the period for which child mortality was estimated. There may have been some under-reporting of child deaths, especially neonatal deaths in the North region; however other sources are unavailable to verify this assumption.

To no surprise, child mortality was found to be much lower among well-educated mothers, compared to low-educated and uneducated ones.
Child mortality by education of mothers, period 1999-2009 (Deaths per 1,000 live births)

Similarly, DHS found that children born by mothers from the higher income groups have better chances to survive than those born by poorer mothers.

Child mortality by wealth quintile, period 1999-2009 (Deaths per 1,000 live births)

Important role for giving birth to a healthy child with higher prospects for survival have the care prior to and during delivery. In the Maldives, over 85% of women, who had given birth in the five years preceding the survey, have reported four or more antenatal care visits in DHS 2009. The results, which are available at Male’ and Atolls (or Rural) level, suggest that proportionately more pregnant women in the atolls had four or more visits, than in the capital. In Male’, in almost 20% of the cases response was missing; should it be available the percentages might have looked different.
Proportion of women 15-49 years of age who had a live birth in the 5 years prior to DHS 2009 by number of ANC visits (Percent)

Source: Ministry of Health and Family, Maldives, ICF Macro USA (2010): Maldives Demographic and Health Survey 2009

Skilled provider’s assistance at delivery found by DHS 2009 was as high as 94.8 % on average. Yet, this varied between 89% in the North Central region and 99% in Male’.

Live births in the 5 years preceding DHS 2009 with skilled health assistance at delivery (Percent)

Source: Ministry of Health and Family, Maldives, ICF Macro USA (2010): Maldives Demographic and Health Survey 2009

Note: Skilled health provider includes gynaecologist, doctor or nurse/midwife.
Disparities in the proportion of low-weight births cannot be explained with the poverty rates across regions. The poorest North region ranked second lowest with 10.0% births less than 2.5 kg according to DHS 2009. The average for the country was 10.5%.

Proportion of live births with low birth weight (less than 2.5 kg) in the 5 years preceding DHS 2009 by region (Percent)

Source: Ministry of Health and Family, Maldives, ICF Macro USA (2010): Maldives Demographic and Health Survey 2009

Children born in richer families had smaller risk to be born with low weight.

Proportion of live births with low birth weight (less than 2.5 kg) in the 5 years preceding DHS 2009 by region (Percent)

Source: Ministry of Health and Family, Maldives, ICF Macro USA (2010): Maldives Demographic and Health Survey 2009

Available evidence suggests that nutrition of young children has improved over a decade. Yet, the proportion of under-nourished children in 2009 was still unacceptably high. For example, stunted children under five years of age (short for their age) accounted for 18.9%

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6 Please note that HIES 2009/10 classifies North and Upper North regions separately. The North region was the poorest with 72% poor population and the Upper North region had 56 percent poor population.

7 Stunting or short height for age is a measure of chronic under-nutrition; wasting or low weight for height is a measure of acute under-nutrition; underweight or low weight for age is a composite measure.
of all children that age. Severely stunted alone were 6.4%. Stunting cannot be reversed with age.

Under-nourished children less than five years of age, 2001 and 2009  
(Moderate and severe, Percent)

DHS 2009 found significant disparities across regions. The worst situation was found in the North Central region. Stunted children (chronically under-nourished) under-5 children found there were more by 50 percentage points more than in Male’, the region with the best results (22.7%, respectively 15.7%). Wasted children (acutely under-nourished) were twice more (14.5%, respectively 7.2%). Under-weight children (under-weight is a composite measure, which reflects both chronic and acute under-nourishing) were two and a half times more in North Central region than in Male’ (24.4%, respectively 10.9%). Under-nourished children were fewer in the wealthier segments of the population.

Under-nourished children less than five years of age by region, 2009  
(Moderate and severe, Percent)

Source: Ministry of Health and Family, Maldives, ICF Macro USA (2010): Maldives Demographic and Health Survey 2009
Immunisation against preventable diseases has increased and is maintained at high rates. Yet, disparities exist between regions and between different wealth groups.

Proportion of children 12-59 months at the time of DHS survey 2009 who received all basic vaccinations by 12 months of age (Percent)

Source: Ministry of Health and Family, Maldives, ICF Macro USA (2010): Maldives Demographic and Health Survey 2009
Note: All basic vaccinations refer to: BCG, measles, three doses of DPT and of Polio vaccine.

Proportion of children 12-23 months who received all basic vaccinations at any time before the DHS survey 2009 by region (Percent)

Source: Ministry of Health and Family, Maldives, ICF Macro USA (2010): Maldives Demographic and Health Survey 2009
Note: All basic vaccinations refer to: BCG, measles, three doses of DPT and of Polio vaccine.

Proportion of children 12-23 months who received all basic vaccinations at any time before the DHS survey 2009 by wealth quintile (Percent)
Reported cases of fever in young children (less than five years) do not change dramatically. However evidence suggests a positive change in seeking advice from skilled medical professionals when fever occurs in their children. For young children with fever in the two weeks preceding the survey in 2009, parents sought medical help in 84.4% of the cases, compared with only 22.4% in 2001.

Children less than 5 years of age who had fever in the two weeks preceding the survey, 2001 and 2009 (Percent)

![Chart showing percentage of children with fever and seeking advice, 2001 vs 2009.]


Discrepancies between regions and between wealth groups were found similar by DHS 2009. Notably, North Central region where poverty rate is the lowest, showed the lowest rate of seeking skilled medical help.

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<sup>6</sup> The Multiple Indicator Cluster Survey (MICS) follows the same methodology as Demographic Health Survey (DHS), with normally a smaller studied sample, the two surveys are considered comparable.
Children less than 5 years of age who had fever in the two weeks preceding DHS 2009 by region (Percent)

![Graph: Children less than 5 years w/ fever - %
% w/ fever (left axis)
% of those w/ fever who sought advice from skilled medical personnel (right axis)]

Source: Ministry of Health and Family, Maldives, ICF Macro USA (2010): Maldives Demographic and Health Survey 2009

The Government’s commitment to further improve the services provided to the population translates into the resources allocated to the Health sector. In recent years the share of the public expenditure on health in GDP has decreased substantially.

Public expenditure on health, 2008-2011 (Percent of GDP)

![Graph: Public expenditure on health, 2008-2011 (Percent of GDP)]


This drop may be partially attributed to the recently introduced private health insurance. It would need however further investigation.
Right to early childhood development and education

CRC Article 28 stipulates that:

1. States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular:
   (a) Make primary education compulsory and available free to all;
   (b) Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need;
   (e) Take measures to encourage regular attendance at schools and the reduction of drop-out rates.

Early childhood development is critical for children’s cognitive and emotional development, and readiness for school and life. The country has made a good progress with enrolment of young children, 3-4 years of age, in different forms of early childhood education: from 51.2% in 2001 to 70.7% in 2009. Progress has been uneven however across regions. Anecdotal evidence suggests that the decrease in enrolment of young children in Male’ is due to the increasing influx of people from the atolls and demand surpassing the supply of organised forms of early childhood education. In more recent years private kindergartens have emerged to respond to this increased need.

Early childhood education attendance, 2001 and 2009 (% of children age 3-4 years who attend any form of organised early childhood education)

Note: Data not available for Central region for 2001.

As far as compulsory education is concerned, enrolment of both boys and girls has been maintained close to universal at primary level and has increased substantially at secondary level over the period 2001-2011. Girls’ enrolment at lower secondary level exceeded that of boys throughout the examined period.
Net enrolment in education 2001-2011 (Percent)


Note: Population of the respective age is based on population projections. This may have led to enrolment ratio higher than 100% for some years. Change in the basis for population projections may also have affected the fluctuations in enrolment rates.

Net enrolment at national level, while important to measure progress towards achievement of national and global targets, does not reveal existing sub-national disparities. Disaggregated information for school attendance (which is further more precise measure of real schooling of children) is available for 2009. It suggests that not all children benefit equally from education. First of all, net primary school attendance in 2009 was lower than enrolment by more than 10 percentage points for both boys and girls, suggesting that not all children registered at schools were actually attending classes.

Net primary enrolment and attendance ratio, 2009 (Percent)


Disparities in school attendance were found between boys and girls and across regions. Interestingly enough, the highest primary school net attendance among girls was found in the
poorest North region (86.7) %, while the highest attendance among boys was found in the North Central, the richest region (85.7 %).

Net primary education attendance ratio by region and gender, 2009 (Percent)

Source: Ministry of Health and Family, Maldives, ICF Macro USA (2010): Maldives Demographic and Health Survey 2009

Notes: Regions are ranked by female primary school attendance. Primary school age is 6-12 years.

School attendance of girls was higher in the wealthier households, while for boys the opposite pattern was found – higher household wealth was accompanied by lower school attendance. The survey does not provide details of the possible causes for such different patterns.

Net primary education attendance ratio by wealth quintile, 2009 (Percent)

Source: Ministry of Health and Family, Maldives, ICF Macro USA (2010): Maldives Demographic and Health Survey 2009
Attendance ratios correlate with the drop-out rates at grade 7, the last of primary education. Central region, with the second lowest attendance ratios for both boys and girls had the highest drop-out rate (4.3 %).

Drop-out rate at grade Seven by region, 2009 (Percent)

<table>
<thead>
<tr>
<th>Region</th>
<th>Drop-out Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central region</td>
<td>4.3</td>
</tr>
<tr>
<td>North Central region</td>
<td>3.9</td>
</tr>
<tr>
<td>North region</td>
<td>2.5</td>
</tr>
<tr>
<td>South region</td>
<td>2.2</td>
</tr>
<tr>
<td>South Central region</td>
<td>2.2</td>
</tr>
<tr>
<td>Male</td>
<td>1.7</td>
</tr>
</tbody>
</table>

Source: Ministry of Health and Family, Maldives, ICF Macro USA (2010): Maldives Demographic and Health Survey 2009

Similarly to attendance, drop-out rates by wealth quintile decreased with the exception of the highest quintile. One assumption is that children from the wealthiest families go to study abroad; there is no evidence to support it however.

Drop-out rate at grade Seven by wealth quintile, 2009 (Percent)

<table>
<thead>
<tr>
<th>Quintile</th>
<th>Drop-out Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest</td>
<td>3.7</td>
</tr>
<tr>
<td>Second</td>
<td>3.2</td>
</tr>
<tr>
<td>Middle</td>
<td>1.8</td>
</tr>
<tr>
<td>Fourth</td>
<td>0.7</td>
</tr>
<tr>
<td>Highest</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Source: Ministry of Health and Family, Maldives, ICF Macro USA (2010): Maldives Demographic and Health Survey 2009

An important indicator of school achievement is the success rate at examinations. While the recent years have seen increasing pass rate of the examinations at grade 10 (lower secondary education examination), it was still low at national level in 2011 - 55 %. The average pass rate in Male tends to be twice higher than in the atolls. Further investigation is needed to find
the causes behind such a big disparity – quality of teaching, and availability of learning materials among them.

Students who past the "O" level examination at grade 10, 2009-2011 (Percent)


The commitment of Government to education is demonstrated by increasing allocations to the sector in recent years.

Public total expenditure on education, 2008-2011(Percent of GDP)

Note: 2010 – interpolated.
Right to identity, care and protection

Child protection is an area in which available data is very limited and when available, is inconsistent. Timely birth registration to provide a child with an official record of its identity, is a fundamental children’s right; a birth certificate is the key to get access to basic health and education services, and to exercise other rights.

CRC Article 7 stipulates that:

1. The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by his or her parents.

In the Maldives, in only nine years birth registration rate of children less than five years of age increased by 20% - from 73.0% in 2001 to 92.5% in 2009. At regional level, in 2009 rates varied within 11 percentage points: from 85.7% in South region to 96.9% in North region.

Birth registration rate of children under age 5 years, 2001 and 2009 (%)

<table>
<thead>
<tr>
<th>Region</th>
<th>2001</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>South region</td>
<td>79.6</td>
<td>85.7</td>
</tr>
<tr>
<td>Central region</td>
<td>73.0</td>
<td>80.0</td>
</tr>
<tr>
<td>Republic</td>
<td>92.5</td>
<td>93.3</td>
</tr>
<tr>
<td>Male</td>
<td>60.8</td>
<td>95.3</td>
</tr>
<tr>
<td>South Central region</td>
<td>80.0</td>
<td>93.3</td>
</tr>
<tr>
<td>North Central region</td>
<td>73.0</td>
<td>96.9</td>
</tr>
<tr>
<td>North region</td>
<td>92.6</td>
<td>96.9</td>
</tr>
</tbody>
</table>

Notes: Includes both with and without birth certificate. Regions are ranked by 2009 value. Data not available for Central region for 2001.

Birth registration across wealth groups does not vary significantly, with the exception of the fourth wealth quintile, which registered lower rate than the rest. Statistics itself cannot explain why this is so; further investigation would be needed to understand the causes of such pattern.
Birth registration rate of children under age 5 years by wealth quintiles, 2009 (%)

<table>
<thead>
<tr>
<th>Quintile</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest</td>
<td>93.8</td>
</tr>
<tr>
<td>Fourth</td>
<td>89.6</td>
</tr>
<tr>
<td>Middle</td>
<td>93.5</td>
</tr>
<tr>
<td>Second</td>
<td>93.5</td>
</tr>
<tr>
<td>Lowest</td>
<td>91.9</td>
</tr>
</tbody>
</table>

Source: Ministry of Health and Family, Maldives, ICF Macro USA (2010): Maldives Demographic and Health Survey 2009
Note: Includes both with and without birth certificate.

Disabled children are particularly vulnerable group, which requires special attention and protection. Available evidence suggests that in 2009 around 9% of children in the age range 5-14 years had vision impairment, around 7% - remembering difficulties, around 5% - communication difficulties. The total percentage of children that age with some level of difficulty in at least one function was around 19%. It is worth mentioning that in most cases impairments were found to be mild. Unfortunately, further details about the social inclusion of disabled children are not available. A report from 2010 suggests that 11 schools have been built for children with disabilities across the country by then, accommodating 184 children. Concerns remain that many disabled children remain outside the formal education system, the curriculum is not adapted to their needs and teachers are not well prepared to teach children with special needs. However, as most of the disabled children were reported to have mild disability, their personal status might allow them to join mainstream schooling and other activities if some additional support is provided to them.

Children of age 5-14 years with disability, 2009 (%)

Source: Ministry of Health and Family, Maldives, ICF Macro USA (2010): Maldives Demographic and Health Survey 2009

Another group that requires special attention and care are orphans. They are particularly vulnerable to violence, abuse and exploitation. The overall percentage of children with one or both parents dead found by DHS 2009 was 3.0%. The orphanhood rate gets higher with age.

Children with one or both parents dead by age group, 2009 (Percent)

Orphanhood is higher among the poorer segments of the population, which raises concern about the chances of these children to enjoy good health and nutrition, to have good education opportunities, and to be protected from exploitation.

Children with one or both parents dead by wealth quintile, 2009 (Percent)

Source: Ministry of Health and Family, Maldives, ICF Macro USA (2010): Maldives Demographic and Health Survey 2009
The proportion of orphans found in North region, the poorest one, was found to be more than double the proportion in Male.

Children with one or both parents dead by region, 2009 (Percent)

Source: Ministry of Health and Family, Maldives, ICF Macro USA (2010): Maldives Demographic and Health Survey 2009

The nationally representative surveys from 2001 (MICS) and 2009 (DHS) provide evidence of disturbing trend in children’s involvement in economic productive labour. The proportion of children 5-14 years of age working at the time when the surveys were conducted increased from 26.2% in 2001 to 34.2% in 2009. Older children (10-14 years of age) and girls were found more often to work than younger children (5-9 years of age) and boys. It has to be noted that children were performing mostly domestic work: 21.6% for less than four hours a day and 10.6% for four or more hours a day.

Children involved in economically productive work at the time of the survey by age group, 2001 and 2009 (%)

Source: Ministry of Health and Family, Maldives, ICF Macro USA (2010): Maldives Demographic and Health Survey 2009
Children involved in economically productive work at the time of the survey by gender, 2001 and 2009 (%)

Source: Ministry of Health and Family, Maldives, ICF Macro USA (2010): Maldives Demographic and Health Survey 2009

Significant discrepancies were found among regions, with Male’ registering the lowest child-work rates and the South region – the highest in both years.

Children involved in economically productive work at the time of the survey by region, 2001 and 2009 (%)

Notes: Regions are ranked by 2009 value. Data not available for Central region for 2001.

While most of the working children are involved in domestic work or family business to support their families, involvement in labor activities brings a high risk to divert them from schooling, which has negative long term effect for their prospects in life as adults.
Similarly to involvement in work at early age, teenage pregnancy and child-bearing is particularly harmful for girls, as well as for their babies.

Women 15-19 years of age who have begun childbearing, 2009 (Percent)

Source: Ministry of Health and Family, Maldives, ICF Macro USA (2010): Maldives Demographic and Health Survey 2009
Note: Refers to women who have had a live birth plus women pregnant with their first child.

The overall teenage pregnancy and motherhood rate found in 2009 was 2.1%, accompanied by regional rates ranging from 0.8% in North Central region to 3.2% in South region.

A recent study conducted by the UN Office on Drugs and Crimes\textsuperscript{10} provides evidence of the situation in the country with regard to drug use. The finding that drug use in Male’ is as high as 6.6% raises particularly serious concern.

Estimated numbers and prevalence of current drug users, 2011/12

Note: Different sampling methods were applied in Male’ and the atolls - respondent driven sampling in Male’ and households sampling in the atolls.

\textsuperscript{10} UN Office on Drugs and Crime (2013): National Drug Use Survey, Maldives 2011/2012
The huge proportion of young age of drug users especially in the capital is striking. Those of age 15-19 years represented 48% of all drug users there. In the atolls this percentage was found to be 18.4%.

Current drug users by age, 2011/12 (Percent)

Note: Different sampling methods were applied in Male’ and the atolls - respondent driven sampling in Male’ and households sampling in the atolls

The survey found that the ratio of males to female drug users was 95:5; however it is believed that more females are using drugs than those found in the survey. In Male’ two thirds of the users were using more than one type of drug. In the atolls this percentage was 53%. A proportion of 58% among the current drug users in Male’ and 51% in the atolls were not employed; the main cited reason being "lack of employment opportunity" - over 30% in Male’ and over 50% in the atolls. This finding is in line with the established higher unemployment, especially among young males, in the atolls. This serious situation calls for massive primary prevention interventions especially among young people, as well as for treatment.
Conclusions and recommendations

The review and analysis of existing statistical data reveals that good progress has been made in recent years in implementation of children’s rights in the Republic of Maldives. Important health and education related indicators demonstrate improvement at national level. However disparities at sub-national level remain and are significant in certain domains. Child protection related indicators reveal a picture, which is a matter of concern.

While disparities were not found in most instances between boys and girls, there are clear disparities patterns between regions.

North Central region appears to have worse health-related achievements compared to the rest of the regions: lowest skilled attendance at delivery, lowest seeking medical assistance at fever episodes, highest under-nutrition. It has also registered the second highest dropout rate at grade 7 in recent years.

South region appears to raise comparatively more child-protection related concerns: lowest proportion of registered births, highest proportion of working children, highest teenage child-bearing rate, and second largest proportion of orphans with all concerns around their development.

Statistical data alone, while helpful to identify disparities, is not sufficient to explain them. Further investigation is needed to get better understanding of existing trends and patterns, and to plan for targeted interventions, which can address disparities.

On the methodological side:

- It will be useful to standardise regions when different types of surveys are implemented in the future (such as Household Income and Expenditure Survey and Demographic and Health Survey). This will raise the confidence to do comparative analysis and to correlate economic status of households and their members with outcomes such as health status, education achievements and development at large.

- It will be helpful to calculate critical indicators, such as poverty rate for example, for children alone.
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