Tuvalu
2019–2020

MICS

Multiple Indicator
Cluster Survey

Snapshot of
Key Findings

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2019–2020

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Snapshot of Key Findings

Pacific Community
Communauté du Pacifique

UNFPA

unicef
for every child

The Tuvalu Multiple Indicator Cluster Survey (MICS) was carried out in 2019–2020 by Tuvalu Central Statistics Division (CSD) in collaboration with other government ministries as part of the Global MICS Programme. Technical support was provided by the United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA) and Pacific Community (SPC) with government funding and financial support of UNICEF and UNFPA.

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

The objective of this snapshot of key findings is to facilitate the dissemination and use of results from the Tuvalu MICS 2019–2020 The survey methodology and detailed tabulations based on the data collected are available in the Survey Findings Report.

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

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Sample & Survey Characteristics

Response Rates

Household	Number	Response Rates
Sampled	845	
Occupied	710	
Interviewed	695	98

Women age 15–49

	Number	Response Rates
Eligible for interview	845	
Interviewed	817	97

Men age 15–49

	Number	Response Rates
Eligible for interview	301	
Interviewed	291	97

Children under 5

	Number	Response Rates
Eligible for interview	502	
Mothers/Caretakers interviewed	501	100

Children age 5–17

	Number	Response Rates
Eligible for interview	440	
Mothers/Caretakers interviewed	435	99

Survey Implementation

Implementing agency:
Central Statistics Division

Sampling frame:
2017 Tuvalu Population and Housing Mini-Census

Interviewer training:
October–November 2019

Fieldwork:
November 2019–February 2020

Questionnaires:
Household
Women age 15–49
Men age 15–49
Children under 5
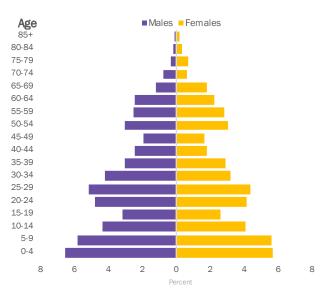Children age 5–17

Key Messages

- In Tuvalu MICS 2019–2020, 845 households were sampled (400 from urban and 445 from rural areas of the country). Of these, 695 households were interviewed, for an overall response rate of 98 per cent.

- The population age distribution shows that a large proportion of the population is in younger age groups (35 per cent are children aged 0–17 years and 47 per cent are below age 25).

- Households in Tuvalu are predominantly headed by men, with only 18 per cent of households headed by women.
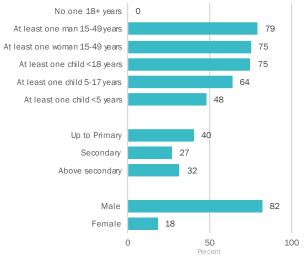
Population Characteristics
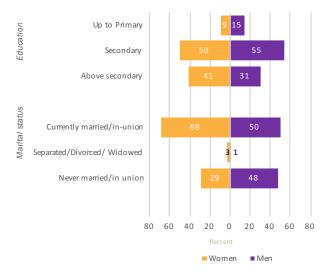
Household Population Age & Sex Distribution

Age

Males ◼ Females

Age	
85+	
80-84	
75-79	
70-74	
65-69	
60-64	
55-59	
50-54	
45-49	
40-44	
35-39	
30-34	
25-29	
20-24	
15-19	
10-14	
5-9	
0-4	

8 6 4 2 0 2 4 6 8
Percent

Percentage distribution of household population by age group and sex

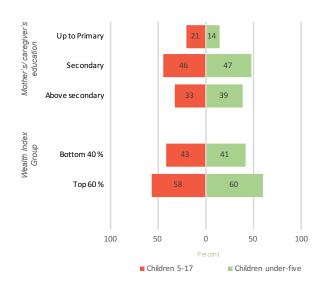## Household Composition & Characteristics of Head of household

No one 18+ years	0
At least one man 15-49 years	79
At least one woman 15-49 years	75
At least one child <18 years	75
At least one child 5-17 years	64
At least one child <5 years	48
Up to Primary	40
Secondary	27
Above secondary	32
Male	82
Female	18

0 50 100
Percent

Percentage of households by selected characteristics

Women & Men's Profile

Education

	Women	Men
Up to Primary	9	15
Secondary	50	55
Above secondary	41	31

Marital status

	Women	Men
Currently married/in-union	68	50
Separated/Divorced/ Widowed	3	1
Never married/in union	29	48

80 60 40 20 0 20 40 60 80
Percent

◼ Women ◼ Men
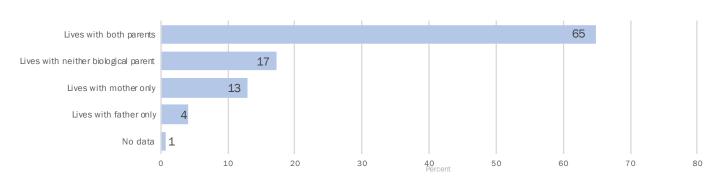
Percentage distribution of women and men age 15–49 years by selected characteristics

Children's Profile

Mother's/ caregiver's education

	Children 5-17	Children under-five
Up to Primary	21	14
Secondary	46	47
Above secondary	33	39

Wealth Index Group

	Children 5-17	Children under-five
Bottom 40 %	43	41
Top 60 %	58	60

100 50 0 50 100
Percent

◼ Children 5-17 ◼ Children under-five

Percentage distribution of children age 5–17 and under-five years by selected characteristics

Children's Living Arrangements

Lives with both parents	65
Lives with neither biological parent	17
Lives with mother only	13
Lives with father only	4
No data	1

0 10 20 30 40 50 60 70 80
Percent
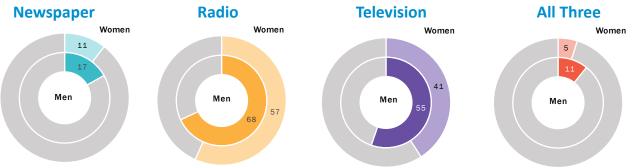
Percentage distribution of children age 0–17 years according to living arrangements
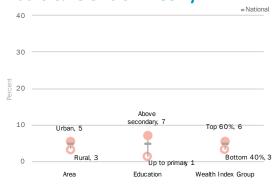
Mass Media, Communications & Internet

Exposure to Mass Media

Newspaper
Women
11
Men
17

Radio
Women
68
Men
57

Television
Women
41
Men
55

All Three
Women
5
Men
11

Percentage of women & men age 15–49 years who are exposed to specific mass media (newspaper, radio, television) on a weekly basis and percentage of women & men age 15-49 years who are exposed to all three on a weekly basis
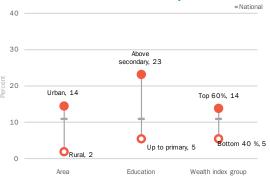
Inequalities in Access to Mass Media

Women with Access to Newspaper, Radio & Television Weekly

■ National

- Urban, 5
- Rural, 3
- Above secondary, 7
- Up to primary 1
- Top 60%, 6
- Bottom 40%, 3

Area | Education | Wealth Index Group

Percentage of women age 15–49 years who are exposed to newspaper, radio, and television on a weekly basis

Men with Access to Newspaper, Radio & Television Weekly

■ National

- Urban, 14
- Rural, 2
- Above secondary, 23
- Up to primary, 5
- Top 60%, 14
- Bottom 40 %, 5

Area | Education | Wealth index group

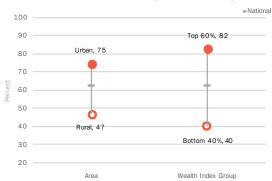Percentage of men age 15–49 years who are exposed to newspaper, radio, and television on a weekly basis

Inequalities in Household Ownership of ICT Equipment & Internet at Home

Household Ownership of a Radio

■ National

- Rural, 88
- Urban, 77
- Top 60%, 86
- Bottom 40%, 78

Area | Wealth Index Group

Percentage of households with a radio at home

Household Ownership of a Computer

■ National

- Urban, 75
- Rural, 47
- Top 60%, 82
- Bottom 40%, 40

Area | Wealth Index Group
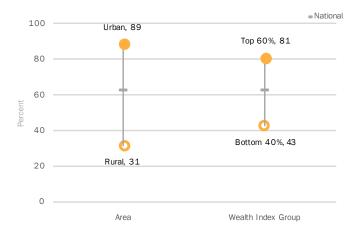
Percentage of households with a computer at home

3

Household Ownership of a Mobile Telephone

Urban, 96   Top 60%, 98   ▪ National

Rural, 79   Bottom 40%, 78

Percent

100
80
60
40
20
0

Area   Wealth Index Group

Percentage of households with mobile telephone

Households with Internet

▪ National

Urban, 89   Top 60%, 81
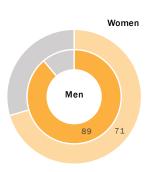
Bottom 40%, 43

Rural, 31

Percent

100
80
60
40
20
0

Area   Wealth Index Group

Percentage of households with access to the internet at home
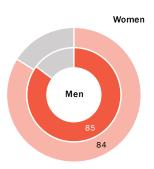
Use of Information & Communication Technology

Computer Use

Women

Men

51
60

Mobile Phone Use

Women

Men

89   71

Internet Use: SDG17.8.1

Women

Men

85
84

Percentage of women and men age 15-49 years who during the last 3 months used a computer, used a mobile phone and used the internet

Key Messages

- Access to mass media (including newspaper, radio and television) varies among different groups of Tuvalu's population.
- On a weekly basis, about 1 in 5 men and 1 in 10 women are exposed to newspapers; 66 per cent of men and almost 60 per cent of women are exposed to radio; little more than half of men and 40 per cent of women watch television.
- Overall, 1 in 10 men and 1 in 20 women are exposed to all three types of mass media on a weekly basis.

- Eighty-eight per cent of households own mobile phones.
- About 85 per cent of people aged 15–49 use internet frequently, with almost equal distribution among men and women.
- Nearly 2 in 3 households have internet at home and 60 per cent have computers.
- Around 81 per cent of the wealthiest households (top 60 per cent) have computers, compared with only 43 per cent of the poorest (bottom 40 per cent).
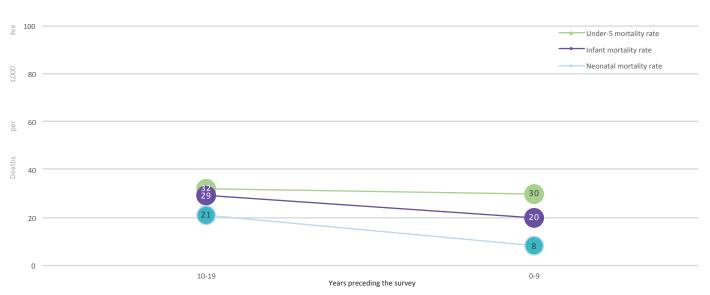
Child Mortality

Mortality Rates among Children Under-5

Years preceding the survey	Neonatal mortality rate: SDG 3.2.2	Post-neonatal mortality rate	Infant mortality rate	Child mortality rate	Under-5 mortality rate: SDG 3.2.1
0-9	8	12	20	11	30
10-19	(21)	(9)	(29)	(3)	(32)

Note: Values for figures in "10-19" period preceding the survey are based on 250-499 unweighted person years of exposure to the risk of death

Neonatal mortality (NN): probability of dying within the first month of life

Post-neonatal mortality: calculated as difference between infant and neonatal mortality rates

Infant mortality (1q0): probability of dying between birth and first birthday

Child mortality (4q1): probability of dying between the first and fifth birthday

Under-5 mortality (5q0): probability of dying between birth and fifth birthday
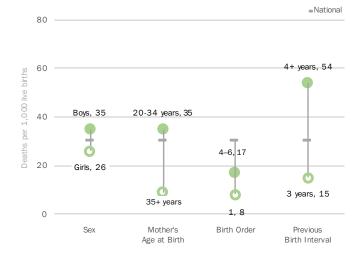
MICS uses a **direct method for estimation of child mortality.** This involves collecting **full birth histories** whereby women age 15–49 are asked for the date of birth of each child born alive, whether the child is still alive and, if not, the age at death.

Child Mortality Disparities

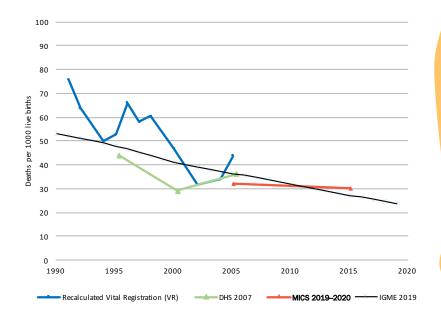## Under-5 mortality rate by socio-economic characteristics & area

■National

Deaths per 1,000 live births

Urban, 37
Secondary, 38
Bottom 40%, 36
Top 60%, 26
Rural, 17
Above Secondary, 19

Area | Mother's Education | Wealth Index Group

Under-5 mortality rate by demographic risk factors

■National

Deaths per 1,000 live births

4+ years, 54
Boys, 35
20-34 years, 35
4–6, 17
Girls, 26
35+ years
3 years, 15
1, 8

Sex | Mother's Age at Birth | Birth Order | Previous Birth Interval

Under-five mortality rates for the ten-year period preceding the survey, by socio-economic characteristics, area and demographic risk factors
Note: Values for figures in "Area", "Mother's education" and "Sex" are based on 250-499 unweighted person years of exposure to the risk of death

Trends in under-5 mortality rates

Deaths per 1000 live births

1990 | 1995 | 2000 | 2005 | 2010 | 2015 | 2020

Recalculated Vital Registration (VR)   DHS 2007   **MICS 2019–2020**   IGME 2019

Key Messages

- Tuvalu has achieved the Sustainable Development Goal 2030 target for childhood mortality, but disparities still exist.

The source data used in the above graph are taken from the final reports of MICS 2019–2020 and DHS 2007, except for Recalculated Vital Registration and United Nations Inter-agency Group for Child Mortality Estimation (UN IGME) 2019, which are downloaded from the UN IGME web portal.

Child mortality source data and child mortality estimates are published on www.childmortality.org, the UN IGME web portal. Data from the same source may differ between a report and UN IGME web portal as UN IGME recalculates estimates using smaller intervals, longer reference periods and/or calendar years (if data are available).

UN IGME data are estimates based on available survey, census and/or vital registration data. These may include both direct and indirect calculation methods. In order to reconcile differences between data sources, a smooth trend line is fit through the different data sources.
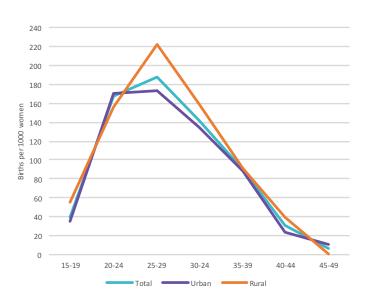
Fertility & Family Planning

Fertility

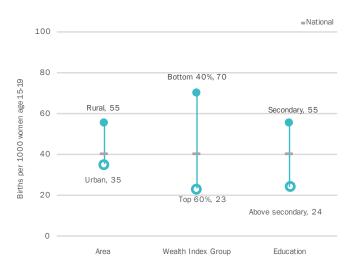### Age Specific Fertility Rates

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

Adolescent Birth Rate: SDG indicator 3.7.2

Age-specific fertility rate for girls age 15–19 years for the five-year period preceding the survey by selected charecteristics

Key Messages

- The average number of children born to a woman in Tuvalu in her lifetime (total fertility rate) is 3.3.
- The annual number of births to women aged 15–19 years is 40 per 1,000 women in that age group (adolescent birth rate).
- Five per cent of women aged 20–24 years give birth before age 18.
- About 24 per cent of women aged 15–49 years who are currently married or in union use any method of contraception. Of these, 95 per cent are using modern methods.
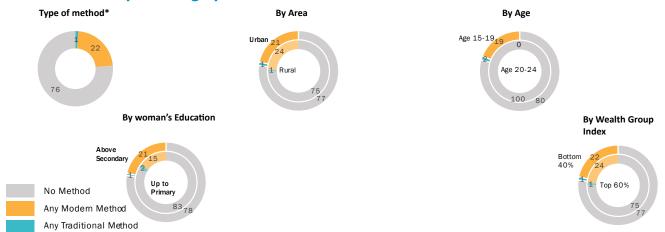
Adolescent Birth rate SDG 3.7.2 indicator is under target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

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

Fertility

Method of Family Planning by Various Characteristics

Type of method*

1
22
76

By Area

Urban
21
24
1 1 Rural
75
77

By Age

Age 15-19
19
0
2
Age 20-24
100 80

By woman's Education

Above Secondary
21
15
1 2
Up to Primary
83 78

By Wealth Group Index

Bottom 40%
22
24
1 1 Top 60%
75
77

No Method
Any Modern Method
Any Traditional Method

Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method
*Modern Methods include female sterilization, male sterilization, IUD, injectables, implants, pills, male condom, female condom, diaphragm, foam, jelly and contraceptive patch
Traditional methods refer to periodic abstinence and withdrawal

Met Need for Family Planning

Met Need for Family Planning - Spacing

National

Percentage of women age 15-49 years currently married or in union with a met need for family planning for spacing, by selected characteristics. Data for "Wealth Index Group" are based on 25-49 unweighted cases

Met Need for Family Planning –Limiting

National

Percentage of women age 15-49 years currently married or in union with met need for family planning for limiting, by selected characteristics. Data for "Wealth Index Group" are based on 25-49 unweighted cases

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

National

Percentage of women age 15-49 years currently married or in union with demand for family planning satisfied with modern methods
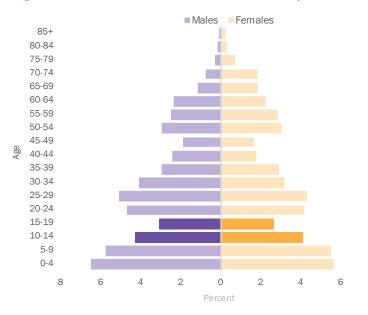Data for "Wealth Index Group" and "Age" are based on 25-49 unweighted cases

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

Adolescents

The Adolescent Population: Age 10-19

Age & Sex Distribution of Household Population

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

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

Every Adolescent Survives & Thrives

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

Adolescent Birth Rate: SDG 3.7.2
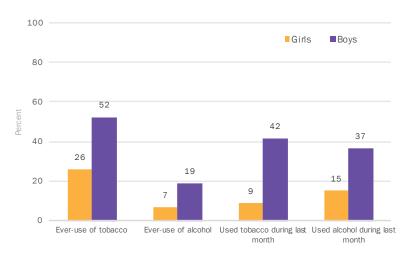
Age-specific fertility rate for girls age 15–19 years: the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women

Every Adolescent Survives & Thrives
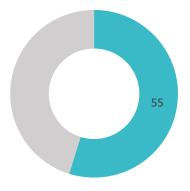
Tobacco* & Alcohol Use

Percentage of adolescent girls and boys age 15-19 years who have ever used tobacco or alcohol Percentage of adolescent girls and boys age 15-19 years who have used tobacco or alcohol in the last 1 month

*Tobacco use in last month among adolescents is an age disaggregate of SDG 3.a.1

Alcohol and tobacco use typically have their onset in adolescence and are major risk factors for adverse health and social outcomes, as well as for non-communicable diseases later in life. Adolescence is a time of heightened risk-taking, independence seeking and experimentation. Adolescents are at increased risk of substance use due to social, genetic, psychological or cultural reasons. Yet adolescence is also an opportune time for education on the negative consequences of substance use, and promote healthy behaviours that will last into adulthood.
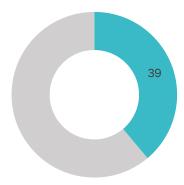
Every Adolescent Learns

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

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

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

Percentage of children age 7-14 years who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task
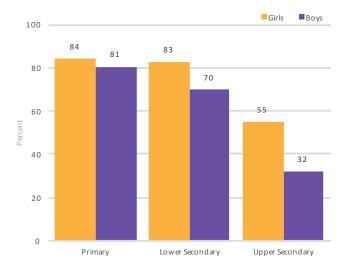
Quality education and experiences at school positively affect physical and mental health, safety, civic engagement and social development. Adolescents, however, can also face the risk of school drop-out, early marriage or pregnancy, or being pulled into the workforce prematurely.

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

School Attendance Ratios

Girls ■ Boys

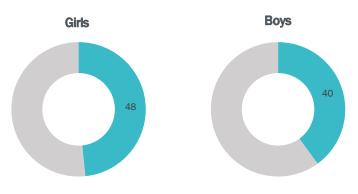|	Girls	Boys
Primary	84	81
Lower Secondary	83	70
Upper Secondary	55	32

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

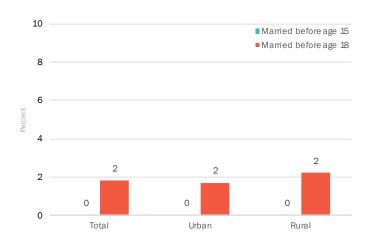## Information & Communications Technology (ICT) Skills*

Girls 48

Boys 40

Percentage of adolescents age 15-19 years who can perform at least one of the nine listed computer related activities by gender
*Age disaggregate of SDG 4.4.1: Proportion of youth and adults with information and communications technology (ICT) skills

Every Adolescent is Protected from Violence & Exploitation

Child Marriage: SDG 5.3.1

■ Married before age 15
■ Married before age 18

	Total	Urban	Rural
Married before age 15	0	0	0
Married before age 18	2	2	2
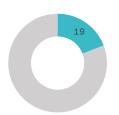
Percentage of women aged 20 to 24 years who were first married or in union before age 15 and before age 18, by area
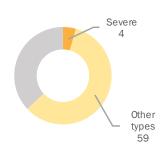
Adolescence is a period of heightened risk to certain forms of violence and exploitation. The onset of puberty marks an important transition in girls' and boys' lives whereby gender, sexuality and sexual identity begin to assume greater importance, increasing vulnerability to particular forms of violence, particularly for adolescent girls. Certain harmful traditional practices, such as female genital mutilation/cutting and child marriage, often take place at the onset of puberty. At the same time, as children enter adolescence, they begin to spend more time outside their homes and interact more intimately with a wider range of people, including peers and romantic partners. This change in social worlds is beneficial in many respects, but also exposes adolescents to new forms of violence.
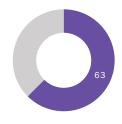
Child Discipline

Only non-violent

19

Physical punishment

Severe 4
Other types 59

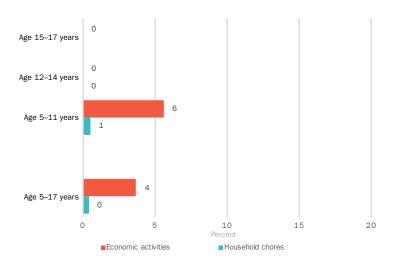### Psychological aggression

63

Any violent discipline*

79

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

Every Adolescent is Protected from Violence & Exploitation

Child Labour: SDG 8.7.1

Percentage of adolescents age 5–17 years engaged in child labour, by type of activity and by age
Note: These data reflect the proportions of children engaged in the activities at or above the age-specific thresholds outlined in the definitions box.

Definition of Child Labour

Age 5 to 11 years: At least 1 hour of economic activities or 21 hours of unpaid household services per week.

Age 12 to 14 years: At least 14 hours of economic activities or 21 hours of unpaid household services per week.
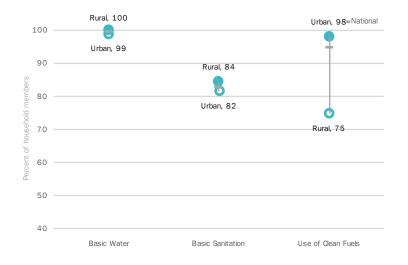
Age 15 to 17 years: At least 43 hours of economic activities. No threshold for number of hours of unpaid household services.

Economic activities include paid or unpaid work for someone who is not a member of the household, work for a family farm or business.

Household chores include activities such as cooking, cleaning or caring for children

Note that the child labour indicator definition has changed during the implementation of the sixth round of MICS. Changes include age-specific thresholds for household chores and exclusion of hazardous working conditions. While the overall concept of child labour includes hazardous working conditions, the definition of child labour used for SDG reporting does not.

Every Adolescent Lives in a Safe & Clean Environment

Water, Sanitation & Clean Fuel Use

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

Basic Drinking Water SDG 1.4: Drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water
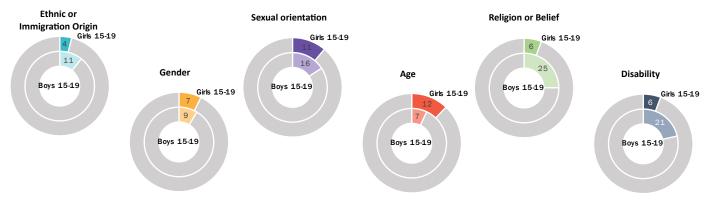
Basic Sanitation Services SDG 1.4.1/6.2.1 : Use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs

Clean Fuels SDG 7.1.2: Primary reliance on clean fuels and technologies for cooking, space heating and lighting
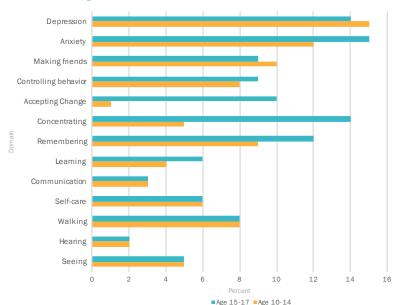
Every Adolescent has an Equitable Chance in Life

Discrimination & Harassment

Ethnic or Immigration Origin
Girls 15-19: 4
Boys 15-19: 11

Gender
Girls 15-19: 7
Boys 15-19: 9

Sexual orientation
Girls 15-19: 11
Boys 15-19: 16

Age
Girls 15-19: 12
Boys 15-19: 7

Religion or Belief
Girls 15-19: 6
Boys 15-19: 25

Disability
Girls 15-19: 6
Boys 15-19: 21

Percentage of adolescent girls and boys age 15-19 years who in the last 12 months have felt discriminated against or harassed on the basis of different grounds

Every Adolescent has an Equitable Chance in Life

Functioning Difficulties in Adolescents

Percentage of adolescents who have a functioning difficulty, by domain and age

Achieving sustainable progress and results with regard to equity demands a human rights-based approach. At the core of international human rights legal framework is the principle of non-discrimination, with instruments to combat specific forms of discrimination, including against women, indigenous peoples, migrants, minorities, people with disabilities, and discrimination based on race and religion, or sexual orientation and gender identity. As adolescents begin to form more of an individual identity, discrimination can often become more pronounced, taking form in harassment, bullying, or exclusion from certain activities. At the same time, research has shown that discrimination during adolescence has a particularly strong effect on stress hormones, potentially leading to life-long mental or physical health side effects.

Children and adolescents with disabilities are one of the most marginalized groups in society. Facing daily discrimination in the form of negative attitudes, lack of adequate policies and legislation, adolescents with disabilities are effectively barred from realizing their rights to health, education, and even survival.

Key Messages

- Adolescent boys aged 15–19 years are two times more likely (52%) to have ever used tobacco compared to adolescent girls (26%).
- During the month preceding the survey, 42 per cent of boys used tobacco compared to 9 per cent of girls.
- About 15 per cent of adolescents aged 15–17 years deal with anxiety and little more than 14 per cent experience depression.
- More adolescent boys aged 13–19 years feel discriminated against on the basis of religion and belief (26% and 9% respectively) compared to adolescent girls (4% and 7% respectively).
- Overall, 4 per cent of children aged 5–17 years engage in economic activities at or above the age-specific thresholds outlined in the definition of child labour.
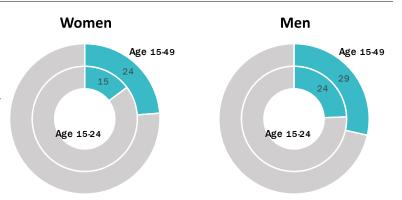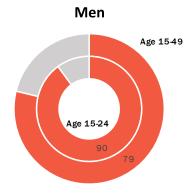
HIV & Sexual Behaviour

HIV indicators

Knowledge

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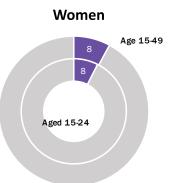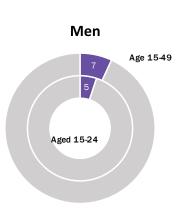
Women

Age 15-49 — 24
Age 15-24 — 15

Men

Age 15-49 — 29
Age 15-24 — 24

Stigma

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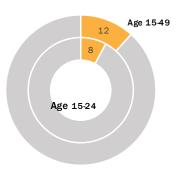
Women

Age 15-49 — 61
Age 15-24 — 73

Men

Age 15-49 — 79
Age 15-24 — 90

Testing

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

Women

Age 15-49 — 8
Aged 15-24 — 8

Men

Age 15-49 — 7
Aged 15-24 — 5

Testing during Antenatal Care

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

Women

Age 15-49 — 12
Age 15-24 — 8

Key Messages

- Comprehensive knowledge about HIV is low among both men and women aged 15 to 49, as only about one quarter (29%) know two ways to prevent HIV and reject common misconceptions (24%).

- A high percentage of women (61%) and men (79%) aged 15–49 years report discriminatory attitudes towards people living with HIV.
- About 8% of women and men aged 15–49 years had been tested for HIV in the 12 months preceding the survey.

HIV Indicators by Key Characteristics

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

National

Urban, 16
Rural, 12
Above secondary, 21
Secondary, 12
Top 60%, 17
Bottom 40%, 11

Percent

Area   Education   Wealth Index Group

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

National

Rural, 33
Urban, 21
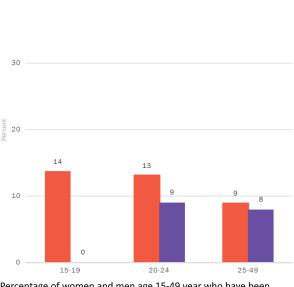Bottom 40%, 27
Top 60%, 23

Percent

Area   Wealth Index Group

*Percentage of adolescents age 15-24 years who know two ways of HIV prevention, who know that a healthy-looking person can be HIV-positive, and who reject two most common misconceptions.
Data for "Area" and "Wealth Index Group in "Knowledge among Adolescent Boys & Young Men (15-24)" are based on 25-49 unweighted cases
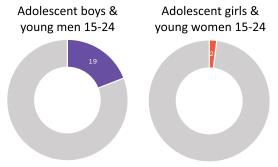
Tested for HIV in last 12 months

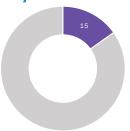Women   Men

Percent

14
0
13
9
9
8

15-19   20-24   25-49

Percentage of women and men age 15-49 year who have been tested for HIV in the last 12 months and know the result by age

Young People who had Sex Before Age 15

Adolescent boys & young men 15-24

19

Adolescent girls & young women 15-24

2

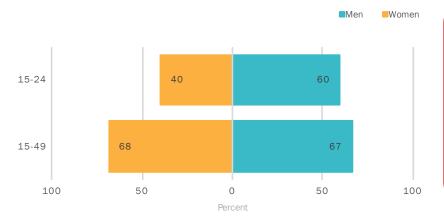## Girls 15-19 who Report Sex with Partner 10 years or Older

15

Sexually active: Percentage of women and men age 15-24 and 15-49 years who had sexual intercourse within the last 12 months
Sex before age 15: Percentage of women and men age 15-24 years who had sex before age 15 years
Sex with man 10 years or older: Percentage of adolescent girls age 15-19 years who had sex in the last 12 months who report having had sex with a man 10 or more years older in the last 12 months
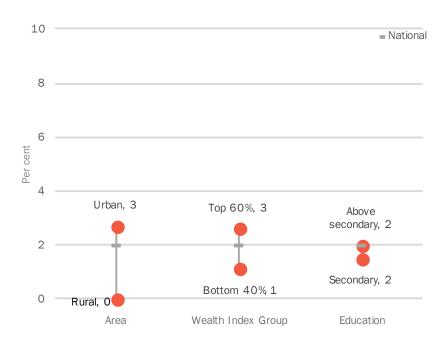
Sexual Behaviour by Key Characteristics

Sexually Active

Men   Women

15-24	40	60
15-49	68	67

100   50   0   50   100

Percent

> In many settings, sexual behavior can be considered a risk factor for health and social issues. These include reproductive health, HIV and other sexually transmitted infections, and gender equality and empowerment. An understanding of the population's sexual behavior patterns can inform both disease prevention and health promotion programmes.

Sexual Behaviour by Key Characteristics

Sex Before Age 15 Among Adolescent Girls & Young Women Aged 15–24

■ National

Per cent

Urban, 3

Top 60%, 3

Above secondary, 2

Secondary, 2

Bottom 40% 1

Rural, 0

Area   Wealth Index Group   Education

Percentage of adolescent girls and young women aged 15–24 years who had sex before age 15
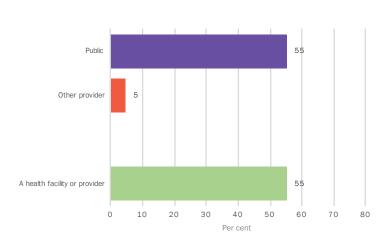
Child Health & Care of Illness

Diarrhoea

Care-seeking for Diarrhoea

Public — 55
Other provider — 5
A health facility or provider — 55

Per cent

Percentage of children aged 0–59 months with diarrhoea in the last two weeks, by source of advice or treatment

Disparities in Care-seeking for Diarrhoea
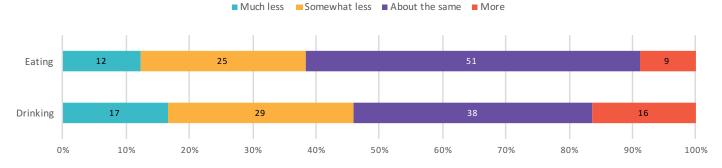
■ National

Per cent

Male, 60
Female, 47
Top 60%, 55
Bottom 40%, 55

Sex   Wealth Index Group

Percentage of children aged 0–59 months with diarrhoea in the last two weeks for whom advice or treatment was sought at a health facility or provider
Data for "Sex" and "Wealth Index Group" are based on 25-49 unweighted cases

Feeding During Diarrhoea

■ Much less ■ Somewhat less ■ About the same ■ More

Eating — 12 | 25 | 51 | 9
Drinking — 17 | 29 | 38 | 16

Percentage of children aged 0–59 months with diarrhoea in the last two weeks, by amount of liquids and food given during episode of diarrhoea
Data for "Eating" and "Drinking" are based on 25-49 unweighted cases

ORS Treatment for Diarrhoea

46

Percentage of children age 0–59 months with diarrhoea in the last two weeks treated with oral rehydration salt solution (ORS)

ORS + Zinc Treatment for Diarrhoea

5

Percentage of children age 0–59 months with diarrhoea in the last two weeks treated with oral rehydration salt solution (ORS) and zinc
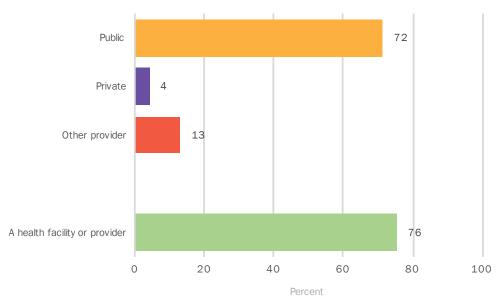
ORT + Continued Feeding for Diarrhoea

52

Percentage of children age 0–59 months with diarrhoea in the last two weeks who were given oral rehydration therapy (ORT) with continued feeding

17

Key Messages

- Half of children with diarrhoea and three quarters of children with fever during the two weeks preceding the survey were taken to a public health facility to seek treatment.

- No advice or treatment from any source was sought for close to 2 in 5 children with diarrhoea and 1 in 4 with fever.

Care-seeking During Fever

Percentage of children age 0-59 months with fever in the last two weeks for whom advice or treatment was sought, by source of advice or treatment

Public: 72
Private: 4
Other provider: 13
A health facility or provider: 76

Disparities in Care-seeking During Fever

Female, 82
Male, 70
Urban, 78
Rural, 73
Secondary, 80
Above secondary, 74
Bottom 40%, 73
Top 60%, 70

Sex | Area | Mother's Education | Wealth Index Group

Percentage of children age 0-59 months with fever in the last two weeks for whom advice or treatment was sought at a health facility or provider
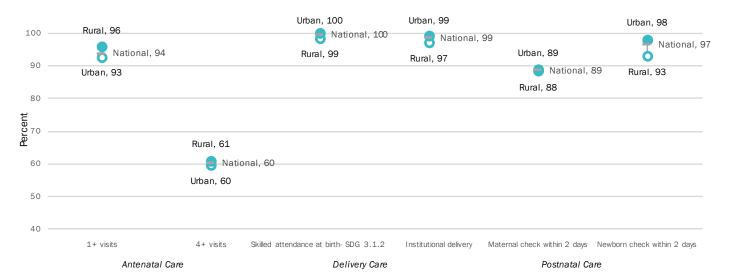Data for "Urban", "Above secondary" and "Top 60%" are based on 25-49 unweighted cases
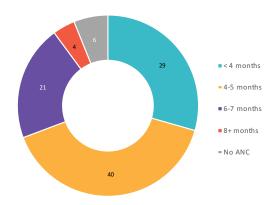
Maternal & Newborn Health

Key Elements of Maternal & Newborn Health
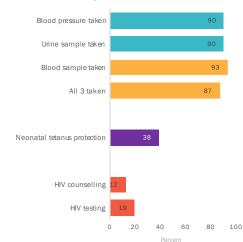
Maternal & Newborn Health Cascade by Area

Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider, who were attended by skilled health personnel during their most recent live birth (SDG 3.1.2), whose most recent live birth was delivered in a health facility, who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live and percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery, by area

Timing of First Antenatal Care Visit

- ■ < 4 months
- ■ 4-5 months
- ■ 6-7 months
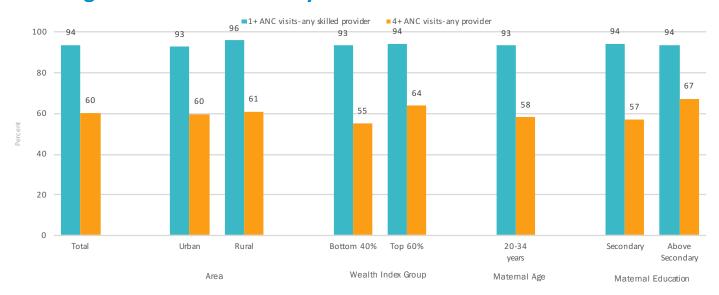- ■ 8+ months
- ■ No ANC

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

Content & Coverage of Antenatal Care Services

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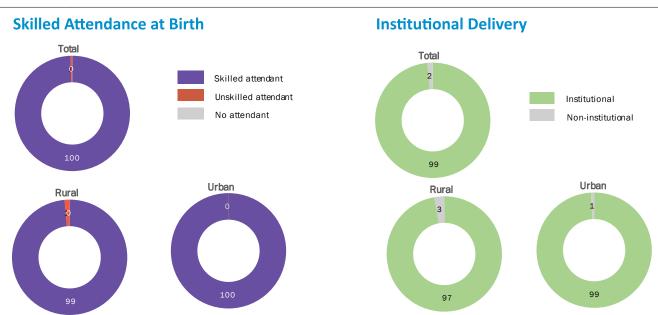
Coverage of Antenatal Care by Various Characteristics

■ 1+ ANC visits- any skilled provider   ■ 4+ ANC visits- any provider

Percent

94	93	96	93	94	93	94	94
60	60	61	55	64	58	57	67

Total — Urban — Rural — Bottom 40% — Top 60% — 20-34 years — Secondary — Above Secondary

Area   Wealth Index Group   Maternal Age   Maternal Education

Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider
Data for "Wealth Index Group" and "Maternal Age" are based on 25-49 unweighted cases

Coverage of Skilled Attendance at Birth & Institutional Delivery by Area

Skilled Attendance at Birth

Total
0 / 100

■ Skilled attendant
■ Unskilled attendant
■ No attendant

Rural
0 / 99

Urban
0 / 100

Institutional Delivery

Total
2 / 99

■ Institutional
■ Non-institutional

Rural
3 / 97

Urban
1 / 99

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

Key Messages

- The majority (90%) of women aged 15–49 years who had a live birth in the last two years had one or more antenatal care visits, and 60 per cent received four or more antenatal care visits.
- Institutional delivery and assistance during delivery by a skilled personal is universal in Tuvalu.

- About 90 per cent of women reported that blood pressure measurement, urine and blood samples were taken as part of antenatal care.
- Close to one-in-ten (11%) of women aged 15–49 years who had a live birth in the last two years did not receive a post-natal care visit.
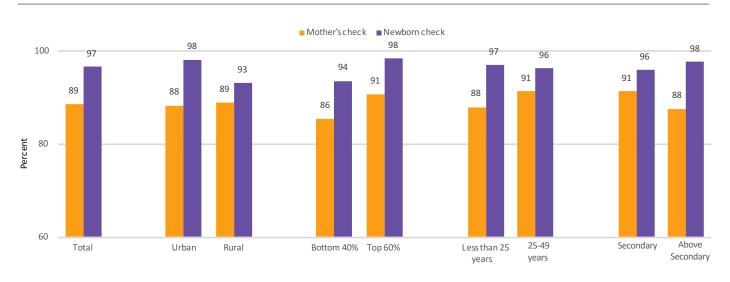
Skilled Attendance at Birth

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

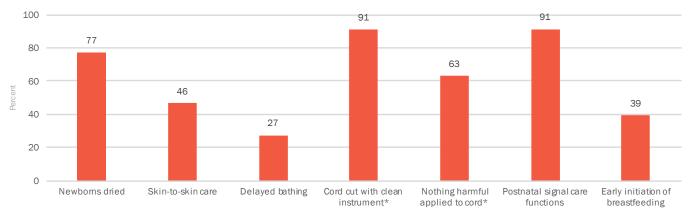Data for "Wealth Index Group" are based on 25-49 unweighted cases

Postnatal Care within 2 Days of Birth by Various Characteristics

Percentage of women age 15-49 years with a live birth in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live and percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery, by various characteristics

Data for "Wealth Index Group" are based on 25-49 unweighted cases

Coverage of Newborn Care

Among the last live birth in the last two years, percentage who were dried after birth, percentage who were given skin-to-skin contact, percentage who were bathed after 24 hours of birth, percentage where the umbilical cord was cut with a new blade or boiled instrument*, percentage where nothing harmful was applied to the cord*, percentage where the newborn received at least two post-natal signal care functions within two days of birth, and percentage of women with a live birth in the last two years who put their last newborn to the breast within one hour of birth, by various characteristics
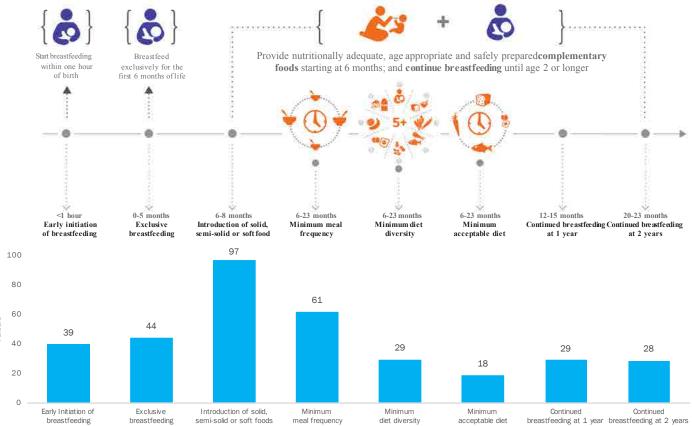
* Among the last live births in the last two years delivered outside a facility

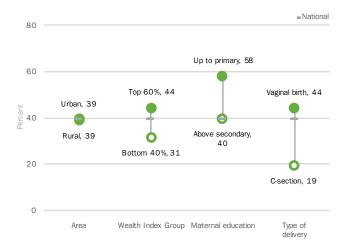# Infant & Young Child Feeding (IYCF)

Infant & Young Child Feeding

Start breastfeeding within one hour of birth

Breastfeed exclusively for the first 6 months of life

Provide nutritionally adequate, age appropriate and safely prepared **complementary foods** starting at 6 months; and **continue breastfeeding** until age 2 or longer

<1 hour	0-5 months	6-8 months	6-23 months	6-23 months	6-23 months	12-15 months	20-23 months
Early initiation of breastfeeding	**Exclusive breastfeeding**	**Introduction of solid, semi-solid or soft food**	**Minimum meal frequency**	**Minimum diet diversity**	**Minimum acceptable diet**	**Continued breastfeeding at 1 year**	**Continued breastfeeding at 2 years**

Bar chart (Percent):
- Early Initiation of breastfeeding: 39
- Exclusive breastfeeding: 44
- Introduction of solid, semi-solid or soft foods: 97
- Minimum meal frequency: 61
- Minimum diet diversity: 29
- Minimum acceptable diet: 18
- Continued breastfeeding at 1 year: 29
- Continued breastfeeding at 2 years: 28

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

Key Messages

- About 40 per cent of newborn babies are put to the breast within the first hour of birth.
- Early initiation of breastfeeding is lowest among children born through C-section.
- Almost half of infants aged 0–5 months are receiving only breastmilk (exclusively breastfed).
- Almost all (97%) of infants aged 6–8 months are receiving solid or semi solid food.
- About two thirds of infants aged 6–23 months are receiving the recommended minimum number of solid/liquid feeds.
- Dietary diversity is low among children in rural areas.
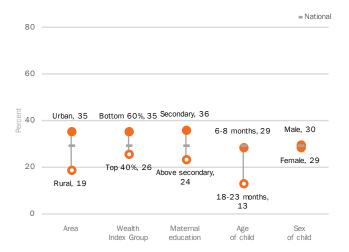- Twenty nine per cent of children receive continued breastfeeding at 1 year and 28 per cent at 2 years.

IYCF: Equity

Early Initiation of Breastfeeding

■ National

Urban, 39
Rural, 39
Top 60%, 44
Bottom 40%, 31
Up to primary, 58
Above secondary, 40
Vaginal birth, 44
C-section, 19

| Area | Wealth Index Group | Maternal education | Type of delivery |

Percentage of newborns put to the breast within one hour of birth, by selected characteristics

Minimum Diet Diversity

■ National

Urban, 35
Rural, 19
Bottom 60%, 35
Top 40%, 26
Secondary, 36
Above secondary, 24
6-8 months, 29
18-23 months, 13
Male, 30
Female, 29

| Area | Wealth Index Group | Maternal education | Age of child | Sex of child |

Percentage of children aged 6–23 months who were fed food from at least five out of eight food groups, by selected characteristics
Data for "Wealth Index Group" and "6–8 months" are based on 25-49 unweighted cases
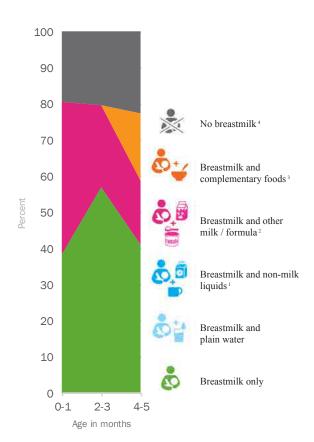
IYCF: What are the Youngest Infants Fed?

Liquids or foods consumed by infants 0-5 months old

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

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

No breastmilk [4]

Breastmilk and complementary foods [3]

Breastmilk and other milk / formula [2]

Breastmilk and non-milk liquids [1]

Breastmilk and plain water

Breastmilk only

Age in months

Nutritional Status of Children
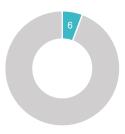
Anthropometric Malnutrition Indicators

Stunting: SDG 2.2.1

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

6

Percentage of children who are stunted

Overweight: SDG 2.2.2

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

4

Percentage of children who are overweight

Wasting: SDG 2.2.2

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

3

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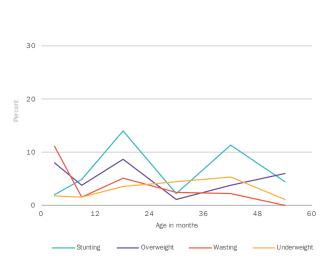
Underweight is a composite form of undernutrition that can include elements of stunting and wasting (i.e. an underweight child can have a reduced weight for their age due to being too short for their age and/or being too thin for their height).

3

Percentage of children who are overweight

Anthropometric Malnutrition Indicators by Age

Stunting — Overweight — Wasting — Underweight

Percentage of children who are underweight, stunted, wasted and overweight, by age in months
Data for "Age in months" are based on 25-49 unweighted cases

Key Messages

- Six per cent of children under 5 years of age are reported to be stunted and facing impaired physical and cognitive growth.
- Wasting is highest in the age group 12–23 months. This reflects on the quality of antenatal care (ANC), including nutritional status of pregnant mothers.
- There is a need to encourage exclusive breastfeeding, including quality of ANC and nutrition programmes for pregnant mothers.
- About 1 in 25 children under 5 are overweight and are too heavy for their height.
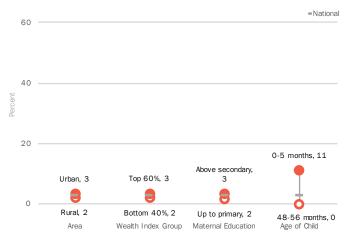
Nutritional Status of Children: Disaggregates

Stunting: SDG 2.2.1

■ National

Percent

- Rural, 7
- Urban, 5
- Area

- Bottom 40%, 8
- Top 60%, 4
- Wealth Index Group

- Up to primary, 9
- Above secondary, 3
- Maternal Education

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

Wasting: SDG 2.2.2

■ National

Percent

- Urban, 3
- Rural, 2
- Area

- Top 60%, 3
- Bottom 40%, 2
- Wealth Index Group

- Above secondary, 3
- Up to primary, 2
- Maternal Education

- 0-5 months, 11
- 48-56 months, 0
- Age of Child

Percentage of under 5 children who are wasted, by selected characteristics
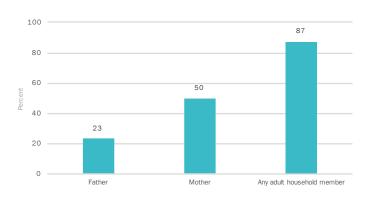
Early Childhood Development (ECD)

Support for Learning

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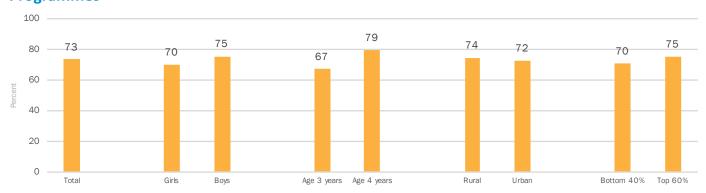
Percentage of children age 2-4 years with whom the father, mother or adult household members engaged in activities that promote learning and school readiness during the last three days

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

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

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

Attendance at Early Childhood Education Programmes

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

Key Messages
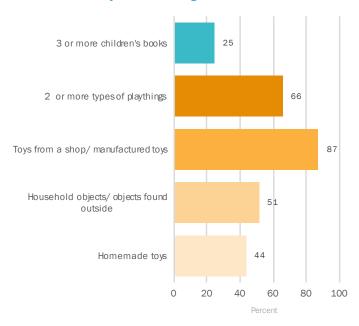
- One in two children aged 2–4 years engaged with their mothers in activities that promote learning and school readiness during the three days preceding the survey, compared to about one in four children who did the same with their fathers.

- Only one in four households has three or more books for children.
- Among children aged 3–4 years, only one in two are developmentally on track in the domains of literacy-numeracy and social-emotional, compared to more than nine in 10 who are on track in the physical and learning domains.
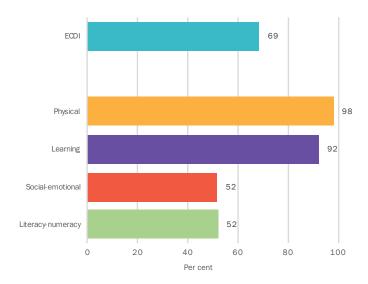
Learning Materials & Child Supervision

Access to Play & Learning Materials

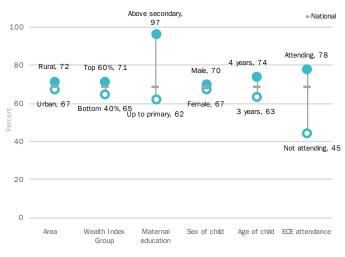Percentage of children under age five according to their access to play and learning materials

Early Childhood Development Index (ECDI)

ECDI: Total Score & Domains, SDG 4.2.1

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

ECDI: Disaggregates

ECDI, by various characteristics
ECE = early childhood education
Note: Data for "Up to primary", "Wealth Index Group" are based on 25–49 unweighted cases.

Education
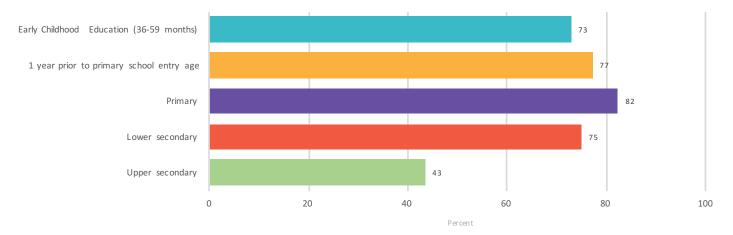
Attendance Rates & Inequalities

School Net Attendance Rates (adjusted)

Category	Percent
Early Childhood Education (36-59 months)	73
1 year prior to primary school entry age	77
Primary	82
Lower secondary	75
Upper secondary	43

Percent

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

Net Attendance Rate for Early Childhood Education

National

Male, 75
Rural, 74
Top 60%, 75

Female, 70
Urban, 72
Bottom 40%, 70

Sex   Area   Wealth Index Group

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

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

National

Female, 80
Urban, 78
Top 60%, 79

Male, 74
Rural, 76
Bottom 40%, 75

Sex   Area   Wealth Index Group

Percentage of children attending an early childhood education programme, or primary education (adjusted net attendance ratio), who are one year younger than the official primary school entry age at the beginning of the school year
Data for "Area" and "Bottom 40%" are based on 25-49 unweighted cases

28
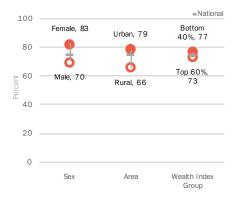
Inequalities in Attendance Rates

Adjusted Primary School Net Attendance Rate
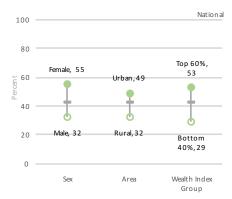
Percentage of children of primary school age (as of the beginning of school year) who are attending primary or secondary school

Adjusted Lower Secondary School Net Attendance Rate
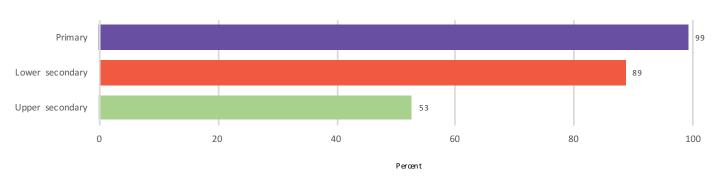
Percentage of children of lower secondary school age (as of the beginning of the current or most recent school year) who are attending lower secondary school or higher

Adjusted Upper Secondary School Net Attendance Rate

Percentage of children of upper secondary school age (as of the beginning of the current or most recent school year) who are attending upper secondary school or higher
Data for "Area" and "Wealth Index Group" are based on 25-49 unweighted cases

Completion Rates

Percentage of children age 3 to 5 years above the intended age for the last grade who have completed that grade, by level of education
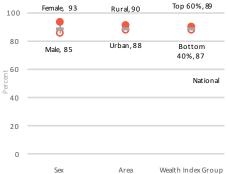
Inequalities in Completion Rates

Primary School

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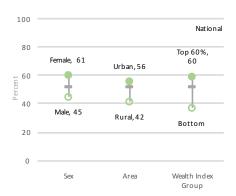
Lower Secondary

Percentage of children who age 3 to 5 years above the intended age for the last grade of lower secondary school who have completed lower secondary education
Data for "Sex", "Area" and "Wealth Index Group" are based on 25-49 unweighted cases

Upper Secondary
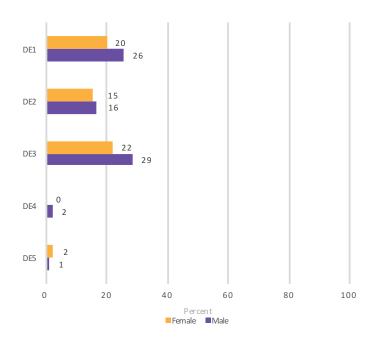
Percentage of children or youth who age 3 to 5 years above the intended age for the last grade of upper secondary school who have completed upper secondary education
Data for "Wealth Index Group" are based on 25-49 unweighted cases

Out of School Rates

Out of School Dimensions for Levels of Education

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

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

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

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

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

SDG Summary for Education

SDG	MICS Indicator	Definition & Notes	Value		
			Primary	Lower Secondary	Upper Secondary
4.1.4	LN.8a,b,c	Completion rate	99%	88%	53%
4.1.5	LN.6a,b,c	Out-of-school rate	16%	22%	53%
4.1.6	LN.10a,b	Percentage of children over-age for grade	1%	2%	na
4.5.1	LN.5a	Gender Parity Indices (girls/boys)	1.04	1.10	1.71
4.5.1	LN.5b	Wealth Parity Indices (poorest 40%/richest 60%)	0.95	0.89	0.54
4.5.1	LN.5c	Area Parity Indices (rural/urban)	0.90	0.79	0.66
			Total	Boys	Girls
4.2.2	LN.2	Participation rate in organized learning (one year before the official primary entry age)	77%	74%	80%

Key Messages

- Primary school attendance is close to 83 per cent in Tuvalu.
- About three in four children aged 36–59 months attend early childhood education.
- Upper secondary education attendance rates are significantly higher among children living in the wealthiest households (59%) compared to those in the poorest households (36%).

- Primary school completion rate is universal (99%), while the drops for lower secondary (88%) and upper secondary education (52%).
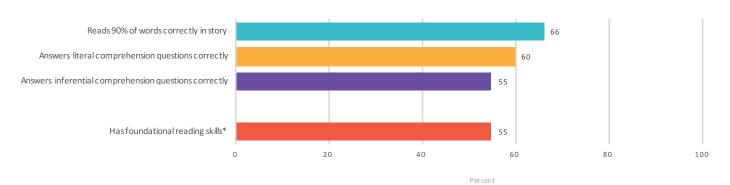
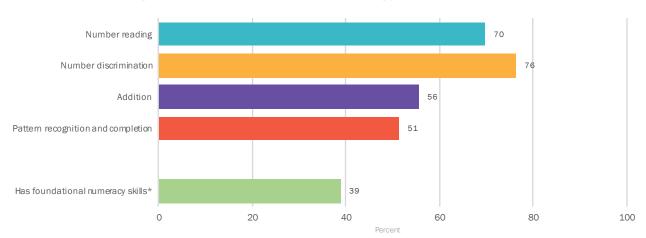# Early Grade Learning & Parental Involvement

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

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

	Percent
Reads 90% of words correctly in story	66
Answers literal comprehension questions correctly	60
Answers inferential comprehension questions correctly	55
Has foundational reading skills*	55

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

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

	Percent
Number reading	70
Number discrimination	76
Addition	56
Pattern recognition and completion	51
Has foundational numeracy skills*	39

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

Key Messages

- On average, 59 per cent of children aged 7–14 years demonstrated foundational numeracy skills (56% of boys and 63% of girls).

- On average, 39 per cent of children aged 7–14 years demonstrated foundational reading skills (33% of boys and 46% of girls).
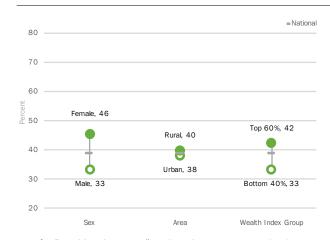
Early Grade Learning: Disaggregates (children age 7-14 years)

Disaggregates in Foundational Reading Skills

Data for "Wealth Index Group" are based on 25-49 unweighted cases

Disaggregates in Foundational Numeracy Skills
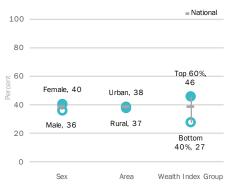
Data for "Wealth Index Group" are based on 25-49 unweighted cases

Reading & Numeracy Skills Data in MICS
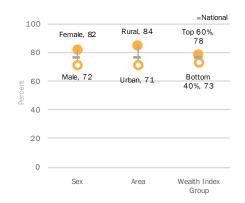
- The Foundational Learning module adopts a direct assessment method for children's early learning in reading and mathematics at the level of Grade 2 in primary education. This contributes to SDG4.1.1.(a) Global Indicator.
- For the Foundational Learning module, one child age 7 to 14 (inclusively) is randomly selected in each household.

- The content of the reading assessment is customized in each country, ensuring that the vocabulary used is part of the Grade 2 reading textbook. This ensures national question relevance in terms of vocabulary and cultural appropriateness.

- As MICS also collects data on school attendance and numerous individual and household characteristics, such as location, household socio-economic status, and ethnicity, the most marginalized sub-populations of children can be identified for support to improve learning outcomes.

Parental Involvement: Learning Environment at Home (children age 7-14 years)

Children with 3 or more books to read at home

Children who read books or are read to at home

Children who receive help with homework
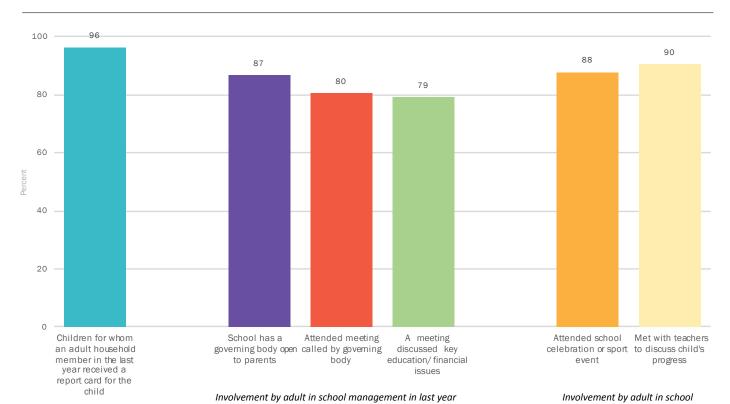
Parental Involvement: Support for learning at School (children age 7-14 years)

Children for whom an adult household member in the last year received a report card for the child — 96

School has a governing body open to parents — 87

Attended meeting called by governing body — 80

A meeting discussed key education/ financial issues — 79

Attended school celebration or sport event — 88

Met with teachers to discuss child's progress — 90

Involvement by adult in school management in last year

Involvement by adult in school activities in last year

Birth Registration

Birth Registration Levels

Birth registration for Children Under-Five: SDG 16.9.1

Percentage of children under age 5 whose births are registered, by whether or not they have a birth certificate and by sex

Key Messages

- Birth registration among children under age 5 is 87 per cent (85% among boys and 89% among girls) in Tuvalu.

Child Discipline

Child Discipline
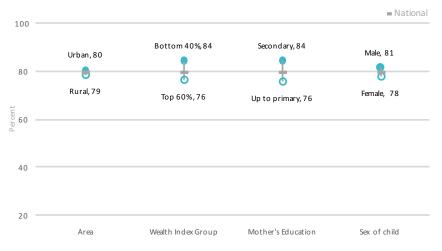
Types of Child Discipline

Only non-violent

17

Physical punishment

Severe
5

Other
types
65

Psychological aggression

64

**Any violent discipline: SDG 16.2.1**

80

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

Violent Discipline: Inequalities

■ National

100

80

Urban, 80

Rural, 79

Bottom 40%, 84

Top 60%, 76

Secondary, 84

Up to primary, 76

Male, 81

Female, 78

Percent

60

40

20

Area   Wealth Index Group   Mother's Education   Sex of child

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

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

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

Psychological aggression: Shouting, yelling or screaming at a child, as well as calling a child offensive names such as 'dumb' or 'lazy'.
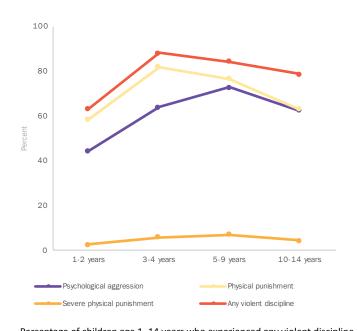
Violent discipline: Any physical punishment and/or psychological aggression.

Key Messages

- Overall, 80 per cent of children aged 1–14 years experienced any violent discipline during the one month preceding the survey.
- Close to one in 20 children aged 1–14 years have experienced severe physical punishment.
- Children living with mothers/caretakers with above secondary levels of education are less likely to experience severe physical punishment

or any violent discipline, compared to children living with mothers/caretakers with up to primary level of education – 72 and 83 per cent respectively.

- Overall, 64 per cent of children aged 1–4 years have experienced psychological aggression.
- Nearly all – 95 per cent – of mothers/caregivers in Tuvalu think that physical punishment is necessary to raise or educate a child.
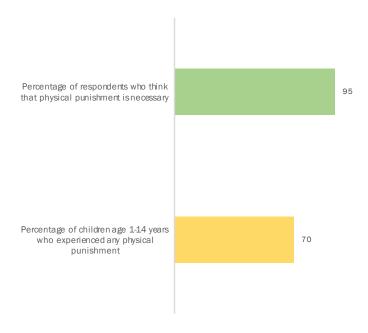
Violent Discipline: Age Patterns
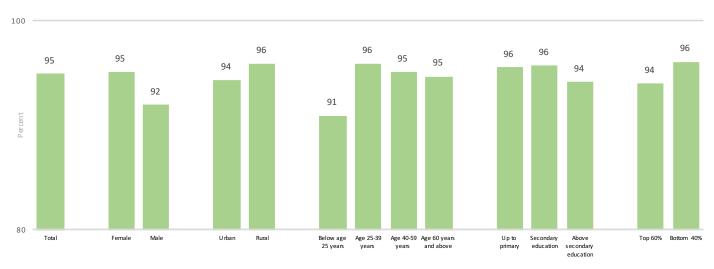
Percentage of children age 1–14 years who experienced any violent discipline in the past month, by type and by age

Physical Punishment: Attitudes & Experiences

Attitudes to Physical Punishment

Percentage of mothers/caretakers of children age 1–14 years who think that physical punishment is necessary to raise or educate children, by selected characteristics
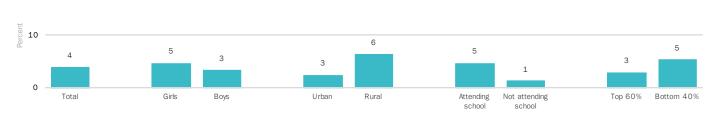
Child Labour
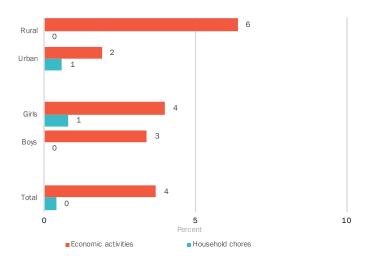
Child Labour: Levels & Disaggregates

Child Labour for Age 5–17 years: SDG 8.7.1

Percentage of children age 5–17 years engaged in child labour, by selected characteristics

Types of Child Labour

Economic activities **Household chores**

Percentage of children age 5–17 years engaged in child labour, by type of activity by sex and area

Note: These data reflect the proportions of children engaged in the activities at or above the age-specific thresholds outlined in the definitions box.

Definition of Child Labour

Ages 5 to 11 years: At least 1 hour of economic activities or 21 hours of unpaid household services per week.

Ages 12 to 14 years: At least 14 hours of economic activities or 21 hours of unpaid household services per week.

Ages 15 to 17 years: At least 43 hours of economic activities. No threshold for number of hours of unpaid household services.

Economic activities include paid or unpaid work for someone who is not a member of the household, work for a family farm or business. Household chores include activities such as cooking, cleaning or caring for children.

Note that the child labour indicator definition has changed during the implementation of the sixth round of MICS. Changes include age-specific thresholds for household chores and exclusion of hazardous working conditions. While the overall concept of child labour includes hazardous working conditions, the definition of child labour used for SDG reporting does not.

Key Messages

- One in 25 children aged 5–17 years in Tuvalu is engaged in child labour (3% in urban areas and 6% in rural areas).

- Child labour among girls is slightly higher (5%) than among boys (3%).

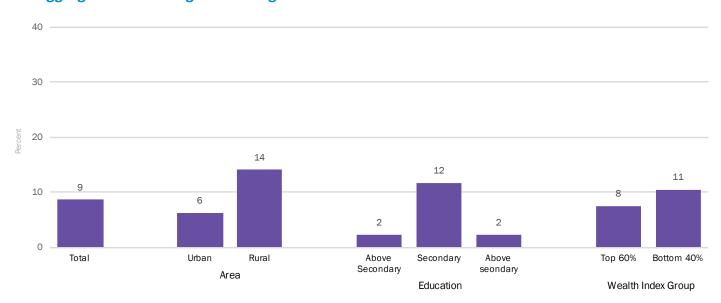# Child Marriage

Child Marriage: Levels & Disaggregates

Marriage Before Age 15 & Age 18: SDG 5.3.1

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

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

Disaggregates in Marriage Before Age 18
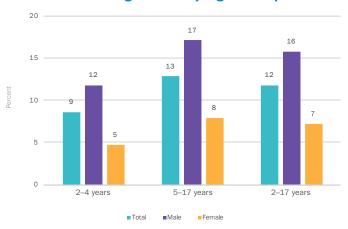
Percentage of women age 20–49 years who were first married or in union before age 18 years, by selected characteristics

Key Messages

- Two per cent of women aged 20–24 years are married before reaching age 18.
- Among women aged 20–49 years, nine per cent are married before reaching age 18.
- The proportion is higher (14%) among women from rural areas compared to women in same age category from urban areas (6%).

Child Functioning

Child Functioning: Levels & Domains

Child Functioning Levels by Age-Group

Bar chart — Percent by age group (Total, Male, Female):
- 2–4 years: Total 9, Male 12, Female 5
- 5–17 years: Total 13, Male 17, Female 8
- 2–17 years: Total 12, Male 16, Female 7

Legend: Total, Male, Female

Key Messages
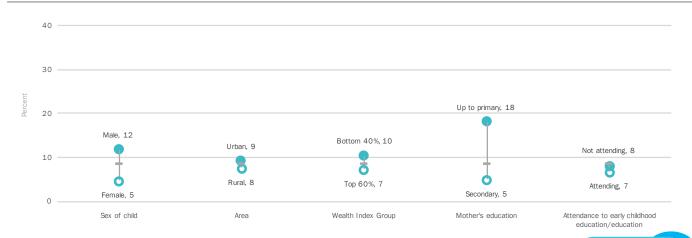
- Close to one in eight children aged 2–17 years has functional difficulty in at least one domain.
- Difficulty in controlling behaviour is slightly higher among children aged 5–17 years (3%) compared to children aged 2–4 years (2%).

Children with disabilities are among the most marginalized groups in society. Facing daily discrimination in the form of negative attitudes, and lack of adequate policies and legislation, children with disabilities are effectively barred from realizing their rights to health, education, and even survival. Children with disabilities are often likely to be among the poorest members of the population and are less likely to attend school, access medical services, or have their voices heard in society. Discrimination against and exclusion of children with disabilities also puts them at a higher risk of physical and emotional abuse or other forms of neglect, violence and exploitation.

The Convention on the Rights of the Child (UNICEF, 1989) and the more recent Convention on the Rights of Persons with Disabilities (UN, 2006) explicitly state the rights of children with disabilities on an equal basis with other children.

These Conventions focus on the disparities faced by children with disabilities and call for improvements in their access to services, and in their participation in all aspects of life. In order to achieve these goals, there is a need for cross-nationally comparable, reliable data.

Child Functioning: Inequalities

Chart — Percent by category:
- Sex of child: Male, 12; Female, 5
- Area: Urban, 9; Rural, 8
- Wealth Index Group: Bottom 40%, 10; Top 60%, 7
- Mother's education: Up to primary, 18; Secondary, 5
- Attendance to early childhood education/education: Not attending, 8; Attending, 7
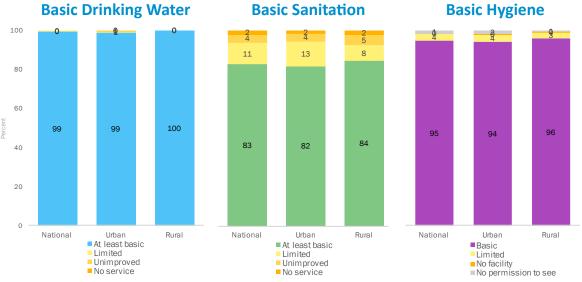
Drinking Water, Sanitation & Hygiene (WASH)

Basic Drinking Water, Sanitation & Hygiene Services

Basic Drinking Water

	National	Urban	Rural
At least basic	99	99	100
No service	0	0	0

Basic Sanitation

	National	Urban	Rural
At least basic	83	82	84
Limited	11	13	8
Unimproved	4	4	5
No service	2	2	2

Basic Hygiene

	National	Urban	Rural
Basic	95	94	96
No facility	4	4	3

Basic Drinking Water legend: At least basic, Limited, Unimproved, No service

Basic Sanitation legend: At least basic, Limited, Unimproved, No service

Basic Hygiene legend: Basic, Limited, No facility, No permission to see

Percentage of population by drinking water, sanitation and hygiene coverage

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

Sanitation ladder: **At least basic** sanitation services (SDG 1.4.1) refer to the use of improved facilities that are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic

tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs. **Limited** sanitation service refers to an improved facility shared with other households. **Unimproved** sanitation facilities include flush/pour flush to an open drain, pit latrines without a slab, hanging latrines and bucket latrines.
No service refers to the practice of open defecation.
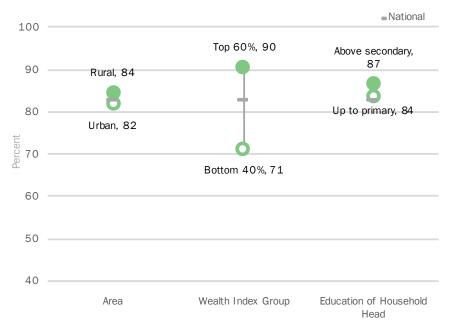
Hygiene ladder: A **basic** hygiene service (SDG 1.4.1 & SDG 6.2.1) refers to the availability of a handwashing facility on premises with soap and water. Handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other handwashing agents. **Limited** hygiene service refers to a facility lacking water and/or soap. **No facility** means there is no handwashing facility on the household's premises.

Key Messages

- Use of basic drinking water in Tuvalu is close to universal (99%).
- The prevalence of E.coli is high; 84 per cent of households use drinking water contaminated with E.coli (80% in urban and 92% in rural areas) and 91 per cent of drinking water sources are contaminated (90% in urban areas and 95% in rural areas).
- Only 5 per cent of the population uses a safely managed drinking water service (6% in urban areas and 2% in rural areas).
- A majority (94%) of the population use improved sanitation and 83 per cent use basic sanitation services; 95 per cent use basic hygiene services.

- More than 90 per cent of the population has basic hygiene service (handwashing facility with water and soap).
- Of those women aged 15–49 years who reported menstruating in the last 12 months, 95 per cent reported using appropriate menstrual hygiene materials, with a private place to wash and change at home.
- About 16 per cent of women who reported menstruating in the last 12 months also reported that they did not participate in social activities, school or work due to last menstruation.

WASH: Inequalities in Basic Services

Basic Sanitation

National ■

Percent

- Rural, 84
- Urban, 82
- Top 60%, 90
- Bottom 40%, 71
- Above secondary, 87
- Up to primary, 84

Area	Wealth Index Group	Education of Household Head

Percentage of population using basic sanitation services, by selected characteristics
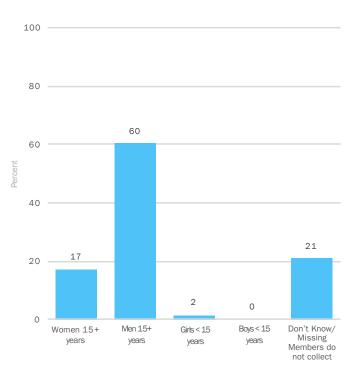
Accessibility of Drinking Water & Sanitation Facilities

Time Spent Each Day Collecting Drinking Water

Percent

	National	Urban	Rural
Don't Know/Missing	3	3	
30 minutes to 3 hours	4	5	
Up to 30 minutes	93	93	100

- Don't Know/Missing
- 30 minutes to 3 hours
- Up to 30 minutes

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

Who Primarily Collects Drinking Water for the Household

Percent

Women 15+ years	Men 15+ years	Girls < 15 years	Boys < 15 years	Don't Know/ Missing Members do not collect
17	60	2	0	21
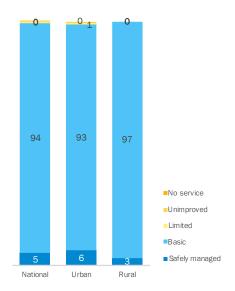
Percentage of population, by gender and age of person primarily responsible for collecting drinking water in households without water on premises

41

Accessibility of Drinking Water & Sanitation Facilities

Improved, basic & safely managed drinking water

Percentage of population using improved, basic and safely managed drinking water services

Drinking water coverage: National, urban & rural

Percentage of population, by drinking water coverage

Safely managed (SDG 6.1) are improved sources: accessible on premises, available when needed, free from contamination
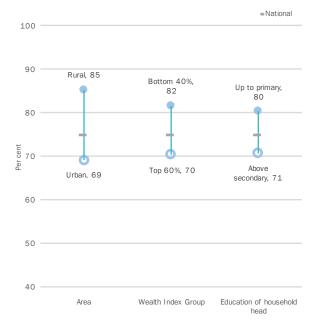
Drinking Water Quality at Source & Home

Percentage of population using drinking water sources with E. *coli* (orange) and proportion with *E. coli* in glass of drinking water in household drinking water (teal)
Water Quality Testing response rates for Household and Source testing are 100% and 92.4% respectively

Availability of Drinking Water
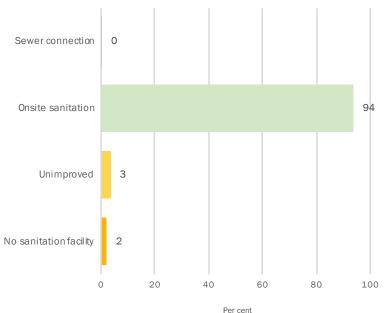
Percentage of population using drinking water sources with sufficient drinking water in the last month

42

Safely Managed Sanitation Services: SDG 6.2.1

Types of Sanitation Facility
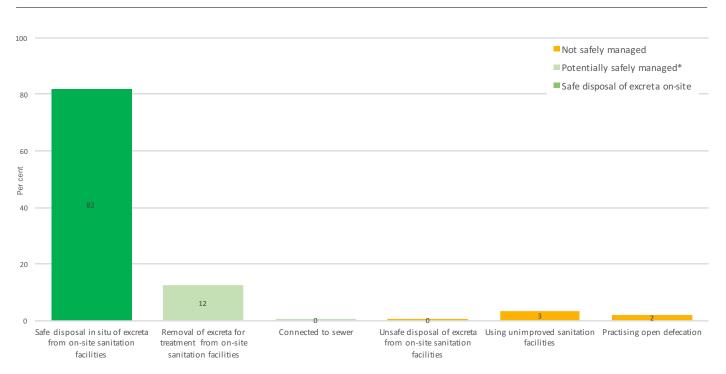
Percentage of population, by type of sanitation facility, grouped by type of disposal

Sewer connections include "Flush/pour flush to piped sewer system" and "Flush to don't know where"
Onsite sanitation facilities include "Flush/pour flush to septic", "Flush/pour flush to latrine", "Ventilated improved pit latrine", "Pit latrine with slab" and "Composting toilet"

Management of Excreta From Household Sanitation Facilities
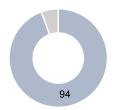
Percentage of population, by management of excreta from household sanitation facilities

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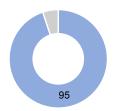
Safely managed sanitation services represents an ambitious new level of service during the SDGs and is the indicator for target 6.2. Safely managed sanitation services are improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and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

Safely Managed Sanitation Services: SDG 6.2.1

94

Women with a private place to wash & change at home

95

Women with appropriate menstrual hygiene materials

91

Women with appropriate menstrual hygiene materials & a private place to wash & change at home

Denominator for all 3 indicators: women age 15-49 years who reported menstruating in the last 12 months
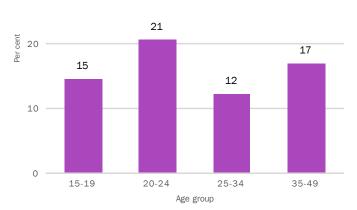
Inequities in Access to Appropriate Materials & Private Place to Wash & Change at Home

Percentage of women age 15-49 years using appropriate menstrual hygiene materials with a private place to wash and change while at home, among women reporting menstruating in the last 12 months

Exclusion from Activities during Menstruation

Percentage of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months, by age, among women reporting menstruating in the last 12 months

Exclusion from Activities during Menstruation by Various Characteristics
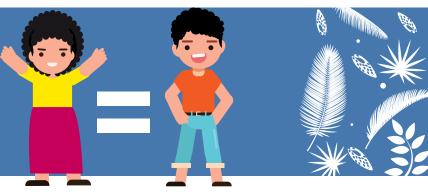
Percentage of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months, by residence, wealth quintile, education and region, among women reporting menstruating in the last 12 months

44
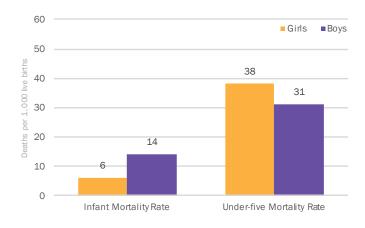
Gender Equality

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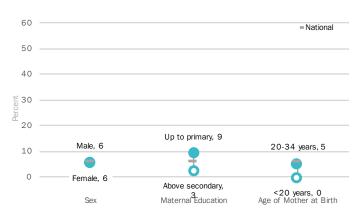
Nutrition and a supportive environment in early childhood are among the key determinants of the health and survival of children and their physical and cognitive development. Generally, girls tend to have better biological endowments than boys for survival to age five, and thus higher survival chances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

Mortality Rates among Children Under-5, SDG 3.2.1 Sex Disaggregate

Infant mortality: probability of dying between birth and the first birthday
Under-five mortality: the probability of dying between birth and the fifth birthday

Malnutrition: Stunting (Moderate & Severe) among Children Under-5, SDG 2.2.1
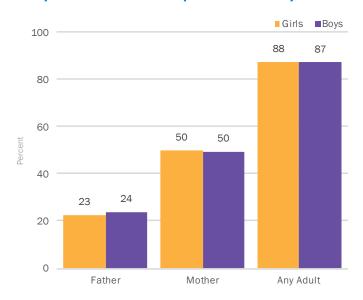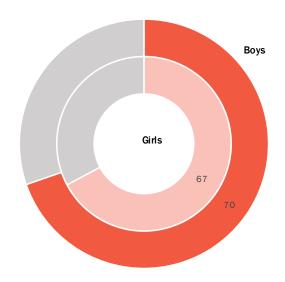
Stunting refers to a child too short for his or her age
Data for "Age of Mother at Birth" are based on 25-49 unweighted cases

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

Early Stimulation & Responsive Care by Adults

Percentage of children age 2-4 years with whom adult household members engaged in activities that promote learning and school readiness during the last three days, by person interacting with child and sex of child.
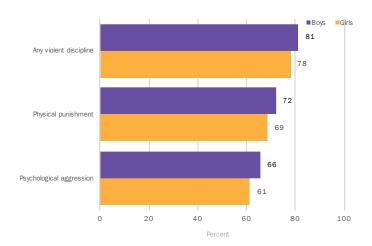
Note: Activities include: reading books to the child; telling stories to the child; singing songs to the child; taking the child outside the home; playing with the child; and naming, counting or drawing things with the child

Early Childhood Development Index, SDG 4.2.1

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

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

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

Violent Discipline, SDG 16.2.1 Sex Disaggregate

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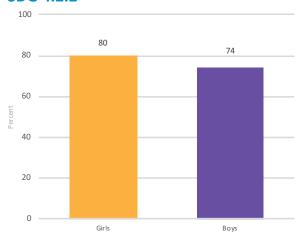Note: The age group 1-14 spans the first and second decades of life.

Gender Equality

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

Note: Because children of primary school age range from 6-14 years, these indicators include some children in their second decade of life.

Participation Rate in Organized Learning, SDG 4.2.2

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

Primary School Attendance
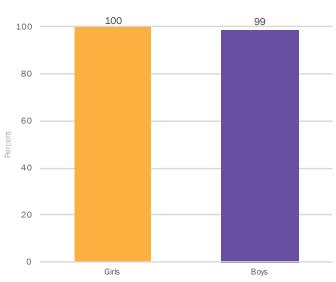
Percentage of children of primary school age attending primary or secondary school (adjusted net attendance ratio), by wealth index group and urban/rural residence. Data for "Wealth Index Groups" are based on 25-49 unweighted cases

Children of Primary School Age Out of School

Percentage of children of primary school age not attending either primary or secondary school, by wealth quintile and area
Data for "Wealth index Groups" are based on 25-49 unweighted cases

Primary Completion
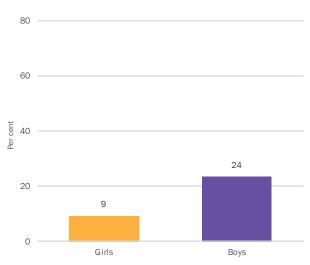
Percentage of children three to five years older than above the intended age for the last grade of primary school who have completed primary education, by sex

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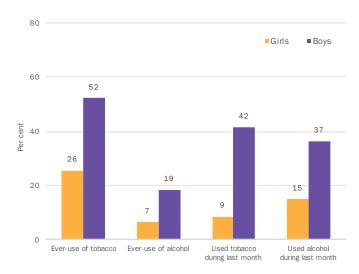# The Second Decade of Life

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

Comprehensive Knowledge of HIV

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

Tobacco* & Alcohol Use

Tobacco and alcohol use among adolescents age 15–19 years, by sex
*Includes an age and sex disaggregate of SDG 3.a.1: use of tobacco

Key Messages

- Under-five mortality among girls is slightly higher than among boys (38 deaths per 1,000 live births for girls and 31 for boys).
- One in every 25 girls and one in every 20 boys is overweight.
- About 8 in 10 children aged 1–14 years experienced violent discipline during the month preceding the survey. This rate is slightly higher among boys (81%) than girls (78%).

- Two out of 10 children aged 36–59 months are not attending an organized early childhood education programme. About 15 per cent of children of primary school age at the beginning of the school year are out of school.
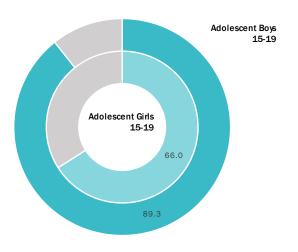
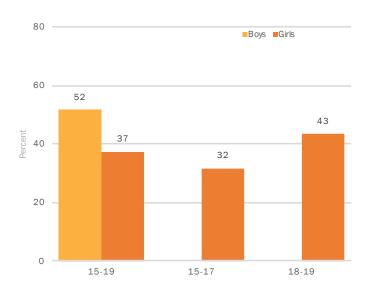# Every Adolescent Girl & Boy is Protected from Violence & Exploitation: The Second Decade of Life

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

Feelings of Safety, SDG 16.1.4 Age & Sex Disaggregate

Adolescent Boys 15-19

Adolescent Girls 15-19

66.0

89.3

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

Attitudes Toward Domestic Violence

Boys ■ Girls

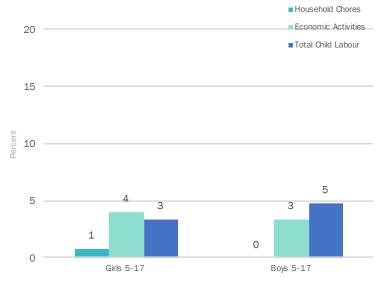| | 52 | 37 | 32 | 43 |

15-19   15-17   18-19

Percentage of adolescents age 15-19 years who justify wife beating for any of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food, by sex and age group
Data for "Boys age 15-19" is based on 25-49 unweighted cases

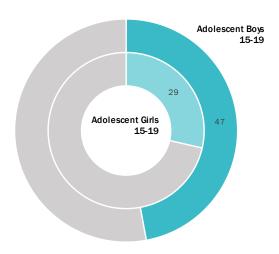# Every Adolescent Girl & Boy is Protected from Violence & Exploitation: The Second Decade of Life

Child Labour: SDG 8.7.1

Legend:
- Household Chores
- Economic Activities
- Total Child Labour

Percentage of children age 5-17 years engaged in child labour, by sex and type of activity
* Note: Indicator includes children in the first & second decade of life

To become empowered, adolescent girls and boys need to be engaged as civic participants in the decisions affecting their lives and communities. People's sense of security and freedom from the fear of crime influences how they move about those communities, access services and economic opportunities and participate in public life. Adolescent girls and boys are likely to have different perceptions of personal safety due to different gender-based vulnerabilities to sexual violence and other crimes. Life satisfaction measures an individual's perceived level of well-being or how an individual feels about their life as a whole. Measuring adolescent girls' and boy's satisfaction with their lives can provide important insights into their mental health during a stage of life when gender norms consolidate and girls and boys experience different risk factors for mental health disorders.

Discrimination & Harassment

Adolescent Boys 15-19
Adolescent Girls 15-19
29
47

Percentage of Adolescent girls and boys age 15-19 years who have ever felt discriminated or harassed based on their gender. Data for "Boys" are based on 25-49 unweighted cases

Life Satisfaction

Legend: Girls, Boys

Among adolescents age 15-19 years, average life satisfaction score on a scale of 0 to 10, by sex and age group. Data for "Boys" are based on 25-49 unweighted cases

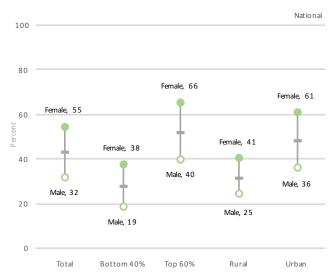# Every Adolescent Girl & Boy Learns: The Second Decade of Life

While participation in secondary education is expanding, progress lags behind primary education. Gender disparities disadvantaging girls are also wider and occur in more countries at the secondary level than at the primary level. Yet, advancing girls' secondary education is one of the most transformative development strategies countries can invest in. Completion of secondary education brings significant positive benefits to girls and societies – from increased lifetime earnings and national growth rates, to reductions in child marriage, stunting, and child and maternal mortality.

Lower Secondary Attendance
Net Attendance Rate

National

Female, 83
Female, 79
Female, 87
Female, 73
Female, 87
Male, 70
Male, 75
Male, 67
Male, 62
Male, 73

Total | Bottom 40% | Top 60% | Rural | Urban

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

Upper Secondary Attendance
Net Attendance Rate

National

Female, 55
Female, 38
Female, 66
Female, 41
Female, 61
Male, 32
Male, 19
Male, 40
Male, 25
Male, 36

Total | Bottom 40% | Top 60% | Rural | Urban
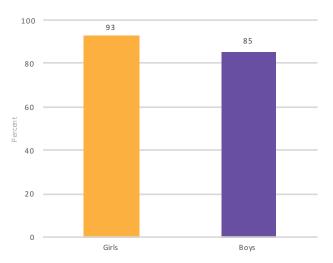
Percentage of children of upper secondary school age attending upper secondary school or higher (adjusted net attendance ratio), by sex, wealth quintile and area
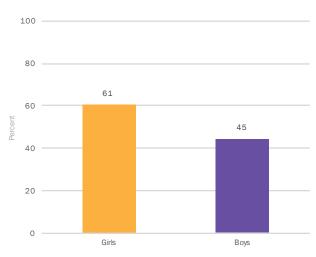
Data for "Sex", "Area" and "Wealth Index Group" are based on 25-49 unweighted cases

Lower Secondary Completion

93 — Girls
85 — Boys

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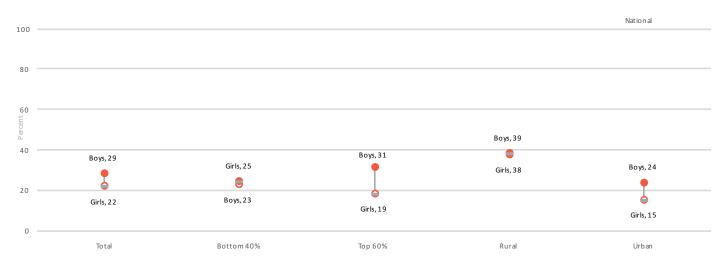
Upper Secondary Completion

61 — Girls
45 — Boys

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

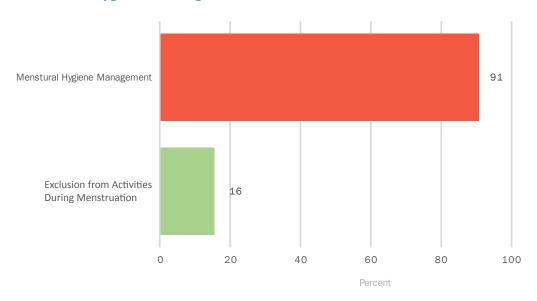# Every Adolescent Girl & Boy Learns: The Second Decade of Life

Children of Lower Secondary School Age Out of School

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

Data for "Area" and "Wealth Index Group" are based on 25-49 unweighted cases

Every Adolescent Girl & Boy Lives in a Safe & Clean Environment: The Second Decade of Life

Menstrual Hygiene Management

The ability of adolescent girls to safely manage their monthly menstrual cycle in privacy and with dignity is fundamental to their health, psychosocial well-being and mobility. Girls in low-resource and emergency contexts without access to adequate menstrual hygiene management facilities and supplies experience stigma and social exclusion while also forgoing important educational, social and economic opportunities.

Menstrual Hygiene Management: Among adolescent girls age 15-19 years who reported menstruating in the last 12 months, percentage using appropriate menstrual hygiene materials with a private place to wash and change while at home
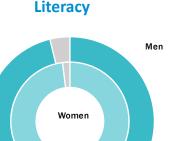
Exclusion from Activities During Menstruation: Among adolescent girls age 15-19 years who reported menstruating in the last 12 months, percentage of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months
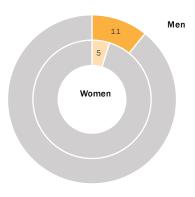
Gender Equality in Adulthood

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

Access to Knowledge, Information & Technology

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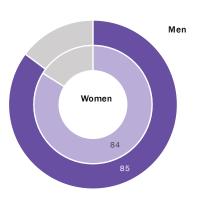
Percentage of adults age 15-49 years who are literate, by sex

Media Access

Percentage of adults age 15-49 years who read a newspaper, listen to the radio, or watch television at least once a week
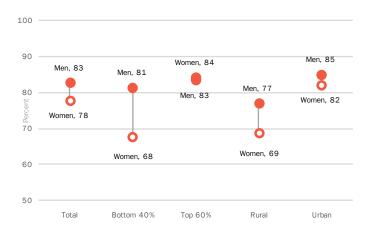
Internet Use: SDG 17.8.1

Percentage of adults age 15-49 years using the internet at least once in the past 3 months, by sex
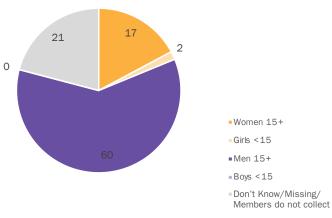
Access to Resources

Mobile Phone Ownership: SDG 5.b.1

Percentage of adults age 15-49 years who own a mobile phone, by sex, wealth index group and area

Time on Household Chores: Water Collection
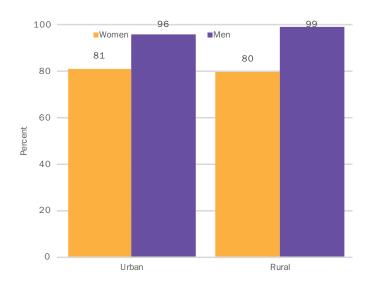
Who collects water?

- Women 15+
- Girls <15
- Men 15+
- Boys <15
- Don't Know/Missing/ Members do not collect

Percentage distribution of household members without drinking water on premises, by person usually collecting drinking water used in the household
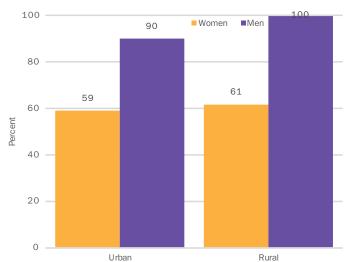
Gender Equality in Adulthood

Safety & Security

Feeling Safe While Walking Alone, SDG 16.1.4, By Sex

Percentage of men and women age 15–49 years who feel safe walking alone in their neighbourhood after dark, by sex and area
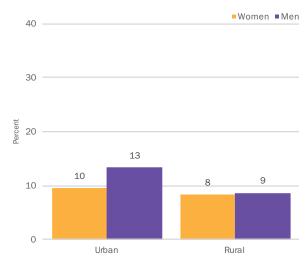
Feeling Safe While Being at Home Alone, By Sex

Percentage of men and women age 15–49 years who feel safe being home alone after dark, by sex and area

Victimization

Percentage of men and women age 15–49 years who experienced physical violence of robbery or assault in the last year, by sex, wealth quintile and area

Discrimination & Harassment
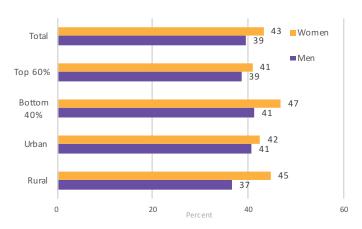
Percentage of men and women age 15–49 years who have ever personally felt discriminated or harassed based on their gender, by sex and area
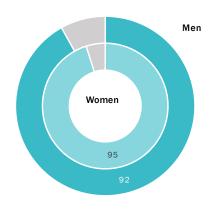
Gender Equality in Adulthood

Feminine & Masculine Attitudes & Expectations

Attitudes Towards Domestic Violence

Total
Women 43
Men 39

Top 60%
Women 41
Men 39

Bottom 40%
Women 47
Men 41

Urban
Women 42
Men 41

Rural
Women 45
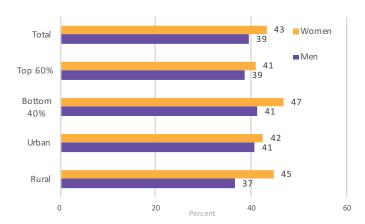Men 37

Percent — 0, 20, 40, 60

Percentage of men and women age 15–49 years who justify wife beating for any of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food, by sex, wealth index group area

Attitudes Towards Physical Punishment
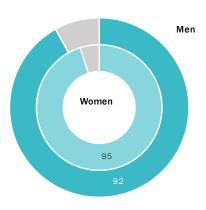
Men

Women

95

92

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

Life Satisfaction

Total
Women 43
Men 39

Top 60%
Women 41
Men 39

Bottom 40%
Women 47
Men 41

Urban
Women 42
Men 41

Rural
Women 45
Men 37

Percent — 0, 20, 40, 60

Among men and women age 15–49 years, average life satisfaction score on a scale of 0 to 10, by sex, wealth index group and marital status. Higher scores indicate higher satisfaction levels.

Perceptions of a Better Life

Men

Women

95

92

Percentage of men and women age 15–49 years who expect that their lives will get better in one year, by sex
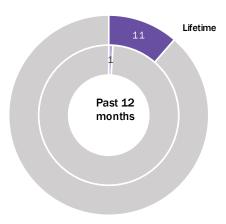
Domestic Violence

Domestic violence is a problem that affects one's health, economy, education and human development and above all, human rights. The term 'domestic' includes violence perpetrated by an intimate partner and by other family members, wherever this violence takes place and in whatever form . Violence against women and girls is one of the most pervasive human rights violations and has devastating effects in the world. Violence against women and girls is a barrier to respecting human rights and realizing the Sustainable Development Goals of which, SDG 5 target 5.2 is "Eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation". It is also widely recognized that violence against women is a challenge to women's participation in development and peace . Countries cannot develop if women are not given equal opportunity to participate in their society. In other cases, the data on socio-economic and health costs of violence clearly demonstrate that violence against women undermines human and economic development.

Intimate Partner Violence (Physical, Sexual and/or Emotional) Among Ever-Married/Partnered Women: SDG 5.2.1

Percentage of ever-married women age 15–49 years who have experienced various forms of violence ever or in the 12 months preceding the survey

Non-Partner Sexual Violence, SDG 5.2.2

Percentage of women age 15–49 years who have ever experienced sexual violence and percentage who have experienced sexual violence in the 12 months preceding the survey, by non-partner
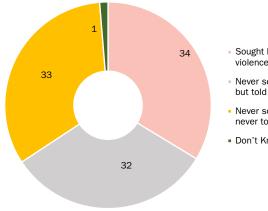
Violence by any Husband/Partner in the Last 12 Months

Age group	Emotional violence	Physical violence	Sexual violence	Emotional, Physical or Sexual Violence
National	28.5	34.8	8.7	43.5
20-24	(34.2)	(44.7)	(18.7)	(51.2)
25-34	32.9	40.4	8.4	49.7
35-49	22.0	25.8	5.7	35.3

Percentage of ever-married women age 15–49 years who have experienced emotional, physical or sexual violence by any husband/partner in the past 12 months

Data for 'Age group 20-24' are based on 25-49 unweighted cases.

Help-seeking to Stop Violence

- Sought help to stop violence — 34
- Never sought help but told someone — 32
- Never sought help, never told anyone — 33
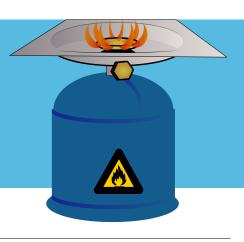- Don't Know/Missing — 1

Percent distribution of women age 15–49 years who have ever experienced physical or sexual violence by their help-seeking behavior according to type of violence

Key Messages

- Almost every second woman aged 15–49 years who has ever been married has, in their lifetime, experienced emotional, physical or sexual violence at the hands of their current or most recent husband/partner.
- Every third woman in the same category experienced emotional, physical or sexual violence in the last 12 months preceding the survey.

- 1 in 10 women aged 15–49 years has ever experienced sexual violence by a non-partner.
- Most women victims of emotional and physical violence are between 20 and 24 years old.
- Close to a third of women aged 15–49 years who have ever experienced physical or sexual violence have never sought help or told anyone about their experience.
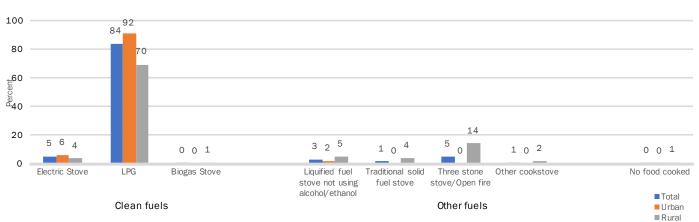
Energy Use

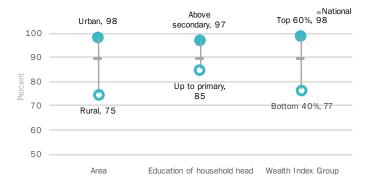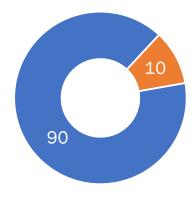## Types of Clean Fuels for Cooking

Percentage of household members living in households using different types of clean fuels and other fuels for cooking in urban and rural areas.

Using Clean Fuels & Technologies for Cooking & Lighting

Percentage of household members living in households using clean fuels and technologies for cooking and lighting

Primary Reliance on Clean Fuels & Technologies for Cooking & Lighting: SDG 7.1.2

Percentage of household members primary relying on clean fuels and technologies for cooking and lighting

Key Messages

- A majority (90%) of the population in Tuvalu uses clean fuels and technologies for cooking and lighting, though disparities exist based on location (75% in rural areas and 98% in urban areas).

- Liquefied petroleum gas (LPG) is the most common type of clean fuel used by households.