MICS

GENERATING EVIDENCE TO DELIVER FOR CHILDREN

Snapshots of Key Findings Report

Multiple Indicator Cluster Survey 2019

Thailand

National Statistical Office Thailand

NSO
National Statistical Office

unicef for every child

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August 2020

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The Thailand Multiple Indicator Cluster Survey (MICS) was carried out in 2019 by the National Statistical Office of Thailand (NSO) in collaboration with UNICEF, as part of the Global MICS Programme. Technical support was provided by the United Nations Children's Fund (UNICEF), with government funding and financial support of UNICEF.

The Global MICS Programme was developed by UNICEF in the 1990s as an international multi-purpose household survey programme to support countries in collecting internationally comparable data on a wide range of indicators on the situation of children and women. MICS surveys measure key indicators that allow countries to generate data for use in policies, programmes, and national development plans, and to monitor progress towards the Sustainable Development Goals (SDGs) and other internationally agreed upon commitments.

The objective of these snapshots is to highlight selected key findings from the Thailand MICS 2019. The complete Survey Findings Report 2019 and the micro data are also available.

For more information on the Global MICS Programme, please go to mics.unicef.org.

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DIVISION-IN-CHARGE

Social Statistics Planning and Development Group
Social Statistics Division
National Statistical Office
Tel. 0 2142 1375, 0 2142 1315
Fax 0 2143 7702
E-mail : social.plan@nso.go.th

DISTRIBUTED BY

Statistical Forecasting Division
National Statistical Office
The Government Complex,
Ratthaprasasanabhaki Building 2nd Floor,
Chaeng Watthana Rd. Laksi, Bangkok 10210
Tel. 0 2141 7498
Fax 0 2143 8132
E-mail : binfopub@nso.go.th

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SUMMARY OF SURVEY IMPLEMENTATION AND THE SURVEY POPULATION

THAILAND MICS 2019			
Survey sample and implementation			
Sample frame	2019 Household Basic Information Survey (HBIS)	**Questionnaires**	Household Women (age 15-49) Men (age 15-49)
○ Updated	October-December 2018		Children under five Children age 5-14
Interviewer training	1st batch: 7-16 May 2019 2nd batch: 10-19 June 2019	**Fieldwork**	May-November 2019

Survey sample			
Households		Children under five	
○ Sampled	40,660	○ Eligible	13,881
○ Occupied	37,351	○ Mothers/caretakers interviewed	13,689
○ Interviewed	35,604	○ Response rate (Per cent)	98.6
○ Response rate (Per cent)	95.3		
Women (age 15-49)		Children age 5-14[B]	
○ Eligible for interviews	26,002	○ Eligible	13,195
○ Interviewed	25,087	○ Mothers/caretakers interviewed	12,981
○ Response rate (Per cent)	96.5	○ Response rate (Per cent)	98.4
Men (age 15-49)[A]			
○ Eligible for interviews	11,700		
○ Interviewed	11,023		
○ Response rate (Per cent)	94.2		

[A] The Individual Questionnaire for Men was administered to all men age 15-49 years in every second sampled household

[B] The Questionnaire for Children Age 5-14 was administered to one randomly selected child in each interviewed household

Survey population			
Average household size	2.8	**Percentage of population living in**	
Percentage of population under:		○ Urban areas	48.3
○ Age 5	4.8	○ Rural areas	51.7
○ Age 18	20.9		
Percentage of women age 15-49 years with at least one live birth in the last 2 years	7.3	○ Bangkok	15.6
		○ Central	28.3
		○ North	17.7
		○ Northeast	25.7
		○ South	12.8


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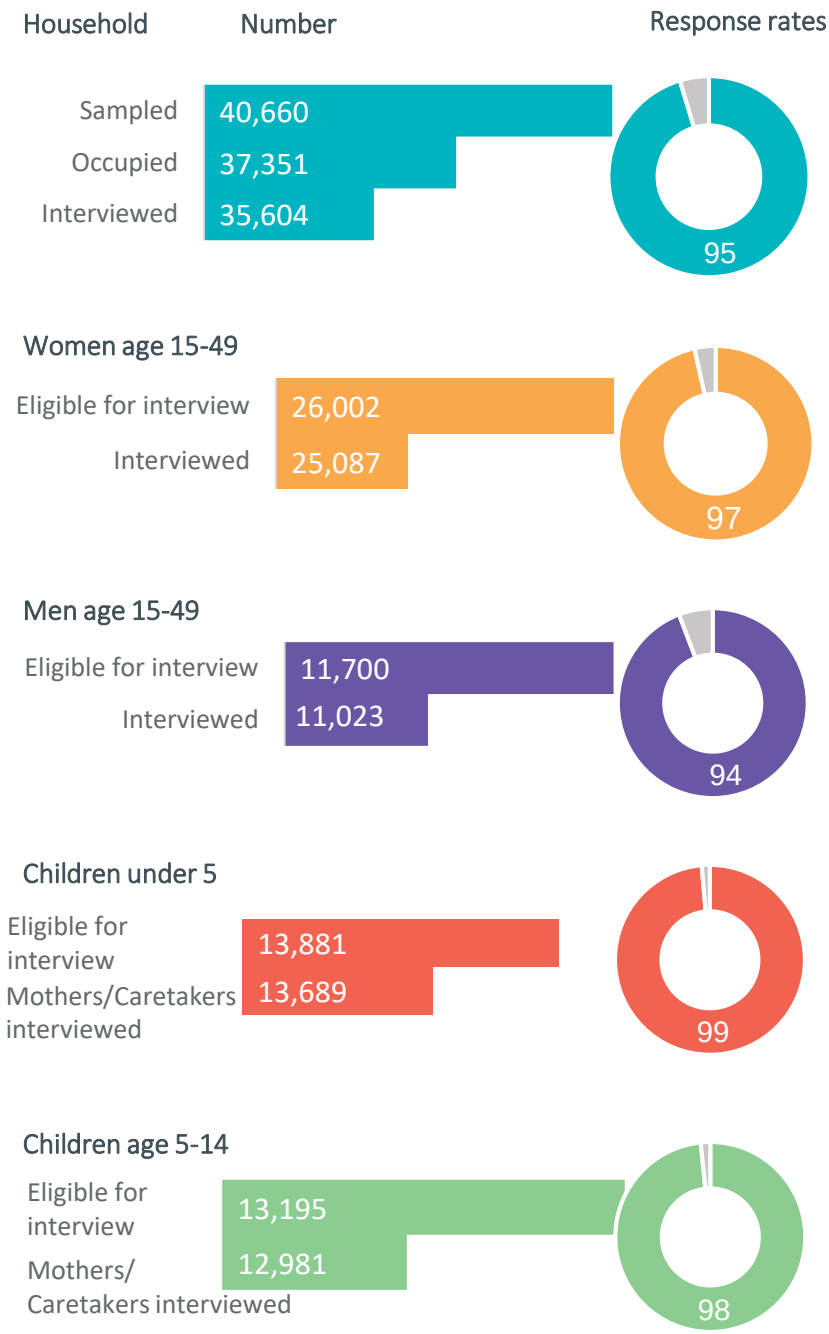
Sample and Survey Characteristics

Response Rates



Survey Implementation

Implementing agency:
National Statistical Office

Sampling frame:
Household Basic Information Survey, 2019

Listing:
October-December 2018

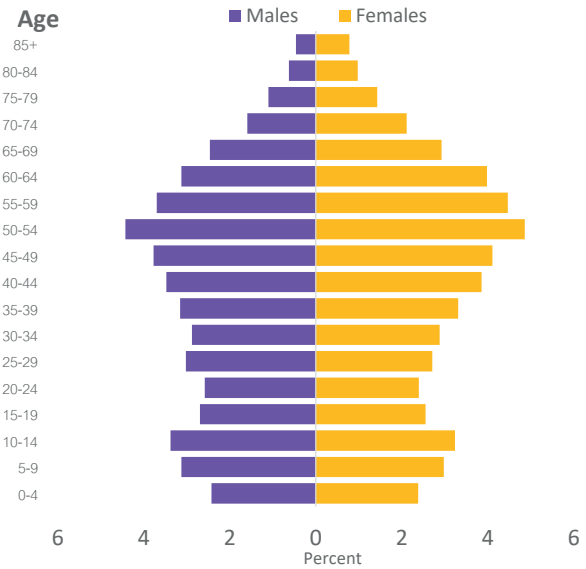
Interviewer training:
May-June, 2019

Fieldwork:
May-November, 2019

Questionnaires:
Household
Women age 15-49
Men age 15-49
Children under 5
Children age 5-14

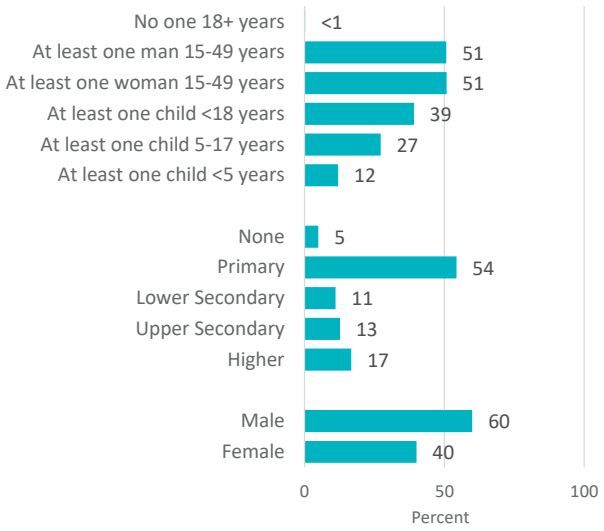
Population Characteristics

Household Population Age & Sex Distribution



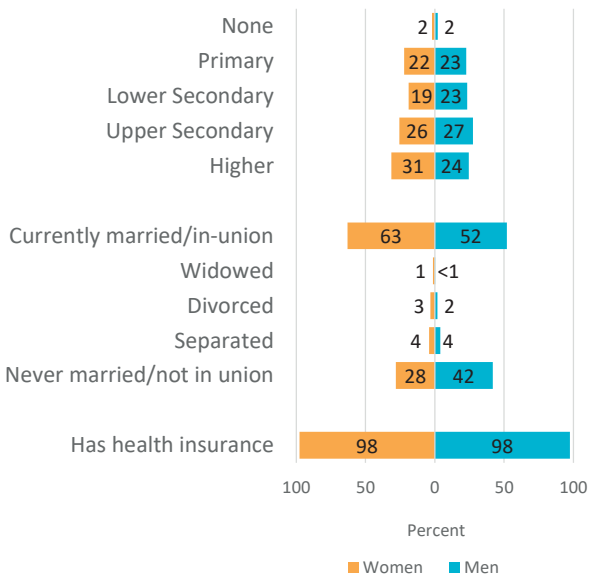
Percent distribution of household population by age group and sex

Household Composition & Characteristics of Head of household



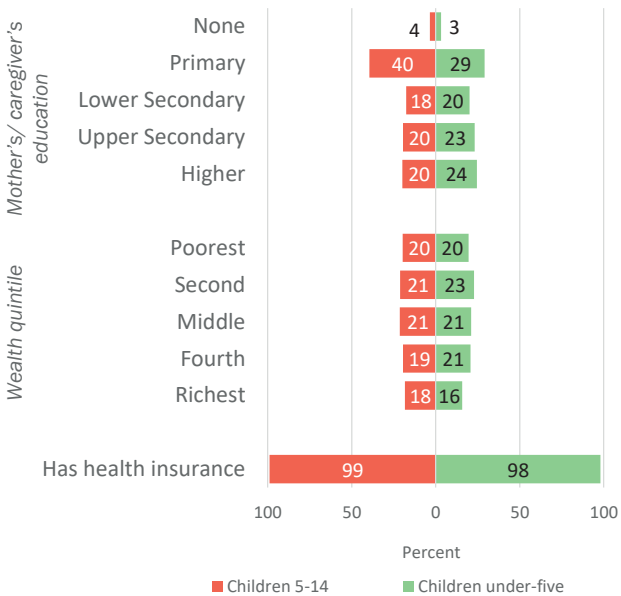
Percent of households by selected characteristics

Women & Men's Profile



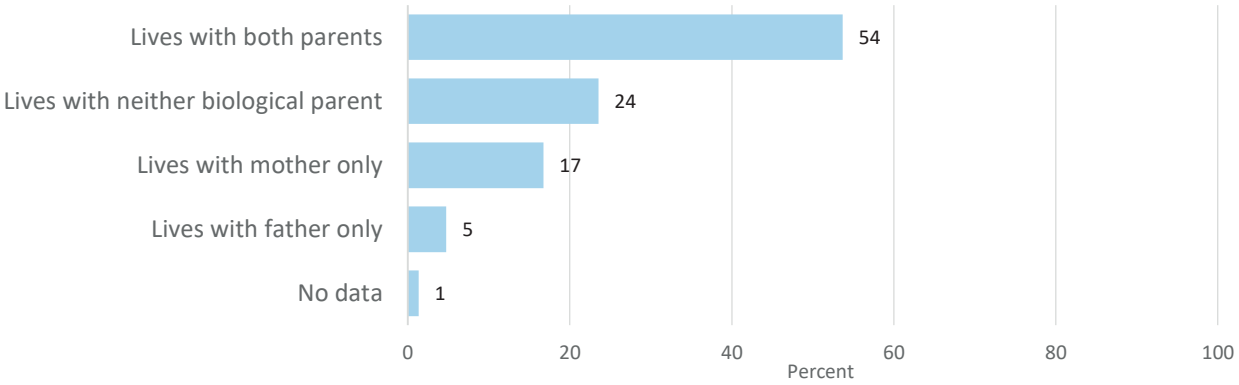
Percent distribution of women and men age 15-49 by background characteristics

Children's Profile



Percent distribution of children age 5-14 and under-five by background characteristics

Children's Living Arrangements*



Percent distribution of children age 0-17 years according to living arrangements

*Children age 0-17 years

Regional Distribution of Population (percent)

Region	Households	Women	Men	Children under 5	Children 5-14
National	100	100	100	100	100
Bangkok	16	17	16	9	10
Central	28	30	30	25	26
North	18	15	15	16	16
Northeast	26	24	24	33	31
South	13	14	15	17	17

Key Messages

- Thailand MICS 2019 had a sample size of 40,660 households with a 95% response rate.
- The sample size for women 15-49 years was 26,002 with a 97% response rate.
- The sample size for men 15-49 years was 11,700 with a 94% response rate.
- The sample size for children under 5 years was 13,881 with a 99% response rate.
- The sample size for children 5-14 years was 13,195 with a 98% response rate.
- The age structure shows the largest proportion of population in 50-54 age group for both men and women.
- More than half of head of household ever attended highest level at primary education.
- Nearly 40% of households is headed by a female.
- A few 1-3% of women, men and children did not have health insurance.
- Almost a fourth of children age 0-17 years were living with neither of their biological parents.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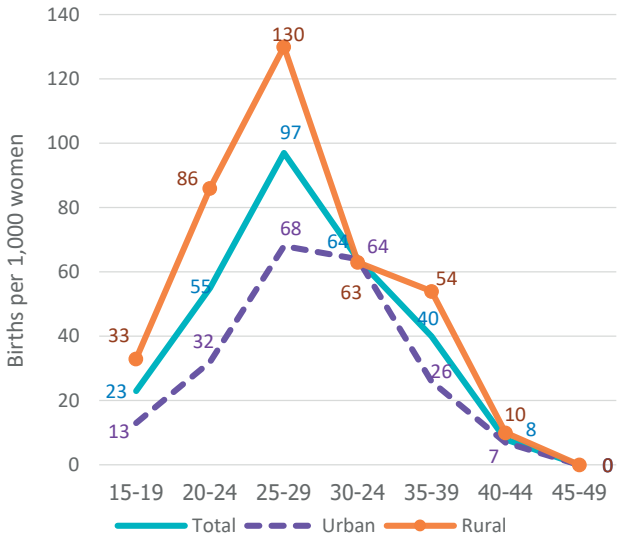
Fertility and Family Planning

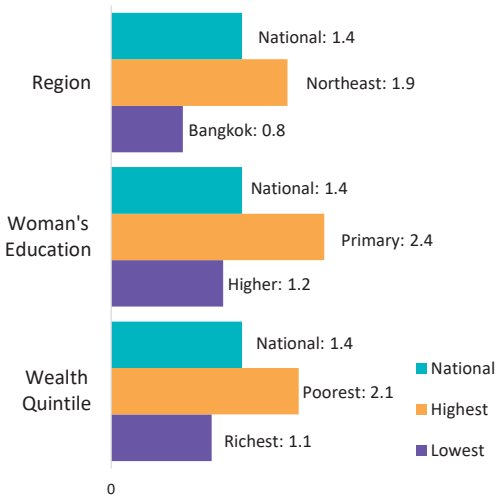
Fertility

Age Specific Fertility Rates



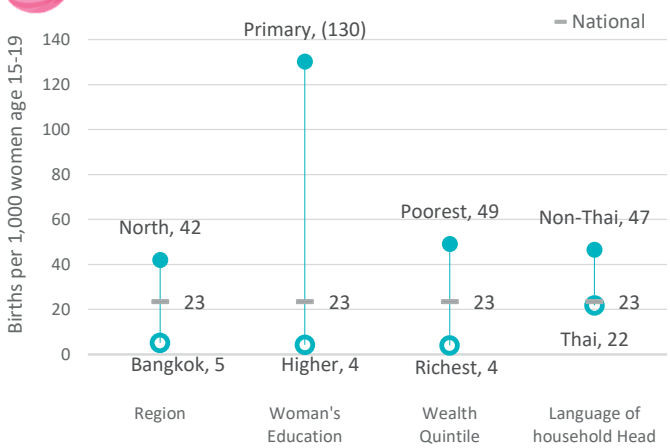
Age-specific fertility rates (ASFR) are the number of live births in the last 1 year, divided by the average number of women in that age group during the same period, expressed per 1,000 women.

Total Fertility Rate



The total fertility rate (TFR) is calculated by summing the age-specific fertility rates (ASFRs) calculated for each of the five-year age groups of women, from age 15 through to age 49.

Adolescent Birth Rate: SDG indicator 3.7.2



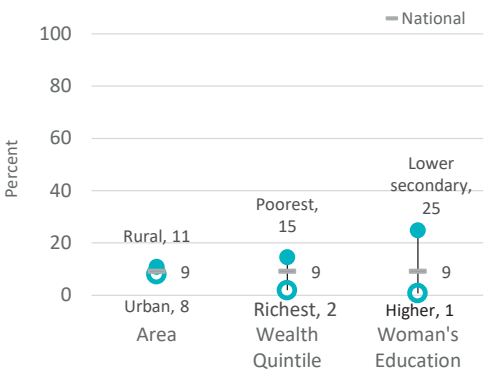
Age-specific fertility rate for girls age 15-19 years for the one-year period preceding the survey

( ) Based on 125-249 unweighted women years of exposure

Adolescent Birth rate SDG 3.7.2 indicator is under target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

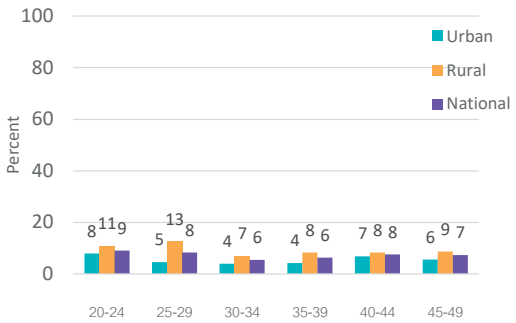
Reducing adolescent fertility and addressing the multiple factors underlying it are essential for improving sexual and reproductive health and the social and economic well-being of adolescents. Preventing births very early in a woman's life is an important measure to improve maternal health and reduce infant mortality.

Early Child Bearing - by Age 18



Percentage of women age 20-24 years who have had a live birth before age 18, by background characteristics

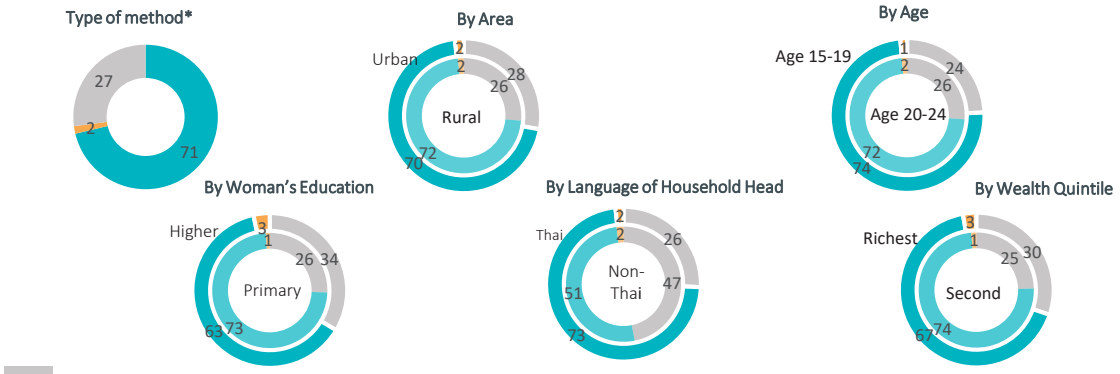
Trends in Early Child Bearing - by Age 18



Percentage of women age 20-49 years who have had a live birth before age 18

Family Planning

Method of Family Planning by Various Characteristics

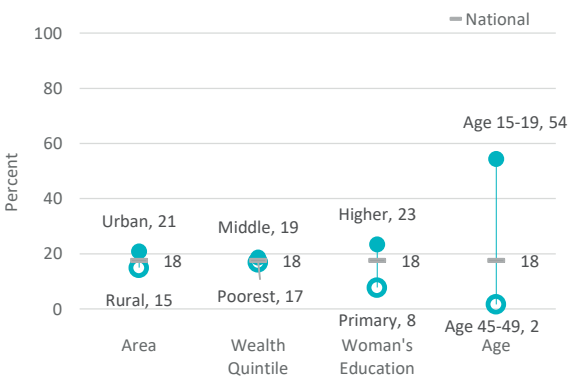


Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method

*Modern Methods include female sterilization, male sterilization, IUD, injectables, implants, pills, male condom, female condom, diaphragm, foam, jelly and contraceptive patch. Traditional methods refer to periodic abstinence and withdrawal

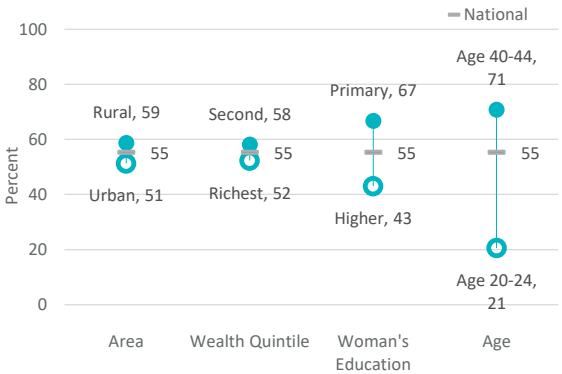
Met Need for Family Planning

Met Need for Family Planning - Spacing



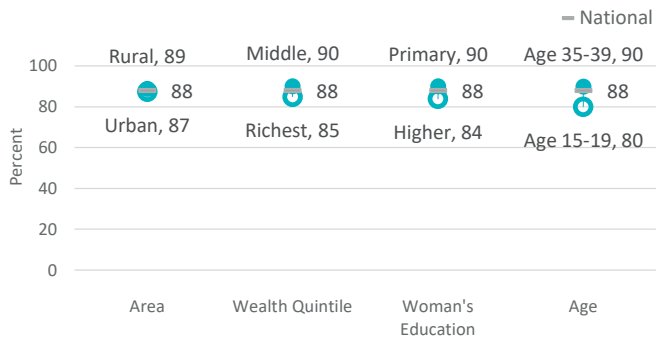
Percentage of women age 15-49 years currently married or in union with an met need for family planning for spacing, by background characteristics

Met Need for Family Planning – Limiting



Percentage of women age 15-49 years currently married or in union with an met need for family planning for limiting, by background characteristics

Percentage of Demand for Family Planning Satisfied with Modern Methods - SDG indicator 3.7.1



The proportion of demand for family planning satisfied with modern methods (SDG indicator 3.7.1) is useful in assessing overall levels of coverage for family planning programmes and services. Access to and use of an effective means to prevent pregnancy helps enable women and their partners to exercise their rights to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. Meeting demand for family planning with modern methods also contributes to maternal and child health by preventing unintended pregnancies and closely spaced pregnancies , which are at higher risk for poor obstetrical outcomes.

Regional Data on Fertility & Family Planning

Region	Adolescent Birth Rate (per 1,000 women age 15-19)	Total Fertility Rate (per woman age 15-49 years)	Child bearing before 15 (%)	Child bearing before 18 (%)	Contraception use of modern method among married / in-union women (%)	Contraception use of any method among married / in-union women (%)	Demand for family planning satisfied with modern methods among married / in-union women (%)
National	**23**	**1.4**	**0.4**	**9**	**71**	**73**	**88**
Bangkok	5	0.8	0.2	6	72	74	89
Central	21	1.3	0.4	8	72	74	87
North	42	1.6	0.2	9	74	74	90
Northeast	20	1.9	0.4	13	77	78	91
South	35	1.7	0.8	12	58	61	80

Key Messages

- The total fertility rate (TFR) in Thailand is 1.4 births per woman. Northeast had the highest TFR with 1.9 and lowest in Bangkok with 0.8. TFR is high among women with primary level of education and women from the poorest wealth quintile.
- The adolescent birth rate in North is higher than in Bangkok (42 babies versus 5 children per 1,000 women).
- Approximately three in four married women (73%) use one or more methods of contraception, including modern and traditional methods of contraception.
- The proportion of women using contraceptives is higher among women with upper secondary level of education, in households where the language of the head of the household is Thai and in the second wealth quintile.
- Almost nine in ten married women (88%) are satisfied with modern methods of contraception for family planning.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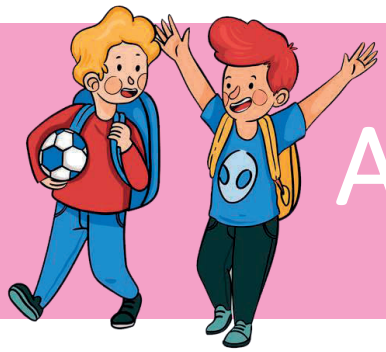


Adolescents

The Adolescent Population: Age 10-19

Age & Sex Distribution of Household Population

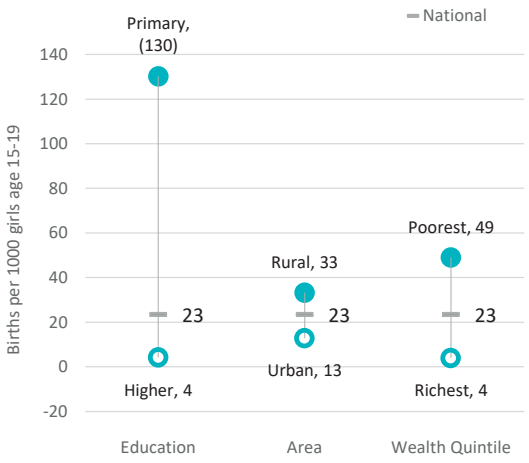
This snapshot of adolescent well-being is organized around key priority areas for adolescents:

- Every adolescent survives and thrives
- Every adolescent learns
- Every adolescent is protected from violence and exploitation
- Every adolescent lives in a safe and clean environment
- Every adolescent has an equitable chance in life

Every Adolescent Survives & Thrives

Adolescence is by some measures the healthiest period in the life-course, yet it can also mark the first manifestations of issues which can have lifelong effects on health and wellbeing, such as unsafe sexual behavior, early childbearing and substance misuse. Nevertheless, health interventions during this period are shown to have long-lasting effects. Access to appropriate contraceptive methods is critical to prevent adolescent pregnancy and its related consequences, allowing adolescents to transition into adulthood with the ability to plan their pregnancies and live healthy and productive lives.

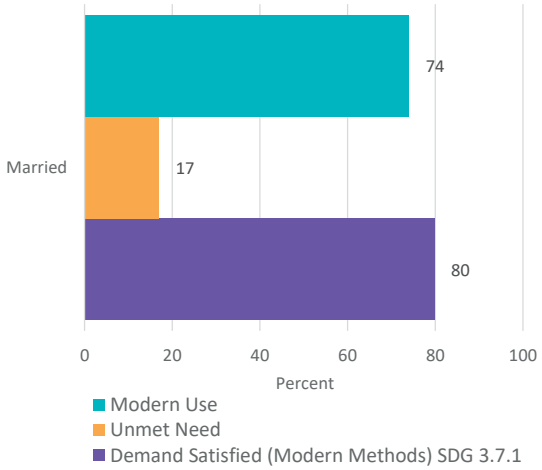
Adolescent Birth Rate: SDG 3.7.2



Age-specific fertility rate for girls age 15-19 years: the number of live births in the last 1 year, divided by the average number of women in that age group during the same period, expressed per 1,000 women

( ) Based on 125-249 unweighted women years of exposure

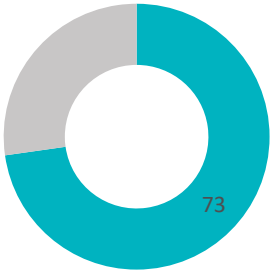
Modern Contraceptive Use, Unmet Need & Demand Satisfied for Modern Methods: SDG 3.7.1



Percentage of girls age 15-19 years who are using (or whose partner is using) a contraceptive method, percentage with an unmet need for contraception and percent of demand for modern methods of family planning satisfied, among married women

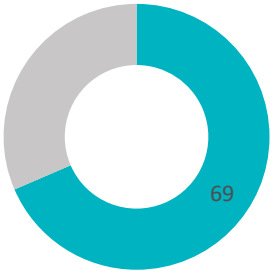
Every Adolescent Learns

Foundational Reading Skills SDG 4.1.1.(a) (i: reading)



Percentage of children age 7-14 who can 1) read 90% of words in a story correctly, 2) Answer three literal comprehension questions, 3) Answer two inferential comprehension questions

Foundational Numeracy Skills SDG 4.1.1.(a) (ii: numeracy)

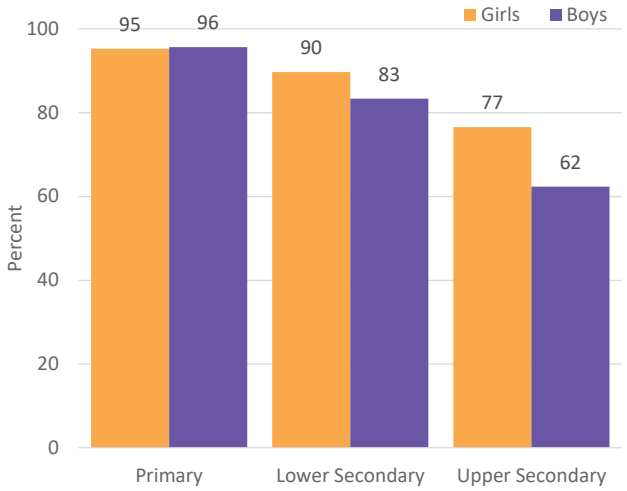


Percentage of children age 7-14 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task

Quality education and experiences at school positively affect physical and mental health, safety, civic engagement and social development. Adolescents, however, can also face the risk of school drop-out, early marriage or pregnancy, or being pulled into the workforce prematurely.

Data on reading and numeracy skills are collected in MICS through a direct assessment method. The Foundational Learning module captures information on children's early learning in reading and mathematics at the level of Grade 2 in primary education.

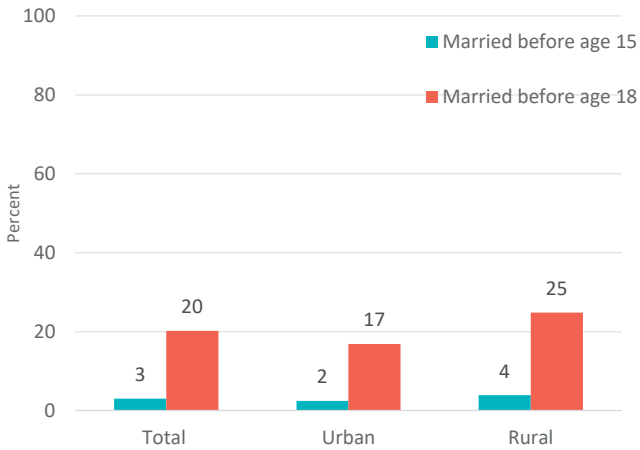
School Attendance Ratios



Adjusted net attendance ratio, by level of education and by gender

Every Adolescent is Protected from Violence & Exploitation

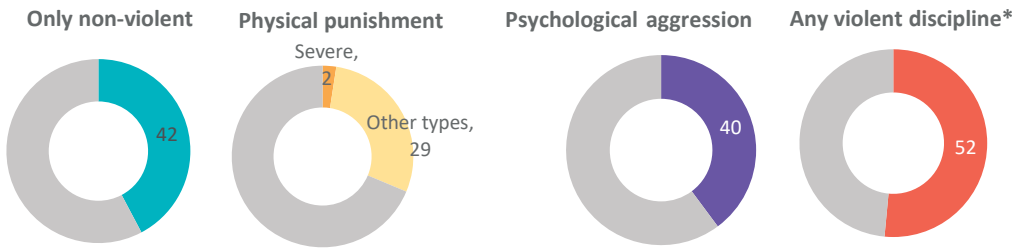
Child Marriage: SDG 5.3.1



Percentage of women age 20 to 24 years who were first married or in union before age 15 and before age 18, by area

Adolescence is a period of heightened risk to certain forms of violence and exploitation. The onset of puberty marks an important transition in girls' and boys' lives whereby gender, sexuality and sexual identity begin to assume greater importance, increasing vulnerability to particular forms of violence, particularly for adolescent girls. Certain harmful traditional practices, such as female genital mutilation/cutting and child marriage, often take place at the onset of puberty. At the same time, as children enter adolescence, they begin to spend more time outside their homes and interact more intimately with a wider range of people, including peers and romantic partners. This change in social worlds is beneficial in many respects, but also exposes adolescents to new forms of violence.

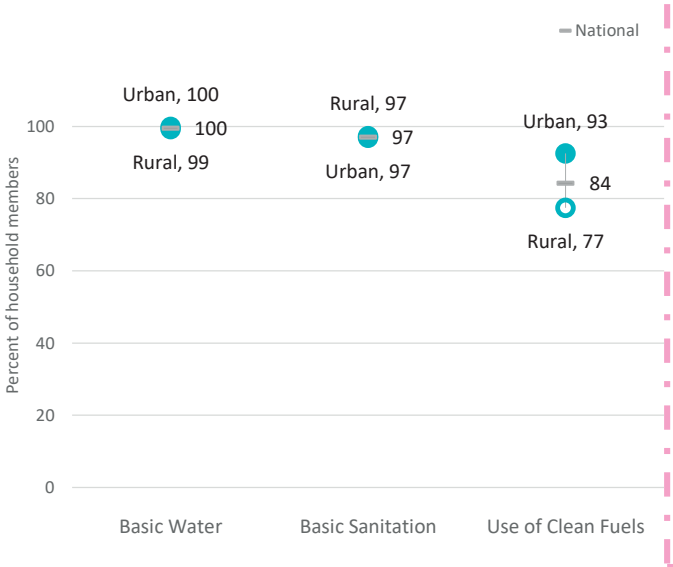
Child Discipline



Percentage of children age 10 to 14 years who experienced any discipline in the past month, by type
*Age disaggregate of SDG 16.2.1

Every Adolescent Lives in a Safe & Clean Environment

Water, Sanitation & Clean Fuel Use



The data presented here are at the household level. Evidence suggests that adolescent access to these services are comparable to household-level data.

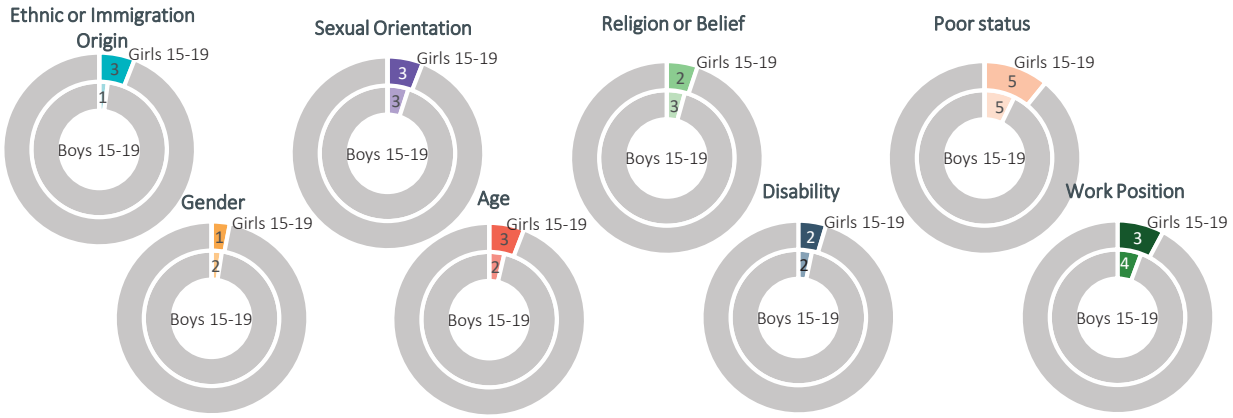
Basic Drinking Water SDG 1.4: Drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water

Basic Sanitation Services SDG 1.4.1/6.2.1 : Use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs

Clean Fuels SDG 7.1.2: Primary reliance on clean fuels and technologies for cooking and lighting

Every Adolescent has an Equitable Chance in Life

Discrimination & Harassment



Key Messages

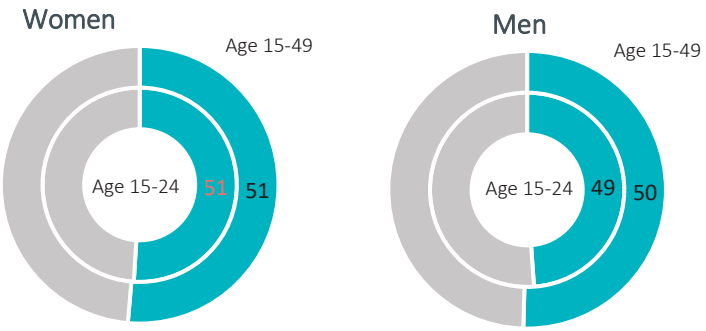
- Adolescent girls in rural areas and those among the poorest and with primary education were at a higher risk of early child bearing.
- Seventy-three percent of children age 7-14 demonstrated foundational reading skills while 69% demonstrated foundational numeracy skills.
- The adjusted net attendance ratio was highest among primary school adolescents when compared to lower and upper secondary school adolescents.
- One in every five women age 20-24 years were first married before age 18 years. A smaller proportion, one in every 30 women of the same age group married for the first time before age 15 years.
- Two in every five children age 10 to 14 years experienced any form of non-violent discipline.
- Almost all households had basic water and basic sanitation while 84% reported the use of clean fuels and technologies for cooking and lighting.
- Minority of adolescents age 15-19 years had felt discriminated against or harassed on the basis of ethnic or immigration origin, gender, sexual orientation, age, religion or belief, disability poor status and work position.

HIV

HIV indicators

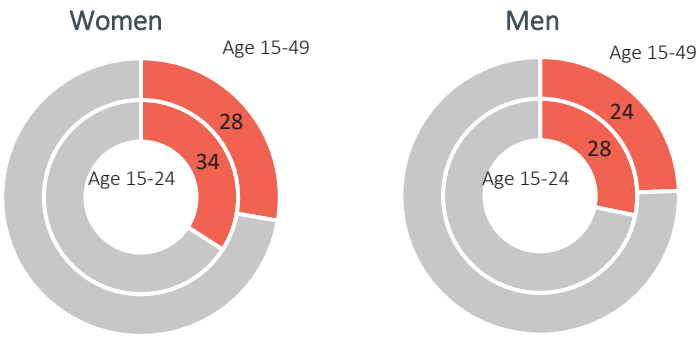
Knowledge

Percent who know of the two ways of HIV prevention (having only one faithful uninfected partner and using a condom every time), who know that a healthy looking person can be HIV-positive, and who reject the two most common misconceptions



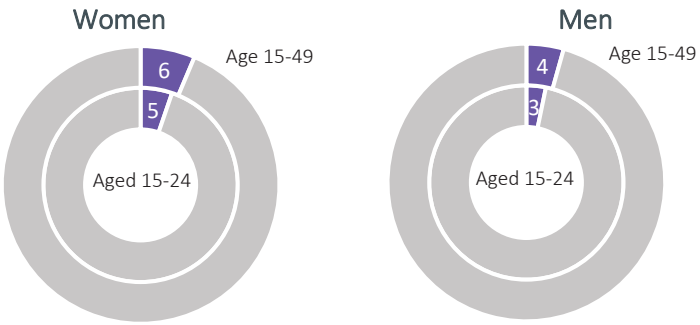
Stigma

Percent of those who report discriminatory attitudes towards people living with HIV, including 1) would not buy fresh vegetables from a shopkeeper or vendor who is HIV-positive and 2) think children living with HIV should not be allowed to attend school with children who do not have HIV



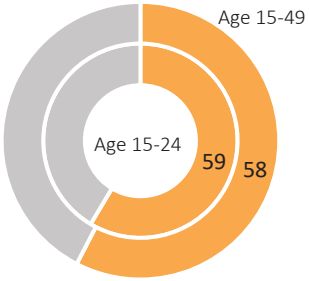
Testing

Percent who have been tested for HIV in the last 12 months and know the result



Testing during Antenatal Care

Percent of women who during their antenatal care for their last pregnancy were offered an HIV test, accepted and received results, and received post-test health information or counselling related to HIV

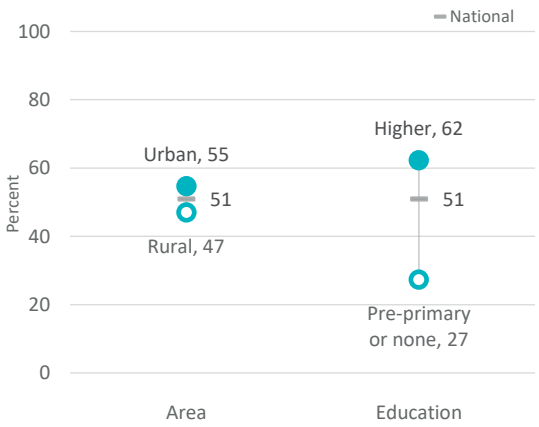


Key Messages

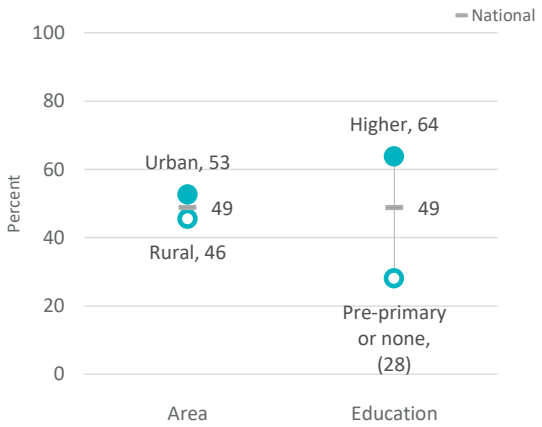
- Overall, about half of women and men age 15-49 years had comprehensive knowledge about HIV. Likewise, similar percentages are observed among young women and young men.
- Twenty-eight percent of women aged 15-49 years reported discriminatory attitudes towards people living with HIV, and this was lower for men at 24%.
- The proportion of individuals 15-49 years of age tested for HIV in the 12 months preceding the survey and knew their results was low (6% in women and 4 % in men).
- Almost three fifths of pregnant women were offered an HIV test, accepted, received results and post-test health information or counselling related to HIV during their last pregnancy.

HIV Indicators by Key Characteristics

Knowledge among Adolescent Girls & Young Women (15-24)*



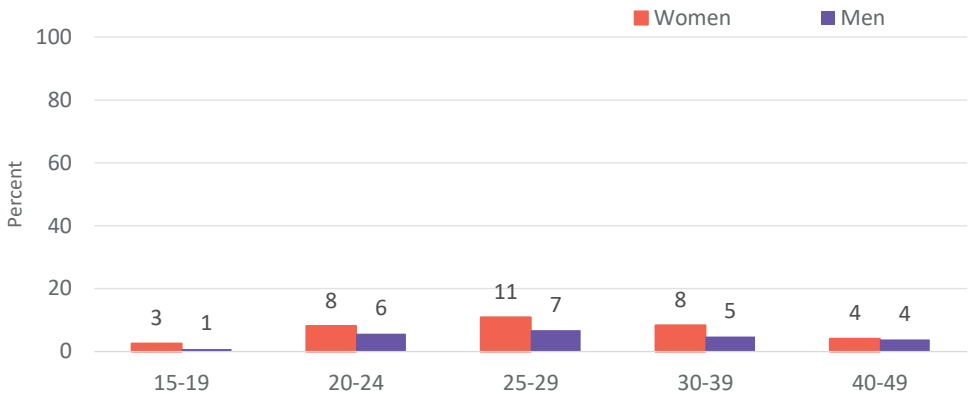
Knowledge among Adolescent Boys & Young Men (15-24)*



*Percent age 15-24 who know two ways of HIV prevention, who know that a healthy-looking person can be HIV-positive, and who reject two most common misconceptions.

() Figures that are based on 25-49 unweighted cases

Tested for HIV in last 12 months



Percent age 15-49 who have been tested for HIV in the last 12 months and know the result

Regional Data on HIV Testing

	Men who tested in last 12 months	Women who tested in last 12 months	Women testing at ANC
National	**4**	**6**	**58**
Bangkok	6	7	50
Central	6	7	68
North	5	7	63
Northeast	3	6	63
South	2	5	34

Tested in last 12 months: percent age 15-49 who have been tested in the last 12 months and know the result

HIV testing during ANC: percent of women age 15-49 who during antenatal care for their last pregnancy were offered an HIV test, accepted and received results, and received post-test health information or counselling related to HIV

Key Messages

- Young women and men (15-24 years) with higher education are more than twice as likely to have comprehensive knowledge of HIV than those with pre-primary education or none
- The highest proportion of women and men who tested for HIV in the last 12 months was in the age group 25-29 years and lowest in the age group 15-19 years.
- In the South only 2% of men and 5% of women aged 15-49 years reported having been tested in the last 12 months prior to the survey, in contrast to 6% of men in Bangkok and the Central, and 7% of women in Bangkok, Central and North.
- For pregnant women attending ANC, HIV testing is lowest in the South (34%) and highest in the Central at 68%.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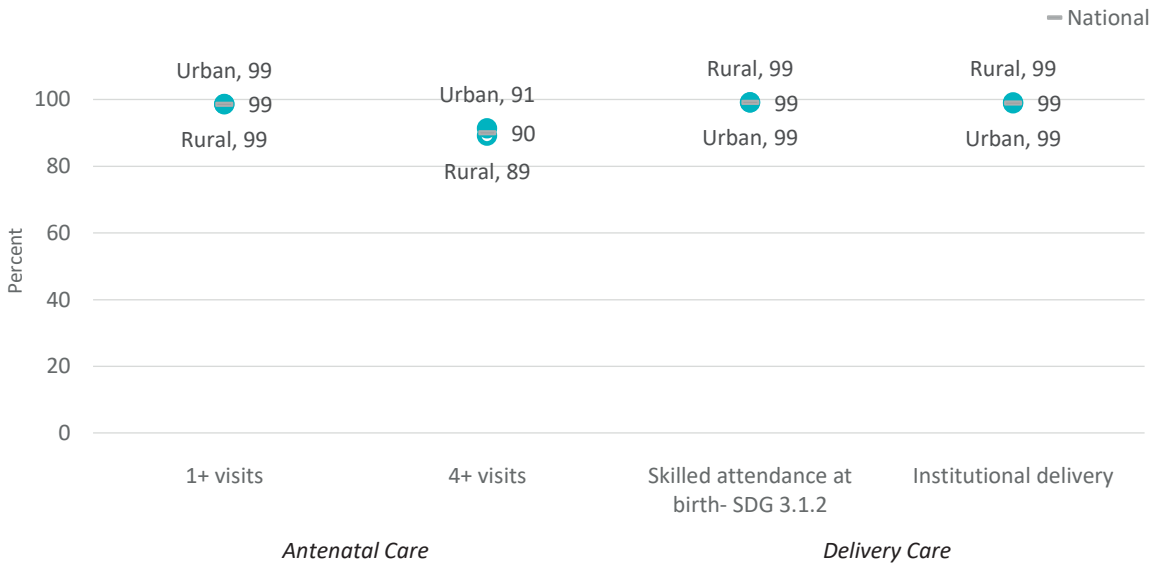
Maternal and Newborn Health

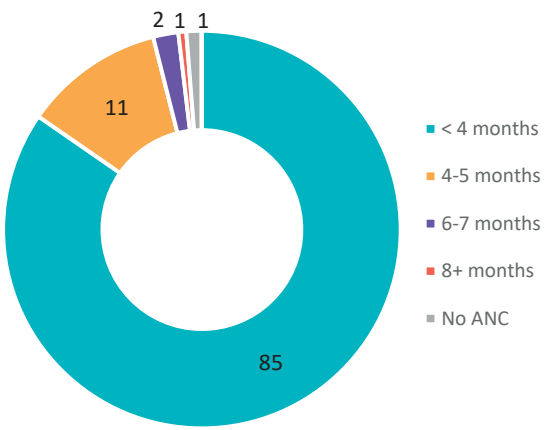
Key Elements of Maternal & Newborn Health

Maternal & Newborn Health Cascade by Area



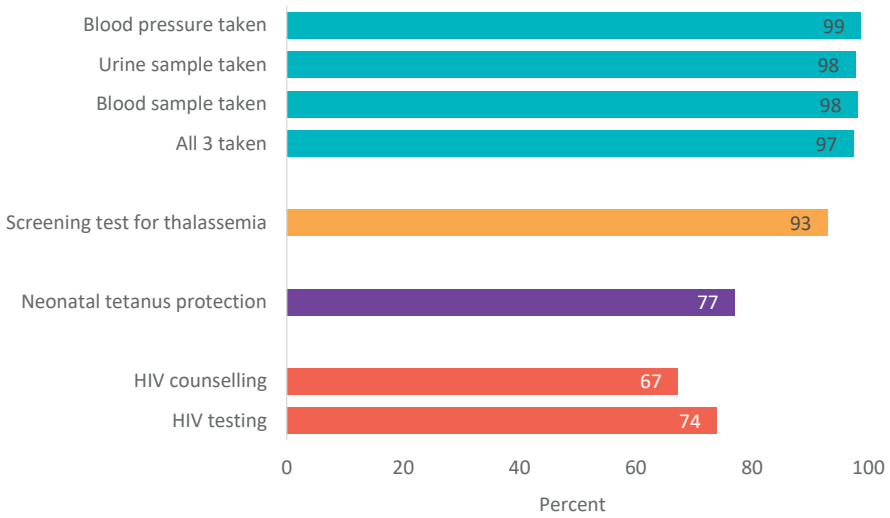
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider, who were attended by skilled health personnel during their most recent live birth (**SDG 3.1.2**) and whose most recent live birth was delivered in a health facility, by area.

Timing of First Antenatal Care Visit



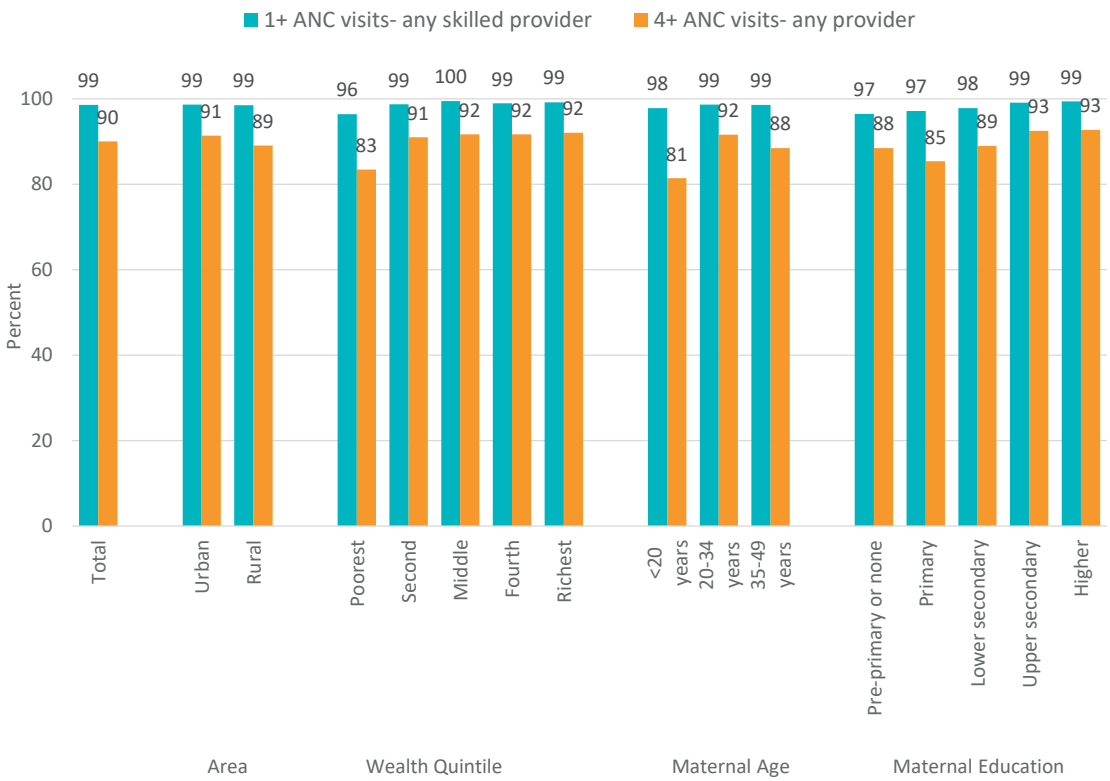
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel, by the timing of first ANC visit

Content & Coverage of Antenatal Care Services



Percentage of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples, had screening test for thalassemia, were given at least two doses of tetanus toxoid vaccine within the appropriate interval, reported that during an ANC visit they received information or counselling on HIV, and reported that they were offered and accepted an HIV test during antenatal care and received their results during the last pregnancy that led to a live birth

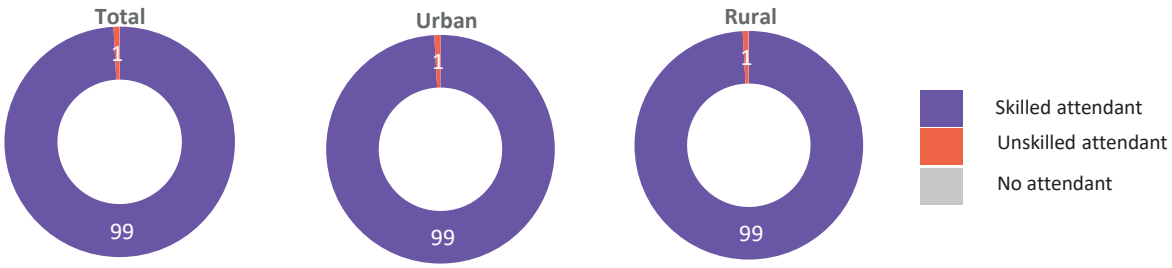
Coverage of Antenatal Care by Various Characteristics



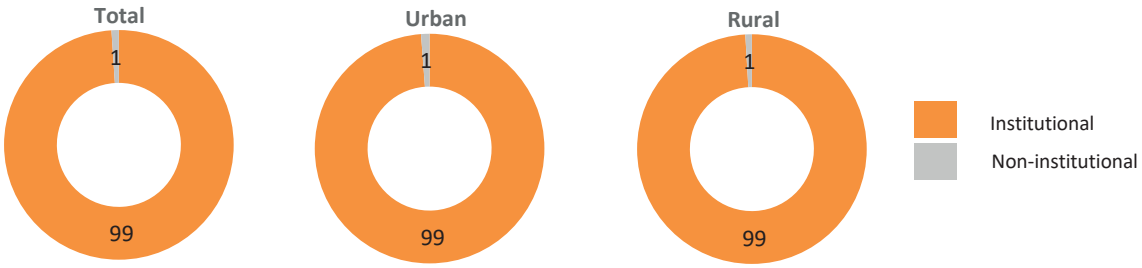
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider

Coverage of Skilled Attendance at Birth & Institutional Delivery by Area

Skilled Attendance at Birth

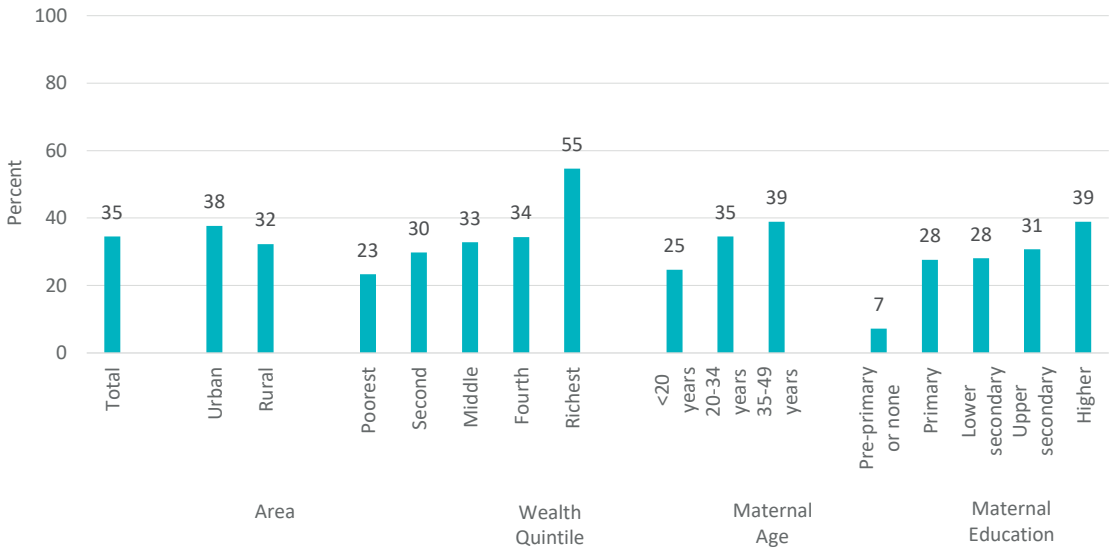


Institutional Delivery



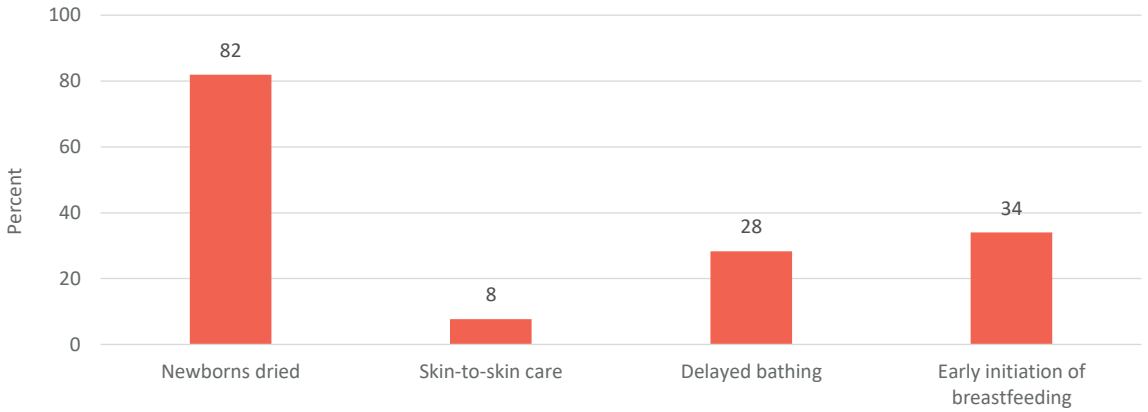
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth and percentage whose most recent live birth was delivered in a health facility (institutional delivery) by area

Caesarian Section by Various Characteristics



Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered by caesarean section by various characteristics

Coverage of Newborn Care



Among the last live-birth in the last 2 years, percentage who were dried after birth; percentage who were given skin to skin contact; percentage who were bathed after 24 hours of birth; and percentage of women with a live birth in the last 2 years who put their last newborn to the breast within one hour of birth.

Regional Data on Maternal and Newborn Cascade

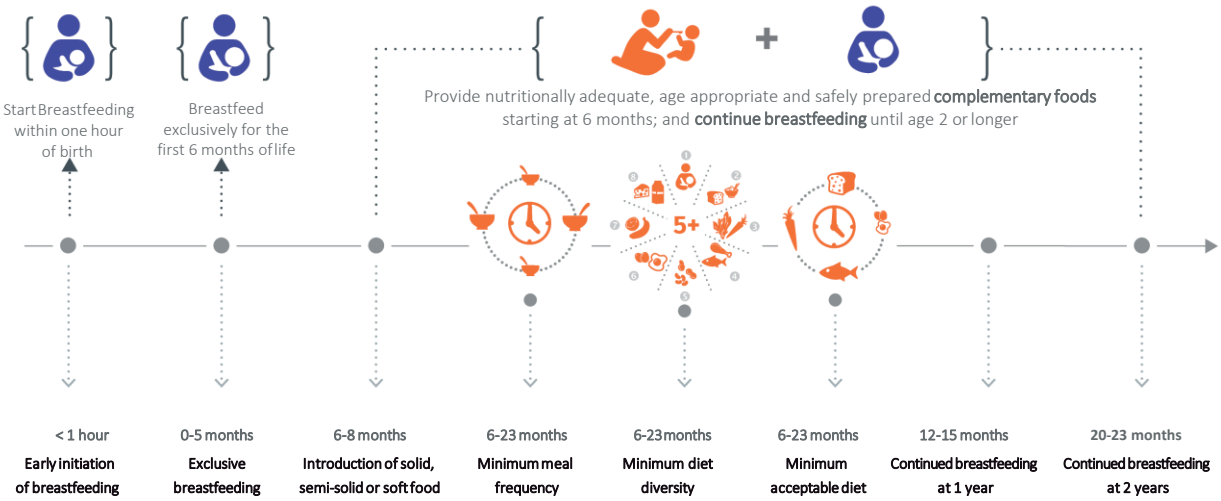
Region	ANC: At least 1 visit (skilled provider)	ANC: At least 4 visits (any provider)	Skilled Attendance at Birth	Institutional Delivery
National	**99**	**90**	**99**	**99**
Bangkok	100	96	100	99
Central	99	91	99	99
North	98	88	99	98
Northeast	99	91	99	99
South	98	86	100	100

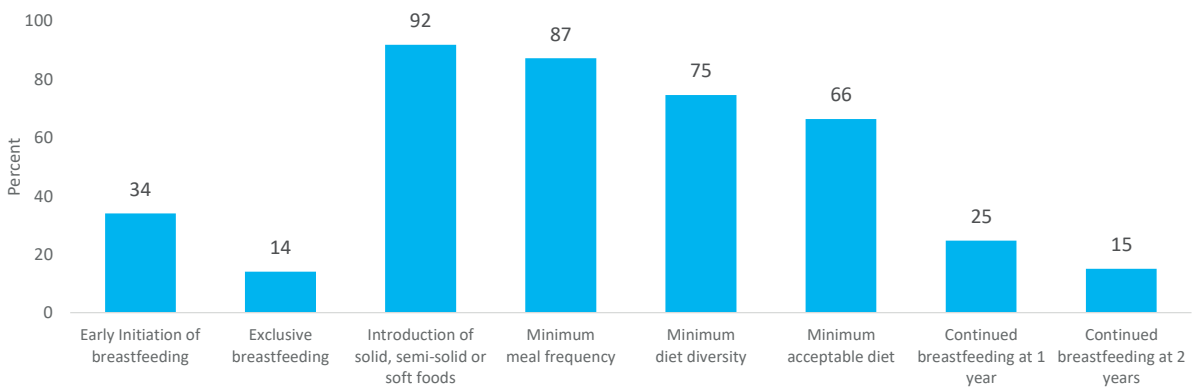
Key Messages

- Ninety-nine percent of pregnant women received at least one antenatal care visit by skilled health personnel , whilst 90% received four or more antenatal care visits by any provider.
- Antenatal care (4+ visits) was similar among women in urban (91%) and rural areas (89%).
- Eighty-five percent of women had their first antenatal care visit within the first 4 months of pregnancy.
- Whilst 97% of pregnant women received all 3 key antenatal services (checking of blood pressure, urine and blood tests), only two thirds received HIV counselling.
- Over three quarters of pregnant women received vaccination to prevent neonatal tetanus.
- Almost all of women were attended by skilled health personnel during their most recent live birth and delivered in a health facility.
- A third of pregnant women gave birth through caesarean section.
- Skin to skin care and delayed bathing occurred in 8% and 28% of all live births in the last 2 years respectively.
- A third of women with a live birth in the last 2 years reported early initation of breastfeeding.

Infant and Young Child Feeding (IYCF)

Infant & Young Child Feeding

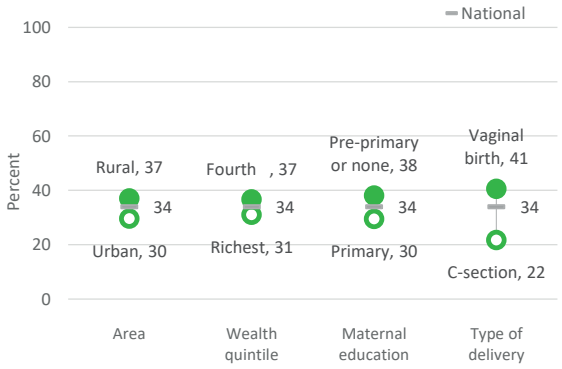




Early initiation: percentage of newborns put to breast within 1 hour of birth; **Exclusive breastfeeding:** percentage of infants aged 0-5 months receiving only breastmilk; **Introduction to solids**: percentage of infants aged 6-8 months receiving solid or semi-solid food; **Minimum meal frequency:** percentage of children aged 6-23 months receiving the recommended minimum number of solid/liquid feeds as per the age of child; **Minimum diet diversity:** percentage of children aged 6-23 months receiving 5 of the 8 recommended food groups; **Minimum acceptable diet:** percentage of children aged 6-23 months receiving the minimum diversity of foods and minimum number of feeds; **Continued breastfeeding at 1 year:** percentage of children aged 12-15 months who continue to receive breastmilk; **Continued breastfeeding at 2 years:** percentage of children aged 20-23 months who continue to receive breastmilk.

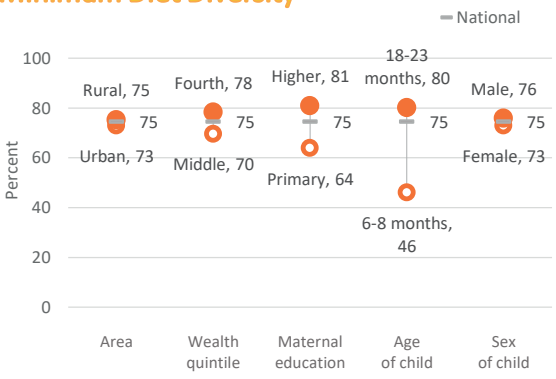
IYCF: Equity

Early Initiation of Breastfeeding



Percent of newborns put to the breast within one hour of birth, by background characteristics

Minimum Diet Diversity

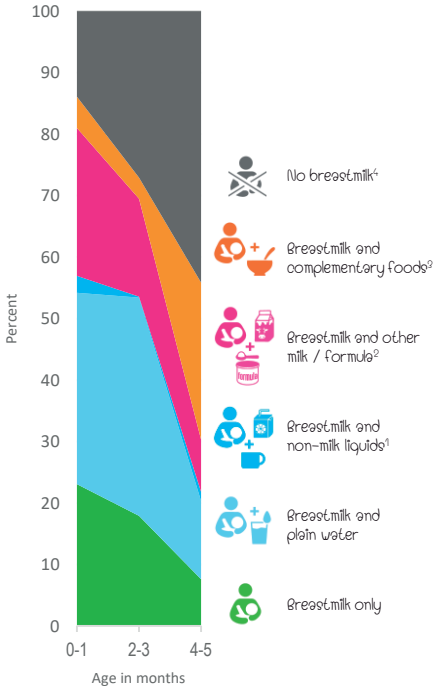


Percent of children aged 6-23 months that were fed food from at least 5 out of 8 food groups, by background characteristics

IYCF: What are the Youngest Infants Fed?

Liquids or foods consumed by infants 0-5 months old

Percent of infants aged 0-5 months receiving breastmilk only, breastmilk and plain water, breastmilk and non-milk liquids, breastmilk and other milk/formula, breastmilk and complementary foods and no breastmilk



Notes:
1) may also have been fed plain water;
2) may also have been fed plain water and/or non-milk liquids;
3) may also have been fed plain water, non-milk liquids and/or other milk/formula;
4) may have been fed plain water, non-milk liquids, other milk/infant formula and/or solid, semi-solid and soft foods.

Regional Data

Region	Early Initiation of breastfeeding	Minimum Diet Diversity
National	**34**	**75**
Bangkok	21	86
Central	34	73
North	36	67
Northeast	32	75
South	43	77

Percent of newborns put to the breast within one hour of birth, and per cent of children aged 6-23 months that were fed food from at least 5 out of 8 food groups by geographic region

Key Messages

- About a third of newborns were put to breast within 1 hour of birth.
- Only 14% of babies age 0-5 months were exclusively breastfed.
- Nine in every ten children age 6–8 months were introduced to solid or semi-solid foods.
- Young children 6-23 months were fed often enough (87%) and their diet attained variety (75%). Almost 7 out of 10 children met the recommended minimum acceptable diet.
- Twenty-five percent of babies continued with breastfeeding at 1 year while only 15% did the same at 2 years.
- Children born through vaginal birth were almost twice as likely to be breastfed within an hour following birth compared with children born through C-section.
- Early initiation of breast feeding was practiced most in the South (43%) and least in Bangkok (21%).
- Minimum diet diversity was highest in Bangkok (86%) and lowest in the North (67%).

Nutritional Status of Children

Anthropometric Malnutrition Indicators

Stunting: SDG 2.2.1

Stunting refers to a child who is too short for his or her age. Stunting is the failure to grow both physically and cognitively and is the result of chronic or recurrent malnutrition.

Percentage children under-5 who are stunted

Wasting: SDG 2.2.2

Wasting refers to a child who is too thin for his or her height. Wasting, or acute malnutrition, is the result of recent rapid weight loss or the failure to gain weight. A child who is moderately or severely wasted has an increased risk of death, but treatment is possible.

Percentage children under-5 who are wasted

Overweight: SDG 2.2.2

Overweight refers to a child who is too heavy for his or her height. This form of malnutrition results from expending too few calories for the amount consumed from food and drinks and increases the risk of noncommunicable diseases later in life.

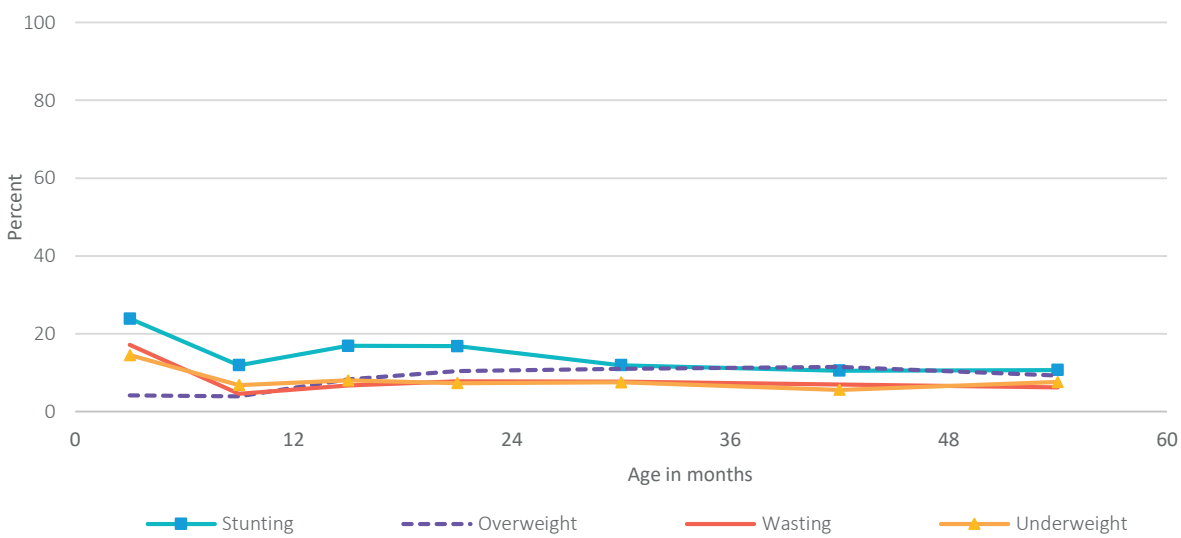
Percentage children under-5 who are overweight

Underweight

Underweight is a composite form of undernutrition that can include elements of stunting and wasting (i.e. an underweight child can have a reduced weight for their age due to being too short for their age and/or being too thin for their height).

Percentage children under-5 who are underweight

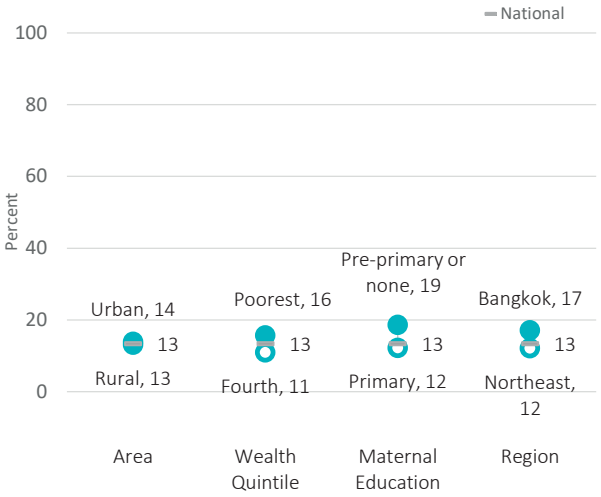
Anthropometric Malnutrition Indicators by Age



Percentage children who are underweight, stunted, wasted and overweight, by age in months

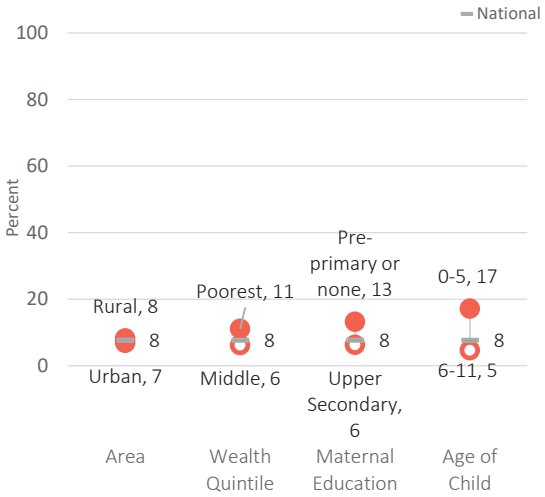
Nutritional Status of Children: Disaggregates

Stunting: SDG 2.2.1



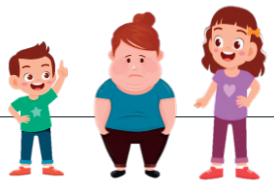
Percentage of under 5 children who are stunted, by background characteristics

Wasting: SDG 2.2.2



Percentage of under 5 children who are wasted, by background characteristics

Regional Data on Stunting, Overweight & Wasting



	Stunting: SDG 2.2.1	Overweight: SDG 2.2.2	Wasting	
	% stunted (moderate and severe)	% overweight (moderate and severe)	% wasted (moderate and severe, SDG 2.2.2)	% wasted (severe)
National	**13**	**9**	**8**	**3**
Bangkok	17	17	5	1
Central	13	9	9	3
North	15	10	8	3
Northeast	12	9	8	3
South	13	6	7	2

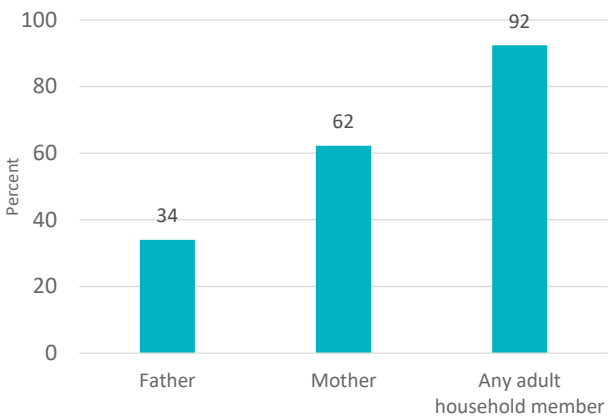
Key Messages

- Among children under 5 stunting was 13%, Overweight: 9%, Wasting: 8% and Underweight: 8%.
- Stunting, wasting and underweight were more prevalent for children under 6 months of age while overweight peaked at 36-47 months.
- There is no urban-rural differential for stunting and wasting prevalence among children.
- Bangkok had the highest prevalence of stunting and overweight (17% both) while wasting was less common in Bangkok compared to other regions.

Early Childhood Development (ECD)

Support for Learning

Early Stimulation & Responsive Care



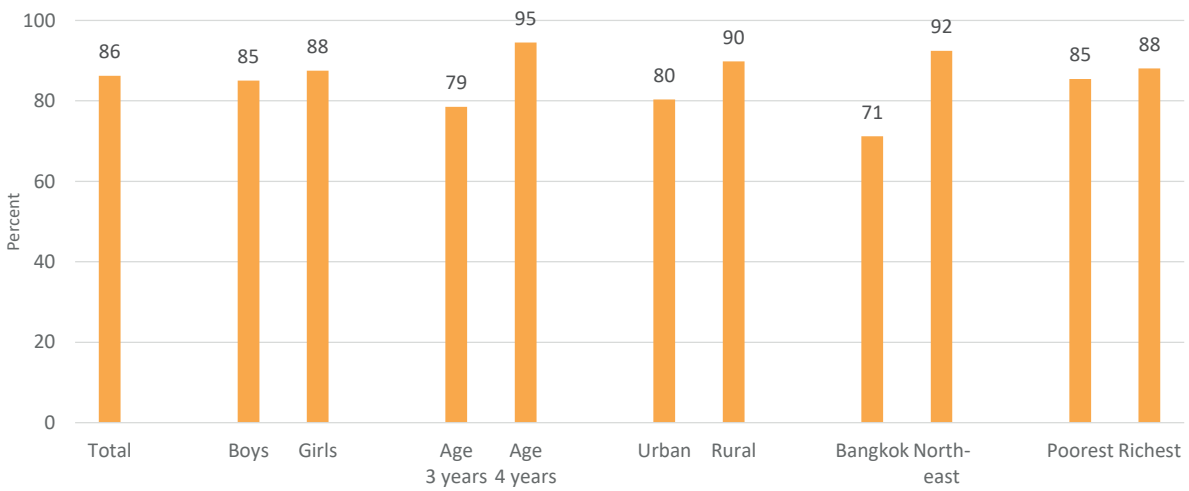
Percentage of children age 2-4 years with whom the father, mother or adult household members engaged in activities that promote learning and school readiness during the last three days

Note: Activities include: reading books to the child; telling stories to the child; singing songs to the child; taking the child outside the home; playing with the child; and naming, counting or drawing things with the child

Early childhood, which spans the period up to 8 years of age, is critical for cognitive, social, emotional and physical development. During these years, a child's newly developing brain is highly plastic and responsive to change. Optimal early childhood development requires a stimulating and nurturing environment, access to books and learning materials, interactions with responsive and attentive caregivers, adequate nutrients, access to good quality early childhood education, and safety and protection. All these aspects of the environment contribute to developmental outcomes for children.

Children facing a broad range of risk factors including poverty; poor health; high levels of family and environmental stress and exposure to violence, abuse, neglect and exploitation; and inadequate care and learning opportunities face inequalities and may fail to reach their developmental potential. Investing in the early years is one of the most critical and cost-effective ways countries can reduce gaps that often place children with low social and economic status at a disadvantage.

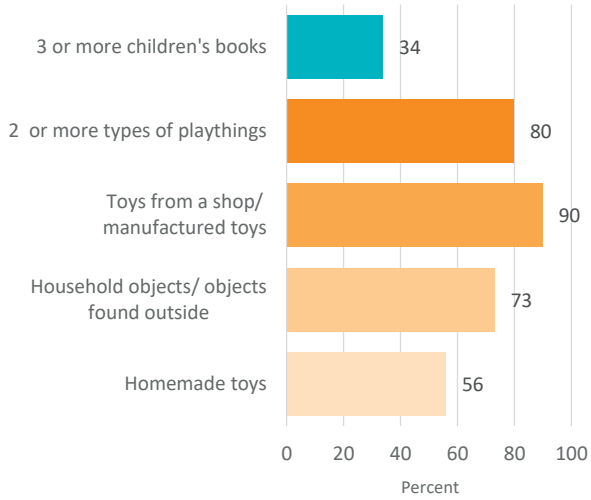
Attendance at Early Childhood Education Programmes



Percentage of children age 3-4 years attending an early childhood education programme, by background characteristics

Learning Materials & Child Supervision

Access to Play & Learning Materials



Percentage of children under age five according to their access to play and learning materials

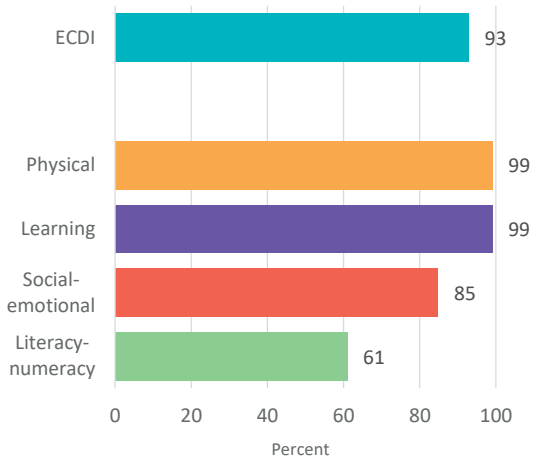
Inadequate supervision of children

Region	Left in inadequate supervision
National	**5**
Bangkok	3
Central	5
North	4
Northeast	4
South	6

Percentage of children under age five left alone or under the supervision of another child younger than 10 years of age for more than one hour at least once in the last week, by region

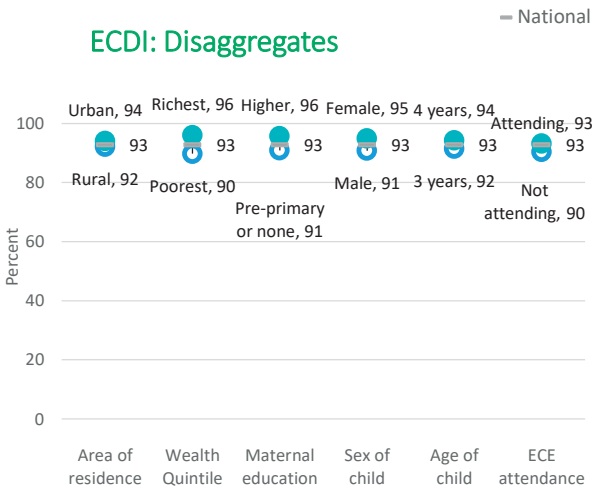
Early Childhood Development Index (ECDI)

ECDI: Total Score & Domains, SDG 4.2.1



ECDI: Early Childhood Development Index; percentage of children age 3-4 years who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains

ECDI: Disaggregates



ECDI by various characteristics
ECE = Early childhood education.

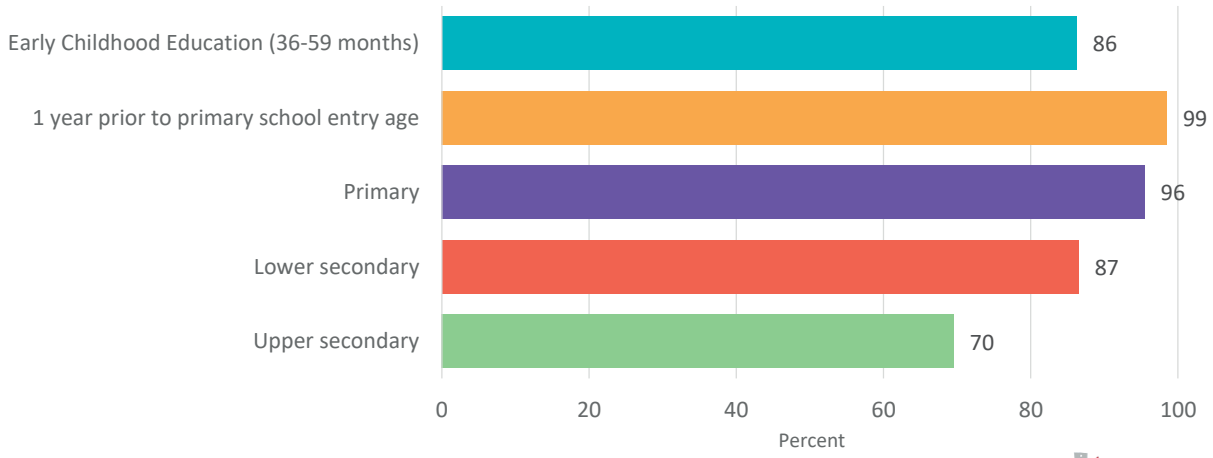
Key Messages

- Nine in ten children engaged in activities with an adult household member and less than half engaged in activities of fathers compared to mothers during the last three days.
- Overall, nearly 9 in 10 children (age 3-4 years) attend an early childhood education programs.
- Early childhood education programs is highest in the Northeast and lowest in Bangkok but there were no clear disparities when comparing sex and wealth quintile of the child.
- About 8 in 10 children (age 2-4 years) had 2 or more type of playthings and 90% had toys from a shop/ manufactured toys.
- Early Childhood Development Index (ECDI) indicates that 9 in 10 children (age 3-4 years) are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains.

Education

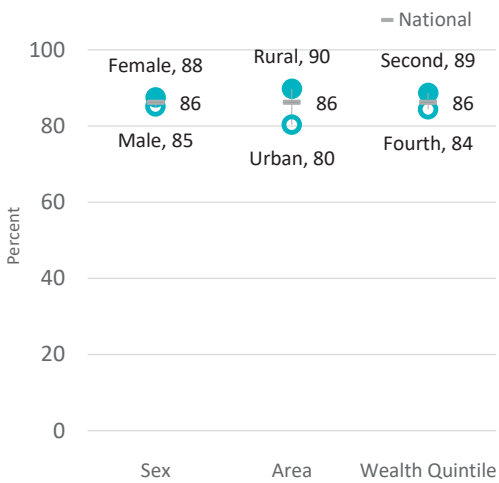
Attendance Rates & Inequalities

School Net Attendance Rates (adjusted)



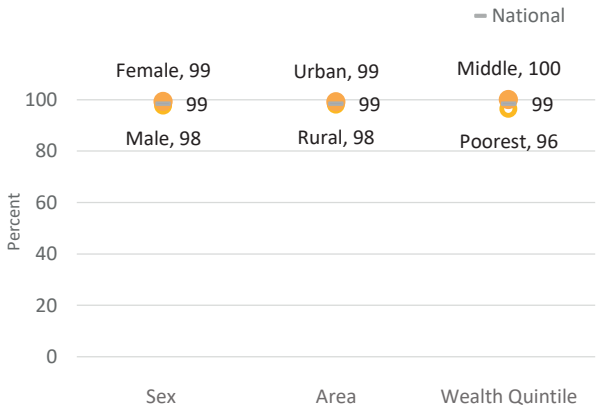
Inequalities in Attendance in Early Childhood Education & Participation in Organized Learning

Net Attendance Rate for Early Childhood Education



Percentage of children age 36-59 months who are attending early childhood education

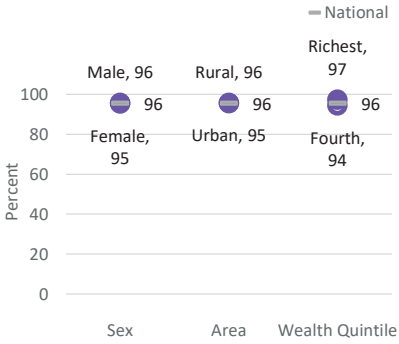
Participation Rate in Organized Learning (1 Year Prior to Primary Entry Age): SDG 4.2.2



Percentage of children attending an early childhood education programme, or primary education (adjusted net attendance ratio), who are one year younger than the official primary school entry age at the beginning of the school year

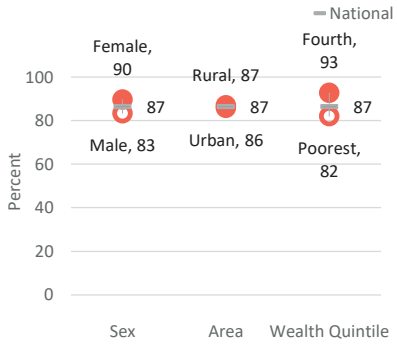
Inequalities in Attendance Rates

Adjusted Primary School Net Attendance Rate



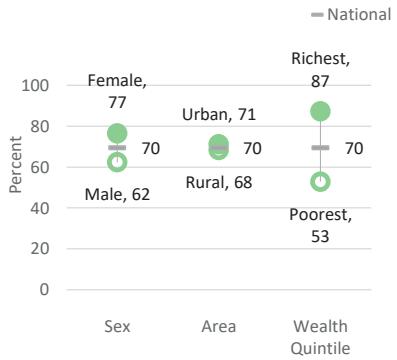
Percentage of children of primary school age (as of the beginning of school year) who are attending primary or secondary school

Adjusted Lower Secondary School Net Attendance Rate



Percentage of children of lower secondary school age (as of the beginning of the current or most recent school year) who are attending lower secondary school or higher

Adjusted Upper Secondary School Net Attendance Rate



Percentage of children of upper secondary school age (as of the beginning of the current or most recent school year) who are attending upper secondary school or higher

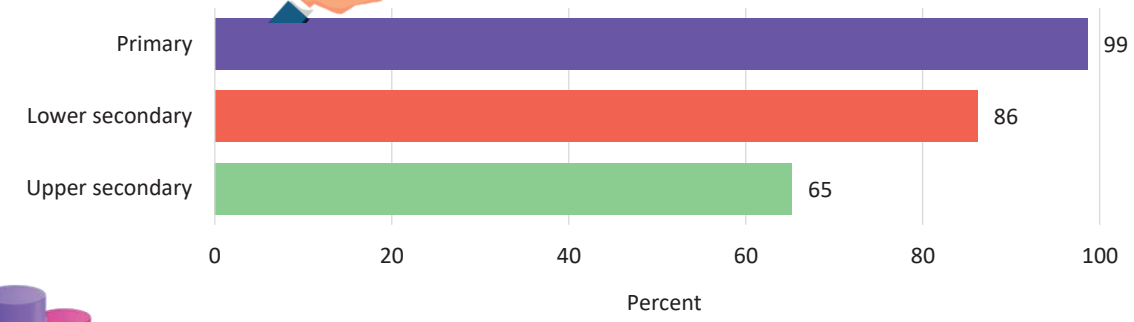
Regional Data for Net Attendance Rates (adjusted)

Region	Early Childhood Education	Participation rate in organized learning	Primary	Lower Secondary	Upper Secondary
National	**86**	**99**	**96**	**87**	**70**
Bangkok	71	99	96	93	72
Central	81	99	95	89	73
North	85	99	96	88	74
Northeast	92	99	95	86	69
South	90	96	96	77	56

Key Messages

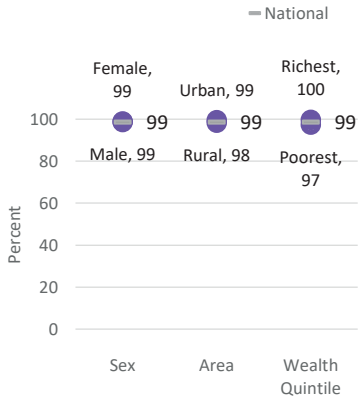
- Almost 9 in 10 children age 36 to 59 months were attending early childhood education. The attendance rate in rural areas was higher than urban areas.
- There is a high participation rate (99%) in organised learning programs (1 year prior to primary school entry age).
- Net attendance rates show wider gaps in secondary school than in primary school according to sex and wealth status.
- The widest gap for attending in upper secondary school was observed between children of the poorest and richest households.
- The South region had the lowest attendance rates in lower secondary and upper secondary with 77%, and 56%, respectively.
- Lower secondary school net attendance was highest in Bangkok, while upper secondary school was highest in the North region.

Completion Rates



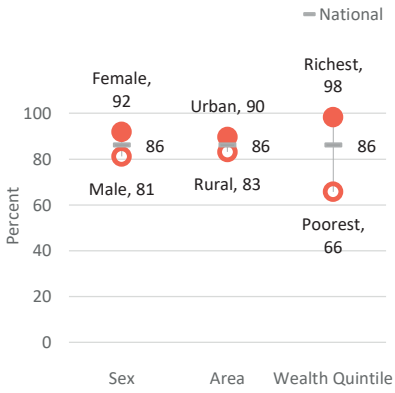
Inequalities in Completion Rates

Primary School



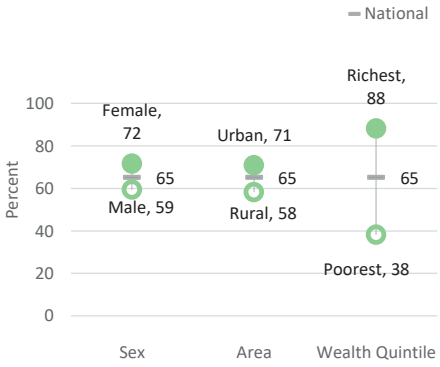
Percentage of children who age 3 to 5 years above the intended age for the last grade of primary school who have completed primary education

Lower Secondary



Percentage of children who age 3 to 5 years above the intended age for the last grade of lower secondary school who have completed lower secondary education

Upper Secondary



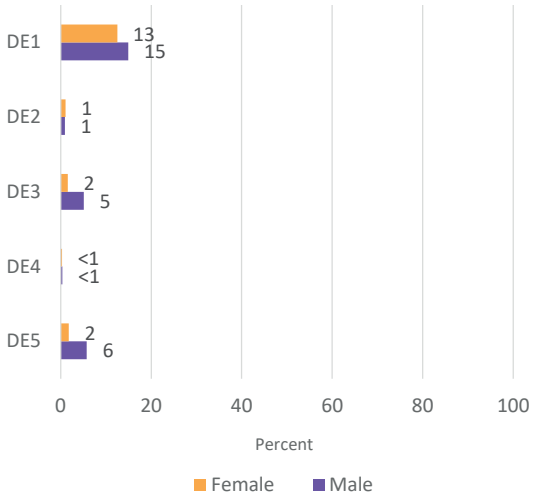
Percentage of children or youth who age 3 to 5 years above the intended age for the last grade of upper secondary school who have completed upper secondary education

Regional Data in Completion Rates

Region	Primary	Lower Secondary	Upper Secondary
National	**99**	**86**	**65**
Bangkok	99	88	79
Central	99	91	63
North	99	86	72
Northeast	100	85	57
South	95	79	58

Out of School Rates

Out of School Dimensions for Levels of Education



Dimension 1: Children not attending an early childhood education programme or primary education

Dimension 2: Children of primary school age who are not in primary or secondary school

Dimension 3: Children of lower secondary school age who are not in primary or secondary school

Dimension 4: Children who are in primary school but at risk of dropping out (over-age by 2 or more years)

Dimension 5: Children who are in lower secondary school but at risk of dropping out (over-age by 2 or more years)

SDG Summary for Education

SDG	MICS Indicator	Definition & Notes	Value		
			Primary	Lower Secondary	Upper Secondary
4.1.4	LN.8a,b,c	Completion rate	99%	86%	65%
4.1.5	LN.6a,b,c	Out-of-school rate	1%	3%	18%
4.1.6	LN.10a,b	Percentage of children over-age for grade	0.3%	4.0%	na
4.5.1	LN.5a	Gender Parity Indices (girls/boys)	1.00	1.08	1.24
4.5.1	LN.5b	Wealth Parity Indices (poorest/richest)	0.98	0.93	0.60
4.5.1	LN.5c	Area Parity Indices (rural/urban)	1.00	1.01	0.96
			Total	Boys	Girls
4.2.2	LN.2	Participation rate in organized learning (one year before the official primary entry age)	99%	98%	99%

na: not applicable

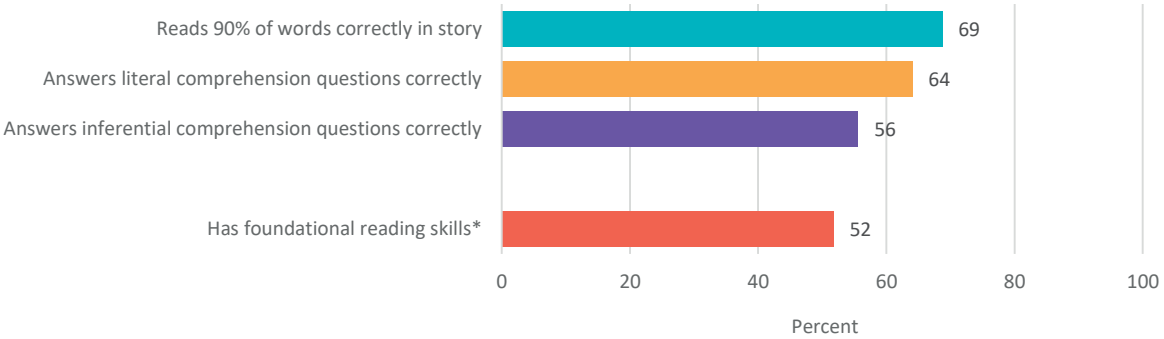
Key Messages

- Almost all children completed primary education, while the completion rate at upper secondary education sharply dropped to 65%.
- Disparities in completion rate were observed in lower secondary and upper secondary by sex, area and wealth quintile.
- Children from richest households have lower secondary school completion rates 32 percentage points higher than their poorest counterparts, while the gap is even wider at upper secondary education.
- Completion rates for primary, lower and upper secondary levels are lowest in the South region.
- Out-of-school rates significantly increase as the children reach higher levels. In primary, lower and upper secondary levels, the rates are 1, 3 and 18 percent, respectively.

Early Grade Learning and Parental Involvement

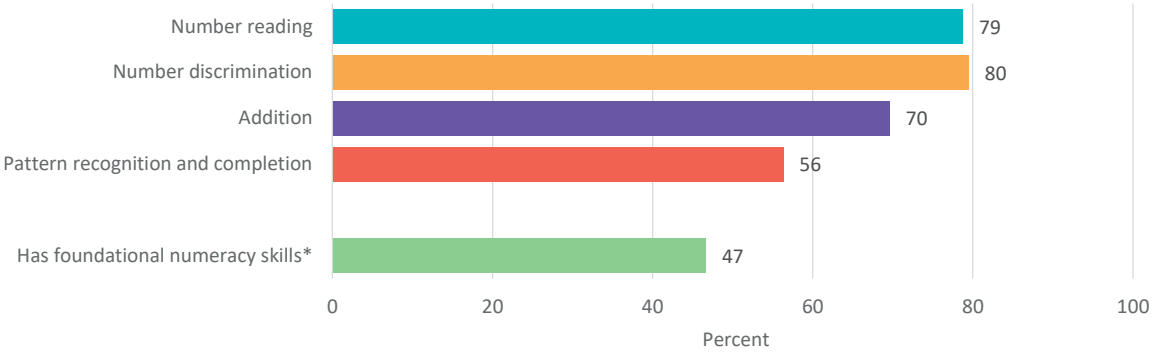
Early Grade Learning: SDG 4.1.1(a) (age for grade 2/3)

Foundational Reading Skills: SDG 4.1.1.(a) (i: reading)



*Percentage of children of age for grade 2/3 who can 1) read 90% of words in a story correctly, 2) Answer three literal comprehension questions, 3) Answer two inferential comprehension questions

Foundational Numeracy Skills: SDG 4.1.1.(a) (ii: numeracy)



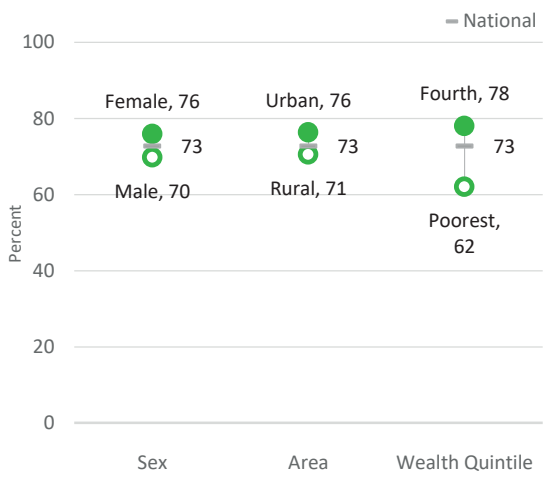
*Percentage of children of age for grade 2/3 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task

Key Messages

- About half of children of age for grade 2 to 3 have foundational reading skills and 47% of children in the same age group have foundational numeracy skills.
- About 7 in 10 children of age for grade 2 to 3 were able to read 90% of words correctly in story, over 3 in 5 children were able to answer literal comprehension questions correctly and around 4 in 7 children were able to answer inferential comprehension questions correctly .
- Almost 4 in 5 children of age for grade 2 to 3 were able to number reading and number discrimination, 7 in 10 children were able to number addition and 4 in 7 children were able to pattern recognition and completion.

Early Grade Learning: Disaggregates (age 7-14 years)

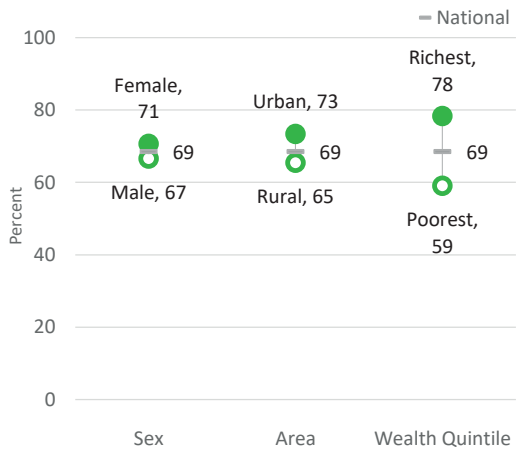
Disaggregates in Foundational Reading Skills



Regional Data on Foundational Reading Skills

Region	Boys	Girls	Total
National	**70**	**76**	**73**
Bangkok	70	70	70
Central	73	81	77
North	72	72	72
Northeast	70	80	74
South	64	69	66

Disaggregates in Foundational Numeracy Skills



Regional Data on Foundational Numeracy Skills

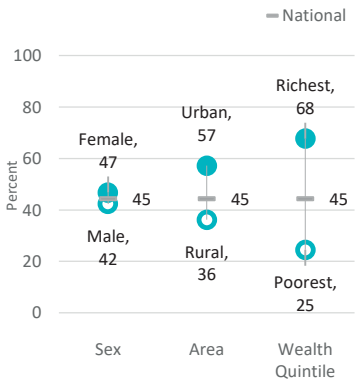
Region	Boys	Girls	Total
National	**67**	**71**	**69**
Bangkok	76	72	74
Central	69	79	74
North	62	62	62
Northeast	66	73	69
South	62	62	62

Reading & Numeracy Skills Data in MICS

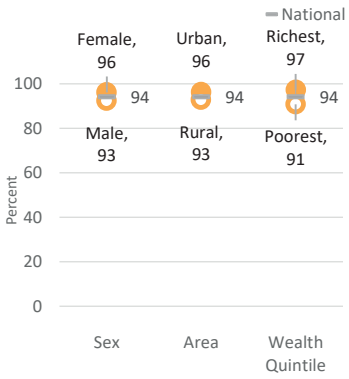
- The Foundational Learning module adopts a direct assessment method for children's early learning in reading and mathematics at the level of Grade 2 in primary education. This contributes to SDG4.1.1.(a) Global Indicator.
- For the Foundational Learning module, one child age 7 to 14 (inclusively) is randomly selected in each household.
- The content of reading assessment is customized in each country, ensuring that the vocabulary used are part of the Grade 2 reading textbook. This ensures national question relevance in terms of vocabulary and cultural appropriateness. The questions on mathematics are based on universal skills needed for that grade level.
- As MICS also collects data on school attendance and numerous individual and household characteristics, such as location, household socio-economic status, and language, the most marginalized sub-populations of children can be identified for support to improve learning outcomes.

Parental Involvement: Learning Environment at Home

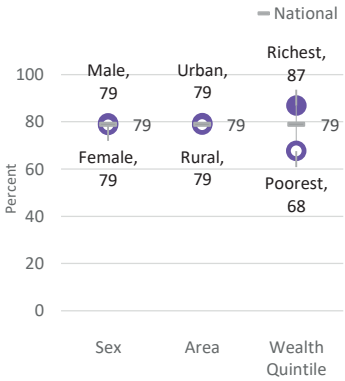
Children with 3 or more books to read at home



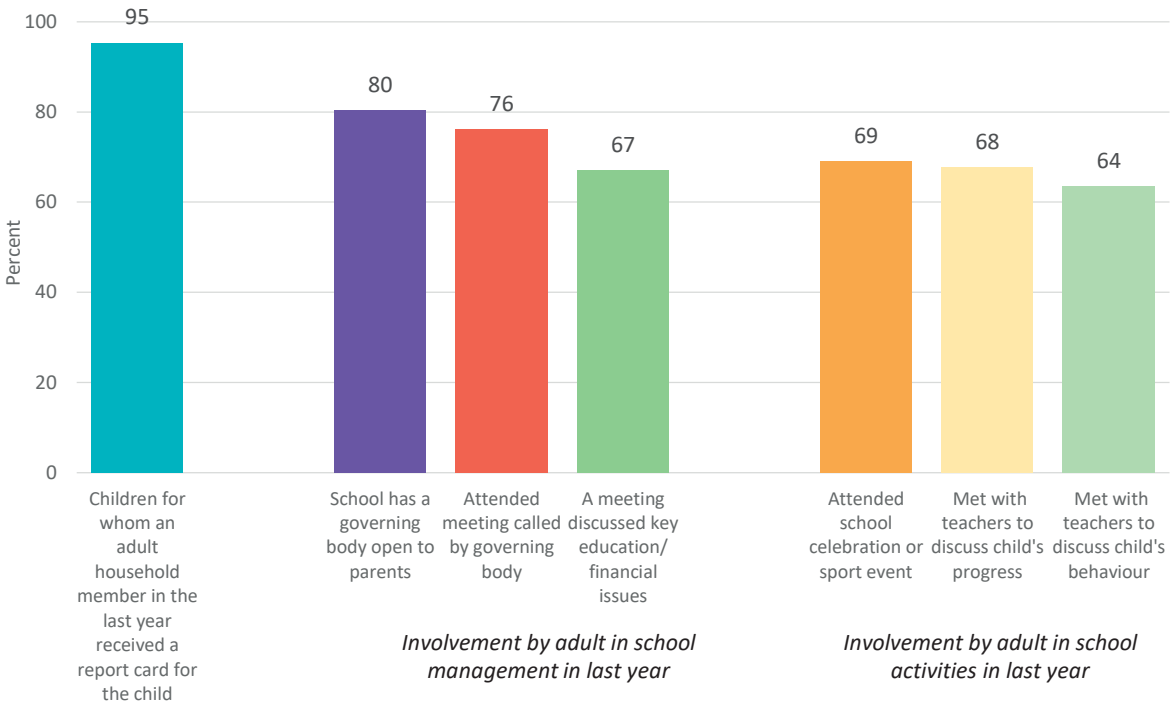
Children who read books or are read to at home



Children who receive help with homework



Parental Involvement: Support for learning at School



Key Messages

- Children in the richest wealth quintile were more likely to have 3 or more books to read at home (7 in 10 children) compared with those in the poorest wealth quintile (1 in 4 children).
- For more than 9 in 10 children, an adult household member in the last year received a report card for the child.
- Almost 9 in 10 children in the richest quintile compared to only two third of the poorest received help at home for schoolwork.
- Sixty-eight and 64 percent of the parents attended meetings with teachers to discuss their children's progress and behaviour, respectively.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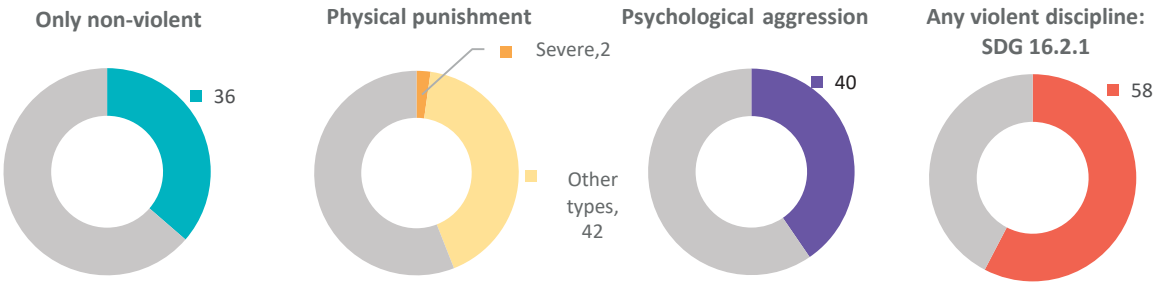
Child Discipline

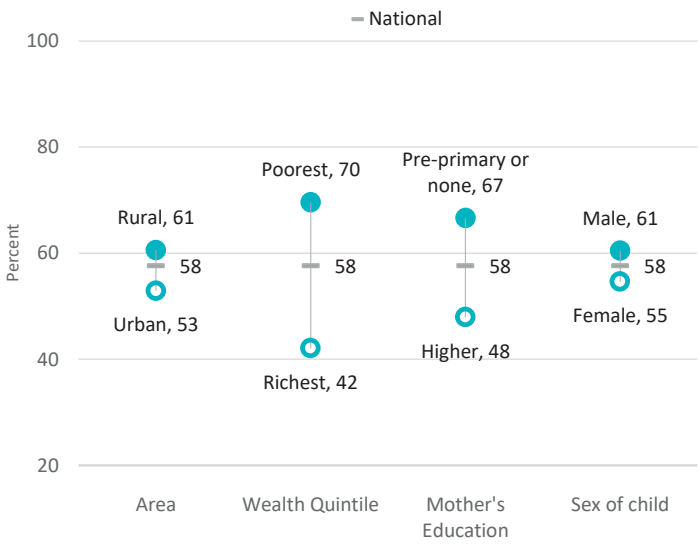
Child Discipline

Types of Child Discipline



Percentage of children age 1 to 14 years who experienced any discipline in the past month, by type

Violent Discipline: Inequalities



Percentage of children aged 1 to 14 years who experienced any violent discipline in the past month, by background characteristics

Physical punishment: Shaking, hitting or slapping a child on the hand/arm/leg, hitting on the bottom or elsewhere on the body with a hard object, spanking or hitting on the bottom with a bare hand, hitting or slapping on the face, head or ears, and hitting or beating hard and repeatedly.

Severe physical punishment: Hitting or slapping a child on the face, head or ears, and hitting or beating a child hard and repeatedly.

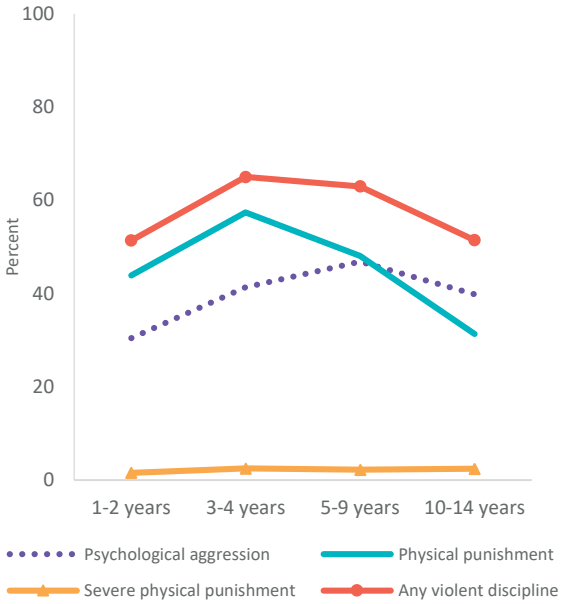
Psychological aggression: Shouting, yelling or screaming at a child, as well as calling a child offensive names such as 'dumb' or 'lazy'.

Violent discipline: Any physical punishment and/ or psychological aggression.

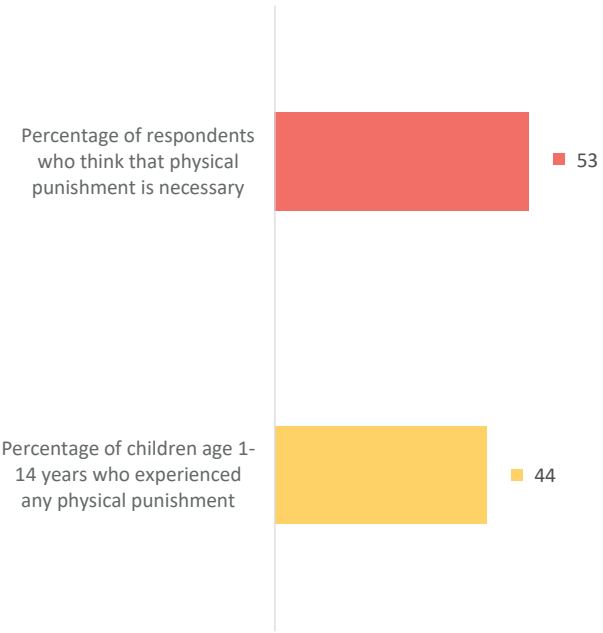
Key Messages

- Almost three out of five children age 1-14 years experienced any violent discipline while 2% experienced severe physical punishment in the past month.
- The use of violent discipline was obviously lower among the richest and mothers with higher education.
- Among age group, physical punishment and any violent discipline are highest among children 3-4 years of age.
- Slightly over half of respondents think that physical punishment is necessary and over 2 in 5 children age 1-14 years experienced any physical punishment.
- The more educated or wealthier respondents are, the less they feel or think that physical punishment is necessary to raise or educate children.

Violent Discipline: Age Patterns

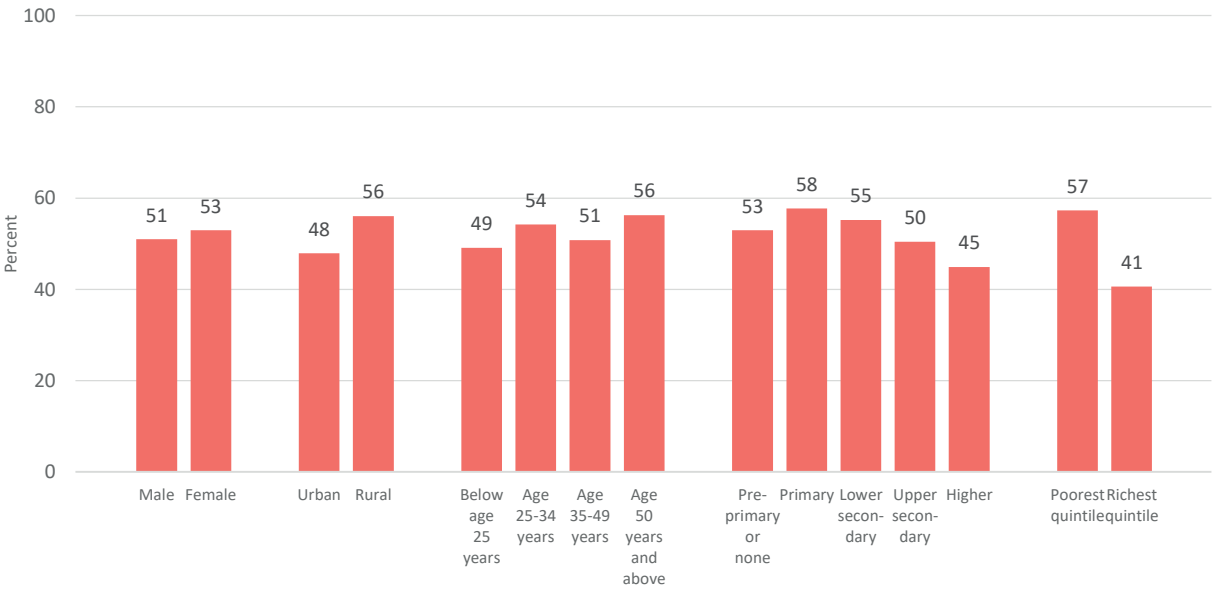


Physical Punishment: Attitudes & Experiences



Percentage of children age 1 to 14 years who experienced any violent discipline in the past month, by type and by age

Attitudes to Physical Punishment

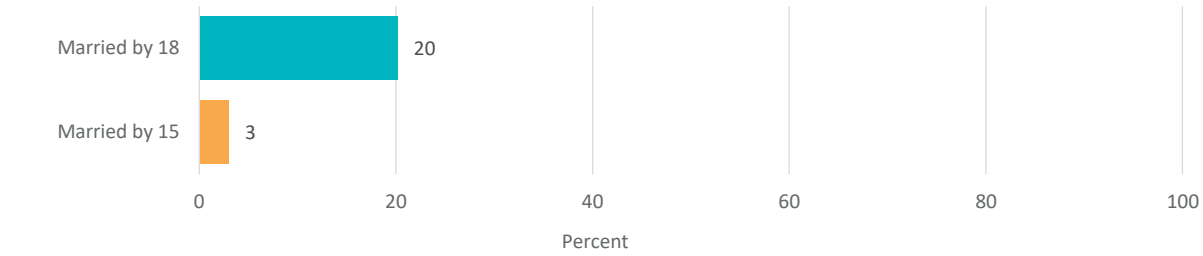


Percentage of mothers/caretakers who think that physical punishment is necessary to raise or educate children, by their background characteristics

Child Marriage

Child Marriage: Levels & Disaggregates

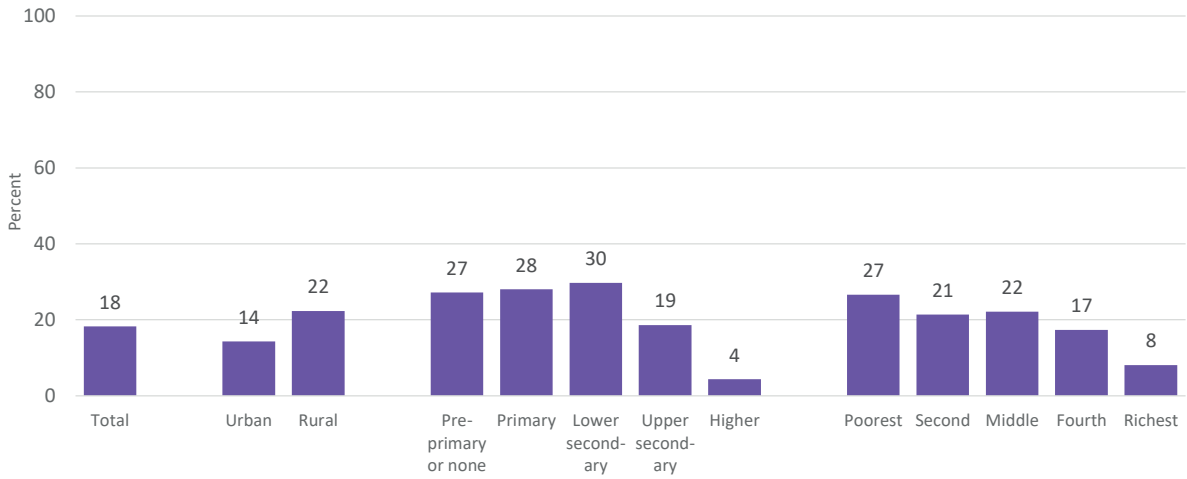
Marriage before Age 15 & Age 18: SDG 5.3.1



Percentage of women age 20-24 years who were first married or in union before age 15 and before age 18

The above chart refers to women aged 20 to 24 years, as this youngest cohort most recently completed exposure to the risk of marrying in childhood, thus giving a closer approximation of the current prevalence of child marriage. The following charts, which show disaggregation by background characteristics, refer to the full cohort of women aged 20 to 49 years.

Disaggregates in Marriage before Age 18



Percentage of women age 20-49 years who were first married or in union before age 18, by area, education and wealth quintile

Key Messages

- One in five women aged 20-24 years were first married or in union before age 18 and 3% of women for the same age group were first married or in union before age 15.
- A higher prevalence of child marriage is seen in rural than in urban areas.
- Child marriage by age 18 was more common in the Northeast region than other regions.
- The percentage of women age 20-49 years who were first married or in union before age 15 and before age 18 has remained generally constant across all age cohorts over time.

Regional Data on Child Marriage

Region	Marriage by age 18
National	18
Bangkok	11
Central	17
North	20
Northeast	23
South	20

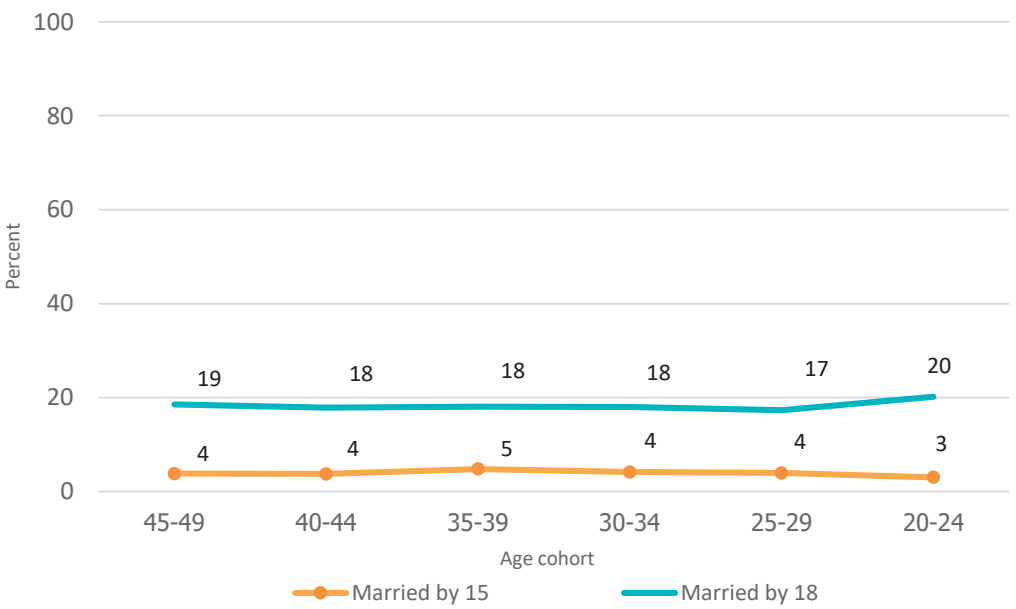
Percentage of women aged 20 to 49 years who were first married or in union before age 18, by region

Marriage before the age of 18 is a reality for many young girls. 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.

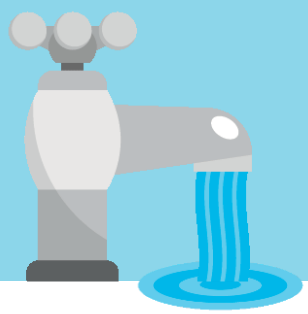
In actual fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty.

The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights - 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.

Trends in Child Marriage

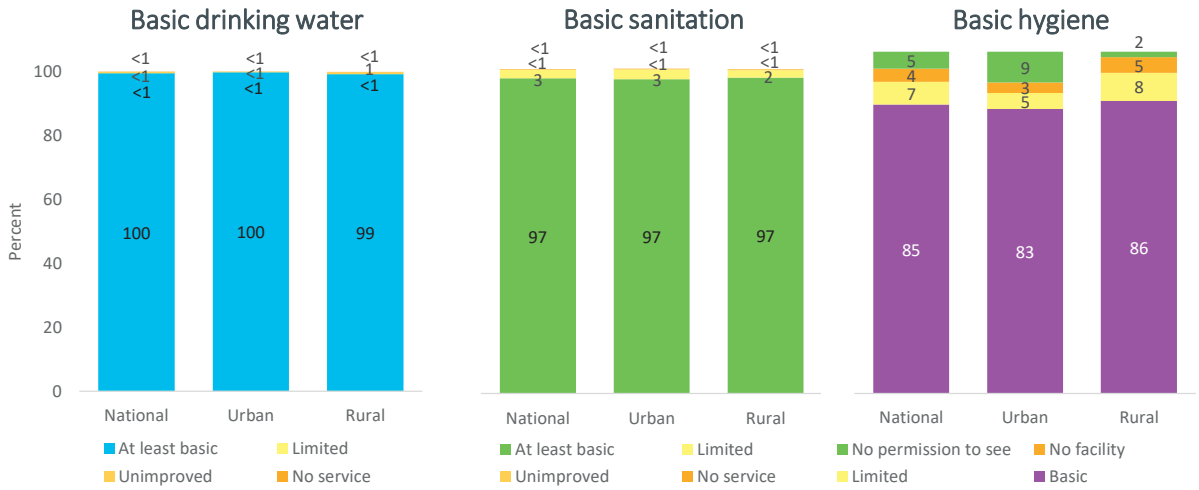


Percentage of women age 20-49 years who were first married or in union before age 15 and before age 18, by age cohort



Drinking Water, Sanitation and Hygiene (WASH)

Basic Drinking Water, Sanitation & Hygiene Services



Percent of population by drinking water, sanitation and hygiene coverage

Drinking water ladder: **At least basic** drinking water services (SDG 1.4.1) refer to an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water. **Limited** refers to an improved source more than 30 minutes roundtrip. **Unimproved** sources include unprotected dug wells and unprotected springs. **No service** refers to the direct collection of water from surface waters such as rivers, lakes or irrigation channels.

Sanitation ladder: **At least basic** sanitation services (SDG 1.4.1) refer to the use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs. **Limited** sanitation service refers to an improved facility shared with other households. **Unimproved** sanitation facilities include flush/pour flush to an open drain, pit latrines without a slab, hanging latrines and bucket latrines. **No service** refers to the practice of open defecation.

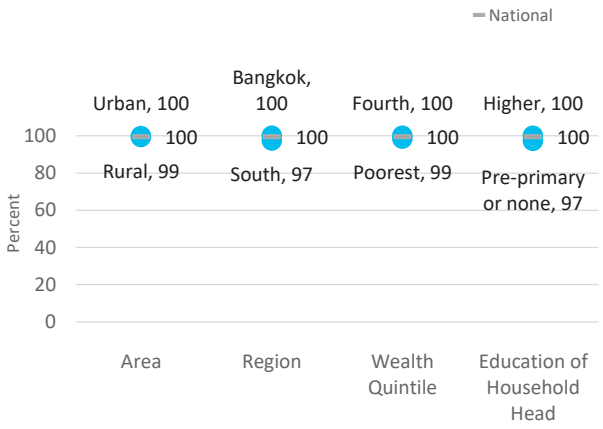
Hygiene ladder: A **basic** hygiene service (SDG 1.4.1 & SDG 6.2.1) refers to the availability of a handwashing facility on premises with soap and water. Handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, soapy water, and dishwashing liquid but does not include ash, soil, sand or other handwashing agents. **Limited** hygiene service refers to a facility lacking water and/or soap. **No facility** means there is no handwashing facility on the household's premises.

Key Messages

- Nearly all population accessed to basic drinking water and basic sanitation and more than 8 in 10 population accessed to basic hygiene.
- Basic drinking water was highest in Bangkok and lowest in the South region and basic hygiene was highest in North region and lowest in Bangkok.
- Rural and urban dwellers were indifferent to access basic services.
- Among households without water on premises, 2% spent between 31 minute to 1 hour for collecting water each day and less than 1% spent over 1 hour to 3 hours a day.
- Over 4 in 5 population accessed on site sanitation facilities and 16% of population accessed sewer connection.
- More than 1 in 3 population had safe disposal of excreta on-site and more than 3 in 5 potentially safely managed.

WASH: Inequalities in Basic Services

Basic Drinking Water



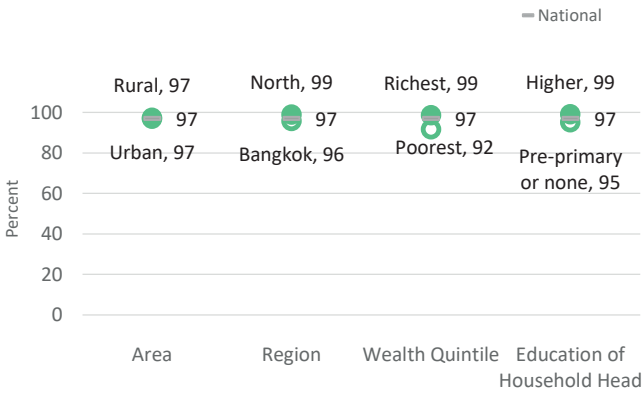
Percent of population using basic drinking water services by background characteristics

Regional Data on Basic Services

Region	Basic Drinking Water	Basic Sanitation	Basic Hygiene
National	**100**	**97**	**85**
Bangkok	100	96	73
Central	100	98	85
North	100	99	88
Northeast	100	96	87
South	97	97	85

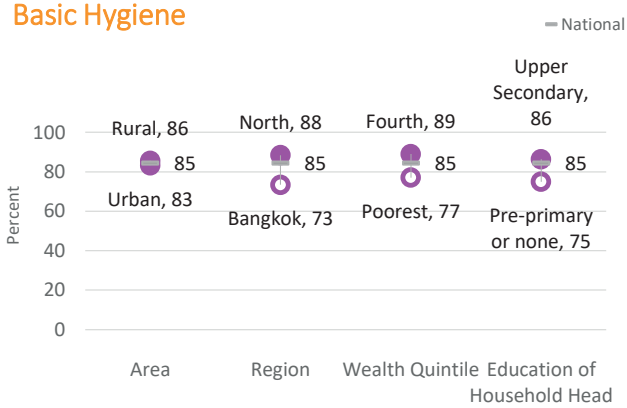
Percent of population using basic drinking water, sanitation and hygiene services by region

Basic Sanitation

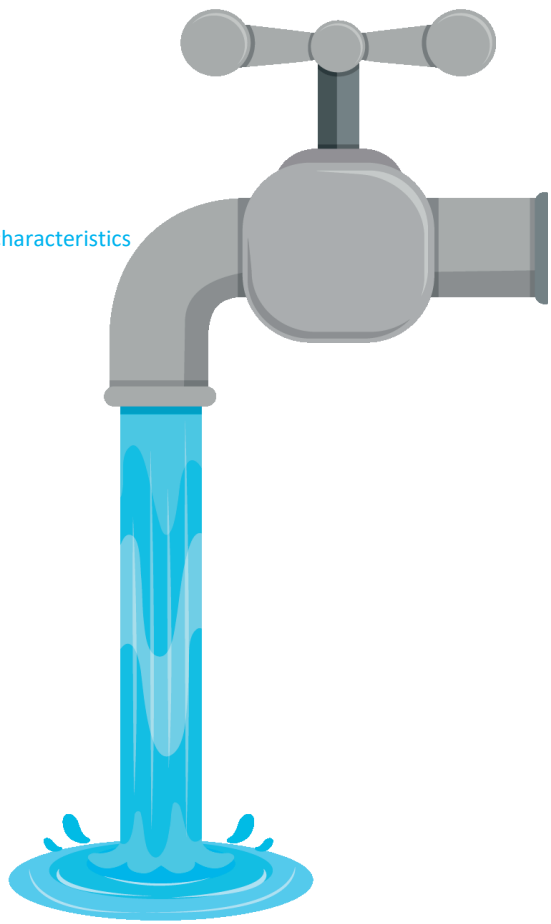


Percent of population using basic sanitation services by background characteristics

Basic Hygiene

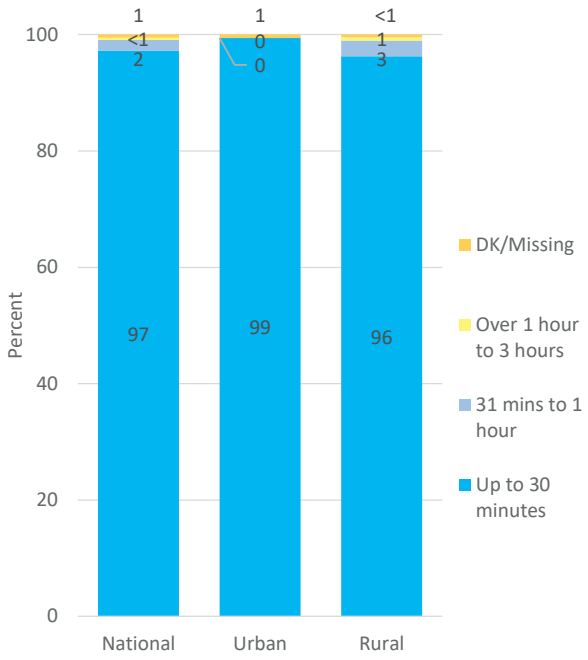


Percent of population using basic hygiene services by background characteristics



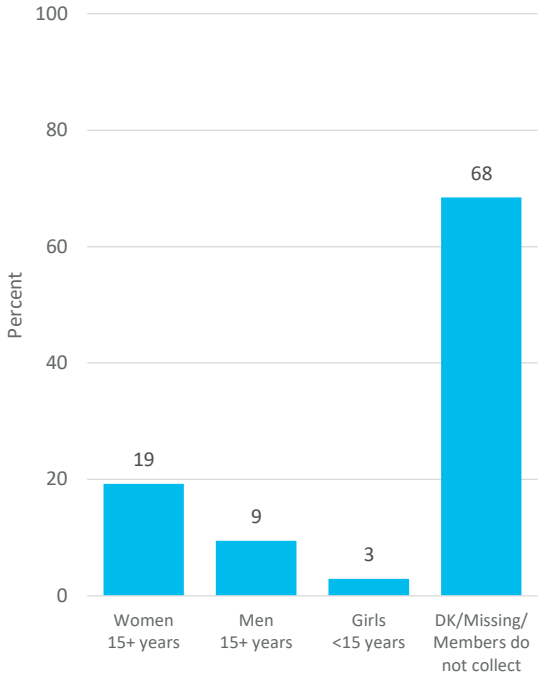
Accessibility of Drinking Water & Sanitation Facilities

Time Spent Each Day Collecting Drinking Water



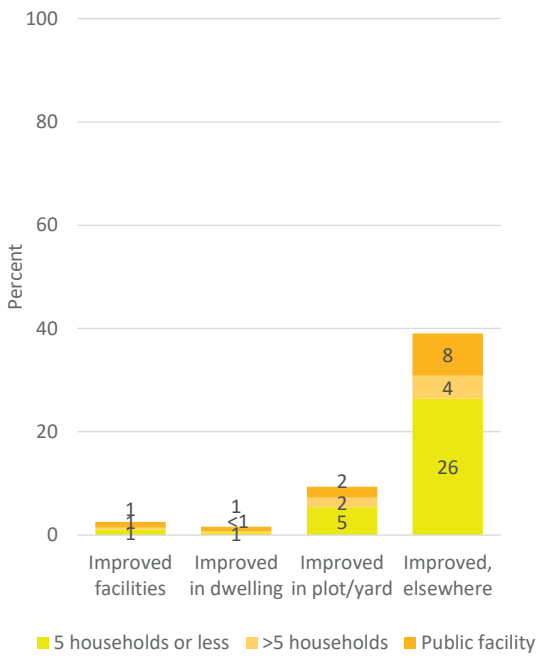
Percent of population by mean time person primarily responsible for water collection spends collecting water each day in households without water on premises

Who Primarily Collects Drinking Water for the Household



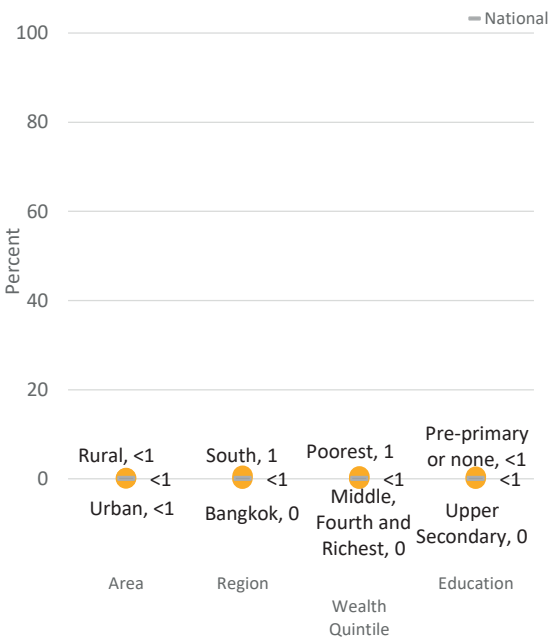
Percent of population by gender and age of person primarily responsible for collecting drinking water in households without water on premises

Sanitation Accessibility & Privacy



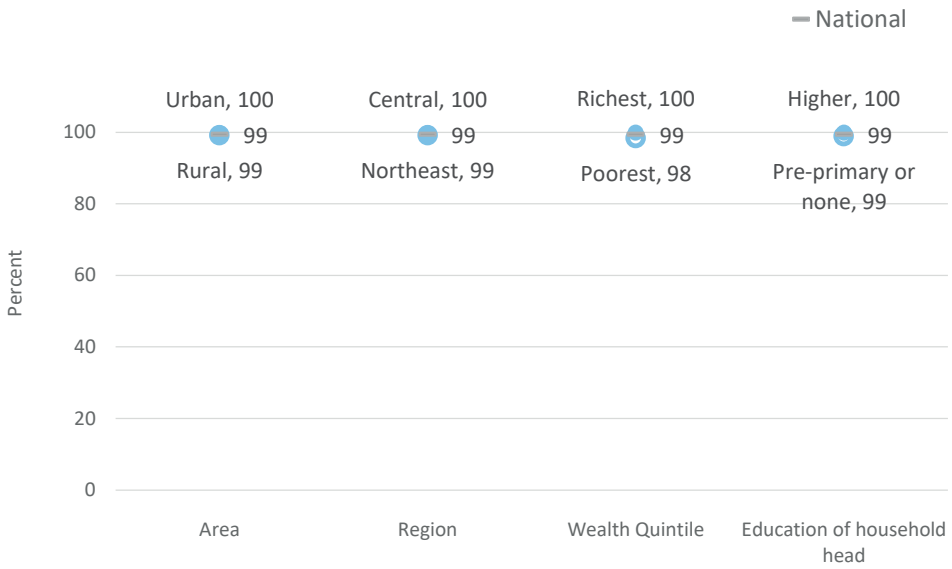
Percent of the population sharing improved sanitation facilities, by location of sanitation facility

Open Defecation



Percent of the population practising open defecation, by background characteristics

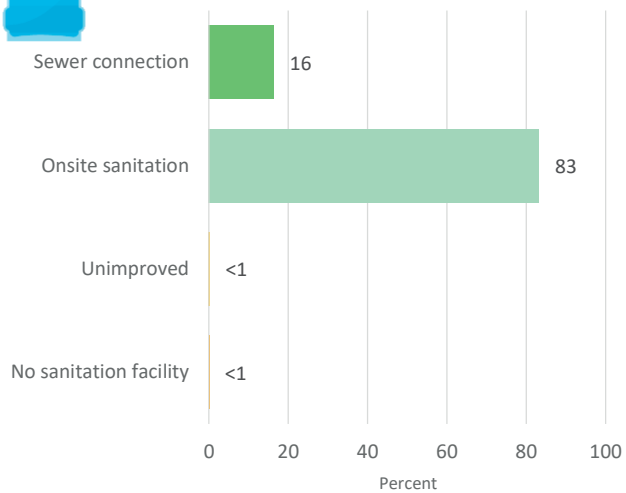
Availability of Drinking Water



Percent of population using drinking water sources with sufficient drinking water in the last month

Safely Managed Sanitation Services: SDG 6.2.1

Types of Sanitation Facility



Percent of population by type of sanitation facility, grouped by type of disposal

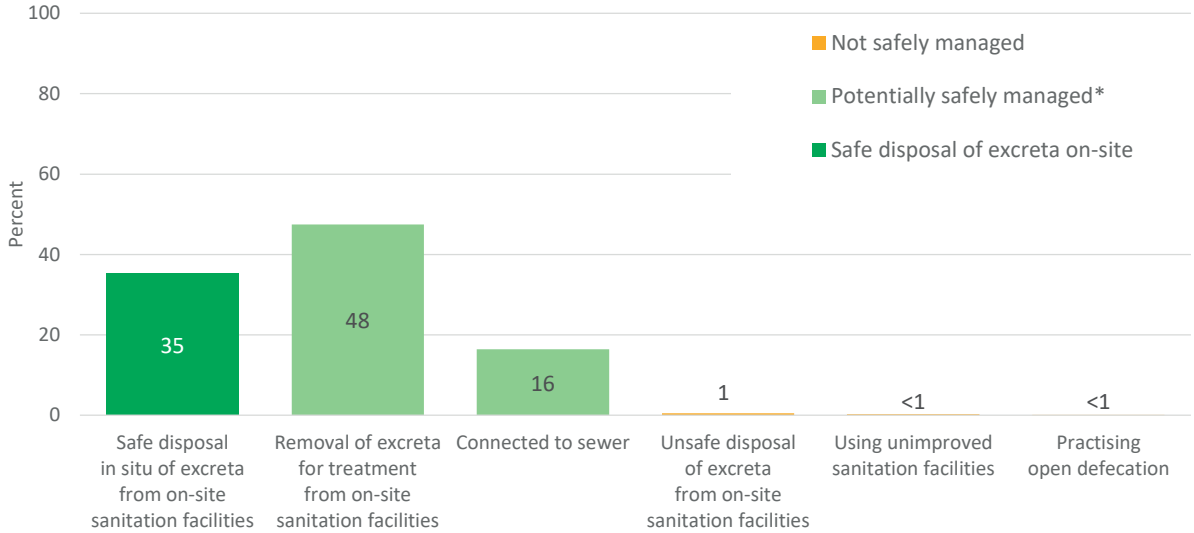
Types of Sanitation Facility by Region

Region	Sewer connection	Onsite sanitation
National	**16**	**83**
Bangkok	42	58
Central	14	85
North	9	91
Northeast	12	88
South	14	85

Percent of population using sewer connections and onsite sanitation, by region

Sewer connections include “Flush/pour flush to piped sewer system” and “Flush to DK where“
Onsite sanitation facilities include “Flush/pour flush to septic”, “Flush/pour flush to latrine”, “Ventilated improved pit latrine” and “Pit latrine with slab”

Management of excreta from household sanitation facilities



Percent of population by management of excreta from household sanitation facilities

* Additional information required to determine whether faecal sludge and wastewater is safely treated.

Safely managed sanitation services represents an ambitious new level of service during the SDGs and is the indicator for target 6.2. Safely managed sanitation services are improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite. The MICS survey collected information on the management of excreta from onsite facilities. For households where excreta are transported offsite (sewer connection, removal for treatment), further information is needed on the transport and treatment of excreta to calculate the proportion that are safely managed.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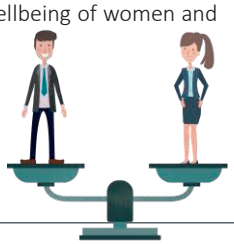
Gender Equality

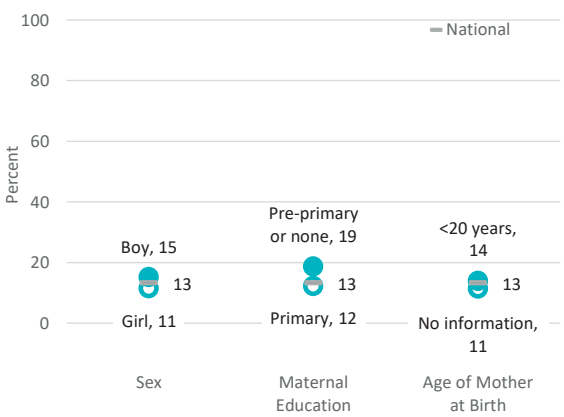
Gender equality means that girls and boys, women and men, enjoy the same rights, resources, opportunities and protections. Investments in gender equality contribute to lifelong positive outcomes for children and their communities and have considerable inter-generational payoffs because children's rights and well-being often depend on women's rights and well-being. This snapshot shows key dimensions of gender equality during the lifecycle. It is organized around: 1) the first decade of life (0-9 years of age) when gender disparities are often small, particularly in early childhood; 2) the second decade of childhood (10-19 years of age) when gender disparities become more pronounced with the onset of puberty and the consolidation of gender norms; and 3) adulthood, when gender disparities impacts both the wellbeing of women and girls and boys.



Every Girl & Boy Survives & Thrives: The First Decade of Life

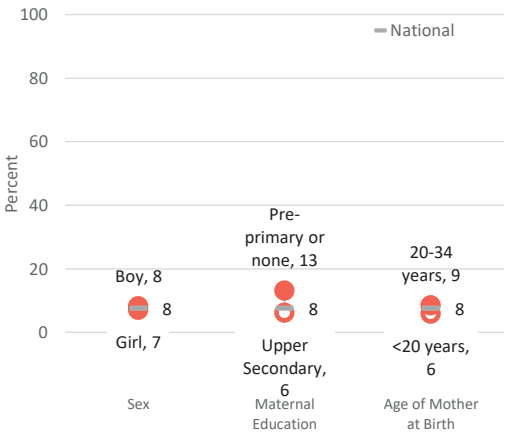
Nutrition and a supportive environment in early childhood are among the key determinants of the health and survival of children and their physical and cognitive development. Generally, girls tend to have better biological endowments than boys for survival to age five, and thus higher survival chances under natural circumstances. However, gender discrimination against girls can affect survival, resulting in higher than expected female mortality. Similarly, stunting rates are typically lower among girls than boys, potentially due to the higher risk for preterm birth among boys, which is inextricably linked with lower birth weight. However, children with mothers who gave birth at a young age or who have no education may be more likely to be malnourished. Children with restricted cognitive development during early life are at risk for later neuropsychological problems, poor school achievement, early school drop-out, low-skilled employment, and poor care of their own children. Stimulation and interaction with parents and caregivers can jumpstart brain development and promote well-being in early childhood. This is also the period of development when gender socialization, or the process of learning cultural roles according to one's sex, manifests. Caregivers, particularly fathers, may respond to, and interact with, sons and daughters differently.

Malnutrition: Stunting (Moderate & Severe) among Children Under-5, SDG 2.2.1



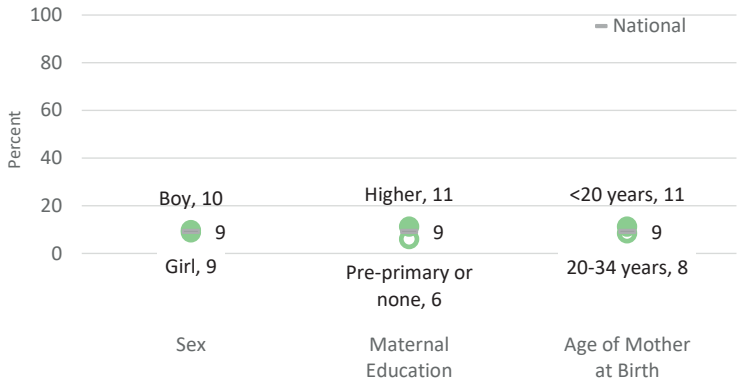
Stunting refers to a child too short for his or her age

Malnutrition: Wasting (Moderate & Severe) among Children Under-5, SDG 2.2.2



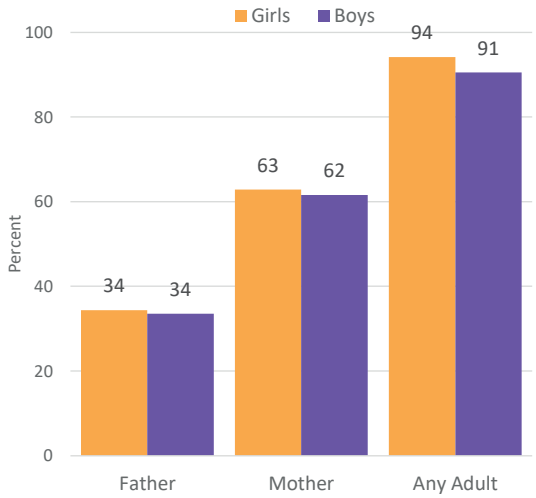
Wasting refers to a child who is too thin for his or her height

Malnutrition: Overweight (Moderate & Severe) among Children Under-5, SDG 2.2.2



Overweight refers to a child who is too heavy for his or her height

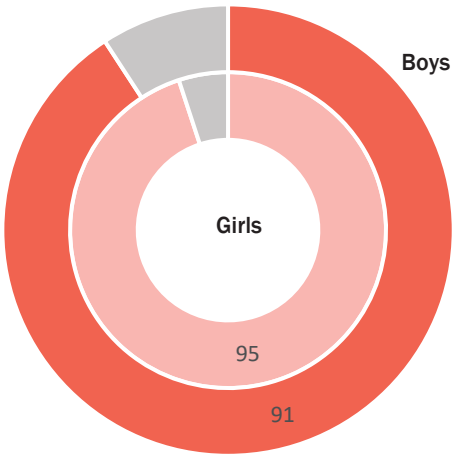
Early Stimulation & Responsive Care by Adults



Percentage of children age 2-4 years with whom adult household members engaged in activities that promote learning and school readiness during the last three days, by person interacting with child and sex of child.

Note: Activities include: reading books to the child; telling stories to the child; singing songs to the child; taking the child outside the home; playing with the child; and naming, counting or drawing things with the child

Early Childhood Development Index, SDG 4.2.1



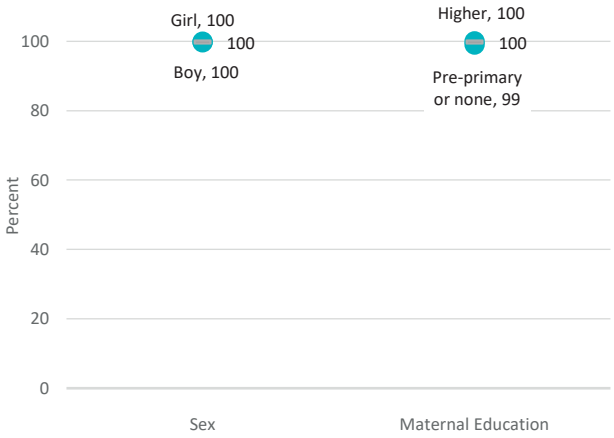
Percentage of children age 3-4 years who are developmentally on track in at least 3 of the following 4 domains: literacy-numeracy, physical, social-emotional, and learning domains, by sex

Every Girl & Boy Is Protected From Violence & Exploitation: The First Decade of Life

Registering children at birth is the first step in securing their recognition before the law, safeguarding their rights, and ensuring that any violation of these rights does not go unnoticed. While vitally important for both girls and boys, the implications of low birth registration rates for girls are significant, rendering them more vulnerable to certain forms of exploitation they are at greater risk of, including child marriage and international trafficking. Although average birth registration rates are similar for girls and boys, children with mothers who have no education may be less likely to have their births registered. While girls and boys face similar risks of experiencing violent discipline -which includes physical punishment and psychological aggression- by caregivers in the home, gender inequality and domestic violence are among the factors associated with an elevated risk of violence against both girls and boys.

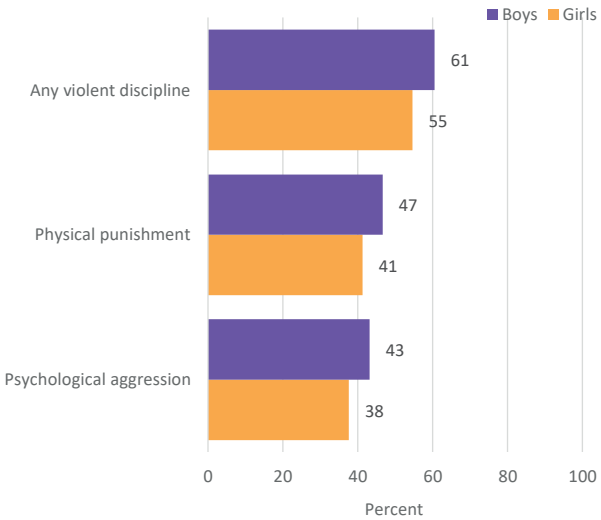
Every Girl & Boy Is Protected From Violence & Exploitation: The First Decade of Life

Birth Registration, SDG 16.9.1 Sex Disaggregate



Percentage of children under age 5 whose births are registered, by sex and maternal education level

Violent Discipline, SDG 16.2.1 Sex Disaggregate

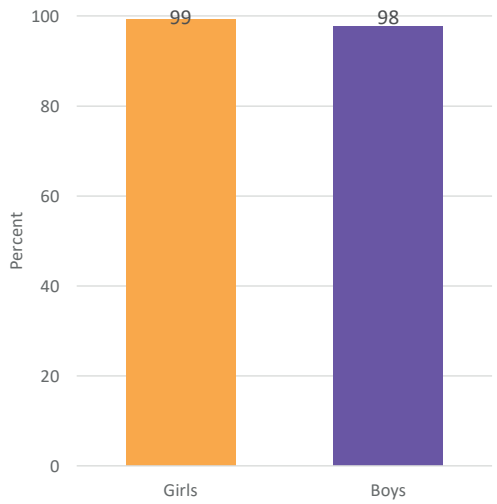


Percentage of children age 1-14 years who experienced violent discipline in the past month, by sex
Note: The age group 1-14 spans the first and second decades of life.

Every Girl & Boy Learns: The First Decade of Life

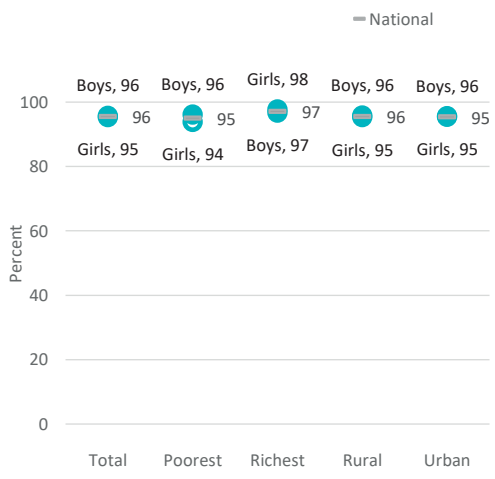
Investment in good quality early childhood education services prior to entering school improves learning outcomes for children. It also enhances the efficiency of the school system by reducing repetition and drop-out and improving achievement, especially among girls and marginalized groups. Primary education provides the foundation for a lifetime of learning. Considerable progress has been made in achieving universal education and closing the gender gap but gender disparities to the disadvantage of girls still exist in some countries. Further, girls still comprise the majority of the world's out-of-school population.
Note: Because children of primary school age range from 6-11 years, these indicators include some children in their second decade of life.

Participation Rate in Organized Learning, SDG 4.2.2



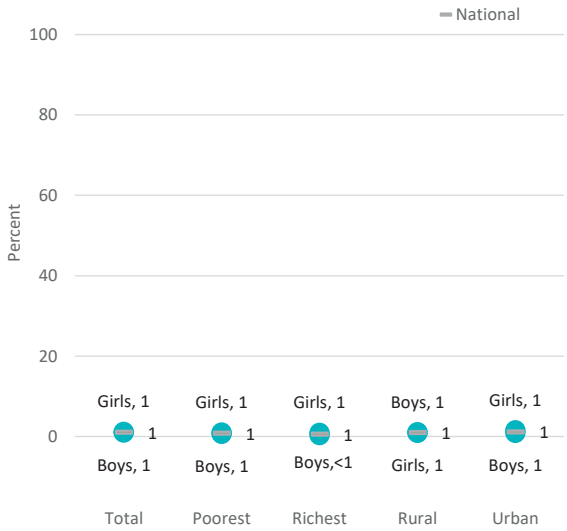
Percent distribution of children age one year younger than the official primary school entry age at the beginning of the school year, by attendance to education, and attendance to an early childhood education programme or primary education (adjusted net attendance ratio), by sex

Primary School Attendance



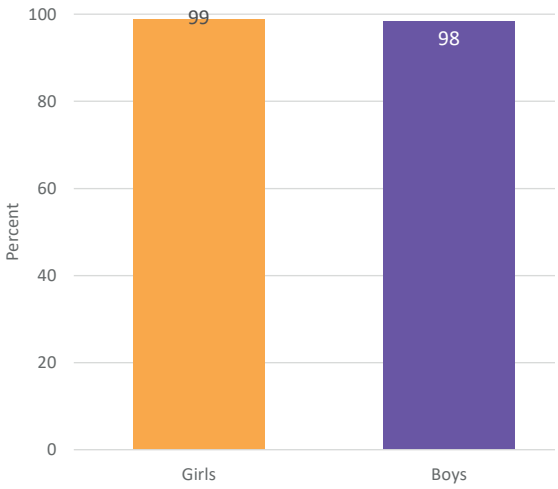
Percentage of children of primary school age attending primary or secondary school (adjusted net attendance ratio), by wealth quintile and urban/rural residence

Children of Primary School Age Out of School



Percentage of children of primary school age not attending either primary or secondary school, by wealth quintile and area

Primary Completion



Percentage of children who age 3 to 5 years above the intended age for the last grade of primary school who have completed primary education, by sex

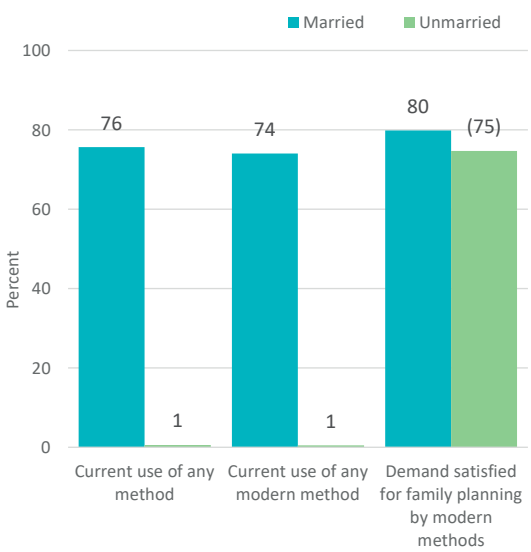
Key Messages

- For malnutrition indicators, the widest gap was observed in stunting by maternal education.
- More boys were too short for their age (stunting) than girls (15% and 11%, respectively).
- Among children age 2-4 years with whom adult household members engaged in activities, mothers were more likely to interact with children compared with father.
- Girls age 3-4 years were developmentally on track in at least 3 of the 4 domains at higher rate than boys.
- Boys age 1-14 years were more likely to experience psychological aggression; physical punishment and any violent discipline compared with girls.
- Around 1% of girls and boys of primary school age were out of school.
- Almost all children, both boys and girls age 3 to 5 years above the intended age for the last grade (age 14-16 years), had completed primary education.

Every Adolescent Girl & Boy Survives & Thrives: The Second Decade of Life

While adolescence carries new health risks for both girls and boys, girls often face gender-specific vulnerabilities, with lifelong consequences. Complications related to pregnancy and childbirth are among the leading causes of death worldwide for adolescent girls age 15 to 19. Preventing adolescent pregnancy not only improves the health of adolescent girls, but also provides them with opportunities to continue their education, preparing them for jobs and livelihoods, increasing their self-esteem and giving them more say in decisions that affect their lives. Yet, too often, adolescent girls lack access to appropriate sexual and reproductive health services, including modern methods of contraception. Additionally, despite having a higher risk of contracting HIV due to both greater physiological vulnerabilities and gender inequalities, adolescent girls are often less knowledgeable than adolescent boys about how HIV is transmitted. However, gender norms adversely impact adolescent boys as well. For example, norms around masculinity that encourage risk taking may heighten adolescent boys' use of alcohol and tobacco, increasing their likelihood of developing noncommunicable diseases later in life.

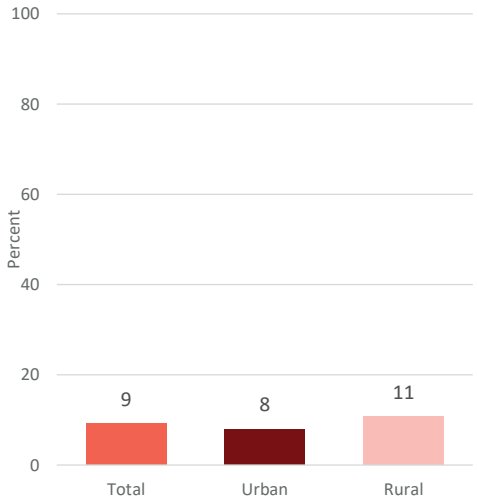
Contraceptive Use & Demand Satisfied



Contraceptive use and demand for family planning satisfied by modern methods among adolescent girls age 15-19, by marital status

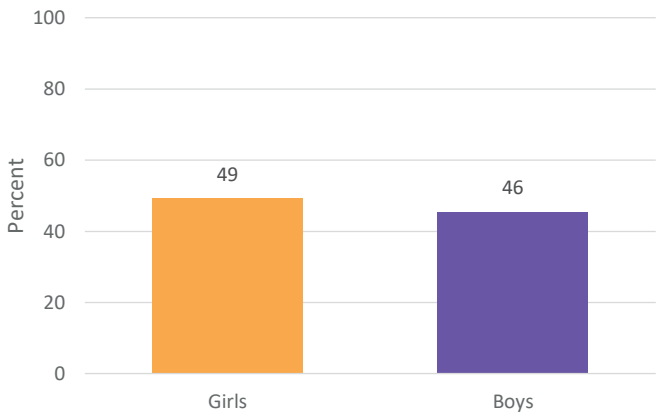
() Figures that are based on 25-49 unweighted cases

Early Childbearing - by Age 18



Percentage of women age 20-24 years who had a live birth by age 18, by urban/rural residence

Comprehensive Knowledge of HIV

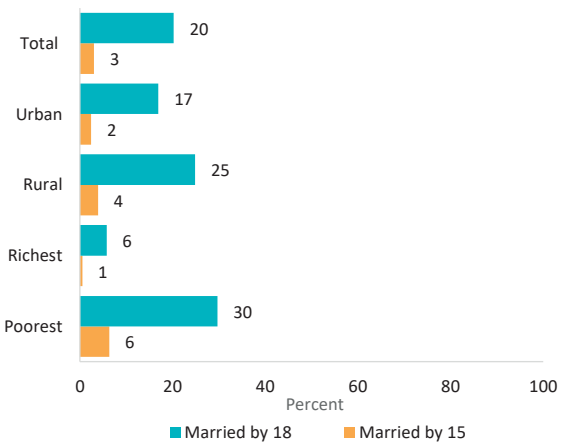


Percent of girls and boys age 15-19 who know of the two ways of HIV prevention (having only one faithful uninfected partner and using a condom every time), who know that a healthy looking person can be HIV-positive, and who reject the two most common misconceptions.

Every Adolescent Girl & Boy is Protected from Violence & Exploitation: The Second Decade of Life

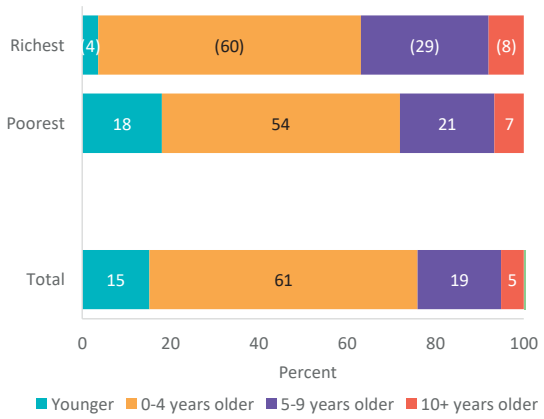
Adolescence presents unique vulnerabilities to violence and exploitation for girls. In many countries, marriage before the age of 18 is a reality for girls due to the interaction of several factors that place a girl at risk, including poverty, social norms, customary or religious laws that condone the practice, an inadequate legislative framework and the state of a country's civil registration system. Child marriage often compromises a girl's development by resulting in early pregnancy and social isolation, interrupting her schooling, and limiting her opportunities for career and vocational advancement. It also often involves a substantial age difference between the girl and her partner, thus further disempowering her and putting her at greater risk of partner violence, sexually transmitted diseases and lack of agency. Attitudes about wife beating serve as a marker for the social acceptability of intimate partner violence. Acceptance of wife beating among adolescent girls and boys suggests that it can be difficult for married girls who experience violence to seek assistance and for unmarried girls to identify and negotiate healthy and equitable relationships. Female genital mutilation is a human rights issue that also affects girls and women. Adolescence, in particular, is a vulnerable period for girls who have undergone FGM because they may experience heightened consequences of the procedure as they become sexually active and begin childbearing. Gender-based discrimination may be one of the most ubiquitous forms of discrimination adolescent girls face, and it has long-lasting and far-reaching effects on their personal trajectories as well as on all aspects of social and economic development. While in most regions, girls and boys are equally likely to be involved in child labour, gender is a determinant of the types of activities boys and girls engage in, with girls more likely to be involved in domestic work.

Child Marriage, SDG 5.3.1



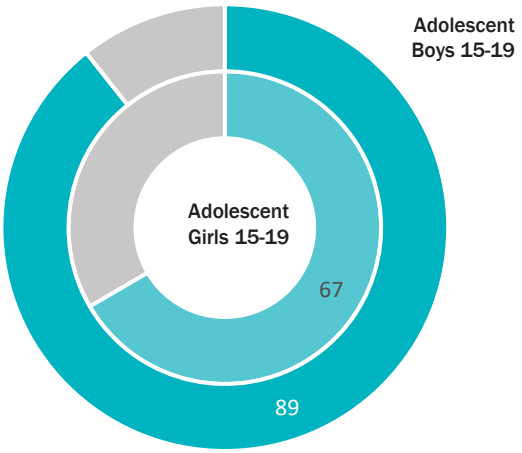
Percentage of women aged 20-24 years who were first married or in union before age 15 and before age 18*, by residence and wealth quintile

Spousal Age Difference



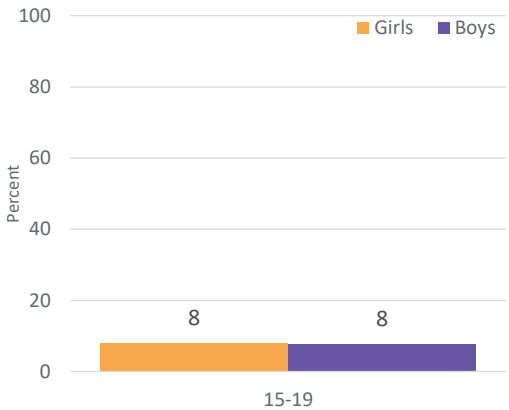
Percent distribution of adolescent girls age 15-19 currently married or in union by age of their partner, by education level and wealth quintile
() Figures that are based on 25-49 unweighted cases

Feelings of Safety, SDG 16.1.4 Age & Sex Disaggregate



Percentage of adolescents age 15-19 who feel safe walking alone in their neighbourhood after dark, by sex

Attitudes toward Domestic Violence

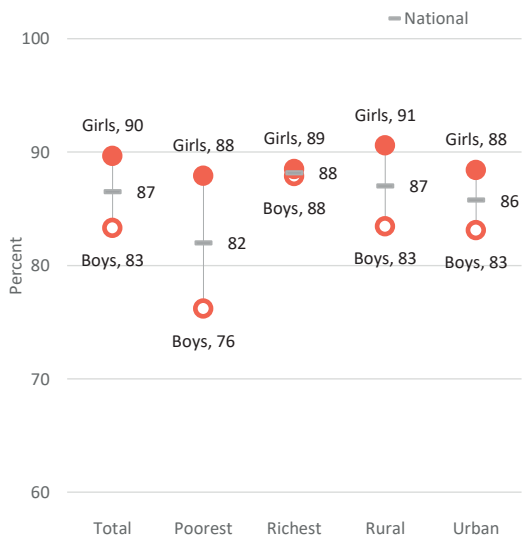


Percentage of adolescents age 15-19 years who justify wife beating for any of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food, by sex

While participation in secondary education is expanding, progress lags behind primary education. Gender disparities disadvantaging girls are also wider and occur in more countries at the secondary level than at the primary level. Yet, advancing girls' secondary education is one of the most transformative development strategies countries can invest in.

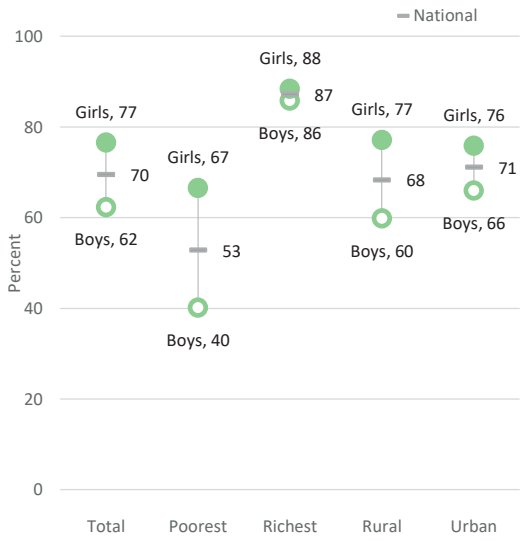
Completion of secondary education brings significant positive benefits to girls and societies – from increased lifetime earnings and national growth rates, to reductions in child marriage, stunting, and child and maternal mortality.

Lower Secondary Attendance Net Attendance Rate



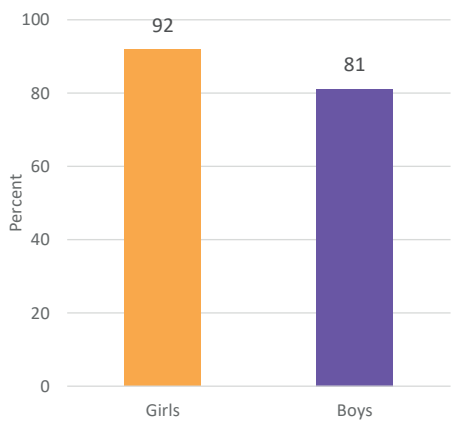
Percentage of children of lower secondary school age attending lower secondary school or higher (adjusted net attendance ratio), by sex, wealth quintile and area

Upper Secondary Attendance Net Attendance Rate



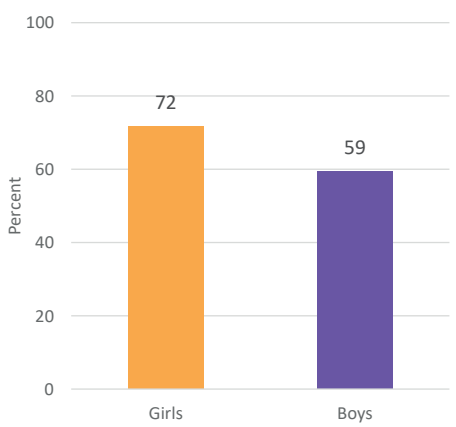
Percentage of children of upper secondary school age attending upper secondary school or higher (adjusted net attendance ratio), by sex, wealth quintile and area

Lower Secondary Completion



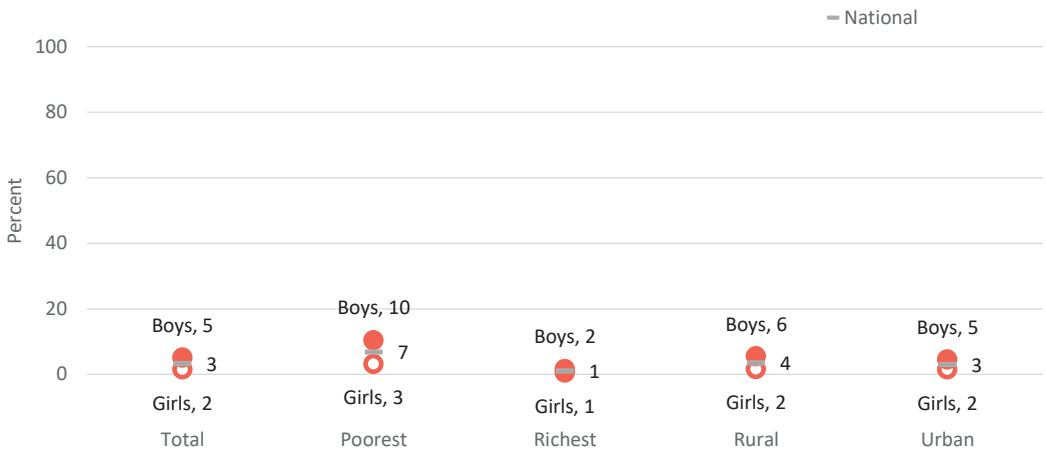
Percentage of children who age 3 to 5 years above the intended age for the last grade of lower secondary school who have completed lower secondary education, by sex

Upper Secondary Completion



Percentage of children or youth who age 3 to 5 years above the intended age for the last grade of upper secondary school who have completed upper secondary education, by sex

Children of Lower Secondary School Age Out of School



Percentage of children of lower secondary age not attending either primary or secondary school, by wealth quintile and area

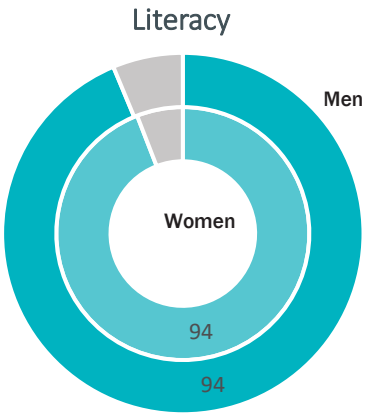
Key Messages

- One in ten women age 20-24 years had a live birth before age 18.
- Childbearing among young women by age 18 years is higher for rural than urban.
- Almost half of children (both girls and boys) age 15-19 years had comprehensive knowledge of HIV.
- One in twenty adolescent girls age 15-19 years currently married or in union had spouse who was older by 10 or more years.
- Almost 7 out of 10 girls age 15-19 years reported that they feel safe walking alone in their neighborhood after dark compared with about 9 out of 10 boys.
- Gender disparity in upper secondary attendance was widest among children in poorest wealth quintile.
- Girls age 3 to 5 years above the intended age for the last grade were more likely to complete lower secondary and upper secondary at higher rates than boys.
- Boys of lower secondary school age were out of school at higher rate than girls.

Gender Equality in Adulthood

To survive and thrive, all children require care and support from women and men. Care and support can be substantively improved by fostering gender equality, an important goal in its own right, and by reducing the gender-related barriers. Gender-related barriers include women's and girls' disproportionate lack of information, knowledge and technology, resources, and safety and mobility, as well as the gender division of labour and gender norms. For example, a mother's lack of mobility, due to prohibitive norms or lack of transportation, may impede birth registration, nutrition, and other child outcomes. The internalization of gender norms around masculine and feminine expectations and behaviours may influence women's and men's attitudes toward intimate partner violence and physical punishment of children as well as self-perceptions of well-being, including life satisfaction and expectations for the future.

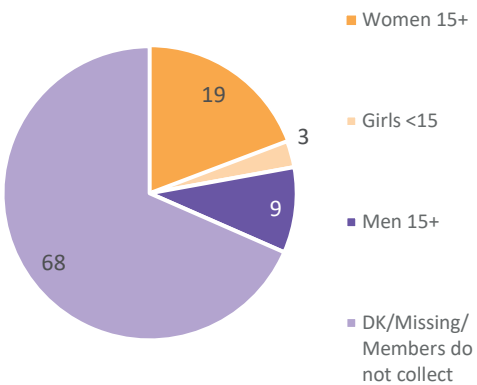
Access to Knowledge



Percentage of adults age 15-49 who are literate, by sex

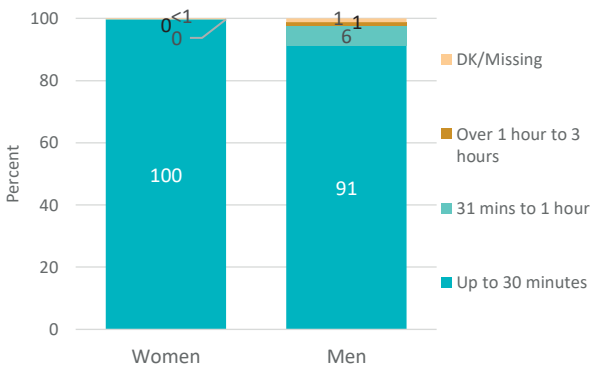
Time on Household Chores: Water Collection

Who collects water?



Percent distribution of household members without drinking water on premises by person usually collecting drinking water used in the household

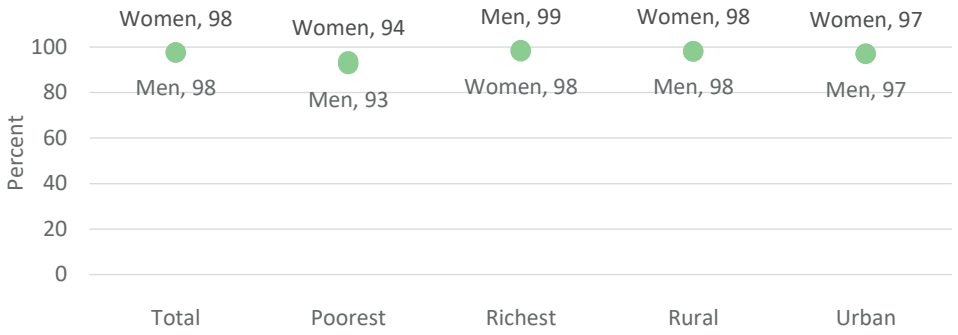
Time spent on water collection



Percent distribution of average amount of time spent collecting water per day by sex of person primarily responsible for water collection in households without drinking water on premises

Access to Resources

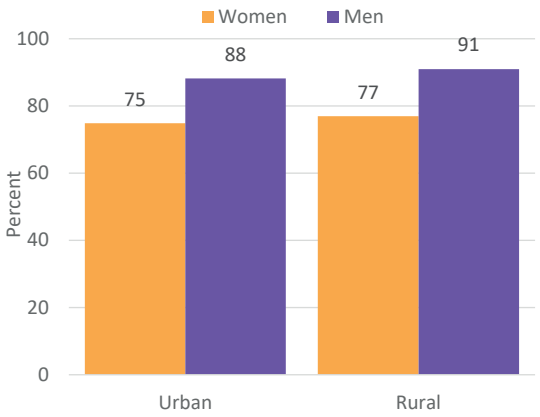
Health Insurance Coverage



Percentage of adults age 15-49 with health insurance, by sex, wealth quintile and area

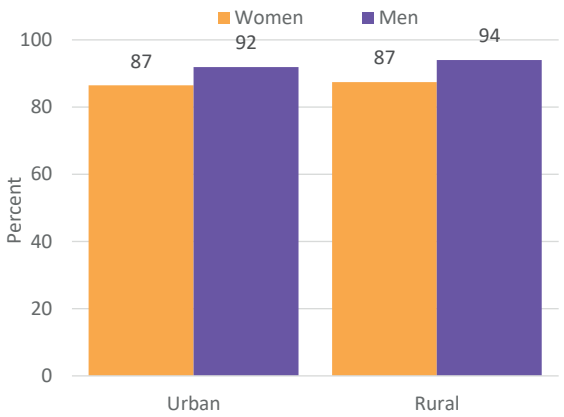
Safety & Security

Feeling safe while walking alone, SDG 16.1.4 sex disaggregate



Percentage of adults (age 15-49) who feel safe walking alone in their neighbourhood after dark, by sex and area

Feeling safety while being at home alone

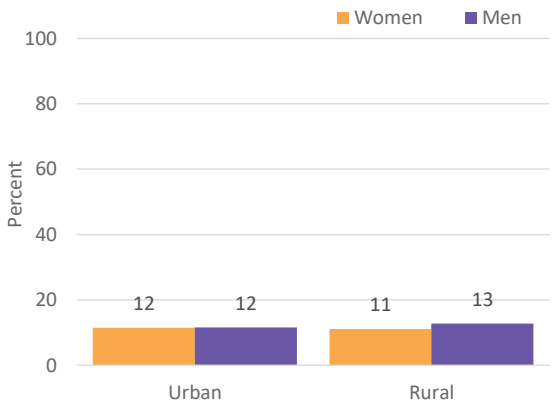


Percentage of adults (age 15-49) who feel safe being home alone after dark, by sex and area

Victimisation

Percentage of adults age 15-49 who experienced physical violence of robbery or assault in the last year, by sex, wealth quintile and area

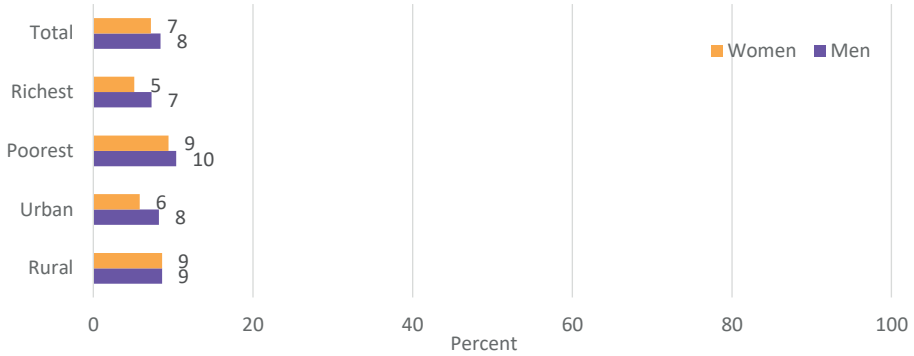
Discrimination & harassment



Percentage of adults age 15-49 who have ever personally felt discriminated or harassed based on their gender, by sex and area

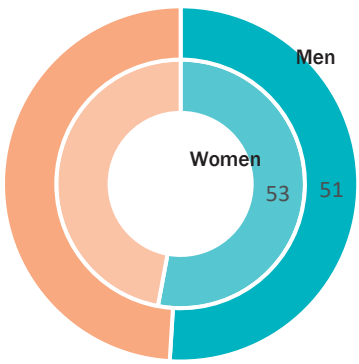
Feminine & masculine attitudes & expectations

Attitudes toward domestic violence



Percentage of adults age 15-49 who justify wife beating for any of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food, by sex, wealth quintile and area

Attitudes toward physical punishment



Percentage of caretakers who believe that physical punishment is needed to bring up, raise, or educate a child properly, by sex of caretaker

Key Messages

- More than 9 in 10 female and male adults age 15-49 years were literate.
- Women compared to men had the primary responsibility for water collection.
- There is no difference between women and men in terms of health insurance coverage.
- More men age 15-49 years felt safe walking alone in their neighborhood after dark and felt safe being home alone after dark compared to women.
- Less women in rural areas felt discriminated or harassed compared to their male counterparts.
- Men in urban areas were more likely to justify wife beating than their female counterparts (8% compared to 6%).
- Slightly higher proportions of women than men believed that physical punishment is needed to bring up, raise or educate a child property.


CONTEST
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