GENDER COUNTS

Central Asia

A quantitative assessment of gender inequality
and its impact on girls and boys

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Gender counts: sub-regional report for Central Asia

This is one of four reports for the Asia and the Pacific region. Other assessments are available for East & Southeast Asia, South Asia and the Pacific.

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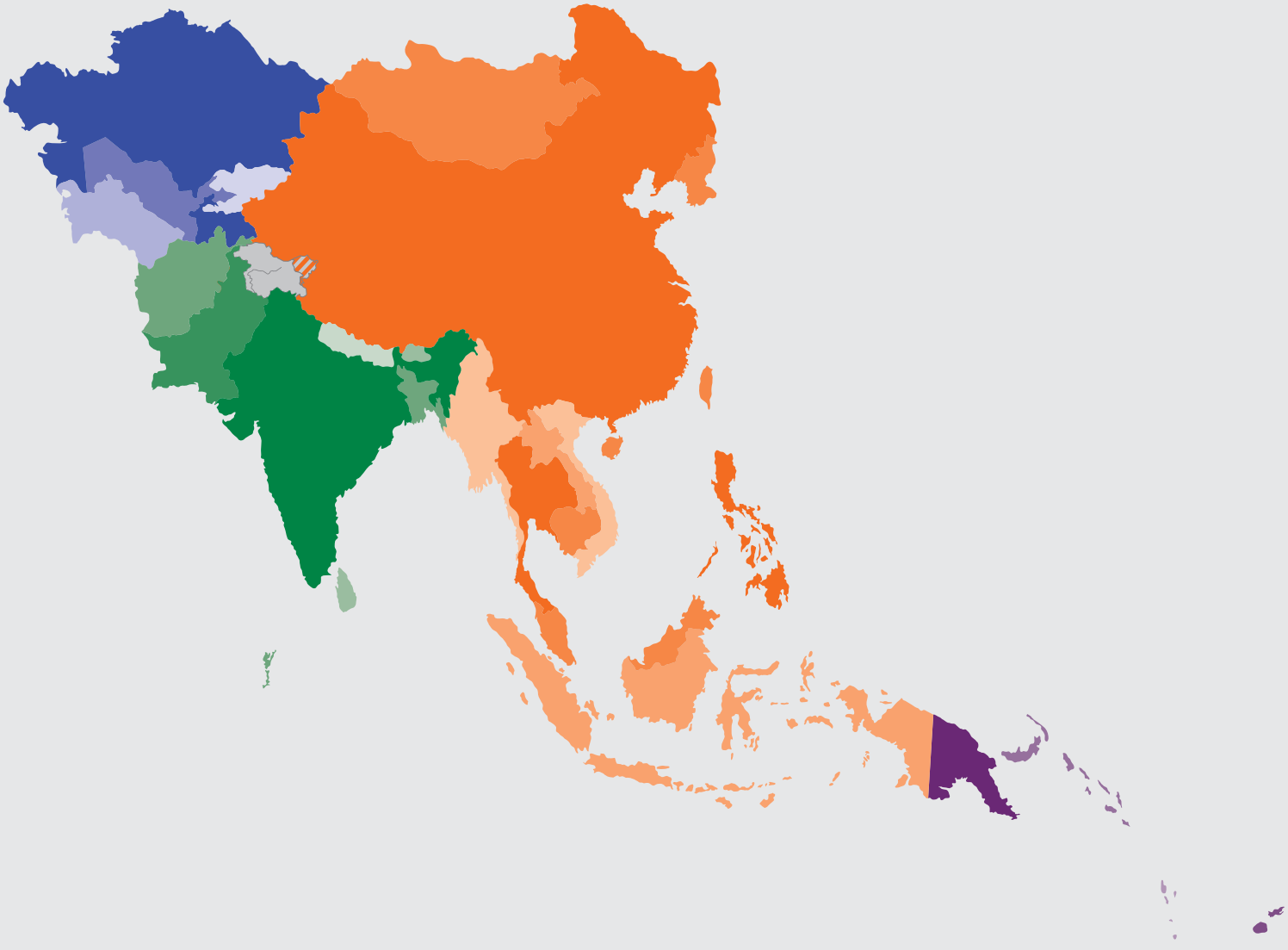
Central Asia

1 of 4 sub-regional reports for Asia and the Pacific



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UNITED NATIONS
ESCAP
Economic and Social Commission for Asia and the Pacific

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Abbreviations and acronyms

CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CSE	Comprehensive Sexuality Education
DALY	Disability-Adjusted Life Year
DHS	Demographic and Health Survey, USAID
FAO	The Food and Agriculture Organization of the United Nations
FGM/C	Female Genital Mutlitation/Cutting
GBD	Global Burden of Disease
GBV	Gender-based Violence
GPIA	Adjusted Gender Parity Index
GSHS	Global School-based Student Health Survey
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
IHME	Institute for Health Metrics and Evaluation (Global Burden of Disease)
ILO	International Labour Organization
IPU	Inter-Parliamentary Union
ITU	International Telecommunication Union
LMIC	Low and middle-income countries
MICS	Multiple Indicator Cluster Surveys, UNICEF
MSM	Men who have Sex with Men
NEET	Not in Education, Employment, or Training
OECD	Organisation for Economic Co-operation and Development
SOWC	State of the World's Children, UNICEF
SRHR	Sexual and Reproductive Health and Rights
STEM	Science, Technology, Engineering & Mathematics
STI	Sexual Transmitted Infection
UN DESA	United Nations Department of Economic and Social Affairs
UN IGME	United Nations Inter-agency Group for Child Mortality Estimation
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNCRC	United Nations Convention on the Rights of the Child
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UNPD	United Nations Population Division, Department of Economics and Social Affairs (DESA)
UNSD	United Nations Statistics Division
WB	World Bank
WHO	World Health Organization
WHO GHO	Global Health Observatory
WHO/UNICEF JMP	The Joint Monitoring Programme for Water Supply, Sanitation and Hygiene
WLII	World Legal Information Institute

Glossary and definition of key terms

Term	Definition	Source
Adolescents (10-19 years)	Persons between the ages of 10-19 years in the phase known as adolescence, which is a key developmental stage between childhood and adulthood. Adolescence involves transitions in neurocognitive (brain) function, sexual maturation and physical changes in muscle mass and body composition, social role transitions (including formation of new relationships, transitions from school to employment and financial independence) and identity formation, including sexual orientation and gender identity.	UNICEF, WHO
Children (<18 years)	Below the age of eighteen years unless relevant law stipulates that majority (adulthood) is attained earlier. Given the inclusion of adolescents in this report, the term 'child' is more commonly used to refer to those below the age of 10 years.	UNCRC
Cisgender	Gender identity and/or gender expression is aligned with the assigned sex at birth.	UNESCO
DALY	Disability-adjusted life years (DALYs) are the years of healthy life lost within a population. DALYs are the sum of years lost due to premature death and years lived with disability.	IHME, WHO
Discrimination	The exclusion or unfair treatment of a person/group of people based on different traits such as sex, class, gender identity, sexual orientation, religion or ethnicity.	UNESCO
Discrimination against girls and women	Discrimination against girls and women means directly or indirectly treating girls and women differently from boys and men in a way which prevents them from enjoying their rights. Direct discrimination is more obvious e.g. in some countries women cannot legally own property; or they are forbidden by law to take certain jobs. Indirect discrimination refers to situations that may appear to be unbiased but result in unequal treatment of girls and women. For example, a job for a police officer may have minimum height and weight criteria, which women may find difficult to fulfil and prevents them from becoming police officers.	UN Women
Empowerment	Empowerment involves gaining power and control over one's own life. Empowerment of women and girls involves awareness-raising, building self-confidence, expansion of choices, increased access to and control over resources and actions to transform the structures and institutions which reinforce and perpetuate gender discrimination and inequality.	UN Women

Gender	Gender refers to the roles, behaviours, activities, and attributes that a given society at a given time considers appropriate for men and women. In addition to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, gender also refers to the relations between women and those between men. These attributes, opportunities and relationships are socially constructed, learned through socialisation and are context/time-specific and changeable. Gender determines what is expected, allowed and valued in a woman or a man in a given context.	UN Women
Gender-based violence	Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between females and males. The nature and extent of specific types of GBV vary across cultures, countries and regions. Examples include sexual violence, including sexual exploitation/abuse and forced prostitution; domestic violence; trafficking; forced/early marriage; harmful traditional practices such as female genital mutilation; honour killings; and widow inheritance.	UNESCO
Gender discrimination	Any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on the basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.	CEDAW
Gender diversity	An umbrella term referring to those who do not conform to either of the binary gender definitions of male or female, as well as those whose gender expression may differ from standard gender norms.	UNESCO
Gender equality	Gender equality refers to the equal rights, responsibilities and opportunities of women and men and girls and boys. Equality does not mean that women and men will become the same but that women's and men's rights, responsibilities and opportunities will not depend on whether they are born male or female.	UN Women
Gender Equality in Health	Women and men have equal conditions to realise their full rights and potential to be healthy, contribute to health development and benefit from the results. Achieving gender equality will require specific measures designed to support groups of people with limited access to such goods and resources.	WHO

Gender Equity	The preferred terminology within the United Nations is gender equality, rather than gender equity. Gender equity denotes an element of interpretation of social justice, usually based on tradition, custom, religion or culture, which is most often to the detriment to women. Such use of equity, in relation to the advancement of women, has been determined unacceptable. During the Beijing conference in 1995, it was agreed that the term equality would be utilised.	UN Women
Gender expression	How a person communicates one's gender to others including clothing, hairstyle, voice, behaviour and the use of pronouns.	UNESCO
Gender identity	How a person identifies as being a man, woman, transgender or third gender person. Unlike gender expression, gender identity is not visible to others.	UNESCO
Gender norms	Gender norms are ideas about how men and women should be and act. We internalise and learn these 'rules' early in life. This sets up a life-cycle of gender socialisation and stereotyping. Put another way, gender norms are the standards and expectations to which gender identity generally conforms, within a range that defines a particular society, culture and community at that point in time.	UN Women
Gender parity	Gender parity is another term for equal representation of women and men in a given area, for example, gender parity in organisational leadership or higher education.	UN Women
Gender roles	Social and behavioural norms which, within a specific culture, are widely considered to be socially appropriate for individuals of a specific sex.	UN Women
Gender socialisation	A process by which individuals develop, refine and learn to 'do' gender through internalising gender norms and roles as they interact with key agents of socialisation, such as their family, social networks and other social institutions.	UNICEF
Gender stereotypes	Gender stereotypes are simplistic generalisations about the gender attributes, differences and roles of women and men. Stereotypical characteristics about men are that they are competitive, acquisitive, autonomous, independent, confrontational and concerned about private goods. Parallel stereotypes of women hold that they are cooperative, nurturing, caring, connecting, group-oriented and concerned about public goods. Stereotypes are often used to justify gender discrimination more broadly and can be reflected and reinforced by traditional and modern theories, laws and institutional practices.	UN Women

Modelled data	Modelled data is based on the best available primary data and uses mathematical modelling to harmonise estimates and fill data gaps.	IHME
School-related gender-based violence	Acts or threats of sexual, physical or psychological violence occurring in and around schools, perpetuated as a result of gender norms and stereotypes and enforced by unequal power dynamics.	UNESCO
Sex	The classification of people as male, female or intersex, assigned at birth, typically based on anatomy and biology.	UNESCO
Sex-disaggregated data	Sex-disaggregated data is data that is cross-classified by sex, presenting information separately for men and women, boys and girls.	UN Women
Sexual orientation	Sexual orientation refers to each person's capacity for profound emotional, affectional and sexual attraction to, and intimate and sexual relations with, individuals of a different sex/gender or the same sex/gender or more than one sex/gender.	UN Women
Stereotype	A generalised or simplified idea about people based on one or more characteristics.	UNESCO
Sustainable development	Sustainable development is development that meets the needs of the present without compromising the ability of future generations to meet their own needs.	UN
Third gender	A person who identifies as being neither male nor female. Third gender is a legal identity in some countries.	UNESCO
Transgender	An umbrella term for people whose gender identity or expression differs from the sex assigned at birth. Transgender identity is not dependent on medical procedures. It includes, for example, people assigned female at birth but who identify as a man (trans man) and people assigned male at birth but who identify as a woman (trans woman).	UNESCO
Youth (15-24 years)	Persons between the ages of 15 and 24 years, as defined by UNFPA.	UN

Executive Summary

Gender inequality has been highlighted as one of the most fundamental challenges to sustainable development. While efforts have been made to understand how gender inequality impacts on women, **little is known about how gender impacts on the wellbeing and development of children and adolescents.** This is despite childhood and adolescence being where gender inequalities first emerge, with these early years of life also critical to shaping gender norms.

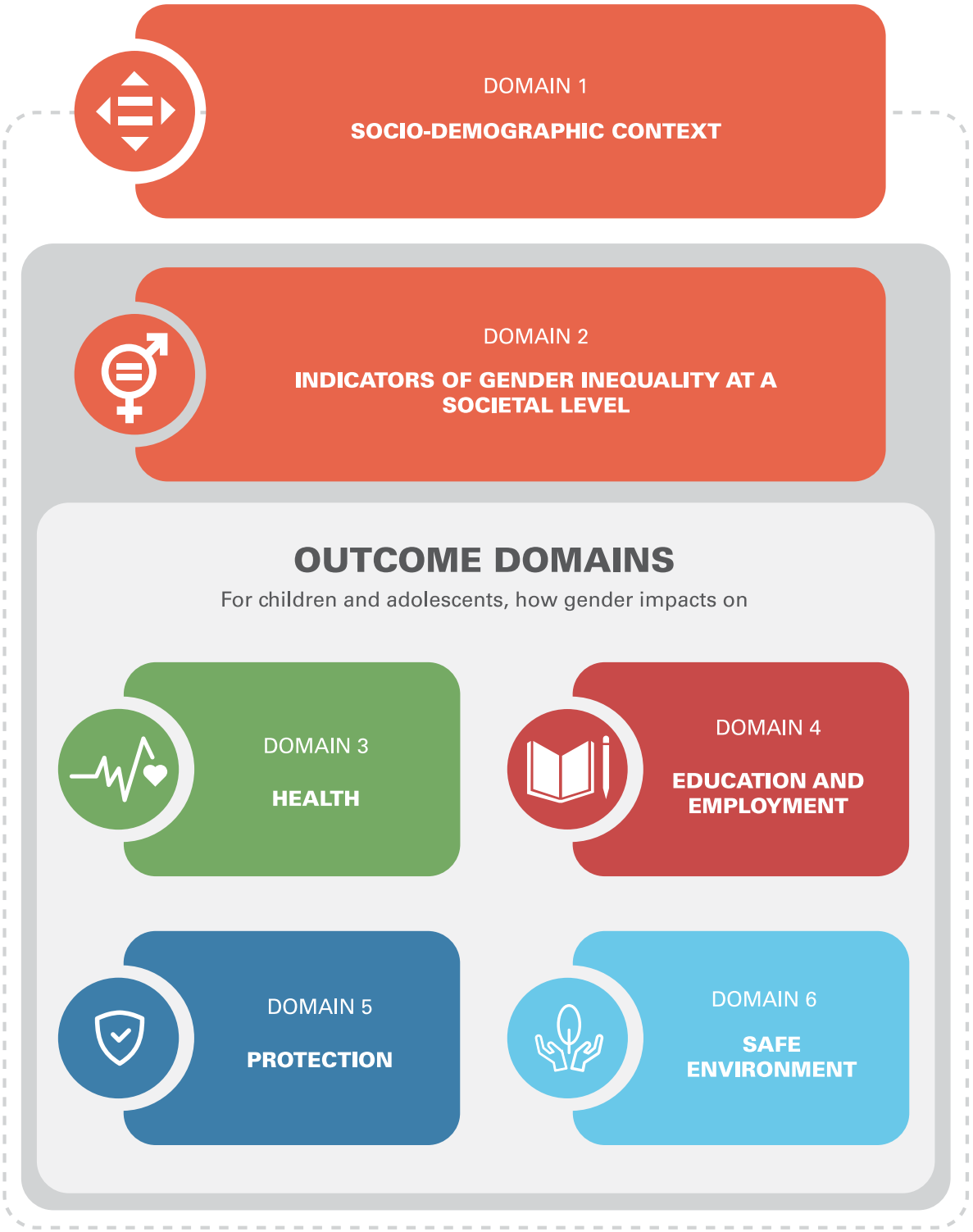
To help guide more effective and inclusive policy, **this report provides a comprehensive account of how gender inequality impacts on the lives of children and adolescents.** This report focuses on Low and Middle income countries in Central Asia, with other reports in the series focusing on East and South East Asia, South Asia, and the Pacific. The report is intended for policy makers, programmers and those working in research, development and national statistics offices.

The first of its kind, this report is framed around a conceptual framework that includes six domains. The first **two domains focus on the context** in which gender inequality manifests and is perpetuated. The remaining **four domains relate to how gender inequality impacts on health and wellbeing at an individual level** and in particular on children's and adolescent's outcomes related to health; education and transition to employment; protection; and safe environment.

Over 100 indicators were defined across these domains and subsequently populated with the best available data.

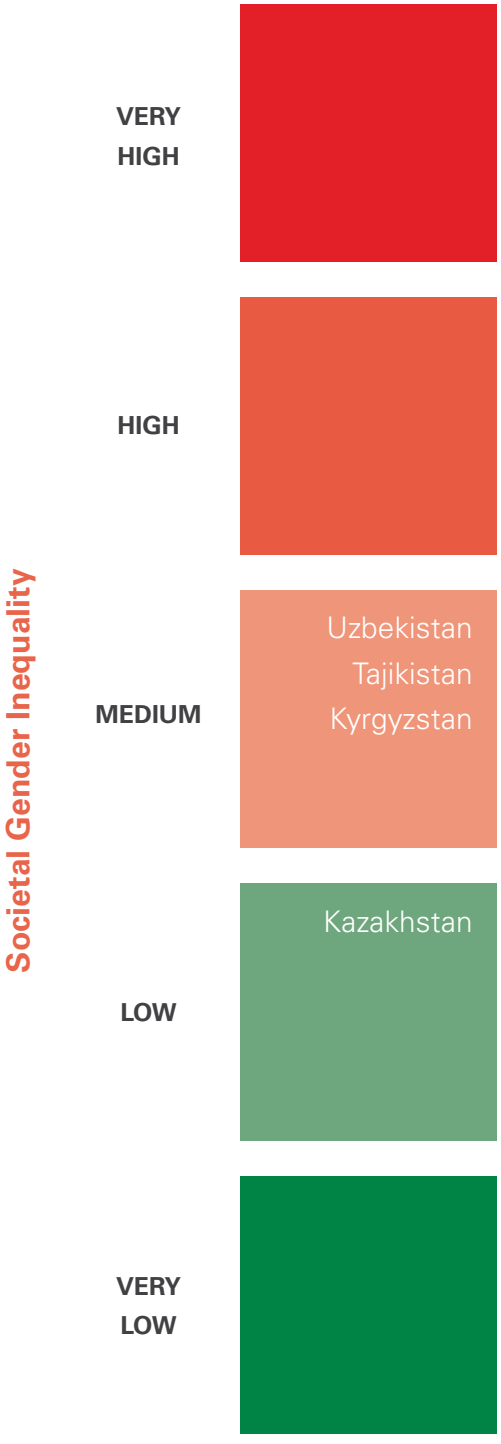
This report focuses on quantitative measurement of gender inequality, and as such, is dependent on high quality data. There were numerous indicators which could not be readily populated, including: sexual and reproductive health of children aged under 15 years, adolescent boys, and unmarried adolescents; wellbeing of young people with diverse gender identity and sexual orientation; measures of menstrual health and hygiene; prevalence of disability amongst children and adolescents; and the individual-level impacts of conflict, disaster and climate change, urbanisation and food security. There were however many indicators with data available and these findings identify some key areas of need and a baseline from which progress can be measured.

Conceptual framework developed to guide the quantitative analysis of gender equality for children and adolescents



Context (Domains 1 and 2)

Social Institutions Gender Index



This region is rapidly developing, however the low- and middle-income countries of Central Asia vary substantially in their levels of human development. Countries with a lower level of development (such as Tajikistan and Kyrgyzstan) are generally at greater risk of gender inequality given that socioeconomic poverty disproportionally affect women and girls. Development however can also be detrimental as urbanisation in countries like Kazakhstan has the potential to fragment social supports and may increase women's work burden, including domestic work and child care.

Available data suggest that children and adolescents growing up in this region are exposed to significant gender inequalities across households, institutions and society:

- Most countries in this region have medium levels of gender inequality in social institutions. The Gender Inequality Index indicates that there has been little progress in advancing gender equality in the region over the past decade.
- Entrenched gender roles persist which allocate unpaid domestic and child care work to women and girls.
- Many women have access to resources and

decision-making power, however in countries where data are available, they still earn less than men. Many married women in Tajikistan cannot make decisions about health care, household purchases or visiting friends/family.

- Available data for intimate partner violence (Kyrgyzstan and Tajikistan) indicate that almost one in five women have experienced intimate partner violence in a 12 month period. Almost two thirds of women in Tajikistan and more than half of men in Kyrgyzstan think a husband is justified to beat his wife, in certain circumstances.
- In several countries, barriers to women's sexual and reproductive health rights negatively impact their health, wellbeing and bodily autonomy. Many women in this region are not protected from marital rape. Demand for contraception remains unmet, particularly in Tajikistan where only half of married women have their demand satisfied. Coverage of antenatal care is also suboptimal, particularly in Tajikistan.

Collectively, these exposures adversely impact on the wellbeing and development of children and adolescents in the region, particularly so girls. This disadvantage is likely reflected in the smaller female population aged under 18 years - in all countries there are fewer girls than there are boys.

There are fewer girls than boys in this region

For every 20 boys under the age of 18 years there are only 19 girls

Health (Domain 3)

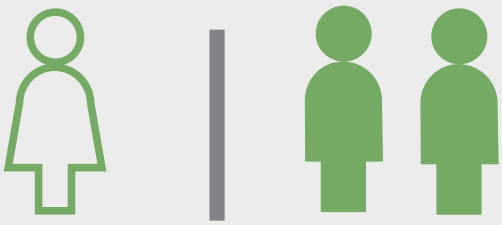
Available data demonstrated significant gender inequalities in health outcomes for girls and boys in this region:

- Adolescent girls experience a disproportionate burden of anaemia.
- Poor reproductive health for girls remains a substantial issue in this region - unshifting rates of adolescent pregnancy and substantial unmet needs for contraception.
- Adolescent boys experience an excess burden of suicide, injury and health risk behaviours, such as tobacco smoking.
- Modelled estimates indicate high rates of binge alcohol drinking which warrants further exploration.

In many instances, these gender inequalities in health likely reflect harmful masculine norms which support violence and risk-taking and imbalances in power relations that negatively impact girls' lack of autonomy and self-determination.

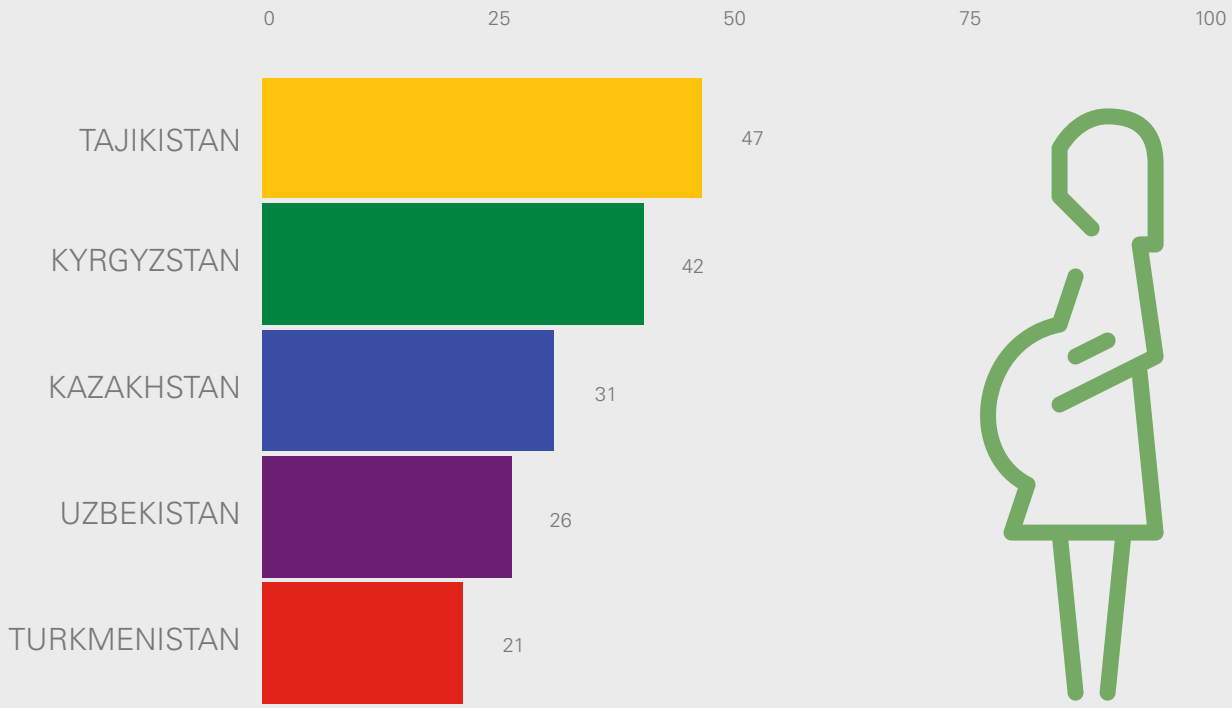
More boys die from suicide than girls

In countries across Central Asia boys are twice as likely to die from suicide as girls



Adolescent pregnancy rates remain high

Adolescent fertility rate (births per 1,000 15-19 year olds)



Education and employment (Domain 4)

Available data demonstrate some important inequalities in educational and employment outcomes between girls and boys:

- With the exception of Tajikistan, where girls are disadvantaged, there is gender parity in school attendance and completion across most countries in the region.

- However, girls and women are more likely than boys and men to not be in employment, education or training (NEET) in adolescence and early adulthood. This gender gap is likely related to highly differentiated gender roles that allocate unpaid domestic and care work to women and paid employment to men.

- Tajikistan has a very low proportion of improved school sanitation facilities and this may be a barrier to attendance for girls, particularly during menstruation.

In summary, gains made in assuring equity in school enrollment and completion have not translated to gender equality in transition to employment and further training. This has the potential to undermine progress and entrench women and girls in poverty and socioeconomic disadvantage.

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There is relative gender parity in secondary school attendance

Secondary school aged children not in upper secondary school

BUT girls are less likely to be in post-school employment, education or training

15-24-year-olds not in employment, education or training (NEET)

Protection (Domain 5)

Available data show that girls and boys in Central Asia are not being adequately protected from violence, exploitation and abuse:

- Child marriage remains common in this region, particularly in Kyrgyzstan and Tajikistan where one in every eight girls are married before 18 years of age.
- Available data suggest high rates of physical and/or sexual intimate partner violence in Tajikistan.
- There is a high level of acceptance of violence against women by young people in the region.
- More than half of children in Kyrgyzstan and Kazakhstan have experienced violent discipline, males slightly more so.
- Adolescent boys are at much greater risk of intentional homicide.
- Where there is data, boys are more likely to be in child labour and hazardous labour while girls have a greater burden of household chores.
- Girls are more likely to be trafficked than boys.

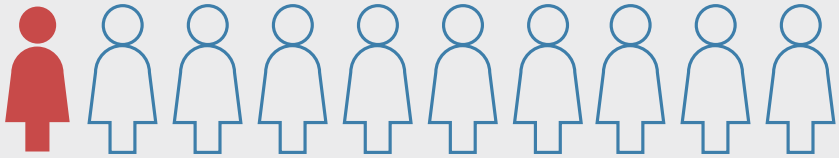
These findings reflect not only a failure of protective legislation in the region but also harmful social and gender norms. They demonstrate that for many, exposure to violence, exploitation and abuse occur from early childhood, likely contributing to harmful attitudes towards domestic violence and male-female relationships, that are established by adolescence. The differing outcomes for girls and boys are likely attributable to social norms which support male dominance, violence and toughness but limit girls to subservient, domestic and reproductive roles.

Child marriage and intimate partner violence affect many girls

20-24-year-olds married by 18 years

KAZAKHSTAN, KYRGYZSTAN, TAJIKISTAN, TURKMENISTAN

Females, aged 15-19 years, who have experienced intimate partner violence in last 12 months

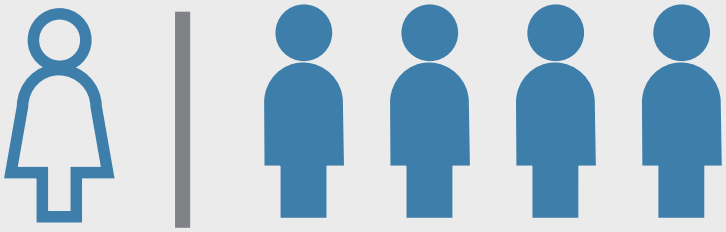


TAJIKISTAN

More males die from homicide than girls

Homicide mortality, 10-19 years, deaths per 100,000

In some countries more than 4 times as many boys die as girls



UZBEKISTAN TURKMENISTAN TAJIKISTAN

Safe environments (Domain 6)

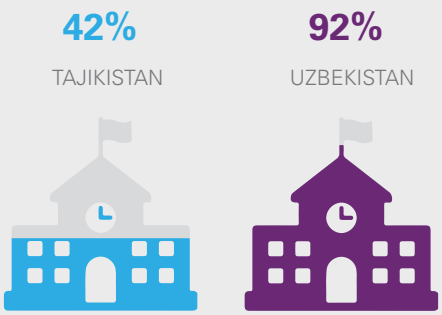
Data and indicators were most limited for this domain, however available data did demonstrate substantial gender inequality in the safety of environments that girls and boys grow up in:

- Girls are at an excess risk of disease burden due to household air pollution, likely the result girls spending more time on household chores.
- Improved sanitation facilities (essential for menstrual health and hygiene) are only available for 40% of schools in Tajikistan.
- There are 600,000 international child migrants across the region, with more migrants being boys than girls. These gender-differences may reflect patterns of child labour.
- Mobility is limited for many adolescent girls, with many married girls in Central Asia not having the freedom of movement to visit friends and family.
- Adolescent boys' increased traffic accident mortality reflects gender norms that encourage freedom, financial independence and risk taking among boys but limit girls' mobility.

The available data suggest substantial gender inequality in the safety of environments that girls and boys grow up in. Girls have limited mobility within their environments and are more likely than boys to be tied to the home and engaged in domestic chores. By contrast, while boys are more mobile and independent, norms supportive of risk-taking place them at greater risk of harm.

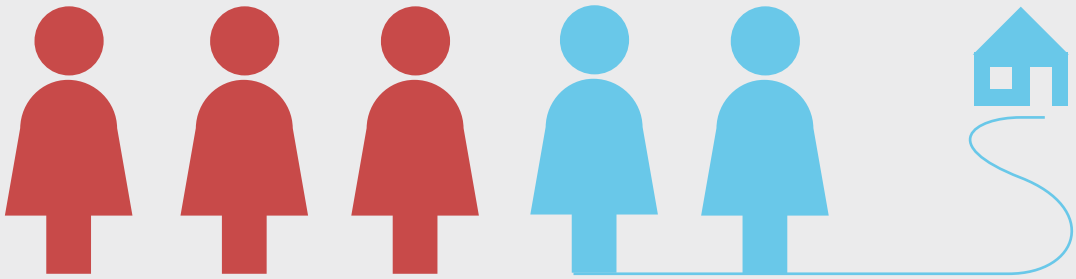
Many schools have inadequate sanitation

Schools with improved sanitation facilities



Mobility is limited for many girls

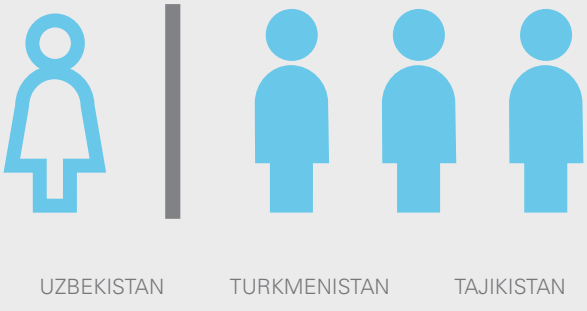
Overall in Tajikistan and Kyrgyzstan, 3 in 5 girls can't make decisions about visiting family or friends



More boys die from road traffic accidents than girls

Road traffic mortality, 10-19 years, deaths per 100,000

In some countries, at least 3 times as many boys die from road traffic accidents as girls



Key recommendations

This analysis provides the basis for four key recommendations:

Recommendation 1

Integrate priority gender indicators for children and adolescents into routine reporting

This analysis identified a key group of indicators where outcomes between girls and boys were substantially different, and/or indicators that measured key dimensions of gender inequality in child wellbeing. These are summarised in the Box R1 opposite. These indicators should be integrated into routine reporting, and given they are harmonized with current data availability, these indicators can be readily populated using existing data collection.

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BOX R1: RECOMMENDED PRIORITY GENDER INDICATORS

Girls currently disadvantaged

- Prevalence of anaemia for 10-14-year-olds (based on WHO age and sex specific haemoglobin thresholds) (%), by sex (Indicator 3.09d)
- Adolescent birth rate: Number of live births per 1000 females aged 15-19 years (Indicator 3.20)
- Proportion of youth, aged 15-24 years, not in education, employment or training (%), by sex (Indicator 4.12)
- Proportion of youth, aged 15-24 years, currently unemployed as a percent of the total number of employed and unemployed persons (the labour force) (%), by sex (Indicator 4.13)
- Child marriage - proportion of 20-24 year olds who were married before 18 years and married before 15 years (Indicators 5.06a-b)
- Number of detected trafficked children under 18 years of age, by sex (Indicator 5.19)
- Average number of hours, children aged 5-14 years, spend performing household chores per week, by sex (Indicator 5.22)
- Proportion of married 15-19 year old females who make decisions about visiting family and friends themselves or jointly with husband (Indicator 6.06)

Boys currently disadvantaged

- DALY rate due to injuries amongst 10-19-year-olds (DALYs per 100,000), by sex (Indicator 3.12c)
- Proportion of 15-19-year-olds who report an episode of binge drinking (>48g females, 60g males) in the last 12 months (%), by sex (Indicator 3.13)
- Prevalence of daily tobacco smoking among 10-19-year-olds (%), by sex (Indicator 3.14)
- Suicide mortality rate among 10-19-year-olds (deaths due to intentional self-harm per 100,000 population per year), by sex (Indicator 3.15)
- School attendance (disaggregated by school level, age and sex) (Indicators 4.01a-c)
- Proportion of children 1-14 years who experience violent discipline (psychological aggression and/or physical punishment) from a caregiver (Indicator 5.14)
- Mortality rate due to intentional homicide among 10-19-year-olds (deaths per 100,000), by sex (Indicator 5.15)
- Proportion of children aged 5-17 years engaged in child labour (Indicator 5.20)
- Mortality rate due to road traffic accidents among 10-19 year olds (Indicator 6.08)

Other indicators that track critical gender issues

- Legal age of consent to sex (heterosexual and same-sex sexual relationships)
- Proportion of schools with basic sanitation facilities (improved, single-sex and usable) (%) (indicator 4.08)

* Gender disparities in school completion vary between countries

Recommendation 2

Invest in gender data collection for children and adolescents in priority areas

The review has also identified critical gaps in data relevant to priority topics for promoting gender equality.

2a

Invest in developing and promoting use of standard indicators for priority topics

Additional investment is recommended to address data gaps in:

- wellbeing of children and adolescents with disability;
- sexual and reproductive health of adolescent boys, unmarried adolescent girls and boys, and girls and boys aged less than 15 years;
- menstrual health and hygiene;
- wellbeing of young people with diverse gender identity and sexual orientation; and
- individual-level indicators relating to urbanisation, conflict, disaster and climate change.

2b

Invest in collecting data against established indicators in areas with data gaps

There were indicators for which no country in the region had data, or indicators for which only modelled data were available (outlined in Box R2). These represent important areas for investment in primary data collection. Further, for the majority of indicators in this report it was not possible to disaggregate data by urban/rural status or ethnicity, two important determinants of gender inequality in this region. As such, efforts around data collection should ensure that these indicators can be further disaggregated.

2c

Invest in data collection methodologies appropriate to gender-diverse children and adolescents

There is a need to invest in developing sensitive and appropriate data collection strategies so as to be more inclusive of young people with diverse gender identity and sexual orientation. This would help increase the visibility of the experiences and needs of this vulnerable group of children and adolescents.

BOX R2: CRITICAL GAPS IN GENDER DATA

Indicators with no data currently available:

- HIV prevalence in transgender people aged <25 years (Indicator 3.22b)
- Informal sector employment (Indicator 4.14)
- Proportion of females, aged 20-24 years, who experienced forced sex by 18 years of age (%) (Indicator 5.12).
- Harassment and discrimination experienced by young people with diverse gender identity and sexual orientation (Indicators 5.17a, 5.17b)
- Young people's perceptions of safety in their neighbourhoods (Indicator 6.06)

Indictors with limited primary data or only modelled data available:

- Anaemia (Indicator 3.09)
- Overweight and obesity (Indicator 3.11)
- DALY rates (all-cause and cause-specific) (Indicators 3.12, 6.01 and 6.02)
- NCD risk factors (binge drinking and tobacco smoking) (Indicators 3.13 and 3.14)
- Suicide mortality rate (Indicator 3.15)
- Mortality due to maternal disorders among 15-19 year olds (Indicator 3.21)
- Access to information media, mobile phone ownership and internet use (Indicators 4.09 – 4.11)
- Intimate partner violence (Indicator 5.11)
- Mortality due to intentional homicide (Indicator 5.15)
- Mortality due to road traffic accidents lindicator 6.07)

Recommendation 3

Conduct additional research to understand observed gender disparities for children and adolescents

The current review focused on understanding how gender equality impacts on the health and wellbeing of children and adolescents across the region. The current review provides a cross-sectional snapshot using the most recent data, and for some indicators, it may be beneficial to explore trends over time. This review also used comparable data for countries so as to build a regional profile of gender. An extension of this work may involve assembling country level profiles, drawing on the best available data at a country level. This may also include the analysis of sub-national trends, likely to be of value to local programming

Recommendation 4

Address key drivers of gender inequality in the region

The findings of this review indicate that the likely drivers of unequal outcomes for girls and boys in the region include: binary and unequal gender roles; gendered division of labour and associated restrictions on opportunities for both girls and boys; and norms around female passivity and compliance and male toughness and risk taking. Further research will be invaluable to confirm and better understand how social norms and gender inequality contribute to these differences for girls and boys and to develop strategies moving forward.

Contents

Introduction

Gender equality is critical to the health and wellbeing of children and adolescents

Asia and the Pacific is home to over half of the world's 2.3 billion children and adolescents, aged less than 18 years. They make up almost a third of the population in this region.[1] This review considers the impact of gender inequality on these girls and boys, with the focus of this report being those living in the Central Asia sub-region. Other reports are available for the East and Southeast Asia, South Asia and Pacific sub-regions.

An estimated 23.3 million children and adolescents (11.4 million girls and 11.9 million boys) reside in the low- and middle-income countries (LMICs) Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan. The countries with the largest under-18 populations are Uzbekistan (10.3 million), Kazakhstan (5.4 million) and Tajikistan (3.5 million). The proportion of children and adolescents varies from 30% of the population in Kazakhstan to 40% in Tajikistan (Figure A).

Significant progress has been made in many countries towards poverty reduction, child survival and universal education. However, considerable challenges remain to ensure the health and wellbeing of children and adolescents and to reduce increasing inequality between and within countries.

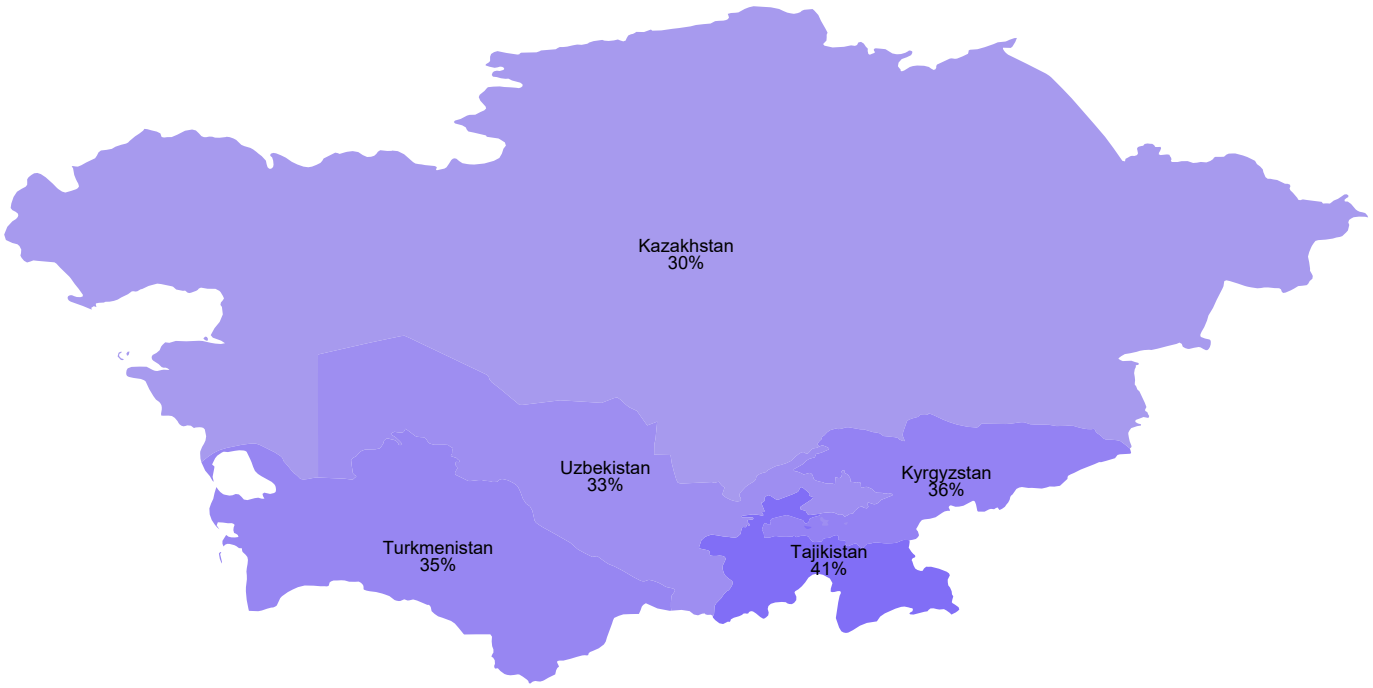
A key challenge is achieving gender equality which is central to improving outcomes for girls and boys. Gender inequality has been highlighted as one of the most fundamental challenges to sustainable development at a regional level.[2] This is particularly true for girls, for whom persistent and pervasive low status and discrimination contribute to poor health, educational, social and economic outcomes that extend across the life-course and to the next generation.

UNDER-18-YEAR-OLDS IN EACH COUNTRY BY SEX

FEMALE		MALE
5,021,000	UZBEKISTAN	5,301,000
2,624,000	KAZAKHSTAN	2,773,000
1,715,000	TAJIKISTAN	1,807,000
1,039,000	KYRGYZSTAN	1,086,000
971,000	TURKMENISTAN	996,000

FIGURE A: POPULATION AGED UNDER 18 YEARS IN CENTRAL ASIA

The map below shows the proportion of the population aged under-18 years. The data table reports the number of under-18-year-olds in each country by sex. (source: UNPD 2015)



PROPORTION (%)

50
40
30
30
20

Governments and development partners across Central Asia have committed to respect and ensure the rights of every child and to accelerate progress towards gender equality.[3] The Convention on the Elimination of All Forms of Discrimination Against Women,[4] the Fourth World Conference on Women and the Beijing Platform for Action,[5] and more recently, the Sustainable Development Goals and Agenda 2030, have helped to focus efforts around gender equality.[6] The Sustainable Development Goals in particular, provide a new opportunity to measure, monitor and hold governments accountable in this regard. Further to gender equality and women's empowerment being included as a stand-alone goal (SDG5), with its own indicators and targets, there is also a recommendation to measure and track progress for women and girls across all other goals and targets.

Pervasive gender discrimination contributes to poor health, education, social and economic outcomes for girls that extends across their life-course and the next generation

Despite these commitments, women and girls across Asia and the Pacific, including Central Asia, continue to face household, societal, cultural, institutional and political barriers that violate their rights and limit their potential.[7] A potential barrier to action for gender equality has been a lack of well-defined indicators and data so as to enable accountable policy response. In particular, there is limited information about how gender inequality impacts on the health and wellbeing for children and adolescents in the region. An understanding of gender equality early in the life-course is important not only because this is when disadvantages first emerge, but also because it is when gender norms are internalised.[8]

A lack of well-defined indicators and data for accountable policy responses has been a barrier to ensuring gender equality for children and adolescents.

A quantitative assessment of gender inequality is needed to inform policy and action

Several existing global and regional frameworks include indicators to measure and monitor women and girls' empowerment and gender equality (see Appendix 1). While many include some gender indicators specific to children and adolescents, they do not provide a comprehensive assessment of gender issues impacting children and adolescents.

The need for comprehensive, valid and reliable gender data to inform policy, enable monitoring and ensure accountability has been noted by governments at a regional level.[7] However, to date, there has been limited systematic analysis of nationally comparable data related to gender inequality and its impact on children and adolescents. While progress has been made to improve the collection and reporting of gender data, many gaps still exist. Two-thirds of the SDG indicators relevant to girls are limited or non-existent.[9,10] Reported data gaps with respect to gender include, among others, accurate information on maternal deaths; data on violence against women and girls; girls' transition from education to the workforce and what happens to those who do not enter employment; the gender aspects of conflict; the unmet need for contraception for girls neither married or in union; adolescent fertility for girls 10-14 years of age; and girls' challenges in managing menstruation.[9,11] Gaps in gender statistics and indicator frameworks mean that there are likely to be critical gender issues not readily visible through currently reported data.

The need for comprehensive, valid and reliable gender data to inform policy, enable monitoring, and ensure accountability has been noted by governments at a regional level.

Even when data is available, poorly defined indicators, lack of validated measures and limited age and sex disaggregation of data are noted challenges.[12] Traditional gender roles can introduce bias into survey design. For example, when estimating women's informal economic behaviour and unpaid activities or when male family members respond to surveys on behalf of other household members.[13] To fully appreciate the impacts of gender inequality on children and adolescents, there is a need to conduct a broad and comprehensive review that encompasses multiple domains of wellbeing, and identifies issues that are of importance to both girls and boys. This approach aligns with the focus of the Sustainable Development Goals on assessing gender norms, roles and relations and their impact at an institutional and societal level.

Approach and Methods

Purpose of this report

The **purpose** of this report is to review gender inequality and its impact on children and adolescents (defined here as below the age of 18) in low- and middle-income countries in Central Asia, as part of a broader initiative to review gender inequality and its impact across Asia and the Pacific (including sub-regions Central Asia, South Asia, East and Southeast Asia, and the Pacific – see Box A). While the primary focus is to identify and describe gender inequality and gender issues that are of critical importance to girls, the review also identifies harmful gender norms and roles that impact on boys. Current data availability means it is not possible to report on factors affecting gender diverse young people for the region, which is an important gap both in the report and in available data.

BOX A: LOW & MIDDLE INCOME COUNTRIES OF ASIA AND THE PACIFIC, BY SUBREGION[14]

Central Asia

Kazakhstan
Kyrgyzstan
Tajikistan
Turkmenistan
Uzbekistan

South Asia

Afghanistan
Bangladesh
Bhutan
India
Maldives
Nepal
Pakistan
Sri Lanka

East and Southeast Asia

Cambodia
China
DPR Korea
Indonesia
Lao PDR
Malaysia
Mongolia
Myanmar
Philippines
Thailand
Timor-Leste
Viet Nam

Pacific

Cook Islands
Fiji
Kiribati
Marshall Islands
Micronesia
Niue
Nauru
Palau
Papua New Guinea
Samoa
Solomon Islands
Tokelau
Tonga
Tuvalu
Vanuatu

The **aim** of this work is to provide a comprehensive profile of how gender inequality impacts children and adolescents for countries in each of the four sub-regions, using available national-level quantitative data.

The specific **objectives** are to:

1. **Identify and define a core set of gender-relevant indicators for children and adolescents in Asia and the Pacific harmonised with available data;**
2. **Identify and describe the extent of gender inequality affecting children and adolescents in the region; and**
3. **Identify key data and knowledge gaps relating to gender inequality in children and adolescents.**

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Scope and overarching principles

This report focuses on children below the age of 18, as defined by UNICEF and the Convention on the Rights of the Child, in the five low and middle-income countries of Central Asia. This age range includes several important age groups and developmental stages including infancy (under 12 months of age), early childhood (0-8 years of age), and adolescence (10-19 years of age). For the purposes of this review, persons aged above 10 years but below 18 years are referred to as 'adolescents' and those aged less than 10 years as 'children'. For many indicators included in this review, estimates were only available for 15-19 or 15-24-year-olds (youth), and these are presented as such.

To provide a meaningful picture of the impact of gender inequality on children and adolescents, a conceptual framework was developed. Against this framework, key indicators were then defined, harmonised with global frameworks and data availability. This approach allows not only an assessment of gender inequalities but also identification of critical issues where data and indicators are currently limited.

The following principles have guided the approach of the review:

1 This review is an important initial step to determine the availability of existing data, and to make better use of available data to identify issues of critical importance.

2 This review is not intended to be an exhaustive, in-depth analysis of gender issues and their determinants in this region. This review is limited to analysis of the available quantitative, national-level, comparable data to identify what are the key gender issues in this region that are of direct relevance to children and adolescents. We hope that the identification of key issues will help inform further analyses around why these gender inequalities have arisen, what can be done to address them and what additional data are needed in order to gain a comprehensive understanding of the respective gender issues in the region.

3 The review aims to identify and define a core set of indicators, harmonised with existing indicator frameworks and data availability, allowing for critical aspects of gender inequality to be identified, compared across countries and sub-regions and further described.

4 Data for some countries is limited for many indicators of interest. To provide as comprehensive a profile as possible, modelled estimates are used where primary sourced databases are not available. Where included, modelled data are clearly identified.

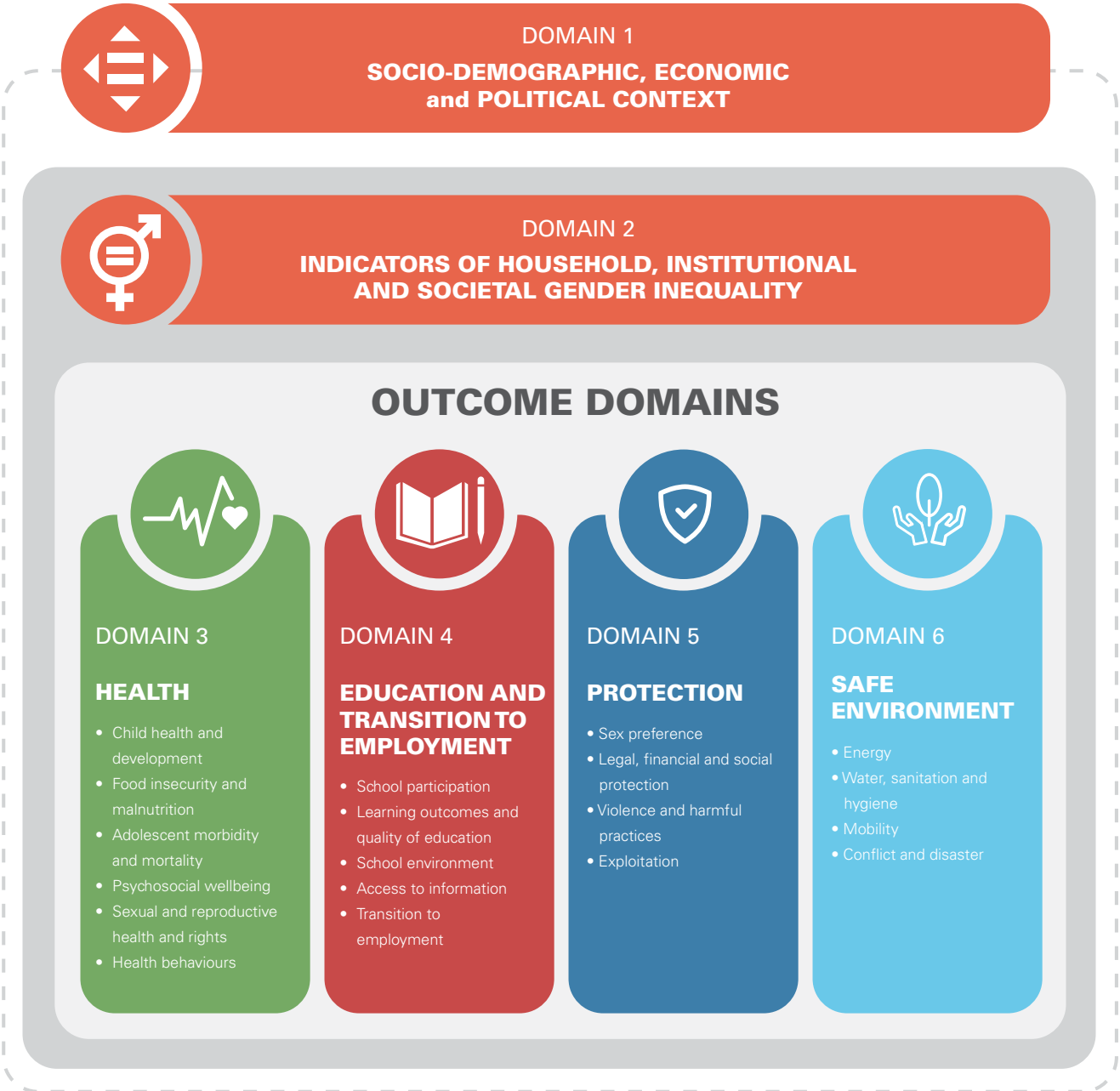
In this report, we have adopted the pragmatic approach of drawing on national level data from established databases wherever possible. The reporting of national data may have masked important gender disparities at a sub-national level and for other social groups. The use of datasets may also have resulted in some more recent data sources not being included. Where possible, we have aimed to amend this with the assistance of stakeholders. Further, we have focussed our analysis on the most recent estimate for each indicator, only showing trends over time for select indicators.

Conceptual framework

Figure B details the conceptual framework used to guide indicator selection for this review. This framework was defined through a review of the literature and existing indicator frameworks (see Appendix 1). In addition, extensive consultation was undertaken with key sub-regional, regional and global stakeholders. This framework takes a socio-ecological approach to understanding gender inequality and its impacts,[15] recognising that gender inequality is a social system that operates at multiple levels giving rise to unequal outcomes between girls and boys.

FIGURE B. CONCEPTUAL FRAMEWORK

This conceptual framework identifies the key domains of gender and gender inequality to be measured for children and adolescents in this analysis.



Six broad domains were defined:

(i) Contextual domains

The first two domains of the framework measure the broader context in which gender inequality manifests and is perpetuated. The first domain in the framework is designed to capture the political, economic and socio-demographic context in which children live, and in which unequal gender norms, roles and power relations influence child outcomes. The second domain in the framework is designed to capture the gendered environment in which children live, and is focused on gender inequality at household, institutional and societal levels.

(ii) Outcome domains

The remaining four domains relate to how gender inequality impacts on health and wellbeing at an individual level: health; education and transition to employment; protection; and safe environment. They measure key outcomes for children and adolescents, as well as critical social and behavioural determinants of wellbeing across the life-course. There is considerable overlap between the conceptual framework and the goals and targets of the SDGs (Figure C).

Within each domain, sub-domains were identified through a review of the literature and existing conceptual and indicator frameworks (Appendix 1) and based on extensive consultations with regional stakeholders.

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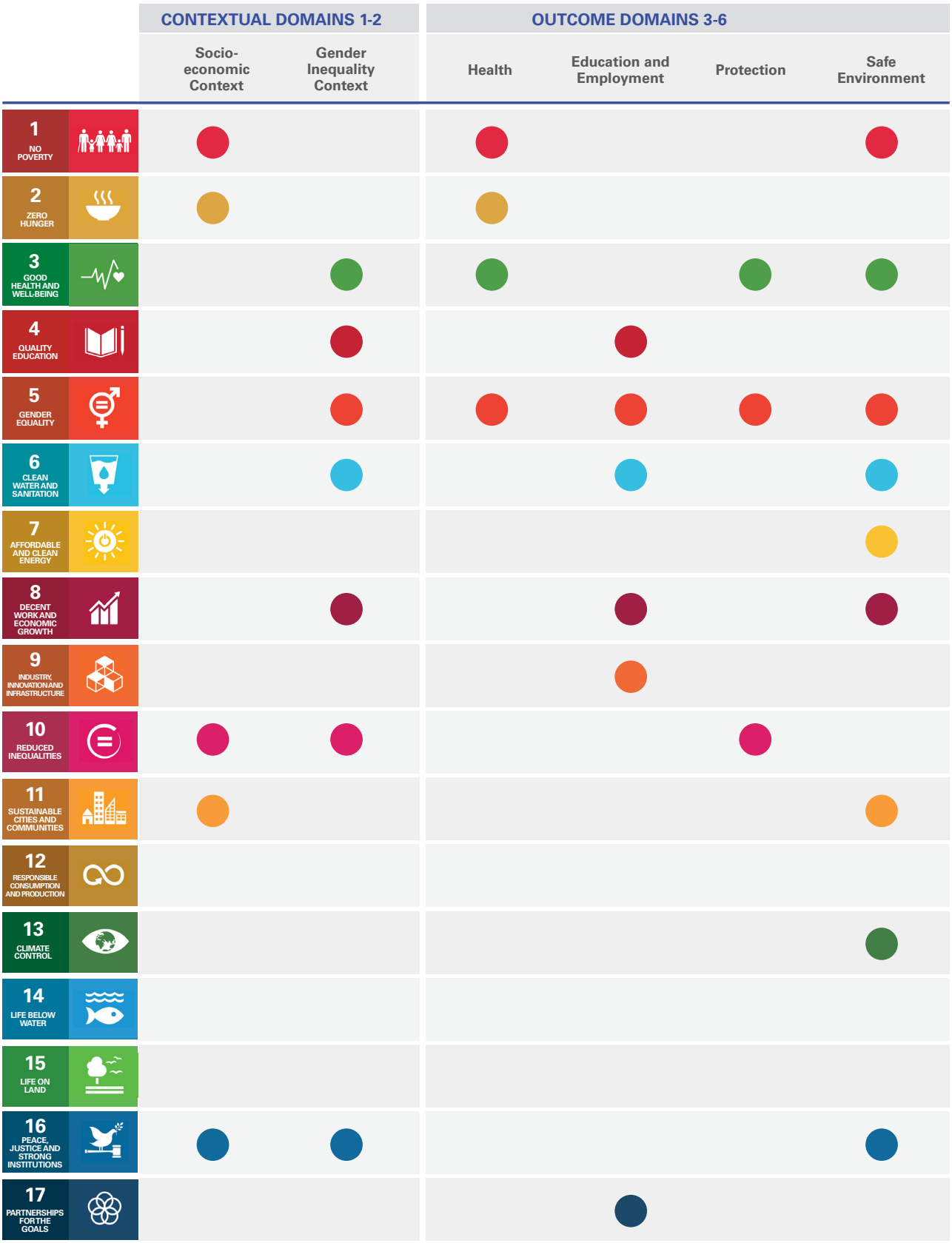
FIGURE C. INTERSECTION BETWEEN SDGS AND THE CONCEPTUAL FRAMEWORK

This figure summarises the intersection between the conceptual framework domains and SDGs. Shaded areas indicate SDG indicators that explicitly address the conceptual framework sub-domains and proposed indicators for this review.



Indicators to measure gender inequality

For each sub-domain of the conceptual framework, indicators were selected to measure gender inequality among children and adolescents using criteria defined in Box B. It should be noted that data availability was an important consideration in defining these indicators given the aim of this task was to profile gender inequality as best as possible. Indicators were defined in consultation with sub-regional, regional and global stakeholders, and through a review of existing literature and frameworks (see Appendix 1). The indicators defined for this analysis are detailed in Table B.

BOX B: CRITERIA USED TO DEFINE INDICATORS OF GENDER FOR GIRLS AND BOYS.

Adapted from criteria for the SDGs[16,17] and UN MSG[12]

- Harmonised with existing global and regional indicator frameworks;
- Conceptually clear, well defined and measurable;
- Nationally-comparable;
- Address issues of importance with respect to gender equality in Asia and the Pacific;
- Policy-relevant;
- Data (including age- and sex-disaggregated data where applicable) available for countries in this region.

Many relevant issues were not included in the indicator framework due to a lack of defined indicators and/or lack of age- and sex-disaggregated data for this region (Tier II or III SDG indicators). These include: individual-level indicators of poverty, financial protection, educational achievement and quality, menstrual hygiene management, prevalence of disability and wellbeing of children and adolescents with disability, sexual and reproductive health of children aged under 15 years and adolescent boys, wellbeing of young people with diverse gender identity and sexual orientation, and the individual-level impacts of conflict, disaster and climate change, urbanisation and food security. Furthermore, the definition of some indicators needed to be restricted so as to align with data availability. For example, the indicator for adolescent birth rate was initially defined for 10-19-year-olds, to align with SDG indicator 3.7.2. However, data is scarce for 10-14-year-olds, and inclusion potentially introduces substantial measurement error into estimates. The indicator was therefore revised to the adolescent birth rate for 15-19-year-olds to provide better quality data.

Many relevant gender issues could not be assessed because of a lack of indicators and/or data.

TABLE B.

INDICATORS TO IDENTIFY GENDER INEQUALITY AND ITS CONSEQUENCES FOR GIRLS AND BOYS

This table shows indicators as aligned with Domains and sub-domains of the conceptual framework. The short-label for indicators is also shown. All indicators are disaggregated by sex where possible.

1. SOCIO-DEMOGRAPHIC, ECONOMIC AND POLITICAL CONTEXT

SUB-DOMAIN	INDICATOR	SHORT LABEL
DEMOGRAPHY	**1.01a** Population aged under 18 years (in 1000s), by sex	Population <18y (1000s)
	1.01b Proportion of total population aged under 18 years (%), by sex	Proportion of population <18y (%)
	1.01c Ratio of girls to boys aged under 18 years	Ratio of girls to boys aged <18y
	1.01d Population difference between girls and boys aged under 18 years (in 1000s)	Population difference of <18y (girls – boys, 1000s)
SOCIOECONOMIC AND HUMAN DEVELOPMENT	**1.02** Proportion of total population below international poverty line of $US1.90 per day (%)	Proportion living in poverty, total population (%)
	1.03 Human Development Index	Human Development Index
	1.04 Prevalence of severe food insecurity in the total population (%)	Prevalence of severe food insecurity, total population (%)
	1.05 Proportion of the population living in urban areas (%)	Proportion urban, total population (%)
	1.06 Total annual net migration rate (per 1000)	Migration rate, total population (per 1000 annually)
GOVERNMENT EXPENDITURE	**1.07** Government expenditure on health as a percentage of GDP	Health expenditure (% GDP)
	1.08 Government expenditure on education as percentage of GDP	Education expenditure (% GDP)

2. HOUSEHOLD, INSTITUTIONAL AND SOCIETAL GENDER INEQUALITY

SUB-DOMAIN	INDICATOR	SHORT LABEL
TIME USE AND DIVISION OF LABOUR	**2.01** Average number of hours per day spent on unpaid domestic and care work among 15 to 49-year-olds, by sex	Unpaid work, 15-49y (hours per day)
	2.02 Average number of hrs spent per day on paid & unpaid domestic work combined among 15 to 49-year-olds, by sex	Total work, 15-49y (hours per day)
	2.03 Proportion of households where a person over 15 years of age is usually responsible for water collection (%), by sex	Adult collects water for household, >15y (%)
ACCESS AND CONTROL OVER RESOURCES	**2.04** Average monthly earnings of employees aged 15-49 years ($USD), by sex	Average monthly earnings, 15-49y ($USD)
	2.05 Proportion married/ partnered women, aged 15-49 years, in paid work, who make decisions about how earnings are used, themselves or jointly with husband (%)	Married women in paid work who can decide spending, 15-49y (%)
	2.06 Proportion of adults aged over 15 years who own a bank account (%), by sex	Own bank account, >15y (%)

INTRA-HOUSEHOLD DECISION-MAKING	**2.07** Proportion married/ partnered women, aged 15-49 years, who make decisions about healthcare, themselves or jointly with husband (%)	Can decide healthcare, married women 15-49y (%)
	2.08 Proportion married/ partnered women, aged 15-49 years, who make decisions about major household purchases, themselves or jointly with husband (%)	Can decide household purchases, married women 15-49y (%)
WOMEN'S PARTICIPATION IN PUBLIC LIFE	**2.09a** Proportion of seats held by women in the lower house of national parliament (%)	Proportion lower house seats held by women (%)
	2.09b Proportion of seats held by women in the upper house of national parliament (%)	Proportion upper house seats held by women (%)
	2.10 Proportion of police officers who are female (%)	Proportion of police who are female (%)
VIOLENCE AGAINST WOMEN	**2.11** Women who have experienced physical and/or sexual violence by an intimate partner in last 12 months (%)	Women experiencing IPV last 12m (%)
	2.12 Proportion of 15 to 49-year-olds who think that a husband is justified to beat his wife for at least one specific reason (%), by sex.	Proportion who think husband is justified to beat wife, 15-49y (%)
WOMEN'S BODILY AUTONOMY	**2.13** Legality of abortion - index from 0 (not legal any circumstance) to 100 (legal on request and no restriction)	Abortion legality index (0-100)
	2.14 Proportion women of reproductive age, aged 15-49 years, married or in a union, who have their need for family planning satisfied with modern methods (%)	Contraception demand satisfied, married women 15-49y (%)
	2.15 Proportion women of reproductive age, 15-49 years, married or in a union, who can say no to sex with their husband (%)	Married women who can say no to sex with husband, 15-49y (%)
ACCESS TO PUBLIC SPACES AND SERVICES	**2.16a** Mean years of schooling (ISCED 1 or higher), population aged 25+ years, by sex	Mean years education, >25y
	2.16b Mean years of education in age standardised population (modelled), by sex	Mean years education, age-standardised (modelled)
	2.17a Percentage of women, aged 15–49 years, attended at least once during pregnancy by skilled health personnel (doctor, nurse or midwife)	One antenatal visit, 15-49y (%)
	2.17b Percentage of women, aged 15–49 years, attended at least four times during pregnancy by skilled health personnel (doctor, nurse or midwife)	Four antenatal visits, 15-49y (%)
	2.18 Proportion of married/partnered women, aged 15-49 years, who make decisions about visiting family/friends themselves or jointly with husband (%)	Married women make decisions visiting family or friends, 15-49y (%)
INSTITUTIONAL MECHANISMS FOR THE ADVANCEMENT OF WOMEN AND GENDER EQUALITY	**2.19** Existence of national legislation that explicitly criminalises marital rape (yes=1, no=0)	Marital rape criminalised (yes=1, no=0).
	2.20a Social Institutions Gender Index score (lower score indicates lower discrimination of women)	Social Institutions Gender Index (lower score is better)
	2.20b Social Institutions Gender Index, categories indicating level of discrimination	Social Institutions Gender Index, categories
GENDER GAP IN HUMAN DEVELOPMENT	**2.21** Gender Development Index (score of 1 indicates parity between males and females in the human development index)	Gender **Development Index (higher score better)**
	2.22 Gender Inequality Index (lower scores indicate less inequality between males and females)	Gender Inequality Index (lower score better)
	2.23 Global Gender Gap Index (score of 1 indicates parity between males and females)	Global Gender Gap Index (higher score better)

3. HEALTH

SUB-DOMAIN	INDICATOR	SHORT LABEL
CHILD HEALTH AND DEVELOPMENT	**3.01** Number of deaths of children under 5 years of age per 1000 live births, by sex	Deaths in <5y per 1000 births
	3.02 Expected to estimated mortality rate for females under 5 years of age	Expected : estimated mortality for females <5y
	3.03 Proportion of children, aged 12-23 months, who have received all basic vaccinations (BCG, MCV1, DTP3, Polio3) (%), by sex	Vaccine coverage (all) in 2y (%)
	3.04 Proportion of children, aged 12-23 months, who have received BCG (%), by sex	Vaccine coverage (BCG) in 2y (%)
	3.05 Proportion of children, aged 12-23 months, who have received MCV1 (%), by sex	Vaccine coverage (Measles) in 2y (%)
	3.06 Proportion of children under 5 years of age with fever in the last two weeks for whom advice or treatment was sought from a health facility or provider (%), by sex	Care seeking for fever in <5y (%)
	3.07 Proportion of children, aged 0-59 months, left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the past week (%), by sex	Inadequate supervision of child, 0-59m (%)
FOOD SECURITY AND NUTRITION	**3.08** Proportion of children under 5 years of age with stunting (<-2 SD from median height for age) (%), by sex	Stunting in < 5 year olds (%)
	3.09a Prevalence of anaemia for 0-19-year-olds (based on WHO age and sex specific haemoglobin thresholds) (%), by sex	Anaemia 0-19y (%)
	3.09b Prevalence of anaemia for 0-4-year-olds (based on WHO age and sex specific haemoglobin thresholds)(%), by sex	Anaemia 0-4y (%)
	3.09c Prevalence of anaemia for 5-9-year-olds (based on WHO age and sex specific haemoglobin thresholds) (%), by sex	Anaemia 5-9y (%)
	3.09d Prevalence of anaemia for 10-14-year-olds (based on WHO age and sex specific haemoglobin thresholds) (%), by sex	Anaemia 10-14y (%)
	3.09e Prevalence of anaemia for 15-19-year-olds (based on WHO age and sex specific haemoglobin thresholds) (%), by sex	Anaemia 15-19y (%)
	3.10 Prevalence of thinness among 5–19-year-olds (BMI < -2 standard deviations below the median of reference population) (%), by sex	Thinness 5–19y (%)
	3.11 Prevalence of overweight among 5-19-year-olds (BMI > +1 standard deviations above the median) (%), by sex	Overweight 5–19y (%)
ADOLESCENT MORBIDITY AND MORTALITY	**3.12a** DALY rate due to all causes amongst 10-19-year-olds (DALYs per 100,000), by sex	Total DALYs per 100,000 in 10-19y olds
	3.12b DALY rate due to communicable, maternal and nutritional disease amongst 10-19-year-olds (DALYs per 100,000), by sex	Group 1 DALYs per 100,000 in 10-19y
	3.12c DALY rate due to injuries amongst 10-19-year-olds (DALYs per 100,000), by sex	Injury DALYs per 100,000 in 10-19y
	3.12d DALY rate due to NCDs amongst 10-19-year-olds (DALYs per 100,000), by sex	NCD DALYs per 100,000 in 10-19y
HEALTH BEHAVIOURS	**3.13** Proportion of 15-19-year-olds who report an episode of binge drinking (>48g females, 60g males) in the last 12 months (%), by sex	Binge drinking, 15-19y (%)
	3.14 Prevalence of daily tobacco smoking among 10-19-year-olds (%), by sex	Daily tobacco smoking, 10-19y (%)

PSYCHOSOCIAL WELLBEING	**3.15** Suicide mortality rate among 10-19-year-olds (deaths due to intentional self-harm per 100,000 population per year), by sex	Suicide mortality per 100,000 in 10-19y
	3.16 DALY rate due to mental disorder among 10-19-year-olds (DALYs per 100,000), by sex	Mental disorder DALYs per 100,000 in 10-19y
	3.17 Proportion of 13-17-year-olds who report being so worried about something that they could not sleep at night most of the time or always in the past 12 months (%), by sex	Significant worry last 12m in 13-17y (%)
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS	**3.18a** Demand for contraceptives satisfied with a modern method in females 15-24 years of age (%)	Demand for modern contraception satisfied 15-24y (%)
	3.18b Demand for family planning satisfied with modern methods in females 15-19 years of age (%)	Demand family planning satisfied 15-19y (%)
	3.19 Proportion of females, 15-19 years of age, married/partnered who can say no to sex with their husband/partner (%)	Married 15-19y females can refuse sex (%)
	3.20a Number of live births per 1000 females aged 15-19 years (SOWC)	AFR 15-19y per 1000 (measured)
	3.20b Number of live births per 1000 females aged 15-19 years (GBD)	AFR 15-19y per 1000 (modelled)
	3.21 Mortality rate due to maternal disorders among 15-19-year-olds (Deaths per 100,000)	Maternal mortality rate per 100,000 in 15-19y
	3.22a Annual number of new cases of HIV in adolescents aged 15-19 years, by sex	New cases HIV in 15-19y
	3.22b.1 HIV prevalence in sex workers under 25 years of age (%)	HIV in sex workers < 25y (%)
	3.22b.2 HIV prevalence in men who have sex with men under 25 years of age (%)	HIV in MSM < 25y (%)
	3.22b.3 HIV prevalence in transgender people under 25 years of age (%)	HIV in transgender people < 25y (%)
	3.22b.4 HIV prevalence in injecting drug users under 25 years of age (%)	HIV in injecting drug users < 25y (%)
	3.23 Proportion of 15-19-year-olds with comprehensive knowledge of HIV (%), by sex	Comprehensive knowledge of HIV in 15-19y (%)
	3.24 Existence of a national HPV vaccination program	Existence of HPV program

4. EDUCATION AND TRANSITION TO EMPLOYMENT

SUB-DOMAIN	INDICATOR	SHORT LABEL
SCHOOL PARTICIPATION	**4.01a** Adjusted net attendance ratio: primary school (number of children attending primary or secondary school who are of official primary school age, divided by number of children of primary school age) (%), by sex	Adjusted net attendance ratio, primary school (%)
	4.01b Adjusted net attendance ratio: lower secondary school (number of children attending lower secondary or tertiary school who are of official lower secondary school age, divided by number of children of lower secondary school age) (%), by sex	Adjusted net attendance ratio, lower secondary school (%)
	4.01c Adjusted net attendance ratio: upper secondary school (number of children attending upper secondary or tertiary school who are of official upper secondary school age, divided by number of children of upper secondary school age) (%), by sex	Adjusted net attendance ratio, upper secondary school (%)
	4.02a Completion rate for primary school (household survey data) (%), by sex	Completion rate, primary school (%)
	4.02b Completion rate for lower secondary school (household survey data) (%), by sex	Completion rate, lower secondary school (%)
	4.02c Completion rate for upper secondary school (household survey data) (%), by sex	Completion rate, upper secondary school (%)
	4.03a Proportion not in school: primary school (number of children of primary school age who are not enrolled in primary or secondary school, as a proportion of primary school aged children) (%), by sex	Not in school, primary school (%)
	4.03b Proportion not in school: lower secondary school (number of children of lower secondary school age who are not enrolled in secondary school, as a proportion of lower secondary school aged children) (%), by sex	Not in school, lower secondary school (%)
	4.03c Proportion not in school: upper secondary (using household survey data) (%), by sex	Not in school, upper secondary school (%)
	4.04 Pre-primary education: Number of children enrolled in pre-primary school (regardless of age) as a proportion of all children of pre-primary school age (%), by sex	Pre-primary school enrolment (%)
LEARNING OUTCOMES AND QUALITY OF EDUCATION	**4.05** Proportion of 15-24-year-olds who are literate (%), by sex	Youth literacy, 15-24y (%)
	4.06a Proportion of primary schools that provide life skills-based HIV and sexuality education (%)	Primary schools teaching sex education (%)
	4.06b Proportion of lower secondary schools that provide life skills-based HIV and sexuality education (%)	Lower secondary schools teaching sex education (%)
	4.06c Proportion of upper secondary schools that provide life skills-based HIV and sexuality education (%)	Upper secondary schools teaching sex education (%)
SCHOOL ENVIRONMENT	**4.07a** Proportion of primary school teachers who are female (%)	Female primary school teachers (%)
	4.07b Proportion of lower secondary school teachers who are female (%)	Female lower secondary teachers (%)
	4.07c Proportion of upper secondary school teachers who are female (%)	Female lower secondary teachers (%)
	4.08 Proportion of schools with basic sanitation facilities (improved, single-sex and usable) (%)	Schools with basic sanitation facilities (%)
ACCESS TO DIGITAL INFORMATION	**4.09** Proportion of adolescents, aged 15-19 years, who own a mobile phone (%), by sex	Mobile phone ownership, 15-19y (%)
	4.10 Proportion of adolescents, aged 15-19 years, who used the internet in the last 12 months (%), by sex	Internet used last 12mth, 15-19y (%)
	4.11 Proportion of adolescents, aged 15-19 years, with access to information media (newspaper, TV or radio) at least once a week (%), by sex	Weekly access to information media, 15-19y (%)
TRANSITION TO EMPLOYMENT	**4.12** Proportion of youth, aged 15-24 years, not in education, employment or training (%), by sex	Not in education, employment or training, 15-24y (%)
	4.13 Proportion of youth, aged 15-24 years, currently unemployed as a percent of the total number of employed and unemployed persons (the labour force) (%), by sex	Proportion of labour force unemployed, 15-24y (%)
	4.14 Proportion of employed persons, aged 15-24 years, in the informal sector (%)	Proportion employed in informal sector, 15-24y (%)

5. PROTECTION

SUB-DOMAIN	INDICATOR	SHORT LABEL
SEX PREFERENCE	**5.01** Sex-ratio at birth (number of male births per one female birth)	Sex ratio at birth (male : female)
	5.02 Infant mortality rate (Probability of dying between birth and exactly 1-year-of-age, expressed per 1000 live births), by sex	Infant mortality rate (per 1000 births)
	5.03 Expected to estimated female infant mortality rate ratio (ratio less than 1 suggests excess female infant mortality)	Expected to estimated female infant mortality ratio
LEGAL, FINANCIAL AND SOCIAL PROTECTION	**5.04** Proportion of children under five years whose birth has been registered with a civil authority (%), by sex	Birth registration in <5y (%)
	5.05 Proportion of children aged 0-17 years who live with neither biological parent (%), by sex	Children not living with biological parent, 0-17y (%)
	5.06a Child marriage: proportion of 20-24-year-olds who were married before 15yrs (%), by sex	Child marriage before 15y (%)
	5.06b Child marriage: proportion of 20-24-year-olds who were married by 18years (%), by sex	Child marriage <18y (%)
	5.07 Legal age of consent to intercourse (heterosexual), by sex	Age of consent for heterosexual intercourse
	5.08 Legal age of consent to marriage, by sex	Legal age of consent to marriage
	5.09 Legal age of consent to same-sex intercourse, by sex	Age of consent for same-sex intercourse
	5.10 Proportion of youth, aged 15-24 years, who have their own bank account (%), by sex	Bank account ownership, 15-24y (%)
VIOLENCE AND HARMFUL PRACTICES	**5.11a** Proportion of ever partnered females aged 15-19 years who have experienced intimate partner violence in the last 12 months – physical (%)	Physical intimate partner violence in last 12m, 15-19y (%)
	5.11b Proportion of ever partnered females, aged 15-19 years, who have experienced intimate partner violence in the last 12 months – sexual (%)	Sexual intimate partner violence in last 12m, 15-19y (%)
	5.11c Proportion of ever partnered females, aged 15-19 years, who have experienced intimate partner violence in the last 12 months – physical and/or sexual (%)	Physical and/or sexual intimate partner violence in last 12m, 15-19y (%)
	5.12 Proportion of females, aged 20-24 years, who experienced forced sex by 18 years of age (%)	Females aged 20-24y experiencing forced sex before 18y (%)
	5.13 Proportion of adolescents, aged 15-19 years, who think that a husband/partner is justified in hitting or beating his wife or partner under certain circumstances, by sex	Adolescents 15-19y who think husband is justified to beat wife (%)
	5.14 Proportion of children, aged 1-14 years, who experience violent discipline (psychological aggression and/or physical punishment) from a caregiver (%), by sex	Children experiencing violent discipline, 1-14y (%)
	5.15 Mortality rate due to intentional homicide among 10-19-year-olds (deaths per 100,000), by sex	Homicide mortality, 10-19y (per 100,000)
	5.16 Proportion of 13-17-year-olds who report experiencing bullying in the past 30 days (%), by sex	Bullying last month, 13-17y (%)
	5.17 Proportion of adolescents, aged 15-19 years, who report having personally felt discriminated against or harassed in the previous 12 months due to (a)gender or (b) sexual orientation	Discriminated against because of gender or sexual orientation, 15-19y (%)
	5.18 Prevalence of female genital mutilation / cutting among girls aged 0-14 years (%)	FGM/C, 0-14y (%)
EXPLOITATION	**5.19** Number of detected trafficked children under 18 years of age, by sex	Number of detected trafficked children <18y
	5.20 Proportion of children, aged 5-17 years, engaged in child labour (%), by sex	Child labour, 5-17y (%)
	5.21 Proportion of children, aged 5-17 years, engaged in child labour who are in hazardous work (%), by sex	Hazardous work amongst those in child labour (%)
	5.22 Average number of hours, children aged 5-14 years, spend performing household chores per week, by sex	Hours per week spent on chores, 5-14y

6. SAFE ENVIRONMENT

SUB-DOMAIN	INDICATOR	SHORT LABEL
ENERGY	**6.01a** DALYs due to household air pollution in under 5-year-olds (DALYS per 100,000), by sex	Household air pollution, <5y (DALYs per 100,000)
	6.01b DALYs due to household air pollution in 5-9-year-olds (DALYS per 100,000), by sex	Household air pollution, 5-9y (DALYs per 100,000)
	6.01c DALYs due to household air pollution in 10-14-year-olds (DALYS per 100,000), by sex	Household air pollution, 10-14y (DALYs per 100,000)
	6.01d DALYs due to household air pollution in 15-19-year-olds (DALYS per 100,000), by sex	Household air pollution, 15-19y (DALYs per 100,000)
WATER, SANITATION AND HYGIENE	**6.02** Proportion of schools with improved sanitation facilities that are single-sex and usable (available, functional and private) (%)	Schools with improved sanitation facilities (%)
	6.03a DALYs due to unsafe water, sanitation and hygiene in under 5-year-olds (DALYs per 100,000), by sex	Water, sanitation and hygiene, <5y (DALYs per 100,000)
	6.03b DALYs due to unsafe water, sanitation and hygiene in 5-9-year-olds (DALYs per 100,000), by sex	Water, sanitation and hygiene, 5-9y (DALYs per 100,000)
	6.03c DALYs due to unsafe water, sanitation and hygiene in 10-14-year-olds (DALYs per 100,000), by sex	Water, sanitation and hygiene, 10-14y (DALYs per 100,000)
	6.03d DALYs due to unsafe water, sanitation and hygiene in 15-19-year-olds (DALYs per 100,000), by sex	Water, sanitation and hygiene, 15-19y (DALYs per 100,000)
	6.04 Proportion of households where a person under 15 years of age is usually responsible for water collection (%), by sex	Child collects water for household, <15y (%)
MOBILITY	**6.05a** Number of international migrants aged under 20 years of age (1000s), by sex	International migrants <20y, (count in 1000s)
	6.05b Proportion of population who are international migrants aged under 20 years of age (%), by sex	International migrants <20y, (population %)
	6.06 Proportion of married/partnered females, aged 15-19 years, who make decisions about visiting family/friends themselves or jointly with husband (%)	Married females make decisions visiting family or friends, 15-19y (%)
	6.07 Proportion of 15-19-year-olds who feel safe walking around their neighbourhood after dark (%), by sex	Feel safe walking at night, 15-19y (%)
	6.08 Mortality due to road traffic accidents among 10-19-year-olds (deaths due to road traffic injuries per 100,000), by sex	Road traffic mortality, 10-19y, (deaths per 100,000)
CONFLICT AND DISASTER	**6.09** Number of refugees, asylum seekers, internally displaced, stateless or other persons of concern aged under 18 years of age (thousands), by sex	Refugees, displaced and stateless persons, <18y (thousands)

Populating indicators with data

Data was sourced and selected using the following principles:

Data sources:

- Where possible, indicators were populated using data available from global and regional databases (encompassing population and household surveys and administrative data) including those of UNICEF, UNDP, UN DESA, UNESCO, UNFPA, UNHCR, UNODC, UNPD, UNSD, World Bank, WHO, UNAIDS, FAO, ILO, and ITU (see Appendix 2 for list in full).
- Where age- and/or sex-disaggregated data were not available from existing databases, data was sought from the relevant national-level surveys, such as the DHS, MICS, household census, and labour force survey, and GSHS.
- National-level surveys were prioritised over administrative data as they are more likely to be complete and produce representative estimates and have less biases.
- Where primary data were of limited coverage or quality, modelled data were used to populate indicators. These modelled data were sourced from the IHME and Global Burden of Disease study and clearly identified in tables and reports.

Data selection:

- A single estimate (best quality most recent data) was selected for each indicator, age and sex disaggregated where applicable.
- Data for years prior to 2010 was excluded.
- While the focus of this review is on 0-17-year-olds, for many indicators estimates were only available for 15-19 or 15-24-year age-bands and where relevant these have been reported.

Estimates were reported as defined in the indicator (typically prevalence rates). Where relevant, we also report the 'ratio' of outcomes in females divided by the outcomes in males. A ratio of greater than 1 suggests that the outcome is greater in females; for less than 1, that it is more common in males. Standard errors for estimates were not available in global datasets and we were not able to calculate confidence intervals.

We reported estimates for all indicators relating to the context and key determinants of gender inequality. For indicators relating to child and adolescent wellbeing, we report the rate ratio of outcomes for females compared to males. Where inequality in outcomes existed (rate ratio either greater or less than 1), we then report specific estimates.

Case studies

In addition to the quantitative data reported, illustrative case studies are included to contextualise findings, address topics where the review has identified data gaps and highlight key linkages between inequalities. Case studies include both quantitative and qualitative data, including data from relevant studies and reports.

Findings:

Context and key determinants of gender inequality

Unequal status and outcomes between girls and boys result from structural gender inequality operating beyond the individual level. Domain 1 focuses on broad structural factors including demography and level of development to provide an important context in which gender inequality operates and is perpetuated. Domain 2 then focuses on indicators of gender inequality at a population level, likely determinants of gender inequality as experienced by children and adolescents, the focus of Domains 3–6.

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Domain 1

Socio-demographic, economic and political context

This first domain captures the political, economic and socio-demographic context in which children and adolescents live. It includes data on adults, adolescents and children and describes societal factors which can contribute to gender inequality and girls' and boys' differing health and wellbeing outcomes.

Data availability

The data for the socio-demographic, economic and political context was sourced from United Nations Development Programme, United Nations Population Division, World Health Organisation and World Bank data sets (indicators and data sources are summarised in Table 1.1). Data were particularly limited for the prevalence of food insecurity (Indicator 1.04) and for Turkmenistan and Uzbekistan.

TABLE 1.1: INDICATORS OF SOCIO-DEMOGRAPHIC, ECONOMIC AND POLITICAL CONTEXT AND DATA

Data sources are shaded as blue (compiled dataset, such as UNICEF SOWC), green (primary survey data such as MICS) or amber (modelled dataset, such as Global Burden of disease). The table is shaded dark grey where data are not available.

			KAZAKHSTAN	KYRGYZSTAN	TAJIKISTAN	TURKMENISTAN	UZBEKISTAN
Demogra	Population <18y (1000s)	1.01a	UNPD	UNPD	UNPD	UNPD	UNPD
	Proportion of population <18y (%)	1.01b	UNPD	UNPD	UNPD	UNPD	UNPD
	Ratio of girls to boys aged <18y	1.01c	UNPD	UNPD	UNPD	UNPD	UNPD
	Population difference of <18y (girls - boys, 1000s)	1.01d	UNPD	UNPD	UNPD	UNPD	UNPD
Development	Proportion living in poverty, total population (%)	1.02		UNICEF	UNICEF		
	Human Development Index	1.03	UNDP	UNDP	UNDP	UNDP	UNDP
	Prevalence of severe food insecurity, total population (%)	1.04	FAO		FAO		
	Proportion urban, total population (%)	1.05	UNDP	UNDP	UNDP	UNDP	UNDP
	Migration rate, total population (per 1000 annually)	1.06	UNPD	UNPD	UNPD	UNPD	UNPD
Govt. expenditure	Health expenditure (% GDP)	1.07	WHO	WHO	WHO	WHO	WHO
	Education expenditure (% GDP)	1.08	UNESCO	UNESCO	UNESCO	UNESCO	

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Detailed findings across indicators

It should be noted that indicators in Domain 1 describe the context in which gender inequality exists; many indicators in this domain are not disaggregated by sex.

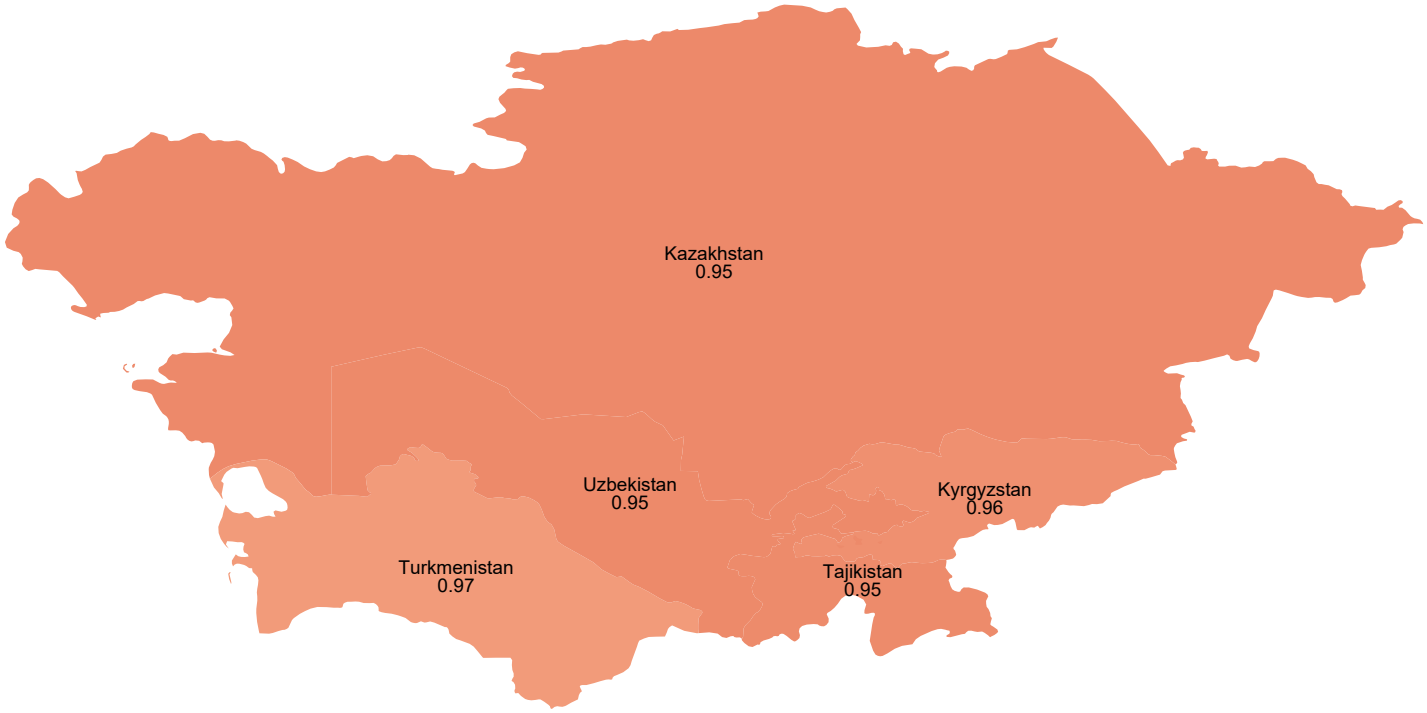
Demography (Indicators 1.01a – 1.01d)

There are an estimated 23.3 million children and adolescents (11.4 million girls and 11.9 million boys) in Central Asia, representing approximately one third of the population in this region. (Figure 1.1). In each country, there are fewer girls aged under 18 years compared with boys. In Kazakhstan, for example, girls represent 48.6% of all 0-17-year-olds, equating to 149,000 fewer girls than boys in this country (Figure 1.1). Uzbekistan has 280,000 fewer girls than boys overall. Turkmenistan is the country in the region where the population proportions are closest to parity with girls representing 49.4% of children and adolescents. Contributors to this disparity may include sex selection before birth and excess mortality among girls under 5 years of age. Gender differences in migration patterns, particularly immigration of boys and/or emigration of girls, also make a substantial contribution to this trend in some countries. These issues are discussed further in Domains 3-6.

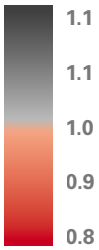
In each country in Central Asia there are fewer girls below the age of 18 years than boys.

FIGURE 1.1: RATIO OF GIRLS TO BOYS AGED UNDER 18 YEARS

This graph shows the ratio of females to males aged under 18 years, (Indicator 1.01c), with a ratio less than 1 indicating less female than males. Data source: UNPD 2015.



GIRLS : BOYS



POPULATION GIRLS – BOYS

A negative value indicates fewer girls compared to boys

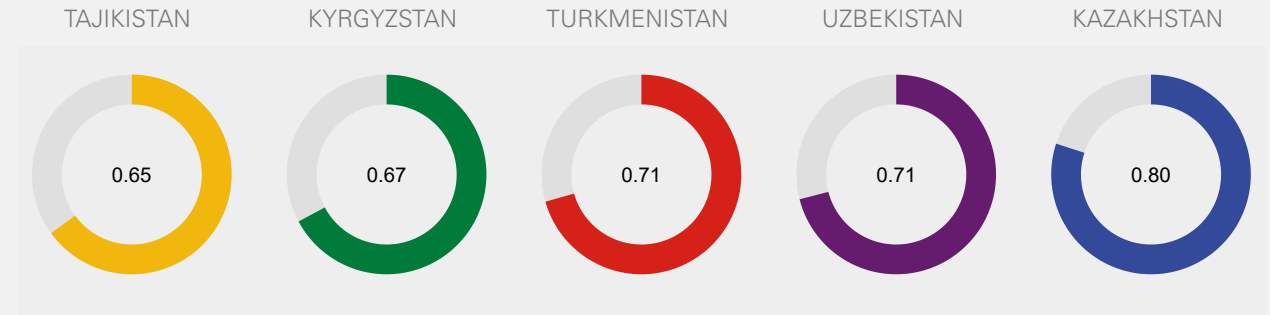
UZBEKISTAN	-280,000	TAJIKISTAN	-92,000	TURKMENISTAN	-25,000
KAZAKHSTAN	-149,000	KYRGYZSTAN	-47,000		

Socioeconomic and human development (Indicators 1.02 – 1.06)

Central Asia has moderate to high levels of development as measured by the Human Development Index (Figure 1.2): Kazakhstan has the highest level of development (Index of 0.8) while Tajikistan has the lowest (0.65).

FIGURE 1.2: HUMAN DEVELOPMENT INDEX

This graph shows the Human Development Index (HDI) for each country in the region (Indicator 1.03). The HDI includes three dimensions: health as measured by life expectancy at birth; education as measured by mean years of schooling for adults aged over 25 years and expected years of schooling for children of school entering age; and standard of living as measured by gross national income per capita. The HDI is expressed from 0 to 1, with higher values signifying a higher level of human development. Data source: UNDP 2017.

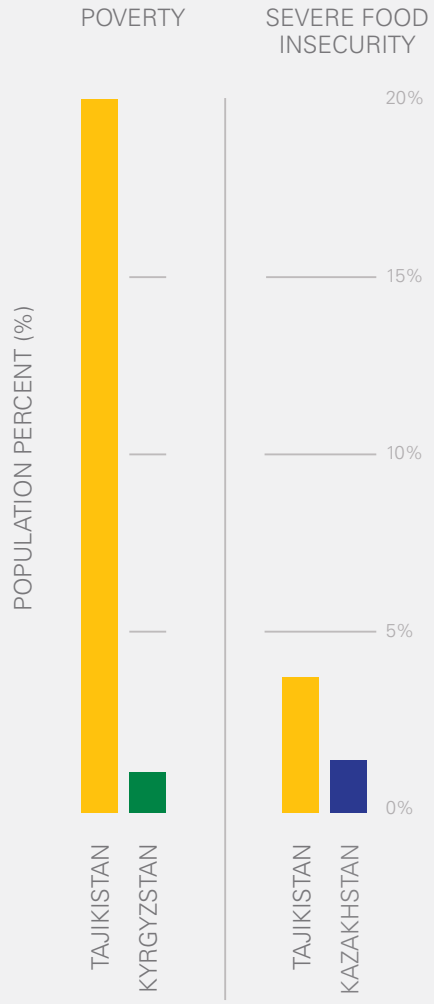


INDICATOR 1.03

Data on the proportion of the national population living below the international **poverty** line (Indicator 1.02) are only available for two countries in this region. In Tajikistan, 20% of the population lives in poverty (Figure 1.3). By contrast, only 1% of the population in Kyrgyzstan live in poverty. Data on **severe food insecurity** (Indicator 1.04) are also limited (Figure 1.3), available data showing that households in Tajikistan are most vulnerable with 3% of households including an adult who went hungry because of lack of food over the year; this rate however is relatively low in comparison to other countries in the Asia Pacific region (16% of households in Afghanistan and 15% in Cambodia reported severe food insecurity). Women and girls generally bear a disproportionate burden from poverty and food insecurity.[18] In households living below the international poverty line women and girls are particularly disadvantaged in their access to household resources, including food and nutrition,[19,20] as well as the productive resources of education, employment, land and credit.

FIGURE 1.3: POVERTY AND SEVERE FOOD INSECURITY

This graph reports country level estimates for the proportion living below the international poverty line of $US1.90 per day (Indicator 1.02, data sourced from UNICEF 2014) and the proportion with severe food insecurity (Indicator 1.04, data sourced from FAO 2016). Food insecurity is measured at the household level and relates to at least one adult in the household reporting to have been forced to reduce the quantity of the food, to have skipped meals, having gone hungry, or having to go for a whole day without eating because of a lack of money or other resources over the course of a year.



INDICATOR 1.02
Proportion living in poverty, total population (%)

INDICATOR 1.04
Prevalence of severe food insecurity, total population (%)

Across the region there is variation in the proportion of the population **living in urban centres** (Indicator 1.05, Figure 1.4). Kazakhstan and Turkmenistan have the highest levels, with about half of their populations living in urban centres and urbanisation lowest in Turkmenistan (27%). The relationship between urbanisation and gender equality is not straightforward. Women and men often do not benefit equally as a result of urbanisation, including in access to work, housing security, financial assets, access to health and social services, and personal security.[21-23]

Urban migration can be associated with increased education and economic opportunities for women and girls and relaxation of sociocultural restrictions. This may change gender socialisation of children and adolescents as they see more non-traditional gender roles, with women and mothers making paid monetary contributions to the household, possibly associated with greater decision-making power. Urban migration, including economic migration between countries, can also fragment established support networks, particularly support available for care work. Women in urban centres

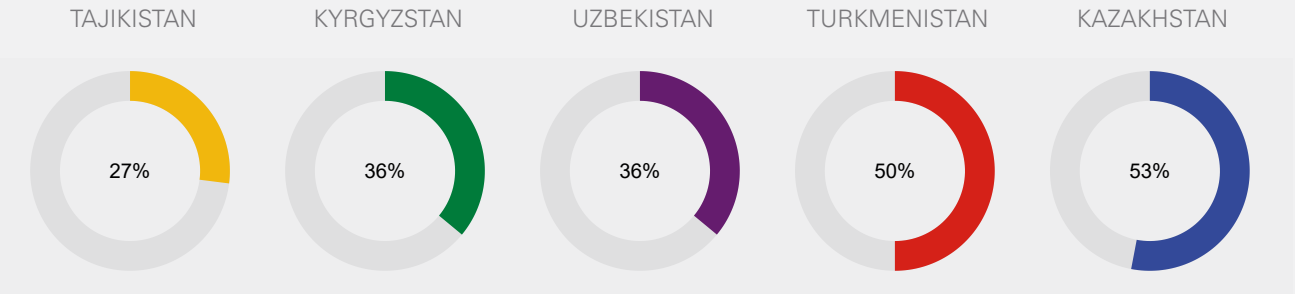
may therefore be more likely to bear a double burden of paid work, and unpaid care and domestic work. In addition, the ability of urban parents and communities to monitor and enforce behaviour may be more limited.[23]

All countries in the region exhibit net out **migration** (Indicator 1.06) except for Kazakhstan. The rate of outward migration is greatest in Kyrgyzstan (- 4.9 per 1,000) and Tajikistan (-2.5 per 1,000); Kazakhstan having an inward migration of 1.9 per 1,000 (see Appendix 3). As with urban migration, this migration has potential for fragmenting social support networks – in both the country of origin as well as the destination country - leading to an increased burden of domestic and child care, and also impacting on the wellbeing of children.[24]

> The migration seen in most countries, particularly to urban centres, fragments support networks and increases the burden of domestic and child care work that typically falls on women and girls

FIGURE 1.4: URBANISATION

This graph reports the proportion of the population living in urban areas (Indicator 1.05). Data sourced from UNPD 2016.



INDICATOR 1.05: PROPORTION URBAN, TOTAL POPULATION (%)

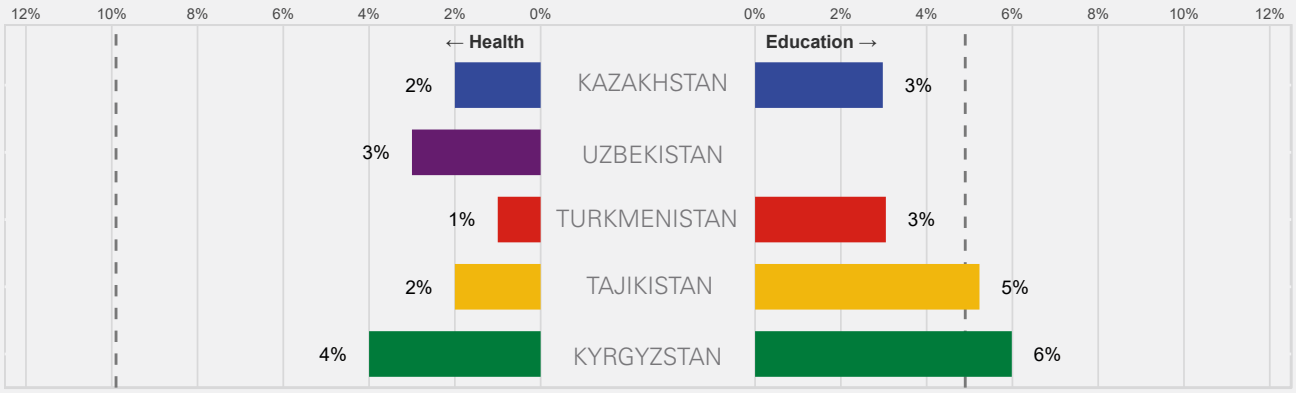
Government expenditure
(Indicators 1.07 – 1.08)

There is low public spending on health and education across the region (Figure 1.5). **Health expenditure** (Indicator 1.07) is very low and well below the world average (10% of GDP) in all countries - Kazakhstan, Tajikistan and Turkmenistan all spend 2% or less, of GDP, on health. **Government expenditure on education** (Indicator 1.08) is below the world average and particularly low in Kazakhstan and Turkmenistan; both spending 3% of GDP. Low public spending on human capital, increases the importance of household-level decisions about resource allocation towards health, nutrition and education. These financial decisions are influenced by gender inequality, whether due to differences in the decision-making power of men and women, or the level of investment in girl children compared with boys.[25] In addition, women's and girls' needs for sexual, reproductive and maternal health care, are particularly at risk in the face of low expenditure. In contrast, investment in health and education leads not only to improvements for women and their children but also more productive and better-educated societies.[26,27]

Low public expenditure on health and education, places more strains on household resources, which may disadvantage women and girls.

FIGURE 1.5: GOVERNMENT EXPENDITURE ON HEALTH & EDUCATION

This graph shows government expenditure on health (bars to the left, Indicator 1.07) and education (bars to the right, Indicator 1.08) where data are available. Dashed lines indicate global averages Data sourced from WHO and UNESCO, 2013 – 16.



INDICATOR 1.07: HEALTH EXPENDITURE (%GDP)
INDICATOR 1.08 EDUCATION EXPENDITURE (%GDP)

Summary
Domain 1

Socio-demographic, economic and political context

Key data gaps

- Limited data for food security across the region; and
- Data were most limited for Turkmenistan and Uzbekistan.

Key findings relating to the socio-demographic, economic and political context

In all countries, there are fewer girls than boys. This gender disparity is most significant in Uzbekistan and Kazakhstan. Likely contributors may include sex selection before birth, excess mortality among girls under 5 years of age and migration patterns.

There are fewer girls than boys in this region

For every 20 boys under the age of 18 years there are only 19 girls

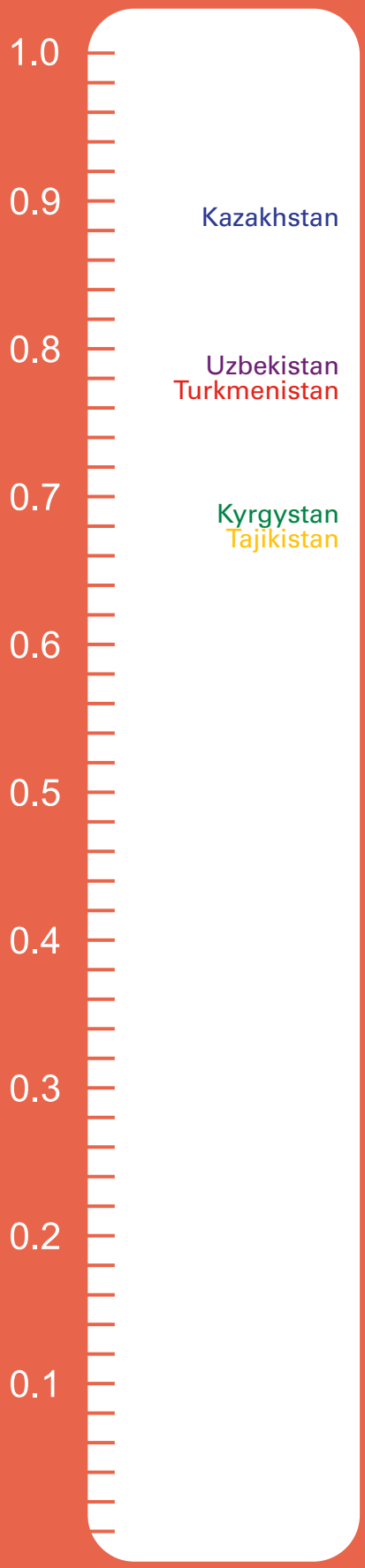
Human Development Index

This region is rapidly developing however Tajikistan continues to experience high rates of poverty;

Central Asia is also experiencing rapid urbanisation and high rates of migration. This has the potential to fragment social supports and may increase women's work burden, including domestic work and child care;

The low levels of public expenditure on health across the region, are likely to place stress on household resources and disadvantage women and girls.

These findings provide an important context to understanding the gender inequalities as described in the subsequent domains.



Domain 2

Household, institutional and societal gender inequality

This domain captures the gendered environment in which children live and is focused on gender inequality at household, institutional and societal levels. Gender discrimination in the home and society can impact access to justice, rights, and opportunities for women and girls. Domain 2 includes data on children, adolescents and adult populations, reflecting the societies in which girls and boys live.

Data availability

Data for household, institutional and societal gender inequality were obtained from a range of sources (Figure 2.1) with the majority of indicators being populated using collated datasets (UNICEF SOWC, UNSD, ILO, OECD, WB, IPU and the new UNFPA violence against women dataset). Primary surveys including MICS and DHS were used to populate some indicators relating to women's empowerment and decision-making.

There were some sub-domains for which data availability were limited, particularly for indicators relating to: unpaid work and total work burden (Indicators 2.01 - 2.03); women's decision-making about earnings, household purchases, health care and visiting friends and family (Indicators 2.05, 2.07, 2.08, 2.18); proportion of police officers who are female (Indicator 2.10); prevalence of intimate partner violence (Indicator 2.11); and women's ability to refuse sex (Indicator 2.15). Data for the indices of gender equality (Indicators 2.20 – 2.22) were available for most countries other than Turkmenistan. Overall data were most limited for Turkmenistan and Uzbekistan.

Data coverage for the UNESCO indicator for educational attainment (Indicator 2.16) was limited. To improve coverage, an additional indicator (Indicator 2.16b) has been included which reports modelled estimates of educational attainment from the Global Burden of Disease (GBD) study. Modelled data from the GBD study were also used to provide a single index for abortion legality (Indicator 2.13).

TABLE 2.1: INDICATORS OF HOUSEHOLD, INSTITUTIONAL AND SOCIETAL GENDER INEQUALITY

Data sources are shaded as blue (compiled dataset, such as UNICEF SOWC), green (primary survey data such as MICS) or amber (modelled dataset, such as Global Burden of Disease). The table is shaded dark grey where data is not available.

			Kazakhstan	Kyrgyzstan	Tajikistan	Turkmenistan	Uzbekistan
Division of labour	Unpaid work, 15-49y (hours per day)	2.01	UNSD	UNSD			
	Total work, 15-49y (hours per day)	2.02	UNSD	UNSD			
	Adult collects water for household, >15y (%)	2.03	UNSD				
Resource control	Average monthly earnings, 15-49y ()	2.04	ILO	ILO	ILO		
	Married women in paid work who can decide spending, 15-49y (%)	2.05		DHS	DHS		
	Own bank account, >15y (%)	2.06	WB	WB	WB	WB	WB
Decision-making	Can decide healthcare, married women 15-49y (%)	2.07		DHS	DHS		
	Can decide household purchases, married women 15-49y (%)	2.08		DHS	DHS		
Representation	Proportion lower house seats held by women (%)	2.09a	IPU	IPU	IPU	IPU	IPU
	Proportion upper house seats held by women (%)	2.09b	IPU		IPU		IPU
	Proportion of police who are female (%)	2.10	UNODC				
IPV	Women experiencing IPV last 12m (%)	2.11		DHS	DHS		
	Proportion who think husband is justified to beat wife, 15-49y (%)	2.12	MICS	MICS	DHS	MICS	
Autonomy	Abortion legality index (0-100)	2.13	GBD	GBD	GBD	GBD	GBD
	Contraception demand satisfied, married women 15-49y (%)	2.14	UNSD	UNSD	UNSD	UNSD	
	Married women who can say no to sex with husband, 15-49y (%)	2.15		DHS	DHS		
Access	Mean years education, >25y	2.16a					UNESCO
	Mean years education, age-standardised (modelled)	2.16b	GBD	GBD	GBD	GBD	GBD
	One antenatal visit, 15-49y (%)	2.17a	UNICEF	UNICEF	UNICEF	UNICEF	UNICEF
	Four antenatal visits, 15-49y (%)	2.17b	UNICEF	UNICEF	UNICEF	UNICEF	
	Married women make decisions visiting family or friends, 15-49y (%)	2.18		DHS	DHS		
Structural equality	Marital rape criminalised (yes=1, no=0)	2.19					WB
	Social Institutions Gender Index (lower score is better)	2.20	OECD	OECD	OECD		OECD
Gender gap	Gender Development Index (higher score better)	2.21	UNDP	UNDP	UNDP		UNDP
	Gender Inequality Index (lower score better)	2.22	UNDP	UNDP	UNDP		UNDP
	Global Gender Gap Index (higher score better)	2.23	WEF	WEF	WEF		

Key findings

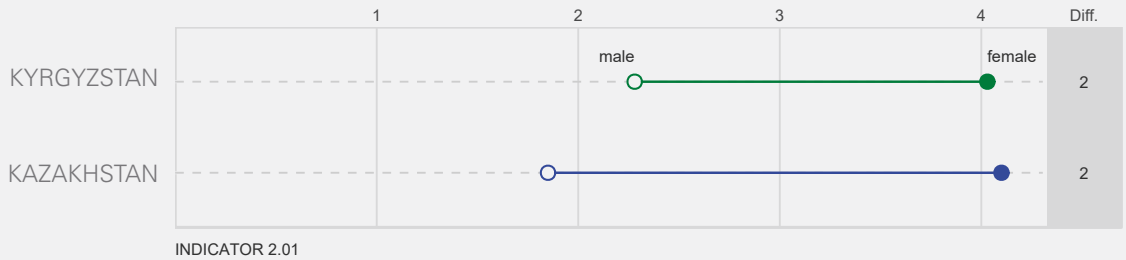
Time use and division of labour (Indicators 2.01 - 2.03)

Data for **unpaid work** (Indicator 2.01) and **total work burden** (Indicator 2.02) were only available for Kazakhstan and Kyrgyzstan (Figure 2.1). In these countries, women do considerably more unpaid work than men (two additional hours per day). Overall, women in Kazakhstan have a greater total work burden of one hour per day (see Appendix 3), with no significant gender disparity seen in Kyrgyzstan. These data collectively indicate entrenched gender roles persist which allocate unpaid domestic and childcare work to women and girls (see Case Study 2.1 on gender socialisation). It also suggests that women's increased participation in paid work is not always accompanied by a redistribution of unpaid work within households and families. Only Kazakhstan had data on **who is responsible for collecting water**; with more males than females responsible for collecting water in this country.

Women do considerably more domestic work than men and have a higher total work burden, reflecting inequality in gender roles that allocate unpaid domestic and child care work to women and girls.

FIGURE 2.1: DIVISION OF LABOUR

This graph shows the average number of hours per day spent on unpaid domestic and care work for females and males (Indicator 2.01). The Diff. column on the right indicates the difference in hours between males and females unpaid work – a positive number indicates women do more hours of unpaid work than men.
Data source: UNSD 2012-15.



INDICATOR 2.03: ADULT COLLECTS WATER FOR HOUSEHOLD, >15Y (%)

CASE STUDY 2.1: GENDER SOCIALISATION

Gender socialisation is the process by which individuals learn about the norms and behaviors associated with their assigned sex, or what is expected of them as a male or female member of society.[28-30] Most gender expression is believed to be attributable to differences in socialisation rather than genetic and biological factors. Children are taught these gender norms consciously and subconsciously, by parents, peer, siblings, school, society and religion, from a very early age. This socialisation can determine girls' and boys', beliefs, behaviours, identities, expressions, interests and career path. Gender socialisation is important as it is a significant driver of gender inequality and harmful consequences for girls, boys, women and men around the world.

Recent research on early adolescence has revealed some gender expectations are common across continents.[31] This includes the hegemonic myths that girls are vulnerable and boys are strong and independent, and pubertal boys are sexual predators while girls are potential targets or victims.

These perceptions lead to restrictions in girls' mobility and they are frequently warned to stay away from boys.

In Central Asia, many girls are told from early childhood that they will marry, and that learning to cook, clean and be a good wife are more important than education.[32] A girl is taught her value lies in her honour and she is expected to be chaste, shy and modest in clothing and speech.[33] Girls are also expected to be obedient and to tolerate limitations in food, sleep and comforts. Impulsive or demanding behavior is accepted in boys but not girls. Boys are encouraged to be stronger and more aggressive. Men are expected to be dominant in their relations with girls and women and are groomed for roles as providers and household heads. These norms limit girls' future opportunities and lead to unequal power in their relationships.

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Access and control over resources (Indicators 2.04 and 2.06)

In all countries, where data is available, women's **average monthly earnings** (Indicator 2.04) are substantially less than that of males (Figure 2.2). The absolute **gender pay gap** is greatest in Kazakhstan where women earn US$233 less than men per month. Reasons for unequal pay between men and women often include qualifications, experience, performance and occupational differences.[34] The perpetuation of gender stereotypes sees more women employed in lower paid 'feminine' roles such as service provision and more men in management roles. The double burden on women in managing work and home commitments, also negatively impacts women's careers and retention in the workforce.

There is reasonable gender parity in regard to **bank account ownership** (Indicator 2.06) across the region (see Appendix 3); however absolute levels of bank ownership are low by global standards. Kazakhstan has the highest levels of bank account ownership in the region; 52% of men and 56% of women. Tajikistan has the greatest gender disparity in bank account ownership, with 14% of men owning an account compared to 9% of women.

FIGURE 2.2: AVERAGE MONTHLY EARNINGS BY GENDER

This graph shows the average monthly earnings (Indicator 2.04) in USD for men and women aged 15-49 years (Indicator 2.04). The Diff. column on the right indicates the difference in earnings per month – a negative amount indicates that women earn less than men. Data source: ILO, 2014-16.

INDICATOR 2.04: AVERAGE MONTHLY EARNINGS, 15-49Y ($USD)

Intra-household decision making (Indicators 2.07 and 2.08)

Data on women's ability to be involved in **decision-making** about spending, healthcare, household purchases and visiting family or friends were only available for two countries in the Central Asia region: Kyrgyzstan and Tajikistan. In both countries, most married women reported being able to make decisions about how their earnings were used (94% and 81%, respectively). In Kyrgyzstan, high levels of decision making were also evident for healthcare, household purchases and visiting friends or family. However, in Tajikistan many women face significant restrictions in their decision-making power - almost half of married women report being unable to make decisions about healthcare, household purchases or visiting friends/family.

It is important to note that these indicators are for married women, and may not reflect the situation of unmarried girls who may face greater limitations in movement and decision-making.

TABLE 2.3: DECISION MAKING BY MARRIED WOMEN

This graph shows the ability for married/partnered women aged 15-49 years to make decisions about the use of earnings (outer ring a), healthcare (ring b), major household purchases (ring c) and visiting family or friends (inner ring d). Data source: DHS 2012-16.

INDICATOR A - 2.05 MARRIED WOMEN IN PAID WORK WHO CAN DECIDE SPENDING, 15-49Y (%)
INDICATOR B - 2.07 CAN DECIDE HEALTHCARE, MARRIED WOMEN, 15-49Y (%)
INDICATOR C - 2.08 CAN DECIDE HOUSEHOLD PURCHASES, MARRIED WOMEN, 15-49Y (%)
INDICATOR D - 2.18 MARRIED WOMEN MAKE DECISIONS VISITING FAMILY OR FRIENDS, 15-49Y (%)

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Women's participation in public life (Indicators 2.09 – 2.10)

Women are under-represented in **parliaments** (Indicator 2.09) across the region, in both upper and lower houses of parliament (see Appendix 3). The lowest female representation was found in the upper and lower houses of the Uzbekistan parliament (17% and 16%, respectively) and the upper house of Kazakhstan (10%). Data on the proportion of police officers who are female was only available for Kazakhstan, with only 7% of **police officers** in this country being female. This lack of representation in government and public service limits legislative and justice system responses for women and girls.

Women are under-represented in parliaments and police forces across the region – this limits legislative and justice system responses for women and girls

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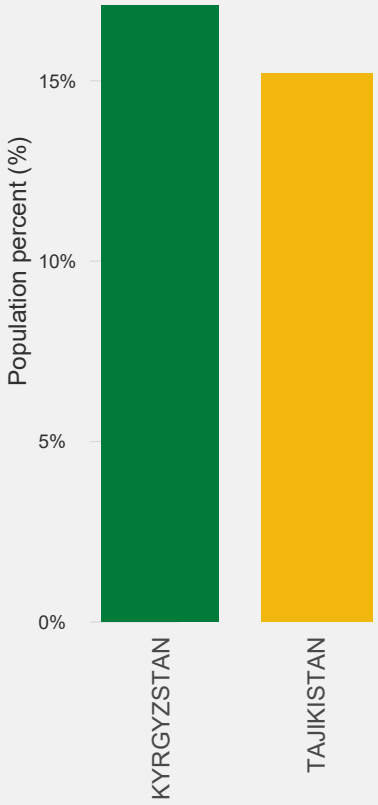
Violence against women (Indicators 2.11 – 2.12)

Intimate partner violence (Indicator 2.11) is a significant issue globally however limited data was available for this region (Figure 2.4). In Tajikistan and Krygyzstan, 17% and 15% respectively of women report experiencing violence from an intimate partner in a 12 month period. Data was not available for other countries in Central Asia. Reported rates likely underestimate the extent of violence, as women often do not report abuse due to embarrassment, fear of retaliation, economic dependency and societal norms such as the power imbalance between women and men, family privacy, and victim blaming.[35] Protection mechanisms for those that experience domestic violence are limited throughout the region, leaving those who report violence vulnerable to further abuse.

The limited available data suggest that harmful **attitudes towards domestic violence** (Indicator 2.12) are common in this region (Figure 2.5). Many people in the region believe a husband is justified in beating his wife in certain circumstances, for example, if she goes out without permission, neglects the children, argues with her husband, refuses sex or burns the food. Rates of justification are highest in Tajikistan (60% of females) and Kyrgyzstan (34% of females and 50% of males).

FIGURE 2.4: INTIMATE PARTNER VIOLENCE

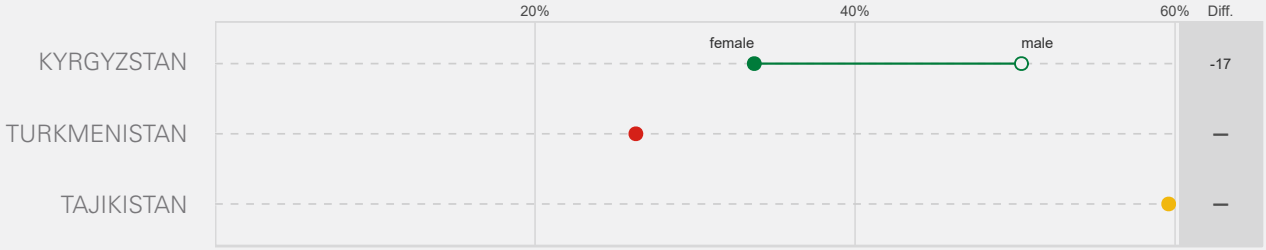
This graph shows the prevalence of intimate partner violence (Indicator 2.11) amongst women over the preceding 12 months. Data source: UNFPA 2017.



INDICATOR 2.11 WOMEN EXPERIENCING IPV LAST 12M (%)

FIGURE 2.5: ATTITUDES TOWARDS DOMESTIC VIOLENCE

This graph shows the proportion of 15–49-year-olds (in the countries for which data is available) who think that a husband is justified to beat their wife, by sex (Indicator 2.12). Data source: DHS 2011-17.



INDICATOR 2.12: PROPORTION WHO THINK HUSBAND IS JUSTIFIED TO BEAT WIFE, 15-49Y (%)

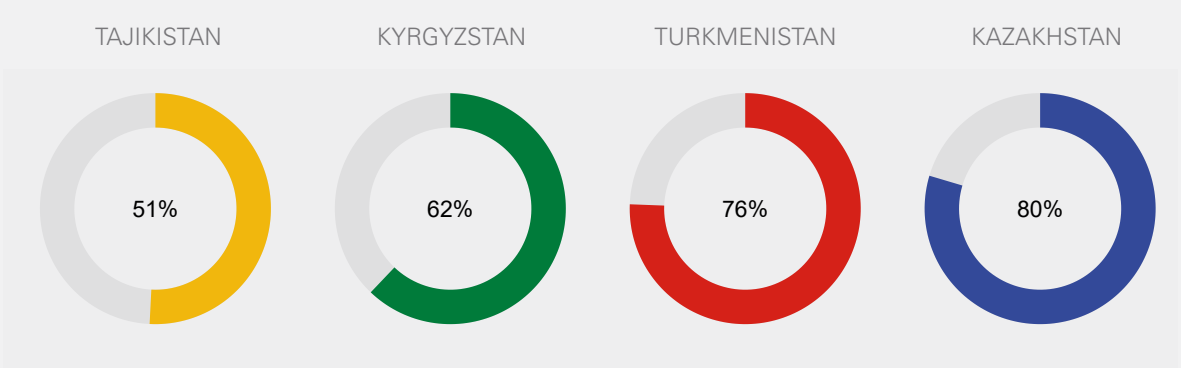
Women's bodily autonomy (Indicators 2.13 – 2.15)

There is widespread regional support for **abortion legality** (Indicator 2.13) in the region with all five countries having an abortion legality index of 90. While this implies that there are relatively few legal restrictions to abortion by global standards, this may be a legacy of the Soviet legal framework and may not reflect broader institutional support for gender equality in the private sphere.[36]
The proportion of married women, aged 15-49 years, whose **demand for family planning is satisfied** with modern methods (Indicator 2.14) varies considerably (Figure 2.6). The lowest levels of satisfaction regarding contraception are in Tajikistan (51%) and Kyrgyzstan (62%). Unmet demand is likely to be substantially higher amongst unmarried sexually-active women however this data is unavailable. Data for the proportion of **married/partnered women who can say no to sex** with their partner is only available for Kyrgyzstan and Tajikistan where 84% and 64% of women can refuse sex.

These data collectively indicate that many women in this region have limited bodily autonomy. In countries like Tajikistan, socio-cultural norms and gender power relations continue to negatively impact women's sexual and reproductive health rights.

FIGURE 2.6: DEMAND FOR CONTRACEPTION MET WITH MODERN METHODS

This graph shows the proportion of married women aged 15-49 years whose demand for contraception is satisfied with modern methods (Indicator 2.14). Data source: UNSD 2012-16.



INDICATOR 2.14: CONTRACEPTION DEMAND SATISFIED, MARRIED WOMEN 15-49Y (%)

Access to public spaces and services (Indicators 2.16 – 2.18)

Primary data on **educational attainment** (Indicator 2.16) for men and women aged 25 years and over was only available for one country, Uzbekistan. However, modelled data (which fills data gaps with estimates based on mathematical modelling) were available for all countries in this region (Indicator 2.16b) and show minimal differences in educational attainment by gender across the region (*see Appendix 3*).

The WHO recommends a minimum of eight antenatal care contacts for a positive pregnancy experience (one in the first trimester, two in the second trimester and five in the third trimester) however data is not available for this level of care.[37] The majority of women in the region receive at least one **antenatal visit with a skilled health provider** (Indicator 2.17) during pregnancy, with the exception of Tajikistan where 79% of women receive this care. Fewer women have four antenatal visits, with rates being lowest for Tajikistan (53%). Barriers to women receiving this care may be financial; restrictions on women's mobility including lack of transport, risks of violence and the double burden of work (domestic and paid); poor quality of services, possibly linked to inadequate funding; and cultural norms which view pregnancy as a normal life event not requiring healthcare.[38,39]

Decision-making around **visiting friends and family** (Indicator 2.18) is shown in Figure 2.3, with available data showing that only about half of married women in Tajikistan can make decisions about visiting friends or family.

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Institutional mechanisms for the advancement of women and gender equality (Indicators 2.19 – 2.20)

Marital rape (Indicator 2.19) is not criminalised for three out four countries for which data is available in the region, Kazakhstan, Kyrgyzstan and Tajikistan. This lack of criminalisation reflects low institutional support for gender equality, creates legal impunity for men who sexually assault or rape their wives and legitimizes this form of violence against women.[40]

The OECD **Social Institutions and Gender Index** (SIGI, Indicator 2.20) measures discrimination against women in social institutions as assessed through formal and informal laws, social norms and practices (described in table 2.2). Overall Central Asia has SIGI scores which indicate a medium level of gender inequality through social institutions.

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Gender gap in human development (Indicators 2.21 – 2.23)

There are a number of indices that measure the **gap in human development as a result of gender inequality** including the Gender Development Index (GDI, Indicator 2.21), Gender Inequality Index (GII, Indicator 2.22), and Global Gender Gap Index (GGGI, Indicator 2.23) (see Table 2.2 for description). The Gender Development Index, which is a measure of disparity between women's and men's sex-disaggregated Human Development Index (HDI) scores, indicates that there is relative parity in outcomes between women and men across the three HDI domains of life expectancy at birth, educational attainment, and gross national income per capita.

TABLE 2.2: KEY GENDER INDICES

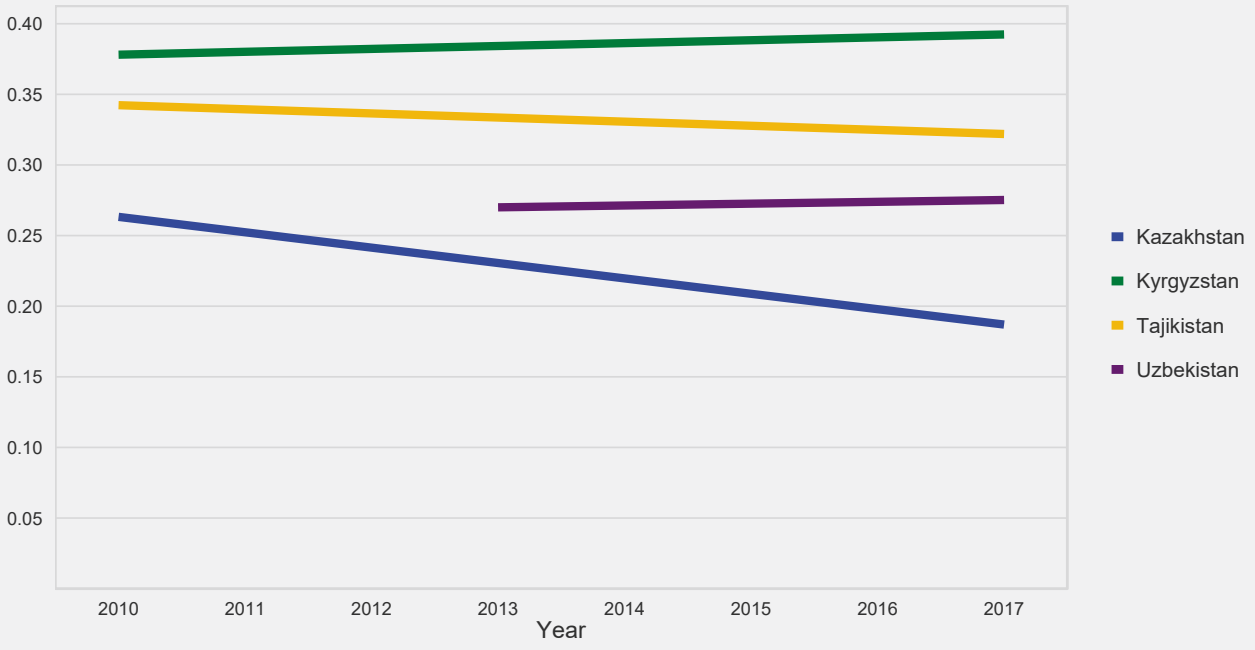
This table summarises key gender indices and their interpretation.

Indicator	Description	Interpretation of index
2.20 Social Institutions Gender Index (SIGI)[41]	Defined by OECD, SIGI measures discrimination against women in social institutions (formal and informal laws, social norms and practices) across five dimensions: discriminatory family code (including legal age of marriage), restricted physical integrity (including laws on domestic violence and rape), son bias, restricted resources and assets, and restricted civil liberties (including access to public place and political voice).	**Lower is better:** Lower scores on the index relate to lower levels of discrimination, with suggested thresholds being: SIGI < 0.04 very low discrimination; 0.04 < SIGI < 0.12 low level discrimination; 0.12 < SIGI < 0.22 medium level discrimination; 0.22 < SIGI <0.35 high levels of discrimination; and SIGI > 0.35 very high discrimination.
2.21 Gender Development Index (GDI)[42]	Defined by UNDP, the GDI measures the gap in human development between females and males. The HDI includes three dimensions: health as measured by life expectancy at birth; education as measured by mean years of schooling for adults aged over 25 years and expected years of schooling for children of school entering age; and standard of living as measured by gross national income per capita.	**Higher is better:** The GDI is simply the HDI for males divided by the HDI for females. These values are then transformed to an index from 0 to 1 (using the highest and lowest observed values as goalposts) so that a GDI closer to 1 indicates greater gender parity in the HDI.
2.22 Gender Inequality Index (GII)[43]	Defined by UNDP, the GII measures gender inequalities in three aspects of human development: reproductive health (as measured by maternal mortality ratio and adolescent birth rates); empowerment (as measured by parliamentary seats and secondary education attainment by gender); and labour force participation across genders.	**Lower is better:** The higher the GII, the greater the disparities between men and women and the more loss to human development.
2.23 Global Gender Gap Index (GGGI)[44]	Defined by the World Economic Forum, the GGGI aims to identify gender inequality across four key outcomes: economic participation; educational attainment; health and survival; and political empowerment. These four outcomes are available as subscales but more commonly aggregated to provide the GGGI.	**Higher is better:** A score of 1 indicates gender parity across the four Domains, with the lowest possible score indicating gender imparity.

However, as shown in Figure 2.7, there has been a relative lack of progress as measured by the Gender Inequality Index over time, particularly in Kyrgyzstan where gender inequality appears to have increased slightly over the past decade. While aligned with other indices, the Global Gender Gap Index brings a stronger focus to economic, educational and political engagement. The index also demonstrates an overall lack of gender parity across the region, with this being most pronounced in Tajikistan (see Appendix 3). Of note, none of these gender indices are specific to girls or young women.

FIGURE 2.7: GENDER EQUALITY INDEX OVER TIME

This graph shows the gender inequality index over time as a fitted line to annual estimates for counties in the region. Data: UNDP, 2017.



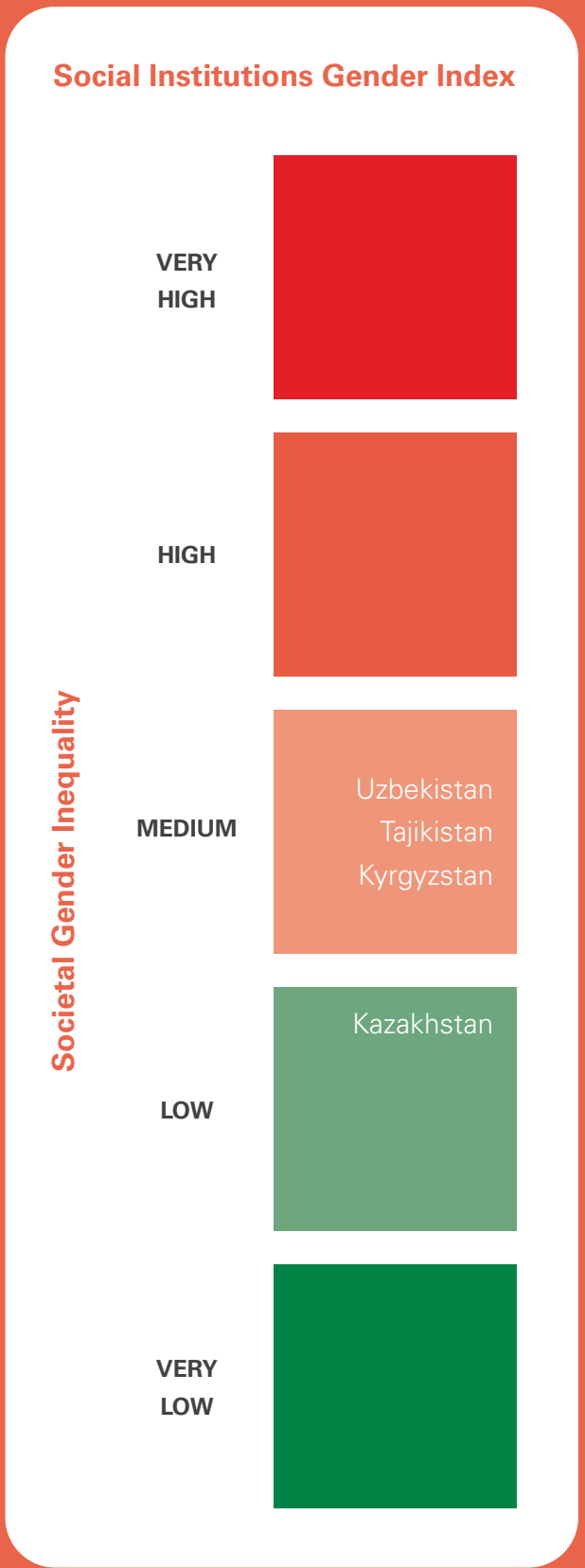
INDICATOR 2.22: GENDER INEQUALITY INDEX (LOWER SCORE BETTER)

Summary
Domain 2

Household, institutional and societal gender inequality

Key data gaps

- Data were particularly limited for indicators of time use and division of labour, household decision making, violence against women and women's bodily autonomy.
- Of the countries in the region, Turkmenistan and Uzbekistan had the least data available.
- Despite several indices measuring the impact of gender inequality on women, there is no index specific to gender inequality as it relates to children and adolescents.



Key findings for household, institutional and societal gender inequality:

- Entrenched gender roles persist which allocate unpaid domestic and child care work to women and girls.
- Many women have access to resources and decision-making power, however in countries where data are available, they still earn less than men. Many married women in Tajikistan cannot make decisions about health care, household purchases or visiting friends/family.
- Available data for intimate partner violence (Kyrgyzstan and Tajikistan) indicate that almost one in five women have experienced intimate partner violence in a 12 month period. Almost two thirds of women in Tajikistan and more than half of men in Kyrgyzstan think a husband is justified to beat his wife, in certain circumstances.
- In several countries, barriers to women's sexual and reproductive health rights negatively impact their health, wellbeing and bodily autonomy. Many women in this region are not protected from marital rape. Demand for contraception remains unmet, particularly in Tajikstan where only half of married women have their demand satisfied. Coverage of antenatal care is also suboptimal, particuarly in Tajikistan.
- Kyrgyzstan, Tajikistan and Uzbekistan all have medium levels of gender discrimination in social institutions. The Gender Inequality Index indicates that there has been little progress in advancing gender equality in the region over the past decade.
- The Gender Inequality Index indicates that there has been little progress in advancing gender equality in the region over the past decade.

Collectively, these findings suggest that children and adolescents growing up Central Asia are exposed to high levels of household, institutional and societal gender inequality which are likely to adversely impact their wellbeing, explored in Domains 3–6.

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Findings:

Inequalities in child wellbeing outcomes

This section examines how gender equality or inequality impacts on wellbeing at an individual level by measuring key outcomes for children and adolescents. The four outcome Domains of wellbeing are aligned with the *UNICEF Strategic Plan 2018-2021* and are designed to capture critical health and wellbeing outcomes for children and adolescents, as well as key social and behavioural determinants of outcomes across the life-course.

Given the large amount of data (all reported in detail in Appendix 3), we have focussed the discussion on those indicators where there is substantial inequality by gender, or where the observed data is different to that expected.

Domain 3

Impact of gender inequality on health

This section focuses on how gender inequality impacts the health of girls and boys. It explores common issues including gender differentials in mortality, disease, injury, psychosocial wellbeing and access of health services, as well as sexual and reproductive health outcomes.

Data availability

Data for the impact of gender inequality on health was compiled from a variety of sources as shown in Table 3.1. Data for indicators of under-5 mortality were sourced from UNIGME. Vaccination coverage data were sourced from UNICEF, as were some estimates of adolescent fertility. Data for overweight and thinness were sourced from the WHO Global Health Observatory. A large number of indicators were populated using data from the Global Burden of Disease (GBD) 2016 study, including indicators of anaemia, risk behaviours (tobacco smoking and binge drinking), disease burden, mental disorder and mortality relating to suicide and maternal causes. Data from the GBD study were also included to improve coverage for Indicator 3.18 (demand for contraception satisfied) and to allow analysis of time trends for adolescent fertility (Indicator 3.20). It should be noted that while the GBD study is modelled data, estimates are based on and similar to primary data where they are available (see estimates for Indicators 3.20a and 3.20b in Appendix 3). Modelling in GBD adjusts for known biases in some primary data (such as under-recording of suicide mortality) and in these instances may be preferable to unadjusted primary data.

Data were unavailable for maternal mortality ratio specific to adolescents. In its place, we have reported the adolescent maternal mortality rate (not adjusted for fertility). There were also some proposed indicators, likely to be associated with gendered vulnerability, excluded from this domain due to a lack of routine data collection and reporting including disability, menstrual hygiene management, family planning for unmarried girls and sexual and reproductive health of adolescents aged less than 15 years and adolescent boys.

Data quality was particularly limited for HIV incidence. The available primary data provides rounded counts of cases and were of insufficient quality to allow estimation of an incidence rate. Data was unavailable for HIV prevalence in transgender young people and there was also no data for Indicator 3.19 (married adolescent who can refuse sex). In addition, more than half of the countries lacked data for indicators relating to care seeking (Indicator 3.06) and demand for contraception met (Indicator 3.18b). Data were most limited for Uzbekistan and Turkmenistan.

TABLE 3.1: HEALTH-RELATED INDICATORS AND DATA SOURCES FOR COUNTRIES IN THE REGION

Data sources are shaded as blue (compiled dataset, such as UNICEF SOWC), green (primary survey data such as MICS) or amber (modelled dataset, such as Global Burden of Disease). The table is shaded dark grey where data are not available.

			Kazakhstan	Kyrgyzstan	Tajikistan	Turkmenistan	Uzbekistan
Child health	Deaths in <5y per 1000 births	3.01	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME
	Expected : estimated mortality for females <5y	3.02	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME
	Vaccine coverage (all) in 2y (%)	3.03	UNICEF	DHS	DHS	UNICEF	
	Vaccine coverage (BCG) in 2y (%)	3.04	UNICEF	UNICEF	DHS	UNICEF	
	Vaccine coverage (Measles) in 2y (%)	3.05	UNICEF	UNICEF	DHS	UNICEF	
	Care seeking for fever in <5y (%)	3.06		UNICEF	UNICEF		
	Inadequate supervision of child, 0-59m (%)	3.07	UNICEF	UNICEF		UNICEF	
Nutrition	Stunting in < 5y (%)	3.08	UNICEF	UNICEF	UNICEF	UNICEF	
	Anaemia 0-19y (%)	3.09a	GBD	GBD	GBD	GBD	GBD
	Thinness in 5-19y (%)	3.10	WHO	WHO	WHO	WHO	WHO
	Overweight 5-19y (%)	3.11	WHO	WHO	WHO	WHO	WHO
Adolescent health	Total DALYs per 100,000 in 10-19y olds	3.12a	GBD	GBD	GBD	GBD	GBD
Health risk	Binge drinking, 15-19y (%)	3.13	GBD	GBD	GBD	GBD	GBD
	Daily tobacco smoking, 10-19y (%)	3.14	GBD	GBD	GBD	GBD	GBD
Mental health	Suicide mortality per 100,000 in 10-19y	3.15	GBD	GBD	GBD	GBD	GBD
	Mental disorder DALYs per 100,000 in 10-19y	3.16	GBD	GBD	GBD	GBD	GBD
	Significant worry last 12m in 13-17y (%)	3.17					
SRHR	Demand for modern contraception satisfied 15-24y (%)	3.18a	GBD	GBD	GBD	GBD	GBD
	Demand family planning satisfied 15-19y (%)	3.18b		DHS	DHS		
	Married 15-19y females can refuse sex (%)	3.19					
	AFR 15-19y per 1000 (measured)	3.20a	UNICEF	UNICEF	UNICEF	UNICEF	UNICEF
	AFR 15-19y per 1000 (modelled)	3.20b	GBD	GBD	GBD	GBD	GBD
	Maternal mortality rate per 100,000 in 15-19y	3.21	GBD	GBD	GBD	GBD	GBD
	New cases HIV in 15-19y	3.22a					
	HIV in sex workers <25y (%)	3.22b.1	UNAIDS	UNAIDS	UNAIDS		UNAIDS
	HIV in MSM <25y (%)	3.22b.2	UNAIDS	UNAIDS	UNAIDS		UNAIDS
	HIV in transgender people <25y (%)	3.22b.3					
	HIV in injecting drug users <25y (%)	3.22b.4	UNAIDS	UNAIDS	UNAIDS		UNAIDS
	Comprehensive knowledge of HIV in 15-19y (%)	3.23	UNICEF	UNICEF	UNICEF	UNICEF	UNICEF
	Existence of HPV program	3.24	WHO				

Key gender inequalities observed

Girls in Central Asia have higher levels of anaemia, particularly in mid-adolescence (Figure 3.1). Boys in this region demonstrate higher levels of risk behaviour, such as tobacco smoking and are also at excess risk of injury and suicide mortality. Consistent gender disparities across countries were not observed for other health indicators.

It should be noted that this inequality plot does not include indicators for which data was only available for females, particularly for those indicators of sexual and reproductive health where considerable needs exist, largely as the result of gender inequality. These indicators are detailed in the following section.

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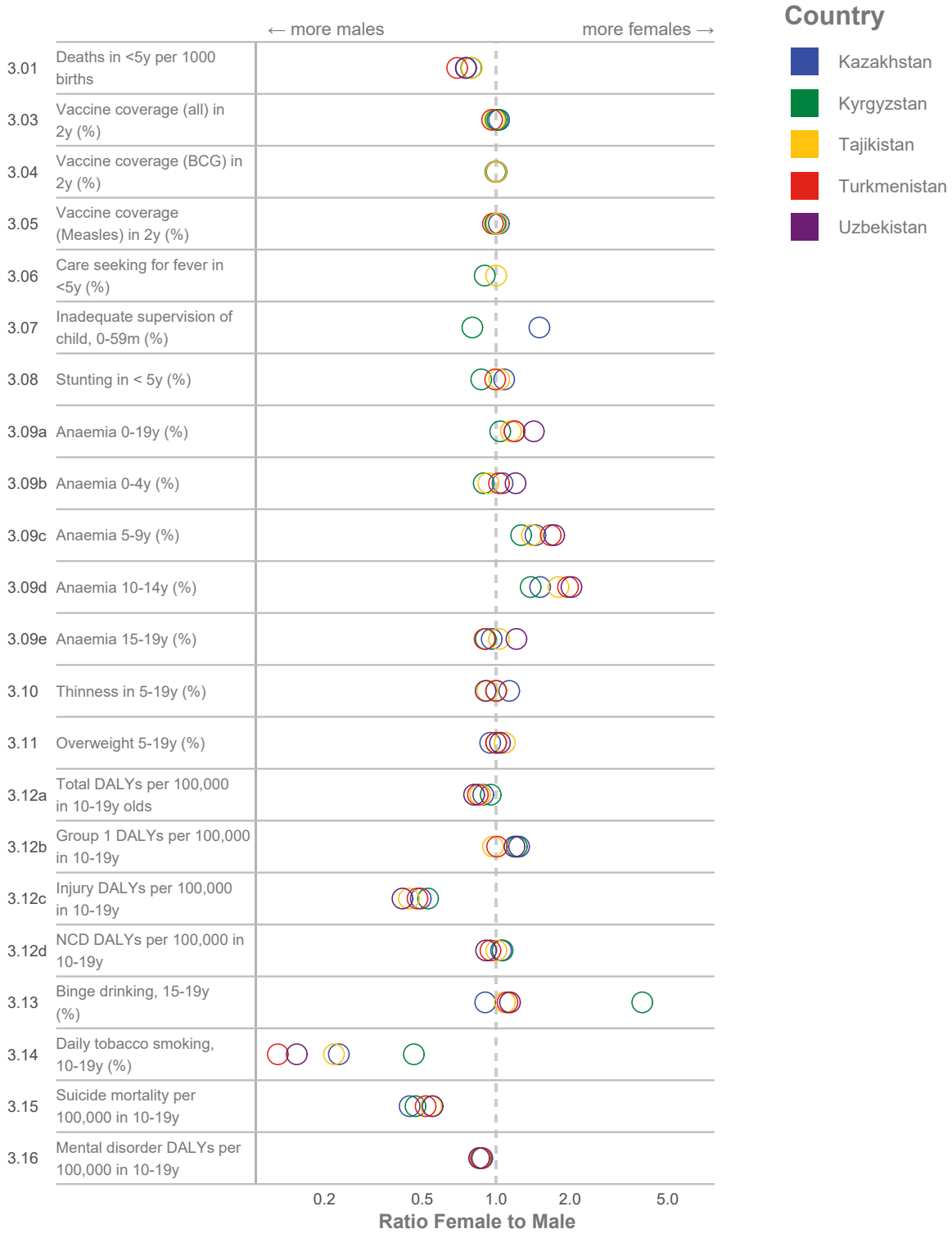
TABLE 3.1: INEQUALITY PLOT FOR INDICATORS IN THE HEALTH DOMAIN.

This graph shows the ratio of outcomes in females to males for indicators of health where possible to do. Note that ratios are shown on the log scale. A rate ratio of greater than 1 means that the outcome is more common in females than males. Note that the ratio for indicator 3.13 (binge drinking) for Kyrgyzstan has been omitted due to a high degree of uncertainty for the estimate for males. Data sources are detailed in appendix 3.



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Detailed findings across indicators

Child health and development (Indicators 3.01 – 3.07)

The data for **under-five mortality** (Indicator 3.01) indicates a higher mortality for boys than girls (see Figure 3.1). However, this is to be expected as boys' greater biological frailty leads to increased mortality in this age group (see Case study 3.1). A more accurate measure of gender inequality in under-5 mortality is a measure of excess mortality for females (Figure 3.2, which compares the expected under-5 mortality rate for females to that observed). Under-5 mortality for girls in this sub-region is no greater than that expected.

There is little gender difference in **vaccine coverage** (Indicator 3.03) which is generally high for this region (>85%). There is a lack of data across many countries for indicators related to **care-seeking for fever** (Indicator 3.06) and **inadequate supervision** (Indicator 3.07). In Kazakhstan, slightly more girls (6%) than boys (4%) were reported to be left alone or in the care of another child for more than one hour in the past week . In Kyrgyzstan, slightly more boys under-5 years of age (59%) than girls (53%) were taken for advice or treatment from a health facility or provider due to fever.

FIGURE 3.2: EXCESS UNDER 5 MORTALITY FOR FEMALES

This plot shows the expected to estimated under-5 mortality rate (Indicator 3.02) for females under 5 years of age across the region. Countries shaded in red have a higher female mortality than that expected (a ratio of less than 1). Data source: UNIGME 2017.

EXPECTED : ESTIMATED

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CASE STUDY 3.1: UNDER-5 MORTALITY: WHEN INEQUALITIES ARE NOT AS THEY APPEAR

Interpreting gender disparities to identify gender inequality in health outcomes can be more complex than it first appears. On initial inspection, under-5 mortality appears higher for boys than girls. However, this is to be expected as girls have a biological advantage in infancy and early childhood. Compared with newborn boys, newborn girls are less vulnerable to perinatal conditions including birth asphyxia, premature birth, and neonatal tetanus, as well as congenital abnormalities.[45] Young girls are also less vulnerable to certain infectious diseases compared with young boys, although gender differences in susceptibility to infectious disease narrow after early infancy.[45] Due to this biological advantage, girls' under-5 mortality is expected to be lower than boys' under-5 mortality. A more meaningful measure of gender inequality is **excess** under-5 mortality, which compares the expected under-5 mortality rate for females to that observed (Indicator 3.02). In contrast to some other regions in Asia Pacific, females in Central Asia do not experience excess under five mortality.

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Food security and nutrition
(Indicators 3.08 - 3.11)

While there was minimal gender difference in **childhood stunting** (Indicator 3.08, Figure 3.3), it is a significant issue in Tajikistan where 27% of girls and 26% of boys are stunted. The implications of stunting are particularly significant for females as it places them at considerable risk of poor reproductive health and maternal mortality.

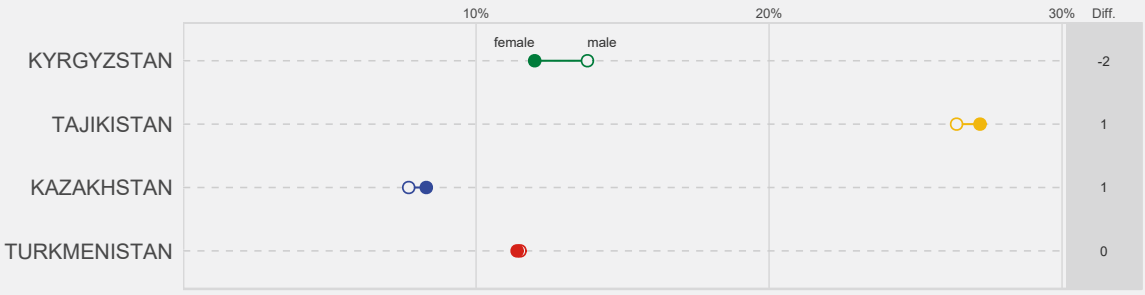
Data indicate the double burden of malnutrition, characterised by the coexistence of under-nutrition with over-nutrition (overweight and obesity), affects girls and boys differently in the region. Both boys and girls have high rates of **anaemia** (Indicator 3.09) in childhood, although these rates reduce as children get older and enter adolescence. In most instances, girls are more likely to be anaemic than boys. The differences are particularly marked in early adolescence, with almost twice as many anaemic girls as boys aged 10-14 years, in Tajikistan (21% girls, 12% boys), Turkmenistan (14% girls, 7% boys) and Uzbekistan (37% girls and 18% boys).

> While both girls and boys experience high rates of anaemia in childhood, girls experience higher rates and are more at risk of anaemia in adolescence

Anaemia is a determinant of poor cognitive and physical development in children.[46] Anaemia also places young women at increased risk of

FIGURE 3.3: STUNTING IN < 5-YEAR-OLDS

This figure shows the prevalence (%) of stunting (Indicator 3.08) in < 5-year-olds for females (filled circle) and males (unfilled circle). The panel to the right shows the difference in estimates between girls and boys. Data source: UNICEF 2010-14.



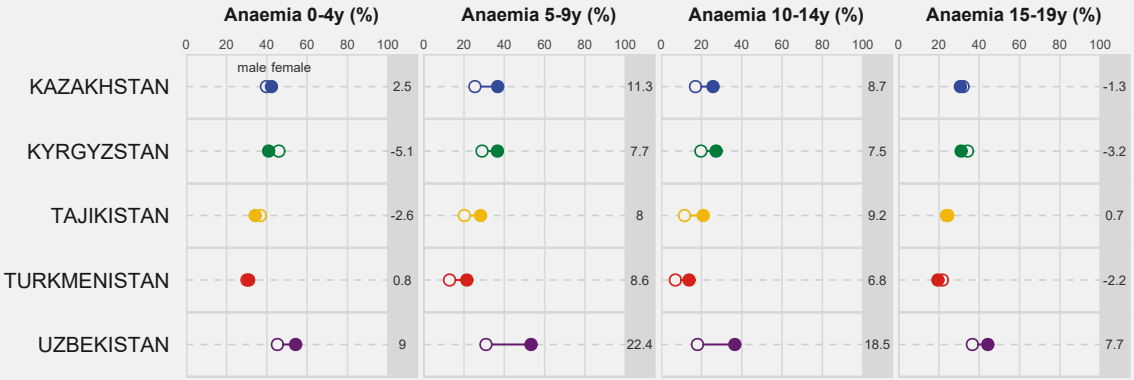
INDICATOR 3.08

maternal mortality, and places their children at excess risk of mortality. Rates of anaemia among older adolescent girls (15-19 years) are high in many countries, with the highest prevalence being in Uzbekistan (44%), Kyrgyzstan (31%), and Kazakhstan (31%). The gender disparity in older adolescent anaemia is most marked in Uzbekistan where 44% of girls, aged 15-19 years, are anaemic compared to 37% of boys.

Available data on **thinness** (Indicator 3.10) suggest it not to be a substantial issue in this region, prevalence less than 5% for both boys and girls. By contrast, prevalence of **overweight and obesity** is high across the region, particularly in Kazakhstan and Turkmenistan where almost one in five 5-19-year-olds are overweight, however a significant gender disparity was not evident.

FIGURE 3.4: PANEL A: ANAEMIA IN CHILDREN AND ADOLESCENTS

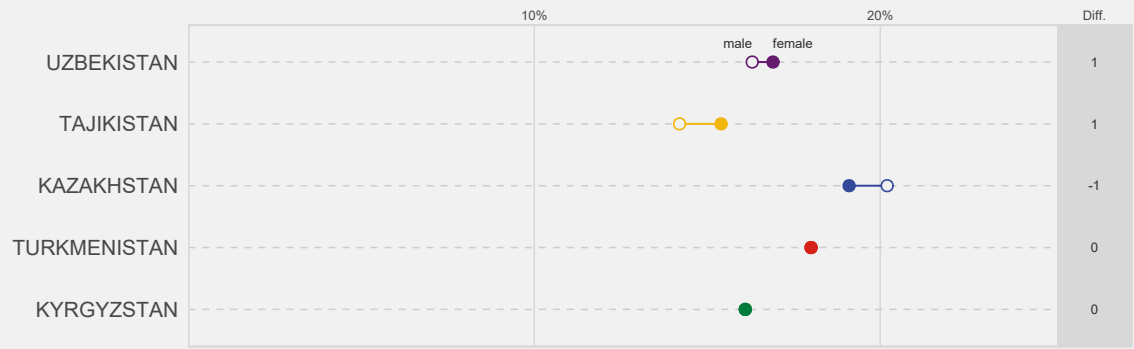
This figure shows estimates of anaemia (Indicator 3.09) across childhood and adolescence for females (filled circles and males (unfilled circles). The panel to the right shows the difference in estimates between girls and boys. Data source: GBD 2016.



INDICATOR 3.09: ANAEMIA (%)

FIGURE 3.4: PANEL B: OVERWEIGHT AND OBESITY AMONGST CHILDREN AND ADOLESCENTS

This figure shows estimates of overweight and obesity (Indicator 3.11) for 5-19-year-old (filled circles and males (unfilled circles). The panel to the right shows the difference in estimates between girls and boys. Data source: WHO 2016.



INDICATOR 3.11: OVERWEIGHT 5-19Y (%)

© UNICEF / Pirozzi

Adolescent morbidity and mortality (Indicators 3.12a - d)

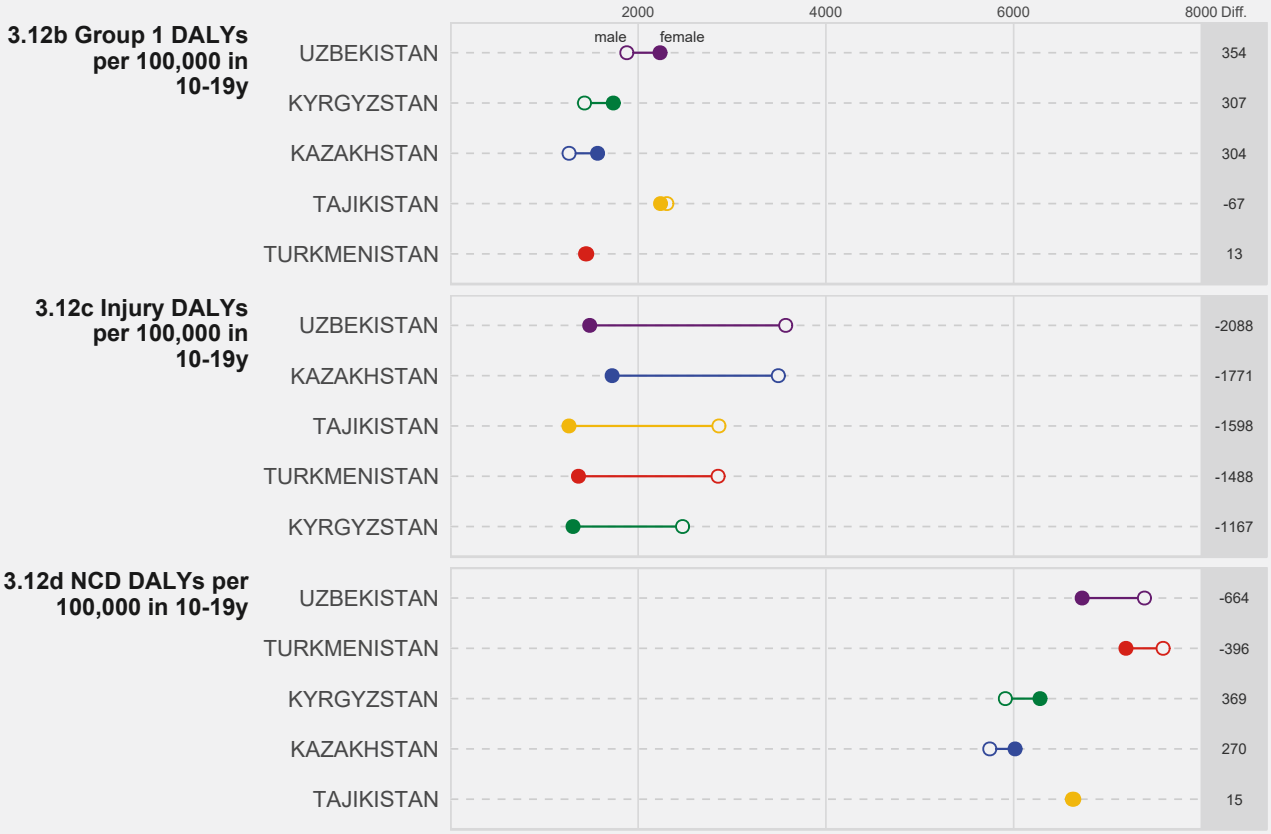
Adolescents in this region experience a large burden of disease, with males overall experiencing a greater burden of disease than females (Indicator 3.12a, see Appendix 3). There are however important gender differences in specific morbidities, shown in Figure 3.5. The burden of Group 1 conditions (Indicator 3.12b), which includes **communicable diseases, reproductive and nutritional disorders**, is higher for girls than boys in all countries except Tajikistan. This excess burden of Group 1 conditions for girls is likely related to reproductive and nutritional disorders.

Adolescent boys in Central Asia are disproportionately affected by **injury** (Indicator 3.12c). This is substantial gender disparity with adolescent boys around twice as likely to be affected compared with adolescent girls. Injury includes homicide, suicide and accidental injuries including those from traffic accidents. The disproportionate burden for boys reflects a global pattern and is linked to harmful masculine norms that encourage violence and risk-taking and discourage vulnerability and help-seeking.[47-49] Heightened alcohol misuse has been linked to suicide, accidental injury and homicide and may be an important contributor to this burden.[49]

Non-communicable diseases (NCDs, Indicator 3.12d), which include chronic physical conditions and mental health disorders, account for the largest proportion of adolescent DALYs in every country in the region. There is no consistent pattern of gender disparity. The greatest difference is a higher burden of NCDs for boys in Uzbekistan (7394 NCD DALYs per 100,000 for boys compared to 6730 for girls) which may in part be linked to a higher prevalence of mental health problems.

FIGURE 3.5: DISEASE BURDEN IN ADOLESCENTS

This figure shows estimates of the burden of disease measured in DALYs (years of life lost due to disease, injury or death) due to Group 1 conditions (including communicable, maternal and nutritional diseases), injuries and non-communicable diseases for adolescents aged 10-19 years. Estimates are shown for females (filled circles) and males (unfilled circles). The panel to the right shows the difference in estimates between girls and boys – a positive number indicates a greater burden for girls; a negative number means a greater burden for boys. Data source: GBD 2016.



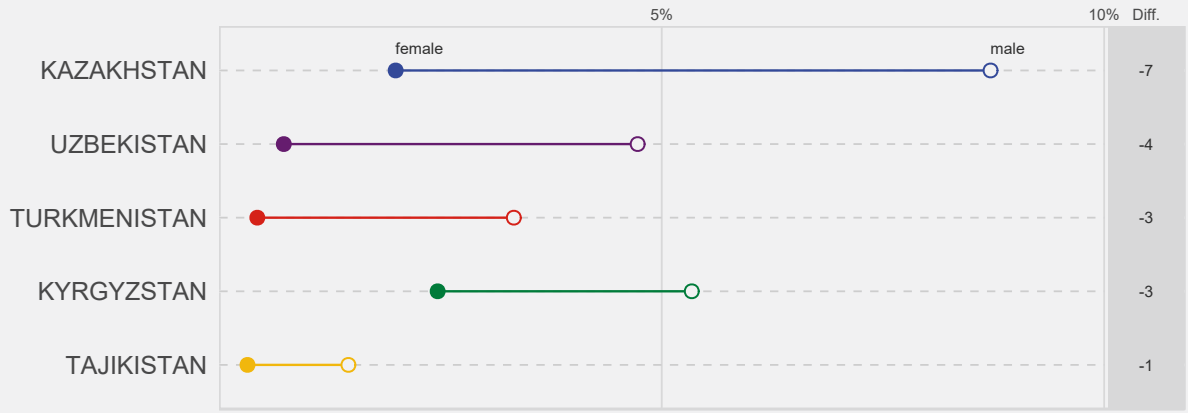
INDICATOR 3.12: DALYS PER 100,000)

Health behaviours
(Indicators 3.13 - 3.14)

Adolescent boys have higher rates of daily **tobacco smoking** (Indicator 3.14) compared with adolescent girls, consistent with global patterns (Figure 3.10). Males in Kazakhstan have the highest smoking prevalence (9%), with Kyrgyzstan having the highest prevalence of smoking amongst girls (3%). What is unusual by global standards is that the prevalence of **binge drinking** (Indicator 3.13) seen among adolescent girls is comparable and in some instances higher, than that seen in boys across the region (Indicator 3.13, see Appendix 3). Rates of binge drinking are generally high, with at least one in three boys and girls in the region reporting a binge episode in 12 months. This behaviour places them at greater risk of injury and poor sexual and reproductive health. While this indicator is based on modelled data and should be interpreted with caution, it suggests a need for high quality primary data to explore the issue further.

FIGURE 3.6: TOBACCO SMOKING IN ADOLESCENTS

This figure shows estimates of daily tobacco smoking for 10–19-year-old females (filled circles) and males (unfilled circles). The panel to the right shows the difference in estimates between girls and boys – a negative number indicates more boys smoke tobacco daily than girls. Data source: GBD 2016



INDICATOR 3.14: DAILY TOBACCO SMOKING, 10-19Y

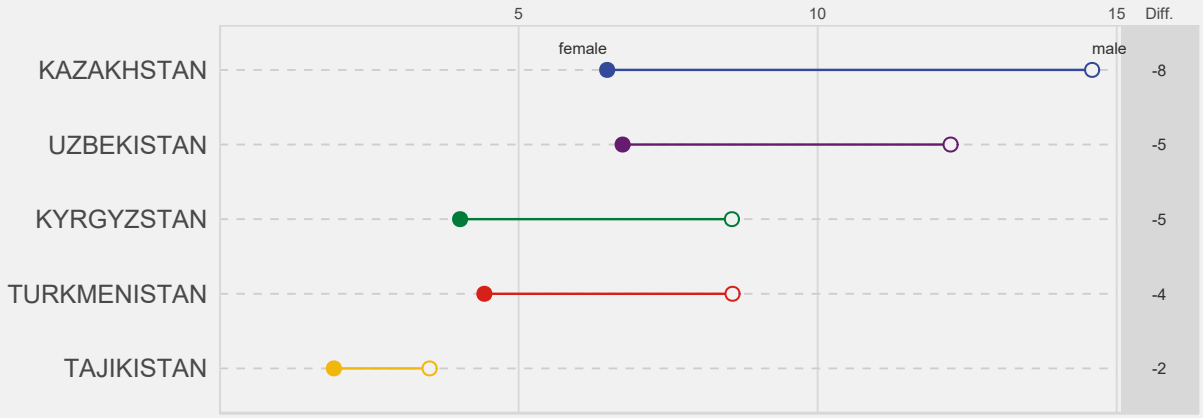
Psychosocial wellbeing (Indicators 3.15 - 3.17)

Deaths by **suicide** (Indicator 3.15) are more common for adolescent boys than girls in all countries across the region (Figure 3.7). This disparity is particularly marked in Kazakhstan (a difference of 8/100,000 deaths between boys and girls) and Uzbekistan and Kyrgyzstan where twice as many adolescent boys die from suicide than girls. This may reflect different patterns of self-harm and/or access to more violent means of suicide, such as firearms, for boys. The disproportionate suicide burden for boys has been linked to harmful masculine norms that discourage vulnerability, emotional expression and help-seeking behaviour.[47,50-52] This suicide mortality may also reflect a difference in the underlying burden of poor mental health; available data for this region show that the burden of **mental health disorders** (Indicator 3.16) is higher for adolescent boys than girls in each country (see Appendix 3). The most common mental health disorders for adolescent boys and girls include behavioural disorders, anxiety and depression. Data for the proportion of adolescents with significant a**nxiety and worry** (Indicator 3.17) was not available for this region.

Masculine norms which support violence and risk taking and discourage vulnerabiluty, emotional expression and help-seeking are likely to contribute to the disproportionate burden of injury and suicide borne by adolescent boys.

FIGURE 3.7: SUICIDE MORTALITY AMONG ADOLESCENTS

This figure shows estimates of suicide (deaths per 100,000) for 10–19-year-old females (filled circles) and males (unfilled circles). The panel to the right shows the difference in estimates – a positive number indicates more female deaths; a negative indicates more male deaths. Data source: GBD 2016



INDICATOR 3.15: SUICIDE MORTALITY PER 100,000 IN 10-19Y

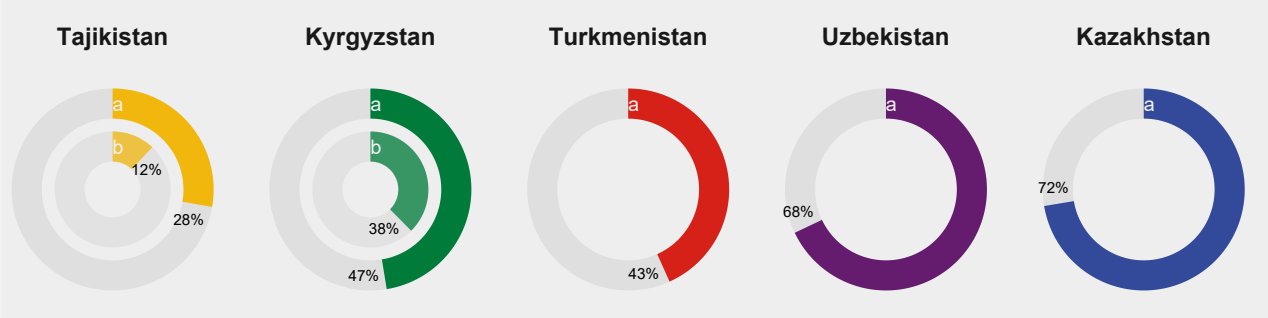
Sexual and reproductive health and rights (Indicators 3.18 -3.24)

Adolescent girls' **demand for modern contraception being satisfied** (Indicator 3.18) varies widely across this region (Figure 3.8). Satisfaction is lowest in Kyrgyzstan (47%), Tajikistan (28%) and Turkmenistan (43%), where less than half of adolescent girls have their demands for contraception satisfied. For countries where estimates are available for both younger and older youth, 15–19-year-olds generally are less likely to be satisfied with their access to family planning and contraception than 15–24-year-olds. For example, only 12% of older adolescent girls (aged 15-19 years) in Tajikistan report having their demand for family planning satisfied while 28% of female youth (aged 15-24 years) report their contraceptive demands to be satisfied. This may reflect additional barriers adolescents face in accessing health care. It should be noted that primary data for this indicator are limited. There is also a paucity of data on the contraception needs of adolescent boys.

Unmet need for contraception in adolescents is high across the region, particularly in Tajikistan

FIGURE 3.8: DEMAND FOR CONTRACEPTION SATISFIED FOR FEMALES

This figure shows the demand for contraception satisfied for females using two different data sources. The outer ring (labelled a) reports demand for contraception amongst 15-24-year-olds using modelled data from the GBD study. The inner ring (labelled b) reports the demand for contraception using data from DHS and MICS surveys for 15-19-year-olds (data coverage somewhat limited).



INDICATOR 3.18a DEMAND FAMILY PLANNING SATISFIED 15-19Y (%)
INDICATOR 3.18b DEMAND FOR MONDERN CONTRACEPTION SATISFIED 15-24Y (%)

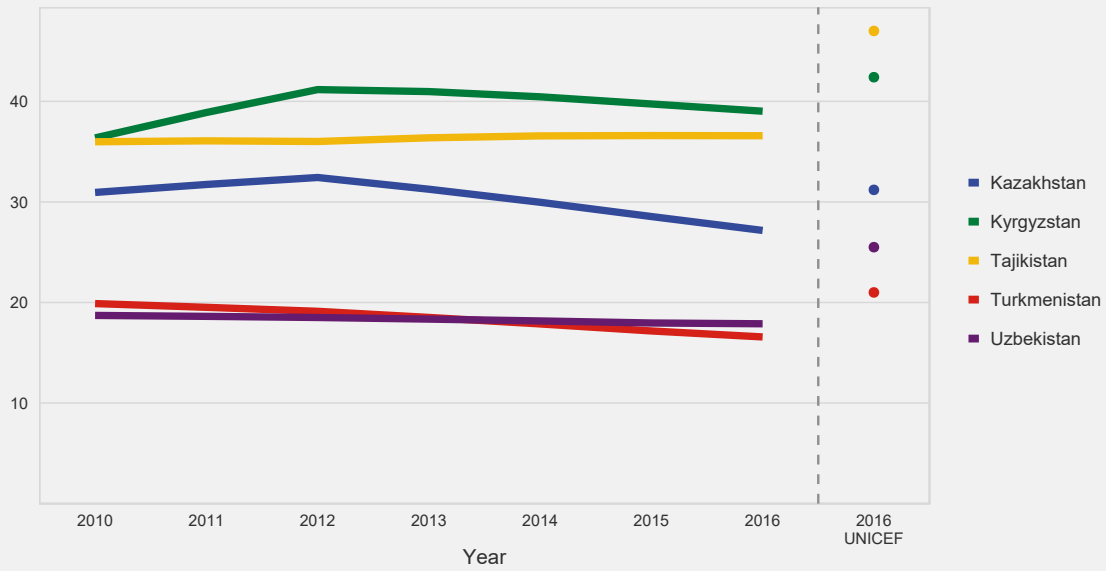
Rates of **adolescent fertility** (Indicator 3.20, Figure 3.9) have changed little over the last decade. Globally adolescent pregnancy rates are higher in settings where early marriage is prevalent, in rural compared to urban areas, and among girls with less educational attainment and lower socio-economic status.[53] In Central Asia, those countries with the highest reported rates of child marriage - Tajikistan and Kyrgyzstan - also have the highest rates of adolescent fertility, 47 and 42 births per 1000 respectively. In Kyrgyzstan, the rise in adolescent fertility has been associated with an increase in child marriages - the proportion of 15-19-year-olds currently married rising from 7.7% in 2005 to 13.9% in 2014.[54] Case study 3.2 explores adolescent pregnancy in greater detail.

Adolescent birth rates have shown little improvement recently in the Central Asian region

Adolescent pregnancy and child marriage both compromise girls' development, interrupting their schooling and limiting their future work and opportunities.[53] An unintended pregnancy, particularly outside of marriage, can have negative

FIGURE 3.9: ADOLESCENT FERTILITY RATE

This figure shows the adolescent fertility rate (live births per 1000 females aged 15–19 years). The line chart to the left of the dashed line shows trends over time using modelled data (based on UNPD) as available from GBD. The single estimates to the right of the dashed line show point estimates from primary data, sourced from UNICEF.



INDICATOR 3.20b: AFR 15-19Y PER 1000 (MODELLED)

consequences for the girl including stigma, social isolation, school expulsion, forced marriage and in some cases violence and suicide. In addition, adolescent pregnancy is associated with risk of low birth-weight for newborns, higher pre-natal and infant mortality and morbidity and higher mortality rates for adolescents giving birth. In the case of Central Asia, however **adolescent maternal mortality rates** (Indicator 3.21) are generally low, ranging from 0.2 to 1.3 deaths per 100,000 births.

Central Asia has one of the world's fastest growing HIV epidemics, one third of new infections occurring among 15-24 year olds (UNAIDS, 2018). Women in the region are especially at risk of HIV due to multiple factors such as gender-based violence, economic vulnerability and difficulties negotiating safe sex. Data regarding comprehensive **HIV knowledge** (Indicator 3.23) among 15-19-year-olds is incomplete with no clear patterns of gender disparity. What is striking however is the overall low rate of knowledge, with less than one in three adolescents in this region having comprehensive knowledge of HIV. Data quality are limited for the number of new cases of HIV amongst adolescents (Indicator 3.22a). There are also substantial data gaps in the **prevalence of HIV** (Indicator 3.22b) among key populations, with no data available for young transgender people. HIV prevalence is greater than 5% amongst injecting drug users in Tajikistan and Kazakhstan, and young men who have sex with men (MSM) in Uzbekistan. These young people are likely to face stigma and discrimination which may serve as a barrier to their engagement with health services.

Human papillomaviruses (**HPV**, Indicator 3.24) is an important cause of cervical cancer in females, with growing evidence of its role in anogenital cancers (anus, vulva, vagina, and penis) and head and neck cancers (particularly oropharyngeal cancers such as tonsil and tongue cancer).[55,56] Currently, WHO recommends that the primary target population for HPV vaccination is girls aged 9–14 years, prior to becoming sexually active. Currently, there are only HPV vaccination programs in Kazakhstan (see Appendix 3).

There have been many challenges in the introduction of the HPV vaccines for young adolescent girls globally. Barriers have included opposition from anti-vaccine and religious groups; lack of parental knowledge regarding HPV and cervical cancer; problems reaching out-of-school girls; difficulties linking HPV vaccination data to women's health programmes; financial barriers; and unfounded fears of side effects.[57] Gender inequality and norms also act as barriers to the introduction of the vaccine and control of HPV. Social norms which value girls' chastity and discourage girls' sexual debut impede HPV vaccination uptake. There has also been some debate that HPV has been over-identified as a female-specific disease resulting in the 'feminisation of HPV' and HPV vaccines.[58-60] This feminisation reinforces gender norms, which place women as responsible for sexual and reproductive health and stigmatise women as hosts for HPV. It is suggested that this not only limits public awareness of the importance of vaccinating boys but also may have also impacted the inclusion of the vaccine on immunisation schedules and uptake by parents.

CASE STUDY 3.2: ADOLESCENT PREGNANCY

The rates of teenage pregnancy (as shown in Figure 3.9) equate to about 65,000 births to adolescent mothers in Central Asia each year. Early childbearing can have negative health, social and economic impacts for girls. Underlying factors which drive adolescent pregnancy include inadequate sexual and reproductive health knowledge, inaccessibility of family planning services and contraception, social norms regarding sex and sexuality, and gender power dynamics.[53]

Implementation and comprehensiveness of sexuality education varies widely in the schools of the region, and when available it often concentrates on biological issues, without addressing the social and psychological aspects of sexuality.[61-64] Taboos around sexual activity mean many parents do not discuss these sensitive issues and it has been reported that even medical advice about contraception is not always reliable.[65] As a result, many young people lack knowledge about reproductive health. For example, in Kyrgyzstan, many child spouses are reported to know nothing about reproductive health when they marry.[62]

Gender norms play a role in early pregnancy for many girls in Central Asia. A women's status is still closely linked to their reproductive role and girls are expected to become pregnant shortly after marriage.[61] Gender relations mean that decisions about family planning are often made by the husband and/or mother-in law, not by the married girl. In Kyrgyzstan, many child spouses report their husbands did not allow contraception particularly early in their marriages.

Social norms also discourage unmarried young people from attending sexual and reproductive health services. In some countries, such as Kazakhstan, Tajikistan and Uzbekistan, unmarried adolescents require parental consent to access services.[61] The cost of contraception can also be problematic. In Kyrgyzstan, contraception is only funded for those with medical insurance and many living in rural areas find it unaffordable. These factors likely contribute to the low usage of modern contraception among sexually active youth and the heavy reliance on the withdrawal method and abortion.[61,66,67]

> "...I was 16 years old when I got pregnant, almost still a child myself, only just married yesterday. I knew nothing about what to do with a child, or how to look after myself after giving birth. I was ill for a long time, with some kind of inflammation. I was in despair."
>
> Child spouse, Uzbekistan[64]

Summary
Domain 3

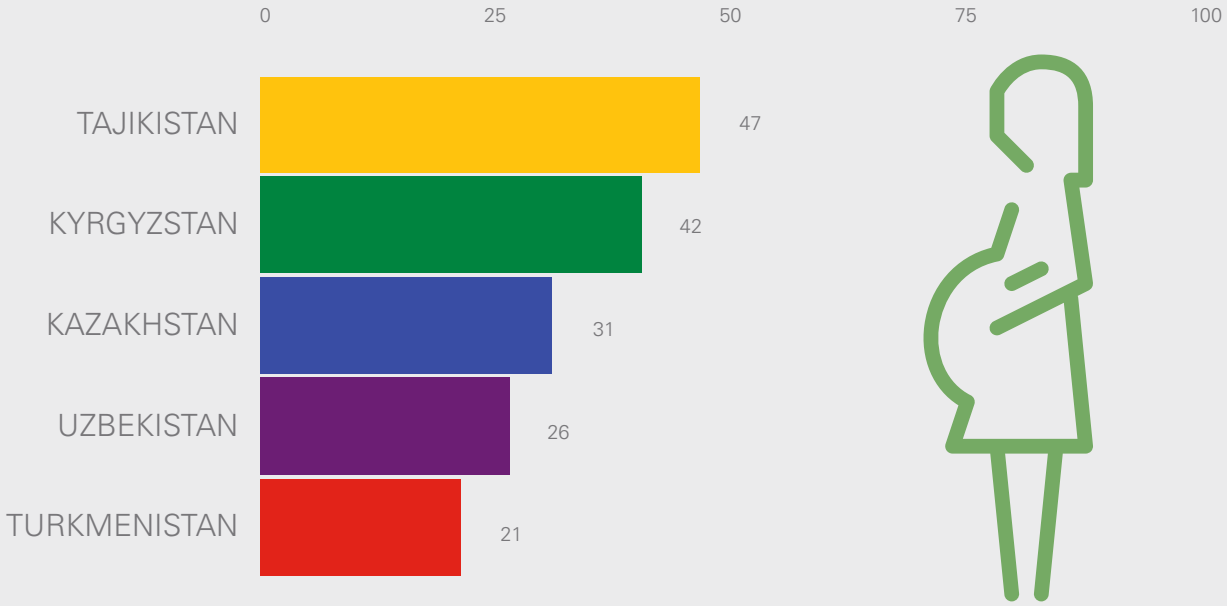
Impact of gender inequality on health

Key data gaps

- There are a number of data gaps for adolescent health, particularly relating to the sexual and reproductive health of unmarried adolescents, young adolescents, transgender adolescents or adolescent boys.
- Data was most limited for Turkmenistan and Uzbekistan.

Adolescent pregnancy remains high

Adolescent fertility rate (births per 1,000 15-19-year-olds)



Key gender inequalities identified include:

- Adolescent girls experience a disproportionate burden of anaemia.
- The high rates of binge alcohol drinking warrant further exploration.
- Poor reproductive health for girls remains a substantial issue in this region - unshifting rates of adolescent pregnancy and substantial unmet needs for contraception.
- Adolescent boys experience an excess burden of suicide, injury and health risk behaviours, such as tobacco smoking.

More boys die from suicide than girls

In countries across Central Asia boys are twice as likely to die from suicide as girls

In many instances, these gender inequalities in health likely reflect harmful masculine norms which support violence and risk-taking and imbalances in power relations that negatively impact girls' lack of autonomy and self-determination.

Domain 4

Impact of gender inequality on education and employment

This section explores how gender inequality may impact on the educational outcomes of girls and boys and their transition to employment.

Data availability

Data for gender inequality in education and employment were sourced from collated datasets (UNICEF SOWC, UNESCO, ILO and WHO/UNICEF Joint Monitoring Programme) and primary surveys (MICS and DHS) (Table 4.1). Data were available across all indicators, with the exception of Indicator 4.14 (proportion of young people in informal employment) and sex education in primary and lower secondary schools (Indicators 4.06a and b). Data coverage was most sparse for learning outcomes and quality (Indicators 4.05- 4.06), school environment (Indicators 4.07–4.08), access to information for young people (Indicators 4.09–4.11) and transition to employment (Indicators 4.12–4.14). With respect to countries, data were most lacking for Uzbekistan.

Data on attendance for primary and lower secondary (Indicators 4.01a and 4.01b) were available from UNICEF SOWC (collated from available MICS, DHS and other national surveys), with data on attendance at upper secondary (Indicator 4.01c) provided by UNICEF. Data for Indicator 4.03 (out of school children and adolescents) was available from UNICEF for primary and lower secondary and sourced from UNESCO for upper secondary. Note that data from UNESCO for Indicator 4.03c were restricted to household surveys to harmonise with the estimates for Indicators 4.03a and 4.03b.

Indicator 4.05 measures the youth literacy rate. Beyond this, it was not possible to measure indicators relating to dimensions of educational achievement and quality (which relates to SDG 4.1) given these indicators remain to be fully defined and there is a lack of routine data collection and reporting for these key outcomes.

TABLE 4.1: INDICATORS AND DATA AVAILABILITY FOR EDUCATION AND TRANSITION TO EMPLOYMENT

Data sources are shaded as blue (compiled dataset, such as UNICEF), green (primary survey data such as MICS) or amber (modelled dataset, such as Global Burden of Disease). The table is shaded dark grey where data are not available.

			Kazakhstan	Kyrgyzstan	Tajikistan	Turkmenistan	Uzbekistan
Participation	Adjusted net attendance ratio, primary school (%)	4.01a	UNICEF	UNICEF	UNICEF	UNICEF	
	Adjusted net attendance ratio, lower secondary school (%)	4.01b	UNICEF	UNICEF	UNICEF	UNICEF	
	Adjusted net attendance ratio, upper secondary school (%)	4.01c	UNICEF	UNICEF	UNICEF	UNICEF	
	Completion rate, primary school (%)	4.02a	UNESCO	UNESCO	UNESCO	UNESCO	
	Completion rate, lower secondary school (%)	4.02b	UNESCO	UNESCO	UNESCO	UNESCO	
	Completion rate, upper secondary school (%)	4.02c	UNESCO	UNESCO	UNESCO	UNESCO	
	Not in school, primary school (%)	4.03a	UNICEF	UNICEF	UNICEF	UNICEF	
	Not in school, lower secondary school (%)	4.03b		UNICEF	UNICEF		
	Not in school, upper secondary school (%)	4.03c	UNESCO	UNESCO	UNESCO	UNESCO	
	Pre-primary school enrolment (%)	4.04	UNICEF	UNICEF	UNICEF	UNICEF	UNICEF
Quality	Youth literacy, 15-24y (%)	4.05	UNICEF	UNICEF	UNICEF		UNICEF
	Primary schools teaching sex education (%)	4.06a					
	Lower secondary schools teaching sex education (%)	4.06b					
	Upper secondary schools teaching sex education (%)	4.06c		UNESCO			
Environment	Female primary school teachers (%)	4.07a	UNESCO	UNESCO	UNESCO		UNESCO
	Female lower secondary teachers (%)	4.07b					UNESCO
	Female upper secondary teachers (%)	4.07c					UNESCO
	Schools with basic sanitation facilities (%)	4.08			JMP		JMP
Information access	Mobile phone ownership, 15-19y (%)	4.09	ITU				
	Internet used last 12mth, 15-19y (%)	4.10	MICS	DHS		MICS	
	Weekly access to information media, 15-19y (%)	4.11		DHS	DHS		
Employment	Not in education, employment or training, 15-24y (%)	4.12		ILO			
	Proportion of labour force unemployed, 15-24y (%)	4.13	ILO	ILO			
	Proportion employed in informal sector, 15-24y (%)	4.14					

Key gender inequalities

In Central Asia, girls are equal to boys, or advantaged, in their attendance and completion of all stages of school, with the exception of Tajikistan (Figure 4.1). However, after leaving school girls and young women (aged 15-24 years) are more likely than males the same age, to not be in education, training and employment. There was limited data for adolescents' access to information however in Kyrgyzstan, girls appear to be more likely to access information media, while boys seem to have more internet access.

FIGURE 4.1: INEQUALITY PLOT FOR INDICATORS IN THE EDUCATION AND EMPLOYMENT DOMAIN

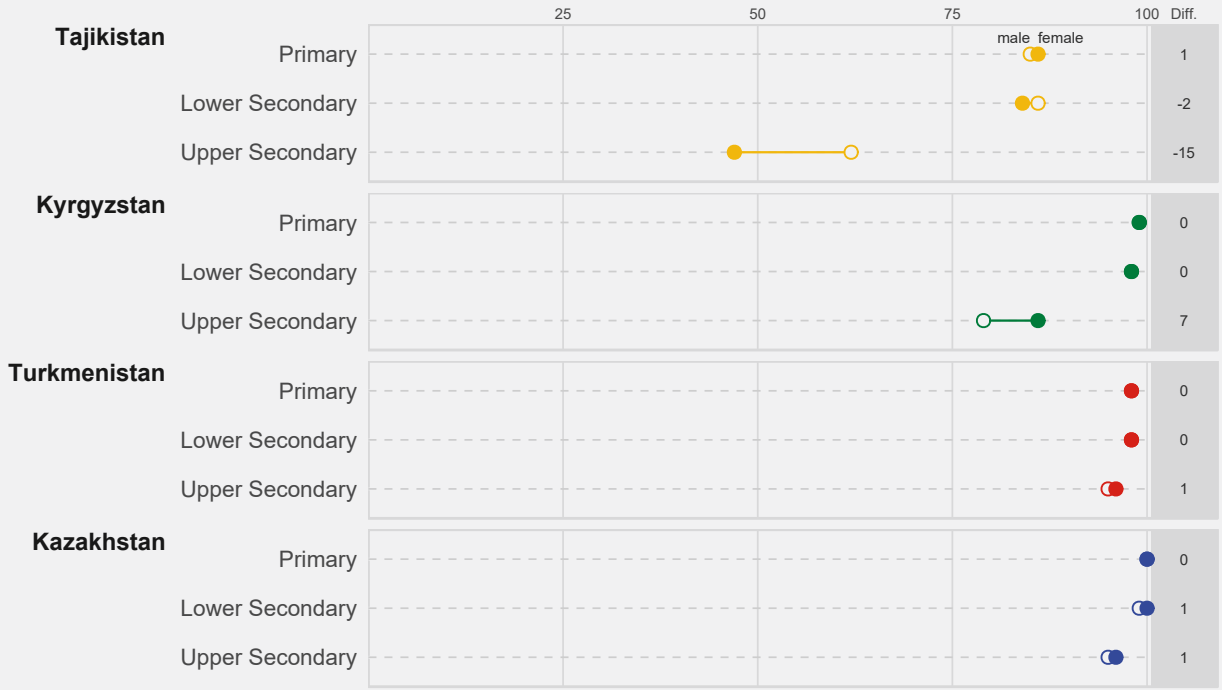
This graph shows the ratio of outcomes in females to males for indicators of education and employment, where data is available. Note that ratios are shown on the log scale.
Data sources are detailed in Appendix 3.

Detailed findings across indicators
School participation (Indicators 4.01 – 4.04)

School attendance (Indicator 4.01) is almost 100% for girls and boys for primary school across the region, except for Tajikistan where only 86% of girls and 84% of boys attend primary school (Figure 4.2). Attendance rates remain reasonably high in lower-secondary education but fall in upper-secondary education. It is also during upper-secondary education that gender disparities in attendance emerge. This is particularly so in Tajikistan where males (62%) are more likely to attend secondary school than females (47%). The high rates of adolescent pregnancy in Tajikistan as discussed in Domain 3 is a likely contributor, but there are other factors involved, as discussed in Case study 4.1. By contrast, females in Kyrgyzstan (86%) are more likely to attend upper-secondary school than are males (79%). Similar, gender disparities in **out-of-school** children and

FIGURE 4.2: SCHOOL ATTENDANCE

This graph shows school attendance (Indicator 4.01) across primary, lower secondary and upper secondary school for girls (solid circle) and boys (hollow circle) in this region. The panel to the right shows the difference in estimates between girls and boys – a positive number indicates more girls attend than boys, a negative indicates more boys than girls. The order of countries is based on the magnitude of the gender disparity with those with the greatest differences being first.
Data source: UNICEF and UNESCO, 2010-16.



INDICATOR 4.01: ADJUSTED NET ATTENDANCE RATIO

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adolescents (Indicator 4.03) are most apparent in upper secondary education, with more girls out of secondary school in Turkmenistan and more boys out-of-upper-secondary in Kyrgyzstan.

Boys and girls from poor households and in rural areas, where educational services are inadequate or of poor quality, are more likely to be out-of-school.[68,69] Children in these areas are at greater risk of child labour, and boys in particular may be delegated to earn money for the family. This is related to gender roles, of males as 'providers' and more suited to manual labour, agricultural or construction work. Girls in contrast are more likely to be withdrawn from school due to pregnancy, marriage or to help the family in unpaid domestic work.

School-related gender based violence remains an issue in many schools in the region and may also contribute to non-attendance and drop-out.[70] Boys are more likely to experience physical violence, including peer-to-peer violence and corporal punishment from teachers, while girls are more prone to emotional abuse and neglect. In Tajikistan, girls report threats of violence and intimidation in school or on the way to school, by boys and teachers however in other settings school may be seen as a safe and protective environment to avoid sexual activity and gender-based violence.

School Completion (Indicator 4.02) rates are lower than those for attendance but follow a similar pattern. Only 50% of girls in Tajikistan complete upper secondary education (compared to 75% of boys). Outside of Tajikistan, girls are slightly more likely to complete upper-secondary education compared to boys.

Rates of **pre-primary school enrolment** (Indicator 4.04) are low in Central Asia, particularly so in Tajikistan (around one in 10) and Uzbekistan (around one in four). An appreciable gender difference however was not evident.

CASE STUDY 4.1: OUT-OF-SCHOOL GIRLS IN TAJIKISTAN

In Tajikistan, there are considerably more girls out of secondary school than boys. Relatives, particularly fathers and brothers are reported to pressure girls not to attend school.[71] A 2010 survey found that 15% of girls indicated they were not allowed to attend school by relatives: three quarters of girls were discouraged to go to school by a parent, 34% by mothers and 41% by fathers; 11% were discouraged by their brother; and 26% responded they let other siblings attend instead.[71]

In this traditionally patriarchal society, many families take the view that girls' education is less important as they will leave to live with their husband's family.[71] Girls are expected to become housewives and mothers and compliance is sometimes enforced through psychological and physical violence from other family members, particularly father and brothers. In contrast, boys are considered the future providers and household heads and are encouraged to attend school.[63,71] Families are also more likely to invest in the education of boys than girls.[63]

Family members have differing concerns about girls' education and school attendance. Mothers are suggested to prefer their son marry a less educated girls who can be more easily controlled and will have little interest in employment.[71] Male family members are concerned by the threat to girls's safety and chastity, particularly if they develop relationships with boys or young male teachers.[71] Girls themselves, report threats of violence and intimidation in school or on the way to school, by boys and teachers, contribute to their drop-out.

> "Some say, "It is not good for a girl to study". Unfortunately, our people think that if a village girl goes to the city for study, she will become involved in some bad situation. Men in the village say, "It is very easy for village girls to go astray". We village girls want to study, but we know well that [for this and other reasons], our parents do not allow us to continue our education, and we are therefore not encouraged to study".
>
> 18-year-old female living in the village of Sebiston, Tajikistan[72]

Learning outcomes and quality of education (Indicators 4.05- 4.06)

Youth literacy (Indicator 4.05) is reported at 100% across this region, with no difference by gender (see Appendix 3). Literacy is a crude measure of broader learning outcomes for which data are not readily available.

Comprehensive sexuality education (CSE, Indicator 4.06) is not only important for improving young people's sexual and reproductive health knowledge. CSE supports the development of attitudes and skills that contribute to safe, healthy, positive relationships and it encourages positive values, including respect for human rights, gender equality and diversity.[73,74] Data on CSE coverage in Central Asia are very limited, with only an estimate for upper secondary education in Kyrgyzstan (92% of schools teach sexuality educaiton).

There are many challenges to the effective implementation of CSE including the cultural context, and barriers at the government, community, school and individual levels.[73,75,76] Lack of compulsory status and inadequate teacher training, support, resources and supervision are particularly key. More research is needed to understand whether girls and boys in the region are receiving the quality CSE required to develop the knowledge and skills to make safe, healthy and respectful choices about sexuality and relationships.

School environment (Indicators 4.07- 4.08)

Female teachers (Indicator 4.07) are over-represented at primary schools in most countries, accounting for 99% of primary teachers in Kazakhstan (see Appendix 3). For Uzbekistan (the only country with data across education levels), the proportion of female teachers declines in secondary school and there is relative gender-parity in the teaching body. These gender-imbalances in the education workforce are likely to shape the gender norms of young people, with teaching and care-giving roles prescribed to women. These norms are often reinforced by portrayal of women in textbooks and teaching resources in stereotypical female occupations, domestic and reproductive roles.

Data on schools with **improved sanitation facilities** are available for only two countries in the region, Uzbekistan (92%) and Tajikistan (44%), yet this data indicates there is significant regional variation in these facilities. In countries with low proportions of schools with improved, single-sex, usable sanitation facilities, such as Tajikistan, girls are likely to find it more difficult to attend school while navigating privacy and safety challenges around sanitation and hygiene, including menstruation.

Access to information (Indicators 4.09 - 4.11)

Data on access to information are limited across the region. Where available, only a minority of 15-19-year-olds report weekly access to **information media** (Indicator 4.11). Sex-disaggregated data was only available for Kyrgyzstan, finding girls (27%) almost three times more likely to access information media than boys (10%).

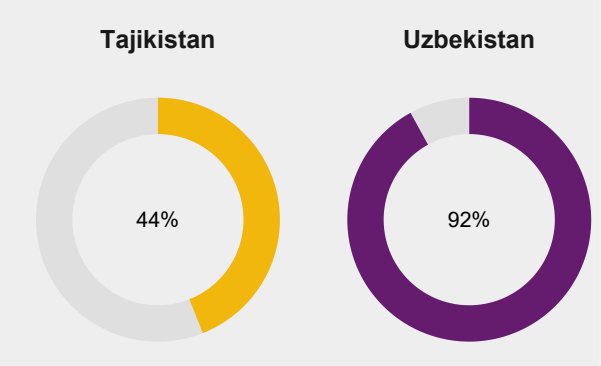
Data on **mobile phone ownership** (Indicator 4.09) was only available for Kazakhstan and indicates very high rates of ownership for females (92%) and males (93%). This finding is contrary to global trends where boys to be 1.5 times more likely to own a mobile phone than girls.[77,78]

Data relating to **Internet usage** (Indicator 4.10) was only available for three countries; while almost all (97%) adolescent girls accessed the internet in Kazakhstan, less than half did in Kyrgyzstan and Turkmenistan (see Appendix 3). Sex-disaggregated data was only available for Kyrgyzstan, where boys were slightly more likely (49%) to access the internet compared to girls (44%). A recent global report regarding mobile internet usage indicates a country's gender equality score to be a strong predictor of the gender gap in mobile internet usage.[79] Where girls and boys have different access to the internet or to mass media, this has implications for gender disparities in exposure to important information about health and rights, opportunities for political participation, and opportunities for connection with broader social networks.

Many schools in Tajikistan lack functioning, single-sex sanitation facilities, making it particularly difficult for girls to meet their sanitation and hygiene needs

FIGURE 4.3: IMPROVED SANITATION

This graph shows the proportion of schools with basic sanitation facilities (Indicator 4.08) where data are available. Data source: WHO/ UNICEF Joint Monitoring Programme, 2016.



INDICATOR 4.08: SCHOOLS WITH BASIC SANITATION FACILITIES (%)

Transition to employment (Indicators 4.12 - 4.14)

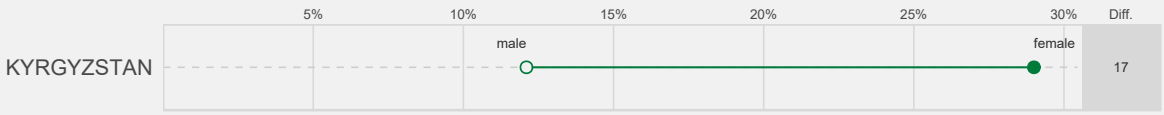
Girls and women in Kyrgyzstan (the only country with available data) are more likely than boys and men to be **not in employment, education or training** (NEET, Indicator 4.12, Figure 4.4). **Unemployment** (Indicator 4.13) is also relatively high in Kyrgyzstan, with females (21%) considerably more likely to be unemployed than males (13%). Youth unemployment is substantially lower In Kazakhstan and similar across genders.

These data collectively indicate that adolescent girls in Kyrgyzstan may encounter limited opportunities after leaving school compared with adolescent boys in the region. Lower rates of upper secondary school enrolment for adolescent girls in Tajikistan may also reflect the limited opportunities for adolescent girl school-leavers. While data indicate that adolescent boys in Kyrgyzstan have lower upper secondary enrolment compared with adolescent girls, the substantially lower NEET rates for adolescent boys indicate that these boys may be transitioning to work or work-related training before upper secondary school. These gender differences in education outcomes are plausibly the product of highly differentiated gender roles that allocate unpaid domestic and care work to women, and paid work to men. This is explored further in Case study 4.2.

> Girls are less likely than boys to transition to post-school education, employment or training.

FIGURE 4.4: NOT IN EDUCATION, EMPLOYMENT OR TRAINING

This graph shows NEET (Indicator 4.12) for girls (solid circle) and boys (hollow circle). The panel to the right shows the difference in estimates between girls and boys – a positive number indicates more girls are not in post-school education, employment or training. Data source: ILO, 2010 – 16.



INDICATOR 4.12: NOT IN EDUCATION, EMPLOYMENT OR TRAINING, 15-24Y (%)

CASE STUDY 4.2: SCHOOLING, EMPLOYMENT AND UNPAID WORK: GENDER INEQUALITY OVER A LIFETIME

In recent decades, there have been rapid increases in girls' school participation globally. In most Central Asian countries, there is relative gender parity in enrolment and attendance, with some exceptions for upper secondary school. However, similar schooling qualifications do not translate to the same workforce opportunities. Adolescent girls are less likely to transition to paid work compared with adolescent boys. For example, in Kyrgyzstan 25% of male youth transitioned to stable employment compared to 14% of female youth. Male labour force participation rates were also higher for young men (70%) than young women (52%). Those women who do enter paid work, earn less than their male counterparts.[80]

Women's lesser participation in the labour market leave them economically vulnerable. Combined with their greater burden of unpaid domestic and care work it also serves to perpetuate normalisation of highly differentiated gender roles that allocate domestic and reproductive work to women and economically productive work to men. In this way, gender inequalities at the individual level contributes to gender inequality at household, social and structural levels.

> "…her son is studying at an institute in Tashkent, and her daughter's at home. You ask her, why – you told me that your daughter was a better student than your son, she was the best in the class! And she answers – she's a girl. She needs to be married, not educated".
>
> (NGO representative)[64]

Summary
Domain 4

Key data gaps

- Data coverage was very limited for learning outcomes and quality, school environment, access to information for young people and transition to employment;
- Learning outcomes and achievement are an important focus of the SDGs, but an area where indicators and data are largely absent;
- Data was most sparse for Uzbekistan.

Key gender issues in education and employment include:

With the exception of Tajikistan, where girls are disadvantaged, there is gender parity in school attendance and completion across most countries in the region.

However, girls and women are more likely than boys and men to not be in employment, education or training (NEET) in adolescence and early adulthood. This gender gap is likely related to highly differentiated gender roles that allocate unpaid domestic and care work to women and paid employment to men.

Tajikistan has a very low proportion of improved school sanitation facilities and this may be a barrier to attendance for girls, particularly during menstruation.

There is relative gender parity in secondary school attendance

Secondary school aged children not in upper secondary school

BUT girls are less likely to be in post-school employment, education or training

15-24-year-olds not in employment, education or training (NEET)

In summary, gains made in assuring equity in school enrollment and completion have not translated to gender equality in transition to employment and further training. This has the potential to undermine progress and entrench women and girls in poverty and socioeconomic disadvantage.

Domain 5

Impact of gender inequality on protection

This domain explores how gender inequality impacts on the protection of girls and boys from violence, exploitation and abuse, in the Central Asia region.

Data availability

Data on the impact of gender inequality on the protection of girls and boys was sourced from collated datasets (UNICEF, UNDP, UNIGME, World Legal Information Institute, UNSD, UNODC, ILO), primary surveys (MICS and DHS) and modelled datasets (Global Burden of Disease). Coverage of data in this Domain varies considerably across indicators and countries (Table 5.1). Data coverage were complete for indicators measuring sex ratio at birth (Indicator 5.01), infant mortality (Indicators 5.02–5.03), legal age of intercourse and marriage (Indicators 5.07–5.09) and homicide mortality rate (Indicator 5.15). Data were available for only some countries for indicators relating to birth registration and child living arrangements (Indicators 5.04-5.05), child marriage (Indicator 5.06), intimate partner violence (Indicators 5.11–5.12), attitudes and experience of violence (Indicators 5.13–5.14), trafficked children (Indicator 5.19) and child labour (Indicators 5.20–5.22).

There was no data for the proportion of youth with a bank account (Indicator 5.10), experience of forced sex (Indicator 5.12), bullying and discrimination (Indicators 5.16–5.17), or for the prevalence of female genital mutilation/cutting (FGM/C) (Indicator 5.18). In terms of countries, data was particularly limited for Uzbekistan. To optimise coverage for the indicator of child marriage (Indicator 5.06), data were sourced from both collated UNICEF datasets and DHS primary surveys. Most data for this indicator were only available for girls and women for this region. Modelled data from the Global Burden of Disease study were used for homicide (Indicator 5.15) to improve data coverage, but also because modelling adjusts for inconsistencies in the recording of homicide mortality in many registries.

Some proposed indicators were not able to be included due to a lack of data. Data regarding discrimination and harassment of young people with diverse gender identity and sexual orientation were particularly lacking (Indicator 5.17). This indicator is however included in MICS-6 and should be available in the future. Data on discrimination and violence against children and adolescents (including intimate partner violence) are also currently limited, however there are initiatives underway including Violence Against Children surveys and the kNOVAWdata project that may contribute to improved data coverage.[81,82] Comparable data for males were also missing for many indicators.

TABLE 5.1: INDICATORS AND DATA AVAILABILITY FOR PROTECTION.

Data sources are shaded as blue (compiled dataset, such as UNICEF SOWC), green (primary survey data such as MICS) or amber (modelled dataset, such as Global Burden of Disease). The table is shaded dark grey where data are not available.

			Kazakhstan	Kyrgyzstan	Tajikistan	Turkmenistan	Uzbekistan
Sex preference	Sex ratio at birth (male : female)	5.01	UNPD	UNPD	UNPD	UNPD	UNPD
	Infant mortality rate (per 1000 births)	5.02	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME
	Expected to estimated female infant mortality ratio	5.03	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME
Social protection	Birth registration <5y (%)	5.04	UNICEF	UNICEF	UNICEF	UNICEF	
	Children not living with biological parent, 0-17y (%)	5.05	UNICEF	UNICEF	UNICEF	UNICEF	
	Child marriage before 15y (%)	5.06a	UNICEF	UNICEF	DHS		
	Child marriage <18y (%)	5.06b	UNICEF	UNICEF	DHS	UNICEF	
	Age of consent for heterosexual intercourse	5.07	WLII	WLII	WLII	WLII	WLII
	Legal age of consent to marriage	5.08	UNSD	UNSD	UNSD	UNSD	UNSD
	Age of consent for same-sex intercourse	5.09	WLII	WLII	WLII	WLII	WLII
	Bank account ownership, 15-24y (%)	5.10					
Violence	Physical intimate partner violence in last 12m, 15-19y (%)	5.11a		DHS	DHS		
	Sexual intimate partner violence in last 12m, 15-19y (%)	5.11b			DHS		
	Physical and/or sexual intimate partner violence in last 12m, 15-19y (%)	5.11c		DHS	DHS		
	Females aged 20-24y experiencing forced sex before 18y (%)	5.12					
	Adolescents 15-19y who think husband is justified to beat wife (%)	5.13	UNICEF	UNICEF	UNICEF	UNICEF	
	Children experiencing violent discipline, 1-14y (%)	5.14	UNICEF	UNICEF		UNICEF	
	Homicide mortality, 10-19y (per 100,000)	5.15	GBD	GBD	GBD	GBD	GBD
	Bullying last month, 13-17y (%)	5.16					
	Discriminated against because of gender, 15-19y	5.17a					
	Discriminated against because of sexual orientation, 15-19y	5.17b					
	FGM/C, 0-14y (%)	5.18					
Exploitation	Number of detected trafficked children <18y	5.19			UNODC		UNODC
	Child labour, 5-17y (%)	5.20		UNICEF		UNICEF	
	Hazardous work amongst those in child labour (%)	5.21			ILO		
	Hours per week spent on chores, 5-14y	5.22		UNICEF		UNICEF	

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Key gender inequalities

Girls and boys in Central Asia are not being adequately protected from violence, exploitation and abuse. Gender inequalities are shown in Figure 5.1, however it was not possible to show these for all indicators given limited comparable male data for child marriage, attitudes to intimate partner violence and experiences of bullying and discrimination.

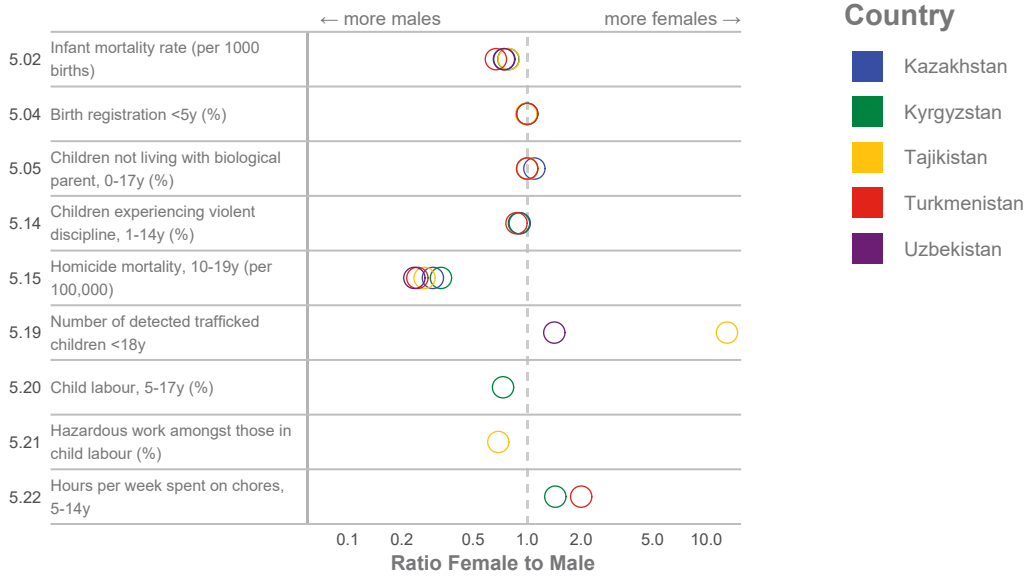
Girls in the region are at substantial risk of child marriage. Girls are also at excess risk of being trafficked and spend more hours on household chores than boys.

Boys in this region are substantially more likely to die from intentional homicide than girls. Limited data also suggest boys to be at greater risk of child or hazardous labour. Boys are also more likely to experience violent discipline.

There was no substantial gender disparity in birth registration or the proportion of children living with biological parents.

FIGURE 5.1: INEQUALITY PLOT FOR INDICATORS OF PROTECTION

This graph shows the ratio of outcomes in females to males for indicators of protection where possible to do. Note that ratios are shown on the log scale. Data sources are detailed in Appendix 3.

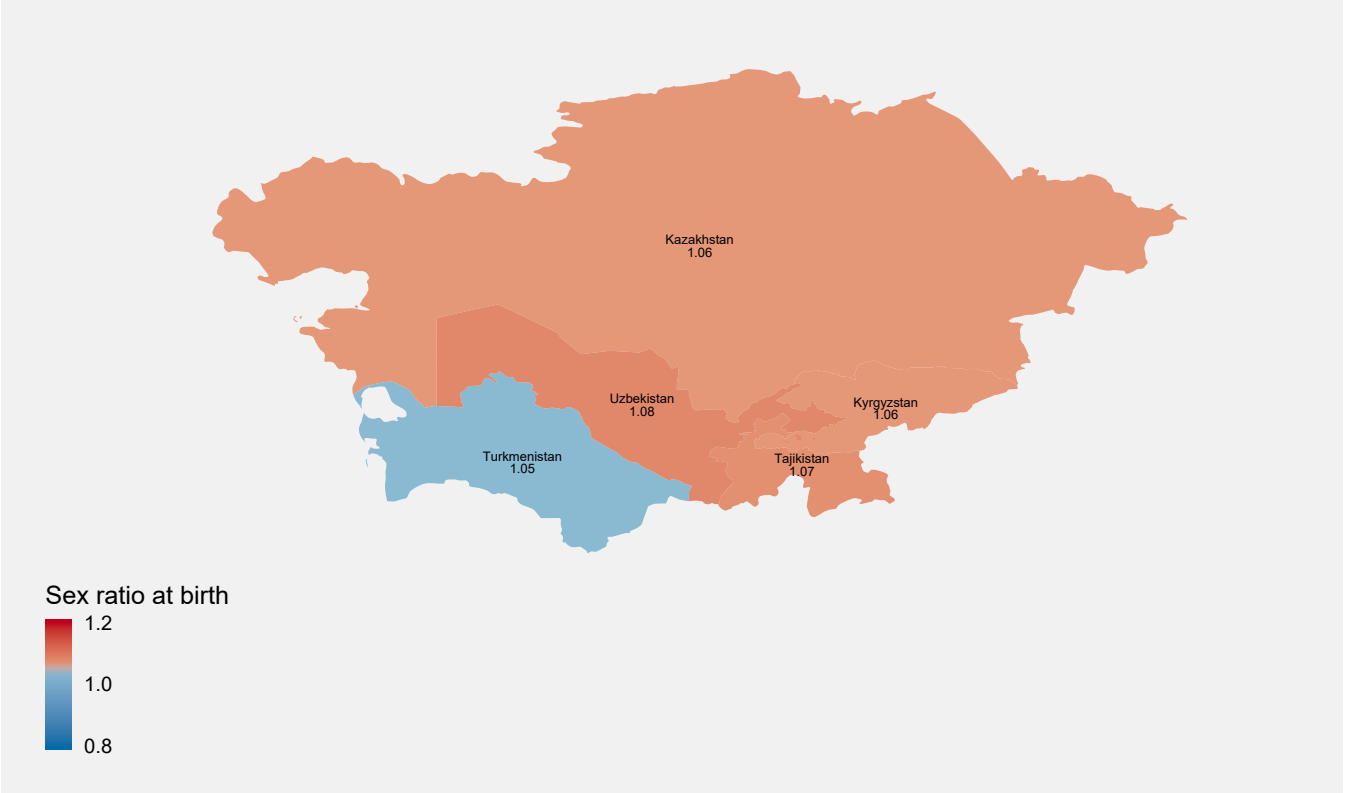


Detailed findings across indicators
Sex preference (Indicators 5.01 – 5.03)

Sex ratio at birth (Indicator 5.01) is shown in Figure 5.2. The expected sex ratio is 1.05 (105 boys should be born for every 100 girls to account for excess male mortality).[83] Data indicate that in some countries in the region more boys are born than girls than biologically expected. This is particularly so in Uzbekistan (1.08) and Tajikistan (1.07).

FIGURE 5.2: SEX RATIO AT BIRTH

This map shows the countries in the region, shaded according to the sex ratio at birth (number of male births to one female birth, Indicator 5.01). The shading changes colour at a ratio of 1.05 which is the expected number of males born to a female. Data source: UNPD, 2015.



While boys' **infant mortality** (death between birth and 1 year of age, Indicator 5.02) is higher than for girls in countries across this region, this sex difference is expected due to girls' biological advantage in infancy.[84] Figure 5.3 confirms that in Central Asia that estimated infant mortality amongst girls is as would be expected .

FIGURE 5.3: EXCESS FEMALE INFANT MORTALITY RATE

This map shows countries in the region, shaded by the expected to estimated female infant mortality rate ratio (Indicator 5.03). The greater the intensity of the colour signifies a female infant mortality rate that is greater than expected (a ratio of less than 1). Data source: UNIGME 2016.

Legal, financial and social protection (Indicators 5.04 – 5.10)

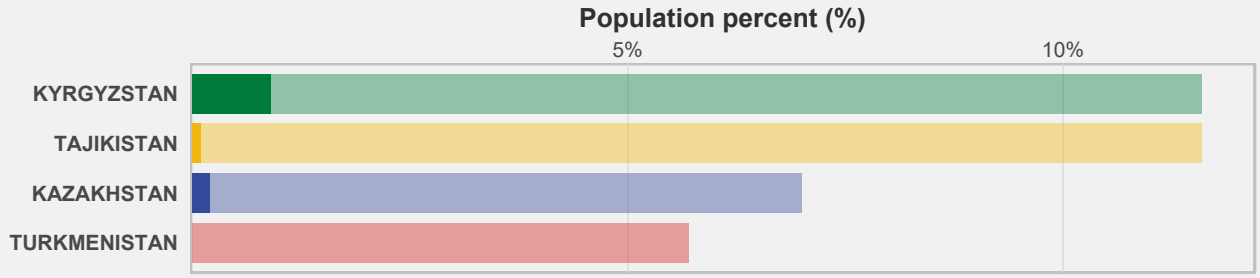
There are no apparent sex differences in **birth registration** (Indicator 5.04) of girls and boys with civil authorities. However, in some countries the gender of the parent can be a barrier to registration of children, where only senior male household members can register the birth of a child or where the father or both parents are required to be present at registration.[85] There is also not an appreciable gender difference in children living with **neither biological parent** (Indicator 5.05).

Child marriage before age 15 is rare in all countries for which data are available, but increases substantially between the ages of 15 and 18 (Figure 5.4). Close to one in every eight girls in Tajikistan and Kyrgyzstan are married by age 18, and this is likely an underestimate since many child marriages go unreported. Girls subjected to child marriage are commonly excluded from further education, exposed to sexual and physical violence, and physically and socially isolated. Child marriage is closely linked with harmful and unequal gender norms, notably the desire to regulate and control female fertility and sexuality. Child marriage also perpetuates gender inequality by not only entrenching disadvantage among married girls, but also operating at a societal level to devalue women's and girls' potential beyond reproductive and domestic roles. Child marriage is explored further in Case study 5.1.

One in every eight girls in Tajikistan and Kyrgyzstan are married by age 18

FIGURE 5.4: CHILD MARRIAGE

This graph shows the proportion of females, aged 20–24 years, who were married before the age of 15 years (darker bar) and 18 years (lighter bar) for countries in the region.
Data source: UNICEF and DHS, 2012 – 16.



INDICATOR: 5.06A CHILD MARRIAGE BEFORE 15Y (%)
INDICATOR: 5.06B CHILD MARRIAGE <18Y (%)

There is substantial regional variation in age of **consent to sex and marriage** (Indicators 5.07 and 5.08). The age of consent for heterosexual sex is 16 across all countries in this region for males and females. In all countries, there is provision for young people to be married before 18; 16- and 17-year-olds can be married in Turkmenistan and Uzbekistan, with minors able to be married in other countries with parental consent (see Appendix 3). It is only in Kazakhstan where girls can be married at a younger age than boys (17 years of age for girls compared to 18 years for boys).

There are gender disparities in legal regulation of same-sex sexual relationships in all countries in the region with the exception of Kazakhstan. **Male same-sex sexual relationships** (Indicator 5.09) are criminalised in Turkmenistan and Uzbekistan, but legal in the remaining countries in the region. The criminalisation of male same-sex sexual relationships increases the vulnerability of non-heterosexual men and perpetuates highly differentiated, unequal binary gender roles and norms. Female same-sex sexual relationships, by contrast, are not regulated in any country in the region except Kazakhstan. While this means that female same-sex sexual relationships are not criminalised, nor are they protected by law. This reflects the invisibility of non-heterosexual female sexuality, which is associated with heteronormative, patriarchal gender norms that position female sexuality as complementary and secondary to male sexuality rather than of intrinsic, independent value.

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CASE STUDY 5.1: A STORY NOT TOLD BY DATA - CHILD MARRIAGE AND BRIDE KIDNAPPING

All countries in Central Asia have legislation in place to protect girls from child marriage however the minimum age may be lowered with permission from parents, a court or local authority.[32] Household questionnaires, report relatively low rates of child marriage varying from 6% in Turkmenistan and Uzbekistan to 12% in Kyrgyzstan and Tajikistan.[86] However, most child marriages are unregistered and the sensitive nature of the issue likely impacts survey reliability, leading to underreporting. Early marriage is suggested to have increased since the collapse of the Soviet Union in the 1990s, linked to increases in patriarchy and religious practice.[32,87,88] Most of these marriages are solemnized in an Islamic ceremony with girls in rural and in lower wealth quintiles more likely to be married early.[32]

Child marriage is influenced by a range of social and economic conditions as well as cultural and religious attitudes however gender discrimination is often central to early unions. Across Central Asia, gender norms which perpetuate child marriage include women's primary role as a wife and mother, expectations of female obedience and subservience, the need to control girls' sexuality, and protect family honour.[32,87] Preventing girls' loss of virginity before marriage has been reported to be a key reason for child marriage in all Central Asian countries.

Child marriage may take many forms - from a love marriage, to an arranged or forced marriage. Some marriages are consensual, whilst others may involve coercion or violence such as when a girl is forcibly abducted.[32,62,64,88-90] Historically bride kidnapping may have been largely consensual or symbolic however over time the practice is reported to have shifted to more violent abductions.[(5,7,8)] In Kyrgyzstan, it is estimated that approximately one in five women are abducted for marriage with higher rates among ethnic Kyrgyz.[91,92] In some instances, a young man and his friends, will forcibly take a girl to his parents' home, where she is held captive until she agrees to don the marriage scarf.[62,87-89,92] Some girls are raped by their abductor, making it shameful to return home unwed.

NUMBER OF WOMEN MARRIED BEFORE 18 YEARS OF AGE

	Women aged 20-24 years who were married before 18 years in 2017	Women aged over 18 years who were married before 18 years in 2017
Kazakhstan	46,555	470,445
Kyrgyzstan	30,387	236,010
Tajikistan	48,461	368,332
Turkmenistan	14,610	101,630
Uzbekistan (based on 2006 MICS)	108,038	1,484,704

"My husband kidnapped me when I was 17. He started beating me three days later. When I was three months pregnant he beat me so hard that I lost the baby."

"They made him marry as well... When we argued he told me that he didn't want to marry me either: he just wanted someone to serve his parents and took me as a maid".

(Child spouse, married at 17)[62]

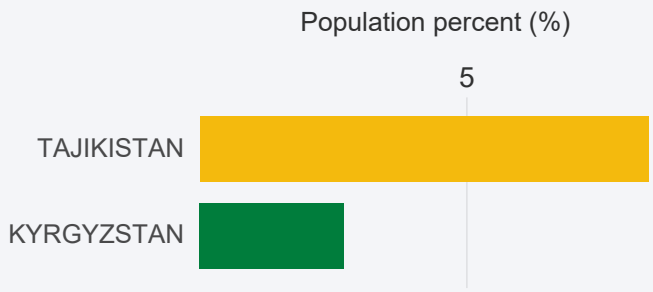
Once married, girls become housewives living with their husband's family, generally responsible for domestic chores of cooking, cleaning and caregiving as well as agricultural work.[62] Workloads are frequently heavy and unrelenting during pregnancy or after child birth. Communication with the girls' family may only occur with permission of her husband or parents-in-law and she often does not participate in family decision-making, including related to her own fertility and birth spacing.[32,62] Abuse by her husband and his relatives is common, including physical and psychological violence. Some believe a husband has the right to his wife's body and that sexual assault cannot occur within marriage. Such marriages, can be physically and psychologically stressful and recent research has found that children born to kidnapped mothers are of substantially lower birth weight.[64,91]

Violence and harmful practices
(Indicators 5.11 – 5.18)

Data on adolescent girls' (15-19 years of age) experiences of **sexual and/or physical intimate partner violence** (IPV, Indicator 5.11) in the last 12 months prior to data collection were limited to Tajikistan and Kyrgyzstan (Figure 5.5). Eight percent of partnered adolescent women in Tajikistan report IPV over a 12 month period, physical violence being more common than sexual violence. This prevalence however is likely to underestimate the extent of violence, as women and girls often do not report abuse due to embarrassment, fear of retaliation, economic dependency and societal norms such as the power imbalance between women and men, family privacy, and victim blaming.[35] No data was available around **forced sex** (Indicator 5.12) before the age of 18 years.

FIGURE 5.5: INTIMATE PARTNER VIOLENCE AND SEXUAL ASSAULT

This graph shows the proportion of ever partnered adolescents aged 15-19 years who experienced physical and/or sexual intimate partner violence in the preceding 12 months (Indicator 5.11c). Data source: DHS, 2010 – 16.

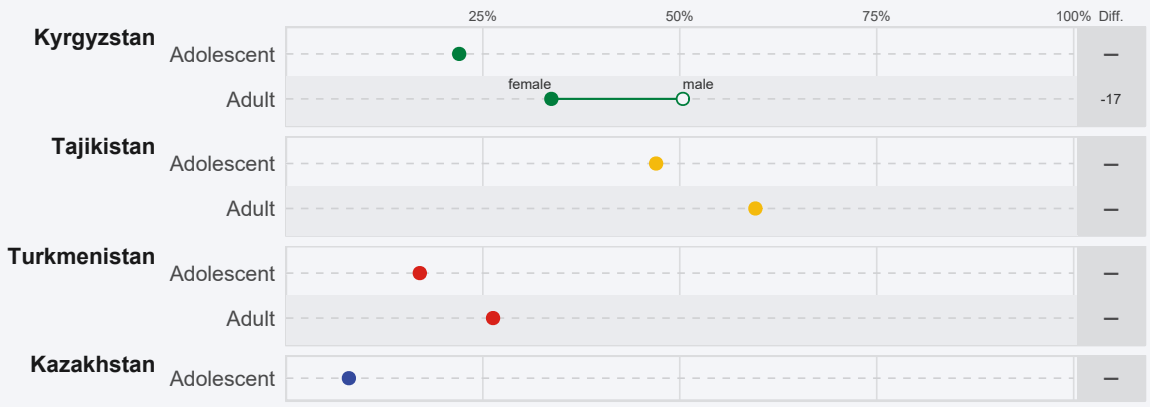


INDICATOR: 5.11C PHYSICAL AND/OR SEXUAL INTIMATE PARTNER VIOLENCE IN THE LAST 12M, 15-19Y (%)

Acceptance of violence against women is high in the region, as demonstrated by the proportion of young people who **justify domestic violence** (Indicator 5.13) in many countries (Figure 5.6). This includes almost half of adolescent females in Tajikistan and almost a quarter in Kyrgyzstan. Justification of IPV amongst adolescents appears lower than adults, suggesting that either attitudes are shifting or that these are established later in life. The perception that violence is a normal part of intimate partner relationships is a known contributing factor to violence perpetration and victimisation. Gender norms supportive of violent masculinity are associated with acceptance of wife beating among both women and men. Greater acceptance of intimate partner violence by females, compared to males, may reflect internalised acceptance of gender-based violence by young women.

FIGURE 5.6: ATTITUDES TOWARDS DOMESTIC VIOLENCE

This graph shows the proportion of adolescents aged 15-19 years who think that a husband is justified to beat his wife under certain circumstances, by sex (Indicator 5.13). To provide comparison, the proportion of adults, aged 15-49 years, who believe a husband is justified to beat his wife is also shown on grey shading (Indicator 2.12). Data: DHS, 2010 – 16.

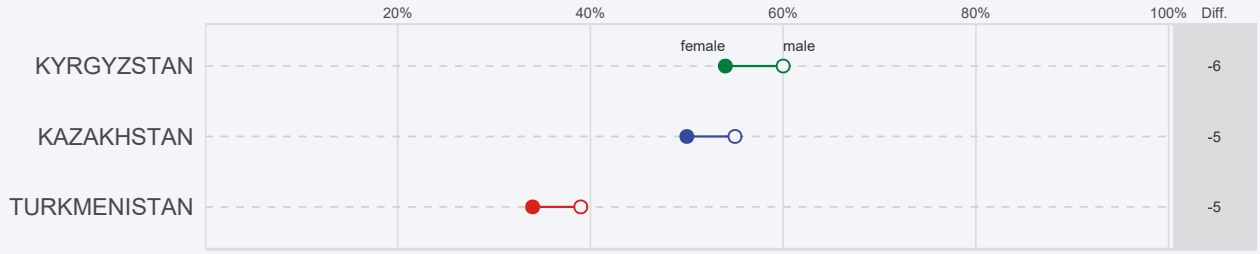


INDICATOR: 5.13: PROPORTION WHO THINK HUSBAND IS JUSTIFIED TO BEAT WIFE (%)

Rates of **violent discipline by a caregiver** (Indicator 5.14) are high in those countries where data are available, including more than half of children (aged 1-14 years) in Kyrgyzstan (60% of boys and 54% of girl) and Kazakhstan (55% and 50%) (Figure 5.7). Boys are at slightly higher risk of violent discipline compared to girls across the three countries with data. This may represent the influence of gender norms which characterise boys as being 'tougher' than girls. This violence can have a long-term impact on girls and boys - children who witness or experience violence in the home are more likely to perpetrate or experience violence as adults (explored further in Case study 5.2).

FIGURE 5.7: VIOLENT DISCIPLINE OF CHILDREN

This graph shows the proportion of children (aged 1-14 years) who experience violent discipline from a care-giver (Indicator 5.14). The panel to the right shows the difference between girls and boys – a negative number indicates boys experience more violent discipline than girls. Data source: UNCIEF SOWC, 2016.



INDICATOR: 5.14: CHILDREN EXPERIENCING VIOLENT DISCIPLINE, 1-14Y (%)

CASE STUDY 5.2: VIOLENT DISCIPLINE AND INTIMATE PARTNER VIOLENCE: TWO SIDES OF ONE COIN

Inequitable gender norms and power dynamics lead to differing risks of violence for males and females. Girls in Central Asia are at higher risk of intimate partner violence. Boys are at increased risk of experiencing violent discipline and intentional homicide. However, norms supportive of violent masculinity are likely an important contributor to all these gender disparities. This is an example of how inequality has negative but different consequences for both girls and boys. What appears to be an advantage in one outcome may be linked with a disadvantage elsewhere.

For girls, unequal power relations between men and women, is associated with intimate partner violence. For boys, masculine norms which support aggressive male dominance and male toughness raise their risk of experiencing violence as both a child and an adult.[31,33] This illustrates the broader value of addressing the underlying gender norms and socialisation, since it is likely to have benefits for both girls and boys.

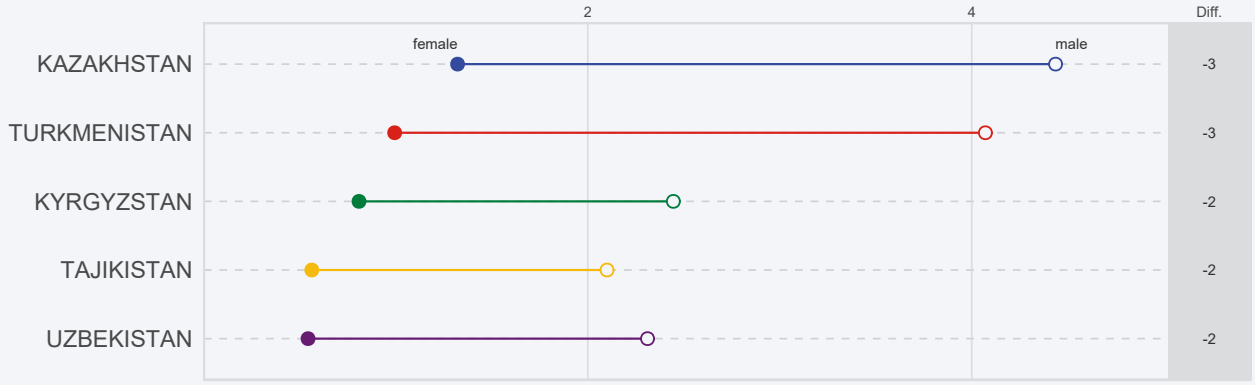
Adolescent boys are at substantially increased risk of **intentional homicide** (Indicator 5.15) compared to girls (Figure 5.8), with rates particularly high in the Kazakhstan (4.4 deaths per 100,000 due to homicide per year) and Turkmenistan (4.1 per 100,000). Globally, males lead homicide trends both as victims and perpetrators,[93,94] and this pattern is associated with gender norms that are supportive of male violence and confrontation.

No data was available on **bullying** (Indicator 5.16), or discrimination because of gender or sexual orientation (Indicator 5.17). Whilst no comparable quantitative data was identified, other research from the region has identified that young people of diverse gender and sexual orientation are more at risk of peer bullying and violence than their heterosexual or cisgender peers.[95] In Kazakhstan, and Kyrgyzstan, the situation for lesbian, gay, bisexual and transgender people is becoming more hostile due to a Russian crusade against 'non-traditional sexual relationships' and a backlash against 'Western values'.[96]

There was also no data available on **Female genital mutilation/cutting** (FGM/C, Indicator 5.18).

FIGURE 5.8: MORTALITY RATE DUE TO INTENTIONAL HOMICIDE

This graph shows the mortality rate due to intentional homicide (per 100,000) for adolescents aged 10–19 years. The panel to the right shows the difference between girls and boys – a negative number indicates greater male than female mortality. Data: IHME, 2016.



INDICATOR: 5.15: HOMICIDE MORTALITY, 10-19Y (PER 100,000)

Exploitation
(Indicators 5.19 – 5.22)

In countries for which data is available, boys are at increased risk of being engaged in both **child labour** (Indicator 5.20) and hazardous child labour compared with girls. Rates of child labour are particularly high in Kyrgyzstan where 30% of boys and 22% of girls are engaged in child labour (Figure 5.9). In Tajikistan, a substantial proportion of children in child labour do **hazardous work** (Indicator 5.21) - 26% of boys and 18% of girls. By contrast, girls spend more time on **household chores** (Indicator 5.22) compared with boys (Figure 5.10), the difference being greatest in Kyrgyzstan where girls spend an additional hour per week. This pattern among children echoes, and perpetuates, the highly gendered division of labour among adults in the region, where women spend substantially more time on unpaid domestic work while men spend more time in paid work.

This highly gendered division of labour also relates to the gender disparity in detected **trafficked children** (Indicator 5.19, Figure 5.11): girls are at higher risk of being trafficked, which is likely to be associated with their increased vulnerability to being trafficked for the purposes of forced domestic or child care work or sexual exploitation. This is associated with harmful gender norms that allocate domestic work and child care to women and girls and position women and girls as subservient to the needs and desires of men and boys, as well as overarching power structures that make girls more vulnerable to trafficking and associated exploitation.

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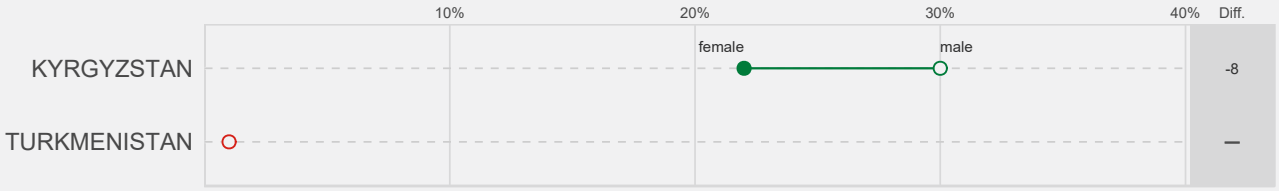
FIGURE 5.9: CHILD LABOUR

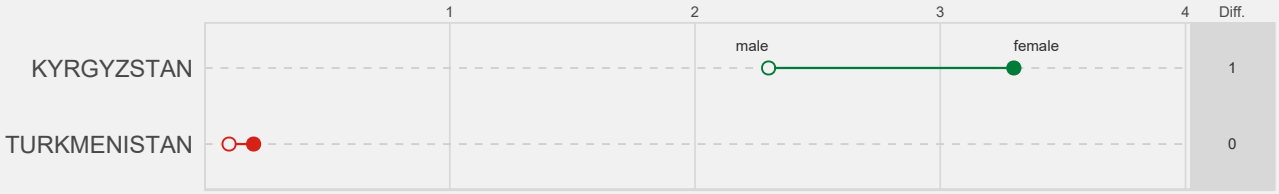
This graph shows the proportion of children, aged 5-17 years, engaged in child labour (Indicator 5.20). Girls are shown as the solid filled circle and boys as the unfilled circle, with the panel to the right showing the difference in count between females and males – a negative number indicates more boys than girls in child labour, a positive number indicates more girls. Data source: UNICEF, 2014.



INDICATOR: 5.20

FIGURE 5.10: TIME SPENT ON CHORES BY CHILDREN

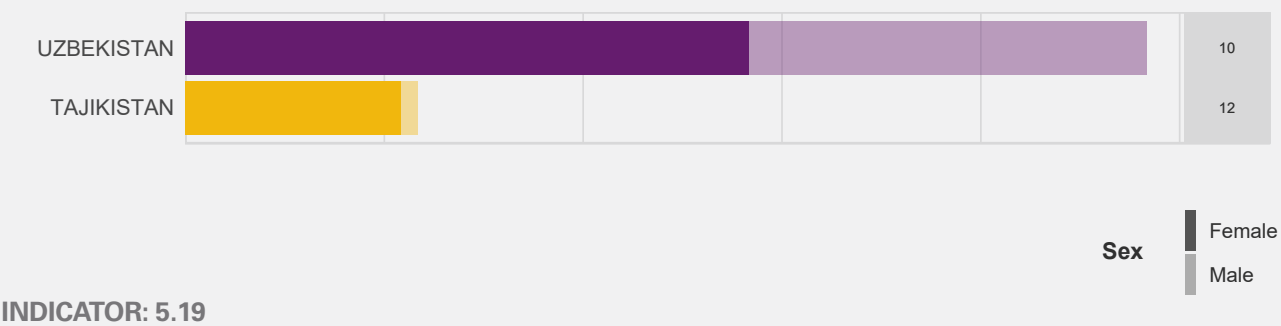
This graph shows the hours per week spent on chores by children aged 5-14 years, by sex (Indicator 5.22). Girls are shown as the solid filled circle and boys as the unfilled circle, with the panel to the right showing the difference in count between females and males. Note that data for this graph include children aged 5-11 years, 5-14 years and 5-17 years, all used as estimates of 5-14 years. Data source: UNICEF 2010 -14.



INDICATOR: 5.22: DATA FOR 5-11 YRS, 5-14 YRS AND 5-17 YRS USED TO ESTIMATE 5 TO 14

FIGURE 5.11: TRAFFICKED CHILDREN

This graph shows the number of trafficked children, <18 years of age, by sex (Indicator 5.19). Girls are shown as the darker colour and boys as the lighter shade, with the panel to the right showing the difference in count between females and males – a positive number indicates more girls are trafficked than boys. Data source: UNODC, 2014.



INDICATOR: 5.19

Summary
Domain 5

Impact of gender inequality on protection

Key data gaps

- Data is limited for indicators of violence and harmful practices and indicators of exploitation.
- Indicators regarding the wellbeing of young people with diverse gender identity and sexual orientation are unavailable.
- Comparable data is lacking for males for indicators of child marriage and attitudes to IPV.
- No country had complete data for this domain - data were most sparse for Uzbekistan.

Key gender issues in protection include:

- Child marriage remains common in this region, particularly in Kyrgyzstan and Tajikistan where one in every eight girls are married before 18 years of age.
- Available data suggest high rates of physical and/or sexual intimate partner violence in Tajikistan.
- There is a high level of acceptance of violence against women by young people in the region.
- More than half of children in Kyrgyzstan and Kazakhstan have experienced violent discipline, males slightly more so.
- Adolescent boys are at much greater risk of intentional homicide.
- Where there is data, boys are more likely to be in child labour and hazardous labour while girls have a greater burden of household chores.
- Girls are more likely to be trafficked than boys.

Child marriage and intimate partner violence affect many girls

20-24-year-olds married by 18 years

OVERALL, ONE IN 10 GIRLS IN KYRGYZSTAN, TAJIKISTAN, KAZAKHSTAN AND TURKMENISTAN ARE MARRIED BEFORE 18 YEARS

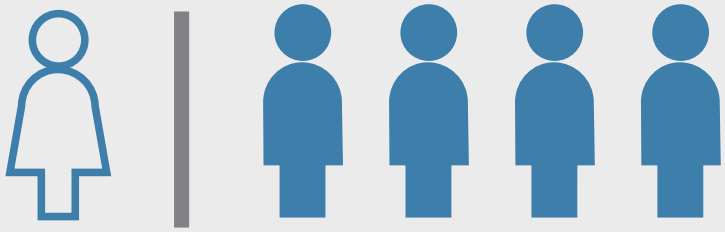
Females, aged 15- 19 years, who have experienced intimate partner violence in last 12 months

TAJIKISTAN

More males die from homicide than girls

Homicide mortality, 10-19 years, deaths per 100,000

In some countries more than 4 times as many boys die as girls



UZBEKISTAN TURKMENISTAN TAJIKISTAN

Girls and boys in this region are not being adequately protected from violence, exploitation and abuse. The findings reflect not only a failure of protective legislation in the region but also harmful social and gender norms. They demonstrate that for many, exposure to violence, exploitation and abuse occur from early childhood, likely contributing to harmful attitudes towards domestic violence and male-female relationships, that are established by adolescence.

Domain 6

Impact of gender inequality on safe environments

This section examines if there is gender equality in the safety of environments that girls and boys grow up in including; pollution; unsafe water, sanitation and hygiene (WASH); and road traffic safety. It also includes measures of mobility as a proxy measure for unsatisfactory environments, including perceptions of safety in local travel; international migration; and the numbers of refugees, displaced and stateless persons. This domain is distinct to the impact of the social environment on gender equality which is the focus of Domains 1 and 2. To date, there has been limited research on the differing impact of environmental hazards on girls and boys.

Data availability

It was challenging to identify indicators and data for environmental exposures that are disaggregated by age and gender for this Domain (Table 6.1). Disaggregated data on exposure to household air pollution and access to WASH are largely unavailable; as a proxy, the burden of disease attributable to these exposures by gender was measured using modelled data from the Global Burden of Disease (GBD) study (Indicators 6.01 and 6.03). This data had good coverage across all countries in the region. Modelled data from the GBD study was also used to measure the mortality rate due to road traffic accidents by gender (Indicator 6.08), a measure of the relative safety of the built environment and roads across the genders. There was also reasonably good coverage of data for indicators relating to the number of migrants (Indicator 6.05) and the number of displaced persons (Indicator 6.09) by gender.

Data on access to WASH by gender were limited. The recent WHO-UNICEF Joint Monitoring Program report provides estimates of handwashing in schools and the availability of drinking water and sanitation (improved, single-sex and usable).[97] Of note, this report only measures availability within a school and not access by sex. Improved sanitation is an important measure of an enabling environment for girls and women, particularly for management of menstruation, so we report on the availability of school sanitation within this domain (Indicator 6.02) as well as the Education Domain (Indicator 4.08). Data were available for two of the five countries in this region.

No data was available for young people's perceptions of safety in their neighbourhoods, for any country in the region (Indicator 6.07) - this indicator was included in MICS wave 6 which is yet to be captured for this region. There were other important areas, such as urbanisation, conflict, disaster and climate change, which could not be included in this domain due to a lack of agreed indicators and data.

TABLE 6.1: INDICATORS AND DATA AVAILABILITY FOR SAFE ENVIRONMENT

Data sources are shaded as blue (compiled dataset, such as UNICEF SOWC), green (primary survey data such as MICS) or amber (modelled dataset, such as Global Burden of Disease). The table is shaded dark grey where data are not available.

			Kazakhstan	Kyrgyzstan	Tajikistan	Turkmenistan	Uzbekistan
Energy	Household air pollution, <5y (DALYs per 100,000)	6.01a	GBD	GBD	GBD	GBD	GBD
	Household air pollution, 5 - 9y (DALYs per 100,000)	6.01b	GBD	GBD	GBD	GBD	GBD
	Household air pollution, 10-14y (DALYs per 100,000)	6.01c	GBD	GBD	GBD	GBD	GBD
	Household air pollution, 15-19y (DALYs per 100,000)	6.01d	GBD	GBD	GBD	GBD	GBD
Sanitation	Schools with improved sanitation facilities (%)	6.02			JMP		JMP
	Water, sanitation and hygiene, <5y (DALYs per 100,000)	6.03a	GBD	GBD	GBD	GBD	GBD
	Water, sanitation and hygiene, 5-9y (DALYs per 100,000)	6.03b	GBD	GBD	GBD	GBD	GBD
	Water, sanitation and hygiene, 10-14y (DALYs per 100,000)	6.03c	GBD	GBD	GBD	GBD	GBD
	Water, sanitation and hygiene, 15-19y (DALYs per 100,000)	6.03d	GBD	GBD	GBD	GBD	GBD
	Child collects water for household, <15y (%)	6.04					
Mobility	International migrants <20y, (count in 1000s)	6.05a	UN	UN	UN	UN	UN
	International migrants <20y, (population %)	6.05b	UN	UN	UN	UN	UN
	Married females make decisions visiting family or friends, 15-19y (%)	6.06		DHS	DHS		
	Feel safe walking at night, 15-19y (%)	6.07					
Conflict	Road traffic mortality, 10-19y, (deaths per 100,000)	6.08	GBD	GBD	GBD	GBD	GBD
	Refugees, displaced and stateless persons, <18y (thousands)	6.09	UNHCR	UNHCR	UNHCR	UNHCR	UNHCR

Key gender inequalities

The available data suggest substantial gender inequality in the safety of environments that girls and boys grow up in.

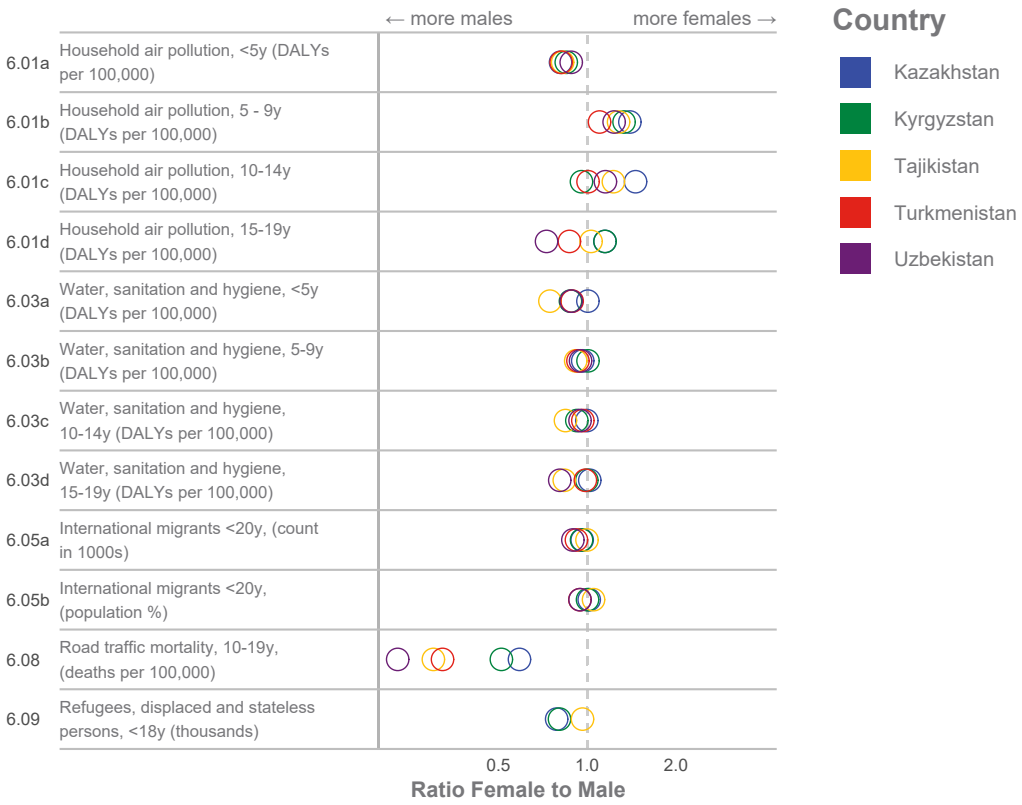
Girls are at excess risk of disease due to air pollution in the home, likely a result of spending more time engaged in domestic chores. Girls are also more likely to be more adversely affected by the inadequate sanitation and hygiene facilities in the schools of the region.

Boys on the other hand, bear a larger disease burden due to inadequate to water, sanitation and hygiene than girls. This probably due to their greater biological vulnerability. Boys are also at excess risk of road traffic accidents, likely reflecting gender norms that encourage independence and risk taking among boys but limit girls' mobility. Boys are also more likely to be refugees and displaced.

Overall, there appears to be gender balance in the number of young people who are migrants.

FIGURE 6.1: INEQUALITY PLOT FOR INDICATORS OF ENVIRONMENT

This graph shows the ratio of outcomes in females to males for indicators of health where possible to do. Note that ratios are shown on the log scale. Data sources are detailed in Appendix 3.



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Detailed findings across indicators

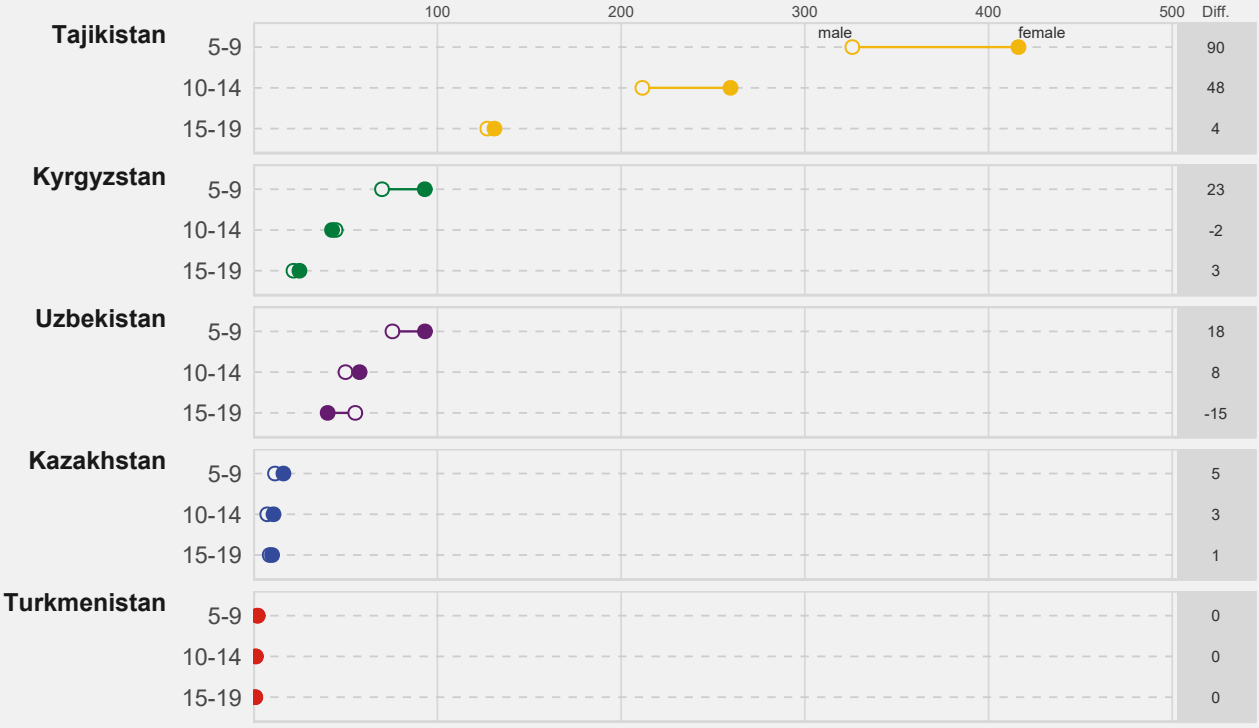
Energy (Indicator 6.01)

Household air pollution (Indicator 6.01) is the leading environmental risk factor for health worldwide.[98] Fine particles from fires and stoves are responsible for almost one third of LMIC deaths from chronic obstructive pulmonary disease and significantly increase the risk of death from stroke, lung cancer and ischaemic heart disease. In addition, it is estimated that more than half of pneumonia deaths among children under-5 are caused by exposure to household air pollution. In LMICs around the world, due to gender roles and division of labour, women and girls are the primary users of household energy services. Household air pollution is therefore a leading risk factor for the health of women and girls globally.

DALY rates relating to unsafe environment for children and young people aged 5-19 are low across the region, with slightly higher rates in Tajikistan (Figure 6.2). From age five to 14 years, estimates indicate that girls are more likely to suffer the ill effects from household pollution than boys. This is likely related to girls' higher allocation of household chores, and boys increased freedom of movement outside the home. However, it should be noted that the disease and death arising from exposure to household air pollution will have peak impact in later adulthood and is not likely to be adequately measured by childhood DALYs.

FIGURE 6.2: HOUSEHOLD AIR POLLUTION

This graph shows the health impact (measured in DALYs per 100,000) of household air pollution on girls and boys aged 5 – 19 years (indicators 6.01b – 6.01d). The solid filled circles are for females and the unfilled circles are for males, with difference between female and male estimates shown in the panel on the right. Data for under 5 year olds are not shown here given the substantially larger burden but are summarised in the appendix. Data: GBD, 2016.



INDICATOR: 6.01: HOUSEHOLD AIR POLLUTION (DALYS PER 100,000) UNDER 5 NOT INCLUDED

Water, sanitation and hygiene (Indicators 6.02 – 6.04)

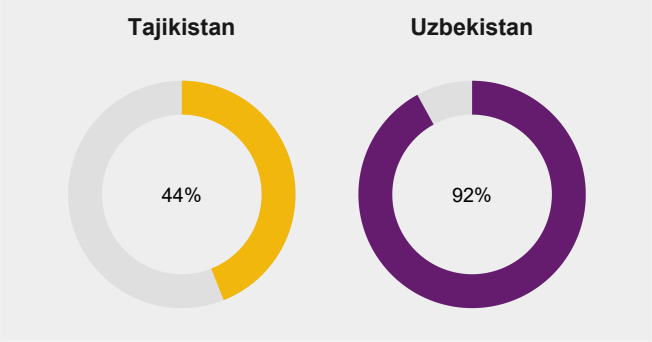
Access to water, sanitation and hygiene (WASH) has a disproportionate impact on women and girls, and is important for girls' management of menstruation. Of the available data, less than half of schools in Tajikistan have **improved sanitation facilities** (Indicator 6.02, Figure 6.3). The lack of improved sanitation facilities in schools can lead to girls missing classes and activities when they are menstruating. Also, where improved facilities for sanitation are not available, women and girls are at higher risk of harassment and assault while managing their sanitation and hygiene needs. Case study 6.1 explores these issues further.

Where access to water is limited, females typically bear the greater burden of **water collection** (Indicator 6.04) and when hygiene is insufficient, their gendered workload of caregiving for the sick increases. Data for this indicator is however unavailable in Central Asia.

Indicator 6.03 measures the **disease burden attributable to inadequate WASH** on girls and boys across childhood and adolescence (see Appendix 3). This includes for example the burden of diarrheal disease and pneumonia due to inadequate hygiene. For this region, the disease burden appears very similar for girls and boys in most countries, and higher for boys in Tajikistan, where the disease burden is greatest. This may reflect boys greater biological vulnerability to infectious diseases in early childhood. It should be noted, that this burden does not include measure of the increased risk of gender-based violence associated with inadequate sanitation and open defecation.

FIGURE 6.3: SCHOOL SANITATION FACILITIES

This graph shows the proportion of schools with improved sanitation facilities (Indicator 6.02).
Data source: WHO UNICEF JMP, 2018.



INDICATOR: 6.02: SCHOOLS WITH IMPROVED SANITATION FACILITIES (%)

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CASE STUDY 5.2: THE IMPACT OF INADEQUATE SANITATION ON GIRLS

In Central Asia, as in other parts of the world, inadequate sanitation has an impact on the lives of girls, that extends beyond disease burden. Gender norms and physiology mean that the privacy and proximity of facilities are more important for girls, particularly during menstruation. When facilities are inadequate, girls are at more risk than boys, of humiliation, harassment and even assault. These experiences can negatively influence girls' confidence, self-esteem and relationships with others. In schools, stress surrounding hygiene and sanitation needs, particularly menstruation, can affect girls' concentration and participation and may result in their absence or even drop-out.[99-101]

In Tajikistan, less than half of schools have improved sanitation facilities – there is a lack of clean water, lighting and privacy.[71] This negatively impacts girls' attendance - in one study, nearly one in five girls (18%) reported missing school due to inadequate sanitation and hygiene facilities. In Kyrgyzstan, maintenance of school sanitation facilities is reported to be poor.[99] Nearly a third (29%) of schools had a non-functional sanitation system. Almost two thirds of students (62%) reported the toilets were not clean and water was frequently not available. Many latrines do not have individual stalls and lack the privacy required for dignified use.

When girls do not use the latrines to urinate they often decrease their water consumption, increasing their risk of both dehydration and urinary tract infections. When they do not change their sanitary pads for long periods of time they risk skin irritation, genital infections, and blood leakage. Most girls live in fear of blood staining their clothing and many report being teased and embarrassed when this occurs.[99,100] Compounding these issues, taboos surrounding menstruation frequently restrict open discussion and access to accurate information.[99,102] As a result, there are many myths surrounding menstruation which limit girls' diets and activities, and make their lives more stressful.

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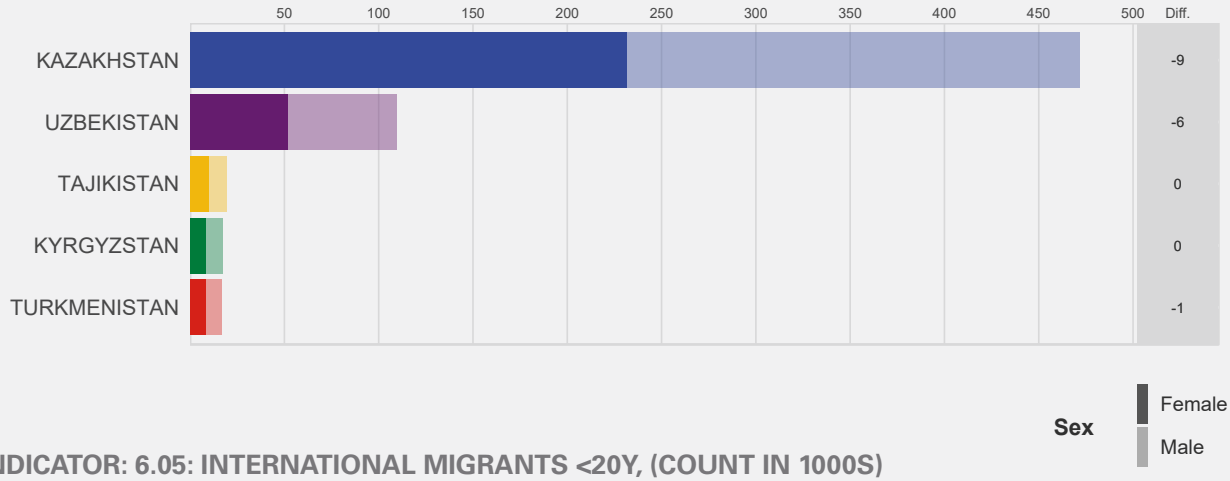
Mobility
(Indicators 6.05-6.08)

Sustainable development is defined as meeting the needs of the present without compromising the ability of future generations to meet their own needs.[103] An environment that lacks environmental or economic sustainability will stimulate migration – people will leave to find better environments in which to live. Across the region there are some 600,000 **international migrants** under 18 years of age (Indicator 6.05, Figure 6.5). Kazakhstan has the largest population of international migrants followed by Uzbekistan. Only in Kazakhstan are international migrants aged less than 18 years a sizeable (around 8%) proportion of the national population (Indicator 6.05b, see Appendix 3). There is not an appreciable gender difference in international migration, data from Kazakhstan and Uzbekistan showing only slightly more males migrating than females. These patterns may indicate economic opportunities for child migrants, with boys more likely to be employed in sectors such as manufacturing, and construction.[104] However, all migrant girls and boys are vulnerable to isolation from social networks, poverty, and exploitation.

Perceptions of environmental safety will affect the freedom young people are given to move around their communities. Gender norms frequently lead to girls being more restricted in their freedom of movement than boys, due to perceptions of vulnerability and concerns regarding their safety. For these reasons, married girls' **decision-making** power to visit family and friends (Indicator 6.06) is considered a proxy measure for perceptions of environmental safety. Data is available for two countries (see Figure 6.5), with only 28%

FIGURE 6.4: INTERNATIONAL MIGRANTS

This graph shows the count of international migrants (aged <20 years) in thousands (Indicator 6.05a) as a stacked bar chart of females (darker shading) and males (lighter shading). The difference between female and males shown in the grey panel on the right – a positive number indicates more female migrants, a negative number indicates more male migrants. Data source: UN 2017.



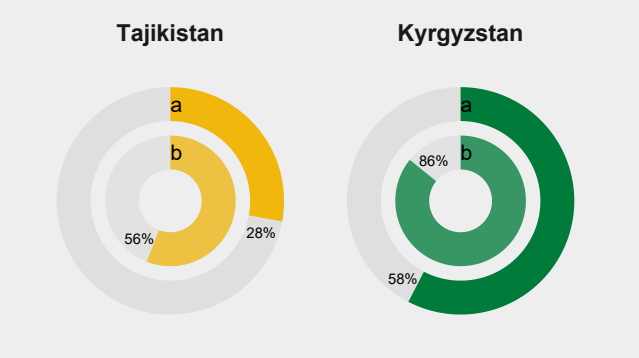
INDICATOR: 6.05: INTERNATIONAL MIGRANTS <20Y, (COUNT IN 1000S)

of married adolescent girls in Tajikistan and 58% in Kyrgyzstan able to make decisions around visiting friends. There is also a consistent pattern for married adolescents to have lower decision-making power compared to married adults. For those married girls who remain unable to freely access their family and social networks, this entrenches their vulnerability, both within their marital relationship and within their broader marital household or extended family. It also indicates persistent power imbalances in relationships between men and women, with girls having limited self-determination and being at risk of gender-based violence. No data is available on the situation of unmarried girls who may face greater limitations in movement and decision-making than boys and married girls.

More than seventy percent of married girls in Tajikistan and 40% in Kyrgyzstan do not have freedom of movement to visit family and friends.

FIGURE 6.5: DECISION MAKING

This graph shows the proportion of married adolescents, aged 15-19 years, who can make decisions around visiting friends (outer ring, Indicator 6.06) as compared to the proportion of married adult women aged 15-49 years who can make decisions about visiting friends (inner ring, Indicator 2.18). Data source: DHS 2010 – 16.

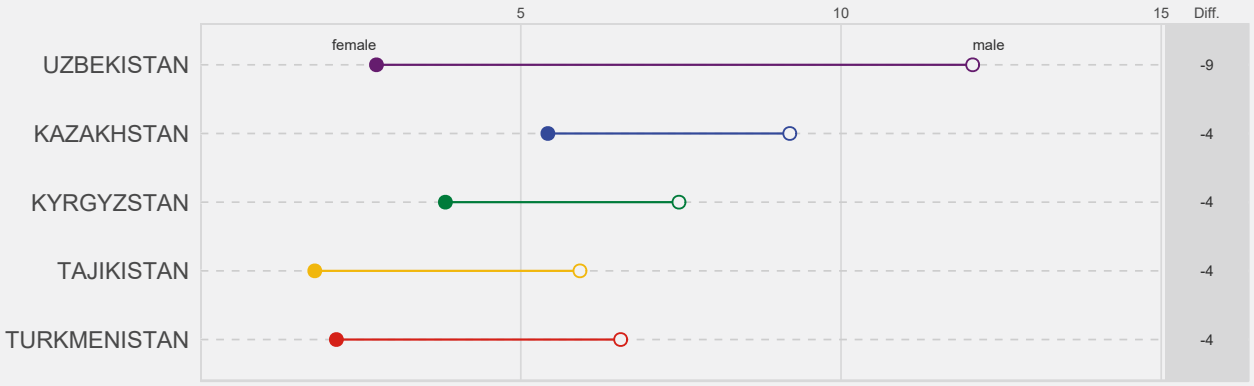


INDICATOR A: 6.06 MARRIED FEMALES MAKING DECISIONS VISITING FAMILY OR FRIENDS, 15-19Y (%)
INDICATOR B: 2.18 MARRIED WOMEN MAKE DECISION VISITING FAMILY OR FRIENDS,15-49Y (%)

Adolescent boys are at substantially increased risk of mortality due to **road traffic accidents** in all countries compared to adolescent girls (Figure 6.7). The rate and gender disparity is greatest in Uzbekistan where males have a road traffic mortality rate of 12 per 100,000 and girls 3 per 100,000. This pattern is likely to be associated with boys' increased mobility in urban settings and greater freedom of movement in public spaces. Adolescent boys are likely to have more access to modes of transport other than walking, such as bicycles or motorised transport. Gender norms and boys' greater participation in vocational training and paid work likely leads to more family support for boys' mobility as well as increased access to financial resources. In contrast, perceptions that girls are vulnerable and require more protection than boys, restricts their mobility and independence.[105] Higher levels of alcohol misuse and masculine norms that encourage risk-taking may also make boys at higher risk of traffic accidents. In this way, adolescent boys' increased traffic accident mortality reflects gender norms that encourage freedom, financial independence and risk-taking among boys but limit girls' mobility and control over resources.

FIGURE 6.6: ROAD TRAFFIC MORTALITY

This graph shows the mortality rate due to road traffic accidents per 100,000 annually (Indicator 6.08) for females (solid circle) and males (hollow circle) aged 10-19 years. The difference between females and males is shown in the panel on the right – a negative number indicates more male than female deaths. Data source: GBD 2016.



INDICATOR: 6.08: ROAD TRAFFIC MORTALITY, 10-19Y, (DEATHS PER 100,000)

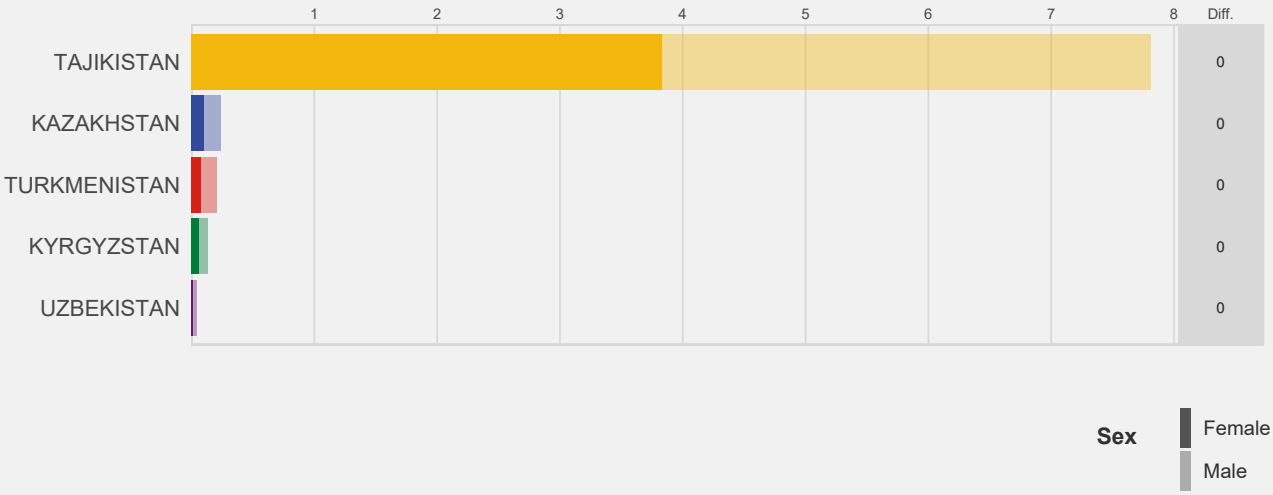
Gender norms which support greater independence and risk-taking among adolescent boys but restrict adolescent girls' mobility likely contribute to boys' substantially greater risk of mortality due to road accidents.

Conflict and disaster (Indicator 6.09)

The available data indicates no gender disparities in the number of **refugees**, and displaced, or stateless people under the age of 18 years (Figure 6.8). Tajikistan has the largest number of refugees and displaced people in this region 3,800 refugees who are boys and 4,000 who are girls.

FIGURE 6.7: REFUGEES AND DISPLACED PERSONS

This graph shows the count of refugees, displaced and stateless people aged < 18 y in thousands (Indicator 6.09) as a stacked bar chart of females (darker shading) and males (lighter shading), with the difference (n thousands) between female and males shown in the grey panel on the right. A negative number indicates more males than females are displaced or refugees. Data source: UNHCR 2016.



INDICATOR: 6.09: REFUGEES, DISPLACED AND STATELESS PERSONS, <18Y (THOUSANDS)

Summary
Domain 6

Key data gaps

- There is an overall lack of agreed indicators and data that measure gender equality related to safe and sustainable environments.
- Key data gaps included data on perceived safety of environments (data not yet available from MICS6) and gender-specific data on access to WASH. Other important gaps included data on urbanisation, conflict, disaster and climate change.
- Most data were modelled and available for all countries. Of primary data, less than half the countries had data for the indicators relating to decision making.

Key gender issues relating to the environment include:

Girls are at an excess risk of disease burden due to household air pollution, likely the result girls spending more time on household chores.

Improved sanitation facilities (essential for menstrual health and hygiene) are only available for 42% of schools in Tajikistan.

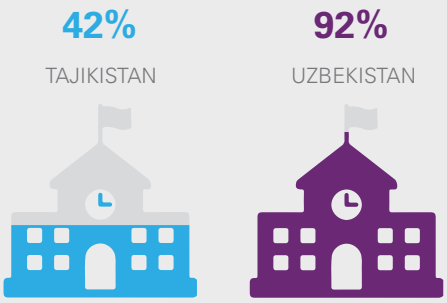
There are 600,000 international child migrants across the region, with slightly more migrants being boys than girls. These gender-differences may reflect patterns of child labour.

Mobility is limited for many adolescent girls: more than seventy percent of married girls in Tajikistan and 40% in Kyrgyzstan do not have freedom of movement to visit friends and family.

Adolescent boys' increased traffic accident mortality reflects gender norms that encourage freedom, financial independence and risk taking among boys but limit girls' mobility.

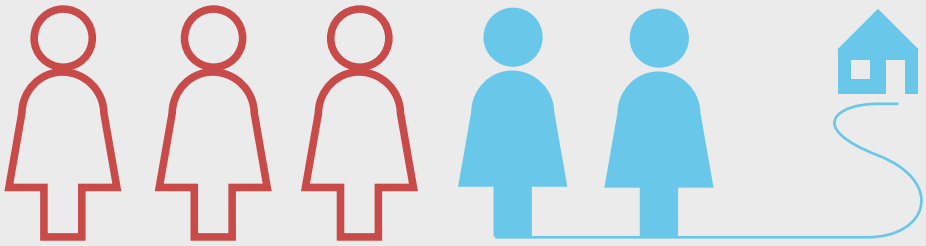
Many schools have inadequate sanitation

Schools with improved sanitation facilities



Mobility is limited for many girls

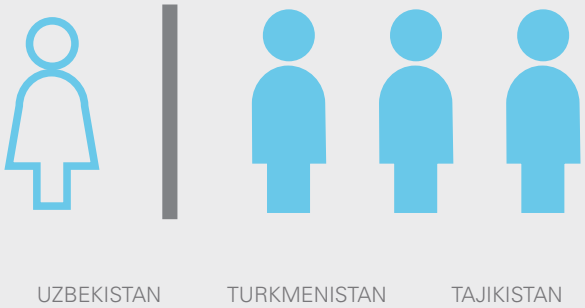
Overall in Tajikistan and Kyrgyzstan, 3 in 5 girls can't make decisions about visiting family or friends



More boys die from road traffic accidents than girls

Road traffic mortality, 10-19 years, deaths per 100,000

In some countries, at least 3 times as many boys die from road traffic accidents as girls



The available data suggest substantial gender inequality in the safety of environments that girls and boys grow up in. Girls have limited mobility within their environments and are more likely than boys to be tied to the home and engaged in domestic chores such as collecting water. By contrast, while boys are more mobile and independent, norms supportive of risk-taking place them at greater risk of harm.

Conclusions

An important conclusion from this assessment is that it is possible to define indicators to capture gender inequality for children and adolescents, and that despite data gaps, it is possible to provide quantitative measure of gender inequalities impacting on girls and boys across countries in this region.

By global standards, Central Asia has demonstrated progress towards gender equality. However, the available data indicates **persistent gender inequalities exist for children and adolescents.**

Health (Domain 3)

Available data for **health** indicate that adolescent girls experience a disproportionate burden of anaemia, and there remains a large burden of poor reproductive health for girls with high and unshifting rates of adolescent pregnancy and substantial unmet needs for contraception. By contrast, boys in this region demonstrate higher levels of risk behaviour, such as tobacco smoking, and are also at excess risk of injury and suicide mortality. In many instances, these gender inequalities in health likely reflect harmful masculine norms which support violence and risk-taking and imbalances in power relations that negatively impact girls' autonomy and self-determination.

Education and employment (Domain 4)

Available data for **education and transition to employment** indicate that in Central Asia (with the exception of Tajikistan), girls are equal to boys, or advantaged, in their attendance and completion of all stages of school. However, after leaving school, girls and young women (aged 15-24 years) are more likely than boys to not be in education, training and employment. As such, gains made in assuring equity in school enrollment and completion have not translated to gender equality in transition to employment and further training. This has the potential to undermine progress and entrench women and girls in poverty and socioeconomic disadvantage

Protection (Domain 5)

Available data for **protection** outcomes indicates that girls and boys in Central Asia are not being adequately protected from violence, exploitation and abuse. Girls in the region are substantially more likely than boys to be married as children or trafficked. There is broad acceptance of violence against women by young people, with girls being more likely to justify a husband beating his wife than boys. Girls also spend more hours on household labour than do boys. By contrast, boys in this region are substantially more likely to die from intentional homicide than girls. Boys are also more likely to be in child or hazardous labour. These findings reflect not only a failure of protective legislation in the region but also harmful social and gender norms. They demonstrate that for many, exposure to violence, exploitation and abuse occur from early childhood, likely contributing to harmful attitudes towards domestic violence and male-female relationships, that are established by adolescence. The differing outcomes for girls and boys are likely attributable to social norms which support male dominance, violence and toughness but limit girls to subservient, domestic and reproductive roles.

Safe environments (Domain 6)

The available data suggest substantial gender inequality in the **safety of environments** that girls and boys grow up in. Girls have limited mobility within their environments and are at an excess risk of disease burden due to household air pollution, likely the result of spending more time on household chores. Girls are also more likely to be adversely affected by the inadequate sanitation and hygiene facilities in the schools of the region. By contrast, boys have a higher mortality from traffic accidents, likely reflecting gender norms that encourage independence and risk taking among boys but limit girls' mobility.

Recommendations

The findings of this analysis provide the basis for four key recommendations, detailed below:

Recommendation 1

Integrate priority gender indicators for children and adolescents into routine reporting

From this review of gender differences across a comprehensive range of indicators, findings highlight a subset of indicators where gender disparities are most substantial, or that capture key dimensions of gender inequality in child wellbeing outcomes (Box 1). These indicators should be integrated into routine reporting. Importantly, since this review has drawn on available data, these indicators can be readily populated using existing data collections. However, this list of indicators cannot be considered exhaustive as there are other critical gender issues that are not captured in existing data.

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BOX 1. PRIORITY INDICATORS TO TRACK PROGRESS TOWARDS GENDER EQUALITY THROUGH ROUTINE MONITORING.

INDICATORS THAT TRACK CRITICAL GENDER DISPARITIES

Girls currently disadvantaged

- Prevalence of anaemia for 10-14-year-olds (based on WHO age and sex specific haemoglobin thresholds) (%), by sex (Indicator 3.09d)
- Adolescent birth rate: Number of live births per 1000 females aged 15-19 years (Indicator 3.20)
- Proportion of youth, aged 15-24 years, not in education, employment or training (%), by sex (Indicator 4.12)
- Proportion of youth, aged 15-24 years, currently unemployed as a percent of the total number of employed and unemployed persons (the labour force) (%), by sex (Indicator 4.13)
- Child marriage - proportion of 20-24 year olds who were married before 18 years and married before 15 years (Indicators 5.06a-b)
- Number of detected trafficked children under 18 years of age, by sex (Indicator 5.19)
- Average number of hours, children aged 5-14 years, spend performing household chores per week, by sex (Indicator 5.22)
- Proportion of married 15-19 year old females who make decisions about visiting family and friends themselves or jointly with husband (Indicator 6.06)

Boys currently disadvantaged

- DALY rate due to injuries amongst 10-19-year-olds (DALYs per 100,000), by sex (Indicator 3.12c)
- Proportion of 15-19-year-olds who report an episode of binge drinking (>48g females, 60g males) in the last 12 months (%), by sex (Indicator 3.13)
- Prevalence of daily tobacco smoking among 10-19-year-olds (%), by sex (Indicator 3.14)
- Suicide mortality rate among 10-19-year-olds (deaths due to intentional self-harm per 100,000 population per year), by sex (Indicator 3.15)
- School attendance (disaggregated by school level, age and sex) (Indicators 4.01a-c)
- Proportion of children 1-14 years who experience violent discipline (psychological aggression and/or physical punishment) from a caregiver (Indicator 5.14)
- Mortality rate due to intentional homicide among 10-19-year-olds (deaths per 100,000), by sex (Indicator 5.15)
- Proportion of children aged 5-17 years engaged in child labour (Indicator 5.20)
- Mortality rate due to road traffic accidents among 10-19 year olds (Indicator 6.08)

Other indicators that track critical gender issues

- Legal age of consent to sex (heterosexual and same-sex sexual relationships)
- Proportion of schools with basic sanitation facilities (improved, single-sex and usable) (%) (indicator 4.08)

Recommendation 2

Invest in gender data collection for children and adolescents in priority areas

The review has also identified critical gaps in data relevant to priority topics for promoting gender equality.

2a

Invest in developing and promoting use of standard indicators for priority topics

Some proposed topics known to be linked with gendered vulnerability were excluded from the indicator framework due to a lack of routine data collection and reporting against defined indicators. Additional investment is recommended to address data gaps in these areas, which included:

- wellbeing of children and adolescents with disability;
- sexual and reproductive health of adolescent boys, unmarried adolescent girls and boys, and girls and boys aged less than 15 years;
- menstrual health and hygiene;
- quality of education;
- wellbeing of young people with diverse gender identity and sexual orientation; and
- individual-level indicators relating to urbanisation, conflict, disaster and climate change.

2b

Invest in collecting data against established indicators in areas with data gaps

There were also indicators included in the indicator framework for which no country in the region had data, or indicators for which only modelled data were available. These are outlined in Box 2 and represent important areas for investment in primary data collection. Further, for the majority of indicators in this report it was not possible to disaggregate data by urban/rural status or ethnicity, two important determinants of gender inequality in this region. As such, efforts around data collection should ensure that these indicators can be further disaggregated.

BOX 2. INDICATORS WITH NO DATA, OR NO PRIMARY DATA, AVAILABLE IN CENTRAL ASIA.

Indicators with no data available currently

- HIV prevalence in transgender people aged <25 years (Indicator 3.22b)
- Informal sector employment (Indicator 4.14)
- Proportion of females, aged 20-24 years, who experienced forced sex by 18 years of age (%) (Indicator 5.12).
- Harassment and discrimination experienced by young people with diverse gender identity and sexual orientation (Indicators 5.17a, 5.17b)
- Young people's perceptions of safety in their neighbourhoods (Indicator 6.06)

Indicators with limited primary data/ only modelled data available

- Anaemia (Indicator 3.09)
- Overweight and obesity (Indicator 3.11)
- DALY rates (all-cause and cause-specific) (Indicators 3.12, 6.01 and 6.02)
- NCD risk factors (binge drinking and tobacco smoking) (Indicators 3.13 and 3.14)
- Suicide mortality rate (Indicator 3.15)
- Mortality due to maternal disorders among 15-19 year olds (Indicator 3.21)
- Access to information media, mobile phone ownership and internet use (Indicators 4.09 – 4.11)
- Intimate partner violence (Indicator 5.11)
- Mortality due to intentional homicide (Indicator 5.15)
- Mortality due to road traffic accidents lindicator 6.07)

2c Invest in data collection methodologies appropriate to gender-diverse children and adolescents

As described above, this review excluded some topics relating to the wellbeing of young people with diverse gender identity and sexual orientation. Young people who identify as transgender or third gender along with young people who are lesbian, gay, bisexual or intersex, face particular forms of discrimination that undermine their ability to fulfil their potential. There is increasing recognition of the diversity of gender identity, and the changing social constructions of gender, with young people in many societies being more likely to reject normative gender categorisation. Despite this recognition, collection of data about gender overwhelmingly privileges the binary categorisation of individuals as male or female. This means that the experience of people with diverse gender identity or expression is rendered invisible in research and demographic data sets; it can also mean that transgender people are misgendered, or required to misgender themselves, in their participation in routine data collection and other research. This can be particularly harmful to young people, already dealing with the consequences of prejudice and discrimination in relation to their gender identity. While collection of sex-disaggregated data can make visible challenges linked to gender inequality, it is increasingly important to collect data in ways that do not increase the harms experienced by young people with diverse gender identity. Investment in developing data collection strategies that include young people with diverse gender identity and sexual orientation would increase the visibility of the experiences and needs of this vulnerable group of children and adolescents.

Recommendation 3:

Conduct additional research to understand observed gender disparities for children and adolescents

This review focused on understanding how gender equality impacts on the health and wellbeing of children and adolescents across the region. It provides a cross-sectional snapshot using the most recent data.

For some indicators, it may be beneficial to explore trends over time. This review also used comparable data for countries so as to build a regional profile of gender. An extension of this work may involve assembling country level profiles, drawing on the best available data at a country level. This may also include the analysis of sub-national trends, likely to be of value to local programming.

There were some indicators for which findings were inconsistent or not as expected (Box 3). Further exploration of these indicators and their underlying determinants may help develop a more complete picture of gender equality.

BOX 3. INDICATORS THAT MAY REQUIRE IN-DEPTH REVIEW TO EXPLORE OBSERVED GENDER DIFFERENCES.

Prevalence of anaemia (disaggregated in 5-year age bands) (Indicator 3.09)

Proportion of 15-19 year olds who report an episode of binge drinking (>48g females, 60g males) in the last 12 months (Indicator 3.13)

Recommendation 4:

Address key drivers of gender inequality in the region

The findings of this review indicate that the likely drivers of unequal outcomes for girls and boys in the region include: binary and unequal gender roles; gendered division of labour and associated restrictions on opportunities for both girls and boys; and norms around female passivity and compliance and male independence and risk taking. Further research will be invaluable to confirm and better understand how social norms and gender inequality contribute to these differences for girls and boys and to develop strategies moving forward. Action to address drivers of gender inequality is likely to be required in order to address the underlying causes of disparities in child wellbeing outcomes, and to improve wellbeing for all children and adolescents in the region. Examples of action include criminalisation of marital rape throughout the region and enforcing legislation around child marriage. There is also space for formal support for women's increased representation in government and the justice system.

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Appendix 1

Existing frameworks to measure gender equality

Several existing global and regional frameworks include indicators to measure and monitor women's and girls' empowerment and gender equality. These include:

- The Sustainable Development Goals;[106]
- United Nations Minimum Set of Gender Indicators;[107]
- UNESCAP's Regional core set of gender statistics and indicators for Asia and the Pacific;[12]
- The Beijing Platform for Action;[5]
- UNICEF Strategic Plan (2018-2021) and Gender Action Plan;[108] and
- UNICEF 5x5 adolescent health indicators.[109]

There are additionally frameworks that include measure of gender that have been developed by UNFPA, the World Bank, ADB, WHO, and international non-government organisations such as Plan International and CARE. Further, the ADB and UN Women have recently defined and populated indicators of gender equality for Women in the Asia Pacific region.110 While many of these include some gender indicators relating to children and adolescents, they do not provide a comprehensive assessment of gender issues for children and adolescents.

Established gender issues for children and adolescents (with a focus on girls) in East and South East Asia as related to four of the Domains of the UNICEF's strategic plan 2018-2021 are summarised below:

Every Child Survives & Thrives	• Access to safe abortion and post-abortion care.[73,111] • Increased smoking rates among boys and girls.[112] • Female infanticide and sex selective abortion.[73,113]
Every Child Learns	• Gender disparities in school dropout rates.[7,114]
Every Child is Protected	• Child labour and labour rights, particularly in the informal sector.[115] • Trafficking and sexual exploitation.[116]
Every Child Lives in a Safe and Clean Environment	• Urban migration influencing vulnerability of girls in urban, peri-urban and rural areas.[117] • Lack of water and sanitation for girls to manage menstrual hygiene.[100]

Appendix 2

Data sources and access for indicators

This appendix details the data sources and access for indicators reported in this analysis. Data were sourced in 2018.

INDICATOR	Data source	Access details	Notes
1.01a Population aged under 18 years (in 1000s), by sex	UNPD	https://esa.un.org/unpd/wpp/Download/Standard/Population/	
1.01b Proportion of total population aged under 18 years (%), by sex	UNPD	https://unstats.un.org/sdgs/indicators/database/?indicator=1.1.1	
1.01c Ratio of girls to boys aged under 18 years	UNPD	https://unstats.un.org/sdgs/indicators/database/?indicator=1.1.1	
1.01d Population difference between girls and boys aged under 18 years (in 1000s)	UNPD	https://esa.un.org/unpd/wpp/Download/Standard/Population/	
1.02 Proportion of total population below international poverty line of $US1.90 per day (%)	UNICEF	https://data.unicef.org/resources/state-worlds-children-2017-statistical-tables/	
1.03 Human Development Index	UNDP	http://hdr.undp.org/en/composite/GDI	
1.04 Prevalence of severe food insecurity in the total population (%)	FAO	http://www.fao.org/faostat/en/#data/FS	
1.05 Proportion of the population living in urban areas (%)	UNDP	https://population.un.org/wup/DataQuery/	
1.06 Total annual net migration rate (per 1000)	UNPD	https://population.un.org/wpp/Download/Standard/Migration/	
1.07 Government expenditure on health as a percentage of GDP	WHO	http://apps.who.int/nha/database/Select/Indicators/en	
1.08 Government expenditure on education as a percentage of GDP	UNESCO	http://data.uis.unesco.org/	
2.01 Average number of hours per day spent on unpaid domestic and care work among 15 to 49-year-olds, by sex	UNSD	https://genderstats.un.org/#/indicators	
2.02 Average number of hours spent per day on paid and unpaid domestic work combined among 15 to 49-year-olds, by sex	UNSD	https://genderstats.un.org/#/indicators	
2.03 Proportion of households where a person over 15 years of age is usually responsible for water collection (%), by sex	UNSD	https://unstats.un.org/unsd/gender/chapter7/chapter7.html	

INDICATOR	Data source	Access details	Notes
2.04 Average monthly earnings of employees aged 15-49 years ($USD), by sex	ILO	https://www.ilo.org/ilostat/faces/oracle/webcenter/portalapp/pagehierarchy/Page3.jspx?MBI_ID=435&_adf.ctrl-state=168ms9j3m2_4&_afrLoop=2993341060500052&_afrWindowMode=0&_afrWindowId=null#!%40%40%3F_afrWindowId%3Dnull%26_afrLoop%3D2993341060500052%26MBI_ID%3D435%26_afrWindowMode%3D0%26_adf.ctrl-state%3D11tjjgsdtq_17	
2.05 Proportion of married/partnered women, aged 15-49 years, in paid work, who make decisions about how earnings are used, themselves or jointly with husband (%)	DHS	https://www.statcompiler.com/en/	*Combined two estimates (decision themselves and decision jointly with husband)*
2.06 Proportion of adults aged over 15 years who own a bank account (%), by sex	WB	http://databank.worldbank.org/data/reports.aspx?source=g20-basic-set-of-financial-inclusion-indicators	
2.07 Proportion of married/partnered women, aged 15-49 years, who make decisions about healthcare, themselves or jointly with husband (%)	DHS	https://www.statcompiler.com/en/	*Combined two estimates (decision themselves and decision jointly with husband)*
2.08 Proportion of married/partnered women, aged 15-49 years, who make decisions about major household purchases, themselves or jointly with husband (%)	DHS	https://www.statcompiler.com/en/	*Combined two estimates (decision themselves and decision jointly with husband)*
2.09a Proportion of seats held by women in the lower house of national parliament (%)	IPU NMDI	http://archive.ipu.org/wmn-e/classif.htm https://www.spc.int/nmdi/mdg3	*Two data sources utilised to increase coverage for the Pacific*
2.09b Proportion of seats held by women in the upper house of national parliament (%)	IPU	http://archive.ipu.org/wmn-e/classif.htm	
2.10 Proportion of police officers who are female (%)	UNODC	https://data.unodc.org/#state:1	
2.11 Women who have experienced physical and/or sexual violence by an intimate partner in last 12 months (%)	UNFPA DHS know-vawdata	https://asiapacific.unfpa.org/ https://www.statcompiler.com/en/	*Two data sources utilised to increase coverage for Central Asia*
2.12 Proportion of 15 to 49-year-olds who think that a husband is justified to beat his wife for at least one specific reason (%), by sex.	DHS MICS	https://www.statcompiler.com/en/ http://mics.unicef.org/surveys	*Two data sources utilised to increase coverage. MICS data downloaded from country reports*
2.13 Legality of abortion - index from 0 (not legal any circumstance) to 100 (legal on request and no restriction)	GBD	http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-covariates-1980-2016	

INDICATOR	Data source	Access details	Notes
2.14 Proportion of women of reproductive age, aged 15-49 years, married or in a union, who have their need for family planning satisfied with modern methods (%)	UNSD	https://unstats.un.org/sdgs/indicators/database/?indicator=3.7.1	
2.15 Proportion of women of reproductive age, 15-49 years, married or in a union, who can say no to sex with their husband (%)	DHS	https://www.statcompiler.com/en/	
2.16a Mean years of schooling (ISCED 1 or higher), population aged 25+ years, by sex	UNESCO	http://data.uis.unesco.org/	
2.16b Mean years of education in age standardised population (modelled), by sex	GBD	http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-covariates-1980-2016	
2.17a Percentage of women, aged 15–49 years, attended at least once during pregnancy by skilled health personnel (doctor, nurse or midwife)	UNICEF NMDI	http://data.unicef.org/resources/state-worlds-children-2017-statistical-tables/ https://www.spc.int/nmdi/mdg3	*Two data sources utilised to increase coverage for the Pacific*
2.17b Percentage of women, aged 15–49 years, attended at least four times during pregnancy by skilled health personnel (doctor, nurse or midwife)	UNICEF	http://data.unicef.org/resources/state-worlds-children-2017-statistical-tables/	
2.18 Proportion of married/partnered women, aged 15-49 years, who make decisions about visiting family/friends themselves or jointly with husband (%)	DHS	https://www.statcompiler.com/en/	*Combined two estimates (decision themselves and decision jointly with husband)*
2.19 Existence of national legislation that explicitly criminalises marital rape (yes=1, no=0)	WB	http://wbl.worldbank.org/data/exploretopics/protecting-women-from-violence	
2.20a Social Institutions Gender Index score (lower score indicates lower discrimination of women)	OECD	https://www.genderindex.org/ranking/	
2.20b Social Institutions Gender Index, categories indicating level of discrimination	OECD	https://www.genderindex.org/ranking/	
2.21 Gender Development Index (score of 1 indicates parity between males and females in the Human Development Index)	UNDP	http://hdr.undp.org/en/composite/GDI	
2.22 Gender Inequality Index (lower scores indicate less inequality between males and females)	UNDP	http://hdr.undp.org/en/composite/GDI	
2.23 Global Gender Gap Index (score of 1 indicates parity between males and females)	WB	https://tcdata360.worldbank.org/indicators/af52ebe9?country=BRA&indicator=27962&viz=line_chart&years=2010,2016	
3.01 Number of deaths of children under 5 years of age per 1000 live births, by sex	UNIGME	http://www.childmortality.org/files_v22/download/UNIGME%20Rates%20&%20Deaths_Under5.xlsx	
3.02 Expected to estimated mortality rate for females under 5 years of age	UNIGME	http://www.childmortality.org/files_v22/download/UNIGME%20Rates%20&%20Deaths_Under5.xlsx	

INDICATOR	Data source	Access details	Notes
3.03 Proportion of children, aged 12-23 months, who have received all basic vaccinations (BCG, MCV1, DTP3, Polio3) (%), by sex	DHS, UNICEF Data provided by UNICEF	https://www.statcompiler.com/en/	*Two data sources utilised to increase coverage*
3.04 Proportion of children, aged 12-23 months, who have received BCG (%), by sex	DHS, UNICEF Data provided by UNICEF	https://www.statcompiler.com/en/	*Two data sources utilised to increase coverage*
3.05 Proportion of children, aged 12-23 months, who have received MCV1 (%), by sex	DHS, UNICEF Data provided by UNICEF	https://www.statcompiler.com/en/	*Two data sources utilised to increase coverage*
3.06 Proportion of children under 5 years of age with fever in the last two weeks for whom advice or treatment was sought from a health facility or provider (%), by sex	UNICEF Data provided by UNICEF. Also access-ible at:	http://data.unicef.org/resources/state-worlds-children-2017-statistical-tables/	
3.07 Proportion of children, aged 0-59 months, left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the past week (%), by sex	UNICEF	https://data.unicef.org/topic/early-childhood-development/home-environment/	
3.08 Proportion of children under 5 years of age with stunting (<-2 SD from median height for age) (%), by sex	UNICEF	Data provided by UNICEF. Also accessible at: https://data.unicef.org/resources/dataset/malnutrition-data/	
3.09a Prevalence of anaemia for 0-19-year-olds (based on WHO age and sex specific haemoglobin thresholds) (%), by sex	GBD	http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-covariates-1980-2016	
3.09b Prevalence of anaemia for 0-4-year-olds (based on WHO age and sex specific haemoglobin thresholds) (%), by sex	GBD	http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-covariates-1980-2016	
3.09c Prevalence of anaemia for 5-9-year-olds (based on WHO age and sex specific haemoglobin thresholds) (%), by sex	GBD	http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-covariates-1980-2016	
3.09d Prevalence of anaemia for 10-14-year-olds (based on WHO age and sex specific haemoglobin thresholds) (%), by sex	GBD	http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-covariates-1980-2016	

INDICATOR	Data source	Access details	Notes
3.09e Prevalence of anaemia for 15-19-year-olds (based on WHO age and sex specific haemoglobin thresholds) (%), by sex	GBD	http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-covariates-1980-2016	
3.10 Prevalence of thinness among 5–19-year-olds (BMI < -2 standard deviations below the median of reference population) (%), by sex	WHO	http://apps.who.int/gho/data/view.main.NCDBMIMINUS205-19Cv?lang=en	
3.11 Prevalence of overweight among 5-19-year-olds (BMI > +1 standard deviations above the median) (%), by sex	WHO	http://apps.who.int/gho/data/view.main.BMIPLUS1C10-19v?lang=en	
3.12a DALY rate due to all causes amongst 10-19-year-olds (DALYs per 100,000), by sex	GBD	http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-covariates-1980-2016	
3.12b DALY rate due to communicable, maternal and nutritional disease amongst 10-19-year-olds (DALYs per 100,000), by sex	GBD	http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-covariates-1980-2016	
3.12c DALY rate due to injuries amongst 10-19-year-olds (DALYs per 100,000), by sex	GBD	http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-covariates-1980-2016	
3.12d DALY rate due to NCDs amongst 10-19-year-olds (DALYs per 100,000), by sex	GBD	http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-covariates-1980-2016	
3.13 Proportion of 15-19-year-olds who report an episode of binge drinking (>48g females, 60g males) in the last 12 months (%), by sex	GBD	http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-covariates-1980-2016	
3.14 Prevalence of daily tobacco smoking among 10-19-year-olds (%), by sex	GBD	http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-covariates-1980-2016	
3.15 Suicide mortality rate among 10-19-year-olds (deaths due to intentional self-harm per 100,000 population per year), by sex	GBD	http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-covariates-1980-2016	
3.16 DALY rate due to mental disorder among 10-19-year-olds (DALYs per 100,000), by sex	GBD	http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-covariates-1980-2016	
3.17 Proportion of 13-17-year-olds who report being so worried about something that they could not sleep at night most of the time or always in the past 12 months (%), by sex	WHO	https://www.who.int/ncds/surveillance/gshs/en/	*Data extracted from individual country reports*
3.18a Demand for contraceptives satisfied with a modern method in females 15-24 years of age (%)	GBD	http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-covariates-1980-2016	
3.18b Demand for family planning satisfied with modern methods in females 15-19 years of age (%)	DHS	https://www.statcompiler.com/en/	
3.19 Proportion of females, 15-19 years of age, married/partnered who can say no to sex with their husband/partner (%)	DHS	https://www.statcompiler.com/en/	

INDICATOR	Data source	Access details	Notes
3.20a Number of live births per 1000 females aged 15-19 years (SOWC)	UNICEF	http://data.unicef.org/resources/state-worlds-children-2017-statistical-tables/	
3.20b Number of live births per 1000 females aged 15-19 years (GBD)	GBD	http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-covariates-1980-2016	
3.21 Mortality rate due to maternal disorders among 15-19-year-olds (Deaths per 100,000)	GBD	http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-covariates-1980-2016	
3.22a Annual number of new cases of HIV in adolescents aged 15-19 years, by sex	UNICEF	Data provided by UNICEF. Also accessible at: http://data.unicef.org/resources/state-worlds-children-2017-statistical-tables/	
3.22b.1 HIV prevalence in sex workers under 25 years of age (%)	UNAIDS	Data provided by UNICEF. Also accessible at: https://data.unicef.org/resources/dataset/gender-and-hiv-data/	
3.22b.2 HIV prevalence in men who have sex with men under 25 years of age (%)	UNAIDS	Data provided by UNICEF. Also accessible at: https://data.unicef.org/resources/dataset/gender-and-hiv-data/	
3.22b.3 HIV prevalence in transgender people under 25 years of age (%)	UNAIDS	Data provided by UNICEF. Also accessible at: https://data.unicef.org/resources/dataset/gender-and-hiv-data/	
3.22b.4 HIV prevalence in injecting drug users under 25 years of age (%)	UNAIDS	Data provided by UNICEF. Also accessible at: https://data.unicef.org/resources/dataset/gender-and-hiv-data/	
3.23 Proportion of 15-19-year-olds with comprehensive knowledge of HIV (%), by sex	UNICEF	https://data.unicef.org/topic/hivaids/adolescents-young-people/	
3.24 Existence of a national HPV vaccination program	WHO	http://apps.who.int/gho/data/view.main.24766	
4.01a Adjusted net attendance ratio: primary school (number of children attending primary or secondary school who are of official primary school age, divided by number of children of primary school age) (%), by sex	UNICEF	https://data.unicef.org/resources/state-worlds-children-2017-statistical-tables/	
4.01b Adjusted net attendance ratio: lower secondary school (number of children attending lower secondary or tertiary school who are of official lower secondary school age, divided by number of children of lower secondary school age) (%), by sex	UNICEF	https://data.unicef.org/resources/state-worlds-children-2017-statistical-tables/	
4.01c Adjusted net attendance ratio: upper secondary school (number of children attending upper secondary or tertiary school who are of official upper secondary school age, divided by number of children of upper secondary school age) (%), by sex	UNICEF	Data provided by UNICEF. Also accessible at: https://data.unicef.org/resources/dataset/net-attendance-rates/	
4.02a Completion rate for primary school (household survey data) (%), by sex	UNESCO	http://data.uis.unesco.org/	
4.02b Completion rate for lower secondary school (household survey data) (%), by sex	UNESCO	http://data.uis.unesco.org/	
4.02c Completion rate for upper secondary school (household survey data) (%), by sex	UNESCO	http://data.uis.unesco.org/	

INDICATOR	Data source	Access details	Notes
4.03a Proportion not in school: primary school (number of children of primary school age who are not enrolled in primary or secondary school, as a proportion of primary school aged children) (%), by sex	UNICEF	https://data.unicef.org/topic/education/primary-education/	
4.03b Proportion not in school: lower secondary school (number of children of lower secondary school age who are not enrolled in secondary school, as a proportion of lower secondary school aged children) (%), by sex	UNICEF	https://data.unicef.org/topic/education/secondary-education/	
4.03c Proportion not in school: upper secondary (using household survey data) (%), by sex	UNESCO	http://data.uis.unesco.org/	
4.04 Pre-primary education: Number of children enrolled in pre-primary school (regardless of age) as a proportion of all children of pre-primary school age (%), by sex	UNICEF	https://data.unicef.org/resources/state-worlds-children-2017-statistical-tables/	
4.05 Proportion of 15-24-year-olds who are literate (%), by sex	UNICEF	https://data.unicef.org/resources/state-worlds-children-2017-statistical-tables/	
4.06a Proportion of primary schools that provide life skills-based HIV and sexuality education (%)	UNESCO	http://data.uis.unesco.org/	
4.06b Proportion of lower secondary schools that provide life skills-based HIV and sexuality education (%)	UNESCO	http://data.uis.unesco.org/	
4.06c Proportion of upper secondary schools that provide life skills-based HIV and sexuality education (%)	UNESCO	http://data.uis.unesco.org/	
4.07a Proportion of primary school teachers who are female (%)	UNESCO	http://data.uis.unesco.org/	
4.07b Proportion of lower secondary school teachers who are female (%)	UNESCO	http://data.uis.unesco.org/	
4.07c Proportion of upper secondary school teachers who are female (%)	UNESCO	http://data.uis.unesco.org/	
4.08 Proportion of schools with basic sanitation facilities (improved, single-sex and usable) (%)	JMP	Data provided by WHO/UNICEF Joint Monitoring Programme	
4.09 Proportion of adolescents, aged 15-19 years, who own a mobile phone (%), by sex	DHS ITU	https://dhsprogram.com/publications/publication-search.cfm?type=5 https://www.itu.int/en/ITU-D/Statistics/Pages/facts/default.aspx	*Two data sources utilised to increase coverage.* *DHS data extracted from individual country reports.*

INDICATOR	Data source	Access details	Notes
4.10 Proportion of adolescents, aged 15-19 years, who used the internet in the last 12 months (%), by sex	MICS DHS	http://mics.unicef.org/surveys https://dhsprogram.com/publications/publication-search.cfm?type=5	*Two data sources utilised to increase coverage.* *MICS and DHS data extracted from individual country reports.*
4.11 Proportion of adolescents, aged 15-19 years, with access to information media (newspaper, TV or radio) at least once a week (%), by sex	DHS	https://dhsprogram.com/publications/publication-search.cfm?type=5	*DHS data extracted from individual country reports.*
4.12 Proportion of youth, aged 15-24 years, not in education, employment or training (%), by sex	ILO	https://www.ilo.org/ilostat/faces/oracle/webcenter/portalapp/pagehierarchy/Page27.jspx?subject=LUU&indicator=EIP_NEET_SEX_RT&datasetCode=A&collectionCode=YI&_afrLoop=3079906359473359&_afrWindowMode=0&_afrWindowId=43e243krm_1#!%40%40%3Findicator%3DEIP_NEET_SEX_RT%26_afrWindowId%3D43e243krm_1%26subject%3DLUU%26_afrLoop%3D3079906359473359%26datasetCode%3DA%26collectionCode%3DYI%26_afrWindowMode%3D0%26_adf.ctrl-state%3D43e243krm_57	
4.13 Proportion of youth, aged 15-24 years, currently unemployed as a percent of the total number of employed and unemployed persons (the labour force) (%), by sex	ILO NMDI	https://www.ilo.org/ilostat/faces/oracle/webcenter/portalapp/pagehierarchy/Page27.jspx?indicator=UNE_DEAP_SEX_AGE_RT&subject=LUU&datasetCode=A&collectionCode=YI&_adf.ctrl-state=pxhkidyiq_182&afrLoop=3080097991561145&_afrWindowMode=0& afrWindowId=null#!%40%40%3Findicator%3DUNE_DEAP_SEX_AGE_RT%26_afrWindowId%3Dnull%26subject%3DLUU%26, afrLoop%3D3080097991561145%26datasetCode%3DA%26collectionCode%3DYI%26_afrWindowMode%3D0%26_adf.ctrl-state%3D43e243krm_128 https://www.spc.int/nmdi/mdg3	*Two data sources utilised to increase coverage for the Pacific*
4.14 Proportion of employed persons, aged 15-24 years, in the informal sector (%)		No data available	
5.01 Sex-ratio at birth (number of male births per one female birth)	UNPD	https://population.un.org/wpp/Download/Standard/Fertility/	
5.02 Infant mortality rate (Probability of dying between birth and exactly 1-year-of-age, expressed per 1000 live births), by sex	UNIGME	Data provided by The United Nations Inter-agency Group for Child Mortality Estimation	
5.03 Expected to estimated female infant mortality rate ratio (ratio less than 1 suggests excess female infant mortality)	UNIGME	Data provided by The United Nations Inter-agency Group for Child Mortality Estimation	
5.04 Proportion of children under five years whose birth has been registered with a civil authority (%), by sex	UNICEF	https://data.unicef.org/topic/child-protection/birth-registration/	
5.05 Proportion of children aged 0-17 years who live with neither biological parent (%), by sex	UNICEF	http://mics.unicef.org/surveys https://www.statcompiler.com/en/	*Two data sources utilised to increase coverage.* *MICS and DHS data extracted from individual country reports.*

INDICATOR	Data source	Access details	Notes
5.06a Child marriage: proportion of 20-24-year-olds who were married before 15yrs (%), by sex	DHS UNICEF	https://www.statcompiler.com/en/ https://data.unicef.org/topic/child-protection/child-marriage/	*Two data sources utilised to increase coverage for both genders.*
5.06b Child marriage: proportion of 20-24-year-olds who were married by 18years (%), by sex	DHS UNICEF	https://www.statcompiler.com/en/ https://data.unicef.org/topic/child-protection/child-marriage/	*Two data sources utilised to increase coverage for both genders.*
5.07 Legal age of consent to intercourse (heterosexual), by sex	WLII	http://www.worldlii.org/	
5.08 Legal age of consent to marriage, by sex	UNSD	http://data.un.org/DocumentData.aspx?id=336	
5.09 Legal age of consent to same-sex intercourse, by sex	WLII	http://www.worldlii.org/	
5.10 Proportion of youth, aged 15-24 years, who have their own bank account (%), by sex	DHS	https://dhsprogram.com/publications/publication-search.cfm?type=5	*DHS data extracted from individual country reports.*
5.11a Proportion of ever partnered females aged 15-19 years who have experienced intimate partner violence in the last 12 months – physical (%)	DHS	https://www.statcompiler.com/en/	
5.11b Proportion of ever partnered females, aged 15-19 years, who have experienced intimate partner violence in the last 12 months – sexual (%)	DHS	https://www.statcompiler.com/en/	
5.11c Proportion of ever partnered females, aged 15-19 years, who have experienced intimate partner violence in the last 12 months – physical and/or sexual (%)	DHS	https://www.statcompiler.com/en/	
5.12 Proportion of females, aged 20-24 years, who experienced forced sex by 18 years of age (%)	DHS	https://www.statcompiler.com/en/	
5.13 Proportion of adolescents, aged 15-19 years, who think that a husband/partner is justified in hitting or beating his wife or partner under certain circumstances, by sex	UNICEF	Data provided by UNICEF	
5.14 Proportion of children, aged 1-14 years, who experience violent discipline (psychological aggression and/or physical punishment) from a caregiver (%), by sex	UNICEF	https://data.unicef.org/topic/child-protection/violence/violent-discipline/	
5.15 Mortality rate due to intentional homicide among 10-19-year-olds (deaths per 100,000), by sex	GBD	http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-covariates-1980-2016	
5.16 Proportion of 13-17-year-olds who report experiencing bullying in the past 30 days (%), by sex	GSHS	http://www.who.int/ncds/surveillance/gshs/datasets/en/	*Data extracted from individual country reports.*

INDICATOR	Data source	Access details	Notes
5.17 Proportion of adolescents, aged 15-19 years, who report having personally felt discriminated against or harassed in the previous 12 months due to (a) gender or (b) sexual orientation		No data available	
5.18 Prevalence of female genital mutilation/cutting among girls aged 0-14 years (%)	UNICEF	https://data.unicef.org/topic/child-protection/female-genital-mutilation/	
5.19 Number of detected trafficked children under 18 years of age, by sex	UNODC	https://www.unodc.org/documents/data-and-analysis/glotip/UNODC_GLOTIP_2016_-_Detected_victims_and_their_profiles_-_2014_or_more_recent.xlsx	
5.20 Proportion of children, aged 5-17 years, engaged in child labour (%), by sex	UNICEF	https://data.unicef.org/resources/state-worlds-children-2017-statistical-tables/	
5.21 Proportion of children, aged 5-17 years, engaged in child labour who are in hazardous work (%), by sex	ILO	https://www.ilo.org/global/topics/child-labour/lang--en/index.htm	
5.22 Average number of hours, children aged 5-14 years, spend performing household chores per week, by sex	UNICEF	Data provided by UNICEF	
6.01a DALYs due to household air pollution in under 5-year-olds (DALYs per 100,000), by sex	GBD	http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-covariates-1980-2016	
6.01b DALYs due to household air pollution in 5-9-year-olds (DALYs per 100,000), by sex	GBD	http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-covariates-1980-2016	
6.01c DALYs due to household air pollution in 10-14-year-olds (DALYs per 100,000), by sex	GBD	http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-covariates-1980-2016	
6.01d DALYs due to household air pollution in 15-19-year-olds (DALYs per 100,000), by sex	GBD	http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-covariates-1980-2016	
6.02 Proportion of schools with improved sanitation facilities that are single-sex and usable (available, functional and private) (%)	GBD	http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-covariates-1980-2016	
6.03a DALYs due to unsafe water, sanitation and hygiene in under 5-year-olds (DALYs per 100,000), by sex	GBD	http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-covariates-1980-2016	
6.03b DALYs due to unsafe water, sanitation and hygiene in 5-9-year-olds (DALYs per 100,000), by sex	GBD	http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-covariates-1980-2016	
6.03c DALYs due to unsafe water, sanitation and hygiene in 10-14-year-olds (DALYs per 100,000), by sex	GBD	http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-covariates-1980-2016	
6.03d DALYs due to unsafe water, sanitation and hygiene in 15-19-year-olds (DALYs per 100,000), by sex	GBD	http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-covariates-1980-2016	

INDICATOR	Data source	Access details	Notes
6.04 Proportion of households where a person under 15 years of age is usually responsible for water collection (%), by sex	MICS and DHS	https://unstats.un.org/unsd/gender/chapter7/chapter7.html https://www.statcompiler.com/en/	
6.05a Number of international migrants aged under 20 years of age (1000s), by sex	UN	http://www.un.org/en/development/desa/population/migration/data/estimates2/estimates17.shtml	
6.05b Proportion of population who are international migrants aged under 20 years of age (%), by sex	UN	http://www.un.org/en/development/desa/population/migration/data/estimates2/estimates17.shtml	
6.06 Proportion of married/partnered females, aged 15-19 years, who make decisions about visiting family/friends themselves or jointly with husband (%)	DHS	https://www.statcompiler.com/en/ Combined two estimates (decision themselves and decision jointly with husband)	
6.07 Proportion of 15-19-year-olds who feel safe walking around their neighbourhood after dark (%), by sex		No data available.	
6.08 Mortality due to road traffic accidents among 10-19-year-olds (deaths due to road traffic injuries per 100,000), by sex	GBD	http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-covariates-1980-2016	
6.09 Number of refugees, asylum seekers, internally displaced, stateless or other persons of concern aged under 18 years of age (thousands), by sex	UNHCR	http://popstats.unhcr.org/en/demographics	

Appendix 3

	Kazakhstan	Kyrgyzstan	Tajikistan	Turkmenistan	Uzbekistan
1.01a Population <18y (1000s)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)
female	2624	1039	1715	971.0	5021
male	2773	1086	1807	996.0	5301
both	5397	2125	3522	1967	10322
1.01b Proportion of population <18y (%)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)
female	28.7	35.1	40.3	34.4	32.3
male	32.3	37.3	42.1	36.4	34.3
both	30.4	36.2	41.2	35.3	33.3
1.01c Ratio of girls to boys aged <18y	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)
both	0.95	0.96	0.95	0.97	0.95
1.01d Population difference of <18y (girls - boys, 1000s)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)
both	-149	-47.0	-92.0	-25.0	-280
1.02 Proportion living in poverty, total population (%)		UNICEF (2014)	UNICEF (2014)		
both		1.0	20.0		
1.03 Human Development Index	UNDP (2017)	UNDP (2017)	UNDP (2017)	UNDP (2017)	UNDP (2017)
both	0.800	0.672	0.650	0.706	0.710
1.04 Prevalence of severe food insecurity, total population (%)	FAO (2016)		FAO (2016)		
both	1.1		3.3		
1.05 Proportion urban, total population (%)	UNDP (2016)	UNDP (2016)	UNDP (2016)	UNDP (2016)	UNDP (2016)
both	53.0	36.0	27.0	50.0	36.0
1.06 Migration rate, total population (per 1000 annually)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)
both	1.9	-4.9	-2.5	-1.9	-0.4
1.07 Health expenditure (% GDP)	WHO (2015)	WHO (2015)	WHO (2015)	WHO (2015)	WHO (2015)
both	2.0	4.0	2.0	1.0	3.0
1.08 Education expenditure (% GDP)	UNESCO (2016)	UNESCO (2015)	UNESCO (2015)	UNESCO (2012)	
both	3.0	6.0	5.2	3.0	

		Kazakhstan	Kyrgyzstan	Tajikistan	Turkmenistan	Uzbekistan
2.01 Unpaid work, 15-49y (hours per day)		UNSD (2012)	UNSD (2015)			
	female	4.1	4.0			
	male	1.9	2.3			
2.02 Total work, 15-49y (hours per day)		UNSD (2012)	UNSD (2015)			
	female	6.7	6.1			
	male	5.7	6.0			
2.03 Adult collects water for household, >15y (%)		UNSD (2011)				
	female	5.0				
	male	12.0				
2.04 Average monthly earnings, 15-49y ()		ILO (2015)	ILO (2016)	ILO (2014)		
	female	451.0	168.0			
	male	684.0	223.0			
	both	568.0	192.0	165.0		
2.05 Married women in paid work who can decide spending, 15-49y (%)			DHS (2012)	DHS (2012)		
	female		94.3	80.8		
2.06 Own bank account, >15y (%)		WB (2014)	WB (2014)	WB (2014)	WB (2014)	WB (2014)
	female	55.6	18.9	9.1	1.6	39.3
	male	52.0	17.9	13.9	2.0	42.2
2.07 Can decide healthcare, married women 15-49y (%)			DHS (2012)	DHS (2012)		
	female		90.2	54.2		
2.08 Can decide household purchases, married women 15-49y (%)			DHS (2012)	DHS (2012)		
	female		83.9	54.7		
2.09a Proportion lower house seats held by women (%)		IPU (2018)	IPU (2018)	IPU (2018)	IPU (2018)	IPU (2018)
	female	27.1	19.2	19.0	24.8	16.0
2.09b Proportion upper house seats held by women (%)		IPU (2018)		IPU (2018)		IPU (2018)
	female	10.6		21.9		17.0
2.10 Proportion of police who are female (%)		UNODC (2015)				
	female	6.9				
2.11 Women experiencing IPV last 12m (%)			DHS (2012)	DHS (2012)		
	female		17.1	15.2		
2.12 Proportion who think husband is justified to beat wife, 15-49y (%)		MICS (2015)	MICS (2014)*	DHS (2012)	MICS (2016)	
	female		33.7	59.6	26.3	
	male		50.4			
	both	14.2	32.8			
2.13 Abortion legality index (0-100)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	both	90.0	90.0	90.0	90.0	90.0
2.14 Contraception demand satisfied, married women 15-49y (%)		UNSD (2011)	UNSD (2012)	UNSD (2012)	UNSD (2016)	
	female	79.6	62.1	50.8	75.6	
2.15 Married women who can say no to sex with husband, 15-49y (%)			DHS (2012)	DHS (2012)		
	female		84.0	64.0		
2.16a Mean years education, >25y						UNESCO (2015)
	female					11.2
	male					11.6
2.16b Mean years education, age-standardised (modelled)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	11.1	12.2	10.1	11.2	11.5
	male	10.8	11.9	11.3	11.4	11.5
2.17a One antenatal visit, 15-49y (%)		UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)
	female	99.0	98.0	79.0	100.0	99.0
2.17b Four antenatal visits, 15-49y (%)		UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	
	female	95.0	95.0	53.0	96.0	
2.18 Married women make decisions visiting family or friends, 15-49y (%)			DHS (2012)	DHS (2012)		
	female		85.8	55.9		
2.19 Marital rape criminalised (yes=1, no=0)						WB (2017)
	both					1.0
2.20 Social Institutions Gender Index (lower score is better)		OECD (2014)	OECD (2014)	OECD (2014)		OECD (2014)
	both	0.120	0.160	0.139		0.148
2.20b Social Institutions Gender Index, categories						
	both	low	medium	medium		medium
2.21 Gender Development Index (higher score better)		UNDP (2015)	UNDP (2015)	UNDP (2015)		UNDP (2015)
	both	1.006	0.967	0.930		0.946
2.22 Gender Inequality Index (lower score better)		UNDP (2017)	UNDP (2017)	UNDP (2017)		UNDP (2017)
	both	0.197	0.392	0.317		0.274
2.23 Global Gender Gap Index (higher score better)		WEF (2017)	WEF (2017)	WEF (2017)		
	both	0.713	0.691	0.678		

		Kazakhstan	Kyrgyzstan	Tajikistan	Turkmenistan	Uzbekistan
3.01 Deaths in <5y per 1000 births		UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)
	female	9.7	18.6	38.1	41.5	20.6
	male	12.9	23.5	47.9	59.8	27.3
3.02 Expected : estimated mortality for females <5y		UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)
	female	1.08	1.01	1.03	1.19	1.06
3.03 Vaccine coverage (all) in 2y (%)		UNICEF (2015)	DHS (2012)	DHS (2012)	UNICEF (2015)	
	female	86.7	74.1	88.1	92.9	
	male	84.3	74.4	89.3	96.5	
3.04 Vaccine coverage (BCG) in 2y (%)		UNICEF (2015)	UNICEF (2014)	DHS (2012)	UNICEF (2015)	
	female	98.4	99.2	98.2	99.7	
	male	98.0	99.9	98.3	99.9	
3.05 Vaccine coverage (Measles) in 2y (%)		UNICEF (2015)	UNICEF (2014)	DHS (2012)	UNICEF (2015)	
	female	90.4	91.5	95.5	94.1	
	male	88.1	92.3	95.0	97.0	
3.06 Care seeking for fever in <5y (%)			UNICEF (2014)	UNICEF (2012)		
	female		53.0	57.0		
	male		59.0	57.0		
3.07 Inadequate supervision of child, 0-59m (%)		UNICEF (2015)	UNICEF (2014)		UNICEF (2016)	
	female	6.0	4.0		1.0	
	male	4.0	5.0			
3.08 Stunting in < 5y (%)		UNICEF (2015)	UNICEF (2014)	UNICEF (2012)	UNICEF (2016)	
	female	8.3	12.0	27.2	11.4	
	male	7.7	13.8	26.4	11.5	
3.09a Anaemia 0-19y (%)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	35.2	34.8	27.6	21.9	47.8
	male	29.6	33.5	24.0	18.4	33.6
3.09b Anaemia 0-4y (%)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	42.3	40.9	34.2	31.0	54.3
	male	39.8	46.0	36.8	30.1	45.2
3.09c Anaemia 5-9y (%)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	36.7	36.6	28.2	21.4	53.3
	male	25.4	28.9	20.2	12.8	30.9
3.09d Anaemia 10-14y (%)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	25.7	27.3	20.9	13.9	36.6
	male	17.0	19.7	11.6	7.1	18.0
3.09e Anaemia 15-19y (%)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	30.7	31.0	24.4	19.5	44.3
	male	32.0	34.2	23.8	21.7	36.6
3.10 Thinness in 5-19y (%)		WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)
	female	2.6	3.3	3.5	3.3	2.9
	male	2.3	3.3	3.8	3.3	3.2
	both	2.4	3.3	3.7	3.3	3.1
3.11 Overweight 5-19y (%)		WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)
	female	19.1	16.1	15.4	18.0	16.9
	male	20.2	16.1	14.2	18.0	16.3
	both	19.7	16.1	14.8	18.0	16.6
3.12a Total DALYs per 100,000 in 10-19y olds		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	9305	9322	10142	10012	10447
	male	10503	9813	11792	11883	12845
3.12b Group 1 DALYs per 100,000 in 10-19y		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	1568	1735	2238	1452	2233
	male	1264	1428	2306	1439	1879
3.12c Injury DALYs per 100,000 in 10-19y		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	1722	1306	1263	1364	1484
	male	3493	2473	2860	2852	3572
3.12d NCD DALYs per 100,000 in 10-19y		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	6015	6281	6641	7196	6730
	male	5746	5912	6626	7592	7394
3.13 Binge drinking, 15-19y (%)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	31.2	45.5	41.1	41.8	36.7
	male	34.5	11.6	37.9	37.5	32.2
	both	32.9	29.5	39.8	39.9	34.7
3.14 Daily tobacco smoking, 10-19y (%)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	2.0	2.5	0.3	0.4	0.7
	male	8.7	5.3	1.5	3.3	4.7
	both	5.4	3.9	0.9	1.9	2.8
3.15 Suicide mortality per 100,000 in 10-19y		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	6.5	4.0	1.9	4.4	6.7
	male	14.6	8.6	3.5	8.6	12.2
3.16 Mental disorder DALYs per 100,000 in 10-19y		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	1560	1510	1469	1517	1476
	male	1776	1740	1714	1744	1731
3.17 Significant worry last 12m in 13-17y (%)						
3.18a Demand for modern contraception satisfied 15-24y (%)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	72.4	47.4	27.8	43.3	67.9
3.18b Demand family planning satisfied 15-19y (%)			DHS (2012)	DHS (2012)		
	female		37.6	12.0		
3.19 Married 15-19y females can refuse sex (%)						
3.20a AFR 15-19y per 1000 (measured)		UNICEF (2014)	UNICEF (2014)	UNICEF (2014)	UNICEF (2014)	UNICEF (2014)
	female	31.2	42.4	47.0	21.0	25.5
3.20b AFR 15-19y per 1000 (modelled)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	27.2	39.0	36.6	16.6	17.9
3.21 Maternal mortality rate per 100,000 in 15-19y		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	0.4	1.3	1.1	0.3	0.5
3.22a New cases HIV in 15-19y		UNICEF (2016)	UNICEF (2016)	UNICEF (2016)		
	female	<100	<100	<100		
	male	<100	<100	<100		
	both	<100	<100	<100		
3.22b.1 HIV in sex workers <25y (%)		UNAIDS (2016)	UNAIDS (2016)	UNAIDS (2016)		UNAIDS (2016)
	both	0.5	0.5	0.5		3.4
3.22b.2 HIV in MSM <25y (%)		UNAIDS (2016)	UNAIDS (2016)	UNAIDS (2016)		UNAIDS (2016)
	male	1.2	3.6	1.9		5.3
3.22b.3 HIV in transgender people <25y (%)						
3.22b.4 HIV in injecting drug users <25y (%)		UNAIDS (2016)	UNAIDS (2016)	UNAIDS (2016)		UNAIDS (2016)
	both	5.7	1.6	6.5		1.4
3.23 Comprehensive knowledge of HIV in 15-19y (%)		UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)
	female				19.0	27.0
	male	30.0	18.0	9.0		
3.24 Existence of HPV program		WHO (2015)				
	both	1.0				

		Kazakhstan	Kyrgyzstan	Tajikistan	Turkmenistan	Uzbekistan
4.01a Adjusted net attendance ratio, primary school (%)		UNICEF (2015)	UNICEF (2014)	UNICEF (2012)	UNICEF (2016)	
	female	100.0	99.0	86.0	98.0	
	male	100.0	99.0	85.0	98.0	
	both	100.0	99.0	97.0	98.0	
4.01b Adjusted net attendance ratio, lower secondary school (%)		UNICEF (2015)	UNICEF (2014)	UNICEF (2012)	UNICEF (2016)	
	female	100.0	98.0	84.0	98.0	
	male	99.0	98.0	86.0	98.0	
	both	99.0	98.0	85.0	98.0	
4.01c Adjusted net attendance ratio, upper secondary school (%)		UNICEF (2015)	UNICEF (2014)	UNICEF (2012)	UNICEF (2016)	
	female	96.0	86.0	47.0	96.0	
	male	95.0	79.0	62.0	95.0	
	both	96.0	82.0	54.0	95.0	
4.02a Completion rate, primary school (%)		UNESCO (2015)	UNESCO (2014)	UNESCO (2012)	UNESCO (2016)	
	female	99.9	99.5	97.8	99.7	
	male	99.8	99.1	98.5	100.0	
4.02b Completion rate, lower secondary school (%)		UNESCO (2015)	UNESCO (2014)	UNESCO (2012)	UNESCO (2016)	
	female	99.7	96.7	85.7	99.7	
	male	99.8	94.9	93.9	99.5	
4.02c Completion rate, upper secondary school (%)		UNESCO (2015)	UNESCO (2014)	UNESCO (2012)	UNESCO (2016)	
	female	94.8	81.7	50.2	96.9	
	male	92.9	79.2	74.4	94.1	
4.03a Not in school, primary school (%)		UNICEF	UNICEF	UNICEF	UNICEF (2016)	
	female	1.0	1.0	3.0	2.0	
	male		1.0	2.0	2.0	
4.03b Not in school, lower secondary school (%)			UNICEF	UNICEF		
	female		1.0	6.0		
	male		1.0	2.0		
4.03c Not in school, upper secondary school (%)		UNESCO (2015)	UNESCO (2014)	UNESCO (2012)	UNESCO (2016)	
	female	6.1	15.6	26.4	0.9	
	male	8.3	22.5	9.6	0.6	
4.04 Pre-primary school enrolment (%)		UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)
	female	60.0	28.0	10.0	62.0	26.0
	male	59.0	28.0	12.0	64.0	26.0
4.05 Youth literacy, 15-24y (%)		UNICEF (2010)	UNICEF (2010)	UNICEF (2010)		UNICEF (2016)
	female	100.0	100.0	100.0		100.0
	male	100.0	100.0	100.0		100.0
4.06a Primary schools teaching sex education (%)						
4.06b Lower secondary schools teaching sex education (%)						
4.06c Upper secondary schools teaching sex education (%)			UNESCO (2016)			
	both		92.3			
4.07a Female primary school teachers (%)		UNESCO (2017)	UNESCO (2016)	UNESCO (2017)		UNESCO (2017)
	female	98.8	96.1	76.0		90.6
4.07b Female lower secondary teachers (%)						UNESCO (2017)
	female					62.6
4.07c Female upper secondary teachers (%)						UNESCO (2017)
	female					53.3
4.08 Schools with basic sanitation facilities (%)				JMP (2016)		JMP (2016)
	both			44.0		92.0
4.09 Mobile phone ownership, 15-19y (%)		ITU (2016)				
	female	92.3				
	male	93.1				
4.10 Internet used last 12mth, 15-19y (%)		MICS (2015)	DHS (2012)		MICS (2016)	
	female	97.1	44.6		44.0	
	male		49.4			
4.11 Weekly access to information media, 15-19y (%)			DHS (2012)	DHS (2012)		
	female		27.1	20.8		
	male		10.2			
4.12 Not in education, employment or training, 15-24y (%)			ILO (2016)			
	female		29.0			
	male		12.1			
4.13 Proportion of labour force unemployed, 15-24y (%)		ILO (2013)	ILO (2016)			
	female	4.3	20.6			
	male	3.6	12.7			
4.14 Proportion employed in informal sector, 15-24y (%)						

		Kazakhstan	Kyrgyzstan	Tajikistan	Turkmenistan	Uzbekistan
5.01 Sex ratio at birth (male : female)		UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)
	both	1.06	1.06	1.07	1.05	1.08
5.02 Infant mortality rate (per 1000 births)		UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)
	female	8.6	16.5	32.7	34.6	18.2
	male	11.6	21.0	41.4	51.7	24.4
5.03 Expected to estimated female infant mortality ratio		UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)
	female	1.08	1.01	1.03	1.22	1.06
5.04 Birth registration <5y (%)		UNICEF (2015)	UNICEF (2014)	UNICEF (2012)	UNICEF (2016)	
	female	100.0	98.0	88.0	100.0	
	male	100.0	98.0	89.0	100.0	
5.05 Children not living with biological parent, 0-17y (%)		UNICEF (2015)	UNICEF (2014)	UNICEF (2012)	UNICEF (2016)	
	female	3.4	9.9	1.8	1.2	
	male	3.1	9.9	1.8	1.2	
5.06a Child marriage before 15y (%)		UNICEF (2015)	UNICEF (2014)*	DHS (2012)		
	female	0.2	0.9	0.1		
5.06b Child marriage <18y (%)		UNICEF (2015)	UNICEF (2014)*	DHS (2012)	UNICEF (2016)	
	female	7.0	11.6	11.6	5.7	
	male		0.4			
5.07 Age of consent for heterosexual intercourse**		WLII (2014)	WLII (1997)	WLII (2001)	WLII (1997)	WLII (1994)
	female	16	16	16	16	16
	male	16	16	16	16	16
5.08 Legal age of consent to marriage**		UNSD (2011)	UNSD (2011)	UNSD (2011)	UNSD (2012)	UNSD (2011)
	female	17 p16	18 p16	18 p17	16	17
	male	18 p16	18 p16	18 p17	16	17
5.09 Age of consent for same-sex intercourse**		WLII (2014)	WLII (1997)	WLII (2001)	WLII (1997)	WLII (1994)
	female	16	NS	NS	NS	
	male	16	16	16	Illegal	Illegal
5.10 Bank account ownership, 15-24y (%)						
5.11a Physical intimate partner violence in last 12m, 15-19y (%)			DHS (2012)	DHS (2012)		
	female		2.7	7.5		
5.11b Sexual intimate partner violence in last 12m, 15-19y (%)				DHS (2012)		
	female			1.7		
5.11c Physical and/or sexual intimate partner violence in last 12m, 15-19y (%)			DHS (2012)	DHS (2012)		
	female		2.7	8.4		
5.12 Females aged 20-24y experiencing forced sex before 18y (%)						
5.13 Adolescents 15-19y who think husband is justified to beat wife (%)		UNICEF (2015)	UNICEF (2014)	UNICEF (2012)	UNICEF (2016)	
	female	8.0	22.0	47.0	17.0	
5.14 Children experiencing violent discipline, 1-14y (%)		UNICEF (2016)	UNICEF (2016)		UNICEF (2016)	
	female	50.0	54.0		34.0	
	male	55.0	60.0		39.0	
5.15 Homicide mortality, 10-19y (per 100,000)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	1.3	0.8	0.6	1.0	0.5
	male	4.4	2.4	2.1	4.1	2.3
5.16 Bullying last month, 13-17y (%)						
5.17a Discriminated against because of gender, 15-19y						
5.17b Discriminated against because of sexual orientation, 15-19y						
5.18 FGM/C, 0-14y (%)						
5.19 Number of detected trafficked children <18y				UNODC (2014)		UNODC (2014)
	female			13.0		34.0
	male			1.0		24.0
5.20 Child labour, 5-17y (%)			UNICEF (2014)		UNICEF (2016)	
	female		22.0			
	male		30.0		1.0	
5.21 Hazardous work amongst those in child labour (%)				ILO (2013)		
	female			17.6		
	male			25.5		
5.22 Hours per week spent on chores, 5-14y			UNICEF (2014)		UNICEF (2016)	
	female		3.3		0.2	
	male		2.3		0.1	

**Legend:
18 p/r16: 18, or 16 with parental or religious consent
18 p16: 18, or 16 with parental consent
16 m12: 16, or 12 if married
m16: 16 after marriage
Ambiguous: 16 if sex between females is considered intercourse
NS: Not specified
AM: After marriage

		Kazakhstan	Kyrgyzstan	Tajikistan	Turkmenistan	Uzbekistan
6.01a Household air pollution, <5y (DALYs per 100,000)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	203.3	1652	4223	39.5	1401
	male	250.3	1946	5115	48.4	1588
6.01b Household air pollution, 5 - 9y (DALYs per 100,000)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	16.2	93.1	416.3	2.2	93.2
	male	11.6	69.8	325.9	2.0	75.5
6.01c Household air pollution, 10-14y (DALYs per 100,000)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	10.8	42.7	259.5	1.1	57.6
	male	7.4	44.6	211.6	1.1	50.0
6.01d Household air pollution, 15-19y (DALYs per 100,000)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	10.0	24.9	131.1	0.8	40.3
	male	8.7	21.7	127.2	0.9	55.3
6.02 Schools with improved sanitation facilities (%)				JMP (2016)		JMP (2016)
	both			44.0		92.0
6.03a Water, sanitation and hygiene, <5y (DALYs per 100,000)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	399.3	2067	6454	1972	805.7
	male	397.1	2355	8634	2218	912.6
6.03b Water, sanitation and hygiene, 5-9y (DALYs per 100,000)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	76.1	126.2	396.9	172.3	82.7
	male	78.8	125.4	434.1	185.2	87.1
6.03c Water, sanitation and hygiene, 10-14y (DALYs per 100,000)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	56.9	79.2	216.7	122.5	58.4
	male	57.1	85.9	256.8	126.8	61.8
6.03d Water, sanitation and hygiene, 15-19y (DALYs per 100,000)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	40.1	53.1	127.8	85.1	39.9
	male	39.3	53.2	152.9	86.4	49.4
6.04 Child collects water for household, <15y (%)						
6.05a International migrants <20y, (count in 1000s)		UN (2017)	UN (2017)	UN (2017)	UN (2017)	UN (2017)
	female	231.3	8.3	9.6	8.2	51.7
	male	240.6	8.7	9.6	8.9	57.8
6.05b International migrants <20y, (population %)		UN (2017)	UN (2017)	UN (2017)	UN (2017)	UN (2017)
	female	7.7	0.7	0.5	0.7	0.9
	male	7.6	0.7	0.5	0.8	1.0
6.06 Married females make decisions visiting family or friends, 15-19y (%)			DHS (2012)	DHS (2012)		
	female		57.6	27.9		
6.07 Feel safe walking at night, 15-19y (%)						
6.08 Road traffic mortality, 10-19y, (deaths per 100,000)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	5.4	3.8	1.8	2.1	2.7
	male	9.2	7.5	5.9	6.6	12.1
6.09 Refugees, displaced and stateless persons, <18y (thousands)		UNHCR (2010)	UNHCR (2016)	UNHCR (2016)	UNHCR (2015)	UNHCR (2016)
	female	0.1	0.1	3.8	0.1	0.0
	male	0.1	0.1	4.0	0.1	0.0

References

1. UNICEF. State of the World's Children UNICEF, 2016.
2. UNESCAP, ADB, UNDP. Asia-Pacific sustainable development goals outlook. Bangkok: United Nations (ESCAP), Asian Development Bank, United Nations Development Programme, 2017.
3. Office of the High Commissioner UNHCR. Convention on the Rights of the Child: UNHCR, 1990.
4. United Nations General Assembly. Convention on the Elimination of All Forms of Discrimination against Women, 1979.
5. Beijing Declaration and Platform for Action. Fourth World Conference on Women; 1995 4-15 September 1995; Beijing; 1995.
6. United Nations General Assembly. Transforming our world: the 2030 Agenda for Sustainable Development, 2015.
7. UNESCAP. Gender equality and women's empowerment in Asia and the Pacific. Perspectives of governments on 20 years of implementation of the Beijing Declaration and Platform for Action. Bangkok: United Nations (ESCAP), 2015.
8. Chandra-Mouli V, Plesons M, Amin A. Addressing harmful and unequal gender norms in early adolescence. *Nature Human Behaviour* 2018; **2**(4): 239.
9. United Nations Children's Fund. Harnessing the Power of Data for Girls: Taking stock and looking ahead to 2030. New York, 2016.
10. UN Women. Gender Statistics. 2018. http://data.unwomen.org/en/gender-statistics.
11. Buvinic M, Furst-Nichols R, Koolwal G. Mapping Gender Data Gaps. Washington, DC, 2014.
12. UN ESCAP. Regional core set of gender statistics and indicators for Asia and the Pacific. Bangkok: United Nations Economic and Social Commission for Asia and the Pacific, 2013.
13. Vaitla B, Bosco C, Alegana V, et al. Big data and the well-being of women and girls: applications on the social scientific frontier, 2017.
14. UNICEF. Regional Classifications. 2017. https://data.unicef.org/regionalclassifications/.
15. Heise LL. Violence against women: an integrated, ecological framework. *Violence Against Women* 1998; **4**(3): 262-90.
16. United Nations Statistics Division. Discussion paper on Principles of Using Quantification to Operationalize the SDGs and Criteria for Indicator Selection United Nations, 2015.
17. UN DESA. Tier classification for global SDG indicators: United Nations Department of Economic and Social Affairs, 2017.
18. Boudet AMM, Buitrago P, de la Briere BL, et al. Gender differences in poverty and household composition through the life-cycle. 2018.
19. United States Department of State. Global Women's Issue: Women in the World Today, 2012.
20. Asian Development Bank. Gender equality and food security—women's empowerment as a tool against hunger. Mandaluyong City, Philippines, 2013.
21. Tacoli C, Satterthwaite D. Gender and urban change. *Environment and Urbanization* 2013; **25**(1): 3-8.
22. Pozarny P. Gender roles and opportunities for women in urban environments (GSDRC Helpdesk Research Report 1337). Birmingham, UK, 2016.
23. John NA, Stoebenau K, Ritter S, Edmeades J, Balvin N. Gender Socialization during Adolescence in Low- and Middle-Income Countries: Conceptualization, influences and outcomes. UNICEF Office of Research - Innocenti, Florence, 2017.
24. Asis MM. Recent trends in international migration in Asia and the Pacific. *Asia-Pacific Population Journal* 2005; **20**(3): 15-38.
25. World Health Organization. Gender and health in the Western Pacific Region. Manila: WHO Regional Office for the Western Pacific; 2014.
26. Onarheim KH, Iversen JH, Bloom DE. Economic Benefits of Investing in Women's Health: A Systematic Review. *PLOS ONE* 2016; **11**(3): e0150120.

27. Bedi H. Empowering women; Gender Equality and Healthcare. BMJ Case Reports: BMJ Blogs; 2016.

28. Neetu JA, Stoebenau K, Ritter S, Edmeades J, Balvin N. Gender Socialization during Adolescence in Low-and Middle-income Countries: Conceptualization, influences and outcomes, 2017.

29. Yoder JD. Women and gender: Transforming psychology: Prentice-Hall, Inc; 1999.

30. Marcus R, Harper C, Brodbeck S, Page E. Social norms, gender norms and adolescent girls: a brief guide. *From the Knowledge to Action Resources* Series 2015.

31. Blum RW, Mmari K, Moreau C. It begins at 10: How gender expectations shape early adolescence around the world. *Journal of Adolescent Health* 2017; **61**(4): S3-S4.

32. UNFPA. Child marriage in Eastern Europe and Central Asia: regional overview, 2015.

33. Kasymova S. Gender Socialization: Central Asia. The Encyclopedia of Women and Islamic Cultures. Boston; 2015: pp159-60.

34. International Labour Organization. Women in business and management: Gaining momentum in Asia and the Pacific. Bangkok, Thailand, 2015.

35. Gracia E. Unreported cases of domestic violence against women: towards an epidemiology of social silence, tolerance, and inhibition. *Journal of Epidemiology and Community Health* 2004; **58**(7): 536-7.

36. Field MG. The Re-Legalization of Abortion in Soviet Russia. *New England Journal of Medicine* 1956; **255**(9): 421-7.

37. Tunçalp , Were W, MacLennan C, et al. Quality of care for pregnant women and newborns—the WHO vision. *BJOG: an international journal of obstetrics & gynaecology* 2015; **122**(8): 1045-9.

38. Finlayson K, Downe S. Why Do Women Not Use Antenatal Services in Low- and Middle-Income Countries? A Meta-Synthesis of Qualitative Studies. *PLOS Medicine* 2013; 10(1): e1001373.

39. Roozbeh N, Nahidi F, Hajiyan S. Barriers related to prenatal care utilization among women. *Saudi Medical Journal* 2016; **37**(12): 1319-27.

40. Randall M, Venkatesh V. The Right to No: The Crime of Marital Rape, Women's Human Rights, and International Law. *Brook J Int'l L* 2015; **41**: 153.

41. OECD Development Centre. Social Institutions and Gender Index. 2018. https://www.genderindex.org/.

42. UNDP. Gender Development Index (GDI). 2018. http://hdr.undp.org/en/content/gender-development-index-gdi.

43. UNDP. Gender Inequality Index (GII). 2018. http://hdr.undp.org/en/content/gender-inequality-index-gii.

44. World Economic Forum. Global Gender Gap. Cologny/Geneva: World Economic Forum, 2017.

45. Sawyer CC. Child mortality estimation: estimating sex differences in childhood mortality since the 1970s. *PLoS Medicine* 2012; **9**(8): e1001287.

46. World Health Organization and United Nations Children's Fund. Focusing on anaemia: Towards an integrated approach for effective anaemia control, 2004.

47. Amin A, Kågesten A, Adebayo E, Chandra-Mouli V. Addressing Gender Socialization and Masculinity Norms Among Adolescent Boys: Policy and Programmatic Implications. *The Journal of Adolescent Health* 2018; **62**(3 Suppl): S3-S5.

48. Fleming PJ, Lee JG, Dworkin SL. "Real Men Don't": constructions of masculinity and inadvertent harm in public health interventions. *American journal of public health* 2014; **104**(6): 1029-35.

49. Patton GC, Coffey C, Sawyer SM, et al. Global patterns of mortality in young people: a systematic analysis of population health data. *Lancet* 2009; **374**(9693): 881-92.

50. Patton GC, Darmstadt GL, Petroni S, Sawyer SM. A Gender Lens on the Health and Well-being of Young Males. *Journal of Adolescent Health* 2018; **62**(3): S6-S8.

51. Rice SM, Purcell R, McGorry PD. Adolescent and Young Adult Male Mental Health: Transforming System Failures Into Proactive Models of Engagement. *Journal of Adolescent Health* 2018; **62**(3, Supplement): S9-S17.

52. Schrijvers DL, Bollen J, Sabbe BG. The gender paradox in suicidal behavior and its impact on the suicidal process. *J Affect Disord* 2012; **138**(1-2): 19-26.

53. Blum RW, Gates Sr W. Girlhood not motherhood. Preventing adolescent pregnancy. New York: UNFPA, 2015.

54. UNICEF. Multiple indicator cluster survey (MICS). UNICEF; 2005-2014.

55. Bruni L, Barrionuevo-Rosas L, Albero G, et al. ICO/IARC Information Centre on HPV and Cancer (HPV Information Centre). Human Papillomavirus and Related Diseases in the World. Summary Report 27 July 2017. 2018.

56. World Health Organization. Human papillomavirus and HPV vaccines: a review 2018. http://www.who.int/bulletin/volumes/85/9/06-038414/en/.

57. Gallagher KE, Howard N, Kabakama S, et al. Lessons learnt from human papillomavirus (HPV) vaccination in 45 low-and middle-income countries. *PloS one* 2017; **12**(6): e0177773.

58. Daley EM, Vamos CA, Thompson EL, et al. The feminization of HPV: How science, politics, economics and gender norms shaped U.S. HPV vaccine implementation. *Papillomavirus Research* 2017; **3**: 142-8.

59. Smith M. Should HPV vaccination be gender neutral? *Canadian Medical Association Journal* 2015; **187**(11): E337-8.

60. Orvos J. Gender-based reasons for avoiding HPV vaccination. 2018. http://www.contemporaryobgyn.net/modern-medicine-feature-articles/gender-based-reasons-avoiding-hpv-vaccination2018).

61. UNFPA EECARO. Adolescent pregnancy in Eastern Europe and Central Asia, 2014.

62. UNFPA EECARO. Child Marriage in Kyrgyzstan 2014.

63. UNFPA EECARO. Child Marriage in Tajikistan, 2014.

64. UNFPA EECARO. Child Marriage in Uzbekistan, 2014.

65. UNFPA EECARO, IPPF European Network. Key Factors Influencing Contraceptive Use in Eastern Europe and Central Asia, 2012.

66. Asenjo A, Bancalari A, Castillo C, D'Arcy M, Raigada T. Mind the Gap, Gender Disparities in Adolescent Wellbeing Outcomes in Central and Eastern Europe and Central Asia. LSE Capstone Report: UNICEF, 2016.

67. Guttmacher Institute. Abortion in Asia. 2018. https://www.guttmacher.org/fact-sheet/abortion-asia.

68. United Nations Educational Scientific and Cultural Organization. Situation analysis of out-of-school children in nine Southeast Asian countries. Paris, France, 2017.

69. UNESCO. Asia and the Pacific Education for All (EFA) Mid-Decade Assessment: Insular South-East Asia Synthesis Report. . Bangkok, 2008.

70. UNESCO. School-Related Gender-Based Violence in Asia Pacific Region. Bangkok, 2014.

71. UNICEF. Global Initiative on Out-of-School Children: Tajikistan country study, 2013.

72. UNICEF. Youth Perspectives of Education Quality in Tajikistan: A case study of education quality for youth in the CEECIS region Dushanbe, Tajikistan, 2011.

73. UNFPA, UNESCO, WHO. Sexual and reproductive health of young people in Asia and the Pacific: A review of issues, policies and programmes. Bangkok, 2015.

74. UNESCO. International technical guidance on sexuality education: An evidence-informed approach - Revised edition. Geneva, Switzerland, 2018.

75. Vanwesenbeeck I, Westeneng J, de Boer T, Reinders J, van Zorge R. Lessons learned from a decade implementing Comprehensive Sexuality Education in resource poor settings: The World Starts With Me. *Sex Education* 2016; **16**(5): 471-86.

76. UNESCO. Comprehensive Sexuality Education: The Challenges and Opportunities of Scaling-up. Paris, 2014.

77. Girl Effect, Vodafone Foundation. Real girls, real lives, connected: A global study of girls' access and usage of mobile told through 3000 voices, 2018.

78. GSMA. Children's use of mobile phones: An international comparison 2015. Japan, 2016.

79. GSMA. Connected Society: State of Mobile Internet Connectivity 2018, 2018.

80. Elder S. Labour market transitions of young women and men in Asia and the Pacific. Geneva: International Labour Organization, 2014.

81. UNFPA. Project Overview - kNOwVAWdata. 2018. https://asiapacific.unfpa.org/publications/knowvawdata-project-overview.

82. Together for Girls. Violence Against Children Surveys. 2018. https://www.togetherforgirls.org/violence-children-surveys/.

83. World Health Organization South-East Asia Regional Office. Health situation and trend assessment. 2018. http://www.searo.who.int/entity/health_situation_trends/data/chi/sex-ratio/en/.

84. Costa JC, da Silva ICM, Victora CG. Gender bias in under-five mortality in low/middle-income countries. BMJ Global Health 2017; 2(2).

85. United Nations Human Rights Council. Birth registration and the right of everyone to recognition everywhere as a person before the law : Report of the Office of the United Nations High Commissioner for Human Rights, 2014.

86. UNICEF. Child Marriage Data. 2018. https://data.unicef.org/resources/dataset/child-marriage/.

87. Werner C. Bride Abduction in Post-Soviet Central Asia: Marking a Shift Towards Patriarchy through Local Discourses of Shame and Tradition. The Journal of the Royal Anthropological Institute 2009; 15(2): 314-31.

88. Kleinbach R, Ablezova M, Aitieva M. Kidnapping for marriage (ala kachuu) in a Kyrgyz village. Central Asian Survey 2005; 24(2): 191-202.

89. Amsler S, Kleinbach R. Bride Kidnapping in the Kyrgyz Republic. International Journal of Central Asian Studies 1999; 4.

90. Handrahan L. Implications of International Human Rights Law and Bride Kidnapping in Kyrgyzstan. The Fletcher Journal of Development Studies 2000; XVI.

91. Becker CM, Mirkasimov B, Steiner S. Forced Marriage and Birth Outcomes. Demography 2017; 54(4): 1401-23.

92. Nedoluzhko L, Agadjanian V. Between Tradition and Modernity: Marriage Dynamics in Kyrgyzstan. Demography 2015; 52(3): 861-82.

93. Polk K. A Scenario of Masculine Violence: Confrontational Homicide. Victoria, Australia: Department of Criminology, University of Melbourne, 2018.

94. United Nations Office on Drugs and Crime. Homicide and Gender 2015. https://www.heuni.fi/material/attachments/heuni/projects/wd2vDSKcZ/Homicide_and_Gender.pdf.

95. United Nations Educational Scientific and Cultural Organization. From Insult to Inclusion: Asia-Pacific report on school bullying, violence and discrimination on the basis of sexual orientation and gender identity. Bangkok, 2015.

96. Amnesty International. Less equal: LGBTI human rights defenders in Armenia, Belarus, Kazakhstan, and Kyrgyzstan. London, UK, 2017.

97. United Nations Children's Fund (UNICEF) and World Health Organization. Drinking Water, Sanitation and Hygiene in Schools: Global Baseline Report 2018 New York, 2018.

98. GBD 2016 Risk Factors Collaborators. Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990-2016: a systematic analysis for the Global Burden of Disease Study 2016. Lancet 2017; 390(10100): 1345-422.

99. Sommer M, Robles P, Comey D, Yamakoshi B, Burgers L, Cavill S. WASH in Schools Empowers Girls' Education: Proceedings of the 5th Annual Virtual Conference on Menstrual Hygiene Management in Schools New York, 2016.

100. Dutta D, Badloe C, Lee H, House S. Supporting the Rights of Girls and Women Through Menstrual Hygiene Management (MHM) in the East Asia and Pacific Region: Realities, progress and opportunities. Bangkok, Thailand: UNICEF East Asia and Pacific Regional Office (EAPRO), 2016.

101. UNICEF Kyrgyzstan. Girls Voices Reaching the Government. 2016. https://www.unece.org/fileadmin/DAM/env/documents/2016/wat/11Nov_14-16_MOP4_PWH/Side_events/4._Esen_Turusbekov_UNICEF_Kyrgyzstan.pdf.

102. Simonsen S. In Kyrgyzstan, girls lift shroud of shame on menstruation. 2017. https://www.unicef.org/wash/kyrgyzstan_96065.html.

103. World Commission on Environment and Development. From One Earth to One World: An Overview. Oxford: Oxford University Press; 1987.

104. Harkins B, Lindgren D, Suravoranon T. Risks and rewards: Outcomes of labour migration in South-East Asia: International Labour Organization, 2017.

105. Mmari K, Moreau C, Gibbs SE, et al. 'Yeah, I've grown; I can't go out anymore': differences in perceived risks between girls and boys entering adolescence. *Cult Health Sex* 2018; **20**(7): 787-98.

106. UN DESA. Global indicator framework for the Sustainable Development Goals and targets of the 2030 Agenda for Sustainable Development: United Nations Department of Economic and Social Affairs, 2017.

107. UNSD. United Nations minimum set of gender indicators: Inter-Agency and Expert Group on Gender Statistics, United Nations Statistics Division, 2017.

108. UNICEF EAPRO. Concept note: regional review of gender data and situation analysis for girls in Asia Pacific. Bangkok: UNICEF, UNFPA, UN ESCAP, UN Women, WFP, 2017.

109. UNICEF. UNICEF adolescent country tracker matrix 5x5: UNICEF, 2017.

110. Asian Development Bank, UN Women. Gender Equality and the Sustainable Development Goals in Asia and the Pacific: Baseline and pathways for transformative change by 2030. Bangkok, 2019.

111. WHO. Health worker roles in providing safe abortion care and post-abortion contraception, 2015.

112. Patton GC, Sawyer SM, Santelli JS, et al. Our future: a Lancet commission on adolescent health and wellbeing. *Lancet* 2016; **387**(10036): 2423-78.

113. UNFPA. Sex imbalances at birth: current trends, consequences and policy implications, 2012.

114. Food and Agriculture Organization of the United Nations (FAO). Gender dimensions of agricultural and rural employment, 2010.

115. International Labour Organization. World report on child labour, 2015.

116. UNODC. Global report on trafficking in persons, 2016.

117. World Bank. Toward gender equality in East Asia and the Pacific, 2012.