Samoa DHS-MICS 2019-20

MICS
Multiple Indicator Cluster Survey

Snapshot of Key Findings

SBS

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The Samoa Demographic and Health -Multiple Indicator Cluster Survey (Samoa DHS-MICS) was carried out in 2019-20 by Samoa Bureau of Statistics in collaboration with other Government ministries, as part of the Global MICS Programme. Technical support was provided by the United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA) and Secretariat of the Pacific Community (SPC) with government funding and financial support of UNICEF and UNFPA.

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

The objective of this snapshot of key findings is to facilitate the dissemination and use of results from the Samoa DHS-MICS 2019-20. The survey methodology and detailed tabulations based on the data collected are available in the Survey Findings Report.

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

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Multiple Indicator Cluster Survey

1. Sample & Survey Characteristics

Response Rates

Household	Number	Response Rate
Sampled	3,675	
Occupied	3,286	
Interviewed	3,196	97

Women age 15-49

Eligible for interview	4,530	
Interviewed	4,139	91

Men age 15-49

Eligible for interview	1,466	
Interviewed	1,204	82

Children under 5

Eligible for interview	2,772	
Mothers/Caretakers interviewed	2,687	97

Children age 5-17

Eligible for interview	2,339	
Mothers/Caretakers interviewed	2,237	96

Survey Implementation

Implementing agency:
Samoa Bureau of Statistics

Sampling frame:
2016 Population and Housing Census

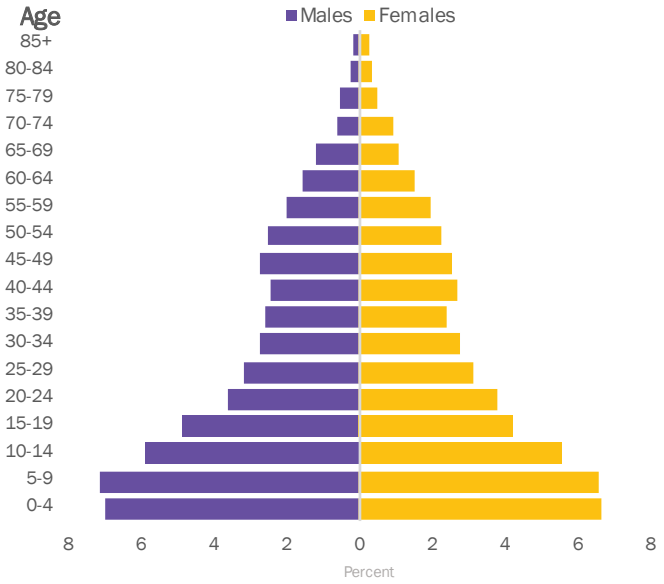
Interviewer training:
Sep-Oct 2019

Fieldwork:
October 2019-February 2020

Questionnaires:
Household
Women age 15-49
Men age 15-49
Children under 5
Children age 5-17
Water Quality

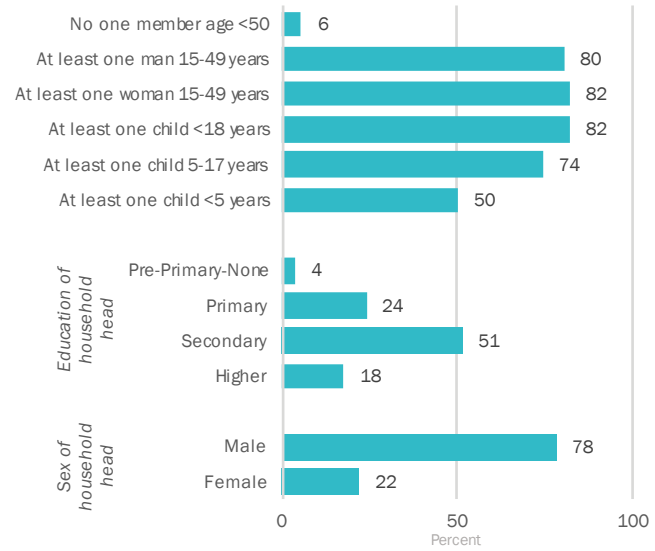
Population Characteristics

Household Population Age & Sex



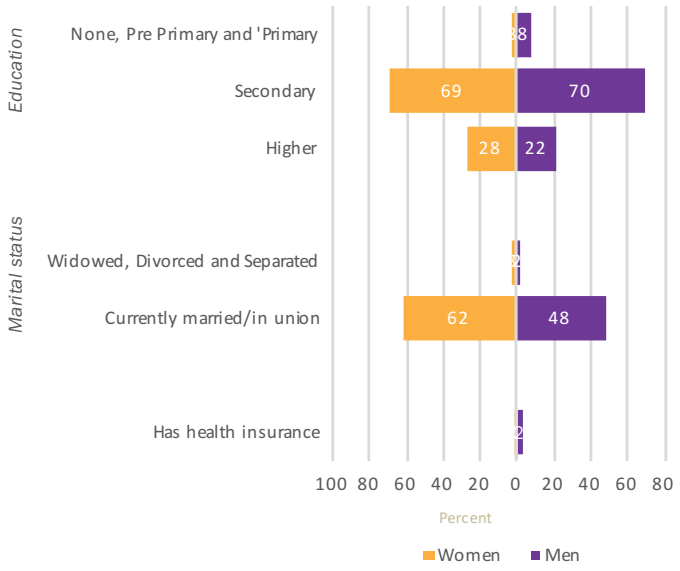
Percent distribution of household population by age group and sex

Household Composition & Characteristics of Head of household



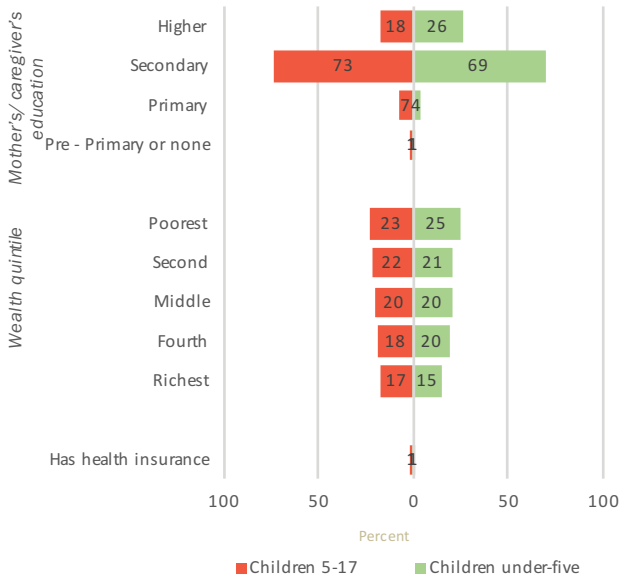
Percentage of households by selected characteristics

Women & Men's Profile



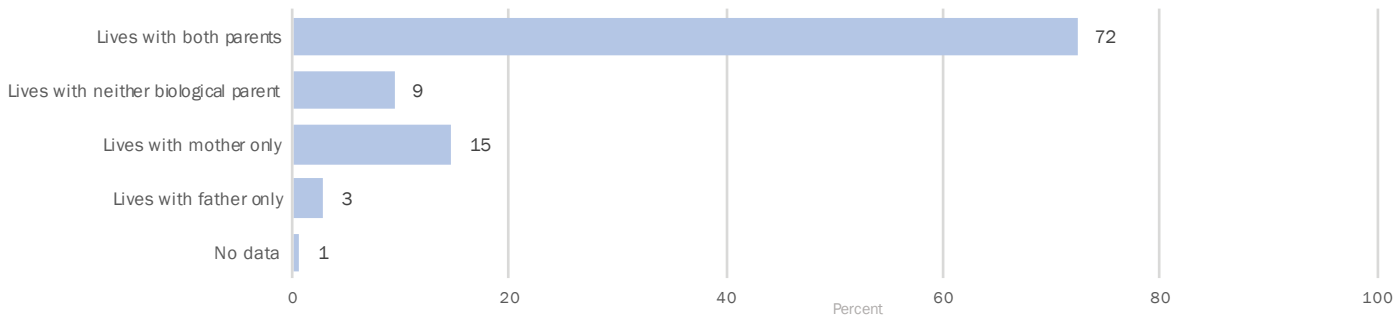
Percent distribution of women and men age 15-49 years by selected characteristics

Children's Profile



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

Children's Living Arrangements (0-17 years)



Percent distribution of children age 0-17 years according to living arrangements

Regional Distribution of Population (percent)

Region	Households	Women	Men	Children under 5	Children 5-17
National	100	100	100	100	100
Apia Urban Area	20	21	20	16	18
North West Upolu	34	36	36	40	36
Rest of Upolu	22	23	23	23	23
Savaii	24	21	21	21	23

Key Messages

- In Samoa DHS-MICS 2019-20, 3,675 households from four regions of the country were sampled. Out of these, 3,196 were interviewed for an overall response rate of 97 percent
- 44 percent of Samoa population is below 18 years old
- Households in Samoa are predominantly headed by men, as only 22 percent of households are headed by women

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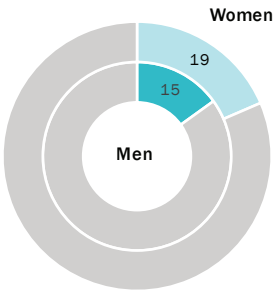
Multiple Indicator Cluster Survey

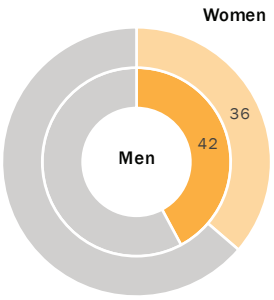
2. Mass Media, Communications & Internet

Exposure to Mass Media

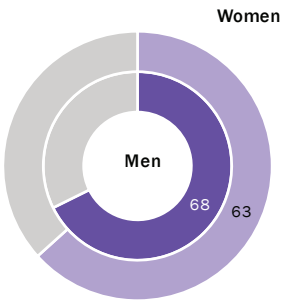
Newspaper



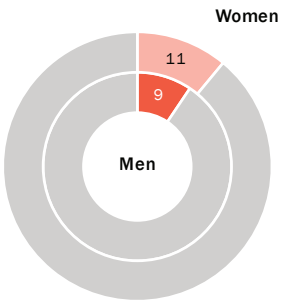
Radio



Television



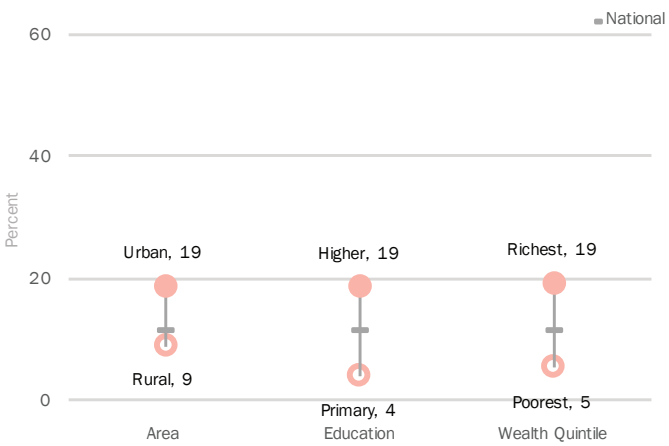
All Three



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

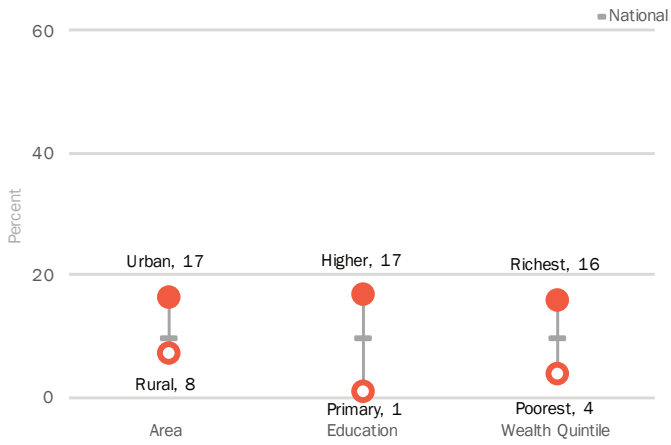
Inequalities in Access to Mass Media

Women with Access to Newspaper, Radio & Television Weekly



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

Men with Access to Newspaper, Radio & Television Weekly



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

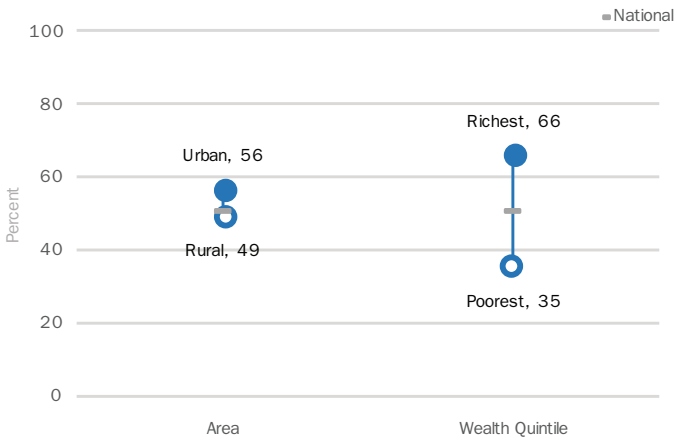
Household Ownership of Information & Communication Technology (ICT) Equipment & Internet at Home

Region	Radio	Television	Telephone-Fixed line	Telephone-Mobile	Computer	Internet at Home
National	**51**	**75**	**7**	**96**	**27**	**73**
Apia Urban Area	57	91	12	97	45	80
North West Upolu	49	76	6	96	24	75
Rest of Upolu	41	66	6	96	26	71
Savaii	57	66	4	95	15	67

Percentage of households which own a radio, television-fixed line, telephone-mobile, computer and that have access to the internet at home

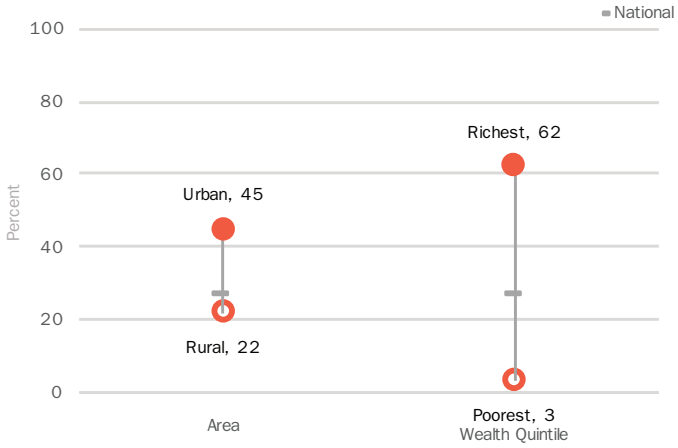
Inequalities in Household Ownership of ICT Equipment & Internet at Home

Household Ownership of a Radio



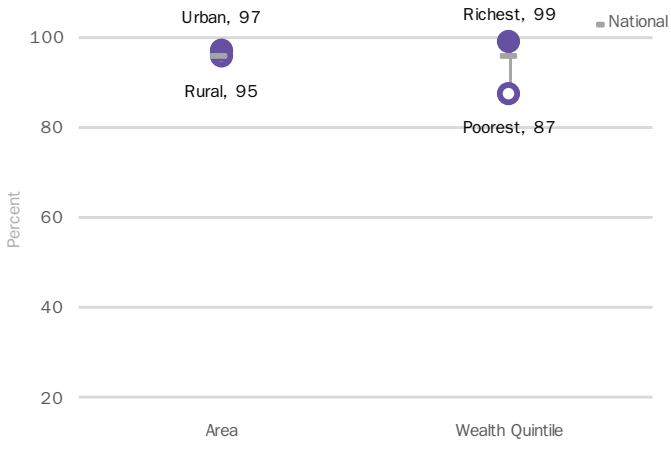
Percentage of households with a radio at home

Household Ownership of a Computer



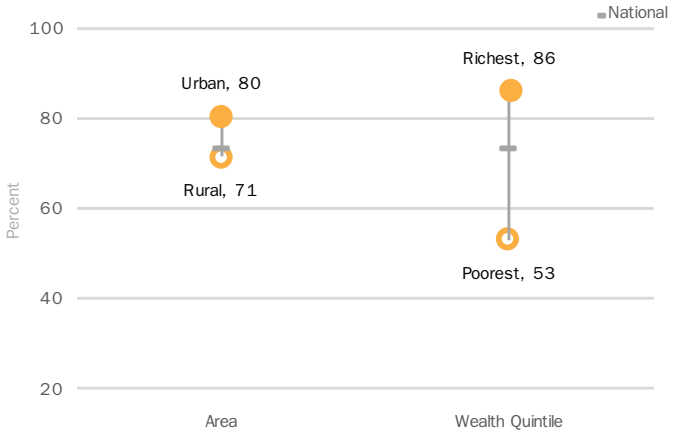
Percentage of households with a computer at home

Household Ownership of a Mobile Telephone



Percentage of households with mobile telephone

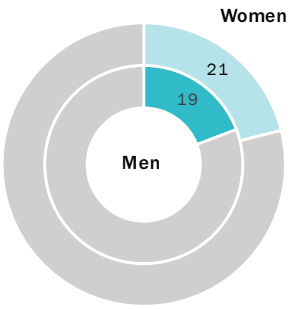
Households with Internet



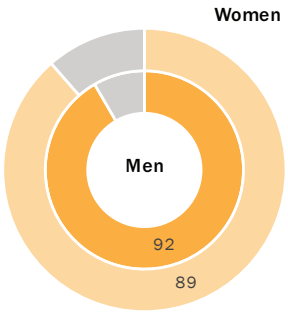
Percentage of households with access to the internet at home

Use of Information & Communication Technology

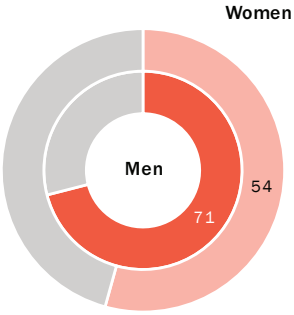
Computer Use



Mobile Phone Use



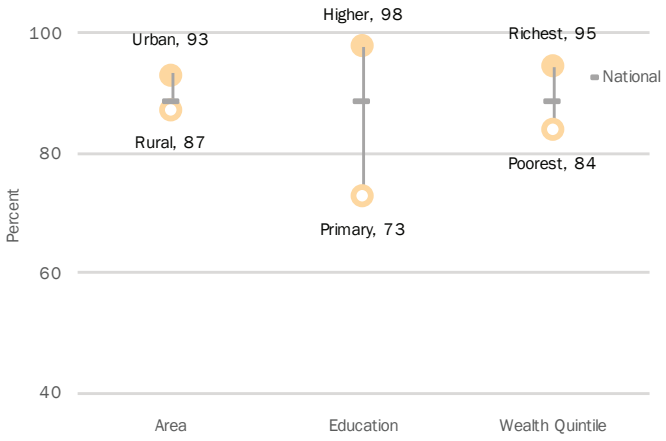
Internet Use: SDG 17.8.1



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

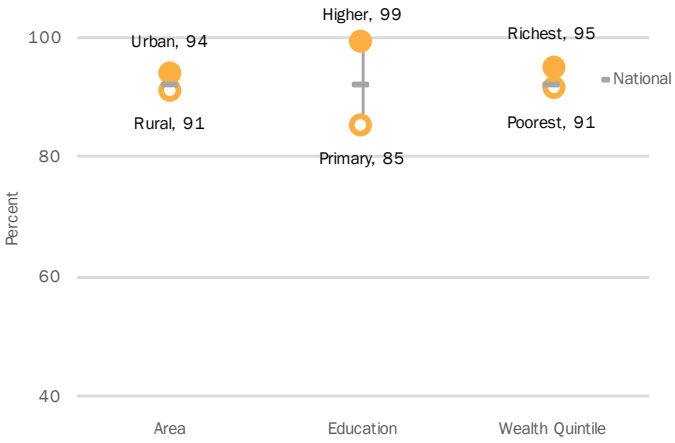
Disparities in Use of Information & Communication Technology

Disparities in Mobile Phone Use among Women



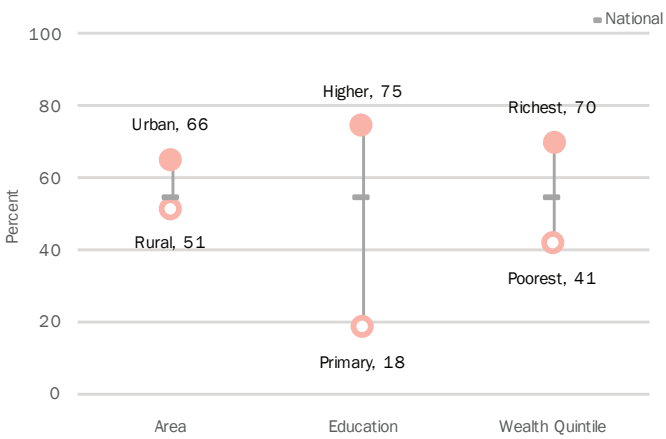
Percentage of women age 15-49 years who during the last 3 months used a mobile phone

Disparities in Mobile Phone Use among Men



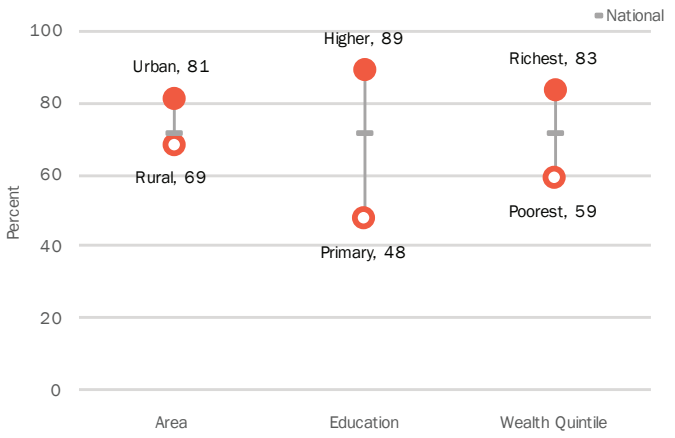
Percentage of men age 15-49 years who during the last 3 months used a mobile phone

Disparities in Internet Use among Women: SDG17.8.1



Percentage of women age 15-49 years who used the internet in the last 3 months

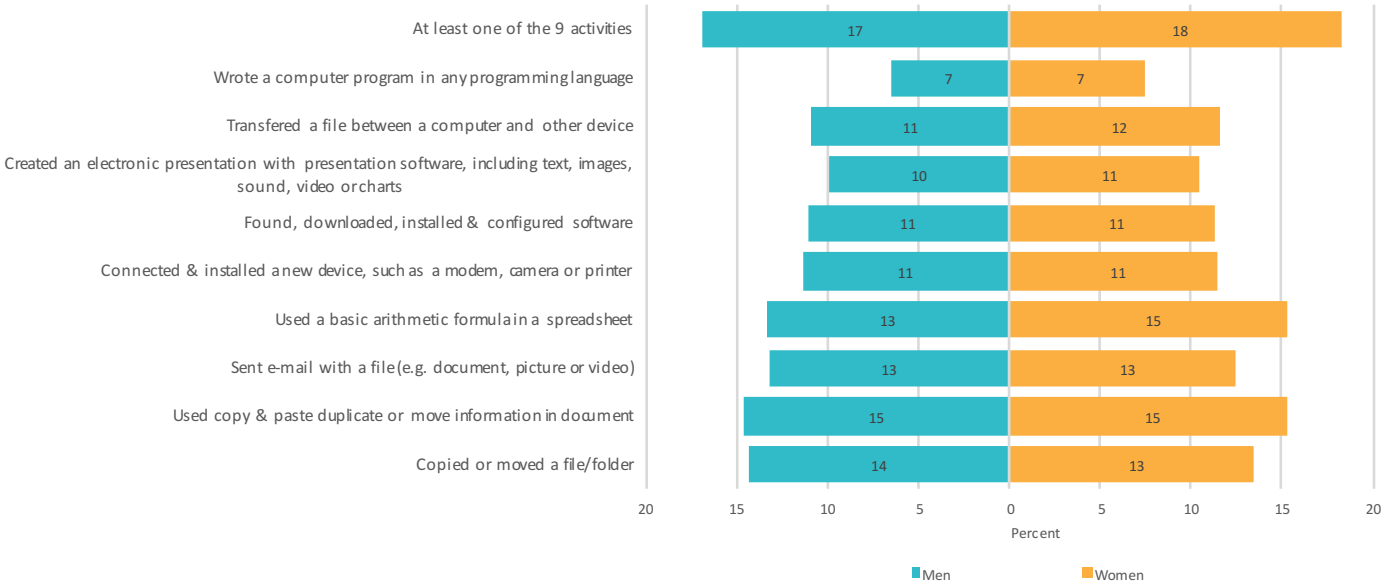
Disparities in Internet Use among Men: SDG17.8.1



Percentage of men age 15-49 years who used the internet in the last 3 months

Information & Communication Technology (ICT) Skills

Specific Computer Skills



Percentage of women and men age 15-49 years who in the last 3 months have carried out specific computer related activities and the percentage who have carried out at least one of these activities

Regional Data on ICT Use & Skills among Women

Region	Computer Use	Mobile Phone Use	Internet Use	Performed at Least 1 computer-related activity
National	**21**	**89**	**54**	**18**
Apia Urban Area	35	93	66	33
North West Upolu	21	90	53	18
Rest of Upolu	20	83	47	15
Savaii	11	88	53	10

Percentage of women age 15-49 years who during the last 3 months used a computer, used a mobile phone and used the internet and percentage who performed at least 1 computer-related activity

Key Messages

- Access to mass media (including newspaper, radio and TV) varies among different groups of Samoan population.
- On a weekly basis, 36 percent of women and 42 percent of men are exposed to radio. Little more than two-thirds of the men and almost the same percentage of women watch television and about 1 in 6 are exposed to newspapers.
- Overall, around 10 percent of men and women are exposed to all three types of mass media on a weekly basis.
- 96 percent households own mobile phones.
- Men are more frequent users of internet (71 percent) compared to women (54 percent).
- About 3 out of 4 households have internet at home and 27 percent of the households have computers.
- About 62 percent of households in the highest wealth quintile have computers compared to only 3 percent among the lowest wealth quintile.

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3. Child Mortality

Mortality Rates among Children Under-5

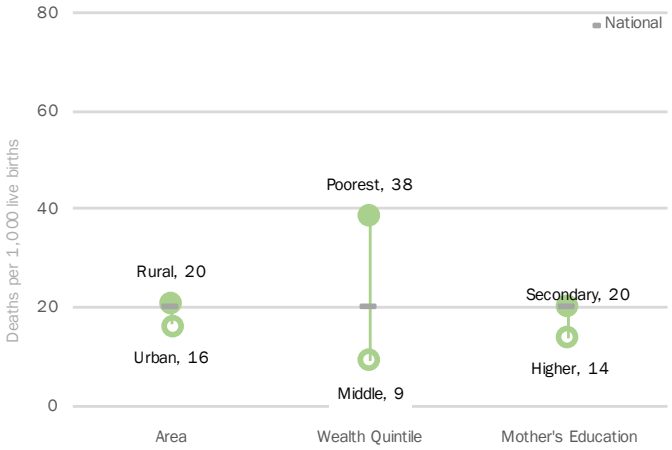
Years preceding the survey	Neonatal mortality rate: SDG 3.2.2	Post-neonatal mortality rate	Infant mortality rate	Child mortality rate	Under-5 mortality rate: SDG 3.2.1
0-4	5	10	15	4	20
5-9	11	6	17	7	23
10-14	3	7	10	3	13

Neonatal mortality (NN): probability of dying within the first month of life
Post-neonatal mortality: calculated as difference between infant and neonatal mortality rates
Infant mortality ($_1q_0$): probability of dying between birth and first birthday
Child mortality ($_4q_1$): probability of dying between the first and fifth birthday
Under-5 mortality ($_5q_0$): probability of dying between birth and fifth birthday

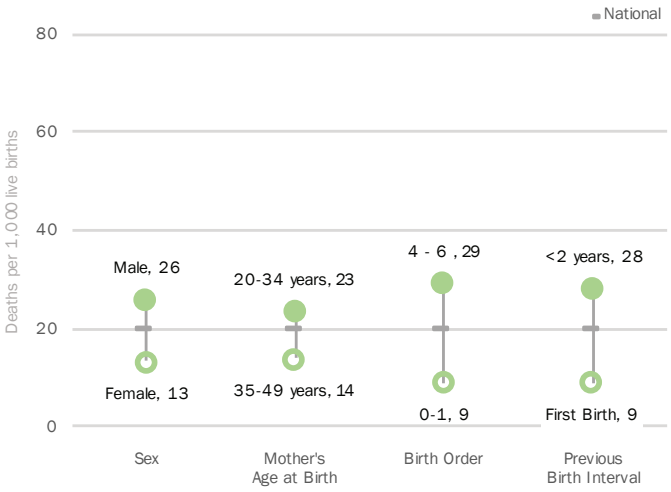
MICS uses a **direct method for estimation of child mortality**. This involves collecting **full birth histories** whereby women age 15-49 are asked for the date of birth of each child born alive, whether the child is still alive and, if not, the age at death.

Child Mortality Disparities

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



Under-5 mortality rate by demographic risk factors



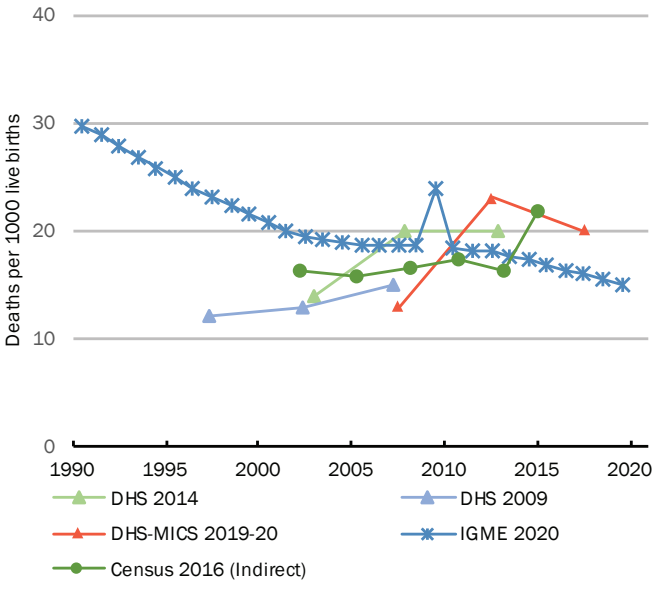
Under-five mortality rates for the five-year period preceding the survey, by socio-economic characteristics, area and demographic risk factors

Neonatal & under-5 mortality rates by region

Region	Neonatal mortality	Under-5 mortality
National	5	20
Apia Urban Area	5	16
North West Upolu	5	21
Rest of Upolu	5	18
Savaii	5	23

Neonatal mortality and under-5 mortality rates (deaths per 1,000 live births) for the five-year period preceding the survey, by region

Trends in under-5 mortality rates



The source data used in the above graph is taken from the final reports of DHS-MICS 2019-20, DHS 2014 and DHS 2009, except for IGME 2019 and Recalculated VR which is downloaded from the UN IGME web portal.

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

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

Key Messages

- Samoa has achieved the SDG 2030 target set for childhood mortality indicators, however disparities exist.
- Under-5 mortality rate in rural areas (20 per 1,000 live births) is for a quarter higher compared to urban areas (16 per 1,000 live births).
- Apia Urban Area division has lowest under-5 mortality rate of 16 per 1,000 live births and Savaii has the highest, 23 per 1,000 live births

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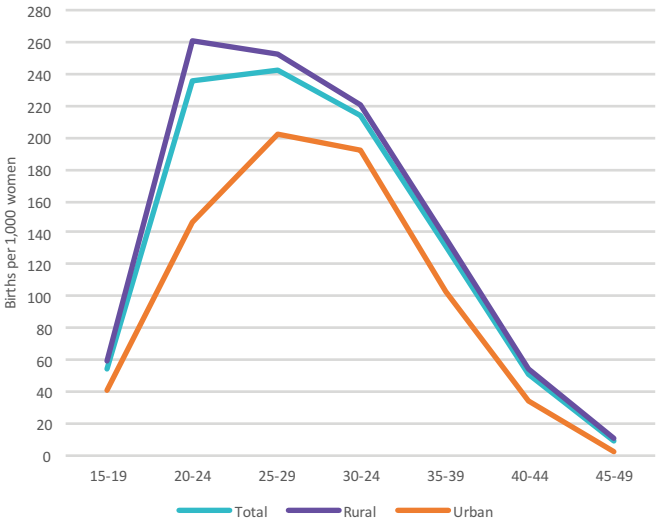
4. Fertility & Family Planning

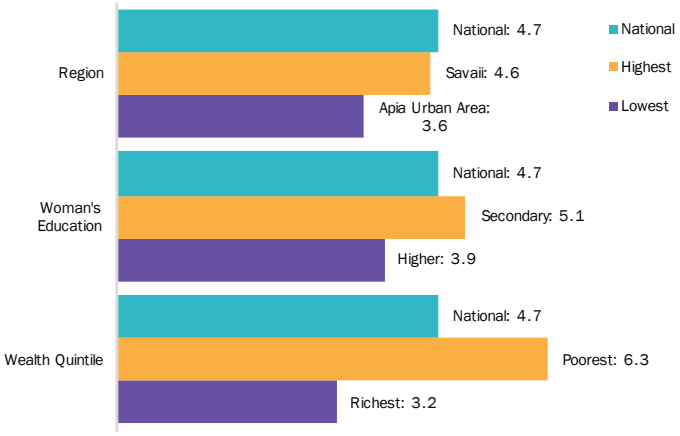
Fertility

Age Specific Fertility Rates



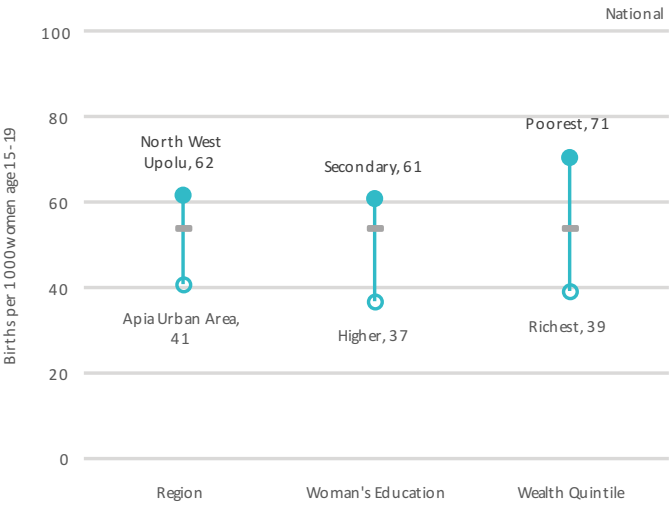
Age-specific fertility rates (ASFR) are the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women

Total Fertility Rate



The total fertility rate (TFR) is calculated by summing the age-specific fertility rates (ASFRs) calculated for each of the five-year age groups of women, from age 15 through to age 49

Age Specific Fertility Rates

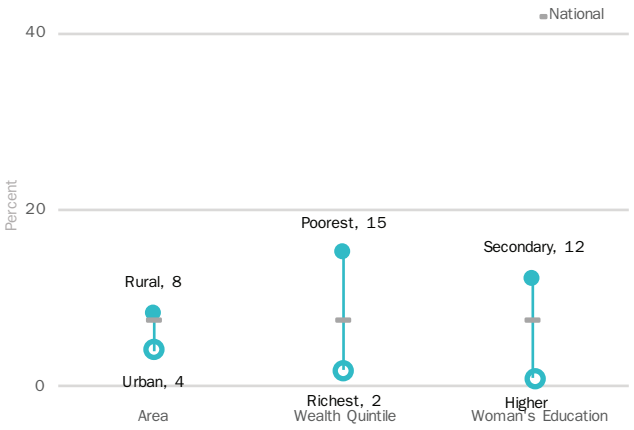


Age-specific fertility rate for girls age 15-19 years for the three-year period preceding the survey

Adolescent Birth rate SDG 3.7.2 indicator is under target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

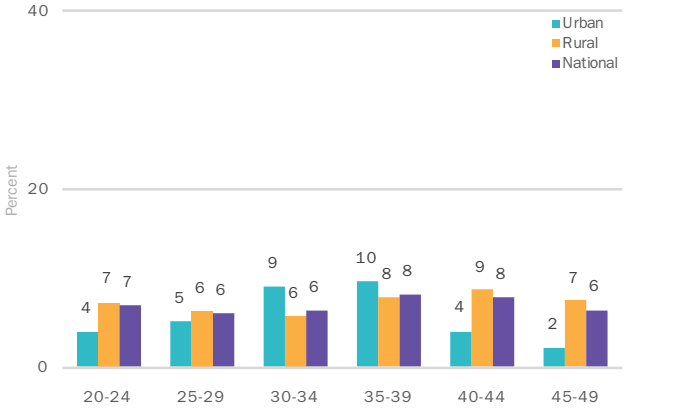
Reducing adolescent fertility and addressing the multiple factors underlying it are essential for improving sexual and reproductive health and the social and economic well-being of adolescents. Preventing births very early in a woman's life is an important measure to improve maternal health and reduce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

Early Child Bearing - by Age 18



Percentage of women age 20-24 years who have had a live birth before age 18, by selected characteristics

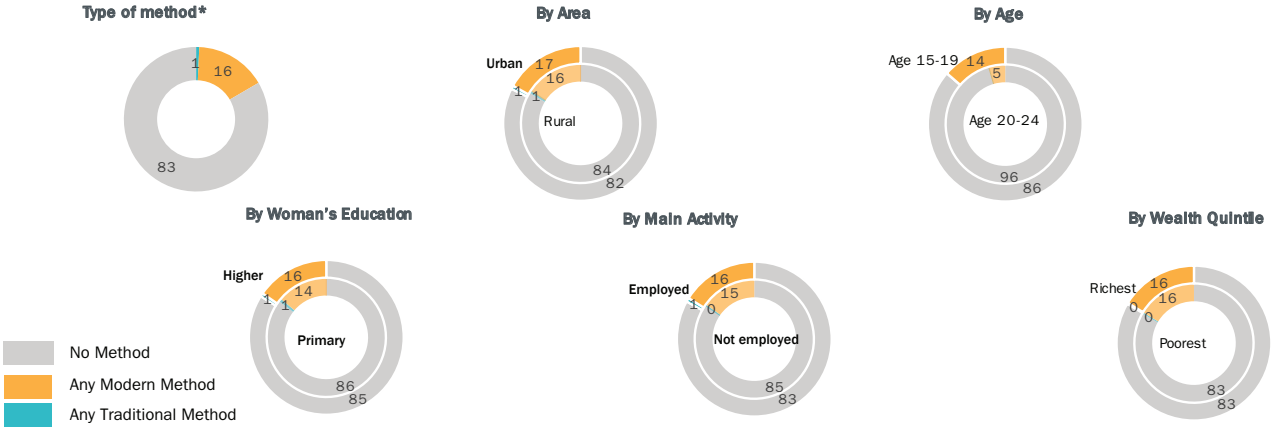
Trends in Early Child Bearing - by Age 18



Percentage of women age 20-49 years who have had a live birth before age 18

Family Planning

Method of Family Planning by Various Characteristics



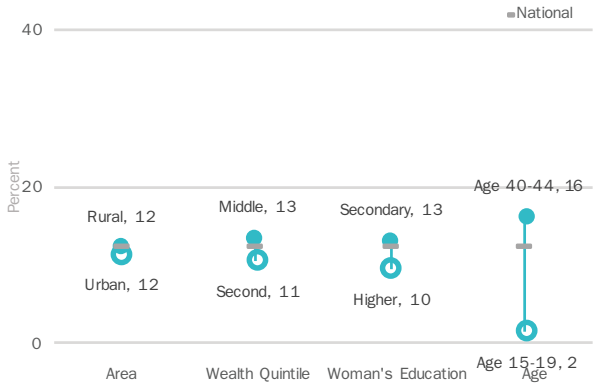
Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method
*Modern Methods include female sterilization, male sterilization, IUCD, injectables, implants, pills, male condom, Female condom and contraceptive patch Traditional methods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

Met Need for Family Planning

Met Need for Family Planning - Spacing

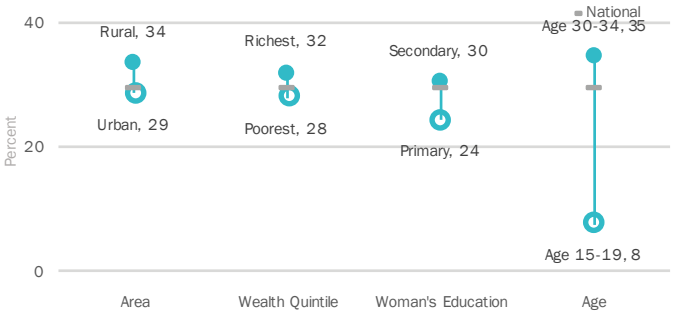
Percentage of women age 15-49 years currently married or in union with an met need for family planning for spacing, by selected characteristics

Met Need for Family Planning – Limiting



Percentage of women age 15-49 years currently married or in union with an met need for family planning for limiting, by selected characteristics

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



Percentage of women age 15-49 years with demand for family planning satisfied with modern methods by selected characteristics

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

Regional Data on Fertility & Family Planning

Region	Adolescent Birth Rate	Total Fertility Rate	Child bearing before 15*	Child bearing before 18	Contraception Use of modern method among married / in-union women	Contraception Use of any method among married / in-union women	Demand for family planning satisfied with modern methods among married / in-union women
National	**55**	**4.7**	**<1**	**7**	**16**	**17**	**29**
Apia Urban Area	41	3.6	<1	4	17	18	34
North West Upolu	62	5.3	<1	7	15	16	27
Rest of Upolu	62	4.8	<1	11	19	20	36
Savaii	50	4.6	<1	9	14	14	24

*Percentage of women age 20-24 years who have had a live birth before age 15

Key Messages

- Total fertility rate (TFR- the average number of children born to a woman in her life time) in Samoa is 4.7, and the TFR among women living in North West Upolu is higher (5.3) compared to women living in Apia Urban Area (3.6).
- Adolescent birth rate is 55 per 1,000 women age 15-19 years.
- The proportion of women age 20-24 years giving birth before age 18 is seven times higher among those who belong to the poor wealth quintiles (15 percent) compared to those from rich wealth quintile (2 percent).
- About 17 percent of the currently married or in-union women age 15-49 are using any method of contraception, Of these 94 percent are using modern methods.

Samoa DHS-MICS 2019-20

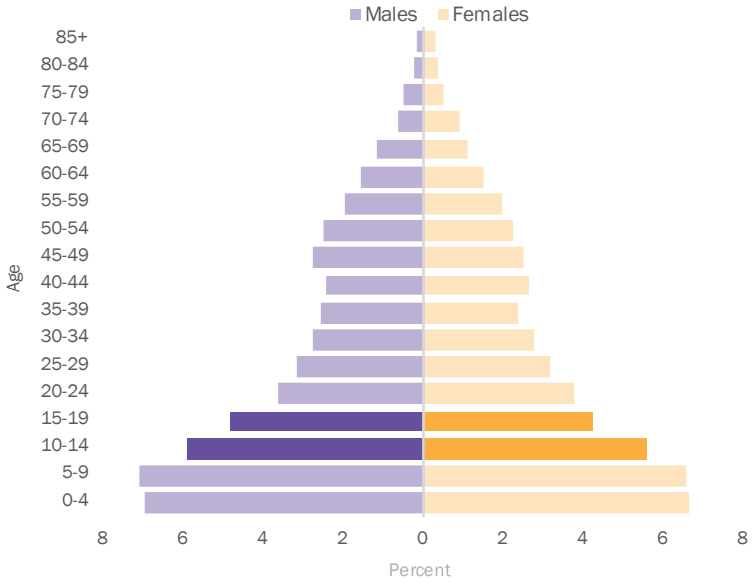
5. Adolescents

MICS

Multiple Indicator Cluster Survey

The Adolescent Population: Age 10-19

Age & Sex Distribution of Household Population



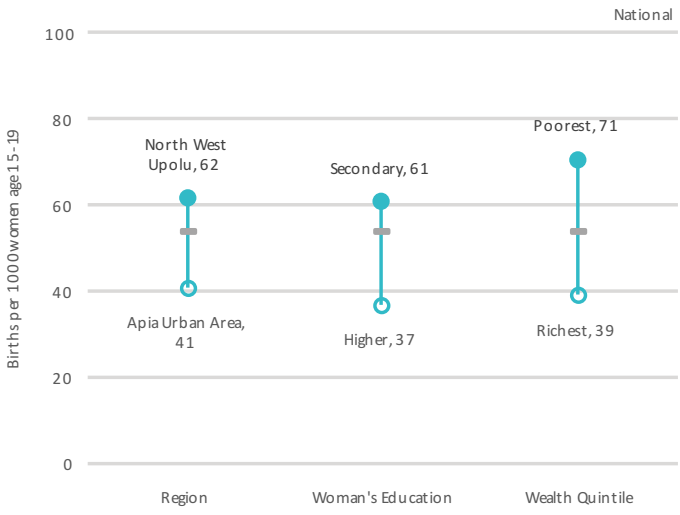
This snapshot of adolescent well-being is organized around key priority areas for adolescents:

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

Every Adolescent Survives & Thrives

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

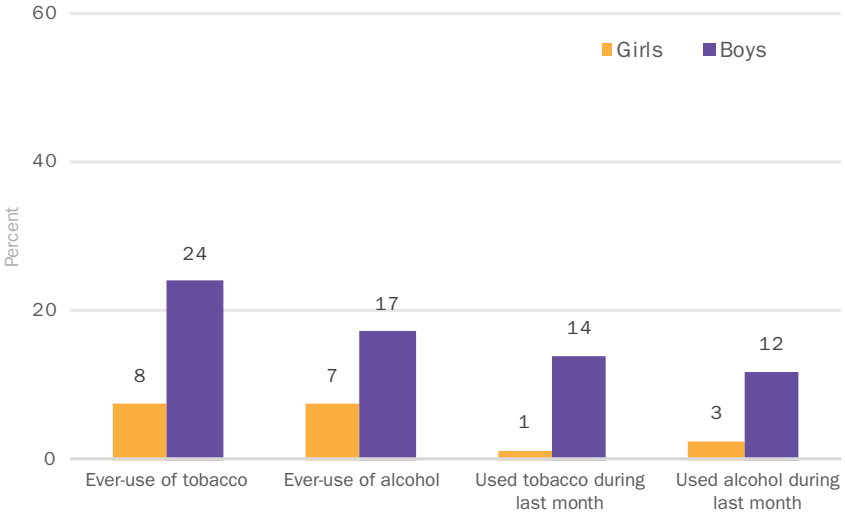
Adolescent Birth Rate: SDG 3.7.2



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

Every Adolescent Survives & Thrives

Tobacco* & Alcohol Use

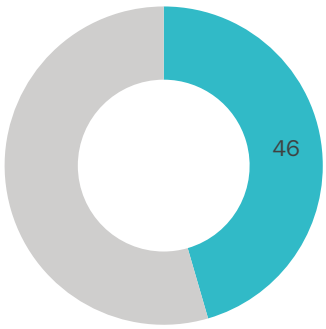


Percentage of adolescent girls and boys age 15-19 years who have ever used tobacco or alcohol
Percentage of adolescent girls and boys age 15-19 years who have used tobacco or alcohol in the last 1 month
*Tobacco use in last month among adolescents is an age disaggregate of SDG 3.a.1

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

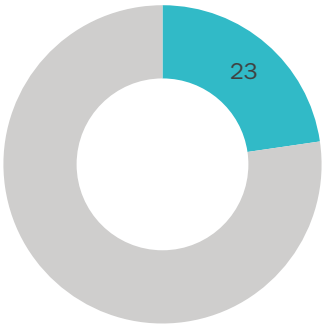
Every Adolescent Learns

Foundational Reading Skills



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

Foundational Numeracy Skills

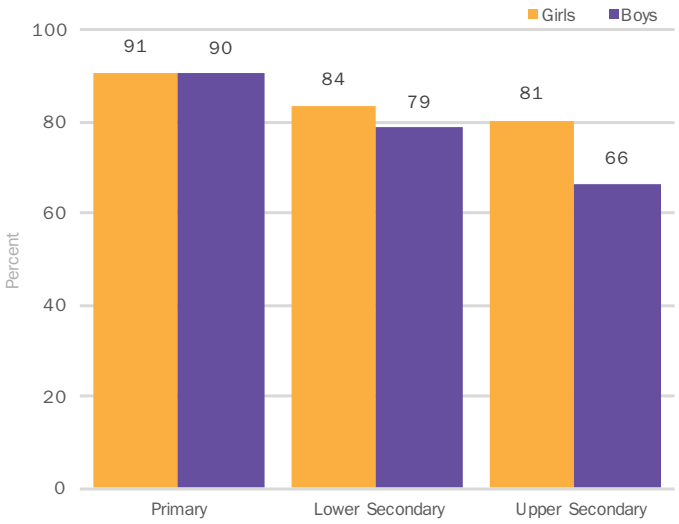


Percentage of children age 7-14 years who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task

Quality education and experiences at school positively affect physical and mental health, safety, civic engagement and social development. Adolescents, however, can also face the risk of school drop-out, early marriage or pregnancy, or being pulled into the workforce prematurely.

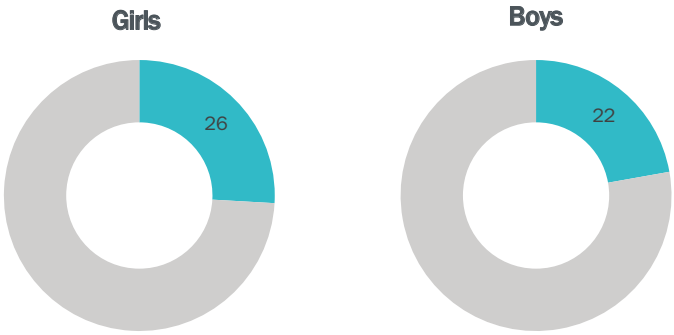
Data on reading and numeracy skills are collected in MICS through a direct assessment method. The Foundational Learning module captures information on children's early learning in reading and mathematics at the level of Grade 2 in primary education.

School Attendance Ratios



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

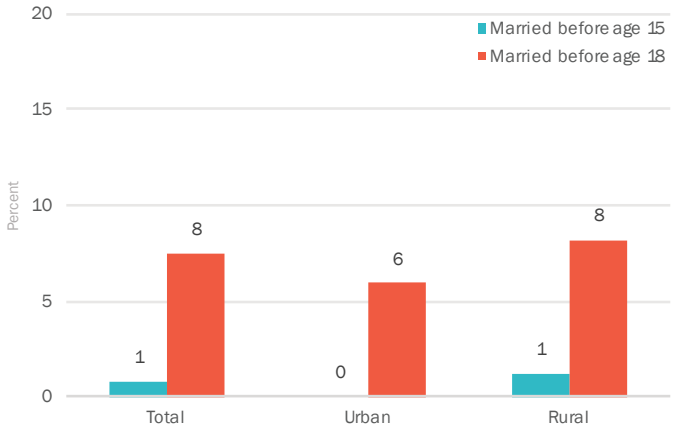
Information & Communications Technology (ICT) Skills*



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

Every Adolescent is Protected from Violence & Exploitation

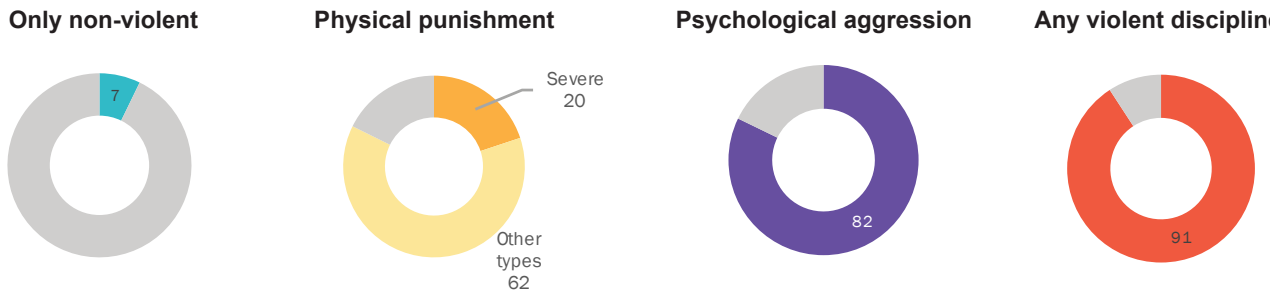
Child Marriage: SDG 5.3.1



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

Adolescence is a period of heightened risk to certain forms of violence and exploitation. The onset of puberty marks an important transition in girls' and boys' lives whereby gender, sexuality and sexual identity begin to assume greater importance, increasing vulnerability to particular forms of violence, particularly for adolescent girls. Certain harmful traditional practices, such as child marriage, often take place at the onset of puberty. At the same time, as children enter adolescence, they begin to spend more time outside their homes and interact more intimately with a wider range of people, including peers and romantic partners. This change in social worlds is beneficial in many respects, but also exposes adolescents to new forms of violence.

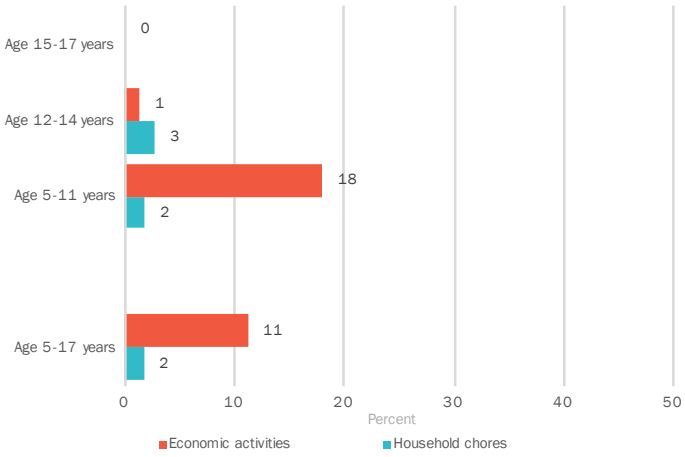
Child Discipline



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

Every Adolescent is Protected from Violence & Exploitation

Child Labour: SDG 8.7.1



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

Definition of Child Labour

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

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

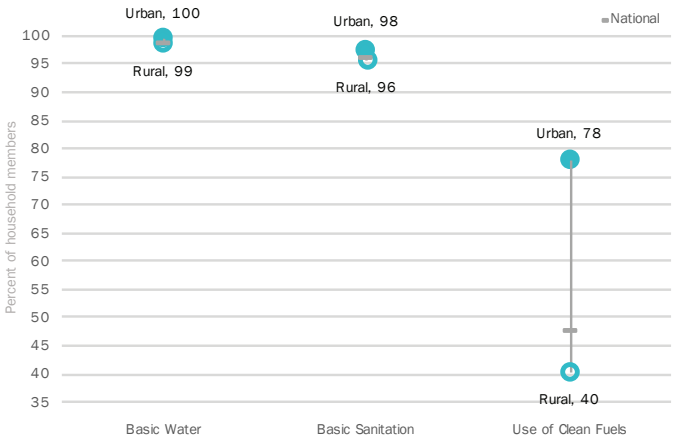
Age 15 to 17 years: At least 43 hours of economic activities. No threshold for number of hours of unpaid household services.

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

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

Every Adolescent Lives in a Safe & Clean Environment

Water, Sanitation & Clean Fuel Use



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

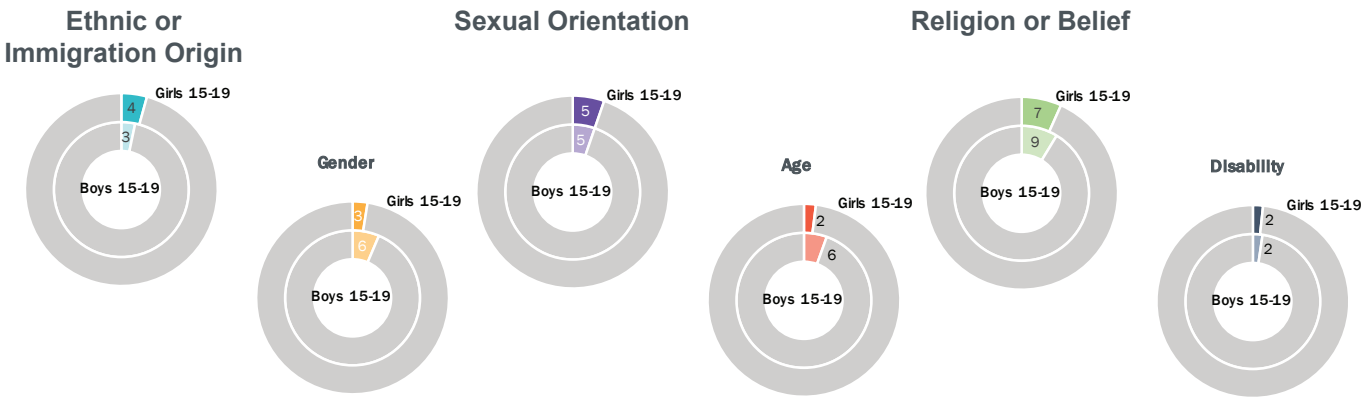
Basic Drinking Water SDG 1.4: Drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water

Basic Sanitation Services SDG 1.4.1/6.2.1: Use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs

Clean Fuels SDG 7.1.2: Primary reliance on clean fuels and technologies for cooking, space heating and lighting

Every Adolescent has an Equitable Chance in Life

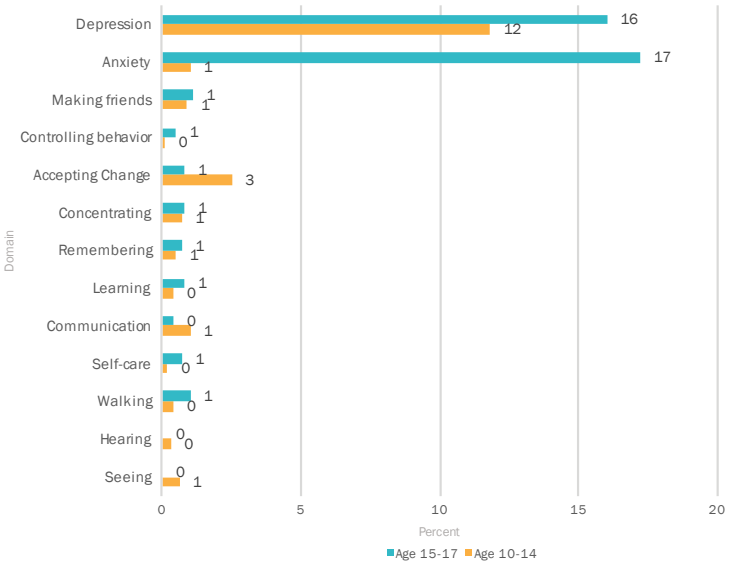
Discrimination & Harassment



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

Every Adolescent has an Equitable Chance in Life

Functioning Difficulties in Adolescents



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

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

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

Key Messages

- Adolescent boys age 15-19 years are 3 times more likely (24 percent) to have ever used tobacco compared to adolescent girls (8 percent). Fourteen percent of boys used tobacco during one month preceding the survey compared to one percent among girls.
- About seventeen percent of adolescents age 15-17 years have to deal with anxiety and sixteen percentage with depression.
- More adolescent boys age 15-19 years feel discriminated on the basis of gender, and religion and belief (9 percent and 6 percent, respectively) compared to adolescent girls (seven and three percent, respectively).
- Overall, 11 percent of children age 5-17 years engage in economic activities at or above the age specific thresholds outlined in the definition of child labour.

Samoa
DHS-MICS
2019-20

6. HIV & Sexual Behaviour

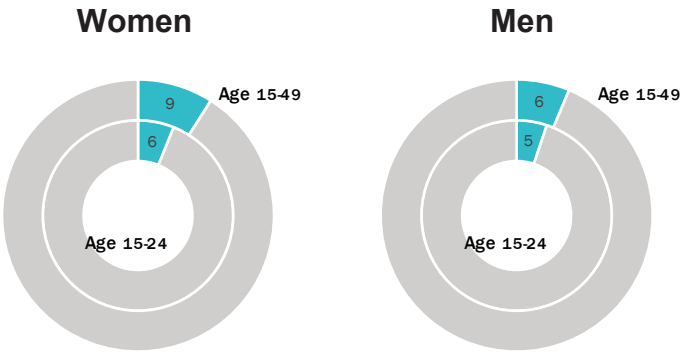
MICS

Multiple Indicator Cluster Survey

HIV indicators

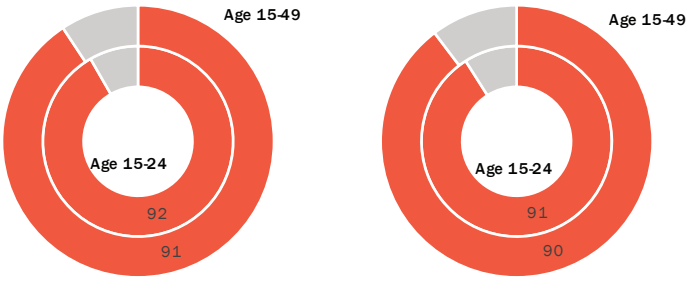
Knowledge

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



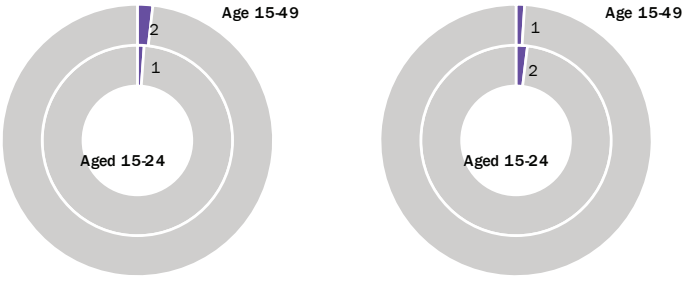
Stigma

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



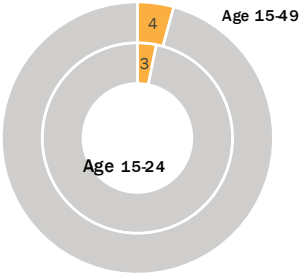
Testing

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



Testing during Antenatal Care

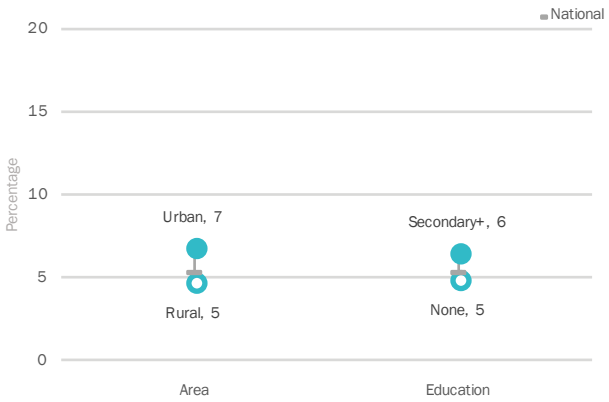
Percentage of women who during their antenatal care for their last pregnancy were offered an HIV test, accepted and received results, and received post-test health information or counselling related to HIV



HIV Indicators by Key Characteristics

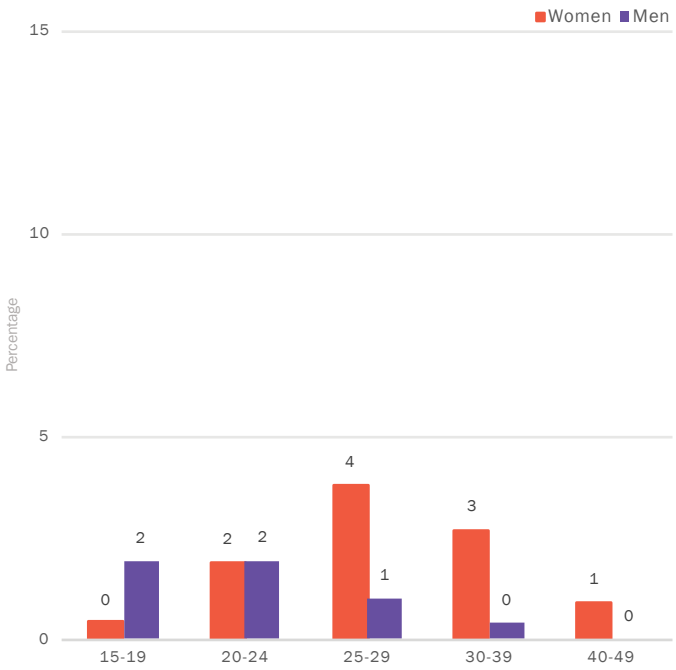
Knowledge among Adolescent Girls & Young Women (15-24)*

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



*Percentage of men and women age 15-24 years who know two ways of HIV prevention, who know that a healthy-looking person can be HIV-positive, and who reject two most common misconceptions.

Tested for HIV in last 12 months



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

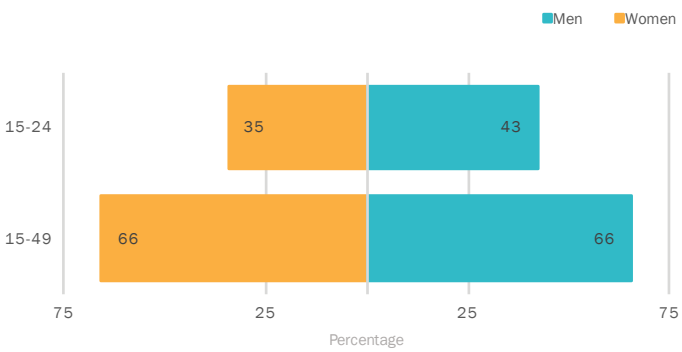
Regional Data on HIV Testing

	Men who tested in last 12 months	Women who tested in last 12 months	Women testing at ANC
National	**1**	**2**	**4**
Apia Urban Area	1	2	5
North West Upolu	1	1	3
Rest of Upolu	1	3	7
Savaii	1	2	3

Tested in last 12 months: percentage of women and men age who have been tested in the last 12 months and know the result
HIV testing during ANC: percentage of women age 15-49 years who during antenatal care for their last pregnancy were offered an HIV test, accepted and received results, and received post-test health information or counselling related to HIV

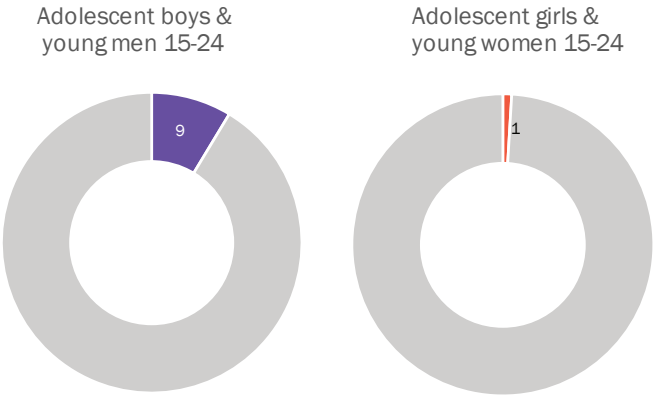
Sexual Behaviour by Key Characteristics

Sexually Active

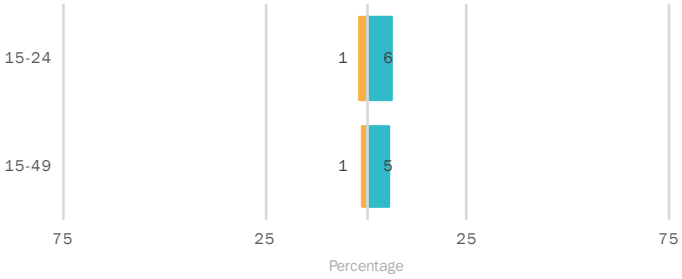


In many settings, sexual behavior can be considered a risk factor for health and social issues. These include reproductive health, HIV and other sexually transmitted infections, and gender equality and empowerment. An understanding of the population's sexual behavior patterns can inform both disease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

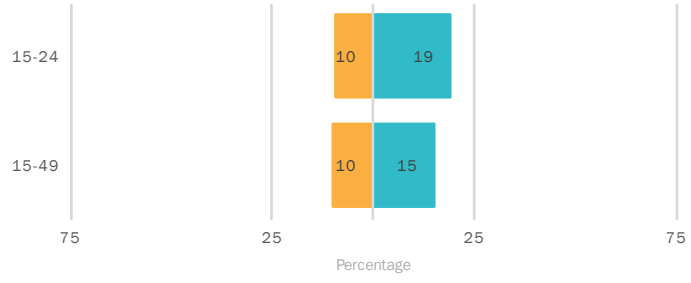
Young People who had Sex Before Age 15



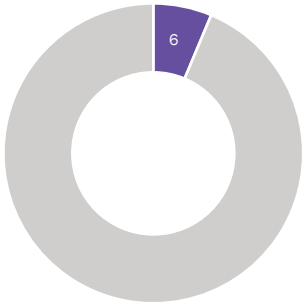
Multiple Partners



Condom Use



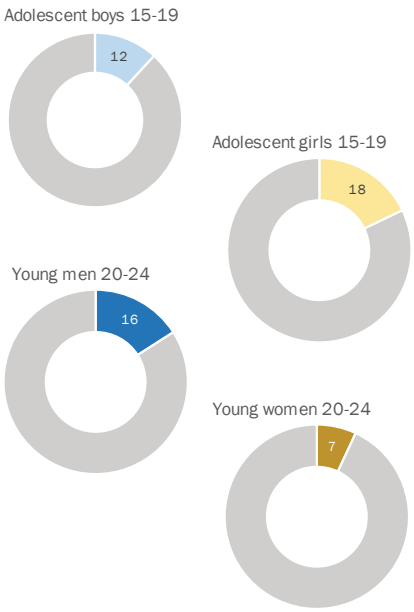
Girls 15-19 who Report Sex with Partner 10 years or Older



Sexually active: Percentage of women and men age 15-24 years and 15-49 years who had sexual intercourse within the last 12 months
Multiple partners: Percentage of women and men age 15-24 years and 15-49 years of those who had sex with more than 1 partner in the last 12 months
Condom use: Percentage of women and men age 15-24 years and 15-49 years who had more than one sexual partner in the last 12 months reporting that a condom was used the last time they had sex
Sex before age 15: Percentage of women and men age 15-24 years who had sex before age 15
Sex with man 10 years or older: Percentage of adolescent girls age 15-19 years who had sex in the last 12 months who report having had sex with a man 10 or more years older in the last 12 months

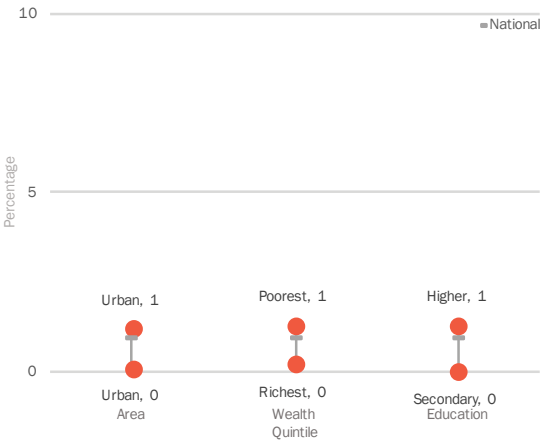
Sexual Behavior by Key Characteristics

Condom Use among Young People



Percentage of adolescents and young people age 15-24 years who had more than one sexual partner in the last 12 months reporting that a condom was used the last time they had sex

Sex before Age 15 among Adolescent Girls & Young Women 15-24

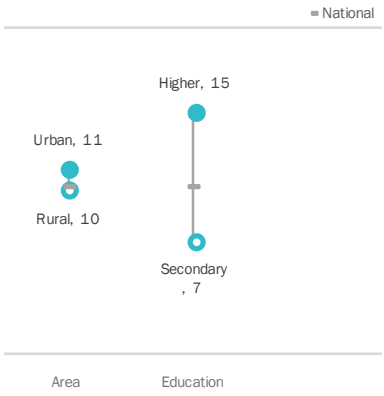


Percentage of adolescent girls and young women age 15-24 years who had sex before age 15

Condom Use among Young People

Adolescent boys and young men age 15-24

Adolescent girls and young women age 15-24



Percentage of adolescents and young people age 15-24 years who had more than one sexual partner in the last 12 months reporting that a condom was used the last time they had sex
Data for 'Higher' in "Education" for adolescent boys are based on 25-49 unweighted cases

Regional Data on Sexual Behaviour

	Adolescent boys and young men age 15-24		Adolescent girls and young women age 15-24	
	Sex before 15	**Condom use**	**Sex before 15**	**Condom use**
National	**9**	**14**	**1**	**10**
Apia Urban Area	8	13	<1	11
North West Upolu	10	14	1	12
Rest of Upolu	10	17	2	13
Savaii	6	9	1	<1

Sex before 15: percentage of adolescents and young people age 15-24 years who had sexual intercourse before age 15
Condom use: percentage of adolescents and young people age 15-24 years who had more than one sexual partner in the last 12 months reporting that a condom was used the last time they had sex

Key Messages

- Comprehensive knowledge about HIV is very low among both men and women age 15-49 years (6 and 9 percent, respectively).
- A very high percent of women (91) and men (90) age 15-49 years report discriminatory attitudes towards people living with HIV.
- Women are slightly more likely than men to believe that children with HIV should not be allowed to attend school with other children who do not have HIV.
- About 2 percent of women and men age 15-49 years has tested for HIV in during the 12 months preceding the survey.

Samoa DHS-MICS 2019-20

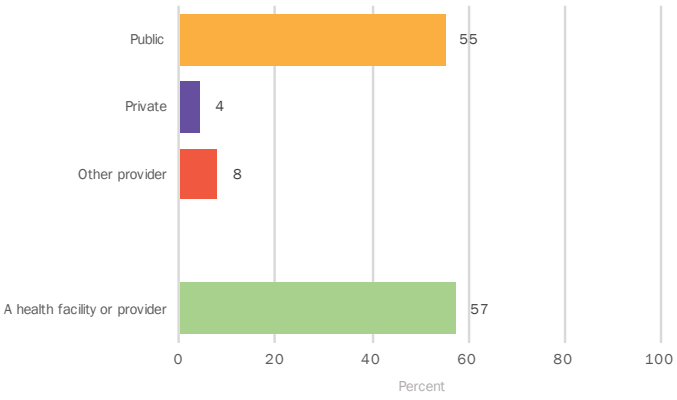
MICS

Multiple Indicator Cluster Survey

7. Child Health & Care of Illness

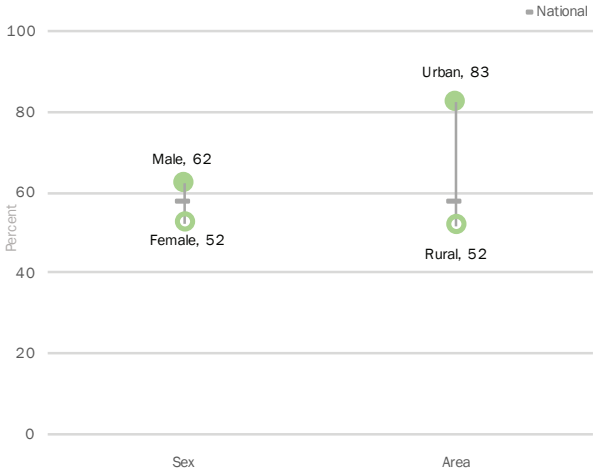
Diarrhoea

Care-seeking for Diarrhoea



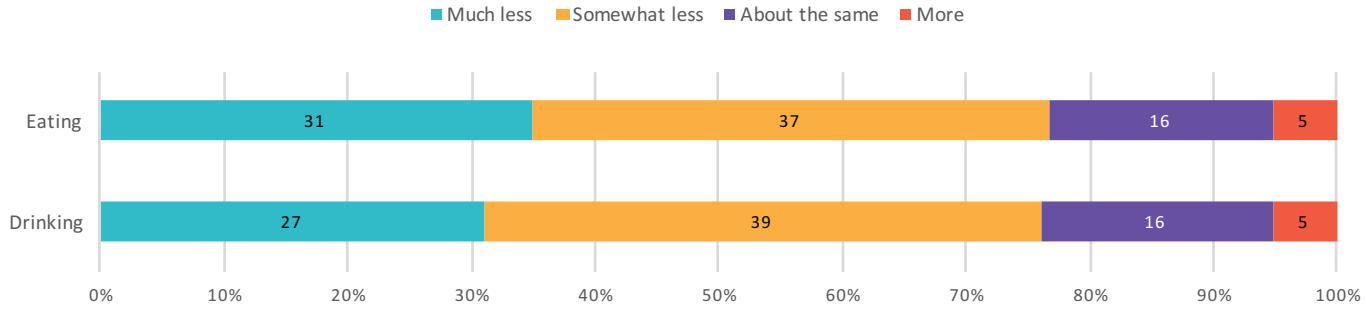
Percentage of children age 0-59 months with diarrhoea in the last two weeks by source of advice or treatment

Disparities in Care-seeking for Diarrhoea



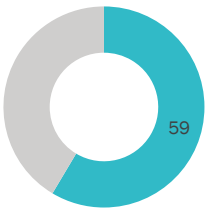
Percentage of children age 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought at a health facility or provider
Data for "Area" are based on 25-49 unweighted cases

Feeding during Diarrhoea



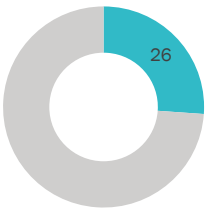
Percent distribution of children age 0-59 months with diarrhoea in the last two weeks by amount of liquids and food given during episode of diarrhoea

ORS Treatment for Diarrhoea



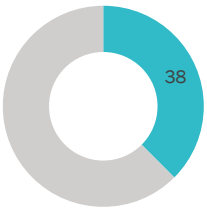
Percentage of children age 0-59 months with diarrhoea in the last two weeks treated with oral rehydration salt solution (ORS)

ORS + Zinc Treatment for Diarrhoea



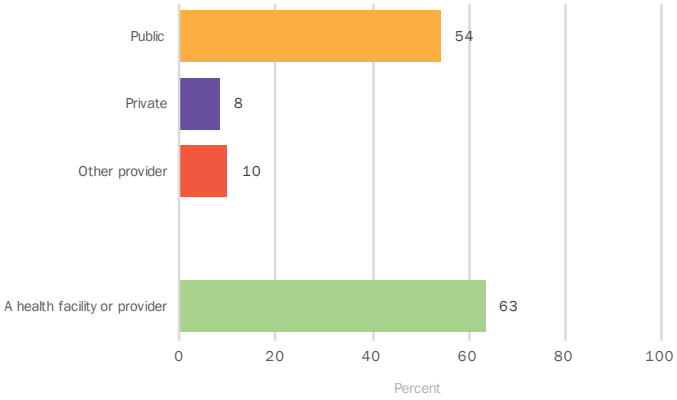
Percentage of children age 0-59 months with diarrhoea in the last two weeks treated with oral rehydration salt solution (ORS) and zinc

ORT + Continued Feeding for Diarrhoea



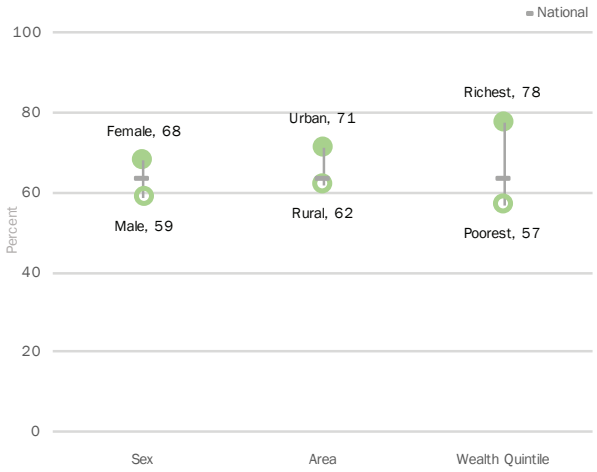
Percentage of children age 0-59 months with diarrhoea in the last two weeks who were given oral rehydration therapy (ORT) with continued feeding

Care-seeking during Fever



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

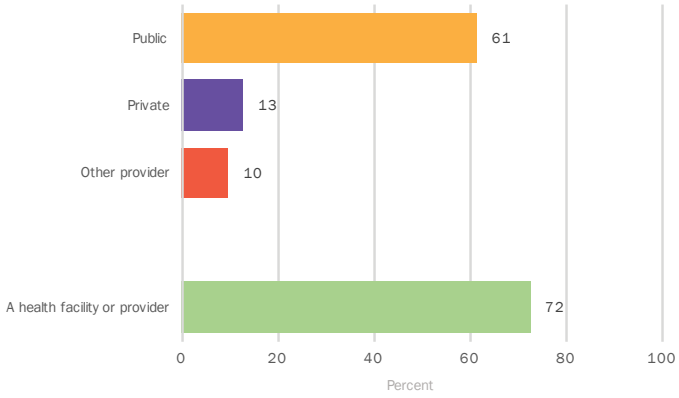
Disparities in Care-seeking during Fever



Percentage of children age 0-59 months with fever in the last two weeks for whom advice or treatment was sought at a health facility or provider

Symptoms of Acute Respiratory Infection (ARI)

Care-seeking for Symptoms of ARI



Percentage of children age 0-59 months with symptoms of ARI in the last two weeks, by source of advice or treatment

Regional Data on Care-seeking for Childhood Illness

Region	Care-Seeking at a health facility or provider for:		
	Diarrhoea	Fever	Symptoms of ARI
National	57	63.3	72
Apia Urban Area	(83)	71	(*)
North West Upolu	(55)	60	(74)
Rest of Upolu	(47)	66	(*)
Savaii	(*)	(58)	(*)

( ) Figures that are based on 25-49 unweighted cases

(*) Not shown, figures based on less than 25 unweighted cases

Key Messages

- More than one out of two children with diarrhea and a similar proportion with fever during the two weeks preceding the survey sought treatment from a public health facility.
- More than 1-in-3 children with diarrhea and a similar proportion with fever did not seek any advice or treatment from any source.

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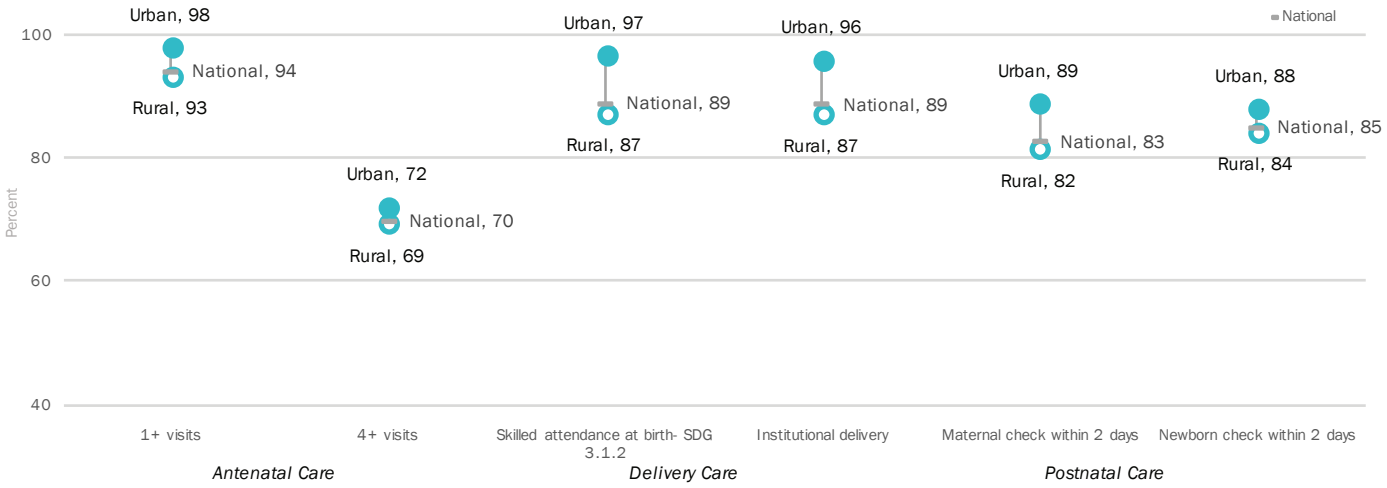
8. Maternal & Newborn Health

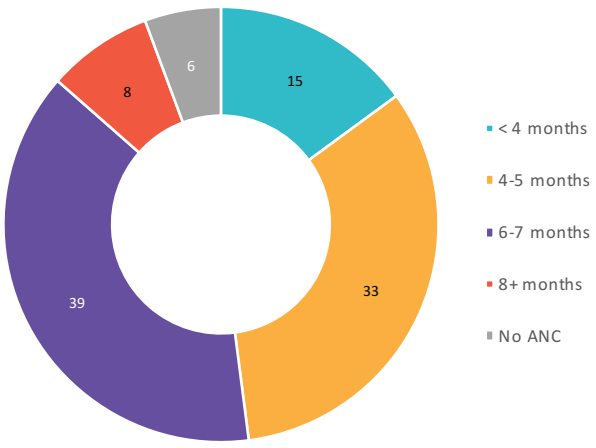
Key Elements of Maternal & Newborn Health

Maternal & Newborn Health Cascade by Area



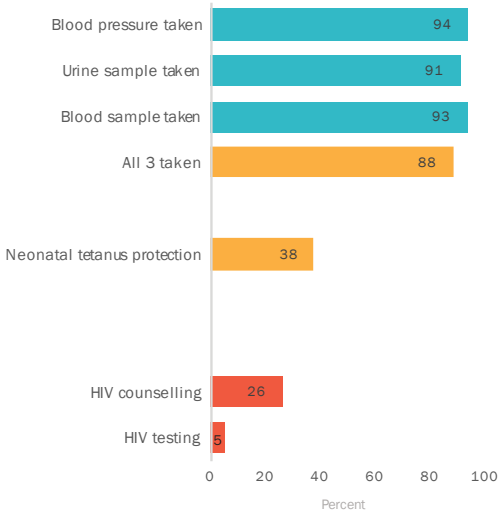
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider, who were attended by skilled health personnel during their most recent live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

Timing of First Antenatal Care Visit



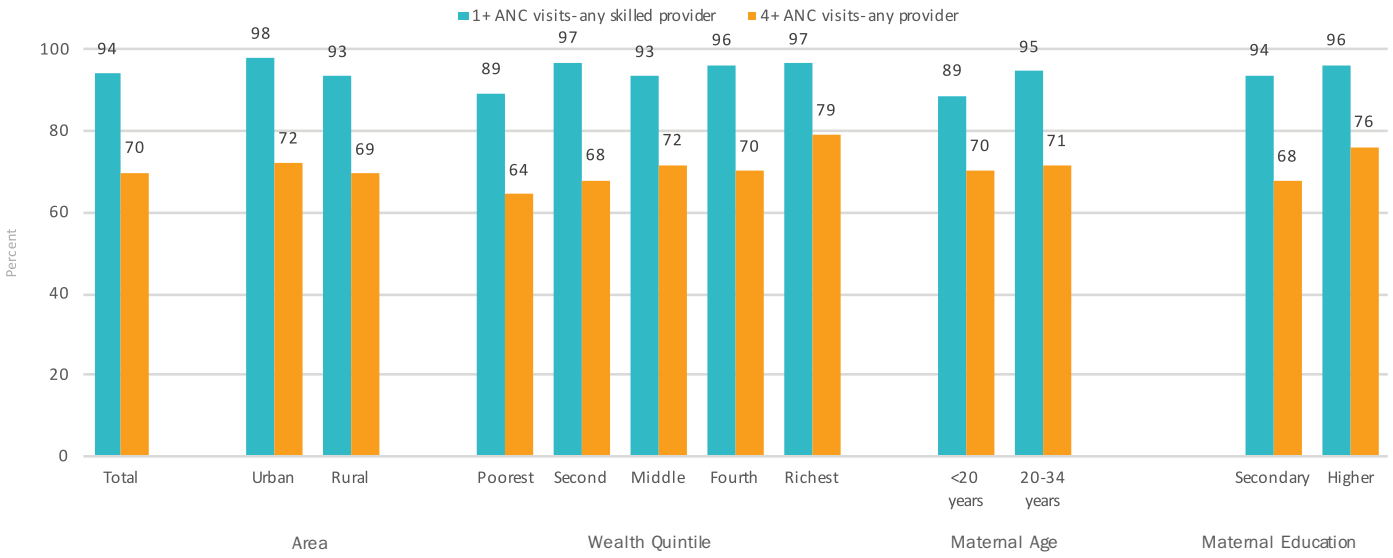
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel, by the timing of first ANC visit

Content & Coverage of Antenatal Care Services



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

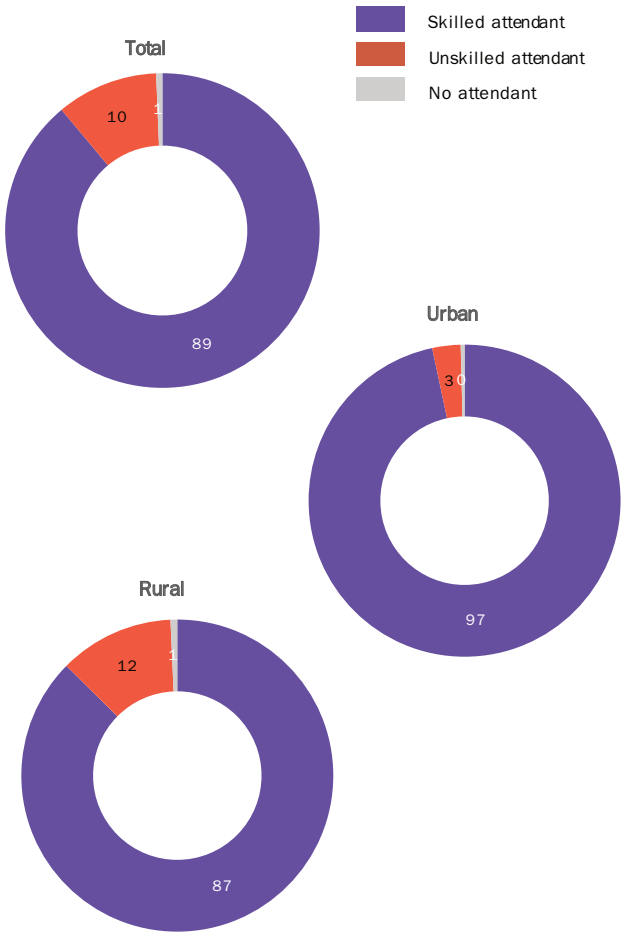
Coverage of Antenatal Care by Various Characteristics



Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider

Coverage of Skilled Attendance at Birth & Institutional Delivery by Area

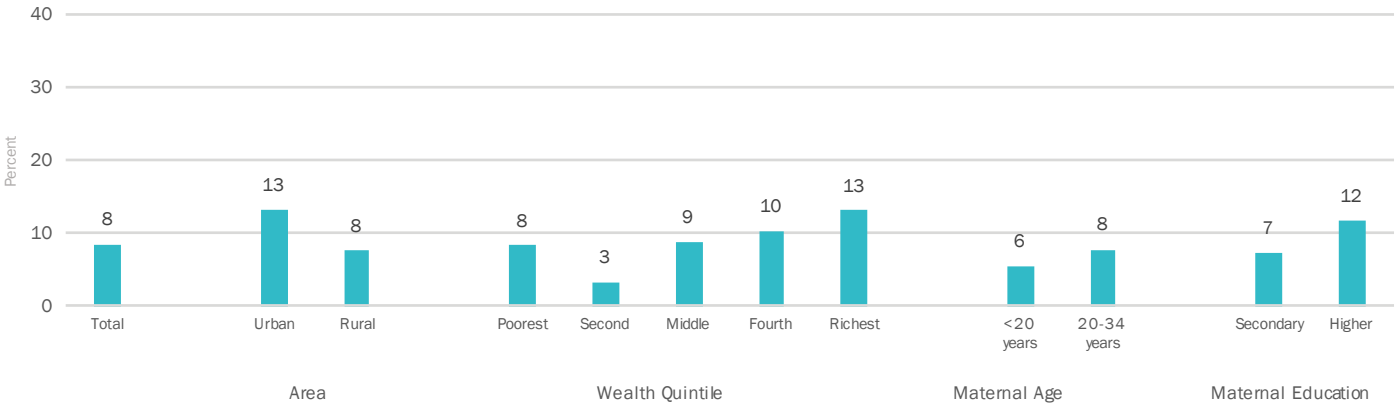
Skilled Attendance at Birth



Institutional Delivery

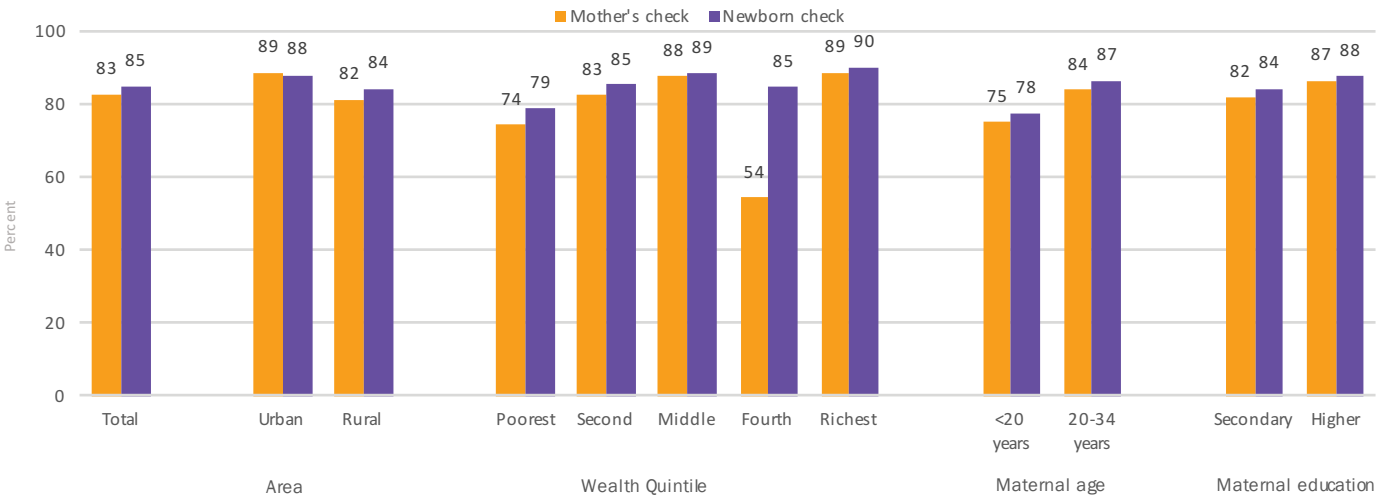
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth and percentage whose most recent live birth was delivered in a health facility (institutional delivery) by area

Caesarian Section by Various Characteristics



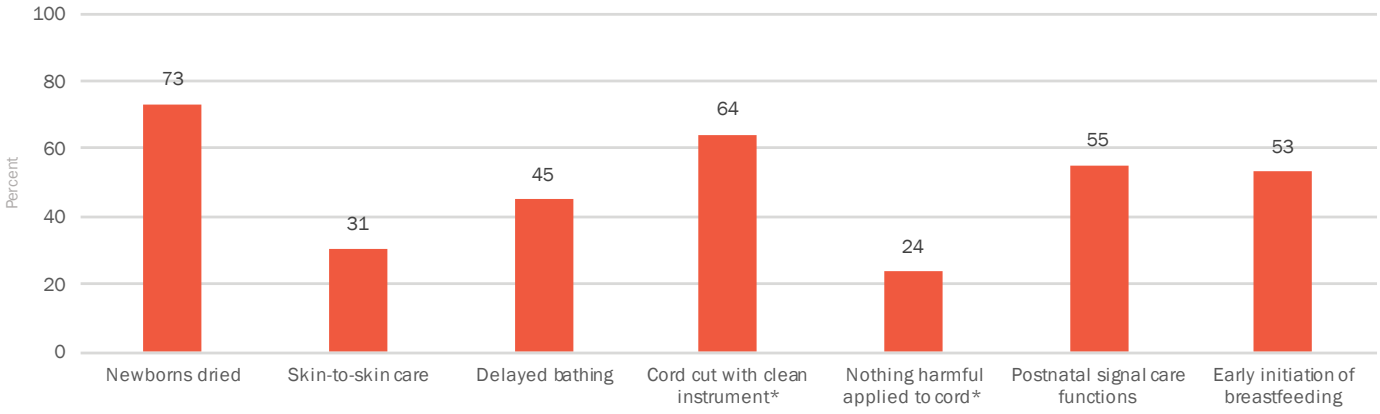
Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered by caesarean section by various characteristics

Postnatal Care within 2 Days of Birth by Various Characteristics



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

Coverage of Newborn Care



Among the last live-birth in the last 2 years, percentage who were dried after birth; percentage who were given skin to skin contact; percentage who were bathed after 24 hours of birth; percentage where the umbilical cord was cut with a new blade or boiled instrument*; percentage where nothing harmful was applied to the cord*; percentage where the newborn received a least 2 postnatal signal care functions within 2 days after birth; and percentage of women with a live birth in the last 2 years who put their last newborn to the breast within one hour of birth, by various characteristics

* Among the last live-births in the last 2 years delivered outside a facility

Regional Data on Maternal and Newborn Cascade

Region	ANC: At least 1 visit (skilled provider)	ANC: At least 4 visits (any provider)	Skilled Attendance at Birth	Institutional Delivery	Postnatal Care for Mother <2 days	Postnatal Care for Newborn <2 days
National	**94**	**70**	**89**	**88**	**83**	**85**
Apia Urban Area	98	72	97	96	89	88
North West Upolu	94	68	87	88	84	87
Rest of Upolu	94	78	87	89	74	82
Savaii	91	62	89	82	87	82

For indicator definitions, see earlier charts

Key Messages

- Nine-in-ten women age 15-49 years who had a live birth in the last two years received one or more, and 70 percent received four or more antenatal care visits.
- Nine-in-ten of women age 15-49 years who had a live birth in the last 2 years, had their delivery in a health facility.
- Eighty-nine percent of deliveries were assisted by a skilled professional and 14 percentage were c-sections.
- Little less than nine-in-ten pregnant women have reported blood pressure measurement, urine and blood sample taken as part of antenatal care.
- Close to one-in-five (17 percent) women age 15-49 years who had a live birth in the last 2 years did not receive a post-natal care visit.

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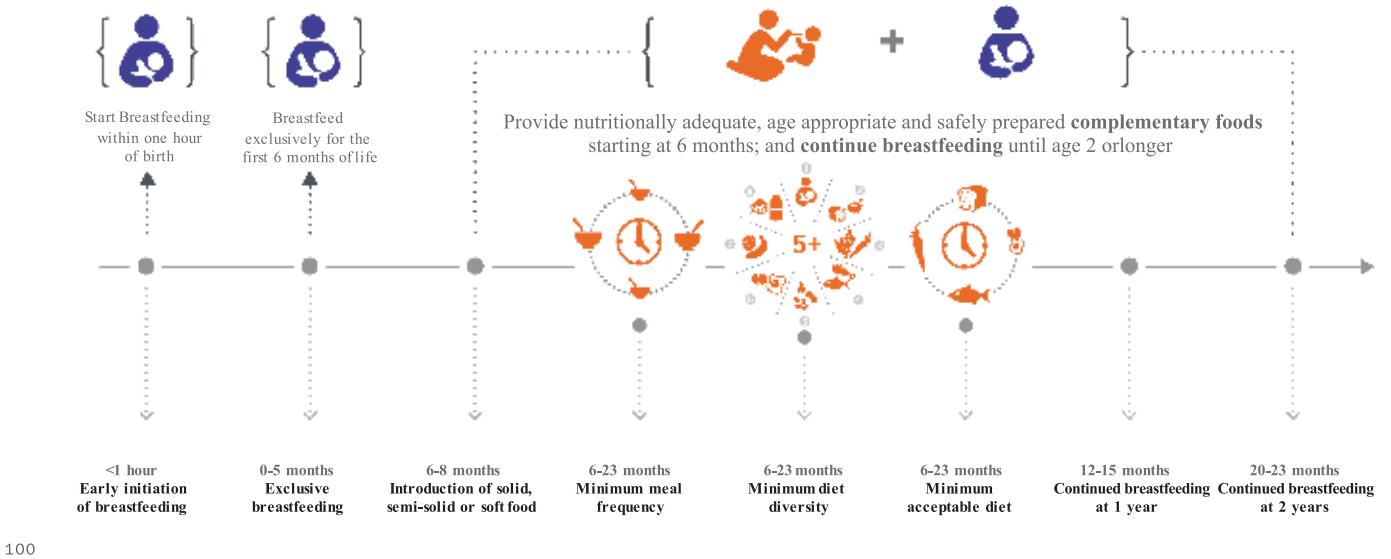
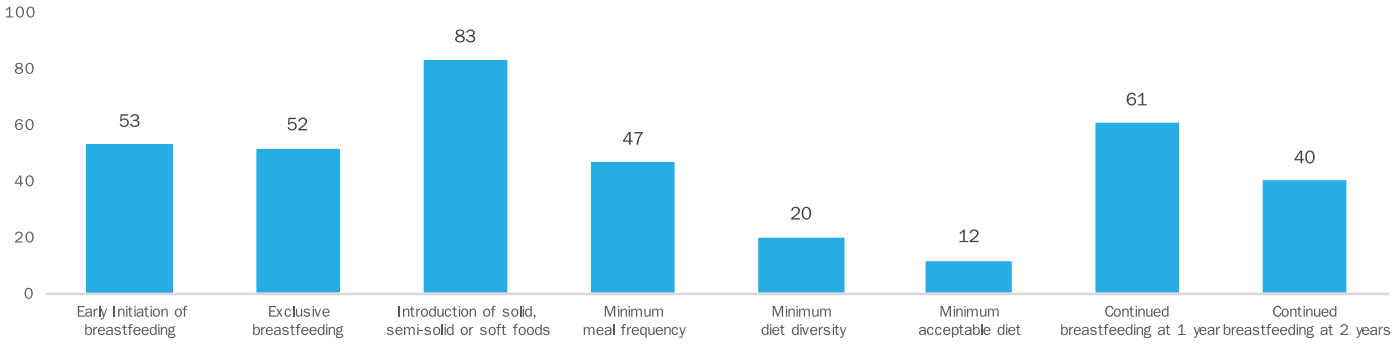
9. Infant & Young Child Feeding (IYCF)

Infant & Young Child Feeding

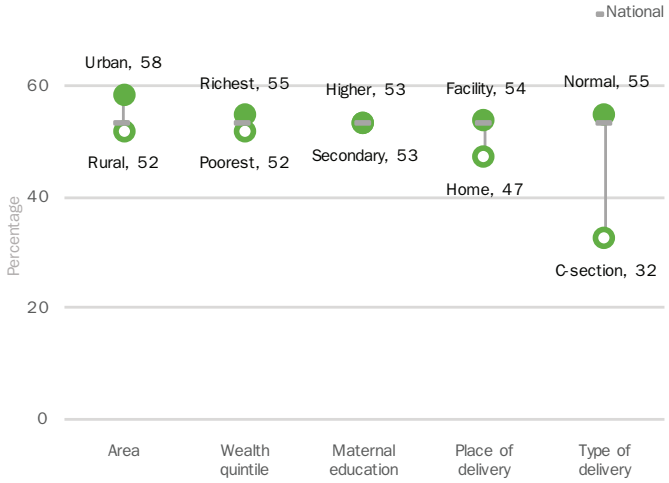




Early initiation: percentage of newborns put to breast within 1 hour of birth; **Exclusive breastfeeding:** percentage of infants aged 0-5months receiving only breastmilk; **Introduction to solids**: percentage of infants aged 6-8 months receiving solid or semi-solid food; **Minimum diet diversity:**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

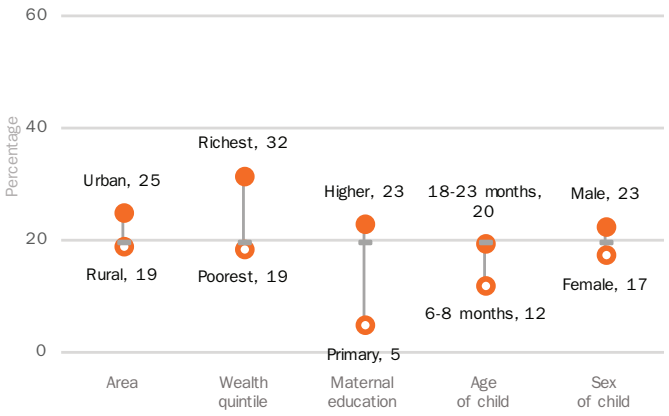
IYCF: Equity

Early Initiation of Breastfeeding



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

Minimum Diet Diversity



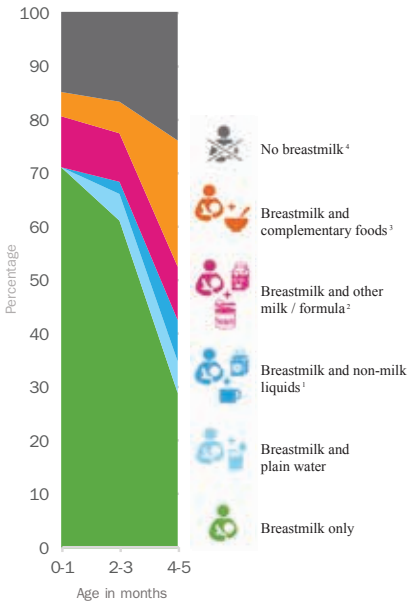
Percentage of children aged 6-23 months that were fed food from at least 5 out of 8 food groups, by background characteristics
Note: 'Primary' in 'Mother's education' are based on 25-49 unweighted cases

IYCF: What are the Youngest Infants Fed?

Liquids or foods consumed by infants 0-5 months old

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

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



Regional Data

Region	Early Initiation of breastfeeding	Minimum Diet Diversity
National	**53**	**20**
Apia Urban Area	58	25
North West of Upolu	45	16
Rest of Upolu	52	29
Savaii	67	13

Percentage of newborns put to the breast within one hour of birth, and percent of children aged 6-23 months that were fed food from at least 5 out of 8 food groups by geographic region

Key Messages

- Around half of newborn babies are put to breast within 1 hour of birth
- Early initiation to breastfeeding is lowest among children born through c-section (32 percent) compared to children born in a normal way (55 percent)
- Only 52 percent of infants age 0-5 months are exclusively breastfed.
- Eight out of ten infants age 6-8 months are receiving solid or semi solid food
- About half of the infants (47 percent) aged 6-23 month are receiving recommended minimum number of solid/liquid feeds
- Dietary diversity is low among children from urban areas and those belong to poor households.

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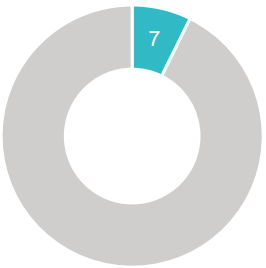
10. Nutritional Status of Children

Anthropometric Malnutrition Indicators

Stunting: SDG 2.2.1

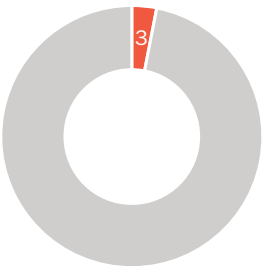
Stunting refers to a child who is too short for his or her age. Stunting is the failure to grow both physically and cognitively and is the result of chronic or recurrent malnutrition.



Percentage children under-5 who are stunted

Wasting: SDG 2.2.2

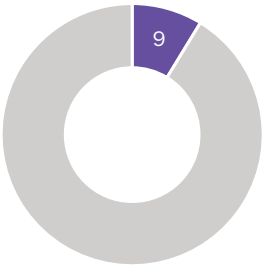
Wasting refers to a child who is too thin for his or her height. Wasting, or acute malnutrition, is the result of recent rapid weight loss or the failure to gain weight. A child who is moderately or severely wasted has an increased risk of death, but treatment is possible.



Percentage children under-5 who are wasted

Overweight: SDG 2.2.2

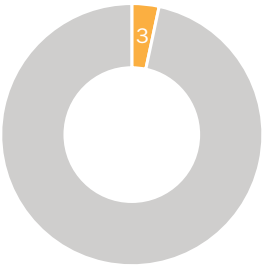
Overweight refers to a child who is too heavy for his or her height. This form of malnutrition results from expending too few calories for the amount consumed from food and drinks and increases the risk of noncommunicable diseases later in life.



Percentage children under-5 who are overweight

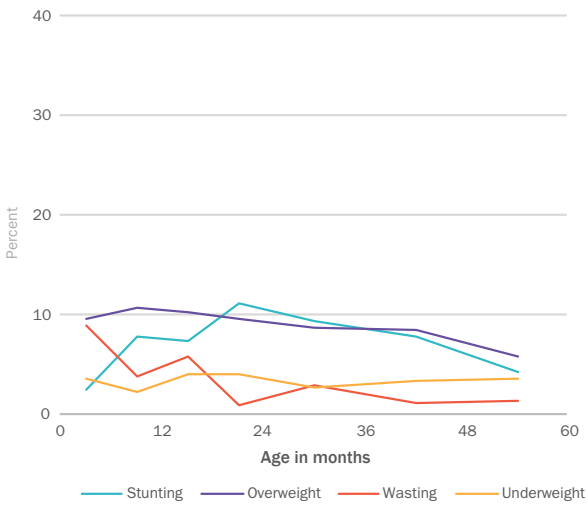
Underweight

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



Percentage children under-5 who are underweight

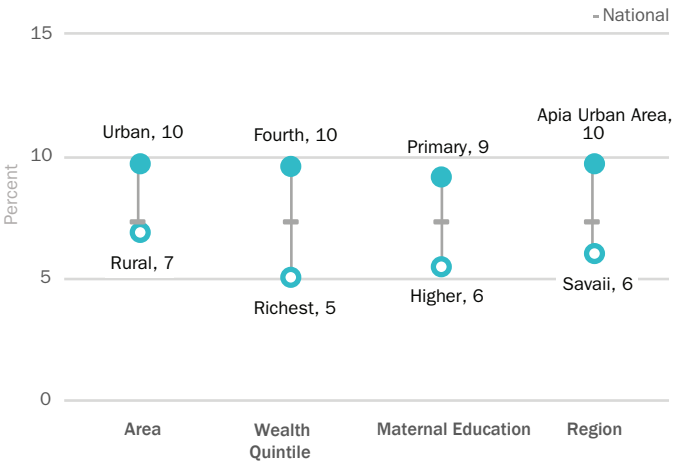
Anthropometric Malnutrition Indicators by Age



Percentage children who are underweight, stunted, wasted and overweight, by age in months

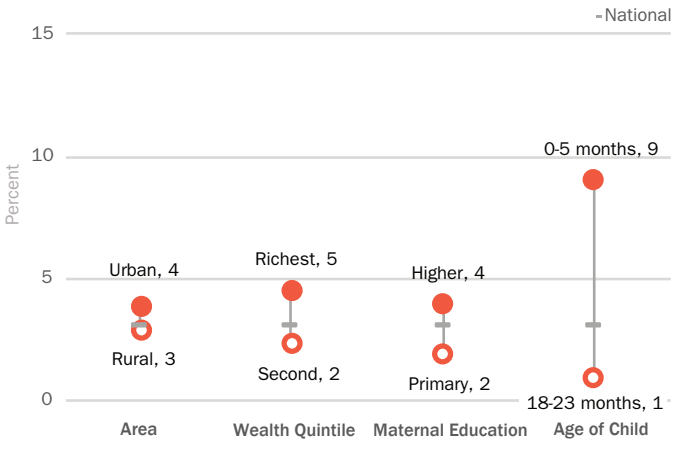
Nutritional Status of Children: Disaggregates

Stunting: SDG 2.2.1



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

Wasting: SDG 2.2.2



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

Regional Data on Stunting, Overweight & Wasting

	Stunting: SDG 2.2.1	Overweight: SDG 2.2.2	Wasting	
	% stunted (moderate and severe)	% overweight (moderate and severe)	% wasted (moderate and severe, SDG 2.2.2)	% wasted (severe)
National	**7.3**	**8.7**	**3.1**	**1.2**
Apia Urban Area	9.7	12.2	3.9	1.3
North West Upolu	7.8	9.5	2.2	0.5
Rest of Upolu	6.0	6.9	4.6	1.7
Savaii	6.0	6.8	2.5	1.8

Key Messages

- Seven percent of children under 5 years of age is reported to be stunted and facing an impaired physical and cognitive growth.
- Wasting is highest in the age group 0-5 months and 12-17 months. This reflects on the quality of antenatal care (ANC) including nutritional status of pregnant mothers. There is a need to encourage exclusive breastfeeding including quality of ANC and nutrition programme for pregnant mothers.
- About 1 in 10 children under 5 are overweight and are too heavy for their height.
- Disparities exist between rural/urban areas, wealth groups and divisions in overweight prevalence. A higher percent of children under 5 living in urban and richest wealth quintile households are overweight, 12 and 14 percent respectively.

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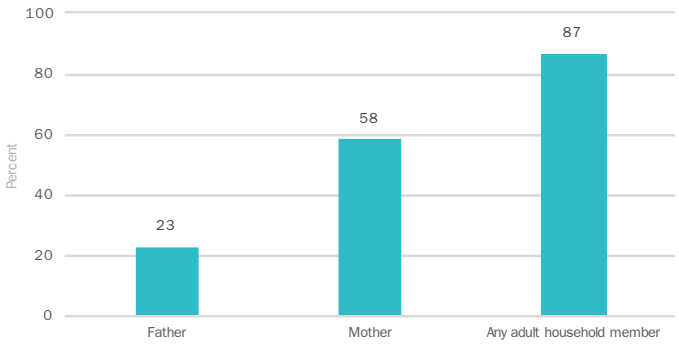
11. Early Childhood Development (ECD)

Support for Learning

Early Stimulation & Responsive Care



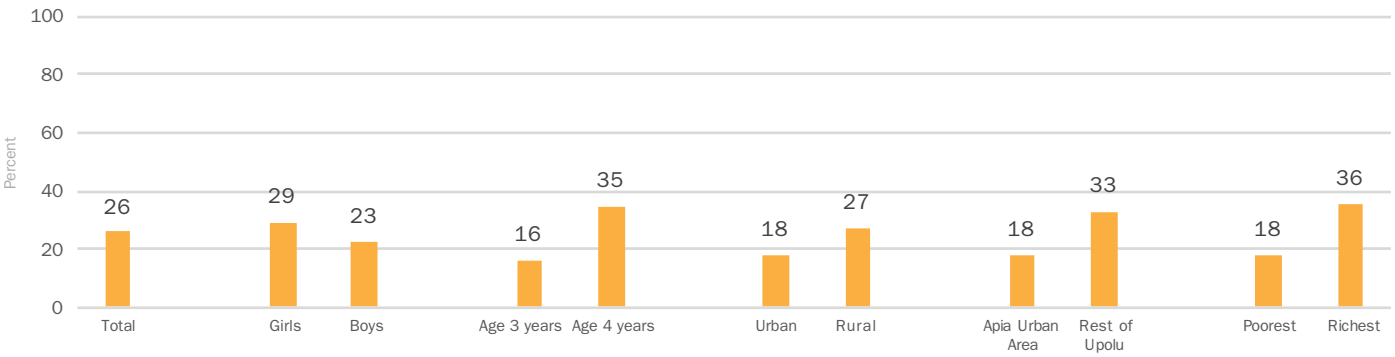
Percentage of children age 2-4 years with whom the father, mother or adult household members engaged in activities that promote learning and school readiness during the last three days

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

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

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

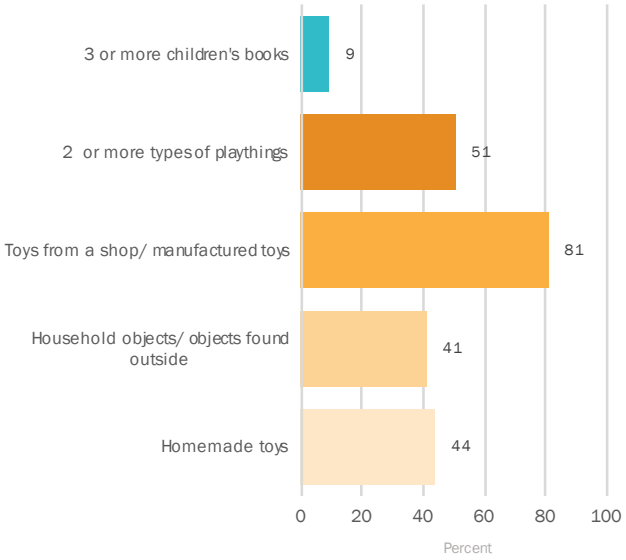
Attendance at Early Childhood Education Programmes



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

Learning Materials & Child Supervision

Access to Play & Learning Materials



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

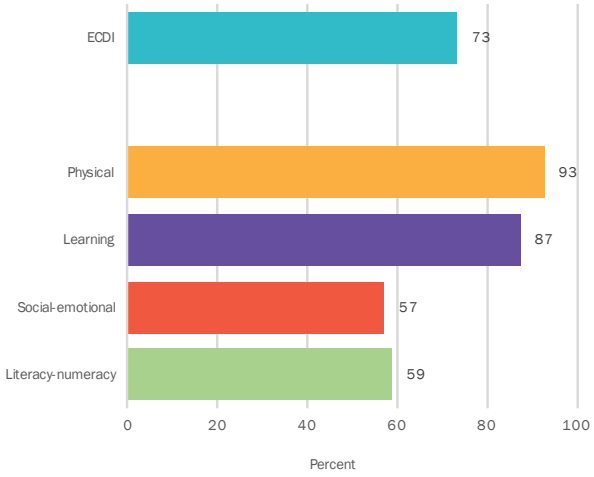
Inadequate supervision of children

Region	Left in inadequate supervision
National	16
Apia Urban Area	14
North West Upolu	18
Rest of Upolu	14
Savaii	15

Percentage of children under age five left alone or under the supervision of another child younger than 10 years of age for more than one hour at least once in the last week, by region

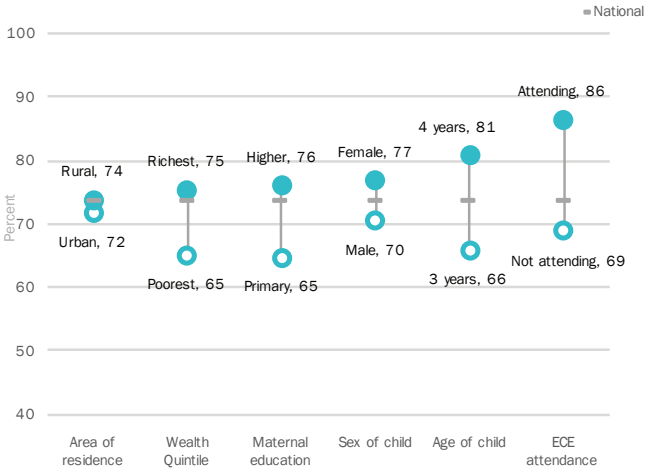
Early Childhood Development Index (ECDI)

ECDI: Total Score & Domains, SDG 4.2.1



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

ECDI: Disaggregates



ECDI by various characteristics
ECE = early childhood education
Data for "Primary" characteristic is based on 25-49 unweighted cases

Key Messages

- Fifty-eight percent of children age 2-4 years engaged with their mothers in activities that promote learning and school readiness during last three days compared to only 23 percent of children received the same support from their fathers.
- Only one in ten households have 3 or more books for children.
- Seventy-three percent of children age 3-4 years are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains, with 86 percent of children in this age group who attend early childhood education (ECE) being on track in all domains and only 69 percent of children who do not attend ECE being on track

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12. Education

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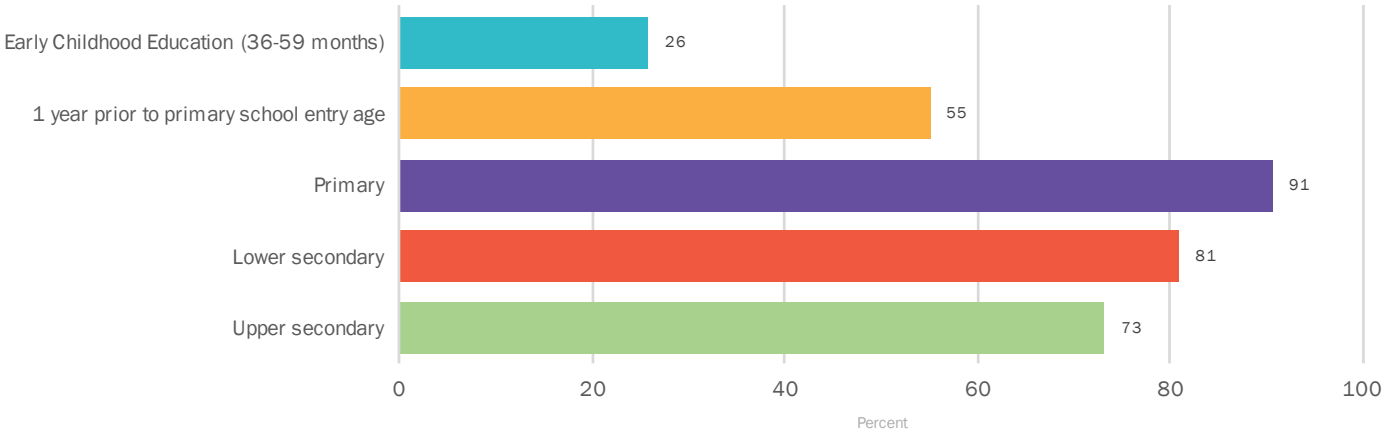
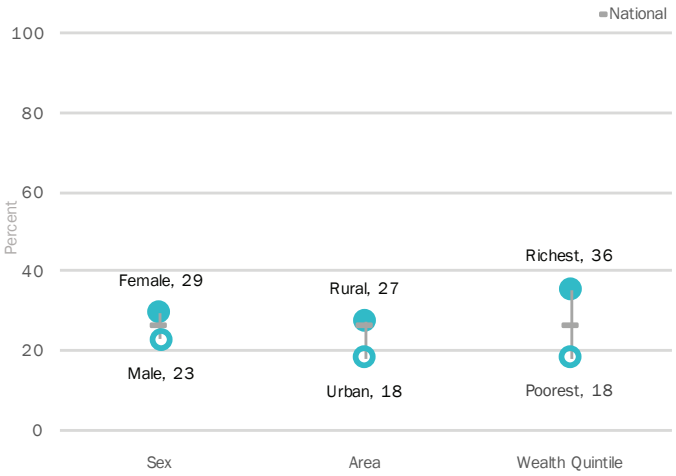
Attendance Rates & Inequalities

School Net Attendance Rates (adjusted)



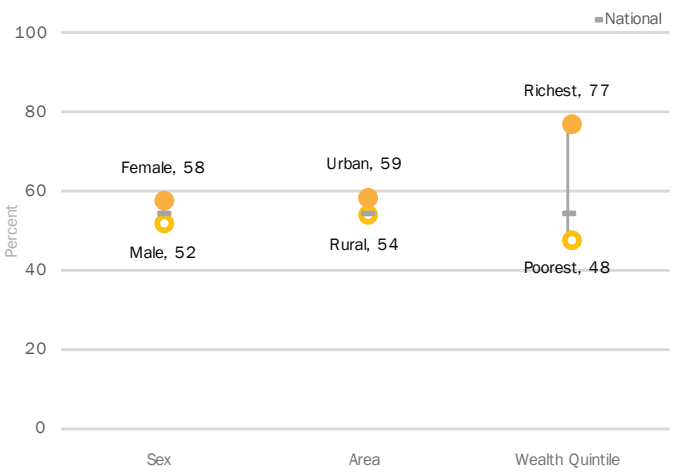
Inequalities in Attendance in Early Childhood Education & Participation in Organized Learning

Net Attendance Rate for Early Childhood Education



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

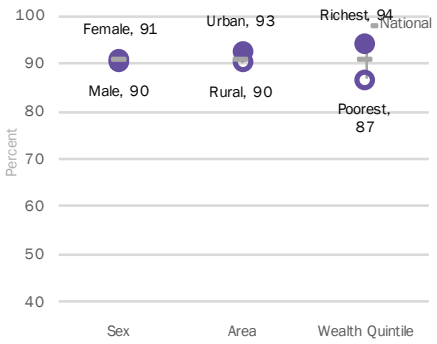
Participation Rate in Organized Learning (1 Year Prior to Primary Entry Age): SDG 4.2.2



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

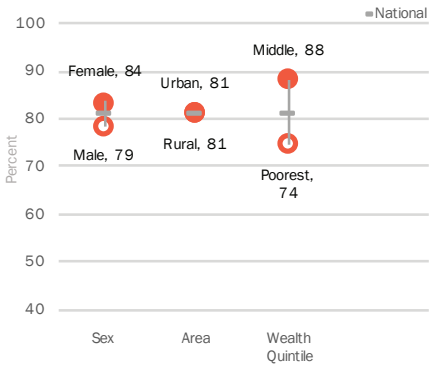
Inequalities in Attendance Rates

Adjusted Primary School Net Attendance Rate



Percentage of children of primary school age (as of the beginning of school year) who are attending primary or secondary school

Adjusted Lower Secondary School Net Attendance Rate



Percentage of children of lower secondary school age (as of the beginning of the current or most recent school year) who are attending lower secondary school or higher

Adjusted Upper Secondary School Net Attendance Rate

Percentage of children of upper secondary school age (as of the beginning of the current or most recent school year) who are attending upper secondary school or higher

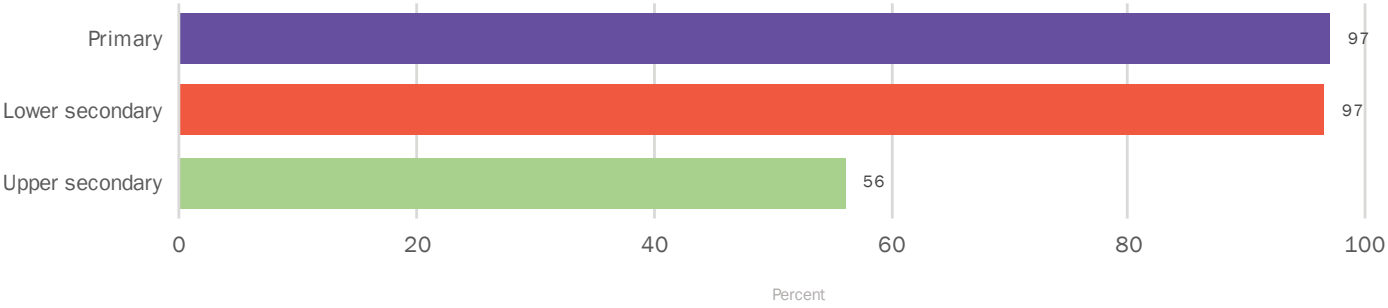
Regional Data for Net Attendance Rates (adjusted)

Region	Early Childhood Education	Participation rate in organized learning	Primary	Lower Secondary	Upper Secondary
National	**26**	**55**	**91**	**81**	**73**
Apia Urban Area	18	59	93	81	79
North West Upolu	22	50	91	79	71
Rest of Upolu	33	57	93	83	73
Savaii	29	57	87	82	72

Key Messages

- Primary school attendance is close to above 90 percent in all regions except Savaii.
- One out of four children age 36-59 months in Samoa attends early childhood education (33 percent in Rest of Upolu and 18 percent Apia Urban Area).
- Upper secondary education attendance rates are significantly higher for children living in households belonging to richest wealth quintile (85 percent) compared to those belonging to poorest wealth quintile (62 percent).
- Nine out of ten children complete primary education (91 percent) while completion rate drops to 81 percent for lower secondary and to 73 percent for upper secondary education completion rates.

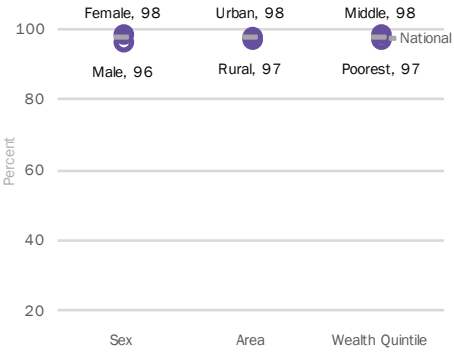
Completion Rates: SDG 4.1.2



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

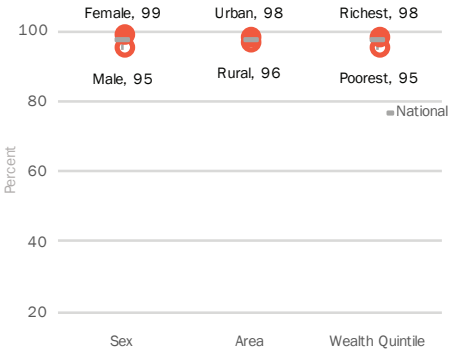
Inequalities in Completion Rates

Primary School



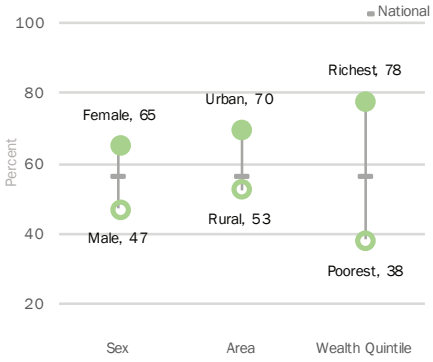
Percentage of children who age 3 to 5 years above the intended age for the last grade of primary school who have completed primary education

Lower Secondary



Percentage of children who age 3 to 5 years above the intended age for the last grade of lower secondary school who have completed lower secondary education

Upper Secondary



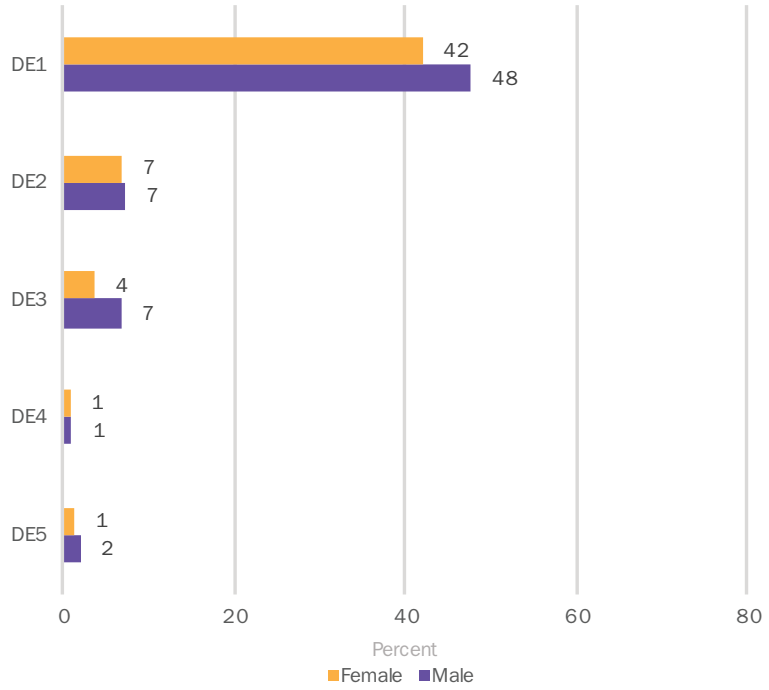
Percentage of children or youth who age 3 to 5 years above the intended age for the last grade of upper secondary school who have completed upper secondary education

Regional Data in Completion Rates

Region	Primary	Lower Secondary	Upper Secondary
National	97	97	56
Apia Urban Area	98	98	70
North West Upolu	96	96	52
Rest of Samoa	98	96	53
Savaii	97	97	55

Out of School Rates

Out of School Dimensions for Levels of Education



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

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

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

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

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

SDG Summary for Education

SDG	MICS Indicator	Definition & Notes	Value		
			Primary	Lower Secondary	Upper Secondary
4.1.2	LN.8a,b,c	Completion rate	97%	81%	56%
4.1.5	LN.6a,b,c	Out-of-school rate	7%	5%	20%
4.1.6	LN.10a,b	Percentage of children over-age for grade	4%	4%	NA
4.5.1	LN.5a	Gender Parity Indices (girls/boys)	1.01	1.06	1.21
4.5.1	LN.5b	Wealth Parity Indices (poorest/richest)	0.9	0.9	0.7
4.5.1	LN.5c	Area Parity Indices (rural/urban)	1.0	1.0	0.9
			Total	Boys	Girls
4.2.2	LN.2	Participation rate in organized learning (one year before the official primary entry age)	55%	52%	58%

Key Messages

- Almost 7 percent of children are out-of-school for primary level of education, 5 percent of children are out-of-school for lower secondary and 20 percent are out-of-school for upper secondary level of education.
- One out every two children (55 percent) attended early childhood education before attending first year of primary school
- Most of children who completed upper secondary education were in region of 'Urban Apia Area' (70 percent) while children from 'North West Upolu' region have completed upper secondary education at lowest rates in Samoa (52 percent)

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13. Early Grade Learning & Parental Involvement

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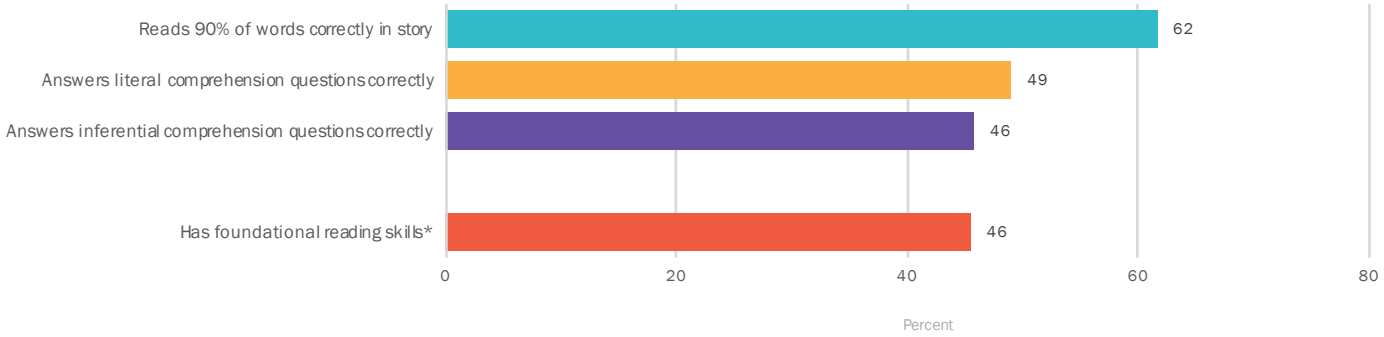
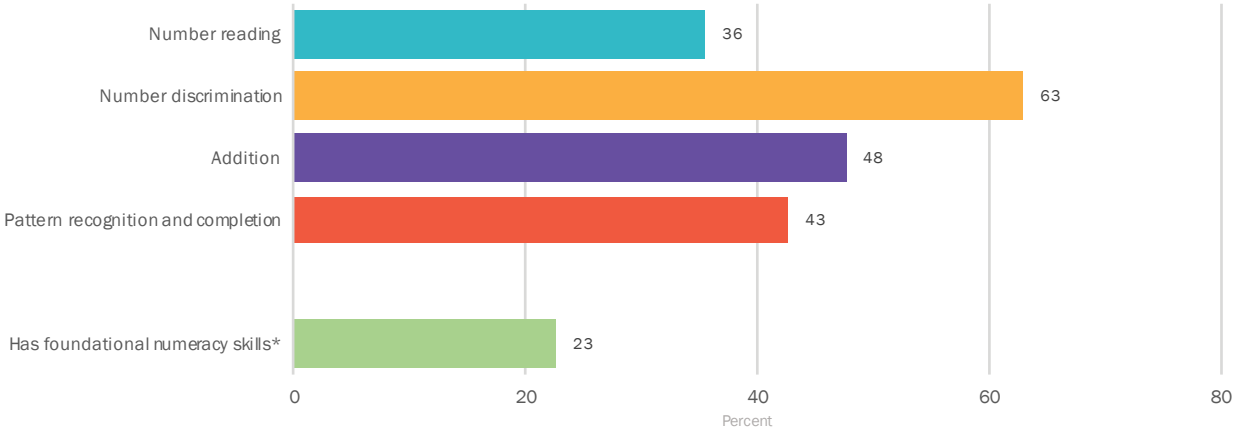
Early Grade Learning: SDG 4.1.1(a) (age for grade 2/3)

Foundational Reading Skills



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

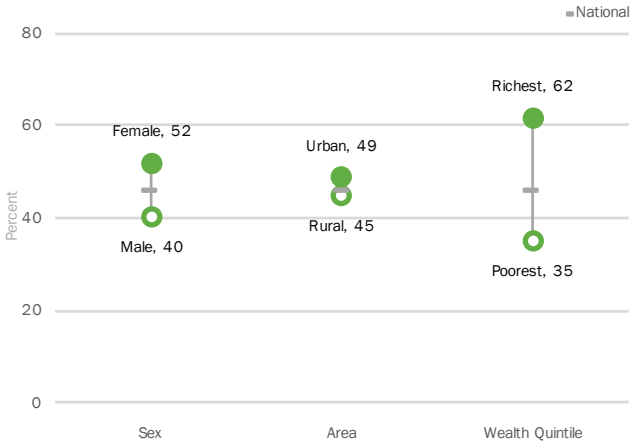
Foundational Numeracy Skills: SDG 4.1.1.(a) (ii: numeracy)



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

Early Grade Learning: Disaggregates (age 7-14 years)

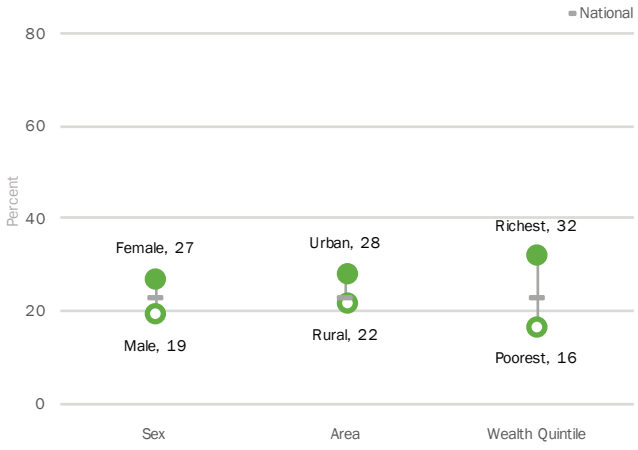
Disaggregates in Foundational Reading Skills



Regional Data on Foundational Reading Skills

Region	Boys	Girls	Total
National	**40**	**52**	**46**
Apia Urban Area	47	55	49
North West Upolu	35	45	40
Rest of Upolu	33	40	36
Savaii	54	70	62

Disaggregates in Foundational Numeracy Skills



Regional Data on Foundational Numeracy Skills

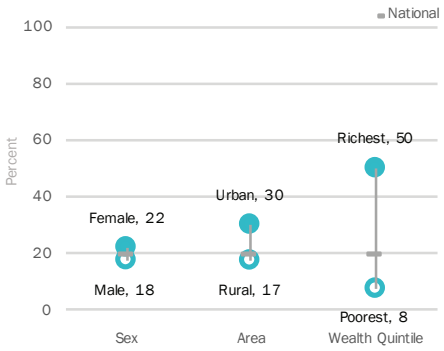
Region	Boys	Girls	Total
National	**19**	**27**	**23**
Apia Urban Area	28	29	28
North West Upolu	11	20	15
Rest of Upolu	14	20	17
Savaii	32	41	36

Reading & Numeracy Skills Data in MICS

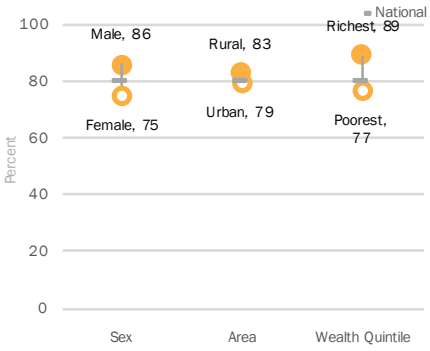
- The Foundational Learning module adopts a direct assessment method for children's early learning in reading and mathematics at the level of Grade 2 in primary education. This contributes to SDG4.1.1.(a) Global Indicator.
- For the Foundational Learning module, one child age 7 to 14 (inclusively) is randomly selected in each household.
- The content of reading assessment is customized in each country, ensuring that the vocabulary used is part of the Grade 2 reading textbook. This ensures national question relevance in terms of vocabulary and cultural appropriateness. The questions on mathematics are based on universal skills needed for that grade level.
- As MICS also collects data on school attendance and numerous individual and household characteristics, such as location, household socio-economic status, and ethnicity, the most marginalized sub-populations of children can be identified for support to improve learning outcomes.

Parental Involvement: Learning Environment at Home

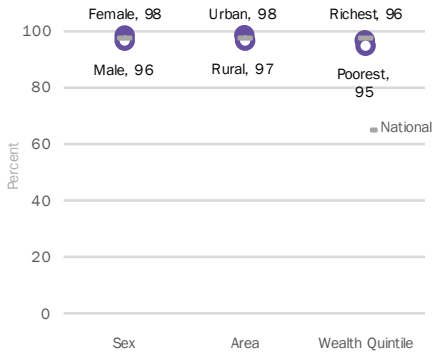
Children with 3 or more books to read at home



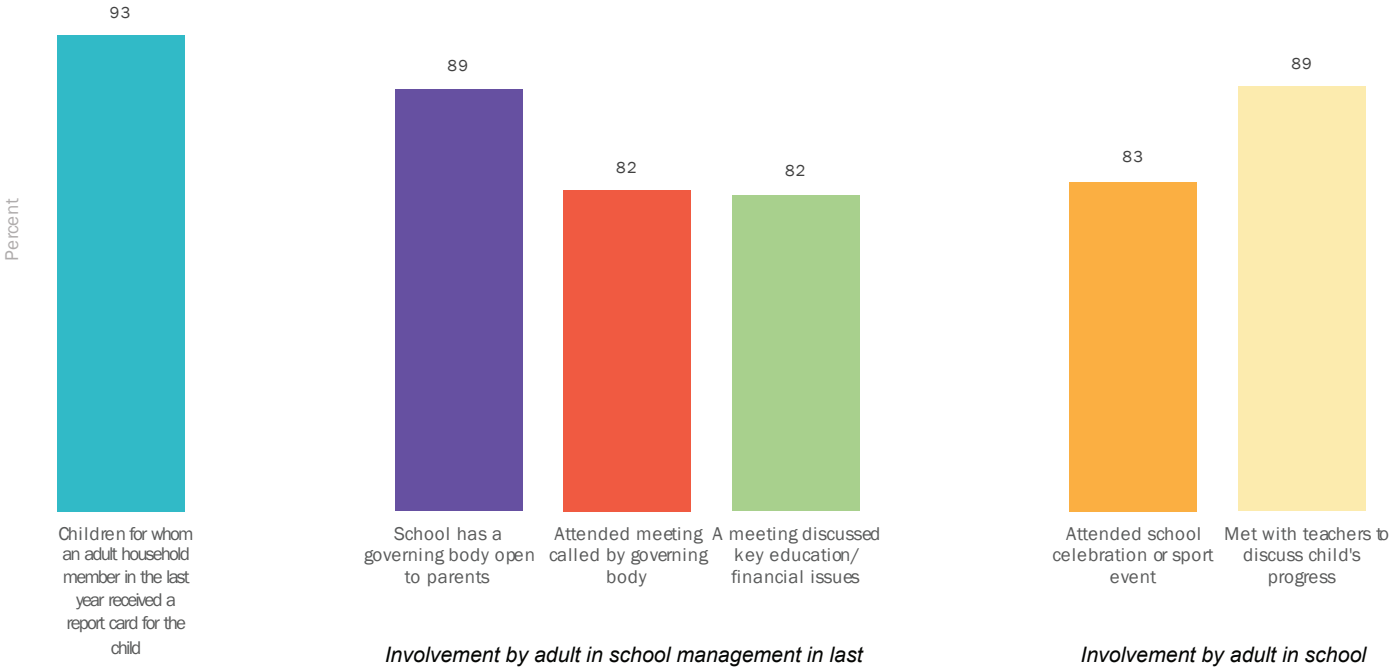
Children who read books or are read to at home



Children who receive help with homework



Parental Involvement: Support for learning at School



Involvement by adult in school management in last year

Involvement by adult in school activities in last year

Key Messages

- Little less than one out of every four children age 7-14 years demonstrated foundational numeracy skills and one-in-two demonstrated foundational reading skills.
- A higher proportion of children age 7-14 years from urban areas demonstrate foundational reading skills (49 percent) compared to children from rural areas (45 percent).

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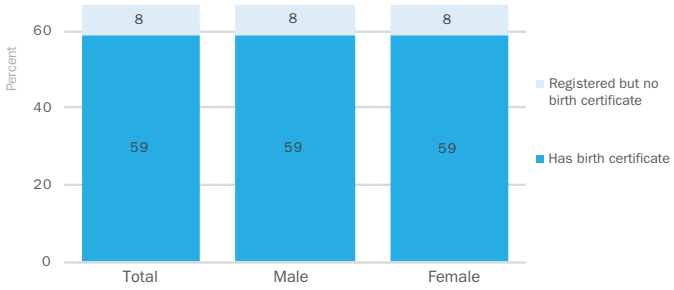
14. Birth Registration

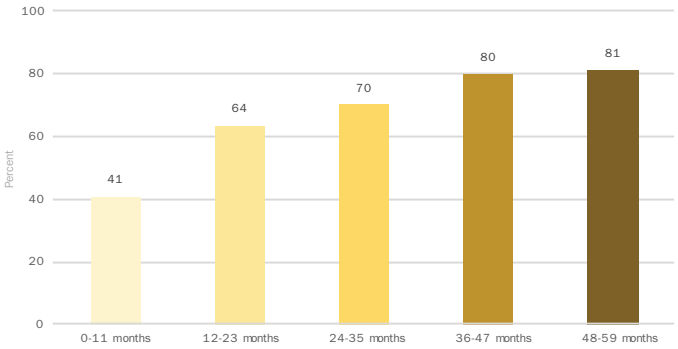
Birth Registration Levels

Birth registration for Children Under-Five: SDG 16.9.1



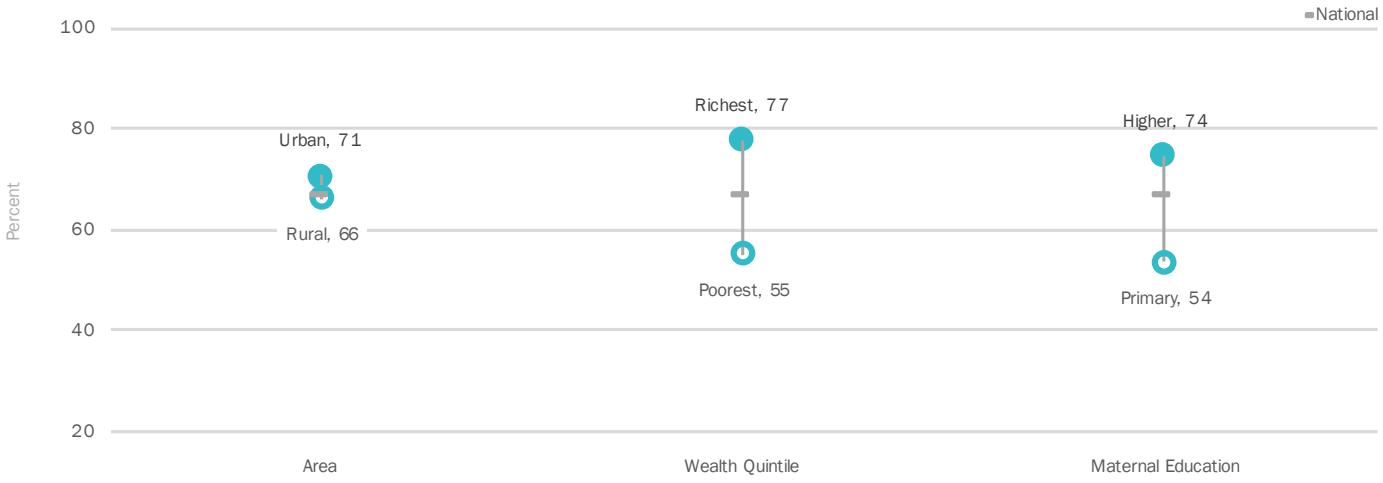
Percentage of children under age 5 years whose births are registered, by whether or not they have a birth certificate and by sex

Birth registration by Age



Percentage of children under age 5 years whose births are registered, by age in months

Birth Registration: Inequalities



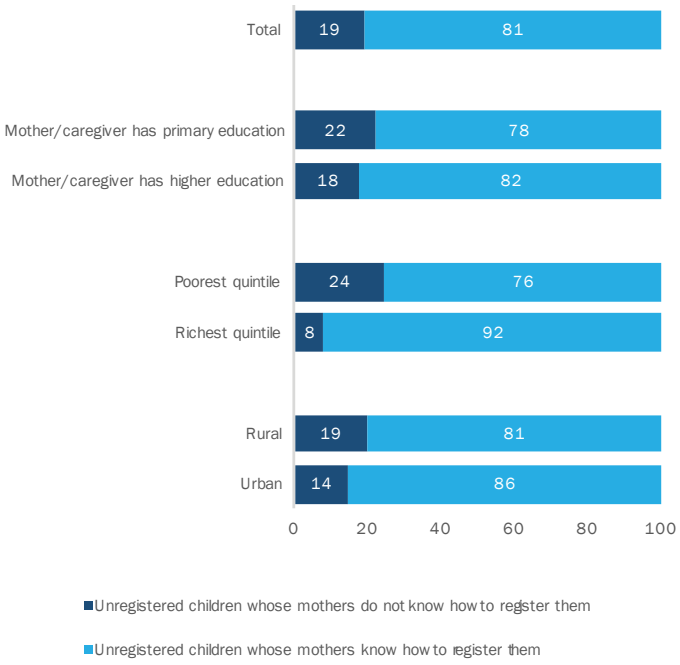
Percentage of children under age 5 years whose births are registered, by background characteristics

Regional Data on Birth Registration

Region	Total registered
National	**67**
Apia Urban Area	71
North West Upolu	66
Rest of Upolu	71
Savaii	61

Percentage of children under age 5 years whose births are registered, by region

Mother's (or Caregiver's) Knowledge of How to Register



Percentage of children under age 5 years whose births are not registered, by mother's (or caregiver's) knowledge of how to register a child
Note: Data for "Mother/caregiver has primary education" characteristic is based on 25-49 unweighted cases

Key Messages

- A significant number of children in Samoa lack birth certificates. This may limit their ability to access essential health, legal, and educative services.
- Birth of one-in-three children under five years old in Samoa are not registered.
- Only two-in-five children are getting registered within one year of birth, and this goes up to four-in-five by age five years, i.e., primary school entry age.
- Children born in poor households are less likely to be registered (55 percent) compared to those born in rich households (78 percent).
- Of those children under five whose birth is not registered, 81 percent of mothers/caretakers know how to register a birth.

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15. Child Discipline

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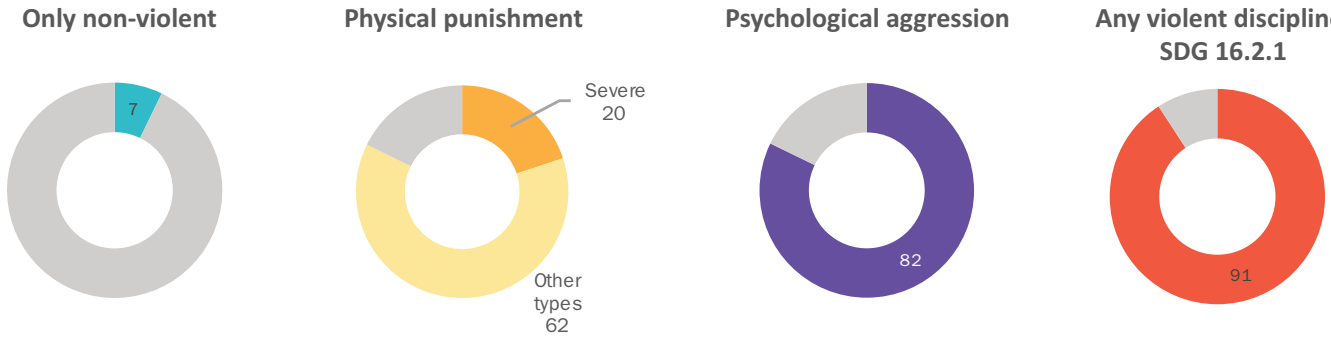
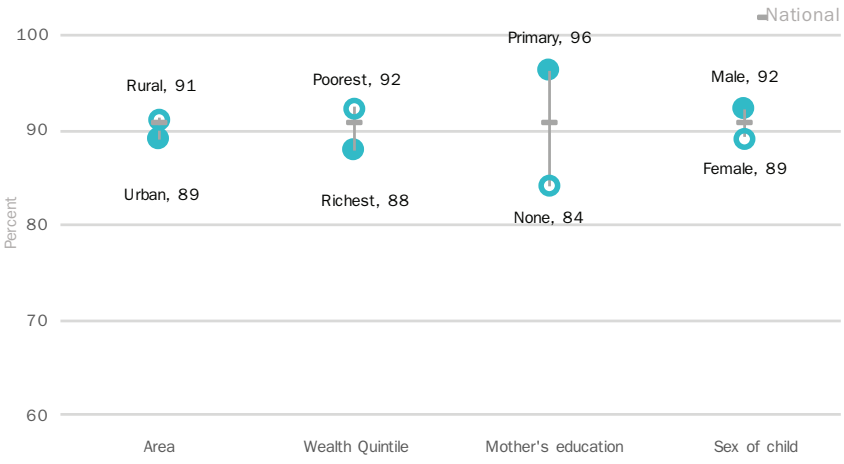
Child Discipline

Types of Child Discipline



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

Violent Discipline: Inequalities



Percentage of children aged 1-14 years who experienced any violent discipline in the past month, by background characteristics
Note: Data for 'None" characteristic is based on 25-49 unweighted cases

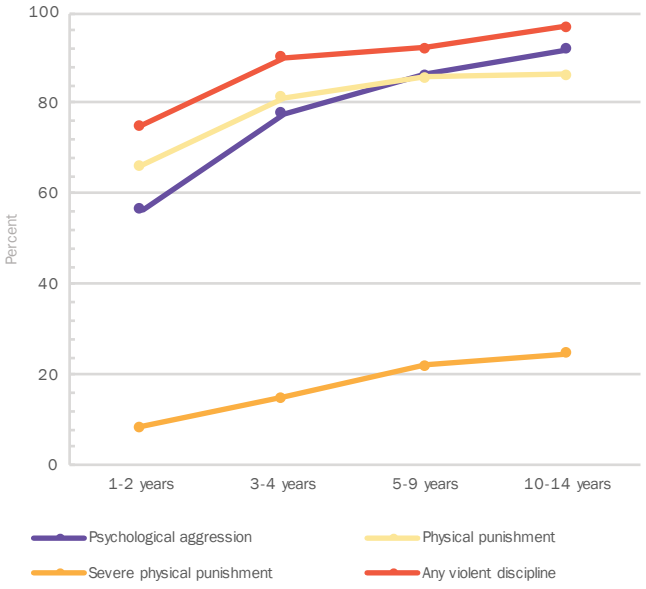
Physical punishment: Shaking, hitting or slapping a child on the hand/arm/leg, hitting on the bottom or elsewhere on the body with a hard object, spanking or hitting on the bottom with a bare hand, hitting or slapping on the face, head or ears, and hitting or beating hard and repeatedly.

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

Psychological aggression: Shouting, yelling or screaming at a child, as well as calling a child offensive names such as 'dumb' or 'lazy'.

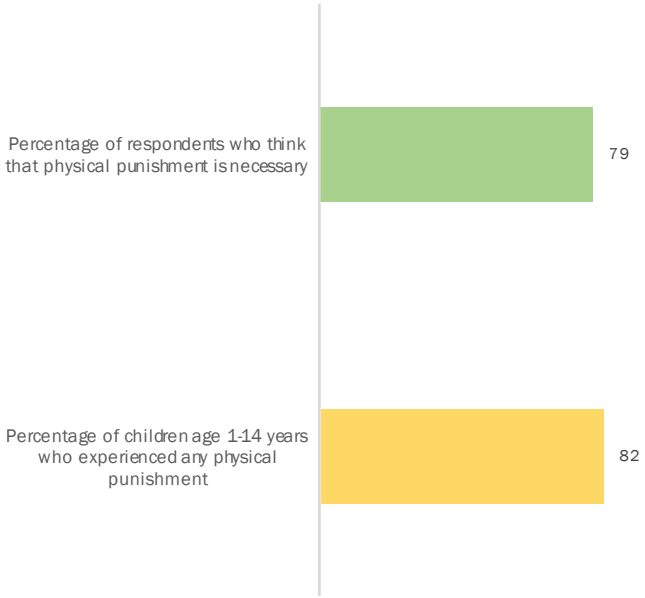
Violent discipline: Any physical punishment and/or psychological aggression.

Violent Discipline: Age Patterns

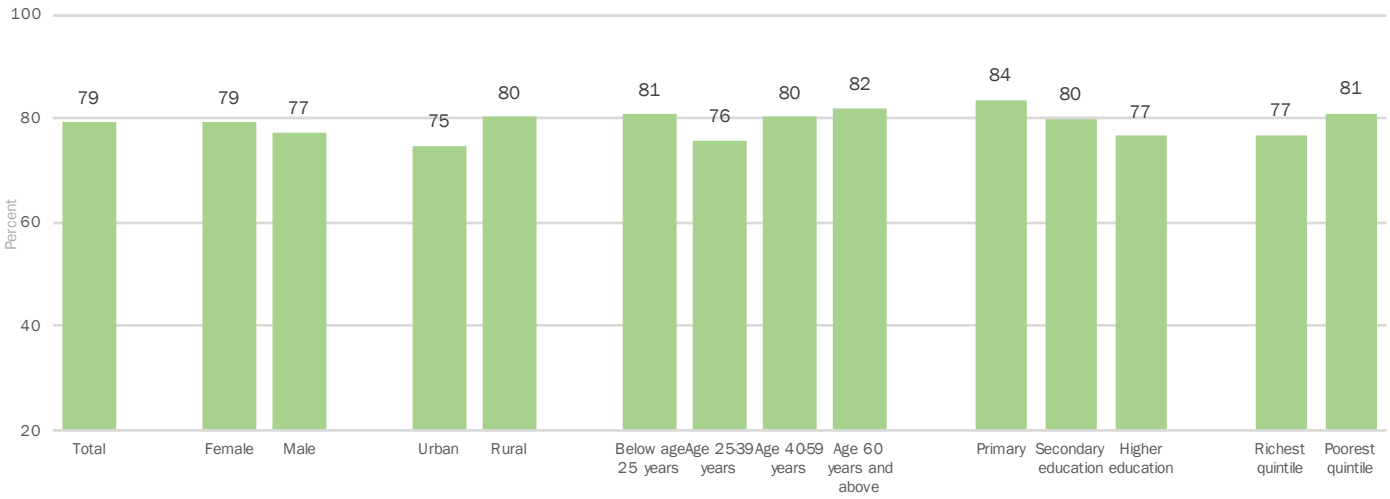


Percentage of children age 1 to 14 years who experienced any violent discipline in the past month, by type and by age

Physical Punishment: Attitudes & Experiences



Attitudes to Physical Punishment



Percentage of mothers/caretakers who think that physical punishment is necessary to raise or educate children, by their background characteristics

Key Messages

- Overall, 91 percent of children age 1-14 years experienced any violent discipline during the one month preceding the survey.
- Close to one in five children age 1-14 years have experienced severe physical punishment.
- Overall, 82 percent of children age 1-4 years have experienced psychological aggression.
- Seventy-nine percent of mothers/caregivers in Samoa think that physical punishment is necessary to raise or educate a child.

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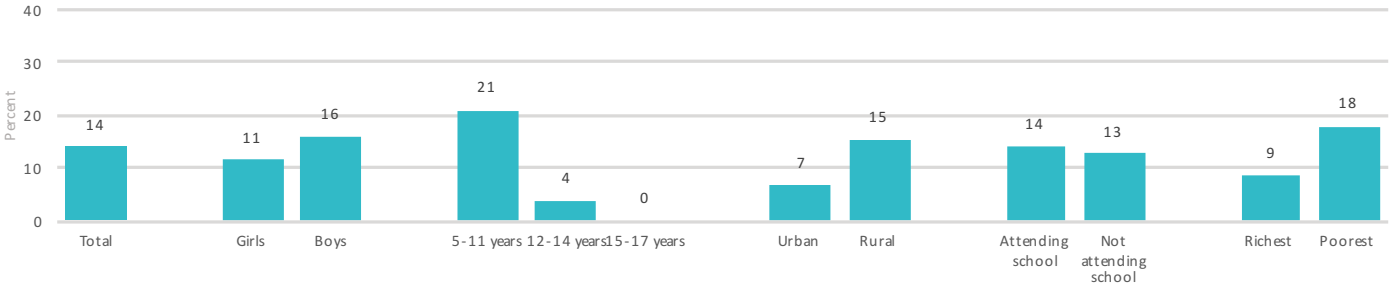
16. Child Labour

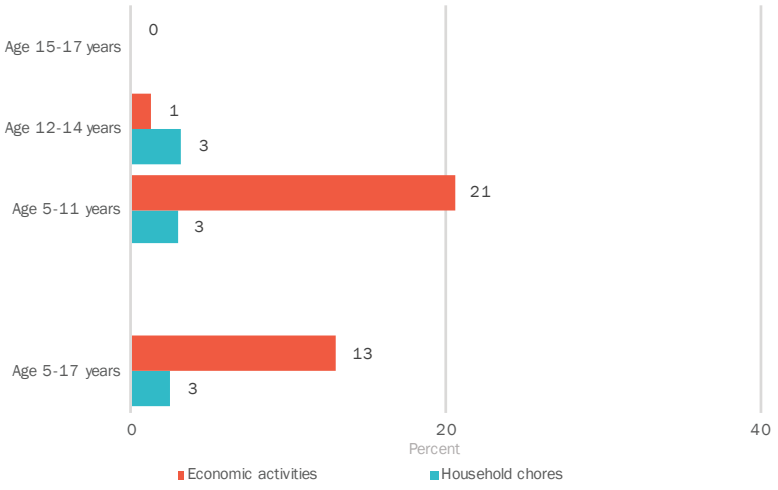
Child Labour: Levels & Disaggregates

Child Labour for Age 5-17 years: SDG 8.7.1



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

Types of Child Labour



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

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

Definition of Child Labour

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

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

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

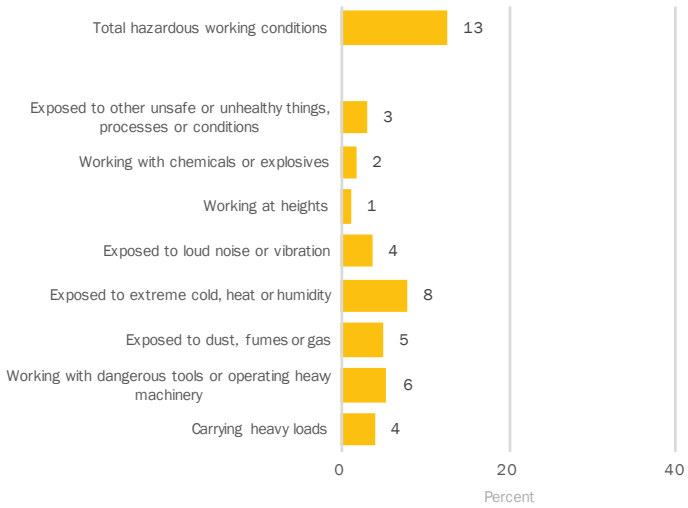
Economic activities include paid or unpaid work for someone who is not a member of the household, work for a family farm or business. Household chores include activities such as cooking, cleaning or caring for children.

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

Inequalities in Child Labour

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

Hazardous Working Conditions



Percentage of children age 5 to 17 years working under hazardous conditions, by background characteristics

Regional Data on Child Labour

Region	Total Child Labour
National	14
Apia Urban Area	7
North West Upolu	17
Rest of Upolu	23
Savaii	5

Percentage of children age 5 to 17 years engaged in child labour, by region

Key Messages

- One in eight children age 5-17 years engaged in child labour (7 percent in urban and 14 percent in rural areas).
- Child labour among male children is higher (14 percent) than female children (10 percent).
- Among the four regions, Rest of Upolu has the highest child labour (22 percent) compared to other regions.

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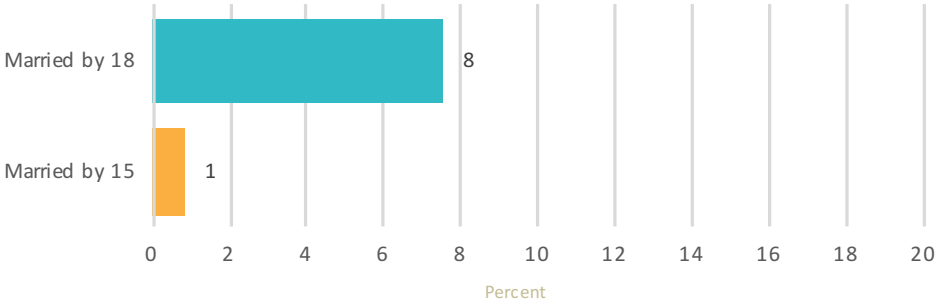
17. Child Marriage

Child Marriage: Levels & Disaggregates

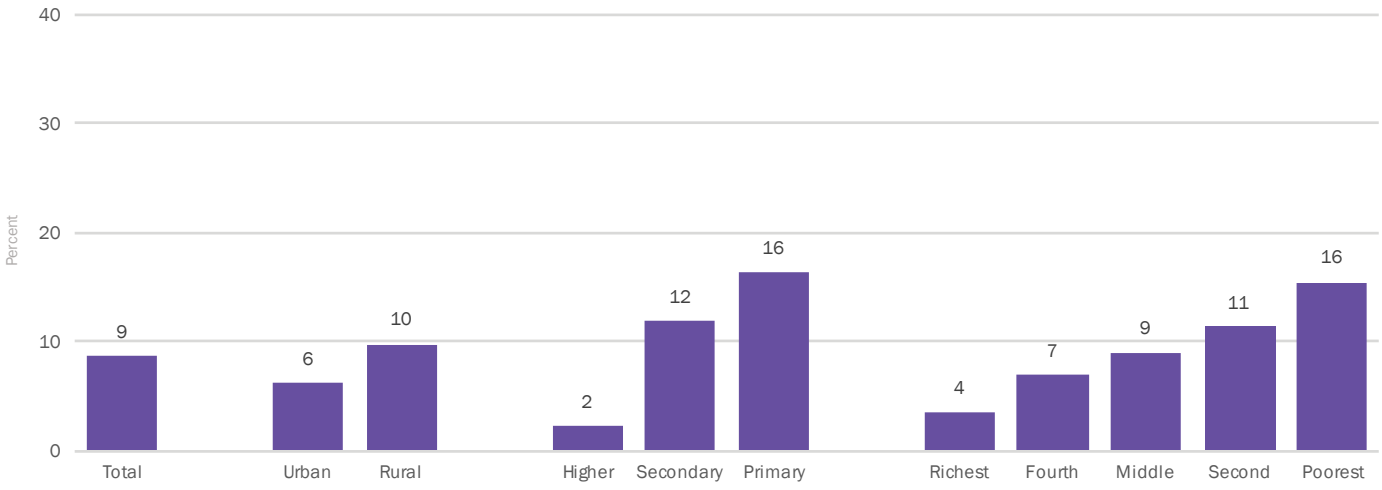
Marriage before Age 15 & Age 18 among women: SDG 5.3.1



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

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

Disaggregates in Marriage before Age 18 among women



Percentage of women age 20-49 years who were first married or in union before age 18, by selected characteristics

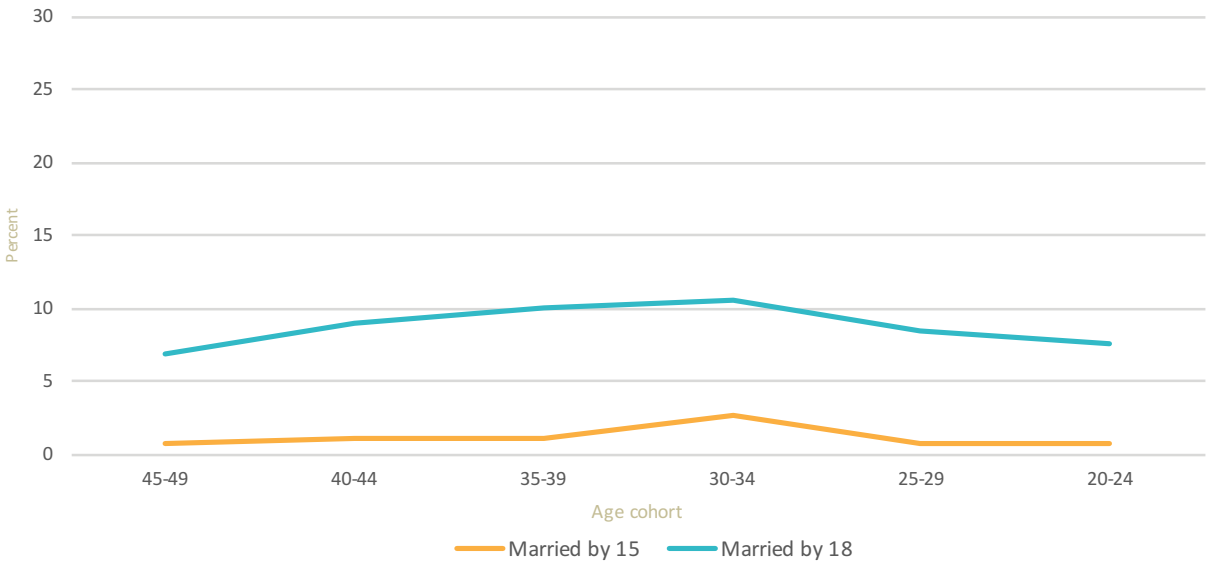
Regional Data on Child Marriage

Region	Marriage by age 18
National	9
Apia Urban Area	6
North West Upolu	11
Rest of Upolu	10
Savaii	9

Percentage of women age 20-49 years who were first married or in union before age 18, by region

Marriage before the age of 18 is a reality for many young girls. In many parts of the world parents encourage the marriage of their daughters while they are still children in hopes that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. In actual fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights - with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner.

Trends in Child Marriage



Percentage of women age 20-49 years who were first married or in union before age 15 and before age 18 years, by age cohort

Key Messages

- One in twelve women age 20-24 years are married before reaching age 18 years
- Among women age 20-49 years, nine percent are married before reaching age 18 years, this proportion is higher at 16 percent among women belonging to the poorest wealth quintile compared to four percent among women belonging to the richest wealth quintile.
- Level of education play a key role in preventing early marriage. In Samoa, women with higher education are eight times less likely to marry before age 18 years compared to those with primary education

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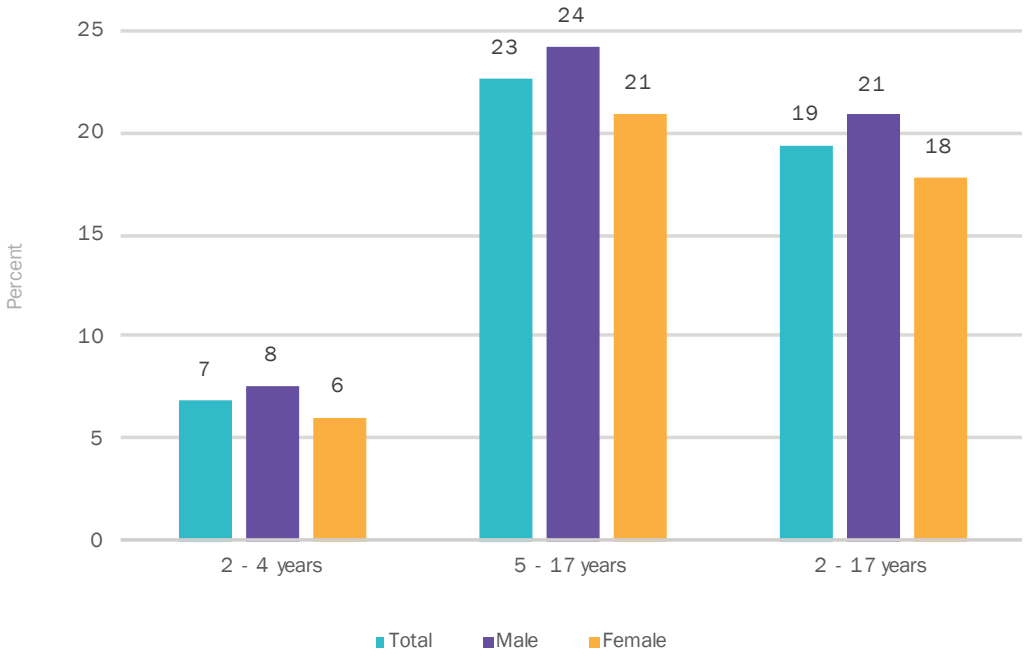
18. Child Functioning

Child Functioning: Levels & Domains

Child Functioning Levels by Age-Group



Percentage of children age 2–17 years with functional difficulty, by age-group

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

The Convention on the Rights of the Child (UNICEF, 1989) and the Convention on the Rights of Persons with Disabilities (UN, 2006) explicitly state the rights of children with disabilities on an equal basis with other children and call for improvements in their access to services, and in their participation in all aspects of life.

In order to achieve these goals, there is a need for cross-nationally comparable, reliable data. The Child Functioning module is designed In line with the WHO's International Classification of Functioning, Disability and Health and the UN Convention on the Rights of Persons with Disabilities, to collect information on functional difficulties that children experience in different domains including hearing, vision, communication/ comprehension, learning, mobility and emotions. Children with functional difficulties may be at risk of experiencing limited participation in an unaccommodating environment and limit the fulfilment of their rights.

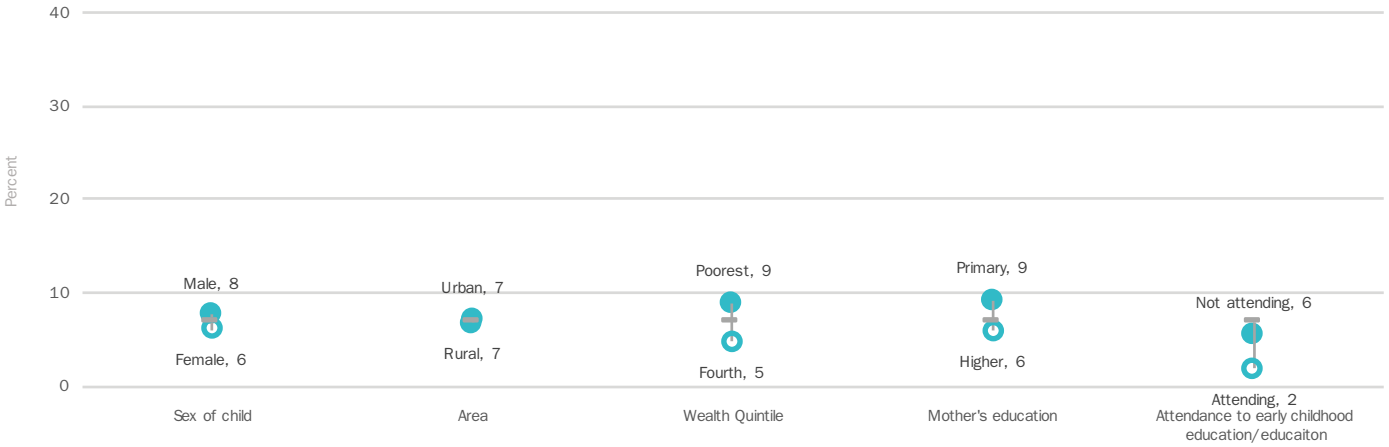
Child Functioning Domains

	Seeing	Hearing	Walking	Fine Motor	Communication	Learning	Playing	Controlling Behaviour	Self care	Remembering	Concentrating	Accepting Change	Making Friends	Anxiety	Depression
National															
2-4 years	<1	<1	1	<1	1	4	<1	2	N/A	N/A	N/A	N/A	N/A	N/A	N/A
5-17 years	<1	1	1	N/A	1	1	N/A	2	1	1	1	2	1	15	13

Percentage of children age 2–17 years with functional difficulty in at least one domain, by domain of difficulty

N/A- Not Applicable

Child Functioning: Inequalities



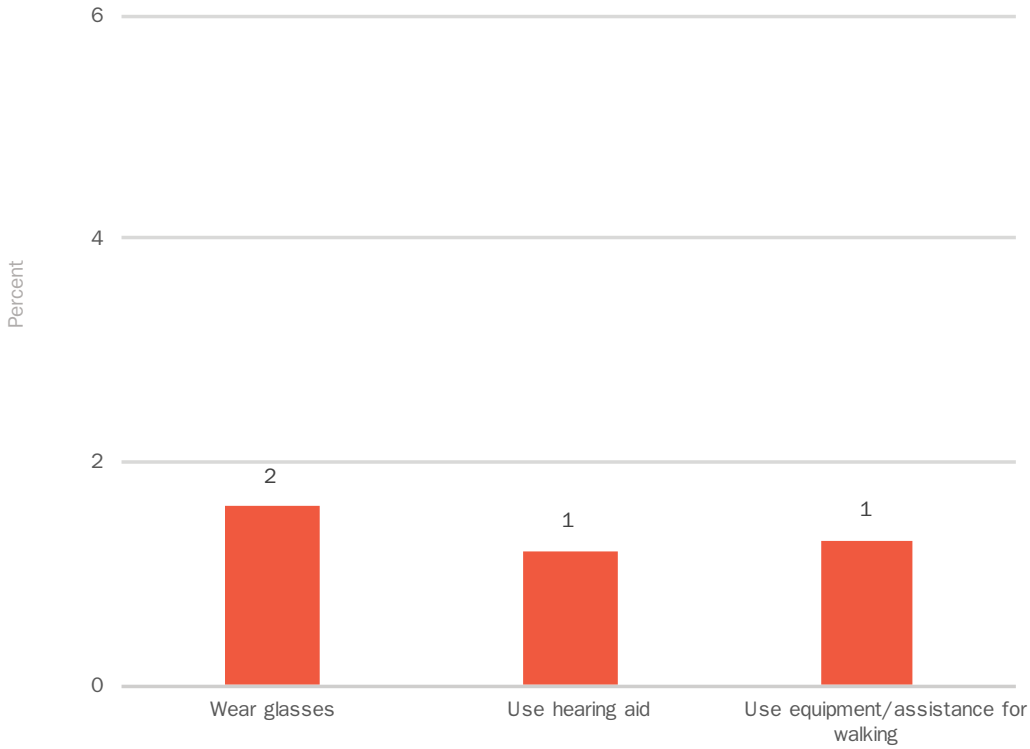
Percentage of children age 2–17 years with functional difficulty, by background characteristics

Regional Data on Child Functioning

Region	2-4 years	5-17 years	2-17 years
National	**7**	**23**	**19**
Apia Urban Area	7	18	16
North West Upolu	7	21	18
Rest of Upolu	10	31	27
Savaii	4	21	18

Percentage of children age 2–17 years with functional difficulty in at least one domain, by region

Children who use Assistive Devices & have Functional Difficulties

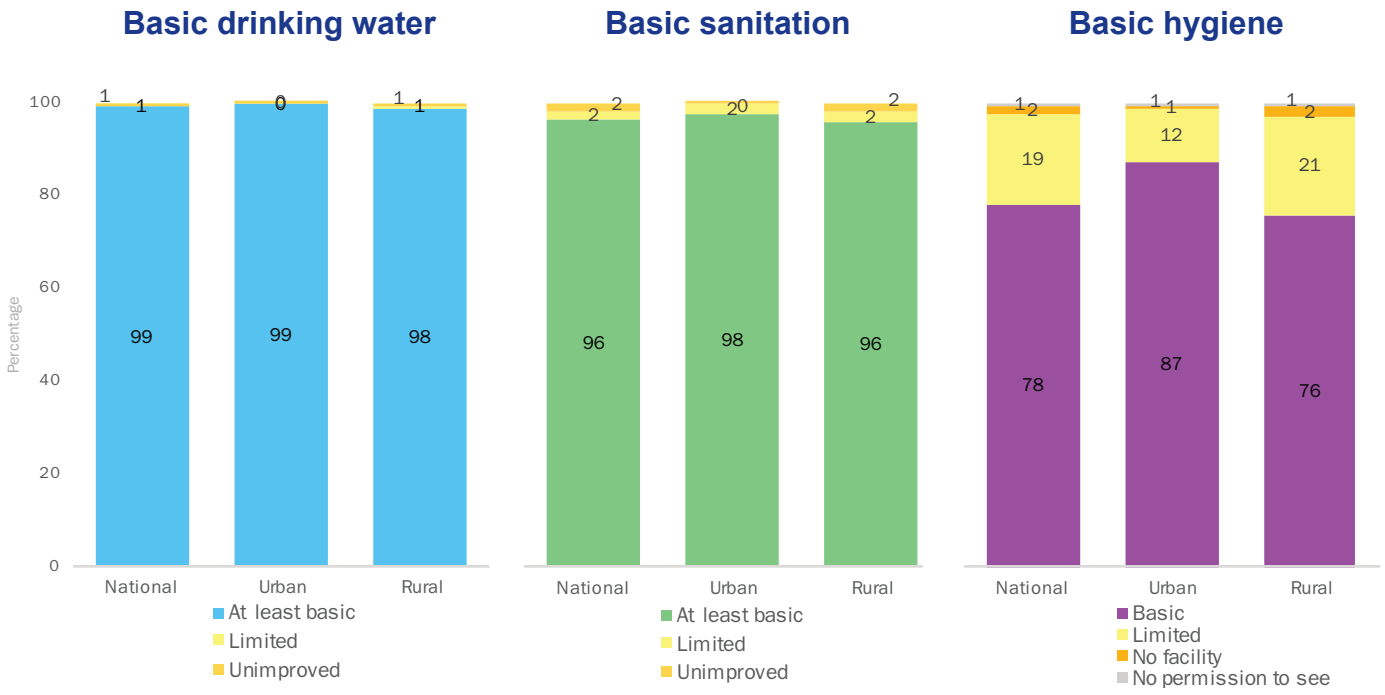


Percentage of children age 2-17 years with difficulties seeing when wearing glasses among those who wear glasses, percentage of children age 2-17 years with hearing when using a hearing aid among those who use a hearing aid, and percentage of children age 2-17 years with difficulties walking when using equipment or receiving assistance among those who use equipment or receive assistance walking

Key Messages

- Close to 1-in-5 children age 2-17years has functional difficulty in at least one domain (1-in-14 among 2-4 years and 1-in-4 among 5-17 years).
- Difficulty in learning is higher among children age 2-4 years (4 percentage) compared to 5-17 years old (1 percentage).

Basic Drinking Water, Sanitation & Hygiene Services



Percentage of population by drinking water, sanitation and hygiene coverage

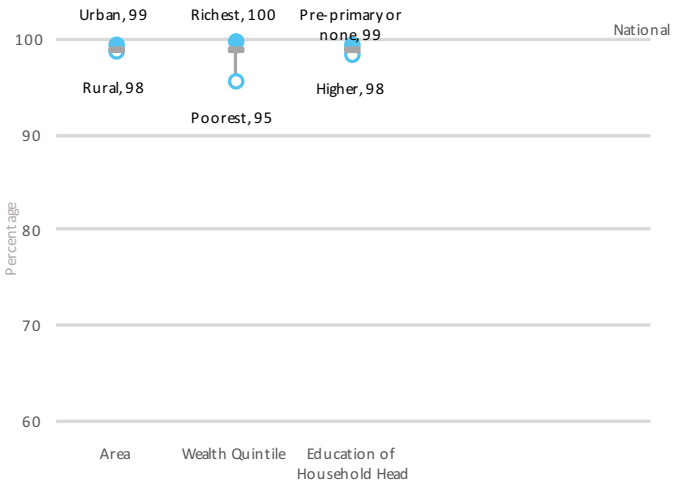
Drinking water ladder: **At least basic** drinking water services (SDG 1.4.1) refer to an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their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

Sanitation ladder: **At least basic** sanitation services (SDG 1.4.1) refer to the use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs. **Limited** sanitation service refers to an improved facility shared with other households. **Unimproved** sanitation facilities include flush/pour flush to an open drain, pit latrines without a slab, hanging latrines and bucket latrines. **No service** refers to the practice of open defecation.

Hygiene ladder: A **basic** hygiene service (SDG 1.4.1 & SDG 6.2.1) refers to the availability of a handwashing facility on premises with soap and water. Handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other handwashing agents. **Limited** hygiene service refers to a facility lacking water and/or soap. **No facility** means there is no handwashing facility on the household's premises.

WASH: Inequalities in Basic Services

Basic Drinking Water



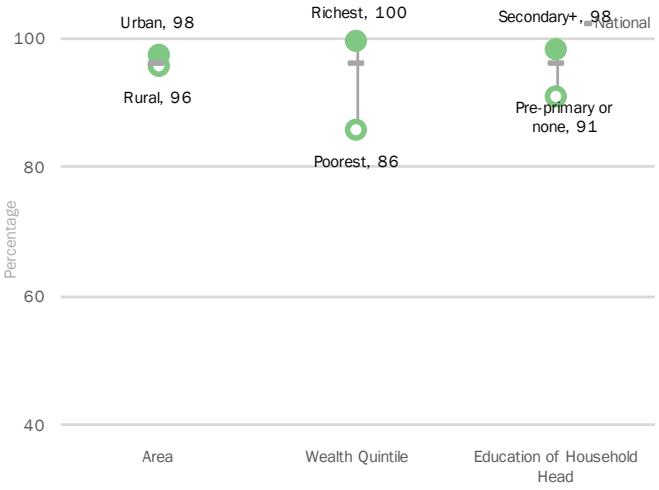
Percentage of population using basic drinking water services by selected characteristics

Regional Data on Basic Services

Region	Basic Drinking Water	Basic Sanitation	Basic Hygiene
National	**99**	**96**	**78**
Apia Urban Area	99	98	87
North West Upolu	99	95	73
Rest of Upolu	97	94	73
Savaii	100	98	84

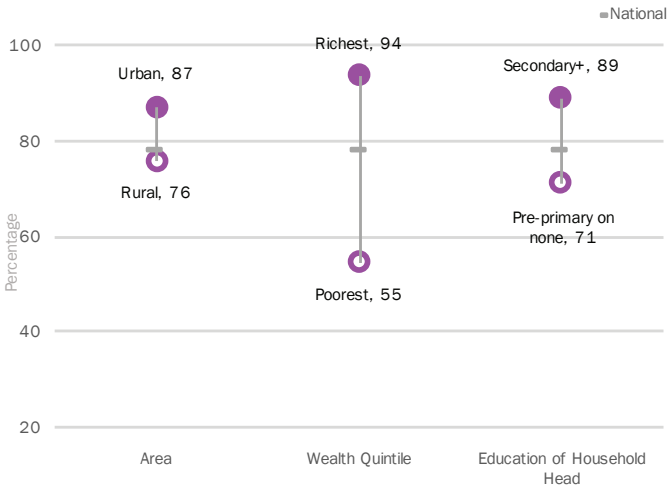
Percentage of population using basic drinking water services by selected characteristics

Basic Sanitation

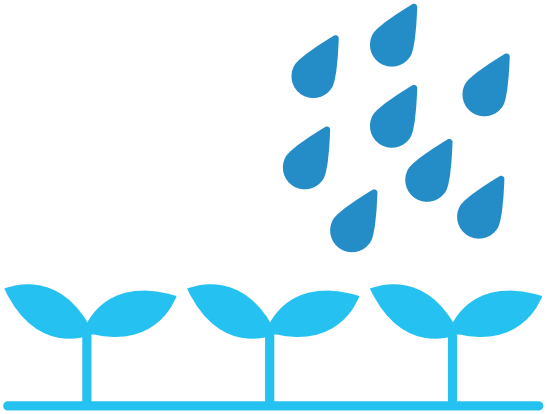


Percentage of population using basic sanitation services by selected characteristics

Basic Hygiene

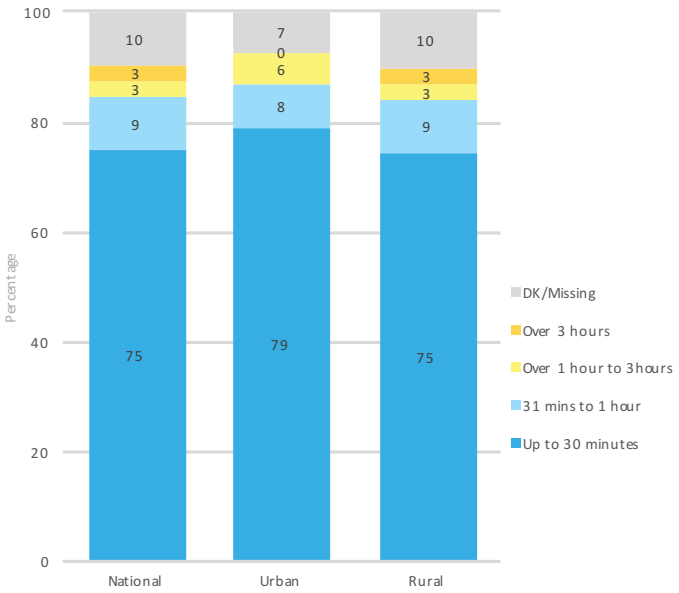


Percentage of population using basic hygiene services by selected characteristics



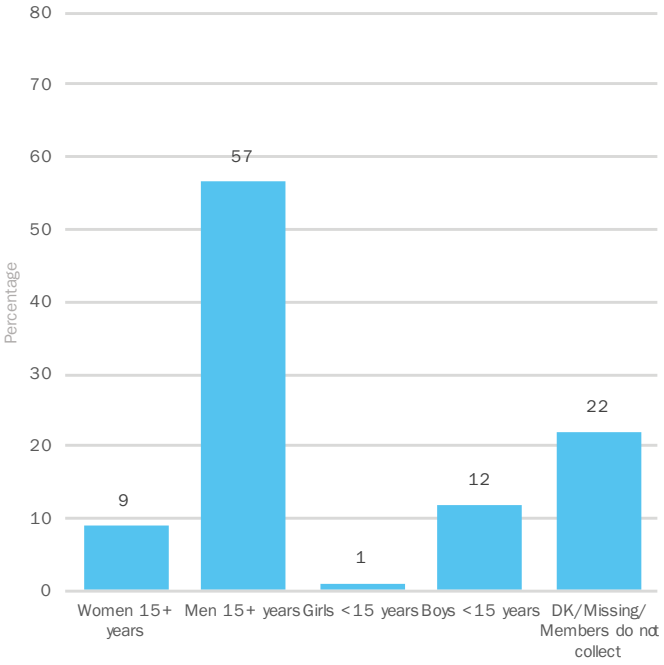
Accessibility of Drinking Water & Sanitation Facilities

Time spent each day collecting drinking water



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

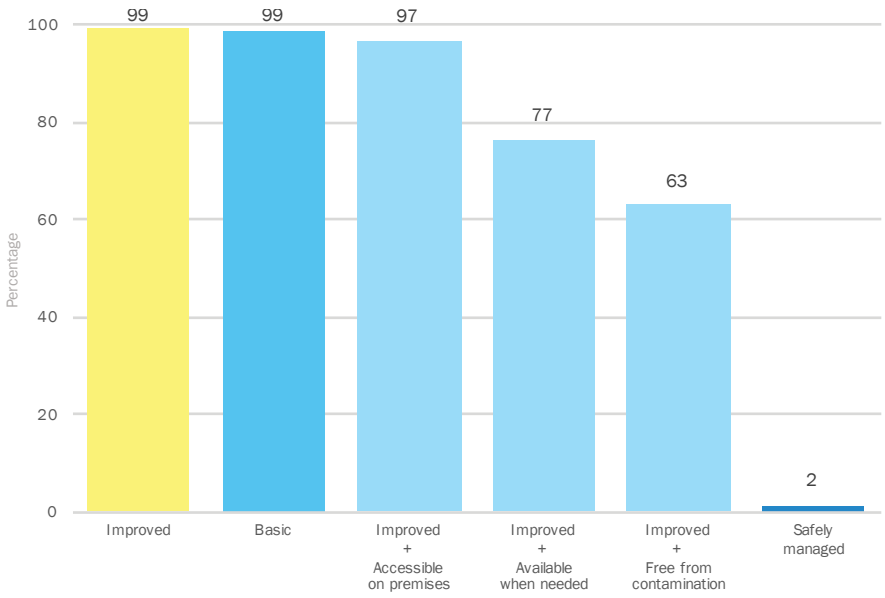
Who Primarily Collects Drinking Water for the Household



Percentage of population by gender and age of person primarily responsible for collecting drinking water in households without water on premises

Safely Managed Drinking Water Services: SDG 6.1.1

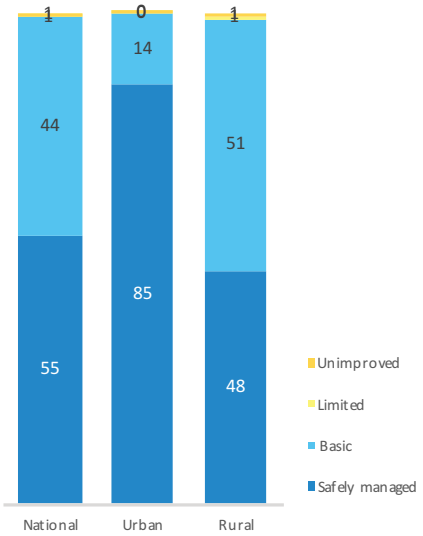
Time spent each day collecting drinking water



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

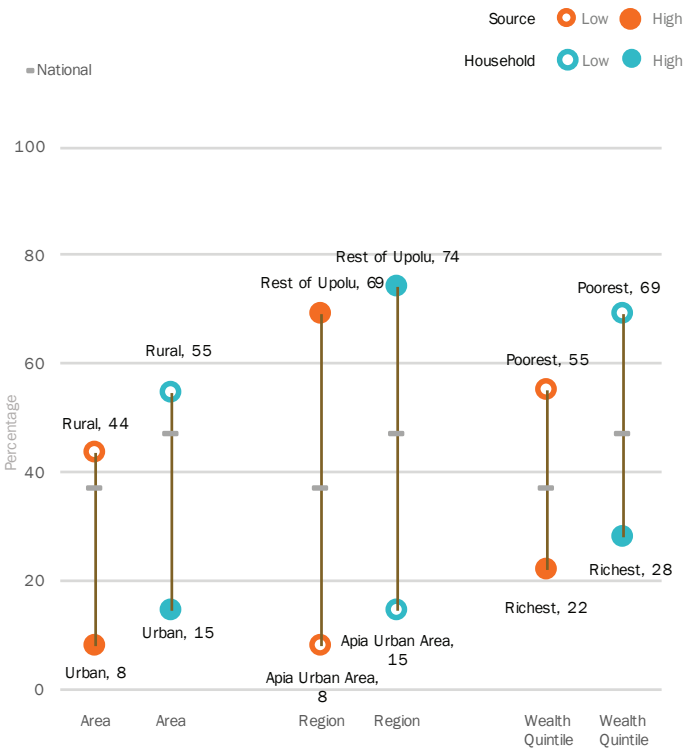
Safely managed (SDG 6.1) are improved sources: accessible on premises, available when needed, free from contamination

Drinking water coverage



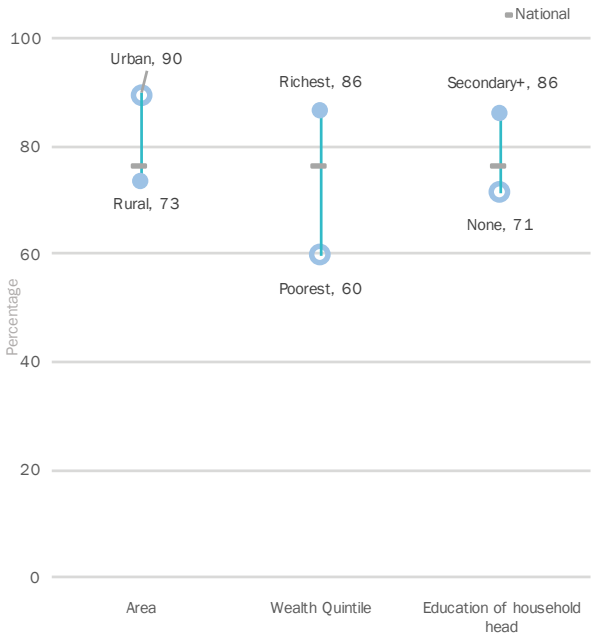
Percentage of population by drinking water coverage

Drinking Water Quality at Source & Home



Percentage of population using drinking water sources with E. *coli* (orange) and proportion with *E. coli* in glass of drinking water in household drinking water (teal)
Water Quality Testing response rates for Household and Source testing are 98,3% and 93,6% respectively

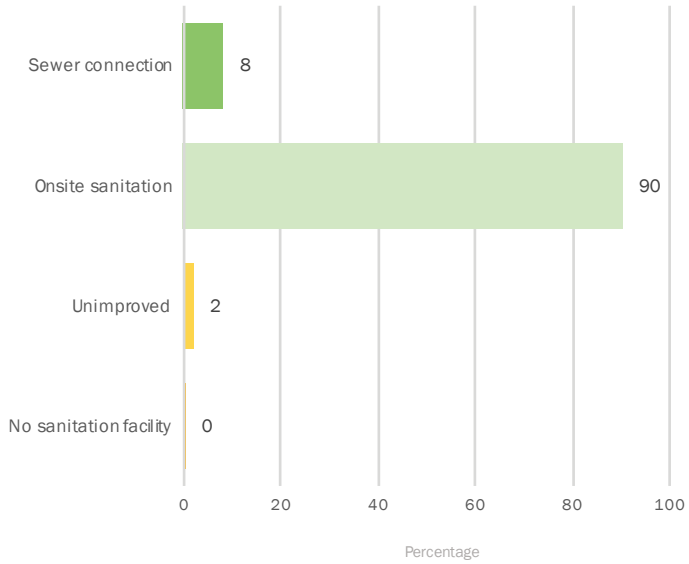
Availability of Drinking Water



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

Safely Managed Sanitation Services: SDG 6.2.1

Types of Sanitation Facility



Percentage of population by type of sanitation facility, grouped by type of disposal

Sewer connections include “Flush/pour flush to piped sewer system” and “Flush to DK where“
Onsite sanitation facilities include “Flush/pour flush to septic”, “Flush/pour flush to latrine”, “Ventilated improved pit latrine”, “Pit latrine with slab” and “Composting toilet”

Types of Sanitation Facility by Region

Region	Sewer connection	Onsite sanitation
National	8	90
Apia Urban Area	9	91
North West Upolu	8	90
Rest of Upolu	8	89
Savaii	7	92

Percentage of population using sewer connections and onsite sanitation, by region

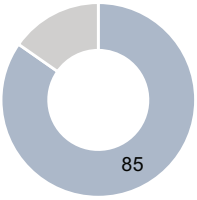
Management of excreta from household sanitation facilities

Percentage of population by management of excreta from household sanitation facilities

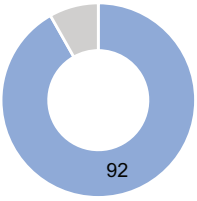
*Additional information required to determine whether faecal sludge and wastewater is safely treated.

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

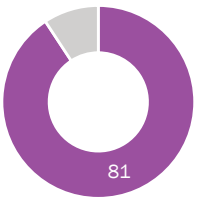
Menstrual Hygiene Management



Women with a private place to wash & change at home



Women with appropriate materials



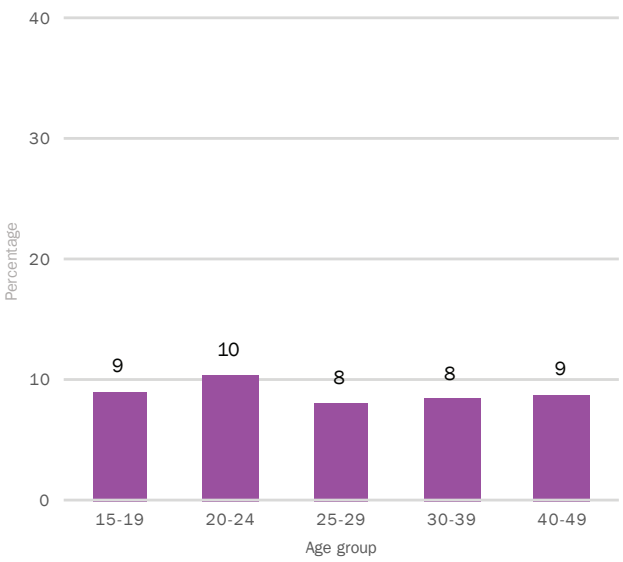
Women with appropriate materials & a private place to wash & change at home

Denominator for all 3 indicators: women age 15-49 years who reported menstruating in the last 12 months

Inequities in Access to Appropriate Materials & Private Place to Wash & Change at Home

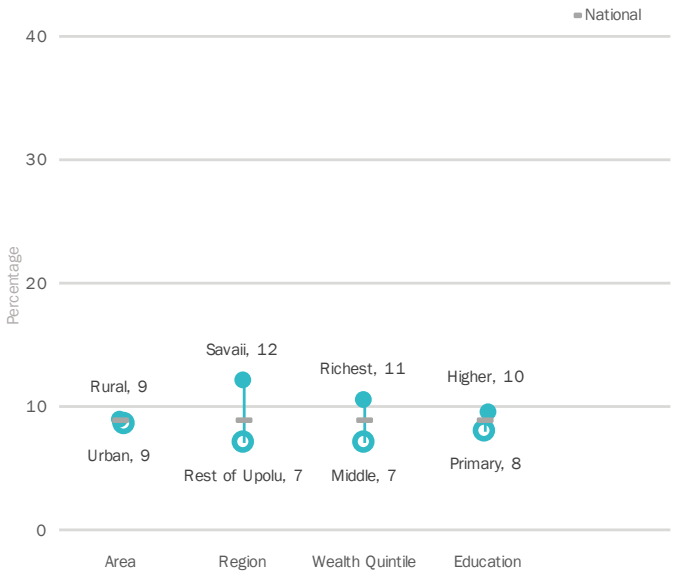
Percentage of women age 15-49 years using appropriate menstrual hygiene materials with a private place to wash and change while at home, among women reporting menstruating in the last 12 months

Exclusion from Activities during Menstruation



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

Exclusion from Activities during Menstruation



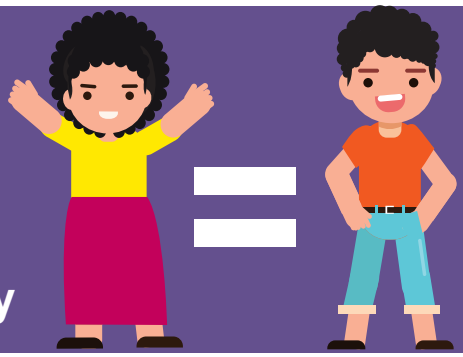
Percentage of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months, by residence, wealth quintile, education and region, among women reporting menstruating in the last 12 months

Key Messages

- Use of basic drinking water in Samoa is close to universal (99 percent).
- Two-thirds of the population uses a safely managed drinking water services (57 percent in rural and 92 percent in urban areas).
- 98 percent of the population uses improved sanitation and 96 percent uses basic sanitation services, and 78 percent uses basic hygiene services.
- Close to 97 percent of population have basic hygiene service (handwashing facility with water and soap).
- Of those women aged 15-49 years who reported menstruating in the last 12 months, 92 percent reported using appropriate menstrual hygiene materials with a private place to wash and change at home.
- About nine percent of women who reported menstruating in the last 12 months also reported that they did not participate in social activities, school or work due to last menstruation.

Samoa DHS-MICS 2019-20

20. Gender Equality



MICS

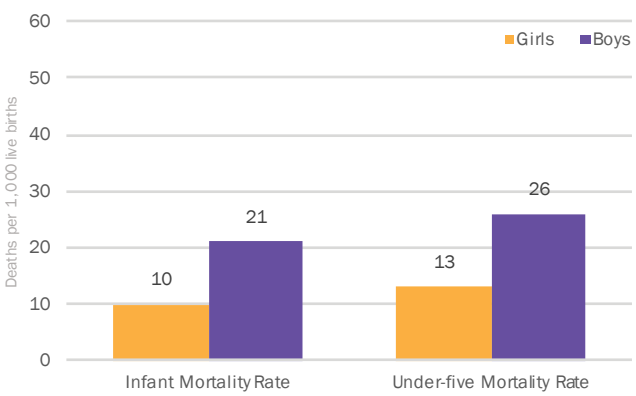
Multiple Indicator Cluster Survey

Gender equality means that girls and boys, women and men, enjoy the same rights, resources, opportunities and protections. Investments in gender equality contribute to lifelong positive outcomes for children and their communities and have considerable inter-generational payoffs because children's rights and well-being often depend on women's rights and well-being. This snapshot shows key dimensions of gender equality during the lifecycle. It is organized around: 1) the first decade of life (0-9 years of age) when gender disparities are often small, particularly in early childhood; 2) the second decade of childhood (10-19 years of age) when gender disparities become more pronounced with the onset of puberty and the consolidation of gender norms; and 3) adulthood, when gender disparities impacts both the wellbeing of women and girls and boys.

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

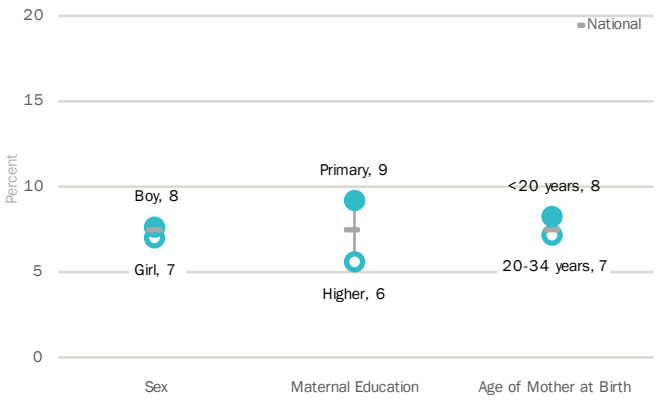
Nutrition and a supportive environment in early childhood are among the key determinants of the health and survival of children and their physical and cognitive development. Generally, girls tend to have better biological endowments than boys for survival to age five, and thus higher survival chances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

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



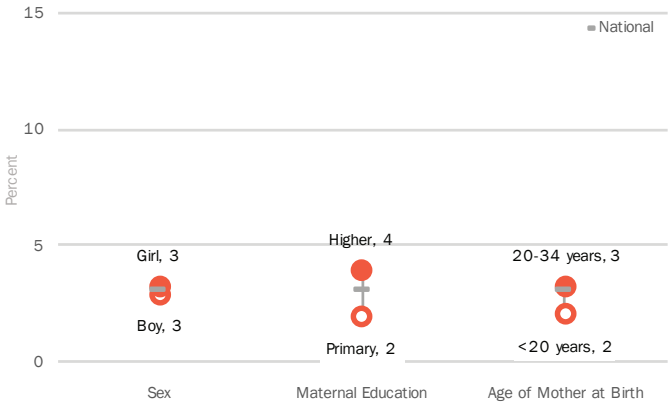
Infant mortality: probability of dying between birth and the first birthday
Under-five mortality: the probability of dying between birth and the fifth birthday

Malnutrition: Stunting (Moderate & Severe) among Children Under-5: SDG 2.2.1



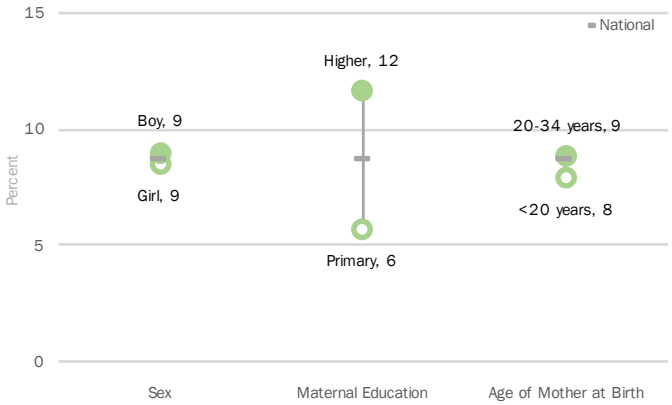
Stunting refers to a child too short for his or her age

Malnutrition: Wasting (Moderate & Severe) among Children Under-5: SDG 2.2.2



Wasting refers to a child who is too thin for his or her height

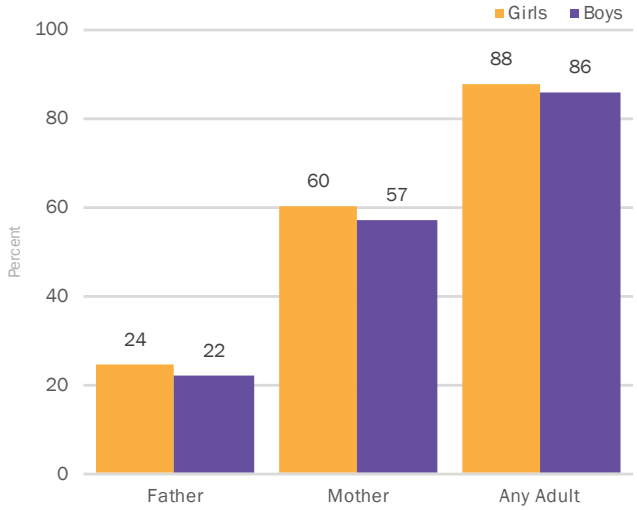
Malnutrition: Overweight (Moderate & Severe) among Children Under-5: SDG 2.2.2



Overweight refers to a child who is too heavy for his or her height

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

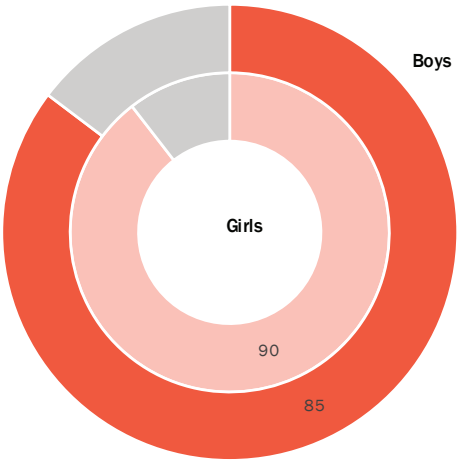
Early Stimulation & Responsive Care by Adults



Percentage of children age 2-4 years with whom adult household members engaged in activities that promote learning and school readiness during the last three days, by person interacting with child and sex of child.

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

Early Childhood Development Index: SDG 4.2.1

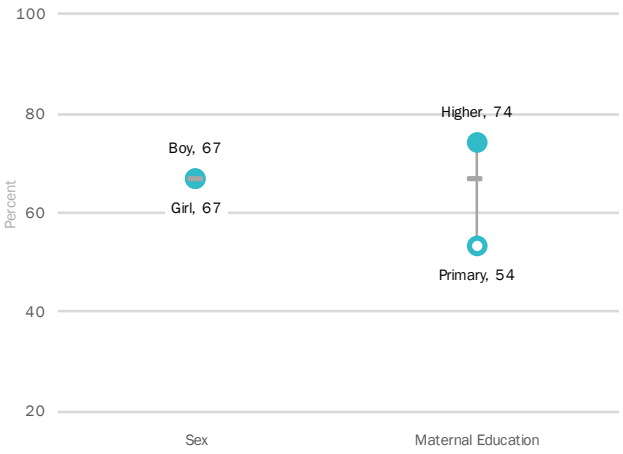


Percentage of children age 3-4 years who are developmentally on track in at least 3 of the following 4 domains: literacy-numeracy, physical, social-emotional, and learning domains, by sex

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

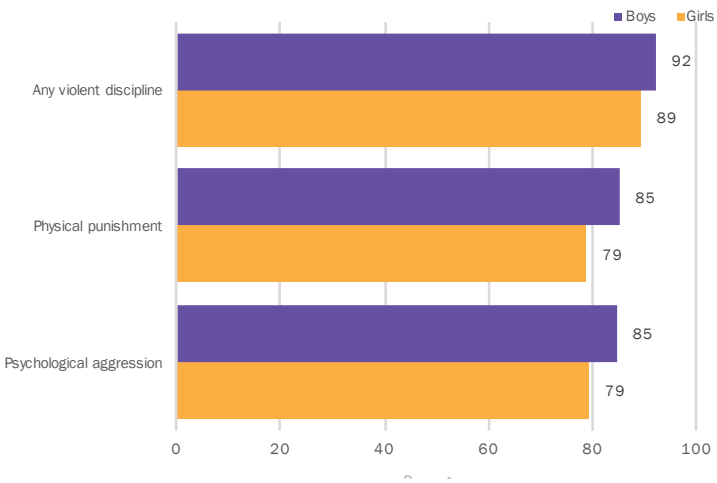
Registering children at birth is the first step in securing their recognition before the law, safeguarding their rights, and ensuring that any violation of these rights does not go unnoticed. While vitally important for both girls and boys, the implications of low birth registration rates for girls are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

Birth Registration: SDG 16.9.1 Sex Disaggregate



Percentage of children under age 5 whose births are registered, by sex and maternal education level

Violent Discipline: SDG 16.2.1 Sex Disaggregate



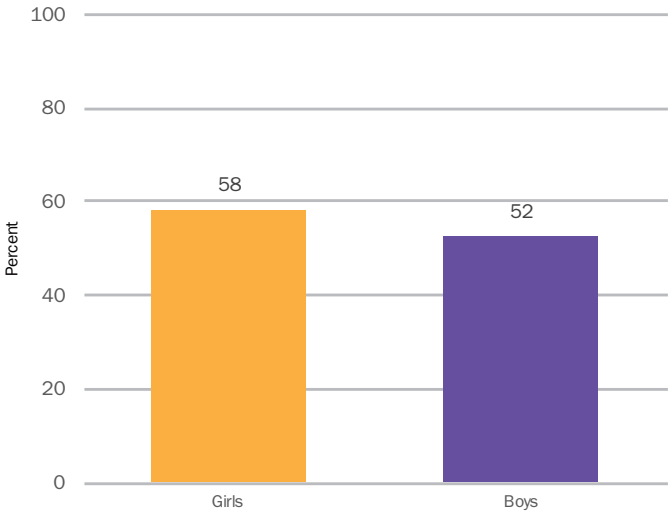
Percentage of children age 1-14 years who experienced violent discipline in the past month, by sex
Note: The age group 1-14 spans the first and second decades of life.

Every Girl & Boy Learns: The First Decade of Life

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

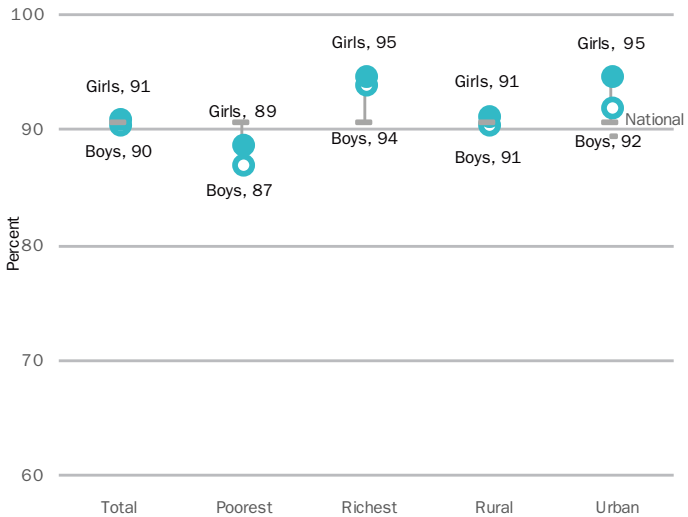
Note: Because children of primary school age range from 5-14 years, these indicators include some children in their second decade of life.

Participation Rate in Organized Learning: SDG 4.2.2



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

Primary School Attendance

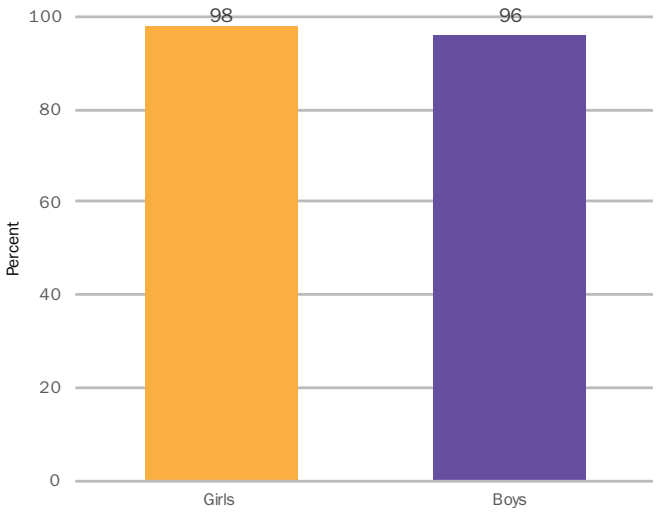


Percentage of children of primary school age attending primary or secondary school (adjusted net attendance ratio), by wealth quintile and area

Children of Primary School Age Out of School

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

Primary Completion: SDG 4.1.2

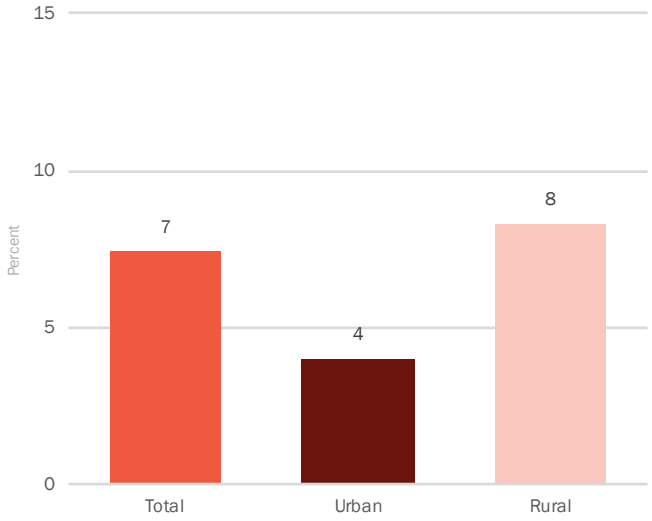


Percentage of children age 3 to 5 years above the intended age for the last grade of primary school who have completed primary education, by sex

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

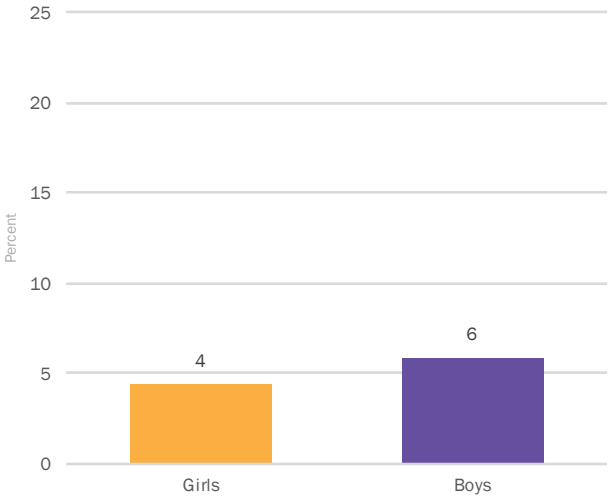
While adolescence carries new health risks for both girls and boys, girls often face gender-specific vulnerabilities, with lifelong consequences. Complications related to pregnancy and childbirth are among the leading causes of death worldwide for adolescent girls age 15 to 19. Preventing adolescent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

Early Childbearing - by Age 18



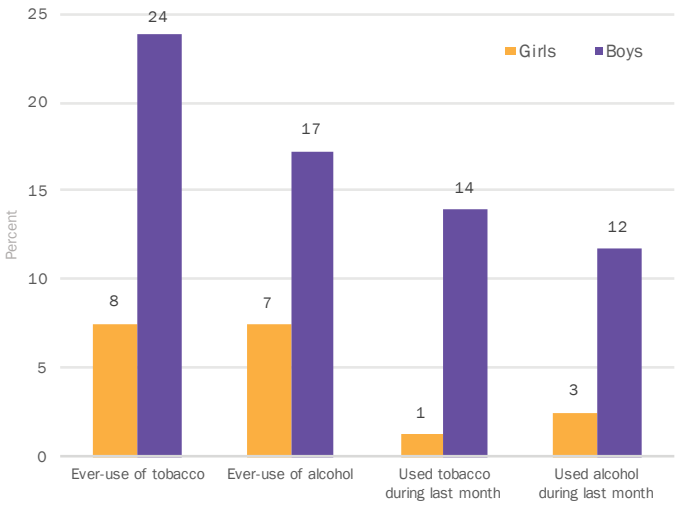
Percentage of women age 20-24 years who had a live birth by age 18, by area

Comprehensive Knowledge of HIV



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

Tobacco* & Alcohol Use

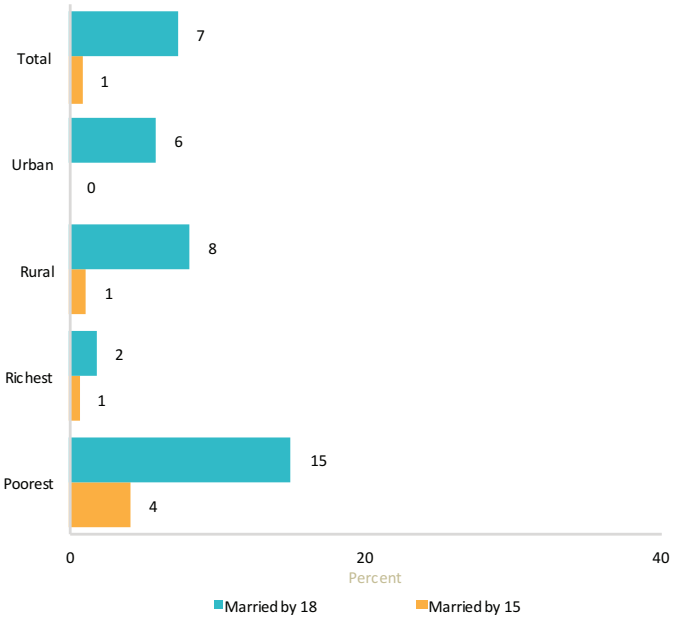


Tobacco and alcohol use among adolescents age 15-19 years, by sex
*Includes an age and sex disaggregate of SDG 3.a.1: use of tobacco

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

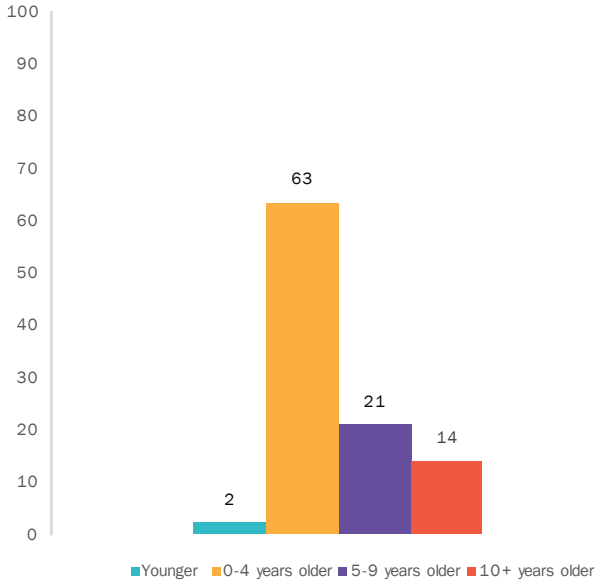
Adolescence presents unique vulnerabilities to violence and exploitation for girls. In many countries, marriage before the age of 18 is a reality for girls due to the interaction of several factors that place a girl at risk, including poverty, social norms, customary or religious laws that condone the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

Child Marriage: SDG 5.3.1



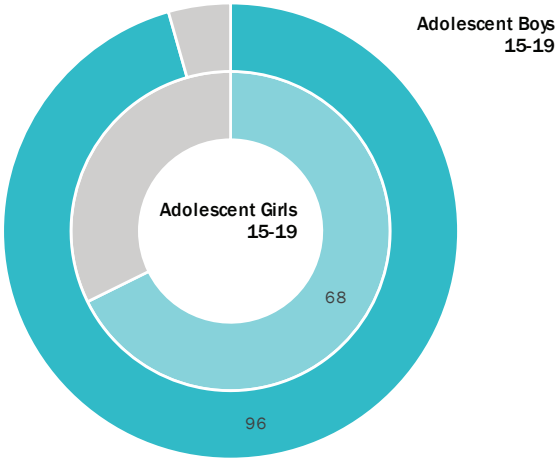
Percentage of women age 20-24 years who were first married or in union before age 15 and before age 18*, by residence and wealth quintile

Spousal Age Difference



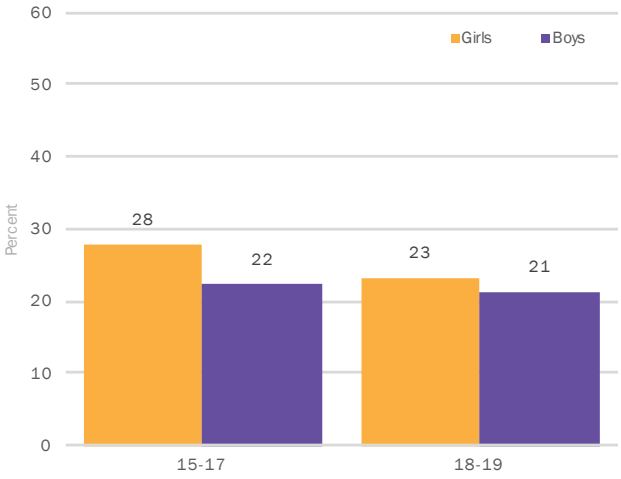
Percentage distribution of adolescent girls age 15-19 years currently married or in union by age of their partner

Feelings of Safety: SDG 16.1.4 Age & Sex Disaggregate



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

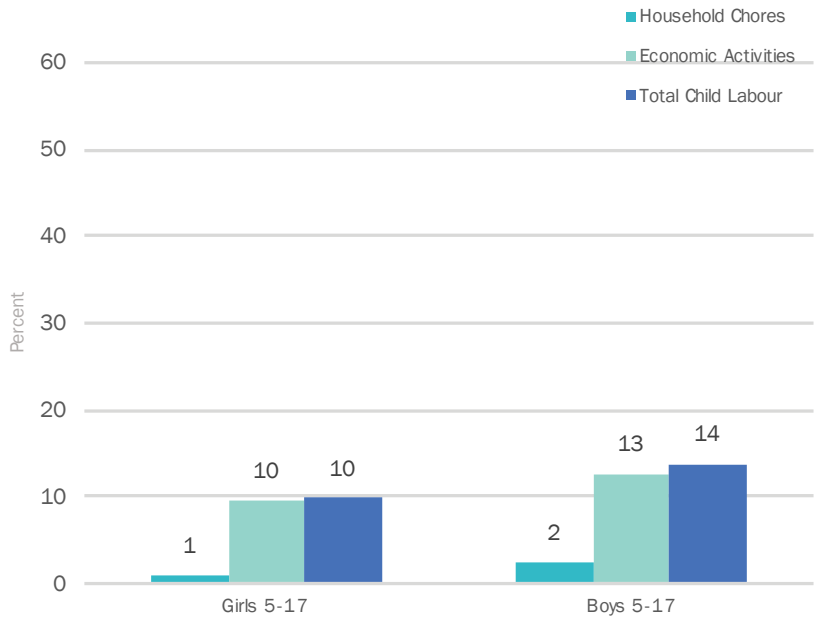
Attitudes toward Domestic Violence



Percentage of adolescents age 15-19 years who justify wife beating for any of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food, by sex and age group

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

Child Labour: SDG 8.7.1



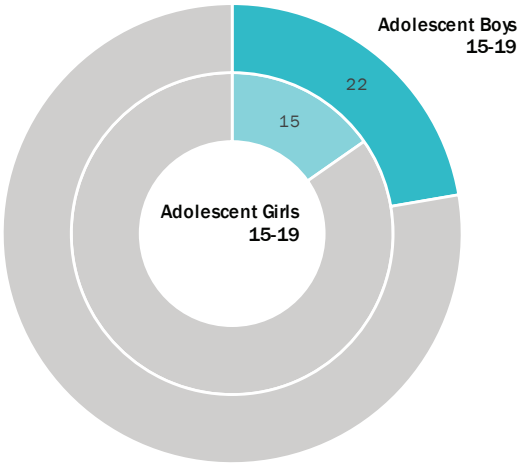
Percentage of children age 5 -17 years engaged in child labour, by selected characteristics

* Note: Indicator includes children in the first & second decade of life

Every Adolescent Girl & Boy has an Equitable Chance in Life: The Second Decade of Life

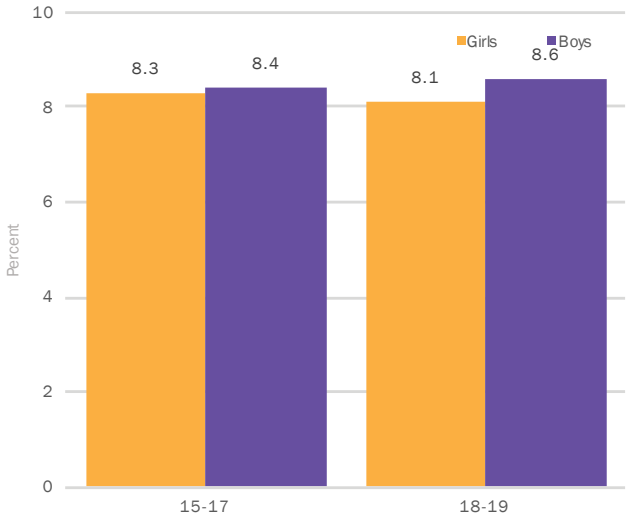
To become empowered, adolescent girls and boys need to be engaged as civic participants in the decisions affecting their lives and communities. People's sense of security and freedom from the fear of crime influences how they move about those communities, access services and economic opportunities and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

Discrimination & Harassment



Percentage of adolescent girls and boys age 15-19 years who have ever felt discriminated or harassed based on their gender

Life Satisfaction



Among adolescents age 15-19 years, average life satisfaction score on a scale of 0 to 10, by sex and age group

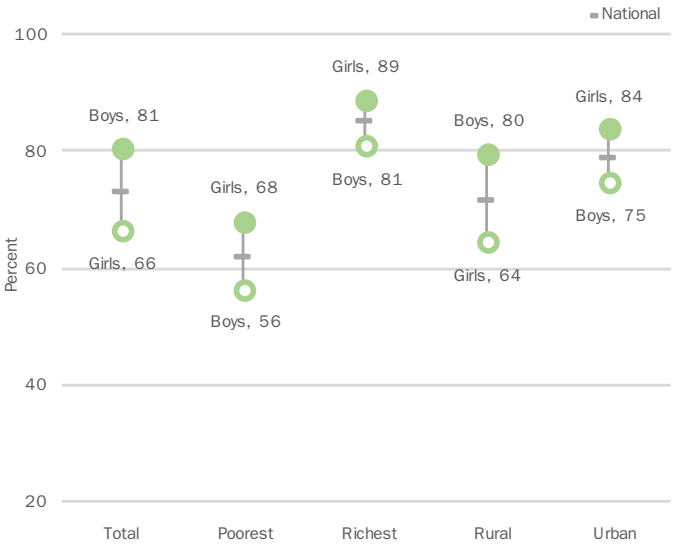
Every Adolescent Girl & Boy Learns: The Second Decade of Life

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

Lower Secondary Attendance Net Attendance Rate

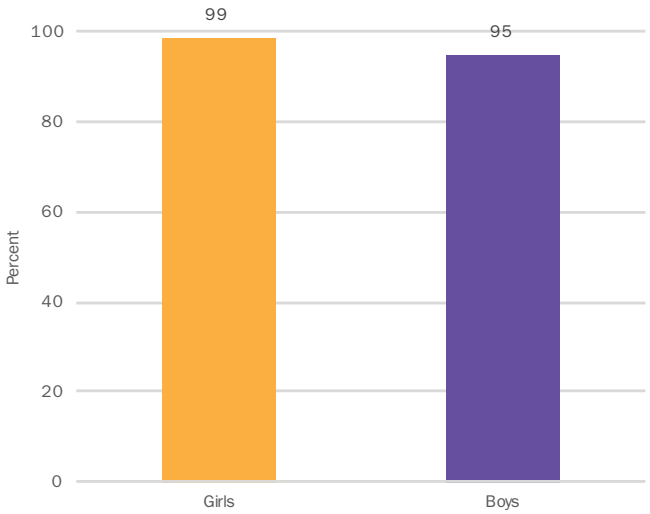
Percentage of children of lower secondary school age attending lower secondary school or higher (adjusted net attendance ratio), by sex, wealth quintile and area

Upper Secondary Attendance Net Attendance Rate



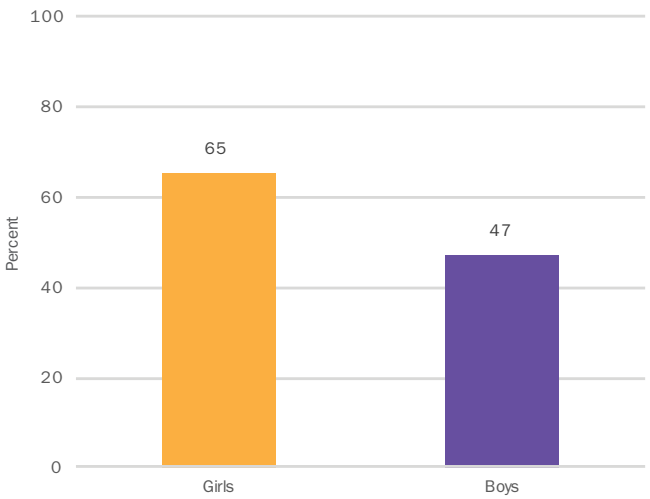
Percentage of children of upper secondary school age attending upper secondary school or higher (adjusted net attendance ratio), by sex, wealth quintile and area

Lower Secondary Completion: SDG 4.1.2



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

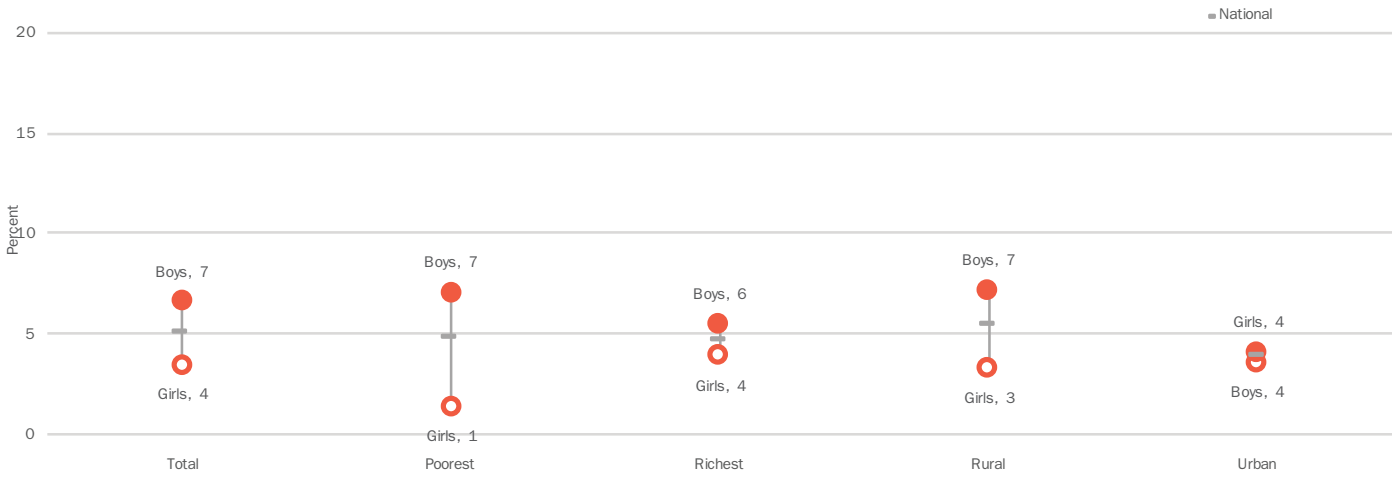
Upper Secondary Completion: SDG 4.1.2



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

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

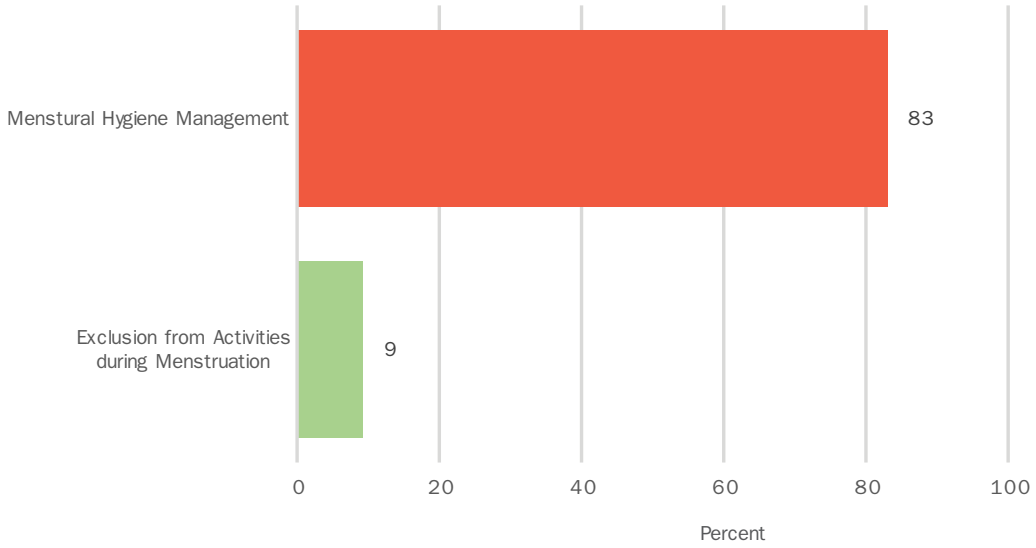
Children of Lower Secondary School Age Out of School



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

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

Menstrual Hygiene Management



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

Menstrual Hygiene Management: Among adolescent girls age 15-19 years who reported menstruating in the last 12 months, percentage using appropriate menstrual hygiene materials with a private place to wash and change while at home

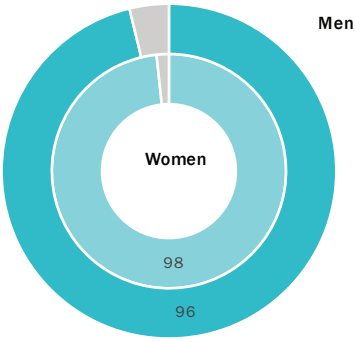
Exclusion from Activities during Menstruation: Among adolescent girls age 15-19 years who reported menstruating in the last 12 months, percentage of women who did not participate in social activities,
school or work due to their last menstruation in the last 12 months

Gender Equality in Adulthood

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

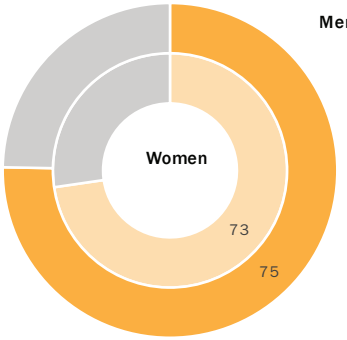
Access to Knowledge, Information & Technology

Literacy



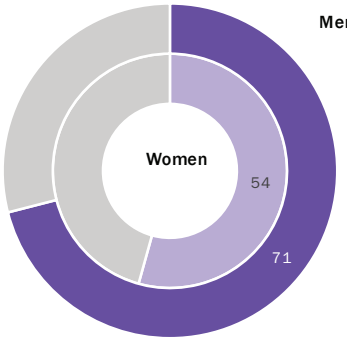
Percentage of adults age 15-49 years who are literate, by sex

Media Access



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

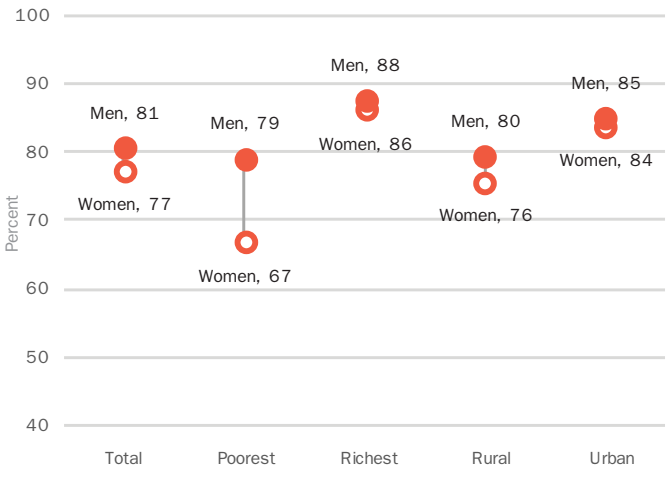
Internet Use: SDG17.8.1



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

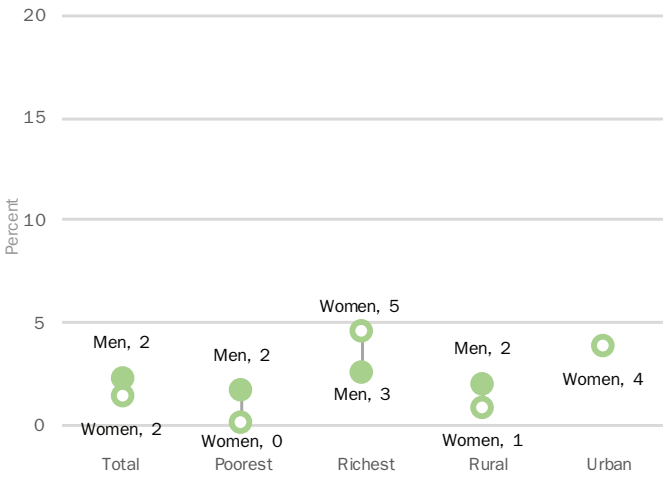
Access to Resources

Mobile Phone Ownership: SDG 5.b.1



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

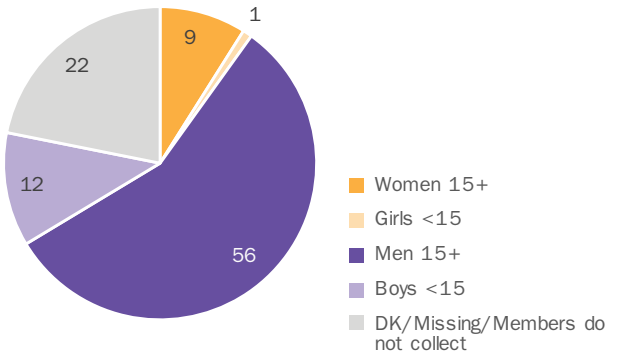
Health Insurance Coverage



Percentage of adults age 15-49 years with health insurance, by sex, wealth quintile and area

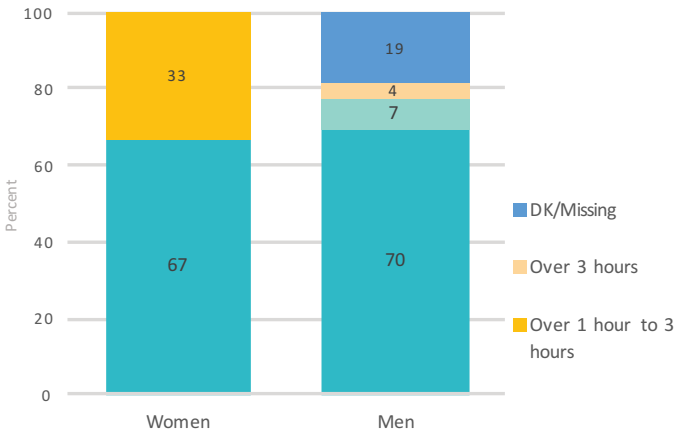
Time on Household Chores: Water Collection

Who collects water?



Percent distribution of household members without drinking water on premises by person usually collecting drinking water used in the household

Time spent on water collection

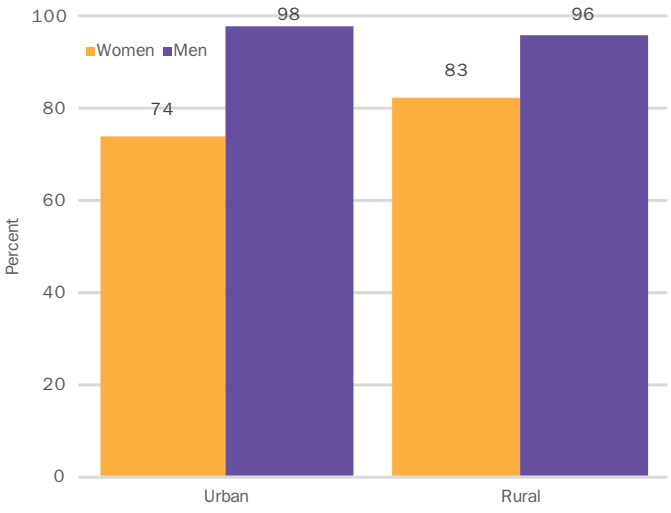


Percent distribution of average amount of time spent collecting water per day by sex of person primarily responsible for water collection in households without drinking water on premises

Gender Equality in Adulthood

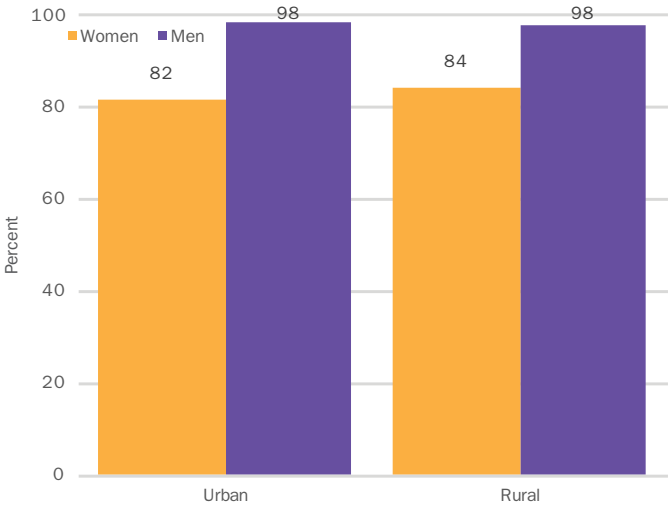
Safety & Security

Feeling safe while walking alone: SDG 16.1.4 sex disaggregate



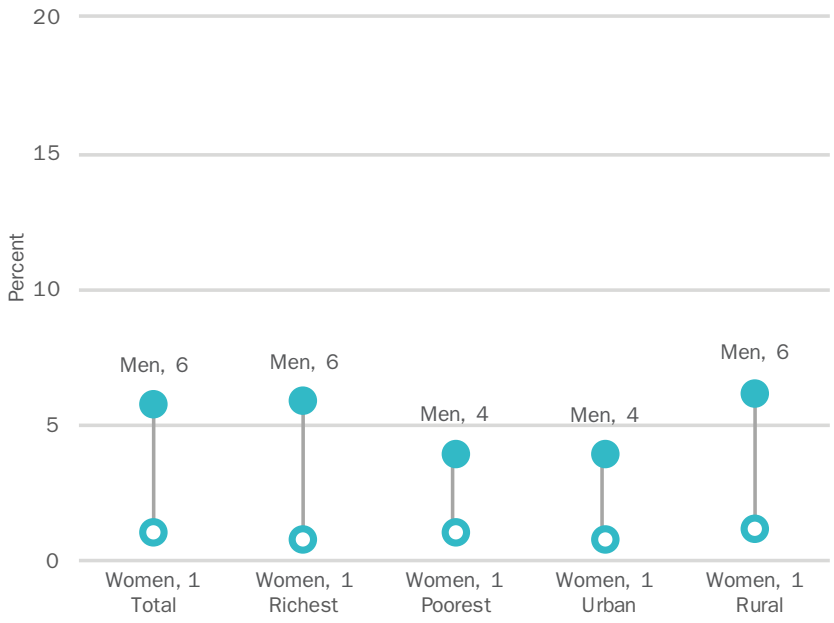
Percentage of men and women age 15-49 years who feel safe walking alone in their neighbourhood after dark, by sex and area

Feeling safety while being at home alone



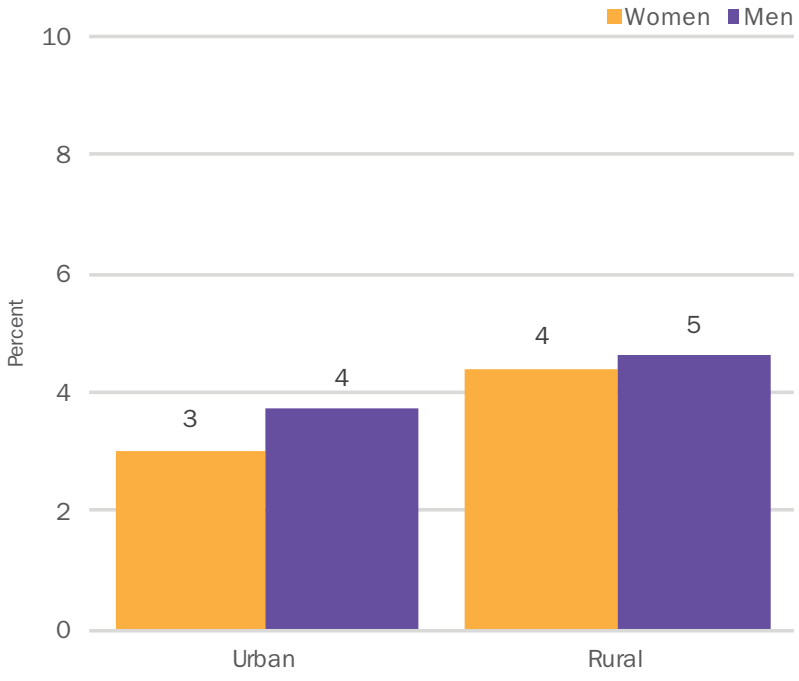
Percentage of men and women age 15-49 years who feel safe being home alone after dark, by sex and area

Victimisation



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

Discrimination & harassment

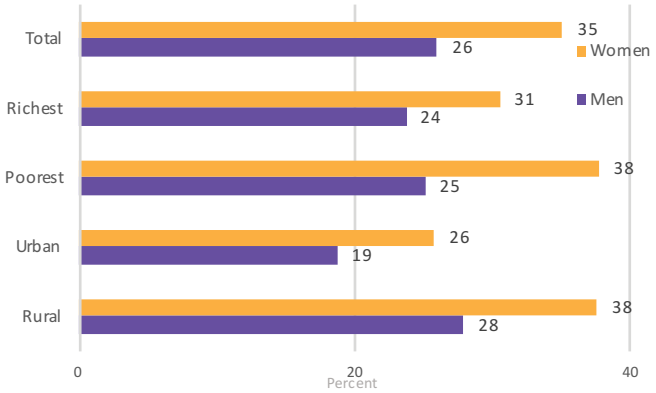


Percentage of men and women age 15-49 years who have ever personally felt discriminated or harassed based on their gender, by sex and area

Gender Equality in Adulthood

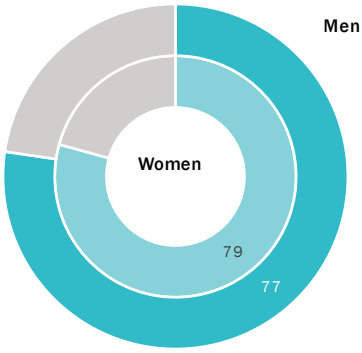
Feminine & masculine attitudes & expectations

Attitudes toward domestic violence



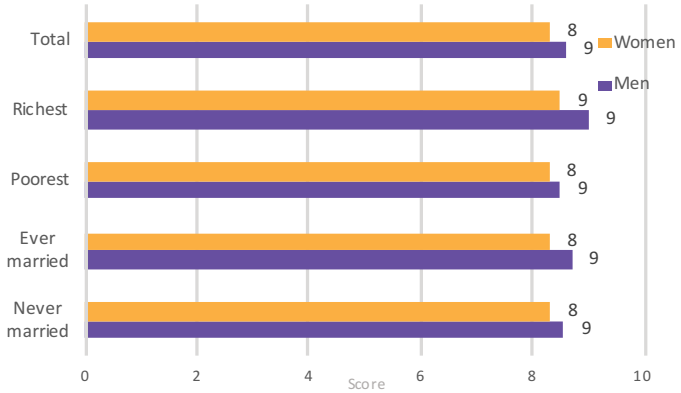
Percentage of men and women age 15-49 years who justify wife beating for any of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food, by sex, wealth quintile and area

Attitudes toward physical punishment



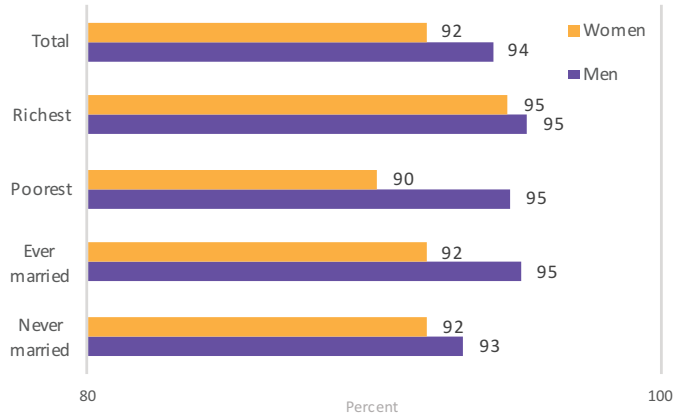
Percentage of mothers/caretakers who believe that physical punishment is needed to bring up, raise, or educate a child properly, by sex of caretaker

Life satisfaction



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

Perceptions of a better life

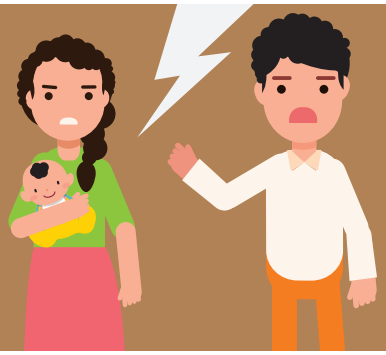


Percentage of men and women age 15-49 years who expect that their lives will get better in one year, by sex, wealth quintile and marital status

Key Messages

- Under-5 mortality among boys is twice as high compared to that of girls (26 and 13 deaths per 1,000 live births, respectively).
- One in every ten girls and boys is overweight.
- Around two-thirds of under-5 children had their birth registered in Samoa.
- About 9 in 10 children age 1-14 years have experienced violent discipline during the one month preceding the survey. The rate is slightly high among boys (92 percent) compared to girls (89 percent).
- Almost one out of two children age 36-59 months are not attending an organized early childhood education programme.
- About seven percent of children of primary school age at beginning of school year are out of school. The children out of school is very high among those who belong to mothers with primary education level (12 percent).

Samoa DHS-MICS 2019-20



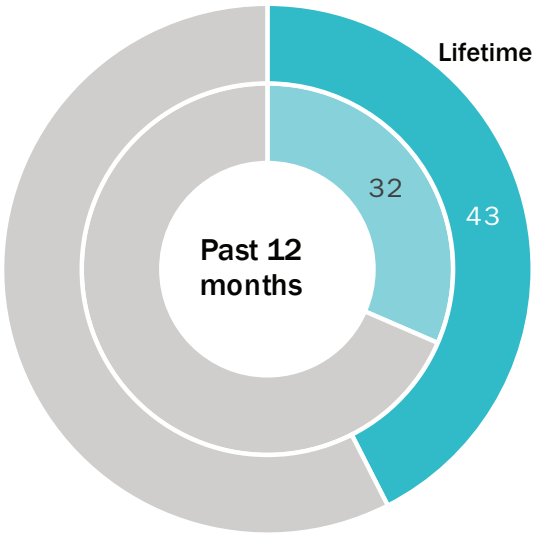
MICS

Multiple Indicator Cluster Survey

21. Domestic Violence

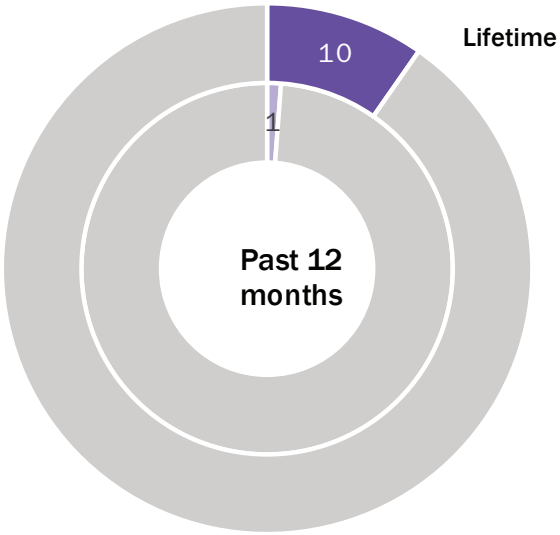
Domestic violence is a problem that affects one's health, economy, education and human development and above all, human rights. The term 'domestic' includes violence perpetrated by an intimate partner and by other family members, wherever this violence takes place and in whatever form. Violence against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

Intimate Partner Violence (physical, sexual and/or emotional) among ever married/ partnered women: SDG 5.2.1



Percentage of women age 15-49 years who have ever experienced sexual violence and percentage who have experienced sexual violence in the 12 months preceding the survey, by any perpetrator

Non-Partner Sexual Violence: SDG 5.2.2



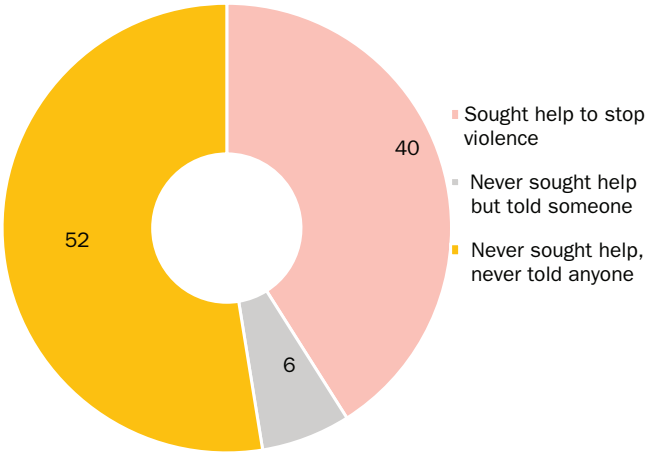
Percentage of women age 15-49 years who have ever experienced sexual violence and percentage who have experienced sexual violence in the 12 months preceding the survey, by non-partner

Violence by any husband/partner in the last 12 months

Age group	Emotional violence	Physical violence	Sexual violence	Emotional or Physical or Sexual
National	17	18	16	32
15-19	(13)	(9)	(17)	32
20-24	24	33	15	46
25-29	14	19	13	27
30-34	17	21	18	33
35-39	18	17	18	30
40-44	22	13	17	31
45-49	12	12	13	27

Percentage of ever-married women age 15-49 years who have experienced emotional, physical or sexual violence by any husband/ partner in the past 12 months
Note: Data for '15-19' are based on 25-49 unweighted cases

Help seeking to stop violence



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

Key Messages

- Two in five ever married women age 15-49 years have in their lifetime experienced emotional, physical or sexual violence at the hands of their current or most recent husband/partner, and three in 10 in the last 12 months preceding the survey.
- One in 10 women age 15-49 years have ever experienced sexual violence and one in 50 during the last 12 months.
- Of those women age 15-49 years who have experienced any physical or sexual violence, only 40 percent sought help to stop violence, and 52 percent never sought help or told anyone about the violence faced.

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