GENDER COUNTS

Pacific

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

unicef for every child

UNFPA

UN WOMEN

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Gender counts: sub-regional report for the Pacific

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

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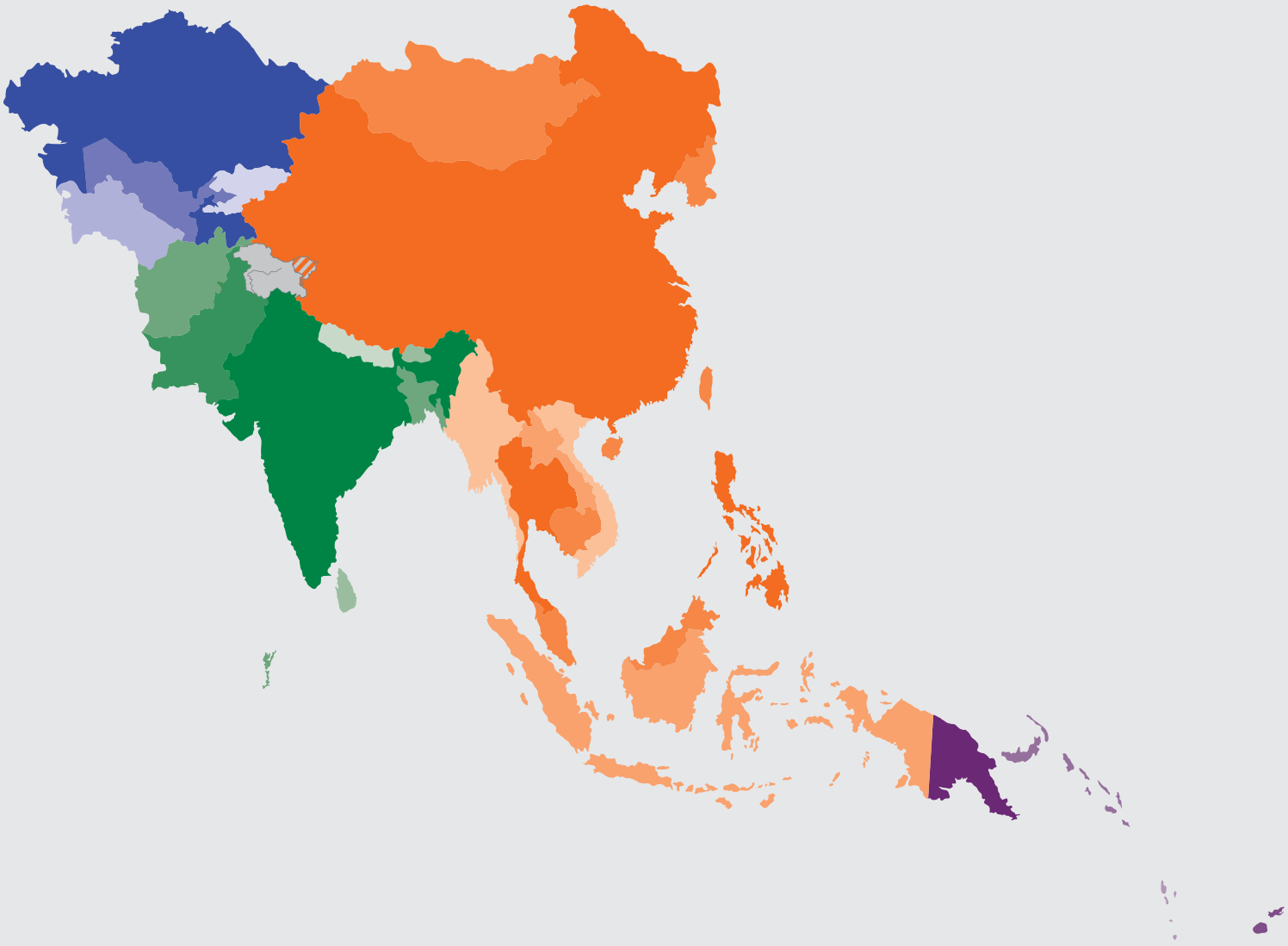
1 of 4 sub-regional reports for Asia and the Pacific



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UNFPA

UN WOMEN

WFP World Food Programme

Food and Agriculture Organization of the United Nations

PLAN INTERNATIONAL

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

UNDP

Acknowledgements

This report is the result of collaboration among many individuals and organisations.

The research team was led by Elissa Kennedy and Peter Azzopardi of the Burnet Institute, Melbourne. Dr Kennedy led the development of the conceptual framework and definition of indicators, with Dr Azzopardi leading the data mapping, analysis, visualisation and drafting of the report. Lisa Willenberg, Karly Cini and Tom Tidhar assisted with data analysis and visualisation. Liz Comrie-Thompson and Dr Alyce Wilson assisted with drafting of the report. Dr Cathy Vaughan of the University of Melbourne provided specific technical inputs around the conceptual framework, indicators and measure of violence against women.

Gerda Binder (Regional Gender Adviser) and Karen Humphries-Waa (Gender Consultant) from the UNICEF East Asia and the Pacific Regional Office provided input on the concept, methodology, overall coordination, case study development, editorial support and extensive feedback on the report. Specific technical inputs were also provided by colleagues from the Asia and the Pacific Regional Offices of UNFPA, Ingrid Fitzgerald (Technical Adviser on Gender and Human Rights), Henriette Jansen (Technical Advisor on Violence against Women, Research and Data), and Josephine Sauvarin (Technical Advisor on Adolescents and Youth) and from UN Women, Ruangkhao Ryce Chanchai (Programme Specialist), Sara Duerto Valero (Statistics Specialist) and Janneke Kukler (Strategic Planning and Coordination Specialist). Additional Pacific technical expertise was provided by Lionel Rogers of Medical Services Pacific.

The editorial and research team thanks all who gave their valuable time and expertise in review of the draft report and support in data sourcing, including from the Asia Pacific region, namely Bettina Gatt and Clara Park (FAO); Sara Elder (ILO); Zara Rapoport (Plan International); Koh Miyaoi (UNDP); Sharita Serrao (UNESCAP); Maki Hayashikawa, Kabir Singh and Roshan Bajracharaya (UNESCO); Felicity Chard, Britta Schumacher and Yingci Sun (WFP); and from UNICEF New York Headquarters, Claudia Cappa, Chika Hayashi, Lucia Hug, Julia Krasevec, Suguru Mizunoya, Padraic Murphy, Colleen Murray, Mamadou Saliou Diallo, Tom Slaymaker, Takako Shimizu, Danzhen You and Xinxin Yu, with particular thanks to Lauren Pandolfelli, who coordinated the Headquarters input.

Graphic design was carried out by Visual Traffic (Melbourne, Australia).

Copy-editing was performed by Ruth Carr (Consultant).

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
FSM	Federated States of Micronesia
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
NCD	Non-Communicable Disease
NEET	Not in Education, Employment, or Training
OECD	Organisation for Economic Co-operation and Development
SOWC	State of the World's Children, UNICEF
SRH	Sexual and Reproductive Health
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	World Health Organization 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 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, for example, 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 of 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

Improved sanitation facilities at school	Improved sanitation facilities at school are single-sex and usable (available, functional and private) at the time of the survey.	WHO/ UNICEF JMP
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.

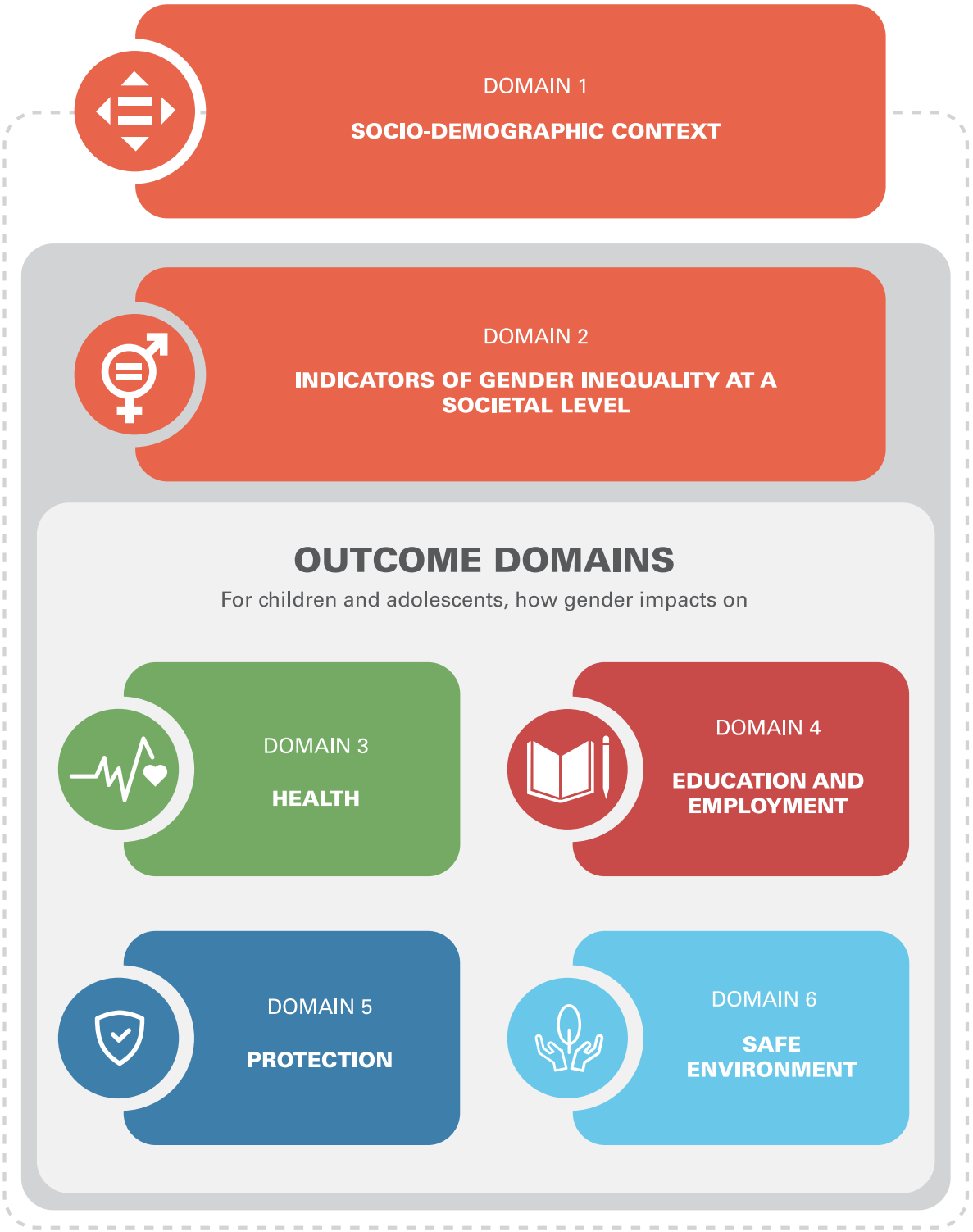
To help guide more effective and inclusive policy, **this report provides a comprehensive account of how gender inequality impacts on the lives of children and adolescents.** This report focuses on the Pacific, with other reports in the series focusing on East and Southeast Asia, South Asia and Central Asia. 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. Data were also limited for some Pacific countries, particularly the less populated island states. 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

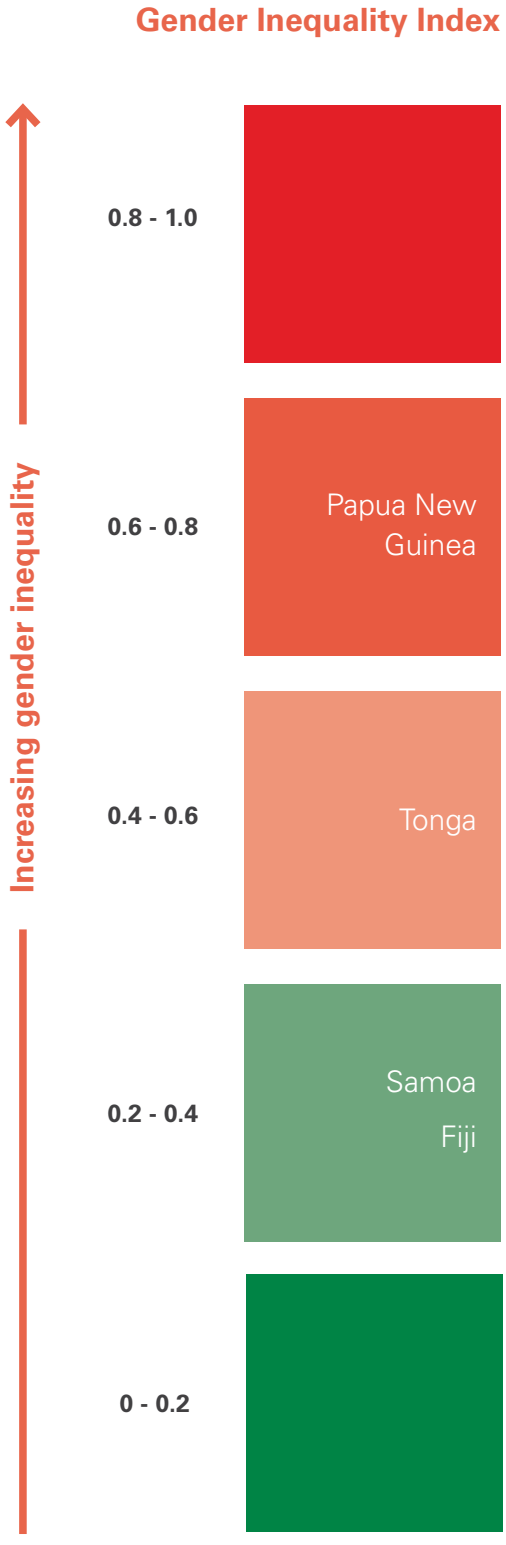


Context (Domains 1 and 2)

This region is rapidly developing, however the low- and middle-income countries of the Pacific vary substantially in their levels of human development. Countries with a lower level of development (such as Papua New Guinea and Solomon Islands) 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 and migration (in countries like Palau, Fiji, Tonga, Samoa, and Marshall Islands) 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 high levels of household, institutional and societal gender inequality:

- For countries where data are available (Fiji and Samoa) men earn more money than women.
- Women are under-represented in parliaments and police forces across the region limiting legislative and justice system responses for women and girls.
- Violence against women is a significant issue in this region, with more than a third of married women living in Kiribati, the Solomon Islands and Vanuatu reporting intimate partner violence over a 12-month period.



- In several countries, barriers to women's sexual and reproductive health rights negatively impact their health, wellbeing and bodily autonomy. There are substantial legal restrictions on abortion in most countries in this region. Many women also do not have protection from marital rape. Demand for contraception remains largely unmet in countries where data are available. Women in Nauru, Papua New Guinea and Vanuatu also have low levels of antenatal care.
- Available data for the Gender Inequality Index (GII) show Papua New Guinea and Tonga to have high rates of gender inequality that have not improved much over time.

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:

- Throughout the Pacific, overweight and obesity is more common among girls and thinness is more common among boys. High rates of anaemia are reported for females and males across the region.
- Adolescent boys experience an excess burden of suicide, injury and health risk behaviours, such as tobacco smoking and binge drinking. Boys in Kiribati are at particularly excess risk of suicide.
- Poor reproductive health for girls remains a substantial issue in this region with high and unshifting rates of adolescent pregnancy and substantial unmet needs for contraception. There are high rates of maternal mortality to adolescent mothers, particularly in Papua New Guinea.

For the most part, these differing health outcomes for girls and boys are likely attributable to social norms, roles and relations including harmful masculine norms which support risk-taking and discourage help-seeking, and imbalances in power relations that negatively impact girls' lack of autonomy and self-determination.

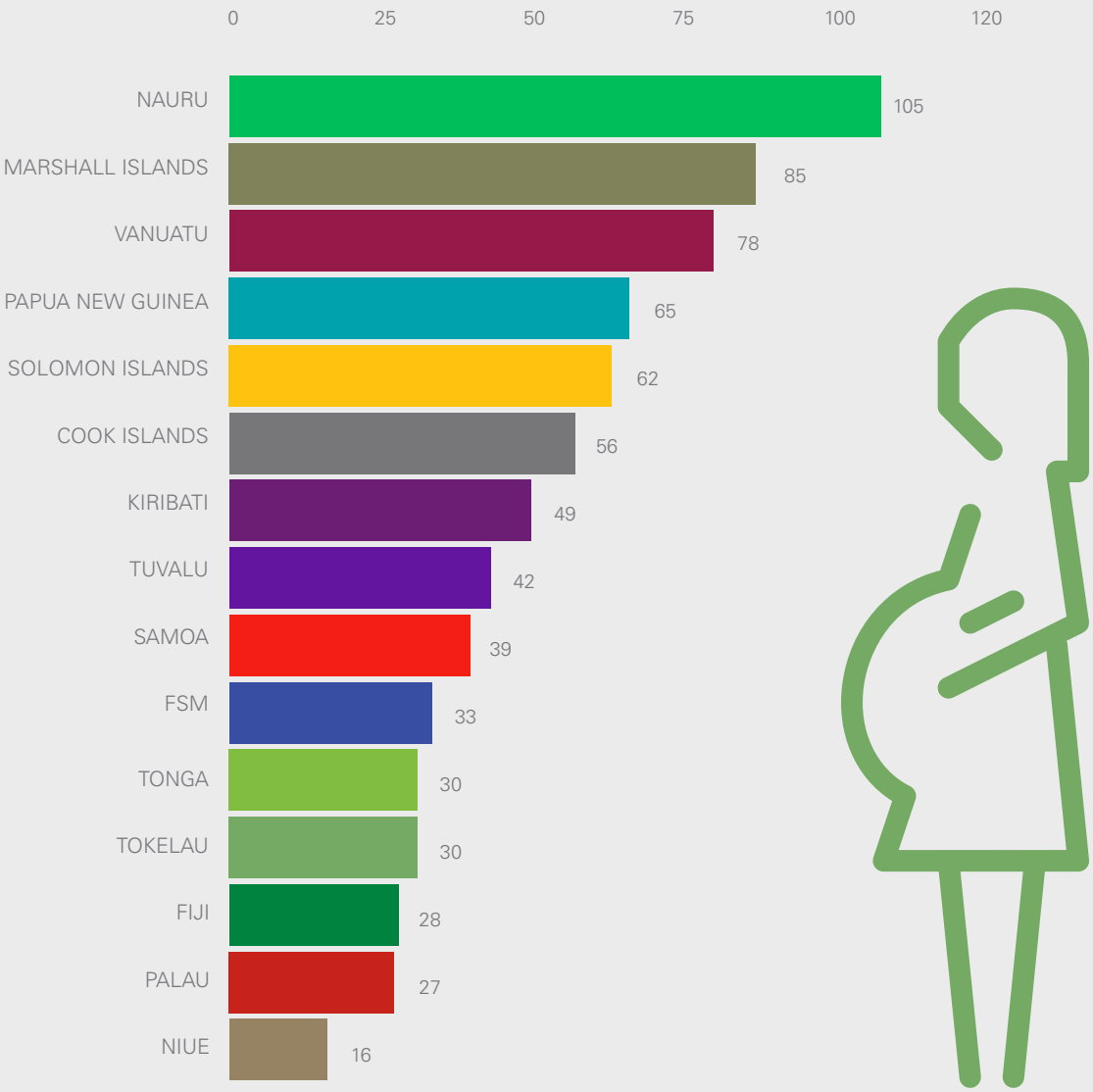
More males die from suicide than females

3 boys to 1 girl for Kiribati and Samoa

2 boys to 1 girl for the Federated States of Micronesia, Marshall Islands, Vanuatu, Papua New Guinea, Tonga and the Solomon Islands

Adolescent pregnancy rates remain high in many countries

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:

- Boys are less likely to be in upper secondary education than girls.
- 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 work to men.
- Several countries, including the Marshall Islands, Papua New Guinea and the Solomon Islands have 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 enrolment 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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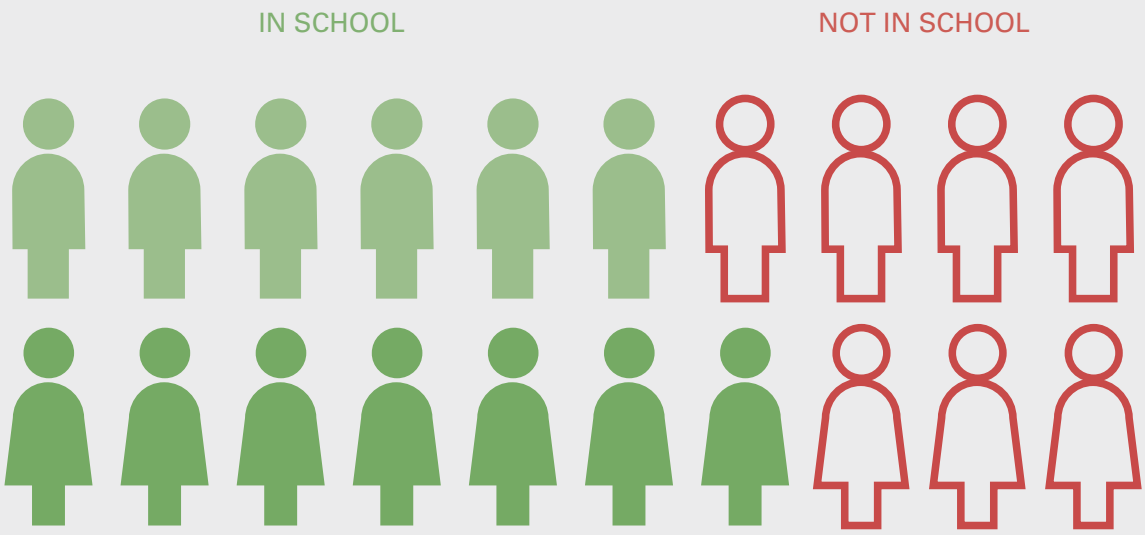
Boys are less likely to be in upper secondary school than girls

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 the Pacific are not being adequately protected from violence, exploitation and abuse:

- Child marriage remains common in this region, particularly so in Solomon Islands and Vanuatu where more than one in five girls aged 20–24 years are married before 18 years of age.
- There is broad acceptance of violence against women by young people in the region.
- Over 80% of children in Solomon Islands and Vanuatu have experienced violent discipline.
- Adolescent boys are at much greater risk of intentional homicide.
- High rates of bullying are common for boys and girls.
- There are high rates of child labour in the Solomon Islands, with slightly more girls exploited than boys.

These findings reflect not only a failure of protective legislation and/or enforcement 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. This is likely to contribute to the harmful attitudes towards domestic violence and male-female relationships, internalised by adolescence.

Child marriage remains common

20-24-year-olds married by 18 years

SOLOMON ISLANDS, VANUATU

SAMOA, TONGA

More boys die from homicide than girls

Homicide mortality 10-19-year-olds per 100,000

In some countries, 4 times more boys die than girls

KIRIBATI, MARSHALL ISLANDS, SAMOA

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:

- Household air pollution causes substantial harm for girls and boys in this region. Boys come to greater harm in early childhood (likely due to biological vulnerability).
- Improved sanitation facilities (essential for menstrual health and hygiene) are only available for around a quarter of schools in Marshall Islands and Solomon Islands, and half in Papua New Guinea.
- There are 25,000 international child migrants across the region, half of these in Papua New Guinea. Child migrants are slightly more likely to be boys, potentially reflecting different patterns of child labour.
- Mobility is limited for many adolescent girls: one in five married girls 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.

The available data suggest substantial gender inequality in the safety of environments that girls and boys grow up in. Girls often have limited mobility within their environments. In contrast, boys are more mobile and independent, with norms supportive of risk-taking placing them at greater risk of harm.

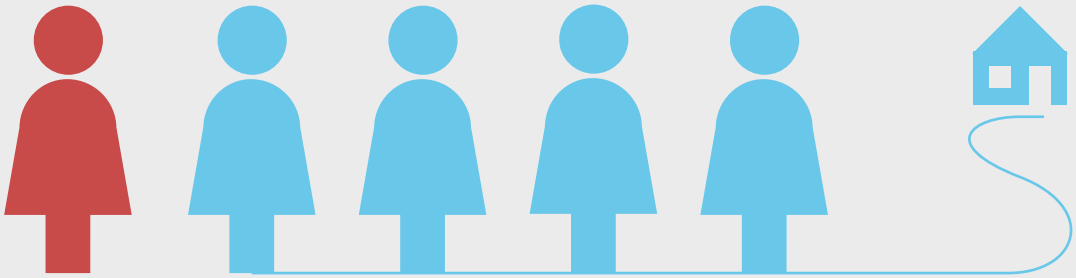
Many schools have inadequate sanitation

Schools with improved sanitation facilities

27%	45%	76%	86%	100%
SOLOMON ISLANDS MARSHALL ISLANDS	PAPUA NEW GUINEA	FIJI	NAURU	NIUE COOK ISLANDS

Mobility is limited for many girls

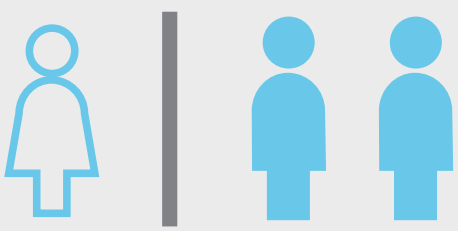
1 in 5 girls can't make decisions about visiting family or friends



Boys are more likely to die in road traffic accidents than girls

Road traffic mortality, 10-19-year-olds, deaths per 100,000

Across the Pacific boys are at least twice more likely to die from road traffic accidents than 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. 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.

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;
- 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 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.

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).
- Prevalence of overweight and obesity among 10-19-year-olds (Indicator 3.11).
- Adolescent birth rate (births per 1,000 females) among 15-19-year-olds (Indicator 3.20).
- HIV incidence among adolescents aged 15-19 years (Indicator 3.22a) (particularly in Papua New Guinea).
- Proportion of youth, aged 15-24 years, not in education, employment or training (%), by sex (Indicator 4.12).
- Proportion of youth (15-24 years) unemployed (Indicator 4.13).
- Intimate partner violence, physical and sexual abuse (Indicators 5.11 – 5.13).
- Proportion of 20-24-year-olds who were married before 15 years and before 18 years (Indicators 5.06a-b).

Boys currently disadvantaged

- Injury-specific DALY rate among adolescents 10-19 years (Indicator 3.12c).
- Prevalence of binge drinking and daily tobacco smoking (Indicators 3.13, 3.14).
- Proportion out-of-school (disaggregated by school level) (Indicator 4.03a-c).
- Mortality rate due to intentional homicide among 10-19-year-olds (Indicator 5.15).
- Mortality rate due to road traffic accidents among 10-19-year-olds (Indicator 6.07).

Other indicators that track critical gender issues

- Under-5 mortality (Indicator 3.02) and infant mortality (Indicator 5.03).
- Proportion of schools with basic sanitation facilities (improved, single-sex and usable) (Indicator 4.08).
- Legal age of consent to sex (heterosexual and same-sex sexual relationships) (Indicators 5.07, 5.09) and marriage (Indicator 5.08).

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.

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 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.

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BOX R2: CRITICAL GAPS IN GENDER DATA

Indicators with no data available:

- Inadequate supervision (Indicator 3.07).
- Prevalence of stunting among children under 5 years (Indicator 3.08).
- Adolescent girls' ability to refuse sex (Indicator 3.19).
- Secondary school attendance (Indicators 4.01b-c).
- School completion (Indicators 4.02a-c).
- Mobile phone ownership (Indicator 4.09).
- Internet usage (Indicator 4.10).
- Access to mass media (Indicator 4.11).
- Proportion of adolescents subjected to violence from an intimate partner in the previous 12 months (Indicator 5.11).
- Forced sex (Indicator 5.12).
- Harassment and discrimination experienced by young people with diverse gender identity and sexual orientation (Indicators 5.17a-b).
- Prevalence of female genital mutilation/cutting (FGM/C) (Indicator 5.18).
- Hazardous child labour (Indicator 5.21).
- Time spent on household chores per week (Indicator 5.22).
- Proportion of households where a child aged less than 15 years is responsible for water collection (Indicator 6.03).
- Young people's perceptions of safety in their neighbourhoods (Indicator 6.06).

Indicators with only modelled data available:

- Anaemia (Indicator 3.09).
- Overweight and obesity (Indicator 3.11).
- DALY rates (all-cause and cause-specific) (Indicators 3.12, 3.16, 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).
- Met need for family planning among adolescents girls aged 15-24 years (Indicator 3.18).
- Mortality due to maternal disorders among 15-19-year-olds (Indicator 3.21).
- Mortality due to intentional homicide (Indicator 5.15).
- Mortality due to road traffic accidents (Indicator 6.07).

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 (Figure A).[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 Pacific sub-region. Other reports are available for the Central Asia, East and Southeast Asia, and South Asia.

In the Pacific region there are in excess of 4.3 million children and adolescents (2.1 million girls and 2.2 million boys) residing in the low- and middle-income countries (LMICs) Cook Islands, Fiji, Kiribati, Marshall Islands, Federated States of Micronesia (FSM), Niue, Nauru, Palau, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu. The countries with the largest under 18 populations are Papua New Guinea (3.4 million), Fiji (302,000) and the Solomon Islands (271,000). The proportion of children and adolescents varies from 34% of the population in the instance of Fiji, to 46% in the Solomon Islands. In all countries there are more boys than girls (Figure A).

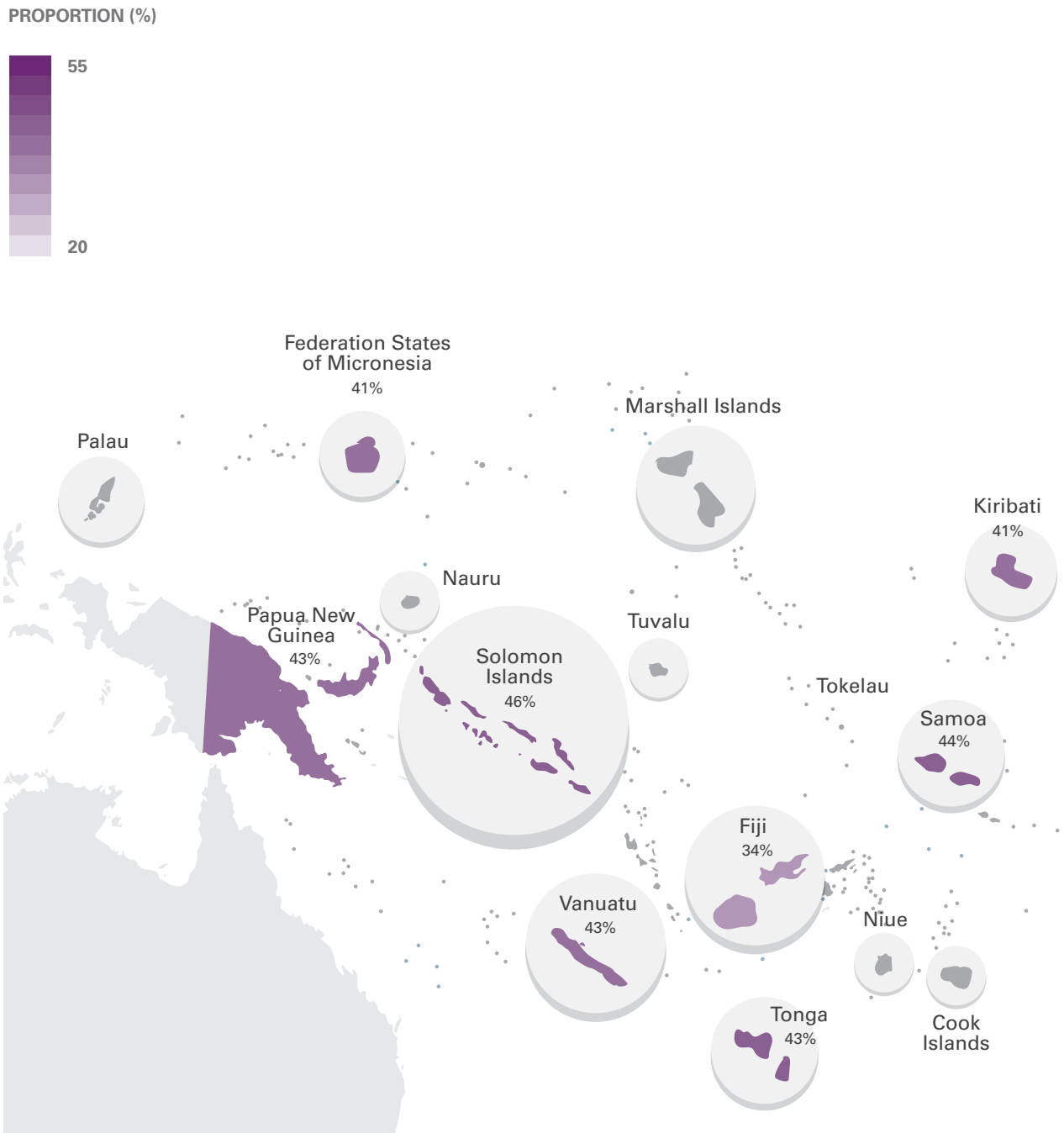
UNDER-18-YEAR-OLDS IN EACH COUNTRY BY SEX

Dashes (-) indicate data was not available.

FEMALE		MALE
1,648,000	PAPUA NEW GUINEA	1,758,000
146,000	FIJI	156,000
131,000	SOLOMON ISLANDS	140,000
54,000	VANUATU	59,000
41,000	SAMOA	44,000
23,000	KIRIBATI	24,000
22,000	TONGA	24,000
-	COOK ISLANDS	-
-	MARSHALL ISLANDS	-
-	NAURU	-
-	NIUE	-
-	PALAU	-

FIGURE A: POPULATION AGED UNDER 18 YEARS IN THE PACIFIC

The map 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 for countries where data are available. Countries are shaded grey where this is no data available. (Source: UNPD 2015)



Significant progress has been made in many countries towards poverty reduction, child survival and universal education. However, considerable challenges remain to ensuring 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 and is identified as one of the most fundamental issues for 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 into adulthood and to the next generation.

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

Governments and development partners across East and Southeast Asia have committed to respect and ensure the rights of every child,[3] and to accelerate progress towards gender equality. 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,[5,6] and more recently the Sustainable Development Goals and Agenda 2030 focus efforts around gender equality. [7] Gender equality and women's empowerment is both a stand-alone goal (SDG 5) and a way to measure and track progress for women and girls across all other goals and targets.

Despite these commitments, women and girls across Asia and the Pacific, continue to face household, societal, cultural, institutional and political barriers that violate their rights and limit their potential.[8,9] 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 a lack of understanding of 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 where gender norms are established.[10]

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's 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 on 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.[8] However, to date there has been limited systematic analysis of nationally comparable data related to gender inequality and its impacts 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.[11,12] 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 workforce and what happens to those who do not enter employment; the gender aspects of conflict; unmet need for contraception for girls neither married or in union; adolescent fertility for girls aged 10-14 years; and girls' challenges in managing menstruation.[11,13] 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.[14] Traditional gender roles can introduce bias into survey design. For example, in estimating women's informal economic behaviour and unpaid activities or when male family members respond to surveys on behalf of household members.[15] 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 impacts 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 years) in low- and middle-income countries in the Pacific, 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[16]

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 harmonized 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 fifteen low and middle-income countries of the Pacific region. 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 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, harmonized 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 quantitative, national-level, comparable data that identifies some gender issues in this region of direct relevance to children and adolescents. We hope that the identification of these issues will help inform further analyses around why these gender inequalities have arisen, and what can be done to address them.

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

4 Data for some countries are 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.

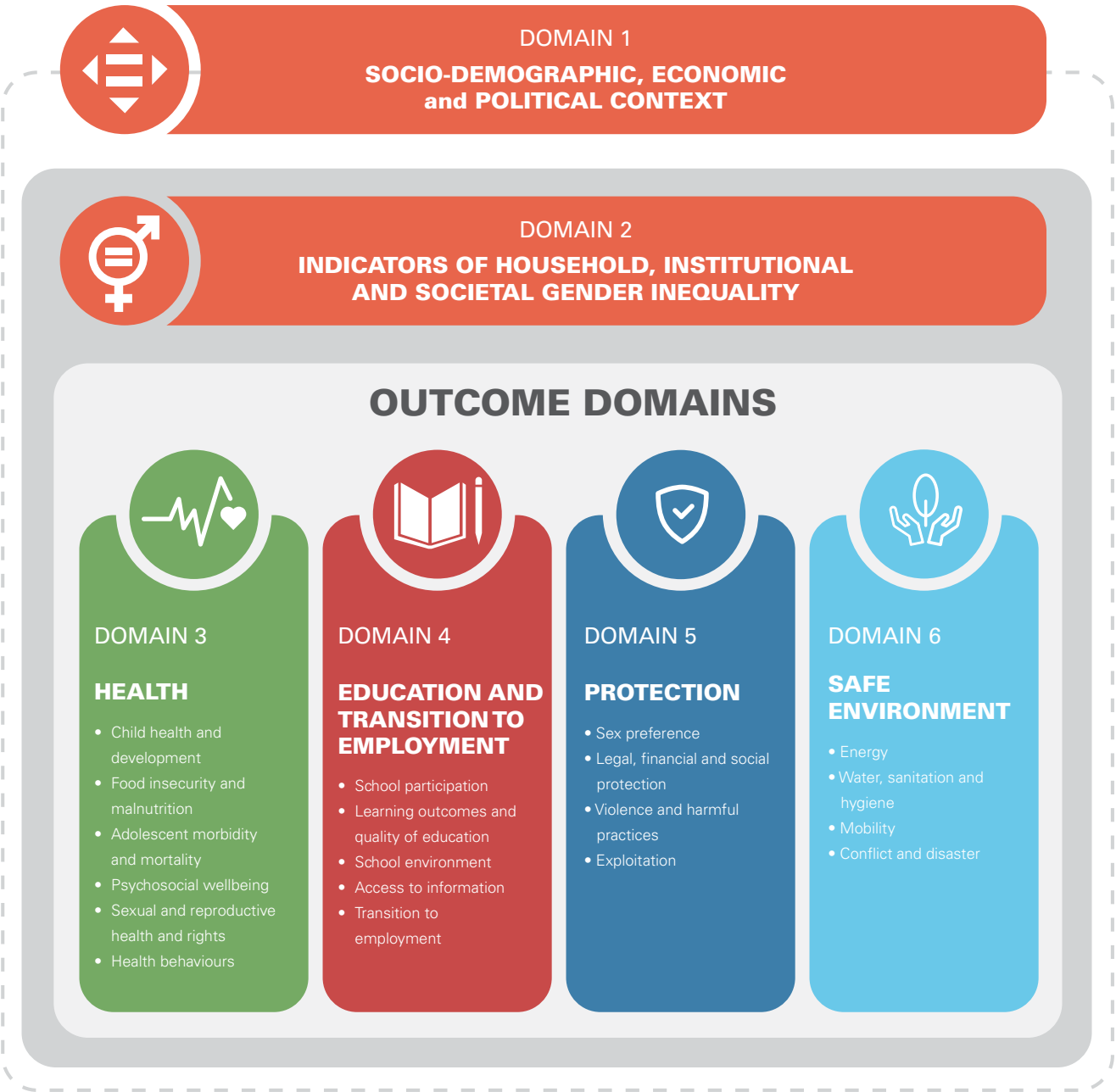
In this report we have adopted the pragmatic approach of drawing national level data from established databases wherever possible. The reporting of national data may have masked important gender disparities at a subnational level and for other social groups. The use of datasets may also have resulted 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,[17] recognising that gender inequality is a social system that operates at multiple levels to give 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 domains were defined, at two broad levels:

(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 intentionally 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 consultation with regional stakeholders.

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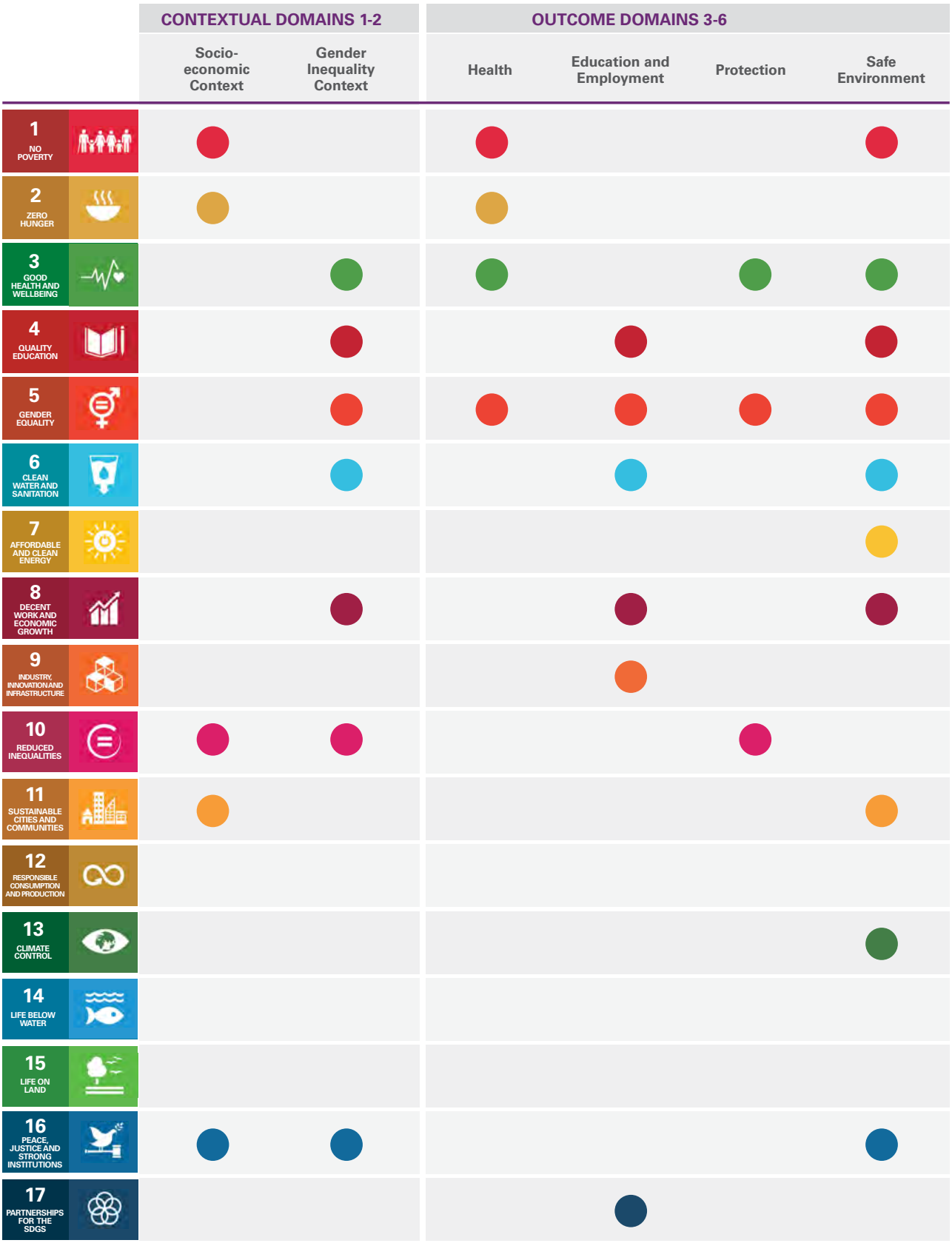
FIGURE C: INTERSECTION BETWEEN SDGS AND THE CONCEPTUAL FRAMEWORK

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 (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[18,19] and UN Minimum Set of Gender indicators (MSG)[14]

- 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 conflic; 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 girls aged 10-19 years, 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 1,000s), by sex	Population <18y (1,000s)
	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 1,000s)	Population difference of <18y (girls – boys, 1,000s)
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 1,000)	Migration rate, total population (per 1,000 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 15-49-year-olds, by sex	Unpaid work, 15-49y (hours per day)
	2.02 Average number of hours spent per day on paid and unpaid domestic work combined among 15-49-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 ($US), by sex	Average monthly earnings, 15-49y ($US)
	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 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 (%)	Contraception demand satisfied, married women 15-49y (%)
	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 (%)	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 1,000 live births, by sex	Deaths in <5y per 1,000 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
	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 1,000 females aged 15-19 years (SOWC)	AFR 15-19y per 1,000 (measured)
	3.20b Number of live births per 1,000 females aged 15-19 years (GBD)	AFR 15-19y per 1,000 (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 1,000 live births), by sex	Infant mortality rate (per 1,000 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 15 years (%), by sex	Child marriage <15y (%)
	5.06b Child marriage: proportion of 20-24-year-olds who were married by 18 years (%), 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 (1,000s), by sex	International migrants <20y, (count in 1,000s)
	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 (1,000)

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 outcomes in males. A ratio of greater than 1 suggests that the outcome is greater in females, 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 in this report.

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). The availability of data was inconsistent across indicators. Indicators relating to health expenditure and urban living had relatively good data coverage. No data was available for the prevalence of severe food insecurity (Indicator 1.04). Notably, data was available for only a small number of indicators for seven of the less populated countries in the region (Cook Islands, Marshall Islands, Nauru, Niue, Palau, Tuvalu, and Tokelau).

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

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.

			COOK ISLANDS	FIJI	FSM	KIRIBATI	MARSHALL ISLANDS	NAURU	NIUE	PALAU	PAPUA NEW GUINEA	SAMOA	SOLOMON ISLANDS	TOKELAU	TONGA	TUVALU	VANUATU
Demography	Population <18y (1,000s)	1.01a		UNPD	UNPD	UNPD					UNPD	UNPD	UNPD		UNPD		UNPD
	Proportion of population <18y (%)	1.01b		UNPD	UNPD	UNPD					UNPD	UNPD	UNPD		UNPD		UNPD
	Ratio of girls to boys aged <18y	1.01c		UNPD	UNPD	UNPD					UNPD	UNPD	UNPD		UNPD		UNPD
	Population difference of <18y (girls - boys, 1,000s)	1.01d		UNPD	UNPD	UNPD					UNPD	UNPD	UNPD		UNPD		UNPD
Development	Proportion living in poverty, total population (%)	1.02			UNICEF											UNICEF	UNICEF
	Human Development Index	1.03		UNDP	UNDP	UNDP	UNDP			UNDP	UNDP	UNDP	UNDP		UNDP		UNDP
	Prevalence of severe food insecurity, total population (%)	1.04															
	Proportion urban, total population (%)	1.05	UNDP	UNDP	UNDP	UNDP	UNDP	UNDP	UNDP	UNDP	UNDP	UNDP	UNDP		UNDP	UNDP	UNDP
	Migration rate, total population (per 1,000 annually)	1.06		UNPD	UNPD	UNPD						UNPD	UNPD		UNPD		UNPD
Govt. expenditure	Health expenditure (% GDP)	1.07	WHO	WHO	WHO	WHO	WHO	WHO	WHO	WHO	WHO	WHO	WHO		WHO	WHO	WHO
	Education expenditure (% GDP)	1.08	UNESCO	UNESCO	UNESCO							UNESCO					UNESCO

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Detailed findings across indicators

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

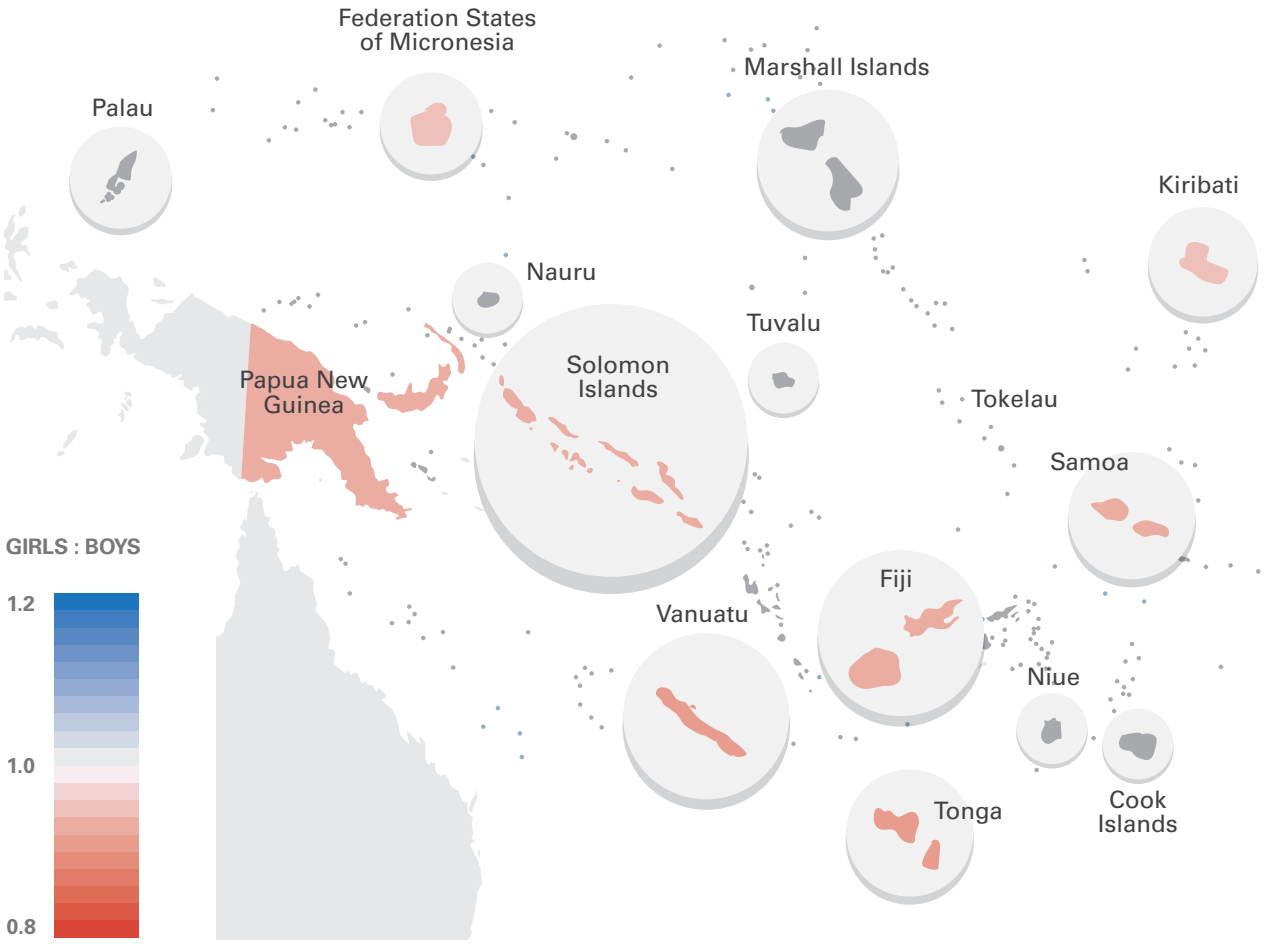
Demography (Indicators 1.01a – 1.01d)

There are an estimated of 4.3 million children and adolescents (2.1 million girls and 2.2 million boys) living in the Pacific, representing between one third and one half of national populations (Figure 1.1). Data on population size is available for eight countries. In each country where data are available there are fewer girls, aged 0-17 years, compared with boys. In Vanuatu, the gender proportional differences are most substantial. Girls represent 47.8% of all 0-17-year-olds, equating to approximately 5000 fewer girls than boys in Vanuatu (Figure 1.1). The magnitude of the difference is greatest in Papua New Guinea and Fiji where there are respectively 110,000 and 10,000 fewer girls. It is unclear to what extent this is due to differences in sex ratios at birth and excess mortality among girls under 5, compared with gender differences in migration patterns. These issues are discussed further in Domains 3 to 6.

In each Pacific country 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 map shows the ratio of females to males aged under 18 years, with a ratio less than 1 indicating less female than males. Data are unavailable for Cook Islands, Marshall Islands, Nauru, Niue and Palau. Data source: UNPD.



POPULATION DIFFERENCE (GIRLS - BOYS)

A negative number indicates fewer girls compared to boys.

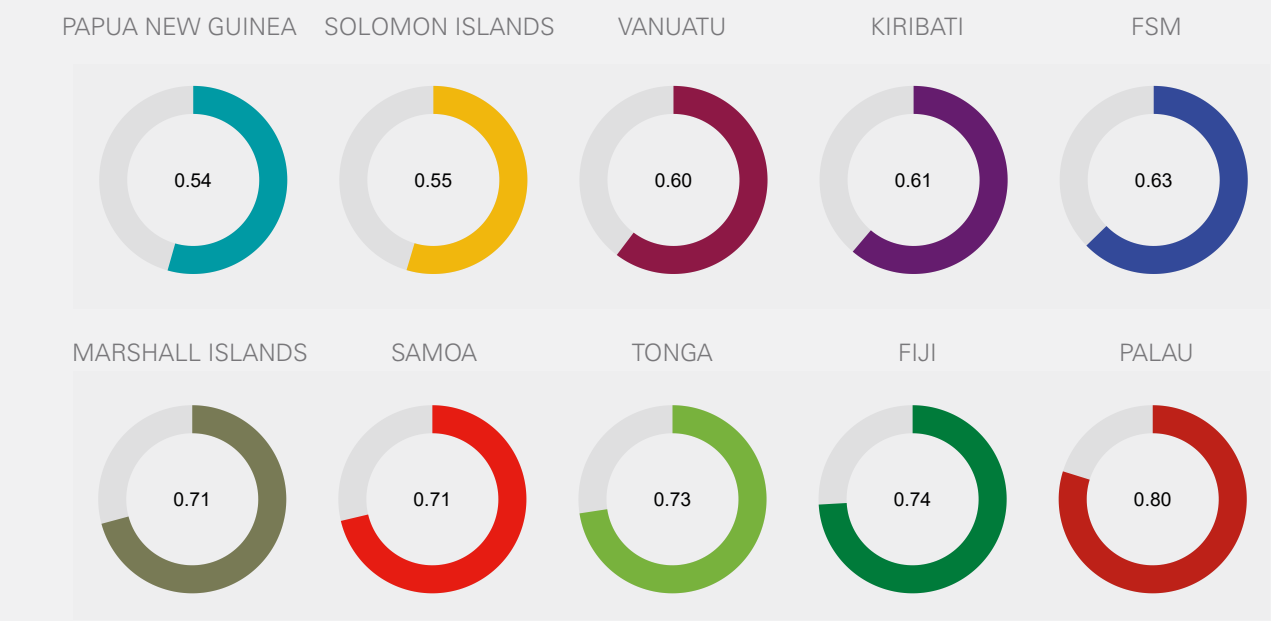
PAPUA NEW GUINEA	-110,000	SAMOA	-3,000	MARSHALL ISLANDS	-
FIJI	-10,000	TONGA	-2,000	NAURU	-
SOLOMON ISLANDS	-9,000	KIRIBATI	-1,000	NIUE	-
VANUATU	-5,000	COOK ISLANDS	-	PALAU	-

Socioeconomic and human development (Indicators 1.02 – 1.06)

Countries in the Pacific vary in their level of development, as measured by the **Human Development Index (HDI)**. 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. In the Pacific, the HDI ranges from 0.54 (Papua New Guinea and the Solomon Islands) to relatively high levels of development, such as that seen in Palau (0.80).

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.

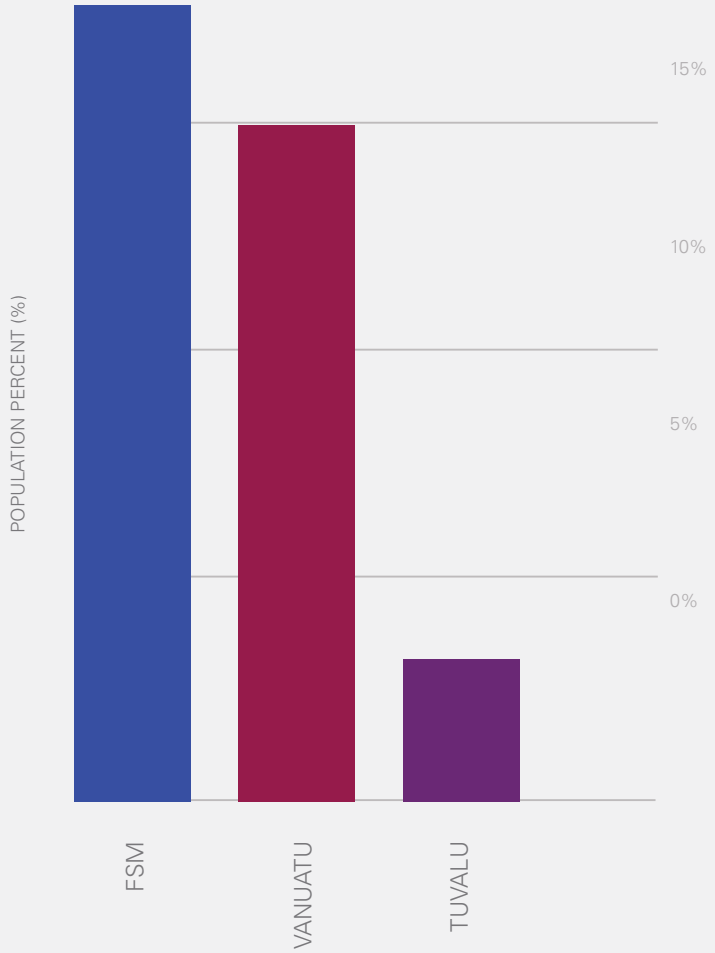


INDICATOR 1.03

Only three Pacific countries have data regarding the proportion of the national population living below the international **poverty** line (Indicator 1.02). The Federated States of Micronesia and Vanuatu have similar levels of the poverty with 17% and 15% of their populations living below the poverty line (Figure 1.3). By comparison, only 3% of the Tuvalu population lives in poverty. Data on **food security** are unavailable for the Pacific. Where it exists, women and girls generally bear a disproportionate burden from poverty and food insecurity.[20] In households living below the international poverty, line women and girls are often disadvantaged in their access to household resources, including food and nutrition,[21,22] as well as the productive resources of education, employment, land and credit. Food insecurity also makes it difficult for women to fulfil roles in food production, preparation processing, distribution and sales.

FIGURE 1.3: POVERTY

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 2015).

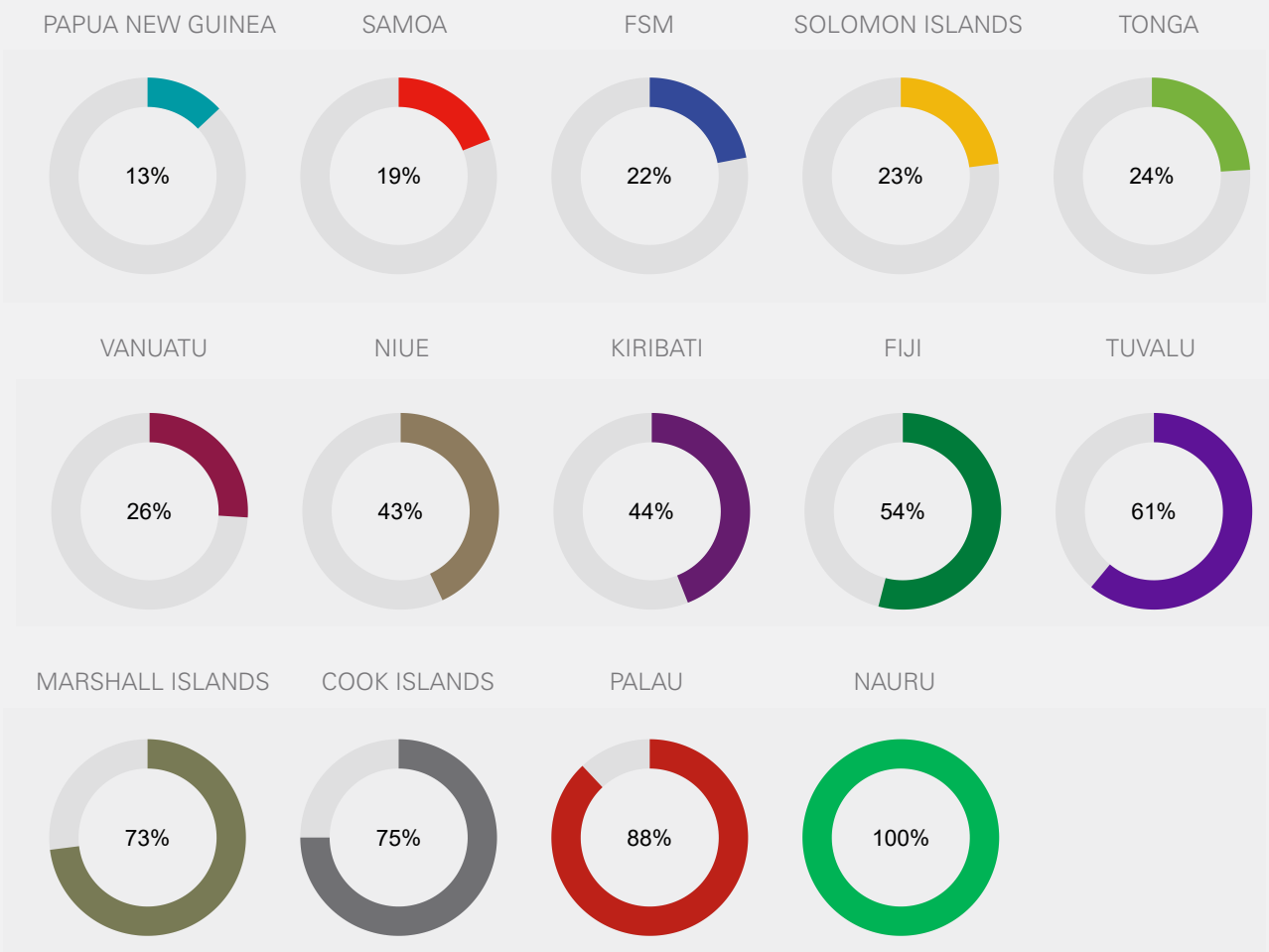


INDICATOR 1.02: PROPORTION LIVING IN POVERTY, TOTAL POPULATION (%)

There is substantial variation across the region in the proportion of the population **living in urban centres** (Figure 1.4(A)), with the highest levels in Nauru (100%) and Palau (88%) and the lowest in Papua New Guinea (13%). The very high rates of urban living in some countries likely reflect the impact of urban development in small island states with relatively small populations by regional standards, rather than urban migration. However, in countries where urban migration does occur, this has implications for gender roles and relations. Urbanisation 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 economic contributions to the household, possibly associated with greater decision-making power. In addition, the ability of urban parents and communities to monitor and enforce behaviour may be more limited.[23]

FIGURE 1.4(A): 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 (%)

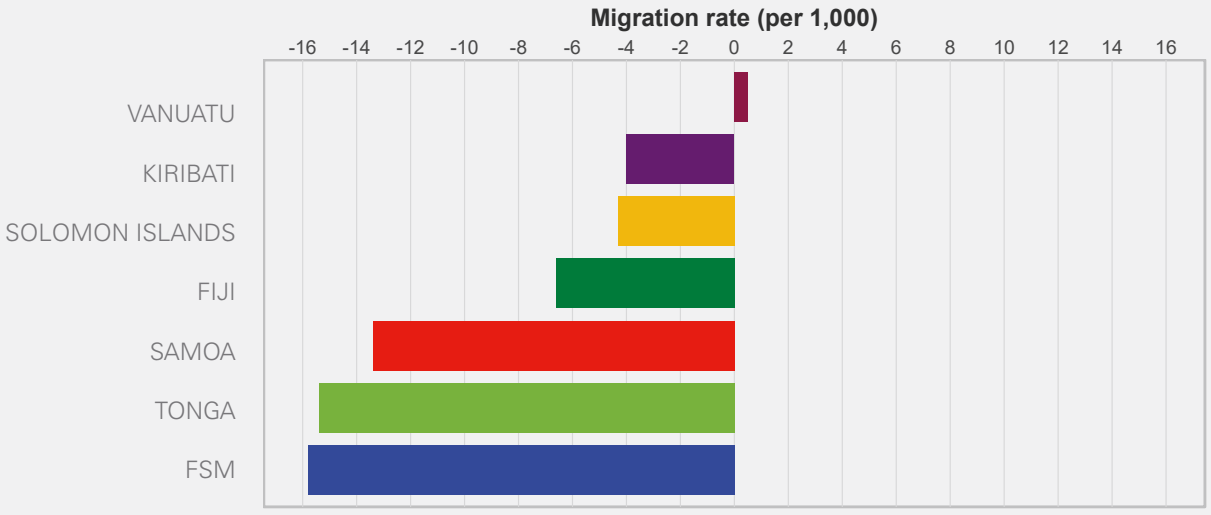
The relationship between urbanisation and gender equality is not straightforward. Women and men often do not benefit equally as a result of urbanisation, including in access to work, housing security, financial assets, access to health and social services and personal security.[23-25] Urban migration, including economic migration between countries, can 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. For women living in rural areas, established social networks can operate to perpetuate gender norms and roles that disadvantage women and girls. Further, women participating in the agricultural workforce can also suffer from the double burden of paid work on the land and unpaid work in the home.

The majority of countries in the Pacific see net out **migration**, with the exception of Vanuatu (Figure 1.4(B)). Population changes are greatest in the Federated States of Micronesia (-16 per 1,000), Tonga (-15 per 1,000) and Samoa (-13 per 1,000). 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.

Migration fragments support networks and increases the burden of domestic and child care work that typically falls on women and girls.

FIGURE 1.4(B): MIGRATION

This graph reports the migration rate (per 1,000 annually) for the Pacific region (Indicator 1.06). Data sourced from UNPD 2016.



INDICATOR 1.06: TOTAL ANNUAL NET MIGRATION RATE (PER 1,000)

Government expenditure
(Indicators 1.07 – 1.08)

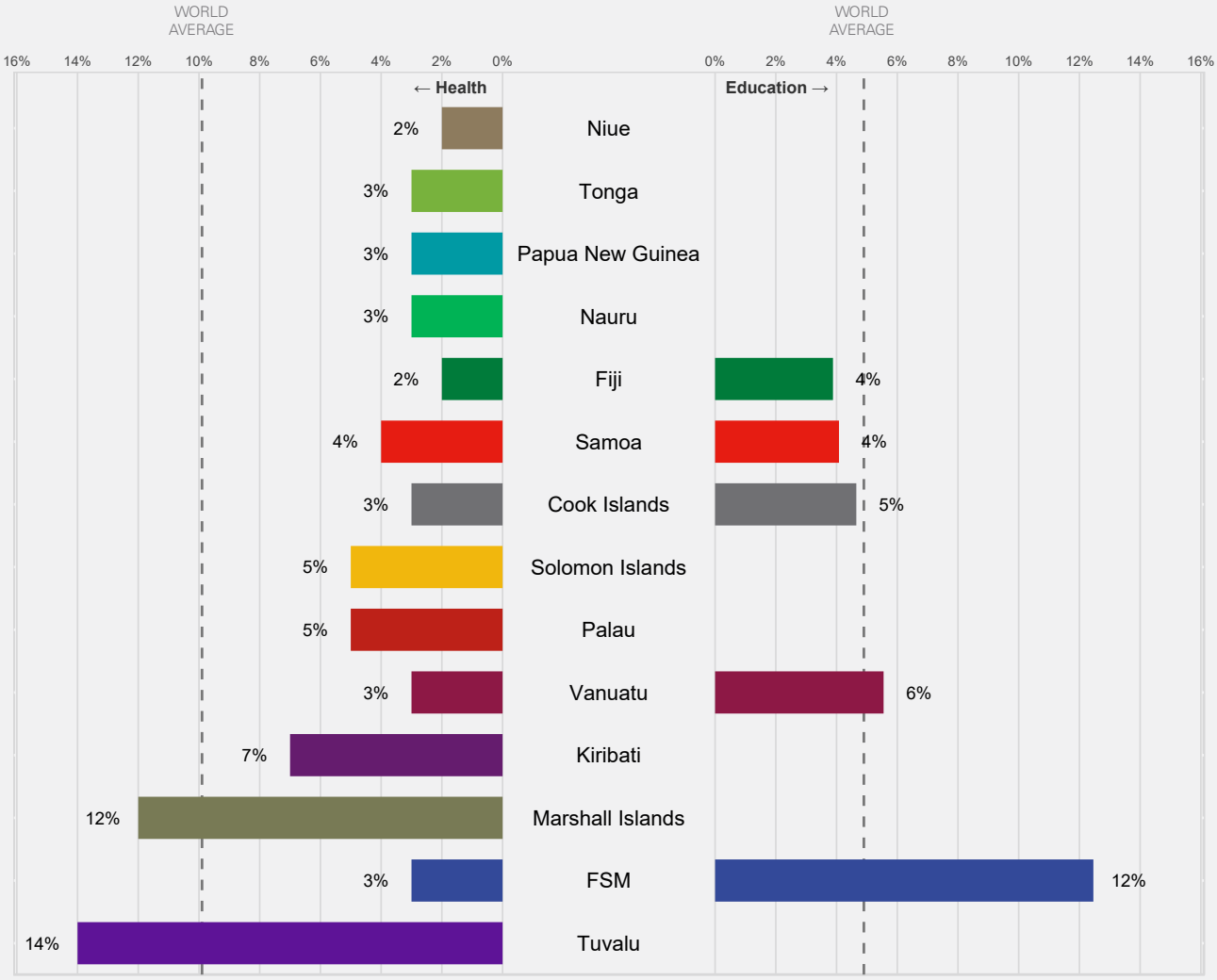
Public spending on health and education varies considerably across the region but is lower than the global average for most countries other than Tuvalu and Marshall Islands (Figure 1.5). Health expenditure in particular is lower than global average, with Fiji and Niue spending only 2% of GDP. Low public 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.[26]

In addition, women's and girls' needs for sexual, reproductive and maternal health care, are particularly at risk in the face of low health expenditure. A 2009 study ranked nine of the Pacific countries as being at high or very high reproductive risk with high maternal and infant mortality, more restrictive abortion laws and low contraceptive use.[27] Some countries also have high rates of sexually transmitted diseases, such as chlamydia, and low levels of antenatal care and birth attendance by skilled health personnel. 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.[28,29]

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 AND EDUCATION

This graph shows government expenditure on health (left, Indicator 1.07) and education (right, Indicator 1.08)) where data are available. The dashed lines represent global averages. Data sourced from WHO and UNESCO 2013-16.



INDICATOR 107: HEALTH EXPENDITURE (%GDP)

INDICATOR 1.08: EDUCATION EXPENDITURE (%GDP)

Summary
Domain 1

Socio-demographic, economic and political context

Key data gaps

Limited data was available for seven of the less populated countries in the region (Cook Islands, Marshall Islands, Nauru, Niue, Palau, Tuvalu, and Tokelau).

No data was available for the prevalence of severe food insecurity.

There are fewer girls than boys in this region

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

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

In all countries where data are available there are fewer girls than boys. The disparities are greatest in Vanuatu (41.2% female compared to 44% male) and Tonga (41.5% female, 45.3% male), but the absolute difference in count is greatest in Papua New Guinea (110,000 fewer girls than boys). Contributors may include excess mortality among girls under 5 years of age and migration patterns.

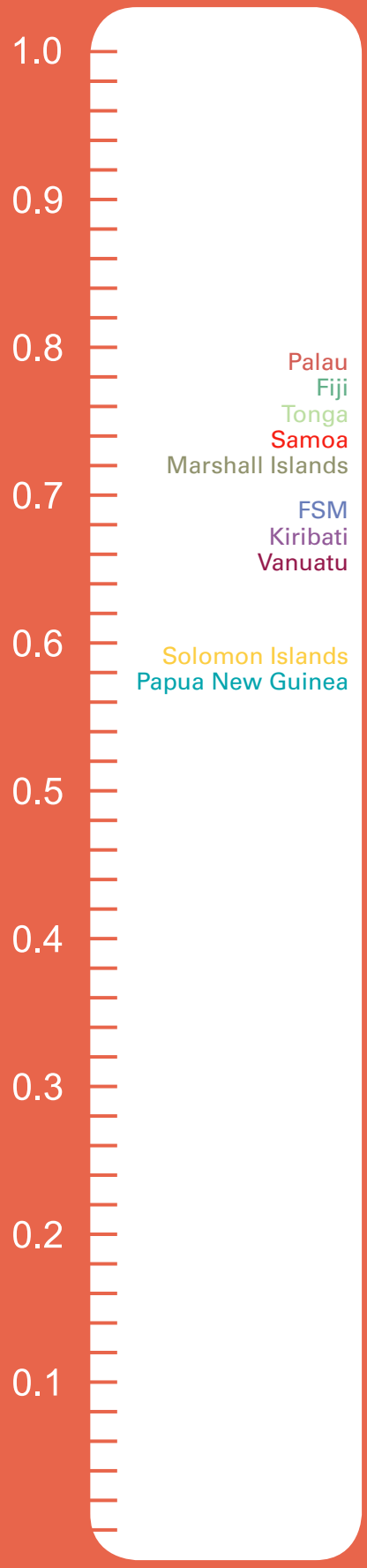
This region is rapidly developing, however, some countries for which data are available, continue to experience high rates of poverty, including Solomon Islands and Papua New Guinea. In general, poverty and food insecurity disproportionately affects women and girls.

This region is characterised by rapid urbanisation and migration. This has the potential to fragment social supports and may increase women's work burden, including domestic work and child care.

There are low levels of public expenditure on health across the region. This is likely to place stress on household resources and may disadvantage women and girls, particularly in regard to their reproductive health needs.

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

Human Development Index



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. This domain 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 limited for the Pacific region (Figure 2.1). Where possible, indicators were populated using collated datasets (UNICEF SOWC, UNSD, ILO, OECD, WB, IPU and UNFPA's recent dataset on violence against women, kNOwVAWdata). 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 were also used to provide a single index for abortion legality (Indicator 2.13).

There were some sub-domains for which data were not available, including division of labour and decision-making. Data availability were limited for most other indicators, with coverage best for experience of intimate partner violence (IPV, Indicator 2.11) and access to antenatal care (Indicator 2.17). No data was available for Tokelau.

The absence of data on women's participation in decision-making, sex-disaggregated time use and IPV and related indicators, limits the extent to which this domain can comment on key aspects of household, institutional and societal gender inequality, such as constraints on women's bodily autonomy, control over household assets, and mobility, as well as the societal impact of differentiated gender roles, and norms supportive of gender-based violence.

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

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.

		COOK ISLANDS	FIJI	FSM	KIRIBATI	MARSHALL ISLANDS	NAURU	NIUE	PALAU	PAPUA NEW GUINEA	SAMOA	SOLOMON ISLANDS	TOKELAU	TONGA	TUVALU	VANUATU
Unpaid work, 15-49y (hours per day)	2.01															
Total work, 15-49y (hours per day)	2.02															
Adult collects water for household, >15y (%)	2.03															
Average monthly earnings, 15-49y ($US)	2.04		ILO								ILO					
Married women in paid work who can decide spending, 15-49y (%)	2.05															
Own bank account, >15y (%)	2.06															
Can decide healthcare, married women 15-49y (%)	2.07															
Can decide household purchases, married women 15-49y (%)	2.08															
Proportion lower house seats held by women (%)	2.09a		IPU		IPU	IPU	IPU		IPU		IPU	IPU		IPU	IPU	
Proportion upper house seats held by women (%)	2.09b								IPU							
Proportion of police who are female (%)	2.10															
Women experiencing IPV last 12m (%)	2.11	UNFPA	UNFPA	UNFPA	UNFPA	UNFPA	UNFPA		UNFPA		UNFPA	UNFPA		UNFPA	UNFPA	UNFPA
Proportion who think husband is justified to beat wife, 15-49y (%)	2.12															
Abortion legality index (0-100)	2.13		GBD	GBD	GBD	GBD				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															
Mean years education, >25y	2.16a					UNESCO			UNESCO					UNESCO		
Mean years education, age-standardised (modelled)	2.16b		GBD	GBD	GBD	GBD				GBD	GBD	GBD		GBD		GBD
One antenatal visit, 15-49y (%)	2.17a	UNICEF	UNICEF	UNICEF	UNICEF	UNICEF	UNICEF	UNICEF	UNICEF	UNICEF	UNICEF	UNICEF		UNICEF	UNICEF	UNICEF
Four antenatal visits, 15-49y (%)	2.17b		UNICEF		UNICEF	UNICEF	UNICEF		UNICEF	UNICEF	UNICEF	UNICEF		UNICEF	UNICEF	UNICEF
Married women make decisions visiting family or friends, 15-49y (%)	2.18															
Marital rape criminalised (yes=1, no=0)	2.19										WB	WB				
Social Institutions Gender Index (lower score is better)	2.20															
Gender Development Index (higher score better)	2.21													UNDP		
Gender Inequality Index (lower score better)	2.22		UNDP							UNDP	UNDP			UNDP		
Global Gender Gap Index (higher score better)	2.23		WEF													

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Detailed findings across indicators

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

Quantitative data were not available for these indicators. Case study 2.1 explores gender socialisation, which is intimately linked with time use and division of labour.

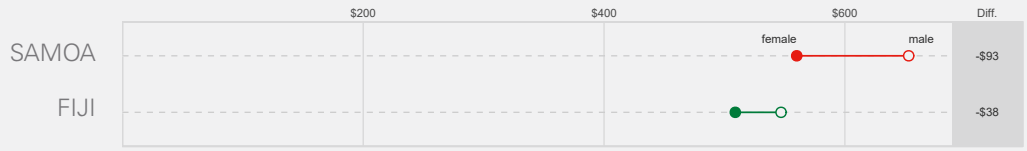
Access and control over resources (Indicators 2.04 and 2.06)

Data on the gender pay gap measured by gender disparities in **monthly earnings** (Indicator 2.04) are available for only two countries in the region. In both Fiji and Samoa, men earn more than women. Reasons cited for unequal pay between men and women generally include qualifications, experience, performance and occupational differences.[34] The perpetuation of gender stereotypes also sees more women employed in lower paid 'feminine' roles such as service provision, and more men in management roles. The double burden for women, in managing work and home commitments, also negatively impacts women's careers and retention in the workforce. Other factors which may impact women's earning potential in some countries, include laws that prevent them from owning land or registering companies.

Data on **bank account ownership**, a measure of access to financial resources, was unavailable in the Pacific.

FIGURE 2.1: AVERAGE MONTHLY EARNINGS BY GENDER

This graph shows the average monthly earnings in $US 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.



INDICATOR 2.04: AVERAGE MONTHLY EARNINGS ($US)

CASE STUDY 2.1: GENDER SOCIALISATION

Gender socialisation is the process by which individuals learn about the norms and behaviours associated with their assigned sex, or what is expected of them as a male or female member of society.[23,30] 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 the Pacific, children are taught gender roles and behaviour from an early age. Traditionally modesty is expected of girls, who are also more restricted in their movements than boys.[32,33] Girls' chastity is valued highly and loss of virginity or pregnancy before marriage can bring shame to the family. Boys, in contrast, have greater freedom of movement and are expected to be sexually active with many partners before marriage. Across the Pacific, men generally have superior status and power in families and communities. A woman's role is centred around the domestic duties of household management and child care and they are expected to support and be obedient to their husbands. Children are socialised to these gender norms, which in turn are expressed in their own behaviours and expectations and the roles they take on.

> "...girls will get married and go away but boys will stay and inherit land, therefore they're more important than the girls".
>
> Teenage boy, Vanuatu.[32]

Intra-household decision making (Indicators 2.07 - 2.08)

Data on indicators of **intra-household decision making** are unavailable for this region. In other countries of the Asia-Pacific region, many married women cannot make decisions around healthcare, household purchases and spending, or visiting friends.

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

By global standards, women are substantially under-represented in **parliaments** across the Pacific region (Indicators 2.09a, 2.09b, see Appendix 3). The proportion of women in lower houses are particularly low in Kiribati (6.5%), Solomon Islands (2.0%), and Vanuatu, Federated States of Micronesia and PNG (all 0%). By regional standards, Fiji has a relatively high proportion of female parliamentarians (16.0 %), but this still remains low by global standards. Women's under-representation in parliament limits legislative responses to key gender inequalities and their impacts on women and girls. No data was available on the proportion of **police officers** who are female; in other regions there is a similar under-representation of women.

Women are under-represented in parliaments across the region – this limits legislative responses for women and girls.

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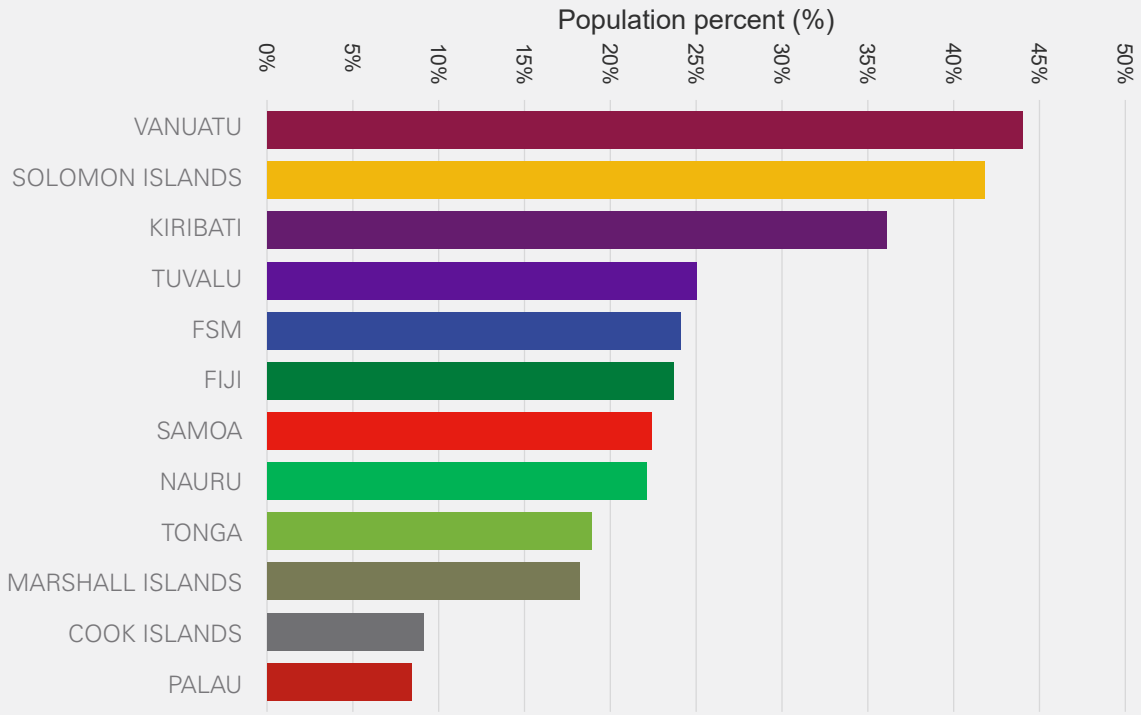
Violence against women
(Indicators 2.11 – 2.12)

Intimate partner violence (IPV) is a significant issue in this region. Data is particularly good for this indicator as a result of UNFPA's recent kNOwVAWdata project, which provides country level estimates.[35] Almost half of women report experiencing physical and/or sexual violence from an intimate partner in Vanuatu (44%) and Solomon Islands (41%) in a 12-month period (Figure 2.2). Rates were high in several other countries in the Pacific region, including Kiribati (36%), Tuvalu (25%), Fiji (24%), Micronesia (24%), Samoa (22%), Tonga (19%) and Marshall Islands (18%). However, 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. Protection mechanisms for those that experience domestic violence are limited throughout the region, leaving those who report violence vulnerable to further abuse.[36]

Data on **attitudes towards domestic violence** (Indicator 2.12) were unavailable for the Pacific. In other regions, harmful attitudes often co-exist in settings where IPV is common. IPV is explored further in Case 2.2.

FIGURE 2.2: 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 (%)

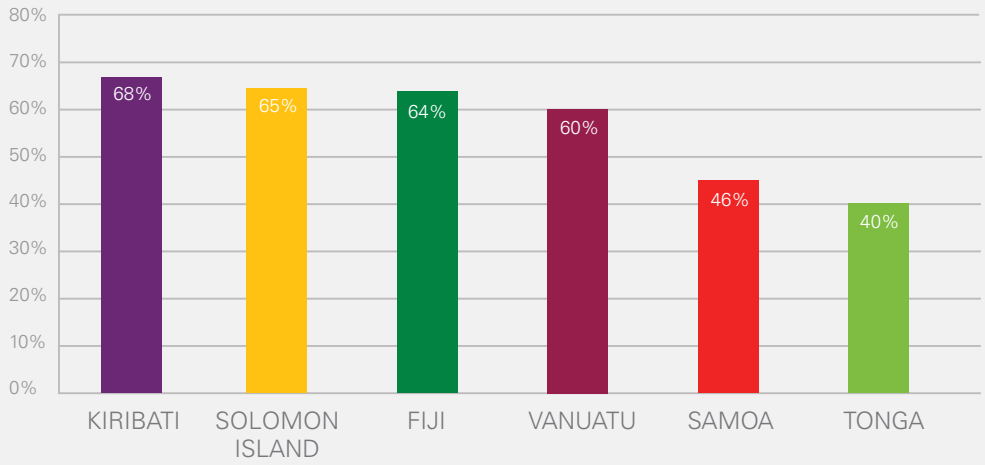
CASE STUDY 2.2: VIOLENCE AGAINST WOMEN IN THE PACIFIC

Women in the Pacific Islands experience very high rates of gender based violence. Papua New Guinea (a country for which comparable data were unavailable) has been reported to be one of the most dangerous places in the world to be a woman – over two-thirds of women are estimated to have suffered some form of physical or sexual violence in their lifetime.[37-39] In other Pacific Islands, a 2015 review found 60% or more of women had experienced physical and/or sexual intimate partner violence (IPV) in their lifetime in four of the six countries studied (64% Fiji, 68% Kiribati, 65% Solomon Islands and 60% Vanuatu).[40] In Tonga and Samoa, 40% or more women reported lifetime IPV and two-thirds reported non-partner physical violence. Individuals who witnessed or suffered domestic violence in childhood were at greater risk of experiencing or perpetrating violence as an adult, indicating an intergenerational cycle of abuse. There was also a greater likelihood of child abuse in a home where the woman experienced IPV. In Kiribati, women who had experienced IPV were seven times more likely to have children who were also abused than women who did not experience IPV.

Further evidence of gender-based violence can be found in a regional study in which 80% of men in PNG-Bougainville reported perpetrating physical and/or sexual violence against women.[40] Nearly two-thirds of men surveyed indicated they had raped female partners, and 41% had raped a non-partner. This level of violence is significantly higher than that found in the other countries studied. The most common motivations for rape were sexual entitlement (71%) followed by for fun or boredom (63%) and anger/punishment (50%). Intimate partner violence was "largely driven by factors related to gender inequality, childhood experiences and the enactment of harmful forms of masculinity".

Accumulating evidence suggests the existence of social norms in many Pacific Islands that condone the use of violence against women, particularly by men, as a form of discipline, a demonstration of power, and even as entertainment. This violence is generally perpetrated with impunity.[40,41] Children witnessing and experiencing such violence are being socialised to believe it is normal and are more likely to go on to perpetrate and/or experience further violence in the future.

LIFETIME PREVALENCE OF PHYSICAL AND/OR SEXUAL VIOLENCE BY INTIMATE PARTNER
Ever-partnered women aged 15-19 or 18-49 years.

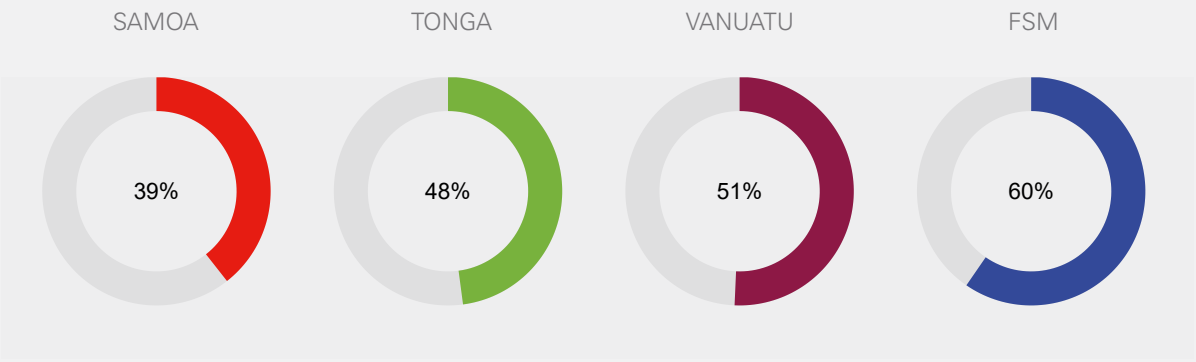


Women's bodily autonomy (Indicators 2.13 – 2.15)

With the exception of Fiji, there are significant legal restrictions on **access to abortion** across the region (Indicator 2.13, see Appendix 3). Abortion legality, expressed in this indicator as an index from 0 (illegal under all circumstances) to 100 (completely legal) is most restricted in Solomon Islands (index of 30) and Marshall Islands (35). Data on the proportion of married women, aged 15-49 years, whose **demand for family planning is satisfied** with modern methods (Indicator 2.14) is limited (Figure 2.3). Demand satisfied is low, in those countries with data, ranging from 39% in Samoa to 58% in Micronesia. In many parts of the Pacific, socio-cultural norms oppose family planning and/or consider contraception taboo and these factors likely contribute to the unmet need. These data also indicate that many women in this region have limited bodily autonomy.

FIGURE 2.3: 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** for men and women aged 25 years and over was only available for three countries, Marshall Islands, Palau and Tonga, with relatively small disparities evident in those countries. However, modelled data (which fills data gaps with estimates based on mathematical modelling) were available for nine countries in this region (Indicator 2.16b), showing substantial differences in educational attainment by gender in Solomon Islands (5 years for women, 7 years for men) and Papua New Guinea (4 years for women, 5 years for men) (see Appendix 3). Women in these countries may find their lesser educational attainment limits employment opportunities and income in competitive labour markets. Conversely, women had more years of education than men in Kiribati (6 years for females, 5 years for men) and Marshall Islands (11 years for women, 10 years for men). This likely represents boys leaving school earlier than girls to enter employment.

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.[42] Most women in the region receive at least one **antenatal visit with a skilled health provider** during pregnancy, with the exception of those in Vanuatu and Papua New Guinea, where 76% and 79% of women, respectively, receive this care. Fewer women have four antenatal visits, with rates being lowest in Nauru (40%), Vanuatu (52%) and Papua New Guinea (55%). 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.[43,44]

Data on decision making around **visiting friends and family** (Indicator 2.18) was not available for the Pacific.

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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 in the majority of countries in this region, the exceptions being Samoa and the Solomon Islands (see Appendix 3). This indicates that most women and girls in the Pacific do not have legal protection from sexual assault within marriage. This lack of criminalisation creates legal impunity for men who sexually assault or rape their wives and legitimises this form of violence against women.[45] No data was available for the **Social Institutions and Gender Index** (SIGI, Indicator 2.20).

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CASE STUDY 2.3: FA'AFAFINE - THE THIRD GENDER IN SAMOA

In Asia Pacific there are many young people who identify or express themselves in a manner which differs from the sex they were assigned at birth.[123,124] In Polynesia, feminine males have traditionally been accepted in society, for example the fa'afafine in Samoa and fakaleiti in Tonga.[125-127] Their feminine behaviour is generally apparent in childhood and is not discouraged.[126-128]

Fa'afafine are considered a third gender, with gender norms different to those of girls and boys. For example, they tend to have boys' freedom of movement, but fewer taboos in their relationships with girls, with whom they may even share sleeping accommodation.[127,129] Their appearance may vary from dressing as a girl full or part-time, adopting only certain aspects of female appearance such as make-up, or presenting more as male. Fa'afafine gender expression may also change over time.

Today, fa'afafine frequently experience a dual burden of discrimination, i.e. the inequalities experienced by women and girls, combined with the stigma associated with their gender variance. Young fa'afafine are expected to contribute to the family and community through female gendered work of household chores and caregiving for children.[127,129] Their unpaid work burden is often disproportionate as they are expected to do more domestic work than women and girls and may also contribute with men's work. Whilst the labour contribution of fa'afafine is well respected, there is general disapproval of their sexuality and they face discrimination in accessing sexual health services. These negative attitudes are reinforced by the lack of legal recognition of a third gender and laws which prohibit male same-sex sexual activity.[9,124] It has also been suggested young fa'afafine are at greater risk of sexual abuse, as their virginity is not as valued as that of girls, and they are not afforded the same protection by either male relatives or social taboos.[129]

> "When I was young, I know I was like this. I do all the girl's work when I was young. I do the washing, and my sister's just mucking around, cleaning the house, but my job at home is cooking, washing, ironing – everything".

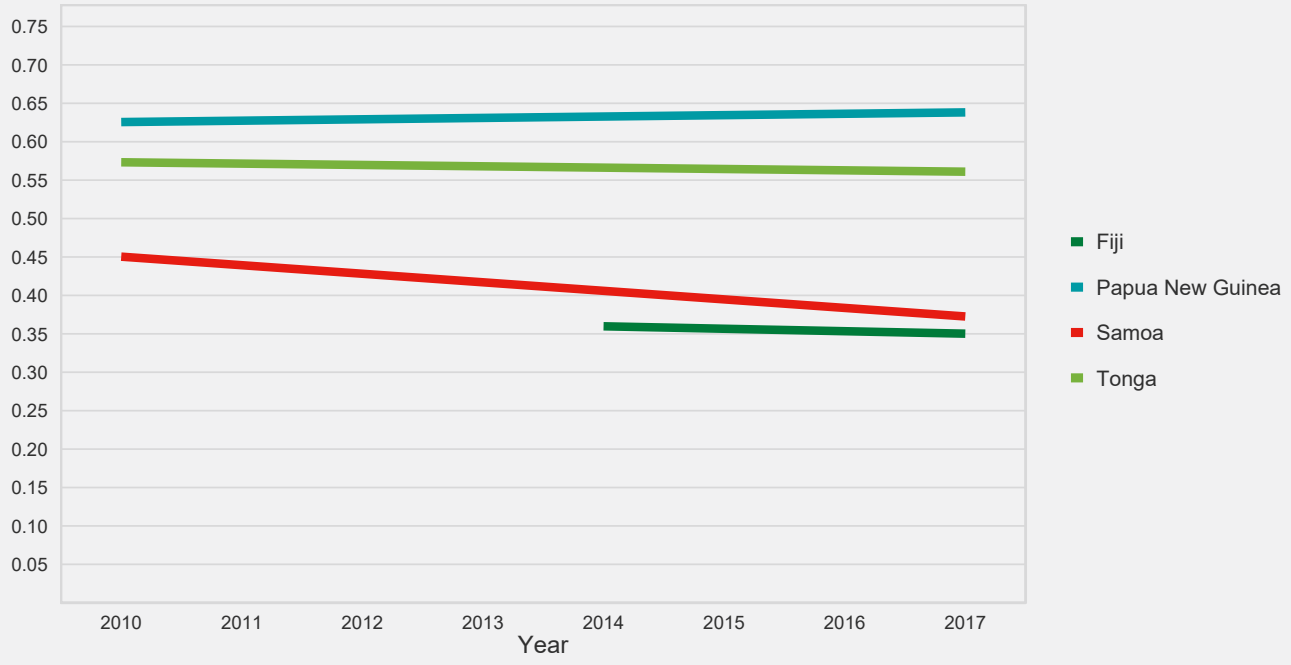
Schmidt J. 2010. Migrating Genders: Westernisation, Migration, and Samoan Fa'afafine, 1st Edition. Routledge: London.

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), Gender Inequality Index (GII) and Global Gender Gap Index (GGGI) (see Table 2.3 for description). Data was very limited for the Pacific region with comparable data across countries only available for the **Gender Inequality Index**. 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. Papua New Guinea and Tonga have significant gender inequalities in human development as measured by the GII, whereas Fiji and Samoa demonstrate less gender inequality. Of note, gender inequality in most of these countries has remained relatively constant over the past seven years, with only Samoa showing significant improvement in the GII (Figure 2.4). It is important to acknowledge that none of these gender indices are specific to girls or young women.

FIGURE 2.4: GENDER INEQUALITY INDEX OVER TIME

This graph shows the Gender Inequality Index over time, as a fitted line to annual country estimates. A lower GII indicates less gender inequality. The higher the GII, the greater the disparities between men and women and the more loss to human development. Data: UNDP 2010-2017



INDICATOR 2.22: GENDER INEQUALITY INDEX

TABLE 2.2: KEY GENDER INDICES

This table summarises key gender indices and their interpretation.

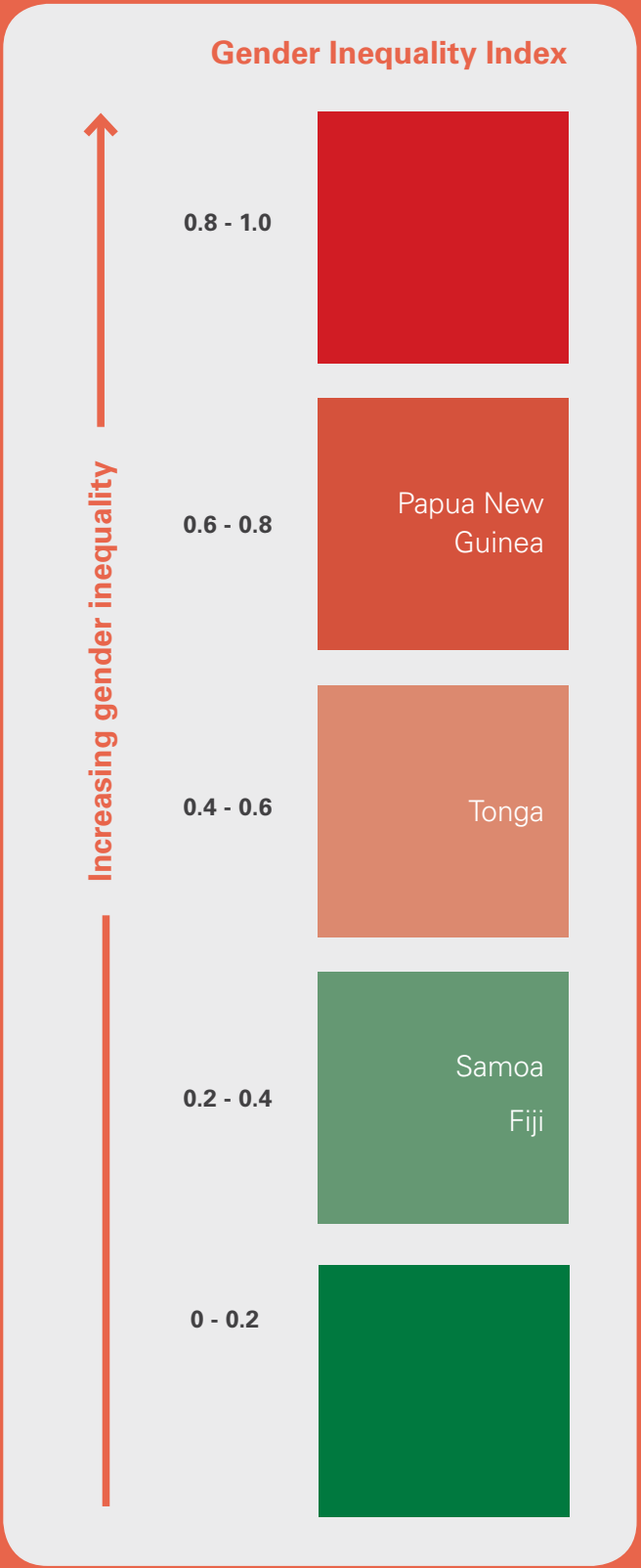
Indicator	Description	Interpretation of index
2.20 Social Institutions Gender Index (SIGI)[46]	Defined by OECD, SIGI measures discrimination against women in social institutions (formal and informal laws, social norms and practices) across five dimensions: discriminatory family code (including legal 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 - 0.12 low level discrimination; 0.13 - 0.22 medium level discrimination; 0.23 - 0.35 high levels of discrimination; and > 0.35 very high discrimination.
2.21 Gender Development Index (GDI)[47]	Defined by UNDP, the GDI measures the gap in human development between females and males. The HDI (Indicator 1.03) 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)[48]	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)[49]	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 sub-scales, 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.

Summary
Domain 2

Household, institutional and societal gender inequality

Key data gaps

- Data for this domain are very limited for the Pacific region. There were some sub-domains for which data were not available, including division of labour and decision-making.
- Coverage best for experience of IPV (Indicator 2.11) and access to antenatal care (Indicator 2.17).
- Cook Islands and Niue have data available for only one indicator (antenatal care utilisation, Indicator 2.17a), and Tokelau had no data available.



Key findings for household, institutional and societal gender inequality:

- Where data is available - Fiji and Samoa - men earn more money than women.
- Women are under-represented in parliaments across the region, limiting legislative responses for women and girls.
- Violence against women is a significant issue in this region with high numbers of women experiencing physical and/or sexual violence from an intimate partner in the Solomon Islands, Kiribati, Tuvalu, Fiji, Federated States of Micronesia, Samoa, Tonga and Marshall Islands.
- In several countries, barriers to women's sexual and reproductive health rights negatively impact their health, wellbeing and bodily autonomy.
- There are substantial legal restrictions on abortion in most countries of this region.
- Many women do not have protection from marital rape.
- Demand for contraception remains unsatisfied in most countries for which data are available.
- There are high levels of gender inequality as measured by the Gender Inequality Index with no improvement over time evident in most countries.

Collectively, these findings suggest that children and adolescents growing up in the Pacific 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.

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.

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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, sexual and reproductive health outcomes, mental health and health service access.

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 2016 (GBD) 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 were lacking for HIV incidence. Data availability was limited for HIV prevalence, coverage best for HIV in sex workers. There was no data for Indicator 3.19 (married adolescent who can refuse sex), indicators relating to care seeking (Indicator 3.06), inadequate supervision (Indicator 3.07) and demand for contraception met (Indicator 3.18b). Data was most lacking for Tokelau followed by the smaller Pacific Island nations, particularly the Marshall Islands, Nauru, Niue and Palau.

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) or amber (modelled dataset, such as Global Burden of Disease). The table is shaded dark grey where data are not available.

		COOK ISLANDS	FIJI	FSM	KIRIBATI	MARSHALL ISLANDS	NAURU	NIUE	PALAU	PAPUA NEW GUINEA	SAMOA	SOLOMON ISLANDS	TOKELAU	TONGA	TUVALU	VANUATU
Deaths in <5y per 1,000 births	3.01	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME		UNIGME	UNIGME	UNIGME
Expected : estimated mortality for females <5y	3.02	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME		UNIGME	UNIGME	UNIGME
Vaccine coverage (all) in 2y (%)	3.03											UNICEF		UNICEF		UNICEF
Vaccine coverage (BCG) in 2y (%)	3.04											UNICEF		UNICEF		UNICEF
Vaccine coverage (Measles) in 2y (%)	3.05											UNICEF		UNICEF		UNICEF
Care seeking for fever in <5y (%)	3.06										UNICEF	UNICEF		UNICEF		UNICEF
Inadequate supervision of child, 0-59m (%)	3.07															
Stunting in <5y (%)	3.08															
Anaemia 0-19y (%)	3.09a		GBD	GBD	GBD	GBD				GBD	GBD	GBD		GBD		GBD
Thinness in 5-19y (%)	3.10	WHO	WHO	WHO	WHO	WHO	WHO	WHO	WHO	WHO	WHO	WHO		WHO	WHO	WHO
Overweight 5-19y (%)	3.11	WHO	WHO	WHO	WHO	WHO	WHO	WHO	WHO	WHO	WHO	WHO		WHO	WHO	WHO
Total DALYs per 100,000 in 10-19y	3.12a		GBD	GBD	GBD	GBD				GBD	GBD	GBD		GBD		GBD
Binge drinking, 15-19y (%)	3.13		GBD	GBD	GBD	GBD				GBD	GBD	GBD		GBD		GBD
Daily tobacco smoking, 10-19y (%)	3.14		GBD	GBD	GBD	GBD				GBD	GBD	GBD		GBD		GBD
Suicide mortality per 100,000 10-19y	3.15		GBD	GBD	GBD	GBD				GBD	GBD	GBD		GBD		GBD
Mental disorder DALYs per 100,000 10-19y	3.16		GBD	GBD	GBD	GBD				GBD	GBD	GBD		GBD		GBD
Significant worry last 12m 13-17y (%)	3.17	WHO	WHO		WHO		WHO				WHO	WHO	WHO	WHO	WHO	WHO
Demand for modern contraception satisfied 15-24y (%)	3.18a		GBD	GBD	GBD	GBD				GBD	GBD	GBD		GBD		GBD
Demand family planning satisfied 15-19y (%)	3.18b															
Married 15-19y females can refuse sex (%)	3.19															
AFR 15-19y per 1,000 (measured)	3.20a	UNICEF	UNICEF	UNICEF	UNICEF	UNICEF	UNICEF	UNICEF	UNICEF	UNICEF	UNICEF	UNICEF	UNICEF	UNICEF	UNICEF	UNICEF
AFR 15-19y per 1,000 (modelled)	3.20b		GBD	GBD	GBD	GBD				GBD	GBD	GBD		GBD		GBD
Maternal mortality rate per 100,000 in 15-19y	3.21		GBD	GBD	GBD	GBD				GBD	GBD	GBD		GBD		GBD
New cases HIV in 15-19y	3.22a															
HIV in sex workers <25y (%)	3.22b.1		UNAIDS	UNAIDS						UNAIDS						
HIV in MSM <25y (%)	3.22b.2													UNAIDS		
HIV in transgender people <25y (%)	3.22b.3													UNAIDS		
HIV in injecting drug users <25y (%)	3.22b.4															
Comprehensive knowledge of HIV in 15-19y (%)	3.23				UNICEF	UNICEF	UNICEF				UNICEF	UNICEF		UNICEF	UNICEF	UNICEF
Existence of HPV program	3.24		WHO	WHO	WHO	WHO			WHO			WHO				WHO

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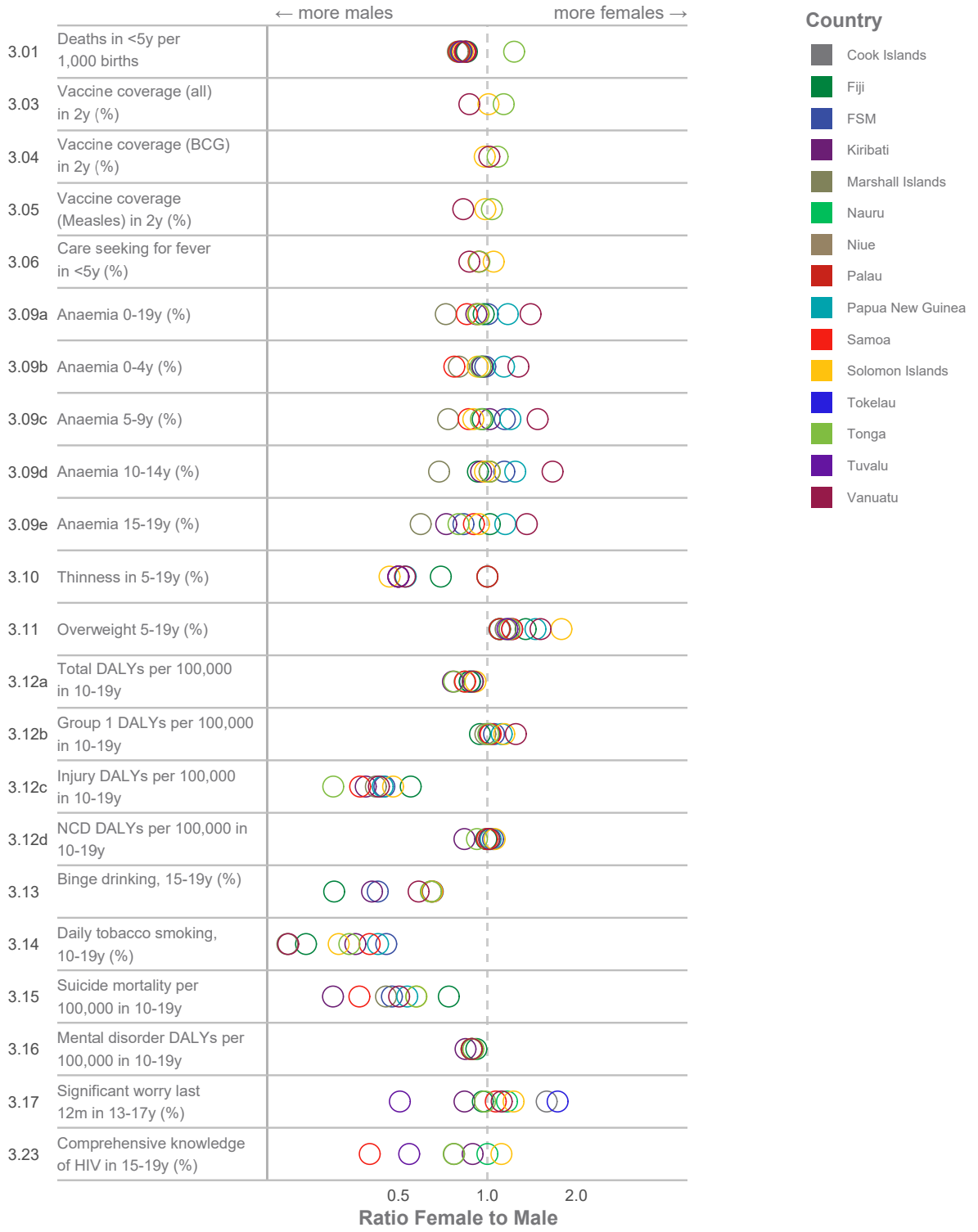
Key gender inequalities observed

More girls are **overweight** (Indicator 3.11) compared to boys and they also experience an excess burden of communicable, maternal and nutritional disease (Figure 3.1). Boys in this region demonstrate higher levels of risk behaviour, such as tobacco smoking and binge drinking and are also at excess risk of injury and suicide mortality. Boys also appear to have more comprehensive knowledge of HIV. 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.

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. 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. Data sources are detailed in Appendix 3.



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Detailed findings across indicators

Child health and development (Indicators 3.01 – 3.07)

Data for **under-five mortality** (Indicator 3.01) suggests higher mortality for boys than girls in all countries other than Tonga (see Appendix 3). However, this is to be expected as boys' greater biological frailty leads to increased mortality in this age group. Taking girls' survival advantage into account, under-5 mortality for girls is no higher than expected, with the exception of Tonga where the expected to estimated mortality ratio is 0.64 (90% uncertainty range of 0.49 to 0.95), suggesting substantial excess mortality for girls. (See Case study 3.1 for further discussion.)

The gender disparities observed in **immunisation** are unusual by global standards. Globally there are typically minimal differences in girls and boys uptake of routine health services, such as immunisation compared with responsive services, and **care-seeking in response to fever.** However, available data in this region indicates that gender disparities in immunisation services are more substantial than those for responsive care-seeking. While rates of inoculation are relatively low in the Pacific, more girls appear to receive vaccinations than boys in Tonga, while more boys than girls are given vaccinations in Vanuatu. For responsive care-seeking, parents appear more likely to seek assistance for boys than girls in three out of four countries with data, the difference greatest in Vanuatu (61% for boys compared to 53% for girls).

CASE STUDY 3.1: UNDER-5 MORTALITY - WHEN PARITY IS NOT EQUALITY

Interpreting gender disparities to identify gender inequality in health outcomes can be more complex than it first appears. Parity in immunisation rates, for example, is likely to indicate that there is minimal gender inequality – assuming that there is no substantial difference in timeliness between doses delivered to girls and boys. This is because childhood immunisation is typically driven by the health system and is equally accessible for girls and boys. However, parity in under-5 mortality indicates a gender inequality. This is because 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.[50] 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.[50] 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 for under-5 mortality is therefore excess under-5 mortality, which is calculated to factor in girls' biological advantage (Indicator 3.02). In the Pacific, the observed under-5 mortality for girls is substantially higher than expected based on biological factors in Tonga. More investigation is required to determine whether this difference is an impact of gender inequality or an artefact of the small sample size – there were less than 50 under-5 deaths in Tonga in 2016.

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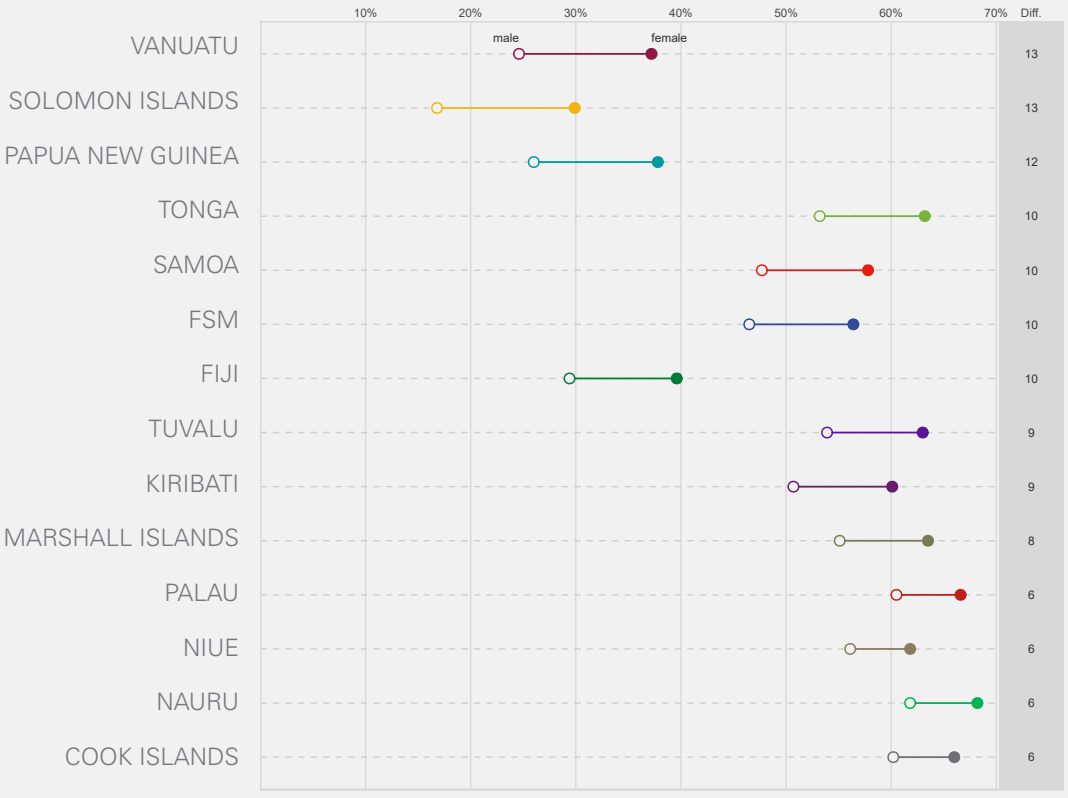
Food security and nutrition
(Indicators 3.08 - 3.11)

No data was available for **childhood stunting** (Indicator 3.08), however data available for older children and adolescents demonstrates that the double burden of malnutrition is evident in the Pacific region, with significant gender disparities also present. While rates of **thinness** (Indicator 3.10) are very low, boys are more likely to be thin compared with girls. Rates of **overweight and obesity** (Indicator 3.11) in the region are high by global standards, with girls more likely to be overweight or obese than boys (Figure 3.2). Gender disparities in overweight are greatest in Vanuatu and Solomon Island where girls have a prevalence 13 percentage points higher than boys, with the greatest prevalence of overweight in the region seen in girls living in Nauru where 68% are overweight.

FIGURE 3.2: OVERWEIGHT

This figure shows estimates of overweight (Indicator 3.11) for children and adolescents, aged 5–19 years of age, (filled circles are females and unfilled circles are males). The panel to the right shows the difference in estimates between girls and boys. Data source: WHO 2016.

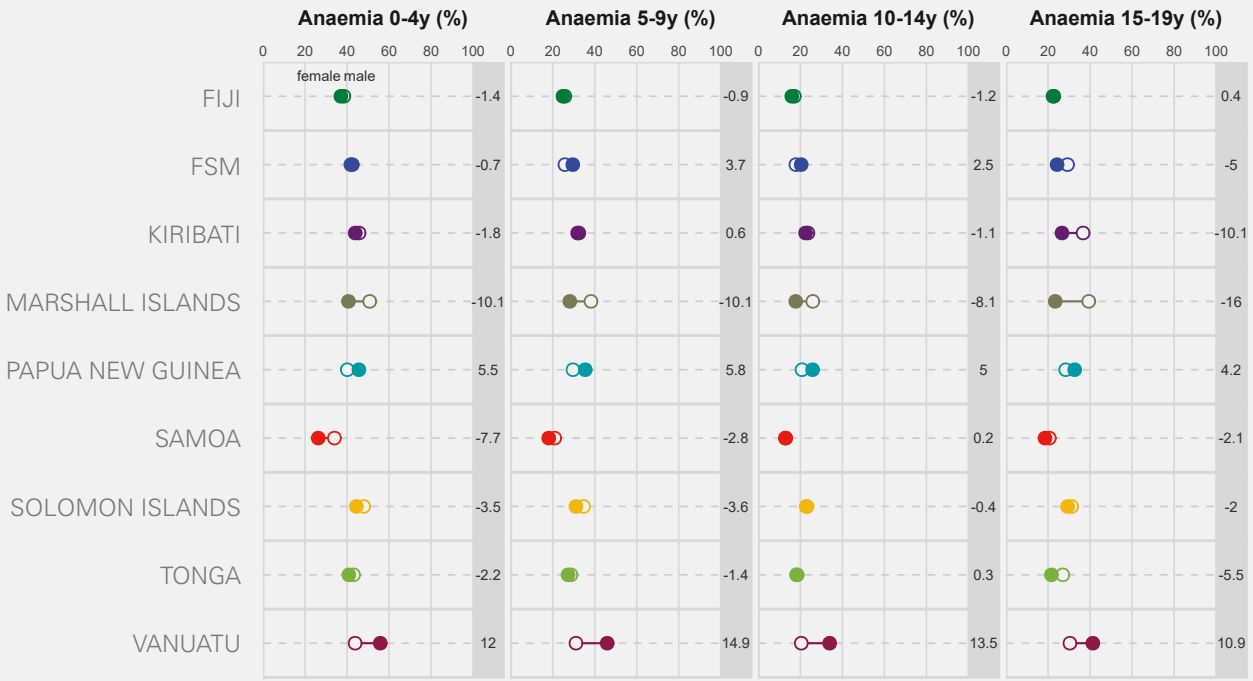


Both boys and girls have high rates of **anaemia** (Indicator 3.09) in early childhood (Figure 3.3). Notably, there is no increase in gender disparities for anaemia in the 10-14 year age bracket, which typically coincides with the onset of menarche. However, it is important to note that there are inherent limitations in modelled data for countries with small population sizes. The absence of specific data on iron-deficiency anaemia makes it challenging to draw conclusions about the relative influence of malnutrition on girls' and boys' anaemia rates. Nevertheless, the gender disparities in overweight, obesity and thinness, combined with high rates of anaemia, indicate that both childhood and adolescent over-nutrition and under-nutrition co-exist in the region, and that these effects differ by gender. There are likely to be substantial health and equity benefits to identifying drivers of gender disparities in nutrition outcomes.

In the Pacific, girls are more likely to be overweight or obese, whereas thinness is more common among boys.

FIGURE 3.3: ANAEMIA IN CHILDREN AND ADOLESCENTS

This figure shows estimates of anaemia 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 (%)

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Adolescent morbidity and mortality (Indicators 3.12a - d)

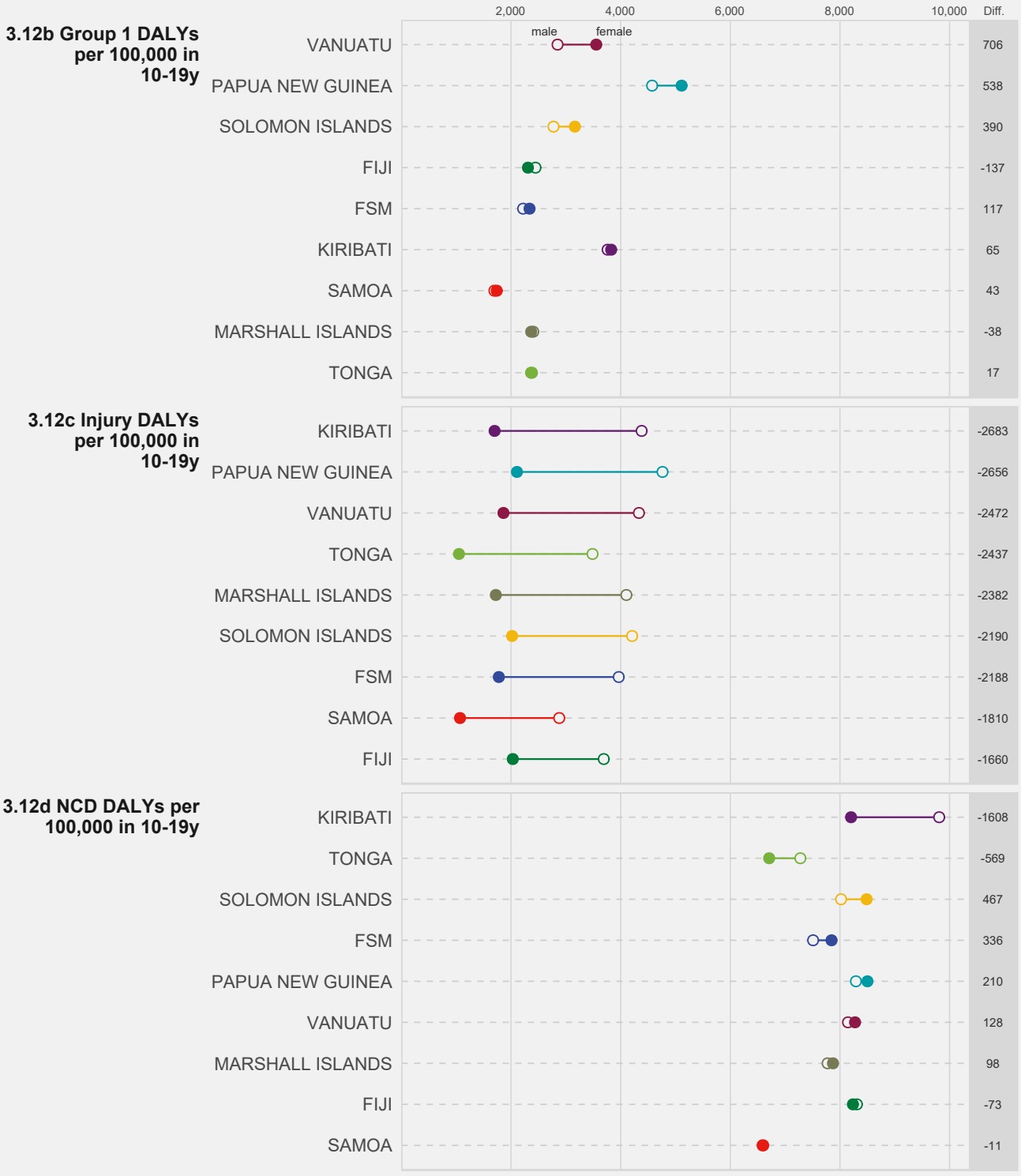
Adolescents in this region experience a large burden of disease (Figure 3.4). The burden of **Group 1 conditions** (Indicator 3.12b), which includes communicable diseases, reproductive and nutritional disorders, is higher for girls than boys in the Melanesian countries of Papua New Guinea, the Solomon Islands and Vanuatu. Maternal complications are likely to be a significant contributor to this gender disparity in Group 1 conditions.

In contrast, adolescent boys are disproportionately affected by **injury** (Indicator 3.12c) across the region. 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.[51-54] Heightened alcohol misuse, as seen in some parts of the region, has been linked to suicide, accidental injury and homicide and is likely to contribute to this burden.[53]

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. Males in Kiribati and Tonga are disproportionally affected, with females more likely to be impacted by NCDs in Papua New Guinea, the Solomon Islands and Vanuatu.

FIGURE 3.4: 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. Data source: GBD 2016.

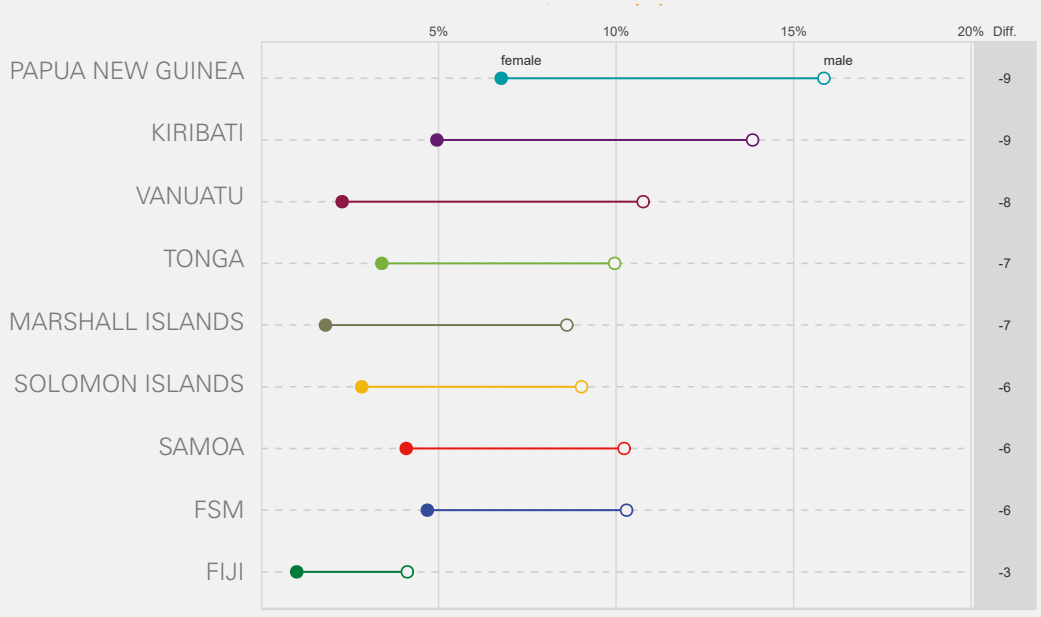


Health behaviours
(Indicators 3.13 - 3.14)

Adolescent boys have much higher rates of daily **tobacco smoking** (Indicator 3.14) and **binge drinking** (Indicator 3.13, Figure 3.5)) compared with adolescent girls, which also reflects current global patterns. Adolescent boys in Kiribati (14%) and Papua New Guinea (16%) have the highest prevalence of tobacco smoking, substantially higher than the rates for females (7% and 5%, respectively). Rates of **binge drinking** are highest (16%) among boys in the Marshall Islands, Micronesia and Papua New Guinea. Twice as many boys compared to girls report binge drinking in the past 12 months, in Fiji and Kiribati and Micronesia. Gender norms, which support toughness and camaraderie among males, may encourage smoking and binge-drinking.[55] Whereas for females, social norms in many settings, may discourage alcohol consumption by young women.[56] In addition, physiological sex differences have been suggested to lead to greater impulsivity for boys, which may further contribute to their excess burden of health risk behaviours.[57]

FIGURE 3.5: 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 left shows the difference in estimates between girls and boys. Data source: GBD 2016.



INDICATOR 3.14: DAILY TOBACCO SMOKING, 10-19Y

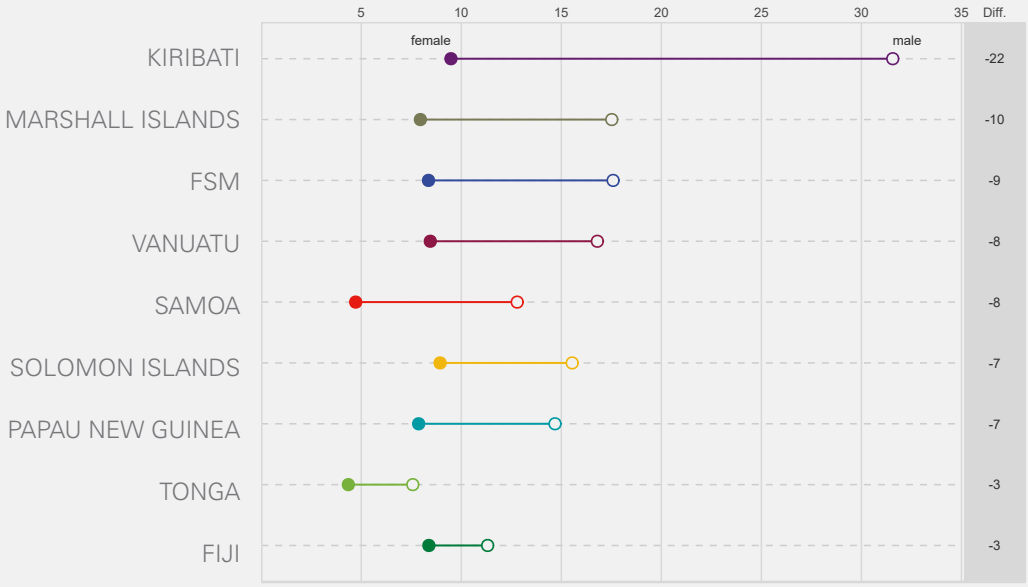
Psychosocial wellbeing (Indicators 3.15 - 3.17)

Deaths by **suicide** (Indicator 3.15) are more common for adolescent boys than girls in all countries of the Pacific (Figure 3.6). This disparity is particularly marked in Kiribati (a difference of 22/100,000 deaths between boys and girls). This may reflect different patterns of self-harm and/or access to means for suicide across genders (see Case Study 3.2 for more discussion). It 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 adolescents are behavioural issues, such as conduct disorder, anxiety and depression. The disproportionate suicide burden for boys has been linked to harmful masculine norms that discourage vulnerability, weakness, emotional expression and help-seeking behaviour.[51,54,58,59]

While there wasn't a significant gender difference, **anxiety and worry** (Indicator 3.17) emerged as important issues for this region. More than a quarter of boys and girls aged 13-17 years in Samoa reported significant worry over the last 12 months that resulted in them not being able to sleep most or all of the time (see Appendix 3). Rates of worry are also high in Tonga (16% of boys and girls), Fiji (14% of boys and girls) and Solomon Islands (14% of girls and 11% of boys). Despite the excess burden of suicide, rates were lower in Kiribati where 10% of boys and 9% of girls reported significant worries. The reasons for this worry are not yet well understood and may vary by gender. For example, menstrual problems including dysmenorrhea have been linked to increased levels of anxiety and depression in adolescent girls.[60-63]

FIGURE 3.6: SUICIDE IN ADOLESCENTS AGED 10-19 YEARS

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 between girls and boys. Data source: GBD 2016.



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

CASE STUDY 3.1: GENDER DIFFERENCES IN SUICIDAL BEHAVIOUR IN THE PACIFIC

Worldwide suicide is the second leading cause of death among young people. Adolescence is a period of rapid biological, psychological and social change and puberty can trigger psychological stress for both girls and boys.[64]

Rates of adolescent suicide in the Pacific are amongst the highest in the world.[65] Suicide is reported to be more common in countries with faster growing populations and there is suggestion that increasing urbanisation and breakdown of traditional support systems may contribute to these deaths.[66,67] More adolescent boys than girls commit suicide in all countries, where data is available. In many Pacific Island countries, twice as many adolescent boys die from suicide as girls; in Kiribati three times more. Rates of male suicides are extremely high (> 15 deaths per 100,00 boys) in Micronesia, Kiribati, Marshall Islands, Papua New Guinea, Solomon Islands and Vanuatu.

Self-reported rates of suicidal ideation and suicide attempts are highest among adolescents in Kiribati, Samoa and the Solomon Islands.[68] However, across the region there is generally less of a gender disparity for suicide ideation and attempts as compared to deaths. A 2011 survey found two thirds of Samoan boys and more than half of Samoan girls (aged 13-15 years) reported attempting suicide one or more times in the past year. In Kiribati, 33% of boys and 36% of girls seriously considered attempting suicide.[68] In several countries, slightly more girls than boys also report being so worried about something they could not sleep at night.

Gender norms play a role in disparities in suicidal behaviour, including the differing modalities selected by girls and boys.[54,59,69] For example, boys may be more likely to utilise more violent, fatal methods such as firearms. Masculine norms that discourage vulnerability, weakness, emotional expression and help-seeking behaviour are also likely to be important. They deter boys from discussing their stress, seeking counselling or medical advice, and from taking medication such as antidepressant treatment. Gender-dependent psychosocial life stressors, such as stressful life events, socio-economic factors and abuse may also contribute to the disparities. Research from the Pacific has found being bullied, fighting, and injury (experiences more commonly reported by boys) to be positively associated with loneliness, insomnia, suicidal ideation and suicide attempts.[66] Students who reported pre-adolescent substance use initiation, have also been found to be more likely to report suicidal ideation and suicide attempts.[70]

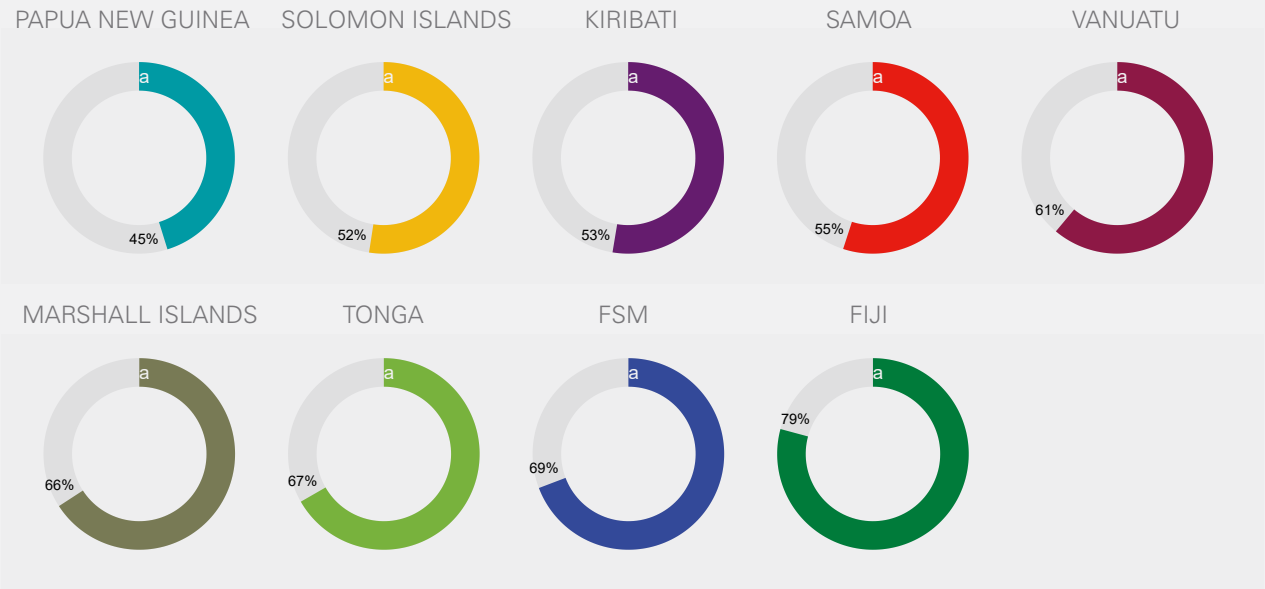
In all Pacific countries, rates of suicide are higher for boys as compared to girls.

Sexual and reproductive health and rights (Indicators 3.18 -3.22)

Met need for contraception (Indicator 3.18) for adolescents varies widely across this region (Figure 3.7). Only modelled data for 15-24-year-olds was available (Indicator 3.18a). Demand for contraception was most satisfied in in Fiji (79%) and Micronesia (69%) (Figure 3.8). However, only approximately half of married girls (15-24 years) in Papua New Guinea (45%), Kiribati (53%) and the Solomon Islands (52%) report their contraception needs being met. Of note, there is no data specifically for unmarried adolescents who have a need for contraception. In some countries, such as Papua New Guinea, family planning is seen as taboo and contraception in opposition to traditional cultural norms and values.[37]

FIGURE 3.7: DEMAND FOR CONTRACEPTION SATISFIED FOR FEMALES

This figure shows demand for contraception satisfied for females aged 15-24 years using modelled data from the GBD study (Indicator 3.18a).



INDICATOR 3.18a: DEMAND FOR A MODERN CONTRACEPTION SATISFIED 15-24Y (%)

Data available for **adolescent fertility rate** (Indicator 3.20) were generally consistent across the UNICEF and GBD data sources, except for small nations (Kiribati and Tonga) where primary data are limited and modelled estimates are likely to have a large degree of uncertainty (Figure 3.8). Teenage pregnancy is very common in many Pacific Island nations, with rates of adolescent fertility being highest in Nauru (106 per 1,000). Whilst the adolescent fertility rate in the Marshall Islands has been steadily declining over the past 15 years, the rate is still very high (85 births per 1,000) and more than twice the global average of (45 births per 1,000). Melanesian countries including Papua New Guinea (65 births per 1,000), Solomon Islands (62 births per 1,000) and Vanuatu (78 births per 1,000) had high adolescent birth rates; with little decline over time.

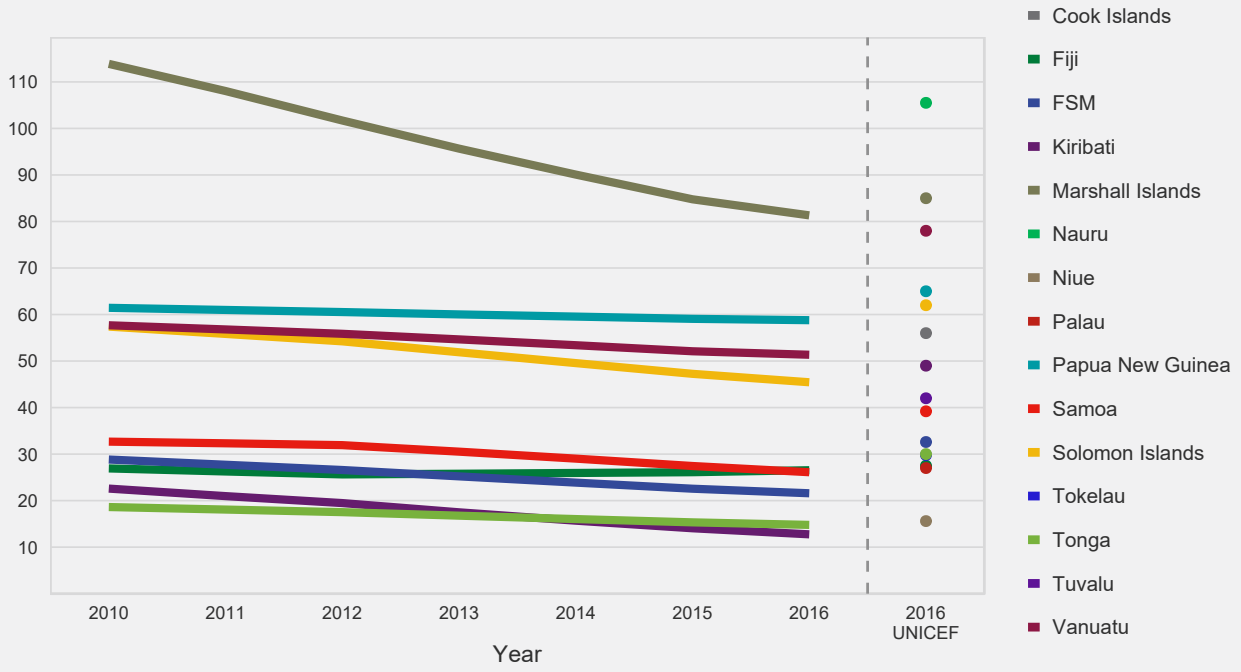
Many Pacific countries have high rates of adolescent fertility with several having very high maternal mortality.

Adolescent pregnancy is associated with significant sexual and reproductive health risks including: increased risk of low birth-weight for newborns, higher pre-natal and infant mortality and morbidity, and higher mortality rates for adolescent girls giving birth, as well as compounding socioeconomic disadvantage. Unintended pregnancies can have further negative consequences for a pregnant girl including stigma, social isolation, school expulsion, forced marriage, and in some cases violence and suicide.

Maternal mortality rates (Indicator 3.21) among adolescent girls, aged 15-19 years, are very high by regional standards, with the highest rates in Papua New Guinea (18.7 deaths per 10,000 live births), the Solomon Islands and Tonga (5.7 and 5.2 deaths per 10,000 respectively). Factors contributing to this may include the lack of skilled birth attendance, access to emergency obstetric care, remote and isolated communities, inadequate numbers of health professionals and girls' and women's lack of power in decision-making and control over resources.[37]

FIGURE 3.8: ADOLESCENT FERTILITY RATE

This figure shows the adolescent fertility rate (live births per 1,000 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 3.18a: DEMAND FOR MODERN CONTRACEPTION SATISFIED 15-24Y (%)
INDICATOR 3.18b: DEMAND FOR FAMILY PLANNING SATISFIED 15-19Y (%)

While HIV data is limited in the Pacific Islands, **HIV prevalence** (Indicator 3.22) is generally low in most countries. Papua New Guinea has sub-populations which experience a disproportionate burden of HIV, such as, sex workers (predominately female) <25 years where the prevalence of HIV is 12.7%. In the two countries where adolescent data is available, HIV prevalence is higher among girls than boys, with the difference being particularly marked in Papua New Guinea. Risky sexual behaviour is a major contributor to the spread of HIV and other sexually transmitted infections (STIs) in the Pacific. Sexual abuse, coercion and girls' lack of negotiating power in relationships increases their vulnerability as do fears of violence, abandonment and stigma.[71] Data regarding comprehensive **HIV knowledge** (Indicator 3.23) among 15-19-year-olds show that knowledge is generally low in this region with boys more likely to have greater comprehensive knowledge than girls in many countries, including Tuvalu (57% boys compared to 31% girls) and Marshall Islands (35% boys and 27% girls).

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).[72,73] 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 HPV vaccination programmes in Fiji, Micronesia, Kiribati, Marshall Islands, Palau, Solomon Islands and Vanuatu (see Appendix 3). There have been many challenges in the introduction of the HPV vaccines for young adolescent girls. 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.[74-76] 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, discourage HPV 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.[77-79] 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 impacted the inclusion of the vaccine on immunisation schedules and uptake by parents.

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CASE STUDY 3.2: ADOLESCENT SEXUALITY AND PREGNANCY

The average adolescent birth rate in the Pacific Island countries is estimated at 50 births per 1,000 women (aged 15-19 years); which is more than double the East Asia and Pacific average of 23.[56] Teenage pregnancy rates are particularly high in the Marshall Islands, Papua New Guinea, the Solomon Islands and Vanuatu. In Fiji, there has been an increase in adolescent fertility in recent years. Throughout the region, these pregnancies remain linked to poverty, unequal gender roles and relations, and gender-based violence.[32,33,80] Girls and boys lack access to information about sexual and reproductive health (SRH), and there is generally an imbalance of power between girls and their male partners. A lack of comprehensive sexuality education is compounded by cultural barriers to SRH health information, services and support. Whilst sexuality education is considered the role of the family, Christian and cultural beliefs often prevent frank discussions. Young people often rely on friends for information about sex, which is frequently unreliable.

Social norms encourage male sexual activity or 'conquest' before (and after) marriage, perpetuated by the myth that *'men are always ready and willing to have sex'*. [32,33] In traditional Pacific societies, female reproductive capacity belonged to a girl's family and her modesty and virginity were prized. These norms persist in many parts of the Pacific, such as, Samoa, Tonga and the highlands of Papua New Guinea. However, more relaxed attitudes to female sexuality do exist in some parts of the Pacific, such as, the Cook Islands and the Trobriand Islands of PNG.

Sexually active girls are expected to be responsible for family planning, but SRH services are often not easily accessible – either due to geographical distance or lack of youth-friendly providers.[80] Services may not provide access to regular or emergency contraception for young people and health care providers may be judgemental. Young men are also reported to have a casual attitude to the condoms, often believing that sexual satisfaction is better without, and that they are an unreliable form of protection.

> "Young girls are too scared of the 'talk' that will accompany their approach to these clinics, as most are labelled 'loose' and 'not-virtuous' for doing so… when some of the girls would go to these clinics, workers would then report these sessions back to our teachers…"
>
> Sela, Tonga.[80]

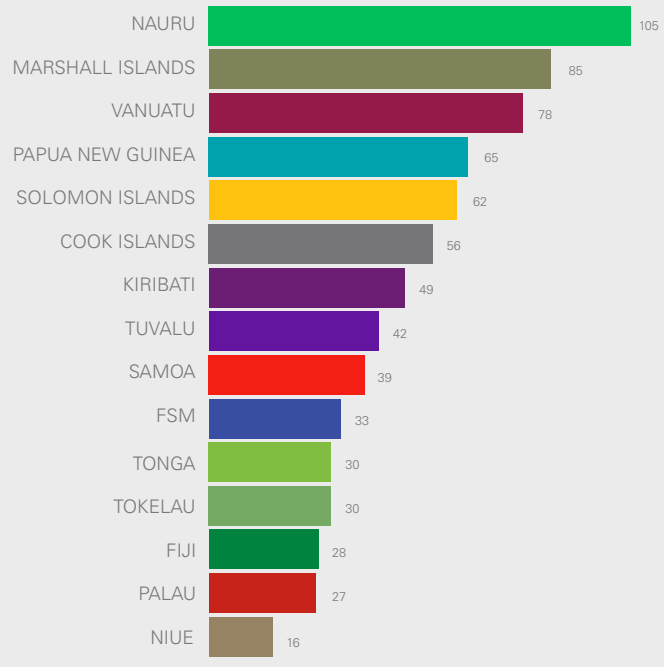
When girls become pregnant they are generally blamed, shamed, and stigmatised. The first concern is often about the honour of the girl's family, rather than her wellbeing. Even in cases of rape or sexual abuse she can expect limited support from her family or the community.[32,33]

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 disability, menstrual health and hygiene, family planning for unmarried girls and sexual and reproductive health of adolescents aged less than 15 years and adolescent boys.
- Modelled data was used to provide a more complete assessment of gender disparities in health, but was not available for Cook Islands, Nauru, Niue, Palau, Tokelau or Tuvalu, countries which had limited data overall.
- No data was available on inadequate supervision (Indicator 3.07), under-5 stunting (Indicator 3.08), or adolescent girls' ability to refuse sex (Indicator 3.19) for any country in the region.



Adolescent pregnancy remains high

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

ESTIMATE

Key inequalities identified from the available data for child and adolescent health, include:

- Girls under-5 have a higher than expected mortality in Tonga.
- Throughout the Pacific region, overweight and obesity is more common among girls and thinness is more common among boys. High rates of anaemia are reported for females and males across the region.
- Adolescent boys experience an excess burden of suicide, injury and health risk behaviours, such as, tobacco smoking and binge drinking. Boys in Kiribati are at particularly excess risk of suicide.
- Poor reproductive health for girls remains a substantial issue in this region with high and unshifting rates of adolescent pregnancy and substantial unmet needs for contraception.
- There are also high rates of maternal mortality to adolescent mothers, particularly in Papua New Guinea.

More males die from suicide than females

3 boys to 1 girl for Kiribati and Samoa

2 boys to 1 girl for Marshall Islands, Micronesia, Papua New Guinea, Solomon Islands, Tonga and Vanuatu

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) (Table 4.1). Several indicators have no data available for any country including those related to secondary school attendance (Indicators 4.01b-4.01c), school completion (Indicator 4.02), mobile phone ownership (Indicator 4.09), internet usage (Indicator 4.10), and access to mass media (Indicator 4.11).

Data coverage was most sparse for other indicators, with coverage most complete for pre-primary school enrolment (Indicator 4.04).

Indicator 4.05 measures the youth literacy rate. Some proposed indicators relating to dimensions of educational achievement and quality (which relates to SDG 4.1) were excluded from this domain due to a lack of routine data collection and reporting for these key outcomes.

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

Data sources are shaded as blue (compiled dataset, such as UNICEF). The table is shaded dark grey where data are not available.

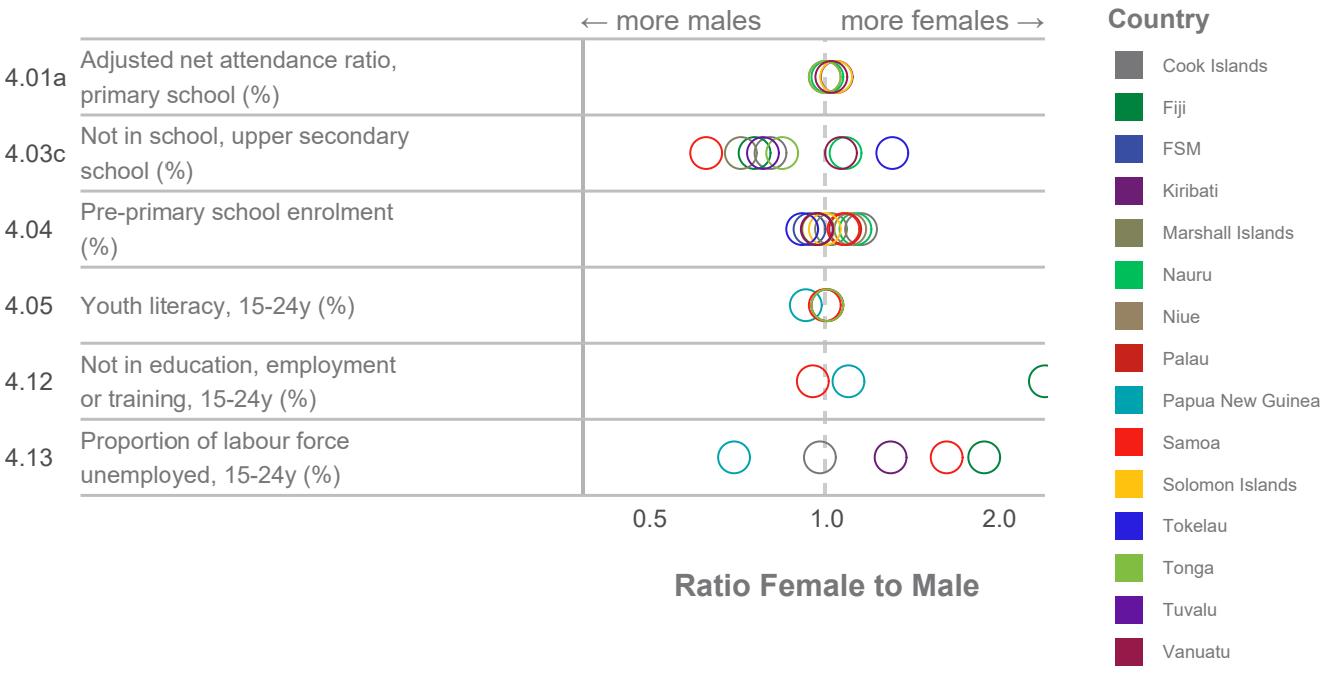
			COOK ISLANDS	FIJI	FSM	KIRIBATI	MARSHALL ISLANDS	NAURU	NIUE	PALAU	PAPUA NEW GUINEA	SAMOA	SOLOMON ISLANDS	TOKELAU	TONGA	TUVALU	VANUATU
Participation	Adjusted net attendance ratio, primary school (%)	4.01a				UNICEF		UNICEF	UNICEF				UNICEF		UNICEF		UNICEF
	Adjusted net attendance ratio, lower secondary school (%)	4.01b															
	Adjusted net attendance ratio, upper secondary school (%)	4.01c															
	Completion rate, primary school (%)	4.02a															
	Completion rate, lower secondary school (%)	4.02b															
	Completion rate, upper secondary school (%)	4.02c															
	Not in school, primary school (%)	4.03a				UNICEF		UNICEF							UNICEF		UNICEF
	Not in school, lower secondary school (%)	4.03b															
	Not in school, upper secondary school (%)	4.03c	UNESCO	UNESCO			UNESCO	UNESCO				UNESCO		UNESCO	UNESCO	UNESCO	UNESCO
	Pre-primary school enrolment (%)	4.04	UNICEF		UNICEF		UNICEF	UNICEF	UNICEF	UNICEF		UNICEF	UNICEF	UNICEF	UNICEF	UNICEF	UNICEF
Quality	Youth literacy, 15-24y (%)	4.05					UNICEF			UNICEF	UNICEF	UNICEF			UNICEF		
	Primary schools teaching sex education (%)	4.06a															
	Lower secondary schools teaching sex education (%)	4.06b	UNESCO					UNESCO	UNESCO								
	Upper secondary schools teaching sex education (%)	4.06c	UNESCO					UNESCO	UNESCO								
Environment	Female primary school teachers (%)	4.07a	UNESCO	UNESCO	UNESCO	UNESCO		UNESCO	UNESCO		UNESCO		UNESCO	UNESCO	UNESCO	UNESCO	UNESCO
	Female lower secondary teachers (%)	4.07b		UNESCO	UNESCO	UNESCO		UNESCO	UNESCO		UNESCO		UNESCO	UNESCO		UNESCO	UNESCO
	Female upper secondary teachers (%)	4.07c	UNESCO	UNESCO				UNESCO	UNESCO		UNESCO	UNESCO	UNESCO			UNESCO	UNESCO
	Schools with basic sanitation facilities (%)	4.08	JMP	JMP			JMP	JMP	JMP		JMP		JMP				
Information access	Mobile phone ownership, 15-19y (%)	4.09															
	Internet used last 12mth, 15-19y (%)	4.10															
	Weekly access to information media, 15-19y (%)	4.11															
Employment	Not in education, employment or training, 15-24y (%)	4.12		ILO							ILO	ILO					
	Proportion of labour force unemployed, 15-24y (%)	4.13	ILO	ILO		ILO					ILO	ILO					
	Proportion employed in informal sector, 15-24y (%)	4.14															

Key gender inequalities

In the Pacific, girls are equal to boys, or advantaged, in their attendance and completion of primary school. However, after leaving school girls and young women (aged 15-24 years) in Fiji are more likely than males of the same age to not be in education, training and employment (Figure 4.1). While girls were more likely to be unemployed in most countries, boys were slightly more so in Papua New Guinea. There was also an overall trend for boys to be out of upper secondary school, although girls were more so in Tokelau. There was no consistent gender disparity in pre-primary enrolment rates or youth literacy.

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.



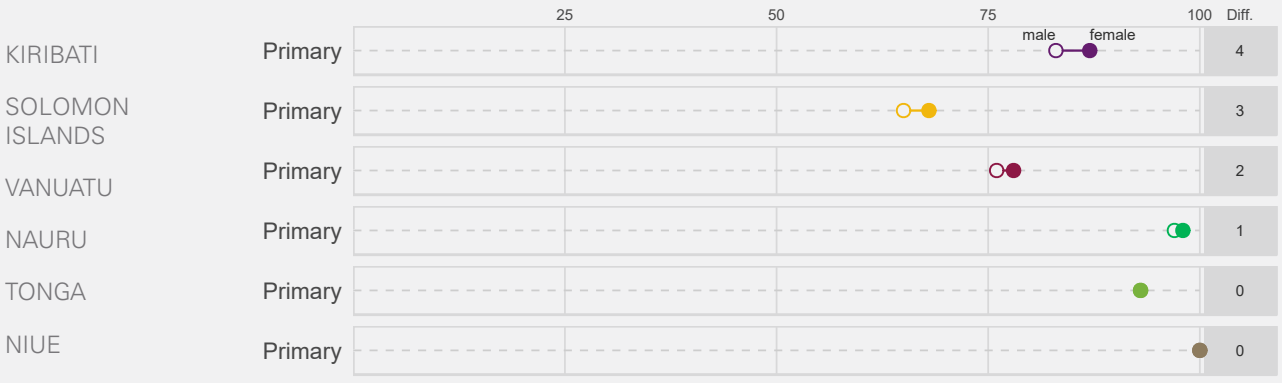
Detailed findings across indicators

School participation (Indicators 4.01 – 4.04)

Data on **school attendance** (Indicator 4.01) was only available for primary schooling (Figure 4.2). No significant gender disparities were seen. Primary school attendance is generally greater than 85% for girls and boys in Kiribati, Nauru, Niue and Tonga. Lower rates are reported for the Solomon Islands (66%) and Vanuatu (77%). Data for **out-of-school** children and adolescents (Indicator 4.03) were more complete (see Appendix 3). Data at a primary school level (available for Kiribati, Nauru, Tonga and Vanuatu) showed that, in general, more boys are out of primary school than girls. The greatest proportion of children out-of-school is found in Vanuatu (24% girls and 22% of boys) while the gender disparity was greatest in Kiribati, where 17% of boys and 13% of girls are out-of-school. Data for being out of upper-secondary education (Indicator 4.03c) were available for nine Pacific countries with substantial gender disparities evident. In Tokelau, for example, 80% of girls and 60% of boys are not in upper secondary education. In most other countries however, boys are more likely to be out of upper secondary school, the greatest disparity seen in Samoa (23% boys compared to 15% girls). No data was available for **school completion** for the Pacific region.

FIGURE 4.2: SCHOOL ATTENDANCE

This graph shows school attendance (Indicator 4.01) across primary school for girls (solid circle) and boys (hollow circle) in this region (note that data are missing for secondary school). 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 2010-16.



INDICATOR 4.01: ADJUSTED NET ATTENDANCE RATIO

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.[81,82] 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. In some instances, there appears to be a perception that boys are less responsive or interested in education than girls.[82,83,84] Girls, in contrast frequently leave school for marriage, pregnancy or to help the family in unpaid domestic or care work.

School-related violence remains an issue in many schools in the region and may also contribute to non-attendance and drop-out (see Case Study 4.1).[84] While dropout due to child marriage or pregnancy is a risk for some girls, for others school may be perceived as a safe and protective environment to avoid sexual activity and gender-based violence.

Pre-primary school enrolment (Indicator 4.04) varies substantially across Pacific countries, with no consistent gender disparity. Rates of pre-primary enrolment are greater than 90% for boys and girls in Solomon Islands, Vanuatu, Tuvalu, Niue and Tokelau, with pre-primary enrolment lowest in Micronesia (32% for girls and 34% for boys).

CASE STUDY 5.1: SCHOOL-RELATED GENDER-BASED VIOLENCE IN THE PACIFIC

School-related gender-based violence refers to sexual, physical or psychological violence in or around schools that is based on gender norms, roles or stereotypes, and enforced by unequal power dynamics. Students may be targeted for this violence based on their sex or gender identity or expression. The underlying intention is to reinforce gender roles and/or perpetuate gender inequalities.[84]

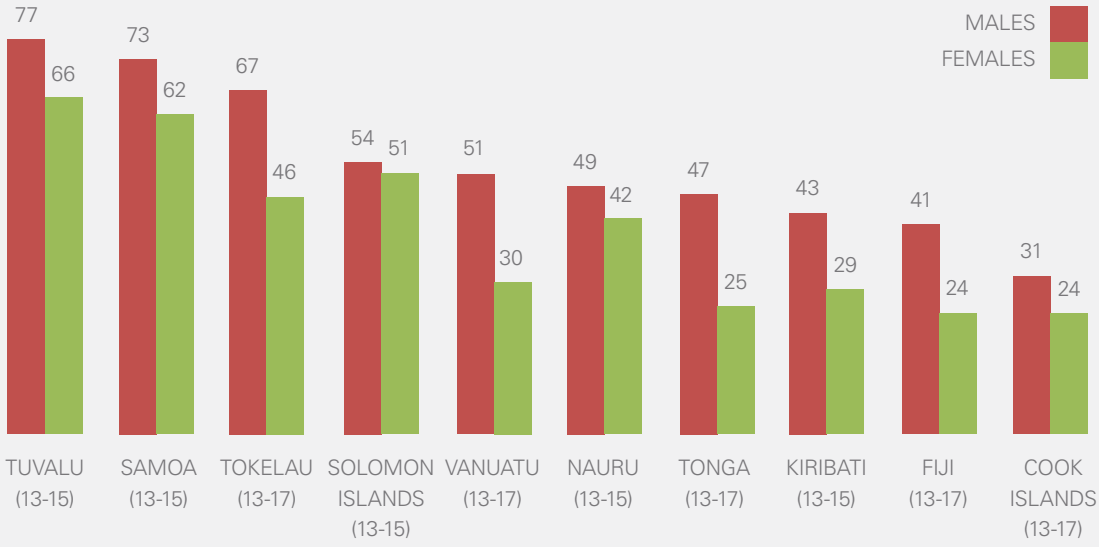
Bullying and violence are very common in many Pacific schools.[84,85] In Fiji, a recent study revealed more than 20,000 students (~10%) in primary and secondary schools have experienced some form of violence while in school, with slightly more cases reported by boys than girls.[86] Data from the Global School-based Health Surveys in secondary schools also confirms boys are generally more likely to experience physical fights and bullying than girls.[68] The Polynesian countries of Samoa, Tokelau and Tuvalu report particularly high rates of violence among boys - 73%, 67% and 77% of boys (aged 13-15 years in Samoa and Tuvalu, and 13-17 years in Tokelau) report being in a physical fight during the previous 12 months. This conflict between boys is likely attributable to masculine norms supportive of confrontation and violence. It may also reflect children's observation or experience of violence in the home being perpetuated in the school environment. Students who do not conform to gender norms, such as gay or transgender students, are generally at higher risk of violence and bullying.[87,88]

> "In my days of High School, I was bullied, faced harassment and violence every day ...I quit school only because going to school was torture for me".
>
> Transgender women, Vanuatu [88]

In Papua New Guinea, school-related gender based violence has been cited as a reason for girls' drop out.[89] A 2013 study found a third of girls felt unsafe at school; 50% felt unsafe in the classroom and only 2% of girls felt safe around toilets. In comparison, most boys (84%) reported feeling safe at school, with only 6% feeling unsafe. Papua New Guinean girls report harassment by both male students and teachers at school and from others on the way to and from school. This violence reflects social norms supportive of male dominance and female vulnerability and serves to reinforce gender inequality. Some parents perceive the risk of sexual violence in school to unnecessarily threaten girls' chastity - lack of virginity negatively impacts bride price while a girl's education provides no additional value – further perpetuating inequitable outcomes for girls.

The school-related gender based violence experienced by girls and boys throughout the Pacific affects both their physical and mental health and likely contributes to the high levels of adolescent suicide. It also negatively impacts students' participation, achievement and continuation in school.

PERCENTAGE OF STUDENTS WHO WERE IN PHYSICAL FIGHT ONE OR MORE TIMES DURING THE 12 MONTHS BEFORE SURVEY, BY SEX



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

Youth literacy (Indicator 4.05) is generally high, with the exceptions of Papua New Guinea where literacy is less than 70% (see Appendix 3). For most countries, there are no significant gender differences in youth literacy, except for in Papua New Guinea where 69% of males, aged 15 to 24 years, are literate compared to 64% of girls. Literacy is a crude measure of broader learning outcomes which are discussed further in Case Study 4.2.

Comprehensive sexuality education (CSE, Indicator 4.06) is not only important for improving young people's sexual and reproductive health knowledge. CSE also supports the development of attitudes and skills that contribute to safe, healthy, positive relationships and encourages positive values, including respect for human rights, gender equality and diversity.[90,91]

Despite progress in sexuality education programmes globally, implementation still varies greatly.[90,92,93] Most countries implement sexuality education (often called health education) at secondary level in the formal education system. The content of the programmes is also reported to vary, with the majority being focused on biology and health knowledge and only a minority addressing human rights, behaviour change, gender norms or discrimination. While available data for Indicator 4.06 shows a complete (100%) coverage of sexuality education in both lower and upper and secondary schools in Niue, the content of these curricula has not been confirmed. Coverage is much poorer in Cook Islands where 32% of lower secondary and 47% of upper secondary schools teach life skills-based HIV and sexuality education.

There are many challenges to the effective implementation of CSE, including the cultural context, and barriers at the government, community, school and individual levels.[90,94,95] 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.

CASE STUDY 4.2: GENDER NORMS IMPACTING ACHIEVEMENT

While great progress has been made on improving education outcomes in the Pacific, one in two students, with six years of primary education, are still reported to perform below the expected levels for literacy and numeracy.[96] Youth literacy levels are lowest in Papua New Guinea, the most populated country in the Pacific. Government investment in education impacts many key factors which influence school attendance and attainment, including the cost, quality and perceived usefulness of education. However, gender disparities in educational achievement indicate that social norms and expectations also play a role.

Girls with six years of primary education outperform boys in literacy: more girls meeting expected literacy levels than boys (33% versus 24%) and fewer girls not yet working towards expected levels than boys (23% versus 34%). Gender disparities in literacy do not stem from innate differences in aptitude but rather are generally attributable to the impact of gender stereotyping.[97-99] Children are often raised to believe that reading is a feminine activity, compared to maths and science which are more masculine subjects. Girls are also often perceived as more well behaved and studious than boys, potentially leading to more positive teacher attention. This may reflect feminine norms which encourage docility as compared to masculine norms which support more active, defiant behaviour.

Despite girls' superior achievements in primary school literacy, on average there are a higher percentage of boys enrolled in lower secondary school, across the Pacific. Papua New Guinea and Nauru in particular show gender disparities in favour of boys. In Papua New Guinea, this may reflect norms which value girl's virginity and her role as wife and mother. School may be perceived as an unnecessary risk to a girls' reputation while her education may be seen as offering little benefit to her domestic role, particularly since she will leave to live with her husband's family. In a few countries, Fiji, Marshall Islands and Vanuatu, gender disparities appear to advantage girls' education. This may reflect settings where boys are encouraged to enter the workforce early to earn money for the family.

Binary gender norms can contribute to negative education outcomes for both girls and boys. This illustrates the broader value of addressing the underlying causes of gender disparities, since it is likely to benefit both girls and boys, across a variety of outcomes.

School environment
(Indicators 4.07- 4.08)

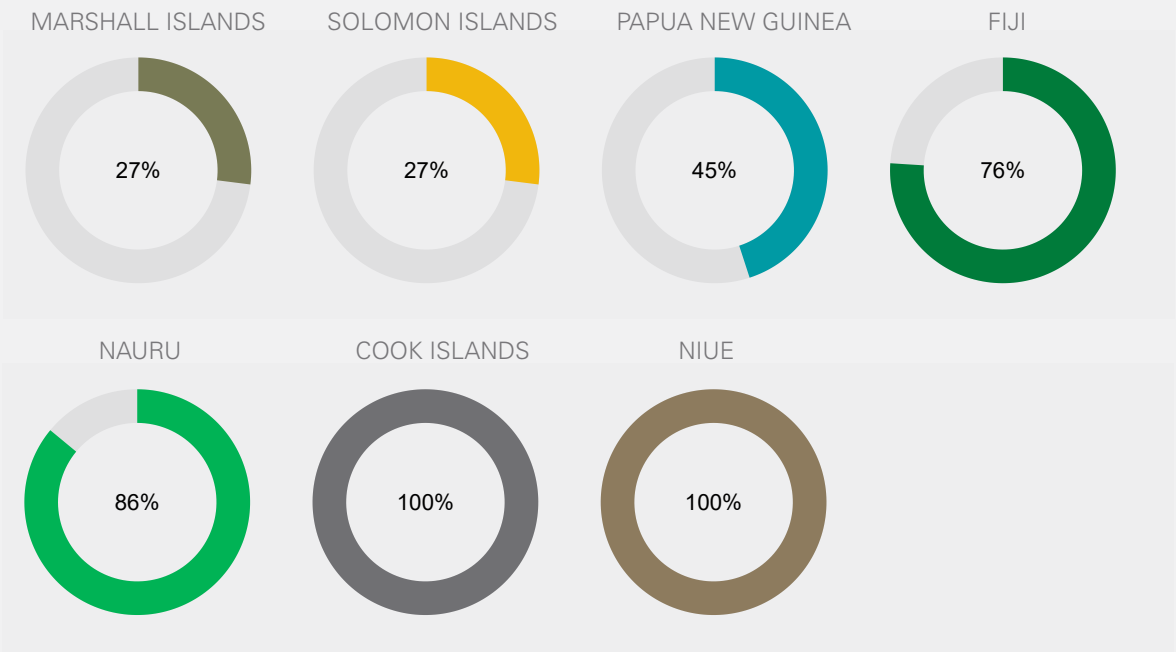
Female teachers (Indicator 4.07) are over-represented at primary schools in most countries, accounting for 96.6% of primary teachers in Tuvalu and 92.5% in Niue. The exception is Papua New Guinea and the Solomon Islands where only 43.8% and 42.4% of primary school teachers are female respectively. In most countries, the proportion of female teachers declines in lower-secondary school and there is relative gender-parity in the teaching body, with the exceptions being Fiji, Tokelau and Tuvalu where females continue to represent the majority of teachers, and Solomon Islands, Niue and Papua New Guinea, where they remain the minority. These gender-imbalances in the education workforce reflect the value placed on education of younger children as care work, while the education of older children is seen as more 'professional'. Globally, school principals and Education Ministry - tends to be majority male. This gender imbalance is also likely to shape the gender norms of young people, with teaching and care-giving roles prescribed to women. These norms are often reinforced by the portrayal of women in textbooks and teaching resources in stereotypical female occupations, domestic and reproductive roles.

Data on schools with adequate **sanitation facilities** (Indicator 4.08) are available for only seven countries in the region (Figure 4.3). There is significant regional variation, however several countries have a very low proportion of adequate school toilets – close to two-thirds of schools in Marshall Islands and Solomon do not have improved, single-sex, usable facilities. Where schools do not have sex-segregated, functioning toilets, girls may find the lack of private, safe, clean facilities more challenging than boys. This is particularly so when they are managing their periods. Throughout the region, social taboos stigmatize menstruation, making it a source of shame and embarrassment for girls, in some instances affecting their attendance at school and participation in the classroom.[100,101]

Many schools in the region lack functioning, single-sex sanitation facilities in making it difficult for girls to meet their sanitation and hygiene needs, particularly during menstruation.

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 (%)

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Access to information (Indicators 4.09 - 4.11)

No data was available on mobile phone ownership, internet access or access to information media for boys and girls in the Pacific. However, global research has found boys to be 1.5 times more likely to own a mobile phone than girls.[102] In addition, Facebook data from the Pacific (across all age groups) indicates that whilst there appears to be no disparity between the number of male and female Facebook users in many countries, for example Fiji, Samoa and Tonga, in others, such as Papua New Guinea and the Solomon Islands, females appear less connected.[103] More research is needed to understand girls and boys access to mobile technology and the internet in the Pacific.

Transition to employment (Indicators 4.12 - 4.14)

Data on youth (aged 15-24 years) **not in employment, education or training** (NEET, Indicator 4.12) were available for only three countries in the region (Figure 4.4a). In both Fiji and Papua New Guinea, girls were more likely to be NEET than boys. The disparity is greatest in Fiji where 27% of girls compared to 11% of boys are not in post-school employment, education or training. **Unemployment** (Indicator 4.13, Figure 4.4b) is very high in Kiribati where 62% of girls and 48% of boys are unemployed, while rates are also high in Samoa (25% girls and 16% boys) and Fiji (22% girls and 12% boys). These gender differences in post-school education, training and employment, are plausibly the product of highly differentiated gender roles that allocate unpaid domestic and care work to women, and paid work to men (see Case Study 4.3 for more).

In many Pacific Island nations, boys are more likely to be out of school than girls, however their transition to employment and post-school education and training is often better than their female peers.

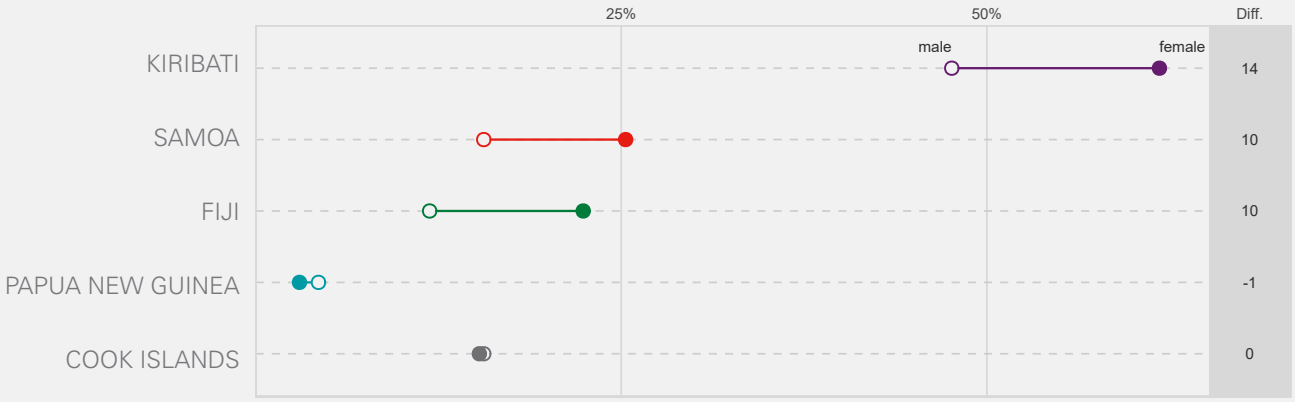
FIGURE 4.4a: NOT IN EDUCATION, EMPLOYMENT OR TRAINING

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 (%)

FIGURE 4.4b: UNEMPLOYMENT

This graph shows unemployment (Indicator 4.13) 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 than boys unemployed. Data source: ILO 2010-14.



INDICATOR 4.13: PROPORTION OF LABOUR FORCE UNEMPLOYED, 15-24y (%)

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CASE STUDY 4.3: GIRLS' AND BOYS' EDUCATION AND EMPLOYMENT: A CYCLE OF GENDER INEQUALITY

In recent decades, there have been rapid increases in girls' school participation globally, including in the Pacific. However, available data suggests that post-school pathways for girls are limited compared with boys: more young women are not in employment, education, or training across the region compared with young men, and in most countries unemployment rates are higher among young women. These differences in schooling and post-school outcomes are linked with entrenched norms that support highly differentiated, and unequal, gender roles that allocate domestic and reproductive work to women, and economically productive work to men.

Gender norms disadvantage both boys and girls in different ways. Boys may be more likely to be withdrawn from school early to enter paid employment, limiting their capacity to engage in further learning and a broader range of post-school opportunities. Conversely, girls who complete school may still find it difficult to pursue further learning, training or paid employment. Even when girls have higher education, the limited supply of skilled jobs appears to favour employment of boys in many contexts.[104] These disparities are exacerbated by parenthood which places additional pressure on young fathers to find work and young mothers to stay home.[105]

Family responsibilities, housework and pregnancy are the most common reasons for inactivity of female youth in Asia Pacific.[104] When competing for jobs, young women are reported to come face the perception that their 'rightful place' is in the home.[106] In Papua New Guinea, parents report an opportunity cost for continuing girls' education since girls are required to care for younger siblings when their parents work in agriculture. Continued investment in girl's education is also not seen to be of value since it benefits her husband's family rather than her own.[89]

These disparities in education and employment perpetuate unequal and binary gender norms, not only at an individual level but also at household, social and structural levels. When young women are less able to secure paid employment, even after having completed school, at a population level this perpetuates the normalisation of women's role being predominantly in the domestic sphere. When young men are more likely to be engaged in paid work and contributing financially to their families, at a population level this perpetuates the normalisation of men's role being to provide financially and entrenches norms that support families' son preference and male dominance within the household.

Summary
Domain 4

Key data gaps

- Data on comprehensive sexuality education and access to information, particularly mobile phone ownership and internet use, are lacking for many countries.
- Learning outcomes and achievement are an important focus of the SDGs, but an area where indicators and data are largely absent.
- Many countries had limited data for this domain.
- Data availability for Palau is particularly sparse.

Key gender inequalities in educational and employment outcomes include:

Girls have higher attendance rates for primary school in most countries, particularly in Kiribati, Solomon Islands and Vanuatu.

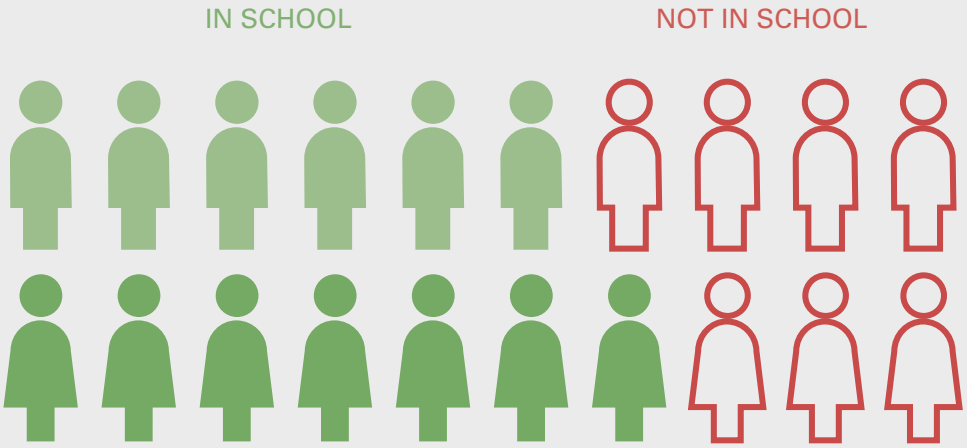
Boys are more likely than girls to leave education early.

However, girls and women are generally 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 work to men. It may also relate to early parenthood.

Several countries, including Marshall Islands, Solomon Islands and Papua New Guinea, have a very low proportion of improved school sanitation facilities and this may be a barrier to attendance for girls, particularly during menstruation.

Boys are less likely to be in upper secondary school than girls

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 enrolment 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 Pacific 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 (GSHS) 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 predominantly complete for indicators measuring sex ratio at birth and infant mortality (Indicators 5.01 – 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), attitudes and experience of violence (Indicators 5.13 – 5.14) and child labour (Indicators 5.20 – 5.22), with data available for only one country for trafficked children (Indicator 5.19).

Data was unavailable for intimate partner violence (Indicator 5.11) and forced sex (Indicator 5.12), discrimination against young people with diverse gender identity and sexual orientation (Indicator 5.17), prevalence of female genital mutilation/cutting (FGM/C) (Indicator 5.18), hazardous child labour (Indicator 5.21), time spent on household chores (Indicator 5.22) and the proportion of youth with a bank account (Indicator 5.10), the prevalence of female genital mutilation/cutting (FGM/C) (Indicator 5.18), hazardous child labour or hours spent on chores (Indicators 5.21–5.22). In terms of countries, data was particularly limited for Tokelau, Palau and Niue.

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 vital registries.

Some proposed indicators were not able to be included due to a lack of routine data collection. 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 violence against children and adolescents (including intimate partner violence) are also currently unavailable, however there are initiatives underway including Violence Against Children surveys and the kNOVAWdata project that will contribute to improved data coverage.[107,108]

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.

			Cook Islands	Fiji	FSM	Kiribati	Marshall Islands	Nauru	Niue	Palau	Papua New Guinea	Samoa	Solomon Islands	Tokelau	Tonga	Tuvalu	Vanuatu
Sex preference	Sex ratio at birth (male : female)	5.01		UNPD	UNPD	UNPD					UNPD	UNPD	UNPD		UNPD		UNPD
	Infant mortality rate (per 1000 births)	5.02	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME		UNIGME	UNIGME	UNIGME
	Expected to estimated female infant mortality ratio	5.03	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME	UNIGME	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		UNICEF		UNICEF
	Child marriage <18y (%)	5.06b										UNICEF	UNICEF		UNICEF		UNICEF
	Age of consent for heterosexual intercourse	5.07	WLII	WLII	WLII	WLII	WLII	WLII	WLII	WLII	WLII	WLII	WLII	WLII	WLII	WLII	WLII
	Legal age of consent to marriage	5.08	UNSD	UNSD	UNSD	UNSD	UNSD	UNSD	UNSD	UNSD	UNSD	UNSD	UNSD		UNSD	UNSD	UNSD
	Age of consent for same-sex intercourse	5.09	WLII	WLII			WLII	WLII			WLII	WLII	WLII	WLII	WLII	WLII	WLII
	Bank account ownership, 15-24y (%)	5.10															
Violence	Physical intimate partner violence in last 12m, 15-19y (%)	5.11a															
	Sexual intimate partner violence in last 12m, 15-19y (%)	5.11b															
	Physical and/or sexual intimate partner violence in last 12m, 15-19y (%)	5.11c															
	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
	Homicide mortality, 10-19y (per 100,000)	5.15		GBD	GBD	GBD	GBD				GBD	GBD	GBD		GBD		GBD
	Bullying last month, 13-17y (%)	5.16	GSHS	GSHS		GSHS		GSHS	GSHS			GSHS	GSHS	GSHS	GSHS	GSHS	GSHS
	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													
	Child labour, 5-17y (%)	5.20											UNICEF				UNICEF
	Hazardous work amongst those in child labour (%)	5.21															
	Hours per week spent on chores, 5-14y	5.22															

Key gender inequalities

Girls and boys in the Pacific are not being adequately protected from violence, exploitation and abuse.

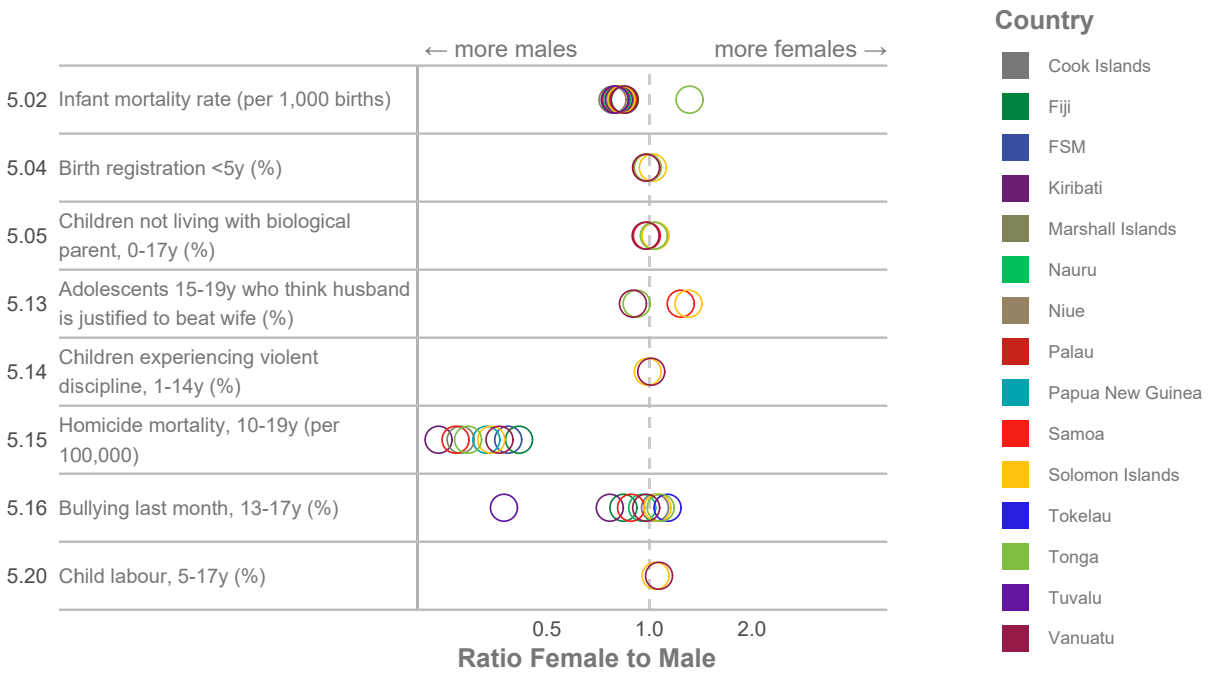
In most countries, infant mortality is more common among males than females, as expected due to boys' biological vulnerability. However, girls in Tonga have an excess mortality rate (Figure 5.1). There is broad acceptance of violence against women by young people, with girls in many countries being more likely to justify a husband beating his wife than compared to boys. Girls in the region are also at risk of child marriage.

Boys in this region are substantially more likely to die from intentional homicide than girls. Boys and girls experience similar rates of bullying, except for Kiribati where boys experience substantially higher rates.

There was no substantial gender disparity in birth registration. There were also no differences in the experience of violent discipline for boys and girls, however rates overall were very high.

FIGURE 5.1: INEQUALITY PLOT FOR INDICATORS OF PROTECTION

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.



Detailed findings across indicators

Sex preference (Indicators 5.01 – 5.03)

There were minimal differences in **sex ratio at birth** (Indicator 5.01). The expected sex ratio is 1.05 (105 boys should be born for every 100 girls to account for excess male mortality),[109] with values for the Pacific similar to this expected ratio.

Boys' infant mortality (death between birth and 1 year of age, Indicator 5.02) is higher than for girls in countries across this region with the exception of Tonga, where girls have a higher mortality (16 per 1,000 for girls and 12 per 1,000 for boys). A higher male mortality is expected due to girls' biological advantage in infancy.[110] A better indicator is **excess female mortality** (Indicator 5.03), that is, countries where the estimated infant mortality amongst girls is higher than that expected for that country. The only country with significant excess female mortality is Tonga, with a ratio of 0.59 (90% uncertainty 0.43 – 0.94). This may relate to differential care between boys and girls, girl neglect, and/or be an artefact of poor quality data.[111,112]

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

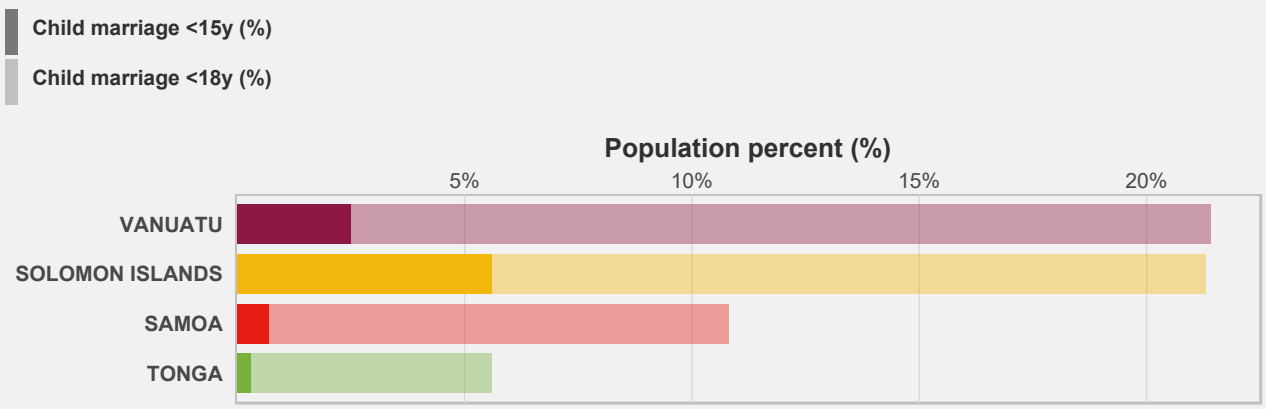
There are no apparent sex differences in **birth registration** (Indicator 5.04) of girls and boys with civil authorities. However, in some countries the sex of the parent can be a barrier to registration of children, where only senior male household members can register the birth of a child or where the father or both parents are required to be present at registration.[113]

Girls, aged 0-17 years, appear slightly more likely to **live with neither biological parent** (Indicator 5.05) in the Solomon Islands and Tonga. This may represent girls who have married or entered into union at an early age, or could indicate girls are left behind more often than boys when parents migrate.

Child marriage and early union of girls (Indicator 5.06) remains common in this region (Figure 5.2), with rates of marriage before 18 years of age being highest in Solomon Islands (21.3%) and Vanuatu (21.4%). These countries also have high rates of marriage before 15 years of age (5.6% for Solomon Islands and 2.5% for Vanuatu). 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 (see Case Study 5.1). No child marriage rates for boys were available.

FIGURE 5.2: 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 <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). Gender disparities exist in some countries and these likely reflect and perpetuate norms around male dominance in marital and sexual relationships. In most countries in the region, it is possible for a girl and her parents to consent to her marriage before the age of 18 years, and before the age of 16 years in Micronesia, Nauru, Niue, Papua New Guinea, Solomon Islands and Vanuatu, providing limited protection for girls from child marriage. In the Cook Islands, Nauru, Palau, Solomon Islands and Tonga, there is no age of consent to heterosexual sex stipulated for men and boys. This likely relates to norms around men and boys initiating sex. These norms undermine women's and girls' agency in sexual relationships. It is important that laws for age of consent do not criminalise consensual adolescent sexual activity for either girls or boys and that the age is appropriate to the local context.

Male same-sex sexual relationships (Indicator 5.09) are legal in Fiji, Marshall Islands, Tokelau and Vanuatu, criminalised in Cook Islands, Papua New Guinea, Samoa, Solomon Islands, Tonga and Tuvalu and not regulated in the remaining five countries in the region. The criminalisation of male same-sex sexual relationships increases the vulnerability of non-heterosexual men and perpetuates unequal binary gender roles and norms. **Female same-sex sexual relationships**, by contrast, are legal in Fiji, Samoa and Vanuatu; criminalised in Solomon Islands and Tuvalu; and not regulated in the remaining ten countries in the region. An absence of regulation means that female same-sex sexual relationships are not criminalised, nor are they protected by law. It also reflects the invisibility of non-heterosexual female sexuality when patriarchal gender norms position female sexuality as secondary to male sexuality rather than of intrinsic, independent value.

Gender disparities exist in the age of consent to sex and marriage in many countries in the region.

CASE STUDY 5.2: HARMFUL MARRIAGE PRACTICES IN THE PACIFIC

It is estimated that 12% of adolescent Pacific Island girls are married before the age of 18 years - three times the proportion of boys married at the same age. Only four countries have data on girls marrying before age of 18 years; rates vary from 6% in Tonga to 21% in Solomon Islands and Vanuatu. Child marriage is influenced by a range of social and economic conditions as well as cultural and religious attitudes, however gender discrimination plays a key role. Across the Pacific, gender norms which perpetuate girls' early marriage include women's primary role as a wife and mother, expectations of female obedience and subservience, and the desire to control girls' sexuality.

Forced marriages are common in several parts of the Pacific, including Indo-Fijian communities and parts of Melanesia. In Papua New Guinea and Vanuatu, traditional customs permit parents to arrange forced marriages, often to wealthy or powerful men, or to settle disputes or debts.[114,115] For example, on Tanna Island in Vanuatu, there is a *kastom* that the family of a murderer may give a girl child, to the victim's family, as an apology. Forced marriage is also reported to sometimes occur in Tonga and Kiribati, where girls have been forced to marry their rapist to prevent family shame and embarrassment.[41,116]

Bride price also continues to be practiced in Melanesia and is normally paid to the family of the bride in the form of cash or gifts.[41] For example, in the Solomon Islands, it is not uncommon for a girl, as young as 11 years of age, to be forced to marry foreign loggers in exchange for money and food. It is commonly believed that payment of this price gives men the right to control their wives, if necessary with violent force. Young men are particularly pressured to demonstrate such power in their relationship. Bride price also likely contributes to girls staying in violent marriages as leaving would require repayment.[41,117] As girls generally live with the husband's family once married, they are dependent, isolated from support and more vulnerable to abuse.

> "He will say he's paid bride price so that gives him the right to hit her. The chief and the family will agree with this. They will say 'you are his property."
>
> Vanuatu[41]

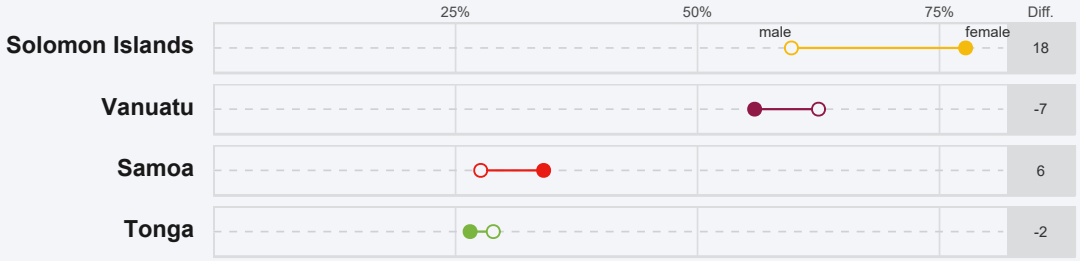
Violence and harmful practices (Indicators 5.11 – 5.18)

There is no data on adolescent girls' (15-19 years of age) experiences of **sexual and/or physical intimate partner violence** (Indicator 5.11) or experiences of forced sex in the Pacific. However, acceptance of violence against women is high in the region, as demonstrated by the proportion of young people who **justify domestic violence** (Figure 5.3) in many countries. This includes majority of young people in the Solomon Islands (59.7% males, 77.7% females) and Vanuatu (62.5% males, 55.9% females). Even in countries with lower levels of acceptance of domestic violence, namely Tonga and Samoa, between one in four and one in three young people believe a husband is justified in beating his wife in certain circumstances, such as: (1) she goes out without telling him; (2) she neglects the children; (3) she argues with him; (4) she refuses sex with him; (5) she burns the food. 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, as seen in the Solomon Islands and Samoa, may reflect internalised acceptance of gender-based violence by young women or social desirability bias on the part of male respondents.

Many young people in the Pacific believe domestic violence to be justifiable.

FIGURE 5.3: 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). Comparison data with adults (Indicator 2.12) was unavailable. Data: DHS 2010-16.



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

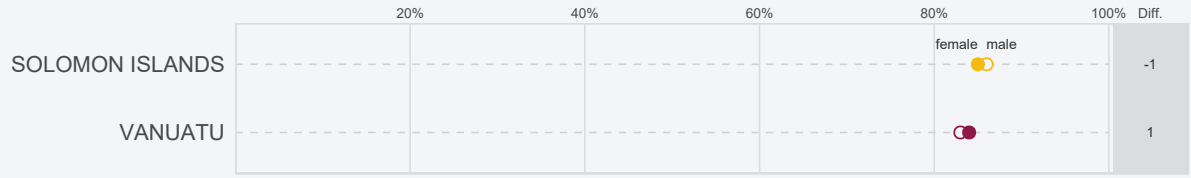
Rates of **violent discipline by a caregiver** (Indicator 5.14) are only available for two countries, the Solomon Islands and Vanuatu, but are very high in both with over 80% of girls and boys reporting such violence (Figure 5.4). This violence can have a long-term impact on girls and boys - children who witness or experience violence in the home are more likely to perpetrate or experience violence as adults (see Case study 5.2)

Adolescent boys are at substantially increased risk of **intentional homicide** (Indicator 5.15) compared to girls (Figure 5.5). Rates are highest in Papua New Guinea, Fiji, Micronesia, and the Marshall Islands. Globally, males lead homicide trends both as victims and perpetrators,[118,119] and this pattern is associated with gender norms that are supportive of male violence and confrontation.

Adolescent boys are at increased risk of mortality due to intentional homicide – a global pattern which is associated with gender norms supportive of violent masculinity.

FIGURE 5.4: 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.

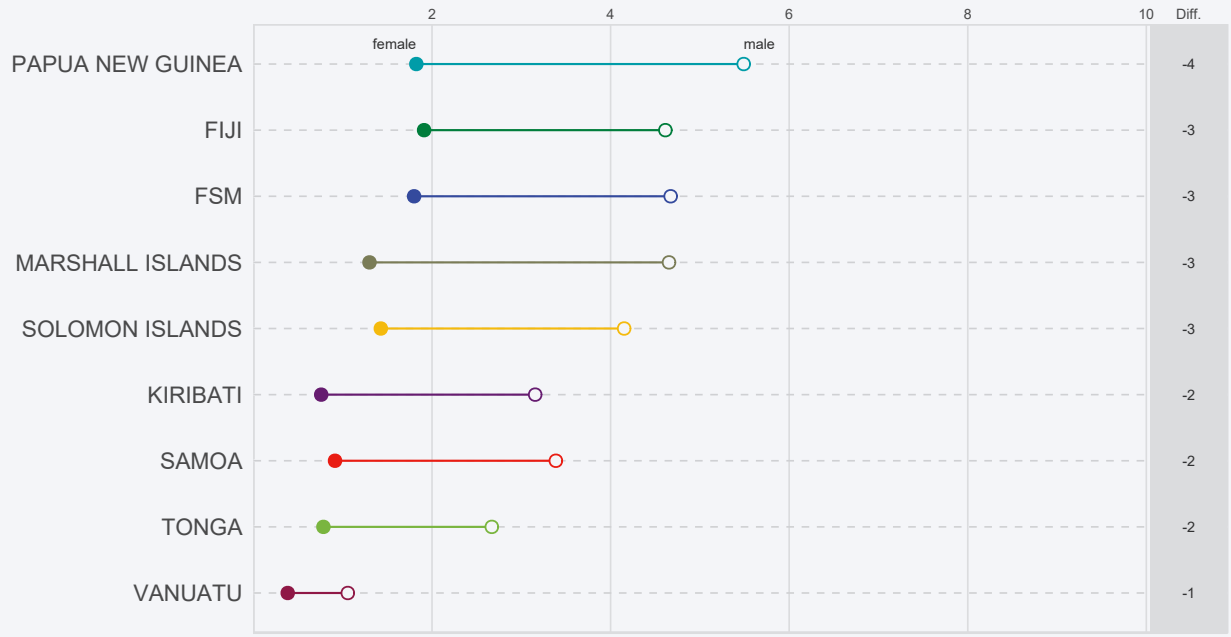


INDICATOR 5.14: CHILDREN EXPERIENCING VIOLENT DISCIPLINE, 1-14Y (%)

Many adolescent girls and boys report experiencing **bullying** (Indicator 5.16), with particularly high rates in Samoa, the Solomon Islands and Vanuatu, where more than half of 13-17-year-olds report bullying over the preceding 30 days (see Appendix 3). A sizeable gender disparity is noted in Tuvalu with 40% of boys reporting bullying compared to 15% of girls. Bullying may be physical, emotional or verbal violence and this higher prevalence among boys, may once again reflect masculine norms associated with male violence and confrontation. Whilst no data was identified during this review on LGBT young people, 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 cis-gender peers (see Case Study 5.3).[87] No data was available on **Female genital mutilation/ cutting** (FGM/C, Indicator 5.18) which is a harmful practice and a form of violence against women and girls.

FIGURE 5.5: 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)

CASE STUDY 5.2: GIRLS' AND BOYS' EXPERIENCES OF VIOLENCE IN THE HOME

In the Pacific, many children report experiencing physical violence and/or abuse in their homes. In the two countries where data is available, Vanuatu and the Solomon Islands, most children (>83% aged 2-14 years) report experiencing psychological aggression and/or physical punishment in the past year. Physical abuse may be perpetrated by male or female family members, however, children report being physically hurt by fathers, uncles and step-fathers more frequently than mothers, step-mothers or aunts.[120] Masculine norms that support male dominance, toughness and violence as a means of control, contribute to this use physical discipline.

Sexual abuse is also not uncommon in the region and reported to be worst in areas with violent civil conflicts and limited law and order, such as Bougainville and the Solomon Islands.[121] In Bougainville, nearly a third of men report being sexually abused as a child.[40] A 2015 review of women's experiences of sexual abuse for six South Pacific countries, found the highest rates of childhood abuse (<15 years of age) were reported in the Solomon Islands, (37%), Vanuatu (30%) and Kiribati (19%).[122] In many instances the perpetrator was a family member. Higher levels of child sexual abuse were reported among women with lower levels of education and socioeconomic status. A culture of silence generally surrounds sexual violence against girls in the Pacific.[121] The high value placed on female virginity, along with feminine norms which encourage obedience, serve as barriers to reporting. Girls who have been raped are often considered 'spoiled' and rape of a child by a relative brings great shame to the family. An accusation may even lead to the victim and family being ostracized from the community.

Girls' and boys' experiences of violence negatively impact their psychological and physical wellbeing, behaviour and education. The consequences can include low self-esteem, depression, self-harm, suicidal thoughts, early sexual activity, unintended pregnancy, sexually transmitted infections and substance abuse. This abuse also increases girls' and boys' likelihood of experiencing or perpetrating violence in the future.

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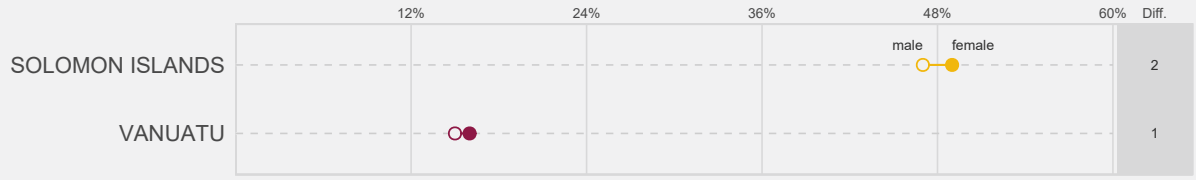
Exploitation
(Indicators 5.19 – 5.22)

Girls are at slightly increased risk of **child labour** (Indicators 5.20 and 5.21) in the Solomon Islands and Vanuatu, compared to boys. This finding is unusual, as boys are typically more at risk of child labour in the Asia Pacific region, and may relate to differential employment opportunities available.[130] Overall, rates of child labour are very high in the Solomon Islands, with almost half of girls and boys reporting child labour. There is limited legislation in Solomon Islands to protect children, with the minimum working age in Solomon Islands being 12 years.[131]

Data on **trafficked children** (Indicator 5.19) are limited in the Pacific, this issue is explored further in Case Study 5.4.

FIGURE 5.6: 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 positive number indicates more girls than boys in child labour. Data source: UNICEF 2014.



INDICATOR 5.20: CHILD LABOUR 5-17Y (%)

CASE STUDY 5.3: GIRLS' AND BOYS' VULNERABILITY: TWO SIDES OF A SINGLE COIN

While there is limited data available on child trafficking in the Pacific, data from Fiji indicate that girls are 100 times more likely than boys to be trafficked. Recent Trafficking in Persons reports also note trafficking of girls for sexual exploitation in FSM and the Marshall Islands. One in five girls in Solomon Islands and Vanuatu are married before the age of 18 years and girls have limited legal protections from child marriage in many countries in the sub-region. These outcomes are linked with norms supportive of female subservience and women's role as wife and mother. Boys, in contrast, are at higher risk of harm from injury, as well as mortality due to intentional homicide. These health outcomes are linked with norms supportive of male violence. Negative outcomes for both girls and boys are linked with underlying binary gender norms, where girls' and boys' socially valued roles and attributes are divided into two distinct and opposite categories. Binary gender norms contributing to these negative health outcomes include female subservience compared with male dominance and female passivity compared with male agency. These underlying unequal gender norms have negative consequences for both girls and boys, which are expressed differently across a diverse range of outcomes. For both girls and boys, what appears to be an advantage in one area may be linked with a disadvantage in another area. This illustrates the broader value of addressing the underlying causes of gender disparities, since it is likely to have benefits for both girls and boys across a range of outcomes.

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Summary
Domain 5

Impact of gender inequality on protection

Key data gaps

- Data is limited for indicators of birth registration, child living arrangements, child marriage, attitudes and experience of violence, child labour, and trafficked children.
- No data was available for indicators regarding intimate partner violence, forced sex, discrimination against young people with diverse gender identity and sexual orientation, prevalence of female genital mutilation/cutting (FGM/C), hazardous child labour, time spent on household chores, and the prevalence of female genital mutilation/cutting (FGM/C).
- No country had complete data for this domain.
- Data coverage was most sparse for Tokelau, Palau and Niue.

Child marriage remains common

20-24-year-olds married by 18 years

VANUATU, SOLOMON ISLANDS

SAMOA, TONGA

Key gender issues relating to the protection of children and adolescents:

- There is excess female infant mortality in Tonga.
- Child marriage remains common in this region, particularly so in Solomon Islands and Vanuatu where more than one in five girls aged 20–24 years are married before 18 years of age.
- There is a broad acceptance of violence against women by young people in the region.
- Over 80% of children in Solomon Islands and Vanuatu have experienced violent discipline.
- Adolescent boys are at much greater risk of intentional homicide.
- High rates of bullying are common for boys and girls.
- High rates of child labour in the Solomon Islands, with slightly more girls exploited than boys.

More boys die from homicide than girls

Homicide mortality, 10-19-year-olds, per 100,000

In some countries, 4 times more boys die than girls

KIRIBATI, MARSHALL ISLANDS, SAMOA

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 and/or enforcement 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. This is likely to contribute to the harmful attitudes towards domestic violence and male-female relationships, internalised 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. Domain 6 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 burden of disease (Indicators 6.01 and 6.03). This data had good coverage across most countries in the region. Modelled data from the Global Burden of Disease 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.

No data was available for water collection or young people's perceptions of safety in their neighbourhoods, for any country in the region (Indicators 6.04 and 6.07). There were other important areas (including 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.

			COOK ISLANDS	FIJI	FSM	KIRIBATI	MARSHALL ISLANDS	NAURU	NIUE	PALAU	PAPUA NEW GUINEA	SAMOA	SOLOMON ISLANDS	TOKELAU	TONGA	TUVALU	VANUATU
Energy	Household air pollution, <5y (DALYs per 100,000)	6.01a		GBD	GBD	GBD	GBD				GBD	GBD	GBD		GBD		GBD
	Household air pollution, 5-9y (DALYs per 100,000)	6.01b		GBD	GBD	GBD	GBD				GBD	GBD	GBD		GBD		GBD
	Household air pollution, 10-14y (DALYs per 100,000)	6.01c		GBD	GBD	GBD	GBD				GBD	GBD	GBD		GBD		GBD
	Household air pollution, 15-19y (DALYs per 100,000)	6.01d		GBD	GBD	GBD	GBD				GBD	GBD	GBD		GBD		GBD
Sanitation	Schools with improved sanitation facilities (%)	6.02	JMP	JMP			JMP	JMP	JMP		JMP		JMP				
	Water, sanitation and hygiene, <5y (DALYs per 100,000)	6.03a		GBD	GBD	GBD	GBD				GBD	GBD	GBD		GBD		GBD
	Water, sanitation and hygiene, 5-9y (DALYs per 100,000)	6.03b		GBD	GBD	GBD	GBD				GBD	GBD	GBD		GBD		GBD
	Water, sanitation and hygiene, 10-14y (DALYs per 100,000)	6.03c		GBD	GBD	GBD	GBD				GBD	GBD	GBD		GBD		GBD
	Water, sanitation and hygiene, 15-19y (DALYs per 100,000)	6.03d		GBD	GBD	GBD	GBD				GBD	GBD	GBD		GBD		GBD
	Child collects water for household, <15y (%)	6.04															
Mobility	International migrants <20y, (count in 1,000s)	6.05a	UN	UN	UN	UN	UN	UN	UN	UN	UN	UN	UN	UN	UN	UN	UN
	International migrants <20y, (population %)	6.05b		UN	UN	UN					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	GBD	GBD		GBD		GBD
	Refugees, displaced and stateless persons, <18y (1,000s)	6.09		UNHCR							UNHCR	UNHCR			UNHCR		UNHCR

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Key gender inequalities

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

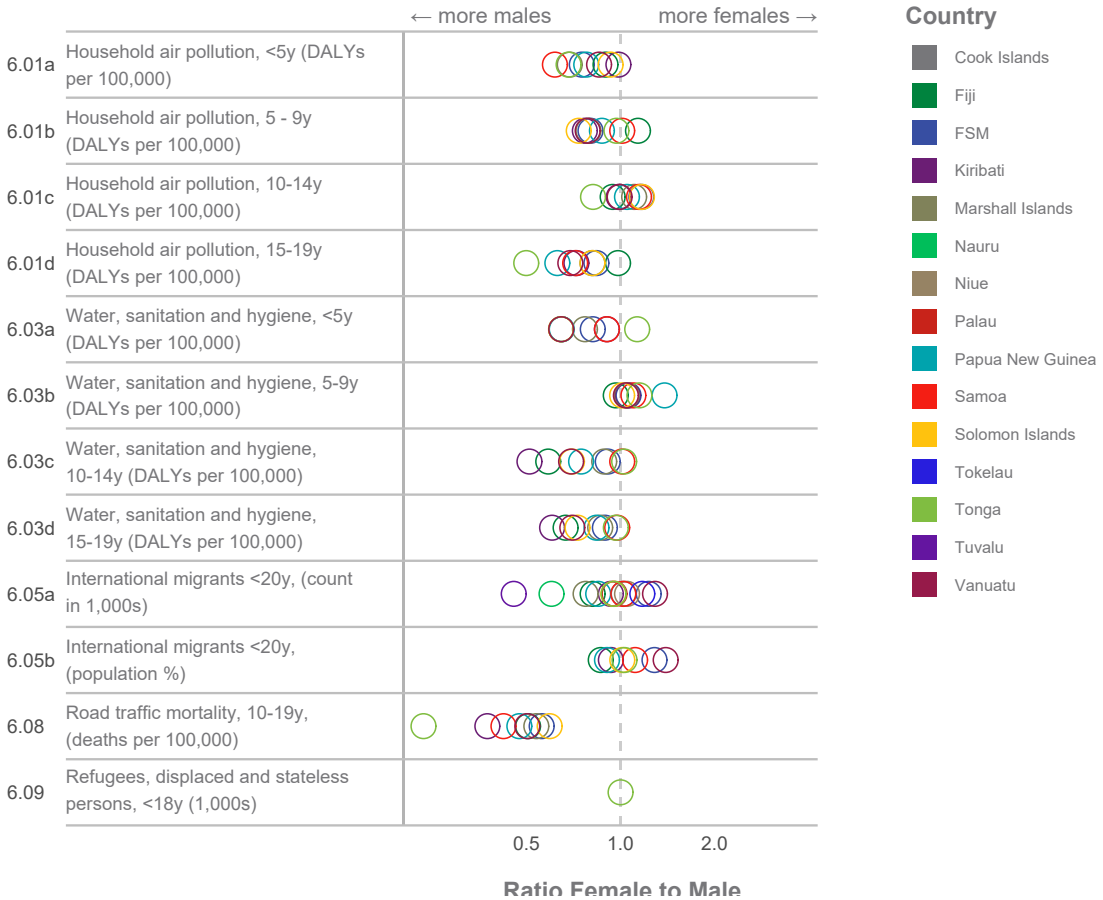
Girls are more likely to be more adversely affected by the inadequate sanitation and hygiene facilities in schools, particularly when they are menstruating.

Boys' higher mortality from traffic accidents however, likely reflects gender norms that encourage independence and risk taking among boys but limit girls' mobility. Boys are also at greater risk of disease due to indoor air pollution and water and sanitation, particularly in early childhood, and is likely a result of their biological vulnerability.

There was no consistent gender disparity in international migrants or displaced people.

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

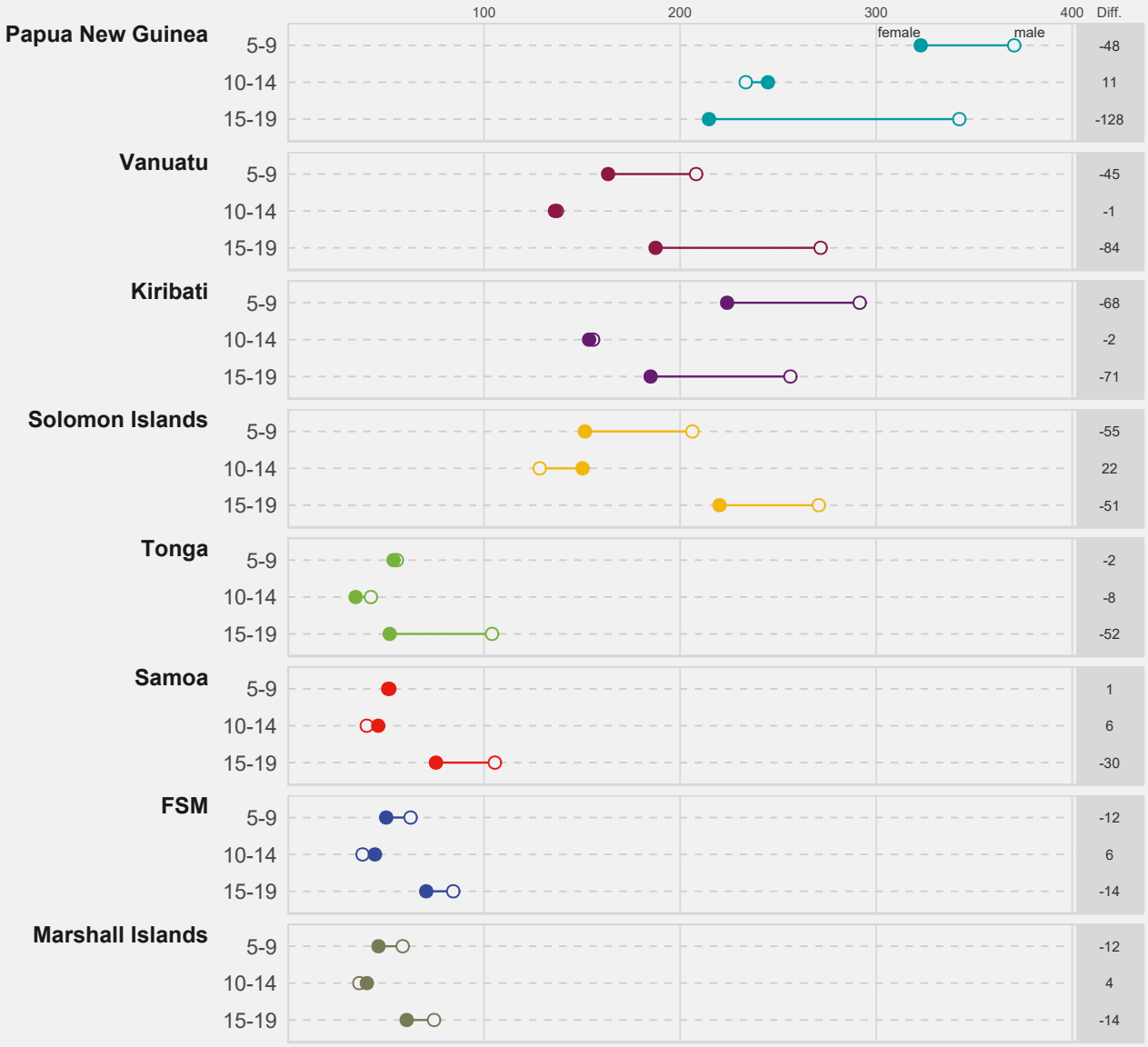
Energy (Indicator 6.01)

Household air pollution (Indicator 6.01) is the leading environmental risk factor for health worldwide.[132] 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.

In the Pacific, household air pollution contributes to the largest disease burden for children and adolescents in Papua New Guinea, Vanuatu, Kiribati and Solomon Islands (Figure 6.2). Boys typically experience a larger burden of disease compared to girls, especially in early childhood, which may be accounted for by the biological differences in lung function where boys' lungs are less mature compared to those of girls' at the same age.[133] This gender-differential diminishes across adolescence in some, but not all, countries. 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 Appendix 3. Data: GBD 2016.



INDICATOR 6.2: HOUSEHOLD AIR POLLUTION (DALYS PER 100,000)

CASE STUDY 6.1: THE IMPACT OF INADEQUATE SANITATION ON GIRLS

In the Pacific, 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.[101,134,135]

In Papua New Guinea, the water, sanitation and hygiene facilities in many schools are inadequate.[134] There is a lack of private and secure facilities. Toilets are often poorly maintained, unclean or not functional; water is frequently unavailable; and there are no disposal mechanisms for used sanitary materials. In addition, many girls are unable to access commercial sanitary products, as they are unaffordable. In Fiji, girls report inconsistent availability of hygiene materials including water, soap, toilet paper and sanitary pads, particularly following natural disasters.[135] In both Fiji and Kiribati, toilets are reported to lack the privacy needed for dignified use - in some instances toilets do not even have doors.[135]

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. Compounding these issues, taboos surrounding menstruation frequently restrict open discussion and access to accurate information. As a result, there are many myths surrounding menstruation which limit girls' diets and activities, and make their lives more stressful.

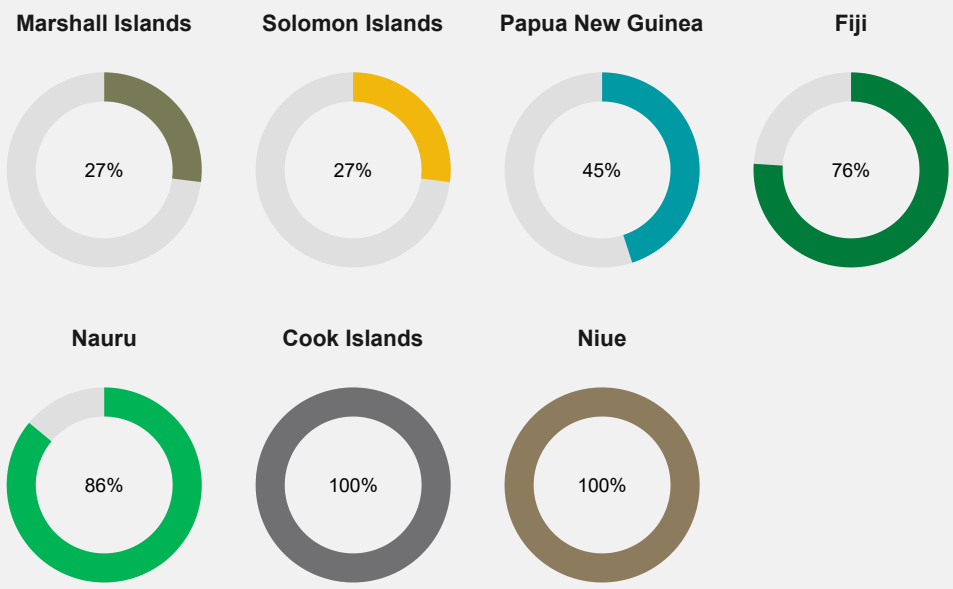
Water, sanitation and hygiene (Indicators 6.02 – 6.04)

Access to water, sanitation and hygiene (WASH) has a disproportionate impact on women and girls and is important for girls' management of menstruation. Only around a quarter of schools in the Marshall Islands and Solomon Islands have **improved sanitation facilities** (Indicator 6.02), and less than half of schools in Papua New Guinea (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 for the Pacific.

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, disease burden amongst boys attributable to WASH is greater than that for girls, again likely due to biological differences in infectious disease risk between the sexes in early childhood. It must be emphasised that disease burden as measured by this indicator does not include gender-based violence for young women and girls due to unsafe sanitation.

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.



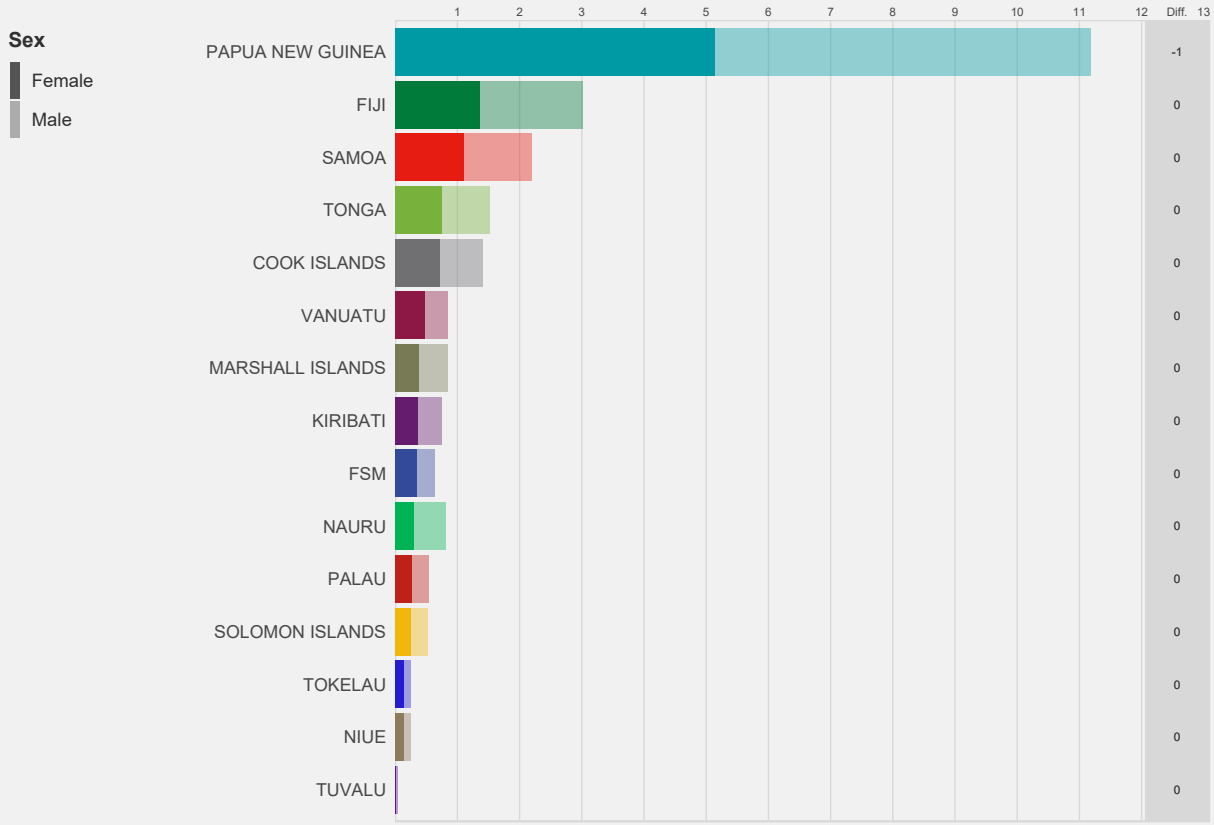
INDICATOR 6.3: SCHOOLS WITH IMPROVED SANITATION FACILITIES (%)

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.[136] 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 25,000 international migrants under 18 years of age (Indicator 6.05, Figure 6.4). Papua New Guinea has the largest population of international migrants (5,100 females and 6,100 males), but it is in Tonga and Samoa where **international migrants** aged less than 18 years represent a sizeable (around 3%) proportion of the national population (Indicator 6.05b, see Appendix 3). The migration seen in Papua New Guinea may be related to jobs in the mining industry. However, the small total number of international migrants means that it is not feasible to draw out implications of gender differences in their migration patterns. There is no consistent gender disparity in international migrants across the Pacific region. All migrant girls and boys are vulnerable to isolation from social networks, poverty, and exploitation.

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.



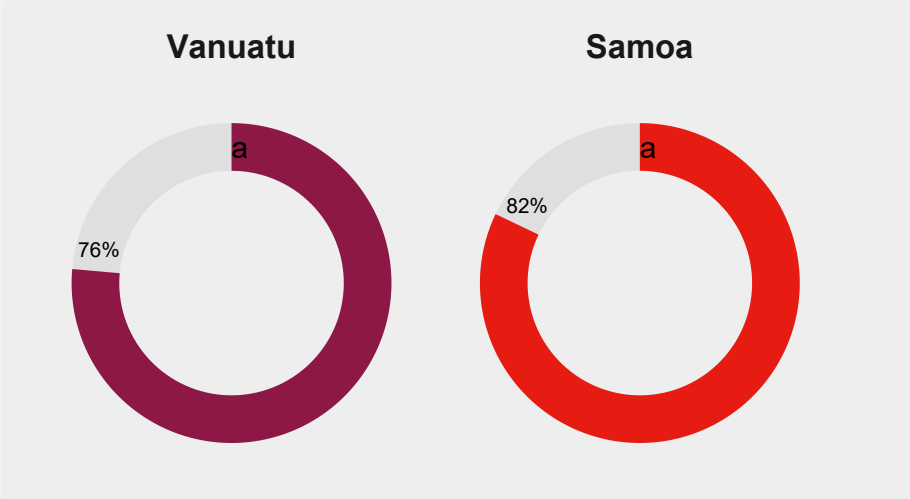
INDICATOR 6.05: INTERNATIONAL MIGRANTS <20Y, (COUNT IN 1,000s)

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 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. In countries for which data are available, freedom of movement for married girls is relatively high by global standards: 82.5% and 76.4% of married girls aged 15-19 years make decisions about visiting friends and family in Samoa and Vanuatu respectively. However, for the one in five married girls in these countries who remain unable to freely access their natal family and social networks, this entrenches their vulnerability, both within their marital relationship and within their broader marital household or extended family. 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.

One in five married girls in Vanuatu and Samoa 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 (Indicator 6.06). Data source: DHS 2010 – 16.



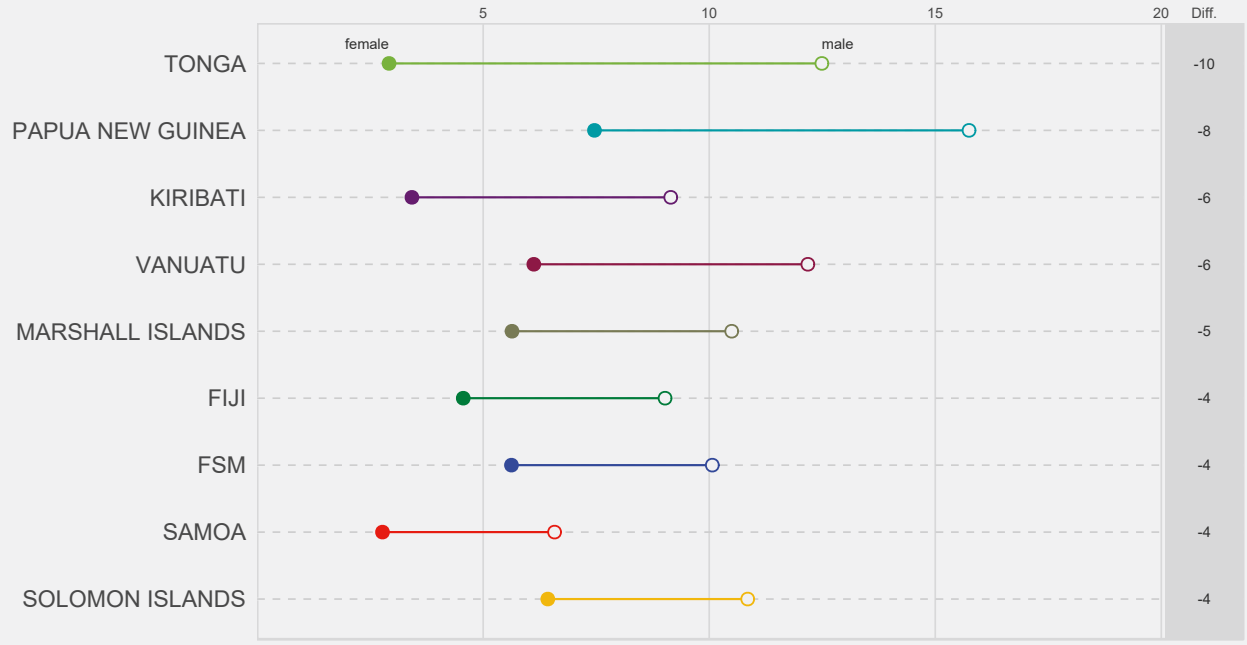
INDICATOR 6.06: MARRIED FEMALES MAKE DECISIONS VISITING FAMILY OR FRIENDS, 15-19Y (%)

Adolescent boys are at substantially increased risk of mortality due to **road traffic accidents** in all countries compared to adolescent girls (Figure 6.6). This 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.[137] 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.

Gender norms which restrict girls' mobility but support male independence and risk taking likely contribute to high rates of road traffic mortality among adolescent boys.

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)

Conflict and disaster (Indicator 6.09)

The available data indicates minimal gender disparities in the number of **refugees**, and displaced or stateless people under the age of 18 years. Papua New Guinea has the largest number of refugees and displaced people in this region - 2,100 girls and 2,300 boys. (see appendix 3)

This difference, albeit very small, could indicate that some girls are less able to flee an unsafe environment, or that boys are more willing to take the risks associated with leaving their homes. Case Study 6.2 explores how **natural disasters** exacerbate gender inequalities.

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CASE STUDY 6.2: NATURAL DISASTERS EXACERBATE GENDER INEQUALITIES

The Pacific Islands are among the most vulnerable countries in the world to climate change and natural disasters. They are affected regularly by destructive and unpredictable natural hazards including cyclones, earthquakes, floods, landslides, storm surges, tsunamis and volcanic eruptions. Climate change is increasing risk, with rising sea levels and increased intensity and number of tropical storms and cyclones.

Worldwide, women and children are disproportionately impacted by natural disasters.[138,139] They are 14 times more likely to die in a disaster than men.[139] Research also suggests that adolescent girls are more affected by disasters than boys the same age.[139] Following an event, girls are often at greater risk of school drop-out and early marriage due to the increased economic burden and domestic workload. Women and girls are also more likely to be exposed to gender-based violence due to loss of normal community protection. This is supported by research from Samoa, which found young girls and adolescents living in crowded shelter settings, such as those following a 2009 tsunami and a 2012 cyclone, to be particularly vulnerable to gender-based violence by men and adolescent boys.[140] Similar incidents of sexual violence against girls have also been reported in emergency evacuation centres in Fiji.[141] This abuse has been linked to reduced parental supervision as adults focus on rebuilding. Lack of lockable, sex-segregated toilets, the remote locations of toilets, as well as insufficient lighting in the shelters, were also factors contributing to the increased risk. Inadequate inclusion of women in decision-making may contribute to these oversights and a lack of attention to the needs of girls and women.

Natural disasters also create an opportunity for traffickers to prey on children and adolescents, who may have lost family, homes and livelihoods.[142] Data from Fiji indicates girls are trafficked far more frequently than boys. This trafficking, to local cities and abroad, often leads to girls' sexual exploitation or domestic servitude.[143,144]

Natural disasters exacerbate gender inequalities and differing risks for girls and boys. While many environmental factors increase the risk for girls, discriminatory gender norms lie at the heart of these threats. Negative masculine norms, which encourage dominance, violence and predatory behaviour, combined with female stereotypes, which cast girls as vulnerable and subservient to the needs and desires of males, place girls at greater risk of harm than boys.

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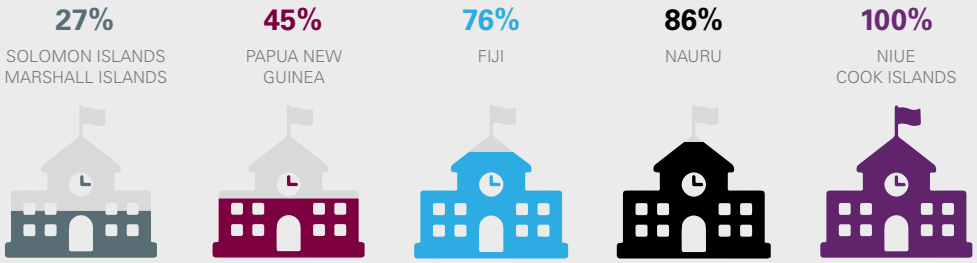
Summary
Domain 6

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 (not yet available from MICS-6) and gender-specific data on access to WASH. Other important gaps included data on urbanisation, conflict, disaster and climate change.

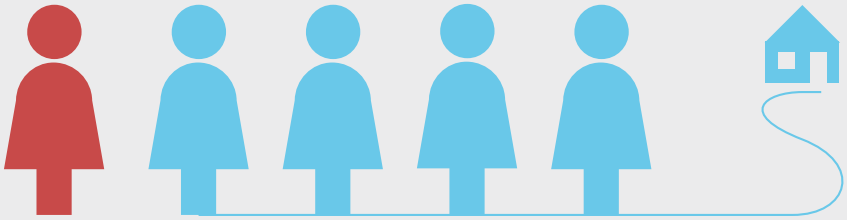
Many schools have inadequate sanitation

Schools with improved sanitation facilities



Mobility is limited for many girls

1 in 5 girls can't make decisions about visiting family or friends



Key gender issues relating to environment of children and adolescents:

Household air pollution causes substantial harms for girls and boys in this region. Boys come to greater harm in early childhood (likely due to biological vulnerability).

Improved sanitation facilities (essential for menstrual health and hygiene) are only available for around a quarter of schools in Marshall Islands and Solomon Islands, and half in Papua New Guinea.

There are 25,000 international child migrants across the region, half of these in Papua New Guinea. Child migrants are slightly more likely to be boys, potentially reflecting different patterns of child labour.

Mobility is limited for many adolescent girls: one in five married girls in Vanuatu and Samoa 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.

Boys are more likely to die in road traffic accidents than girls

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

Across the Pacific boys are at least twice more likely to die from road traffic accidents than 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. 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 a quantitative measure of gender inequalities impacting on girls and boys across countries in this region.

While there has been overall progress towards gender inequality in the Pacific, the available data indicates **persistent gender inequalities exist for children and adolescents**.

Health (Domain 3)

Available data for **health** indicate that girls experience a double burden of poor nutrition, including overweight and 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. This may explain the high rates of adolescent maternal mortality seen in countries like Papua New Guinea. 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. These differing outcomes for girls and boys likely reflect social norms including; harmful masculine norms which support risk-taking and discourage help-seeking; and imbalances in power relations that negatively impact girls' autonomy and self-determination.

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Education and employment (Domain 4)

Available data for **education and transition to employment** indicate that in the Pacific, 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 enrolment 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 the Pacific are not being adequately protected from violence, exploitation and abuse. Girls in the region experience high rates of child marriage. Boys are substantially more likely to die from intentional homicide. There is a broad acceptance of violence against women by young people, and both boys and girls are exposed to high rates of bullying and violent discipline (in countries where data is available). These findings reflect not only a failure of protective legislation and/or enforcement 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 more likely than boys to be tied to the home. Girls are also more likely to be more adversely affected by the inadequate sanitation and hygiene facilities in the schools of the region. Boys bear a larger disease burden due to air pollution and inadequate to water, sanitation and hygiene than girls, but this is probably due to their greater biological vulnerability rather than the influence of social norms. Boys also 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 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)
- Prevalence of overweight and obesity among 10-19 year olds (Indicator 3.11)
- Adolescent birth rate (births per 1,000 females) among 15-19 year olds (Indicator 3.20)
- HIV incidence among adolescents aged 15-19 years (Indicator 3.22a) (particularly in Papua New Guinea)
- Proportion of youth, aged 15-24 years, not in education, employment or training (%), by sex (Indicator 4.12)
- Proportion of youth (15-24 years) unemployed (Indicator 4.13)
- Intimate partner violence, physical and sexual abuse (Indicators 5.11 – 5.13)
- Proportion of 20-24 year olds who were married before 15 years and before 18 years (Indicators 5.06a-b)

Boys currently disadvantaged

- Injury-specific DALY rate among adolescents 10-19 years (Indicator 3.12c)
- Prevalence of binge drinking and daily tobacco smoking (Indicators 3.13, 3.14)
- Proportion out-of-school (disaggregated by school level) (Indicator 4.03a-c)
- Mortality rate due to intentional homicide among 10-19 year olds (Indicator 5.15)
- Mortality rate due to road traffic accidents among 10-19 year olds (Indicator 6.07)

Other indicators that track critical gender issues

- Under-5 mortality (Indicator 3.02) and infant mortality (Indicator 5.03)
- Proportion of schools with basic sanitation facilities (improved, single-sex and usable) (Indicator 4.08)
- Legal age of consent to sex (heterosexual and same-sex sexual relationships) (indicators 5.07, 5.09) and marriage (Indicator 5.08)

Recommendation 2

Invest in gender data collection 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

By global standards, the Pacific region has substantial data gaps relating to key indicators of household, institutional and societal gender inequality. This constrains the capacity of government and civil society stakeholders to promote gender equality and women's and girls' empowerment, and tackle the underlying causes of gender disparities in health and wellbeing outcomes. Indicators included in Domain 2 of the indicator framework for which no country in the region had data are:

- unpaid work and total work burden (Indicators 2.01, 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 women who own a bank account (Indicator 2.06);
- proportion of female police officers (Indicator 2.10);
- national survey data regarding the prevalence of and attitudes towards intimate partner violence (Indicators 2.11, 2.12);
- women's ability to refuse sex (Indicator 2.15); and
- Social Institutions Gender Index (Indicator 2.20).

There were also indicators included in Domains 3–6 of the indicator framework for which no country in the region had data, or had only modelled data. 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 THE PACIFIC

Indicators with no data available

- Inadequate supervision (Indicator 3.07)
- Prevalence of stunting among children under 5 years (Indicator 3.08)
- Adolescent girls' ability to refuse sex (Indicator 3.19)
- Secondary school attendance (Indicators 4.01b-c)
- School completion (Indicators 4.02a-c)
- Mobile phone ownership (Indicator 4.09)
- Internet usage (Indicator 4.10)
- Access to mass media (Indicator 4.11)
- Intimate partner violence, physical and sexual abuse (Indicators 5.11 – 5.13)
- Forced sex (Indicator 5.12)
- Harassment and discrimination experienced by young people with diverse gender identity and sexual orientation (Indicators 5.17a-b)
- Prevalence of female genital mutilation/cutting (FGM/C) (Indicator 5.18)
- Hazardous child labour (Indicator 5.21)
- Time spent on household chores per week (Indicator 5.22)
- Proportion of households where a child aged less than 15 years is responsible for water collection (Indicator 6.03)
- Young people's perceptions of safety in their neighbourhoods (Indicator 6.06)

Indicators with only modelled data available

- Anaemia (Indicator 3.09)
- Overweight and obesity (Indicator 3.11)
- DALY rates (all-cause and cause-specific) (Indicators 3.12, 3.16, 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)
- Met need for family planning among adolescents girls aged 15-24 years (Indicator 3.18)
- Mortality due to maternal disorders among 15-19 year olds (Indicator 3.21)
- Mortality due to intentional homicide (Indicator 5.15)
- Mortality due to road traffic accidents (Indicator 6.07)

Recommendation 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 disparities

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.

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 4: INDICATORS THAT MAY REQUIRE IN-DEPTH REVIEW TO EXPLORE OBSERVED GENDER DIFFERENCES

- Excess female under-5 mortality (indicator 3.02) and infant mortality (Indicator 5.03) in Tonga
- Proportion of 12-23 month olds who have received key vaccinations (Indicators 3.03-3.05)
- Prevalence of anaemia (disaggregated in 5 year age bands) (Indicator 3.09)
- 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 (Indicator 3.17)
- Proportion of children and adolescents out-of-school (disaggregated by level of schooling) (Indicator 4.03)
- Proportion of youth (15-24 years) not in education, employment or training in Fiji (Indicator 4.12)

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 criminalization 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.

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.[145]
- United Nations Minimum Set of Gender Indicators.[146]
- UNESCAP's Regional core set of gender statistics and indicators for Asia and the Pacific.[14]
- The Beijing Platform for Action.[5]
- UNICEF Strategic Plan (2018-2021) and Gender Action Plan.[147]
- UNICEF 5x5 adolescent health indicators.[148]
- UNFPA Strategic Plan 2018-20211

There are additional frameworks that include measures 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.[149] 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 Southeast 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.[91,150] • Increased smoking rates among boys and girls.[151] • Female infanticide and sex selective abortion.[90,112]
Every Child Learns	• Gender disparities in school dropout rates.[8,152]
Every Child is Protected	• Child labour and labour rights, particularly in the informal sector.[130] • Trafficking and sexual exploitation.[143]
Every Child Lives in a Safe and Clean Environment	• Urban migration influencing vulnerability of girls in urban, peri-urban and rural areas.[153] • Lack of water and sanitation for girls to manage menstrual hygiene.[101]

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 <18 years (in 1000s), by sex	UNPD	https://esa.un.org/unpd/wpp/Download/Standard/Population/	
1.01b Proportion of total population aged <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 1,000s)	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 1,000)	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 15-49-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 15-49-year-olds, by sex	UNSD	https://genderstats.un.org/#/indicators	
2.03 Proportion of households where a person >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 ($US), 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 15-49-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 1,000 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 1,000 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 1,000 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 1,000 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 15 years (%), 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 (1,000s), 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 (1,000s), by sex	UNHCR	http://popstats.unhcr.org/en/demographics	

Appendix 3

	Cook Islands	Fiji	FSM	Kiribati	Marshall Islands	Nauru	Niue	Palau	Papua New Guinea	Samoa	Solomon Islands	Tokelau	Tonga	Tuvalu	Vanuatu
1.01a Population <18y (1000s)		UNPD (2015)	UNPD (2015)	UNPD (2015)					UNPD (2015)	UNPD (2015)	UNPD (2015)		UNPD (2015)		UNPD (2015)
female		146.0	21.0	23.0					1648	41.0	131.0		22.0		54.0
male		156.0	22.0	24.0					1758	44.0	140.0		24.0		59.0
both		302.0	43.0	46.0					3407	85.0	271.0		46.0		113.0
1.01b Proportion of population <18y (%)		UNPD (2015)	UNPD (2015)	UNPD (2015)					UNPD (2015)	UNPD (2015)	UNPD (2015)		UNPD (2015)		UNPD (2015)
female		33.3	41.2	40.4					42.4	43.6	45.3		41.5		41.2
male		34.4	41.5	43.6					43.6	44.0	46.8		45.3		44.0
both		33.9	41.3	41.1					43.0	43.8	46.2		43.4		42.6
1.01c Ratio of girls to boys aged <18y		UNPD (2015)	UNPD (2015)	UNPD (2015)					UNPD (2015)	UNPD (2015)	UNPD (2015)		UNPD (2015)		UNPD (2015)
both		0.94	0.95	0.96					0.94	0.93	0.94		0.92		0.92
1.01d Population difference of <18y (girls - boys, 1000s)		UNPD (2015)	UNPD (2015)	UNPD (2015)					UNPD (2015)	UNPD (2015)	UNPD (2015)		UNPD (2015)		UNPD (2015)
both		-10.0	-1.0	-1.0					-110	-3.0	-9.0		-2.0		-5.0
1.02 Proportion living in poverty, total population (%)			UNICEF (2014)											UNICEF (2014)	UNICEF (2014)
both			17.0											3.0	15.0
1.03 Human Development Index		UNDP (2017)	UNDP (2017)	UNDP (2017)	UNDP (2017)			UNDP (2017)	UNDP (2017)	UNDP (2017)	UNDP (2017)		UNDP (2017)		UNDP (2017)
both		0.741	0.627	0.612	0.708			0.798	0.544	0.713	0.546		0.726		0.603
1.04 Prevalence of severe food insecurity, total population (%)															
1.05 Proportion urban, total population (%)	UNDP (2016)	UNDP (2016)	UNDP (2016)	UNDP (2016)	UNDP (2016)	UNDP (2016)	UNDP (2016)	UNDP (2016)	UNDP (2016)	UNDP (2016)	UNDP (2016)		UNDP (2016)	UNDP (2016)	UNDP (2016)
both	75.0	54.0	22.0	44.0	73.0	100.0	43.0	88.0	13.0	19.0	23.0		24.0	61.0	26.0
1.06 Migration rate, total population (per 1000 annually)		UNPD (2015)	UNPD (2015)	UNPD (2015)						UNPD (2015)	UNPD (2015)		UNPD (2015)		UNPD (2015)
both		-6.6	-15.8	-4.0						-13.4	-4.3		-15.4		0.5
1.07 Health expenditure (% GDP)	WHO (2015)	WHO (2015)	WHO (2015)	WHO (2015)	WHO (2015)	WHO (2015)	WHO (2015)	WHO (2015)	WHO (2015)	WHO (2015)	WHO (2015)		WHO (2015)	WHO (2015)	WHO (2015)
both	3.0	2.0	3.0	7.0	12.0	3.0	2.0	5.0	3.0	4.0	5.0		3.0	14.0	3.0
1.08 Education expenditure (% GDP)	UNESCO (2016)	UNESCO (2013)	UNESCO (2015)							UNESCO (2016)					UNESCO (2015)
both	4.7	3.9	12.5							4.1					5.5

	Cook Islands	Fiji	FSM	Kiribati	Marshall Islands	Nauru	Niue	Palau	Papua New Guinea	Samoa	Solomon Islands	Tokelau	Tonga	Tuvalu	Vanuatu
2.01 Unpaid work, 15-49y (hours per day)															
2.02 Total work, 15-49y (hours per day)															
2.03 Adult collects water for household, >15y (%)															
2.04 Average monthly earnings, 15-49y ()		ILO (2016)								ILO (2012)					
female		509.0								560.0					
male		547.0								653.0					
both		534.0								619.0					
2.05 Married women in paid work who can decide spending, 15-49y (%)															
2.06 Own bank account, >15y (%)															
2.07 Can decide healthcare, married women 15-49y (%)															
2.08 Can decide household purchases, married women 15-49y (%)															
2.09a Proportion lower house seats held by women (%)	NA (2014)	IPU (2018)		IPU (2018)	IPU (2018)	IPU (2018)	NA (2016)	IPU (2018)		IPU (2018)	IPU (2018)	NA (2011)	IPU (2018)	IPU (2018)	
female	17.0	16.0		6.5	9.1	10.5	10.0	12.5		10.0	2.0	15.0	7.4	6.7	
2.09b Proportion upper house seats held by women (%)								IPU (2018)							
female								15.4							
2.10 Proportion of police who are female (%)															
2.11 Women experiencing IPV last 12m (%)	UNFPA (2017)	UNFPA (2017)	UNFPA (2017)	UNFPA (2017)	UNFPA (2017)	UNFPA (2017)		UNFPA (2017)		UNFPA (2017)	UNFPA (2017)		UNFPA (2017)	UNFPA (2017)	UNFPA (2017)
female	9.1	23.7	24.1	36.1	18.2	22.1		8.4		22.4	41.8		18.9	25.0	44.0
2.12 Proportion who think husband is justified to beat wife, 15-49y (%)															
2.13 Abortion legality index (0-100)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)				GBD (2016)	GBD (2016)	GBD (2016)		GBD (2016)		GBD (2016)
both		90.0	40.0	40.0	35.0				40.0	60.0	30.0		40.0		60.0
2.14 Contraception demand satisfied, married women 15-49y (%)			UNSD (2017)							UNSD (2014)			UNSD (2012)		UNSD (2013)
female			59.6							39.4			47.9		50.7
2.15 Married women who can say no to sex with husband, 15-49y (%)															
2.16a Mean years education, >25y					UNESCO (2011)			UNESCO (2013)					UNESCO (2011)		
female					10.7			13.0					11.1		
male					11.0			12.9					11.1		
2.16b Mean years education, age-standardised (modelled)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)				GBD (2016)	GBD (2016)	GBD (2016)		GBD (2016)		GBD (2016)
female		10.6	9.4	5.6	10.5				3.9	10.5	5.3		9.7		6.3
male		10.5	10.3	5.5	9.6				5.2	10.1	6.9		9.7		7.0
2.17a One antenatal visit, 15-49y (%)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	NA (2011)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)
female	100.0	100.0	80.0	88.0	81.0	95.0	100.0	90.0	79.0	93.0	89.0	100.0	99.0	97.0	76.0
2.17b Four antenatal visits, 15-49y (%)		UNICEF (2016)		UNICEF (2016)	UNICEF (2016)	UNICEF (2016)		UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)		UNICEF (2016)	UNICEF (2016)	UNICEF (2016)
female		94.0		71.0	77.0	40.0		81.0	55.0	73.0	69.0		70.0	67.0	52.0
2.18 Married women make decisions visiting family or friends, 15-49y (%)															
2.19 Marital rape criminalised (yes=1, no=0)										WB (2017)	WB (2017)				
both										1.0	1.0				
2.20 Social Institutions Gender Index (lower score is better)															
2.20b Social Institutions Gender Index, categories															
2.21 Gender Development Index (higher score better)													UNDP (2015)		
both													0.969		
2.22 Gender Inequality Index (lower score better)		UNDP (2017)							UNDP (2017)	UNDP (2017)			UNDP (2017)		
both		0.352							0.741	0.365			0.416		
2.23 Global Gender Gap Index (higher score better)		WEF (2017)													
both		0.638													

	Cook Islands	Fiji	FSM	Kiribati	Marshall Islands	Nauru	Niue	Palau	Papua New Guinea	Samoa	Solomon Islands	Tokelau	Tonga	Tuvalu	Vanuatu
3.01 Deaths in <5y per 1000 births	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)		UNIGME (2016)	UNIGME (2016)	UNIGME (2016)
female	7.0	20.2	29.7	49.4	31.3	31.2	20.3	14.1	49.7	15.7	23.3		18.1	22.8	25.2
male	8.5	23.7	36.6	58.9	39.4	38.4	25.2	17.6	58.9	18.7	28.2		14.7	27.9	29.8
3.02 Expected : estimated mortality for females <5y	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)		UNIGME (2016)	UNIGME (2016)	UNIGME (2016)
female	1.00	0.94	1.00	1.01	1.02	1.00	1.00	1.00	1.00	0.96	0.97		0.64	0.98	0.96
3.03 Vaccine coverage (all) in 2y (%)											UNICEF (2015)		UNICEF (2012)		UNICEF (2013)
female											73.7		49.5		30.5
male											73.1		43.6		35.1
3.04 Vaccine coverage (BCG) in 2y (%)											UNICEF (2015)		UNICEF (2012)		UNICEF (2013)
female											89.4		93.2		73.4
male											91.3		86.1		72.3
3.05 Vaccine coverage (Measles) in 2y (%)											UNICEF (2015)		UNICEF (2012)		UNICEF (2013)
female											84.3		67.4		47.8
male											85.7		65.1		57.7
3.06 Care seeking for fever in <5y (%)										UNICEF (2014)	UNICEF (2015)		UNICEF (2012)		UNICEF (2013)
female										57.0	63.0		62.0		53.0
male										61.0	60.0		66.0		61.0
3.07 Inadequate supervision of child, 0-59m (%)															
3.08 Stunting in < 5y (%)															
3.09a Anaemia 0-19y (%)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)				GBD (2016)	GBD (2016)	GBD (2016)		GBD (2016)		GBD (2016)
female		24.0	28.2	32.0	28.2				35.5	19.3	32.4		27.4		45.5
male		24.7	28.1	34.9	39.1				30.3	22.7	34.9		29.4		32.5
3.09b Anaemia 0-4y (%)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)				GBD (2016)	GBD (2016)	GBD (2016)		GBD (2016)		GBD (2016)
female		37.1	41.8	43.9	40.7				45.7	26.3	44.4		40.9		55.8
male		38.5	42.5	45.7	50.8				40.1	34.0	47.9		43.1		43.9
3.09c Anaemia 5-9y (%)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)				GBD (2016)	GBD (2016)	GBD (2016)		GBD (2016)		GBD (2016)
female		24.9	29.6	32.4	28.1				35.5	18.1	31.1		27.3		45.9
male		25.8	25.8	31.9	38.2				29.7	20.9	34.7		28.7		31.1
3.09d Anaemia 10-14y (%)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)				GBD (2016)	GBD (2016)	GBD (2016)		GBD (2016)		GBD (2016)
female		15.9	20.4	22.5	17.8				25.8	13.0	22.8		18.5		33.9
male		17.1	17.9	23.6	25.9				20.8	12.8	23.2		18.1		20.4
3.09e Anaemia 15-19y (%)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)				GBD (2016)	GBD (2016)	GBD (2016)		GBD (2016)		GBD (2016)
female		22.7	24.3	26.6	23.4				32.7	18.5	29.3		21.6		41.3
male		22.3	29.3	36.7	39.4				28.4	20.6	31.3		27.0		30.4
3.10 Thinness in 5-19y (%)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)		WHO (2016)	WHO (2016)	WHO (2016)
female	0.1	3.2	0.1	0.1	0.1		0.1	0.1	0.9	0.1	0.7			0.1	1.0
male	0.1	4.6	0.2	0.2	0.2	0.1	0.1	0.1	1.7	0.2	1.5		0.1	0.2	1.9
both	0.1	3.9	0.2	0.1	0.1	0.1	0.1	0.1	1.3	0.2	1.1		0.1	0.1	1.5
3.11 Overweight 5-19y (%)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)		WHO (2016)	WHO (2016)	WHO (2016)
female	66.0	39.6	56.4	60.1	63.5	68.2	61.8	66.6	37.8	57.8	29.9		63.2	63.0	37.2
male	60.2	29.4	46.5	50.7	55.1	61.8	56.1	60.5	26.0	47.7	16.8		53.2	53.9	24.6
both	63.0	34.4	51.3	55.2	59.2	64.9	58.9	63.5	31.7	52.6	23.1		58.0	58.3	30.6
3.12a Total DALYs per 100,000 in 10-19y olds		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)				GBD (2016)	GBD (2016)	GBD (2016)		GBD (2016)		GBD (2016)
female		12577	11961	13729	11962				15722	9397	13672		10140		13691
male		14447	13696	17956	14284				17629	11175	15005		13129		15329
3.12b Group 1 DALYs per 100,000 in 10-19y		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)				GBD (2016)	GBD (2016)	GBD (2016)		GBD (2016)		GBD (2016)
female		2308	2337	3827	2367				5112	1739	3165		2381		3554
male		2446	2220	3762	2405				4574	1696	2775		2364		2848
3.12c Injury DALYs per 100,000 in 10-19y		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)				GBD (2016)	GBD (2016)	GBD (2016)		GBD (2016)		GBD (2016)
female		2032	1777	1700	1722				2107	1069	2019		1050		1861
male		3692	3965	4383	4104				4763	2879	4209		3486		4333
3.12d NCD DALYs per 100,000 in 10-19y		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)				GBD (2016)	GBD (2016)	GBD (2016)		GBD (2016)		GBD (2016)
female		8237	7847	8203	7874				8502	6589	8488		6709		8276
male		8310	7511	9812	7775				8292	6600	8021		7279		8148
3.13 Binge drinking, 15-19y (%)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)				GBD (2016)	GBD (2016)	GBD (2016)		GBD (2016)		GBD (2016)
female		4.2	6.7	5.6	10.2				10.6	9.8	9.9		9.3		5.5
male		13.9	15.6	13.8	15.8				16.3	15.1	15.2		14.3		9.5
both		9.0	10.8	11.1	13.0				13.5	12.5	12.5		11.8		7.5
3.14 Daily tobacco smoking, 10-19y (%)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)				GBD (2016)	GBD (2016)	GBD (2016)		GBD (2016)		GBD (2016)
female		1.0	4.7	5.0	1.8				6.8	4.1	2.8		3.4		2.3
male		4.1	10.3	13.8	8.6				15.9	10.2	9.0		10.0		10.8
both		2.6	7.6	9.5	5.3				11.5	7.3	6.0		6.8		6.7
3.15 Suicide mortality per 100,000 in 10-19y		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)				GBD (2016)	GBD (2016)	GBD (2016)		GBD (2016)		GBD (2016)
female		8.4	8.4	9.5	8.0				7.9	4.7	8.9		4.4		8.4
male		11.3	17.6	31.6	17.5				14.7	12.8	15.5		7.6		16.8
3.16 Mental disorder DALYs per 100,000 in 10-19y		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)				GBD (2016)	GBD (2016)	GBD (2016)		GBD (2016)		GBD (2016)
female		1520	1521	1545	1498				1508	1491	1501		1478		1500
male		1656	1720	1832	1693				1704	1682	1700		1649		1696
3.17 Significant worry last 12m in 13-17y (%)	WHO (2010)	WHO (2015)		WHO (2011)		WHO (2011)				WHO (2011)	WHO (2011)	WHO (2014)	WHO (2010)	WHO (2013)	WHO (2011)
female	13.8	13.7		8.7		18.4				28.7	14.1	15.2	15.8	4.4	5.7
male	8.7	14.2		10.4		15.8				26.9	11.5	8.8	16.1	8.7	5.1
3.18a Demand for modern contraception satisfied 15-24y (%)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)				GBD (2016)	GBD (2016)	GBD (2016)		GBD (2016)		GBD (2016)
female		79.2	69.2	52.6	65.8				45.2	55.0	52.4		66.7		61.1
3.18b Demand family planning satisfied 15-19y (%)															
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)	UNICEF (2014)	UNICEF (2014)	UNICEF (2014)	UNICEF (2014)	UNICEF (2014)	UNICEF (2014)	UNICEF (2014)	UNICEF (2014)	UNICEF (2014)	UNICEF (2014)
female	56.0	27.5	32.6	49.0	85.0	105.5	15.6	27.0	65.0	39.2	62.0	29.8	30.0	42.0	78.0
3.20b AFR 15-19y per 1000 (modelled)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)				GBD (2016)	GBD (2016)	GBD (2016)		GBD (2016)		GBD (2016)
female		26.5	21.6	12.8	81.3				58.8	26.1	45.4		14.8		51.4
3.21 Maternal mortality rate per 100,000 in 15-19y		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)				GBD (2016)	GBD (2016)	GBD (2016)		GBD (2016)		GBD (2016)
female		2.3	2.7	4.3	3.7				18.7	1.7	5.7		5.2		5.2
3.22a New cases HIV in 15-19y		UNICEF (2016)							UNICEF (2016)						
female		<100							<200						
male		<100							<100						
both		<100							<500						
3.22b.1 HIV in sex workers <25y (%)		UNAIDS (2016)	UNAIDS (2016)						UNAIDS (2016)						
both		0.5	0.5						12.7						
3.22b.2 HIV in MSM <25y (%)													UNAIDS (2016)		
male													0.5		
3.22b.3 HIV in transgender people <25y (%)													UNAIDS (2016)		
both													0.5		
3.22b.4 HIV in injecting drug users <25y (%)															
3.23 Comprehensive knowledge of HIV in 15-19y (%)				UNICEF (2010)	UNICEF (2010)	UNICEF (2010)				UNICEF (2010)	UNICEF (2010)		UNICEF (2016)	UNICEF (2010)	UNICEF (2016)
female				41.0	27.0	8.0				2.0	29.0		10.0	31.0	14.0
male				46.0	35.0	8.0				5.0	26.0		13.0	57.0	
3.24 Existence of HPV program		WHO (2015)	WHO (2015)	WHO (2015)	WHO (2015)			WHO (2015)			WHO (2015)				WHO (2015)
both		1.0	1.0	1.0	1.0			1.0			1.0				1.0

	Cook Islands	Fiji	FSM	Kiribati	Marshall Islands	Nauru	Niue	Palau	Papua New Guinea	Samoa	Solomon Islands	Tokelau	Tonga	Tuvalu	Vanuatu
4.01a Adjusted net attendance ratio, primary school (%)				UNICEF (2010)		UNICEF (2011)	UNICEF (2011)				UNICEF (2015)		UNICEF (2012)		UNICEF (2013)
female				87.0		98.0	100.0				68.0		93.0		78.0
male				83.0		97.0	100.0				65.0		93.0		76.0
both				85.0		97.0	100.0				66.0		93.0		77.0
4.01b Adjusted net attendance ratio, lower secondary school (%)															
4.01c Adjusted net attendance ratio, upper secondary school (%)															
4.02a Completion rate, primary school (%)															
4.02b Completion rate, lower secondary school (%)															
4.02c Completion rate, upper secondary school (%)															
4.03a Not in school, primary school (%)				UNICEF		UNICEF							UNICEF		UNICEF
female				13.0		2.0							8.0		22.0
male				17.0		3.0							7.0		24.0
4.03b Not in school, lower secondary school (%)															
4.03c Not in school, upper secondary school (%)	UNESCO (2016)	UNESCO (2012)			UNESCO (2016)	UNESCO (2016)				UNESCO (2016)		UNESCO (2016)	UNESCO (2014)	UNESCO (2015)	UNESCO (2015)
female	30.0	22.5			28.5	60.1				14.6		80.4	51.7	51.9	45.8
male	37.2	29.8			39.7	55.3				23.4		61.5	61.2	66.3	43.0
4.04 Pre-primary school enrolment (%)	UNICEF (2016)		UNICEF (2016)		UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)		UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)
female	97.0		32.0		41.0	96.0	125.0	77.0		42.0	100.0	160.0	38.0	93.0	100.0
male	84.0		34.0		40.0	85.0	113.0	71.0		39.0	100.0	175.0	39.0	96.0	103.0
4.05 Youth literacy, 15-24y (%)					UNICEF (2016)			UNICEF (2016)	UNICEF (2010)	UNICEF (2016)			UNICEF (2016)		
female					99.0			99.0	64.0	99.0			100.0		
male					98.0			98.0	69.0	99.0			99.0		
4.06a Primary schools teaching sex education (%)															
4.06b Lower secondary schools teaching sex education (%)	UNESCO (2016)					UNESCO (2016)	UNESCO (2016)								
both	31.8					50.0	100.0								
4.06c Upper secondary schools teaching sex education (%)	UNESCO (2016)					UNESCO (2016)	UNESCO (2016)								
both	46.7					100.0	100.0								
4.07a Female primary school teachers (%)	UNESCO (2016)	UNESCO (2012)	UNESCO (2015)	UNESCO (2016)		UNESCO (2016)	UNESCO (2016)		UNESCO (2012)		UNESCO (2016)	UNESCO (2016)	UNESCO (2014)	UNESCO (2015)	UNESCO (2015)
female	89.7	59.5	55.9	81.6		77.8	92.3		43.8		42.4	73.3	72.3	96.6	57.3
4.07b Female lower secondary teachers (%)		UNESCO (2012)	UNESCO (2015)	UNESCO (2016)		UNESCO (2016)	UNESCO (2016)		UNESCO (2012)		UNESCO (2016)	UNESCO (2016)		UNESCO (2015)	UNESCO (2015)
female		66.5	56.2	63.2		47.8	40.0		46.7		34.4	83.3		100.0	41.7
4.07c Female upper secondary teachers (%)	UNESCO (2016)	UNESCO (2012)				UNESCO (2016)	UNESCO (2015)		UNESCO (2012)	UNESCO (2016)	UNESCO (2015)			UNESCO (2015)	UNESCO (2015)
female	57.9	49.8				52.9	61.1		35.9	57.0	30.7			73.8	40.9
4.08 Schools with basic sanitation facilities (%)	JMP (2016)	JMP (2016)			JMP (2016)	JMP (2016)	JMP (2016)		JMP (2016)		JMP (2016)				
both	100.0	76.0			27.0	86.0	100.0		45.0		27.0				
4.09 Mobile phone ownership, 15-19y (%)															
4.10 Internet used last 12mth, 15-19y (%)															
4.11 Weekly access to information media, 15-19y (%)															
4.12 Not in education, employment or training, 15-24y (%)		ILO (2014)							ILO (2010)	ILO (2012)					
female		27.3							29.0	37.0					
male		11.4							26.4	38.8					
4.13 Proportion of labour force unemployed, 15-24y (%)	ILO (2011)	ILO (2016)		ILO (2010)					ILO (2010)	ILO (2014)					
female	15.3	22.4		61.8					3.0	25.3					
male	15.6	11.9		47.6					4.3	15.6					
4.14 Proportion employed in informal sector, 15-24y (%)															

	Cook Islands	Fiji	FSM	Kiribati	Marshall Islands	Nauru	Niue	Palau	Papua New Guinea	Samoa	Solomon Islands	Tokelau	Tonga	Tuvalu	Vanuatu
5.01 Sex ratio at birth (male : female)		UNPD (2015)	UNPD (2015)	UNPD (2015)					UNPD (2015)	UNPD (2015)	UNPD (2015)		UNPD (2015)		UNPD (2015)
both		1.06	1.07	1.07					1.08	1.08	1.07		1.05		1.07
5.02 Infant mortality rate (per 1000 births)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)		UNIGME (2016)	UNIGME (2016)	UNIGME (2016)
female	6.0	17.1	24.4	38.0	25.4	25.5	17.1	12.1	38.6	13.5	19.6		16.0	18.9	21.1
male	7.3	20.2	30.4	46.7	32.6	31.8	21.5	15.2	46.3	16.1	23.7		12.2	23.9	25.0
5.03 Expected to estimated female infant mortality ratio	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)		UNIGME (2016)	UNIGME (2016)	UNIGME (2016)
female	1.00	0.94	1.00	1.01	1.03	1.00	1.00	1.00	0.99	0.96	0.97		0.59	1.01	0.96
5.04 Birth registration <5y (%)										UNICEF (2014)	UNICEF (2015)		UNICEF (2012)		UNICEF (2013)
female										58.0	89.0		93.0		43.0
male										59.0	87.0		94.0		44.0
5.05 Children not living with biological parent, 0-17y (%)										UNICEF (2014)	UNICEF (2015)		UNICEF (2012)		UNICEF (2013)
female										11.4	17.4		17.1		15.4
male										11.6	16.7		16.6		15.8
5.06a Child marriage before 15y (%)										UNICEF (2014)	UNICEF (2015)		UNICEF (2012)		UNICEF (2013)
female										0.7	5.6		0.3		2.5
5.06b Child marriage <18y (%)										UNICEF (2014)	UNICEF (2015)		UNICEF (2012)		UNICEF (2013)
female										10.8	21.3		5.6		21.4
5.07 Age of consent for heterosexual intercourse**	WLII (2015)	WLII (2015)	WLII (2015)		WLII (2015)	WLII (2015)		WLII (2015)	WLII (2015)	WLII (2015)	WLII (2015)	WLII (2015)	WLII (2015)	WLII (2015)	WLII (2015)
female	16	16	15		16	17		15	16	16	15	16	16	15	15
male	NS	16	15		16	NS		NS	16	16	NS	16	NS	15	15
5.08 Legal age of consent to marriage**	UNSD (2011)	UNSD (2011)	UNSD (2011)	UNSD (2011)	UNSD (2011)	UNSD (2011)	UNSD (2011)	UNSD (2011)	UNSD (2010)	UNSD (2005)	UNSD (2011)		UNSD (2011)	UNSD (2009)	UNSD (2007)
female	21 p16	21 p16	16 p<16	21 p16	18	16 p<16	19 p15	.	16 p14	19 p16	18 p15		18 p16	21 p16	16 p<16
male	21 p16	21 p18	18	21 p16	18	18 p<18	21 p18	.	18 p16	21 p18	18 p15		18	21 p16	18 p<18
5.09 Age of consent for same-sex intercourse**	WLII (2015)	WLII (2015)			WLII (2015)	WLII (2015)			WLII (2015)	WLII (2015)	WLII (2015)	WLII (2015)	WLII (2015)	WLII (2015)	WLII (2015)
female	Ambig.	16			NS	NS			NS	16	Illegal	NS	NS	Illegal	15
male	Illegal	16			16	Illegal			Illegal	Illegal	Illegal	16	Illegal	Illegal	15
5.10 Bank account ownership, 15-24y (%)															
5.11a Physical intimate partner violence in last 12m, 15-19y (%)															
5.11b Sexual intimate partner violence in last 12m, 15-19y (%)															
5.11c Physical and/or sexual intimate partner violence in last 12m, 15-19y (%)															
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 (2014)	UNICEF (2015)		UNICEF (2012)		UNICEF (2013)
female										34.1	77.7		26.5		55.9
male										27.6	59.7		28.9		62.5
5.14 Children experiencing violent discipline, 1-14y (%)											UNICEF (2016)				UNICEF (2016)
female											85.0				84.0
male											86.0				83.0
5.15 Homicide mortality, 10-19y (per 100,000)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)				GBD (2016)	GBD (2016)	GBD (2016)		GBD (2016)		GBD (2016)
female		1.9	1.8	0.8	1.3				1.8	0.9	1.4		0.8		0.4
male		4.6	4.7	3.2	4.7				5.5	3.4	4.2		2.7		1.1
5.16 Bullying last month, 13-17y (%)	GSHS (2015)	GSHS (2016)		GSHS (2011)		GSHS (2011)	GSHS (2010)			GSHS (2011)	GSHS (2011)	GSHS (2014)	GSHS (2010)	GSHS (2013)	GSHS (2011)
female	27.1	24.4		32.2		37.9				69.4	67.7	33.9	52.1	15.0	66.5
male	26.1	29.1		42.1		39.8	38.2			78.6	64.1	30.0	48.3	40.1	68.0
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)													
female		1.0													
5.20 Child labour, 5-17y (%)											UNICEF (2015)				UNICEF (2013)
female											49.0				16.0
male											47.0				15.0
5.21 Hazardous work amongst those in child labour (%)															
5.22 Hours per week spent on chores, 5-14y															

**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

		Cook Islands	Fiji	FSM	Kiribati	Marshall Islands	Nauru	Niue	Palau	Papua New Guinea	Samoa	Solomon Islands	Tokelau	Tonga	Tuvalu	Vanuatu
6.01a Household air pollution, <5y (DALYs per 100,000)	*female*		GBD (2016) 1151	GBD (2016) 596.0	GBD (2016) 3758	GBD (2016) 649.8				GBD (2016) 8279	GBD (2016) 363.7	GBD (2016) 2873		GBD (2016) 589.5		GBD (2016) 3834
	male		1287	793.6	3819	945.7				10666	590.6	3092		865.1		4494
6.01b Household air pollution, 5 - 9y (DALYs per 100,000)	*female*		GBD (2016) 66.3	GBD (2016) 50.1	GBD (2016) 224.0	GBD (2016) 46.2				GBD (2016) 322.7	GBD (2016) 51.7	GBD (2016) 151.5		GBD (2016) 53.9		GBD (2016) 163.3
	male		58.3	62.6	291.6	58.5				370.4	51.1	206.3		55.5		208.2
6.01c Household air pollution, 10-14y (DALYs per 100,000)	*female*		GBD (2016) 46.8	GBD (2016) 44.4	GBD (2016) 153.6	GBD (2016) 40.2				GBD (2016) 244.8	GBD (2016) 46.0	GBD (2016) 150.3		GBD (2016) 34.5		GBD (2016) 136.2
	male		49.6	38.1	155.6	36.4				233.5	40.2	128.4		42.3		137.1
6.01d Household air pollution, 15-19y (DALYs per 100,000)	*female*		GBD (2016) 56.5	GBD (2016) 70.5	GBD (2016) 185.0	GBD (2016) 60.6				GBD (2016) 214.7	GBD (2016) 75.5	GBD (2016) 220.1		GBD (2016) 51.9		GBD (2016) 187.5
	male		57.6	84.3	256.3	74.5				342.4	105.5	270.7		104.1		271.7
6.02 Schools with improved sanitation facilities (%)	*both*	JMP (2016) 100.0	JMP (2016) 76.0			JMP (2016) 27.0	JMP (2016) 86.0	JMP (2016) 100.0		JMP (2016) 45.0		JMP (2016) 27.0				
6.03a Water, sanitation and hygiene, <5y (DALYs per 100,000)	*female*		GBD (2016) 1566	GBD (2016) 468.4	GBD (2016) 4456	GBD (2016) 629.5				GBD (2016) 3679	GBD (2016) 320.1	GBD (2016) 1938		GBD (2016) 654.6		GBD (2016) 2002
	male		2427	575.0	4930	818.8				5680	353.9	3007		579.2		3103
6.03b Water, sanitation and hygiene, 5-9y (DALYs per 100,000)	*female*		GBD (2016) 151.8	GBD (2016) 139.4	GBD (2016) 391.2	GBD (2016) 154.3				GBD (2016) 703.8	GBD (2016) 135.0	GBD (2016) 250.6		GBD (2016) 151.6		GBD (2016) 289.1
	male		157.3	131.5	371.6	147.5				508.8	122.8	247.9		131.9		278.0
6.03c Water, sanitation and hygiene, 10-14y (DALYs per 100,000)	*female*		GBD (2016) 118.4	GBD (2016) 133.1	GBD (2016) 221.3	GBD (2016) 143.8				GBD (2016) 396.1	GBD (2016) 138.3	GBD (2016) 206.9		GBD (2016) 150.8		GBD (2016) 227.7
	male		201.9	146.3	433.6	162.3				530.1	136.6	296.2		146.9		328.0
6.03d Water, sanitation and hygiene, 15-19y (DALYs per 100,000)	*female*		GBD (2016) 146.2	GBD (2016) 160.6	GBD (2016) 339.2	GBD (2016) 172.6				GBD (2016) 529.7	GBD (2016) 158.6	GBD (2016) 290.1		GBD (2016) 174.3		GBD (2016) 307.7
	male		219.4	180.3	562.4	200.6				632.7	162.6	398.5		180.5		439.4
6.04 Child collects water for household, <15y (%)																
6.05a International migrants <20y, (count in 1000s)	*female*	UN (2017) 0.7	UN (2017) 1.4	UN (2017) 0.4	UN (2017) 0.4	UN (2017) 0.4	UN (2017) 0.3	UN (2017) 0.1	UN (2017) 0.3	UN (2017) 5.1	UN (2017) 1.1	UN (2017) 0.3	UN (2017) 0.1	UN (2017) 0.7	UN (2017) 0.0	UN (2017) 0.5
	male	0.7	1.7	0.3	0.4	0.5	0.5	0.1	0.3	6.1	1.1	0.3	0.1	0.8	0.0	0.4
6.05b International migrants <20y, (population %)	*female*		UN (2017) 0.8	UN (2017) 1.5	UN (2017) 1.4					UN (2017) 0.3	UN (2017) 2.5	UN (2017) 0.2		UN (2017) 3.1		UN (2017) 0.8
	male		1.0	1.2	1.5					0.3	2.3	0.2		3.0		0.6
6.06 Married females make decisions visiting family or friends, 15-19y (%)	*female*										DHS (2014) 82.1					DHS (2013) 76.4
6.07 Feel safe walking at night, 15-19y (%)																
6.08 Road traffic mortality, 10-19y, (deaths per 100,000)	*female*		GBD (2016) 4.6	GBD (2016) 5.6	GBD (2016) 3.4	GBD (2016) 5.6				GBD (2016) 7.5	GBD (2016) 2.8	GBD (2016) 6.4		GBD (2016) 2.9		GBD (2016) 6.1
	male		9.0	10.1	9.1	10.5				15.7	6.6	10.9		12.5		12.2
6.09 Refugees, displaced and stateless persons, <18y (thousands)	*female*		UNHCR (2015) 0.0							UNHCR (2013) 2.1	UNHCR (2015)			UNHCR (2013) 0.0		UNHCR (2013) 0.0
	male		0.0							2.3	0.0			0.0		

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