GENDER COUNTS

East and Southeast Asia

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

unicef for every child

UNFPA

UN WOMEN

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Gender counts

Sub-regional report for East & Southeast Asia

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

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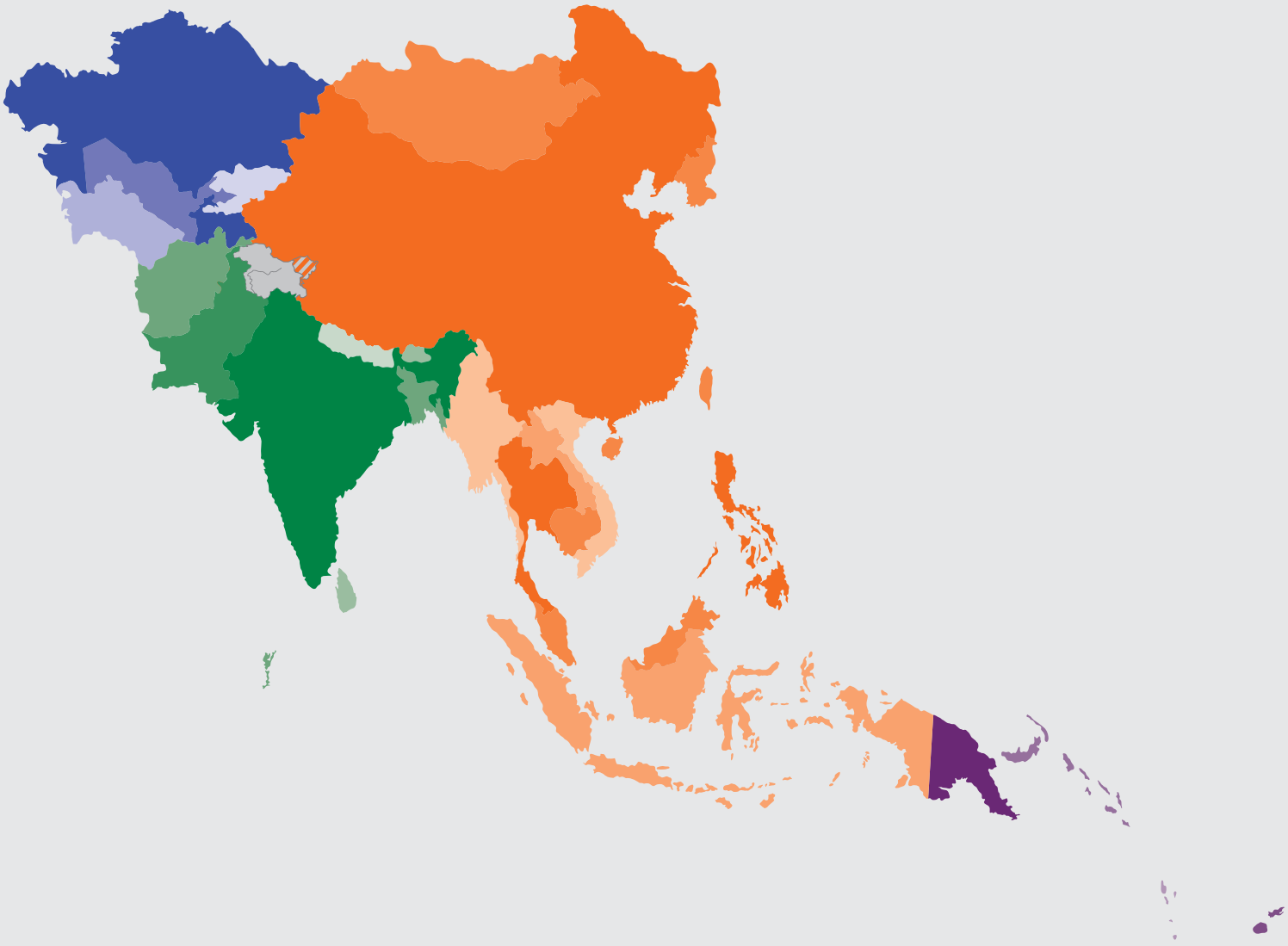
1 of 4 sub-regional reports for Asia and the Pacific



unicef for every child

UNFPA

UN WOMEN

WFP World Food Programme

Food and Agriculture Organization of the United Nations

PLAN INTERNATIONAL

UNDP

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

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Abbreviations and acronyms

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

Glossary and definition of key terms

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

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

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

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

Executive Summary

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

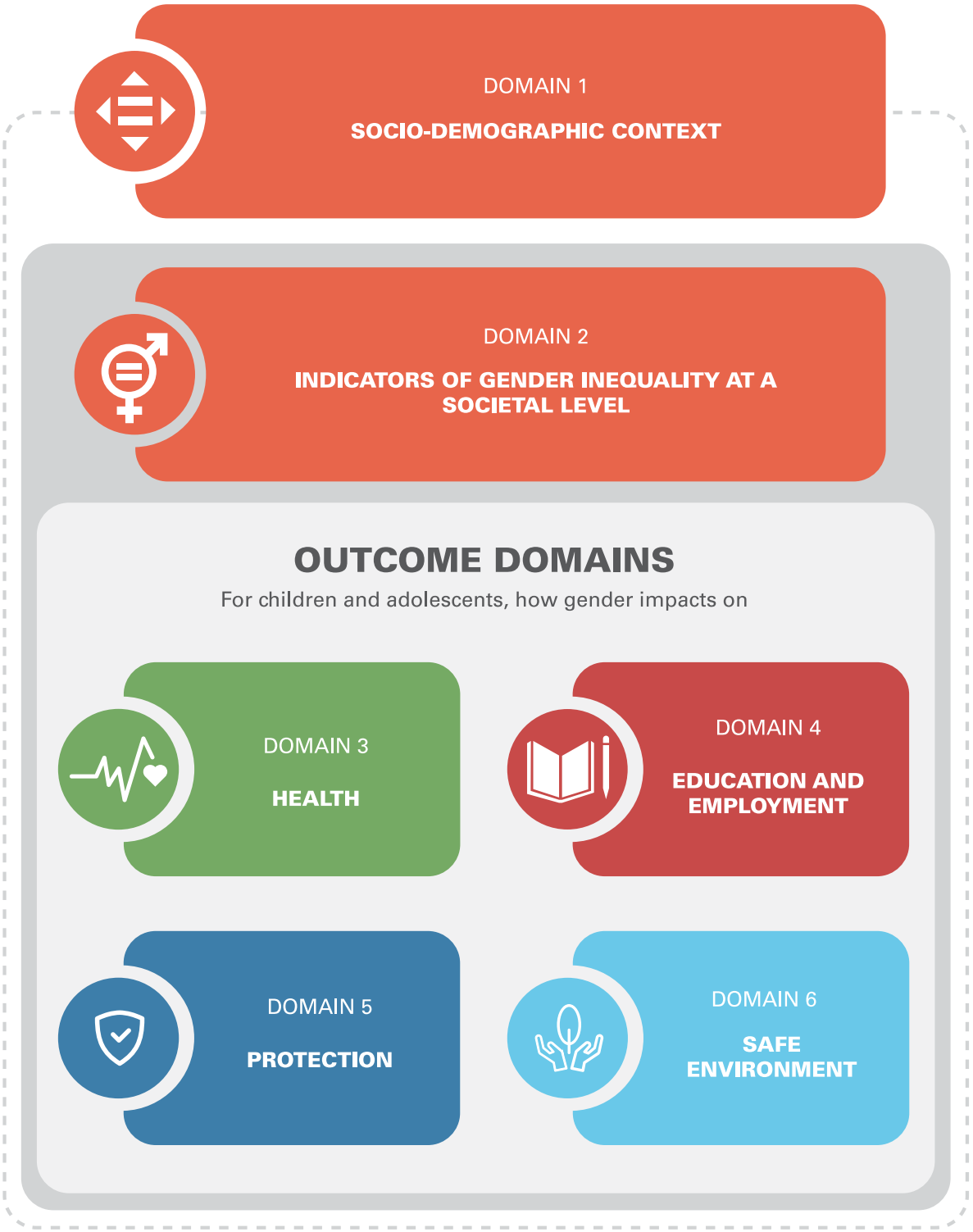
To help guide more effective and inclusive policy, **this report provides a comprehensive account of how gender inequality impacts on the lives of children and adolescents.** This report focuses on Low and Middle income countries in East and Southeast Asia, with other reports in the series focusing on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

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

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

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

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

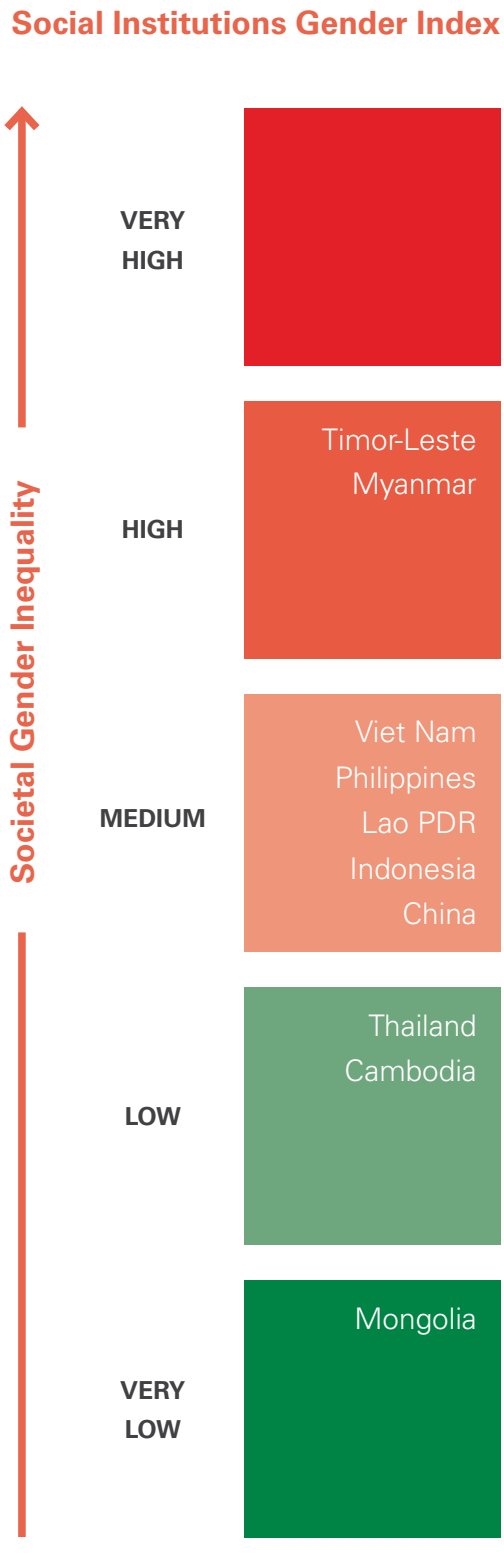


Context (Domains 1 and 2)

This region is rapidly developing, however, the low- and middle-income countries of East and Southeast Asia vary substantially in their levels of human development. Countries with a lower level of development (such as Myanmar, Cambodia, Lao PDR, Timor-Leste, Indonesia, Vietnam and the Philippines) are generally at greater risk of gender inequality given that socioeconomic poverty disproportionally affect women and girls. Development, however, can also be detrimental, as urbanisation and migration in countries like Malaysia, Thailand, China and Mongolia has the potential to fragment social supports and may increase women's work burden, including domestic work and child care.

Available data suggest that children and adolescents growing up in this region are exposed to high levels of household, institutional and societal gender inequality:

- Timor-Leste and Myanmar both have high levels of gender discrimination in social institutions, with China, Indonesia, Lao PDR, Philippines and Viet Nam having medium levels of discrimination.
- Entrenched gender roles persist which allocate unpaid domestic and child care work to women and girls.
- While women may have access to resources and decision-making power, in most countries, they still earn less than men.



- Women are under-represented in parliaments and police forces across the region, limiting legislative and justice system responses for women and girls.
- Violence against women is common in this region, particularly in Timor-Leste where almost half of partnered women have experienced intimate partner violence in a 12-month period. Harmful attitudes to domestic violence are widespread.
- In several countries, barriers to women's sexual and reproductive health rights negatively impact their health, wellbeing and bodily autonomy. There are substantial legal restrictions on abortion in Indonesia, Lao People's Democratic Republic (Lao PDR), Malaysia, Philippines and Timor-Leste. Many women do not have protection from marital rape, including in Cambodia, China, Malaysia and Myanmar. Demand for contraception remains largely unmet in several countries, particularly Timor-Leste, Cambodia and the Philippines. Women in Lao PDR, Timor-Leste and Myanmar also have low levels of antenatal care.

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

There are fewer girls than boys in this region

For every 10 boys under the age of 18 years there are only 9 girls

Health (Domain 3)

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

- Girls under 5 years have a higher than expected mortality in China.
- Adolescent girls experience a disproportionate burden of anaemia.
- Adolescent boys experience an excess burden of suicide, injury and health risk behaviours, such as tobacco smoking.
- Poor reproductive health for girls remains a substantial issue in this region, with high and unshifting rates of adolescent pregnancy and substantial unmet needs for contraception. This combined with undernutrition, as evidenced by stunting prevalence, may contribute to the high rates of adolescent maternal mortality in Lao PDR, Timor-Leste and Indonesia.

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

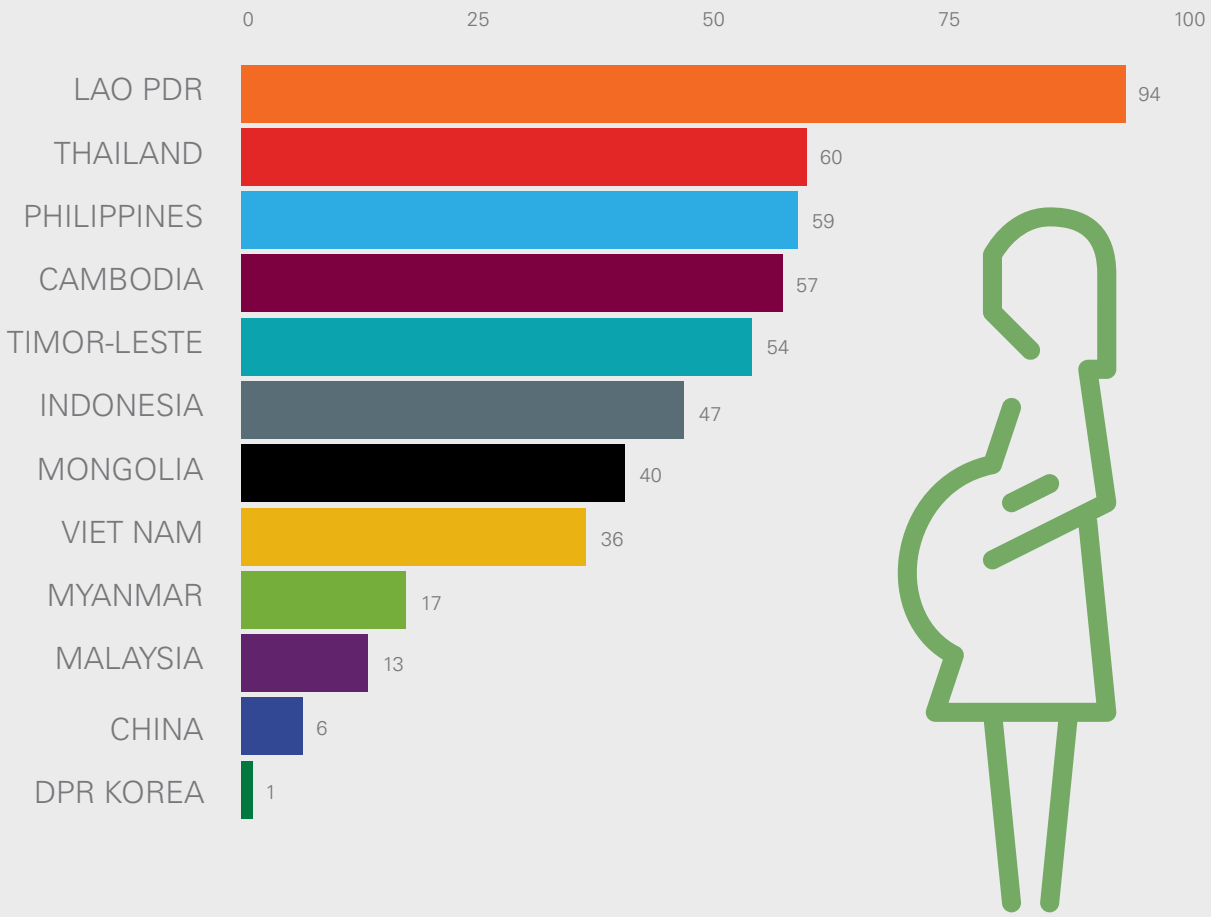
More boys die from suicide than girls

In some countries three times as many boys die from suicide as girls

CAMBODIA INDONESIAN MALAYSIA MONGOLIA THAILAND

Adolescent pregnancy rates remain high

Adolescent fertility rate (births per 1000 15-19 year olds)



Education and employment (Domain 4)

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

- Girls have higher attendance and completion rates for secondary school in most countries, particularly in Mongolia, Thailand and Viet Nam. Boys are more likely than girls to leave education early.

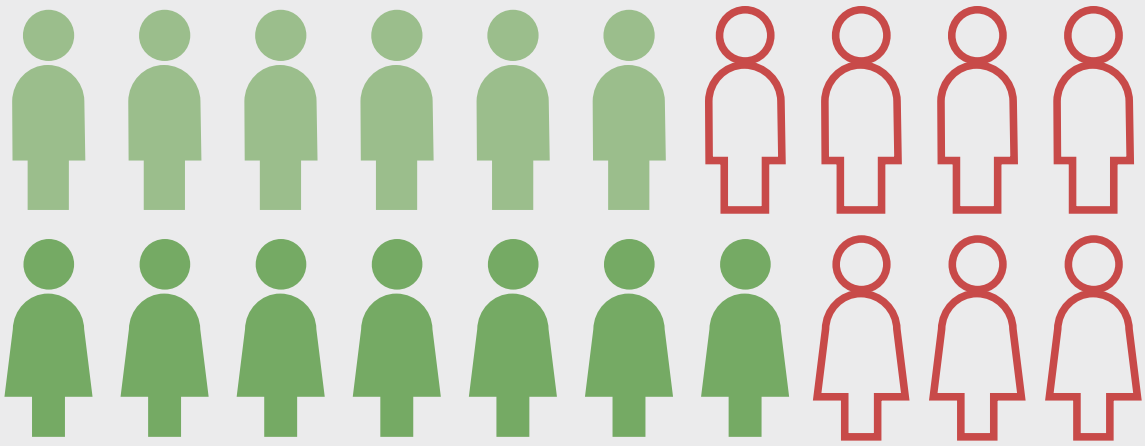
- However, girls and women are more likely than boys and men to not be in employment, education or training (NEET) in adolescence and early adulthood. This gender gap is likely related to highly differentiated gender roles that allocate unpaid domestic and care work to women, and paid work to men.

- Several countries, including Cambodia, Indonesia and the Philippines, have a very low proportion of improved school sanitation facilities and this may be a barrier to attendance for girls, particularly during menstruation.

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

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

Secondary school aged children not in upper secondary school



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

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

Protection (Domain 5)

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

- A preference for boys is reflected in the sex imbalance at birth in China and Viet Nam, and excess female infant mortality in China.
- Almost half of girls in Indonesia have been affected by FGM/C.
- Child marriage remains common in this region, particularly in Lao PDR where more than on in three girls aged 20-24 years were married or in union before 18 years of age.
- Available data suggest high rates of physical and/or sexual intimate partner violence, with one in five girls affected in Myanmar and one in three in Timor-Leste.
- Broad acceptance of violence against women by young people in the region.
- Two-thirds of children in this region have experienced violent discipline, males more likely so.
- Adolescent boys are at much greater risk of intentional homicide.
- High rates of bullying, with bullying more common for boys in Mongolia and Thailand.
- Boys are more likely to be in child labour and hazardous labour in Mongolia and the Philippines.
- Girls have a greater burden of household labour.
- Girls are more likely to be trafficked than boys.

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

Child marriage and intimate partner violence affect many girls

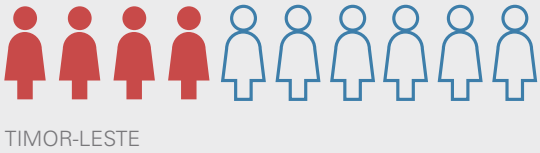
20-24-year-olds married by 18 years

LAO PDR

CAMBODIA, MYANMAR, PHILIPPINES, THAILAND

INDONESIA, MONGOLIA, TIMOR-LESTE, VIET NAM

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



TIMOR-LESTE

MYANMAR

CAMBODIA, PHILIPPINES

More males die from homicide than girls

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

In some countries boys are at least 5 times more likely to die from homicide than girls

CAMBODIA INDONESIA MALAYSIA MYANMAR PHILIPPINES THAILAND VIETNAM

Safe environments (Domain 6)

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

- Household air pollution causes substantial harms for girls and boys in this region. Boys come to greater harm in early childhood likely due to greater biological vulnerability. In some countries, this gender difference diminishes in late childhood and adolescence, probably as girls spend more time on household labour.

- Improved sanitation facilities are only available for one-third of schools in Indonesia and less than half of schools in Cambodia and the Philippines. This inadequate sanitation disproportionately burdens adolescent girls who have greater need for facilities in the management of menstruation.

- Girls are more likely to be responsible for water collection than boys in most countries.

- There are 1.3 million international child migrants across the region. In China and Malaysia migrants are more likely to be boys; in the Philippines and Thailand they are more likely to be girls. These gender-differences may reflect patterns of child labour.

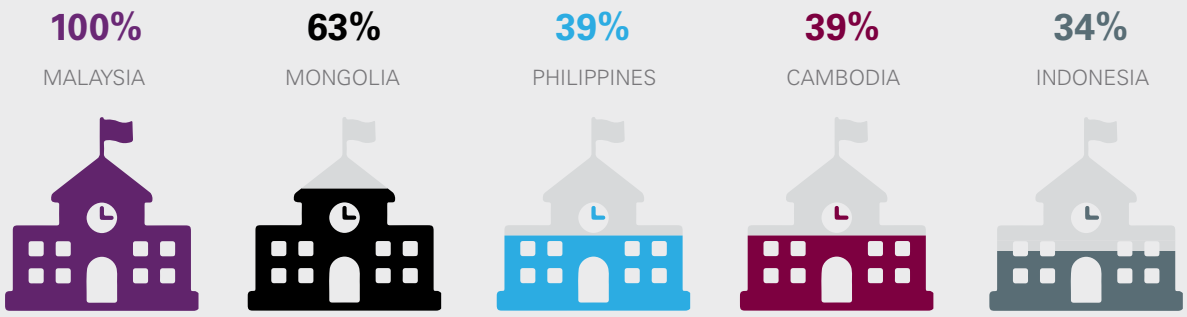
- Mobility is limited for many adolescent girls: one in five married girls in the region do not have freedom of movement to visit friends and family.

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

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

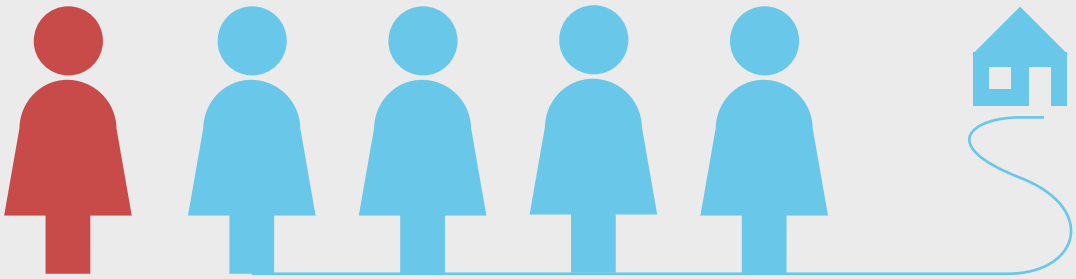
Many schools have inadequate sanitation

Schools with improved sanitation facilities



Mobility is limited for many girls

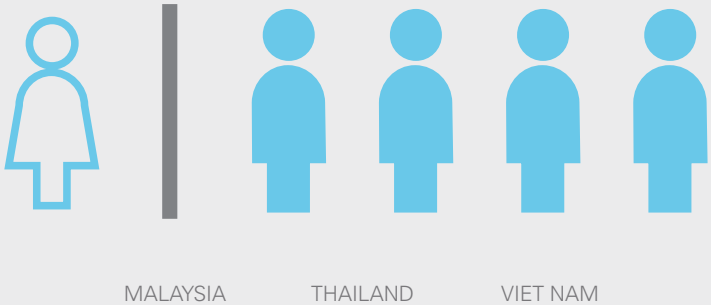
1 in 5 girls can't make decisions about visiting family or friends



More boys die from road traffic accidents than girls

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

In some countries, more than four times as many boys die from road traffic accidents as girls



Key recommendations

This analysis provides the basis for four key recommendations:

Recommendation 1

Integrate priority gender indicators for children and adolescents into routine reporting

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

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BOX R1: RECOMMENDED PRIORITY GENDER INDICATORS

Girls currently disadvantaged

- Expected to estimated mortality rate for females under 5 years of age (Indicator 3.02).
- Prevalence of anaemia for 10-14-year-olds (based on WHO age and sex specific haemoglobin thresholds) (%), by sex (Indicator 3.09d).
- Adolescent birth rate: Number of live births per 1000 females aged 15-19 years (Indicator 3.20).
- Proportion of youth, aged 15-24 years, not in education, employment or training (%), by sex (Indicator 4.12).
- Proportion of youth, aged 15-24 years, currently unemployed as a percent of the total number of employed and unemployed persons (the labour force) (%), by sex (Indicator 4.13).
- Sex-ratio at birth (number of male births per one female birth) (Indicator 5.01).
- Expected to estimated female infant mortality rate ratio (ratio less than 1 suggests excess female infant mortality) (Indicator 5.03).
- Child marriage - proportion of 20-24-year-olds who were married before 18 years and married before 15 years (Indicators 5.06a-b).
- Prevalence of female genital mutilation/cutting among girls aged 0-14 years (%) (Indicator 5.18).
- Number of detected trafficked children under 18 years of age, by sex (Indicator 5.19).
- Average number of hours, children aged 5-14 years, spend performing household chores per week, by sex (Indicator 5.22).

Boys currently disadvantaged

- DALY rate due to injuries amongst 10-19-year-olds (DALYs per 100,000), by sex (Indicator 3.12c).
- Proportion of 15-19-year-olds who report an episode of binge drinking (>48g females, 60g males) in the last 12 months (%), by sex (Indicator 3.13).
- Prevalence of daily tobacco smoking among 10-19-year-olds (%), by sex (Indicator 3.14).
- Suicide mortality rate among 10-19-year-olds (deaths due to intentional self-harm per 100,000 population per year), by sex (Indicator 3.15).
- School attendance (disaggregated by school level, age and sex) (Indicators 4.01a-c).
- School completion* (disaggregated by school level, age and sex) (Indicators 4.02a-c).
- Mortality rate due to intentional homicide among 10-19-year-olds (deaths per 100,000), by sex (Indicator 5.15).
- Proportion of 15-19-year-olds who feel safe walking around their neighbourhood after dark (%), by sex (Indicator 6.07).

Other indicators that track critical gender issues

- HIV incidence (among all adolescents, and among key populations) (Indicators 3.22a-e).
- Proportion of schools with basic sanitation facilities (improved, single-sex and usable) (%) (Indicator 4.08).
- Legal age of consent to sex (heterosexual and same-sex sexual relationships) (Indicators 5.07, 5.09).

* Gender disparities in school completion vary between countries

Recommendation 2

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

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

2a

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

Additional investment is recommended to address data gaps in:

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

2b

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

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

2c

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

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

BOX R2: CRITICAL GAPS IN GENDER DATA

Indicators with no data currently available:

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

Indictors with limited primary data or only modelled data available:

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

Recommendation 3

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

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

Recommendation 4

Address key drivers of gender inequality in the region

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

Contents

Introduction

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

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

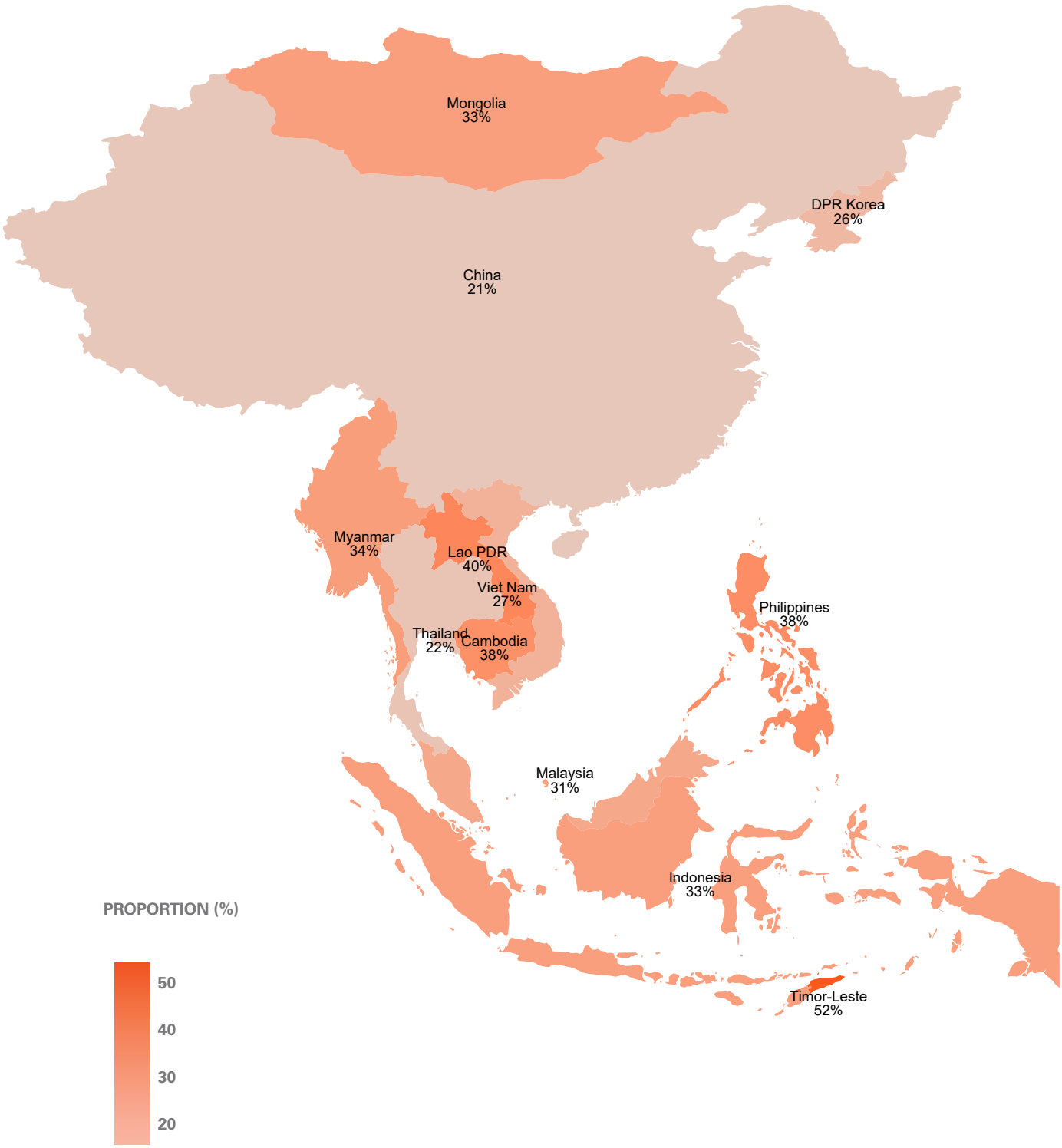
In East and Southeast Asia, an estimated 503 million children and adolescents (238 million girls and 265 million boys) reside in the low- and middle-income countries (LMICs) Cambodia, China, DPR Korea, Indonesia, Lao PDR, Malaysia, Mongolia, Myanmar, Philippines, Thailand, Timor-Leste and Viet Nam. The countries with the largest under 18 populations are China (294 million), Indonesia (86 million) and the Philippines (39 million). The proportion of children and adolescents varies from 21% of the population in the instance of China, to 52% in Timor-Leste. They also make up more than a third of the population in over half of the countries in the sub-region. In all countries there are more boys than girls (Figure A).

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

FEMALE		MALE
136,362,000	CHINA	157,734,000
41,710,000	INDONESIA	43,832,000
18,922,000	PHILIPPINES	20,028,000
12,278,000	VIET NAM	13,337,000
8,734,000	MYANMAR	8,830,000
7,401,000	THAILAND	7,814,000
4,550,000	MALAYSIA	4,821,000
3,174,000	DPR KOREA	3,318,000
2,862,000	CAMBODIA	2,966,000
1,312,000	LAO PDR	1,363,000
489,000	MONGOLIA	501,000
315,000	TIMOR-LESTE	328,000

FIGURE A: POPULATION AGED UNDER 18 YEARS IN EAST AND SOUTHEAST ASIA.

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



Significant progress has been made in many countries towards poverty reduction, child survival and universal education. However, considerable challenges remain to ensure the health and wellbeing of children and adolescents and to reduce increasing inequality between and within countries. A key challenge is achieving gender equality, which is central to improving outcomes for girls and boys and identified as one of the most fundamental issues for sustainable development at a regional level.[2] This is particularly true for girls, for whom persistent and pervasive low status and discrimination contribute to poor health, educational, social and economic outcomes that extend across the life-course into adulthood and the next generation.

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

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

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

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

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

Several existing global and regional frameworks include indicators to measure and monitor women and girls' empowerment and gender equality (see Appendix 1). While many include some gender indicators specific to those under 18 years of age, they do not provide a comprehensive assessment of gender issues impacting children and adolescents.

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

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

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

Approach and Methods

Purpose of this report

The purpose of this report is to review gender inequality and its impact on children and adolescents (defined here as below the age of 18) in low and middle-income countries in East and Southeast Asia, as part of a broader initiative to review gender inequality and its impact across Asia and the Pacific (including sub-regions Central Asia, South Asia, East and Southeast Asia, and the Pacific – see Box A).

While the primary focus is to identify and describe gender inequality and gender issues that are of critical importance to girls, the review also identifies harmful gender norms and roles that impact on boys. Current data availability means it is not possible to report on factors affecting gender diverse young people for the region, which is an important gap both in the report and in available data.

BOX A: LOW AND MIDDLE INCOME COUNTRIES OF ASIA AND THE PACIFIC, BY SUB-REGION[14]

Central Asia

- Kazakhstan
- Kyrgyzstan
- Tajikistan
- Turkmenistan
- Uzbekistan

South Asia

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

East and Southeast Asia

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

Pacific

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

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

The specific **objectives** are to:

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

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Scope and overarching principles

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

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

The following principles have guided the approach of the review:

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

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

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

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

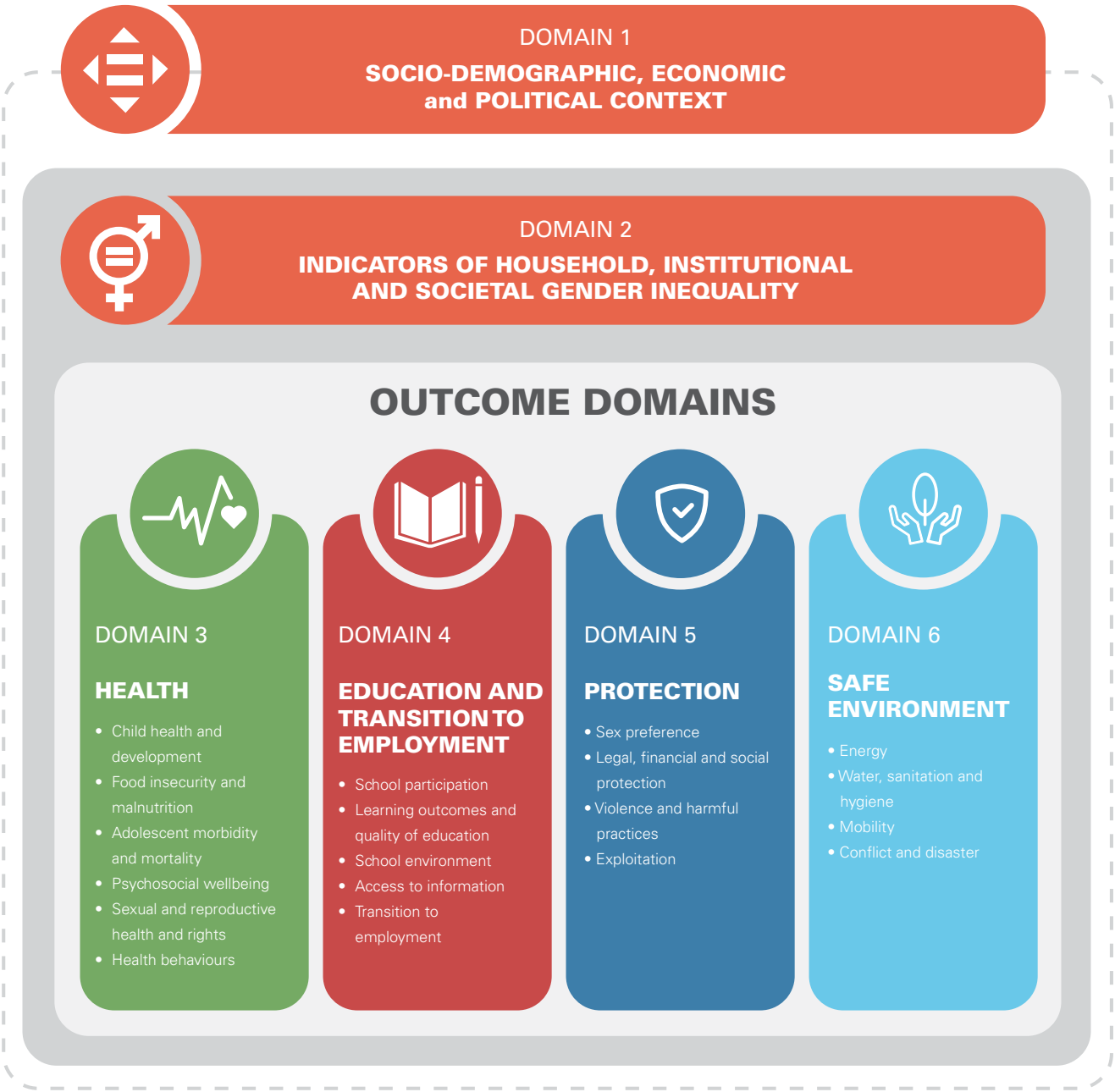
In this report, we have adopted the pragmatic approach of drawing national-level data from established databases wherever possible. The reporting of national data may have masked important gender disparities at a sub-national level and for other social groups. The use of datasets may also have resulted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

Conceptual framework

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

FIGURE B: CONCEPTUAL FRAMEWORK

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



Six domains were defined, at two broad levels:

(i) Contextual domains

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

(ii) Outcome domains

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

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

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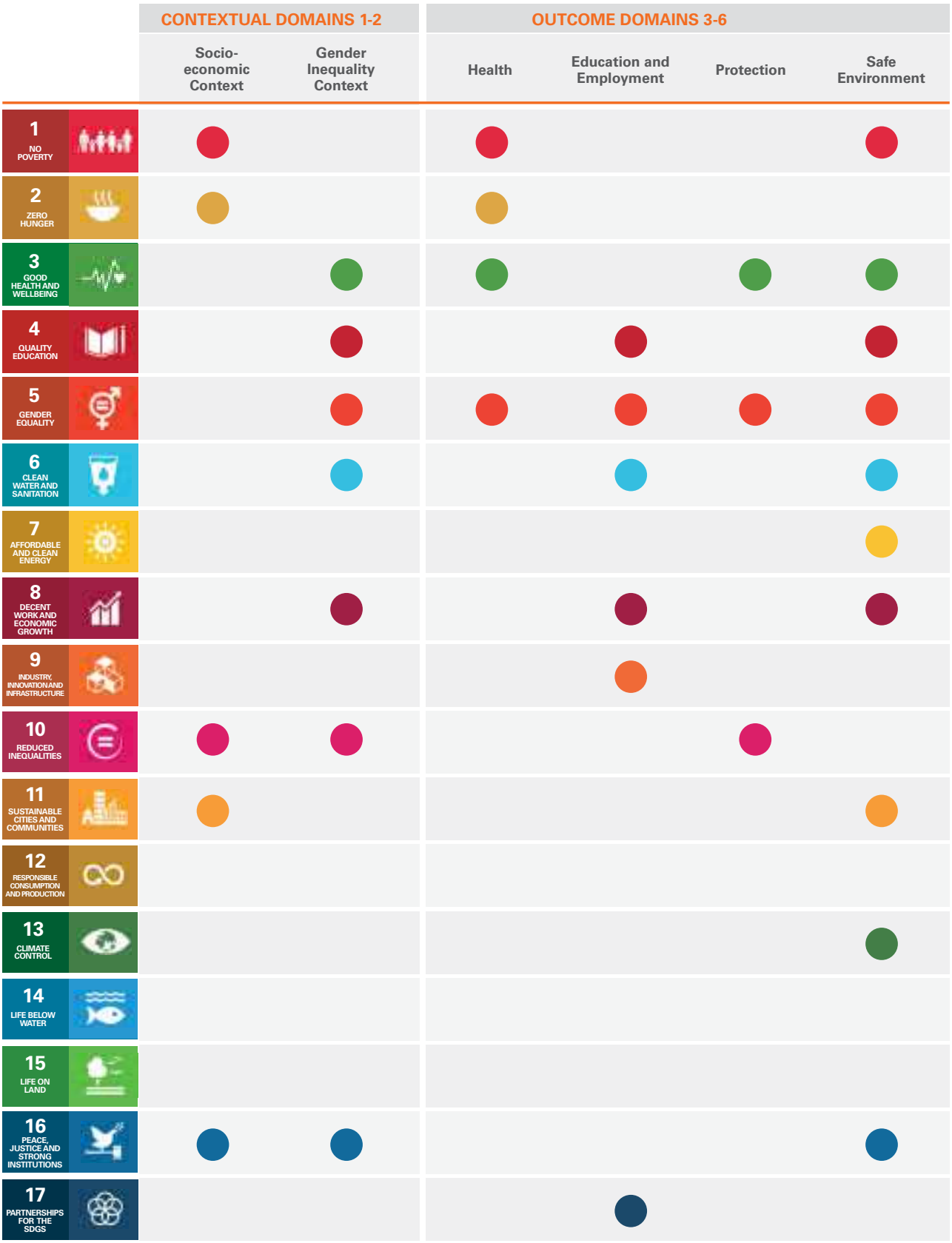
FIGURE C: INTERSECTION BETWEEN SDGS AND THE CONCEPTUAL FRAMEWORK

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



Indicators to measure gender inequality

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

BOX B: CRITERIA USED TO DEFINE INDICATORS

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

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

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

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

However, data is scarce for 10-14-year-olds, and inclusion potentially introduces substantial measurement error into estimates. The indicator was therefore revised to the adolescent birth rate for 15-19-year-olds to provide better quality data.

TABLE B: INDICATORS TO IDENTIFY GENDER INEQUALITY AND ITS CONSEQUENCES FOR GIRLS AND BOYS

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

1. SOCIO-DEMOGRAPHIC, ECONOMIC AND POLITICAL CONTEXT

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

2. HOUSEHOLD, INSTITUTIONAL AND SOCIETAL GENDER INEQUALITY

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

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

3. HEALTH

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

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

4. EDUCATION AND TRANSITION TO EMPLOYMENT

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

5. PROTECTION

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

6. SAFE ENVIRONMENT

SUB-DOMAIN	INDICATOR	SHORT LABEL
ENERGY	**6.01a** DALYs due to household air pollution in under 5-year-olds (DALYs per 100,000), by sex	Household air pollution, <5y (DALYs per 100,000)
	6.01b DALYs due to household air pollution in 5-9-year-olds (DALYs per 100,000), by sex	Household air pollution, 5-9y (DALYs per 100,000)
	6.01c DALYs due to household air pollution in 10-14-year-olds (DALYs per 100,000), by sex	Household air pollution, 10-14y (DALYs per 100,000)
	6.01d DALYs due to household air pollution in 15-19-year-olds (DALYs per 100,000), by sex	Household air pollution, 15-19y (DALYs per 100,000)
WATER, SANITATION AND HYGIENE	**6.02** Proportion of schools with improved sanitation facilities that are single-sex and usable (available, functional and private) (%)	Schools with improved sanitation facilities (%)
	6.03a DALYs due to unsafe water, sanitation and hygiene in under 5-year-olds (DALYs per 100,000), by sex	Water, sanitation and hygiene, <5y (DALYs per 100,000)
	6.03b DALYs due to unsafe water, sanitation and hygiene in 5-9-year-olds (DALYs per 100,000), by sex	Water, sanitation and hygiene, 5-9y (DALYs per 100,000)
	6.03c DALYs due to unsafe water, sanitation and hygiene in 10-14-year-olds (DALYs per 100,000), by sex	Water, sanitation and hygiene, 10-14y (DALYs per 100,000)
	6.03d DALYs due to unsafe water, sanitation and hygiene in 15-19-year-olds (DALYs per 100,000), by sex	Water, sanitation and hygiene, 15-19y (DALYs per 100,000)
	6.04 Proportion of households where a person under 15 years of age is usually responsible for water collection (%), by sex	Child collects water for household, <15y (%)
MOBILITY	**6.05a** Number of international migrants aged under 20 years of age (1000s), by sex	International migrants <20y, (count in 1000s)
	6.05b Proportion of population who are international migrants aged under 20 years of age (%), by sex	International migrants <20y, (population %)
	6.06 Proportion of married/partnered females, aged 15-19 years, who make decisions about visiting family/friends themselves or jointly with husband (%)	Married females make decisions visiting family or friends, 15-19y (%)
	6.07 Proportion of 15-19-year-olds who feel safe walking around their neighbourhood after dark (%), by sex	Feel safe walking at night, 15-19y (%)
	6.08 Mortality due to road traffic accidents among 10-19-year-olds (deaths due to road traffic injuries per 100,000), by sex	Road traffic mortality, 10-19y, (deaths per 100,000)
CONFLICT AND DISASTER	**6.09** Number of refugees, asylum seekers, internally displaced, stateless or other persons of concern aged under 18 years of age (thousands), by sex	Refugees, displaced and stateless persons, <18y (1,000s)

Populating indicators with data

Data was sourced and selected using the following principles:

Data sources:

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

Data selection:

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

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

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

Case studies

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

Findings

Context and key determinants of gender inequality

Unequal outcomes between girls and boys result from structural gender inequality operating beyond the individual level.

Domain 1 focuses on broad structural factors including demography and level of development to provide an important context to which gender inequality operates and is perpetuated. Domain 2 then focuses on broad indicators of gender inequality at a population level, while determinants of gender inequality as experienced by children and adolescents, is the focus of Domains 3-6.

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Domain 1

Socio-demographic, economic and political context

This first domain captures the political, economic and socio-demographic context in which children live, and in which unequal gender norms, roles and relations influence health and wellbeing outcomes. It includes data on the total population, reflecting the societies in which girls and boys live.

Data availability

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

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

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

			CAMBODIA	CHINA	DPR KOREA	INDONESIA	LAO PDR	MALAYSIA	MONGOLIA	MYANMAR	PHILIPPINES	THAILAND	TIMOR-LESTE	VIET NAM
Demography	Population <18y (1000s)	1.01a	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD
	Proportion of population <18y (%)	1.01b	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD
	Ratio of girls to boys aged <18y	1.01c	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD
	Population difference of <18y (girls - boys, 1000s)	1.01d	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD
Development	Proportion living in poverty, total population (%)	1.02	UNICEF	UNICEF		UNICEF	UNICEF				UNICEF			UNICEF
	Human Development Index	1.03	UNDP	UNDP		UNDP	UNDP	UNDP	UNDP	UNDP	UNDP	UNDP	UNDP	UNDP
	Prevalence of severe food insecurity, total population (%)	1.04	FAO							FAO				FAO
	Proportion urban, total population (%)	1.05	UNDP	UNDP	UNDP	UNDP	UNDP	UNDP	UNDP	UNDP	UNDP	UNDP	UNDP	UNDP
	Migration rate, total population (per 1000 annually)	1.06	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD	UNPD
Govt. expenditure	Health expenditure (% GDP)	1.07	WHO	WHO		WHO	WHO	WHO	WHO	WHO	WHO	WHO	WHO	WHO
	Education expenditure (% GDP)	1.08	UNESCO			UNESCO	UNESCO	UNESCO	UNESCO	UNESCO		UNESCO	UNESCO	UNESCO

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Detailed findings across indicators

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

Demography
(Indicators 1.01a – 1.01d)

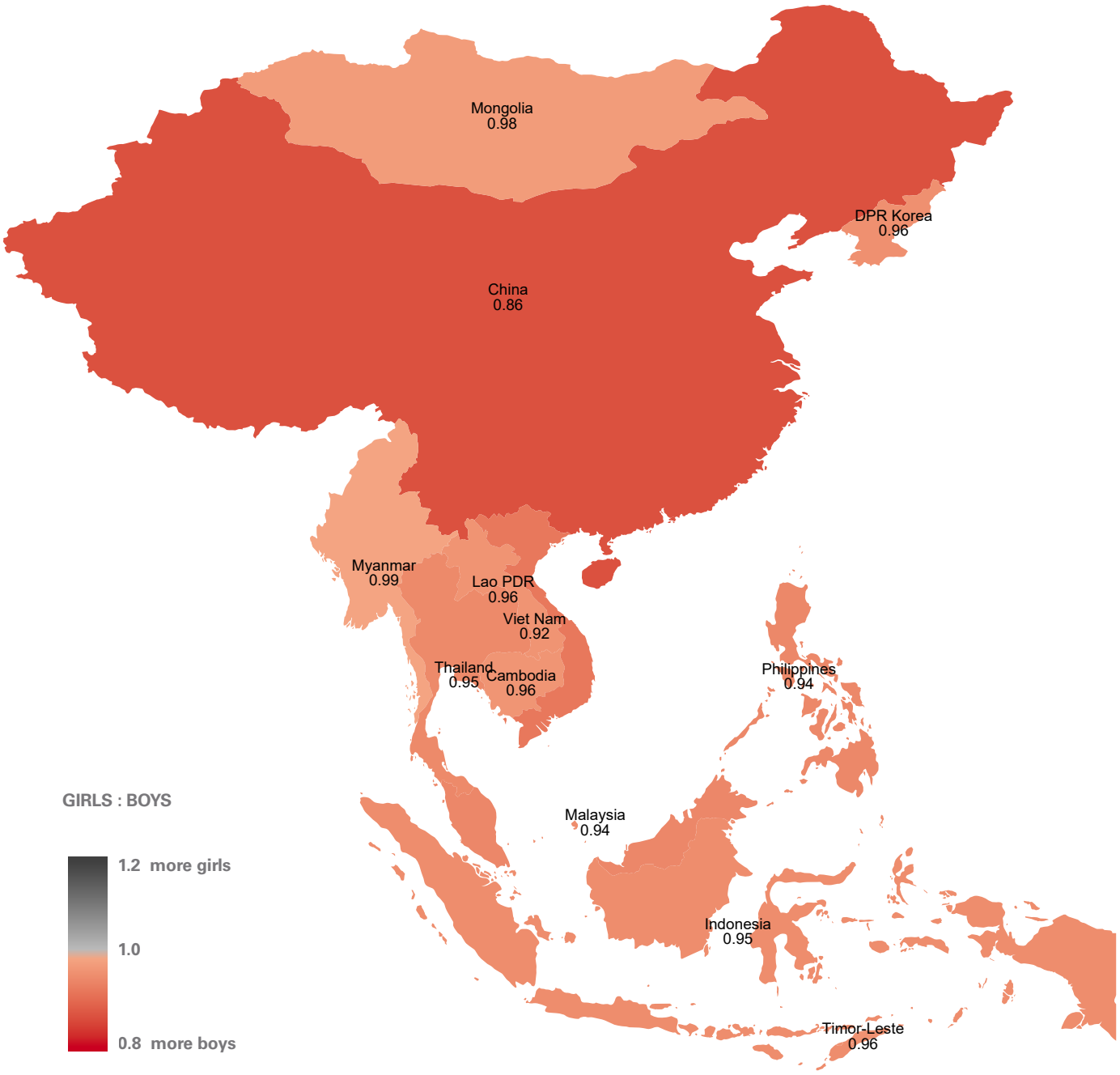
There are an estimated 503 million children and adolescents (238 million girls) in East and Southeast Asia. In each country, there are fewer girls aged under 18 years than compared with boys (Figure 1.1). In China, where the difference is the largest, girls represent 46% of all 0-17-year-olds, equating to 21.4 million fewer girls than boys in this country.

In each country of East and Southeast Asia there are fewer girls below the age of 18 years than boys.

Indonesia, the Philippines and Viet Nam also have more than a million fewer girls than boys, 2.122 million, 1.106 million and 1.059 million fewer girls respectively (see Appendix 3 for detailed estimates). Myanmar is the country where the population proportions are closest to parity with girls representing 49.7% of all 0-17-year-olds, equating to 96,000 fewer girls than boys. Major contributors to this disparity include sex selection before birth and excess mortality among girls under 5 years of age at a regional level. Gender differences in migration patterns also make a substantial contribution to the disparity in some countries. These issues are discussed further in Domains 3 to 6.

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

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



POPULATION SIZE DIFFERENCE BETWEEN GIRLS AND BOYS

This table shows the population of girls minus the population of boys in each country - a negative value indicates there are less girls than there are boys.

CHINA	-21,372,000	THAILAND	-413,000	MYANMAR	-96,000
INDONESIA	-2,122,000	MALAYSIA	-271,000	LAO PDR	-51,000
PHILIPPINES	-1,108,000	DPR KOREA	-144,000	TIMOR-LESTE	-13,000
VIET NAM	-1,059,000	CAMBODIA	-104,000	MONGOLIA	-12,000

Socioeconomic and human development
(Indicators 1.02 – 1.06)

East and Southeast Asia is a region characterised by diversity with rapid economic growth in many countries. Countries in the region have a Human Development Index (HDI) ranging from 0.58 (Myanmar and Cambodia) to relatively high levels of development (0.8) in Malaysia (Figure 1.2).

The **Human Development Index** (HDI) is a summary measure of average achievement in key dimensions of human development: a long and healthy life, being knowledgeable and having a decent standard of living.

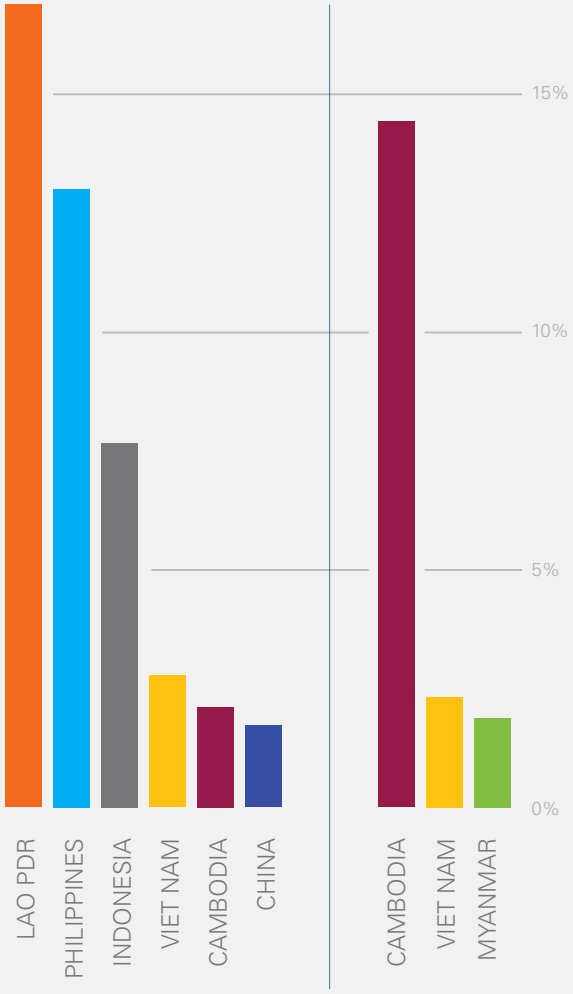
FIGURE 1.2: HUMAN DEVELOPMENT INDEX

INDICATOR 1.03: HUMAN DEVELOPMENT INDEX

The proportion of the national population living below the international **poverty** line (Indicator 1.02) varies substantially across the region. Lao PDR (17%) and the Philippines (13%) have the greatest proportion of their populations living below the poverty line (Figure 1.3). Data from Cambodia indicates low rates of poverty, however this is conflicted by the high rate of **severe food insecurity** (15%), indicating that many households are vulnerable. Women and girls generally bear a disproportionate burden from poverty and food insecurity.[18] In households living below the international poverty line, women and girls are particularly disadvantaged in their access to household resources, including food and nutrition[19,20], as well as the productive resources of education, employment, land and credit. Food insecurity also makes it difficult for women to fulfil their roles in food production, preparation processing, distribution and sales.

FIGURE 1.3: POVERTY AND SEVERE FOOD INSECURITY

This graph reports country level estimates for the proportion living below the international poverty line of $US1.90 per day (Indicator 1.02, data sourced from UNICEF 2015) and the proportion with severe food insecurity (Indicator 1.04, data sourced from FAO 2016). Food insecurity is measured at the household level and relates to at least one adult in the household reporting to have been forced to reduce the quantity of food, to have skipped meals, having gone hungry, or having to go for a whole day without eating because of a lack of money or other resources over the course of a year.



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

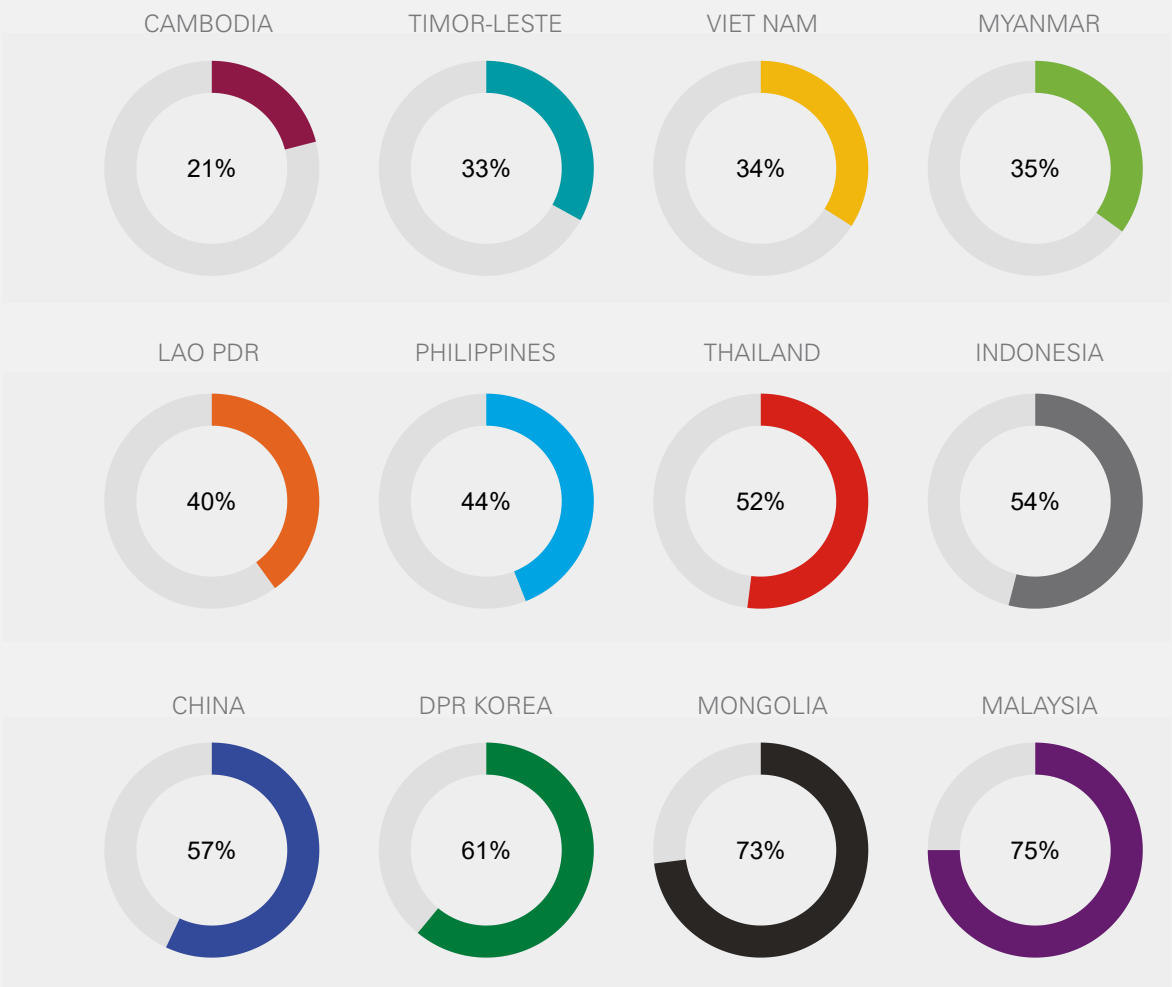
INDICATOR 1.04: PREVALENCE OF SEVERE FOOD INSECURITY, TOTAL POPULATION (%)

There is substantial variation across the region in the proportion of the **population living in urban centres** (Figure 1.4), with the highest levels in Malaysia (75%) and Mongolia (73%), and the lowest in Cambodia (21%) and Timor-Leste (33%). This has implications for gender roles and relations across the region. Urbanisation can be associated with increased education and economic opportunities for women and girls and relaxation of sociocultural restrictions. This may change gender socialisation of children and adolescents as they see more non-traditional gender roles and mothers making economic contributions to the household, possibly associated with greater decision-making power. In addition, the ability of urban parents and communities to monitor and restrict behaviour may be more limited.[21]

The relationship between urbanisation and gender equality is not straightforward. Women and men often do not benefit equally as a result of urbanisation, including in access to work, housing security, financial assets, access to health and social services, and personal security.[21-23]

FIGURE 1.4: URBANISATION

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



INDICATOR 1.05: PROPORTION URBAN, TOTAL POPULATION (%)

Urban migration, including economic migration between countries, can fragment established support networks, particularly support available for care work. Women in urban centres can therefore be at risk of paid work, unpaid care and domestic work. For women living in rural areas, established social networks can operate to perpetuate gender norms and roles that disadvantage women and girls. Further, women in rural settings can also suffer from the double burden of paid and unpaid care work as well, with a significant number of women in the region taking part in the agricultural workforce.

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

All countries in the region exhibit net out-migration except for Malaysia and Thailand (see Appendix 1), with population changes greatest in Timor-Leste (-8.5 per 1,000), Lao PDR (-5.5 per 1,000) and Malaysia (+5.3 per 1,00). As with urban migration, this migration has potential for fragmenting social support networks – in both the country of origin as well as the destination country - leading to an increased burden of domestic and child care work. Whilst this typically falls on women and girls, increasing feminisation of migration, particularly in Indonesia and the Philippines,[24] means more fathers are also taking on the role of primary caregiver, although in many cases, this work may be passed on to other women in the family.[25,26] Disruption to children's lives has been reported to be greater if the mother is absent but improved with the involvement of other female family members.[27]

Government expenditure
(Indicators 1.07 – 1.08)

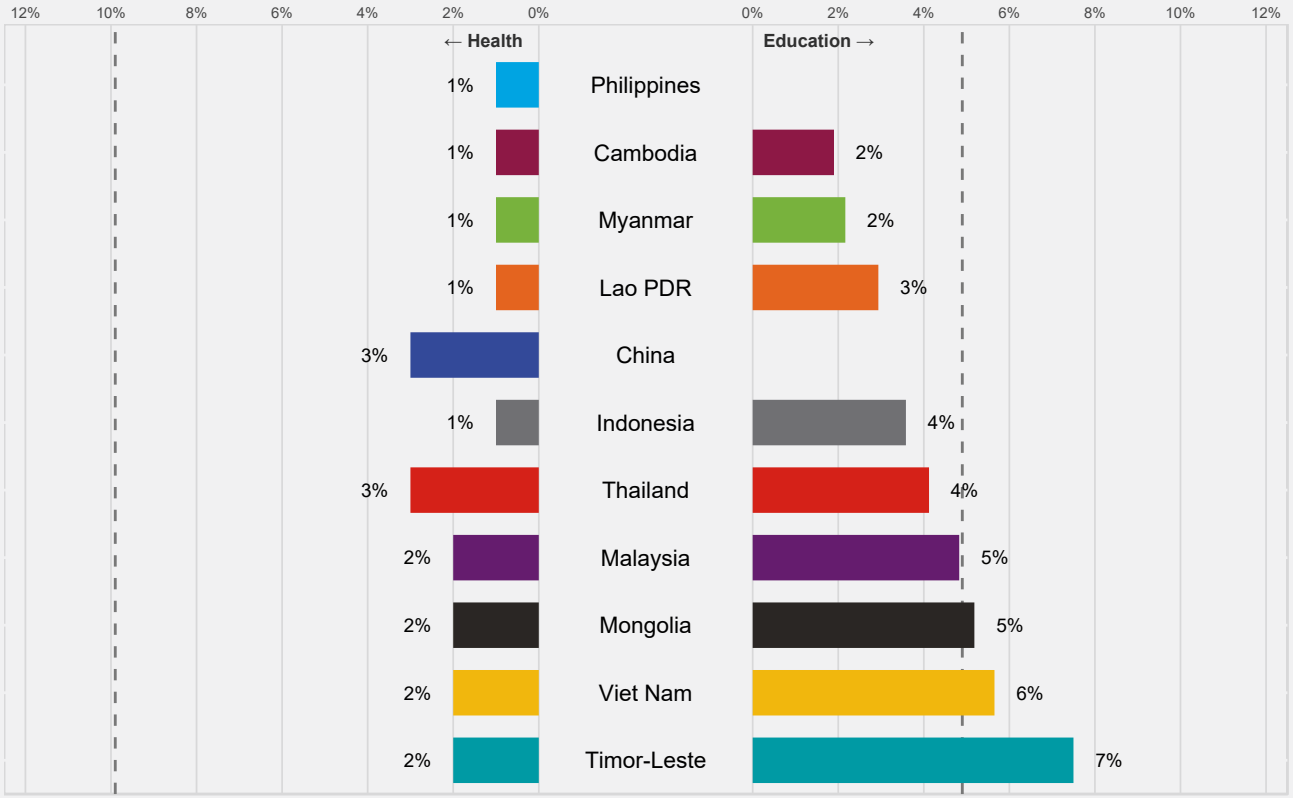
There is low **public spending on health** across the region. Five countries (Cambodia, Indonesia, Lao PDR, Myanmar and the Philippines) spend only 1% of GDP on health. China and Thailand indicate the highest government health expenditure in the region of 3% of GDP. **Public spending on education** is particularly low in Cambodia (1.9% of GDP), Myanmar (2.2%) and Lao PDR (2.9%) (Figure 1.5).

Low public spending on human capital increases the importance of household-level decisions about resource allocation towards health, nutrition and education. These financial decisions are influenced by gender, whether due to differences in the decision-making power of men and women, or the level of investment in girl children compared with boys.[28] Women's and girls' needs for sexual, reproductive and maternal health care are particularly at risk in the face of low expenditure. In contrast, investment in health care leads not only to improvements in the individual health of women and their children, but also to more productive and better educated societies..[29,30]

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

FIGURE 1.5: GOVERNMENT EXPENDITURE

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



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

Summary
Domain 1

Socio-demographic, economic and political context

Key data gaps

- Limited data for food security across the region.
- Data were most limited for DPR Korea.

There are fewer girls than boys in this region

For every 10 boys under the age of 18 years there are only 9 girls

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

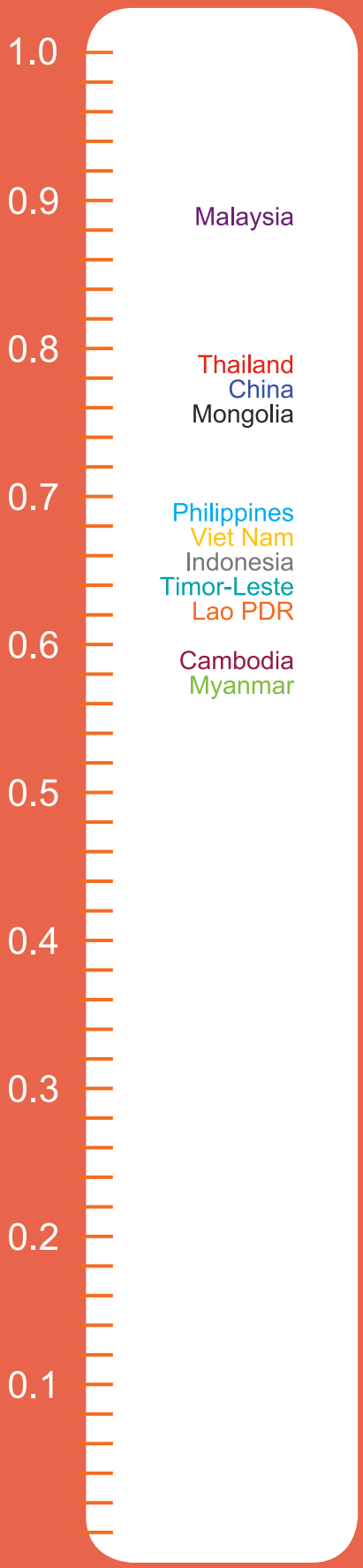
In all countries there are fewer girls than boys. This region is rapidly developing however the low and middle income countries of East and Southeast Asia vary in their levels of human development (as measured by the Human Development Index) based on life expectancy, education and income. Lao PDR and the Philippines continue to experience high rates of poverty, and there are high rates of food insecurity in Cambodia.

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

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

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

Human Development Index



Domain 2

Household, institutional and societal gender inequality

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

Data availability

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

There were some sub-domains for which data availability were limited, particularly for indicators of time use and division of labour, household decision-making, violence against women and women's bodily autonomy. Of the countries in the region, DPR Korea had the least data available, with data also limited in China, Malaysia and Viet Nam.

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

It should be noted that data for Indicator 2.12 (attitudes around domestic violence) are captured slightly differently for MICS and DHS surveys. The MICS survey asks respondents if a husband might be justified for hitting his wife in five circumstances: (1) she goes out without telling him; (2) she neglects the children; (3) she argues with him; (4) she refuses sex with him; (5) she burns the food. The DHS survey for Cambodia has a similar question but also includes the circumstance of a wife asking her husband to wear a condom. Further, the DHS in Indonesia only surveyed currently married males in measuring attitudes to domestic violence.

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

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

Detailed findings across indicators

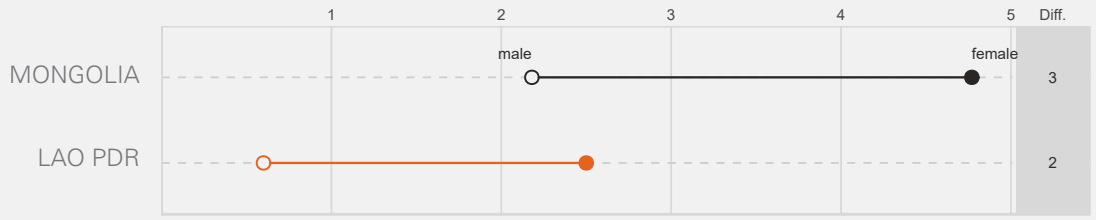
Time use and division of labour
(Indicators 2.0 - 2.03)

Data for **unpaid work and total work burden** (Indicators 2.01 and 2.02) were only available for Lao PDR and Mongolia (Figure 2.1). In these countries, women do considerably more domestic work than men and also have a higher total work burden. Six countries had data on who is responsible for collecting water (Indicator 2.03), with the burden generally falling on females, with the exception of Mongolia (see Appendix 3). The gender disparity in water fetching is greatest in Lao PDR and Timor-Leste where women and girls are four to five times more likely to collect water than men and boys. These data collectively indicate entrenched gender roles persist, which allocate unpaid domestic and childcare work to women and girls (see Case Study 2.1 on gender socialisation). It also suggests that women's increased participation in paid work is not accompanied by a redistribution of unpaid work within households and families.

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

FIGURE 2.1: DIVISION OF LABOUR

This graph shows the average number of hours per day spent on unpaid domestic and care work for females and males. The Diff. column on the right indicates the difference in hours between males and females unpaid work. Data source: UNSD 2011-12.



INDICATOR: 2.01 UNPAID WORK, 15-49Y (HOURS PER DAY)

CASE STUDY 2.1 GENDER SOCIALISATION

Gender socialisation is the process by which individuals learn about the norms and behaviours associated with their assigned sex, or what is expected of them as a male or female member of society.[31-34] Most gender expression is believed to be attributable to differences in socialisation rather than genetic and biological factors. Children are taught these gender norms consciously and subconsciously by parents, peers, siblings, school, society and religion, from a very early age. This socialisation can determine girls' and boys' beliefs, behaviours, identities, expressions, interests and career path. Gender socialisation is important as it is a significant driver of gender inequality and harmful consequences for girls, boys, women and men around the world.

Recent research on early adolescence has revealed some gender expectations are common across continents.[35] This includes the hegemonic myths that girls are vulnerable and boys are strong and independent, and pubertal boys are sexual predators while girls are potential targets or victims. These perceptions lead to restrictions in girls' mobility and they are frequently warned to stay away from boys.

Socialisation also impacts education outcomes for girls and boys and may limit their career paths. For example, expectations for boys to be family providers may lead to early drop-out from school. Pervasive gender stereotypes may also limit girls' continued education or employment opportunities. For example, pro-male bias is reported in text books in Malaysia and Indonesia, with females under-represented in text or pictures; female occupations being less prestigious than males'; female characters being mainly introverted and passive; and women shown mostly involved in domestic and indoor activities.[36] Girls are also often raised to believe that science, technology, engineering and mathematics (STEM) are more suitable for boys who are suggested to be naturally better at these subjects.[37] These factors may undermine girls' confidence, interest and enthusiasm to engage in further education and STEM.

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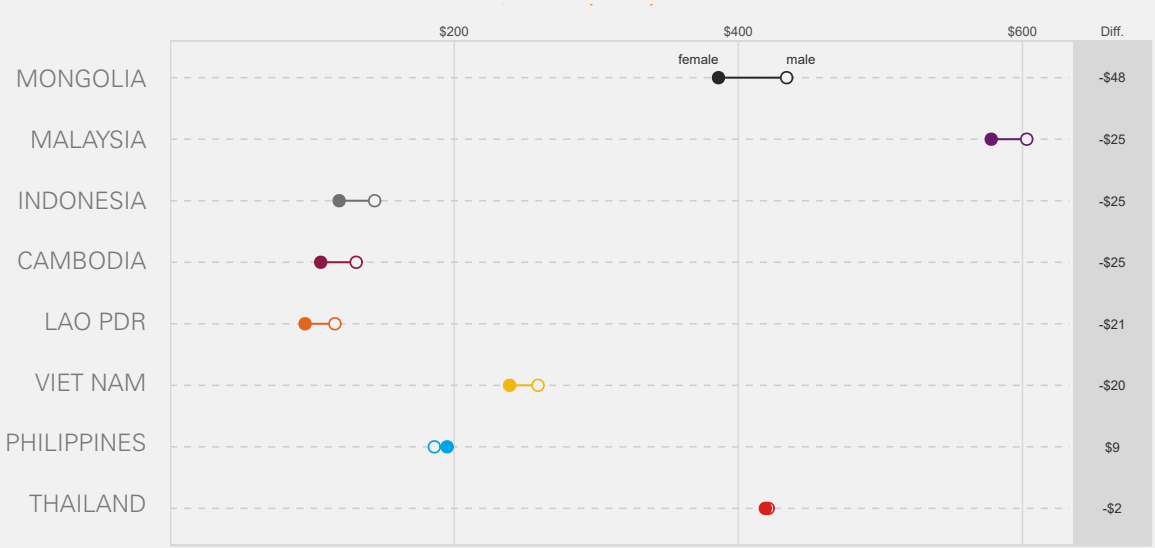
Access and control over resources
(Indicators 2.04 and 2.06)

In most countries of this region men earn more than women (Figure 2.2). The absolute **gender pay gap** (Indicator 2.04) is greatest in Mongolia where women earn $US48 less than men per month (11%), however, the relative gap is wider in Cambodia, Indonesia and Lao PDR where men earn between 21% to 24% more than women. Reasons cited for unequal pay between men and women generally include qualifications, experience, performance and occupational differences.[38] The perpetuation of gender stereotypes also sees more women employed in lower paid 'feminine' roles, such as service provision, and more men in management roles. The double burden on women in managing work and home commitments, also negatively impacts women's careers and retention in the workforce.

There is variation in **bank account ownership** (Indicator 2.06) by sex across the region. In half of the countries (Cambodia, China, Lao PDR, Malaysia, Myanmar and Thailand) more men have bank accounts than women, and in four (Indonesia, Mongolia, Philippines and Viet Nam) the reverse is found. Disparities are greatest in Myanmar where 11% more men have bank accounts and the Philippines where 13.5% more women have accounts. While many women may have access to financial resources, in most countries they still earn less than men and have less decision-making power.

FIGURE 2.2: AVERAGE MONTHLY EARNINGS BY GENDER

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



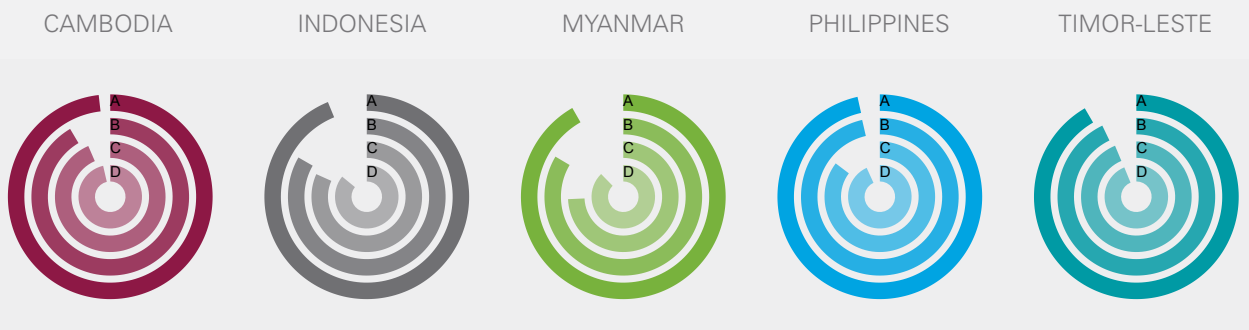
INDICATOR 2.04: AVERAGE MONTHLY EARNINGS, 15-49Y ($USD)

Intra-household decision-making
(Indicators 2.05, 2.07, 2.08)

For the five countries where data is available, the majority of **married women can make decisions** about how their earnings are used (Indicator 2.05) and visiting friends or family (Indicator 2.18, Figure 2.3). In most countries women were also able to decide about healthcare (Indicator 2.07), however, rates were comparably lower in Indonesia (83%) and Myanmar (84%). Married women's decision-making power regarding household purchases (Indicator 2.08) was lowest in Indonesia (82%), Myanmar (74%) and the Philippines (85%). Of note, these indicators include decision-making either alone or in conjunction with their husband and may mask inequality. For example, of the 92% reporting the ability to make decisions regarding healthcare in Cambodia, only half reported being able to do so alone. Further, it is important to note that these indicators are for married women and may not reflect the situation of unmarried girls who could face greater limitations in movement and decision-making.

FIGURE 2.3: DECISION-MAKING BY MARRIED WOMEN

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



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

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

Women are under-represented in **parliaments** (Indicator 2.09) across the region, particularly in the lower houses of parliament in Malaysia (10.4%) and Thailand (4.8%) and both the upper and lower houses in Myanmar (10.2% and 10.4%). For those countries where data is available, namely Indonesia, Myanmar and the Philippines, women are also under-represented in **police forces** (Indicator 2.10), making up only 3.5%, 5.9% and 14.2% of officers in these countries respectively. This lack of representation limits legislative and justice system responses for women and girls.

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

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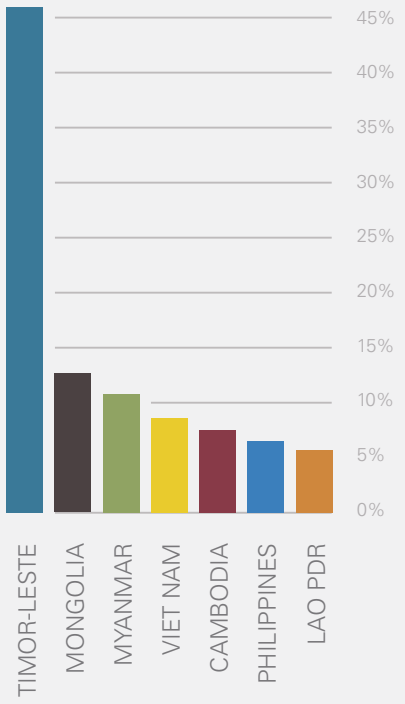
Violence against women
(Indicators 2.11 – 2.12)

Intimate partner violence (Indicator 2.11) is a significant issue in this region. Recent data is available from UNFPA's kNOwVAWdata project, which provides country level estimates.[39] Almost half (46%) of women report experiencing physical and/or sexual violence from an intimate partner in Timor-Leste in a 12-month period (Figure 2.4). While rates in other countries are reported to be lower, the prevalence rates remain unacceptably high, with more than 10% of women experiencing intimate partner violence in Mongolia and Myanmar. Reported rates likely underestimate the extent of violence, as women often do not report abuse due to embarrassment, fear of retaliation, economic dependency and societal norms such as the power imbalance between women and men, family privacy and victim blaming.[40] Protection mechanisms for those that experience domestic violence are limited throughout the region, leaving those who report violence vulnerable to further abuse.

Available data show that harmful **attitudes towards domestic violence** (Indicator 2.12) are common in this region (Figure 2.5). Rates of justification for wife beating are highest in Timor-Leste (74% of females and 52% of males), Myanmar (51% and 49%) and Cambodia (50% and 26%). In most countries, where there is data, women are more likely to justify wife-beating, which may indicate exposure to, and acceptance of, gender-based violence. Social desirability bias, where men answer in a manner that will be viewed favourably, may also be a contributor to this disparity.

FIGURE 2.4: INTIMATE PARTNER VIOLENCE

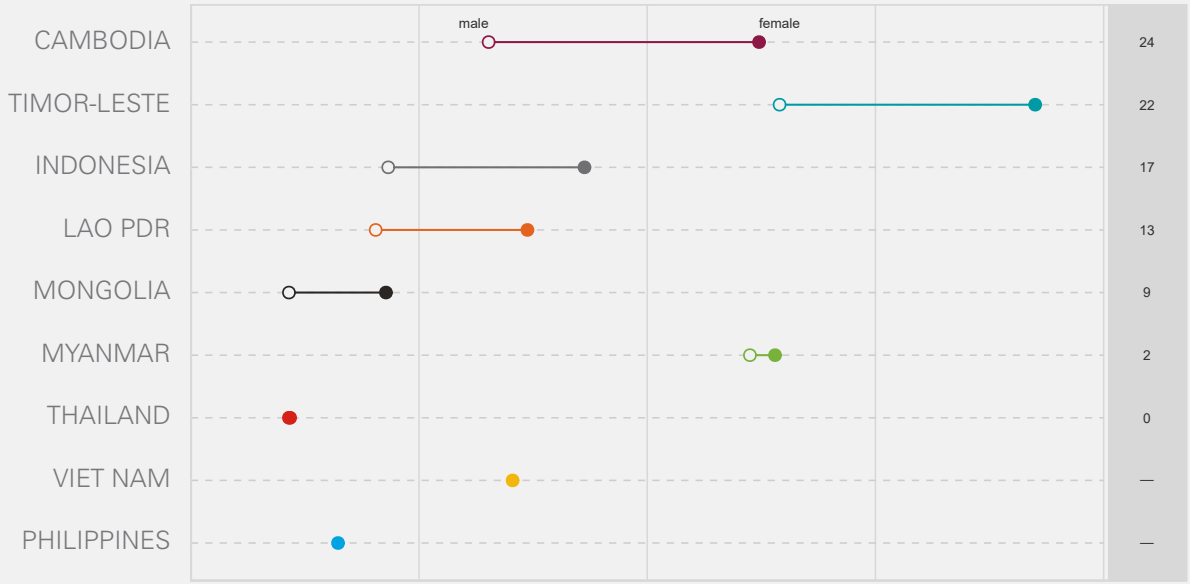
This graph shows the prevalence of intimate partner violence amongst women over the preceding 12 months. Data source: UNFPA 2017.



INDICATOR 2.11: WOMEN EXPERIENCING IPV LAST 12M (%)

FIGURE 2.5: ATTITUDES TOWARDS DOMESTIC VIOLENCE

This graph shows the proportion of 15–49-year-olds who think that a husband is justified to beat their wife, by sex. Note that Cambodia included an additional non-standard reason of 'if she asks him to wear a condom', while data for Indonesia includes only currently married men. Data source: DHS 2011-17.



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

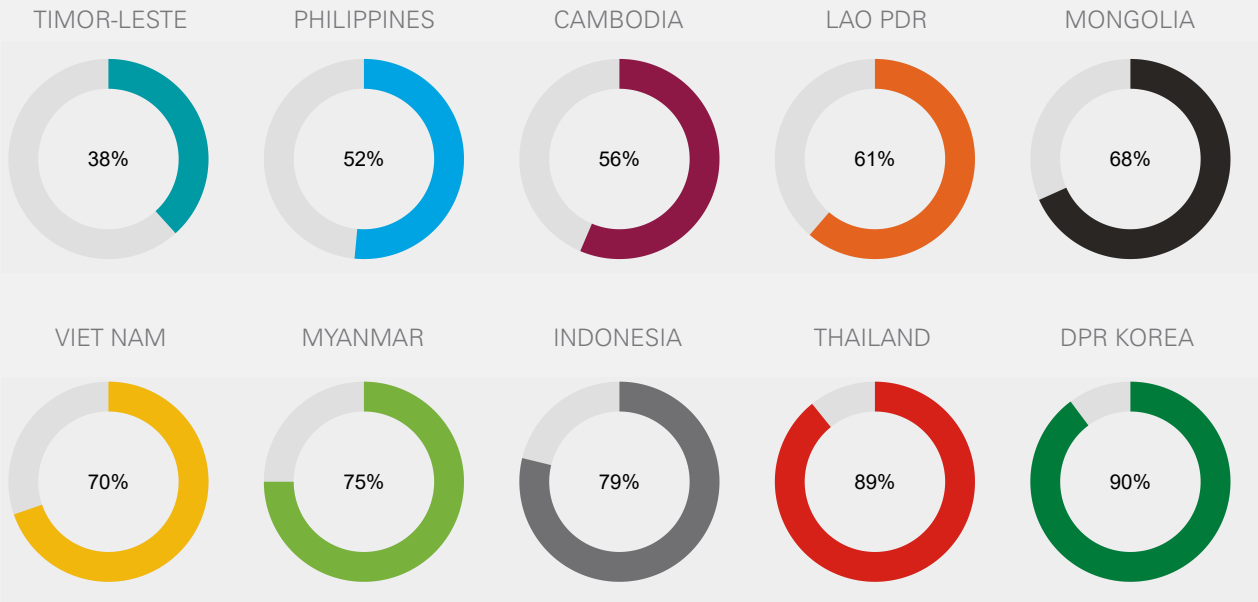
Women's bodily autonomy
(Indicators 2.13 – 2.15)

There is regional variation in **abortion legality** (Indicator 2.13), from substantial restrictions in Indonesia, Lao PDR, Malaysia, Philippines and Timor-Leste, to more liberal legislation in Cambodia, Mongolia, and Viet Nam and no restrictions in DPR Korea or China. The proportion of married women, aged 15-49, whose **demand for family planning is satisfied** (Indicator 2.14) with modern methods also varies considerably (Figure 2.6). Rates of satisfaction being lowest in Timor-Leste (38%), the Philippines (52%) and Cambodia (56%). Unmet demand is likely to be substantially higher amongst unmarried sexually active women, however, this data is unavailable. Data for the proportion of **married/partnered women who can say no to sex** (Indicator 2.15) with their partner is only available for Timor-Leste, where 41% of women can refuse sex.

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

FIGURE 2.6: DEMAND FOR CONTRACEPTION MET WITH MODERN METHODS

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



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

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

Primary data on **educational attainment** (Indicator 2.16) for men and women aged 25 years and over was only available for three countries - Indonesia, the Philippines and Thailand - with relatively small disparities evident in those countries. However, modelled data (which fills data gaps with estimates based on mathematical modelling) was available for all countries in this region (Indicator 2.16b), showing substantial differences in educational attainment by gender in Cambodia (4.6 years for women, 6.2 years for men), Lao PDR (5.7 years for women, 7 years for men), and Timor-Leste (6.5 years for women, 7.4 years for men) (see Appendix 3). Women in these countries may find their lesser educational attainment limits employment opportunities and income in competitive labour markets.

The WHO recommends a minimum of eight antenatal care contacts for a positive pregnancy experience (one in the first trimester, two in the second trimester and five in the third trimester) however, data is not available for this level of care.[41] Most women in the region receive **at least one antenatal visit with a skilled health provider** (Indicator 2.17) during pregnancy, with the exception of Lao PDR where only 54% of women receive this care. Fewer women have four antenatal visits, with rates being lowest in Lao PDR (37%), Timor-Leste (55%) and Myanmar (59%). Barriers to women receiving this care may be financial; mobility restrictions including lack of transport; risks of violence and the double burden of work (domestic and paid); poor quality of services possibly linked to inadequate funding; and cultural norms, which view pregnancy as a normal life event not requiring healthcare.[42,43]

Decision-making around **visiting friends and family** (Indicator 2.18) is shown in Figure 2.3, with available data showing that married women in this region can mostly make decisions about visiting friends.

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

Marital rape (Indicator 2.19) is not criminalised in four countries in the region: Cambodia, China, Malaysia or Myanmar. Given that these countries (and in particular China) represent the majority of women in East and Southeast Asia, most women and girls in the region do not have legal protection from sexual assault within marriage. This lack of criminalisation creates legal impunity for men who sexually assault or rape their wives and legitimises this form of violence against women.[44]

The OECD **Social Institutions and Gender Index** (SIGI, Indicator 2.20) measures discrimination against women in social institutions as assessed through formal and informal laws, social norms and practices (described in Table 2.2). Timor-Leste and Myanmar have been assessed as having high levels of gender discrimination in social institutions due to restrictions on women's access to resources and assets, as well as discriminatory family codes, with Myanmar also rating poorly on civil liberties and physical integrity for women. China, Indonesia, Lao PDR, Philippines and Viet Nam have medium levels of discrimination (see Appendix 3 for numeric scores and categories in Indicator 2.20b).

Gender gap in human development
(Indicators 2.21 – 2.23)

There are a number of indices that measure the **gap in human development as a result of gender inequality** including the Human Development Index (HDI), Gender Inequality Index (GII) and Global Gender Gap Index (GGGI) (see Table 2.3 for description). Women experience lower levels of human development compared to males as measured by the HDI in Cambodia, Indonesia, Lao PDR and Timor-Leste (Indicator 2.21). These same countries have gender inequalities in human development as measured by the Gender Inequality Index, but so too do Myanmar, Thailand and the Philippines. Of note, Thailand was also the only country to show an increase in the GII over time (Figure 2.7). While aligned with other indices, the Global Gender Gap Index brings a stronger focus to economic, educational and political engagement. The index also demonstrates an overall lack of gender parity across the region, with this being most pronounced in DPR Korea and Timor-Leste (Indicator 2.23, see Appendix 3). Of note, none of these gender indices are specific to girls or young women.

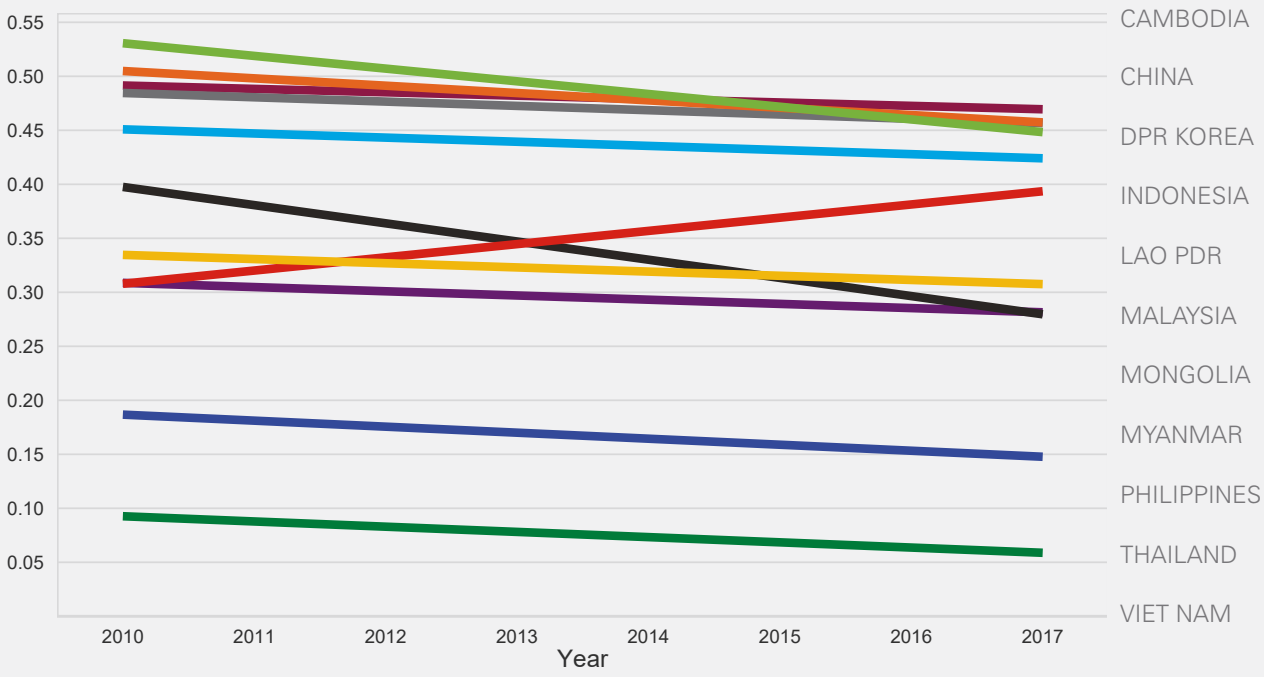
TABLE 2.2: KEY GENDER INDICES

This table summarises key gender indices and their interpretation.

Indicator	Description	Interpretation of index
2.20 Social Institutions Gender Index (SIGI)[45]	Defined by OECD, SIGI measures discrimination against women in social institutions (formal and informal laws, social norms and practices) across five dimensions: discriminatory family code (including legal age of marriage); restricted physical integrity (including laws on domestic violence and rape); son bias; restricted resources and assets; and restricted civil liberties (including access to public place and political voice).	**Lower is better:** Lower scores on the index relate to lower levels of discrimination, with suggested thresholds being: SIGI < 0.04 very low discrimination; 0.04 < SIGI < 0.12 low level discrimination; 0.12 < SIGI < 0.22 medium level discrimination; 0.22 < SIGI < 0.35 high levels of discrimination; and SIGI > 0.35 very high discrimination.
2.21 Gender Development Index (GDI)[46]	Defined by UNDP, the GDI measures the gap in human development between females and males. The HDI (Indicator 1.03) includes three dimensions: health as measured by life expectancy at birth; education as measured by mean years of schooling for adults aged over 25 years and expected years of schooling for children of school entering age; and standard of living as measured by gross national income per capita.	**Higher is better:** The GDI is simply the HDI for males divided by the HDI for females. These values are then transformed to an index from 0 to 1 (using the highest and lowest observed values as goalposts) so that a GDI closer to 1 indicates greater gender parity in the HDI.
2.22 Gender Inequality Index (GII)[46]	Defined by UNDP, the GII measures gender inequalities in three aspects of human development: reproductive health (as measured by maternal mortality ratio and adolescent birth rates); empowerment (as measured by parliamentary seats and secondary education attainment by gender); and labour force participation across genders.	**Lower is better:** The higher the GII, the greater the disparities between men and women and the more loss to human development.
2.23 Global Gender Gap Index (GGGI)[47]	Defined by the World Economic Forum, the GGGI aims to identify gender inequality across four key outcomes: economic participation; educational attainment; health and survival; and political empowerment. These four outcomes are available as subscales, more commonly aggregated to provide the GGGI.	**Higher is better:** A score of 1 indicates gender parity across the four domains, with the lowest possible score indicating gender imparity.

FIGURE 2.7: GENDER INEQUALITY INDEX OVER TIME

This graph shows the gender inequality index over time as a fitted line to annual estimates for counties in the region. Data: UNDP, 2010–17.



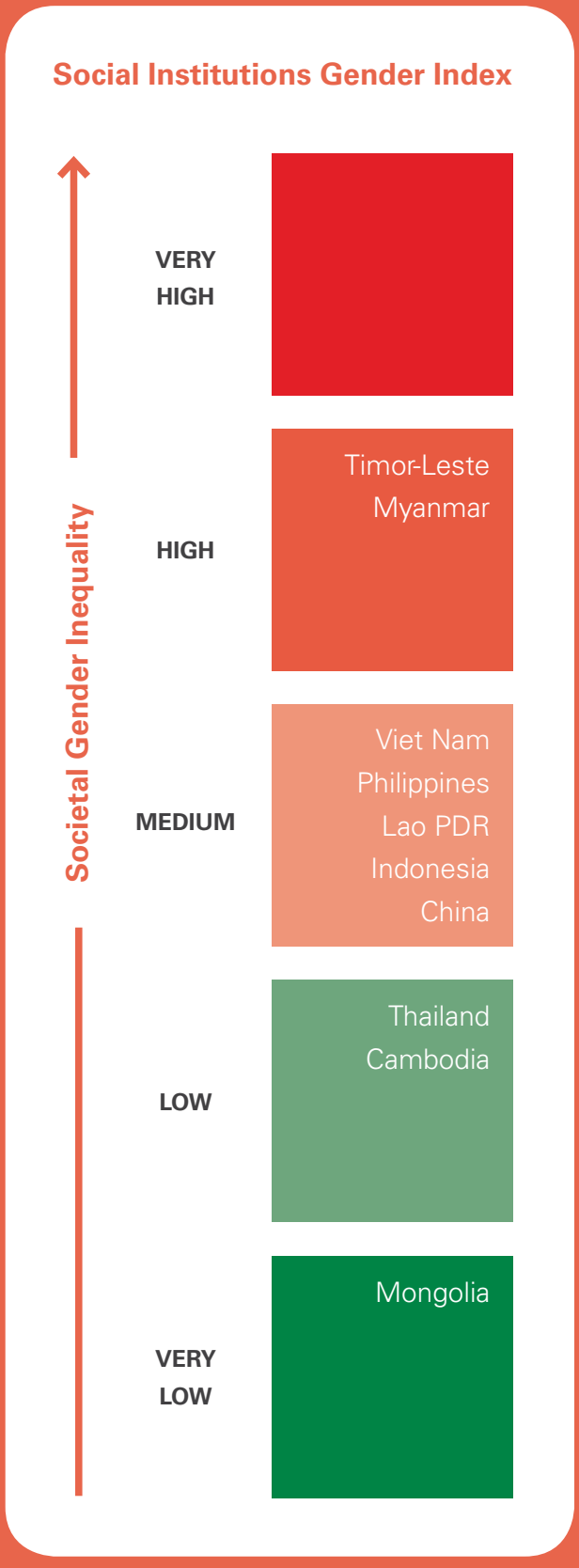
INDICATOR 2.22: GENDER INEQUALITY INDEX (LOWER SCORE BETTER)

Summary
Domain 2

Household, institutional and societal gender inequality

Key data gaps

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



Key findings for household, institutional and societal gender inequality:

- Entrenched gender roles persist which allocate unpaid domestic and child care work to women and girls;
- Many women have access to resources and decision-making power, however, in most countries, they still earn less than men;
- Women are under-represented in parliaments and police forces across the region limiting legislative and justice system responses for women and girls;
- Violence against women is common in this region, particularly so in Timor-Leste where almost half of partnered women have experienced intimate partner violence in a 12 month period. Harmful attitudes to domestic violence are widespread;
- In several countries, barriers to women's sexual and reproductive health rights negatively impact their health, wellbeing and bodily autonomy. There are substantial legal restrictions on abortion in Indonesia, Lao PDR, Malaysia, Philippines and Timor-Leste. Many women do not have protection from marital rape, including in Cambodia, China, Malaysia and Myanmar. Demand for contraception remains unmet in several countries, particularly Timor-Leste, Cambodia and the Philippines. Women in Lao PDR, Timor-Leste and Myanmar also have low levels of antenatal care;
- Timor-Leste and Myanmar both have high levels of gender discrimination in social institutions, with China, Indonesia, Lao PDR, Philippines and Viet Nam having medium levels of discrimination.

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

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Findings

Inequalities in child wellbeing outcomes

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

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

Domain 3

Impact of gender inequality on health

This section focuses on how gender inequality impacts the health of girls and boys. It explores common issues including gender differentials in mortality, sexual and reproductive health outcomes, mental health, and health service access.

Data availability

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

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

Data quality was particularly limited for HIV incidence. The available primary data provides rounded counts of cases and were of insufficient quality to allow estimation of an incidence rate. Data availability was limited for HIV prevalence in transgender young people and there was data for only one country for Indicator 3.19 (married adolescent who can refuse sex). In addition, more than half of the countries lacked data for indicators relating to care seeking (Indicator 3.06), inadequate supervision (Indicator 3.07) and demand for contraception met (Indicator 3.18b). Data were most limited for China, DPR Korea and Timor-Leste.

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

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

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

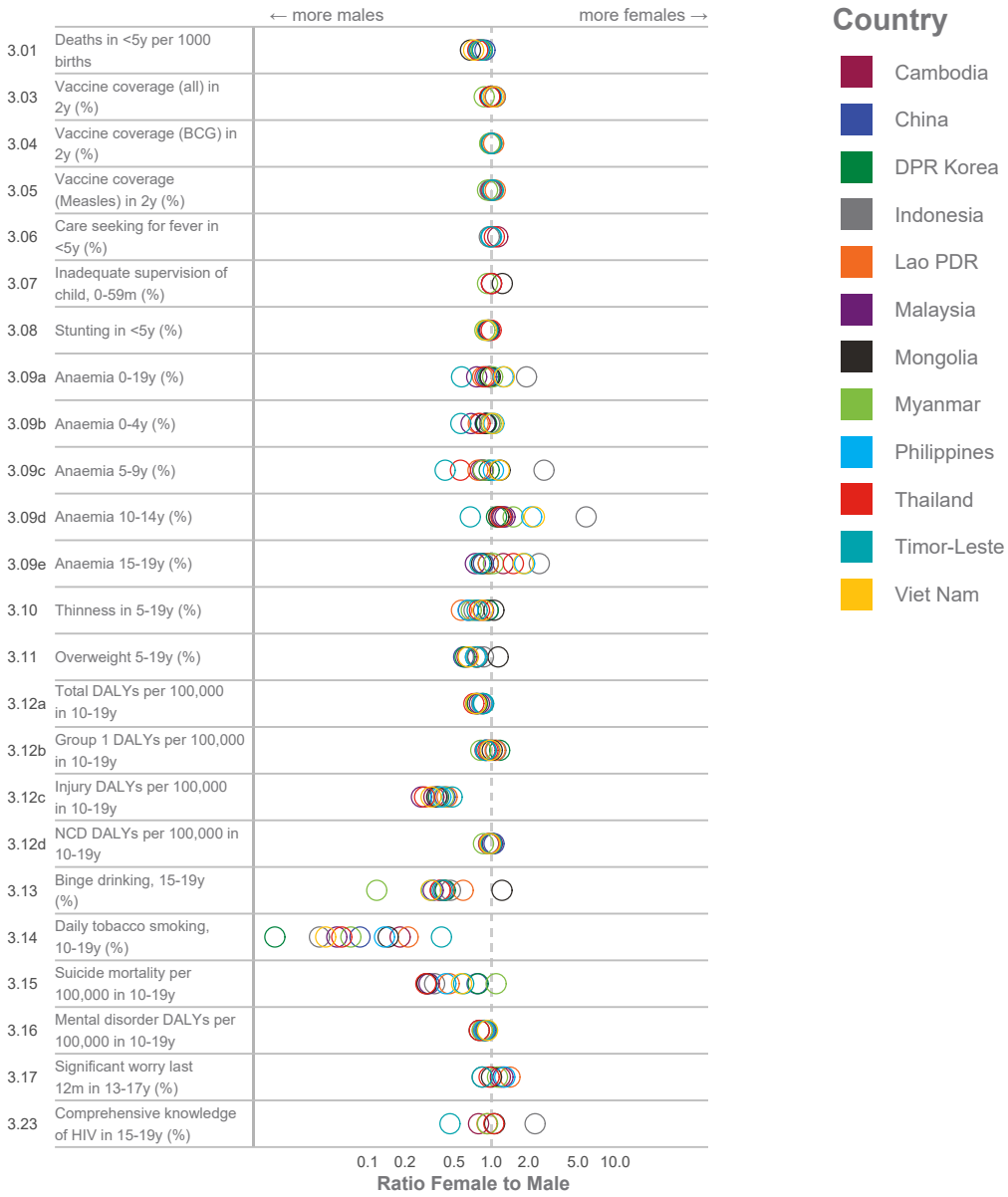
Key gender inequalities observed

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

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

FIGURE 3.1: INEQUALITY PLOT FOR INDICATORS IN THE HEALTH DOMAIN

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



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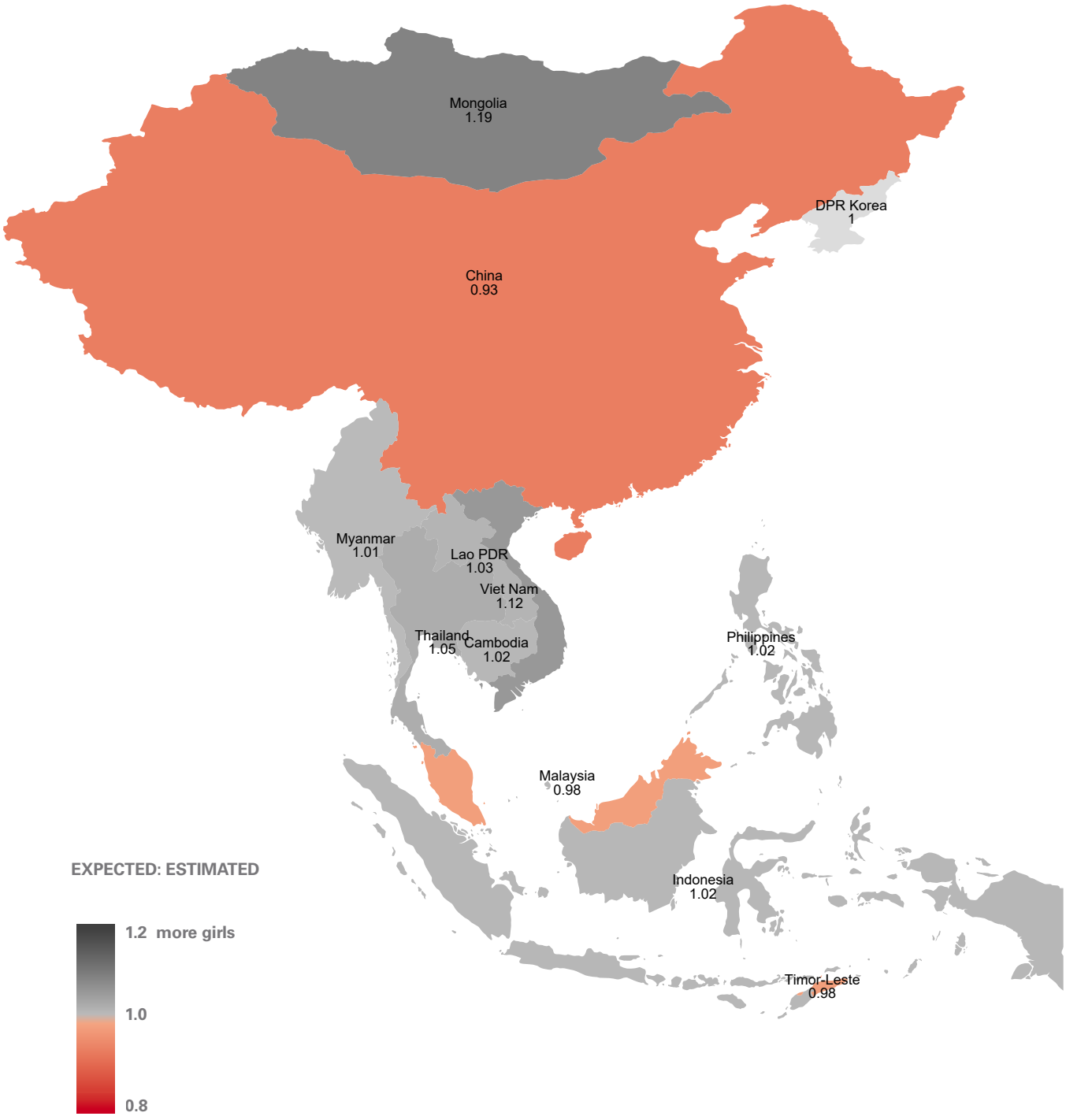
Detailed findings across indicators
Child health and development
(Indicators 3.01 – 3.07)

The data for **under-five mortality** (Indicator 3.01) indicates higher mortality for boys than girls (see Figure 3.1). However, this is to be expected as boys' greater biological frailty leads to increased mortality in this age group. Taking girls' survival advantage into account, under-5 mortality is actually higher than expected for girls in Malaysia and Timor-Leste and particularly high in China (Figure 3.2). Case Study 3.1 explores this issue further.

There is little gender difference in **vaccine coverage** (Indicator 3.03), with coverage generally high across most countries, with the exception of Timor-Leste, Myanmar and Lao PDR (coverage of less than 60% for all vaccines in 2-year-olds across both boys and girls). There is a lack of data across many countries for indicators related to **care-seeking for fever** (Indicator 3.06) and **inadequate supervision** (Indicator 3.07). However, where such data is available, there is little difference in findings for girls and boys.

FIGURE 3.2: EXPECTED TO ESTIMATED FEMALE MORTALITY FOR UNDER 5-YEAR-OLDS

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



CASE STUDY 3.1: UNDER-5 MORTALITY IS NOT AS IT MIGHT FIRST APPEAR

Interpreting gender disparities to identify gender inequality in health outcomes can be more complex than it first appears. Initial assessment of under-5 mortality indicates a gender disparity in favour of girls. However, this is due to girls' biological advantage in infancy and early childhood. Compared with newborn boys, newborn girls are less vulnerable to perinatal conditions including birth asphyxia, premature birth, and neonatal tetanus, as well as congenital abnormalities.[48] Young girls are also less vulnerable to certain infectious diseases compared with young boys, although gender differences in susceptibility to infectious disease narrow after early infancy.[48] Due to this biological advantage, girls' under-5 mortality is expected to be lower than boys' under-5 mortality. A more meaningful measure of gender inequality in under-5 mortality is therefore **excess** under-5 mortality, which is calculated to factor in girls' biological advantage (Indicator 3.02).

In East and Southeast Asia, the observed under-5 mortality for girls is substantially lower than expected in Mongolia and Viet Nam, and substantially higher than expected based on biological factors in China. In China, male mortality rates have been estimated to be 29% lower than female rates with an associated excess of approximately 100,000 deaths of girls under 5.[49]

Under-5 mortality rates are significantly higher in rural compared to urban areas of China and rates for girls, in particular, above those expected.[50,51] It has been suggested most excess mortality for under-5 Chinese girls can be attributed to these rural settings. Son preference is normally stronger in rural settings, likely due to dependency on sons for agricultural labour and the patrilineal nature of societies, which sees discrimination against girls' in inheritance and land ownership.[49] In addition, having multiple sons in rural China is perceived to strengthen the family's power and name. Girl neglect is likely based on passive negligence rather than conscious decisions. Neglect may include discrimination in girls' postnatal care, breastfeeding, food allocation (quality and quantity), clothing, supervision and healthcare. This may reflect delayed behaviour of parents with unwanted daughters who did not use or have access to prenatal selection.[49]

Food security and nutrition
(Indicators 3.08 - 3.11)

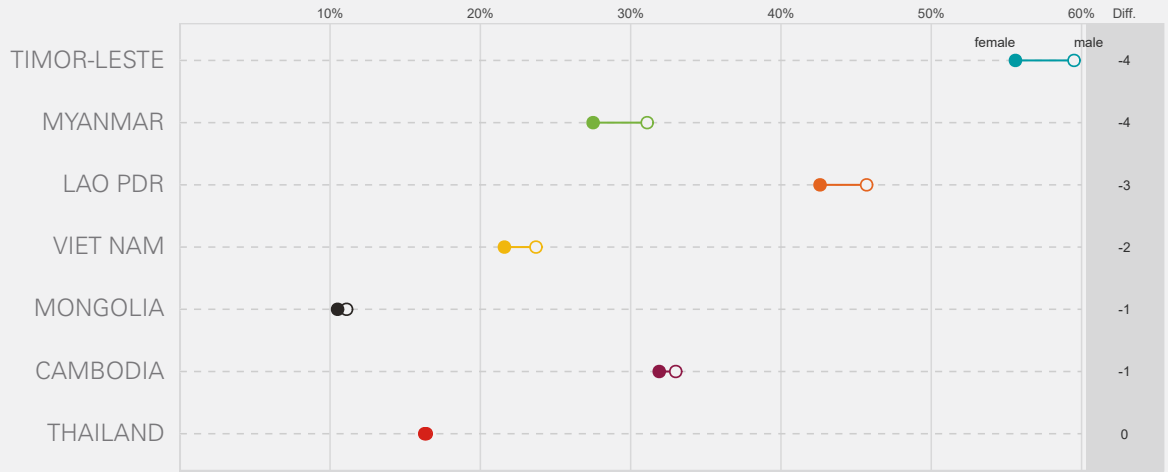
While there was minimal gender difference in **childhood stunting** (Indicator 3.08), it remains a significant issue in the region (Figure 3.3). Of note, 56% of girls and 60% of boys in Timor-Leste were stunted, with rates also high in Lao PDR and Cambodia. While the rates of stunting are no different across genders, the implications of stunting are particularly significant for females as it places them at considerable risk of poor reproductive health and maternal mortality.

The burden of **anaemia** (Indicator 3.09) on girls and boys varies across countries and generally changes over the course of child development (Figure 3.4). Both boys and girls have high rates of anaemia in early childhood, with several countries having higher rates of anaemia for boys, particularly Lao PDR (50% versus 39%), Malaysia (44% versus 30%) and Timor-Leste (58% versus 33%). Boys' greater vulnerability to infectious disease may contribute to increased levels of malnutrition among males under 5.[52] However, the possibility of dietary differences between girls and boys could also be a contributor worth investigating. It is estimated that half of all anaemia worldwide can be attributed to iron deficiency, which can negatively impact the cognitive and physical development of children.[53] In this region, anaemia in early childhood may mean more boys than girls suffer these negative consequences.

The most severe health impacts of anaemia are those related to the increased risk of maternal and child mortality, with the risk group in this instance being adolescent girls of reproductive age. Rates of anaemia among older adolescent girls (15-19 years) are high in many countries, with the highest prevalence being in Cambodia (40%), Indonesia (28%), and Lao PDR (27%).

FIGURE 3.3: STUNTING IN < 5-YEAR-OLDS

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



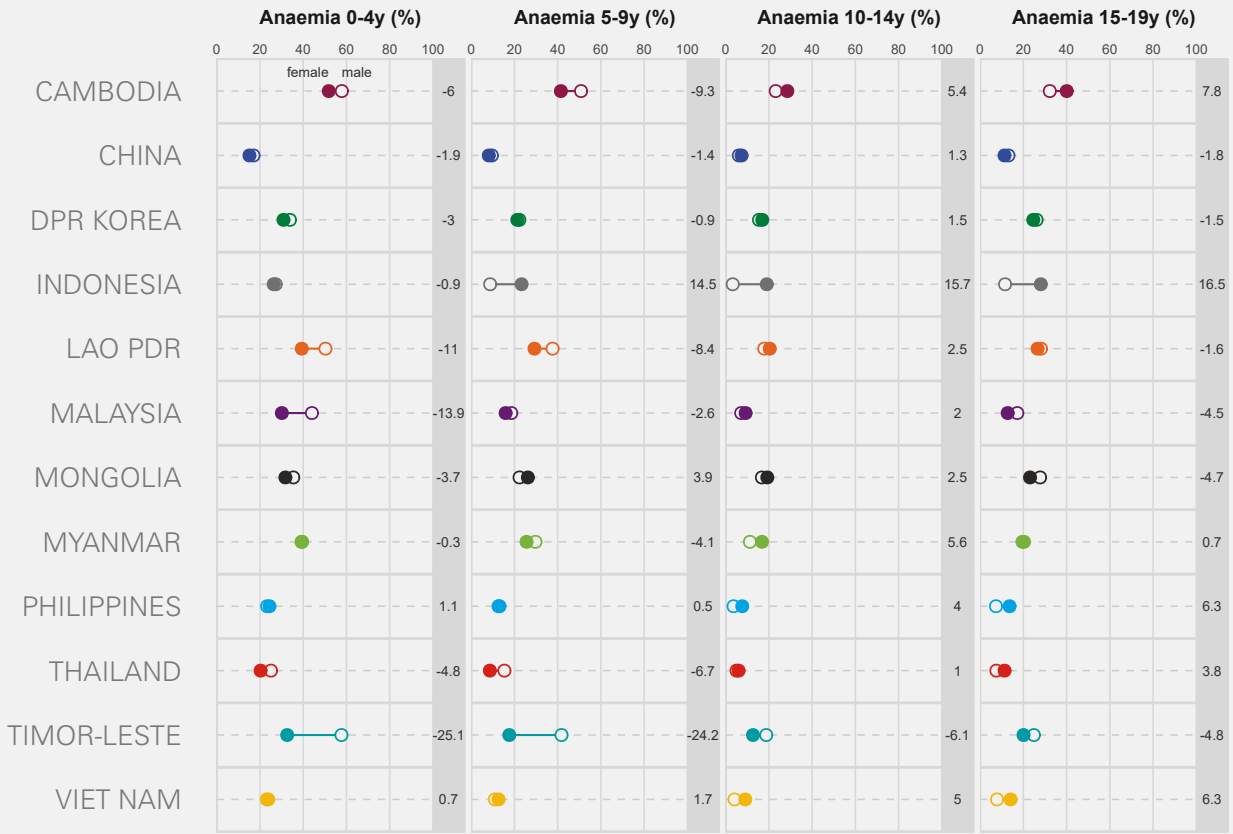
INDICATOR 3.08: STUNTING IN < 5-YEAR-OLDS (%)

In most countries, more adolescent girls than boys are anaemic, with the greatest disparity being in Indonesia where 28% of older adolescent girls (15-19 years) have anaemia compared to 12% of boys the same age.

Data on **thinness and overweight** for 5–19-year-olds (Indicators 3.10 and 3.11) across the region showed little difference across gender, with the exception of China where 35% of males were overweight compared to 21% of females. Thinness is a significant issue for this region, with more than 10% of 5-19-year-olds in Cambodia, Indonesia, Myanmar, Timor-Leste and Viet Nam being thin. This has implications for both genders, but places girls at particular risk of poor sexual and reproductive health.

FIGURE 3.4: ANAEMIA IN CHILDREN AND ADOLESCENTS

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



INDICATOR 3.09 A-E: PREVALENCE OF ANAEMIA BY AGE AND SEX (%)

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Adolescent morbidity and mortality
(Indicators 3.12a - 3.12d)

Adolescents in this region experience a large burden of disease (Figure 3.5). The **burden of Group 1 conditions** (Indicator 3.12b), which includes communicable diseases, reproductive and nutritional disorders, is higher for boys than girls in all countries except Indonesia, DPR Korea and Lao PDR where the burden is higher for girls than boys. The excess burden of Group 1 conditions for girls in DPR Korea, Indonesia and Lao PDR is likely related to reproductive disorders.

Adolescent boys are disproportionately affected by **injury** (Indicator 3.12c) - the burden experienced by boys due to injury is two to three times that of girls. Injury includes homicide, suicide, purposeful and accidental injuries including those from traffic accidents and self-harm. The disproportionate burden for boys reflects a global pattern and is linked to harmful masculine norms that encourage violence and risk-taking, and discourage vulnerability and weakness.[54-56] Heightened alcohol misuse, as seen in some parts of the region, has been linked to suicide, accidental injury and homicide and contributes to this burden.[56]

Non-communicable diseases (NCDs, Indicator 3.12d), which include chronic physical conditions and mental health disorders, account for the largest proportion of adolescent DALYs in every country in the region. In China, girls experience an excess burden of NCDs, while in Cambodia, Indonesia, Lao PDR and Myanmar, boys experience a greater burden than girls. The excess burden observed in China is likely to be related to mental health conditions.

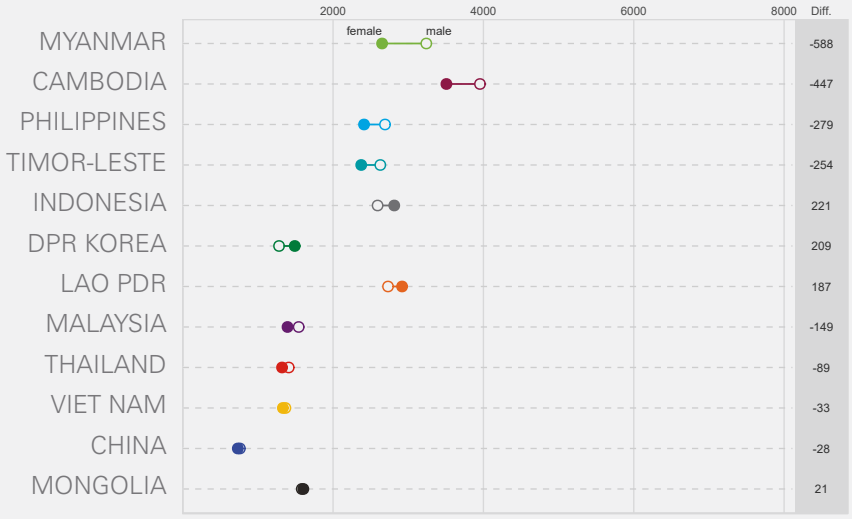
FIGURE 3.5: DISEASE BURDEN IN ADOLESCENTS

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

DALYs (PER 100,000)

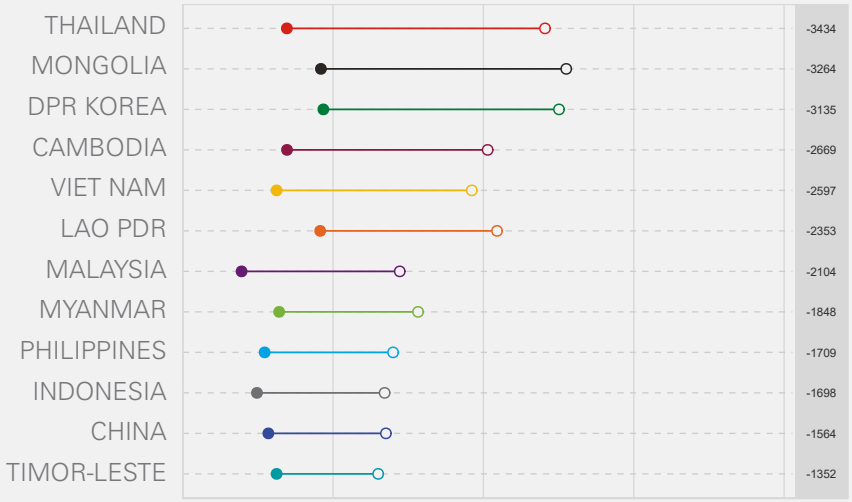
INDICATOR 3.12b:

GROUP 1 DALYs PER 100,000 IN 10-19Y



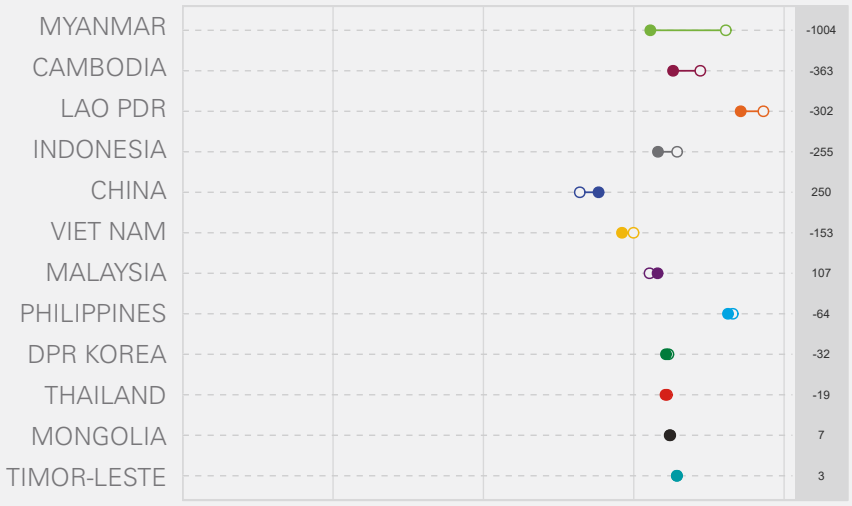
INDICATOR 3.12c:

INJURY DALYs PER 100,000 IN 10-19Y



INDICATOR 3.12d:

NCD DALYs PER 100,000 IN 10-19Y



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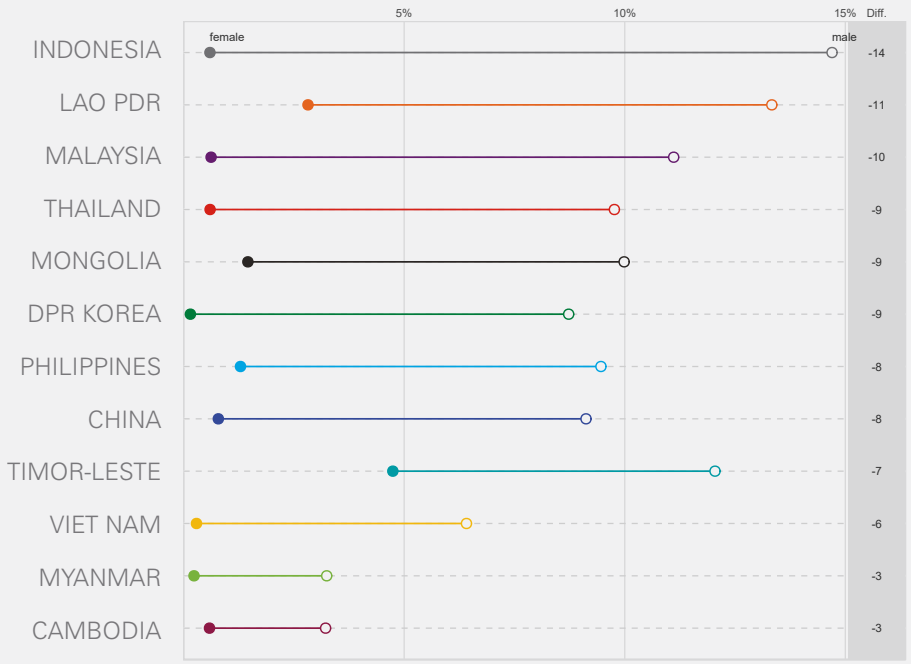
Health behaviours
(Indicators 3.13 - 3.14)

Adolescent boys have much higher rates of daily **tobacco smoking** and **binge drinking** (Indicators 3.14 and 3.13) compared with adolescent girls, which also reflects current global patterns. The prevalence of daily tobacco smoking is particularly high by global standards in many countries (Figure 3.6). Gender norms, which support toughness and male camaraderie, may encourage smoking and binge drinking.[57] For females, social norms that discourage alcohol consumption by women, combined with fears of gender-based violence may prevent adolescent girls from drinking.[57]

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

FIGURE 3.6: TOBACCO SMOKING IN ADOLESCENTS

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



INDICATOR 3.14: DAILY TOBACCO SMOKING, 10-19Y (%)

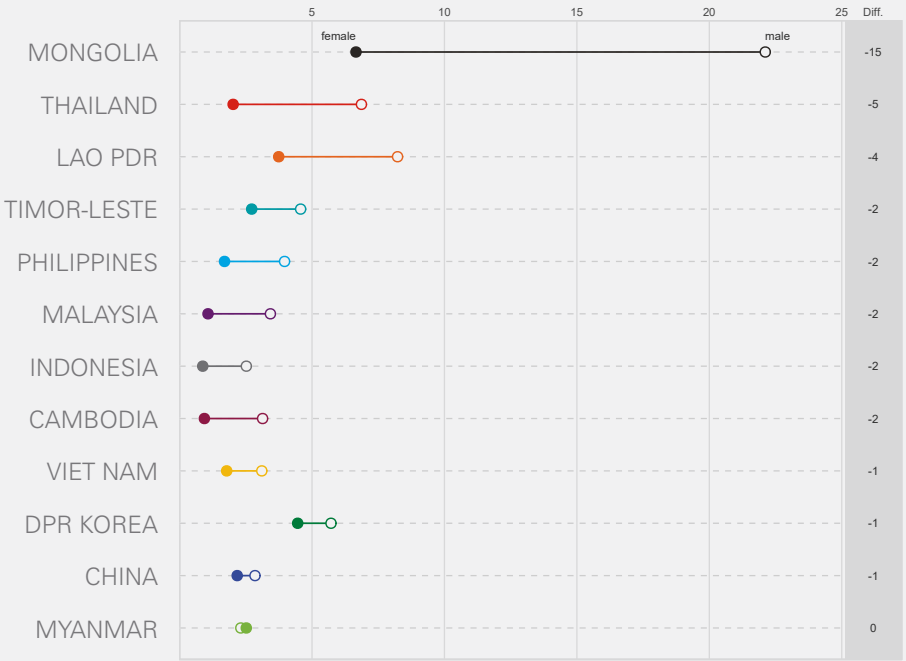
Psychosocial wellbeing
(Indicators 3.15 - 3.17)

Deaths by **suicide** (Indicator 3.15) are more common for adolescent boys than girls in all countries except Myanmar (Figure 3.7). This disparity is particularly marked in Mongolia (a difference of 15/100,000 deaths between boys and girls) and Cambodia, Malaysia and Thailand, where three times more adolescent boys die from suicide than girls. This may reflect different patterns of self-harm and/or access to means for suicide across genders (see Case Study 3.2 for more discussion). It may also reflect a difference in the underlying burden of poor mental health; available data for this region show that the burden of **mental health disorders** (Indicator 3.16) is higher for adolescent boys than girls in each country (see Appendix 3). The most common mental health disorders for adolescent boys are behavioural issues, such as conduct disorder, and for girls, anxiety and depression. The disproportionate suicide burden for boys has been linked to harmful masculine norms that discourage vulnerability, weakness, emotional expression and help-seeking behaviour.[54,58-60]

While there wasn't a significant gender difference, **anxiety and worry** (Indicator 3.17) emerged as important issues for this region. Around one in ten boys and girls aged 13-17 years in the Philippines, Thailand and Timor-Leste reported significant worry over the last 12 months that resulted in them not being able to sleep most or all of the time (see Appendix 3). The reasons for this worry are not yet well understood and may vary by gender. For example, menstrual problems including dysmenorrhea have been linked to increased levels of anxiety and depression in adolescent girls. [61-64]

FIGURE 3.7: SUICIDE IN ADOLESCENTS AGED 10-19-YEARS-OLD

This figure shows estimates of suicide (deaths per 100,000) for 10–19-year-old females (filled circles) and males (unfilled circles). The panel to the right shows the difference in estimates between girls and boys. Data source: GBD 2016.



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

CASE STUDY 3.2: THE GENDER PARADOX IN SUICIDE

Worldwide suicide is the second leading cause of death among young people. Adolescence is a period of rapid biological, psychological and social change and puberty can trigger psychological stress for both girls and boys.[60,65-68]

Across the region there are significant gender differences in mental health outcomes, with many more suicides among adolescent boys compared to girls. This is particularly evident in Mongolia where 22 boys per 100,000 die from suicide per annum, compared to seven girls. However, adolescent girls are more likely than boys to have suicidal plans and behaviours.[66] More than one quarter (28%) of Mongolian girls aged 13-17 years were reported to have considered attempting suicide compared to 17% of boys, while suicide attempts were also reported to be more common among girls than boys - 11% versus 8%.[69] This higher rate of female suicidal ideation and lower rate of suicide mortality can also be found in western countries and is known as the gender paradox in suicidal behaviour.[67]

There is evidence that the gender paradox in suicide is related to cultural expectations about gender and suicidal behaviour.[67] This may include the differing suicide modalities selected by girls and boys. For example, boys may be more likely to utilise more violent or high risk modalities, such as firearms. Gender-dependent psychosocial life stressors, such as stressful life events, socio-economic factors and sexual abuse may also contribute to the gender disparity.[60] In addition, masculine norms that discourage vulnerability, weakness, emotional expression and help-seeking behaviour, including antidepressant treatment by boys, are also likely to be important.[59,60]

As in many parts of Asia, mental health services in Mongolia are often limited or lacking and both girls and boys have difficulty accessing health services and support. As the country works to improve its response to mental health, a better understanding of the underlying gender issues, will be key to prevent further tragic loss of life among young people.

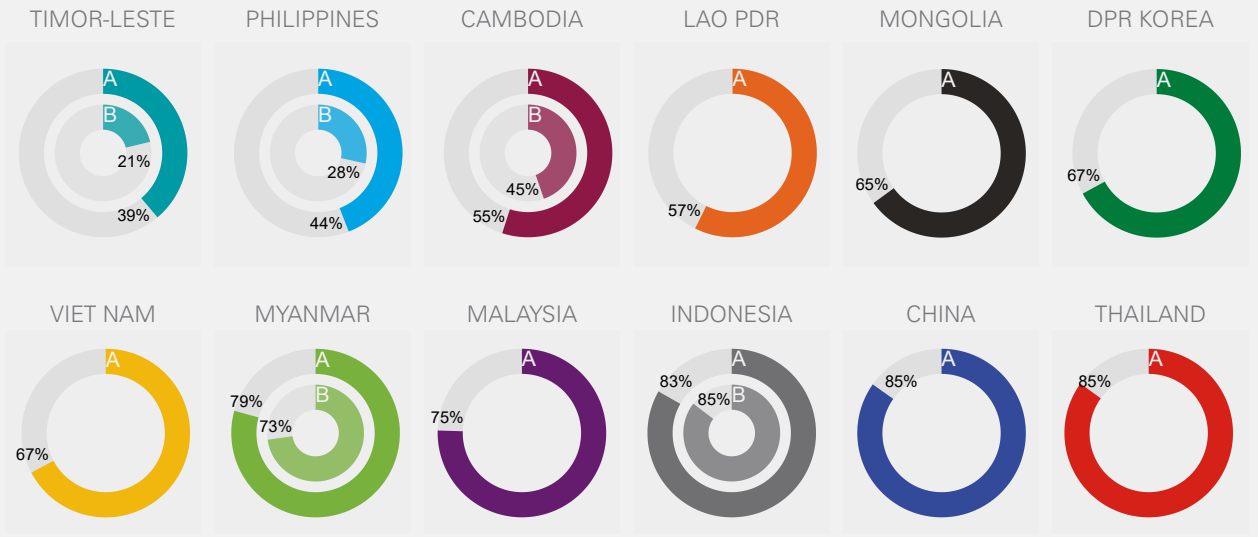
> "My parents do not really pay attention to me and I don't really have anyone to talk to…I don't talk to my friends about what is happening".
>
> (Mongolian girl aged 15, UNICEF 2015)

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

Met need for contraception (Indicator 3.18) for adolescents varies widely across this region (Figure 3.8). Unmet need is particularly large in Cambodia, the Philippines and Timor-Leste. For countries where estimates are available for both younger and older adolescents, 15–19-year-olds generally have a lower met need for contraception than 15–24-year-olds. This may reflect additional barriers adolescents face in accessing health care. It should be noted that primary data for this indicator are limited. There is also a paucity of data on the contraception needs of unmarried girls or adolescent boys.

FIGURE 3.8: DEMAND FOR CONTRACEPTION SATISFIED FOR FEMALES

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



INDICATOR 3.18A: DEMAND FOR MODERN CONTRACEPTION SATISFIED 15-24Y (%)
INDICATOR 3.18B: DEMAND FAMILY PLANNING SATISFIED 15-19Y (%)

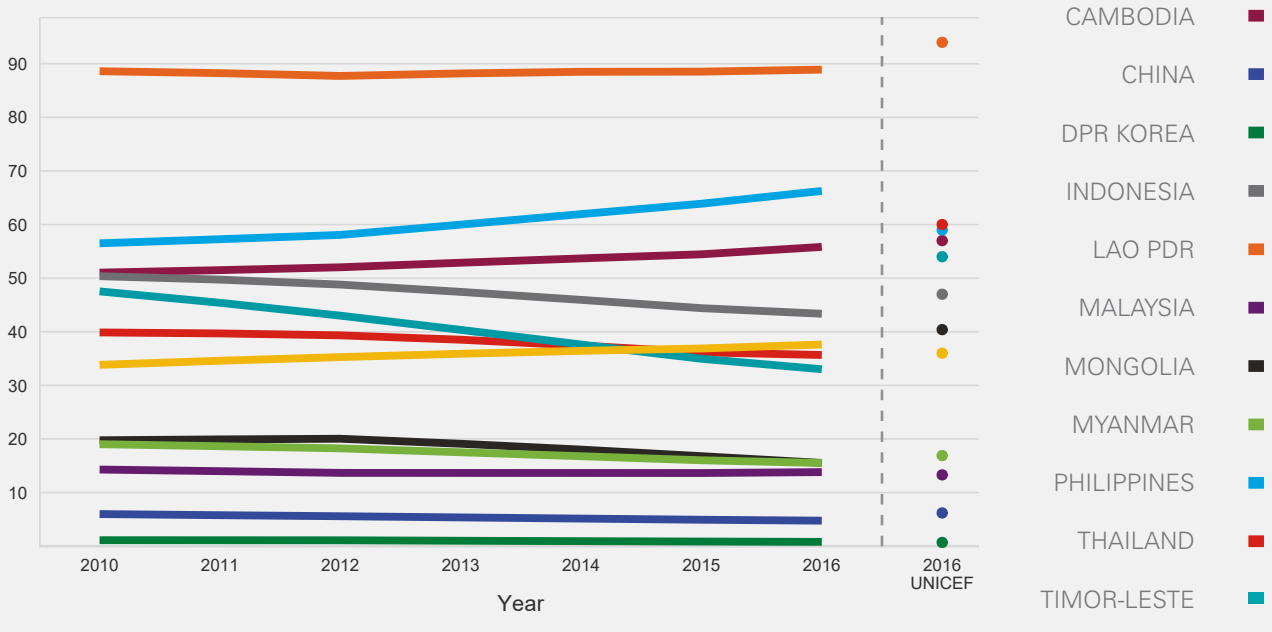
Adolescent birth rates (Indicator 3.20) remain high and relatively stable for many countries in the region (Figure 3.9). Adolescent fertility is particularly concerning in Lao PDR (94 births per 1000 females aged 1-19 years) with little change in recent years. Rates are also high in Thailand (60 births per 1000), the Philippines (59 births per 1000), Cambodia (57 births per 1000) Timor-Leste (54 births per 1000) and Indonesia (47 births per 1000). Adolescent birth rates are opposing global trends by increasing in the Philippines, Cambodia and Viet Nam. An unintended pregnancy, particularly outside of marriage, can have negative consequences for the girl including stigma, social isolation, school expulsion, forced marriage and in some cases, violence and suicide. In addition, adolescent pregnancy is associated with risk of low birth-weight for newborns, higher prenatal and infant mortality and morbidity and higher mortality rates for adolescents giving birth. Maternal mortality rates for adolescents are very high in Lao PDR (11 deaths per 100,000 girls aged 15-19), Timor-Leste (10 deaths per 100,000) and Indonesia (7 per 100,000).

Adolescent birth rates have changed little across this region

Data regarding comprehensive **HIV knowledge** (Indicator 3.23) among 15-19-year-olds is incomplete with no clear patterns of gender disparity. There are also substantial data gaps in the prevalence of HIV (Indicator 3.22) among key populations such as young transgender people,

FIGURE 3.9: ADOLESCENT FERTILITY RATE

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



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

people who use drugs, and sex workers. However, gender disparities in HIV incidence in several countries likely reflect epidemics concentrated in key populations. For example, the high incidence of new HIV infections among adolescent boys in Indonesia is likely related to the high prevalence among men who have sex with men (MSM).

According to available data, adolescent boys have a greater incidence of HIV infection in Indonesia, Malaysia, the Philippines and Thailand, while girls are more at risk in Viet Nam. Masculine gender norms, which encourage boys to have multiple sexual partners, to be adventurous, dominant and take risks, likely contribute to this higher prevalence among males.[55,70,71] Gender norms that view ignorance and help-seeking as signs of weakness may prevent boys seeking correct information on prevention.[70,71] Males who do not conform to gender norms, such as MSM and transgender females, may be particularly reluctant to engage with services due to discrimination and stigma. Power imbalances in relationships may also prevent girls' and young people of diverse gender or sexual orientation, from refusing sex or negotiating safe sex due to risks of violence or rejection.[70,71] Data regarding the proportion of married girls (aged 15-19 years) who can say no to sex is limited to only one country, Timor-Leste, where only 46% of girls can refuse.

Human papillomaviruses (HPV, Indicator 3.24) is an important cause of cervical cancer in females, with growing evidence of its role in anogenital cancers (anus, vulva, vagina, and penis) and head and neck cancers (particularly oropharyngeal cancers such as tonsil and tongue cancer).[72,73] Currently, WHO recommends that the primary target population for HPV vaccination is girls aged 9–14 years, prior to becoming sexually active.

Currently, there are only HPV vaccination programs in Lao PDR, Malaysia and the Philippines (see Appendix 3). There have been many challenges in the introduction of the HPV vaccines for young adolescent girls. Barriers have included opposition from anti-vaccine and religious groups; lack of parental knowledge regarding HPV and cervical cancer; problems reaching out-of-school girls; difficulties linking HPV vaccination data to women's health programmes; financial barriers; and unfounded fears of side effects.[74-76] Gender inequality and norms also act as barriers to the introduction of the vaccine and control of HPV. Social norms, which value girls' chastity and discourage girls' sexual debut, discourage HPV vaccination uptake. There has also been some debate that HPV has been over-identified as a female-specific disease resulting in the 'feminisation of HPV' and HPV vaccines.[77-79] This feminisation reinforces gender norms, which place women as responsible for sexual and reproductive health and stigmatise women as hosts for HPV. It is suggested that this not only limits public awareness of the importance of vaccinating boys but may have also impacted the inclusion of the vaccine on immunisation schedules and uptake by parents.

CASE STUDY 3.3: ADOLESCENT PREGNANCY IN SOUTHEAST ASIA

The adolescent birth rate in Southeast Asia (47 births per 1000 females) is twice the East Asia and the Pacific regional average (23, excluding high income). Teenage motherhood is most prevalent, exceeding the global average, in Lao PDR (94), Cambodia (57), and Thailand (51). In Thailand, 11% of total births are to teenage mothers, while in the Philippines, one in 10 girls (15-19) are mothers and 24 babies are born to teenagers, every hour.[80,81]

Adolescent fertility rates are increasing in several countries, namely the Philippines, Cambodia and Viet Nam, defying global trends. Many of these births are unintended and/or occur before marriage. These pregnancies are driven by increasing sexual activity among young people combined with:

- inadequate sexual and reproductive health knowledge;
- inaccessibility of family planning services and contraception;
- social norms and taboos regarding sex and sexuality; and
- gender power dynamics, including limitations in girls' decision-making power.

Teenage pregnancy can be both a contributor to, or consequence of, early marriage or union, with adolescent fertility rates often higher where child marriage is prevalent. For example, in Lao PDR many highland ethnic minority teenage pregnancies are to cohabiting young couples in non-formal unions. Low levels of education and socioeconomic status are associated with both adolescent pregnancies and early marriages or unions. An unintended pregnancy, particularly outside of marriage or union, can have negative consequences for the girl including stigma, social isolation, school expulsion, forced marriage, and in some cases, violence and suicide.[82]

Family planning services are frequently limited for unmarried girls while unmet contraception needs are often highest among adolescents in rural areas with limited education, who also belong to economically disadvantaged households or socially excluded ethnic groups.[83] In the Philippines and Timor-Leste, laws and religious values may also restrict girls' access to and use of contraception.[84]

Parents are an uncommon source of sexual and reproductive health information across the region, often due to their own limited knowledge, socio-cultural taboos and/or embarrassment. However, most countries in Southeast Asia do have national curricula for sexuality education at primary and secondary level. Challenges remain in the implementation of sexuality education including availability of teaching resources and support, lack of supervision and non-compulsory status. Opposition from community and religious leaders and parents, as well as resistance within the education sector, can be significant barriers when implementation is optional. In addition, curricula often do not take the comprehensive approach needed to build life-skills but rather focus on biology and reproduction.[82]

Summary
Domain 3

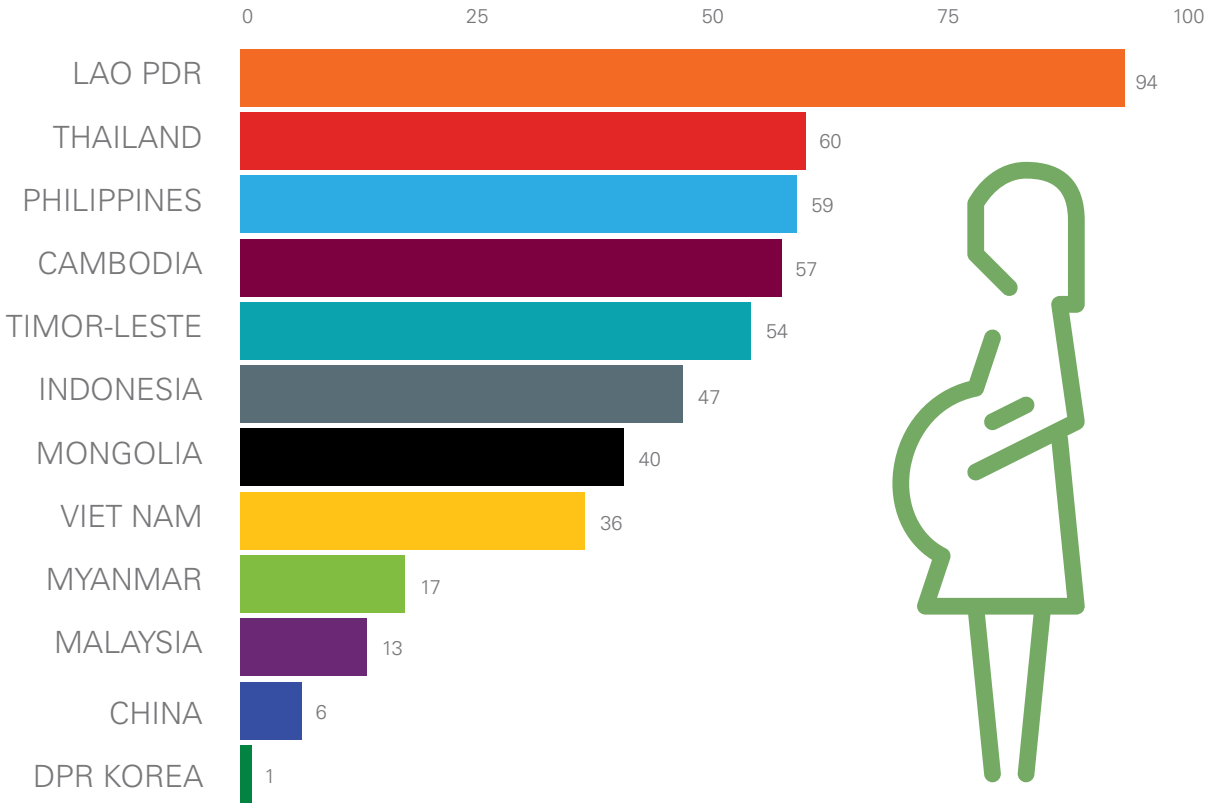
Impact of gender inequality on health

Key data gaps

- There are a number of data gaps for adolescent health, particularly relating to the sexual and reproductive health of unmarried adolescents, young adolescents, transgender adolescents or adolescent boys.
- Data were also limited overall for China and DPR Korea.

Adolescent pregnancy remains high

Adolescent fertility rate (births per 1000 15-19 year olds)

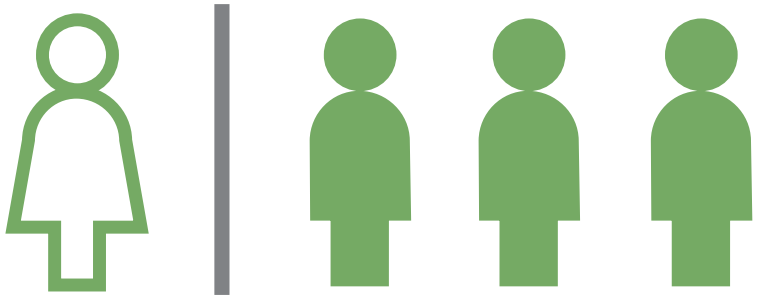


Key inequalities identified from the available data for child and adolescent health, include:

- Girls under-5 years have a higher than expected mortality in China;
- Adolescent girls experience a disproportionate burden of anaemia;
- Adolescent boys experience an excess burden of suicide, injury and health risk behaviours, such as tobacco smoking;
- Poor reproductive health for girls remains a substantial issue in this region with high and unshifting rates of adolescent pregnancy and substantial unmet needs for contraception. This, combined with relatively high rates of stunting, may explain the relatively high rates of maternal mortality in Lao PDR, Timor-Leste and Indonesia.

More boys die from suicide than girls

In some countries three times as many boys die from suicide as girls



CAMBODIA INDONESIAN MALAYSIA MONGOLIA THAILAND

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

Domain 4

Impact of gender inequality on education and employment

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

Data availability

Data for gender inequality in education and employment were sourced from collated datasets (UNICEF SOWC, UNESCO, ILO and WHO/UNICEF Joint Monitoring Programme) and primary surveys (MICS and DHS) (Table 4.1). Data were available across all indicators with the exception of Indicator 4.14 (proportion of young people in informal employment). Data coverage was most sparse for sex education in schools (Indicator 4.06) and access to information for young people (Indicators 4.09 – 4.11). With respect to countries China, Malaysia and the Philippines, there is data for fewer than half the indicators in this Domain. Data availability for DPR Korea is particularly sparse, with less than 25% of indicators having data.

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

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

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

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

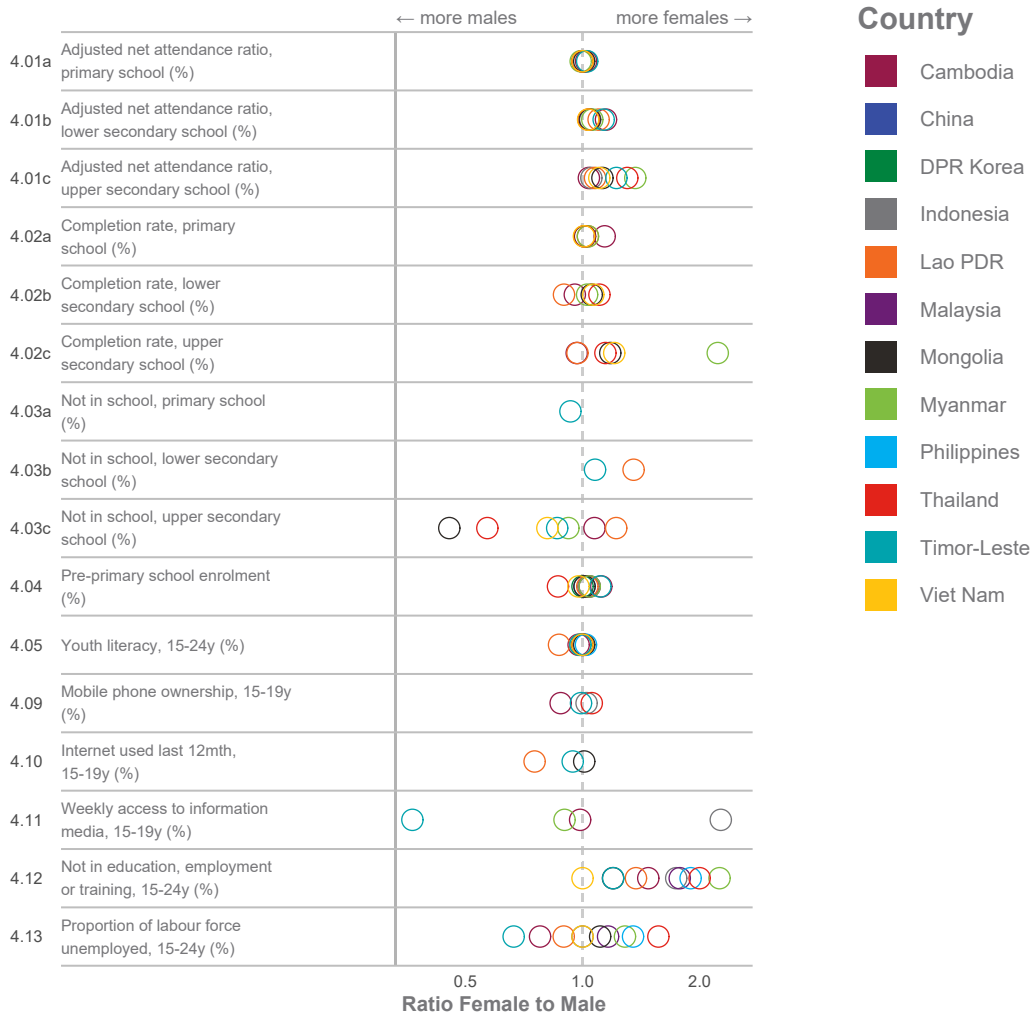
			CAMBODIA	CHINA	DPR KOREA	INDONESIA	LAO PDR	MALAYSIA	MONGOLIA	MYANMAR	PHILIPPINES	THAILAND	TIMOR-LESTE	VIET NAM
Participation	Adjusted net attendance ratio, primary school (%)	4.01a	UNICEF	UNICEF		UNICEF	UNICEF		UNICEF	UNICEF		UNICEF	UNICEF	UNICEF
	Adjusted net attendance ratio, lower secondary school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

Key gender inequalities

In East and Southeast Asia, girls are equal to boys, or advantaged, in their attendance and completion of all stages of school. However, after leaving school, girls and young women (aged 15-24 years) are more likely than males the same age, to not be in education, training and employment (Figure 4.1). While boys are more likely to leave school, particularly in Mongolia and Thailand, this does not appear to negatively impact future employment opportunities. There was limited data for adolescents' access to information, however boys appear advantaged in mobile phone ownership in Cambodia and weekly access to information in Timor-Leste.

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

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



Detailed findings across indicators

School participation

(Indicators 4.01 – 4.04)

School attendance (Indicator 4.01) is generally greater than 90% for girls and boys for primary school across the region, except for Lao PDR (85%) and Timor-Leste (72%). There appears to be no significant difference in primary school attendance by gender (Figure 4.2). Attendance rates, however, fall substantially in upper-secondary education, with 50% upper-secondary attendance or less in Cambodia, Lao PDR and Timor-Leste. It is also during secondary school where gender disparities in attendance emerge, with males being less likely to attend than females in this region. The gender-gap in school attendance becomes particularly pronounced in upper-secondary education and is largest in Thailand (difference between female-male net attendance 17%), Myanmar (11%), Mongolia (10%) and Viet Nam (7%). Similarly, gender disparities in **out-of-school** children and adolescents (Indicator 4.03) are only apparent in secondary school with more girls out of secondary school in Lao PDR and more boys out-of-upper-secondary in Mongolia, Thailand and Viet Nam.

Boys and girls from poor households and in rural areas, where educational services are inadequate or of poor quality, are more likely to be out-of-school.[85,86] Children in these areas are at greater risk of child labour and boys, in particular, may be delegated to earn money for the family. This is related to gender roles of males as 'providers' and more suited to manual labour, agricultural or construction work. In some instances, there appears to be a perception that boys are less responsive or interested in education than girls.[86,87]

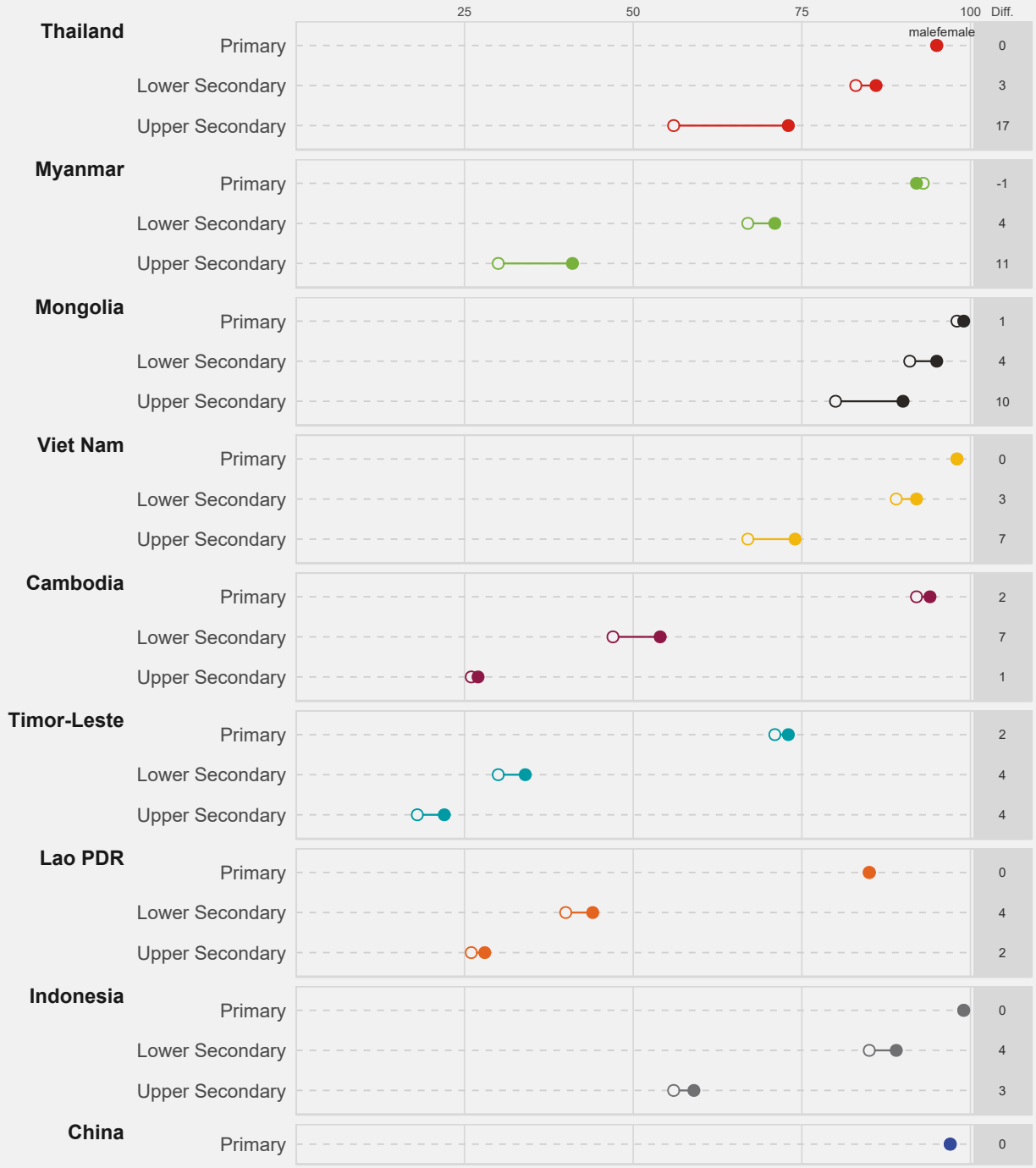
School-related gender based violence remains an issue in many schools in the region and may also contribute to non-attendance and drop-out.[88] Boys are more likely to experience physical violence, including peer-to-peer violence and corporal punishment from teachers, while girls are more prone to emotional abuse and neglect. While dropout due to child marriage or pregnancy is a risk for some girls, for others school may be perceived as a safe and protective environment to avoid sexual activity and gender-based violence.

School Completion (Indicator 4.02) rates are lower than those for attendance but follow a similar pattern. Less than 50% of boys and girls complete secondary education in Cambodia, Lao PDR and Myanmar (see Case Study 4.1). Overall, girls are more likely to complete school than boys. The gender disparities are most marked for completion of primary school in Cambodia, and secondary in Mongolia, Thailand and Viet Nam.

The only substantial gender disparity in **pre-primary school enrolment** (Indicator 4.04) was found in Thailand, where more boys are enrolled than girls (74% boys as compared to 64% girls). However, this differential enrolment does not transfer to higher levels of schooling where girls match or out-perform boys.

FIGURE 4.2: SCHOOL ATTENDANCE

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



INDICATOR 4.01: ADJUSTED NET ATTENDANCE RATIO, BY SCHOOL LEVEL AND SEX

CASE STUDY 4.1: GIRLS' AND BOYS' EDUCATION AND EMPLOYMENT: A CYCLE OF GENDER INEQUALITY

In recent decades, there have been rapid increases in girls' school participation globally, including in East and Southeast Asia. Girls' school attendance and completion now surpasses boys' in most countries in the region. However, post-school pathways for girls are limited compared with boys: many more young women are not in employment, education, or training (NEET) across the region compared with young men, and in more countries unemployment rates are higher among young women. These differences in schooling and employment outcomes are linked with entrenched norms that support highly differentiated gender roles, which allocate unpaid domestic and care-giving work to women, and economically productive work to men.

Gender norms disadvantage both boys and girls in different ways. Boys may be more likely to be withdrawn from school early to enter paid employment, limiting their capacity to engage in further learning and a broader range of post-school opportunities. This is the case in Mongolia where boys often drop out to support their families by mining, looking after livestock or working as a porter.[89] Mongolian girls, on the other hand, are often perceived to be sensitive and vulnerable and more likely to be kept in school as a protection mechanism.

Across the region girls who complete school may still find it difficult to pursue further learning, training or paid employment. Even when girls have higher education, the limited supply of highly skilled jobs appears to favour employment of boys in many contexts.[90] These disparities are exacerbated by early parenthood, which places additional pressure on young fathers to find work and young mothers to stay home.[91]

Family responsibilities, housework and pregnancy are the most common reasons for female youth not to be in paid employment in the Asia Pacific.[90] For example, in Cambodia 29% of female youth cited family responsibilities and housework as the reason for not having a paid job compared to 2% of male youth. These household duties represent a barrier to girls actively searching for jobs. While most female non-students in the region report wanting to work, they are more pessimistic about their chances than males, and are more likely to say they do not know how to look for work.[90] This implies young women feel a degree of powerlessness to determine their economic futures and independence.

> "This is the daughter of my sister. She drops out of school because she has to take care for her sick grandfather.... I cannot take this girl to a school because I cannot afford to have a sitter for my father".[89]

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

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

Youth literacy (Indicator 4.05) is generally high, with the exceptions of Myanmar, Lao PDR and Cambodia where literacy is less than 90% (see Appendix 3). For most countries, there are no significant gender differences in youth literacy, except for in Lao PDR where 77% of males, aged 15 to 24 years, are literate compared to 67% of girls. Literacy is a crude measure of broader learning outcomes, which are discussed further in Case Study 4.2.

Comprehensive sexuality education (CSE, Indicator 4.06) is not only important for improving young people's sexual and reproductive health knowledge. CSE supports the development of attitudes and skills that contribute to safe, healthy, positive relationships and encourages positive values, including respect for human rights, gender equality and diversity.[82,92]

Despite progress in sexuality education programmes across East and Southeast Asia, implementation still varies greatly.[82,93,94] While available data for Indicator 4.06 shows a high coverage of sexuality education in both primary and secondary schools in Malaysia, the content of these curricula has not been confirmed. Most countries implement sexuality education (often called health education) at secondary level in the formal education system; the exception being the DPR Korea. The content of the programmes is also reported to vary with the majority being focused on biology and health knowledge and only a minority addressing human rights, behaviour change, gender norms or discrimination.

There are many challenges to the effective implementation of CSE including the cultural context, as well as, barriers at the government, community, school and individual levels.[82,95,96] Lack of compulsory status and inadequate teacher training, support, resources and supervision are particularly key. More research is needed to understand whether girls and boys in the region are receiving the quality CSE required to develop the knowledge and skills to make safe, healthy and respectful choices about sexuality and relationships.

CASE STUDY 4.2: GENDER NORMS IMPACTING LEARNING ACHIEVEMENT

Across East and Southeast Asia almost one third or 78 million children and adolescents do not achieve minimum proficiency levels in reading and mathematics.[97] Government investment in education impacts many key factors, which influence school attendance and attainment, including the cost, quality and perceived usefulness of education. However, gender disparities in educational achievement across the region indicate that social norms and expectations also play a role.

Across East and Southeast Asia, approximately 9 million more boys than girls do not achieve minimum proficiency levels (32% of boys versus 28% of girls, adjusted gender parity index (GPIA) 0.88).[97] Gender disparities in achievement are particularly notable in reading, with girls outperforming boys at both primary and secondary levels (GPIA 0.82 and 0.92, respectively). However, in lower secondary, boys perform better than girls in mathematics (GPIA 1.08). These disparities do not stem from innate differences in aptitude but rather are attributed to the impact of gender-related norms, expectations and roles.[37, 87, 98]

Masculine norms generally encourage boys to be independent, active and brave and some assume they are less suited to learning.[87] When boys' behaviour is perceived to be unruly they are more likely to receive violent discipline than girls. On the other hand, girls are often considered more studious and well behaved, reflecting feminine norms, which encourage docility. Girls also frequently face more restrictions on mobility and may have more time at home to attend to studies. In addition, parents often believe there is a greater opportunity cost in sending boys to school as they are seen to have greater potential to work and earn money than girls. This is particularly the case in poor and rural areas where the financial need is greater and males generally do most of the manual labour. For example, research in the Philippines found poor families tend to withdraw boys from school as they are perceived to be unresponsive to learning and have more work opportunities than girls. In Malaysia, parents are more likely to trust boys' capacity to get a job without a high level of education, whilst a girl is believed to need more schooling to improve her job chances. In Mongolia, boys' experiences of physical discipline in school contributes to their early drop-out, particularly for families with economic pressures.

Gender differences also manifest in subject choices, especially science, technology, engineering and mathematics (STEM) participation and achievement. STEM learning outcomes are mixed; however, girls are significantly underrepresented among the highest levels of achievement.[37, 98, 99] Social, cultural and gender norms also contribute to these disparities. Children are often raised to believe that while reading, arts and languages are more feminine activities, STEM are masculine subjects, that males are innately better at. Parents are believed to strongly influence girls' self-efficacy, while those with lower socio-economic status and education, tend to have less positive attitudes towards STEM education for girls. Portrayal of women in the media, lack of female STEM teachers, discriminatory teacher attitudes and stereotypical curricula content are also suggested to contribute to girls' lack of participation.

School environment
(Indicators 4.07 – 4.08)

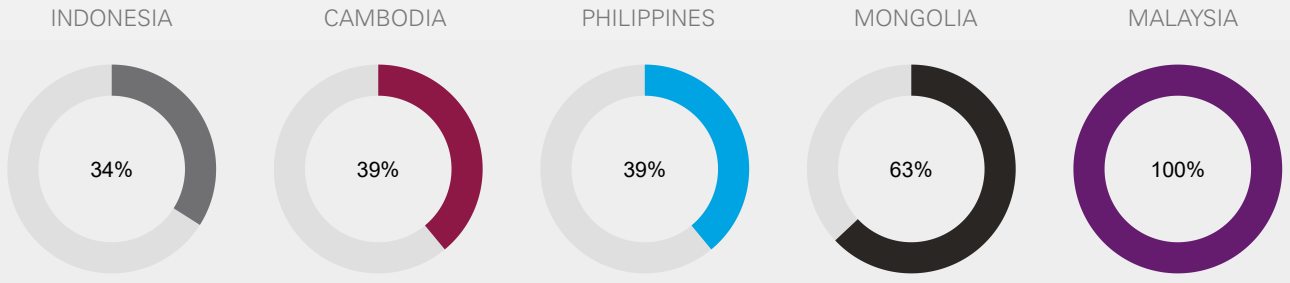
Female teachers (Indicator 4.07) are over-represented at primary schools in most countries, accounting for 96% of primary teachers in Mongolia. The exception is Timor-Leste where only 40% of primary school teachers are female. In most countries, the proportion of female teachers declines in secondary school and there is relative gender-parity in the teaching body, with the exceptions being Myanmar, Thailand and Viet Nam where females continue to represent the majority of teachers, and Timor-Leste where they remain the minority. These gender-imbalances in the education workforce are likely to shape the gender norms of young people, with teaching and care-giving roles prescribed to women. These norms are often reinforced by the portrayal of women in textbooks and teaching resources in stereotypical female occupations, such as domestic and reproductive roles.

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

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

FIGURE 4.3: IMPROVED SANITATION

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



INDICATOR 4.08: SCHOOLS WITH IMPROVED SANITATION FACILITIES (%)

Access to information
(Indicators 4.09 - 4.11)

Data on access to information are limited across the region. Where available, only a minority of 15-19-year-olds report weekly access to **information media** (Indicator 4.11), with inconsistent differences by gender. The largest gender disparity is in Timor-Leste where 10.4% of boys and 3.8% of girls report weekly access to information media.

Despite the age of first **mobile phone ownership** (Indicator 4.09) often being reported as 10 to 12 years, sex-disaggregated data are only available for adolescents aged 15-19 years, and only for four countries.[102,103] The largest gender disparity is in Cambodia, where 80.4% of girls and 91.5% of boys own phones. Girls in the Philippines are also reported to have more restricted access to phones than boys.[102,104] Increased restrictions on girls' phone access are in keeping with global research, which has found boys to be 1.5 times more likely to own a mobile phone than girls.[102,104] Adolescent girls in many countries are reported to face a range of barriers, which limit and complicate their mobile phone access.

Internet usage (Indicator 4.10) is only available for three countries, with rates similar between boys and girls. However, a recent global report regarding mobile internet usage indicates a country's gender equality score to be a strong predictor of the gender gap in mobile internet usage.[105] This indicator is likely to change rapidly, particularly in the emerging markets of Cambodia, Lao PDR and Timor-Leste and will be a powerful determinant of gender equality moving forward.[106] In the meantime, there is a need for more research regarding information, mobile and internet access and restrictions for girls and boys in the region.

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Transition to employment (Indicators 4.12 – 4.14)

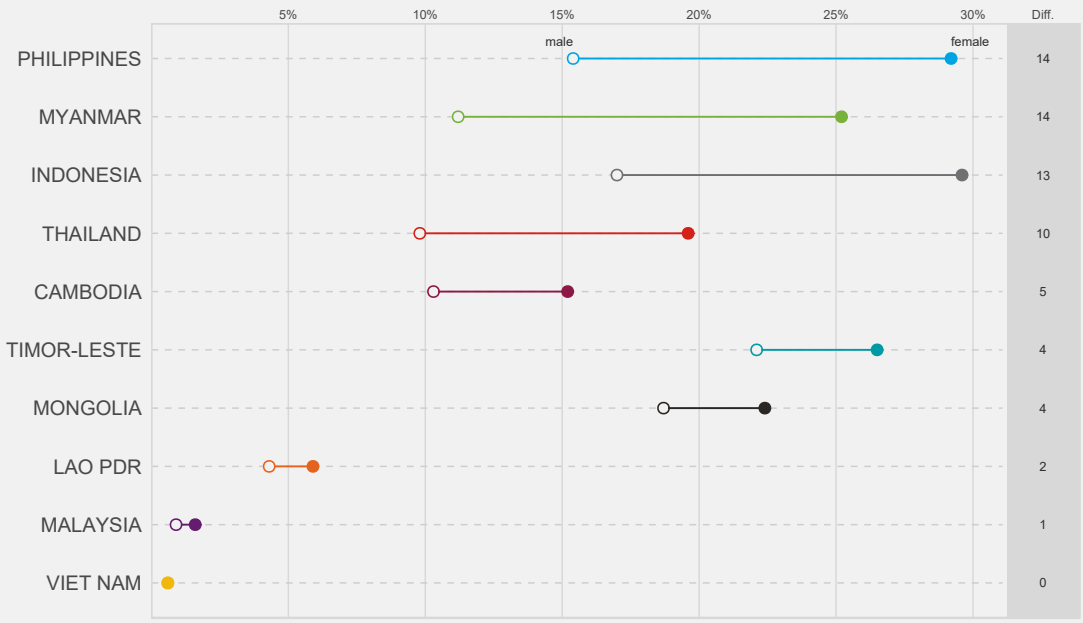
Girls and women are more likely than boys and men to be **not in employment, education or training** (NEET, Indicator 4.12) (Figure 4.4). Gender gaps are largest in the Philippines, Myanmar, Indonesia and Thailand where females have a NEET rate at least 10 percentage points higher than males. These gender differences are plausibly the product of highly differentiated gender roles that allocate unpaid domestic and care work to women, and paid work to men (see Case Study 4.1 for more).

Unemployment (Indicator 4.13) is relatively high in Indonesia, Mongolia, and Timor-Leste where more than 15% of the youth labour force are unemployed (see Appendix 3). The only country to have a substantial gender-difference in the unemployment is Timor-Leste where more males (25%) than females (17%) in the labour force are unemployed. These findings should, however, be interpreted in the context of males being more likely to be in the labour force overall than females across this region.[107]

More girls than boys attend secondary school, however, girls are less likely to transition to post-school education, employment or training.

FIGURE 4.4: NOT IN EDUCATION, EMPLOYMENT OR TRAINING

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



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

Summary
Domain 4

Impact of gender inequality on education and employment

Key data gaps

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

Key gender inequalities in educational and employment outcomes include:

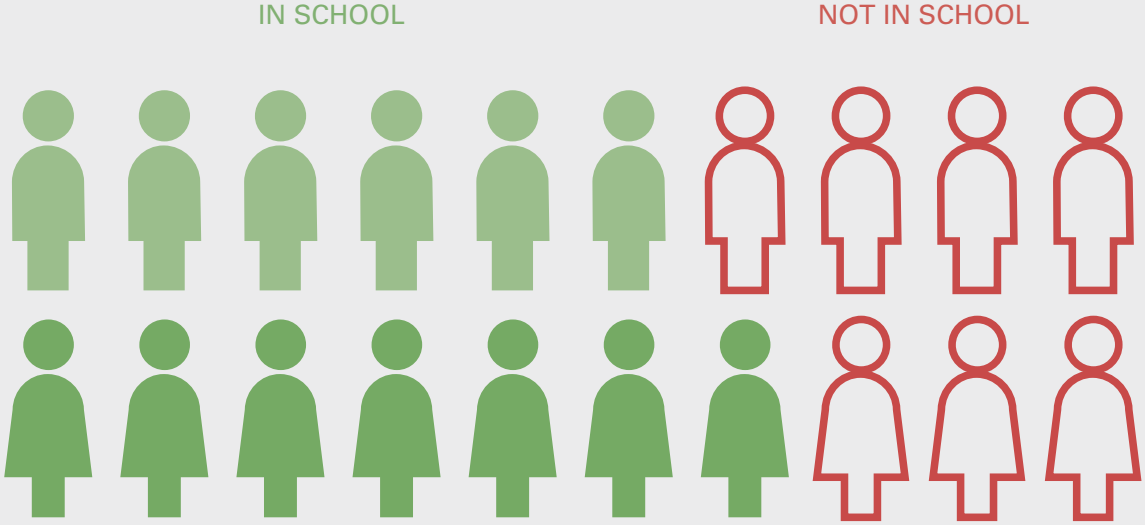
Girls have higher attendance and completion rates for secondary school in most countries, particularly in Mongolia, Thailand and Viet Nam. Boys are more likely than girls to leave education early.

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

Several countries, including Cambodia, Indonesia and Philippines, have a very low proportion of improved school sanitation facilities and this may be a barrier to attendance for girls, particularly during menstruation.

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

Secondary school aged children not in upper secondary school



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

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

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

Domain 5

Impact of gender inequality on protection

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

Data availability

Data on the impact of gender inequality on the protection of girls and boys was sourced from collated datasets (UNICEF, UNDP, UNIGME, World Legal Information Institute, UNSD, UNODC, ILO), primary surveys (MICS and DHS) and modelled datasets (Global Burden of Disease). Coverage of data in this domain varies considerably across indicators and countries (Table 5.1). Data coverage were complete for indicators measuring sex ratio at birth (Indicator 5.01), infant mortality (Indicators 5.02 – 5.03), legal age of intercourse and marriage (Indicators 5.07 – 5.09), and homicide mortality rate (Indicator 5.15). Data were available for only some countries for indicators relating to birth registration and child living arrangements (Indicators 5.04 – 5.05); child marriage (Indicator 5.06); intimate partner violence (Indicators 5.11 – 5.12); attitudes and experience of violence (Indicators 5.13 – 5.14); trafficked children (Indicator 5.19); and child labour (Indicators 5.20 – 5.22), with data available for only one country for the proportion of youth with a bank account (Indicator 5.10) and the prevalence of female genital mutilation/cutting (FGM/C) (Indicator 5.18). In terms of countries, data was particularly limited for China, DPR Korea and Malaysia.

To optimise coverage for the indicator of child marriage (Indicator 5.06), data were sourced from both collated UNICEF datasets and DHS primary surveys. Most data for this indicator were only available for girls and women for this region. Modelled data from the Global Burden of Disease study were used for homicide (Indicator 5.15) to improve data coverage, but also because modelling adjusts for inconsistencies in the recording of homicide mortality in many vital registries.

It should be noted that data for Indicator 5.13 (attitudes around domestic violence) are captured slightly differently for MICS and DHS surveys (similar to Indicator 2.12). The MICS survey asks respondents if a husband might be justified for hitting his wife for five circumstances: (1) she goes out without telling him; (2) she neglects the children; (3) she argues with him; (4) she refuses sex with him; (5) she burns the food. The DHS, used for Cambodia, includes a similar question but adds the circumstance of a wife asking her husband to wear a condom. The Indonesia data for this indicator is only for currently married adolescents.

Some proposed indicators were not able to be included due to a lack of routine data collection. Data regarding discrimination and harassment of young people with diverse gender identity and sexual orientation were particularly lacking (Indicator 5.17). This indicator is, however, included in MICS 6 and should be available in the future. Data on discrimination and violence against children and adolescents (including intimate partner violence) are

also currently limited, however, there are initiatives underway including Violence Against Children surveys and the kNOVAWdata project that will contribute to improved data coverage.[108,109]

TABLE 5.1: INDICATORS AND DATA AVAILABILITY FOR PROTECTION

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

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

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Key gender inequalities

Girls and boys in East and Southeast Asia are not being adequately protected from violence, exploitation and abuse.

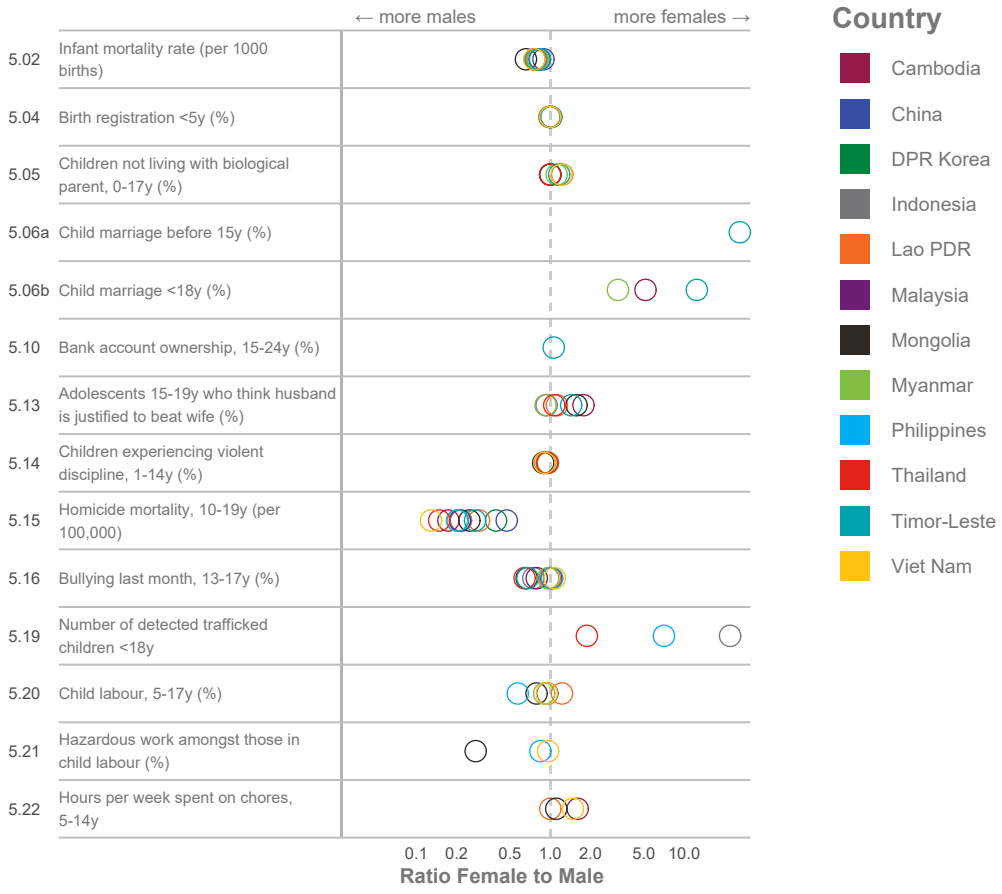
Girls in the region are substantially more likely than boys to be married as children or trafficked (Figure 5.1). In certain countries, there remains a preference for sons (as demonstrated by an excess number of males than females at birth and excess female infant mortality). In some communities FGM/C continues to be practiced. There is broad acceptance of violence against women by young people, with girls being more likely to justify a husband beating his wife than boys. Girls also spend more hours on household chores than boys.

Boys in this region are substantially more likely to die from intentional homicide than girls. Boys experience higher rates of bullying, and are also more likely to be in child or hazardous labour.

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

FIGURE 5.1: INEQUALITY PLOT FOR INDICATORS OF PROTECTION

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



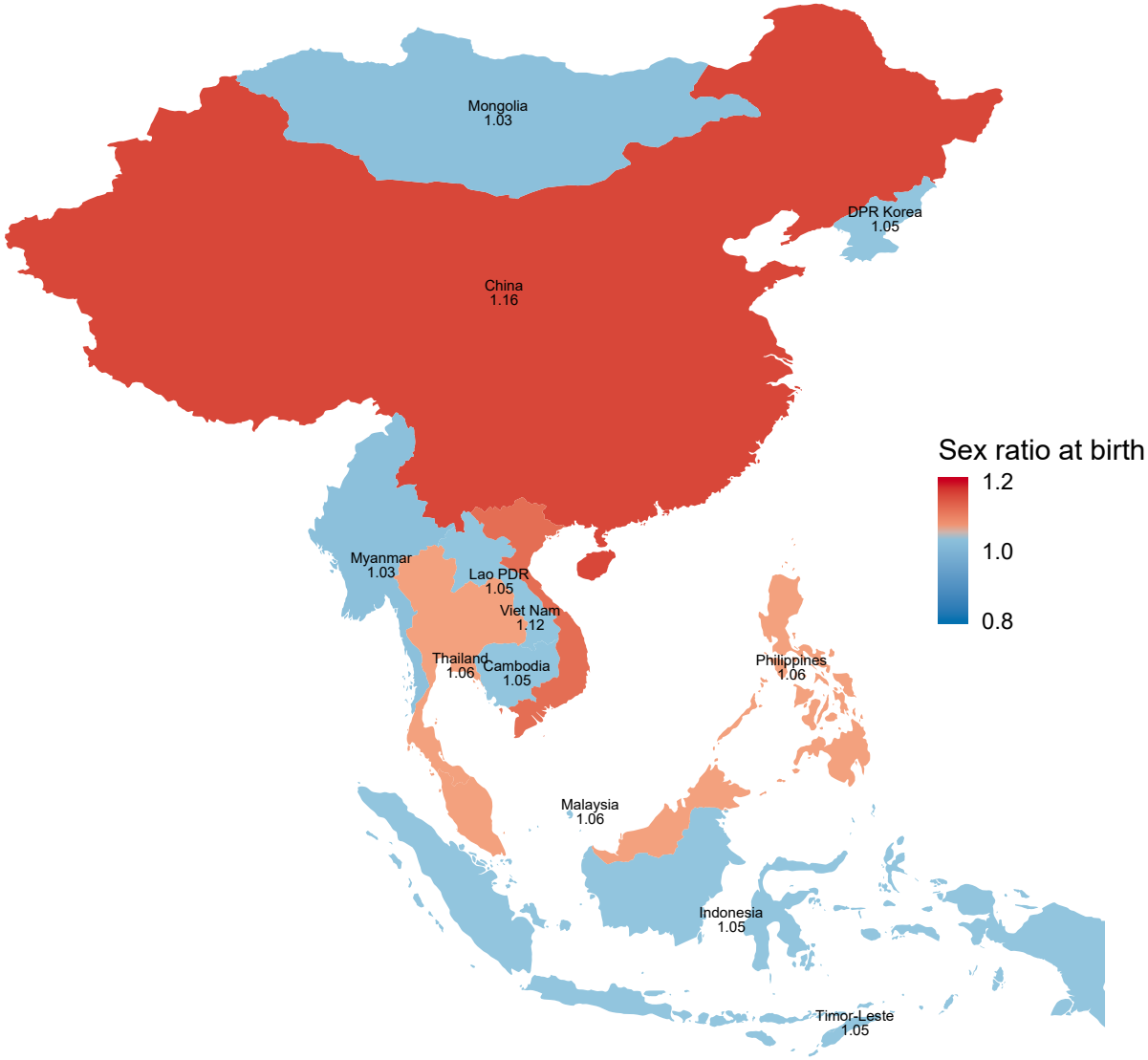
Detailed findings across indicators
Sex preference
(Indicators 5.01 – 5.03)

There were substantial differences in **sex ratio at birth** (Indicator 5.01) for China and Viet Nam (Figure 5.2). The expected sex ratio is 1.05 (105 boys should be born for every 100 girls to account for excess male mortality),[110] however, the ratios of China and Viet Nam (1.16 and 1.12, respectively) indicate a substantial deviation from the natural sex ratio.

These missing girls are likely the result of son-preference, enabled by prenatal sex determination and selective abortion. Son-preference refers to the greater value of boys in patrilineal families and the lesser economic and social status afforded to girls (see Case Study 5.1 on son preference for more information).

FIGURE 5.2: SEX RATIO AT BIRTH

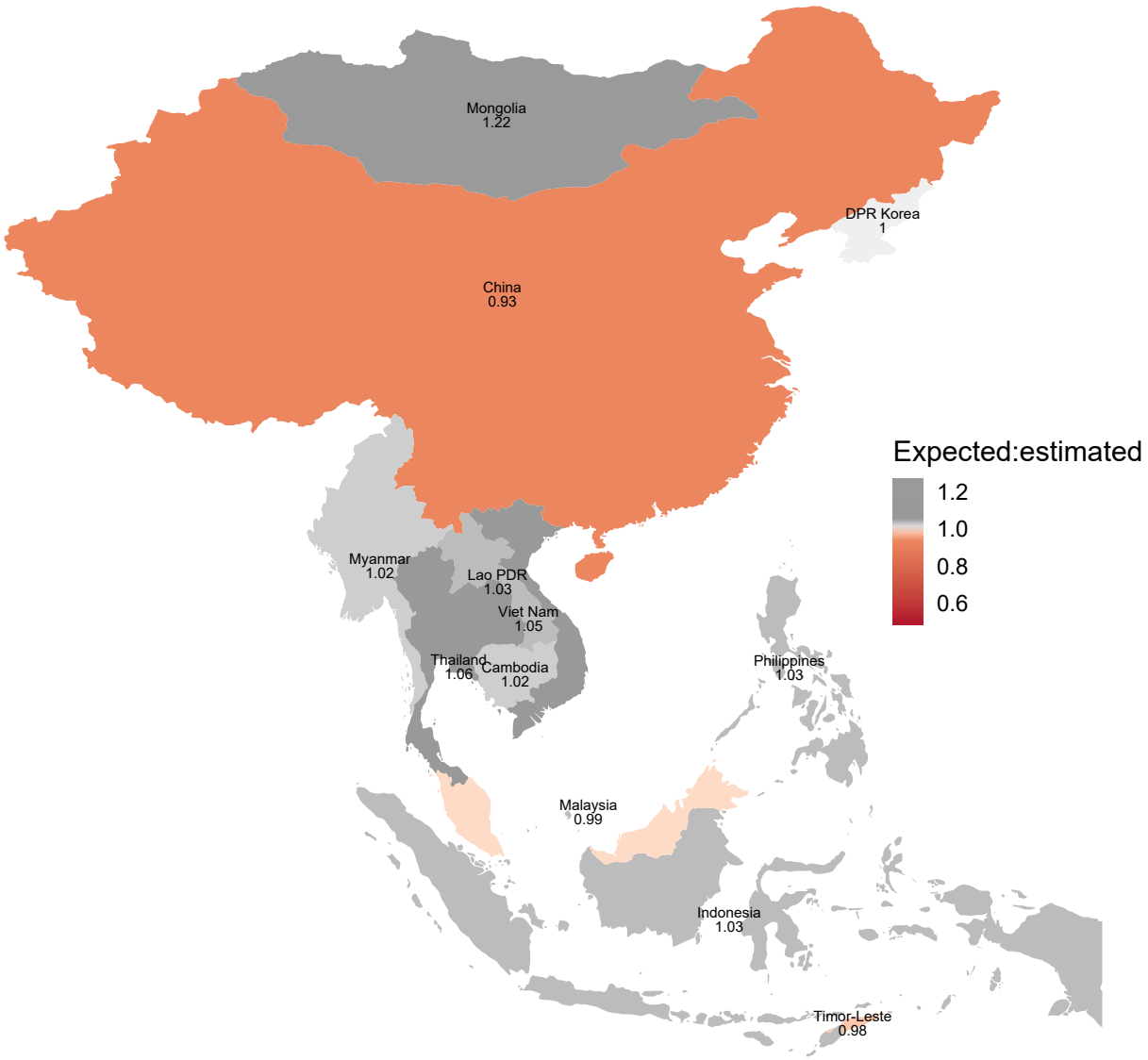
This map shows the countries in the region, shaded according to the sex ratio at birth (number of male births to one female birth, Indicator 5.01). The shading changes colour at a ratio of 1.05, which is the expected number of males born to a female. Data source: UNPD, 2015.



While boys' **infant mortality** (death between birth and 1 year of age, Indicator 5.02) is higher than for girls in countries across this region, this sex difference is expected due to girls' biological advantage in infancy.[111] Figure 5.3 shows countries where there is an **excess female mortality**, that is, countries where the estimated infant mortality amongst girls is higher than that expected for that country. China has the largest excess infant female mortality. This is likely to reflect differential care between boys and girls or girl neglect.[112,113]

FIGURE 5.3: EXCESS FEMALE INFANT MORTALITY RATE

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



CASE STUDY 5.1: SON PREFERENCE LEADING TO SEX IMBALANCES AT BIRTH

In both China and Viet Nam, there are many more boys born than would be biologically expected. The annual surplus of male births has been estimated to be 900,000 boys in China and 52,900 boys in Viet Nam.[113,114] This sex imbalance at birth has been increasing since the late 1980s, facilitated by the increased use of diagnostic technology that enables 1) prenatal sex determination followed by abortion of female babies; and 2) sperm sorting or preimplantation genetic diagnosis combined with selective implantation of male foetuses by IVF.

The main reason for this marked birth masculinity is son preference. This greater perceived value of boys arises in patrilineal and patrilocal families where girls have less economic and social status.[113,114] This gender discrimination can be considered as a cost-benefit decision whereby girls represent a greater cost to the family, as they are expected to leave and to live with her husband, and boys a greater benefit, as they can provide for their parents in their old age. In Viet Nam, couples are openly encouraged to have sons, while sonless wives face pressure from their in-laws and risk desertion by their husbands.[113] As well, boys are considered status symbols and important, according to Confucian patriarchal values, for carrying on the family line and continued worship of ancestors.[113,114] Furthermore, men without son's, may be ridiculed by their friends as they are considered lesser men.

Birth masculinity is less pronounced among poor households, for whom access to medical services may be limited. However, it increases with higher parental education levels.[113] Preference for a boys also becomes stronger with birth order and in families with only girls – in China approximately 25% of parents with one or two daughters are estimated to resort to prenatal sex selection.[113,114] This practice is exacerbated by low fertility rates, which result in less chance of male children, and in China, government fertility restrictions. Son preference is usually stronger in rural settings where gender norms also value sons for working in agriculture. In some rural areas of China, up to two-thirds of second-order births have been male. In Viet Nam, birth masculinity is highest in regions close to China, where the Confucian traditions are strongest.

> "Even if [the son] ruins the family or even beats or kills his parents, he is still a son".
>
> (Vietnamese parent [113])

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

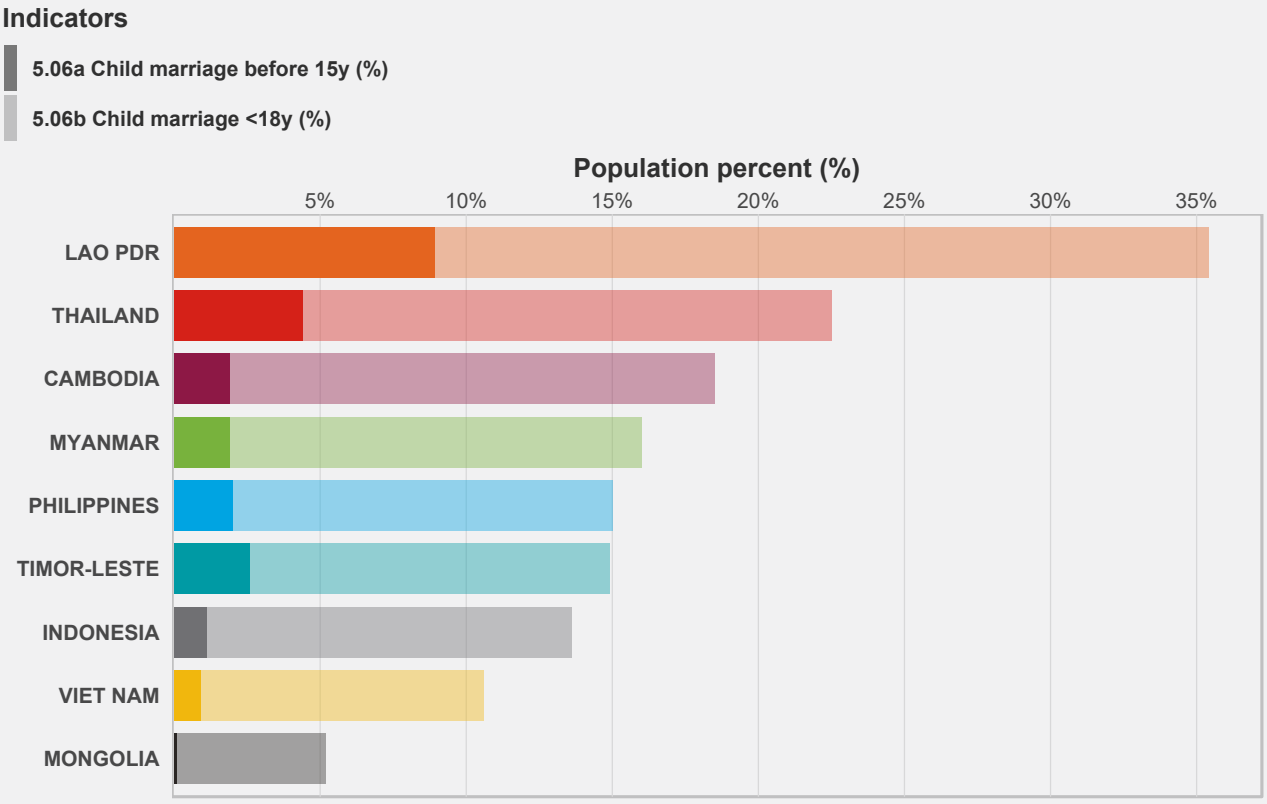
There are no apparent sex differences in **birth registration** (Indicator 5.04) of girls and boys with civil authorities. However, in some countries the gender of the parent can be a barrier to registration of children, where only senior male household members can register the birth of a child or where the father or both parents are required to be present at registration.[115]

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

Child marriage and early union of girls (Indicator 5.06) remains common in this region (Figure 5.4), with rates of marriage before 18 years of age being highest in Lao PDR (35.4%), Thailand (22.5%) and Cambodia (18.5%). Several countries

FIGURE 5.4: CHILD MARRIAGE

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



INDICATOR 5.06: CHILD MARRIAGE (A) BEFORE 15 YEARS (B) BEFORE 18 YEARS

in this region also have high rates of marriage before 15 years of age, particularly Lao PDR (9%), Thailand (4.4 %) and Timor-Leste (2.6 %). Girls are disproportionately affected by child marriage; however, in some countries, boys also have high rates. In Myanmar, 5% of 20-24-year-old males are married before 18 years of age; 3.6% in Cambodia. Data for adults, aged 20–49 years, in Thailand show that 21.3 % of women and 8.0% of men were married before 18 years.[116]

In East and Southeast Asia, these unions may not represent forced or arranged marriages but are frequently young couples who decide to be together, either through a formal marriage or cohabitation. This is common in the Philippines, Thailand and Viet Nam and the highland ethnic minorities of the Mekong countries, including Cambodia and Lao PDR.[84] Traditional forced or arranged child marriage represents a rights violation that frequently excludes girls from further education and has potential for sexual and physical violence and social isolation. In contrast, love marriages or cohabitation by youth are consensual and may precede or follow an unplanned pregnancy. In this instance, it is perhaps the impact of an unwanted, early pregnancy that may be of greater concern rather than the union itself.

There is substantial regional variation in age of **consent to sex and marriage** (Indicators 5.07 and 5.08). Gender disparities exist in some countries and these likely reflect and perpetuate norms around male dominance in marital and sexual relationships. In Lao PDR, Malaysia, and Myanmar it is possible for a girl and her parents to consent to her marriage before the age of 18 years of age, providing limited protection for girls. In Myanmar and DPR Korea, there is no age of consent to heterosexual sex stipulated for men and boys. This likely relates to norms around men and boys initiating sex. These norms undermine women's and girls' agency in sexual relationships.

It is important that laws for age of consent do not criminalise consensual adolescent sexual activity for either girls or boys and that the age is appropriate to the local context.

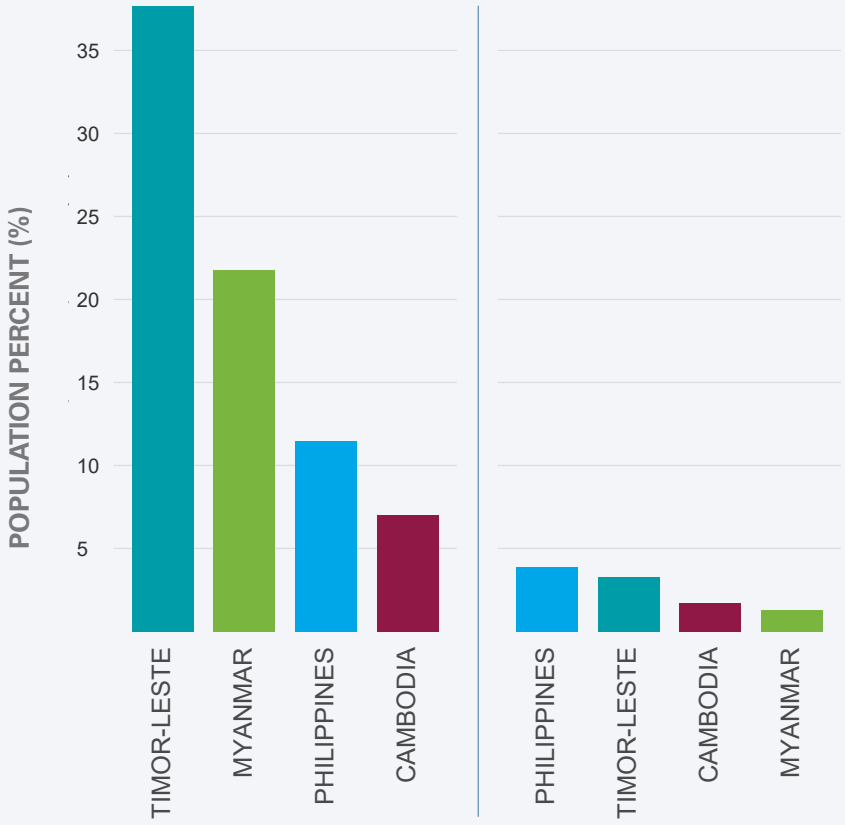
Male same-sex sexual relationships (Indicator 5.09) are criminalised in Malaysia and Myanmar, and not regulated in DPR Korea, but legal in the remaining countries in the region. The criminalisation of male same-sex sexual relationships increases the vulnerability of non-heterosexual men and perpetuates unequal binary gender roles and norms. Female same-sex sexual relationships, by contrast, are criminalised in Malaysia but not regulated in Myanmar, DPR Korea, Thailand and Viet Nam. An absence of regulation means that female same-sex sexual relationships are not criminalised, nor are they protected by law. It also reflects the invisibility of non-heterosexual female sexuality when patriarchal gender norms position female sexuality as secondary to male sexuality rather than of intrinsic, independent value.

Violence and harmful practices
(Indicators 5.11 – 5.18)

Data is only available for four countries regarding adolescent girls' (15-19 years) experiences of **sexual and/or physical intimate partner violence** (IPV, Indicator 5.11) in the last 12 months prior to data collection. While rates vary across these countries, physical violence appears to be consistently more common than sexual violence. As mentioned previously, rates of IPV likely underestimate the extent of violence, as women and girls often do not report abuse due to embarrassment, fear of retaliation, economic dependency and societal norms, such as the power imbalance between women and men, family privacy, and victim blaming.[40] Protection mechanisms for those that experience domestic violence are limited throughout the region, leaving those who report violence vulnerable to further abuse. Of the four countries for which data are available, rates of physical and/or sexual IPV are highest in Myanmar (21.8%) and Timor-Leste (37.7%) (Figure 5.5). A small percentage (1-4%) of young women (aged 20-24 years) report **forced sex** (Indicator 5.12) before the age of 18 years, however, once again, these data these data likely underestimate the scope of the problem.

FIGURE 5.5: INTIMATE PARTNER VIOLENCE AND SEXUAL ASSAULT

This graph shows the proportion of ever partnered adolescents aged 15-19 years who experienced physical and/or sexual intimate partner violence in the preceding 12 months (Indicator 5.11c) and the proportion of women, aged 20-24 years, who experienced forced sex before the age of 18 years (Indicator 5.12). Data source: DHS, 2010–16.



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

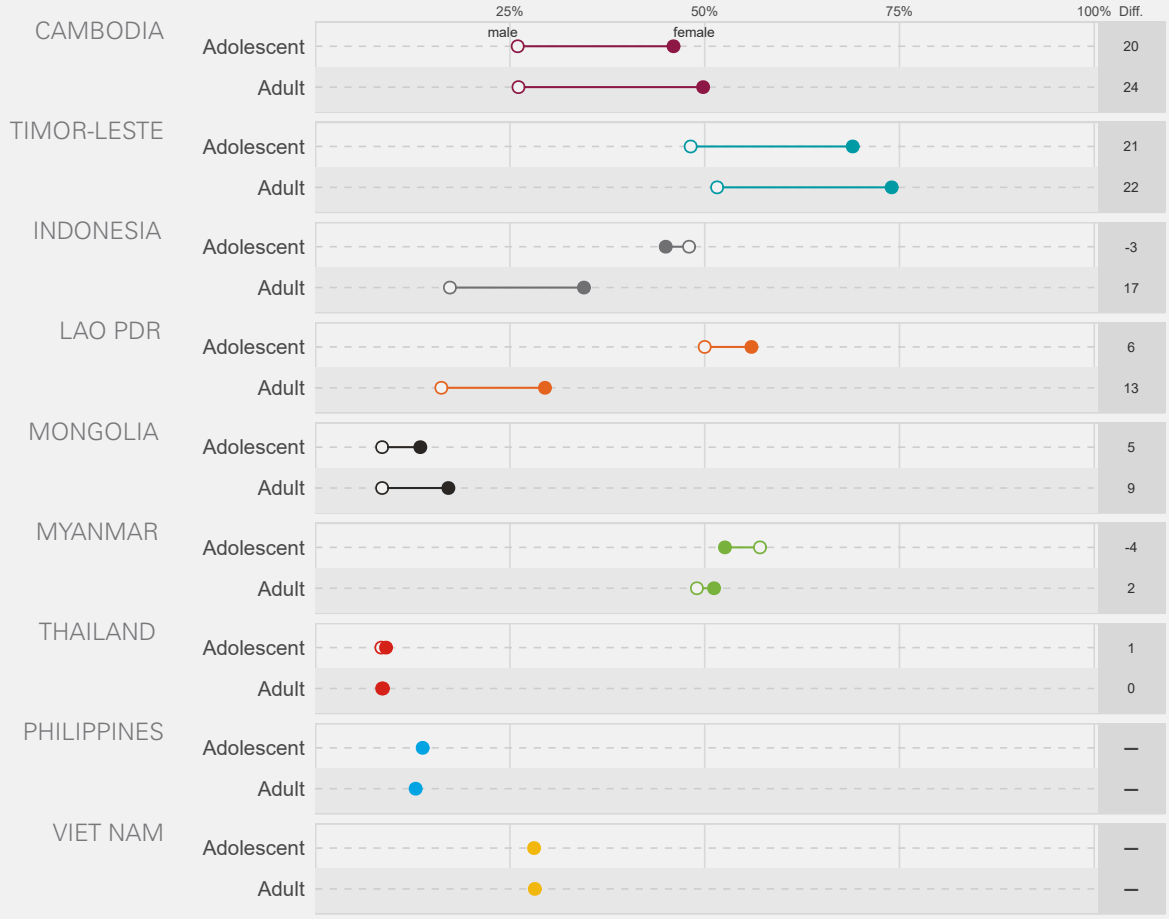
INDICATOR 5.12: FEMALES AGED 20-24Y EXPERIENCING FORCED SEX BEFORE 18Y (%)

Acceptance of violence against women is high in the region, as demonstrated by the proportion of young people who **justify domestic violence** (Indicator 5.13) in many countries. This includes the majority of young people in Lao PDR (56% males, 50% females) and young women in Myanmar (53%) and Timor-Leste (69%). Of concern, young people are as likely as adults to justify domestic violence, with young people in Indonesia and Lao PDR more likely to justify domestic violence than adults (Figure 5.6). The perception that violence is a normal part of intimate partner relationships is a known contributing factor to violence perpetration and victimisation. Gender norms supportive of violent masculinity are associated with acceptance of wife beating among both women and men. Greater acceptance of intimate partner violence by females, compared to males, may reflect internalised acceptance of gender-based violence by young women.

Many young people in East and Southeast Asia believe domestic violence to be justifiable.

FIGURE 5.6: ATTITUDES TOWARDS DOMESTIC VIOLENCE

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

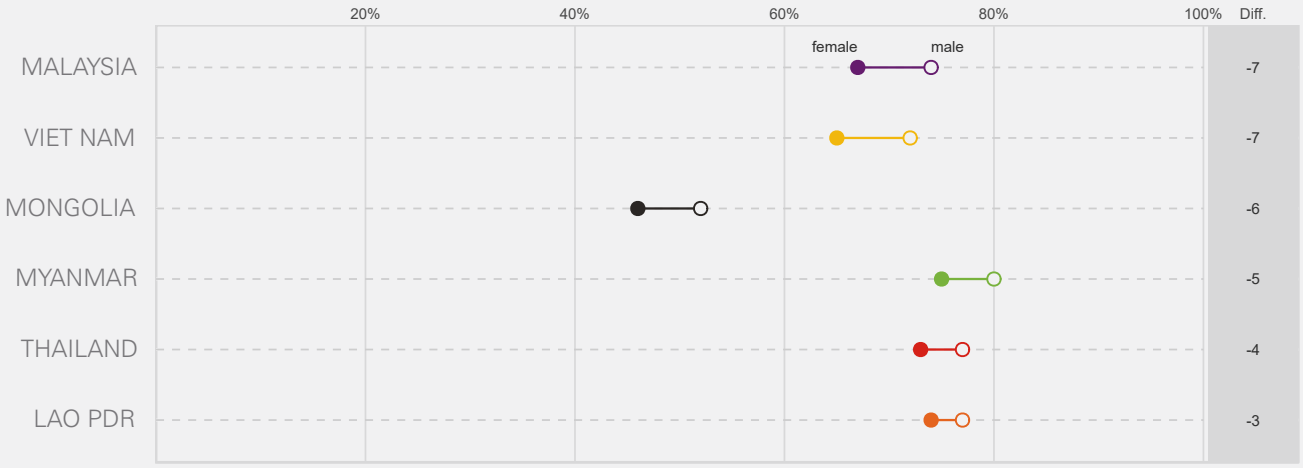


INDICATOR 5.13: ADOLESCENTS 15-19Y WHO THINK HUSBAND IS JUSTIFIED TO BEAT WIFE (%)

Rates of **violent discipline by a caregiver** (Indicator 5.14) are very high in many countries in the region with between 46% to 80% of girls and boys reporting such violence (Figure 5.7). In countries with disparities, particularly Malaysia, Mongolia and Viet Nam, rates of violent discipline are slightly higher for boys than girls. This may represent the influence of gender norms, which characterise boys as being 'tougher' than girls. This violence can have a long-term impact on girls and boys, as children who witness or experience violence in the home are more likely to perpetrate or experience violence as adults.

FIGURE 5.7: VIOLENT DISCIPLINE OF CHILDREN

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



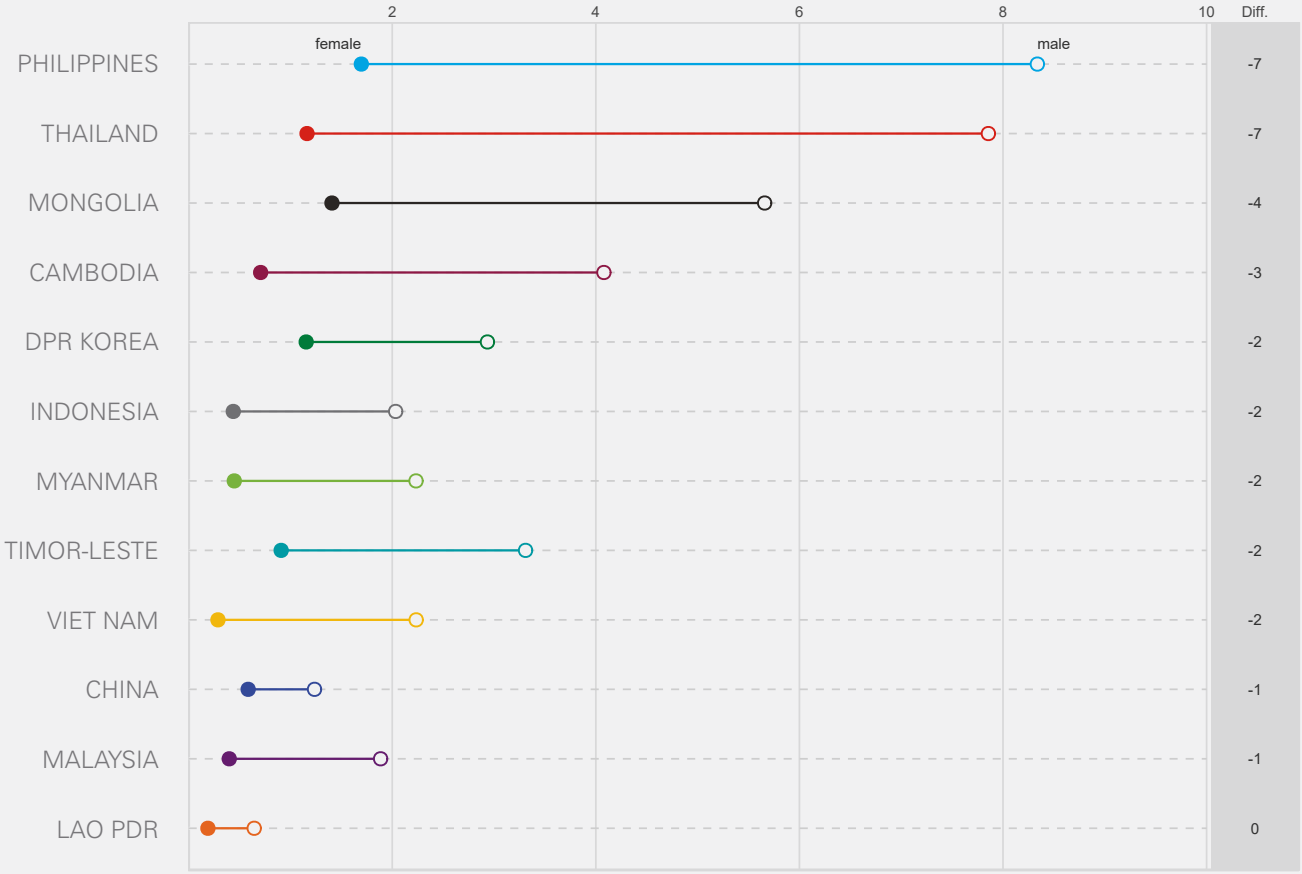
INDICATOR 5.14: CHILDREN EXPERIENCING VIOLENT DISCIPLINE, 1-14Y (%)

Adolescent boys are at substantially increased risk of **intentional homicide** (Indicator 5.15) compared to girls (Figure 5.8), with rates particularly high in the Philippines (8.3 deaths per 100,000 due to homicide per year) and Thailand (7.9 per 100,000).

Globally, males lead homicide trends both as victims and perpetrators,[117, 118] and this pattern is associated with gender norms that are supportive of male violence and confrontation.

FIGURE 5.8: MORTALITY RATE DUE TO INTENTIONAL HOMICIDE

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



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

Many adolescent girls and boys report experiencing **bullying** (Indicator 5.16), with particularly high rates in Myanmar and the Philippines where almost half of 13-17-year-olds in Myanmar and the Philippines report bullying over the preceding 30 days. Sizeable gender disparities are notable in Mongolia, Thailand, Timor-Leste, and Indonesia with boys being more likely to report bullying than girls. Bullying may be physical, emotional or verbal violence, with this higher prevalence among boys, potentially reflecting masculine norms associated with male violence and confrontation. Whilst no data was identified during this review on LGBTI young people, other research from the region has identified that young people of diverse gender and sexual orientation are more at risk of peer bullying and violence[119] than their heterosexual or cisgender peers (see Case Study 5.2).

Female genital mutilation/cutting (FGM/C, Indicator 5.18) is a harmful practice and a form of violence against women and girls. FGM/C can result in severe health complications, including death, disability, miscarriage, stillbirth, shock, haemorrhage, sepsis, sexual dysfunction and post-traumatic stress disorder.[120, 121] Data on FGM/C is available for only one country in the region - Indonesia - where almost half (49%) of girls aged 0–14 years have been affected by FGM/C. While FGM/C is also a common practice in Malaysia and in parts of the Philippines, prevalence data are unavailable. FGM/C is rooted in power imbalances between women and men and is an expression of control over the bodies and lives of women and girls.[120]

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CASE STUDY 5.2: YOUNG PEOPLE OF DIVERSE GENDER IDENTITY OR EXPRESSION

Gender refers to the norms, roles and behaviours associated with a person's assigned sex at birth. Concepts of gender may vary across culture and time. Today the expectations of women and men differ from those 100 years ago. Similarly, in many societies there is an increasing understanding that gender extends beyond the binary of simply male or female, to what may be considered a gender spectrum. This includes transgender people who identify or express themselves in a manner which differs from the sex assigned at birth; those who identify as a third gender, which is neither male nor female; individuals who identify with both genders; and people who do not identify as having a gender.[122,123] Asia Pacific is home to many gender diverse people and, whilst data is extremely limited, there are suggestions that the transgender population alone numbers more than nine million.[122]

Young people of diverse gender identity or expression may face different risks to their health, wellbeing and safety than their cisgender peers.[122,124] Around the world people who are perceived to be different are more likely to be targets of violence and discrimination.

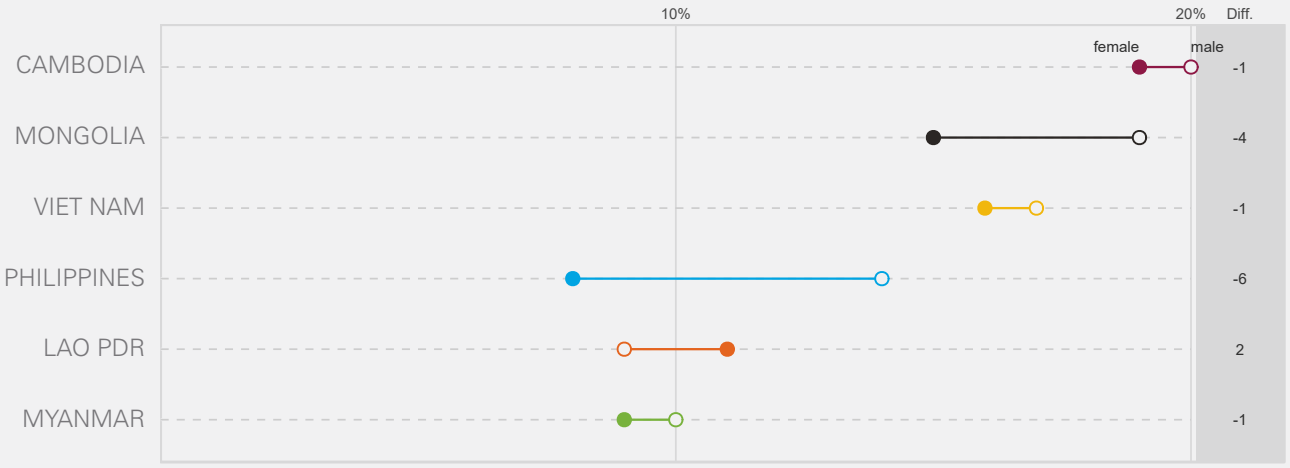
In East and Southeast Asia, LGBT young people experience high rates of school-related gender-based violence - 46% to 80% of LGBT students report experiencing bullying.[119] Transgender students appear to be more often targeted for discrimination and bullying.[119] Discrimination in school policies also often prevents transgender students wearing their hair or uniform in keeping with their gender identity or from using toilets where they feel safe.[119,125,126] Combined, these factors make schools alienating and frightening places for gender-diverse students, contributing to non-attendance and drop-out and limiting their future opportunities. The widespread discrimination, stigma and violence experienced by gender diverse people, combined with the vulnerabilities of youth and power imbalances in relationships also place them at higher risk of unprotected sex and HIV.[127,128]

Exploitation
(Indicators 5.19 – 5.22)

Boys are at increased risk of **child labour** (Figure 5.9) and **hazardous child labour** (Indicator 5.21) in Mongolia and the Philippines. By contrast, girls spend significantly more time on unpaid **household chores** (Indicator 5.22, Figure 5.10), compared with boys. The greatest disparity is in Cambodia where girls spend three hours more than boys per week on chores. This pattern is likely to reflect – and perpetuate – a gendered division of labour among adults in the region, where women are expected to spend more time on unpaid domestic work while men focus on paid work. Gender norms, which support boys as being tougher and girls as more vulnerable, also likely contribute to the increased exposure of boys to hazardous work (see also Case Study 5.3).

FIGURE 5.9: CHILD LABOUR

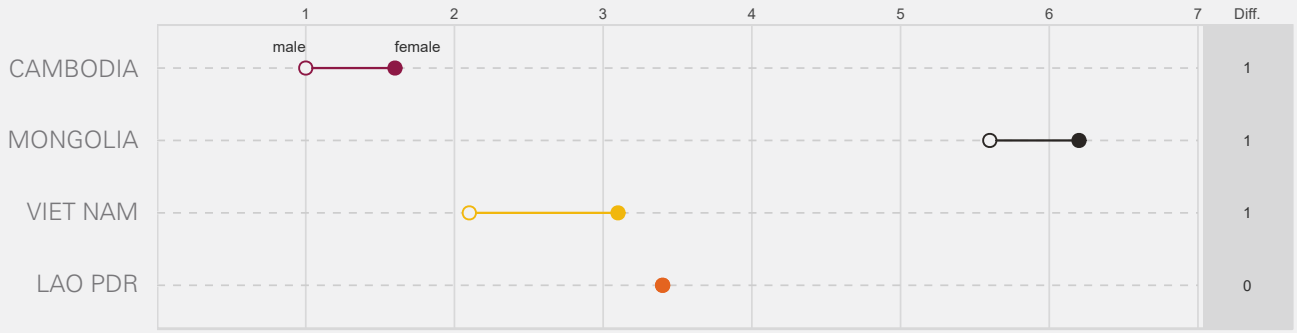
This graph shows the proportion of children aged 5-17 years engaged in child labour (Indicator 5.20). Girls are shown as the solid filled circle and boys as the unfilled circle, with the panel to the right showing the difference in count between females and males – a negative number indicates more boys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



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

FIGURE 5.10: TIME SPENT ON CHORES BY CHILDREN

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



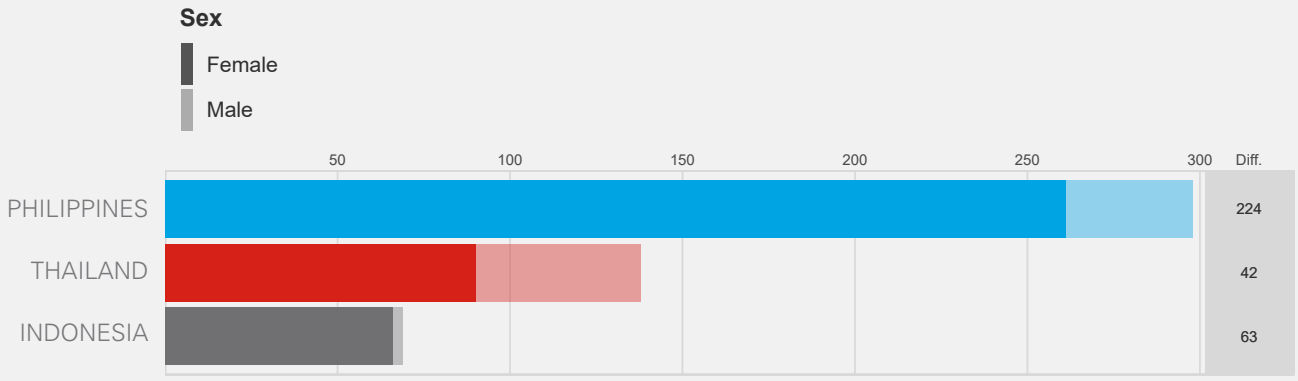
INDICATOR 5.22: HOURS PER WEEK SPENT ON CHORES, 5-14Y

The gendered division of labour also relates to the gender disparity in detected **trafficked children** (Indicator 5.19, Figure 5.11). In most countries, girls are at far higher risk of being trafficked, particularly in the Philippines, Thailand and Indonesia. Known pathways for trafficking of girls in the region include: from Viet Nam/Myanmar to Cambodia/Thailand for sexual exploitation; from Lao PDR to Thailand for domestic or factory work; and from Viet Nam/Myanmar/DPR Korea for forced marriage in China.[129] In contrast, boys are more likely to be trafficked to work in the fishing industry in Myanmar and Thailand or from Viet Nam for illegal adoption in China. This trafficking represents serious exploitation of children, regardless of gender. However, the greater vulnerability of girls is associated with power imbalances between men and women and harmful gender norms that allocate domestic work to females and position women and girls as subservient to the needs and desires of men and boys.

Girls are at higher risk of being trafficked than boys.

FIGURE 5.11: TRAFFICKED CHILDREN

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



INDICATOR 5.19: NUMBER OF DETECTED TRAFFICKED CHILDREN <18Y

CASE STUDY 5.3: CHILD EXPLOITATION – TWO SIDES OF A SINGLE COIN

Gender disparities in different directions can result from the same underlying unequal gender norms, roles and relations. In East and Southeast Asia, girls are more likely than boys to be trafficked, and/or suffer commercial sexual exploitation, while boys are at higher risk of hazardous child labour.[130] Boys are known to be recruited to be soldiers in the ethnic militia, such as the Wa State Army in Myanmar and Moro Islamic Freedom Fighters in the Philippines. In these same countries, girls are reported to have been trafficked following Cyclone Nargis in Myanmar and Typhoon Haiyan in the Philippines.[130,131]

Both hazardous labour and trafficking are linked with underlying norms of a gendered division of labour, male toughness, female subservience and male sexual dominance. That is, underlying unequal gender norms have negative consequences for both girls and boys, which are expressed differently across a diverse range of outcomes. For both girls and boys, what appears to be an advantage in one area may be linked with a disadvantage in another area. This illustrates the broader value of addressing the underlying causes of disparities in child outcomes, since it is likely to have benefits for both girls and boys.

Summary
Domain 5

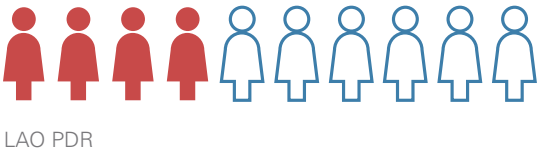
Impact of gender inequality on protection

Key data gaps

- Data is limited for indicators of violence and harmful practices and indicators of exploitation.
- Indicators regarding the wellbeing of young people with diverse gender identity and sexual orientation are unavailable.
- No country had complete data for this Domain. Data coverage was most sparse for China, DPR Korea and Malaysia.

Child marriage and intimate partner violence affect many girls

20-24-year-olds married by 18 years

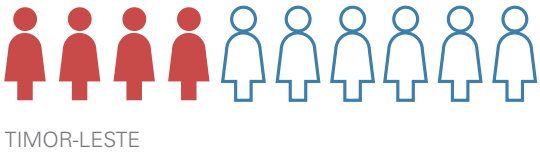


LAO PDR

CAMBODIA, MYANMAR, PHILIPPINES, THAILAND

INDONESIA, MONGOLIA, TIMOR-LESTE, VIET NAM

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



TIMOR-LESTE

MYANMAR

CAMBODIA, PHILIPPINES

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

- Sex preference favouring boys is reflected in the sex-ratio at birth in China and Viet Nam, and excess female infant mortality in China.
- Child marriage remains common in this region, particularly so in Lao PDR and Thailand where more than one in five girls aged 20–24 years are married before 18 years of age.
- Available data suggest high rates of physical and/or sexual intimate partner violence, with one in five affected in Myanmar and one in three in Timor-Leste.
- Broad acceptance of violence against women by young people in the region.
- Two thirds of children in this region have experienced violent discipline, males more likely so.
- Adolescent boys are at much greater risk of intentional homicide.
- High rates of bullying, with bullying more common for boys in Mongolia and Thailand.
- Almost half of girls in Indonesia have been affected by FGM/C.
- Boys are more likely to be in child labour and hazardous labour in Mongolia and the Philippines.
- Girls have a greater burden of household chores.
- Girls are more likely to be trafficked than boys.

More males die from homicide than girls

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

In some countries boys are at least 5 times more likely to die from homicide than girls

CAMBODIA INDONESIA MALAYSIA MYANMAR PHILIPPINES THAILAND VIETNAM

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

Domain 6

Impact of gender inequality on safe environments

This section examines if there is gender equality in the safety of environments that girls and boys grow up in including pollution, unsafe water, sanitation and hygiene (WASH), and road traffic safety.

It also includes measures of mobility as a proxy measure for unsatisfactory environments, including perceptions of safety in local travel, international migration and the numbers of refugees, displaced and stateless persons.

This domain is distinct to the impact of the social environment on gender equality, which is the focus of Domains 1 and 2. To date, there has been limited research on the differing impact of environmental hazards on girls and boys.

Data availability

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

Data on access to WASH by gender were limited. The recent WHO–UNICEF Joint Monitoring Program report provides estimates on the availability of drinking water in schools, availability of hygiene in schools (handwashing) and availability of sanitation (single-sex and functional).[132] Of note, this report only measures availability within a school and not access by sex. Improved sanitation is an important measure of an enabling environment for girls and women, particularly for management of menstruation, so we report on the availability of school sanitation within this domain (Indicator 6.02) as well as the Education domain (Indicator 4.08). Data were available for five of the 12 countries in this region.

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

Data and indicators to assess the impact of gender inequality on safe environments for girls and boys are limited.

TABLE 6.1: INDICATORS AND DATA AVAILABILITY FOR SAFE ENVIRONMENT

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

			CAMBODIA	CHINA	DPR KOREA	INDONESIA	LAO PDR	MALAYSIA	MONGOLIA	MYANMAR	PHILIPPINES	THAILAND	TIMOR-LESTE	VIET NAM
Energy	Household air pollution, <5y (DALYs per 100,000)	6.01a	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD
	Household air pollution, 5-9y (DALYs per 100,000)	6.01b	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD
	Household air pollution, 10-14y (DALYs per 100,000)	6.01c	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD
	Household air pollution, 15-19y (DALYs per 100,000)	6.01d	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD
Sanitation	Schools with improved sanitation facilities (%)	6.02	JMP			JMP		JMP	JMP		JMP			
	Water, sanitation and hygiene, <5y (DALYs per 100,000)	6.03a	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD
	Water, sanitation and hygiene, 5-9y (DALYs per 100,000)	6.03b	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD
	Water, sanitation and hygiene, 10-14y (DALYs per 100,000)	6.03c	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD
	Water, sanitation and hygiene, 15-19y (DALYs per 100,000)	6.03d	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD
	Child collects water for household, <15y (%)	6.04					MICS		MICS	MICS			DHS	
Mobility	International migrants <20y, (count in 1000s)	6.05a	UN	UN	UN	UN	UN	UN	UN	UN	UN	UN	UN	UN
	International migrants <20y, (population %)	6.05b	UN	UN	UN	UN	UN	UN	UN	UN	UN	UN	UN	UN
	Married females make decisions visiting family or friends, 15-19y (%)	6.06	DHS			DHS				DHS	DHS		DHS	
	Feel safe walking at night, 15-19y (%)	6.07												
Conflict	Road traffic mortality, 10-19y, (deaths per 100,000)	6.08	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD	GBD
	Refugees, displaced and stateless persons, <18y (thousands)	6.09	UNHCR	UNHCR		UNHCR		UNHCR	UNHCR	UNHCR	UNHCR	UNHCR	UNHCR	

Key gender inequalities

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

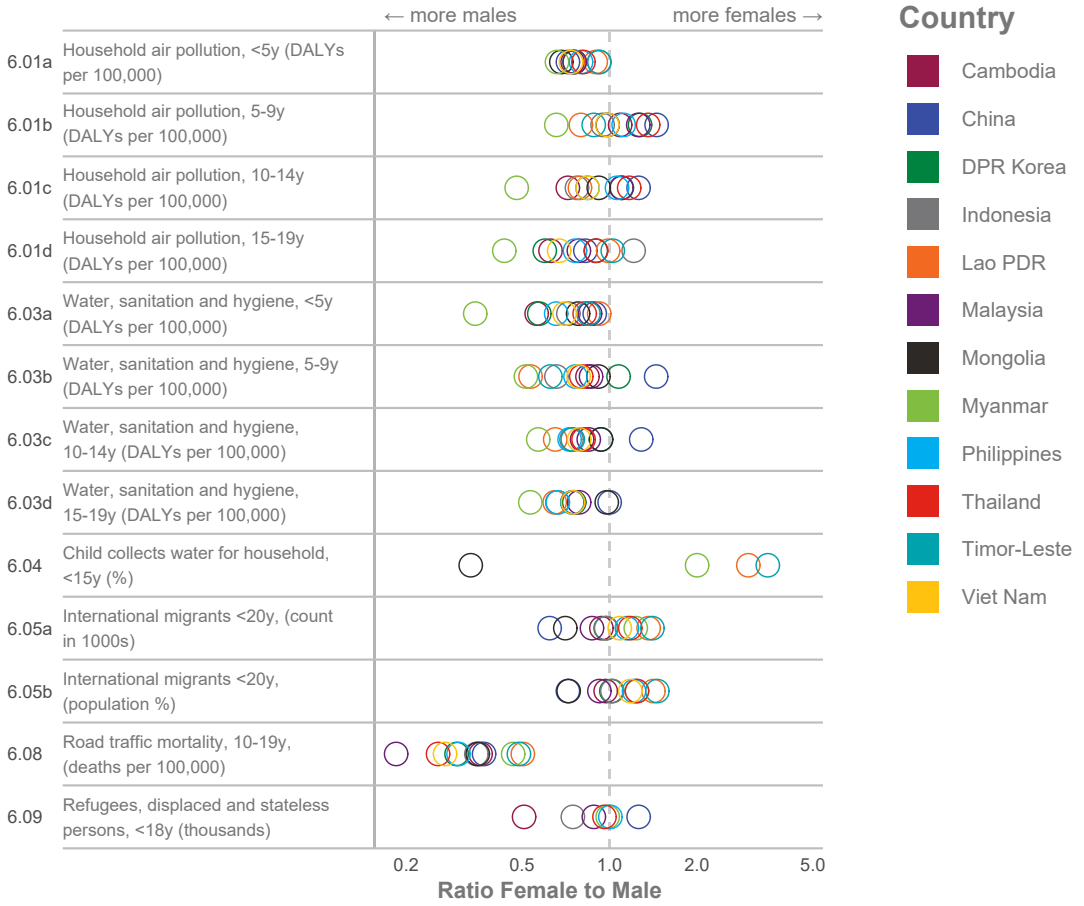
Girls have limited mobility within their environments and are more likely than boys to be tied to the home and engaged in domestic chores, such as collecting water. Girls are also more likely to be more adversely affected by the inadequate sanitation and hygiene facilities in the schools of the region, particularly when they are menstruating.

Boys on the other hand, bear a larger disease burden due to air pollution and inadequate water sanitation and hygiene, than girls. This is probably due to their greater biological vulnerability rather than the influence of social norms. Boys' higher mortality from traffic accidents, however, likely reflects gender norms that encourage independence and risk-taking among boys but limit girls' mobility.

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

FIGURE 6.1: INEQUALITY PLOT FOR INDICATORS OF ENVIRONMENT

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



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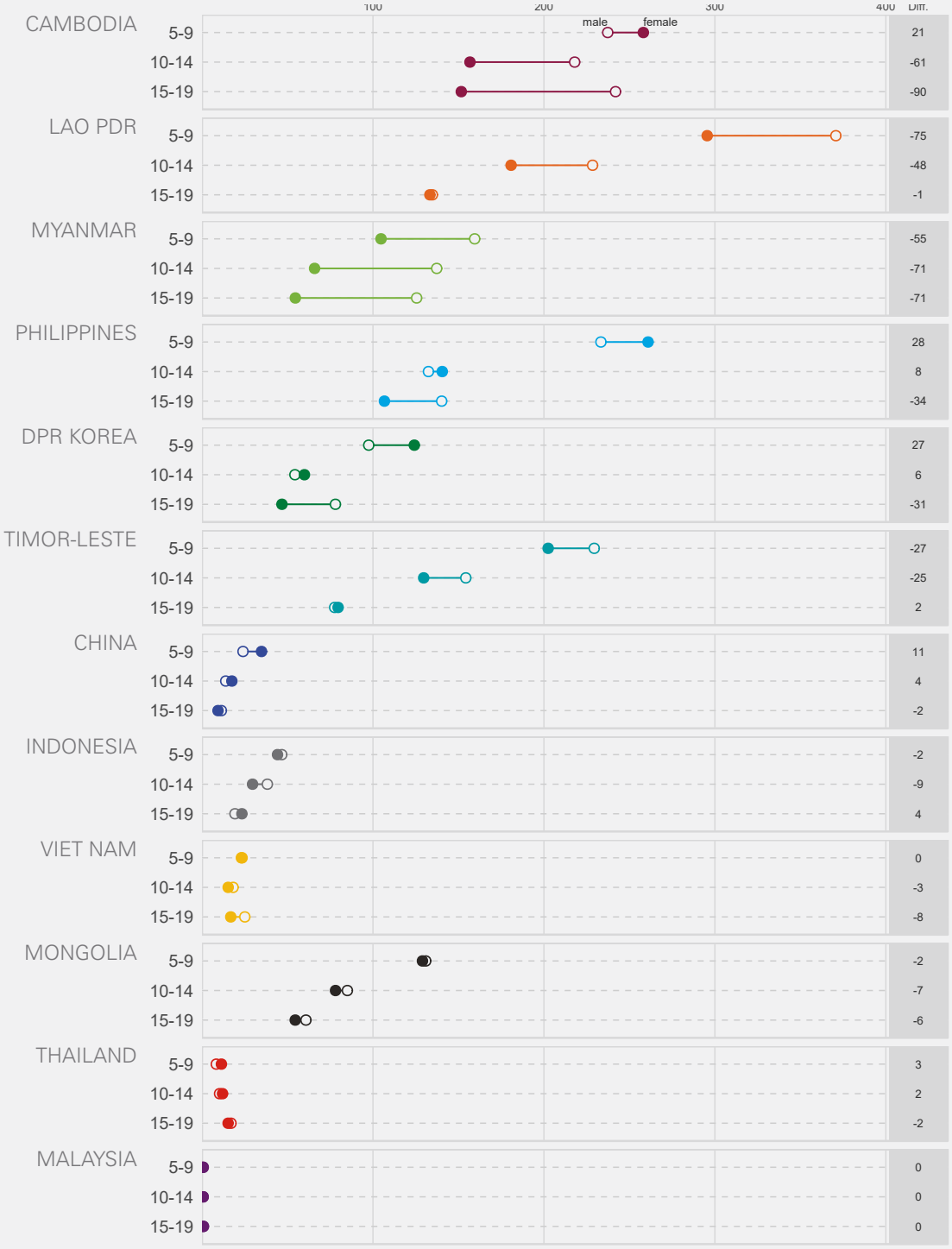
Detailed findings across indicators
Energy (Indicator 6.01)

Household air pollution (Indicator 6.01) is the leading environmental risk factor for health worldwide.[133] Fine particles from fires and stoves are responsible for almost one-third of LMIC deaths from chronic obstructive pulmonary disease and significantly increase the risk of death from stroke, lung cancer and ischaemic heart disease. In addition, it is estimated that more than half of pneumonia deaths among children under 5 are caused by exposure to household air pollution. In LMICs around the world, due to gender roles and division of labour, women and girls are the primary users of household energy services. Household air pollution is therefore a leading risk factor for the health of women and girls globally.

In East and Southeast Asia, household air pollution contributes to the largest disease burden for children and adolescents in Cambodia, Lao PDR, Myanmar, the Philippines, DPR Korea and Timor-Leste (Figure 6.2). Boys typically experience a larger burden of disease compared to girls, especially in early childhood, which may be accounted for by the biological differences in lung function where boys' lungs are less mature compared to those of girls' at the same age.[134] In countries such as Lao PDR and Timor-Leste, the diminishing gender differential across later childhood and adolescence may be accounted for by girls spending more time on household chores (see Figure 5.11). However, it should be noted that the disease and death arising from exposure to household air pollution will have peak impact in later adulthood and is not likely to be adequately measured by childhood DALYs.

FIGURE 6.2: HOUSEHOLD AIR POLLUTION

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



INDICATOR 6.01B-D: HOUSEHOLD AIR POLLUTION (DALYS PER 100,000)

Water, sanitation and hygiene (Indicators 6.02 – 6.04)

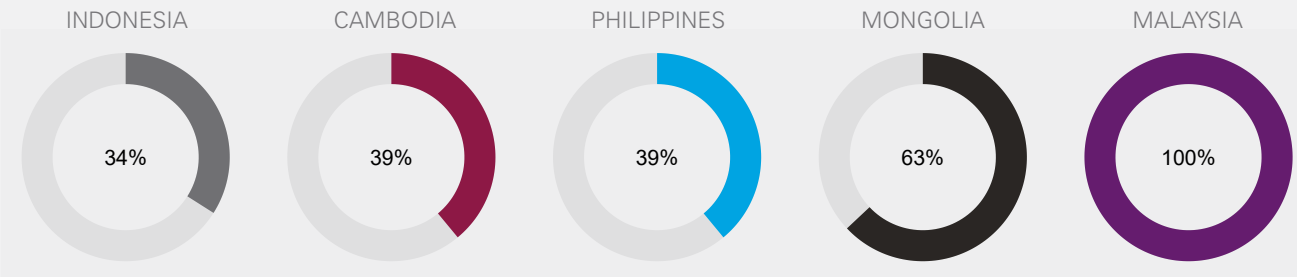
Access to water, sanitation and hygiene (WASH) has a disproportionate impact on women and girls, and is important for girls' management of menstruation. Only one-third of schools in Indonesia have **improved sanitation facilities** (Indicator 6.02), and less than half of schools in Cambodia and the Philippines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

Where access to water is limited, females typically bear the greater burden of **water collection** (Indicator 6.04) and when hygiene is insufficient, their gendered workload of caregiving for the sick increases. This is shown in Figure 6.4 where females in most countries have a greater responsibility for household water collection than males, the exception being Mongolia. While children overall are less responsible for collecting water than adults in the East and Southeast Asia region, in Timor-Leste it is girls and adult males who bear this burden. These findings are consistent with earlier indicators that show domestic work is typically allocated to women and girls in this region.

Indicator 6.03 measures the **disease burden attributable to inadequate WASH** on girls and boys across childhood and adolescence (see Appendix 3). This includes, for example, the burden of diarrheal disease and pneumonia due to inadequate hygiene. For this region, disease burden amongst boys attributable to WASH is greater than that for girls, again likely due to biological differences in infectious disease risk between the sexes in early childhood. It must be emphasised that disease burden as measured by this indicator does not include gender-based violence for young women and girls due to unsafe sanitation.

FIGURE 6.3: SCHOOL SANITATION FACILITIES

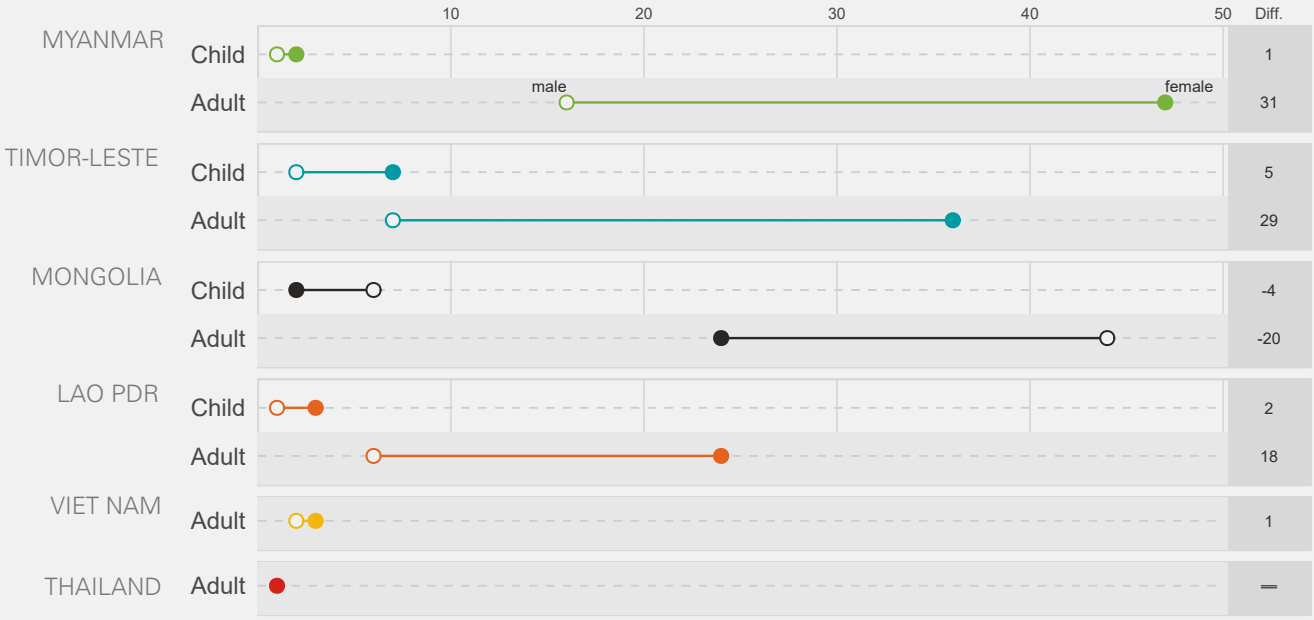
This graph shows the proportion of schools with improved sanitation facilities (Indicator 6.02).
Data source: WHO/UNICEF Joint Monitoring Programme, 2018.



INDICATOR 6.02 : SCHOOLS WITH IMPROVED SANITATION FACILITIES (%)

FIGURE 6.4: COLLECTION OF WATER BY CHILDREN

This graph shows the proportion of households where a child <15 years of age, is responsible for water collection (Indicator 6.04) and the proportion of households where an adult is responsible (Indicator 2.03), by gender. The solid filled circles indicate females and the hollow circles males, with difference between females and males shown in the panel on the right. A positive number indicates more females are responsible, a negative number indicates more males.
Data source: DHS and MICS, 2010–17.



INDICATOR 6.04: CHILD COLLECTS WATER FOR HOUSEHOLD, <15Y (%)

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CASE STUDY 6.1

The impact of inadequate sanitation on girls

In East and Southeast Asia, as in other parts of the world, inadequate sanitation has an adverse impact on the lives of girls that extends beyond disease burden. Gender norms and physiology mean that the privacy and proximity of facilities are more important for girls, particularly during menstruation. When facilities are inadequate, girls are at more risk than boys of humiliation, harassment and even assault. These experiences can negatively influence girls' confidence, self-esteem and relationships with others. In schools, stress surrounding hygiene and sanitation needs, particularly menstruation, can affect girls' concentration and participation and may result in their disengagement, absence or even drop-out.[101, 135, 136]

In many schools in the region, including in Cambodia, Indonesia, Mongolia and the Philippines, girls report not using latrines as they are dirty, not sex-segregated and/or offer insufficient privacy.[100, 135, 136] In many cases, there are too few latrines, a lack of water and rubbish disposal and holes in doors or walls. In some schools, girls report the remote location of toilets makes them feel concerned for their personal safety.

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

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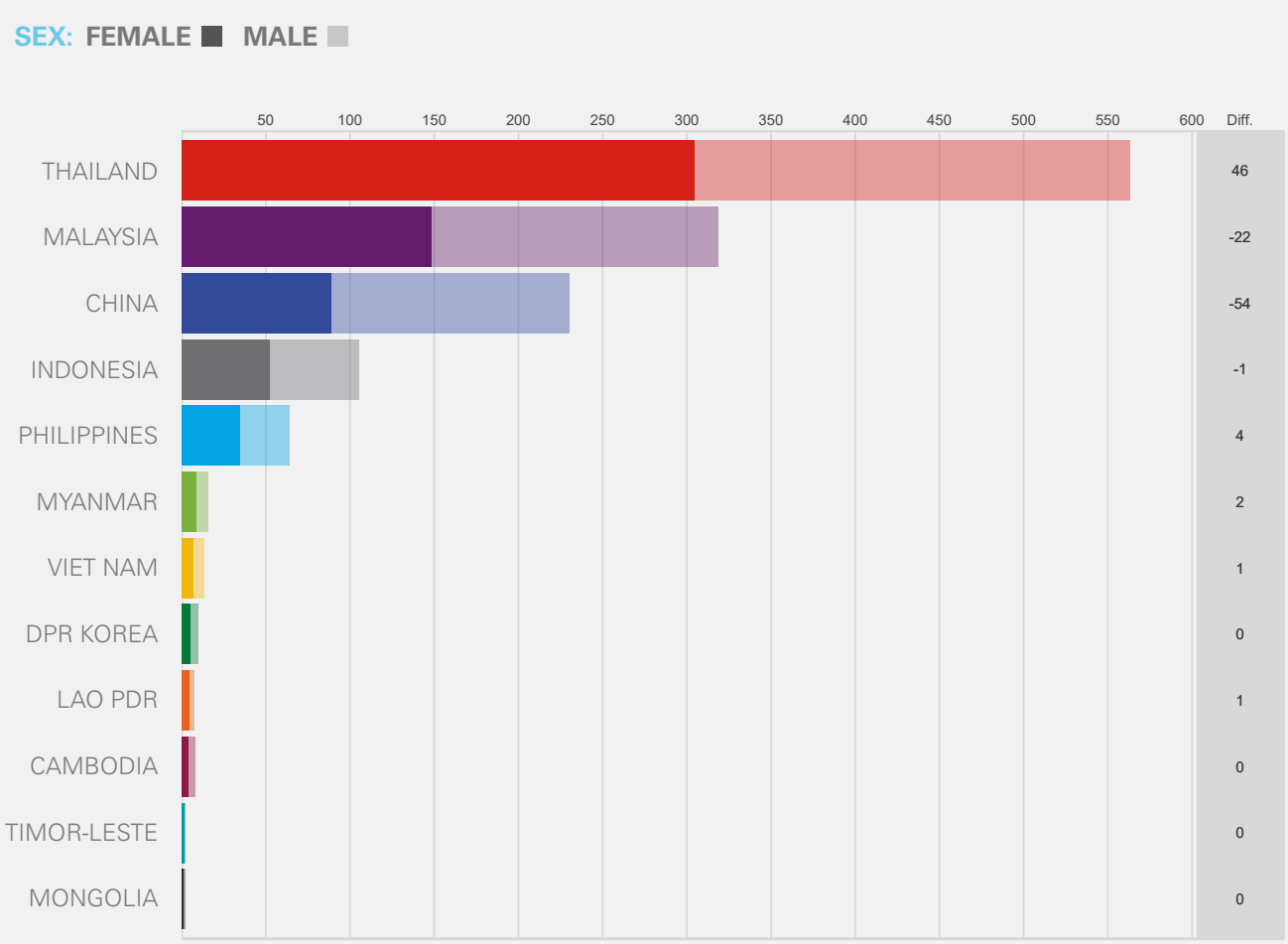
Mobility
(Indicators 6.05-6.08)

Sustainable development is defined as meeting the needs of the present without compromising the ability of future generations to meet their own needs.[137] A setting that lacks environmental or economic sustainability will stimulate migration; i.e. people will leave to find better environments in which to live. Across the region there are some 1.3 million **international migrants** under 18 years of age (Indicator 6.05, Figure 6.5). Thailand has the largest population of international migrants, followed by Malaysia, China, Indonesia and the Philippines. Only in Malaysia and Thailand are international migrants aged less than 18 years a sizeable (around 3%) proportion of the national population (Indicator 6.05b, see Appendix 3). In China and Malaysia, international migrants are

FIGURE 6.5: INTERNATIONAL MIGRANTS

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



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

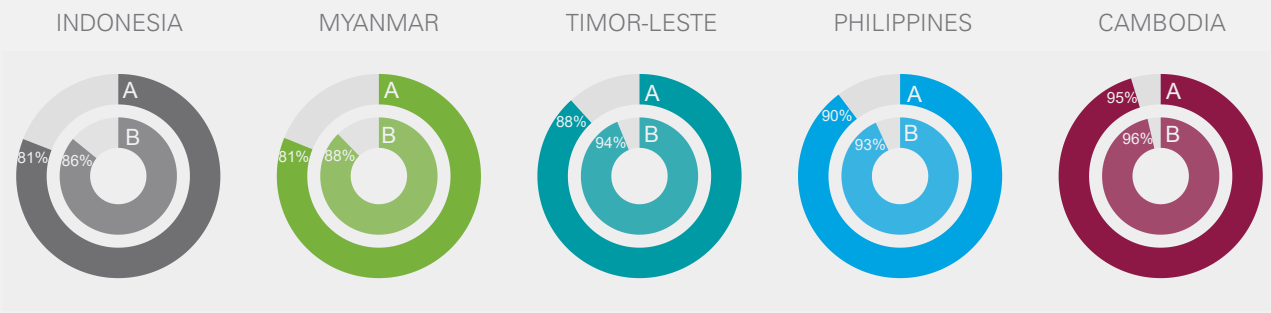
more likely to be boys, whereas in the Philippines and Thailand, international migrants are more likely to be girls. These patterns likely indicate variation in economic opportunities for child migrants, with boys more likely to be employed in sectors, such as manufacturing and construction, and girls in domestic work, hospitality and food services.[138] In keeping with other employment data, migrants employed in jobs viewed as 'women's work' generally receive lower remuneration.[138] However, all migrant girls and boys are vulnerable to isolation from social networks, poverty and exploitation.

Perceptions of environmental safety will affect the freedom young people are given to move around their communities. Gender norms frequently lead to girls being more restricted in their freedom of movement than boys, due to concerns regarding their safety. For these reasons, married girls' **decision-making** power to visit family and friends (Indicator 6.06) is considered a proxy measure for perceptions of environmental safety. Data is available for five countries, (see Figure 6.6) and whilst most girls report participating in these decisions, one in five married girls in Indonesia and Myanmar, and one in ten in the Philippines and Timor-Leste do not enjoy this freedom of movement. There is also a consistent pattern for married adolescents to have lower decision-making power compared to married adults across the region. For those married girls who remain unable to freely access their family and social networks, this entrenches their vulnerability, both within their marital relationship and within their broader marital household or extended family. It also indicates persistent power imbalances in relationships between men and women, with girls having limited self-determination and being at risk of gender-based violence. No data is available on the situation of unmarried girls who may face greater limitations in movement and decision-making than boys and married girls.

One in five married girls in Indonesia and Myanmar, along with, one in ten in the Philippines and Timor-Leste, do not have freedom of movement to visit family and friends.

FIGURE 6.6: DECISION-MAKING

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



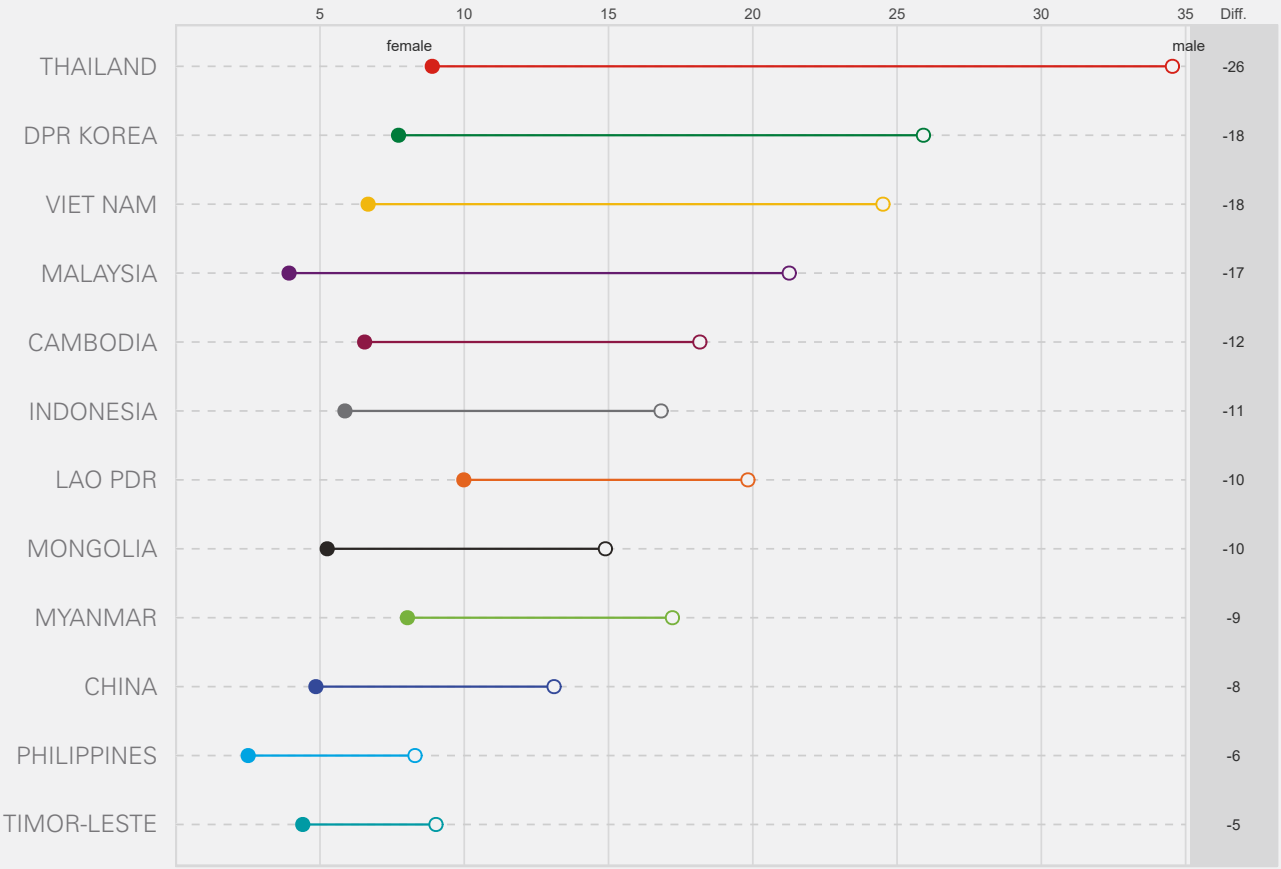
INDICATOR 6.06: MARRIED FEMALES MAKE DECISIONS VISITING FAMILY OR FRIENDS, 15-19Y (%)
INDICATOR 2.18: MARRIED WOMEN MAKE DECISIONS VISITING FAMILY OR FRIENDS, 15-49Y (%)

Adolescent boys are at substantially increased risk of **mortality due to road traffic accidents** in all countries compared to adolescent girls (Figure 6.7). This is likely to be associated with boys' increased mobility in urban settings and greater freedom of movement in public spaces. Adolescent boys are likely to have more access to modes of transport other than walking, such as bicycles or motorised transport. Even in parts of Southeast Asia where motorised vehicles are common, females' access to motorbikes and cars still lags behind that of males.[139] Gender norms and boys' greater participation in vocational training and paid work likely leads to more family support for boys' mobility as well as increased access to financial resources. In contrast, perceptions that girls are vulnerable and require more protection than boys, restricts their mobility and independence.[140] Higher levels of alcohol misuse and masculine norms that encourage risk-taking may also make boys at higher risk of traffic accidents. In this way, adolescent boys' increased traffic accident mortality reflects gender norms that encourage freedom, financial independence and risk-taking among boys but limit girls' mobility and control over resources.

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

FIGURE 6.7: ROAD TRAFFIC MORTALITY

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



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

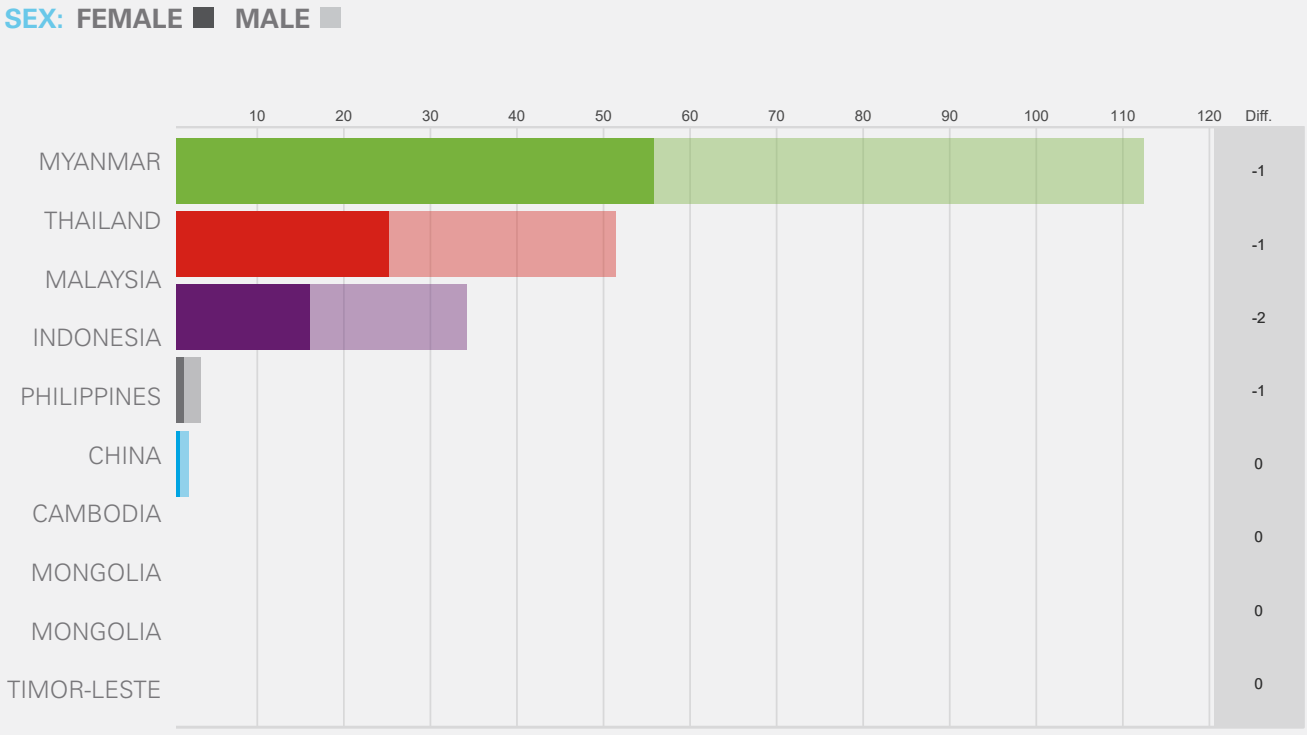
Conflict and disaster (Indicator 6.09)

The available data indicates minimal gender disparities in the number of refugees, and displaced or stateless people, under the age of 18 years (Figure 6.8). Myanmar, Thailand and Malaysia have the largest number of refugees and displaced people in this region; in Myanmar there are 56,600 refugees who are boys and 55,800 who are girls.

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

FIGURE 6.8: REFUGEES AND DISPLACED PERSONS

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



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

CASE STUDY 6.2: NATURAL DISASTERS EXACERBATE GENDER INEQUALITIES

Asia Pacific is the most disaster-prone region in the world. Globally, three of the five countries hit most often by natural disasters in 2016, were in East and Southeast Asia; namely China, Indonesia and the Philippines.[141,142] The region is regularly impacted by destructive and unpredictable natural hazards including typhoons, cyclones, earthquakes, floods, droughts, tsunamis and volcanic eruptions. The increasing frequency and severity of these events is generally attributed to climate change.

Worldwide, women and children are disproportionately impacted by natural disasters[143,144] and are 14 times more likely to die in a disaster than men.[143] Research also suggests that adolescent girls are more affected by disasters than boys the same age.[143] Following an event, girls are often at greater risk of school drop-out and early marriage due to the increased economic burden and domestic workload. Women and girls are also more likely to be exposed to gender-based violence due to loss of normal community protection. Following Cyclone Nargis in Myanmar, greater mortality of girls than boys was attributed to limitations in their ability to swim or climb to safety.[145] Girls and women were also assessed as experiencing increased levels of gender-based violence following the cyclone. Research from Indonesia, Lao PDR and the Philippines also confirms increased fears of child marriage and gender-based violence in the aftermath of disasters.

Natural disasters also create an opportunity for traffickers to prey on children and adolescents who may have lost family, homes and livelihoods. Increased reports of human trafficking were reported following Typhoon Haiyan in the Philippines in 2013.[146] While boys are generally trafficked into forced and hazardous labour, most of those targeted are girls, who are trafficked for sexual exploitation.[146,147]

Natural disasters exacerbate gender inequalities and differing risks for girls and boys. While many environmental factors increase the risk for girls, discriminatory gender norms lie at the heart of these threats. Negative masculine norms, which encourage dominance, violence and predatory behaviour, combined with female stereotypes, which cast girls as vulnerable and subservient to the needs and desires of males, place girls at greater risk of harm than boys. Lack of inclusion of women in planning and decision-making means women's and girls' needs are also not adequately addressed.

Summary
Domain 6

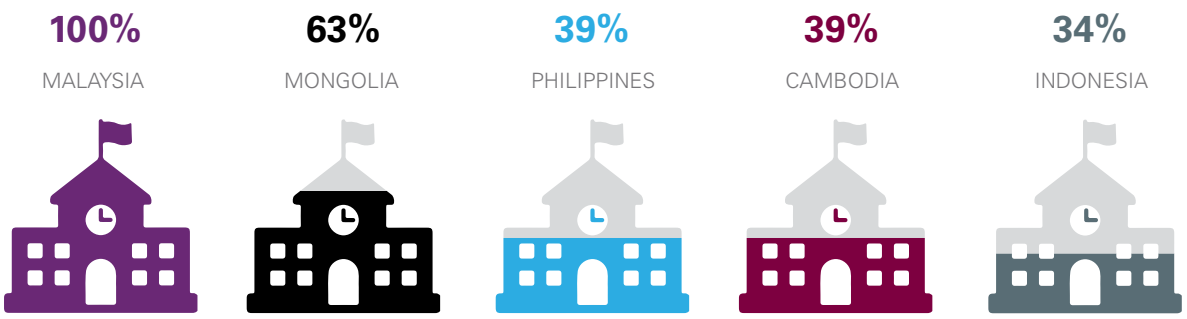
Impact of gender inequality on safe environments

Key data gaps

- There is an overall lack of agreed indicators and data that measure gender equality related to safe and sustainable environments.
- Key data gaps included data on perceived safety of environments (data not yet available from MICS6) and gender-specific data on access to WASH. Other important gaps included data on urbanisation, conflict, disaster and climate change.
- Most data were modelled and available for all countries. Of primary data, only half the countries had data for the burden of water collection and whether married girls can make decisions to visit family and friends.

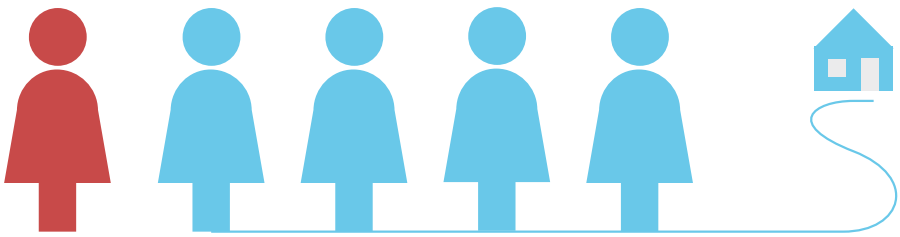
Many schools have inadequate sanitation

Schools with improved sanitation facilities



Mobility is limited for many girls

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



Key gender issues relating to environment of children and adolescents:

Household air pollution causes substantial harms for girls and boys in this region. Boys come to greater harm in early childhood (likely due to biological vulnerability). In some countries, this gender difference diminishes in late childhood and adolescence, likely the result girls spending more time on household chores.

Improved sanitation facilities (essential for menstrual health and hygiene) are only available for one third of schools in Indonesia, and less than half of schools in Cambodia and the Philippines.

Girls are more likely to be responsible for water collection than boys in most countries.

There are 1.3 million international child migrants across the region. In China and Malaysia migrants are more likely to be boys; in the Philippines and Thailand they are more likely to be girls. These gender-differences may reflect patterns of child labour.

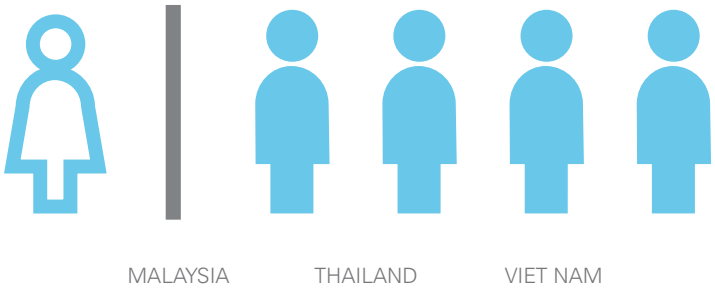
Mobility is limited for many adolescent girls: one in five married girls in Indonesia and Myanmar, and one in ten in the Philippines and Timor-Leste do not have freedom of movement to visit friends and family.

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

More boys die from road traffic accidents than girls

Road traffic mortality 10-19y Deaths per 100,000

In some countries, more than four times as many boys die from road traffic accidents as girls



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

Conclusions

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

By global standards, East and Southeast Asia demonstrates progress towards gender equality with almost all countries showing improvements in the Gender Inequality Index over time. However, the available data indicates **persistent gender inequalities exist for children and adolescents.**

Health (Domain 3)

Available data for **health** indicate girls to be at excess risk of under-5 mortality in China. Adolescent girls experience a disproportionate burden of anaemia, and there remains a large burden of poor reproductive health for girls with high and unshifting rates of adolescent pregnancy and substantial unmet needs for contraception. This combined with undernutrition, as evidenced by stunting prevalence, may contribute to the high rates of adolescent maternal mortality in Lao PDR, Timor-Leste and Indonesia. By contrast, boys in this region demonstrate higher levels of risk behaviour, such as tobacco smoking, and are also at excess risk of injury and suicide mortality. These differing outcomes for girls and boys likely reflect social norms that value boys more highly than girls; harmful masculine norms which support risk-taking and discourage help-seeking; and imbalances in power relations that negatively impact girls' autonomy and self-determination.

Education and employment (Domain 4)

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

Protection (Domain 5)

Available data for **protection** outcomes indicates that girls and boys in East and Southeast Asia are not being adequately protected from violence, exploitation and abuse. Girls in the region are substantially more likely than boys to be married as children or trafficked. In certain countries, there remains a strong preference for sons as demonstrated by an excess number of males than females at birth and excess female infant mortality. In some communities FGM/C continues to be practiced; data for Indonesia show that half of girls have been affected by FGM/C. There is broad acceptance of violence against women by young people, with girls being more likely to justify a husband beating his wife beating than boys. Girls also spend more hours on household labour than do boys. By contrast, boys in this region are substantially more likely to die from intentional homicide than girls. Boys report higher rates of bullying, and they are also more likely to be in child or hazardous labour. These findings reflect not only a failure of protective legislation in the region but also harmful social and gender norms. They demonstrate that for many, exposure to violence, exploitation and abuse occur from early childhood, likely contributing to harmful attitudes towards domestic violence and male-female relationships, that are established by adolescence. The differing outcomes for girls and boys are likely attributable to social norms which support male dominance, violence and toughness but limit girls to subservient, domestic and reproductive roles.

Safe environments (Domain 6)

The available data suggest substantial gender inequality in the safety of environments that girls and boys grow up in. Girls have limited mobility within their environments and are more likely than boys to be tied to the home and engaged in domestic labour such as collecting water. Girls are also more likely to be more adversely affected by the inadequate sanitation and hygiene facilities in the schools of the region. Boys bear a larger disease burden due to air pollution and inadequate to water, sanitation and hygiene than girls but this is probably due to their greater biological vulnerability rather than the influence of social norms. Boys also have a higher mortality from traffic accidents, likely reflecting gender norms that encourage independence and risk taking among boys but limit girls' mobility.

Recommendations

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

Recommendation 1

Integrate priority gender indicators for children and adolescents into routine reporting

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

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

INDICATORS THAT TRACK CRITICAL GENDER DISPARITIES

Girls currently disadvantaged

- Expected to estimated mortality rate for females under 5 years of age (Indicator 3.02)
- Prevalence of anaemia for 10-14-year-olds (based on WHO age and sex specific haemoglobin thresholds) (%), by sex (Indicator 3.09d)
- Adolescent birth rate: Number of live births per 1000 females aged 15-19 years (Indicator 3.20)
- Proportion of youth, aged 15-24 years, not in education, employment or training (%), by sex (Indicator 4.12)
- Proportion of youth, aged 15-24 years, currently unemployed as a percent of the total number of employed and unemployed persons (the labour force) (%), by sex (Indicator 4.13)
- Sex-ratio at birth (number of male births per one female birth) (Indicator 5.01)
- Expected to estimated female infant mortality rate ratio (ratio less than 1 suggests excess female infant mortality) (Indicator 5.03)
- Child marriage - proportion of 20-24 year olds who were married before 18 years and married before 15 years (Indicators 5.06a-b)
- Prevalence of female genital mutilation / cutting among girls aged 0-14 years (%) (Indicator 5.18)
- Number of detected trafficked children under 18 years of age, by sex (Indicator 5.19)
- Average number of hours, children aged 5-14 years, spend performing household chores per week, by sex (Indicator 5.22)

Boys currently disadvantaged

- DALY rate due to injuries amongst 10-19-year-olds (DALYs per 100,000), by sex (Indicator 3.12c)
- Proportion of 15-19-year-olds who report an episode of binge drinking (>48g females, 60g males) in the last 12 months (%), by sex (Indicator 3.13)
- Prevalence of daily tobacco smoking among 10-19-year-olds (%), by sex (Indicator 3.14)
- Suicide mortality rate among 10-19-year-olds (deaths due to intentional self-harm per 100,000 population per year), by sex (Indicator 3.15)
- School attendance (disaggregated by school level, age and sex) (Indicators 4.01a-c)
- School completion* (disaggregated by school level, age and sex) (Indicators 4.02a-c)
- Mortality rate due to intentional homicide among 10-19-year-olds (deaths per 100,000), by sex (Indicator 5.15)
- Proportion of 15-19-year-olds who feel safe walking around their neighbourhood after dark (%), by sex (Indicator 6.07)

Other indicators that track critical gender issues

- HIV incidence (among all adolescents, and among key populations) (Indicators 3.22a-e)
- Proportion of schools with basic sanitation facilities (improved, single-sex and usable) (%) (indicator 4.08)
- Legal age of consent to sex (heterosexual and same-sex sexual relationships) (Indicators 5.07, 5.09)

** Gender disparities in school completion vary between countries*

Recommendation 2

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

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

2a

Some proposed topics known to be linked with gendered vulnerability were excluded from the indicator framework due to a lack of routine data collection and reporting against defined indicators

Additional investment is recommended to address data gaps in these areas, which included:

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

2b

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

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

BOX 2. INDICATORS WITH NO DATA, OR NO PRIMARY DATA, AVAILABLE IN EAST AND SOUTHEAST ASIA.

Indicators with no data available currently

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

Indicators with limited primary data/ only modelled data available

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

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

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

Recommendation 3:

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

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

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

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

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

Proportion of adolescents aged 15-19 with weekly access to mass media (indicator 4.11)

Indicators relating to girls' and boys' survival in Mongolia: (a) Sex ratio at birth (indicator 5.01); (b) Excess female infant mortality (indicator 5.03); (c) Excess female under-5 mortality (indicator 3.02)

Recommendation 4:

Address key drivers of gender inequality in the region

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

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Appendix 1

Existing frameworks to measure gender equality

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

- The Sustainable Development Goals.[148]
- United Nations Minimum Set of Gender Indicators.[149]
- UNESCAP's Regional core set of gender statistics and indicators for Asia and the Pacific.[12]
- The Beijing Platform for Action.[5]
- UNICEF Strategic Plan (2018-2021) and Gender Action Plan.[150]
- UNICEF 5x5 adolescent health indicators.[151]

There are additional frameworks that include measures of gender that have been developed by UNFPA, the World Bank, ADB, WHO and international non-government organisations, such as Plan International and CARE. Further, the ADB and UN Women have recently defined and populated indicators of gender equality for Women in the Asia Pacific region.[152] While many of these include some gender indicators relating to children and adolescents, they do not provide a comprehensive assessment of gender issues for children and adolescents.

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

Every Child Survives & Thrives	• Access to safe abortion and post-abortion care.[82,153] • Increased smoking rates among boys and girls.[154] • Female infanticide and sex selective abortion.[82,113]
Every Child Learns	• Gender disparities in school dropout rates.[7,155]
Every Child is Protected	• Child labour and labour rights, particularly in the informal sector.[156] • Trafficking and sexual exploitation.[157]
Every Child Lives in a Safe and Clean Environment	• Urban migration influencing vulnerability of girls in urban, peri-urban and rural areas.[158] • Lack of water and sanitation for girls to manage menstrual hygiene.[101]

Appendix 2

Data sources and access for indicators

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

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

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

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

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

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

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

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

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

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

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

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

Appendix 3

	Cambodia	China	DPR Korea	Indonesia	Lao PDR	Malaysia	Mongolia	Myanmar	Philippines	Thailand	Timor-Leste	Viet Nam
1.01a Population <18y (1000s)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)
female	2862	136362	3174	41710	1312	4550	489.0	8734	18922	7401	315.0	12278
male	2966	157734	3318	43832	1363	4821	501.0	8830	20028	7814	328.0	13337
both	5828	294096	6491	85541	2675	9371	990.0	17564	38950	15216	643.0	25615
1.01b Proportion of population <18y (%)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)
female	36.0	20.1	24.6	32.6	39.3	30.6	32.5	32.6	37.5	21.1	51.6	26.0
male	39.2	21.9	26.9	33.7	41.0	30.4	34.0	34.5	39.1	23.3	52.1	28.8
both	37.6	21.1	25.7	33.1	40.1	30.5	33.3	33.5	38.3	22.2	51.8	27.4
1.01c Ratio of girls to boys aged <18y	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)
both	0.96	0.86	0.96	0.95	0.96	0.94	0.98	0.99	0.94	0.95	0.96	0.92
1.01d Population difference of <18y (girls - boys, 1000s)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)
both	-104	-21372	-144	-2122	-51.0	-271	-12.0	-96.0	-1106	-413	-13.0	-1059
1.02 Proportion living in poverty, total population (%)	UNICEF (2014)	UNICEF (2014)		UNICEF (2014)	UNICEF (2014)				UNICEF (2014)			UNICEF (2014)
both	2.0	2.0		8.0	17.0				13.0			3.0
1.03 Human Development Index	UNDP (2017)	UNDP (2017)		UNDP (2017)	UNDP (2017)	UNDP (2017)	UNDP (2017)	UNDP (2017)	UNDP (2017)	UNDP (2017)	UNDP (2017)	UNDP (2017)
both	0.582	0.752		0.694	0.601	0.802	0.741	0.578	0.699	0.755	0.625	0.694
1.04 Prevalence of severe food insecurity, total population (%)	FAO (2016)							FAO (2016)				FAO (2016)
both	14.6							2.1				2.6
1.05 Proportion urban, total population (%)	UNDP (2016)	UNDP (2016)	UNDP (2016)	UNDP (2016)	UNDP (2016)	UNDP (2016)	UNDP (2016)	UNDP (2016)	UNDP (2016)	UNDP (2016)	UNDP (2016)	UNDP (2016)
both	21.0	57.0	61.0	54.0	40.0	75.0	73.0	35.0	44.0	52.0	33.0	34.0
1.06 Migration rate, total population (per 1000 annually)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)	UNPD (2015)
both	-2.0	-0.2	-0.2	-0.7	-5.5	5.3	-1.1	-1.9	-1.3	0.5	-8.5	-0.4
1.07 Health expenditure (% GDP)	WHO (2015)	WHO (2015)		WHO (2015)	WHO (2011)	WHO (2015)	WHO (2015)	WHO (2011)	WHO (2015)	WHO (2015)	WHO (2015)	WHO (2015)
both	1.0	3.0		1.0	1.0	2.0	2.0	1.0	1.0	3.0	2.0	2.0
1.08 Education expenditure (% GDP)	UNESCO (2014)			UNESCO (2015)	UNESCO (2014)	UNESCO (2016)	UNESCO (2016)	UNESCO (2017)		UNESCO (2013)	UNESCO (2014)	UNESCO (2013)
both	1.9			3.6	2.9	4.8	5.2	2.2		4.1	7.5	5.7

	Cambodia	China	DPR Korea	Indonesia	Lao PDR	Malaysia	Mongolia	Myanmar	Philippines	Thailand	Timor-Leste	Viet Nam
2.01 Unpaid work, 15-49y (hours per day)					UNSD (2012)		UNSD (2011)					
female					2.5		4.8					
male					0.6		2.2					
2.02 Total work, 15-49y (hours per day)					UNSD (2012)		UNSD (2011)					
female					6.4		8.8					
male					5.5		8.1					
2.03 Adult collects water for household, >15y (%)					UNSD (2012)		UNSD (2010)	UNSD (2010)		UNSD (2012)	UNSD (2010)	UNSD (2011)
female					24.0		24.0	47.0		1.0	36.0	3.0
male					6.0		44.0	16.0			7.0	2.0
2.04 Average monthly earnings, 15-49y ()	ILO (2012)	ILO (2016)		ILO (2015)	ILO (2010)	ILO (2016)	ILO (2015)		ILO (2016)	ILO (2016)		ILO (2016)
female	106.0			119.0	95.0	578.0	386.0		195.0	419.0		239.0
male	131.0			144.0	116.0	603.0	434.0		186.0	421.0		259.0
both	121.0	847.0		136.0	109.0	594.0	410.0		189.0	420.0		250.0
2.05 Married women in paid work who can decide spending, 15-49y (%)	DHS (2014)			DHS (2012)				DHS (2016)	DHS (2013)		DHS (2016)	
female	98.2			93.8				91.7	96.5		91.6	
2.06 Own bank account, >15y (%)	WB (2014)	WB (2014)		WB (2014)	WB (2011)	WB (2014)	WB (2014)	WB (2014)	WB (2014)	WB (2014)		WB (2014)
female	20.5	76.4		37.5	26.2	78.1	93.2	17.4	37.9	75.4		32.0
male	24.3	81.4		34.6	27.4	83.0	90.3	28.6	24.4	81.2		29.8
2.07 Can decide healthcare, married women 15-49y (%)	DHS (2014)			DHS (2012)				DHS (2016)	DHS (2013)		DHS (2016)	
female	91.5			83.3				83.5	96.4		92.9	
2.08 Can decide household purchases, married women 15-49y (%)	DHS (2014)			DHS (2012)				DHS (2016)	DHS (2013)		DHS (2016)	
female	93.5			81.7				74.3	85.3		93.7	
2.09a Proportion lower house seats held by women (%)	IPU (2018)	IPU (2018)	IPU (2018)	IPU (2018)	IPU (2018)	IPU (2018)	IPU (2018)	IPU (2018)	IPU (2018)	IPU (2018)	IPU (2018)	IPU (2018)
female	20.3	24.9	16.3	19.8	27.5	10.4	17.1	10.2	29.5	4.8	32.3	26.7
2.09b Proportion upper house seats held by women (%)	IPU (2018)					IPU (2018)		IPU (2018)	IPU (2018)			
female	16.7					22.1		10.4	25.0			
2.10 Proportion of police who are female (%)				UNODC (2010)				UNODC (2015)	UNODC (2014)			
female				3.5				5.9	14.2			
2.11 Women experiencing IPV last 12m (%)	UNFPA (2017)				UNFPA (2017)		UNFPA (2017)	UNFPA (2017)	UNFPA (2017)		UNFPA (2017)	UNFPA (2017)
female	7.7				6.0		12.7	11.0	7.1		46.4	9.0
2.12 Proportion who think husband is justified to beat wife, 15-49y (%)	DHS (2014)			DHS (2012)	MICS (2017)		MICS (2016)	DHS (2016)	DHS (2013)	MICS (2016)	DHS (2016)	MICS (2014)
female	49.8			34.5	29.5		17.1	51.2	12.9	8.6	74.0	28.2
male	26.1			17.3	16.2		8.6	49.0		8.7	51.6	
2.13 Abortion legality index (0-100)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
both	90.0	100.0	100.0	23.2	50.0	48.6	85.0	40.0	40.0	80.0	40.0	95.0
2.14 Contraception demand satisfied, married women 15-49y (%)	UNSD (2014)		UNSD (2014)	UNSD (2015)	UNSD (2012)		UNSD (2013)	UNSD (2016)	UNSD (2013)	UNSD (2012)	UNSD (2010)	UNSD (2014)
female	56.4		89.8	78.8	61.3		68.3	75.0	51.5	89.2	38.3	69.7
2.15 Married women who can say no to sex with husband, 15-49y (%)											DHS (2016)	
female											41.0	
2.16a Mean years education, >25y				UNESCO (2015)					UNESCO (2013)	UNESCO (2016)		
female				7.5					9.3	8.2		
male				8.4					9.0	8.5		
2.16b Mean years education, age-standardised (modelled)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
female	4.7	9.0	8.0	8.1	5.7	9.6	10.5	7.2	9.8	9.4	6.4	8.2
male	6.2	9.8	8.3	8.7	7.0	9.6	9.8	7.1	9.4	9.2	7.4	8.6
2.17a One antenatal visit, 15-49y (%)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)
female	95.0	97.0	100.0	95.0	54.0	97.0	99.0	81.0	95.0	98.0	84.0	96.0
2.17b Four antenatal visits, 15-49y (%)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)		UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)
female	76.0	69.0	94.0	84.0	37.0		90.0	59.0	84.0	91.0	55.0	74.0
2.18 Married women make decisions visiting family or friends, 15-49y (%)	DHS (2014)			DHS (2012)				DHS (2016)	DHS (2013)		DHS (2016)	
female	96.4			85.9				87.7	93.2		93.8	
2.19 Marital rape criminalised (yes=1, no=0)				WB (2017)	WB (2017)		WB (2017)		WB (2017)	WB (2017)	WB (2017)	WB (2017)
both				1.0	1.0		1.0		1.0	1.0	1.0	1.0
2.20 Social Institutions Gender Index (lower score is better)	OECD (2014)	OECD (2014)		OECD (2014)	OECD (2014)		OECD (2014)	OECD (2014)	OECD (2014)	OECD (2014)	OECD (2014)	OECD (2014)
both	0.048	0.131		0.153	0.144		0.034	0.294	0.176	0.106	0.255	0.186
2.20b Social Institutions Gender Index, categories												
both	low	medium		medium	medium		very low	high	medium	low	high	medium
2.21 Gender Development Index (higher score better)	UNDP (2015)	UNDP (2015)		UNDP (2015)	UNDP (2015)		UNDP (2015)		UNDP (2015)	UNDP (2015)	UNDP (2015)	UNDP (2015)
both	0.892	0.954		0.926	0.924		1.026		1.001	1.001	0.858	1.010
2.22 Gender Inequality Index (lower score better)	UNDP (2017)	UNDP (2017)	UNDP (2017)	UNDP (2017)	UNDP (2017)	UNDP (2017)	UNDP (2017)	UNDP (2017)	UNDP (2017)	UNDP (2017)		UNDP (2017)
both	0.473	0.152	0.063	0.453	0.461	0.287	0.301	0.456	0.427	0.393		0.304
2.23 Global Gender Gap Index (higher score better)	WEF (2017)	WEF (2017)	WEF (2017)	WEF (2017)	WEF (2017)	WEF (2017)	WEF (2017)	WEF (2017)	WEF (2017)	WEF (2017)	WEF (2017)	WEF (2017)
both	0.676	0.674	0.650	0.691	0.703	0.670	0.713	0.691	0.790	0.694	0.628	0.698

		Cambodia	China	DPR Korea	Indonesia	Lao PDR	Malaysia	Mongolia	Myanmar	Philippines	Thailand	Timor-Leste	Viet Nam
3.01 Deaths in <5y per 1000 births		UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)
	female	26.9	9.3	17.8	23.2	57.9	7.6	14.4	46.0	23.9	10.6	45.6	18.0
	male	34.0	10.5	22.1	29.4	69.6	9.0	21.3	55.4	30.2	13.7	54.0	25.1
3.02 Expected : estimated mortality for females <5y		UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)
	female	1.02	0.93	1.00	1.02	1.03	0.98	1.19	1.01	1.02	1.05	0.98	1.12
3.03 Vaccine coverage (all) in 2y (%)		DHS (2014)			DHS (2012)	UNICEF (2011)		UNICEF (2013)	DHS (2016)	DHS (2013)	UNICEF (2016)	DHS (2016)	UNICEF (2013)
	female	73.0			65.0	45.1		92.6	50.9	76.5	77.7	50.5	86.2
	male	73.9			66.1	42.2		94.8	58.3	76.4	80.3	47.0	83.3
3.04 Vaccine coverage (BCG) in 2y (%)		DHS (2014)			DHS (2012)	UNICEF (2011)		UNICEF (2013)	DHS (2016)	DHS (2013)	UNICEF (2016)	DHS (2016)	UNICEF (2013)
	female	96.0			88.2	80.1		99.4	86.1	95.6	96.6	80.5	98.6
	male	96.2			90.4	77.0		99.1	89.1	95.2	96.3	80.5	97.8
3.05 Vaccine coverage (Measles) in 2y (%)		DHS (2014)			DHS (2012)	UNICEF (2011)		UNICEF (2013)	DHS (2016)	DHS (2013)	UNICEF (2016)	DHS (2016)	UNICEF (2013)
	female	78.1			79.0	66.1		93.8	74.1	84.9	93.4	70.4	92.7
	male	79.1			81.2	61.7		95.4	79.8	82.8	92.5	68.3	89.6
3.06 Care seeking for fever in <5y (%)		UNICEF (2014)			UNICEF (2012)					UNICEF (2013)	UNICEF (2016)	UNICEF (2010)	
	female	64.0			72.0					50.0	78.0	72.0	
	male	57.0			75.0					50.0	74.0	73.0	
3.07 Inadequate supervision of child, 0-59m (%)		UNICEF (2014)					UNICEF (2016)	UNICEF (2013)	UNICEF (2016)		UNICEF (2016)		
	female	10.0					3.0	11.0	13.0		6.0		
	male	10.0					3.0	9.0	14.0		6.0		
3.08 Stunting in < 5y (%)		UNICEF (2014)				UNICEF (2012)		UNICEF (2013)	UNICEF (2016)		UNICEF (2013)	UNICEF (2010)	UNICEF (2011)
	female	31.9				42.6		10.5	27.5		16.3	55.6	21.6
	male	33.0				45.7		11.1	31.1		16.4	59.5	23.7
3.09a Anaemia 0-19y (%)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	41.1	10.2	24.5	24.2	30.1	16.7	26.0	25.1	15.0	11.0	21.1	15.1
	male	42.3	11.1	25.7	12.6	35.5	22.1	26.7	24.6	12.1	12.4	36.8	11.9
3.09b Anaemia 0-4y (%)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	51.8	15.1	30.9	26.3	39.3	30.1	31.7	39.2	24.4	20.3	32.6	23.8
	male	57.9	17.0	33.9	27.3	50.3	44.0	35.4	39.5	23.3	25.1	57.7	23.1
3.09c Anaemia 5-9y (%)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	41.5	8.1	21.3	23.3	29.3	15.9	26.2	25.6	13.1	8.6	17.6	12.7
	male	50.8	9.6	22.3	8.8	37.6	18.6	22.4	29.7	12.6	15.4	41.8	11.0
3.09d Anaemia 10-14y (%)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	28.5	7.4	16.9	19.0	20.4	9.2	19.3	16.8	7.7	6.0	12.7	9.1
	male	23.1	6.1	15.4	3.3	17.8	7.2	16.8	11.2	3.6	5.0	18.8	4.1
3.09e Anaemia 15-19y (%)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	40.1	11.3	24.6	28.1	26.6	12.7	23.1	20.3	13.6	11.3	20.1	14.1
	male	32.2	13.1	26.1	11.5	28.2	17.2	27.8	19.6	7.4	7.5	24.8	7.8
3.10 Thinness in 5-19y (%)		WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)
	female	8.6	3.2	4.7	8.6	6.4	6.9	2.3	10.5	7.7	6.8	9.5	13.1
	male	13.2	3.4	5.0	11.9	11.2	8.0	2.2	15.3	11.9	8.5	12.4	15.4
	both	10.9	3.3	4.9	10.3	8.9	7.4	2.3	12.9	9.9	7.7	10.9	14.3
3.11 Overweight 5-19y (%)		WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)	WHO (2016)
	female	8.7	20.9	17.3	14.2	11.6	23.2	18.9	9.9	10.9	19.2	10.8	7.6
	male	13.7	35.1	28.3	16.5	15.6	30.0	16.7	13.3	14.7	24.9	14.1	11.7
	both	11.3	28.5	22.9	15.4	13.6	26.5	17.8	11.6	12.8	22.1	12.5	9.7
3.12a Total DALYs per 100,000 in 10-19y		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	11417	7404	9790	10123	12169	8493	9928	10155	10755	9129	10198	8424
	male	14896	8746	12748	11855	14637	10639	13163	13596	12807	12671	11801	11208
3.12b Group 1 DALYs per 100,000 in 10-19y		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	3507	732.6	1490	2814	2918	1394	1604	2652	2412	1321	2374	1332
	male	3954	760.3	1281	2592	2731	1543	1583	3240	2691	1410	2629	1366
3.12c Injury DALYs per 100,000 in 10-19y		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	1387	1139	1870	987.4	1829	782.8	1838	1283	1090	1385	1249	1249
	male	4057	2703	5006	2686	4181	2887	5102	3131	2798	4820	2600	3846
3.12d NCD DALYs per 100,000 in 10-19y		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	6523	5532	6429	6322	7422	6316	6485	6220	7254	6422	6575	5844
	male	6885	5282	6461	6577	7725	6210	6478	7225	7317	6441	6572	5997
3.13 Binge drinking, 15-19y (%)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	4.2	7.5	7.4	1.4	15.8	1.3	28.3	1.1	8.1	4.9	3.9	7.1
	male	10.9	18.2	17.5	2.9	26.8	4.0	23.3	9.1	24.7	12.6	9.8	22.0
	both	7.7	12.9	12.2	2.1	21.4	2.5	26.1	4.9	16.2	8.9	7.1	16.5
3.14 Daily tobacco smoking, 10-19y (%)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	0.6	0.8	0.2	0.6	2.8	0.6	1.5	0.2	1.3	0.6	4.7	0.3
	male	3.2	9.1	8.7	14.7	13.3	11.1	10.0	3.2	9.5	9.8	12.0	6.4
	both	1.9	5.2	4.5	7.8	8.2	5.7	5.8	1.7	5.5	5.3	8.5	3.4
3.15 Suicide mortality per 100,000 in 10-19y		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	0.9	2.2	4.5	0.9	3.7	1.1	6.7	2.5	1.7	2.0	2.7	1.8
	male	3.1	2.8	5.7	2.5	8.2	3.4	22.1	2.3	4.0	6.9	4.6	3.1
3.16 Mental disorder DALYs per 100,000 in 10-19y		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	1527	1355	1428	1419	1527	1810	1521	1344	1482	1550	1582	1482
	male	1760	1542	1632	1618	1810	2007	1913	1596	1704	1946	1735	1595
3.17 Significant worry last 12m in 13-17y (%)		WHO (2013)			WHO (2015)	WHO (2015)	WHO (2012)	WHO (2010)	WHO (2016)	WHO (2015)	WHO (2015)	WHO (2015)	
	female	6.6			4.2	5.5	5.7	5.7	3.8	12.3	8.7	11.1	
	male	5.6			5.0	3.9	4.6	5.7	3.4	9.6	9.1	13.2	
3.18a Demand for modern contraception satisfied 15-24y (%)	female	GBD (2016) 55.0	GBD (2016) 84.8	GBD (2016) 67.1	GBD (2016) 83.2	GBD (2016) 57.3	GBD (2016) 75.5	GBD (2016) 65.0	GBD (2016) 79.3	GBD (2016) 44.1	GBD (2016) 85.0	GBD (2016) 38.8	GBD (2016) 67.2
3.18b Demand family planning satisfied 15-19y (%)		DHS (2014)			DHS (2012)				DHS (2016)	DHS (2013)		DHS (2016)	
	female	44.7			85.4				72.8	28.5		21.3	
3.19 Married 15-19y females can refuse sex (%)												DHS (2016)	
	female											45.6	
3.20a AFR 15-19y per 1000 (measured)		UNICEF (2014)	UNICEF (2014)	UNICEF (2014)	UNICEF (2014)	UNICEF (2014)	UNICEF (2014)	UNICEF (2014)	UNICEF (2014)	UNICEF (2014)	UNICEF (2014)	UNICEF (2014)	UNICEF (2014)
	female	57.0	6.2	0.7	47.0	94.0	13.3	40.4	16.9	59.0	60.0	54.0	36.0
3.20b AFR 15-19y per 1000 (modelled)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	55.8	4.8	0.8	43.4	88.9	13.8	15.5	15.5	66.3	35.7	33.0	37.6
3.21 Maternal mortality rate per 100,000 in 15-19y		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	1.9	0.2	3.8	6.8	11.3	0.6	1.7	6.0	2.9	0.5	10.1	0.5
3.22a New cases HIV in 15-19y		UNICEF (2016)			UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)		UNICEF (2016)
	female	<100			2500	<100	<100	<100	1100	<200	<500		<500
	male	<100			3800	<100	<200	<100	1200	2200	<1000		<200
	both	<200			6300	<100	<200	<100	2300	2400	<1000		<500
3.22b.1 HIV in sex workers <25y (%)		UNAIDS (2016)	UNAIDS (2016)		UNAIDS (2016)	UNAIDS (2016)	UNAIDS (2016)	UNAIDS (2016)	UNAIDS (2016)	UNAIDS (2016)	UNAIDS (2016)		UNAIDS (2016)
	both	0.5	0.5		4.1	1.3	3.6	0.5	4.5	0.5	0.5		1.1
3.22b.2 HIV in MSM <25y (%)		UNAIDS (2016)	UNAIDS (2016)		UNAIDS (2016)	UNAIDS (2016)	UNAIDS (2016)	UNAIDS (2016)	UNAIDS (2016)	UNAIDS (2016)	UNAIDS (2016)		UNAIDS (2016)
	male	0.5	7.5		23.8	0.5	5.9	7.6	4.6	3.4	11.0		10.0
3.22b.3 HIV in transgender people <25y (%)													
3.22b.4 HIV in injecting drug users <25y (%)			UNAIDS (2016)		UNAIDS (2016)		UNAIDS (2016)		UNAIDS (2016)	UNAIDS (2016)			UNAIDS (2016)
	both		4.0		3.3		0.5		19.1	14.5			2.6
3.23 Comprehensive knowledge of HIV in 15-19y (%)		UNICEF (2016)		UNICEF (2010)	UNICEF (2016)	UNICEF (2016)		UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)
	female	33.0		7.0	9.0	23.0		18.0	13.0	19.0	47.0	6.0	51.0
	male	42.0			4.0	25.0		17.0	14.0		45.0	13.0	
3.24 Existence of HPV program						WHO (2015)	WHO (2015)			WHO (2015)			
	both					1.0	1.0			1.0			

		Cambodia	China	DPR Korea	Indonesia	Lao PDR	Malaysia	Mongolia	Myanmar	Philippines	Thailand	Timor-Leste	Viet Nam
4.01a Adjusted net attendance ratio, primary school (%)	*female*	UNICEF (2014) 94.0	UNICEF (2010) 97.0		UNICEF (2015) 99.0	UNICEF (2012) 85.0		UNICEF (2013) 99.0	UNICEF (2016) 92.0		UNICEF (2016) 95.0	UNICEF (2010) 73.0	UNICEF (2014) 98.0
	male	92.0	97.0		99.0	85.0		98.0	93.0		95.0	71.0	98.0
	both	93.0	97.0		99.0	85.0		98.0	93.0		95.0	72.0	98.0
4.01b Adjusted net attendance ratio, lower secondary school (%)	*female*	UNICEF (2014) 54.0			UNICEF (2015) 89.0	UNICEF (2011) 44.0		UNICEF (2013) 95.0	UNICEF (2016) 71.0		UNICEF (2012) 86.0	UNICEF (2010) 34.0	UNICEF (2014) 92.0
	male	47.0			85.0	40.0		91.0	67.0		83.0	30.0	89.0
	both	50.0			87.0	42.0		93.0	69.0		84.0	32.0	90.0
4.01c Adjusted net attendance ratio, upper secondary school (%)	*female*	UNICEF (2014) 27.0			UNICEF (2013) 59.0	UNICEF (2011) 28.0		UNICEF (2013) 90.0	UNICEF (2016) 41.0		UNICEF (2012) 73.0	UNICEF (2010) 22.0	UNICEF (2014) 74.0
	male	26.0			56.0	26.0		80.0	30.0		56.0	18.0	67.0
	both	26.0			57.0	27.0		85.0	36.0		64.0	20.0	71.0
4.02a Completion rate, primary school (%)	*female*	UNESCO (2014) 77.2				UNESCO (2012) 68.2		UNESCO (2014) 98.6	UNESCO (2016) 84.5		UNESCO (2013) 99.3		UNESCO (2014) 97.0
	male	67.7				66.1		97.2	81.8		98.1		96.2
4.02b Completion rate, lower secondary school (%)	*female*	UNESCO (2014) 39.6				UNESCO (2012) 32.7		UNESCO (2014) 92.2	UNESCO (2016) 44.4		UNESCO (2013) 89.7		UNESCO (2014) 86.2
	male	41.4				36.5		87.3	43.2		81.1		80.8
4.02c Completion rate, upper secondary school (%)	*female*	UNESCO (2014) 20.9				UNESCO (2012) 24.2		UNESCO (2014) 86.8	UNESCO (2016) 5.1		UNESCO (2013) 59.6		UNESCO (2014) 60.4
	male	21.6				25.0		73.6	2.3		52.0		50.1
4.03a Not in school, primary school (%)	*female*	UNICEF 6.0	UNICEF 3.0		UNICEF 1.0			UNICEF 2.0	UNICEF 18.0		UNICEF 4.0	UNICEF (2010) 27.0	UNICEF 2.0
	male	8.0	3.0		1.0			2.0	19.0		4.0	29.0	2.0
4.03b Not in school, lower secondary school (%)	*female*	UNICEF 25.0			UNICEF 27.0	UNICEF (2012) 23.0		UNICEF 2.0	UNICEF 31.0		UNICEF 3.0	UNICEF (2010) 14.0	UNICEF 6.0
	male	26.0			25.0	17.0		6.0	30.0		6.0	13.0	6.0
4.03c Not in school, upper secondary school (%)	*female*	UNESCO (2014) 63.4				UNESCO (2012) 50.4		UNESCO (2014) 10.6	UNESCO (2016) 50.6		UNESCO (2013) 22.9	UNESCO (2016) 19.7	UNESCO (2014) 24.0
	male	59.1				41.2		23.3	55.0		40.2	22.9	29.5
4.04 Pre-primary school enrolment (%)	*female*	UNICEF (2016) 19.0	UNICEF (2016) 84.0	UNICEF (2016) 51.0	UNICEF (2016) 59.0	UNICEF (2016) 36.0	UNICEF (2016) 96.0	UNICEF (2016) 86.0	UNICEF (2016) 24.0		UNICEF (2016) 64.0	UNICEF (2016) 20.0	UNICEF (2016) 82.0
	male	17.0	83.0	51.0	57.0	35.0	92.0	85.0	23.0		74.0	18.0	84.0
4.05 Youth literacy, 15-24y (%)	*female*	UNICEF (2010) 86.0	UNICEF (2016) 100.0	UNICEF (2010) 100.0	UNICEF (2016) 100.0	UNICEF (2016) 67.0	UNICEF (2010) 98.0	UNICEF (2010) 99.0	UNICEF (2016) 84.0	UNICEF (2016) 99.0	UNICEF (2016) 98.0	UNICEF (2016) 79.0	UNICEF (2010) 97.0
	male	88.0	100.0	100.0	100.0	77.0	98.0	98.0	85.0	97.0	98.0	80.0	97.0
4.06a Primary schools teaching sex education (%)	*both*						UNESCO (2016) 99.3						
4.06b Lower secondary schools teaching sex education (%)	*both*						UNESCO (2016) 93.9						
4.06c Upper secondary schools teaching sex education (%)	*both*						UNESCO (2016) 96.1						
4.07a Female primary school teachers (%)	*female*	UNESCO (2016) 55.2	UNESCO (2016) 64.0	UNESCO (2015) 93.6	UNESCO (2016) 62.1	UNESCO (2016) 51.8	UNESCO (2016) 69.6	UNESCO (2016) 96.1	UNESCO (2017) 82.8	UNESCO (2015) 87.6	UNESCO (2015) 73.4	UNESCO (2011) 39.7	UNESCO (2016) 77.8
4.07b Female lower secondary teachers (%)	*female*	UNESCO (2016) 44.6	UNESCO (2016) 53.7	UNESCO (2015) 47.7	UNESCO (2016) 48.6	UNESCO (2016) 52.2			UNESCO (2017) 80.8		UNESCO (2015) 72.1	UNESCO (2011) 30.4	UNESCO (2016) 68.4
4.07c Female upper secondary teachers (%)	*female*		UNESCO (2016) 51.3	UNESCO (2015) 43.7	UNESCO (2016) 50.0	UNESCO (2016) 46.7			UNESCO (2017) 77.2		UNESCO (2015) 63.1	UNESCO (2016) 31.0	
4.08 Schools with basic sanitation facilities (%)	*both*	JMP (2016) 39.0			JMP (2016) 34.0		JMP (2016) 100.0	JMP (2016) 63.0		JMP (2016) 39.0			
4.09 Mobile phone ownership, 15-19y (%)	*female*	ITU (2016) 80.4			ITU (2016) 58.9						ITU (2016) 88.3	DHS (2016) 56.0	
	male	91.5			57.5						83.6	56.5	
4.10 Internet used last 12mth, 15-19y (%)	*female*					MICS (2012) 6.1		MICS (2010) 59.7				DHS (2016) 26.8	
	male					8.1		59.1				28.4	
4.11 Weekly access to information media, 15-19y (%)	*female*	DHS (2014) 7.0			DHS (2012) 6.8				DHS (2016) 8.9	DHS (2013) 21.6		DHS (2016) 3.8	
	male	7.1			3.0				9.9			10.4	
4.12 Not in education, employment or training, 15-24y (%)	*female*	ILO (2012) 15.2			ILO (2016) 29.6	ILO (2010) 5.9	ILO (2015) 1.6	ILO (2016) 22.4	ILO (2015) 25.2	ILO (2016) 29.2	ILO (2016) 19.6	ILO (2013) 26.5	ILO (2016) 0.6
	male	10.3			17.0	4.3	0.9	18.7	11.2	15.4	9.8	22.1	0.6
4.13 Proportion of labour force unemployed, 15-24y (%)	*female*	ILO (2012) 1.4			ILO (2017) 15.6	ILO (2010) 1.7	ILO (2016) 11.4	ILO (2016) 22.2	ILO (2015) 1.8	ILO (2017) 8.9	ILO (2016) 4.7	ILO (2013) 16.7	ILO (2017) 7.3
	male	1.8			15.6	1.9	9.8	20.0	1.4	6.6	3.0	25.1	7.3
4.14 Proportion employed in informal sector, 15-24y (%)													

	Cambodia	China	DPR Korea	Indonesia	Lao PDR	Malaysia	Mongolia	Myanmar	Philippines	Thailand	Timor-Leste	Viet Nam
5.01 Sex ratio at birth (male : female)	UNDP (2015)	UNDP (2015)	UNDP (2015)	UNDP (2015)	UNDP (2015)	UNDP (2015)	UNDP (2015)	UNDP (2015)	UNDP (2015)	UNDP (2015)	UNDP (2015)	UNDP (2015)
both	1.05	1.16	1.05	1.05	1.05	1.06	1.03	1.03	1.06	1.06	1.05	1.12
5.02 Infant mortality rate (per 1000 births)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)
female	23.0	8.0	13.4	19.4	43.4	6.4	12.1	35.7	18.7	9.0	38.8	14.9
male	29.4	9.0	16.7	24.9	54.2	7.7	18.4	44.3	24.1	11.8	46.2	19.6
5.03 Expected to estimated female infant mortality ratio	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)	UNIGME (2016)
female	1.02	0.93	1.00	1.03	1.03	0.99	1.22	1.02	1.03	1.06	0.98	1.05
5.04 Birth registration <5y (%)	UNICEF (2014)				UNICEF (2012)		UNICEF (2013)	UNICEF (2016)		UNICEF (2016)	UNICEF (2010)	UNICEF (2014)
female	73.0				75.0		99.0	81.0		100.0	56.0	96.0
male	74.0				74.0		99.0	82.0		100.0	55.0	96.0
5.05 Children not living with biological parent, 0-17y (%)	UNICEF (2014)				UNICEF (2012)		UNICEF (2013)	UNICEF (2016)		UNICEF (2016)	UNICEF (2016)	UNICEF (2014)
female	11.0				7.0		6.4	9.7		22.7	11.3	5.7
male	11.0				5.7		6.4	8.7		22.8	9.7	4.7
5.06a Child marriage before 15y (%)	DHS (2014)			UNICEF (2013)	UNICEF (2012)		UNICEF (2013)	DHS (2016)	DHS (2013)	UNICEF (2015)	DHS (2016)	UNICEF (2014)
female	1.9			1.1	8.9		0.1	1.9	2.0	4.4	2.6	0.9
male											0.1	
5.06b Child marriage <18y (%)	DHS (2014)			UNICEF (2013)	UNICEF (2012)		UNICEF (2013)	DHS (2016)	DHS (2013)	UNICEF (2015)	DHS (2016)	UNICEF (2014)
female	18.5			13.6	35.4		5.2	16.0	15.0	22.5	14.9	10.6
male	3.6							5.0			1.2	
5.07 Age of consent for heterosexual intercourse**	WLII (2015)	WLII (2015)	WLII (2015)	WLII (2015)	WLII (2015)	WLII (2015)	WLII (2015)	WLII (2015)	WLII (2015)	WLII (2015)	WLII (2015)	WLII (2015)
female	15	14	15	15	15	m16	16	14	12	15	17	16
male	15	14		19	15	AM	16	NS	12	15	17	16
5.08 Legal age of consent to marriage**	UNSD (2011)	UNSD (2011)	UNSD (2005)	UNSD (2011)	UNSD (2009)	UNSD (2011)	UNSD (2001)	UNSD (2011)	UNSD (2011)	UNSD (2006)	UNSD (2011)	UNSD (2007)
female	18	20	17	16	18 p15	21 p/r16	18	20 p14	21 p18	17	15	18
male	18	22	18	19	18 p15	21 p/r18	18	20	21 p18	17	18	20
5.09 Age of consent for same-sex intercourse**	WLII (2015)	WLII (2015)		WLII (2015)	WLII (2015)	WLII (2015)	WLII (2015)	WLII (2015)	WLII (2015)	WLII (2015)	WLII (2015)	WLII (2015)
female	15	14		18	15	Illegal	16	NS	12	NS	17	NS
male	15	14		18	15	Illegal	16	Illegal	12	15	17	16
5.10 Bank account ownership, 15-24y (%)											DHS (2016)	
female											5.0	
male											4.8	
5.11a Physical intimate partner violence in last 12m, 15-19y (%)	DHS (2014)							DHS (2015)	DHS (2013)		DHS (2016)	
female	6.7							20.3	8.9		33.1	
5.11b Sexual intimate partner violence in last 12m, 15-19y (%)	DHS (2014)							DHS (2016)	DHS (2013)		DHS (2016)	
female	1.5							5.0	6.6		9.6	
5.11c Physical and/or sexual intimate partner violence in last 12m, 15-19y (%)	DHS (2014)							DHS (2016)	DHS (2013)		DHS (2016)	
female	7.0							21.8	11.5		37.7	
5.12 Females aged 20-24y experiencing forced sex before 18y (%)	DHS (2014)							DHS (2016)	DHS (2013)		DHS (2016)	
female	1.7							1.3	3.9		3.3	
5.13 Adolescents 15-19y who think husband is justified to beat wife (%)	UNICEF (2014)			UNICEF (2012)	UNICEF (2012)		UNICEF (2010)	UNICEF (2016)	UNICEF (2013)	UNICEF (2016)	UNICEF (2016)	UNICEF (2014)
female	46.0			45.0	56.0		13.5	52.6	13.8	9.1	69.0	28.1
male	26.0			48.0	50.0		8.6	57.1		8.5	48.2	
5.14 Children experiencing violent discipline, 1-14y (%)					UNICEF (2016)	UNICEF (2016)	UNICEF (2016)	UNICEF (2016)		UNICEF (2016)		UNICEF (2016)
female					74.0	67.0	46.0	75.0		73.0		65.0
male					77.0	74.0	52.0	80.0		77.0		72.0
5.15 Homicide mortality, 10-19y (per 100,000)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
female	0.7	0.6	1.2	0.4	0.2	0.4	1.4	0.4	1.7	1.2	0.9	0.3
male	4.1	1.2	2.9	2.0	0.6	1.9	5.7	2.2	8.3	7.9	3.3	2.2
5.16 Bullying last month, 13-17y (%)	GSHS (2013)			GSHS (2015)	GSHS (2015)	GSHS (2012)	GSHS (2013)	GSHS (2016)	GSHS (2011)	GSHS (2015)	GSHS (2015)	GSHS (2013)
female	22.5			17.7	11.7	15.6	21.5	49.1	48.4	23.2	22.6	24.3
male	22.1			23.7	11.8	19.7	32.3	51.0	46.9	36.1	33.4	22.5
5.17a Discriminated against because of gender, 15-19y												
5.17b Discriminated against because of sexual orientation, 15-19y												
5.18 FGM/C, 0-14y (%)				UNICEF (2013)								
female				49.0								
5.19 Number of detected trafficked children <18y				UNODC (2014)					UNODC (2014)	UNODC (2014)		
female				66.0					261.0	90.0		
male				3.0					37.0	48.0		
5.20 Child labour, 5-17y (%)	UNICEF (2014)				UNICEF (2010)		UNICEF (2013)	UNICEF (2015)	UNICEF (2011)			UNICEF (2014)
female	19.0				11.0		15.0	9.0	8.0			16.0
male	20.0				9.0		19.0	10.0	14.0			17.0
5.21 Hazardous work amongst those in child labour (%)							ILO (2012)		ILO (2011)			ILO (2012)
female							4.6		55.4			73.2
male							16.6		65.7			76.1
5.22 Hours per week spent on chores, 5-14y	UNICEF (2012)				UNICEF (2010)		UNICEF (2013)					UNICEF (2014)
female	1.6				3.4		6.2					3.1
male	1.0				3.4		5.6					2.1

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

		Cambodia	China	DPR Korea	Indonesia	Lao PDR	Malaysia	Mongolia	Myanmar	Philippines	Thailand	Timor-Leste	Viet Nam
6.01a Household air pollution, <5y (DALYs per 100,000)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	6638	385.0	2408	889.8	12877	3.0	2107	3483	1950	66.2	4605	636.9
	male	8887	535.1	3176	966.1	14363	3.9	3086	5280	2443	81.4	4990	864.2
6.01b Household air pollution, 5 - 9y (DALYs per 100,000)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	258.1	34.8	124.2	44.1	295.5	0.7	128.9	104.7	260.9	11.3	202.5	23.0
	male	237.3	24.0	97.5	46.6	370.8	0.6	130.8	159.5	233.3	8.3	229.4	23.4
6.01c Household air pollution, 10-14y (DALYs per 100,000)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	156.7	17.4	59.9	29.5	180.8	0.7	78.1	65.8	140.5	12.0	129.6	15.3
	male	218.0	13.9	54.3	38.2	228.5	0.6	85.0	137.3	132.4	10.2	154.3	18.2
6.01d Household air pollution, 15-19y (DALYs per 100,000)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	151.6	9.3	46.7	23.3	133.3	0.7	54.5	54.6	106.7	15.2	79.6	16.8
	male	241.9	11.3	78.0	19.3	134.7	0.8	60.8	125.5	140.2	16.9	77.6	25.0
6.02 Schools with improved sanitation facilities (%)		JMP (2016)			JMP (2016)		JMP (2016)	JMP (2016)		JMP (2016)			
	both	39.0			34.0		100.0	63.0		39.0			
6.03a Water, sanitation and hygiene, <5y (DALYs per 100,000)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	1886	239.1	1438	2285	7850	214.5	683.0	1528	1614	355.4	9193	394.1
	male	3358	268.8	2506	3165	8516	250.2	875.8	4423	2463	432.8	10862	562.5
6.03b Water, sanitation and hygiene, 5-9y (DALYs per 100,000)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	255.1	48.2	154.1	299.5	256.5	76.8	114.7	241.9	286.8	98.8	268.2	90.6
	male	303.7	33.3	143.5	456.0	479.2	88.9	125.2	468.9	375.4	123.5	428.3	115.6
6.03c Water, sanitation and hygiene, 10-14y (DALYs per 100,000)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	189.8	36.3	123.1	222.2	181.3	72.3	83.7	181.6	164.8	95.9	210.3	85.9
	male	235.8	28.3	131.9	300.2	278.6	85.2	89.5	319.2	226.0	117.8	281.4	109.3
6.03d Water, sanitation and hygiene, 15-19y (DALYs per 100,000)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	176.2	26.0	101.4	167.5	140.0	70.2	59.0	154.6	129.6	97.9	170.2	87.2
	male	233.4	26.0	134.1	253.2	216.1	89.3	60.3	289.4	195.1	131.2	228.5	116.4
6.04 Child collects water for household, <15y (%)						MICS (2012)		MICS (2010)	MICS (2010)			DHS (2010)	
	female					3.0		2.0	2.0			7.0	
	male					1.0		6.0	1.0			2.0	
6.05a International migrants <20y, (count in 1000s)		UN (2017)	UN (2017)	UN (2017)	UN (2017)	UN (2017)	UN (2017)	UN (2017)	UN (2017)	UN (2017)	UN (2017)	UN (2017)	UN (2017)
	female	3.9	88.4	4.7	51.9	4.4	148.3	0.9	8.6	34.3	304.5	1.4	6.9
	male	4.1	142.0	4.9	53.2	3.3	170.4	1.3	7.0	29.9	258.4	1.0	6.3
6.05b International migrants <20y, (population %)		UN (2017)	UN (2017)	UN (2017)	UN (2017)	UN (2017)	UN (2017)	UN (2017)	UN (2017)	UN (2017)	UN (2017)	UN (2017)	UN (2017)
	female	0.1	0.1	0.1	0.1	0.3	2.9	0.2	0.1	0.2	3.8	0.4	0.0
	male	0.1	0.1	0.1	0.1	0.2	3.2	0.2	0.1	0.1	3.0	0.3	0.0
6.06 Married females make decisions visiting family or friends, 15-19y (%)		DHS (2014)			DHS (2012)				DHS (2016)	DHS (2013)		DHS (2016)	
	female	95.3			80.9				81.1	89.7		88.3	
6.07 Feel safe walking at night, 15-19y (%)													
6.08 Road traffic mortality, 10-19y, (deaths per 100,000)		GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)	GBD (2016)
	female	6.5	4.9	7.7	5.9	10.0	3.9	5.2	8.0	2.5	8.9	4.4	6.7
	male	18.2	13.1	25.9	16.8	19.8	21.3	14.9	17.2	8.3	34.5	9.0	24.5
6.09 Refugees, displaced and stateless persons, <18y (thousands)		UNHCR (2016)	UNHCR (2016)		UNHCR (2016)		UNHCR (2016)	UNHCR (2016)	UNHCR (2014)	UNHCR (2016)	UNHCR (2016)	UNHCR (2010)	
	female	0.0	0.0		1.5		16.0	0.0	55.8	1.0	25.2		
	male	0.1	0.0		2.0		18.2	0.0	56.6	1.0	26.2	0.0	

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