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THE STATE OF THE WORLD'S CHILDREN 2021

ON MY MIND

Promoting, protecting and caring for children's mental health

Published by UNICEF since 1980, *The State of the World's Children* report seeks to deepen knowledge and raise awareness of key issues affecting children and advocates for solutions that improve children's lives.

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Cover photo: A girl and her mother in Belmopan, Belize, attend a check-up that includes counselling as part of the Care for Child Development programme.

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CONTENTS

FOREWORD

Children around the world have been locked out of classrooms, sequestered in their homes and robbed of the everyday joy of playing with friends – all consequences of the COVID-19 pandemic. Millions more families have been pushed into poverty, unable to make ends meet. Child labour, abuse and gender-based violence are on the rise.

Many children are filled with sadness, hurt or anxiety. Some are wondering where this world is headed and what their place is in it.

Indeed, these are very challenging times for children and young people, and this is the state of their world in 2021.

But even absent a pandemic, psychosocial distress and poor mental health afflict far too many children – including millions who, each year, are forced from their homes, scarred by conflict and serious adversity, and deprived of access to schooling, protection and support.

In fact, the COVID-19 pandemic represents merely the tip of the iceberg when it comes to poor mental health outcomes.

It is an iceberg we have been ignoring for far too long, and unless we act, it will continue to have disastrous results for children and societies long after the pandemic is over.

When we ignore the mental health of children, we undercut their capacity to learn, work, build meaningful relationships and contribute to the world. When we ignore the mental health of parents and caregivers, we fail to support them to nurture and care for their children to the best of their ability.

And when we ignore mental health issues in our societies, we close off conversation, reinforce stigma and prevent children and caregivers from seeking the help they need.

In the face of this reality, we are too often silent, too often unwilling to embrace the full complexity of what it is to be human. Or, as human rights advocate Lea Labaki, a contributor to this project, puts it: We fail to acknowledge that "psychological distress is not deviant behaviour to be repressed and hidden away, but just a normal aspect of human experience."

We must be silent no longer.

We must listen to the young people all around the world who are increasingly raising their voices and demanding action.

And we must act.

With this edition of *The State of the World's Children*, the first ever to focus on mental health, UNICEF is signalling our determination to listen – and to act.

In recent years, we have worked to help safeguard the mental health and psychosocial well-being of children, adolescents, parents and caregivers in some of the world's most challenging settings.

We have worked, too, to address the sweeping impact of the pandemic on mental health. In 2020, we reached 47.2 million children, adolescents and caregivers with community-based mental health and psychosocial support, including targeted community awareness campaigns in 116 countries – or almost twice as many countries as in 2019.

This engagement will only grow in the years to come, as will our efforts to secure investment for mental health and to tackle the scourges of neglect, abuse and childhood trauma that undermine the mental health of far too many children.

Because we know we *all* must do more.

Now, with key partners like the World Health Organization, governments, academics and many others, we all must show commitment to leadership and investment to better support mental health.

We all must work to help break the silence around mental health – challenge stigmas, raise mental health literacy and ensure the voices of young people are heard, and especially those with lived experience of mental health challenges.

And we all must commit to action in key areas, like better supporting parents, ensuring schools are kinder and safer places, and – through investment and workforce development – addressing the mental health needs of families in areas like social protection and community care.

Crucially, we all must work to improve data collection, routine monitoring, and research – a key challenge for all of us in the United Nations system. The picture we have of children's mental health is a partial one, and it is one that is skewed heavily towards the world's wealthiest countries. That means we know too little of how children and young people in most parts of the world experience mental health. It also means we know too little of the potential strengths and support that diverse communities and cultures may be able to offer children and families.

The challenge we face is immense. It is one that – despite the best efforts of so many, especially the young people who have shared their stories, ideas and passion for change – our global community has barely begun to address. When it comes to mental health, every country is developing.

But if the challenge is great, the rewards of meeting it can be greater still – for every child, for every family and for every community.

We can wait no longer. We cannot fail another generation. The time to act is now.

Henrietta H. Fore
UNICEF Executive Director

KEY MESSAGES

Around the world, mental disorders are a significant and often ignored cause of suffering that interfere with children's and young people's health and education and their ability to reach their full potential.

- It is estimated that more than 13 per cent of adolescents aged 10–19 live with a diagnosed mental disorder as defined by the World Health Organization.
- This represents 86 million adolescents aged 15–19 and 80 million adolescents aged 10–14.
- 89 million adolescent boys aged 10–19 and 77 million adolescent girls aged 10–19 live with a mental disorder.
- Prevalence rates of diagnosed disorders are highest in the Middle East and North Africa, North America and Western Europe regions.
- Anxiety and depression make up about 40 per cent of these diagnosed mental disorders; the others include attention deficit/hyperactivity disorder, conduct disorder, intellectual disability, bipolar disorder, eating disorders, autism, schizophrenia and a group of personality disorders.
- Children and young people also report psychosocial distress that does not rise to the level of epidemiological disorder but disrupts their lives, health and prospects for the future.
- According to research carried out by Gallup for UNICEF's upcoming *Changing Childhood* report, a median of 19 per cent of 15- to 24-year-olds in 21 countries self-reported in the first half of 2021 that they often feel depressed or have little interest in doing things.

The cost of inaction is great – in terms of the toll it takes in human lives and on families and communities and financially.

- An estimated 45,800 adolescents die from suicide each year, or more than 1 person every 11 minutes.
- Suicide is the fifth most prevalent cause of death for adolescent boys and girls aged 10–19; for adolescents 15–19, it is the fourth most common cause of death, after road injury, tuberculosis and interpersonal violence. For girls aged 15–19, it is the third most common cause of death, and the fourth for boys in this age group.
- New analysis for this report indicates that the annual loss in human capital arising from mental health conditions in children aged 0–19 is US$387.2 billion (purchasing power parity dollars). Of this, US$340.2 billion reflects disorders that include anxiety and depression, and US$47 billion reflects the loss due to suicide.
- Of the US$340.2 billion, anxiety disorders account for 26.93 per cent; behavioural disorders 22.63 per cent; and depression 21.87 per cent.

Despite widespread demand for responses that promote, protect and care for children's mental health, investment remains negligible.

- Research carried out by Gallup for UNICEF's upcoming *Changing Childhood* report indicates strong demand for action. A median of 83 per cent of young people aged 15–24 in 21 countries believe it is better to address mental health issues by sharing experiences with other people and seeking support than by going it alone.
- Despite demand for support, median government expenditure on mental health globally is a mere 2.1 per cent of the median government expenditure on health in general.

- In some of the world's poorest countries, governments spend less than US$1 a person *treating* mental health conditions.
- The number of psychiatrists who specialize in treating children and adolescents was fewer than 0.1 per 100,000 in all but high-income countries, where the figure was 5.5 per 100,000.
- Investment in promoting and protecting mental health – as distinct from caring for children facing the greatest challenges – is extremely low.
- Lack of investment means workforces – including community-based workers – are not equipped to address mental health issues across multiple sectors, including primary health care, education, social protection and others.

Mental health is widely stigmatized and misunderstood: It is, in fact, a positive state of well-being and a foundation that allows children and young people to build their futures.

- Despite growing awareness of the impact of mental health conditions, stigma remains a powerful force. Stigma – whether purposeful or not – blocks children and young people from seeking treatment and limits their opportunities to grow, learn and thrive.
- Like physical health, mental health should be thought of as a positive: It underlies the human capacity to think, feel, learn, work, build meaningful relationships and contribute to communities and the world. It is an intrinsic part of individual health and a foundation for healthy communities and nations.
- Mental health exists on a continuum that can include periods of well-being and periods of distress, most of which will never evolve into a diagnosable disorder.
- Mental health is a basic right and essential for achieving global objectives, including the Sustainable Development Goals.

Risks and protective factors influence mental health at critical developmental moments.

- At critical moments of child development, factors based on experience and environment can represent a risk to mental health or can help to protect it. Policy approaches should aim to minimize risk and maximize protective factors.
- Risk and protective factors can be organized into three spheres of influence: The world of the child focuses on home and caregiving settings; the world around the child involves safety and security and healthy attachments in preschools, schools and communities; and the world at large includes large-scale social determinants – such as poverty, disaster, conflict and discrimination.
- Mental health is tied to critical moments of brain development, which can be affected by factors such as toxic stress triggered by adverse childhood experiences (ACEs), such as physical and emotional abuse, chronic neglect and violence.
- Research has shown that exposure to at least four ACEs is strongly associated with sexual risk taking, mental health conditions and alcohol abuse; it is even more strongly associated with problematic drug use and interpersonal and self-directed violence.

Parenting is crucial to laying strong foundations for children's mental health, but many parents need more support.

- Parenting is foundational to children's mental health. However, for many caregivers, fulfilling this critical role requires support from parenting programmes, which can include information, guidance, and financial and psychosocial support.
- Many caregivers also need support for their own mental health.
- Before conception and in early childhood, risk factors for the child's mental health include low birthweight, maternal malnutrition, maternal mental health and adolescent parenthood. Globally, 15 per cent of children are born at a low birthweight, while about 15 per cent of girls become mothers before age 18.
- In childhood, risk factors include poor nutrition and violent discipline. Globally, around 29 per cent of children do not have minimum dietary diversity.
- In the world's least developed countries, 83 per cent of children experience violent discipline from caregivers and 22 per cent are in a form of child labour.
- In adolescence, nurturing and supportive parenting remains one of the strongest protectors of mental health.

Schools and learning environments can provide opportunities to support mental health, but can also expose children to risks, including bullying and excessive exam pressure.

- Schools can be healthy and inclusive environments where children learn critical skills to bolster their well-being, but also places where children experience bullying, racism, discrimination, peer pressure and stress about academic performance.
- Despite links between early learning opportunities and child development, about 81 per cent of children in the least developed countries do not attend early childhood education.
- Among older children, absence from school or dropping out before finishing is linked to social isolation, which in turn can lead to mental health conditions, including self-harm, suicidal ideation, depression, anxiety and substance use.
- An analysis by RTI International for this report indicates that school-based interventions that address anxiety, depression and suicide provide a return on investment of US$21.5 for every US$1 invested over 80 years.

Socioeconomic and cultural factors in the wider world, as well as humanitarian crises and events like the COVID-19 pandemic, can all harm mental health.

- The relationship between poverty and mental health is a two-way street. Poverty can lead to mental health conditions, and mental health conditions can lead to poverty. Globally, nearly 20 per cent of children younger than 5 live in extreme poverty.
- Gender norms can impact the mental health of both girls and boys. Girls may face restrictive stereotypes about work, education and family as well as the risk of intimate partner violence; boys may experience pressure to suppress emotions and to experiment with substance use.
- Children are far too often on the front lines in humanitarian crises – 415 million in 2018, each exposed to stress and trauma. The impact of such crises can differ from child to child, with some

showing resilience and others experiencing extreme and lasting distress.
- There are multiple reports of abuse of children in institutions, a high proportion of whom have disabilities, including developmental or mental health disabilities. There is also extensive evidence of the continued use of shackling of children and young people with serious mental health conditions, and of the use of coercion and restraint in mental health services.
- There is wide concern about the impact of the COVID-19 pandemic on mental health. Research indicates some increases in stress and anxiety among children and adolescents. The mental health of caregivers, especially young mothers, is also a concern.

Interventions across a range of systems and sectors – including in families, communities and schools, and through social protection – can help to promote and protect mental health.

- Evaluations of parenting programmes indicate that they help deepen attachments between caregiver and child, reduce harsh parenting practices and improve children's cognitive development.
- In schools, social and emotional learning approaches that include whole-school interventions and specific interventions for at-risk children and young people have proven effective.
- Cash transfer programmes can indirectly influence children's and adolescents' mental health by increasing school participation, food security and access to health care and social services.
- In humanitarian settings, the careful implementation of brief, structured interventions that provide immediate responses to depression, anxiety and post-traumatic stress disorder can bolster children's and young people's mental health.

***The State of the World's Children 2021* concludes by calling for commitment, communication and action to promote good mental health for every child, protect vulnerable children and care for children facing the greatest challenges.**

COMMITMENT means strengthening leadership to set the sights of a diverse range of partners and stakeholders on clear goals and ensuring investment in solutions and people across a range of sectors.

COMMUNICATION means breaking the silence surrounding mental health, addressing stigmas, improving mental health literacy, and ensuring children, young people and people with lived experience have a voice.

ACTION means working to minimize risk factors and maximize protective factors for mental health in key areas of children's lives, as well as investment and workforce development to:

- Support families, parents and caregivers
- Ensure schools support mental health
- Strengthen and equip multiple systems and workforces to meet complex challenges
- Improve data, research and evidence

Introduction

A TIME FOR LEADERSHIP ON MENTAL HEALTH

The COVID-19 pandemic has upended our world, creating a global crisis unprecedented in our lifetime. It has created serious concerns about the mental health of children and their families, and it has illustrated in stark terms how events in the wider world can affect the world inside our heads. But the pandemic also offers an opportunity to build back better. We have a historic chance to commit, communicate and take action to promote, protect and care for the mental health of a generation.

Seeing the future: A good start in life is a foundation for the mental health of children everywhere, including Kan, 3, in Serbia.

Fear. Loneliness. Grief.

As the coronavirus pandemic descended on the world in 2019, these powerful emotions enveloped the lives of many millions of children, young people and families. In the early days especially, many experts feared they would persist, damaging the mental health of a generation.[1]

In truth, it will be years before we can really assess the impact of COVID-19 on our mental health.

For even if the potency of the virus fades, the pandemic's economic and social impact will linger: over the fathers and mothers who thought they had left the worst of times behind them, but are once again struggling to put food in a baby's bowl; over the boy falling behind in school after months of disrupted learning; and the girl dropping out to work on a farm or in a factory. It will hang over the aspirations and lifetime earnings of a generation whose education has been disrupted.[2]

Indeed, the risk is that the aftershocks of this pandemic will chip away at the happiness and well-being of children, adolescents and caregivers for years to come – that they will pose a risk to the foundations of mental health.

For if the pandemic has taught us anything, it is that our mental health is profoundly affected by the world around us. Far from being simply a question of what is going on in a person's mind, the state of each child's or adolescent's mental health is profoundly affected by the circumstances of their lives – their experiences with parents and caregivers, the connections they form with friends and their chances to play, learn and grow. Mental health is also a reflection of the ways their lives are influenced by the poverty, conflict, disease and access to opportunities that exist in their worlds.

For if the pandemic has taught us anything, it is that our mental health is profoundly affected by the world around us.

If these connections were not clear before the pandemic, they certainly are now.

This is the reality that is at the heart of *The State of the World's Children 2021.*

A challenge ignored

Indeed, what we have learned is that mental health is positive – an asset: It is about a little girl being able to thrive with the love and support of her family, sharing the ups and downs of daily life. It is about a teenage boy being able to talk and laugh with his friends, supporting them when they are down and being able to turn to them when he is down. It is about a young woman having a sense of purpose in her life and the self-confidence to take on and meet challenges. It is about a mother or father being able to support their child's emotional health and well-being, bonding and attaching.

The links between mental and physical health and well-being, and the importance of mental health in shaping life outcomes, are increasingly being recognized. They are reflected in the connection between mental health and the foundations of a healthy and prosperous world acknowledged in the Sustainable Development Goals. Indeed, that agreement among the nations of the world positioned the promotion and protection of mental health and well-being as key to the global development agenda.

Despite all this, governments and societies are investing far, far too little in **promoting**, **protecting** and **caring** for the mental health of children, young people and their caregivers.

In some of the world's poorest countries, governments annually spend less than US$1 per person on ***treating*** mental health. Even in upper-middle-income countries, annual expenditure is still about US$3 per person.[3] Each of these figures falls far short of treating the mental health conditions of children, adolescents and caregivers, especially those facing the greatest mental health challenges. And it means that nearly nothing is left to promote the positive mental health of children and their caregivers.

Chatting in Niger: Connection with friends can support mental health. © UNICEF/UN0439614/Dejongh

We pay a high economic price for this neglect – around US$387.2 billion a year, according to calculations for this report by David McDaid and Sara Evans-Lacko of the Department of Health Policy of the London School of Economics and Political Science. That is US$387.2 billion of lost human potential that could be contributed to national economies.

The cost in terms of how it affects real lives, however, is incalculable.

It is there in the families, schools and communities touched by suicide – the fourth leading cause of death among 15- to 19-year-olds.[4] Every year, almost 46,000 children and adolescents between the ages of 10 and 19 end their own lives – about 1 every 11 minutes.[5]

It is there in the daily challenges of the estimated 13 per cent of adolescents living with a mental health condition. For 15- to 19-year-olds, in particular, it can be seen as mental health conditions begin to emerge and contribute to lost years of life and healthy life.[6]

It is there in the voices of young people as they talk about their experiences of depression and anxiety and their significant generalized distress, which may not cross the threshold into disorder. For *The State of the World's Children 2021,* UNICEF collaborated with researchers from the Global Early Adolescent Study at the Johns Hopkins Bloomberg School of Public Health to listen to some of those voices *(see Box 1: Asking Adolescents).*

A girl in a discussion group for 15- to-19-year-olds in Jamaica said she believed that everyone goes through periods of low-level depression that stem from the challenge of finding out "who you are as a person." The problem, she said, is that those feelings can be "boosted or fuelled" by experience in the world.

"I think that it starts there," she said. "When I think that it becomes serious is when those sorts of feelings or emotions are neglected."

A girl in the discussion group in Egypt in the same age group was clear about how neglected mental health – or, as she put it, "being tired psychologically" – affects a young person's future.

"It means that you feel that you are not living life and [are] unable to do anything," she said. "Even if you are ambitious, you will not be able to achieve your ambitions because you are psychologically totally defeated."

BOX 1.
Asking adolescents

When it comes to mental health, we need to listen to the experiences, concerns and ideas of children and adolescents.

That is why UNICEF teamed up with researchers from the Global Early Adolescent Study at the Johns Hopkins Bloomberg School of Public Health (JHU) to host focus group discussions on mental health and well-being. Support for the project came from the Wellcome Trust.

From February to June 2021, local partners facilitated focus group discussions for adolescents aged 10–14 and 15–19 in Belgium, Chile, China, the Democratic Republic of the Congo, Egypt, Indonesia, Jamaica, Jordan, Kenya, Malawi, Sweden, Switzerland and the United States. The discussions followed a guide developed by UNICEF, JHU and the local partners.

From these discussions, qualitative data were coded using an inductive thematic analysis approach and refined throughout the data analysis process. They are available on request. All sites of the focus group discussions obtained local Institutional Review Board (IRB) approval.

The State of the World's Children 2021 includes qualitative data from these discussions and quotes from some of the adolescents who participated in the focus groups. A fuller companion report on the discussions will be released in the future.

Large majorities of younger and older people in most countries – typically around four out of five people – believe no one should have to deal with mental health challenges on their own.

Unheard calls

Young advocates for mental health, including contributors and advisors to this report, have been brave in calling for mental health to be addressed in different settings across the world. Some have spoken out about their lived experiences with mental health and well-being, the challenges of their friends and peers, and the need for children and adolescents to be able to reach out to get help.

They are not alone. Worldwide, a survey for UNICEF by Gallup shows that large majorities of younger and older people in most countries – typically around four out of five people – believe no one should have to deal with mental health challenges on their own. Instead, they believe, the best solution is to share experiences and seek support.

Seeking support: Younger and older generations believe it is best to reach out for help with mental health concerns.
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BOX 2.

Ready to reach out?

Young people overwhelmingly believe it is better to seek help from others with mental health issues than to try to deal with them on their own, according to a survey carried out for UNICEF by Gallup in 21 countries in the first half of 2021.

A median of 83 per cent of young people (15 to 24 years old) agreed it was better to deal with mental health problems by sharing experiences with others and seeking support; by contrast, only 15 per cent felt such problems were personal and should be dealt with on one's own.

Among the 21 countries, India was the only exception, with 41 per cent of young people supporting the sharing option.

Overall, attitudes differed relatively little between the generations: In the 21 countries, around four out of five older people (40 years and older) also supported the sharing option. However, differences were more marked in some countries: Even though majorities of both younger and older people supported the sharing option in Japan, Germany and Ukraine, there was a gap of at least 14 points between the two age groups.

This raises interesting questions as to how else attitudes towards mental health may vary between generations and are evolving over time in different parts of the world.

Full findings from The Changing Childhood Project will be released in a report from UNICEF in November 2021.

Median percentage of people in 21 countries who believe sharing experiences with others and seeking support is the better way to address mental health issues:

	15- to 24-year-olds	Older adults (40+)
Sharing experiences with others and seeking support is the best way to address mental health issues	**83**	**82**
Mental health is a personal matter that people can best work through on their own	**15**	**17**

Source: *Changing Childhood* (forthcoming).

Note: As part of the Changing Childhood Project, Gallup interviewed over 20,000 people by telephone in 21 countries between February and June 2021 in two distinct populations – people aged 15–24 and people aged 40 and older. Average margins of error were calculated at 6.7 per cent for the younger age group and 6.4 per cent for the older age group. Full details of the methodology and research methods will be included in the forthcoming *Changing Childhood* report from UNICEF.

Feeling down?: Close relationships with parents in adolescence, as with this mother and daughter in Kazakhstan, can bolster mental health.

BOX 3.
Feeling down?

A median of one in five young people (19 per cent) reported often feeling depressed or having little interest in doing things, according to a survey conducted by UNICEF and Gallup in 21 countries in the first half of 2021. The proportion ranged from almost one in three in Cameroon to as low as one in ten in Ethiopia and Japan.

At a time of great concern over the mental health of young people during the COVID-19 pandemic, the findings provide an interesting insight into young people's *own* feelings. It is important to note, however, that these numbers only represent the perceptions of young people themselves, not diagnoses of depression by health professionals.

They are also based on just a single question, not the multiple questions used in dedicated mental health research, and so cannot provide satisfactory estimates of prevalence. Finally, there are no comparable pre-pandemic estimates, which means they cannot be read as reflecting the impact of the pandemic on young people's mental health.

A lack of data gathering and routine monitoring means the picture of young people's mental health status and needs in most countries is extremely limited. As noted in Chapter 6 of this report, this severely hampers the prioritization of mental health care and the development of policy.

Percentage of 15- to 24-year-olds reporting often feeling depressed or having little interest in doing things:

Cameroon	32
Mali	31
Indonesia	29
Zimbabwe	27
France	24
Germany	24
United States	24
Brazil	22
Lebanon	21
United Kingdom	20
Argentina	19
Kenya	19
Peru	16
Bangladesh	14
India	14
Morocco	14
Nigeria	14
Ukraine	12
Spain	11
Ethiopia	10
Japan	10
21-country median	**19**

Source: *Changing Childhood* (forthcoming).

Note: As part of the Changing Childhood Project, Gallup interviewed about 20,000 people by telephone in 21 countries between February and June 2021 in two distinct populations – people aged 15-24 and people aged 40 and older. Margins of error were calculated at 6.7 per cent for the younger age group and 6.4 per cent for the older group. Full details of the methodology and research methods will be included in the forthcoming *Changing Childhood* report from UNICEF.

And yet, for many millions around the world, there is no one to talk to, nowhere to turn for help.

Why?

Multiple barriers get in the way of promoting, protecting and caring for children's and adolescents' mental health. Some of these barriers are systemic, blocks established by a lack of funding, leadership, coordination among sectors and trained workers.

Far too often, our ability to address mental health is stymied by our inability to talk about it. Children, adolescents and caregivers may struggle to find the language they need to talk about how they are feeling. They might fear the harsh words, laughter and abuse engendered by stigmas and misunderstandings around mental health.

Call for help: A helpline in Ukraine provided Valia, 15, with a way to reach out for protection and support. © UNICEF/UN0399561/Filippov

High on the long list of misunderstandings is the failure to understand that mental health – just like physical health – is positive. Alex George, a medical doctor and reality television star in the United Kingdom, is well acquainted with suffering related to mental health. His brother lost his life to suicide at the age of 19. He puts it this way: When people describe physical health, they talk about exercise and healthy foods. When they talk about mental health, they mean depression, anxiety and sadness.

"Actually, mental health can be resilience," he told a British newspaper in February 2021, "It could be happiness, it could be courage."[7]

The failure to see mental health as a positive often reflects the influence of biomedical thinking, where the focus is on conditions to be diagnosed and medicated. Instead, mental health needs to be understood as a continuum. At any stage of our lives, any one of us may find ourselves at different points on that continuum. We will experience positive mental health – the ability to enjoy life and cope with good and bad days. But we may also encounter periods of serious distress. And some may suffer long-term and disabling mental health conditions.

In a real sense, then, **we all have mental health.**

And yet, for some, mental health is a luxury or an issue for other people – it is not considered a problem for ***me or my*** community. Certainly, culture and contexts shape how mental disorders are experienced, understood and addressed. Far from these different perspectives and understanding being ignored – and they often are – they must instead inform responses to mental health challenges. When that happens it can lead to responses that are more beneficial and acceptable in different societies and that draw on the strengths of those societies. But there are, nonetheless, common and universal aspects to the experience of mental health: As the 2018 *Lancet* Commission on global mental health and sustainable development noted, "emotional pain is as fundamental to human experience as physical pain."[8]

A time for leadership

At the heart of our societies' failure to respond to the mental health needs of children, adolescents and caregivers is an absence of **leadership** and **commitment**. We need commitment, especially financial commitment, from global and national leaders and from a broad range of stakeholders that reflects the important role of social and other determinants in helping to shape mental health outcomes. The implications of such an approach are profound. They demand that we set our sights on a clear shared goal of supporting children and adolescents at crucial moments in their development to minimize risk – and maximize protective – factors.

As well as commitment, we need **communication**: We need to end stigmas, to break the silence on mental health, and to ensure that young people are heard, especially those with lived experience of mental health conditions. Without their voices being heard and their active participation and engagement, the challenge of developing relevant mental health programmes and initiatives will not be met.

And we need **action**: We need to better support parents so that they can better support their children; we need schools that meet children's social and emotional needs; we need to lift mental health out of its 'silo' in the health system and address the needs of children, adolescents and caregivers across a range of systems, including parenting, education, primary health care, social protection and humanitarian response; and we need to improve data, research and evidence to better understand the prevalence of mental health conditions and to improve responses.

A time for action

The COVID-19 pandemic has upended our world, creating a global crisis unprecedented in our lifetime. It has created serious concerns about the mental health of children and their families during lockdowns, and it has illustrated in the starkest light how events in the wider world can affect the world inside our heads. It has also highlighted the fragility of support systems for mental health in many countries, and it has – once again – underlined how these hardships fall disproportionately on the most disadvantaged communities.

But the pandemic also offers an opportunity to build back better. As this report sets out, we know about the key role of parents and caregivers in shaping mental health in early childhood; we know too about children's and adolescents' need for connection; and we know about the dire impact that poverty, discrimination and marginalization can have on mental health. And while there is still much work to be done in developing responses, we already know the importance of key interventions, such as challenging stigmas, supporting parents, creating caring schools, working across sectors, building robust mental health workforces, and establishing policies that encourage investment and lay a solid foundation for mental health and well-being.

We have a historic chance to commit, communicate and take action to promote, protect and care for the mental health of a generation. We can provide support for a foundation of a generation equipped to pursue their dreams, reach their potential and contribute to the world.

We have a historic chance to commit, communicate and take action to promote, protect and care for the mental health of a generation. We can provide support for a foundation of a generation equipped to pursue their dreams, reach their potential and contribute to the world.

Time for action: The world has a historic chance to support the foundation of mental health for children everywhere.
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About this report

The State of the World's Children 2021 examines child, adolescent and caregiver mental health. It focuses on the risks and protective factors for mental health and well-being at critical moments in the life course. It aims to increase understanding of the specific needs of children, adolescents and caregivers, and to explore issues around mental health through the perspective of young people themselves. Ultimately, the goal of the report is to highlight a comprehensive approach to **promote** good mental health for every child, **protect** vulnerable children and **care** for children facing the greatest challenges.

Chapter 1 defines positive mental health as a continuum and describes the detrimental effects of stigma. The chapter outlines the prevalence of mental health conditions and examines their economic cost.

Chapter 2 outlines a framework for understanding mental health and well-being in the lives of children, focusing on the world of the child, the world around the child and the world at large. It outlines the role of child development in understanding risks and protections for mental health and for building a solid foundation.

Chapter 3 examines particular risk and protective factors for mental health throughout the course of a life – from before conception through to the second decade, focusing on the importance of nurturing parenting, nutrition, learning environments and peer relationships.

Chapter 4 turns its attention to the world at large, focusing on the impacts on mental health of poverty, discrimination, humanitarian crises and the COVID-19 pandemic. It also looks at our emerging understanding of resilience.

Chapter 5 assesses the current state of the response to children's and young people's mental health, examining global responses as well as programmes that address parenting, education, social protection, primary health-care systems and humanitarian settings. In addition, the chapter addresses the particular problem of suicide and the importance of data and research.

Chapter 6 sets out recommendations to **promote** good mental health for every child, **protect** vulnerable children and **care** for children facing the greatest challenges. These recommendations are grounded in three principles: **Commit, Communicate, Act.**

CASE STUDY

Lebanon

Put to the Test: A national mental health programme is activated

In 2020, Lebanon put a new national mental health plan to the test.

On 4 August, a powerful explosion devastated the port area of Beirut. At the time, Jad, 9, was at home with his mother.* His father was at work at the port; he returned home with hearing loss and a debilitating back injury.

Though Jad escaped from his home without physical injuries, the experience left him with severe anxiety and an uncontrollable fear of further explosions. He stopped eating, refused to leave his new home and became excessively introverted.

> *"My father was injured, my mother was upset, and my home was wrecked," Jad said. "I didn't know what to do to help."*

Help for Jad arrived with a knock on the door of his temporary residence from Himaya, a non-governmental child protection organization that visited families in the aftermath of the explosion.

Himaya's work was part of the activation of the Psychosocial Support Response to the Beirut Explosion Disaster that was launched directly after the explosion. The response plan was implemented within the framework of the National Mental Health Programme (NMHP), Lebanon's first programme to provide a community-based approach to mental health and psychosocial support throughout the country.

Lebanon's Ministry of Public Health founded the NMHP in 2014 with support from partners that included UNICEF, the World Health Organization (WHO) and the International Medical Corps. Initially the goal was to respond to mental health needs arising from the Syrian crises and the arrival of refugees in Lebanon. However, the NMHP also focused on standardizing mental health and psychosocial support services in community-based platforms throughout Lebanon.

> *"For too long, this area of well-being has been sidelined as little more than an add-on to other areas of health care," said Dr. Rabih El Chammay, a psychiatrist and Head of the NMHP. "The NMHP is focused on mainstreaming awareness of mental health, reducing its stigma, and making it part of a holistic national health-care strategy."*

The NMHP oversees a Mental Health and Psychosocial Support Task Force, co-chaired by WHO and UNICEF, that coordinates the work of more than 60 organizations. It also works closely with the Child Protection in Emergencies Working Group and the Psychosocial

Explosion: The Beirut port blast destroyed 9-year-old Jad's home.
© UNICEF/UN0475286/UNICEF Lebanon

Support Committee, which work with the task force to provide standardized tools and guidance aimed at harmonizing psychosocial support programming for children, caregivers and communities.

In addition, the NMHP focuses on primary health centres and provides mental health training to nurses, social workers and general health practitioners in hospitals to ensure a basic level of knowledge.

Ultimately, the NMHP ushered in a new era of mental health in Lebanon – one that focused on communities and well-being, rather than only providing medical treatment in hospitals.

> *"We need to elevate the topic of mental health care from being a luxury for the rich to being a basic, acceptable and human rights-based service available to everyone in the community and close to where they live," El Chammay said.*

The port explosion was not the only event in 2020 that tested the NMHP's new approach. Indeed, the blast exacerbated already stressful circumstances in Lebanon – circumstances that included a collapsing economy, growing poverty and increasing social and political unrest. In 2020, like the rest of the world, Lebanon was also facing the mental health consequences of the COVID-19 pandemic.

In response to the pandemic, the Government of Lebanon and mental health partners worked together to create a community-based plan to promote mental health, protect against the stresses of the situation and provide mental health support to individuals. The plan involved multiple sectors, including child protection, health, education and communication for development. Efforts included awareness raising through online and digital platforms, emotional support hotlines, national television campaigns and interactive online sessions for adolescents and young people.

For Jad, Lebanon's new approach to mental health meant that he and his family had readily available access to mental health support – a service that might have eluded them in an earlier time. Jad received occasional visits from a caseworker, and because of COVID restrictions, online talk therapy regularly from Maria Sfeir, a psychologist with Himaya.

Over time, Jad has been able to venture outside his home, despite his recurring fears, and has made "brave progress," Sfeir said.

*Jad's family name is being withheld to protect his identity. He was interviewed in Beirut on 9 April 2021.

BOX 4.

#BTSLoveMyself: Ending violence and improving children's and young people's self-esteem and well-being

Since BTS formed in 2013, the iconic pop band from the Republic of Korea has become one of the most successful music groups of our time, collecting five No. 1 singles in less than a year, with 38 million Twitter followers and a dedicated global fan base known as the ARMY.

In 2017, BTS and its record label, BIGHIT MUSIC, joined forces with UNICEF to harness the band's influence to help end violence, abuse and bullying and promote self-esteem and well-being among young people globally. In their role as UNICEF supporters, BTS has addressed world leaders at the annual United Nations General Assembly meeting in New York; released an exclusive music video to support UNICEF's campaign to encourage love and kindness; and set up booths at their concert venues worldwide with campaign information.

The band has raised US$3.6 million for UNICEF's work to end violence and reached millions of young people with positive messages of self-love and self-care. The hashtag, #BTSLoveMyself, has generated almost 5 million tweets, according to Twitter, and more than 50 million engagements – such as likes, retweets, replies and comments – covering nearly every country in the world, according to Talkwalker.

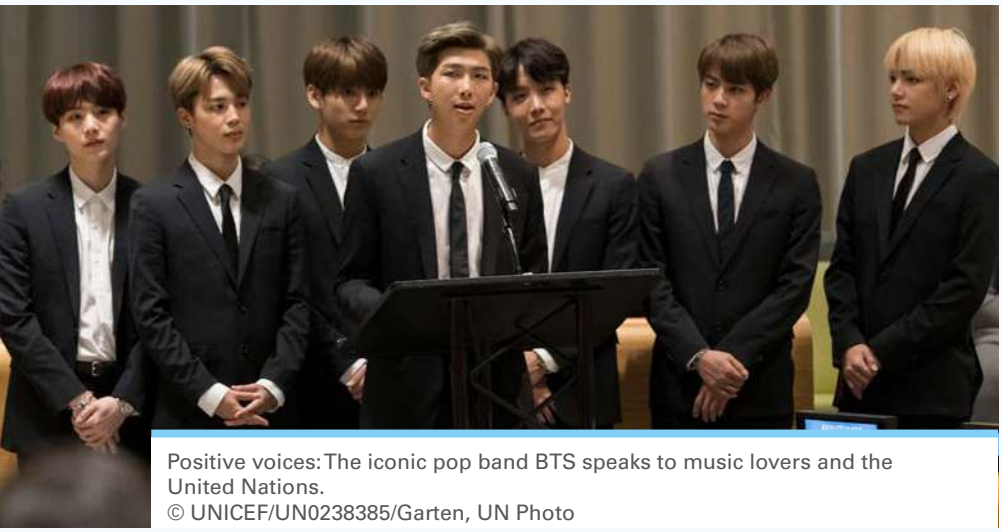
From BTS:

"We started LOVE MYSELF as a way to reach young people and help improve their lives and rights. During the process, we also strove to "LOVE MYSELF" ourselves, and we as a team and as individuals grew as well. We hope that many people felt how the love received from others can become the power that allows them to love themselves. We hope that the LOVE MYSELF message can continue to serve to invigorate everyone's lives. We will be honoured if all seven of us can continue this campaign to return the amazing love that we have received and give people the strength to come closer to LOVE MYSELF. We hope to keep doing what we are doing and voice what we are voicing, so we can help people find happiness and love."

During the COVID-19 pandemic, the band members' personal reflections have helped children and young people who have felt isolated, disconnected and frustrated. As 23-year-old Jauharra from the Philippines (@paralumanssi_) said:

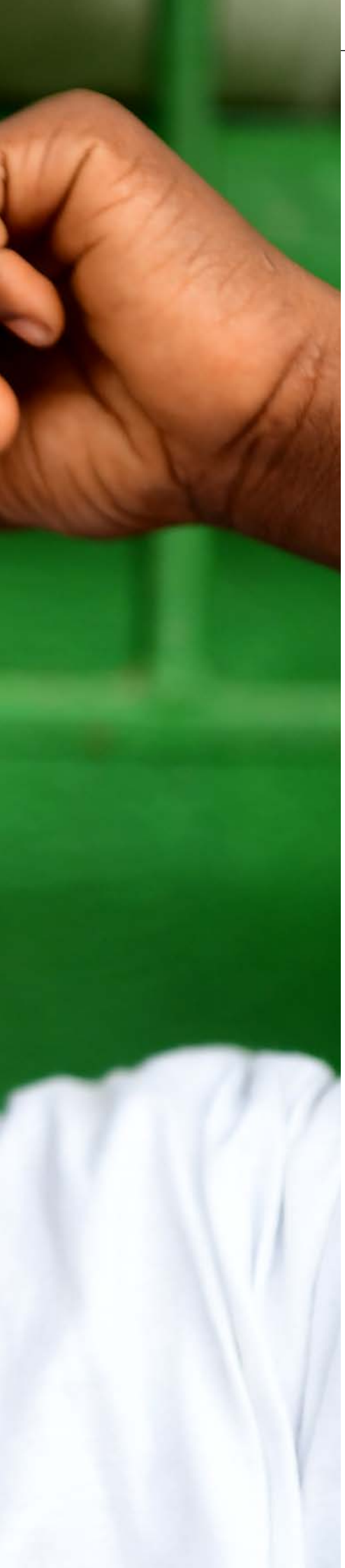
> *"Thank you everyone for today. You have saved a life today."*

In March 2021, BTS and BIGHIT MUSIC renewed its commitment to the LOVE MYSELF campaign, pledging over US$1 million to UNICEF, proceeds from the sale of LOVE MYSELF merchandise and a portion of the LOVE YOURSELF album sales.



Positive voices: The iconic pop band BTS speaks to music lovers and the United Nations.

Nurturing care: Supporting parents, such as this mother in India, to better support their children is crucial for mental health.



Chapter 1

MENTAL HEALTH

Mental health is a right to be nurtured; it is a positive state of well-being and an essential investment in children and the world. However, mental health is far too often an afterthought for decision makers, leaders and families – if it is a thought at all. As a result, many millions of children and young people struggle in silence, thwarted by stigmas and misunderstanding. This silence costs societies many millions of dollars a year. For children and families, the cost is incalculable.

Safe: Living on the streets in Côte d'Ivoire exposed Fidel, 11, to mental health risks. He is now in a centre with psychosocial support, where, he says, "I feel safe ... protected."

Mental health underlies the human capacity to think, feel, learn, work, build meaningful relationships and contribute to communities and the world. It is an intrinsic part of individual health and a foundation for healthy communities and nations.

It is a right that must be promoted and protected.

Globally, far too many children and adolescents live with mental health conditions, including depression, anxiety, and conduct and attention disorders. For children and adolescents with lived experience, a mental health condition is part of life. Care and the opportunity to live a healthy life are essential rights.

However, far too many children and adolescents struggle in silence, stifled by misunderstanding, stigma and a lack of comprehensive initiatives that promote and protect mental health and care for those most in need.

The cost of this silence can be calculated in days, months, years and lives lost. For children and young people, in particular, it can be calculated in lost dreams.

Though mental health conditions exact a toll on children and young people, they also sap societies of human potential. These costs can be calculated in lost human capital, which interferes with the harmony and prosperity of families, communities and nations.

Mental health: What it is

The term 'health' conjures up an image of exercise, nutritious food and a balanced life of work, family and leisure. Put the world 'mental' in front of it – mental health – and the image turns dark. In the background lurk multiple misconceptions and a vocabulary that includes words such as dangerous, crazy, possessed and mad. Mental health is considered a problem of thinking too much, and caring for mental health is dismissed as a luxury to be pursued by those with extra time and resources. In many parts of the world, mental health is treated only as a biological or medical problem (*see Box 12. Medication and children*).

However, mental health is not disorder or even the absence of disorder. It is positive. It is a state of health.

Indeed, the World Health Organization (WHO), in its founding document, included mental health in its definition of health: "A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[1]

As a positive, mental health has been described as "a dynamic state of internal equilibrium" that involves the capacity to apply essential social, emotional and cognitive skills to navigate effectively through life and the world.[2] Other definitions link positive mental health with the ability to "enjoy life and deal with the challenges we face."[3] In general, most definitions touch on emotional, cognitive, functional, social, physical and spiritual capacities.[4]

Often, mental health is linked to well-being – a broad concept that can involve health, economics, nutrition and psychology.[5] In *Worlds of Influence: Understanding what shapes child well-being in rich countries*, the UNICEF Office of Research – Innocenti pinpointed three categories involved in well-being: good mental well-being, good physical health and skills for life.[6] For children and young people, mental health and well-being is linked to parents and caregivers who are intimately involved in shaping their lives.

A recent framework developed for adolescents in particular identified five domains of well-being: good health with optimum nutrition; connected, positive values and contributing to society; safe and supportive environments; learning, competence, skills, education and employability; agency and resilience.[7]

Mental health is not disorder or even the absence of disorder. It is positive. It is a state of health.

In many ways, all these frameworks come together to describe positive mental health and well-being. In a general sense, however, mental health and well-being can be understood in three categories:[8]

BOX 5.

Mental health: A right and a goal

Mental health is inextricably linked with health – of individuals, communities, nations and economies.

The World Health Organization (WHO) recognized this link in its constitution by defining health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." The founding document also affirmed that the "highest attainable standard of health" was a fundamental right and essential for peace and security.[9]

Since 1948, when the WHO Constitution went into force, multiple international mechanisms have affirmed the right to mental health and provided structures for protecting it.[10] In 1991, the United Nations General Assembly affirmed the right to mental health care and underscored the basic rights of people with psychosocial disabilities.[11]

For children, the 1989 United Nations Convention on the Rights of the Child (CRC) established a framework for understanding the importance of child- and youth-led mental health services.[12] The CRC calls on Member States to protect the best interests of children and young people and addresses many of the risks to mental health, including discrimination, violence and deprivation of liberty. In particular, the CRC underscores the responsibility of Member States to ensure the maximum survival and development of children and young people, including access to health care. It calls on Member States to promote physical, psychological and social recovery for children and young people who experience any form of neglect, abuse, degrading treatment or punishment, or armed conflict. It also highlights the rights of children and young people with disabilities to mental health care and a healthy life.

In addition, the Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol, adopted in 2006, signalled a global commitment to the human rights and fundamental freedoms of people with disabilities.[13] The CRPD calls for a move away from a medicalized approach to disability in general and mental health conditions in particular.[14] It also highlights the many ways that social, political and economic factors enhance disparities for people with psychosocial disabilities.

The United Nations has also taken specific efforts to address developmental disabilities. In 2012, the United Nations General Assembly issued a resolution that called for governments to protect the rights of children and families affected by autism spectrum disorder, developmental disorders and associated disabilities.[15] And in 2014, the World Health Assembly called for more multisectoral responses in support of the Comprehensive and Coordinated Efforts for the Management of Autism Spectrum Disorders.[16]

With the adoption of the Sustainable Development Goals (SDGs) in 2015, United Nations Member States recognized mental health as a global public good and a right that countries have an obligation to protect.[17]

The SDGs resolution – a blueprint for worldwide peace, prosperity and sustainability – calls for promotion, prevention and treatment approaches to mental health and well-being. It envisions "a world with equitable and universal access to quality education at all levels, to health care and social protection, where physical, mental and social well-being are assured."[18]

Promoting, protecting and caring for children's and young people's mental health plays a role in achieving most of the 17 development goals. In addition to Goal 3 that calls on Member States to "ensure healthy lives and promote well-being for all at all ages,"[19] the SDGs tackle many of the risk factors that threaten children's and young people's mental health. Indeed, goals aimed at addressing poverty, inequality, nutrition, education, gender equality, sustainable communities and social justice also play vital roles in mental health for children and young people. In turn, addressing mental health will help Member States achieve these goals.[20]

- Emotional well-being: positive, happy, calm, peaceful, interested in life
- Social well-being: ability to function in the world combined with a personal sense of value and belonging
- Functioning well-being: the capacity to develop skills and knowledge that help a person make positive decisions and respond to life challenges

A continuum

Throughout their lives, children and young people will most likely experience different gradations of positive mental health and well-being. Many will also face gradations of mental health conditions.

Sometimes positive mental health and mental health conditions may exist at the same time. For example, a person with a diagnosed mental health condition can achieve a sense of positive well-being – a sense of mental health – despite distressing or debilitating symptoms.[21] Conversely, a person without a diagnosed mental health condition may experience different levels of mental health throughout life.

As a result, focusing on mental health conditions alone – and relying only on medical interventions – does not describe the diversity of human experience with mental health and can limit efforts to promote and protect mental health while caring for those in need.

Positive mental health

Researchers have established scales designed to measure positive mental health. Some of the indicators measured include self-acceptance, optimism, resilience, positive relations with parents or peers, a sense of purpose in life, and feelings of growth or achievement.[22] Other scales for measuring positive mental health focus on how people see themselves in their public life, including their sense of social acceptance and their integration into a community.

With a focus on positive mental health, it becomes clear that the absence of a mental health condition is not the same thing as mental health.[23] Children and young people *without* a mental health condition may – and probably will – experience multiple degrees of positive mental health in the course of a lifetime. Based on this model, researchers have concluded that most of the population may have moderate mental health, some may be flourishing and others, languishing. Still others may have a diagnosable mental health condition.

Mental health conditions

Mental health conditions can exist on a continuum. This continuum contains gradations that include mild and temporary distress, manageable conditions that may or may not become chronic, and progressive and severe mental health conditions. In the course of a lifetime, a child may fall somewhere on this continuum.

The continuum can include prevalent mental health conditions such as anxiety, depression, psychosis, and alcohol and drug dependency disorders. Global estimates on the prevalence of mental disorders and the loss of life and loss of healthy life are calculated based on data on disorders, including: depression, anxiety, bipolar, eating, autism spectrum, conduct, substance use, idiopathic intellectual disability, attention deficit/hyperactivity disorder (ADHD) and groups of personality disorders.[24]

For children and young people, in particular, understanding mental health means recognizing that the concept itself is entwined with societal and family values, cultural standards, social expectations and developmental capacities.

It is critical to note, however, that most mental health conditions fall well below the threshold of diagnosis.[25] For example, a young person may describe 'depression' or 'anxiety' in a particular situation, but only sometimes will those feelings progress so far as to interfere with everyday life or to require a diagnosis and treatment.

Context is key

For children and young people, in particular, understanding mental health means recognizing that the concept itself is entwined with societal and family values, cultural standards, social expectations and developmental capacities. For example, perceptions of acceptable behaviour and

appropriate social functioning vary, and they depend on situation, age and culture.

In addition, experiences of adversity and trauma are understood differently in different cultural contexts, affecting understandings of mental health.[26] Similarly, expectations for happiness, personal growth and satisfaction evolve as children age, and they differ from country to country, community to community and, sometimes, family to family. As a result, assessments of mental health need to take into consideration cultural, social, political and environmental contexts.

BOX 6.
Key terms

The State of the World's Children 2021 report uses the term 'mental health condition' to describe a wide range of conditions that can vary in severity from mild and temporary to severe and lifelong. Many terms can be considered stigmatizing and are avoided and replaced by identifications such as 'person with lived experience', 'consumer of mental health services' or 'survivor of psychiatry'.[27] The World Health Organization (WHO) has also used 'mental health condition' in some materials to indicate "mental, neurological and substance use disorders, suicide risk and associated psychosocial, cognitive and intellectual disabilities".[28] However, the field of mental health uses multiple terms, some of which have more specific meanings. Some of these terms include:

Mental health classifications: Official classifications of mental disorder from publications such as the WHO International Statistical Classification of Diseases and Related Health Problems (ICD) and the Diagnostic and Statistical Manual of Mental Disorders (DSM), a handbook from the American Psychiatric Association.

Mental disorder: Comprises a range of conditions with different symptoms.[29] WHO has defined mental disorder to include: "anxiety, depression, schizophrenia, and alcohol and drug dependency".[30]

Mental health: Defined by WHO as "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community".[31] For children, the definition of mental health necessarily takes into account age-specific and life-course markers, and includes a positive sense of identity, ability to manage thoughts and emotions, capacity to build relationships and the ability to learn and acquire education.

Mental health and psychosocial support (MHPSS): A composite term agreed on by the Inter-agency Standing Committee to "describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder".[32]

Psychosocial: Describes the influence of social factors on mind and behaviour and the interrelation of mind and society in human development.[33]

Psychosocial disability: A term used to refer to "all persons who, regardless of their self-identification or diagnosis, experience discrimination and societal barriers based on actual or perceived mental health diagnosis or subjective distress."[34] The term 'mental disorder and psychosocial disability' is used throughout the WHO Mental Health Action Plan 2013–2020.[35] 'Persons with psychosocial disabilities' is preferred by international human rights mechanisms and agencies that represent people with disabilities.[36]

Well-being: A broad concept connected to multiple fields such as health, economics, nutrition and psychology.[37] In general, it involves emotional, psychological and social elements.

Biopsychosocial model: A holistic approach to mental health that takes into account biological, psychological and social determinants.

A mother's support: In Honduras, Lourdes helps Jose, 14, deal with the effect of bullying, a known risk factor for mental health.

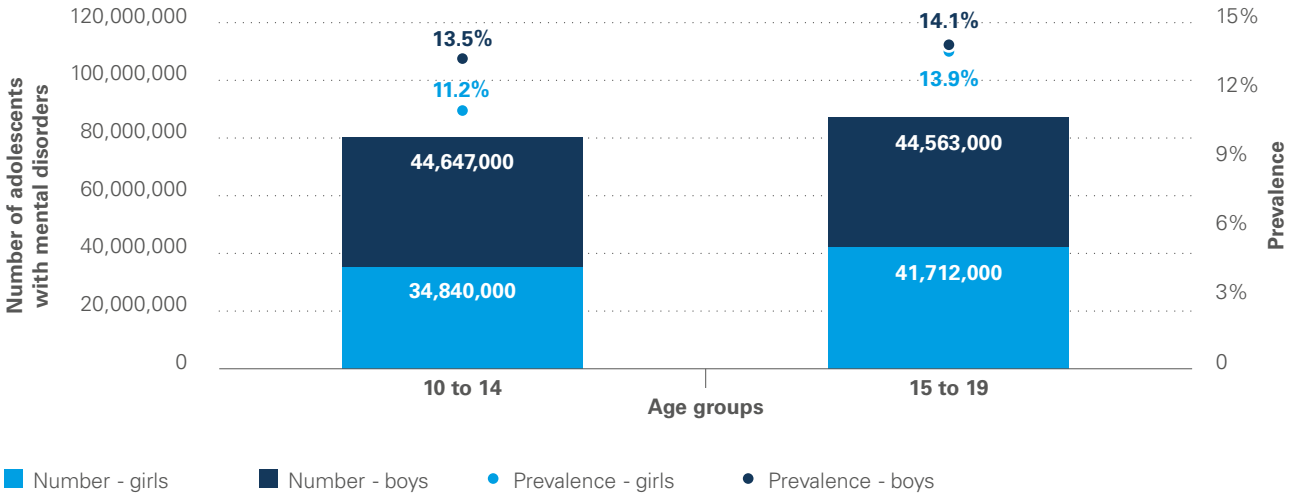
Data estimates

In nearly every corner of the globe, in rich and poor countries, mental health conditions – and the lack of caring responses – remain the cause of significant suffering for children and young people and top cause of death, disease and disability, especially for older adolescents.

One of the ways to measure this human cost is to calculate the prevalence of mental disorders.

More than 1.2 billion adolescents aged 10 to 19 lived in the world in 2020.[38] And estimates indicate that more than 13 per cent of them had a mental disorder.[39] This means that an estimated 86 million adolescents 15–19 years old and 80 million 10–14 years old live with a mental disorder *(see Figure 1.1).* In addition, adolescent boys are slightly more likely to experience mental disorders than girls in both age groups. However, girls are more likely to experience mental health conditions when they are defined as psychological distress, a lack of life satisfaction or a sense of flourishing and happiness, according to a 2021 study of adolescents in 73 countries.[40]

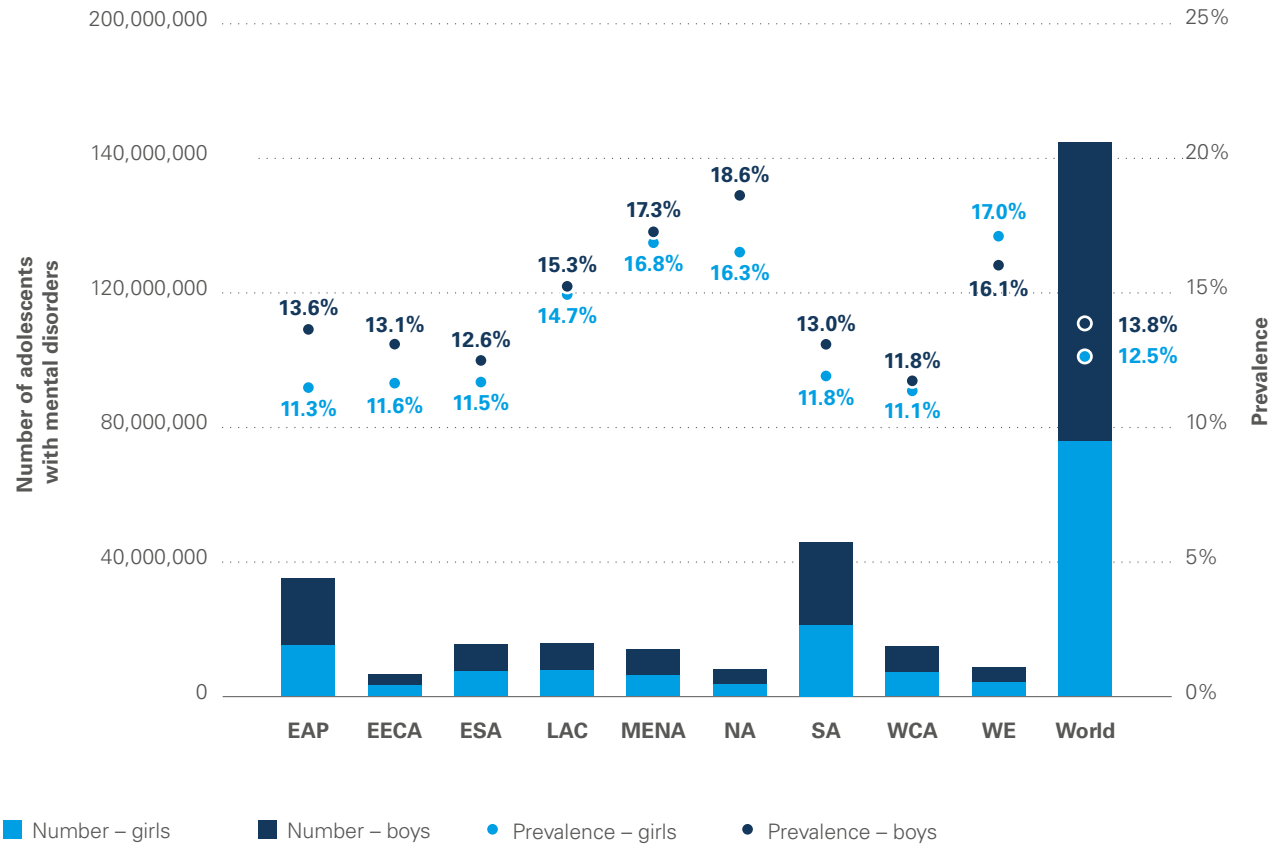
FIGURE 1.1. Estimated prevalence and number of adolescents with mental disorders globally, 2019



Note: Numbers are rounded to the nearest 1,000; calculations are based on these disorders: depression, anxiety, bipolar, eating, autism spectrum, conduct, schizophrenia, idiopathic intellectual disability, attention deficit/hyperactivity (ADHD) and a group of personality disorders.
Source: UNICEF analysis based on estimates from the Institute for Health Metrics and Evaluation (IHME), Global Burden of Disease Study, 2019.

Among adolescents aged 10–19, boys had higher prevalence rates (13.8%) and numbers of mental disorders than girls in the same age group (12.5%). The East Asia and Pacific and South Asia regions had the highest numbers of adolescents with mental disorders. The Middle East and North Africa, North America and Western Europe regions had the highest prevalence rates *(see Figure 1.2)*. The same patterns were observed in two adolescent age groups: 10–14 and 15–19.

FIGURE 1.2. Estimated prevalence of adolescent boys and girls aged 10–19 with mental disorders globally and by UNICEF regions, 2019

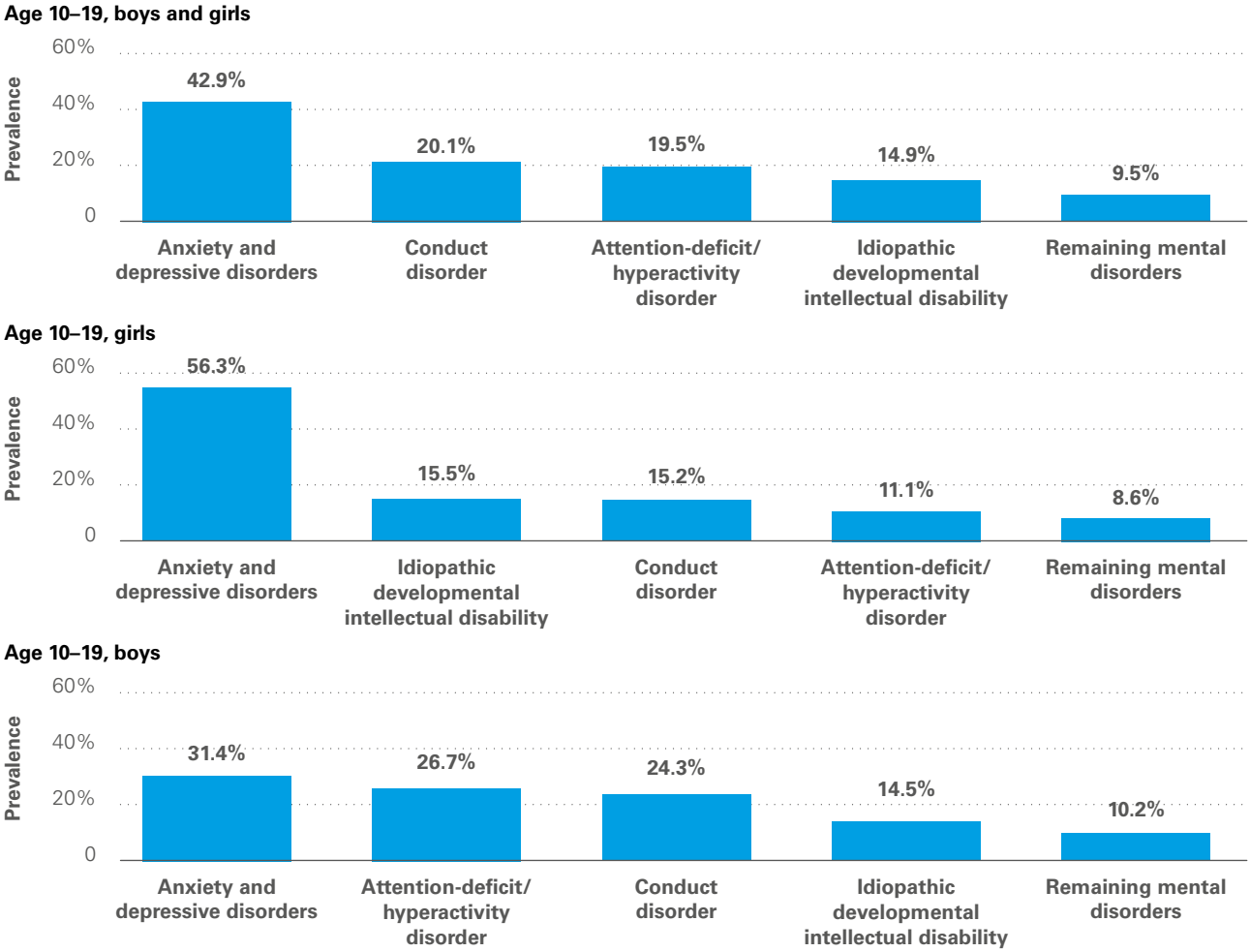


Note: East Asia and Pacific (EAP); Eastern Europe and Central Asia (EECA); Eastern and Southern Africa (ESA); Latin America and Caribbean (LAC); Middle East and North Africa (MENA); North America (NA); South Asia (SA); West and Central Africa (WCA); Western Europe (WE); calculations are based on these disorders: depression, anxiety, bipolar, eating, autism spectrum, conduct, schizophrenia, idiopathic intellectual disability, attention deficit/hyperactivity (ADHD) and a group of personality disorders.
Source: UNICEF analysis based on estimates from the Institute for Health Metrics and Evaluation (IHME), Global Burden of Disease Study, 2019.

Anxiety, depression and other disorders

Among adolescents aged 10–19, anxiety and depression disorders make up about 40 per cent of the mental disorders included in the Global Burden of Disease study by the Institute for Health Metrics and Evaluation (IHME).[41] These conditions include anxiety disorders, ADHD, conduct disorder, depressive disorders, intellectual disability, bipolar disorder, eating disorders, autism, schizophrenia and a group of personality disorders.

FIGURE 1.3. Estimates of key mental disorders among adolescents globally, 2019



Note: The sum of the prevalence of individual disorders exceeds 100 per cent due to the co-morbidity between the disorders; calculations are based on these disorders: depression, anxiety, bipolar, eating, autism spectrum, conduct, schizophrenia, idiopathic intellectual disability, attention deficit/hyperactivity (ADHD) and a group of personality disorders.

Source: UNICEF analysis based on estimates from the Institute for Health Metrics and Evaluation (IHME), Global Burden of Disease Study, 2019.

Suicide

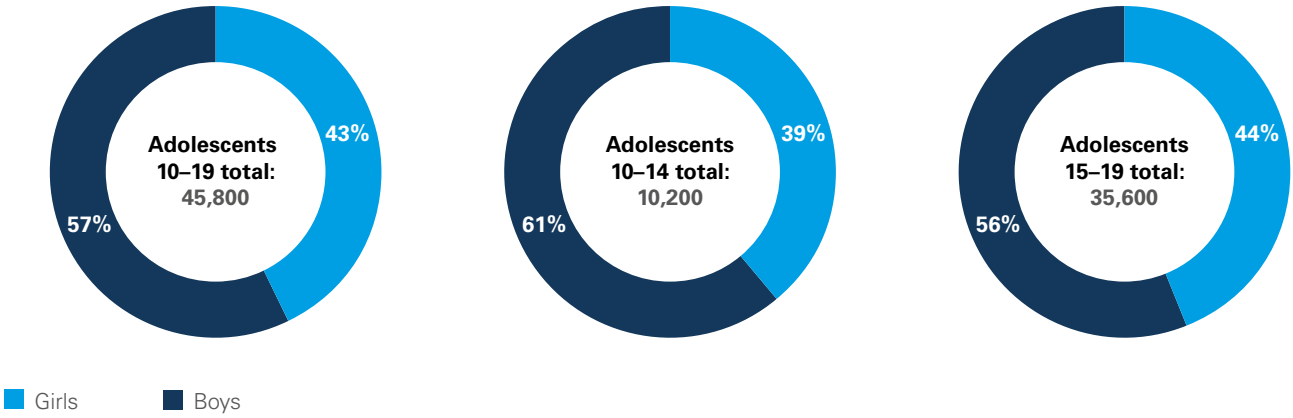
Even at one of the healthiest times in the life course, an estimated 45,800 adolescents die from suicide every year, according to the most recent WHO estimates that were available for this report. This is about 1 every 11 minutes. The risk of this tragedy increases as adolescents age *(see Figure 1.4)*.

Worldwide, suicide is the fifth most prevalent cause of death for adolescents aged 10–19.[42] For adolescents aged 15–19, it is the fourth most common cause (*see Figure 1.5*); and even for younger adolescents, suicide remains one of the top 10 causes of death. For boys aged 15–19, suicide is the fourth leading cause of death after road injury, interpersonal violence and tuberculosis *(see Figure 1.6)*. For girls aged 15–19, suicide is the third leading cause of death after tuberculosis and maternal conditions. However, fewer girls – 5 a year for every 100,000 – die from suicide than boys – 6 a year for every 100,000.

In Eastern Europe and Central Asia, suicide is the number one cause of death for adolescents aged 15–19; in North America, Western Europe and South Asia, it is the second most prevalent cause; in Latin America and the Caribbean, it is the third most common cause of death (*see Figure 1.5*).

Suicide is the fourth most prevalent cause of death for adolescents aged 10–19.

FIGURE 1.4. Estimates of suicide as a cause of death, globally, by age and sex, 2019



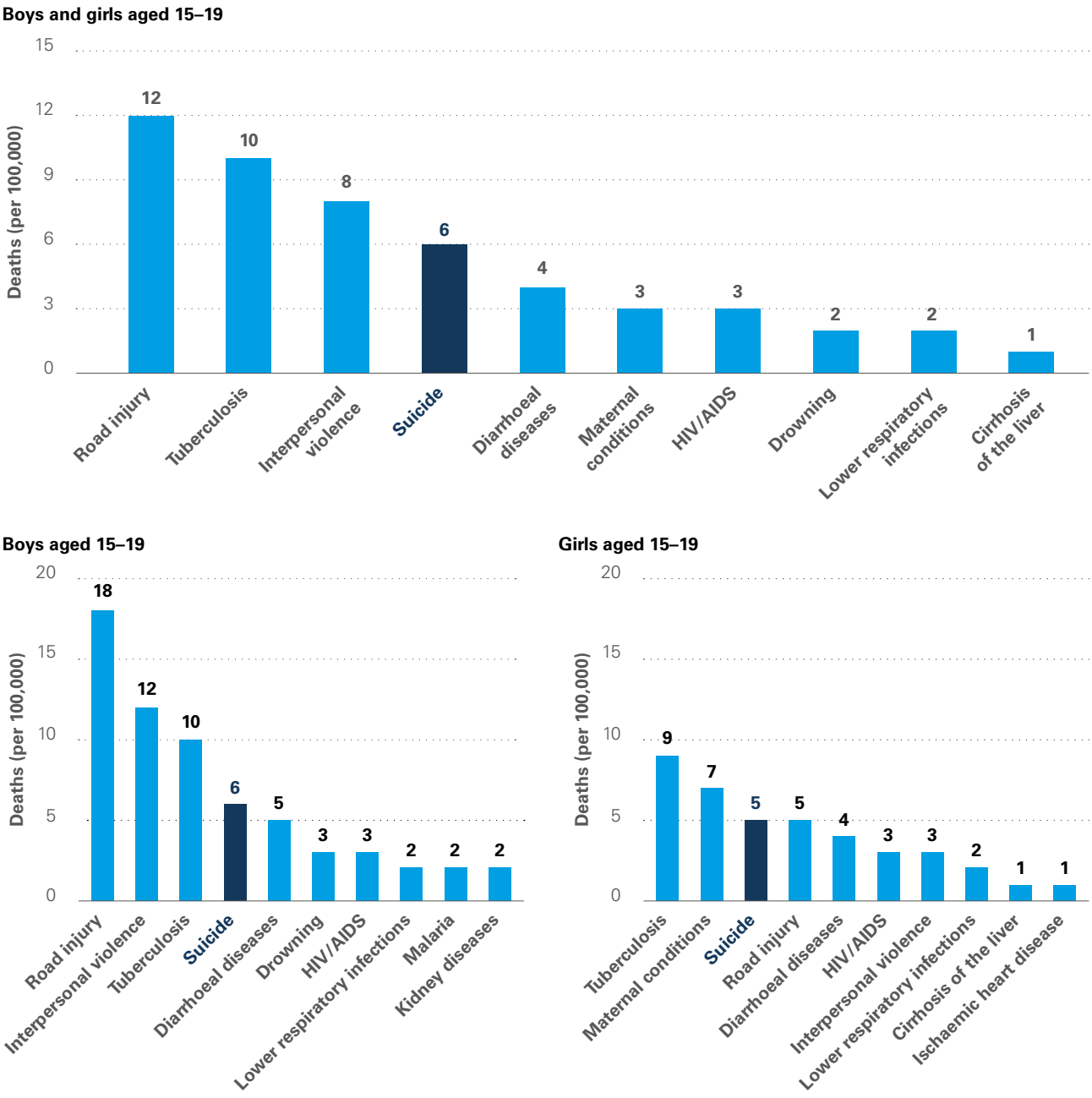
Note: Results are rounded to the nearest 100; confidence intervals for adolescents aged: 10–19 are 32,641–63,068; 10–14 are 6,517–15,490; 15–19 are 26,124–47,578.
Source: UNICEF analysis based on WHO Global Health Estimates, 2019; global estimates were calculated using population data from the United Nations Population Division World Population Prospects, 2019.

FIGURE 1.5. Top five causes of death among adolescent boys and girls aged 15–19 by UNICEF region, 2019

Region	Rank	Cause
World	1	Road injury
	2	Tuberculosis
	3	Interpersonal violence
	4	**Suicide**
	5	Diarrhoeal diseases
Eastern Europe and Central Asia	**1**	**Suicide**
	2	Road injury
	3	Interpersonal violence
	4	Drowning
	5	Lower respiratory infections
North America	1	Road injury
	2	**Suicide**
	3	Interpersonal violence
	4	Drug use disorders
	5	Drowning
Western Europe	1	Road injury
	2	**Suicide**
	3	Congenital anomalies
	4	Drug use disorders
	5	Leukaemia
East Asia and the Pacific	1	Road injury
	2	Tuberculosis
	3	Drowning
	4	**Suicide**
	5	Interpersonal violence
Eastern and Southern Africa	1	Road injury
	2	HIV/AIDS
	3	Tuberculosis
	4	Interpersonal violence
	5	Maternal conditions
Latin America and the Caribbean	1	Interpersonal violence
	2	Road Injury
	3	**Suicide**
	4	Drowning
	5	Leukaemia
Middle East and North Africa	1	Road injury
	2	Collective violence and legal intervention
	3	Interpersonal violence
	4	Ischaemic heart disease
	5	**Suicide**
South Asia	1	Tuberculosis
	2	**Suicide**
	3	Diarrhoeal diseases
	4	Road injury
	5	Interpersonal violence
Western and Central Africa	1	Tuberculosis
	2	Road injury
	3	Maternal conditions
	4	Interpersonal violence
	5	HIV/AIDS

Source: UNICEF analysis based on WHO Global Health Estimates, 2019; global and regional estimates were calculated using population data from the United Nations Population Division World Population Prospects, 2019.

FIGURE 1.6. Top 10 causes of death for adolescent boys and girls aged 15–19 globally, 2019



Source: UNICEF analysis based on WHO Global Health Estimates, 2019; global and regional estimates were calculated using population data from the United Nations Population Division World Population Prospects, 2019.

BOX 7.
A caution about data

There are plenty of reasons to be wary about the data estimates on mental health and particularly what they say about suicide and self-harm. Historically, suicide has been considered under-reported.[43] As a result, the quality and availability of the data about suicide is considered poor. For example, in the World Health Organization suicide estimates, only 80 Member States had good-quality vital registration data that could be used to estimate suicide rates.[44]

In addition, suicide can be a sensitive subject. Indeed, the causes of under-reporting are likely linked to stigma about suicide in many cultures and families. In some countries, suicidal behaviour is illegal, which can also lead to under-reporting and misclassification. Registering suicide in national records can involve medical and legal authorities, and procedures can vary. Often, suicides are misclassified as deaths of undetermined intent, unknown cause or as accidents. For children and adolescents in particular, suicides are more likely to be recorded as undetermined or accidental not only because of the assumptions about the developmental stage of the individual, but also to avoid the social stigma for families whose child has died.[45]

Assessing data on any mental health condition can be complex. In most of the world, data are not available; they are not collected or analysed; and they are not used to develop effective policies and programmes or allocate resources.[46] In low- and middle-income countries and areas (LMICs), mental health data about children and adolescents cover about 2 per cent of the population.[47] This makes calculating the global burden of disease due to mental disorders particularly difficult because nearly 90 per cent of the world's 1.2 billion adolescents live in LMICs.

In the countries where data are collected, methods differ and often the data cannot be compared. As a result, most of the reporting on the prevalence of mental disorders, especially in LMICs, are modelled estimates based on little hard data.

Good data on the prevalence of mental health conditions – and the risk and protective factors – are essential for designing and implementing appropriate policies and programmes to protect children. They are also needed to accurately allocate the resources to assist adolescents in need of support.[48]

Generating good data cannot be accomplished without investment.[49] Although the global cost to address mental health conditions is expected to top US$6 trillion by 2020, investment in research remains stuck at about U$3.7 billion a year, based on calculations between 2015 and 2019. That means only about US$0.50 cents a person a year. And only 33 per cent of this figure is spent on research about mental health and young people.

In addition, only 2.4 per cent of this research funding is spent in LMICs, where 84 per cent of the world population lives.

Most of the reporting on the prevalence of mental disorders, especially in LMICs, are modelled estimates based on little hard data.

SPECIAL SECTION

Stigma

Despite growing awareness about the effect of mental health conditions on lives and communities, stigmas about mental health remain a powerful force impeding efforts to promote mental health and protect vulnerable children and young people.[50]

The discriminatory effects of stigma – whether purposeful or not – have blocked children and young people from seeking treatment and limited their opportunities to grow, learn and thrive.[51] Indeed, children and young people with mental conditions, when they speak out, say the rejection, misunderstanding and discrimination associated with stigmas about mental health can be more disadvantageous than the condition itself.

In the focus group discussions held in conjunction with Johns Hopkins University (JHU) Global Early Adolescent Study and 13 partner organizations from around the world, the adolescent participants confirmed that stigma about mental health can impede them from seeking help. They spoke about their concern that they would face harsh judgement from family, friends, school officials and their communities if they disclosed their struggle with mental health. The concern was particularly strong for boys, who felt inhibited from sharing their feelings about mental health because of masculine gender norms.

The result of these fears was silence about mental health problems.

As an adolescent girl from Sweden said in a discussion for young people aged 15–19: "With stress and mental illness, for many it's a very anxious subject. And you don't really want to talk about it ... Society has kind of made it into a big thing, that it's supposed to be something negative."

In Kenya, a boy in the same age group said: "When he knows that he has a problem, but he is not willing to share with anyone … that thing will eat him up."

Or a girl in the discussion for ages 10–14 in Egypt said: "We have people, if they see someone going to the psychologist, they would say that he or she is crazy."

Stigma about mental health stems from a combination of factors such as ignorance, prejudice and discrimination.[52] As described by Sir Graham Thornicroft, co-chair of the newly established *Lancet* Commission on stigma and discrimination, stigma is a problem of knowledge, attitude and behaviour.

The force of stigma on mental health starts early in a child's life. By age 6, children recognize everyday derogatory terms associated with mental conditions, such as crazy or mad.[53] By age 10, children are familiar with cultural stereotypes that denigrate people with mental health conditions. Studies have shown that, although knowledge about mental health conditions increased with age, knowledge did not always mean acceptance.

Gender also plays a role in children's understanding of mental health. Studies have shown that males are more likely to be stigmatized and to perpetuate stigmas than females.[54] For example, a study of ethnically diverse young adolescents in the United States of America showed that boys were more likely than girls to stigmatize someone with a mental disorder and distance themselves socially from the person.[55]

Children do not learn to stigmatize mental health conditions on their own; many mirror behaviours they see in the world around them. For example, a cross-sectional study of 566 secondary school teachers in South India found that nearly 70 per cent believed that depression was weakness, not sickness, and that it was unpredictable but not dangerous.[56]

Silenced: Stigma – whether intended or not – can block children from reaching out for help.
© UNICEF/UN0423115/Grigoryan

The field of mental health itself has perpetuated stigma. Indeed, the history of psychiatry includes examples of professionals pathologizing socially or politically unacceptable behaviour and placing individuals, against their will, in asylums and prison-like hospitals.[57]

Risks: Individual and structural

The influences of stigma on mental health can be complex. In general terms, however, stigma can influence individuals and social structures.[58] With either category – individual or social – stigma can be intentional or not.

For individuals, stigma, when internalized, can shape a child's self-esteem, actions, emotions and coping strategies. For adolescents, in particular, stigma can also cause feelings of shame, social rejection and fear of not fitting in. It can also impact their sense of identity, with implications for their success in school and in life.[59]

One of the most harmful effects of stigma is that it can interfere with an individual's desire to seek help.[60] Stigma can even prevent children and young people from disclosing their symptoms to the people closest to them. Instead, many young people decide to handle their mental health struggles alone.[61]

Stigma can work bi-directionally; it can instigate mental health conditions and exacerbate them. Stigma can combine with other stresses, such as discrimination based on race, gender, disability, sexual orientation or personal history, to drive poor mental health. For example, children and adolescents associated with armed groups often face stigma when they try to return to their communities, which often aggravates already fragile mental health.[62] Conversely, chronic social stress and stigma – such as bullying and perceived parental rejection – are linked to higher prevalence of mental health conditions for children and young people who are lesbian, gay, bisexual, transgender, queer/questioning or other (LGBTQ+).[63]

Stigma also can be structural as it influences laws, policies, attitudes and cultural norms, and as it violates human rights.[64] Examples include laws and policies that limit the freedoms of people with mental health conditions and media depictions that perpetuate stereotypes. Unintentional consequences include an extreme lack of development assistance for mental health interventions, limited research on mental health, and restricted insurance payments for treatment.

The costs

The human costs of ignoring mental health can be devastating for individuals, families and communities. However, the financial costs of not addressing mental health conditions – the costs of inaction – are also destructive.

For *The State of the World's Children 2021,* David McDaid and Sara Evans-Lacko of the Department of Health Policy of the London School of Economics and Political Science estimated the global cost of mental health conditions for children and adolescents aged 0–19. The estimate is based on the value of lost mental capital – or cognitive and emotional resources – that children and young people would contribute to economies if they were not thwarted by mental health conditions.

McDaid and Evans-Lacko started with estimates of the burden of disease attributable to mental health expressed in disability-adjusted life years (DALYs). One DALY represents the loss of a year of healthy living caused by disability or premature death.[65] The researchers then assigned a monetary value to each disability-free year based on the average output each person contributes in an economy. One DALY is therefore equivalent to a country's gross domestic product (GDP) per capita, expressed in purchasing power parity (PPP) terms. This formulation allows comparisons to be made globally.

Using this methodology, McDaid and Evans-Lacko estimated that the annual loss in human capital because of mental health conditions is US$340.2 billion (PPP dollars).[66] The conditions that account for most of this cost include *(see Figure 1.7):*

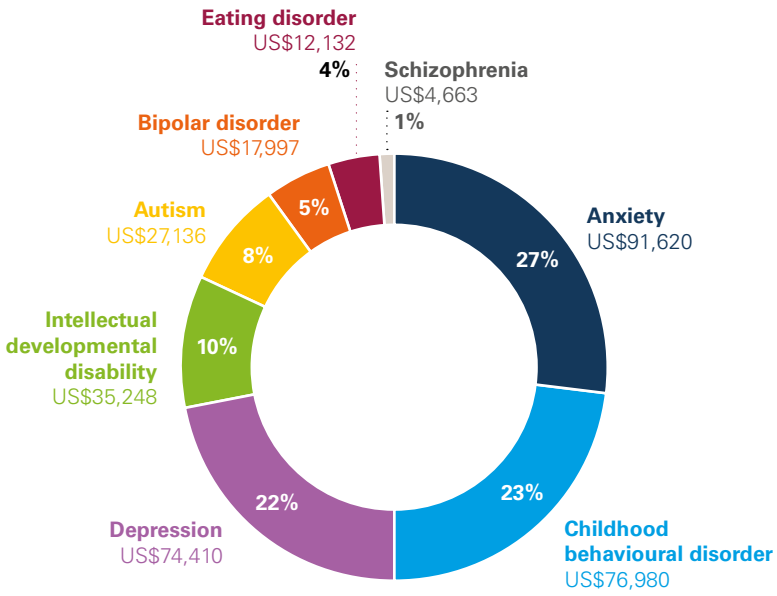
- Anxiety disorders: 26.93 per cent
- Behavioural disorders: 22.63 per cent
- Depression: 21.87 per cent

In addition, the loss caused by intentional self-harm is US$47 billion. Together, the total adds up to US$387.2 billion in lost human capital.

Mental health care is health care. As someone who suffers with generalized anxiety disorder and who's been hospitalized to be treated for this disorder, I know how life-changing good mental health care is. I've also experienced first-hand how harmful and dangerous stigma around mental health can be. This needs to end. It's past time for us to come together and break this stigma so that every person—without regard to their wealth, their gender, their race, or where they live—can safely seek out and receive the medical care they need for their mental health.

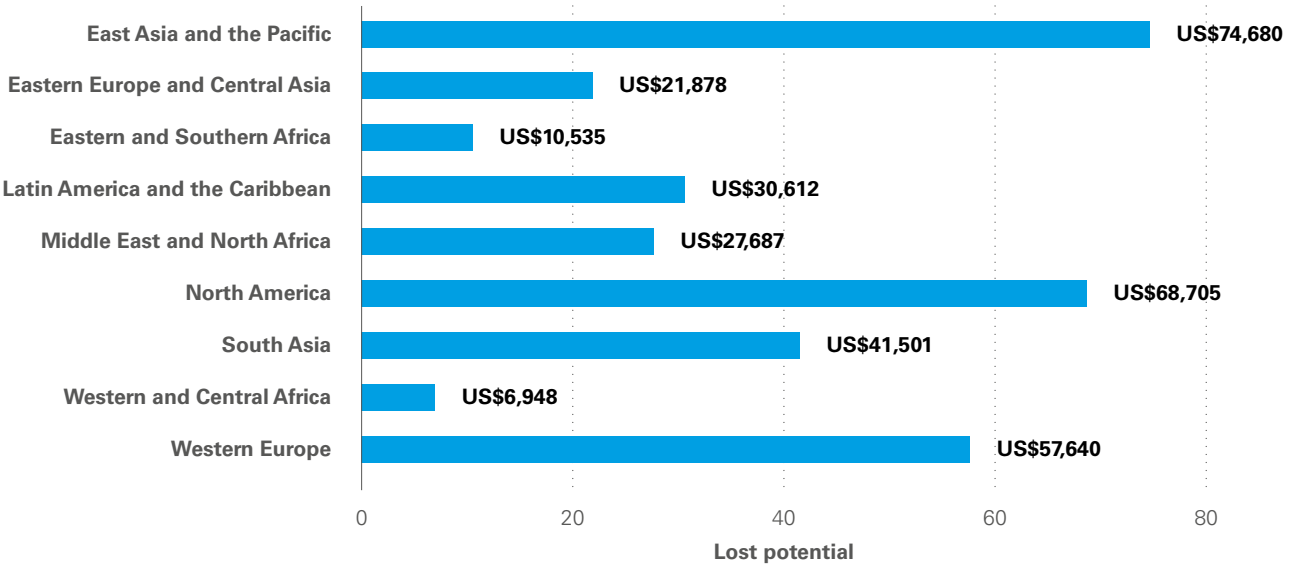
Alyssa Milano is an American actress, author, producer, host, activist and humanitarian. She was appointed a UNICEF Goodwill Ambassador in 2003.

FIGURE 1.7. Cost of mental disorders based on country-specific GDP per capita adjusted for PPP, in US$ millions



Source: McDaid, David and Sara Evans-Lacko, 'The Case for Investing in the Mental Health and Well-being of Children', background paper for *The State of the World's Children 2021*, United Nations Children's Fund, May 2021.

FIGURE 1.8. Lost human capital from mental disorders by UNICEF region based on country-specific value of DALYs, in US$ millions (PPP)[67]



Source: McDaid, David and Sara Evans-Lacko, 'The Case for Investing in the Mental Health and Well-being of Children', background paper for *The State of the World's Children 2021*, United Nations Children's Fund, May 2021.

These estimates attribute greater economic cost to poor mental health in more productive economies. However, it is important to remember that the *epidemiological* burden of children's and adolescents' mental health conditions exists disproportionately in the least developed countries. This is a matter of demographics because children and young people in poor countries make up a larger share of the population than in rich countries.[68]

McDaid and Evans-Lacko therefore offer an alternative approach to estimating the global cost of mental health conditions for children that places the same value on disability everywhere in the world. In this formulation, one DALY is assigned a monetary cost of US$16,951 – the average income per person at a global level expressed in PPP terms. Using this approach, the global cost of lost human capital is estimated at US$393.2 billion (PPP), and the loss incurred by self-harm rises to US$57.7 billion, resulting in a total of US$451 billion a year in lost human potential.

To make matters worse, the cost of mental health conditions, excluding self-harm, is expected to climb. If the prevalence does not change, the global cost of lost human potential (based on global costing of DALYs) will jump to US$420 billion by 2040.

Though staggering, these estimates likely do not reflect the full economic toll of mental health conditions. Since the calculations are based on years of life lost to disability or death, they do not fully represent the economic and fiscal burdens that child and adolescent mental health conditions place on health, education, welfare and criminal justice systems, for example.

These strains can be significant. In Brazil, for example, a study of children aged 6–14 in Sao Paolo and Porto Alegre estimated that the costs to health and social service sectors and parents were 2.2 times greater for a child with a mental health condition than a child without. A study in Great Britain demonstrated that the overall cost to public services was 15 times greater for children and young people with mental health conditions than those without.

The cost of mental health is felt not just by economies, but also by individuals and their families. Mental health conditions in childhood also have financial implications for the individuals affected – often into middle age.

In Sweden, for example, male military conscripts diagnosed with mental health conditions at age 19 had higher levels of unemployment over the next 20 years. And data from the British National Child Development Study found that 50-year-olds who had experienced childhood mental health conditions had family incomes that were 28 per cent less than peers who did not.

The costs are not only financial. In New Zealand, for example, a study that followed a cohort of 7-year-olds found that the children with the most severe conduct problems experienced worse life outcomes 18 years later. These adverse outcomes included: an 11-fold risk of being arrested or convicted; a greater chance of being a teenage parent; increased chance of being on welfare; a risk of being unemployed for more than 12 months; and a greater incidence of attempting suicide.

In Brazil, data from more than 5,000 children in Pelotas showed that children with conduct problems at age 11 had a 38 per cent higher risk of not being in employment, education or training (NEET) by the time they were at least aged 22.[69] They also had a 92 per cent greater risk for criminal behaviour, a 39 per cent greater risk for hazardous alcohol use and a 32 per cent greater risk for harmful use of illegal substances.

Promoting, preventing and caring for mental health provides returns on investment for individuals that are reaped in realized potential – in increased participation in communities, schools, workplaces and families.

Lessons to learn: Schools, such as this one in Indonesia, can help support mental health.
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Return on investment

The research on the cost of inaction presents losses to human capital incurred because of mental health conditions. However, there are also financial benefits to acting – to investing in efforts to promote and protect mental health in children and young people.

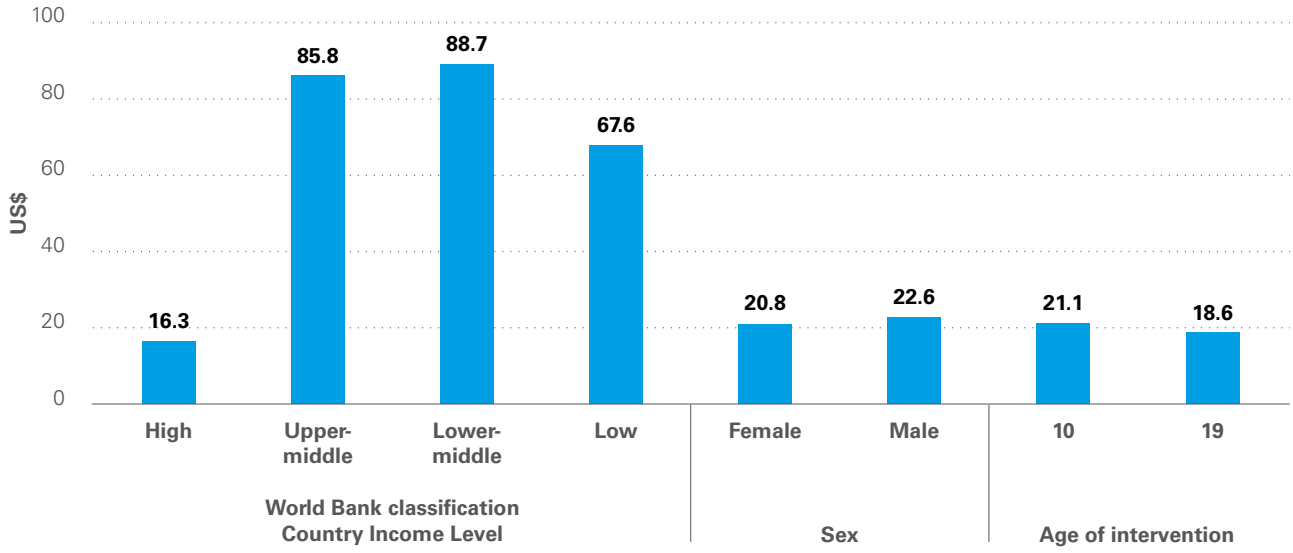
United for Global Mental Health estimates that depression and anxiety in all population groups costs the world about US$2.5 trillion a year in lost economic productivity, a cost that is expected to rise.[70] Companies that invest in their employees' mental health have four times the retention rate and, on average, receive a US$5 return for every US$1 invested in well-being.

The benefits are not only financial, however. Promoting, preventing and caring for mental health provides returns on investment for individuals that are reaped in realized potential – in increased participation in communities, schools, workplaces and families.

For adolescents aged 10–19, evidence indicates that investment in school-based interventions can be effective and cost-effective. For *The State of the World's Children 2021,* researchers from RTI International reviewed evidence on intervention packages that were universal in scope – addressing all the students in the school – as well as packages that were more targeted to the needs of students at risk. The programmes addressed universal prevention of anxiety and depression, universal prevention of suicide and targeted prevention of depression in high-risk adolescents. Their analysis used a Markov model that included data from the 36 countries that represented 80 per cent of the global burden of these adolescent mental disorders in 2017.

The results of the analysis indicated that school-based interventions that address anxiety, depression and suicide provide a return on investment of US$21.5 for every US$1 invested over 80 years.[71] The greatest return on investment was in lower-middle-income countries, which showed a return of US$88.7 on every dollar invested. Upper-middle-income countries showed a return of US$85.8; low-income countries, US$67.6; and high-income countries, US$16.3. There were no meaningful differences in the results based on age or sex of the adolescents *(see Figure 1.9).*

FIGURE 1.9. Return on investment in school-based adolescent mental health interventions, in US$



Source: RTI International, 'The Return on Investment for School-based Prevention of Mental Health Disorders', background paper for *The State of the World's Children 2021*, United Nations Children's Fund, May 2021.

Though few studies exist in low-income countries, a scattering of economic evaluations on the return on investment indicate a potential pay-off for investing in preventing mental health conditions, self-harm and suicide. New research on programmes that effectively reduce the prevalence of mental health conditions can provide models for calculating the return on investment for protecting and promoting mental health.

One such study investigated the return on investment of KiVA, a research and evidence-based programme developed at a university in Finland.[72] The goal of the programme was to prevent bullying, a known risk for mental health conditions. KiVA is based on a model of prevention, intervention and monitoring, and it focuses on strengthening students' empathy and self-efficacy and fostering anti-bullying attitudes in the classroom. In England, the programme has been delivered by teachers to children aged 7–11.

Based on KiVA's previous success and estimates of the long-term costs of bullying, researchers estimated that in the United Kingdom, implementation of the programme could offer a short-term return of US$1.58 for every US$1 invested. The long-term return on investment jumped to US$7.52 for every US$1 invested.

Though more research is necessary, especially in low- and middle-income countries (LMICs), these kinds of research models indicate that investing in efforts to promote and protect mental health can be financially cost-effective. Even more importantly, investment in efforts to protect and promote mental health can save children and young people from the short-term suffering of mental health conditions and the long-term life consequences.

CASE STUDY

Peru

Community-based Mental Health Care

At age 14, Andre* considers himself open-minded and able to adapt to new circumstances. About two years ago, however, his mother, Roxana, received a distressed phone call from Andre's school.

> *"He was under a desk, crying, and saying that he didn't want to keep living," Roxana said.*

Roxana knew her son needed help. But she and Andre live in the northern outskirts of Lima, where they share a small room in an aunt's house. The hospitals and private clinics were too far away – or too expensive. However, a visit to a local health centre provided them with public health insurance and a referral to the Community Mental Health Centre in Carabayllo, a 10-minute bus ride from their home.

The Community Mental Health Centre is housed in a repurposed municipal stadium and staffed by a multidisciplinary team that includes psychiatrists, psychologists, nurses, a social worker and pharmacy staff. The centre provides services aimed at preventing mental health conditions and specialized care for people with moderate to severe mental health conditions, including children and adolescents.

At the community centre, the professionals diagnosed Andre with anxiety and depression linked, in part, to his parents' separation. He was prescribed an antidepressant and referred to a psychologist, psychiatrist and social worker for therapy.

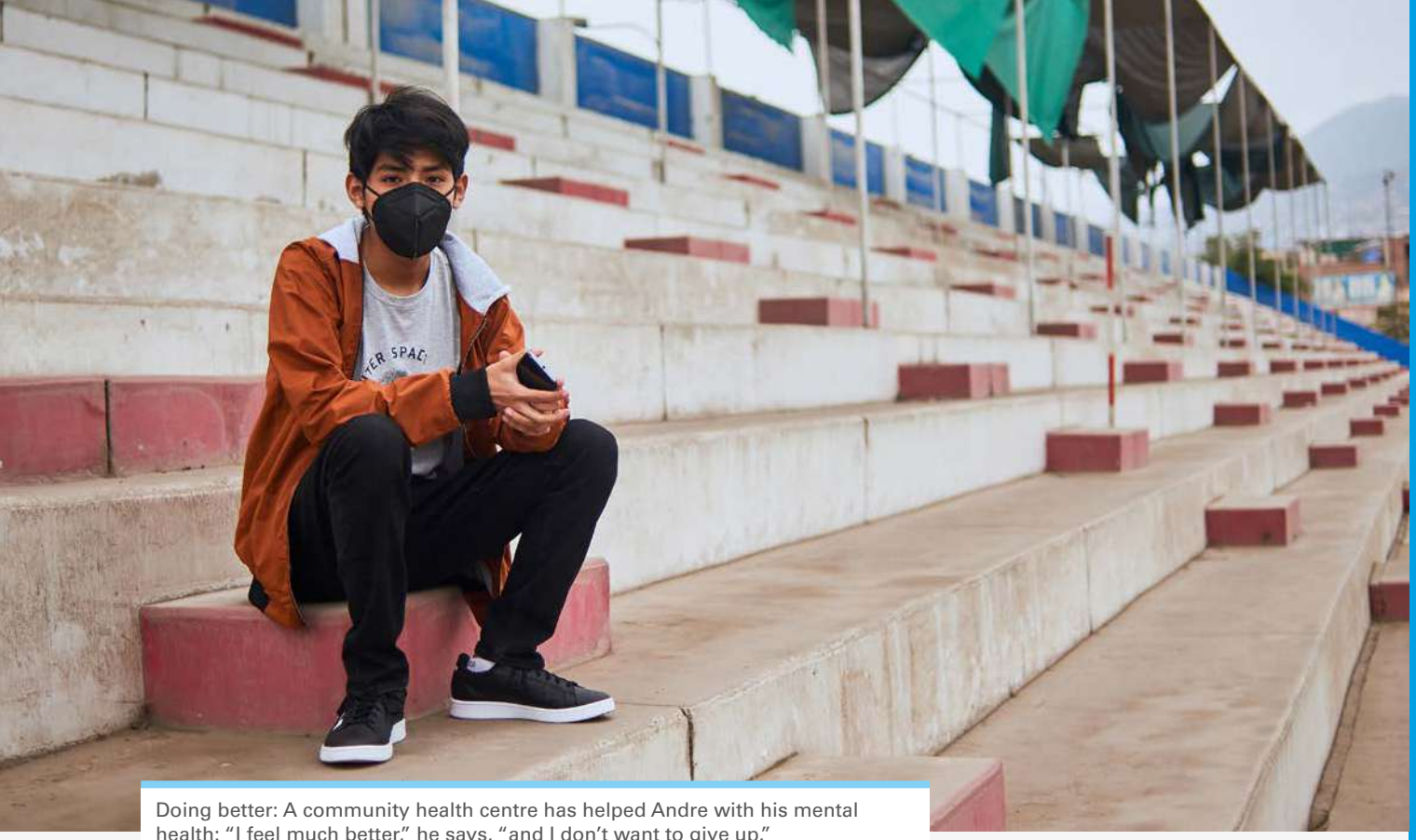
> *"We made an integrated plan to help him understand and manage what he's going through," psychologist Yesica Chambilla said. "We provided him with tools to make his own changes."*

The mental health centre also provided guidance to Roxana, who plays an active role in her son's care.

The integrated plan is part of Peru's community-based mental health care model. The model focuses on offering services at the primary health-care level, close to where people live, and where they can access their communities' network of support.

The community-based model was instituted in response to a gap between the need and the availability of mental health services in Peru. In 2013, Peru's Ministry of Health estimated that one in five people had mental health conditions. The ministry also estimated that only one in five of those people received the care they needed. At the time, mental health care in Peru was concentrated in three hospitals in Lima.

Inspired by the need and supported by advocacy from the Ombudsperson's Office – an oversight body that protects people's rights and monitors the delivery of public services[73] – the Government of Peru instituted a series of reforms to expand community-based care that included adding mental



Doing better: A community health centre has helped Andre with his mental health: "I feel much better," he says, "and I don't want to give up."
© UNICEF/UN0476518/Mandros

health-care coverage to the national health insurance scheme and establishing a mental health results-based budget programme[74] that helped boost public spending. In 2019, Peru passed a new national mental health law.[75]

As a result of these actions, the country's network of community-based mental health care centres increased in number from 22 in 2015 to 203 in 2021. The centres are complemented by 30 specialized units in general hospitals and 48 halfway houses.[76] The COVID-19 pandemic put these advances to the test.

According to an online survey conducted by the Ministry of Health and UNICEF in 2020, a third of children and adolescents in Peru experienced socioemotional difficulties during the pandemic.[77] The 106-day national lockdown from 16 March to 30 June 2020 left many adults, including Roxana, temporarily unemployed. Children and adolescents, including Andre, were confined at home. The demand for mental health services increased.

In response, the Ministry of Health, with UNICEF's support, released specific guidance for adolescent health care in the context of COVID-19 in 2020 and technical guidelines for comprehensive mental health care of adolescents in 2021.[78] With support from UNICEF and CEDAPP, a non-governmental organization that provides psychosocial services, Peru's Ministry of Health piloted a free mental health hotline for adolescents and their families. From December 2020 to April 2021, the hotline reached 821 individuals struggling with anxiety, depression and family problems; 48 per cent were adolescents.

> *"Looking ahead, there are two important challenges," said Dr. Yuri Cutipé, Executive Director, Mental Health, Ministry of Health. "One, continuing to expand community-based services while ensuring the same quality across the country; and two, developing specific programmes for vulnerable populations as a part of a multisectoral approach."*

For Andre, the lockdown was stressful, but he was able to speak regularly with his psychologist by phone. He also spent more time with his mother, whom he usually only saw late at night after she returned home from her job on the other side of Lima.

> *"I made up for lost time with my son," Roxana said.*

More than a year after his first visit to the centre, Andre is coming off his medication and experiencing positive changes.

> *"Before coming, things were really bad," Andre said. "I felt sick and didn't want to eat. Now I feel much better, and I don't want to give up."*

*Andre and Roxana are pseudonyms used to protect their identities. They were interviewed in Lima in June 2021.

Chapter 2

THE FOUNDATION

Children's and young people's mental health is forged by experiences and environments. It is moulded in the worlds of parents and caregivers, of communities and schools, and of poverty, conflict and disease. At critical moments of child development, these experiences and environments can harm mental health. Or they can be shaped to promote and protect it.

Child development: For this baby in Belize, moments of play and exploration contribute to healthy brain development.

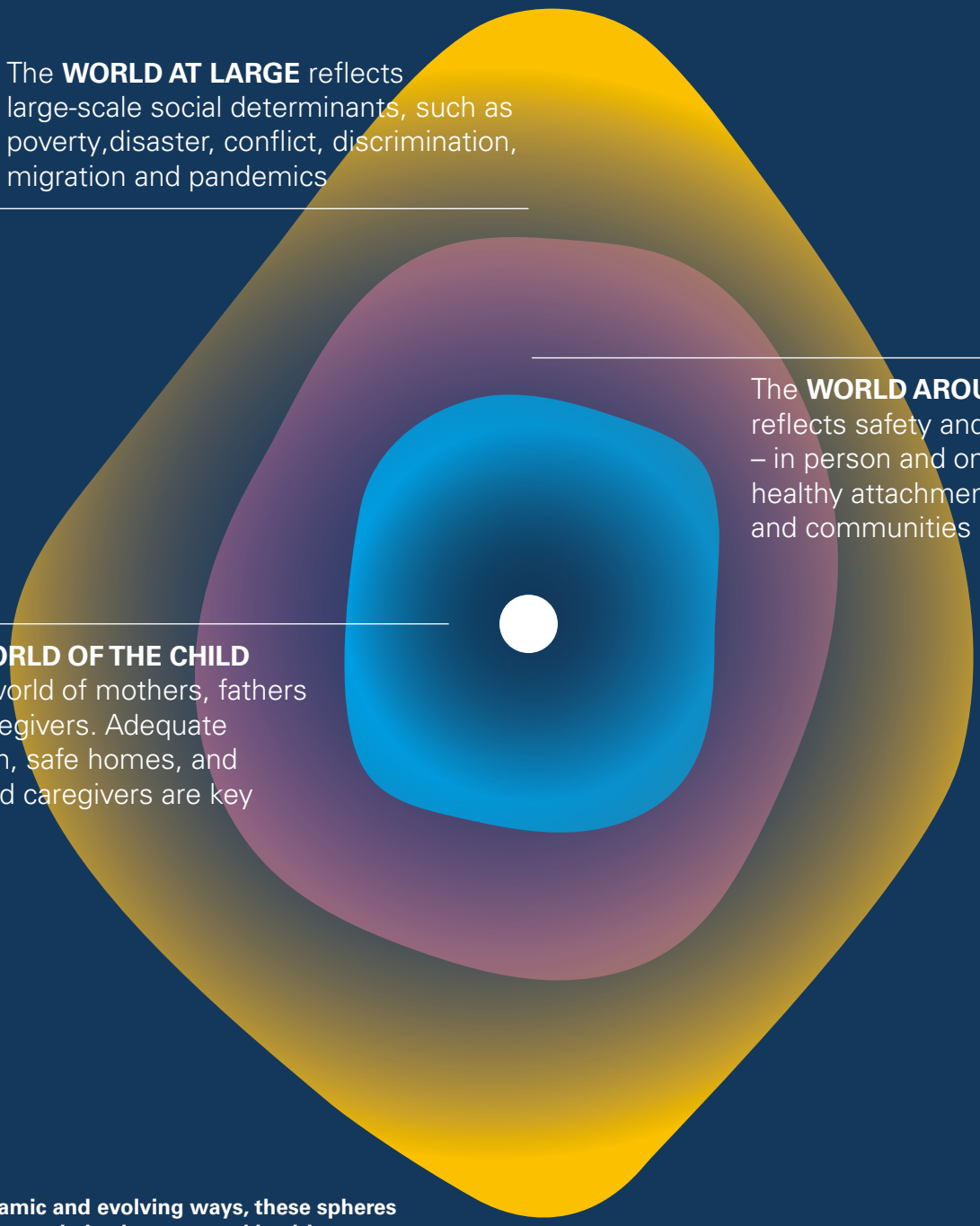
Spheres of influence

The mental health of children and young people is shaped by the interplay of biology and exposure to experiences and environments in three spheres of influence:

The **WORLD AT LARGE** reflects large-scale social determinants, such as poverty,disaster, conflict, discrimination, migration and pandemics

The **WORLD AROUND THE CHILD** reflects safety and security – in person and online – and healthy attachment in schools and communities

The **WORLD OF THE CHILD** is the world of mothers, fathers and caregivers. Adequate nutrition, safe homes, and engaged caregivers are key



In dynamic and evolving ways, these spheres of influence help shape mental health outcomes at every stage of life – from the perinatal period, through childhood and adolescence, and into adulthood.

The foundation of lifelong mental health is established in the earliest moments of a child's life.

Starting from before conception and extending into early adulthood, a complex interplay of biology, experience and environment shape children's and young people's development and their mental health. Throughout the course of childhood and adolescence, this complex dynamic constructs the psychological, emotional, social, cognitive and behavioural foundation on which children and young people build their mental health and their lives.

As a result, the critical developmental moments that occur in childhood and adolescence offer singular opportunities to promote and protect mental health.

The framework

Multiple factors shape children's and young people's mental health. And multiple frameworks explain how these influences interact to cultivate mental health.

The State of the World's Children framework emphasizes the importance of socioecological influences on mental health and the vital importance of experience and environment as they impact critical phases of child development: the start, the perinatal period, early childhood, middle childhood and adolescence.

Socioecological influences

The framework for understanding children's and young people's mental health in *The State of the World's Children 2021* is built on existing frameworks. In particular, it relies on: Urie Bronfenbrenner's ecological system theory;[1] the framework outlined in *Innocenti Report Card 16: Worlds of Influence – Understanding what shapes child well-being in rich countries;*[2] and the life-course approach to the social determinants of mental health developed by WHO.[3]

The report framework is organized into three spheres of influence: **the world of the child, the world around the child** and **the world at large**.

From the start of life through adolescence, primary influences on mental health exist in the **world of the child** – the world of mothers, fathers and caregivers. In the world of the child, adequate nutrition, stable and safe homes, knowledgeable and engaged caregivers, and caring and enriching environments are essential.

As a child's world widens, the spheres of influence include the **world around the child**. In addition to the ingredients for mental health fostered in the world of the child, the world around the child must include safety and security – in person and online – and healthy attachments in preschools, schools and communities.

The third primary sphere of influence, the **world at large**, plays a critical role in shaping mental health. The world at large includes large-scale social determinants – such as poverty, disaster, conflict, discrimination, migration and pandemics – that intrude on the lives of children and young people. The world at large plays a role in the lives of mothers, fathers and caregivers, and as children grow into adolescents and adults, the world at large begins to have a direct influence on their mental health and futures.

The critical developmental moments that occur in childhood and adolescence offer singular opportunities to promote and protect mental health.

CASE STUDY

Sierra Leone

Caring for the Caregiver

Mbalu Turay knew immediately that Kankay Suma was experiencing significant stress.

As a trained counsellor, community health worker and facilitator of the local Mother's Support Group (MSG), Mbalu saw the signs as soon as she first met the pregnant mother of three.

> *"I can look at the mothers in the MSG meetings and immediately recognize someone going through a hard time," Mbalu said.*

Kankay was, indeed, "going through a hard time." Kankay lives outside town in a rural part of Kambia district in Sierra Leone, a country with high maternal and neonatal mortality rates and a fragile and under-staffed health system.

Personally, Kankay struggled with the 30-minute walk to collect water from a borehole and the task of gathering firewood from the bush. She was isolated from neighbours. And she was experiencing complications with her pregnancy.

Using the skills she learned from Caring for the Caregiver (CFC) training, Mbalu gained Kankay's trust and was able to provide emotional support. She also linked Kankay to a community health supervisor who made the connection to essential medical and community services.

In the weeks after the two women met, Mbalu visited Kankay and her family daily. She counselled Kankay, listened to her concerns, bolstered her confidence and provided practical tips on managing stress.

> *"In our community, when someone is exhibiting signs of sadness, others may chastise them for it," Mbalu said. "However, thanks to the CFC programme, [many of us] are now aware that it's better to be kind and sympathetic to those who are feeling down."*

CFC is a training programme that equips frontline workers, including community health workers such as Mbalu, with

Support for mother: A community health worker in Sierra Leone "wraps her arms around" a mother and newborn.
© UNICEF/UN0475700/Duff/VII Photo

the knowledge and skills they need to support the emotional well-being of caregivers – the mothers, fathers and others who provide primary care for newborns and young children.

The training is founded on a seemingly simple concept: To provide the best start in life, it is essential to care for the caregivers who care for children. And it is essential to focus on vulnerable caregivers, including adolescent parents. At its core, CFC recognizes that caregivers' mental health and emotional well-being is the foundation that allows them to nurture and care for their children.[4] This nurturing care, in turn, builds a child's lifelong mental health.

CFC training builds frontline workers' interpersonal and counselling skills and offers a package of materials and activities that can be used to strengthen caregivers' confidence, emotional well-being and ability to connect and support their young children.[5] CFC trains professional and community health workers so they can help caregivers develop strategies for coping with challenges and stress that arise in daily life. The workers are also trained to help caregivers find support and services if needed.

These were the skills that Mbalu put to use when she first met Kankay. And even after Kankay gave birth to her son Mark, Mbalu continued to visit the family, providing support to mother, father, baby and siblings.

"Mbalu wrapped her arms around me and took me to a hospital for the first time in my life," Kankay said. "She showed me what it means to take care of myself and my family."

"I am grateful to Mbalu for [the services] she brought to us," Kankay added. "Because one has helped keep us alive and the other has reminded us we are worthy of being happy."

Child development

These three spheres of influence provide a framework for understanding the context of children's and young people's lives, and they shape an individual's mental health throughout the course of their early lives. Within these contexts, however, the process of cultivating mental health is also tied to critical moments in child development – critical moments at the start, during the perinatal period, in early childhood, childhood and adolescence. At these critical moments, children's and adolescents' brains develop as part of a dynamic interaction between their genes, experiences and the environment in which they live;[6] they develop in response to a combination of biological and psychosocial determinants.

At the start

This interaction begins before conception and affects genetic, biological and development processes.[7] For example, evidence indicates that the cells involved in reproduction can be altered through an epigenetic process that is influenced by psychosocial distress, toxicants and drug exposure.[8] These altered cells can influence how genes are expressed in a mother, and the alterations can be passed on to the child.

In the womb, the process of neurodevelopment begins, and nervous systems are formed. By the end of the fetal period, the parts of the brain that process complex information are connected and the basic cellular blueprint is in place.

After a baby is born, the brain continues to build at a remarkable speed, forming more than 1 million neural connections a second.[9] At this time, the brain's capacity to change is at its greatest level; it is a time of increased neuroplasticity, when connections in the brain are constantly being wired and rewired and strengthened. As the baby's brain develops, neural connections build on each other, becoming increasingly more complex in structure and function as they set a pattern for future behaviour, capacity to learn and mental health.

During these critical perinatal and newborn moments, neurodevelopment – and brain plasticity – can be altered.[10] Positive experiences and environments can promote brain development; negative ones become risk factors.[11]

In the perinatal period and in early childhood, the experiences and environments that affect brain development are mostly connected to the world of a child's home and caregivers. Much of the research on child development and mental health focuses on maternal influences.[12] However, as fathers in many parts of the world take on greater caregiving responsibilities, research has begun to examine paternal influence and establish links to children's and young people's mental health.

First decade

In the early moments of the first decade, brain plasticity is strong and neurodevelopment rapid. In early childhood, children learn the sensory, motor, cognitive, language and socioemotional skills that will help them think, solve problems, communicate, express and perceive emotions, and form relationships. From newborn to about age 3, children learn to show affection and express joy, displeasure, and distress towards strangers. They respond to others' distress, seek attention, and protest when frustrated. For example, from age 4 to age 8, children start to learn how to play with others, form friendships and recognize, express and control emotions.

Throughout the first decade, mothers, fathers and other caregivers remain the defining influence. However, in middle childhood, the world widens. Learning environments begin to influence children's development of transferable skills and their physical and mental health.

Second decade

Once overlooked as a phase to be suffered through on the way to adulthood, adolescence is now acknowledged as a period of profound biological, neurological and social transitions. It is also increasingly recognized as a critical moment for unlocking human potential and securing lifelong mental health.[13]

During adolescence, dynamic neurological transitions take place in regions of the brain that affect social perception and cognition.[14] Nerve cells begin to transmit information faster and more effectively from region

to region, allowing for complex mental processes. In addition, structural changes occur in the parts of the brain that affect memory, socioemotional ability and executive functions such as impulse control and cognitive flexibility.

These neurological transitions often continue into a young person's early 20s.

In addition to neurological changes, puberty is also a defining transition in adolescence. Typically, puberty occurs between ages 8 and 12 for girls, and 9 and 14 for boys.[15] Though limited, evidence suggests that sexual maturation, hormone-related mood swings and changes in body composition and appearance can acutely affect adolescent mental health.

Early onset of puberty carries particular risks for mental health. While risks overlap, for boys it is associated with externalizing, antisocial behaviours.[16] For boys and girls, early physical maturity is associated with early sexual initiation, delinquency and substance use. For girls, early onset of puberty, is linked to anxiety, depression and eating disorders.[17]

Puberty also coincides with the onset of mental health conditions, though the link between the two is not well understood.[18] However, the timing of puberty may play a role.

In adolescence, social roles also transition. At age 10, children often live with parents or caregivers, most attend school and often have few, if any, adult obligations. By age 19, some remain in education or training, though others live on their own and are employed in formal or informal work. Some are parents. By age 24, it is not uncommon for young people to have transitioned into employment, life partnerships and parenthood.

These transitions mean new relationships with family and community and greater direct exposure to social determinants that can impact mental health, learning and acquisition of transferable skills. In adolescence, caregivers remain a vital touchstone for mental health. However, influences on mental health are no longer only centred on parents, caregivers and homes; peers, schools and community take on greater roles in young people's lives.[19] As a result, social determinants such as poverty, conflict, gender norms, technology and labour have a greater influence on the way young people learn and work, where they live, and their relationships with family, friends and community.

Though the social determinants of mental health play a role throughout the life course, in adolescence they can become direct risks and lead to diminished opportunities for education, training and employment.

Dad time: In Timor Leste, a father plays his part in the crucial job of caregiving.

BOX 8.
Connecting the critical moments

The critical moments of development do not happen in isolation; they are linked by critical issues in child development, including attachment, developmental cascades, cumulative risks and biological embedding.

Attachment
Attachment refers to a psychobiological principle that drives an emotional relationship with a mother, father or caregiver who can provide a child with a sense of safety and protection.[20] Attachment occurs when a child feels safe and secure enough to venture out and explore the world.[21]

When attachment is positive, responsive and caring, the child develops a model on which to build sense of self, identity and a baseline for other relationships.[22] The connection that comes from strong attachment fosters the child's ability to develop skills such as curiosity, emotion regulation, empathy and reciprocity in relationships.[23]

Though attachment exists throughout the course of a child's development, it changes over time. From 6 to 9 months old, children finalize their attachment to a primary caregiver.[24] In middle childhood, attachment with a caregiver no longer needs to be immediate or physical. At this point, a child can spend more time away from a caregiver, though the relationship remains central, especially in times of distress.[25]

In adolescence, secure attachments are recreated with peers. However, a child's attachment to parents and caregivers remains essential, though it often mutates in response to a growing need for independence and autonomy.[26]

Attachment between caregiver and newborn can be particularly difficult for adolescent parents. Adolescent pregnancy can negatively impact development of the emotional and cognitive capacities required to foster healthy attachment with a newborn.[27] In addition, the attachment needs of newborns can conflict with an adolescent parent's own evolving need for autonomy.[28] Adolescent parenthood also commonly coexists with risks, including poverty and a lack of prenatal care and social support, all of which compounds the difficulty of establishing secure attachment between parent and child.

Developmental cascades
From newborn to adolescence, positive and negative experiences and environments can have a cascading effect on a child's or young person's development.[29]

In the early stages of development, positive experiences such as nurturing caregiving and optimum nutrition initiate a cascade of positive development. Conversely, negative experiences – neglect, abuse and persistent extreme stress – increase exposure to other risks.

Exposure in early childhood to risks such as neglect and violence can emerge later in life as difficulties in school, trouble with peers and alcohol misuse.[30] A high dose of exposure to adverse experiences can have consequences that affect cognitive development, physical and mental health, educational achievement and professional success.

Cumulative risk
The consequences of negative and positive experiences and environments are also cumulative. In early childhood, research shows that the more different risk factors a child faces and the more often the child is exposed to them, the greater the chance of cognitive, social and emotional conditions later in life.

A landmark study in 1979 calculated that a child who experienced zero or one risk factor had a 2 per cent chance of having a mental health condition later in life. The possibility of facing mental health conditions increased with each exposure, reaching 20 per cent for a child exposed to four risks in early childhood.[31]

In addition to having a cumulative effect, risk factors

also cluster, indicating that some adverse experiences may also point to the existence of others. For example, a child experiencing difficulty at home may also face troubles at school.[32] Clusters of risk are particularly pronounced for children who live in poverty or who come from ethnic minority or immigrant communities.[33]

Biological embedding

Research also indicates that exposure to risk factors during early periods of rapid brain development can alter a child's physiology and gene expression – they become biologically embedded.[34] These changes can either help or hinder resilience and vulnerability in the face of trauma.[35] Negative experiences and environments that alter biology or brain development – such as neglect, stress, violence and poverty – can weaken resilience and increase vulnerability. Conversely, positive experiences can bolster resilience.

A ground-breaking 2001 study of children who had lived in Romanian orphanages for more than eight months in their first year of life illustrated how adversity can alter a child chemically.[36] The study showed that, six years after adoption, children from the orphanages still had higher levels of cortisol (a hormone released in response to stress) than other children.

Early deprivations: A life-course effect

In recent decades, multiple researchers have observed the development of children who have experienced extreme deprivation in Romanian institutions. Studies have followed children who were adopted by families in the United Kingdom.[37] The results have highlighted the profound and lasting impact of early deprivations on mental health, despite subsequent years in well-resourced and supportive families.

The studies have shown strong association between the length of time spent in the institution with symptoms of mental health conditions at age 6; these conditions included inattention and overactivity, autism spectrum disorders and disinhibited social engagement – an attachment disorder. In adolescence and early adulthood, the children who experienced the deprivations longer were at greater risk of mental health conditions such as anxiety and depression. The children who experienced the greatest deprivations were also more likely to have low rates of success with school and work.

Trauma and stress

From the start and through the first and second decades of life, stress and trauma are also critical determinants of children's and young people's development and mental health. Stress and trauma present mental health risks whenever they occur. However, when they occur early in life, stress and trauma can activate responses with biological and mental health consequences that can last a lifetime.

Toxic stress

Stress occurs in different degrees throughout a child's life, from the womb into adolescence. In small doses, stress is essential for healthy brain development and mental health; in extreme doses, however, it is toxic.[38]

The National Scientific Council on the Developing Child has identified a widely accepted framework that includes three levels of stress: positive, tolerable and toxic.[39] Positive stress is moderate, short lived and part of daily life. It is activated when a child receives an immunization or meets a new caregiver. Tolerable stress is more intense, but short lived, allowing time for the brain to recover.

Biologically, stress increases the heart rate and blood pressure and causes the release of hormones, including cortisol.[40] With positive and tolerable stress, the effect on the brain is moderated by the attention of a loving caregiver who can comfort and soothe the child. These are the adults who can create safe environments despite outside threats, and help children recover from difficult experiences.

In contrast, damage caused by toxic stress can last a lifetime.

Toxic stress is characterized as a strong, frequent or prolonged activation of a person's stress management systems. Toxic stress in childhood occurs in the absence of a loving adult who can provide safety and comfort.[41] In critical prenatal and postnatal periods, toxic stress can interfere with brain development. It can limit neural connections in regions of the brain involved in reasoning, learning, memory, decision-making, behaviour regulation and impulse control. It also overproduces connections in the regions involved in responses to fear, anxiety and impulse control, which can lead to overreaction and the inability to accurately interpret threats.[42] Toxic stress can also diminish the release and regulation of cortisol, which can lead to impairments in the brain's memory and mood-related functions.

Research indicates that even in the prenatal period, exposure to maternal stress can influence a child's later stress response.

Adverse childhood experiences

In childhood, experiences that lead to toxic stress include physical and emotional abuse, chronic neglect and violence. These dangers, grouped together, are often categorized as adverse childhood experiences (ACEs).

Stress and trauma present mental health risks whenever they occur. However, when they occur early in life, stress and trauma can activate responses with biological and mental health consequences that can last a lifetime.

In general, ACEs are defined as persistent, frequent and intense "sources of stress that children may suffer early in life."[43] Typically, the term is used to describe adverse events in early childhood, but the age range can include newborns up to 17-year-olds.

Though the definition of ACE has mutated over time,[44] it now includes abuse, neglect and household dysfunction, including caregiver mental illness, substance abuse and interpersonal violence.[45] The term ACE also includes experiences that occur outside the boundaries of home and family. These experiences can include violence in the surrounding community, the experience of living in unsafe neighbourhoods, homelessness, bullying, discrimination based on race or ethnicity, and income insecurity.[46]

Trauma: Toxic stress arising from adverse childhood experiences takes a heavy toll on mental health.
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The WHO definition reflects this broader approach. It refers to ACEs as "multiple types of abuse; neglect; violence between parents or caregivers; other kinds of serious household dysfunction such as alcohol and substance abuse; and peer, community and collective violence."[47]

The toxic stress associated with ACEs can lead to impairments in physical and mental health, social development and educational attainment.[48] Across the life course, ACEs correlate with rates of heart disease, diabetes, obesity, depression, substance abuse, smoking, poor academic achievement, time out of work and premature death.

ACEs are also tragically common, and as they add up, the harm grows.

In the United States, for example, more than two thirds of the population reports having experienced at least one ACE and a quarter have experienced three or more.[49] In a meta-study of research in 17 countries that included Canada, China, Latvia, Montenegro, New Zealand, the United Kingdom and the United States, exposure to at least four ACEs was strongly associated with sexual risk taking, mental health conditions and alcohol abuse; it was even more strongly associated with problematic drug use and interpersonal and self-directed violence.[50]

Exposure to intimate partner violence in the home can also present mental health risks for children and young people. For example, a study of children's reactions to intimate partner violence in Cambodia, Malawi and Nigeria showed that a quarter to a third of children had witnessed intimate partner violence in their homes, and that for many of them, the experience increased the risk of mental distress.[51]

Conflicts and social and political insecurity can also create traumatic experiences for children and young people.[52] Some of these traumas come from the direct experience of war or violence; other risks to mental health arise from the destruction to families and communities, including the loss of a loved one and the breakdown of services such as schools and health care.

In adolescence, as roles in families and societies change, new traumas can enter young people's lives, including child marriage, interpersonal violence, gender-based violence and intimate partner violence.

CASE STUDY

Kenya

Call for Help: An open line for protecting children

In a protected booth, carefully separated from her co-workers, Barbra Sillingi listens intently before speaking calmly into her telephone headset.

As a counsellor in the Nairobi offices of Childline Kenya, a national helpline for children that addresses mental health and violence against children, 'listen to them' is her mission and her passion.

> *"When a child comes to you and tells you something, we should not ignore them," Sillingi said. "We should listen to their voice, listen to what they are saying because they also have feelings. They also need to be loved."*

Since March 2020, when the first case of COVID-19 was officially confirmed, Sillingi has had to listen twice as hard as the number of weekly calls has more than doubled. In May 2020, there were more than 1,200 calls to Childline Kenya, up from fewer than 500 in May 2019.

> *"The increase in calls could be attributed to the fact that children spent a lot of time at home during the COVID period and were not going to school," said Beatrice Muema, Head of Helpline Operations at Childline Kenya. "Because of that, you find more children were vulnerable to sexual abuse, neglect and also physical abuse."*

COVID-19 placed significant strain on children in Kenya. Many struggled to cope with the restrictions on movement designed to help curb the spread of the coronavirus. As a result, some faced increased dangers, especially during school closures. For many children, COVID restrictions, school closures and the rise in risk left them in need of someone who could really listen.

> *"Children go through a lot of stresses and mostly parents do not understand," Sillingi said.*

Throughout the pandemic, Barbra Sillingi has offered counselling to every one of her callers and has referred some cases to local authorities for intervention.

> *"I love what I do," she said. "It's just a passion that I have."*

An open line: Counsellor Barbra Sillingi takes helpline calls from children in Kenya.
© UNICEF/UN0489179/Orina

Childline Kenya was set up in 2004 with support from the Government of Kenya, UNICEF and other partners. The free 24-hour emergency service allows anyone across the country to anonymously report child abuse and other child protection concerns by calling the free helpline number 116 or visiting Childlinekenya.co.ke. It offers one-on-one counselling and connects children with support services in their communities.

Childline Kenya also works with the Department of Children's Services to intervene when children are in danger and, when possible, place them with other family members.

UNICEF provides funding for counsellors and equipment and training for staff members. During the COVID-19 pandemic, the organization funded a one-third increase in the number of counsellors to meet increased demand. UNICEF also is working with the Department of Children Services to ensure a gradual increase in public financing for operation.

> *"While there were restrictions on movement and children were out of school, this was one of the few channels for children and adults to report incidents of abuse, but also for children to express themselves," said Bernard Njue Kiura, UNICEF Kenya Child Protection Specialist.*

UNICEF also helped Childline Kenya to set up remote working, allowing counsellors to securely take calls from their homes.

UNICEF also got the word out through a nationwide public awareness campaign, 'Spot it, Stop it', that encouraged children in need to call the free 116 helpline.

> *"Since COVID-19, people here in Kenya are more open about discussing mental health issues: from Government, to service providers, to communities, to children," Kiura said. "The capacity to speak about it has increased."*

Chapter 3

RISK AND PROTECTION

Since many of the factors that shape mental health – for better and for worse – are not biological, they can be changed. To do so, it is essential to identify and understand these factors. For children, nurturing care *from* and *for* parents and caregivers really matters. So, too, do safe and engaging learning environments, where children can develop soft skills and resilience. And, as children enter their adolescent years, peer relationships can shape lifelong norms and attitudes.

Alternative care: Psychosocial support is part of a cash transfer programme to support this girl's family in India.

At critical moments of child development, factors based on experience and environment present potential risks to mental health. When risks occur early and in the extreme, their negative effects influence neurodevelopment, mental health, well-being, learning and futures.

These risks can occur in the **world of the child**, the **world around the child** and in the **world at large**. Since these factors are not biological but based on experience and environment, many can be modified. As a result, identifying some of the most common risk factors can help to formulate programmes and policies that promote and protect mental health.

Since many of the factors that contribute to mental health conditions can be modified, it is essential to understand the distribution of common risks in order to better develop and implement interventions that promote and protect mental health.

Factors that help and harm

Though researchers have gathered much knowledge in recent years, systematic methods for identifying common risks to mental health are limited. Globally, data are scarce and even identifying, gathering and tracking information can be complicated by the diversity of cultural experiences and understandings about mental health.

However, it is clear that risk factors – also known as risk markers – do not portend poor mental health. Indeed, there is rarely a direct line of causation between risk factor and mental health condition. Instead, these factors work through a probabilistic chain to increase the possibility of risk – a chain modulated by length of exposure (the dosage), context and timing.[1]

In addition, the effect of risk and protective factors varies depending on the child and his or her social, economic and environmental circumstances.[2] For example, an experience, event or environment that harms one child's mental health may not have the same effect on another's.

To make matters more complex, some environments can introduce risk and protective factors depending on the circumstances. For example, schools can bolster mental health by providing empowering learning opportunities and a platform for critical mental health services. They can promote and protect mental health. However, schools can also be a risk factor – places where children and young people are faced with violence, bullies, stress and abusive learning environments.

Despite the complexities, there are critical factors that have a profound influence on mental health throughout the life course. This chapter of *The State of the World's Children 2021* report focuses on three domains that are particularly relevant in the **world of the child** and **the world around the child**: parenting, learning environments and peer relationships.

In addition to examining the data and research, this chapter also presents the thoughts of adolescents who discussed mental health in discussion groups directed by Johns Hopkins University (JHU).

BOX 9.

A life-course approach to prevalent mental health risks

Since many of the factors that contribute to mental health conditions can be modified, it is essential to understand the distribution of common risks in order to better develop and implement interventions that promote and protect mental health. Unfortunately, interpreting the prevalence of risk factors in global, regional and local populations can be difficult because standardized information is not always available across different contexts.

To fill this gap in the research, a team of experts from Universidade Federal do Rio Grande do Sul in Brazil examined standardized data from the Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and the Global School-based Student Health Survey (GSHS) to estimate the prevalence of factors linked to mental health outcomes in the countries covered by the surveys.[3] The team extracted more than 50 possible factors that have data available in 47 to 146 countries, depending on factor. From the indicators mapped in the three surveys, the researchers listed 23 factors in the perinatal, early childhood, childhood and adolescent periods of a child's first two decades. The selection was initially based on the existence of systematic reviews or meta-analyses that described an association between exposure to the factor and subsequent onset of any mental health outcomes. These factors were also subjected to a review by experts in the field.

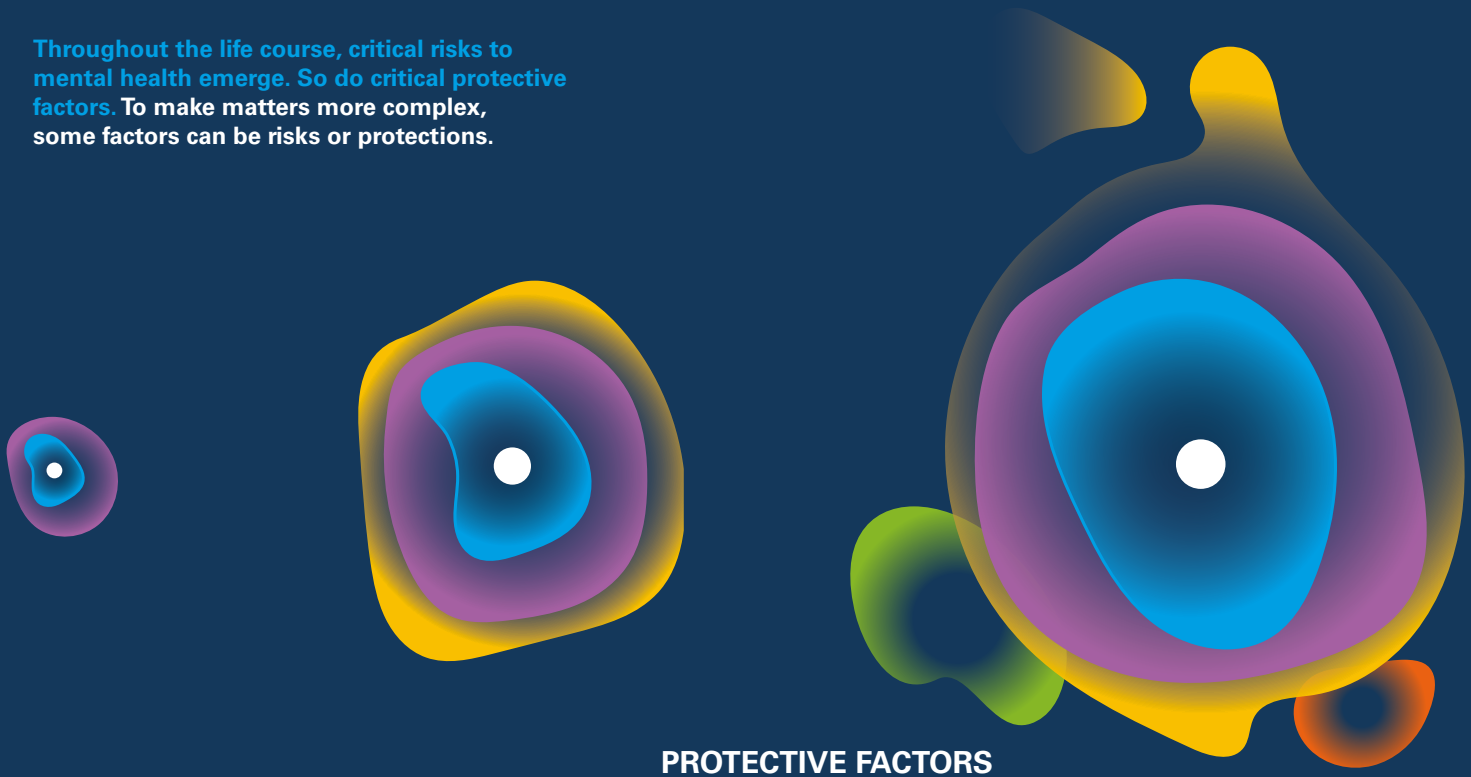
Though these 23 factors are neither causal nor exhaustive – and only include indicators available in the three surveys mined for information – the research offers insight into some of the most common risk factors and points in the direction of first steps towards promoting and protecting mental health.

FIGURE 3.1: Factors across the life course that affect mental health

Perinatal	1. Maternal age under 18 at birth of a child 2. Low birthweight
Early childhood	3. Lack of minimum acceptable diet of five or more of eight food groups 4. Lack of preschool enrolment 5. Lack of playthings, including toys, home-made, manufactured or household objects
Childhood	6. Lack of primary school attendance 7. Violent discipline 8. Child labour 9. Orphanhood
Adolescence	10. No close friends 11. Bullying 12. Lack of physical activity 13. Sedentary behaviour 14. Overweight 15. Underweight 16. Heavy alcohol use 17. Marijuana use 18. Lack of secondary school attendance 19. Not in education, employment or training (NEET) 20. Child marriage 21. Intimate partner violence – sexual 22. Intimate partner violence – physical 23. Intimate partner violence – psychological

Risk and protective factors

Throughout the life course, critical risks to mental health emerge. So do critical protective factors. To make matters more complex, some factors can be risks or protections.



PROTECTIVE FACTORS

safe school environments, parents, caregivers, discipline, nutrition, home, community

RISK FACTORS

unsafe school environments, violence, poverty, war, disease, COVID

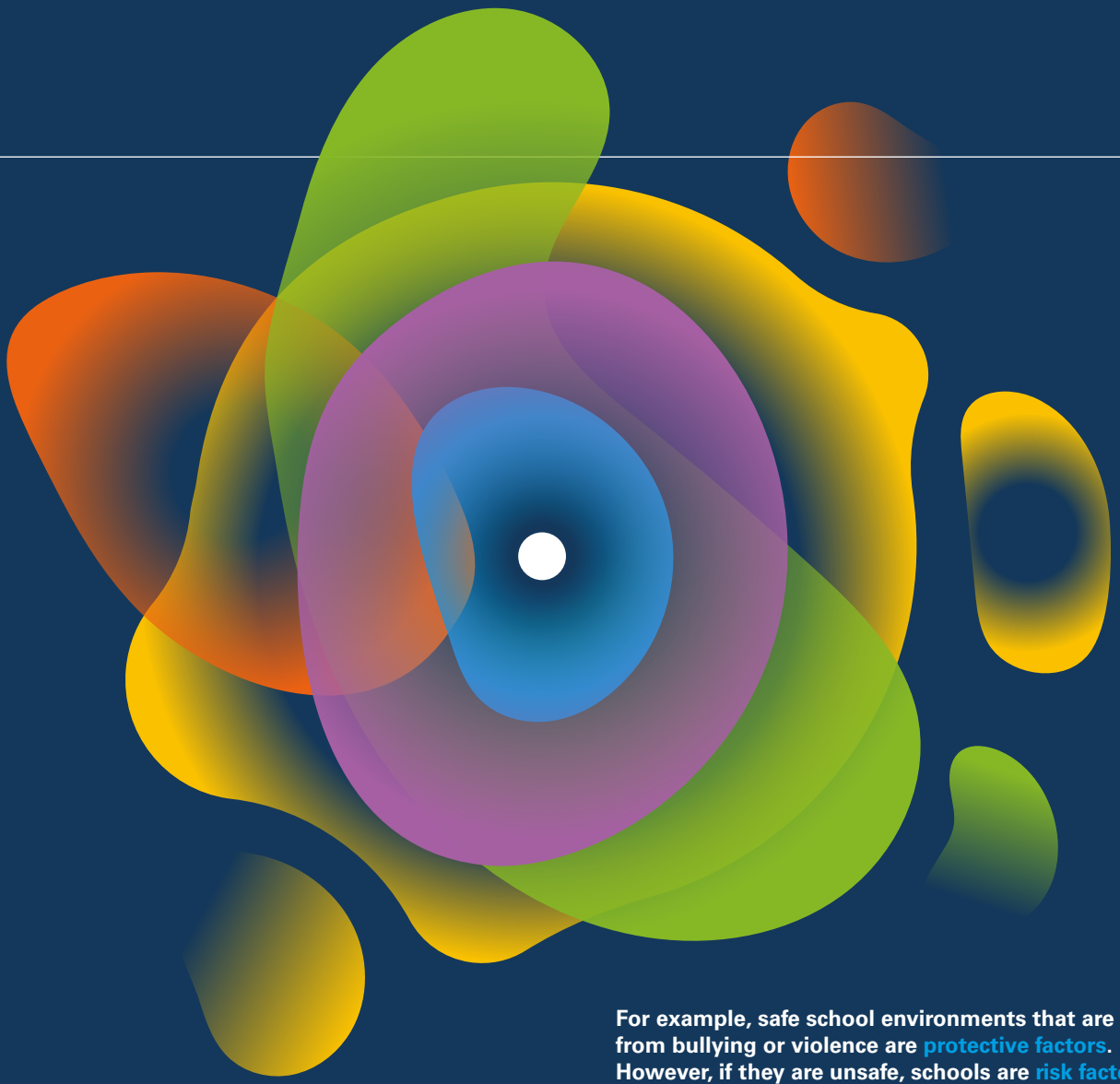
Parenting

The role of parenting is foundational to children's mental health. It is linked to mothers, fathers and caregivers who can provide nutrition, safety, stimulation and protection for their children and adolescents.

The influence of parenting begins before conception with the mental health, nutrition, and social and economic circumstances of mothers, fathers and caregivers. In early childhood, parents and caregivers are the primary influence on the **world of the child**. They can create a world that encourages attachment and provides nutrition, protection, engaged stimulation and early learning opportunities.

In childhood, even as **the world around the child** takes on greater importance, mothers, fathers and other caregivers remain the defining influence. In addition to nutrition and protection, the essentials of engaged parenting also include play and access to learning opportunities, including pre-primary and primary school.

The role of parenting is foundational to children's mental health. It is linked to mothers, fathers and caregivers who can provide nutrition, safety, stimulation and protection for their children and adolescents.



For example, safe school environments that are free from bullying or violence are protective factors. However, if they are unsafe, schools are risk factors.

In adolescence, the world expands for many children, introducing new risks and protective factors to mental health. Some of these risks exist in **the world at large** and stem from large-scale social determinants such as poverty, conflicts and pandemics (*see Chapter 4*). However, the world of the child and the world around the child also remain critical protective forces in adolescents' lives. And though adolescence is a time when young people reach outside their homes to seek meaning and community, nurturing and supportive parenting remains one of the strongest protections against mental health conditions in adolescence.

Risks

Engaged parenting does not happen on its own. And toxic caregiving environments – for example, those that include intimate partner violence – can be a risk to mental health.[4] Indeed, building the foundation for lifelong mental health requires mothers, fathers and caregivers who have access to safe homes, nutritious foods, learning opportunities, comprehensive health care and mental health care, and the support of family-friendly policies.[5] These essential tools equip parents and caregivers with the resources *they* need to fortify *their* mental health. Equipped with these tools, they can then provide nurturing care and construct a solid foundation for their children's mental health.

When mothers, fathers and caregivers do not have the tools they need to provide health, nutrition, safety and caring homes, mental health risks can arise.

BOX 10.
Big changes start small

At least £16.13 billion a year. It's an alarming price tag – about US$22 billion a year.[6]

In England, it is the cost of **not** investing in the mental health, well-being and healthy development of children under age 5. It is the amount spent on problems that could have been avoided by action in early childhood – problems stemming from antisocial behaviour, long-term mental and physical health conditions and criminality.

It is the cost of lost opportunity for a nation and for its children.

To put the number in perspective, £16.13 billion is nearly five times the amount England spends on early education and childcare entitlements.

The figure was calculated by the London School of Economics for *Big Changes Start Small,* a June 2021 report by the Royal Foundation Centre for Early Childhood.

Though £16.13 billion a year is a lot, the report argues that it is only a fraction of what is lost when we do not invest in young children, their families and caregivers. For example, it does not include losses to productivity and individual earnings that occur when children do not reach their optimal level of development.

And according to the Royal Foundation report, nearly a third of 5-year-olds do not reach a good level of development. In addition, children from disadvantaged circumstances are 4.6 months behind their peers by the time they start school.

The Royal Foundation makes six main recommendations for reducing this £16.13 billion a year in losses:

- Raise awareness about the impact of the early years on individuals and nations
- Build a mentally healthier and more nurturing society
- Create communities of support
- Strengthen the workforce that supports families and young children
- Collect and use more data to better care for children, families and caregivers
- Support long-term changes that drive holistic and preventative early childhood support

The Royal Foundation report also makes a clear link between this essential work and its effect on mental health. In her foreword, Catherine, the Duchess of Cambridge, writes that her interest in early childhood started with adults. As she talked to people who were rebuilding their lives from challenges that often originated with mental health conditions, she was struck by how often they talked about the relationship between their mental health and early childhood experiences.

For her, there is a clear connection between our early years as children and our future selves. And the report calls for a focus not just on children's physical needs, but also on their emotional and social needs.

Achieving this focus may be hard, she writes, but big changes start small.

At the start

Before conception and in the perinatal period, many risks emerge that can affect mental health. Some of the risks linked to the role of parenting include low birthweight, maternal malnutrition, maternal mental health and adolescent parenthood.

Globally, 15 per cent of children are born at a low birthweight,[7] which is a risk for attention, conduct and social disorders.[8] The effects of low birthweight can extend into adulthood with a connection to higher levels of anxiety, depression, shyness and lower social function. In addition, multiple risks exist for adolescent mothers and their children.[9] About 15 per cent of girls become mothers before age 18.

Understanding why these factors occur and how they are linked to mental health hinges on the critical role of parents and caregivers.[10] Low birthweight, for example, can have multiple causes, but it can also be connected to a mother's use of alcohol, nicotine and drugs during pregnancy. Programmes that help pregnant women stop smoking and reduce alcohol use have also led to lower incidents of low birthweight and mental health risks.[11]

Before and during pregnancy, maternal malnutrition can also create risks to a child's mental health. Globally, 9 per cent of women are underweight and 30 per cent experience anaemia.[12] During pregnancy, malnutrition – which includes undernutrition, overnutrition and obesity – can impair placental transfer of nutrients from mother to fetus.[13] In addition, malnutrition can influence a woman's own mental health during pregnancy, which in turn can affect her child's mental health.

Mental health conditions are a risk for far too many women during pregnancy, with potential effects on the health and well-being of mother and child. Most of the studies that link maternal and child mental health focus on depression and anxiety – conditions that affect many millions of women around the world. For example, a 2020 study concluded that antenatal depression was common all over the world, but it is neither well investigated nor comprehensively treated.[14]

The physical effects of antenatal maternal depression can include low birthweight, preterm birth and complications with pregnancy. Antenatal depression is also linked to developmental, emotional and attachment problems in children,[15] with effects that can be long term.[16] For example, a mother's depressive, anxious and stress symptoms in pregnancy can be a predictor of mental health challenges for her child from childhood into adolescence.

Much of the research on mental health conditions focuses on women. However, evidence is emerging about the relationship between a father's mental health and that of his child. According to a 2016 study, about 8 per cent of fathers experience depression in the antenatal period.[17] Paternal depression has been recorded both antenatally and postnatally and is often associated with stress and poor health. Though the interconnection between maternal and paternal mood remains unclear, research consistently shows a small to medium impact of paternal depression on children, independent of their exposure to maternal depression.

For adolescent parents, multiple disadvantages can have lasting influence on their children's mental health. Adolescent motherhood, in particular, presents risks for newborns such as preterm birth and low birthweight – both linked to mental health conditions later in life.[18] In addition, adolescent pregnancy has implications for the mother's nutrition, mental health and potential success in education and the workforce.[19]

Promoting health and well-being and protecting vulnerable adolescents – whether they are parents or not – builds a foundation for pre-conception

Building the foundation for lifelong mental health requires mothers, fathers and caregivers who have access to safe homes, nutritious foods, learning opportunities, comprehensive health care and mental health care, and the support of family-friendly policies.

health and the healthy development of the next generation. For adolescent parents, early support can bolster healthy fetal development and early childhood development, and ultimately influence the trajectory of a child's life.

First decade

Though parenting can help build a basic foundation starting even before birth, the first decade offers ample opportunity to build a child's mental health. However, critical risks related to the role of parenting continue to emerge and include a lack of complete nutrition and the absence of toys and the opportunity to play and learn.

The risks are not uncommon. Globally, far too many children do not receive the standard nutritional requirements for a child in the early years of development: foods from five of eight essential food groups. The high prevalence of children aged 6–23 months who do not have minimum dietary diversity – 29 per cent globally – indicates the potential scope of the challenge that lack of nutrition presents for mental health.[20]

For newborns, food insecurity is linked to attachment, mental and cognitive conditions. From about age 3 to about age 5, lack of complete nutrition can be linked to incidences of aggressive behaviour, anxious and depressed mood, attention deficits and hyperactivity.[21]

In addition to nutrition, risks in the first decade can be marked by the absence of books and playthings in a child's life, including household or found objects such as sticks or rocks. And again, the prevalence is high. In the world's least developed countries, 50 per cent of children younger than age 5 do not have playthings at home and 98 per cent do not have books.[22]

As a marker of child development, the toy or plaything itself is not the main factor. Rather, it can be an indicator of the care in a child's home, the importance of engaged interaction with parents and caregivers, and the role of play as a critical part of early learning.[23]

Other risks to mental health that are linked to parenting include violent discipline and child labour, and here too, the prevalence is significant. In the world's least developed countries, 83 per cent of children experience violent discipline from caregivers.[24] In addition, about 22 per cent of children in least developed countries are in a form of child labour.

Second decade

Relationships with parents and caregivers remain central to development and mental health in adolescence. Researchers have identified living without an engaged caregiver as a common risk factor associated with mental health conditions in adolescence. Lack of caregiving in adolescence occurs for multiple reasons, including death and migration. A study of children in China whose parents migrated away from home for work, for example, showed increased risk of depression, anxiety, suicidal ideation, conduct disorder and substance use in their children.[25] For children and adolescents facing the death of a caregiver, even brief bereavement interventions can prevent traumatic grief and lower the risk of mental health conditions.[26]

Throughout adolescence, nurturing and supportive parenting remains one of the strongest protectors of mental health. Research from the United States indicates that maternal care in adolescence is associated with lower odds of depression and eating and behavioural disorders. Paternal care is linked to lower social phobia and alcohol abuse; parents who communicate with their adolescents and keep track of their activities are also protecting their mental health.

However, the style of parenting may need to evolve as children grow into adolescents. Overbearing parenting can be a problem. For example, controlling an adolescent's agency in the world is associated with greater social anxiety and alcohol abuse but lower levels of ADHD. Conversely, disengaging from parents or caregivers early, or premature autonomy, comes with high levels of health and behaviour risks linked to poor well-being.[27]

Though the focus of studies is usually parenting style or interpersonal connection, family settings also provide other opportunities to protect adolescents' mental health. In particular, physical activity, diet and substance use often mirror parents' expectations and practices. As a result, providing caregivers support that addresses these risks in their own lives may also foster healthy mental health habits in adolescents.

BOX 11.

Nutrition, physical activity and body weight

Nutrition is a foundation of lifelong mental health; however, malnutrition and food insecurity can also become risks. Though mental health risks linked to nutrition often focus on the perinatal period, nutrition remains a risk and protective factor well into adolescence.

Lack of complete nutrition is linked to mental health risks such as low birthweight; conversely, nutrition can also be a powerful protective factor. For example, nutrition interventions that provide mothers with oral supplements – including vitamin A, calcium, zinc, along with nutrition education and antimalarial medication – have led to reductions in the risk of low birthweight.[28]

After the birth of a child, breastfeeding is a critical protective factor, with physical and psychological benefits for babies and mothers. Initiating breastfeeding within an hour after birth is proven to have benefits, including reduced mortality and morbidity from infectious diseases, and even improved intelligence.[29] Breastfeeding is also an important part of nurturing care and an opportunity for mother and child to bond, which can establish a newborn's sense of attachment and comfort.[30]

Despite these benefits, initiating breastfeeding within the first hour after birth occurs in only 48 per cent of births, and only 44 per cent of babies under 6 months old are exclusively breastfed.[31]

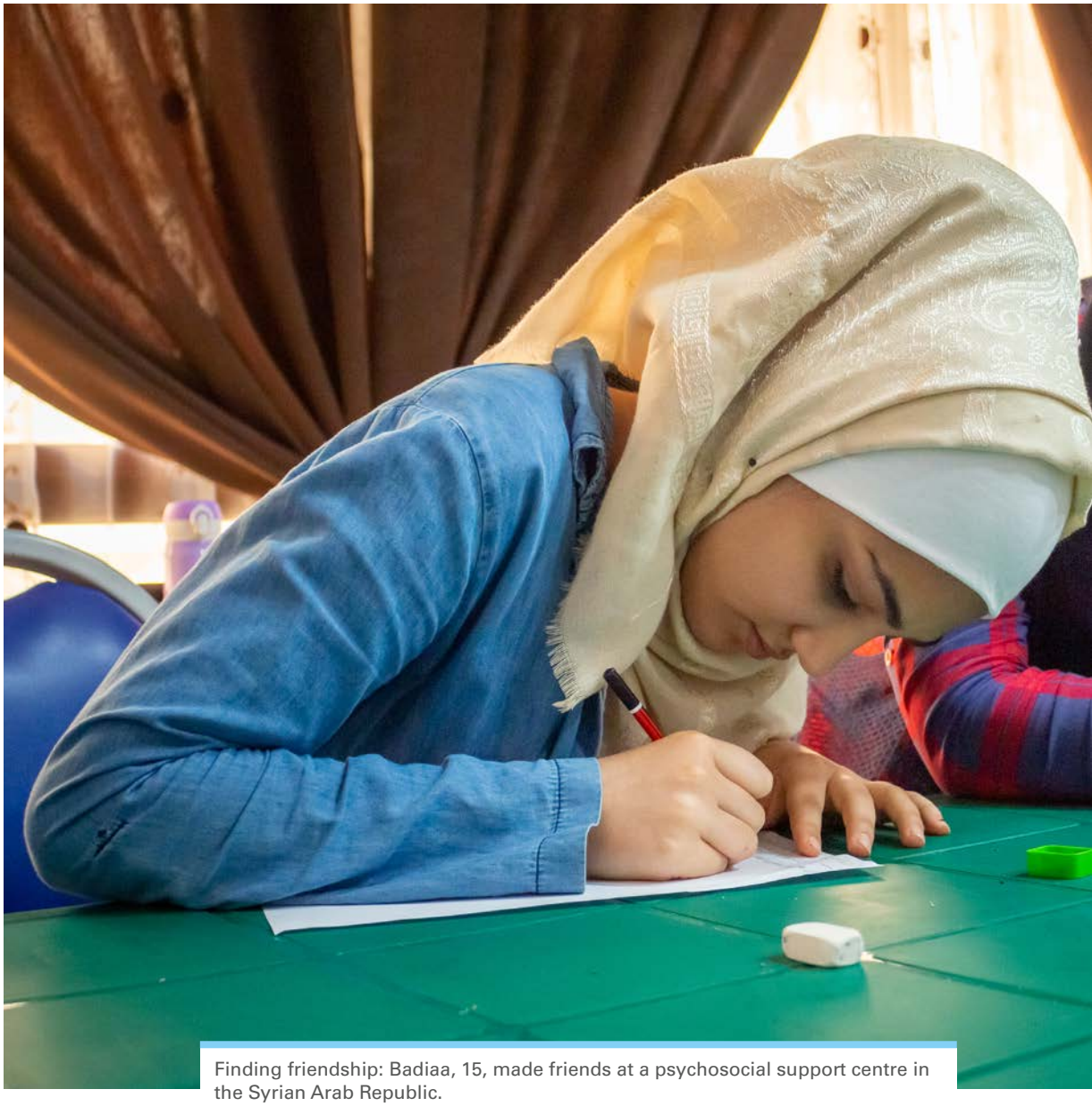
In adolescence, food insecurity is associated with mental health conditions that include anxiety, depression, attempted suicide and substance abuse.[32] Studies have also linked food insecurity to serious mental health conditions in adulthood.[33]

Globally, the challenge of malnutrition remains troubling. For children younger than age 5, 22 per cent are stunted, or are too short for their age; 7 per cent are moderately and severely wasted – too thin for their height; and 6 per cent are moderately and severely overweight.[34] Of children aged 5–19, 11 per cent are thin and severely thin, and 18 per cent are overweight and obese.[35]

In adolescence, overweight and obesity can become particular risks with links to anxiety and depression. In addition, lack of physical activity becomes a risk marker for mental health conditions. These risks may become increasingly common as the proportion of children and students who are overweight and do not get enough physical activity increases.[36] Indeed, available data indicate that, among adolescents aged 11–17 who attend school, 78 per cent of males and 85 per cent of females do not get enough physical activity.[37]

Sedentary behaviours and screen time are also linked to a lack of sleep – another risk related to mental health.[38] While adolescents are estimated to need around nine hours of sleep a night, many fall far short.[39] This problem appears to be chronic worldwide. Sleepiness is the most obvious consequence of sleep deprivation. But sleep deprivation also has long-term consequences for physical health and healthy brain development.[40] For example, evidence in recent years has linked insufficient and poor-quality sleep with the onset of a range of mental health conditions, including depression, anxiety, suicidality and impaired judgement.[41] One study of adolescents aged 14–18 in the United States showed that, for each hour of sleep lost, the odds of feeling sad and hopeless rose by 38 per cent.[42]

Body and mind: Nutrition helps build strong mental health as well.



Finding friendship: Badiaa, 15, made friends at a psychosocial support centre in the Syrian Arab Republic.
© UNICEF/UN0410508/Chnkdji

Like any parent, the pandemic left me feeling anxious. I've been worrying about how my own kids are doing, about my family's health and about how we're all going to get through this. Luckily, I'm able to shield my kids from most of my worries. But, that's not the case for so many families. Far too many children are suffering because their parents are suffering, wondering how they're going to make it through another day. To do better for kids, we need to do better for parents' mental health. When we support parents and caregivers, we support children and young people.

Born in Puerto Rico, Ricky Martin is a multi-Grammy and Latin Grammy Award winning singer/songwriter, Emmy-nominated actor, New York Times best-selling author, producer, activist and humanitarian. He was appointed a UNICEF Goodwill Ambassador in 2003.

From before conception and into adolescence, measures to promote mental health and protect the most vulnerable focus on providing care for caregivers and encouraging engaged parenting.

What young people say

Adolescent participants in the focus group discussions directed by JHU strongly agreed that family has a profound effect on their mental health and well-being. In 13 countries across the globe, these young people agreed on a common collection of risks that they deal with in their daily lives: lack of support or understanding; fighting or conflicts within their family; challenges communicating with parents and caregivers; lack of parental attention and experience of neglect.

In Jordan, for example, a girl in the discussion for 10- to 14-year-olds said: "There are many parents who do not care for their daughters. They tell her, 'You came by mistake, we do not want you, and you are not our daughter'. The girl [comes to] hate herself and regrets that she came into this world."

Some of the other less common risk factors arose in many of the discussions, including parental control, parental pressure, financial instability, traditional thinking about gender roles, the value of education and mental health.

As a girl in the 10–14 age group in Belgium said: "They tell you what to do and what to say, what not to say. What you have to wear. Or they force you to become a lawyer, which you really don't want to be, because, I don't know, maybe you want to work in a hair salon."

In the discussion group of adolescents aged 15–19, a girl in Indonesia said: "They tell me that I am their child, they are my parents, therefore I have to understand that as their child, I have to behave like a child should, which is to obey the parents."

In Kenya, a boy in the discussion for 15- to 19-year-olds made the connection between poverty, family pressure and education: "For some, they may see that if they continue going to school then they will be overburdening their parents. They may sooner or later get involved in crime like theft and also begin abusing drugs to reduce the stress."

Some common risks arose in particular countries. For example, in Belgium, China and Switzerland, adolescents spoke about the pressure they feel from their parents and caregivers to succeed academically. In Chile and Jamaica, they described family criticism, particularly targeted towards girls, as a detriment to mental health. In Kenya and Malawi, participants focused on mental health risks related to financial instability and verbal, physical and sexual abuse. In Egypt and Jordan, adolescent participants discussed verbal and physical abuse, and emphasized the control families wielded over them. For girls, this control also extended to male siblings.

In some countries, adolescents talked about the way stigmas in their societies and within their families could be a risk – sometimes, a life-threatening risk. Stigmas about sexual behaviours, unplanned pregnancy, substance use, body image and poverty were discussed as particular risks. Stigmas about sexual violence were a particular

topic of conversation among girls in Egypt and Jordan, who said that the experience of such violence exposed them to rejection by family members and communities.

In Jordan, a girl in the 10–14 age group explained: "It is possible that she will be beaten by her family and be afraid of them and [take her life] so they will not punish her and … because she feels that she is the reason for degrading her family."

Protective factors

From before conception and into adolescence, measures to promote mental health and protect the most vulnerable focus on providing care for caregivers and encouraging engaged parenting.

The Nurturing Care Framework for Early Childhood Development is one of the most widely recognized tools for encouraging engaged parenting in the early years of a child's life.[43] Established by UNICEF, the World Bank Group, WHO, the Early Childhood Development Action Network (EDAN) and the Partnership for Maternal, Newborn & Child Health, the framework identifies five categories essential to nurturing care and healthy development: good health, adequate nutrition, responsive caregiving, security and safety, and opportunities for early learning.[44] Recently, understandings of the framework have been expanded to address preconception through adolescence.[45] The expanded framework focuses on promoting resilience and securing health development throughout the life course, mitigating the consequences of risks and bolstering human capital.

Equipping parents and caregivers also requires directly addressing *their* mental health. For example, providing mental health support as part of antenatal care can limit maternal mental health conditions. A review of 13 trials showed that psychosocial interventions delivered by community health workers in LMICs reduced antenatal maternal depression. The benefits to the children included better interaction with mothers and improved growth and cognitive development.[46]

In particular, interventions that combine nutrition and interactive caregiving have bolstered children's cognitive development. In Jamaica, for example, children with stunted growth were visited by a community health worker as part of a nutrition programme. The community health workers encouraged mothers and caregivers to engage interactively with their children – to play with them. The result was a significant impact on cognitive development, with ripple effects for employment 20 years after the intervention.[47]

Consistent attention to the basic building blocks of lifelong mental health is essential throughout a child's first decade, especially for at-risk children, and nurturing care remains critical to a child's mental health.

Engaged parenting also remains a critical protective factor for mental health in adolescence. In this developmental period of transitions, positive parenting can foster adolescents' capacity for resilience in the face of adversity and have long-lasting effects on health and education.[48] Across diverse cultural contexts, warm relationships between caregivers and children can lead to positive outcomes, including higher self-esteem, reduced stress, better mental health and fewer psychological and behaviour problems.[49]

Evidence indicates that programmes which provide information and support for parents and caregivers of adolescents can improve adolescent outcomes. In particular, effective programmes increase parents' and caregivers' understanding of early and late adolescent development, and sexual development; improve attitudes about parenting; and provide opportunities to gain new parenting skills and strategies.[50]

Recent guidance from UNICEF indicates that effective programmes for parents and caregivers have the following characteristics: They draw on adolescents' strengths; are gender responsive; include adolescent participation; take into account differences in abilities; and are evidence based.[51] The content of successful programmes focuses on:

- Warmth, love and affection
- Adolescent development
- Respectful communication
- Positive discipline
- Safe environments
- Provision of basic needs
- Caregivers' and parents' mental health

BOX 12.
Medication and children

Psychotropic drugs are increasingly used to treat conditions like attention deficit/hyperactivity disorder (ADHD) and depression.[52] Data are scarce and cover mostly high-income countries, but they indicate notable growth in the use of medication.

For example, from 2005 to 2012, prescription rates for antidepressants for children younger than 19 are estimated to have increased 60.5 per cent in Denmark, 49.2 per cent in Germany, 17.6 per cent in the Netherlands, 54.4 per cent in the United Kingdom and 26.1 per cent in the United States. From 2008 to 2016, the rate rose 78.3 per cent in New Zealand.[53] However, there is evidence that some of these rises may now be slowing.[54]

To an extent, these increases reflect the reality that mental health services are more available in many countries, and that more children and young people are using them.[55] But that only explains part of the picture, and it does not address a number of the debates that accompany the use of such drugs in childhood.

Among these debates is the concern that drugs are being overprescribed – albeit, not everywhere. In many parts of the world, necessary treatments and skilled staff are lacking, meaning children who might benefit from medication go without.

Concerns about medication have been taken up by the Committee on the Rights of the Child. In 2015, the committee warned about the overuse of drugs for ADHD "despite growing evidence of the harmful effects of these drugs."[56] The committee drew a clear link between overuse of such drugs and overdiagnosis.[57]

ADHD has gained particular attention. There is emerging evidence of ADHD overdiagnosis in children and adolescents in some countries; in contrast, diagnosis remains less common in countries where culturally adapted and validated screening tools remain limited.[58] Numerous factors are at work with overdiagnosis, such as clinicians' reliance on subjective judgements rather than diagnostic criteria. The result can be higher rates of diagnosis among boys compared with girls, and among children who are younger than average in their classroom or peer group.[59]

However, there is a bigger issue at play: Overly biomedical approaches to mental health interventions can fail to address the social determinants that impact the mental health of many children, such as poverty, inequality, violence and adverse childhood experiences.[60] And they may also fail to reflect the need to ground mental health care upon the ways that individual cultures understand mental distress, healing, and recovery.

From a medical perspective too, there is criticism of what some see as an overexpansion of diagnostic categories in the absence of a solid scientific basis.[61] And there are concerns that an over-reliance on medications may obscure the advantages of non-medical approaches, including approaches that focus on promoting and protecting mental health, rather than treating conditions.

In many parts of the world, necessary treatments and skilled staff are lacking, meaning children who might benefit from medication go without.

Medications can play an important role in treating mental health conditions. But far more research is needed to understand their unique impacts on children and adolescents experiencing rapid cognitive, social and neural development; the effects of drugs on young people may be very different from those seen in adults.[62] The use of drugs also needs to be understood in the context of a broad biopsychosocial approach to mental health that holistically addresses the needs of each child. Children, adolescents and their families should have access to a range of medical, therapeutic, and other interventions and should be supported to make informed choices that are in the best interest of the child.

Learning

Opportunities for early learning is one of the main principles of the Nurturing Care Framework,[63] but the importance of inclusive education and learning environments persists beyond early childhood and into adolescence.

Risks

In early childhood, a lack of preschool enrolment can indicate risk for mental health outcomes. As a marker of mental health, preschool enrolment can be tied to the importance of early learning and responsive interaction between child and caregiver. In early childhood, responsive interaction that comes from playing, singing, talking and reading books serves a critical neurological function – it stimulates neural connections in the brain at a vital time of early childhood brain development. Research has shown that interactive stimulation from a caring adult can boost social and emotional development.

Despite links between early learning opportunities and child development, about 81 per cent of children in the least developed countries do not attend early childhood education.[64]

The risks continue into adolescence as young people pursue transitions from schools, to training and the world of work.

In 2019, nearly 200 million adolescents and young people of secondary school age were out of school.[65] According to figures from the UNESCO Institute for Statistics (UIS), the out-of-school rate for primary school-aged children was 9 per cent for girls and 7 per cent for boys; for lower secondary school, the rate was 15 per cent for boys and girls; and for upper secondary school, the rate was 35 per cent for boys and girls.[66]

In addition, 12 per cent of boys and 22 per cent of girls aged 15–19 were not in education, employment or training (NEET).[67] Globally, women were twice as likely as men to not be in education, employment or training, with some regions posting higher disparities.[68] Those who were employed often had unstable or informal jobs with no guarantee of economic stability. Of the 429 million young workers around the world, 13 per cent lived in extreme poverty, defined as living on less than US$1.90 a day; 17 per cent lived in moderate poverty, or US$3.20 a day.[69]

Absence from school or dropping out before finishing is linked to social isolation, which in turn can lead to mental health conditions, including self-harm, suicidal ideation, depression, anxiety and substance use.[70] The effect is also bi-directional. For example, some studies show that substance use and disruptive behaviour disorders can be a risk for absenteeism and drop-out rates.[71]

The barriers to employment and economic stability alter historic transitions into adult roles and are linked to risks for mental health conditions.[72] For example, a Mexico City study published in 2012 indicated that young people who do not work or who are not in some form of education or training were more likely to experience mental health conditions. In addition, they were also more likely to abuse substances, including drugs and alcohol, and were at greater risk for suicide.[73]

Tragically, sometimes the risks associated with learning come from the environment. This was a theme expressed in the discussion groups directed by JHU. In some of the discussions, schools were associated with sexual and gender-based violence.

As a girl in the discussion group for 15- to 19-year-olds in Egypt said: "The teachers harass girls even in primary or preparatory school. He touches her in ways, and she is unable to talk, because if she does, he will fail her and if she tells her people, they will say, 'You are wrong, no teacher would do that'."

For others, school environments highlighted disadvantages caused by poverty and presented

opportunities for bullying. A boy in the group for older adolescents in Malawi explained:

"At school, there are rules that everyone should dress up completely … you need a good shoe. You find that at your home they cannot provide that for you, and you are putting on 'crocs'. Others ... they get that croc and start throwing it at each other: "Look at this!" And the whole class starts laughing at you. It is so painful for us young people … it is so terrible."

Protective factors

Despite the risks that learning environments sometimes introduce, schools can *and do* serve as platforms for multifaceted health and mental health in countries around the world. In addition, they are among the most important settings for promoting emotional and social skills, and an avenue for reaching a significant number of adolescents who experience mental health conditions.[74]

In early childhood, childcare and pre-primary programmes have reported significant successes, showing positive associations with cognitive and socioemotional skills.[75] Pre-primary education can bolster collaboration with parents, foster intellectual and social-emotional development and establish healthy behaviours.[76] Many of the benefits last into adulthood.[77] However, the quality of a programme remains critical to its success. And the interventions with the most success include individualized attention, a variety of play materials, interactive reading and organized classrooms.

In adolescence, safe, predictable and supportive learning environments can foster resilience.[78] Learning opportunities that provide transferable skills – also known as soft or socioemotional skills – can help young people become agile, adaptive learners and citizens equipped to navigate personal, academic, social and economic challenges.[79]

In addition to the benefits of learning to mental health, schools provide a critical platform to promote and protect children's and young people's mental health and reach children in need of care. In countries at all income levels, evidence shows that school-based interventions are linked to mental health benefits.[80] In LMICs, mental health interventions in schools have been linked with improved self-esteem and emotional regulation, reduced anxiety and depression, and overall better well-being. Many interventions combine mental health promotion with other categories of support, including sexuality education and physical fitness. Some focus on developing social, emotional, problem-solving and coping skills; and others target specific vulnerable populations, including children affected by HIV/AIDS or war.[81]

Whole-school approaches to social and emotional learning (SEL),[82] in particular, have provided students with the knowledge, attitudes and skills they need to understand and manage emotions, set and achieve goals, show empathy, maintain positive relationships and make responsible decisions.[83]

Global evidence shows that SEL and whole-school approaches improve students' emotional well-being, social functioning and academic performance.[84] They are also linked to reduced risk of depression, anxiety and stress, and have proven effective in limiting substance misuse, antisocial behaviour, and risky health and sexual practices.

Within a whole-school approach, multicomponent interventions have proven particularly effective.[85] An examination of school-based mental health initiatives, published in 2020, indicated that interventions focused on a single concern were only marginally effective.[86] However, a tiered approach showed better results when it provided: universal interventions for the whole school aimed at preventing emotional and behavioural disorders; selected interventions for a small group of at-risk students; and individual, targeted interventions for students struggling with emotional and behavioural disorders.

Though evidence shows that SEL interventions can work, many challenges exist to effectively offer them in schools worldwide. Successful implementation requires an understanding of the particular context in which the intervention is used. And questions must be addressed such as: What are the concerns of the school? What is the cultural context?

CASE STUDY

Ireland

MindOut: Social and emotional learning for adolescent well-being

Like most of his classmates at Gonzaga College, a secondary school in Dublin County, Jude* wants to do well in school. However, the pressure can be overwhelming.

> *"Some of us do need to gain perspective," Jude, 17, said. "I have seen some people having panic attacks before exams; there definitely is a sense of pressure."*

And it is not just academic pressure. Far too often, adolescents face peer pressure, social stigma and restrictive stereotypes – all of which can take a toll on mental health. Indeed, as Ireland was developing a National Youth Strategy in 2015, young people identified mental health as one of the top three issues.[87]

MindOut, an evidence-based universal social and emotional learning (SEL) programme, offers an opportunity to address some of the mental health and well-being concerns that are important to young people in Ireland.

As part of Ireland's Health Service Executive, MindOut is offered to 15- to 18-year-olds in schools and youth settings.[88] It is also integrated into the Social Personal and Health Education (SPHE) curriculum, which is a mandatory part of school curricula.

MindOut features 13 sessions based on a structured manual for teachers. The intervention uses

Under pressure: "I have seen some people having panic attacks before exams," says Jude, 17, a student in Dublin.
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interactive teaching strategies to engage students and focuses on helping participants with essential social and emotional skills, including: self-awareness, self-management, social awareness, relationship management and responsible decision-making.

An evaluation of MindOut in 32 disadvantaged schools indicated that, when the programme was implemented well, it produced improvements in participants' social and emotional skills and a reduction in stress and depression.

At Gonzaga College, Jude's school, Aryn Penn teaches SPHE and was trained in MindOut. The programme helped her become more empathetic to the struggles of her students, she said.

> *"It really allowed me to see the schooling experience through the lens of well-being, whereas so often we are fixated on achievement," Penn said.*

For the students, MindOut taught some simple skills, such as how to be a good listener, recognize ways to access support and reach out to peers in need.

> *"The more I witnessed the value the students took from it, the more I was able to reflect on my own experience as a teacher and reframe that in terms of helping young people at this vulnerable time in their lives, rather than just focusing on homework and exams," Penn said.*

For Jude, MindOut has helped him to foster his communication skills, develop self-acceptance and acquire coping strategies, he said.

> *"I think the course does bring up some really useful stuff," he said. "There is stuff that you realize you know deep down, but it did help to go over them. You realize when you are under stress that you should be using these techniques."*

* Jude's family name is being withheld to protect his identity. He was interviewed in Dublin.

Peer relationships

In adolescence, the multiple transitions that occur in children's lives introduce new risks and sometimes increase exposure to persistent ones. In particular, the role of peers in adolescents' lives grows, bringing with it both risk and protective factors.

In adolescence, peers begin to provide a sense of identity beyond the walls of their family life. Peers help adolescents navigate social networks and understand their role in relation to their communities. In the early years of adolescence, children look to peers for behavioural and social cues and approval. Ultimately, association with a group of peers confers status at a time when adolescents are sensitive to social exclusion. Over time, adolescents can begin to conform to the norms practised by their peer group.

Risks

The growing importance of peer relationships in adolescence also introduces two main risk factors to mental health: bullying and a lack of friendships.[89]

Bullying – online and in person – and peer victimization become more common in adolescence, with effects on mental health.[90] These kinds of toxic relationships have been associated with tobacco, alcohol and drug use. They are also linked to lower academic achievement, loneliness, obesity and overweight. At least one meta-analysis found convincing evidence for a causal relationship between being bullied and anxiety, depression, poor general and mental health, non-suicidal self-injury, suicide attempts and suicidal ideation.[91]

Children and young people with disabilities can face a 'double disadvantage' with bullying, especially in school settings.[92] Research based on longitudinal data from the Millennium Cohort Study and the Longitudinal Study of Young People in England indicated that children and young people with disabilities have a greater risk of being bullied in learning environments, and that the bullying is directly related to disability rather than other stigmatizing factors. As a result of the increased risk of bullying, the adverse mental health consequences that come from bullying can also increase.

What young people say

Bullying – whether it is in the form of 'traditional' bullying or cyberbullying – was the predominant concern for the adolescents who participated in the discussion groups directed by JHU.

For example, a girl in a discussion group in Indonesia talked about being mocked for being "too short and skinny".

"I was being bullied by my friends," she said. And the experience hurt her and her friendships.

"Once I felt hurt and I got disappointed, it really made me feel indifferent towards them," she said.

Many focus group participants described a lack of trust within peer relationships. As a result of this lack of trust, many refrained from relying on friends when they faced mental health conditions. As a girl in the discussion group for 15- to 19-year-olds said: "I don't like to confide in friends because they can expose your secrets, so I keep things to myself and this increases my suffering."

Participants also talked about the negative influence of 'bad' friends and the power of peer pressure when it comes to engaging in drug and alcohol use, sexual activity, violence, bullying and stealing. A boy in the discussion among older adolescents in Malawi provided this example: "For instance, maybe the group you are chatting with smokes marijuana and you don't smoke. Eventually you are going to start smoking so that you could conform to the group's way of living … If you don't participate then you will not belong to that group. So you force yourself and find that you have started bad behaviour."

However, adolescents in the group discussions – both boys and girls – also talked about the importance of strong friendships in their lives and the ways in which social isolation caused distress. Many said that their peers were a powerful source of protection for their mental health. For many, peers were the primary source of support.

"If you don't have a good relationship with your parents, well, then maybe you, you might turn to friends, or maybe siblings who are of an equal age because they maybe can understand [you] better," said a girl in the older age group in Sweden.

Substance use

Substance use – alcohol and marijuana, in particular – are among the more common mental health risk factors for adolescents.

The most recent figures indicate that 36 per cent of boys and 17 per cent of girls aged 15–19 have had at least one alcoholic drink in the last year.[93] In part, the risk is associated with the effect of substance use on an adolescent's developing brain. Indeed, substance use may affect patterns of neurodevelopment at a time when regions involving understanding of emotion, reward, planning and consequences are being developed.

Many factors influence adolescents' substance use. Peers can be a main source of enticement to substance use, but they can also be a deterrent. Ultimately though, family and community norms also play a major role in whether an adolescent uses alcohol and marijuana.

Protective factors

Just as peers can be a source of toxic relationships and bullying, they can also be positive factors that support mental health.

For example, adolescents are less likely to engage in risky behaviours – such as drugs, alcohol or cigarette use – if their peers discourage them. At the same time, if encouraged by their peers, adolescents are more likely to become involved in positive activities such as volunteering.[94]

In general, adolescents with close friendships report greater levels of happiness.[95] They also report a stronger sense of self-worth and say they are able to find support in times of duress.[96] As adolescents move into secondary school, maintaining a strong friendship helps them adapt and can lead to fewer conduct and academic challenges.[97]

BOX 13.
Violence and mental health

Tragically, every year over a billion children aged 12–17 are estimated to be exposed to interpersonal violence with mental health consequences that include depression, anxiety, suicide and behaviour and social problems.[98]

Multiple forms of violence often co-occur in the same family, and children's exposure to both violent discipline and violence against their mothers increases their risk of violence in adulthood, either as victims or as perpetrators.[99]

Therefore, preventing exposure to violence in childhood is essential to promoting mental health. This can be easier said than done. However, evidence points to critical entry points for interventions.

For example, identifying pregnant women at risk of intimate partner violence, including pregnant adolescents and screening for postnatal depression has effectively identified mothers and children at risk.[100] Responding with gender-sensitive caregiver support for new and young parents can both promote early childhood development and prevent violence against children and women.[101]

Health services also offer a critical entry point to identify children and their caregivers who may be experiencing or perpetrating violence.[102]

Indeed, the World Health Organization (WHO) strongly recommends that health-care providers consider exposure to violence when assessing children's health, especially when facing conditions that may be caused or complicated by maltreatment. By intervening, appropriate care can be provided and referrals made to support services – action that can prevent future harm.

Chapter 4

THE WORLD AT LARGE

The world at large imprints on mental health. Poverty undermines physical and mental health and can expose children to violence and trauma; discrimination can expose children to disadvantage, prejudice, and social exclusion; and humanitarian crises and pandemics – like COVID-19 – can lead to extreme and lasting distress. Resilience helps children better cope with such stresses. Counter to what many people think, resilience can be cultivated.

All in: Inclusive learning provides educational opportunity and support to a 9-year-old in Vanuatu.

In addition to the **world *of* the child** and the **world *around* the child**, the **world *at large*** is a critical influence on children's and young people's mental health – for better or worse.

As a sphere of influence on mental health, the world at large involves multiple kinds of events and social determinants that shape children's lives. Catastrophic events such as disasters, conflicts or global health emergencies can strike at any time. Social determinants, such as poverty and discrimination, can also intrude on a child's development, often as a direct influence on children and adolescents, as well as on their caregivers, communities and schools. The influence of the world at large on children's and young people's mental health is not the same for every child. Indeed, different children and young people can experience risk and protective factors in many different ways depending on their circumstances, personal experiences and cultural context. As a result, nuanced responses that recognize the importance of culture and context are essential for protecting and promoting mental health and caring for vulnerable children.

This chapter focuses on key social determinants of mental health: poverty and discrimination. It also looks at the effect humanitarian crises – including COVID-19 – have on children and young people. Finally, the chapter examines resilience and how it can provide a pathway to promote and protect mental health.

Poverty

Poverty is a critical social determinant of mental health that shapes the lives of far too many children and their caregivers.

According to a 2020 report, 356 million children – 17.5 per cent – live in extreme poverty, which is defined as existing on less than US$1.90 a day.[1] Globally, nearly 20 per cent of children younger than 5 live in extreme poverty.[2]

Poverty is not just about a lack of money – it is multidimensional, involving deprivations in education, health, food, water and sanitation.[3] By this measurement, 644 million children live in multidimensional poverty.[4]

Effects

The association between poverty and mental health is both well established and complex.[5]

On average, a child from a poor family faces worse life outcomes than a child from a wealthier family – outcomes such as poor physical and mental health, less success with education and work, and a prevalence of risky behaviours and delinquency.[6] In addition, poverty increases the likelihood that children and young people will be exposed to risks, including violence, trauma, social exclusion, disease, and food and water insecurity.[7]

Much of the research on poverty and mental health focuses on *correlational links and causal links*.[8] However, the relationship can also be a two-way street: Poverty can lead to mental health conditions; and mental health conditions can lead to poverty.[9] For example, poverty can harm children's and young people's mental health by exposing them to risks such as extreme stress, violence and trauma. Conversely, research also shows that children and young people with mental health conditions can drift into poverty, propelled by increased health-care costs, reduced productivity, lack of employment, and stigma that denies them participation in treatment and community.[10]

A ripple effect

Poverty can also have multiple effects that compound with continued exposure and ripple throughout a child's or young person's life.

In the earliest moments, one of the primary influences of poverty on children's mental health is its effect on caregivers.[11] The stress of poverty can interfere with caregivers' capacity to consistently provide positive parenting, a key ingredient of brain development and mental health.

Research, for example, has linked the daily stresses of poverty to maternal depression, which in turn can hinder mother-newborn interactions.[12] The stress of poverty is also linked to punishing or neglectful parenting. In the first

Supported: Cash transfers are combined with psychosocial support in an alternative care intervention for a girl in India.
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Poverty is a critical social determinant of mental health that shapes the lives of far too many children and their caregivers.

years of life, this kind of parenting can create anxiety, depression and behavioural conditions.[13] Poverty – and the resulting parental distress – is also linked to ACEs, including child abuse and sexual abuse.[14]

The amount of exposure to poverty also matters. Indeed, the longer a child lives in poverty, the greater the risks to mental health.[15] In the United Kingdom Millennium Cohort Study, for example, researchers showed that, for children who lived in poverty early in life, the risk to their mental health conditions grew as they aged from 3 years old to 11 years old.[16] In addition, their mothers reported more psychological distress, which also increased as their children aged. Similarly, a Danish study associated early intermittent household poverty with conduct problems, psychosocial problems and stress in early adolescence.[17]

When the stresses associated with poverty accumulate without the protection of a caring adult, cognitive development can be impaired. As a result, children from disadvantaged families face risks to memory, executive function and the capacity for delayed gratification – functions that, when impaired, can harm mental health.[18]

Hopes and dreams

Poverty can also have a profound psychological impact on children's and adolescents' capacity to seek opportunity and realize their dreams.[19]

In discussion groups directed by JHU, adolescents spoke eloquently about how poverty affects their lives and mental health. They said poverty forced them to drop out of school, led them towards crime and prostitution, increased their drug and alcohol use, and contributed to child marriage and early pregnancy. Ultimately, they said, it contributed to stress, sadness, hopelessness and suicide.

Research has shown that children and young people formulate their world view based on their experiences of stress and deprivation.[20] For children in poverty, the view can be constricted by limited dreams and few goals – and ultimately, a loss of hope.[21]

Poverty – and relief from poverty – can impact children's expectations for themselves and their parents' aspirations for them. In Ethiopia, Young Lives –

an international study of poverty and children – showed that children's aspirations – shared by their parents – were linked to poverty.[22] In the study, 84 per cent of children in the highest income levels aimed to attend university, but only 67 per cent of children in the lowest levels shared the aspiration. The study also found that aspirations were a reliable predictor of educational attainment.

Living in poverty also affected long-term decision-making. Studies have demonstrated that deprivation focuses young people's attention on their immediate needs, leading to short-sighted, impatient and risk-averse decisions.

Access to opportunity can also have an impact on children's and young people's mental health and behaviour. Among adolescent members of under-represented minority groups in the United States, for example, cigarette and alcohol use rose after the reversal of a social policy that offered many of them a path to university.[23] Similarly, a programme in the United States that offered immigration benefits to undocumented Hispanic adults aged 19–50 was linked to a decrease in psychological distress.[24]

Income inequality also works on individual psychology with damaging effects to mental health. The most common association is between income inequality and depression.[25] Though the findings are mixed, the connection may be fostered by status anxiety, or feelings of defeat and shame arising from comparisons between social groups. Another theory is that income inequality erodes social trust and social interactions, promoting isolation, alienation and loneliness.[26] Though most of the studies on income inequality and mental health involved adults, some focused on the risk in adolescence, a critical moment of development when trust and group membership are essential elements of self-identity *(see Chapter 2).*

Response

The complex relationship between poverty and mental ill health demands complex and multisectoral responses that protect and promote good mental health.

Cash transfer programmes, for example, have shown promising results for educational attainment, use of health-care services, food security and child labour.[27] For example, an unconditional cash transfer programme in Kenya reduced depressive symptoms in young people aged 15–24, with the biggest drop in young men aged 20–24.[28]

In Rwanda, Sugira Muryango (Strengthen the Family) demonstrated success with a multisectoral approach that combined an early childhood development programme with an existing social protection programme.[29] Among the goals of the programme was to reduce violence in the home and increase fathers' engagement in play and caregiving.

As part of the intervention, trained community-based lay workers visited homes in extreme poverty to provide parents and caregivers – male and female – coaching in nurturing care, emotion regulation and problem-solving.[30] The result was improved caregiving practices, including engaged parent-child interactions, responsive care and better nutrition. In addition, intimate partner violence and harsh discipline decreased and instances of anxiety and depression in caregivers were reduced.

Break the mould in Tajikistan: Gender-based stereotypes are linked to poor mental health.
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Discrimination

Discrimination is also widely recognized as a risk to mental health, though the connection can be complex. Understanding it is complicated by the intersectionality of the different kinds of discrimination that children and young people experience – discrimination that can be based on gender, race, socioeconomic status, sexual orientation or disability.

For example, gender can overlap with race, ethnicity, socioeconomic status or sexual identity to exacerbate experiences of stigma and discrimination.[31] Or experiences of racial discrimination can vary based on gender.[32] Though the research is mixed and dependent on context, evidence indicates that these risk factors often occur together with aggravating effects on mental health and well-being.[33] Recognizing the intersectionality of different kinds of discrimination can help highlight interlocking disadvantages that affect the experience of discrimination and mental health.[34]

Gender

Though forms of discrimination often intersect, researchers have also delved into the ways different forms of discrimination influence mental health. For example, gender inequalities and harmful social norms based on gender can define roles and responsibilities that limit opportunity, restrict behaviour, and constrain expectations and self-expression – all of which can affect mental health.[35] Gender inequality, in most societies, puts girls at a disadvantage.[36] However, gender norms can influence the mental health of all. Gender norms are entrenched beliefs or expectations about behaviour or individual expression in society.[37] They vary from society to society, community to community, and sometimes, household to household. They can determine how one is treated and the power, opportunity and resources a person can or cannot have.[38]

Though the effects of gender norms on a child's development can begin even before birth, they can become more restrictive and entrenched as children grow into adolescence and adulthood.

For girls in particular, gender norms can become more restrictive in adolescence, hindering independence, movement and education. Child marriage, gender-based violence, and family and cultural expectations can significantly limit opportunity and self-determination. In later adolescence, restrictive stereotypes about work, education and family can get in the way of a young woman's fledgling ambitions and prospects. In addition, violence against women, including intimate partner violence, can harm health and mental health.

For example, 5 per cent of girls globally are married by age 15 and 19 per cent are married by age 19.[39] According to 2018 data, 16 per cent of girls experience intimate partner violence.[40]

Boys also face restrictive gender roles. Harmful concepts of masculinity can hamper boys' ability to express emotions or seek support. These constructs of masculinity can also place pressure on boys to take risks, experiment with substance use and engage in violence.

These risks often cross socioecological spheres of influence and exist in the world of the child, the world around the child and the world at large. For example, child marriage and interpersonal violence often stem from gender stereotypes and cultural norms – powerful social determinants of mental health – but they are also tied to family and community behaviours and expectations.[41]

Gender differences in mental health also begin to emerge in adolescence, and gender divides emerge in diagnoses of mental health conditions. Internalizing disorders such as anxiety and depression are more commonly diagnosed in girls, while boys are more likely to experience substance abuse and violence.[42] Although girls and boys often manifest mental distress differently,[43] before puberty, the risk for depression, though small, is equal. Starting around age 12, girls are more likely to be diagnosed with depression than boys.[44]

The gender divide in reported psychological distress and life satisfaction – and in instances of depression and anxiety disorders – can be complex to unpack. A 2021 study of adolescent mental health and well-being found that girls report less life satisfaction and more psychological distress than boys in countries around the world. However, the gap between boys and girls by these measures is larger in high-income countries such as Finland and Sweden than in some lower-income countries. The authors of the report indicate that the wider gap may be the result of stress from new and conflicting gender expectations and the frustration girls face when confronting discrimination and other barriers as they seek to achieve in arenas newly open to them.[45]

"Girls have the opportunity to speak to their peers and their parents and express how they feel inside, and boys have to hold it in," said a boy in the 15- to 19-year-old group in Jamaica.

Shaking stigma: Christian, 18, from Rwanda speaks out about his many abilities.

BOX 14.
What young people say

In the 13 countries where JHU directed focus group discussions, adolescents talked about how gender norms affected their mental health. Boys and girls had different concerns.

Girls frequently discussed the impact of restrictive norms on their well-being. Prominent themes included the role of societal pressure on body image. These restrictive norms were different in different contexts.

In Egypt and Jordan, for example, girls talked about families that valued and trusted sons more than daughters. They spoke about limited mobility and freedom, and judgement that follows even the most limited interaction with boys. They also expressed concerns about child marriage and early pregnancy.

A girl in the discussion group for 15- to 19-year-olds in Jordan said that she feels "depressed because I see my friends in secondary school and I am in something else." For her, family was the root of the problem because "they don't give us our freedom to do what we want, and they say no to everything we want. They say, 'because you are girls this does not suit you'."

A girl in the 15- to 19-year-old discussion group in Malawi said families often expect girls to take on most of the household chores, often leaving school. "They say, 'there is a boy, so a girl will not have any benefit in [the] future," she said. "So they make the girl do all the household chores at home and the boys do nothing."

However, social norms also mean that it is more acceptable for girls to seek help than boys for mental health conditions.

In all 13 countries, boys and girls discussed the impact of harmful gender norms regarding masculinity. They said that boys experienced pressure to be strong, unemotional, invulnerable and able to handle issues on their own. The result of this pressure was linked less to emotional challenges and more to behaviours, including violence, aggression, substance use and risky sexual activity. Some boys also talked about pressure to provide for their families and the lure of crime to fulfil this perceived obligation.

"Girls have the opportunity to speak to their peers and their parents and express how they feel inside, and boys have to hold it in," said a boy in the 15- to 19-year-old group in Jamaica.

CASE STUDY

Bangladesh

Empowerment and Independence: In pursuit of adolescent-friendly mental health

By age 17, Alia* had already experienced significant loss and instability in her life.

When she was 9, her mother died, and her father remarried. When she was 16, her father died, leaving Alia to care for her younger sister.

Determined to continue her studies, Alia worked as a household helper. And she found guidance and information at a local Adolescent Friendly Health Services (AFHS) centre in the Mirpur neighbourhood of Dhaka.

Her dream – and the dream of her dying mother – was that she would be able to live an independent life.

> *"The AFHS programme taught me how to speak, to address my struggles, reach out," Alia said. "No matter how grave the crisis seems, by sharing, anything can be resolved given the proper attention."*

The AFHS programme was founded by the Directorate General of Family Planning and UNICEF with the support of the Bangladesh Association for Prevention of Septic Abortion, Bangladesh (BAPSA). Throughout Bangladesh, AFHS functions at scale with support from the country's Ministry of Health & Family Welfare, with about 1,240 programmes run through health facilities. In Dhaka, UNICEF and BAPSA provide support for six AFHS programmes, though others are supported by non-governmental organizations in Dhaka and throughout Bangladesh.

AFHS is a wide-reaching programme with multiple focuses. For adolescents aged 10–19, the programme provides information on menstrual and reproductive health and puberty. In addition, it offers psychosocial support and individual and group counselling. The programme also includes recreational and cultural activities and vocational training in fields such as computers and photography.

In districts throughout Bangladesh, the AFHS programmes usually reach between 2,000 and 3,000 adolescents a month.

> *"We assure adolescents, this is a safe space to speak easy," said Mahamudul Hassan, a counsellor at an AFHS centre in Dhaka. "All your queries will be resolved, maintaining utmost confidentiality."*

During the COVID-19 pandemic, the AFHS programme was able

On her own: Alia, 17, found support as she fulfilled her dream of an independent life.
© UNICEF/UN0470727/Akhter VII Photo

to adapt to social distancing guidelines by offering sessions on rooftops, in fields, in outdoor courtyards and over phone and video.

> *"From prolonged isolation, disruption of social practices with friends and community, adolescents suffered from depression and fatigue," said Mou Juliet, an AFHS counsellor. "Providing counselling helped them to cope, interact better with their families and motivate them through such grave times."*

AFHS also reaches out to parents and communities to raise awareness about adolescent sexual and reproductive health and mental health – breaking down silence and misinformation.

> *"Receiving counselling from the programme, my daughter achieved skills needed to tackle issues which hinder her psychological well-being," said Minu Alam, whose daughter, Sharmin Akhter Eti, 19, is a peer educator at the AFHS centre in the Azimpur part of Dhaka.*
>
> *"She even can consult and clear up many confusions and misinformation of mine or many others like me."*

Indeed, peer educators – male and female – play a vital role in the AFHS programmes as they reach out to other adolescents at the centres and interact with members of their families and communities. For 18-year-old Mohammad Shohan, becoming a peer educator has helped him gain the trust of his family members, whom he can help with information, guidance and support.

> *"The AFHS programme has helped to break through the social taboos that ... we carry around about adolescent development," Mohammad said. "This generated confidence within me ..., made me confident to talk about these issues."*

Now that Alia has completed her Secondary School Certificate examination, she is also volunteering as a peer educator.

And she has already accomplished a significant goal: She and her 15-year-old sister, Shima, live independently – on their own, together.

* Alia's family name is being withheld to protect her identity. She was interviewed in Dhaka in April 2021.

Race

The effect of racism on the mental health of children and young people is profound, entrenched and widespread. The link can often be explained by the increased stress, stigma and discrimination that children and young people face in their daily lives.

In general, racism exposes children and young people to discrimination, disadvantage, prejudice, stereotyping, microaggressions and social exclusion based on race or ethnicity.[46] Racism devalues, disempowers, and can be a powerful force for denying resources or opportunities.[47] Whether felt directly or indirectly, racism significantly harms children's mental health and well-being.[48]

> *The bottom line is this: For many children and young people, tackling racism and the roots of discrimination is essential to safeguarding mental health.*

Research suggests that racism affects mental health in multiple ways: It interferes with children's and adolescents' school performance, harms cognitive functioning, limits access to health care and damages self-esteem. It can lead to symptoms of poor sleep, loneliness, depression, anxiety or distress, and increase rates of substance use or delinquency.[49] Experiences of racism can cause a ripple effect through families and communities, transmitting trauma from caregiver to child, for instance.[50] And racial discrimination may aggravate the stigmatization of mental illness.[51]

Though the amount of exposure to racism may change in the course of a person's life, during sensitive periods of development, racism may have an even greater influence on a child's mental health,[52] and younger children appear particularly vulnerable.[53] Over time, chronic stress from persistent racism can increase the risks of future mental health conditions.[54]

Racism can also impact the diagnosis of mental health conditions. For example, in the United States, white children are more likely to receive ADHD diagnoses; however, Black and Hispanic children are more likely to be perceived as having disruptive behavioural disorder, resulting in very different care trajectories.[55]

The bottom line is this: For many children and young people, tackling racism and the roots of discrimination is essential to safeguarding mental health.[56]

Disability

Far from being a homogenous group, children and young people with disabilities have a wide range of intersecting identities based on race, gender identity, language, religion, ethnicity or socioeconomic status, among others.[57]

And far too often, they face discrimination based on these multiple and intersecting identities.

For children and young people with psychosocial disabilities, discrimination can come from multiple spheres of influence. They deal with discrimination from peers and in the world around them. They are also often victims of pervasive practices such as segregation from other children and young people, overmedicalization and institutionalization. Institutions can also present risks of violence and abuse.

Addressing these forms of discrimination demands a human rights model that recognizes the complexity of intersecting forms of discrimination and addresses individual situations on a case-by-case basis, taking into account the best interest of the child and his or her views.

Lesbian, gay, bisexual, transgender, queer/ questioning and other (LGBTQ+)

Children and young people of diverse sexual orientation and gender identity confront significant and intersecting forms of discrimination that create barriers to opportunity and expose them to violence.[58]

The result can be greater risk to their mental health.

A 2020 report based on the Millennium Cohort study in the United Kingdom, for example, showed that LGBTQ+ 14-year-olds were five times more likely to

have depressive symptoms and experience self-harm compared to their heterosexual peers.[59] Bullying, victimization, physical inactivity, food restriction, poor body image and substance use were also more common. In addition, these 14-year-olds expressed lower life satisfaction and self-esteem and said they were less connected with caregivers.

The risks are not just in the United Kingdom. A meta-analysis of mental health for LGBTQ+ young people showed elevated rates of suicide attempts, anxiety and depression.[60] The instances of depression, in particular, were linked to bullying, family rejection, hate crimes,[61] internalized oppression, stress of concealing and managing one's stigmatized identity, and maladaptive coping.[62] In addition, LGBTQ+ young people, especially males, are also at greater risk of school-based victimization, which can impact academics, health and development.[63] Young people who identify as non-binary can experience worse mental health outcomes, less social support and be at greater risk of abuse and victimization.[64]

Indigenous groups

Indigenous groups around the world also face discrimination-based risks to mental health.[65] In New Zealand, for example, suicide and depression have been linked to experiences of racial discrimination among Maori young people.[66] In Australia, aboriginal children who experienced racism in school showed increased risk for emotional and behavioural conditions.[67] In Sweden, a survey of Sami indigenous children revealed decreasing senses of well-being with age.[68]

More generally, a 2018 systematic review of studies from 30 countries and territories found that many indigenous adult populations have elevated rates of suicide, compared to the non-indigenous populations. In Taiwan and Alaska, some indigenous groups had suicide rates up to seven times that of the non-indigenous populations, while the highest disparities were seen in Brazil and Canada, where rates were 20 times higher among indigenous groups compared with the non-indigenous populations.[69]

Response

Addressing mental health conditions that arise from intersecting forms of discrimination most often starts with understanding the complexity of the issues and responding in a way that helps dismantle the discrimination.

For example, addressing gender norms can be a source of engagement and empowerment for adolescents and young people, and a powerful tool for promoting mental health. A 2019 review of efforts to decrease gender inequalities indicated a link between the programmes and improvements in health among children and young people up to age 24. The study linked 10 of the programmes with the potential to change gender norms.[70] These 10 programmes shared four factors: collaboration across sectors; collaboration with multiple kinds of stakeholders; diversified implementation; and a focus on social participation and empowerment.

Mental health challenges can also be addressed by increasing a young person's sense of belonging to and appreciation of a minority group. For example, studies show that indigenous people in Canada can build resilience based on revitalizing a connection to traditional language, culture and stories, and engaging in activism for indigenous issues.[71]

For children and young people with psychosocial disabilities, efforts that target self-esteem and self-stigma have also helped address discrimination. With these efforts, caregivers' optimism and faith in a child's abilities have also served as a protective measure against self-stigma.[72]

Mental health-care systems also have to be aware of the intersectionality of discrimination and the effect it can have on individuals.[73] Recent guidelines for providing anti-racist mental health care, for example, call on practitioners to: raise their own awareness about discrimination, microaggressions, racial profiling and their potential impact on mental health; make culturally complex assessments of an individual's needs; prescribe medication only as a last resort; and establish an individualized, culturally appropriate approach to treatment that addresses issues related to racism.

Humanitarian crises

In 2021, nearly 235 million people around the globe needed humanitarian assistance in response to crises such as war, disaster, displacement and disease.[74] Children were far too often on the front lines – 415 million in 2018, each of them exposed to stress and trauma.[75]

The impact of humanitarian crises on children's and young people's mental health involves a complex mix of risks, and the effect of these risks can differ from child to child. For example, some children will have a reaction that affects their mental health and functioning in ways that are normative, despite substantial exposure to violence.[76] Others may experience extreme and lasting distress.

Complex conditions

When children and families are thrust into humanitarian crises, they bring with them histories of care and protection, insecurity and trauma. As a result, focusing on a single traumatic event – war, displacement or disaster – can mask the spectrum of experiences that shape their mental health.

Poverty, for example, is a common experience for children and young people in humanitarian crises. For some, poverty has plagued most of their lives. For others, displacement and crises have plunged their families into new experiences of deprivation.

Crisis can mean that school is disrupted, family members depart, others move in, and children are orphaned or separated from primary caregivers. These changes introduce new stresses and exacerbate existing stresses such as family violence and economic hardship. In settings established to address humanitarian crises such as refugee camps and neighbourhood resettlements, disruptions to routines add up quickly, adding stress and hardship to already difficult circumstances.

Age and phase of development can also alter how a child or young person reacts in times of stress. For example, a systematic review of children from birth to age 6 who were exposed to war identified symptoms of post-traumatic stress disorder (PTSD), depression, sleep problems, disturbed play, and psychosomatic symptoms such as stomachaches. For adolescents, PTSD, depression, aggression, anxiety and sleep conditions were prevalent.[77]

The specific characteristics of a child's or adolescent's experience with crisis can have different consequences.[78] Losing a loved one, experiencing injury, witnessing a traumatic event or directly experiencing trauma can each result in different outcomes. In addition, experiences can accumulate, compounding the impact on mental health.[79] The result is a dose effect: the greater the exposure, the greater the risk to mental health. Indeed, chronic exposure to conflict has been associated with higher levels of mental health and psychosocial conditions.[80]

The impact of humanitarian crises on children's and young people's mental health involves a complex mix of risks, and the effect of these risks can differ from child to child.

In addition, children with a history of mental health and psychosocial conditions often experience an escalation of symptoms when exposed to crises or fragile contexts. For example, exposure to disasters has been linked to the exacerbation of anxiety disorders and the development of phobias, panic disorder, separation anxiety and generalized anxiety.

The direct effects of conflict can harm children's and young people's mental health and well-being. However, conflict also inflicts indirect effects, including the breakdown of services and systems such as health care, education, and water and sanitation.[81] Many of these effects linger for generations with long-term implications for mental health. It is therefore essential to also focus on mental health interventions in efforts to build back better in the aftermath of conflicts or crises.

On the move: Refugee and migrant children in a temporary shelter in Greece.
© UNICEF/UNI375433/Canaj/Magnum Photos

BOX 15.

Mental health and migrant children

For an 18-year-old from Ethiopia, the memories of his migration journey still hurt.[82]

"I will never forget what I have experienced in my journey," he said. "Words are inadequate to explain how much I was sad and lonely."

Globally, nearly 41 million migrants are younger than age 20.[83] They migrate for multiple reasons: Some migrate to seek opportunities, others want to reunite with family members and others are escaping violence and persecution. Regardless of their reasons for leaving home, many find that the experience profoundly impacts their mental health and well-being.

In the Horn of Africa, where the 18-year-old was interviewed in 2019, most children and young people who migrate stay within the region.[84] Their experiences are complex, consisting of positive and negative impacts on their well-being, as illustrated in *Reimagining Migration Responses: Learning from children and young people who move in the Horn of Africa*, published in 2021 by the UNICEF Office of Research – Innocenti.

The report was based on surveys of migrant children and young people aged 14–24 in internally displaced person camps, refugee camps, and border and urban areas. It highlighted that, for many migrant children and young people, the experience can cause serious stress, anxiety and trauma at critical moments of child development.

In addition to the challenges of the journey, migrant children and young people reported regular exposure to extreme stressors in both their communities of origin and destinations, including persistent legal and material disadvantages and social and financial exclusion.

The migrant children and young people interviewed in the study reported strong feelings of anxiety, isolation, and fear of exploitation and abuse. They described dissolution of community and family support networks during transit, disruptions to their education, persistent feelings of limited autonomy and a lack of viable future career options. They also experienced stigmatization, marginalization and neglect – factors that not only prompted their initial decisions to leave home, but also persisted as barriers to integration in the host communities where they settled.

However, the narratives of children and young people also show their resilience, ability to adapt to uncertainty and sense of purpose as they pursue aspirations for a better future through migration.

CASE STUDY

Mexico

Making Sense of Sadness: Protecting the mental health of unaccompanied migrant children

When she arrived at the shelter, María's first feelings were of sadness.* The shelter was not her desired destination. And the route that brought her there was lined with sorrows.

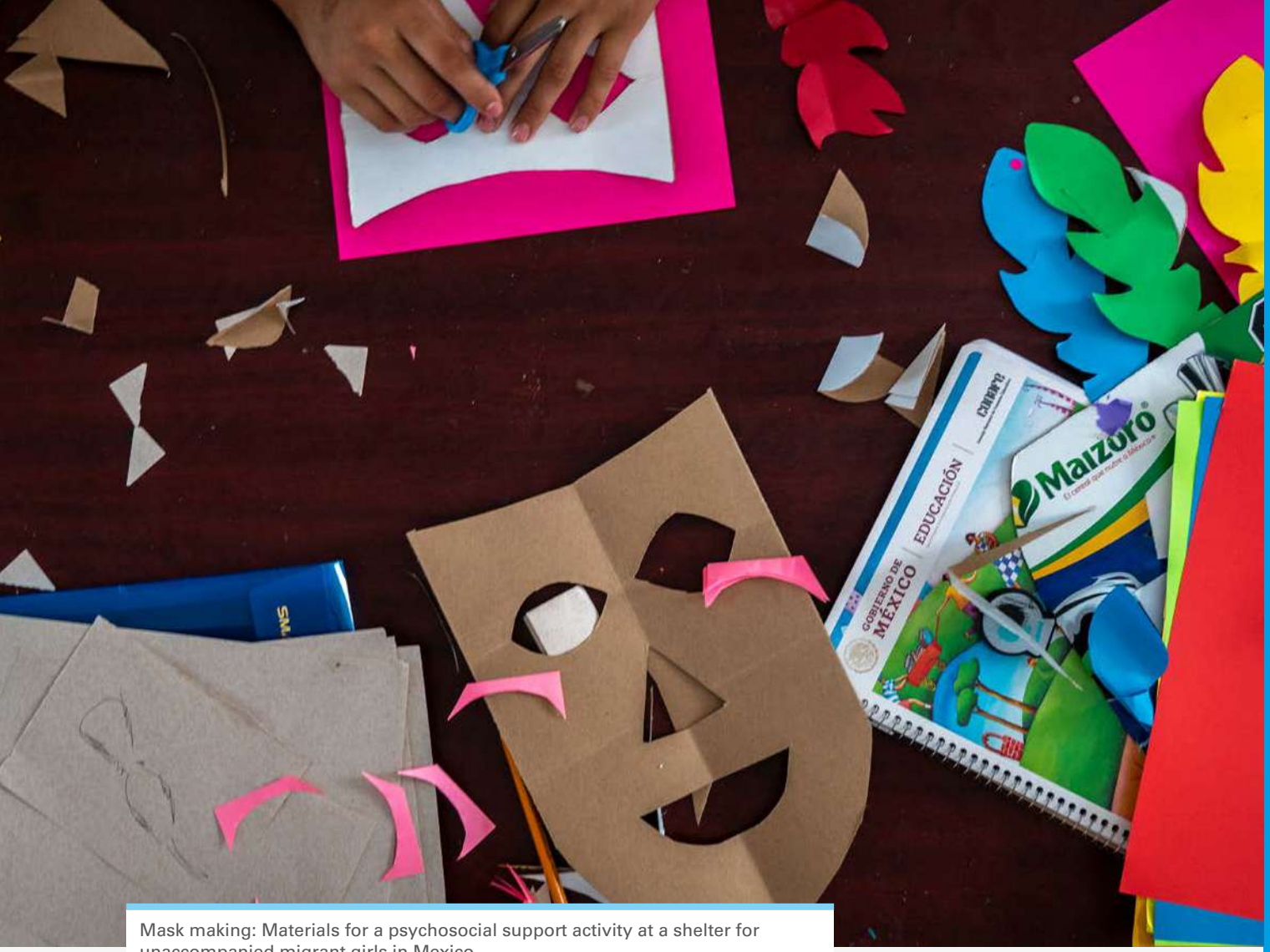
In November 2020, Hurricane Eta ripped through her native Honduras, killing her parents. Now an orphan, María, 16, decided to leave home in search of family in the United States.

María's hopes came to a halt when she was detained by immigration officials near the border of Guatemala and Mexico. From there she was transferred to Albergue Temporal para Niñas y Adolescentes Migrantes Separados o No Acompañados, a temporary shelter for unaccompanied migrant girls.

The 29-bed shelter in Tapachula is funded by the Government of Mexico, operated with support from UNICEF and managed by the local municipality. It offers the basics of food, safety and a bed, and provides psychosocial support as shelter officials assess whether it is possible to unite the girls with family members. During their stay, which officially can last up to 45 days, the girls are required to remain in the shelter.

> *"Research has shown that children experience stress when they are limited to one space, when they are locked up," said Adriana Arce, the UNICEF Field Office Manager in Tapachula. "They have also experienced stress in transit when migrating from one country to another. These situations generate stress and anxiety and may pose challenges to their mental health."*

In addition to the challenges on their routes, many of the girls who arrive at the shelter have fled dangers at home, said Montserrat García Lozano, Director of the shelter. Some had experienced abuse, gang violence and human trafficking. Like María, some of the girls had migrated on their own, forced from home by natural disasters and the effects of climate change. Far too many arrive at the shelter carrying experiences that, without the support of a caring adult, can lead to toxic stress – a significant risk to their development and mental health.



Mask making: Materials for a psychosocial support activity at a shelter for unaccompanied migrant girls in Mexico.
© UNICEF/UN0436866/Guerrero VII Photo

UNICEF provides support to Albergue Temporal para Niñas y Adolescentes Migrantes Separados o No Acompañados to strengthen its programme that provides holistic care and child-centred attention. Resilience building and life skills development, as well as implementation of psychosocial activities through recreation and sports, are part of the intervention.

"Their rights, resilience, self-esteem and the power to lead their lives travel with them," said Ana Cecilia Carvajal, who monitors psychosocial support carried out by UNICEF partners in the field. "We want to provide them with support and to remind them of their worth and to help them think positively."

The temporary shelter consists of two floors with a small outdoor eating area and a garden. The dorm rooms and a classroom are on the top floor. The first floor houses staff offices and a room for babies. In March 2021, when María was there, 18 other girls and four babies lived in the shelter. Sitting in the classroom, with sunshine pouring through the windows, María told her story and shared her experience at Albergue Temporal para Niñas y Adolescentes Migrantes Separados o No Acompañado. When she speaks, she is confident and looks directly into the eyes of adults and peers.

During her stay, María has made it a priority to attend the classes and has learned how to manage her stress and regulate her emotions, she said. She has gained an appreciation of her rights. Though she has struggled with sadness, her faith also helps her to remain hopeful and focused on her future, she said.

"Sometimes you can learn a lot even if you don't know why God brought you to a place," she said.

*María is a pseudonym used for her protection. She was interviewed in March 2021 at the Albergue Temporal para Niñas y Adolescentes Migrantes Separados o No Acompañados.

Extra help: In Ecuador, teacher Luis Carlos Anchico helps Brithany, 11, keep up with her lessons during lockdown.
© UNICEF/UN0490148/Kingman

The COVID-19 pandemic and mental health

Children may have been largely spared the worst physical effects of COVID-19, but it has still upended their lives, and created real concern for their mental health and well-being.

Globally, at least one in seven children have been directly affected by lockdowns.[85] More than 1.6 billion children have suffered some loss of education, with at least 463 million unable to access remote learning.[86] In July 2021 – more than 18 months into the crisis – UNICEF estimated that two out of five children in Eastern and Southern Africa were out of school because of the pandemic.[87] For children, the closures have translated into a loss of the comforting routine of school, sports, recreation and friends and opportunities for social and emotional development.

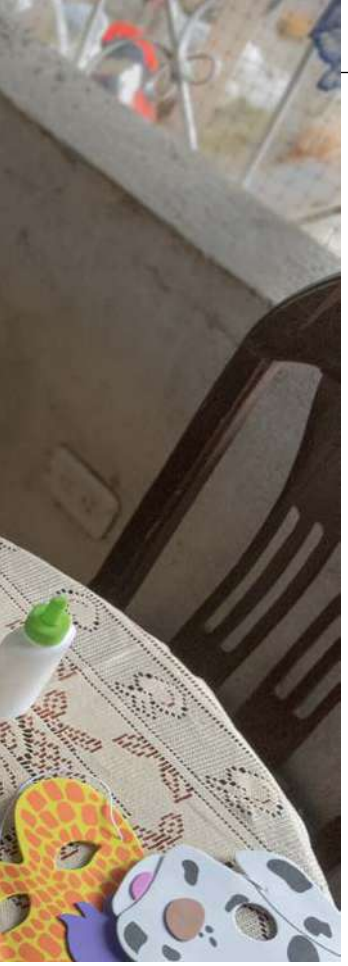
"You don't realize it but staying at home locked in, it's really not the same when you study," said a girl in Switzerland who participated in the focus group discussions organized by JHU for 15-to-19-year-olds. "Even if you tell yourself that you will study, well the social part has a huge impact on us, and I find that changes our mood a lot."

Her experience was echoed by a boy in the United States who said: "I don't feel like I'm benefitting from this [online schooling] at all. It's just a struggle even wanting to do work."

While many children and adolescents have been able to rely on families to make up some of the loss in education and learning, school closures have put a great deal of extra pressure on caregivers, in turn affecting their mental health and well-being.

The pandemic has dealt an additional blow to children who relied on support for specific mental health challenges. According to WHO, mental health services for children and adolescents were disrupted in more than two thirds of 130 countries surveyed, while school mental health services were disrupted in almost four out of five countries.[88]

And then there are the longer-term impacts. After years of progress, the pandemic triggered a sharp uptick in the number of children who live in monetary poverty.[89] According to forecasts by UNICEF and Save the Children, the number of children living below their country's national poverty line is estimated to have risen by up to 142 million in 2020, meaning nearly two out of five children worldwide were poor.[90]



While many children and adolescents have been able to rely on families to make up some of the loss in education and learning, school closures have put a great deal of extra pressure on caregivers, in turn affecting their mental health and well-being.

Economic uncertainty and loss of learning is likely to lead to a rise in early marriage, with up to 10 million more girls forecast to be at risk of becoming child brides over the next decade.[91] Malnutrition has worsened, too, with warnings that an additional 9.3 million children may be suffering from wasting by the end of 2022.[92] And at least 1.5 million children are estimated to have lost parents or live-in grandparents, leaving them at higher risk of abuse and institutionalization.[93]

In addition, the pandemic has posed particular mental health concerns for some vulnerable groups in countries with a history of conflict and forced displacement.

In Colombia, for example, a longitudinal study reported that, early in the pandemic, there was a significant decline in maternal mental health among internally displaced people, reflecting increases in anxiety, depression and parenting stress. [94] In six conflict-affected countries, interviews by World Vision and War Child Holland indicated that 57 per cent of children felt a need for mental health and psychosocial support (MHPSS) because of the pandemic and lockdowns.[95] This figure reached 70 per cent among refugee and displaced children.

Mental health concerns

It will take many years for these risk to play themselves out in terms of the mental health of children, adolescents and caregivers. Assessing the scale of the impact will be very challenging.

This is true even when it comes to the shorter-term question of how the pandemic has directly affected mental health. This question has generated an enormous amount of speculation, media coverage and academic studies.[96] But, as this report repeatedly points out, data collection on, and routine monitoring of, child and adolescent mental health falls far short of what is needed. As a result, it is difficult to compare children's and young people's mental health before the pandemic with their mental health after the pandemic started. Studies have also tended to rely on self-reporting by children or their parents, not diagnostic assessments by qualified professionals.

These difficulties need to be acknowledged upfront.

Bearing this in mind, what do studies say about the pandemic's impact on children's and adolescents' mental health? UNICEF's Office of Research – Innocenti carried out a rapid review of papers, most of which came from a few countries, particularly the United States, China and Italy, and were focused mainly on adolescents. The report, *Life in Lockdown: Child and adolescent mental health and well-being in the time of COVID-19,* is expected to be published in 2021.

Overall, the review indicates that the pandemic did fuel some increases in depression, although in most studies these symptoms were only mild to moderate. There were increases, too, in irritation and anger among children as well as anxiety. For example, in a study

early in 2020, more than a third of Chinese adolescents reported symptoms of anxiety, well above what would be expected in this age group.[97]

These feelings of anxiety and depression were echoed in the focus group discussions.

"When I think about everyone that has died because of the disease, it makes me sad and when I learn the number of cases is increasing, it makes me stressed," said a boy in the discussion for adolescents aged 10–14 in the Democratic Republic of the Congo. In Egypt, a girl in the same age group said, "It made us have fear for all our family and friends. I am not only afraid for myself but also [for] all those that surround me."

Not all children were affected equally.

Children and adolescents who faced the greatest mental health risks came from disadvantaged families, had pre-existing mental health conditions or a history of adverse childhood experiences. There was a difference in response, too, between boys and girls; girls were at greater risk of depressive symptoms, anxiety and behaviour issues, and boys were at greater risk of substance abuse.[98]

In Malawi, a boy in the JHU focus group discussions for adolescents aged 16–19 said that "young people have gone wild drinking beer because of frequent changes in opening dates for schools." A girl in the group for younger adolescents said that "a lot of people got pregnant and … a lot of people have dropped out of school."

Less noticed, but worth noting, is that the pandemic may have improved life satisfaction for some children and families by relieving them of school pressure or allowing them to spend more time together. A study in China, for example, indicated that about a fifth of students reported being more satisfied with life during the school closures.[99] In Italy, about half of parents reported positive changes in their relationship with their children.[100]

Indeed, family – including positive parenting, and being able to talk to parents and other family members – was a key protective factor for many children, providing much-needed support and bolstering resilience. Other factors included physical activity, feeling connected to friends, maintaining daily routines, and – for some young people – civic engagement (*see Box 16. The COVID Effect*).[101]

Finding resilience

As well as the *Life in Lockdown* report, a number of other studies have surveyed research from around the world. One of the most widely reported is a meta-study in *JAMA Pediatrics,* released in August 2021, that pulled together results from 29 studies worldwide, covering around 80,000 children and adolescents under 18.[102] According to the study, rates of clinically significant generalized depression and anxiety doubled over the course of the pandemic, with one in four youth experiencing depression and one in five anxiety. The meta-study notes higher rates of anxiety and depression among girls and young women and of depression (but not anxiety) among older children. Among other factors, this latter finding may reflect the impact of social isolation on an age group that relies heavily on socializing with peers.

Other studies have focused on the mental health of the general population but have provided some insights relevant to child, adolescent and caregiver mental health, for example, a forthcoming review of high-quality studies from *The Lancet's* COVID-19 Commission Mental Health Task Force. This study raises important concerns around caregiver mental health, noting that young women, including those aged between 18-24, and young mothers with children under 5 appear to have suffered the greatest declines in mental health.

Generally, however, the study sounds a relatively optimistic note, concluding that, overall, psychological distress increased in the early months of the pandemic but had mostly returned to pre-pandemic levels by mid-2020. "We were surprised by how well many people weathered the pandemic's psychological challenges," the study authors wrote. "People are more resilient than they themselves realize."[103]

BOX 16.
The COVID effect?

Studies so far indicate that the main areas in which the pandemic has affected the mental health of children and adolescents are:

Stress and anxiety: Both have increased, reflecting fear of infection, uncertainty over lockdowns and school closures, and the challenge of adjusting to the new normal. There was no strong evidence of increases in post-traumatic stress disorders (PTSD).

Depression and suicidal behaviour: There were moderate increases in depressive symptoms and sadness, especially among older adolescents. Evidence so far does not indicate a rise in suicide rates.

Behaviour problems: Lockdown fuelled an increase in anger, negativity, irritability and inattention, particularly among children with attention deficit/hyperactivity disorder (ADHD) and autism. Parents also reported that younger children became clingy and adolescents experienced more conduct problems and disruptive behaviours.

Alcohol and substance use: Limited studies indicate that adolescents, especially boys and young men, drank more and abused other substances as a coping mechanism to deal with the pandemic and other mental health issues.

Lifestyle changes: Lockdowns and school closures meant less exercise, more screen time and disrupted sleep – all of which are associated to some extent with lower quality of life and increased psychological distress.

Positive mental health: There is evidence that some children enjoyed improved life satisfaction during pandemic lockdowns because they were able to spend more quality time with family members and enjoyed a break from school and exams.

Adapted from, *Life in Lockdown: Child and adolescent mental health and well-being in the time of COVID-19*, UNICEF Office of Research, Florence, forthcoming 2021.

Child Protection Hub: Ramjan, 12, found shelter from the streets of Bangladesh during COVID-19.

PHOTO ESSAY

China

Locked Down: Keeping busy in difficult times

In February 2020, as part of the effort to control the spread of the COVID-19 virus, China's schools asked adolescents to stay home.

There was no going to school, no social events, nothing. The start of the spring semester was postponed. For Xiaoyu, who was in Grade 11 at the time of the shutdown, postponing school did not sound all bad – at first.

"When I first learned the news about the postponing of spring semester, I was happy about the extended holiday," Xiaoyu said at the time. "But now I just want to go back to school."

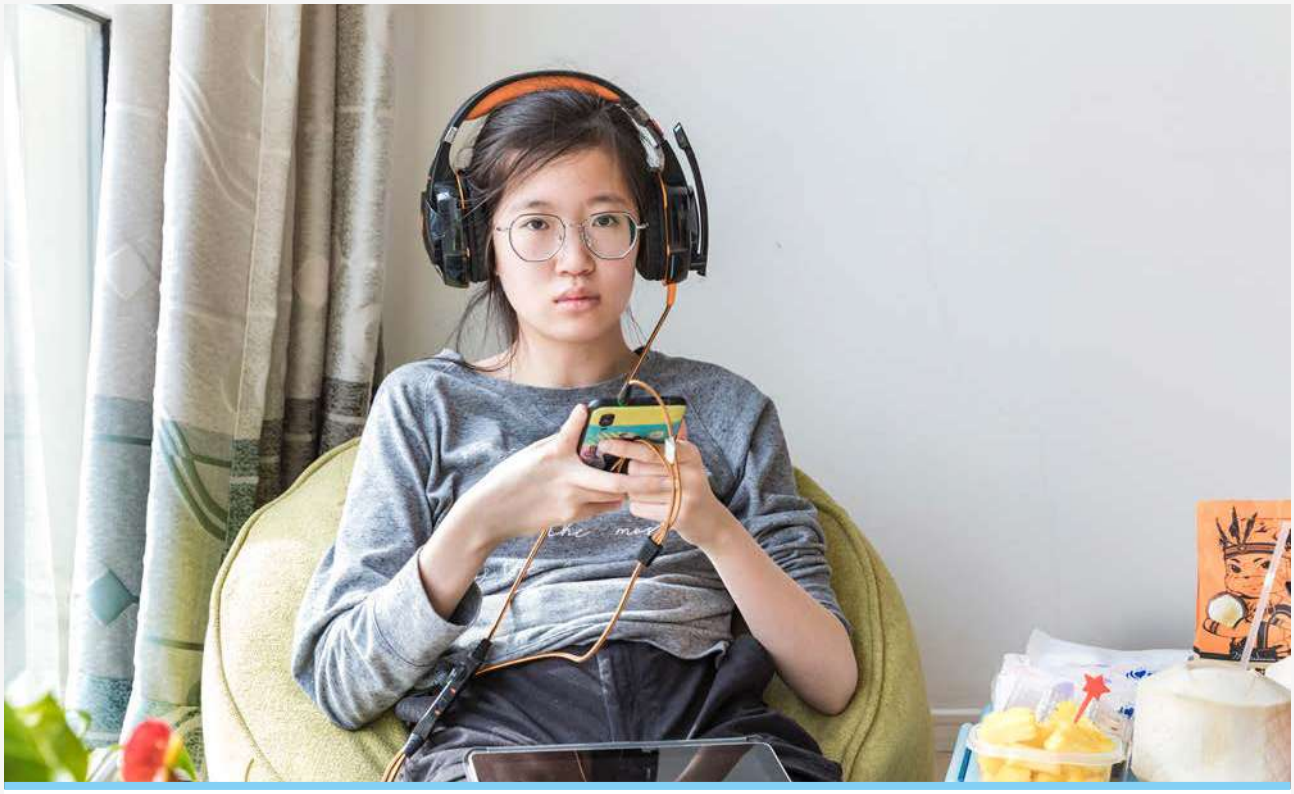
Xiaoyu kept herself busy by taking online review classes, participating in Q&As with teachers, playing online games with friends and keeping up with the news on the pandemic. She also spent time texting her friends.

> *"I miss my friends," she said. "We sometimes talk about the outbreak and when school will start. Staying at home for such a long time is so boring."*

Efforts were made to keep adolescents engaged and active, despite the lockdown. For example, tips on coping with stress and anxiety during the pandemic were created by UNICEF and the China Communist Youth League, which has about 81 million members. The tips were distributed on official digital channels. A video outreach was launched to encourage exercise during the lockdown, an effort supported by social media partners and UNICEF.

For some adolescents in China, boredom was not the only problem. A national online survey in February 2020, supported by UNICEF, indicated that 26 per cent of the respondents reported feeling worried about the virus and its effect on their education, families and communities. In addition, about a third of respondents reported feeling scared or anxious. About 21 per cent said they were afraid of dying and 22 per cent reported feelings of loneliness.

In May 2020, as China was opening up again, a follow-up survey showed a reduction in the number of adolescents who reported feelings of fear and anxiety. However, 11 per cent of respondents said they needed mental health counselling services. As the pandemic continues in China – and around the world – this call for services can be a reminder of the importance of protecting adolescents' mental health in difficult times.



At the very least, lockdown is boring, despite Xiaoyu's efforts to make staying home productive. For other adolescents, lockdown created feelings of fear and anxiety.
All photos ©UNICEF/China/2020/Ma Yuyuan

During a break from classes, Xiaoyu plays a video game with a friend.

Xiaoyu takes online classes while her mother works remotely in the background.

Exercise was encouraged and Xiaoyu responds by doing situps at home.

CASE STUDY

Philippines

Young Heroes: Building a better world, one click at a time

Daniel Delfin used to think that only superheroes could change the world. A shy and serious 21-year-old engineering student in Cebu, Daniel saw himself as a spectator of life and spent all his time studying, socializing and looking after his pet rabbit.

> *"I don't believe in youth engagement and participation," he used to say.*

Then the COVID-19 pandemic disrupted his comfortable routine.

Forced to stay home by a community quarantine mandate, Daniel turned to social media, only to find himself disgusted by most of the content. He was bothered by the deluge of angry posts from his friends calling out the Government, using bad names and hurling expletives.

Late one night, when he could no longer stand the negativity, he decided to deactivate his social media account. But before he could hit deactivate, a call for volunteers for the Young House Heroes Initiative (YHHI) caught his attention. The first thought that came to his mind was, "Am I doing good service to my country?" Before he could answer his own question, Daniel signed up as a volunteer.

> *"It was my first time to join this kind of volunteer programme," he said.*

Led by the Council for the Welfare of Children, UNICEF Philippines and the Positive Youth Development Network, YHHI has provided a place for young people to express concerns during the COVID-19 pandemic. YHHI tackles

Superpower: Daniel, 19, used his skills to help others in the Philippines during lockdown.
© UNICEF/UN0507843/Bael

critical COVID-19-related issues affecting them, including lack of participation and engagement, and mental health issues.
The programme also provides sexual and reproductive health information for adolescents, and addresses child protection. At the heart of the programme is a youth-led wellness chatline.

Daniel is one of 241 young volunteers – dubbed as heroes – whom YHHI trained to conduct mental health assessment calls and provide referrals to service providers. As a volunteer, Daniel reaches out to strangers to ask them how they are coping during the pandemic. He offers them emotional support by listening to their stories and engaging with them. Since he started with YHHI, Daniel has provided support to 55 young people. But as much as he has touched their lives, they have also given Daniel hope for the future.

> *"I was very afraid at first, but I've learned to love the project because I have an opportunity to help my fellow youth," he said. "I gained confidence after passing difficult exams and assessments."*

For his hard work, dedication, compassion and warm personality, Daniel was recognized as one of the best YHHI volunteers. He has even signed up to do more: He has since become a YHHI facilitator and creates social media content as an advocate for the programme.

Daniel continues to encourage young people to take action, do what they love, pursue their dreams and help their communities.

> *"YHHI encouraged me to be a better version of myself, even beyond my own expectations," Daniel said.*
>
> *"Now, I believe that the youth can contribute to building a better Philippines if we act now," he added. "I believe that as young people, we can help each other and our communities get through this crisis."*

SPECIAL SECTION

Digital technologies and mental health

The COVID-19 pandemic brought home, as never before, the ways in which digital technologies are now intertwined in many children's lives. For many families around the world, smartphones, tablets and laptops provided children and young people with a vital connection to school, friends and family during the long weeks of lockdown, as well as much-needed distraction and entertainment.

For many other families, the absence of digital access was never more acutely felt. As schools closed around the world, more than 90 per cent of education ministries implemented remote learning. But lack of access to televisions and digital tools meant that one in three schoolchildren were unable to access this learning.

Overwhelmingly, these children came from the poorest families.[104] There is also evidence of a gender divide when it comes to digital skills, with girls in some countries behind boys in their information communication technology (ICT) skills.[105]

The pandemic has underlined the positive role that digital technologies can play in children's lives – and the high price paid in terms of lost educational and economic opportunity by the estimated 2.2 billion children and young people under the age of 25 with limited or no internet access.[106] Despite this positive aspect of technology, many parents, teachers, and even children and young people themselves remain concerned over the impact of digital technologies on young minds.

How justified are these concerns? Two key issues, social media and screen time, can help illustrate some of the broader themes in this research.

While social media is often popularly portrayed as a key cause of anxiety and depression among children and young people, the research paints a much more nuanced picture. Overall, there is now a substantial body of research indicating only a very small association – which may be either positive or negative – between social media use and mental health, including depression, anxiety and well-being.[107] The small size of the associations has made it difficult to separate cause from effect – in other words, does social media make young people depressed or are depressed young people more likely to use social media?[108] In addition, some young people who are lonely and isolated or feeling depressed and anxious may turn to social media and the online world to find friends and support or communities that help meet their needs.[109]

With screen time, there is only limited evidence of a strong association with poor mental health outcomes. For example, a major review of reviews in the United Kingdom found 'moderately strong evidence' for an association between higher rates of screen time (including television watching) with 'higher depressive symptoms', but only weak or no evidence for anxiety and behaviour problems.[110]

For many researchers, however, in an age when digital technologies have become so integrated into so many young peoples' lives – in how they communicate, learn, socialize, play and, in some cases, earn – focusing narrowly on screen time is a distraction from much bigger questions. It is becoming increasingly hard to disentangle offline experiences from those online.[111] As more of the world becomes digitally connected in the years to come, this phenomenon is likely only to grow. Against that backdrop, we need to think about digital technologies in the much broader contexts of the child's overall life and situation.

With screen time, for example, it is more useful for parents to consider *what* children are doing in front of screens – rather than

Digital world: Friends in Viet Nam spend time together and on their phones.
© UNICEF/UNI358808/Duong

how long they are spending in front of them – and to think about how screen time fits into children's overall time use. According to Sonia Livingstone of the London School of Economics, "what matters is not so much how many hours children spend with screens but whether that takes too much time away from sleeping, playing, talking and being physically active."[112]

As *The State of the World's Children 2017: Children in a digital world* noted, it is also essential to consider the overall contexts of the child's life: As children's offline and online worlds are now inextricably connected, vulnerability in one typically equates to vulnerability in the other.[113] Or, as journalist Nathanial Popper neatly summed up in *The New York Times*: "The phone is just a mirror that reveals the problems a child would have even without the other."[114]

What young people say

Adolescents have plenty to say about digital technology and mental health. In the focus group discussions directed by JHU, participants described how digital technology was both helpful and harmful to well-being.

As a boy in the discussion group for 15- to 19-year-olds in Switzerland said: "I look at it as an instrument, like a knife; it depends on what you do with it."

Interestingly, there were large geographical differences in the amount of discussion focused on digital technology: In low-income settings, the topic was much less likely to arise than in middle- and high-income settings.

Among the many participants who did discuss digital technology, a common concern was impact of social media on self-esteem. Many described constantly comparing themselves to the 'perfect' images posted online. Another theme was an inability to control the amount of time they spent on social media or online gaming. Several adolescents also discussed their sometimes crippling need for validation online.

Many adolescents in the discussion groups also talked about cyber-violence and the damaging impact of receiving hurtful

Digital learning: Alain, 14, goes online at a refugee centre in Rwanda. Digital technologies are increasingly intertwined in children's lives.

comments online. As a girl in the discussion group for adolescents aged 15–19 in China said: "There are very few people who encourage you … For keyboard warriors who speak without thinking, only one word may hurt others."

At the same time, focus group participants also described the way digital technology helped their mental health. Adolescents around the world said that access to the internet could facilitate exposure to new ideas and different types of friends – to help them leave their 'bubble'.

Many adolescents also said that sharing their feelings anonymously was a powerful coping strategy, especially in places where stigma is strong. Girls were more likely to use this coping strategy compared with boys, who were more likely to manage distress with online gaming.

As a girl in the discussion for 15- to 19-year-olds in Jordan said about sharing feelings online: "When you don't trust anyone, you find someone."

Digital technology for mental health

Digital technology is also becoming an important part of mental health and psychosocial support services. It can be: a way to educate and disseminate information; an aid in screening and diagnosing; a conduit to treatment and care; and a tool for training and supervising mental health-care workers.[115] Digital technology may also be useful for tracking human trends in behaviour, which can help accurately formulate interventions. In addition, it has the potential to bolster the global mental health-care workforce and help equitably provide mental health services in places where they are currently scarce.[116]

Digital interventions are used for mental health and psychosocial support responses in multiple formats, including websites, games, apps, robotics, virtual reality and mobile messaging. A systematic review of digital interventions indicated that young people are likely to respond when the service is convenient, self-paced and anonymous, and when it has minimal text and offers opportunities to connect with peers.[117]

Among the promising digital interventions in use is EMPOWER, a digital training platform led by Harvard's Global Mental Health Lab.[118] The goal of the programme is to build a global mental health workforce and bridge the divide between the need and the lack of high-quality, evidence-based services in many parts of the world.

EMPOWER uses digital technology to train and provide real-time guidance for community health workers, including nurses, social workers and midwives. It also uses digital platforms to remotely track the effects of mental health-care interventions.

EMPOWER was piloted in India in conjunction with an established mental health-care organization, and in 2021, efforts were underway to launch the programme in the United States. EMPOWER is also developing content on parenting, a key approach to building the foundation of mental health in children and young people.

In addition to capacity-building, digital technology is also being used to provide treatment. For example, computerized cognitive behavioural therapy (c-CBT) can be moderately effective for treating depression and anxiety in young people aged 10–24, particularly when coupled with in-person components to encourage adherence.[119]

One innovative approach to c-CBT is Smart, Positive, Active, Realistic X-factor thoughts (SPARX), a computer game developed in New Zealand for young people.[120] The goal of the game is to restore balance to a world consumed by gloomy, negative and automatic thoughts. In it, players follow an avatar through a fantasy world of tasks that incorporate c-CBT skills, including relaxation, emotion regulation and mental restructuring of thoughts and assumptions.[121] A 2017 study that tested a version of the programme and was held before final secondary school exams indicated that SPARX reduced depression symptoms short term. However, 18 months after the study, there was no sustained effect.[122] SPARX is funded by the New Zealand Ministry of Health and the game is available for free throughout New Zealand.

In 2020, SPARX was included as part of a study aimed at determining if smartphone apps were an effective way to address students' depression.[123]

BOX 17.
Climate change and mental health

Young people have come to the forefront in calling for urgent action on climate change. In the words of young Swedish activist Greta Thunberg – who describes her own Asperger's Syndrome as a superpower – "We deserve a safe future. And we demand a safe future. Is that really too much to ask?"[124]

Climate change and, more broadly, environmental degradation, will profoundly impact young people's futures. But there is also concern about whether their mental health and emotional well-being will also be affected.

At one level, the concern about the role of climate change on mental health is related to evidence that young people feel distress over the prospect of living in a world of rising temperatures and climate unpredictability.[125] But threats to mental health and well-being also stem from the consequences of climate change, including extreme weather events such as floods and heatwaves, rising food insecurity, water insecurity and conflicts. In essence, these dangers expose young people to significantly stressful experiences and, indirectly, harm their physical health and community well-being.

There are other links between environmental conditions and mental health. For example, growing evidence indicates that air pollution harms children's developing brains, and that exposure during childhood and adolescence to pollutants such as nitrogen oxides – often found in urban streets – are linked to mental disorders in late adolescence.[126]

Concrete urban living may result in other costs to mental health too, since access to green spaces is known to benefit children's mental health and to reduce stress, especially for children from low-income families.[127]

Flood in Mozambique: Climate change will profoundly affect young people's futures, including their physical and mental health.

Resilience

Since at least World War II, researchers have examined the ways calamity impacts the human ability to adapt and recover.[128] They have asked: Why is it that one child might successfully navigate terrible hardship while another continues to struggle? What makes a child or young person resilient in the face of adversity?

Recently, the response to this question has evolved dramatically, with significant implications for how we protect and promote children's and young people's mental health.

Where once researchers – and mental health practitioners – focused on individual characteristics, they now see a complex combination of systems that come together to foster a child's or young person's resilience.[129] Theories about the process vary and methods to foster resilience remain under construction. However, evidence shows that resilience is fundamental to mental health; it is not the goal, but the means to foster mental health.[130]

Definition

In the past, research on resilience focused on individual resilience, implying a personal responsibility for overcoming adversity.[131] The definition of resilience favoured individualism and the ability to bounce back.

In recent years, a new wave of research seeks to understand resilience as a process that results from the intersection of multiple and complex systems that can change depending on context.[132] Some of these systems are found in the world of the child and are related to biological functions such as children's neurobiological stress-regulation, immune systems or family relationships;[133] others are part of the world around the child, including their schools and community resources; and others are part of the world at large – the world of social, political and economic determinants.[134]

Ultimately though, resilience definitions have shifted from a focus on individual characteristics to an approach that examines the effect of culture, context and resources.

In a cross-cultural study of resilience published in 2007, Michael Ungar and colleagues interviewed 89 young people at 14 sites in 11 countries. The analysis of the interviews showed that mental health outcomes associated with resilience depended on individual, relational, community, cultural and contextual factors. The authors concluded that resilience requires the ability to navigate seven tensions:[135]

1. Access to material resources: finances, education, health care, employment, and the basics of food, clothing and shelter

2. Relationships: healthy interactions with peers, family members and adults in the community

3. Identity: a personal and collective sense of purpose; self-appraisal of strengths and weaknesses; aspirations; beliefs, including religious beliefs, and values

4. Power and control: experience of caring for the self and others and the ability to effect change in one's social and physical environment

5. Cultural adherence: adhering to local, global or cultural practices, values and beliefs

6. Social justice: finding a meaningful role in community and social equality

7. Cohesion: balancing personal interests with a sense of responsibility to the greater good

The data showed that, though the tensions were global, individuals navigated them differently in different contexts and cultures.[136] No single way was more effective than another.

In a 2008 study, Ungar argued that resilience occurs amid significant exposure to adversity and is:

> *"The capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided and experienced in culturally meaningful ways."*[137]

Protective and promotive factors

An updated understanding of resilience requires an updated understanding of what protects children and young people against risks to mental health. It requires a multidimensional understanding of the promotive and protective factors and processes that build resilience.[138]

Evidence has shown that multiple factors combine to bolster resilience and mental health.[139] For example, a review of studies with indigenous young people in Alaska, Canada, Greenland and Norway found that a mixture of involvement in social and community activities – especially those that cultivated a connection to culture – fostered mental health.[140] These activities led to greater self-esteem and self-confidence, which were also protective influences on mental health.

Even for children whose lives are infused with multiple adversities and trauma, these factors can be a force for resilience. A study of street children in Haiti, for example, showed that despite significant adversity, the children were able to develop strategies for resilience.[141] These strategies involved figuring out how to access the little social support available to them from non-governmental organizations and other institutions, perhaps bolstering their sense of agency and hope. In addition, they built a social network of other street children, which offered a community and an identity on which to build resilience.

In Pakistan, a study of young people in the Kalasha community – a religious, ethnic and linguistic minority – highlighted the importance of cultural practices as a source of resilience in the face of pressures, including social changes in the community.[142]

Cultivating resilience

Unfortunately, the research makes clear that there is no magic formula for cultivating resilience – no one-size-fits-all intervention. Resilience is built over time and throughout the life course. However, some themes point to key elements for action. They include:

The importance of supporting the needs and well-being of parents and caregivers

Though multiple efforts exist to promote good parenting, it is also essential to support parents and their needs and well-being.[143] Or, as resilience expert Suniya S. Luthar says: "If we want a child to function well, tend to the person who's tending to the child."[144]

Support schools as protective, inclusive environments for child learning and development

Schools are foundations for children. When they are safe, stimulating and nurturing, they serve as essential learning environments and opportunities to build resilience in children and young people. As with parents, if we want schools to serve an important psychosocial function, it is essential to also tend to the educators who tend to the child.

Adopt a multisystem, multidisciplinary approach to equitably providing services that bolster resilience

Fostering resilience in children and young people requires interventions that provide learning, recreation, employment and social opportunities that address social marginalization, racial discrimination and poverty – that minimize risks and maximize protective factors in everyday environments.

Understand and tailor interventions to multiple diverse contexts

Understanding of the pathways that lead to resilience in LMICs lags in comparison to what is known about high-income countries. Interventions and impact evaluations in these settings are essential to recognizing the unique qualities required in diverse cultural settings with specific values and concepts of mental health, needs and resources.

Music therapy: Music is part of the psychosocial support provided at a refugee camp in Jordan.

SPECIAL SECTION

The face of ill-treatment

A girl is chained by her family and fed medications by force; a boy flees an orphanage only to be forced to return, tied to a bed frame without a mattress and injected with drugs; a young man is handcuffed in a juvenile court and made to feel "like a chained dog."[145]

These are just a few of the many faces of the ill-treatment inflicted on children and young people. Data on the extent of ill-treatment are scarce, but evidence indicates it is widespread. It exists in criminal justice systems, mental health services, health-care institutions, private homes, religious organizations and orphanages, among other settings. In countries rich and poor, children and young people are deprived of their human rights and subjected to detention and treatment that, in many cases, can undermine their mental health or aggravate an existing condition.

Mental distress in such settings may be interpreted as a reflection of underlying mental health issues, although it can often be a response to ill-treatment itself.[146] For example, children in institutions may be unable to form the necessary connections or secure attachments with caregivers, and this neglect can lead to behaviours like headbanging, which can result in the use of restraints.[147] In juvenile detention facilities, seclusion and restraint can retraumatize already vulnerable children and young people.[148] This trauma may, in turn, be misattributed to mental ill health.[149] In any setting, restraints can exacerbate psychological harm and place the child at an increased risk for suicide, self-harm, mental illness and developmental delays.[150]

Institutional care

Institutions are often loosely defined, but many are characterized by separation from a parent or caregiver, structural neglect, and the absence of a nurturing and stimulating environment. These institutions are of particular concern for mental health.[151] Estimates vary widely, but it is likely that at least 2.7 million – and perhaps as many as 5.4 million – children live in various forms of institutional care. There is evidence from around the world that a high proportion of them have disabilities, including developmental or mental health disabilities.[152]

There are multiple reports of abuse of children in institutions.

In Serbia, a United Nations Special Rapporteur reported a "lack of oversight and enforceable regulations on the use of physical restraints."[153] In a Ukrainian orphanage, Disability Rights International, a non-governmental organization (NGO), interviewed one boy who said: "After I escaped and they brought me back, they undressed me, put me on a mattress-less steel bed, tied me to the bed and gave me shots of psychotropic drugs."[154] In Guatemala, the NGO reported that in one private institution, "all children with disabilities were tied to chairs, regardless of their disability or degree of mobility." In another, four adolescents lay on mats with their hands restrained behind them.[155]

There is a similarly worrying picture when children and young people are deprived of liberty, whether their liberty is deprived because of immigration status, as part of criminal justice procedures, or because of health or family situations.[156] Deprivation of liberty can also produce or compound mental health conditions.[157]

Focusing on institutions tells only part of the story. There is also extensive evidence of ill-treatment in homes, prayer camps and religious institutions. In Indonesia, for example, about 14 per cent of people with serious mental health conditions are estimated to have been shackled.[158] Often, people are left without adequate shelter, food, water, or regard for their personal hygiene or safety.[159]

In countries with very few options for care for children with the greatest mental health challenges, families may turn to a range of faith-based institutions, often reflecting local beliefs, stigmas and superstitions. Again, ill-treatment is not uncommon. In prayer camps in Ghana, former United Nations Special Rapporteur on Torture, Juan Méndez, saw children and adults with mental or neurological disabilities shackled to floors, walls or trees, and forced to fast for extended periods, reportedly to deter escape or aggressive behaviour.[160]

The roots of such ill-treatment are complex. They reflect the powerful impact of stigma and the harsh reality that most families in most countries cannot access mental health services.

Mental health services

But even in countries with established mental health services, there are real reasons for concern over the treatment of children and young people. There is extensive evidence of the continued use of coercion and restraint in mental health services.[161] Such services may take an overly medicalized approach to mental health conditions, relying on top-down treatment and failing to respect the role of the individual in their own recovery. Far too often they perpetuate stereotypes of people with mental ill health as dangerous. But, as human rights advocates Dainius Pūras and Julia Hannah have noted, "people with psychosocial disabilities are much more likely to be victims of violence than perpetrators."

What can be done

Globally, treating children and young people with mental health conditions demands a profound cultural change. Children and young people with mental health conditions must not only be treated as patients, but as individuals with rights – individuals who, in accordance with their evolving capacities, can play an active role in their care through direct or supported decision-making. Mental health legislation based on the rights of individuals with mental health conditions is essential. In addition, communication, advocacy and collaboration is required with community leaders, including faith healers.[162]

Unfortunately, to date, few countries have established frameworks to meet these goals and the goals set out by the Convention on the Rights of Persons with Disabilities.[163]

Change is possible

In many countries, progress is underway to address the discrimination and violation of basic rights that occur far too often in mental health settings. Good practices exist around the globe in community mental health centres, crisis response services, hospitals and other settings.

For example, Centros de Atenção Psicossocial (CAPS) in the Brasilândia region of São Paulo offers community-based mental health centres that act as a substitute for psychiatric hospitals. Some of the CAPS facilities are tailored to the needs of children and adolescents and provide continuous community-based mental health care and support, including crisis intervention. The CAPS approach is based on the principles of freedom first and deinstitutionalization.

Unfortunately, success has not always endured. And providing community-based interventions requires a significant shift in attitude and practice. In parts of the world with few resources, these changes will be challenging.

Chapter 5

WHAT IS BEING DONE

The good news is that evidence-based efforts are underway to promote and protect mental health and care for children and young people most in need. And there are nascent initiatives aimed at collecting data and research to make this work increasingly effective and efficient. The bad news is that much, much more needs to be done.

What to do: Lova offered mental health tips for a COVID-19 campaign in Madagascar.

In countries around the world, children and young people face risks to their mental health. For some, these risks are in **the world of the child** and **the world around the child** – in homes, relationships, schools and communities. For others, the greatest risks come from **the world at large**, from social determinants such as poverty, conflict and disaster.

Though much more is needed, critical efforts are underway to make a difference in the mental health of children and young people. Some successful efforts focus on risks that arise in the **world of the child** by supporting parents and caregivers as they provide foundations of support for children and adolescents. Other efforts stem from the **world around the child** and include school-based interventions.

Care pair: The nurturing care from this father in the Dominican Republic will support his son's mental health.
© UNICEF/UN0505385/Cury

However, **the world at large** also imprints on the mental health of children and young people. Addressing these issues requires significant changes in social sectors – it requires tackling issues such as poverty, discrimination, exclusion and conflict.

Global and national initiatives

In the past decade, global mental health advocates have come together to promote initiatives that raise awareness and address children's and young people's mental health. Some of these initiatives have been forged by researchers and specialists;[1] others have been led by international organizations. Still others have been led by communities, families and young people.

Global initiatives

WHO has made significant contributions in the past decades, including with the WHO Comprehensive Mental Health Action Plan (MHAP). Established in 2013, the MHAP features four objectives – with targets and indicators – that can guide countries: effective leadership and governance; comprehensive and integrated provision of services in communities; implementation strategies for promotion and prevention; and strengthened information systems, evidence and research.[2] In 2019, the MHAP was extended to 2030, to align with the timeline for the Sustainable Development Goals.[3]

In addition, WHO has also issued guidance on interventions for the prevention and management of priority mental health, neurological and substance use disorders such as depression, suicide and behavioural disorders.[4] The Mental

Health Gap Action Programme (mhGAP) aims to increase the financial and workforce resources dedicated to mental health and provide guidance on interventions that can reach more people. It presents interventions that can be adapted to national and local situations, especially in LMICs.

WHO has also focused on tackling critical social determinants of mental health and addressing human rights injustices associated with mental health services. In 2021, WHO issued a series of guidance materials for countries on providing people-centred, community-based mental health services that address human rights issues and critical social determinants of mental health such as violence, discrimination, poverty and exclusion.[5]

In some of the world's poorest countries, governments spend less than US$1 per person on treating mental health.

Adolescent mental health has also been a focus for global action.

In 2016, WHO published the *Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to support country implementation* to provide national governments with an approach to dealing specifically with adolescent health risks, including mental health risks.[6] And in 2020, WHO produced the first guidance of Helping Adolescents Thrive (HAT), an initiative aimed at providing programmatic materials to support adolescent mental health.[7] In 2021, UNICEF and WHO added an Adolescents Thrive Toolkit, which offers guidance on addressing mental health in the health, social services, education and justice sectors.[8] A comic book was also launched for teachers working with adolescents aged 10–14.[9]

Outside the health sector, work is also underway to address risks to mental health. For example, the Nurturing Care Framework was pioneered by UNICEF, WHO and the World Bank Group to address early developmental challenges.[10] It has also played a guiding role in promoting mental health initiatives for parents, caregivers and children. In addition, UNICEF has provided parenting guidance aimed at parents of adolescents and initiatives that support caregivers.

National initiatives

Despite many promising global efforts, national responses to children's and young people's mental health challenges remain uneven and inequitable. In wealthy countries, children and young people are more likely to receive interventions to treat mental health conditions than in poor countries, where the largest populations of children and young people live. Even in countries where policies and programmes are in place, implementation can be haphazard; and programmes, where available, remain inequitable, small in scope, ineffectually implemented and not based in evidence. Significant gaps exist not only in policies and programmes, but also in the data and research required to form comprehensive and effective responses.

A review for UNICEF of data from the WHO Mental Health in Development (MIND) project – an online database of country and international resources – showed that most countries do not have specific child and adolescent mental health policies. At best, they have generic guidelines. From the information provided in the database, it is also difficult to tell what treatment, prevention and promotion programmes have been effectively implemented and are successfully responding to the needs of children and young people.

According to the 2020 WHO *Mental Health Atlas,* 68 per cent of WHO Member States reported having at least two functioning national, multisectoral mental health promotion and prevention programmes.[11] Of the 420 prevention and promotion programmes reported by 148 countries, 18 per cent focused on mental health awareness or stigma reduction, 17 per cent were school-based and 15 per cent addressed suicide. The other categories included early childhood development, parental/maternal mental health, work-related mental health and mental health and psychosocial support as part of disaster preparedness and disaster risk reduction.

There were also wide gaps in data collection. Only 31 per cent of Member States compiled public sector data on mental health and only 40 per cent compiled mental health data as part of general health statistics.

The 2020 Mental Health Atlas did not focus specifically on children and adolescents, but where it did, the overall picture was bleak. The Atlas found that only 53 per cent of 90 countries that responded to WHO's questions had a plan or strategy on child or adolescent mental health. In the countries that responded, the median number of child and adolescent inpatient facilities was less than 0.5 per 100,000 and there were fewer than two outpatient facilities per 100,000 population. In addition, the number of psychiatrists with a speciality in treating children and adolescents was fewer than 0.1 per 100,000 in all but high-income countries, where the figure was 5.5 per 100,000.

Investment

Wide gaps also exist between mental health needs and mental health funding.

Though recent data collection has been hampered by limited response in many low-income countries, WHO indicates that, in some of the world's poorest countries, governments spend less than US$1 per person on treating mental health. In upper middle-income countries, expenditure is around US$3 per person.

According to the 2020 Mental Health Atlas, median government expenditure on mental health globally was 2.1 per cent of the median government expenditure on health in general – a figure based on data from 2018. Though few low- and lower-middle income countries responded to data collection requests, the variation was vast. In low-income countries, median government spending on mental health per capita was US$0.08; in lower middle-income countries it was US$0.37; in upper middle-income countries, it was US$3.29; and in high-income countries, US$52.73.

The 2020 Atlas indicated that, especially in poor countries, individuals and families often bear the financial burden of mental health care. In 85 per cent of countries globally, individuals are fully insured or pay at least 20 per cent of the cost of mental health services. However, the out-of-pocket costs were larger in Africa, where 41 per cent of individuals pay mostly or entirely out of pocket for mental health services. In contrast, in Europe, where nearly all individuals (98 per cent) were insured for all of the costs, the out of pocket costs were up to 20 per cent.

More than 70 per cent of public expenditure on mental health went to mental hospitals in lower- and upper-middle income countries compared with less than 40 per cent in high-income countries.

International development assistance for mental health is also scarce. From 2006 to 2016, the amount was far less than 1 per cent of development assistance for health in general.[12] Development assistance for children and adolescents in developing countries is even more meagre. Indeed, a 2018 study found that, between 2007 and 2015, US$190.3 million in development assistance was devoted to child and adolescent mental health – about 0.1 per cent of the assistance to health in general.[13] Though the percentages fluctuated over the time period, assistance dedicated to the mental health of children and adolescents made up 10 per cent of all assistance for mental health in 2007, but rose to 14 per cent in 2015. In addition, most international development assistance focused on reaching children and adolescents in humanitarian settings.

BOX 18.
Barriers

As the review for UNICEF shows, international conventions, development agendas and a range of interventions have fallen far short of establishing a comprehensive global approach to promoting and protecting mental health and caring for children and young people with mental health conditions. In part, significant barriers have impeded progress. Five of the most prominent and destructive barriers are:

Stigma: One of the most prevalent barriers to promoting and protecting mental health and treating ill health is the stigma associated with it. Stigma, and the discrimination that accompanies it, prevents children, young people and caregivers from seeking treatment and participating fully in their families, schools and communities. It blocks them from living life to the fullest. Whether intentional or not, stigma fosters misconceptions about mental health and hinders research, funding and commitment to addressing the mental health needs of children and young people. It limits efforts to fully understand the emotional and psychosocial worlds of children and adolescents. In some cases, stigma can lead to gross violations of the rights of children and young people with psychosocial disabilities.

Lack of coordination between sectors: A focus on mental health conditions that seeks remedy in a single sector presents significant barriers. Coordination between multiple sectors such as health, education, early childhood development, child protection and social protection is required to address the complex needs that occur across the mental health continuum and throughout the life course.

Inadequate financial resources: Only a tiny fraction of government and international development spending is available to address mental health needs. This needs to change. In the course of a lifetime, most children and young people will fall at some point on the mental health continuum, requiring promotion and protection services. Some will need treatment for mental health conditions.

Inadequate human resources: For the most part, the human resources dedicated to mental health are inadequate. When human resources are available, they are largely focused on treatment of mental health conditions. Mental health promotion and protection are ignored. More specialists in mental health are essential, but so too is the need to increase general knowledge about mental health across multiple professional fields to provide critical promotion and protection services.

Human rights violations: Children and young people who use mental health services are far too often subjected to discrimination, prejudice, abuse, social exclusion and segregation. In some cases, children are unlawfully or arbitrarily institutionalized, overmedicated and denied autonomy, will and preferences.[14] Overcoming the attitudes and practices that marginalize mental health and people with psychosocial disabilities is essential to developing the kinds of mental health services called for by the Human Rights Council – community-based, people-centred services that do not lead to overmedicalization and inappropriate treatment.

Making a difference

Despite significant gaps, evidence-based programmes and policies have been implemented and tested to promote and protect mental health and care for the most vulnerable children and young people. Many of these efforts are integrated into established parenting, education, social protection, health-care and humanitarian responses. And many can reach across traditional boundaries to involve multiple sectors.

Parenting

Caregivers shape the world of the child throughout the first two decades of life, providing a source of healthy attachment and acting as a buffer against the kinds of trauma that can lead to toxic stress.[15] However, for many caregivers, fulfilling this critical role requires support from parenting programmes.

In line with the recommendations from the Nurturing Care Framework, many parenting programmes guide caregivers on how to provide complete nutrition, interact responsively with a child and engage in interactive stimulation and learning activities at home. Increasingly, programmes have begun focusing on providing caregivers the support they need to care for children and adolescents.

Evaluations of parenting programmes indicate that they help deepen attachments between caregiver and child, reduce harsh parenting practices and improve children's cognitive development.[16] For example, one analysis found that 88 per cent of interventions in LMICs led to positive outcomes, including improvements in parenting behaviours, family functioning, and children's and young people's mental health.[17] In addition, parenting programmes have also effectively engaged lay workers and trained professionals from complementary fields, a critical component of scaling up these programmes in low-income settings.[18]

Parenting for Lifelong Health

Though many of the most evidence-based parenting programmes come from high-income countries, there are notable efforts underway in LMICs.[19] Parenting for Lifelong Health (PLH), for example, offers a package of evidence-based, cost-effective and home-based parenting programmes that rely on local lay workers.[20]

PLH was officially launched in 2013 by partners including WHO and UNICEF. It features four packages of age-appropriate interactions grounded in evidence about child development issues such as attachment, cognitive development, behaviour management, social learning and problem solving.[21]

The effectiveness of PLH has been tested in four age groups, with successful outcomes in attention, socioemotional development and caregiver sensitivity.[22] The interventions have also led to reductions in conduct problems and harsh parenting. Some have also reduced instances of mental health conditions for caregivers.

For adolescents, the interventions have not improved mental health outcomes specifically, but have reduced family violence, depression in caregivers and use of alcohol and drugs. They have also led to improvements in family finances.[23]

PLH was started in South Africa, but plans are underway to reach more than 500,000 families by the end of 2022.[24] More than 25 LMICs are involved in sub-Saharan Africa, Eastern Europe, South and Southeast Asia and the Caribbean.

Care for Child Development

As a landmark early childhood development intervention, Care for Child Development (CCD) has led the way for other evidence-based parenting programmes. CCD started in the 1990s to promote early learning and responsive caregiving, pillars of the Nurturing Care Framework.[25]

In general, CCD interventions are embedded in education, health and social protection services and delivered at home or in community clinics, mostly by trained community health workers.[26] CCD interventions have encouraged caregivers to use household items or homemade toys to stimulate children's motor, social, cognitive and language skills, effectively using play to strengthen parenting skills.[27]

The programme has been adapted and implemented in at least 23 countries. Evaluations

Peer advisor: In Bangladesh, 18-year-old Sharmin, left, shares knowledge from the Adolescent Friendly Health Services with her mother, Minu Alam.

have pointed to improvements in parenting practices and interactions between caregivers and children. CCD has also increased children's cognitive, language and motor development.[28] In Pakistan, a randomized trial showed that, up to four years after the intervention, children in the CCD programme had higher cognitive, language, motor and socioemotional skills than the other children tested.[29]

Increasingly, programmes have begun focusing on providing caregivers the support they need to care for children and adolescents.

Education

As children grow, their environment expands to the world around them. As this occurs, schools, teachers and peers become central sources of learning and socializing; they influence emotional, behavioural and moral development.

Schools can – and often are – healthy and inclusive environments where children learn critical skills that bolster their well-being and prepare them for the future.[30] But schools are also places where children experience bullying, racism, discrimination, peer pressure and stress about academic performance. As a

result, learning environments are critical platforms where cost-effective and culturally acceptable interventions can encourage inclusion and promote and protect mental health.[31] In addition, school interventions can reach children and young people most in need of care, those who might otherwise not have access to mental health services.[32]

In recent decades, SEL frameworks have formed the backbone of many school initiatives,[33] offering an effective approach to mental health promotion and protection.[34] Systemic approaches to SEL involve interventions that respond to the developmental and cultural needs of children, young people, families and communities.[35] When well executed, these universal SEL initiatives can equip children and young people with essential cognitive, behavioural and emotional competencies that help them succeed academically, manage life's challenges and maintain positive interactions with others.[36]

Evaluations of SEL programmes have shown positive academic, social and behavioural outcomes.[37] SEL approaches that include whole-school interventions and specific interventions for at-risk children and young people have proven particularly effective.[38] For example, a whole-school approach might include initiatives such as girls' clubs, green spaces or gender-sexuality alliances that are combined with specific interventions to address mental health risks such as smoking, bullying and adolescent pregnancy.[39] However, research has shown that, regardless of approach, success requires quality implementation and resources and support from teachers, families, schools and communities.[40]

SEHER

Strengthening Evidence Base on school-based intErventions for pRomoting adolescent health (SEHER) in Bihar, India is an example of a whole-school, multicomponent mental health promotion programme that has operated on a large scale and has been tested. It features activities for all students while also offering individualized counselling for students in need. It operates in conjunction with a life-skills training programme integrated into classrooms.[41]

Evaluations showed that the programme succeeded by creating a positive school atmosphere that featured strong, nurturing relationships between teachers and students and fostered a sense of belonging among students.[42] The result was lower rates of depression, bullying and violence. Interestingly, SEHER improved students' attitudes towards gender equity, depression, bullying and violence when the intervention was delivered by a counsellor. In contrast, when the intervention was delivered by teachers, there was little effect.[43]

Positive Action

Like SEHER, Positive Action is also considered a model of a whole-school mental health intervention based on robust research.[44] The initiative has been in operation since 1977 and implemented in more than 16,000 schools, predominantly in the United States. It has been proven to be effective and cost-effective.[45]

Grounded in positive psychology, Positive Action encourages children and adolescents to develop positive thoughts that lead to positive behaviours and result in feelings of self-worth. The interventions are tailored to distinct age groups of children starting at age 5 and continuing until age 18.[46]

Learning environments are critical platforms where cost-effective and culturally acceptable interventions can encourage inclusion and promote and protect mental health.

Evaluations of Positive Action programmes have shown improvements in students' behaviour and academic success.[47] For example, a study of 1,170 students aged 8–14 in 14 low-income schools in Chicago demonstrated small but significant reductions in disruptive behaviours, violence, bullying, depression and anxiety over a six-year period. The study also indicated that students had a greater sense of satisfaction with life, that their academic

achievement improved, and substance use decreased.[48] Studies also showed that the more access students had to Positive Action, the better the results.[49]

Social protection

The influence of the world at large on mental health demands interventions that tackle some of the social determinants that affect the lives of children and young people. Though they do not necessarily target mental health, social protection interventions have provided critical pathways to addressing the risk factors associated with poverty.[50]

In general, social protection interventions aim to prevent child poverty, protect children from its effects and promote economic opportunities that can counteract the power imbalances that sustain poverty and vulnerability.[51] Often these interventions are integrated into health and education sectors and include methods such as cash transfers, tax credits, social insurance, social services and job support.

Cash transfer programmes, in particular, can indirectly influence children's and adolescents' mental health by increasing school participation, food security and access to health care and social services. Cash transfers have also led to a reduction in common mental health risks such as poor physical health and intimate partner violence.[52] In younger children, cash transfers have also positively impacted cognitive and behavioural development.[53]

Direct influences are also possible. For example, recent research showed that conditional cash transfer programmes reduced suicide by 18 per cent in Indonesia and 3.4–7.9 per cent in Brazil.[54] The effect was particularly strong among women. In Malawi, unconditional cash transfers were associated with a 15 per cent reduction in depressive symptoms in young people aged 15–22, results that were also more pronounced for females.[55]

Ujana Salama

Increasingly, social protection programmes are being delivered in tandem with social services.[56] In the United Republic of Tanzania, for example, Ujana Salama (Safe Youth) combined a cash transfer programme for adolescents aged 14–19 with in-person training, mentoring, grants and health services. Evaluation of the programme indicated that it led to a reduction in depressive symptoms.[57] After a year, male and female adolescents exhibited more positive mental health and self-esteem and demonstrated greater knowledge about sexual and reproductive health and HIV. Studies of the programme also indicated decreases in sexual violence and increases in school attendance among girls.

Bridges and Bridges Plus

In Uganda, economic interventions that also featured financial life-skills training led to improvements in physical and mental health, financial stability and food security for young adolescents who had been orphaned by HIV/AIDS.[58]

The programmes, Bridges and Bridges Plus, provided savings incentives to be used for learning, financial literacy workshops and peer mentoring. The programmes were provided to adolescents in grades 5 or 6 and lasted for about two years.

A study of 1,383 adolescents in the programmes indicated that Bridges and Bridges Plus improved self-rated mental health. Immediately after the intervention, the programmes reduced depressive symptoms and hopelessness. Adolescents in the Bridges Plus programme – which had a higher level of savings incentives – seemed to maintain lower levels of hopelessness longer.

Though they do not necessarily target mental health, social protection interventions have provided critical pathways to addressing the risk factors associated with poverty.

CASE STUDY

Spain

Journey to Mental Health: A culturally sensitive approach to mental health care for migrant young people

As Dr. Francisco Collazos sees it, the migrants and unaccompanied migrant children and young people he works with as a psychiatrist are much more than a diagnosis. And much more than a psychiatric response is required to promote and protect their mental health.

> *"Our commitment obliges us to seek alternatives that are equitable, culturally competent and adjusted to the particular needs of each population group we serve," said Collazos, a psychiatrist and founder of the Transcultural Mental Health Programme for Unaccompanied Migrant Children and Young Migrants at Hospital Vall d'Hebron in Barcelona. "This commitment to cultural competence is what governs us."*

Cultural competence is the guiding principle for the Transcultural Mental Health Programme, which reaches out to children and young people, some of whom are in Spain's child protection system and others who live on the streets. For many, their circumstances and life experiences are complicated and difficult.

According to Dr. Collazos, many of them faced challenges even before they began their migration journeys, including marginalization in the country of origin and violence at home, such as physical violence, abuse and neglect. Far too many also faced violence and hardship during transit.

Once they arrive at a destination, many experience anxiety and frustration over their status as migrants in Spain. Some also struggle under the pressure of family expectations and the difficulty of finding work and sending remittances to their country of origin. Some struggle with substance abuse.

In addition, migrant children and young people often have to deal with social exclusion and the challenge of navigating a new language and culture.

Founded in 2001 at the Hospital Vall d'Hebron, the Transcultural Mental Health Programme embraces this complex interplay of risks to migrant children's and young people's mental health in order to respond effectively. The programme engages professionals from non-governmental organizations (NGOs) and trains community mental health agents

Transcultural: "Each person is unique and has to be treated as such," says Dr Francisco Collazos, left.
© UNICEF/UN0489155/Erasmo Fenoy

and mental health professionals using a specially designed course on culturally aware assessment and multidisciplinary assistance.

Take the current partnership with Superacció, an NGO that reaches out to young migrants who live on the streets in Barcelona. In particular, its Spaai project offers a multidisciplinary approach to addressing the challenges of refugee and migrant children with interventions that include education, sports, social integration and mental health support. At the core of the mental health interventions is a recognition that a young person's cultural background is an integral part of their mental health.

With the support of the Spanish National Committee for UNICEF and local and regional authorities, the Transcultural Mental Health Programme of the Hospital Vall d'Hebron is expected to expand and become integrated into the child protection system in Catalonia.

> *"Culture is considered a risk factor and a protective factor," said Abdallah Denial Kandil, a community health agent who works with Collazos on the Transcultural Mental Health Programme. "Before this programme, there was just interpretation services. The transcultural approach is much more than that; it is an integrative model of working with fantastic results."*

For Collazos, the success of the programme can be seen in many of the young people he has worked with over the years. In particular, he recalls a young Moroccan immigrant who had struggled with substance abuse, homelessness and had run-ins with the police and immigration authorities before finding his way to Superacció.

The young man remains active with Superacció as a volunteer, even as he tries to find work and handle the demands of his mother in Morocco who needs financial assistance from him.

Collazos has also encountered surprises: "Children and young migrants accept me despite the stigma associated with mental health and psychiatrists," he said. "I feel I become a fundamental piece in their balance."

Primary health-care systems

Access to mental health promotion, prevention and care remains out of reach for far too many children and young people. Shortages of services and mental health professionals mean that children and young people miss out on the support they need. Sometimes, when services do exist, the low quality and stigmas associated with mental health care keep them away.[59]

Increasing access to mental health services requires meeting children and young people where they are. such as in homes and schools. Primary health-care providers, especially in community-based settings, also can offer a critical platform to promote and protect mental health and provide care for children and young people at risk.

The important role of primary health in mental health was recognized in the WHO MHAP, which recommends the integration of mental health care and treatment into primary health care as a way to shift away from attitudes that associate mental health with specialized and medical approaches.[60] Other efforts include the PRogramme for Improving Mental health carE (PRIME) and the National Institute of Mental Health's Scale-Up Hubs.[61] Both efforts focus on examining the community context, engaging specially trained community health workers and establishing services that meet particular community needs. Unfortunately, too often efforts to integrate mental health in primary care settings do not focus on the specific needs of children and young people.

Thinking Healthy Programme

The Thinking Health Programme has been reaching out to mothers to address perinatal depression in Pakistan since 2007.[62]

The programme integrates mental health into a primary health platform. It was initially delivered by an established corps of community-based primary health-care workers called Lady Health Workers, but it now involves trained community members.[63]

The programme is based in cognitive behavioural therapy (CBT) and includes four-weekly sessions for women in their final month of pregnancy, three sessions in the month after birth and monthly sessions for the next nine months.[64]

Early evaluations of the Thinking Healthy Programme showed that it decreased incidence of depression by half. In addition, mothers in the programme reported more engaged stimulation with their child and greater subsequent use of contraception. The babies in the study were less likely to have episodes of diarrhoea and more likely to have received immunizations.[65] A follow-up study seven years later showed a 17 per cent reduction in depression among the mothers in the programme. Mothers also showed greater time and financial investments in their children.[66]

Based on its success, the Thinking Healthy Programme was incorporated into Pakistan's National Programme for Non-Communicable Diseases and Mental Health, included in the country's universal health care package and featured in the President's Plan to Promote Mental Health of Pakistanis. In addition, the programme was included in the WHO's Mental Health Gap Action Programme (mhGAP) intervention guide and has been implemented in other countries such as Bangladesh, Bolivia, India, Nigeria, Peru[67] and

Increasing access to mental health services requires meeting children and young people where they are.

Parenting support: A mother receives counselling at a routine health check in El Salvador.
© UNICEF/UN0499578/Segovia Prado

Viet Nam.[68] Pilots are underway in China and in a mobile application in Kenya.[69]

Headspace

One of the longer-running initiatives for young people is headspace, a system of primary health-care centres for young people aged 12–25 in Australia.[70]

Headspace integrates mental health into interventions that also provide vocational support and address physical and sexual health and alcohol and drug use.[71] The intervention also offers online, phone and text messaging services. In addition, headspace reaches out to primary and secondary schools with tools to help teachers and parents support students with mental health conditions. Some of the centres offer specialized mental health services that care for young people with complex conditions, including psychosis.

Participation by adolescents and young people is a critical component of headspace, and they take part in decisions about their own care and serve as advisors to the development, strategy and operational planning of headspace. In addition, headspace reaches out to communities historically less likely to seek mental health services such as young people from Aboriginal and Torres Strait Islander and LGBTQ+ communities.

Since headspace was first started by Australia's National Youth Mental Health Foundation, it has grown from 10 centres to a national network of 110 centres. Evaluations have highlighted positive mental health outcomes for adolescents and young people. However, challenges include long waiting lists for services and staffing shortages.[72] Funding modalities can also mean that some of the services aimed at providing holistic responses suffer.

CASE STUDY

Sri Lanka

Befriending: A community-based response to mental health in the aftermath of conflict

When Sugarna Kanagratnam arrived in Tellipalai on her scooter, the children in the small town in Northern Sri Lanka greeted her with hugs.

They trusted her and enjoyed the art, drama and storytelling she brought into their lives – activities aimed at helping them open up and address their fears and anxieties.

> *"This is a place with a troubled history, but I've been happy working with children here," said Kanagratnam, a mental health counsellor.*

Kanagratnam works with Shanthiham, a mental health and psychosocial support (MHPSS) organization focused on post-conflict areas in the Northern and Eastern parts of Sri Lanka.

Over 10 years ago, for nearly three decades, the area was the epicentre of an armed conflict that inflicted death, injury and protracted displacement in camps on children and families.

In the aftermath, families and children have struggled to start a new way of life. For some, the past displacement, return and resettlement have taken a toll on family and community structures, leaving children and young people at risk for violence and neglect.

On top of these struggles, families that were once displaced face stigma associated with being 'camp people' as they try to build new homes and lives.

Kanagratnam's work in Tellipalai was part of Shanthiham's community-based MHPSS initiative in the Jaffna region in Northern Sri Lanka that was active from 2017 to 2019.

As part of the initiative, Kanagratnam and other counsellors assessed MHPSS needs in towns and villages, communicated with local leaders about the importance of mental health, established referral mechanisms and provided community outreach programmes on topics that included parenting and youth leadership. To date, the programme has served over 8,000 beneficiaries and handled 180 counselling cases. In addition, the organization helped establish Child Well-being Core Groups of community members who used their local connections to identify children and adolescents in need of MHPSS services.

Community-based care: Sugarna Kanagratnam, centre, speaks with children and parents about mental health in northern Sri Lanka.
© UNICEF/UN0505807/UNICEF Sri Lanka

Central to all these activities was the 'befrienders' – volunteers aged 19–26 who identified psychosocial needs and issues in their neighbourhoods and provided support. The volunteers were nominated by local leaders and received training and field experience. Once ready, the volunteers:

- Assisted people who needed counselling support by arranging group meetings to discuss critical issues.
- Used their involvement in the community to identify individuals and families in need of MHPSS and refer them to professional service providers.
- Reached out to children and young people who were out of school or at risk of dropping out and encouraged them to continue their education.

This community-based approach to MHPSS allowed counsellors, befrienders and members of the Child Well-Being Core Groups to earn the community's trust. By involving community members, a town or village was able to increase access to services and raise concerns to local authorities.

The befrienders, in particular, created a strong sense of ownership within communities, which allowed the programme to evolve with the needs and context of each distinct village. They also helped break through the social stigma associated with seeking psychosocial support.

After the conclusion of the programme, the befrienders have remained trusted and influential resources in their communities. Overall, the MHPSS programme has continued to serve as a bridge between the aftermath of conflict and a brighter future.

As member of a Child Well-Being Core Group, Baheerathi Jegatheeswaran – a former head of Palai Veemankaamam village – said she plans to continue the efforts underway to improve the mental health and well-being of members of her community.

> *"I learned the usefulness of having a core group in a village and understood how it helped the community," she said. "I will take this experience wherever I go and try to set up more core groups."*

Humanitarian settings

As a result of the many complex factors that arise in humanitarian crises, effective responses require a nuanced understanding of context and a multi-layered reaction. Researchers are increasingly able to establish evidence-based approaches and evaluate their efficacy, despite the complexity of crisis situations. Research-based, effective interventions include focused psychosocial support in humanitarian settings, family- and community-based programmes, and education- or training-centred models.

> *Mental health services are a critical part of humanitarian responses. But increasingly, it is also clear that they need to be central to recovery after crisis and disaster risk reduction efforts.*

In addition, these responses also look beyond the immediate crisis to foster children's and young people's lifelong mental health and build systems that can continue to address needs.

Focused interventions: Advancing Adolescents

When carefully implemented, brief, structured interventions that provide immediate responses to depression, anxiety and PTSD have been able to bolster children's and young people's mental health.[73] One example is Advancing Adolescents, which was part of a humanitarian response to the conflict in the Middle East region led by UNICEF, Mercy Corps, Save the Children and World Vision.[74] It was launched in 2014 and was part of the No Lost Generation effort in the region.[75]

In Jordan, Advancing Adolescents has offered structured group activities for adolescents aged 12–18 from Syrian refugee and Jordanian host communities. The group activities were based on a psychosocial care approach that emphasized social interaction and encouraged participation. The activities were run by trained adult facilitators and included fitness, arts and skills-training classes. [76]

Evaluations of the programme included self-reporting on mental health conditions and biological measurements of cortisol concentrations, a physical marker of stress.[77] The results showed that the programme successfully relieved stress, insecurity and distress, particularly for the adolescents who had experienced the most trauma.

Activities to bolster adolescent mental health continue in Jordan with support from UNICEF. Using a psychosocial care approach that emphasizes social interactions, activities have helped adolescents gain transferrable skills such as the ability to work in teams, make decisions, and cope and respond resiliently in times of stress.

Social and community support: Youth Readiness Intervention

Other interventions have focused on support for reintegration in the aftermath of crisis. For a group of former child soldiers in Sierra Leone, for example, the effects of the trauma continued even 15 years after the end of hostilities. And nearly half of the former child soldiers in a long-term study still experienced anxiety and depression above a threshold that could interfere with their full capacity to function in the world.[78] About 28 per cent of the group experienced PTSD at a level that exceeded this threshold.

The former child soldiers who fared the best benefited from strong family and community connection. They also faced less stigma about having been a child soldier. The young people who had the greatest difficulties had faced the most violent experiences of trauma as child soldiers and had not reintegrated into family or peer groups. These young people were at an increased risk for anxiety, depression, PTSD, attempted suicide and involvement with police.

Education and training

The long-term study of child soldiers in Sierra Leone indicated that participation in education and training were enduring protective factors for mental health.[79] However, participation in learning opportunities can be difficult as mental health conditions following trauma can complicate interactions with peers, teachers and supervisors.[80] In response to these challenges, researchers

involved in the Sierra Leone study developed an evidence-based intervention to address mental health conditions that impede life success and functioning. The programme, Youth Readiness Intervention, integrated elements of CBT, mindfulness and interpersonal group therapy to improve young people's interpersonal relationships, emotion regulation and levels of distress. After 10–12 sessions of the intervention, the young people were provided a subsidized learning experience at an alternative school for impoverished young people.

An evaluation of the Youth Readiness Intervention showed that the participants were six times more likely to persevere in school than students not in the intervention. Indeed, the programme boosted educational engagement, attendance and behaviour.

As a next step, the Youth Readiness Intervention will be incorporated into a youth entrepreneurship training programme in Sierra Leone and studied to determine if similar successes will occur.[81] Early results indicate improvements in both anxiety and depression and in labour market returns that, over time, may lead to greater economic self-sufficiency for young people affected by war.

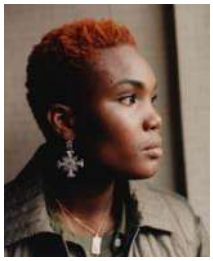
Build back better

Mental health services are a critical part of humanitarian responses. But increasingly, it is also clear that they need to be central to recovery after crisis and disaster risk reduction efforts.[82]

Emergency needs: Psychosocial support is a critical part of humanitarian responses.

WHO has advocated for efforts to build stronger mental health service systems in the aftermath of emergencies such as conflicts and disasters.[83] Where the response to emergencies includes mental health care for affected populations, opportunity exists to engage in efforts that can continue for years to come. Response to emergencies can also provide a chance to advocate for better mental health resources at a time when local and world leaders are paying attention.

In addition, there is a growing call for mental health services to be integrated into disaster risk reduction efforts and research indicates that much more is needed for effective integration.[84] Linking mental health and disaster risk reduction can mean communities – and humanitarian responses – that are more resilient, better prepared, and better able to respond to mental health needs.



I have lost friends to mental illness and watched them drown in an inky pit of darkness. I have also seen friends blossom and navigate their way towards the light with professional help and a loving, attentive support system. A mind filled with shame cannot grow and that is why I believe that deconstructing stigma, making mental health support accessible and building structures to support people, in particular vulnerable and marginalized groups, is essential. Queerness in particular should not mean guilt, it should not mean other. We must check up on each other, stand up for each other and banish shame from our vocabulary.

Arlo Parks is a BRIT Award and Mercury Award winning singer, songwriter and poet from London. In her world, words are as useful as photographs. Luscious, expressive vignettes pepper the poetic lyrics in her sweet, ruminative indie pop songs. She's inspired by an eclectic mix of artists from Radiohead to Portishead, and Sufjan Stevens to Solange.

BOX 19.
Preventing suicide

Suicide destroys lives, and the trauma can travel far beyond the victim's own family to affect friends, schoolmates and communities. These ripples can, in turn, lead to the loss of other young lives: Clusters of suicide and suicidal behaviour are much more common among young people than among adults.[85] In the past, these typically occurred in settings like schools, universities and detention centres. But, increasingly, there is concern that coverage and discussion of suicide on social media may create clusters among victims bound only by their digital connections.

Suicide is often linked to self-harm, when individuals deliberately harm themselves by, for example, taking excessive doses of paracetamol or poison, cutting themselves, or jumping from high buildings. It can often be difficult to determine the meaning behind such acts: Was the young person deliberately seeking to end their own life or trying to temporarily escape an unbearable feeling or situation?[86]

Some young people are at greater risk than others. While suicide rates are typically higher for boys and young men among young adolescents, girls are much more likely than boys to self-harm, which is a risk factor for suicide.[87] Similarly, adolescents who identify as LGBTQ+ are a particular risk group: Data from the United States, for example, indicate that the proportion of LGBTQ+ individuals who died by suicide among 12- to 14-year-olds was three times higher than among 25- to 29-year-olds.[88] And a 2016 study of students in the United States showed that lesbian, gay or bisexual 14- to 18-year-olds were almost three times more likely to have seriously contemplated suicide than their straight-identifying peers.[89] Despite rising social acceptance in much of the world, there is evidence that today's LGBTQ+ young people are more likely to have attempted suicide than LGBTQ+ young people in previous generations.[90]

The higher risk of suicide clustering among the young, coupled with the reality that many suicides are preventable, underlines the importance of suicide prevention. There is no single solution, and the risk can only ever be reduced – not eliminated – but there is clear evidence from around the world that much can be done to save young lives.

An important first step may be the development of a national suicide prevention strategy. As of 2018, 40 countries had such strategies, which typically target actions across a range of sectors, such as health, education, social protection and the law.[91] Approaches can include research and data collection to establish the scale of the problem, better understand risk and protective factors, and identify high-risk groups; restrictions around the means of suicide; guidelines for media reporting of suicide; building social and emotional skills of adolescents; reducing stigma; and providing special training for health workers, teachers, police and others.[92]

Research indicates that such strategies help reduce suicide rates, and that they may be particularly impactful among younger age groups.[93] WHO's *Live Life Implementation Guide,* released in June 2021, offers

countries strategies, examples and resources for enacting evidence-based programmes to address suicide.[94]

Limiting access to lethal methods is an important step in all suicide prevention, but especially for young people, who may be more likely to act impulsively.[95] There is a common misconception that people who seek to lose their lives to suicide will find a way, no matter what. But this greatly misunderstands the path that a young person may take from thinking about suicide – ideation – to planning and then acting on it. The suicidal crisis that leads to action may be caused by feelings of extreme pain or hopelessness, but such feelings may pass, at least for a time. If a young person can be prevented from killing themselves during such a crisis, there is a strong possibility they will not attempt suicide again.[96]

Social media and traditional media can play an important role for adolescents during these crises – sometimes the role is protective and other times it can be harmful.[97] As a result, providing local resources online and implementing protocols to monitor web content for harmful materials is key.[98] An example of this kind of effort is StigmaWatch, a programme that promotes responsible reporting of mental health and suicide in Australia.[99] Clearly, there are limits to the extent to which means can be restricted, especially in countries where hanging or jumping from a height are widely used methods of suicide.[100] Still, much can be done. For example, limiting access to guns helped lower suicide rates in Australia, Canada and New Zealand, while in Sri Lanka restrictions on the sale of highly toxic pesticides were linked to a sharp fall in suicides at around the turn of the century.[101]

Schools must also be part of the response. Whole-of-school approaches may normalize the idea for students that it is okay to ask for help. There is also a role for training 'gatekeepers' – adults and young people with the skills to spot warning signs – such as mood and behavioural changes, hopelessness and withdrawal – and who can provide guidance on how to seek help.[102] Schools can also play a role in building socioemotional skills such as problem solving and stress management.[103] The design of the programme matters – for example, in Europe, studies indicate that the Youth Aware of Mental Health (YAM) programme succeeds in lowering rates of suicide ideation and attempts.[104]

We still know far too little about what drives young people to kill themselves or to self-harm. Research is hampered by many issues, including vague and inconsistent terminology, an absence of widely used and standardized measures,[105] stigma, and the under-reporting and misclassification of suicide deaths – a particularly acute issue with suicides among young people, where officials and medical figures may try to protect a family that has lost a child to suicide.[106] Much more work is needed too on identifying children at greatest risk, understanding the particular factors that distinguish young people who just think about suicide from those who attempt it, and the effectiveness of prevention strategies.[107]

CASE STUDY

Kazakhstan

Reaching New Heights: A proactive approach to preventing suicide

At home, Dina* has plenty of interests. The 14-year-old plants trees, cares for the garden and dances to K-pop videos in the living room.

At school, things are more difficult, and interacting with peers, stressful.

> *"They are not like me," Dina said. "We do not share the same interests."*

Recently, however, Dina has addressed her feelings of stress and anxiety with the help of Bakhytkul Seitkhanova, an educational psychologist.

> *"[Seitkhanova] taught me to express my thoughts openly," Dina said. "I feel now that I should never give up."*

Dina was paired with Seitkhanova in 2020 after an assessment conducted as part of the Adolescent Mental Health Promotion and Suicide Prevention Programme (AMHSP), a pivotal school- and health-care-based adolescent mental health awareness and suicide prevention programme in Kazakhstan.

> *"She was too private," said Seitkhanova, who works at Dina's school. "She had problems in her family. I worked with her once a week for two months. I now continue to work with her twice a month."*

AMHSP was founded in 2015 in response to a grave public health concern in Kazakhstan: suicide among young people. Since then, the programme has delivered significant results.[108]

An evaluation of AMHSP from 2015 to 2017 in Kyzylorda, where Dina lives and attends school, showed a 36.1 per cent decrease in suicidal ideation among young people, 80.6 per cent decrease in anxiety, 56.1 per cent decrease in depression and 65 per cent decrease in stress.

In addition to providing critical help to students, AMHSP has also raised awareness about the importance of mental health for school personnel. For Zhaniya Bissenova, an educational psychologist with 15 years of experience, AMHSP changed how she views her work at the 204 School in Kazaly, a town in the Kyzylorda region.

> *"I realized that children who need help send signals," Bissenova said.*

> *"I feel more confident as a professional," she added. "I am not afraid; I act more firmly."*

Sending signals: Educational psychologist Zhaniya Bissenova, right, watches for signs of suicide in her students in Kazakhstan.
© UNICEF/UN0474199/Babajanyan/VII Photo

AMHSP was developed with partners, including UNICEF, as an intervention for school and public health professionals. The goal of the programme is to identify adolescents at risk of mental health conditions such as suicide and provide them with psychosocial support.

In addition, AMHSP also focused on reducing stigma associated with mental health – stigma that can keep young people from seeking help. One of the primary ways the programme addressed stigma was to reach out to parents.

In the region of Kyzylorda, for example, adolescents were only allowed to participate in mental health screenings with parental or caregiver consent. Therefore, AMHSP also focused on helping school and health-care workers reach parents with information.

As a result of the programme, the number of parents who refused to give permission for mental health screenings dropped to 5 per cent from 2015 to 2016 and to 1 per cent by 2017. In a sign of strong support from the highest levels of government, the Kazakhstan Prime Minister featured AMHSP in the country's National Action Plan for 2015–2020, and in 2015, implementation of AMHSP began in the Kyzylorda region with support from partners, including: the country's National Centre for Mental Health; the ministries of health, education and science, and internal affairs (police); and the regional health and education departments. In 2016, implementation began in the Mangistau region.

Overall, Kazakhstan is on a path to making mental health – especially for children and young people – a primary national concern. The Government of Kazakhstan is embracing AMHSP as a centrepiece of adolescent mental health services and has increased financing for mental health services by 25 per cent.

However, the success of these efforts will ultimately be measured by improvements in the lives of children and young people.

Dina, for one, is on her way.

> *"No matter the difficulties, you need to go forward," Dina said. "And by overcoming difficulties, you will reach heights."*

* Dina is a pseudonym being used at her request to protect her identity. She was interviewed in May 2021 while walking through mulberry trees on a main street in Kyzylorda.

Learning in lockdown: Mila, 11, from Panama, reads in quarantine.
© UNICEF/UNI322367/Schverdfinger

Data and research

Despite promising approaches, effectively responding to children's and young people's mental health challenges requires accurate data and robust research. In most of the world, data are not available; they are not collected, analysed or used to develop effective policies and programmes or to allocate resources. Indeed, a lack of national data and research can hide children's and young people's mental health challenges, making it difficult to advocate for services and respond effectively.[109]

Particularly in LMICs, where 90 per cent of the world's 1.2 million adolescents live, data and research are scarce.[110] In these countries, available data on adolescents' mental health cover about 2 per cent of the population.[111] In the countries where data are collected, methods differ and often the data cannot be compared. As a result, most of the data on the prevalence of mental health conditions and associated risk factors, especially in LMICs, are modelled estimates.

A lack of national data and research can hide children's and young people's mental health challenges, making it difficult to advocate for services and respond effectively.

Using modelled estimates offers a glimpse into the prevalence and burden of mental health conditions in the lives of children and young people. It allows children's and young people's mental health conditions to be counted in places where they might otherwise go unnoticed. However, modelled estimates can only offer a general understanding of the situation. Weaknesses and omissions in modelled data can become magnified when used on a large scale.

Part of the data and research problem is a lack of funding. In 2019, investment in mental health research amounted to about 50 cents per person per year, given a population of 7.7 billion, and stark inequalities mean that only 2.4 per cent of this funding is spent in LMICs.[112] Only 33 per cent of the total spent on mental health research involves adolescents.

Improvements

Efforts to improve understanding and evidence-based responses are underway around the world. But there are challenges.

Collecting data requires definitions of mental health conditions that can be applied in different settings and different cultural contexts. Indeed, context can determine how mental health conditions present and how the symptoms are interpreted. In addition, it is essential to capture information on experiences that do not necessarily meet the definitions of diagnosable disorders – experiences that may point to anxiety or depression, for example.

In recent years, however, tackling these challenges and improving collection and management of mental health data has become a major focus of research and development organizations. For example, UNICEF, WHO and other key partners have embarked on Measurement of Mental Health Among Adolescents at the Population Level (MMAP), a robust and methodological approach to collecting and managing mental health data for adolescents in LMICs.[113]

When complete, MMAP will provide a culturally sensitive suite of tools to capture and validate data on symptoms of anxiety, depression, functional impairment, suicidal thoughts and behaviours, and psychosocial support. MMAP also provides a tool for researchers to proactively detect mental health conditions and enable lay community workers to refer adolescents to the support they may need.

Another collaborative effort is the Common Measures in Mental Health Science Governance Board (CMB). Founded in 2019 by the National Institute of Mental Health and the Wellcome Trust, CMB has outlined a core list of research questionnaires aimed at improving data collection and research on mental health.[114] In collaboration with academic and institutional partners such as WHO, UNICEF is using MMAP to adapt and evaluate these common measures for use in LMICs.[115]

Research efforts are also underway to make critical links between mental health and some of the social determinants that put children and young people at risk. For example, CHANCES-6, a project of the Care Policy and Evaluation Centre at the London School of Economics, has engaged in a large-scale research programme investigating the links between poverty, mental health and life chances for young people from economically deprived backgrounds.[116] The programme was underway from 2018 to 2021 in Brazil, Colombia, Liberia, Malawi, Mexico and South Africa. Their methods focused on examining the impact of cash transfer programmes on mental health and the impact of mental health programmes on poverty.

The UNICEF Office of Research – Innocenti has embarked on research efforts that will identify evidence gaps and systematically review and synthesize available evidence on children's and young people's mental health in LMICs.[117] The work will also include efforts to clarify critical concepts, definitions and measurement approaches for children's and young people's mental health as a first step towards developing mental health indicators that can be measured and monitored.

Chapter 6

A FRAMEWORK FOR ACTION

We may not have all the answers, but we know enough to get to work. To promote and protect mental health for every child and care for children facing the greatest challenges, we need commitment backed by investment; communication that breaks the silence and breaks down stigmas and barriers to change; and action that minimizes risk factors and maximizes protective factors in key areas of children's and adolescents' lives, especially the family and school.

Global challenge: To support the needs of children like Elena, 11, in Armenia, we need commitment, communication and action.

Framework for Action

To promote, protect and care for children's mental health, we need to…

Commit

Strengthen **leadership** and **partnerships** and scale up **investment**

Communicate

Tackle **stigma**, open **conversations**, and **engage with young people**

Act

Minimize **risk factors** and maximize **protective factors** for mental health in four main ways:

- Support families, parents and caregivers
- Ensure schools support mental health
- Strengthen systems and workforces
- Improve data and research

This report has set out the mental health challenges facing children and adolescents and their families. It has shown that these challenges are global – from the poorest village to the wealthiest city, children and their families are suffering pain and distress. At an age and stage of life when children and young people should be laying strong foundations for lifelong mental health, they are instead facing challenges and experiences that can only undermine those foundations.

The cost for us all is incalculable.

It does not have to be this way. And it should not be this way.

Our priorities are – or should be – clear. We may not have all the answers, but we know enough to be able to act now to **promote** good mental health for every child, **protect** vulnerable children, and **care** for children facing the greatest challenges.

This report sets out a framework to help the international community, governments, schools and other stakeholders do just that, grounded in three core principles: **Commitment** from leaders, backed by investment; **Communication** to break down stigmas and open conversations on mental health; and **Action** to strengthen the capacity of health, education, social protection and other workforces, to better support families, schools and communities, and to greatly improve data and research.

Commitment, communication, and action for mental health

TO COMMIT means strengthening leadership to set the sights of a diverse range of partners and stakeholders on clear goals and ensuring investment in solutions and people across a range of sectors.

Strengthen global leadership and partnerships. Supporting the mental health of children, adolescents and caregivers is a global challenge – and a global opportunity: Laying strong mental health foundations in childhood offers unique possibilities for lifelong returns and the prevention of the onset of mental health conditions. That is why mental health demands a global response. Building on existing efforts, stronger global leadership is needed to align stakeholders around clear goals and set priorities; to develop financing models that can help bridge the investment gap; to develop partnerships to share knowledge and experience – globally, regionally and nationally – on delivering services, building capacity, gathering data and evidence, and providing mental health and psychosocial support (MHPSS) in crisis and emergency settings; and crucially, to monitor and evaluate progress.

Invest in supporting mental health. Mental health is woefully underfunded: Many governments spend only a few cents per capita directly on mental health, and allocations from international development assistance are meagre. Most spending goes into psychiatric services, meaning that almost nothing is spent on mental health prevention or promotion.

In recent years, there has been considerable focus on, as well as support for, setting specific targets for mental health in health budgets – typically at least 5 per cent in low- and middle-income countries (LMICs) and at least 10 per cent in high-income countries.[1] The median government expenditure on treatment is 2.1 per cent.[2] There has been similar support for an increase in global funding for services to $1 billion by 2023.[3] Such additional funding is essential if we are to increase access to quality mental health care.

But investment is needed across sectors, not just in health, to support a strong focus on workforce development in health, education and social protection systems. Clear targets need to be set, and new and innovative sources of funding and investment need to be identified to meet those targets. This is true not just at the national level: Funding by international agencies and donors must target mental health needs, not just through spending on health systems and services but also in areas like education and social protection, where important progress is possible in promoting and protecting mental health.

Strong signals: Communication and conversations are essential to breaking stigma around mental health.
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A guiding principle for all investment – global, regional and national – is that it must be in line with rights-based approaches that take account of the needs of people with lived experiences and comply with international human rights instruments.

▶ **TO COMMUNICATE** means tackling stigmas around mental health, opening conversations and improving mental health literacy. It means amplifying the global conversation on mental health to raise awareness and mobilize all stakeholders to take action and facilitate learning. It also means ensuring children, young people and people with lived experience are part of the conversation, that they have a voice and can meaningfully engage in the development of mental health responses.

Break the silence, end stigma. Misconceptions about mental health fuel stigma and discrimination and prevent children and young people from seeking support and participating fully in their families, schools and communities. A simple message: It is not just okay to talk about mental health – it is essential. Governments and other stakeholders, including the media, should work to break down stigmas around mental health and promote a message of inclusiveness: We are all on the mental health continuum, and – so long as adequate support and opportunities are available – living with a mental health condition or psychosocial disability need not be an obstacle to living a happy and healthy life. Tackling stigma also means promoting mental health literacy – supporting children, adolescents and caregivers to better understand how to promote positive mental health, how to recognize signs of distress in themselves and in others, and how to seek help when they most need it.

Ensure young people have a say. Young people are gradually raising their voices and sharing concerns about their mental health and well-being. Continued support is needed to provide all young people, especially those with lived experience of mental health conditions, with the means for active and meaningful engagement. This can be done through, for example, investment in community youth groups, co-creation of peer-to-peer initiatives and training programmes. Ensuring that children and young people have a voice can help mental health services – as well as mental health promotion and protection efforts – to better reflect the varying and evolving needs and concerns of children, young people and caregivers throughout their lives.

BOX 20.
Monitoring mental health

Routine monitoring of mental health and mental health-care provision is seriously lacking in low- and middle-income countries (LMICs) and especially for child and adolescent mental health.[4] As a result, there is a real lack of high-quality information to measure the need for, and provision of, mental health care and services.[5] This is hampering the prioritization of mental health care and the development of policy at all levels. It is also undermining efforts to increase investment and financing for mental health services.

Governments, donors, non-governmental organizations and multilaterals need a consensus-based set of core indicators for routine monitoring of mental health across sectors. But while this need is easy to describe, identifying these indicators is more complicated. For example, what might such a set look like – which indicators are essential to routinely monitor and which are less so? What is the best balance to strike between indicators that are important (i.e., those that really need to be collected over the next 10 years and are likely to shape policy and practice) versus those that are feasible (i.e., those that LMICs could be reasonably expected to begin monitoring over the next 10 years)? And can indicators that meet the need for global monitoring also meet needs as they are perceived at the regional, national and local levels?

Developing such a set of indicators is a challenge that requires extensive consultations and research. An initial step in this process was taken by a team of researchers led by Mark Jordans, Director of Research and Development at War Child, who took into account the views of nearly 50 relevant global experts as part of a rapid prioritization exercise to generate and prioritize a list of possible core indicators (involving two rounds of scoring on predetermined criteria, resulting in mean priority scores for each of the 38 generated indicators).

The top-rated indicators were diverse and multisectoral, reflecting the need to address mental health challenges broadly. Overall, they were clustered around three domains. First, those related to the *availability of mental health services*, ranging from inpatient beds to prevention, promotion and treatment services in schools and health care. Second, those related to the *frequency and pervasiveness of mental health problems*, including prevalence rates of disorders, especially suicidality. Third, those related to *coverage*, such as the degree to which children and adolescents receive services at school, primary health care, or through social welfare and child protection referrals.

Categories for data disaggregation were also prioritized by the experts. The top-ranked categories reflected a mix of priorities between sociodemographic groups (e.g., gender, age, rural/urban residents) and specific groups of children and adolescents who need to be clearly represented in data collection in order to highlight particular vulnerabilities. Most prominently, these included children and adolescents who are detained or incarcerated; refugees and the internally displaced; those living with disabilities; and children and adolescents experiencing homelessness.

This prioritization exercise contributes to developing a framework to help fill the data gap around child and adolescent mental health and across all relevant sectors. A couple of limitations are worth noting: Firstly, it drew heavily on a previous prioritization exercise that was not specifically focused on child and adolescent mental health,[6] and secondly, the range of experts who participated in the consultations may not sufficiently represent all sectors involved in child and adolescent mental health care. Nevertheless, it is hoped that the exercise will help inform the work of a range of key partners and stakeholders, including the World Health Organization, UNICEF and many others, as we work together to develop and prioritize relevant indicators in the years to come.

TO ACT means working to minimize the risk factors and maximize the protective factors for mental health in key areas of children's and adolescents' lives, especially the family and school. More broadly, it also means investment and workforce development across some key sectors and systems, including mental health services and social protection, and the development of strong data collection and research.

Support families, parents and caregivers. The family is fundamental in a child's life. Parents and caregivers are the first attachment figures, playing a vital role in shaping the home environment and the child's socioemotional development. Supporting parents and caregivers is essential to building child and adolescent well-being and to reducing and preventing violence against children. Stable relations at home can help protect children against toxic stress and promote resilience and overall well-being.

- **Promote responsive caregiving and nurturing connections.** Parenting programmes need to be scaled up, with a focus on social and emotional learning (SEL) to support families and children to develop positive attachments and to create a positive home environment in which children can thrive. Family-responsive care services must be present at the community level, amplifying access and acceptability. Targeted support must be designed for families and children at particular risk, such as those facing violence and toxic stress in the home.

- **Help parents support their children's health and well-being.** Mental health and well-being are not about the absence of disorder; they are positive states that enable children to navigate effectively through life. Parents and caregivers need support to engage with their children throughout the child's and adolescent's life to foster their social, emotional, physical and cognitive development. Training programmes and counselling should share knowledge on health, nutrition and child development, and stimulate learning within the home. Support for parents should also include family-friendly policies, such as paid parental leave; breastfeeding support; available and accessible high-quality childcare and child benefits.

- **Care for caregivers' mental health.** Many parents struggle to cope with multiple stressors, which can have serious consequences for their own health and well-being and, in turn, that of their children. Mental health programmes must prioritize caregivers, providing support to manage chronic stress and conflict, and to enhance coping strategies.

- **Give parents training to respond to children's mental health challenges.** Skills training for parents can improve the developmental, behavioural and familial outcomes for children and adolescents facing mental health challenges. Investments must be made to scale up family-centred approaches, including those designed to be delivered by non-specialists. These approaches can play a vital role in improving communication, engagement, daily living skills and caregiver coping strategies.

Ensure schools support mental health. Schools play a unique and vital role in the lives of children and adolescents. Violence and bullying – both by teachers and other students – as well as excessive pressure to succeed can undermine children's mental health; on the other hand, a warm school environment and positive relationships between students and between students and teachers can bolster it.

- **Invest in a whole-of-school approach to mental health.** A holistic approach means moving beyond focusing only on the curriculum to consider all the ways in which schools affect children's development and well-being. It should seek to encourage a positive and warm school climate that makes children feel safe and connected, and that empowers them to express opinions, support other students, and seek help when they need it. It should provide regular mental health and psychosocial well-being training for teachers and other personnel and for children, adolescents and families. It should tailor its approach to reflect the constantly evolving needs and capacities of all children and adolescents, and the special needs of children

from disadvantaged groups and from different sociocultural backgrounds.

- **Strengthen teachers' knowledge and socioemotional competencies.** Teachers are core to ensuring children and adolescents learn and thrive in school. Teachers and other school personnel need support to build their capacity so that they, in turn, can help children and adolescents learn about mental health and develop healthy habits, and so that they can recognize students in need of additional support. For teachers, these skills are imperative not only for their own personal well-being but also to improve student learning. Teaching can be an extremely stressful profession, particularly in low-resource, crisis and conflict-affected contexts. Teachers' stress not only has negative consequences for the teachers themselves but also results in lower achievements for students and higher costs for education.

- **Prevent suicide.** Schools should be a crucial partner in preventing suicide – a leading cause of death among adolescents. Specialized training for teachers and peers (as well as parents, school counsellors, social and health workers) can help ensure that at-risk children are identified and provided with support. But the task cannot be left to schools alone. National suicide prevention programmes can play an important role in supporting efforts to, for example, restrict access to the means of suicide, encourage responsible media reporting, and identify and remove harmful content on social media.

Strengthen and equip multiple systems and workforces to meet complex challenges. The focus for mental health programming and services needs to broaden to take advantage of opportunities to promote, protect and care for mental health not just in health services, but in areas like social protection and community care. But, for this to happen effectively and sustainably, child- and family-focused workforces and relevant systems need to be strengthened both to deliver services across systems and settings, and to ensure that the needs and human rights of every child are upheld.

- **Integrate mental health services into social protection and community care systems.** To reach children and young people without access, services need to be provided not just through health systems but across a wide range of sectors and delivery platforms, including education, social protection and community care.

  Children and young people who experience disadvantages and risk because of differing family contexts, violence, neglect and abuse need dedicated attention and programmes that are accessible and tailored to meet their needs. Community-based interventions are particularly positioned to identify and support at-risk children who require specialized care. These interventions include child protection and gender-based violence case-management – services that raise awareness of mental health needs and resources and that promote inclusion and participation of vulnerable children and families within community life.

  For women and girls, including those who are survivors of gender-based violence, service providers such as local women's organizations are a crucial source of psychosocial support. Mental health services can also be integrated into community care, and there should be a strong focus on task sharing, particularly in low-income settings.

  For these efforts to work, community workers need training and ongoing support and supervision to build their knowledge and skills. Community interventions should also create collective opportunities for healing after crises.

- **Provide MHPSS interventions in humanitarian and fragile settings.** Children and adolescents are among the most vulnerable groups in humanitarian settings. Responses in those settings must be context specific and multi-layered. MHPSS interventions should be scaled up to provide children the necessary means and resources to cope with anxiety and severe forms of distress. Specialized care for the most vulnerable populations should be offered, with more intentional focus on young mothers, victims of gender-based violence, and

children associated with armed groups. Support is also needed to integrate children back into everyday life in the aftermath of severe distress or traumatic experiences.

- **Respect child rights in mental health services.** Many children endure human rights violations in mental health services, facing coercive practices such as institutionalization, forced treatment and restraint that can have a lasting negative impact. Child rights must be respected in the design and provision of mental health services, with service users treated not as patients but as individuals with rights. Care should be person-centred and recovery-oriented and grounded in respect for human rights. Clear commitments are needed to provide services that are free of coercion and that respect supported decision-making, which must be underpinned by **long-term strategies to, for example, provide adequate community-based crisis-response services and extensive workforce development.**

- **Address gender inequalities in mental health programming.** Mental health programmes must actively seek to redress gender inequalities by assessing and addressing the needs of women, girls, boys, men and non-binary individuals through data collection, wide consultation and participation, and monitoring. Gender-based barriers to accessing mental health care should be removed. Investment is needed to address gender-based violence, gender-role stereotyping and discrimination against women and girls. Programmes focusing on adolescent girls' psychosocial support, particularly that of adolescent mothers, must be scaled up.

Improve data, research and evidence. Data on the mental health of children, adolescents and caregivers are sadly lacking, especially in LMICs, where most of the world's adolescents live. Lack of data and evidence renders children with mental health conditions invisible and is a major obstacle to policy development and planning. Progress on mental health is also hampered by lack of research and inadequate investment in implementation research.

- **Strengthen research.** Research into mental health happens overwhelmingly in high-income countries and focuses mainly on adults, not adolescents, even though adolescence is the peak period for the onset of most mental health conditions. Greater investment is needed in research on children and adolescents, which should be cross-culturally applicable, adaptable to local realities and capable of capturing diverse experiences and realities. Qualitative research can help close critical gaps in evidence generation and provide a solid account of children's and adolescents' well-being.

- **Routinely monitor mental health.** There is a serious lack of routine monitoring on mental health-related issues in most countries, but especially in LMICs. A determined effort is needed to develop a consensus-based set of core indicators around child, adolescent and caregiver mental health, covering the prevalence of mental health conditions, the provision of mental health care, and the extent of efforts to promote mental health and to protect at-risk children and adolescents *(see Box 20. Monitoring mental health).*

- **Support implementation research and science.** The successful implementation of health policies and interventions, especially in the area of non-communicable diseases, is often hampered by a lack of understanding of conditions on the ground. In response, there needs to be increased investment in implementation science, which investigates how a range of factors can impede or accelerate the implementation of policies and interventions. Insights generated by such research are crucial to turning ideas into action.

We may not have all the answers, but we know enough to be able to act now to promote good mental health for every child, protect vulnerable children, and care for children facing the greatest challenges.

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Chapter 1

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some conditions such as eating disorders and self-harm. To compare, each disability-free year was calculated as equivalent to GDP per capita expressed in (PPP) adjusted international dollars. The DALY due to mental health conditions was valued in two ways: 1. DALYs due to mental health conditions for people aged 0–19 in all countries were valued at a fixed PPP adjusted international dollar rate of US$16,951, the World Bank estimate for GDP per capita worldwide in 2019; 2. Global costs were estimated using World Bank country-specific GDP per capita in 2019. The prevalence of mental health conditions and DALY data for each country are taken from the GBD 2019 study and cover all mental health conditions excluding dementia, alcohol and substance abuse disorders. In addition, the cost of DALY loss due to intentional self-harm for young people until age 19 was also calculated.

67 Note: UNICEF countries and regions are: **East Asia and Pacific:** Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Democratic People's Republic of Korea, Fiji, Indonesia, Japan, Kiribati, Lao People's Democratic Republic, Malaysia, Marshall Islands, Micronesia (Federated States of), Mongolia, Myanmar, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Philippines, Republic of Korea, Samoa, Singapore, Solomon Islands, Thailand, Timor-Leste, Tokelau, Tonga, Tuvalu, Vanuatu, Viet Nam; **Europe and Central Asia:** Eastern Europe and Central Asia, Western Europe; **Eastern Europe and Central Asia:** Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Georgia, Kazakhstan, Kyrgyzstan, Montenegro, Republic of Moldova, Romania, Russian Federation, Serbia, Tajikistan, the former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Ukraine, Uzbekistan; **Western Europe:** Andorra, Austria, Belgium, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Holy See, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, Netherlands, Norway, Poland, Portugal, San Marino, Slovakia, Slovenia, Spain, Sweden, Switzerland, United Kingdom; **Latin America and Caribbean:** Anguilla, Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, British Virgin Islands, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Montserrat, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos Islands, Uruguay, Venezuela (Bolivarian Republic of); **Middle East and North Africa:** Algeria, Bahrain, Egypt, Iran (Islamic Republic of), Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Saudi Arabia, State of Palestine, Syrian Arab Republic, Tunisia, United Arab Emirates, Yemen; **North America:** Canada, United States; **South Asia:** Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka; **Sub-Saharan Africa:** Eastern and Southern Africa, West and Central Africa; **Eastern and Southern Africa:** Angola, Botswana, Burundi, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, Somalia, South Africa, South Sudan, Sudan, Swaziland, Uganda, United Republic of Tanzania, Zambia, Zimbabwe; **West and Central Africa:** Benin, Burkina Faso, Cabo Verde, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome and Principe, Senegal, Sierra Leone, Togo.

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Chapter 5

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Chapter 6

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Statistical tables

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

General note on the data

Data sources

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

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

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

Regional and global aggregates

Unless otherwise mentioned, regional and global aggregates for indicators were generated as population weighted averages using data from *World Population Prospects: The 2019 revision*. They accord with the relevant age and sex group for each indicator (e.g. total live births for unweighted at birth and number of females aged 15–49 years for maternal anaemia). Again, unless otherwise noted, global and regional estimates are only reported for indicators with a population-level data coverage of at least 50 per cent.

Data disaggregation

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

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

Data comparability

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

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

Further methodological information

Data presented in the following statistical tables generally reflect information compiled and updated from January through July 2021, with a specific cut-off time associated with individual indicators described in the 'main data sources' section underneath each table. The 'last updated' time stamp reflects when the data were compiled and updated as part of country consultation or interagency processes that are specific to individual topics.

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

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

Child mortality estimates

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

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

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

Under-five deaths (thousands)

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

Regional classifications

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

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

Europe and Central Asia
Eastern Europe and Central Asia; Western Europe

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

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

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

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

North America
Canada; United States

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

Sub-Saharan Africa
Eastern and Southern Africa; West and Central Africa

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

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

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

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

Notes on specific tables

TABLE 1. DEMOGRAPHICS

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

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

TABLE 2. CHILD MORTALITY

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

TABLE 3. MATERNAL AND NEWBORN HEALTH

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

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

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

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

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

TABLE 4. CHILD HEALTH

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

Immunization

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

TABLE 5. ADOLESCENT HEALTH

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

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

HIV/AIDS: Tables 6 and 7

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

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

TABLE 6. HIV/AIDS: EPIDEMIOLOGY

Table 6 includes key indicators that are used to measure trends in the HIV epidemic. Data are disaggregated by 10-year age groups, as children living with HIV under age 10 are all assumed to be infected through mother-to-child transmission. Children aged 10–19 living with HIV additionally include new HIV infections that occur through sexual transmission and injection drug use, depending on the country context. Due to significant gender disparity among adolescents evident in HIV epidemic trends and programmatic response, disaggregates by sex are now included for all HIV/AIDS epidemiology indicators. For better comparison between countries and regions, the indicator on the number of new HIV infections has been replaced with HIV incidence per 1,000 uninfected population. Similarly, the number of AIDS-related deaths has been replaced with AIDS-related mortality per 100,000 population. These two indicators provide relative measures of new HIV infections and AIDS-related deaths and more accurately demonstrate the impact of the HIV response.

TABLE 7. HIV/AIDS: INTERVENTIONS

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

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

Nutrition: Tables 8 and 9

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Continued breastfeeding (12–23 months) replaces two previous indicators of continued breastfeeding at 1 year (12–15 months) and 2 years (20–23 months).

(ii) Minimum Dietary Diversity (MDD) (6–23 months) is now defined as the percentage of children 6–23 months of age who received foods from at least five out of eight defined food groups during the previous day (the older version of this indicator reflected consumption of at least four out of seven defined food groups during the previous day).

(iii) Minimum Meal Frequency (MMF) (6–23 months) has revised indicator definition for non-breastfed children.

(iv) Minimum Acceptable Diet (MAD) (6–23 months) is revised to align with the change to the MDD and MMF definition.

(v) Zero vegetable or fruit consumption (6–23 months) is a new indicator.

TABLE 10. EARLY CHILDHOOD DEVELOPMENT

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

Early stimulation and responsive care by adults: Data on this indicator from the DHS were recalculated according to the MICS methodology for comparability. Therefore, the recalculated data presented here will differ from estimates in DHS national reports.

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

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

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

TABLE 11: EDUCATION

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

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

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

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

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

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

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

TABLE 12. CHILD PROTECTION

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

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

Child labour: This indicator has been replaced by the one used for SDG reporting on indicator 8.7.1. It reflects the proportion of children engaged in economic activities and/or household chores at/or above age-specific hourly thresholds (general production boundary basis). These thresholds include, child labour for the 5–11 age range, with children working at least one hour per week in economic activity and/or involved in unpaid household services for more than 21 hours per week. Child labour for the 12– 14 age range, with children working for at least 14 hours per week in economic activity and/or involved in unpaid household services for more than 21 hours per week. Child labour for the 15 –17 age range, with children working for more than 43 hours per week in economic activity. Meanwhile, no hourly threshold is set for unpaid household services for ages 15–17. Country estimates compiled and presented in the global SDG database and reproduced in the State of the *World's Children* report have been re-analysed by UNICEF and the International Labour Organization (ILO) in accordance with the definitions and criteria detailed above. This means that the country data values will differ from those published in national survey reports.

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

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

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

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

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

TABLE 13. SOCIAL PROTECTION AND EQUITY

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

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

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

TABLE 14. WASH

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

TABLE 15. ADOLESCENTS

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

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

TABLE 16. ECONOMIC INDICATORS

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

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

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

TABLE 17. WOMEN'S ECONOMIC EMPOWERMENT

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

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

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

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

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

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

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

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

TABLE 18. MIGRATION

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

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

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

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

Number of under-five deaths and under-five mortality rate by country in 2019

Table ordered by the unrounded number of under-5 deaths in 2019. Lower and Upper bound refer to the lower and upper bound of 90% uncertainty intervals.

HIGHEST BURDEN OF DEATH AMONG CHILDREN UNDER-5

Countries and areas	Annual number of under–5 deaths (thousands) 2019	Under–5 mortality rate (deaths per 1,000 live births) in 2019		
		Median	Lower bound	Upper bound
Nigeria	**858**	**117**	92	152
India	**824**	**34**	31	38
Pakistan	**399**	**67**	58	78
Democratic Republic of the Congo	**291**	**85**	54	129
Ethiopia	**178**	**51**	42	62
China	**132**	**8**	7	9
Indonesia	**115**	**24**	20	29
United Republic of Tanzania	**103**	**50**	38	69
Angola	**93**	**75**	35	139
Bangladesh	**90**	**31**	28	34
Niger	**82**	**80**	51	125
Mozambique	**82**	**74**	52	109
Sudan	**78**	**58**	43	78
Uganda	**74**	**46**	35	60
Mali	**74**	**94**	76	117
Chad	**73**	**114**	86	150
Afghanistan	**72**	**60**	47	75
Somalia	**72**	**117**	60	235
Côte d'Ivoire	**70**	**79**	63	100
Cameroon	**66**	**75**	62	90
Burkina Faso	**65**	**88**	64	121
Kenya	**64**	**43**	32	59
Philippines	**60**	**27**	21	36
Egypt	**52**	**20**	14	29
Yemen	**50**	**58**	35	95
Guinea	**44**	**99**	83	119
Madagascar	**43**	**51**	40	64
Myanmar	**42**	**45**	31	63
South Africa	**41**	**34**	31	39
Brazil	**40**	**14**	12	17
Ghana	**40**	**46**	37	57
Zambia	**38**	**62**	49	78
Benin	**37**	**90**	77	105
South Sudan	**37**	**96**	39	194
Viet Nam	**32**	**20**	16	25
Mexico	**31**	**14**	13	16
Iraq	**29**	**26**	20	33
Sierra Leone	**28**	**109**	91	132
Malawi	**26**	**42**	27	61
United States	**25**	**6**	6	7
Senegal	**25**	**45**	35	58
Burundi	**24**	**56**	37	85
Zimbabwe	**24**	**55**	41	72
Algeria	**24**	**23**	23	24
Iran (Islamic Republic of)	**21**	**14**	9	23
Central African Republic	**18**	**110**	64	189
Togo	**17**	**67**	54	83
Nepal	**17**	**31**	24	41
Haiti	**17**	**63**	48	84

Countries and areas	Annual number of under–5 deaths (thousands) 2019	Under–5 mortality rate (deaths per 1,000 live births) in 2019		
		Median	Lower bound	Upper bound
Morocco	**15**	**21**	16	28
Liberia	**13**	**85**	66	108
Rwanda	**13**	**34**	20	60
Turkey	**13**	**10**	9	11
Venezuela (Bolivarian Republic of)	**13**	**24**	20	30
Uzbekistan	**12**	**17**	14	21
Mauritania	**11**	**73**	38	140
Russian Federation	**11**	**6**	6	6
Papua New Guinea	**10**	**45**	32	62
Guatemala	**10**	**25**	19	31
Colombia	**10**	**14**	10	19
Cambodia	**10**	**27**	14	50
Tajikistan	**9**	**34**	22	53
Syrian Arab Republic	**9**	**22**	12	28
Congo	**8**	**48**	28	83
Peru	**8**	**13**	11	16
Lao People's Democratic Republic	**8**	**46**	34	60
Argentina	**7**	**9**	9	10
Thailand	**6**	**9**	8	11
Bolivia (Plurinational State of)	**6**	**26**	20	34
Democratic People's Republic of Korea	**6**	**17**	14	22
Turkmenistan	**6**	**42**	30	59
Dominican Republic	**6**	**28**	19	41
Guinea-Bissau	**5**	**78**	49	120
Lesotho	**5**	**86**	59	124
Ecuador	**5**	**14**	13	15
Malaysia	**5**	**9**	8	9
Gambia	**5**	**52**	43	61
Eritrea	**4**	**40**	24	67
Kazakhstan	**4**	**10**	10	11
Saudi Arabia	**4**	**7**	5	9
Equatorial Guinea	**4**	**82**	49	135
Ukraine	**4**	**8**	8	9
Honduras	**3**	**17**	11	25
Tunisia	**3**	**17**	16	18
Azerbaijan	**3**	**20**	13	32
Jordan	**3**	**16**	12	21
United Kingdom	**3**	**4**	4	4
France	**3**	**4**	4	5
Germany	**3**	**4**	4	4
Namibia	**3**	**42**	25	77
Kyrgyzstan	**3**	**18**	17	19
Gabon	**3**	**42**	27	68
Paraguay	**3**	**19**	10	39
State of Palestine	**3**	**19**	14	28
Sri Lanka	**2**	**7**	6	9
Japan	**2**	**2**	2	3
Botswana	**2**	**42**	15	87

Over 14,000 children under 5 years old still die every day

LOWEST BURDEN OF DEATH AMONG CHILDREN UNDER-5

Countries and areas	Annual number of under–5 deaths (thousands) 2019	Under–5 mortality rate (deaths per 1,000 live births) in 2019		
		Median	Lower bound	Upper bound
Nicaragua	2	17	15	19
Canada	2	5	5	5
Comoros	2	63	31	134
Timor-Leste	2	44	26	74
Poland	2	4	4	5
Chile	2	7	5	9
El Salvador	2	13	8	21
Eswatini	1	49	33	74
Libya	1	12	7	18
Italy	1	3	3	3
Romania	1	7	7	7
Spain	1	3	3	3
Republic of Korea	1	3	3	3
Mongolia	1	16	15	16
Panama	1	15	8	27
Djibouti	1	57	34	94
Australia	1	4	3	4
Oman	1	11	10	13
Lebanon	1	7	4	14
United Arab Emirates	1	7	6	9
Netherlands	1	4	4	4
Jamaica	1	14	8	24
Israel	1	4	3	4
Costa Rica	1	9	8	9
Cuba	1	5	4	6
Republic of Moldova	1	14	11	19
Georgia	1	10	8	11
Armenia	0	12	9	15
Fiji	0	26	23	29
Guyana	0	29	18	47
Kuwait	0	8	7	9
Serbia	0	5	4	7
Belgium	0	3	3	4
Bulgaria	0	7	6	7
Solomon Islands	0	20	13	29
Bhutan	0	28	18	44
Belarus	0	3	3	4
Switzerland	0	4	4	4
Czechia	0	3	3	3
Uruguay	0	7	7	8
Hungary	0	4	3	4
Albania	0	10	9	10
Slovakia	0	6	5	6
Trinidad and Tobago	0	18	8	41
Austria	0	3	3	4
Sweden	0	3	2	3
Greece	0	4	3	4
Portugal	0	4	3	4
New Zealand	0	5	4	5

Countries and areas	Annual number of under–5 deaths (thousands) 2019	Under–5 mortality rate (deaths per 1,000 live births) in 2019		
		Median	Lower bound	Upper bound
Denmark	0	4	3	4
Vanuatu	0	26	16	43
Mauritius	0	16	15	18
Ireland	0	3	3	4
Sao Tome and Principe	0	30	18	49
Suriname	0	18	12	27
Croatia	0	5	4	5
Qatar	0	7	6	7
Kiribati	0	51	30	87
Bosnia and Herzegovina	0	6	5	7
Cabo Verde	0	15	12	18
Bahrain	0	7	5	9
Norway	0	2	2	3
North Macedonia	0	6	5	7
Singapore	0	3	2	3
Finland	0	2	2	3
Lithuania	0	4	3	4
Belize	0	12	11	14
Micronesia (Federated States of)	0	29	12	72
Latvia	0	4	3	5
Brunei Darussalam	0	11	10	13
Samoa	0	15	10	22
Bahamas	0	13	10	16
Maldives	0	8	7	9
Saint Lucia	0	22	20	26
Marshall Islands	0	32	20	51
Slovenia	0	2	2	2
Tonga	0	17	12	22
Barbados	0	13	9	18
Dominica	0	35	32	42
Estonia	0	2	2	3
Grenada	0	17	13	20
Malta	0	7	6	9
Cyprus	0	2	2	3
Seychelles	0	14	11	19
Saint Vincent and the Grenadines	0	15	11	18
Luxembourg	0	3	2	4
Montenegro	0	2	2	3
Saint Kitts and Nevis	0	15	11	22
Antigua and Barbuda	0	7	5	9
Nauru	0	31	17	56
Iceland	0	2	1	3
Tuvalu	0	24	13	45
Palau	0	17	9	34
Andorra	0	3	1	11
Cook Islands	0	8	4	13
Monaco	0	3	2	5
Niue	0	23	10	58
San Marino	0	2	1	3

TABLE 1. DEMOGRAPHICS

Countries and areas	Population (thousands) 2020			Annual population growth rate (%)		Annual number of births (thousands) 2020	Total fertility (live births per woman) 2020	Life expectancy at births (years)			Dependency ratio (%) 2020			Share of urban population (%) 2020	Annual growth rate of urban population (%)		Net migration rate (per 1,000 population) 2015–2020
	Total	Under 18	Under 5	2000–2020	2020–2030 [A]			1970	2000	2020	Total	Child	Old age		2000–2020	2020–2030 [A]	
Afghanistan	38,928	19,137	5,673	3.0	1.9	1,216	4.2	37	56	65	80	75	5	26	3.8	3.1	-1.7
Albania	2,878	611	166	-0.4	-0.3	33	1.6	67	74	79	47	25	22	62	1.5	0.7	-4.9
Algeria	43,851	15,292	5,042	1.6	1.3	995	2.9	50	71	77	60	49	11	74	2.6	1.8	-0.2
Andorra	77	13	3	0.8	0.1	-	-	-	-	-	42	19	23	88	0.6	0.1	-
Angola	32,866	17,457	5,795	3.3	2.8	1,311	5.4	41	47	61	95	90	4	67	4.7	3.6	0.2
Anguilla	15	4	<1	1.4	0.5	-	-	-	-	-	45	29	16	100	1.4	0.5	-
Antigua and Barbuda	98	26	7	1.2	0.6	1	2.0	66	74	77	45	32	14	24	-0.1	0.8	0.0
Argentina	45,196	13,176	3,737	1.0	0.7	752	2.2	66	74	77	56	38	18	92	1.1	0.9	0.1
Armenia	2,963	721	205	-0.2	0.0	39	1.8	70	71	75	48	31	18	63	-0.3	0.3	-1.7
Australia	25,500	5,833	1,670	1.4	0.9	318	1.8	71	80	84	55	30	25	86	1.5	1.1	6.4
Austria	9,006	1,564	448	0.5	0.2	90	1.6	70	78	82	51	22	29	59	0.4	0.6	7.4
Azerbaijan	10,139	2,764	825	1.1	0.5	157	2.0	63	67	73	43	34	10	56	1.5	1.2	0.1
Bahamas	393	104	27	1.3	0.7	5	1.7	66	72	74	42	31	11	83	1.4	0.9	2.6
Bahrain	1,702	366	108	4.5	1.5	22	1.9	63	74	77	26	23	3	90	4.5	1.7	31.1
Bangladesh	164,689	53,407	14,328	1.2	0.8	2,890	2.0	47	65	73	47	39	8	38	3.5	2.4	-2.3
Barbados	287	59	15	0.3	0.1	3	1.6	69	77	79	50	25	25	31	-0.1	0.5	-0.3
Belarus	9,449	1,902	548	-0.2	-0.2	108	1.7	71	67	75	49	26	23	79	0.4	0.2	0.9
Belgium	11,590	2,360	634	0.6	0.2	124	1.7	71	78	82	57	27	30	98	0.6	0.3	4.2
Belize	398	140	39	2.3	1.5	8	2.2	66	69	75	52	44	8	46	2.3	2.0	3.2
Benin	12,123	5,882	1,908	2.7	2.3	430	4.7	42	55	62	83	77	6	48	3.8	3.4	-0.2
Bhutan	772	233	64	1.3	0.8	13	1.9	40	61	72	45	36	9	42	3.7	2.1	0.4
Bolivia (Plurinational State of)	11,673	4,214	1,185	1.6	1.1	247	2.7	46	62	72	60	48	12	70	2.2	1.6	-0.8
Bosnia and Herzegovina	3,281	572	133	-0.6	-0.4	26	1.2	66	74	78	48	21	27	49	0.1	0.4	-6.4
Botswana	2,352	924	272	1.7	1.5	55	2.8	54	51	70	61	54	7	71	3.1	2.2	1.3
Brazil	212,559	53,597	14,475	0.9	0.5	2,859	1.7	59	70	76	43	30	14	87	1.3	0.7	0.1
British Virgin Islands	30	6	1	1.9	0.4	-	-	-	-	-	35	21	14	49	2.6	1.2	-
Brunei Darussalam	437	118	32	1.3	0.7	6	1.8	63	73	76	39	31	8	78	1.7	1.0	0.0
Bulgaria	6,948	1,215	313	-0.7	-0.7	61	1.6	71	72	75	57	23	34	76	-0.2	-0.3	-0.7
Burkina Faso	20,903	10,708	3,472	2.8	2.5	775	5.0	39	50	62	88	83	5	31	5.4	4.2	-1.3
Burundi	11,891	6,139	2,054	3.0	2.6	450	5.2	44	49	62	91	86	5	14	5.4	4.8	0.2
Cabo Verde	556	186	52	1.2	0.8	10	2.2	53	69	73	49	42	7	67	2.3	1.4	-2.5
Cambodia	16,719	6,051	1,779	1.5	1.1	360	2.5	42	58	70	56	48	8	24	2.8	2.7	-1.9
Cameroon	26,546	12,936	4,116	2.6	2.2	915	4.4	47	51	60	81	76	5	58	3.7	3.0	-0.2
Canada	37,742	7,120	1,993	1.0	0.7	387	1.5	73	79	83	51	24	27	82	1.1	0.9	6.6
Central African Republic	4,830	2,473	738	1.3	1.9	169	4.6	42	44	54	86	81	5	42	1.9	3.0	-8.6
Chad	16,426	8,788	2,930	3.2	2.5	678	5.6	41	48	55	96	91	5	24	3.6	3.8	0.1
Chile	19,116	4,414	1,162	1.0	0.2	227	1.6	62	76	80	46	28	18	88	1.1	0.3	6.0
China	1,439,324	304,174	83,932	0.5	0.2	16,233	1.7	59	71	77	42	25	17	61	3.1	1.4	-0.2
Colombia	50,883	13,801	3,711	1.2	0.4	727	1.8	62	73	77	45	32	13	81	1.6	0.8	4.2
Comoros	870	394	124	2.2	1.8	27	4.1	46	59	65	73	67	5	29	2.5	2.8	-2.4
Congo	5,518	2,634	822	2.7	2.2	177	4.3	51	52	65	79	74	5	68	3.4	2.8	-0.8
Cook Islands	18	5	1	-0.1	-0.0	-	-	-	-	-	54	35	19	75	0.6	0.3	-
Costa Rica	5,094	1,276	348	1.2	0.6	68	1.7	66	77	80	45	30	15	81	2.7	1.2	0.8
Croatia	4,105	713	184	-0.4	-0.5	35	1.4	68	75	79	56	23	33	58	-0.0	0.1	-1.9
Cuba	11,327	2,182	571	0.1	-0.1	111	1.6	70	77	79	47	23	23	77	0.2	0.0	-1.3
Cyprus	1,207	243	65	1.2	0.5	12	1.3	73	78	81	45	24	21	67	1.0	0.7	4.2
Czechia	10,709	1,989	559	0.2	0.0	108	1.7	70	75	80	56	25	31	74	0.2	0.3	2.1
Côte d'Ivoire	26,378	12,731	4,131	2.2	2.2	929	4.5	44	50	58	80	75	5	52	3.1	3.1	-0.3
Democratic People's Republic of Korea	25,779	6,225	1,746	0.6	0.3	355	1.9	60	65	72	41	28	13	62	0.8	0.8	-0.2
Democratic Republic of the Congo	89,561	46,929	15,827	3.1	2.7	3,598	5.7	44	50	61	95	89	6	46	4.3	3.8	0.3
Denmark	5,792	1,144	309	0.4	0.3	63	1.8	73	77	81	57	26	32	88	0.6	0.5	2.6
Djibouti	988	340	99	1.5	1.1	20	2.6	49	57	67	51	44	7	78	1.6	1.3	0.9
Dominica	72	16	5	0.2	0.2	-	-	-	-	-	40	26	14	71	0.6	0.5	-
Dominican Republic	10,848	3,554	1,003	1.2	0.7	204	2.3	58	69	74	54	42	12	83	2.6	1.3	-2.8
Ecuador	17,643	5,767	1,667	1.6	1.1	337	2.4	58	73	77	54	42	12	64	1.9	1.4	2.2
Egypt	102,334	39,988	12,697	1.9	1.5	2,563	3.2	52	69	72	65	56	9	43	1.9	1.9	-0.4
El Salvador	6,486	2,072	576	0.5	0.4	116	2.0	55	69	74	54	41	13	73	1.5	1.1	-6.3
Equatorial Guinea	1,403	588	200	4.0	2.6	45	4.3	40	53	59	64	60	4	73	5.9	3.1	12.4
Eritrea	3,546	1,697	495	2.1	1.6	104	3.9	43	55	67	84	76	8	41	4.2	2.9	-11.6
Estonia	1,327	258	69	-0.3	-0.3	13	1.6	70	70	79	58	26	32	69	-0.3	-0.0	3.0
Eswatini	1,160	514	144	0.7	1.0	29	2.9	48	47	61	71	64	7	24	1.0	1.9	-7.4
Ethiopia	114,964	53,790	16,791	2.6	2.1	3,619	4.0	43	52	67	77	71	6	22	4.5	4.0	0.3
Fiji	896	306	89	0.5	0.7	18	2.7	62	66	68	53	45	9	57	1.3	1.4	-7.0

TABLE 1. DEMOGRAPHICS

Countries and areas	Population (thousands) 2020			Annual population growth rate (%)		Annual number of births (thousands) 2020	Total fertility (live births per woman) 2020	Life expectancy at births (years)			Dependency ratio (%) 2020			Share of urban population (%) 2020	Annual growth rate of urban population (%)		Net migration rate (per 1,000 population) 2015–2020
	Total	Under 18	Under 5	2000–2020	2020–2030 [A]			1970	2000	2020	Total	Child	Old age		2000–2020	2020–2030 [A]	
Finland	5,541	1,057	264	0.3	0.1	49	1.5	70	78	82	62	26	37	86	0.5	0.2	2.5
France	65,274	13,879	3,620	0.5	0.2	719	1.8	72	79	83	62	29	34	81	0.8	0.5	0.6
Gabon	2,226	948	320	2.8	1.9	67	3.9	47	58	67	69	63	6	90	3.5	2.2	1.6
Gambia	2,417	1,220	410	2.9	2.5	91	5.1	38	56	62	87	82	5	63	4.2	3.3	-1.4
Georgia	3,989	938	268	-0.4	-0.3	51	2.0	67	70	74	55	31	24	59	0.2	0.3	-2.5
Germany	83,784	14,113	4,059	0.1	-0.1	790	1.6	71	78	81	55	22	34	77	0.3	0.1	6.6
Ghana	31,073	13,455	4,169	2.3	1.8	889	3.8	49	57	64	67	62	5	57	3.5	2.7	-0.3
Greece	10,423	1,741	409	-0.3	-0.5	76	1.3	71	79	82	56	21	35	80	0.1	-0.1	-1.5
Grenada	113	31	9	0.4	0.3	2	2.0	66	73	72	51	36	15	37	0.5	0.8	-1.8
Guatemala	17,916	7,149	2,065	2.0	1.5	428	2.8	53	68	75	62	54	8	52	2.7	2.3	-0.5
Guinea	13,133	6,583	2,100	2.2	2.4	468	4.6	37	51	62	85	80	5	37	3.1	3.4	-0.3
Guinea-Bissau	1,968	953	305	2.4	2.0	67	4.3	41	50	59	81	76	5	44	3.3	2.9	-0.8
Guyana	787	262	74	0.2	0.4	15	2.4	62	65	70	53	42	11	27	-0.1	1.0	-7.7
Haiti	11,403	4,398	1,263	1.4	1.0	269	2.8	46	57	64	60	52	8	57	3.7	2.2	-3.2
Holy See	<1	<1	<1	0.1	-0.1	-	-	-	-	-	92	16	75	100	0.1	-0.1	-
Honduras	9,905	3,654	1,017	2.0	1.3	209	2.4	53	71	75	55	47	8	58	3.1	2.2	-0.7
Hungary	9,660	1,683	461	-0.3	-0.3	91	1.5	69	72	77	53	22	31	72	0.2	0.1	0.6
Iceland	341	79	20	0.9	0.5	4	1.7	74	80	83	54	30	24	94	1.0	0.5	1.1
India	1,380,004	436,943	116,880	1.3	0.8	24,068	2.2	48	63	70	49	39	10	35	2.4	2.0	-0.4
Indonesia	273,524	84,934	23,658	1.2	0.8	4,771	2.3	53	66	72	47	38	9	57	2.6	1.8	-0.4
Iran (Islamic Republic of)	83,993	24,151	7,638	1.2	0.9	1,503	2.1	51	70	77	46	36	10	76	2.0	1.4	-0.7
Iraq	40,223	17,702	5,380	2.6	2.0	1,136	3.5	58	69	71	70	64	6	71	2.7	2.3	0.2
Ireland	4,938	1,220	314	1.3	0.6	59	1.8	71	77	82	55	32	23	64	1.6	1.0	4.9
Israel	8,656	2,815	848	1.8	1.3	170	3.0	72	79	83	67	47	21	93	1.9	1.4	1.2
Italy	60,462	9,576	2,325	0.3	-0.2	438	1.3	72	80	84	57	20	37	71	0.6	0.2	2.5
Jamaica	2,961	833	231	0.5	0.3	46	2.0	68	74	75	48	35	13	56	0.9	0.9	-3.9
Japan	126,476	19,137	4,778	-0.0	-0.4	909	1.4	72	81	85	69	21	48	92	0.7	-0.3	0.6
Jordan	10,203	3,989	1,058	3.3	0.4	214	2.6	60	72	75	58	52	6	91	4.0	0.6	1.1
Kazakhstan	18,777	6,174	1,920	1.1	0.9	368	2.7	63	63	74	59	46	13	58	1.2	1.2	-1.0
Kenya	53,771	24,449	7,044	2.5	1.9	1,506	3.4	53	51	67	70	66	4	28	4.1	3.5	-0.2
Kiribati	119	49	15	1.7	1.4	3	3.5	52	63	69	67	60	7	56	2.9	2.4	-6.9
Kuwait	4,271	1,058	290	3.5	1.0	54	2.1	66	73	76	32	28	4	100	3.6	1.0	9.8
Kyrgyzstan	6,524	2,434	760	1.3	1.2	151	2.9	60	66	72	60	52	8	37	1.5	2.1	-0.6
Lao People's Democratic Republic	7,276	2,753	797	1.5	1.1	165	2.6	46	59	68	57	50	7	36	3.9	2.6	-2.1
Latvia	1,886	365	114	-1.1	-0.8	20	1.7	70	70	75	59	26	33	68	-1.1	-0.6	-7.6
Lebanon	6,825	2,054	566	2.7	-0.9	116	2.1	66	75	79	48	37	11	89	2.9	-0.7	-4.5
Lesotho	2,142	821	254	0.2	0.7	56	3.1	51	48	55	59	51	8	29	2.1	2.2	-4.8
Liberia	5,058	2,383	740	2.7	2.1	164	4.2	39	52	64	78	72	6	52	3.5	3.0	-1.0
Libya	6,871	2,251	624	1.2	0.9	122	2.2	56	71	73	48	41	7	81	1.4	1.2	-0.3
Liechtenstein	38	7	2	0.7	0.3	-	-	-	-	-	49	22	27	14	0.4	1.0	-
Lithuania	2,722	494	145	-1.2	-0.8	28	1.7	71	71	76	56	24	32	68	-1.1	-0.5	-11.6
Luxembourg	626	117	33	1.7	0.9	6	1.4	70	78	82	43	22	21	91	2.1	1.1	16.3
Madagascar	27,691	12,939	4,109	2.7	2.3	892	4.0	45	58	67	76	70	5	39	4.4	3.7	-0.1
Malawi	19,130	9,575	2,924	2.6	2.4	642	4.1	40	45	65	84	79	5	17	3.4	4.0	-0.9
Malaysia	32,366	9,162	2,635	1.6	1.0	532	2.0	65	73	76	44	34	10	77	2.6	1.5	1.6
Maldives	541	121	36	3.1	-0.4	7	1.8	44	70	79	30	26	5	41	5.0	0.6	22.8
Mali	20,251	10,931	3,606	2.9	2.6	823	5.7	32	48	60	98	93	5	44	5.0	4.0	-2.1
Malta	442	75	22	0.5	0.2	4	1.5	71	79	83	56	22	33	95	0.7	0.2	2.1
Marshall Islands	59	26	7	0.7	0.9	-	-	-	-	-	72	63	9	78	1.3	1.2	-
Mauritania	4,650	2,134	690	2.7	2.3	153	4.4	50	61	65	75	69	6	55	4.5	3.4	1.2
Mauritius	1,272	270	64	0.3	0.0	13	1.4	63	71	75	41	24	18	41	0.1	0.3	0.0
Mexico	128,933	40,052	10,959	1.3	0.8	2,192	2.1	61	74	75	50	39	11	81	1.6	1.1	-0.5
Micronesia (Federated States of)	115	43	12	0.3	0.9	3	3.0	59	65	68	55	48	7	23	0.5	1.6	-5.4
Monaco	39	7	3	0.9	0.6	-	-	-	-	-	72	25	47	100	0.9	0.6	-
Mongolia	3,278	1,153	375	1.5	1.1	74	2.8	55	63	70	55	48	7	69	2.4	1.4	-0.3
Montenegro	628	137	37	0.1	-0.1	7	1.7	70	73	77	51	27	24	67	0.8	0.4	-0.8
Montserrat	5	1	<1	0.1	-0.4	-	-	-	-	-	46	25	20	9	7.1	0.3	-
Morocco	36,911	11,679	3,325	1.2	0.9	668	2.4	53	69	77	52	41	12	64	2.0	1.6	-1.4
Mozambique	31,255	15,968	5,157	2.7	2.5	1,153	4.7	41	49	61	88	83	5	37	3.9	3.8	-0.2
Myanmar	54,410	16,920	4,509	0.7	0.7	939	2.1	49	60	67	46	37	9	31	1.4	1.7	-3.1
Namibia	2,541	1,085	336	1.7	1.5	70	3.3	53	52	64	68	62	6	52	3.9	3.0	-2.0
Nauru	11	4	1	0.2	0.1	-	-	-	-	-	65	58	7	100	0.2	0.1	-
Nepal	29,137	10,283	2,707	0.9	1.2	562	1.8	41	62	71	53	44	9	21	3.0	3.1	1.5
Netherlands	17,135	3,296	859	0.3	0.2	173	1.7	74	78	82	56	24	31	92	1.2	0.4	0.9

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	Total	Under 18	Under 5	2000–2020	2020–2030 [A]			1970	2000	2020	Total	Child	Old age		2000–2020	2020–2030 [A]	
New Zealand	4,822	1,119	301	1.1	0.6	60	1.9	71	78	82	56	30	25	87	1.1	0.8	3.2
Nicaragua	6,625	2,319	657	1.3	1.0	131	2.3	54	70	75	54	46	9	59	1.6	1.5	-3.3
Niger	24,207	13,676	4,787	3.6	3.3	1,098	6.7	36	50	63	110	104	5	17	3.7	4.4	0.2
Nigeria	206,140	103,265	33,939	2.5	2.2	7,639	5.2	41	46	55	86	81	5	52	4.4	3.4	-0.3
Niue	2	<1	<1	-0.8	0.2	-	-	-	-	-	55	38	17	46	0.8	1.4	-
North Macedonia	2,083	412	112	0.1	-0.1	22	1.5	66	73	76	44	24	21	58	0.1	0.5	-0.5
Norway	5,421	1,126	302	0.9	0.7	60	1.7	74	79	83	53	26	27	83	1.3	1.1	5.3
Oman	5,107	1,279	454	3.9	1.4	90	2.8	50	72	78	33	30	3	86	4.8	1.9	18.6
Pakistan	220,892	90,247	27,963	2.1	1.6	6,046	3.4	53	63	67	64	57	7	37	2.7	2.4	-1.1
Palau	18	4	1	-0.3	0.2	-	-	-	-	-	42	29	13	81	0.4	0.6	-
Panama	4,315	1,358	389	1.7	1.2	80	2.4	66	75	79	54	41	13	68	2.1	1.7	2.7
Papua New Guinea	8,947	3,708	1,107	2.0	1.6	237	3.5	46	59	65	63	57	6	13	2.1	2.8	-0.1
Paraguay	7,133	2,455	701	1.4	1.0	143	2.4	65	71	74	56	45	11	62	1.9	1.5	-2.4
Peru	32,972	9,608	2,833	1.0	0.8	575	2.2	54	71	77	50	37	13	78	1.4	1.1	3.1
Philippines	109,581	39,242	10,616	1.6	1.1	2,183	2.5	63	69	71	55	47	9	47	1.7	1.8	-0.6
Poland	37,847	6,802	1,885	-0.1	-0.2	362	1.4	70	74	79	51	23	28	60	-0.2	0.0	-0.8
Portugal	10,197	1,643	401	-0.0	-0.3	78	1.3	67	77	82	56	20	35	66	0.9	0.4	-0.6
Qatar	2,881	450	135	7.5	1.3	27	1.8	68	77	80	18	16	2	99	7.7	1.3	14.7
Republic of Korea	51,269	7,846	1,897	0.4	-0.0	359	1.1	61	76	83	40	18	22	81	0.5	0.0	0.2
Republic of Moldova	4,034	761	203	-0.2	-0.3	39	1.3	65	67	72	40	22	17	43	-0.4	0.2	-0.3
Romania	19,238	3,588	940	-0.7	-0.5	184	1.6	68	70	76	53	24	29	54	-0.6	-0.1	-3.8
Russian Federation	145,934	31,173	9,272	-0.0	-0.2	1,766	1.8	69	65	73	51	28	23	75	0.1	0.1	1.3
Rwanda	12,952	5,948	1,885	2.3	2.1	398	3.9	45	49	69	74	69	5	17	3.1	3.1	-0.7
Saint Kitts and Nevis	53	13	3	0.9	0.4	-	-	-	-	-	39	27	12	31	0.6	0.9	-
Saint Lucia	184	41	11	0.8	0.2	2	1.4	64	73	76	39	25	14	19	-1.1	1.0	0.0
Saint Vincent and the Grenadines	111	30	8	0.1	0.2	2	1.9	64	71	73	47	32	15	53	0.9	0.9	-1.8
Samoa	198	86	27	0.6	1.0	5	3.8	60	69	73	73	64	9	18	-0.4	0.6	-14.3
San Marino	34	5	1	1.0	0.1	-	-	-	-	-	51	20	31	97	1.2	0.2	-
Sao Tome and Principe	219	107	32	2.1	1.8	7	4.2	55	61	71	81	76	5	74	3.6	2.5	-8.0
Saudi Arabia	34,814	9,951	2,978	2.5	1.1	585	2.2	53	73	75	39	34	5	84	2.7	1.3	4.1
Senegal	16,744	8,225	2,615	2.6	2.3	560	4.5	39	58	68	84	78	6	48	3.4	3.2	-1.3
Serbia	8,737	1,649	419	-0.4	-0.5	81	1.4	68	72	76	52	23	29	56	-0.1	-0.1	0.5
Seychelles	98	27	8	0.9	0.4	2	2.4	66	71	73	47	35	12	58	1.6	1.0	-2.1
Sierra Leone	7,977	3,758	1,159	2.6	1.7	258	4.1	36	39	55	76	71	5	43	3.5	2.7	-0.6
Singapore	5,850	867	258	1.8	0.6	50	1.2	68	78	84	35	17	18	100	1.8	0.6	4.7
Slovakia	5,460	1,007	284	0.1	-0.1	56	1.5	70	73	78	48	23	25	54	-0.2	0.2	0.3
Slovenia	2,079	370	101	0.2	-0.1	19	1.6	69	76	81	56	24	32	55	0.6	0.5	1.0
Solomon Islands	687	318	103	2.4	2.1	22	4.3	56	67	73	78	71	7	25	4.5	3.6	-2.5
Somalia	15,893	8,460	2,827	2.8	2.6	660	5.9	41	51	58	96	91	6	46	4.3	3.7	-2.7
South Africa	59,309	20,064	5,765	1.3	1.0	1,172	2.4	53	56	64	52	44	8	67	2.1	1.6	2.5
South Sudan	11,194	5,366	1,707	2.8	1.9	390	4.5	36	49	58	81	75	6	20	3.8	3.5	-15.9
Spain	46,755	8,092	1,990	0.6	-0.1	380	1.4	72	79	84	52	22	30	81	0.9	0.2	0.9
Sri Lanka	21,413	6,087	1,660	0.6	0.3	326	2.2	64	71	77	54	36	17	19	0.7	1.3	-4.6
State of Palestine	5,101	2,272	693	2.2	2.0	144	3.5	56	71	74	71	66	6	77	2.5	2.3	-2.2
Sudan	43,849	20,403	6,339	2.3	2.1	1,383	4.3	52	58	66	77	70	6	35	2.6	3.2	-1.2
Suriname	587	187	52	1.0	0.7	11	2.4	63	68	72	51	40	11	66	1.0	0.9	-1.7
Sweden	10,099	2,110	601	0.6	0.5	120	1.8	74	80	83	61	28	33	88	0.8	0.7	4.0
Switzerland	8,655	1,545	452	0.9	0.5	89	1.5	73	80	84	52	23	29	74	0.9	0.7	6.1
Syrian Arab Republic	17,501	6,337	1,919	0.3	3.8	421	2.7	59	73	74	55	48	8	55	0.6	4.8	-24.1
Tajikistan	9,538	4,047	1,357	2.0	1.7	278	3.5	54	62	71	68	63	5	28	2.2	2.8	-2.2
Thailand	69,800	14,131	3,596	0.5	0.1	697	1.5	59	71	77	42	23	18	51	2.8	1.2	0.3
Timor-Leste	1,318	579	178	1.9	1.6	38	3.9	40	59	70	70	63	7	31	3.1	2.7	-4.3
Togo	8,279	3,917	1,220	2.5	2.1	268	4.2	47	53	61	77	72	5	43	3.7	3.2	-0.3
Tokelau	1	<1	<1	-0.7	0.6	-	-	-	-	-	55	39	16	0	-	-	-
Tonga	106	44	12	0.4	0.8	3	3.5	64	70	71	69	59	10	23	0.4	1.1	-7.7
Trinidad and Tobago	1,399	335	88	0.5	0.1	17	1.7	65	69	74	46	29	17	53	0.2	0.4	-0.6
Tunisia	11,819	3,344	1,004	0.9	0.7	196	2.2	51	73	77	50	36	13	70	1.4	1.1	-0.3
Turkey	84,339	24,281	6,567	1.4	0.5	1,301	2.0	52	70	78	49	36	13	76	2.1	1.0	3.5
Turkmenistan	6,031	2,152	661	1.4	1.1	135	2.7	58	64	68	55	48	7	53	2.0	2.0	-0.9
Turks and Caicos Islands	39	9	2	3.1	1.1	-	-	-	-	-	37	27	10	94	3.6	1.2	-
Tuvalu	12	5	1	1.1	1.0	-	-	-	-	-	68	57	11	64	2.7	1.9	-
Uganda	45,741	24,317	7,796	3.1	2.4	1,670	4.7	49	46	64	92	88	4	25	5.6	4.4	4.0
Ukraine	43,734	8,200	2,114	-0.5	-0.6	396	1.4	71	67	72	49	24	25	70	-0.4	-0.3	0.2
United Arab Emirates	9,890	1,685	499	5.5	0.7	100	1.4	61	74	78	19	18	2	87	5.9	0.9	4.2

TABLE 1. DEMOGRAPHICS

Countries and areas	Population (thousands) 2020			Annual population growth rate (%)		Annual number of births (thousands) 2020	Total fertility (live births per woman) 2020	Life expectancy at births (years)			Dependency ratio (%) 2020			Share of urban population (%) 2020	Annual growth rate of urban population (%)		Net migration rate (per 1,000 population) 2015–2020
	Total	Under 18	Under 5	2000–2020	2020–2030 [A]			1970	2000	2020	Total	Child	Old age		2000–2020	2020–2030 [A]	
United Kingdom	67,886	14,199	3,924	0.7	0.3	771	1.7	72	78	81	57	28	29	84	1.0	0.6	3.9
United Republic of Tanzania	59,734	30,030	9,739	2.8	2.6	2,153	4.8	47	51	66	86	81	5	35	4.9	4.3	-0.7
United States	331,003	73,493	19,676	0.8	0.5	3,958	1.8	71	77	79	54	28	26	83	1.0	0.7	2.9
Uruguay	3,474	852	237	0.2	0.2	47	2.0	69	75	78	55	31	23	96	0.4	0.3	-0.9
Uzbekistan	33,469	11,165	3,432	1.4	1.0	677	2.4	62	67	72	51	43	7	50	1.9	1.3	-0.3
Vanuatu	307	137	42	2.4	2.0	9	3.7	54	67	71	72	66	6	26	3.2	2.7	0.4
Venezuela (Bolivarian Republic of)	28,436	9,294	2,363	0.8	1.5	509	2.2	65	72	72	54	42	12	88	0.8	1.6	-22.3
Viet Nam	97,339	26,506	7,892	0.9	0.6	1,567	2.0	60	73	75	45	34	11	37	3.0	2.2	-0.8
Yemen	29,826	13,542	4,115	2.6	1.8	875	3.6	37	61	66	72	67	5	38	4.3	3.2	-1.1
Zambia	18,384	9,408	2,946	2.7	2.5	654	4.5	50	44	64	86	82	4	45	3.9	3.7	-0.5
Zimbabwe	14,863	7,245	2,097	1.1	1.5	432	3.5	57	45	62	82	76	5	32	0.8	2.1	-8.2
SUMMARY																	
East Asia and Pacific	2,389,387	556,652	153,544	0.7	0.3	30,215	1.8	60	71	76	45	28	17	61	2.5	1.3	-0.2
Europe and Central Asia	924,613	197,854	55,130	0.3	0.1	10,721	1.7	69	73	78	54	28	26	73	0.6	0.4	1.7
Eastern Europe and Central Asia	426,820	105,609	30,436	0.3	0.1	5,915	1.9	66	67	74	51	32	19	67	0.6	0.5	0.7
Western Europe	497,793	92,245	24,694	0.3	0.0	4,806	1.6	71	78	82	56	24	32	77	0.6	0.3	2.6
Latin America and Caribbean	653,962	188,261	51,690	1.1	0.7	10,384	2.0	60	72	76	49	36	13	81	1.4	1.0	-0.8
Middle East and North Africa	463,375	160,397	49,430	1.8	1.4	10,012	2.8	53	70	74	54	46	8	66	2.4	1.8	-0.5
North America	368,870	80,639	21,676	0.8	0.5	4,344	1.7	71	77	79	54	28	26	83	1.0	0.7	3.3
South Asia	1,856,377	616,458	169,310	1.4	0.9	35,127	2.3	48	63	70	51	42	9	35	2.5	2.1	-0.7
Sub-Saharan Africa	1,138,215	553,411	177,162	2.5	2.2	39,158	4.6	45	50	62	82	76	6	41	3.8	3.4	-0.3
Eastern and Southern Africa	589,625	277,997	86,872	2.5	2.1	18,879	4.1	47	52	65	78	72	6	36	3.6	3.3	-0.3
West and Central Africa	548,590	275,414	90,290	2.6	2.3	20,278	5.1	42	49	59	87	81	5	47	4.1	3.4	-0.4
Least developed countries	1,057,438	479,533	149,155	2.3	2.0	32,546	4.0	44	55	66	74	67	6	35	3.8	3.4	-1.0
World	**7,794,799**	**2,353,672**	**677,942**	**1.1**	**0.8**	**139,975**	**2.4**	**57**	**66**	**73**	**53**	**39**	**14**	**56**	**2.0**	**1.5**	**0.0**

For a complete list of countries and areas in the regions, subregions and country categories, see page on Regional Classifications or visit <data.unicef.org/regionalclassifications>.

It is not advisable to compare data from consecutive editions of The State of the World's Children report.

Sex disaggregated data available at United Nations, Department of Economic and Social Affairs, Population Division (2019). World Population Prospects 2019, Rev. 1.

DEFINITIONS OF THE INDICATORS

Population (thousands) – Total population

Annual population growth rate – Average exponential rate of growth of the population over one year. It is calculated as ln(Pt/P0)/T where T is the length of the period. It is expressed as a percentage.

Annual number of births – Annual number of births for the reference year. Data are presented in thousands.

Total fertility – The average number of live births a hypothetical cohort of women would have at the end of their reproductive period if they were subject during their whole lives to the fertility rates of a given period and if they were not subject to mortality. It is expressed as live births per woman.

Dependency ratios – The total dependency ratio is the ratio of the sum of the population aged 0–14 and that aged 65+ to the population aged 15–64. The child dependency ratio is the ratio of the population aged 0–14 to the population aged 15–64. The old-age dependency ratio is the ratio of the population aged 65 years or over to the population aged 15–64. All ratios are presented as number of dependants per 100 persons of working age (15–64).

Life expectancy at birth – Number of years newborn children would live if subject to the mortality risks prevailing for the cross section of population at the time of their birth.

Share of urban population – Urban population as a percentage of the total population.

Annual growth rate of urban population – Average annual exponential rate of growth of the urban population over a given period, expressed as a percentage.

Net migration rate – The number of immigrants minus the number of emigrants over a period, divided by the person-years lived by the population of the receiving country over that period. It is expressed as net number of migrants per 1,000 population.

MAIN DATA SOURCES

All demographic data – United Nations, Department of Economic and Social Affairs, Population Division (2019). World Population Prospects 2019, Online Edition. Rev. 1. Proportion of urban population for regions and growth rates for total and urban population calculated by UNICEF.

NOTES

– Data not available.

A Based on medium-fertility variant projections.

Regional and global values are based on more countries and areas than listed here. Therefore, country values don't add up to the corresponding regional values and global value.

TABLE 2. CHILD MORTALITY

Countries and areas	Under-five mortality rate			Annual rate of reduction in under-five mortality rate	Under-five mortality rate 2019		Infant mortality rate		Neonatal mortality rate			Mortality rate among children aged 5–14 years		Stillbirth rate		Annual rate of reduction in stillbirth rate	Under-five deaths	Neonatal deaths	Neonatal deaths as a percentage of under-five deaths	Deaths among children aged 5–14 years	Stillbirths
	1990	2000	2019	2000–2019	Male	Female	1990	2019	1990	2000	2019	1990	2019	2000	2019	2000–2019	2019	2019	2019	2019	2019
Afghanistan	178	129	60	4.0	64	57	120	47	74	61	36	18	4	37	28	1.4	72,186	43,424	60	4,545	35,384
Albania	41	27	10	5.4	10	9	35	9	13	12	8	6	2	6	4	2.3	327	251	77	66	137
Algeria	49	40	23	2.8	25	22	42	20	23	21	16	9	3	17	9	3.1	23,598	16,484	70	2,725	9,674
Andorra	13	8	3	5.0	3	3	9	3	7	4	1	3	1	4	2	2.8	2	1	50	0	1
Angola	222	204	75	5.3	80	69	131	50	53	50	28	47	16	30	20	2.2	92,690	35,358	38	15,544	25,967
Anguilla	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Antigua and Barbuda	14	15	7	4.5	7	6	11	6	8	10	4	3	2	9	5	2.5	10	5	50	2	8
Argentina	29	20	9	4.0	10	8	25	8	15	11	6	3	2	8	5	2.0	6,977	4,583	66	1,337	4,042
Armenia	49	31	12	5.0	13	11	42	11	22	16	6	3	2	21	13	2.5	482	258	54	79	526
Australia	9	6	4	2.8	4	3	8	3	5	4	2	2	1	3	2	1.9	1,146	726	63	253	707
Austria	10	6	3	2.4	4	3	8	3	5	3	2	2	1	3	2	1.3	306	184	60	65	195
Azerbaijan	95	75	20	6.8	22	18	76	18	33	33	11	6	3	19	9	4.0	3,370	1,765	52	463	1,466
Bahamas	23	16	13	1.3	13	12	20	11	14	8	7	5	3	12	12	0.4	68	36	53	15	63
Bahrain	23	12	7	3.1	7	7	20	6	15	5	3	4	2	9	6	1.9	151	65	43	35	131
Bangladesh	144	87	31	5.4	33	29	100	26	64	43	19	24	7	41	24	2.8	89,796	55,542	62	20,650	72,508
Barbados	18	15	13	0.9	14	11	16	12	12	9	8	3	2	8	7	0.7	39	26	67	6	23
Belarus	15	13	3	7.2	4	3	12	2	8	6	1	4	1	5	2	4.8	360	133	37	131	222
Belgium	10	6	3	2.8	4	3	8	3	5	3	2	2	1	3	3	0.9	424	249	59	107	354
Belize	38	24	12	3.4	13	11	31	11	18	12	8	5	3	11	7	2.9	98	65	66	21	53
Benin	175	139	90	2.3	96	84	106	59	46	40	31	42	20	27	20	1.5	37,100	12,931	35	6,259	8,795
Bhutan	127	77	28	5.2	31	26	89	24	42	32	17	19	7	16	10	2.8	369	215	58	94	127
Bolivia (Plurinational State of)	122	76	26	5.6	28	23	84	21	41	29	15	12	4	16	9	2.9	6,399	3,598	56	966	2,219
Bosnia and Herzegovina	18	10	6	2.8	6	5	16	5	11	7	4	3	1	4	3	1.9	158	111	70	42	73
Botswana	48	69	42	2.7	45	38	36	32	17	6	18	19	6	12	15	-1.3	2,320	999	43	298	862
Brazil	63	35	14	4.8	16	12	52	12	25	18	8	4	2	10	7	1.5	40,429	22,736	56	7,046	21,771
British Virgin Islands	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Brunei Darussalam	13	10	11	-0.5	13	10	10	10	6	5	6	5	2	5	5	0.5	73	38	52	16	29
Bulgaria	18	17	7	5.0	7	6	15	6	8	8	3	4	2	8	5	2.2	422	206	49	121	312
Burkina Faso	199	179	88	3.8	92	83	99	54	46	41	26	37	17	30	19	2.2	64,744	19,767	31	10,131	15,141
Burundi	174	155	56	5.3	61	52	105	40	40	37	21	58	21	30	26	0.8	24,412	9,288	38	7,016	11,880
Cabo Verde	61	38	15	5.0	16	13	47	13	20	18	9	6	2	16	11	1.9	157	94	60	20	116
Cambodia	116	106	27	7.3	30	23	85	23	40	35	14	32	5	26	12	3.8	9,647	5,257	55	1,630	4,573
Cameroon	136	143	75	3.4	81	69	84	50	40	35	26	32	23	24	19	1.1	66,071	23,557	36	16,065	17,872
Canada	8	6	5	1.3	5	4	7	4	4	4	3	2	1	3	3	0.8	1,873	1,285	69	355	1,072
Central African Republic	177	170	110	2.3	116	104	115	81	52	49	40	30	14	34	30	0.7	18,095	6,646	37	1,945	5,147
Chad	212	185	114	2.6	120	107	112	69	52	44	33	49	26	35	27	1.2	73,024	22,123	30	12,116	18,802
Chile	19	11	7	2.3	8	6	16	6	9	6	5	3	1	4	3	1.6	1,612	1,044	65	353	711
China	54	37	8	8.1	8	7	42	7	30	21	4	7	2	15	6	5.3	132,256	63,895	48	32,278	92,170
Colombia	35	25	14	3.1	15	12	29	12	18	13	7	5	2	10	7	1.6	10,091	5,482	54	1,907	5,237
Comoros	124	100	63	2.5	68	58	87	48	50	41	30	17	8	30	25	1.1	1,656	797	48	184	674
Congo	90	114	48	4.6	52	44	59	35	27	31	19	30	8	21	15	1.6	8,204	3,369	41	1,136	2,664
Cook Islands	24	18	8	4.5	8	7	20	7	13	10	4	5	2	10	5	3.2	2	1	50	0	1
Costa Rica	17	13	9	2.2	9	8	14	8	9	8	6	3	2	5	4	0.4	599	425	71	121	311
Croatia	13	8	5	2.9	5	4	11	4	8	6	3	3	1	5	3	2.9	176	105	60	44	109
Cuba	14	9	5	2.8	6	5	11	4	7	4	2	4	2	11	7	2.4	591	246	42	246	784
Cyprus	11	7	2	5.5	2	2	10	2	6	4	1	2	1	4	3	2.9	29	16	55	12	31
Czechia	12	5	3	2.9	4	3	10	3	7	3	2	2	1	3	3	0.4	350	179	51	96	291
Côte d'Ivoire	152	142	79	3.1	87	71	104	59	49	45	33	28	25	30	23	1.4	70,330	30,156	43	16,849	21,735
Democratic People's Republic of Korea	43	60	17	6.5	19	15	33	13	21	26	10	8	4	14	8	2.5	6,116	3,376	55	1,330	3,042
Democratic Republic of the Congo	185	160	85	3.3	91	78	119	66	42	39	27	37	22	34	27	1.1	290,859	96,760	33	55,184	98,871
Denmark	9	6	4	2.2	4	3	7	3	4	3	3	2	1	3	2	2.3	232	187	81	38	126
Djibouti	118	101	57	3.0	62	52	92	48	49	44	31	26	13	35	28	1.2	1,173	623	53	240	586
Dominica	16	17	35	-3.8	39	34	13	31	10	13	28	4	3	12	14	-0.9	33	27	82	3	14
Dominican Republic	60	41	28	2.0	31	25	46	23	24	23	19	7	3	14	11	1.6	5,768	3,989	69	558	2,224
Ecuador	54	29	14	3.8	16	12	42	12	22	14	7	7	3	16	9	3.1	4,696	2,379	51	1,038	2,966
Egypt	86	47	20	4.4	21	19	63	17	33	22	11	11	4	18	9	3.5	52,291	28,710	55	9,155	23,527
El Salvador	60	33	13	4.7	15	12	46	11	22	15	7	8	3	20	10	3.6	1,552	765	49	372	1,189
Equatorial Guinea	178	156	82	3.4	88	76	120	60	48	44	29	35	16	18	15	0.9	3,519	1,289	37	510	681
Eritrea	153	85	40	3.9	46	35	94	30	35	27	18	41	7	23	18	1.3	4,247	1,863	44	724	1,945
Estonia	18	11	2	8.0	3	2	14	2	10	5	1	5	1	5	2	4.0	33	14	42	16	29
Eswatini	67	110	49	4.2	54	45	51	39	21	22	18	11	13	16	13	0.9	1,468	548	37	393	398
Ethiopia	200	140	51	5.4	56	45	119	37	59	48	28	79	11	36	25	2.0	177,849	98,795	56	30,817	90,323
Fiji	29	23	26	-0.7	28	23	24	22	12	9	11	11	5	10	9	0.9	482	202	42	81	161

TABLE 2. CHILD MORTALITY

Countries and areas	Under-five mortality rate			Annual rate of reduction in under-five mortality rate	Under-five mortality rate 2019		Infant mortality rate		Neonatal mortality rate			Mortality rate among children aged 5–14 years		Stillbirth rate		Annual rate of reduction in stillbirth rate	Under-five deaths	Neonatal deaths	Neonatal deaths as a percent-age of under-five deaths	Deaths among children aged 5–14 years	Stillbirths
	1990	2000	2019	2000–2019	Male	Female	1990	2019	1990	2000	2019	1990	2019	2000	2019	2000–2019	2019	2019	2019	2019	2019
Finland	7	4	2	3.1	3	2	6	2	4	2	1	2	1	3	2	1.4	122	70	57	44	102
France	9	5	4	1.0	5	4	7	4	4	3	3	2	1	5	4	0.7	3,251	1,920	59	588	3,157
Gabon	92	84	42	3.6	47	38	60	31	31	28	20	18	12	18	14	1.3	2,807	1,359	48	602	940
Gambia	167	113	52	4.1	56	47	82	36	46	38	27	33	10	27	22	1.1	4,504	2,427	54	665	2,001
Georgia	48	37	10	7.0	11	8	41	9	25	22	5	4	2	15	6	5.1	513	258	50	126	304
Germany	9	5	4	1.8	4	3	7	3	3	3	2	2	1	3	3	0.4	2,959	1,788	60	601	2,137
Ghana	127	99	46	4.0	51	41	80	34	42	36	23	25	11	29	22	1.5	40,168	20,399	51	7,824	19,529
Greece	10	6	4	2.8	4	3	9	3	6	4	2	2	1	5	3	2.0	302	178	59	91	244
Grenada	22	15	17	-0.3	18	15	18	15	12	8	11	5	4	10	10	0.2	30	20	67	6	18
Guatemala	80	52	25	3.9	27	22	59	21	28	21	12	13	4	20	13	2.3	10,364	5,180	50	1,429	5,498
Guinea	231	164	99	2.7	105	93	137	64	61	46	30	44	19	31	25	1.1	44,114	13,960	32	6,729	11,895
Guinea-Bissau	221	173	78	4.2	85	72	131	52	63	55	35	42	16	45	32	1.7	5,111	2,329	46	826	2,209
Guyana	60	46	29	2.4	33	25	46	24	30	27	19	5	5	18	14	1.4	453	287	63	71	216
Haiti	145	104	63	2.6	68	57	100	48	39	30	25	28	11	24	20	1.0	16,890	6,827	40	2,665	5,470
Holy See	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Honduras	58	37	17	4.2	19	15	45	14	22	17	9	9	4	14	9	2.6	3,480	1,907	55	902	1,787
Hungary	17	10	4	5.4	4	3	15	3	11	6	2	3	1	4	3	1.4	335	182	54	91	303
Iceland	6	4	2	3.8	2	2	5	2	3	2	1	3	0	3	2	1.8	8	4	50	2	8
India	126	92	34	5.2	34	35	89	28	57	45	22	21	5	30	14	4.0	824,448	522,249	63	135,877	340,622
Indonesia	84	52	24	4.1	26	21	62	20	31	23	12	14	5	15	9	2.5	114,994	59,591	52	24,340	45,857
Iran (Islamic Republic of)	56	34	14	4.7	15	13	44	12	25	19	9	14	3	11	7	2.7	21,248	13,075	62	4,452	10,367
Iraq	53	44	26	2.8	28	23	42	22	26	24	15	10	4	16	12	1.8	28,801	17,203	60	3,645	13,270
Ireland	9	7	3	4.1	4	3	8	3	5	4	2	2	1	5	3	2.9	203	128	63	44	172
Israel	12	7	4	3.3	4	3	10	3	6	4	2	2	1	4	3	2.1	624	329	53	132	472
Italy	10	6	3	3.0	3	3	8	3	6	3	2	2	1	3	2	0.9	1,432	858	60	480	1,070
Jamaica	30	22	14	2.4	15	12	25	12	20	17	10	5	3	19	13	2.1	652	461	71	125	602
Japan	6	5	2	3.2	3	2	5	2	3	2	1	2	1	3	2	2.7	2,343	782	33	828	1,407
Jordan	36	27	16	2.9	17	14	30	13	20	16	9	5	3	12	9	1.7	3,355	1,974	59	789	1,914
Kazakhstan	52	42	10	7.3	12	9	44	9	23	23	5	6	3	11	5	3.8	3,976	1,757	44	936	2,040
Kenya	101	99	43	4.3	47	39	65	32	28	29	21	17	10	22	20	0.7	63,623	31,343	49	13,556	30,030
Kiribati	95	71	51	1.8	55	46	69	40	35	29	22	15	9	17	14	0.9	164	72	44	26	47
Kuwait	17	12	8	2.3	9	7	15	7	10	7	5	6	2	7	6	1.0	448	251	56	113	325
Kyrgyzstan	65	50	18	5.3	20	16	54	16	24	21	12	6	3	11	7	2.4	2,824	1,880	67	386	1,051
Lao People's Democratic Republic	153	106	46	4.5	50	41	105	36	47	38	22	42	8	24	17	2.0	7,520	3,637	48	1,243	2,791
Latvia	17	14	4	7.2	4	3	13	3	8	7	2	6	1	6	3	3.2	74	37	50	28	65
Lebanon	32	20	7	5.3	8	7	27	6	20	12	4	10	2	11	6	2.8	839	485	58	216	745
Lesotho	85	107	86	1.1	93	79	68	68	39	37	43	16	9	36	28	1.3	4,831	2,401	50	380	1,611
Liberia	263	188	85	4.2	91	78	175	62	59	46	32	39	16	30	24	1.1	13,365	5,239	39	2,011	4,008
Libya	42	28	12	4.7	13	10	36	10	21	16	6	8	4	14	9	2.4	1,448	803	56	524	1,094
Liechtenstein	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lithuania	15	11	4	5.7	4	3	12	3	8	5	2	4	1	5	3	2.6	106	58	55	37	78
Luxembourg	9	5	3	2.8	3	2	7	2	4	2	1	2	0	4	3	0.4	18	9	50	2	22
Madagascar	157	107	51	3.9	55	46	96	36	39	31	20	38	18	20	16	1.1	43,110	17,607	41	12,710	14,671
Malawi	243	173	42	7.5	46	37	141	31	50	39	20	38	12	22	16	1.6	25,712	12,469	49	6,394	10,440
Malaysia	17	10	9	0.9	9	8	14	7	8	5	5	5	3	5	5	-0.6	4,513	2,448	54	1,297	2,921
Maldives	86	39	8	8.6	8	7	63	7	39	22	5	9	2	14	6	4.5	54	34	63	13	41
Mali	230	187	94	3.6	99	88	120	60	67	51	32	40	22	28	20	1.9	73,632	25,958	35	13,132	16,251
Malta	11	8	7	0.4	8	6	10	6	8	5	5	1	1	4	3	1.3	30	20	67	3	13
Marshall Islands	49	41	32	1.3	35	28	39	26	19	18	15	9	6	12	11	0.5	44	21	48	9	15
Mauritania	118	113	73	2.3	79	67	71	50	46	43	32	19	7	30	22	1.6	10,699	4,820	45	850	3,385
Mauritius	23	19	16	0.8	18	14	20	14	15	12	10	3	2	13	10	1.0	206	130	63	28	133
Mexico	45	28	14	3.6	15	13	36	12	22	14	9	5	3	10	7	1.8	31,368	18,906	60	5,662	15,136
Micronesia (Federated States of)	55	53	29	3.1	32	26	43	25	25	24	16	10	6	15	12	1.4	75	41	55	14	31
Monaco	8	5	3	2.7	3	3	6	3	4	3	2	2	1	2	1	2.3	2	1	50	0	1
Mongolia	108	65	16	7.5	18	14	77	13	30	23	8	12	3	12	5	4.4	1,183	611	52	209	395
Montenegro	16	14	2	9.5	2	2	15	2	11	9	1	3	1	5	4	2.0	17	10	59	7	26
Montserrat	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Morocco	79	49	21	4.4	23	19	62	18	36	27	14	10	3	21	14	2.1	14,511	9,187	63	1,695	9,562
Mozambique	243	170	74	4.4	79	70	162	55	62	46	29	58	15	28	22	1.3	81,507	32,259	40	12,993	25,096
Myanmar	115	89	45	3.6	49	40	81	36	47	37	22	29	5	20	14	1.8	41,896	21,134	50	4,506	13,493
Namibia	72	75	42	3.0	46	39	49	31	28	23	19	15	11	18	15	0.9	2,954	1,343	46	660	1,050
Nauru	60	42	31	1.6	34	28	47	26	29	24	20	11	6	15	13	0.7	9	6	67	2	4
Nepal	140	81	31	5.1	33	28	97	26	58	40	20	27	5	31	17	3.0	17,296	11,128	64	3,016	9,997

TABLE 2. CHILD MORTALITY

Countries and areas	Under-five mortality rate			Annual rate of reduction in under-five mortality rate	Under-five mortality rate 2019		Infant mortality rate		Neonatal mortality rate			Mortality rate among children aged 5–14 years		Stillbirth rate		Annual rate of reduction in stillbirth rate	Under-five deaths	Neonatal deaths	Neonatal deaths as a percentage of under-five deaths	Deaths among children aged 5–14 years	Stillbirths
	1990	2000	2019	2000–2019	Male	Female	1990	2019	1990	2000	2019	1990	2019	2000	2019	2000–2019	2019	2019	2019	2019	2019
Netherlands	8	6	4	2.2	4	4	7	3	5	4	3	2	1	5	2	4.2	696	446	64	129	400
New Zealand	11	7	5	2.3	5	4	9	4	4	4	3	3	1	4	3	1.6	283	157	56	60	160
Nicaragua	66	38	17	4.4	19	15	51	14	23	16	10	7	3	15	11	1.8	2,212	1,352	61	430	1,448
Niger	329	225	80	5.4	84	76	133	47	55	43	24	64	30	27	20	1.8	81,635	25,861	32	21,527	21,283
Nigeria	210	183	117	2.3	124	110	124	74	50	46	36	38	21	27	22	1.1	857,899	269,897	32	119,243	171,428
Niue	13	24	23	0.1	26	21	12	20	7	13	13	3	5	11	9	0.9	1	0	0	0	0
North Macedonia	36	16	6	5.0	7	6	32	5	17	9	4	3	1	11	4	5.1	137	87	64	30	91
Norway	9	5	2	3.6	3	2	7	2	4	3	1	2	1	4	2	2.1	145	83	57	42	146
Oman	39	16	11	1.9	13	10	31	10	17	8	5	6	3	8	6	1.9	1,034	477	46	169	509
Pakistan	139	107	67	2.5	72	63	107	56	64	57	41	14	8	40	31	1.4	399,418	248,342	62	40,623	190,483
Palau	35	29	17	2.7	19	15	30	16	19	16	9	7	4	11	8	1.7	4	2	50	1	2
Panama	31	26	15	2.9	16	13	26	13	18	15	9	5	3	11	8	2.1	1,175	680	58	223	617
Papua New Guinea	85	71	45	2.4	48	41	62	36	34	31	22	14	8	19	16	1.0	10,393	5,160	50	1,710	3,850
Paraguay	45	34	19	2.9	21	17	36	17	22	18	11	7	3	17	11	2.5	2,774	1,555	56	381	1,526
Peru	80	38	13	5.6	14	12	57	10	28	16	6	10	3	14	7	3.5	7,563	3,653	48	1,536	4,080
Philippines	57	38	27	1.7	30	24	40	22	19	16	13	8	4	14	10	1.6	59,751	28,992	49	8,952	22,966
Poland	17	9	4	4.0	5	4	15	4	11	6	3	3	1	4	2	3.2	1,624	997	61	391	859
Portugal	15	7	4	3.5	4	3	12	3	7	3	2	4	1	4	2	2.5	295	156	53	74	197
Qatar	21	12	7	3.4	7	6	18	6	11	7	3	4	1	6	5	0.8	172	90	52	34	144
Republic of Korea	15	8	3	4.5	3	3	13	3	7	3	2	4	1	3	2	3.1	1,200	565	47	355	625
Republic of Moldova	33	31	14	4.1	16	13	27	12	19	21	11	5	3	12	7	2.8	584	428	73	117	278
Romania	31	21	7	5.9	8	6	24	6	16	10	3	5	2	7	3	3.9	1,317	644	49	343	604
Russian Federation	22	19	6	6.4	6	5	18	5	11	9	3	5	2	7	4	3.0	10,556	4,751	45	3,291	6,805
Rwanda	150	179	34	8.7	37	31	92	26	41	41	16	62	9	29	17	2.8	13,310	6,261	47	3,031	6,798
Saint Kitts and Nevis	30	24	15	2.3	17	14	25	13	19	17	10	5	3	11	7	1.9	11	7	64	2	5
Saint Lucia	22	18	22	-1.0	24	20	18	20	12	12	13	4	3	13	11	1.0	48	28	58	7	24
Saint Vincent and the Grenadines	24	22	15	2.2	16	13	20	13	13	13	9	4	5	11	12	-0.6	23	14	61	8	19
Samoa	30	21	15	1.7	16	14	25	13	16	11	8	6	4	11	9	1.1	72	39	54	17	42
San Marino	14	6	2	6.7	2	2	12	1	7	3	1	3	1	3	2	3.2	0	0	0	0	0
Sao Tome and Principe	108	84	30	5.4	33	27	69	23	26	23	14	21	6	17	13	1.5	198	94	48	36	86
Saudi Arabia	44	22	7	6.3	7	6	36	6	22	12	4	6	2	9	5	3.2	3,964	2,170	55	963	2,984
Senegal	139	129	45	5.5	49	41	71	33	40	38	22	34	10	25	20	1.3	24,651	12,156	49	4,629	11,157
Serbia	28	13	5	4.6	6	5	24	5	17	8	3	3	1	5	4	0.9	441	265	60	113	367
Seychelles	16	14	14	-0.2	15	13	14	12	11	9	9	4	3	9	9	-0.3	23	14	61	4	15
Sierra Leone	260	228	109	3.9	115	103	154	81	52	49	31	51	22	34	24	1.9	27,580	8,013	29	4,485	6,249
Singapore	8	4	3	2.2	3	2	6	2	4	2	1	2	1	3	2	2.1	128	46	36	32	99
Slovakia	15	10	6	2.8	6	5	13	5	9	5	3	3	1	4	3	1.9	325	164	51	71	157
Slovenia	10	6	2	5.1	2	2	9	2	6	3	1	2	1	4	3	1.8	42	23	55	15	50
Solomon Islands	38	30	20	2.3	21	18	31	17	15	13	8	7	4	13	10	1.4	416	176	42	73	217
Somalia	178	171	117	2.0	123	111	107	74	45	44	37	38	25	30	27	0.6	72,126	23,723	33	11,566	17,738
South Africa	57	71	34	3.8	37	31	44	28	20	15	11	8	5	21	16	1.2	40,631	13,489	33	6,106	19,612
South Sudan	250	181	96	3.3	101	91	148	62	64	56	39	53	21	34	29	0.9	36,916	14,976	41	6,273	11,515
Spain	9	5	3	2.9	3	3	7	3	5	3	2	2	1	3	2	2.0	1,221	698	57	340	870
Sri Lanka	22	17	7	4.4	8	6	19	6	13	10	4	8	2	10	6	3.0	2,378	1,416	60	571	1,943
State of Palestine	44	30	19	2.3	21	18	36	17	22	16	11	6	3	15	10	1.9	2,771	1,528	55	373	1,499
Sudan	131	104	58	3.0	63	53	82	41	42	37	27	26	8	30	23	1.4	78,028	37,126	48	9,105	31,584
Suriname	45	31	18	2.9	20	16	39	16	21	17	11	5	3	14	11	1.3	191	119	62	30	120
Sweden	7	4	3	2.5	3	2	6	2	3	2	1	1	1	4	2	2.2	305	165	54	83	293
Switzerland	8	6	4	1.8	4	4	7	4	4	3	3	2	1	3	2	1.1	353	244	69	56	197
Syrian Arab Republic	37	23	22	0.4	23	19	30	18	16	12	11	10	10	13	11	0.8	9,195	4,545	49	3,495	4,649
Tajikistan	102	84	34	4.8	38	30	81	30	31	28	15	7	1	14	9	2.2	9,377	4,183	45	303	2,542
Thailand	37	22	9	4.7	10	8	30	8	20	13	5	6	4	11	6	3.2	6,444	3,759	58	3,408	4,098
Timor-Leste	175	108	44	4.7	48	40	131	38	55	37	20	25	8	21	13	2.4	1,645	742	45	257	498
Togo	144	118	67	3.0	72	61	89	46	43	36	25	34	13	28	22	1.3	17,331	6,563	38	2,744	6,062
Tokelau	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tonga	22	18	17	0.4	15	18	19	14	10	8	7	3	2	8	8	0.5	42	19	45	6	19
Trinidad and Tobago	30	28	18	2.5	19	16	27	16	20	19	12	4	2	12	9	1.4	312	202	65	45	161
Tunisia	55	30	17	3.0	18	15	43	14	28	19	12	7	3	17	11	2.3	3,398	2,381	70	587	2,178
Turkey	74	39	10	7.1	11	9	55	9	33	19	5	9	2	12	4	5.3	13,149	6,905	53	2,623	5,823
Turkmenistan	80	70	42	2.7	48	36	65	36	27	30	24	7	4	10	9	0.9	5,793	3,233	56	426	1,184
Turks and Caicos Islands	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuvalu	53	41	24	2.9	26	22	42	20	28	24	16	10	5	15	12	1.1	7	5	71	2	3
Uganda	182	146	46	6.1	51	41	107	33	39	32	20	29	14	23	18	1.4	74,053	32,914	44	18,308	29,928

TABLE 2. CHILD MORTALITY

Countries and areas	Under-five mortality rate			Annual rate of reduction in under-five mortality rate	Under-five mortality rate 2019		Infant mortality rate		Neonatal mortality rate			Mortality rate among children aged 5–14 years		Stillbirth rate		Annual rate of reduction in stillbirth rate	Under-five deaths	Neonatal deaths	Neonatal deaths as a percentage of under-five deaths	Deaths among children aged 5–14 years	Stillbirths
	1990	2000	2019	2000–2019	Male	Female	1990	2019	1990	2000	2019	1990	2019	2000	2019	2000–2019	2019	2019	2019	2019	2019
Ukraine	19	18	8	4.1	9	8	17	7	12	11	5	4	2	7	5	2.1	3,514	2,047	58	823	1,853
United Arab Emirates	17	11	7	2.1	8	7	14	6	8	6	4	3	2	8	5	2.8	750	398	53	178	496
United Kingdom	9	7	4	2.2	5	4	8	4	4	4	3	2	1	4	3	2.0	3,313	2,142	65	613	2,358
United Republic of Tanzania	165	129	50	5.0	54	47	100	36	40	34	20	28	11	25	19	1.6	103,222	42,814	42	18,812	40,480
United States	11	8	6	1.4	7	6	9	6	6	5	4	2	1	3	3	0.5	25,352	14,546	57	5,705	11,844
Uruguay	23	17	7	4.6	8	6	20	6	12	8	4	3	2	7	5	2.3	337	200	59	77	225
Uzbekistan	72	62	17	6.7	20	15	59	16	31	28	10	7	4	11	7	2.8	12,045	6,827	57	2,283	4,535
Vanuatu	35	28	26	0.5	28	24	29	22	16	13	11	7	5	12	11	0.5	224	100	45	41	98
Venezuela (Bolivarian Republic of)	30	22	24	-0.6	26	22	25	21	13	11	15	4	3	10	9	0.2	12,620	7,520	60	1,862	4,865
Viet Nam	51	30	20	2.1	23	17	37	16	23	15	10	11	3	13	8	2.8	31,689	16,587	52	3,632	12,479
Yemen	126	95	58	2.6	62	54	88	44	43	37	27	19	13	27	24	0.6	50,312	23,220	46	9,287	21,184
Zambia	179	152	62	4.8	66	57	107	42	36	34	23	27	11	21	15	1.8	38,460	14,902	39	5,648	9,597
Zimbabwe	77	93	55	2.8	59	50	50	38	25	26	26	13	12	23	16	1.9	24,166	11,283	47	4,765	7,113
SUMMARY																					
East Asia and Pacific	57	39	14	5.4	15	13	43	12	28	20	7	9	3	14	7	3.7	434,762	218,187	50	86,608	212,802
Europe and Central Asia	31	21	8	5.1	9	7	25	7	14	10	4	4	2	7	4	2.8	88,075	47,305	54	16,913	44,273
Eastern Europe and Central Asia	46	35	11	5.9	13	10	37	10	21	17	6	6	2	10	5	3.5	69,538	36,104	52	12,753	30,349
Western Europe	11	6	4	2.6	4	3	9	3	6	3	2	2	1	4	3	1.6	18,537	11,201	60	4,159	13,925
Latin America and Caribbean	55	33	16	3.7	18	15	43	14	22	16	9	6	3	11	8	1.8	169,465	94,324	56	29,452	83,430
Middle East and North Africa	65	42	22	3.5	23	20	50	18	28	21	12	11	4	16	10	2.3	218,910	123,375	56	38,567	104,724
North America	11	8	6	1.4	7	6	9	5	6	5	4	2	1	3	3	0.5	27,225	15,831	58	6,060	12,916
South Asia	130	93	40	4.4	41	39	92	33	59	46	25	20	6	32	18	3.0	1,405,945	882,350	63	205,389	651,104
Sub-Saharan Africa	178	151	76	3.6	81	70	107	52	45	40	27	38	16	28	22	1.4	2,844,490	1,059,092	37	491,073	856,353
Eastern and Southern Africa	162	133	55	4.6	60	51	99	39	43	37	24	38	12	27	21	1.5	1,008,693	443,325	44	185,555	390,047
West and Central Africa	196	168	95	3.0	101	88	114	63	48	43	31	37	21	29	23	1.3	1,835,797	615,767	34	305,518	466,305
Least developed countries	175	135	63	4.0	67	58	108	45	52	42	26	37	13	31	22	1.8	1,968,312	821,302	42	351,049	728,564
World	**93**	**76**	**38**	**3.7**	**40**	**35**	**65**	**28**	**37**	**30**	**17**	**15**	**7**	**21**	**14**	**2.3**	**5,188,872**	**2,440,464**	**47**	**874,064**	**1,965,604**

For a complete list of countries and areas in the regions, subregions and country categories, see page 182 or visit <data.unicef.org/regionalclassifications>.
It is not advisable to compare data from consecutive editions of The State of the World's Children report.

DEFINITIONS OF THE INDICATORS

Under-five mortality rate – Probability of dying between birth and exactly 5 years of age, expressed per 1,000 live births

Annual rate of reduction in under-five mortality rate – The annual percentage reduction in the under-five mortality rate (U5MR) defined as ARR=100*(ln($U5MR_{t2}$/$U5MR_{t1}$)/(t1-t2)), where t1=2000 and t2=2019.

Infant mortality rate – Probability of dying between birth and exactly 1 year of age, expressed per 1,000 live births

Neonatal mortality rate – Probability of dying during the first 28 days of life, expressed per 1,000 live births

Mortality rate (children aged 5 to 14 years) – Probability of dying at age 5–14 years expressed per 1,000 children aged 5

Under-five deaths – Number of deaths among children under 5 years of age

Neonatal deaths – Number of deaths occurring within the first 28 days of life

Neonatal deaths as a percentage of under-five deaths – The percentage of under-five deaths occurring within the first 28 days of life

Deaths among children aged 5–14 years – Number of deaths among children aged 5 to 14 years

Stillbirth rate – Stillbirth rate (SBR) is defined as the number of babies born with no sign of life at 28 weeks or more of gestation per 1,000 total births

Annual rate of reduction in stillbirth rate – The annual percentage reduction in the stillbirth rate (SBR) defined as ARR=100*(ln(SBR_{t2}/SBR_{t1})/(t1-t2)), where t1=2000 and t2=2019.

Stillbirths – Number of stillbirths

MAIN DATA SOURCES

United Nations Inter-agency Group for Child Mortality Estimation (UNICEF, World Health Organization, United Nations Population Division and the World Bank Group). Last update: 2020.

NOTES

– Data not available.

TABLE 3. MATERNAL AND NEWBORN HEALTH

Countries and areas	Life expectancy: female 2020	Demand for family planning satisfied with modern methods (%) 2015–2020	Adolescent birth rate 2015–2020 [R]	Births by age 18 (%) 2015–2020 [R]	Antenatal care (%) 2015–2020 [R]			Delivery care (%) 2015–2020 [R]				Postnatal health check (%) 2015–2020 [R]		Maternal mortality 2017 [C]		
					At least one visit	At least four visits		Skilled birth attendant		Institutional delivery	C-section	For newborns	For mothers	Number of maternal deaths	Maternal mortality ratio	Lifetime risk of maternal death (1 in X)
		Women aged 15–49				Women aged 15–49	Women aged 15–19	Women aged 15–49 [Rs]	Women aged 15–19							
Afghanistan	67	42	62	20	65	21	19	59	58	56	7	19	37	7,700	638	33
Albania	80	6	14	3	88	78	72	100	100	99	31	86	88	5	15	3,800
Algeria	78	77 x	12	1	95	70	69	99	97	99	25	92	88	1,200	112	270
Andorra	-	-	3	-	-	-	-	100	-	-	-	-	-	-	-	-
Angola	64	30	163 x	38	82	61	56	50	50	46	4	21	23	3,000	241	69
Anguilla	-	-	40 x	-	-	-	-	-	-	-	-	-	-	-	-	-
Antigua and Barbuda	78	-	28	-	100 x	100 x	-	100	-	-	-	-	-	1	42	1,200
Argentina	80	-	50	12 x	98 x	90 x	85 x	100	-	99 x	29 x	-	-	290	39	1,100
Armenia	79	40	19	1	100	96	93	100	100	99	18	98	97	11	26	2,000
Australia	86	-	9	-	98 x	92 x	-	99	-	99 x	31 x	-	-	20	6	8,200
Austria	84	-	6	-	-	-	-	98	-	99 x	24 x	-	-	4	5	13,500
Azerbaijan	76	22 x	48	4 x	92 x	96 x	40 x	99	99 x	96 x	26 x	-	83 x	44	26	1,700
Bahamas	76	-	29 x	-	98 x	85 x	-	99	-	-	-	-	-	4	70	820
Bahrain	79	-	13	-	100 x	100 x	-	100	-	98 x	-	-	-	3	14	3,000
Bangladesh	75	77	74	24	75	37	35	59	62	53	36	67	65	5,100	173	250
Barbados	81	70 x	50 x	7 x	93 x	88 x	-	99	-	100 x	21 x	98 x	97 x	1	27	2,400
Belarus	80	73 x	12	3 x	100 x	100 x	95 x	100	100 x	100 x	25 x	100 x	100 x	3	2	23,800
Belgium	84	-	6	-	-	-	-	-	-	-	18 x	-	-	6	5	11,200
Belize	78	65	58	17	97	93	92	94	97	96	34	96	96	3	36	1,100
Benin	64	28	108	19	83	52	47	78	78	84	5	64	66	1,600	397	49
Bhutan	73	85 x	59 x	15 x	98 x	85	66 x	96	40 x	74 x	12 x	30 x	41 x	24	183	250
Bolivia (Plurinational State of)	75	50	71	20 x	96	86	81	81	90	80	33	-	56	380	155	220
Bosnia and Herzegovina	80	22 x	10	-	87 x	84 x	-	100	100 x	100 x	14 x	-	-	3	10	8,200
Botswana	73	-	52	-	94 x	73 x	-	100	-	100	-	-	-	81	144	220
Brazil	80	89 x	49	-	97	92	-	99	-	99 x	56	-	-	1,700	60	940
British Virgin Islands	-	-	27 x	-	-	-	-	-	-	-	-	-	-	-	-	-
Brunei Darussalam	77	-	10	-	99 x	93 x	-	100	-	100 x	-	-	-	2	31	1,700
Bulgaria	79	-	39	5 x	-	-	-	100	-	100	47	-	-	6	10	7,000
Burkina Faso	63	53	132	28 x	93	47	52	80	83	82	4	33	74	2,400	320	57
Burundi	64	40	58	13	99	49	52	85	91	84	4 x	49	51	2,400	548	33
Cabo Verde	76	73 x	12	22 x	99	86	-	97	87 x	97	11 x	-	87	6	58	670
Cambodia	72	57 x	30 x	7 x	95 x	76 x	71 x	89	91 x	83 x	6 x	79 x	90 x	590	160	220
Cameroon	61	45	122	28	87	65	58	69	67	67	4	60	59	4,700	529	40
Canada	85	-	7	-	100 x	99 x	-	98	-	98 x	26 x	-	-	40	10	6,100
Central African Republic	56	28	229 x	43	52	41	45	40	43	58	2	59	57	1,400	829	25
Chad	56	18	179 x	51	55	31	33	24	27	22	1	5	16	7,300	1,140	15
Chile	83	-	23	-	-	-	-	100	-	100 x	50 x	-	-	29	13	4,600
China	79	97 x	9	-	100	81 x	-	100	-	100	41 x	63 x	64 x	4,900	29	2,100
Colombia	80	87	58	20	97	90	86	99	99	97	43	-	-	610	83	630
Comoros	66	29 x	70 x	17 x	92 x	49 x	38 x	82 x	82 x	76 x	10 x	14 x	49 x	72	273	83
Congo	66	43	111 x	26	94	79	77	91	92	92	5	86	80	650	378	58
Cook Islands	-	-	42	-	100 x	-	-	100 x	-	100 x	-	-	-	-	-	-
Costa Rica	83	81	41	13	98	94	92	99	98	98	28	97	92	19	27	1,900
Croatia	82	-	9	-	-	98	-	100	-	-	24	-	-	3	8	9,100
Cuba	81	87	53	10	99	79	76	100	100	100	31	100	100	42	36	1,800
Cyprus	83	-	8	-	99 x	-	-	99	-	97 x	-	-	-	1	6	11,000
Czechia	82	86 x	11	-	-	-	-	100	-	100 x	20 x	-	-	4	3	17,900
Côte d'Ivoire	60	44	123	25	93	51	47	74	76	70	3	83	80	5,400	617	34
Democratic People's Republic of Korea	76	90	1	-	100	94	-	100	-	92	13	99	98	310	89	620
Democratic Republic of the Congo	63	33	109	25	82	43	46	85	87	82	5	57	50	16,000	473	34
Denmark	83	-	2	-	-	-	-	95	-	-	21 x	-	-	2	4	16,200
Djibouti	70	-	21 x	-	88 x	23 x	-	87 x	-	87 x	11 x	-	-	51	248	140
Dominica	-	-	47 x	-	100 x	-	-	100	-	-	-	-	-	-	-	-
Dominican Republic	78	82 x	54	21 x	98 x	93 x	91 x	100	99 x	98 x	58 x	95 x	95 x	200	95	410
Ecuador	80	79 x	64	-	84 x	58 x	-	96	-	93 x	46 x	-	-	200	59	640
Egypt	75	80 x	52	7 x	90 x	83 x	87 x	92	93 x	87 x	52 x	14 x	82 x	960	37	730
El Salvador	78	80 x	70	18 x	96 x	90 x	90 x	100	99 x	98 x	32 x	97 x	94 x	54	46	960
Equatorial Guinea	60	21 x	176 x	42 x	91 x	67 x	-	68 x	70 x	67 x	7 x	-	-	130	301	67
Eritrea	69	21 x	76 x	19 x	89 x	57 x	40 x	34 x	30 x	34 x	3 x	-	5 x	510	480	46
Estonia	83	-	10	-	-	97 x	-	100	-	99	-	-	-	1	9	6,900
Eswatini	65	83 x	87 x	17 x	99 x	76 x	68 x	88	89 x	88 x	12 x	90 x	88 x	130	437	72
Ethiopia	69	64	80 x	21	74	43	36	50	55	48	2	13	34	14,000	401	55
Fiji	70	-	23	-	100 x	94 x	-	100	-	99 x	-	-	-	6	34	1,000
Finland	85	-	4	-	100 x	-	-	100	-	100	16 x	-	-	2	3	20,900
France	86	96 x	9	-	100 x	99 x	-	98	-	98 x	21 x	-	-	56	8	7,200
Gabon	69	44 x	91 x	28 x	95 x	78 x	76 x	89 x	91 x	90 x	10 x	25 x	60 x	170	252	93

TABLE 3. MATERNAL AND NEWBORN HEALTH

Countries and areas	Life expectancy: female 2020	Demand for family planning satisfied with modern methods (%) 2015–2020	Adolescent birth rate 2015–2020 [R]	Births by age 18 (%) 2015–2020 [R]	Antenatal care (%) 2015–2020 [R]			Delivery care (%) 2015–2020 [R]				Postnatal health check (%) 2015–2020 [R]		Maternal mortality 2017 [C]		
					At least one visit	At least four visits		Skilled birth attendant		Institutional delivery	C-section	For newborns	For mothers	Number of maternal deaths	Maternal mortality ratio	Lifetime risk of maternal death (1 in X)
		Women aged 15–49				Women aged 15–49	Women aged 15–19	Women aged 15–49 [Rs]	Women aged 15–19							
Gambia	64	40	68	19 x	98	79	76	84	86	84	4	88	88	520	597	31
Georgia	78	51	29	6	98 x	81	-	100	100 x	99	47	-	-	14	25	1,900
Germany	84	-	7	-	100 x	99 x	-	99	-	99 x	29 x	-	-	53	7	9,400
Ghana	66	40	78	18	97	85	78	79	75	78	13	91	85	2,700	308	82
Greece	85	-	9	-	-	-	-	100	-	-	-	-	-	2	3	26,900
Grenada	75	-	36 x	-	100 x	-	-	100	-	-	-	-	-	0	25	1,700
Guatemala	77	66	77	20	91	86	85	70	70	65	26	8	78	400	95	330
Guinea	63	38	120	39	81	35	36	55	59	53	3	64	49	2,600	576	35
Guinea-Bissau	61	60	84	27	97	81	81	54	62	50	3	57	53	440	667	32
Guyana	73	52 x	74 x	16 x	91 x	87 x	86 x	96	94 x	93 x	17 x	95 x	93 x	26	169	220
Haiti	67	45	55	14	91	67	55	42	37	39	5	38	31	1,300	480	67
Holy See	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Honduras	78	76 x	89 x	22 x	97 x	89 x	87 x	74	87 x	83 x	19 x	81 x	85 x	130	65	560
Hungary	80	-	22	-	-	-	-	100	-	-	31 x	-	-	11	12	6,200
Iceland	85	-	5	-	-	-	-	98	-	-	17 x	-	-	0	4	14,400
India	71	73	12	9	79	51	30 x	81	84	79	17	27	65	35,000	145	290
Indonesia	74	77	36	7	98	77	65	95	87	79	17	76	87	8,600	177	240
Iran (Islamic Republic of)	78	69 x	31	5 x	97 x	94 x	-	99	-	95 x	55 x	-	-	250	16	2,600
Iraq	73	54	70	14	88	68	76	96	97	87	33	78	83	870	79	320
Ireland	84	-	6	-	100 x	-	-	100	-	100 x	25 x	-	-	3	5	11,300
Israel	85	-	8	-	-	-	-	-	-	-	-	-	-	5	3	10,800
Italy	86	-	4	-	99 x	68 x	-	100	-	100 x	40 x	-	-	7	2	51,300
Jamaica	76	83 x	52	15 x	98 x	86 x	85 x	100	97 x	99	21 x	-	-	38	80	600
Japan	88	-	3	-	-	-	-	100	-	100 x	-	-	-	44	5	16,700
Jordan	76	57	27	5	98	92	93	100	100	98	26	86	83	100	46	730
Kazakhstan	78	73	23	2	99	95	98	100	99	99	15	99	98	37	10	3,500
Kenya	69	74	96 x	23 x	94	58 x	49 x	70	65 x	61 x	9 x	36 x	53 x	5,000	342	76
Kiribati	73	53	51	8	89	67	66	92	96	86	9	91	86	3	92	290
Kuwait	77	-	5	-	100 x	-	-	100	-	99 x	-	-	-	7	12	4,200
Kyrgyzstan	76	65	38	3	100	94	82	100	100	100	8	98	96	95	60	480
Lao People's Democratic Republic	70	72	83	18	78	62	52	64	56	65	6	47	47	310	185	180
Latvia	80	-	12	-	92 x	-	-	100	-	98 x	-	-	-	4	19	3,100
Lebanon	81	-	12	-	96 x	-	-	98 x	-	100 x	-	-	-	34	29	1,600
Lesotho	58	83	91	14 x	91	77	71	87	90	89	10 x	82	84	310	544	58
Liberia	66	41	128	34	98	87	86	84	84	80	4 x	35 x	80	1,000	661	32
Libya	76	24 x	11 x	-	93 x	-	-	100 x	-	100 x	-	-	-	92	72	590
Liechtenstein	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Lithuania	82	-	11	-	100 x	-	-	100	-	-	-	-	-	2	8	7,500
Luxembourg	85	-	5	-	-	97 x	-	100 x	-	100 x	29 x	-	-	0	5	14,300
Madagascar	69	66	151	36	85	51	45	46	42	39	2	78	72	2,800	335	66
Malawi	68	74	138	31	98	51	46	90	92	91	6	60	42	2,100	349	60
Malaysia	79	-	9	-	97 x	97	94	100	98	99 x	21	-	-	150	29	1,600
Maldives	81	29	9	1	99	82	87	100	99	95	40	82	80	4	53	840
Mali	61	41	164	37	80	43	42	67	71	67	3	54	56	4,400	562	29
Malta	84	-	12	-	100 x	-	-	100	-	100 x	-	-	-	0	6	10,200
Marshall Islands	-	81 x	85 x	21 x	81 x	77 x	-	92	94 x	85 x	9 x	-	-	-	-	-
Mauritania	67	30	84 x	22	87	63	56	69	67	69	5	58	57	1,100	766	28
Mauritius	79	41 x	23	-	-	-	-	100	-	98 x	-	-	-	8	61	1,200
Mexico	78	80	62	21	99	94	94	97	99	97	41	95	95	740	33	1,300
Micronesia (Federated States of)	70	-	44 x	-	80 x	-	-	100 x	-	87 x	11 x	-	-	2	88	370
Monaco	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mongolia	74	64	31	4	99	89	90	99	100	98	26	98	94	35	45	710
Montenegro	79	33	10	3	97	94	-	99	-	99	24	96	86	0	6	9,900
Montserrat	-	-	22	-	-	-	-	-	-	-	-	-	-	-	-	-
Morocco	78	72	19	8 x	89	54	30 x	87	70 x	86	21	-	-	480	70	560
Mozambique	64	56	180	40 x	94	51	55	73	75	55 x	4 x	28	-	3,100	289	67
Myanmar	70	75	28	5	81	59	47	60	61	37	17	36	71	2,400	250	190
Namibia	67	80 x	64	15 x	97 x	63 x	58 x	88 x	88 x	87 x	14 x	20 x	69 x	140	195	140
Nauru	-	43 x	94	22 x	95 x	40 x	-	97 x	91 x	99 x	8 x	-	-	-	-	-
Nepal	73	62	63	14	89	78	80	77	81	78	15	69	68	1,100	186	230
Netherlands	84	-	3	-	-	-	-	-	-	-	14 x	-	-	9	5	11,900
New Zealand	84	-	13	-	-	-	-	96	-	97 x	23 x	-	-	5	9	6,100
Nicaragua	78	90 x	103	28 x	95 x	88 x	68 x	96	75 x	71 x	30 x	-	-	130	98	380
Niger	64	46	154	48 x	83 x	38	32 x	39	36 x	59	1 x	13 x	37 x	5,100	509	27
Nigeria	56	36	106	28	67	57	47	43	31	39	3	38	42	67,000	917	21
Niue	-	-	20 x	-	100 x	-	-	100 x	-	-	-	-	-	-	-	-
North Macedonia	78	30	15	4	97	96	-	100	100 x	99	38	99	94	2	7	9,000

TABLE 3. MATERNAL AND NEWBORN HEALTH

Countries and areas	Life expectancy: female 2020	Demand for family planning satisfied with modern methods (%) 2015–2020	Adolescent birth rate 2015–2020 [R]	Births by age 18 (%) 2015–2020 [R]	Antenatal care (%) 2015–2020 [R]			Delivery care (%) 2015–2020 [R]				Postnatal health check (%) 2015–2020 [R]		Maternal mortality 2017 [C]		
					At least one visit	At least four visits		Skilled birth attendant		Institutional delivery	C-section	For newborns	For mothers	Number of maternal deaths	Maternal mortality ratio	Lifetime risk of maternal death (1 in X)
		Women aged 15–49				Women aged 15–49	Women aged 15–19	Women aged 15–49 [R,S]	Women aged 15–19							
Norway	85	-	3	-	-	-	-	99	-	99 x	16 x	-	-	1	2	25,700
Oman	81	40 x	8	2 x	99 x	74	-	99	99 x	99 x	19 x	98 x	95 x	17	19	1,600
Pakistan	69	49	54	7	86	51	44	71	70	66	22	64	62	8,300	140	180
Palau	-	-	34	-	90 x	81 x	-	100	-	100 x	-	-	-	-	-	-
Panama	82	65	74	-	99	88 x	84 x	93	99	96	32	93 x	92 x	41	52	750
Papua New Guinea	66	49	68	14 x	76	49	54	56	61	55	3	45	46	340	145	190
Paraguay	77	79	72	-	99	86	92	98	97	93	46	96	94	120	84	440
Peru	80	67	44	16	98	96	93	94	90	93	35	96 x	96 x	500	88	480
Philippines	76	56	36	11	94	87	80	84	86	78	13	86	86	2,700	121	300
Poland	83	-	10	-	-	-	-	100	-	100 x	21 x	-	-	8	2	30,300
Portugal	85	-	7	-	100 x	-	-	100	-	99	31 x	-	-	6	8	10,700
Qatar	82	69 x	7	-	91 x	85 x	-	100	-	99 x	20 x	-	-	2	9	5,000
Republic of Korea	86	-	1	-	-	97 x	-	100	-	100	32 x	-	-	43	11	8,300
Republic of Moldova	76	64	21	4 x	99 x	95 x	96 x	100	100 x	99 x	16 x	-	-	8	19	3,900
Romania	80	47 x	36	-	76	76 x	-	95	-	95	34 x	-	-	36	19	3,600
Russian Federation	78	72 x	22	-	-	-	-	100	-	99 x	13 x	-	-	320	17	3,100
Rwanda	72	63	41	6	98	47	44	94	98	93	13	19	70	960	248	94
Saint Kitts and Nevis	-	-	46 x	-	100 x	-	-	100	-	-	-	-	-	-	-	-
Saint Lucia	78	72 x	25	-	97 x	90 x	-	100	-	100 x	19 x	100 x	90 x	3	117	580
Saint Vincent and the Grenadines	75	-	52	-	100 x	100 x	-	99	-	-	-	-	-	1	68	750
Samoa	76	39 x	39 x	7	93 x	70	-	89	87 x	89	8	85	83	2	43	590
San Marino	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Sao Tome and Principe	73	58	86	22	98	84 x	81 x	97	98	95	10	92	84	9	130	170
Saudi Arabia	77	-	9 x	-	97 x	-	-	99	-	-	-	-	-	100	17	2,300
Senegal	70	53	68	16	98	56	51	75	77	80	5	84	80	1,700	315	65
Serbia	79	38	12	3	99	97	95 x	100	98 x	100	32	-	-	10	12	5,800
Seychelles	78	-	68	-	-	-	-	99 x	-	-	-	-	-	1	53	790
Sierra Leone	56	53	102	31	98	79	82	87	90	83	4	83	86	2,900	1,120	20
Singapore	86	-	2	-	-	-	-	100	-	100	-	-	-	4	8	9,900
Slovakia	81	-	26	-	97 x	-	-	98	-	-	24 x	-	-	3	5	12,600
Slovenia	84	-	4	-	100 x	-	-	100 x	-	100 x	-	-	-	1	7	9,300
Solomon Islands	75	38	78 x	15	89	69	-	86	88	85	6	16	69	22	104	200
Somalia	59	2	118	27	31	24	4 x	32	31	21	2	10	11	5,100	829	20
South Africa	68	80	41	15 x	94	76	77	97	97	96	26	-	84	1,400	119	330
South Sudan	60	4 x	158 x	28 x	62 x	17 x	21 x	19 x	25 x	12 x	1 x	-	-	4,500	1,150	18
Spain	86	-	6	-	-	-	-	100	-	-	26 x	-	-	14	4	21,500
Sri Lanka	80	74	21	3	99	93 x	-	100	99	100	32 x	-	99	120	36	1,300
State of Palestine	76	61	43	22 x	99 x	96 x	96 x	100	100 x	99 x	20 x	94 x	91 x	-	27	880
Sudan	67	30 x	87 x	22 x	79 x	51 x	49 x	78	77 x	28 x	9 x	28 x	27 x	3,900	295	75
Suriname	75	58	54	-	85	68	66	98	99	93	16	94	91	13	120	330
Sweden	85	87	4	-	100 x	-	-	-	-	-	-	-	-	5	4	12,600
Switzerland	86	-	2	-	-	-	-	-	-	-	30 x	-	-	4	5	13,900
Syrian Arab Republic	78	53 x	22 x	9 x	88 x	64 x	-	96 x	97 x	78 x	26 x	-	-	130	31	1,000
Tajikistan	74	52	54	1	92	64	67	95	96	88	5	90	92	46	17	1,400
Thailand	81	88	23	9	99	90	81	99	98	99	35	-	-	270	37	1,900
Timor-Leste	72	46	42	7	84	77	74	57	58	49	4	31	35	52	142	170
Togo	62	40	79	17	78	55	47	69	64	80	9	80	81	1,000	396	56
Tokelau	-	-	30 x	-	-	-	-	-	-	-	-	-	-	-	-	-
Tonga	73	50	30	3	98	89	90	98	100	98	14	98	95	1	52	540
Trinidad and Tobago	76	58 x	32 x	6 x	95 x	100 x	81 x	100	99 x	98 x	22 x	96 x	92 x	12	67	840
Tunisia	79	63	7	1	95	84	-	100	-	100	43	97	89	90	43	970
Turkey	81	60	19	5	96	90	83 x	97	99	99	52	68	79	220	17	2,800
Turkmenistan	72	80	22	1	100	98	96	100	100	100	8	100	100	10	7	4,400
Turks and Caicos Islands	-	-	21	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuvalu	-	41 x	27	3 x	97 x	67 x	-	93 x	100 x	93 x	7 x	-	-	-	-	-
Uganda	66	55	111	28	95	57	59	74	80	73	6	11 x	54	6,000	375	49
Ukraine	77	68 x	18	4 x	99 x	87 x	87 x	100	99 x	99 x	12 x	99 x	96 x	83	19	3,700
United Arab Emirates	80	-	4	-	100 x	-	-	99	-	100 x	-	-	-	3	3	17,900
United Kingdom	83	87 x	12	-	-	-	-	-	-	-	26 x	-	-	52	7	8,400
United Republic of Tanzania	68	55	139	22	98	62	48	64	68	63	6	43	34	11,000	524	36
United States	82	78	17	-	-	97 x	-	99	-	-	31 x	-	-	720	19	3,000
Uruguay	82	-	36	-	97 x	77 x	44 x	100	100 x	100 x	30 x	-	-	8	17	2,900
Uzbekistan	74	-	19	2 x	99	-	-	100	99 x	100	17	-	-	200	29	1,200
Vanuatu	72	51 x	51 x	13 x	76 x	52 x	-	89 x	93 x	89 x	12 x	-	-	6	72	330
Venezuela (Bolivarian Republic of)	76	-	95 x	24 x	98 x	84 x	-	99	-	99 x	52 x	-	-	670	125	330
Viet Nam	80	70 x	35	5 x	96 x	74 x	55 x	94	87 x	94 x	28 x	89 x	90 x	700	43	1,100
Yemen	68	41 x	67 x	17 x	60 x	25 x	30 x	45 x	52 x	30 x	5 x	11 x	20 x	1,400	164	150

TABLE 3. MATERNAL AND NEWBORN HEALTH

Countries and areas	Life expectancy: female 2020	Demand for family planning satisfied with modern methods (%) 2015–2020	Adolescent birth rate 2015–2020 R	Births by age 18 (%) 2015–2020 R	Antenatal care (%) 2015–2020 R			Delivery care (%) 2015–2020 R				Postnatal health check (%) 2015–2020 R		Maternal mortality 2017 C		
					At least one visit	At least four visits		Skilled birth attendant		Institutional delivery	C-section	For newborns	For mothers	Number of maternal deaths	Maternal mortality ratio	Lifetime risk of maternal death (1 in X)
		Women aged 15–49				Women aged 15–49	Women aged 15–19	Women aged 15–49 Rs	Women aged 15–19							
Zambia	67	66	135	31	97	64	59	80	84	84	5	72	70	1,300	213	93
Zimbabwe	63	85	108	24	93	72	71	86	89	86	9	91	57	2,100	458	55
SUMMARY																
East Asia and Pacific	79	86	20	-	98	-	-	96	-	91	-	-	-	21,000	69	790
Europe and Central Asia	81	77	16	-	-	-	-	99	-	-	-	-	-	1,400	13	4,300
Eastern Europe and Central Asia	78	69	25	-	96	-	-	99	-	98	31	-	-	1,200	19	2,600
Western Europe	84	83	8	-	-	-	-	99	-	-	-	-	-	260	5	11,700
Latin America and Caribbean	79	83	61	-	97	91	-	95	-	-	43	-	-	7,700	74	630
Middle East and North Africa	76	69	39	-	-	-	-	95	-	-	-	-	-	5,800	57	570
North America	82	81	16	-	-	-	-	99	-	-	-	-	-	760	18	3,100
South Asia	71	71	23	11	80	49	-	77	79	74	19	37	64	57,000	163	240
Sub-Saharan Africa	63	55	99	26	82	53	50	64	62	61	5	45	50	200,000	533	38
Eastern and Southern Africa	67	64	88	25	87	54	51	69	68	63	6	35	45	70,000	384	58
West and Central Africa	60	41	110	27	78	53	49	60	57	59	4	51	53	131,000	674	28
Least developed countries	67	58	91	24	82	48	46	66	67	62	8	44	50	130,000	415	56
World	**75**	**77**	**41**	**15**	**87**	**59**	**-**	**83**	**75**	**76**	**17**	**48**	**63**	**295,000**	**211**	**190**

For a complete list of countries and areas in the regions, subregions and country categories, see page on Regional Classifications or visit <data.unicef.org/regionalclassifications>.
It is not advisable to compare data from consecutive editions of The State of the World's Children report.

DEFINITIONS OF THE INDICATORS

Life expectancy at birth – Number of years newborn female children would live if subject to the mortality risks prevailing for the cross–section of population at the time of their birth.

Demand for family planning satisfied with modern methods – Percentage of women (aged 15–49) who have their need for family planning satisfied with modern methods.

Adolescent birth rate – Number of births per 1,000 adolescent girls aged 15–19.

Births by age 18 – Percentage of women aged 20–24 who gave birth before age 18. The indicator refers to women who had a live birth in a recent time period, generally two years for MICS and five years for DHS.

Antenatal care (at least one visit) – Percentage of women (aged 15–49) attended at least once during pregnancy by skilled health personnel (typically a doctor, nurse or midwife).

Antenatal care (at least four visits) – Percentage of women (aged 15–19 and 15–49) attended by any provider at least four times.

Skilled birth attendant – Percentage of births from mothers (aged 15–19 and 15–49), attended by skilled heath personnel (typically a doctor, nurse or midwife).

Institutional delivery – Percentage of women (aged 15–49) who gave birth in a health facility.

C-section – Percentage of births delivered by Caesarean section. NB: C-section rates between 5 per cent and 15 per cent are expected with adequate levels of emergency obstetric care.

Postnatal health check for newborn – Percentage of last live births in the last two years who received a health check within two days after delivery. NB: For MICS, health check refers to a health check while in facility or at home following delivery or a postnatal visit.

Postnatal health check for mother – Percentage of women (aged 15–49) who received a health check within 2 days after delivery of their most recent live birth in the last 2 years. NB: For MICS, health check refers to a health check while in facility or at home following delivery or a postnatal visit.

Number of maternal deaths – Number of deaths of women from pregnancy-related causes (modelled estimates).

Maternal mortality ratio – Number of deaths of women from pregnancy-related causes per 100,000 live births during the same time period (modelled estimates).

Lifetime risk of maternal death – Lifetime risk of maternal death takes into account both the probability of becoming pregnant and the probability of dying as a result of that pregnancy, accumulated across a woman's reproductive years (modelled estimates).

NOTES

– Data not available.

R Data refer to the most recent year available during the period specified in the column heading.

Rs SDG indicator 3.1.2 – Reporting period (2014-2020) and regional aggregates are aligned with the SDG Global Database 2021

C Maternal mortality estimates are from the 2019 United Nations inter-agency maternal mortality estimates. Periodically, the United Nations Maternal Mortality Estimation Inter-agency Group (WHO, UNICEF, UNFPA, the World Bank and the United Nations Population Division) produces internationally comparable sets of maternal mortality data that account for the well-documented problems of under-reporting and misclassification of maternal deaths, including also estimates for countries with no data. Please note that owing to an evolving methodology, these values are not comparable with previously reported maternal mortality ratio 'adjusted' values.

x Data refer to years or periods other than those specified in the column heading. Such data are not included in the calculation of regional and global averages. Estimates from data years prior to 2000 are not displayed.

MAIN DATA SOURCES

Life expectancy – United Nations Population Division, World Population Prospects 2019. Last update: January 2021.

Demand for family planning satisfied with modern methods – United Nations, Department of Economic and Social Affairs, Population Division, United Nations Population Fund (UNFPA), based on Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), Reproductive Health Surveys, other national surveys, and National Health Information Systems (HIS). Last Update: May 2021.

Adolescent birth rate – United Nations Population Division, 2019. Last update: January 2021.

Births by age 18 – DHS, MICS and other national household surveys. Last update: January 2021.

Antenatal care (at least one visit) – DHS, MICS and other national household surveys. Last update: January 2021.

Antenatal care (at least four visits) – DHS, MICS and other national household surveys. Last update: January 2021.

Skilled birth attendant – Joint UNICEF/WHO SBA database, based on DHS, MICS and other national household surveys as well as national administrative data. Last update: January 2021.

Skilled birth attendant (women 15–19) – DHS, MICS and other national household surveys. Last update: January 2021.

Institutional delivery – DHS, MICS and other national household surveys. Last update: January 2021.

C-section – DHS, MICS and other national household surveys. Last update: January 2021.

Postnatal health check for newborn and mother – DHS, MICS and other national household surveys. Last update: January 2021.

Number of maternal deaths – United Nations Maternal Mortality Estimation Inter-agency Group (WHO, UNICEF, UNFPA, the World Bank and the United Nations Population Division). Last Update: September 2019.

Maternal mortality ratio – United Nations Maternal Mortality Estimation Inter-agency Group (WHO, UNICEF, UNFPA, the World Bank and the United Nations Population Division). Last Update: September 2019.

Lifetime risk of maternal death – United Nations Maternal Mortality Estimation Inter-agency Group (WHO, UNICEF, UNFPA, the World Bank and the United Nations Population Division). Last Update: September 2019.

TABLE 4. CHILD HEALTH

Countries and areas	Intervention coverage															
	Immunization for vaccine preventable diseases (%) 2020 [J]											2015–2020 [R]				
												Pneumonia	Diarrhoea	Malaria		
	BCG	DTP1	DTP3	Polio3	MCV1	MCV2 [F]	HepB3	Hib3	Rota	PCV3	Protection at birth (PAB) against tetanus [G]	Care seeking for children with symptoms of Acute Respiratory Infection (%)	Treatment with oral rehydration salts (%)	Care seeking for children with fever (%)	Children sleeping under ITNs (%)	Households with at least one ITN (%)
Afghanistan	87	78	70	75	66	43	70	70	62	68	63	68	40	62	5	26
Albania	-	-	-	-	-	-	-	-	-	-	96	82	35	60	-	-
Algeria	-	-	-	-	-	-	-	-	-	-	98	47	27	-	-	-
Andorra	-	99	99	99	98	93	98	98	-	96	-	-	-	-	-	-
Angola	58	61	51	51	44	41	47	47	39	47	70	49	43	51	22	31
Anguilla	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Antigua and Barbuda	-	98	96	95	89	78	95	99	-	-	-	-	-	-	-	-
Argentina	75	79	74	74	77	71	74	74	72	75	-	94 x	18 x	-	-	-
Armenia	-	-	-	-	-	-	-	-	-	-	-	92	37	71	-	-
Australia	-	98	95	95	95	94	95	95	87	97	-	-	-	-	-	-
Austria	-	90	85	85	94	84	85	85	61	-	-	-	-	-	-	-
Azerbaijan	94	85	79	85	82	79	79	79	-	79	-	33 x	8 x	-	1 x	-
Bahamas	-	-	-	-	-	-	-	-	-	-	100	-	-	-	-	-
Bahrain	-	99	98	98	99	99	98	98	98	99	99	-	-	-	-	-
Bangladesh	99	99	98	98	97	93	98	98	-	99	98	46	72	56	-	-
Barbados	-	86	85	85	89	78	85	85	-	86	-	-	-	-	-	-
Belarus	97	97	97	97	97	98	97	97	-	-	-	93 x	45 x	-	-	-
Belgium	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Belize	76	79	79	79	82	87	79	79	-	-	95	67	55	71	-	-
Benin	88	83	72	73	65	-	72	72	62	68	81	29	22	53	70	85
Bhutan	98	96	95	96	93	92	96	96	-	90	90	74 x	61 x	-	-	-
Bolivia (Plurinational State of)	82	79	68	68	74	46	68	68	74	68	89	62	22 x	-	-	-
Bosnia and Herzegovina	-	-	-	-	-	-	-	-	-	-	-	87 x	36 x	-	-	-
Botswana	98	98	95	96	87	66	95	95	85	90	91	14 x	43 x	75 x	31 x	53 x
Brazil	67	88	77	74	79	44	77	77	76	79	96	50 x	-	-	-	-
British Virgin Islands	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Brunei Darussalam	99	99	99	99	99	97	99	99	-	-	97	-	-	-	-	-
Bulgaria	97	94	91	91	88	84	91	91	45	85	-	-	-	-	-	-
Burkina Faso	98	95	91	91	88	71	91	91	91	91	95	56 x	40	74	54	75
Burundi	83	98	93	93	90	83	93	93	96	93	90	59	36	70	40	46
Cabo Verde	98	93	93	94	95	86	94	94	-	-	95	-	-	-	-	-
Cambodia	98	94	92	94	84	80	92	92	-	90	95	69 x	35 x	61 x	4 x	5 x
Cameroon	80	77	69	70	62	28	69	69	67	69	83	30	18	61	60	73
Canada	-	94	91	92	90	83	84	92	84	84	-	-	-	-	-	-
Central African Republic	61	54	42	46	41	-	42	42	-	40	63	35	23	32	51	61
Chad	60	69	52	52	47	-	52	52	-	-	78	26	20	23	36	77
Chile	98	98	93	93	91	83	93	93	-	89	-	-	-	-	-	-
China	99	99	99	99	99	99	99	-	-	-	-	-	-	-	-	-
Colombia	89	92	88	88	90	88	88	88	87	89	97	64 x	54 x	54 x	-	3 x
Comoros	91	93	87	81	89	-	87	87	-	-	83	38 x	38 x	45 x	41 x	59 x
Congo	72	77	73	73	68	29	73	73	60	71	87	28	27	51	61	66
Cook Islands	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Costa Rica	99	96	95	94	95	93	98	94	95	95	-	80	56	74	-	-
Croatia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cuba	99	99	99	98	98	98	99	99	-	-	-	90	35	85	-	-
Cyprus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Czechia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Côte d'Ivoire	86	93	80	74	70	-	80	80	77	79	86	44	17	45	60	76
Democratic People's Republic of Korea	99	98	97	70	99	99	97	97	-	-	98	86	74	-	-	-
Democratic Republic of the Congo	73	66	57	59	57	-	57	57	33	58	85	34	24	46	51	63
Denmark	-	97	97	97	94	90	-	97	-	96	-	-	-	-	-	-
Djibouti	77	76	70	70	62	60	70	70	72	70	98	94 x	94 x	-	20 x	32 x
Dominica	98	99	97	97	92	90	97	97	-	-	-	-	-	-	-	-
Dominican Republic	85	86	82	80	82	55	81	80	77	69	99	73 x	48 x	65 x	-	-
Ecuador	81	74	70	72	81	70	70	70	75	76	88	-	46 x	-	-	-
Egypt	96	95	94	95	94	94	94	94	-	-	86	68 x	28 x	68 x	-	-
El Salvador	79	79	72	64	71	56	72	72	75	78	92	80 x	70 x	-	-	-
Equatorial Guinea	85	77	53	55	53	-	53	53	-	-	60	54 x	40 x	62 x	23 x	38 x
Eritrea	97	97	95	95	93	85	95	95	96	95	99	45 x	43 x	-	20 x	71 x
Estonia	91	92	91	91	91	87	90	91	82	-	-	-	-	-	-	-
Eswatini	97	87	83	82	76	70	83	83	63	83	90	60 x	84 x	63 x	2 x	10 x
Ethiopia	70	76	71	74	60	46	71	71	70	67	90	30	30	35	45	64
Fiji	-	-	-	-	-	-	-	-	-	-	96	-	-	-	-	-
Finland	-	98	91	91	96	93	-	91	83	89	-	-	-	-	-	-
France	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gabon	85	69	63	62	53	-	63	63	-	-	83	68 x	26 x	67 x	39 x	36 x

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Gambia	-	-	-	-	-	-	-	-	-	-	95	70	44	64	44	77
Georgia	96	95	88	88	91	77	88	88	75	82	-	74 x	42	67	-	-
Germany	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ghana	93	94	94	92	88	79	94	94	89	95	90	56	48	69	54	74
Greece	-	99	99	99	97	83	96	99	20	96	-	-	-	-	-	-
Grenada	-	79	72	72	83	79	72	72	-	-	-	-	-	-	-	-
Guatemala	86	92	83	83	88	79	89	89	85	86	91	52	49	50	-	-
Guinea	73	62	47	48	47	-	47	47	-	-	83	69	55	62	27	44
Guinea-Bissau	-	-	-	-	-	-	-	-	-	-	83	48	30	52	94	97
Guyana	94	99	99	91	98	97	99	99	97	89	99	84 x	43 x	71 x	7 x	5 x
Haiti	73	75	51	51	65	41	51	51	51	51	80	37	39	40	18	31
Holy See	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Honduras	83	85	80	80	82	79	80	80	83	80	99	64 x	60 x	62 x	-	-
Hungary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Iceland	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
India	85	87	85	85	89	81	85	85	82	21	90	78	51	73	5	1
Indonesia	87	83	77	76	76	49	77	77	-	4	85	75	36	90	3 x	3 x
Iran (Islamic Republic of)	98	99	99	99	99	98	99	99	-	-	96	76 x	61 x	-	-	-
Iraq	99	90	74	78	76	93	74	74	42	-	73	44	25	75	-	-
Ireland	-	98	94	94	92	-	94	94	89	86	-	-	-	-	-	-
Israel	-	99	98	98	99	96	96	98	79	94	-	-	-	-	-	-
Italy	-	94	94	94	92	86	94	94	63	91	-	-	-	-	-	-
Jamaica	99	97	96	95	93	89	95	96	-	-	91	82 x	64 x	-	-	-
Japan	95	98	96	96	98	95	92	95	-	95	-	-	-	-	-	-
Jordan	76	78	77	76	76	90	77	77	75	-	92	61	44	68	-	-
Kazakhstan	93	94	88	88	93	91	88	88	-	89	-	81 x	62 x	-	-	-
Kenya	92	94	89	89	88	49	91	89	93	90	88	66 x	54 x	72 x	56	59 x
Kiribati	93	99	92	91	82	57	92	92	89	91	93	87	61	27 x	69	86
Kuwait	-	-	-	-	-	-	-	-	-	-	99	-	-	-	-	-
Kyrgyzstan	96	90	87	87	92	93	86	86	52	90	-	60 x	36	48	-	-
Lao People's Democratic Republic	90	87	79	78	79	47	79	79	-	77	93	40	56	58	50	61
Latvia	99	99	99	99	99	94	99	99	86	91	-	-	-	-	-	-
Lebanon	-	87	71	67	74	64	71	71	-	74	-	74 x	44 x	-	-	-
Lesotho	87	92	87	83	75	69	87	87	87	87	85	58	40	61 x	-	-
Liberia	85	82	65	67	61	30	65	65	65	65	90	78	60 x	81	44	55
Libya	74	74	73	73	73	72	73	73	73	73	-	-	-	-	-	-
Liechtenstein	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lithuania	96	95	91	91	90	91	91	91	48	83	-	-	-	-	-	-
Luxembourg	-	99	99	99	99	90	96	99	89	96	-	-	-	-	-	-
Madagascar	73	73	68	76	59	24	70	70	64	65	75	40	19	48	62	78
Malawi	87	95	94	93	90	75	90	90	91	93	90	77	65	54	68	82
Malaysia	99	99	98	98	95	84	99	98	-	-	95	92	45	-	-	-
Maldives	99	99	99	99	99	96	99	99	-	-	99	74 x	75	86	-	-
Mali	78	75	70	65	62	26	70	70	68	66	87	35	21	53	79	85
Malta	-	99	98	98	95	99	98	98	-	-	-	-	-	-	-	-
Marshall Islands	-	-	-	-	-	-	-	-	-	-	-	-	38 x	63 x	-	-
Mauritania	80	79	71	76	72	-	71	71	71	70	83	34	25	35	32	49
Mauritius	96	94	93	94	89	87	93	93	92	86	97	-	-	-	-	-
Mexico	28	79	74	74	89	78	79	74	71	75	96	73	61	-	-	-
Micronesia (Federated States of)	84	98	83	82	79	62	88	68	40	79	-	-	-	-	-	-
Monaco	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mongolia	99	98	96	97	97	96	96	96	-	92	-	76	58	-	-	-
Montenegro	67	94	84	84	24	76	52	84	-	-	-	89 x	16 x	74 x	-	-
Montserrat	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Morocco	-	-	-	-	-	-	-	-	-	-	90	70 x	22 x	-	-	-
Mozambique	91	83	79	73	81	62	79	79	79	65	86	57	46	69	73	82
Myanmar	87	87	84	86	91	90	84	84	49	86	90	58	62	65	19	27
Namibia	-	-	-	-	-	-	-	-	-	-	90	68 x	72 x	63 x	6 x	24 x
Nauru	99	99	95	95	98	97	95	95	-	-	-	69 x	23 x	51 x	-	-
Nepal	92	89	84	84	87	74	84	84	-	80	89	82	60	73	-	-
Netherlands	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New Zealand	-	94	92	92	91	91	92	92	88	92	-	-	-	-	-	-
Nicaragua	93	94	92	93	97	98	92	92	92	92	90	58 x	65 x	-	-	-
Niger	94	93	81	81	79	60	81	81	83	81	83	59	41	75	96	87
Nigeria	67	65	57	57	54	12	57	57	-	57	65	40	40	73	52	61
Niue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
North Macedonia	-	-	-	-	-	-	-	-	-	-	-	93 x	62 x	-	-	-

TABLE 4. CHILD HEALTH

Countries and areas	Intervention coverage															
	Immunization for vaccine preventable diseases (%) 2020 [J]											2015–2020 [R]				
												Pneumonia	Diarrhoea	Malaria		
	BCG	DTP1	DTP3	Polio3	MCV1	MCV2 [F]	HepB3	Hib3	Rota	PCV3	Protection at birth (PAB) against tetanus [G]	Care seeking for children with symptoms of Acute Respiratory Infection (%)	Treatment with oral rehydration salts (%)	Care seeking for children with fever (%)	Children sleeping under ITNs (%)	Households with at least one ITN (%)
Norway	-	98	97	97	97	95	97	97	95	96	-	-	-	-	-	-
Oman	-	-	-	-	-	-	-	-	-	-	99	56 x	59 x	-	-	-
Pakistan	91	83	77	83	83	74	77	77	80	80	85	71	37	81	0	4
Palau	-	99	96	96	93	83	93	89	82	75	-	-	-	-	-	-
Panama	99	93	74	74	80	74	74	74	86	74	-	82 x	52 x	-	-	-
Papua New Guinea	52	48	39	41	47	27	39	39	-	39	67	63	30	50	52	69
Paraguay	84	84	79	78	80	72	79	79	80	82	95	89	28	86	-	-
Peru	-	-	-	-	-	-	-	-	-	-	95	61	34	61	-	-
Philippines	64	74	71	72	72	68	71	71	-	66	91	66	45	55	-	-
Poland	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Portugal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Qatar	98	89	82	89	90	90	82	82	83	70	-	-	-	-	-	-
Republic of Korea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Republic of Moldova	95	86	86	87	84	93	87	86	56	72	-	79 x	42 x	-	-	-
Romania	97	95	87	87	87	75	87	87	-	85	-	-	-	-	-	-
Russian Federation	98	97	97	97	97	96	97	-	-	87	-	-	-	-	-	-
Rwanda	89	91	91	91	94	91	91	91	91	91	97	54	34	62	56	66
Saint Kitts and Nevis	98	99	99	99	99	99	99	99	-	-	-	-	-	-	-	-
Saint Lucia	89	90	86	88	89	71	86	86	-	-	-	-	-	-	-	-
Saint Vincent and the Grenadines	99	99	97	99	99	99	97	97	-	-	-	-	-	-	-	-
Samoa	99	94	79	76	57	44	72	72	-	-	-	72	59	63	-	-
San Marino	-	92	89	89	90	79	89	88	-	82	-	-	-	-	-	-
Sao Tome and Principe	-	-	-	-	-	-	-	-	-	-	99	82	42	62	63	78
Saudi Arabia	95	96	95	95	96	96	95	95	96	95	-	-	-	-	-	-
Senegal	95	93	91	84	88	69	92	92	92	92	95	48	26	50	65	81
Serbia	-	-	-	-	-	-	-	-	-	-	-	90 x	36 x	-	-	-
Seychelles	99	99	97	97	97	99	97	97	98	94	100	-	-	-	-	-
Sierra Leone	72	93	91	90	87	67	91	91	90	91	93	76	85	75	59	68
Singapore	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Slovakia	-	99	97	97	96	98	97	97	-	96	-	-	-	-	-	-
Slovenia	-	98	95	95	94	91	-	95	-	70	-	-	-	-	-	-
Solomon Islands	82	98	94	92	81	51	94	94	41	93	87	79	37	62	70	86
Somalia	37	52	42	47	46	-	42	42	-	-	60	23	13 x	37	11 x	19 x
South Africa	86	88	84	84	84	76	84	84	83	83	90	66	51	68	-	-
South Sudan	52	51	49	50	49	-	49	49	-	-	65	48 x	39 x	57 x	42	63
Spain	-	98	98	98	98	94	98	98	-	88	-	-	-	-	-	-
Sri Lanka	99	96	96	96	96	96	96	96	-	-	99	52	54	92	4	6
State of Palestine	99	99	99	99	99	99	99	99	99	99	-	77 x	32 x	-	-	-
Sudan	92	96	90	90	86	68	90	90	92	90	81	48 x	20 x	-	30 x	25 x
Suriname	-	60	51	51	45	50	51	51	-	-	95	89	46	52	43 x	61 x
Sweden	26	98	97	97	97	95	97	97	83	97	-	-	-	-	-	-
Switzerland	-	98	96	96	97	93	72	96	-	86	-	-	-	-	-	-
Syrian Arab Republic	74	65	49	53	59	53	49	49	-	-	90	77 x	50 x	-	-	-
Tajikistan	98	98	97	97	98	97	97	97	95	-	-	69	62	44	1 x	2 x
Thailand	-	-	-	-	-	-	-	-	-	-	98	80	73	76	-	-
Timor-Leste	88	87	86	86	79	78	86	86	-	-	83	70	70	58	55	64
Togo	96	87	82	80	69	46	82	82	78	82	83	39	14	54	61	71
Tokelau	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tonga	99	99	99	99	99	99	99	99	-	-	-	-	-	82	-	-
Trinidad and Tobago	-	-	-	-	-	-	-	-	-	-	-	74 x	45 x	-	-	-
Tunisia	85	92	92	92	93	92	92	92	-	82	97	98	40	74	-	-
Turkey	96	99	98	98	95	93	98	98	-	95	95	45 x	-	-	-	-
Turkmenistan	98	99	98	98	98	99	99	99	95	23	-	51 x	47	59	-	-
Turks and Caicos Islands	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuvalu	99	99	95	90	93	85	93	93	-	-	-	-	44 x	79 x	-	-
Uganda	91	94	89	88	87	-	89	89	88	89	83	71	47	87	60	83
Ukraine	93	93	81	84	85	82	81	85	-	-	-	92 x	59 x	-	-	-
United Arab Emirates	86	90	90	80	99	92	91	90	86	84	-	-	-	-	-	-
United Kingdom	-	97	93	93	91	87	93	93	91	91	-	-	-	-	-	-
United Republic of Tanzania	87	88	86	65	84	67	86	86	82	80	91	55	45	75	55	78
United States	-	97	93	92	91	95	91	90	75	82	-	-	-	-	-	-
Uruguay	99	98	92	91	95	91	92	92	-	94	-	91 x	-	-	-	-
Uzbekistan	99	96	95	97	99	99	95	95	90	93	-	68 x	28 x	-	-	-
Vanuatu	77	84	78	76	78	-	78	78	-	-	78	72 x	48 x	57 x	51 x	83 x
Venezuela (Bolivarian Republic of)	82	73	54	62	76	28	54	54	-	-	67	72 x	38 x	-	-	-
Viet Nam	95	96	94	80	97	93	94	94	-	-	96	81 x	51 x	-	9 x	10 x
Yemen	71	83	72	66	68	46	72	72	73	72	70	34 x	25 x	33 x	-	-

TABLE 4. CHILD HEALTH

Countries and areas	Intervention coverage															
	Immunization for vaccine preventable diseases (%) 2020 [J]											2015–2020 [R]				
												Pneumonia	Diarrhoea	Malaria		
	BCG	DTP1	DTP3	Polio3	MCV1	MCV2 [F]	HepB3	Hib3	Rota	PCV3	Protection at birth (PAB) against tetanus [G]	Care seeking for children with symptoms of Acute Respiratory Infection (%)	Treatment with oral rehydration salts (%)	Care seeking for children with fever (%)	Children sleeping under ITNs (%)	Households with at least one ITN (%)
Zambia	85	88	84	83	96	66	84	84	87	85	85	75	67	77	52	78
Zimbabwe	88	93	86	86	85	74	86	86	88	86	87	48	33	50	15	37
SUMMARY																
East Asia and Pacific	93	94	92	91	92	87	92	36	3	16	89 [h]	-	-	-	-	-
Europe and Central Asia	94	97	94	94	94	91	91	78	29	79	-	-	-	-	-	-
Eastern Europe and Central Asia	97	96	94	95	94	93	94	65	20	75	-	-	-	-	-	-
Western Europe	68	98	95	94	94	88	88	94	41	84	-	-	-	-	-	-
Latin America and Caribbean	68	85	77	76	83	64	78	77	69	73	93	-	-	-	-	-
Middle East and North Africa	93	93	88	88	87	87	88	88	30	36	87	-	-	-	-	-
North America	-	97	93	92	91	94	90	90	76	82	-	-	-	-	-	-
South Asia	88	87	84	85	88	80	84	84	72	40	89	74	50	73	4	2
Sub-Saharan Africa	78	78	72	71	68	35	72	72	55	67	81	46	37	60	54	68
Eastern and Southern Africa	80	83	78	77	75	50	78	78	75	73	85	51	41	59	51	68
West and Central Africa	76	74	65	65	62	21	66	66	36	62	77	41	33	61	56	67
Least developed countries	81	82	76	75	73	47	76	76	56	71	85	49	42	57	50	64
World	**85**	**87**	**83**	**83**	**84**	**70**	**83**	**70**	**46**	**49**	**86 [h]**	**62**	**44**	**68**	**-**	**-**

For a complete list of countries and areas in the regions, subregions and country categories, see page 182 or visit <data.unicef.org/regionalclassifications>. Sex disaggregated data for specific child health indicators are available at https://data.unicef.org/topic/child-health/

It is not advisable to compare data from consecutive editions of The State of the World's Children report.

DEFINITIONS OF THE INDICATORS

BCG – Percentage of live births who received bacilli Calmette–Guérin (vaccine against tuberculosis).

DTP1 – Percentage of surviving infants who received the first dose of diphtheria, pertussis and tetanus vaccine.

DTP3 – Percentage of surviving infants who received three doses of diphtheria, pertussis and tetanus vaccine.

Polio3 – Percentage of surviving infants who received three doses of the polio vaccine.

MCV1 – Percentage of surviving infants who received the first dose of the measles–containing vaccine.

MCV2 – Percentage of children who received the second dose of measles–containing vaccine as per national schedule.

HepB3 – Percentage of surviving infants who received three doses of hepatitis B vaccine.

Hib3 – Percentage of surviving infants who received three doses of Haemophilus influenzae type b vaccine.

Rota – Percentage of surviving infants who received the last dose of rotavirus vaccine as recommended.

PCV3 – Percentage of surviving infants who received three doses of pneumococcal conjugate vaccine.

Protection at birth (PAB) – Percentage of newborns protected at birth against tetanus with tetanus toxoid.

Care seeking for children with symptoms of Acute Respiratory Infection – Percentage of children under age 5 with symptoms of pneumonia (cough and fast or difficult breathing due to a problem in the chest) in the two weeks preceding the survey for whom advice or treatment was sought from a health facility or provider.

Diarrhoea treatment with oral rehydration salts – Percentage of children under age 5 who had diarrhoea in the two weeks preceding the survey and who received oral rehydration salts (ORS packets or pre–packaged ORS fluids).

Care seeking for children with fever – Percentage of children under age 5 with fever for whom advice or treatment was sought from a health facility or provider. Excludes drug vendor, stores, shops and traditional healer. In some countries, particularly non–malaria endemic countries, pharmacies have also been excluded from the calculation.

Children sleeping under ITNs – Percentage of children under age 5 who slept under an insecticide–treated mosquito net the night prior to the survey.

Households with at least one ITN – Percentage of households with at least one insecticide–treated mosquito net..

MAIN DATA SOURCES

Immunization – WHO and UNICEF estimates of national immunization coverage, 2020 revision. Last update: July 2021.

Care seeking for children with symptoms of Acute Respiratory Infection (ARI) – DHS, MICS and other national household surveys. Last update: January 2021.

Diarrhoea treatment with oral rehydration salts (ORS) – DHS, MICS and other national household surveys. Last update: January 2021.

Care seeking for children with fever – DHS, MICS, MIS and other national household surveys. Last update: January 2021.

Children sleeping under ITNs – DHS, MICS, MIS and other national household surveys. Last update: January 2021.

Households with at least one ITN – DHS, MICS, MIS and other national household surveys. Last update: January 2021.

NOTES

– Data not available.

h Excludes China.

J For the calculation of regional and global vaccination coverage, the national coverage is considered to be 0 per cent for the countries that did not introduce the vaccine in their national schedule or did not report coverage, with the exception of BCG, which is only recommended in countries or settings with a high incidence of tuberculosis or high leprosy burden. World Population Prospects (2019 revision) estimates of target populations were used in the calculation of global and regional aggregates. As a result of data collection response rates lower than prior years due to the COVID-19 pandemic, these immunization coverage estimates are provisional. Please visit <data.unicef.org/topic/child-health/immunization> for the latest available information.

F Generally, the second dose of measles–containing vaccine (MCV2) is recommended for administration during the second year of life; however, in many countries, MCV2 is scheduled after the second year. World Population Prospects (2019 revision) estimates of the second year of life target population were used to calculate regional and global aggregates.

G WHO and UNICEF use a complex process employing administrative data, surveys (routine and supplemental), serosurveys, and information on other vaccines to calculate the percentage of births that can be considered as protected against tetanus because pregnant women were given two doses or more of tetanus toxoid (TT) vaccine.

R Data refer to the most recent year available during the period specified in the column heading.

x Data refer to years or periods other than those specified in the column heading. Such data are not included in the calculation of regional and global averages. Estimates from data years prior to 2000 are not displayed.

TABLE 5. ADOLESCENT HEALTH

Countries and areas	Adolescent mortality rate 2019	Adolescent deaths 2019	Annual rate of reduction in the adolescent mortality rate 2000–2019	Adolescent birth rate 2015–2020 [R]	Births by age 18 (%) 2015–2020 [R]	Demand for family planning satisfied with modern methods (%) 2015–2020 [R]	Antenatal care (%) 2015–2020 [R]	Skilled birth attendant (%) 2015–2020 [R]	Girls vaccinated against HPV (%) 2020	Risk factors (%)					
	Aged 10–19	Aged 10–19	Aged 10–19	Aged 15–19	(women aged 20-24 years who gave birth before age 18)	Aged 15-19	Aged 15–19	Aged 15–19		Alcohol use 2016		Tobacco use 2015–2019 [R]		Insufficient physical activity among school going adolescents (aged 11–17) 2016	
	Total	Total	Total	Female	Female	Female	Female	Female	Female	Male	Female	Male	Female	Male	Female
Afghanistan	15	14,329	-0.9	62	20	21	19	58	-	1	0	10 x	6 x	88	88
Albania	3	105	3.3	14	3	6	72	100	-	51	24	15	7	68	81
Algeria	4	2,751	2.2	12	1	68 x	69	97	-	2	1	17 x	3 x	76	91
Andorra	2	1	3.4	3	-	-	-	-	77	77	51	-	-	-	-
Angola	19	13,944	3.6	163 x	38	15	56	50	-	46	21	-	-	-	-
Anguilla	-	-	-	40 x	-	-	-	-	-	-	-	-	-	-	-
Antigua and Barbuda	3	5	3.0	28	-	-	-	-	-	48	22	8	7	74	85
Argentina	4	3,152	1.1	50	12 x	-	85 x	-	45	68	40	19	21	80	90
Armenia	3	104	-0.2	19	1	7 x	93	100	-	24	9	11 x	4 x	73	83
Australia	2	576	3.0	9	-	-	-	-	66	81	57	-	-	87	91
Austria	2	148	3.8	6	-	-	-	-	-	80	56	-	-	71	85
Azerbaijan	4	524	1.9	48	4 x	13 x	40 x	99 x	-	18	7	13	3	-	-
Bahamas	6	40	0.5	29 x	-	-	-	-	-	41	18	16 x	8 x	81	88
Bahrain	3	49	2.0	13	-	-	-	-	-	5	2	27	10	75	87
Bangladesh	10	30,330	-0.2	74	24	71	35	62	-	2	1	13 x	2 x	63	69
Barbados	3	13	1.8	50 x	7 x	56 x	-	-	7	50	24	17 x	11 x	77	87
Belarus	2	189	5.1	12	3 x	66 x	95 x	100 x	-	66	49	10	10	-	-
Belgium	1	188	4.3	6	-	-	-	-	-	79	53	-	-	79	88
Belize	5	44	2.2	58	17	47	92	97	11	38	16	17 x	8 x	76	84
Benin	18	4,910	0.6	108	19	13	47	78	-	22	8	7	2	71	81
Bhutan	10	142	1.8	59 x	15 x	52 x	66 x	40 x	81	24	9	31	14	83	85
Bolivia (Plurinational State of)	6	1,472	3.2	71	20 x	34 x	81	90	24	43	19	14	8	82	89
Bosnia and Herzegovina	2	82	1.1	10	-	-	-	100 x	-	47	22	18 x	13 x	-	-
Botswana	6	280	4.3	52	-	-	-	-	-	28	11	27 x	21 x	86	89
Brazil	7	23,252	0.1	49	-	-	-	-	72	37	16	7	7	78	89
British Virgin Islands	-	-	-	27 x	-	-	-	-	-	-	-	-	-	-	-
Brunei Darussalam	2	16	4.2	10	-	-	-	-	86	30	19	16 x	6 x	81	94
Bulgaria	3	212	1.6	39	5 x	-	-	-	2	68	40	27	30	67	80
Burkina Faso	12	6,081	3.2	132	28 x	41	52	83	-	35	13	-	-	-	-
Burundi	18	4,796	5.7	58	13	55	52	91	-	28	11	21 x	17 x	-	-
Cabo Verde	3	33	3.1	12	22 x	68 x	-	87 x	-	30	12	15 x	12 x	-	-
Cambodia	5	1,601	5.1	30 x	7 x	46 x	71 x	91 x	-	28	11	3	2	90	93
Cameroon	21	12,302	0.7	122	28	24	58	67	-	38	15	14 x	6 x	-	-
Canada	2	899	2.0	7	-	-	-	-	87	65	37	12	8	70	82
Central African Republic	16	1,998	2.4	229 x	43	14	45	43	-	35	14	-	-	-	-
Chad	26	10,167	1.3	179 x	51	11	33	27	-	19	7	21 x	14 x	-	-
Chile	3	725	1.3	23	-	-	-	-	74	68	40	20 x	28 x	84	91
China	2	38,427	4.1	9	-	-	-	-	-	53	28	11 x	2 x	80	89
Colombia	6	4,937	3.0	58	20	72	86	99	34	35	15	21	20	81	87
Comoros	6	109	3.7	70 x	17 x	20 x	38 x	82 x	-	3	1	16	8	-	-
Congo	9	1,107	4.3	111 x	26	28	77	92	-	50	24	28 x	20 x	-	-
Cook Islands	7	2	2.2	42	-	-	-	-	-	49	23	30	14	78	88
Costa Rica	4	284	0.6	41	13	78	92	98	77	33	14	10 x	8 x	76	88
Croatia	2	79	3.3	9	-	-	-	-	-	61	33	19	16	70	84
Cuba	3	397	1.8	53	10	76	76	100	-	44	20	13	10	-	-
Cyprus	2	23	5.2	8	-	-	-	-	-	69	41	29 x	11 x	-	-
Czechia	2	197	2.7	11	-	-	-	-	-	77	51	21	21	73	82
Côte d'Ivoire	22	13,003	0.5	123	25	18	47	76	13	36	14	26 x	11 x	-	-
Democratic People's Republic of Korea	6	2,164	3.8	1	-	-	-	-	-	38	17	-	-	-	-
Democratic Republic of the Congo	28	55,146	0.3	109	25	19	46	87	-	34	14	-	-	-	-
Denmark	1	88	4.2	2	-	-	-	-	70	77	51	-	-	82	87
Djibouti	16	287	2.1	21 x	-	-	-	-	-	16	6	18 x	11 x	81	89
Dominica	4	4	1.4	47 x	-	-	-	-	64	43	19	30 x	20 x	82	86
Dominican Republic	6	1,090	2.7	54	21 x	67 x	91 x	99 x	7	40	18	8	6	-	-
Ecuador	6	1,771	1.9	64	-	-	-	-	36	44	20	15	11	83	90
Egypt	6	9,937	1.1	52	7 x	64 x	87 x	93 x	-	2	1	18 x	8 x	82	93
El Salvador	14	1,661	-2.2	70	18 x	70 x	90 x	99 x	-	27	11	15	11	83	90
Equatorial Guinea	17	443	2.2	176 x	42 x	20 x	-	70 x	-	73	46	25 x	17 x	-	-
Eritrea	12	966	3.0	76 x	19 x	6 x	40 x	30 x	-	17	6	8 x	5 x	-	-
Estonia	3	32	4.2	10	-	-	-	-	55	75	49	34 x	28 x	81	88
Eswatini	13	356	0.5	87 x	17 x	34 x	68 x	89 x	-	25	10	16 x	9 x	-	-
Ethiopia	13	33,785	5.4	80 x	21	61	36	55	76	20	7	-	-	-	-
Fiji	6	100	2.1	23	-	-	-	-	-	14	5	12	7	81	86
Finland	2	133	1.7	4	-	-	-	-	-	75	48	24 x	18 x	69	82
France	2	1,215	3.7	9	-	-	-	-	-	78	52	-	-	82	92
Gabon	14	576	1.8	91 x	28 x	24 x	76 x	91 x	-	66	38	9 x	9 x	-	-

TABLE 5. ADOLESCENT HEALTH

Countries and areas	Adolescent mortality rate 2019	Adolescent deaths 2019	Annual rate of reduction in the adolescent mortality rate 2000–2019	Adolescent birth rate 2015–2020 [R]	Births by age 18 (%) 2015–2020 [R]	Demand for family planning satisfied with modern methods (%) 2015–2020 [R]	Antenatal care (%) 2015–2020 [R]	Skilled birth attendant (%) 2015–2020 [R]	Girls vaccinated against HPV (%) 2020	Risk factors (%)					
	Aged 10–19	Aged 10–19	Aged 10–19	Aged 15–19	(women aged 20-24 years who gave birth before age 18)	Aged 15-19	Aged 15–19	Aged 15–19		Alcohol use 2016		Tobacco use 2015–2019 [R]		Insufficient physical activity among school going adolescents (aged 11–17) 2016	
	Total	Total	Total	Female	Female	Female	Female	Female	Female	Male	Female	Male	Female	Male	Female
Gambia	13	677	2.7	68	19 x	15	76	86	-	23	9	18	5	-	-
Georgia	4	185	-0.8	29	6	27	-	100 x	22	33	13	21	10	-	-
Germany	2	1,236	3.4	7	-	-	-	-	-	82	58	-	-	80	88
Ghana	12	7,834	1.7	78	18	29	78	75	-	22	8	9	8	87	88
Greece	2	172	3.7	9	-	-	-	-	-	67	39	16 x	13 x	80	89
Grenada	5	7	0.6	36 x	-	-	-	-	32	47	22	13	7	82	87
Guatemala	8	3,253	0.9	77	20	50	85	70	-	24	9	20	14	84	89
Guinea	19	6,018	2.0	120	39	33	36	59	-	18	7	31 x	20 x	-	-
Guinea-Bissau	14	596	2.4	84	27	24	81	62	-	25	10	-	-	-	-
Guyana	9	130	-0.4	74 x	16 x	17 x	86 x	94 x	15	37	15	19	10	82	86
Haiti	11	2,647	2.9	55	14	31	55	37	-	32	13	20 x	19 x	-	-
Holy See	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Honduras	7	1,356	1.3	89 x	22 x	67 x	87 x	87 x	47	26	10	10	6	80	88
Hungary	2	191	2.5	22	-	-	-	-	-	68	40	25	25	73	86
Iceland	2	7	3.1	5	-	-	-	-	-	73	45	-	-	75	85
India	7	168,482	4.0	12	9	27	30 x	84	-	35	14	19 x	8 x	72	76
Indonesia	7	31,159	1.9	36	7	82	65	87	7	19	7	23	2	85	87
Iran (Islamic Republic of)	6	7,289	1.2	31	5 x	-	-	-	-	3	1	13	8	-	-
Iraq	6	5,151	0.8	70	14	44	76	97	-	2	1	19 x	9 x	80	90
Ireland	1	74	6.0	6	-	-	-	-	77	83	60	-	-	64	81
Israel	2	228	2.6	8	-	-	-	-	55	55	27	-	-	80	90
Italy	2	891	3.2	4	-	-	-	-	27	65	36	18	25	86	91
Jamaica	5	247	1.3	52	15 x	-	85 x	97 x	3	32	13	16	15	-	-
Japan	1	1,517	2.7	3	-	-	-	-	1	59	31	-	-	-	-
Jordan	4	841	1.9	27	5	31	93	100	-	2	1	34 x	14 x	81	88
Kazakhstan	4	1,075	3.2	23	2	64	98	99	-	37	16	4 x	2 x	-	-
Kenya	11	13,457	2.3	96 x	23 x	55	49 x	65 x	16	20	7	13 x	7 x	85	89
Kiribati	11	24	1.0	51	8	30	66	96	-	10	3	38 x	22 x	79	86
Kuwait	3	146	1.7	5	-	-	-	-	-	0	0	24	10	79	90
Kyrgyzstan	4	456	1.7	38	3	29	82	100	-	22	8	12 x	5 x	-	-
Lao People's Democratic Republic	9	1,370	4.9	83	18	60	52	56	-	37	16	16	6	78	91
Latvia	3	55	3.4	12	-	-	-	-	57	78	52	25 x	24 x	76	84
Lebanon	3	381	2.4	12	-	-	-	-	-	5	2	35	28	76	88
Lesotho	14	599	2.1	91	14 x	60	71	90	-	15	5	26 x	22 x	-	-
Liberia	26	2,924	-0.8	128	34	16	86	84	18	27	10	9	11	-	-
Libya	7	765	-0.5	11 x	-	-	-	-	-	0	0	11 x	5 x	78	89
Liechtenstein	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
Lithuania	3	76	3.4	11	-	-	-	-	68	82	59	24	21	76	85
Luxembourg	1	7	5.2	5	-	-	-	-	-	93	80	-	-	73	85
Madagascar	18	11,276	1.3	151	36	51	45	42	-	18	6	17	7	-	-
Malawi	11	5,221	4.9	138	31	62	46	92	77	21	8	17 x	11 x	-	-
Malaysia	4	2,347	1.5	9	-	-	94	98	84	26	10	30	4	81	91
Maldives	3	21	1.5	9	1	10	87	99	68	6	2	16 x	7 x	78	86
Mali	18	8,882	1.6	164	37	31	42	71	-	19	7	23 x	9 x	-	-
Malta	2	7	2.4	12	-	-	-	-	85	64	36	-	-	77	86
Marshall Islands	8	12	0.8	85 x	21 x	40 x	-	94 x	-	-	-	37	21	-	-
Mauritania	12	1,152	1.7	84 x	22	16 x	56	67	-	1	0	20	19	83	91
Mauritius	4	74	0.5	23	-	-	-	-	74	28	11	23	14	76	88
Mexico	6	13,036	-0.3	62	21	64	94	99	24	40	17	22 x	18 x	79	88
Micronesia (Federated States of)	8	18	1.8	44 x	-	-	-	-	37	13	4	52 x	36 x	-	-
Monaco	2	0	1.8	-	-	-	-	-	-	-	-	-	-	-	-
Mongolia	6	258	1.6	31	4	53	90	100	-	29	12	20 x	8 x	74	83
Montenegro	2	13	3.5	10	3	-	-	-	-	54	27	12	8	-	-
Montserrat	-	-	-	22	-	-	-	-	-	-	-	-	-	-	-
Morocco	5	2,705	2.4	19	8 x	75	30 x	70 x	-	2	1	7	4	85	90
Mozambique	17	12,413	3.1	180	40 x	34	55	75	-	18	7	5	6	83	91
Myanmar	6	5,560	6.0	28	5	73	47	61	-	24	9	26	4	84	90
Namibia	13	644	1.7	64	15 x	47 x	58 x	88 x	-	27	10	14 x	9 x	86	88
Nauru	8	2	0.9	94	22 x	-	-	91 x	-	19	7	26 x	27 x	84	90
Nepal	7	4,226	2.7	63	14	30	80	81	-	25	9	10	5	82	85
Netherlands	1	284	3.0	3	-	-	-	-	-	74	47	-	-	77	84
New Zealand	2	145	3.5	13	-	-	-	-	67	76	51	19 x	22 x	85	93
Nicaragua	6	733	2.0	103	28 x	87 x	68 x	75 x	-	29	11	21 x	15 x	-	-
Niger	25	14,566	1.6	154	48 x	28	32 x	36 x	-	17	6	12 x	6 x	-	-
Nigeria	16	76,347	1.8	106	28	15	47	31	-	52	22	-	-	-	-
Niue	7	0	0.1	20 x	-	-	-	-	-	30	12	26 x	19 x	86	88

TABLE 5. ADOLESCENT HEALTH

Countries and areas	Adolescent mortality rate 2019	Adolescent deaths 2019	Annual rate of reduction in the adolescent mortality rate 2000–2019	Adolescent birth rate 2015–2020 [R]	Births by age 18 (%) 2015–2020 [R]	Demand for family planning satisfied with modern methods (%) 2015–2020 [R]	Antenatal care (%) 2015–2020 [R]	Skilled birth attendant (%) 2015–2020 [R]	Girls vaccinated against HPV (%) 2020	Risk factors (%)					
	Aged 10–19	Aged 10–19	Aged 10–19	Aged 15–19	(women aged 20-24 years who gave birth before age 18)	Aged 15-19	Aged 15–19	Aged 15–19		Alcohol use 2016		Tobacco use 2015–2019 [R]		Insufficient physical activity among school going adolescents (aged 11–17) 2016	
	Total	Total	Total	Female	Female	Female	Female	Female	Female	Male	Female	Male	Female	Male	Female
North Macedonia	2	49	2.8	15	4	-	-	100 x	-	53	26	10	12	74	84
Norway	2	104	3.7	3	-	-	-	-	90	81	57	-	-	79	89
Oman	4	196	0.9	8	2 x	17 x	-	99 x	-	5	2	9	4	78	90
Pakistan	10	43,799	0.8	54	7	23	44	70	-	1	0	13 x	7 x	85	89
Palau	8	1	1.2	34	-	-	-	-	-	-	-	48	37	76	82
Panama	5	355	1.1	74	-	72	84 x	99	44	45	21	8	7	-	-
Papua New Guinea	10	1,909	1.4	68	14 x	33	54	61	-	11	4	40	28	-	-
Paraguay	6	837	1.5	72	-	83	92	97	31	33	13	7 x	7 x	79	88
Peru	4	1,939	3.8	44	16	63	93	90	-	51	25	11 x	8 x	83	87
Philippines	5	11,286	1.2	36	11	47	80	86	5	30	12	22	10	93	94
Poland	2	843	2.4	10	-	-	-	-	-	69	41	26	20	74	84
Portugal	1	154	5.7	7	-	-	-	-	-	72	44	16 x	17 x	78	91
Qatar	2	55	3.8	7	-	-	-	-	-	32	13	16	9	86	91
Republic of Korea	1	748	4.3	1	-	-	-	-	-	64	36	9 x	4 x	91	97
Republic of Moldova	5	189	1.0	21	4 x	52 x	96 x	100 x	40	67	39	15 x	6 x	73	78
Romania	3	607	3.6	36	-	-	-	-	-	69	41	16	13	73	87
Russian Federation	4	5,686	4.7	22	-	-	-	-	-	45	34	17	13	81	88
Rwanda	10	2,936	7.8	41	6	84	44	98	68	32	13	13 x	10 x	-	-
Saint Kitts and Nevis	8	6	-0.1	46 x	-	-	-	-	-	54	27	10 x	8 x	78	86
Saint Lucia	6	14	-0.2	25	-	53 x	-	-	-	48	23	12	8	83	86
Saint Vincent and the Grenadines	9	16	-3.0	52	-	-	-	-	12	44	20	10	9	83	89
Samoa	5	22	1.0	39 x	7	11 x	-	87 x	-	13	5	23	8	87	87
San Marino	1	0	4.6	1	-	-	-	-	50	-	-	7	7	-	-
Sao Tome and Principe	9	47	2.3	86	22	54	81 x	98	-	30	12	31 x	23 x	-	-
Saudi Arabia	6	2,846	1.3	9 x	-	-	-	-	-	3	2	21 x	9 x	-	-
Senegal	15	5,386	2.2	68	16	25	51	77	31	18	7	15 x	6 x	85	92
Serbia	2	212	3.4	12	3	21 x	95 x	98 x	-	61	33	17	16	-	-
Seychelles	7	9	-1.7	68	-	-	-	-	24	52	26	27	16	79	87
Sierra Leone	33	5,872	0.7	102	31	34	82	90	-	27	11	15	10	-	-
Singapore	1	71	3.2	2	-	-	-	-	-	71	43	11 x	8 x	70	83
Slovakia	2	128	1.8	26	-	-	-	-	-	70	42	24	23	66	78
Slovenia	2	32	3.9	4	-	-	-	-	59	73	46	14	12	75	86
Solomon Islands	6	90	1.3	78 x	15	13	-	88	22	11	4	30 x	24 x	82	85
Somalia	26	9,762	1.4	118	27	1	4 x	31	-	1	0	-	-	-	-
South Africa	11	10,655	1.3	41	15 x	-	77	97	-	27	11	24 x	19 x	-	-
South Sudan	23	5,694	2.3	158 x	28 x	4 x	21 x	25 x	-	-	-	-	-	-	-
Spain	1	590	4.6	6	-	-	-	-	79	70	42	-	-	70	84
Sri Lanka	2	828	6.0	21	3	58	-	99	51	26	10	13	3	82	89
State of Palestine	5	574	1.4	43	22 x	37	96 x	100 x	-	-	-	-	-	-	-
Sudan	14	13,073	2.6	87 x	22 x	19 x	49 x	77 x	-	2	1	15 x	7 x	90	91
Suriname	5	50	1.7	54	-	28	66	99	4	39	17	17	7	78	85
Sweden	2	174	1.8	4	-	-	-	-	82	75	48	-	-	82	87
Switzerland	1	125	3.3	2	-	-	-	-	63	83	60	-	-	83	89
Syrian Arab Republic	12	4,104	-3.7	22 x	9 x	31 x	-	97 x	-	2	0	32 x	17 x	84	91
Tajikistan	2	416	4.5	54	1	18	67	96	-	17	6	5 x	3 x	-	-
Thailand	9	7,576	0.4	23	9	80	81	98	-	38	16	22	8	70	85
Timor-Leste	18	565	-1.0	42	7	22	74	58	-	19	7	32	14	86	93
Togo	13	2,440	2.3	79	17	25	47	64	-	22	8	11 x	4 x	-	-
Tokelau	-	-	-	30 x	-	-	-	-	-	-	-	-	-	-	-
Tonga	4	9	1.9	30	3	-	90	100	-	12	4	28	8	87	85
Trinidad and Tobago	5	90	1.1	32 x	6 x	61 x	81 x	99 x	-	58	30	17	11	79	86
Tunisia	5	761	0.5	7	1	-	-	-	-	4	1	19	5	75	88
Turkey	3	4,113	5.1	19	5	40	83 x	99	-	6	2	23	12	77	86
Turkmenistan	6	618	1.5	22	1	11	96	100	99	26	10	0	0	-	-
Turks and Caicos Islands	-	-	-	21	-	-	-	-	-	-	-	-	-	-	-
Tuvalu	7	2	1.6	27	3 x	-	-	100 x	-	12	4	30	14	85	89
Uganda	19	20,057	1.7	111	28	46	59	80	30	34	14	12	9	84	87
Ukraine	3	1,370	3.4	18	4 x	59 x	87 x	99 x	-	53	37	18	12	71	83
United Arab Emirates	3	273	1.0	4	-	-	-	-	29	11	4	18	8	78	87
United Kingdom	2	1,276	2.6	12	-	-	-	-	64	75	49	-	-	75	85
United Republic of Tanzania	10	13,759	3.1	139	22	35	48	68	58	34	14	7	2	78	86
United States	3	14,506	1.4	17	-	82	-	-	49	73	46	8	6	64	80
Uruguay	4	219	0.6	36	-	-	44 x	100 x	25	71	43	13 x	13 x	75	89
Uzbekistan	6	2,969	1.0	19	2 x	-	-	99 x	100	17	6	14 x	14 x	-	-
Vanuatu	7	46	0.3	51 x	13 x	-	-	93 x	-	11	4	20	15	86	89
Venezuela (Bolivarian Republic of)	13	6,378	-2.0	95 x	24 x	-	-	-	-	35	14	11 x	7 x	85	93

TABLE 5. ADOLESCENT HEALTH

Countries and areas	Adolescent mortality rate 2019	Adolescent deaths 2019	Annual rate of reduction in the adolescent mortality rate 2000–2019	Adolescent birth rate 2015–2020 R	Births by age 18 (%) 2015–2020 R	Demand for family planning satisfied with modern methods (%) 2015–2020 R	Antenatal care (%) 2015–2020 R	Skilled birth attendant (%) 2015–2020 R	Girls vaccinated against HPV (%) 2020	Risk factors (%)					
	Aged 10–19	Aged 10–19	Aged 10–19	Aged 15–19	(women aged 20-24 years who gave birth before age 18)	Aged 15-19	Aged 15–19	Aged 15–19		Alcohol use 2016		Tobacco use 2015–2019 R		Insufficient physical activity among school going adolescents (aged 11–17) 2016	
	Total	Total	Total	Female	Female	Female	Female	Female	Female	Male	Female	Male	Female	Male	Female
Viet Nam	4	5,936	1.7	35	5 x	60 x	55 x	87 x	-	33	13	7 x	1 x	82	91
Yemen	17	11,209	-2.4	67 x	17 x	23 x	30 x	52 x	-	1	0	24 x	10 x	83	90
Zambia	13	5,751	3.0	135	31	63	59	84	69	24	9	25 x	26 x	89	89
Zimbabwe	16	5,595	0.3	108	24	77	71	89	-	15	5	22 x	16 x	85	89
SUMMARY															
East Asia and Pacific	4	113,559	2.7	20	-	62	-	-	-	44	22	-	-	82	89
Europe and Central Asia	3	27,705	3.9	16	-	82	-	-	-	53	34	19	15	77	87
Eastern Europe and Central Asia	4	19,253	3.8	25	-	68	-	-	-	31	19	19	12	77	86
Western Europe	2	8,451	3.5	8	-	86	-	-	-	75	49	-	-	78	87
Latin America and Caribbean	7	70,160	0.7	61	-	72	-	-	-	41	18	12	11	80	89
Middle East and North Africa	7	50,261	0.4	39	-	46	-	-	-	3	1	-	-	81	91
North America	3	15,405	1.4	16	-	79	-	-	-	72	45	8	6	65	81
South Asia	8	262,157	3.0	23	11	42	-	79	-	27	11	-	-	73	78
Sub-Saharan Africa	17	424,005	2.2	99	26	44	50	62	-	29	12	-	-	-	-
Eastern and Southern Africa	14	185,498	3.1	88	25	52	51	68	-	23	9	-	-	-	-
West and Central Africa	19	238,507	1.3	110	27	36	49	57	-	37	15	-	-	-	-
Least developed countries	15	353,431	2.0	91	24	46	46	67	-	19	7	-	-	78	83
World	**8**	**963,254**	**1.6**	**41**	**15**	**60**	**-**	**75**	**-**	**36**	**17**	**-**	**-**	**78**	**85**

For a complete list of countries and areas in the regions, subregions and country categories, see page on Regional Classifications or visit <data.unicef.org/regionalclassifications>.
It is not advisable to compare data from consecutive editions of The State of the World's Children report.

DEFINITIONS OF THE INDICATORS

Adolescent mortality rate – The probability of dying between exact age 10 and exact age 20, expressed per 1,000 children aged 10

Adolescent deaths – Number of deaths aged 10 to 19 years

Annual rate of reduction in adolescent mortality rate – The annual rate of reduction in adolescent mortality rate (AMR) defined as $AMR=100*(\ln(AMR_{t2}/AMR_{t1})/(t1-t2))$, where t1=2000 and t2=2019.

Adolescent birth rate – Number of births per 1,000 adolescent girls aged 15–19.

Births by age 18 – Percentage of women aged 20–24 who gave birth before age 18. The indicator refers to women who had a live birth in a recent time period, generally two years for MICS and five years for DHS.

Demand for family planning satisfied with modern methods – Percentage of women (aged 15–19) who have their need for family planning satisfied with modern methods.

Antenatal care (at least four visits) – Percentage of women (aged 15–19) attended by any provider at least four times.

Skilled birth attendant – Percentage of births from mothers aged 15–19, attended by skilled heath personnel (typically a doctor, nurse or midwife).

Girls vaccinated against HPV (%) – Percentage of girls who received the last dose of human papillomavirus (HPV) vaccine per national schedule

Alcohol use – Percentage of adolescents ages 15–19 who had at least one alcoholic drink at any time during the last twelve months.

Tobacco use – Percentage of adolescents ages 13–15 who smoked cigarettes or used smoked or smokeless tobacco products at any time during the last one month.

Insufficient physical activity – Percentage of school going adolescents ages 11-17 not meeting WHO recommendations on physical activity for health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

NOTES

– Data not available.

R Data refer to the most recent year available during the period specified in the column heading.

x Data refer to years or periods other than those specified in the column heading. Such data are not included in the calculation of regional and global averages. Estimates from data years prior to 2000 are not displayed.

MAIN DATA SOURCES

Adolescent mortality rate – United Nations Inter-agency Group for Child Mortality Estimation (UNICEF, World Health Organization, United Nations Population Division and the World Bank Group). Last update: September 2020.

Adolescent deaths – United Nations Inter-agency Group for Child Mortality Estimation (UNICEF, World Health Organization, United Nations Population Division and the World Bank Group). Last update: September 2020.

Annual rate of reduction in the adolescent mortality rate – United Nations Inter-agency Group for Child Mortality Estimation (UNICEF, World Health Organization, United Nations Population Division and the World Bank Group). Last update: September 2020.

Adolescent birth rate – Global SDG Indicators Database, 2021. Last update: January 2021.

Births by age 18 – DHS, MICS and other national household surveys. Last update: January 2021.

Demand for family planning satisfied with modern methods (women 15–19) – United Nations, Department of Economic and Social Affairs, Population Division (2021). World Contraceptive Use 2021. New York: United Nations; based on Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), Reproductive Health Surveys, other national surveys, and National Health Information Systems (HIS). Last Update: May 2021.

Antenatal care (at least four visits) (women 15-19) – DHS, MICS and other national household surveys. Last update: January 2021.

Skilled birth attendant (women 15-19) – DHS, MICS and other national household surveys. Last update: January 2021.

Girls vaccinated against HPV – WHO/UNICEF estimates of human papillomavirus (HPV) immunization coverage, 2020 revision. Last update: July 2021.

Alcohol use – WHO estimates based on international surveys (WHS, STEPS, GENACIS, and ECAS) as well as national surveys. Last update: January 2021.

Tobacco use – WHO Global Health Observatory, based on School-based surveys, other national surveys and censuses. Last update: January 2021.

Insufficient physical activity – Main data sources included the Global School-based Student Health Survey (GSHS), the Health Behaviour in School-aged Children (HBSC), and some other national surveys; Data host: WHO Global Status Report on NCDs. Last update: January 2021.

TABLE 6. HIV/AIDS: EPIDEMIOLOGY

Countries and areas	HIV incidence per 1,000 uninfected population				AIDS-related mortality per 100,000 population				Number of children living with HIV			
	Children 0-14	Adolescents 10–19	Adolescent girls 10–19	Adolescent boys 10–19	Children 0-14	Adolescents 10–19	Adolescent girls 10–19	Adolescent boys 10–19	Children 0-14	Adolescents 10–19	Adolescent girls 10–19	Adolescent boys 10–19
Afghanistan	0.02	0.02	0.02	0.02	0.47	0.08	0.09	0.08	560	<500	<200	<200
Albania	-	-	-	-	-	-	-	-	-	-	-	-
Algeria	0.03	0.01	0.02	<0.01	0.36	0.01	0.03	<0.01	850	<500	<200	<100
Andorra	-	-	-	-	-	-	-	-	-	-	-	-
Angola	0.90	0.89	1.45	0.32	29.81	10.55	10.68	10.42	39,000	24,000	15,000	9,100
Anguilla	-	-	-	-	-	-	-	-	-	-	-	-
Antigua and Barbuda	-	-	-	-	-	-	-	-	-	-	-	-
Argentina	0.02	0.05	0.04	0.07	0.20	0.04	0.06	0.06	1,200	1,400	660	740
Armenia	0.02	0.05	0.06	0.05	0.46	<0.01	<0.01	<0.01	<100	<100	<100	<100
Australia	-	-	-	-	-	-	-	-	-	-	-	-
Austria	-	-	-	-	-	-	-	-	-	-	-	-
Azerbaijan	0.01	0.02	0.02	0.02	0.12	0.07	<0.01	<0.01	<200	<200	<100	<100
Bahamas	-	-	-	-	-	-	-	-	-	-	-	-
Bahrain	-	-	-	-	-	-	-	-	-	-	-	-
Bangladesh	-	-	-	-	-	-	-	-	-	-	-	-
Barbados	-	-	-	-	-	-	-	-	-	-	-	-
Belarus	-	-	-	-	-	-	-	-	-	-	-	-
Belgium	-	-	-	-	-	-	-	-	-	-	-	-
Belize	-	-	-	-	-	-	-	-	-	-	-	-
Benin	0.35	0.21	0.36	0.06	13.67	8.29	7.66	8.90	8,900	6,800	3,700	3,100
Bhutan	-	-	-	-	-	-	-	-	-	-	-	-
Bolivia (Plurinational State of)	0.04	0.03	0.04	0.01	0.82	0.30	0.35	0.25	<500	<500	<500	<200
Bosnia and Herzegovina	-	-	-	-	-	-	-	-	-	-	-	-
Botswana	0.83	6.06	10.57	1.73	29.71	41.12	43.49	38.79	7,500	12,000	7,300	4,800
Brazil	-	-	-	-	-	-	-	-	-	-	-	-
British Virgin Islands	-	-	-	-	-	-	-	-	-	-	-	-
Brunei Darussalam	-	-	-	-	-	-	-	-	-	-	-	-
Bulgaria	-	-	-	-	-	-	-	-	-	-	-	-
Burkina Faso	0.39	0.06	0.10	0.03	12.53	11.97	11.07	12.83	16,000	15,000	7,400	7,200
Burundi	0.46	0.08	0.15	0.02	12.40	8.56	8.15	8.97	9,700	8,800	4,500	4,300
Cabo Verde	-	-	-	-	-	-	-	-	-	-	-	-
Cambodia	0.04	0.18	0.13	0.23	1.16	0.86	0.81	0.85	2,800	4,300	2,100	2,300
Cameroon	1.10	0.69	1.22	0.17	31.96	16.21	15.92	16.49	35,000	32,000	19,000	14,000
Canada	-	-	-	-	-	-	-	-	-	-	-	-
Central African Republic	-	-	-	-	23.02	16.96	15.64	18.27	5,800	6,000	3,300	2,700
Chad	0.35	0.31	0.50	0.11	11.23	8.55	8.04	9.06	11,000	9,300	5,200	4,100
Chile	-	-	-	-	-	-	-	-	-	-	-	-
China	-	-	-	-	-	-	-	-	-	-	-	-
Colombia	0.04	0.03	0.02	0.05	0.97	0.22	0.20	0.24	1,400	1,500	690	830
Comoros	-	-	-	-	-	-	-	-	-	-	-	-
Congo	2.59	2.46	4.61	0.36	65.49	18.02	19.58	16.32	11,000	8,000	5,500	2,500
Cook Islands	-	-	-	-	-	-	-	-	-	-	-	-
Costa Rica	0.19	0.11	0.16	0.05	2.95	0.28	0.29	0.27	<500	<200	<200	<100
Croatia	-	-	-	-	-	-	-	-	-	-	-	-
Cuba	0.03	0.06	0.10	0.03	0.81	0.23	0.32	0.15	<200	<200	<200	<100
Cyprus	-	-	-	-	-	-	-	-	-	-	-	-
Czechia	-	-	-	-	-	-	-	-	-	-	-	-
Côte d'Ivoire	0.28	0.24	0.42	0.05	7.22	11.42	10.51	12.36	21,000	27,000	14,000	12,000
Democratic People's Republic of Korea	-	-	-	-	-	-	-	-	-	-	-	-
Democratic Republic of the Congo	0.46	0.18	0.32	0.04	14.28	6.96	6.85	7.06	71,000	51,000	28,000	23,000
Denmark	-	-	-	-	-	-	-	-	-	-	-	-
Djibouti	0.37	0.06	0.08	0.04	11.33	16.38	16.03	17.77	600	670	<500	<500
Dominica	-	-	-	-	-	-	-	-	-	-	-	-
Dominican Republic	0.12	0.11	0.17	0.05	1.60	0.70	0.72	0.69	1,400	1,300	700	570
Ecuador	0.07	0.03	0.04	0.02	1.50	0.26	0.26	0.25	930	660	<500	<500
Egypt	<0.01	0.02	0.01	0.02	0.14	<0.01	0.01	0.01	<500	<500	<200	<200
El Salvador	0.11	0.04	0.06	0.02	2.74	0.50	0.51	0.33	530	<500	<500	<200
Equatorial Guinea	-	-	-	-	93.10	19.95	18.71	20.42	3,500	2,000	1,300	740
Eritrea	0.10	0.07	0.13	0.01	2.49	2.00	1.81	2.18	710	800	<500	<500
Estonia	-	-	-	-	-	-	-	-	-	-	-	-
Eswatini	2.53	7.42	13.47	1.65	49.76	68.34	75.29	61.43	8,700	11,000	6,800	4,700
Ethiopia	0.18	0.13	0.23	0.03	4.81	4.10	4.02	4.20	44,000	47,000	25,000	22,000
Fiji	-	-	-	-	-	-	-	-	-	-	-	-
Finland	-	-	-	-	-	-	-	-	-	-	-	-
France	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 6. HIV/AIDS: EPIDEMIOLOGY

Countries and areas	HIV incidence per 1,000 uninfected population				AIDS-related mortality per 100,000 population				Number of children living with HIV			
	Children 0-14	Adolescents 10–19	Adolescent girls 10–19	Adolescent boys 10–19	Children 0-14	Adolescents 10–19	Adolescent girls 10–19	Adolescent boys 10–19	Children 0-14	Adolescents 10–19	Adolescent girls 10–19	Adolescent boys 10–19
Gabon	0.79	0.60	1.13	0.06	32.52	11.45	11.05	11.85	2,900	2,100	1,200	910
Gambia	1.02	0.22	0.39	0.05	24.80	9.19	8.70	9.68	2,200	1,300	680	580
Georgia	0.05	0.10	0.09	0.10	1.11	<0.01	<0.01	<0.01	<100	<100	<100	<100
Germany	-	-	-	-	-	-	-	-	-	-	-	-
Ghana	0.87	0.63	1.16	0.10	25.30	12.31	11.87	12.75	29,000	23,000	14,000	9,200
Greece	-	-	-	-	-	-	-	-	-	-	-	-
Grenada	-	-	-	-	-	-	-	-	-	-	-	-
Guatemala	0.14	<0.01	<0.01	<0.01	3.84	1.14	1.22	1.06	2,700	2,000	980	1,000
Guinea	0.44	0.59	1.01	0.18	14.05	7.17	6.75	7.51	9,700	8,100	5,000	3,200
Guinea-Bissau	1.58	0.59	0.90	0.28	44.43	22.52	20.56	24.48	3,500	2,500	1,300	1,200
Guyana	0.21	0.15	0.22	0.07	5.47	1.21	1.23	1.19	<500	<500	<200	<200
Haiti	0.76	0.50	0.90	0.11	14.56	4.11	4.09	4.14	8,000	7,500	4,400	3,100
Holy See	-	-	-	-	-	-	-	-	-	-	-	-
Honduras	0.09	0.01	0.01	0.02	2.30	0.80	0.82	0.79	810	990	<500	<500
Hungary	-	-	-	-	-	-	-	-	-	-	-	-
Iceland	-	-	-	-	-	-	-	-	-	-	-	-
India	-	-	-	-	-	-	-	-	-	-	-	-
Indonesia	0.13	0.15	0.12	0.18	3.28	0.42	0.40	0.44	18,000	13,000	5,400	7,400
Iran (Islamic Republic of)	0.01	0.02	0.03	<0.01	0.22	0.03	0.03	0.03	740	570	<500	<500
Iraq	-	-	-	-	-	-	-	-	-	-	-	-
Ireland	-	-	-	-	-	-	-	-	-	-	-	-
Israel	-	-	-	-	-	-	-	-	-	-	-	-
Italy	-	-	-	-	-	-	-	-	-	-	-	-
Jamaica	0.41	0.17	0.26	0.07	8.04	0.44	0.45	0.43	520	540	<500	<500
Japan	-	-	-	-	-	-	-	-	-	-	-	-
Jordan	-	-	-	-	-	-	-	-	-	-	-	-
Kazakhstan	0.04	0.10	0.09	0.09	0.85	0.03	0.07	0.07	550	<500	<500	<500
Kenya	0.76	1.02	1.78	0.27	16.30	13.42	13.18	13.60	82,000	99,000	55,000	44,000
Kiribati	-	-	-	-	-	-	-	-	-	-	-	-
Kuwait	-	-	-	-	-	-	-	-	-	-	-	-
Kyrgyzstan	0.02	0.05	0.05	0.05	0.32	0.09	<0.01	<0.01	<500	<200	<100	<100
Lao People's Democratic Republic	0.07	0.13	0.14	0.11	1.52	0.28	0.28	0.27	540	<500	<500	<500
Latvia	-	-	-	-	-	-	-	-	-	-	-	-
Lebanon	-	-	-	-	-	-	-	-	-	-	-	-
Lesotho	2.40	5.16	8.99	1.45	59.95	47.16	47.49	46.84	8,700	13,000	7,700	5,500
Liberia	0.39	0.42	0.69	0.16	9.69	8.33	7.86	8.78	2,800	3,000	1,700	1,300
Libya	0.03	0.02	0.02	0.02	0.50	0.17	0.18	0.17	<500	<200	<100	<100
Liechtenstein	-	-	-	-	-	-	-	-	-	-	-	-
Lithuania	-	-	-	-	-	-	-	-	-	-	-	-
Luxembourg	-	-	-	-	-	-	-	-	-	-	-	-
Madagascar	0.14	0.08	0.11	0.04	3.12	0.29	0.29	0.25	2,100	790	530	<500
Malawi	0.89	1.47	2.65	0.20	22.73	24.04	23.66	24.44	62,000	74,000	42,000	32,000
Malaysia	<0.01	0.08	0.03	0.12	0.07	0.04	0.04	0.04	<500	740	<500	<500
Maldives	-	-	-	-	-	-	-	-	-	-	-	-
Mali	0.58	0.39	0.57	0.21	15.65	7.20	6.90	7.48	14,000	11,000	6,100	5,000
Malta	-	-	-	-	-	-	-	-	-	-	-	-
Marshall Islands	-	-	-	-	-	-	-	-	-	-	-	-
Mauritania	-	-	-	-	3.34	1.79	1.81	1.76	650	<500	<500	<200
Mauritius	0.17	0.40	0.40	0.41	3.42	1.86	1.26	1.21	<100	<200	<100	<100
Mexico	0.02	0.07	0.05	0.10	0.43	0.08	0.07	0.08	2,300	3,200	1,400	1,800
Micronesia (Federated States of)	-	-	-	-	-	-	-	-	-	-	-	-
Monaco	-	-	-	-	-	-	-	-	-	-	-	-
Mongolia	-	-	-	-	-	-	-	-	-	-	-	-
Montenegro	-	-	-	-	-	-	-	-	-	-	-	-
Montserrat	-	-	-	-	-	-	-	-	-	-	-	-
Morocco	0.02	<0.01	<0.01	<0.01	0.39	0.07	0.07	0.06	860	<500	<500	<500
Mozambique	2.40	5.10	8.64	1.66	49.33	32.92	34.39	31.35	130,000	130,000	82,000	48,000
Myanmar	-	-	-	-	-	-	-	-	-	-	-	-
Namibia	1.14	2.74	4.56	0.93	27.41	31.86	32.34	31.37	8,400	11,000	6,400	5,000
Nauru	-	-	-	-	-	-	-	-	-	-	-	-
Nepal	0.03	<0.01	<0.01	<0.01	0.23	0.03	0.03	0.03	1,200	1,000	520	510
Netherlands	-	-	-	-	-	-	-	-	-	-	-	-
New Zealand	-	-	-	-	-	-	-	-	-	-	-	-
Nicaragua	0.02	0.03	0.04	0.02	0.51	0.08	0.16	0.15	<500	<200	<100	<100
Niger	0.10	0.01	0.02	<0.01	2.51	1.40	1.25	1.54	3,200	2,400	1,200	1,200

TABLE 6. HIV/AIDS: EPIDEMIOLOGY

Countries and areas	HIV incidence per 1,000 uninfected population				AIDS-related mortality per 100,000 population				Number of children living with HIV			
	Children 0-14	Adolescents 10–19	Adolescent girls 10–19	Adolescent boys 10–19	Children 0-14	Adolescents 10–19	Adolescent girls 10–19	Adolescent boys 10–19	Children 0-14	Adolescents 10–19	Adolescent girls 10–19	Adolescent boys 10–19
Nigeria	0.65	0.40	0.62	0.19	14.74	5.82	5.73	5.91	130,000	97,000	54,000	43,000
Niue	-	-	-	-	-	-	-	-	-	-	-	-
North Macedonia	-	-	-	-	-	-	-	-	-	-	-	-
Norway	-	-	-	-	-	-	-	-	-	-	-	-
Oman	-	-	-	-	-	-	-	-	-	-	-	-
Pakistan	0.06	0.05	0.04	0.06	1.15	0.05	0.05	0.05	4,900	2,700	1,200	1,500
Palau	-	-	-	-	-	-	-	-	-	-	-	-
Panama	-	-	-	-	-	-	-	-	-	-	-	-
Papua New Guinea	-	-	-	-	-	-	-	-	-	-	-	-
Paraguay	0.04	0.04	0.06	0.02	1.02	0.30	0.30	0.29	<500	<500	<200	<200
Peru	0.04	0.03	0.03	0.03	0.59	0.19	0.19	0.19	1,300	900	<500	<500
Philippines	0.01	0.26	0.05	0.46	0.19	0.09	0.03	0.15	590	6,600	640	5,900
Poland	-	-	-	-	-	-	-	-	-	-	-	-
Portugal	<0.01	0.04	0.03	0.04	0.07	<0.01	<0.01	<0.01	<100	<100	<100	<100
Qatar	-	-	-	-	-	-	-	-	-	-	-	-
Republic of Korea	-	-	-	-	-	-	-	-	-	-	-	-
Republic of Moldova	0.13	0.12	0.13	0.12	2.23	<0.01	<0.01	<0.01	<200	<200	<100	<100
Romania	-	-	-	-	-	-	-	-	-	-	-	-
Russian Federation	-	-	-	-	-	-	-	-	-	-	-	-
Rwanda	0.30	0.42	0.75	0.09	7.48	9.34	8.83	9.79	12,000	17,000	9,000	7,600
Saint Kitts and Nevis	-	-	-	-	-	-	-	-	-	-	-	-
Saint Lucia	-	-	-	-	-	-	-	-	-	-	-	-
Saint Vincent and the Grenadines	-	-	-	-	-	-	-	-	-	-	-	-
Samoa	-	-	-	-	-	-	-	-	-	-	-	-
San Marino	-	-	-	-	-	-	-	-	-	-	-	-
Sao Tome and Principe	-	-	-	-	-	-	-	-	-	-	-	-
Saudi Arabia	0.01	0.02	0.01	0.02	0.24	0.02	<0.01	<0.01	<200	<200	<100	<100
Senegal	0.12	0.02	0.03	0.01	3.65	2.57	2.39	2.75	3,900	3,100	1,600	1,500
Serbia	-	-	-	-	-	-	-	-	-	-	-	-
Seychelles	-	-	-	-	-	-	-	-	-	-	-	-
Sierra Leone	1.73	1.12	1.76	0.49	43.46	15.26	14.32	16.20	11,000	8,700	5,200	3,500
Singapore	-	-	-	-	-	-	-	-	-	-	-	-
Slovakia	-	-	-	-	-	-	-	-	-	-	-	-
Slovenia	-	-	-	-	-	-	-	-	-	-	-	-
Solomon Islands	-	-	-	-	-	-	-	-	-	-	-	-
Somalia	0.03	<0.01	0.01	<0.01	1.10	0.83	0.81	0.90	1,000	780	<500	<500
South Africa	2.14	8.60	15.08	2.42	23.74	42.55	45.02	40.10	310,000	370,000	230,000	140,000
South Sudan	1.48	1.08	1.66	0.52	36.38	12.30	12.40	12.20	16,000	11,000	6,300	4,400
Spain	-	-	-	-	-	-	-	-	-	-	-	-
Sri Lanka	-	-	-	-	-	-	-	-	-	-	-	-
State of Palestine	-	-	-	-	-	-	-	-	-	-	-	-
Sudan	0.10	0.05	0.06	0.03	2.63	0.85	0.87	0.83	4,100	2,400	1,300	1,100
Suriname	0.10	0.10	0.16	0.04	1.99	0.98	<0.01	<0.01	<100	<200	<100	<100
Sweden	-	-	-	-	-	-	-	-	-	-	-	-
Switzerland	-	-	-	-	-	-	-	-	-	-	-	-
Syrian Arab Republic	-	-	-	-	-	-	-	-	-	-	-	-
Tajikistan	0.12	0.04	0.05	0.03	3.31	0.05	<0.01	<0.01	1,100	<500	<200	<100
Thailand	0.02	0.22	0.13	0.30	1.01	1.24	1.24	1.27	2,400	7,200	3,200	4,000
Timor-Leste	-	-	-	-	-	-	-	-	-	-	-	-
Togo	0.99	0.37	0.67	0.08	24.53	12.90	12.36	13.43	9,700	8,700	4,800	4,000
Tokelau	-	-	-	-	-	-	-	-	-	-	-	-
Tonga	-	-	-	-	-	-	-	-	-	-	-	-
Trinidad and Tobago	-	-	-	-	-	-	-	-	-	-	-	-
Tunisia	0.01	0.01	0.02	<0.01	0.34	0.06	<0.01	<0.01	<100	<100	<100	<100
Turkey	-	-	-	-	-	-	-	-	-	-	-	-
Turkmenistan	-	-	-	-	-	-	-	-	-	-	-	-
Turks and Caicos Islands	-	-	-	-	-	-	-	-	-	-	-	-
Tuvalu	-	-	-	-	-	-	-	-	-	-	-	-
Uganda	0.75	1.22	2.27	0.20	22.04	19.69	20.61	18.79	98,000	100,000	60,000	43,000
Ukraine	0.07	0.07	0.08	0.06	1.07	0.22	0.23	0.22	2,900	2,600	1,300	1,300
United Arab Emirates	-	-	-	-	-	-	-	-	-	-	-	-
United Kingdom	-	-	-	-	-	-	-	-	-	-	-	-
United Republic of Tanzania	1.09	1.41	2.26	0.58	33.27	16.11	16.13	16.09	110,000	110,000	62,000	47,000
United States	-	-	-	-	-	-	-	-	-	-	-	-
Uruguay	0.17	0.07	0.10	0.03	2.88	0.22	<0.01	<0.01	<200	<200	<100	<100

TABLE 6. HIV/AIDS: EPIDEMIOLOGY

Countries and areas	HIV incidence per 1,000 uninfected population				AIDS-related mortality per 100,000 population				Number of children living with HIV			
	Children 0-14	Adolescents 10–19	Adolescent girls 10–19	Adolescent boys 10–19	Children 0-14	Adolescents 10–19	Adolescent girls 10–19	Adolescent boys 10–19	Children 0-14	Adolescents 10–19	Adolescent girls 10–19	Adolescent boys 10–19
Uzbekistan	0.02	0.04	0.04	0.03	0.32	0.07	0.07	0.07	4,100	1,400	700	680
Vanuatu	-	-	-	-	-	-	-	-	-	-	-	-
Venezuela (Bolivarian Republic of)	0.13	0.15	0.18	0.13	3.76	1.14	1.34	0.95	3,300	3,500	1,800	1,700
Viet Nam	0.03	0.03	0.03	0.03	0.27	0.03	0.03	0.03	4,300	3,100	1,500	1,600
Yemen	0.02	<0.01	0.01	<0.01	0.46	0.07	0.06	0.06	510	<500	<200	<200
Zambia	2.50	4.87	8.46	1.38	57.99	30.89	31.97	29.83	82,000	90,000	57,000	33,000
Zimbabwe	2.13	2.02	3.56	0.51	54.46	47.50	46.65	48.34	79,000	81,000	44,000	37,000
SUMMARY												
East Asia and Pacific	0.04	0.08	0.06	0.10	0.81	0.22	0.25	0.20	50,000	58,000	25,000	33,000
Europe and Central Asia	-	-	-	-	-	-	-	-	-	-	-	-
Eastern Europe and Central Asia	-	-	-	-	-	-	-	-	-	-	-	-
Western Europe	-	-	-	-	-	-	-	-	-	-	-	-
Latin America and Caribbean	0.07	0.09	0.09	0.08	1.45	0.44	0.46	0.43	36,000	40,000	21,000	19,000
Middle East and North Africa	0.01	0.01	0.01	<0.01	0.22	0.03	0.02	0.02	4,000	2,300	1,200	1,100
North America	-	-	-	-	-	-	-	-	-	-	-	-
South Asia	0.04	0.03	0.03	0.03	0.53	0.14	0.14	0.14	71,000	78,000	37,000	40,000
Sub-Saharan Africa	0.74	1.05	1.79	0.32	18.39	11.75	11.84	11.66	1,530,000	1,540,000	900,000	640,000
Eastern and Southern Africa	0.91	1.74	2.99	0.51	21.14	15.74	16.11	15.36	1,120,000	1,220,000	720,000	500,000
West and Central Africa	0.59	0.37	0.61	0.13	15.77	7.84	7.60	8.07	400,000	330,000	180,000	140,000
Least developed countries	-	-	-	-	-	-	-	-	-	-	-	-
World	**0.23**	**0.25**	**0.40**	**0.11**	**5.02**	**2.59**	**2.68**	**2.51**	**1,720,000**	**1,750,000**	**1,000,000**	**750,000**

For a complete list of countries and areas in the regions, subregions and country categories, see page 182 or visit <data.unicef.org/regionalclassifications>.
It is not advisable to compare data from consecutive editions of The State of the World's Children report.

DEFINITIONS OF THE INDICATORS

HIV incidence per 1,000 uninfected population – Estimated number of new HIV infections per 1,000 uninfected population at risk of HIV infection.

AIDS-related mortality per 100,000 population – Estimated number of AIDS-related deaths per 100,000 population.

Number of children living with HIV – Estimated number of children living with HIV.

MAIN DATA SOURCES

HIV incidence per 1,000 uninfected population – UNAIDS 2021 estimates. Last update: July 2021.

AIDS-related mortality per 100,000 population – UNAIDS 2021 estimates. Last update: July 2021.

Number of children living with HIV – UNAIDS 2021 estimates. Last update: July 2021.

NOTES

– Data not available.

Due to rounding of the estimates, disaggregates may not add up to the total.

TABLE 7. HIV/AIDS: INTERVENTION COVERAGE

Countries and areas	Per cent of pregnant women living with HIV receiving effective ARVs for PMTCT (%)	Early infant HIV diagnosis (%)	Children living with HIV receiving ART (%)		Comprehensive knowledge of HIV among adolescents age 15–19 (%) 2012–2020 [R]		Condom use among adolescents age 15-19 with multiple partners (%) 2012–2020 [R]		Adolescents age 15-19 tested for HIV in the last 12 months and who have received results (%) 2012–2020 [R]	
			Children 0–14	Adolescents 10–19	Male	Female	Male	Female	Male	Female
Afghanistan	9.6	4.8	10.7		4.3	0.6	-	-	-	-
Albania	-	-	-		19.6	35.3	-	-	-	-
Algeria	34.1	22.1	>95		-	7.8	-	-	-	1.0
Andorra	-	-	-		-	-	-	-	-	-
Angola	68.1	2.4	15.2		29.4	31.1	-	-	-	-
Anguilla	-	-	-		-	-	-	-	-	-
Antigua and Barbuda	-	-	-		55.1 x	40.2 x	100.0 x	53.8 x	-	-
Argentina	>95	81.9	>95		-	35.7	-	-	-	-
Armenia	90.2	78.4	>95		8.9	14.7	-	-	-	-
Australia	-	-	-		-	-	-	-	-	-
Austria	-	-	-		-	-	-	-	-	-
Azerbaijan	>95	91.5	86.6		2.1 x	3.1 x	-	-	-	-
Bahamas	-	-	-		-	-	-	-	-	-
Bahrain	-	-	-		-	-	-	-	-	-
Bangladesh	-	-	-		-	10.6	-	-	-	-
Barbados	-	-	-		-	65.6	-	-	-	9.7
Belarus	-	-	-		52.8	50.8	-	-	14.7	15.1
Belgium	-	-	-		-	-	-	-	-	-
Belize	-	-	-		43.5	39.7	68.7	-	7.0	12.9
Benin	>95	38.4	24.1		14.4	14.1	43.3	38.1	5.6	7.3
Bhutan	-	-	-		-	21.9 x	-	-	-	3.4 x
Bolivia (Plurinational State of)	>95	-	50.8		23.8 x	20.0 x	-	-	-	-
Bosnia and Herzegovina	-	-	-		41.0	42.3	-	-	0.0	0.0
Botswana	>95	>95	62.0		-	-	-	-	-	-
Brazil	-	-	-		-	-	-	-	-	-
British Virgin Islands	-	-	-		-	-	-	-	-	-
Brunei Darussalam	-	-	-		-	-	-	-	-	-
Bulgaria	-	-	-		-	-	-	-	-	-
Burkina Faso	88.5	10.0	16.8		30.8 x	29.0 x	-	-	-	-
Burundi	54.7	80.2	31.4		50.2	46.3	-	-	-	-
Cabo Verde	-	-	-		-	-	-	-	-	-
Cambodia	86.0	77.8	60.0		42.4	32.7	-	-	-	-
Cameroon	63.9	52.6	34.8		32.9	37.2	-	-	-	-
Canada	-	-	-		-	-	-	-	-	-
Central African Republic	71.1	29.8	60.8		16.0	12.1	50.5	31.7	2.3	12.4
Chad	87.3	21.9	30.1		25.6	17.0	40.3	39.3	7.4	7.1
Chile	-	-	-		-	-	-	-	-	-
China	-	-	-		-	-	-	-	-	-
Colombia	70.2	73.6	54.1		25.9	27.7	-	-	-	-
Comoros	-	-	-		20.6	17.8	-	-	-	-
Congo	13.5	<1	13.1		41.9	26.0	54.7	48.9	3.8	7.4
Cook Islands	-	-	-		-	-	-	-	-	-
Costa Rica	67.9	28.6	29.3		-	23.2	-	49.3	-	3.3
Croatia	-	-	-		-	-	-	-	-	-
Cuba	>95	>95	17.6		46.3	46.9	79.9	74.9	15.0	24.6
Cyprus	-	-	-		-	-	-	-	-	-
Czechia	-	-	-		-	-	-	-	-	-
Côte d'Ivoire	88.8	60.8	48.6		31.5	24.4	72.7	30.4	7.9	16.3
Democratic People's Republic of Korea	-	-	-		-	-	-	-	-	-
Democratic Republic of the Congo	39.4	10.6	30.6		22.8	18.1	35.3	25.9	5.4	6.0
Denmark	-	-	-		-	-	-	-	-	-
Djibouti	43.9	5.1	8.4		-	-	-	-	-	-
Dominica	-	-	-		39.3 x	49.2 x	73.5 x	85.7 x	-	-
Dominican Republic	73.7	36.6	41.6		39.2	39.0	-	39.7	-	11.3
Ecuador	60.7	19.8	93.3		-	-	-	-	-	-
Egypt	26.6	19.9	70.6		4.7	2.7	-	-	-	-
El Salvador	43.0	46.5	21.9		25.1	25.1	-	30.9	-	7.5
Equatorial Guinea	31.0	4.5	28.3		-	-	-	-	-	-
Eritrea	72.7	36.7	44.6		31.9 x	22.3 x	-	-	-	-
Estonia	-	-	-		-	-	-	-	-	-
Eswatini	94.8	81.5	>95		44.4	44.5	92.4 x	-	33.0	47.9
Ethiopia	91.9	40.9	40.0		37.6	24.0	-	-	-	-
Fiji	-	-	-		-	-	-	-	-	-
Finland	-	-	-		-	-	-	-	-	-

TABLE 7. HIV/AIDS: INTERVENTION COVERAGE

Countries and areas	Per cent of pregnant women living with HIV receiving effective ARVs for PMTCT (%)	Early infant HIV diagnosis (%)	Children living with HIV receiving ART (%)		Comprehensive knowledge of HIV among adolescents age 15–19 (%) 2012–2020 R		Condom use among adolescents age 15-19 with multiple partners (%) 2012–2020 R		Adolescents age 15-19 tested for HIV in the last 12 months and who have received results (%) 2012–2020 R	
			Children 0–14	Adolescents 10–19	Male	Female	Male	Female	Male	Female
France	-	-	-		-	-	-	-	-	-
Gabon	89.7	2.5	21.3		34.8	28.8	-	-	-	-
Gambia	45.6	14.0	26.9		15.0	19.1	40.8	0.0	1.5	3.9
Georgia	53.1	59.2	44.7		-	-	-	-	-	1.6 x
Germany	-	-	-		-	-	-	-	-	-
Ghana	71.6	41.4	33.2		17.0	14.0	50.4	34.8	1.4	6.8
Greece	-	-	-		-	-	-	-	-	-
Grenada	-	-	-		66.7 x	58.5 x	80.0 x	92.3 x	-	-
Guatemala	-	-	-		-	-	-	-	-	-
Guinea	94.1	43.2	24.0		21.6	17.3	-	17.9	-	4.7
Guinea-Bissau	57.2	17.3	33.5		24.5	11.4	53.3	28.7	0.7	4.4
Guyana	84.0	85.9	38.3		33.2	47.6	82.6	-	10.1	15.8
Haiti	70.8	44.5	46.0		33.5	36.2	-	-	-	-
Holy See	-	-	-		-	-	-	-	-	-
Honduras	36.6	45.1	38.1		-	-	-	-	-	-
Hungary	-	-	-		-	-	-	-	-	-
Iceland	-	-	-		-	-	-	-	-	-
India	-	-	-		28.2	18.5	29.9	35.3	-	-
Indonesia	17.1	3.8	26.6		4.0	12.4	-	-	-	-
Iran (Islamic Republic of)	52.7	23.5	63.7		-	-	-	-	-	-
Iraq	-	-	-		-	5.1	-	-	-	0.7
Ireland	-	-	-		-	-	-	-	-	-
Israel	-	-	-		-	-	-	-	-	-
Italy	-	-	-		-	-	-	-	-	-
Jamaica	64.2	21.3	33.4		33.7	39.1	75.2	55.9	20.0	34.7
Japan	-	-	-		-	-	-	-	-	-
Jordan	-	-	-		7.7	1.9	-	-	-	-
Kazakhstan	-	-	56.0		29.5 x	19.6	93.6 x	-	13.8 x	10.9
Kenya	93.9	76.0	84.3		57.7	49.0	-	-	-	-
Kiribati	-	-	-		19.2	31.5	26.3	629.1	4.2	0.5
Kuwait	-	-	-		-	-	-	-	-	-
Kyrgyzstan	94.4	91.0	>95		-	17.0	-	-	-	10.5
Lao People's Democratic Republic	54.1	51.9	56.5		24.6	23.3	57.2	27.4	0.5	1.0
Latvia	-	-	-		-	-	-	-	-	-
Lebanon	-	-	-		21.6	25.9	-	-	-	-
Lesotho	>95	71.2	83.5		26.0	27.8	-	-	43.9	53.6
Liberia	81.2	20.1	30.6		-	-	-	-	-	-
Libya	94.0	53.7	48.5		-	-	-	-	-	-
Liechtenstein	-	-	-		-	-	-	-	-	-
Lithuania	-	-	-		-	-	-	-	-	-
Luxembourg	-	-	-		-	-	-	-	-	-
Madagascar	17.2	<1	7.4		25.8	19.8	1.8	7.1	1.5	2.5
Malawi	>95	78.6	73.4		43.1	38.9	49.1	38.3	17.1	47.2
Malaysia	>95	>95	80.0		-	-	-	-	-	-
Maldives	-	-	-		21.3	26.9	-	-	-	-
Mali	28.2	13.4	29.2		14.3	13.2	47.0	25.7	1.6	5.0
Malta	-	-	-		-	-	-	-	-	-
Marshall Islands	-	-	-		-	-	-	-	-	-
Mauritania	19.7	8.5	24.5		7.4	7.0	-	-	1.0	2.4
Mauritius	>95	63.5	47.9		-	-	-	-	-	-
Mexico	76.7	-	71.5		-	27.6	-	36.3	-	6.9
Micronesia (Federated States of)	-	-	-		-	-	-	-	-	-
Monaco	-	-	-		-	-	-	-	-	-
Mongolia	-	-	-		17.3	17.5	77.8	-	4.6	6.5
Montenegro	-	-	-		35.2	42.3	64.4	-	0.0	0.4
Montserrat	-	-	-		-	-	-	-	-	-
Morocco	53.8	34.9	>95		-	12.2 x	-	-	-	-
Mozambique	>95	82.9	64.4		28.0	27.7	-	-	-	-
Myanmar	-	-	-		14.3	13.4	-	-	-	-
Namibia	>95	>95	74.6		61.0	55.9	-	-	14.2	27.6
Nauru	-	-	-		-	-	-	-	-	-
Nepal	39.8	87.0	>95		23.0	26.1	-	-	0.8	2.3
Netherlands	-	-	-		-	-	-	-	-	-
New Zealand	-	-	-		-	-	-	-	-	-

TABLE 7. HIV/AIDS: INTERVENTION COVERAGE

Countries and areas	Per cent of pregnant women living with HIV receiving effective ARVs for PMTCT (%)	Early infant HIV diagnosis (%)	Children living with HIV receiving ART (%)		Comprehensive knowledge of HIV among adolescents age 15–19 (%) 2012–2020 [R]		Condom use among adolescents age 15-19 with multiple partners (%) 2012–2020 [R]		Adolescents age 15-19 tested for HIV in the last 12 months and who have received results (%) 2012–2020 [R]	
			Children 0–14	Adolescents 10–19	Male	Female	Male	Female	Male	Female
Nicaragua	>95	54.9	57.2		20.3	11.2	-	-	-	-
Niger	36.2	2.9	35.3		-	-	-	-	-	-
Nigeria	43.9	23.4	45.0		28.7	38.1	62.0	42.7	7.3	7.9
Niue	-	-	-		-	-	-	-	-	-
North Macedonia	-	-	-		-	-	-	-	-	-
Norway	-	-	-		-	-	-	-	-	-
Oman	-	-	-		-	-	-	-	-	-
Pakistan	18.5	4.5	43.2		0.2	1.0	-	-	-	-
Palau	-	-	-		-	-	-	-	-	-
Panama	-	-	-		-	-	-	-	-	-
Papua New Guinea	-	-	-		21.4	21.3	-	-	-	-
Paraguay	>95	69.0	40.9		-	24.9	-	61.0	-	9.0
Peru	88.8	22.4	66.1		-	20.8 x	-	-	-	-
Philippines	26.2	6.3	21.0		15.4 x	15.7	-	-	-	-
Poland	-	-	-		-	-	-	-	-	-
Portugal	>95	>95	>95		-	-	-	-	-	-
Qatar	-	-	-		22.8	9.7	-	-	-	-
Republic of Korea	-	-	-		-	-	-	-	-	-
Republic of Moldova	87.2	89.9	86.3		25.6	35.2	-	-	6.4	9.9
Romania	-	-	-		-	-	-	-	-	-
Russian Federation	-	-	-		-	-	-	-	-	-
Rwanda	>95	85.5	54.4		59.5	61.6	-	-	-	-
Saint Kitts and Nevis	-	-	-		55.2 x	54.4 x	53.8 x	50.0 x	-	-
Saint Lucia	-	-	-		-	57.7	-	-	-	11.9
Saint Vincent and the Grenadines	-	-	-		-	-	-	-	-	-
Samoa	-	-	-		-	-	-	-	-	-
San Marino	-	-	-		-	-	-	-	-	-
Sao Tome and Principe	-	-	-		27.6	32.4	75.9	63.0	9.9	17.5
Saudi Arabia	36.5	44.8	44.7		-	-	-	-	-	-
Senegal	74.0	34.9	37.1		25.7	20.3	-	-	-	-
Serbia	-	-	-		43.0 x	52.9 x	62.8 x	-	1.3 x	1.3 x
Seychelles	-	-	-		-	-	-	-	-	-
Sierra Leone	46.3	2.8	10.4		22.2	26.5	8.8	11.5	3.0	7.4
Singapore	-	-	-		-	-	-	-	-	-
Slovakia	-	-	-		-	-	-	-	-	-
Slovenia	-	-	-		-	-	-	-	-	-
Solomon Islands	-	-	-		-	-	-	-	-	-
Somalia	33.4	-	15.2		-	-	-	-	-	-
South Africa	>95	86.8	47.4		-	-	-	-	-	-
South Sudan	44.1	11.0	13.9		-	8.3 x	-	6.1 x	-	3.2 x
Spain	-	-	-		-	-	-	-	-	-
Sri Lanka	-	-	-		-	-	-	-	-	-
State of Palestine	-	-	-		-	2.6	-	-	-	-
Sudan	3.3	-	31.1		9.8 x	7.7	-	-	-	0.6
Suriname	>95	48.0	50.6		-	40.3 x	-	-	-	11.4 x
Sweden	-	-	-		-	-	-	-	-	-
Switzerland	-	-	-		-	-	-	-	-	-
Syrian Arab Republic	-	-	-		-	-	-	-	-	-
Tajikistan	32.7	27.6	82.6		9.4 x	8.5	-	-	-	-
Thailand	>95	>95	75.7		45.5	49.2	-	-	0.8	2.5
Timor-Leste	-	-	-		12.7	5.9	-	-	-	-
Togo	63.7	33.4	46.8		31.7	24.7	33.9	48.6	7.2	14.9
Tokelau	-	-	-		-	-	-	-	-	-
Tonga	-	-	-		7.6	3.6	0.0	0.0	0.9	0.6
Trinidad and Tobago	-	-	-		-	55.3 x	-	-	-	10.0 x
Tunisia	53.6	19.6	56.0		12.2	13.0	-	-	-	0.0
Turkey	-	-	-		-	-	-	-	-	-
Turkmenistan	-	-	-		-	18.6	-	-	-	4.8
Turks and Caicos Islands	-	-	-		-	-	-	-	-	-
Tuvalu	-	-	-		-	-	-	-	-	-
Uganda	>95	66.2	62.8		40.2	40.7	-	-	18.6	34.1
Ukraine	>95	72.9	92.1		36.6	42.6	89.8	-	9.9	6.9
United Arab Emirates	-	-	-		-	-	-	-	-	-
United Kingdom	-	-	-		-	-	-	-	-	-

TABLE 7. HIV/AIDS: INTERVENTION COVERAGE

Countries and areas	Per cent of pregnant women living with HIV receiving effective ARVs for PMTCT (%)	Early infant HIV diagnosis (%)	Children living with HIV receiving ART (%)		Comprehensive knowledge of HIV among adolescents age 15–19 (%) 2012–2020 R		Condom use among adolescents age 15-19 with multiple partners (%) 2012–2020 R		Adolescents age 15-19 tested for HIV in the last 12 months and who have received results (%) 2012–2020 R	
			Children 0–14	Adolescents 10–19	Male	Female	Male	Female	Male	Female
United Republic of Tanzania	84.4	55.0	54.1		32.2	32.9	-	-	10.5	23.5
United States	-	-	-		-	-	-	-	-	-
Uruguay	91.5	69.9	45.9		-	36.4	-	66.8	-	7.2
Uzbekistan	89.4	77.0	80.0		-	-	-	-	-	-
Vanuatu	-	-	-		-	-	-	-	-	-
Venezuela (Bolivarian Republic of)	29.5	6.0	39.2		-	-	-	-	-	-
Viet Nam	90.5	54.6	>95		48.1 x	50.5	-	-	-	3.8
Yemen	3.4	2.6	27.4		-	-	-	-	-	-
Zambia	80.4	64.8	57.6		38.6	40.5	-	-	14.9	28.8
Zimbabwe	87.2	75.9	71.8		41.4	41.4	61.9	-	26.0	39.0
SUMMARY										
East Asia and Pacific	57.5	43.1	59.2		-	-	-	-	-	-
Europe and Central Asia	-	-	-		-	-	-	-	-	-
Eastern Europe and Central Asia	-	-	-		-	-	-	-	-	-
Western Europe	-	-	-		-	-	-	-	-	-
Latin America and Caribbean	85.1	49.5	50.5		-	-	-	-	-	-
Middle East and North Africa	41.1	24.1	76.6		-	-	-	-	-	-
North America	-	-	-		-	-	-	-	-	-
South Asia	56.4	37.1	>95		-	-	-	-	-	-
Sub-Saharan Africa	86.6	63.7	51.2		-	-	-	-	-	-
Eastern and Southern Africa	94.9	73.9	56.9		-	-	-	-	-	-
West and Central Africa	56.3	26.7	35.6		-	-	-	-	-	-
Least developed countries	-	-	-		-	-	-	-	-	-
World	**84.8**	**62.6**	**53.8**		**-**	**-**	**-**	**-**	**-**	**-**

For a complete list of countries and areas in the regions, subregions and country categories, see page 182 or visit <data.unicef.org/regionalclassifications>.
It is not advisable to compare data from consecutive editions of The State of the World's Children report.

DEFINITIONS OF THE INDICATORS

Pregnant women living with HIV receiving ARVs for PMTCT – Percentage of the estimated number of pregnant women living with HIV who received effective regimens (excluding single-dose nevirapine) of antiretroviral medicines (ARVs) for prevention of mother-to-child transmission (PMTCT) of HIV.

Early infant HIV diagnosis – Percentage of HIV-exposed infants who received a virologic test for HIV within two months of birth.

Children living with HIV receiving ART – Percentage of children living with HIV who received antiretroviral therapy (ART).

Comprehensive knowledge of HIV among adolescents age 15–19 – Percentage of adolescents aged 15-19 who correctly identify the two ways of preventing the sexual transmission of HIV, who know that a healthy-looking person can be HIV-positive and who reject the two most common misconceptions about HIV transmission.

Condom use among adolescents age 15–19 with multiple partners – Percentage of adolescents aged 15-19 who had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse.

Adolescents age 15–19 tested for HIV in the last 12 months and received results – Percentage of adolescents aged 15-19 who have been tested for HIV in the last 12 months and received the result of the last test.

MAIN DATA SOURCES

Pregnant women living with HIV receiving ARVs for PMTCT – Global AIDS Monitoring and UNAIDS 2021 estimates. Last update: July 2021.

Early infant HIV diagnosis – Global AIDS Monitoring and UNAIDS 2021 estimates. Last update: July 2021.

Children living with HIV receiving ART – Global AIDS Monitoring and UNAIDS 2021 estimates. Last update: July 2021.

Comprehensive knowledge of HIV among adolescents age 15–19 – Nationally representative population-based surveys, including MICS, DHS, AIS, and other household surveys 2012-2020. Last update: June 2021.

Condom use among adolescents age 15–19 with multiple partners – Nationally representative population-based surveys, including MICS, DHS, AIS, and other household surveys 2012-2020. Last update: June 2021.

Adolescents age 15–19 tested for HIV in the last 12 months and who have received results – Nationally representative population-based surveys, including MICS, DHS, AIS, and other household surveys 2012-2020. Last update: June 2021.

NOTES

– Data not available.

x Data refer to years or periods other than those specified in the column heading. Such data are not included in the calculation of regional and global averages. Estimates from data years prior to 2000 are not displayed.

R Data refer to the most recent year available during the period specified in the column heading.

TABLE 8. NUTRITION: NEWBORNS, PRESCHOOL/SCHOOL AGE CHILDREN, WOMEN AND HOUSEHOLDS

Countries and areas	Weight at birth		Malnutrition among preschool-aged children (0–4 years of age)				Vitamin A supplementation, full coverage [a] (6–59 months of age) (%) 2020 [m &]	Malnutrition among school-aged children (5–19 years of age) 2016		Malnutrition among women		Percentage of households consuming iodized salt 2014–2020 [R]
	Low birthweight (%) 2015 [m]	Unweighed at birth (%) 2014-2020 [m R]	Stunted (%) (2020)	Wasted (%) (2014-2020) [c R]		Overweight (%) (2020)		Thinness (%)	Overweight (%)	Underweight 18+ years (%) (2016)	Anaemia 15–49 years (%) (2019)	
			moderate and severe [g m]	severe	moderate and severe [^]	moderate and severe [g m]		thin and severely thin [^]	overweight and obese [^]	BMI <18.5 kg/m²	mild, moderate and severe	
Afghanistan	- [z]	86	35	2	5 [k]	4	0 [f]	17	9	16	43	57
Albania	5	3	10	1	2	15	-	1	25	2	25	65
Algeria	7	10	9	1	3	13	-	6	31	4	33	89
Andorra	7	14 [x]	- [z]	-	-	- [z]	-	1	36	2	12	-
Angola	15	45	38	1	5	3	- [f]	8	11	11	45	82
Anguilla	-	-	-	-	-	-	-	-	-	-	-	-
Antigua and Barbuda	9	-	- [z]	-	-	- [z]	-	3	27	4	17	-
Argentina	7	4	8	<1 [wx]	2	13	-	1	37	1	12	-
Armenia	9	0	9	2	4	11	-	2	19	4	17	99
Australia	7	1	2	<1 [x]	<1 [mx]	19	-	1	34	2	9	-
Austria	7	0	- [z]	-	-	- [z]	-	2	26	3	13	-
Azerbaijan	7	3 [x]	16	1 [x]	3 [x]	9	-	3	19	3	35	93 [x]
Bahamas	13	16 [x]	- [z]	-	-	- [z]	-	3	36	3	15	-
Bahrain	12	2	5 [e]	-	-	6 [e]	-	6	35	4	35	-
Bangladesh	28	49	30	2	10	2	97 [f]	18	9	23	37	76
Barbados	- [z]	2 [x]	7	2 [x]	7 [x]	11	-	4	28	3	17	37 [x]
Belarus	5	0	4	1 [x]	2 [x]	7	-	2	23	2	21	-
Belgium	7	4	2	<1 [w]	<1 [lw]	5	-	1	24	2	14	-
Belize	9	2	13	1	2	8	-	3	29	3	21	85
Benin	17	40	31	1	5 [k]	2	7 [f]	7	11	9	55	85
Bhutan	12	28 [x]	22	2 [x]	6 [x]	5	-	16	10	11	39	98 [xy]
Bolivia (Plurinational State of)	7	7	13	1	2	9	31 [f]	1	28	2	24	86
Bosnia and Herzegovina	3	2 [x]	9	2 [x]	2 [x]	13	-	2	21	3	24	-
Botswana	16	5 [x]	23	3 [x]	7 [x]	11	- [f]	6	18	7	33	83 [x]
Brazil	8	3	6	<1 [x]	2 [x]	7	-	3	28	4	16	98 [x]
British Virgin Islands	-	-	-	-	-	-	-	-	-	-	-	-
Brunei Darussalam	11	4	13	<1 [x]	3 [mx]	9	-	6	27	6	17	-
Bulgaria	10	6	6	3 [w]	6 [mw]	6	-	2	29	2	24	92 [xy]
Burkina Faso	13	36 [x]	26	1	8 [k]	3	97 [f]	8	8	13	53	92 [x]
Burundi	15	20	58	1	5 [k]	3	92 [f]	7	10	11	39	89
Cabo Verde	- [z]	-	10 [e]	-	-	- [z]	-	7	12	7	24	92 [bx]
Cambodia	12	9	30	2	10	2	- [f]	11	11	14	47	68
Cameroon	12	40	27	2	4	10	14 [f]	6	13	6	41	91
Canada	6	1 [x]	- [z]	-	-	12	-	1	32	2	10	-
Central African Republic	15	37	40	1	5	3	- [f]	8	11	12	47	76
Chad	- [z]	88	35	5	14 [k]	3	0 [f]	8	9	13	45	65
Chile	6	4	2	-	<1 [m]	10	-	1	35	1	9	-
China	5	0 [x]	5	1 [x]	2 [m]	8	-	3	29 [k]	6	16	97 [y]
Colombia	10	18	11	<1	2	6	-	2	24	3	21	-
Comoros	24	33 [x]	23	4 [x]	11 [x]	10	23 [f]	7	12	9	34	82 [x]
Congo	12	10	18	3	8	5	- [f]	7	11	11	49	91
Cook Islands	3	-	- [z]	-	-	- [z]	-	<1	63	<1	27	-
Costa Rica	7	2	9	<1	2	8	-	2	32	2	14	-
Côte d'Ivoire	15	27	18	1	6	3	89 [f]	6	13	8	51	80
Croatia	5	-	- [z]	-	-	- [z]	-	1	28	2	21	-
Cuba	5	5	7	1	2	10	-	3	30	5	19	90
Cyprus	- [z]	27	- [z]	-	-	- [z]	-	1	33	2	14	-
Czechia	8	0	3	1 [x]	5 [kx]	7	-	2	28	2	21	-
Democratic People's Republic of Korea	- [z]	0	18	1	3 [m]	2	93 [f]	5	23	8	34	38
Democratic Republic of the Congo	11	27	41	2	6	4	60 [f]	9	10	13	42	85
Denmark	5	4	- [z]	-	-	- [z]	-	1	25	3	12	-
Djibouti	- [z]	-	34	9 [x]	21 [x]	7	- [f]	6	17	7	32	4 [x]
Dominica	- [z]	-	- [z]	-	-	- [z]	-	3	33	3	21	-
Dominican Republic	11	4	6	1 [x]	2 [x]	8	-	3	33	3	26	32 [x]
Ecuador	11	19	23	1	4	10	-	1	28	1	17	-
Egypt	- [z]	39	22	5	9	18	-	3	37	1	28	93 [y]
El Salvador	10	7	11	<1	2	7	-	2	30	2	11	-
Equatorial Guinea	- [z]	30	20	2 [x]	3 [mx]	9	5 [f]	8	11	10	45	57 [x]
Eritrea	- [z]	65 [x]	49	4 [x]	15 [x]	2	- [f, aa]	8	11	17	37	86 [x]
Estonia	4	0	1	<1	2	6	-	2	21	2	22	-
Eswatini	10	9	23	<1	2	10	- [f]	4	17 [l]	5	31	90
Ethiopia	- [z]	86	35	1	7 [k]	3	66 [f]	10	9	15	24	86
Fiji	- [z]	- [x]	7	2 [x]	6 [mx]	5	-	4	34	2	32	-
Finland	4	6	- [z]	-	-	- [z]	-	1	27	2	11	-
France	7	0 [x]	- [z]	-	-	- [z]	-	1	30	3	11	-
Gabon	14	9 [x]	14	1 [x]	3 [x]	7	- [f]	6	16	7	52	89 [x]
Gambia	17	17	16	1	5	2	33 [f]	7	12	10	50	75

TABLE 8. NUTRITION: NEWBORNS, PRESCHOOL/SCHOOL AGE CHILDREN, WOMEN AND HOUSEHOLDS

Countries and areas	Weight at birth		Malnutrition among preschool-aged children (0–4 years of age)				Vitamin A supplementation, full coverage [a] (6–59 months of age) (%) 2020 [m &]	Malnutrition among school-aged children (5–19 years of age) 2016		Malnutrition among women		Percentage of households consuming iodized salt 2014–2020 [R]
	Low birthweight (%) 2015 [m]	Unweighed at birth (%) 2014-2020 [m R]	Stunted (%) (2020)	Wasted (%) (2014-2020) [c R]		Overweight (%) (2020)		Thinness (%)	Overweight (%)	Underweight 18+ years (%) (2016)	Anaemia 15–49 years (%) (2019)	
			moderate and severe [g m]	severe	moderate and severe [^]	moderate and severe [g m]		thin and severely thin [^]	overweight and obese [^]	BMI <18.5 kg/m²	mild, moderate and severe	
Georgia	6	0	6	<1	1	8	-	3	20	4	28	98 x
Germany	7	2 x	2	<1 x	<1 mw	4	-	1	26	2	12	-
Ghana	14	40	14	1	7	3	31 f	6	11	7	35	69
Greece	9	4	2	<1 wx	1 wx	14	-	1	37	1	15	-
Grenada	- z	-	- z	-	-	- z	-	4	26	4	19	-
Guatemala	11	6	43	<1	1 k	5	-	1	29	2	7	88 x
Guinea	- z	49	29	4	9	6	97 f	7	10	10	48	53
Guinea-Bissau	21	49	28	2	8	3	0 f	7	11	9	48	33
Guyana	16	11	9	2	6	7	-	5	25	5	32	43
Haiti	- z	67	20	1	4	4	18 f	4	28	5	48	8
Holy See	-	-	-	-	-	-	-	-	-	-	-	-
Honduras	11	17 x	20	<1 x	1 kx	6	-	2	27	3	18	-
Hungary	9	0	- z	-	-	- z	-	2	28	3	20	-
Iceland	4	8	- z	-	-	- z	-	1	28	2	10	-
India	- z	22	31	5	17 m	2	54 f	27	7	24	53	92 y
Indonesia	10	5	32	4	10 m	11	-	10	15	13	31	92 bx
Iran (Islamic Republic of)	- z	-	6	1 x	4 mx	9 e	-	9	26	4	24	94 bx
Iraq	- z	28	12	1	3	9	-	5	32	2	29	68
Ireland	6	4	- z	-	-	- z	-	<1	31	1	12	-
Israel	8	0	- z	-	-	- z	-	1	35	2	13	-
Italy	7	2	- z	-	-	- z	-	1	37	2	14	-
Jamaica	15	3	8	<1	3	7	-	2	30	3	20	-
Japan	9	5	5	<1 x	2 mx	2	-	2	14	10	19	-
Jordan	14	5	7	1 x	2 x	7	-	4	31	1	38	88 bx
Kazakhstan	5	1	7	1	3	9	-	2	20	4	29	94
Kenya	11	34	19	1	4	4	82 f	8	11	10	29	95
Kiribati	- z	7	15	1	4	2	- f	<1	55	1	33	77
Kuwait	10	30	6	1	3 m	7	-	4	42	1	24	-
Kyrgyzstan	6	0	11	1	2	6	-	3	16	4	36	99
Lao People's Democratic Republic	17	33	30	3	9	3	54 f	9	14	11	40	94
Latvia	5	0	- z	-	-	- z	-	2	22	2	22	-
Lebanon	9	0	10	3 x	7 mx	20	-	5	33	3	28	95 x
Lesotho	15	8	32	1	2	7	- f	5	15 l	5	28	85
Liberia	- z	71	28	1	3	5	- f	7	10	8	43	91 x
Libya	- z	-	44	5	10 m	25	-	6	33	2	30	70 b
Liechtenstein	-	-	-	-	-	-	-	-	-	-	-	-
Lithuania	5	7	- z	-	-	- z	-	3	21	2	20	-
Luxembourg	7	0	- z	-	-	- z	-	1	26	2	10	-
Madagascar	17	60 x	40	1	6 k	1	26 f	7	11	15	38	68 x
Malawi	14	16	37	<1 w	1 w	5	19 f	6	11	9	31	78
Malaysia	11	1	21	4	10	6	-	7	26	7	32	28 xy
Maldives	12	11	14	2	9	5	-	14	17	9	52	97 x
Mali	- z	63	26	2 w	9 kw	2	59 f	8	11	10	59	89
Malta	6	0	- z	-	-	- z	-	1	37	1	14	-
Marshall Islands	- z	10	32	1	4	4	-	<1	59	1	31	-
Mauritania	- z	64	24	2	11 k	3	0 f	8	13	8	43	25 y
Mauritius	17	6	9 e	-	-	8 e	-	7	15	7	24	-
Mexico	8	2	12	<1	1	6	-	2	35	2	15	-
Micronesia (Federated States of)	- z	-	- z	-	-	- z	-	<1	51	1	25	-
Monaco	5	0	- z	-	-	- z	-	-	-	-	12	-
Mongolia	5	1 x	7	<1	1	10	-	2	18	3	15	75
Montenegro	5	2	8	1	2	10	-	2	25	2	17	-
Montserrat	-	-	-	-	-	-	-	-	-	-	-	-
Morocco	17	3	13	1	3	11	-	6	27	3	30	43 x
Mozambique	14	49 x	38	2	4	6	59 f	4	13	10	48	42 x
Myanmar	12	55	25	1 w	7 w	2	- f	13	12	14	42	85 y
Namibia	16	14 x	18	3 x	7 kx	5	- f	8	15	9	25	74 x
Nauru	- z	4 x	15	<1 x	1 mx	4	-	<1	65	<1	30	-
Nepal	22	23	30	3	12 k	2	85 f	16	8	17	36	94
Netherlands	6	6	2	<1 x	1 x	5	-	1	25	2	13	-
New Zealand	6	8	- z	-	-	- z	-	<1	40	2	10	-
Nicaragua	11	8 x	14	1 x	2 x	7	-	2	29	2	16	-
Niger	- z	77 x	47	2	10	2	- f,aa	10	8	13	50	59
Nigeria	- z	75	35	1	6 k	3	0 f	10	8	10	55	93
Niue	- z	-	- z	-	-	- z	-	<1	59	1	27	-
North Macedonia	9	4 x	4	1	3	10	-	2	26	3	19	-
Norway	4	3	- z	-	-	- z	-	1	27	2	12	-
Oman	11	0	12	3	9	5	-	7	32	5	29	88
Pakistan	- z	84	37	2	7	3	0 f	19	10	15	41	69 x
Palau	- z	-	- z	-	-	- z	-	<1	64	1	29	-
Panama	10	9 x	15	<1 x	1 x	11	-	2	29	3	21	-

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Countries and areas	Weight at birth		Malnutrition among preschool-aged children (0–4 years of age)				Vitamin A supplementation, full coverage [a] (6–59 months of age) (%) 2020 [m &]	Malnutrition among school-aged children (5–19 years of age) 2016		Malnutrition among women		Percentage of households consuming iodized salt 2014–2020 [R]
	Low birthweight (%) 2015 [m]	Unweighed at birth (%) 2014-2020 [m R]	Stunted (%) (2020)	Wasted (%) (2014-2020) [c R]		Overweight (%) (2020)		Thinness (%)	Overweight (%)	Underweight 18+ years (%) (2016)	Anaemia 15–49 years (%) (2019)	
			moderate and severe [g m]	severe	moderate and severe [^]	moderate and severe [g m]		thin and severely thin [^]	overweight and obese [^]	BMI <18.5 kg/m²	mild, moderate and severe	
Papua New Guinea	- [z]	49	48	6 [x]	14 [x]	9	34 [f]	1	32	3	34	60 [x]
Paraguay	8	2	5	<1	1	12	-	2	28	2	23	93 [x]
Peru	9	5	11	<1	<1	8	-	1	27	2	21	91
Philippines	20	16	29	2	6 [m]	4	29 [f]	10	13	14	12	57 [y]
Poland	6	0	2	<1 [wx]	1 [wx]	7	-	2	26	3	- [z]	-
Portugal	9	0	3	<1 [w]	1 [w]	9	-	1	32	2	13	-
Qatar	7	2 [x]	5 [e]	-	-	14 [e]	-	5	39	2	28	99 [xy]
Republic of Korea	6	2	2	<1 [x]	1 [mx]	9	-	1	27 [k]	6	14	-
Republic of Moldova	5	1 [x]	5	<1 [x]	2 [x]	4	-	3	18	3	26	58 [x]
Romania	8	2	10	1 [x]	4 [mx]	7	-	3	25	2	23	-
Russian Federation	6	0	- [z]	-	-	- [z]	-	2	21	2	21	-
Rwanda	8	8	33	<1	1 [m]	5	- [f, aa]	6	11 [l]	8	17	90
Saint Kitts and Nevis	- [z]	-	- [z]	-	-	- [z]	-	4	28	3	15	-
Saint Lucia	- [z]	0 [x]	3	1 [x]	4 [x]	7	-	4	23	4	14	75 [x]
Saint Vincent and the Grenadines	- [z]	-	- [z]	-	-	- [z]	-	3	29	4	17	-
Samoa	- [z]	24	7	1	3 [m]	7	-	<1	53	1	27	96
San Marino	3	2	- [z]	-	-	- [z]	-	-	-	-	13	-
Sao Tome and Principe	7	3	12	1	4 [k]	4	33 [f]	5	13	8	44	89
Saudi Arabia	- [z]	-	4	5 [x]	12 [mx]	8	-	8	36	2	28	70 [xy]
Senegal	18	36	17	1	8 [k]	2	37 [f]	9	10	11	53	65
Serbia	5	0	5	1	3	11	-	2	27	3	23	-
Seychelles	12	0 [x]	7	1 [x]	4 [mx]	10	-	6	23	5	25	-
Sierra Leone	14	41	27	1	5	5	32 [f]	7	11	10	48	82
Singapore	10	17	3	1 [x]	4 [mx]	5	-	2	22	8	13	-
Slovakia	8	2	- [z]	-	-	- [z]	-	1	23	3	24	-
Slovenia	6	4 [x]	- [z]	-	-	- [z]	-	1	27	3	22	-
Solomon Islands	- [z]	14	29	4	8	4	-	1	23	2	38	88
Somalia	- [z]	96 [x]	27	4 [x]	14 [x]	3	28 [f]	7	13	9	43	7 [x]
South Africa	14	12	23	2 [w]	3 [w]	13	39 [f]	5	25	3	31	91
South Sudan	- [z]	-	31	10 [x]	23 [kx]	6	0 [f]	-	-	-	36	60 [x]
Spain	8	4	- [z]	-	-	- [z]	-	1	34	2	13	-
Sri Lanka	16	3	16	3	15	1	-	15	13	13	35	92
State of Palestine	8	2	8	1	1	9	-	-	-	-	-	96
Sudan	- [z]	89	34	4	16	3	0 [f]	-	-	-	37	34
Suriname	15	16	8	1	6	4	-	4	31	3	21	-
Sweden	2	5 [x]	- [z]	-	-	- [z]	-	1	24	2	14	-
Switzerland	6	0	- [z]	-	-	- [z]	-	<1	22	4	11	-
Syrian Arab Republic	- [z]	52 [x]	30	5 [x]	12 [x]	18	-	6	28	3	33	72 [y]
Tajikistan	6	9	15	2	6	3	99 [f]	4	15	5	35	91
Thailand	11	1	12	3	8	9	-	8	22	8	24	84
Timor-Leste	- [z]	47	49	2 [x]	10 [kx]	3	65 [f]	11	13	18	30	83
Togo	16	30	24	1	6	2	91 [f]	6	10	9	46	81
Tokelau	-	-	- [z]	-	-	- [z]	-	-	-	-	-	-
Tonga	- [z]	6 [x]	3	<1	1	13	-	<1	58	<1	29	-
Trinidad and Tobago	12	19 [x]	9	2 [x]	6 [x]	11	-	6	25	4	18	63 [x]
Tunisia	7	2	9	1	2	17	-	7	25	3	32	-
Turkey	11	4	- [z]	1	2	- [z]	-	5	29	2	- [z]	85 [x]
Turkmenistan	5	1	8	1	4	4	- [f]	3	18	4	27	>99
Turks and Caicos Islands	-	-	-	-	-	-	-	-	-	-	-	-
Tuvalu	- [z]	3 [x]	10	1 [x]	3 [mx]	6	-	<1	58	1	28	-
Uganda	- [z]	33	28	1	3	4	- [f]	6	10 [l]	10	33	91
Ukraine	6	3 [x]	16	4 [x]	8 [x]	17	-	2	21	2	18	36 [x]
United Arab Emirates	13	3	- [z]	-	-	- [z]	-	5	36	2	24	-
United Kingdom	7	4 [x]	- [z]	-	-	- [z]	-	1	31	2	11	-
United Republic of Tanzania	10	36	32	<1	4 [k]	5	1 [f]	7	12	10	39	76
United States	8	2	3	<1	<1	9	-	1	42	2	12	-
Uruguay	8	6 [x]	6	<1	1	10	-	2	33	1	15	-
Uzbekistan	5	4	10	<1	2	5	-	3	17	4	25	82 [x]
Vanuatu	11	13 [x]	29	1 [x]	5 [x]	5	-	2	31	2	29	63 [x]
Venezuela (Bolivarian Republic of)	9	-	11	-	4 [mx]	7	-	2	34	2	24	-
Viet Nam	8	6	22	1	6 [m]	6	-	14	10	18	21	61 [x]
Yemen	- [z]	92 [x]	37	5 [x]	16 [kx]	3	6 [f]	14	20	8	62	49 [x]
Zambia	12	20	32	2	4	6	98 [f]	6	13	9	32	88 [x]
Zimbabwe	13	12	23	<1	3	4	29 [f]	6	15 [l]	5	29	84
SUMMARY												
East Asia and Pacific	8	5 [v]	14	1	4	8	39	6	23	8	19	92
Europe and Central Asia	7	2	6	-	-	8	-	2	26	2	19	-
Eastern Europe and Central Asia	7	2	8	1 [q]	2 [q]	9	-	3	23	2	25	-
Western Europe	7	3	3	-	-	7	-	1	30	2	13	-

TABLE 8. NUTRITION: NEWBORNS, PRESCHOOL/SCHOOL AGE CHILDREN, WOMEN AND HOUSEHOLDS

Countries and areas	Weight at birth		Malnutrition among preschool-aged children (0–4 years of age)				Vitamin A supplementation, full coverage [a] (6–59 months of age) (%) 2020 [m &]	Malnutrition among school-aged children (5–19 years of age) 2016		Malnutrition among women		Percentage of households consuming iodized salt 2014–2020 [R]
	Low birthweight (%) 2015 [m]	Unweighed at birth (%) 2014-2020 [m R]	Stunted (%) (2020)	Wasted (%) (2014-2020) [c R]		Overweight (%) (2020)		Thinness (%)	Overweight (%)	Underweight 18+ years (%) (2016)	Anaemia 15–49 years (%) (2019)	
			moderate and severe [g m]	severe	moderate and severe [^]	moderate and severe [g m]		thin and severely thin [^]	overweight and obese [^]	BMI <18.5 kg/m²	mild, moderate and severe	
Latin America and Caribbean	9	7	11	<1	1	7	-	2	30	3	17	-
Middle East and North Africa	11	23	16	3	6	12	-	6	31	3	30	-
North America	8	2	3	<1 [d]	<1 [d]	9	-	1	41	2	12	-
South Asia	27	37	32	5	15	2	47	25	8	23	49	90
Sub-Saharan Africa	14	51	32	1	6	4	35	7	10	10	41	82
Eastern and Southern Africa	14	47	32	1	5	5	42	7	11	9	33	82
West and Central Africa	14	54	32	2	7	3	29	9	10	10	50	83
Least developed countries	16	50	34	2	7	3	45	10	10	14	39	76
World	**15**	**27 [v]**	**22**	**2**	**7**	**6**	**41**	**11**	**18**	**9**	**30**	**89**

For a complete list of countries and areas in the regions, subregions and country categories, see page 182 or visit <data.unicef.org/regionalclassifications>.
It is not advisable to compare data from consecutive editions of The State of the World's Children.

DEFINITIONS OF THE INDICATORS

Low birthweight – Percentage of infants weighing less than 2,500 grams at birth.

Unweighed at birth – Percentage of births without a birthweight in the data source; Note that (i) estimates from household surveys include live births among women age 15–49 years in the survey reference period (e.g. last 2 years) for which a birthweight was not available from an official document (e.g. health card) or could not be recalled by the respondent at the time of interview and may have been recalculated to count birthweights <250g and >5500g as missing and (ii) estimates from administrative sources (e.g. Health Management Information Systems) were calculated using numerator data from the country administrative source and denominator data were the number of annual births according to the United Nations Population Division World Population Prospects, 2017 edition. These estimates include unweighed births and weighed births not recorded in the system.

Stunting (preschoolers) – Moderate and severe: Percentage of children aged 0–59 months who are below minus two standard deviations from median height-for-age of the WHO Child Growth Standards.

Wasting (preschoolers) – Moderate and severe: Percentage of children aged 0–59 months who are below minus two standard deviations from median weight-for-height of the WHO Child Growth Standards.

Wasting (preschoolers) – Severe: Percentage of children aged 0–59 months who are below minus three standard deviations from median weight-for-height of the WHO Child Growth Standards.

Overweight (preschoolers) – Moderate and severe: Percentage of children aged 0–59 months who are above two standard deviations from median weight-for-height of the WHO Child Growth Standards (includes severe overweight).

Vitamin A supplementation, full coverage – The estimated percentage of children aged 6–59 months reached with 2 doses of vitamin A supplements approximately 4–6 months apart in a given calendar year.

Thinness (school age children) – Percentage of children aged 5–19 years with BMI < -2 SD of the median according to the WHO growth reference for school-age children and adolescents.

Overweight (school age children) – Percentage of children aged 5–19 years with BMI > 1 SD of the median according to the WHO growth reference for school-age children and adolescents.

Underweight (women 18+) – Percentage of women 18+ years of age with a body mass index (BMI) less than 18.5 kg/m2.

Anaemia (women 15-49 years) – Percentage of women aged 15–49 years with a haemoglobin concentration less than 120 g/L for non-pregnant women and lactating women, and less than 110 g/L for pregnant women, adjusted for altitude and smoking.

Households consuming salt with iodine – Percentage of households consuming salt with any iodine (>0 ppm).

MAIN DATA SOURCES

Low birthweight – Modelled estimates from UNICEF and WHO. Last update: May 2019.

Unweighed at birth – Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), other national household surveys, data from routine reporting systems. Last update: June 2021.

Stunting, overweight (preschool children) – Modelled estimates from UNICEF-WHO-World Bank. Last update: May 2021

Wasting and severe wasting (preschool children) – DHS, MICS, and other national household surveys. Last update: May 2021

Vitamin A supplementation – UNICEF. Last Update: September 2021

Thinness and overweight (school age children), and underweight (women 18+) – NCD Risk Factor Collaboration (NCD-RisC), based on Worldwide trends in body-mass index, underweight, overweight and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. The Lancet 2017, 390 (10113): 2627–2642. Last update: August 2019.

Anaemia (women 15-49 years) – Global Health Observatory, WHO. Last update: April 2021

Iodized salt consumption – DHS, MICS, other national household surveys, and school-based surveys. Last update: August 2021

NOTES

– Data not available.

a Full coverage with vitamin A supplements is reported as the lower percentage of two annual coverage points (i.e., lower point between semester 1 (January–June) and semester 2 (July–December) of 2020. Data are only presented for vitamin A supplementation priority countries; thus aggregates are only based on and representative of these priority countries.

aa Countries that have not given permission for estimates to be shared externally, as such, results from these countries are not presented in the individual country lines in this table, but are included in the global and regional estimates.

b Cannot be confirmed whether the reported value includes households without salt or not.

c Global and regional averages for wasting (moderate and severe) and wasting (severe) are estimated using statistical modelling data from the UNICEF-WHO-World Bank Group Joint Child Malnutrition Estimates, May 2021 Edition. For more information see <data.unicef.org/malnutrition>.

d For wasting and severe wasting estimates, the Northern America regional average is based only on United States data.

e The most recent country data point (e.g., from household surveys) used to generate the modelled stunting and overweight estimates is from before the year 2000; interpret with caution.

f Identifies countries that are designated 'priority'. Priority countries for national vitamin A supplementation programmes are identified as those having high under-five mortality rates (over 40 per 1,000 live births), and/or evidence of vitamin A deficiency among this age group, and/or a history of vitamin A supplementation programmes.

g The collection of household survey data on child height and weight were limited in 2020 due to the physical distancing measures required to prevent the spread of COVID-19. Only four national surveys included in the database were carried out (at least partially) in 2020. The JME estimates are therefore based almost entirely on data collected before 2020 and do not take into account the impact of the COVID-19 pandemic.

k Statistically significant gender differences disadvantaging boys observed.

l Statistically significantly gender differences disadvantaging girls observed.

m Gender assessment not possible.

p Based on small denominators (typically 25–49 unweighted cases). No data based on fewer than 25 unweighted cases are displayed.

q Regional estimates for East Asia and Pacific exclude China, Latin America and the Caribbean exclude Brazil, Eastern Europe and Central Asia exclude the Russian Federation.

R Data refer to the most recent year available during the period specified in the column heading.

v Aggregated estimates for East Asia and Pacific and the World include estimates for China from the year 2013, which is outside of the year range 2014-2020.

w Reduced age range. For vitamin A supplementation, this identifies countries with national vitamin A supplementation programmes targeted towards a reduced age age. Coverage figure is reported as targeted.

x Data refer to years or periods other than those specified in the column heading. Such data are not included in the calculation of regional and global averages unless otherwise footnoted. Estimates from data years prior to 2000 are not displayed.

y Data differ from the standard definition; if they fall within the noted reference period, such data are included in the calculation of regional and global averages.

z Country modelled estimates not presented but have been used for regional and global aggregates. For more details please consult the databases at https://data.unicef.org/topic/nutrition/child-nutrition/

^ In the majority of countries, no statistically significant gender differences are observed, thus sex-disaggregated data are not presented, but can be found at <https://data.unicef.org/topic/nutrition/malnutrition/>.

& The vitamin A supplementation coverage estimates for 2020 were not finalized at the time of publication for some priority countries and may be available in the coming months. For the latest data please visit <data.unicef.org /topic/nutrition/vitamin-a-deficiency/>

TABLE 9. NUTRITION: BREASTFEEDING AND DIETS

Countries and areas	Infant and Young Child Feeding (0–23 months) 2014-2020 [R ^]											
	Early initiation of breastfeeding (%)	Exclusive breastfeeding (<6 months) (%)	Introduction of solid, semi-solid or soft foods (6–8 months)	Continued breastfeeding (12–23 months) (%)			Minimum dietary diversity (6–23 months) (%)			Minimum meal frequency (6–23 months) (%)	Minimum acceptable diet (6–23 months) (%)	Zero vegetable or fruit consumption (6–23 months) (%)
				All children	Poorest 20%	Richest 20%	All children	Poorest 20%	Richest 20%			
Afghanistan	63 m	58 m	61	74	80	70	22	18	35	49	15	59
Albania	57	37	89	43	38	37	52	46	48	45	27	26
Algeria	33	29	88	37	36	43	39	31	52	46	19	26
Andorra	-	-	-	-	-	-	-	-	-	-	-	-
Angola	48	37	79 k	67	74	53	29	19	45	31	12	36
Anguilla	-	-	-	-	-	-	-	-	-	-	-	-
Antigua and Barbuda	-	-	-	-	-	-	-	-	-	-	-	-
Argentina	57 m	32 x	97 x	39 x	49 x	33 x	-	-	-	64 x	-	-
Armenia	41	44	90	29	32	24	36	32	42	62	22	22
Australia	-	-	-	20 m	-	-	-	-	-	-	-	-
Austria	-	-	-	-	-	-	-	-	-	-	-	-
Azerbaijan	20 mx	12 mx	77 x	26 x	24 x	15 x	35 x	29 x	41 x	-	-	38 x
Bahamas	-	-	-	-	-	-	-	-	-	-	-	-
Bahrain	-	-	-	-	-	-	-	-	-	-	-	-
Bangladesh	47	63	75	90	91	86	34	22	48	65	27	45
Barbados	40 mx	20 mx	90 mx	41 x	- px	- px	-	-	-	58 x	-	-
Belarus	24 m	22 m	96 m	17 x	26 x	19 x	70 m	67	71	93	57	3
Belgium	-	-	-	-	-	-	-	-	-	-	-	-
Belize	68 m	33	79	47	59	37	58	50	70	64 x	-	30
Benin	54	41	56	69	77	52	26	23	26	44	15	54
Bhutan	77	53	93	77	91	- p	16	5	39	63 x	-	61
Bolivia (Plurinational State of)	63 y	56	83	61	74 rx	53 rx	70	46 rx	78 rx	-	-	16
Bosnia and Herzegovina	42 mx	18 x	76 mx	12 x	16 x	10 x	-	-	-	71 x	-	-
Botswana	53	30	73	15	-	-	-	-	-	-	-	-
Brazil	43 mx	39 mx	94 mx	-	-	-	-	-	-	-	-	-
British Virgin Islands	-	-	-	-	-	-	-	-	-	-	-	-
Brunei Darussalam	-	-	-	-	-	-	-	-	-	-	-	-
Bulgaria	-	-	-	-	-	-	-	-	-	-	-	-
Burkina Faso	59	58	61	92	93 rx	77 rx	36	4 rx	13 rx	65	27	26
Burundi	92 m	72 m	80 m	89	92	84	18	9	39	39	10	9
Cabo Verde	73 mxy	60 mx	-	-	-	-	-	-	-	-	-	-
Cambodia	63	65	82	58	65	39	40	28	56	72	30	35
Cameroon	48	39	76	43	65	12	20	9	28	44	10	32
Canada	-	-	-	-	-	-	-	-	-	-	-	-
Central African Republic	49	36	77	73	74 r	52 r	27 x	14 x	45 x	26	9 x	22 x
Chad	16	16	71	73	73	64	23	17	30	34	11	48
Chile	-	-	-	-	-	-	-	-	-	-	-	-
China	29 mx	21 mx	83 mx	-	-	-	37 x	22 x	51 x	63 x	25 x	29 x
Colombia	69	37	90 l	42	49	36	69	48	74	60	42	15
Comoros	34 x	11 x	80 x	65 x	68 x	69 x	22 x	19 x	23 x	28 x	5 x	52 lx
Congo	25 m	33	84	32	54	20	14	13	16	29	4	51
Cook Islands	-	-	-	-	-	-	-	-	-	-	-	-
Costa Rica	53 m	25	99	46	47	40	76	75	63	76 x	-	10
Côte d'Ivoire	37 m	23	65	63	76	36	23	20	35	48	14	44
Croatia	-	-	-	-	-	-	-	-	-	-	-	-
Cuba	64 m	41	94	25	25	35	58	69	50	76	54	22
Cyprus	-	-	-	-	-	-	-	-	-	-	-	-
Czechia	-	-	-	-	-	-	-	-	-	-	-	-
Democratic People's Republic of Korea	43 m	71 m	78 m	-	-	-	47 m	-	-	-	-	-
Democratic Republic of the Congo	47	54	82	70	79	50	15	12	24	34	8	28
Denmark	-	-	-	-	-	-	-	-	-	-	-	-
Djibouti	52 mx	12 mx	-	-	-	-	-	-	-	-	-	-
Dominica	-	-	-	-	-	-	-	-	-	-	-	-
Dominican Republic	38 m	5	81	20	27	14	51	45	61	77	42	35
Ecuador	72	40 mx	63	53	-	-	53	-	-	48	29	27
Egypt	27	40	75	50	58	43	35	37	36	56	23	45
El Salvador	42 m	47	90	67	71	57	73	66	82	87	64	16
Equatorial Guinea	-	7 mx	-	31 mx	47 rx	34 rx	-	-	-	39 mxy	-	-
Eritrea	93 mxy	69 mx	44 mx	86 mx	-	-	-	-	-	-	-	-
Estonia	-	-	-	-	-	-	-	-	-	-	-	-
Eswatini	48 m	64	90	28	29	19	48	36	58	81	37	21
Ethiopia	72	59	69	81	69	77	13	6	20	55	11	69
Fiji	57 mxy	40 mx	-	-	-	-	-	-	-	-	-	-
Finland	-	-	-	-	-	-	-	-	-	-	-	-
France	-	-	-	-	-	-	-	-	-	-	-	-
Gabon	32 x	5 x	82 x	23 x	34 x	19 x	18 x	12 x	22 x	-	-	52 x
Gambia	35	54	76	74	76	68	23	17	27	51	15	57

TABLE 9. NUTRITION:BREASTFEEDING AND DIETS

Countries and areas	Infant and Young Child Feeding (0–23 months) 2014-2020 R ^											
	Early initiation of breastfeeding (%)	Exclusive breastfeeding (<6 months) (%)	Introduction of solid, semi-solid or soft foods (6–8 months)	Continued breastfeeding (12–23 months) (%)			Minimum dietary diversity (6–23 months) (%)			Minimum meal frequency (6–23 months) (%)	Minimum acceptable diet (6–23 months) (%)	Zero vegetable or fruit consumption (6–23 months) (%)
				All children	Poorest 20%	Richest 20%	All children	Poorest 20%	Richest 20%			
Georgia	33 m	20	90	25	29	20	53	43	58	65	28	9
Germany	-	-	-	-	-	-	-	-	-	-	-	-
Ghana	52	43	79	66	79	58	26	19	48	41	13	43
Greece	-	-	-	-	-	-	-	-	-	-	-	-
Grenada	-	-	-	-	-	-	-	-	-	-	-	-
Guatemala	63	53	80	72	85	48	59	47	72	82	52	27
Guinea	43	33	52	78	84	57	14	7	24	22	4	63
Guinea-Bissau	46 m	59	64	75	80	55	8	5	16	35	3	69
Guyana	49 m	21	81	46	64	25	52	49	65	61	36	17
Haiti	47	40	91	52	59	43	19	12	34	39	11	55
Holy See	-	-	-	-	-	-	-	-	-	-	-	-
Honduras	64 x	31 x	86 x	59 x	76 x	42 x	61 x	49 x	70 x	85 x	55 x	36 x
Hungary	-	-	-	-	-	-	-	-	-	-	-	-
Iceland	-	-	-	-	-	-	-	-	-	-	-	-
India	57 m	58 m	53 m	80	88	69	16	7	25	39	8	55
Indonesia	58 m	51	86	67	74	56	54	39	69	71	40	18
Iran (Islamic Republic of)	69 mx	53 mx	76 mx	-	-	-	-	-	-	-	-	-
Iraq	32	26	85	35	47	32	45	42	49	74	34	25
Ireland	-	-	-	-	-	-	-	-	-	-	-	-
Israel	-	-	-	-	-	-	-	-	-	-	-	-
Italy	-	-	-	-	-	-	-	-	-	-	-	-
Jamaica	65 mx	24 x	64 x	38 x	39 x	29 x	-	-	-	37 x	-	-
Japan	-	-	-	-	-	-	-	-	-	-	-	-
Jordan	67	25	83	26	28	33	35	30	40	52	20	41
Kazakhstan	83 m	38	66 l	41	40	45	49	40	55	73	37	21
Kenya	62	61	80	75	79	69	36	18	58	50	22	29
Kiribati	46	64	90	61	70	53	9	5	13	74	8	51
Kuwait	-	-	-	-	-	-	-	-	-	-	-	-
Kyrgyzstan	81	46	91	47	53	36	60	52	66	75	43	14
Lao People's Democratic Republic	50	44	87 l	43	66	19	36	23	59	69	26	36
Latvia	-	-	-	-	-	-	-	-	-	-	-	-
Lebanon	41 mxy	-	-	14 mx	-	-	-	-	-	-	-	-
Lesotho	56	59	91	34	55	14	17	11	29	68	10	35
Liberia	66	55	45	68	73	52	9	4	16	22	3	56
Libya	29 m	-	-	-	-	-	-	-	-	-	-	-
Liechtenstein	-	-	-	-	-	-	-	-	-	-	-	-
Lithuania	-	-	-	-	-	-	-	-	-	-	-	-
Luxembourg	-	-	-	-	-	-	-	-	-	-	-	-
Madagascar	45	51	89	77	75	77	25	9	56	79	21	26
Malawi	76	59	85	84	87	78	23	14	42	29	8	23
Malaysia	-	40	-	-	-	-	-	-	-	-	-	-
Maldives	66	63	97	73	79	- p	71	63	71	68	50	15
Mali	59	40	59	79	82 r	73 r	22	17 r	42 r	29	8	44
Malta	-	-	-	-	-	-	-	-	-	-	-	-
Marshall Islands	61	43	64 m	36	25	- p	34	25	47	50	15	46
Mauritania	68 m	40 m	74 m	70	75	61	28	14	45	37	14	51
Mauritius	-	-	-	-	-	-	-	-	-	-	-	-
Mexico	45	27	89	35	52 r	16 r	59	58	68	79	48	18
Micronesia (Federated States of)	-	-	-	-	-	-	-	-	-	-	-	-
Monaco	-	-	-	-	-	-	-	-	-	-	-	-
Mongolia	70	58 m	88	64 k	65	51	45 m	13 r	63 r	66	28	45
Montenegro	24 m	20	87	25	55	20	66	60	82	76	48	11
Montserrat	-	-	-	-	-	-	-	-	-	-	-	-
Morocco	43 m	35 m	84 x	35 x	45 x	19 x	-	-	-	-	-	-
Mozambique	69 mx	41 mx	95 mx	75 x	80 x	53 x	28 x	31 x	29 x	41 x	13 x	36 x
Myanmar	67	51 k	75	78	84	66	21	16	35	57	16	56
Namibia	71 x	48 x	80 x	47 x	55 x	27 x	25 x	9 x	53 x	38 x	12 x	52 x
Nauru	76 mxy	67 mx	-	67 mx	-	-	-	-	-	-	-	-
Nepal	42	62	86	91	94	84	40	35	54	69	30	38
Netherlands	-	-	-	-	-	-	-	-	-	-	-	-
New Zealand	-	-	-	-	-	-	-	-	-	-	-	-
Nicaragua	54 mxy	32 mx	89 x	52 x	64 x	28 x	-	-	-	-	-	-
Niger	60	22	80	74	85 rx	71 rx	17	4 rx	22 rx	71	15	43
Nigeria	42	29	74	61	82	32	23	16	37	41	10	53
Niue	-	-	-	-	-	-	-	-	-	-	-	-
North Macedonia	10	28	96 k	30	37	33	54	36	72	80	43	13
Norway	-	-	-	-	-	-	-	-	-	-	-	-
Oman	82 m	23 m	95 m	-	-	-	-	-	-	-	-	-

TABLE 9. NUTRITION: BREASTFEEDING AND DIETS

Countries and areas	Infant and Young Child Feeding (0–23 months) 2014-2020 [R ^]											
	Early initiation of breastfeeding (%)	Exclusive breastfeeding (<6 months) (%)	Introduction of solid, semi-solid or soft foods (6–8 months)	Continued breastfeeding (12–23 months) (%)			Minimum dietary diversity (6–23 months) (%)			Minimum meal frequency (6–23 months) (%)	Minimum acceptable diet (6–23 months) (%)	Zero vegetable or fruit consumption (6–23 months) (%)
				All children	Poorest 20%	Richest 20%	All children	Poorest 20%	Richest 20%			
Pakistan	20	48	65	63	67	60	15	7	25	61	13	61
Palau	-	-	-	-	-	-	-	-	-	-	-	-
Panama	55 my	21 x	83 m	41 x	57 x	18 x	-	-	-	60 x	-	-
Papua New Guinea	55	60	79	79	79	64	32	27	46	44	18	13
Paraguay	50 m	30	87	33	41	43	52	41	65	71	38	16
Peru	51	65	94	68	71	62	84	74	89	-	-	6
Philippines	57	55 m	89 x	60	68	49	54 x	43 x	62 x	-	-	22 x
Poland	-	-	-	-	-	-	-	-	-	-	-	-
Portugal	-	-	-	-	-	-	-	-	-	-	-	-
Qatar	34 mx	29 x	74 x	47 x	-	-	-	-	-	40 x	-	-
Republic of Korea	-	-	-	-	-	-	-	-	-	-	-	-
Republic of Moldova	61 mx	36 x	75 x	27 x	44 x	22 x	70 x	63 x	81 x	46 x	-	10 x
Romania	58 mx	16 mx	-	-	-	-	-	-	-	-	-	-
Russian Federation	25 mx	-	-	-	-	-	-	-	-	-	-	-
Rwanda	76	81 m	82	90 m	91 r	79 r	30	11	55	47	18	22
Saint Kitts and Nevis	-	-	-	-	-	-	-	-	-	-	-	-
Saint Lucia	50 mx	3 mx	- px	29 mx	- px	- px	-	-	-	43 x	-	-
Saint Vincent and the Grenadines	-	-	-	-	-	-	-	-	-	-	-	-
Samoa	81 my	70 m	74 m	73 m	-	-	-	-	-	-	-	-
San Marino	-	-	-	-	-	-	-	-	-	-	-	-
Sao Tome and Principe	36	63	80	46	51	39	32	26	48	58	22	32
Saudi Arabia	-	-	-	-	-	-	-	-	-	-	-	-
Senegal	32	41	64	72	78	57	19	13	26	37	9	52
Serbia	8	24	96	16	28	18	86	78	93	95	74	2
Seychelles	-	-	-	-	-	-	-	-	-	-	-	-
Sierra Leone	75	54	69	65	67	51	25	20	28	32	9	52
Singapore	-	-	-	-	-	-	-	-	-	-	-	-
Slovakia	-	-	-	-	-	-	-	-	-	-	-	-
Slovenia	-	-	-	-	-	-	-	-	-	-	-	-
Solomon Islands	79 m	76 m	-	71 m	-	-	-	-	-	-	-	-
Somalia	60 m	34 m	41 m	45 m	61 rx	23 rx	-	-	-	-	-	-
South Africa	67	32	83	34	47	25	40	38	51	43	19	37
South Sudan	50 x	45 x	42 x	62 x	67 x	58 x	-	-	-	10 x	-	-
Spain	-	-	-	-	-	-	-	-	-	-	-	-
Sri Lanka	90 my	81	94	90 l	90	81	78	66	88	-	-	11
State of Palestine	41	39	90	29	29	28	45	28	54	71	31	28
Sudan	69 m	55	61	73	72	74	24	9	51	41	14	67
Suriname	52	9	81	23	27	21	28	16	33	52	16	29
Sweden	-	-	-	-	-	-	-	-	-	-	-	-
Switzerland	-	-	-	-	-	-	-	-	-	-	-	-
Syrian Arab Republic	36 m	29 m	75 m	45 x	57 x	42 x	-	-	-	-	-	-
Tajikistan	62	36	63	57	63	53	23	19	29	36	8	58
Thailand	34 m	14	92	19	27	16	69	65	74	86	61	14
Timor-Leste	47	65	73	49	61 r	44 r	40	17 r	45 r	56	25	34
Togo	48	64	76	80	90	72	19	14	27	61	13	48
Tokelau	-	-	-	-	-	-	-	-	-	-	-	-
Tonga	38	40	91	35	47	16	53	44	55	49	27	10
Trinidad and Tobago	46 mx	21 x	56 x	34 x	45 x	- px	-	-	-	61 x	-	-
Tunisia	32	14	97	30	39	28	63	53	76	85	54	20
Turkey	71 m	41 m	85 m	53 m	-	-	-	-	-	-	-	-
Turkmenistan	68	56	91	45	49	38	69	76	65	97	64	12
Turks and Caicos Islands	-	-	-	-	-	-	-	-	-	-	-	-
Tuvalu	15 mxy	35 mx	-	53 mx	-	-	-	-	-	-	-	-
Uganda	66	65	81	67	77	53	26	20	34	41	15	44
Ukraine	66 mx	20 x	75 x	31 x	31 x	30 x	-	-	-	55 x	-	-
United Arab Emirates	-	-	-	-	-	-	-	-	-	-	-	-
United Kingdom	-	-	-	-	-	-	-	-	-	-	-	-
United Republic of Tanzania	54 m	58 m	87 m	72	75	70	21	13	40	39	9	29
United States	-	26 m	-	12 m	-	-	-	-	-	-	-	-
Uruguay	61	58	92	45	-	-	70	-	-	-	-	6
Uzbekistan	86	49	57	63	63	56	23	12	35	24	6	42
Vanuatu	85 mxy	73 mx	72 mx	58 mx	69 rx	40 rx	-	-	-	-	-	-
Venezuela (Bolivarian Republic of)	-	-	-	-	-	-	-	-	-	-	-	-
Viet Nam	26 m	24	91	43	55	29	59	35	68	91	55	14
Yemen	53 x	10 x	69 x	63 x	73 x	56 x	21 x	12 x	38 x	57 x	15 x	66 x
Zambia	75	70	94	63	74	51	23	11	45	41	12	29
Zimbabwe	59	42	90	50	61	33	17	7	35	68	11	28

TABLE 9. NUTRITION:BREASTFEEDING AND DIETS

Countries and areas	Infant and Young Child Feeding (0–23 months) 2014-2020 R ^											
	Early initiation of breastfeeding (%)	Exclusive breastfeeding (<6 months) (%)	Introduction of solid, semi-solid or soft foods (6–8 months)	Continued breastfeeding (12–23 months) (%)			Minimum dietary diversity (6–23 months) (%)			Minimum meal frequency (6–23 months) (%)	Minimum acceptable diet (6–23 months) (%)	Zero vegetable or fruit consumption (6–23 months) (%)
				All children	Poorest 20%	Richest 20%	All children	Poorest 20%	Richest 20%			
SUMMARY												
East Asia and Pacific	38 v	31 v	84 v	58 q	68 q	48 q	42 v	27 v	55 v	67 v	30 v	27 v
Europe and Central Asia	-	-	-	-	-	-	-	-	-	-	-	-
Eastern Europe and Central Asia	70	41	76	50	-	-	-	-	-	-	-	-
Western Europe	-	-	-	-	-	-	-	-	-	-	-	-
Latin America and Caribbean	54	37	87	45	55 q	31 q	62	55 q	70 q	71 q	44 q	20
Middle East and North Africa	34	33	81	42	49	39	39	37	44	59	26	35
North America	-	26	-	12	-	-	-	-	-	-	-	-
South Asia	50	57	58	78	84	69	19	10	29	45	11	54
Sub-Saharan Africa	54	45	75	68	76	53	22	15	36	44	12	44
Eastern and Southern Africa	64	55	77	70	72	65	24	14	40	47	14	43
West and Central Africa	46	37	73	66	79	43	21	15	33	41	11	45
Least developed countries	57	53	75	75	78	67	23	15	36	48	14	44
World	**48** v	**44** v	**73** v	**65**	**75**	**56**	**29** v	**19** v	**40** v	**52** v	**18** v	**41** v

For a complete list of countries and areas in the regions, subregions and country categories, see page 182 or visit <data.unicef.org/regionalclassifications>.
It is not advisable to compare data from consecutive editions of The State of the World's Children.

DEFINITIONS OF THE INDICATORS

Early initiation of breastfeeding – Percentage of children born in the last 24 months who were put to the breast within one hour of birth.

Exclusive breastfeeding (<6 months) – Percentage of infants 0-5 months of age who were fed exclusively with breastmilk during the previous day.

Continued breastfeeding (12-23 months) – Percentage of children 12-23 months of age who were fed with breastmilk during the previous day.

Introduction of solid, semi-solid or soft foods (6–8 months) – Percentage of infants 6-8 months of age who were fed with solid, semi-solid or soft food during the previous day.

Minimum Dietary Diversity (6–23 months) – Percentage of children 6-23 months of age who received foods from at least 5 out of 8 defined food groups during the previous day.

Minimum Meal Frequency (6–23 months) – Percentage of children 6-23 months of age who received solid, semi-solid, or soft foods (but also including milk feeds for non-breastfed children) the minimum number of times or more during the previous day.

Minimum Acceptable Diet (6–23 months) – Percentage of children 6-23 months of age who received a minimum acceptable diet during the previous day.

Zero vegetable or fruit consumption (6–23 months) – Percentage of children 6-23 months of age who did not consume any vegetables or fruits during the previous day.

MAIN DATA SOURCES

Infant and young child feeding (0-23 months) – DHS, MICS and other national household surveys. Last update: September 2021.

NOTES

– Data not available.

k Statistically significant gender differences disadvantaging boys observed.

l Statistically significant gender differences disadvantaging girls observed.

m Gender assessment not possible.

p Based on small denominators (typically 25–49 unweighted cases). No data based on fewer than 25 unweighted cases are displayed.

q Regional estimates for East Asia and Pacific exclude China, Latin America and the Caribbean exclude Brazil, Eastern Europe and Central Asia exclude the Russian Federation.

r Disaggregated data are from different sources than the data presented for all children for the same indicator.

R Data refer to the most recent year available during the period specified in the column heading.

v Aggregated estimates for East Asia and Pacific and the World include estimates for China from the year 2013, which is outside of the year range 2014-2020.

x Data refer to years or periods other than those specified in the column heading. Such data are not included in the calculation of regional and global averages. Estimates from data years prior to 2000 are not displayed.

y Data differ from the standard definition or refer to only part of a country. If they fall within the noted reference period, such data are included in the calculation of regional and global averages.

^ In the majority of countries, no statistically significant gender differences are observed, thus sex-disaggregated data are not presented, but can be found at <https://data.unicef.org/topic/nutrition/infant-and-young-child-feeding/>

TABLE 10. EARLY CHILDHOOD DEVELOPMENT

Countries and areas	Attendance in early childhood education 2012–2020 R					Early stimulation and responsive care by adults H 2012–2020 R					Early stimulation and responsive care by father H 2012–2020 R	Learning materials at home 2012–2020 R						Children with inadequate supervision 2012–2020 R				
												Children's books			Playthings H							
	Total	Male	Female	Poorest 20%	Richest 20%	Total	Male	Female	Poorest 20%	Richest 20%		Total	Poorest 20%	Richest 20%	Total	Poorest 20%	Richest 20%	Total	Male	Female	Poorest 20%	Richest 20%
Afghanistan	1 x	1 x	1 x	0 x	4 x	73 x	74 x	73 x	72 x	80 x	62 x,y	2 x	1 x	5 x	53 x	52 x	57 x	40 x	42 x	39 x	43 x	27 x
Albania	73	73	73	62	88	78	75	80	57	88	14	32 x	16 x	52 x	53 x	57 x	48 x	7	7	6	9	3
Algeria	14	14	15	6	26	63	63	63	49	79	13	8	1	20	49	36	55	13	13	12	13	13
Andorra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Angola	7 x	7 x	7 x	4 x	12 x	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Anguilla	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Antigua and Barbuda	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Argentina	63 y	61 y	66 y	46 y	85 y	84 x,y	83 x,y	85 x,y	73 x,y	95 x,y	57 y	61 y	40 y	83 y	61 y	58 y	63 y	8 y	9 y	8 y	10 y	5 y
Armenia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Australia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Austria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Azerbaijan	11 x	12 x	11 x	5 x	20 x	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bahamas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bahrain	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bangladesh	19	19	19	15	26	64	64	65	49	80	11	6	2	12	67	61	65	11	11	11	17	6
Barbados	90	88	91	90 p	97 p	97	97	97	100 p	100 p	46 y	85	83	89	76	68	77	1	2	1	0	3
Belarus	91	91	91	80	95	97	96	98	91	99	30	91	81	96	81	78	83	2	2	2	3	3
Belgium	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Belize	55	52	58	29	72	88	89	86	80	94	24	44	23	73	68	70	66	13	15	11	15	11
Benin	19 y	18 y	20 y	5 y	49 y	39 y	39 y	39 y	32 y	56 y	4 y	2 y	0 y	7 y	55 y	39 y	70 y	29 y	28 y	30 y	36 y	22 y
Bhutan	10 x	10 x	10 x	3 x	27 x	54 x	52 x	57 x	40 x	73 x	51 x,y	6 x	1 x	24 x	52 x	36 x	60 x	14 x	13 x	15 x	17 x	7 x
Bolivia (Plurinational State of)	17 x	17 x	18 x	13 x	26 x	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bosnia and Herzegovina	13	12	14	2	31	95	95	96	87	100	76 y	56	39	73	56	58	60	2	2	2	3	1
Botswana	18 x	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Brazil	70 x	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
British Virgin Islands	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Brunei Darussalam	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bulgaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Burkina Faso	3 y	3 y	3 y	-	-	14 x	14 x	14 x	12 x	26 x	24 x	-	-	-	-	-	-	-	-	-	-	-
Burundi	7 y	7 y	7 y	1 y	31 y	58 y	58 y	59 y	56 y	67 y	3 y	0 y	0 y	0 y	35 y	29 y	52 y	42 y	42 y	42 y	43 y	30 y
Cabo Verde	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cambodia	15 y	12 y	17 y	7 y	38 y	45 y	42 y	48 y	33 y	60 y	8 y	4 y	1 y	12 y	34 y	20 y	53 y	10 y	10 y	10 y	16 y	4 y
Cameroon	28	27	29	2	66	44	45	44	50	52	4	4	0	17	53	47	65	34	34	35	52	23
Canada	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Central African Republic	6	6	7	2	27	39	41	38	37	36	6	0	0	1	56	47	68	49	49	49	50	47
Chad	1	1	1	0	4	56	55	56	52	59	5	1	0	1	58	54	68	64	64	64	63	63
Chile	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
China	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Colombia	37 y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Comoros	14 x	13 x	15 x	10 x	28 x	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Congo	36	36	37	7	77	59	59	58	47	77	6	3	0	10	51	42	51	42	42	41	54	30
Cook Islands	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Costa Rica	44	41	47	41	52	77	78	75	68	87	23	39	17	62	82	78	85	7	7	7	7	6
Croatia	83 y	74 y	83 y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cuba	50	47	53	-	-	89	88	90	-	-	30	42	-	-	86	-	-	2	2	2	-	-
Cyprus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Czechia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Côte d'Ivoire	14	14	15	2	51	29	29	29	18	61	5	1	0	7	45	35	53	20	20	19	20	18
Democratic People's Republic of Korea	73	73	73	-	-	95 y	94 y	95 y	-	-	21 y	50	-	-	59	-	-	16	17	16	-	-
Democratic Republic of the Congo	5	6	5	1	20	44	45	44	40	58	7	1	0	1	39	28	63	47	47	46	53	29
Denmark	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Djibouti	14 x	12 x	16 x	-	-	37 y	38 y	35 y	-	-	28 y	15 x	-	-	24 x	-	-	8	8	8	-	-
Dominica	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dominican Republic	40	39	40	16	72	58	58	59	38	73	6	10	2	28	57	57	58	5	5	5	7	3
Ecuador	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Egypt	47 y	48 y	47 y	34 y	50 y	-	-	-	-	-	-	-	-	-	-	-	-	4	4	4	7	2
El Salvador	25	24	26	19	44	59	57	62	45	78	8	18	6	44	62	62	58	4	4	3	4	4
Equatorial Guinea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Eritrea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Estonia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Eswatini	30	26	33	28	48	39	33	44	25	59	2	6	2	19	67	56	78	17	16	17	18	15
Ethiopia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Fiji	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Finland	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
France	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gabon	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 10. EARLY CHILDHOOD DEVELOPMENT

Countries and areas	Attendance in early childhood education 2012–2020 R					Early stimulation and responsive care by adults H 2012–2020 R					Early stimulation and responsive care by father H 2012–2020 R	Learning materials at home 2012–2020 R						Children with inadequate supervision 2012–2020 R				
												Children's books			Playthings H							
	Total	Male	Female	Poorest 20%	Richest 20%	Total	Male	Female	Poorest 20%	Richest 20%		Total	Poorest 20%	Richest 20%	Total	Poorest 20%	Richest 20%	Total	Male	Female	Poorest 20%	Richest 20%
Gambia	24	23	25	19	40	16	15	17	11	34	1	1	0	5	49	41	55	16	17	16	18	16
Georgia	78	77	79	61	87	77	77	76	69	86	7	57	26	75	66	61	71	4	3	5	4	3
Germany	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ghana	71	71	70	46	94	36	38	34	21	63	3	7	0	27	50	40	65	30	30	30	39	21
Greece	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Grenada	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Guatemala	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Guinea	9	9	9	3	32	31	33	30	22	51	4	0	0	1	32	17	54	34	36	33	38	36
Guinea-Bissau	14	12	17	5	54	44	44	44	30	76	7	1	0	3	44	33	65	70	71	70	68	73
Guyana	47	48	46	48	47	91	91	90	82	97	23	47	25	76	69	65	70	5	5	5	10	1
Haiti	63 y	63 y	63 y	31 y	84 y	54 y	52 y	57 y	34 y	79 y	7 y	8 y	1 y	20 y	48 y	33 y	58 y	22 y	23 y	22 y	28 y	15 y
Holy See	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Honduras	19	17	21	13	28	39	38	39	20	64	17	11	1	34	78	74	81	4	5	4	8	2
Hungary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Iceland	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
India	38 x	37 x	39 x	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Indonesia	17	16	18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Iran (Islamic Republic of)	18	-	-	-	-	70 x,y	69 x,y	70 x,y	-	-	60 x,y	36	-	-	83 y	-	-	13	-	-	-	-
Iraq	2	2	3	1	5	46	45	47	31	55	10	3	1	9	47	52	43	10	10	10	12	12
Ireland	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Israel	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Italy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jamaica	92 x	92 x	91 x	88 x	100 x	88 x	86 x	90 x	76 x	86 x	28 x,y	55 x	34 x	73 x	61 x	64 x	56 x	2 x	2 x	2 x	2 x	1 x
Japan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jordan	13 y	12 y	14 y	5 y	35 y	92 y	92 y	91 y	85 y	99 y	32 y	16 y	6 y	32 y	71 y	69 y	66 y	16 y	17 y	16 y	16 y	21 y
Kazakhstan	55	53	58	45	70	86	84	87	83	95	7	51	35	73	60	63	61	5	4	6	8	3
Kenya	16 x	14 x	17 x	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kiribati	72	69	75	76	76	78	76	80	73	84	20	4	1	13	60	48	75	31	31	30	35	31
Kuwait	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kyrgyzstan	39	40	38	25	57	88	88	88	89	87	10	21	12	44	72	74	66	8	7	8	11	5
Lao People's Democratic Republic	32	30	34	13	69	44	43	46	31	72	11	4	0	18	61	51	63	12	13	12	17	6
Latvia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lebanon	62 x	63 x	60 x	-	-	56 x,y	58 x,y	54 x,y	-	-	74 x,y	29 x	-	-	16 x,y	-	-	9 x	8 x	10 x	-	-
Lesotho	46	45	46	20	83	27	26	27	15	44	2	3	0	10	57	44	72	17	17	17	27	9
Liberia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Libya	6 x	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Liechtenstein	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lithuania	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Luxembourg	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Madagascar	15	15	15	7	42	25	24	25	17	43	3	1	0	8	52	33	74	34	33	34	36	25
Malawi	39	37	41	26	67	29	29	30	22	44	3	1	0	6	45	35	66	37	37	37	39	28
Malaysia	53	52	55	-	-	25	25	24	-	-	-	56	-	-	62	-	-	3	3	3	-	-
Maldives	78 y	78 y	79 y	69 y	82 p,y	96 y	96 y	97 y	97 y	-	25 y	59 y	50 y	70 y	48 y	50 y	33 y	12 y	10 y	14 y	11 y	22 y
Mali	5	6	5	1	21	55	55	55	53	65	5	0	0	2	52	42	70	32	32	32	31	27
Malta	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Marshall Islands	5	5	5	4	11	72	72	73	71	83	2	19	3	44	71	61	82	9	9	10	10	9
Mauritania	12	12	12	3	30	44	46	42	30	65	5	1	0	3	33	24	52	34	35	34	39	26
Mauritius	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mexico	68	63	72	-	-	71 y	71 y	71 y	-	-	10 y	29	-	-	75	-	-	6	7	5	-	-
Micronesia (Federated States of)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Monaco	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mongolia	74	72	76	34	89	58	57	58	41	74	15	29	9	54	65	66	64	13	12	13	16	9
Montenegro	53	51	56	18	65	90	88	92	66	100	44	58	21	85	64	57	64	5	4	5	5	2
Montserrat	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Morocco	39 x	36 x	41 x	6 x	78 x	36 y	36 y	36 y	26 y	47 y	65 y	21 x,y	9 x,y	52 x,y	14 x,y	19 x,y	7 x,y	7	-	-	-	-
Mozambique	-	-	-	-	-	47 x	45 x	48 x	48 x	50 x	20 x	3 x	2 x	10 x	-	-	-	33 x	33 x	32 x	-	-
Myanmar	23 y	22 y	25 y	11 y	42 y	52 y	51 y	53 y	41 y	73 y	6 y	5 y	1 y	15 y	72 y	64 y	76 y	13 y	14 y	13 y	21 y	5 y
Namibia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nauru	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nepal	62	64	60	52	87	76	76	77	65	93	18	3	1	7	66	56	70	25	26	24	40	13
Netherlands	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New Zealand	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nicaragua	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Niger	3 x	3 x	2 x	0 x	9 x	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nigeria	36	36	35	8	78	63	62	63	46	87	11	6	0	20	46	38	60	32	32	31	31	30
Niue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
North Macedonia	37	41	32	7	67	88	87	90	70	100	35	55	17	84	62	48	75	6	7	5	11	1

TABLE 10. EARLY CHILDHOOD DEVELOPMENT

Countries and areas	Attendance in early childhood education 2012–2020 R					Early stimulation and responsive care by adults H 2012–2020 R					Early stimulation and responsive care by father H 2012–2020 R	Learning materials at home 2012–2020 R						Children with inadequate supervision 2012–2020 R				
												Children's books			Playthings H							
	Total	Male	Female	Poorest 20%	Richest 20%	Total	Male	Female	Poorest 20%	Richest 20%		Total	Poorest 20%	Richest 20%	Total	Poorest 20%	Richest 20%	Total	Male	Female	Poorest 20%	Richest 20%
Norway	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Oman	29	28	31	-	-	81	78	84	-	-	22	25	-	-	75	-	-	45	44	45	-	-
Pakistan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Palau	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Panama	37	38	35	28	67	74	73	74	55	89	45 y	26	7	59	69	67	68	3	3	2	6	1
Papua New Guinea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paraguay	31	30	32	10	61	64	62	65	40	90	17 y	23	3	61	60	55	65	3	2	3	4	2
Peru	77 y	76 y	79 y	70 y	90 y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Philippines	29 x	26 x	33 x	17 x	58 x	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Poland	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Portugal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Qatar	41	41	41	-	-	88	89	88	-	-	85 y	40	-	-	55	-	-	12	12	11	-	-
Republic of Korea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Republic of Moldova	71	74	67	50	88	89	86	92	81	95	47 y	68	33	87	68	75	69	6	6	6	9	5
Romania	82 y	82 y	83 y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Russian Federation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rwanda	13 y	12 y	14 y	3 y	45 y	44 y	43 y	45 y	32 y	63 y	2 y	1 y	0 y	3 y	30 y	21 y	41 y	35 y	35 y	35 y	38 y	21 y
Saint Kitts and Nevis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Saint Lucia	85	87	84	-	-	93	89	96	-	-	50 y	68	-	-	59	-	-	5	5	5	-	-
Saint Vincent and the Grenadines	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Samoa	26	-	-	-	-	87 y	-	-	-	-	23 y	9	-	-	51	-	-	16	-	-	-	-
San Marino	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sao Tome and Principe	35	36	34	19	57	43	42	44	38	65	5	6	2	20	71	67	74	21	21	22	29	17
Saudi Arabia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Senegal	21 y	21 y	21 y	6 y	51 y	20 y	18 y	21 y	15 y	33 y	8 y	1 y	0 y	3 y	29 y	15 y	50 y	39 y	39 y	38 y	30 y	54 y
Serbia	61	58	63	11	80	95	94	96	91	97	37	78	48	90	83	84	84	4	3	4	7	2
Seychelles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sierra Leone	12	11	12	1	41	29	28	29	20	46	7	2	0	9	41	27	66	30	30	30	32	25
Singapore	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Slovakia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Slovenia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Solomon Islands	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Somalia	2 x	2 x	2 x	1 x	6 x	79 x	80 x	79 x	76 x	85 x	48 x	-	-	-	-	-	-	-	-	-	-	-
South Africa	48 y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
South Sudan	6 x	6 x	6 x	2 x	13 x	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Spain	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sri Lanka	60	-	-	52	73	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
State of Palestine	34	36	33	26	45	76	76	76	67	87	18	12	4	24	73	64	77	14	14	14	17	12
Sudan	22	22	23	7	59	-	-	-	-	-	-	2	0	7	46	36	55	-	-	-	-	-
Suriname	46	43	49	32	67	67	64	69	46	79	14	26	6	63	65	64	69	6	6	6	8	3
Sweden	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Switzerland	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syrian Arab Republic	8 x	8 x	7 x	4 x	18 x	70 x	70 x	69 x	52 x	84 x	62 x	30 x	12 x	53 x	52 x	52 x	51 x	17 x	17 x	17 x	22 x	15 x
Tajikistan	6	-	-	-	-	74 x	73 x	74 x	56 x	86 x	23 x	17 x	4 x	33 x	46 x	43 x	44 x	13 x	13 x	12 x	15 x	11 x
Thailand	86	85	88	85	88	93	91	94	85	98	33	34	14	65	80	80	76	5	6	4	5	3
Timor-Leste	14 y	13 y	16 y	9 y	16 y	81 y	83 y	79 y	72 y	89 y	15 y	4 y	2 y	9 y	40 y	22 y	61 y	29 y	29 y	30 y	33 y	26 y
Togo	20	21	20	10	40	28	26	30	23	41	7	1	0	2	38	27	52	29	29	29	38	21
Tokelau	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tonga	35	30	41	29	37	90	88	92	87	93	26	24	8	52	63	58	63	9	10	7	14	6
Trinidad and Tobago	85 x	85 x	84 x	72 x	93 x	96 x	95 x	96 x	94 x	100 x	57 x,y	76 x	63 x	93 x	76 x	75 x	82 x	2 x	2 x	1 x	3 x	1 x
Tunisia	51	52	49	17	71	74	73	75	44	91	31	24	7	45	62	54	67	13	13	12	18	8
Turkey	-	-	-	-	-	65 y	66 y	65 y	42 y	88 y	16 y	29	6	68	76	64	85	6	6	7	9	5
Turkmenistan	41	40	42	17	77	91	90	93	90	94	15	32	17	58	75	83	69	2	3	2	2	2
Turks and Caicos Islands	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuvalu	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Uganda	37 y	34 y	39 y	15 y	66 y	53 y	51 y	55 y	38 y	74 y	3 y	2 y	0 y	8 y	50 y	39 y	59 y	37 y	37 y	37 y	49 y	21 y
Ukraine	52	54	50	30	68	98	97	98	95	99	71 y	91	92	92	52	61	51	7	6	7	11	5
United Arab Emirates	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
United Kingdom	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
United Republic of Tanzania	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
United States	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Uruguay	84	83	86	-	-	93	94	91	-	-	66 y	59	-	-	75	-	-	3	3	3	-	-
Uzbekistan	32 y	33 y	31 y	-	-	91 x	91 x	90 x	83 x	95 x	54 x	43 x	32 x	59 x	67 x	74 x	62 x	5 x	5 x	5 x	6 x	7 x
Vanuatu	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Venezuela (Bolivarian Republic of)	66 x,y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Viet Nam	71	74	69	53	86	76	76	76	52	96	15	26	6	58	52	44	54	7	6	8	14	2
Yemen	3 x	3 x	3 x	0 x	8 x	33 x	34 x	32 x	16 x	57 x	37 x	10 x	4 x	31 x	49 x	45 x	49 x	34 x	36 x	33 x	46 x	22 x

TABLE 10. EARLY CHILDHOOD DEVELOPMENT

Countries and areas	Attendance in early childhood education 2012–2020 R					Early stimulation and responsive care by adults H 2012–2020 R					Early stimulation and responsive care by father H 2012–2020 R	Learning materials at home 2012–2020 R						Children with inadequate supervision 2012–2020 R				
												Children's books			Playthings H							
	Total	Male	Female	Poorest 20%	Richest 20%	Total	Male	Female	Poorest 20%	Richest 20%		Total	Poorest 20%	Richest 20%	Total	Poorest 20%	Richest 20%	Total	Male	Female	Poorest 20%	Richest 20%
Zambia	6 x	7 x	6 x	1 x	19 x	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Zimbabwe	28	28	29	16	53	39	39	38	30	56	4	3	0	13	69	58	82	20	21	20	28	12
SUMMARY																						
East Asia and Pacific	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Europe and Central Asia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Eastern Europe and Central Asia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Western Europe	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Latin America and Caribbean	58	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Middle East and North Africa	28	30	30	19	36	-	-	-	-	-	-	-	-	-	-	-	-	9	9	9	10	7
North America	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
South Asia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sub-Saharan Africa	26	24	25	8	56	48	48	48	38	67	7	3	0	11	46	36	61	36	36	35	39	29
Eastern and Southern Africa	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
West and Central Africa	24	24	24	7	55	50	50	50	39	69	8	3	0	12	45	36	61	36	36	35	38	30
Least developed countries (LDCs)	19	18	19	10	40	48	48	49	39	64	7	2	1	7	50	40	62	32	32	31	37	22
World	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

For a complete list of countries and areas in the regions, subregions and country categories, see page on Regional Classifications or visit <data.unicef.org/regionalclassifications>.
It is not advisable to compare data from consecutive editions of The State of the World's Children report.

DEFINITIONS OF THE INDICATORS

Attendance in early childhood education – Percentage of children 36–59 months old who are attending an early childhood education programme.

Early stimulation and responsive care by adults – Percentage of children 36–59 months old with whom an adult has engaged in four or more of the following activities to promote learning and school readiness in the past three days: a) reading books to the child, b) telling stories to the child, c) singing songs to the child, d) taking the child outside the home, e) playing with the child, and f) spending time with the child naming, counting or drawing things.

Early stimulation and responsive care by father – Percentage of children 36–59 months old whose father has engaged in four or more of the following activities to promote learning and school readiness in the past three days: a) reading books to the child, b) telling stories to the child, c) singing songs to the child, d) taking the child outside the home, e) playing with the child, and f) spending time with the child naming, counting or drawing things.

Learning materials at home: Children's books – Percentage of children 0–59 months old who have three or more children's books at home.

Learning materials at home: Playthings – Percentage of children 0–59 months old with two or more of the following playthings at home: household objects or objects found outside (sticks, rocks, animals, shells, leaves etc.), homemade toys or toys that came from a store.

Children with inadequate supervision – Percentage of children 0–59 months old 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.

MAIN DATA SOURCES

Attendance in early childhood education – Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), and other national surveys. Last update: June 2021.

Early stimulation and responsive care by adults – DHS, MICS and other national surveys. Last update: June 2021.

Early stimulation and responsive care by father – DHS, MICS and other national surveys. Last update: June 2021.

Learning materials at home: Children's books – DHS, MICS and other national surveys. Last update: June 2021.

Learning materials at home: Playthings – DHS, MICS and other national surveys. Last update: June 2021.

Children with inadequate supervision – DHS, MICS and other national surveys. Last update: June 2021.

NOTES

– Data not available.

y Data differ from the standard definition or refer to only part of a country. If they fall within the noted reference period, such data are included in the calculation of regional and global averages.

x Data refer to years or periods other than those specified in the column heading. Such data are not included in the calculation of regional and global averages. Estimates from data years prior to 2000 are not displayed.

p Based on small denominators (typically 25–49 unweighted cases). No data based on fewer than 25 unweighted cases are displayed.

R Data refer to the most recent year available during the period specified in the column heading.

H A more detailed explanation of the methodology and the changes in calculating these estimates can be found in the section titled, general note on the data, page 180.

TABLE 11. EDUCATION

Countries and areas	Equitable access								Completion						Learning							
	Out-of-school rate 2013–2019 [R]								Completion rate 2010–2019 [R]						Learning outcomes 2013–2019 [R]						Literacy rate 2019	
	One year before primary entry age		Primary education		Lower secondary education		Upper secondary education		Primary education		Lower secondary education		Upper secondary education		Proportion of children in grade 2 or 3 achieving minimum proficiency level		Proportion of children at the end of primary achieving a minimum proficiency level		Proportion of children at the end of lower secondary achieving a minimum proficiency level		Youth (15–24 years) literacy rate (%)	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Reading	Math	Reading	Math	Reading	Math	Male	Female
Afghanistan	-	-	-	-	-	-	44	69	67	40	49	26	32	14	22	25	13	11	-	-	74	56
Albania	4	2	6	3	6	1	21	15	94	96	98	97	76	80	-	-	-	-	48	58	99	100
Algeria	-	-	-	-	-	-	-	-	93	93	49	65	22	37	-	-	-	-	21	19	98	97
Andorra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Angola	31	39	-	-	-	-	-	-	63	57	42	32	24	15	-	-	-	-	-	-	-	-
Anguilla	14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Antigua and Barbuda	14	4	4	1	1	2	14	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Argentina	2	2	-	-	0	0	15	7	91	94	70	79	46	53	76	71	46	56	48	31	99	100
Armenia	52	50	9	9	11	9	16	4	99	99	95	99	69	79	-	-	-	55	-	50	-	-
Australia	13	14	0	0	2	3	10	6	-	-	-	-	-	-	94	70	-	64	80	78	-	-
Austria	0	0	0	0	1	0	10	9	-	-	-	-	-	-	-	-	98	-	76	79	-	-
Azerbaijan	32	19	10	7	0	0	0	0	-	-	-	-	-	-	-	-	81	-	-	-	-	-
Bahamas	-	-	-	-	23	21	29	24	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bahrain	31	28	2	3	7	0	18	6	-	-	-	-	-	-	69	40	-	-	-	39	100	99
Bangladesh	-	-	-	-	-	-	41	36	76	89	59	71	32	27	47	34	44	32	54	57	94	96
Barbados	6	10	1	2	7	3	7	3	99	99	98	98	91	97	-	-	-	-	-	-	-	-
Belarus	0	4	1	2	1	1	6	4	100	100	100	100	91	94	-	-	-	-	77	71	100	100
Belgium	3	2	1	0	1	1	1	2	-	-	-	-	-	-	-	-	-	-	79	80	-	-
Belize	18	16	1	1	9	11	38	35	95	96	55	66	48	51	-	-	-	-	-	-	-	-
Benin	15	16	3	10	27	43	46	66	51	44	25	13	12	5	9	34	23	11	-	-	70	52
Bhutan	58	59	5	2	18	6	33	22	67	71	41	38	25	18	-	-	-	-	56	-	-	-
Bolivia (Plurinational State of)	9	8	5	5	13	14	22	22	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bosnia and Herzegovina	72	73	-	-	-	-	22	19	99	100	97	97	92	92	-	-	-	-	46	42	-	-
Botswana	79	78	12	10	-	-	-	-	95	98	92	92	55	66	-	-	-	16	-	-	-	-
Brazil	0	1	1	1	2	3	16	14	95	97	81	89	65	75	80	71	53	52	50	32	99	99
British Virgin Islands	9	2	4	3	8	7	24	16	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Brunei Darussalam	17	18	-	-	-	-	19	16	-	-	-	-	-	-	-	-	-	-	48	52	100	100
Bulgaria	19	20	13	13	12	13	10	14	-	-	-	-	-	-	-	-	95	75	53	56	-	-
Burkina Faso	81	81	21	22	48	44	67	65	32	29	13	6	6	2	36	59	21	22	-	-	62	55
Burundi	52	50	9	6	36	31	67	62	46	54	26	19	4	3	79	97	7	40	-	-	-	-
Cabo Verde	19	19	6	7	14	13	29	24	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cambodia	48	44	9	9	12	14	-	-	68	79	41	39	20	20	-	-	50	-	8	10	-	-
Cameroon	56	57	4	13	33	40	50	58	75	74	52	43	26	21	30	57	24	12	-	-	88	82
Canada	-	-	-	-	0	0	6	6	-	-	-	-	-	-	96	69	-	-	86	84	-	-
Central African Republic	-	-	-	-	-	-	-	-	54	33	16	8	8	6	-	-	-	-	-	-	48	29
Chad	85	87	17	35	55	70	71	85	31	24	18	10	15	6	18	48	3	3	-	-	-	-
Chile	8	8	1	2	5	6	5	5	96	97	94	97	83	88	94	90	70	75	68	28	-	-
China	-	-	-	-	-	-	-	-	97	97	93	93	63	67	82	85	-	-	80	79	100	100
Colombia	3	1	3	2	6	5	22	20	91	95	74	81	69	78	79	64	55	48	50	35	99	99
Comoros	71	70	18	18	20	18	52	48	75	77	47	45	24	32	-	-	-	-	-	-	78	78
Congo	71	70	15	16	-	-	-	-	78	82	56	45	28	19	38	72	17	6	-	-	85	79
Cook Islands	3	-	2	2	4	6	30	27	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Costa Rica	4	4	3	3	3	1	7	5	98	99	70	76	56	60	89	84	68	60	58	40	99	100
Croatia	5	5	-	-	3	1	16	11	-	-	-	-	-	-	-	-	-	67	78	69	-	-
Cuba	2	2	1	1	10	10	20	15	100	98	95	98	85	86	-	-	-	-	-	-	-	-
Cyprus	1	2	0	1	2	2	6	8	-	-	-	-	-	-	-	74	-	-	56	63	-	-
Czechia	10	10	1	0	1	2	3	3	-	-	-	-	-	-	97	78	-	-	79	80	-	-
Côte d'Ivoire	78	78	2	8	41	48	52	64	60	53	36	22	17	15	17	33	22	3	-	-	64	53
Democratic People's Republic of Korea	-	-	-	-	-	-	-	-	100	100	100	100	100	100	94	-	-	-	-	-	-	-
Democratic Republic of the Congo	-	-	-	-	-	-	-	-	67	66	58	52	36	27	-	-	-	-	-	-	-	-
Denmark	2	2	1	0	0	1	11	9	-	-	-	-	-	-	97	80	-	-	84	85	-	-
Djibouti	85	88	32	35	48	48	66	67	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dominica	21	7	4	3	3	1	19	17	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dominican Republic	7	6	4	4	6	6	23	21	88	94	76	89	48	66	44	25	21	12	21	9	-	-
Ecuador	8	3	-	-	6	3	20	18	98	98	89	92	78	79	74	65	38	48	49	29	-	-
Egypt	63	63	-	-	3	2	23	24	91	92	79	81	43	41	-	-	-	-	-	21	-	-
El Salvador	18	17	14	13	17	17	33	35	84	89	73	74	34	36	-	-	-	-	-	-	98	98
Equatorial Guinea	57	55	56	55	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Eritrea	73	73	45	50	32	40	45	53	-	-	-	-	-	-	-	-	-	-	-	-	94	93
Estonia	12	12	2	2	2	0	1	2	-	-	-	-	-	-	-	-	-	-	89	90	-	-
Eswatini	-	-	15	17	3	3	14	18	64	77	47	54	31	33	-	-	-	-	-	-	94	97
Ethiopia	62	64	11	18	45	49	73	75	47	48	19	22	11	14	-	-	-	-	-	-	-	-

TABLE 11. EDUCATION

Countries and areas	Equitable access								Completion						Learning							
	Out-of-school rate 2013–2019 [R]								Completion rate 2010–2019 [R]						Learning outcomes 2013–2019 [R]						Literacy rate 2019	
	One year before primary entry age		Primary education		Lower secondary education		Upper secondary education		Primary education		Lower secondary education		Upper secondary education		Proportion of children in grade 2 or 3 achieving minimum proficiency level		Proportion of children at the end of primary achieving a minimum proficiency level		Proportion of children at the end of lower secondary achieving a minimum proficiency level		Youth (15–24 years) literacy rate (%)	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Reading	Math	Reading	Math	Reading	Math	Male	Female
Fiji	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Finland	2	3	1	1	1	0	3	5	-	-	-	-	-	-	98	82	-	-	86	85	-	-
France	0	0	0	0	1	1	5	4	-	-	-	-	-	-	-	-	94	58	79	79	-	-
Gabon	-	-	-	-	-	-	-	-	66	75	32	33	14	14	-	-	-	-	-	-	88	91
Gambia	42	36	19	10	-	-	-	-	64	60	50	48	33	28	5	-	-	-	-	-	-	-
Georgia	-	-	2	2	1	2	7	4	100	100	98	98	79	83	86	47	-	-	36	39	-	-
Germany	1	1	1	0	6	4	12	16	-	-	-	-	-	-	-	-	95	77	79	79	-	-
Ghana	14	12	1	0	13	8	28	28	69	73	45	50	12	9	-	-	-	-	-	-	93	92
Greece	6	5	2	1	3	5	4	6	-	-	-	-	-	-	-	-	-	-	69	64	99	99
Grenada	4	1	-	-	-	-	8	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Guatemala	16	16	11	10	30	35	57	61	80	76	52	45	27	25	68	52	36	34	30	11	-	-
Guinea	57	60	15	29	43	60	59	76	52	39	33	20	22	13	-	-	-	-	-	-	70	43
Guinea-Bissau	-	-	-	-	-	-	-	-	29	25	18	16	14	8	-	-	-	-	-	-	-	-
Guyana	-	-	-	-	-	-	-	-	96	99	80	88	49	64	-	-	-	-	-	-	-	-
Haiti	-	-	-	-	-	-	-	-	49	58	32	38	17	16	-	-	-	-	-	-	-	-
Holy See	0	0	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Honduras	24	22	11	14	44	31	58	54	81	87	46	52	29	35	70	57	31	32	30	15	95	98
Hungary	12	14	4	5	3	3	12	12	-	-	-	-	-	-	-	-	97	75	75	67	-	-
Iceland	4	3	0	1	1	0	15	11	-	-	-	-	-	-	-	-	-	-	74	79	-	-
India	-	-	3	1	18	12	47	48	92	91	82	79	46	40	47	53	46	44	-	-	93	90
Indonesia	8	2	3	8	19	14	23	22	91	92	64	59	40	37	-	18	-	-	30	28	100	100
Iran (Islamic Republic of)	50	49	-	-	3	6	25	27	-	-	-	-	-	-	66	33	-	-	-	34	-	-
Iraq	-	-	-	-	-	-	-	-	78	73	46	47	45	43	-	-	-	-	-	-	-	-
Ireland	2	2	-	-	-	-	2	1	-	-	-	-	-	-	98	84	-	-	88	84	-	-
Israel	1	0	-	-	-	-	-	-	-	-	-	-	-	-	91	-	-	-	69	66	-	-
Italy	6	7	3	3	2	2	6	5	-	-	-	-	-	-	98	69	-	-	77	62	100	100
Jamaica	8	6	-	-	19	17	25	22	99	100	97	97	80	83	-	-	-	-	-	-	-	-
Japan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	95	-	-	83	89	-	-
Jordan	55	55	18	19	29	30	48	43	96	97	86	88	49	63	-	-	-	-	59	41	99	99
Kazakhstan	22	23	10	9	-	-	-	-	100	100	100	100	95	96	-	-	98	80	36	51	100	100
Kenya	-	-	-	-	-	-	-	-	77	82	61	69	44	38	53	42	-	-	-	-	88	88
Kiribati	-	-	-	-	-	-	-	-	92	96	69	88	13	20	-	-	-	-	-	-	-	-
Kuwait	21	16	4	1	9	4	20	17	-	-	-	-	-	-	-	12	-	-	-	18	99	100
Kyrgyzstan	11	10	-	-	2	3	30	26	99	100	99	99	89	85	39	-	36	35	-	-	100	100
Lao People's Democratic Republic	31	30	8	9	27	28	42	46	84	83	54	53	32	31	-	-	-	-	-	-	-	-
Latvia	2	2	2	1	1	1	5	4	-	-	-	-	-	-	99	-	-	-	78	83	100	100
Lebanon	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	32	35	100	100
Lesotho	58	57	3	2	21	13	38	29	69	92	33	55	27	37	13	-	-	-	-	-	-	-
Liberia	21	21	22	21	17	26	20	31	36	33	29	23	18	9	-	-	-	-	-	-	-	-
Libya	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Liechtenstein	1	2	3	2	1	7	10	22	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lithuania	3	3	-	-	-	-	4	2	-	-	-	-	-	-	-	-	97	81	76	74	-	-
Luxembourg	1	1	1	1	4	5	22	17	-	-	-	-	-	-	-	-	-	-	71	73	-	-
Madagascar	43	38	-	-	31	29	63	64	52	60	26	27	16	15	13	-	4	5	-	-	82	81
Malawi	-	-	-	-	19	18	62	76	43	52	23	21	15	13	-	-	-	-	-	-	-	-
Malaysia	1	1	0	0	15	12	41	32	-	-	-	-	-	-	-	-	-	-	54	59	97	97
Maldives	8	5	3	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mali	53	57	38	44	49	56	71	79	50	41	36	25	23	12	-	-	-	-	-	-	58	43
Malta	0	5	-	-	2	1	10	7	-	-	-	-	-	-	73	-	-	-	64	62	99	100
Marshall Islands	32	31	25	27	33	29	45	41	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mauritania	-	-	25	21	31	25	63	59	68	58	53	40	31	23	-	-	-	-	-	-	-	-
Mauritius	9	8	3	1	6	4	25	17	-	-	-	-	-	-	-	-	88	78	-	-	99	99
Mexico	2	-	-	-	9	7	28	24	98	98	87	90	56	60	78	77	58	69	55	44	99	99
Micronesia (Federated States of)	30	34	9	11	15	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Monaco	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mongolia	3	5	2	3	8	7	22	20	96	98	87	93	60	73	44	-	-	-	-	-	98	99
Montenegro	23	24	3	3	8	7	12	10	95	98	93	97	83	90	-	-	-	-	56	54	99	99
Montserrat	19	14	15	15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Morocco	31	39	2	3	8	11	26	30	-	-	-	-	-	-	36	16	-	-	27	14	98	97
Mozambique	-	-	1	4	39	47	65	73	44	39	15	11	8	5	-	-	-	-	-	-	-	-
Myanmar	88	88	-	-	22	20	47	38	82	84	45	45	14	19	-	-	-	-	-	-	-	-
Namibia	33	30	-	-	-	-	-	-	75	86	48	62	33	39	-	-	35	6	-	-	94	96
Nauru	11	3	-	-	13	4	52	60	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 11. EDUCATION

Countries and areas	Equitable access								Completion						Learning							
	Out-of-school rate 2013–2019 [R]								Completion rate 2010–2019 [R]						Learning outcomes 2013–2019 [R]						Literacy rate 2019	
	One year before primary entry age		Primary education		Lower secondary education		Upper secondary education		Primary education		Lower secondary education		Upper secondary education		Proportion of children in grade 2 or 3 achieving minimum proficiency level		Proportion of children at the end of primary achieving a minimum proficiency level		Proportion of children at the end of lower secondary achieving a minimum proficiency level		Youth (15–24 years) literacy rate (%)	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Reading	Math	Reading	Math	Reading	Math	Male	Female
Nepal	9	17	-	-	4	1	26	13	81	83	71	75	27	28	-	-	-	-	-	-	94	91
Netherlands	1	0	1	1	3	2	1	1	-	-	-	-	-	-	99	83	-	-	76	84	-	-
New Zealand	6	7	1	1	1	1	4	1	-	-	-	-	-	-	90	59	-	-	81	78	-	-
Nicaragua	-	-	-	-	-	-	-	-	-	-	-	-	-	-	61	44	31	20	-	-	-	-
Niger	76	76	37	45	61	69	84	89	35	24	10	4	4	1	9	27	2	1	-	-	51	36
Nigeria	-	-	-	-	-	-	-	-	71	71	66	59	57	44	-	-	-	-	-	-	82	68
Niue	13	38	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
North Macedonia	51	51	1	1	-	-	-	-	97	100	93	95	86	79	-	-	-	-	45	39	-	-
Norway	3	3	0	0	0	1	8	7	-	-	-	-	-	-	99	86	-	70	81	81	-	-
Oman	16	13	-	-	-	-	8	17	-	-	-	-	-	-	59	32	-	-	-	23	98	99
Pakistan	-	14	-	-	-	-	-	-	64	55	55	45	24	23	35	-	-	-	-	-	-	-
Palau	-	19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Panama	25	23	13	14	13	12	35	31	95	96	75	81	57	68	65	51	36	23	36	19	99	99
Papua New Guinea	28	29	4	10	10	19	40	51	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paraguay	31	30	-	-	-	-	33	30	93	96	81	79	60	67	61	47	29	23	32	8	98	99
Peru	1	1	-	-	3	3	15	21	95	95	83	83	78	72	80	70	46	53	46	40	99	99
Philippines	14	13	3	3	14	7	24	17	89	95	75	88	74	83	-	-	-	-	19	19	-	-
Poland	4	5	2	2	1	3	4	4	-	-	-	-	-	-	98	80	-	-	85	85	-	-
Portugal	5	6	0	1	0	0	2	4	-	-	-	-	-	-	97	82	-	-	80	77	100	100
Qatar	10	7	3	0	1	9	-	-	-	-	-	-	-	-	66	36	-	-	49	36	-	-
Republic of Korea	1	1	1	1	3	3	4	4	-	-	-	-	-	-	-	97	-	-	85	85	-	-
Republic of Moldova	5	5	9	11	15	16	36	35	99	99	95	98	63	71	-	-	-	-	57	50	-	-
Romania	18	18	12	13	9	9	21	19	-	-	-	-	-	-	-	-	-	-	59	53	99	99
Russian Federation	9	10	1	0	2	1	3	3	-	-	-	-	-	-	-	-	99	89	78	78	100	100
Rwanda	48	47	6	6	6	2	50	49	48	61	25	30	19	16	-	-	-	-	-	-	84	89
Saint Kitts and Nevis	-	21	-	-	-	-	4	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Saint Lucia	5	-	3	0	9	10	20	21	99	99	85	98	70	90	-	-	-	-	-	-	-	-
Saint Vincent and the Grenadines	9	3	-	-	1	2	16	14	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Samoa	65	65	-	-	-	-	15	5	-	-	-	-	-	-	-	-	-	-	-	-	99	99
San Marino	12	14	-	-	-	-	51	57	-	-	-	-	-	-	-	-	-	-	-	-	100	100
Sao Tome and Principe	49	46	6	6	12	7	19	16	79	86	32	36	4	8	-	-	-	-	-	-	98	98
Saudi Arabia	51	48	1	3	0	3	3	9	-	-	-	-	-	-	63	16	-	-	48	11	-	-
Senegal	85	83	30	21	-	-	-	-	44	50	27	30	11	10	29	63	35	29	9	8	-	-
Serbia	9	10	2	2	2	2	14	11	99	100	99	99	71	81	-	-	-	72	62	60	-	-
Seychelles	9	6	-	-	-	-	24	12	-	-	-	-	-	-	-	-	-	-	-	-	99	100
Sierra Leone	58	57	2	2	49	49	64	67	63	65	47	42	27	18	6	-	-	-	-	-	71	63
Singapore	-	-	0	0	0	1	-	-	-	-	-	-	-	-	97	93	-	-	89	94	100	100
Slovakia	15	17	5	4	5	5	11	11	-	-	-	-	-	-	-	-	93	65	69	75	-	-
Slovenia	5	6	1	0	2	1	2	1	-	-	-	-	-	-	96	75	-	-	82	84	-	-
Solomon Islands	36	33	9	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Somalia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
South Africa	28	27	12	10	16	13	22	20	95	98	85	91	45	52	22	-	-	13	-	-	-	-
South Sudan	78	81	58	67	49	63	57	72	31	18	22	10	12	4	-	-	-	-	-	-	48	47
Spain	5	5	3	3	1	1	2	1	-	-	-	-	-	-	97	67	-	-	84	75	100	100
Sri Lanka	-	-	2	3	0	0	18	13	99	99	94	96	32	43	-	-	-	-	-	-	99	99
State of Palestine	35	34	3	3	4	1	32	18	99	100	80	93	52	73	-	-	-	-	-	-	99	99
Sudan	60	60	31	35	33	35	53	50	66	64	49	52	33	28	-	-	-	-	-	-	73	73
Suriname	12	10	14	11	19	11	42	34	80	90	41	58	18	26	30	-	-	-	-	-	99	98
Sweden	0	0	-	-	-	-	1	3	-	-	-	-	-	-	98	75	-	-	82	81	-	-
Switzerland	1	0	-	-	1	1	16	20	-	-	-	-	-	-	-	-	-	-	76	83	-	-
Syrian Arab Republic	60	61	27	28	37	39	66	66	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tajikistan	87	88	1	2	-	-	-	-	99	98	95	93	80	63	-	-	-	-	-	-	-	-
Thailand	1	1	-	-	-	-	21	21	98	99	81	92	59	72	-	-	-	-	40	47	98	99
Timor-Leste	51	48	7	3	12	9	27	22	77	85	63	70	49	55	-	-	-	-	-	-	82	85
Togo	1	7	2	4	15	28	47	66	83	76	55	39	31	12	19	40	16	20	-	-	-	-
Tokelau	20	-	-	-	-	-	53	30	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tonga	-	-	-	-	6	4	43	33	98	99	65	76	45	56	-	-	-	-	-	-	99	100
Trinidad and Tobago	-	-	-	-	-	-	-	-	-	-	-	-	-	-	80	-	-	-	58	48	-	-
Tunisia	-	-	-	-	-	-	-	-	94	97	68	80	40	57	47	-	-	-	28	25	-	-
Turkey	23	25	5	5	6	7	17	17	99	98	96	92	51	44	-	-	-	57	74	42	-	-
Turkmenistan	-	-	-	-	-	-	-	-	100	100	99	100	93	95	-	-	-	-	-	-	-	-
Turks and Caicos Islands	19	-	-	-	22	17	29	35	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuvalu	13	9	13	17	27	32	61	39	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 11. EDUCATION

Countries and areas	Equitable access								Completion						Learning							
	Out-of-school rate 2013–2019 R								Completion rate 2010–2019 R						Learning outcomes 2013–2019 R						Literacy rate 2019	
	One year before primary entry age		Primary education		Lower secondary education		Upper secondary education		Primary education		Lower secondary education		Upper secondary education		Proportion of children in grade 2 or 3 achieving minimum proficiency level		Proportion of children at the end of primary achieving a minimum proficiency level		Proportion of children at the end of lower secondary achieving a minimum proficiency level		Youth (15–24 years) literacy rate (%)	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Reading	Math	Reading	Math	Reading	Math	Male	Female
Uganda	-	-	6	3	-	-	-	-	39	43	27	23	18	15	33	21	-	-	-	-	89	90
Ukraine	-	-	9	7	4	3	7	4	100	99	100	100	97	97	-	-	-	-	74	64	-	-
United Arab Emirates	0	0	8	5	2	3	2	2	-	-	-	-	-	-	68	42	-	-	57	46	-	-
United Kingdom	3	0	1	1	2	2	5	4	-	-	-	-	-	-	-	-	-	-	83	81	-	-
United Republic of Tanzania	45	42	15	12	-	-	84	88	75	84	31	27	32	27	-	-	-	-	-	-	-	-
United States	12	8	1	1	3	1	4	3	-	-	-	-	-	-	-	-	-	-	81	73	-	-
Uruguay	2	1	3	3	1	0	15	9	96	98	66	73	48	29	80	75	59	68	58	49	99	99
Uzbekistan	53	55	0	2	0	2	14	15	-	-	-	-	-	-	-	-	-	-	-	-	100	100
Vanuatu	38	38	8	7	2	4	41	46	-	-	-	-	-	-	-	-	-	-	-	-	96	97
Venezuela (Bolivarian Republic of)	14	14	10	10	15	13	28	19	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Viet Nam	-	0	-	-	-	-	-	-	96	97	81	87	50	61	-	-	55	51	86	81	98	98
Yemen	96	96	10	21	23	34	46	68	70	55	55	39	37	23	-	-	-	-	-	-	-	-
Zambia	-	-	17	13	-	-	-	-	71	73	54	50	33	27	-	-	-	-	5	2	93	92
Zimbabwe	60	58	-	-	-	-	45	50	86	92	45	53	17	14	20	-	-	-	-	-	-	-
SUMMARY																						
East Asia and Pacific	13	11	3	4	10	8	24	16	94	95	83	84	58	61	-	-	-	-	-	-	99	99
Europe and Central Asia	14	14	2	2	3	3	9	9	-	-	-	-	-	-	-	-	-	-	-	-	100	100
Eastern Europe and Central Asia	22	23	3	3	3	3	13	13	99	99	97	96	65	60	-	-	-	-	-	-	100	100
Western Europe	4	4	1	1	2	2	6	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Latin America and Caribbean	4	4	3	2	7	7	22	20	93	94	78	84	59	65	-	-	-	-	-	-	99	98
Middle East and North Africa	52	53	4	6	9	12	28	34	86	84	64	67	40	41	-	-	-	-	-	-	88	92
North America	9	9	0	1	1	1	4	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-
South Asia	-	-	7	8	17	14	45	48	85	84	76	72	41	36	-	-	-	-	-	-	88	92
Sub-Saharan Africa	56	56	17	21	35	38	53	60	61	62	40	36	31	25	-	-	-	-	-	-	74	79
Eastern and Southern Africa	57	57	16	18	35	38	55	59	60	63	33	33	26	23	-	-	-	-	-	-	80	80
West and Central Africa	56	56	17	24	35	38	52	60	62	60	47	40	35	25	-	-	-	-	-	-	67	78
Least developed countries	50	49	15	18	33	35	53	58	59	59	37	34	25	19	-	-	-	-	-	-	76	80
World	**27**	**27**	**7**	**9**	**15**	**15**	**35**	**35**	**82**	**82**	**70**	**68**	**45**	**42**	**-**	**-**	**-**	**-**	**-**	**-**	**91**	**93**

For a complete list of countries and areas in the regions, subregions and country categories, see page on Regional Classifications or visit <data.unicef.org/regionalclassifications>.
It is not advisable to compare data from consecutive editions of The State of the World's Children report.
The database on foundational learning skills based on the MICS6 provides disaggregation by sex, place of residence, wealth, and age group. For more information, please click here

DEFINITIONS OF THE INDICATORS

Out-of-school rate for children one year before the official primary entry age – Number of children aged one year younger than the primary entry age who are not enrolled in pre-primary or primary schools, expressed as a percentage of the population of one year before the official primary entry age.

Out-of-school rate for children of primary school age – Number of children of official primary school age who are not enrolled in pre-primary, primary or secondary school, expressed as a percentage of the population of official primary school age.

Out-of-school rate for children of lower secondary school age – Number of children of lower secondary school age who are not enrolled in primary or secondary school, expressed as a percentage of the population of official lower secondary school age.

Out-of-school rate for children of upper secondary school age – Number of children of upper secondary school age who are not enrolled in primary or secondary school or higher education, expressed as a percentage of the population of official upper secondary school age.

Completion rate for primary education – Number of children or young people aged 3 -5 years above the intended age for the last grade of primary education who have completed the last grade of primary school.

Completion rate for lower secondary education – Number of children or young people aged 3 -5 years above the intended age for the last grade of lower secondary education who have completed the last grade of lower secondary.

Completion rate for upper secondary education – Number of children or young people aged 3 -5 years above the intended age for the last grade of upper secondary education who have completed the last grade of upper secondary.

Proportion of children and young people (a) in grade 2/3; (b) at the end of primary education; and (c) at the end of lower secondary education achieving at least a minimum proficiency in (i) reading and (ii) mathematics – Percentage of children and young people in Grade 2 or 3 of primary education, at the end of primary education and the end of lower secondary education achieving at least a minimum proficiency level in (a) reading and (b) mathematics. This indicator is SDG4 global indicator 4.1.1.

Youth literacy rate – Number of literate persons aged 15–24 years, expressed as a percentage of the total population in that group.

MAIN DATA SOURCES

Out-of-school rate – UNESCO Institute for Statistics (UIS). Last update: March 2021

Completion rate – UNICEF Global Database based on Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), and other national household surveys. Last update: April 2021.

Proportion of children and young people (a) in grade 2/3; (b) at the end of primary education; and (c) at the end of lower secondary education achieving at least a minimum proficiency in (i) reading and (ii) mathematics – United Nations Statistics Division database. Last update: June 2021.

Youth literacy rate – UNESCO Institute for Statistics (UIS). Last update: March 2021.

NOTES

– Data not available.

D Data refer to years or periods other than those specified in the column heading. Such data are not included in the calculation of regional and global averages. Estimates from data years prior to 2000 are not displayed.

R Data refer to the most recent year available during the period specified in the column heading.

TABLE 12. CHILD PROTECTION

Countries and areas	Child labour (%) [H] 2012–2019 [R]			Child marriage (%) [H] 2014–2020 [R]			Birth registration (%) [H] 2011–2020 [R]			Female genital mutilation (%) [H] 2012–2020 [R]				Justification of wife-beating among adolescents (%) [H] 2014–2020 [R]		Violent discipline (%) [H] 2012–2020 [R]			Sexual violence in childhood (%) 2012–2019 [R]	
										Prevalence		Attitudes								
				Female		Male						Want the practice to stop (Fc)								
	Total	Male	Female	Married by 15	Married by 18	Married by 18	Total	Male	Female	Women (Fa)	Girls (Fb)	Male	Female	Male	Female	Total	Male	Female	Male	Female
Afghanistan	21	23	20	4	28	*7*	42	43	42	-	-	-	-	71 y	78 y	74 x,y	75 x,y	74 x,y	-	1 y
Albania	3 x,y	4 x,y	3 x,y	1	12	1	98	99	98	-	-	-	-	11	5	48 y	49 y	45 y	-	-
Algeria	4 y	5 y	4 y	0	4	-	100	100	100	-	-	-	-	-	25	84	85	83	-	-
Andorra	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
Angola	19	17	20	8	30	6	25	25	25	-	-	-	-	24	25	-	-	-	-	5
Anguilla	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Antigua and Barbuda	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Argentina	-	-	-	-	-	-	100 y	100 y	100 y	-	-	-	-	-	2 x	72 y	74 y	71 y	-	-
Armenia	4	5	3	0	5	0	99	99	99	-	-	-	-	25	9	69	71	67	-	-
Australia	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
Austria	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
Azerbaijan	-	-	-	2 x	11 x	*0* x	94 x	93 x	94 x	-	-	-	-	-	24 x	77 x,y	80 x,y	74 x,y	-	0 x
Bahamas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bahrain	-	-	-	-	-	-	100	100	100	-	-	-	-	-	-	-	-	-	-	-
Bangladesh	7	9	5	15	51	*4* x	56	56	56	-	-	-	-	-	17	89	89	89	-	3 y
Barbados	1 y	2 y	1 y	1 x	11 x	-	99	99	99	-	-	-	-	-	5 x	75 y	78 y	72 y	-	-
Belarus	1 y	1 y	1 y	0	5	2	100 y	100 y	100 y	-	-	-	-	0	1	57	59	55	-	-
Belgium	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
Belize	3	4	3	6	34	22	96	95	96	-	-	-	-	8	6	65	67	63	-	-
Benin	25	24	26	9	31	5	86	85	86	9	0	*89*	86	17	29	91	91	91	-	5
Bhutan	4 x,y	3 x,y	4 x,y	6 x	26 x	-	100 x	100 x	100 x	-	-	-	-	-	70 x	-	-	-	-	-
Bolivia (Plurinational State of)	14	14	13	3	20	5	92 y	-	-	-	-	-	-	-	34 y	-	-	-	-	-
Bosnia and Herzegovina	-	-	-	0 x	3 x	0 x	100 x	100 x	99 x	-	-	-	-	5 x	1 x	55 y	60 y	50 y	-	-
Botswana	-	-	-	-	-	-	88 y	87 y	88 y	-	-	-	-	-	-	-	-	-	-	-
Brazil	5	5	5	6 x	26 x	-	96	-	-	-	-	-	-	-	-	-	-	-	-	-
British Virgin Islands	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Brunei Darussalam	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bulgaria	-	-	-	-	-	-	100 y	100 y	100 y	-	-	-	-	-	-	-	-	-	-	-
Burkina Faso	42 x,y	44 x,y	40 x,y	10 x	52 x	4 x	77 x	77 x	77 x	76 x	13 x	87 x	90 x	40 x	39 x	83 x,y	84 x,y	82 x,y	-	-
Burundi	31	30	32	3	19	1	84	84	83	-	-	-	-	48	63	90	91	89	0	4
Cabo Verde	-	-	-	3 x	18 x	3 x	91 x	-	-	-	-	-	-	24 x	23 x	-	-	-	-	-
Cambodia	13	12	14	2	19	4	73	74	73	-	-	-	-	26 y	46 y	-	-	-	-	2
Cameroon	39 y	40 y	38 y	11	30	3	62	62	62	1 x	-	85 x	84 x	34	28	85	85	85	2	7
Canada	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
Central African Republic	30 x,y	29 x,y	32 x,y	26	61	17	45	46	44	22	1	-	69	38	61	90	90	90	-	-
Chad	39	37	41	24	61	8	26	26	26	34	7	*49* x	53	-	74	85	85	86	-	2
Chile	6	7	5	-	-	-	99	-	-	-	-	-	-	-	-	-	-	-	-	-
China	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Colombia	4	4	3	5	23	7	97	-	-	-	-	-	-	5	4	-	-	-	0	2
Comoros	28	25	32	10 x	32 x	12 x	87	87	87	-	-	-	-	29 x	43 x	-	-	-	-	3
Congo	14	13	15	7	27	*6* x	96	96	96	-	-	-	-	45	56	83	83	82	-	-
Cook Islands	-	-	-	-	-	-	100 y	100 y	100 y	-	-	-	-	-	-	-	-	-	-	-
Costa Rica	4	4	3	2	17	-	100 y	100 y	100 y	-	-	-	-	-	3	49	50	49	-	-
Croatia	-	-	-	-	-	-	100 y	100 y	100 y	-	-	-	-	-	-	-	-	-	-	-
Cuba	-	-	-	5	29	6	100	100	100	-	-	-	-	1	3	42	43	40	-	-
Cyprus	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
Czechia	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
Côte d'Ivoire	22	22	23	7	27	4	72	75	71	37	10	*82*	79	29	43	87	88	85	-	-
Democratic People's Republic of Korea	4	5	4	0	0	0	100 x	100 x	100 x	-	-	-	-	4	4	59	63	55	-	-
Democratic Republic of the Congo	15	13	17	8	29	6	40	40	40	-	-	-	-	52	60	89	90	88	-	13
Denmark	-	-	-	-	-	-	100	100	100	-	-	-	-	-	-	-	-	-	-	-
Djibouti	-	-	-	1 x	5 x	-	92 x	93 x	91 x	94	43	-	51 x	-	-	72 x,y	73 x,y	71 x,y	-	-
Dominica	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dominican Republic	7	8	6	12	36	*8* x	88	88	88	-	-	-	-	-	3	63	64	61	-	1
Ecuador	-	-	-	4	22	-	82 y	-	-	-	-	-	-	-	-	-	-	-	-	-
Egypt	5	6	4	2 y	17 y	*0* x	99	100	99	87	14 y	28	38	-	46 y	93	93	93	-	-
El Salvador	7	6	7	6	26	-	90 y	89 y	90 y	-	-	-	-	-	10	52	55	50	-	-
Equatorial Guinea	-	-	-	9 x	30 x	4 x	54	53	54	-	-	-	-	56 x	57 x	-	-	-	-	-
Eritrea	-	-	-	13 x	41 x	2 x	-	-	-	83 x	33 x	85 x	82 x	60 x	51 x	-	-	-	-	-
Estonia	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
Eswatini	8 x,y	8 x,y	7 x,y	1	5	1	54	51	50	-	-	-	-	29	32	88	89	88	-	-
Ethiopia	45	51	39	14	40	5	3	3	3	65	16	87	79	33	60	-	-	-	-	5
Fiji	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	72 x,y	-	-	-	-
Finland	-	-	-	-	0 y	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
France	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
Gabon	20 y	19 y	17 y	6 x	22 x	5 x	90	91	88	-	-	-	-	47 x	58 x	-	-	-	-	9
Gambia	17	17	17	7	26	*0*	58	60	56	76	*46*	42	46	50	57	89	90	88	-	0

TABLE 12. CHILD PROTECTION

Countries and areas	Child labour (%) H 2012–2019 R			Child marriage (%) H 2014–2020 R			Birth registration (%) H 2011–2020 R			Female genital mutilation (%) H 2012–2020 R				Justification of wife-beating among adolescents (%) H 2014–2020 R		Violent discipline (%) H 2012–2020 R			Sexual violence in childhood (%) 2012–2019 R	
										Prevalence		Attitudes								
	Total	Male	Female	Female		Male	Total	Male	Female	Women (Fa)	Girls (Fb)	Want the practice to stop (Fc)		Male	Female	Total	Male	Female	Male	Female
				Married by 15	Married by 18	Married by 18						Male	Female							
Georgia	2	2	1	0	14	1	99	99	99	-	-	-	-	-	5 x	69	71	67	-	-
Germany	-	-	-	-	-	-	100 y	100 y	100 y	-	-	-	-	-	-	-	-	-	-	-
Ghana	20	19	22	5	19	4	71	72	69	2	0	-	94	22	37	94	94	94	-	10 x
Greece	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
Grenada	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	14 y
Guatemala	-	-	-	6	29	10	96 y	-	-	-	-	-	-	12	14	-	-	-	1	4
Guinea	24	24	25	17	47	2	62	62	62	95	39	33	26	57	65	89	90	89	-	-
Guinea-Bissau	17	18	16	8	26	2	46	47	45	52	30	-	76	30	34	76	75	76	-	-
Guyana	11	10	12	4	30	9	89	88	89	-	-	-	-	14	10	70	74	65	-	-
Haiti	36 y	44 y	26 y	2	15	2	85	84	85	-	-	-	-	15	23	83	84	82	-	5
Holy See	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Honduras	-	-	-	8 x	34 x	12 x	94	94	94	-	-	-	-	18 x	15 x	-	-	-	-	5
Hungary	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
Iceland	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
India	-	-	-	7	27	*4*	80	79	80	-	-	-	-	35	41	-	-	-	-	1
Indonesia	-	-	-	2	16	5 x	74 y	-	-	-	49 y	-	-	32 y	40	-	-	-	-	-
Iran (Islamic Republic of)	-	-	-	3 x	17 x	-	99 x,y	99 x,y	99 x,y	-	-	-	-	-	-	-	-	-	-	-
Iraq	5	5	4	7	28	-	99	99	99	7	1	-	94	-	31	81	82	80	-	-
Ireland	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
Israel	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
Italy	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
Jamaica	3	3	2	1 x	8 x	-	98	-	-	-	-	-	-	-	17	85 x,y	87 x,y	82 x,y	-	2 y
Japan	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
Jordan	2	2	1	1	10	0	98	98	98	-	-	-	-	64 y	63 y	82	83	80	-	-
Kazakhstan	-	-	-	0	7	*0* x	100	100	100	-	-	-	-	-	8	53	55	50	-	-
Kenya	-	-	-	4	23	3	67	67	66	21	3	89	93	37	45	-	-	-	2	4
Kiribati	17	19	15	2	18	9	92	93	90	-	-	-	-	63	64	92	92	92	-	6
Kuwait	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kyrgyzstan	22	25	19	0	13	*0* x	99	100	98	-	-	-	-	-	24	74	76	73	-	-
Lao People's Democratic Republic	28	27	29	7	33	11	73 y	73 y	73 y	-	-	-	-	17	30	69	70	68	-	-
Latvia	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
Lebanon	-	-	-	1 y	6 y	-	100 x	100 x	100 x	-	-	-	-	-	22 x,y	82 x,y	82 x,y	82 x,y	-	-
Lesotho	14	15	13	1	16	2	45	46	44	-	-	-	-	27	30	76	77	75	-	-
Liberia	14 x	15 x	13 x	9 x	36 x	*8*	25 y	25 y	24 y	44	-	-	64	39	45	90 x,y	90 x,y	90 x,y	-	4 x
Libya	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Liechtenstein	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
Lithuania	-	-	-	-	0 y	-	100	100	100	-	-	-	-	-	-	-	-	-	-	-
Luxembourg	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
Madagascar	37	38	35	13	40	12	79	79	78	-	-	-	-	30	41	86	87	85	-	-
Malawi	19	20	19	9	42	7	6 y	6 y	5 y	-	-	-	-	24	21	72	73	72	-	4
Malaysia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	71 y	74 y	67 y	-	-
Maldives	-	-	-	0	2	2	99	99	99	13	1	-	66	33 y	35 y	-	-	-	-	0
Mali	13	15	12	16 y	54 y	2 y	87 y	88 y	86 y	89 y	73	13 y	18 y	50	74	73	73	73	-	7 y
Malta	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
Marshall Islands	-	-	-	6 x	26 x	12 x	84	85	82	-	-	-	-	71 x	47 x	-	-	-	-	-
Mauritania	14	15	13	18	37	2	66 y	66 y	66 y	67	51	*19* x	50	18	26	80	80	80	-	-
Mauritius	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mexico	5	6	4	4	21	-	95	96	95	-	-	-	-	-	6	53 y	55 y	51 y	-	-
Micronesia (Federated States of)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Monaco	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
Mongolia	15	16	13	1	12	2	100	100	100	-	-	-	-	3	8	49	53	45	-	-
Montenegro	8	9	7	2	6	3	99	100	99	-	-	-	-	14	2	66	66	66	-	-
Montserrat	-	-	-	-	-	-	100 y	100 y	100 y	-	-	-	-	-	-	-	-	-	-	-
Morocco	-	-	-	1	14	-	97 y	97 y	97 y	-	-	-	-	-	64 x	-	-	-	-	-
Mozambique	-	-	-	17	53	10	55	54	56	-	-	-	-	21	14	-	-	-	0	2
Myanmar	10	10	10	2	16	5	81	82	81	-	-	-	-	57	53	77 y	80 y	75 y	-	1
Namibia	-	-	-	2 x	7 x	1 x	78 y	-	-	-	-	-	-	30 x	28 x	-	-	-	-	1
Nauru	-	-	-	2 x	27 x	12 x	96	-	-	-	-	-	-	-	-	-	-	-	-	-
Nepal	22	20	23	8	33	9	77	76	78	-	-	-	-	25	22	82	83	81	-	3
Netherlands	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
New Zealand	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
Nicaragua	-	-	-	10 x	35 x	19 x	85	-	-	-	-	-	-	-	19 x,y	-	-	-	-	-
Niger	34 y	34 y	34 y	28 x	76 x	6 x	64	65	62	2	-	91	82	41 x	54 x	82 y	82 y	81 y	-	-
Nigeria	31	32	31	16	43	3	43	43	42	20	19	*62*	67	26	30	85	86	84	-	5
Niue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
North Macedonia	3	4	2	0	8	-	100	100	100	-	-	-	-	-	11	73	76	70	-	-
Norway	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
Oman	-	-	-	1	4	-	100 y	100 y	100 y	-	-	-	-	-	10	-	-	-	-	-

TABLE 12. CHILD PROTECTION

Countries and areas	Child labour (%) [H] 2012–2019 [R]			Child marriage (%) [H] 2014–2020 [R]			Birth registration (%) [H] 2011–2020 [R]			Female genital mutilation (%) [H] 2012–2020 [R]				Justification of wife-beating among adolescents (%) [H] 2014–2020 [R]		Violent discipline (%) [H] 2012–2020 [R]			Sexual violence in childhood (%) 2012–2019 [R]	
										Prevalence		Attitudes								
	Total	Male	Female	Female		Male	Total	Male	Female	Women (Fa)	Girls (Fb)	Want the practice to stop (Fc)		Male	Female	Total	Male	Female	Male	Female
				Married by 15	Married by 18	Married by 18						Male	Female							
Pakistan	11	13	10	4 y	18 y	5 y	42 y	43 y	42 y	-	-	-	-	58 p,y	51 y	-	-	-	-	1 y
Palau	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Panama	2	3	1	7 x	26 x	-	97	97	97	-	-	-	-	-	9 x	45	47	43	-	3
Papua New Guinea	-	-	-	8	27	4	13	13	14	-	-	-	-	72	69	-	-	-	-	7
Paraguay	18	20	13	4	22	-	69 y	69 y	69 y	-	-	-	-	-	7	52	55	49	-	-
Peru	15	14	15	3	17	-	98 y	-	-	-	-	-	-	-	-	-	-	-	-	-
Philippines	-	-	-	2	17	*3* x	92	92	91	-	-	-	-	-	12	-	-	-	-	2
Poland	-	-	-	-	-	-	100 y	100 y	100 y	-	-	-	-	-	-	-	-	-	-	-
Portugal	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
Qatar	-	-	-	0 x	4 x	1 x	100 y	100 y	100 y	-	-	-	-	22 x	5 x	50 y	53 y	46 y	-	-
Republic of Korea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Republic of Moldova	-	-	-	0 x	12 x	1 x	100	99	100	-	-	-	-	14 x	13 x	76 y	77 y	74 y	-	5 x
Romania	-	-	-	-	-	-	100 y	100 y	100 y	-	-	-	-	-	-	-	-	-	-	-
Russian Federation	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
Rwanda	19 y	17 y	21 y	0	7	1	56	56	56	-	-	-	-	24	45	-	-	-	0	10
Saint Kitts and Nevis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Saint Lucia	3 y	5 y	2 y	4 x,y	24 x,y	-	92	91	93	-	-	-	-	-	15 x	68 y	71 y	64 y	-	-
Saint Vincent and the Grenadines	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Samoa	-	-	-	1	7	2	67	-	-	-	-	-	-	28	34	91	-	-	-	-
San Marino	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
Sao Tome and Principe	18	17	19	5	28	3	99	99	98	-	-	-	-	10	17	84	84	82	-	3 x
Saudi Arabia	-	-	-	-	-	-	99 y	100 y	99 y	-	-	-	-	-	-	-	-	-	-	-
Senegal	23	27	19	9	31	1	79	80	77	25	16	78	79	40	42	-	-	-	-	0
Serbia	10	11	8	1	6	*1* x	100	100	100	-	-	-	-	-	2	45	46	43	-	-
Seychelles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sierra Leone	25	26	25	9	30	4	90	90	91	86	*8*	*40*	34	29	44	87	87	86	*0*	3
Singapore	-	-	-	0 y	0 y	-	100 y	-	-	-	-	-	-	-	-	-	-	-	-	-
Slovakia	-	-	-	-	-	-	100 y	100 y	100 y	-	-	-	-	-	-	-	-	-	-	-
Slovenia	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
Solomon Islands	18 y	17 y	19 y	6	21	4	88	87	89	-	-	-	-	60	78	86 y	86 y	85 y	-	-
Somalia	-	-	-	17	36	6	4 y	4 y	3 y	99 y	26	-	19 y	-	75 x,y	-	-	-	-	-
South Africa	4 y	4 y	3 y	1	4	1	89 y	-	-	-	-	-	-	14	7	-	-	-	-	1 y
South Sudan	-	-	-	9 x	52 x	-	35 x	35 x	36 x	-	-	-	-	-	72 x	-	-	-	-	-
Spain	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
Sri Lanka	1	1	1	1	10	-	97 x	97 x	97 x	-	-	-	-	-	54 x,y	-	-	-	-	-
State of Palestine	9 x,y	11 x,y	8 x,y	1	13	-	99	99	99	-	-	-	-	-	18	90	92	88	4 y	2 y
Sudan	18	20	16	12	34	-	67	69	66	87	30	*64* x	53	-	36	64	65	63	-	-
Suriname	4 y	5 y	4 y	9	36	20	98 y	98 y	99 y	-	-	-	-	8	6	87	89	86	-	-
Sweden	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	4 y	13 y
Switzerland	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
Syrian Arab Republic	-	-	-	2 x	13 x	-	96 x	96 x	96 x	-	-	-	-	-	-	89 x,y	90 x,y	88 x,y	-	-
Tajikistan	-	-	-	0	9	-	96	96	96	-	-	-	-	-	44	69	70	68	-	0
Thailand	-	-	-	3	20	10	100	100	100	-	-	-	-	8	8	58	61	55	-	-
Timor-Leste	9	9	10	3	15	1	60	60	61	-	-	-	-	48	69	-	-	-	-	3
Togo	39	38	39	6	25	3	83	84	82	3	0	*96*	95	22	25	92	92	91	-	4
Tokelau	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tonga	26	33	19	0	10	3	98	97	98	-	-	-	-	22	31	87	89	84	-	0
Trinidad and Tobago	1 x,y	1 x,y	1 x,y	3 x	11 x	-	97	97	97	-	-	-	-	-	8 x	77 x,y	79 x,y	75 x,y	-	25 y
Tunisia	2 y	3 y	1 y	0	1	0	100	100	100	-	-	-	-	22	14	88	89	87	-	-
Turkey	-	-	-	2	15	-	98 y	98 y	99 y	-	-	-	-	-	6	-	-	-	-	-
Turkmenistan	0	0	0	0	6	-	100	100	100	-	-	-	-	-	46	69	70	67	-	-
Turks and Caicos Islands	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuvalu	-	-	-	0 x	10 x	0 x	50 x	49 x	51 x	-	-	-	-	83 x	69 x	-	-	-	-	-
Uganda	18	17	19	7	34	6	32	32	32	0	*1* x	-	83 x	53	58	85	85	85	1	5
Ukraine	3 y	3 y	3 y	0 x	9 x	4 x	100	100	100	-	-	-	-	2 x	2 x	61 y	68 y	55 y	-	2 x
United Arab Emirates	-	-	-	-	-	-	100 y	100 y	100 y	-	-	-	-	-	-	-	-	-	-	-
United Kingdom	-	-	-	-	0 y	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	1 y	7 y
United Republic of Tanzania	25	26	24	5	31	4	26	28	25	10	0	*89* x	95	50	59	-	-	-	-	7
United States	-	-	-	-	-	-	100 v	100 v	100 v	-	-	-	-	-	-	-	-	-	-	-
Uruguay	4 x	5 x	3 x	1 x	25 x	-	100	100	100	-	-	-	-	-	3 x	55 y	58 y	51 y	-	-
Uzbekistan	-	-	-	0 x	7 x	*1* x	100 x	100 x	100 x	-	-	-	-	-	63 x	-	-	-	-	-
Vanuatu	16 y	15 y	16 y	2 x	21 x	5 x	43 y	44 y	43 y	-	-	-	-	63 x	56 x	84 y	83 y	84 y	-	-
Venezuela (Bolivarian Republic of)	-	-	-	-	-	-	81 y	-	-	-	-	-	-	-	-	-	-	-	-	-
Viet Nam	13	13	14	1	11	*3* x	96	96	96	-	-	-	-	-	28	68	72	65	-	-
Yemen	-	-	-	9 x	32 x	-	31	31	30	19	15	-	75	-	49 x	79 y	81 y	77 y	-	-
Zambia	23	23	23	5	29	3	14	14	14	-	-	-	-	32	47	-	-	-	-	3
Zimbabwe	28	33	22	5	34	2	49	48	49	-	-	-	-	49	54	64	65	63	-	2

TABLE 12. CHILD PROTECTION

Countries and areas	Child labour (%) H 2012–2019 R			Child marriage (%) H 2014–2020 R			Birth registration (%) H 2011–2020 R			Female genital mutilation (%) H 2012–2020 R				Justification of wife-beating among adolescents (%) H 2014–2020 R		Violent discipline (%) H 2012–2020 R			Sexual violence in childhood (%) 2012–2019 R	
										Prevalence		Attitudes								
	Total	Male	Female	Female		Male	Total	Male	Female	Women (Fa)	Girls (Fb)	Want the practice to stop (Fc)		Male	Female	Total	Male	Female	Male	Female
				Married by 15	Married by 18	Married by 18						Male	Female							
SUMMARY																				
East Asia and Pacific	-	-	-	1	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Europe and Central Asia	-	-	-	-	-	-	100	100	100	-	-	-	-	-	-	-	-	-	-	-
Eastern Europe and Central Asia	-	-	-	-	-	-	99	99	99	-	-	-	-	-	-	-	-	-	-	-
Western Europe	-	-	-	-	-	-	100	100	100	-	-	-	-	-	-	-	-	-	-	-
Latin America and Caribbean	7	8	6	4	22	-	94	-	-	-	-	-	-	-	-	-	-	-	-	-
Middle East and North Africa	4	5	4	2	15	-	92	92	92	-	-	-	-	-	38	87	88	86	-	-
North America	-	-	-	-	-	-	100	100	100	-	-	-	-	-	-	-	-	-	-	-
South Asia	-	-	-	7	28	4	70	70	70	-	-	-	-	39	41	-	-	-	-	2
Sub-Saharan Africa	26	27	25	11	34	4	46	45	44	36	17	-	72	34	43	84	84	83	-	5
Eastern and Southern Africa	26	28	25	9	31	5	38	35	34	44	-	-	-	34	43	-	-	-	-	4
West and Central Africa	26	26	26	13	37	4	53	54	52	30	19	63	68	34	42	86	86	85	-	7
Least developed countries	22	23	21	10	36	6	44	45	44	-	-	-	-	40	45	83	84	82	-	5
World	**-**	**-**	**-**	**5**	**19**	**-**	**74**	**75**	**74**	**-**	**-**	**-**	**-**	**35**	**37**	**-**	**-**	**-**	**-**	**-**

For a complete list of countries and areas in the regions, subregions and country categories, see page on Regional Classifications or visit <data.unicef.org/regionalclassifications>.
It is not advisable to compare data from consecutive editions of The State of the World's Children report.

DEFINITIONS OF THE INDICATORS

Child labour – Percentage of children 5–17 years old involved in child labour at the moment of the survey. A child is considered to be involved in child labour under the following conditions: (a) children 5–11 years old who, during the reference week, did at least one hour of economic activity and/ or more than 21 hours of unpaid household services, (b) children 12–14 years old who, during the reference week, did at least 14 hours of economic activity and/or more than 21 hours of unpaid household services, (c) children 15–17 years old who, during the reference week, did at least 43 hours of economic activity.

Child marriage – Percentage of women 20–24 years old who were first married or in union before they were 15 years old; percentage of women 20–24 years old who were first married or in union before they were 18 years old; percentage of men 20–24 years old who were first married or in union before they were 18 years old.

Birth registration – Percentage of children under age 5 who were registered at the moment of the survey. The numerator of this indicator includes children reported to have a birth certificate, regardless of whether or not it was seen by the interviewer, and those without a birth certificate whose mother or caregiver says the birth has been registered.

Female genital mutilation (FGM) – (Fa) Women: percentage of women 15–49 years old who have undergone FGM; (Fb) girls: percentage of girls 0–14 years old who have undergone FGM (as reported by their mothers); (Fc) want the practice to stop: percentage of women and men 15–49 years old who have heard about FGM and think the practice should stop.

Justification of wife-beating among adolescents – Percentage of girls and boys 15–19 years old who consider a husband to be justified in hitting or beating his wife for at least one of the specified reasons, i.e., if his wife burns the food, argues with him, goes out without telling him, neglects the children or refuses sexual relations.

Violent discipline – Percentage of children 1–14 years old who experience any violent discipline (psychological aggression and/or physical punishment) in the past month.

Sexual violence in childhood – Percentage of women and men 18–29 years old who experienced sexual violence by age 18.

MAIN DATA SOURCES

Child labour – Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other national surveys. Last update: February 2021.

Child marriage – DHS, MICS and other national surveys. Last update: (female) February 2021; (male) June 2021.

Birth registration – DHS, MICS, other national surveys, censuses and vital registration systems. Last update: February 2021.

Female genital mutilation – DHS, MICS and other national surveys. Last update: (a) February 2021; (b, c) June 2021.

Justification of wife-beating among adolescents – DHS, MICS and other national surveys. Last update: June 2021.

Violent discipline – DHS, MICS and other national surveys. Last update: February 2021.

Sexual violence in childhood – DHS, MICS and other national surveys. Last update: February 2021.

NOTES

– Data not available.

Italicized data are from older sources than data presented for other indicators on the same topic within this table. Such discrepancies may be due to an indicator being unavailable in the latest data source, or to the databases for each indicator having been updated as of different dates

y Data differ from the standard definition or refer to only part of a country. If they fall within the noted reference period, such data are included in the calculation of regional and global averages.

x Data refer to years or periods other than those specified in the column heading. Such data are not included in the calculation of regional and global averages. Estimates from data years prior to 2000 are not displayed.

v Estimates of 100% were assumed given that civil registration systems in these countries are complete and all vital events (including births) are registered. Source: United Nations, Department of Economic and Social Affairs, Statistics Division, last update January 2021.

p Based on small denominators (typically 25–49 unweighted cases). No data based on fewer than 25 unweighted cases are displayed.

H A more detailed explanation of the methodology and the changes in calculating these estimates can be found in the section titled, general note on the data, page 180.

R Data refer to the most recent year available during the period specified in the column heading.

TABLE 13. SOCIAL PROTECTION AND EQUITY

Countries and areas	Mothers with newborns receiving cash benefit (%) 2010–2019 [R]	Proportion of children covered by social protection 2010–2019 [R]	Distribution of social protection benefits (%) 2010–2019 [R]			Share of household income (%) 2010–2019 [R]			Gini Coefficient 2010–2019 [R]	Palma Index of income inequality 2010–2019 [R]	VMIR (vast majority income ratio) 2010 – 2019 [R]	GDP per capita (current US$) 2010–2019 [R]	Child poverty profile (CS) 2011 – 2019 [R]			
			Bottom 40%	Top 20%	Bottom 20%	Bottom 40%	Top 20%	Bottom 20%					Exactly 1 deprivation	Exactly 2 deprivations	Exactly 3 deprivations	Four or more deprivations
Afghanistan	1.7	0.4	-	-	-	-	-	-	31.0	-	-	507	-	-	-	-
Albania	-	-	45.9	13.7	27.6	19.5	40.7	7.5	33.2	1.3	0.8	5,353	6.9	0.2	0.0	0.0
Algeria	11.2	-	-	-	-	23.1	37.2	9.4	27.6	1.0	0.8	3,974	15.1	1.1	0.1	0.0
Andorra	-	-	-	-	-	-	-	-	28.0	1.0	-	40,886	-	-	-	-
Angola	-	-	-	-	-	11.5	55.6	3.8	51.3	3.5	0.6	2,791	28.4	16.6	6.1	1.2
Anguilla	73.3	2.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Antigua and Barbuda	37.0	-	-	-	-	-	-	-	-	-	-	17,113	-	-	-	-
Argentina	31.7	79.6	74.8	5.5	48.6	14.2	47.9	4.7	42.5	2.1	0.7	9,912	-	-	-	-
Armenia	61.6	30.2	58.3	9.1	35.9	22.2	39.1	9.0	34.4	1.4	0.7	4,623	3.9	0.1	0.0	0.0
Australia	100.0	100.0	-	-	-	19.6	42.1	7.4	32.5	1.3	0.7	55,057	-	-	-	-
Austria	100.0	100.0	-	-	-	20.9	38.7	7.9	27.5	1.0	0.8	50,122	-	-	-	-
Azerbaijan	16.0	16.9	29.0	32.9	17.4	-	-	-	26.6	0.7	0.8	4,793	-	-	-	-
Bahamas	46.5	-	-	-	-	-	-	-	41.4	2.0	-	34,864	-	-	-	-
Bahrain	-	56.7	-	-	-	-	-	-	59.6	-	-	23,504	-	-	-	-
Bangladesh	20.9	29.4	44.4	18.0	24.3	21.0	41.4	8.6	48.3	2.9	0.7	1,856	20.6	3.3	0.3	0.0
Barbados	-	-	-	-	-	-	-	-	32.0	3.1	-	18,148	-	-	-	-
Belarus	100.0	-	50.4	16.6	27.1	24.3	35.4	10.0	25.2	0.9	0.8	6,698	-	-	-	-
Belgium	100.0	100.0	-	-	-	23.2	36.4	8.9	25.1	0.9	0.8	46,345	-	-	-	-
Belize	19.9	3.0	-	-	-	-	-	-	53.3	3.9	0.5	4,815	14.7	1.6	0.2	0.0
Benin	41.0	11.6	-	-	-	12.8	52.1	3.2	47.8	2.9	0.6	1,219	42.5	21.3	5.1	0.6
Bhutan	10.4	13.5	-	-	-	17.5	44.4	6.7	37.4	1.6	0.7	3,316	-	-	-	-
Bolivia (Plurinational State of)	59.3	66.2	42.7	24.5	25.1	15.4	47.3	5.1	43.0	2.2	0.6	3,552	-	-	-	-
Bosnia and Herzegovina	100.0	-	36.5	24.7	16.5	19.8	40.7	7.5	33.0	1.3	0.7	6,109	-	-	-	-
Botswana	24.0	4.2	21.6	35.6	7.5	10.9	58.5	3.9	53.3	3.8	0.5	7,961	-	-	-	-
Brazil	47.8	67.7	59.3	3.6	33.1	10.5	57.8	3.1	53.8	4.1	0.5	8,717	-	-	-	-
British Virgin Islands	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Brunei Darussalam	62.9	-	-	-	-	-	-	-	56.4	5.0	-	31,087	-	-	-	-
Bulgaria	100.0	48.6	-	-	-	16.5	47.6	5.7	40.8	2.0	0.7	9,828	-	-	-	-
Burkina Faso	0.4	-	2.8	67.5	1.9	20.0	44.3	8.3	35.3	1.5	0.7	787	-	-	-	-
Burundi	-	-	-	-	-	17.9	46.3	6.9	38.6	1.7	0.7	261	21.2	2.6	0.3	0.0
Cabo Verde	19.3	37.9	-	-	-	15.4	48.7	5.7	46.0	2.1	0.6	3,604	-	-	-	-
Cambodia	1.5	4.5	-	-	-	-	-	-	30.8	1.2	0.7	1,643	34.1	26.4	10.3	1.1
Cameroon	0.6	1.8	1.4	50.9	0.0	13.0	51.7	4.5	46.6	2.7	0.6	1,507	22.1	5.1	1.0	0.1
Canada	100.0	39.7	-	-	-	19.5	40.6	7.1	30.3	1.1	0.7	46,190	-	-	-	-
Central African Republic	0.1	0.4	-	-	-	-	-	-	56.2	4.5	0.5	468	-	-	-	-
Chad	-	-	2.9	64.6	1.4	14.6	48.8	4.9	43.3	2.2	0.6	710	39.2	29.6	10.3	1.4
Chile	46.6	68.5	42.5	11.5	18.5	15.5	51.3	5.8	48.4	2.9	0.6	14,896	-	-	-	-
China	69.0	3.0	47.9	16.4	24.2	17.2	45.3	6.5	46.5	1.7	0.7	10,217	-	-	-	-
Colombia	-	36.0	67.9	2.8	38.5	11.6	56.2	3.7	52.9	3.9	0.6	6,429	-	-	-	-
Comoros	-	-	-	-	-	13.6	50.4	4.5	45.3	2.5	0.6	1,370	21.8	3.7	0.1	0.0
Congo	-	-	-	-	-	12.4	53.7	4.2	48.9	3.1	0.6	2,280	23.8	5.3	1.3	0.1
Cook Islands	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Costa Rica	23.4	38.8	63.8	2.5	30.2	12.8	53.7	4.4	49.5	3.1	0.6	12,244	2.6	0.0	0.0	0.0
Croatia	100.0	-	60.8	11.6	39.0	21.3	37.7	7.8	29.2	1.0	0.8	14,944	-	-	-	-
Cuba	42.7	0.2	-	-	-	-	-	-	27.0	0.9	-	8,822	-	-	-	-
Cyprus	100.0	60.3	-	-	-	20.9	41.4	8.4	31.1	1.2	0.7	27,858	-	-	-	-
Czechia	100.0	-	-	-	-	24.9	35.5	10.2	24.0	0.8	0.8	23,490	-	-	-	-
Côte d'Ivoire	-	-	3.8	57.0	1.2	15.9	47.8	5.7	60.7	6.4	0.7	2,276	32.7	11.4	2.3	0.2
Democratic People's Republic of Korea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Democratic Republic of the Congo	-	1.3	8.5	64.1	3.5	15.5	48.4	5.5	42.1	2.1	0.6	581	30.2	8.9	1.5	0.2
Denmark	100.0	100.0	-	-	-	23.1	37.7	9.3	27.5	1.0	0.8	60,213	-	-	-	-
Djibouti	4.8	3.5	74.1	8.7	53.8	15.8	47.6	5.4	41.6	2.0	0.7	3,415	-	-	-	-
Dominica	38.6	-	-	-	-	-	-	-	44.4	2.5	-	8,111	-	-	-	-
Dominican Republic	17.4	62.1	44.9	12.3	20.6	16.1	48.6	6.0	43.2	2.2	0.6	8,282	12.8	1.3	0.1	0.0
Ecuador	6.8	8.6	59.9	6.1	32.4	13.6	51.0	4.5	45.6	2.5	0.6	6,184	-	-	-	-
Egypt	100.0	-	-	-	-	21.8	41.0	9.0	31.5	1.2	0.7	3,019	11.4	0.6	0.0	0.0
El Salvador	11.0	8.5	57.5	9.5	28.2	17.1	45.6	6.3	40.6	1.9	0.7	4,187	18.8	2.3	0.2	0.0
Equatorial Guinea	-	-	-	-	-	-	-	-	50.2	-	-	8,132	-	-	-	-
Eritrea	-	0.1	-	-	-	-	-	-	-	-	-	643	-	-	-	-
Estonia	100.0	100.0	-	-	-	20.9	38.3	8.1	30.5	1.1	0.7	23,718	-	-	-	-
Eswatini	13.8	-	46.9	12.6	23.0	10.5	60.3	3.7	54.6	4.1	0.5	3,895	25.1	6.5	1.2	0.1
Ethiopia	-	4.5	38.6	26.9	17.3	19.4	43.0	7.3	33.0	1.5	0.7	856	36.2	25.0	10.2	1.7
Fiji	24.5	2.6	35.2	24.4	17.2	18.8	44.7	7.5	36.7	1.6	0.7	6,176	-	-	-	-
Finland	100.0	100.0	-	-	-	23.3	36.8	9.3	26.2	0.9	0.8	48,771	-	-	-	-
France	100.0	100.0	-	-	-	20.9	40.8	8.0	29.2	1.1	0.7	40,496	-	-	-	-
Gabon	-	-	-	-	-	16.8	44.4	6.0	38.0	1.6	0.7	7,767	17.1	2.3	0.1	0.0
Gambia	-	-	87.3	8.0	4.1	19.0	43.6	7.4	35.9	1.5	0.7	778	17.6	1.3	0.0	0.0
Georgia	26.0	48.1	66.3	7.9	44.0	18.5	43.0	6.8	36.4	1.5	0.7	4,698	-	-	-	-
Germany	100.0	100.0	-	-	-	20.4	39.6	7.6	29.7	1.1	0.8	46,468	-	-	-	-
Ghana	41.7	25.9	81.9	3.6	57.6	14.3	48.6	4.7	43.5	2.3	0.6	2,202	36.9	9.8	2.0	0.1

TABLE 13. SOCIAL PROTECTION AND EQUITY

Countries and areas	Mothers with newborns receiving cash benefit (%) 2010–2019 R	Proportion of children covered by social protection 2010–2019 R	Distribution of social protection benefits (%) 2010–2019 R			Share of household income (%) 2010–2019 R			Gini Coefficient 2010–2019 R	Palma Index of income inequality 2010–2019 R	VMIR (vast majority income ratio) 2010 – 2019 R	GDP per capita (current US$) 2010–2019 R	Child poverty profile (CS) 2011 – 2019 R			
			Bottom 40%	Top 20%	Bottom 20%	Bottom 40%	Top 20%	Bottom 20%					Exactly 1 deprivation	Exactly 2 deprivations	Exactly 3 deprivations	Four or more deprivations
Greece	100.0	-	-	-	-	19.6	40.1	7.2	31.0	1.1	0.7	19,581	-	-	-	-
Grenada	85.3	-	-	-	-	-	-	-	36.6	1.6	-	10,809	-	-	-	-
Guatemala	18.1	2.6	56.2	10.0	30.5	13.1	53.6	4.5	45.0	2.4	0.6	4,620	30.2	8.0	1.3	0.1
Guinea	-	-	-	-	-	19.8	41.5	7.6	33.7	1.3	0.7	963	34.2	9.2	1.9	0.2
Guinea-Bissau	-	-	-	-	-	-	-	-	50.7	3.3	0.5	697	31.3	6.1	0.4	0.0
Guyana	30.1	-	-	-	-	-	-	-	35.0	2.4	0.6	6,610	11.9	1.8	0.2	0.0
Haiti	-	4.1	-	-	-	15.8	47.1	5.5	60.8	6.5	0.4	1,272	32.3	10.1	1.4	0.1
Holy See	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Honduras	-	19.4	54.7	16.1	27.9	11.6	52.2	3.6	49.4	3.1	0.6	2,575	24.0	7.0	1.3	0.1
Hungary	100.0	100.0	-	-	-	21.7	37.8	8.2	28.0	1.0	0.8	16,730	-	-	-	-
Iceland	100.0	-	-	-	-	23.9	35.9	9.7	23.2	0.8	0.8	67,084	-	-	-	-
India	41.6	24.1	43.3	17.3	22.9	19.8	44.4	8.1	51.9	3.6	0.7	2,100	38.0	19.6	2.6	0.1
Indonesia	28.4	25.6	57.7	6.0	30.7	17.7	45.5	6.9	37.8	1.7	0.7	4,136	-	-	-	-
Iran (Islamic Republic of)	13.1	16.4	-	-	-	15.8	48.5	5.8	40.8	1.9	0.7	5,550	-	-	-	-
Iraq	-	-	26.8	35.5	12.4	21.9	38.5	8.8	40.9	2.0	0.8	5,955	21.5	1.9	0.1	0.0
Ireland	100.0	100.0	-	-	-	21.4	40.0	8.4	28.3	1.0	0.7	78,779	-	-	-	-
Israel	100.0	-	-	-	-	15.7	44.2	5.1	34.8	1.4	0.7	43,589	-	-	-	-
Italy	100.0	-	-	-	-	18.0	42.1	6.0	32.8	1.3	0.7	33,226	-	-	-	-
Jamaica	7.0	27.0	52.1	2.0	31.7	16.3	47.9	6.1	37.5	1.7	0.6	5,582	-	-	-	-
Japan	-	85.4	-	-	-	20.5	41.1	7.7	33.9	1.3	0.8	40,247	-	-	-	-
Jordan	4.8	8.8	-	-	-	-	-	-	40.1	1.9	0.7	4,405	-	-	-	-
Kazakhstan	44.2	57.4	39.4	20.1	19.4	23.3	37.9	9.8	27.5	1.0	0.8	9,813	-	-	-	-
Kenya	30.2	3.6	38.4	24.0	20.0	16.5	47.5	6.2	40.8	1.9	0.7	1,817	31.3	11.0	3.7	0.5
Kiribati	-	1.3	-	-	-	-	-	-	37.0	1.6	0.7	1,655	37.9	14.0	1.1	0.1
Kuwait	-	-	-	-	-	-	-	-	36.0	2.4	-	32,000	-	-	-	-
Kyrgyzstan	23.8	16.9	61.8	6.6	35.0	22.8	39.5	9.6	27.7	1.0	0.8	1,310	11.1	0.6	0.1	0.0
Lao People's Democratic Republic	12.7	-	-	-	-	17.8	46.4	7.0	36.4	1.6	0.7	2,535	28.6	15.6	4.6	0.5
Latvia	100.0	100.0	-	-	-	18.9	42.3	7.0	35.2	1.4	0.7	17,819	-	-	-	-
Lebanon	-	-	-	-	-	20.6	40.0	7.9	31.8	1.2	0.8	7,584	-	-	-	-
Lesotho	-	10.4	47.6	10.4	23.3	13.5	49.8	4.6	44.9	2.4	0.5	1,118	35.3	11.9	0.9	0.0
Liberia	-	5.8	40.0	16.5	22.5	18.8	42.8	7.2	35.3	1.4	0.7	622	38.2	18.9	5.2	0.6
Libya	-	-	-	-	-	-	-	-	30.2	-	-	7,686	-	-	-	-
Liechtenstein	100.0	100.0	-	-	-	-	-	-	-	-	-	181,403	-	-	-	-
Lithuania	100.0	-	-	-	-	18.6	42.8	6.6	35.4	1.5	0.7	19,551	-	-	-	-
Luxembourg	100.0	100.0	-	-	-	18.5	42.2	6.6	32.3	1.2	0.7	114,685	-	-	-	-
Madagascar	-	-	-	-	-	15.7	49.4	5.7	42.7	2.1	0.6	523	33.5	24.5	11.1	2.2
Malawi	-	9.8	37.3	17.0	17.9	16.2	51.7	6.4	44.7	2.4	0.6	412	21.1	3.4	0.3	0.0
Malaysia	46.5	2.8	47.8	12.2	24.6	15.9	47.3	5.8	41.0	2.0	0.7	11,414	-	-	-	-
Maldives	26.2	8.2	34.6	23.2	15.1	21.2	39.8	8.3	31.3	1.2	0.7	10,627	8.9	0.3	0.0	0.0
Mali	-	5.4	-	-	-	-	-	-	33.0	1.3	0.7	879	34.2	7.2	1.0	0.1
Malta	100.0	-	-	-	-	22.2	37.5	8.6	28.0	1.0	0.8	29,737	-	-	-	-
Marshall Islands	-	-	-	-	-	-	-	-	-	-	-	3,788	-	-	-	-
Mauritania	-	-	-	-	-	19.9	40.2	7.5	32.6	1.3	0.7	1,679	32.5	26.1	5.8	0.3
Mauritius	-	-	28.9	27.2	11.8	18.8	44.6	7.2	36.8	1.6	0.7	11,099	-	-	-	-
Mexico	10.5	23.4	51.0	15.6	28.0	14.9	51.7	5.4	46.4	2.6	0.6	9,946	15.2	1.1	0.0	0.0
Micronesia (Federated States of)	-	6.8	-	-	-	16.2	46.0	5.5	40.1	1.8	0.7	3,568	-	-	-	-
Monaco	-	-	-	-	-	-	-	-	-	-	-	185,829	-	-	-	-
Mongolia	100.0	85.0	44.7	17.9	23.8	20.2	40.9	7.9	32.7	1.3	0.7	4,340	23.3	3.9	0.3	0.0
Montenegro	100.0	-	60.9	10.6	43.1	16.4	43.9	5.2	34.1	1.3	0.7	8,910	-	-	-	-
Montserrat	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Morocco	-	-	-	-	-	17.4	47.0	6.7	39.6	1.8	0.7	3,204	-	-	-	-
Mozambique	0.3	0.3	-	-	-	11.8	59.5	4.2	47.0	3.8	0.5	504	34.6	19.1	5.1	0.7
Myanmar	1.6	2.1	49.6	13.1	33.4	21.9	40.0	8.9	30.7	1.2	0.7	1,408	35.4	8.8	1.4	0.1
Namibia	24.8	22.8	34.9	25.6	17.6	8.6	63.7	2.8	56.0	6.2	0.5	4,957	47.5	13.4	1.1	0.0
Nauru	-	-	-	-	-	19.4	42.7	7.5	-	1.9	-	9,397	-	-	-	-
Nepal	9.8	22.9	-	-	-	-	-	-	32.8	1.3	0.7	1,071	25.1	5.8	0.7	0.0
Netherlands	100.0	100.0	-	-	-	22.7	37.2	8.9	27.5	1.0	0.8	52,295	-	-	-	-
New Zealand	100.0	67.1	-	-	-	-	-	-	34.1	1.4	-	41,558	-	-	-	-
Nicaragua	17.8	3.1	-	-	-	14.3	52.0	5.1	46.2	2.6	0.6	1,913	-	-	-	-
Niger	-	4.2	29.4	16.8	13.3	19.6	42.4	7.8	34.3	1.4	0.7	554	40.6	34.1	8.6	0.2
Nigeria	0.1	12.0	45.4	16.2	21.4	18.7	42.4	7.1	35.1	1.4	0.6	2,230	34.4	12.9	2.6	0.3
Niue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
North Macedonia	100.0	-	-	-	-	18.5	38.8	6.1	30.7	1.1	0.7	6,022	-	-	-	-
Norway	100.0	100.0	-	-	-	23.0	36.6	8.9	25.4	0.9	0.8	75,420	-	-	-	-
Oman	-	-	-	-	-	-	-	-	39.9	-	-	15,343	-	-	-	-
Pakistan	-	5.4	60.4	8.3	33.4	21.7	41.1	9.1	33.5	1.4	0.7	1,285	34.9	13.3	4.0	0.2
Palau	-	60.0	-	-	-	-	-	-	51.0	3.8	-	14,902	-	-	-	-
Panama	19.2	21.5	51.5	11.5	24.9	11.7	54.4	3.6	50.6	3.4	0.6	15,731	-	-	-	-
Papua New Guinea	-	-	-	-	-	-	-	-	41.9	2.1	0.7	2,829	36.0	14.8	3.3	0.3
Paraguay	8.2	18.6	58.1	3.6	27.7	14.0	51.2	4.8	47.3	2.8	0.6	5,415	10.8	0.9	0.1	0.0
Peru	8.8	16.1	81.2	1.6	51.1	15.4	47.2	5.2	42.9	2.2	0.6	6,978	16.5	1.9	0.1	0.0

TABLE 13. SOCIAL PROTECTION AND EQUITY

Countries and areas	Mothers with newborns receiving cash benefit (%) 2010–2019 [R]	Proportion of children covered by social protection 2010–2019 [R]	Distribution of social protection benefits (%) 2010–2019 [R]			Share of household income (%) 2010–2019 [R]			Gini Coefficient 2010–2019 [R]	Palma Index of income inequality 2010–2019 [R]	VMIR (vast majority income ratio) 2010 – 2019 [R]	GDP per capita (current US$) 2010–2019 [R]	Child poverty profile (CS) 2011 – 2019 [R]			
			Bottom 40%	Top 20%	Bottom 20%	Bottom 40%	Top 20%	Bottom 20%					Exactly 1 deprivation	Exactly 2 deprivations	Exactly 3 deprivations	Four or more deprivations
Philippines	12.4	31.1	54.7	12.8	28.4	16.1	49.2	6.2	44.4	2.3	0.6	3,485	-	-	-	-
Poland	100.0	100.0	62.4	9.4	38.0	21.5	38.6	8.2	28.5	1.0	0.8	15,695	-	-	-	-
Portugal	100.0	93.1	-	-	-	20.0	41.4	7.4	31.9	1.2	0.7	23,214	-	-	-	-
Qatar	-	-	-	-	-	-	-	-	40.4	-	-	62,088	-	-	-	-
Republic of Korea	-	40.0	-	-	-	20.5	39.1	7.5	34.5	1.4	0.8	31,846	-	-	-	-
Republic of Moldova	100.0	-	50.6	13.0	30.2	24.4	36.0	10.2	25.7	0.9	0.8	4,494	-	-	-	-
Romania	100.0	100.0	52.2	15.1	32.3	17.3	41.2	5.4	34.8	1.4	0.8	12,913	-	-	-	-
Russian Federation	63.0	100.0	33.6	21.7	13.4	18.3	45.1	7.1	34.7	1.4	0.7	11,585	-	-	-	-
Rwanda	1.3	5.2	31.0	33.7	13.7	15.8	50.8	6.0	43.7	2.3	0.6	820	22.9	3.1	0.3	0.0
Saint Kitts and Nevis	78.0	-	-	-	-	-	-	-	40.0	-	-	19,935	-	-	-	-
Saint Lucia	39.4	-	-	-	-	11.0	55.4	3.1	51.2	3.5	0.6	11,611	-	-	-	-
Saint Vincent and the Grenadines	28.6	-	-	-	-	-	-	-	40.0	-	-	7,458	-	-	-	-
Samoa	28.5	0.0	-	-	-	17.9	46.3	6.8	38.7	1.8	0.7	4,324	-	-	-	-
San Marino	100.0	-	-	-	-	-	-	-	27.7	-	-	48,995	-	-	-	-
Sao Tome and Principe	2.0	-	-	-	-	11.5	61.2	3.9	56.3	4.2	0.8	1,947	43.5	11.3	1.4	0.1
Saudi Arabia	-	3.0	-	-	-	-	-	-	42.2	-	-	23,140	-	-	-	-
Senegal	3.0	1.0	7.4	69.4	3.2	16.5	46.9	6.1	40.3	1.9	0.7	1,447	31.3	6.9	0.5	0.0
Serbia	-	-	50.7	18.3	34.5	17.3	41.5	5.2	33.3	1.3	0.7	7,412	-	-	-	-
Seychelles	-	-	-	-	-	19.6	39.1	7.0	46.8	2.6	0.6	17,448	-	-	-	-
Sierra Leone	-	0.8	-	-	-	19.6	44.2	7.9	35.7	1.5	0.7	528	29.2	10.2	2.0	0.1
Singapore	89.3	-	-	-	-	-	-	-	47.3	1.9	-	65,233	-	-	-	-
Slovakia	100.0	100.0	-	-	-	23.8	33.8	8.8	22.8	0.7	0.8	19,266	-	-	-	-
Slovenia	96.0	79.4	-	-	-	24.7	34.9	10.1	23.9	0.8	0.8	25,941	-	-	-	-
Solomon Islands	23.8	-	-	-	-	18.4	44.6	7.0	37.1	1.6	0.7	2,374	-	-	-	-
Somalia	-	-	-	-	-	-	-	-	40.5	1.9	-	127	-	-	-	-
South Africa	7.6	76.6	50.5	10.5	25.5	7.2	68.2	2.4	67.0	10.1	0.4	6,001	15.5	1.6	0.2	0.0
South Sudan	-	17.7	-	-	-	-	-	-	46.3	2.7	0.6	1,120	-	-	-	-
Spain	100.0	100.0	-	-	-	18.4	41.0	6.2	33.0	1.3	0.7	29,565	-	-	-	-
Sri Lanka	29.4	32.0	59.3	7.3	32.6	17.9	47.2	7.1	45.0	2.5	0.7	3,853	-	-	-	-
State of Palestine	7.0	12.1	29.7	29.4	14.8	19.2	41.1	7.3	44.9	2.5	0.7	3,562	-	-	-	-
Sudan	-	-	-	-	-	19.9	42.4	7.8	34.2	1.4	0.7	442	-	-	-	-
Suriname	0.0	57.9	-	-	-	-	-	-	38.1	5.8	0.5	6,360	13.4	2.1	0.3	0.0
Sweden	100.0	100.0	-	-	-	21.4	37.8	7.7	27.6	1.0	0.8	51,648	-	-	-	-
Switzerland	100.0	100.0	-	-	-	19.9	40.8	7.5	30.6	1.2	0.7	81,989	-	-	-	-
Syrian Arab Republic	-	-	-	-	-	-	-	-	34.2	1.2	0.7	1,178	-	-	-	-
Tajikistan	66.5	14.0	15.0	42.7	7.6	19.4	41.7	7.4	34.0	1.4	0.7	871	25.9	3.7	0.2	0.0
Thailand	40.0	21.0	51.8	12.0	26.5	19.2	42.8	7.7	36.4	1.5	0.7	7,807	8.3	0.3	0.0	0.0
Timor-Leste	-	38.2	41.9	24.8	13.9	22.8	38.4	9.4	28.7	1.1	0.8	1,561	28.4	8.6	1.5	0.1
Togo	-	49.0	-	-	-	14.5	48.6	5.0	43.1	2.2	0.6	679	43.4	20.1	4.7	0.4
Tokelau	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tonga	26.3	3.3	-	-	-	18.2	45.4	6.8	37.6	1.6	0.7	4,903	-	-	-	-
Trinidad and Tobago	40.4	14.6	-	-	-	-	-	-	40.3	1.9	0.7	17,398	-	-	-	-
Tunisia	25.3	28.6	-	-	-	20.1	40.9	7.8	32.8	1.3	0.7	3,317	8.5	0.6	0.0	0.0
Turkey	-	-	63.7	5.7	37.8	15.5	48.0	5.4	41.7	2.0	0.6	9,127	-	-	-	-
Turkmenistan	-	-	-	-	-	-	-	-	26.5	2.0	0.7	6,967	5.4	0.3	0.0	0.0
Turks and Caicos Islands	57.5	-	-	-	-	-	-	-	-	-	-	31,353	-	-	-	-
Tuvalu	-	-	-	-	-	-	-	-	39.1	1.8	0.7	4,059	-	-	-	-
Uganda	5.3	-	10.0	79.3	3.4	15.9	49.8	6.1	42.8	2.1	0.6	794	28.3	6.0	0.9	0.1
Ukraine	100.0	100.0	45.6	15.8	22.1	23.7	36.5	9.7	26.1	0.9	0.8	3,659	-	-	-	-
United Arab Emirates	-	1.0	-	-	-	23.0	34.8	9.2	32.5	1.2	-	43,103	-	-	-	-
United Kingdom	100.0	65.6	-	-	-	18.6	42.1	6.8	35.1	1.3	0.7	42,329	-	-	-	-
United Republic of Tanzania	0.4	-	53.9	9.2	17.9	17.4	48.1	6.9	40.5	1.9	0.7	1,122	28.0	8.3	1.7	0.1
United States	-	-	-	-	-	15.5	46.9	5.2	41.5	2.0	0.7	65,298	-	-	-	-
Uruguay	100.0	-	59.3	13.4	36.7	16.2	45.9	5.8	39.2	1.8	0.7	16,190	-	-	-	-
Uzbekistan	16.0	29.2	49.3	14.4	29.7	18.8	43.7	7.1	39.7	1.5	0.7	1,725	-	-	-	-
Vanuatu	-	12.9	-	-	-	-	-	-	37.6	1.6	0.7	3,115	-	-	-	-
Venezuela (Bolivarian Republic of)	-	-	-	-	-	-	-	-	37.8	1.6	0.6	16,054	-	-	-	-
Viet Nam	44.0	1.0	82.8	2.6	63.8	18.6	42.9	6.7	42.4	1.5	0.7	2,715	-	-	-	-
Yemen	-	-	-	-	-	18.8	44.7	7.3	36.7	1.6	0.7	774	34.6	16.4	4.7	0.3
Zambia	4.1	21.1	8.9	59.0	1.0	8.9	61.3	2.9	57.1	5.0	0.5	1,305	30.5	7.9	1.1	0.1
Zimbabwe	-	6.7	61.0	16.2	49.3	15.1	51.1	6.0	44.3	2.3	0.6	1,464	29.7	9.3	1.6	0.1

TABLE 13. SOCIAL PROTECTION AND EQUITY

Countries and areas	Mothers with newborns receiving cash benefit (%) 2010–2019 R	Proportion of children covered by social protection 2010–2019 R	Distribution of social protection benefits (%) 2010–2019 R			Share of household income (%) 2010–2019 R			Gini Coefficient 2010–2019 R	Palma Index of income inequality 2010–2019 R	VMIR (vast majority income ratio) 2010 – 2019 R	GDP per capita (current US$) 2010–2019 R	Child poverty profile (CS) 2011 – 2019 R			
			Bottom 40%	Top 20%	Bottom 20%	Bottom 40%	Top 20%	Bottom 20%					Exactly 1 deprivation	Exactly 2 deprivations	Exactly 3 deprivations	Four or more deprivations
SUMMARY																
East Asia and Pacific	56.6	14.2	51.3	14.0	27.4	17.7	44.8	6.7	43.2	1.7	0.7	11,386	-	-	-	-
Europe and Central Asia	85.3	90.8	46.5	16.1	25.0	19.6	41.5	7.4	32.3	1.3	0.7	24,694	-	-	-	-
Eastern Europe and Central Asia	66.3	80.6	45.0	16.8	23.8	18.9	43.3	7.2	34.4	1.4	0.7	8,437	-	-	-	-
Western Europe	100.0	99.5	-	-	-	20.2	40.1	7.5	30.5	1.1	0.8	38,421	-	-	-	-
Latin America and Caribbean	31.0	44.6	59.2	7.6	33.4	12.9	53.4	4.3	48.2	3.1	0.6	8,810	-	-	-	-
Middle East and North Africa	48.8	-	-	-	-	19.7	42.8	7.8	36.3	1.5	0.7	7,756	-	-	-	-
North America	-	-	-	-	-	15.9	46.3	5.4	40.4	1.9	0.7	63,369	-	-	-	-
South Asia	37.8	22.0	45.6	16.2	24.4	20.1	43.8	8.3	48.7	3.2	0.7	1,961	-	-	-	-
Sub-Saharan Africa	7.5	13.6	34.5	31.3	16.7	16.2	48.3	6.0	41.8	2.6	0.6	1,604	-	-	-	-
Eastern and Southern Africa	9.1	18.7	38.8	27.6	18.0	15.4	50.9	5.8	43.7	3.0	0.6	1,628	-	-	-	-
West and Central Africa	6.0	9.5	30.6	34.6	15.4	17.1	45.4	6.3	39.7	2.0	0.7	1,578	-	-	-	-
Least developed countries	9.4	11.6	33.0	33.2	16.2	17.9	46.0	6.9	40.5	2.2	0.7	1,078	-	-	-	-
World	**48.4**	**27.4**	**47.5**	**16.7**	**25.3**	**18.0**	**45.3**	**6.9**	**42.8**	**2.2**	**0.7**	**11,562**	**-**	**-**	**-**	**-**

For a complete list of countries and areas in the regions, subregions and country categories, see page on Regional Classifications or visit <data.unicef.org/regionalclassifications>.
It is not advisable to compare data from consecutive editions of The State of the World's Children report.

DEFINITIONS OF THE INDICATORS

Mothers with newborns receiving cash benefit (%) – Proportion of women giving birth covered by maternity benefits: ratio of women receiving cash maternity benefits to women giving birth in the same year (estimated based on age-specific fertility rates published in the UN's World Population Prospects or on the number of live births corrected for the share of twin and triplet births).

Proportion of children covered by social protection – Proportion of children covered by social protection benefits: ratio of children/households receiving child or family cash benefits to the total number of children/households with children.

Distribution of Social Protection Benefits – Percentage of benefits going to the 1st quintile, bottom 40% and 5th quintile relative to the total benefits going to the population. social protection coverage includes: providing social assistance through cash transfers to those who need them, especially children; benefits and support for people of working age in case of maternity, disability; and pension coverage for the elderly.

Share of household income – Percentage of income received by the 20 per cent of households with the highest income, by the 40 per cent of households with the lowest income and by the 20 per cent of households with the lowest income.

Gini Coefficient – Gini index measures the extent to which the distribution of income (or, in some cases, consumption expenditure) among individuals or households within an economy deviates from a perfectly equal distribution. A Lorenz curve plots the cumulative percentages of total income received against the cumulative number of recipients, starting with the poorest individual or household. The Gini index measures the area between the Lorenz curve and a hypothetical line of absolute equality, expressed as a percentage of the maximum area under the line. Thus a Gini index of 0 represents perfect equality, while an index of 100 implies perfect inequality.

Palma Index of income inequality – Palma index is defined as the ratio of the richest 10% of the population's share of gross national income divided by the poorest 40%'s share.

GDP per capita (current US$) – GDP per capita is gross domestic product divided by midyear population. GDP is the sum of gross value added by all resident producers in the economy plus any product taxes and minus any subsidies not included in the value of the products. It is calculated without making deductions for depreciation of fabricated assets or for depletion and degradation of natural resources. Data are in current US dollars.

VMIR (vast majority income ratio) – The Vast Majority Income Ratio measures the income ratio of the first 80% (vast majority) in the income ranking.

Child poverty profile – The child profile indicator measures the prevalence of severely poor children in one, two, three, four or more dimensions of multidimensional poverty.

MAIN DATA SOURCES

Mothers with newborns receiving cash benefit (%) – ILO World Social Protection Report, 2017-2020. Last update: May 2021.

Proportion of children covered by social protection – ILO World Social Protection Report, 2017-2020. Last update: May 2021.

Distribution of Social Protection Benefits – The Atlas of Social Protection: Indicators of Resilience and Equity. Last update: May 2021.

Share of household income – World Development Indicators. Last update: February 2021.

Gini Coefficient – World Income Inequality Database. Last update: May 2020.

Palma Index of income inequality – World Income Inequality Database. Last update: May 2020.

GDP per capita (current US$) – World Development Indicators. Last update: February 2021.

VMIR (vast majority income ratio) – UNICEF estimates based on World Development Indicators. Last update: February 2021.

Child poverty profile – UNICEF estimates based on DHS and MICS surveys.

NOTES

– Data not available.

R Data refer to the most recent year available during the period specified in the column heading.

CS Sex-disaggregated data are available at https://data.unicef.org/dv_index/.

TABLE 14. WASH

Countries and areas	Households 2020									Schools 2019									Healthcare facilities 2019			
	At least basic drinking water services (%)			At least basic sanitation services (%)			Basic hygiene facilities (%)			Basic drinking water services (%)			Basic sanitation services (%)			Basic hygiene services (%)			Basic drinking water services (%)	Basic sanitation services (%)	Basic hygiene services (%)	Basic waste management services (%)
	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total	Primary	Secondary	Total	Primary	Secondary	Total	Primary	Secondary				
Afghanistan	75	100	66	50	67	45	38	64	29	66	58	74	38	26	65	6	3	10	-	-	-	-
Albania	95	96	94	99	99	99	-	-	-	59	56	66	89	83	88	82	71	84	-	-	-	-
Algeria	94	96	90	86	88	79	85	88	75	92	85	98	99	98	100	99	98	99	-	-	-	-
Andorra	100	100	100	100	100	100	-	-	-	100	100	100	100	100	100	100	100	100	100	-	-	100
Angola	57	72	28	52	65	24	27	34	13	-	-	-	-	-	-	-	-	-	-	-	-	-
Anguilla	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Antigua and Barbuda	-	-	-	-	-	-	-	-	-	100	99	100	100	100	100	100	99	100	-	-	-	-
Argentina	-	100	-	-	99	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Armenia	100	100	100	94	100	83	95	97	91	-	-	95	-	-	-	-	-	-	97	41	69	97
Australia	100	100	100	100	-	-	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
Austria	100	100	100	100	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Azerbaijan	96	100	91	-	96	-	-	-	-	100	100	100	100	100	100	100	100	100	100	48	100	-
Bahamas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bahrain	100	-	-	100	-	-	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
Bangladesh	98	97	98	54	53	55	58	66	54	82	78	93	56	48	58	51	49	49	64	31	38	11
Barbados	99	-	-	98	-	-	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
Belarus	97	96	99	98	98	97	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
Belgium	100	100	100	99	99	99	-	-	-	100	100	100	-	-	-	100	100	100	-	-	-	-
Belize	98	99	98	88	94	84	90	92	89	-	-	-	-	-	-	-	-	-	-	-	-	-
Benin	65	73	58	17	27	8	12	17	8	45	45	-	-	-	-	-	-	-	53	-	-	64
Bhutan	97	98	97	77	77	76	92	89	93	64	58	63	86	75	93	-	-	-	95	16	73	36
Bolivia (Plurinational State of)	93	99	80	66	75	44	27	29	22	-	-	-	-	-	-	-	-	-	-	-	-	-
Bosnia and Herzegovina	96	95	97	-	99	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Botswana	92	98	79	80	91	52	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Brazil	99	100	96	90	94	63	-	-	-	-	-	-	-	-	-	61	61	65	-	45	-	-
British Virgin Islands	100	-	-	-	-	-	-	-	-	93	100	84	100	100	100	95	91	100	-	-	-	-
Brunei Darussalam	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	100	100	100	-	-	-	-
Bulgaria	99	100	97	86	87	84	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Burkina Faso	47	80	33	22	40	13	9	17	5	53	-	42	70	-	53	25	26	8	76	-	-	25
Burundi	62	91	58	46	41	46	6	19	4	46	45	52	49	35	93	17	18	14	-	48	-	82
Cabo Verde	89	93	80	79	83	72	-	-	-	-	-	-	90	91	85	84	83	100	-	-	-	-
Cambodia	71	90	65	69	93	61	74	83	71	73	80	76	32	40	48	48	55	42	-	-	-	-
Cameroon	66	82	44	45	61	23	36	47	22	34	34	-	39	39	-	-	-	-	-	-	-	-
Canada	99	99	99	99	99	99	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Central African Republic	37	50	28	14	25	6	22	34	12	16	16	-	-	-	-	-	-	-	-	-	-	-
Chad	46	74	38	12	40	4	25	35	22	23	19	-	-	-	-	-	-	-	-	-	-	75
Chile	100	100	100	100	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
China	94	97	90	92	95	88	-	-	-	-	-	-	-	-	-	-	-	-	91	-	36	-
Colombia	97	100	87	94	96	84	68	76	32	-	-	-	-	-	-	-	-	-	-	-	-	-
Comoros	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	21	2	-	-
Congo	74	87	46	20	27	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cook Islands	100	-	-	99	-	-	-	-	-	100	100	100	100	100	100	100	100	100	100	60	-	-
Costa Rica	100	100	100	98	98	97	86	87	83	84	86	76	75	71	89	78	75	85	100	-	-	-
Croatia	-	100	-	97	98	95	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cuba	97	98	94	91	93	86	92	94	86	100	100	100	100	100	100	100	100	100	-	-	-	-
Cyprus	100	100	100	99	100	99	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Czechia	100	100	100	99	99	99	-	-	-	-	-	-	-	-	-	-	-	-	100	-	100	100
Côte d'Ivoire	71	85	56	35	48	21	22	31	11	-	-	-	-	-	-	-	-	-	-	-	-	-
Democratic People's Republic of Korea	94	97	89	85	92	73	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Democratic Republic of the Congo	46	75	22	15	20	11	19	27	12	-	-	-	-	-	-	-	-	-	28	-	-	0
Denmark	100	100	100	100	100	100	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
Djibouti	76	84	47	67	79	22	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	35
Dominica	-	-	-	-	-	-	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
Dominican Republic	97	98	90	87	89	77	47	50	33	-	-	-	-	-	-	-	-	-	-	-	-	-
Ecuador	95	100	87	92	93	89	87	92	79	87	87	96	80	80	91	-	-	-	-	-	-	49
Egypt	99	100	99	97	100	96	90	93	88	-	-	-	100	100	100	100	100	100	-	-	-	-
El Salvador	98	100	93	82	87	70	-	-	-	82	80	84	87	87	92	-	-	-	-	-	-	-
Equatorial Guinea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Eritrea	-	-	-	-	-	-	-	-	-	-	-	-	33	26	46	5	3	8	-	-	-	-
Estonia	100	100	-	99	99	99	-	-	-	100	100	100	100	100	100	100	100	100	100	-	100	100
Eswatini	71	97	62	64	52	68	24	48	17	-	-	-	-	-	-	-	-	-	-	-	-	-
Ethiopia	50	84	40	9	21	5	8	20	5	15	15	22	40	39	61	5	5	8	30	59	-	64
Fiji	94	98	89	99	99	99	-	-	-	88	-	-	76	-	-	61	-	-	-	-	-	-
Finland	100	100	100	99	99	99	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
France	100	100	100	99	99	99	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
Gabon	85	90	45	50	51	40	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gambia	81	88	69	47	60	26	18	18	18	-	-	-	63	83	80	-	-	-	-	-	-	-
Georgia	97	99	94	86	95	72	92	95	87	-	-	-	-	-	-	-	-	-	-	-	-	-
Germany	100	100	100	99	99	99	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
Ghana	86	96	72	24	28	17	42	47	35	71	76	79	64	62	65	54	52	52	61	-	-	51
Greece	100	100	100	99	99	98	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Grenada	-	-	-	-	-	-	-	-	-	99	100	99	-	-	-	100	100	100	-	-	-	-
Guatemala	94	98	90	68	79	56	-	-	-	-	-	-	76	76	-	-	-	-	67	-	-	-
Guinea	64	87	51	30	46	21	20	33	13	9	9	-	-	-	-	-	-	-	-	-	-	61
Guinea-Bissau	59	71	50	18	35	5	18	23	14	59	-	-	32	-	-	12	-	-	74	17	47	2
Guyana	96	100	94	86	92	84	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Haiti	67	85	43	37	46	25	22	28	15	-	-	-	-	-	-	-	-	-	63	-	-	6

TABLE 14. WASH

Countries and areas	Households 2020									Schools 2019									Healthcare facilities 2019			
	At least basic drinking water services (%)			At least basic sanitation services (%)			Basic hygiene facilities (%)			Basic drinking water services (%)			Basic sanitation services (%)			Basic hygiene services (%)			Basic drinking water services (%)	Basic sanitation services (%)	Basic hygiene services (%)	Basic waste management services (%)
	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total	Primary	Secondary	Total	Primary	Secondary	Total	Primary	Secondary				
Holy See	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Honduras	96	100	90	84	86	80	-	-	-	68	65	52	82	-	-	12	5	21	58	1	-	-
Hungary	100	100	100	98	98	99	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
Iceland	100	100	100	99	99	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
India	90	94	89	71	79	67	68	82	60	67	67	75	64	64	73	53	53	53	-	-	-	-
Indonesia	92	98	86	86	92	80	94	96	91	73	72	75	40	37	50	59	59	57	80	-	-	66
Iran (Islamic Republic of)	97	99	94	90	93	82	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Iraq	98	100	95	100	100	100	97	98	97	-	-	-	-	-	-	-	-	-	-	-	-	-
Ireland	97	97	98	91	90	94	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Israel	100	100	100	100	100	99	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
Italy	100	-	-	100	100	100	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
Jamaica	91	95	85	87	83	91	-	-	-	95	94	96	95	94	96	97	96	97	-	-	-	-
Japan	99	-	-	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jordan	99	99	97	97	97	95	-	-	-	93	-	-	33	-	-	-	-	-	-	-	-	-
Kazakhstan	95	98	92	98	97	99	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kenya	62	87	52	33	36	32	27	33	24	-	-	-	-	-	-	-	-	-	-	-	-	27
Kiribati	78	92	61	46	51	39	56	59	51	-	-	-	-	-	-	-	-	-	65	-	-	17
Kuwait	100	-	-	100	-	-	-	-	-	100	100	100	100	100	100	100	100	100	100	100	100	100
Kyrgyzstan	92	99	87	98	95	100	100	100	100	-	-	-	-	-	-	100	100	100	-	-	-	-
Lao People's Democratic Republic	85	97	78	79	98	69	56	73	46	-	-	-	16	16	-	35	35	-	-	-	-	-
Latvia	99	99	99	92	96	84	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
Lebanon	93	-	-	99	-	-	-	-	-	59	60	61	93	92	95	36	34	46	61	16	-	64
Lesotho	72	93	64	50	47	52	6	10	4	-	-	-	-	-	-	-	-	-	-	-	-	-
Liberia	75	86	64	18	29	6	-	-	-	50	44	65	27	24	35	69	67	75	-	-	-	31
Libya	100	-	-	92	-	-	-	-	-	17	-	-	61	-	-	13	-	-	-	-	-	43
Liechtenstein	100	-	-	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lithuania	98	100	94	94	98	86	-	-	-	-	-	-	-	-	-	-	-	-	100	-	99	93
Luxembourg	100	100	99	98	97	99	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Madagascar	53	80	36	12	19	8	27	38	20	-	-	-	62	62	52	-	-	-	-	-	-	-
Malawi	70	86	67	27	34	25	8	14	7	78	87	82	65	75	56	21	28	-	76	3	27	42
Malaysia	97	99	90	-	100	-	-	-	-	98	97	99	100	100	100	98	97	98	-	-	-	-
Maldives	100	99	100	99	100	99	96	97	95	100	100	100	96	-	-	-	-	-	55	15	80	30
Mali	83	96	72	45	56	37	17	27	9	70	70	-	30	30	20	63	63	-	-	-	-	52
Malta	100	100	100	100	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Marshall Islands	89	87	94	84	91	59	85	86	80	3	3	-	27	27	-	36	36	-	-	-	-	-
Mauritania	72	89	50	50	75	19	-	-	-	-	-	-	21	20	32	-	-	-	-	-	-	44
Mauritius	100	100	100	-	96	-	-	-	-	100	100	100	100	100	100	86	89	84	-	-	-	-
Mexico	100	100	98	92	94	86	-	-	-	-	-	49	74	74	80	-	-	82	-	-	-	-
Micronesia (Federated States of)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Monaco	100	100	-	100	100	-	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
Mongolia	85	97	61	68	76	51	86	89	81	74	73	73	63	70	63	41	44	66	-	-	-	-
Montenegro	99	99	98	98	100	94	99	99	99	-	-	-	-	-	-	-	-	-	100	85	100	100
Montserrat	98	-	-	89	-	-	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
Morocco	90	98	77	87	96	71	-	-	-	84	74	91	70	70	-	89	81	98	-	-	-	-
Mozambique	63	88	49	37	61	23	-	-	-	-	-	-	-	-	-	-	-	-	56	43	-	-
Myanmar	84	95	78	74	79	71	75	83	71	75	72	82	68	65	71	59	54	62	-	-	-	-
Namibia	84	96	71	35	50	20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nauru	100	100	-	-	-	-	-	-	-	-	-	-	86	100	66	-	-	-	-	-	-	-
Nepal	90	90	90	77	76	77	62	75	59	47	39	76	-	-	-	-	-	-	-	-	-	1
Netherlands	100	100	100	98	98	100	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
New Zealand	100	100	100	100	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nicaragua	82	97	59	73	81	61	-	-	-	54	-	-	12	-	-	40	-	-	58	-	-	31
Niger	47	86	39	15	52	7	23	39	20	16	16	-	25	23	-	15	15	-	25	0	4	36
Nigeria	78	92	62	43	52	33	33	41	25	36	32	53	38	35	46	28	28	24	46	17	66	43
Niue	97	-	-	96	-	-	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
North Macedonia	98	98	97	98	99	97	100	100	100	-	-	-	-	-	-	-	-	-	100	100	100	100
Norway	100	100	100	98	98	98	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
Oman	92	95	76	99	99	99	97	-	-	100	-	-	96	-	-	100	100	100	-	-	-	-
Pakistan	90	93	89	68	82	60	80	90	74	57	52	81	-	-	-	-	-	-	-	-	-	-
Palau	100	100	100	100	100	99	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Panama	94	98	86	85	93	65	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Papua New Guinea	45	86	39	19	49	15	30	62	25	47	46	65	46	46	69	12	11	16	70	-	-	10
Paraguay	100	100	99	93	95	88	80	85	72	67	67	-	-	-	-	62	62	-	85	26	-	6
Peru	93	97	81	79	84	60	-	-	55	80	79	76	61	62	67	-	-	-	46	7	-	28
Philippines	94	97	91	82	82	82	82	85	79	47	45	54	39	33	68	54	56	39	-	-	-	-
Poland	100	100	100	100	100	100	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
Portugal	100	100	100	100	100	100	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
Qatar	100	-	-	100	-	-	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
Republic of Korea	100	-	-	100	-	-	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
Republic of Moldova	91	97	85	79	87	73	-	-	-	92	-	-	81	-	-	100	100	100	-	-	-	-
Romania	100	100	100	87	97	76	-	-	-	72	64	85	72	64	87	72	64	87	-	-	-	-
Russian Federation	97	99	92	89	95	72	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rwanda	60	83	56	69	50	73	5	13	3	55	53	65	65	61	73	52	50	49	73	6	65	52
Saint Kitts and Nevis	-	-	-	-	-	-	-	-	-	84	79	100	-	-	-	84	79	100	-	-	-	-
Saint Lucia	97	97	97	83	79	84	-	-	-	100	99	100	100	99	100	100	99	100	-	-	-	-
Saint Vincent and the Grenadines	-	-	-	-	-	-	-	-	-	99	100	99	99	100	99	99	100	99	-	-	-	-

TABLE 14. WASH

Countries and areas	Households 2020									Schools 2019									Healthcare facilities 2019			
	At least basic drinking water services (%)			At least basic sanitation services (%)			Basic hygiene facilities (%)			Basic drinking water services (%)			Basic sanitation services (%)			Basic hygiene services (%)			Basic drinking water services (%)	Basic sanitation services (%)	Basic hygiene services (%)	Basic waste management services (%)
	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total	Primary	Secondary	Total	Primary	Secondary	Total	Primary	Secondary				
Samoa	92	92	92	97	95	97	79	-	-	100	100	100	-	-	-	100	100	100	-	-	-	-
San Marino	100	-	-	100	-	-	-	-	-	100	100	100	100	100	100	100	100	100	100	-	100	100
Sao Tome and Principe	78	80	74	48	51	39	55	59	44	-	-	-	76	70	-	-	-	-	-	-	-	-
Saudi Arabia	100	-	-	100	-	-	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
Senegal	85	95	75	57	68	46	22	35	10	45	42	79	16	9	40	22	25	9	66	-	-	16
Serbia	95	95	96	98	100	96	-	-	-	72	63	91	74	66	92	73	66	91	98	6	86	85
Seychelles	-	-	-	100	-	-	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	80
Sierra Leone	64	78	53	17	25	10	21	24	19	63	55	71	20	46	25	-	-	-	21	-	-	19
Singapore	100	100	-	100	100	-	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
Slovakia	100	100	100	98	99	96	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
Slovenia	100	-	-	98	-	-	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
Solomon Islands	67	91	59	35	78	21	-	-	28	17	20	19	27	22	34	17	-	-	74	-	-	12
Somalia	56	79	37	39	56	25	25	32	19	-	-	-	-	-	-	-	-	-	67	-	-	13
South Africa	94	99	83	78	77	81	44	53	27	77	-	-	-	-	-	-	-	-	-	-	-	-
South Sudan	41	70	34	16	42	9	-	-	-	51	51	-	37	37	-	18	18	-	-	-	-	-
Spain	100	100	100	100	100	100	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
Sri Lanka	92	100	91	94	93	94	-	-	-	83	84	88	96	93	94	-	-	-	99	-	-	27
State of Palestine	98	98	99	99	99	98	92	92	92	78	81	86	81	78	86	21	22	29	-	-	-	-
Sudan	60	74	53	37	60	24	13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Suriname	98	99	97	90	94	82	72	75	67	-	-	-	-	-	-	-	-	-	-	-	-	-
Sweden	100	100	100	99	99	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Switzerland	100	100	100	100	100	100	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
Syrian Arab Republic	94	95	92	90	90	90	83	85	80	49	49	49	49	51	47	21	22	23	69	-	-	-
Tajikistan	82	96	77	97	94	98	73	87	68	79	-	-	47	-	-	26	-	-	-	-	-	-
Thailand	100	100	100	99	99	98	85	87	83	-	-	-	-	-	-	-	-	-	88	61	93	98
Timor-Leste	85	96	80	57	74	49	28	43	22	69	69	62	38	37	43	60	61	52	-	-	-	9
Togo	69	91	52	19	33	8	17	27	10	20	20	-	65	62	68	-	-	-	-	-	-	-
Tokelau	100	-	100	97	-	97	-	-	-	-	-	-	-	-	-	-	-	-	100	100	-	67
Tonga	99	100	98	93	95	92	70	80	66	-	-	-	-	-	-	-	-	-	93	-	-	63
Trinidad and Tobago	99	-	-	94	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tunisia	98	99	94	97	98	97	84	91	67	70	70	-	63	63	-	38	38	-	-	-	-	-
Turkey	97	97	96	99	100	97	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Turkmenistan	100	100	100	99	99	100	100	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-
Turks and Caicos Islands	-	-	-	-	-	-	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
Tuvalu	100	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Uganda	56	79	48	20	28	17	23	36	18	68	70	-	80	80	-	30	31	56	44	-	-	48
Ukraine	94	91	100	98	98	97	-	-	-	-	-	-	-	-	-	82	74	93	-	-	-	-
United Arab Emirates	100	-	-	99	-	-	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
United Kingdom	100	100	100	99	99	99	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
United Republic of Tanzania	61	89	45	32	47	23	48	63	40	-	-	-	-	-	-	21	21	-	56	-	-	28
United States	100	100	100	100	100	99	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
Uruguay	99	100	95	98	98	99	-	-	-	100	100	100	-	-	-	-	-	-	-	-	-	-
Uzbekistan	98	100	96	100	100	100	-	-	-	90	90	89	92	93	91	89	90	89	-	-	-	-
Vanuatu	91	100	88	53	65	49	-	-	-	-	-	-	-	-	-	-	-	-	80	-	-	-
Venezuela (Bolivarian Republic of)	94	-	-	96	-	-	-	-	-	97	97	-	90	90	-	-	-	-	-	-	-	-
Viet Nam	97	99	96	89	96	85	86	93	82	-	-	-	-	-	-	-	-	-	-	-	-	-
Yemen	61	77	51	54	79	39	-	-	-	-	-	46	-	-	-	-	-	-	-	-	-	13
Zambia	65	87	48	32	41	25	18	29	9	79	78	94	66	-	-	57	55	58	-	-	-	40
Zimbabwe	63	93	48	35	42	32	42	56	36	66	64	69	-	-	-	-	-	-	81	17	58	78
SUMMARY																						
East Asia and Pacific	94	98	89	91	95	85	-	-	-	-	69	75	51	47	63	62	62	60	89	-	38	-
Europe and Central Asia	98	99	97	97	98	93	-	-	-	96	97	98	95	97	98	94	96	98	-	-	-	-
Eastern Europe and Central Asia	96	98	94	94	97	88	-	-	-	-	-	-	-	-	-	81	84	92	-	-	-	-
Western Europe	100	100	100	99	99	99	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
Latin America and Caribbean	97	99	90	89	93	73	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Middle East and North Africa	95	98	89	92	95	84	-	-	83	82	81	81	87	90	95	85	87	90	-	-	-	-
North America	100	100	100	100	100	99	-	-	-	100	100	100	100	100	100	100	100	100	-	-	-	-
South Asia	91	94	89	69	77	65	68	81	60	67	65	78	63	61	71	51	50	52	-	-	-	-
Sub-Saharan Africa	64	86	49	33	47	23	28	39	21	44	40	52	47	43	52	26	26	26	46	29	-	40
Eastern and Southern Africa	62	86	48	33	50	24	30	43	22	49	46	43	55	54	62	20	21	26	48	44	-	47
West and Central Africa	68	87	50	32	44	22	27	36	19	39	36	58	40	36	46	32	31	26	45	15	59	35
Least developed countries	67	85	57	37	48	31	37	47	31	53	51	67	51	46	58	30	29	34	50	37	-	30
World	**90**	**96**	**82**	**78**	**88**	**66**	**71**	**-**	**60**	**69**	**66**	**74**	**63**	**60**	**71**	**57**	**56**	**58**	**76**	**-**	**-**	**-**

For a complete list of countries and areas in the regions, subregions and country categories, see page on Regional Classifications or visit <data.unicef.org/regionalclassifications>.
It is not advisable to compare data from consecutive editions of The State of the World's Children report.

TABLE 14. WASH

DEFINITIONS OF THE INDICATORS

Population using at least basic drinking water services – Percentage of the population using an improved drinking water source, where collection time is not more than 30 minutes for a round trip including queuing (improved sources include: piped water; boreholes or tubewells; protected dug wells; protected springs; rainwater; and packaged or delivered water).

Population using at least basic sanitation services – Percentage of the population using an improved sanitation facility that is not shared with other households. Improved facilities include: flush/pour flush to piped sewerage systems, septic tanks or pit latrines; ventilated improved pit latrines; composting toilets or pit latrines with slabs.

Population with basic hygiene facilities – Percentage of the population with a handwashing facility with water and soap available on premises.

Proportion of schools with basic water services – Percentage of schools with drinking water from an improved source available at the time of the survey.

Proportion of schools with basic sanitation services – Percentage of schools with improved sanitation facilities, which are single-sex and usable.

Proportion of schools with basic hygiene services – Percentage of schools with handwashing facilities with water and soap available.

Proportion of health care facilities with basic water services – Percentage of health care facilities with water available from an improved source located on premises.

Proportion of health care facilities with basic sanitation services – Percentage of health care facilities with improved sanitation facilities that are usable with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for people with limited mobility.

Proportion of health care facilities with basic hygiene services – Percentage of health care facilities with functional hand hygiene facilities (with water and soap and/or alcohol-based hand rub) available at points of care, and within five metres of toilets.

Proportion of health care facilities with basic waste management services – Percentage of health care facilities where waste is safely segregated into at least three bins, and sharps and infectious waste are treated and disposed of safely.

MAIN DATA SOURCES

Basic drinking water, sanitation and hygiene services in households – WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP). Last update: July 2021.

Basic water, sanitation and hygiene services in schools – WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP). Last update: August 2020.

Basic water, sanitation and hygiene services in healthcare facilities – WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP). Last update: August 2020.

NOTES

– Data not available.

TABLE 15. ADOLESCENTS

Countries and areas	Adolescent population 2020		Nutrition		Protection			Education and learning				Transition to work 2012–2020 [R]					
	Aged 10–19 (thousands)	Proportion of total population (%)	Thinness 2016	Overweight 2016	Intimate partner violence 2012–2020 [R]	Bullying 2011–2018 [R]		Proficiency in math		Proficiency in reading		Not in education, employment, or training		Unemployment		Engagement in household chores	
	Total	Total	Total	Total	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Afghanistan	9,822	25	17	9	29	42	45	-	-	-	-	31	69	15 y	22 y	9	22
Albania	362	13	1	24	-	17	18	56	59	38	58	21	17	34	19	1 x	3 x
Algeria	6,732	15	6	29	-	48	55	18	21	15	28	-	-	32	38	1	1
Andorra	8	10	1	34	-	-	-	-	-	-	-	-	-	-	-	-	-
Angola	7,882	24	8	11	24	-	-	-	-	-	-	15	24	17	15	15	19
Anguilla	2	13	-	-	-	22	30	-	-	-	-	-	-	17 x	25 x	-	-
Antigua and Barbuda	14	14	3	25	-	24 x	27 x	-	-	-	-	-	-	30 x	36 x	-	-
Argentina	7,137	16	1	34	-	25	24	35	27	45	51	13 y	14 y	32	42	-	-
Armenia	369	12	2	18	0 p	19	15	48	52	-	-	21	12	40	33	0	1
Australia	3,130	12	1	33	-	-	-	78	77	76	85	-	-	21	17	-	-
Austria	876	10	2	26	-	20	21	79	78	71	82	10	5	10	12	-	-
Azerbaijan	1,335	13	3	18	12 x	25	26	-	-	-	-	-	-	13	15	-	-
Bahamas	64	16	3	34	-	25	22	-	-	-	-	-	-	38	46	-	-
Bahrain	182	11	6	34	-	36	23	36	43	-	-	-	-	10	21	-	-
Bangladesh	30,674	19	18	8	28 y	27	17	62	52	55	54	10	30	12	18	0	4
Barbados	37	13	4	26	-	15	11	-	-	-	-	-	-	50	29	0	0
Belarus	929	10	2	22	-	-	-	71	70	72	82	-	-	17	18	0	0
Belgium	1,312	11	1	23	-	16	18	82	79	75	82	4	4	20	20	-	-
Belize	78	20	4	27	-	30	31	-	-	-	-	17	34	15 y	34 y	1	3
Benin	2,779	23	7	11	14	47	52	-	-	-	-	10 x	20 x	3 x	5 x	15	26
Bhutan	136	18	15	9	-	31	29	-	-	-	-	-	-	5	7	2 x	5 x
Bolivia (Plurinational State of)	2,298	20	1	27	-	32	28	-	-	-	-	7	9	16	12	-	-
Bosnia and Herzegovina	346	11	2	21	-	-	-	42	43	38	55	14	13	39	57	-	-
Botswana	472	20	6	16	-	53 x	52 x	-	-	-	-	23	24	52 y	48 y	-	-
Brazil	31,160	15	3	26	-	-	-	34	30	44	56	16	20	37	49	-	-
British Virgin Islands	4	14	-	-	-	18 x	17 x	-	-	-	-	-	-	-	-	-	-
Brunei Darussalam	65	15	6	25	-	25	22	50	54	42	55	14	17	29	33	-	-
Bulgaria	686	10	2	27	-	35	33	55	56	45	62	12	15	29	-	-	-
Burkina Faso	5,030	24	8	8	5 x	-	-	-	-	-	-	31	44	9	8	9 x	29 x
Burundi	2,725	23	7	10	38	-	-	-	-	-	-	4	3	3	1	21	30
Cabo Verde	100	18	7	12	-	-	-	-	-	-	-	-	-	27	47	-	-
Cambodia	3,100	19	11	10	7	23	22	11	9	6	9	4	7	-	1	2	6
Cameroon	6,176	23	6	12	20	-	-	-	-	-	-	9	18	3	5	8	22
Canada	3,971	11	1	31	-	36	40	84	84	82	90	17	15	24	23	-	-
Central African Republic	1,265	26	8	10	32 x	-	-	-	-	-	-	-	-	-	-	17	23
Chad	4,039	25	9	8	15	-	-	-	-	-	-	27	44	3	1	20	40
Chile	2,494	13	1	34	-	16	14	32	24	64	73	11	12	28	40	8	10
China	166,605	12	4	25	-	-	-	-	-	-	-	-	-	-	-	-	-
Colombia	8,120	16	2	24	-	-	-	40	30	48	52	16	26	21	36	1	3
Comoros	191	22	7	12	4	-	-	-	-	-	-	18	24	22	23	15	28
Congo	1,258	23	8	11	-	-	-	-	-	-	-	11 x,y	15 x,y	17 x	12 x	8	9
Cook Islands	3	15	<1	62	6 y	29	32	-	-	-	-	7	14	2	5	-	-
Costa Rica	719	14	2	30	-	18 x	20 x	45	35	55	61	12	14	47	65	1	0
Croatia	408	10	2	26	-	23	21	70	68	72	85	16	12	44	60	-	-
Cuba	1,247	11	4	28	-	-	-	-	-	-	-	-	-	5 x	13 x	-	-
Cyprus	142	12	1	32	-	-	-	60	66	46	67	6	9	28	-	-	-
Czechia	1,061	10	2	26	-	17	19	79	80	74	85	2	3	21	22	-	-
Côte d'Ivoire	6,105	23	6	12	20 y	-	-	-	-	-	-	23	38	-	4	11	22
Democratic People's Republic of Korea	3,561	14	5	22	-	-	-	-	-	-	-	-	-	-	-	-	-
Democratic Republic of the Congo	21,000	23	10	10	36	-	-	-	-	-	-	12	21	8	5	7	17
Denmark	676	12	1	24	-	12	15	85	86	79	89	3	2	16	14	-	-
Djibouti	179	18	6	16	-	44 x	36 x	-	-	-	-	13	19	88	85	-	-
Dominica	9	13	3	31	-	29 x	26 x	-	-	-	-	-	-	37 x	40 x	-	-
Dominican Republic	1,936	18	3	31	22	26	22	10	9	16	26	23	30	14	28	2	4
Ecuador	3,116	18	1	27	-	-	-	34	24	47	52	10	20	7 y	16 y	-	-
Egypt	18,385	18	3	35	17	70	70	20	23	-	-	6	20	10	34	1	5
El Salvador	1,166	18	2	29	7 y	21	24	-	-	-	-	15	33	10	16	7	20
Equatorial Guinea	265	19	8	10	56 x,p	-	-	-	-	-	-	-	-	-	-	-	-
Eritrea	861	24	8	10	-	-	-	-	-	-	-	-	-	-	-	-	-
Estonia	137	10	2	19	-	30	30	90	90	86	92	3	5	37	-	-	-
Eswatini	277	24	4	16	-	33	31	-	-	-	-	17	25	37	43	2 x	3 x
Ethiopia	26,829	23	10	8	24	-	-	-	-	-	-	5	11	1	3	49 x	58 x
Fiji	158	18	4	33	47 x,y	33	26	-	-	-	-	8	13	16	32	-	-
Finland	607	11	1	25	-	27	24	83	87	80	93	5	6	32	27	-	-
France	7,883	12	1	29	-	13	16	79	79	75	84	8	6	24	29	-	-
Gabon	423	19	6	15	40	-	-	-	-	-	-	-	-	27 x	38 x	6	7
Gambia	557	23	7	11	14	-	-	-	-	-	-	41	39	23	36	3	17
Georgia	471	12	3	19	-	17	20	38	40	28	44	19	15	43	45	0	0
Germany	7,931	9	1	25	-	21	21	79	79	76	84	-	-	9	10	-	-

TABLE 15. ADOLESCENTS

Countries and areas	Adolescent population 2020		Nutrition		Protection			Education and learning				Transition to work 2012–2020 [R]					
	Aged 10–19 (thousands)	Proportion of total population (%)	Thinness 2016	Overweight 2016	Intimate partner violence 2012–2020 [R]	Bullying 2011–2018 [R]		Proficiency in math		Proficiency in reading		Not in education, employment, or training		Unemployment		Engagement in household chores	
	Total	Total	Total	Total	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Ghana	6,617	21	6	10	23 x,y	-	-	-	-	-	-	23	26	5	7	13	19
Greece	1,069	10	1	35	-	18	21	63	65	61	78	10	10	31	50	-	-
Grenada	16	14	4	25	-	29 x	26 x	-	-	-	-	-	-	-	-	-	-
Guatemala	3,872	22	1	27	9	26	20	12	10	28	33	10	41	4	4	-	-
Guinea	3,199	24	7	9	-	-	-	-	-	-	-	6	14	4	9	11	18
Guinea-Bissau	450	23	7	10	-	-	-	-	-	-	-	-	-	-	-	4	9
Guyana	145	18	6	24	-	40 x	37 x	-	-	-	-	28	43	29	51	2	3
Haiti	2,347	21	4	26	28	-	-	-	-	-	-	6	13	7	10	19	13
Holy See	<1	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Honduras	2,065	21	2	26	16	13 y	12 y	19	12	28	31	13	40	49	62	-	-
Hungary	969	10	2	27	-	27	28	69	65	70	79	6	6	24	27	-	-
Iceland	45	13	1	27	-	12	11	77	82	66	81	4	-	16	12	-	-
India	252,202	18	27	6	18	-	-	-	-	-	-	10	27	28	14	-	-
Indonesia	46,303	17	10	14	-	24	19	26	30	24	36	19 x	28 x	17	18	-	-
Iran (Islamic Republic of)	11,748	14	9	25	-	-	-	34	34	-	-	12	26	19	27	-	-
Iraq	8,711	22	5	30	-	32	22	-	-	-	-	17	56	19	7	1	6
Ireland	669	14	<1	29	-	32	32	84	84	85	91	10	9	23	22	-	-
Israel	1,405	16	1	34	-	29	18	63	69	60	77	-	-	7	7	-	-
Italy	5,733	9	1	34	-	11	12	64	61	72	81	14	14	46 y	51 y	-	-
Jamaica	467	16	2	28	11 y	26	25	-	-	-	-	-	-	-	58 x	1	0
Japan	11,267	9	2	13	-	-	-	89	89	79	87	-	-	6	4	-	-
Jordan	2,180	21	4	30	15	46 x	37 x	40	41	46	71	25	27	48	34	0	2
Kazakhstan	2,721	14	2	19	-	15	16	51	51	29	43	-	-	2	3	-	-
Kenya	12,747	24	8	11	23	57 x	57 x	-	-	-	-	7	12	8	7	-	-
Kiribati	24	20	<1	54	67 p	42	32	-	-	-	-	40	26	30	35	17	19
Kuwait	533	12	4	43	-	36	28	20	16	-	-	-	-	39 x	41 x	-	-
Kyrgyzstan	1,101	17	3	15	3	-	-	-	-	-	-	10	13	9	12	5	11
Lao People's Democratic Republic	1,466	20	9	13	14 y	15	11	-	-	-	-	31	35	18	16	5	11
Latvia	189	10	2	20	-	44	49	83	83	71	84	3	2	29	17	-	-
Lebanon	1,135	17	5	31	-	24	12	36	34	28	36	16	20	28	29	-	-
Lesotho	429	20	6	15	-	-	-	-	-	-	-	6	10	22	42	11	16
Liberia	1,175	23	7	10	58	43	51	-	-	-	-	7	11	-	-	18	21
Libya	1,186	17	6	31	-	40 x	31 x	-	-	-	-	-	-	-	-	-	-
Liechtenstein	4	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lithuania	243	9	3	19	-	51	51	73	76	68	83	3	2	26	21	-	-
Luxembourg	66	11	1	25	-	21	23	74	72	66	76	3	-	29	37	-	-
Madagascar	6,343	23	7	10	19	-	-	-	-	-	-	3	3	3	2	17	26
Malawi	4,738	25	6	10	28	43 x	47 x	-	-	-	-	17	28	7	8	5	11
Malaysia	5,116	16	8	25	-	19 y	14 y	56	60	47	61	-	-	14	15	-	-
Maldives	59	11	14	16	4	30	30	-	-	-	-	31	26	19	33	-	-
Mali	5,009	25	8	10	21 y	-	-	-	-	-	-	16	32	1	1	13	24
Malta	41	9	1	35	-	29	21	61	63	55	74	8	11	21	-	-	-
Marshall Islands	15	25	<1	58	27 y	-	-	-	-	-	-	30	21	28	-	-	-
Mauritania	1,008	22	8	13	-	48 x	46 x	-	-	-	-	22	35	19	23	13	23
Mauritius	175	14	7	14	-	29	22	-	-	-	-	16	15	27	47	-	-
Mexico	22,350	17	2	34	-	-	-	47	41	52	58	10	21	7	9	2	2
Micronesia (Federated States of)	23	20	<1	50	35 y	-	-	-	-	-	-	14	19	-	29	-	-
Monaco	3	8	<1	<1	-	-	-	-	-	-	-	-	-	56	42	-	-
Mongolia	500	15	2	17	8 y	36	25	-	-	-	-	9	11	16	25	18	14
Montenegro	79	13	2	24	-	-	-	55	52	48	63	-	-	44	-	0	0
Montserrat	<1	12	-	-	-	32 x	25 x	-	-	-	-	-	-	-	-	-	-
Morocco	6,097	17	6	26	-	44	32	14	15	22	32	-	-	17	11	-	-
Mozambique	7,595	24	4	12	10 y	45	46	-	-	-	-	-	-	7	5	-	-
Myanmar	9,917	18	13	11	22	51	49	-	-	-	-	8	15	3	1	-	-
Namibia	526	21	8	14	52 p	48	45	-	-	-	-	17	20	37	39	-	-
Nauru	2	20	<1	64	-	40	38	-	-	-	-	22	39	33	61	-	-
Nepal	6,120	21	16	7	17	56	45	-	-	-	-	16	31	23	26	7	17
Netherlands	1,954	11	1	24	-	12	12	84	85	71	81	2	2	11	11	-	-
New Zealand	625	13	<1	38	-	-	-	79	78	77	86	-	-	18	19	-	-
Nicaragua	1,240	19	2	28	-	-	-	-	-	-	-	2	3	6	11	-	-
Niger	5,901	24	10	8	-	-	-	-	-	-	-	57	71	19	17	18	25
Nigeria	47,703	23	10	8	13	-	-	-	-	-	-	20	33	-	20	7	9
Niue	<1	16	<1	58	-	38 x	-	-	-	-	-	-	-	16 x	14 x	-	-
North Macedonia	233	11	2	25	-	18	18	37	41	34	57	10	10	47	49	1	1
Norway	643	12	1	27	-	16	14	79	83	74	88	3	2	16	16	-	-
Oman	530	10	7	30	-	45	39	20	27	-	-	-	-	39	51	-	-
Pakistan	45,427	21	19	9	17 y	45 x	35 x	-	-	-	-	7	43	9	6	-	-
Palau	2	13	<1	62	8 y	-	-	-	-	-	-	5	5	-	-	-	-
Panama	727	17	2	28	-	-	-	21	17	33	39	10	10	25	38	-	-

Countries and areas	Adolescent population 2020		Nutrition		Protection			Education and learning				Transition to work 2012–2020 [R]					
	Aged 10–19 (thousands)	Proportion of total population (%)	Thinness 2016	Overweight 2016	Intimate partner violence 2012–2020 [R]	Bullying 2011–2018 [R]		Proficiency in math		Proficiency in reading		Not in education, employment, or training		Unemployment		Engagement in household chores	
	Total	Total	Total	Total	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Papua New Guinea	1,918	21	1	31	60	-	-	-	-	-	-	21 x	21 x	3 x	2 x	-	-
Paraguay	1,336	19	2	27	-	19	15	11	6	30	34	10	23	13	27	4	9
Peru	5,135	16	1	26	18	47 x	48 x	43	36	43	49	23	26	8 y	8 y	3	5
Philippines	21,370	20	10	12	11	53	49	18	20	15	23	10	11	4	6	-	-
Poland	3,709	10	2	24	-	23	18	85	86	80	90	4	2	18	17	-	-
Portugal	1,015	10	1	30	-	17	19	77	77	76	84	5	4	29	36	-	-
Qatar	228	8	5	37	-	49	35	36	37	36	62	-	-	0	0	-	-
Republic of Korea	4,753	9	2	25	-	-	-	84	86	81	89	-	-	10	8	-	-
Republic of Moldova	419	10	3	17	15 x	43	44	49	50	49	66	15	8	13	16	-	-
Romania	2,075	11	3	23	-	31	30	54	53	52	67	11	12	30	32	-	-
Russian Federation	15,256	10	2	19	-	31	35	78	78	73	83	-	-	22	26	-	-
Rwanda	2,906	22	6	11	-	-	-	-	-	-	-	25	31	18	21	22	31
Saint Kitts and Nevis	7	14	4	27	-	25	20	-	-	-	-	-	-	18 x	18 x	-	-
Saint Lucia	24	13	4	22	-	24	29	-	-	-	-	25	23	60	52	3	1
Saint Vincent and the Grenadines	17	16	4	28	-	31 x	29 x	-	-	-	-	-	-	-	-	-	-
Samoa	42	21	<1	51	-	43	34	-	-	-	-	27	21	34	64	-	-
San Marino	3	9	<1	<1	-	-	-	-	-	-	-	-	-	27 y	42 y	-	-
Sao Tome and Principe	54	25	6	13	28 x	-	-	-	-	-	-	-	-	-	-	4	11
Saudi Arabia	4,860	14	8	35	-	-	-	12	11	34	62	-	-	37	65	-	-
Senegal	3,864	23	10	9	3	-	-	8	7	8	9	22	34	3	2	6	23
Serbia	1,000	11	2	26	-	17	19	60	61	55	70	11	8	40	42	1	2
Seychelles	14	14	6	21	-	45	50	-	-	-	-	21	20	19	17	-	-
Sierra Leone	1,867	23	7	10	43	60	57	-	-	-	-	7	9	13	7	12	20
Singapore	506	9	2	21	-	-	-	92	95	86	92	-	-	3	15	-	-
Slovakia	545	10	1	22	-	20	19	75	75	62	75	7	6	45	-	-	-
Slovenia	196	9	1	25	-	26	23	83	84	75	89	4	3	-	26	-	-
Solomon Islands	149	22	1	24	-	64	68	-	-	-	-	5	6	1	1	6	9
Somalia	3,938	25	7	12	-	-	-	-	-	-	-	-	-	-	-	-	-
South Africa	10,409	18	4	26	-	-	-	-	-	-	-	13	12	71	75	1	2
South Sudan	2,582	23	<1	<1	-	-	-	-	-	-	-	-	-	-	-	-	-
Spain	4,736	10	1	32	-	10	9	75	75	80	87	11	10	50	61	-	-
Sri Lanka	3,386	16	15	12	-	50	29	-	-	-	-	14	16	24	32	-	-
State of Palestine	1,109	22	-	-	-	-	-	-	-	-	-	22	16	39	41	1	2
Sudan	10,124	23	<1	<1	-	-	-	-	-	-	-	17 x	33 x	29 x	33 x	4	8
Suriname	102	17	4	30	-	25	25	-	-	-	-	8	9	23	62	1	2
Sweden	1,127	11	2	23	-	18	19	81	82	77	86	3	3	40	35	-	-
Switzerland	835	10	<1	21	-	14	18	84	83	72	82	5	5	9	9	-	-
Syrian Arab Republic	3,325	19	6	27	-	-	-	-	-	-	-	-	-	19 x	27 x	-	-
Tajikistan	1,788	19	4	14	6	7 x	7 x	-	-	-	-	20 x	38 x	12	7	-	-
Thailand	8,492	12	8	20	-	38	28	43	51	31	49	9	10	5	7	-	-
Timor-Leste	307	23	11	11	38	39	25	-	-	-	-	11	15	-	13	-	-
Togo	1,915	23	7	10	13	-	-	-	-	-	-	15	25	11	2	19	31
Tokelau	<1	17	-	-	-	39	39	-	-	-	-	-	-	-	-	-	-
Tonga	24	22	<1	57	-	46	31	-	-	-	-	23	17	5	19	3	0
Trinidad and Tobago	186	13	6	23	-	13	18	43	52	48	67	-	-	11	10 y	0 x	0 x
Tunisia	1,640	14	7	24	-	37 x	24 x	27	24	23	33	15 x	20 x	33	26	1	1
Turkey	13,595	16	5	28	18 y	39	33	41	43	68	79	14	25	20	23	-	-
Turkmenistan	1,009	17	3	17	-	-	-	-	-	-	-	-	-	-	-	0	0
Turks and Caicos Islands	6	15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuvalu	2	20	<1	57	-	40	15	-	-	-	-	15	23	11	61	-	-
Uganda	11,449	25	6	10	31	50 x	41 x	-	-	-	-	19	26	16	14	7	18
Ukraine	4,384	10	2	20	2 x	40	41	65	63	68	81	-	-	29	27	2	2
United Arab Emirates	843	9	5	34	-	33	22	45	48	46	68	8	9	28	25	-	-
United Kingdom	7,642	11	1	30	-	38	37	82	80	79	86	9	8	19	13	-	-
United Republic of Tanzania	14,089	24	7	11	30	25 y	28 y	-	-	-	-	11	16	3	4	4	7
United States	42,332	13	1	41	-	26 x	25 x	74	72	77	85	9	8	18	17	-	-
Uruguay	479	14	2	32	-	18	20	51	48	53	63	14	14	41	53	1 x	2 x
Uzbekistan	5,461	16	3	16	-	-	-	-	-	-	-	-	-	-	-	-	-
Vanuatu	67	22	2	29	-	60	46	-	-	-	-	35	36	26	23	1	0
Venezuela (Bolivarian Republic of)	5,159	18	2	33	-	-	-	-	-	-	-	16	25	13 y	16 y	-	-
Viet Nam	13,599	14	14	9	16 x,y	26	26	79	83	81	91	14	15	7	8	2	4
Yemen	6,750	23	14	18	-	47	33	-	-	-	-	18	58	25	29	-	-
Zambia	4,550	25	6	12	27	63 x	67 x	2	3	4	6	25	35	32	30	8	9
Zimbabwe	3,560	24	6	14	31	-	-	-	-	-	-	30	41	25	29	4	10

Countries and areas	Adolescent population 2020		Nutrition		Protection			Education and learning				Transition to work 2012–2020 R					
	Aged 10–19 (thousands)	Proportion of total population (%)	Thinness 2016	Overweight 2016	Intimate partner violence 2012–2020 R	Bullying 2011–2018 R		Proficiency in math		Proficiency in reading		Not in education, employment, or training		Unemployment		Engagement in household chores	
	Total	Total	Total	Total	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
SUMMARY																	
East Asia and Pacific	306,037	13	6	21	-	-	-	-	-	-	-	-	-	-	-	-	-
Europe and Central Asia	106,137	11	2	25	-	26	26	-	-	-	-	10	11	23	25	-	-
Eastern Europe and Central Asia	54,027	13	3	21	-	33	32	-	-	-	-	-	-	22	24	-	-
Western Europe	52,110	10	1	28	-	20	20	-	-	-	-	8	7	25	26	-	-
Latin America and Caribbean	105,911	16	2	29	-	-	-	-	-	-	-	13	21	22	30	-	-
Middle East and North Africa	77,679	17	6	29	-	51	46	-	-	-	-	12	33	21	29	1	4
North America	46,319	13	1	40	-	-	-	-	-	-	-	10	8	19	18	-	-
South Asia	347,827	19	24	7	19	-	-	-	-	-	-	10	30	24	14	-	-
Sub-Saharan Africa	263,554	23	8	10	23	-	-	-	-	-	-	16	24	12	13	9	15
Eastern and Southern Africa	135,794	23	7	11	25	-	-	-	-	-	-	11	17	15	15	8	13
West and Central Africa	127,760	23	9	9	20	-	-	-	-	-	-	20	31	8	12	10	17
Least developed countries	237,402	22	10	9	26	-	-	-	-	-	-	15	27	10	11	8	16
World	**1,253,463**	**16**	**11**	**17**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**12**	**22**	**17**	**17**	**-**	**-**

For a complete list of countries and areas in the regions, subregions and country categories, see page on Regional Classifications or visit <data.unicef.org/regionalclassifications>.
It is not advisable to compare data from consecutive editions of The State of the World's Children report.

DEFINITIONS OF THE INDICATORS

Thinness – Percentage of adolescents aged 10–19 years with BMI < –2 SD of the median according to the WHO growth reference for school-age children and adolescents.

Overweight – Percentage of adolescents aged 10–19 years with BMI > 1 SD of the median according to the WHO growth reference for school-age children and adolescents.

Intimate partner violence – Percentage of ever-partnered girls aged 15–19 years who have experienced physical and/or sexual violence by a current or former intimate partner during the last twelve months.

Bullying – Percentage of students aged 13–15 years who reported being bullied on one or more days in the past 30 days.

Proficiency in math – Percentage of children and young people at the end of lower secondary achieving at least a minimum proficiency level in math.

Proficiency in reading – Percentage of children and young people at the end of lower secondary achieving at least a minimum proficiency level in reading.

Not in education, employment or training (NEET) – Percentage of adolescents aged 15–19 years not in education, employment or training.

Unemployment – Percentage of adolescents aged 15–19 years in the labour force who are unemployed.

Engagement in household chores – Percentage of adolescents aged 10–14 years who, during the reference week, spent at least 21 hours on unpaid household services.

MAIN DATA SOURCES

Adolescent population – United Nations, Department of Economic and Social Affairs, Population Division (2019). World Population Prospects 2019, Online Edition.

Thinness and overweight – NCD Risk Factor Collaboration (NCD-RisC), based on Worldwide trends in body mass index, underweight, overweight and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9million children, adolescents, and adults. The Lancet 2017, 390 (10113): 2627–2642. Last update: August 2019.

Intimate partner violence – Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other national surveys. Last update: July 2021.

Bullying – Health Behaviour in School-aged Children Study (HBSC) and Global School-based Student Health Surveys (GSHS). Last update: July 2021.

Proficiency in math and reading – United Nations Statistics Division. Last update: April 2019.

NEET – International Labour Organization. Last update: June 2021.

Unemployment – International Labour Organization. Last update: June 2021.

Engagement in household chores – DHS, MICS and other national surveys. Last update: July 2021.

NOTES

– Data not available.

R Data refer to the most recent year available during the period specified in the column heading.

y Data differ from the standard definition or refer to only part of a country. If they fall within the noted reference period, such data are included in the calculation of regional and global averages.

p Based on small denominators (typically 25–49 unweighted cases). No data based on fewer than 25 unweighted cases are displayed.

x Data refer to years or periods other than those specified in the column heading. Such data are not included in the calculation of regional and global averages. Estimates from data years prior to 2000 are not displayed.

TABLE 16. ECONOMIC INDICATORS

Countries and areas	Government revenue as % of GDP 2010–2019 [R]	Government Expenditure 2010–2019 [R]							Official development assistance 2010–2019 [R]			
		As % of GDP				As % of government budget						
		Total	On health	On education	On social protection	On health	On education	On social protection	Inflow in millions US$	Inflow as a % of recipient GNI	Outflow in millions US$	Ouflow as a % of donor GNI
Afghanistan	13.0	-	0.5	4.1	1.8	1.8	15.7	4.1	4,284	21.9	-	-
Albania	25.3	11.5	2.8	3.6	9.5	9.7	12.4	32.5	28	0.2	-	-
Algeria	-	16.9	4.1	-	-	10.7	-	-	176	0.1	-	-
Andorra	-	-	4.6	3.2	-	18.6	19.3	-	-	-	-	-
Angola	16.4	10.3	1.1	-	-	5.4	-	-	50	0.1	-	-
Anguilla	-	-	-	-	-	-	-	-	-	-	-	-
Antigua and Barbuda	-	16.4	2.9	-	-	11.7	-	-	27	1.7	-	-
Argentina	18.8	15.8	5.9	5.5	-	15.2	13.3	-	18	0.0	-	-
Armenia	23.8	12.5	1.2	2.7	6.7	5.3	10.4	26.1	420	3.0	-	-
Australia	26.0	19.0	6.4	5.1	9.5	17.9	13.6	26.4	-	-	3,278	0.3
Austria	44.0	19.4	7.5	5.4	20.1	15.5	11.0	41.6	-	-	1,635	0.4
Azerbaijan	42.8	10.8	0.9	2.5	6.4	2.8	7.4	19.9	121	0.3	-	-
Bahamas	17.9	14.2	3.1	-	-	15.9	-	-	-	-	-	-
Bahrain	-	16.3	2.4	2.3	-	7.2	7.2	-	-	-	-	-
Bangladesh	10.2	6.3	0.4	1.3	-	3.0	9.3	-	4,483	1.4	-	-
Barbados	29.6	11.3	2.9	4.4	-	9.9	12.9	-	-	-	-	-
Belarus	30.2	15.9	4.0	4.8	14.1	10.6	12.3	33.8	214	0.3	-	-
Belgium	37.9	23.0	7.8	6.4	19.5	15.0	12.5	37.2	-	-	2,300	0.5
Belize	29.4	17.5	3.9	7.6	-	12.5	21.4	-	38	2.2	-	-
Benin	-	10.3	0.5	2.9	-	3.0	17.7	-	602	4.2	-	-
Bhutan	22.2	18.3	2.4	6.9	-	7.6	22.8	-	181	7.9	-	-
Bolivia (Plurinational State of)	-	18.1	4.5	-	-	12.1	-	-	716	1.8	-	-
Bosnia and Herzegovina	38.2	19.5	6.2	-	-	15.1	-	-	465	2.3	-	-
Botswana	27.5	18.4	4.5	-	-	14.3	-	-	69	0.4	-	-
Brazil	29.7	20.3	4.0	6.3	-	10.3	16.5	-	290	0.0	-	-
British Virgin Islands	-	-	-	2.5	-	-	-	-	-	-	-	-
Brunei Darussalam	-	25.0	2.3	4.4	-	7.1	11.4	-	-	-	-	-
Bulgaria	34.7	16.8	4.2	4.1	11.6	11.6	12.7	31.8	-	-	-	-
Burkina Faso	18.7	19.0	2.4	5.4	-	8.8	22.7	-	1,149	7.5	-	-
Burundi	-	27.6	1.9	5.1	-	8.5	19.9	-	589	19.5	-	-
Cabo Verde	28.8	17.6	3.2	5.2	-	10.4	16.4	-	153	7.9	-	-
Cambodia	22.8	4.8	1.3	2.2	-	5.2	8.8	-	984	3.9	-	-
Cameroon	15.7	10.9	0.2	3.1	-	1.1	16.9	-	1,335	3.5	-	-
Canada	18.8	21.2	7.9	5.3	11.2	19.5	12.2	29.8	-	-	3,930	0.3
Central African Republic	8.8	15.0	0.7	1.1	-	4.2	7.8	-	754	31.6	-	-
Chad	-	3.6	0.7	2.5	-	5.2	16.4	-	707	6.3	-	-
Chile	21.4	14.6	4.6	5.4	-	18.3	21.3	-	70	0.0	-	-
China	16.5	16.8	3.0	-	8.1	8.9	-	26.2	-590	0.0	-	-
Colombia	24.2	15.4	5.5	4.5	-	19.6	16.0	-	903	0.3	-	-
Comoros	-	10.3	0.4	2.5	-	2.6	13.3	-	78	6.7	-	-
Congo	25.8	12.2	0.8	3.5	-	3.5	15.6	-	187	2.0	-	-
Cook Islands	-	-	-	-	-	-	-	10.8	-	-	-	-
Costa Rica	25.2	17.4	5.5	7.0	10.4	27.8	26.1	31.3	60	0.1	-	-
Croatia	40.3	19.7	5.7	3.9	14.6	12.3	8.7	31.0	-	-	-	-
Cuba	-	30.1	9.9	-	-	15.2	-	-	500	3.0	-	-
Cyprus	40.2	16.6	2.9	5.8	12.6	6.6	15.9	31.0	-	-	-	-
Czechia	32.2	19.7	6.3	3.9	12.6	15.5	9.9	30.5	-	-	260	0.1
Côte d'Ivoire	12.3	10.1	1.2	3.3	-	5.1	18.3	-	1,201	2.1	-	-
Democratic People's Republic of Korea	-	-	-	-	-	-	-	-	151	-	-	-
Democratic Republic of the Congo	-	6.5	0.5	1.5	-	4.5	14.0	-	3,026	6.2	-	-
Denmark	39.7	23.8	8.4	7.8	21.6	16.6	15.3	43.5	-	-	2,369	0.8
Djibouti	-	20.6	1.2	3.6	-	4.3	14.0	-	272	8.4	-	-
Dominica	-	-	4.3	5.6	-	7.0	9.4	-	51	9.0	-	-
Dominican Republic	15.5	11.1	2.5	-	-	15.4	-	-	134	0.2	-	-
Ecuador	-	14.5	4.2	5.0	-	11.4	12.6	-	525	0.5	-	-
Egypt	21.0	7.7	1.4	-	9.5	4.7	-	29.0	1,741	0.6	-	-
El Salvador	24.0	16.0	4.5	3.6	4.4	18.8	14.9	16.8	306	1.2	-	-
Equatorial Guinea	19.2	26.0	0.6	-	-	3.2	-	-	64	0.8	-	-
Eritrea	-	26.6	0.6	-	-	2.4	-	-	277	6.5	-	-
Estonia	35.2	19.9	4.9	5.0	13.2	12.5	12.8	33.9	-	-	-	-
Eswatini	-	20.7	2.1	7.1	-	6.0	24.8	-	73	1.8	-	-
Ethiopia	7.8	9.2	0.8	4.7	-	4.8	27.1	-	4,810	5.0	-	-
Fiji	24.9	19.8	2.3	3.9	-	7.2	14.3	-	139	2.8	-	-
Finland	36.6	23.0	7.1	6.4	24.0	13.3	11.9	45.1	-	-	1,060	0.4
France	43.5	23.1	8.3	5.5	23.9	14.8	9.7	42.9	-	-	9,622	0.4
Gabon	19.4	11.0	1.6	2.7	-	9.4	11.2	-	117	0.8	-	-
Gambia	-	8.2	0.9	2.4	-	4.4	11.2	-	194	10.8	-	-
Georgia	20.8	13.0	2.8	3.5	6.7	10.3	13.0	23.4	497	2.9	-	-
Germany	29.4	20.4	8.9	4.9	19.7	20.0	11.0	43.7	-	-	24,736	0.7

TABLE 16. ECONOMIC INDICATORS

Countries and areas	Government revenue as % of GDP 2010–2019 R	Government Expenditure 2010–2019 R							Official development assistance 2010–2019 R			
		As % of GDP				As % of government budget						
		Total	On health	On education	On social protection	On health	On education	On social protection	Inflow in millions US$	Inflow as a % of recipient GNI	Outflow in millions US$	Ouflow as a % of donor GNI
Ghana	15.0	8.9	1.4	4.0	-	6.4	18.6	-	936	1.4	-	-
Greece	45.8	19.5	4.0	-	19.3	8.5	-	41.8	-	-	369	0.2
Grenada	-	-	1.7	3.2	-	7.7	14.0	-	15	1.3	-	-
Guatemala	11.2	11.1	2.1	3.2	-	16.7	24.2	-	394	0.5	-	-
Guinea	-	14.8	0.6	2.3	-	4.1	14.9	-	581	4.8	-	-
Guinea-Bissau	13.3	9.7	0.6	2.1	-	3.0	16.2	-	121	8.4	-	-
Guyana	-	-	3.7	5.5	-	10.7	16.0	-	113	2.2	-	-
Haiti	-	7.5	0.9	2.8	-	4.8	14.4	-	726	5.1	-	-
Holy See	-	-	-	-	-	-	-	-	-	-	-	-
Honduras	23.4	13.5	2.8	6.1	-	10.7	23.0	-	458	2.0	-	-
Hungary	37.6	19.6	4.6	4.7	13.3	9.9	10.1	28.5	-	-	199	0.2
Iceland	28.9	24.3	7.0	7.7	10.8	16.6	17.7	25.5	-	-	59	0.3
India	13.1	12.0	1.0	3.8	-	3.4	14.1	-	2,611	0.1	-	-
Indonesia	12.3	8.8	1.4	3.6	1.3	8.5	20.5	8.0	-630	-0.1	-	-
Iran (Islamic Republic of)	-	11.6	4.0	4.0	-	21.8	21.1	-	210	0.0	-	-
Iraq	38.5	23.6	2.0	-	-	6.2	-	-	2,212	0.9	-	-
Ireland	24.4	12.0	5.1	3.5	8.9	20.2	13.5	36.3	-	-	803	0.3
Israel	31.2	22.6	4.9	6.1	11.1	12.1	15.7	28.4	-	-	-	-
Italy	40.2	18.7	6.4	4.0	21.2	13.2	8.3	43.5	-	-	5,087	0.3
Jamaica	29.6	13.5	3.9	5.2	-	13.0	17.3	-	127	0.8	-	-
Japan	-	19.8	9.2	3.2	16.2	23.6	8.4	41.8	-	-	10,417	0.2
Jordan	22.0	15.0	3.8	3.1	-	12.4	10.0	-	2,797	6.3	-	-
Kazakhstan	14.9	9.1	1.8	2.6	5.9	9.1	13.9	30.2	54	0.0	-	-
Kenya	20.1	13.1	2.2	5.3	-	8.5	19.1	-	3,251	3.5	-	-
Kiribati	114.8	73.9	9.3	-	2.2	6.0	-	2.2	57	14.8	-	-
Kuwait	-	22.7	4.4	-	-	8.9	-	-	-	-	-	-
Kyrgyzstan	28.6	16.8	2.8	6.0	10.4	8.4	15.7	31.0	449	5.7	-	-
Lao People's Democratic Republic	-	14.0	0.9	2.9	-	4.4	11.8	-	632	3.6	-	-
Latvia	40.4	19.1	3.7	4.4	12.1	9.6	12.0	31.5	-	-	-	-
Lebanon	19.2	15.9	4.2	2.4	-	13.3	8.6	-	1,525	3.0	-	-
Lesotho	37.0	39.6	5.4	7.0	-	11.6	13.9	-	146	5.2	-	-
Liberia	-	19.7	1.7	2.6	-	5.2	8.1	-	597	22.0	-	-
Libya	-	-	3.8	-	-	6.4	-	-	316	0.6	-	-
Liechtenstein	-	-	-	2.6	-	-	-	-	-	-	-	-
Lithuania	31.9	16.8	4.3	3.8	12.4	12.7	11.8	35.5	-	-	-	-
Luxembourg	41.6	17.1	4.5	3.6	18.0	10.7	8.5	42.7	-	-	391	1.0
Madagascar	11.6	14.3	1.7	2.8	-	10.5	19.8	-	756	5.6	-	-
Malawi	17.9	13.9	2.7	4.7	-	9.8	15.8	-	1,206	16.1	-	-
Malaysia	17.5	11.7	1.9	4.2	-	8.5	17.9	-	6	0.0	-	-
Maldives	-	15.4	6.6	4.1	-	21.4	11.3	-	72	1.4	-	-
Mali	15.4	15.7	1.1	3.8	-	5.4	16.5	-	1,863	11.1	-	-
Malta	37.2	17.2	5.7	4.8	10.8	15.6	13.5	29.1	-	-	-	-
Marshall Islands	32.2	56.3	7.6	-	-	12.1	15.0	-	66	19.2	-	-
Mauritania	-	12.8	1.6	1.9	-	6.1	9.5	-	412	5.5	-	-
Mauritius	23.0	15.3	2.5	4.7	6.8	10.0	18.7	26.5	22	0.1	-	-
Mexico	18.6	11.4	2.7	4.5	-	10.5	17.6	-	536	0.0	-	-
Micronesia (Federated States of)	44.7	-	3.3	12.4	-	4.8	22.3	-	93	24.0	-	-
Monaco	-	-	1.4	1.5	-	6.6	7.0	-	-	-	-	-
Mongolia	28.7	12.1	2.2	4.1	6.4	7.7	12.6	21.3	315	2.5	-	-
Montenegro	-	17.8	5.1	-	-	10.6	-	-	97	1.7	-	-
Montserrat	-	-	-	-	-	-	-	-	-	-	-	-
Morocco	25.5	19.4	2.1	-	-	7.2	-	-	758	0.6	-	-
Mozambique	28.9	21.7	1.7	5.5	-	5.6	17.9	-	1,908	12.7	-	-
Myanmar	13.9	18.3	0.7	1.9	0.9	3.5	10.5	4.6	2,080	2.8	-	-
Namibia	34.1	25.9	3.7	-	-	10.7	-	-	148	1.2	-	-
Nauru	108.5	-	7.9	-	6.1	7.4	-	5.9	54	31.2	-	-
Nepal	25.0	11.6	1.5	5.1	-	4.6	14.1	-	1,361	4.4	-	-
Netherlands	39.4	24.5	6.5	5.2	15.4	15.4	12.2	36.7	-	-	4,966	0.6
New Zealand	33.7	18.5	6.9	6.3	10.6	19.3	16.7	29.3	-	-	438	0.3
Nicaragua	19.1	15.6	5.1	4.4	-	18.8	17.9	-	389	3.2	-	-
Niger	-	17.2	2.4	3.5	-	8.4	16.8	-	1,490	11.1	-	-
Nigeria	-	5.9	0.6	-	-	4.4	-	-	3,517	0.8	-	-
Niue	-	-	-	-	-	-	-	-	-	-	-	-
North Macedonia	28.5	14.0	3.8	-	-	12.4	-	-	142	1.2	-	-
Norway	47.8	24.4	8.6	7.9	19.8	17.4	16.0	38.2	-	-	4,380	1.1
Oman	-	24.6	3.6	5.0	-	8.0	11.1	-	-	-	-	-
Pakistan	-	11.7	1.1	2.9	-	5.3	14.5	-	2,171	0.8	-	-
Palau	28.4	33.1	6.4	-	-	16.8	-	-	25	8.7	-	-
Panama	13.6	11.9	4.6	3.2	-	21.4	13.0	-	71	0.1	-	-

TABLE 16. ECONOMIC INDICATORS

Countries and areas	Government revenue as % of GDP 2010–2019 [R]	Government Expenditure 2010–2019 [R]							Official development assistance 2010–2019 [R]			
		As % of GDP				As % of government budget						
		Total	On health	On education	On social protection	On health	On education	On social protection	Inflow in millions US$	Inflow as a % of recipient GNI	Outflow in millions US$	Ouflow as a % of donor GNI
Papua New Guinea	14.2	-	1.7	1.9	-	7.4	8.7	-	667	2.8	-	-
Paraguay	17.4	11.8	2.9	3.4	-	15.3	18.2	-	130	0.4	-	-
Peru	19.6	13.3	3.3	3.8	-	15.3	17.5	-	476	0.2	-	-
Philippines	16.1	12.5	1.4	-	-	6.6	-	-	905	0.2	-	-
Poland	34.5	18.0	4.5	4.6	16.8	10.8	11.1	40.0	-	-	663	0.1
Portugal	37.4	16.9	5.8	5.0	17.0	13.4	11.1	39.7	-	-	343	0.2
Qatar	-	18.5	1.9	2.7	-	6.3	8.6	-	-	-	-	-
Republic of Korea	28.0	17.2	4.4	4.3	5.2	14.0	-	21.9	-	-	2,246	0.2
Republic of Moldova	27.1	14.2	3.7	5.4	11.1	12.0	17.5	35.4	343	2.7	-	-
Romania	29.7	17.3	4.4	3.1	-	12.7	10.1	-	-	-	-	-
Russian Federation	27.4	18.3	3.2	4.7	12.0	9.8	13.5	31.6	-	-	-	-
Rwanda	20.7	15.8	2.4	3.1	-	8.9	10.8	-	1,191	11.9	-	-
Saint Kitts and Nevis	27.9	-	2.5	2.6	-	7.4	8.6	-	30	3.6	-	-
Saint Lucia	19.4	-	2.1	3.3	-	8.2	14.4	-	32	1.6	-	-
Saint Vincent and the Grenadines	27.2	-	3.1	5.7	-	10.1	18.8	-	84	10.3	-	-
Samoa	29.0	-	3.8	4.2	-	11.0	10.5	-	124	15.2	-	-
San Marino	41.1	19.4	6.0	3.6	18.4	23.4	14.0	41.2	-	-	-	-
Sao Tome and Principe	-	-	2.8	5.1	-	10.8	20.1	-	51	12.3	-	-
Saudi Arabia	31.2	23.8	4.0	-	-	10.9	-	-	-	-	-	-
Senegal	19.7	13.6	0.9	4.8	-	4.3	21.5	-	1,444	6.3	-	-
Serbia	41.1	16.6	5.1	3.6	16.5	12.4	8.8	37.5	571	1.2	-	-
Seychelles	37.7	21.4	3.8	4.4	6.4	10.2	11.7	16.9	16	1.1	-	-
Sierra Leone	-	8.4	1.6	7.7	-	7.2	33.9	-	595	14.6	-	-
Singapore	21.2	10.3	2.2	2.9	0.9	15.3	28.8	5.6	-	-	-	-
Slovakia	39.0	19.7	5.3	3.9	14.3	12.7	9.8	33.6	-	-	106	0.1
Slovenia	38.8	18.4	6.0	4.8	16.6	13.8	12.0	38.1	-	-	81	0.2
Solomon Islands	26.3	-	3.5	-	-	7.9	-	-	224	14.2	-	-
Somalia	0.0	11.9	-	-	0.0	-	-	0.4	1,866	-	-	-
South Africa	32.4	21.3	4.5	6.5	6.0	13.3	19.5	13.5	971	0.3	-	-
South Sudan	-	7.3	0.7	1.5	-	2.1	0.9	-	1,885	15.9	-	-
Spain	28.0	18.9	6.3	4.2	17.4	15.2	10.2	42.0	-	-	4,278	0.3
Sri Lanka	12.6	9.4	1.5	2.1	-	8.3	11.3	-	197	0.2	-	-
State of Palestine	-	20.2	-	5.3	-	-	-	-	2,234	12.0	-	-
Sudan	9.5	3.6	1.0	-	-	6.8	-	-	1,625	5.6	-	-
Suriname	-	-	5.3	-	-	16.8	-	-	23	0.7	-	-
Sweden	32.9	25.9	9.3	7.6	19.1	18.6	15.8	38.7	-	-	4,894	0.9
Switzerland	18.4	11.9	3.7	5.1	12.9	11.0	15.6	39.4	-	-	3,582	0.5
Syrian Arab Republic	-	-	1.6	-	-	4.5	-	-	10,250	-	-	-
Tajikistan	-	17.8	2.0	5.2	-	6.1	16.4	-	367	3.9	-	-
Thailand	19.3	16.1	2.9	4.1	3.1	15.0	19.1	15.0	-338	-0.1	168	0.0
Timor-Leste	68.0	47.4	2.6	6.8	14.0	5.4	7.9	11.0	236	8.7	-	-
Togo	19.4	16.0	1.1	5.4	-	4.3	21.8	-	412	7.5	-	-
Tokelau	-	-	-	-	-	-	-	-	-	-	-	-
Tonga	-	18.9	3.2	-	-	7.5	-	-	108	20.1	-	-
Trinidad and Tobago	29.7	-	3.4	-	-	11.0	-	-	-	-	-	-
Tunisia	31.4	20.5	4.2	6.6	-	13.6	22.6	-	984	2.6	-	-
Turkey	30.6	15.5	3.2	-	10.6	9.3	-	30.6	825	0.1	6,488	0.8
Turkmenistan	-	7.8	1.2	3.0	-	8.7	22.8	-	25	0.1	-	-
Turks and Caicos Islands	-	-	-	2.9	-	-	12.1	-	-	-	-	-
Tuvalu	-	-	15.2	-	-	13.7	-	-	36	55.8	-	-
Uganda	13.2	8.8	1.0	2.1	0.2	5.1	10.9	1.5	2,100	6.1	-	-
Ukraine	31.9	19.9	3.7	5.4	15.1	8.9	13.1	36.4	1,148	0.7	-	-
United Arab Emirates	4.6	13.3	2.2	-	2.3	7.2	-	8.1	-	-	-	-
United Kingdom	35.4	18.8	7.9	5.4	14.8	19.2	14.2	36.0	-	-	18,053	0.7
United Republic of Tanzania	13.7	8.5	1.6	3.7	-	9.4	20.6	-	2,153	3.5	-	-
United States	17.5	14.0	8.5	5.0	7.5	22.5	-	19.9	-	-	34,412	0.2
Uruguay	34.0	15.0	6.7	5.0	-	20.2	15.2	-	42	0.1	-	-
Uzbekistan	21.0	16.4	2.0	5.3	6.5	7.9	23.0	23.7	1,156	2.0	-	-
Vanuatu	31.5	14.9	2.1	4.5	-	7.0	12.7	-	131	13.8	-	-
Venezuela (Bolivarian Republic of)	-	14.6	1.7	-	-	3.7	-	-	284	0.0	-	-
Viet Nam	-	6.5	2.7	4.2	-	9.3	14.5	-	1,095	0.4	-	-
Yemen	-	-	0.5	-	7.1	2.2	-	20.3	4,397	19.5	-	-
Zambia	19.6	17.7	1.9	4.6	-	7.0	17.0	-	976	4.3	-	-
Zimbabwe	23.2	25.6	1.3	5.9	-	7.6	19.0	-	975	4.9	-	-

TABLE 16. ECONOMIC INDICATORS

Countries and areas	Government revenue as % of GDP 2010–2019 R	Government Expenditure 2010–2019 R							Official development assistance 2010–2019 R			
		As % of GDP				As % of government budget						
		Total	On health	On education	On social protection	On health	On education	On social protection	Inflow in millions US$	Inflow as a % of recipient GNI	Outflow in millions US$	Ouflow as a % of donor GNI
SUMMARY												
East Asia and Pacific	16.6	15.3	3.1	-	7.3	9.8	-	23.7	-	0.2	-	-
Europe and Central Asia	32.5	18.5	5.3	4.8	15.4	12.8	12.3	36.3	-	-	-	-
Eastern Europe and Central Asia	28.6	16.7	3.2	4.5	11.2	9.5	14.0	31.0	-	1.0	-	-
Western Europe	35.7	20.0	7.1	5.0	18.5	15.6	11.2	40.4	-	-	-	0.5
Latin America and Caribbean	23.6	16.0	3.9	5.2	-	12.4	16.9	-	-	0.3	-	-
Middle East and North Africa	25.8	15.2	2.8	-	-	10.0	-	-	-	2.3	-	-
North America	17.6	14.7	8.5	5.0	7.9	22.2	-	20.9	-	-	-	0.2
South Asia	13.0	11.4	0.9	3.5	-	3.6	13.7	-	-	0.8	-	-
Sub-Saharan Africa	16.3	11.2	1.3	4.0	-	6.3	18.5	-	-	5.0	-	-
Eastern and Southern Africa	16.4	13.1	1.8	4.5	-	7.6	19.5	-	-	5.5	-	-
West and Central Africa	-	9.1	0.9	3.1	-	4.8	17.0	-	-	4.4	-	-
Least developed countries	13.6	10.8	1.0	3.1	-	5.1	15.7	-	-	6.7	-	-
World	**19.0**	**14.2**	**2.9**	**4.1**	**9.2**	**9.1**	**15.0**	**26.0**	**-**	**1.3** u	**-**	**-**

For a complete list of countries and areas in the regions, subregions and country categories, see page on Regional Classifications or visit <data.unicef.org/regionalclassifications>.
It is not advisable to compare data from consecutive editions of The State of the World's Children report.
While it is possible to analyze the impacts of government revenue and expenditure data on gender equality, there are insufficient data points available to present.

DEFINITIONS OF THE INDICATORS

Government revenue as percentage of GDP – Revenue is cash receipts from taxes, social contributions, and other revenues such as fines, fees, rent, and income from property or sales. Grants are also considered as revenue but are excluded here.

Government expenditure – General government final consumption expenditure (formerly general government consumption) includes all government current expenditures for purchases of goods and services (including compensation of employees). It also includes most expenditures on national defence and security, but excludes government military expenditures that are part of government capital formation.

Government expenditure expressed as a percentage of GDP – Total government expenditure as well as the specific expenditures on health, education, and social protection.

Government expenditure expressed as a percentage of Total government expenditure – Specific expenditures on health, education, and social protection.

ODA (Net official development assistance) – Official development assistance flows are defined as those flows to countries and territories on the DAC List of ODA Recipients and to multilateral development institutions which are: (a) provided by official agencies, including state and local governments, or by their executive agencies; (b) each transaction of which is administered with the promotion of the economic development and welfare of developing countries as its main objective; and (c) is concessional in character.

ODA (Net official development assistance) for donor countries – expressed as an outflow of resources (in US$ and as percentage of Gross National Income).

ODA (Net official development assistance) for recipient countries – expressed as an intflow of resources (in US$ and as percentage of Gross National Income).

MAIN DATA SOURCES

ODA – Organisation for Economic Co-operation and Development. Last update: May 2021.

Government revenue as percentage of GDP – World Development Indicators. Last update: May 2021.

Government Expenditure – World Development Indicators. Last update: June 2021. IMF Government Finance Statistics. Last update: April 2021.

NOTES

– Data not available.

R Data refer to the most recent year available during the period specified in the column heading.

u The average corresponds to all recipient countries in the world

TABLE 17. WOMEN'S ECONOMIC EMPOWERMENT

Countries and areas	Social Institutions and Gender Index (SIGI) 2019	Legal frameworks on gender equality in employment 2019	Maternity leave benefits 2021	Paternity leave benefits 2021	Educational attainment 2014–2019 [R]		Labour force participation rate 2010–2020 [R]						Unemployment rate 2010–2020 [R]						Mobile phone ownership 2014–2020 [R]		Financial inclusion 2014–2020 [R]	
					Upper secondary		Male			Female			Male			Female						
					Male	Female	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total	Male	Female	Male	Female
Afghanistan	Very high	-	No	Yes	-	-	75	72	75	24	17	22	10	12	10	8	35	14	-	-	23	7
Albania	Low	80	Yes	Yes	-	-	64	70	68	50	54	53	10	13	12	9	12	11	-	-	42	38
Algeria	-	-	Yes	Yes	-	-	74	65	68	13	19	17	8	11	10	19	21	20	93	83	56	29
Andorra	-	-	-	-	48	47	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Angola	-	-	No	Yes	20	12	87	73	79	90	66	76	2	11	7	1	14	7	-	-	36	22
Anguilla	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Antigua and Barbuda	-	-	No	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Argentina	-	60	No	Yes	55	59	69	75	73	49	53	51	7	10	9	9	12	11	-	-	46	51
Armenia	Low	80	Yes	No	90	90	68	63	65	49	39	43	11	23	18	11	27	20	76	77	56	41
Australia	Very low	100	Yes	Yes	80	77	68	73	71	58	62	61	4	6	5	4	6	5	-	-	100	99
Austria	Very low	100	Yes	Yes	86	74	67	67	67	56	55	55	2	6	5	2	6	4	-	-	98	98
Azerbaijan	Low	-	Yes	No	92	85	66	72	70	60	65	63	3	5	4	4	7	6	88	79	29	28
Bahamas	-	-	No	No	-	-	79	83	82	68	71	70	10	10	10	10	10	10	-	-	-	-
Bahrain	-	-	No	Yes	66	63	84	89	87	44	46	45	0	1	1	4	5	5	100	100	86	75
Bangladesh	Very high	20	Yes	No	36	27	81	82	82	39	31	36	3	4	3	6	9	7	54	31	65	36
Barbados	-	50	No	No	-	-	67	70	69	60	63	62	10	10	10	10	10	10	-	-	-	-
Belarus	Low	50	Yes	No	-	-	68	74	72	55	60	58	4	7	6	2	4	4	94	96	81	81
Belgium	Very low	-	Yes	Yes	71	68	60	59	59	52	49	49	4	6	6	4	5	5	-	-	98	99
Belize	-	-	Yes	No	-	-	83	79	81	43	58	50	3	6	4	9	10	10	-	-	44	52
Benin	Medium	-	Yes	Yes	-	-	76	69	73	72	65	69	1	4	2	1	4	3	-	-	49	29
Bhutan	-	-	No	Yes	20	14	73	76	74	64	49	60	1	3	2	2	6	3	-	-	39	28
Bolivia (Plurinational State of)	Low	70	No	Yes	46	39	93	75	81	78	58	64	1	5	3	1	5	4	-	-	55	54
Bosnia and Herzegovina	Low	-	Yes	Yes	75	52	58	58	58	34	42	37	12	16	14	19	18	19	-	-	63	55
Botswana	-	-	No	No	-	-	78	75	76	63	67	65	13	15	14	20	21	21	-	-	56	47
Brazil	Low	80	Yes	Yes	45	50	68	76	74	38	58	55	8	11	10	13	14	14	83	86	73	68
British Virgin Islands	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	76	77	-	-
Brunei Darussalam	-	-	No	No	-	-	68	74	73	53	57	56	11	5	6	13	7	8	91	99	-	-
Bulgaria	Low	100	Yes	Yes	78	75	56	67	64	40	55	50	8	3	5	8	3	4	-	-	71	74
Burkina Faso	Medium	-	Yes	Yes	4	2	77	70	75	60	56	59	4	7	5	3	10	5	-	-	51	35
Burundi	-	-	No	Yes	8	4	79	70	78	84	58	81	1	8	2	0	8	1	25	12	8	7
Cabo Verde	-	70	No	Yes	20	20	61	71	67	40	60	53	9	14	13	8	13	12	73	71	-	-
Cambodia	Low	-	No	No	15	5	89	84	88	80	69	77	0	0	0	0	0	0	32	33	22	22
Cameroon	Very high	50	Yes	Yes	-	-	84	78	81	78	63	71	1	5	3	1	8	4	-	-	39	30
Canada	Very low	-	Yes	Yes	84	85	68	71	70	59	62	61	6	6	6	5	5	5	-	-	100	100
Central African Republic	High	-	Yes	Yes	-	-	85	68	80	69	55	65	2	8	4	3	9	4	-	-	18	10
Chad	High	-	Yes	Yes	-	-	82	66	77	68	55	64	1	4	2	1	4	2	-	-	29	15
Chile	Medium	80	Yes	Yes	60	58	75	73	73	43	53	52	5	7	7	7	8	8	87	97	78	71
China	-	-	Yes	Yes	-	-	85	70	76	68	56	61	4	6	5	3	5	4	97	95	84	76
Colombia	Very low	90	Yes	Yes	48	51	85	79	80	43	59	56	4	9	8	10	13	13	72	74	49	42
Comoros	-	-	Yes	No	-	-	57	57	57	35	34	34	5	8	6	9	12	10	-	-	26	18
Congo	-	-	Yes	No	-	-	78	67	71	77	61	68	3	14	9	3	17	10	-	-	31	21
Cook Islands	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Costa Rica	Low	60	Yes	No	38	41	79	77	77	43	55	52	8	10	9	16	15	15	86	86	75	61
Croatia	Very low	100	Yes	Yes	-	-	58	58	58	41	48	45	6	6	6	8	7	7	-	-	90	83
Cuba	-	-	-	-	-	-	63	68	66	39	42	41	1	2	2	1	2	2	-	-	-	-
Cyprus	Low	90	Yes	Yes	74	72	63	71	70	51	60	58	6	6	6	9	8	8	99	98	87	90
Czechia	Very low	90	Yes	Yes	95	87	68	69	69	51	54	53	2	2	2	2	2	2	96	96	84	79
Côte d'Ivoire	High	80	Yes	Yes	15	7	68	59	63	45	44	45	1	5	3	1	6	4	71	64	47	36
Democratic People's Republic of Korea	-	-	-	-	-	-	94	75	88	78	63	74	1	7	3	1	5	2	-	-	-	-
Democratic Republic of the Congo	Medium	-	Yes	Yes	39	17	72	59	66	73	46	61	2	10	5	1	8	3	53	33	27	24
Denmark	Very low	90	Yes	Yes	78	80	64	68	67	55	60	58	4	5	5	4	6	5	82	83	100	100
Djibouti	-	-	Yes	Yes	-	-	72	65	69	53	48	51	9	13	11	9	14	11	61	52	17	9
Dominica	-	-	No	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dominican Republic	Very low	90	Yes	Yes	46	51	82	79	80	46	56	54	3	5	4	10	10	10	71	70	58	54
Ecuador	Low	80	No	Yes	44	43	87	78	81	64	52	55	1	4	3	2	6	5	62	58	60	43
Egypt	-	-	No	No	67	67	73	69	71	18	20	19	6	8	7	18	26	21	100	98	39	27
El Salvador	Low	90	Yes	Yes	31	28	79	74	76	35	51	45	3	5	4	4	4	4	81	78	38	24
Equatorial Guinea	-	-	No	Yes	-	-	64	69	67	52	56	55	6	9	8	6	9	8	-	-	-	-
Eritrea	-	-	No	No	-	-	92	74	86	76	62	72	4	13	6	4	13	7	-	-	-	-
Estonia	Very low	100	Yes	Yes	84	91	65	74	71	52	60	58	5	4	4	5	5	5	-	-	98	98
Eswatini	-	-	No	No	-	-	52	71	57	43	64	49	23	15	21	25	22	24	-	-	30	27
Ethiopia	Low	30	Yes	Yes	-	-	89	73	85	77	63	73	1	4	2	2	6	3	-	-	41	29
Fiji	-	80	Yes	Yes	42	47	81	72	77	37	39	38	2	5	4	4	6	5	-	-	-	-
Finland	Very low	100	Yes	Yes	75	76	59	65	63	52	57	56	6	8	7	5	7	6	99	98	100	100
France	Very low	90	Yes	Yes	73	67	59	60	60	51	51	51	6	10	9	7	9	8	80	78	97	91
Gabon	High	-	Yes	Yes	-	-	59	64	62	41	45	43	12	15	14	27	28	28	-	-	64	54
Gambia	-	-	Yes	Yes	-	-	66	69	68	53	50	51	4	9	7	10	14	12	85	74	-	-
Georgia	Low	-	Yes	No	93	92	80	67	73	66	48	55	6	19	13	5	16	10	92	88	58	64
Germany	Very low	100	Yes	Yes	87	80	68	67	67	57	55	56	2	4	4	2	3	3	-	-	99	99

TABLE 17. WOMEN'S ECONOMIC EMPOWERMENT

Countries and areas	Social Institutions and Gender Index (SIGI) 2019	Legal frameworks on gender equality in employment 2019	Maternity leave benefits 2021	Paternity leave benefits 2021	Educational attainment 2014–2019 [R]		Labour force participation rate 2010–2020 [R]						Unemployment rate 2010–2020 [R]						Mobile phone ownership 2014–2020 [R]		Financial inclusion 2014–2020 [R]	
					Upper secondary		Male			Female			Male			Female						
					Male	Female	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total	Male	Female	Male	Female
Ghana	Medium	-	No	No	-	-	72	71	72	65	63	64	2	6	4	3	6	4	80	68	62	54
Greece	Low	100	Yes	Yes	57	52	58	61	60	41	46	45	12	15	14	19	22	22	-	-	86	85
Grenada	-	-	No	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	90	95	-	-
Guatemala	Low	60	No	Yes	26	27	90	83	86	32	48	41	1	3	2	3	4	3	-	-	46	42
Guinea	Very high	50	Yes	No	12	3	64	51	60	67	54	63	3	11	5	2	7	3	86	69	27	20
Guinea-Bissau	-	-	No	No	-	-	84	67	79	70	57	66	2	6	3	2	6	3	87	61	-	-
Guyana	-	-	No	No	-	-	69	62	67	40	50	43	12	12	12	17	16	17	-	-	-	-
Haiti	Medium	-	No	No	-	-	78	67	73	70	58	64	6	17	11	10	23	16	-	-	35	30
Holy See	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Honduras	Low	60	No	No	22	24	92	81	86	43	58	52	2	8	5	5	8	7	-	-	50	41
Hungary	Low	90	Yes	Yes	81	72	67	66	66	48	49	48	5	3	3	4	3	4	-	-	78	72
Iceland	-	100	Yes	Yes	-	-	79	79	79	68	71	70	4	4	4	3	3	3	-	-	-	-
India	Medium	40	Yes	No	-	-	77	75	76	22	19	21	5	6	5	3	10	5	-	-	83	77
Indonesia	High	-	No	Yes	38	31	85	80	82	56	52	54	3	5	4	3	4	3	69	58	46	51
Iran (Islamic Republic of)	Very high	-	Yes	Yes	48	49	77	71	72	19	17	18	6	11	10	14	20	18	80	56	96	92
Iraq	Very high	70	Yes	No	-	-	76	74	74	7	13	12	10	10	10	13	34	31	85	86	26	20
Ireland	Very low	90	Yes	Yes	68	73	67	70	69	54	58	56	5	6	5	5	5	5	83	83	95	95
Israel	-	70	Yes	No	82	81	70	68	68	64	59	60	3	4	4	3	4	4	95	94	92	94
Italy	Very low	-	Yes	Yes	50	48	58	59	59	39	42	41	9	9	9	11	11	11	93	90	96	92
Jamaica	Low	50	No	No	-	-	76	71	73	59	61	60	5	7	6	8	11	10	96	97	79	78
Japan	Low	70	Yes	Yes	-	-	69	73	72	52	54	54	2	3	3	2	3	2	93	91	98	98
Jordan	Very high	40	No	Yes	-	-	67	61	64	15	14	15	13	18	15	21	27	24	-	-	56	27
Kazakhstan	Low	70	Yes	No	98	97	72	78	76	59	65	63	3	5	4	4	6	5	89	88	57	60
Kenya	Medium	90	No	Yes	-	-	75	79	77	74	68	72	1	4	2	1	6	3	48	47	86	78
Kiribati	-	-	No	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	53	53	-	-
Kuwait	-	-	No	No	27	39	85	89	88	48	50	50	1	1	1	5	7	6	99	99	83	73
Kyrgyzstan	Low	40	Yes	No	-	-	75	74	75	49	41	44	4	6	6	7	10	9	-	93	41	39
Lao People's Democratic Republic	Low	-	Yes	Yes	-	-	83	75	80	80	70	77	0	1	1	0	1	1	84	73	26	32
Latvia	Very low	100	Yes	Yes	88	92	65	70	68	52	58	56	9	6	7	7	5	5	-	-	94	93
Lebanon	Very high	50	No	No	-	-	68	75	72	22	24	23	3	6	5	7	11	10	-	-	57	33
Lesotho	Medium	-	No	No	-	-	79	72	76	63	58	60	18	23	20	26	30	28	84	87	45	46
Liberia	High	-	Yes	No	-	-	89	73	80	83	63	72	1	6	4	1	4	2	-	-	44	28
Libya	-	-	Yes	No	-	-	62	67	65	32	35	34	13	16	15	23	25	24	-	-	71	60
Liechtenstein	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lithuania	Very low	100	Yes	Yes	89	86	63	71	68	53	60	57	10	5	7	7	5	6	96	96	85	81
Luxembourg	-	100	Yes	Yes	70	68	63	67	65	52	57	55	4	7	6	4	6	6	-	-	99	98
Madagascar	High	40	Yes	No	-	-	91	80	89	87	73	83	1	5	2	1	6	2	42	32	20	16
Malawi	High	70	No	No	-	-	81	76	80	74	62	73	4	7	5	5	14	7	-	-	38	30
Malaysia	-	30	No	No	58	59	77	80	77	53	45	51	2	5	3	3	6	4	97	94	88	82
Maldives	-	-	No	Yes	-	-	83	86	85	41	42	42	5	8	6	4	7	5	-	-	-	-
Mali	High	-	Yes	Yes	11	4	83	76	81	62	48	58	7	6	7	7	13	8	-	-	45	26
Malta	Low	90	Yes	Yes	47	43	73	67	67	52	48	48	2	3	3	3	4	4	-	-	98	97
Marshall Islands	-	-	No	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mauritania	-	-	Yes	Yes	-	-	63	63	63	26	30	28	6	12	10	8	15	12	-	-	26	15
Mauritius	-	90	Yes	Yes	-	-	67	73	71	43	46	45	3	5	4	7	11	9	84	78	93	87
Mexico	Low	80	No	Yes	37	35	82	77	79	34	49	46	2	4	4	3	4	4	73	70	41	33
Micronesia (Federated States of)	-	-	No	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Monaco	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mongolia	Low	-	Yes	No	-	-	80	66	71	69	49	55	3	8	6	3	6	5	95	94	91	95
Montenegro	-	60	Yes	No	-	-	60	66	64	45	49	48	13	16	15	14	17	16	-	-	69	68
Montserrat	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Morocco	Very high	70	Yes	Yes	-	-	83	62	70	26	19	22	6	10	9	8	13	11	95	94	41	17
Mozambique	Low	70	No	Yes	12	6	83	72	79	86	63	77	1	7	3	1	11	4	37	26	51	33
Myanmar	High	-	Yes	Yes	-	-	78	72	76	47	45	46	0	1	0	0	1	1	68	57	26	26
Namibia	Low	70	No	No	-	-	54	71	63	49	61	56	16	24	21	13	22	19	-	-	81	81
Nauru	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nepal	Medium	60	Yes	Yes	-	-	86	75	84	86	64	82	2	7	3	1	10	3	-	-	50	42
Netherlands	Very low	100	Yes	Yes	75	68	69	70	70	59	59	59	2	4	3	3	3	3	86	82	99	100
New Zealand	Very low	90	Yes	No	72	68	79	74	75	68	64	65	3	4	4	4	5	4	-	-	99	99
Nicaragua	Very low	-	No	Yes	-	-	91	80	85	37	58	50	2	8	5	5	5	5	-	-	37	25
Niger	-	-	Yes	Yes	-	-	88	71	84	66	40	61	0	2	1	0	2	0	77	55	20	11
Nigeria	High	30	No	No	-	-	64	63	63	47	50	49	6	14	9	5	11	8	49	32	51	27
Niue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
North Macedonia	-	80	Yes	Yes	-	-	70	65	66	46	45	45	14	18	17	18	18	18	-	-	80	73
Norway	Very low	100	Yes	Yes	78	78	67	68	68	58	62	61	4	4	4	3	4	3	-	-	99	100
Oman	-	-	No	No	45	63	78	85	84	25	40	36	0	1	1	6	8	7	98	96	84	64
Pakistan	Very high	20	Yes	No	33	21	84	79	82	28	12	22	4	5	4	3	10	4	65	26	35	7
Palau	-	-	No	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Panama	-	80	Yes	Yes	-	-	86	78	80	52	56	55	2	5	4	3	7	6	-	-	51	42

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					Upper secondary		Male			Female			Male			Female						
					Male	Female	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total	Male	Female	Male	Female
Papua New Guinea	-	-	No	No	-	-	46	54	48	46	50	46	3	6	3	1	3	1	-	-	-	-
Paraguay	Medium	100	Yes	Yes	39	39	87	84	85	55	62	60	4	6	5	8	9	8	-	-	51	46
Peru	Low	100	Yes	Yes	63	53	95	83	85	88	66	71	0	4	3	0	4	3	84	79	51	34
Philippines	Very high	100	Yes	Yes	-	-	74	72	73	45	49	47	2	3	2	2	3	3	-	-	30	39
Poland	Very low	100	Yes	Yes	87	83	66	66	66	47	50	49	3	3	3	4	3	4	-	-	85	88
Portugal	Very low	100	Yes	Yes	35	39	63	65	65	49	56	55	5	6	6	7	7	7	-	-	94	91
Qatar	-	-	No	No	37	60	92	96	95	53	58	57	0	0	0	0	1	0	100	100	69	62
Republic of Korea	Low	70	Yes	Yes	83	70	76	72	73	56	53	54	3	4	4	3	4	4	97	95	95	95
Republic of Moldova	Low	90	Yes	Yes	77	74	40	54	45	34	44	38	6	5	6	4	5	4	-	-	43	45
Romania	Very low	100	Yes	Yes	73	63	66	65	65	42	48	46	5	4	4	4	3	3	97	95	62	54
Russian Federation	Low	-	Yes	No	-	-	65	72	70	48	57	55	7	4	5	7	4	4	97	97	75	76
Rwanda	Low	90	No	Yes	12	8	85	78	83	87	71	84	0	4	1	0	5	1	-	-	56	45
Saint Kitts and Nevis	-	-	No	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Saint Lucia	-	-	No	No	-	-	72	79	76	65	71	69	12	15	14	15	18	17	-	-	-	-
Saint Vincent and the Grenadines	-	-	No	No	40	44	73	80	77	54	59	57	19	21	20	15	18	17	-	-	-	-
Samoa	-	-	No	Yes	-	-	54	61	56	29	41	31	7	10	7	10	10	10	-	-	-	-
San Marino	-	-	Yes	No	52	56	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sao Tome and Principe	-	-	Yes	No	-	-	78	71	74	43	40	42	7	11	9	18	23	21	-	-	-	-
Saudi Arabia	-	-	No	Yes	55	53	76	79	78	22	22	22	2	3	3	24	23	23	98	95	81	58
Senegal	Medium	-	Yes	Yes	17	5	61	54	57	34	36	35	3	9	6	3	10	7	-	-	47	38
Serbia	Very low	100	Yes	Yes	78	66	67	61	63	48	48	48	8	11	10	10	12	11	93	92	73	70
Seychelles	-	-	Yes	Yes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sierra Leone	High	-	No	No	-	-	51	63	58	48	63	58	11	3	5	6	3	4	65	45	25	15
Singapore	Low	-	Yes	Yes	77	71	76	79	78	60	63	62	2	3	3	2	4	3	89	88	100	96
Slovakia	Very low	100	Yes	No	91	83	68	68	68	51	53	52	7	5	6	7	5	6	-	-	85	83
Slovenia	Very low	90	Yes	Yes	87	78	63	62	63	53	53	53	4	4	4	5	5	5	98	97	98	97
Solomon Islands	-	-	No	No	-	-	90	81	86	86	78	82	0	1	1	0	1	1	-	-	-	-
Somalia	-	-	Yes	No	-	-	79	63	74	24	19	22	9	23	13	9	24	13	-	-	44	34
South Africa	Low	-	Yes	Yes	62	60	49	69	63	37	56	50	31	26	27	33	30	31	58	61	68	70
South Sudan	-	-	No	Yes	-	-	79	63	74	75	61	71	8	20	11	9	24	13	-	-	13	5
Spain	Very low	100	Yes	Yes	50	50	59	64	64	46	53	52	12	13	13	17	16	16	97	97	96	92
Sri Lanka	High	-	No	No	62	64	74	73	74	34	30	34	3	3	3	7	6	7	-	-	74	73
State of Palestine	-	40	No	No	42	43	76	69	70	19	18	18	12	23	21	29	44	41	79	70	34	16
Sudan	-	-	No	No	-	-	71	65	68	31	27	29	11	13	11	23	39	29	70	54	20	10
Suriname	-	60	Yes	Yes	-	-	61	66	64	37	41	39	3	5	4	9	13	11	94	93	-	-
Sweden	Very low	100	Yes	Yes	77	76	66	69	68	59	62	61	6	7	7	6	7	7	-	-	99	100
Switzerland	Very low	90	Yes	No	89	83	75	73	73	65	62	63	3	4	4	4	5	5	-	-	98	99
Syrian Arab Republic	-	-	Yes	No	-	-	78	71	74	15	14	15	4	8	6	17	24	20	-	-	27	20
Tajikistan	Medium	-	Yes	No	85	76	46	52	50	27	30	29	5	9	8	3	6	5	-	-	52	42
Thailand	Medium	60	No	No	34	33	76	75	75	58	60	59	1	1	1	1	1	1	88	88	84	80
Timor-Leste	-	-	No	Yes	-	-	75	66	73	65	51	62	2	8	3	3	17	6	-	-	-	-
Togo	High	-	Yes	Yes	-	-	62	61	61	58	54	56	3	7	5	1	5	3	49	39	53	38
Tokelau	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tonga	-	-	No	No	-	-	58	52	56	39	36	38	3	3	3	4	4	4	88	84	-	-
Trinidad and Tobago	Low	80	Yes	No	-	-	68	72	71	48	51	50	3	4	4	3	4	4	-	-	88	74
Tunisia	High	-	No	Yes	-	-	70	69	69	17	29	25	11	13	12	22	22	22	83	77	46	28
Turkey	Low	-	Yes	Yes	46	33	68	75	72	33	35	34	10	14	12	14	18	16	-	-	83	54
Turkmenistan	-	-	-	-	-	-	68	74	72	42	46	44	3	6	5	1	3	2	-	91	46	36
Turks and Caicos Islands	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuvalu	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Uganda	High	80	No	Yes	-	-	73	74	73	68	65	67	1	2	1	1	6	2	-	-	66	53
Ukraine	Low	50	Yes	No	-	-	61	64	63	45	48	47	10	8	9	8	8	8	-	-	65	61
United Arab Emirates	-	60	No	Yes	70	66	90	95	93	51	53	52	1	2	1	5	7	6	100	100	93	76
United Kingdom	Very Low	90	Yes	Yes	78	77	65	69	68	55	59	58	3	4	4	2	4	4	-	-	97	96
United Republic of Tanzania	High	80	No	Yes	-	-	90	83	87	85	72	80	1	3	2	1	6	3	69	52	52	42
United States	Very low	-	No	Yes	89	90	63	70	69	53	58	57	4	4	4	4	4	4	-	-	-	-
Uruguay	Low	90	Yes	Yes	27	34	77	73	73	50	56	56	2	8	8	7	12	11	76	78	68	61
Uzbekistan	-	-	Yes	No	97	95	74	76	75	48	50	49	4	7	6	4	7	6	77	59	38	36
Vanuatu	-	-	No	No	-	-	83	71	79	64	54	61	1	4	2	1	3	1	-	-	-	-
Venezuela (Bolivarian Republic of)	-	-	Yes	Yes	59	65	75	75	75	42	42	42	4	7	7	6	8	8	-	-	77	70
Viet Nam	Low	80	Yes	Yes	-	-	86	75	82	78	64	73	2	3	2	2	3	2	-	-	31	30
Yemen	Very high	-	No	No	-	-	70	72	71	5	8	6	12	10	12	24	28	25	-	-	11	2
Zambia	Medium	-	Yes	No	-	-	82	75	79	74	67	70	12	10	11	12	14	13	44	45	52	40
Zimbabwe	Medium	70	Yes	No	16	9	92	83	89	87	64	78	1	11	5	1	16	6	73	72	59	52

TABLE 17. WOMEN'S ECONOMIC EMPOWERMENT

Countries and areas	Social Institutions and Gender Index (SIGI) 2019	Legal frameworks on gender equality in employment 2019	Maternity leave benefits 2021	Paternity leave benefits 2021	Educational attainment 2014–2019 R		Labour force participation rate 2010–2020 R						Unemployment rate 2010–2020 R						Mobile phone ownership 2014–2020 R		Financial inclusion 2014–2020 R	
					Upper secondary		Male			Female			Male			Female						
					Male	Female	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total	Male	Female	Male	Female
SUMMARY																						
East Asia and Pacific	-	-	-	-	48 h	41 h	83	72	76	64	55	59	3	5	4	3	4	3	92	88	75	70
Europe and Central Asia	-	90	-	-	72	67	65	67	67	47	52	50	6	7	7	7	7	7	91	89	83	79
Eastern Europe and Central Asia	-	-	-	-	70	62	66	71	69	45	50	48	7	8	7	7	8	8	93	91	68	62
Western Europe	-	96	-	-	73	69	64	65	65	50	53	52	5	7	6	7	7	7	89	88	95	93
Latin America and Caribbean	-	80	-	-	45	47	80	76	77	45	54	53	4	8	7	7	10	9	79	79	58	52
Middle East and North Africa	-	-	-	-	57	58	75	72	73	17	21	19	7	9	8	17	22	20	92	84	56	41
North America	-	-	-	-	89	90	64	70	69	53	58	57	4	4	4	4	4	4	-	-	100	100
South Asia	-	36	-	-	36 k	27 k	78	76	77	25	20	24	5	6	5	4	10	5	-	-	74	63
Sub-Saharan Africa	-	52	-	-	31	22	76	68	73	66	55	61	4	11	6	4	13	7	57	44	46	34
Eastern and Southern Africa	-	62	-	-	38	33	81	73	78	71	59	67	4	12	7	6	17	9	56	49	49	40
West and Central Africa	-	38	-	-	25	10	71	64	68	58	51	55	4	10	6	3	9	5	57	41	43	28
Least developed countries	-	44	-	-	29	18	81	72	78	61	48	57	3	7	4	4	11	6	57	41	41	28
World	**-**	**58**	**-**	**-**	**58**	**55**	**78**	**72**	**74**	**47**	**48**	**47**	**4**	**7**	**5**	**4**	**8**	**6**	**83**	**75**	**69**	**61**

For a complete list of countries and areas in the regions, subregions and country categories, see page on Regional Classifications or visit <data.unicef.org/regionalclassifications>.
It is not advisable to compare data from consecutive editions of The State of the World's Children report.

DEFINITIONS OF THE INDICATORS

Social Institutions and Gender Index (SIGI) – Level of gender discrimination in social institutions defined as discrimination in the family, restricted physical integrity, restricted access to reproductive and financial resources, and restricted liberties.

Legal frameworks that promote, enforce and monitor gender equality in employment and economic benefits – Measures as a percentage of achivement from 0 to 100 with 100 being best practice, government efforts to put in place legal frameworks that promote, enforce and monitor gender equality in the area of employment and economic benefits.

Maternity leave benfits – Whether the law provides for 14 weeks or more of paid maternity leave in accordance with the International Labour Organization standards.

Paternity leave benefits – Whether the law provides for paid paternity leave (of any length).

Educational attainment – Percentage of the population aged 25 years and older that completed at least upper secondary education (ISCED 3).

Labour force participation rate – The proportion of a country's working-age population that engages actively in the labour market, either by working or looking for work.

Unemployment rate – The percentage of persons in the labour force who are unemployed.

Mobile phone ownership – Proportion of individuals who own a mobile telephone.

Financial inclusion – The percentage of adults (ages 15+) who report having an account (by themselves or together with someone else) at a bank or another type of financial institution or personally using a mobile money service in the past 12 months.

NOTES

– Data not available.

k Excludes India

h Excludes China.

R Data refer to the most recent year available during the period specified in the column heading.

MAIN DATA SOURCES

Social Institutions and Gender Index (SIGI) – Organisation for Economic Co-operation and Development (OECD). Last update: March 2019.

Legal frameworks that promote, enforce and monitor gender equality in employment and economic benefits – UN Women, World Bank Group, OECD Development Centre. Last update: May 2021

Maternity leave benefits – World Bank Women Business and the Law. Last update: February 2021.

Paternity leave benefits – World Bank Women Business and the Law. Last update: February 2021.

Educational attainment – UNESCO Institute for Statistics (UIS). Last update: March 2021.

Labour force participation rate – International Labour Organization (ILO). Last update: June 2021.

Unemployment rate – International Labour Organization (ILO). Last update: June 2021.

Mobile phone ownership – International Telecommunication Union (ITU). Last update: May 2021

Financial inclusion – World Bank. Last update: May 2021.

Country data on SDG indicators included in this table (legal frameworks on gender equality in employment, mobile phone ownership, and financial inclusion) refer to the most recent year available as reported in the SDG Global Database 2021 version.

TABLE 18. MIGRATION

Countries and areas	International migrant stock 2020			Refugees by host country 2020				Refugees by origin country 2020		Internally displaced persons (IDPs) 2020				New internal displacements 2020			
	Total (thousands)	Under 18 (thousands)	Total as share of national population (%)	Total	Under 18	Per 1,000 population	Per 1 US$ GNI per capita	Total	Under 18	Total [T]	Under 18	Share due to conflict and violence (%)	Share due to disaster (%)	Total [T]	Under 18	Share due to conflict and violence (%)	Share due to disaster (%)
Afghanistan	144	54	0	72,278	40,491	2	136	2,594,775	1,118,572	4,664,000	2,277,869	76	24	450,000	219,777	90	10
Albania	49	24	2	115	58	0	0	15,536	-	-	-	-	-	-	-	-	-
Algeria	250	34	1	97,671	-	2	24	4,698	-	23	8	0	100	9,600	3,363	0	100
Andorra	46	3	59	-	-	-	-	15	15	-	-	-	-	-	-	-	-
Angola	656	128	2	25,806	-	1	9	8,264	-	790	419	0	100	15,000	7,954	0	100
Anguilla	6	1	38	0	-	0	-	0	-	-	-	-	-	-	-	-	-
Antigua and Barbuda	29	2	30	0	-	0	0	118	-	-	-	-	-	-	-	-	-
Argentina	2,282	346	5	4,045	309	0	0	139	-	16	5	0	100	3,700	1,075	0	100
Armenia	190	13	6	107,930	38,708	36	23	10,518	-	3,500	853	23	77	800	195	100	0
Australia	7,686	633	30	57,451	-	2	1	35	-	5,100	1,169	0	100	51,000	11,687	0	100
Austria	1,738	139	19	141,866	-	16	3	33	-	-	-	-	-	-	-	-	-
Azerbaijan	252	28	2	1,582	506	0	0	101,531	36,281	735,000	200,087	100	0	84,000	22,867	100	0
Bahamas	64	7	16	25	0	0	0	544	-	250	66	0	100	0	0	-	-
Bahrain	936	59	55	256	59	0	0	554	-	-	-	-	-	-	-	-	-
Bangladesh	2,115	589	1	866,534	448,685	5	447	18,993	-	772,000	248,181	55	45	4,443,230	1,428,402	0	100
Barbados	35	3	12	0	-	0	0	245	-	-	-	-	-	-	-	-	-
Belarus	1,067	46	11	2,915	-	0	0	3,199	-	-	-	-	-	-	-	-	-
Belgium	2,005	196	17	65,033	-	6	1	33	-	-	-	-	-	-	-	-	-
Belize	62	5	16	29	-	0	0	78	-	0	0	-	-	6,300	2,198	0	100
Benin	394	88	3	1,401	397	0	1	666	-	6,000	2,905	58	42	7,000	3,389	0	100
Bhutan	54	4	7	-	-	-	-	6,808	2,056	0	0	-	-	120	36	0	100
Bolivia (Plurinational State of)	164	62	1	1,156	-	0	0	580	-	13,000	4,662	0	100	13,000	4,662	0	100
Bosnia and Herzegovina	36	5	1	5,257	-	2	1	15,621	-	99,000	17,195	100	0	910	158	0	100
Botswana	110	16	5	637	251	0	0	206	-	780	305	0	100	780	305	0	100
Brazil	1,080	244	1	59,147	-	0	6	1,588	-	20,000	5,006	0	100	358,000	89,603	0	100
British Virgin Islands	22	3	73	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Brunei Darussalam	112	8	26	0	-	0	0	20	10	-	-	-	-	-	-	-	-
Bulgaria	184	66	3	21,168	-	3	2	525	-	-	-	-	-	-	-	-	-
Burkina Faso	724	139	3	20,252	11,504	1	26	15,768	8,298	1,095,000	559,526	98	2	535,000	273,376	96	4
Burundi	345	102	3	75,476	42,330	6	270	373,036	197,214	98,000	50,539	22	78	51,310	26,461	1	99
Cabo Verde	16	1	3	0	-	0	0	25	-	0	0	-	-	750	249	0	100
Cambodia	79	7	0	0	-	0	0	11,901	-	260	94	0	100	66,000	23,830	0	100
Cameroon	579	207	2	436,406	244,264	16	291	78,560	39,154	1,033,000	502,046	97	3	239,000	116,156	51	49
Canada	8,049	633	21	109,264	-	3	2	85	-	18	3	0	100	26,000	4,907	0	100
Central African Republic	89	21	2	9,083	5,102	2	17	642,442	361,928	686,200	349,576	99	1	333,000	169,643	95	5
Chad	547	144	3	478,664	267,127	29	684	10,488	5,116	342,680	182,900	100	0	150,000	80,060	53	47
Chile	1,645	201	9	2,078	-	0	0	694	-	210	48	0	100	3,400	781	0	100
China	1,040	210	0	303,410	-	0	29	175,585	-	158,000	33,300	0	100	5,074,000	1,069,386	0	100
Colombia	1,905	692	4	997	320	0	0	189,889	72,894	4,943,000	1,329,769	100	0	170,000	45,734	62	38
Comoros	12	2	1	5	0	0	0	793	-	-	-	-	-	-	-	-	-
Congo	388	88	7	27,107	13,542	5	16	12,635	-	241,000	114,750	56	44	0	0	-	-
Cook Islands	5	1	26	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Costa Rica	521	78	10	9,648	-	2	1	233	-	530	132	0	100	4,200	1,046	0	100
Croatia	528	7	13	966	326	0	0	23,456	-	5,200	903	0	100	42,000	7,294	0	100
Cuba	3	<1	0	232	31	0	-	8,980	-	3	1	0	100	639,000	122,297	0	100
Cyprus	190	20	16	14,037	-	12	1	15	-	228,000	45,696	100	0	0	0	-	-
Czechia	541	29	5	1,959	-	0	0	1,127	0	0	0	-	-	43	8	0	100
Côte d'Ivoire	2,565	276	10	2,111	791	0	1	37,601	15,531	308,070	148,340	100	0	16,900	8,138	89	11
Democratic People's Republic of Korea	50	5	0	-	-	-	-	694	-	5,300	1,274	0	100	5,300	1,274	0	100
Democratic Republic of the Congo	953	166	1	490,243	296,743	5	925	840,450	452,523	5,332,000	2,790,230	99	1	2,488,000	1,301,968	89	11
Denmark	718	69	12	36,718	-	6	1	10	-	-	-	-	-	-	-	-	-
Djibouti	120	22	12	21,208	8,472	21	6	2,444	-	11	4	0	100	11	4	0	100
Dominica	8	2	12	0	-	0	0	60	-	-	-	-	-	-	-	-	-
Dominican Republic	604	77	6	172	19	0	0	590	-	3,700	1,206	0	100	31,000	10,105	0	100
Ecuador	785	305	4	104,652	12,374	6	17	1,699	-	490	159	0	100	1,200	390	0	100
Egypt	544	91	1	272,856	107,949	3	101	26,604	-	11,600	4,526	28	72	9,400	3,668	11	89
El Salvador	43	6	1	63	5	0	0	45,640	-	62	20	0	100	131,000	41,607	87	13
Equatorial Guinea	231	4	16	-	-	-	-	170	-	-	-	-	-	-	-	-	-
Eritrea	14	3	0	201	123	0	-	521,949	185,450	-	-	-	-	-	-	-	-
Estonia	199	8	15	297	-	0	0	277	-	-	-	-	-	-	-	-	-
Eswatini	33	7	3	970	332	1	0	198	-	-	-	-	-	-	-	-	-
Ethiopia	1,086	465	1	800,464	481,841	7	942	151,335	42,884	2,693,000	1,253,876	76	24	2,356,000	1,096,967	72	28
Fiji	14	3	2	14	6	0	0	516	-	14,000	4,771	0	100	37,000	12,610	0	100
Finland	386	45	7	23,483	-	4	0	0	-	-	-	-	-	-	-	-	-
France	8,525	694	13	436,100	-	7	10	49	-	230	49	0	100	10,000	2,119	0	100
Gabon	417	103	19	482	114	0	0	459	-	2	1	0	100	2	1	0	100
Gambia	216	47	9	4,383	1,844	2	6	10,601	-	1,600	807	0	100	17,000	8,575	0	100
Georgia	79	15	2	1,800	485	0	0	7,358	-	304,010	71,717	100	0	160	38	0	100
Germany	15,762	1,149	19	1,210,636	389,185	14	25	76	-	0	0	-	-	2	0	0	100
Ghana	476	95	2	12,411	4,219	0	6	13,877	7,451	550	237	0	100	2,000	863	0	100
Greece	1,340	96	13	103,136	-	10	5	95	-	4,800	797	0	100	13,000	2,159	0	100
Grenada	7	<1	6	5	0	0	0	70	-	-	-	-	-	-	-	-	-
Guatemala	84	13	0	462	-	0	0	24,559	-	242,000	95,812	100	0	339,000	134,216	0	100
Guinea	121	31	1	6,034	2,380	0	6	26,836	-	2,600	1,298	0	100	2,400	1,198	0	100

TABLE 18. MIGRATION

Countries and areas	International migrant stock 2020			Refugees by host country 2020				Refugees by origin country 2020		Internally displaced persons (IDPs) 2020				New internal displacements 2020			
	Total (thousands)	Under 18 (thousands)	Total as share of national population (%)	Total	Under 18	Per 1,000 population	Per 1 US$ GNI per capita	Total	Under 18	Total [T]	Under 18	Share due to conflict and violence (%)	Share due to disaster (%)	Total [T]	Under 18	Share due to conflict and violence (%)	Share due to disaster (%)
Guinea-Bissau	18	6	1	1,861	856	1	2	1,643	-	-	-	-	-	-	-	-	-
Guyana	31	4	4	33	-	0	0	277	-	-	-	-	-	-	-	-	-
Haiti	19	5	0	5	0	0	0	25,659	-	41,900	16,073	19	81	20,900	8,017	38	62
Holy See	<1	<1	100	-	-	-	-	0	-	-	-	-	-	-	-	-	-
Honduras	39	13	0	85	-	0	0	34,473	-	247,000	90,372	100	0	937,000	342,828	0	100
Hungary	585	74	6	5,898	-	1	0	4,617	-	0	0	-	-	14	2	0	100
Iceland	65	8	19	1,510	-	4	0	10	10	0	0	-	-	590	136	0	100
India	4,879	307	0	195,403	-	0	92	12,428	-	1,402,000	440,913	34	66	3,859,900	1,213,894	0	100
Indonesia	356	48	0	10,134	2,455	0	3	13,039	-	201,000	62,010	20	80	709,600	218,916	1	99
Iran (Islamic Republic of)	2,797	1,171	3	800,025	-	10	-	134,767	-	79	23	0	100	52,000	14,985	0	100
Iraq	366	104	1	270,392	113,786	7	47	333,418	110,346	1,224,000	535,935	100	0	68,200	29,862	98	2
Ireland	871	153	18	9,070	1,856	2	0	5	-	0	0	-	-	51	13	0	100
Israel	1,954	83	23	1,898	-	0	0	398	-	70	23	0	100	13,000	4,223	23	77
Italy	6,387	412	11	128,033	-	2	4	72	-	22	3	0	100	2,000	315	0	100
Jamaica	24	7	1	32	-	0	0	2,518	-	0	0	-	-	2	1	0	100
Japan	2,771	271	2	1,137	-	0	0	40	31	61,000	9,185	0	100	186,000	28,006	0	100
Jordan	3,458	1,580	34	702,506	339,438	69	159	2,494	-	0	0	-	-	140	54	0	100
Kazakhstan	3,732	361	20	445	158	0	0	2,776	-	1,800	595	0	100	32,000	10,575	0	100
Kenya	1,050	297	2	452,941	248,871	8	259	7,452	3,683	394,000	178,011	48	52	338,900	153,116	1	99
Kiribati	3	<1	3	-	-	-	-	0	-	-	-	-	-	-	-	-	-
Kuwait	3,110	591	73	737	226	0	-	1,442	-	-	-	-	-	-	-	-	-
Kyrgyzstan	199	11	3	334	117	0	0	2,896	-	770	287	100	0	250	93	100	0
Lao People's Democratic Republic	49	6	1	-	-	-	-	6,681	-	2,000	753	0	100	12,000	4,520	0	100
Latvia	239	10	13	667	-	0	0	153	-	-	-	-	-	-	-	-	-
Lebanon	1,713	515	25	870,418	483,498	128	118	5,495	-	7,000	2,080	100	0	0	0	-	-
Lesotho	12	2	1	281	76	0	0	11	-	-	-	-	-	-	-	-	-
Liberia	88	14	2	8,233	3,891	2	14	5,237	1,704	1,200	563	0	100	3,700	1,737	0	100
Libya	827	161	12	4,184	1,329	1	1	17,595	-	278,000	90,632	100	0	39,000	12,714	100	0
Liechtenstein	26	4	68	154	-	4	-	0	-	-	-	-	-	-	-	-	-
Lithuania	145	17	5	1,915	-	1	0	68	-	-	-	-	-	-	-	-	-
Luxembourg	298	27	48	5,213	-	8	0	5	0	0	0	-	-	2	0	0	100
Madagascar	36	6	0	127	38	0	0	283	-	1,600	745	94	6	23,000	10,713	0	100
Malawi	191	42	1	14,897	7,864	1	39	524	-	0	0	-	-	29,000	14,455	0	100
Malaysia	3,477	426	11	129,942	36,926	4	12	1,078	-	8	2	0	100	24,000	6,754	0	100
Maldives	70	4	13	-	-	-	-	83	-	-	-	-	-	-	-	-	-
Mali	486	87	2	47,385	28,512	2	54	164,601	96,959	332,700	179,237	98	2	284,400	153,217	97	3
Malta	115	8	26	9,208	-	21	0	5	-	-	-	-	-	-	-	-	-
Marshall Islands	3	<1	6	-	-	-	-	7	-	-	-	-	-	-	-	-	-
Mauritania	182	73	4	93,637	53,561	20	56	37,941	20,171	1,600	733	0	100	1,600	733	0	100
Mauritius	29	2	2	20	5	0	0	191	-	0	0	-	-	110	23	0	100
Mexico	1,198	684	1	45,469	-	0	5	15,408	-	456,000	140,697	78	22	110,700	34,156	9	91
Micronesia (Federated States of)	3	<1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Monaco	27	2	68	22	-	1	-	5	-	-	-	-	-	-	-	-	-
Mongolia	21	4	1	10	0	0	0	2,290	-	3,500	1,236	0	100	4,200	1,483	0	100
Montenegro	71	4	11	176	64	0	0	545	105	-	-	-	-	-	-	-	-
Montserrat	1	<1	28	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Morocco	102	20	0	8,161	2,658	0	3	4,489	-	340	107	0	100	340	107	0	100
Mozambique	339	81	1	4,757	1,804	0	10	91	-	769,000	391,759	88	12	617,000	314,324	96	4
Myanmar	76	13	0	0	-	0	0	1,103,298	529,641	509,600	157,239	99	1	120,000	37,026	58	42
Namibia	109	12	4	3,588	1,693	1	1	467	-	0	0	-	-	200	85	0	100
Nauru	2	<1	20	1,084	260	100	0	5	-	-	-	-	-	-	-	-	-
Nepal	488	34	2	19,565	-	1	18	7,497	-	28,000	9,742	0	100	48,000	16,701	0	100
Netherlands	2,358	190	14	78,911	-	5	1	61	37	0	0	-	-	4,000	765	0	100
New Zealand	1,382	157	29	1,808	-	0	0	35	-	370	86	0	100	4,900	1,134	0	100
Nicaragua	42	9	1	326	27	0	0	8,711	-	9,100	3,167	0	100	232,000	80,737	0	100
Niger	348	102	1	233,308	137,864	10	389	18,874	12,758	524,000	295,772	49	51	412,000	232,554	33	67
Nigeria	1,309	363	1	66,081	33,300	0	33	352,948	208,535	2,873,000	1,436,900	95	5	448,000	224,062	38	62
Niue	<1	<1	36	-	-	-	-	18	-	-	-	-	-	-	-	-	-
North Macedonia	131	19	6	314	104	0	0	1,596	457	140	28	100	0	0	0	-	-
Norway	852	97	16	49,713	-	9	1	5	-	84	17	0	100	1,000	207	0	100
Oman	2,373	279	46	308	98	0	0	52	-	0	0	-	-	120	30	0	100
Pakistan	3,277	192	1	1,438,955	636,297	7	1,021	133,146	67,189	910,000	370,664	11	89	829,390	337,830	0	100
Palau	5	<1	28	-	-	-	-	0	-	-	-	-	-	-	-	-	-
Panama	313	75	7	2,627	-	1	0	85	-	0	0	-	-	3,700	1,160	0	100
Papua New Guinea	31	10	0	10,801	-	1	4	515	-	16,700	6,894	84	16	3,900	1,610	0	100
Paraguay	170	27	2	1,701	365	0	0	119	-	5	2	0	100	5	2	0	100
Peru	1,225	405	4	4,332	-	0	1	2,854	-	66,800	19,483	90	10	8,000	2,333	0	100
Philippines	226	61	0	744	145	0	0	493	-	298,000	105,904	51	49	4,550,000	1,616,988	2	98
Poland	817	177	2	2,811	-	0	0	925	17	22	4	0	100	420	76	0	100
Portugal	1,002	64	10	2,445	-	0	0	32	-	0	0	-	-	28	4	0	100
Qatar	2,226	324	77	201	62	0	0	38	-	-	-	-	-	-	-	-	-
Republic of Korea	1,728	216	3	3,498	-	0	0	156	-	300	45	0	100	19,000	2,878	0	100
Republic of Moldova	104	14	3	435	46	0	0	2,221	-	-	-	-	-	-	-	-	-
Romania	705	302	4	3,631	934	0	0	1,358	-	0	0	-	-	290	54	0	100
Russian Federation	11,637	620	8	20,325	-	0	2	52,717	-	1,230	264	89	11	250	54	0	100
Rwanda	514	161	4	139,501	69,313	11	168	245,806	-	4,600	2,107	0	100	6,000	2,749	0	100
Saint Kitts and Nevis	8	2	15	0	-	0	0	54	-	-	-	-	-	-	-	-	-

TABLE 18. MIGRATION

Countries and areas	International migrant stock 2020			Refugees by host country 2020				Refugees by origin country 2020		Internally displaced persons (IDPs) 2020				New internal displacements 2020			
	Total (thousands)	Under 18 (thousands)	Total as share of national population (%)	Total	Under 18	Per 1,000 population	Per 1 US$ GNI per capita	Total	Under 18	Total [T]	Under 18	Share due to conflict and violence (%)	Share due to disaster (%)	Total [T]	Under 18	Share due to conflict and violence (%)	Share due to disaster (%)
Saint Lucia	8	2	5	0	-	0	0	731	-	-	-	-	-	-	-	-	-
Saint Vincent and the Grenadines	5	1	4	0	-	0	0	742	-	-	-	-	-	-	-	-	-
Samoa	4	2	2	0	-	0	0	0	-	0	0	-	-	55	24	0	100
San Marino	6	<1	16	-	-	-	-	0	-	-	-	-	-	-	-	-	-
Sao Tome and Principe	2	<1	1	-	-	-	-	28	6	-	-	-	-	-	-	-	-
Saudi Arabia	13,455	2,329	39	340	106	0	0	2,030	-	0	0	-	-	610	174	0	100
Senegal	275	76	2	14,366	6,647	1	10	14,004	-	10,400	5,096	81	19	3,300	1,617	0	100
Serbia	823	19	9	26,120	-	3	4	29,995	-	0	0	-	-	880	165	0	100
Seychelles	13	1	13	-	-	-	-	20	-	-	-	-	-	-	-	-	-
Sierra Leone	54	10	1	342	96	0	1	5,759	-	5,500	2,582	100	0	0	0	-	-
Singapore	2,524	186	43	5	0	0	0	42	-	-	-	-	-	-	-	-	-
Slovakia	197	31	4	1,036	-	0	0	1,368	-	0	0	-	-	60	11	0	100
Slovenia	278	18	13	858	-	0	0	22	-	-	-	-	-	-	-	-	-
Solomon Islands	3	<1	0	-	-	-	-	37	-	310	143	0	100	320	148	0	100
Somalia	59	20	0	11,235	5,335	1	-	814,551	372,480	2,968,000	1,577,146	100	0	1,330,000	706,740	22	78
South Africa	2,860	275	5	76,754	13,419	1	13	494	-	5,014	1,693	100	0	5,370	1,813	93	7
South Sudan	882	272	8	314,453	193,644	28	-	2,189,141	1,313,105	1,542,000	737,312	93	7	714,000	341,401	38	62
Spain	6,842	547	15	103,679	-	2	3	52	39	0	0	-	-	7,800	1,347	0	100
Sri Lanka	40	13	0	1,013	346	0	0	142,718	-	28,400	8,035	95	5	19,000	5,375	0	100
State of Palestine	273	31	5	-	-	-	-	100,317	-	131,010	58,101	100	0	1,110	492	90	10
Sudan	1,379	600	3	1,040,308	508,829	24	1,763	787,755	452,081	2,730,000	1,265,209	83	17	533,000	247,017	15	85
Suriname	48	12	8	24	-	0	0	17	-	-	-	-	-	-	-	-	-
Sweden	2,004	232	20	248,425	-	25	4	8	8	-	-	-	-	-	-	-	-
Switzerland	2,491	170	29	115,868	-	13	1	5	-	0	0	-	-	13	2	0	100
Syrian Arab Republic	869	151	5	15,329	6,105	1	-	6,689,579	3,081,102	6,568,000	2,371,692	100	0	1,847,000	666,948	99	1
Tajikistan	276	17	3	5,588	-	1	5	2,224	988	0	0	-	-	1,500	638	0	100
Thailand	3,632	500	5	96,214	37,082	1	13	184	-	41,320	8,304	99	1	13,000	2,613	0	100
Timor-Leste	8	2	1	0	-	0	0	11	-	1,100	481	0	100	1,100	481	0	100
Togo	280	100	3	10,808	5,653	1	16	7,725	2,136	-	-	-	-	-	-	-	-
Tokelau	1	<1	92	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tonga	4	1	4	0	-	0	0	36	-	93	38	0	100	2,700	1,111	0	100
Trinidad and Tobago	79	19	6	3,224	-	2	0	297	-	6	1	0	100	33	8	0	100
Tunisia	60	11	1	2,620	928	0	1	1,653	-	0	0	-	-	10,000	2,826	0	100
Turkey	6,053	1,258	7	3,652,362	1,666,861	43	377	93,735	20,155	1,143,000	326,557	96	4	41,000	11,714	0	100
Turkmenistan	195	14	3	20	0	0	-	515	-	-	-	-	-	-	-	-	-
Turks and Caicos Islands	26	2	67	8	0	0	-	19	-	-	-	-	-	-	-	-	-
Tuvalu	<1	<1	2	-	-	-	-	0	-	0	0	-	-	400	159	0	100
Uganda	1,720	928	4	1,421,133	839,974	31	1,822	7,390	-	34,000	17,998	3	97	40,079	21,216	0	100
Ukraine	4,997	280	11	2,274	-	0	1	35,180	-	734,240	137,943	100	0	2,074	390	4	96
United Arab Emirates	8,716	1,351	88	1,330	425	0	0	191	-	0	0	-	-	610	105	0	100
United Kingdom	9,360	920	14	132,349	-	2	3	67	-	200	42	0	100	4,900	1,025	0	100
United Republic of Tanzania	426	91	1	234,655	127,769	4	217	714	-	38,000	19,060	0	100	57,000	28,591	0	100
United States	50,633	3,325	15	340,881	-	1	5	368	-	126,000	27,901	0	100	1,714,000	379,543	0	100
Uruguay	108	29	3	719	170	0	0	20	-	0	0	-	-	370	90	0	100
Uzbekistan	1,162	92	3	18	0	0	0	3,133	-	0	0	-	-	70,000	23,361	0	100
Vanuatu	3	<1	1	0	-	0	0	0	-	64,000	28,437	0	100	80,000	35,546	0	100
Venezuela (Bolivarian Republic of)	1,324	160	5	68,119	40,558	2	-	171,127	-	2,300	743	0	100	2,400	776	0	100
Viet Nam	77	11	0	5	0	0	0	316,722	-	162,000	44,117	0	100	1,267,000	345,038	0	100
Yemen	387	117	1	166,936	29,387	6	-	33,369	10,252	3,858,000	1,743,043	94	6	366,000	165,359	39	61
Zambia	188	34	1	66,075	31,687	4	46	269	-	1,000	509	0	100	6,000	3,056	0	100
Zimbabwe	416	53	3	9,266	4,587	1	7	8,614	1,283	21,000	10,181	0	100	380	184	0	100
SUMMARY																	
East Asia and Pacific	28,972	2,984	1	616,527	198,989	0	53	1,646,024	790,288	1,544,112	465,522	49	51	12,238,523	3,424,439	2	98
Europe and Central Asia	99,035	8,835	11	6,784,825	2,854,626	7	269	415,850	119,729	3,277,248	808,477	98	2	320,037	85,786	27	73
Eastern Europe and Central Asia	32,472	3,215	8	3,853,775	1,746,270	9	464	406,635	118,112	3,043,890	761,869	98	2	276,114	77,595	31	69
Western Europe	66,563	5,620	13	2,931,050	939,701	6	74	9,215	527	233,358	46,608	98	2	43,923	8,191	0	100
Latin America and Caribbean	14,795	3,603	2	309,546	92,622	0	28	538,867	206,859	6,054,572	1,709,021	96	4	3,026,050	926,016	8	92
Middle East and North Africa	44,421	9,004	10	3,216,168	1,507,800	7	250	7,476,108	3,392,064	12,078,122	4,806,170	98	2	2,417,130	904,912	86	14
North America	58,709	3,961	16	450,145	-	1	7	453	-	126,018	27,904	0	100	1,740,050	384,458	0	100
South Asia	11,066	1,197	1	2,593,748	1,227,558	1	1,302	2,916,448	1,266,746	7,804,400	3,355,404	59	41	9,649,640	3,222,016	4	96
Sub-Saharan Africa	23,601	5,919	2	6,679,356	3,721,041	6	4,054	7,421,336	3,983,465	24,116,897	12,089,180	90	10	11,071,892	5,556,887	61	39
Eastern and Southern Africa	12,843	3,676	2	4,714,758	2,602,502	8	2,631	5,121,998	2,710,067	11,319,795	5,515,679	85	15	6,127,840	2,979,353	48	52
West and Central Africa	10,757	2,242	2	1,964,598	1,118,407	4	1,342	2,299,338	1,272,560	12,797,102	6,573,501	95	5	4,944,052	2,577,535	78	22
Least developed countries	16,185	4,899	2	6,715,900	3,684,732	6	5,673	10,716,448	5,384,753	29,162,651	14,169,966	88	12	15,622,870	6,989,716	45	55
World	**280,598**	**35,503**	**4**	**20,650,315**	**10,041,692**	**3**	**1,657**	**20,415,086**	**9,837,823**	**55,001,369**	**23,261,679**	**87**	**13**	**40,463,322**	**14,504,514**	**24**	**76**

For a complete list of countries and areas in the regions, subregions and country categories, see page on Regional Classifications or visit <data.unicef.org/regionalclassifications>.
It is not advisable to compare data from consecutive editions of The State of the World's Children report.

TABLE 18. MIGRATION

DEFINITIONS OF THE INDICATORS

International migrant stock – The number of people born in a country other than that in which they live, including refugees.

Refugees – Persons who are forced to flee their home country to escape persecution or a serious threat to their life, physical integrity or freedom. Numbers in this table refer to refugees under UNHCR mandate only. Additional Palestine refugees registered with UNRWA are present in State of Palestine, Lebanon, Syria, and Jordan but are not listed here.

Internally displaced persons – Persons who have been forced or obliged to flee or to leave their homes or places of habitual residence and who have not crossed an internationally recognized state border at a given point in time.

New internal displacements – Number of movements of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence and who have not crossed an internationally recognized state border in a given period.

MAIN DATA SOURCES

International migrant stock: United Nations Department of Economic and Social Affairs, Population Division (2020). International Migrant Stock 2020.

Refugees: United Nations High Commissioner for Refugees, Global Trends: Forced Displacement in 2020, UNHCR, Geneva, 2021

Internal displacement: Internal Displacement Monitoring Centre, Global Internal Displacement Database (GIDD), IDMC, 2021.

NOTES

– Data not available.

T Totals are the sum of rounded numbers related to conflict and violence, and disasters, respectively, as published by the Internal Displacement Monitoring Centre.

Regional and global values are based on more countries and areas than listed here. Therefore, country values do not add up to the corresponding regional and global values.

Refugees with origin listed as 'other', 'unknown', 'various' or 'stateless' are not included in the aggregates, making the global totals smaller than the comparable total of refugees by host country.

The COVID-19 pandemic has raised huge concerns for the mental health of an entire generation of children. But the pandemic may represent only the tip of a mental health iceberg – an iceberg we have ignored for far too long. For the first time, *The State of the World's Children* examines the mental health of children and adolescents. Against a backdrop of rising awareness of mental health issues, there is now a unique opportunity to promote good mental health for every child, protect vulnerable children and care for children facing the greatest challenges. Making that happen will require urgent investment in child and adolescent mental health across sectors – not just in health – to support proven interventions. It will also need societies to break the silence surrounding mental health, by addressing stigma, promoting understanding, and taking seriously the experiences of children and young people.

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