

Statistical tables

The statistical tables in this volume present the most recent key statistics on child survival, development and protection for the world's countries, areas and regions. They support UNICEF's focus on progress and results towards internationally agreed-upon goals and compacts relating to children's rights and development.

General note on the data

Data sources

Data presented in the following statistical tables are derived from the UNICEF global databases and are accompanied by definitions, sources and, where necessary, additional footnotes. The indicator data draw on inter-agency estimates and nationally representative household surveys such as Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS). In addition, data from administrative sources and other United Nations organizations have been used. More detailed information on the data sources is provided at the end of each table.

The demographic indicators and many of the population-related indicators in these tables were based on the latest population estimates and projections from *World Population Prospects: The 2019 revision and World Urbanization Prospects: The 2018 revision* (United Nations Department of Economic and Social Affairs, Population Division). Data quality is likely to be adversely affected for countries that have recently suffered disasters or conflicts, especially where basic country infrastructure has been fragmented or where major population movements have occurred.

In particular, UNICEF supports countries in collecting and analysing data for monitoring the situation of children and women through its global household survey programme, the Multiple Indicator Cluster Surveys (MICS). Since 1995, as many as 346 surveys have been completed in 118 countries and areas. MICS is a major data source for the 2030 Sustainable Development Agenda to measure Sustainable Development Goal (SDG) indicators, and in shaping government policies as well as programmes around the world. More information is available at <mics.unicef.org>.

Regional and global aggregates

Unless otherwise mentioned, regional and global aggregates for indicators were generated as population weighted averages using data from *World Population Prospects: The 2019 revision*. They accord with the relevant age and sex group for each indicator (e.g. total live births for unweighted at birth and number

of females aged 15–49 years for maternal anaemia). Again, unless otherwise noted, global and regional estimates are only reported for indicators with a population-level data coverage of at least 50 per cent.

Data disaggregation

The COVID-19 crisis underscored the importance of disaggregated data for understanding the differential health and socioeconomic effects of the pandemic on women and children, which exacerbated long-lasting, structural disparities and discrimination. Beyond the crisis, high quality, comparable and timely disaggregated data, as well as data simultaneously disaggregated along more than one dimension, are essential to identify priority groups for various types of interventions and to fulfil the 2030 Sustainable Development Agenda mandate to leave no one behind.

Different sources of data, including household surveys, vital registrations and administrative records, are exploited to compile and analyse disaggregated data. While space constraints do not permit the full presentation of this data in the following statistical tables, efforts have been made to present disaggregated data along key dimensions, including sex, age, residence and wealth status. Given UNICEF's core commitment to gender equality and the empowerment of women and girls, the presentation of sex-disaggregated data, when available, is prioritized in the statistical tables, except when statistically significant differences between boys and girls are not observed in the majority of countries for a given indicator. In these instances, the sex-disaggregated data are available online at <www.data.unicef.org>. For further information about the disaggregation of individual indicators, please refer to the footnotes below the statistical tables.

Data comparability

Efforts have been made to maximize the comparability of statistics across countries and time. Nevertheless, data used at the country level may differ in terms of the methods used to collect data or arrive at estimates, and in terms of the populations covered. Furthermore, data presented here are subject to evolving methodologies, revisions of time series data (e.g. immunization, maternal

mortality ratios), and changing regional classifications. Also, data comparable from one year to the next are unavailable for some indicators. It is therefore not advisable to compare data from consecutive editions of *The State of the World's Children*.

Further methodological information

Data presented in the following statistical tables generally reflect information compiled and updated from January through July 2021, with a specific cut-off time associated with individual indicators described in the 'main data sources' section underneath each table. The 'last updated'

time stamp reflects when the data were compiled and updated as part of country consultation or interagency processes that are specific to individual topics.

Interested readers are encouraged to visit <data.unicef.org> for methodological details of the indicators and the statistics.

Data presented in the tables are available online at <www.unicef.org/sowc> and via <www.data.unicef.org>. Please refer to these websites for the latest data and for any updates or corrigenda subsequent to printing.

Child mortality estimates

Under-five mortality is used as the principal indicator of progress in child well-being.

www.childmortality.org

Under-five mortality rate (deaths per 1,000 live births)

UNICEF Region	1980	1985	1990	1995	2000	2005	2010	2015	2019
East Asia and Pacific	73	61	57	49	39	29	22	17	14
Europe and Central Asia	44	37	31	27	21	16	12	10	8
Eastern Europe and Central Asia	66	54	46	44	35	25	18	14	11
Western Europe	16	13	11	8	6	5	4	4	4
Latin America and Caribbean	84	67	55	43	33	26	25	18	16
Middle East and North Africa	123	86	65	53	42	33	27	24	22
North America	15	12	11	9	8	8	7	7	6
South Asia	171	150	130	112	93	77	62	49	40
Sub-Saharan Africa	200	187	178	170	151	124	101	86	76
Eastern and Southern Africa	185	171	162	154	133	106	81	64	55
West and Central Africa	216	204	196	187	168	142	121	106	95
Least developed countries	210	192	175	158	135	109	89	72	63
World	117	102	93	86	76	63	51	43	38

Under-five deaths (thousands)

UNICEF Region	1980	1985	1990	1995	2000	2005	2010	2015	2019
East Asia and Pacific	2,613	2,413	2,301	1,705	1,257	908	695	539	435
Europe and Central Asia	570	483	386	304	217	162	132	108	88
Eastern Europe and Central Asia	474	409	328	262	187	136	110	88	70
Western Europe	97	74	58	41	30	26	23	20	19
Latin America and Caribbean	944	785	641	503	381	288	265	192	169
Middle East and North Africa	902	707	545	419	324	270	246	239	219
North America	55	50	47	40	35	35	32	29	27
South Asia	5,577	5,257	4,748	4,185	3,548	2,912	2,276	1,719	1,406
Sub-Saharan Africa	3,393	3,598	3,826	4,044	3,987	3,659	3,303	3,037	2,844
Eastern and Southern Africa	1,633	1,719	1,806	1,883	1,796	1,567	1,314	1,111	1,009
West and Central Africa	1,759	1,879	2,020	2,161	2,190	2,092	1,989	1,926	1,836
Least developed countries	3,579	3,611	3,589	3,538	3,299	2,868	2,499	2,152	1,968
World	14,055	13,294	12,494	11,200	9,749	8,234	6,950	5,862	5,189

Regional classifications

Aggregates presented at the end of each of the 18 statistical tables are calculated using data from countries and areas as classified below.

East Asia and the Pacific

Australia; Brunei Darussalam; Cambodia; China; Cook Islands; Democratic People's Republic of Korea; Fiji; Indonesia; Japan; Kiribati; Lao People's Democratic Republic; Malaysia; Marshall Islands; Micronesia (Federated States of); Mongolia; Myanmar; Nauru; New Zealand; Niue; Palau; Papua New Guinea; Philippines; Republic of Korea; Samoa; Singapore; Solomon Islands; Thailand; Timor-Leste; Tokelau; Tonga; Tuvalu; Vanuatu; Viet Nam

Europe and Central Asia

Eastern Europe and Central Asia; Western Europe

Eastern Europe and Central Asia

Albania; Armenia; Azerbaijan; Belarus; Bosnia and Herzegovina; Bulgaria; Croatia; Georgia; Kazakhstan; Kyrgyzstan; Montenegro; Republic of Moldova; Romania; Russian Federation; Serbia; Tajikistan; North Macedonia; Turkey; Turkmenistan; Ukraine; Uzbekistan

Western Europe

Andorra; Austria; Belgium; Cyprus; Czechia; Denmark; Estonia; Finland; France; Germany; Greece; Holy See; Hungary; Iceland; Ireland; Italy; Latvia; Liechtenstein; Lithuania; Luxembourg; Malta; Monaco; Netherlands; Norway; Poland; Portugal; San Marino; Slovakia; Slovenia; Spain; Sweden; Switzerland; United Kingdom

Latin America and the Caribbean

Anguilla; Antigua and Barbuda; Argentina; Bahamas; Barbados; Belize; Bolivia (Plurinational State of); Brazil; British Virgin Islands; Chile; Colombia; Costa Rica; Cuba; Dominica; Dominican Republic; Ecuador; El Salvador; Grenada; Guatemala; Guyana; Haiti; Honduras; Jamaica; Mexico; Montserrat; Nicaragua; Panama; Paraguay; Peru; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; Suriname; Trinidad and Tobago; Turks and Caicos Islands; Uruguay; Venezuela (Bolivarian Republic of)

Middle East and North Africa

Algeria; Bahrain; Egypt; Iran (Islamic Republic of); Iraq; Israel; Jordan; Kuwait; Lebanon; Libya; Morocco; Oman; Qatar; Saudi Arabia; State of Palestine; Syrian Arab Republic; Tunisia; United Arab Emirates; Yemen

North America

Canada; United States

South Asia

Afghanistan; Bangladesh; Bhutan; India; Maldives; Nepal; Pakistan; Sri Lanka

Sub-Saharan Africa

Eastern and Southern Africa; West and Central Africa

Eastern and Southern Africa

Angola; Botswana; Burundi; Comoros; Djibouti; Eritrea; Eswatini; Ethiopia; Kenya; Lesotho; Madagascar; Malawi; Mauritius; Mozambique; Namibia; Rwanda; Seychelles; Somalia; South Africa; South Sudan; Sudan; Uganda; United Republic of Tanzania; Zambia; Zimbabwe

West and Central Africa

Benin; Burkina Faso; Cabo Verde; Cameroon; Central African Republic; Chad; Congo; Côte d'Ivoire; Democratic Republic of the Congo; Equatorial Guinea; Gabon; Gambia; Ghana; Guinea; Guinea-Bissau; Liberia; Mali; Mauritania; Niger; Nigeria; Sao Tome and Principe; Senegal; Sierra Leone; Togo

Least developed countries/areas

[Classified as such by the United Nations High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States (UNOHRLS)].

Afghanistan; Angola; Bangladesh; Benin; Bhutan; Burkina Faso; Burundi; Cambodia; Central African Republic; Chad; Comoros; Democratic Republic of the Congo; Djibouti; Eritrea; Ethiopia; Gambia; Guinea; Guinea-Bissau; Haiti; Kiribati; Lao People's Democratic Republic; Lesotho; Liberia; Madagascar; Malawi; Mali; Mauritania; Mozambique; Myanmar; Nepal; Niger; Rwanda; Sao Tome and Principe; Senegal; Sierra Leone; Solomon Islands; Somalia; South Sudan; Sudan; Timor-Leste; Togo; Tuvalu; Uganda; United Republic of Tanzania; Yemen; Zambia

Notes on specific tables

TABLE 1. DEMOGRAPHICS

The demographics table contains selected indicators on some of the most important demographic information of each population, including the total population and broken down by age, as well as annual population growth rates. The annual number of births is a function of both population size and current fertility. The total fertility rate allows for comparison of fertility levels internationally. A total fertility level of 2.1 is called 'replacement level' and represents a level at which, in the long term, the population would remain the same size. Life expectancy at birth is a measure of the health status and the development of a population and continues to increase in almost all countries in the world. The dependency ratio is the ratio of the not-working-age population (i.e., the economically 'dependent' population) to the working-age population (15–64 years). This can be divided into a child dependency ratio (ratio of children under 15 to working-age population) and an old-age dependency ratio (ratio of population 65 and older to working-age population). The total dependency ratio is usually U-shaped over time reflecting a changing age structure as a result of the demographic transition. This can be understood as the combination of opposing trends in child and old-age dependency ratios. For example, decreasing fertility leads to a decreasing share of children in the population and therefore to a decrease in the child dependency ratio. Increasing life expectancy (as consequence of decreasing mortality) will lead to a larger share of older people and therefore to an increase in the old-age dependency ratio.

The proportion of the urban population and the annual urban population growth rate describe the status and dynamics of the urbanization process. The net migration rate refers to the difference between the number of immigrants and the number of emigrants; a country/area with more immigrants than emigrants shows a positive value, while a country with less immigrants than emigrants shows a negative value. All demographic indicators are based on *World Population Prospects: The 2019 revision*. Except for the total population size, most demographic indicators are published only for countries/areas with a population greater than 90,000 people. Regional aggregates are based on all countries and areas associated with the respective region, even if not part of the 202 reporting countries and/or with a population of 90,000 or smaller (thus the reported global under 18 population, for example, is larger than the sum of the presented country values).

TABLE 2. CHILD MORTALITY

Each year, in *The State of the World's Children* report, UNICEF presents a series of mortality estimates for children. These figures represent the best estimates available at the time of printing and are based on the work of the United Nations Inter-Agency Group for Child Mortality Estimation (UN IGME), which includes UNICEF, the World Health Organization (WHO), the World Bank group and the United Nations Population Division. UN IGME mortality estimates are updated annually through a detailed review of all newly available data, which can result in adjustments to previously reported estimates. As a result, consecutive editions of *The State of the World's Children* should not be used for analysing mortality trends over time. Comparable global and regional under-five mortality estimates for the period 1990–2019 are presented below. Country-specific mortality indicators, based on the most recent UN IGME estimates, are presented in Table 2 and are available at <data.unicef.org/child-mortality/under-five> and <www.childmortality.org>, along with methodological notes.

TABLE 3. MATERNAL AND NEWBORN HEALTH

The maternal and newborn health table includes a combination of demographic and intervention coverage indicators. The demographic indicators consist of life expectancy for females, adolescent birth rate, and maternal mortality estimates including the number of maternal deaths, maternal mortality ratio, and lifetime risk of maternal death.

The life expectancy and adolescent birth rate indicators come from the United Nations Population Division. The maternal mortality data are estimates generated by the United Nations Maternal Mortality Estimation Inter-Agency group (UN MMEIG), which includes the World Health Organization (WHO), UNICEF, United Nations Population Fund (UNFPA), the World Bank Group, and the United Nations Population Division. UN MMEIG mortality estimates are updated regularly through a detailed review of all newly available data points. This process often results in adjustments to previously reported estimates. As a result, consecutive editions of *The State of the World's Children report* should not be used for analysing maternal mortality trends over time.

Intervention coverage indicators encompass indicators for family planning, antenatal care, delivery care and postnatal care for mother and baby. The data for these indicators

come from national household survey programmes such as the DHS and MICS and other reproductive health surveys. Regional and global estimates are calculated by using a weighted average method. The variables used for weighting are indicator-specific and applied to each country. They accord with the appropriate target population for each indicator (the denominator) and are derived from the latest edition of the *World Population Prospects*. Only the most recent data points from 2015–2020 for each country were used to calculate regional and global aggregates.

The maternal and newborn health table also includes some age disaggregations to provide information on adolescent reproductive and maternal health. Specifically, demand for family planning satisfied with modern methods, antenatal care of at least four visits, and skilled attendant at birth are disaggregated for the 15–19 year age group. The disaggregated data for antenatal care of at least four visits and skilled attendant at birth come from the Federal University of Pelotas, International Center for Equity in Health, Brazil. The total and disaggregated data for demand for family planning satisfied with modern methods come from the United Nations Department of Economic and Social Affairs Population Division. Regional and global estimates are calculated with the same methodology described above for the intervention coverage indicators. Regional aggregates for demand for family planning satisfied with modern methods, and adolescent birth rate are calculated and provided by the United Nations Population Division.

TABLE 4. CHILD HEALTH

The child health table includes a set of indicators that capture information on the coverage of effective interventions delivered to children under the age of five years and at the household level. These include a range of immunization indicators (described below) and indicators on interventions for the prevention or treatment of pneumonia, diarrhoea and malaria (the three leading killers of young children). The main data sources for the indicators on prevention and treatment of childhood illnesses are nationally representative household surveys such as the DHS and MICS. Regional and global estimates are calculated by using a weighted average method. Variables used for weighting are indicator-specific and applied to each country. They accord with the appropriate target population for each indicator (the denominator) and are derived from the latest edition of the *World Population Prospects*. Only the most recent data points from 2015–2020 for each country were used to calculate regional and global estimates. For indicators that capture information about households, total population was used.

Immunization

The child health table presents the WHO and UNICEF estimates of national immunization coverage. Since 2000, these estimates have been updated annually in July, following a consultation process during which countries are provided with draft reports for review and comment. As new empirical data are incorporated into the process for generating the estimates, the revised estimates supersede prior data releases. Coverage levels from earlier revisions are not comparable. A more detailed explanation of the process can be found at <data.unicef.org/child-health/immunization>. Regional averages for the reported antigens are computed as follows: For BCG, regional averages include only those countries where BCG is included in the national routine immunization schedule. For DTP, polio, measles, HepB, Hib, PCV and rotavirus vaccines, regional averages include all countries, as these vaccines are universally recommended by WHO. For protection at birth (PAB) from tetanus, regional averages include only the countries where maternal and neonatal tetanus is endemic.

TABLE 5. ADOLESCENT HEALTH

This table contains a set of key indicators related to adolescent health, well-being and mortality. Mortality indicators include adolescent mortality rate for ages 10–19, the number for adolescent deaths as well as the annual rate of reduction in the adolescent mortality rate for the period 2000–2019. Reproductive health indicators presented in this table include adolescent birth rate, early childbearing (which refers to women aged 20–24 years who gave birth before age 18) and demand for family planning satisfied with modern methods among adolescents aged 15–19. The following maternal health indicators are presented for adolescents aged 15–19: Antenatal care with at least four visits and skilled birth attendant. The following risk factors for non-communicable diseases (NCDs) are presented: Alcohol use among adolescents ages 15–19, tobacco use among adolescents ages 13–15 and insufficient physical activity among school going adolescents ages 11–17. Vaccination against human papillomavirus (HPV) is presented for girls who received the last dose of the HPV vaccine per national schedule. WHO/UNICEF produce two main coverage indicators for HPV vaccination. One is the HPV vaccination programme performance coverage that describes vaccination coverage according to a national schedule and the programme's eligibility criteria for each calendar year (programme's target population up to 14 years of age). The second describes HPV vaccination coverage by age 15, representing the proportion of the population turning 15 in the reporting year who have

been vaccinated against HPV at any time between the ages of 9–14, at any time up to the calendar year in question. Data are always reported at the national level and may not necessarily show differences at the subnational level. Both indicators are calculated for the first dose (HPV1) and the full recommended schedule (HPVc) and by sex. For the vaccines currently on the market, the schedule depends on the age. The general recommendation is a 2-dose schedule, with the doses spaced a minimum 6 months apart for individuals under 15 years of age at the time of the first dose. Meanwhile, a 3-dose schedule (0, 1–2, 6 months) is recommended for individuals 15 years of age or older, or who are immunocompromised or have a HIV infection. To establish denominators, the methodology uses as a default the UN Population Division country estimates. To deal with the different ways countries set and change eligibility criteria over time, a normalization process is used to translate eligibility into denominators. This includes translating school grade eligibility in population cohorts and dealing with multiple cohort eligibility (changes) over time. For more details see: Laia Bruni et al., *Preventive Medicine*, <doi.org/10.1016/j.ypmed.2020.106399>.

HIV/AIDS: Tables 6 and 7

In 2021, the Joint United Nations Programme on HIV/AIDS (UNAIDS) released new global, regional and country-level HIV and AIDS estimates for 2020 that reflect the most up-to-date epidemiological estimates. The estimates also reflect coverage data for antiretroviral therapy (ART), prevention of mother-to-child transmission (PMTCT) and early infant diagnosis for HIV. The estimates are based on the most current available science and WHO programme guidelines. These guidelines have resulted in improvements in assumptions of the probability of HIV transmission from mother-to-child, fertility among women by age and HIV serostatus, net survival rates for children living with HIV and more. Based on this refined methodology, UNAIDS has retrospectively generated new estimates of HIV prevalence, the number of people living with HIV and those needing treatment, AIDS-related deaths, new HIV infections, and other important trends in the HIV epidemic.

Key indicators on the HIV response for children are divided into two tables: Table 6. HIV/AIDS: epidemiology and Table 7. HIV/AIDS: interventions.

TABLE 6. HIV/AIDS: EPIDEMIOLOGY

Table 6 includes key indicators that are used to measure trends in the HIV epidemic. Data are disaggregated by 10-year age groups, as children living with HIV under age 10 are all assumed to be infected through mother-to-

child transmission. Children aged 10–19 living with HIV additionally include new HIV infections that occur through sexual transmission and injection drug use, depending on the country context. Due to significant gender disparity among adolescents evident in HIV epidemic trends and programmatic response, disaggregates by sex are now included for all HIV/AIDS epidemiology indicators. For better comparison between countries and regions, the indicator on the number of new HIV infections has been replaced with HIV incidence per 1,000 uninfected population. Similarly, the number of AIDS-related deaths has been replaced with AIDS-related mortality per 100,000 population. These two indicators provide relative measures of new HIV infections and AIDS-related deaths and more accurately demonstrate the impact of the HIV response.

TABLE 7. HIV/AIDS: INTERVENTIONS

Table 7 includes indicators on essential interventions in the HIV response for children. These coverage indicators have been revised from previous editions of *The State of the World's Children* report to better reflect progress in current HIV/AIDS programmes and policy. For example, the indicator for early infant HIV diagnosis captures information on what percentage of HIV-exposed infants received an HIV test within two months of birth. All coverage indicators are calculated from the most recent and reliable data available from population-based surveys and programme service statistics.

Each coverage indicator is aggregated regionally or globally using a population-weighted average. Due to sometimes sparse data, indicators from population-based surveys are only aggregated if the data in that area represent at least 50 per cent of the adolescent population.

Nutrition: Tables 8 and 9

Table 8 encompasses estimates of malnutrition at birth among pre-school-aged children, school-aged children and women of reproductive age as well as coverage of birth weighing and key micronutrient programmes. Table 9 encompasses feeding practices for infants and young children.

Estimates for low birthweight, stunting and overweight among pre-school children, thinness and overweight among school-aged children, and maternal underweight and anaemia are from country models. For this reason, these may be different from survey-reported estimates. For all other indicators, when raw data were available, the country-level estimates were re-analysed to conform to standard analysis methods and may therefore differ from survey-reported values.

Low birthweight: Estimates are based on methods updated as of 2019. Therefore, country, regional and global estimates may not be comparable with those published in editions of *The State of the World's Children report before 2019*.

Un-weighted at birth: An indicator representing the percentage of births without a birthweight in the data source.

Stunting and overweight: UNICEF, WHO and the World Bank have continued to harmonize the country dataset of stunting and overweight estimates from household surveys. As of 2021 these have been used to generate country-modelled estimates. UNICEF, WHO and the World Bank transitioned from the use of survey estimates to represent country prevalence to the use of country-level modelled estimates for stunting and overweight. The new methodology is based on the updated approach described in 'UNICEF-WHO-World Bank 2021'. Technical notes from the background document for country consultations on the 2021 edition of the UNICEF-WHO-World Bank Joint Malnutrition Estimates are found here: <<https://data.unicef.org/resources/jme-2021-country-consultations/>>. The regional and global figures for stunting and overweight are population weighted averages of the country modelled estimates.

Wasting and severe wasting: Household survey-based estimates are used to report on country prevalence. UNICEF, WHO and the World Bank have continued to harmonize the country dataset of wasting and severe wasting estimates from household surveys, which is employed to generate regional and global averages, using a model described in M. de Onis et al (2004), 'Methodology for Estimating Regional and Global Trends of Child Malnutrition', *International Journal of Epidemiology*, 33, pp. 1260–1270. For stunting, overweight, wasting and severe wasting, new estimates are released every year, which supersede all previous estimates and should not be compared.

Vitamin A supplementation: Emphasizing the importance for children receiving two annual high-dose vitamin A supplements (spaced 4–6 months apart), this report presents only a full coverage estimate for vitamin A supplementation. In the absence of a direct method to measure this indicator, full coverage is reported as the lower coverage estimate from semester 1 (January–June) and semester 2 (July–December), in a given year. Estimates for each semester can be found at: < <https://data.unicef.org/topic/nutrition/vitamin-a-deficiency/> >.

The regional and global aggregates are comprised of the 64 countries indicated as priority countries for national-level programmes. Hence the regional aggregates are published where at least 50 per cent of the population coverage for the priority countries in each region has been met and when there are at least 5 priority countries in the region. In other words, estimates are not shown for Latin America and the Caribbean or Eastern Europe and Central Asia because each of these regions only has two priority countries.

Malnutrition among school-aged children:

Indicators under this title reflect the importance of ending malnutrition among children of all ages. Country estimates for malnutrition among school-aged children are based on the NCD Risk Factor Collaboration (NCD-RisC) (2017), 'Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: A pooled analysis of 2,416 population-based measurement studies in 128.9 million children, adolescents, and adults', *The Lancet*, 390(10113), pp. 2627–2642.

Underweight women 18+ years: This indicator reflects the importance of maternal malnutrition if malnutrition among children is to be eliminated. Country estimates for underweight women are based on the NCD Risk Factor Collaboration (NCD-RisC) (2017), 'Worldwide trends in bodymass index, underweight, overweight, and obesity from 1975 to 2016: A pooled analysis of 2,416 population-based measurement studies in 128.9 million children, adolescents, and adults', *The Lancet*, 390(10113), pp. 2627–2642.

Anaemia women 15–49 years: This indicator reflects the importance of maternal malnutrition if malnutrition among children is to be eliminated. Country estimates for anaemia are based on WHO (2021), WHO Global Anaemia estimates. Prevalence of anaemia in non-pregnant women (%). Global Health Observatory (GHO) data. Geneva: World Health Organization (<https://www.who.int/data/gho>).

Iodized salt: The definition of the indicator presented in this report changed in 2016. The indicator was previously about households consuming adequately iodized salt. Since 2016, the indicator presented in this report is about salt with any iodine, and therefore country, regional and global prevalence estimates are not comparable to those published in previous editions of *The State of the World's Children report*.

Infant and young child feeding: A total of eight indicators are presented, including the following with recent definitional changes or which are new as described in the updated indicator guidance available at <https://data.unicef.org/resources/indicators-for-assessing-infant-and-young-child-feeding-practices/> :

- (i) Continued breastfeeding (12–23 months) replaces two previous indicators of continued breastfeeding at 1 year (12–15 months) and 2 years (20–23 months).
- (ii) Minimum Dietary Diversity (MDD) (6–23 months) is now defined as the percentage of children 6–23 months of age who received foods from at least five out of eight defined food groups during the previous day (the older version of this indicator reflected consumption of at least four out of seven defined food groups during the previous day).
- (iii) Minimum Meal Frequency (MMF) (6–23 months) has revised indicator definition for non-breastfed children.
- (iv) Minimum Acceptable Diet (MAD) (6–23 months) is revised to align with the change to the MDD and MMF definition.
- (v) Zero vegetable or fruit consumption (6–23 months) is a new indicator.

TABLE 10. EARLY CHILDHOOD DEVELOPMENT

Early childhood, which spans the period up to eight years of age, is critical for cognitive, social, emotional and physical development. Optimal brain development requires a stimulating environment, adequate nutrients and social interaction with attentive caregivers. The early childhood development table presents data on some specific indicators with comparable and nationally representative data on the quality of care at home, access to learning materials at home, and access to early childhood care and education. The information in this table is best interpreted alongside data on other areas vital to early childhood development such as nutrition and protection.

Early stimulation and responsive care by adults:

Data on this indicator from the DHS were recalculated according to the MICS methodology for comparability. Therefore, the recalculated data presented here will differ from estimates in DHS national reports.

Early stimulation and responsive care by father:

Data from the third and fourth rounds of MICS (MICS3 and MICS4) refer to fathers' engagement in one or more activities to promote learning and school readiness, while the definition was changed in the fifth round (MICS5) to reflect fathers' engagement in four or more activities. Therefore, estimates of early stimulation and responsive care by fathers from MICS3 and MICS4 differ from those based on results beginning with MICS5. Data on this indicator from the DHS were recalculated according to the MICS methodology for comparability. Therefore, the recalculated data presented here will differ from estimates in DHS national reports.

Learning materials at home: Playthings:

Changes in the definition of this indicator were made between the third and fourth round of MICS (MICS3 and MICS4). To allow for comparability with MICS4 and subsequent rounds of MICS, data from MICS3 were recalculated according to the MICS4 indicator definition. Therefore, the recalculated data presented here will differ from estimates reported in MICS3 national reports.

Children with inadequate supervision: This indicator was previously referred to as 'children left in inadequate care' but has been renamed to reflect the nature of the underlying construct more accurately.

TABLE 11: EDUCATION

This table contains a set of indicators on the aspects of children's education: equitable access, school completion and learning outcomes.

This table first provides information about equitable access, as measured by the out-of-school children rate (SDG4.1.4). Estimates shown in this table were calculated using the UNESCO Institute for Statistics (UIS) database. The out-of-school children rate identifies the population part in the official age range for a given level of education not attending school, in order to formulate targeted policies that can be put in place to ensure equitable access to education.

In September 2019, UIS changed the methodology for capturing data on out-of-school children at the primary level. Primary school-age children attending pre-primary education are now considered as in-school children.

Completion rate (SDG4.1.2) measures children or young people aged 3–5 years above the intended age for the last grade of each level of education who have completed that grade. The source of estimates is the UNICEF global database; and were calculated using MICS, DHS, and

other household surveys. By choosing an age group that is slightly older than the theoretical age group for completing each level of education, the indicator provides more robust measures on the share of children and adolescents completing each cycle of education.

This table also includes a set of indicators to monitor equitable learning outcomes, including the proportion of children and young people achieving at least a minimum proficiency level in reading and mathematics (SDG4.1.1) as well as youth literacy rate (SDG4.6.2). The minimum proficiency level is the benchmark of basic knowledge in a domain (i.e., mathematics and reading) measured through learning assessments. Estimates were based on the UN Statistics Division's database, an official SDG data source. The literacy rate shown in the table were sourced from the UIS database. It measures the basic literacy skills that the population should be equipped with through primary education. It is used to provide insight into the proportion of youth aged 15–24 with a minimum level of proficiency in reading and writing; and it measures the effectiveness of primary education in each country.

Detailed information on the indicators included in this table can be found in the publication from the UNESCO Institute for Statistics, *Metadata for the global and thematic indicators for the follow-up and review of SDG4 and Education 2030*, July 2017.

TABLE 12. CHILD PROTECTION

Child protection refers to the prevention of and response to violence, exploitation and abuse of children in all contexts. There are many violations that children can be subjected to, but the lack of comparable data limits reporting on the full spectrum. In view of this, the child protection table presents data on a few issues for which comparable and nationally representative data are available. This includes two manifestations of harmful traditional practices, some forms of violence and exploitation as well as the official recording of births.

Birth registration: Changes in the definition of birth registration were made from the second and third rounds of MICS (MICS2 and MICS3) to the fourth round (MICS4). To allow for comparability with later rounds, data from MICS2 and MICS3 on birth registration were recalculated according to the MICS4 indicator definition. Therefore, the recalculated data presented here may differ from estimates included in MICS2 and MICS3 national reports.

Child labour: This indicator has been replaced by the one used for SDG reporting on indicator 8.7.1. It reflects the proportion of children engaged in economic activities and/or household chores at/or above age-specific hourly

thresholds (general production boundary basis). These thresholds include, child labour for the 5–11 age range, with children working at least one hour per week in economic activity and/or involved in unpaid household services for more than 21 hours per week. Child labour for the 12–14 age range, with children working for at least 14 hours per week in economic activity and/or involved in unpaid household services for more than 21 hours per week. Child labour for the 15–17 age range, with children working for more than 43 hours per week in economic activity. Meanwhile, no hourly threshold is set for unpaid household services for ages 15–17. Country estimates compiled and presented in the global SDG database and reproduced in the State of the *World's Children* report have been re-analysed by UNICEF and the International Labour Organization (ILO) in accordance with the definitions and criteria detailed above. This means that the country data values will differ from those published in national survey reports.

Child marriage: While the practice is more widespread among girls, marriage in childhood is a rights violation for both sexes. Therefore, the prevalence of child marriage is shown among both males and females. For males, only marriage before age 18 is shown, as marriage before age 15 is exceedingly rare.

Female genital mutilation (FGM): Data on the prevalence of FGM among girls aged 0–14 years were recalculated for technical reasons and may differ from those presented in original DHS and MICS country reports. Beginning with the 2019 edition of the *State of the World's Children* report, attitudes towards the practice are shown as the share of the population opposing (rather than supporting) FGM. This measure is now shown among both males and females. Regional estimates on the prevalence of FGM and attitudes towards the practice are based on available data only from practising countries with nationally representative data. As there are some non FGM practising countries in each region, the data reflect the situation among those living in specific countries where the practice is ongoing.

Justification of wife-beating among adolescents: Beginning with the 2019 edition of the *State of the World's Children* report, the age group used for reporting on this indicator has been revised to refer to adolescents aged 15–19.

Violent discipline: Estimates used in UNICEF publications and in MICS country reports prior to 2010 were calculated using household weights that did not take into account the last-stage selection of children for the administration of the child discipline module in MICS

surveys. A random selection of one child within the reference age group is undertaken for the administration of the child discipline module. In January 2010, it was decided that more accurate estimates are produced by using a household weight that takes the last-stage selection into account. MICS3 data were recalculated using this approach. Additionally, the reference age group for this indicator was revised beginning with MICS5 to children aged 1–14. Therefore, estimates from MICS3 and MICS4 are not directly comparable since they refer to children aged 2–14.

TABLE 13. SOCIAL PROTECTION AND EQUITY

This table provides information about social protection coverage and the magnitude of income inequality, both of which impact the context in which children live. Social protection indicators include *mothers with newborns receiving cash benefits*, *the proportion of children covered by social protection* and the *distribution of social protection benefits* (1st quintile, 5th quintile, bottom 40 per cent). While the first two indicators capture the coverage of social protection, the third indicator reflects both incidence and distribution across quintiles. The table gives an overview of the social safety net that households – children in particular – have access to within each country.

Inequality indicators include the *share of household income* (1st quintile, 5th quintile, bottom 40 per cent), *Gini index*, *Palma Index*, *the Vast Majority Income Ratio*, and *Gross Domestic Product (GDP) per capita*. The first indicator captures the share of national income each quintile earns within a country. It illustrates the *structure* of income distribution per country while the *Gini coefficient* expresses the *extent* of inequality and how it deviates from a perfectly equal income distribution. In contrast, the *Palma index* concentrates on the income difference between the share of the richest 10 per cent and the poorest 40 per cent of a population. This indicator is more sensitive to the tails of distribution and extreme inequalities. Because changes in income inequality are mainly driven by changes in the income of the richest 10 per cent and the poorest 40 per cent, the Palma index offers insights on distributional changes of income inequality. The Vast Majority Income Ratio measures the income ratio of the first 80 per cent (vast majority) in the income ranking. GDP per capita complements those indicators as it measures the average standard of living of each country.

The social protection and equity indicators data do not have an annual frequency and are extracted from the *World Bank's World Development Indicators*, the *Atlas of Social Protection* – indicators of resilience and equity and the ILO's *World Social Protection Report*.

TABLE 14. WASH

This table contains a set of indicators on access to basic drinking water, sanitation and hygiene (WASH) services in households, schools and healthcare facilities. The WASH estimates in this report come from the WHO/ UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP). Full details of the JMP indicator definitions, data sources and methods used to produce sub-national, national, regional and global estimates can be found at <www.washdata.org>. New estimates for each setting are released every two years. These supersede all previous estimates and should not be compared.

TABLE 15. ADOLESCENTS

The adolescent table presents a selection of indicators on the well-being of adolescents across various domains of their lives: protection, education and learning as well as transition to work. While adolescent well-being is broad and cannot be exhaustively captured in a small selection of indicators, the measures in Table 15 are meant to serve as an illustrative sample, and to complement adolescent relevant indicators that appear throughout the other statistical tables in this publication. The indicators are drawn from the Adolescent Country Tracker, a multistakeholder framework grounded in the Sustainable Development Goals that was developed to track adolescent well-being across countries and over time. Adolescent health indicators are now presented in Table 5.

NEET and Unemployment: Data on the degree to which adolescents are able to effectively transition to work, illustrated through the measures of those not in employment, education or training (NEET) and the unemployment rate among adolescents aged 15–19 years, are drawn from the International Labour Organization (ILO). Metadata and further notes on interpretation of these indicators are available through the 'Metadata' section of <ilo.org/ilostat>.

TABLE 16. ECONOMIC INDICATORS

This table presents a macroeconomic overview of the context affecting children's well-being and development. The indicators included in the table have two descriptive purposes. They reflect the government's fiscal space to finance welfare programmes – as captured by the *Government Revenue and Official Development Assistance (ODA) inflows*; and they display the government expenditure's allocation on key sectors such as health, education, social protection, and foreign aid for DAC member countries. Government expenditure is given in proportion to each country's GDP and overall public budget. This distinction highlights the relative importance and size of each sector for social policy. A similar

distinction is operated for ODA between inflows/outflows in million US\$ and inflows/outflows in proportion to each country's Gross National Income.

The Economic Indicators data have an annual frequency and are extracted from the World Bank's World Development Indicators, with the exception of ODA (inflows and outflows). The data for this indicator come from the Organisation for Economic Co-operation and Development (OECD). Due to a lack of data coverage, *government expenditure on social protection as a percentage of government budget is calculated by the authors. It represents the ratio of government expenditure on social protection as a percentage of GDP over government revenue as a percentage of GDP.*

TABLE 17. WOMEN'S ECONOMIC EMPOWERMENT

This table was added in 2019 given the beneficial effects of women's economic empowerment on the well-being of children; and to reflect the intrinsic importance of women's economic empowerment as articulated in Sustainable Development Goal 5: Achieve Gender Equality and Empower all Women and Girls.

Social Institutions and Gender Index (SIGI):

Discriminatory laws, attitudes and practices affect the life course of women and girls, restricting their ability to accumulate human, social and productive assets and to exercise agency and voice over choices that affect their well-being. The SIGI, a composite measure of gender discrimination in social institutions produced by the OECD, combines qualitative and quantitative data on discriminatory social institutions in four areas: discrimination in the family, restricted physical integrity, restricted access to productive and financial resources, and restricted civil liberties.

Legal frameworks that promote, enforce and monitor gender equality in employment and economic benefits:

Equality and non-discrimination on the basis of sex are core principles enshrined in international legal and policy frameworks, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Beijing Declaration and Platform for Action. Removing discriminatory laws and putting in place legal frameworks that advance gender equality in employment are prerequisites for increasing women's paid and decent work and, in turn, their economic empowerment. The term 'legal frameworks' is defined broadly to encompass laws, mechanisms and policies/plans to promote, enforce and monitor gender equality. Data derived for this indicator, SDG 5.1.1, are from an assessment of

a country's legal frameworks completed by national statistical offices and/or national women's machinery, and legal practitioners/researchers on gender equality.

Maternity/paternity leave benefits: Parental leave benefits are critical for supporting the health and well-being of children and women's economic empowerment, including infants' survival and healthy development as well as increased labour force participation and earnings for women. ILO Convention No. 183 provides for 14 weeks of paid maternity benefit to those women for whom the instrument applies. While no ILO standard exists specifically on paternity leave, paternity benefits permit working fathers to be more involved in the care of their children and the sharing of household responsibilities. It is important to note, however, that even in countries with legal rights to parental leave, not all workers will have access, such as those employed part-time or working in the informal economy.

Educational attainment: While primary education provides children with the foundation for a lifetime of learning, secondary education equips them with the knowledge and skills needed to become economically empowered adults. Compared to girls with only a primary education, girls with secondary education are less likely to marry as children and become pregnant as adolescents. And, while women with primary education earn only marginally more than women with no education, women with secondary education earn twice as much, on average, than women who have not gone to school (see Wodon et al., 'Missed Opportunities: The High Cost of Not Educating Girls', *The Cost of Not Educating Girls Notes Series*. The World Bank, Washington DC, 2018).

Labour force participation and unemployment rates:

Equal access to the labour market is critical for women's economic empowerment. The labour force participation rate is calculated by expressing the number of persons in the labour force during a given reference period as a percentage of the working-age population (usually aged 15 and above) in the same reference period. The unemployment rate conveys the percentage of persons (usually persons aged 15 and above) in the labour force who are unemployed. This reflects the inability of an economy to generate employment for those persons who want to work but are not doing so even though they are available for employment and actively seeking work. Information on unemployment by sex highlights the greater difficulty, in many cases, that women have in entering the labour market, which can be directly or indirectly linked to a country's gender norms.

Mobile phone ownership: Mobile phone ownership provides individuals with access to information, financial services, employment opportunities and social networks and, as such, is an important asset for fostering women's economic empowerment as recognized under Goal 5 of the 2030 Agenda. As measured by SDG Indicator 5.b.1, an individual owns a mobile cellular phone if he/she has a mobile cellular phone device with at least one active SIM card for personal use. Mobile cellular phones supplied by employers that can be used for personal reasons (to make personal calls, access the Internet, etc.) are included. Individuals who have only active SIM card(s) and not a mobile phone device are excluded. Individuals who have a mobile phone for personal use that is not registered under his/her name are also included. An active SIM card is a SIM card that has been used in the last three months.

Financial inclusion: Measuring women's access to financial services, such as savings, insurance, payments, credit and remittances, is essential for understanding their economic empowerment. Access to financial services can also increase women's bargaining power in the household, with potential benefits for the well-being of children. As measured by SDG Indicator 8.10.2, an account at a financial institution includes respondents who report having an account at a bank. It also includes having an account at another type of financial institution, such as a credit union, microfinance institution, cooperative, or the post office (if applicable), or having a debit card in their own name. In addition, it includes respondents who report receiving wages, government transfers, or payments for agricultural products into an account at a financial institution in the past 12 months. It also includes paying utility bills or school fees from an account at a financial institution in the past 12 months; or receiving wages or government transfers into a card in the past 12 months. Mobile money account includes respondents who report personally using GSM Association (GSMA) Mobile Money for the Unbanked (MMU) services in the past 12 months to pay bills or to send or receive money. In addition, it includes respondents who report receiving wages, government transfers, or payments for agricultural products through a mobile phone in the past 12 months.

TABLE 18. MIGRATION

This table was added in 2021 due to the significance of migration and displacement for children's well-being and the attention the topics have received over the last years. This attention culminated in the Global Compact for Migration and the Global Compact on Refugees, both endorsed by the UN General Assembly in 2018.

The data on international migration are based on the International Migrant Stock published by UN Population

Division (UNPD DESA). The data provides the number of persons residing outside of their country of birth (for some countries citizenship was used instead of country of birth, depending on data availability) at mid-year of the reference year. Refugees and asylum seekers are included in this population. The number of children aged under 18 years is estimated based on the five-age year groups of migrant stock published by UNPD. For more details on the definition and methods for estimating the international migrant stock see the United Nations, Department of Economic and Social Affairs (Population Division) publication *International Migrant Stock 2020*.

The data on refugees (including both refugees and persons living in refugee-like situations) and asylum seekers are based on the Annex tables of the Global Trends report published yearly by the United Nations High Commissioner for Refugees (UNHCR; for details see: <https://www.unhcr.org/globaltrends2020/>). The term 'refugee' is defined in the 1951 Conventions amended by the 1967 Protocol. These numbers are stock numbers and refer to the end of the reference year. Data for refugee or asylum-seeking children are only calculated where the age coverage of the respective population is 50 per cent or larger. Regional age-related aggregates are estimated based on the weighted average of the share of children for countries with available data (and age coverage of 50 per cent and higher).

Data on internally displaced persons is based on the Global Internal Displacement Database (GIDD) maintained by the Internal Displacement Monitoring Center (IDMC) and refer to the number of internally displaced person (IDP) at the end of the reference year and the number of new internal displacements during the reference year (see: <https://www.internal-displacement.org/database>). While the IDP numbers are stock data counting the number of persons living in internal displacement, the number of new displacements refer to the aggregated number of independent displacement events during the year and can include subsequent displacements of the same persons (during distinct events). For this reason, the number of 'new' displacements cannot be equated with the number of persons displaced. Due to the lack of age-disaggregated data, the number of IDP children and of child-related new displacements are estimated using the age structure of the national population. This has the implicit assumptions that internal displacement happens randomly in terms of age and sex. Contrary to this, case studies show that women and children tend to be over-represented in the displaced population with the consequence that the presented child-related data on internal displacements are likely to be an under-estimation.