



Situation Analysis of Children and Adolescents in the Republic of Maldives

August 2025

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And never give up.



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Situation Analysis of Children and Adolescents in the Republic of Maldives

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UNICEF Maldives
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Disclaimer: The views expressed in this publication are those of the author and do not necessarily represent the views of UNICEF 

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Acronyms

ACE	Adverse Childhood Experience
AMPL	Assessment for Minimum Proficiency Level
ANC	Antenatal Care
ARC	Advocating for the Rights of Children
ARPA	American Rescue Plan Act
ART	Antiretroviral Treatment
CCA	Common Country Analysis
CCPR	Covenant on Civil and Political Rights
CDC	Centres for Disease Control and Prevention
CESCR	Covenant on Economic, Social and Cultural Rights
CDP	Community Development Plan
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CFPS	Child and Family Protection Services
CHSE	Centre for Higher Secondary Education
CP	Country Programme
CRC	Convention on the Rights of the Child
CRPA	Child Rights Protection Act
CRPD	Convention on the Rights of Persons with Disabilities
CRVS	Civil Registration and Vital Statistics
DJJ	Department of Juvenile Justice
DRR	Disaster Risk Reduction
ECD	Early Childhood Development
ECE	Early Childhood Education
ECDI	Early Childhood Development Index
EMIS	Education Management Information System
ENDHERI	Enhancing National Development through Environmentally Resilient Islands
FCA	Foster Care Allowance
FCSC	Family and Children's Service Centre
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
GEAP	Gender Equality Action Plan
GER	Gross Enrolment Rate
GDI	Gender Development Index
GDP	Gross Domestic Product
GGGI	Global Gender Gap Index
GII	Gender Inequality Index
GMA	Greater Malé Area
GNI	Gross National Income
GoM	Government of the Republic of Maldives
GYTS	Global Youth Tobacco Survey
HDI	Human Development Index
HHFA	Harmonized Health Facility Assessment
HoH	Head of Household
HMIS	Health Management Information System
HPA	Health Protection Agency
HRCM	Human Rights Commission of Maldives
IBAMA	'Ijuthimaaee Badhahi Madhadhuverin' (translates to 'You and I together')
ICT	Information and Communications Technology
IGME	UN Inter-Agency Group for Child Mortality Estimation
IHDI	Inequality-adjusted Human Development Index
ILO	International Labour Organization
IMF	International Monetary Fund
KAP	Knowledge, Attitudes and Practice
LGA	Local Government Authority

MBS	Maldives Bureau of Statistics
MCCPF	Maldives Climate Change Policy Framework
MCO	Maldives Country Office
MDN	Maldives Democracy Network
MHPSS	Mental Health and Psychosocial Support
MICS	Multiple Indicators Cluster Survey
MIS	Management Information System
MOE	Ministry of Education
MOH	Ministry of Health
MPI	Multidimensional Poverty Index
MPS	Maldives Police Service
MSFD	Ministry of Social and Family Development
MTCT	Mother-to-Child Transmission
MTE	Ministry of Tourism and Environment
MVI	Multi-Dimensional Vulnerability Index
MVR	Maldivian Rufiyaa
NAP	National Action Plan
NCD	Non-Communicable Disease
ND-GAIN	University of Notre Dame Global Adaptation
NDC	National Determined Contribution
NDMA	National Disaster Management Authority
NER	Net Enrolment Rate
NEET	Not in Employment, Education or Training
NGO	Non-Governmental Organization
NRC	National Reintegration Centre
NSPA	National Social Protection Authority
OPD	Outpatient Department
PHC	Primary Health Care
PNC	Postnatal Care
PPG	Public and Publicly Guaranteed
PrEP	Pre-exposure Prophylaxis
PSIP	Public Sector Investment Programme
RMNCAH	Reproductive Maternal, Newborn, Child and Adolescent Health
SAARC	South Asian Association for Regional Cooperation
SAP	Strategic Action Plan
SBC	Social and Behaviour Change
SDG	Sustainable Development Goal
SitAn	Situation Analysis
SEN	Special Education Needs
SOP	Standard Operating Procedure
SPA	Single Parent Allowance
SRH	Sexual and Reproductive Health
SSD	Social Service Department
STI	Sexually Transmitted Infection
TVET	Technical and Vocational Education and Training
UAE	United Arab Emirates
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFCCC	United Nations Convention on Climate Change
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
UPR	Universal Periodic Review
USD	United States Dollar
VAC	Violence Against Children
VAS	Vitamin A Supplementation
VNR	Voluntary National Review

VSU	Victim Support Unit
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

Chapter 1: Situation Analysis Approach

The United Nations Children's Fund (UNICEF) Maldives Country Office (MCO), in collaboration with the Government of the Republic of Maldives (GoM), has conducted research and evaluations that have provided evidence that has been used over time to strengthen and broaden evidence on the situation of children in the country. Such research and evaluations have revealed that progress has been made in addressing children's rights in a number of areas, but more effort is needed to contribute to an inclusive, equitable and prosperous society that ensures the provision of quality services and support for all children to advance their rights and achieve their full potential.

This situation analysis (SitAn) documents the current situation of children and adolescents, and monitors progress made to advance their rights. This SitAn also focuses on documenting factors that contribute to deprivations, as well as bottlenecks and barriers to addressing deprivations and advancing children's rights. Findings from this SitAn will be disseminated widely by UNICEF and GoM to inform child-focused policy dialogue and advocacy to improve the lives of children, adolescents and youth in Maldives, with a focus on accelerating the achievement of child-related Sustainable Development Goals (SDGs). This SitAn also contributes to the United Nations (UN) Common Country Analysis (CCA), which can be used to guide strategic financial and programmatic choices at national and subnational levels, and inform programme interventions in the next programme cycle that will be planned in consultation with the GoM. It is also envisaged that this SitAn will contribute to sharpening the focus on children and adolescents in the next UNICEF Maldives Country Programme (CP).

MALDIVES COUNTRY PROGRAMME

The last SitAn on Children and Youth in Maldives was in 2021, during the COVID-19 pandemic. Findings from the 2021 SitAn informed the development of the current UNICEF Maldives CP 2022-2026¹ and served as the basis for the development of the UN Sustainable Development Cooperation Framework (UNSDCF) for Maldives 2022-2026.² Since the 2021 SitAn on Children and Youth in Maldives, there have been changes in the country and the programming environment; thus, there is a need to update the SitAn and consider the impact of the COVID-19 pandemic and other key events on the development trajectory of the country. It is also important to update the SitAn so that GoM and its partners have new and robust evidence on the situation of children and adolescents in the country, including the most vulnerable and disadvantaged.

As UNICEF approaches the new country programme planning cycle, there is a growing need for a new SitAn that provides UNICEF, GoM and civil society partners with new and robust evidence on the situation of children and adolescents in the country. The aim was to capture data and information from a wide range of sources, including administrative data systems, research and surveys, thematic area analyses and evaluations that were recently conducted in Maldives, and provide new data and information that can be used to strengthen and broaden evidence on the situation of children and adolescents in the country, as per commitments to fulfil children's rights as outlined in the Convention on the Rights of the Child (CRC) and its Optional Protocols. This SitAn also gave due consideration to the 2030 Agenda for Sustainable Development Agenda³ and child-related SDG indicators, as well as UNICEF's Strategic Plan 2022-2025⁴ and Gender Action Plan 2022-2025⁵, which articulate UNICEF's commitment to promoting the rights of all children, coupled with gender equality. Finally, this SitAn also gives due consideration to national programmes and priorities set forth in development plans.

¹ UNICEF's Maldives Country Programme 2022-2026. Retrieved on 19 March 2025 from: [2022-PL13-Maldives_CPD-EN-ODS.pdf](#)

² UN Sustainable Development Cooperation Framework for Maldives 2021-2025. Retrieved on 16 March 2025 from: [United Nations Sustainable Development Cooperation Framework for Maldives \(UNSDCF\) 2022 - 2026 | United Nations in Maldives](#)

³ UN (2015). *Transforming Our World: The 2030 Agenda for Sustainable Development*. UN: New York, NY, USA. Retrieved on 16 March 2025 from: [21252030 Agenda for Sustainable Development web.pdf \(un.org\)](#)

⁴ UNICEF (2022) *UNICEF Strategic Plan 2022-2025: Renewed ambition toward 2030*. UNICEF: New York, NY, USA. Retrieved on 16 March 2025 from: [Strategic Plan 2022-2025 publication English.pdf \(unicef.org\)](#)

⁵ UNICEF Gender Action Plan, 2022-2025. Retrieved on 16 March 2025 from: [2021-31-Gender Action Plan 2022-2025-EN-ODS.pdf \(unicef.org\)](#)

PURPOSE AND SCOPE

The SitAn compiles and interprets the most recent data and information, and trend data where relevant, as it relates children's and adolescent's in Maldives. This includes data and information: rights to survive and thrive, with access to nutritious diets, quality health care, nurturing practices and essential supplies; rights to learn and acquire skills for the future; rights to be protected from violence, exploitation, abuse, neglect and harmful practices; rights to access water, sanitation and hygiene (WASH), and to live in a safe and sustainable climate and environment; and rights to access inclusive social protection and to live free from poverty.⁶ These global priority areas align with UNICEF MCO priority areas outlined in the UNICEF Maldives CP 2022-2026.

In keeping with UNICEF's mandate to safeguard the rights of all children, this SitAn adopted human rights-based and equity-focused approaches, along with gender and humanitarian action lenses. The focus was on documenting progress made, challenges faced and opportunities for achieving children's rights, and patterns of deprivation.

The purpose of the SitAn was to:

- Provide comprehensive and robust data, information and evidence from multiple sources to further the understanding of the situation of children and adolescents in Maldives.
- Examine progress made and opportunities that exist, alongside bottlenecks, challenges and barriers that remain (e.g., patterns of inequity and deprivation) when it comes to achieving children's rights.
- Examine progress that policy and programme interventions have made towards inclusive social services, and the adequacy of budget and policy delivery for 'leaving no child behind'.
- Examine key issues and deprivations that affect girls and boys of different ages, including threats and risk factors, and negative impacts and outcomes.
- Build upon existing strategic priorities for the country and tease out upcoming areas of consideration to reduce disparities and address deprivations and vulnerabilities, thereby making a contribution to shaping the national development agenda and accelerating achievements related to national and international development goals relevant to children and adolescents.
- Raise awareness among policymakers and practitioners about the situation of children and adolescents in Maldives, including vulnerabilities, deprivations and barriers faced by children and adolescents, particularly those most at-risk and who have been left behind in the country.

This SitAn dissects the unequal realization of child rights and elucidates the interrelated roles of duty-bearer institutions. Moreover, it unpacks national and subnational data, and examines disaggregated data to reveal inequalities based upon demographics (e.g., sex, age, wealth index quintile), location (e.g., islands/atolls) and other dimensions. Such analysis will inform contextualized strategic thinking on what can be done by duty-bearers and key stakeholders to attain and sustain inclusive social development that guarantees equal inclusion and participation of all groups of children and adolescents, including the most vulnerable (e.g., children with disabilities).

This SitAn can be used to support development of the UNICEF Maldives CP 2027-2031, as well as GoM and its partners to prioritize and address key issues and challenges preventing children and adolescents, especially the most vulnerable, from enjoying their rights, as defined in the CRC and other international and regional legal frameworks to which the country is party. This SitAn serves to inform evidence-based planning and programming, and guide policy advocacy and partnership efforts. Data and findings from this SitAn can also be used to formulate key messages for social and behaviour change (SBC) initiatives, which can be disseminated by UNICEF and partner's to inform collective action. This SitAn can also be used to inform development of government sectoral annual work plans.

OBJECTIVES

The main objectives of this SitAn were to:

- Assess the overall situation of newborns, children and adolescents in Maldives, with gender and equity lenses, and a focus on the most deprived.

⁶ UNICEF (2022) *UNICEF Strategic Plan 2022-2025: Renewed ambition toward 2030*. UNICEF: New York, NY, USA.

- Provide a comprehensive equity-sensitive and evidence-based analysis of the situation of children and adolescents for result-based decision-making.
- Assess trends and progress made against current CPD targets and national policy and legal frameworks.
- Identify and analyse bottlenecks and barriers that prevent children and adolescents, especially the most disadvantaged, from enjoying their rights.
- Analyse to what extent there is an enabling environment for the realisation of children's rights, and how evidence-based interventions and services needed to address deprivations are prioritised in national legislation, policies, strategies, plans and budgets.
- Identify potential scenarios, priorities and drivers of change, and provide policy and programme recommendations to guide the development of the next UNICEF CPD and Committee on the Rights of the Child Periodic Report, and to inform the CCA and new UNSDCF process.
- Capture new or emerging areas of concern regarding children and adolescents, such as climate and environmental issues, mental health and more.
- Identify critical data gaps and contribute to the generation of evidence that can improve monitoring the rights of children and adolescents, especially the most vulnerable groups.
- Analyse the role of the private/business sector on fulfilment of children's rights and public finance management.

This SitAn serves to present evidence and underscore opportunities for socially inclusive development. This SitAn also identifies notable data gaps and, in some cases, outlines further research or analysis needed to deepen the understanding of the situation of children and adolescents in the country. The SitAn will also offer foresight as a way of approaching the future⁷ and translating that thinking into action. Foresight is a collective effort to answer the question: how do we create lasting and significant impact in a context of uncertainty?⁸

This SitAn is relevant to a wide audience, including: government bodies; development partners, including UNICEF and other UN agencies; non-governmental organizations (NGOs); academics and researchers; private sector actors; media; children and adolescents; and more.

SUBGROUPS OF CHILDREN, ADOLESCENTS AND YOUTH

UNICEF recognizes that individual diversity makes it difficult to define a universal age for the start and end of the critical period of physical growth and development for children, adolescents and youth; yet, defining a specific age span is essential for monitoring progress across context and time. Thus, UNICEF follows the World Health Organization (WHO) definition of childhood, adolescents and youth, which allows UNICEF to align its programming with other global data, policy and programme frameworks.⁹

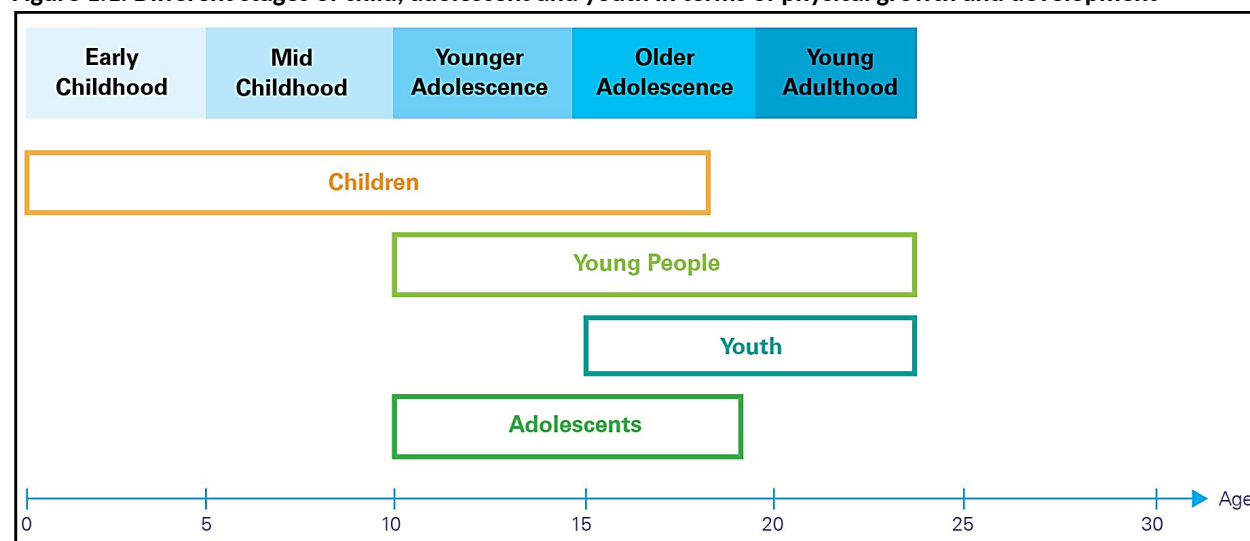
Figure 1.1 shows that children aged 0-17 include a number of distinct subgroups, including: early childhood (0-4 years), middle childhood (5-9 years), younger adolescents (10-14 year) and older adolescents (15-19 years). In addition, adolescents aged 10-19 years include younger adolescents (10-14 years) and older adolescents (15-19 years). Young people aged 10-24 years include adolescents (10-19 years) and youth (15-24 years).

⁷ Multiple futures in foresight analysis can be explored using strategic foresight methods that involve creating plausible future scenarios based on different combinations of trends and uncertainties.

⁸ UN Future Lab: UN Strategic Foresight Guide, December 2023. Retrieved on 19 March 2025 from: un-futureslab.org/project/un-strategic-foresight-guide/

⁹ UNICEF (2018). *UNICEF Programme Guidance for the Second Decade: Programming with and for Adolescents* UNICEF: New York, NY, USA, p. 9

Figure 1.1. Different stages of child, adolescent and youth in terms of physical growth and development



Source: UNICEF Programme Guidance for the Second Decade: Programming with and for Adolescents, 2018, p. 9

There is growing recognition as to the importance of investing in children (aged 0-17), adolescents (aged 10-19) and youth (aged 15-24), as each age group faces a range of economic, social and cultural challenges. It is during childhood and adolescence that inequities become particularly apparent. Economic, social and structural disadvantages, coupled with bias and discrimination can prevent poor and marginalized adolescents from successfully completing their education and progressing on to post-secondary and tertiary education programmes; in turn, restricting their entry into the labour market and their ability to earn a quality wage.¹⁰

CONCEPTUAL FRAMEWORK

The conceptual framework for this SitAn was guided by UNICEF's *Core Guidance: New Generation Situation Analysis*.¹¹ The focus was on developing a narrative and understanding of children and adolescents in Maldives, including the realization (or non-realization) of their rights. In doing so, this SitAn adopted a human rights-based approach that focuses on those who are most marginalized, excluded or discriminated against, which often requires an analysis of gender norms, different forms of discrimination, and power imbalances to ensure that interventions reach the most marginalized segments of the population. This requires investigating the unequal realization of children's and adolescent's rights to: survive and thrive; learn and acquire skills for the future; be protected from violence, exploitation, abuse, neglect and harmful practices; use of safe and equitable WASH services; live in a safe and sustainable climate and environment; and have access to inclusive social protection and to live free of poverty.¹²

This analysis fosters an understanding of the drivers of deprivations and inequities across different dimensions (e.g., sex, age, socio-economic status, disability, geography), and establish linkages between the underlying and structural causes, and critical bottlenecks and barriers to achieving children's and adolescents' rights and well-being.¹³ **Box 1.1** highlights some of the possible determinants of underlying and structural causes, and bottlenecks and barriers that this SitAn aims to understand.

¹⁰ Chapter 4: Inequity and Adolescence, in *The Promise of Adolescence: Realizing Opportunity for All Children* (2019). The National Academies of Sciences, Engineering and Medicine. Retrieved on 9 July 2024 from: [4 Inequity and Adolescence | The Promise of Adolescence: Realizing Opportunity for All Youth | The National Academies Press \(nap.edu\)](https://www.nap.edu/report/4711/chapter/4/inequity-and-adolescence)

¹¹ UNICEF (2019). *Core Guidance: New Generation Situation Analysis*. UNICEF: New York, NY, USA. Retrieved on 5 December 2023 from: [New Generation Situation Analysis | SDG Integration \(undp.org\)](https://www.unicef.org/publications/new-generation-situation-analysis-sdgs)

¹² UNICEF (2022) *UNICEF Strategic Plan 2022-2025: Renewed ambition toward 2030*. UNICEF: New York, NY, USA.

¹³ UNICEF (2019). *Core Guidance: New Generation Situation Analysis*. UNICEF: New York, NY, USA, p. 14.

Box 1.1. Determinants of underlying and structural causes, and bottlenecks and barriers

- **Social norms** – widely followed social rules of behaviours that generate barriers
- **Legislation and policy** – adequacy of laws and policies to reduce/avoid barriers
- **Budget and expenditures** – allocation and disbursement of required resources
- **Management and coordination** – roles and accountability, coordination and partnership
- **Availability of essential commodities and inputs** – essential commodities and inputs required to deliver a service
- **Access to adequate services and information** – physical access (e.g., services, facilities and information)
- **Financial access** – direct and indirect costs for services and practices
- **Social and cultural practices and beliefs** – individual and community beliefs, behaviour, practices and attitudes
- **Continuity of use** – completion and continuity in service, practice
- **Quality** – adherence to quality standards (national or international)

The conceptual framework situates the analysis in the country context with a clear recognition of regional and global issues that impact the lives of children and adolescents at the country-level.¹⁴ The focus was also on identifying data gaps that exist at the country-level and should be addressed to generate a better picture of the situation of children and adolescents in Maldives.¹⁵ This includes “an absence of data on vulnerable groups or ‘invisible’ or ‘unaccounted’ children.”¹⁶ Illustrating critical data gaps can create opportunities for UNICEF to engage in dialogue and advocate with the government and other national partners to fill these gaps with improved administrative data collection, issue-specific surveys and research, and enhanced analysis of existing data. This can feed into national planning, budgeting and/or legislative and policy processes.¹⁷

METHODOLOGY

This SitAn was conducted in an effort to distil the latest evidence on the rights of children and adolescents in Maldives. This includes the most recent data and information, including disaggregated and trend data as it relates to children’s rights.

Desk Review

The primary methodology for this SitAn was a comprehensive desk review of data and information from recognized and credible global, regional and national data sources that are widely accepted and used, and data and findings from research and evaluations.¹⁸

National data sources include, *inter alia*, housing and population surveys, national household income and vulnerability surveys, and other population-based surveys, such as the Demographic and Health Survey (DHS) and special surveys (e.g., knowledge, attitudes and practices survey of parenting practices).

Administrative data sources, include, *inter alia*, the national health management information systems (HMIS), education management information system (EMIS), police management information system and civil registration and vital statistics system (CRVS). Each of these administrative data sources, among others, serve as a good source of data and information, when available. Economic data sources also include national budget and expenditure data. Country-specific data from international data sources include the World Bank, which is a good source for data

¹⁴ UNICEF (2019). *Core Guidance: New Generation Situation Analysis*. UNICEF: New York, NY, USA, pp. 14-15.

¹⁵ Ibid, 2019, p. 16.

¹⁶ Ibid, 2019, p. 18.

¹⁷ Ibid, 2019, pp. 16-18.

¹⁸ Ibid, 2019, p. 17.

and information related to a wide range of economic, health and education indicators, including SDG-related indicators. These are important data sources that provide current and trend data and information.¹⁹

In situations where there is a lack of official data, alternative data and information sources will be used as a substitute for official data, and can be used to triangulate information and/or complement official statistics to deepen the analysis. Alternative data sources typically come from organizations working with vulnerable and/or marginalized persons and national human rights institutions. Alternative sources of information can also include findings from specialized studies, evaluations, journal articles, book chapters and newspaper articles.²⁰

Equity Analysis

Based on data from national and alternative data sources, an equity analysis was undertaken related to each of the dimensions covered in the SitAn, including child-related SDG indicators. This includes SDG-related indicators related to: no poverty (SDG 1); zero hunger (SDG 2); good health (SDG 3); quality education (SDG 4); gender equality (SDG 5); clean water and sanitation (SDG 6); renewable energy (SDG 7); good jobs and economic growth (SDG 8); reduced inequalities (SDG 10); sustainable cities and communities (SDG 11); responsible consumption (SDG 12); climate action (SDG 13); peace and justice (SDG 16); and, partnerships for the goals (SDG 17) (see Annex B: Child-Related SDG Indicators).

The equity analysis focused on inequities and deprivations based upon individual (e.g., sex, age) and household characteristics (e.g., wealth quintiles). Comparisons were also based upon vulnerability status, where data are available (e.g., children without parental care, children living in economically vulnerable households, children with disabilities, victims of violence, female-headed households) and geographic disparities (e.g., islands/atolls). Such analysis are important to understanding the multiple forms of deprivation, discrimination and exclusion experienced by children and adolescents.

The equity analysis also allows for an examination of the strengths and weaknesses of national institutions that influence the realisation of children's rights, including rights set out in the CRC, Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), Convention on the Rights of Persons with Disabilities (CRPD) and other core international and regional human rights instruments. The measurement of progress against these formal obligations is a central benchmark by which to assess the situation of children and adolescents in Maldives.

Trend Analysis

When relevant data were available for multiple time periods, trend analysis²¹ was undertaken. Trend analysis and horizontal data plots are particularly useful when analysing changes over time in child poverty, social protection, maternal and child mortality rates, school enrolment and completion rates, and child protection, among other priority issues. Trend analysis helps to reveal changes over time in the realization of children's rights by fostering greater social inclusion, especially for the most disadvantaged and excluded children and families, and by reducing disparities and inequalities, and strengthening inclusiveness.

Causal Analysis

Desk review, data sources and consultations informed understanding of current patterns and trends regarding inequities and their causes, as well as structural gaps that perpetuate disparities, exclusion and deprivations for children and adolescents. Where data and information were available, effort was made to focus on documented determinants that are immediate, underlying and root/structural causes of patterns and trends, and observed outcomes among children and adolescents. The causal analysis also took into consideration macro-level determinants, such as legislation, policies strategies, plans and government expenditures that contribute to the realization of rights and reduction of inequities among children and adolescents in Maldives.

¹⁹ UNICEF (2019). *Core Guidance: New Generation Situation Analysis*. UNICEF: New York, NY, USA, pp. 17-18.

²⁰ Ibid, 2019, pp. 17-18.

²¹ Trend analysis compares data points over a given period of time to identify uptrends, downtrends and stagnation. Trend analyses are useful because it can be used to inform discussion with UNICEF CO staff and national partners as part of foresight analysis.

As part of the causal analysis, constraining factors and possible drivers of inequities for particular population groups and/or geographic regions were explored. The causal analysis helped to identify appropriate strategies and approaches that can be employed to address existing bottlenecks and barriers relative to achieving the rights of children and adolescents, and do so with equity. The causal analysis is offered alongside the data and presented in the interpretation of data and literature on contributing factors or causal determinants.

PESTEL Analysis

Environmental scanning was mainstreamed throughout the SitAn. A PESTEL analysis was conducted to allow for an analysis of political, economic, social, technological, environmental and legal factors that influence the realization of human rights of children and adolescents in Maldives, and the reduction of inequalities. A PESTEL analysis is a strategic management framework that can be used to examine the external macro-environmental factors (e.g., legal and policy frameworks, administrative structures and mechanisms, budgets, and social norms) that can impact the government's or organization's abilities achieve its intended goals of advancing children's and adolescent's rights, and reducing deprivations.

Capacity Gaps Analysis

The analysis of capacity gaps and priorities has served to map institutions and partners, and current resources. More specifically, the analysis of capacity gaps and priorities helps to identify: legislative and policy capacities to realize children's rights and achieve SDG-related targets by 2030; institutional capacities; monitoring and reporting of capacities; human resource and leadership capacities; financing capacities; and information and technology capacities. The capacity gap analysis will help to support UNICEF in their ability to discuss potential challenges that national partners and key stakeholders can put into the implementation of UNICEF activities, and how to respond to these challenges.

Sector-Specific Stakeholder Group Consultations

Sector-specific consultations were conducted with UNICEF MCO staff, national partners and key stakeholders (governmental and non-governmental), and other UN entities and development partners to allow for their inputs into drafting the SitAn Report, with a focus on content, data and data sources, patterns and trends, and foresight analysis. Sector-specific group consultations were conducted to share and discuss preliminary findings, and the situation in the programming environment, with a focus on key results for children and adolescents. Five sector-specific group consultations were conducted with a focus on: 1) health and nutrition; 2) education, learning and skills development; 3) social protection; 4) child protection and juvenile justice; and 5) climate change and the environment. Bringing together sector-specific national partners and key stakeholders is crucial to a quality SitAn.

In addition to separate sector-specific stakeholder group consultations, a stakeholder workshop was held bringing together key stakeholders from across each of the five sectors in the same space to discuss outcomes from each of the sector-specific stakeholder group consultations, including sector-specific priorities. The stakeholder workshop provide a platform for key stakeholders to provide additional comments and feedback related to key findings from the SitAn, and to offer additional insight into key inequities and child deprivations, and how these will impact foresight and scenario planning. Young people were also invited to participate in the stakeholder workshop.

In addition to the sector-specific stakeholder group consultations and stakeholder workshops, some one-on-one consultations were conducted with UNICEF MCO staff and key government ministries/departments.

Foresight Analysis and Scenario Planning

This SitAn helps to provide foresight that looks beyond and identifies potential scenarios for the period of 2027-2031. Foresight can help to identify potential scenarios in the event of demographic changes (e.g., low fertility rates, demographic dividend), economic trends (e.g., economic growth, debt crisis), public financing (e.g., impact of an economic downturn on service delivery), social changes (e.g., implications for parenting), national identity (e.g., shift toward a stronger emphasis on national identity and traditional values), political instability and climate change.

Effort was made to do foresight analysis in cooperation with UNICEF MCO staff and national partners (governmental and non-government). Foresight analysis requires in-depth discussion related to data, patterns and trends, enabling environments, bottlenecks and barriers, capacity gaps and possible scenarios (i.e., optimistic, pessimistic and mixed scenarios). Foresight analysis and scenario planning cannot be done in a vacuum; rather, it requires sector-specific stakeholder consultations, which are best done in group consultations, not one-on-one interviews. UNICEF MCO staff and key stakeholders need to be at the centre of discussion and foresight analysis, and scenario planning. This requires in-depth discussions of government planning and UNICEF programming, and its implications for children, adolescents and youth. Effort was made during sector-specific group consultations to work together to define the parameters of the foresight analysis and scenario planning. Time provided, however, was limited.

Example of Possible Scenarios

Optimistic Scenario: Strong economic growth, stable political environments and significant investments in education and healthcare can lead to improved outcomes for children, adolescents and youth.

Pessimistic Scenario: Economic challenges, political instability and limited resources result in increased vulnerabilities and reduced access to essential services for children, adolescents and youth.

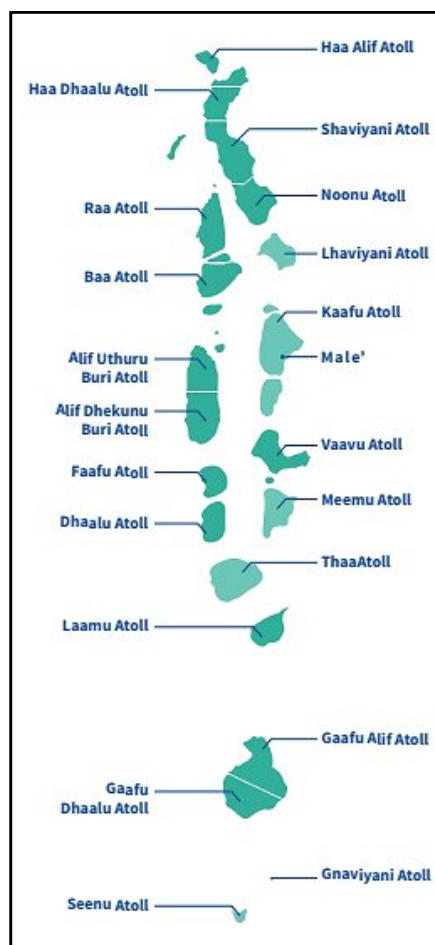
Mixed Scenario: Moderate economic growth with some political challenges and uneven resource distribution can lead to mixed outcomes for different groups of children, adolescents and youth.

To the extent possible, this SitAn offers foresight on addressing notable data gaps and delineating change strategies effective in the given context, and are directed towards governments and other actors, including UNICEF and civil society groups. Foresight also outlines further research or analysis needed to deepen the understanding of children's situation.

Validation of Key Findings

Findings from this SitAn were presented in a validation meeting involving UNICEF CO staff, national partners and other key stakeholders, including young people. The validation meeting occurred in Maldives in August 2025.

Chapter 2. Maldives Context



Maldives, officially the Republic of Maldives, is an archipelago nation in South Asia, located in the Indian Ocean, southwest of Sri Lanka and India. As an archipelago, Maldives is made up of 26 atolls and nearly 1,190 small coral islands dispersed across 90,000 square kilometres (km²) of ocean, making it one of the world's most spatially dispersed sovereign nation. In addition, with a land area of only 298 km², Maldives is one of the smallest countries in Asia.

Maldives' archipelagic coral islands are unique and provide the country with an extremely rich and diverse marine ecological system. Oceanic and marine resources are vital to Maldives economic development, with nature-based tourism being the key driver of economic growth, and fisheries being an important sector of employment for the local population.

Maldives had an estimated population of 527,799 in 2024²², along with a gross domestic product (GDP) of USD 6.98 billion²³ and a gross national income (GNI) of USD 6.21 billion.²⁴ As a result, Maldives has been classified by the World Bank as an upper-middle-income country.²⁵ As a small island developing state (SIDS), Maldives shares common traits with other SIDS, including: geographical remoteness and isolation from international markets; and environmental vulnerability of fragile land and marine ecosystems. The country also faces economic and social vulnerability related to: external shocks (e.g., natural disasters, geopolitical tensions/conflicts, and price swings in essential goods); a high external debt which is owed to China and India; a growing dependency on tourism, particularly high-end tourism; and the impacts of rapid economic growth on urbanization and migration to the greater Malé area (GMA).²⁶

DEMOGRAPHIC PROFILE

According to 2022 Maldives Population and Housing Census, the population of Maldives was 515,132.²⁷ Among the population, 74.3 percent or 382,639 were resident Maldivians and 25.7 percent or 132,493 were resident foreigners. Among the resident Maldivian population, 49.2 percent were female and 50.8 percent were male; whereas the resident foreign population was 88.6 percent male and only 11.4 percent female.²⁸

Table 2.1 shows that the population of Maldives grew from 407,660 in 2014 to 515,132 in 2022, an increase of 26.4 percent.²⁹ The resident Maldivian population grew by an estimated 11.2 percent; whereas the resident foreign

²² Retrieved on 9 July 2025 from: [Population, total - Maldives | Data](#)

²³ Retrieved on 9 July 2025 from: [GDP \(current US\\$\) - Maldives | Data](#)

²⁴ Retrieved on 9 July 2025 from: [GNI \(current US\\$\) - Maldives | Data](#)

²⁵ The World Bank's income classification aims to reflect a country's level of development, drawing on *Atlas GNI per capita* as a broadly available indicator of economic capacity; see New World Bank country classifications by income level for 2024-2025. Retrieved on 20 March 2025 from: [World Bank country classifications by income level for 2024-2025](#).

²⁶ National to local governance in the Maldives - THE SIDS Context, Adam Azim, Mayor Male City. Retrieved on 21 March 2025 from: [session 5.3 mr. adam azim male city maldives.pdf](#)

²⁷ Maldives Bureau of Statistics (2023). Population Dynamics in the Maldives: An analysis form Census 2022. Maldives Bureau of Statistics: Male, Maldives. Retrieved on 20 March 2025 from: [Population_Census-2022_Report_22724.pdf](#)

²⁸ Ibid, 2023.

²⁹ The 2022 Population and Housing Census enumerated population from 187 inhabited islands, 168 resorts and 106 industrial

population grew by 108.2 percent. More specifically, among the resident Maldivian population, 58.9 percent resided in the GMA (including Malé, Villimale and Hulhulmalé) and 41.1 percent in the atolls. In comparison, among the resident foreign population 70.0 percent resided in the atolls and 30.0 percent in the GMA.

Table 2.1. Population of Maldives, 2014 and 2022

Description	2014 Census	2022 Census	No. Change (2014-2022)	% Change (2014-2022)
Resident Maldivian population	334,023	382,639	48,616	11.2
Resident foreign population	63,637	132,493	68,856	108.2
Total population	407,660	515,132	107,472	26.4

Source: Maldives Bureau of Statistics (2023). Population Dynamics in the Maldives: An analysis form Census 2022. Maldives Bureau of Statistics: Malé, Maldives

Table 2.2 shows Maldives population age structure. In 2022, 75.9 percent of the population was of working age, aged 15-64, including young working adults (46.7 percent) and older working adults (16.1 percent). In addition, 23.1 percent were children (aged 0-17), 25.7 percent were children and adolescents (aged 0-19) and 33.2 percent were children and youth (aged 0-24).

Table 2.2. Total population by age groups, 2022

Age Groups (Years)	Description	2022 Census Data	% of Population
0 – 4	Early childhood	30,319	5.9
5 – 9	Middle childhood	35,785	6.9
10 – 14	Young adolescent	37,809	7.3
15 – 19	Older adolescent	28,687	5.6
20 – 24	Young adulthood	38,486	7.5
25 – 44	Young working adults	240,337	46.7
45 – 64	Older working adults	82,859	16.1
65+	Elderly	20,850	4.0
TOTAL	ALL AGES	515,132	100.0
0 – 9	Young children	66,104	12.8
10 – 19	Adolescents	66,496	12.9
15 – 24	Youth	67,173	13.0
10 – 24	Young people	104,982	20.4
Subtotal	Children, 0-17	119,159	23.1
Subtotal	Children & Adolescents, 0-19	132,600	25.7
Subtotal	Children & Youth, 0-24	171,086	33.2

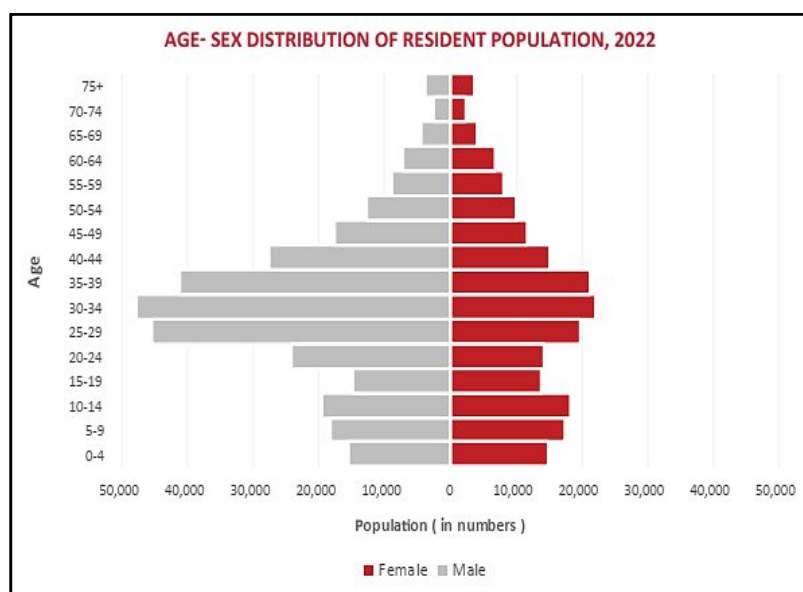
Note: The total population includes both resident Maldivians and resident foreigners because UNICEF addresses the rights of all children regardless of nationality or immigration status. **Source:** Maldives Bureau of Statistics (2023). Population Dynamics in the Maldives: An analysis form Census 2022. Maldives Bureau of Statistics: Malé, Maldives

The child population in Maldives has shown significant changes over the years. In 1990, children accounted for 48 percent of the population; since then, children have decreased as a proportion of the total resident Maldivian population to only 23.1 percent of the population. Children under the age of one years has shown a gradual decrease from 2 percent in 1990 to 1 percent in 2022, and children under five years has decreased from 11 percent in 1990 to 6 percent in 2022.³⁰

islands, which is a significant change from the 2014 Census where the population was enumerated from 188 inhabited islands, 109 resorts and 128 industrial islands; Ibid, 2023.

³⁰ *Leave no one behind – Children in Maldives*. MBS: Male', Maldives. Retrieved on 12 April 2025 from: [Child Infographics](#)

Maldives has a fairly young population, with one-third of the population being children and youth. The figure shows the age and sex distribution of the resident Maldivian population in 2022. With a relatively young population and opportunities for substantial economic growth, the country has the potential to capitalize on the demographic dividend, i.e., a period when a larger working-age population supports a smaller dependent population, which can potentially lead to rapid economic development. One of the most critical pillars for capitalizing on a demographic dividend is education; thus, the 2025 budget allocated MVR 5.6 billion to education and training,



including MVR 894.8 million to scholarships, student loans and vocational programmes.³¹ Still, however, the budget lacks targeted investments in specific skills that align with key economic sectors in Maldives, such as tourism, environmental management and digital services. By not earmarking funds for sector-specific training, the education system may miss the opportunity to directly meet the needs of high growth sectors. Vocational and technical education and training (TVET) tailored to these areas would better equip young people with relevant skills and enhance their employability, and contribute directly to economic growth.

In 2022, the median age of the resident Maldivian population was 30 years, up from 26 years in 2014 and 16 years in 1990.³² One of the primary reasons behind this demographic shift is the aging of the baby boomer generation – those born between 1946 and 1964. Whereas persons born between 1980 and 1990 have transitioned from being below the median age to being mostly above it; the majority are now in the 25-29 and 30-34 age groups.³³ This is coupled with a decrease in the number of births since 1990, which has contributed to the record-low population growth in the 2000s, and the corresponding increase in the median age. The aging process has also been reinforced by the increasing life expectancy of older individuals, which has improved in recent years; this trend is expected to continue, and the population will continue to age in the future.³⁴ As the dependency ratio rises for older persons in Maldives, so will the demand for social spending on health care, social services and pensions, which will put significant pressure on the public budget, potentially necessitating a reallocation of resources from other critical sectors.³⁵

GOVERNANCE, AND CIVIL AND POLITICAL FREEDOMS

Maldives has been an independent State for most of its history. In 1887, however, it became a British protectorate and remained so until gaining independence in 1965. Since 1968, Maldives has remained a presidential representative democratic republic. The Head of State is the President, who is elected by popular vote for a five-year term and can hold a maximum of two, five-year terms. The President is assisted by a Vice President and a Cabinet, which consists of the Vice President, government ministers and the Attorney General. Members of the Cabinet are appointed by the President, with the exception of the Vice President.

³¹ The Maldives 2025 Budget Through a Demographic Dividend Lens, The Maldives Policy Think Tank, 4 November 2024. Retrieved on 21 March 2025 from: [The Maldives 2025 Budget Through a Demographic Dividend Lens - Maldives Policy Think Tank](#)

³² Maldives Bureau of Statistics (2023). *Population Dynamics in the Maldives: An analysis from Census 2022*. MBS: Male', Maldives, pp, 54-55. Retrieved on 13 April 2025 from: [Population Dynamics in The Maldives](#)

³³ Ibid 2023, pp. 54-55.

³⁴ Ibid, 2023, pp. 54-55.

³⁵ Ibid, 2023, pp. 62-63.

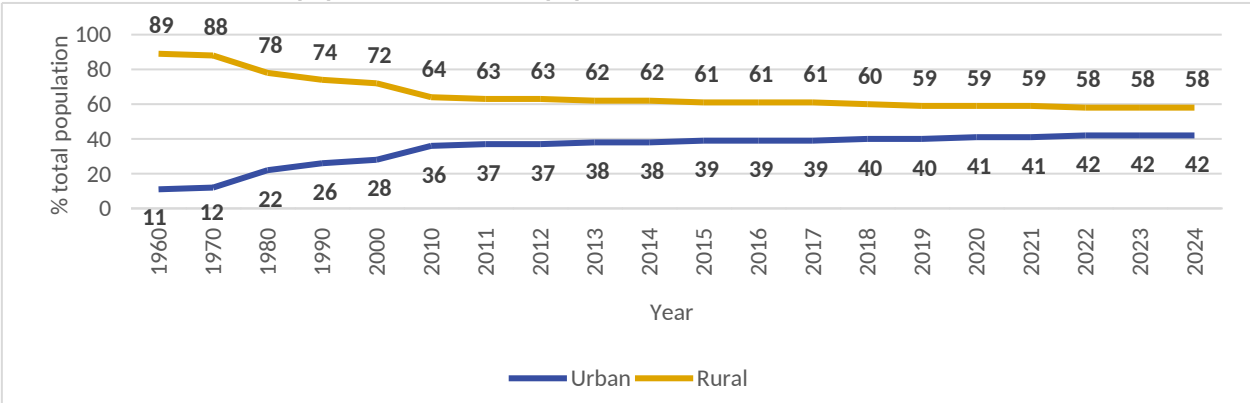
Maldives governance structure is defined by the 2008 Constitution, and operates under a democratic framework with three branches of government – executive, legislative and judiciary. The President holds executive power, including foreign policy, military command and appointments. At the heart of the Maldivian legislative process is the People’s Majlis, a unicameral Parliament that is comprised of 87 members who are elected for a five-year terms. Members of the People’s Majlis represent various constituencies across the country, which ensures that the legislative body is a true reflection of the country’s diverse population. The People’s Majlis holds substantial legislative power, including law-making, budget approval and oversight functions.³⁶

The judiciary is a multi-tiered system that includes the Supreme Court, High Courts and lower courts, which serve to ensure justice and uphold the rule of law. The Supreme Court is the highest judicial authority; as such, it has the final say on constitutional matters and ensures that laws and policies align with the Constitution. The Supreme Court also oversees the functioning of lower courts and ensures that the law is applied uniformly across the country. The High Court handles appeals from lower courts and serves as an intermediary appellate body; it also serves to ensure that justice is served fairly and consistently across the country. Lower courts are spread across the country and handle a wide range of civil and criminal cases, and ensure that justice is accessible to all citizens, regardless of their location.³⁷

Urbanization and Decentralization

Historically, the majority of Maldivians have lived outside of urban centres. In 1960, only 11 percent of Maldivians lived in urban areas. By 1990, the proportion of Maldivians living in urban areas more than doubled to 26 percent, then grew to 36 percent in 2010 and 41 per cent in 2020 (**Chart 2.1**). By 2024, 42 percent of Maldivians were living in urban areas and 58 percent in rural areas (islands/atolls).

Chart 2.1. Urban and rural population (% of total population), 1960-2024



Source: Retrieved on 9 July 2025 from: [Urban population \(% of total population\) - Maldives | Data](#) and [Rural population \(% of total population\) - Maldives | Data](#)

The GoM plans to develop regional growth centres across the country through the regional development strategy, which expects to bring development to these regions.³⁸ In 2020, given the growing urban population, the GoM and World Bank signed a USD 16.5 million Maldives Urban Development and Resilient Project³⁹ that supports the government’s efforts to modernize Maldives’ urban infrastructure, by enabling its expansion and making it more climate resilient. This includes renewal of the obsolete storm water drainage system in Malé, the bulk of which has not been functional for the past decade. The project also funds a sewage treatment plan on Hulhulmalé, which was reclaimed to reduce congestion in Malé and to meet the growing demand for urban spaces. The sewage treatment

³⁶ Retrieved on 13 April 2025 from: [Political Structures of Maldives: An Overview of the 2008 Constitution • PolSci Institute](#)
³⁷ Ibid.
³⁸ Maldives Bureau of Statistics, Oxford Poverty and Human Development Initiative (OPHI) & UNICEF (2020). *National Multidimensional Poverty in Maldives 2020*. Maldives Bureau of Statistics: Male’, Maldives.
³⁹ The Urban Development and Resilience Project is being implemented by the Ministry of National Planning and Infrastructure with support from NDMA, City councils of Male’ and Addu, HDC and MWSC. The total project cost is USD 16.5 million, including a USD 8.25 million grant and a USD 8.25 million credit from the International Development Association. Maldives to Improve Resilience through Urban Development. World Bank, 6 May 2020. Retrieved on 14 April 2025 from: [Maldives to Improve Resilience through Urban Development](#)

plant will reduce the release of untreated wastewater into the sea and protect the fisheries and tourism industries from pollution.⁴⁰

⁴⁰ Ibid, 2020.

Given the population structure across the archipelago, it is important to note that a significant feature of the 2008 Constitution is its emphasis on decentralized administration, which aims to bring governance closer to the people and make the government more responsive and accountable. The Decentralization Act (Law No. 7/2010) established the Local Government Authority (LGA) and governs the powers and responsibilities of local authorities, which are empowered to carry out certain functions as set out in the Act, including to formulate and carry out plans for the development of their constituencies in an equitable manner.⁴¹

In accordance with the Decentralization Act, each inhabited island has its own Island Council, which is responsible for managing local affairs, including infrastructure development, public services and community programmes. By focusing on local needs, Island Councils play a crucial role in improving the quality of life for Maldivians. Maldives is further divided into several administrative atolls, each governed by an Atoll Council which coordinates the activities of Island Councils within their jurisdiction and ensures that resources are distributed equitably and efficiently. Larger urban areas have City Councils, which are responsible for managing local governance and handle more complex administrative tasks, including urban planning, transportation and public safety.⁴² The Decentralization Act also addresses the financial management of local councils, specifically related to revenues, allocation of funds, financial grants, borrowing and management of accounts. It also lists public services that are provided by local councils to the people.⁴³

Local councils have also been tasked with driving community development initiatives through Community Development Plans (CDPs), which are created in consultation with community members to ensure they reflect local priorities and preferences. CDPs, however, have been met with challenges, including: resource limitations, particularly in financing, which often restricts the effectiveness of CDPs; and limited expertise in local council administration, which hinders successful implementation of CDPs.⁴⁴ Other challenges faced by local governance, include:⁴⁵

- Weak legal and policy frameworks governing the Decentralization Act
- Limited vertical coherence and challenges implementing the Decentralization Act
- Central level plans (e.g., 'Spatial Plans' and 'Regional Plans') are neither published, nor accessible to the public
- Lack of an inter-governmental mechanism to resolve disputes between central and local level planning
- Limited accountability of local councils
- Restrictions in hiring competent staff due to the civil service bureaucracy
- Inadequate remuneration packages and lack of promotion guidelines for civil servants
- Low community participation in local development processes

Civil and Political Freedoms

The 2008 Constitution guarantees freedom of expression with the caveat that it must not be contrary to any tenant of Islam, which can encourage self-censorship, particularly in the media.⁴⁶ In recent years, respect for freedom of expression and peaceful assembly has deteriorated in Maldives. The police have also been known to use excessive force against protestors and journalists covering demonstrations.⁴⁷

In 2023, the government ratified the United Nations International Convention for the Protection of All Persons from Enforced Disappearance; however, it failed to enact crucial reforms to deliver accountability for these abuses.⁴⁸ The government has also kept in place the Freedom of Peaceful Assembly Act, which imposes severe restrictions on the right to assemble, despite having repeatedly promising to amend the law. The Freedom of Peaceful Assembly

⁴¹ Retrieved on 13 April 2025 from: [Political Structures of Maldives: An Overview of the 2008 Constitution • PolSci Institute](#)

⁴² Ibid.

⁴³ Decentralization Act. Ministry of Finance and Planning, 21 October 2020. Retrieved on 13 April 2025 from: [Ministry of Finance and Planning](#); National to Local Governance in The Maldives – The SIDS Context. Retrieved on 13 April 2025 from: [session 5.3 mr. adam azim male city maldives.pdf](#)

⁴⁴ National to Local Governance in The Maldives – The SIDS Context. Retrieved on 13 April 2025 from: [session 5.3 mr. adam azim male city maldives.pdf](#)

⁴⁵ Ibid.

⁴⁶ Retrieved on 13 April 2025 from: [Maldives: Freedom in the World 2024 Country Report | Freedom House](#)

⁴⁷ Retrieved on 13 April 2025 from: [World Report 2024: Maldives | Human Rights Watch](#)

⁴⁸ Ibid.

Act requires prior government approval for public demonstrations and limits where they can be held.⁴⁹ For instance, in 2024, authorities arrested two women for peacefully protesting Israeli government human rights violations against Palestinians outside diplomatic missions in Malé. In addition, Bangladeshi nationals who held a peaceful protest in a southern atoll in support of student protests in Bangladesh were threatened with deportation, citing a visa condition that prohibits migrants from engaging in political activities – a restriction that violates international human rights law.⁵⁰

Human rights defenders and activists, and civil society organizations have faced intimidation and threats on social media, often from Islamist extremist groups. In 2023, the Maldives civil court upheld a December 2019 decision to deregister the Maldivian Democracy Network (MDN), a human rights organization, following attempts by the group's executive director to reverse the ban. The initial deregistration of MDN appeared to be politically motivated to appease powerful Islamist groups in Maldives, which had long threatened and incited violence against the MDN.⁵¹

Enacted in 2022, the Evidence Act is a vague law that grants courts discretionary powers to compel journalists to disclose their sources. In accordance with this Act, journalists can be held in contempt and subject to fines or jail time if they refuse to disclose their sources. The Evidence Act is cited as one of the main reasons for Maldives' recent decline on the World Press Freedom Index; dropping six places in 2024 to 106 out of 180 countries. Despite government promises to amend the Evidence Act, it remains in place.⁵²

In 2023, the UN special rapporteur on counterterrorism and human rights expressed concern about the level of impunity in Maldives for abuses, including enforced disappearances, as well as highlighted by the closing down of civic spaces and lack of protection for civil society actors and human rights defenders.⁵³

In recent years, civil and political freedoms in Maldives have been a concern. Reports include harassment and threats to journalists, arbitrary arrests and restrictions on protest. The Maldives Police Service (MPS) has used excessive force against protesters and there are concern about corruption and lack of accountability among public officials.⁵⁴ It has also been reported that the government, through sponsorships provided via state-owned enterprises, maintains significant influence over the media, as do business leaders and politicians who fund outlets.⁵⁵

ECONOMY

Since 2013, Maldives has experienced economic growth, except in 2020, during the COVID-19 pandemic, when economic growth contracted by 32.9 percent, as travel restrictions were imposed and tourism activities temporarily came to halt. In 2021, Maldives's economy rebounded to 37.5 percent GDP growth, as tourism activities rebounded. In 2023, Maldives' annual GDP growth was 5.1 percent (**Chart 2.2**), which was slightly less than what was the projected growth for 2024 (5.5 percent).⁵⁶

Maldives has experienced a slowdown in annual GDP growth despite a record number of tourist arrivals, which for the first time reached more than 2 million in 2024, an increase of 8.9 percent from 2023.⁵⁷ Travel and tourism continue to boost economic activity and government revenues in Maldives, in 2024, the real gross value addition of the tourism sector was estimated to reach MVR 22,368.5 million, representing an increase of 6.3 percent from 2023; although tourists had shorter stays (the average duration of stay was 6.4 days in 2024, down from 7.0.1 days

⁴⁹ Retrieved on 13 April 2025 from: [World Report 2025: Maldives | Human Rights Watch](#)

⁵⁰ Retrieved on 13 April 2025 from: [World Report 2025: Maldives | Human Rights Watch](#)

⁵¹ Retrieved on 13 April 2025 from: [World Report 2024: Maldives | Human Rights Watch](#)

⁵² Retrieved on 13 April 2025 from: [World Report 2025: Maldives | Human Rights Watch](#)

⁵³ Retrieved on 13 April 2025 from: [World Report 2024: Maldives | Human Rights Watch](#)

⁵⁴ Ibid; Retrieved on 13 April 2025 from: [Maldives: Freedom in the World 2024 Country Report | Freedom House](#)

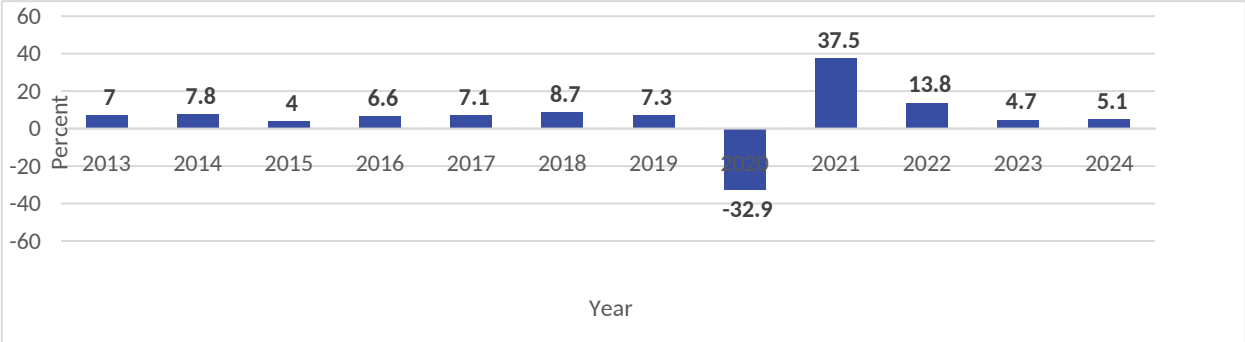
⁵⁵ Retrieved on 13 April 2025 from: [World Report 2025: Maldives | Human Rights Watch](#)

⁵⁶ Ministry of Finance (2025). *Macroeconomic Update: June 2025*. Government of Maldives: Male, Maldives. Retrieved on 14 August 2025 from: [L6idS8m7MrOpUmlICyo8KkoBZbMBYvpATvYBHTVb.pdf](#)

⁵⁷ Ibid, 2025.

in 2022).⁵⁸ In 2024, arrivals were largely from China (12.9 percent), Russia (11.0 percent), United Kingdom (8.8 percent), Germany (7.7 percent), Italy (7.1 percent) and India (6.4 percent).⁵⁹

Chart 2.2. Maldives' annual GDP growth (%), 2013-2024



Source: Retrieved on 9 July 2025 from: [GDP growth \(annual %\) - Maldives | Data](#)

⁵⁸ Ibid, 2025; World Bank (2024). *Maldives Development Update: Seeking Stability in Turbulent Times*. World Bank: Washington, DC, USA. Retrieved on 2 April 2025 from: [IDU1385d781e1696c1442c1bd27152880b9ac496.pdf](#)

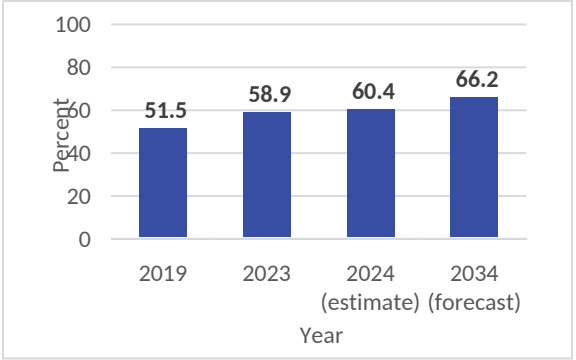
⁵⁹ Ministry of Tourism and Environment (2024). *Daily Update – 31 Decmeber 2024*. Retrieved on 14 August 2025 from: [Ministry of Tourism](#)

Chart 2.3 shows that prior to the COVID-19 pandemic, in 2019, travel and tourism represented 51.5 percent of the total economy, but then increased to 58.9 percent in 2023 (post-pandemic). The increase in travel and tourism as a proportion of the total economy was estimated to grow to 60.4 percent of the total economy in 2024, and forecasted to increase to 66.2 percent of the total economy in 2034.

Chart 2.4 shows that international visitor spending in Maldives increased by 25.7 percent from USD 3.5 billion in 2019 to USD 4.4 billion in 2023, and was estimated to increase by 6.8 percent to an estimated USD 4.7 billion in 2024. **Chart 2.5** shows that domestic visitor spending also increased by 13 percent from USD 23.8 million in 2019 to USD 26.9 million in 2023, and was estimated to increase by 8.6 percent to USD 29.2 million in 2024.

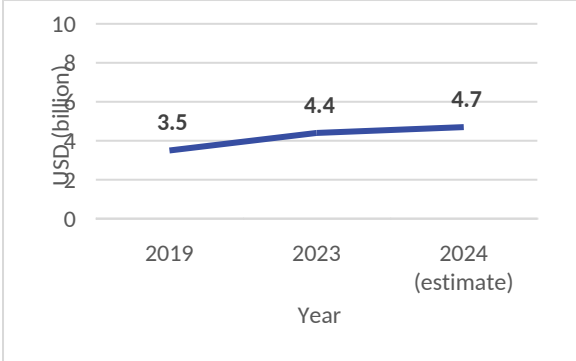
Despite the notable dominance and growth in Maldives’ travel and tourism, fiscal and external challenges pose significant risks to Maldives’ economy. The country has seen a sharp decline in official reserves and persistent fiscal imbalances which has raised concerns about liquidity and solvency, and necessitated urgent fiscal adjustments to maintain macroeconomic stability. It is also essential that the government support vulnerable populations amid potential income and welfare losses.⁶⁰

Chart 2.3. Travel and tourism (% total GDP contribution), 2019-2034



Source: World Travel and Tourism Council. Maldives 2024 Annual Research: Key Highlights. Retrieved on 26 March 2025 from: [Maldives - EIR Factsheet | WTTC Research Hub](#)

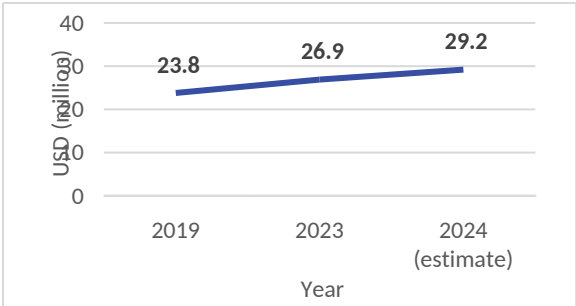
Chart 2.4. International visitor spending (USD billions), 2019-2034



Source: World Travel and Tourism Council. Maldives 2024 Annual Research: Key Highlights. Retrieved on 26 March 2025 from: [Maldives - EIR Factsheet | WTTC Research Hub](#)

Chart 2.6 shows that the annual inflation rate has fluctuated from 2014-2024, and since the COVID-19 pandemic steadily increased to a high of 2.9 percent in 2023, but then declined to 1.4 percent in 2024. The increase in Maldives' was due a hike in the good and services tax, which was introduced by the government in January 2023..⁶⁰ Maldives' inflation rate remained high at 4.8 percent in December 2024, and 5.3 percent in January 2025.⁶¹ Over the next couple of years, inflation is forecasted to rise above the historical average due to the planned removal of blanket subsidizes, and its spillover effects on other sectors.⁶²

Chart 2.5. Domestic visitor spending (USD millions), 2019-2034

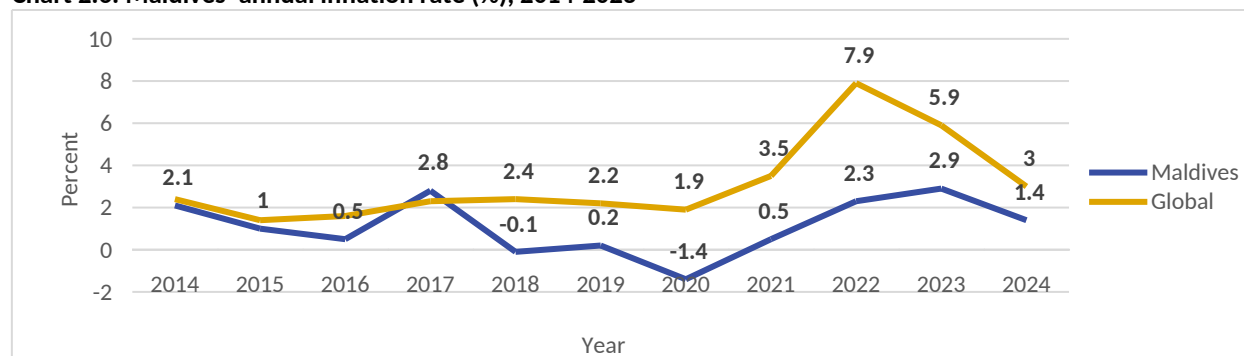


Source: World Travel and Tourism Council. Maldives 2024 Annual Research: Key Highlights. Retrieved on 26 March 2025 from: [Maldives - EIR Factsheet | WTTC Research Hub](#)

⁶⁰ Retrieved on 24 March 2025 from: [Inflation, consumer prices \(annual %\) | Data](#);

⁶¹ MMA Statistics Database. Retrieved on 24 March 2025 from: [Inflation rate | MMA Statistics Database](#); Maldives Monetary Authority Annual Report 2024. Retrieved on 14 August 2025 from: [Annual Report](#)

Chart 2.6. Maldives' annual inflation rate (%), 2014-2023



Source: Retrieved on 9 July 2025 from: [Inflation, consumer prices \(annual %\) - Maldives | Data](#)

Maldives also continues to grapple with significant economic vulnerabilities due to a decade of debt accumulation and persistently high fiscal and current account deficits. Maldives economic problems are the result of a combination of factors that have developed over the past 10 years.⁶² **Chart 2.7** shows the dramatic increase in debt services on external public and publicly guaranteed (PPG) from USD 64.9 million in 2013 to USD 741 million in 2021, during the pandemic. Since 2023, debt services on external PPG have decreased, but still remain more than six times higher than a decade ago in 2013.

Maldives' has also seen a dramatic increase in total PPG debt which rose to USD 9.4 billion or an estimated 121.6 percent of GDP in the 1st Quarter of 2025, compared to 8.2 billion or an estimated 115.7 percent of GDP in the 1st Quarter of 2024, due to elevated borrowing to finance the fiscal deficit and infrastructure projects.⁶³ Domestic debt also increased to 68.4 percent of GDP in the 1st Quarter of 2024, from 62.9 percent of GDP in the 1st Quarter of 2023, as tighter global financial conditions and the credit rating of Maldives made interest costs extremely high, which compelled the government to depend more on domestic financing. As a result, outstanding external debt grew by 8.6 percent in the 1st Quarter of 2024 to USD 3.4 billion of 47.4 percent of GDP.⁶⁴ In May 2024, the government signed an agreement with the Saudi Fund for Development for a total of USD 150 million in loans to expedite the construction of the new terminal at the Velana International Airport and to support the development of hospitals on three islands, which will lead to a further risk in the debt stock.⁶⁵

In October 2024, Maldives also secured a USD 400 million currency swap deal with the Reserve Bank of India, in an effort to strengthen ties with India. This financial assistance will help to stabilize the Maldivian economy and address foreign exchange issues. The currency swap agreement also allows Maldives to: access financial assistance under a USD/EUR window for foreign exchange liquidity, which will address Maldives' short-term needs for foreign currency; and INR window for trade settlement in Indian rupees, further enhancing bilateral trade.⁶⁶

Chart 2.7. Debt services on external PPG (TDS, current USD millions), 2013-2023

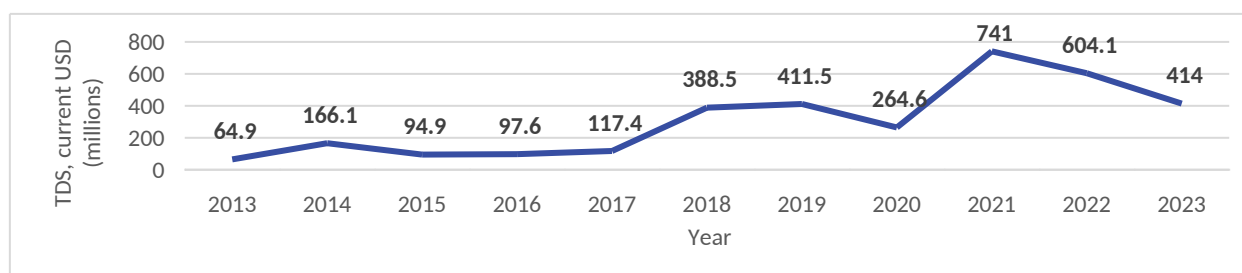
⁶² Maldives Faces Persistent Economic Challenges Due to Decade-Long debt and deficits. The Maldives Journal, 27 June 2024. Retrieved on 2 April 2025 from: [Maldives Faces Persistent Economic Challenges Due to Decade-Long Debt and Deficits - The Maldives Journal](#)

⁶³ *Maldives Quarterly Debt Bulletin: Q1, 2025*. Retrieved on 14 August 2025 from: [e90bGsLKX1eKbbalkMvPKmoAy6SWHf2hN8bhkUM.pdf](#); World Bank (2024). *Maldives Development Update: Seeking Stability in Turbulent Times*. World Bank: Washington, DC, USA. Retrieved on 2 April 2025 from: [IDU1385d781e1696c1442c1bd27152880b9ac496.pdf](#)

⁶⁴ Ibid, 2024.

⁶⁵ World Bank (2024). *Maldives Development Update: Seeking Stability in Turbulent Times*. World Bank: Washington, DC, USA.

⁶⁶ Maldives security \$400 million currency swap deal with India, strengthening ties. Maldives Voice, 7 October 2024. Retrieved on 14 August 2025 from: [Maldives secures \\$400 million currency swap deal with India, strengthening ties | Maldives Voice | MaldivesVoice.com](#)



Source: Retrieved on 2 April 2025 from: [Debt service on external debt, public and publicly guaranteed \(PPG\) \(TDS, current US\\$\) - Maldives | Data](#)

In 2024, Maldives' external debt service needs increased and financing options became more limited. In 2024, debt service costs increased by 13.3 percent to USD 408.3 million, up from USD 360.3 million in 2023.⁶⁷ Upon Maldives' request, in 2024, India agreed to extend the maturities of one-year USD treasury bonds by one year, issued through the State Bank of India. Negotiations are also underway to defer the repayment of other loans from China and the United Arab Emirates (UAE). In 2024, credit rating downgrades by Fitch and Moody's further constrained the ability to access markets for new financing as yields on the USD Sukuk increased to 32 percent in early September 2024, compared to 17 percent at the end of 2023.⁶⁸

Rising public debt and persistent fiscal deficits have led to liquidity and solvency risks. In 2023, the fiscal deficit expanded to an estimated 13.2 percent, driven by high capital spending on infrastructure projects and significant recurrent spending, including subsidies and health expenditures.⁶⁹

In 2025, the International Monetary Fund (IMF) urged the GoM to cut spending and better direct subsidies to manage deficit-for-debt sustainability, and to tighten monetary policy to prevent a fall in the country's currency. In addition to revenue mobilization measures enacted by the government, there is also a need for more urgent and stronger fiscal consolidation, and restraints on excessive spending, while improving spending efficiency and protecting priority social spending.⁷⁰

HUMAN DEVELOPMENT

The *Human Development Report 2025*⁷¹ presents Human Development Index (HDI) values⁷² for 193 countries and territories. The HDI is a summary measure of average achievement in key dimensions of human development, including: the ability to lead a long and healthy life, measured by life expectancy at birth; the ability to acquire knowledge, measured by mean years of schooling for adults 25 years of age and older, and expected years of school; and the ability to achieve a decent standard of living, measured by gross national income per capita. The scores for the three HDI dimension indices are aggregated into a composite index using a geometric mean and a ranking is provided.⁷³

⁶⁷ World Bank (2024). *Maldives Development Update: Seeking Stability in Turbulent Times*. World Bank: Washington, DC, USA..

⁶⁸ Ibid, 2024.

⁶⁹ Retrieved on 24 March 2025 from: [Maldives Overview: Development news, research, data | World Bank](#)

⁷⁰ IMF urges Maldives to cut spending, tighten money to manage debt and Rufiyaa. Retrieved on 25 March 2025 from: [IMF urges Maldives to cut spending, tighten money to manage debt and Rufiyaa | EconomyNext](#)

⁷¹ UNDP (2025). *Human Development Report 2025 – A matter of choice: People and possibilities in the age of AI*. UNDP: New York, NY, USA. Retrieved 9 July 2025 from: [Human Development Report 2025 | Human Development Reports](#)

⁷² The HDI is a composite index focused on three basic dimensions of human development: ability to lead a long and healthy life, measured by life expectancy at birth; ability to acquire knowledge, measured by mean year of schooling and expected years of school; and ability to achieve a decent standard of living, measured by gross national income per capita Scores for the three HDI dimension indices are aggregated into a composite index using a geometric mean and ranking provided; see Ibid, 2024.

⁷³ UNDP (2025). *Human Development Report 2025 – A matter of choice: People and possibilities in the age of AI*. UNDP: New York, NY, USA.

Table 2.3 shows 2023 HDI values⁷⁴ for Maldives.⁷⁵ In 2023, Maldives' HDI value was 0.766, which classifies the country as 'high human development' on the HDI, positioning the country at 93 out of 193 countries and territories. For comparison purposes, similar data are presented for South Asia and high human development countries.

Table 2.3. Maldives' Human Development Index (HDI) Indicators, 2023						
Country	Human Development Index (HDI)		Life expectancy at birth ⁷⁶ (SDG 3)	Expected years of schooling (SDG 4.3)	Mean years of schooling (SDG 4.4)	GNI per capita (2017 PPP\$) (SDG 8.5)
	Rank	Value				
Maldives	0.766	93	81.0	12.8	7.4	19,317
South Asia	0.672	---	71.9	12.1	6.8	8,722
High human development	0.777	---	75.7	14.6	8.7	18,405

Source UNDP (2025). *Human Development Report 2025 – A matter of choice: People and possibilities in the age of AI*. UNDP: New York, NY, USA.

Maldives' HDI value is based upon the following data. In 2023, Maldives' life expectancy at birth was 81.0 years, which is higher than the average life expectancy at birth for South Asia (71.9 years) and high human development countries (75.7 years). In Maldives, expected years of schooling was 12.8 years, which is lower than the average for high human development countries (14.6 years), but higher than the average for South Asia (12.1 years). In comparison, mean years of schooling in Maldives was only 7.4 years, which is lower than the average for high human development countries (8.7 years) and higher than the average for South Asia (6.8 years). Finally, Maldives' GNI per capita was \$19,317 in 2023, which is higher than the average for high human development countries (\$18,405) and far higher than the average for South Asia (\$8,722).

Gender Development Profile

To measure human development more comprehensively, the *Human Development Report 2025* presents the Gender Development Index (GDI), which compares female and male achievements on HDI values, and the Gender Inequality Index (GII), which highlights women's empowerment as it relates to reproductive health, education, political representation and the labour market.⁷⁷ In 2023, Maldives' HDI value for females was 0.755, compared to 0.766 for males, resulting in a 2023 GDI value of 0.986, placing the country into Group 1 (i.e., countries with high equality in HDI achievements between women and men). Maldives' GDI value of 0.986 is higher than the GDI value of .971 for high human development countries and 0.872 for South Asia (see Annex Table 1).⁷⁸

Maldives also has a 2022 GII value of 0.309, which is lower than the average GII values of 0.458 for South Asia and 0.334 for high human development countries. In Maldives, the GII value is based, in part, upon the fact that only 4.6 percent of parliamentary seats are held by women and 55.4 percent of females aged 25 years and older were participating in the labour force, far lower than their male counterparts (78.8 percent). In addition, Maldives women had a GNI per capita (2021 PPP \$12,134), far lower than their male counterparts (2021 PPP \$23,702; see Annex Tables 1 and 2).⁷⁹ This is despite the fact that girls had higher expected years of schooling than boys (14.1 and 11.6 years respectively), and similar mean years of schooling as boys (7.4 years each). The GII value is also calculated based upon Maldives' maternal mortality ratio of 57 deaths per 100,000 live births, and adolescent birth rate of 5.4 births per 1,000 girls aged 15-19 (see Annex Table 2).

It is also notable that Maldives ranked 138 out of 148 countries on the Global Gender Gap Index (GGGI) 2025, which is a benchmark of gender parity. The GGGI includes four subindices, including: economic participation and

⁷⁴ The HDI was created to emphasize that people and their capabilities should be the criteria for assessing the development of a country, not economic growth alone; see Ibid, 2025.

⁷⁵ The Human Development Report Office uses data from international data agencies with the mandate, resources and expertise to collect national data on specific indicators. For a list of international data providers; see Ibid, 2025.

⁷⁶ Life expectancy at birth is defined as the mean number of years that a new-born child can expect to live if subjected throughout his/her life to the current mortality conditions.

⁷⁷ UNDP (2025). *Human Development Report 2025 – A matter of choice: People and possibilities in the age of AI*. UNDP: New York, NY, USA.

⁷⁸ Ibid, 2025.

⁷⁹ UNDP (2025). *Human Development Report 2025 – A matter of choice: People and possibilities in the age of AI*. UNDP: New York, NY, USA .

opportunity; educational attainment; health and survival; and political empowerment. Maldives ranked 144th on the political empowerment subindex, 136th on the economic participation and opportunities subindex, 127th on the health and survival subindex, and 1st on the educational attainment subindex.⁸⁰

Inequality-Profile

To measure inequality, the Human Development Report presents the Inequality-adjusted Human Development Index (IHDI), which takes into account inequality in all three dimensions of the HDI by 'discounting' each dimension's average value according to its level of inequality. The IHDI is the HDI discounted for inequalities. The 'loss' in human development due to inequality is the difference between the HDI and the IHDI and can be expressed as a percentage. The IHDI is calculated based upon the premise that as inequality increases in a country, the loss in human development also increases.

Maldives' 2023 HDI value was 0.766, but when the value is discounted for inequality, the IHDI value falls to 0.602. Maldives' IHDI value is higher than the average IHDI value of 0.469 for South Asia, yet lower than the average IHDI value of 0.640 for high human development countries.⁸¹ Maldives' overall loss due to inequality is 21.4 percent, which is lower than average overall losses due to inequality for South Asia (30.2 percent), but higher than the average over losses due to inequality for high human development countries (17.6 percent; see Annex Table 3).⁸²

POVERTY

In Maldives, the national poverty rate is low. Prior to the COVID-19 pandemic, in 2019, the national poverty rate was estimated at 5.4 percent and the international poverty rate (USD 5.5 PPP) was 1.7 percent.⁸³

Historically, Maldives geography and enclave-based economy have encouraged growth in Malé, whereas economic growth in the atolls has been limited. This spatial pattern is also reflected in poverty rates. In 2019, the poverty rate in the atolls was 9.5 percent, compared to 0.9 percent in Malé.⁸⁴ Poverty was largely concentrated in the atolls, with 92 percent of the nation's poor residing in the atolls. **Chart 2.8** shows the 2019 poverty rates by atoll. Poverty rates were highest in Raa (18.9 percent), Gaafu Daalu (15.6 percent), Thaa (14.4 percent), Aliff (14.2 percent), Haa Daalu (12.9 percent) and Haa Aliff (12.5 percent).

Across Maldives, higher poverty is also correlated with certain demographic and socio-economic characteristics. **Chart 2.9** shows that large household size, overcrowded accommodations, relatively larger numbers of children increased the probability of a household being impoverished. In particular, households with 10 members or more (12 percent) were three times more likely to be poor, compared to households with 9 members or less (4 percent). In addition, households with more than one child per adult member were twice as likely to be poor, and such households are more likely to be found in atolls.⁸⁵

⁸⁰ World Economic Forum (2025). *Global Gender Gap Report 2025*. World Economic Forum: Geneva, Switzerland. Retrieved on 9 July 2025 from: [Preface - Global Gender Gap Report 2025 | World Economic Forum](#)

⁸¹ UNDP (2025). *Human Development Report 2025 – A matter of choice: People and possibilities in the age of AI*. UNDP: New York, NY, USA.

⁸² Ibid, 2025.

⁸³ Maldives Bureau of Statistics (2022). *Poverty and Inequality in Maldives – 2022*. World Bank: Washington, DC, USA. Retrieved on 29 April 2025 from: [Maldives-Poverty-Assessment-2022-1.pdf](#)

⁸⁴ Ibid, 2022.

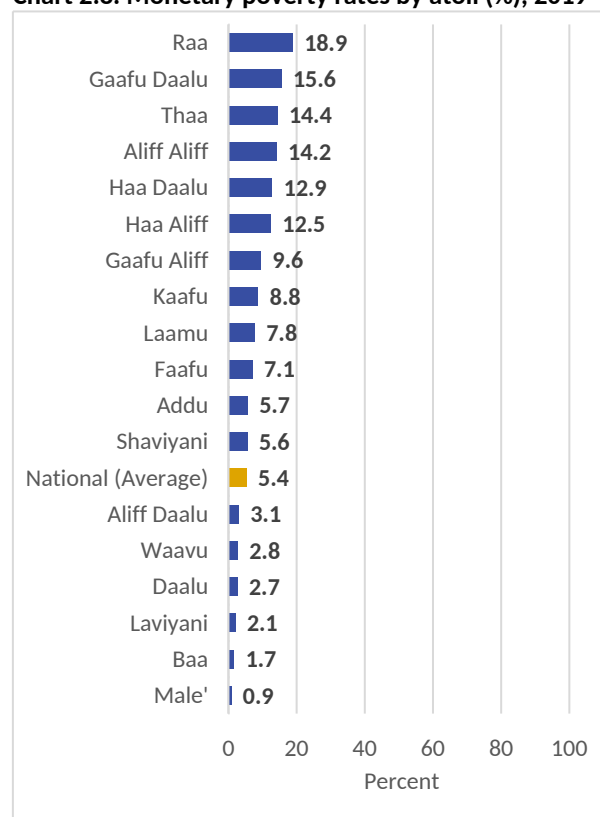
⁸⁵ Maldives Bureau of Statistics (2022). *Poverty and Inequality in Maldives – 2022*. World Bank: Washington, DC, USA.

Domestic migration is common in the Maldives. In Malé, 66 percent of heads of households (HoHs) were migrants from the atolls, whereas in the atolls about 38 percent of HoHs had moved from other atolls or Malé. **Chart 2.9** shows that being a migrant HoH is associated with higher rates of poverty (8 percent), compared to non-migrant HoHs (3 percent).

Maldives has a large percentage of female-headed households, and they are more common in atolls. **Chart 2.10** shows that in Maldives, female-headed households are associated with a slightly higher risk of poverty, but it appears that this is primarily in Malé. In terms of the educational status of the HoH, HoHs without less than a primary education (13 percent) were more than twice as likely to be poor as HoHs with a primary education or above (5 percent). Moreover, HoHs with below a tertiary education (7 percent) were seven times more likely to be poor, compared to HoHs with a tertiary education (1 percent).

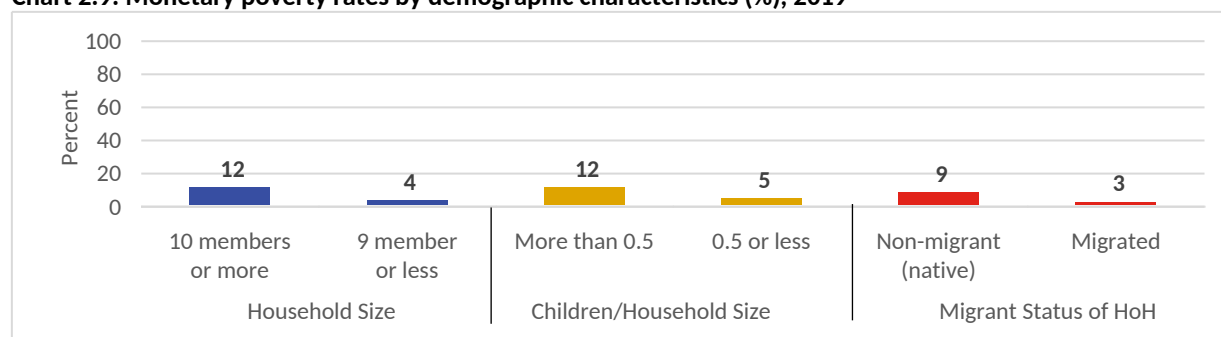
Finally, limitations in the abilities of HoHs are associated with higher poverty rates. In particular, 10 percent of households with disabled HoH were poor and 6 percent of households with a HoH that had chronic diseases were poor.

Chart 2.8. Monetary poverty rates by atoll (%), 2019



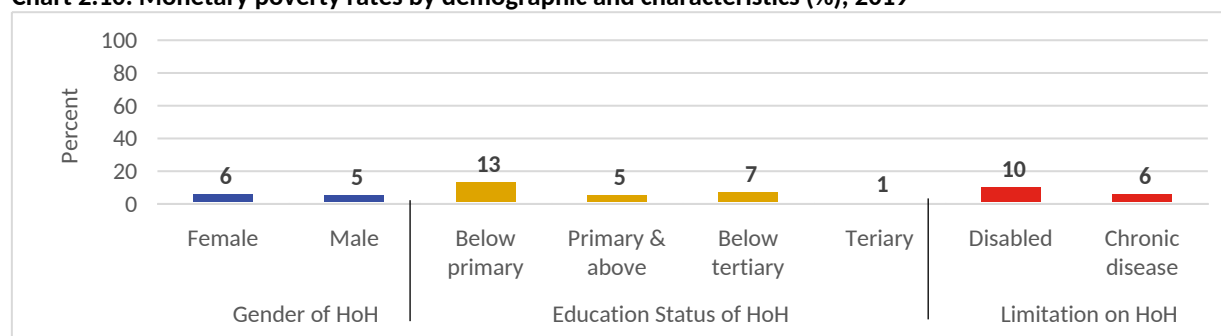
Source: Maldives Bureau of Statistics (2022). *Poverty and Inequality in Maldives – 2022*. World Bank: Washington, DC, USA.

Chart 2.9. Monetary poverty rates by demographic characteristics (%), 2019



Source: Maldives Bureau of Statistics (2022). *Poverty and Inequality in Maldives – 2022*. World Bank: Washington, DC, USA.

Chart 2.10. Monetary poverty rates by demographic and characteristics (%), 2019



Source: Maldives Bureau of Statistics (2022). *Poverty and Inequality in Maldives – 2022*. World Bank: Washington, DC, USA.

Poverty is at the heart of a considerable amount of vulnerability, social discrimination and exclusion. Households with inadequate income are especially vulnerable to changing economic, social and environmental circumstances and experience reduced income-earning potential. People who live in poverty also tend to live in rural and remote areas, inadequate housing and overcrowded housing, which are especially vulnerable to weather-related damages. The poor are also more likely to live in communities which can be unsafe environments for children and adolescents, with higher rates of crime and violence.

USE OF INFORMATION AND COMMUNICATIONS TECHNOLOGY

The COVID-19 pandemic accelerated Maldives' digital shift. During the pandemic, mobility constraints underlined the need for e-payment systems, telemedicine, online education and a variety of other digital uses. Given the country's relatively high broadband and mobile internet penetration, there have been real opportunities for expanding the use of digital technology in numerous industries, as greater use of technology can help the government improve the delivery of health, education and social protection services across the archipelago. Digital technology can also be used to foster decentralization and social inclusion.⁸⁶

Wider access to affordable broadband internet can also help link people and businesses to information, services and markets. Ultimately, businesses that are digitally enabled have the potential to grow faster if they can operate in connected markets with more people having access to affordable internet, and there is a regulatory environment that encourages competition, innovation and access to finance and payment systems. This digital shift requires a digital-ready workforce, however, there is a shortfall of talent with technology capabilities in Maldives; thus, there is a critical need for a digital strategy and upskilling of the existing workforce.⁸⁷

Maldives has achieved impressive results in promoting digital technologies. **Chart 2.11** shows that in 2022, 84 percent of households in Maldives had access to fixed internet and 82 percent had access to mobile phone data. Households in Malé were more likely to have access to fixed internet (94 percent) and mobile phone data (90 percent), compared to households in the atolls (76 percent and 75 percent respectively). Only three percent of households in Maldives had access to a Dongle – a small device that is able to be connected to and used with a computer, especially to allow access to wireless broadband internet. It is also notable that 66 percent of households had access to a computer/laptop, and households in Malé (79 percent) were more likely to have a computer/laptop than households in the atolls (54 percent).⁸⁸ Bear in mind, household access to information and communications technology (ICT) does not necessarily translate into equitable use of ICT in the household, in which case women and children may be less likely to use ICT.

Since the COVID-19 pandemic, ICT has become an important tool for providing easy access to quality education. Students can access lectures online and refer to relevant study materials in various multimedia formats, and teachers can use various tools in their curriculum. The internet also facilitates student-teacher and peer interactions; thus, ICT is an effective teaching and learning tool. Recognizing the importance of ICT to education, the Ministry of Education (MOE) developed an ICT in Education Master Plan. In 2024, with support from the United Nations Educational, Scientific and Cultural Organization (UNESCO), the GoM reviewed their ICT in Education Master Plan 2, 2021-2024, and drafted the next iteration of the national digital learning policy.⁸⁹ The 3rd ICT in Education Master Plan focuses on lifelong learning and aligns with national priorities, including the Education Sector Plan and the National ICT Strategy.⁹⁰

To further the agenda to bring ICT to schools, in 2024, the government, in partnership with UNICEF MCO, Google for Education and the UNICEF Global Learning Innovation Hub launched 'TechPath', an initiative aiming to find

⁸⁶ Realising a Digital Future for Maldives. World Bank Group, 8 February 2022. Retrieved on 14 April 2025 from: [Realising a Digital Future for Maldives](#)

⁸⁷ Ibid, 2022.

⁸⁸ Maldives Bureau of Statistics (2023). *Households Characteristics: An analysis from Census 2022*. MBS: Male', Maldives. Retrieved on 13 April 2025 from: [Household Census-2022 revised 050424.pdf](#)

⁸⁹ UNESCO partner with Maldives to review its national ICT in Education Master Plan for Digital Transformation and Lifelong Learning. UNESCO, 16 September 2024. Retrieved on 13 April 2025 from: [UNESCO partners with Maldives to review its national ICT in Education Master Plan for Digital Transformation and Lifelong Learning | UNESCO](#)

⁹⁰ Workshop to Finalize ICT in Education Master Plan 3 Begins! Ministry of Education, 2 December 2024. Retrieved on 13 April 2025 from: [Ministry of Education | Official Website](#)

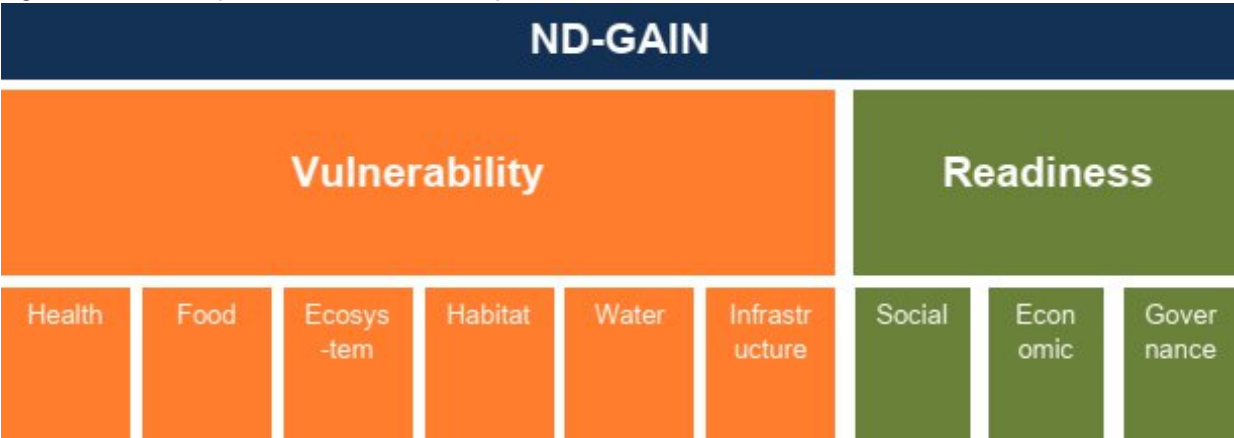
innovative digital solutions to enhance access to, quality of and inclusion in education learning. TechPath focuses on harnessing the power of technology to improve learning outcomes, develop 21st century skills and help children and adolescents to identify and address real-world issues in their communities. By piloting and scaling up sustainable, end-to-end digital solutions, this initiative aims to make learning more fun and engaging for children.⁹¹

TechPath is being piloted with more than 1,600 students in 15 schools across Maldives and aims to achieve three specific outcomes, including: enhanced foundational learning in early grades (grades 2 or 3); improved attainment of 21st century skills among adolescents (targeting grade 7); and a strengthened ‘satellite school’ model, which will expand to grades 11 and 12, and allow remote learning options for higher education.⁹² TechPath is grounded in the assumption that digital technology provides unique opportunities to enhance learning and teaching, and ensures learning continuity. Digital technology can also reach the most vulnerable children and young people with needed access to skilling opportunities.⁹³ Satellite schools are supported by teachers in Male’. The GoM has yet to identify the number of children learning in satellite schools.

CLIMATE CHANGE

In 2024, the University of Notre Dame Global Adaptation Index (ND-GAIN Index) summarizes a country’s vulnerability to climate change and other global challenges in combination with its readiness to improve resilience.⁹⁴ The ND-Gain Index aims to help governments, businesses and communities better prioritize investments for a more efficient response to the immediate global challenges ahead. **Figure 2.1** shows that vulnerability measures a country’s exposure, sensitivity, and ability to adapt to the negative impact of climate change. ND-Gain measures the overall vulnerability by considering vulnerability in sex life-supporting sectors – food, water, health, ecosystem services, human habitat and infrastructure. Readiness measures a country’s ability to leverage investments and convert them to adaptation actions. ND-GAIN measures overall readiness by considering three components – economic readiness, governance readiness and social readiness.

Figure 2.1. Summary of ND-Gain Vulnerability and Readiness Indicators



Source: University of Notre Dame (2024). *University of Notre Dame Global Adaptation Initiative: Country Index Technical Report* , p. 8.

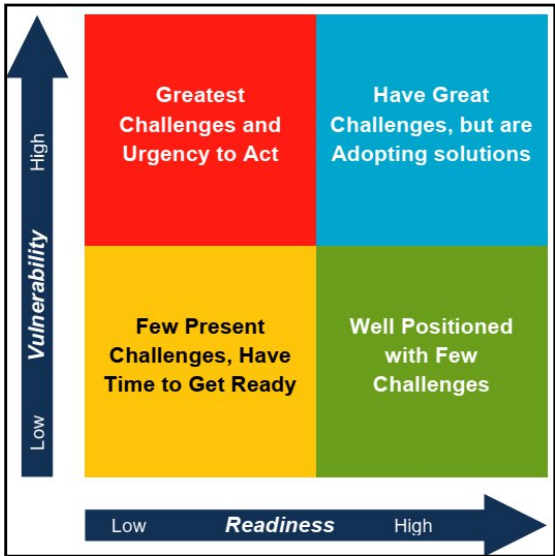
Table 2.4 shows Maldives ranks 118 out of 187 countries with a score of 43.0; the higher the ranking the more vulnerable the country to climate change and other global challenges. Similarly, on the vulnerability and readiness indices, the higher the ranking, the more vulnerable and less ready the country (**Figure 2.2**).

On the Vulnerability Index, Maldives ranks 162 out of 187 countries with a score of .550, which means that Maldives is among one of the most vulnerable countries to climate change. Rankings on each of the vulnerability sub-indices are also high, except for human habitat. On the Readiness Index, Maldives ranks 85 with a score of 0.411, which

⁹¹ Digital Learning for every child, a pathway to a brighter future. UNICEF, 21 August 2024. Retrieved on 13 April 2025 from: [Digital Learning for every child, a pathway to a brighter future](#)
⁹² Ibid, 2024.
⁹³ Ibid, 2024.
⁹⁴ Retrieved on 25 July 2025 from:

means that Maldives is fairly well-positioned with some challenges. Rankings on each of the readiness sub-indices are also high, except for social readiness.

Figure 2.2. ND-Gain Matrix



Source: University of Notre Dame (2024). *University Of Notre Dame Global Adaptation Initiative: Country Index Technical Report* , p. 12.

Table 2.4. Maldives ND-Gain Index (among 187 countries)		
	Ranking	Score
ND-Gain Index	118	43.0
Vulnerability Index	162	0.550
Ecosystem services	145	0.541
Food	99	0.468
Health	132	0.576
Human habitat	35	0.417
Infrastructure	168	0.750
Water	Data unavailable	
Adaptive capacity	98	0.550
Exposure	192	0.722
Sensitivity	85	0.321
Readiness Index	85	0.411
Economic readiness	72	0.454
Governance readiness	107	0.334
Social readiness	50	0.444

Source: Retrieved on 25 July 2025 from: [Rankings // Notre Dame Global Adaptation Initiative // University of Notre Dame](#)

Similarly, in 2024, the United Nations ranked Maldives on 72.2 on the Multi-Dimensional Vulnerability Index (MVI), which means that Maldives is among the most vulnerable countries to climate change.⁹⁵ The MVI captures two pillars of domains of vulnerability – structural vulnerability (linked to a country’s exposure to adverse external shocks and stressors) and lack of structural resilience (associated with the lack of capacity of a country to withstand such shocks).⁹⁶

⁹⁵ United Nations (2024). *High level panel on the development of a Multidimensional Vulnerability Index: Final Report*. United Nations: New York, NY, USA, p. 45
⁹⁶ Ibid, 2024.

Based upon these rankings, people living in Maldives are on the frontlines of climate change impacts, as the country's topography and location make it highly vulnerable to the impacts of climate variability and climate-related events.⁹⁷ Maldives is also one of the world's most geographically dispersed sovereign nations and one of the lowest and flattest countries in the world.⁹⁸

Sea-level rise is the first and foremost climate change threat to Maldives because 80 percent of the country's landmass lies less than one metre above mean sea level, and more than 40 percent of the population resides within 100 metres of the coastline. Malé, in particular, has an average elevation of only three metres above sea level and Hulhumalé is, on average, two metres above sea level.⁹⁹ Most of the country's population and economic activity are concentrated near the shoreline, with 36 percent of all buildings located within 100 metres of the shoreline and 71 percent of buildings within 200 metres of the shoreline. Sea-level rise could lead to frequent inundation or even submersion of islands, significantly reducing the already limited land availability.¹⁰⁰

The most significant risk from sea-level rise is increased flooding. The flooding risk is not just about the gradual encroachment of water, but also the heightened magnitude and frequency of extreme water-level events, which lead to more frequent and severe flooding.¹⁰¹ Coastal flooding from extreme storm surges have already posed significant damage to buildings and infrastructure, and without any adaptation to sea-level rise, more valuable land and productive capital essential for the economy will be exposed to and damaged by coastal flooding.¹⁰²

Alongside sea-level rise impacts on overall capital stock; the tourism sector will face increasing pressure from rising water levels. Resort islands will be challenged by the risk of permanent inundation and increasing storm surges, which will lead to flooding and erosion, and less reliable services of supportive infrastructure for tourism (e.g., ferries, airports and health facilities).¹⁰³ Sea-level rise will also further exacerbate water security. Maldives does not have suitable surface water sources; thus, demand for freshwater is met by a combination of shallow groundwater, harvesting rainwater and desalination. Thus, the country faces a challenging water future, with the lowest internal renewable water resources per capita, compared to other countries in the region, and significantly less than the average for SIDS.¹⁰⁴

Groundwater in atoll islands is particularly prone to pollution from saltwater intrusion and human activities because groundwater is found in a layer of freshwater, known as a freshwater lens, which is located 1–1.5 metres below the surface. Freshwater lenses are recharged through rainfall; thus, they are vulnerable to seasonal rainfall variability in the short-term and changes in precipitation resulting from climate change in the long-term.¹⁰⁵ Although agricultural and food production are limited in Maldives, due to the small size of the islands, land scarcity, poor soil conditions and limited water resources, this sector is still crucial in terms of national development goals, ensuring food security, alleviating poverty and promoting employment. Thus, increased salinity of groundwater is likely to negatively affect agricultural and food production.¹⁰⁶

Ocean heating and its impacts on coral reefs and fish stocks are other major climate change threats. Maldives is home to unique coastal and marine ecosystems, which are rich in biodiversity and crucial for its economy. Maldives' coral reef assets stand out in terms of their extent and the ecosystem services they provide, covering up to 4,510 km². The tourism and fisheries industries are also critically dependent on these ecosystems, but ocean heating, which is driven by climate change, is expected to negatively affect coral reefs and the distribution of fish species, placing pressure on both the tourism and fishing industries, and the country's overall economy.¹⁰⁷

⁹⁷ World Bank (2021). *Climate Risk Country Profile – Maldives*. World Bank Group: Washington, DC, USA. Retrieved on 14 April 2025 from: [climate-risk-country-profile-maldives.pdf](#)

⁹⁸ Ibid, 2021.

⁹⁹ World Bank (2024). *Maldives Country Climate and Development Report*. World Bank Group: Washington, DC, USA. Retrieved on 14 April 2025 from: [Climate Change Threatens Maldives' Fisheries and Tourism, Urgent Adaptation Needed](#)

¹⁰⁰ Ibid, 2024.

¹⁰¹ World Bank (2024). *Maldives Country Climate and Development Report*. World Bank Group: Washington, DC, USA

¹⁰² Ibid, 2024.

¹⁰³ Ibid, 2024.

¹⁰⁴ Ibid, 2024.

¹⁰⁵ Ibid, 2024.

¹⁰⁶ Ibid, 2024.

¹⁰⁷ Ibid, 2024.

Maldives has experienced significant coral bleaching events resulting in the loss of up to 40-60 percent of coral coverage. Bleaching events occur when temperatures rise too quickly or too high. Corals have recovered after past bleaching events, although not fully, and the recovery took several years. In 2024, Maldives was on the verge of another bleaching event with high levels of bleaching alerts. Climate change is expected to increase the intensity and frequency of bleaching events, placing coral reefs at significant risk. Marine heatwaves are projected to further increase in frequency and intensity in the 21st century, which will diminish the recovery capacity and resilience of coral ecosystems.¹⁰⁸

Degrading coral reefs have follow-on impacts on the climate resilience of islands and the tourism and fisheries industries. Coral reefs are crucial for fish spawning and nesting, and is a source of food for many species, as well as a main attraction that tourists come to see in Maldives. Coral reefs are vital to the productivity of reef fisheries and the tuna fish industry. More importantly, coral reefs protect islands against sea level rise and flooding. The loss of coral reefs is tantamount to losing the first line of defence in the struggle to fight climate change and increases vulnerability to climate-related coastal hazards.¹⁰⁹

To mitigate and adapt to climate change, GoM has adopted a robust climate policy framework. The policy framework is grounded in the Environment Protection and Preservation Act of 1993, which sets the legislative foundation for environmental governance, including protected area management, environmental impact assessment and waste management. Since then, other key pieces of legislation have been adopted and plans developed, including:¹¹⁰

- Climate Change Policy Framework 2015
- NDC Implementation Plan 2018
- Climate Emergency Act of 2021
- Maldives Energy Act of 2021
- National Roadmap for Early Warnings for All 2024

In 2016, Maldives signed the Paris Agreement on Climate Change under the aegis of the UN Framework Convention on Climate Change (UNFCCC), which was adopted on 12 December 2014 at the 21st session of the Conference of the Parties of the UNFCCC CoP21, which was held in Paris, France. In keeping with Paris Agreement commitments, Maldives submitted its First National Determined Contribution (NDC) in 2015, followed by its Second NDC in 2020, and the Third NDC to the National Climate Action Plan Toward Resilience and Low-Carbon Development in 2025.

Maldives' Second and Third NDCs recognized the country's high vulnerability due to extreme weather events, temperature increases, flooding and sea-level rise, as well as beach erosion and land lost from uncontrolled human settlements.¹¹¹ They also identified the country's significant vulnerability to the impact of climate change on the country's population and economic activities, most notably its fisheries, tourism, agriculture, infrastructure and health sectors. The Third NDC remains focused on enhancing energy security, improving the transport sector and strengthening waste management systems to reduce emissions from these key sectors. As a SIDS with limited resources, successful implementation of mitigation actions outlined in the NDC depends on receiving adequate support, including financial resources, access to technology, capacity-building and other essential means of implementation.¹¹²

¹⁰⁸ Ibid, 2024.

¹⁰⁹ Ibid, 2024.

¹¹⁰ World Bank (2024). *Maldives Country Climate and Development Report*. World Bank Group: Washington, DC, USA.

¹¹¹ World Bank (2021). *Climate Risk Country Profile – Maldives*. World Bank Group: Washington, DC, USA; Ministry of Tourism and Environment (2025). *Maldives' Third Nationally Determined Contribution: National Climate Action Plan Toward Resilience and Low-Carbon Development*. MoTE: Male', Maldives.

¹¹² Ministry of Tourism and Environment (2025). *Maldives' Third Nationally Determined Contribution: National Climate Action Plan Toward Resilience and Low-Carbon Development*. MoTE: Male', Maldives.

The Third NDC also focuses on the impacts of climate change on vulnerable groups, particularly women, children, elderly, persons with disabilities and migrant workers. These groups have limited adaptive capacity and are more exposed to climate risks due to inherent vulnerabilities (e.g., ages, health and access to resources).¹¹³ Because the Third NDC addresses the impact of climate change on women, children and young people, Maldives has secured a reputation as a 'trailblazer in climate action'.¹¹⁴

The Third NDC recognizes that women face higher risks and greater burdens from the impacts of climate change, primarily due to gender-differentiated power dynamics, roles and responsibilities in households and communities, and disparities in economic opportunities and access to resources. Climate change exacerbates existing social, political and economic inequalities, and systemic challenges related to health, food security, access to clean water and equitable healthcare. As a result, women face the compounding impacts of climate change alongside existing challenges.¹¹⁵

Maldives is committed to reducing 1.52 million tonnes of CO₂eq in 2035 is conditional on receiving adequate support and financial resources, technology, capacity building and other means of implementation in the context of sustainable development. Achieving this target requires significant international support to provide the necessary financing required to implement the mitigation actions required to achieve the target.

Source: Ministry of Tourism and Environment (2025). *Maldives' Third Nationally Determined Contribution: National Climate Action Plan Toward Resilience and Low-Carbon Development*. MoTE: Male', Maldives.

¹¹³ Ministry of Tourism and Environment (2025). *Maldives' Third Nationally Determined Contribution: National Climate Action Plan Toward Resilience and Low-Carbon Development*. MoTE: Male', Maldives.

¹¹⁴ A Small Nation with a Big Message: Children Belong at the Heart of Climate Action, UNICEF South Asia, 12 May 2025. Retrieved on 9 July 2025 from: [A Small Nation with a Big Message: Children Belong at the Heart of Climate Action | UNICEF South Asia](#)

¹¹⁵ Ibid, 2025.

As climate change impacts food security and access to adequate nutrition and nutritious foods, the impact will be felt disproportionately by women and children, who already face high rates of micronutrient deficiencies, such as anemia, which affects 63 percent of women aged 15-49, including 62 percent of pregnant women and 61 percent of breastfeeding women, and 50 percent of children ages 6-59 months in 2016.¹¹⁶ Extreme weather events also disproportionately affects women's access to maternal health services, which can be hindered due to disruptions in sea transport between outer islands and tertiary healthcare facilities, which are not available on every island.¹¹⁷

Children are also more prone to dehydration and heat stress due to extreme heat and limited access to safe drinking water. Furthermore, children are among the most susceptible to complications from vector-borne diseases, such as dengue fever, which was among the top five leading causes of child mortality in 2020.¹¹⁸ In addition to health impacts, climate change negatively affects children's development by disrupting education. For example, extreme weather events such as storms and flooding can prevent children from being able to attend school.¹¹⁹

Children and youth also face a range of challenges that threaten their health and physical well-being, such as heatwaves, diseases and malnutrition. Beyond physical health impacts, climate change can affect one's mental health and well-being, and cause psychological distress (e.g., stress and anxiety), particularly following extreme weather events. Given these realities, engaging young people in climate action is essential to addressing these challenges.¹²⁰

Given that children and youth make up one-third of Maldives' population in 2022, the GoM recognizes it is necessary to prioritise children's and adolescent's involvement in climate action.¹²¹ In an effort to do so, the GoM engaged young people in national climate policy discussions. This engagement was the outcome of a UNICEF-supported Climate Guardians' initiative. Climate Guardians' are a group of young Maldivians that were empowered to discuss the challenges confronting their nation, advocate for climate action and propose solutions both locally and internationally. Climate Guardians were equipped with the tools, skills and knowledge so that they could better engage with the government, and as part of the Third NDC development process.¹²²

Maldives' Climate Change Policy Framework was developed with broad stakeholder engagement and sets forth five key policy goals – to secure sustainable financing, promote low-emission development, enhance adaptation efforts, lead in climate advocacy, and foster overall sustainable development (**Box 2.1**).¹²³

Maldives has developed a comprehensive institutional framework to tackle climate change. The Ministry of Tourism and Environment (MTE) also developed a comprehensive institutional framework to tackle climate change, and has advanced policies and strategies to further national energy goals, solid waste management and environmental conservation.¹²⁴ In addition, the National Disaster Management Authority (NDMA) is responsible for mainstreaming disaster risk management at the national level. Other entities with relevant responsibilities for climate change include: Maldives Marine Research Institute; President's Office; Ministry of Finance and Planning; Ministry of Housing, Land and Urban Development; Ministry of Construction and Infrastructure; ; Ministry of Fisheries and Ocean Resources; Ministry of Agriculture and Animal Welfare; and Ministry of Transport and Civil Aviation.¹²⁵ The institutional framework grapples with challenges, such as governance integration, decentralization and constrained state capacity, which have collectively impeded effective execution and stakeholder engagement. The lack of inter-

¹¹⁶ A Small Nation with a Big Message: Children Belong at the Heart of Climate Action, UNICEF South Asia, 12 May 2025.

Retrieved on 9 July 2025 from: [A Small Nation with a Big Message: Children Belong at the Heart of Climate Action | UNICEF South Asia](#); Ministry of Health Maldives and ICF (2018). *Maldives Demographic and Health Survey 2016-17*. MOH and ICF: Male, Maldives and Rockville, Maryland.

¹¹⁷ Ministry of Tourism and Environment (2025). *Maldives' Third Nationally Determined Contribution: National Climate Action Plan Toward Resilience and Low-Carbon Development*. MoTE: Male', Maldives .

¹¹⁸ Ibid, 2025.

¹¹⁹ Ibid, 2025.

¹²⁰ Ministry of Tourism and Environment (2025). *Maldives' Third Nationally Determined Contribution: National Climate Action Plan Toward Resilience and Low-Carbon Development*. MoTE: Male', Maldives.

¹²¹ Ibid, 2025.

¹²² A Small Nation with a Big Message: Children Belong at the Heart of Climate Action, UNICEF South Asia, 12 May 2025.

Retrieved on 9 July 2025 from: [A Small Nation with a Big Message: Children Belong at the Heart of Climate Action | UNICEF South Asia](#)

¹²³ World Bank (2024). *Maldives Country Climate and Development Report*. World Bank Group: Washington, DC, USA.

¹²⁴ Ibid, 2024.

¹²⁵ Ibid, 2024.

sectoral coordination and management structure across these entities creates challenges of overlapping mandates, which exacerbates coordinated policy formulation and implementation.¹²⁶

Box 2.1. Key policy recommendations set forth in the Maldives CCDR

- **Build fiscal and external buffers to ensure macroeconomic stability and finance climate action** – Key measures include removing blanket subsidies, providing targeted cash transfers, streamlining public infrastructure investments, improving healthcare efficiency and reducing inefficiencies in state-owned enterprises. These actions will help mitigate fiscal and external risks, build investor confidence and create space for climate-related spending.
- **Mobilize climate finance through new and existing channels** – Operationalizing the Climate Finance Hub, developing a climate investment plan, and creating a national carbon market strategy will be crucial for mobilizing the necessary finance for climate action.
- **Enhance the climate resilience of islands and infrastructure** – NAPs should integrate sea-level rise, flooding and ocean heating scenarios into development planning. Adaptation investments should consider a mix of hard protection infrastructure, nature-based solutions and island raising, tailored to the specific needs of each island.
- **Enhance the climate resilience of ecosystems** – Developing a coral management and investment plan, strengthening institutions like the Maldives Marine Research Institute and expanding marine protected areas are critical steps to preserve the country's marine ecosystems.
- **Enhance the climate resilience of livelihoods, particularly in fisheries and tourism** – Research on the impacts of climate change on fish migration and diversification into mariculture, as well as strengthening regulations for climate-resilient infrastructure in tourism are necessary to protect these vital sectors.
- **Unlock development benefits from green transitions in key sectors, such as energy, mobility and waste** – Phasing out fossil fuel subsidies, mandating renewable energy use in resorts and promoting green mobility will drive sustainable development.

Source: Fisheries and Tourism, Urgent Adaptation Needed. World Bank, 17 September 2024. Retrieved on 14 April 2025 from: [Climate Change Threatens Maldives' Fisheries and Tourism, Urgent Adaptation Needed](#)

¹²⁶ World Bank (2024). *Maldives Country Climate and Development Report*. World Bank Group: Washington, DC, USA..

Chapter 3: Evolving Situation of Children and Adolescents

This chapter reveals the most recent data and information on the situation of children and adolescents in Maldives as it relates to: rights to survive and thrive, with access to nutritious diets, quality health care, nurturing practices and essential supplies; rights to learn and acquire skills for the future; rights to be protected from violence, exploitation, abuse, neglect and harmful practices; rights of children in conflict with the law; rights to live in a safe and sustainable climate and environment; and rights to access inclusive social protection and to live free from poverty.¹²⁷

BIRTH REGISTRATION AND IDENTITY

“A birth certificate is crucial because it is a proof of who you are, who your family is, where you are from and how old you are. Without legal proof of identity, children are left uncared and invisible.”

Source: [Birth registration](#) | UNICEF

Article 7 of the CRC provides that a child should be registered immediately after birth, as all children have the right from birth to a name and nationality. Birth registration establishes the existence of a person before the law and lays the foundation for protection of children's rights. Birth certificates are proof of registration and the first form of legal identity. SDG Target 16.9 aims to provide legal identity for all, including birth registration by 2030, and SDG Indicator 16.9.1 is the proportion of children under-five years of age whose births have been registered with a civil authority and by age.¹²⁸

In Maldives, birth registration is governed by the Birth and Death Registration Act (Law No. 23/2022), which was ratified in 2022; this Act repealed the Birth Registration and Death Registration Act of 1992.¹²⁹ The 2022 Birth and Death Registration Act specifies rules and procedures governing the registration of births, issuance of national identity cards, and formal declaration of deaths.

The birth of every child born to a Maldivian citizen, including children born to Maldivian citizens outside of the country, should be registered in accordance with the Birth and Death Registration Act. Children's parents are obligated to register the birth of that child; in the absence of a child's parents, the duty is performed by the child's guardian, which can be the State if the child is under State care. In order to register a child's birth, the application has to be submitted within seven days of the child's birth to the City Council or Island Council where the child was born. If children born in the Maldives are not registered within seven days of birth, the parents/guardians, depending on the reason, will be subject to a fine not exceeding MVR 10,000.¹³⁰

When a child is born to a citizen outside of the country, the application to register the birth of the child in the country of birth must be made under the prescribed laws relating to the registration of births, and an official document must be obtained from that country. Where a child born abroad is born to a resident of Maldives, the application for registration of birth is to be submitted within seven days from the date that the child is brought to the Maldives. The parent/guardian of a child born abroad must apply for registration of the child within six months of the child's registration in the country of birth.¹³¹

Upon registration of the birth of every child born to a Maldivian citizen in Maldives and abroad, the State shall assign a unique Maldivian Identity number to that child and issue an identity card.¹³² Following a child's registration of

¹²⁷ UNICEF (2022) *UNICEF Strategic Plan 2022-2025: Renewed ambition toward 2030*. UNICEF: New York, NY, USA.

¹²⁸ Retrieved on 26 January 2024 from: [Goal 16 | Department of Economic and Social Affairs \(un.org\)](#)

¹²⁹ The President ratifies the Birth and Death Registration Act, The President's Office, 18 December 2022. Retrieved on 14 April 2025 from: [The President ratifies the Birth and Death Registration Act - The President's Office](#)

¹³⁰ Maldives enacts a new Act pertaining to Birth and Death Registration and the issuance of Birth Certificate and Maldivian National Identity Cards (Law No. 23/2022). Retrieved on 15 April 2025 from: [Maldives enacts a new Act pertaining to Birth and Death registration and the issuance of Birth Certificates & Maldivian National Identity Cards \[Law no. 23/2022\]](#)

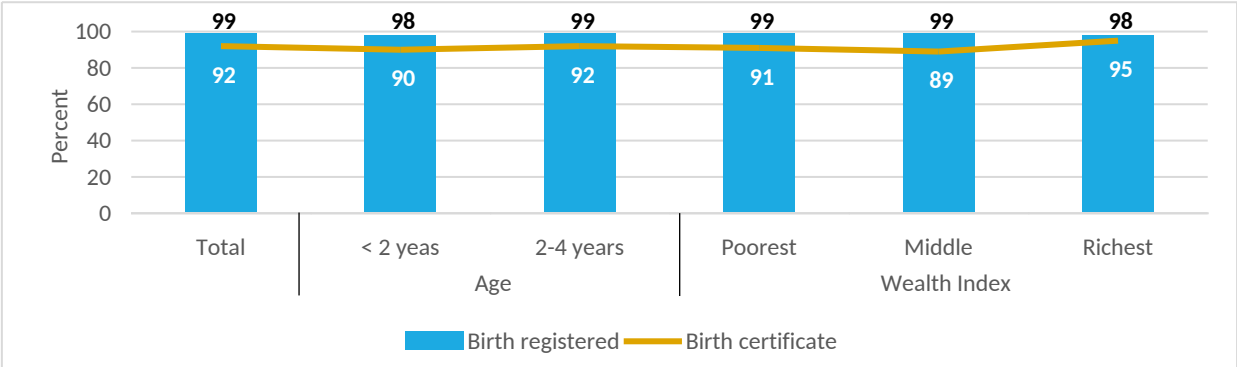
¹³¹ Ibid.

¹³² Maldives enacts a new Act pertaining to Birth and Death Registration and the issuance of Birth Certificate and Maldivian National Identity Cards (Law No. 23/2022). Retrieved on 15 April 2025 from: [Maldives enacts a new Act pertaining to Birth and](#)

birth, an application should be made to make the birth certificate for that child; the application for a birth certificate should be made within six months from the date of that child's birth.

According to the Maldives Bureau of Statistics (MBS), from 2019-2021, 99 percent of live births were registered¹³³; comparable data related to the proportion of children under the age of five with a birth certificate were not reported. To better understand birth registration and certificates, one must look at the 2016/17 MDHS. **Chart 3.1** shows that in 2016, 99 percent of children under-five had their births registered and 92 percent had a birth certificate. Children ages 2-4 years (92 percent) were slightly more likely to have their birth certificate than children under 2 years of age (90 percent), which may mean that some parents delay getting their child's birth certificate. It is also notable that children from the poorest (91 percent) and middle-income (89 percent) households were less likely to have birth certificates, compared to children from the richest households (95 percent).

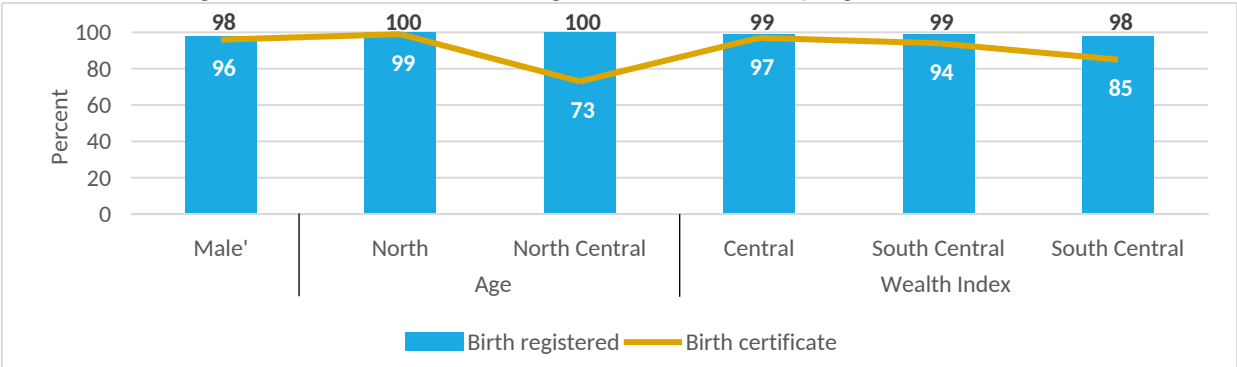
Chart 3.1. Birth registration and certificates among children under-five by age and wealth (%), 2016



Source: 2016/17 MDHS

Chart 3.2 shows that in 2016, there were regional differences as it relates to children having birth certificates. Most notably, children under the age of five in South Central (85 percent) and North Central (73 percent) were least likely to have a birth certificate, compared to the other regions. More recent prevalence data are needed to determine if these regional differences still exist, particularly following enactment the Birth and Death Registration Act (Law No. 23/2022).

Chart 3.2. Birth registration and certificates among children under-five by region (%), 2016



Source: 2016/17 MDHS

From 2016-2021, one to two percent of parents did not register their child's birth; however, there is no data available as to the reasons that parents do not register their child's birth. One observation offered was that some parents delay registering their child's birth because a child's healthcare is covered by their mother's identification card for the first 27 days after their child's birth; thus, some parents delay registering their child's birth until after 27 days.¹³⁴

[Death registration and the issuance of Birth Certificates & Maldivian National Identity Cards \[Law no. 23/2022\]](#)

¹³³ Maldives Bureau of Statistics (2024). *Vital Statistics Reports of Maldives 2024*. Maldives Bureau of Statistics: Male', Maldives. Retrieved on 10 July 2025 from: [Vital-Statistics-Report-of-Maldives-2024.pdf](#)

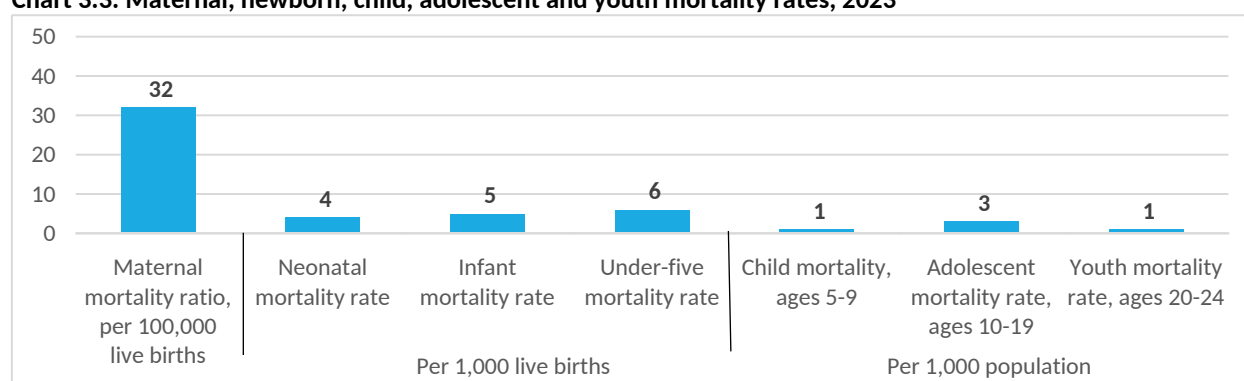
¹³⁴ This observation was offered by a key stakeholder during the drafting of this SitAn.

MATERNAL, CHILD AND ADOLESCENT SURVIVAL: MORTALITY TRENDS

Ending preventable maternal and child mortality are fundamental goals of the 2030 Agenda for Sustainable Development, particularly SDG Target 3.1, to reduce maternal mortality, and SDG Target 3.2, to end all preventable deaths under five years of age. Efforts to end preventable maternal, neonatal and child deaths and stillbirths requires ensuring that children and women have access to strengthened primary health care (PHC) and high-impact interventions.¹³⁵ This requires an essential package of maternal and newborn care services, including quality antenatal care (ANC) and postnatal care (PNC) for pregnant women. ANC and PNC include critical evidence-based interventions, including: immediate assessment of babies; early and exclusive breastfeeding; umbilical-cord care; and the reinforcement of PNC messaging among families and caregivers.¹³⁶ The presence of skilled birth attendants at birth is also critical to averting maternal and neonatal mortality, morbidity and disabilities.¹³⁷

Chart 3.3 shows the latest maternal mortality ratio and newborn, child, adolescent and youth mortality rates for 2023. Each of these are explained in greater detail in the sections that follow.

Chart 3.3. Maternal, newborn, child, adolescent and youth mortality rates, 2023



Sources: Retrieved on 10 July 2025 from: [Maternal mortality ratio \(modeled estimate, per 100,000 live births\) - Maldives | Data](#) and [CME Info - Child Mortality Estimates](#)

Maternal Mortality

Maternal mortality refers to deaths due to complications from pregnancy or childbirth.¹³⁸ Complications leading to maternal death can occur without warning, at any time during pregnancy and childbirth, although some complications can be screened for and prevented. Thus, it is crucial that every pregnant woman is monitored and every pregnancy is attended by skilled healthcare professionals (i.e., doctors, nurses or midwives) who are regularly supervised, have the proper equipment and supplies, and can refer women in a timely manner to emergency obstetric and neonatal care when complications are diagnosed. Complications require prompt access to quality obstetric and neonatal services equipped with life-saving drugs, including antibiotics, and the ability to provide blood transfusions needed to perform Caesarean sections or other surgical interventions.¹³⁹

Chart 3.4 shows trends in maternal mortality ratios per 100,000 live births for Maldives, alongside averages for South Asia and upper-middle-income countries for comparison purposes. Over the past decade, Maldives saw a 35 percent decrease in the maternal mortality ratio from 49 deaths per 100,000 live births in 2010 to a low of 32 deaths

¹³⁵ UNICEF (2024). *2023 Global Annual Results Report. Goal Area 1: Survive and thrive*. UNICEF: New York, NY USA, p. 18.

¹³⁶ UNICEF (2024). *2023 Global Annual Results Report. Goal Area 1: Survive and thrive*. UNICEF: New York, NY USA.

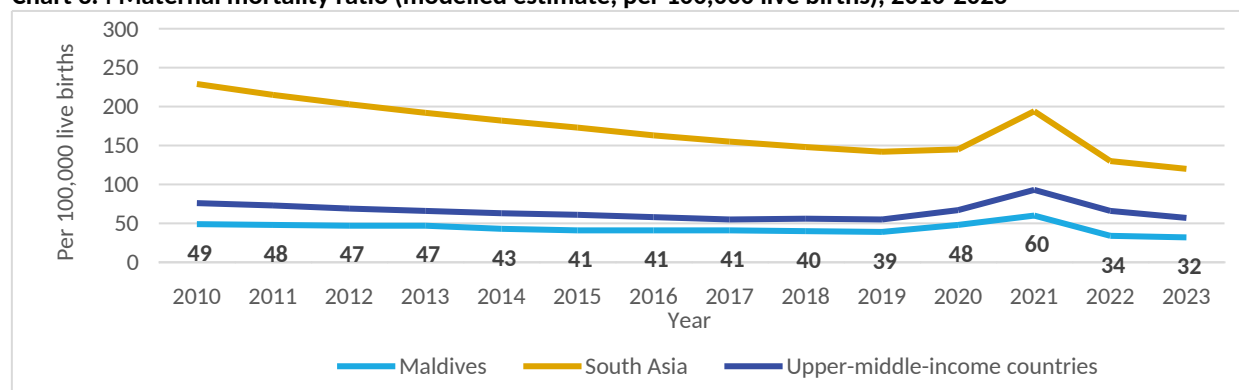
¹³⁷ Ibid, 2024.

¹³⁸ Maternal death can be caused by postpartum haemorrhage, pre-eclampsia and hypertensive disorder, pregnancy-related infections, and complications of unsafe abortion, as well as indirectly by pre-existing medical conditions aggravated by the pregnancy. Globally, haemorrhage remains among the leading cause of maternal mortality, along with maternal deaths caused by pre-existing medical conditions aggravated by pregnancy. Retrieved on 30 March 2025 from: [Maternal mortality rates and statistics - UNICEF DATA](#); see also, Say, L., D. Chou, A. Gemmill, O. Tunçalp, A.B Moller & J. Daniels (2014). Global causes of maternal death: a WHO systematic analysis. *The Lancet Global Health*, Vol. 2, Issue 6, pp. 323-303. Retrieved on 30 March 2025 from: [Global causes of maternal death: a WHO systematic analysis - The Lancet Global Health](#)

¹³⁹ Retrieved on 30 March 2025 from: [Maternal mortality rates and statistics - UNICEF DATA](#)

per 10,000 live births in 2023. Maldives' maternal mortality ratio has remained significantly lower than averages for South Asia and slightly lower than averages for upper-middle income countries. In 2023, the average maternal mortality ratio was 57 deaths per 100,000 live births in upper-middle-income countries, whereas the average was 120 deaths per 100,000 live births for South Asia. It should be noted that the dramatic increase in maternal mortality ratios in 2021 were linked to the COVID-19 pandemic which had a profound impact on healthcare systems and potentially on pregnancy outcomes, with considerable disparity between high-resource and low-resource settings.¹⁴⁰

Chart 3.4 Maternal mortality ratio (modelled estimate, per 100,000 live births), 2010-2023



Note: Mortality ratio data were not available for 2024. **Source:** Retrieved on 22 June 2025 from: [Maternal mortality ratio \(modeled estimate, per 100,000 live births\) - Maldives | Data](#); [Maternal mortality ratio \(modeled estimate, per 100,000 live births\) - South Asia | Data](#); [Maternal mortality ratio \(modeled estimate, per 100,000 live births\) - Upper middle income | Data](#)

Maldives low maternal mortality rate has been linked to efforts of the government to tackle the problem from multiple angles.¹⁴¹ Once the Ministry of Health (MOH) undertook an in-depth review of all maternal deaths, health officials came to understand why so many women were dying; in turn, health workers received additional training and were deployed across the atolls to provide home visits. Close monitoring proved essential, particularly for women with high-risk pregnancies. In addition, in 2016, the United Nations Population Fund (UNFPA) worked with health officials to make emergency obstetric care available to all women within two hours of travel, no matter where they were. To realize this plan, both the health system and individual health facilities were expanded. UNFPA also helped to establish labour rooms at health centres on 12 islands, and made specialists services available at four regional hospitals.¹⁴² At the same time, family planning information was improved and made more accessible, and UNFPA invested in increasing the quantity and variety of contraceptive products that were available, including male and female condoms, oral contraceptives, intrauterine devices and implants. The government also worked to educate women about the importance of reproductive healthcare from contraception and conception to maternal nutrition and safe delivery. Since 2016, all 20 atolls have emergency obstetric care facilities and ANC is nearly universal, and almost every birth takes place in a health facility.¹⁴³

The 2016/17 MDHS found that almost all women (99 percent) aged 15-49 who had a live birth in the five years preceding the survey received ANC from a skilled provider at least once for the most recent birth. More specifically, 95 percent had ANC in the first trimester and 82 percent had four or more ANC visits. Most women received ANC from a gynaecologist (89 percent) and 9 percent received ANC from a doctor. Only one percent of women received no ANC care.¹⁴⁴

¹⁴⁰ Chmielewska, B., I. Barratt, R. Townsend, E. Kalafar, J. van der Meulen, I. Gurol-Urganci, P. O'Brien, E. Morris, T. Draycott, S. Thangaratinam, K. Le Doare, S. Ladhani, P. von Dadelszen, L. Magee & A. Khalil (2021). Effect of the COVID-19 pandemic on maternal and perinatal outcomes: a systematic review and meta-analysis. *The Lancet*, Vol. 9, Issue 6, pp. 759-772.

¹⁴¹ Stunning plunge in maternal deaths recorded in Maldives. UNFPA, 12 October 2016. Retrieved on 30 March 2025 from: [Stunning plunge in maternal deaths recorded in Maldives](#)

¹⁴² Ibid.

¹⁴³ Ibid.

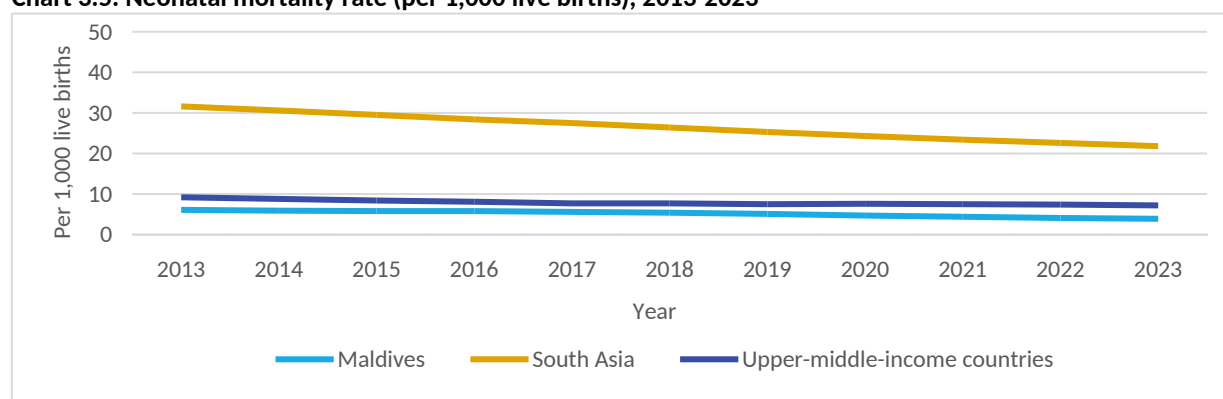
¹⁴⁴ Ministry of Health Maldives and ICF (2018). *Maldives Demographic and Health Survey 2016-17*. MOH and ICF: Male, Maldives and Rockville, Maryland. Retrieved on 30 March 2025 from: [Maldives Demographic and Health Survey 2016-17 \[FR349\]](#)

Institutional deliveries increases the chances of skilled birth attendance and increases mothers' access to equipment and supplies that are facility-based, which is vital for prevention or reduction in maternal and neonatal mortality. The 2016/17 MDHS found that nearly all births were delivered in a health facility (94 percent), including 73 percent in a public health facilities and 21 percent in a private health facility; fewer than one percent of live births were delivered at home.¹⁴⁵ Thus, 100 percent of births were attended by skilled health staff (up from only 70 percent in 2001).¹⁴⁶

Neonatal Mortality

The neonatal period – the first 28 days of life – is the most vulnerable time for a child's survival. **Chart 3.5** shows trends in neonatal mortality rates for Maldives, alongside averages for South Asia and upper-middle-income countries for comparison purposes. Over the past decade, the neonatal mortality rate in Maldives decreased by 33 percent from 6 deaths per 1,000 live births in 2013 to 4 deaths per 1,000 live births in 2023. Maldives neonatal mortality rate has remained lower than averages for South Asia and slightly lower than averages for upper-middle-income countries. In 2023, the average neonatal mortality rate was 7 deaths per 1,000 live births for upper-middle-income countries and 22 deaths per 1,000 live births for South Asia. The SDG target to reduce neonatal mortality to at least 12 deaths per 1,000 live births has been achieved in Maldives since 2006.¹⁴⁷

Chart 3.5. Neonatal mortality rate (per 1,000 live births), 2013-2023



Source: Retrieved on 30 March 2025 from: [CME Info - Child Mortality Estimates](#)

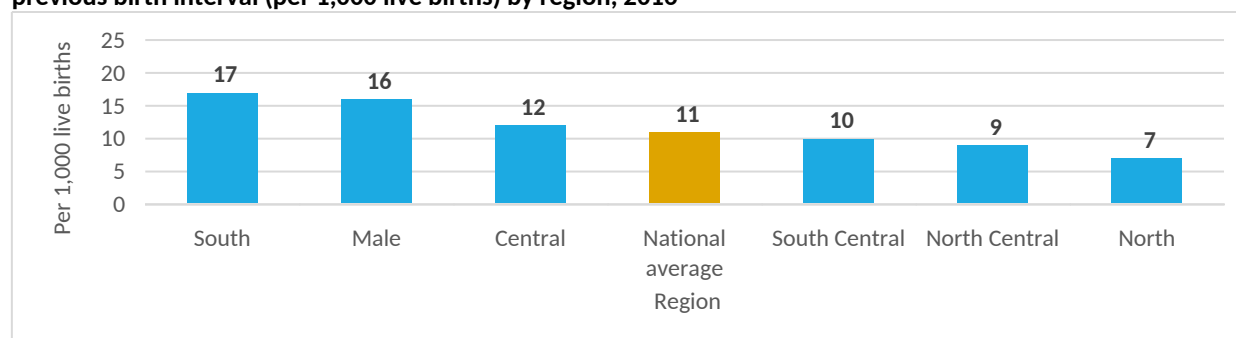
Chart 3.6 shows that there are notable regional differences in the rate of neonatal deaths. The 2016 MDHS revealed that the neonatal death rate was highest in the South and Malé, and lowest in North and North Central regions. What drives these regional differences is unknown. More recent data are need to determine if these regional differences still exist, particularly given efforts in recent years to improve maternal and newborn health, in an effort to reduce maternal and neonatal mortality rates.

¹⁴⁵ Ministry of Health Maldives and ICF (2018). *Maldives Demographic and Health Survey 2016-17*. MOH and ICF: Male, Maldives and Rockville, Maryland.

¹⁴⁶ Retrieved on 30 March 2025 from: [Births attended by skilled health staff \(% of total\) - Maldives | Data](#)

¹⁴⁷ Retrieved on 30 March 2025 from: [CME Info - Child Mortality Estimates](#)

Chart 3.6. Neonatal mortality rate for the 10-year period preceding the 2016/17 MDHS by birth order and previous birth interval (per 1,000 live births) by region, 2016



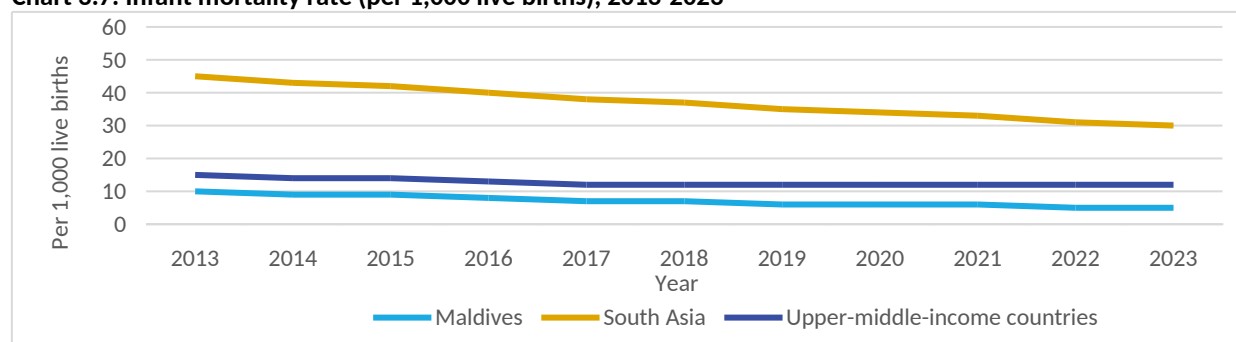
Note: Neonatal mortality rates reported in the 2016 MDHS do not align with neonatal mortality rates report by the UN Inter-agency Group for Child Mortality Estimation (IGME), as 2016/17 MDHS neonatal mortality rates are based upon a population-based prevalence study and IGME neonatal mortality rates are based upon the total number of live birth (denominator) during a reference period. **Source:** 2016 MDHS

In Maldives, data related to the leading causes of neonatal deaths are limited, although such data are crucial because they reveal the main causes of death that occur during pregnancy, delivery and up to 28 days of life. Knowing how babies die, where they die and why they die is important to improving the quality of care offered to pregnant mothers and their unborn babies.¹⁴⁸ In 2021, the UN Inter-Agency Group for Child Mortality Estimation (IGME) identified the leading causes of neonatal deaths were due to prematurity (41 percent), congenital anomalies (28 percent), birth asphyxia/trauma (12 percent), sepsis (6 percent) and lower respiratory infections (2 percent).¹⁴⁹

Infant Mortality

Infant mortality is the death of children under one-year of age. **Chart 3.7** shows that over the past decade, the infant mortality rate in Maldives decreased by 50 percent from 10 deaths per 1,000 live births in 2013 to 5 deaths per 1,000 live births in 2023. Maldives' infant mortality rate has remained lower than averages for South Asia and upper-middle-income countries. In 2023, the average infant mortality rate was 30 deaths per 1,000 live births in South Asia and 12 deaths per 1,000 live births for upper-middle-income countries.

Chart 3.7. Infant mortality rate (per 1,000 live births), 2013-2023



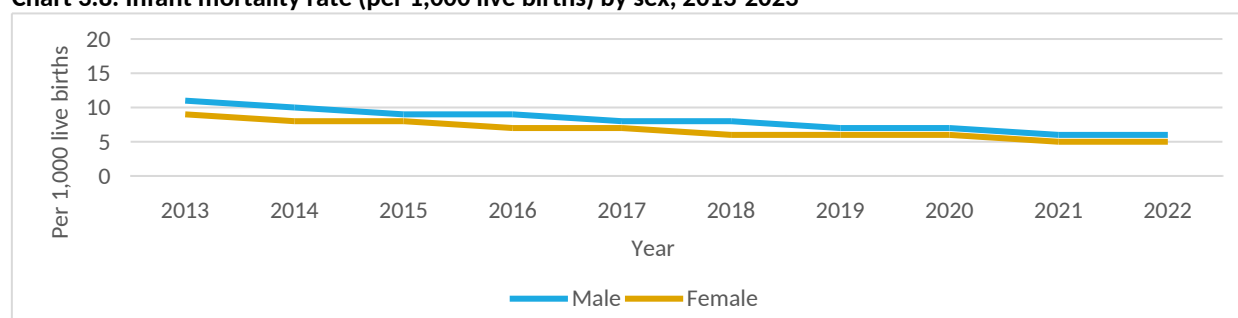
Source: Retrieved on 30 March 2025 from: [CME Info - Child Mortality Estimates](#)

Over the past decade, the infant mortality rate has consistently been slightly higher for males than females (**Chart 3.8**). The male infant mortality rate decreased by 55 percent from 11 deaths per 1,000 live births in 2013 to 5 deaths per 1,000 live births in 2023; whereas the female infant mortality rate decreased by 44 percent from 9 deaths per 1,000 live births in 2013 to 5 deaths per 1,000 live births in 2023.

¹⁴⁸ Retrieved on 1 April 2025 from: [CME Info - Child Mortality Estimates](#)

¹⁴⁹ Ibid.

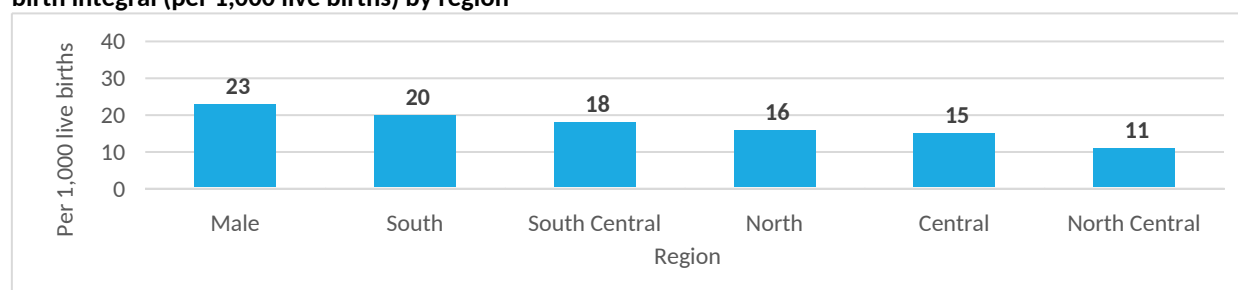
Chart 3.8. Infant mortality rate (per 1,000 live births) by sex, 2013-2023



Sources: Retrieved on 30 March 2025 from: [CME Info - Child Mortality Estimates](#)

Chart 3.9 shows that there are regional differences in infant death rates. The 2016 MDHS revealed that the infant death rate was highest in Malé and South and South Central Regions, whereas the infant mortality rate was lowest in North Central region. What explained these regional differences is unknown, but today these data are outdated; more updated data are needed to understand if these regional differences still exist or have changed..

Chart 3.9. Infant mortality rate for the 10-year period preceding the 2016/17 MDHS by birth order and previous birth integral (per 1,000 live births) by region



Source: 2016 MDHS, p. 111

In Maldives, little is known about the leading causes of death among infants under one-year of age. In 2021, the WHO reported the leading causes of death among infants in Maldives were:¹⁵⁰

- Preterm birth complications (173 deaths per 100,000 population)
- Congenital anomalies (162 deaths per 100,000 population)
- Birth asphyxia/trauma (54 deaths per 100,000 population)
- Neonatal sepsis and infections (22 deaths per 100,000 population)
- Lower respiratory infections (21 deaths per 100,000 population)

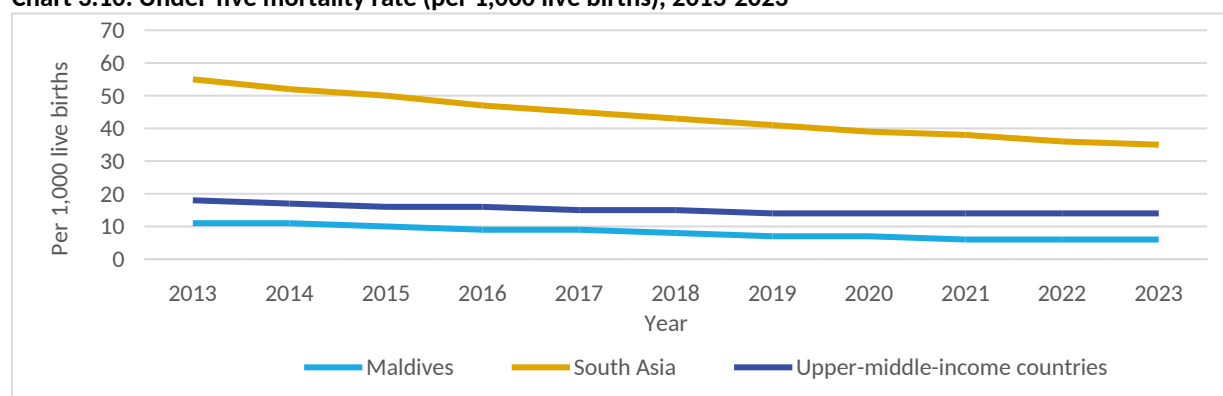
Under-Five Mortality

Chart 3.10 reveals trends in under-five mortality rates per 1,000 live births for 2013-2023. Over the past decade, Maldives experienced a 45 percent decrease in the under-five mortality rate from 11 deaths per 1,000 live births in 2013 to 6 deaths per 1,000 live births in 2023. Maldives' under-five mortality rate has remained lower than the average under-five mortality rates for South Asia and upper-middle-income countries. In 2023, the average under-five mortality rate for South Asia was 35 deaths per 1,000 live births, whereas the average for upper-middle-income countries was 14 deaths per 1,000 live births. Since 2005, Maldives has achieved the SDG target to reduce under-five mortality rate to at least 25 deaths per 1,000 live births.¹⁵¹

¹⁵⁰ Retrieved on 31 March 2025 from: [Global health estimates: Leading causes of death](#)

¹⁵¹ Retrieved on 30 March 2025 from: [CME Info - Child Mortality Estimates](#)

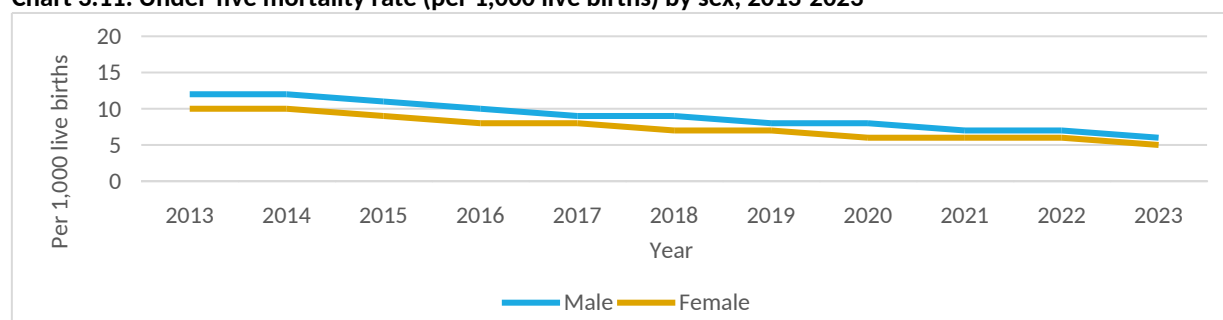
Chart 3.10. Under-five mortality rate (per 1,000 live births), 2013-2023



Source: Retrieved on 30 March 2025 from: [CME Info - Child Mortality Estimates](#)

Chart 3.11 shows that over the past two decades the under-five mortality rate has been consistently higher for males than females in Maldives. The male under-five mortality rate decreased by 50 percent from 12 deaths per 1,000 live births in 2013 to 6 deaths per 1,000 live births in 2023. Similarly, the female under-five mortality rate decreased by 50 percent from 10 deaths per 1,000 live births in 2013 to 5 deaths per live births in 2023. Since 2021, the male and female under-five mortality rate has nearly converged.

Chart 3.11. Under-five mortality rate (per 1,000 live births) by sex, 2013-2023



Sources: Retrieved on 30 March 2025 from: [CME Info - Child Mortality Estimates](#)

Little is known in about the leading causes of death among children under-five in Maldives; however, in 2021, the WHO reported the leading causes of death among children 1-4 years of age were:¹⁵²

- COVID-19 (6 death per 100,000 population)
- Congenital anomalies (4 deaths per 100,000 population)
- Drowning (3 deaths per 100,000 population)
- Lower respiratory infections (2 deaths per 100,000 population).

More recent data are needed on the leading causes of death among children under-five in Maldives.

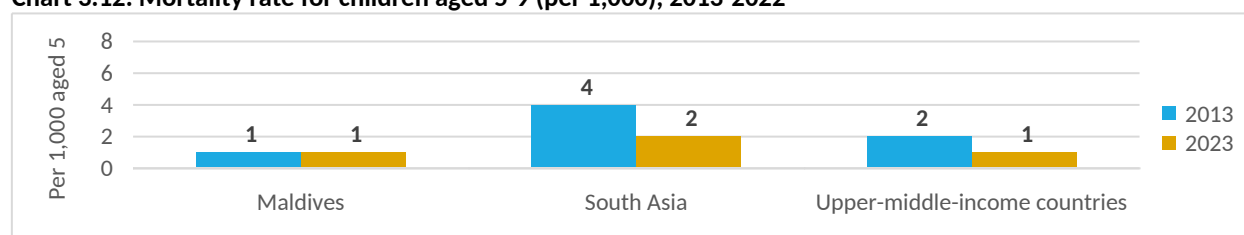
Middle Childhood Mortality (Ages 5-9)

Chart 3.12 shows that in Maldives, over the past decade, the mortality rate for children aged 5-9 remained unchanged at 1 per 1,000 children aged 5-9. From 2013-2023, Maldives' mortality rate for children aged 5-9 was lower than the average for South Asia, yet similar to the average for upper-middle income countries. In 2023, the average mortality rate for children aged 5-9 was 2 per 1,000 children aged 5-9 for South Asia and 1 per 1,000 children aged 5-9 in upper-middle countries. In Maldives, the mortality rate for females and males aged 5-9 was similar (0.5 per 1,000 for females and 0.6 per 1,000 for males in 2023).¹⁵³

¹⁵² Retrieved on 31 March 2025 from: [Global health estimates: Leading causes of death](#)

¹⁵³ Retrieved on 31 March 2025 from: [CME Info - Child Mortality Estimates](#)

Chart 3.12. Mortality rate for children aged 5-9 (per 1,000), 2013-2022



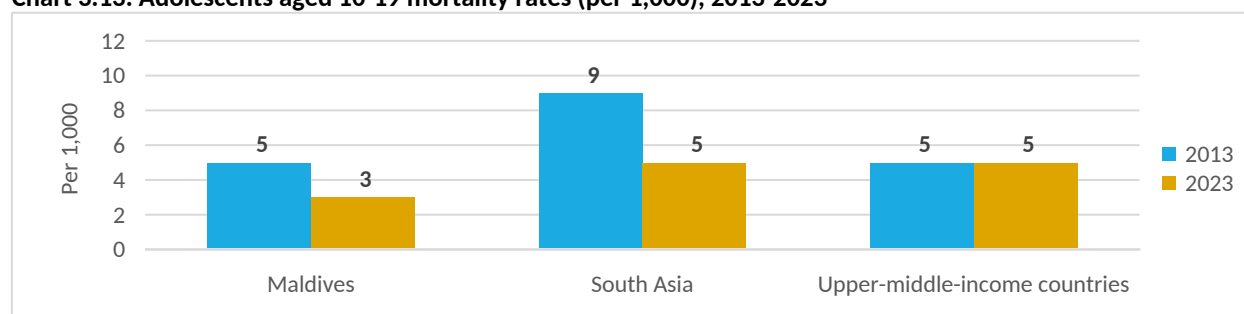
Source: Retrieved on 31 March 2025 from: [CME Info - Child Mortality Estimates](#)

Little is known about the leading causes of death among children ages 5-9 years in Maldives; however, in 2021, the WHO reported the leading causes of death among children ages 5-9 years was COVID-19 (5 deaths per 100,000 population) and drowning (2 deaths per 100,000 population).¹⁵⁴ More recent data are needed on the leading causes of death among children ages 5-9 years in Maldives.

Adolescent Mortality (Ages 10-19)

Chart 3.13 shows trends in adolescent (aged 10-19) mortality rates for Maldives, alongside averages for South Asia and upper-middle-income countries for comparison purposes. Over the past decade, Maldives has seen a 40 percent reduction in the adolescent mortality rate from 5 deaths per 1,000 adolescents in 2013 to 3 deaths per 1,000 adolescents in 2023. Maldives' adolescent mortality rate has been lower than the averages for South Asia and upper-middle-income countries. In 2023, the average adolescent mortality rate was 5 deaths per 1,000 adolescents in both South Asia and upper-middle-income countries.

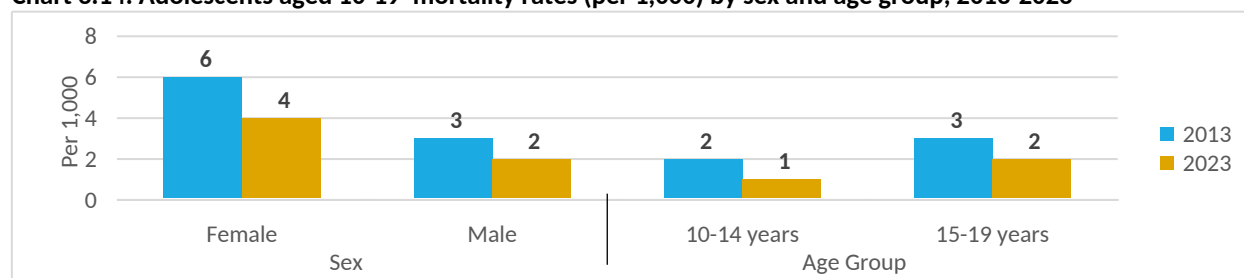
Chart 3.13. Adolescents aged 10-19 mortality rates (per 1,000), 2013-2023



Source: Retrieved on 31 March 2025 from: [CME Info - Child Mortality Estimates](#)

Chart 3.14 shows that over the past decade, among adolescents aged 10-19, the mortality rates has been twice as high for boys, compared to girls. It is notable that boys' mortality rates dropped by 33 percent from 6 deaths per 1,000 adolescents in 2013 to 4 deaths per 1,000 adolescents in 2023. In comparison, the female mortality rates was 3 deaths per 1,000 adolescents in 2013 to 2 deaths per 1,000 adolescents in 2023. The mortality rate was slightly higher for adolescents aged 15-19, compared to adolescents aged 10-14. In 2023, the mortality rate for adolescents aged 10-14 was 1 death per 1,000 adolescents, compared to 2 deaths per 1,000 adolescents aged 15-19.

Chart 3.14. Adolescents aged 10-19 mortality rates (per 1,000) by sex and age group, 2013-2023



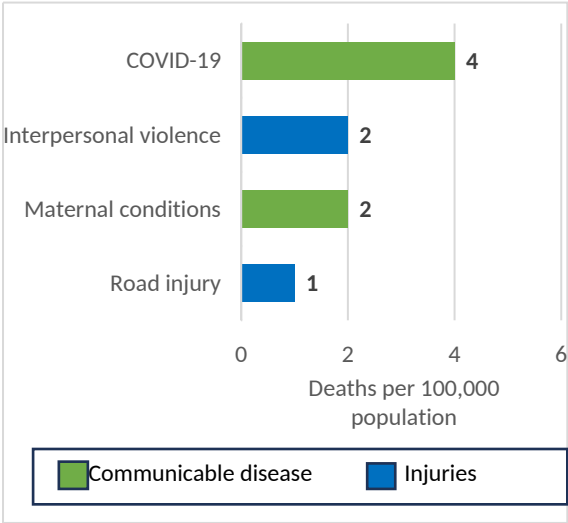
Sources: Retrieved on 31 March 2025 from: [CME Info - Child Mortality Estimates](#)

¹⁵⁴ Retrieved on 31 March 2025 from: [Global health estimates: Leading causes of death](#)

Little is known in about the leading causes of death among adolescents aged 10-19 in Maldives; however, in 2021, the WHO reported that the leading causes of death among adolescents ages 10-14 years was COVID-19 (5 deaths per 100,000 population) and drowning (2 deaths per 100,000 population), followed by congenital anomalies (1 death per 100,000 population) and interpersonal violence (1 death per 100,000 population).¹⁵⁵

Among adolescents ages 15-19 years, the leading causes of death varied by gender. **Chart 3.15** shows that in 2021, the WHO reported the leading causes of death among adolescent girls aged 15-19 was COVID-19, interpersonal violence, maternal conditions and road injury. In comparison, **Chater 3.16** shows that among adolescent boys aged 15-19, the leading causes of death were drowning, interpersonal violence, road injury and self-harm, followed by kidney diseases, stroke and Ischaemic heart disease. More recent data are needed on the leading causes of death among adolescents ages 10-14 and 15-19 years, with disaggregation by sex.

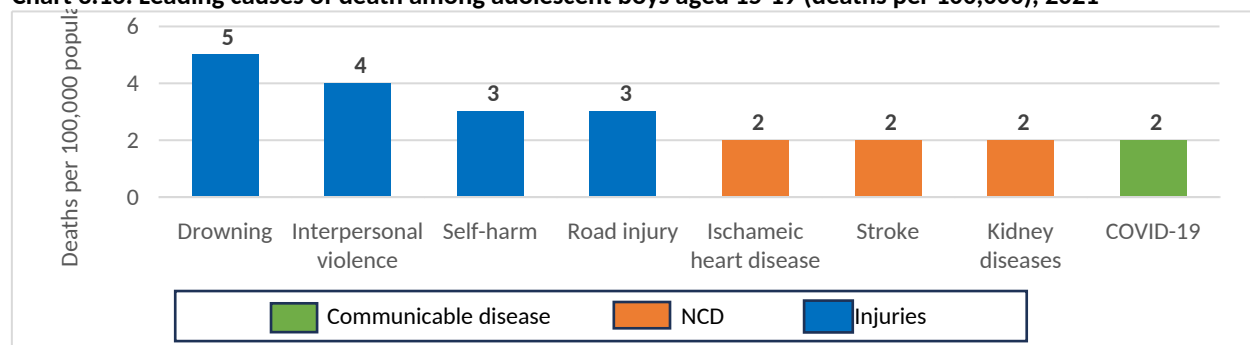
Chart 3.15. Leading causes of death among female adolescents aged 15-19 (deaths per 100,000), 2021



Source: Retrieved on 31 March 2025 from: [Global health estimates: Leading causes of death](#)

¹⁵⁵ Retrieved on 31 March 2025 from: [Global health estimates: Leading causes of death](#)

Chart 3.16. Leading causes of death among adolescent boys aged 15-19 (deaths per 100,000), 2021

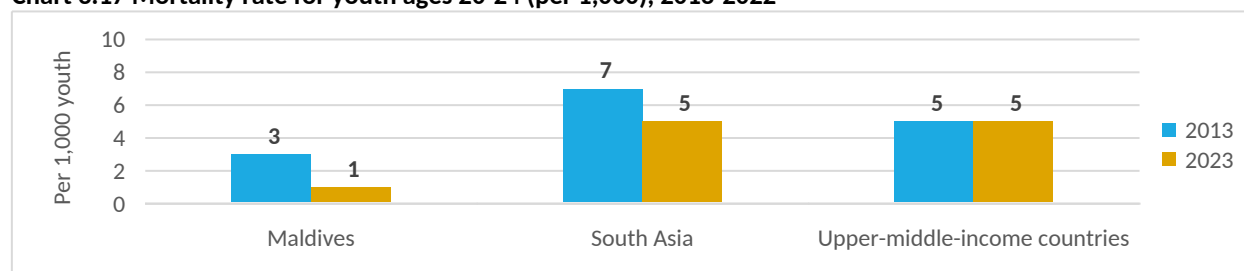


Source: Retrieved on 31 March 2025 from: [Global health estimates: Leading causes of death](#)

Youth Mortality (Ages 20-24)

Chart 3.17 shows trends in youth (aged 20-24) mortality rates in Maldives, alongside averages for South Asia and upper-middle-income countries for comparison purposes. Over the past decade, Maldives has seen a 67 percent reduction in the youth mortality rate from 3 deaths per 1,000 youth in 2013 to 1 death per 1,000 adolescents in 2023. Maldives' youth mortality rate has been lower than the averages for South Asia and upper-middle-income countries. In 2023, the average youth mortality rate was 5 deaths per 1,000 youth in South Asia and upper-middle-income countries.

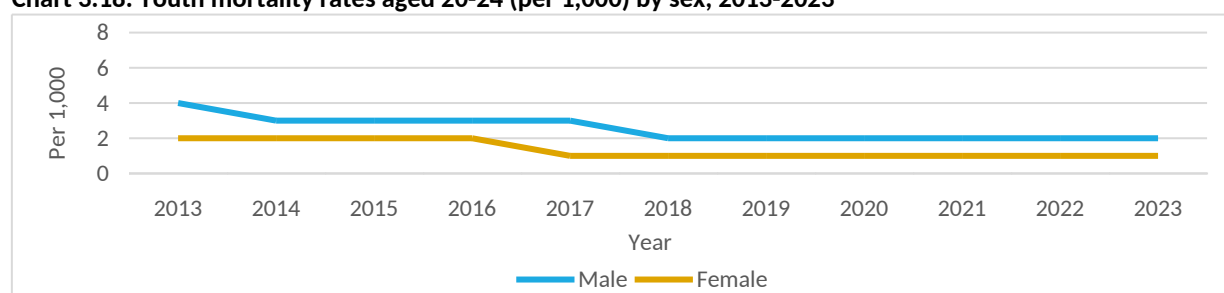
Chart 3.17 Mortality rate for youth ages 20-24 (per 1,000), 2013-2022



Source: Retrieved on 31 March 2025 from: [CME Info - Child Mortality Estimates](#)

Chart 3.18 shows that the youth mortality rate has been higher for male versus female youth over the past decade. It is notable that the male youth mortality rate dropped by 50 percent from 4 deaths per 1,000 youth in 2013 to 2 deaths per 1,000 in 2023. In comparison, the female youth mortality rates was 2 deaths per 1,000 youth in 2013 to 1 death per 1,000 youth in 2023.

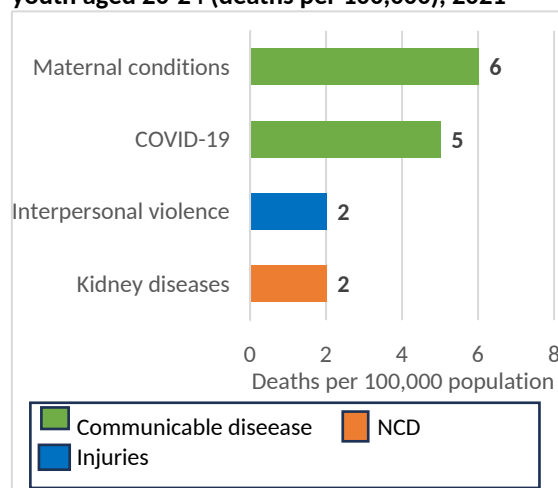
Chart 3.18. Youth mortality rates aged 20-24 (per 1,000) by sex, 2013-2023



Sources: Retrieved on 13 September 2024 from: [CME Info - Child Mortality Estimates](#)

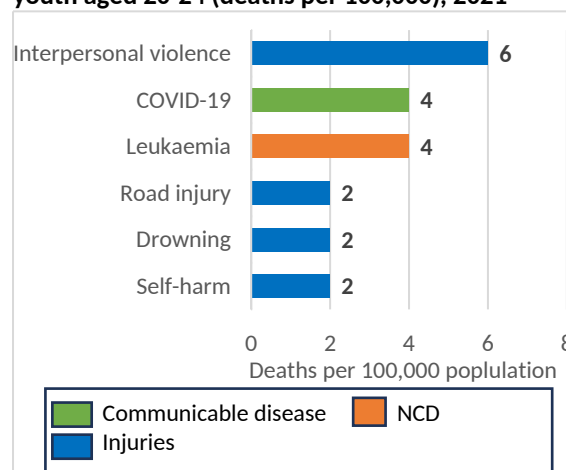
Little is known about the leading causes of death among youth aged 20-24 in Maldives; however, in 2021, the WHO reported that the leading causes of death among female youth was maternal conditions, COVID-19, interpersonal violence and kidney disease (**Chart 3.19**). In comparison, the leading causes of male youth were interpersonal violence, COVID-19, leukaemia, road injury, drowning and self-harm (**Chart 3.20**). More recent data are needed to understand the leading causes of death among youth.

Chart 3.19. Leading causes of death among female youth aged 20-24 (deaths per 100,000), 2021



Source: Retrieved on 31 March 2025 from: [Global health estimates: Leading causes of death](#)

Chart 3.20. Leading causes of death among male youth aged 20-24 (deaths per 100,000), 2021



Source: Retrieved on 31 March 2025 from: [Global health estimates: Leading causes of death](#)

CHILD AND ADOLESCENT HEALTH, NUTRITION AND WELL-BEING

Promoting maternal and child health and well-being, and child development are fundamental goals of the 2030 Agenda for Sustainable Development, particularly SDG 3, which aims to ensure healthy lives and promote well-being for all at all ages, and SDG 2, which aims to end hunger and improve nutrition.

Childhood Immunizations

Vaccines are one of the most cost-effective public health interventions with proven strategies that make them accessible to even the most hard-to-reach and vulnerable populations. Vaccines are a proven tool for controlling and eliminating life-threatening infectious diseases and are estimated to avert two to three million deaths each year. For these reasons, vaccination coverage is one of the indicators used to monitor progress toward reductions in child morbidity and mortality. SDG Indicator 3.b.1 is used to monitor progress of vaccination of children at the national level.

The WHO recommends that all children be vaccinated against tuberculosis, diphtheria, pertussis, tetanus, polio, measles, haemophilus influenzae type b (Hib), pneumococcal bacteria/disease, rotavirus, rubella, and Hepatitis B. Similarly, MOH's national routine immunization schedule aims to ensure that all children are fully immunized by the age of one year. **Table 3.1** shows the national routine childhood immunization schedule set by MOH.¹⁵⁶

polio vaccines. In 2016, there were no gender differences in children's basic vaccination coverage.

In 2023, according to WHO and UNICEF immunization estimates, Maldives' national immunization coverage was 99 percent for BCG, DTP3, OPV3, MCV1 and MCV2.¹⁵⁷ It is unclear from these data what was the actual immunization rate among children ages 12-23 months. Basic vaccination coverage rates among children aged 12-23 months are available from the 2016/17 MDHS, these data are outdated. Still, however, understanding 2016/17 MDHS data on basic vaccination coverage among children ages 12-23 months is important, to understand the proportion of children with basic vaccination coverage, by type of vaccine, and with no vaccines, as well as regional differences.

Chart 3.21 shows that in 2016/17, basic vaccination coverage was 77 percent among children ages 12-23 months (down from 93 percent in 2009); whereas 8 percent of children ages 12-23 months had no vaccinations (up from 1 percent in 2009).¹⁵⁸ More specifically, 92 percent of children received the BCG vaccine and 89 percent received the measles vaccine.

For multi-dose vaccines, coverage was typically highest for the first dose and fell off in subsequent doses, as is the case with the DPT/Pentavalent and

¹⁵⁶ World Health Organization, Maldives EPI Factsheet 2024. Retrieved on 1 April 2025 from: [Maldives.indd](#)

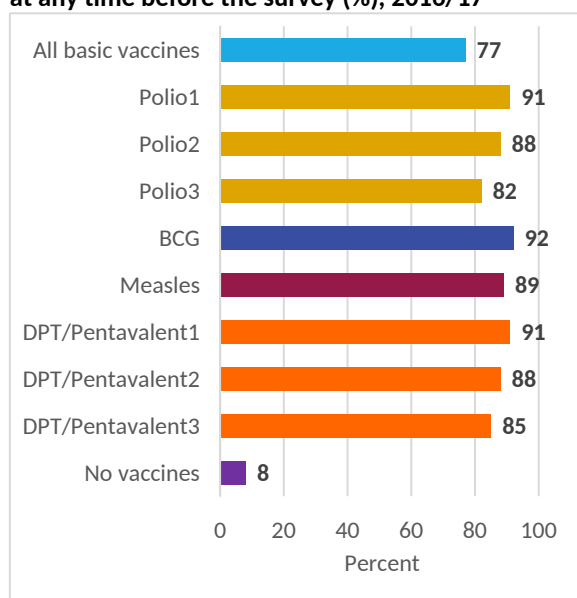
¹⁵⁷ Ibid, 2024; see also, Retrieved on 14 August 2025 from: [WUENIC Trends](#).

¹⁵⁸ Ministry of Health Maldives and ICF (2018). *Maldives Demographic and Health Survey 2016-17*. MOH and ICF: Male, Maldives and Rockville, Maryland.

Table 3.1. Immunization schedule, 2019	
Vaccine	Age of administration
BCG	Birth
HepB	Birth
DTP-Hib-HepB	2, 4 and 6 months
DTP booster	4 years
OPV	2, 4 and 6 months
IPV	6 months
MR	9 months
MMR	18 months
Vitamin A Supplementation	9-60 months (9, 18, 24, 30, 36, 42, 48, 54 and 60 months)

Source: World Health Organization, Maldives EPI Factsheet 2024.
Retrieved on 1 April 2025 from: [Maldives.indd](#)

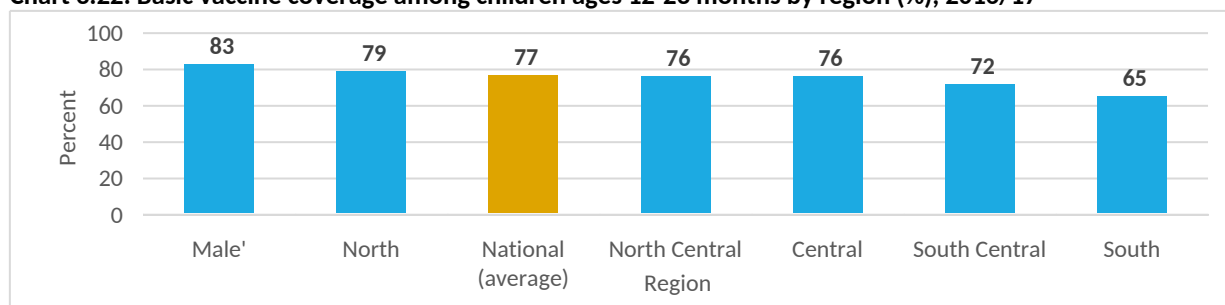
Chart 3.21. Children aged 12-23 months vaccinated at any time before the survey (%), 2016/17



Source: 2016 MDHS

vaccines. The 2016/17 MDHS also found that basic vaccination coverage was lowest among children from the poorest households (71 percent) and children with mothers who had a secondary education (74 percent)

Chart 3.22. Basic vaccine coverage among children ages 12-23 months by region (%), 2016/17



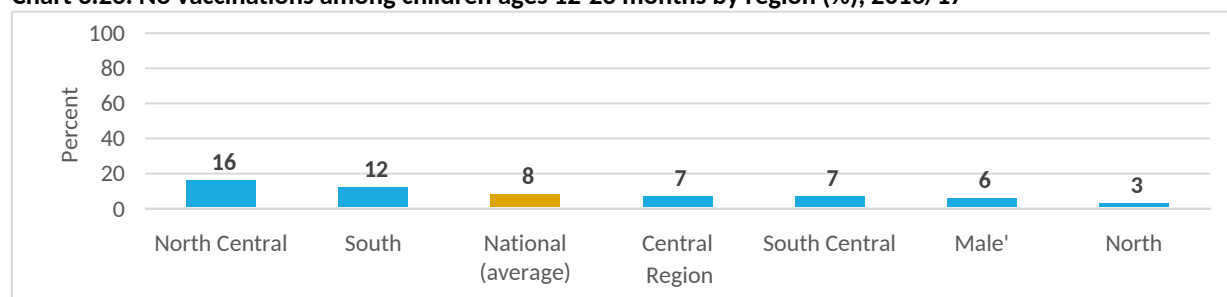
Source: 2016/17 MDHS

Despite efforts to increase vaccination coverage in Maldives, many children are still missing out on these lifesaving vaccinations, as the proportion of children aged 12-23 months with no vaccinations increased from 1 percent in 2009 to 8 percent in 2016; this was the first increase in more than two decades. What is driving the increase in the proportion of children with no vaccines (zero-dose children) is unclear from the data. It could be that perceptions as to the importance of vaccines for children has declined over the two past decades as vaccine hesitancy and the

anti-vaccine movement¹⁵⁹ has gained momentum globally. Since 2019, globally, there has been a dramatic increase in the number of zero-dose children due to COVID-19 disruptions, increased economic crises and conflict, and declines in vaccine confidence. To turn the tide on this unprecedented increase in zero-dose children, it is essential to know who and where zero-dose children are, so that they can be reached with life-saving vaccinations.¹⁶⁰

Chart 3.23 shows that the 2016/17 MDHS found that the proportion of children with no vaccinations was highest in North Central (16 percent) and South (12 percent), and lowest in the North (3 percent). Mother's education also appeared to be a strong predictor of children having no vaccines, as children with no vaccines were more than twice as likely to have a mother with only a primary (9 percent) or secondary education (10 percent), compared to more than a secondary education (4 percent).¹⁶¹

Chart 3.23. No vaccinations among children ages 12-23 months by region (%), 2016/17



Source: 2016/17 MDHS

Given this reality, Maldives needs more recent prevalence data on basic childhood vaccination coverage among children ages 12-23 months to monitor changes over time in basic vaccination coverage and zero-dose children, as well as demographic and regional differences. This is important given the fact that from 2020-2023, Maldives had 20 cases of measles, 2 cases of mumps and 1 case of rubella.¹⁶²

Vaccine Hesitancy Among Parents. In 2023, UNICEF-supported a *Knowledge, Attitudes and Practices (KAP) Survey of Parenting and Childcare in Maldives*, which included a focus on parents' knowledge of childhood immunizations and the practice of immunizing their children. The 2003 KAP survey found that 98 percent of all parents/caregivers know that it is important that from birth to six years of age that children receive all of their childhood vaccines on time and without delay.¹⁶³

Table 3.2 shows that the 2023 KAP survey found that 15 percent of parents/caregivers, including expecting parents, reported that a health worker, such as a doctor or nurse, advised them not to vaccinate their child or to delay their child's vaccinations. Moreover, 29 percent of pregnant women expecting their first child were advised by a health worker, such as a doctor or nurse, not to vaccinate their child or to delay their child's vaccinations. Parents and expecting parents of their first child in the GMA (29 percent) were most likely to receive anti-vaccine messaging from a health worker, compared to parents and expecting parents in the Central (15 percent), South (4 percent) and North regions (3 percent).

Table 3.2. Anti-vaccine messaging from health workers and parents' decisions about vaccines (%), 2023	
	Sample N=890
A health worker (doctor/nurse) advised you not to vaccinate your child or to delay your child's vaccinations	15%
Did you take the health worker's advice or do you plan to take their advice?	N=114
Did not vaccinate child/plan not to vaccinate child	13%

¹⁵⁹ Vaccine hesitancy is a delay in acceptance or refusal of vaccines despite availability and supporting evidence of vaccine effectiveness, whereas anti-vaccinations refers to the total opposition to vaccines.

¹⁶⁰ Zero-dose: The children missing out on life-saving vaccines. UNICEF, April 2023. Retrieved on 1 April 2025 from: [Zero-dose: The children missing out on life-saving vaccines - UNICEF DATA](#)

¹⁶¹ Ministry of Health Maldives and ICF (2018). *Maldives Demographic and Health Survey 2016-17*. MOH and ICF: Male, Maldives and Rockville, Maryland.

¹⁶² World Health Organization, Maldives EPI Factsheet 2024. Retrieved on 1 April 2025 from: [Maldives.indd](#)

¹⁶³ Haarr, R.N. & Institute for Research and Innovation [IRI] (2023). *2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives*. UNICEF: Male', Maldives.

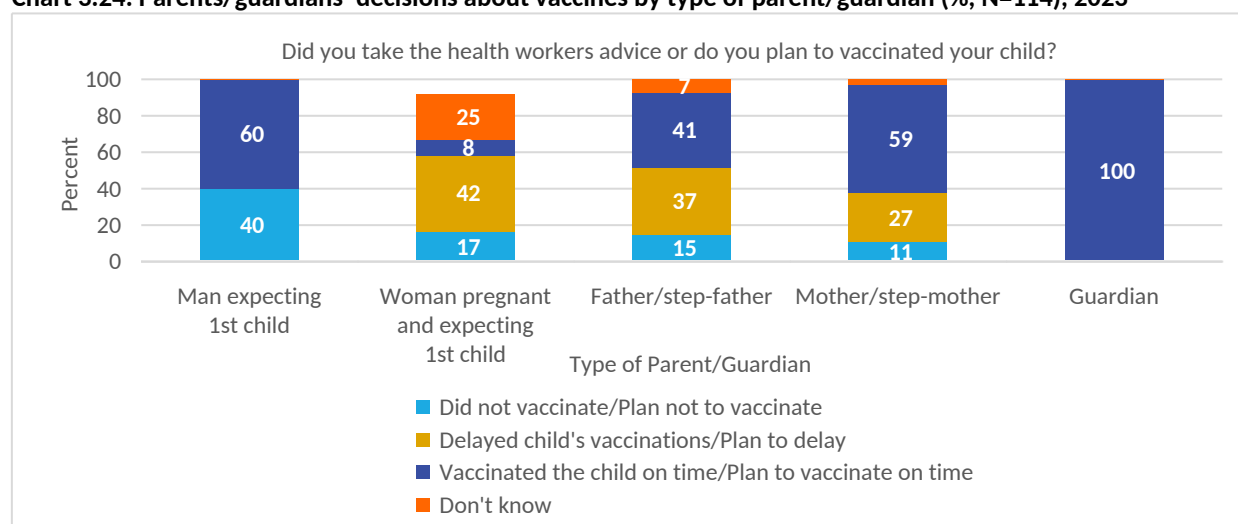
Delayed child's vaccinations/plan to delay child's vaccinations	29%
Went ahead and vaccinated the child on time/plan to vaccinate the child on time	51%
Don't know	6%

Source: Haarr, R.N. & Institute for Research and Innovation [IRI] (2023). *2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives*. UNICEF: Malé, Maldives.

Among the 114 parents and expecting parents who were told by a health worker not to vaccinate their child or to delay their child's vaccination were asked if they took or planned to take the health worker's advice, 51 percent of parents and expecting parents reported they went ahead and vaccinated their child on time or planned to vaccinate their child on time, despite the anti-vaccine advice given to them by a health worker. It is very concerning that 29 percent of parents and expecting parents delayed their child's vaccinations or planned to delay their child's vaccinations, and 13 percent did not vaccinate their child or planned not to vaccinate their child because of the anti-vaccine advice given to them by a health worker; whereas 6 percent of parents and expecting parents did not know what they were going to do (**Table 3.2**). These findings demonstrate that although parents understand that it is important that children receive all of their childhood vaccines on time and without delay, anti-vaccination messaging from health workers, such as doctors, nurses and community health workers, can lead parents to question their knowledge and not vaccinate their child or delay their child's vaccines.

Chart 3.24 shows that among parents who were advised by a health worker not to vaccinate their child or to delay their child's vaccinations, as many as 40 percent of men expecting their first child and 17 percent of pregnant women expecting their first child decided to take the health workers advice and not vaccinate their child. In addition, 42 percent of pregnant women expecting their first child reported that they planned to delay their child's vaccinations, and 25 percent did not know what they planned to do. It is concerning that only 8 percent of pregnant women expecting their first child reported they will vaccinate their child on time. In addition, 15 percent of fathers and 11 percent of mothers reported that they did not vaccinate their child, and 37 percent of fathers and 27 percent of mothers reported that they delayed their child's vaccines because of the anti-vaccine messaging they received from a health worker. These findings are very concerning as they highlight the impact of anti-vaccine messaging from health workers on parents and expecting parents, leading to parents to make bad decisions to not vaccinate their children and/or to delay childhood vaccines, or leaving them uncertain as to what they should do. Parents who choose to delay some or all childhood vaccines or reject some or all vaccine, put their children at increased risk of contracting a vaccine-preventable disease that can disable and/or kill their child.

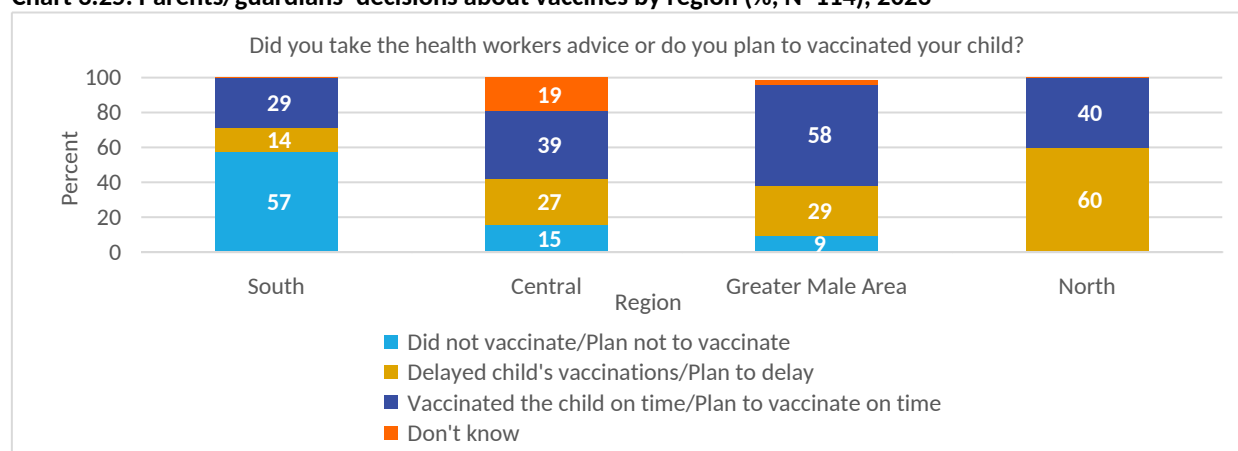
Chart 3.24. Parents/guardians' decisions about vaccines by type of parent/guardian (% , N=114), 2023



Source: Haarr, R.N. & IRI (2023). *2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives*. UNICEF: Malé, Maldives.

Chart 3.25 shows that among parents who received anti-vaccine messaging from a health worker, 57 percent of parents and expecting parents in the South reported that they did not vaccinate or planned not to vaccinate their child, along with 15 percent of parents and expecting parents in Central Maldives and 9 percent in the GMA. A notable proportion of parents and expecting parents in each of these regions also delayed or planned to delay their child's vaccinations because of a health worker's advice to not vaccinate their child or to delay their child's vaccines. Moreover, 60 percent of parents and expecting parents in the North delayed or planned to delay their child's vaccinations because a health worker advised them to do so.

Chart 3.25. Parents/guardians' decisions about vaccines by region (% , N=114), 2023



Source: Haarr, R.N. & IRI (2023). *2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives*. UNICEF: Malé, Maldives.

Similarly, findings from the *2023 Formative Assessment of COVID-19 Vaccine Hesitancy in the Maldives*, which was conducted by Maldivian Red Crescent and commissioned by the United States Agency for International Development (USAID) and the American Rescue Plan Act (ARPA), found that confidence in vaccines and vaccine safety was low among parents and/or homemakers in Maldives. There was also distrust toward health facilities delivering COVID-19 vaccines, which was related to dissatisfaction with the operational procedures at health facilities. Parents were also dissatisfied with their access to vaccine information and awareness-raising interventions around vaccines at health care facilities.¹⁶⁴

¹⁶⁴ Maldivian Red Crescent (2023). *Formative Assessment of COVID-19 Vaccine Hesitancy in the Maldives: Summary Report*. Maldivian Red Crescent: Male', Maldives. Retrieved on 1 April 2025 from: [20230222-085104-Formative_Assessment_-_Summary_Report.pdf](https://www.mrc.gov.mv/20230222-085104-Formative_Assessment_-_Summary_Report.pdf)

Infant Feeding, and Child and Adolescent Nutrition

The CRC recognizes that every child has a right to nutrition, from birth to 18 years of age. To realize this right, children and their families need access to nutritious diets, essential services and positive practices that set them on the path to survive and thrive.

From infancy to childhood and adolescence, children experience crucial periods of growth and development.¹⁶⁵ Nutrition is a critical factor for appropriate growth and development and for prevention of disease, especially chronic disease. A balanced, varied diet provides adequate calories and nutrition to meet the needs of most children and adolescents, but many children and adolescents live in environments that do not promote optimum nutrition.¹⁶⁶ Families must work to provide improved food environments to encourage optimum nutrition; after all, dietary habits established early in life may be carried into adult life.¹⁶⁷

Nutrition has long been identified as a major global priority, with a focus on malnutrition, but over the past decade, the increase in worldwide overweight and obesity has been highlighted. The World Health Assembly declared 2016-2025 the 'decade of nutrition' and set global targets that have since been integrated into SDG 2, which is focused on ending hunger, achieving food security, improving nutrition and promoting sustainable agriculture. In particular, SDG Target 2.2 aims to end all forms of malnutrition by 2030, reduce the prevalence of stunting and wasting among children under-five by 40 percent by 2025, and to address the nutritional needs of adolescent girls and pregnant and lactating women.¹⁶⁸

According to the Food Systems Countdown Initiative, in 2022, 2 percent of the population could not afford a healthy diet.¹⁶⁹

¹⁶⁵ Das, J.K., R.A. Salam, K.L. Thornburg, A.M. Prentice, S. Campisi, Z.S. Lassi, B. Koletzko & Z.A. Bhutta (2017). Nutrition in adolescents: physiology, metabolism and nutritional needs. *Annual New York Academy of Sciences*, Vol. 1393, No. 1, pp. 21-33.

¹⁶⁶ Corkins, M.R., S.R. Daniels, S.D. de Ferranti, N.H. Golden, J.H. Kim, S.N. Magge & S.J. Schwarzenberg (2016). Nutrition in Children and Adolescents. *Medical Clinics of North America*, Vol. 100, No. 6, pp. 1217-1235.

¹⁶⁷ Corkins et al. (2016). Nutrition in Children and Adolescents. *Medical Clinics of North America*, Vol. 100, No. 6, pp. 1217-1235.

¹⁶⁸ Bhutta, Z.A. (2017). Global child nutrition and the Sustainable Development Goals. *The Lancet*, Vol. 1, Issue 4, pp. 256-257.

¹⁶⁹ Food Systems Dashboard. Retrieved on 14 August 2025 from: [Maldives - FSCI Indicators - Food Systems Dashboard](#)

However, child and adolescent nutrition is negatively impacted by easy access to cheap, nutrient-poor, and unhealthy, ultra-processed foods and sugar-sweetened beverages. Given these realities, efforts to tackle obesity and malnutrition requires a commitment to transform food systems so that nutritious, diverse and healthy foods are readily accessible and affordable.

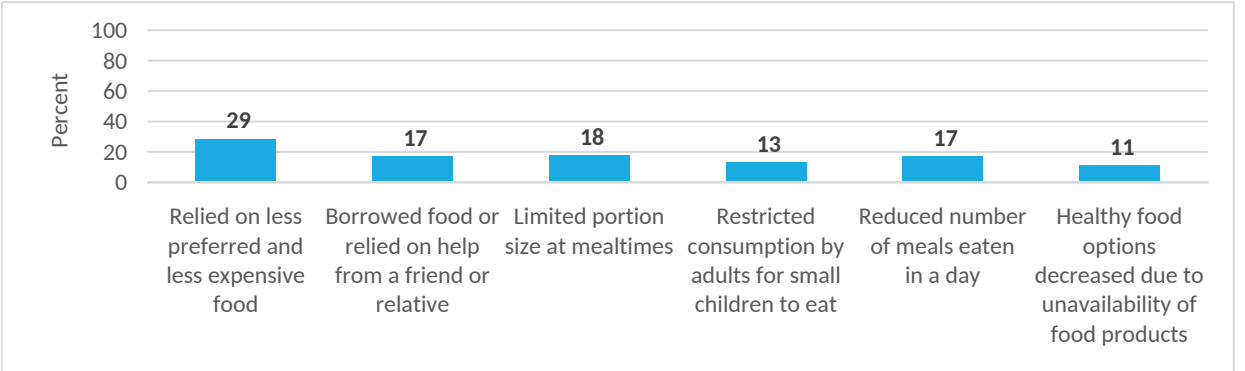
Box 3.1. UNICEF’s guidance on transforming food systems to support improved child nutrition

Food systems require public and private sector actors to take full responsibility for their unique roles in shaping children’s diets. Governments have primary accountability for upholding children’s right to food and nutrition. Governments must set standards that are aligned with children’s best interests and create a level playing field for food producers and suppliers that need to ensure their actions (i.e., food production, transformation, distribution, labelling, marketing and retailing) are aligned with such standards. Food systems must deliver nutritious, safe, affordable and sustainable food options for children and adolescents, and the private sector has a key role to play as: providers of food and essential goods and services for children and adolescents; a source of employment and livelihoods for women and families; a shaper of food markets, food prices, and consumer demand; and a driver of climate and environmental change.

Source: UNICEF (2024). *Child Food Poverty. Nutrition Deprivation in Early Childhood. Child Nutrition Report*. UNICEF: New York City, NY, USA.

The COVID-19 pandemic had a negative impact on children’s, adolescent’s and women’s diets in Maldives. **Chart 3.26** shows that 17 percent of households reduced the number of meals eaten on a daily basis, 18 percent limited portion size at mealtimes, 29 percent relied on less preferred and less expensive foods, and 11 percent increased consumption of unhealthy foods, as healthy food options decreased due to unavailability of food products.¹⁷⁰ Changes in foods purchased were driven by cost-related changes due to reduced household income, coupled with supply chain issues and rising food inflation rates.¹⁷¹ Due to lockdown measures and fear of contracting COVID-19, there was also a reduced uptake of maternal health and nutrition services, and health-seeking behaviours. It was predicted that the negative impacts of COVID-19 on diets, practices and services would likely affect progress against child nutrition targets in Maldives for years to come.¹⁷²

Chart 3.26. Experienced changes in food intake during the COVID-19 pandemic, 2023



Source: Maldives National University (2023). *A Rapid Assessment of the Impact of COVID-19 on the Children of Maldives: Maldives National University: Malé, Maldives.*

Infant and Young Child Feeding. Breastfeeding is the best source of nutrition for most infants and can lead to better health and growth outcomes, with the potential to reduce stunting during the first two years of life. Breastfeeding can also reduce the risk of certain health conditions for both infants and mothers, and protect children from infection. Breastfeeding is both economical and safe.¹⁷³

¹⁷⁰ Maldives National University (2023). *A Rapid Assessment of the Impact of COVID-19 on the Children of Maldives: Maldives National University: Male’, Maldives.*

¹⁷¹ Ibid, 2023.

¹⁷² Ibid, 2023.

¹⁷³ Krasevec, S. Murch, M.J. Sankar, N. Walker, N.E. Rollins & Lancet Breastfeeding Series Group (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet*, 387(10017), pp. 475–90. DOI: [https://doi.org/10.1016/S0140-6736\(15\)01024-7](https://doi.org/10.1016/S0140-6736(15)01024-7)

Exclusive breastfeeding is recommended up to six months of age, with continued breastfeeding along with complementary foods up to two years of age or beyond.¹⁷⁴ Despite the critical benefits of breastfeeding, breastfeeding practices are still far from optimal in many parts of the world. Many children do not start breastfeeding early enough – within the first hour of life – and do not breastfeed exclusively for the recommended first six months of life. Many children stop breastfeeding too soon.¹⁷⁵

UNICEF and the WHO recommend that infants be breastfed within one hour of birth, exclusively for the first six months of life and up to two years and beyond.

In keeping with WHO recommendations, Maldives has committed to promoting exclusive breastfeeding for infants under six months. In 2017, National Guidelines on Optimal Feeding of Infants and Young Children was developed by the Health Protection Agency (HPA) to implement evidence-based nutrition interventions to improve the nutritional status of children in Maldives.¹⁷⁶ The National Guidelines aims to: improve the quality of care received by improving infant and child feeding practices; disseminate breastfeeding and complementary feeding recommendations from policy makers to programme managers and communities living in islands; assist in developing interventions to raise awareness and change behaviours for achieving optimal feeding practices for infants and young children; and achieve the national goals for infant and young child feeding set by the Health Master Plan 2016-2025 and Integrated National Nutrition Strategic Plan 2013-2017 to decrease malnutrition among children.¹⁷⁷

¹⁷⁴ Retrieved on 15 September 2023 from: [Breastfeeding \(who.int\)](https://www.who.int/breastfeeding)

¹⁷⁵ UNICEF (2016). *From the first hour of life. Making the case for improved infant and young child feeding everywhere*. UNICEF: New York, NY, USA. Retrieved on 15 September 2023 from: [From-the-first-hour-of-life.pdf](#)

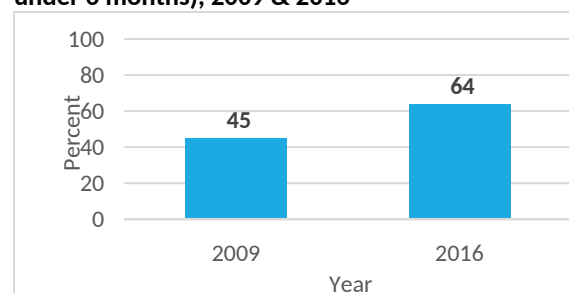
¹⁷⁶ Health Protection Agency (2017). *National Guidelines on Optimal Feeding of Infants and Young Children*. Ministry of Health: Male', Maldives. Retrieved on 2 April 2025 from: [National-Guidelines-on-Optimal-feeding-of-Infants-and-Young-Children.pdf](#)

¹⁷⁷ Ibid, 2017.

In Maldives, the proportion of infants under six months of age that were exclusively breastfed increased from 45 percent in 2009 to 64 percent in 2016 (**Chart 3.27**); more recent prevalence data were unavailable, but needed. Maldives' exclusive breastfeeding rate surpasses the WHO's global target of 50 percent, which countries should reach by 2025.

It is also notable that the 2016 MDHS found that 67 percent of children were first breastfed within one hour of birth and 89 percent within one day of birth. Only 57 percent of children were exclusively breastfed at 4-5 months, and 78 percent continued to receive breast milk at one-year.¹⁷⁸

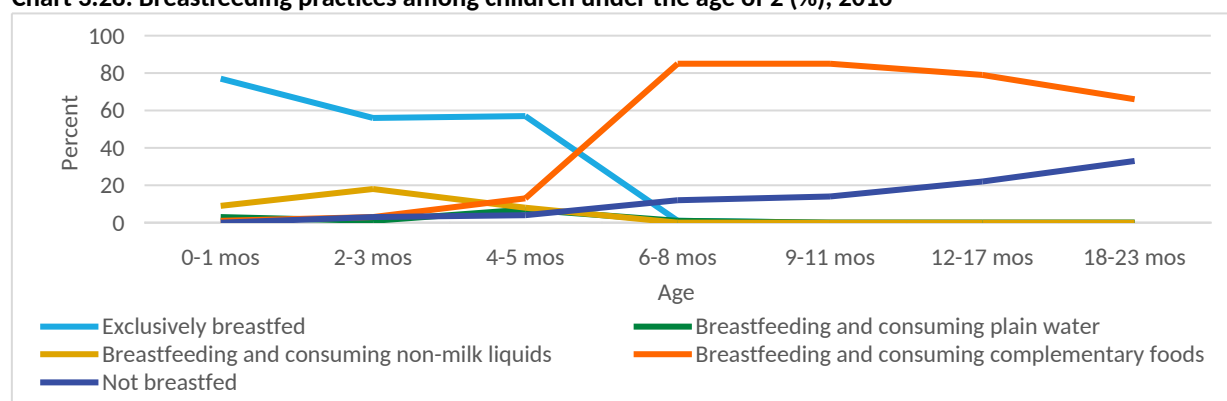
Chart 3.27. Exclusive breastfeeding (% of children under 6 months), 2009 & 2016



Source: 2009 MDHS and 2016/17 MDHS. Retrieved on 2 April 2025 from: [Exclusive breastfeeding \(% of children under 6 months\) - Maldives | Data](#)

Chart 3.28 shows that the percentage of exclusive breastfeeding declines with age, from 77 percent of children ages 0-1 months, 56 percent of children ages 2-3 months, 57 percent of children ages 4-5 months, and less than 1 percent of children ages 6-8 months. Contrary to recommendation that children under six months should be exclusively breastfed, many infants receive other liquids before reaching 6 months of age, such as water (3 percent of children ages 0-1 months to 7 percent ages 4-5 months), other milks (10 percent of children ages 0-1 months to 11 percent ages 4-5 months) and non-milk liquids (9 percent of children ages 0-1 months to 8 percent ages 4-5 months). A notable proportion of children also begin consuming complementary foods before six months (1 percent of children ages 0-1 months and 13 percent ages 4-5 months).

Chart 3.28. Breastfeeding practices among children under the age of 2 (%), 2016



Source: 2016/17 MDHS

In 2023, the UNICEF-supported *KAP Survey of Parenting and Childcare in Maldives* included a focus on knowledge of breastfeeding. The KAP survey found that 98 percent of parents/caregivers knew that a child should be fed only breast milk in the first six months of their life because it provides nutrients they need for healthy growth and development. In addition, 98 percent of parents/caregivers' knew that breastfeeding increases the mother-infant bond.¹⁷⁸

The 2023 KAP Survey also found that 29 percent of parents/caregivers believed *incorrectly* that in the first six months of a child's life they should be given water to remain hydrated, and 4 percent were unsure. The fact is that in the first six months of life, babies need only breast milk or infant formula which provides all the nutrition and hydration they require. At around six months of age, babies can have a small amount of water (118-236 millimetres), but this should not replace feeding babies breast milk or infant formula. Up until one year of age, babies' primary nutrition should be breast milk or infant formula, which also provides adequate hydration. Providing water before six months may mean that a baby drinks less breast milk or infant formula and misses out on important nutrients. In hot weather, a parent/caregiver should offer more regular breast milk or formula feeds, rather than giving infants water. If the mother producing breast milk drinks enough water and stays hydrated, their breast milk will be waterier and hydrating for the baby.¹⁷⁹

Mother and Child Anaemia. Anaemia, especially iron-deficiency anaemia, is common during pregnancy and can affect a baby's growth in uterus. Because all women are at-risk for anaemia during pregnancy, pregnant women often need more iron and other nutrients. Anaemia in pregnancy is preventable and treatable with prenatal vitamins. Serious and untreated anaemia in pregnancy can cause complications, including pre-term labour, increased blood loss during delivery, low birthweight, and anaemia and/or developmental delays in one's baby.

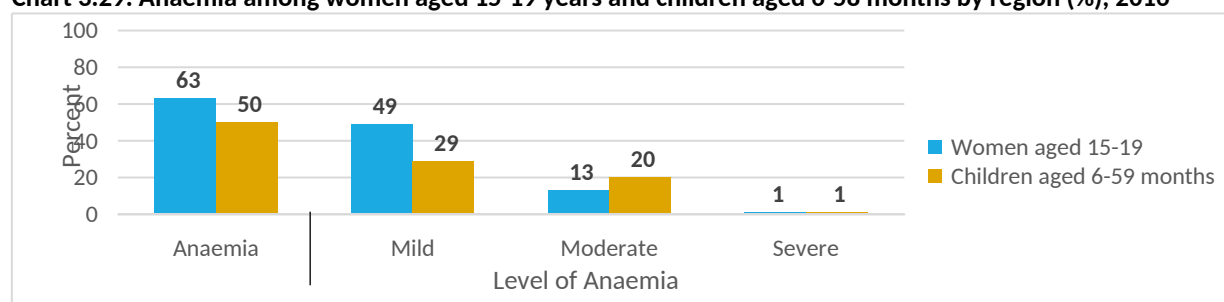
Chart 3.29 shows that in Maldives, 50 percent of children ages 6-59 months and 63 percent of women aged 15-49 were anaemic in 2016. More specifically, 62 percent of pregnant women and 61 percent of breastfeeding women were anaemic. It is notable that pregnant women (27 percent) were more likely than breastfeeding women (10 percent) to have moderate anaemia, whereas breastfeeding women (50 percent) were more likely than pregnant women (33 percent) to have mild anaemia.¹⁸⁰ Among children ages 6-59 months, males (53 percent) were slightly more likely than females (46 percent) to be anaemic. Anaemia also varied by age, with the highest rates of anaemia among children ages 6-8 months (65 percent), then anaemia declines as children age (to a low of 42 percent among children ages 48-59 months). More recent prevalence data are needed to understand anaemia among women aged 15-19 and 20-49, and children aged 6-58 months.

¹⁷⁸ Haarr, R.N. & Institute for Research and Innovation [IRI] (2023). *2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives*. UNICEF: Male', Maldives.

¹⁷⁹ Ibid, 2023.

¹⁸⁰ Ministry of Health Maldives and ICF (2018). *Maldives Demographic and Health Survey 2016-17*. MOH and ICF: Male, Maldives and Rockville, Maryland.

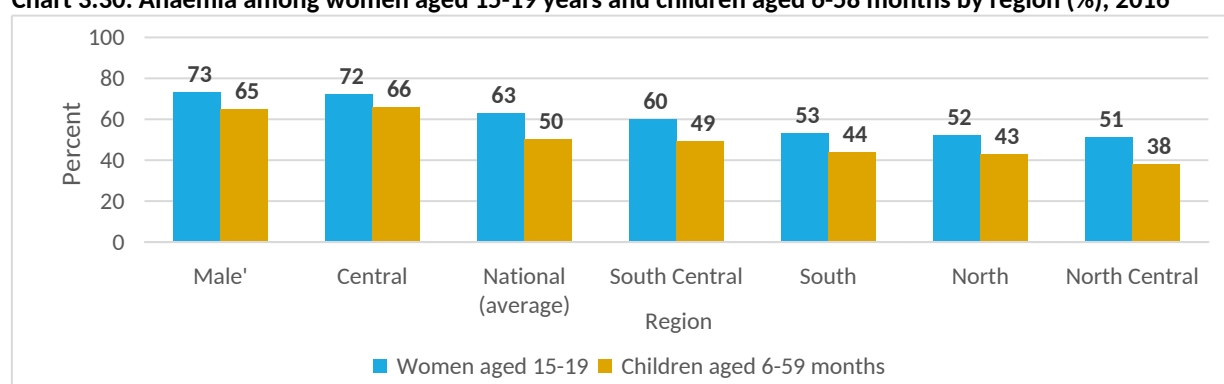
Chart 3.29. Anaemia among women aged 15-19 years and children aged 6-58 months by region (%), 2016



Source: 2016 MDHS

There are notable regional differences in anaemia among women and children. **Chart 3.30** shows that in 2016, women and children in Malé and the Central region had the highest rates of anaemia, whereas anaemia was lowest in the North and North Central. It is unclear from the data what is driving these regional differences in anaemia among women and children by region.

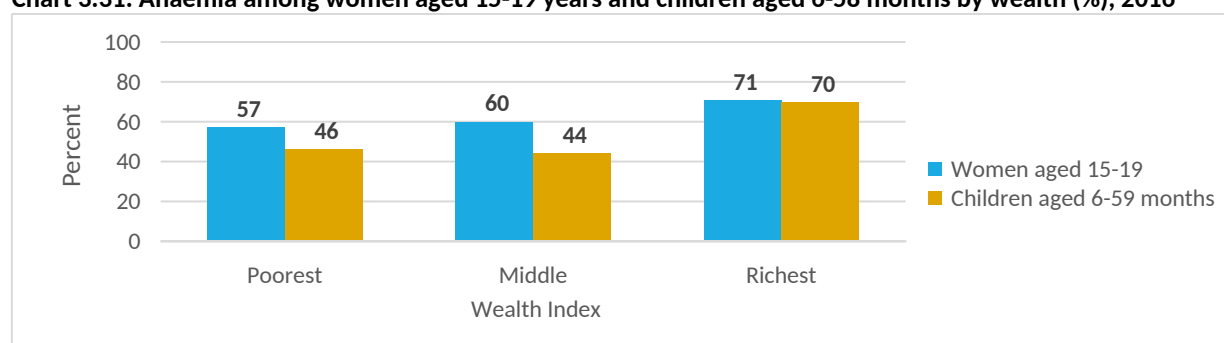
Chart 3.30. Anaemia among women aged 15-19 years and children aged 6-58 months by region (%), 2016



Source: 2016 MDHS

Surprisingly, **Chart 3.31** shows in 2016, women and children from the richest households were far more likely to be anaemic (71 percent and 70 percent respectively), compared to women and children from the poorest and middle-income households (57 percent and 46 percent respectively). It is unclear what is driving this socio-economic difference, as global research has found that women and children who belong to the richest households typically have better nutritional status and are less vulnerable to anaemia, whereas women and children from the poorest households are more likely to be anaemic.¹⁸¹

Chart 3.31. Anaemia among women aged 15-19 years and children aged 6-58 months by wealth (%), 2016



Source: 2016 MDHS

¹⁸¹ In South Asia, anaemia threatens women's health and economic futures. *UN News*, 9 July 2025. Retrieved on 12 July 2025 from: [In South Asia, anaemia threatens women's health and economic futures | UN News](#); Balarajan, Y., U. Ramakrishnan, E. Ozaltin, A Shankar & S.V. Subramanian (2011). Anaemia in low-income and middle-income countries. *The Lancet*, Vol. 378, Issues 9809, pp. 2123-2135.

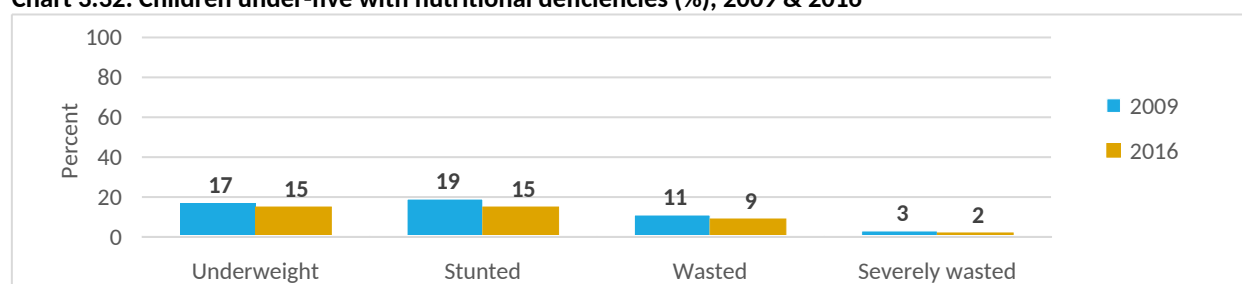
Vitamin A Supplementation. Research has found that vitamin A supplementation (VAS) can improve a child's chance of survival by 12 to 24 percent. Recent food-based approaches, such as food fortification and consumption of foods rich in vitamin A are essential to ending vitamin A deficiency in the long-term; however, until such programmes are sustained at a large scale, delivery of high-dose VAS remains the principal strategy for controlling vitamin A deficiency for children ages 6–59 months. VAS has been proven safe and cost effective, and is an equitable way of reaching the most vulnerable children. Ensuring universal VAS coverage or at least effective coverage (≥ 80 percent) is important to improving child survival.

In 2021, MOH reported that 54 percent of children under-five years of age were given a 1st round of VAS and 43 percent were given a 2nd round.¹⁸² Similarly, in 2020, MOH reported that 49 percent of children ages 2-5 years were given a 1st round of VAS and 41 percent were given a 2nd round.¹⁸³

Malnutrition. Children's nutritional status reflects their overall health. Children who have access to an adequate food supply are typically not exposed to repeated illness and are more likely to reach their growth potential and to be considered well-nourished. Children who do not receive the nutrition needed are at-risk of micronutrient deficiencies and being underweight, stunted (low height-for-age)¹⁸⁴ and wasted (low weight-for-height)¹⁸⁵, and to experience diet-related non-communicable diseases (NCDs) and poor cognitive development.¹⁸⁶ Children who suffer from undernutrition are more likely to die from common childhood ailments, and those who survive often suffer recurring illness and growth and development time lost. The effects of malnutrition have combined health care and education costs which can trap families in a vicious cycle of poverty; thus, government investment in nutrition programmes that aim to prevent and treat malnutrition and set children on the path to grow and develop properly throughout childhood and into adulthood are important.

Chart 3.32 shows the proportion of children under-five with nutritional deficiencies, including being underweight, stunted, wasted and severely wasted in 2009 and 2016. More recent prevalence data are needed to know the proportion of children with nutritional deficiencies in Maldives, particularly following the COVID-19 pandemic.

Chart 3.32. Children under-five with nutritional deficiencies (%), 2009 & 2016



Source: 2016/17 MDHS

In 2016, the proportion of children under-five who were stunted and wasted varied by region. **Chart 3.33** shows the proportion of stunted children under-five was highest in North Central (20 percent) and North (18 percent), and lowest in South Central (12 percent) and Central (11 percent). Whereas, **Chart 3.34** shows that the proportion of wasted children under-five was highest in the Central region (12 percent) and lowest in the South (6 percent).

¹⁸² Government of Maldives (2024). Maldives Health Statistics 2021. MoH: Male', Maldives

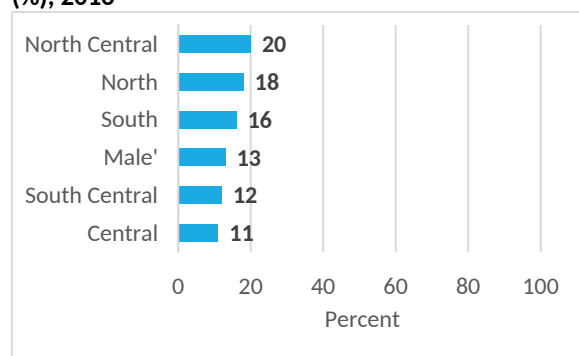
¹⁸³ Ibid, 2024.

¹⁸⁴ Height-for-age is a measure of linear growth. Children whose height-for-age is more than two standard deviations below the median of the reference population are considered short for their age and are classified as *moderately or severely stunted*. Those whose height-for-age is more than three standard deviations below the median are classified as *severely stunted*. Stunting or chronic malnutrition is the result of failure to receive adequate nutrition in early life over an extended period and/or recurrent or chronic illness.

¹⁸⁵ Weight-for-height can be used to assess wasting and overweight status. Children whose weight-for-height is more than two standard deviations below the median of the reference population are classified as *moderately or severely wasted*, while those who fall more than three standard deviations below the median are classified as *severely wasted*. Wasting is usually the result of poor nutrient intake or disease. The prevalence of wasting may shift seasonally in response to changes in the availability of food and/or disease prevalence. Children whose weight-for-height is more than two standard deviations above the median reference population are classified as *moderately or severely overweight*.

¹⁸⁶ UNICEF (2022). Goal Area 1: Every Child Survives and Thrives – Global Annual Results Report 2021. UNICEF: New York, NY USA.

Chart 3.33. Stunted children under-five by region (%), 2016

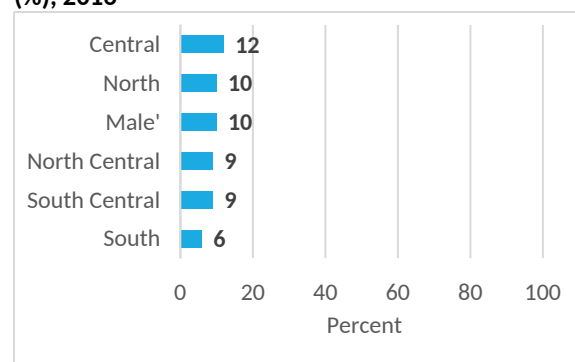


Source: 2016 MDHS

Malnutrition is difficult to reverse and has lifelong consequence, and can be fatal. To address the threat of malnutrition, in 2017, the government launched National Guidelines on Optimal Feeding of Infants and Young Children and implemented evidence-based nutrition interventions to improve the nutritional status of children in the country.¹⁸⁷

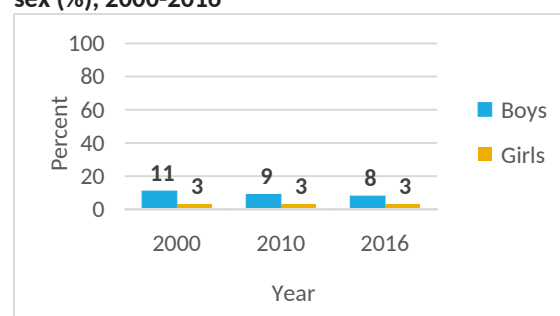
In Maldives, prevalence data related to patterns of underweight¹⁸⁸ among adolescents are lacking, but needed. **Chart 3.35** shows that among adolescents aged 10-19 years, the proportion of underweight males decreased from 11 percent in 2000 to 8 percent in 2016, and the proportion of underweight females

Chart 3.34. Wasted children under-five by region (%), 2016



Source: 2016 MDHS

Chart 3.35. Underweight adolescents aged 10-19 by sex (%), 2000-2016



Source: Retrieved on 2 April 2025 from: [Adolescent health dashboards country profiles - UNICEF DATA](#)

¹⁸⁷ Health Protection Agency (2017). *National Guidelines on Optimal Feeding of Infants and Young Children*. Ministry of Health: Male', Maldives. Retrieved on 2 April 2025 from: [National-Guidelines-on-Optimal-feeding-of-Infants-and-Young-Children.pdf](#)

¹⁸⁸ The WHO defines underweight as a body mass index (BMI) below the fifth percentile for age and gender. Among adolescents, underweight status has been associated with higher rates of morbidity and mortality, but to a lesser extent than obesity.

was 3 percent in 2000 and 2016. Males have been three times more likely than females to be underweight; more recent prevalence data are needed to track and monitor adolescent malnutrition in Maldives.

Among adolescents, being underweight can be acute or chronic undernutrition and/or illness. Underweight adolescents may even have a negative body image or any eating disorder, such as anorexia or bulimia. Adolescents with low body mass index (BMI) may experience fatigue, lack of energy and increased susceptibility to infection. Some adolescents may even be genetically lean with an efficient metabolism and low propensity to store body fat.¹⁸⁹

Underweight status is important to understand because it has been associated with higher rates of asthma, scoliosis, intestinal problems and emotional disorders. The onset of puberty may be delayed in male and female adolescents with a low BMI, and underweight females are more likely to have abnormal menses and subfertility. Underweight adolescents who become pregnant may be at increased risk for pregnancy complications and poor foetal and maternal outcomes, including prematurity and low birth weight.¹⁹⁰

Overweight and Obesity. Overweight and obesity is a multifaceted chronic condition with several contributing causes, including biological risk factors, socioeconomic status, health literacy and numerous environmental influences. Of particular concern are the increasing rates of overweight and obesity among children and adolescents, as rates of obesity have increased globally in the past three decades.¹⁹¹ Two major contributing factors to the global rise in obesity are increases in food processing and trade liberalization which have made cheap, highly processed foods readily available. In addition, the nutritional transition of increased consumption of energy dense foods that are high in fat and sugars, together with a reduction in the availability of plant-based fibre foods, have contributed to the global rise in obesity. There has also been a decline in activity energy expenditures, largely due to motorized transport and less demanding manual tasks.

Children and adolescents often do not meet daily intake recommendations for certain food groups and nutrients, which may contribute to a heightened risk of obesity. Childhood obesity is associated with a range of physical, emotional and social problems that can affect a child's development and social prospects in life. Childhood obesity is also a risk factor for adult NCDs. With obesity disproportionately affecting adolescents, negative effects of excess adiposity (fattiness) may be particularly salient during this critical period of development. The presentation of chronic cardiometabolic disease symptoms, typically observed in adults, such as hypertension, hyperglycaemia, dyslipidaemia and inflammation are becoming increasingly common among obese adolescents. In adolescence, obesity increases the risk for Type 2 diabetes, which is likely to persist into adulthood. Eating patterns formed during adolescence are also frequently carried into adulthood and affect future risk for the development of chronic diseases, such as heart disease, osteoporosis and cancer.¹⁹² There is also a dynamic interplay between obesity and psychosocial health, as adolescents with obesity may have increased levels of stress, depressive symptoms and reduced resilience.¹⁹³

Prevalence data related to patterns of overweight and obesity among children and adolescents are lacking in Maldives, but needed. In 2016, the proportion of children under-five who were overweight was only 5 percent (down from 6 percent in 2009).¹⁹⁴ The proportion of overweight children was highest in South Central (7 percent) and North (6 percent), and lowest in North Central (3 percent). In addition, the proportion of children under-five who were overweight was twice as high in the poorest (5 percent) and middle-income (6 percent) households, compared to the richest households (2 percent).¹⁹⁵

More notable, **Table 3.3** shows that there has been an increase in the proportion of adolescent boys and girls ages 10-19 years who are overweight and obese. The proportion of overweight adolescent boys increased threefold

¹⁸⁹ Lowe, C.J., J.B. Morton & A.C. Reichelt (2020). Adolescent obesity and dietary decision-making – a brain-health perspective. *The Lancet*, Vol. 4, Issue 5, pp. 388-396. DOI: [https://doi.org/10.1016/S2352-4642\(19\)30404-3](https://doi.org/10.1016/S2352-4642(19)30404-3)

¹⁹⁰ Ibid, 2020.

¹⁹¹ Ruiz, L.D., M.L. Zuelch, S.M. Dimitratos & R.E. Scherr (2019). Adolescent Obesity: Diet Quality, Psychosocial Health and Cardiometabolic Risk Factor. *Nutrients*, Vol. 12, No. 1, p. 43.

¹⁹² Adolescent Nutrition. *Pediatric in Review*, Vol. 30, No. 12, pp. 494-496. DOI: <https://doi.org/10.1542/pir.30-12-494>

¹⁹³ Ruiz et al. (2019). Adolescent Obesity: Diet Quality, Psychosocial Health and Cardiometabolic Risk Factor. *Nutrients*, Vol. 12, No. 1, p. 43.

¹⁹⁴ Ministry of Health Maldives and ICF (2018). *Maldives Demographic and Health Survey 2016-17*. MOH and ICF: Male, Maldives and Rockville, Maryland..

¹⁹⁵ Ibid, 2018.

from 5 percent in 2000 to 14 percent in 2016, and obese adolescent boys increased fourfold from 2 percent in 2000 to 8 percent in 2016. Similarly, the proportion of overweight adolescent girls increased nearly threefold from 5 percent in 2000 to 14 percent in 2016, and obese adolescent girls increased fivefold from 1 percent in 2000 to 5 percent in 2016. More recent prevalence data on overweight and obese adolescents aged 10-19 are needed.

Table 3.3. Overweight and obese adolescents aged 10-19 by gender (%), 2000-2016				
Year	Boys		Girls	
	Overweight	Obese	Overweight	Obese
	%	%	%	%
2000	5	2	5	1
2010	11 (2x's higher)	4 (2x's higher)	9 (2x's higher)	3 (3x's higher)
2016	18 (3x's higher)	8 (4x's higher)	14 (3x's higher)	5 (5x's higher)

Source: Retrieved on 2 April 2025 from: [Adolescent health dashboards country profiles – UNICEF DATA](#)

The nutritional transition taking place in Maldives is linked to the fact that unprocessed foods from the land and water have been replaced by processed food. To combat overweight and obesity, the WHO recommends a range of priority measures, including:¹⁹⁶

- Government regulations, such as mandatory limits on food sugar content
- Fiscal policies, such as taxing sugar-sweetened beverages
- Food marketing regulations, such as obligatory nutrient declaration by manufacturers
- Promoting healthier foods for older infants, young children and adolescents
- Creating facilities for safe, active transport and recreation
- Reinforcing public health services

¹⁹⁶ Obesity rising in Africa, WHO analysis finds. WHO African Region, 2 March 2022. Retrieved on 2 April 2025 from: [Obesity rising in Africa, WHO analysis finds | WHO | Regional Office for Africa](#)

Early Childhood Development and Monitoring

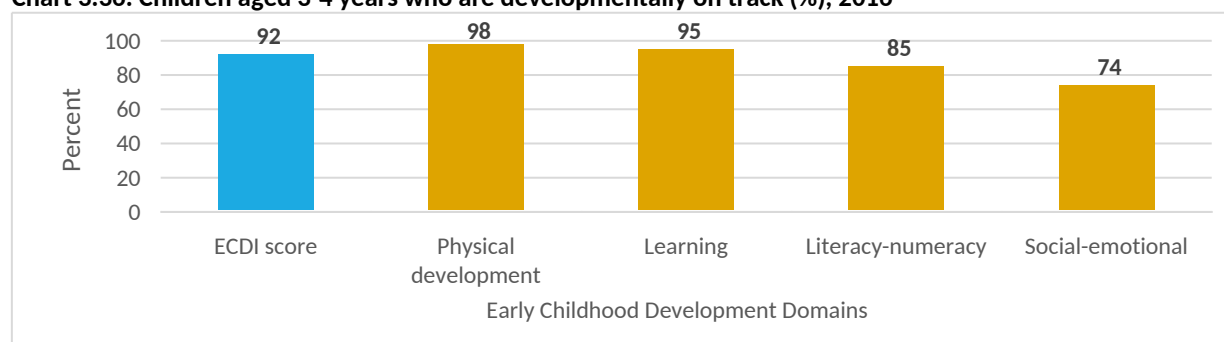
Early childhood is the most crucial period for children's holistic development, given the profound, lifelong impact of early experiences on children's future learning, health and earning potential.¹⁹⁷ Early childhood development (ECD) requires collaboration across multiple sectors because nurturing care encompasses health, nutrition and early learning.¹⁹⁸

The COVID-19 pandemic caused disruptions to early childhood services, as children were confined to their homes without normal access to play, learning, health and nutrition.¹⁹⁹ The pandemic highlighted a crisis of care and early learning for children under-five, especially given disruptions to early learning services. The pandemic also compounded pre-existing inequalities and exclusion, as the most disadvantaged parents/caregivers and children struggled to cope.²⁰⁰ For many parents/caregivers, added responsibilities of childcare and learning for children led to increased social, emotional and economic stress, which may have impacted their mental health and well-being, which in turn could affect their ability to provide nurturing and responsive care for their young children.²⁰¹

UNICEF recognizes that ECD has many dimensions and unfolds at 'breathtaking pace'; thus, measuring ECD in the early years is a complex undertaking, but crucial to understanding children's development to their full potential.²⁰² The Early Childhood Development Index (ECDI) 2030 was designed to capture achievements of key developmental milestones among children ages 2-4 years, and addresses the need for nationally representative and internationally comparable data on ECD.²⁰³ In Maldives, ECDI 2030 has yet to be administered and data related to ECD are lacking; thus, it is unknown how many children ages 2-5 years are developmentally on track in the areas of health, learning and psychological well-being.

ECD data that are available are limited to the 2016/17 MDHS. **Chart 3.36** shows that in 2016, 92 percent of children ages 3-4 years were developmentally on track for their age – meeting three of the four development domains. Children were more likely to be on track for physical development (98 percent) and in learning (95 percent). In addition, 85 percent were developmentally on track in the literacy-numeracy domain and 74 percent were on track in the social-emotional domain.

Chart 3.36. Children aged 3-4 years who are developmentally on track (%), 2016



Source: 2016/17 MDHS

¹⁹⁷ UNICEF (2022). *Goal Area 1: Every child survives and thrives – Global Annual Results Report 2021*. UNICEF: New York, NY, USA. p. 181.

¹⁹⁸ UNICEF (2024). *2023 Global Annual Results Report – Goal Area 1: Survive and Thrive*. UNICEF: New York, NY, USA.

¹⁹⁹ UNICEF (2021). *Goal Area 1: Every child survives and thrives – Global Annual Results Report 2020*. UNICEF: New York, NY, USA. p. 171.

²⁰⁰ Ibid, 2021, p. 171.

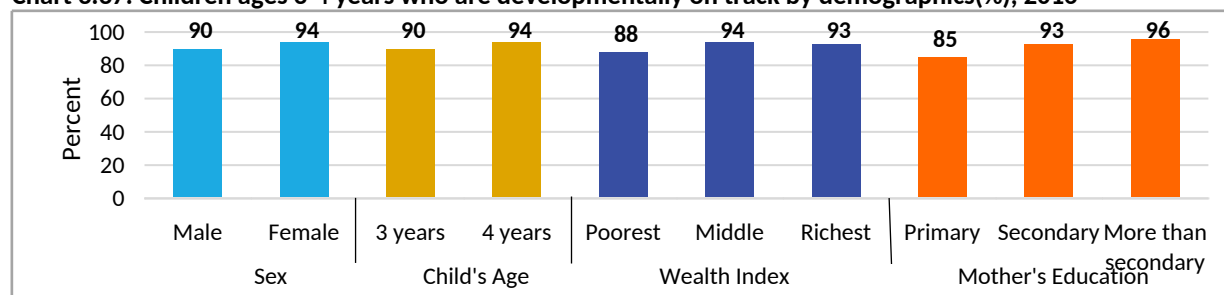
²⁰¹ Ibid, 2021, p. 171.

²⁰² Tracking early childhood development: Data and evidence are critical to understanding what young children need. Retrieved on 18 February 2024 from: [Tracking early childhood development | UNICEF](#)

²⁰³ The ECDI 2030 module includes 20 questions asked of mothers or primary caregivers as to the way their children behave in certain everyday situations, and the skills and knowledge they have acquired. The ECDI module can be integrated into existing national data collection efforts; see Early Childhood Development Index 2030: A New Tool to Measure SDG Indicator 4.2.1. UNICEF, May 2023. Retrieved on 30 September 2023 from: [Early Childhood Development Index 2030 \(ECDI2030\) - UNICEF DATA](#); UNICEF (2023). *The Early Childhood Development Index 2030: A New Measure of Early Childhood Development*. UNICEF: New York, NY, USA. Retrieved on 18 February 2024 from: [ECDI2030 Technical Manual Sept 2023.pdf](#)

Chart 3.37 shows that ECDI scores tend to increase with mother's level of education, mainly due to the increase in the literacy-numeracy. ECDI scores among children from the poorest households is also a reality, mainly due to lower literacy-numeracy and social-emotional development. Also, girls have a slightly higher ECDI score than males, which is mainly due to their higher social-emotional development. In addition, 4-year-olds had a slightly higher ECDI score than 3-year-olds because they have higher literacy-numeracy.²⁰⁴

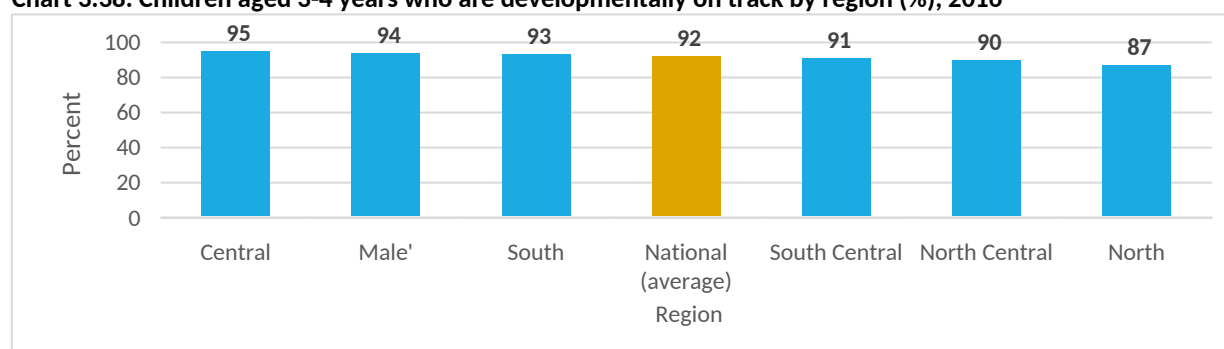
Chart 3.37. Children ages 3-4 years who are developmentally on track by demographics(%), 2016



Source: 2016/17 MDHS

Chart 3.38 also shows there are some regional differences in ECDI scores. Children in the North (87 percent) had the lowest ECDI scores, whereas children in the Central region (95 percent) and Malé (94 percent) had the highest ECDI scores. It is unclear from the data what is driving these regional differences.

Chart 3.38. Children aged 3-4 years who are developmentally on track by region (%), 2016



Source: 2016/17 MDHS

In recent years, UNICEF pointed out that detailed information about ECD and age-specific developmental milestones have been made available to parents in the Child Health Records Book, which is shared with all parents at the time of the birth of their child. Although the Child Health Records Book contains a self-assessment tool for use by parents to track their child's age-specific developmental milestones, most parents do not use the self-assessment tool, nor is use of the tool monitored by health facilities. In 2024, the GoM formed a working group of experts to accelerate and strengthen early childhood developmental monitoring, including monitoring for developmental delays and autism, in an effort to link parents and their children with more advanced screening and early interventions or rehabilitation services, if needed. In 2025, the age-specific developmental milestones was digitized and incorporated as a module in the DHIS-II.

More recently, the 2023 KAP Survey of Parenting and Childcare in Maldives measured parents/caregivers knowledge of ECD and practices to support ECD. In terms of knowledge of ECD, 97 percent of parents/caregivers knew that long before a baby's first words appear, that a baby can communicate a lot using facial expressions, sounds, cries, gestures and body language. Also, 92 percent of parents/caregivers knew that physical affection, such as hugging and kissing, is important for a child's healthy development. The majority of parents also knew that children learn when they have a chance to explore and try new things on their own (97 percent), that babies and young children learn by playing (86 percent), and that from birth, parents can start to impact a child's brain development (89 percent). The majority of parents also knew that excess stress experienced by a mother during pregnancy and in the first years of a baby's life can affect a baby's brain development (84 percent).²⁰⁵

²⁰⁴ Ministry of Health Maldives and ICF (2018). *Maldives Demographic and Health Survey 2016-17*. MOH and ICF: Male, Maldives and Rockville, Maryland.

²⁰⁵ Haarr, R.N. & IRI (2023). *2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives*. UNICEF:

Although the majority of parents/caregivers have knowledge of ECD, there are parents/caregivers who have inaccurate information or misinformation about ECD. In fact, 48 percent of parents/caregivers incorrectly believed that picking up a baby every time they cry will spoil them, and 8 percent were unsure. Recent research has found that infants who are regularly cuddled and picked up grow up to be healthier, less depressed, kinder, more empathetic and more productive adults. Research has also shown that it is not possible to spoil infants by picking them up and cuddling them; however, letting infants cry can negatively impact their development.²⁰⁶

There can often be a disconnect between parents/caregivers' knowledge of ECD and their actual engagement in practices that support ECD, and child development. For instance, parents/caregivers may know that it is important to read to a child to support ECD, but the amount of time that parents/caregivers spend reading to a child may be less than what is needed to properly support ECD. To understand parents/caregivers' engagement in activities that support child development, the 2023 KAP Survey of Parenting and Childcare in Maldives asked parents/caregivers how often in the past week they engaged in a wide range of activities with their child(ren).

Chart 3.39 shows that only 59 percent of parents/caregivers reported that in the past week, they showed affection toward their child, such as hugging and kissing them on a daily basis. Research shows that showing affection to infants and young children, including hugs and kisses, helps to increase their brain development and overall social, emotional and physical development. Showing affection also helps children to be happier, less anxious and able to create healthy emotional bonds in other relationships.²⁰⁷

In addition, in the past week, only 45 percent of parents/caregivers praised their child(ren) on a daily basis when they followed instructions and showed positive behaviours, 33 percent encouraged their child(ren) on a daily basis to explore and try new things, 33 percent read or looked at books with their child(ren), and 31 percent of parents/caregivers helped their child(ren) on a daily basis with their school work in the past week. Far fewer parents/caregivers, on a daily basis, talked to their child(ren) about what they are thinking or feeling (27 percent), played games or toys with their child(ren) (25 percent), practiced math or counted things with their child(ren) (17 percent), coloured or drew pictures with their child(ren) (16 percent) and/or played outside or went to the beach/park with their child(ren) (12 percent).

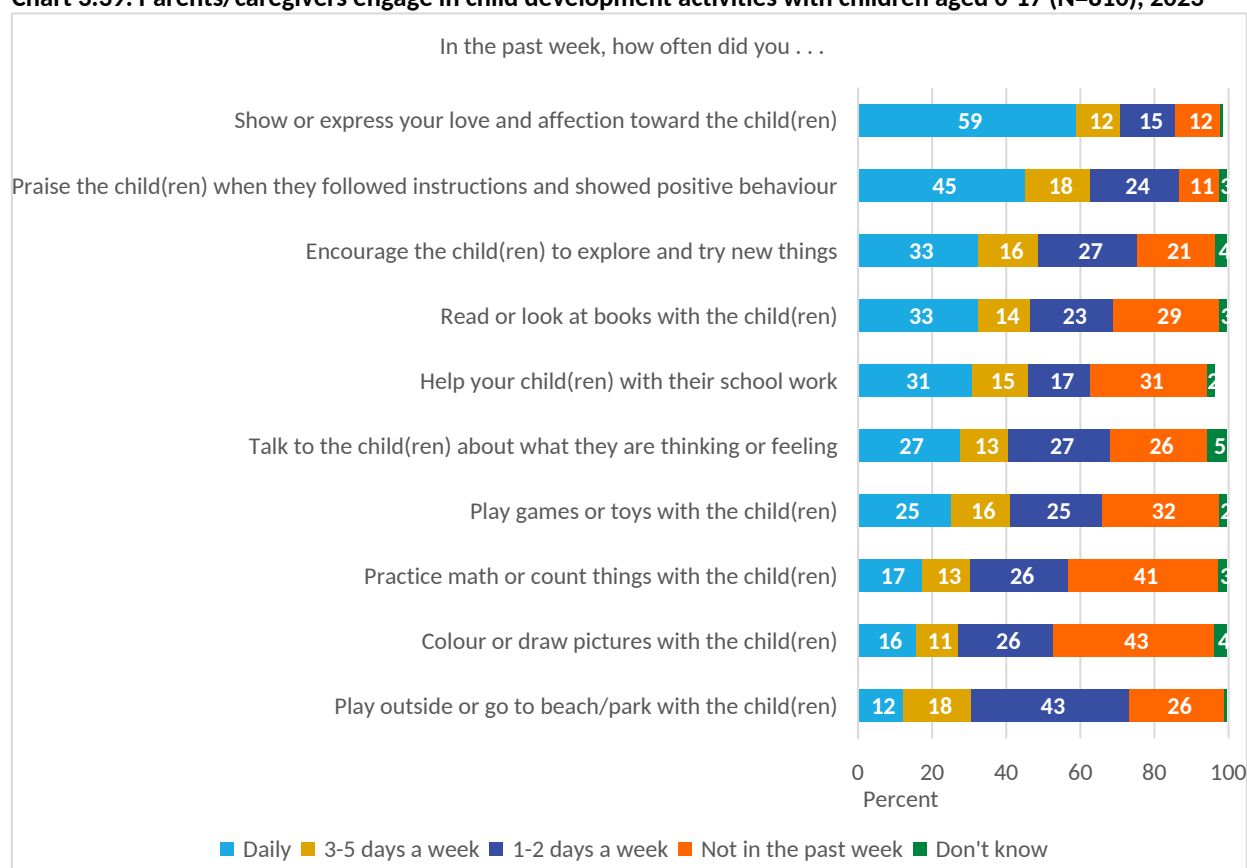
While many parents did not engage in each of these child development activities on a daily basis with their child(ren), a notable portion did engage in these activities 3-5 times a week or 1-2 times a week. At the same time, a notable proportion of parents/caregivers reported that they did not engage in these child development activities with their child(ren). For instance, 26 percent of parents/caregivers did not talk to their child(ren) in the past week about what they were thinking or feeling, 21 percent did not encourage their child(ren) to explore or try new things, and 12 percent did not show or express their love or affection toward their child(ren) in the past week.

Male', Maldives.

²⁰⁶ Queensland University of Technology. "For Crying Out Loud – Pick up Your Baby. Science Daily, 28 October 2006. Retrieved on 20 April 2025 from: [For Crying Out Loud -- Pick Up Your Baby -- ScienceDaily](#); New research says babies should be picked up every time they cry, 6 February 2017. Retrieved on 20 April 2025 from: [Should you pick your baby up every time it cries? New study says 'yes' | news.com.au — Australia's leading news site](#); The science of cuddling: Why cuddling is so great for babies. BBC. Retrieved on 20 April 2025 from: [The science of cuddling: Why cuddling is so great for babies - BBC Tiny Happy People](#); see also, Haarr, R. (2022). 2021-2022 Knowledge, Attitudes and Practices Survey on Early Childhood Developmental Monitoring in Kazakhstan. UNICEF: Astana, Kazakhstan.

²⁰⁷ Winston, R & R. Chicot (2016). The importance of early bonding on the long-term mental health and resilience of children. London Journal of Primary Care, Vol. 8, No. 1, pp. 12-14; The benefits of touch for babies, parents. Stanford Medicine, 23 September 2013. Retrieved on 9 April 2022 from: <https://med.stanford.edu/news/all-news/2013/09/the-benefits-of-touch-for-babies-parents.html>; see also, Haarr, R. (2022). 2021-2022 Knowledge, Attitudes and Practices Survey on Early Childhood Developmental Monitoring in Kazakhstan. UNICEF: Astana, Kazakhstan.

Chart 3.39. Parents/caregivers engage in child development activities with children aged 0-17 (N=810), 2023



Note: Women and men expecting their 1st child were not asked this question; **Source:** UNICEF KAP Survey data, 2023

Adolescent Health and Well-Being

Adolescence is often considered the healthiest period of the lifespan because it is a time when many attributes of good health are at their highest; at the same time, adolescence is a time of physical, emotional and cognitive development that can be marked by engagement in risky behaviours, which can increase one's risk of poor health and death.

Based upon their stage of brain development, adolescents are more likely to act on impulse, misread or misinterpret social cues and emotions, get into accidents, fights and engage in dangerous or risky behaviours. Adolescents are less likely to think before they act or pause to consider the consequences of their actions, or change their dangerous and/or inappropriate behaviours. This does not mean that adolescents cannot make good decisions or tell the difference between right and wrong, and it does not mean that they should not be held responsible for their actions.²⁰⁸ It does mean, however, that adolescents are more likely to engage in risky behaviours, including risky sexual behaviours that can lead to early pregnancy and childbirth, and exposure to sexually transmitted infections (STIs), including HIV/AIDS. Adolescents are also more likely to engage in experimenting with alcohol, tobacco and drugs, and to experience mental health issues, including depression, suicide and self-harming behaviours. Adolescents are also at-risk of unintentional injuries and violence-related deaths.

Given these realities, adolescence is a good time for health services and interventions that aim to promote improved lifelong health and well-being. This includes measures that: increase access to sexual and reproductive health (SRH) education and services, and contraceptives to protect against STIs and pregnancy; introduce early mental health screening for depression and suicidal tendencies, and other mental health conditions; improve access to prevention and treatment programmes for substance abuse; and reduce the risk of engaging in anti-social behaviours. Accurate health information, psycho-social support and services can improve adolescent health, well-being and decision-making, and contribute to improved health.

²⁰⁸ American Academy of Child & Adolescent Psychiatry (2016). Teen Brain: Behaviour, Problem-Solving and Decision-Making. Retrieved on 18 February 2024 from: [Teen Brain: Behavior, Problem Solving, and Decision Making \(aacap.org\)](https://www.aacap.org/teen_brain)

Sexual Behaviours. Healthy sexuality is an important part of adolescent development. Parents play an important role in helping adolescents to develop healthy routines, behaviours and relationships that they can carry into their adult lives. Many adolescents have a difficult time navigating this transition, including understanding that risky sexual behaviours can jeopardize their health during these formative years, and can contribute to poor health outcomes in adulthood.²⁰⁹

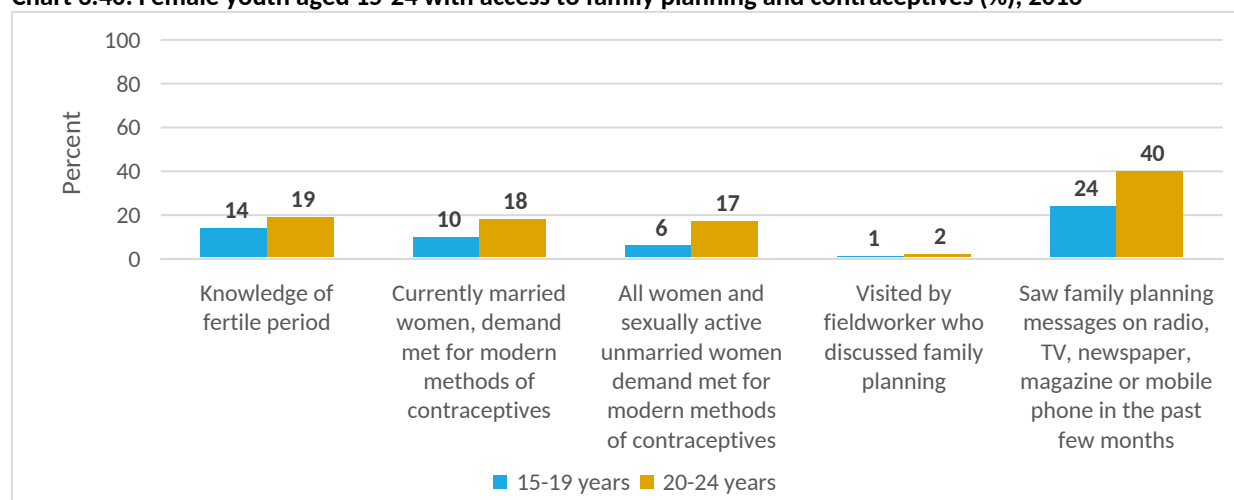
Prevalence data on sexual behaviours of young people in Maldives are limited. **Table 3.4** shows that in 2016, very few young people had sexual intercourse before the age of 15 and 18 years. Yet, young men aged 20-24 were twice as likely to have sexual intercourse before 15 years of age (4 percent) and three times more likely to have sexual intercourse before 18 years of age (18 percent), compared to young women aged 20-24 (2 percent and 6 percent respectively).

Table 3.4. Youth aged 15-24 who had sexual intercourse before ages 15 and 18 (%), 2016				
Age group	Sexual intercourse before age 15		Sexual intercourse before age 18	
	Male (%)	Female (%)	Male (%)	Female (%)
15-24 years	2	1	15	5
15-19 year	1	1	na	na
20-24 years	4	2	18	6

na = not available; Source: 2016 MDHS

More notably, **Chart 3.40** shows that in 2016, very few female youth had knowledge of their fertile period (14 percent of girls aged 15-19 and 19 percent aged 20-24). Among currently married young women, very few had their demand for modern methods of contraceptive met (10 percent of girls aged 15-19 and 18 percent aged 20-24). Similarly, very few sexually active, unmarried girls had their demands for modern methods of contraceptives met (6 percent of girls aged 15-19 and 17 percent aged 20-24). In addition, only one percent of girls aged 10-19 and two percent aged 20-24 years were visited by a field worker who discussed family planning. Finally, only 24 percent of girls aged 15-19 and 40 percent aged 20-24 had saw family planning messages on mass media or on their mobile phones in the months prior to the survey; this is compared to 12 percent of boys aged 15-19 and 36 percent of young men aged 20-24 who saw family planning messages in mass media or on their mobile phones. There is a need for more recent prevalence data on youths access to family planning and contraceptives, and messaging related to family planning.

Chart 3.40. Female youth aged 15-24 with access to family planning and contraceptives (%), 2016



Source: 2016 MDHS

Teenage/Adolescent Pregnancy. Globally, teenage pregnancy continues to be a focus as teenage births are associated with higher levels of child morbidity and mortality. Teenage pregnancy also denies girls their childhood, disrupts their education, limits their opportunities, increases their risks of violence and abuse, and has profound effect on the health and lives of young women.²¹⁰ As a result, teenage pregnancy has far-reaching implications not

²⁰⁹ American Academy of Pediatrics. Adolescent Sexual Health. Retrieved on 10 September 2021 from: [Adolescent Sexual Health \(aap.org\)](https://www.aap.org/Adolescent-Sexual-Health)

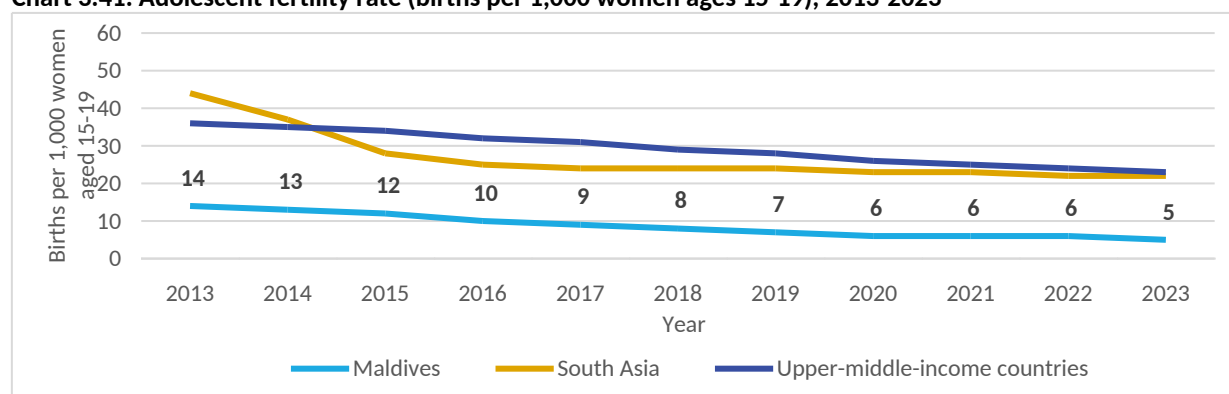
²¹⁰ American Academy of Pediatrics. Adolescent Sexual Health. Retrieved on 10 September 2021 from: [Adolescent Sexual Health \(aap.org\)](https://www.aap.org/Adolescent-Sexual-Health)

only for the girls themselves, but also their children, their families and society at-large.²¹¹ Teenage pregnancy also increases fertility and population growth, and reduces women's earnings.²¹²

In Maldives, teenage pregnancy is uncommon; in 2016, only two percent of adolescent girls aged 15-19 had a live birth or were pregnant with their first child. Girls who were most at-risk of teenage pregnancy were 19-years-old (7 percent), from the Central (5 percent) and South Central (3 percent) regions, and from the poorest households (3 percent). Maldives low adolescent fertility rate is linked to the fact that very few adolescents girls and boys are sexually active before 18 years of age (**Table 3.4**)

Chart 3.41 shows that Maldives experienced a 64 percent decrease in the adolescent fertility rate from 14 births per 1,000 women aged 15-19 in 2013 to 5 births per 1,000 women aged 15-19 in 2023. Maldives' adolescent fertility rate was lower than the averages for South Asia and upper-middle-income countries. In 2023, the average adolescent fertility rate for South Asia was 22 births per 1,000 women aged 15-19 and 23 births per 1,000 women aged 15-19 for upper-middle-income countries.

Chart 3.41. Adolescent fertility rate (births per 1,000 women ages 15-19), 2013-2023



Source: Retrieved on 12 July 2025 from: [Adolescent fertility rate \(births per 1,000 women ages 15-19\) - Maldives | Data](#); [Adolescent fertility rate \(births per 1,000 women ages 15-19\) - South Asia | Data](#); [Adolescent fertility rate \(births per 1,000 women ages 15-19\) - Upper middle income | Data](#)

Adolescent Mental Health. In 2021, the WHO reported that globally, 14 percent of adolescents aged 10-19 experienced a mental disorder, accounting for 13 percent of the global burden of disease in this age group. Depression, anxiety and behavioural disorders are among the leading causes of illness and disability among adolescents. In addition, suicide is the fourth leading cause of death among young people aged 15-29. Multiple factors can affect adolescents' mental health and risk of suicide, including: exposure to violence, abuse and bullying in childhood; stigma against help-seeking; barriers to accessing care and support for suicide; and harmful use of alcohol and other substances. Digital media and other forms of media can also impact adolescent mental health and can play a significant role in either enhancing or weakening suicide prevention efforts.

Other important determinants of poor mental health include: the quality of one's home life; relationships with peers and pressure to conform to peers; exposure to harsh parenting practices; poor living conditions; and experiences of stigmatization, discrimination and/or exclusion, particularly if there is a lack of access to quality support and services.²¹³ Other risk factors include: having a chronic illness; an intellectual disability or other neurological condition; being orphaned; being a teenage mother; and being in an early or forced marriage.²¹⁴ The COVID-19 pandemic further exacerbated adolescent mental health issues, as well as substance abuse.

Emotional disorders that are common among adolescents include anxiety disorders, which may involve panic or excessive worry. Globally, it is estimated that four percent of adolescents aged 10-14 and five percent aged 15-19 experience anxiety disorders, and one percent of adolescents aged 10-14 and three percent aged 15-19 experience depression.²¹⁵ Anxiety and depression share some of the same symptoms, including rapid and unexpected changes

[Health \(aap.org\)](#).

²¹¹ Ibid.

²¹² Ibid.

²¹³ Mental health of adolescents. Retrieved on 24 February 2024 from: [Mental health of adolescents \(who.int\)](#)

²¹⁴ Ibid.

²¹⁵ Mental health of adolescents. Retrieved on 24 February 2024 from: [Mental health of adolescents \(who.int\)](#)

in mood; thus, both can profoundly affect school attendance and schoolwork, and exacerbate social isolation and loneliness. Depression can lead to suicide.²¹⁶

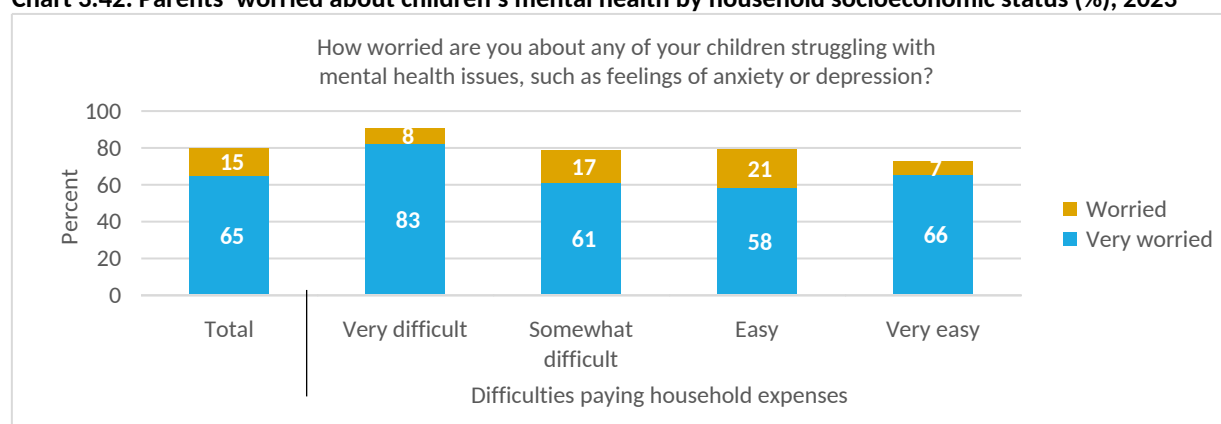
In Maldives, data related to adolescent mental health are lacking. **Table 3.5** shows that the 2021 WHO STEP Survey found that 18.8 percent of young people ages 15-29 years experienced mild to severe depression; a larger proportion of young people experienced mild depression verses moderate to severe depression. It is more notable that among young people aged 15-29, that nearly 10 percent of young men and 34 percent of young women experienced mild to severe depression; in other words, young women were three times more likely to experience depression, compared to young men.

Table 3.5. Depression classifications among young people ages 15-19 years by sex (%), 2021			
	Both Sexes, 15-29 years	Males, 15-29 years	Females, 15-29 years
Mild depression	14.3	7.8	24.9
Moderate depression	2.9	1.6	4.8
Moderately severe depression	1.2	0.2	2.7
Severe depression	0.4	0.0	1.1
Depressed (total)	18.8	9.6	33.5

Source: Raheem, R.A. & S. Moosa (2022). WHO STEP Survey on Risk Factors for Noncommunicable Diseases: Maldives 2020-2021. HPA & WHO: Malé, Maldives.

In 2023, the UNICEF-supported *KAP Survey of Parenting and Childcare in Maldives* found that 80 percent of parents/caregivers were very worried/worried about their children struggling with mental health issues, such as feelings of anxiety or depression (**Chart 4.32**). Maldivian parents often feel helpless when their children have mental health issues because they feel ill-equipped to offer support and there is a perceived stigma for parents of a child with mental health issues. This stigma can prevent parents from seeking mental health care or support for their children from a trained mental health professional.²¹⁷ Given these findings it is not surprising that 89 percent of parents/caregivers wanted more information about adolescent mental health.²¹⁸

Chart 3.42. Parents' worried about children's mental health by household socioeconomic status (%), 2023



Note: Sample = 751; **Source:** Haarr, R.N. & IRI (2023). 2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives. UNICEF: Malé, Maldives.

Chart 3.42 shows that parents who had a very difficult time paying household expenses were most likely to be very worried about their children struggling with mental health issues, such as anxiety or depression. Parents who face economic hardship are justified in having a heightened concern about their child's mental health because research has found that children who experience poverty are at increased risk of mental health problems in one's life span. This is because child poverty is often associated with other problems, such as poor nutrition, living in inadequate and overcrowded housing, and being at increased risk of experiencing adverse events (e.g., exposure to violence, abuse, bullying and harassment) which can contribute to mental health problems in childhood and adolescence.²¹⁹

²¹⁶ Ibid.

²¹⁷ Kaushik, A, E. Kostaki & M. Kyriakopoulos (2016). The stigma of mental illness in children and adolescents: A systematic review. *Psychiatric Research*, Vol. 30, No. 243, pp. 469-494.

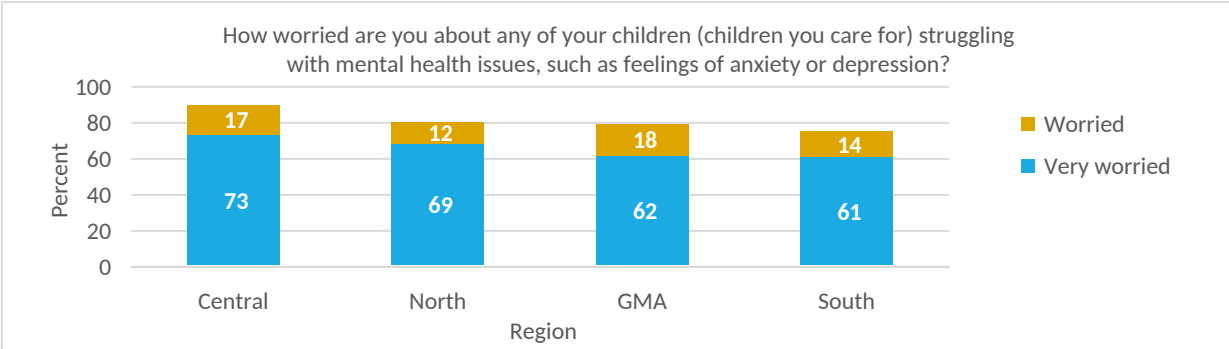
²¹⁸ Haarr, R.N. & Institute for Research and Innovation [IRI] (2023). 2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives. UNICEF: Male', Maldives.

²¹⁹ Gibson, K., Q. Abraham, I. Asher, R. Black, N. Turner, W. Waitoki & N. McMillan (2017). *Child poverty and mental health: A*

Thus, there is strong evidence that mental health problems among children and adolescents can be reduced by addressing childhood poverty, particularly in the early years of a child’s life.²²⁰

It is also notable that the 2023 KAP Survey also found that parents from Central (73 percent) and North (69 percent) regions were more likely to worry about their children struggling with mental health issues, compared to parents from GMA (62 percent) and the South (61 percent). It was unclear from the data what was driving these regional differences (Chart 3.43).

Chart 3.43. Parents/caregivers’ worried about children having mental health problems by region (%), N=810



Source: Haarr, R.N. & IRI (2023). 2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives. UNICEF: Malé, Maldives.

There are some data available from the Ministry of Social and Family Development (MSFD) as to the number of cases received and attended to related to self-harm and suicidal behaviours. In 2024, MSFD received and attended to 211 cases of self-harm and suicidal behaviours, of which 74 percent involved females and 26 percent males; however, the age of these individuals is unknown, so it is unclear whether they are children, adolescents or adults.²²¹

literature review. New Zealand Psychological Society and Child Poverty Action Group: Auckland, New Zealand. Retrieved on 1 August 2023 from: [170516 CPAGChildPovertyandMentalHealthreport-CS6 WEB.pdf \(waikato.ac.nz\)](#)

²²⁰ Ibid, 2017.

²²¹ Ministry of Social and Family Development, Case statistics from January 2024 to December 2024. Retrieved on 12 July 2025 from: [Case statistics from January 2024 to December 2024 - \[redacted\]](#)

There are also some data available from the MPS, as to the number of attempted suicide cases that involved child victims that were reported to MPS. **Table 3.6** shows that there were a total of 37 attempted suicide cases with child victims reported to MPS from January 2021 to September 2024. Among those child victims the majority were 11-14 and 15-17 years of age (18 percent and 18 percent respectively).

Table 3.6. Attempted suicide cases with child victims, 2021-2024	
Year	Number
2021	8
2022	13
2023	7
Jan – Sept 2024	9
Total	37
Age of child victims	
6-10 years	1
11-14 years	18
15-17 years	18

Source: Retrieved on 12 July 2025 from: [Maldives Police Service](#)

Failure to address adolescent mental health and well-being can have long-term consequences that extend into adulthood, including impaired physical and mental health that limits opportunities to lead a fulfilling life as an adult.²²² Thus, there is a need to urgently address access to mental health and psychosocial support (MHPSS) services at the community level, in both public and private sectors. This, however, requires advocating for more resources for MHPSS services and building the capacity of mental health providers to scale-up implementation of policies and guidelines that contribute to MHPSS service delivery; this is important to advancing the mental health and well-being of children and adolescents. In Maldives, mental health remains a taboo topic among the general public and health workers.

²²² Mental health of adolescents.
Retrieved on 24 February 2024 from:
[Mental health of adolescents \(who.int\)](#)

Substance Use/Abuse. Drug and alcohol use typically begins in adolescence and young adulthood and is a major risk factor for adverse health and social outcomes, and NCDs later in life.²²³ Adolescents are less able to anticipate the negative effects of alcohol and drugs on their health and well-being, including risks of abusing alcohol and drugs, and developing addictions.²²⁴

Alcohol consumption per capita tends to remain low in Maldives as alcohol laws are quite strict due to the country's Islamic culture; as a result, the majority of the population abstains from alcohol consumption. In 2016, 86 percent of persons aged 15 years were lifetime abstainers.²²⁵ Since 2000, total alcohol consumption per capita has remained less than 2 litres of pure alcohol.²²⁶ In 2020, males aged 15+ years were more likely to consume alcohol (2.3 litres of pure alcohol per capita) than their female counterparts (0.3 litres of pure alcohol per capita).²²⁷ Similarly, the 2021 WHO STEP Survey found among young people aged 15-29, only two percent had drunk alcohol in 30 days prior to the survey, and one percent drank alcohol in the 12 months prior to the survey; whereas 95 percent of young people ages 25-29 years were lifetime abstainers.²²⁸

Data related to the prevalence of alcohol consumption among adolescents are limited to the 2016/17 MDHS. In 2016, only 0.2 percent of adolescents aged 15-19 had one or more episodes of heavy drinking (consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days). Among adolescents aged 15-19 who reported they drink alcohol, 6.4 percent of males and 1.4 percent of females had episodes of heavy drinking.²²⁹

Data and information on drug use and abuse in Maldives are also lacking. In a 2021 SitAn of Drugs in Maldives it was found among drug users surveyed that 32 percent started using drugs by the age of 15 and 58 percent started using drugs by the age of 18 years.²³⁰ The majority of drug users reported their reasons for initiating substance use was peer influence (72 percent). Far few drug users started using drugs out of curiosity (13 percent), as recreation (6 percent), due to family issues (4 percent) or stress (2 percent) and for fun/fashionable or out of boredom (one percent each).²³¹ Among drug users, 34 percent used locally produced drugs, of which 91 percent used alcohol. In addition, 92 percent consumed tobacco products.²³² Only 22 percent of drug users used injection drugs. Among injection users, 44 percent shared needles.²³³

The 2023 KAP Survey of Parenting and Childcare in Maldives found that 73 percent of parents were very worried/worried about their children having problems with alcohol or drugs (**Chart 3.44**). Parents who had a very difficult time paying household expenses were most likely to be very worried about their children having problems with alcohol or drugs. Parents who face economic hardship are justified in having a heightened concern about their child having problems with alcohol or drugs because research has found that children who experience poverty are at increased risk of drug and alcohol use problems in one's life span. This is because child poverty is often associated with other problems, such as being at increased risk of experiencing adverse events (e.g., exposure to violence, bullying and harassment) which can contribute to mental health problems in childhood and adolescence.²³⁴ There

²²³ Patton et al. (2016). 'Our Future: A Lancet commission on adolescent health and wellbeing', *The Lancet Child & Adolescent Health*, Vol. 387, No. 10036, pp. 2423-2478; UNICEF (2011). *State of the World's Children 2011: Adolescence – An age of opportunity*. UNICEF: New York, NY, USA.

²²⁴ Degenhardt, L., E. Stockings, G. Patton, W.D. Hall & M. Lynskey (2016). 'The Increasing Global Health Priority of Substance Use in Young People', *The Lancet Psychiatry*, Vol. 3, No. 3, pp. 251-264.

²²⁵ Retrieved on 9 April 2025 from: [19089_Maldives.pdf](#)

²²⁶ Retrieved on 9 April 2025 from: [Total alcohol consumption per capita \(liters of pure alcohol, projected estimates, 15+ years of age\) - Maldives | Data](#)

²²⁷ Retrieved on 9 April 2025 from: [Total alcohol consumption per capita, male \(liters of pure alcohol, projected estimates, male 15+ years of age\) - Maldives | Data](#) and [Total alcohol consumption per capita, female \(liters of pure alcohol, projected estimates, female 15+ years of age\) - Maldives | Data](#)

²²⁸ Raheem, R.A. & S. Moosa (2022). WHO STEP Survey on Risk Factors for Noncommunicable Diseases: Maldives 2020-2021. HPA & WHO: Male', Maldives.

²²⁹ Retrieved on 9 April 2025 from: [19089_Maldives.pdf](#)

²³⁰ Ministry of Health (2021). *Situation Analysis of Drugs in the Maldives 2021*. National Drug Agency, Male', Maldives, p. 73. Retrieved on 9 April 2025 from: [Health - Situation Analysis of Drugs in the Maldives 2021](#)

²³¹ Ibid, 2021, p. 73.

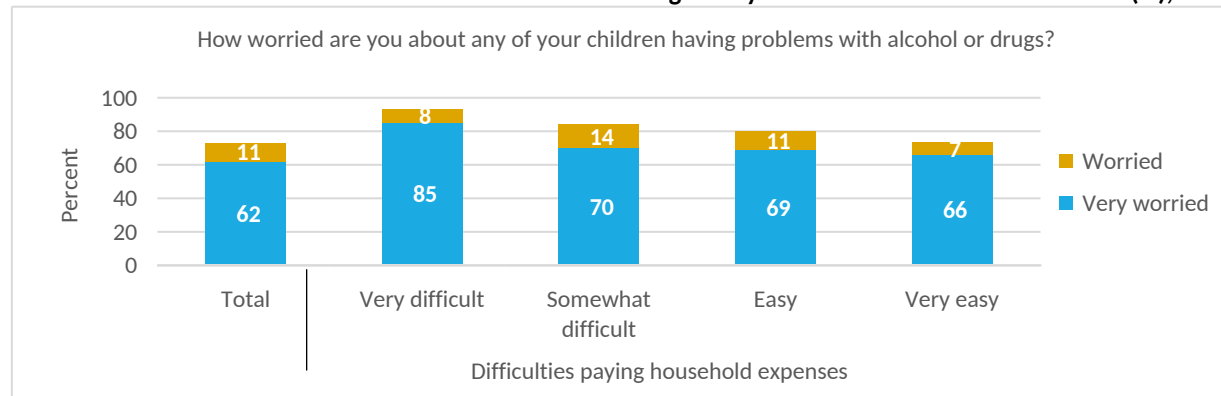
²³² Ibid, 2021.

²³³ Ibid, 2021.

²³⁴ Manhica, H., V.S. Straatmann, A. Lundin, E. Agardh & A.K. Danielsson (2021). Association between poverty exposure during childhood and adolescence, and drug use disorders and drug-related crimes later in life. *Addiction*, Vol. 116, No. 7, pp. 1747-1756. Retrieved on 9 April 2025 from: [Association between poverty exposure during childhood and adolescence, and drug use disorders and drug-related crimes later in life - PubMed](#)

is also evidence that mental health problems and drug and alcohol use in adolescence are closely related. Teenagers may turn to alcohol or drug use to manage their feelings (self-medication). Given these findings it is not surprising that 82 percent of parents/caregivers wanted more information about adolescent alcohol and drug use.²³⁵

Chart 3.44. Parents' worried about children's alcohol or drug use by household socioeconomic status (%), N=751

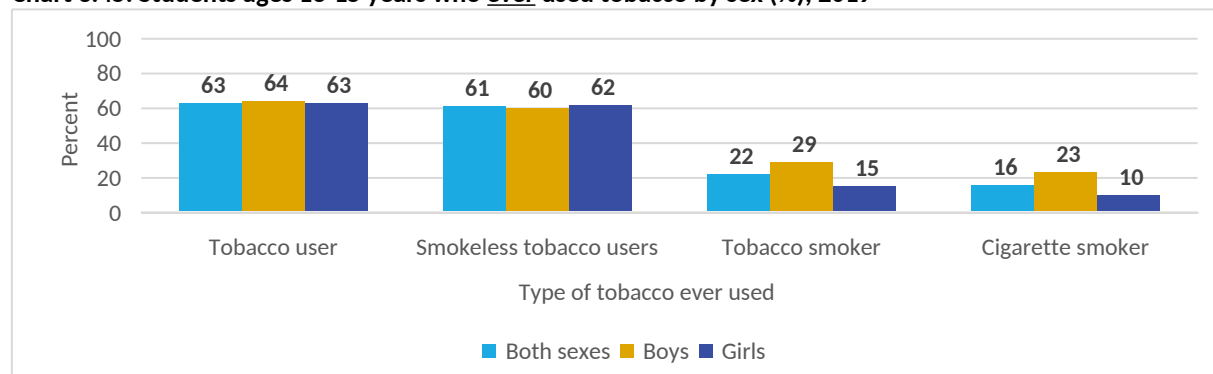


Source: Haarr, R.N. & IRI (2023). *2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives*. UNICEF: Malé, Maldives.

Tobacco Use. As part of the Tobacco-Free Initiative of the WHO and Office on Smoking and Health of the United States Centres for Disease Control and Prevention (CDC) implemented the Global Youth Tobacco Survey (GYTS) in Maldives, which was one of a number of countries representing the six WHO regions. The aim of the GYTS was to generate comprehensive tobacco prevention and control information on adolescents, based upon a nationally representative school-based survey of students aged 13-15 years.²³⁶

Chart 3.45 shows that 63 percent of students aged 13-15 ever used tobacco and the majority ever used smokeless tobacco (61 percent); boys (60 percent) and girls (62 percent) were nearly equally likely to use smokeless tobacco. When it comes to smoking tobacco only 22 percent of students aged 13-15 years ever smoked tobacco and 16 percent ever smoked cigarettes. Boys were twice as likely to ever smoke tobacco (29 percent) and smoke cigarettes (23 percent), compared to girls (15 percent and 10 percent respectively).²³⁷

Chart 3.45. Students ages 13-15 years who ever used tobacco by sex (%), 2019



Source: WHO Regional Office for South-East Asia (2020). *Global Youth Tobacco Survey (GYTS) – Maldives 2019*. WHO Regional Office for South-East Asia: New Delhi, India.

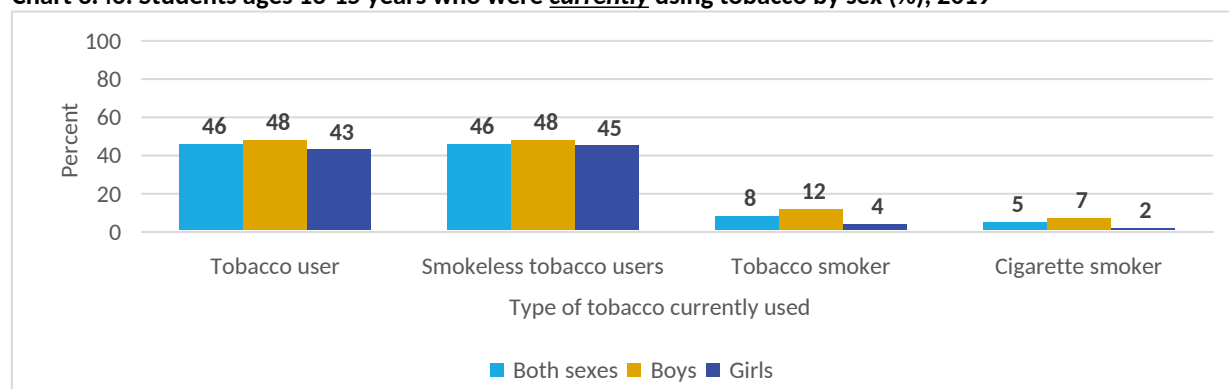
Chart 3.46 shows that that 36 percent of students aged 13-15 ever used tobacco and the majority ever used smokeless tobacco (46 percent); boys (48 percent) and girls (45 percent) were nearly equally likely to use smokeless tobacco. When it comes to smoking tobacco only 8 percent of students aged 13-15 years ever smoked tobacco and 5 percent ever smoked cigarettes. Boys were three times more likely to ever smoke tobacco (12 percent) and smoke

²³⁵ Haarr, R.N. & Institute for Research and Innovation [IRI] (2023). *2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives*. UNICEF: Male', Maldives.

²³⁶ WHO Regional Office for South-East Asia (2020). *Global Youth Tobacco Survey (GYTS) – Maldives 2019*. WHO Regional Office for South-East Asia: New Delhi, India.

²³⁷ Ibid, 2020.

cigarettes (5 percent), compared to girls (4 percent and 2 percent respectively). Fewer students were current users of tobacco than ever used tobacco, particularly tobacco smoking. In other words, many students who ever used tobacco most likely experimented with tobacco on one or more occasions, but did not become regular users of tobacco. In fact, among current cigarette smokers, only one percent were frequent cigarette smokers.²³⁸ It is notable that a significant proportion of students who ever used smokeless tobacco were currently using smokeless tobacco, which may imply that smokeless tobacco use is more habit-forming because they contain nicotine, a highly addictive substance. Disposable e-cigarettes are also associated with a higher likelihood of habitual use, especially among teenagers.²³⁹



HIV/AIDS Among Children and Adolescents

Globally, in 2022, on average, 1.1 million adults aged 15-49 were newly infected with HIV.²⁴¹ More specifically, 480,000 children and youth ages 0-24 years were newly infected with HIV, including 130,000 children aged 0-14 and 350,000 youth aged 15-24.²⁴²

²³⁸ WHO Regional Office for South-East Asia (2020). *Global Youth Tobacco Survey (GYTS) – Maldives 2019*. WHO Regional Office for South-East Asia: New Delhi, India.

According to UNAIDS estimates, in 2022, an estimated 100 young people ages 15-24 were newly infected with HIV in Maldives.²⁴⁶ Data related to the number of children aged 0-14 newly infected with HIV and living with HIV in Maldives are not available.

Despite low rates of HIV/AIDS, the World Bank recognized that Maldives has considerable vulnerability and risk to an HIV epidemic. The most likely trigger for an HIV epidemic in Maldives is injection drug use, because of the efficiency of sharing contaminated needles as an HIV transmission route, compared to sexual transmission. There is also a lot of stigmatization and taboos around sex work and homosexuality, particularly men who have sex with men, given it is illegal; this puts Maldives at-risk of the spread of STIs, including HIV.²⁴⁷

Knowledge about HIV Transmission. Correct information is the first step toward raising awareness and giving adolescents and youth the tools to protect themselves from STIs, including HIV infection; yet, misconceptions about HIV/AIDS are common and can confuse young people and hinder prevention efforts.²⁴⁸ **Chart 3.47** shows that the 2016 MDHS found that only 29 percent of female youth and 26 percent of male youth had comprehensive knowledge of HIV. Males aged 20-24 (33 percent) were more likely to have comprehensive knowledge of HIV than males aged 15-19 (21 percent); whereas females aged 20-24 (31 percent) were only slightly more likely to have comprehensive knowledge about HIV than females aged 15-19 (27 percent).

²⁴⁶ Retrieved on 13 July 2025 from: [Young people \(ages 15-24\) newly infected with HIV - Maldives | Data](#)

²⁴⁷ HIV/AIDS in the Maldives. World Bank Group, 10 July 2012. Retrieved on 3 April 2025 from: [HIV/AIDS in the Maldives](#)

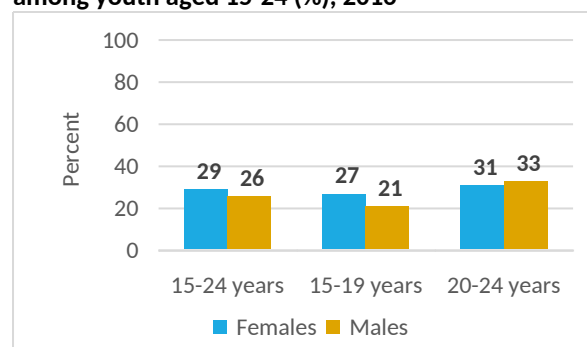
²⁴⁷ Retrieved on 3 April 2025 from: [HIV/AIDS - HPA Maldives](#)

²⁴⁸ UNICEF (2021). Goal Area 1: Every child survives and thrives – Global Annual Results Report 2020. UNICEF: New York, NY, USA.

Comprehensive knowledge means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting two common misconceptions about HIV transmission or prevention.²⁴⁹

Chart 3.48 shows the proportion of young women and men ages 15-24 years who have knowledge of using condoms, limiting sexual intercourse to one uninfected person, and using condoms and limited sexual intercourse to one uninfected person.

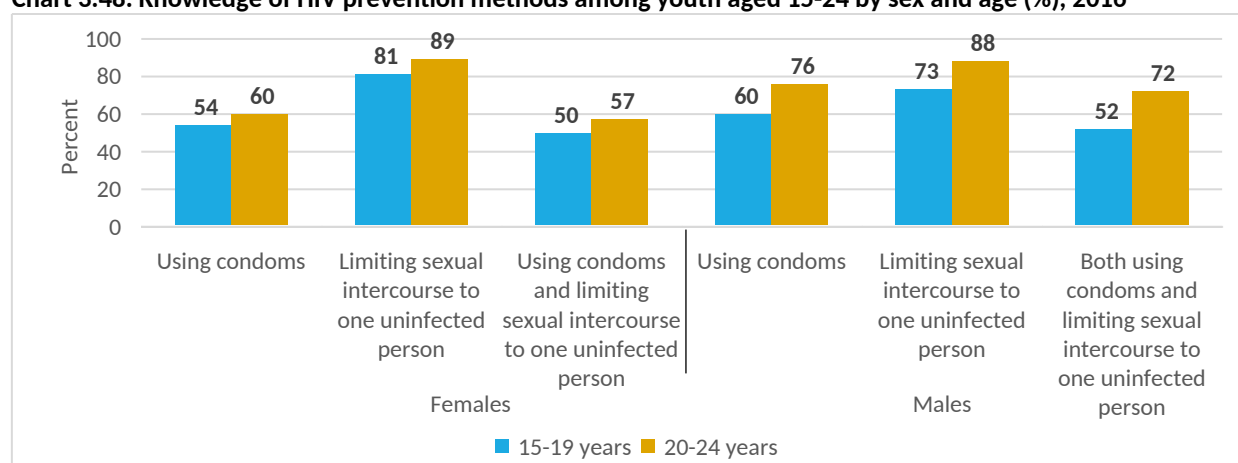
Chart 3.47. Comprehensive knowledge about HIV among youth aged 15-24 (%), 2016



Source: 2016 MDHS

²⁴⁹ Ministry of Health Maldives and ICF (2018). *Maldives Demographic and Health Survey 2016-17*. MOH and ICF: Male, Maldives and Rockville, Maryland.

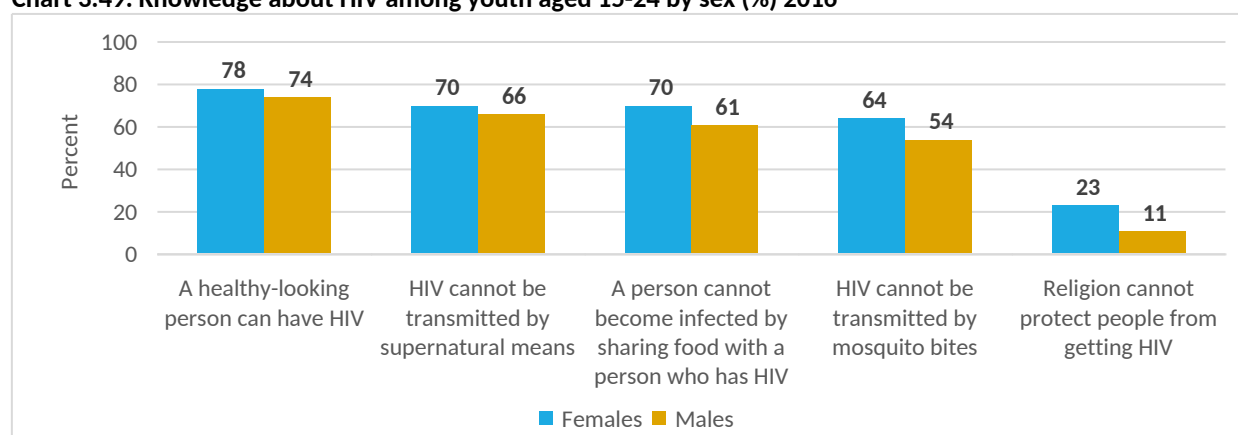
Chart 3.48. Knowledge of HIV prevention methods among youth aged 15-24 by sex and age (%), 2016



Source: 2016 MDHS

Chart 3.49 shows that among youth aged 15-24, only 54 percent of males and 64 percent of females had knowledge that HIV cannot be transmitted by mosquito bites, 61 percent of males and 70 percent of females knew that a person cannot become infected by sharing food with a person who has HIV, and 66 percent of males and 70 percent of females had knowledge that HIV cannot be transmitted by supernatural means. It is particularly concerning that only 11 percent of males and 23 percent of females had knowledge that religion cannot protect people from getting HIV. More recent prevalence data are needed on comprehensive knowledge about HIV among adolescents and youth to understand the situation today.

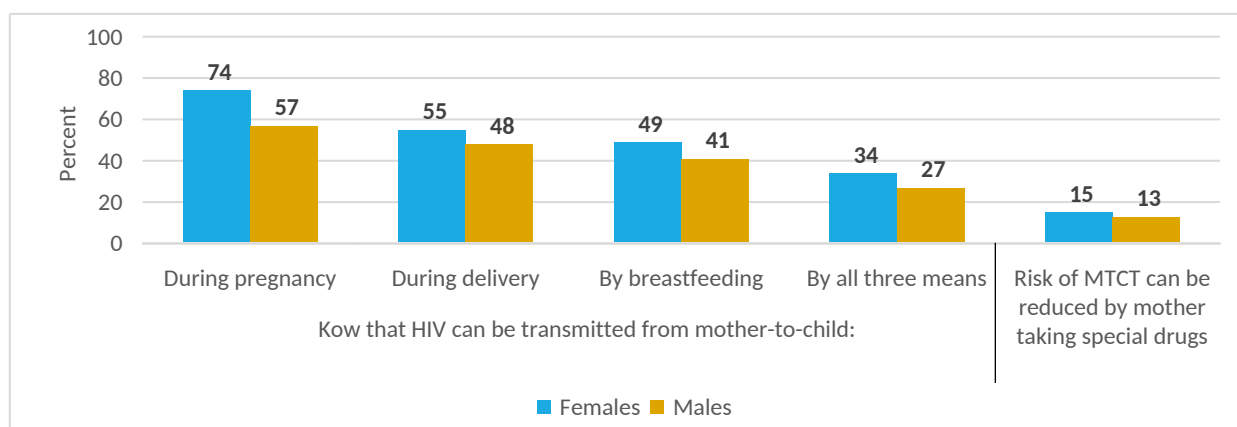
Chart 3.49. Knowledge about HIV among youth aged 15-24 by sex (%) 2016



Source: 2016 MDHS

Chart 3.50 shows that in 2016, female youth (74 percent) were far more likely than male youth (57 percent) to know that HIV can be transmitted from mother-to-child during pregnancy. Female youth were also more likely to know that HIV can be transmitted from mother-to-child during delivery (55 percent) and by breastfeeding (49 percent), compared to male youth (48 percent and 41 percent respectively). It is concerning that so few youth, both female (34 percent) and male (27 percent) had knowledge that HIV can be transmitted from mother-to-child by all three means – during pregnancy and delivery, and by breastfeeding. It is also concerning that among youth, only 15 percent of females and 13 percent of males knew that the risk of mother-to-child transmission (MTCT) can be reduced by the mother taking special drugs.

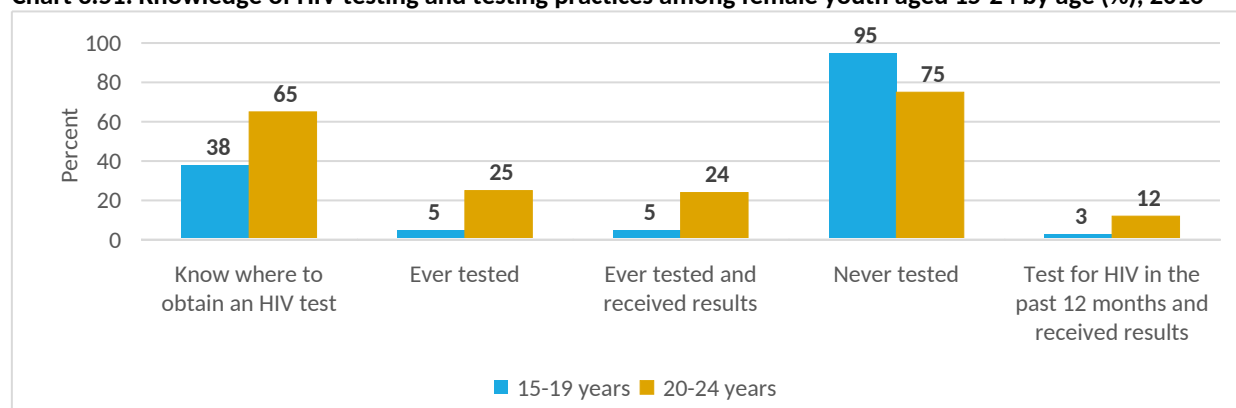
Chart 3.50. Knowledge of prevention of MTCT of HIV among youth aged 15-24 by sex (%), 2016



Source: 2016 MDHS

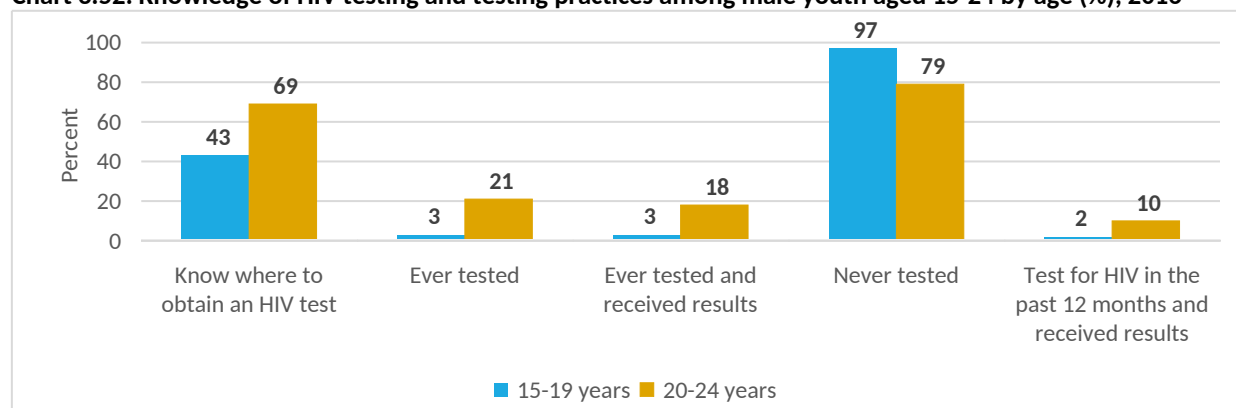
Knowledge of HIV Testing and Testing Practices. Charts 3.51 and 3.52 shows knowledge of HIV testing and HIV testing practices among females and males ages 15-24 years. In 2016, only 38 percent of females aged 15-19 and 65 percent aged 20-24 knew where to obtain an HIV test; similarly, only 43 percent of males aged 15-19 and 69 percent aged 20-24 knew where to obtain an HIV test. It is not surprising that so few adolescent males and females ever tested for HIV, given the fact that so few adolescents ever had sex before the age of 18 (see Table 3.4). Yet, among 20-24-year-olds, 25 percent of females and 21 percent of males ever tested for HIV and nearly as many received their results. In addition, among youth aged 20-24, 12 percent of females and 10 percent of males tested for HIV in the 12 months prior the MDHS and received their results.

Chart 3.51. Knowledge of HIV testing and testing practices among female youth aged 15-24 by age (%), 2016



Source: 2016 MDHS

Chart 3.52. Knowledge of HIV testing and testing practices among male youth aged 15-24 by age (%), 2016



Source: 2016 MDHS

EDUCATION ACCESS AND LEARNING

According to the Education Act (Act No: 24/2020), every child has the right to education from the age of 4 to 18 years or from preschool to grade 12.²⁵⁰ Access to quality education is one of the most effective interventions to empower children and adolescents, and ensure that they have the knowledge and skills needed to function in and contribute to society. Access to and participation in education has broad effects on children's learning and skills development, as well as their health and well-being, civic engagement, and protection from hazardous and exploitative practices. Access to quality education is also a vital prerequisite for combating poverty.²⁵¹

Preschool (Nursery and Kindergarten)

Maldives recognizes the vital importance of preschool for educational and developmental opportunities of children before they enter the primary school system. Formal preschool education begins at the age of four and is offered through lower and upper kindergartens (2 years). Kindergarten education is designed to establish a strong foundation for children's future learning and ensuring their success in primary school and beyond. In recent years, Maldives has initiated early learning programmes or nurseries for children as young as 2 and 3 years of age, to be attended prior to entering kindergarten.

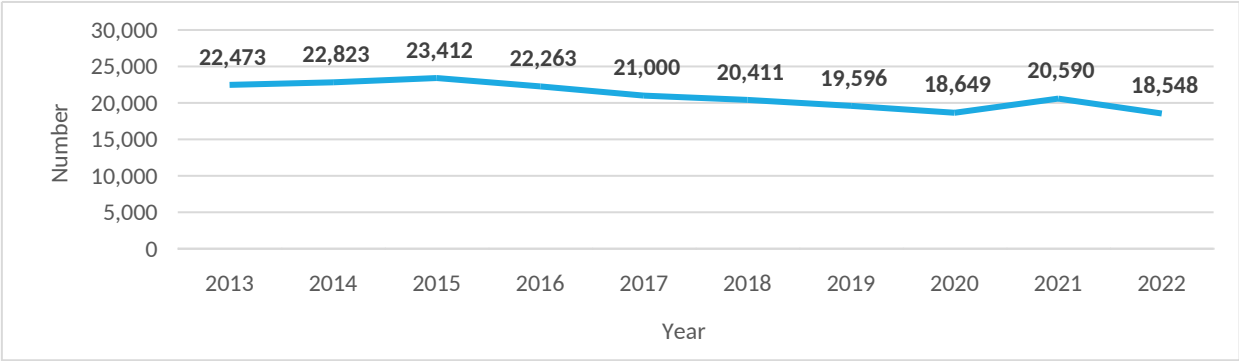
The best approach is to report gross enrolment and net enrolment rates. The gross enrolment rate (GER) for kindergarten is calculated by dividing the number of children enrolled in kindergarten, regardless of age, by the population of the age group which officially corresponds to kindergarten education; whereas the net enrolment rate (NER) for kindergarten refers to the percentage of children of lower and upper kindergarten ages (4-6 years) who are actually enrolled in kindergarten. GERs and NERs for kindergarten are not available from MOE.

²⁵⁰ Education Act (Act No: 24/2020). Retrieved on 16 April 2025 from: [English translation of Education Act.pdf](#)

²⁵¹ UN Chronicle. Reducing Poverty through education – and how. Retrieved on 8 October 2021 from: [Reducing Poverty Through Education - and How | United Nations](#)

Chart 3.51 shows that from 2013-2022, there was an 18 percent decrease in the number of children enrolled in preschools, including nursery school and kindergarten, from 22,473 in 2013 to 18,548 in 2022. In 2021/2022, there were a total of 20,590 children enrolled in preschools, of which 23 percent were in nurseries and 77 percent in kindergartens.²⁵² It is unclear from the data what is driving the decline in number of children enrolled in preschools, however, the decrease in numbers in 2020 were most likely due to the COVID-19 pandemic. In 2023, MOE reported there were a total of 13,238 children enrolled in kindergartens; however, this number does not include the number of children in nurseries.²⁵³

Chart 3.51. Number of children enrolled in preschools, including nursery school and kindergarten, 2013-2022



Source: Maldives Bureau of Statistics (2024). *Statistical Pocketbook of Maldives 2024*. Maldives Bureau of Statistics: Malé, Maldives. Retrieved on 16 April 2025 from: [Statistical-Pocketbook-of-Maldives-2024-Updated.pdf](#)

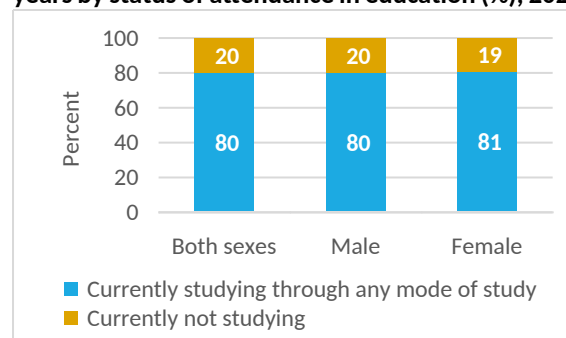
²⁵² Maldives Bureau of Statistics (2024). *Statistical Pocketbook of Maldives 2024*. MBS: Male', Maldives. Retrieved on 16 April 2025 from: [Statistical-Pocketbook-of-Maldives-2024-Updated.pdf](#)

²⁵³ MoE (2024). *Program Document for the Global Partnership for Education System Transformation Grant*. MoE: Male', Maldives.

The 2022 Population and Housing Census found that 80 percent of children ages 2-5 years, including 80 percent of males and 81 percent of females, were attending preschool, either nursery school or kindergarten (**Chart 3.52**).

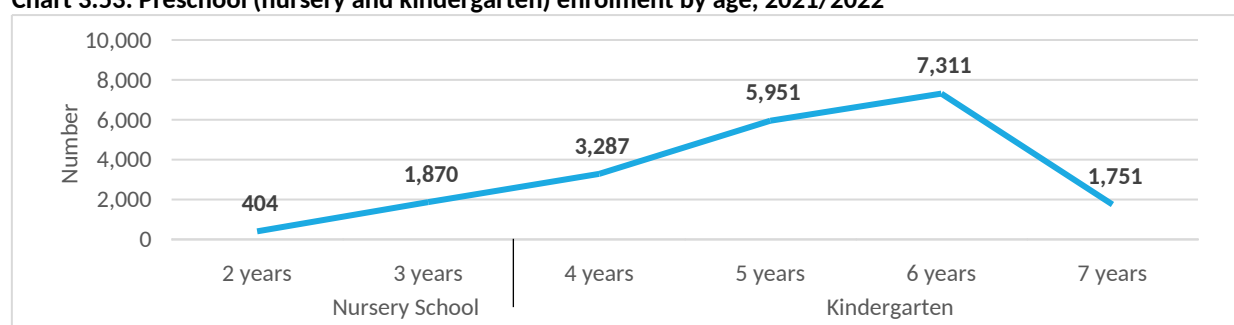
Based upon data from MOE, in 2021/2022, 51 percent of children in preschool were male and 49 percent female. **Chart 3.53** shows the number of children enrolled in nursery school (ages 2-3 years) and kindergarten (ages 4-7 years). Enrolment steadily increased from 3 to 6 years of age, given the fact that lower and upper kindergarten are compulsory. Very few children aged 7 were in kindergarten because most children transition to primary school by age 7.

Chart 3.52. Resident Maldivian population ages 2-5 years by status of attendance in education (%), 2022



Source: Maldives Bureau of Statistics (2023). *Education Status of the Population: An analysis from Census 2022*. Maldives Bureau of Statistics: Malé, Maldives.

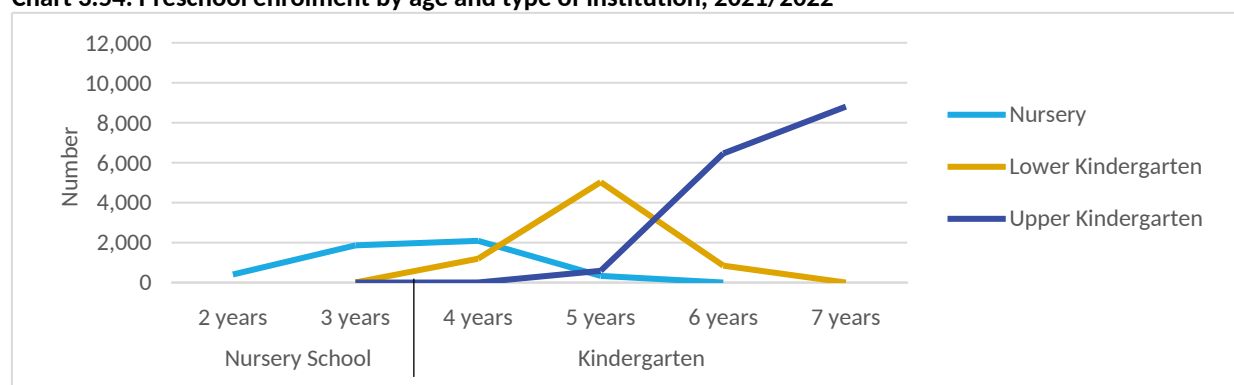
Chart 3.53. Preschool (nursery and kindergarten) enrolment by age, 2021/2022



Source: School Statistics 2021/2022. MOE: Malé, Maldives.

In 2021/2022, among the 20,574 children ages 2-7 years who enrolled in preschool, 23 percent were enrolled in a nursery, 34 percent in lower kindergarten and 43 percent in upper kindergarten. **Chart 3.54** shows that children who attended preschool before the age of 4 years were most likely to attend a nursery. By the age of five, the majority of children were in lower kindergarten, and by 6 and 7 years of age, the majority of children were in upper kindergarten.

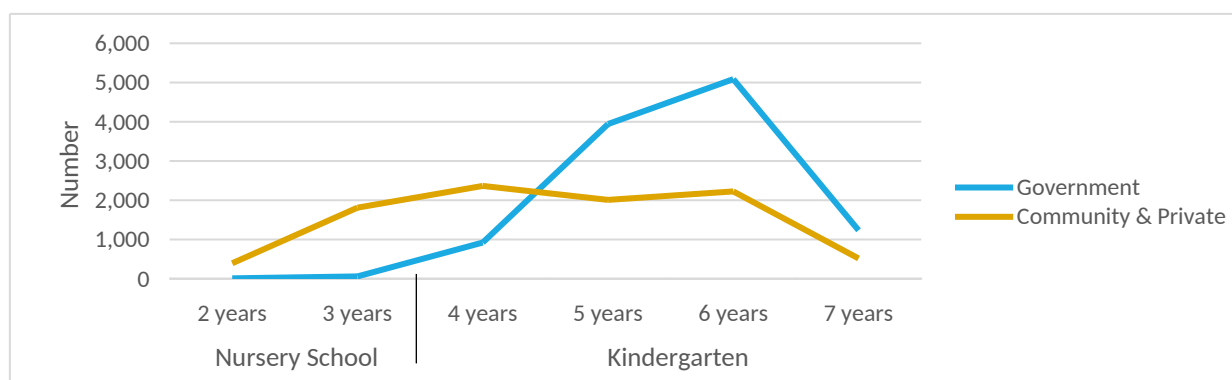
Chart 3.54. Preschool enrolment by age and type of institution, 2021/2022



Source: School Statistics 2021/2022. MOE: Malé, Maldives.

In addition, in 2021/2022, among the 20,574 children ages 2-7 years enrolled in preschools, 55 percent were enrolled in government preschools and 45 percent in community or private preschools. **Chart 3.55** shows that children who attended nursery school prior to the age of 5 years were most likely to attend a community or private preschool, whereas children ages 5-7 were more likely to attend a government kindergarten.

Chart 3.55. Preschool enrolment by age and type of institution, 2021/2022



Source: School Statistics 2021/2022. MOE: Malé, Maldives

It is also notable that 2023 KAP Survey of Parenting and Childcare in Maldives found among parents/caregivers of children aged 0-5 years, 78 percent reported their children ever attended an early childhood education (ECE) programme, of which 79 percent were currently enrolled in an ECE programme. Among parents/caregivers who never sent their child to an ECE programme, 76 percent reported their child was too young to attend an ECE programme, and 89 percent planned to enrol their child in an ECE programme in the future. A small proportion of parents/caregivers whose children never attended an ECE programme reported the reasons were: preschool fees are too high (6 percent); poor conditions at the preschool (5 percent); child gets sick too often (5 percent); child is at home with a relative or hired caregiver (4 percent); child has not been able to adapt to the preschool (3 percent); and child has developmental delays or difficulties (3 percent).²⁵⁴

Regardless of whether or not parents/caregivers reported their children were enrolled in an ECE programme, they were asked about the benefits of ECE programmes. Nearly all parents recognized the benefits of ECE programmes, including: encourages movement and motor skills (99 percent); supports children's communication skills (98 percent); teaches children to follow directions (98 percent); provides opportunities for children to play (98 percent); helps children make friends (97 percent); helps to prepare children for primary school (97 percent); and teaches children to follow directions (92 percent). Only 48 percent of parents/caregivers and expecting parents considered the benefit of an ECE programme is to look after children while parents are at work.²⁵⁵

Investing in expanding access to quality early learning programmes is a core strategy to improve learning outcomes.²⁵⁶ Thus, in 2015, ECD became part of SDG 4, to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all. SDG Target 4.2 aims to ensure by 2030, that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education. SDG Target 4.2 includes two key indicators: the proportion of children aged 24-59 months who are developmentally on track in health, learning and psychosocial well-being, by sex (4.2.1); and participation rate in organized learning, one year before the official primary entry age, by sex (4.2.2). MOE should collect and analyse data that would enable them to report on these key SDG indicators.

Primary Education

Primary education includes six years of education, grades 1-6 for children aged 7-12. Primary school participation in Maldives is universal; thus, the 2022 Population and Housing Census found that 99.7 percent of resident Maldivian children ages 6-12 years were attending primary school; there were no gender differences.²⁵⁷ Enjoying robust primary school enrolment is paramount to the government's pursuit of universal education and the attainment of SDGs aimed at delivering quality education to all children.

²⁵⁴ Haarr, R.N. & IRI (2023). 2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives. UNICEF: Male', Maldives.

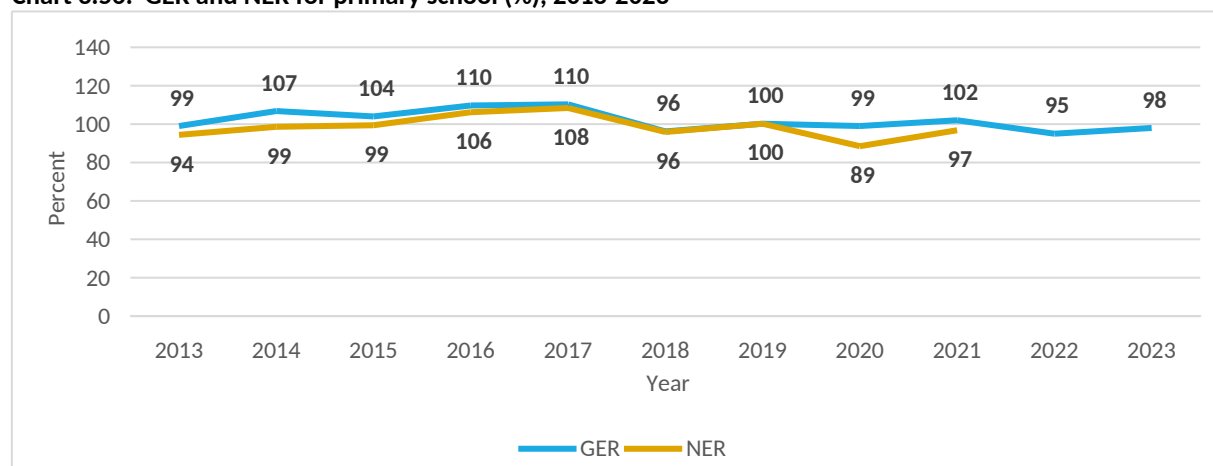
²⁵⁵ Haarr, R.N. & IRI (2023). 2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives. UNICEF: Male', Maldives.

²⁵⁶ UNICEF (2024). 2023 Global Annual Results Report – Goal Area 2: Learning and skills acquisition. UNICEF: New York, NY, USA.

²⁵⁷ Maldives Bureau of Statistics (2023). Education Status of the Population: An analysis from Census 2022. Maldives Bureau of Statistics: Male', Maldives.

Primary Enrolment Rates. Chart 3.56 shows that the GER for primary education has fluctuated from 2013-2023, at times dipping below 100 percent; the largest dip was a 14-percentage point dip from 110 percent in 2017 to 96 percent in 2018. Bear in mind, the GER is the number of students enrolled in primary education, regardless of age, and is expressed as a percentage of the official primary school-age population; thus, the GER can exceed 100 percent. NERs were nearly aligned with GERs, with some fluctuations and drops below 100 percent. The drop in NER in 2000 was due to the COVID-19 pandemic. These data reflect near universal primary education for children aged 6-11, with no notable gender differences in NERs from 2009-2021.²⁵⁸

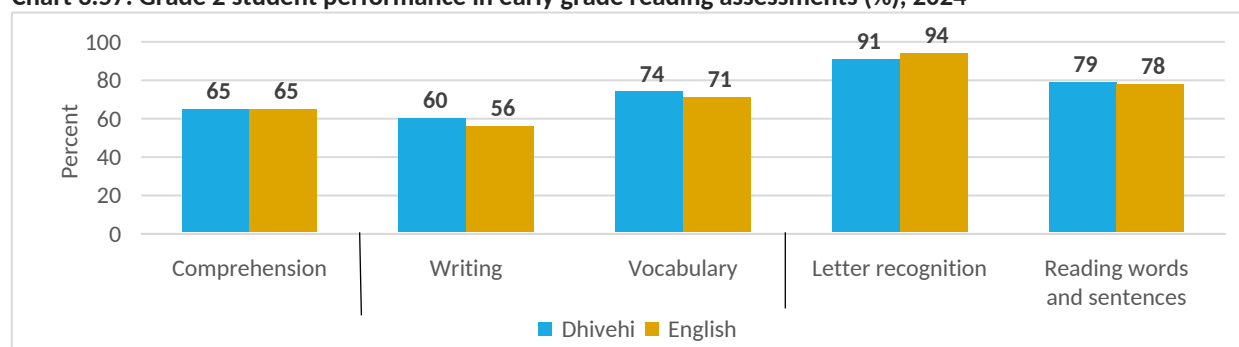
Chart 3.56. GER and NER for primary school (%), 2013-2023



Note: NER data were not available for 2022 and 2023. NER above 100 percent is a result of lower age-based project population compared to the enrolled population. **Source:** GER and NER data for 2009-2021 were retrieved from the Statistical Yearbook of Maldives 2023. Retrieved on 10 April 2023 from: [Statistical Yearbook 2023](#); GER data from 2022 and 2023 were retrieved on 8 April 2025 from: [School enrollment, primary \(% gross\) - Maldives | Data](#)

Primary Learning Outcomes. Although primary school participation is universal, learning performance is a concern as early grade assessments have shown literacy and mathematics gaps on all islands, including Malé, indicating a national challenge. **Chart 3.57** shows that in 2024, 65 percent of students in grade 2 across Maldives had reading comprehension skills in both Dhivehi and English; whereas 60 percent of students had writing skills in Dhivehi and 56 percent had writing skills in English. As it relate to writing, 74 percent of students had Dhivehi vocabulary skills and 71 percent had English vocabulary skills. In terms of reading skills, 91 percent of students had letter recognition skills in Dhivehi and 94 percent in English, yet fewer students were able to read words and sentences in Dhivehi (79 percent) and English (78 percent).

Chart 3.57. Grade 2 student performance in early grade reading assessments (%), 2024

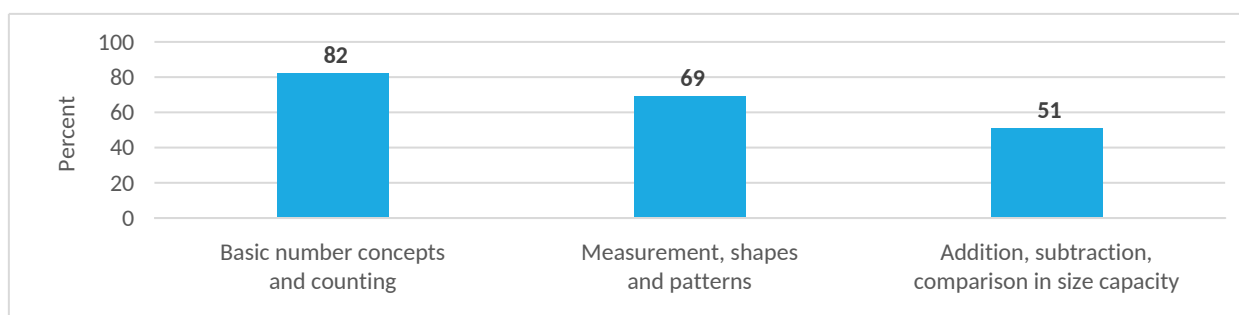


Source: Ministry of Education (2024). *Maldives Early Grade Reading & Mathematics Assessment*. MOE Quality Assurance Department: Malé, Maldives.

Chart 3.58 shows that that in terms of mathematics, 82 percent of students in grade 2 across Maldives had basic number concepts and counting, 69 percent had measurement, shapes and patterns skills, and 51 percent had addition, subtraction, and comparison in size capacity skills.

Chart 3.58. Grade 2 student performance in early grade mathematics assessments (%), 2024

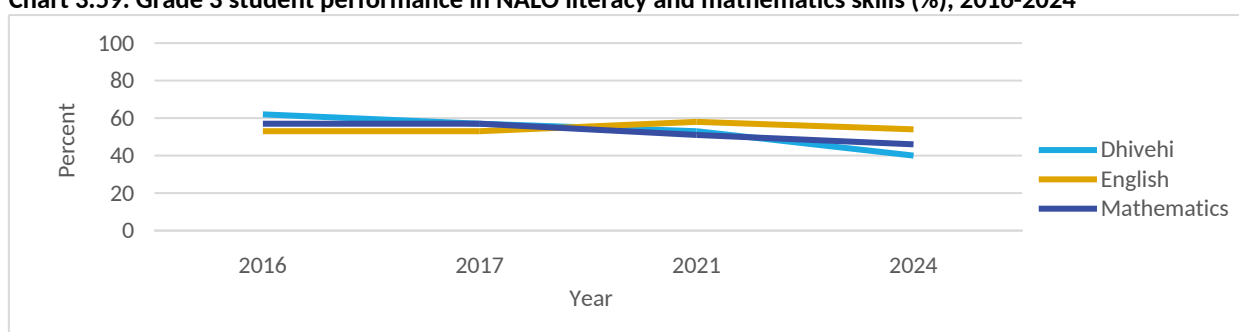
²⁵⁸ Retrieved on 10 April 2023 from: [Statistical Yearbook 2023](#)



Source: Ministry of Education (2024). *Maldives Early Grade Reading & Mathematics Assessment*. MOE Quality Assurance Department: Malé, Maldives.

Chart 3.59 shows grade 3 student performance in NALO literacy and mathematics remained low from 2016-2024. While there have been no notable changes in English literacy skills (53 percent in 2016 to 54 percent in 2024), there has been a notable decrease in Dhivehi literacy skills from 62 percent in 2016 to 40 percent in 2024, and in mathematics skills from 57 percent in 2016 to 46 percent in 2024.

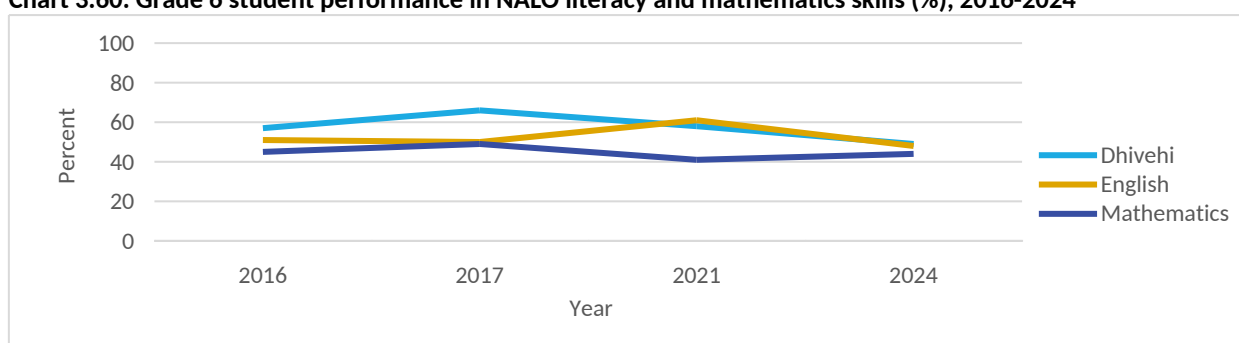
Chart 3.59. Grade 3 student performance in NALO literacy and mathematics skills (%), 2016-2024



Source: Ministry of Education (2024). *Maldives National Assessment of Learning Outcomes*. MOE Quality Assurance Department: Malé, Maldives.

Chart 3.60 shows grade 6 student performance in NALO literacy and mathematics remained low from 2016-2024. While there have been no notable changes in grade 6 student performance in English literacy skills (51 percent in 2016 to 48 percent in 2024) or mathematics skills (45 percent in 2016 to 44 percent in 2024), there has been a notable decrease in Dhivehi literacy skills from 57 percent in 2016 to 49 percent in 2024.

Chart 3.60. Grade 6 student performance in NALO literacy and mathematics skills (%), 2016-2024



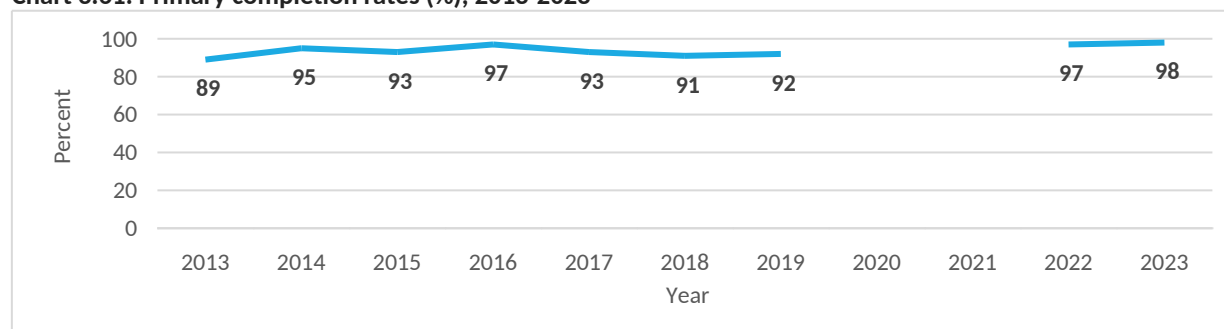
Source: Ministry of Education (2024). *Maldives Early Grade Reading & Mathematics Assessment*. MOE Quality Assurance Department: Malé, Maldives.

Given these low levels of learning outcomes, 'serious remediation' was recommended at the primary level, which requires enhanced teacher proficiencies.²⁵⁹ MOE is working to improve teaching quality to ensure that students learn basic literacy and numeracy skills, which will make the overall educational system more efficient.

²⁵⁹ Ministry of Education, *Education Sector Analysis 2019-2023*, p. 4; Quality Assurance Department (2016). *Maldives 2016 National Assessment of Learning Outcomes in Dhivehi Language*. MoE: Male, Maldives, p. 9.

Primary Completion Rates. Ensuring that all girls and boys complete primary education is a target of the 2030 Agenda for Sustainable Development. **Chart 3.61** shows that the primary completion rate has increased from 89 percent in 2013 to 98 percent in 2023; data are not available for 2020 and 2021 due to the COVID-19 pandemic. There were no significant gender differences in primary completion rates.

Chart 3.61. Primary completion rates (%), 2013-2023



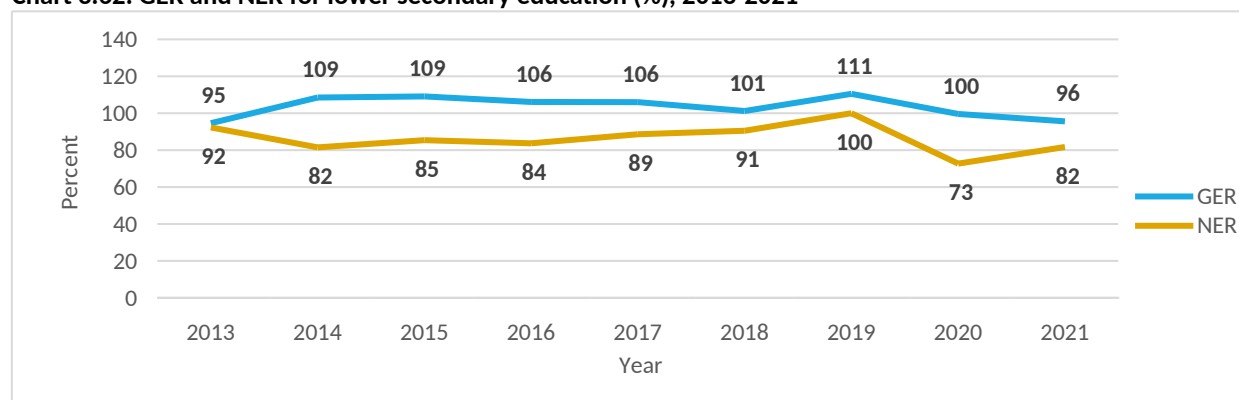
Note: Data not available for 2020 and 2021. **Source:** Retrieved on 9 April 2025 from: [Primary completion rate, total \(% of relevant age group\) - Maldives | Data](#)

Lower Secondary Education

Lower secondary education plays a pivotal role in the academic journey of students and offers a more specialized and focused learning curriculum, compared to primary education. Lower secondary education is of utmost significance as it serves as a bridge connecting primary education with higher education, thereby guiding students toward their future roles in the labour force.²⁶⁰ In Maldives, lower secondary education includes grades 8-10 for children aged 14-16 years of age.

Lower Secondary Enrolment Rates. The 2022 Population and Housing Census found that 95 percent of resident Maldivians ages 13-16 years were attending secondary school, however, there was no distinction between lower and upper secondary education.²⁶¹ In comparison, the 2023 Maldives Statistical Yearbook reports GERs and NERs for lower secondary education. **Chart 3.62** shows that from 2013-2021, GERs for lower secondary education remained above 100 percent, except in 2021 when the GER dropped to 96 percent, most likely due to the COVID-19 pandemic. Whereas NERs for lower secondary education have fluctuated, climbing from 82 percent in 2014 to 100 percent in 2019, and then dropping to 73 percent in 2020, due to the COVID-19 pandemic; yet in 2021, the NER rebounded to 82 percent in 2021. Given the lack of NER data for 2022 and 2023, it is not possible to assess the functioning of the lower secondary educational system post-COVID-19 pandemic.

Chart 3.62. GER and NER for lower secondary education (%), 2013-2021



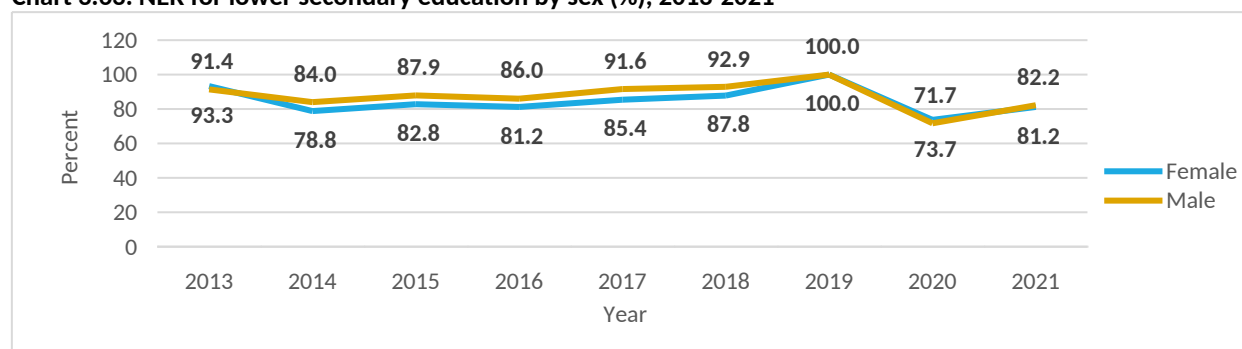
Note: GER and NER data were not available for 2022 and 2023. **Source:** Statistical Yearbook of Maldives 2023. Retrieved on 10 April 2023 from: [Statistical Yearbook 2023](#)

²⁶⁰ Maldives Bureau of Statistics (2023). *Education Status of the Population: An analysis from Census 2022*. Maldives Bureau of Statistics: Male', Maldives, p. 51.

²⁶¹ Ibid, 2023.

Chart 3.63 shows that NERs for lower secondary education were higher for males by 5-6-percentage points from 2014-2018; however, from 2019-2021, there was greater gender parity.

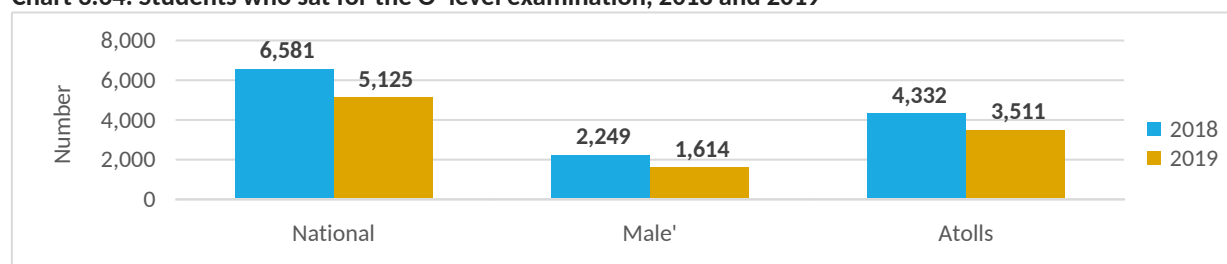
Chart 3.63. NER for lower secondary education by sex (%), 2013-2021



Note: NER data were not available for 2022 and 2023. **Source:** Statistical Yearbook of Maldives 2023. Retrieved on 10 April 2023 from: [Statistical Yearbook 2023](#)

O' Level Examinations. Students sit for O' level examinations at the end of Grades 8 and 9, as part of their lower secondary education. **Chart 3.64** shows that in 2019, 5,125 students sat for the O' level exams; this is 22 percent fewer students than those who sat for O' level exams in 2018. In 2019, 28 percent fewer students sat for O'level exams in Malé and 19 percent fewer in the atolls, compared to 2018. Data should be analysed and reported so that it is clear as to the proportion of children in Grades 8 and 9 who sit for the O' level exams.

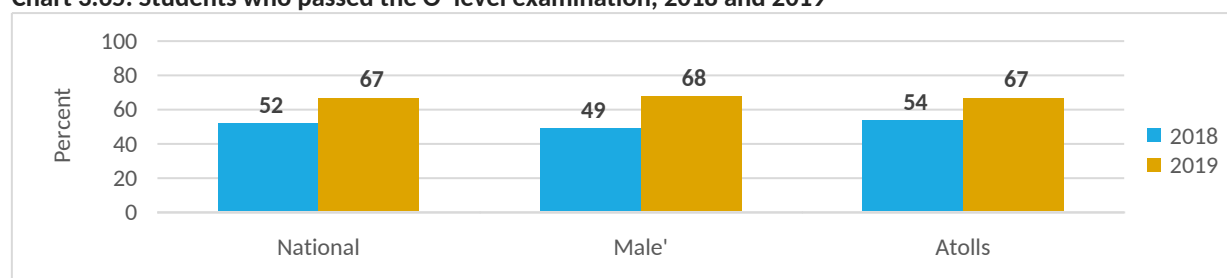
Chart 3.64. Students who sat for the O' level examination, 2018 and 2019



Note: More recent data are not available. **Source:** Statistical Yearbook of Maldives 2024. Retrieved on 12 April 2025 from: [Statistical Yearbook 2024](#)

Chart 3.65 shows that among students who sat for O' level exams in 2019, 67 percent passed (up from 52 percent in 2018); students in the atolls were just as likely to pass the O' level exams as students in Malé. More recent data are needed to understand the numbers and proportion of students who sat for and passed the O' level exams.

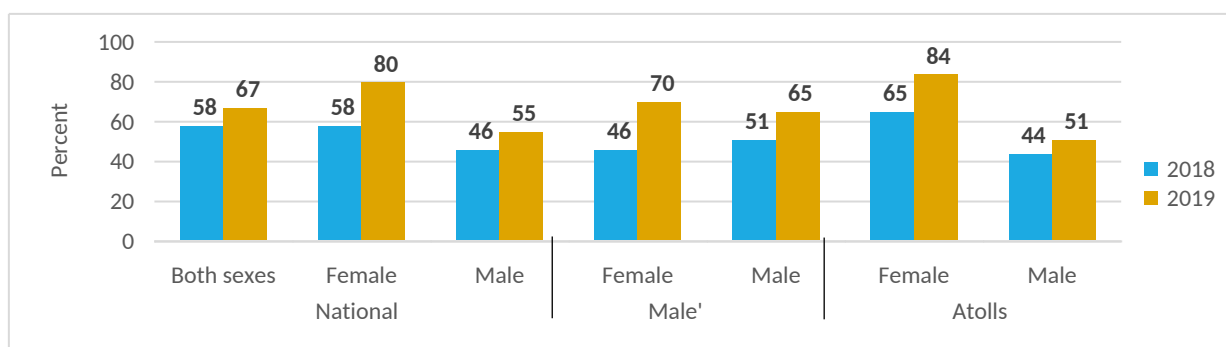
Chart 3.65. Students who passed the O' level examination, 2018 and 2019



Source: Statistical Yearbook of Maldives 2024. Retrieved on 12 April 2025 from: [Statistical Yearbook 2024](#)

Chart 3.66 shows at the national level, in 2019, 67 percent of students passed the O' level exam (up from 58 percent in 2018). There are significant differences between males and females in their ability to pass O' level exams. At the national level, in 2018 and 2019, females were more likely than males to pass the O' level exams; this gender pattern exists in both Malé and the atolls (except for in 2018 in Malé).

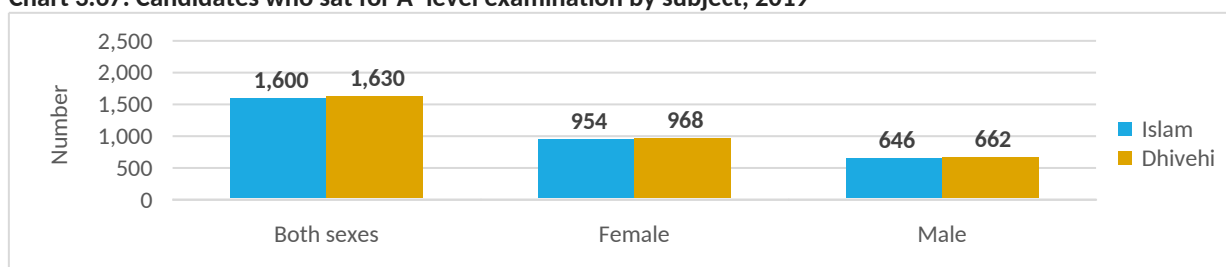
Chart 3.66. Students who passed the O' level examination by sex, 2018 and 2019



Note: More recent data are not available. **Source:** Statistical Yearbook of Maldives 2024. Retrieved on 12 April 2025 from: [Statistical Yearbook 2024](#)

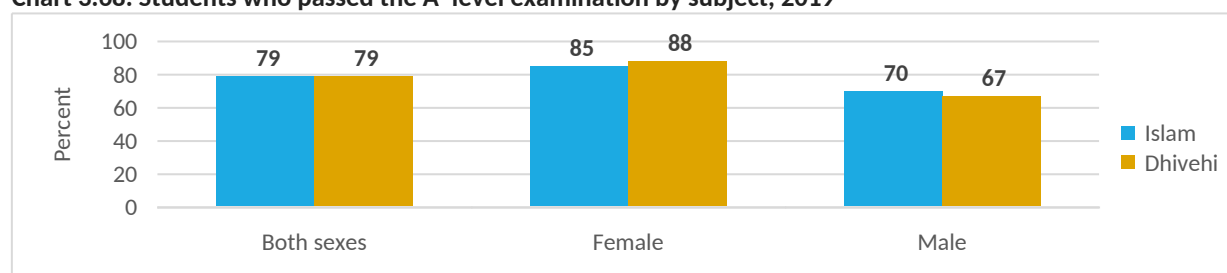
A' Level Examinations. Students sit for A' level examinations at the end of Grade 10, as part of their lower secondary education. **Chart 3.67** shows that in 2019, 1,600 students sat for the A' level exams on the subject of Islam and 1,630 on the subject of Dhivehi. Among those who sat for A' level Islam and Dhivehi exams, 60 percent were female and 40 percent male. **Chart 3.68** shows that among students who sat for A' level exams on the subjects of Islam and Dhivehi, 79 percent passed these exams. Most notably, females were far more likely to pass the A' level exams on Islam (85 percent) and Dhivehi (88 percent), compared to males (70 percent and 67 percent, respectively). There is no clear explanation for these gender differences, but understanding them is important as they can impact life outcomes.

Chart 3.67. Candidates who sat for A' level examination by subject, 2019



Note: More recent data are not available. **Source:** Statistical Yearbook of Maldives 2024. Retrieved on 16 April 2025 from: [Statistical Yearbook 2024](#)

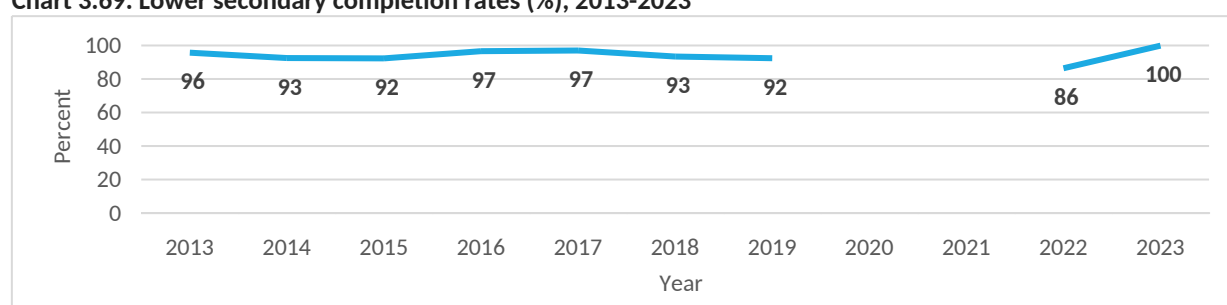
Chart 3.68. Students who passed the A' level examination by subject, 2019



Note: More recent data are not available. **Source:** Statistical Yearbook of Maldives 2024. Retrieved on 12 April 2025 from: [Statistical Yearbook 2024](#)

Lower Secondary Completion Rates. Ensuring that all girls and boys complete secondary education is a target of the 2030 Agenda for Sustainable Development. **Chart 3.69** shows that the lower secondary completion rate remained above 90 percent from 2013-2023, except in 2022, following the COVID-19 pandemic when the completion rate dropped to 86 percent; data are not available for 2020 and 2021 due to the COVID-19 pandemic.

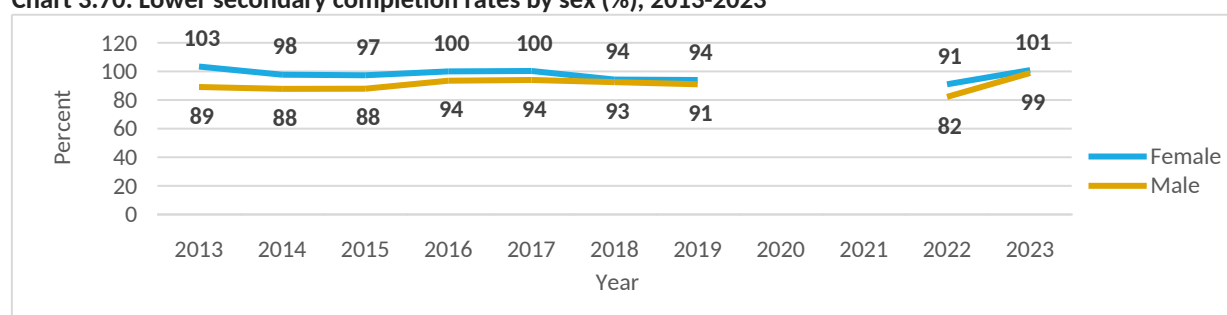
Chart 3.69. Lower secondary completion rates (%), 2013-2023



Note: Data not available for 2020 and 2021. **Source:** Retrieved on 9 April 2025 from: [Lower secondary completion rate, total \(% of relevant age group\) - Maldives | Data](#)

Chart 3.70 shows that from 2013-2023, females have been more likely than males to complete lower secondary education. It appears that there has been some convergence in 2018 and 2019, and again in 2023, but it will be important to monitor gender differences going forward to see if the gender gap re-emerges.

Chart 3.70. Lower secondary completion rates by sex (%), 2013-2023



Note: Data not available for 2020 and 2021. **Source:** Retrieved on 9 April 2025 from: [Lower secondary completion rate, female \(% of relevant age group\) - Maldives | Data](#) and [Lower secondary completion rate, male \(% of relevant age group\) - Maldives | Data](#)

Higher Secondary Education

Higher secondary education includes Grades 11-12 for adolescents ages 17-18 years. The Science Education Centre or Centre for Higher Secondary Education (CHSE), is a Maldivian government school that caters only to A' level students. CHSE aims to produce students who are qualified to enter universities abroad. There are two branches of the CHSE, one in Malé and the other in Hulhumalé.

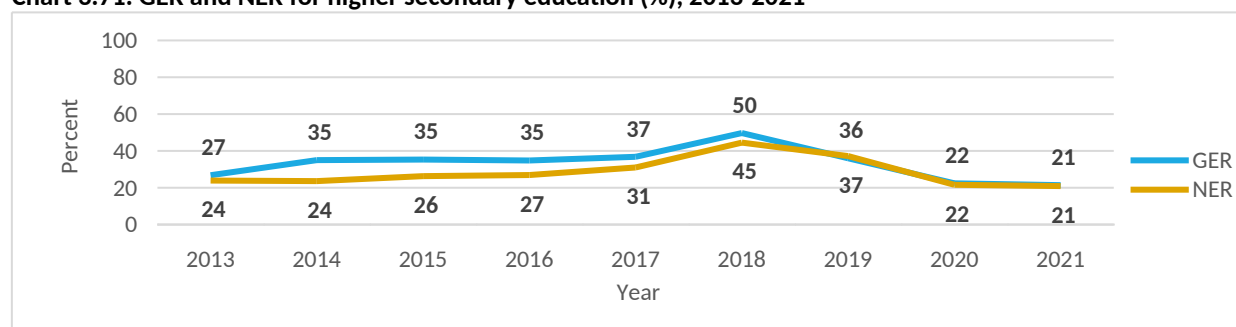
Transition Rates. In 2025, UNICEF-supported study of students' educational transitions from lower to higher secondary education that revealed that fewer than 40 percent of students transition from grade 10 to grade 11, with regional disparities; most notably, only 12 percent of students in the Central Region and 14 percent in the North Central Region progressed to grade 11 in 2022, compared to 39 percent in Malé and 32 percent in the

Southern Region. The study also found that in 2022, girls had a significantly higher transition rate (47 percent), compared to boys (35 percent).²⁶²

This study identified systematic barriers that affect transitions from lower to higher secondary education, including: financial constraints; limited access to education; limited infrastructure and resources; limited career guidance and support from schools; influence of peers; and decreased personal motivation. These barriers were found to be more pronounced among students from disadvantaged backgrounds and remote areas, and with disabilities.²⁶³

Higher Secondary Enrolment Rates. Chart 3.71 shows that GERs and NERs for higher secondary education are quite low, which means that the majority of adolescents do not transition from lower to higher secondary education, and instead drop out of the educational system. It is notable that there has been a significant drop in higher secondary GERs and NERs since their peak in 2018. This downturn started prior to the COVID-19 pandemic, but then accelerated during the COVID-19 pandemic, so it will be important to monitor enrolment rates for higher secondary education going forward.

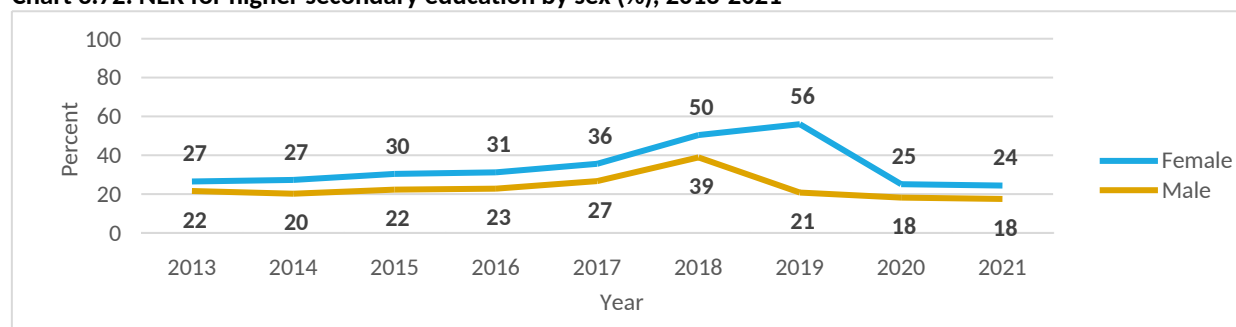
Chart 3.71. GER and NER for higher secondary education (%), 2013-2021



Note: GER and NER data were not available for 2022 and 2023. **Source:** Statistical Yearbook of Maldives 2023. Retrieved on 10 April 2023 from: [Statistical Yearbook 2023](#)

Chart 3.72 shows that from 2013-2021, NERs for higher secondary education have been notably higher for females than males. This gender gap peaked in 2019, as the trajectory of females involved in higher secondary education far surpassed that of males. Yet, by 2020, the NER for girls dramatically decreased from 56 percent in 2019 to 25 percent in 2020. It is unclear from the data what explains the dramatic increase and then subsequent decrease in NERs for females, and somewhat for males as well.

Chart 3.72. NER for higher secondary education by sex (%), 2013-2021



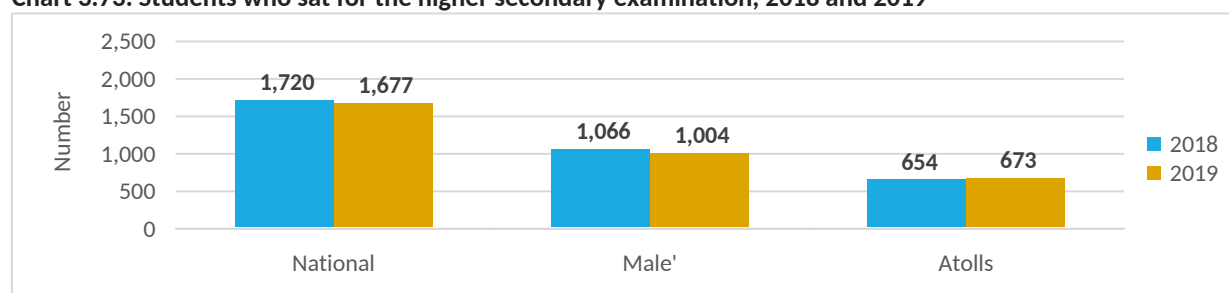
Note: GER and NER data were not available for 2022 and 2023. **Source:** Statistical Yearbook of Maldives 2023. Retrieved on 10 April 2023 from: [Statistical Yearbook 2023](#)

Higher Secondary Examinations. Students sit for the higher secondary examination at the end of Grades 11 and 12. Chart 3.73 shows that in 2019, 1,677 students sat for the higher secondary exams; this is 3 percent fewer students than those who sat for higher secondary exam in 2018. In 2019, 6 percent fewer students sat for higher secondary exam in Malé, compared to 2018; whereas, in 2019, 3 percent more students sat for higher secondary exam in the atolls, compared to 2018.

²⁶² The Maldives National University (2025). *Lost in Transition: Study on students' education transitions from lower to higher secondary education and to higher education in the Maldives*. MOE: Male', Maldives.

²⁶³ Ibid, 2025.

Chart 3.73. Students who sat for the higher secondary examination, 2018 and 2019



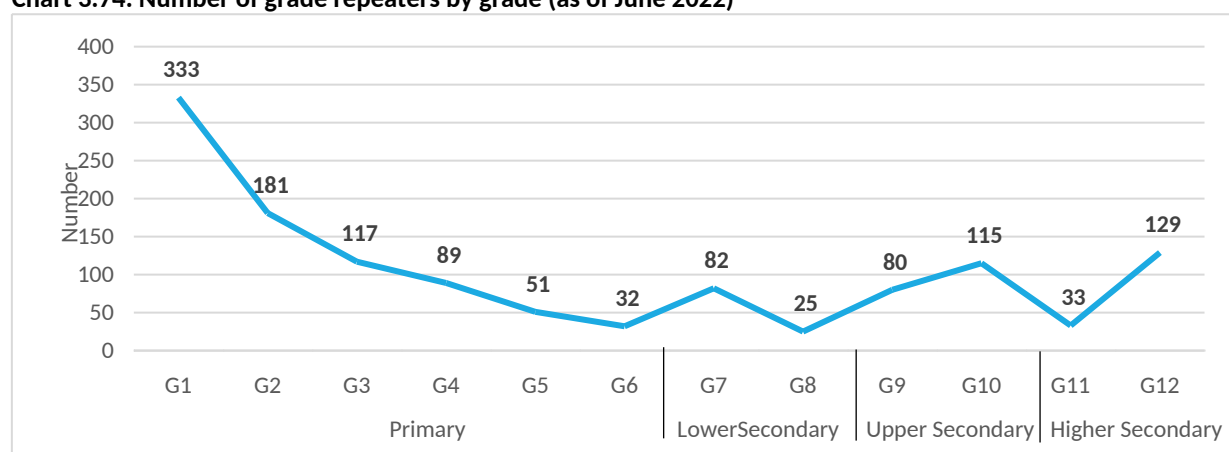
Note: More recent data are not available. **Source:** Statistical Yearbook of Maldives 2024. Retrieved on 12 April 2025 from: [Statistical Yearbook 2024](#)

Grade Repetition

UNESCO defines grade repetition rate as the proportion of students from a cohort enrolled in a given grade at a given school year who study in the same grade in the following school year.²⁶⁴ Repeating a grade reflects the internal efficiency of an education system, which can indicate a high pupil-to-teacher ratio, unqualified teachers and/or lack of learning materials in schools. Repetition is one of the key indicators for analysing and projecting pupil flows from grade-to-grade within educational systems. Repeating a grade requires more resources than allocated to a student.

Maldives does not calculate grade repetition rates, rather MOE reports the number of grade repeaters by grade, age and sex. It would be best to calculate grade repetition rates as defined by UNESCO, because repetition rates can allow for comparisons across grades and age groups (which vary in size) and allow for a more accurate representation of the frequency of grade repetition. The challenge with raw numbers is that they do not account for cohort size, which can result in misleading comparisons. Nevertheless, **Chart 3.74** shows that in 2022, the number of grade repeaters at the primary level was highest at grade 1, which can highlight a lack of school readiness and weak foundational skills, which impedes students' academic progression in the early grades of primary school. From grades 2 to 6, the number of repeaters significantly decline. When children transition into lower secondary school, the number of grade repeaters increase at grade 7, but then significantly decrease at grade 8. Some adolescents transition into upper secondary school where the number of grade repeaters again increase at grades 9 and 10. Finally, among adolescents who transition into higher secondary school, the number of repeaters are low at grade 11, but then increase fourfold at grade 12.

Chart 3.74. Number of grade repeaters by grade (as of June 2022)

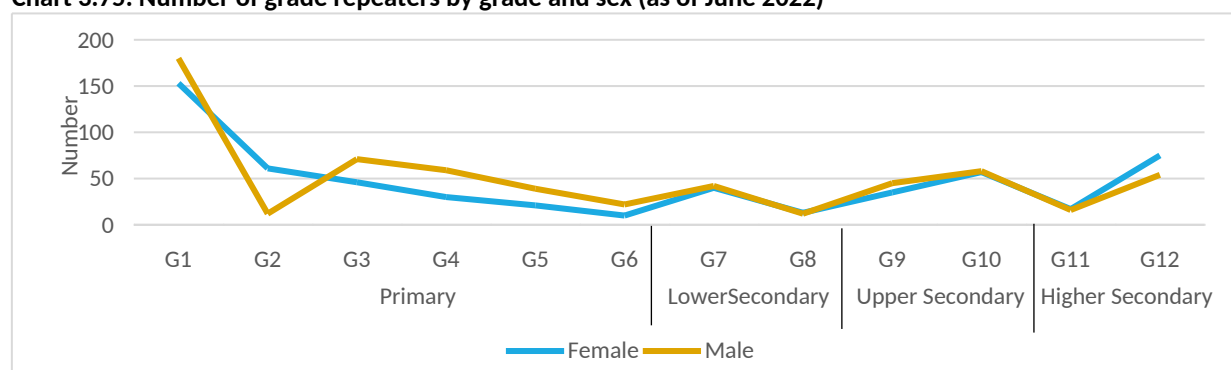


Source: MOE School Statistics 2021/2022

Chart 3.75 shows that there are some notable gender differences in the number of grade repeaters, particularly at the primary level. By lower and upper secondary level, those gender differences appear to disappear, but at the higher secondary level, a larger number of females than males repeat Grade 12.

²⁶⁴ The calculation method for repetition rate is the number of repeaters in a given grade $t+1$, express as a percentage of the number of pupils from the same cohort enrolled in the same grade in the previous school year t . Retrieved on 15 September 2023 from: [Repetition rate by grade \(primary and lower secondary education\) | UNESCO UIS](#)

Chart 3.75. Number of grade repeaters by grade and sex (as of June 2022)



Source: MOE School Statistics 2021/2022

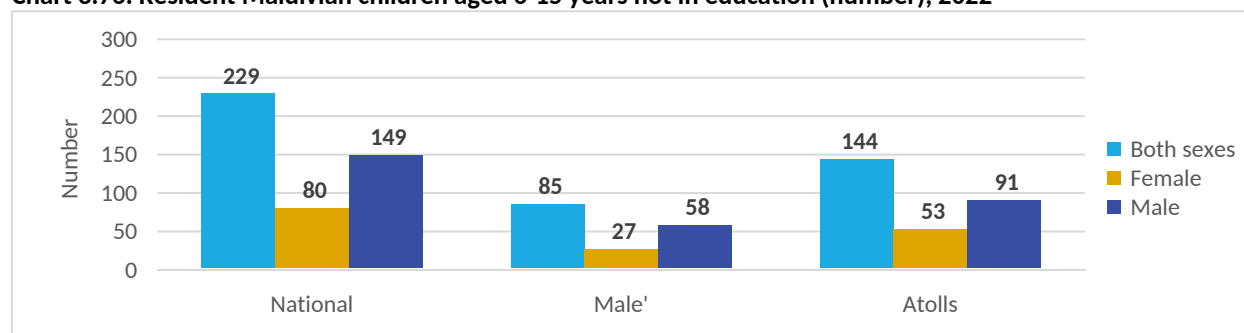
Out-of-School Children

UNESCO defines out-of-school children as any child/individual of official school-age who is not enrolled in any formal educational institution (pre-primary, primary or secondary education). In Maldives, data related to out-of-school children are limited to 2022 Population and Housing Census data, which found among children aged 6-15 that only 0.3 percent of children were not currently attending school, signifying that they were outside of the formal education system.²⁶⁵ More specifically, **Chart 3.76** shows that in 2022, only 229 children aged 6-15 were not in education which is a reduction of 63 percent from 2014, when 622 children aged 6-15 were out-of-school. In 2022, among the 229 children not in education:

- 65 percent were male and 35 percent were female
- 63 percent were in the atolls and 37 percent were in Malé
- 73 percent were of primary school age and 27 percent were of lower secondary school age

Despite the very low numbers of children out-of-school, the reasons for being out-of-school were not provided.

Chart 3.76. Resident Maldivian children aged 6-15 years not in education (number), 2022



Source: MBS (2023). *Education Status of the Population: An analysis from Census 2022*. MBS: Malé, Maldives, p. 58

Literacy Rates

Since 1985, more than 96 percent of Maldivian youth aged 15-24 have been literate, including both young women and men.²⁶⁶ In 2021, 99 percent of Maldivians were literate, including 100 percent of male youth and 99 percent of female youth. Rates of literacy are also high among young children. In 2022, 99 percent of 10-year-old resident Maldivians were literate in Dhivehi (up from 98 percent in 2014)²⁶⁷ and 83 percent were literate in English language. It is notable that 10-year-olds in Malé (90 percent) were more likely to be literate in English, compared to their peers in the atolls (77 percent). Boys (85 percent) were also slightly more likely to be literate in English than females (80 percent).²⁶⁸

²⁶⁵ Maldives Bureau of Statistics (2023). *Education Status of the Population: An analysis from Census 2022*. Maldives Bureau of Statistics: Male', Maldives, p. 57.

²⁶⁶ Retrieved on 10 April 2025 from: [Literacy rate, youth total \(% of people ages 15-24\) - Maldives | Data](#)

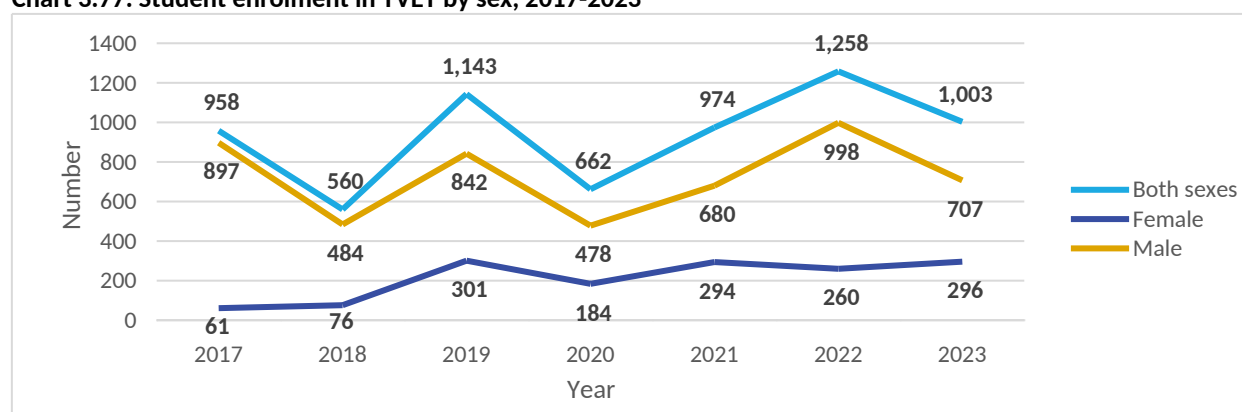
²⁶⁷ Maldives Bureau of Statistics (2023). *Education Status of the Population: An analysis from Census 2022*. Maldives Bureau of Statistics: Male', Maldives.

²⁶⁸ Ibid, 2023.

Technical and Vocational Education and Training (TVET)

Chart 3.77 shows that the number of adolescents enrolled in TVET has fluctuated significantly from 2017-2023, and males were significantly more likely than females to be enrolled in TVET. In 2023, among 1,003 youth enrolled in TVET, the majority were enrolled in the Maldives Polytechnic (58 percent), whereas 15 percent were enrolled in online TVET, 13 percent in TVET National Certificate, 10 percent in community-based training and 4 percent in Regional Youth Vocational Training Centres.²⁶⁹

Chart 3.77. Student enrolment in TVET by sex, 2017-2023

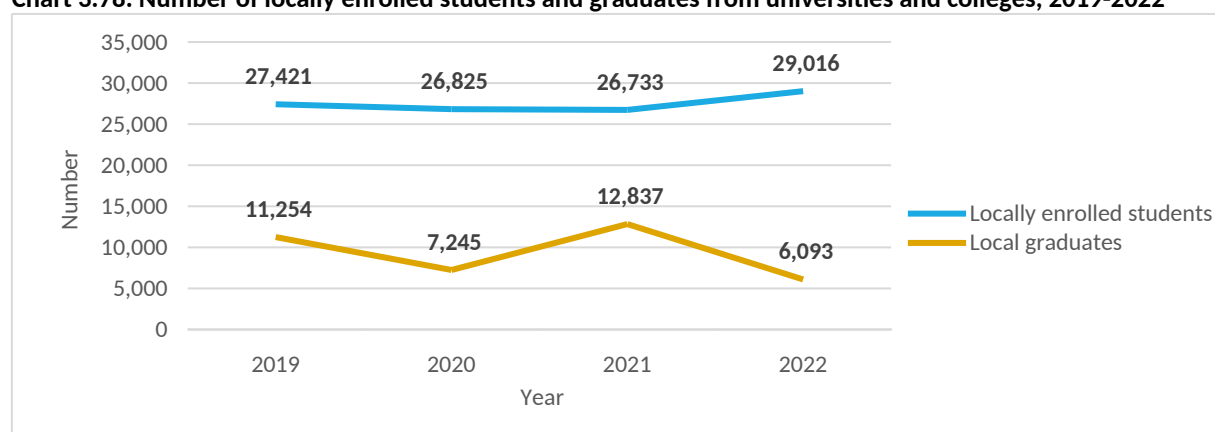


Source: Retrieved on 16 April 2025 from: [Statistical Yearbook of Maldives 2022](#) and [Statistical Yearbook 2024](#)

Higher Education

In 2023, there were 14 institutions of higher education in Maldives, including two public universities and 12 colleges (two public and ten private colleges).²⁷⁰ **Chart 3.78** shows a 6 percent increase in the number of locally enrolled students in higher education from 27,421 in 2019 to 29,016 in 2022; whereas the number of local graduates fluctuated from year-to-year. **Chart 3.79** shows that in 2019 and 2022 the majority of locally enrolled students and graduates were female, and the proportion of female students and graduates increased by 5 percentage points from 2019 to 2022. In comparison, the proportion of locally enrolled male students and male graduates decreased by 5 percentage points each from 2019 to 2022.

Chart 3.78. Number of locally enrolled students and graduates from universities and colleges, 2019-2022

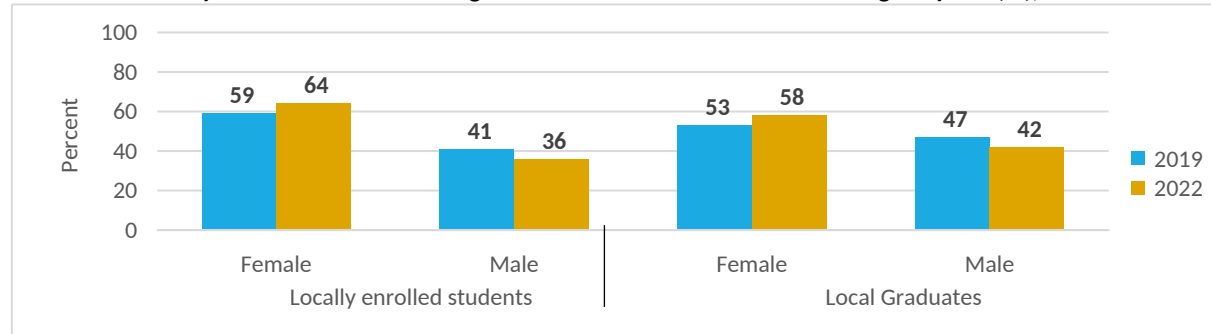


Source: Ministry of Higher Education (2023). Statistics Booklet 2019-2023. Ministry of Higher Education: Malé, Maldives.

²⁶⁹ Retrieved on 16 April 2025 from: [Statistical Yearbook 2024](#)

²⁷⁰ Ministry of Higher Education (2023). Statistics Booklet 2019-2023. Ministry of Higher Education: Male', Maldives.

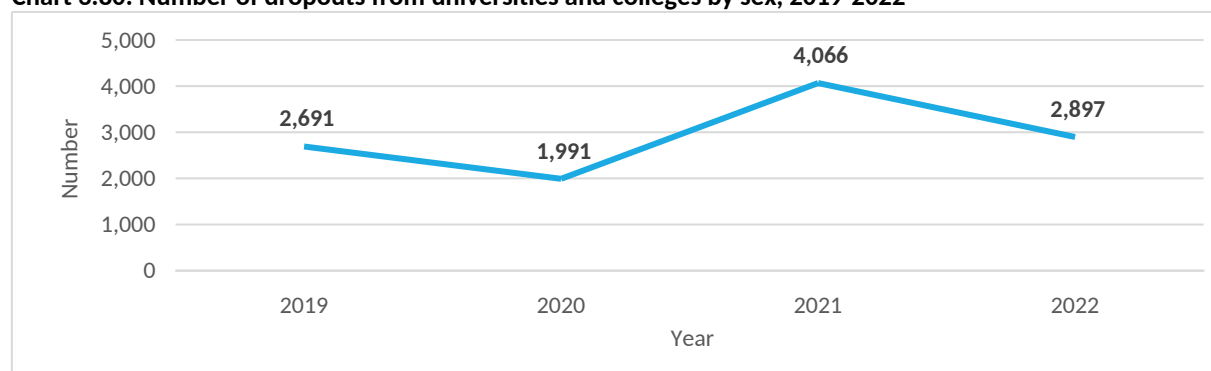
Chart 3.79. Locally enrolled students and graduates from universities and colleges by sex (%), 2019 and 2022



Source: Ministry of Higher Education (2023). Statistics Booklet 2019-2023. Ministry of Higher Education: Malé, Maldives.

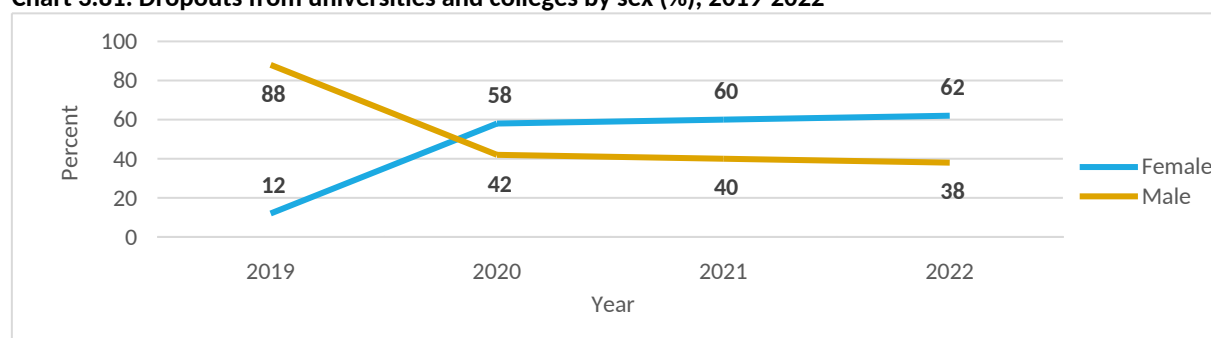
Chart 3.80 shows that the number of dropouts from universities and colleges has fluctuated from 2019-2022. In particular, the number of dropouts declined by 26 percent from 2019 to 2020, which was likely due to the COVID-19 pandemic; then the number of dropouts skyrocketed by 104 percent from 2020 to 2021, during the COVID-19 pandemic. More importantly, **Chart 3.81** shows that there are notable gender disparities among dropouts. In 2019, only 12 percent of dropouts were female and 88 percent were male, yet in 2022 as many as 62 percent of dropouts were female and only 38 percent were male. What explains this dramatic gender shift among dropouts from higher education is unclear from the data, but needs to be understood, and more recent data are needed to see if this gender difference has reversed back to pre-pandemic patterns.

Chart 3.80. Number of dropouts from universities and colleges by sex, 2019-2022



Source: Ministry of Higher Education (2023). Statistics Booklet 2019-2023. Ministry of Higher Education: Malé, Maldives.

Chart 3.81. Dropouts from universities and colleges by sex (%), 2019-2022



Source: Ministry of Higher Education (2023). Statistics Booklet 2019-2023. Ministry of Higher Education: Malé, Maldives.

From 2019-2022, fields of study that have seen the highest enrolments, include *inter alia*:²⁷¹

- Management and administration, increased by 62 percent from 3,968 in 2019 to 6,411 in 2022
- Nursery and midwifery, increased by 150 percent from 1,521 in 2019 to 3,803 in 2022
- Teacher training with subject specialization, increased by 42 percent from 1,590 in 2019 to 2,255 in 2022
- Basic programmes and qualifications, increased from no students in 2019 to 1,858 in 2022
- Accounting, increased by 24 percent from 1,302 in 2019 to 1,618 in 2022

²⁷¹ Ministry of Higher Education (2023). Statistics Booklet 2019-2023. Ministry of Higher Education: Male', Maldives

- Law, increased by 9 percent from 1,318 in 2019 to 1,437 in 2022
- Teacher training without subject specialization, increased by 22 percent from 1,140 in 2019 to 1,387 in 2022
- Database and network design, increased by 190 percent from 333 in 2019 to 965 in 2022

It is worth noting that religion and theology increased dramatically from 635 students in 2019 to 4,780 in 2020, but then subsequently declined to 1,244 in 2022. It is unclear from the data what drove this dramatic increase in enrolments in religion and theology studies, followed by a notable decrease.²⁷²

There are fields of study that are important to Maldives, but have very low enrolments, such as environmental sciences (20 enrolments in 2022), architecture and town planning (57 enrolments in 2022), travel, tourism and leisure (72 enrolments in 2022), building and civil engineering (99 enrolments in 2022), finance, banking and insurance (158 enrolments in 2022), hotel, restaurants and catering (259 enrolments in 2022), social work and counselling (318 enrolments in 2022), electricity and energy (396 enrolments in 2022), and software and application development and analysis (422 enrolments in 2022).²⁷³

In 2023, there were also 475 students enrolled in institutions of higher education overseas, with the top destinations being Malaysia, followed by the United Kingdom, Sri Lanka, Spain and the Philippines.²⁷⁴

ADOLESCENT ENGAGEMENT AND PARTICIPATION

Adolescent engagement and participation are important because adolescents are directly affected by decisions made by national and community leaders in areas of education, health, employment and climate change. Adolescents often have strong views on policies and programmes that shape their lives and communities, but they are often excluded from public dialogue and decision-making processes on issues that affect their lives.²⁷⁵ In keeping with the CRC, children and adolescents have the right to be heard, to engage with governments and businesses and to influence matters that affect them. When children and adolescents are provided opportunities to contribute to social change, they build better futures for themselves and contribute to the prosperity of entire communities.²⁷⁶

Globally, UNICEF works to promote adolescent engagement and participation, and empowers adolescents to become drivers of social change through a variety of actions:²⁷⁷

- Promote policies and laws that encourage adolescent participation
- Strengthen platforms for adolescent participation
- Help adolescents develop the skills needed to form and voice their opinions
- Help communities support adolescents to create solutions and lead to change
- Focus on adolescents most likely to be excluded

UNICEF Youth Reference Group

In 2023, UNICEF established a Youth Reference Group to ensure that the voices of young people are heard in the development of UNICEF's programming. The Youth Reference Group has focused on building young people's skills in leadership, communication, advocacy and community engagement, in an effort to amplify their voices and enhance accountability of UNICEF's programme design. The Youth Reference Group is being engaged to actively contribute to UNICEF's programme design, implementation, monitoring and evaluation processes. In addition, the Youth Reference Group will engage in advocacy efforts, partnership building and direct consultations with other young people to identify emerging issues.

Most recently, members of the Youth Reference Group participated in a youth panel at the National Juvenile Justice Conference, where they gave recommendations and insight into the legal framework of the juvenile justice system in Maldives, particularly as it relates to establishing a child-friendly justice system, early interventions and rehabilitation for children in conflict with the law, and how young people can be active contributors in these areas.

²⁷² Ministry of Higher Education (2023). Statistics Booklet 2019-2023. Ministry of Higher Education: Male', Maldives .

²⁷³ Ibid, 2023.

²⁷⁴ Ibid, 2023.

²⁷⁵ Retrieved on 8 February 2022 from: [Adolescent participation and civic engagement | UNICEF](#)

²⁷⁶ Ibid.

²⁷⁷ Ibid.

Young People and Climate Action

In recent years, young people in Maldives have become involved in climate action. In 2023, the UNICEF-supported Youth Reference Group partnered with the UN Special Envoy for Climate Change to launch a podcast series on climate advocacy and action. The podcast, entitled “Seriously!”, aimed to amplify young people’s voices on the environment and climate change in Maldives, in an effort to influence policymakers. Young people also held design thinking bootcamps and climate workshops, which were attended by more than 60 youth in Malé and the North and Southern Laamu Atolls. Bootcamps and climate workshops aimed to bring community-based climate and environmental solutions to councils and relevant authorities.²⁷⁸

In 2023, in partnership with the UN Special Envoy for Climate Change and the National University, young leaders also organized the Maldives Youth Track to COP28 Conference, in which 50 youth participants attended panel discussion to amplify youth voices and inspiring action. They also organized workshops on child-friendly, climate resilient islands, climate justice and finance, and skills for climate resilience. Youth attending the conference developed Demands and Recommendations by Young People of Maldives to National Policymakers and World Leaders to support their advocacy as a ramp up to the COP28.²⁷⁹ Similarly, in 2024, as part of Youth Track to COP29, 26 young people from Maldives set forth recommendations that urged decision-makers to increase efforts to protect children from climate change and to include young people in climate policy discussions and actions, including development of the NDC 3.0, which outlines efforts the government will take to reduce emissions and adapt to the impacts of climate change.²⁸⁰

In 2024, UNICEF’s new Climate Resilient Actions’ flagship programme created ‘Climate Guardians’, which is a group of empowered young people who are active in climate policy dialogues and act within their communities. Hundred young climate guardians worked across four islands – Laamu Gan, Fuvamulah City, Kulhudhuffushi City and Greater Male’ – and together with UNICEF, rolled out action plans to promote resilience in their communities, increase awareness, advocate for stronger policies, restore coral reefs and conserve marine life.²⁸¹

Box 3.1. Youth leadership on climate change: Lessons learned

- Young people can be change-makers on issues of climate change; thus, they should be given platforms to amplify their voices and network with each other, and to engagement with experts and policymakers on issues of climate change.
- Young people have a key role to play in shifting public discourse on climate change; yet, youth-led action on climate change can encounter conflict with institutional partners.
- UNICEF has a key role to play in opening doors for young people to engage on issues of climate change, and to broker partnerships and connections to support youth-led engagements with the government, CSOs and multisectoral partnerships to address climate change.
- UNICEF can provide opportunities previously not available to young activists, and facilitate their access to conferences, podcasts, workshops, bootcamps, and panel discussions.
- Young people with support from UNICEF can shift public discourse on climate change.

Source: Youth leadership on Climate change initiative: Lessons from UNICEF Maldives. UNICEF, 2023. Retrieved on 19 April 2025 from: [sites-PD-CEEDRR-Knowledge at UNICEF CEED-2024_ADAP Case Study Climate Change Young Leaders Maldives-8.0.pdf](#)

Most recently, in 2025, the Youth Leadership Initiative for Climate Change has supported young advocates to influence national policies related to climate change. To do this, UNICEF hired young coordinators to coordinate youth organizations and individuals active in advocacy on climate and to influence policies.²⁸²

²⁷⁸ Youth leadership on Climate change initiative: Lessons from UNICEF Maldives. UNICEF, 2023. Retrieved on 19 April 2025 from: [sites-PD-CEEDRR-Knowledge at UNICEF CEED-2024_ADAP Case Study Climate Change Young Leaders Maldives-8.0.pdf](#)

²⁷⁹ Ibid.

²⁸⁰ Young Maldivians urge governments to protect children from devastating impacts of climate change. UNICEF, 10 October 2024. Retrieved on 19 April 2025 from: [Young Maldivians urge governments to protect children from devastating impacts of climate change](#)

²⁸¹ Ibid, 2024.

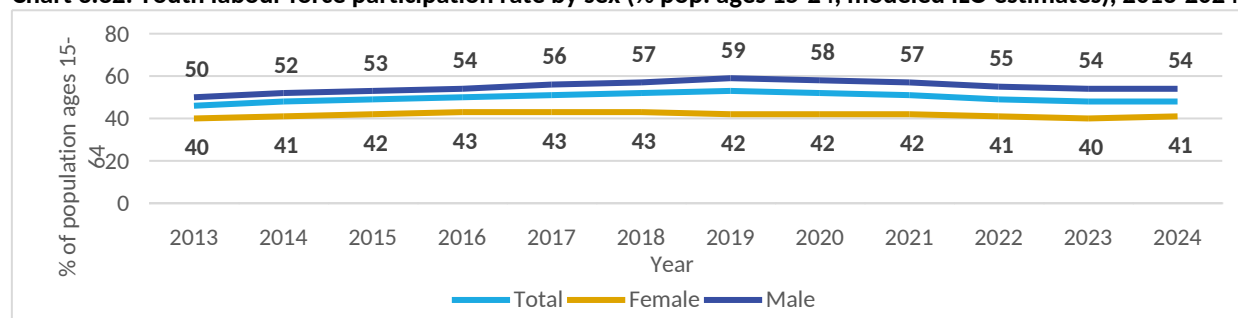
²⁸² Youth Leadership on Climate Change: Lessons from Maldives. UNICEF, 8 February 2025. Retrieved on 19 April 2025 from:

Youth Labour Force Participation

According to the 2022 Population and Housing Census, the resident Maldivian labour force consisted of 180,374 individuals, of which 27,563 fell within the age range of 15-24 years, which accounts for approximately 15 percent of the total labour force.²⁸³ In 2022, the youth employment rate (ages 15-24) was 88 percent. There were no gender differences in the youth employment rate, as 88 percent of female youth and male youth were employed.²⁸⁴ This finding is interesting, given the fact that the male labour force participation rate was 89 percent, significantly higher than the female labour force participation rate of 53 percent. The male labour force participation rate peaked at 97 percent among 35-39-year-olds, whereas the female labour force participation rate peaked at 71 percent among 25-29-year-olds.²⁸⁵

In comparison, modelled International Labour Organization (ILO) estimates reveal that the youth labour force participation rate in Maldives increased from 46 percent in 2013 to a peak in 53 percent in 2019 (prior to the COVID-19 pandemic), but subsequently returned to 48 percent in 2024 (**Chart 3.82**). From 2013-2024, the youth labour force participation rate has been higher for males than females. In 2013, the male youth labour force participation rate was 50 percent, compared to 40 percent for females, which is a 10-percentage point difference. In 2019, the male youth labour force participation rate peaked at 59 percent, compared to 42 percent for females, a 17-percentage point difference. In 2022, the male youth labour force participation rate was 54 percent, compared to 41 percent for females, a 13-percentage point difference.

Chart 3.82. Youth labour force participation rate by sex (% pop. ages 15-24, modeled ILO estimates), 2013-2024



Source: Retrieved on 17 April 2025 from: [Labor force participation rate for ages 15-24, total \(%\) \(modeled ILO estimate\) - Maldives | Data](#); [Labor force participation rate for ages 15-24, female \(%\) \(modeled ILO estimate\) - Maldives | Data](#) and [Labor force participation rate for ages 15-24, male \(%\) \(modeled ILO estimate\) - Maldives | Data](#)

Youth Unemployment

The unemployment rate²⁸⁶ is the most widely used indicator for unemployment and is a designated SDG Indicator (8.5.2). According to the 2022 Population and Housing Census, among the 9,244 unemployed Maldivians, 55 percent were male and 45 percent were female. The youth unemployment rate (ages 15-24) was estimated at 12 percent.²⁸⁷

In comparison, modelled ILO estimates reveal that the youth unemployment rate in Maldives decreased from 20 percent in 2013 to a low of 14 percent in 2019 (prior to the COVID-19 pandemic), but subsequently increased to 16 percent in 2024 (**Chart 3.83**). From 2013-2024, the youth unemployment rate has been higher for males than females. In 2013, the male youth unemployment rate was 22 percent, compared to 15 percent for females, a seven-

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²⁸³ Maldives Bureau of Statistics (2023). *Mapping the Employment Landscape: A Comprehensive Analysis of the Situation of the Maldives: An analysis from Census 2022*. MBS: Male', Maldives.

²⁸⁴ Ibid, 2023.

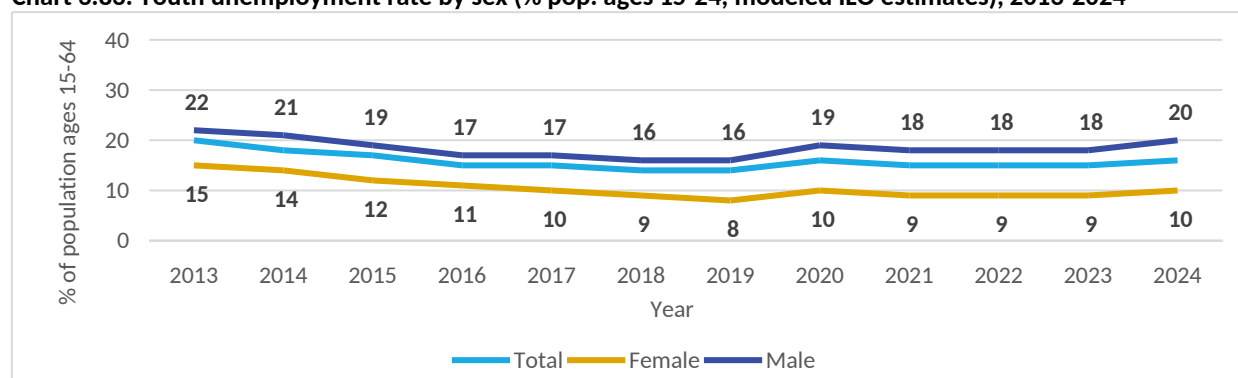
²⁸⁵ Ibid, 2023.

²⁸⁶ The unemployment rate is defined as the number of unemployed in a particular age group as a percentage of that age group's labour force

²⁸⁷ Maldives Bureau of Statistics (2022). *Maldives Population and Housing Census 2022. Improving Labour Market Dynamics: Understanding Unemployment and Workforce Inactivity*. MBS: Male', Maldives. Retrieved on 17 April 2025 from: [Unemployment Census 2022](#)

percentage point difference. In 2022, the male youth unemployment rate was 20 percent, which was twice as high as the female youth unemployment rate of 10 percent.

Chart 3.83. Youth unemployment rate by sex (% pop. ages 15-24, modeled ILO estimates), 2013-2024



Source: Retrieved on 17 April 2025 from: [Unemployment, youth total \(% of total labor force ages 15-24\) \(modeled ILO estimate\) - Maldives | Data](#); [Unemployment, youth female \(% of female labor force ages 15-24\) \(modeled ILO estimate\) - Maldives | Data](#) and [Unemployment, youth male \(% of male labor force ages 15-24\) \(modeled ILO estimate\) - Maldives | Data](#)

Youth Not in Employment, Education or Training (NEET)

From 15-24 years of age, most youth complete their education and enter into the labour force. The majority of youth will transition successfully into the labour force, but the transition from school to work is not as straightforward for all youth. There are youth who complete their schooling and are unable to obtain employment and find the search for employment to be a long and arduous processes, characterized by cycles of unemployment, zero-hour contract jobs, unpaid internships, apprenticeships or traineeships, and low-quality jobs with few legal rights or social protection. This has profound social and economic impacts in terms of lost productivity.²⁸⁸

For youth who find themselves out-of-school and unemployed, the social and economic impacts can be profound in terms of lost productivity and the impact on one's self-esteem, mental health and well-being.²⁸⁹ Mental health and well-being are important factors in youth's ability to successfully move from school to work. Research has shown that mental health issues are the primary reason why youth may find themselves with a NEET status.²⁹⁰

The proportion of youth (ages 15-24) NEET is an SDG indicator (8.6.1). Youth NEET is the percentage of youth population that are neither working, nor in education or training; it includes youth who are unemployed and who are inactive for other reasons. This SDG indicator is the result of a recognition that unemployment is strictly defined as those who are not in employment and are actively seeking work, and available for work. As a consequence, the definition of unemployment excludes a potentially significant proportion of the youth population who are not working, but are not actively seeking employment for a variety of reasons.

According to the 2022 Population and Housing Census, 26,894 youth aged 15-24 were NEET.²⁹¹ **Chart 3.84** shows that in 2022, among youth aged 15-24, 20 percent of youth were NEET. Females (22 percent) had a higher youth NEET rate than males (17 percent). Gender differences are most notable in the atolls, where the female youth NEET rate was 28 percent, compared to 18 percent for male youth in 2022. In general, the youth NEET rate was higher in the atolls (23 percent) than in Malé (16 percent).

²⁸⁸ UNICEF/ILO (2020). *Creating and sustaining successful school-to-work transitions. Generation Unlimited*. Global Initiative on Decent Jobs for Youth: New York, NY, USA.

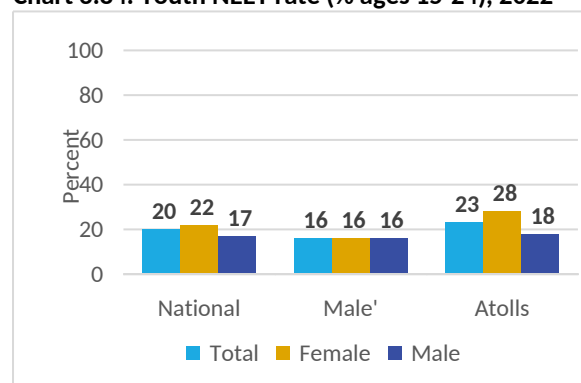
²⁸⁹ Ibid, 2020.

²⁹⁰ Ibid, 2020; Gutierrez-Garcia et al. (2008). Emerging Adults Not in Education, Employment or Training (NEET): Socio-demographic characteristics, mental health and reasons for being NEET. *BMC Public Health*, Vol. 18, p. 25.

²⁹¹ Maldives Bureau of Statistics (2022). *Maldives Population and Housing Census 2022. Improving Labour Market Dynamics: Understanding Unemployment and Workforce Inactivity*. MBS: Male', Maldives.

Globally, it is well documented that youth can often encounter difficulties when they enter the labour market as they may not have or are perceived as not having the necessary qualifications or experiences and have not been able to keep up with the knowledge and skills demands of the new labour market, contributing to the development of a skills gap across global regions. The modern world of work requires individuals to have foundational academic qualifications, coupled with a range of soft and social skills essential to navigate the challenges of an ever-changing labour market, fluctuating employer demands and a volatile macro-economic context. In addition to having a formal education, young people need the opportunity to explore options beyond their immediate school environment, such as developing entrepreneurial skills and exploring routes to sustainable self-employment. In this respect, policy makers and researchers have become increasingly interested in how young people's social capital and networks can be used to help them move into decent work.²⁹²

Chart 3.84. Youth NEET rate (% ages 15-24), 2022



Source: Maldives Bureau of Statistics (2022). *Maldives Population and Housing Census 2022. Improving Labour Market Dynamics: Understanding Unemployment and Workforce Inactivity*. MBS: Malé, Maldives.

For these reasons, youth unemployment are major policy concerns. Globally, governments are aware of these issues and are addressing them through the formulation and implementation of a wide variety of policies and programmes. The relevance and importance of these programmes have become more important as the negative impacts of the COVID-19 pandemic on employment and national economies have become clear.

To address the issue of youth NEET, the GoM launched a National Service Programme in January 2025. The programme aims to recruit youth who are 18 year of age and older into the country's security forces. Youth under the age of 18 can apply to the training programme and will be provided with job opportunities in the security forces once they turn 18 year of age.

VIOLENCE AGAINST CHILDREN AND HARMFUL PRACTICES

In Maldives, violence against children (VAC) prevalence data are lacking, although such data are needed to make evidence-based decisions to strengthen efforts to prevent and respond to VAC.²⁹² VAC prevalence data are also needed to monitor progress made in preventing and responding to VAC, including improving access to child protection, support services and justice for child victims of violence and abuse. Given national efforts to support children's well-being and development, and to strengthen the child protection in Maldives, it would be beneficial to conduct a national prevalence study on VAC in the home, schools and public spaces.

There is some administrative data on VAC available from MPS and MSFD; these data are presented in the sections that follow. Administrative data, however, reflects the number of incidents of VAC identified and reported to and recorded by authorities. Thus, administrative data represents only a small proportion of the violence experienced by children in the home, schools and public spaces, as most children and adolescents are unable to speak out about the violence in their lives and do not know where to seek help.

Corporal (Physical) Punishment

Discipline is a part of childrearing, but too often parents/caregivers use methods of discipline that rely upon corporal (physical) punishment, verbal abuse and intimidation to punish unwanted behaviours and encourage desired behaviours in children and adolescents. Rather than being a deliberate disciplinary choice, violent discipline is often used as a result of anger, frustration and lack of knowledge about non-violent forms of discipline.

²⁹² The only VAC study that exists is a 2009 UNICEF-support national study on VAC that is outdated.

Corporal punishment is defined as any punishment in which physical force is used and intended to cause some degree of pain or discomfort. Most forms of corporal punishment involve hitting, slapping and spanking children with a hand or an object (e.g., whip, stick, belt, wooden spoon), but can also involve kicking, shaking and throwing children, as well as scratching, pinching, biting, pulling hair, boxing ears and caning. Corporal punishment also includes forcing children to stay in uncomfortable positions or forced ingestion (e.g., soap, hot peppers). In severe cases, corporal punishment can involve burning or scalding a child.

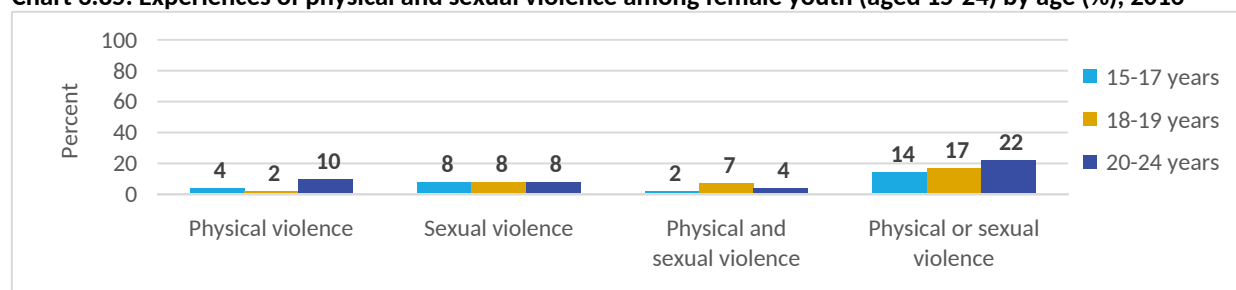
While parents/caregivers often use corporal punishment to enforce children's compliance with desired behaviours, research has found that corporal punishment is likely to have the opposite and undesirable effects, and can be harmful to children, leading to anti-social and aggressive behaviours. Corporal punishment also has negative impacts on children's mental health, well-being and social development. In fact, rather than reducing inappropriate behaviours, corporal punishment teaches children that the use of physical aggression is normal and an appropriate means of solving conflicts. The negative consequences of corporal punishment can carry over into adulthood.²⁹³

Prevalence data on children's experiences with corporal punishment (physical abuse and psychological aggression) in the home and schools are lacking, as is research and data on parents' and teachers' use of corporal punishment to discipline and control children. Such research should include disaggregation by sex, age, region, wealth index quintile, and HoH's level of education.

Violence Experienced by Girls and Young Women

The 2016 MHDS is the only prevalence data available on physical and sexual violence experienced by female youth aged 15-24. **Chart 3.85** shows that 22 percent of female youth aged 20-24, 17 percent aged 18-19 and 14 percent aged 15-17 ever experienced physical or sexual violence. More specifically, among female youth ages 15-24 years, 8 percent experienced sexual violence, regardless of age; whereas youth aged 20-24 years (10 percent) were more likely to experience physical violence, compared to adolescents ages 15-17 years (4 percent) and 18-19 years (2 percent).

Chart 3.85. Experiences of physical and sexual violence among female youth (aged 15-24) by age (%), 2016



Source: 2016/17 MDHS

Among females who experienced physical violence, those who were never married reported that the person(s) who committed the physical violence was most often a former boyfriend (31 percent), followed by a mother/step-mother (17 percent), father/step-father (16 percent), sister/brother (16 percent) or other relative (10 percent). Among ever-married females, person(s) who committed physical violence were most often a current husband/partner (47 percent) or former husband/partner (41 percent).²⁹⁴

Among females who experienced sexual violence, those who were never married reported that the person(s) who committed the sexual violence was most often a relative (38 percent), family friend (16 percent), stranger (16 percent) or other person (11 percent). Among ever-married females, person(s) who committed sexual violence

²⁹³ McKee, L., E. Roland, N. Coffelt, A.L. Olson, R. Forehand, C. Massari, D. Jones, C.A. Gaffney & M.S. Zens (2007). Harsh Discipline and Child Problem Behaviors: The Roles of Positive Parenting and Gender. *Journal of Family Violence*, Vol. 22, pp. 187-196; see also, Grogan-Kaylor, A. (2004). The Effect of Corporal Punishment on Antisocial Behavior in Children. *Social Work Research*, Vol. 28, No. 3, pp. 153-162; Straus, M. D. Sugarman & J. Giles-Sims (1997). Spanking by Parents and Subsequent Antisocial Behavior of Children. *Archives of Pediatrics and Adolescent Medicine*, Vol. 151, pp. 761-767.

²⁹⁴ Data related to perpetrators of physical violence are based upon among ages 15-49 years who ever experienced physical violence; data on perpetrators of physical violence were not disaggregated by age. Ministry of Health Maldives and ICF (2018). *Maldives Demographic and Health Survey 2016-17*. MOH and ICF: Male, Maldives and Rockville, Maryland.

were most often a current/former husband/partner (44 percent), other relative (20 percent), stranger (14 percent) or family friend (13 percent).²⁹⁵

VAC Administrative Data

There is some administrative data on VAC available from the MPS and MSFD, and these data are important to understand as they reflect the number and type of VAC cases that are reported to the authorities. There are, however, notable gaps in administrative data (.e.g., missing data, pre-defined categories) and data are often lacking as it relates to actions taken, support and services provided, and the outcome of cases.

MSFD Administrative Data Related to VAC. In 2024, MSFD received and attended to 1,222 VAC cases. Table 3.7 shows that 85.2 percent of these cases involved child abuse and neglect, including child sexual abuse (20.9 percent) physical abuse (19.5 percent) and emotional abuse (8.7 percent), as well as child neglect (20.5 percent) and abandonment (0.4 percent), and witnessing domestic violence (15.3 percent). In addition, 10.0 percent of cases involved some form of bullying, including cyberbullying (5.6 percent), blackmail (3.6 percent) and harassment (0.8 percent). Finally, F harassment and blackmail. Finally, 3.8 percent of cases involved child exploitation.

Table 3.7. VAC cases received and attended to by MSFD, Jan – Dec 2024		
Types of violence	# of Cases	% of Total Cases
Child abuse and neglect	1,041	85.2
Sexual abuse	255	20.9
Physical abuse	238	19.5
Emotional abuse	106	8.7
Neglect/negligence	250	20.5
Child abandonment	5	0.4
Domestic violence (witness)	187	15.3
Bullying, harassment and blackmail	122	10.0
Bullying, including cyberbullying	68	5.6
Blackmail	44	3.6
Harassment	10	0.8
Child exploitation	47	3.8
Exploitation, including commercial exploitation and child labour	29	2.4
Sexual grooming of a child	11	0.9
Child pornography	7	0.6
Other	2	0.2
Total	1,222	100.0%

Source: Retrieved on 15 July 2025 from: [Case statistics from January 2024 to December 2024 – \[REDACTED\]](#)

Table 3.7. VAC cases received and attended to by MSFD, Jan – Dec 2024		
Type of violence	# of Cases	% of Total Cases
Physical violence/abuse	214	41.9
Emotional abuse/verbal abuse	167	32.7
Sexual violence/abuse, rape	50	9.8
Intimidation	37	7.2
Neglect	20	3.9
Withholding/damage to property	8	1.6
Sexual harassment	8	1.6
Controlling behaviour	4	0.8
Economic and financial abuse	2	0.4
Commercial exploitation	1	0.2
Total	511	100.0%

Source: Retrieved on 15 July 2025 from: [Case statistics from January 2024 to December 2024 – \[REDACTED\]](#)

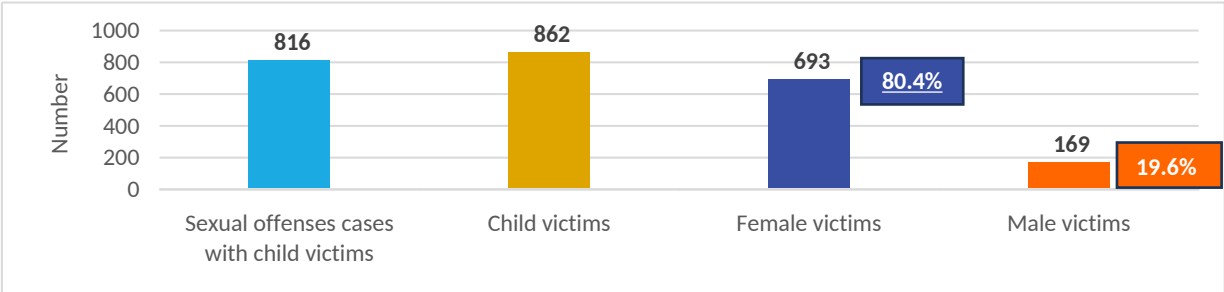
²⁹⁵ Data related to perpetrators of physical violence are based upon among ages 15-49 years who ever experienced physical violence; data on perpetrators of physical violence were not disaggregated by age. Ibid, 2018.

In 2024, MSFD also received and attended to 511 gender-based violence (GBV) and domestic violence cases. **Table 3.8** shows that among those cases, the majority involved physical violence/abuse (41.9 percent) and emotional abuse/verbal abuse (32.7 percent). A notable proportion of cases also involved sexual violence/abuse, including rape (9.8 percent) and intimidation (7.2 percent).

MPS Administrative Data Related to Sexual Offences Cases with Child Victims. MPS administrative data related to VAC are available for the period of January 2021 to September 2024 (cumulative data are presented below and annual data are available in Annex C). **Chart 3.86** shows that from January 2021 to September 2024, MPS handled a total of 816 sexual offense cases with child victims, which involved a total of 862 child victims, Bear in mind, some sexual offense cases involved more than one child victim. Among the 862 child victims, 80.4 percent were females and 19.6 percent were males. From January 2021-2024, MPS also handled a total of 19 pornography cases and 5 sexual harassment cases (see Annex C, Annual Chart 3 for annual data).

Chart 3.87 shows that among the 862 child victims, adolescents 11 years and older were more often sexual offence victims (36 percent were 11-14 years of age and 37 percent were 15-17 years of age). Fewer victims were 6-10 years of age (15 percent) or under 6 years of age (6 percent).

Chart 3.86. Sexual offense cases with child victims handled by MPS (total for Jan 2021 – Sept 2024)



Note: See Annex C, Annex Chart 1 for annual data. **Source:** Retrieved on 20 April 2025 from: [Maldives Police Service](#)

Chart 3.87. Child sexual offence victims by age (total for Jan 2021 – Sept 2024)

[OBJ]

Note: See Annex C, Annex Chart 2 for annual data. **Source:** Retrieved on 20 April 2025 from: [Maldives Police Service](#)

MPS Administrative Data Related to Domestic Violence Cases. Over the past decade, Maldives has seen progress in advancing domestic violence legislation and policy reforms. In 2012, in accordance with Article 92 of the Constitution, the Domestic Violence Act (Act No. 3/2012) was passed in the People’s Majlis and ratified by the President. The Domestic Violence Act defines domestic violence as any act by a perpetrator where such conduct harms, or may cause imminent harm to the safety, health or well-being of the victim(s), and providing the victim(s) and perpetrator are in a domestic relationship. Domestic violence includes physical abuse, sexual abuse, verbal and psychological abuse, economic or financial abuse, and other forms of abuse.²⁹⁶

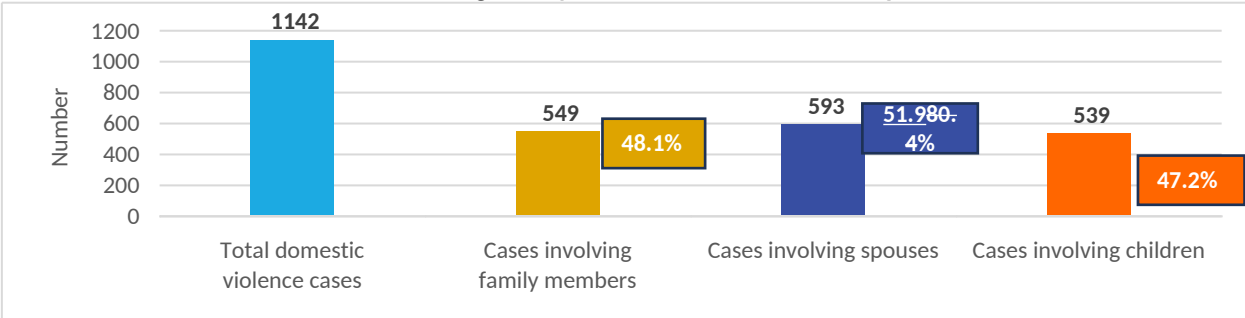
In recent years, efforts have been made to compile administrative data on domestic violence. **Chart 3.88** shows that from January 2020 to September 2024, 1,142 domestic violence cases were investigated by MPS, of which 51.9 percent involved spouses, 48.1 percent involved family members and 47.2 percent involved children. The percentages exceed 100 percent because domestic violence cases often involve more than one type of victim, such as a spouse and children.

Among domestic violence cases investigated by MPS from January 2020 to September 2024, there were 964 domestic violence victims, of which the majority of victims were children (51 percent) and female adults (45

²⁹⁶ The Domestic Violence Act (Act No. 3/2012) also includes: impregnating the spouse, without concern to her health condition and against any medical advice to refrain from impregnation for a specified period of time; impregnating a woman who is trying to remover herself from a harmful marriage, against her will; deliberately withholding the property of a person; intimidation; harassment; stalking; damage to property; entry into, and being present thereafter at the victim’s resident without consent where the parties do not share the same resident; any other act which may be described as controlling or abusive behaviours towards the victim; coercing, intimidating or forcing the victim to commit an act which such person would not have consented to or committed by their own violation; confining the victim to a place or restricting their movement against their will; attempting to commit any of the foregoing acts or causing apprehension of such act; or causing a minor to witness or hear an act of domestic violence or presenting or placing a minor in such situation where such minor may witness or hear an act of domestic violence.

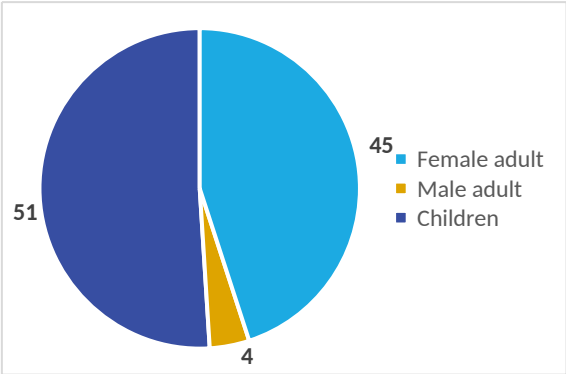
percent). Very few victims of domestic violence were adult males (4 percent; **Chart 3.89**). This, however, does not imply that the perpetrators of domestic violence were women, as male adults can be domestic violence victims at the hands of other male relatives.

Chart 3.88. Domestic violence cases investigated by MPS (total for Jan 2020 – Sept 2024)



Note: See Annex C, Annex Chart 4 for annual data. The total number of domestic violence cases investigated by MPS is a total of the cases involving family members and spouses, and some of these cases also involved children, although the number of cases involving children is not in addition to those involving family members and spouses. **Source:** Retrieved on 20 April 2025 from: [Maldives Police Service](#)

Chart 3.89. Domestic violence victims in cases investigated by MPS (total for Jan 2020 – Sept 2024)

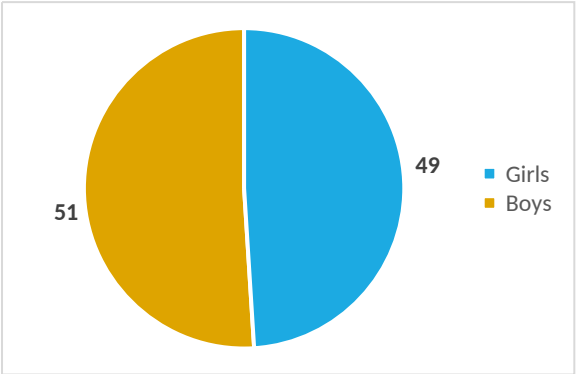


Note: See Annex C, Annex Chart 5 for annual data. **Source:** Retrieved on 20 April 2025 from: [Maldives Police Service](#)

From January 2021 to September 2024 there were a total of 366 child victims of domestic violence, of which 51 percent were boys and 49 percent were girls (**Chart 3.90**). In addition, **Chart 3.91** shows the age of child victims in domestic violence cases investigated by MPS from January 2021 to September 2024. The most notable pattern to emerge is that 64 percent of child victims of domestic violence were 10 years or younger (32 percent of children were under 6 years of age and 32 percent 6-10 years of age). Child victims of domestic violence were also 11-14 years of age (21 percent) and 15-17 years (14 percent).

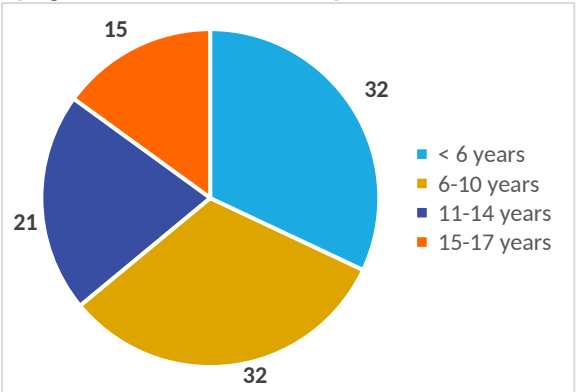
Figure 3.1 shows that from January 2021 to September 2024, a total of 2,486 domestic violence cases were reported to MPS, of which 45 percent were logged by MPS. It is unclear from the data why there were far more domestic violence cases reported to MPS than were logged by MPS. Among the 2,485 domestic violence cases reported to MPS, 44 percent were investigated by MPS and 31 percent were closed by MPS. It is unclear from the data why cases were closed or if they were closed before, during or after the investigation. Among the 2,546 cases reported to MPS, only 4 percent resulted in the offender being detained and only 2 percent were referred to the Prosecutor General's Office for prosecution. In terms of the proportion of cases of investigated by

Chart 3.90. Child victims in domestic violence cases by sex (total for Jan 2021 – Sept 2024)



Note: See Annex C, Annex Chart 6 for annual data. **Source:** Retrieved on 20 April 2025 from: [Maldives Police Service](#)

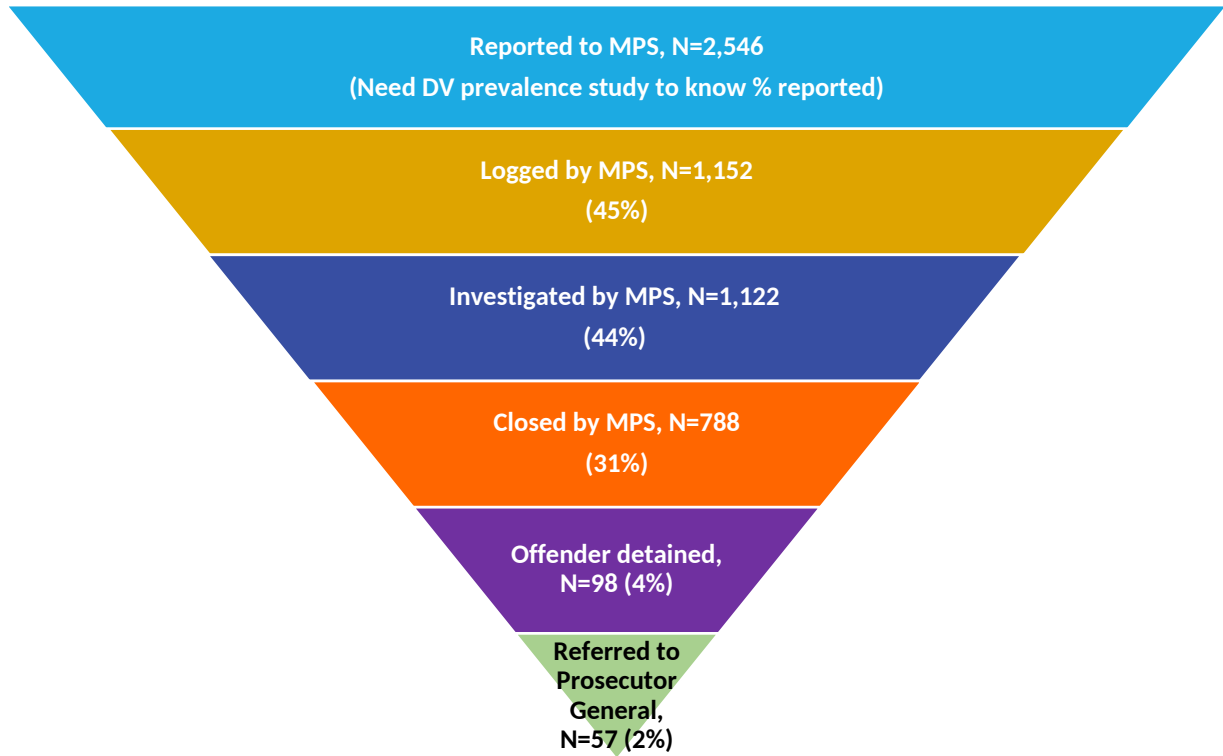
Chart 3.91. Child victims in domestic violence cases by age (total for Jan 2021 – Sept 2024)



Note: See Annex C, Annex Chart 7 for annual data. **Source:** Retrieved on 20 April 2025 from: [Maldives Police Service](#)

MPS, only 9 percent resulted in the offender being detained and 5 percent were referred to the Prosecutor General's Office for prosecution.

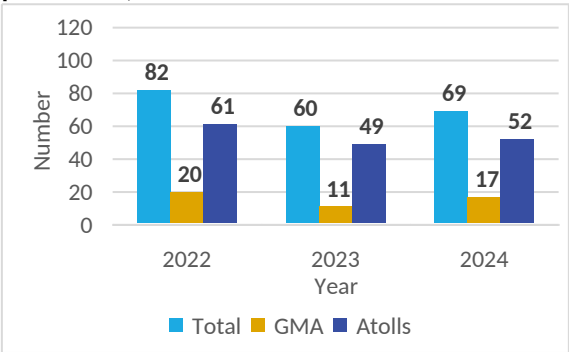
Figure 3.1. Funnel effect of domestic violence cases by outcome/status of the case, 2020-Sept 2024



Note: See Annex Chart 8 for annual data. Data on reported domestic violence cases were not available for 2020. **Source:** Retrieved on 20 April 2025 from: [Maldives Police Service](#)

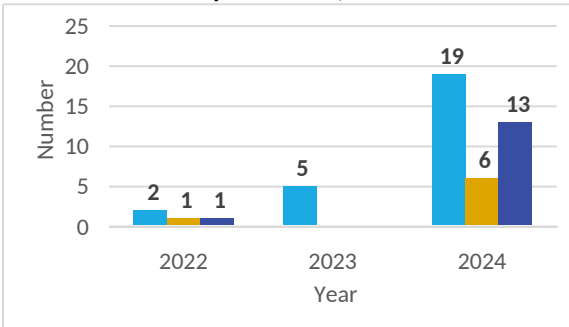
Prosecutor General Office’s Administrative Data Related to VAC and Domestic Violence. Charts 3.92 and 3.93 show the number of VAC and domestic violence cases involving children (aged 0-17) that were prosecuted by the Prosecutor General’s Office from 2022-2024, including the number prosecuted cases in the GMA and atolls. It is notable that the number of VAC cases prosecuted decreased by 16 percent from 2023 to 2024, whereas the number of domestic violence cases prosecuted dramatically increased from 2022 to 2024. It is not clear from the data what is driving the decrease in prosecution of VAC cases and the increase in prosecution of domestic violence cases. It is notable among VAC cases prosecuted that 77 percent were in the atolls and 23 percent were in the GMA. Bear in mind, however, this does not mean that more VAC cases occur in the atolls than in Male’, rather it just means that more cases are prosecuted in the atolls.

Chart 3.92. VAC cases involving children that were prosecuted, 2022-2024



Source: Data provided by the Prosecutor General’s Office

Chart 3.93. Domestic violence cases involving children that were prosecuted, 2022-2024



Note: Location disaggregated data were not available for 2023. **Source:** Data provided by the Prosecutor General’s Office

Data were also provided on the number of VAC and domestic violence cases that resulted in a conviction from 2022-2024. In 2022, 28 offenders were convicted (26 offenders were sentenced to jail, 1 was under house arrest, 1 was fined), 26 offenders were convicted in 2023 (26 offenders were sentenced to jail) and 22 offenders were convicted in 2024 (22 offenders were sentenced to jail).

Child Marriage

Child marriage refers to any formal marriage or informal union between a child under the age of 18 and an adult or another child. While the prevalence of child marriage has decreased worldwide, the practice remains widespread – one out of five girls are married.²⁹⁷ The right to ‘free and full’ consent to a marriage is recognized in the Universal Declaration of Human Rights (UDHR), with the recognition that consent cannot be ‘free and full’ when one of the parties involved is not sufficiently mature to make an informed decision about a life partner. CEDAW also addresses the right to protection from child marriage. Although marriage is not directly addressed in the CRC, child marriage is linked to other rights, such as the right of children to express their views freely and to be protected from harmful traditional practices. Child marriage is also frequently addressed by the Committee on the Rights of the Child.

Child marriage is more common among girls but does occur among children of both sexes. In many parts of the world, parents encourage the marriage of their daughters while they are still children in hopes that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. Child marriage robs girls of their childhood and threatens their lives and health, and ability to achieve their full potential.

Girls who marry before the age of 18 often experience disruptions to their education and their ability to enter the labour market, and may experience separation from family and friends, and have fewer freedoms to participate in community activities, which often takes a heavy toll on girl’s physical and psychological well-being. Girls who marry as children often become pregnant during adolescence, when the risk of complications during pregnancy and childbirth increases for themselves and their infants. Girls who marry before the age of 18 are also more likely to experience domestic violence.

Girls who marry before the age of 18 have worse economic and health outcomes than their unmarried peers, which are eventually passed down to their children. Child marriage also has substantial economic costs at the national level, with major implications for development and prosperity.²⁹⁸ For these reasons, child marriage is identified as a harmful practice in the 2030 Agenda for Sustainable Development. SDG 5 includes a target aimed at eliminating all harmful practices, including child, early and forced marriage by 2030, and SDG Indicator 5.3.1 monitors the proportion of women aged 20-24 who were married or in a union before the age of 15 and 18 years.

In 1991, Maldives ratified the CRC which sets a minimum age of marriage of 18 years. In 1993, Maldives also ratified CEDAW, but did so with reservations to Article 16, which obligates States Parties to take appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations, including the right to enter with ‘free and full consent’ into marriage. Despite reservations to CEDAW’s Article 16, national legislation sets the minimum age of marriages at 18 years for both women and men, except under special circumstances with the approval of the Supreme Court. Marriage of children under the age of 18 is also criminalized under Article 25 of the Child Rights Protection Act (CRPA).²⁹⁹ National legislation should be harmonized to ensure that the minimum age of marriage is 18 years for both women and men without exceptions.

National laws also establish that a woman’s consent and presence are required for marriage.³⁰⁰ Yet, as per law, women are required to obtain ‘wali’ from the father or a male relative from the paternal line, who is defined as her ‘guardian’ in matters of marriage and guardianship, as per law. In the absence of the aforementioned, a woman can obtain ‘wali’ for marriage through the courts.³⁰¹

Given child marriage is prohibited by law in Maldives, in 2016, among youth aged 20-24, no young women or men aged 20-24 were first married by the age of 15 years, yet 2 percent of young women and men were married by 18 years of age.³⁰² Despite having very low numbers of child marriage, in 2020, the Human Rights Commission of

²⁹⁷ Retrieved on 20 April 2025 from: [Child marriage | UNICEF](#)

²⁹⁸ Ibid.

²⁹⁹ HRCM calls for abolishment of child marriage in Maldives. Sun, 5 November 2020. Retrieved on 20 April 2025 from: [HRCM calls for abolishment of child marriages in Maldives | SunOnline International](#)

³⁰⁰ Retrieved on 20 April 2025 from: [Maldives - Campaign for Justice in Muslim Family Laws](#)

³⁰¹ Global Repository of Muslim Family Laws. Retrieved on 20 April 2025 from: [Maldives - Campaign for Justice in Muslim Family Laws](#)

³⁰² Ministry of Health Maldives and ICF (2018). *Maldives Demographic and Health Survey 2016-17*. MOH and ICF: Male, Maldives and Rockville, Maryland.

Maldives (HRCM) called for an end to the culture of out-of-court child marriages, in keeping with a recommendation from the Universal Periodic Review (UPR) of Maldives.³⁰³

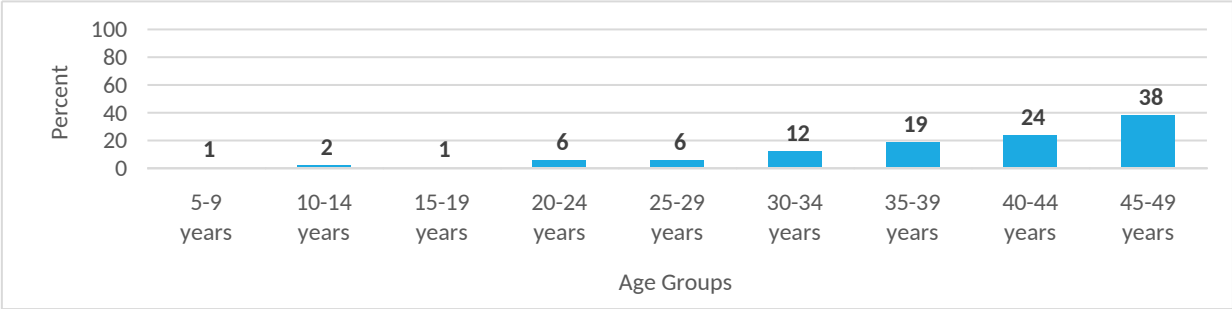
Female Genital Mutilation (FGM)

Every girl and woman has the right to be protected from FGM, which is a manifestation of entrenched gender inequality and has devastating consequences for girls and women. FGM is a violation of human rights and is defined in SDG Target 5.3, which aims to eliminate all harmful practices, including FGM, by 2030, and SDG Indicator 5.3.2, which is the proportion of girls and women aged 15-49 years who have undergone FGM.³⁰⁴

There is no specific law in Maldives that criminalizes FGM, yet the performance of FGM can be prosecuted under various provisions of general criminal law, depending upon the circumstances and degree of harm inflicted. As FGM causes injury and harms a girl's genitals, the perpetrators, even those who are close family, can be prosecuted under the Protection of the Rights of Children Act of 2019.³⁰⁵

In Maldives, 13 percent of girls and women aged 5-49 had undergone FGM in 2016. **Chart 3.94** shows that the prevalence of FGM increases steeply with age, from only one to two percent of girls aged 5-19 years to 38 percent of women aged 45-49. These data reflect the fact that the practice of FGM has been significantly reduced in Maldives. In Maldives, FGM has traditionally been performed almost exclusively in early childhood, as 83 percent of women who underwent FGM reported that they were circumcised when they were younger than the age of five.³⁰⁶ Among girls ages 0-14 years, those whose mother's had undergone FGM (5 percent) were five times more likely to undergo FGM, compared to girls whose mothers were not circumcised (1 percent).³⁰⁷

Chart 3.94. FGM among women aged 15-49 by age group (%), 2016



Source: 2016/17 DMHS

³⁰³ HRCM calls for abolishment of child marriage in Maldives. Sun, 5 November 2020. Retrieved on 20 April 2025 from: [HRCM calls for abolishment of child marriages in Maldives | SunOnline International](#)

³⁰⁴ UNICEF (2020). *A Profile of Female Genital Mutilation in Ethiopia*. UNICEF: Addis Ababa, Ethiopia. Retrieved on 11 May 2024 from: [A Profile of Female Genital Mutilation .pdf \(unicef.org\)](#)

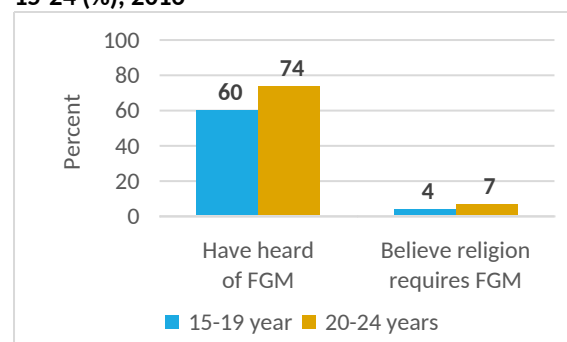
³⁰⁵ Orchid Project (2024). *The Law and FGC: The Maldives*. Retrieved on 20 April 2025 from: [maldives law report v1 \(november 2024\).pdf](#)

³⁰⁶ Ministry of Health Maldives and ICF (2018). *Maldives Demographic and Health Survey 2016-17*. MOH and ICF: Male, Maldives and Rockville, Maryland.

³⁰⁷ Ibid, 2018.

Chart 3.95 shows that among female youth aged 15-24, the majority of girls aged 15-19 (60 percent) and 20-24 years (74 percent) had heard of FGM. Yet, only 4 percent of girls aged 15-19 and 7 percent aged 20-24 believed that religion requires FGMs. As revealed in Chart 3.92, only 1 percent of girls aged 15-19 and 6 percent aged 20-24 had undergone FGM.

Chart 3.95. Knowledge of FGM among females aged 15-24 (%), 2016

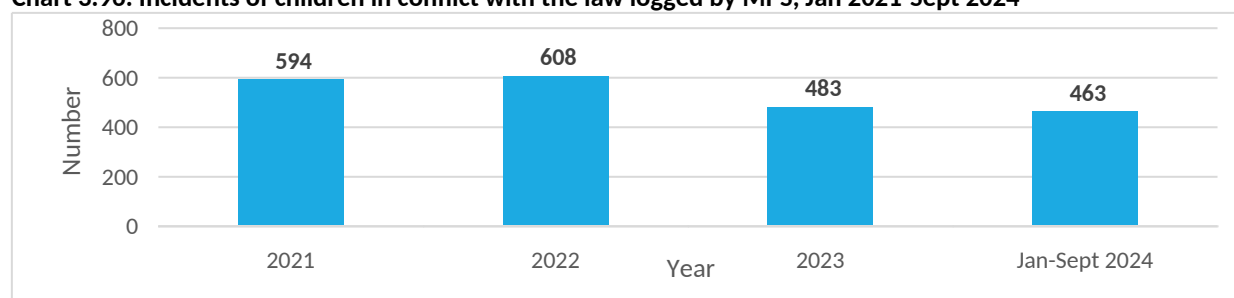


Source: 2016/17 DMHS

JUSTICE FOR CHILDREN

In 2024, MPS raised concerns over the increasing number of reports of crimes involving children. **Chart 3.96** shows that from January 2021 to September 2024, there has been a decrease in the number of incidents of children in conflict with the law logged by MPS. It is notable that the number of crimes involving children that were logged by MPS declined by 19 percent from 594 in 2021 to 483 in 2023, then further declined to 463 by September 2024.

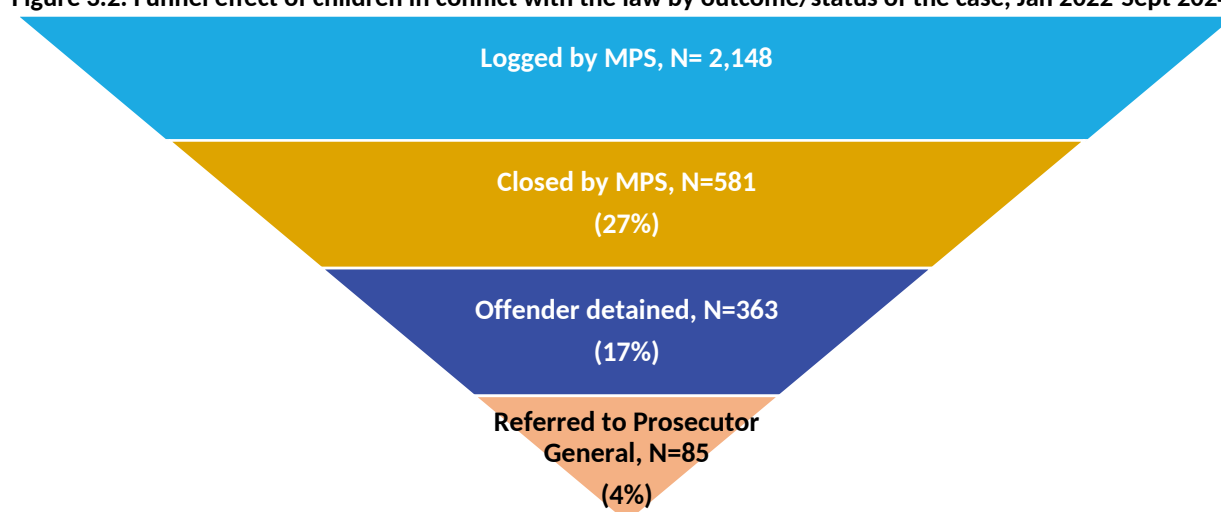
Chart 3.96. Incidents of children in conflict with the law logged by MPS, Jan 2021-Sept 2024



Note: Data on reported crimes involving children were not available for 2021. **Source:** Retrieved on 20 April 2025 from: [Maldives Police Service](#)

Figure 3.2 shows that among the 2,148 cases of children in conflict with the law that were logged by MPS, 27 percent were closed by MPS and 17 percent resulted in the juvenile offender being detained by MPS. It is unclear from the data why cases were closed or when they were closed (e.g., before, during or after an investigation). Among the 2,148 cases reported to MPS, only 4 percent resulted in the juvenile offender being referred to the Prosecutor General's Office for prosecution.

Figure 3.2. Funnel effect of children in conflict with the law by outcome/status of the case, Jan 2022-Sept 2024



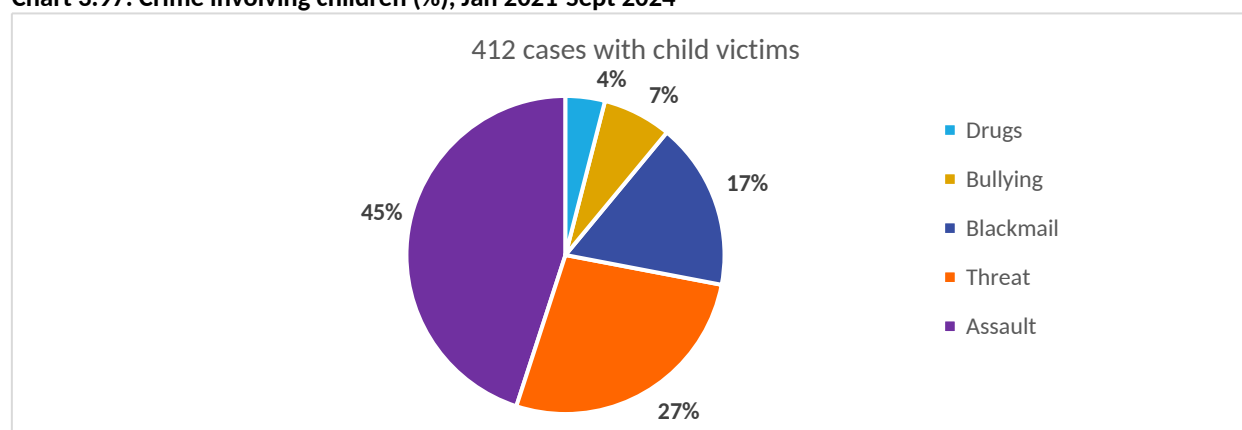
Note: Data on reported crimes involving children were not available for 2021. See Annex C, Annex Chart 9 for annual data. **Source:** Retrieved on 20 April 2025 from: [Maldives Police Service](#)

Crimes Involving Children

Data on crimes involving children are presented in the sections that follow. Although it was not always clear from MPS data if children were victims or offenders of the crimes; thus, data are presented as crimes involving children. The age groups of children involved in crimes are also presented, when available.

From January 2021 to September 2024 there were 412 cases with child victims. **Chart 3.97** shows that a large proportion of these were assault cases (45 percent), followed by threats (27 percent) and blackmail (17 percent). Very few were cases of bullying (7 percent) or drugs (4 percent). Data related to each of these are presented and discussed in more detail in the sections that follow.

Chart 3.97. Crime involving children (%), Jan 2021-Sept 2024

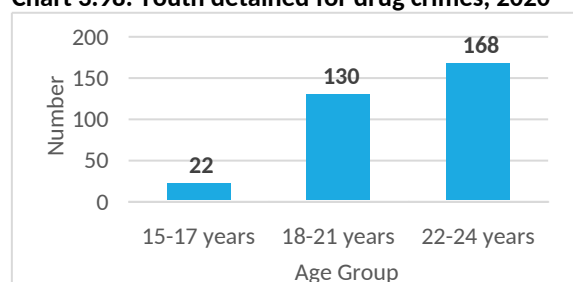


Source: Retrieved on 20 April 2025 from: [Maldives Police Service](#)

Source: Retrieved on 20 April 2025 from: [Maldives Police Service](#)

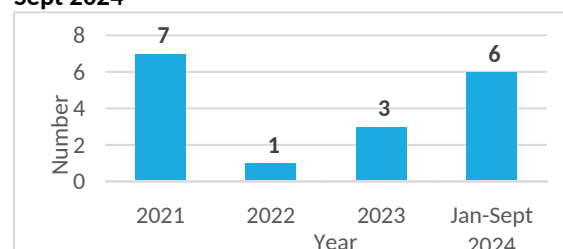
Drugs Cases Involving Children. In 2020, among the 1,230 persons detained for drug crimes, only 2 percent were 15-17 years of age (i.e., children), and 24 percent were youth ages 18-24 years. More specifically, 11 percent of persons detained for drug crimes were ages 18-21 and 14 percent were ages 22-24 years (**Chart 3.98**). Data for January 2021 to September 2024 were not reported the same as in 2020, but the number of children involved in drug cases was only 17 during this four-year period (**Chart 3.99**).

Chart 3.98. Youth detained for drug crimes, 2020



Source: Retrieved on 20 April 2025 from: [Maldives Police Service](#)

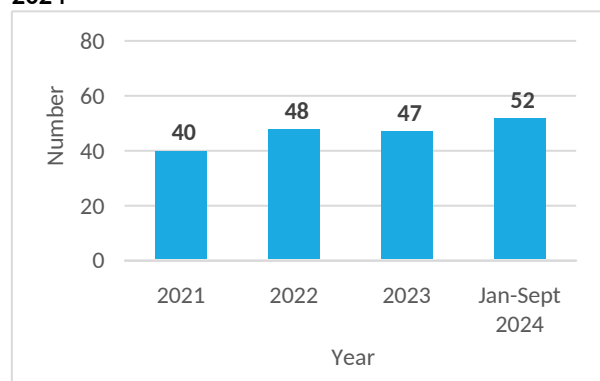
Chart 3.99. Drugs cases with child victims, 2021-Sept 2024



Source: Retrieved on 20 April 2025 from: [Maldives Police Service](#)

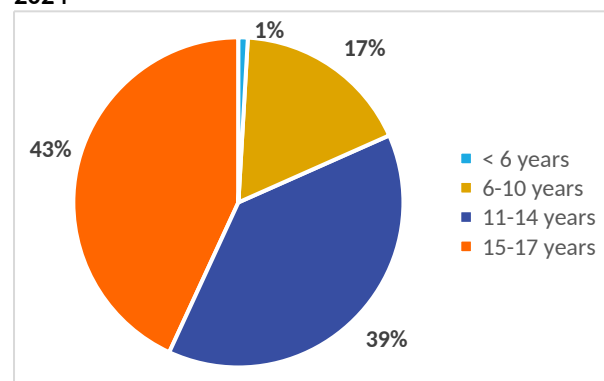
Assault Cases Involving Children. **Chart 3.100** shows the number of assault cases with child victims increased by 30 percent from 40 in 2021 to 52 in the first three quarters of 2024. **Chart 3.101** shows that among the 223 child victims of assault over the past four years; 47 percent were aged 15-17 and 42 percent were 11-14 years.; only 10 percent were 10 years of age or younger.

Chart 3.100. Assault cases with child victims, 2021-2024



Source: Retrieved on 20 April 2025 from: [Maldives Police Service](#)

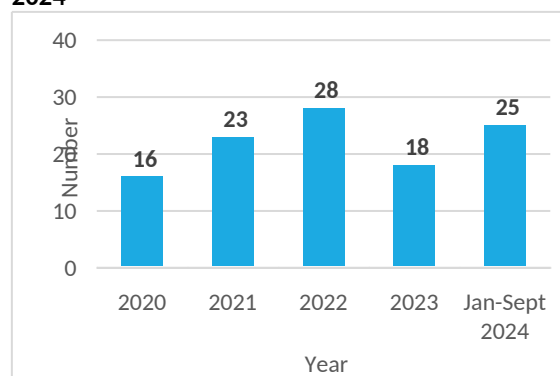
Chart 3.101. Age of child assault victims, 2021-Sept 2024



Note: The number of child victims exceeds the number of assault cases in Chart 3.97 because more than one child could have been involved in an assault case. See Annex C, Annex Chart 10 for the annual data Source: Retrieved on 20 April 2025 from: [Maldives Police Service](#)

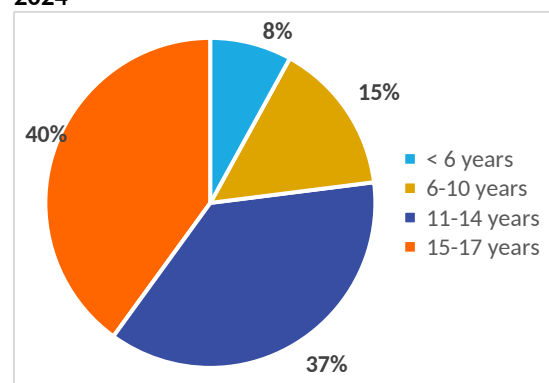
Threat Cases Involving Children. Chart 3.102 shows that from January 2021 to September 2024, the number of threat cases with child victims has fluctuated from year-to-year. It is unclear from the data what is driving these fluctuations in threat cases with child victims. Chart 3.103 shows that among the 113 child victims of threats over the past four years; 40 percent were aged 15-17 and 37 percent were aged 11-14 years. Only 23 percent of threat cases involved child victims ages 10- years and younger.

Chart 3.102. Threat cases with child victims, 2021-2024



Source: Retrieved on 20 April 2025 from: [Maldives Police Service](#)

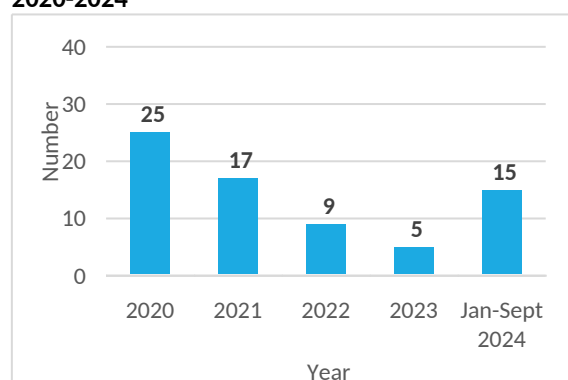
Chart 3.103. Age of child threat victims, 2021-Sept 2024



Note: The number of child victims exceeds the number of threat cases in Chart 3.100 because more than one child could have been involved in a threat case. Age of child victims were not available for 2020. See Annex C, Annex Chart 11 for annual data. **Source:** Retrieved on 20 April 2025 from: [Maldives Police Service](#)

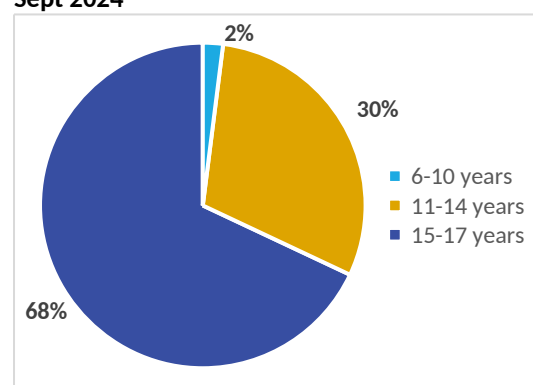
Blackmail Cases Involving Children. Chart 3.104 shows that from January 2020 to September 2024, there was a notable declined in the number of blackmail cases with child victims, but then a notable increase in the first three quarters of 2024. It is unclear from the data what is driving this trend. Chart 3.105 shows that among the 44 child victims of blackmail over the past four years, 68 percent were aged 15-17, 30 percent were aged 11-14 years and 2 percent were 6-10 years of age.

Chart 3.104. Blackmail cases with child victims, 2020-2024



Source: Retrieved on 20 April 2025 from: [Maldives Police Service](#)

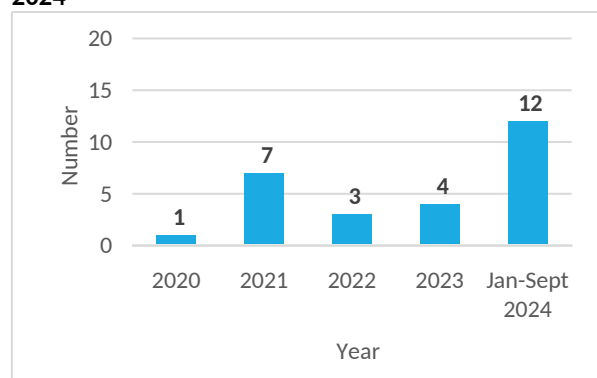
Chart 3.105. Age of child blackmail victims, 2021-Sept 2024



Note: The number of child victims exceeds the number of blackmail cases in Chart 3.102 because more than one child could have been involved in a blackmail case. Age of child victims were not available for 2020. See Annex C, Annex Chart 12 for annual data. **Source:** Retrieved on 20 April 2025 from: [Maldives Police Service](#)

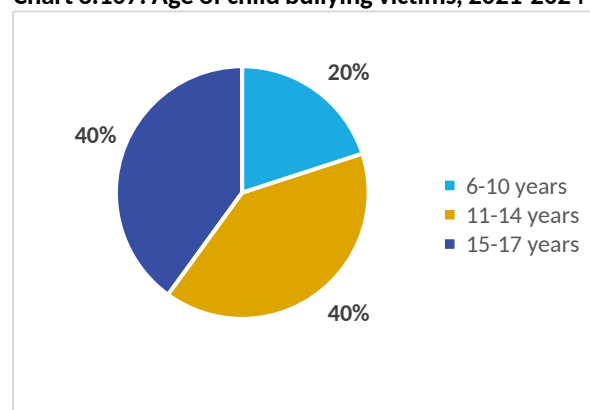
Bullying Cases Involving Children. Chart 3.106 shows that from January 2020 to September 2024, there were fluctuations in the number of bullying cases with child victims, with a notable increase in the first three quarters of 2024. It is unclear from the data is driving these fluctuations. Among the 25 bullying victims over the past four years, 40 percent were aged 15-17, 40 percent were 11-14 years and 20 percent were 6-10 years (Chart 3.107).

Chart 3.106. Bullying cases with child victims, 2021-2024



Source: Retrieved on 20 April 2025 from: [Maldives Police Service](#)

Chart 3.107. Age of child bullying victims, 2021-2024



Source: Retrieved on 20 April 2025 from: [Maldives Police Service](#)

Children in Conflict with the Law

The MPS Family and Child Protection Unit reported that in 2023, 130 juvenile offenders were in detention for various cases, and note an increased in the number of female offenders. In addition, according to the Department of Juvenile Justice (DJJ), as of 30 June 2025:³⁰⁸

- 187 children 15 years of age and younger were in the early intervention programme³⁰⁹
- 221 juveniles aged 15-17 years were under case management and assessment
- 34 juveniles were in the diversion programme
- 2 juvenile offenders were in juvenile detention or remand, as they had an ongoing court case
- 3 juveniles were in correctional services
- 9 juveniles were in the Maafushi jail

MULTIDIMENSIONAL CHILD POVERTY

Children are more likely than adults to live in poverty and are more vulnerable to the effects of poverty; in other words, growing up in poverty has detrimental impacts on the physical, emotional and social development of children, which threatens their life chances and increases their risks of inter-generational poverty.³¹⁰ Given this reality, SDG 1 focuses on ending poverty in all forms everywhere.³¹¹

Children often bear the burden of poverty and poor children are frequently left behind when it comes to fulfilling their rights. Child poverty limits children's access to vital resources, including nutrition, health care, education, learning and skills development, social services and WASH, which prevents them from achieving their full potential. Families living below the poverty line are not typically provided with adequate safety nets and social services to ensure that their children have the same opportunities as wealthier children. Ultimately, child

The CRC entitles children to an adequate standard of living, reiterating that growing up poor violates children's rights and highlights multiple dimensions of well-being related to survival, development, protection and participation.

³⁰⁸ Data provided by DJJ during consultations.

³⁰⁹ Any child can be referred to early intervention by parents, island and atoll councils, schools and MSFD, among others. Children in early intervention live with their parents, but DJJ attempts to have regular contact with them (e.g., home visits, phone calls, office visits) to reduce their risks of coming into conflict with the law. The challenge is that children are not mandated or court-ordered to participation in early intervention; thus, it is difficult for DJJ to regularly engage these children.

³¹⁰ Retrieved on 9 January 2024 from: [Child poverty | UNICEF](#)

³¹¹ Retrieved on 9 January 2024 from: [Goal 1: No Poverty - The Global Goals](#)

poverty threatens the future of national economic and social development objectives.

In 2016, the National Multidimensional Poverty Index (MPI) estimated that one in every three children were multidimensionally poor in Maldives. The MPI study found that children have a higher likelihood of being multidimensionally poor than any other age group. In particular, 34 percent of children aged 0-17 lived in multidimensionally poor households, compared to 22 percent of youth aged 18-35 years.³¹² Further data or understanding of the dimensions of multidimensional child poverty are unavailable for Maldives.

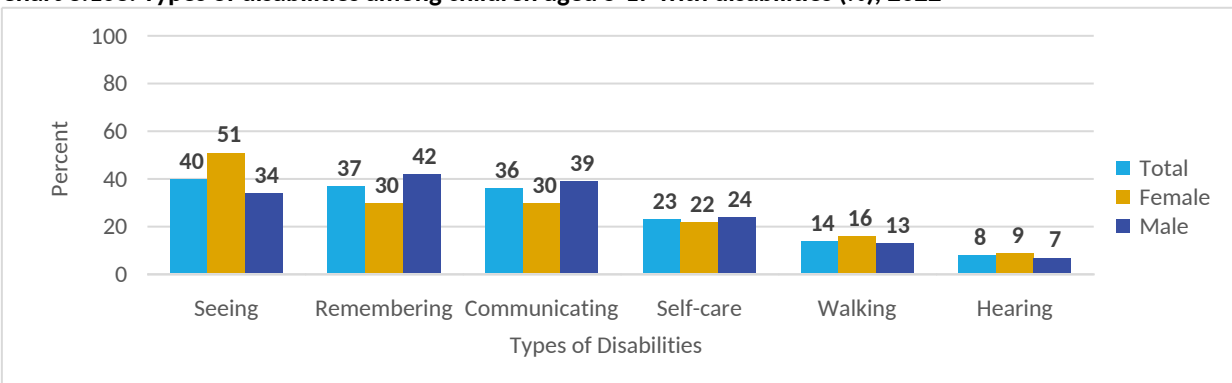
CHILDREN WITH DISABILITIES



In 2022, 4 percent of children ages 5-17 years and 3 percent of youth ages 15-24 years had a disability in Maldives. Among children ages 5-17 years, boys (19 percent) were nearly twice as likely as girls (10 percent) to have a disability.³¹³ Among the 3,401 children ages 5-17 years with disabilities, 30 percent had multiple disabilities and 20 percent had severe disabilities.³¹⁴

Chart 3.108 shows that among children ages 5-17 years with disabilities, 40 percent had difficulties seeing, 37 percent had difficulties remembering, 36 percent had difficulties communicating and 23 percent difficulties. Fewer children had difficulties walking (14 percent) or hearing (8 percent). There are some notable gender differences, as girls are more likely to have difficulties seeing (51 percent), compared to boys (34 percent); whereas boys are more likely to have difficulties remembering (42 percent) and communicating (39 percent), compared to girls (30 percent and 30 percent respectively)

Chart 3.108. Types of disabilities among children aged 5-17 with disabilities (%), 2022



Note: Because some children have multiple disabilities the percentage will total to more than 100 percent. **Source:** Maldives Bureau of Statistics (2023). *Disability in the Maldives: An Analysis from Census 2022*. Maldives Bureau of Statistics: Malé, Maldives.

Inclusive Education

In 2020, there were a total of 4,248 children with complex learning profiles enrolled in various government learning programmes, of which 68 percent were in mainstream educational settings, 20 percent were in special educational classes, 5 percent were in school readiness programmes, and 4 percent were in early intervention programmes. Only 2 percent of children with complex learning profiles were being homeschooled (**Chart 3.109**). It is notable that there has not been a focus on bringing children with disabilities into early learning programmes, such as preschools.³¹⁵

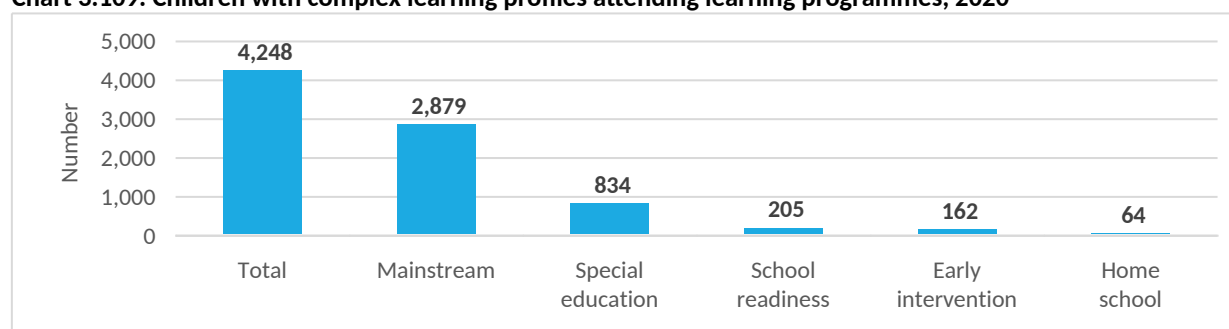
³¹² Maldives Bureau of Statistics, OPHI & UNICEF (2022). *National Multidimensional Poverty in Maldives*. Maldives Bureau of Statistics: Male', Maldives. Retrieved on 29 April 2025 from: [National Multidimensional Poverty in the Maldives 2020 - Summary Report.pdf](#)

³¹³ Maldives Bureau of Statistics (2023). *Disability in the Maldives: An Analysis from Census 2022*. Maldives Bureau of Statistics: Male', Maldives.

³¹⁴ *Leave no-one behind – Children in Maldives*. MBS: Male', Maldives.

³¹⁵ UNICEF (2021). *Disability-Inclusive Education Practices in Maldives*. UNICEF: Male', Maldives.

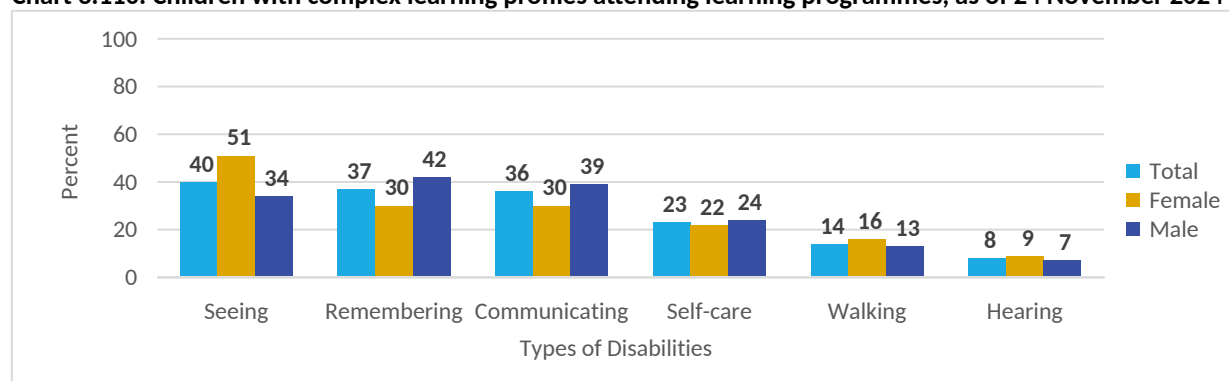
Chart 3.109. Children with complex learning profiles attending learning programmes, 2020



Source: UNICEF (2021). *Disability-Inclusive Education Practices in Maldives*. UNICEF: Malé, Maldives; MOE (2020). *Students with Complex Learning Profiles: Statistics 2020*. MOE, Department of Inclusive Education: Malé, Maldives.

More recently, as of 24 November 2024, the MOE Department of Inclusive Education reported that there were 5,853 children with complex learning profiles attending learning programmes (**Chart 3.110**). Among children with complex learning profiles, 33 percent had learning disabilities, 23 percent had attention deficit and 21 percent had autism spectrum disorder. Although fewer in number, 10 percent of children had other multiple disorders, 10 percent had intellectual impairment, 4 percent had physical impairments, 2 percent had hearing impairments and one percent had visual impairments (blind or partially blind).

Chart 3.110. Children with complex learning profiles attending learning programmes, as of 24 November 2024



Source: MOE Department of Inclusive Education. Statistics of Students with Complex Learning Profiles 2024 (compiled on 24 November 2024)

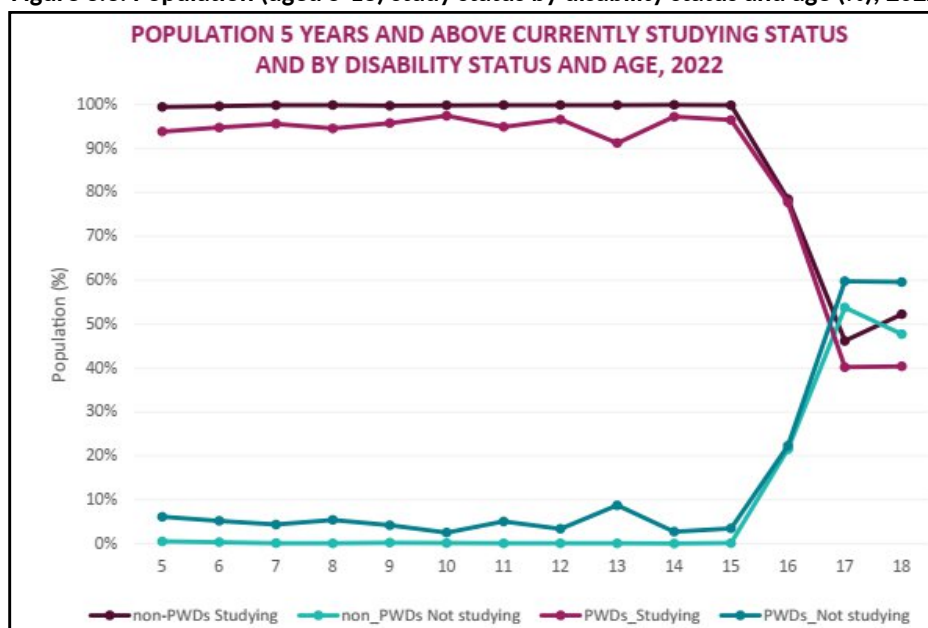
According to the Inclusive Education Policy, there should be a minimum of one SEN teacher for every six students who are identified as having mild or moderate complex learning profiles. This ratio becomes even tighter if the child is diagnosed as a severe or profound case, which requires one teacher for one student. Consequently, based upon 2021/2022 data, it was estimated that 224 special education needs (SEN) teachers are required across the various levels of schooling; yet, there were only 159 trained SEN teachers and 35 untrained SEN teachers employed in schools. Thus, there was a shortage of trained and skilled teachers for students with complex learning profiles.³¹⁶

The government's commitment to inclusive education is further evident in **Figure 3.3**, which shows that more than 90 percent of children with disabilities actively participated in studying in 2022. Still, however, children with disabilities lag behind their peers without disabilities and this lag increases with age and after secondary education has been completed. While current attendance of children ages 5-15 years without disabilities was 100 percent, children with disabilities had an attendance rate from 91-97 percent within the same age cohort. Among children ages 5-16 years with disabilities, there were no differences in current attendance in school/training based upon sex (95 percent of females and 94 percent of males) or locality (94 percent in Malé and 95 in percent atolls).³¹⁷ It is notable, however, that by 17-18 years of age, the proportion of children with or without disabilities who were currently studying significantly decreased, and those who were out-of-school significantly increased.

³¹⁶ Hameed et al. (2023). *Education for Students with Complex Learning Profiles: Policy Options for Maldives*. KIX EAP Hub/Norrag: Geneva, Switzerland, p. 12.

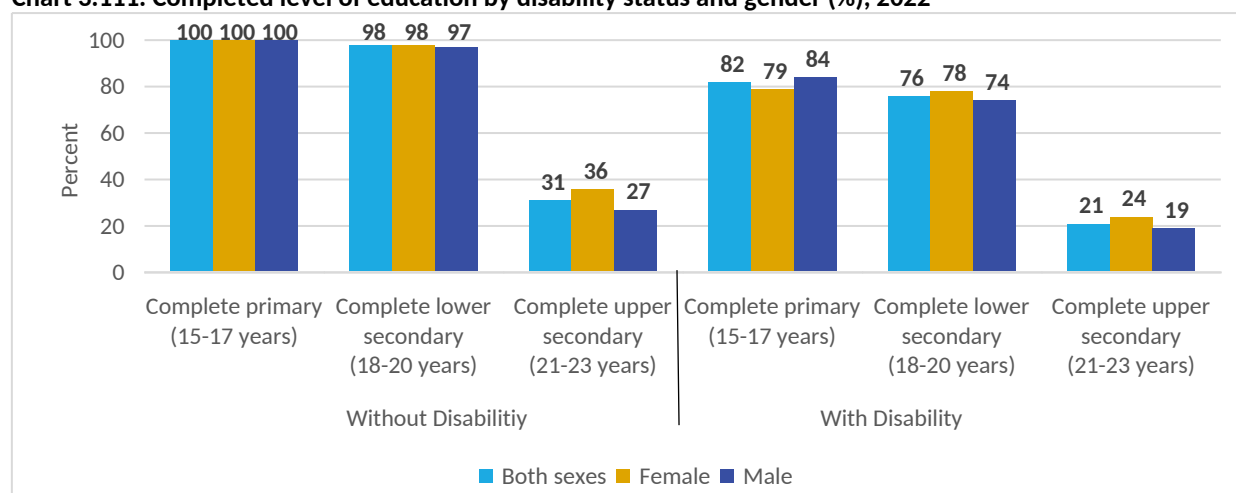
³¹⁷ Maldives Bureau of Statistics (2023). *Disability in the Maldives: An Analysis from Census 2022*. Maldives Bureau of Statistics: Male', Maldives, p. 64.

Figure 3.3. Population (aged 5-18) study status by disability status and age (%), 2022



Source: Maldives Bureau of Statistics (2023). *Disability in the Maldives: An Analysis from Census 2022*. Maldives Bureau of Statistics: Malé, Maldives.

Chart 3.111. Completed level of education by disability status and gender (%), 2022

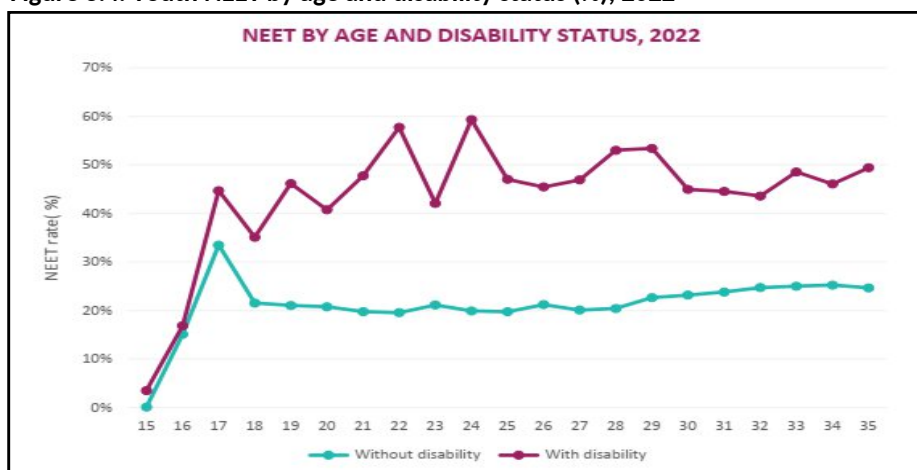


Source: Maldives Bureau of Statistics (2023). *Disability in the Maldives: An Analysis from Census 2022*. Maldives Bureau of Statistics: Malé, Maldives.

Chart 3.111 shows that among young people aged 18-23, those with disabilities were less likely to complete their primary (82 percent) or lower secondary (76 percent), compared to young people without disabilities (100 percent and 98 percent respectively). Regardless of disability status, few young people completed an upper secondary education (31 percent), but children without disabilities were more likely to complete an upper secondary education, compared to those with a disabilities (21 percent). It is notable that among young people with disabilities, females were less likely than males to complete a primary education (79 percent and 84 percent respectively), but more likely to complete a lower secondary education (78 percent and 74 percent respectively) and upper secondary education (24 percent and 19 percent respectively).

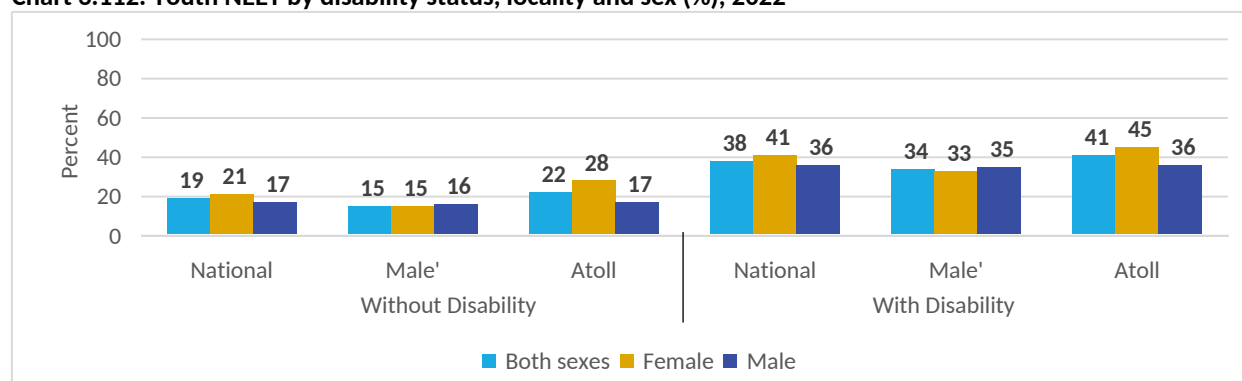
Figure 3.4 shows that the youth NEET rate increases dramatically from 15 to 17 years of age, regardless of disability status, but the rate is higher for youth with disabilities. In particular, the youth NEET rate is twice as high among youth with disabilities (38 percent), compared to their peers without a disability (19 percent); this same pattern emerges in both Malé and the atolls (**Chart 3.112**). It is also notable among youth with disabilities, females (45 percent) in the atolls were more likely to be NEET than their male counterparts (36 percent).

Figure 3.4. Youth NEET by age and disability status (%), 2022



Source: Maldives Bureau of Statistics (2023). *Disability in the Maldives: An Analysis from Census 2022*. Maldives Bureau of Statistics: Malé, Maldives.

Chart 3.112. Youth NEET by disability status, locality and sex (%), 2022

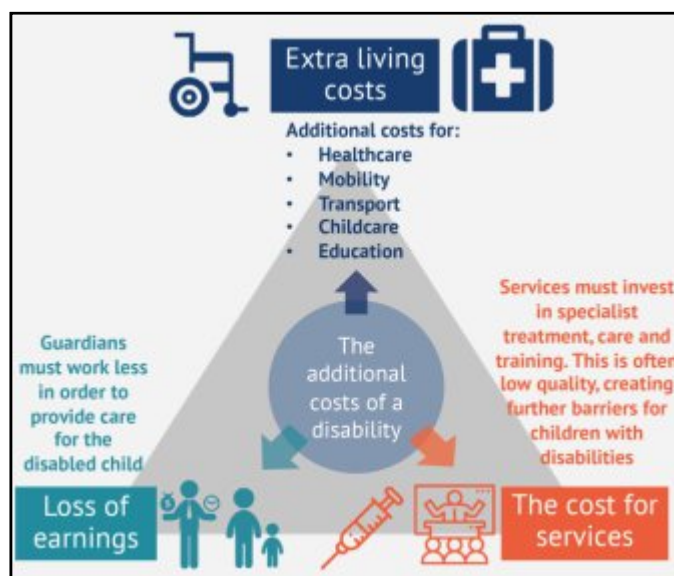


Source: Maldives Bureau of Statistics (2023). *Disability in the Maldives: An Analysis from Census 2022*. Maldives Bureau of Statistics: Malé, Maldives.

Social Protection

Children with disabilities, including children in need of specialized education and therapy, are in need of better access to social protection in Maldives. The Disability Allowance is provided to both children and adults, yet is only accessible after the applicant has undergone a medical assessment by a certified physician in the tertiary hospital in Malé. For persons living in the atolls, this requires travel to Malé, bringing costs for travel and accommodations for both the applicant and anyone accompanying them, and for specialist services. As a result, many children with disabilities, particularly children with less visible disabilities and who reside in outer islands are missing out on the Disability Allowance.³¹⁸

Children with disabilities can face significant disability-related expenses on top of their normal living costs, while children with disabilities require



³¹⁸ Investing in children's futures: a universal child benefit in the Maldives to foster family values; Hameed, S., L.M. Banks, S.K. Usman & H. Kuper (2023). Access to Disability Allowance in the Maldives: National coverage and factors affecting uptake. *Global Social Policy*, Vol. 23, No. 1, pp. 127-147.

additional care, which means that their parents/caregivers have less capacity to earn income. These extra costs can be considerable – from 10 to 50 percent or more of household consumption.³¹⁹

CHILDREN AND CLIMATE CHANGE

UNICEF recognizes that climate change is a direct threat to children's ability to survive, grow and thrive. This is the first time a generation of children will grow up in a world made far more dangerous as a result of climate change and environmental degradation.³²⁰ As extreme weather events increase in frequency and ferocity, they threaten children's lives and destroy infrastructure critical to children's well-being. Rising sea levels and floods compromise water and sanitation facilities, which leads to disease, to which children are especially vulnerable. Diseases that will become more widespread as a result of climate change include malaria and dengue fever.³²¹

Children are the least responsible for climate change, yet will bear the greatest burden of its impact.

In recent years, UNICEF Maldives supported a study on the effects of climate change on children and on the educational system.³²² These studies found that children and adolescents of all ages are vulnerable to environmental exposures related to climate change due to the country's unique geographical features. Flooding is the most common and recurrent natural hazard, coupled with rising sea levels, coastal erosion and increasing temperatures. Climate change projections indicate more frequent extreme flooding events. The southern part of the country are particularly vulnerable to rain-induced flooding, while the northern and central parts of the country are vulnerable to elongated dry periods and drought.³²³

Many islands already suffer from severe and frequent coastal erosion. Human destruction and modification of the coastal environment (e.g., sand and coral mining, poorly planned infrastructure development in environmentally sensitive areas, including reclamation of lagoons and development of wetlands for housing) have degraded natural defence mechanisms, leading to a higher risk of coastal flooding and erosion.³²⁴ The small size of the country's islands means that critical infrastructure – hospitals, schools, transport and communications – are located very close to coastlines and people live very close to the sea, exposing them to sea swells, storm surges and coastal flooding.

Climate Change Impacts on Children's Health

A 2018 UNICEF-supported study on the effects of climate change on children in the Maldives identified a number of adverse climate change impacts on children's health. Climate change impacts include: increased exposure to sun and heat-related illnesses, such as dehydration, heat exhaustion, heat stroke, sunburn, headaches/migraines, dizziness, skin rashes and eye problems. Children are also at increased risk of vector-borne diseases, such as malaria and dengue fever³²⁵, and water-borne illnesses, such as cholera and diarrhoea. Children also reported increased exposure to sand/dust during dry seasons, which has been linked to respiratory issues, allergies and skin reactions.³²⁶

³¹⁹ Investing in children's futures: a universal child benefit in the Maldives to foster family values

³²⁰ Retrieved from: [Climate Change | UNICEF USA](#)

³²¹ Retrieved from: [Environment and climate change | UNICEF](#)

³²² Justyna Orlowska (2018). *Climate Change and its Effect on Children: A study on how children perceived and are affected by climate change in Maldives*. UNICEF: Male', Maldives. Retrieved on 14 April 2025 from: [Climate Change and its Effect on Children | UNICEF The Maldives](#)

³²³ Kagawa, F. (2022). *The Heat is On! Toward a Climate Resilient Education System in the Maldives*. UNICEF: Male', Maldives. Retrieved on 1 May 2025 from: [The Heat is On! Towards a Climate Resilient Education System in the Maldives | UNICEF Maldives](#)

³²⁴ Ibid, 2022; see also, UNDRR (2019). *Disaster Risk Reduction in Republic of Maldives Status Report 2019*. UNDRR Regional Office for Asia and the Pacific: Bangkok, Thailand. Retrieved on 1 May 2025 from: [Disaster risk reduction in Republic of Maldives: Status report 2019 | UNDRR](#); Ministry of Environmental Energy (2017). *State of the Environment 2016*. MoEE: Male', Maldives. Retrieved on 1 May 2025 from: [environment.gov.mv/v2/wp-content/files/publications/20170202-pub-soe-2016.pdf](#); Das, P.K. (2010). *Climate Change and Education*. UKaid: Male', Maldives. Retrieved on 1 April 2025 from: [16354_climatechangeedmaldives.pdf](#).

³²⁵ Ibid, 2022.

Climate change is also impacting the quality of water available on the islands. While nearly all residents in Malé have access to safe water, this proportion drops to 15 percent for those living on the outer islands.³²⁶ Groundwater and rainwater have been the two main sources of freshwater in Maldives, but groundwater has become unsuitable for drinking, cooking or bathing due to contamination. The very close proximity of groundwater aquifers to island surfaces makes them vulnerable to pollution and contamination from human activities and septic tanks, and saltwater intrusion. In recent years, groundwater has been depleted because of rapid population growth and human development activities. Despite the various ways in which water is contaminated, many people have to use dirty and contaminated water for cooking, bathing and cleaning, which causes water-borne illnesses and diarrhea.

The 2004 tsunami also led to a significant contamination of groundwater due to lack of proper sewage systems. In the outer islands, harvesting rainwater is the main source of potable water, but changing precipitation patterns make rainwater harvesting very challenging.³²⁷ During heavy rains, harvested water often becomes dirty and undrinkable, and tap water can become contaminated and unsafe. Contact with contaminated water places children at increased risk of water-borne illnesses (i.e., diarrhoea, gastroenteritis) and skin rashes.³²⁸

Climate Change Impacts on Education

Climate change and environment issues are linked to children's access to education and academic performance. Climate change-related events are likely to worsen children's access to education, particularly during periods of heavy rain and flooding.³²⁹ Given this reality, the GoM has made significant investment in improvements to school infrastructure and facilities, particularly after the 2004 tsunami, when schools were rebuilt and some were relocated to alleviate safety concerns. Still, however, a majority of schools are located very close to the shoreline and are at high risk of damage from rising sea levels and flooding. In 2010, it was estimated that one meter of rise in sea level would submerge 80 percent of the country's land area, including 135 schools.³³⁰ In recent years, flooding incidents in southern parts of the country damaged school facilities and learning materials. Schools have also been damaged by strong winds, tidal surges and extreme weather events.³³¹ Thus, new school infrastructure investments need to feature better risk-informed climate resilient designs that ensure safety of students and staff, and secures access and continuity of education.

On each island, schools have their own rainwater storage capacities. Developing infrastructure for clean water and assuring water quality in schools is a growing concern and top priority in Maldives. Rainwater harvesting is increasingly challenged with extended dry periods and unpredictable precipitation patterns. Schools using ground water for non-potable purposes, such as washing and toilets, are impacted by increasing saline contamination of ground water, which poses health risks to children. To cope with potable water scarcity, schools commonly rely on students to bring their own drinking water from home. This option, however, may no longer be viable when sufficient rainwater has not been harvested at home and/or in the community.³³²

Children's access to school can also be impacted by their need to travel to school, particularly for children who have to travel from one side of the island to the other or who have to cross atoll lagoons by ferry. Heavy rains and winds can make it impossible for students to go to school without being soaked, even if they carry an umbrella. Transportation options are also very limited on many island and taxi drivers raise the price as the demand increases. As a result, many students and teachers tend to be absent from school during rainy days. Even in Malé, students' journeys to school have been disrupted by localized flooding events that take place from time-to-time.³³³

Given most roads in Maldives are unpaved and uneven with many potholes, flooded roads can be very difficult for children to travel on to get to school. In some islands, after heavy rains, flood water can stay for a few weeks, unless

³²⁶ Ibid, 2022: see also, World Bank (2019). *Maldives Ventures into the Blue Economy*. World Bank: Washington, DC, USA. Retrieved on 1 May 2025 from: [Maldives Ventures into the Blue Economy](#)

³²⁷ Ibid, 2022; Orłowska, J. (2018). *Effects of Climate Change on Children in the Maldives*. UNICEF: Male', Maldives. Retrieved on 1 May 2025 from: [Climate Change and its Effect on Children.pdf](#)

³²⁸ Orłowska, J. (2018). *Effects of Climate Change on Children in the Maldives*. UNICEF: Male', Maldives.

³²⁹ Kagawa, F. (2022). *The Heat is On! Toward a Climate Resilient Education System in the Maldives*. UNICEF: Male', Maldives.

³³⁰ Kagawa, F. (2022). *The Heat is On! Toward a Climate Resilient Education System in the Maldives*. UNICEF: Male', Maldives; see also Das, P.K. (2010). *Climate Change and Education*. UKAid: Male', Maldives.

³³¹ Ibid, 2022.

³³² Ibid, 2022.

³³³ Ibid, 2022.

it is physically pumped away from roads to the sea. Thus, maintaining safe roads to school and providing a school bus service on larger islands becomes important strategies in ensuring access to education.³³⁴

High temperatures are also impacting children's school attendance and academic performance. Students complain of headaches, migraines, dizziness and feeling tired as a result of high temperatures in classrooms, which makes it very difficult to concentrate on their studies. Students and teachers also report that classroom fans are ineffective at cooling the temperature. Most schools have no adaptive measures to protect children from the increasingly unbearable temperatures in the classroom.³³⁵

In some schools across the country, poor WASH facilities, coupled with a lack of proper sanitation and drainage systems, means that flooding drives up the risk of dengue. Children are particularly at risk of developing dengue haemorrhagic fever and there are reported deaths related to dengue every year. Children in remote islands are particularly vulnerable to dengue due to a lack of advanced medical care on remote islands, which is a serious issue of a child has dengue haemorrhagic fever and their conditions deteriorate. Vector-borne diseases, such as dengue, are likely to increase in the future due to hotter and wetter weather conditions; this requires the education system to find ways of proactively addressing these issues.³³⁶

It is very common that schools in the outer islands offer curricular on climate change and environmental issues, and have extracurricular outdoor activities to ensure that children are equipped to prepare themselves for climate change and environmental hazards. Outdoor learning activities, however, are increasingly disrupted due to excessive heat and unpredictable and extreme weather events.³³⁷

Climate Change and Child Protection

Child protection is a cross-cutting issue when it comes to the impacts of climate change on families, households and communities. Climate-related disasters, such as rising sea levels, storm surges and floods have become increasingly frequent in the Maldives, resulting in communities and families being displaced or forced to relocate or migrate. Loss of coral reefs from climate change-related mass bleaching events, and reclamation and dredging has left islands more vulnerable to rising sea water levels; this can lead to increased migration, which can expose children to increased vulnerabilities and harm. In the aftermath of extreme weather events, such as floods, families may be displaced and forced to live in crowded spaces, such as community halls. Extreme temperatures can also cause heat stress, which can cause mental health disturbances and increased children's risk of being abused in the home and family.

Climate-related disasters also contribute to disruptions in access to food, livelihoods and essential services, including education, healthcare and social protection. Climate-related events and environmental shocks can also threaten children's safety and security, and expose children to trauma, loss and uncertainty, which can cause emotional distress, especially if they experience loss of life, housing or livelihoods.

The impacts of climate change are further compounded by a weak and understaffed social service workforce and inadequately resourced child protection system. GoM is also limited when comes to emergency preparedness and response, and disaster risk mitigation. Mitigation of climate change impacts on children's well-being and child protection has yet to be well-documented or integrated into the national coordination agenda.

³³⁴ Ibid, 2022.

³³⁵ Ibid, 2022; Orłowska, J. (2018). *Effects of Climate Change on Children in the Maldives*. UNICEF: Male', Maldives.

³³⁶ Kagawa, F. (2022). *The Heat is On! Toward a Climate Resilient Education System in the Maldives*. UNICEF: Male', Maldives.

³³⁷ Ibid, 2022.

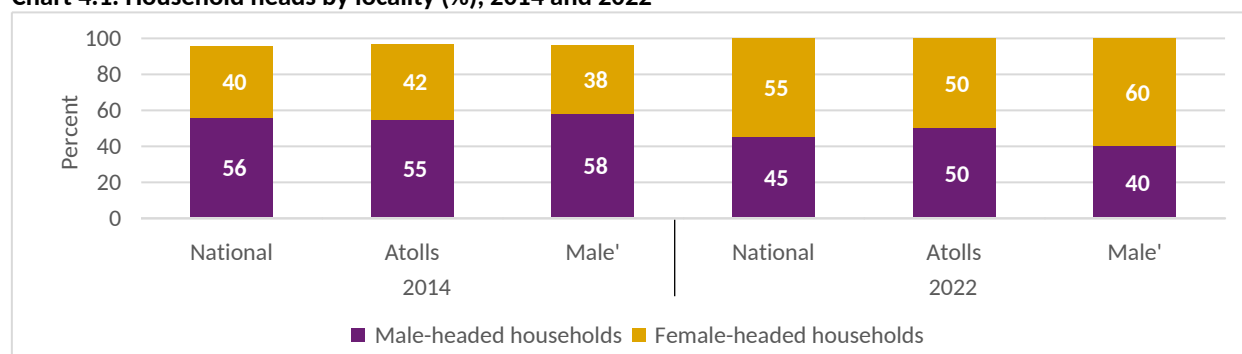
Chapter 4. Protective Family Environment in the Maldives

UNICEF is dedicated to ensuring that every child grows up in a safe, supportive, caring and nurturing family environment. For societies and economies to thrive, governments need to support families and parents through family-friendly policies, as they carry and raise children from pregnancy to school age. Family-friendly policies are defined as those policies that help to balance and benefit both work and family life that typically provide three types of essential resources needed by parents/caregivers and children – time, finances and services.³³⁸

CHANGING FAMILY STRUCTURE

Over the past several decades, Maldives has seen changes to family and households structures. **Chart 4.1** shows that in 2014, 56 percent of households were male-headed and 40 percent were female-headed³³⁹; however, by 2022, 55 percent of households were female-headed and 45 percent were male-headed. Changes in household structure have been most dramatic in Malé, where the proportion of female-headed households increased from 38 percent in 2014 to 60 percent in 2022; whereas the proportion of male-headed households decreased from 58 percent in 2014 to 40 percent in 2022. There were also notable changes in household structure in the atolls, where female-headed households increased from 42 percent in 2014 to 50 percent in 2022; whereas the proportion of male-headed households decreased from 58 percent in 2014 to 50 percent in 2022.

Chart 4.1. Household heads by locality (%), 2014 and 2022



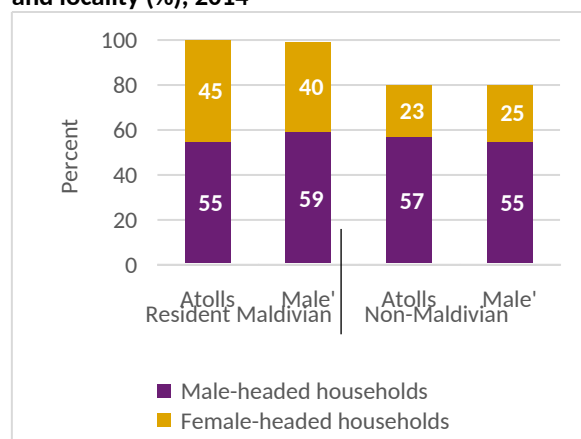
Note: This data reflects all households, including Maldivian and non-Maldivian households. **Source:** Maldives Bureau of Statistics (2016). *Maldives: Population & Housing Census Statistical Release VI: Housing and Household Characteristics 2014*. Maldives Bureau of Statistics: Malé, Maldives. Retrieved on 6 May 2025 from: [Statistical-Release-IV-Housing-FINAL-1.pdf](#); Maldives Bureau of Statistics (2023). *Households Characteristics: An analysis from Census 2022*. Maldives Bureau of Statistics: Malé, Maldives.

Charts 4.2 and 4.3 disaggregate data based upon the nationality of households. Among Maldivian households, the proportion of female-headed households has increased in both the atolls and in Malé; whereas the proportion of male-headed households decreased, particularly in the atolls from 55 percent in 2014 to 48 percent in 2022. Data related to non-Maldivian household are not as reliable, as many respondents were unwilling to reveal if their households was male- or female- headed.

³³⁸ Family-Friendly Policies: Redesigning the Workplace of the Future – A Policy Brief. UNICEF. Retrieved on 7 May 2025 from: [UNICEF-policy-brief-family-friendly-policies-2019.pdf](#)

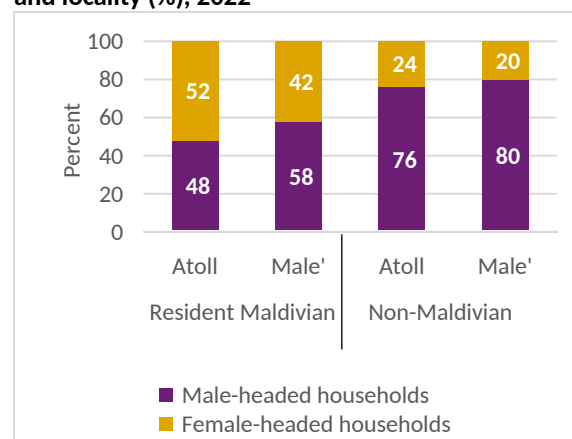
³³⁹ The proportion of female-headed households is high in Maldives because the international definition of HoH is used in the Population and Housing Census, which is not the most appropriate definition for the Maldivian context.

Chart 4.2. Household heads by type of household and locality (%), 2014



Note: A large proportion of other households did not state whether the households was male- or female-headed. **Source:** Maldives Bureau of Statistics (2016). *Maldives: Population & Housing Census Statistical Release VI: Housing and Household Characteristics 2014*. Maldives Bureau of Statistics: Malé, Maldives.

Chart 4.3. Household heads by type of household and locality (%), 2022

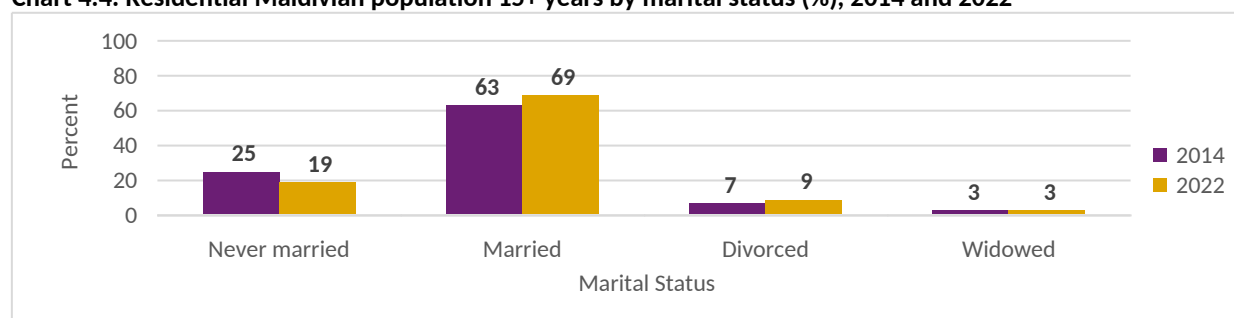


Source: Maldives Bureau of Statistics (2023). *Households Characteristics: An analysis from Census 2022*. Maldives Bureau of Statistics: Malé, Maldives.

Marriage and Divorce

Chart 4.4 shows that over the past 10 years, there has been little change in marital status of residential Maldivians ages 15 years and older; however, there has been a slight increase in the proportion of married persons from 63 percent in 2014 to 69 percent in 2022, coupled with a decrease in never married persons from 25 percent in 2014 to 19 percent in 2022. In 2022, the proportion of persons who were divorced remains low at 9 percent, up from 7 percent in 2014. In 2022, the mean age of marriage for males was 27.3 years (up from 25.8 years in 2014) and 23.5 years for females (up from 22.5 years).³⁴⁰

Chart 4.4. Residential Maldivian population 15+ years by marital status (%), 2014 and 2022

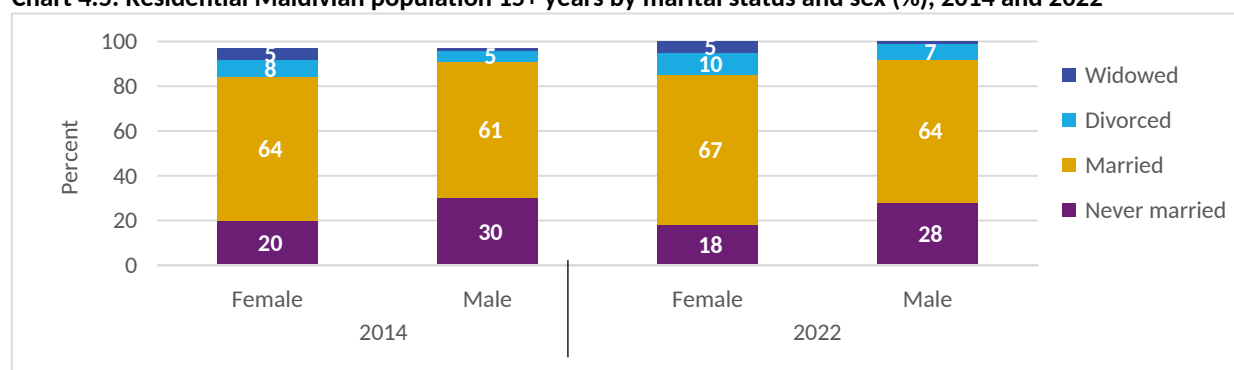


Source: Maldives Bureau of Statistics (2016). *Maldives Population and Housing Census Statistical Release V: Nuptiality & Fertility 2014*. Maldives Bureau of Statistics: Malé, Maldives. Retrieved on 6 May 2025 from: [Statistical-Release-II-Nuptiality-Fertility.pdf](#); Maldives Bureau of Statistics (2023). *Nuptiality & Fertility in the Maldives: An analysis from Census 2022*. Maldives Bureau of Statistics: Malé, Maldives.

Chart 4.5 shows show that in 2014 and 2022, males were slightly more likely than females to be never married, whereas females were slightly more likely than males to be married. Females were only slightly more likely than male to be divorced, but the difference was not significant. Data in Charts 4.4 and 4.5 reveal that the marital status of Maldivians has remained largely unchanged over the past decade.

³⁴⁰ Maldives Bureau of Statistics (2023). *Nuptiality & Fertility in the Maldives: An analysis from Census 2022*. Maldives Bureau of Statistics: Male', Maldives.

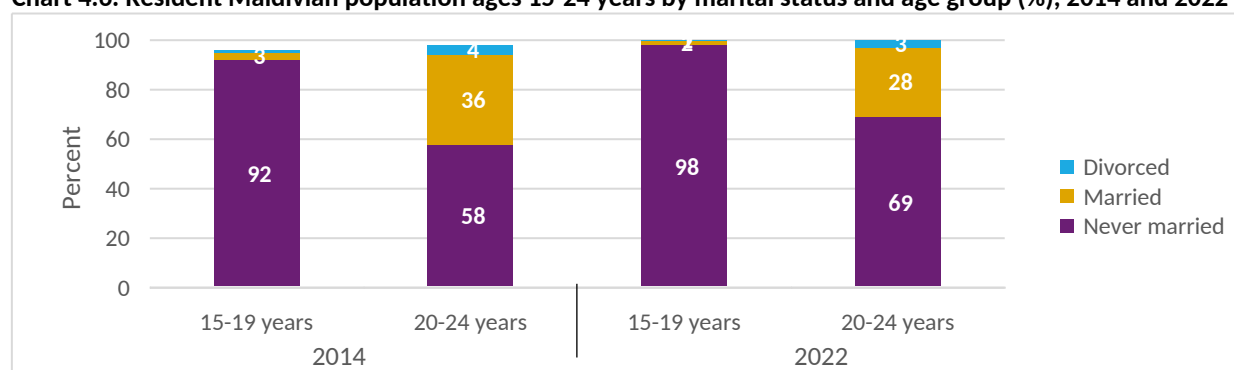
Chart 4.5. Residential Maldivian population 15+ years by marital status and sex (%), 2014 and 2022



Source: Maldives Bureau of Statistics (2016). Maldives Population and Housing Census Statistical Release V: Nuptiality & Fertility 2014. Maldives Bureau of Statistics: Malé, Maldives. Retrieved on 6 May 2025 from: [Statistical-Release-II-Nuptiality-Fertility.pdf](#); Maldives Bureau of Statistics (2023). Nuptiality & Fertility in the Maldives: An analysis from Census 2022. Maldives Bureau of Statistics: Malé, Maldives.

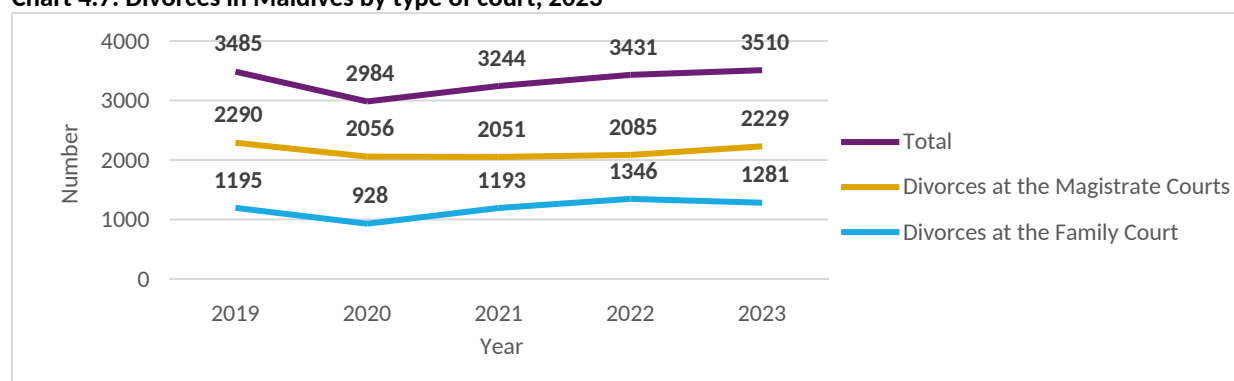
Chart 4.6 tells a different story. It is most notable that the proportion of youth aged 15-19 who were never married increased from 92 percent in 2014 to 98 percent in 2022, and the proportion of youth aged 20-24 who were never married increased from 58 percent in 2014 to 69 percent in 2022. It is also notable that the proportion of youth aged 20-24 who were married decreased from 36 percent in 2014 to 28 percent in 2022. Accordingly, it appears that youth are delaying marriage, most likely to earn a higher education and/or to work and earn money in advance of marriage, as the cost of life has increased in Maldives. The proportion of those who divorced remained consistent, and very few young people ages 15-24 years have divorced in either 2014 or 2022.

Chart 4.6. Resident Maldivian population ages 15-24 years by marital status and age group (%), 2014 and 2022



Source: Maldives Bureau of Statistics (2016). Maldives Population and Housing Census Statistical Release V: Nuptiality & Fertility 2014. Maldives Bureau of Statistics: Malé, Maldives. Retrieved on 6 May 2025 from: [Statistical-Release-II-Nuptiality-Fertility.pdf](#); Maldives Bureau of Statistics (2023). Nuptiality & Fertility in the Maldives: An analysis from Census 2022. Maldives Bureau of Statistics: Malé, Maldives.

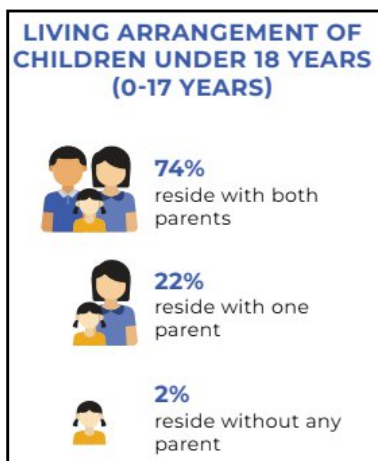
Chart 4.7. Divorces in Maldives by type of court, 2023



Source: Gaps and Recommendations for Family and Child Well-Being. Asra Ahmed, Legal Department

Chart 4.7 shows that the total number of divorces has fluctuated over time, dropping to an all-time low of 2,984 in 2020, during the COVID-19 pandemic. Since 2020, however, the number of divorces has returned to pre-pandemic numbers. More divorces are issued by the Magistrate Courts than the Family Court..³⁴¹

³⁴¹ Services offered at the Magistrate Courts are very limited, which are based at the island level, compared to the Family



Children's Living Arrangements

In 2022, 74 percent of children aged 0-17 years resided with both parents, whereas 22 percent of children lived with one parent and 2 percent were living with neither parent. Although the majority of children lived with both parents, the proportion of children living with both parents was slightly higher in Malé (79 percent) than in the atolls (71 percent). In comparison, the proportion of children living with one parent was notably higher in the atolls (26 percent), compared to in Malé (15 percent). This finding is grounded, in part, on the fact that there is a high level of migration from the atolls for employment and education; thus, there is a potential correlation between migration rates and children living with one parent or neither parents. As it relates to the proportion of children living without either parent, 3 percent were in Malé and 2 percent in the atolls.³⁴²

CHALLENGES WITH HOUSING

As a SIDS, Maldives faces unique housing constraints, with a housing backlog estimated at 25,000 people in need of housing in the GMA.³⁴³ The housing shortage is one aspect of the national housing problem, which includes housing allocation and problems of housing affordability due to escalating housing prices.³⁴⁴ Housing constraints are also impacted by high construction costs due to the scarcity of land, lack of technical expertise and a heavy reliance on imports.³⁴⁵ Among the foremost concerns for those living in Maldives is the absence of affordable housing.³⁴⁶

In 2022, the World Bank estimated that a household would need to have at least a monthly income of MVR 46,000 (USD 3,000) to be able to afford the most inexpensive two-bedroom flat in the housing market, which is estimated to be priced at MVR 1.8 million (USD 117,000). Currently, only the richest Maldivian households that have average monthly incomes of MVR 57,000 (USD 3,700) would be able to take out a bank loan to make this purchase (i.e., households in the top 20th percentile). As a result, most households in the GMA cannot afford to purchase a home, so they rent their accommodation.³⁴⁷

Part of the challenge is that private construction is limited to high-end residential and commercial buildings, hotels and resorts, and owner-driven residential development for investment and the rental market. The high cost of construction materials and lack of access to domestic construction financing hinders engagement in the affordable housing sector. Furthermore, local banks typically have a low appetite for financing the social housing sector, which precludes private participation in the affordable construction sector. Government initiatives that aim to improve access to land have not yielded an increase in home ownership. For instance, the government allocated free land to households to increase the supply of housing in the atolls, but this was done without proper targeting and technical assistance; as a result, the strategy has not resulted in an increase of housing units.³⁴⁸

Court, which is based in Male'. Neither Family Courts, nor Magistrate Courts have mediation or counselling services.

³⁴² Maldives Bureau of Statistics (2023). *Leave no one behind – Children in Maldives*. Maldives Bureau of Statistics: Male', Maldives.

³⁴³ Housing in Maldives. Ministry of Housing, Land & Urban Development. Retrieved on 7 May 2025 from: [Housing in Maldives](#)

³⁴⁴ Ibid.

³⁴⁵ UNDP (2022). *Maldives Development Update: Towards Resilient and Affordable Housing*. World Bank: Washington, DC, USA. Retrieved on 7 May 2025 from: [MALDIVES DEVELOPMENT UPDATE](#)

³⁴⁶ The complex realities of affordable housing challenges in the Maldives. Maldives Financial Review, 7 December 2023. Retrieved on 7 May 2025 from: [The complex realities of affordable housing challenges in the Maldives | Maldives Financial Review](#)

³⁴⁷ UNDP (2022). *Maldives Development Update: Towards Resilient and Affordable Housing*. World Bank: Washington, DC, USA.

³⁴⁸ Ibid, 2022.

The challenge of securing housing in Maldives is even more pronounced in the GMA, as people from across the archipelago have been forced to move to the GMA for education and employment opportunities.³⁴⁹ Over time, increased migration to the GMA has made finding housing in the area harder and harder, and housing options available to the average person has often fallen short of ideal living conditions.³⁵⁰ In addition, lack of a proper housing framework and standards have led to poor housing conditions.³⁵¹ Thus, more frequently, individuals find themselves compelled to share accommodations with multiple others, forming makeshift households to manage soaring living costs.³⁵² This reality impacts the quality of life and perpetuates the cycle of housing unaffordability for those aspiring to establish a stable and fulfilling life.³⁵³

Despite housing challenges faced by residents in Maldives, the government has been actively introducing various housing schemes, such as the Hiya flats scheme³⁵⁴, which aims to assist those who cannot afford high rent in the GMA.³⁵⁵ Government initiatives are also focused on land reclamation³⁵⁶, increasing the housing stock and having less private sector engagement in social or affordable housing.³⁵⁷ These housing schemes and initiatives reflect an effort to address the pressing issue of affordable housing, yet they have failed to yield the desired results and have not translated into a lasting solution.³⁵⁸ Thus, the housing problem persists, leaving many to question the efficacy and sustainability of implemented measures and existing strategies to resolve the persistent housing challenge.³⁵⁹

In the atolls, households that own land plots have faced challenges when it comes to building housing due to a lack of financial resources and knowledge. The absence of technical support and guidelines for self-built housing has resulted in parcels that are left undeveloped, unfinished or poorly built. In part, due to these constraints, home ownership is unaffordable for most Maldivians in both the atolls and GMA.³⁶⁰

Living Quarters

Living quarters are structurally separate and independent places of living, and equivalent to a dwelling; they may have been constructed, built, converted or arranged for human habitation or not intended for habitation, but are at used for such a purpose at the time of the census. **Chart 4.7** shows that in 2022, there were a total of 94,424 households in Maldives, of which 90 percent were housing units and 11 percent were collective living conditions. The majority of households reside in houses, flats or apartments. Fewer households occupy alternative types of housing units, such as boats and other mobile units (9 percent). Only one percent of households live in buildings

³⁴⁹ Ibid, 2022; The complex realities of affordable housing challenges in the Maldives. Maldives Financial Review, 7 December 2023. Retrieved on 7 May 2025 from: [The complex realities of affordable housing challenges in the Maldives | Maldives Financial Review](#)

³⁵⁰ The complex realities of affordable housing challenges in the Maldives. Maldives Financial Review, 7 December 2023. Retrieved on 7 May 2025 from: [The complex realities of affordable housing challenges in the Maldives | Maldives Financial Review](#).

³⁵¹ UNDP (2022). *Maldives Development Update: Towards Resilient and Affordable Housing*. World Bank: Washington, DC, USA; Housing in Maldives. Ministry of Housing, Land & Urban Development.

³⁵² The complex realities of affordable housing challenges in the Maldives. Maldives Financial Review, 7 December 2023. Retrieved on 7 May 2025 from: [The complex realities of affordable housing challenges in the Maldives | Maldives Financial Review](#).

³⁵³ Ibid, 2023.

³⁵⁴ The Hiya flats scheme was a government initiative aimed at reducing housing prices, particularly in places like Hiya flats, which has been designated as social housing. It was envisioned that such as scheme would mitigate the affordability crisis; however, a closer examination revealed a concerning trend, that even with the rent prices lowered by up to 45 percent, the intended beneficiaries of the social housing initiative, in some instances, transformed into landlords. This raised questions as to whether individuals who were meant to benefit from the housing scheme turned into landlords or whether corruption came into play and the housing was given away to those who did not fit the criteria. Ibid, 2023.

³⁵⁵ Ibid, 2023.

³⁵⁶ The GoM has pursued land reclamation, notably on the neighbouring island of Hulhumalé and now beyond; however, such undertakings have been costly and at the expense of natural ocean habitats. UNDP (2022). *Maldives Development Update: Towards Resilient and Affordable Housing*. World Bank: Washington, DC, USA.

³⁵⁷ Housing in Maldives. Ministry of Housing, Land & Urban Development. Retrieved on 7 May 2025 from: [Housing in Maldives](#)

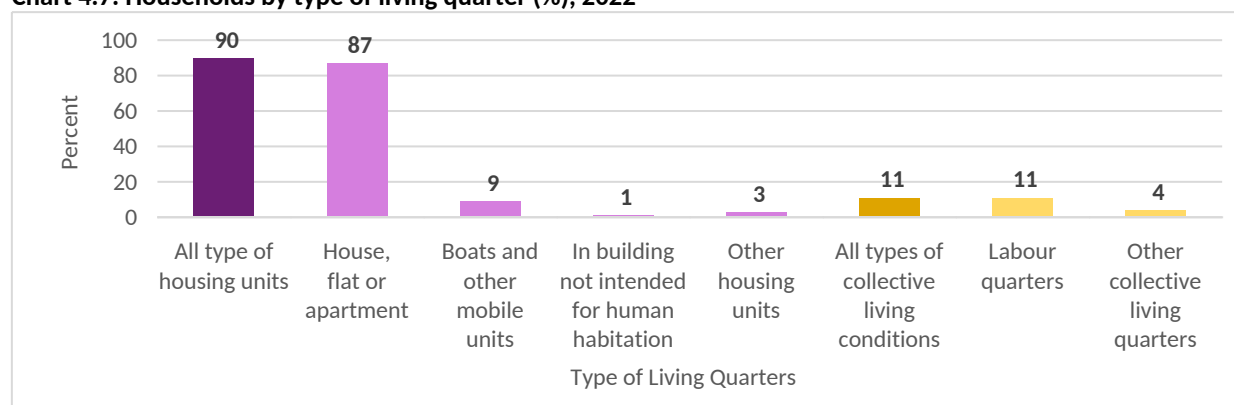
³⁵⁸ The complex realities of affordable housing challenges in the Maldives. Maldives Financial Review, 7 December 2023. Retrieved on 7 May 2025 from: [The complex realities of affordable housing challenges in the Maldives | Maldives Financial Review](#)

³⁵⁹ Ibid, 2023.

³⁶⁰ UNDP (2022). *Maldives Development Update: Towards Resilient and Affordable Housing*. World Bank: Washington, DC, USA.

not originally intended for human habitation. Collective living quarters, include labour quarters (11 percent) and other collective living quarters (4 percent).

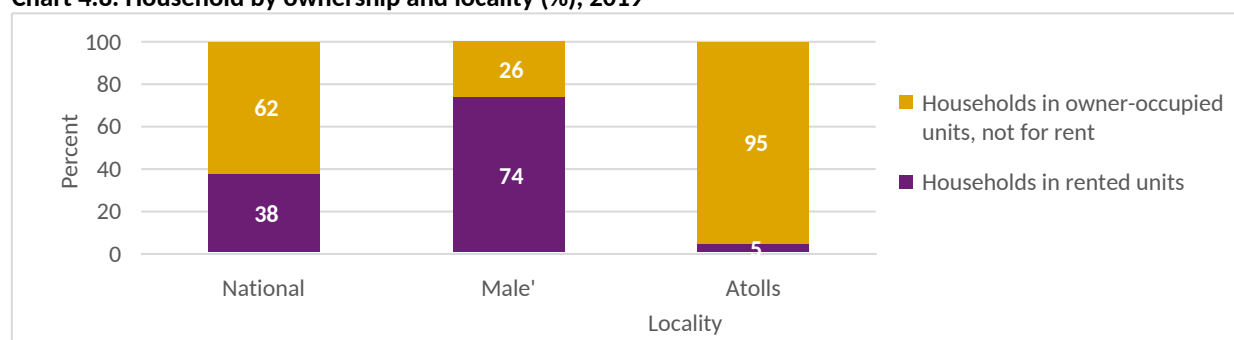
Chart 4.7. Households by type of living quarter (%), 2022



Source: Maldives Bureau of Statistics (2023). *Household Characteristics: An analysis from Census 2022*. Maldives Bureau of Statistics: Malé, Maldives.

Chart 4.8 shows that in Maldives, 62 percent of households were owner-occupied units (not for rent), and only 38 percent were rented units. In Malé, however, 74 percent of households were rental units (up from 64 percent in 2016) and only 26 percent were owner-occupied units (not for rent). Whereas in the atolls, 95 percent of households were owner-occupied units (not for rent), and only 5 percent were rental units.

Chart 4.8. Household by ownership and locality (%), 2019



Source: Maldives Bureau of Statistics (2019). *Housing and Household Characteristics: Household Income & Expenditure Survey 2019*. Maldives Bureau of Statistics: Malé, Maldives.

In 2019, it was estimate that 9 percent of households had more than 3 persons per bedroom. As expected the proportion of overcrowded households was twice as high in Malé (12 percent) as in the atolls (6 percent).³⁶¹ Overcrowding is more likely to prevail among households living in rental units. Among overcrowded households in Malé, 71 percent were rental units.³⁶² Living in overcrowded housing is associated with income, expenditures and health of the household members. Surprisingly, there was no relationship between income and overcrowding in Malé. In other words, levels of overcrowding in households with local income remains inconsistent with households at the top of the income distribution; this is likely due to scarcity of land in Malé with limited availability of space for apartments with three or more bedrooms.³⁶³

More recently, in 2022, due to the high cost of housing rentals, which are out of reach for many families, overcrowding was an issue among 6 percent of households in Maldives. Overcrowding is twice as high in the GMA (8 percent) as in the atolls (4 percent).³⁶⁴

³⁶¹ Maldives Bureau of Statistics (2019). *Housing and Household Characteristics: Household Income & Expenditure Survey 2019*. Maldives Bureau of Statistics: Male', Maldives. Retrieved on 7 May 2025 from: [Housing-Household-Characteristics-Updated.pdf](#)

³⁶² Ibid, 2019.

³⁶³ Ibid, 2019.

³⁶⁴ Maldives Bureau of Statistics (2023). *Household Characteristics: An analysis from Census 2022*. Maldives Bureau of Statistics: Male', Maldives.

CHALLENGES WITH LIVELIHOODS

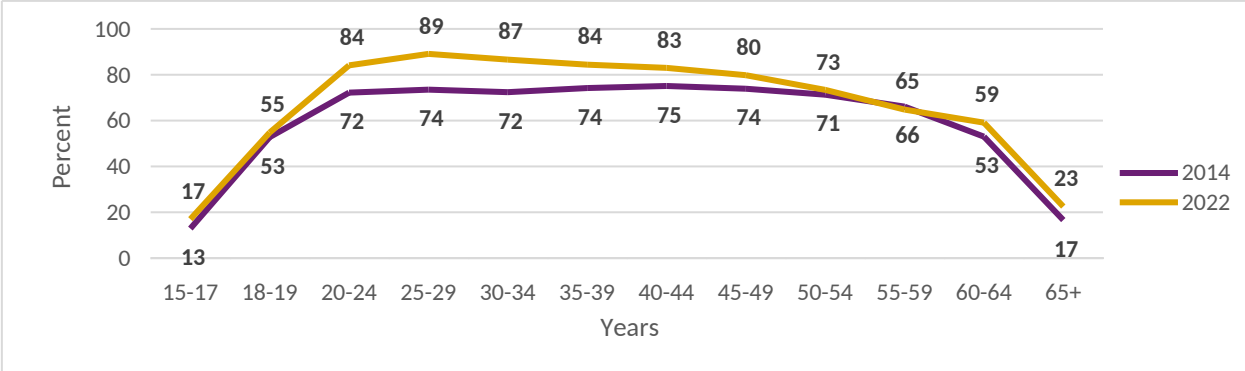
In Maldives, the labour force consists of the Maldivian and foreign population who are above 15 year of age, i.e., the pool of available workers who can contribute to the production of goods and services. In 2022, the resident labour force population represented 58 percent of Maldives’ total population of 515,132. Among the resident labour force, 57 percent were Maldivians and 43 percent were foreigners.³⁶⁵

Labour Force Participation

The labour force participation rate serves as a critical demographic indicator, representing the percentage of individuals aged 15 years and older who are either employed or actively seeking employment. This rate provides valuable insights into the engagement of the population in the labour market and is a key measure for assessing the nation’s economic dynamics. In 2022, the labour force participation rate was 75 percent in Maldives; yet the labour force participation rate for the resident foreign population was 99 percent, far higher than the Maldivian labour force participation rate that was only 64 percent. This significant difference can be attributed to the primary motive behind most foreign residents’ migration to Maldives is for employment opportunities, particularly in the tourism industry.³⁶⁶

Several factors influence labour force participation in Maldives. Education levels play a pivotal role, determining the skills and qualifications that individuals possess, which in turn affects their employment opportunities. The availability of job opportunities in the atolls also influences labour force participation rates, as individuals often seek employment where economic prospects are favourable. Gender roles and expectations related to work also impact labour force participation; however, the presence of family-friendly policies, such as paid maternity and paternity leave³⁶⁷ can facilitate a better work-life balance for families and encourage participation in the labour force. Understanding these factors and their impact on labour force participation is vital for policymakers in shaping strategies to enhance employments rates and foster economic growth and development in Maldives.³⁶⁸

Chart 4.9. Labour force participation rate of resident Maldivians by age group (%), 2014 and 2022



Source: Maldives Bureau of Statistics (2023). *Mapping the Employment Landscape: A Comprehensive Analysis of the Situation in the Maldives: An analysis from Census 2022*. Maldives Bureau of Statistics: Malé, Maldives.

Chart 4.9 offers a comprehensive view of the labour force participation rate in Maldives by age group for 2015 and 2022. In 2022, there was slight increase in the labour force participation rate among the resident Maldivian population for all age groups, rising by only 0.4 percentage points from an average of 63.8 percent in 2014 to 64.2 percent in 2022. The most notable increase in labour force participation was among 20-34-year-olds; this increase may be attributed to individuals completing their education and actively seeking employment. Conversely, for persons 55 years and older, the labour force participation rate experiences a more pronounced decline in 2022,

³⁶⁵ Maldives Bureau of Statistics (2023). *Household Characteristics: An analysis from Census 2022*. Maldives Bureau of Statistics: Male’, Maldives.

³⁶⁶ Ibid, 2023

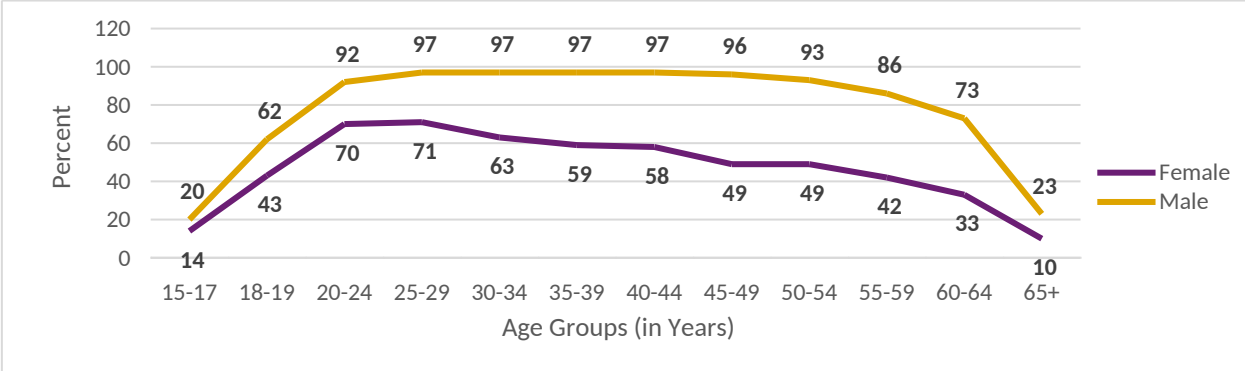
³⁶⁷ The Employment Act establishes 60 days of maternity leave, and an additional 28 days subject to a medical certificate from a licensed medical practitioner. Upon return to work women are provided with two daily breaks of 30 minutes to attend to the needs of the child. In comparison, fathers receive three days of paternity leave. According to Civil Service Regulation, women are to be provided a six months maternity leave, whereas fathers received three days of paternity leave after birth and 27 days to be taken all together within 7 months of the birth of one’s child.

³⁶⁸ Ibid, 2023.

compared to 2014. The decline is most pronounced among those 65 years and older, which aligns with the retirement age in Maldives.³⁶⁹

Chart 4.10 shows that the labour force participation rate is far higher among males than females, regardless of age. In 2022, the male labour force participation was 89 percent (up from 80 percent in 2013), whereas the female labour force participation rate was 53 percent (up from 48 percent in 2014). It is also notable that the male labour force participation rate peaks from 25-49 years of age, whereas the female labour force participation rate peaks in the 20-29 years age group.

Chart 4.10. Labour force participation rate by age group and sex (%), 2014 and 2022



Source: Maldives Bureau of Statistics (2023). *Mapping the Employment Landscape: A Comprehensive Analysis of the Situation in the Maldives: An analysis from Census 2022*. Maldives Bureau of Statistics: Malé, Maldives.

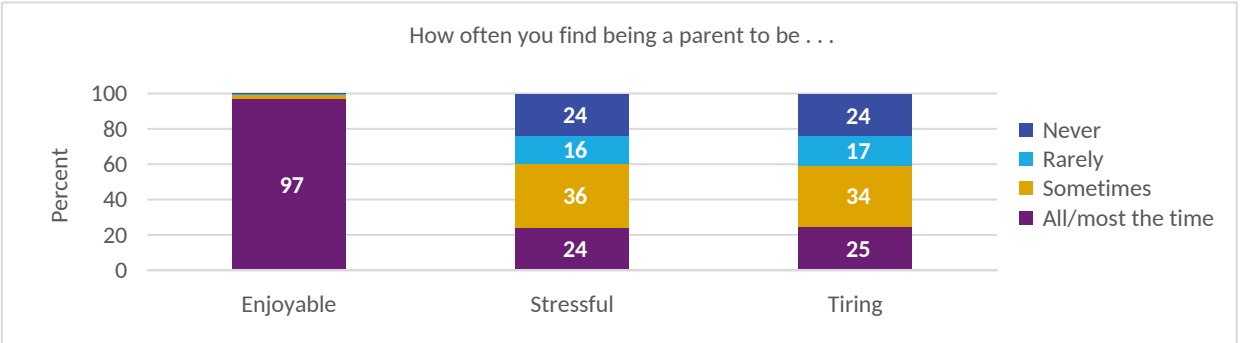
Employment Rates

The employment rate is defined as the percentage of labour force that is currently employed, and used as an indicator of economic activity. In 2022, the employment rate was 97 percent among the resident population and 95 percent among Maldivians. Among Maldivians, the employment rate was 94 percent for women and 96 percent for men.³⁷⁰

CHILD CARE AND PARENTING PRACTICES

In 2023, UNICEF-supported a *KAP Survey of Parenting and Child Care in Maldives*. This study found that the majority of parents found being a parent to be enjoyable all/most of the time (97 percent); however, one out of four parents reported that being a parent is all/most of the time stressful (24 percent) and tiring (25 percent; **Chart 4.11**).

Chart 4.11. Parents/guardians experiences as a parent (%), 2023



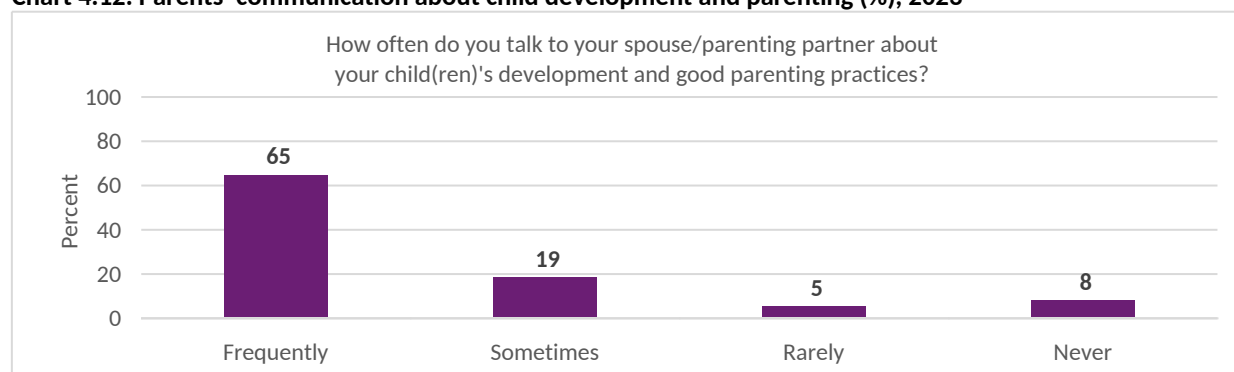
Source: Haarr, R.N. & IRI (2023). *2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives*. UNICEF: Malé, Maldives.

Parents and expecting parents were also asked how often they talk to their spouse/parenting partner about their child(ren)’s development and good parenting practices. **Chart 4.12** shows that 65 percent of parents and expecting

³⁶⁹ Ibid, 2023.
³⁷⁰ Maldives Bureau of Statistics (2023). *Mapping the Employment Landscape: A Comprehensive Analysis of the Situation in the Maldives: An analysis from Census 2022*. Maldives Bureau of Statistics: Male’, Maldives.

parents reported they frequently talk to their spouse/parenting partner about their child(ren)'s development and good parenting practices, and 19 percent do so sometimes. Only 13 percent of parents rarely/never talk to their spouse/parenting partner about their child(ren)'s development and good parenting practices.

Chart 4.12. Parents' communication about child development and parenting (%), 2023



Source: Haarr, R.N. & IRI (2023). *2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives*. UNICEF: Malé, Maldives.

Practices to Support Child Development

There can often be a disconnect between parents' knowledge of ECD and their actual engagement in practices that support child development. For instance, parents may know that it is important to read to a child to support their development, but the amount of time that parents spend reading to a child may be less than what is needed to properly support their child's development.

Chart 4.13 shows that in 2023, the *KAP Survey of Parenting and Child Care in Maldives* found that only 59 percent of parents/caregivers reported that in the past week, they showed affection toward their child, such as hugging and kissing them on a daily basis. This is despite the fact that international research found that showing affection to infants and young children, including hugs and kisses, helps to increase their brain development and social, emotional and physical development. Showing affection also helps children to be happier, less anxious and able to create healthy emotional bonds in other relationships.³⁷¹

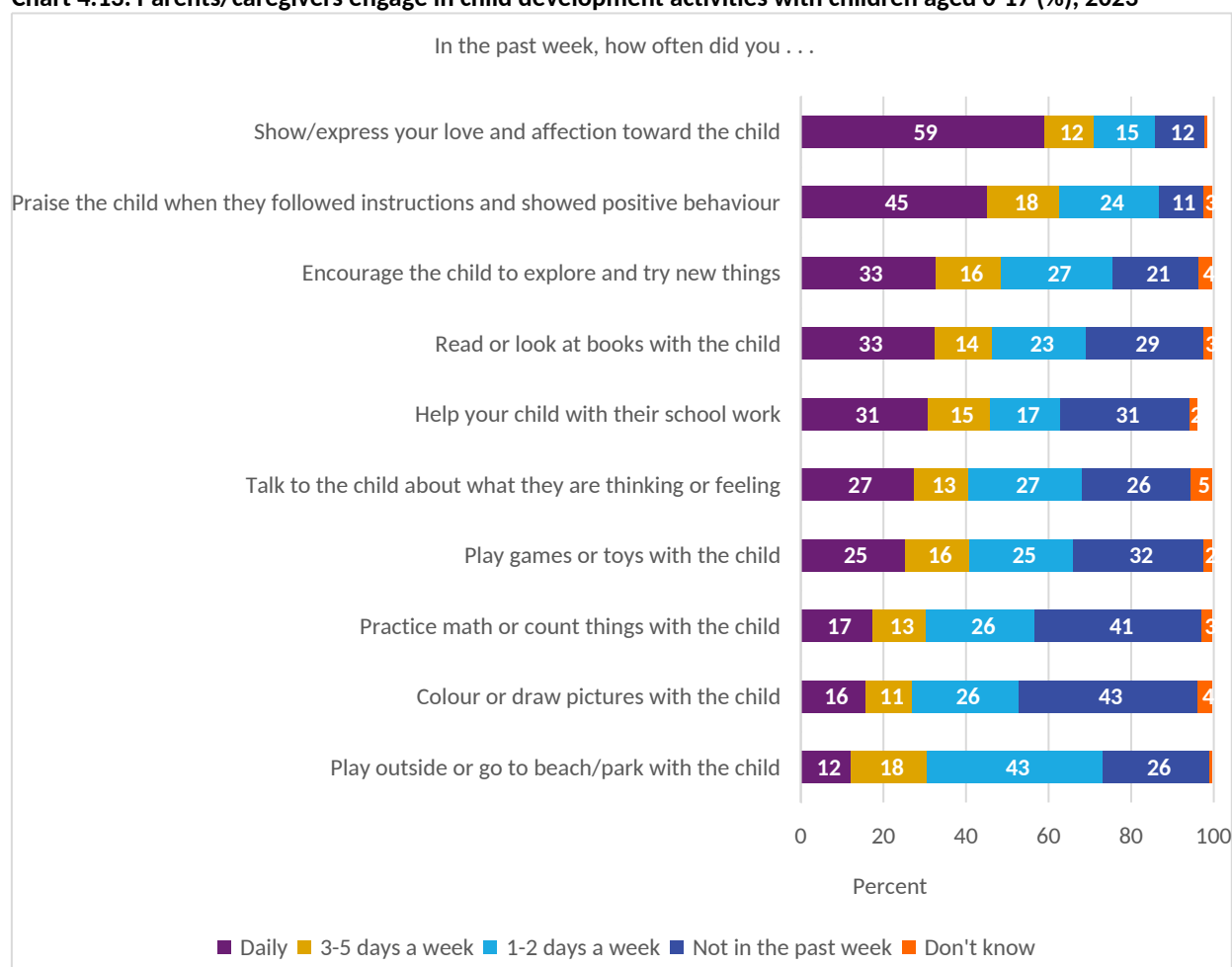
In addition, only 45 percent of parents/caregivers praised their child(ren) on a daily basis when they followed instructions and showed positive behaviours, 33 percent encouraged their child(ren) on a daily basis to explore and try new things, and 33 percent read or looked at books with their child(ren). Only 31 percent of parents/caregivers helped their child(ren) on a daily basis with their school work. Far fewer parents/caregivers, on a daily basis, talked to their child(ren) about what they were thinking or feeling (27 percent), played games or toys with their child(ren) (25 percent), practiced math or counted things with their child(ren) (17 percent), coloured or drew pictures with their child(ren) (16 percent) and/or played outside or went to the beach/park with their child(ren) (12 percent).

While many parents did not engage in each of these child development activities on a daily basis in the one week prior to the survey, a notable proportion did engage in these activities 3-5 times a week or 1-2 times a week. At the same time, a notable proportion of parents/caregivers did not engage in each of these child development activities with their child(ren). For instance, 26 percent of parents/caregivers reported that they did not talk to their child(ren) or child(ren) in the past week about what they were thinking or feeling, 21 percent did not encourage their child(ren) to explore or try new things in the past week and 12 percent did not show or express their love or affection toward their child(ren) in the past week.³⁷²

³⁷¹ Winston, R & R. Chicot (2016). The importance of early bonding on the long-term mental health and resilience of children. *London Journal of Primary Care*, Vol. 8, No. 1, pp. 12-14; The benefits of touch for babies, parents. *Stanford Medicine*, 23 September 2013. Retrieved on 9 April 2022 from: <https://med.stanford.edu/news/all-news/2013/09/the-benefits-of-touch-for-babies-parents.html>; see also, Haarr, R. (2022). *2021-2022 Knowledge, Attitudes and Practices Survey on Early Childhood Developmental Monitoring in Kazakhstan*. UNICEF: Astana, Kazakhstan.

³⁷² Haarr, R.N. & IRI (2023). *2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives*. UNICEF: Male', Maldives.

Chart 4.13. Parents/caregivers engage in child development activities with children aged 0-17 (%), 2023



Note: Sample = 810; **Source:** Haarr, R.N. & IRI (2023). 2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives. UNICEF: Malé, Maldives.

Parent Monitoring of Early Childhood Development

The 2023 KAP Survey of Parenting and Child Care in Maldives found that 86 percent of parents/caregivers reported it is very important for parents to be involved in monitoring their child's development from birth to six years of age, and 12 percent thought it is important (**Table 4.1**). Nearly all parents/caregivers recognized that parents should monitor their child's development for a variety of reasons: to find out if a child is developing on track (99 percent); to identify areas that a child needs extra support (99 percent); to act early if there are signs of a developmental delay (98 percent); to find out if a child has a developmental delay (97 percent) or autism (91 percent).

Table 4.1. Parents/caregivers' attitudes toward early childhood developmental monitoring (%), 2023	
	%
How important is it for parents to be involved in monitoring their child's development from birth to 6 years of age?	
Very important	86
Important	12
Somewhat important	2
Why should parents monitor their child's development . . .	
To find out if a child is developing on track	99
To identify areas that a child needs extra support	99
To act early if there are signs of a developmental delay	98
To find out if a child has a developmental delay	97
To find out if a child has autism	91

Note: Sample = 890; **Source:** Haarr, R.N. & IRI (2023). 2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives. UNICEF: Malé, Maldives.

The 2023 KAP Survey of Parenting and Child Care in Maldives also found that 95 percent of parents reported that if they have concerns about their child's development, they would talk to their child's doctor before the child reaches 12 months of age (see Annex C, Annex Table 4). In addition, 84 percent of parents reported they are confident talking to health workers (e.g., doctors and nurses) about their children's health and development; yet, 14 percent of parents were only somewhat confident and 2 percent were not confident (see Annex C, Annex Table 5).

Parents' Response to Children's Developmental Delays

The 2023 KAP Survey of Parenting and Child Care in Maldives found that 32 percent of parents were ever concerned about their child having a development delay. Among parents who had concerns that their child might have a developmental delay, 75 percent were concerned about their child's language, speech or communication, 56 percent were worried about their learning or brain development, 54 percent were worried about their social or emotional skills, and 49 percent were worried about their movement, physical or motor skills. In addition, 46 percent of parents/caregivers were worried about their child's vision and 41 percent about their hearing.

Table 4.4. Parents' concerns about developmental delays (%), 2023	
	%
Ever concerned about their child having a development delay	32
<u>What type of delays or problems you worried about with your child?</u>	
Language, speech or communication	75
Learning or brain development	56
Social or emotional skills	54
Movement, physical or motor skills	49
Vision	46
Hearing	41

Note: Sample = 751; **Source:** Haarr, R.N. & IRI (2023). 2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives. UNICEF: Malé, Maldives.

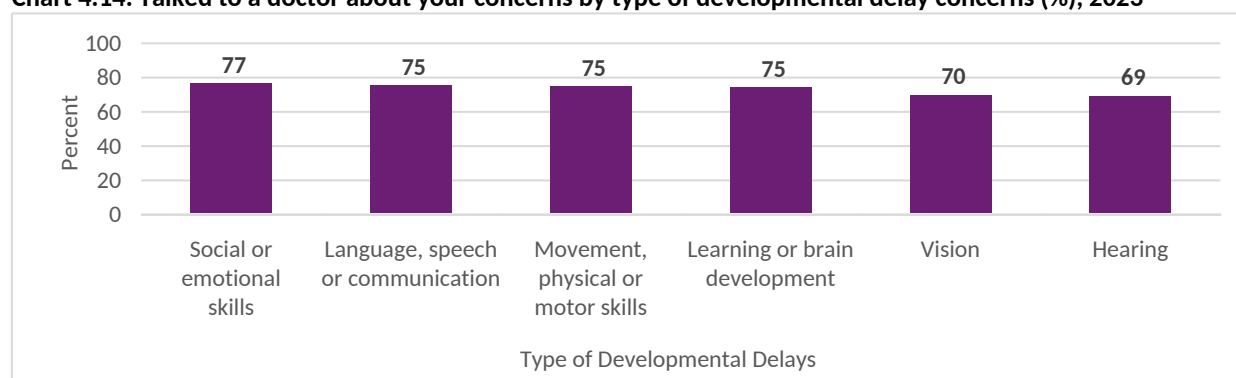
Parents should talk with health workers when they have concerns about their children's development. Among the 239 parents who were ever concerned about their child having a development delay, 72 percent talked to a doctor about their concerns (**Table 7.5**). Among the 172 parents who talked to a doctor about their concerns, 71 percent reported the doctor advised them to wait and see and 55 percent were told by the doctor that they did not see any problems. In comparison, 63 percent of parents reported that the doctor referred their child for screening/testing, 61 percent were referred to a medical specialist, 47 percent were referred to a speech specialist and 33 percent were referred to a psychologist.

Table 4.5. Parents' talk to doctors about concerns with children's development and doctors' advice (%), 2023	
	%
Have you talked to a doctor about your concerns with your child's developmental delay or difficulties	72
<u>Advice doctor gave you about your child:</u>	
Advised you to wait and see	71
Referred your child for screening/testing	63
Referred your child to a medical specialist	61
Told you they did not see any problems	55
Referred your child to a speech specialist	47
Referred your child to a psychologist	33
Other advice	37

Note: Sample = 239; **Source:** Haarr, R.N. & IRI (2023). 2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives. UNICEF: Malé, Maldives.

Chart 4.14 shows the relationship between the type of developmental delays that parents had concerns about and whether they talked to a doctor about their concerns. Despite the type of developmental delays that parents were concerned about, in most cases 75 percent of parents spoke to a doctor about their concerns. Parents were slightly less likely to speak to a doctor if they had concerns about their child's vision (70 percent) and hearing (69 percent).

Chart 4.14. Talked to a doctor about your concerns by type of developmental delay concerns (%), 2023



Source: Haarr, R.N. & IRI (2023). *2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives*. UNICEF: Malé, Maldives.

Parent's Support for and Use of Corporal Punishment

Corporal punishment is defined as any punishment in which physical force is used and intended to cause some degree of pain or discomfort. Most forms of corporal punishment involve hitting, slapping and spanking children with the hand or an object (e.g., whip, stick, belt, shoe, wooden spoon), but can also involve kicking, shaking and throwing children, as well as scratching, pinching, biting, pulling hair, boxing ears and caning. Corporal punishment also includes forcing children to stay in uncomfortable positions or forced ingestion (e.g., soap, hot peppers). In severe cases, corporal punishment can involve burning or scalding a child.

Although parents often use corporal punishment to enforce children's compliance with desired behaviours, research has found that corporal punishment is likely to have the opposite effect and can be harmful to children, leading to anti-social and aggressive behaviours, and negatively impacting children's mental health, well-being and social development. Rather than reducing inappropriate behaviours, corporal punishment teaches children that the use of physical aggression is normal and an appropriate means of solving conflicts. The negative consequences of corporal punishment can carry over into adulthood.³⁷³

The *2023 KAP Survey of Parenting and Child Care in Maldives* found that 48 percent of parents/caregivers held attitudes supportive of corporal punishment (**Table 4.6**). More specifically, 38 percent of parents/caregiver think it is sometimes necessary for parents to use physical punishment to discipline and control children, 24 percent think that strong or harsh parenting practices strengthens and prepares children for life, 22 percent think that physical punishment teaches children to respect adults, including parents and teachers, and 19 percent think that parents who do not use physical punishment spoil their children.

Table 4.6. Support for corporal punishment (%), 2023

	%
Support for corporal punishment	48
Think it is sometimes necessary for parents to use physical punishment to discipline and control children	38
Think that strong or harsh parenting practices strengthens and prepares children for life	24
Think physical punishment teaches children to respect adults, including parents and teachers	22
Think that parents who do not use physical punishment spoil their children	19

Note: Sample = 890; **Source:** Haarr, R.N. & IRI (2023). *2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives*. UNICEF: Malé, Maldives.

There were statistically significant differences in parents/caregivers' support for corporal punishment by household socioeconomic status and region. Parents who had a very difficult time paying households expenses (55 percent) were most likely to support the use of corporal punishment to discipline and control children, compared to parents

³⁷³ McKee, L., E. Roland, N. Coffelt, A.L. Olson, R. Forehand, C. Massari, D. Jones, C.A. Gaffney & M.S. Zens (2007). Harsh Discipline and Child Problem Behaviors: The Roles of Positive Parenting and Gender. *Journal of Family Violence*, Vol. 22, pp. 187-196; see also, Grogan-Kaylor, A. (2004). The Effect of Corporal Punishment on Antisocial Behavior in Children. *Social Work Research*, Vol. 28, No. 3, pp. 153-162; Straus, M, D. Sugarman & J. Giles-Sims (1997). Spanking by Parents and Subsequent Antisocial Behavior of Children. *Archives of Pediatrics and Adolescent Medicine*, Vol. 151, pp. 761-767.

who had an easy/very easy time paying household expenses (42 percent). In addition, parents from the Central Region (54 percent) and GMA (50 percent) were more likely to support the use of corporal punishment to discipline and control children, compared to parents in South (43 percent) and North (41 percent) Regions.

Parenting Styles

The 2023 KAP Survey of Parenting and Child Care in Maldives found that parents/caregivers had different parenting styles and approaches. **Table 4.7** shows that parents/caregivers were more likely to: stick to their guns with their children (42 percent); praise their children too often (39 percent); be protective of their children (38 percent); and push their children too hard (31 percent). Whereas fewer parents/caregivers give in too quickly to their children (19 percent), criticize their children too much (9 percent), give their children too much freedom (12 percent), or do not push their children hard enough (18 percent). At the same time, a notable proportion of parents/caregivers reported they used neither of these parenting styles more often than the other.

Table 4.7. Parenting styles (%), 2023	
	%
Are you a parent who tends to . . .	
Stick to your gun with your children (refuse to change your decision or opinion)	42
Give in too quickly to your children	19
Neither	38
Are you a parent who tends to . . .	
Praise your children too much	39
Criticize your children too much	9
Neither	50
Are you a parent who tends to . . .	
Be protective of your children	38
Give your children too much freedom	12
Neither	49
Are you a parent who . . .	
Push your children too hard	31
Not push your children hard enough	18
Neither	51

Note: Sample = 810; **Source:** Haarr, R.N. & IRI (2023). 2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives. UNICEF: Malé, Maldives.

Worries and Concerns for Children's Well-Being and Safety

The 2023 KAP Survey of Parenting and Child Care in Maldives measured parents' worries and concerns for their children's safety and well-being, including exposure to violence and abuse, struggles with mental health, engagement in risky behaviours, and contact with the law. In terms of exposure to violence and abuse, the majority of parents/caregivers were very worried (72 percent) or worried (15 percent) about their children being bullied or harassed, and were very worried (72 percent) or worried (12 percent) about their children being sexually abused (**Table 4.8**).

The majority of parents/caregivers were also very worried (65 percent) or worried (15 percent) about their children struggling with mental health issues (e.g., feelings of anxiety or depression). Parents often feel helpless when their child has mental health issues because they don't feel equipped to offer support in this area, and there is a perceived stigma or affiliated stigmas for parents of a child with mental health issues. This stigma can prevent parents from seeking mental health care or support for their children from a trained professional.³⁷⁴

³⁷⁴ Kaushik, A, E. Kostaki & M. Kyriakopoulos (2016). The stigma of mental illness in children and adolescents: A systematic review. *Psychiatric Research*, Vol. 30, No. 243, pp. 469-494.

Table 4.8. Parents/caregivers' worries and concerns for their children's safety and well-being (%), 2023	
	%
<u>How worried are you about any of your children being bullied or harassed?</u>	
Very worried	72
Worried	15
Somewhat worried	9
Not worried	4
<u>How worried are you about any of your children being sexually abused?</u>	
Very worried	72
Worried	12
Somewhat worried	8
Not worried	8
<u>How worried are you about any of your children struggling with mental health issues, such as feelings of anxiety or depression?</u>	
Very worried	65
Worried	15
Somewhat worried	10
Not worried	9
<u>How worried are you about any of your children having problems with alcohol or drugs?</u>	
Very worried	62
Worried	11
Somewhat worried	9
Not worried	17
<u>How worried are you about any of your children joining a gang?</u>	
Very worried	58
Worried	11
Somewhat worried	10
Not worried	21
<u>How worried are you about any of your children getting in trouble with the police?</u>	
Very worried	56
Worried	14
Somewhat worried	9
Not worried	21

Note: Sample = 810; **Source:** Haarr, R.N. & IRI (2023). 2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives. UNICEF: Malé, Maldives.

In terms of engagement in risk behaviours, the majority of parents/caregivers' were very worried (62 percent) or worried (11 percent) about their children having problems with alcohol and/or drugs. It was surprising that the majority of parents/caregivers' were also very worried or worried about their children joining a gang (58 percent and 11 percent respectively) and getting in trouble with the police (56 percent and 14 percent respectively).

Parents who had a very difficult time paying household expenses with their current household income were most likely to be very worried about their children being bullied or harassed (87 percent) or sexually abused (85 percent), compared to parents who had an very easy/easy time playing household expenses (66 percent and 68 percent respectively). Children living in households that experience economic hardship or poverty are often at increased risk of being bullied and harassed by their peers, and sometimes by teachers in schools. Parents are aware of the heightened risk their children face of being bullied or harassed because of their families' economic hardship.³⁷⁵

Parents who had a very difficult time paying households expenses were also most likely to be very worried about their children struggling with mental health issues, such as anxiety or depression (83 percent), compared to parents who had a very easy/easy time paying household expenses (62 percent). Parents who face economic hardship are justified in having a heightened concern about their children's mental health, as international research has

³⁷⁵ New Data Reveal that Poor Youth are among the Most Vulnerable to Bullying, UNESCO, 10 January 2018. Retrieved on 1 August 2023 from: [New Data Reveal that Poor Youth Are Among the Most Vulnerable to Bullying | UNESCO UIS](#); Tippet, N. & D. Wolke (2014). Socioeconomic Status and Bullying: A Meta-Analysis. *American Journal of Public Health*, Vol. 14, No. 6, e48-e59. Retrieved on 1 August 2023 from: [Socioeconomic Status and Bullying: A Meta-Analysis - PMC \(nih.gov\)](#)

demonstrated a relationship between poverty experienced in childhood and the greater likelihood of mental health problems in one's life span. This is because child poverty is often associated with other problems, such as poor nutrition, living in inadequate and overcrowded housing, and being at increased risk of experiencing adverse events (e.g., exposure to violence, bullying and harassment), which can contribute to mental health problems in childhood and adolescence.³⁷⁶ There is also strong evidence that mental health problems among children and adolescents can be reduced by addressing childhood poverty, particularly in the early years of child's life.³⁷⁷

Parents of households that had a very difficult time paying household expenses were most likely to be very worried that their children will have problems with alcohol and/or drugs (79 percent) or joining a gang (77 percent), compared to parents who had a very easy/easy time paying household expenses (56 percent and 51 percent respectively). Alcohol and drug addiction does not discriminate and anyone can be affected by addiction, although there is a correlation between alcohol and drug misuse and poverty. More specifically, poverty can lead someone to use or misuse alcohol and/or drugs, but alcohol and drug use/abuse can also lead someone into poverty. Thus, the relationship between poverty and alcohol and drug misuse is often complicated.³⁷⁸ It should also be recognized that poverty, violence, abuse and lack of stable and healthy family relationships are some of the factors that can lead children and youth to find a family in gangs. In Maldives, experts content that gangs recruit vulnerable children and adolescents into gangs and use or exploit children and adolescents to recruit their peers into gangs with promises of phone cards and access to online gaming equipment. Gangs also provide children and adolescents with access to alcohol and/or drugs.³⁷⁹

Finally, parents who had a very difficult time paying household expenses with their current incomes were most likely to be very worried that their children would get in trouble with the police (73 percent), compared to parents who had a very easy/easy time paying household expenses (49 percent). Clearly, parents who face economic hardship are very worried about their children's safety and well-being, and likely face more difficulties protecting their children from factors that place them at increased risk of being victimized, experiencing mental health problems, engaging in risky behaviours and coming into contact with the law.

Worries and Concerns About Children's Screen Time and Online Safety

In today's society, children spend significantly more time online than ever before, and start accessing online platforms at a young age through computers, smartphones, gaming consoles and televisions.³⁸⁰ When used in the right way, the internet and online platforms have the potential to broaden children's horizons and can serve as a catalyst for creativity; yet these opportunities come with serious risks, particularly risks of cyber-bullying, sexual exploitation, coercion and abuse, and extortion.³⁸¹ Children are also at-risk of coming into contact with child sex offenders who groom them to share sexually explicit photos and/or video content, and try to meet with them in person. UNICEF has reported that 80 percent of children in 25 countries report feeling in danger of online sexual exploitation and abuse.³⁸²

Given these risks, UNICEF works to promote child online safety and make the internet a safe place for children to learn, socialize and express themselves. In partnership with governments, UNICEF advocates for regulations and supports ministries of education to teach children digital literacy and online safety skills. UNICEF also works with

³⁷⁶ Gibson, K., Q. Abraham, I. Asher, R. Black, N. Turner, W. Waitoki & N. McMillan (2017). *Child poverty and mental health: A literature review*. New Zealand Psychological Society and Child Poverty Action Group: Auckland, New Zealand. Retrieved on 1 August 2023 from: [170516 CPAGChildPovertyandMentalHealthreport-CS6_WEB.pdf \(waikato.ac.nz\)](#)

³⁷⁷ Ibid, 2017.

³⁷⁸ Mahica, H., V.S. Straatmann, A. Lundin, E. Agardh & A.K. Danielsson (2021). Association between poverty exposure during childhood and adolescence and drug use disorders and drug-related crime later in life. *Addiction*, Vol. 116, No. 7, pp. 1747-1756. Retrieved on 1 August 2023 from: [Association between poverty exposure during childhood and adolescence, and drug use disorders and drug-related crimes later in life - PMC \(nih.gov\)](#); Jones, L. & H. Sumnall (2016). *Understanding the relationship between poverty and alcohol misuse*. Liverpool John Moores University, Centre for Public Health: Liverpool, UK. Retrieved on 1 August 2023 from: [2016_06_understanding_the_relationship_between_poverty_and_alcohol_misuse.pdf \(ljmu.ac.uk\)](#)

³⁷⁹ This information was obtained during consultations as part of this SitAn.

³⁸⁰ Protecting children online. UNICEF. Retrieved on 2 August 2023 from: [Protecting children online | UNICEF](#)

³⁸¹ Ibid; Online sexual coercion and extortion is a crime. EUROPOL, 5 August 2023. Retrieved on 2 August 2023 from: [Online sexual coercion and extortion is a crime | Europol \(europa.eu\)](#)

³⁸² Protecting children online. UNICEF. Retrieved on 2 August 2023 from: [Protecting children online | UNICEF](#)

technology companies to promote the use of safety measures on their platforms to reduce children's exposure to violence, exploitation and abuse, and to reduce privacy breaches.³⁸³

The 2023 KAP Survey of Parenting and Child Care in Maldives measured the proportion of parents/caregivers' who reported their children spend time on the internet/online. **Table 4.9** shows that 76 percent of parents/caregivers reported that their children spend time on the internet or online on a smart phone, and 78 percent were very worried/worried about their children spending too much time in front of screens. Thus, the majority of parents/caregivers were very worried/worried that their child(ren) would access sexually explicit content online (75 percent) and would be the target of online predators (75 percent), and would access violent content online (72 percent) or be bullied or harassed online (72 percent).

Table 4.9. Parents/caregivers' worries about children's online safety (%), 2023	
	%
Children spend time on the internet or online on a smart phone	76
<u>How worried are you about any of your children spending too much time in front of screens?</u>	
Very worried	62
Worried	16
Somewhat worried	13
Not worried	9
<u>How worried are you about any of your children accessing violent content online?</u>	
Very worried	58
Worried	14
Somewhat worried	10
Not worried	16
<u>How worried are you about any of you children being bullied or harassed online?</u>	
Very worried	57
Worried	15
Somewhat worried	9
Not worried	17
<u>How worried are you about any of your children accessing sexually explicit content online?</u>	
Very worried	60
Worried	15
Somewhat worried	8
Not worried	16
<u>How worried are you about any of your children being the target of online predators?</u>	
Very worried	61
Worried	13
Somewhat worried	9
Not worried	15

Note: Sample = 810; **Source:** Haarr, R.N. & IRI (2023). 2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives. UNICEF: Malé, Maldives.

Parents/caregivers who reported their children spend time online were far more likely to be very worried about their children spending too much time in front of screens (67 percent) and being bullied or harassed online (62 percent), compared to parents/caregivers who reported their children do not spend time on the internet or online (46 percent and 42 percent respectively).³⁸⁴ Similarly, parents/caregivers' who reported their children spend time online were far more likely to be very worried about their children accessing violent online content (62 percent) or sexually explicit content online (64 percent), compared to parents/caregivers who reported their children do not spend time on the internet or online (47 percent and 46 percent respectively).³⁸⁵

³⁸³ Protecting children online. UNICEF. Retrieved on 2 August 2023 from: [Protecting children online | UNICEF](#)

³⁸⁴ Haarr, R.N. & IRI (2023). 2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives. UNICEF: Male', Maldives.

³⁸⁵ Ibid, 2023.

Finally, parents/caregivers' who reported their children spend time online were more likely to be very worried about their children being the target of an online predator (65 percent), compared to parents/caregivers who reported their children do not spend time on the internet or online (50 percent).³⁸⁶

This research also found that parents who had a very difficult time paying household expenses were most likely to report that their children spend time on the internet or online (83 percent), compared to parents who had a very easy time paying household expenses (69 percent). Moreover, parents who had a very difficult time paying household expenses were most likely to be very worried that their children spend too much time in front of screens (79 percent) and that their children will be bullied or harassed online (73 percent), compared to parents who had a very easy time paying households expenses were least likely to be very worried (51 percent and 55 percent respectively).

Parents who had a very difficult time paying household expenses were also far more likely to be very worried that their children would access violent content online (77 percent) or sexually explicit content online (79 percent), and of being targeted by online predators (79 percent), compared to parents who had a very easy time paying households expenses (53 percent, 49 percent and 56 percent respectively).

These findings are likely linked to the fact that parents facing economic hardship were most likely to report that their children spend time on the internet or online on a smart phone, and reflects the fact that parents facing economic hardship were more likely to be very worried about their children being bullied and harassed, and sexually abused, as revealed in the previous section.³⁸⁷

Parents' Confidence Talking with Their Children

Finally, the 2023 KAP Survey of Parenting and Child Care in Maldives found that 90 percent of parents were confident to talk to their children about their children's thoughts, feelings, worries and problems; only 8 percent were somewhat confident and 2 percent were not confident. It is not clear from this data, how confident children and adolescents are about sharing their thoughts, feelings, worries and problems with their parents; thus, It is not clear how honest or meaningful these conversations are to either children and parents.

Table 11.3. Parents' confidence talking with their children (%), 2023	
	%
How confident are you talking to your children about their children's thoughts, feelings, worries and problems?	
Confident	90.0
Somewhat confident	7.6
Not confident	2.0

Note: Sample = 751; **Source:** Haarr, R.N. & IRI (2023). 2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives. UNICEF: Malé, Maldives.

^{386 386} Haarr, R.N. & IRI (2023). 2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives. UNICEF: Male', Maldives.

³⁸⁷ Ibid, 2023.

Chapter 5. Responding to Child Rights in Maldives

UNICEF strives to improve child rights and governance by strengthening partnerships and building the capacity of national institutions and civil society to advance child rights. This can be done by: strengthening oversight functions and the ability to promote meaningful participation of children and adolescents in national policy dialogue; promoting independent human and child rights institutions and civil society participation in the monitoring of and advocacy for child rights; and reporting on the CRC and other international and regional obligations related to child rights and gender equality.

This chapter reviews the legislative and policy environment for child rights in Maldives, including international and regional commitments, and national legislation and policies. The chapter also reviews systems and services available to children and their families across sectors, including health, education, child protection, social protection, climate and WASH sectors. It also reviews public financing of systems and services.

LEGISLATIVE AND POLICY ENVIRONMENT FOR CHILD RIGHTS

International and Regional Commitments

Maldives is a member of the UN and the South Asian Association for Regional Cooperation (SAARC), as well as the Commonwealth of Nations. Maldives has ratified many UN conventions and made binding international commitments to adhere to the standards laid down in these universal human rights legal frameworks, including the UDHR, International Covenant on Civil and Political Rights (CCPR)³⁸⁸ and International Covenant on Economic, Social and Cultural Rights (CESCR)³⁸⁹, among others. Maldives has also ratified the Charter of the SAARC.³⁹⁰

Maldives has also signed and ratified international human rights legal frameworks that promote gender equality and women's rights, including CEDAW³⁹¹, although the country has yet to take action to ratify the Optional Protocol to CEDAW.³⁹² Maldives also demonstrated its commitment to advancing gender equality and women's rights by endorsing the 1995 Beijing Platform for Action and reaffirmed its pledge to uphold that Beijing Platform of Action at the UN Global Leaders' Meeting on Gender Equality and Women's Empowerment in 2015. GoM has engaged with the international community to demonstrate its progress on advancing gender equality and women's rights, such as when it presented its combined fourth and fifth periodic reports in 2015, and its sixth periodic report in 2019.³⁹³ At the regional level, Maldives also ratified the SAARC Convention on Preventing and Combating Trafficking in Women and Children for Prostitution.³⁹⁴

Maldives also ratified the CRC³⁹⁵ and the Optional Protocol on the sale of children, child prostitution and child pornography³⁹⁶, and the Optional Protocol on involvement of children in armed conflict.³⁹⁷ Maldives also ratified the ILO Worst Forms of Child Labour Convention (No. 182) and the ILO Minimum Age Convention, 1973 (No. 138).³⁹⁸ At the regional level, Maldives ratified the SAARC Convention on Regional Arrangements for the Promotion of the Child Welfare in South Asia.³⁹⁹

³⁸⁸ The CCPR was ratified by GoM on 19 September 2006.

³⁸⁹ The CESCR was ratified by GoM on 19 September 2006.

³⁹⁰ The Charter of the SAARC was signed by GoM on 18 December 1985.

³⁹¹ CEDAW was ratified by GoM on 1 July 1993.

³⁹² Retrieved on 15 May 2025 from:

tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?CountryID=106&Lang=EN

³⁹³ Retrieved on 15 May 2025 from: [cdiy5mvg.pdf](#)

³⁹⁴ In 2020, GoM ratified each of these additional SAARC Conventions. Retrieved on 15 May 2025 from: [Agreements & Conventions](#)

³⁹⁵ The CRC was ratified by GoM on 11 February 1991.

³⁹⁶ CRC-OP-SC was ratified by GoM on 10 May 2002.

³⁹⁷ CRC-OP-AC was ratified by GoM on 29 December 2004.

³⁹⁸ Retrieved on 15 May 2025 from: [Maldives ratifies ILO Convention No. 138 and No. 182 | International Labour Organization](#)

³⁹⁹ In 2020, GoM ratified each of these additional SAARC Conventions. Retrieved on 15 May 2025 from: [Agreements & Conventions](#)

Maldives also ratified the CRPD⁴⁰⁰ in 2010, but has yet to take action to ratify the CPRD Optional Protocol.⁴⁰¹ In 2023, Maldives also endorsed the Jakarta Declaration on the Asian and Pacific Decade of Persons with Disabilities 2023-2030, which reaffirmed the collective commitment of Member States to accelerate progress toward achieving the full realisation of the rights for persons with disabilities through the implementation of the CRPD and Incheon Strategy (i.e., a strategy that builds on the CRPD to make the rights of persons with disabilities real in Asia and the Pacific).⁴⁰²

Maldives has also ratified the UNFCCC.⁴⁰³ Since ratification, GoM has engaged with the international community to demonstrate its commitment to increase resilience and a low-emission development pathway to achieve the country's sustainable development agenda, such as when it submitted its first NDC to the UNFCCC in 2015, and updated NDC in 2020, and Third NDC in 2025. At the regional level, Maldives also ratified the SAARC Convention on Cooperation on Environment.⁴⁰⁴

Maldives also signed on to the 2030 Agenda for Sustainable Development and has demonstrated its commitment to achieving the SDGs through their first Voluntary National Review (VNR) in 2017 and second VNR in 2023.⁴⁰⁵

National Legislation and Policies

The GoM has translated international and regional commitments into national legislation and policy, particularly as it relates to protecting the rights of children and persons with disabilities, and promoting gender equality, as well as addressing climate change and protection of the environment.

Gender. The 2008 Constitution of the Republic of Maldives guarantees equality between men and women, and explicitly prohibits discrimination of one's rights and freedoms on the basis of gender. The Gender Equality Act (Law No. 18/2016) provides the legislative framework to ensure gender equality and eliminate gender-based discrimination and violence, and sexual harassment in the workplace. The Act outlines the role of the Government and other agencies to help ensure successful implementation of the Act.⁴⁰⁶ To fulfil requirements under Article 42 of the Gender Equality Act, the National Gender Equality Action Plan (GEAP) 2022-2026 was developed. The GEAP responds to State obligations under international human rights instruments that Maldives is party to and the 2030 Agenda for Sustainable Development and gender-related SDGs.⁴⁰⁷

Other key pieces of national legislation that advance women's rights include:

- Prevention of Sexual Abuse and Harassment Act (Law No. 16/2014) – Defines what constitutes sexual abuse and harassment and the responsibility of different entities and measures to be taken to prevent acts of sexual abuse and harassment in places of employment and institutions that provide educational, health and social services.⁴⁰⁸
- Sexual Offences Act (Law No. 17/2014) – Defines what constitutes sexual offences and procedures relating to sexual offences, including determination of sexual offences and penalties, acceptable defences in relation to sexual offences, standards for defining consent in relation to sexual offences, mechanisms for recovery of damages for victims of sexual offences, and the publication of persons convicted for sexual offences.⁴⁰⁹

⁴⁰⁰ The CRPD was ratified by GoM on 5 April 2010.

⁴⁰¹ Retrieved on 15 May 2025 from:

tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?CountryID=106&Lang=EN

⁴⁰² UNPRPD (2024). *Situation Analysis of the Rights of Persons with Disabilities in the Maldives*. UN: Male', Maldives.

⁴⁰³ The UNFCCC was ratified by GoM on 9 November 1992.

⁴⁰⁴ In 2020, GoM ratified each of these additional SAARC Conventions. Retrieved on 15 May 2025 from: [Agreements & Conventions](#)

⁴⁰⁵ Ministry of National Planning, Housing & Infrastructure [MNPHI] (2023). *Voluntary National Review (VNR) 2023 – Maldives*. MNPHI: Male', Maldives. Retrieved on 15 May 2025 from: [maldives_vnr_2023_eng.pdf](#)

⁴⁰⁶ Gender Equality Act (Act No. 18/2016). Retrieved on 23 July 2025 from: [fpa.gov.mv/storage/uploads/NQoQxVqv/ooadh31g.pdf](#)

⁴⁰⁷ National Gender Equality Action Plan 2022-2026. Ministry of Gender, Family and Social Services: Male', Maldives. Retrieved on 16 May 2025 from: [GEAP 2021 - 2025](#)

⁴⁰⁸ Family Legal Clinic. Prevention of Sexual Abuse and Harassment Act (Law No. 16/2014). Retrieved on 16 May 2025 from: [1719813966_4. Prevention of Sexual Abuse and Harassment Act - English Translation.pdf](#)

⁴⁰⁹ Family Legal Clinic. Sexual Offences Act (Law No. 17/2014). Retrieved on 16 May 2025 from: [FPA - Sexual Offences Act \(17/2014\)](#)

- Domestic Violence Act (Law No. 3/2012) – Determines provisions for prohibition and prevention of domestic violence; measures taken against persons who commit acts of domestic violence, protection and support for victims of domestic violence, and the role of and requirements for collaboration among relevant governmental and non-governmental organization in Maldives.⁴¹⁰
- Family Act (Law No. 4/2000) – Provides guidelines to be followed as it relates to marriage, divorce, payment of maintenance, custody, guardianship, attribution of legitimacy of children, proof of paternity and other matters relating to families and family life.⁴¹¹

Despite such legal and policy frameworks, UN experts recognize that long-standing provisions are still discriminatory and punitive, and deny women and girls of their full human rights and freedoms. This, in part, is because GBV and domestic violence are prevalent and tolerated in Maldives, and survivors face many barriers in accessing justice and remedies, and perpetrators enjoy impunity.⁴¹² Maldives is also experiencing a rise in religious fundamentalism that is holding women and girls back from achieving their full human rights and freedoms. UN experts have also express concern that fundamentalist ideologies in Maldives encourage reprisals against those standing up for gender equality and human rights. Given the national context, GoM needs to do more to address the root causes and drivers of gender inequality and gender discrimination, including belief systems that deem women as inferior and practices that deny women autonomy and agency.⁴¹³

Children. Article 35 of the Constitution establishes that children and adolescents have the right to special assistance and protection from the family, society and State. The Constitution also states that no one should harm, sexually abuse, discriminate against, involve children in appropriate economic and social activities, or exploit children for personal gain in any way.⁴¹⁴ To translate international and regional commitments to promote child rights and to protect children, in 2019, on the 30th anniversary of the CRC, GoM ratified the CRPA and the Juvenile Justice Act (JJA), both of which came into force in 2020.

The CRPA outlines the rights and responsibilities of children, and duties of the State, community and parents to protect children's rights; in keeping, the CRPA seeks to translate international and regional commitment related to child rights and protection, including national laws. The Act marks significant changes in the legal protection of children from discrimination, bias, harm cruel punishment, neglect and physical and emotional abuse. The Act also includes provisions, such as the right to education and health care, and special provisions to protect the rights of children with special needs.⁴¹⁵ The CRPA also prohibits: child labour; marrying a child below the age of 18 years; and use of the death penalty in cases of a child coming into contact with the law.⁴¹⁶ The CRPA also stipulates for the establishment of a Child Rights Protection Council and Child and Family Protection Services, as well as the appointment of a Children's Ombudsperson.⁴¹⁷ In 2020, a Child Rights Ombudsperson was appointed in accordance with Article 113 of the CRPA to oversee all matters related to children's rights and welfare, and assess government compliance with the provisions of the CRPA⁴¹⁸

In addition, the JJA outlines the rights of children and adolescents who come into conflict with the law and/or are immersed in cycles of violence or juvenile delinquency, and the means to prevent juvenile delinquency. The Act also prescribes a swift resolution to support reforming juvenile delinquents into productive members of society through rehabilitative facilities.⁴¹⁹ The JJA also protects all children under the age of 15 from being penalized under

⁴¹⁰ Unofficial Translation of the Domestic Violence Act (Law No. 3/2012). Retrieved on 16 May 2025 from: [the domestic violence act 2012 maldives english translation unofficial.pdf](#)

⁴¹¹ Family Legal Clinic. Family Act (Law No. 4/2000). Retrieved on 16 May 2025 from: [pgxwiis2.pdf](#)

⁴¹² Maldives: Bridge gender gaps to accelerate progress, say UN experts. United Nations Human Rights, 22 September 2022. Retrieved on 16 May 2025 from: [Maldives: Bridge gender gaps to accelerate progress, say UN experts | OHCHR](#)

⁴¹³ Ibid, 2022.

⁴¹⁴ Human Rights Commission of the Maldives. Retrieved on 16 May 2025 from: [HRCM - Children](#)

⁴¹⁵ President signs bills on Child Rights Protection and Juvenile Justice into law. The President's Office, 20 November 2019. Retrieved on 15 May 2025 from: [President signs bills on Child Rights Protection and Juvenile Justice into law - The President's Office](#)

⁴¹⁶ Maldives ratified Child Rights Protection Act. UNICEF, 20 February 2020. Retrieved on 15 May 2025 from: [Maldives ratifies Child Rights Protection Act](#)

⁴¹⁷ President signs bills on Child Rights Protection and Juvenile Justice into law. The President's Office, 20 November 2019. Retrieved on 15 May 2025 from: [President signs bills on Child Rights Protection and Juvenile Justice into law - The President's Office](#)

⁴¹⁸ President Appoints Child Rights Ombudsperson, The President's Office, 23 July 2020. Retrieved on 22 July 2025 from: [President Appoints Child Rights Ombudsperson - The President's Office](#)

⁴¹⁹ President Appoints Child Rights Ombudsperson, The President's Office, 23 July 2020. Retrieved on 22 July 2025 from:

the juvenile justice system, in keeping with international standard and norms for the administrative of justice for children, to which Maldives is a signatory.⁴²⁰ To address juvenile delinquency, the JJA also stipulates for the establishment of the DJJ and a specialized police unit to address juvenile delinquency, as well as designates State Prosecutors for children and a particular unit of probation and correctional officers for juvenile offenders. The Act also introduces diversion mechanisms for early intervention to prevent juvenile offending, and rehabilitation programmes and residential facilities and correction centres for children in conflict with the law.⁴²¹

Despite having a legal framework on the protection of child rights, it lacks robust implementation and enforcement, and budgetary allocations to support implementation and child protection services. There are other structural barriers, such as human resources and capacity building for the social services workforce, which have not served children well. Child rights advocates maintain that GoM needs to prioritize implementation and enforcement of the CRPA and JJA. This, however, requires increased budgetary allocations, including sufficient investment in human resources and capacity-building for frontline service providers responsible for implementing the CRPA and JJA. It also requires targeted social and behaviour change and communication (SBCC) interventions to create an enabling environment for the full realization of the rights of all children.

To strengthen child rights governance in Maldives, UNICEF aims to strengthen partnerships and build the capacity of national institutions and civil society to advance child rights. This includes: strengthening oversight functions and promoting meaningful participation of children and adolescents in national policy dialogue; promoting independent human and child rights institutions, and civil society participation in monitoring of and advocacy for child rights; and reporting on the CRC and other international and regional obligations related to child rights.

Disabilities. Article 7a of the 2008 Constitution prohibits discrimination on the basis of ‘mental and physical disability’. Maldives has also passed national legislation to ensure the protection of the rights of persons with disabilities. In 2010, the law on Protection of the Rights of Persons with Disabilities and Provision of Financial Assistance (Law No. 8/2010) was passed which provides a general framework for ensuring “full and effective participation and inclusion of persons with disabilities in society” (Article 2c). The law subscribes to the definition of disability based on the social model and mandates the provision of education without discrimination and appropriate facilities and equipment to eliminate barriers to learning (Article 20).⁴²²

In 2013, the Inclusive Education Policy was endorsed which explicitly addresses the exclusion of vulnerable groups of children in education, including those with disabilities. The policy espouses education for all and targets three groups of children – children who need additional learning support, children with special needs, and children under special circumstances – which require an individual education plan. In 2020, a revised Inclusive Education Policy was endorsed and the government adopted an Inclusive Education Strategic Plan 2020-2025. The revised Inclusive Education Policy proposes the principle of inclusion and equity, which requires language related to student diversity and education for all learners.⁴²³

As it relates to advancing the rights of persons with disabilities, translating international commitments and normative frameworks into practice at a national level has proven to be a significant challenge in Maldives. In 2024, UNPRPD undertook a situation analysis of the rights of persons with disabilities in Maldives, which revealed barriers that limit implementation of the CRPD, in terms of the existing policies, systems, structures and practices.⁴²⁴

Climate Change and the Environment. In 2014, the GoM adopted the Maldives Climate Change Policy Framework (MCCPF) 2015-2025 to guide implementation activities based upon and consistent with national laws, policies, development plans and strategies, including the Environmental Protection and Preservation Act (Law No. 4/1993) and its amendments (Law No. 12/2014), Maldives Tourism Act (Law No. 2/1999) and Fisheries Law of the Maldives (Law No. 5/1987).⁴²⁵ The overarching aim of the MCCPF 2015-2025 is to:⁴²⁶

President Appoints Child Rights Ombudsperson - The President's Office

⁴²⁰ Juvenile Justice Act comes into effect. Raajje, 21 November 2020. Retrieved on 15 May 2025 from: [Juvenile Justice Act comes into effect](#)

⁴²¹ Ibid, 2020.

⁴²² Faisal, A.J. (2024). *Situation Analysis of the Rights of Persons with Disabilities in the Maldives*. UN The Maldives. RPD: Male’, Maldives.

⁴²³ Ibid, 2024; Grimes, P. & A. dela Cruz (2021). *Disability-Inclusive Education Practices in Maldives*. UNICEF Regional Office for South Asia: Nepal, Kathmandu.

⁴²⁴ Ibid, 2024.

⁴²⁵ Ministry of Environment and Energy (2015). *Maldives Climate Change Policy Framework 2015-2025*. Ministry of

- Foster and guide a national plan of action to address the effects of climate change to ensure the quality of life of Maldivians, and opportunities for sustainable development.
- Set strategic priorities for scaling up the commitments of the government to respond to the adverse impact of climate change.
- Promote a coordinated approach among all national stakeholders to strengthen the capacity of Maldives to reduce current and projected climate change impacts and risks, such as the risk of loss of land and life, and of economic disruption and damage to the environment and property, and to alleviate poverty in vulnerable groups and islands.
- Build and strengthen existing policies, plans and institutional structures, and incorporate those into every sector's development and implementation plans for addressing issues of climate change.

The MCCCCPF recognizes that all sectors of development, including the government, civil society and the public have a role to play in addressing issues of climate change. Yet, in 2022, the UN Working Group on discrimination against women and girls expressed concern that there was a lack of gender perspective in the MCCCCPF, particularly given the heightened risks faced by women due to climate change, environmental degradation and their lack of participation in decisions concerning the development of infrastructure.⁴²⁷ Women's lack of participation has reportedly contributed to precarious environmental conditions leading to poor health outcomes, food insecurity, a higher burden of care work, and loss of livelihoods for women. Considering that women are disproportionately impacted by disaster, the UN Working Group encouraged mainstreaming a strong gender component in disaster responses.⁴²⁸

More recently, GoM ratified the Climate Emergency Act (Law No. 9/2021) and Maldives Energy Act (Law No. 18/2021). The Climate Emergency Act stipulates actions to address the climate emergency, resulting from the swift acceleration of the severity of the repercussions from climate change. The Act introduces the legal structure and guidelines for addressing issues and concerns related to climate change, including reporting, ensuring the sustainability of natural resources, overcoming negative impacts and allocation of funds for renewable energy sources. It also includes a complete framework for Maldives' ambitious plan to achieve net-zero carbon emissions by 2030.⁴²⁹

The Climate Emergency Act also charges the President to appoint a Special Envoy for Climate Change to serve as Maldives' international advocate against climate change. The Special Envoy for Climate Change would represent the Maldives globally in creating diplomatic ties, strengthening multilateral relationships in alignment with climate goals, and acquisition of foreign aid for projects related to climate change, environmental sustainability and renewable energy.⁴³⁰

The Maldives Energy Act establishes a legal framework of standards and laws for the provision of energy in the Maldives, and deals with both the production and consumption of energy. This Act covers enhancing energy in order to establish energy services that are sustainable and safe for the environment. In keeping, the Act stipulates tolerance for climate change and awareness of the carbon footprint, indicating measures to reduce expenditures and promote greener methods and technologies for generating and disseminating energy, and the transition to a renewable energy-based economy. It further outlines regulations for taking action against individuals who intentionally damage energy resources and services, and against inadequate energy service providers.⁴³¹

Maldives has environmental laws in place to protect and preserve the natural environment and its resources.. In particular, the Environment Protection and Preservation Act of Maldives (Law No. 4/93) establishes the natural environment and its resources as a national heritage that needs to be protected and preserved for the benefit of future generations. The Act recognizes that protection and preservation of land and water resources, flora and

Environment and Energy: Male', Maldives. Retrieved on 16 May 2025 from: [Maldives: Climate change policy framework \(2015 - 2025\) | PreventionWeb](#)

⁴²⁶ Ibid, 2015.

⁴²⁷ United Nations Human Rights Special Procedures. UN Working Group on discrimination against women and girls, 22 September 2022. Retrieved on 16 May 2025 from: [Microsoft Word - UN WGDaw End of Mission Statement_final Maldives E.docx](#)

⁴²⁸ Ibid, 2022.

⁴²⁹ President ratifies Climate Emergency Act. The President's Office, 18 May 2021. Retrieved on 16 May 2025 from: [President ratifies Climate Emergency Act - The President's Office](#)

⁴³⁰ Ibid, 2021.

⁴³¹ Ibid, 2021.

fauna, and beaches, reefs, lagoons and all natural habitats that are important for the sustainable development of Maldives.⁴³²

HEALTH SYSTEM AND SERVICES

Health Policies and Structure

Maldives health system is led by MOH, which is responsible for policy, planning and oversight, with district authorities handling implementation. Maldives' national health services system is governed by the Health Services Act (Act No. 29/2015)⁴³³ and 2024 Amendment⁴³⁴, coupled with the Health Care Profession Act (Act No. 13/2015) which provides guidelines on practicing of health care profession.⁴³⁵ Other key pieces of legislation include the Food Safety Act (Act No. 2024) and the Tobacco Control Act (Act No. 15/2010), coupled with the 2024 Amendment⁴³⁶ 2005 Amendment, which introduced a generational tobacco ban, which prohibits the sale, purchase and use of tobacco products for individuals born on or after 1 January 2007.⁴³⁷

There are also key MOH policies, plans and standards that guide the delivery of health services include, *inter alia*:

- Maldives Health Master Plan 2016-2025⁴³⁸
- Maldives Health Care Quality Standards 2016-2025⁴³⁹
- National Patient Safety Framework Ensuring Quality & Safety⁴⁴⁰
- National Multi-Sectoral Action Plan for the Prevention and Control of NCDs in Maldives 2023-2031⁴⁴¹
- Maldives National Reproductive Maternal, Newborn, Child and Adolescent Health (RMNCAH) Strategy and Action Plan 2020-2025⁴⁴²
- National Master Plan on Thalassemia Prevention, Control and Management 2024-2034⁴⁴³
- National Mental Health Policy 2015-2025⁴⁴⁴
- Maldives Mental Health Strategic Action Plan 2025-2029⁴⁴⁵
- Central and Regional Mental Health Services Development Plan 2022-2025⁴⁴⁶

⁴³² Environment Protection and Preservation Act of Maldives (Law No. 4/93). Retrieved on 16 May 2025 from: [law](#)

⁴³³ Health Services Act of the Maldives, Law Number: 29/2015, Gazette Date: 7/09/2015. Retrieved on 31 March 2025 from: [Microsoft Word - MDV01-LAW-2015-eng-330215493-1. Health Service Act Clean Copy.docx](#)

⁴³⁴ President ratifies the 1st amendment to the Health Service Act. The President's Office, 3 September 2024. Retrieved on 17 July 2025 from: [President ratifies the 1st amendment to the Health Service Act - The President's Office](#)

⁴³⁵ Health Care Profession Act, Law Number 13/2015, Gazette Date: 13 March 2025. Retrieved on 31 March 2025 from: [Healthcare professional Act \(13/2015\) – Maldives Medical and Dental Council](#)

⁴³⁶ President ratifies 1st Amendment to Tobacco Control Act. The President's Office, 13 November 2024. Retrieved on 17 July 2025 from: [President ratifies 1st Amendment to Tobacco Control Act - The President's Office](#)

⁴³⁷ President decides to implement generational tobacco ban for all individuals born on or after January 1, 2007. The President's Office, 13 April 2025. Retrieved on 17 July 2025 from: [President decides to implement generational tobacco ban for all individuals born on or after January 1, 2007 - The President's Office](#)

⁴³⁸ Maldives Health Master Plan 2016-2025: For Our Nation's Health. MoH: Male, Maldives. Retrieved on 31 March 2025 from: [proposed draft health master plan 2016-2025.pdf](#)

⁴³⁹ Ibid.

⁴⁴⁰ National Patient Safety Framework Ensuring Quality & Safety. MoH: Male., Maldives. Retrieved on 31 March 2025 from: [mnl4ppkd.pdf](#)

⁴⁴¹ National Multi-Sectoral Action Plan for the Prevention and Control of Noncommunicable Diseases in Maldives 2023-2031. MoH: Male', Maldives. Retrieved on 3 April 2025 from: [Health - National Multi-sectoral Action Plan for the Prevention and Control of Noncommunicable Diseases in Maldives \(2023- 2031\)](#)

⁴⁴² Maldives National Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Strategy and Action Plan 2020-2025. MoH: Male', Maldives. Retrieved on 3 April 2025 from: [o4bszjk3.pdf](#)

⁴⁴³ National Master Plan on Thalassemia Prevention, Control and Management 2024-2034. Retrieved on 3 April 2025 from: [Health - National master plan on thalassemia prevention, control and management 2024 - 2034](#)

⁴⁴⁴ National Mental Health Policy 2015-2025. MoH: Male', Maldives. Retrieved on 3 April 2025 from: [zae5c6sf.pdf](#)

⁴⁴⁵ Maldives launches Mental Health Strategic Action Plan 2025-2029. MMTV, 27 February 2025. Retrieved on 17 July 2025 from: [Maldives launches Mental Health Strategic Action Plan 2025-2029](#)

⁴⁴⁶ Central and Regional Mental Health Services Development Plan 2022-2025. MoH: Male', Maldives. Retrieved on 3 April 2025 from: [Central and Regional Mental Health Services Development Plan 2022-2025](#)

In Maldives, health services are delivered by a four-tier referral system which is comprised of island, atoll, regional and central-level health services. The Indira Gandhi Memorial Hospital in Malé serves as the tertiary referral hospital. There are 6 regional and 14 atoll hospitals in strategic locations that serve as the first referral, whereas each of the inhabited islands has a fully functional health centre. Maldives continues to rely heavily on expatriate health professionals, who accounted for 27 percent of health personnel in 2021, including 22 percent of health personnel in the public health sector (18 percent of health personnel in Malé and 25 percent in the atolls) and 45 percent in the private health sector.⁴⁴⁷

Table 5.1 highlights national policies and programmes on child and adolescent health adopted by GoM, including: operational, multi-sectoral national NCD policy, strategy or action plan that integrates several NCDs and their risk factors; operational policy, strategy or action plan to reduce physical inactivity; national adolescent health programme; national policy/law on minimum age for purchase or consumption of alcoholic beverages; national policy/law to prohibit the sale of tobacco products to minors; and plan or strategy for child and adolescent mental health. The government has yet to establish a national policy to prohibit selling of unhealthy food and sweetened beverages in or close to schools.

Table 5.1 National policies and programmes on child and adolescent health		
Operational, multi-sectoral national NCD policy, strategy or action plan that integrates several NCDs and their risk factors		
Operational policy, strategy, action plan to reduce physical inactivity		
National adolescent health programme		
National policy to prohibit selling unhealthy food and sweetened beverages in or close to schools		
National policy/law designating an appropriate minimum age for purchase or consumption of alcoholic beverages		
National policy/law to prohibit sale of tobacco products to minors		
Plan or strategy for adolescent mental health		
Plan or strategy for child mental health		
Colour Code	Yes	
	No	

Source: Retrieved on 2 April 2025 from: [Adolescent health dashboards country profiles – UNICEF DATA](#)

Table 5.2 shows that GoM has established contraceptive service and mental health services with no legal age limits for unmarried adolescents to access without parental/legal consent, but has yet to establish HIV testing and counselling without parental/legal consent.

Table 5.2. No legal age limit for unmarried adolescents to access services without parental/legal consent		
Contraceptive services (except sterilization)		
HIV testing and counselling		
Mental health services		
Colour Code	Yes	
	No	

Source: Retrieved on 2 April 2025 from: [Adolescent health dashboards country profiles – UNICEF DATA](#)

Table 5.3 shows that GoM has exempted user fees for adolescents on contraceptives, HIV testing and counselling, mental health care, rehabilitation for substance abuse, and testing and treatment of STIs. In addition, in 2019, the HPV vaccine was introduced into the national immunization schedule, initially targeting girls ages 10–15 years through a school-based campaign, but in 2020, was integrated into the routine immunization schedule. The government continues to provide the HPV vaccine at no charge to all 10-year-old girls, with catch-up doses available for free up to age 15.

⁴⁴⁷ Maldives Bureau of Statistics. *Statistical Yearbook of Maldives 2023*. Retrieved 31 March 2025: [Statistical Yearbook 2023](#)

Table 5.3. User fee exemptions for adolescents		
Contraceptives		
HIV testing and counselling		
Mental health care		
Rehabilitation for substance abuse		
Testing and treatment of STIs		
Vaccination for HPV		
Colour Code	Yes	
	No	

Source: Retrieved on 2 April 2025 from: [Adolescent health dashboards country profiles – UNICEF DATA](#)

Finally, **Table 5.4** shows that GoM has yet to establish taxation for sugar-sweetened beverages. Taxation for beer, spirits and wine is not applicable in Maldives, where alcohol sales are restricted due to the state religion of Islam.

Table 5.4. Taxation of sugar-sweetened beverages and alcohol		
Sugar-sweetened beverages		
Beer		
Spirits		
Wine		
Colour Code	Yes	
	No	
	Unknown	

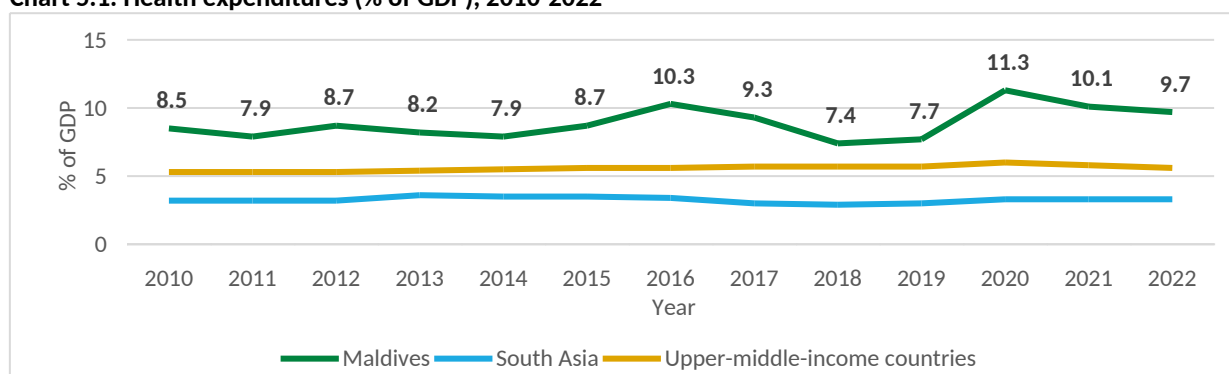
Source: Retrieved on 2 April 2025 from: [Adolescent health dashboards country profiles – UNICEF DATA](#)

Health Financing

Mobilizing national resources for children and adolescents is critical to ensuring sustainable and equitable impact on the lives of children and adolescents; this requires influencing national budget processes. To understand how best to leverage resources for children and adolescents it requires a closer look at spending in the health sector. For the rights of children and adolescents to be fully achieved, sustainable resources that yield sustainable results for children and adolescent health, as well as maternal health are important.

UNICEF often analyses social sector expenditures to enable and empower governments to make better informed decisions to strengthen policy and programme implementation for children and adolescents, which is critical during times of economic set-back, such as during the COVID-19 pandemic. Health expenditures include all expenditures for the provision of health services, family planning activities, nutrition activities and emergency aid designate for health. Health financing is a critical component of health systems.⁴⁴⁸

Chart 5.1. Health expenditures (% of GDP), 2010-2022



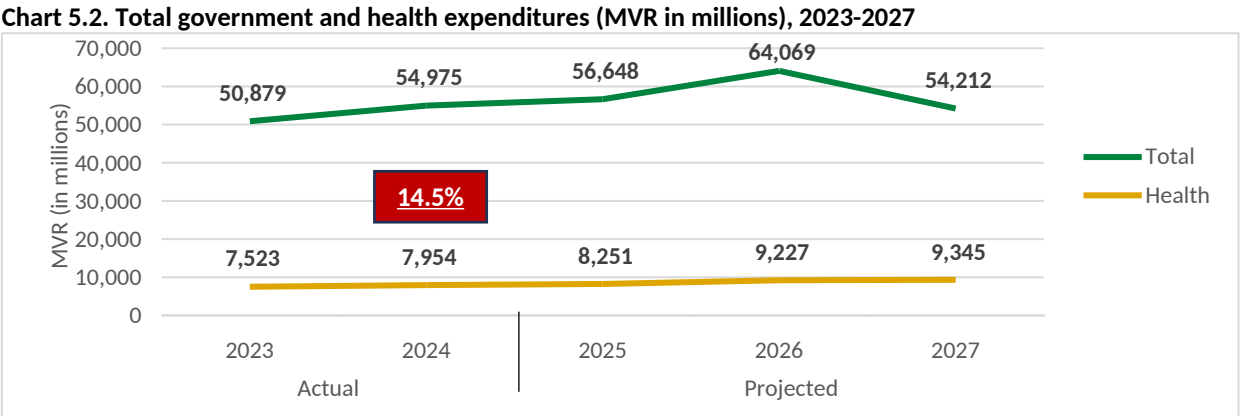
Source: Retrieved on 17 July 2025 from: [Current health expenditure \(% of GDP\) - Maldives | Data](#); [Current health expenditure \(% of GDP\) - South Asia | Data](#); [Current health expenditure \(% of GDP\) - Upper middle income | Data](#)

Chart 5.1 focuses on health expenditures as a percent of the GDP. In 2019, prior to the COVID-19 pandemic, Maldives health expenditures were 7.7 percent of the GDP. As a result of the COVID-19 pandemic, health

⁴⁴⁸ Retrieved on 17 July 2025 from: [Health expenditure](#)

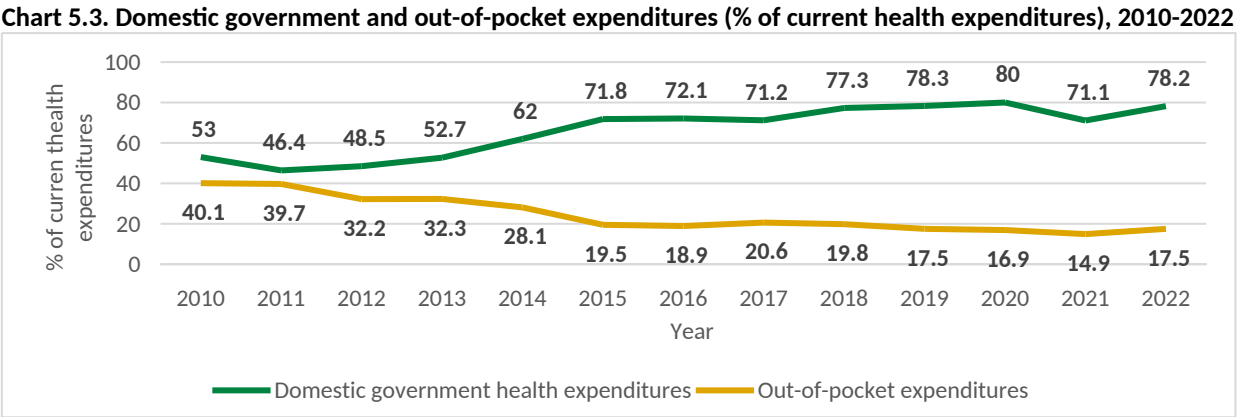
expenditures dramatically increased to 11.3 percent of the GDP in 2020 and 10.1 percent in 2021, after which it declined to 9.7 percent in 2022. From 2010-2021, Maldives' health expenditures as a percent of GDP has been higher than the averages for South Asia and upper-middle-income countries.

Chart 5.2 shows that in 2023, there was a total of MVR 7.5 million expenditures in the health sector, which covers public health care provision and financial assistance in accessing health care, and this increased to nearly MVR 8.0 million in 2024, representing a 5.7 percent increase in health expenditures from 2023-2024 (i.e., 14.5 percent of total government expenditures in 2024). In 2025, it was projected that health expenditures would amount to MVR 8.3 million, representing a 3.7 percent increase in health expenditures from 2024-2025 (i.e., 14.6 percent of total government expenditures in 2025). It is concerning that fewer than one percent of health expenditure go to primary health care and prevention.⁴⁴⁹



Source: Ministry of Finance. Retrieved on 30 May 2025 from: [Government Budget - Home](#)

Chart 5.3 shows that domestic government health expenditures accounted for only 53 percent of health expenditures in 2010. Overtime domestic government health expenditures has steadily increased and peaked at 80 percent in 2020, during the COVID-19 pandemic. In 2021, the proportion of domestic government health expenditures dropped to 71.6 percent, but then increased to 78.2 percent in 2022. It is also notable that out-of-pocket expenditures⁴⁵⁰ dropped from 40.1 percent of health expenditures in 2010 to a low of 14.9 percent in 2021, but then increased to 17.5 percent in 2022. Protecting people from financial hardship due to out-of-pocket health costs is fundamental to achieving health for all.⁴⁵¹



Source: Retrieved on 17 July 2025 from: [Domestic general government health expenditure \(% of current health expenditure\) - Maldives | Data](#) and [Out-of-pocket expenditure \(% of current health expenditure\) - Maldives | Data](#)

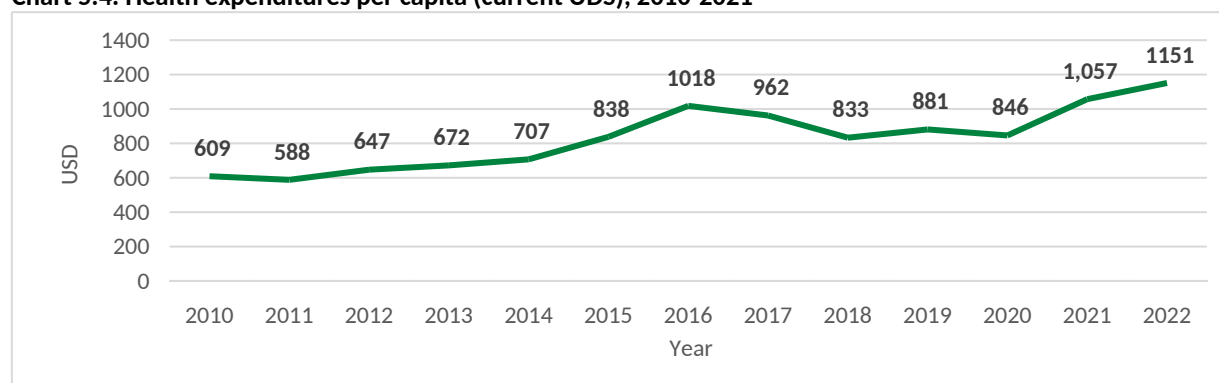
⁴⁴⁹ Ministry of Health (2022). *PHC Plus Investment Case: Primary Health Care for Universal Health Coverage*. MOH & UNICEF: Male', Maldives.

⁴⁵⁰ Out-of-pocket expenses are costs paid directly by households. that an individual is responsible for paying using their own money, without reimbursement from insurance providers or other third partners.

⁴⁵¹ New WHO report reveals governments deprioritizing health spending. WHO, 12 December 2024. Retrieved on 9 April 2025 from: [New WHO report reveals governments deprioritizing health spending](#)

Chart 5.4 shows that health expenditures per capita increased by 89 percent from USD 609 in 2010 to USD 1,151 in 2022.

Chart 5.4. Health expenditures per capita (current UDS), 2010-2021



Source: Retrieved on 17 July 2025 from: [Current health expenditure per capita \(current US\\$\) - Maldives | Data](#)

Service Availability, Resilience and Responsiveness to Children and Adolescents Evolving Needs (Bottlenecks and Barriers)

The MOH has faced challenges with high turnover and assuring the quality of the healthcare workforce, as well as managing logistics and supplies across health facilities in the atolls and islands.⁴⁵² In recent years, MOH has explored and invested in using ICT in the health sector to strengthen the national health care system.⁴⁵³

In 2022/2023, with support from the WHO, MOH conducted a Harmonized Health Facility Assessment (HHFA), which found:⁴⁵⁴

- **There are disparities in healthcare infrastructure between Malé and the atolls.** While the atolls have a relatively higher density of health facilities and hospitals, Malé suffers from a critical shortage of health facilities and hospitals, compared to the population it caters to in the GMA. For more than 10,000 people, about three health facilities exist in the country (Map 5.1).
- **Nearly all health facilities (93 percent) have at least one area where services can be provided to a person in a wheelchair in the outpatient department (OPD) area,** although there is almost no access to grab bars to help people with mobility limitations; only one percent of health facilities had grab bars and two percent of health facilities had at least one functional toilet for patients with disabilities, and handwashing materials within five metres of the toilet in the OPD service area.⁴⁵⁵
- **For every 10,000 population, there are 21 physicians working in the country.** The number of physicians (medical doctors, non-specialists) available per 10,000 population in Malé is below the national average. The availability of non-physical paramedical practitioners per 10,000 population is low at 2.43. Paramedical practitioners are defined as practitioners who have specific training in providing a limited package of general clinical services.⁴⁵⁶
- **Public health workers are an important to the health workforce and the delivery of preventive health care services, including childhood immunization and growth monitoring,** however, the number of public health workers, including community and family health workers, in the health workforce is low at 5.3 per 10,000 population. The highest density of public health workers is in Meemu Atoll and lowest in Faafu Atoll and Malé low, compared to the number of medical doctors and nurses.⁴⁵⁷

⁴⁵² WHO Maldives Country Cooperation Strategy at a glance, 2018. Retrieved on 31 March 2025 from: [ccsbrief_mdv_en.pdf](#)

⁴⁵³ Ibid, 2018.

⁴⁵⁴ Ministry of Health & WHO (2023). *Harmonized Health Facility Assessment (HHFA): Maldives 2022/2023*. MOH: Male, Maldives. Retrieved on 31 March 2025 from: [tskuOuqp.pdf](#)

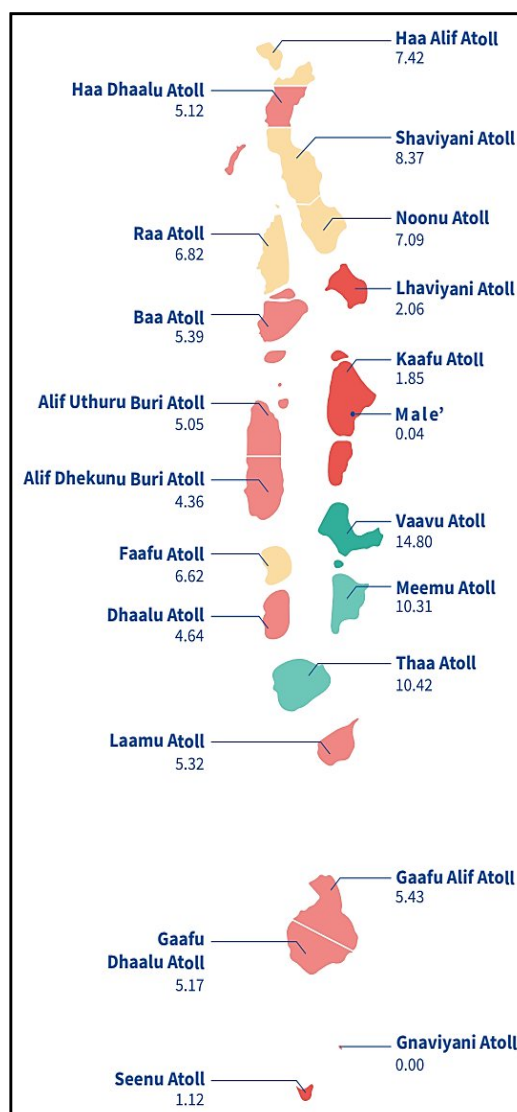
⁴⁵⁵ Ibid 2023.

⁴⁵⁶ Ministry of Health & WHO (2023). *Harmonized Health Facility Assessment (HHFA): Maldives 2022/2023*. MOH: Male, Maldives.

⁴⁵⁷ Ibid, 2023.

- **There are more nurses (including nurse-midwives) in the core healthcare workforce, compared to other healthcare professionals.** In Maldives, there are an estimated 47 nurses and nurse-midwives for 10,000 people. In more than half the atolls and in Malé the number of nurses is above the national average.⁴⁵⁸
- **RMNCAH services offered vary by type of services.** Family planning (97 percent) is the most frequently offered service at health facilities. Paediatric preventive and curative services are offered at 89 percent of the facilities and ANC is provided at 88 percent of the facilities. It is notable that 15 percent of health facilities do not provide any adolescent health services.⁴⁵⁹
- **Almost all health facilities (99 percent) provide vaccination to infants, adolescents and adults.**⁴⁶⁰
- **The majority of health facilities (87 percent) provide services with regard to communicable diseases and are prepared with services needed for a communicable disease outbreak,** and nearly two-thirds of health facilities provide services for dengue fever. The least offered services at health facilities with regard to communicable diseases include support services related to HIV/AIDS, although the prevalence of HIV is low in Maldives. Treatment services for other communicable diseases, such as malaria and leprosy are minimal, given the fact that malaria has been eliminated from the country and leprosy is no longer regarded as a public health burden.⁴⁶¹
- **Most health facilities (97 percent) provide chronic NCD services,** and most health facilities can provide services in relation to common diseases within the population, such as diabetes, chronic respiratory disease and cardiovascular diseases.⁴⁶² This is important given that Maldives has an increased burden of NCDs. NCDs account for 85 percent of all deaths in Maldives, making it among the top-five leading causes of death.
- **Demand for mental health services has increased in recent years, yet only 59 percent of health facilities provide mental health services,** including counselling or specialist services. In Malé, 80 percent of health facilities offer mental health services, where only 58 percent of atolls offer mental health services.⁴⁶³
- **The majority of health facilities (77 percent) provide services for victims of violence,** including victims of GVB and domestic violence, including intimate partner violence, as well as services for youth violence. Services for child abuse are provided at 70 percent of health facilities.⁴⁶⁴

Map 5.1. Number of primary health facilities per 10,000 population



Source: MoH and WHO (2023). *Harmonized Health Facility Assessment (HHFA): Maldives 2022/2023*. MoH: Male, Maldives.

⁴⁵⁸ Ministry of Health & WHO (2023). *Harmonized Health Facility Assessment (HHFA): Maldives 2022/2023*. MOH: Male, Maldives.

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⁴⁶⁰ Ibid, 2023.

⁴⁶¹ Ibid, 2023.

⁴⁶² Ibid, 2023.

⁴⁶³ Ibid, 2023.

⁴⁶⁴ Ibid, 2023.

Despite improvements to the national healthcare system, Maldivians still face challenges accessing health care given the lack of healthcare facilities and doctors, nurses and other healthcare professionals. Many Maldivians have to travel long distances to Malé if they have major health issues or need to specialized healthcare. The country only has three tertiary hospitals and one is a public hospital, so persons from local islands are regularly forced to spend a significant amount of money on travel to get needed health care and laboratory work.

Given this reality, the Public Sector Investment Programme (PSIP) includes plans to improve the national health system, including government spending on the health sector.⁴⁶⁵ Although government spending on the health sector has increased in recent year, in 2023, the plan was to include MVR 7,249 million in spending to improve the health sector infrastructure. Plans include more than just strengthening existing hospitals, but also construct tertiary-level hospitals in both Kulhudhuffushi and G.Dh Thinadhoo City. In addition, the government has plan to improve the quality of health services provided in L. Gan, G.Dh Thinadhoo and R. Ungooaaruu. The government also plans to develop hospitals in bigger cities with funding from the national budget, Kuwait Fund and loans taken from the Exim Bank of India.⁴⁶⁶

In April 2025, the President of Maldives emphasize the importance of investing in preventive healthcare and prioritised measures to facilitate better public health, including sports and exercise.⁴⁶⁷

Key Priorities for Children and Adolescents in the Health Sector

Based upon the abovementioned barriers and challenges within the healthcare system, the key priorities for children and adolescents include, but are not limited to:

- Strengthen the primary health care system at the community level and the focus on preventative healthcare, this includes increasing health expenditures on primary health care and prevention.
- Invest in health promotion – process of enabling people to increase control over and improve their health – and community outreach, and making primary health care services more child-centred.
- Address the overburdened health care system, which results in a backlog in healthcare provision and long waiting lists to receive needed healthcare, including preventive and specialized care, including mental health services.
- Increase the number of public/community health workers as recommended in the primary health care plus investment case.
- Increase the number of general and specialized doctors, particularly paediatricians and health professionals who specialize in ECD monitoring and screening, and adolescent medicine specialists.
- Increase the capacity of health professionals to address myths and misconceptions around vaccines to counteract anti-vaccine messaging that parents and expecting parents are exposed to, in an effort to sustain high childhood immunization coverage rates.
- All health care facilities have health workers who are trained to monitor child growth, particularly height and weight of children under-five, however, they are not necessarily trained to conduct early childhood developmental monitoring for age-specific physical, cognitive, social-emotional, language and motor skills development up to six years of age.
- Increase the number of mental health professionals, particular those who have expertise in child and adolescent mental health and psychosocial support, and trauma-informed care for child and adolescents who experience adverse childhood experiences.
- Increase the ability of the health care system to address the burden of NCDs that affect children and adolescents (e.g., obesity, diabetes, asthma, mental health conditions, heart disease, cancer and chronic lung disease), and the major risk factors for NCDs (e.g., unhealth diets, physical inactivity, tobacco use, harmful alcohol use and air pollution).
- Strengthen parents knowledge and understanding of the benefits of exclusive breastfeeding in the first six month of a child's life, and improve the practice of exclusive breastfeeding.
- Improve children and adolescent's (and families) access to adequate and affordable nutritious diets, and improve the food environment and marketeting of healthy foods, and regulate marketing of unhealthy foods.
- Strengthen substance abuse prevention, early intervention and treatment for adolescents.

⁴⁶⁵ Planned developments in the health sector. Maldives Financial Review, 3 January 2023. Retrieved on 31 March 2025 from: [2023: Planned evelopments in the health sector | Maldives Financial Review](#)

⁴⁶⁶ Ibid, 2023.

⁴⁶⁷ President reaffirms Government's commitment to preventive healthcare. The President's Office, 2 April 2025. Retrieved on 24 July 2025 from: [President reaffirms Government's commitment to preventive healthcare - The President's Office](#)

- Accelerate and scale-up telehealth to make specialized health care, including preventive health care and mental health services, more accessible to people living in the atolls and islands.
- Need for up-to-date prevalence and surveillance data related to children and adolescents on a wide range of health, nutrition and well-being issues to track and monitor emerging health trends.
- Invest in a public education campaign to prevent youth from starting to use tobacco products, including e-cigarette and cigarette prevention campaigns that focus on the negative health effects and risks of vaping and smoking.

EDUCATION SYSTEM AND SERVICES

Education is a key determinant of individual and social mobility, and an effective remedy for unemployment and chronic poverty.⁴⁶⁸ Prior to the COVID-19 pandemic, the world was facing a learning crisis, and the pandemic brought education systems across countries to a halt, with school closures affecting more than 1.6 billion learners at its peak, including 167 million young children who lost access to ECE.⁴⁶⁹ Globally, an estimated 147 million children missed more than half of their in-person schooling from 2020-2022, and many, especially the most vulnerable, were at-risk of dropping out of school. Even when children remained in school, the amount of learning time lost due to the pandemic was compounded, and where schools tried to keep teaching using remote learning, the socio-economic divide in education became more pronounced.⁴⁷⁰

The GoM has committed to achieving SDG 4, to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all, and its ten SDG targets, including to ensure by 2030 that: all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes (SDG 4.1); all girls and boys have access to quality ECD, care and pre-primary education so that they are ready for primary education (SDG 4.2); equal access for all women and men to affordable and equality technical, vocation and tertiary education, including university (SDG 4.3); increased numbers of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship (SDG 4.4); and more. Quality education is crucial for securing a successful transition to work, yet there are still deficits in Maldives' education system that translate into poor learning outcomes for children and adolescents.

Education Policies and Structures

According to Article 36 of the Constitution, everyone has the right to education without discrimination of any kind. In addition, primary and secondary education should be freely provided by the State, and the opportunity for higher education shall be generally accessible to all citizens. As a result, the government has put in place a robust policy and regulatory framework to guarantee the right to education for all.

The Education Act (Law No. 24/2020) is an important step toward education for all, as it provides a framework for ensuring equal rights and opportunities for children and adults alike, to pursue education, as guaranteed by the Constitution. The Act embraces the fundamental pillars of education, including the rights of students and teachers to education, the responsibilities of the State to educate, and the roles and responsibilities of parents and tutors. The Act also emphasizes the importance of Islamic values within the national curriculum, and ensures that human rights are safeguarded in a manner consistent with Islamic principles.⁴⁷¹ The Education Act stipulates that the Preschool Administrative Act (Law No. 1/2012) would be repealed when the Act came into force at the beginning of the 2021/22 academic year.⁴⁷²

Other key policies, plans and agendas that guide the education sector include:

- Maldives Education Sector Plan 2019-2023⁴⁷³

⁴⁶⁸ UNICEF (2020). *Creating and sustaining successful school-to-work transitions. Generation Unlimited. Global Initiative on Decent Job for Youth*. UNICEF: New York, NY, USA, p. 2; International Labour Organization (2019). *ILO Stat: Spotlight on Work Statistics - From School to Work*. Retrieved on 23 July 2025 from: [From school to work | International Labour Organization](#)

⁴⁶⁹ UNICEF (2022). *Global Area 2: Every Child Learns. Global Annual Results Report 2021*. UNICEF: New York, NY, USA.

⁴⁷⁰ Ibid, 2022.

⁴⁷¹ President Ratifies Education Act. The President's Office, 10 November 2020. Retrieved on 11 April 2025 from: [President Ratifies Education Act - The President's Office](#)

⁴⁷² Ibid, 2020.

⁴⁷³ Maldives Education Sector Plan 2019-2023. Retrieved on 22 May 2025 from: [Education Sector Plan 2019-2023 | UNICEF Maldives](#)

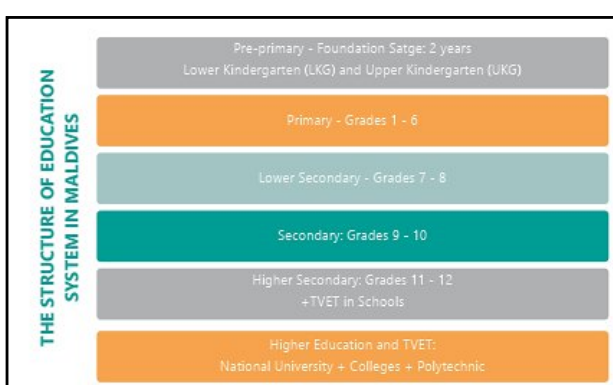
- Inclusive Education Policy, 2021⁴⁷⁴
- ICT in Education Master Plan 2 2021-2024⁴⁷⁵
- ICT in Education Master Plan 3 (forthcoming)⁴⁷⁶
- Education Transformation Agenda - Thaiba
- National TVET Policy Framework (forthcoming)⁴⁷⁷

Maldives' No Child Left Behind Policy is also committed to providing inclusive, high-quality learning opportunities tailored to the unique needs of every child, to enable them to reach their full potential. This Policy offers 14 years of free education, starting at the age of two and above with pre-primary education and continuing through higher secondary education until the age of 18 or 19 years. The policy also includes a compulsory ten-year cycle, spanning from grades 1 to 10. The No Child Left Behind Policy also establishes that all school-aged children are guaranteed unfettered access to education, free from any form of discrimination.⁴⁷⁸

MOE is legally mandated to ensure that all children of formal school-age are enrolled in school and provided with free educational opportunities. Consequently, children of primary and lower secondary school age ranging from 6-15 years are expected to be registered in a school or educational system.⁴⁷⁹

Figure 5.1 shows that Maldives' education system is comprised of:

- Pre-primary education, 2 years, lower and upper kindergarten (ages 4-5)
- Primary education, 6 years, grades 1-6 (ages 6-11)
- Lower secondary education, 2 years, grades 7-8 (ages 12-13)
- Secondary education, 2 years, grades 9-10 (ages 14-15)
- Higher secondary education, 2 years, grades 11-12 + TVET in school (ages 16-17)
- Higher education and TVET



MOE reported there were a total of 218 government schools in Maldives as of 1 September 2024, which served at least 80,930 students and employed at least 2,667 normal contract teachers (qualified teachers).⁴⁸⁰ Based upon these data, on average, there are 30.3 students for each one normal, qualified contract teacher. MOE reported there were an additional 7,427 teachers, including permanent teachers (qualified teachers) and relief teachers, which accounted for an estimated total of 10,094 teachers as of 1 September 2024.⁴⁸¹

Maldives has been making significant progress in advancing education in line with national policies and achieving education development outcomes. Still, however, MOE faces challenges delivering education to all, including:⁴⁸²

- Provision of equitable access to education, especially for children with complex learning profiles
- Quality of education and limited teacher capacity
- Few adolescents transition to higher secondary education
- Limited number of higher secondary schools
- Learning gaps among students

⁴⁷⁴ Inclusive Education Policy (2021). Ministry of Education, Male', Maldives. Retrieved on 19 July 2025 from: [INCLUSIVE EDUCATION POLICY \(2021\)](#)

⁴⁷⁵ Ministry of Education (2021). ICT in Education Master Plan 2. Ministry of Education: Male' Maldives. Retrieved on 19 May 2025 from: [ICT Master Plan 2.pdf](#)

⁴⁷⁶ In 2024, GoM began the process of developing a ICT in Education Master Plan 3. See, Workshop to Finalize ICT in Education Master Plan 3 Begin!. Ministry of Education, 2 December 2024. Retrieved on 19 May 2025 from: [Ministry of Education | Official Website](#)

⁴⁷⁷ In 2024, GoM began the process of developing a National TVET Policy Framework. Retrieved on 19 May 2025 from: [Development of Maldives National TVET Policy Framework](#)

⁴⁷⁸ Retrieved on 8 April 2025 from: [Education Census-2022 Report.pdf](#)

⁴⁷⁹ Maldives Bureau of Statistics (2023). *Education Status of the Population: An analysis from Census 2022*. Maldives Bureau of Statistics: Male, Maldives, p. 57.

⁴⁸⁰ Retrieved on 11 April 2025 from: [Ministry of Education | Official Website](#)

⁴⁸¹ Retrieved on 11 April 2025 from: [Ministry of Education | Official Website](#)

⁴⁸² UNICEF (2021). *Situation Analysis of Children and Youth in Maldives*. UNICEF: Male', Maldives; see also, Education: Because every child deserves to learn. Retrieved on 12 April 2025 from: [Education | UNICEF The Maldives](#)

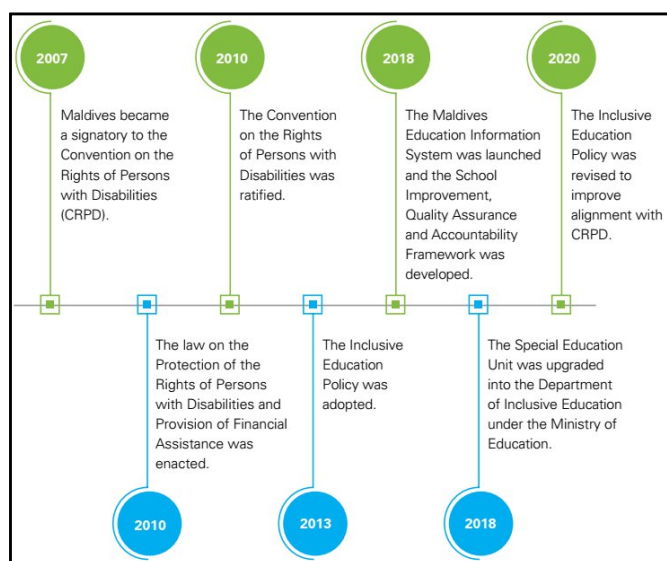
- Facilitating a learning environment to ensure the provision of a holistic education
- Strengthening education governance
- Integrating TVET into the school system
- Strengthening the EMIS

Other challenges facing schools relate to infrastructure; many schools need additional buildings and classrooms. In fact, some schools are required to offer pre-primary, primary and secondary education in the same buildings, with children attending at different times of the day. In addition, nearly 20 percent of schools need toilets to be refurbished and/or need separate toilets for girls and boys.⁴⁸³

Inclusive Education

The GoM has committed to promoting access to and retention in formal education for all children and learners, while taking into account diverse circumstances, including children with complex learning profiles, including disabilities. This commitment has been implemented through several policies and programmes that foster inclusivity. Data related to inclusive education, however, are limited (see Chapter 3, Inclusive Education).

The Inclusive Education Policy was adopted in 2013, and updated in 2021, after the enactment of the Education Act of 2020, to ensure greater alignment with the CRPD. The revision marked a repositioning of the policy from special needs to inclusive education and a move away from the medical model.⁴⁸⁴ Under the new policy, students with special educational needs are no longer referred to as students with complex learning profiles. The policy addresses the need to create a positive and supportive environment without exception; this requires moving from a segregated to an inclusive system of education. The policy highlights the need to provide education to children with complex learning profiles, including disabilities, within mainstream classes.⁴⁸⁵ Despite this policy shift, implementation remains inadequate.⁴⁸⁶



Children with disabilities are assessed and categorized according to the severity of their disability – from mild, moderate, severe to profound disability – using a growth monitoring care to determine the education provision suited for them. Children's placement in educational institutions depends largely on the severity of their disability. For instance, children with mild to moderate disabilities that have potential are placed in a special programme to prepare them for mainstream education.⁴⁸⁷

A few years ago, there were three schools in Maldives that provided specialized education and support for children with disabilities, such as autism and visual and hearing impairments. These schools were pilot SEN schools supported by UNICEF and developed as disability-specific national hubs. SEN pilot schools were located in Malé, which posed access problems for children with disabilities in the atolls.⁴⁸⁸ Today, such pilot schools no longer exist and all schools are considered inclusive schools; thus, autistic, deaf and hearing-impaired children have been integrated into mainstreamed schools. The challenge with this approach is that mainstream schools are not prepared to cater to these students and to offer a meaningful education and learning experience for children with

⁴⁸³ UNICEF (2021). *Situation Analysis of Children and Youth in Maldives*. UNICEF: Male', Maldives; see also, Education: Because every child deserves to learn, p. 8.

⁴⁸⁴ UNICEF (2021). *Disability-Inclusive Education Practices in Maldives*. UNICEF: Male', Maldives. Retrieved on 12 April 2025 from: [Disability-Inclusive Education Practices in Maldives.pdf](#)

⁴⁸⁵ Hameed, A., A. Hassan, A. Shaznie, H.N. Ali & Visal Moosa (2023). *Education for Students with Complex Learning Profiles: Policy Options for Maldives*. KIX EAP Hub/Norrag: Geneva, Switzerland, p.8.

⁴⁸⁶ UNPRPD (2024). *Situation Analysis of the Rights of Persons with Disabilities in Maldives*. UN: Male', Maldives.

⁴⁸⁷ UNICEF (2021). *Disability-Inclusive Education Practices in Maldives*. UNICEF: Male', Maldives.

⁴⁸⁸ Ibid, 2021.

complex learning profiles, as Maldives has a shortage of special education teachers and general education teachers are ill-prepared to teach children with complex learning profiles or to provide them with the special accommodations they require (i.e., extra teaching and learning time, more individualized attention, and learning materials and tools tailored to children's specific needs and abilities).

The physical infrastructure of the majority of schools and other educational institutions, especially in the atolls, are still inaccessible to persons with disabilities. School buildings lack ramps and lifts needed to access classrooms, toilets, prayer rooms and other amenities. Students with disabilities are also unable to join extracurricular activities due to inaccessible playgrounds. Also, resources that enables access to learning in classrooms are unavailable or limited (e.g., assistive technology and devices, sign language interpreters, audiobooks, and more). This has resulted in persons with disabilities not being able to complete a primary or secondary education.⁴⁸⁹

It is also notable that most physical infrastructure at institutions of higher education in Maldives are inaccessible to persons with disabilities. Although some institutions of higher education will arrange reasonable accommodations for persons with disabilities (e.g., during examinations), there is limited written guidance on the provision of reasonable accommodations based upon needs of persons with different types of disabilities; thus, provision of reasonable accommodations for persons with disabilities varies across institutions. Moreover, the burden of ensuring support and accommodations are provided is largely the responsibility of students with the disabilities.⁴⁹⁰

Despite the fact that Maldives has internal policies on inclusive education in primary and secondary schools, and institutions of higher education, accessibility is not considered a priority and is only offered as a temporary solution when the situation arises.⁴⁹¹ There are also no systems in place at either the central or regional levels to monitor children's learning progress, professional development needs of teachers and requisite support services and equipment to respond to the learning needs of students with complex learning profiles, including children with disabilities; this data and information should be integrated into the EMIS; this work is currently underway by MOE.⁴⁹²

Box 5.1. Key recommendation to strengthen disability-inclusive education practices in Maldives

Recommendations for the government

- Review the Inclusive Education Policy and support its implementation with an inclusive education framework and action plan
- Strengthen coordination of disability-inclusive education between departments and ministries, and across levels of the education system
- Build capacity of the teaching force and teacher competency on inclusive education
- Improve data on children with complex learning difficulties, including disabilities
- Strengthen coordination mechanisms and support services for children with complex learning profiles
- Build capacity of relevant stakeholders and increase participation of persons with disabilities
- Apply principles of universal design in building school facilities and infrastructure to ensure they are accessible
- Expand provision of accessible learning materials and adaptive tools for children with complex learning profiles, including disabilities, especially in hard-to-reach areas to ensure that they are not left behind or forgotten
- Strengthen prevention and response mechanisms to violence and discrimination in schools, including gender-based violence and discrimination, and advocate for legislation that protects children with complex learning profiles, including disabilities, from all forms violence and discrimination in schools

Recommendations for development partners

- Advocate for full inclusion of children with complex learning profiles, including disabilities, in education
- Strengthen the capacity of all stakeholders, including parents, community, school administrators and teachers, and government leaders to understand and support disability-inclusive principles, and

⁴⁸⁹ UNPRPD (2024). *Situation Analysis of the Rights of Persons with Disabilities in Maldives*. UN: Male', Maldives; UNICEF (2021). *Disability-Inclusive Education Practices in Maldives*. UNICEF: Male', Maldives.

⁴⁹⁰ UNPRPD (2024). *Situation Analysis of the Rights of Persons with Disabilities in Maldives*. UN: Male', Maldives.

⁴⁹¹ Ibid, 2024.

⁴⁹² UNICEF (2021). *Disability-Inclusive Education Practices in Maldives*. UNICEF: Male', Maldives

provide relevant technical inputs on identifying barriers and solutions that improve the learning experience of children with disabilities

- Support the government to build coordination mechanisms to improve support services for children with complex learning profiles, including disabilities, and for their families

Recommendations for further research

- Review how inclusive leadership can be leveraged in advancing disability-inclusive education and identify challenges, successes and recommendations that can strengthen inclusive leadership in the education system
- Review the teacher education curriculum and training programmes to include competencies key to teaching in diverse environments in alignment with the social model of disability across all subjects
- Evaluate the incentive system for special educators as this may perpetuate the perspective that teaching children with complex learning needs, including disabilities, is an extra responsibility that needs to be rewarded
- Review existing teacher training materials to ensure they include fundamental concepts of equitable inclusive education and practical strategies teachers can easily apply in their classrooms.

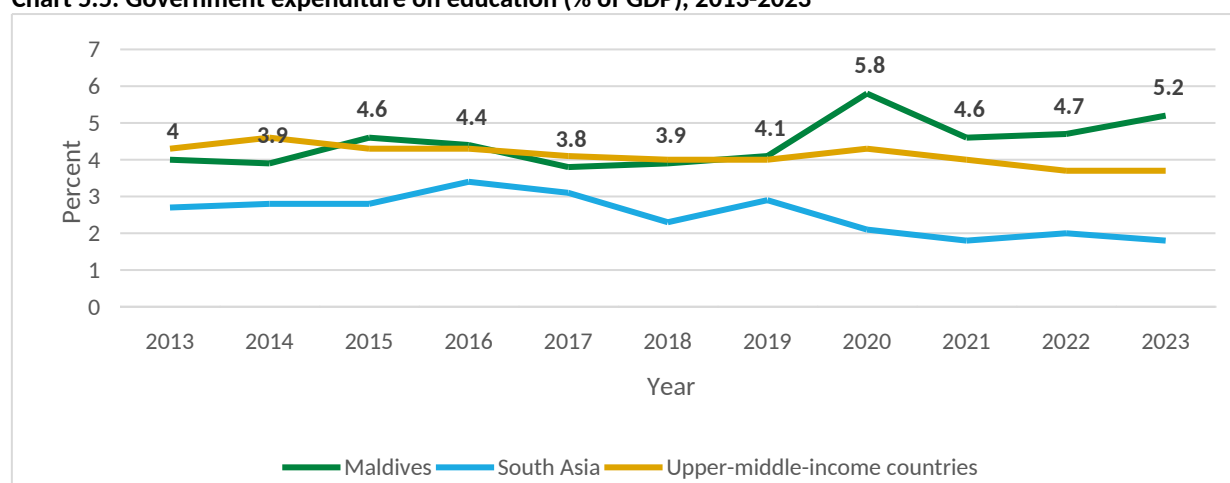
Source: UNICEF (2021). *Disability-Inclusive Education Practices in Maldives*. UNICEF: Malé, Maldives.

Education Financing

Mobilizing national resources for children and adolescents is critical to ensuring sustainable and equitable impact on their lives; this requires influencing national budget processes. To understand how best to leverage resources for children and adolescents is to take a closer look at spending in the education sector. For the rights of children and adolescents to be fully achieved, sustainable resources that yield sustainable results for children and adolescents in education, learning and skills development is crucial.

UNICEF often analyses education expenditures to enable and empower governments to make better informed decisions to strengthen policy and programme implementation for children and adolescents, which is critical during times of economic set-back, such as during the COVID-19 pandemic. Education expenditures refer to the use of government funds to support the education, learning and development of the population; investing in education for children and adolescents today, is indeed an investment in the future and a key driver of economic growth and development of a country.

Chart 5.5. Government expenditure on education (% of GDP), 2013-2023



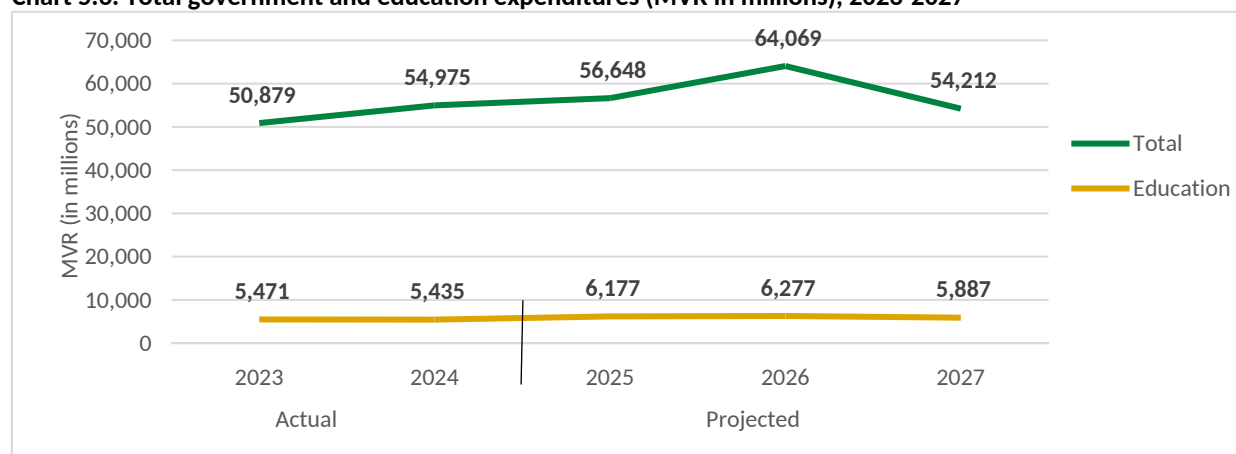
Source: Retrieved on 9 April 2025 from: [Government expenditure on education, total \(% of GDP\) - Maldives | Data](#); [Government expenditure on education, total \(% of GDP\) - South Asia | Data](#) and [Government expenditure on education, total \(% of GDP\) - Upper middle income | Data](#)

Education expenditures presented here are drawn from publicly available data of public expenditure estimates. Expenditures are presented as a proportion of the GDP and current education expenditures. **Chart 5.5** shows that government expenditures on education increased from 4 percent of the GDP in 2013 to a high of 5.8 percent of the GDP in 2020, as a result of the COVID-19 pandemic. By, 2021, government expenditures on education dropped to 4.6 percent of the GDP, but then climbed to 5.2 percent of the GDP in 2023. From 2013-2023, government

expenditures on education, as a percent of GDP, has been higher than the average for South Asia. Since 2020, government expenditures on education, as a percent of GDP, has remained higher than average for upper-middle-income countries.

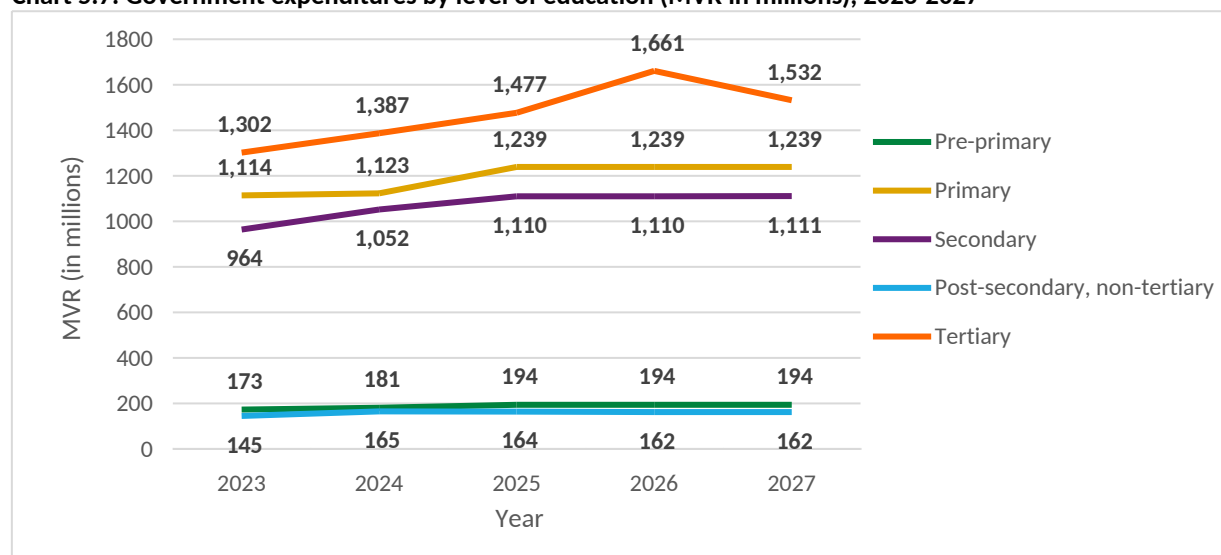
Chart 5.6 shows government expenditures on education, which relate to pre-primary, primary and secondary education, as well as post-secondary and tertiary education, among other expenses. From 2023-2024, government expenditures in the education sector remained at MVR 5.4 million, representing 10.7 percent of total government expenditures in 2023 and 9.8 percent in 2024. In 2025, it was projected that education expenditures would amount to nearly MVR 6.2 million, representing a 13.7 percent increase in education expenditures from 2024-2025 (i.e., 10.9 percent of total government expenditures in 2025). It should be noted that an estimated 80 percent of the education budget is allocated to salaries, 10 percent goes to utilities and 10 percent to teaching and learning activities.⁴⁹³

Chart 5.6. Total government and education expenditures (MVR in millions), 2023-2027



Source: Ministry of Finance. Retrieved on 30 May 2025 from: [Government Budget - Home](#)

Chart 5.7. Government expenditures by level of education (MVR in millions), 2023-2027



Source: Ministry of Finance. Retrieved on 30 May 2025 from: [Government Budget - Home](#)

Chart 5.7 shows that from 2023-2027, the largest portion of education expenditures has been allocated to tertiary education (26 percent in 2024)⁴⁹⁴, followed by primary (21 percent in 2024) and secondary education (19 percent in 2024). Far less has been allocated to pre-primary, post-secondary, non-tertiary education (3 percent each in 2024). It is also notable that in 2024, less than one percent of the MOE programme budget is allocated to equitable

⁴⁹³ These estimates were provided during as part of the consultations for this SitAn.

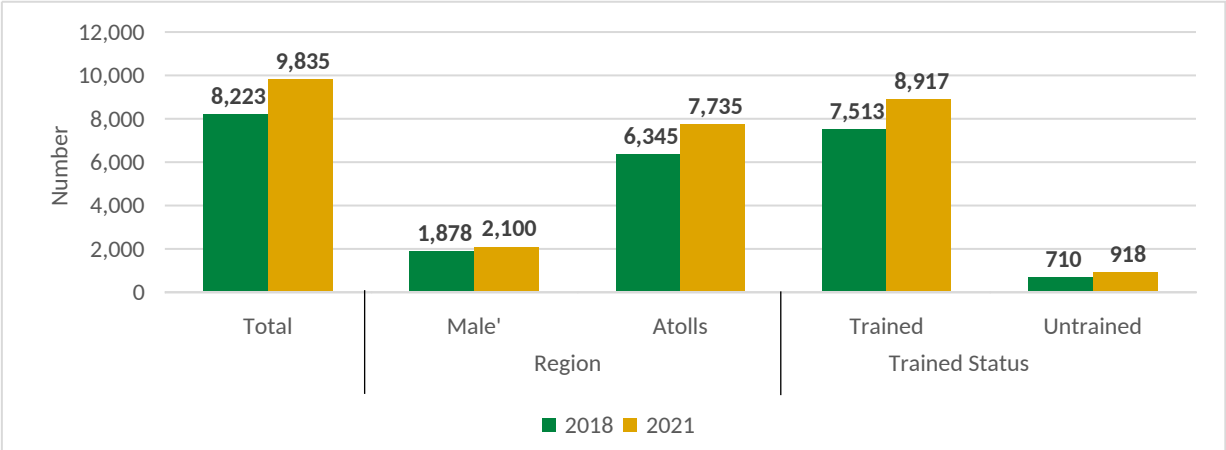
⁴⁹⁴ All citizens below 50 years of age can receive a free first-degree tertiary education (bachelors education), but have to pay for a Masters and PhD.

access and special needs education, including inclusive education and education supervision by the Quality Improvement Division.⁴⁹⁵

Trained Teachers

According to international standards, a trained teacher is one who has received at least the minimum organized pre-service pedagogical teacher training and in-service trainings required for teaching at the relevant level. Training of teachers can have a significant impact on student learning outcomes; however, this only happens when teachers apply new knowledge and skills in classrooms. **Chart 5.8** shows that number of teachers has increased by 20 percent from 8,223 in 2018 to 9,835 in 2021. In 2021, 79 percent of teachers were in the atolls (there was a 22 percent increase in the number of teachers in atolls from 2018-2021) and 91 percent of teachers were trained (there was a 19 percent increase in the number of trained teachers from 2018-2021).

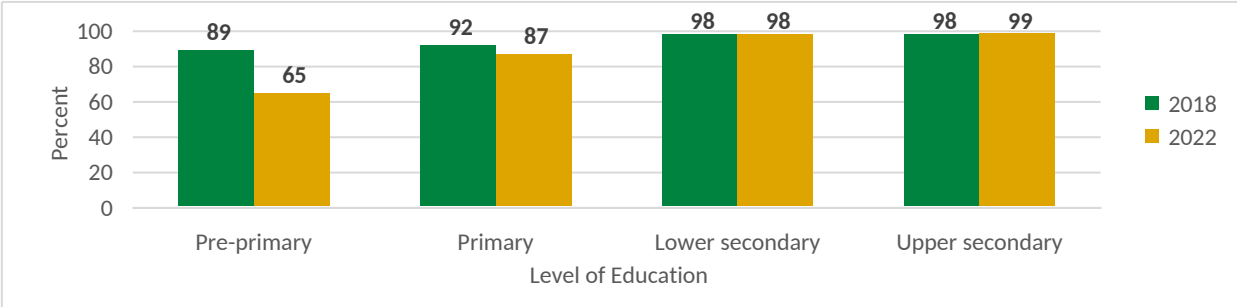
Chart 5.8. Number of teachers by region and trained status, 2018 and 2021



Source: MBS (2024). *Statistical Pocketbook of Maldives 2024*. MBS: Malé, Maldives

In 2022, although the majority of teachers at all levels of education were categorized as trained teachers, there was been a notable decrease in the proportion of trained teachers at pre-primary and primary levels from 2018-2022 (**Chart 5.9**).

Chart 5.9. Trained teachers by level of education (% of total teachers), 2013 and 2023



Note: Retrieved on 10 April 2025 from: [Trained teachers in preprimary education \(% of total teachers\) - Maldives | Data](#); [Trained teachers in primary education \(% of total teachers\) - Maldives | Data](#); [Trained teachers in lower secondary education \(% of total teachers\) - Maldives | Data](#) and [Trained teachers in upper secondary education \(% of total teachers\) - Maldives | Data](#)

In recent years, Maldives has struggled with a shortage of qualified teachers and an absence of new entrants into the profession; as a result, island schools run the risk of being understaff and underserved.⁴⁹⁶ The demands of teaching during the COVID-19 pandemic, including adapting to remote and blended learning, made it difficult for teachers to adapt to the new teaching models; this led some teachers to leave the profession. Teachers also have low salaries, thus rising inflation and increased costs of living have put strains on household budgets, which has

⁴⁹⁵ Retrieved on 15 August 2025 from: [Government Budget - Home](#)

⁴⁹⁶ UNICEF (2021). *Situation Analysis of Children and Youth in Maldives*. UNICEF: Male, Maldives, p. 8.

made it difficult to promote education as a profession of choice.⁴⁹⁷ In 2023, teacher's salaries were increased nearly threefold; thus, today teacher's salaries are deemed adequate.⁴⁹⁸

It is also notable that pupil-teacher ratios are low in Maldives. Teachers in schools often with less than 100 students teach classes of multiple age ranges and simultaneously teach various subjects to learners of differing levels; this limits their ability to provide age-appropriate and quality education, especially when they are required to teach subjects they have not been trained to teach.⁴⁹⁹ Today, MOE is implementing a national strategy to address the teacher shortages in critical subject areas and the shortage of teachers in remote islands; the strategy involves a scheme to provide stipends to incentive the entry of 270 trainees into the teaching profession.⁵⁰⁰

Given this context, it is not surprising that literacy and numeracy learning outcomes are low for students at grades 2, 3 and 6, the proportion of students who pass O' level examines, and transition from lower to higher secondary education (See Chapter 3, Education Access and Learning).

Key Priorities for Children and Adolescents in the Education Sector

Based upon the abovementioned barriers and challenges within the education system, the key priorities for children and adolescents include, but are not limited to:

- Increase the number of qualified teachers, and increase teachers capacities to teach using differentiated teaching approaches, and to improve the quality of teaching and facilitate a learning environment to ensure provision of a holistic education
- Improve learning outcomes for students and reduce learning gaps among students at all levels, including pre-primary, primary and lower and higher secondary levels
- Increase adolescents' transition to higher secondary education, which in part will require overcoming the limited number of higher secondary schools
- Strengthen digital learning, including the expansion of the satellite school system
- Improve provision of equitable access to education, especially for children with complex learning profiles, including disabilities, which requires more special education teachers and the ability of all schools to effectively accommodate children with complex learning profiles, including disabilities.
- Integrate TVET into the school system and introduce TVET to parents and students alike as an additional educational and technical skills development pathway in the education system, and ensure that TVET is aligned with employers need and has pathways to employment in well-paying jobs and jobs with advancement opportunities.
- Strengthen the EMIS, including data collection, analysis and reporting on key educational performance indicators, including student progress, learning outcomes and instructional effectiveness, and use EMIS data to inform curriculum development and resource allocation, and to promote accountability to ensure that every child learns.

CHILD PROTECTION SYSTEM AND SERVICES

Child protection is "the prevention of, and response to, violence, abuse, exploitation, neglect and harmful practices of children and adolescents."⁵⁰¹ Child protection systems connect children to vital social services and child-friendly justice systems, and provide care to the most vulnerable children, including children in emergency contexts. Child protection also involves putting children in alternative care, but separation of children from their families in order to protect them should be used as a last resort.⁵⁰² In many countries, governmental and non-governmental institutions make up the child protection system, which provides essential services to vulnerable children and families.

⁴⁹⁷ UNICEF (2021). *Situation Analysis of Children and Youth in Maldives*. UNICEF: Male, Maldives, p. 8.

⁴⁹⁸ Information provided by UNICEF.

⁴⁹⁹ UNICEF (2021). *Situation Analysis of Children and Youth in Maldives*. UNICEF: Male, Maldives, p. 8.

⁵⁰⁰ Information provided by UNICEF.

⁵⁰¹ Retrieved on 17 July 2024 from: [Child Protection Strategy | UNICEF](#)

⁵⁰² Retrieved on 17 July 2024 from: [Child protection | UNICEF](#)

Child Protection Policies

Article 35 of the Constitution establishes that children and adolescents have the right to special assistance and protection from the family, society and State. The Constitution also states that no one should harm, sexually abuse, discriminate against, involve children in appropriate economic and social activities, or exploit children for personal gain in any way.⁵⁰³ In 2019, Maldives strengthened its commitment to protect children from violence, abuse and exploitation with the enactment of two key pieces of legislation – CRPA and JJA.

Other key legislation and policies include:

- Family Act (Act No. 4/2000)⁵⁰⁴
- Special Provisions Act to Deal with Child Sex Abuse Offenders (Act No. 12/2009)⁵⁰⁵
- Maldives Penal Code⁵⁰⁶
- Prevention of Human Trafficking Act (Act No. 12/2013)⁵⁰⁷
- Maldives Anti-Human Trafficking National Action Plan 2020-2022⁵⁰⁸
- Domestic Violence Act (Act No. 3/2012)⁵⁰⁹
- 3rd National Domestic Violence Prevention Strategy 2023-2027⁵¹⁰
- National Action Plan on Prevention and Response to Violence Against Children 2024-2028
- Drugs Act (Act No. 17/2011)⁵¹¹ and First Amendment (Act No. 31/2015)⁵¹²
- Policy and Guidelines on IBAMA

CRPA introduces changes to the legislative framework that governs child rights in Maldives. The Act defines the responsibilities of families, parents/guardians, communities and the government in protecting the rights of children, and establishes a national framework to provide assistance and care to vulnerable children and their families.

CRPA provides for the establishment of a centrally located Child and Family Protection Services (CFPS), under the aegis of MSFD, the government body with statutory duties for child welfare and protection.⁵¹³ On 1 March 2020, CFPS was officially established and mandated to: ensure that the rights and interests of children are protected; collaborate with law enforcement institutions in investigations of child rights violation; provide assistance, support and services to child victims and their families; and ensure the protection and wellbeing of children brought under State care, including children in residential care facilities and foster care. In addition, the National Framework for Providing Care and Protection to Children was established, which covers reporting, investigation, removal and alternative care options for children in need of care and protection. CRPA also establishes a social assistance system for parents/guardians who are unable to provide reasonable protection or require assistance to raise their children. Social assistance requires coordination of activities by governmental, non-governmental and private entities that work with vulnerable children and their families. CRPA also establishes sanctions for persons who neglect, harm or abuse children.

MSFD is required to maintain administrative data on children and families in need of protection and services provided to ensure effective case management and evidence-based decision and policymaking.⁵¹⁴ As of March

⁵⁰³ Human Rights Commission of the Maldives. Retrieved on 16 May 2025 from: [HRCM - Children](#)

⁵⁰⁴ Family Act (Act No. 4/2000). Retrieved on 20 July 2025 from: [FPA - Family Act \(4/2000\)](#)

⁵⁰⁵ Special Provisions Act to Deal with Child Sex Abuse Offenders (Act No. 12/2009). Retrieved on 20 July 2025 from: [FPA - Special Provisions Act to Deal with Child Sex Abuse Offenders \(12/2009\)](#)

⁵⁰⁶ Maldives Penal Code. Retrieved on 20 July 2025 from: [PENAL CODE](#)

⁵⁰⁷ Prevention of Human Trafficking Act (Act No. 12/2013). Retrieved on 20 July 2025 from: [Law-No-12-2013-Prevention-of-Human-Trafficking-Act-Maldives.pdf](#)

⁵⁰⁸ Cabinet passes National Anti-Human Trafficking Action Plan, The President's Office, 25 February 2020. Retrieved on 20 July 2025 from: [Cabinet passes National Anti-Human Trafficking Action Plan - The President's Office](#)

⁵⁰⁹ Domestic Violence Act (Act No. 3/2012). Retrieved on 20 July 2025 from: https://maldives.unfpa.org/sites/default/files/pub-pdf/the_domestic_violence_act_2012_maldives_english_translation_unofficial.pdf

⁵¹⁰ 3rd National Domestic Violence Prevention Strategy 2023-2027. Retrieved on 20 July 2025 from: [FPA - 3rd National Domestic Violence Prevention Strategy \(2023-2027\)](#)

⁵¹¹ Drugs Act (Act No. 17/2011). Retrieved on 20 July 2025 from: [Gazette v.40 .No.197.indd](#)

⁵¹² First Amendment to the Drugs Act (Act No. 31/2015). Retrieved on 20 July 2025 from: [c wdU4sVZB7Xh3Mhqa4xQHckJ5kS8xbqLiB4AoUnd.pdf](#)

⁵¹³ Government of Maldives (2021). Combined 6th and 7th Periodic Report submitted under the Convention on the Rights of the Child. Government of Maldives: Male', Maldives. Retrieved on 20 May 2025 from: [rslw3d36.pdf](#)

⁵¹⁴ Government of Maldives (2021). Combined 6th and 7th Periodic Report submitted under the Convention on the Rights of the

2025, there were 109 social workers teams in the CFP and FCSCs , of which 92 were female and 17 were males ; bear in mind, CFPS provides social services in the GMA and FCSCs provide social services in the atolls. Also, social workers are responsible for conducting child protection assessments and case management, and are the first points of entry into the child protection system.⁵¹⁵

UNICEF Maldives has long played a key role in supporting child welfare and protection activities, and has developed programmes in partnerships with MSFD and MPS to strengthen the child protection system by building the capacities of the social services workforce and strengthening their supervision and collaboration with MPS. For instance, in 2017, UNICEF supported MSFD⁵¹⁶ to strengthen services offered through the 1412 call centre, which was initially launched by the government in 2009, as a toll-free number to ensure that incidents of VAC are reported to relevant authorities.⁵¹⁷ As part of this initiative, in collaboration with MPS, the *Ahan* mobile application was launched.⁵¹⁸ To strengthen this initiative, CRPA requires CPFS to establish and run a free 24-hour child helpline to enable children in need of care and protection to seek information about their rights and file complaints.

UNICEF has also played a pivotal role in advising GoM on policies related to child protection.⁵¹⁹ Most recently, with support from UNICEF, MSFD adopted the National Action Plan (NAP) on Prevention and Response to VAC 2024-2028, which aims to ensure that all children can live free from all forms of violence. The overarching goal is to reduce violence experienced by children by addressing gaps in the child protection system, strengthening multisectoral mechanisms and aligning prevention measures. In keeping, NAP on Prevention and Response to VAC 2024-2028, aims to:⁵²⁰

- **Establish safer homes.** The aim is that every child in Maldives lives in a protected, safe and secure home environment, free from violence and neglect by: establishing clear pathways for agencies that come into contact with children for early detection and intervention; empowering parents to create positive, nurturing environments and to seek help to prevent crisis and family breakdown; and strengthening evidence-based strategies and policies for preventing and responding to VAC.⁵²¹
- **Establish safer educational settings.** The aim is that all types of violence, bullying and harassment experienced by children and adolescents will decreased in all educational settings through evidence-based approaches by: empowering children and ensuring that they feel protected in school and all educational settings from any forms of bullying, violence and harassment; and ensuring that all educators, trainers and workers in educational settings have increased capacities to recognize, prevent and address any form of bullying or violence through effective training and policy.⁵²²
- **Establish safer communities.** The aim is to create a safe community environment and mobilize community efforts to prevent VAC by ensuring that: children feel protected in their communities through the active participation of everyone in ensuring their inclusion, safety and secureness; children are protected through established child safeguarding policies and practices in businesses, including the travel and tourism sector; and a child-friendly community environment is established with a culture of understanding and compassion, through increased promotion of gender-equitable and non-violent social norms by public officials.⁵²³

Child. Government of Maldives: Male', Maldives.

⁵¹⁵ Data and information provided by UNICEF Maldives.

⁵¹⁶ In 2017, MSFD was known as the Ministry of Gender, Family and Social Services

⁵¹⁷ Ministry of Gender and Family has launched 1412 Call Centre and "Ahan" Mobile application in collaboration with UNICEF and Maldives Police Service. Ministry of Gender, Family and Social Services, 13 July 2017. Retrieved on 22 May 2025 from: [Ministry of Gender and Family has launched 1412 Call Centre and "Ahan" Mobile application in collaboration with UNICEF and Maldives Police Service – Ministry of Gender, Family & Social Services](#)

⁵¹⁸ Ibid, 2017.

⁵¹⁹ Rogers, J., M. Ali & M. Naeem (2025). The development of child protection systems and practices in the Republic of Maldives (pp. 77-98). In Brown, L., T. El-Hoss & A. Gearon (2025). *The Development of Child Protection Systems and Practice in Low- to Middle-Income Countries*. Policy Press: Bristol, UK; Rogers, J. & M. Ali (2023). The seeds of reform: the evolution of the alternative care system in the Maldives. *Institutionalised Children Explorations and Beyond*, Vol. 10, No. 2, pp. 154-163.

⁵²⁰ National Action Plan on Prevention and Response to Violence Against Children 2024-2028.

⁵²¹ Ibid.

⁵²² National Action Plan on Prevention and Response to Violence Against Children 2024-2028.

⁵²³ Ibid.

- **Establish safer online spaces.** The aim is that children know how to act and feel safe online and the number of VAC cases in digital spaces are decreased by ensuring that children are protected from online violence by an institutional and legislative framework and children are protected from online violence through increased capacity and awareness.⁵²⁴
- **Establish better responses of the child protection system and services, including prevention and protection.** The aim is that multi-stakeholder child protection structures are effectively and efficiently functioning at national, regional and island levels by ensuring that: every child will be protected through a strengthened and expanded integrated child protection system; there is increased investment and resources allocated to the development of the social sector to ensure a resilient child protection system that prevents VAC during disasters and shocks; and children, adolescents and families have increased access to child protection services through the involvement and strengthening the role of civil society in the social sector.⁵²⁵

In recent years, MSFD, with support from UNICEF, created a government-led initiative known as '*Ijuthimaaee Badhahi Madhadhuverin*' (IBAMA), which translates to 'You and I together', which aims to tackle the multiple challenges that vulnerable children and young people face in their daily lives in island communities. IBAMA is a comprehensive, coordinated and community-based approach that establishes island-level multisectoral platforms for service providers to come together to address complex challenges that require multidimensional solutions. IBAMA platforms allow service providers to identify vulnerable families and link them with the services they need. IBAMA aims to prevent and respond to VAC and drug addiction, and the needs of persons with disabilities and the elderly. IBAMA's objective is to provide social protection and services at the island level.⁵²⁶ Moreover, the IBAMA platform would allow communities to come together to identify vulnerable children and develop a tailored, coordinated outreach plan that includes education, child protection, criminal justice, health care and social protection services.⁵²⁷

It is notable that there are very few NGOs in Maldives. NGO 'Advocating for the Rights of Children' (ARC) is a prominent NGO that works to improve the quality of child care by training care workers and providing education and leisure activities for children.⁵²⁸ In 2024, NGO ARC launched its HOPE campaign website to help combat child abuse through community education and support, including educational resources and practical tools that help community members to identify and report abuse, and to provide support to survivors of child abuse. The HOPE Campaign website was supported by UNICEF and MPS.⁵²⁹ HOPE Campaign aims to mobilise individuals, families and communities to create safer environments for children, in keeping with the NAP on Prevent and Response to VAC 2024-2028.

Bans on Corporal Punishment. In Maldives, corporal punishment is still lawful in the home, alternative and day care settings, schools, penal institutions and as a sentence for crime (**Box 5.2**).⁵³⁰

⁵²⁴ Ibid.

⁵²⁵ Ibid.

⁵²⁶ Rogers, J., M. Ali & M. Naeem (2025). The development of child protection systems and practices in the Republic of Maldives (pp. 77-98). In Brown, L., T. El-Hoss & A. Gearon (2025). *The Development of Child Protection Systems and Practice in Low- to Middle-Income Countries*. Policy Press: Bristol, UK; Rogers, J. & M. Ali (2023). The seeds of reform: the evolution of the alternative care system in the Maldives. *Institutionalised Children Explorations and Beyond*, Vol. 10, No. 2, pp. 154-163.

⁵²⁷ IBAMA: Caring island communities. Retrieved on 20 July 2025 from: [IBAMA: Caring island communities | UNICEF Maldives](#)

⁵²⁸ Rogers, J. & M. Ali (2023). The seeds of reform: the evolution of the alternative care system in the Maldives. *Institutionalised Children Explorations and Beyond*, Vol. 10, No. 2, pp. 154-163.

⁵²⁹ ARC launches HOPE campaign website to combat child abuse. MMTV, 25 November 2024. Retrieved on 23 May 2025 from: [ARC launches HOPE campaign website to combat child abuse](#)

⁵³⁰ Corporal punishment of children in the Maldives. End Corporal Punishment, March 2020. Retrieved on 21 May 2025 from: [Maldives - End Corporal Punishment of Children](#)

Box 5.2. Status of legal abolition of corporal punishment in Maldives		
Setting		Status
Home		
Alternative care settings		
Day care		
Schools		
Penal institutions		
Sentencing		
Colour Code	Abolished in law	
	Law requires confirmation	
	Not abolished	

Corporal punishment remains to be lawful in the home, alternative and day care settings, and schools, although children are protected from more ‘severe’ corporal punishment under Articles 12 and 30 of the CRPA (**Box 5.3**); yet there is no clear and explicit prohibition of all forms of corporal punishment, without exception.⁵³¹ It is also notable that the National Child Protection Policy emphasizes protection of children, with a focus on school safety, but does not ban corporal punishment.⁵³²

Box 5.3. CRPA articles related to corporal punishment	
Article 12 protects children from “physical and mental abuse, harassment, neglect, mistreatment, exploitation, sexual abuse and any other form of victimization that would hinder the development of the child.”	
Article 30 states that “no child shall be punished or harmed in a ruthless, inhumane or humiliating manner at the home of the child or at the educational institution of the child or at the institution the child is housed at or any other environment the child resides in.”	
Article 41(b) states that “while the parents of the child have the right to supervise, give guidance and advice to the child in order to maintain the child’s discipline, the parents shall not harm the child or subject the child to a punishment that is ruthless or inhumane as a disciplinary measure or for any other reason; or commit any act towards the child which is derogatory or cruel.”	

It is also notable that the CRPA repealed Article 44(a) of the Penal Code 2014, which stated that a “parent, legal guardian, teacher or other person similarly responsible for the care or supervision of a minor, or a person acting at the request of a person with such responsibility” may justifiably use force on a child for the “prevention or punishment of his misconduct”, provided that the force used “does not create a substantial risk of causing death, serious bodily injury, extreme or unnecessary pain or mental distress, or humiliation.” Other provisions against violence and abuse are set forth in the Domestic Violence Act (Law No. 3/2012)⁵³³, yet the Domestic Violence Act does not prohibit all forms of corporal punishment of children in the home/family.⁵³⁴

Corporal punishment remains to be lawful as a disciplinary measure in penal institutions, although children are protected from more ‘severe’ corporal punishment under Article 30(a) of the JJA, which prohibits “any person who is responsible for the supervision of a child at any law enforcement stage” from “any act or punishment which is merciless, sexual, indecent, inhumane, violent, ruthless or any act of harassment against the child.”⁵³⁵

⁵³¹ Corporal punishment of children in the Maldives. End Corporal Punishment, March 2020. Retrieved on 21 May 2025 from: [Maldives - End Corporal Punishment of Children](#).

⁵³² National Child Protection Policy. Ministry of Education. Retrieved on 20 May 2025 from: [22-E.CIR.2017.52\(ENG\).pdf](#)

⁵³³ Unofficial Translation of Domestic Violence Act (Law No. 3/2012). Retrieved on 21 May 2025 from: [the domestic violence act 2012 maldives english translation unofficial.pdf](#)

⁵³⁴ Corporal punishment of children in the Maldives. End Corporal Punishment, March 2020. Retrieved on 21 May 2025 from: [Maldives - End Corporal Punishment of Children](#)

⁵³⁵ Ibid, 2020.

Corporal punishment is also lawful as a sentence for crime, particularly for Shari'a crimes, although children under the age of 15 are protected from being penalized under the criminal justice system.⁵³⁶ JJA does not list corporal punishment as a potential sentence for a crime committed by a child, but also does not prohibit the use of corporal punishment as a potential sentence for crimes committed by a child. Articles 103-107 of the JJA relate to *Hadd* and *Qisas* crimes⁵³⁷, as it relates to procedure, but does not mention potential sanctions.⁵³⁸

While the Penal Code sets the age of criminal responsibility at 15 years, which was confirmed by the JJA; the age of criminal responsibility does not apply to "offences for which punishments are predetermined under Islamic Shari'a law" or "violent felony offenses", in which cases "the implementation of the punishment as per this Code should be withheld till the offender is 18 years of age" (Article 53).⁵³⁹ This means that children convicted of unlawful sexual intercourse (Article 411), incest (Article 413), false accusation of unlawful sexual intercourse (Article 612), and failing to fast during Ramadan or consuming pork or alcohol (Article 616) may be sentenced to corporal punishment (lashes), to be carried out when they are 18 years of age.⁵⁴⁰

Service Availability, Resilience and Responsiveness to Children and Adolescents Evolving Needs (Bottlenecks and Barriers)

MSFD is mandated to deliver social services, including child protection, through several of its divisions and departments, which are based in Malé, and the 19 Family and Children's Service Centres (FCSCs) that are spread across each of the atolls. Residential care institutions for children, including domestic violence and GBV survivors, as well as persons with disabilities are under the aegis of MSFD. As it relates to child protection, it is the responsibility of MSFD to:⁵⁴¹

- Plan, secure and monitor resources for policies and programmes related to protection of women, children and persons with disabilities
- Develop, maintain and monitor guidelines and standards for social service provision by governmental and non-governmental providers, and certify non-governmental service providers and social workers
- Facilitate provision of social, psychological and legal services to persons reporting rights violations
- Coordinate with relevant authorities to promote and protect the rights of women, children and other vulnerable groups (e.g., persons with disabilities)
- Investigate child abuse cases
- Establish a fostering mechanism and state care institutions to provide child protection and rehabilitation services
- Implement the Domestic Violence Act

Under the aegis of MSFD, the Social Service Department (SSD), CFPS Division, and Quality Assurance and Management of State Care Institution Division are directly engaged in child protection and the provision and monitoring of social services.⁵⁴²

- **CFPS is responsible for provision of child protection services and implementation of advocacy programmes as it relates to child rights protection.** Service delivery is organized through three separate sections – initial response section, case worker section, and fostering and reintegration section. The initial response section is responsible for initial assessments of reported cases, recording them in the database, and assigning them to case workers within CFPS or island FCSCs, where long-term case management is required. Due to high caseloads in the other sections, social workers of the initial response section are also engaged in investigations and support case workers in other activities. The case workers section is responsible for management of cases, mainly in the GMA; whereas the fostering and reintegration section is responsible for managing custody cases

⁵³⁶ Juvenile Justice Act comes into effect. Raajje, 21 November 2020. Retrieved on 15 May 2025 from: [Juvenile Justice Act comes into effect.](#)

⁵³⁷ Hadd and Qisas crimes are considered the most severe offenses in Shari'a and are associated with fixed and predetermined punishments.

⁵³⁸ Corporal punishment of children in the Maldives. End Corporal Punishment, March 2020. Retrieved on 21 May 2025 from: [Maldives - End Corporal Punishment of Children](#)

⁵³⁹ Ibid, 2020.

⁵⁴⁰ Ibid, 2020.

⁵⁴¹ MGFSS, UNICEF & SPRI (2022). *Maldives Social Sector Assessment 2022*. MGFSS, UNICEF & SPRI: Male', Maldives.

⁵⁴² MGFSS, UNICEF & SPRI (2022). *Maldives Social Sector Assessment 2022*. MGFSS, UNICEF & SPRI: Male', Maldives.

through identification of foster families, placement of children in state care and reintegration of children in state care back to their families (when applicable) and in the community.⁵⁴³

- **SSD provides support, protection and care services to all persons 18 years and older, particularly domestic violence and GBV survivors, and persons with disabilities.** SSD is comprised of three separate units – Duty Team and Hotline Section, Domestic Violence and GBV Protection Section, and Elderly and Disability Protection Section. The Duty and Hotline Section is equivalent to the initial response section of the CFPS Division, and is responsible for receiving reports of rights violations and referring them to the respective units. Services for domestic violence and GBV survivors typically entail extensive case management and providing protection through collaboration with other agencies, and provision of continuous support to clients for their inclusion and rehabilitation, depending on their needs.⁵⁴⁴
- **The Quality Assurance and Management of State Care Institutions Division is responsible for standardizing service provision across state residential care institutions and monitoring their quality.** Standard operating procedures (SOPs) are in place for service provision in two children's state homes – Kudakudhinge Hiya and Fiyavathi – and the five FCSC shelters in Haa Alif, Baa, Shaviyani, Gan, and Thaa atolls. The Division is developing SOPs for service delivery across the five domestic violence shelters that are under construction and the Home for People with Special Needs. In addition to developing minimum standards for service provision, the Division is responsible for monitoring the quality of services offered through residential homes, including human and other resources.⁵⁴⁵

Other MSFD departments and divisions that work on social services and implement programmes aimed specifically at vulnerable groups, including children, domestic violence and GBV survivors, and persons with disabilities include:

- **Legal Affairs Section** is responsible for drafting laws, regulations and other legal documents pertaining to protection of children and domestic violence and GBV survivors, and prepares documents for children's placement under State care, as well as prepares and submits case management documents (e.g., protection orders) to the Attorney General's Office, and files and documents court procedures.⁵⁴⁶
- **Disability and Wellbeing Division** is responsible for raising awareness about the rights of persons with disabilities in the health, education and employment sectors, and contributes to inclusion and empowerment through implementation of programmes, skills trainings and securing access to physical therapy, assistive devices and coverage for other costs (e.g., transportation, rent, food), particularly for persons with disabilities who travel from the islands to Malé to access specialized services.⁵⁴⁷
- **Gender, Development, and Empowerment Department** works to ensure gender equality and promotes women's empowerment in economic, social and other areas, in keeping with its mandate under the Gender Equality Act.⁵⁴⁸
- **Family and Community Development Division** contributes to MSFD's efforts to prevent domestic violence and GBV through awareness-raising and advocacy activities around three main strategies – strengthen family ties, improve parenting skills of women and men, and promote informed decisions and consent in relationships among youth.⁵⁴⁹

⁵⁴³ Ibid, 2022, pp. 72-73.

⁵⁴⁴ Ibid, 2022, p. 73.

⁵⁴⁵ Ibid, 2022, p. 73

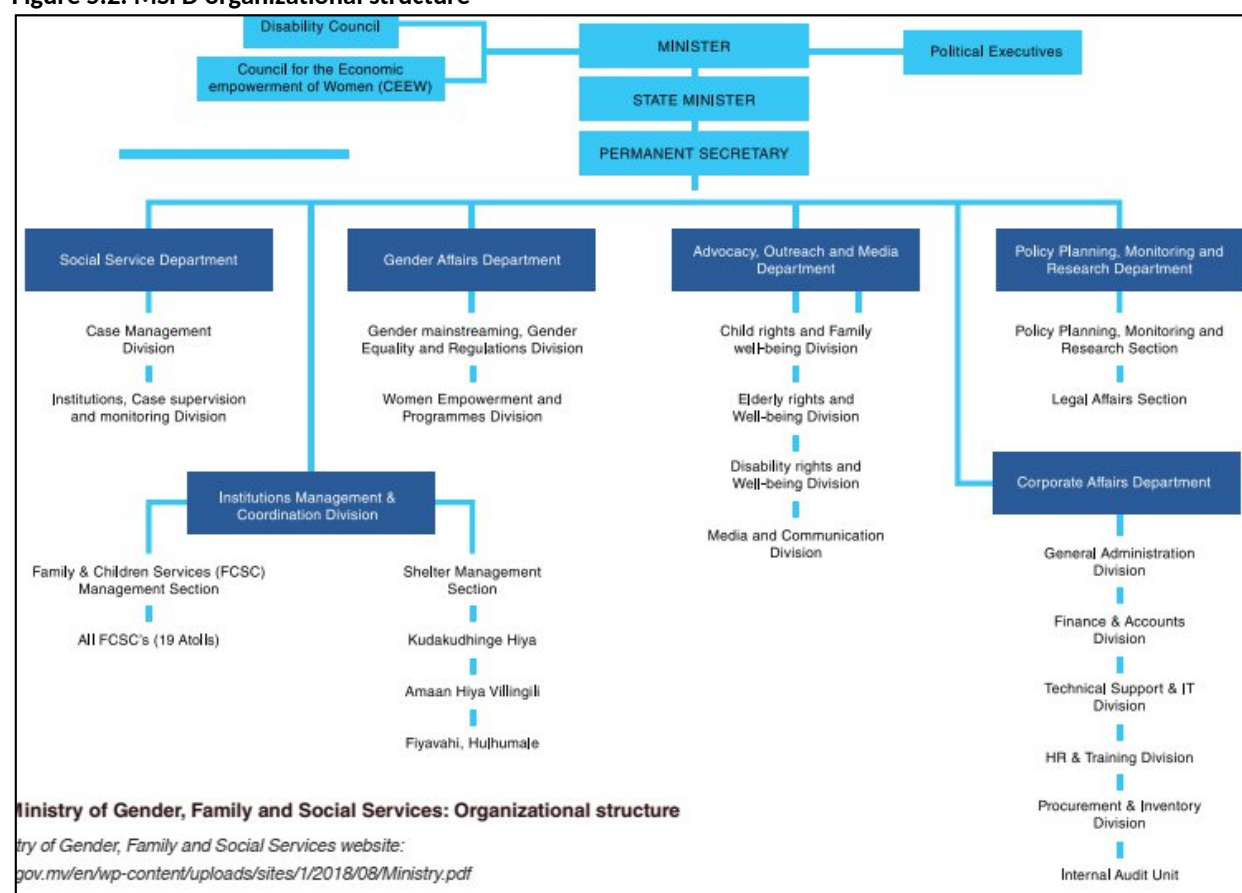
⁵⁴⁶ Ibid, 2022.

⁵⁴⁷ Ibid, 2022, pp. 72-73.

⁵⁴⁸ Ibid, 2022.

⁵⁴⁹ MGFSS, UNICEF & SPRI (2022). *Maldives Social Sector Assessment 2022*. MGFSS, UNICEF & SPRI: Male', Maldives.

Figure 5.2. MSFD organizational structure



Source: MGFSS, UNICEF & SPRI (2022). *Maldives Social Sector Assessment 2022*. MGFSS, UNICEF & SPRI: Malé, Maldives p. 75.

Alternative Care for Children. In Maldives, children who are removed from parental care and live apart from their families are typically placed in state-run residential care facilities. As of March 2025, there remains to be only one children's state homes (i.e., Fiyavathi); whereas the other residential care institutions were replaced with nine FCSC shelters, which are located across the atolls (e.g., Haa Alif, Baa, Shaviyani, Gan, and Thaa atolls). Only a small number of children under State care are placed in foster care. The reasons for children entering alternative care are often due to concerns about parents drug use and violence, abuse and neglect of children. As of March 2025, there were 141 children under State care, including 80 boys and 61 girls.⁵⁵⁰

Alternative care services is defined in Article 69(b) of the Regulation on Alternative Care Provision Guidelines (R. No.2020-R-69) as 'temporary shelter arrangements by the State' for children in need of protection. Article 95(1-8) of the CRPA gives powers to the government to remove children who are assessed to be in unsafe home environments and place them in alternative care. These powers are often used when there are concerns about violence, abuse or neglect, but can also be applied to children with mental and physical disabilities, particularly when children are deemed unable to be cared for at home. Alternative care is also provided to children whose parents are imprisoned.⁵⁵¹

The Regulation on Alternative Care Provision Guidelines also provides national minimum standards for alternative care of children (e.g., siblings must be kept together, unless there are special circumstances preventing them from being together). These Guidelines maintain that it is important to promote and monitor contact with parents, when appropriate; however, for most children in alternative care, family contact is limited to phone contact, as there is no financial support for parents to travel to residential care institutions based outside of their own islands to visit their children. Disrupting families ties in the Maldivian context is concerning because children in alternative care are at increased risk of missing out on family inheritance, according to Islamic succession law.⁵⁵² Lacking from the

⁵⁵⁰ Data provided by UNICEF.

⁵⁵¹ Rogers, J. & M. Ali (2023). The seeds of reform: the evolution of the alternative care system in the Maldives. *Institutionalised Children Explorations and Beyond*, Vol. 10, No. 2, pp. 154-163.

⁵⁵² Rogers, J. & M. Ali (2023). The seeds of reform: the evolution of the alternative care system in the Maldives.

regulations are requirements to establish a health care plan or family support and preventative services for children in alternative care. There are also no criteria for staff development, health and safety standards, protocols for missing children from care, recommended staff-child ratios or regulatory oversight and monitoring of services and support for children leaving alternative care.⁵⁵³

In 2020, GoM shifted from large residential care institutions for children to establishing nine smaller residential care institutions located across the atolls, each caring for about 20 children. There are, however, children who still reside in large residential care institutions.⁵⁵⁴ The Government's Strategic Action Plan (SAP) for the Caring State and Dignified Families requires the development of minimum standards for the operation of each residential institution. As part of this plan, MSFD embarked on processes of family reunification for children in alternative care. To accomplish this, MSFD established a reintegration committee and has worked to move children from residential care institutions back to families.⁵⁵⁵

In recent years, Maldives has seen a rise in foster care; yet, 91 percent of children in alternative care remain in residential care settings.⁵⁵⁶ In 2020, the Regulation on Reintegration of Children Under State Care (R. No. 2020-R-30) came into force, which placed a strong emphasis on long-term planning, kinship care and allowing children to grow up in a family setting for optimal development; however, there are only a few social workers who are solely responsible for conducting foster care assessments, making presentations to panels and requesting court orders. Despite the fact that the Regulation on Reintegration states that post-placement support is required, this is rarely provided or practiced.⁵⁵⁷

Despite efforts to decentralize residential care settings and to develop a foster care system, there is still a lack of clear strategy and policy on alternative care reform, and the social services workforce is limited with a total of 61 child protection social workers who served the entire country in 2023; thus, the average caseload of social workers was 160 cases at any given time. Social workers knowledge and skills related to case management are limited.⁵⁵⁸

Alternative care can also be provided through informal kinship placements and private fostering arrangements, known as *Kafalah*. *Kafalah* is a practice of long-term fostering, which is complex and not widely understood.⁵⁵⁹

Services for Victims of Violence. According to the CRPA, social workers must receive professional guidance, although it is not mandatory. For this reason, social workers do not view supervision as an important part of their practice and it is not regularly conducted due to high caseloads, managers not having time, and few experienced social workers with tertiary education who are eligible to provide supervision under the state licensing guidelines. Furthermore, criminal records checks are required only when registering for a license; thus, there is limited fitness to practice safeguards and no requirements for continuing professional development, which is essential to ensure quality and safe support from social workers.⁵⁶⁰

The Victim Support Unit (VSU) in the Prosecutor General's Office is also responsible for responding to and providing services to children and women who are victims of domestic violence and GBV. VSU works on cases of domestic violence and child rights violations from a prosecution perspective and works closely with MPS to carry out additional investigations, when necessary. VSU is also responsible for assessing risk factors and addresses safety concerns, prepares victims for court and keeps victims informed on the status of their cases.⁵⁶¹

The National Reintegration Centre (NRC) was established under the Anti-Terrorism Act (Law No. 17/2019) to temporarily detain children and their mothers who are returning from war zones where concerns about radicalization exist. There is a conflict, however, between this provision and the Regulation on Reintegration of Children Under State Care (R.No.2020-R-30).⁵⁶² According to CRPA, the NRC is not considered a government-run

Institutionalised Children Explorations and Beyond, Vol. 10, No. 2, pp. 154-163.

⁵⁵³ Ibid, 2023.

⁵⁵⁴ Ibid, 2023.

⁵⁵⁵ Ibid, 2023.

⁵⁵⁶ Ibid, 2023.

⁵⁵⁷ Ibid, 2023.

⁵⁵⁸ Ibid, 2023.

⁵⁵⁹ Ibid, 2023.

⁵⁶⁰ Ibid, 2023.

⁵⁶¹ Ibid, 2023.

⁵⁶² Rogers, J. & M. Ali (2023). The seeds of reform: the evolution of the alternative care system in the Maldives. *Institutionalised*

care facility. There were two reintegration committees, one established under Chapter 9, Section 60–15 of Law No. 31/2021, and the other operates under the Regulation on Alternative Care Provision Guidelines; the former committee has been dissolved.⁵⁶³ The implication is that children in the NRC do not have a reintegration plan and their monitoring is carried out by a social worker at the atoll level; this can be problematic if the social worker is not present on the same island as the child. Only three children who were placed with their mothers in the NRC have been successfully reintegrated back onto their respective islands.⁵⁶⁴ As of July 2025, only one child has been yet to be reintegrated back onto their respective islands.⁵⁶⁵

Services for Children in Conflict with the Law.

DJJ is responsible for responding to and providing services to at-risk children and children in conflict with the law.⁵⁶⁶ This includes activities pertaining to reintegration, rehabilitation and retraining of minors, as well as early intervention and prevention-related activities. A DJJ representative is also required to be present at all justice inquiries involving children. DJJ is under the aegis of the Ministry of Home Affairs, which is responsible for working with children who come in contact with the law.⁵⁶⁷

In 2025, the GoM announced plans to establish a rehabilitation island, named Hope Island, for children in conflict with the law. A similar approach had been taken in the early 2000s, but was proven unsuccessful; these rehabilitation institutions for children in conflict with the law were closed around 2010/11 due to the mistreatment/ ill-treatment of children and violation of children's rights. UNICEF contends a better approach would be to establish a multi-sectoral response to children in conflict with the law that involves family and community-based rehabilitation. UNICEF supported piloting such a rehabilitation programme in 2024, which had shown progress.⁵⁶⁸

Children in Conflict with the Law

The most notable issues related to children in conflict with the law is that services related to rehabilitation, diversion and non-custodial measures have not been adequately established, which means that children in conflict with the law often fall through the cracks. Another issue is that adult gang members often exploit children under the age of 15 (i.e., under the age of criminal responsibility) and engage them in gang and drug offenses, including recruiting other children to join gangs. Because the GoM has seen an increase in the numbers of children in conflict with the law in recent years (MPS investigated 213 juvenile offences in 2024, up from 120 cases in 2023), the government announced its intentions to lower the age of criminal responsibility to 12 years, which violates international standards and norms.

Child Protection Financing

Child protection expenditures refer to the use of government funds to support the prevention of and response to violence, abuse, exploitation and neglect, as well as harmful practices of children and adolescents. This includes expenditures related to putting children in alternative care to protect them from further harm and abuse, and providing vital social services to the most vulnerable children and families.⁵⁶⁹ In many countries, including Maldives, both governmental and non-governmental institutions make up the child protection system.

Determining the proportion of public expenditures allocated to child protection is difficult to assess because child protection is the responsibility of more than one sector and ministry, and each ministry has their own budget; thus,

Children Explorations and Beyond, Vol. 10, No. 2, pp. 154-163

⁵⁶³ A Rehabilitation and Reintegration Committee was formed under Article 60(15) of the Anti-Terrorism Act, which maintains that the Minister must establish a Rehabilitation and Reintegration Committee to determine rehabilitation and reintegration programmes needed for people subjected to and having the possibility of being subjected to terrorist activities and to determine the protective measures that need to be in place before reintegrating people held in detention to complete rehabilitation programmes, as mandated by the Anti-Terrorism Act.

⁵⁶⁴ Rogers, J. & M. Ali (2023). The seeds of reform: the evolution of the alternative care system in the Maldives. *Institutionalised Children Explorations and Beyond*, Vol. 10, No. 2, pp. 154-163.

⁵⁶⁵ Information provided by UNICEF.

⁵⁶⁶ The JJA establishes the age of criminal responsibility as 15 years of age.

⁵⁶⁷ Rogers, J. & M. Ali (2023). The seeds of reform: the evolution of the alternative care system in the Maldives. *Institutionalised Children Explorations and Beyond*, Vol. 10, No. 2, pp. 154-163.

⁵⁶⁸ Information provided by UNICEF.

⁵⁶⁹ Retrieved on 17 July 2024 from: [Child protection | UNICEF](#)

a budget analysis would need to be conducted for each ministry responsible for child protection and juvenile justice to determine the proportion of budgets allocated to child protection and social services for children and adolescent, as well as justice for children and juvenile justice.

Key Priorities for Children and Adolescents in the Child Protection Sector

Based upon the abovementioned barriers and challenges within the child protection and juvenile justice systems, the key priorities for children and adolescents include, but are not limited to:

- There is a lack of prevalence data on children's experiences with corporal punishment (physical abuse and psychological aggression) in the home/family and schools, but such data are needed to develop evidence-based practices and interventions to prevent and respond to corporal punishment.
- Girls are at increased risk of sexual and gender-based violence (SGBV) in the home/family, intimate relationships and communities, but there is a lack of prevalence data on SGBV of girls and boys in Maldives; such data are needed to develop evidence-based practices and interventions to prevent and respond to SGBV.
- Children are at increased risk of being exposed to domestic violence, both directly and indirectly, but there is a lack of prevalence data on children's exposure to domestic violence in the home/family and intimate relationship; such data are needed to develop evidence-based practices and interventions to prevent and respond to domestic violence.
- Maldives lacks a multi-sectoral, integrated response to violence, abuse and exploitation of children, including: lack of programmes for at-risk and vulnerable children and their families; limited financial and human resources and capacities; and a limited number of investigators, social workers and care workers who can support such a multi-sectoral, integrated response.
- There are a lack of transition services for children 18 years of age who age out of alternative care. There is a need for a special programme to support children who age out of alternative care to reintegrate into the community and find a job, so that they can support themselves and become a contributing member of society.
- Maldives lacks a multi-sectoral, integrated response to children in conflict with the law, including: limited ability to implement early intervention initiatives with at-risk children; limited ability to address the impacts of adverse childhood experiences (ACEs) on children behaviours; limited ability to implement diversion and restorative juvenile justice programmes; and lack of programmes and specialized staff to rehabilitate and reintegrate children in conflict with the law.
- Maldives lacks evidence-based school- and community-based early intervention and prevention programmes for vulnerable and at-risk children that aim to reduce their risks of coming into conflict with the law.
- A budget analysis is needed to determine the amount of government expenditures related to child protection, alternative care, rehabilitation and juvenile justice.

SOCIAL PROTECTION SYSTEM AND SERVICES

Every child has a right to fulfil his or her full potential, yet when a child lives with social or economic deprivations and experiences discrimination, these experiences can have negative life-time consequences for a child and impede his or her opportunities and abilities to achieve their full potential.

Social protection is a right enshrined in the UDHR and recognized in Article 26 of the CRC (every child has a right to social security). Social protection is concerned with preventing, managing and overcoming situations that adversely affect people's well-being. Social protection consists of policies and programmes designed to reduce poverty and vulnerability by promoting efficient labour markets, diminishing people's exposure to risks, and enhancing their capacities to manage economic and social risks (e.g., unemployment, exclusion, illness, disability and old age). Social protection includes social assistance (e.g., cash transfers), social insurance (e.g., health insurance), and employment and educational support. Such programmes and policies can reduce multidimensional child poverty and improve families' and children's access to

nutritious and sufficient food, health care and education, which can improve children's overall physical, emotional and social development.⁵⁷⁰

⁵⁷⁰ Retrieved on 27 January 2024 from: [Social protection | UNICEF](#)

Efforts to expand social protection coverage to children and families is key to upholding children's right to a decent standard of living. Moreover, well-designed social protection and assistance systems contribute to the principles of 'leave no one behind' and 'reach the furthest behind'.⁵⁷¹

Social Protection Policies

The Social Protection Act (Law No. 2/2014) is the national legal framework that regulates government provided social protection and assistance. The Act outlines the responsibilities of the National Social Protection Authority (NSPA) as it relates to implementing social protection programmes on behalf of MSFD, and dictates that the social protection budget must be specified in the annual national public budget.⁵⁷²

The Social Protection Act also ensures protection of information related to applications and beneficiaries, and specifies the limited circumstances under which such information can be shared with other institutions. Although information protection is central to the Social Protection Act, it fails to focus on beneficiary access to information. The Act also specifies that potential beneficiaries can gain access to social protection through an application that has to be signed by NSPA, who are legally required to respond within 15 days of receipt of the application. In keeping with the Social Protection Act, NSPA is also required to inform beneficiaries if their payment has been terminated or suspended.⁵⁷³

The Social Protection Act has complimentary regulations that specify details related to each of the programmes under the NSPA, such as monthly and yearly minimum amounts that can be received by a given beneficiary for each scheme and the need for a beneficiary to reapply to a given scheme ever two years.⁵⁷⁴ Some social protection programmes do not have regulations. For instance, the medical welfare programme and old age basic pension and disability allowance do not have regulations, rather specific laws exist that protect the rights of old people and disabled, including the Old Age Basic Pension, which is guaranteed through the Maldives Pension Act, and the disability allowance, which is guaranteed through the Protection to Financial Assistance to Persons with Disabilities Act.⁵⁷⁵

The Social Protection Act does have a shock-responsive component, which guarantees that the whole population, rather than specific vulnerable groups can access social protection in the context of an emergency situation, be it natural-induced, for those in life threatening situations.⁵⁷⁶

The Government's ambition to develop a child-sensitive social protection system is set out clearly in the SAP 2019-2023. In keeping, GoM aims to establish a well-coordinated social protection and welfare system, in which at least 70 percent of the most eligible are benefitting from a harmonized social protection mechanism.⁵⁷⁷ A number of improvements can be made to ensure the two child-sensitive schemes are more relevant to the intended beneficiaries' needs. Part of improving relevance is to examine how the social protection system works as a whole, inter-connected system.

Social Protection Financing

GoM recognises the importance of social protection as a core element of protection for citizens, and has significantly expanded coverage of key social protection programmes across the lifecycle; yet, in 2023 and 2024, the government invested only 5 percent of government expenditures on social protection (**Chart 5.10**). More specifically, **Chart 5.11** shows that from 2023-2027, among social protection expenditures, the majority has been allocated to supporting the old age pension (60 percent in 2024)⁵⁷⁸, followed by sickness and disability (24 percent); far less has been allocated to families and children (11 percent). It appears that there will be a dramatic increase of 175 percent in

⁵⁷¹ Retrieved on 27 January 2024 from: [Social protection | UNICEF](#).

⁵⁷² MGFSS, UNICEF & SPRI (2022). Maldives Social Sector Assessment 2022. MGFSS, UNICEF & SPRI: Male', Maldives, pp. 50-51.

⁵⁷³ Ibid, 2022, pp. 50-51.

⁵⁷⁴ Ibid, 2022, pp. 50-51.

⁵⁷⁵ Ibid, 2022, pp. 50-51.

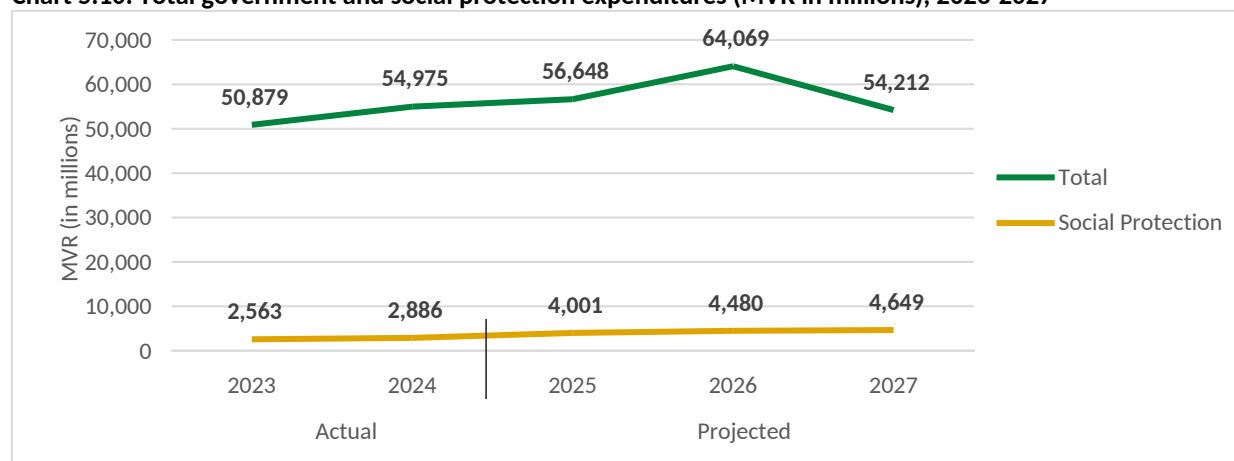
⁵⁷⁶ Ibid, 2022, pp. 50-51.

⁵⁷⁷ Druzica, K. & A. Tran (2020). *Evaluation of the Single Parent and Foster Care Social Protection Schemes in the Maldives: Final Report*. UNICEF: Male', Maldives

⁵⁷⁸ The drop in expenditures for the Old Age Pension Scheme is a result of the initial plans of the GoM to reform the pension system. As of April 2025, the financial capability of individuals reaching 65 years of age will be assessed and only those with the lowest earnings shall be granted the old-age basic pension.

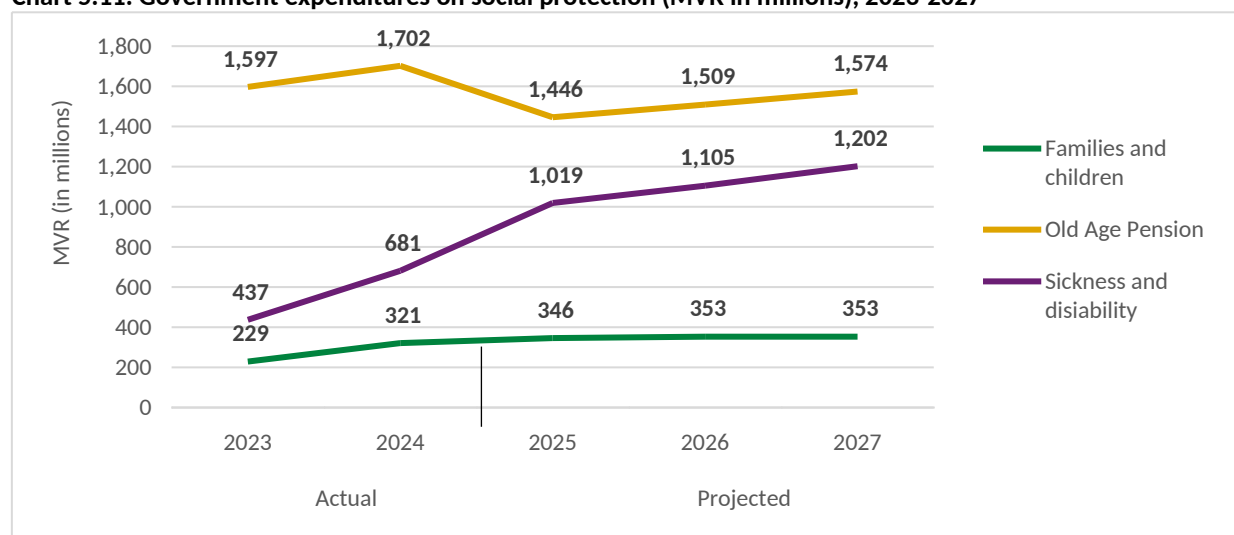
government expenditures for sickness and disability from MVR 437 million in 2023 to MVR 1,202 million in 2027; this increase is grounded in an expectation that there will be an increase in the number of people who will register for the disability allowance. . It is also worth mentioning that after the replacement of the indirect subsidy system by a cash transfer system, expenditures for cash transfers will be allocated under the social protection budget, which explains the notable budget increase for 2026 and 2027.⁵⁷⁹

Chart 5.10. Total government and social protection expenditures (MVR in millions), 2023-2027



Source: Ministry of Finance. Retrieved on 30 May 2025 from: [Government Budget - Home](#)

Chart 5.11. Government expenditures on social protection (MVR in millions), 2023-2027



Source: Ministry of Finance. Retrieved on 30 May 2025 from: [Government Budget - Home](#)

Social Protection Assistance

In Maldives, most children miss out on social protection and assistance.⁵⁸⁰ **Figure 5.3** shows that among the eight social protection and welfare programmes administrated by NSPA, of which only two social protection schemes benefit children – Single Parent Allowance (SPA) and the Foster Care Allowance (FCA) – but provide limited coverage.⁵⁸¹ The Disability Allowance also benefits children with disabilities, particularly children with severe disabilities that require care and support. There is also Health Assandha and Emergency Medical Welfare and Zakat Poor Relief that benefit children.

⁵⁷⁹ Implementation of proposed social security and social protection reforms have faced major challenges; thus, there has been no significant changes to the social security and protection systems to date.

⁵⁸⁰ Druzca, K. & A. Tran (2020). *Evaluation of the Single Parent and Foster Care Social Protection Schemes in the Maldives: Final Report*. UNICEF: Male', Maldives.

⁵⁸¹ Ibid, 2020.

Figure 5.3. Social protection and welfare schemes in the Maldives

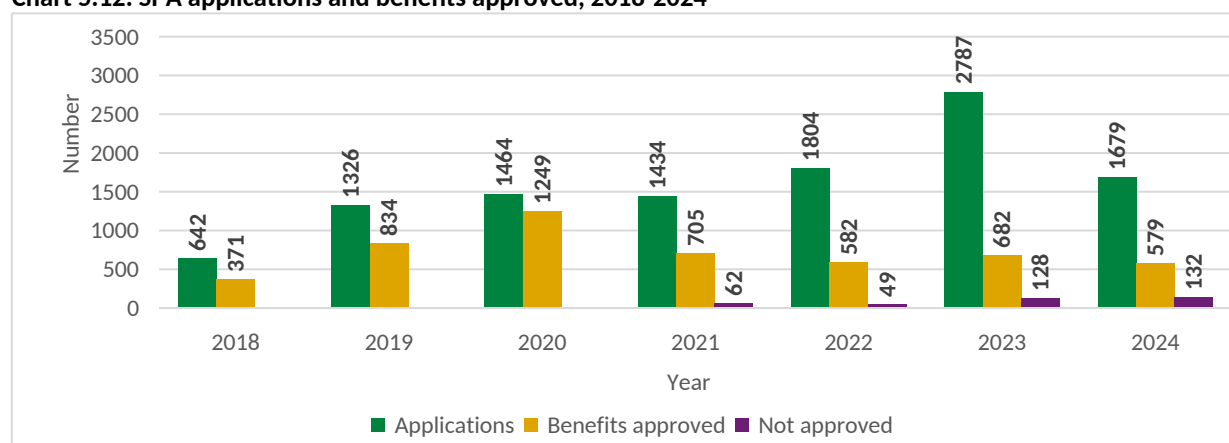
	CHILDREN	WORKING AGE	OLD AGE
TAX FINANCED	Top-up Single parent & foster care allowance	Unemployment	Old Age Basic Pension
	Disability Allowance Universal		
	Health Aasandha & Emergency Medical Welfare Universal		
	Food, Electricity & Other subsidies targeted to poor		
SOCIAL INSURANCE			Retirement & other pensions
OTHER	Zakat - Poor Relief		

Source: MGFSS, UNICEF & SPRI (2022). *Maldives Social Sector Assessment 2022*. MGFSS, UNICEF & SPRI: Malé, Maldives, p. 56.

Single Parent Allowance (SPA). SPA was launched in 2010, in response to challenges faced by single parents caring for children, which was noted after an increase in the number of divorces in Maldives. SPA provides a monthly cash transfer to single parents. In 2022, the monthly cash transfer was MVR 1,000 per child under 18 years of age, up to a maximum of MVR 10,000 per family.

Potential beneficiaries apply on their own initiative to the SPA. To qualify, applicants must meet a number of conditions: the parent is not married (i.e., widowed, divorced or never married) and has children below the age of 18 years; the household income of single parents should be lower than the threshold set by the government; children younger than 6 years must be fully vaccinated; and school-age children (ages 6-17 years) must attend school.⁵⁸²

Chart 5.12. SPA applications and benefits approved, 2018-2024



Source: MGFSS, UNICEF & SPRI (2022). *Maldives Social Sector Assessment 2022*. MGFSS, UNICEF & SPRI: Malé, Maldives, p. 58.

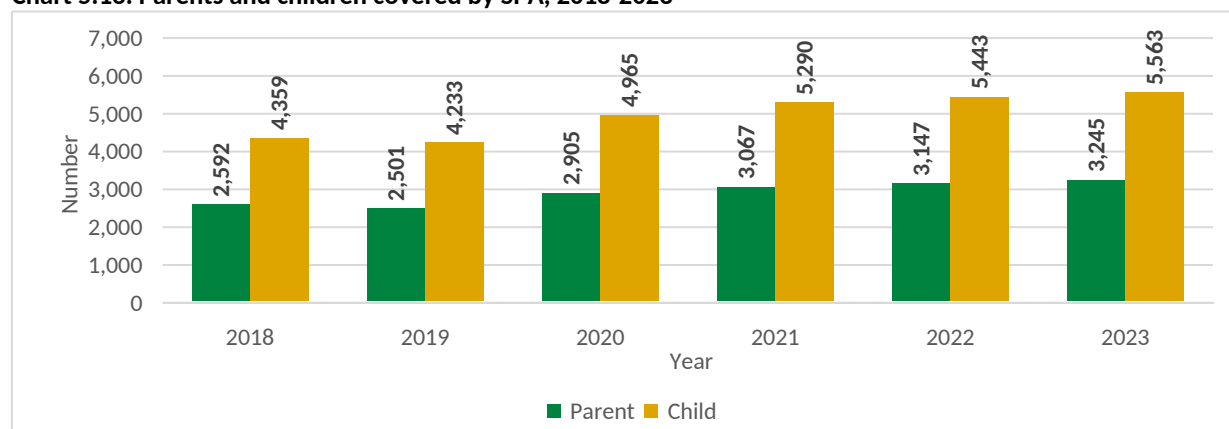
Chart 5.12 shows the number of applications for SPA increased dramatically from 642 in 2018 to 2787 in 2023, yet dramatically decreased to 1,679 in 2024. Similarly, the number of SPA's approved increased dramatically from 371 in 2018 to 1,249 in 2020, but subsequently declined from 2020-2024. In 2018, 58 percent of applications were

⁵⁸² MGFSS, UNICEF & SPRI (2022). *Maldives Social Sector Assessment 2022*. MGFSS, UNICEF & SPRI: Male', Maldives, pp. 57-58.

approved for benefits; whereas in 2023, only 24 percent of applications were approved for benefits, and in 2024, 35 percent of applications were approved for benefits.⁵⁸³

Chart 5.13 shows that the number of parents and children who were beneficiaries of SPA increased from 2018-2023. The number of parents who were beneficiaries increased by 25 percent from 2,592 in 2018 to 3,245 in 2023; whereas the number of children who were beneficiaries increased by 28 percent from 4,359 in 2018 to 5,563 in 2023. In 2023, 74 percent of children and 72 percent of parents receiving the SPA were in the atolls, whereas 26 percent of children and 28 percent of parents receiving the SPA were in Malé.⁵⁸⁴

Chart 5.13. Parents and children covered by SPA, 2018-2023

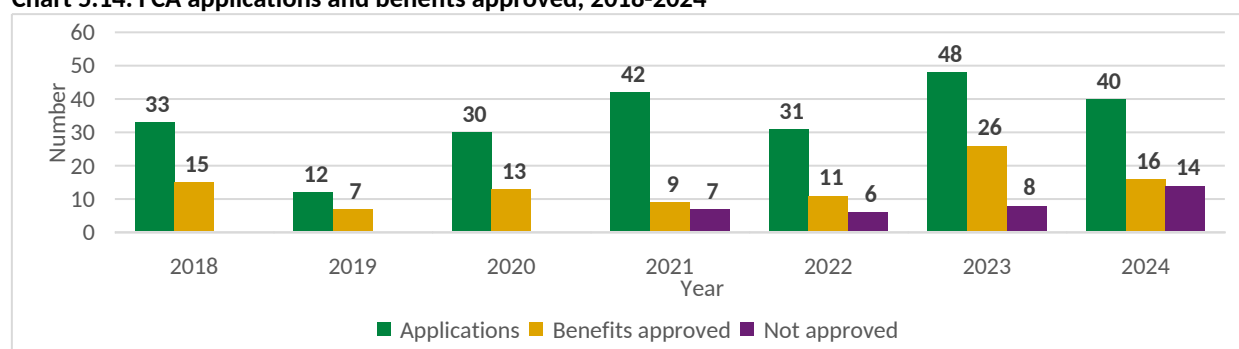


Source: Maldives Statistical Yearbooks 2018, 2019, 2020, 2021, 2022, 2023 and 2024. Retrieved on 30 May 2025 from: [Statistical Yearbook of Maldives](#)

Foster Care Allowance (FCA). FCA was launched in 2010, at the same time as the SPA, and is implemented in a very similar way as the SPA. FCA provides a monthly cash transfer to children in foster care and their fostering parents. In 2022, the monthly cash transfer was MVR 1,000 per child and MVR 500 per foster parent.⁵⁸⁵

FCA has the same features and the eligibility conditions as the SPA, except FCA applies proxy-means testing. FCA also requires that children being fostered should be either orphaned or abandoned, or have parents in prison or who unable to take care of them, such as due to substance abuse. To apply for FCA, evidence of legal guardianship from the court must be provided. The process for fostering children is administered by the Fostering and Reintegration Section of the CFPS of MSFD.⁵⁸⁶

Chart 5.14. FCA applications and benefits approved, 2018-2024



Source: MGFSS, UNICEF & SPRI (2022). *Maldives Social Sector Assessment 2022*. MGFSS, UNICEF & SPRI: Malé, Maldives, p. 58.

Chart 5.14 shows that the number of applications for FCA has fluctuated from year-to-year, but was only 40 in 2024. Similarly, the number of FCA's approved has fluctuated, but was only 16 in 2024. In 2018, 45 percent of applications

⁵⁸³ Ibid, 2022.

⁵⁸⁴ Maldivian Statistical Yearbook 2024. Retrieved on 30 May 2025 from: [Statistical Yearbook 2024](#)

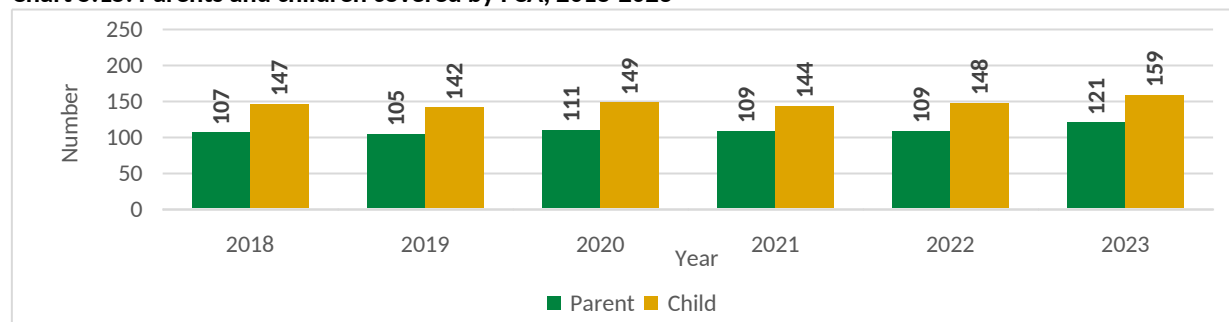
⁵⁸⁵ MGFSS, UNICEF & SPRI (2022). *Maldives Social Sector Assessment 2022*. MGFSS, UNICEF & SPRI: Male', Maldives.

⁵⁸⁶ Maldivian Statistical Yearbook 2024. Retrieved on 30 May 2025 from: [Statistical Yearbook 2024](#)

were approved for benefits; whereas in 2024, 40 percent of applications were approved for benefits. In 2022, the monthly FCA allowance was MVR 1,000 per child and MVR 500 per foster parent;⁵⁸⁷

Chart 5.15 shows that the number of parents and children who were beneficiaries of FPA has remained fairly consistent from 2018-2023. The number of parents who were beneficiaries increased by only 13 percent from 107 in 2018 to 121 in 2023, and the number of children who were beneficiaries increased by only 8 percent from 147 in 2018 to 159 in 2023. In 2023, 89 percent of children and 87 percent of parents receiving FCA were in the atolls, whereas 11 percent of children and 13 percent of parents receiving FCA were in Malé.⁵⁸⁸

Chart 5.15. Parents and children covered by FCA, 2018-2023



Source: Maldives Statistical Yearbooks 2018, 2019, 2020, 2021, 2022, 2023 and 2024. Retrieved on 30 May 2025 from: [Statistical Yearbook of Maldives](#)

It is notable that a 2020 evaluation of the FCA found that the majority of foster families are ineligible for the FCA, as the assessment for their suitability takes into account the financial capacity of households to care for the child. In only a few situations has the FCA helped keep children out of residential care institutions; thus, FCA is not seen as incentive for kin to foster.⁵⁸⁹

Service Availability, Resilience, and Responsiveness to Children and Adolescents Evolving Needs (Bottlenecks and Barriers)

In 2020, an evaluation of the SPA and FCA found that approach to social protection was fragmented and ill-defined; thus, the system fell short of that envisioned in the SAP 2019-2023. The system's fragmentation has been exacerbated by the fact that social protection schemes are managed centrally in Malé, with no clear oversight of its delivery at the island level. Given the Decentralization Act (Law No. 7/2010), island councils should have a greater role to play in social protection schemes. The lack of decentralization causes frustration for island councils and applications to the schemes; thus, parents and children who would benefit the most from social protection often miss out.⁵⁹⁰

The 2020 evaluation also found that given the design of the SPA and FCA, beneficiaries often face stigmatization, social exclusion and discrimination. This is because the right to privacy is not upheld through the gathering of supporting documents, including educational enrolment documents. For instance, school principals may come to learn that a child's parents are divorced because they have to ask for their child's enrolment information to apply for the SPA or FCA.⁵⁹¹

Given the design of the SPA and FCA, it can create some degree of dependence because recipients can be cut off from their benefits if they start working or have savings. Given the fact that eligibility for these schemes are determined by poverty status, beneficiaries are more likely to maintain their poverty status to continue to qualify for the benefits, rather than earn a marginally higher income from employment. Thus, beneficiaries often fear having their benefits withdrawn if they start saving money from the allowance.⁵⁹²

⁵⁸⁷ Maldivian Statistical Yearbook 2024. Retrieved on 30 May 2025 from: [Statistical Yearbook 2024](#)

⁵⁸⁸ Ibid, 2024.

⁵⁸⁹ Druzza, K. & A. Tran (2020). *Evaluation of the Single Parent and Foster Care Social Protection Schemes in the Maldives: Final Report*. UNICEF: Male', Maldives.

⁵⁹⁰ Ibid, 2020.

⁵⁹¹ Ibid, 2020.

⁵⁹² Ibid, 2020.

Both the SPA and FCA are designed to target those living in poverty, yet many eligible families are unable to access these allowances because of the complex and costly application process, and their lack of awareness of the schemes. For example, application forms are biased toward persons who are literate. For persons with disabilities, the application process is even more difficult and can be inaccessible (e.g., there are no brail forms for the visually impaired).⁵⁹³ Certain aspects of these two schemes, particularly the way they are implemented, can also serve as barriers to achieving gender equality. For instance, for girls who leave school early to marry or due to a pregnancy, they can have a more difficult time with the application process. Eligibility criteria related to school attendance and immunizations put compliance responsibilities on women, reinforcing traditional gender norms that women are the carers.⁵⁹⁴

There is low community confidence in the fairness of the SPA and FCA, which is compounded by the fact that applicants who have been rejected cannot access information on the grounds for their rejection, nor are there clear or formal channels through which to file complaints or appeal decisions; without an effective grievance mechanism, a well-intentional scheme has become one that citizens dread.⁵⁹⁵ Also, application and beneficiaries do not have the opportunity to offer feedback on the schemes, and monitoring and evaluation of the schemes is non-existence.⁵⁹⁶

Among beneficiaries, allowances are largely spent on food and education; yet, nutritional awareness is low across the islands and children lack nutritious foods. There is also a lack of child-focused psychosocial support and special needs education; thus, many SPA and FCA child beneficiaries are not receiving the wrap around services that they need.⁵⁹⁷

it is imperative that policies addressing the needs of children are informed by realistic and in-depth information on the types of vulnerabilities that children face and potential barriers to accessing basic needs, including health care, education and other basic services (e.g., psychosocial support).⁵⁹⁸ To make the schemes child-focused, inclusive and rights-based requires adopting a universal approach to ensure no child is left behind.

Box 5.1. Recommendations for strengthening the SPA and FCA

- Establish a robust child protection system with its responsibilities separate from the income support system.
- Rename the SPA to the child support grant to prevent stigmatization.
- Promote the financial and political empowerment of women at island levels, supported by the representation of women on island councils.
- Develop an operations manual and training strategy to enhance effective operations at island levels.
- Streamline the application and approval process underpinning social protection programmes into a single registry and develop a mobile application.
- Develop a monitoring and evaluation plan with funding.
- Give NSPA the mandate for all cash transfers and policy development and implementation authority.
- Reform existing social protection schemes for children into a universal child benefit and introduce behavioural nudges through the incorporation of top-up mechanisms.
- Reform the subsidy programme to fund a universal child benefit.
- Conduct research to further the agenda toward social protection for children in Maldives.

Source: Druza, K. & A. Tran (2020). *Evaluation of the Single Parent and Foster Care Social Protection Schemes in the Maldives: Final Report*. UNICEF: Malé, Maldives.

Key Priorities for Children and Adolescents in the Social Protection Sector

⁵⁹³ Druza, K. & A. Tran (2020). *Evaluation of the Single Parent and Foster Care Social Protection Schemes in the Maldives: Final Report*. UNICEF: Male', Maldives.

⁵⁹⁴ Ibid, 2020.

⁵⁹⁵ Ibid, 2020.

⁵⁹⁶ Ibid, 2020.

⁵⁹⁷ Ibid, 2020.

⁵⁹⁸ Ibid, 2020.

Based upon the abovementioned barriers and challenges within the social protection system, the key priorities for children and adolescents include, but are not limited to:

- Reduce the fragmented approach to social protection and strengthen oversight of the delivery of social protection schemes across the atolls and islands. Island councils and IBAMAs can play a great role in ensuring the social protection schemes reach children and parents who quality of the allowances.
- SPA and FCA should more effectively target those living in poverty, and strengthen SOPs to ensure that eligible families are able to access the schemes by improving application processes awareness of the schemes
- Improve community confidence as the fairness of the SPA and FCA with feedback and complaint mechanisms, and monitoring and evaluation.

CLEAN AND SUSTAINABLE ENVIRONMENT

In Maldives, the Constitution grants citizens to a clean and healthy environment. The country, however, faces unique environmental challenges, including weather-related disasters and hazards, climate change, rising sea levels, destruction of delicate coral reefs and plastic pollution. These and other deteriorating environmental conditions are an existential threat for Maldives and threaten services on which children rely (including education, health, WASH, and protection); thus, strengthening the capacity and resiliency of government and community systems to maintain safe and clean environments is critical to environmental and resiliency components of the 2030 Agenda for Sustainable Development. This includes: SDG 6 on clean water and sanitation; SDG 11 on sustainable cities and communities; SDG 13 on climate action; and SDG 5 on gender equality.⁵⁹⁹ An even greater challenge is to ensure that new and existing WASH systems are resilient to climate change and the growing threat of water scarcity.⁶⁰⁰

Water, Sanitation and Hygiene (WASH)

Access to safely managed WASH practices are considered core socio-economic and health determinants, and are key for mothers, newborns and child health and survival. Thus, SDG indicators focus on the proportion of the population with safely managed drinking water (6.1.1) and sanitation services (6.2.1), and on mortality rates attributed to exposure to unsafe WASH services (3.9.2). The WHO-UNICEF Joint Monitoring Programme (JMP) for WASH defines safely managed WASH services as meeting three criteria – accessible on premises, available when needed, and free from contamination.

In accordance with SDG 6, GoM has committed to achieve by 2030, universal and equitable access to safe and affordable water for all, access to adequate and equitable sanitation and hygiene for all, and to end open defecation. In Maldives, the challenge is that structural WASH deficiencies exist in households, schools and health facilities; thus, achieving universal access to safe drinking water and sanitation by 2030 will be challenging for Maldives, given current levels of investment and climate variability. Nevertheless, the GoM is working towards a more sustainable, resilient and inclusive blue economy.

In addition to provisions in the Constitution that ensure that every Maldivian has the fundamental right to a clean and healthy environment, there are national legislation and policies that establish national structures that regulate water and sewer development, use and management, and protection of the country's water resources and environment, and citizen's responsibilities. Key pieces of legislation and policies related to WASH include:⁶⁰¹

- Climate Emergency Act (Law NO. 9/2021)
- Maldives Energy Act (Law No. 18/2021)
- Waste Management Act (Low No. 24/2022)
- Utility Regulatory Authority Act (Law No. 26/2020)
- Energy Policy and Strategy 2024-2029
- National Waste and Resource Management Policy and Strategy 2024-2028
- National Water and Sewerage Strategic Plan 2020-2025

⁵⁹⁹ UNICEF (2022). *Goal Area 4: Every child lives in a safe and clean environment – Global Annual Results Report 2021*. UNICEF: New York, NY, USA.

⁶⁰⁰ Ibid, 2022.

⁶⁰¹ Government of Maldives (2024). *Maldives First Biennial Transparency Report to the United Nations Framework Convention on Climate Change (UNFCCC) Under the Paris Agreement*. Ministry of Climate Change, Environment and Energy: Male', Maldives.

- National Disaster Management Authority Strategic Plan 2023-2027
- Maldives Health Master Plan 2016-2025

In Maldives, the Water and Sanitation Department under the MTE is responsible for providing safe, sustainable, affordable and environmentally-friendly sewerage systems. The Department is also tasked with: developing policies and regulations; facilitating and coordinating the mobilization and use of resources for water and sewage systems; providing advice to the government and private sectors in the planning and implementation of water and sanitation programmes; and providing advice as to the provision and usage of services.⁶⁰²

Safe Water. Everyone has the human right to safe drinking water. In Maldives, sustainability of safe water supplies is one of the most serious challenges, particularly given the fact that water scarcity is a recurring phenomenon and is expected to worsen with climate change. When children do not have access to clean water it negatively impacts all aspects of their lives.

The impacts of climate change, coupled with Maldives' growing population has strained the country's already limited freshwater supplies. Due to the country's low-lying geography, Maldives is exposed to rising sea levels, extreme weather events, saline intrusion, and increasing unpredictable rainfall patterns. These factors, coupled with the country's lack of water infrastructure, have led to increasingly frequent water shortages across the country.⁶⁰³

As an archipelago, Maldives faces unique problems in realizing the rights to safe water for the population.⁶⁰⁴ Groundwater and rainwater have long been the two main sources of freshwater in Maldives, but groundwater has become unsuitable for drinking due to contamination. The very close proximity of groundwater aquifers to island surfaces makes them vulnerable to pollution and contamination from human activities and saltwater intrusion. In recent years, groundwater has been depleted because of rapid population growth and human development activities. Sea level rise also increases saltwater contamination of the freshwater lenses as they lie on top of the salt water; thus, in the outer islands, rainwater is the main source of potable water, but changing precipitation patterns make rainwater harvesting very challenging.⁶⁰⁵

On more remote island, which include many low-income families and farmers, poverty rates are higher and water infrastructure (e.g., piped water systems and desalination plants) are in poor condition or non-existent.⁶⁰⁶ To respond to this situation, in 2017, GoM, with support from the Green Climate Fund, UNDP initiated a USD 28.2 million project to address water shortages in the country's outer islands. The initiative aimed to provide 32,000 people on 49 islands with access to reliable, safe water by introducing integrated water resource management systems that combined desalination, rainwater harvesting, and groundwater recharge to ensure better access to sustainable clean water.⁶⁰⁷

Despite commitments to ensure access to safe water through relevant laws, strategic plans and development projects, some marginalized islands affected by climate change face limited access to water because of inadequate government consultations, poor monitoring and economic barriers.⁶⁰⁸ GoM has sought to secure financing for climate adaptation measures, however, authorities have often failed to engage affected communities in key decision-making processes, particularly those living far from major urban islands. As a result, the design, implementation and maintenance of foreign-funded water projects have not reached remote and poorer communities experiencing water shortages.⁶⁰⁹

⁶⁰² Retrieved on 31 May 2025 from: [Water and Sanitation – Ministry of Tourism and Environment](#)

⁶⁰³ Maldives: Communities Lack Equitable Access to Water. Human Rights Watch, 13 May 2025. Retrieved on 31 May 2025 from: [Maldives: Communities Lack Equitable Access to Water | Human Rights Watch](#)

⁶⁰⁴ Ibid, 2025.

⁶⁰⁵ Kagawa, F. (2022). *The Heat is On! Toward a Climate Resilient Education System in the Maldives*. UNICEF Regional Office for South Asia: Kathmandu, Nepal.

⁶⁰⁶ Maldives: Communities Lack Equitable Access to Water. Human Rights Watch, 13 May 2025. Retrieved on 31 May 2025 from: [Maldives: Communities Lack Equitable Access to Water | Human Rights Watch](#)

⁶⁰⁷ Ibid, 2025.

⁶⁰⁸ Ibid, 2025.

⁶⁰⁹ Ibid, 2025

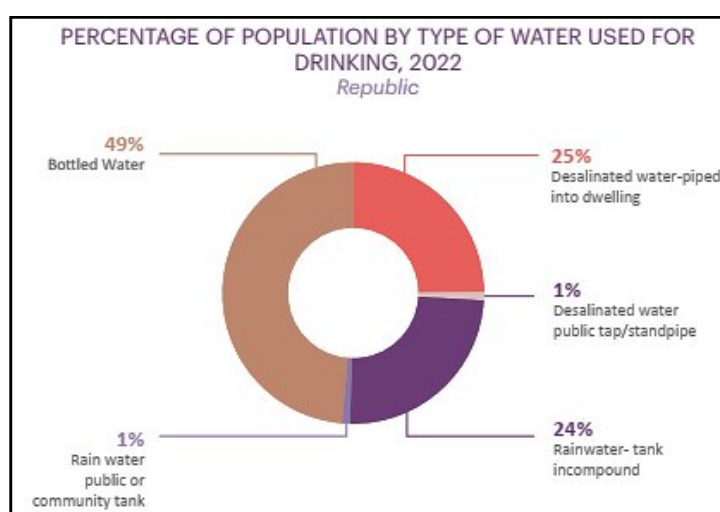
Table 5.5. Population classified by type of water used for drinking (%), 2014 and 2022

	Treated/Safe		Untreated/Unsafe	
	Census 2022	Census 2014	Census 2022	Census 2014
Republic	76	47	24	52
Male	100	97	0	1
Atolls	59	15	41	84
Industrial islands	91	75	9	18

n/a = Not available; **Source:** Maldives Bureau of Statistics (2023). *Household Characteristics: An Analysis from Census 2022*. Maldives Bureau of Statistics: Malé, Maldives.

Table 5.5 shows that across Maldives, from 2014-2022, progress has been made in improving access to treated/safe drinking water. In 2022, 76 percent of the population had access to treat/safe drinking water (up from 47 percent in 2014), whereas 24 percent relied upon untreated/unsafe drinking water (down from 52 percent in 2014). There are notable regional differences; 100 percent of residents in Malé had access to treated/safe drinking water in 2022 (up from 97 percent in 2014), whereas only 59 percent of the population in the atolls had access to treated/safe drinking water (up from 15 percent in 2014). In 2022, as many as 41 percent of the population in the atolls relied upon untreated/unsafe drinking water (down from 84 percent in 2014). There has also been a notable increase in the proportion of the population on industrial islands who have access to treated/safe drinking water from 75 percent in 2014 to 91 percent in 2022.

The 2022 Census revealed that nearly half the population (49 percent) preferred bottled water for drinking, making it the most popular choice in Maldives, followed by desalinated water piped into dwellings (25 percent) and rainwater collected in compounds (24 percent). Use of desalinated water from public tap/standpipe and rainwater from public or community tanks is relatively low (one percent each).⁶¹⁰ Desalinated water is most often used in Malé and resort islands despite high production costs.⁶¹¹



In 2022, as it relates to water used for cooking, 57 percent of households used desalinated water-piped into the dwelling and 36 percent used rainwater collected in compounds. In Malé, 98 percent of households cooked with desalinated water-piped into their dwelling, compared to only 21 percent in the atolls; whereas in the atolls households were most likely to cook with rainwater collected in compounds (68 percent).⁶¹²

Access to safe water at schools and health facilities is a growing concern and priority.⁶¹³ According to the WHO-UNICEF JMP, basic drinking water was available in an estimated 99 percent of schools in 2022.⁶¹⁴ Each island has community rainwater harvesting systems and schools have their own rainwater storage capacities; in 2019, rainwater tanks were available at 96 percent of schools.⁶¹⁵ When schools experience water quality problems or

⁶¹⁰ Maldives Bureau of Statistics (2023). *Household Characteristics: An Analysis from Census 2022*. Maldives Bureau of Statistics: Male', Maldives.

⁶¹¹ Kagawa, F. (2022). *The Heat is On! Toward a Climate Resilient Education System in the Maldives*. UNICEF Regional Office for South Asia: Kathmandu, Nepal. Retrieved on 1 June 2025 from: [The Heat is On! Towards a Climate Resilient Education System in the Maldives.pdf](#)

⁶¹² Maldives Bureau of Statistics (2023). *Household Characteristics: An Analysis from Census 2022*. Maldives Bureau of Statistics: Male', Maldives.

⁶¹³ Kagawa, F. (2022). *The Heat is On! Toward a Climate Resilient Education System in the Maldives*. UNICEF Regional Office for South Asia: Kathmandu, Nepal.

⁶¹⁴ WHO-UNICEF JMP. Retrieved on 1 June 2025 from: [JMP](#)

⁶¹⁵ Kagawa, F. (2022). *The Heat is On! Toward a Climate Resilient Education System in the Maldives*. UNICEF Regional Office for South Asia: Kathmandu, Nepal; Government of Maldives (2019). *Education Sector Analysis Maldives*. Ministry of Education: Male', Maldives.

shortages, students need to bring their own drinking water from home. Some schools continue to use ground water for non-potable purposes, such as washing and toilets, yet ground water are saline contaminated, posing health risks to children.⁶¹⁶ In comparison, data related to water services in health facilities are limited. According to WHO-UNICEF JMP, in 2022, 55 percent of health care facilities had basic water services, 43 percent had limited water services and 3 percent relied on surface water.⁶¹⁷

Water quality is a serious concern in Maldives. In 2024, as part of the Enhancing National Development through Environmentally Resilient Islands (ENDhERI) Project, under the MCCEE, water sampling was carried out at 40 locations on four islands. Results indicated that all four islands had generally acceptable physiochemical parameter ranges; however, certain samples had high total dissolved solids and colour levels, and an unpleasant odour. Samples from all four islands also had varying chloride levels, which can be potentially harmful to chloride-sensitive crops. Microbiological components were high in all four samples and all 40 locations tested had varying levels of total and faecal coliform; thus, groundwater in these locations should not be used for irrigation, unless they are disinfected prior to use to confirm with the absence of faecal coliforms and E. Coli. As water in mosques are used for ablution, it is imperative that groundwater be discontinued for further use until it can be disinfected for all four mosques impacted.⁶¹⁸

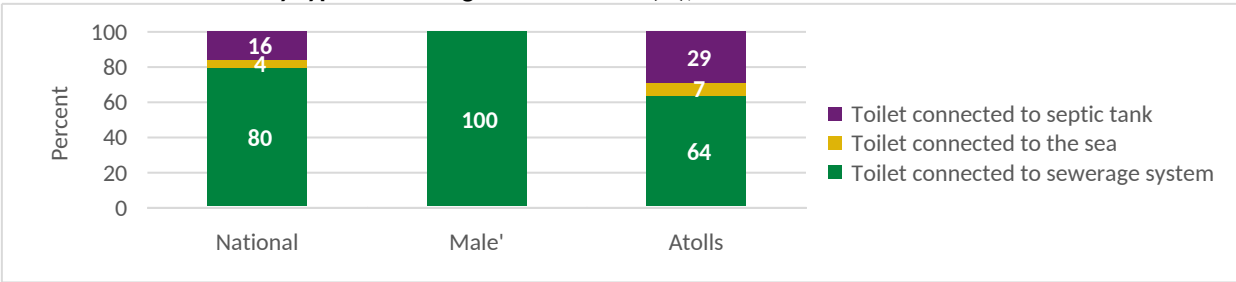
The result is unequal distribution of water resources and service provision for safe water. Given the situation, Maldives is unlikely to meet SDG 6.1 Target, to achieve universal and equitable access to safe and affordable drinking water for all by 2030.

In 2023, public expenditures for the water supply was MVR 193 million (less than one percent of total government expenditures), and decreased to MVR 70 million in 2024; it is unclear what is the driver of this 64 percent decrease. In 2025, water supply expenditures were projected to increase to MVR 192 million, similar to what it was in 2023.⁶¹⁹

Sanitation. Sanitation is about the coupling of behaviours, facilities and services that provide the hygienic environment that children need to fight disease and grow up healthy. Adequate sanitation is essential to childhood survival and development, whereas poor sanitation puts children at-risk of childhood diseases and malnutrition that can impact their overall development and learning.⁶²⁰

According to the WHO-UNICEF JMP, in 2022, 99 percent of urban and rural households had basic sanitation services; only one percent had limited sanitation services.⁶²¹ In addition, the 2022 Census revealed that nationally, 80 percent of households were connected to a sewerage system, 4 percent used toilets connected to the ocean, and 16 percent used a toilet connected to a septic tank. All households in Malé and 64 percent in the atolls had a toilet connected to a sewerage system, which underscores a commitment to advanced sanitation infrastructure. In the atolls, 29 percent of households had a toilet connected to a septic tank, and 7 percent had a toilet connected to the ocean.

Chart 5.16. Households by type of sewerage facilities used (%), 2022



Source: Maldives Bureau of Statistics (2023). *Household Characteristics: An Analysis from Census 2022*. Maldives Bureau of Statistics: Malé, Maldives.

⁶¹⁶ Kagawa, F. (2022). *The Heat is On! Toward a Climate Resilient Education System in the Maldives*. UNICEF Regional Office for South Asia: Kathmandu, Nepal; Government of Maldives (2019). *Education Sector Analysis Maldives*. Ministry of Education: Male', Maldives.

⁶¹⁷ WHO-UNICEF JMP. Retrieved on 1 June 2025 from: [JMP](#)

⁶¹⁸ Epoch Associates Pvt Ltd (2024). *Water Quality Assessment Report: Groundwater Quality Assessment for Laamu Atoll Isdhoo, Kalaidhoo, Gan and Dhanbidhoo*. Epoch Associates Pvt Ltd: Male', Maldives.

⁶¹⁹ Ministry of Finance. Retrieved on 30 May 2025 from: [Government Budget - Home](#)

⁶²⁰ Retrieved on 7 March 2024 from: [Sanitation | UNICEF](#)

⁶²¹ WHO-UNICEF JMP. Retrieved on 1 June 2025 from: [JMP](#)

In 2022, nationally, 78 percent of households disposed of garbage through formal channels, such as WAMCO or the Island Council, and 20 percent used garbage compounds or designated waste disposal sites; in Malé, garbage collection is exclusively managed by WAMCO. In the atolls, Addu and Gnaviyan Atolls stand out with the highest percentage of households relying on garbage collection by WAMCO or the Island Council (92 percent and 89 percent respectively); whereas, Felidhu and Mulaku Atolls rely on garbage compounds as their primary method for garbage disposal (98 percent and 81 percent respectively).⁶²² Unfavourable methods, such as dumping in beach areas or burning in housing units, are still used by a few households (2 percent each). In addition, less than 2 percent of households use land reclamation sites, throw garbage in bushes, bury garbage, throw garbage into the ocean or use waste disposal machines. Maldives has made significant advancements with waste management, given the majority of households opt for formal and regulated garbage collection methods.⁶²³

Data related to sanitation services in schools and health facilities are lacking; however, according to the WHO-UNICEF JMP, in 2022, 15 percent of health facilities had basic sanitation services, 85 percent had limited sanitation services and less than one percent had no sanitation services.⁶²⁴

Hygiene. Good hygiene is critical for preventing the spread of infectious disease and helping children to lead long and healthy lives. Good hygiene can help prevent children from missing school, which results in better learning outcomes. For families, good hygiene means avoiding illness and spending less money on healthcare. In some contexts, good hygiene can also secure a family's social status and help individuals to maintain their self-confidence. Good hygiene is difficult to practice, however, without the right knowledge and skills, adequate community support or belief that one's own behaviours can make a difference.⁶²⁵

In 2020, 96 percent of households in Maldives had basic handwashing facilities with soap and water (97 percent in urban and 95 percent in rural households). The 2011 School Health Policy indicates that handwashing stations have been established in all schools. Under the policy, schools are expected to make soap and handwashing facilities accessible to the whole school community. Thus, in 2020, all schools had access to basic hand hygiene facilities with soap and water.⁶²⁶ Although there is no separate budget line for hand hygiene, MOE does provide soap to schools. Private institutions and care facilities provide their own budget for hand hygiene. Colleges and universities are different in the provision of hygiene facilities, as the availability of soap can be a problem in some colleges and universities.⁶²⁷

All health facilities have access to basic hand hygiene facilities with soap and water.⁶²⁸ City Councils and Island Councils have a role to in monitoring that hand hygiene is practiced by communities and hand hygiene facilities are available and maintained in public places and homes. Awareness-raising and trainings are offered to councils, community health centres and employers to strengthen hygiene measures in homes and workplaces.⁶²⁹

There are families and children who live in conditions that make it difficult to maintain good hygiene. Although data are lacking on the proportion of households with basic hygiene, the WHO-UNICEF JMP did estimate that 996 urban households had no hygiene facilities in 2022 (up from 768 in 2015).⁶³⁰

⁶²² Maldives Bureau of Statistics (2023). *Household Characteristics: An Analysis from Census 2022*. Maldives Bureau of Statistics: Male', Maldives.

⁶²³ Maldives Bureau of Statistics (2023). *Household Characteristics: An Analysis from Census 2022*. Maldives Bureau of Statistics: Male', Maldives.

⁶²⁴ WHO-UNICEF JMP. Retrieved on 1 June 2025 from: [JMP](#)

⁶²⁵ UNICEF (2021). *Goal Area 4: Every child lives in a safe and clean environment – Global Annual Results Report 2020*. UNICEF: New York, NY, USA.

⁶²⁶ UNICEF Maldives Hand Hygiene Snapshot. UNICEF Regional Office for South Asia: Kathmandu, Nepal. Retrieved on 1 June 2025 from: [Hand-Hygiene-Snapshot-Maldives.pdf](#)

⁶²⁷ Ibid.

⁶²⁸ Ibid.

⁶²⁹ Ibid.

⁶³⁰ WHO-UNICEF JMP. Retrieved on 1 June 2025 from: [JMP](#)

Mortality Attributed to Unsafe WASH.

Inadequate WASH are important risks to health, particularly in low- and middle-income countries. The impact of unsafe WASH on death rates of children under-five and mothers in the year after childbirth is important to understand, but such data are not available. Data that are available relate to SDG 3.9.2, which is the mortality rate attributed to exposure to unsafe WASH. **Table 5.6** shows that Maldives has a very low mortality rate attributed to exposure to unsafe WASH at 2.3 per 100,000 population, which is lower than the average for upper middle-income countries and South Asia.

Table 5.6. Mortality rate attributed to unsafe

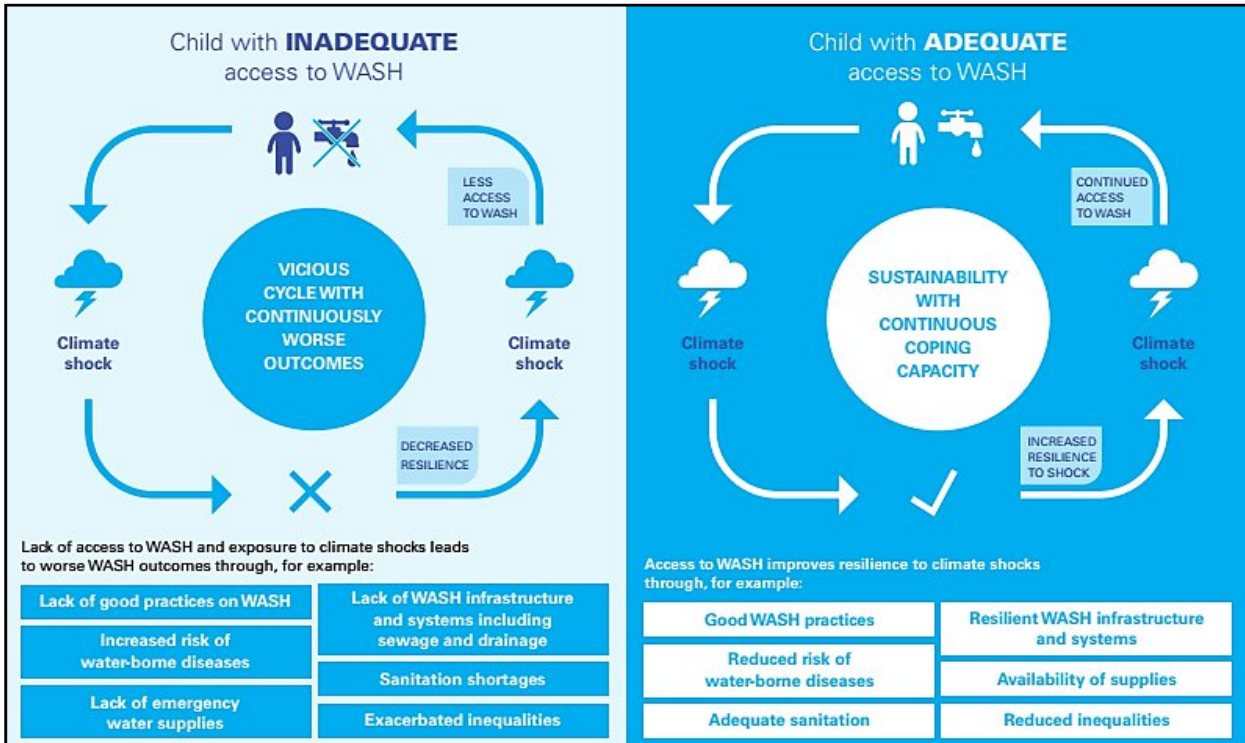
WASH (per 100,000 population), 2019	
Maldives	2.3
South Asia	34
Upper middle-income countries	5.5

Source: Retrieved on 23 July 2025: [Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene \(per 100,000 population\) - Maldives | Data](#); [Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene \(per 100,000 population\) - South Asia | Data](#); [Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene \(per 100,000 population\) - Upper middle income | Data](#)

Climate Change and WASH. Climate change poses significant challenges to the WASH sector. Climate change is threatening national water security, with major implications for WASH services, which will exacerbate health and social disparities. WASH is ranked as the second highest risk for children under-five, as WASH is vital for children’s health. WASH also plays a crucial role in maintaining hygienic living conditions and in preventing waterborne diseases to which children are highly susceptible.

Climate change impacts water availability and quality through altered precipitation patterns, which brings about more intense and prolonged droughts in some atolls, and increased rainfall and flooding in other atolls. These changes can affect the availability of clean water, with droughts reducing rainwater and groundwater levels, and floods destroying and damaging WASH infrastructure, such as latrines and septic systems, leading to flooding of toilets and contamination of water sources with pollutants and pathogens. This can lead to diarrheal diseases.

Extreme heat events also tend to exacerbate sanitation issues by increasing water demand for personal hygiene and putting a strain on water resources. WASH infrastructure is also vulnerable to climate-related hazards, such as sea-level rise, tropical storms and tsunamis. Severe weather events often damage water supply and treatment systems, disrupting services and causing water shortages; this was evident from the 2024 tsunami. Reduced access to clean water can lead to increased healthcare costs and lost productivity due to waterborne diseases.



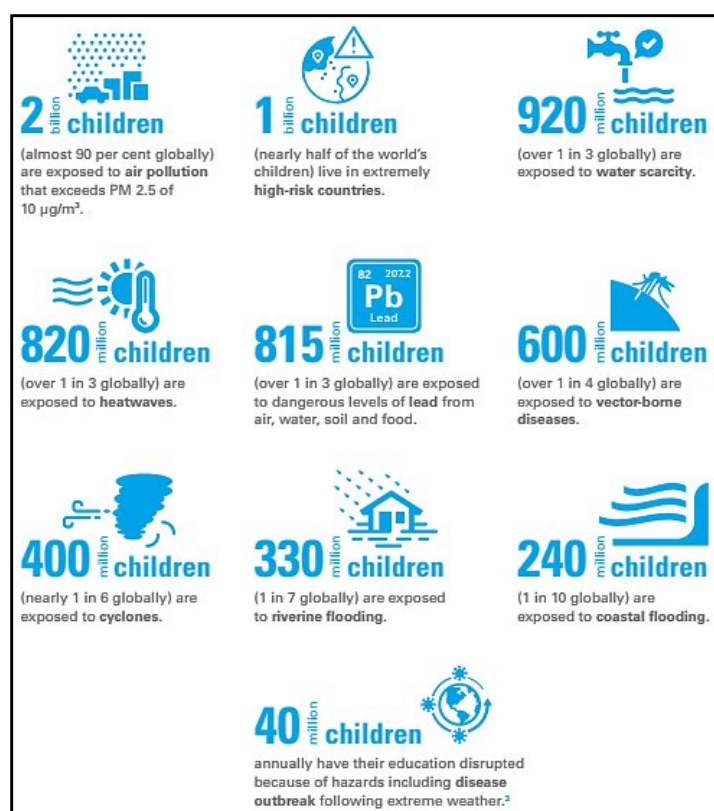
Source: UNICEF (2021). *The climate crisis is a child rights crisis: Introducing the Children’s Climate Risk Index*. UNICEF: New York City, NY, USA, p. 59.

To prepare for the effects of climate change on WASH, it is essential that the GoM focus on strengthening the climate resilience of WASH infrastructure and services, including: enhancing water storage and management systems to cope with changing rainfall patterns; improving water-use efficiency; developing climate-resilient sanitation infrastructure; involving City Council and Island Councils in the monitoring of water quality at points-of-use; and promoting safe water treatment and purification technologies.

Environment and Climate Change

The right to a healthy environment is a powerful tool to protect children from the impact of environmental degradation and climate change.⁶³¹ In a historic move, the UN General Assembly declared a healthy environment a human right. In a resolution passed in July 2022, the UN General Assembly declared that climate change and environmental degradation were among the most pressing threats to humanity's future; thus, it called on UN Member States to step up efforts to ensure that their people have access to a "clean, healthy and sustainable environment."⁶³² The resolution comes as the planet grapples with what has been described as a 'triple planetary crisis' of climate change, nature and biodiversity loss, and pollution and waste. If left unchecked, these problems could have disastrous consequence for people around the world, especially the poor, women and girls, and children, in general.⁶³³

In 2023, UNICEF launched the UNICEF Sustainability and Climate Change Action Plan 2023-2030⁶³⁴, which focuses on its strategies, operation and partnerships to help governments and communities to: build low-carbon, resilient essential services for children; equip young people to be champions for the planet; and accelerate a just transition to a nature-positive and carbon-neutral world through the influence of advocacy, operations and supply chain.



Source: UNICEF (2022). Every child has the right to a health environment. UNICEF: New York City, NY, USA.

⁶³¹ UNICEF (2022). *Every Child has the right to a health environment*. UNICEF: New York, NY, USA. Retrieved on 18 May 2024 from: [Childhood Right To Healthy Environments Key Messages 2022.pdf \(unicef.org\)](#)

⁶³² In historic move, UN declares healthy environment a human right. UN environment programme, 28 July 2022. Retrieved on 17 May 2024 from: [In historic move, UN declares healthy environment a human right \(unep.org\)](#)

⁶³³ Ibid, 2022.

⁶³⁴ UNICEF (2023). *The UNICEF Sustainability and Climate Change Action Plan 2023-2030*. UNICEF: New York, NY, USA. Retrieved on 15 August 2025 from: [UNICEF SCAP 2023-2030.pdf](#)

Globally, more than one million premature deaths among children under-five are caused by pollution and toxic substances on an annual basis. This is because:

- Children are physically and economically more vulnerable and less able to survive shocks from floods, droughts, severe weather and heat waves.
- Children are more vulnerable physiologically to toxic substances, such as pollution, affecting them at even low levels of exposure.⁶³⁵
- Children are more at risk of death, compared to adults, from diseases that are likely to be exacerbated by pollution and climate change, such as pneumonia, malaria and diarrhoea.
- Any deprivation caused by climate and environmental degradation at a young age can result in a lifetime of lost opportunity.

The triple planetary crisis of climate change, environmental degradation and biodiversity loss, disproportionately affects children and young people, and endangers their fundamental rights to survival, development, protection and participation. The repercussions are wide-reaching, including heightened health risks, disruptions to education, increased vulnerability to disasters and economic instability. Notably, these adversities are most severe for marginalised and disadvantaged children and young people – child living in poverty, children with disabilities and girls – further intensifying existing inequalities.⁶³⁶

As discussed in Chapter 2, to mitigate and adapt to climate change, GoM has adopted a robust climate policy framework. The policy framework is grounded in the Environment Protection and Preservation Act of 1993, which sets the legislative foundation for environmental governance, including protected area management, environmental impact assessment and waste management. Since then, other key pieces of legislation have been adopted and plans developed, including:⁶³⁷

- Climate Change Policy Framework 2015
- NDC Implementation Plan 2018
- Climate Emergency Act of 2021
- Maldives Energy Act of 2021
- National Roadmap for Early Warnings for All 2024

In 2016, Maldives signed the Paris Agreement on Climate Change under the aegis of the UNFCCC, which was adopted on 12 December 2014 at the 21st session of the Conference of the Parties of the UNFCCC CoP21, which was held in Paris, France. In keeping with Paris Agreement commitments, Maldives submitted its First NDC in 2015, followed by its Second NDC in 2020, and the Third NDC to the National Climate Action Plan Toward Resilience and Low-Carbon Development in 2025 (see Chapter 2, Climate Change for a discussion of Maldives' Second and Third NDCs).

Maldives has also adopted laws and policies that aim to manage key industries, including fisheries, tourism, public health and transportation. These regulatory frameworks promote sustainable practices, ensure resource protection and enhance economic development while addressing environmental challenges. To strengthen climate resilience across sectors, government agencies are developing sector-specific climate adaptations plans. For instance, in 2023, Maldives introduced the Tourism Climate Action Plan to focus on adaptation in the tourism industry, whereas the Health National Adaption Plan aims to mitigate climate-related health risks through system interventions.⁶³⁸

In response to climate change and environmental challenges facing Maldives, the ENDhERI Project was established under MCCEE. This four-year project (2020-2024) aimed to enhance reef protection, resilience and ecosystem recovery by reducing development impacts in a select project site of Maldives, and enabled replication nationally

⁶³⁵ Infants and children are at higher risk than adolescents and adults for exposure to environmental toxins via ingestion for a number of reasons, including: their smaller size (and proportionately larger dose of ingested toxins); their closer proximity to the ground, dirt and indoor dust; their curiosity and oral exploratory behaviours; their proportionately larger daily water and milk intake; and food preferences that differs markedly from adolescents and adults. See, Hauptman, M. & A.D. Woolf (2017). Childhood Ingestions of Environmental Toxins: What are the Risks? *Pediatric Annals*, Vol. 4, No. 12, pp. 466-471. Retrieved on 28 November 2024 from: [Childhood Ingestions of Environmental Toxins: What Are the Risks? - PMC](#)

⁶³⁶ UNICEF (2022). *Every Child has the right to a health environment*. UNICEF: New York, NY, USA; Child and Youth Action for the Environment. Retrieved on 23 July 2025 from: [Child and Youth Action for the Environment | Knowledge](#)

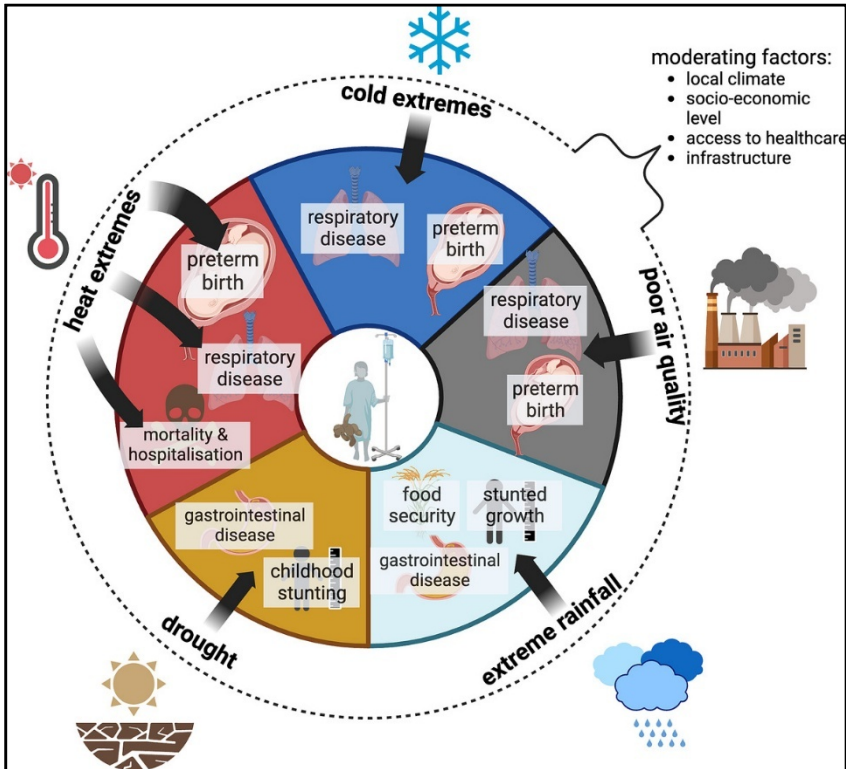
⁶³⁷ Government of Maldives (2024). *Maldives First Biennial Transparency Report to the United Nations Framework Convention on Climate Change (UNFCCC) Under the Paris Agreement*. Ministry of Climate Change, Environment and Energy: Male', Maldives.

⁶³⁸ Ibid, 2024, pp. 25-26.

through public awareness and integrating the values of marine biodiversity and other natural capital in national accounting. The project had outcomes related to: supporting sustainable, environment-friendly agricultural practices; building local capacity and awareness on impacts of agrochemicals on environment and human health; and supporting transformation of local agricultural practices to more environmentally sustainable and health-conscious methods.

Although the Third NDC focuses on the impacts of climate change on children and commits to addressing the impacts of climate change on children, Maldives has yet to develop a cohesive national agenda or action plan aimed at ensuring that children’s rights to a clean and safe environment are met. Thus, more attention needs to be directed to a range of environmental health risks facing children and adolescent in Maldives, including in their homes, schools and communities, particularly in settings where children and adolescents are often exposed to multiple environmental health hazards (**Figure 5.4**). Maldives would benefit from conducting a climate landscape analysis for children, as there is a lack of data and information on the impacts of climate change on children and adolescents in Maldives. climate experts and policymakers need data information on a wide range of environmental health risks facing children and adolescents as a result of climate change and environmental hazards in Maldives.

Figure 5.4. Impact of climate change on children

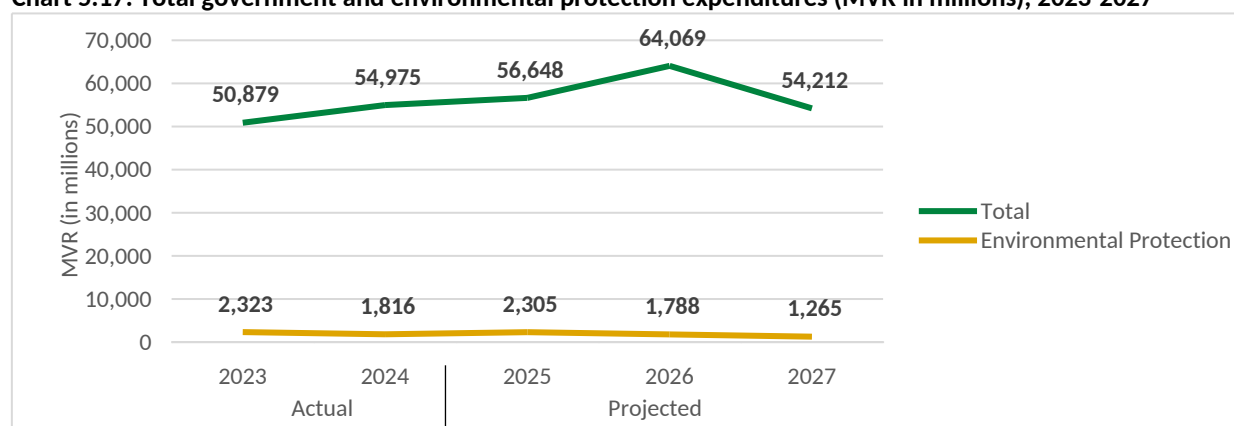


Note: Cold extremes are not relevant to Maldives

Environmental Protection Financing

Chart 5.17 shows a total of MVR 2.3 million expenditures for environmental protection in 2023, which covers waste management, waste water management, pollution abatement, protection of biodiversity and landscape, and more. The amount of environmental protection expenditures decreased to nearly MVR 1.8 million in 2024, representing a 22 percent decrease in health expenditures from 2023-2024 (i.e., 3.3 percent of total government expenditures in 2024). In 2025, it was projected that environmental protection expenditures would amount to MVR 2.3 million, representing a 21 percent increase from 2024-2025 (i.e., 4 percent of total government expenditures in 2025).

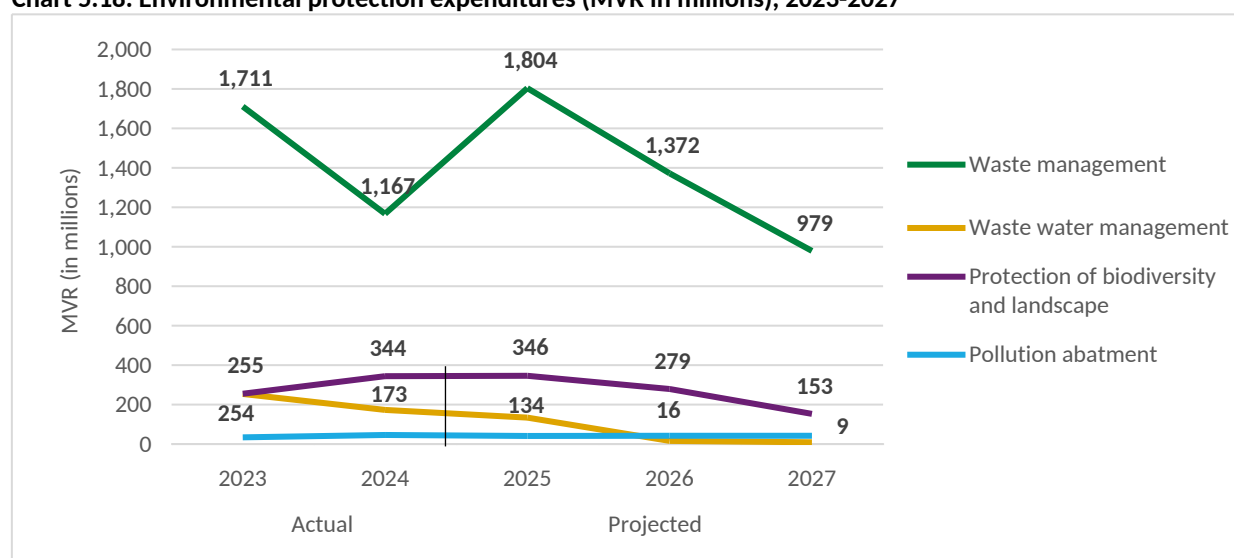
Chart 5.17. Total government and environmental protection expenditures (MVR in millions), 2023-2027



Source: Ministry of Finance. Retrieved on 30 May 2025 from: [Government Budget - Home](#)

More specifically, **Chart 5.18** shows that from 2023-2027, among environment protection expenditures, the large majority has been allocated to waste management (64 percent in 2024), followed by protection of biodiversity and landscape (19 percent); far less has been allocated to waste water management (10 percent) and pollution abatement (3 percent). It appears that there will be a dramatic decrease by 43 percent in government expenditures for waste management from MVR 1,711 million in 2023 to MVR 979 million in 2027; however, it is unclear from the data what is driving this dramatic decrease. There will also be a projected decrease in government expenditures on protection of biodiversity and landscape by 40 percent from MVR 255 million in 2023 to MVR 153 million in 2027.

Chart 5.18. Environmental protection expenditures (MVR in millions), 2023-2027



Source: Ministry of Finance. Retrieved on 30 May 2025 from: [Government Budget - Home](#)

Disaster Risk Reduction and Emergency Preparedness

In December 2024, the National Disaster Management Council endorsed the Maldives Disaster Risk Reduction (DRR) Strategy 2024-2030. The objectives of the DRR Strategy are to protect Maldives' natural and built environment, and the homes and assets of its citizens against climate hazards and other disasters, and to achieve disaster preparedness, resilient communities and SDGs. The implementation of this strategy is expected to facilitate mitigation efforts and enhance opportunities toward human resource development. Ultimately, the National Disaster Management Council formulated this strategy with the aim of strengthening Maldives' global advocacy regarding risks posed to SIDS due to climate change.⁶³⁹

⁶³⁹ National Disaster Management Council endorses the Maldives Disaster Risk Reduction Strategy 2024-2030. The President's Office, 24 December 2024. Retrieved on 2 June 2025 from: [National Disaster Management Council endorses the Maldives Disaster Risk Reduction Strategy 2024-2030 - The President's Office](#)

The DRR Strategy 2024-2030 aligns with Goal 5 of the Sendai Framework for DRR 2015-2030, in which signatories are required to increase the number of national and local DRR strategies by 2030. The Sendai Framework for DRR 2015-2030 was endorsed by the UN General Assembly following the 2015 Third UN World Conference on DRR. Maldives is among the few countries that have formulated such a comprehensive strategy.⁶⁴⁰

Box 5.2 highlights seven key priorities of the Maldives DRR Strategy 2024-2030, of which priorities 2 and 4 specifically address women, children and persons with disabilities.

Box 5.2. Seven key priorities of the Maldives DRR Strategy 2024-2030

- Strengthen government and legal frameworks** – Establish clear roles and responsibilities for DRR efforts and ensure effective coordination and empowering stakeholders.
- Enhance multi-hazard risk assessments** – Conduct comprehensive risk assessments that consider climate change projections and cascading effects of multiple hazards. This includes conducting risk assessments on vulnerable populations, such as women, children and persons with disabilities.
- Build resilience through infrastructure and nature** – Integrate DRR principles into infrastructure development and maintenance practices, promote disaster resilient construction techniques, and utilize ecosystem-based approaches.
- Empower communities for effective response** – Build communities’ capacities to prepare for and respond to disasters, and participation in DRR planning. This includes developing capacity building programmes tailored to the needs of women, children, persons with disabilities and other vulnerable groups, and equipping them with disaster preparedness skills
- Strengthen early warning systems and preparedness** – Upgrade and expand early warning systems, ensure effective communication and support community preparedness plans.
- Promote comprehensive recovery and livelihood resilience** – Ensure a swift and comprehensive recovery process, focusing on repairs, livelihood restoration and establishing a social support system for vulnerable populations.
- Cultivate a culture of safety and climate resilience** – Integrate DRR and climate change education into the national curriculum, foster disaster preparedness and promote public awareness and knowledge sharing.

Source: Disaster Risk Reduction Strategy, Maldives 2024-2030. National Disaster Management Authority. Retrieved on 2 June 2025 from: [Maldives: Disaster Risk Reduction Strategy, Maldives 2024 -2030 | Refworld](#)

Box 5.3 highlights how the Maldives Disability Act plays a crucial role in promoting DRR by ensuring the inclusion and protection of persons with disabilities during emergencies and disasters. The Act strengthens the country’s DRR framework by promoting inclusion and ensuring specific safeguards for persons with disabilities, which makes for a more equitable and effective approach to disaster preparedness, response and recovering, in keeping with the principle of ‘leave no one behind’.⁶⁴¹

⁶⁴⁰ Ibid, 2024.

⁶⁴¹ Disaster Risk Reduction Strategy, Maldives 2024-2030. National Disaster Management Authority, p. 46.

Box 5.3. Maldives Disability Act role in promoting DRR

Promoting Inclusion

- Equal rights and opportunities – The Act emphasizes the importance of ensuring equal rights and opportunities for persons with disabilities, including their participation in all sectors of society. This fosters a more inclusive environment where persons with disabilities can contribute to and benefit from DRR efforts.
- Accessibility – The Act mandates accessibility in crucial areas like roads, buildings, transportation, information and communication, which ensures that persons with disabilities have equal access to essential services and can participate in disaster preparedness and response activities.

Enhancing Safeguards in Disasters

- Disaster planning – The Act requires that disaster preparedness plans incorporate the input of disability councils. This ensures the specific needs and considerations of persons with disabilities are address in planning for emergencies.
- Prioritized protection – The Act prioritize the safety and protection of women and children with disabilities during disasters, recognizing their increased vulnerability. This ensures they receive the necessary assistance during emergencies.

Source: Disaster Risk Reduction Strategy, Maldives 2024-2030. National Disaster Management Authority, p. 46. Retrieved on 2 June 2025 from: [Maldives: Disaster Risk Reduction Strategy, Maldives 2024 -2030 | Refworld](#)

Key Priorities for Children and Adolescents Related to a Clean and Sustainable Environment

Based upon the abovementioned alarming escalation of threats from climate change, environmental degradation and biodiversity loss, the key priorities for children and adolescents include, but are not limited to:

- Ambitious climate action is required and it must engage children and young people as powerful agents of change. Their voices and actions must be amplified, respected and addressed, and their aspirational visions for a greener future can position them as indispensable actors in Maldives climate, environmental and DRR response.⁶⁴²
- Children and youth can be capacitated to play more of a leadership role as change makers in the fight against climate change. This can include supporting national advocacy and awareness-raising campaigns on the threats from climate change, environmental degradation and biodiversity loss. They can also work in their communities to address challenges (e.g., water scarcity, pollution, flood protection and biodiversity loss) and contribute to tangible solutions.⁶⁴³
- UNICEF offers a variety of resources and toolkits that can be used to engage and capacitate children and youth to engage in climate policy advocacy and action, including: A young person's booklet to NDCs⁶⁴⁴; Young People's Guide to Climate Change and Children's Health⁶⁴⁵; and Toolkit for young climate activists.⁶⁴⁶
- Conduct a climate landscape analysis for children to ensure there is reliable and relevant data and information on the impacts of climate change on children and adolescents in Maldives, which climate experts and policymakers can use to develop an action to address a wide range of environmental health risks facing children and adolescents as a result of climate change and environmental hazards in Maldives
- Support government in adapting social services for children to a changing climate.

⁶⁴² Child and Youth Action for the Environment. Retrieved on 23 July 2025 from: [Child and Youth Action for the Environment | Knowledge](#)

⁶⁴³ Ibid.

⁶⁴⁴ UNICEF (2024). *A young person's booklet to Nationally Determined Contributions (NDCs)*. UNICEF: New York, NY, USA. Retrieved on 23 July 2025 from: [A young person's booklet to Nationally Determined Contributions \(NDCs\) | Voices of Youth](#)

⁶⁴⁵ UNICEF (2024). *Youth People's Guide to Climate Change and Children's Health*. UNICEF: New York, NY, USA. Retrieved on 23 July 2025 from: [Young People's Guide to Climate Change and Children's Health | Voices of Youth](#)

⁶⁴⁶ Toolkit for young climate activist: Created by young people who are concerned about our planet's situation and who, as activists, have face many challenges when advocating and taking action. Retrieved on 23 July 2025 from: [Toolkit for young climate activists | UNICEF](#)

Chapter 6. Conclusions and Recommendations

CONCLUSIONS

This SitAn on children and adolescents in Maldives identified a multitude of priority areas in which concerted and sustained action are needed to ensure their rights are realized. These general observations are being made with an acknowledgement that a complete equity-based analysis of the situation of children and adolescent in Maldives depends on the availability of data, including timely data and disaggregated data. It is important to have data disaggregated by individual demographics (e.g., gender, age), households characteristics (e.g., wealth quintile, sex of HoH), location (e.g., island/atoll) and other vulnerabilities (e.g., disability status). Such data, however, were not always readily available or timely/real-time, and in some cases were outdated (e.g., DHS data were nearly a decade old). Outdated data makes it difficult to analyse the current situation of children and adolescents in Maldives, and to document or analyse changes over time.

Although the government produces meaningful and relevant data related to the rights of children and adolescents, including data made available for this report, existing data does not always capture the full range of issues that allow for an in-depth assessment of the situation of children and adolescent.

Data are crucial for evidence-based planning and programme and policy formulation, as well as proper monitoring and reporting on the situation of children and adolescents in Maldives. Data also impacts the ability to effectively and efficiently allocate resources to advance the needs and rights of children and adolescents. Trend data are also needed to determine whether the situation of children and adolescents has improved over time. The lack of timely data is an ongoing challenge. For instance, despite the central role of poverty in determining the realization of children's rights, there is a lack of timely monetary and multidimensional child poverty. Given the lack of child poverty data, it is impossible to analyse whether the socio-economic situation of children and adolescents, and other vulnerable groups, is better or worse than it was three, five and ten years ago. In addition, some families may not be characterized as poor, but are still vulnerable in other ways that negatively impact children and adolescent.

Data Availability Related to Children and Adolescents

SDGs are a priority of GoM and its partners, yet as of July 2025, ten years after the launch of the 2030 Agenda for Sustainable Development, data are available for 58.3 percent of child-related SDGs (**Chart 6.1**). Timely data are lacking for many SDG indicators, which has been a bottleneck for effective monitoring of child-related SDGs and planning to meet SDG targets. Addressing the needs of children in Maldives requires filling these data gaps.

Table 6.1. Data availability for child-related SDG indicators, as of July 2025

Sustainable Development Goals	# Child-Related Indicators	# Indicators with Data	% Indicators with Data
SDG 1: No Poverty	7	4	57.1
SDG 2: Zero Hunger	3	3	100.0
SDG 3: Good Health	12	10	83.3
SDG 4: Quality Education	6	3	50.0
SDG 5: Gender Equality	4	2	50.0
SDG 6: Clean Water and Sanitation	2	2	100.0
SDG 7: Renewable Energy	1	0	0.0
SDG 8: Good Jobs and Economic Growth	2	1	50.0
SDG 10: Reduced Inequalities	1	0	0.0
SDG 11: Sustainable Cities and Communities	3	0	0.0
SDG 12 Responsible Consumption	1	0	0.0
SDG 13: Climate Action	1	0	0.0
SDG 16: Peace and Justice	4	1	25.0
SDG 17: Partnership for the Goals	2	2	100.0
Total	48	28	58.3

Note: see Annex B for child-related SGD data availability by indicator and year of most recent data).

This SitAn revealed data gaps related to children and adolescent; thus, there is a real need for the GoM to invest in population-based surveys such as the MDHS or Multiple Indicators Cluster Survey (MICS). There is also a need for government ministries/department and service providers to strengthen administrative data collection on children and gender. Strengthening administrative data is an important and useful investment of government resources to monitor development and progress made toward achieving sustainable development.

In recent years, globally, there has been increased interest among governments and development partners to explore ways to use existing survey and administrative data to monitor and report on the situation of children and adolescents. Administrative data are an important source of information that can often be readily accessed and used to complement prevalence studies on a wide range of topics, including children's access to education, healthcare, essential services, protection and justice. Administrative data can also be used to measure progress towards SDG targets and indicators that do not require population-based survey data.

SUMMARY OF DATA GAPS

This SitAn revealed many data gaps related to children and adolescents, including a lack of timely data related to child-related SDG indicators, which has been a bottleneck for effective monitoring of child-related SDGs and planning to meet SDG targets. Addressing the needs of children and adolescents in Maldives requires filling these data gaps.. Data gap identified in this SitAn are highlighted below.

Maternal, Child and Adolescent Survival

There were notable data gaps related to every child's and adolescent's rights to survive and thrive, including:

- Data related to the leading causes of neonatal deaths are available, but limited in scope and outdated. These data are crucial because they reveal the main causes of death that occur during pregnancy, delivery and up to 28 days of life. Knowing how babies die, where they die and why they die is important to improving the quality of care offered to pregnant mothers and their unborn babies.
- Data related to the leading causes of infant and under-five deaths are available, but limited and outdated. Timely data related to the leading causes of infant and under-five deaths are needed; these data should be regularly collected, analysed and reported on with disaggregation by sex of the child and region.
- Data related to the leading causes of child (ages 5-19 years) and adolescents (10-14 years and 15-19 years) are available, but limited and outdated. Timely data related to the leading causes of child and adolescents deaths are needed; these data should be regularly collected, analysed and report on with disaggregation by sex of the child and region.

Child and Adolescent Health, Nutrition and Well-Being

There were notable data gaps related to every child's and adolescent's rights to thrive, with access to nutritious diets, quality health care, nurturing practices and essential supplies, including:

- Prevalence data related to practices of breastfeeding, including exclusive breastfeeding, are available, but limited and outdated. Timely data and information are needed to understand what support and accommodations mothers need to inform their decisions to breastfeed and to ensure exclusive breastfeeding up to 6 months of age.
- Prevalence data related to underweight, stunting and wasting, including severe wasting, among children under-five are available, but limited and outdated. Also, prevalence data related to underweight among children ages 5-9 years and adolescents 10-19 years are lacking, but needed. Timely data related to the prevalence of underweight, stunting and wasting are needed; these data should be regularly collected, analysed and reported on with disaggregation by sex, age, wealth index quintile and region.
- Prevalence data related to overweight and obesity among children under-five, children aged 5-9 and adolescents aged 10-19 are available, but limited and outdated. Timely data related to the prevalence of

overweight and obesity among children and adolescents are needed; these data should be regularly collected, analysed and reported on with disaggregation by sex, age, wealth index quintile and region.

- ECD data that are available are outdated and limited to the 2016/17 MDHS. The ECDI 2030 has yet to be administered and data related to ECD are lacking; thus, it is unknown how many children ages 2-5 years are developmentally on track in the areas of health, learning and psychological well-being. ECD data are important because they help to identify children at greatest risk of not achieving their full potential and can improve service targeting and advocate for adequate investment in young children and their families, and allows for informed enhancing the effectiveness of ECD programmes.
- Data related to nutrition and physical (in)activity among adolescents ages 10-19 years are lacking. Such data are important to better understanding adolescent's health and potential risks of being underweight, overweight and obese. It would be beneficial to invest in research that focuses on perspectives of children and adolescents and their lived experiences accessing foods, particularly accessing healthy foods, and use human-centred design approaches to identify what adolescents' are really looking for in terms of food options, as well as their lived experiences with being able to be physically active. Such research should focus on differences between girls and boys, and among girls and boys, as not all girls and boys are the same. There are lessons learned from engaging with children and adolescents as to what support and assistance they need when it comes to knowledge and practices related to nutrition and physical activities to support their health, development and well-being; such information will help to inform SBC interventions to improve nutrition and physical activity among adolescents.
- Data related to adolescent mental health and well-being, including self-harming behaviours and suicidal tendencies are lacking in Maldives. Such data are important, particularly given the fact that international research has found that anxiety and depressive disorders have increased among adolescents as a result of stressors and strains related to the COVID-19 pandemic and climate change. Such data and information are needed to improve mental health services for children and adolescents, and SBC interventions to strengthen demand for mental health and psychosocial support services. This data should be disaggregated by sex and age, at the least.
- Data related to drug and alcohol use are lacking in Maldives. Some data related to alcohol consumption among adolescents are available from the 2016/17 MDHS; however, these data are outdated. Understanding data on drug and alcohol use among adolescents is crucial for: prevention and intervention initiative; policy development; education and awareness programmes; and family and community support. By collecting and analysing data on drug and alcohol use among adolescents, there can be better understanding of the factors that influence substance use and develop strategies to prevent and support health behaviours.

Education Access and Learning

There were notable data gaps related to every child's and adolescent's rights to learn and acquire skills for the future, including:

- There is a lack of available and timely data to report on SDG4. Although national assessments of learning are done regularly, the country has not reported on SDG indicators related to learning due to issues with international comparability of the national assessment. MOE is in the process of testing the feasibility of conducting the UNESCO Assessment for Minimum Proficiency Level (AMPL) as an alternative. AMPL allows for the identification of the proportion of children and young learners in a particular level of education achieving at least the minimum proficiency level for reading and mathematics by sex (SDG indicator 4.1.1)
- Grade repetition and dropout rates are lacking. It would be beneficial to calculate grade repetition and dropout rates as a proportion of pupils from a cohort enrolled in a given grade at a given school year who study in the same grade in the following school year; this data should be further disaggregated by grade and gender.
- Data needed to calculate the proportion of children who are out-of-school with disaggregation by sex, age, area of residence (urban vs. rural), region, refugee/migrant status, and disability status. These data are needed to strengthen inclusive education.

- Data on children with complex learning needs, including disabilities are available, but limited in scope. It would be beneficial to have data on the proportion of students with complex learning profiles enrolled in pre-schools, primary schools, and lower and upper secondary schools, with disaggregation by type of disability. It would also be beneficial to have a qualitative study of the situation of children with complex learning needs, including disabilities, in the educational system, to understand the various barriers and challenges they face accessing education and learning in classrooms, and the ability of educators to meet their specific needs and understand learning challenges that they may face.
- Data related to ICT use are limited and outdated from the 2016/17 MDHS. Collecting timely data on the prevalence of ICT use among children and adolescent is important, as is measuring adolescents' use of ICT for social communications, and the impact of digital technology use on adolescents well-being and cognitive and skills development. It is also important to measure adolescent's knowledge of online safety and risks, and exposure to online risks (e.g., content, contact and bullying risks, sexual exploitation and abuse risks, sexual coercion and extortion risks, and criminal risks).

Adolescent Engagement and Participation

There were notable data gaps related to every young person's participation and civic engagement, including:

- Data related to youth labour force participation and unemployment rates are limited, and qualitative data are missing to understand the experiences of adolescents and youth as it relates to labour force participation and unemployment.
- Youth NEET data are limited. It is important to collect youth NEET data and to disaggregate this data by sex and age groups (15-19 years and 20-24 years). Qualitative data are also missing to understand the experiences of youth who are NEET, and the support that youth NEET need to address their vulnerabilities, change their life course, and improve their future social and economic well-being.
- Data and information are needed as it relates to child and adolescent participation and civic engagement in society. In addition, information are needed as to the steps that the government and civil society are taking to promote policies and laws that encourage adolescent participation, strengthen platforms for adolescent participation, and help adolescents to develop the skills needed to voice their opinions, and to create solutions and lead change in their communities, particularly as relates to addressing the impacts of climate change and environmental preservation.

Violence Against Children and Harmful Practices

There were notable data gaps related to every child's and adolescents' rights to be protected from violence, exploitation, abuse, neglect and harmful practices, including:

- VAC prevalence data are lacking, although such data are needed to make evidence-based decisions to strengthen efforts to prevent and respond to VAC, and to monitor progress toward preventing and responding to VAC, including improving access to child protection, support services and justice for child victims of violence and abuse. Given national efforts to support children's well-being and development, and to strengthen the child protection in Maldives, it would be beneficial to conduct a national prevalence study on children's and adolescent's experiences of corporal punishment (physical abuse and psychological aggression) and physical, sexual and emotional violence, including SGBV, in the home/family, schools and public spaces/communities. Exposure to violence includes direct and indirect violence, including witnessing violence. Data should also be collected as to the place where the violence occurred and the relationship between victims and perpetrators. This data should be disaggregated by sex, age, wealth index quintile and region.
- Data are also lacking on peer violence, including peer bullying and physical fighting, particularly among adolescents aged 10-17, including in schools, public spaces and online. This data should be disaggregated by gender, age and place where violence occurred, and data related to both victims and perpetrators.
- Data related to child labour, including data related to children working in hazardous conditions and the worst forms of child labour, are lacking. Data related to the prevalence of child labour are needed; these data should be collected, analysed and reported on with disaggregation by sex, age and region.

- To facilitate evidence-based decision-making and to advocate for strengthening the child protection system and social services provisions, governmental and non-governmental service providers require accurate, reliable and timely data and information. This includes data and information on how the child protection system and social service providers are functioning, including the number of children served by the child protection system and social services providers by gender and age, as well as the type of and quality of services provided. In Maldives, lack of child protection is a notable gap that needs to be addressed by strengthening administrative data systems across sectors responsible for child protection and the capacities of institutions to analyse and disseminate this data in a meaningful and useful way for data users, including social workers, supervisions and policymakers. Ministry/agency personnel often require technical assistance and capacity building to strengthen their abilities to collect, analyse and utilized administrative data on child protection, particularly for purposes of case management.
- There is some administrative data on VAC available from the MPS and MSFD, and these data are important to understand as they reflect the number and type of VAC cases that are reported to the authorities. There are, however, notable gaps in administrative data (.e.g., missing data, pre-defined categories) and data are often lacking as it relates to actions taken, support and services provided, and the outcome of cases.

Children in the Conflict with the Law

There were notable data gaps related to juvenile offenders in the juvenile justice system, particularly the impact and effectiveness of the juvenile justice system, including:

- Data should be collected for standardized measures as it related to the outcomes for children who participate in early intervention programmes and under case management, as well as who participate in diversion programmes. This requires tracking specific indicators of programme success, such as recidivism rates, educational attainment and employment outcomes. It is important to ensure high-quality data are collected and utilized effectively to inform decision-making. It is also important to involve stakeholders in outcome measurement to ensure data relevance and utility.
- There should be periodic comprehensive evaluations of the juvenile justice system and juvenile justice prevention and intervention programmes (e.g., early intervention, case management and assessment, and diversion programmes) to assess their effectiveness and impact. Evaluation strategies can include randomized controlled trials and cost-benefits analysis to gather comprehensive data, which can help in evaluating the effectiveness of juvenile justice programmes and improving outcomes for children and adolescents, and their families.

Multidimensional Child Poverty

There were notable data gaps related to children's and adolescent's rights to access to inclusive social protection and to live free from poverty, including:

- There is a lack of timeline data related to monetary and multidimensional child poverty data, and a multiple overlapping deprivation analysis (MODA) of child poverty. A MODA is needed because it helps to define the dimensions of child poverty and to identify children who are deprived in one or more of these dimensions, and to estimate multidimensional child poverty rates.
- There is a need for timely data related to each of the social assistance schemes/allowances, particularly the SPA and FCA, so that more can be learned about the children and families receiving these allowances and the impact these allowance have on reducing child poverty and deprivations. For instance, it would be beneficial to have more detailed data and information on the benefits and impact of early uptake of benefits, particularly for children ages 0-17 years, with gender and age disaggregation.
- There is a need for age disaggregated data related to the disability allowance, to determine the proportion of beneficiaries who are children, adolescents, youth and adults (25 years and older), and allowances expenditures related to each of these age groups.

- There is a need for more detailed data, with disaggregation, related to vulnerabilities and socio-economic characteristics, so that more can be learned about the children and families in need of social protection benefits, and the impact of social protection assistance on their lives. For instance, this includes a need for data related to the number of children benefiting from social protection benefits by sex and age.
- There is a need for social budget tracking and analysis to monitor the extent of priority and protection given to public budget items that are important to child well-being.

WASH, Climate Change and the Environment

There were notable data gaps related to children's and adolescent's rights to access water, sanitation and hygiene (WASH), and to live in a safe and sustainable climate and environment, including:

- Data and information are lacking as it relates to the availability of safely managed WASH and WASH-related infrastructure in schools and health facilities are lacking.
- Data and information are needed on steps being taken to ensure that new and existing WASH systems are resilient to climate change and the growing threat of water scarcity.
- Data and information are needed on the number of schools and health facilities whose services are disrupted due to disasters, and the nature and extent to which WASH facilities at schools and health facilities are at-risk, particularly due to climate-related events and disasters.
- Data and information on the impacts of air pollution on children and adolescents in Maldives.

RECOMMENDATIONS

The idea behind the SDGs is to create a global movement to advance work on and progress toward the 2030 Agenda for Sustainable Development; therefore, governments should frame their development plans and policies for the next five years based on this globally agreed upon development agenda. To maintain an enabling environment conducive to delivering equitable social and economic growth, and effective poverty reduction, certain capacities must be put in place or strengthened. These include:

- **Mobilize and channel resources** to the appropriate sectors at the appropriate time for optimal effect and improve efficiency for optimal use of limited resources (e.g., evidence-based and results-based budgeting and financial efficiency).
- **Implement legislation, policies and regulations**, and operationalize laws, policies and action plans, including those in draft form.
- **Establish partnerships with key actors**, including central authorities, atoll and island councils, civil society groups, research institutions and the private sector, along with international and non-governmental development partners.
- **Strengthen systems and services needed by children and their families** in the health, education, child protection, social services, social protection, WASH and environmental sectors
- **Improve data and information** collection, analysis, reporting and uses so that it is easily accessible on a timely basis and shared across ministries/agencies and sectors to better support the needs of children, adolescents and young people, and their families.

Health Sector

Recommendations relevant to the health sector, include, but are not limited to:

- Strengthen the primary health care system at the community level and the focus on preventative healthcare, this includes the allocation of health expenditures to primary health care and prevention.
- Invest in health promotion – process of enabling people to increase control over and improve their health – and community outreach, and making primary health care services more child-centred.
- Address the overburdened health care system, which results in a backlog in healthcare provision and long waiting lists to receive needed healthcare, including preventive and specialized care, including mental health services.
- Increase the number of public/community health workers as recommended in the primary health care plus investment case.
- Increase the number of general and specialized doctors, particularly paediatricians and health professionals who specialize in ECD monitoring and screening, and adolescent medicine specialists.
- Increase the capacity of health professionals to address myths and misconceptions around vaccines to counteract anti-vaccine messaging that parents and expecting parents are exposed to, in an effort to sustain high childhood immunization coverage rates.
- Invest in ensuring that all health care facilities have health workers who are trained to monitor child growth, particularly height and weight of children under-five, however, they are not necessarily trained to conduct early childhood developmental monitoring for age-specific physical, cognitive, social-emotional, language and motor skills development up to six years of age.
- Increase the number of mental health professionals, particular those who have expertise in child and adolescent mental health and psychosocial support, and trauma-informed care for child and adolescents who experience adverse childhood experiences.
- Increase the ability of the health care system to address the burden of NCDs that affect children and adolescents (e.g., obesity, diabetes, asthma, mental health conditions, heart disease, cancer and chronic lung disease), and the major risk factors for NCDs (e.g., unhealthy diets, physical inactivity, tobacco use, harmful alcohol use and air pollution).
- Strengthen parents knowledge and understanding of the benefits of exclusive breastfeeding in the first six month of a child's life, and improve the practice of exclusive breastfeeding.
- Improve children's, adolescent's (and families access to adequate and nutritious diets and healthy lifestyles.
- Strengthen substance abuse prevention, early intervention and treatment for adolescents.
- Accelerate and scale-up telehealth to make specialized health care, including preventive health care and mental health services, more accessible to people living in the atolls and islands.
- Invest in a public education campaign to prevent youth from starting to use tobacco products, including e-cigarette and cigarette prevention campaigns that focus on the negative health effects and risks of vaping and smoking.
- Fill data gaps identified in the aforementioned section, summary of data gaps related to maternal, child and adolescent survival and health, nutrition and well-being

Education Sector

Recommendations relevant to the education sector, include, but are not limited to:

- Ensure that education strategies and action plans address the current context and unique contexts of GMA and the atolls/islands.
- Increase the number of qualified teachers, and increase teachers capacities to teach using differentiated teaching approaches, and to improve the quality of teaching and facilitate a learning environment to ensure provision of a holistic education
- Improve learning outcomes for students and reduce learning gaps among students at all levels, including pre-primary, primary and lower and higher secondary levels
- Increase adolescents' transition to higher secondary education, which in part will require overcoming the limited number of higher secondary schools
- Strengthen digital learning, including the expansion of the satellite school system
- Improve provision of equitable access to education, especially for children with complex learning profiles, including disabilities, which requires more special education teachers and the ability of all schools to effectively accommodate children with complex learning profiles, including disabilities.
- Integrate TVET into the school system and introduce TVET to parents and students alike as an additional educational and technical skills development pathway in the education system, and ensure that TVET is aligned

with employers need and has pathways to employment in well-paying jobs and jobs with advancement opportunities.

- Strengthen the EMIS, including data collection, analysis and reporting on key educational performance indicators, including student progress, learning outcomes and instructional effectiveness, and use EMIS data to inform curriculum development and resource allocation, and to promote accountability to ensure that every child learns.
- Fill data gaps identified in the aforementioned section, summary of data gaps related to education access and learning, and adolescent engagement and participation

Child Protection and Juvenile Justice Sectors

Recommendations relevant to the child protection and juvenile justice sectors, include, but are not limited to:

- Develop a multi-sectoral, integrated response to violence, abuse and exploitation of children, including programmes for at-risk and vulnerable children and their families. This requires financial and human resources and capacities, including investigators, social workers and care workers who can support such a multi-sectoral, integrated response.
- Develop transition services for children 18 years of age who age out of alternative care. There is a need for a special programme to support children who age out of alternative care to reintegrate into the community and find a job, so that they can support themselves and become a contributing member of society.
- Develop a multi-sectoral, integrated response for children in conflict with the law. This requires strengthening: early intervention initiatives that work with at-risk children; ability of service providers to address the impacts of adverse childhood experiences (ACEs) on children behaviours; ability to implement diversion and restorative juvenile justice programmes; and programmes and specialized staff to rehabilitate and reintegrate children in conflict with the law.
- Develop evidence-based school- and community-based early identification and response intervention and prevention programmes for vulnerable and at-risk children that aim to reduce their risks of coming into conflict with the law.
- Conduct a budget analysis to determine the amount of government expenditures related to child protection, alternative care, rehabilitation and juvenile justice.
- Fill data gaps identified in the aforementioned section, summary of data gaps related to violence against children and harmful practices, and children in conflict with the law.

Social Protection Sector

Recommendations relevant to the social protection sector, include, but are not limited to:

- Protect investment in social services for children and adolescents during adverse economic conditions.
- Reduce the fragmented approach to social protection and strengthen oversight of the delivery of social protection schemes across the atolls and islands. Island councils and IBAMAs can play a great role in ensuring the social protection schemes reach children and parents who quality of the allowances.
- SPA and FCA should more effectively target those living in poverty, and strengthen SOPs to ensure that eligible families are able to access the schemes by improving application processes awareness of the schemes
- Improve community confidence as the fairness of the SPA and FCA with feedback and complaint mechanisms, and monitoring and evaluation.

WASH, Climate Change and Environmental Sectors

Recommendations relevant to the WASH, climate change and environmental sectors, include, but are not limited to:

- Engage children and young people as powerful agents of change; their voices and actions must be amplified, respected and addressed, and their aspirational visions for a greener future can position them as indispensable actors in Maldives climate, environmental and DRR response.
- Capacitate children, adolescents and youth to play more of a leadership role as change makers in the fight against climate change. This can include: supporting national advocacy and awareness-raising campaigns on the threats from climate change, environmental degradation and biodiversity loss; and working in their communities to address challenges (e.g., water scarcity, pollution, flood protection and biodiversity loss) and contribute to tangible solutions.

- Conduct a climate landscape analysis for children to ensure there is reliable and relevant data and information on the impacts of climate change on children and adolescents in Maldives, which climate experts and policymakers can use to develop an action to address a wide range of environmental health risks facing children and adolescents as a result of climate change and environmental hazards in Maldives
- Support government in adapting social services for children and adolescents to a changing climate.
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FORESIGHT – WAY FORWARD

This SitAn revealed a real need to strengthen cooperation around children's rights and gender equality. Findings from this SitAn revealed areas where the government and development partners would benefit from a much deeper dive⁶⁴⁷ into understanding how to **build better partnerships for smart planning, problem-solving and innovation** to accelerate results for children and adolescents in the areas of:

- **Education**, with a focus on strengthening the quality of pre-school, primary and secondary education, which requires capacity building of teachers, improvements to teaching and digital learning resources, and improvements to school infrastructure, as well as expanding coverage of ICT and human capital⁶⁴⁸ of school personnel.
- **TVET**, with a focus on partnering with the private sector to identify and develop market-driven TVET opportunities for young people.
- **Health and well-being**, with a focus on: improving maternal and child health; encouraging and supporting women to exclusively breastfeed; improving access to nutritious, safe, affordable and sustainable foods in childhood and adolescents; encouraging and supporting healthy lifestyles among children and adolescents, as well as adults; increasing access to SRH education and uptake of services for all young people aged 10-24; and increase children's and adolescent's access to quality mental health and psychosocial support services.
- **Social protection**, with a focus on both monetary and multidimensional child poverty⁶⁴⁹ and protecting investments in services for children and adolescents in an adverse economic context. In keeping, the GoM and development partners can more effectively focus on policy efforts to alleviate children's deprivations and achieve sustainable poverty eradication via social safety net programmes.
- **Child protection**, with a focus on strengthening multi-sectoral coordination for child protection and effective responses to violence, abuse and exploitation of children and adolescents, including SGBV against girls and harmful practices. There is also a need to strengthen social services and child protection services that support vulnerable children and adolescents and ensuring access to protection services in rural and remote areas, where child protection systems and services are or few and far between.
- **WASH**, with a focus on improving access to safely managed WASH in households, schools and health facilities, and ensuring that new and existing WASH systems are resilient to climate change over time, including the growing threat of water scarcity.
- **Climate change**, with a focus on strengthening the capacities of the government to respond to climate change and climate crises, to bring together specialized expertise to strengthen DRR to ensure that hazards do not become disasters. This requires devoting greater attention and resources to shielding children, adolescents and youth from these risks and enhancing their resilience, as well as adopting social services for children and adolescents. As a cross-cutting priority, particular attention must be paid to addressing the magnified risks faced by the most vulnerable children, adolescents and youth. They should also be engaged as change agents for the future of climate resilience and environmental protection to ensure that climate action plans meet their specific needs and ensure their rights.

⁶⁴⁷ A deep dive is a more thorough or comprehensive assessment and analysis of a subject or issue.

⁶⁴⁸ Human capital includes the preparation, recruitment and retention of highly talented and effective **school**teachers and administrators.

⁶⁴⁹ Multidimensional child poverty defines children who experience a state of poverty that is more complex than that defined by a unidimensional measure of poverty, but encompasses child material needs

- **Strengthening public-private partnerships should be a key intervention.** Developing a strategic business for results agenda and framework that engages the private sector is crucial; yet it must be coordinated and done in cooperation with both the private and public sectors, including government and non-governmental partners. Business for results and engagement with the private sector should also be aligned with public policies and national agendas, including national action planning for children's rights and the rights of young people.

As the GoM continues with action planning for the future, it is important that the government seize on the opportunity to address **second generation challenges and sustain the child rights gains by creating a more sustainable, resilient and inclusive society**. This requires risk-informed programming and smart planning, problem-solving and innovation to address challenges facing children, adolescents and youth who represent one-third of Maldives' population.

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Annex B: Child-Related SDG Indicators

Number	Indicator	Availability	Most Recent Year
Goal 1: No Poverty			
1.1.1	Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)	Yes	2019
1.2.1	Proportion of population living below the national poverty line, by sex and age	Yes	2019
1.2.2	Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions	Yes	2020
1.3.1	Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable	No	
1.4.1	Proportion of population living in households with access to basic services: a) basic drinking services; b) basic sanitation service; c) basic handwashing facilities.	Yes	a) 2022 b) 2022 c) 2020
1.5.1.	Number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 population	No	
1.b.1	Pro-poor public social spending	No	
Goal 2: Zero Hunger			
2.2.1	Prevalence of stunting (height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age	Yes	2016
2.2.2	Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting and overweight)	Yes	2016
2.2.3	Prevalence of anaemia in women aged 15 to 49 years, by pregnancy status (percentage).	Yes	2016
Goal 3: Good Health			
3.1.1	Maternal mortality ratio	Yes	2023
3.1.2	Proportion of births attended by skilled health personnel	Yes	2016
3.2.1	Under-5 mortality rate	Yes	2023
3.2.2	Neonatal mortality rate	Yes	2023
3.3.1	Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations	Yes	2022
3.3.3	Malaria incidence per 1,000 population	No	
3.7.2	Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group	Yes	2023
3.8.1	Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)	Yes	2021

Number	Indicator	Availability	Most Recent Year
3.9.1	Mortality rate attributed to household and ambient air pollution	Yes	2019
3.9.2	Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)	Yes	2019
3.9.3	Mortality rate attributed to unintentional poisoning	Yes	2021
3.b.1	Proportion of the target population covered by all vaccines included in their national programme	Yes	2023
Goal 4: Quality Education			
4.1.1	Proportion of children and young people (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex	Yes	2024
4.1.2	Completion rate (primary education, lower secondary education, upper secondary education)	Yes	2023
4.2.1	Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex	No	
4.2.2	Participation rate in organized learning (one year before the official primary entry age), by sex	No	
4.5.1	Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected, as data become available) for all education indicators on this list that can be disaggregated	Yes	2023/2024
4.a.1	Proportion of schools offering basic services, by type of service	No	
Goal 5: Gender Equality			
5.2.1	Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age	No	
5.2.2	Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence	No	
5.3.1	Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18	Yes	2016
5.3.2	Proportion of girls and women aged 15–49 years who have undergone female genital mutilation/cutting, by age	Yes	2016
Goal 6: Clean Water and Sanitation			
6.1.1	Proportion of population using safely managed drinking water services	Yes	2022
6.2.1	Proportion of population using (a) safely managed sanitation services and (b) a hand-washing facility with soap and water	Yes	2022
Goal 7: Renewable Energy			
7.1.2	Proportion of population with primary reliance on clean fuels and technology	No	
Goal 8: Good Jobs and Economic Growth			
8.6.1	Proportion of youth (aged 15–24 years) not in education, employment or training	Yes	2022

Number	Indicator	Availability	Most Recent Year
8.7.1	Proportion and number of children aged 5–17 years engaged in child labour, by sex and age	No	
Goal 10: Reduced Inequalities			
10.3.1	Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a group of discrimination prohibited under international human rights law	No	
Goal 11: Sustainable Cities and Communities			
11.2.1	Proportion of population that has convenient access to public transport, by sex, age and persons with disabilities	No	
11.7.1	Average share of the built-up area of cities that is open space for public use for all, by sex, age and persons with disabilities	No	
11.7.2	Proportion of persons who are victims of physical or sexual harassment, by sex, age, disability status and place of occurred, in the previous 12 months	No	
Goal 13: Climate Action			
13.1.1	Number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 population	No	
Goal 16: Peace and Justice			
16.1.1	Number of victims of intentional homicide per 100,000 population, by sex and age	No	
16.1.2	Conflict-related deaths per 100,000 population, by sex, age and cause	Not Applicable	
16.2.1	Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month	No	
16.2.3	Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18	No	
16.9.1	Proportion of children under 5 years of age whose births have been registered with a civil authority, by age	Yes	2021
Goal 17: Partnerships for the Goals			
17.18.1	Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics	Yes	VNR 2023
17.19.2	Proportion of countries that (a) have conducted at least one population and housing census in the last 10 years; and (b) have achieved 100 per cent birth registration and 80 per cent death registration	Yes	2022 Census

Source: Children-related SDG indicators (49 indicators), 23 April 2021. Retrieved on 15 August 2024 from: [Children-SDG Framework Indicators ENG.pdf \(unescwa.org\)](#)

Annex C: Annex Tables

Annex Table 1. Gender Development Index (GDI) for Maldives, 2023

Country	GDI		HDI values		Life expectancy at birth (SDG 3)		Expected year of schooling (SDG 4.3)		Mean years of schooling (SDG 4.4)		Estimated GNI per capita (2017 PPP\$)	
	Value	Group	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Maldives	0.986	1	0.755	0.766	82.8	79.7	14.1	11.6	7.4	7.4	12,134	23,702
South Asia	0.872	---	0.618	0.709	73.6	70.2	12.0	12.3	5.9	7.7	4,246	12,996
High human development	0.971	---	0.764	0.786	78.6	72.9	15.0	14.2	8.6	8.8	13,044	23,717

Source: UNDP (2025). *Human Development Report 2025 – A matter of choice: People and possibilities in the age of AI*. UNDP: New York, NY, USA .

Annex Table 2. Gender Inequality Index (GII) for Maldives, 2023

Country	GII		Maternal mortality ratio (deaths per 100,000 live births) (SDG 3.1)	Adolescent birth rate (births per 1,000 women ages 15-19) (SDG 3.7)	Female seats in parliament (%) (SDG 5.5)	Population with at least some secondary education (% ages 25+ years) (SDG 4.4)		Labour force participation rate (% ages 15+ years)	
	Value	Rank				Female	Male	Female	Male
Maldives	0.309	79	57	5.4	4.6	48.6	47.3	55.4	78.8
South Asia	0.458	---	132	26.1	17.9	42.5	58.9	33.5	76.7
High human development	0.334	---	67	25.5	25.6	65.7	72.2	50.4	74.8

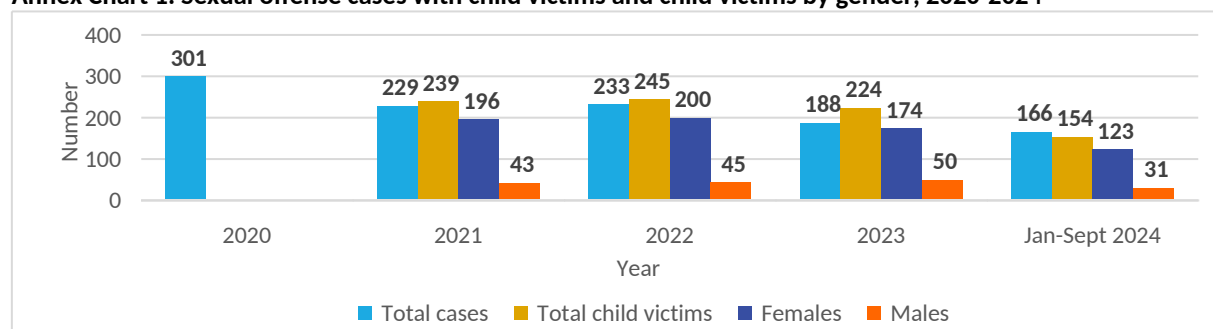
Source: UNDP (2023). *Human Development Report 2023/2024: Breaking the gridlock*. UNDP: New York, NY, USA.

Annex Table 3. Inequity-adjusted Human Development Index (IHDI) for Maldives, 2023

Country	IHDI value	Overall loss (%)	Coefficient of human inequality (%)	Inequality in life expectancy (%)	Inequality in education (%)	Inequality in income (%)
Maldives	0.602	21.4	20.5	3.7	29.3	28.6
South Asia	0.469	30.2	29.6	16.5	36.9	35.4
High human development	0.640	17.6	17.2	8.3	13.9	29.3

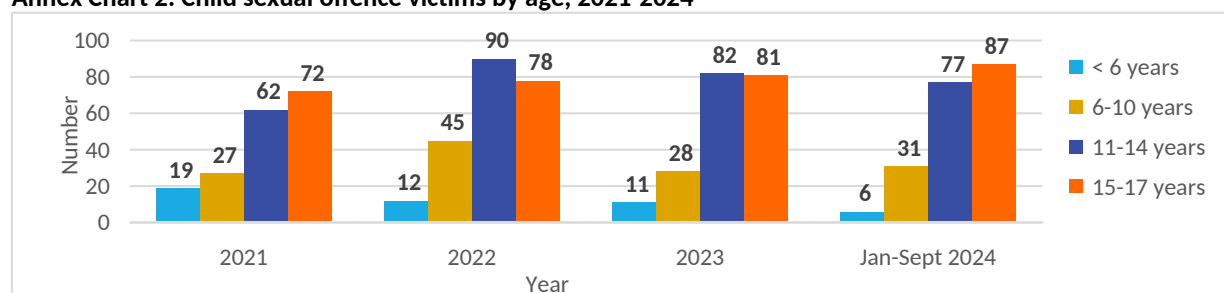
Source: UNDP (2025). *Human Development Report 2025 – A matter of choice: People and possibilities in the age of AI*. UNDP: New York, NY, USA .

Annex Chart 1. Sexual offense cases with child victims and child victims by gender, 2020-2024



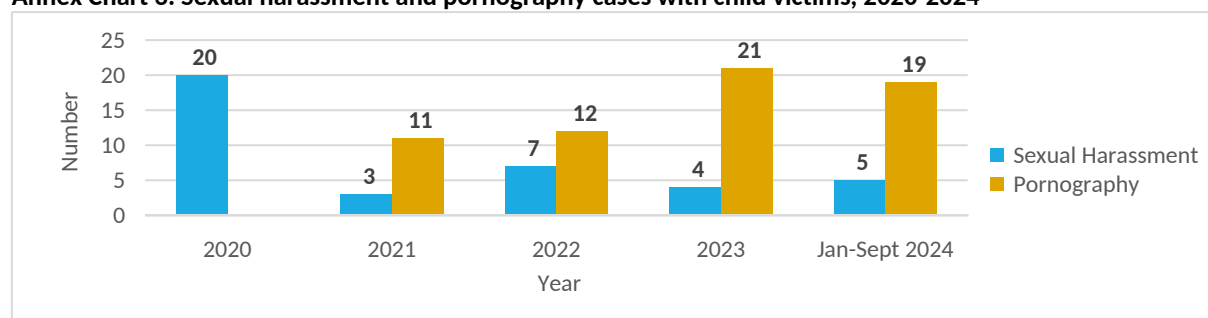
Note: Sex disaggregated data were not available for 2020. **Source:** Retrieved on 20 April 2025 from: [Maldives Police Service](#)

Annex Chart 2. Child sexual offence victims by age, 2021-2024



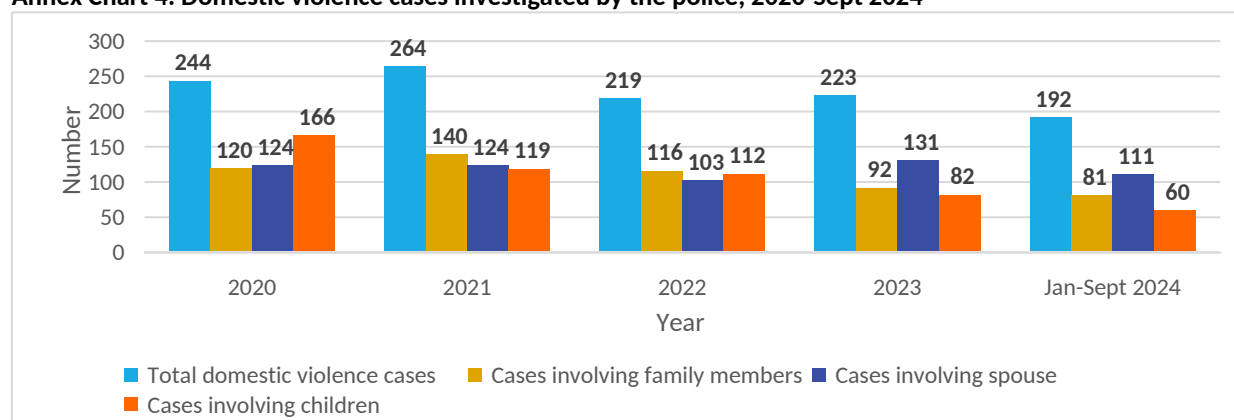
Source: Retrieved on 20 April 2025 from: [Maldives Police Service](#)

Annex Chart 3. Sexual harassment and pornography cases with child victims, 2020-2024



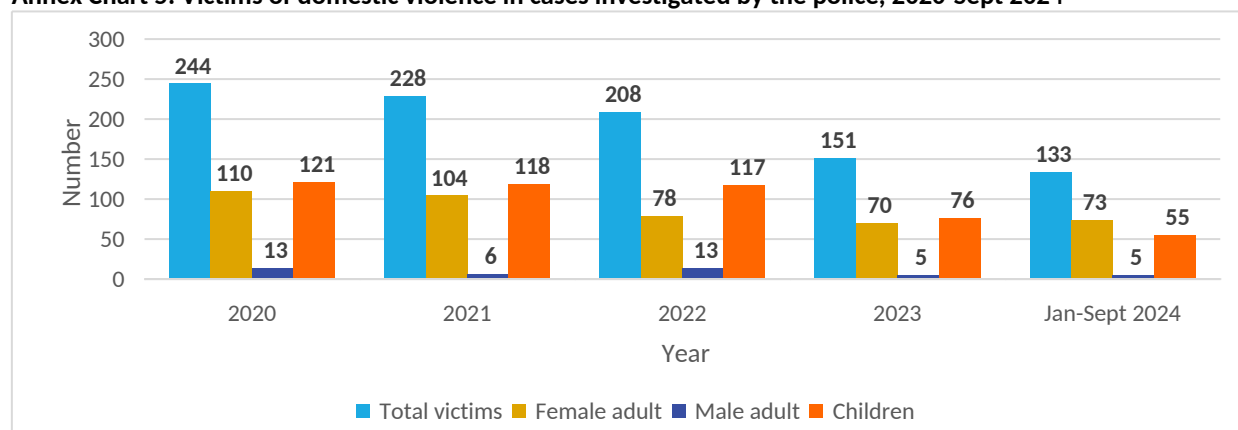
Note: Data related to cases of pornography are not available for 2020. **Source:** Retrieved on 20 April 2025 from: [Maldives Police Service](#)

Annex Chart 4. Domestic violence cases investigated by the police, 2020-Sept 2024



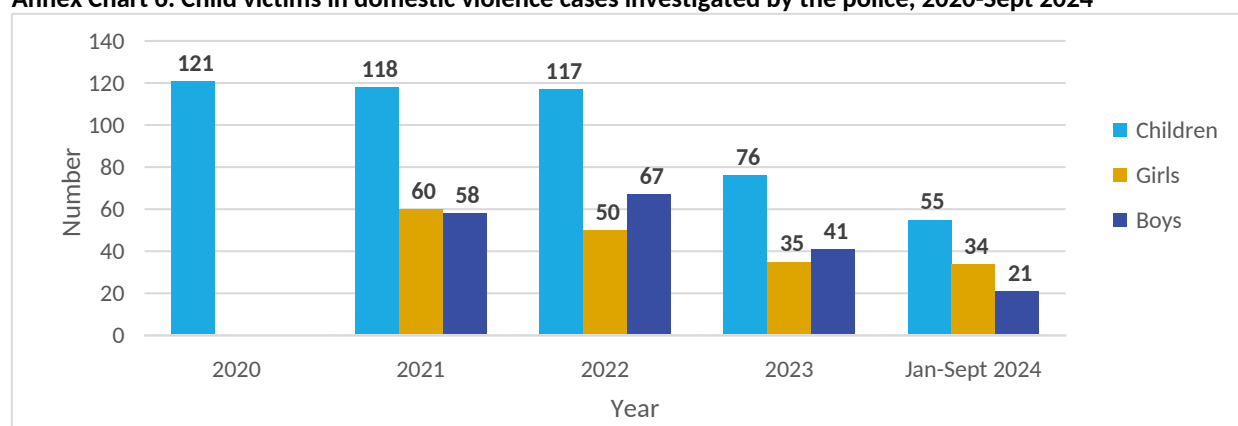
Note: The total number of domestic violence cases investigated by the police is a total of the cases involving family members and spouses, and some of these cases also involved children, although the number of cases involving children is not in addition to those involving family members and spouses. **Source:** Retrieved on 20 April 2025 from: [Maldives Police Service](#)

Annex Chart 5. Victims of domestic violence in cases investigated by the police, 2020-Sept 2024



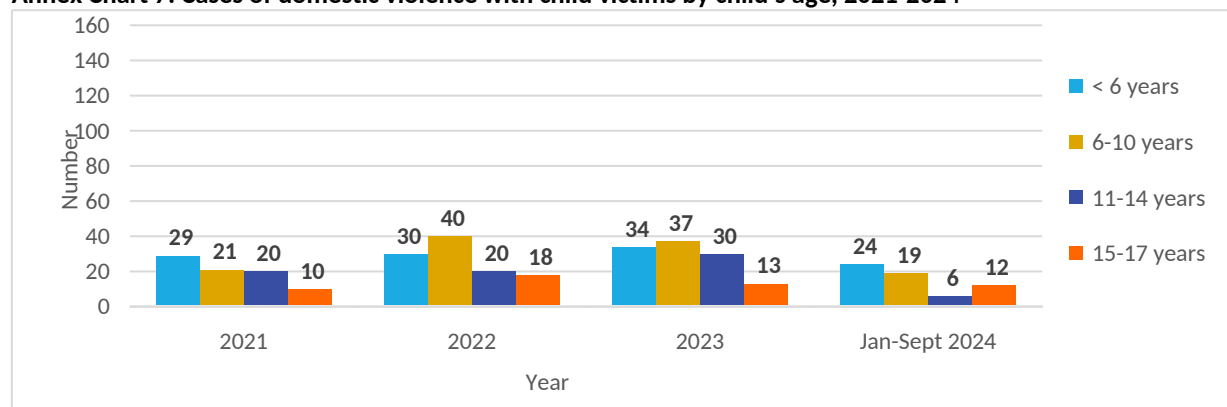
Source: Retrieved on 20 April 2025 from: [Maldives Police Service](#)

Annex Chart 6. Child victims in domestic violence cases investigated by the police, 2020-Sept 2024



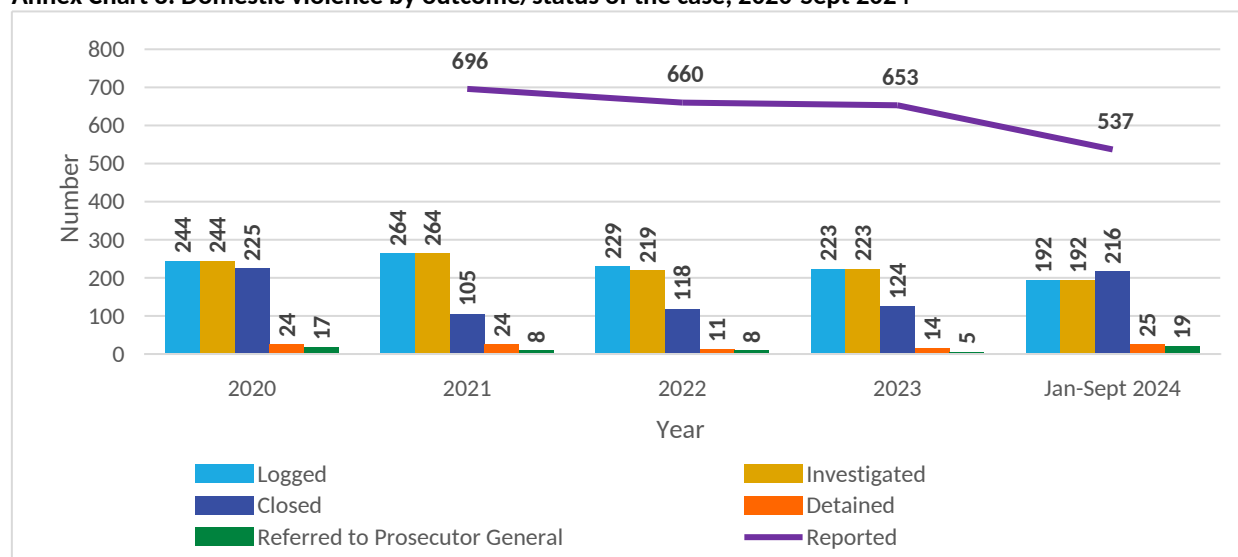
Note: Sex disaggregated data were not available for 2020. Source: Retrieved on 20 April 2025 from: [Maldives Police Service](#)

Annex Chart 7. Cases of domestic violence with child victims by child's age, 2021-2024



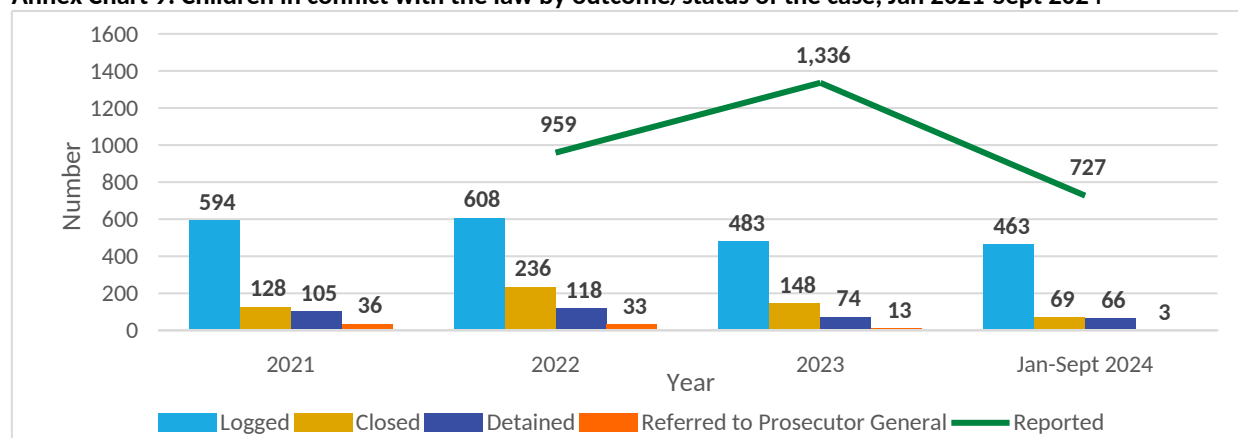
Source: Retrieved on 20 April 2025 from: [Maldives Police Service](#)

Annex Chart 8. Domestic violence by outcome/status of the case, 2020-Sept 2024



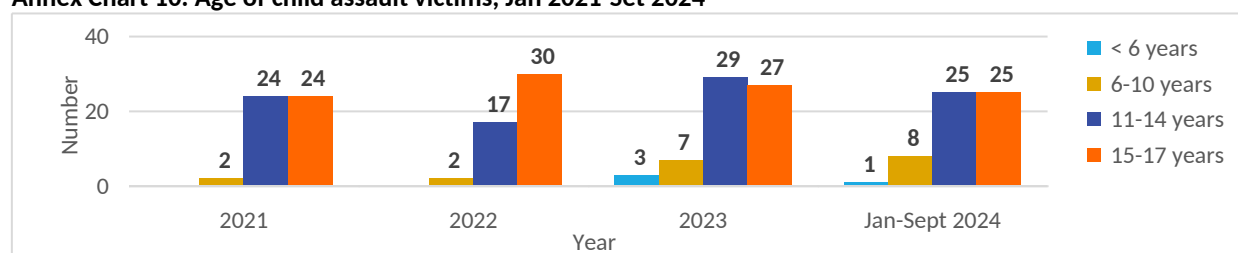
Source: Retrieved on 20 April 2025 from: [Maldives Police Service](#)

Annex Chart 9. Children in conflict with the law by outcome/status of the case, Jan 2021-Sept 2024



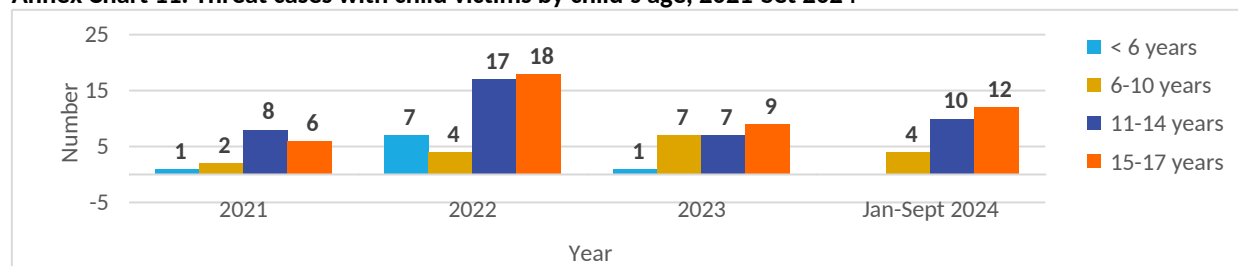
Note: Data on reported crimes involving children were not available for 2021. Source: Retrieved on 20 April 2025 from: [Maldives Police Service](#)

Annex Chart 10. Age of child assault victims, Jan 2021-Set 2024



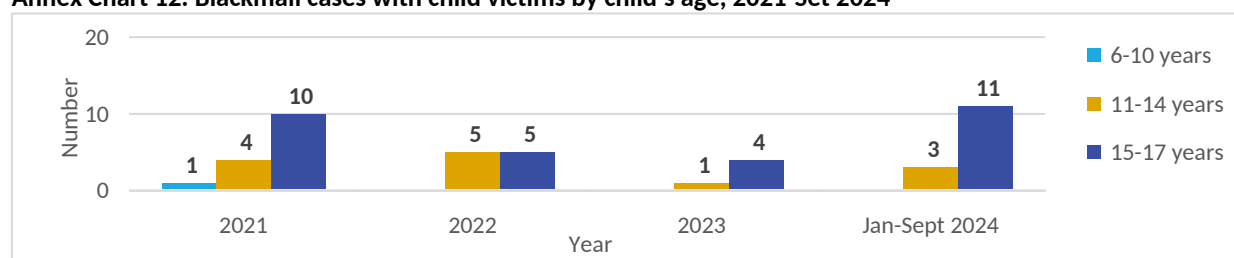
Note: The number of child victims exceeds the number of assault cases in Chart 3.96 because more than one child could have been involved in an assault case. Source: Retrieved on 20 April 2025 from: [Maldives Police Service](#)

Annex Chart 11. Threat cases with child victims by child's age, 2021-Set 2024



Note: The number of child victims exceeds the number of threat cases in Chart 3.100 because more than one child could have been involved in a threat case. Also, age of child victims were not available for 2020. Source: Retrieved on 20 April 2025 from: [Maldives Police Service](#)

Annex Chart 12. Blackmail cases with child victims by child's age, 2021-Set 2024



Note: The number of child victims exceeds the number of blackmail cases in Chart 3.102 because more than one child could have been involved in a blackmail case. Also, age of child victims were not available for 2020. **Source:** Retrieved on 20 April 2025 from: [Maldives Police Service](#)

Annex Table 4. Parents/caregivers' responses to developmental delays (%), 2023

	%
<u>If you have concerns about your child's development, would you talk to your child's doctor before the age of 12 months?</u>	
Yes	95
Maybe	2
No	2

Note: Sample = 831; **Source:** Haarr, R.N. & IRI (2023). *2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives*. UNICEF: Malé, Maldives.

Annex Table 5. Confidence talking to health workers about child's health and development (%), 2023

	%
<u>How confident are you talking to health workers (e.g., doctors and nurses) about your children's health and development?</u>	
Confident	84%
Somewhat confident	14%
Not confident	2%

Note: Sample = 831; **Source:** Haarr, R.N. & IRI (2023). *2023 Knowledge, Attitudes and Practices Study on Parenting and Childcare in Maldives*. UNICEF: Malé, Maldives.

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