



KIRIBATI: Social Development Indicator Survey 2018-19

Snapshot of Key Findings



Pacific
Community
Communauté
du Pacifique



The Kiribati Social Development Indicator Survey (KSIDS) was carried out in 2018-2019 by Kiribati National Statistics Office in collaboration with Ministry of Health and other government ministries, as part of the Global MICS Programme. Technical support was provided by the United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA) and Pacific Community (SPC) with government funding and financial support of the Australian Department of Foreign Affairs and Trade (DFAT), UNFPA and UNICEF.

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 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 Statistical Snapshots of the main findings report is to facilitate the timely dissemination and use of results from the KSDIS. The report contains detailed information on the survey methodology, and all standard MICS tables.

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

Suggested citation:

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Sample and Survey Characteristics

Response Rates

Household



Women age 15-49



Men age 15-49



Children age 5 -17



Children under 5



Survey Implementation

Implementing Agency:
Kiribati National Statistics Office

Sampling Frame:
Kiribati 'Mini-census'

Updated:
August-mid September 2018

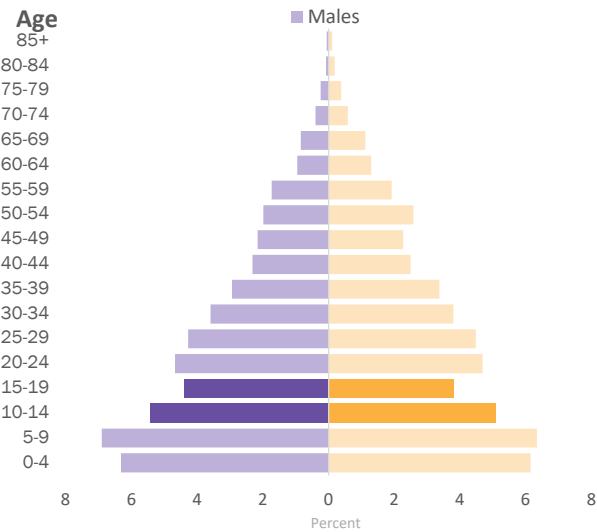
Interviewer training:
1-31 October 2018

Fieldwork:
1 November 2018 – 31 January 2019

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

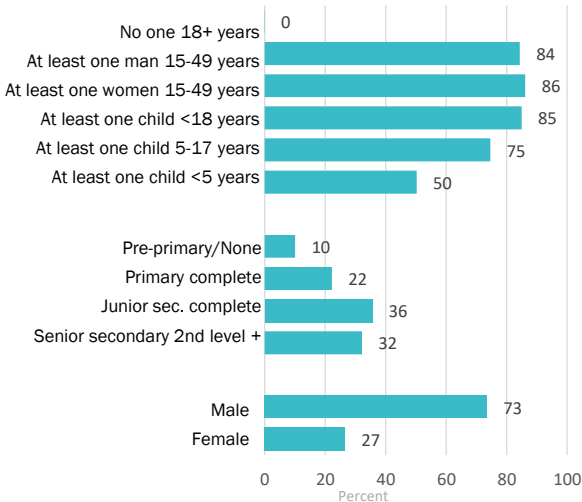
Population Characteristics

Household Population Age & Sex Distribution



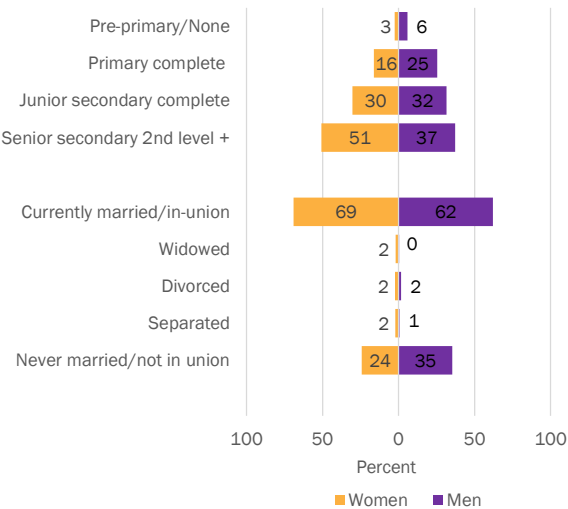
Percent distribution of household population by age group and sex

Household Composition & Characteristics of Head of household



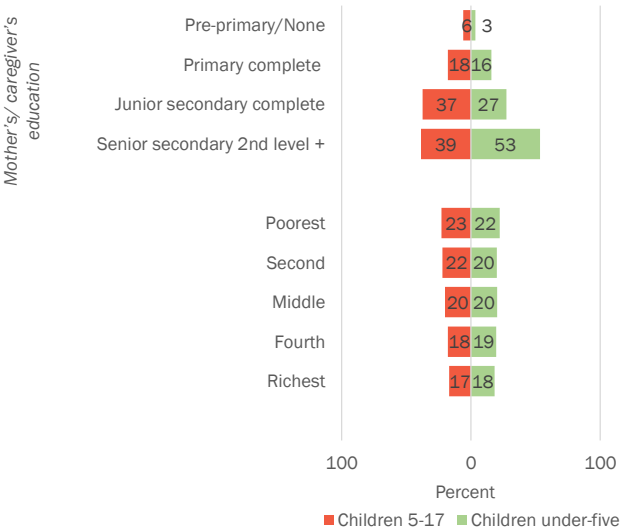
Percent of households by selected characteristics

Women & Men's Profile



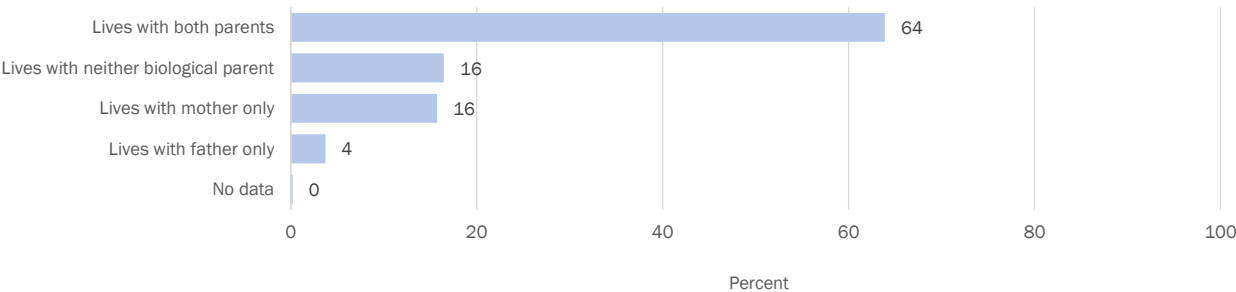
Percent distribution of women and men age 15-49 by background characteristics

Children's Profile



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

Children's living arrangements*



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

District/Island group distribution of population (percent)

District/Island group	Households	Women	Men	Children under 5	Children 5-17
National	100	100	100	100	100
South Tarawa	54	58	56	53	49
Northern Gilbert	18	16	16	18	20
Central Gilbert	7	6	7	6	8
Southern Gilbert	14	13	14	15	16
Line/Phoenix	8	7	8	8	8

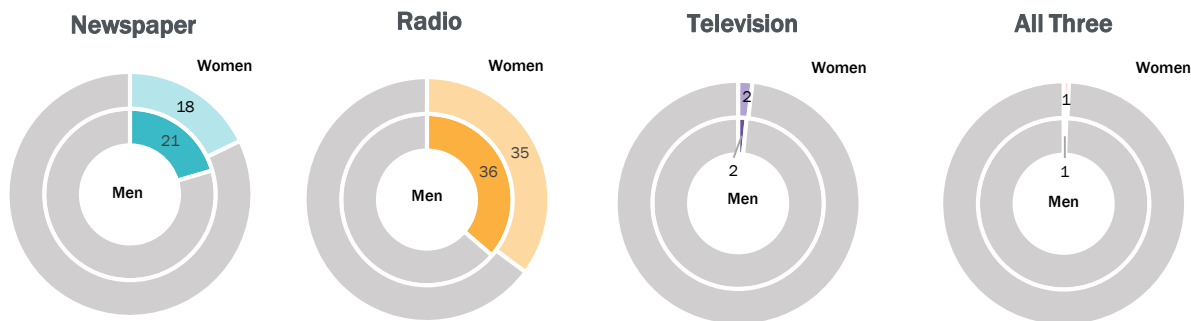
Key Messages

- Response rates for households, eligible women, men, children 5-17 years and under five are outstanding (98 percent and above)
- The age structure shows a larger proportion of Kiribati population in younger age groups than older age groups
- Slightly over half of Kiribati's population live in South Tarawa
- Twenty seven percent of households are headed by females indicating that in Kiribati households are predominantly headed by men.
- One in every two households have at least one child under 5 years
- About two-thirds of both men and women age 15-49 years are currently married or in union, and women are more likely than men to be married or in union (69 percent versus 62 percent)
- About 16 percent of children live with neither biological parents

Data shown in this section can be found in tables SR. 1.1, SR. 5.1W, SR.5.1M, SR.5.2, SR.5.3 and SR.2.3 in the Survey Findings Report.

Mass Media, Communications & Internet

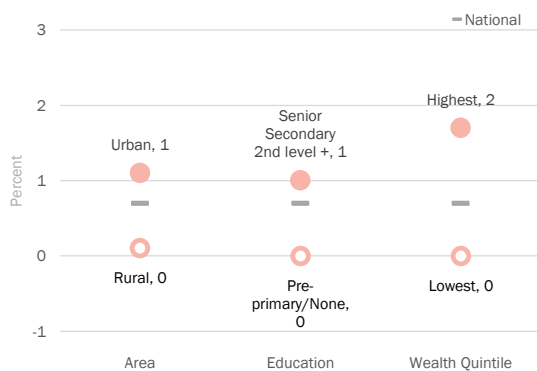
Exposure to Mass Media



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

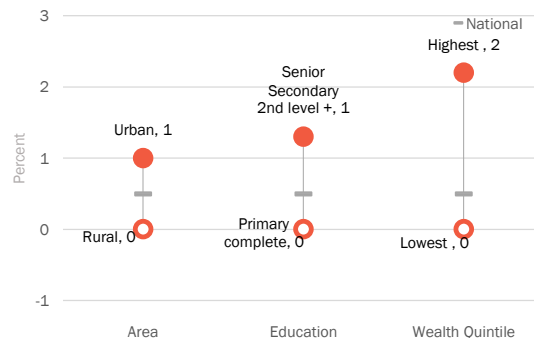
Inequalities in Access to Mass Media

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 Radio, Newspapers & Television Weekly



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

Key Messages

- The Kiribati population has very low access to various forms of mass media including newspapers, radio and TV. On a weekly basis, about 1 in 3 of the men and women are exposed to radio. About 1 in 5 of women and men are exposed to newspapers and less than 1 in 10 are exposed to TV.
- Overall less than 1 percent of men and women are exposed to all three forms of mass media on a weekly basis
- 7 in 10 households own mobile phones. Two in every five households have radio and internet at home; 31 percent had computers, and 1 percent had television.
- Mobile phone usage among women is higher compared to men (60 percent for women and 53 percent for men).
- One in every two women uses the internet when compared to two in every five men.
- About 87 percent of households belong to highest wealth quintile have access to internet when compared to only 14 percent of households from the lowest wealth quintile.

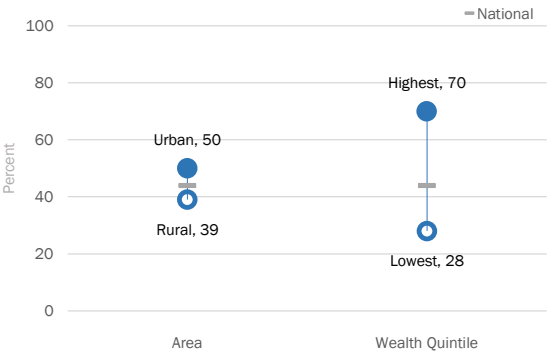
Household Ownership of Information & Communication Technology (ICT) Equipment & Internet at Home

District/Island group	Radio	Television	Telephone-Fixed line	Telephone-Mobile	Computer	Internet at Home
National	44	1	3	73	31	47
South Tarawa	50	3	5	85	45	65
Northern Gilbert	40	0	3	63	12	30
Central Gilbert	45	0	1	66	14	31
Southern Gilbert	39	0	1	63	12	30
Line/Phoenix	31	0	2	56	61	37

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

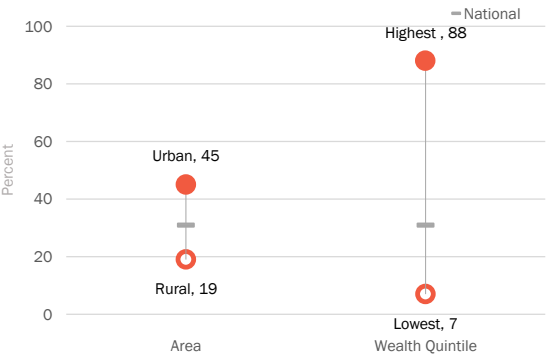
Inequalities in Household Ownership of ICT Equipment & Internet at Home

Household Ownership of a Radio



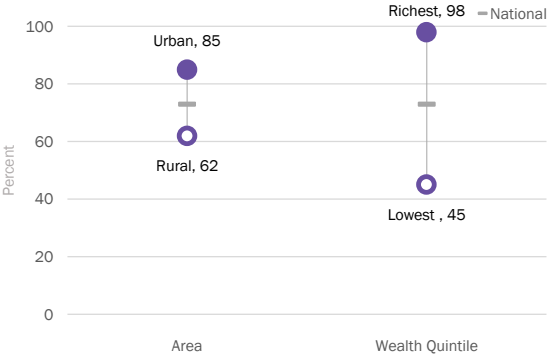
Percentage of households with a radio at home

Household Ownership of a Computer



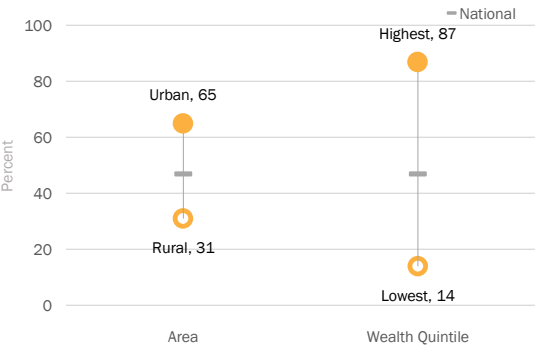
Percentage of households with a computer at home

Household Ownership of a Mobile Telephone



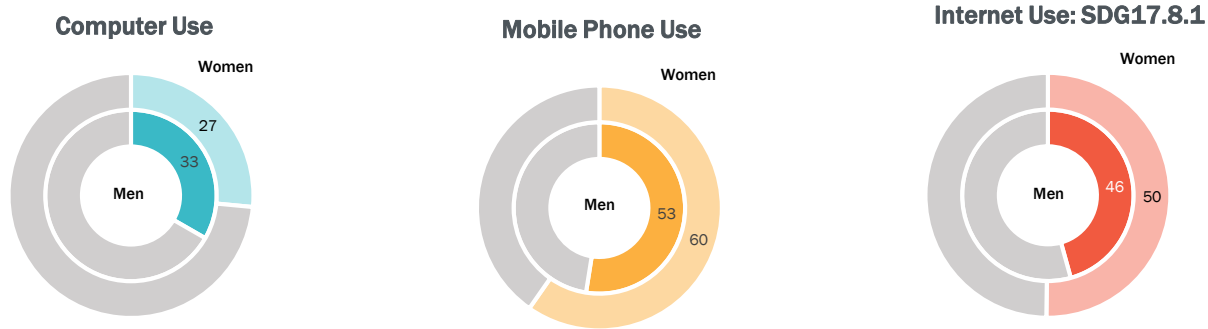
Percentage of households with mobile telephone

Households with Internet



Percentage of households with access to the internet at home

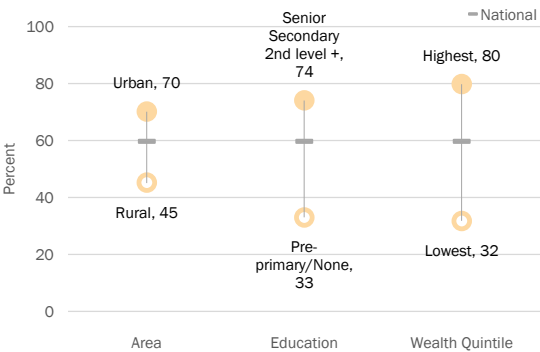
Use of Information & Communication Technology



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

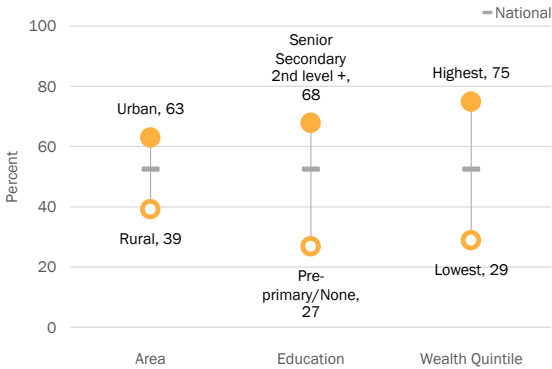
Disparities in Use of Information & Communication Technology

Disparities in Mobile Phone Use among Women



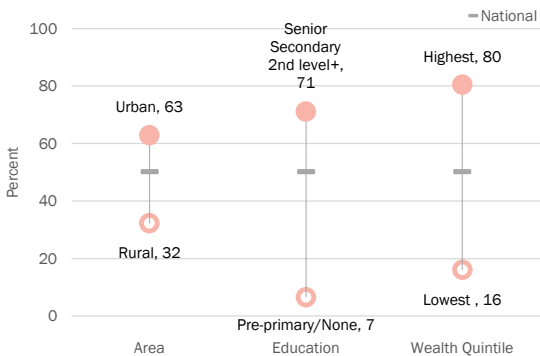
Percentage of women age 15-49 years who during the last 3 months used a mobile phone

Disparities in Mobile Phone Use among Men



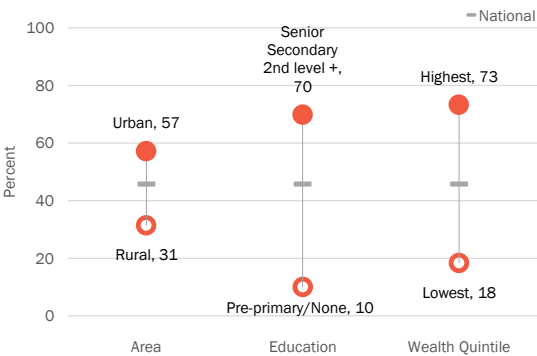
Percentage of men age 15-49 years who during the last 3 months used a mobile phone

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

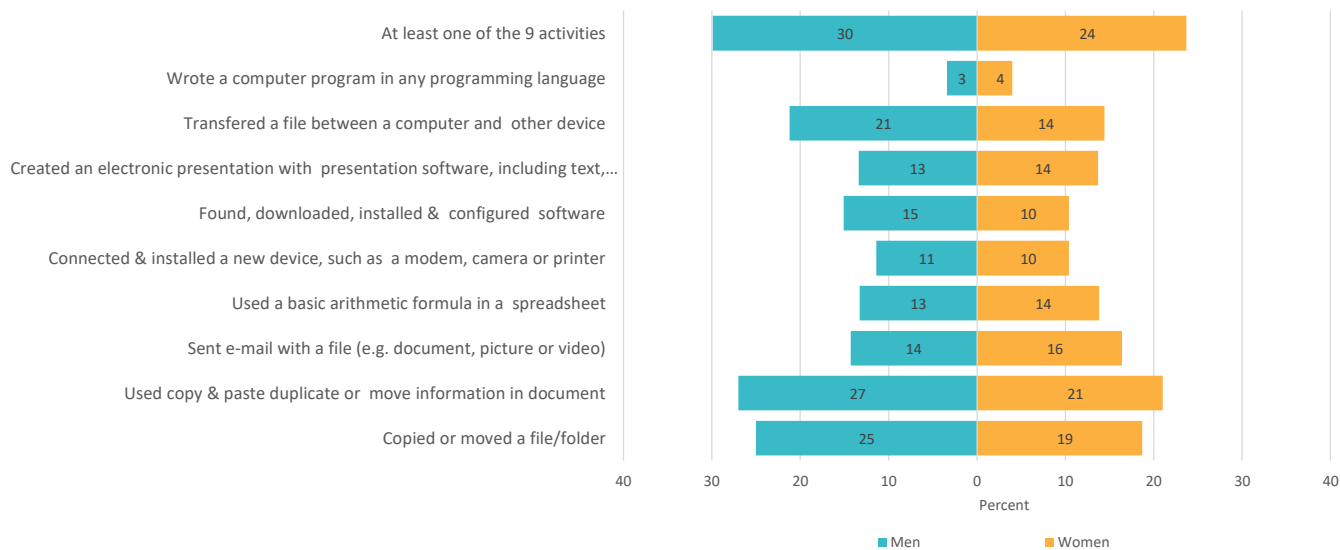
Disparities in Internet Use among Men: SDG17.8.1



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

District/Island Group Data on ICT Use & Skills among Women

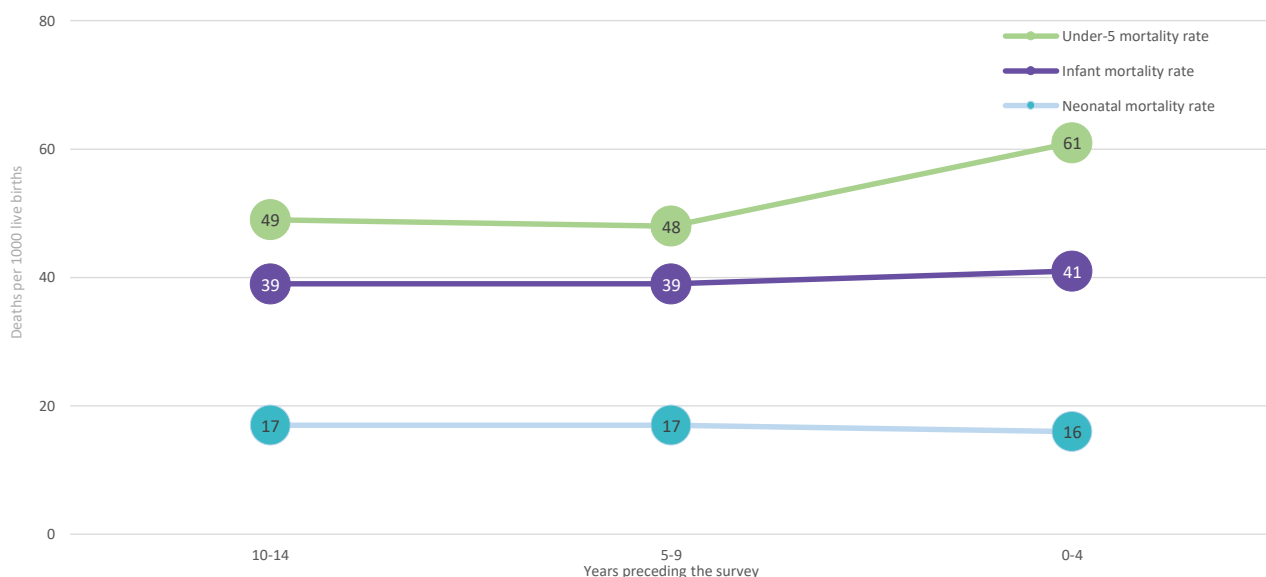
District/Island Group	Computer Use	Mobile Phone Use	Internet Use	Performed at Least 1 computer -related activity
National	27	60	50	24
South Tarawa	36	70	63	33
Northern Gilbert	10	50	29	9
Central Gilbert	8	48	30	7
Southern Gilbert	10	39	30	9
Line/Phoenix	36	42	30	21

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

Data shown in this section can be found in tables SR9.1W, SR9.1M, SR 9.2, SR9.3W, SR9.3M, SR9.4W and SR9.4M in the Survey Findings Report.

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	16	24	41	21	61
5-9	17	23	39	9	48
10-14	17	22	39	10	49

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 (${}_4q_0$): probability of dying between birth and first birthday

Child mortality (${}_5q_1$): probability of dying between the first and fifth birthday

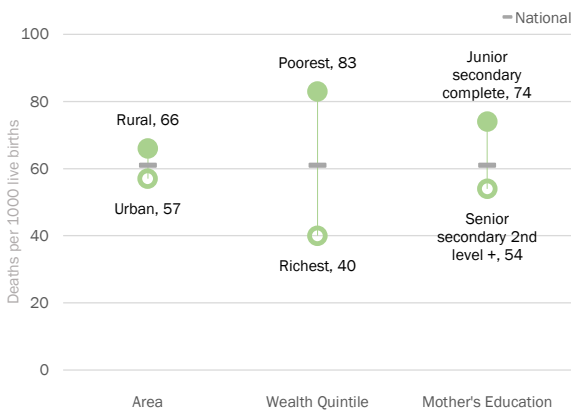
Under-5 mortality (${}_5q_0$): probability of dying between birth and fifth birthday

Key Messages

- The under-5 mortality rate for the most recent five years is estimated at 61 per 1,000 live births as compared to 49 per 1,000 live births for the period 10-14 years prior to the survey.
- The infant mortality rate is 41 per 1,000 live births for the most recent five years.
- About two-thirds of under 5 deaths for the five years prior to the survey occurred between birth and first birthday.
- The under-5 mortality rate correlates with socio-economic status of the households.
- The under-5 mortality rate is higher in households who are in poorest quantile, mostly living in rural area with no formal education attainment.
- Disparities exist between district/island groups. The under-5 mortality rate is highest at 80 per 1,000 live births in Central Gilbert compared to lowest of 57 per 1,000 live births in South Tarawa.

Child Mortality Disparities

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



Under-5 mortality rate by demographic risk factors



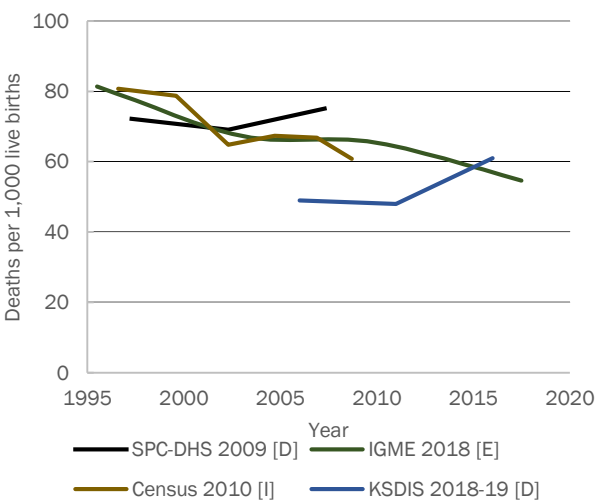
Under-five mortality rates for the five year period preceding the survey, by socio-economic characteristics, area and demographic risk factors

Neonatal & under-5 mortality rates by District/Island Group

District/Island Group	Neonatal mortality	Under-5 mortality
National	16	61
South Tarawa	15	57
Northern Gilbert	24	69
Central Gilbert	9	80
Southern Gilbert	13	58
Line/Phoenix	21	59

Neonatal mortality and under-5 mortality rates (deaths per 1000 live births) for the five year period preceding the survey, by district/island group

Trends in under-5 mortality rates



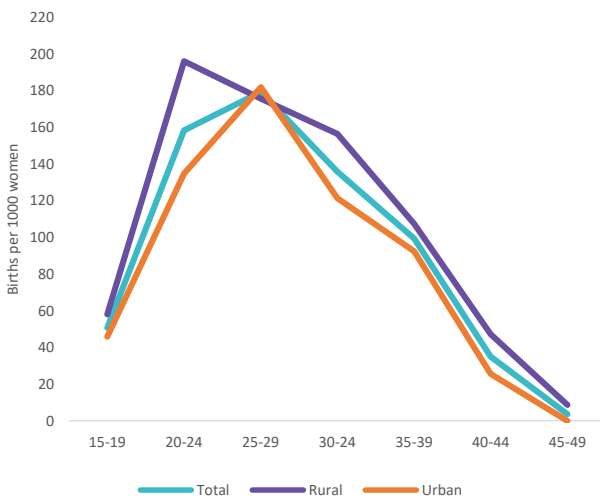
The source data used in the above graph is taken from the final reports of MICS 2018-19, Census 2010 [I] and SPC-DHS 2009 [D], with the exception of IGME 2018 [E] which is downloaded from the UN IGME web portal. Child mortality source data and child mortality estimates are published on www.childmortality.org, 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).

Data shown in this section can be found in tables CS.1, CS.2, and CS.3 in the Survey Findings Report.

Fertility & Family Planning

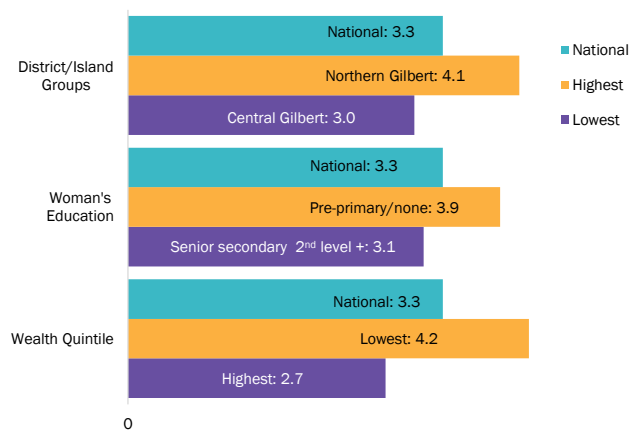
Fertility

Age Specific Fertility Rates



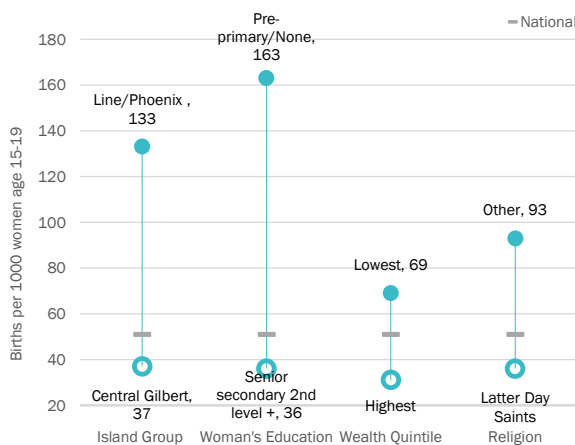
Age-specific fertility rates (ASFR) are the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women

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

Adolescent Birth Rate: SDG indicator 3.7.2

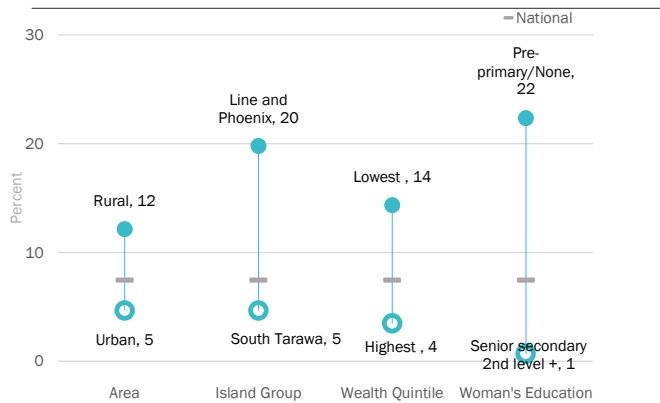


Age-specific fertility rate for girls age 15-19 years for the three-year period preceding the survey

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

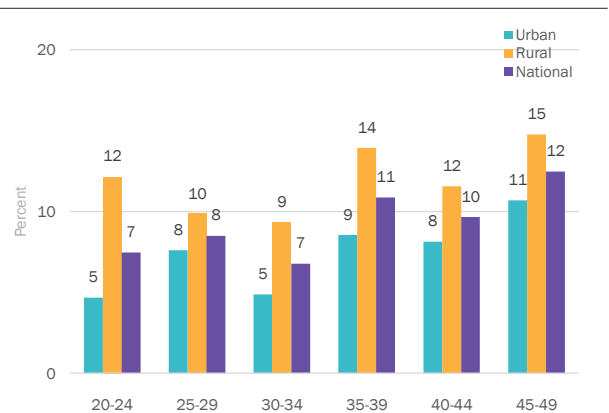
Reducing adolescent fertility and addressing the multiple factors underlying it are essential for improving sexual and reproductive health and the social and economic well-being of adolescents. Preventing births very early in a woman's life is an important measure to improve maternal health and reduce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

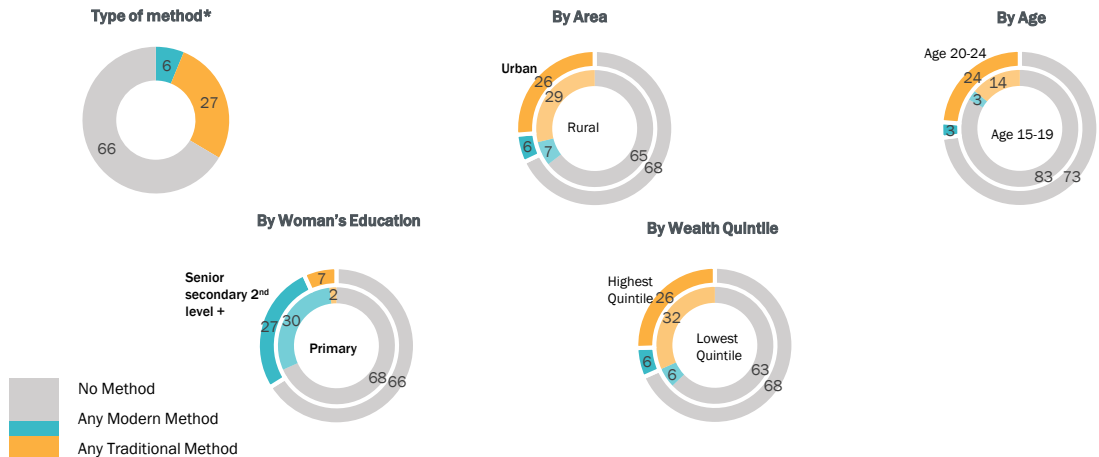
Trends in Early Child Bearing - by Age 18



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

Family Planning

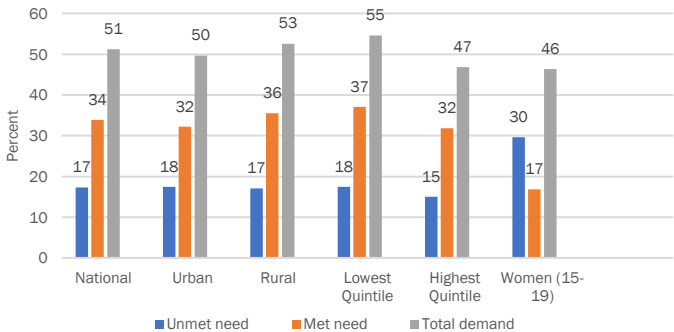
Method of Family Planning by Various Characteristics



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, IUD, injectables, implants, pills, male condom, Female condom, diaphragm, foam, jelly and contraceptive patch
Traditional methods refer to periodic abstinence and withdrawal

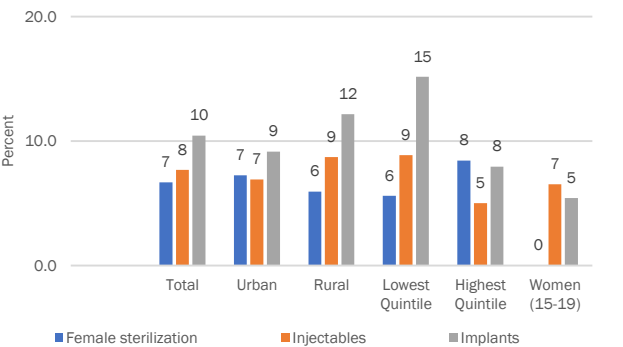
Total demand for Family Planning

Unmet Need, Met need and Total Demand for Family Planning.



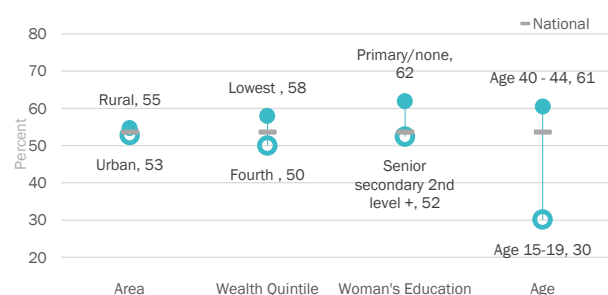
Percentage of all women with unmet need, met need and total demand for family planning by background characteristics

Use of Modern Family Planning Methods by Type



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

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



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.

District/Island Group Data on Fertility & Family Planning

District/Island Group	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	51	3.3	0.5	7.5	27.3	33.6	53.6
South Tarawa	46	3.0	0.0	4.7	26.2	32.2	52.8
Northern Gilbert	51	4.1	1.5	11.1	28.2	34.8	52.8
Central Gilbert	37	3.0	0.0	11.1	25.1	31.7	52.1
Southern Gilbert	48	3.7	1.0	9.5	32.6	38.5	59.4
Line/Phoenix	133	3.9	1.8	19.8	26.4	34.9	52.1

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

Key Messages

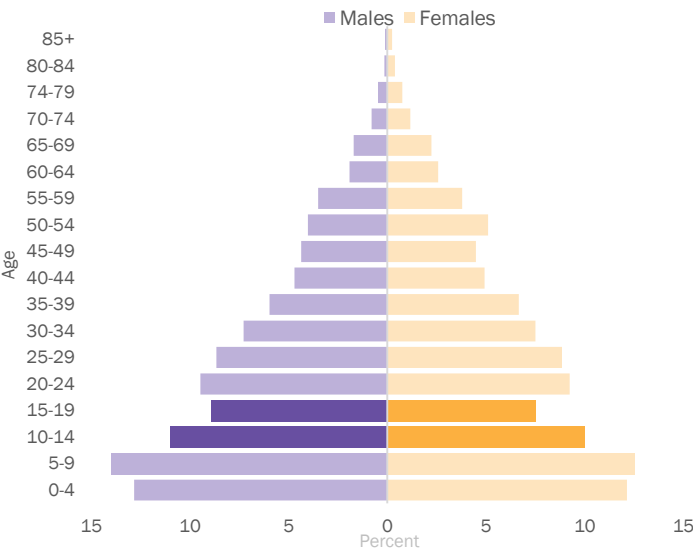
- The Total Fertility Rate (TFR), the average number of births per women aged between 15 to 49 years is 3.3. This is on the upper side of developing country average. TFR is high in Northern Gilbert (4.1) and among women from the lowest wealth quintile (4.2).
- On average, 51 in every 1,000 adolescent girls aged between 15 to 19 years have had a live birth in the three years preceding the survey. The adolescent birth rate is highest in Line and Phoenix (133) and among women with pre-primary or no education (163).
- About 17 percent of women aged between 15 to 49 years reported unmet need for family planning. There is higher percentage of unmet needs of Family Planning amongst the age group 15-19 years (30 percent).
- On average, about 7 percent of women aged between 20 to 24 years gave birth before age 18. The proportion is higher in rural areas (12 percent), Line and Phoenix (20 percent) and for women with pre-primary or no education (22 percent).
- About one third (31 percent) of married/in union women and unmarried sexually active women use any method of family planning.
- Over half (54 percent) of married/ in union women aged between 15 and 49 years had their demand for family planning satisfied with modern methods.

Data shown in this section can be found in tables TM1.1, TM 2.1, TM2.2W, TM2.3W, TM3.1 and TM3.3 in the Survey Findings Report.

Adolescents

The Adolescent Population: Age 10-19

Age & Sex Distribution of Household Population



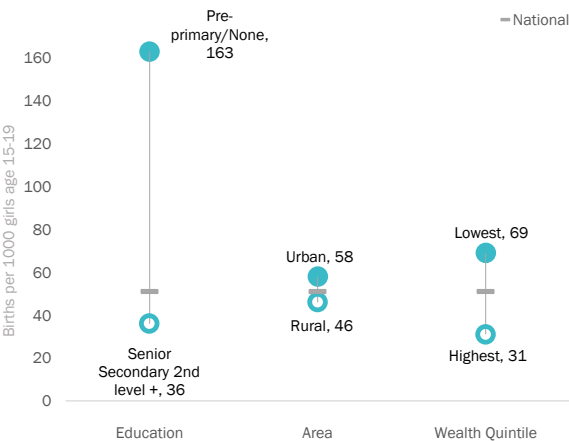
This adolescent well-being section is organized around key priority areas for adolescents:

- 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

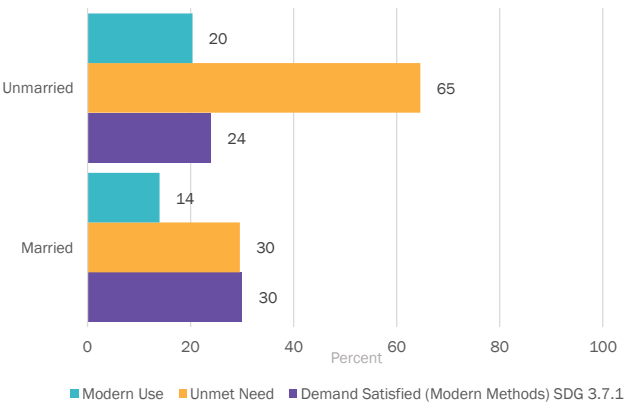
Adolescence is by some measures the healthiest period in the life-course, yet it can also mark the first manifestations of issues which can have lifelong effects on health and wellbeing, such as unsafe sexual behavior, early childbearing and substance misuse. Nevertheless, health interventions during 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

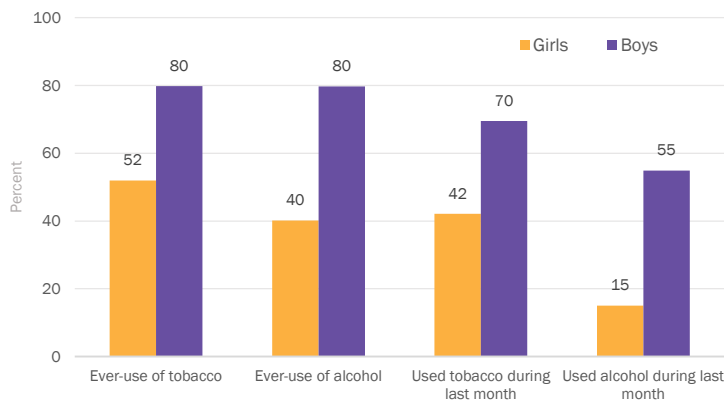
Modern Contraceptive Use, Unmet Need & Demand Satisfied for Modern Methods: SDG 3.7.1



Percentage of girls age 15-19 years who are using (or whose partner is using) a contraceptive method, percentage with an unmet need for contraception and percent of demand for modern methods of family planning satisfied, by marital status
Data for "Demand Satisfied (Modern Methods) SDG 3.7.1" for married adolescent girls 15-19 is based on 25-49 unweighted cases

Every Adolescent Survives & Thrives

Tobacco* & Alcohol Use

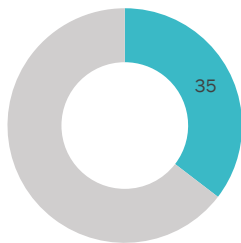


Alcohol and tobacco use typically have their onset in adolescence and are major risk factors for adverse health and social outcomes, as well as for non-communicable diseases later in life. Adolescence is a time of heightened risk-taking, independence seeking and experimentation. Adolescents are at increased 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.

Percentage of adolescent girls and boys age 15-19 who have ever used tobacco or alcohol
Percentage of adolescent girls and boys age 15-19 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

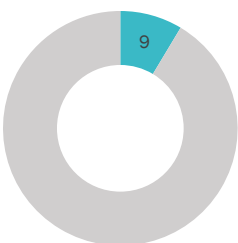
Every Adolescent Learns

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



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

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

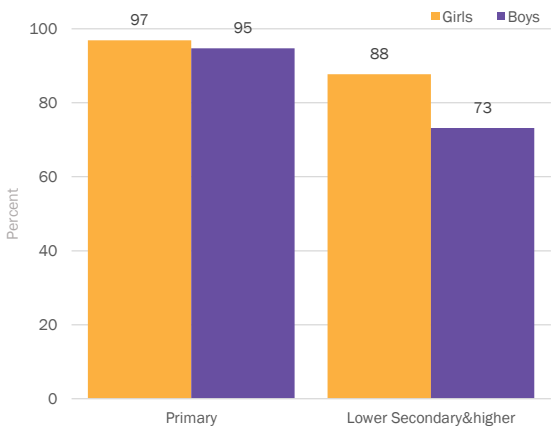


Percentage of children age 7-14 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task

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.

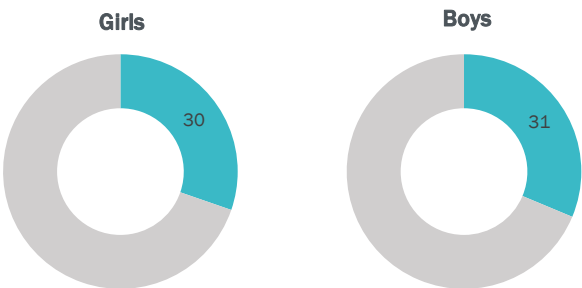
Data on reading and numeracy skills are collected in MICS through a direct assessment method. The Foundational Learning module captures information on children's early learning in reading and mathematics at the level of Grade 2 in primary education.

School Attendance Ratios



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

Information & Communications Technology (ICT) Skills*



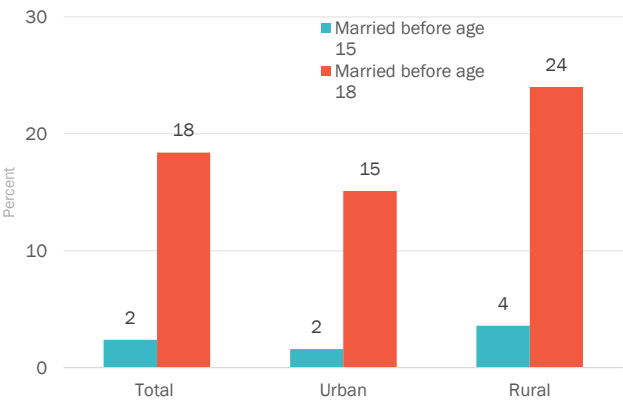
Percentage of girls age 15-19 who can perform at least one of the nine listed computer related activities
*Age disaggregate of SDG 4.4.1: Proportion of youth and adults with information and communications technology (ICT) skills

Percentage of boys age 15-19 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

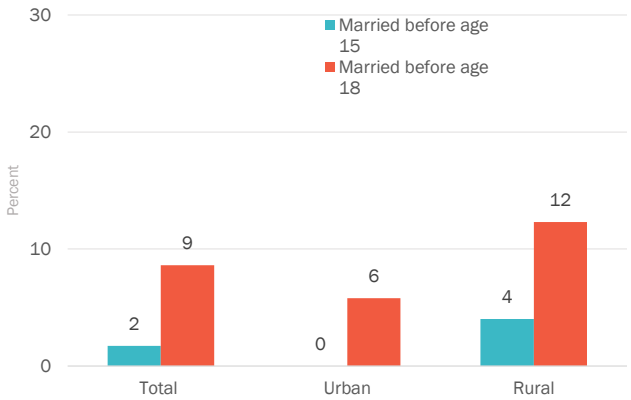
Every Adolescent is Protected from Violence & Exploitation

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 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



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

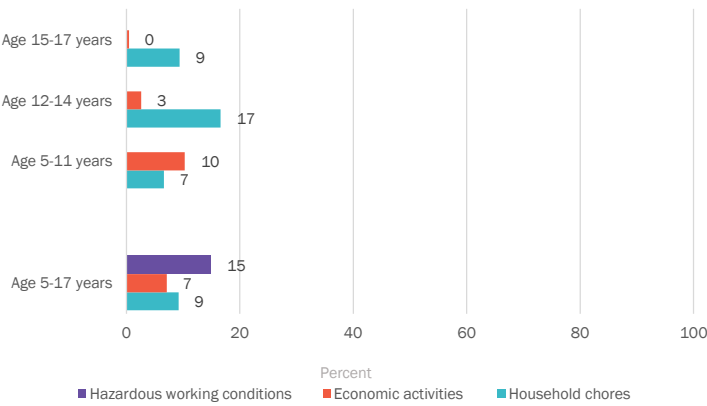
Child Discipline



Percentage of children age 10 to 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
*Estimates from MICS of child labour are different from those in the SDG database for SDG 8.7.1, as the database excludes hazardous work & applies a threshold of 21 hours for household chores for children age 5-14 and no threshold for household chores for children age 15-17

Definition of Child Labour

Age 5-11 years: At least 1 hour of economic work, 28 hours of unpaid household services per week or hazardous working conditions.

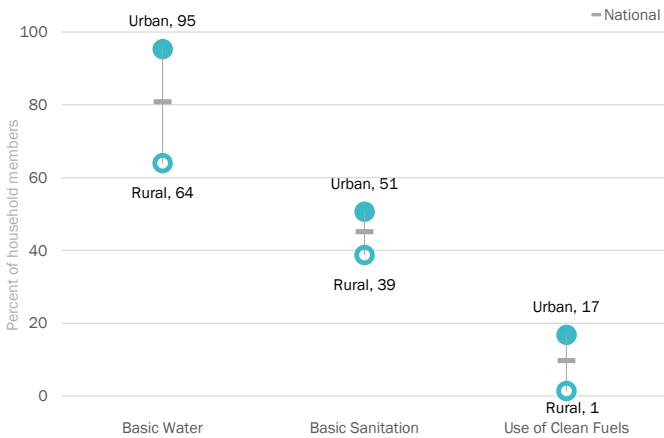
Age 12-14 years: At least 14 hours of economic work, 28 hours of unpaid household services per week or hazardous working conditions.

Age 15-17 years: At least 43 hours of economic or unpaid household services per week or hazardous working conditions.

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, as well as collecting firewood or fetching water. Hazardous working conditions are dangerous or unhealthy conditions that could result in a child being killed, or injured or made ill as a consequence of poor safety and health standards and working arrangements.

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.

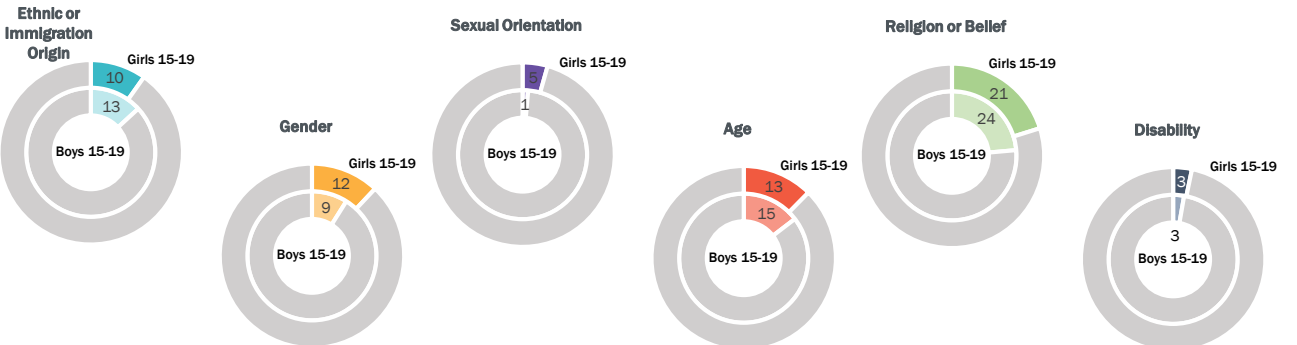
Basic Drinking Water SDG 1.4: Drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tube wells, 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 7.2.1: Primary reliance on clean fuels and technologies for cooking, space heating and lighting

Every Adolescent has an Equitable Chance in Life

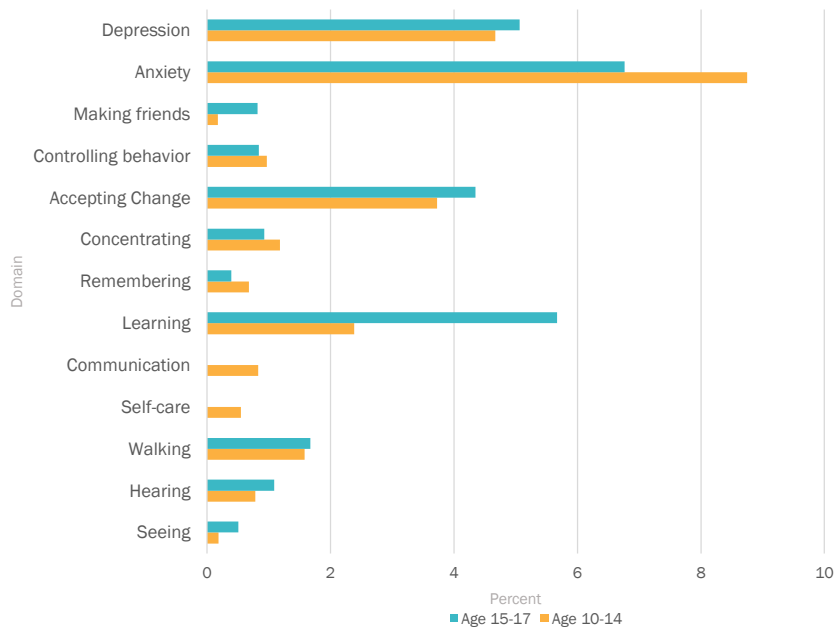
Discrimination & Harassment



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

Every Adolescent has an Equitable Chance in Life

Functioning Difficulties in Adolescents



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

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

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

Key Messages

- Adolescent birth rate is slightly higher than the global average (44 per 1,000 adolescent girls) at 51 births per 1,000. Adolescent birth rate reduces with higher education attainment and household wealth status.
- Half the number of boys interviewed have used alcohol in the last month. Alcohol is a predisposing factor to Sexual Reproductive health issues as well as gender based violence.
- Almost 1 in every 5 women aged between 20 to 24 years was married before the age of 18. Early exposure to sexual activity can be a contributory factor to a number of reproductive health issues.
- Unmarried adolescents have slightly more than double the unmet need for Family Planning compared to their married counterparts.
- More than half the number of boys interviewed have ever used both tobacco and alcohol in their life time.

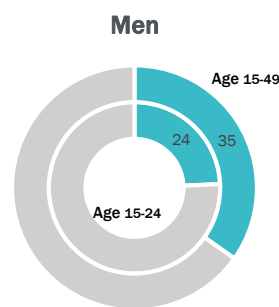
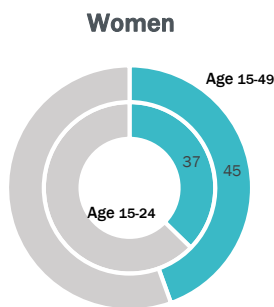
Data shown in this section can be found in table SR4.1, SR9.4W/M, SR10.1, TM2.1, TM3.1, TM3.4, LN1.2, LN4.1, LN4.2, PR2.1, PR3.3, PR4.1W, PR5.1W, PR5.2W, WS3.6, TC4.1, EQ1.2 and EQ3.1W/M in the Survey Findings Report.

HIV & Sexual Behaviours

HIV Indicators

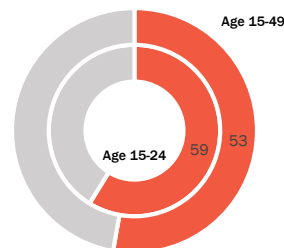
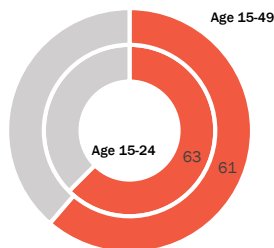
Knowledge

Percent 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



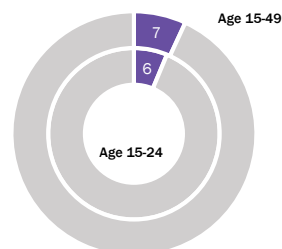
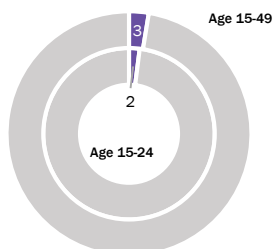
Stigma

Percent 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



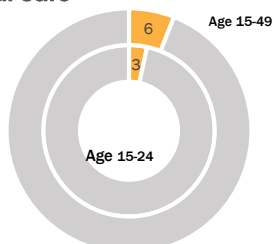
Testing

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



Testing during Antenatal Care

Percent 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

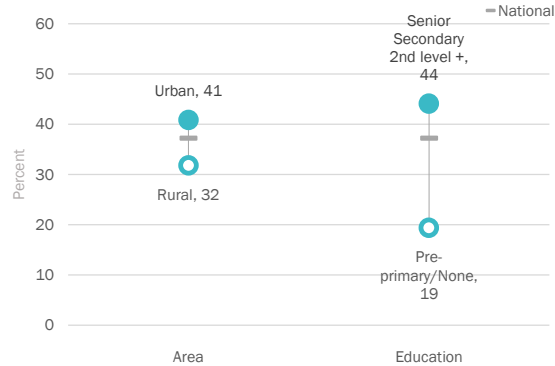


Key Messages

- Women age 15-49 are more knowledgeable (45 percent) on HIV prevention than men of the same age group.
- Three in every five women age 15-49 who report on discriminatory attitudes towards people living with HIV.
- Discriminatory attitudes are slightly higher in women than men.
- Less than 1 in 10 women and men were tested and received results in the last 12 months before the survey.
- Less than 1 in 10 adolescent or young women and women 15-49 were offered an HIV test, accepted and received results, and received post-test health information or counselling related to HIV.

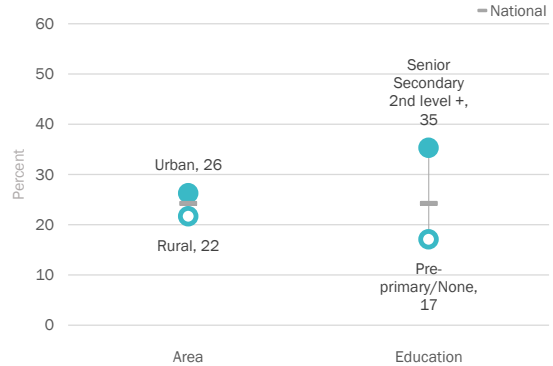
HIV Indicators by Key Characteristics

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

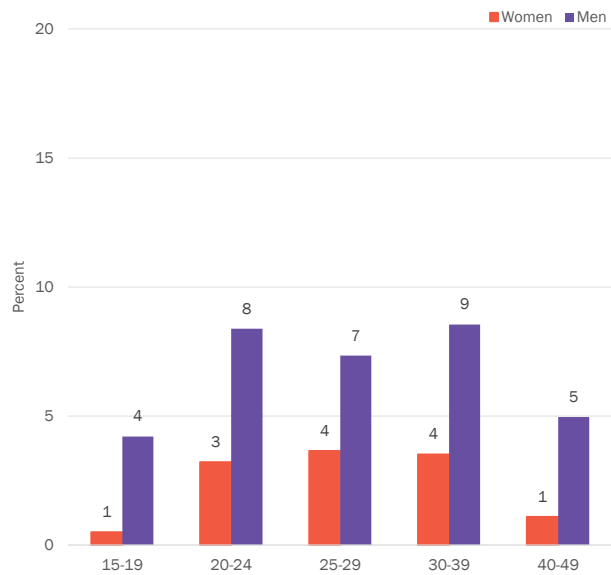


*Percent age 15-24 who know two ways of HIV prevention, who know that a healthy looking person can be HIV-positive, and who reject two most common misconceptions
Note: Data for "Education - Pre-primary/None" are based on 25-49 unweighted cases.

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



Tested for HIV in last 12 months



Percent age 15-49 who have been tested for HIV in the last 12 months and know the result

District/Island Group Data on HIV Testing

District/Island Group	Men who tested in last 12 months	Women who tested in last 12 months	Women testing at ANC
National	6.9	2.6	6.0
South Tarawa	7.9	3.2	7.9
Northern Gilbert	10.5	1.9	1.9
Central Gilbert	0.8	1.0	4.8
Southern Gilbert	1.1	1.0	4.4
Line/Phoenix	7.4	2.6	6.5

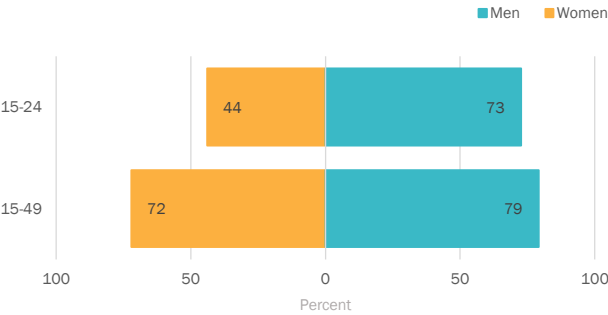
Tested in last 12 months: percent age 15-49 who have been tested in the last 12 months and know the result
HIV testing during ANC: percent of women age 15-49 who during their last antenatal care for their last pregnancy were offered an HIV test, accepted and received results, and received post-test health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

Key Messages

- Across the districts/island group and among men Northern Gilbert had the highest (11 percent) who within the last 12 months were tested and knew their results while among women majority were in South Tarawa
- Within the past 12 months and across all age groups among both women and men, less than 10 percent have been tested and received the results. However, percentages are higher among men in all age groups than women

Sexual Behaviour by Key Characteristics

Sexually Active

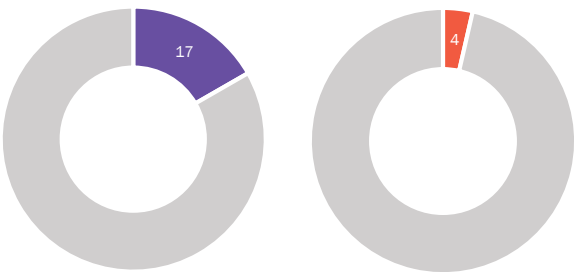


In many settings, sexual behavior can be considered a risk factor for health and social issues. These include reproductive health, HIV and other sexually transmitted infections, and gender equality and empowerment. An understanding of the population's sexual behavior patterns can inform both disease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

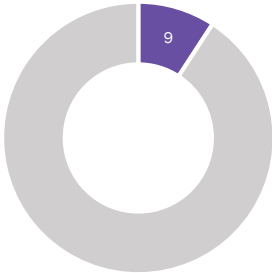
Young People who had Sex Before Age 15

Adolescent boys & young men 15-24

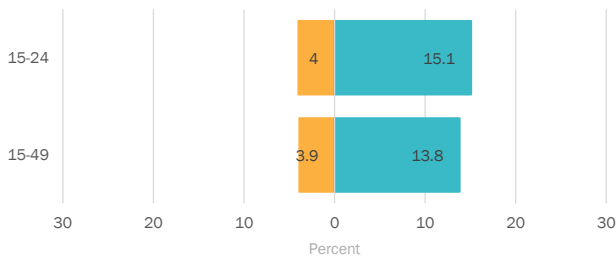
Adolescent girls & young women 15-24



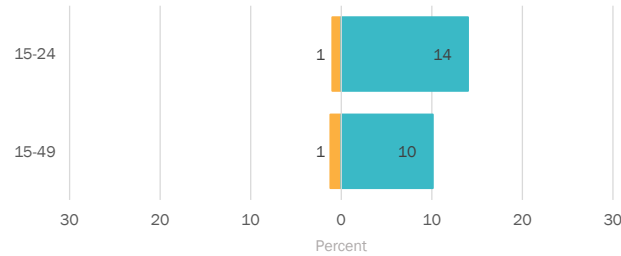
Girls 15-19 who Report Sex with Partner 10 years or Older



Multiple Partners



Condom Use



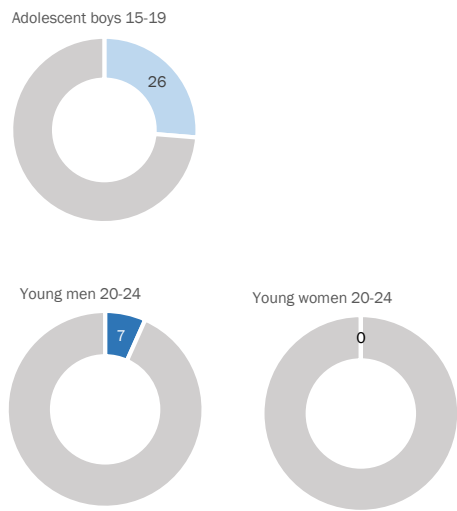
Sexually active: Percent of women and men age 15-24 and 15-49 who had sexual intercourse within the last 12 months
Multiple partners: Percent of women and men age 15-24 and 15-49 of those who had sex with more than 1 partner in the last 12 months
Condom use: Percent of women and men age 15-24 and 15-49 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: Percent of women and men age 15-24 who had sex before age 15
Sex with man 10 years or older: Percent of adolescent girls age 15-19 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

Key Messages

- 15 percent of young men and 4 percent of young women had more than one sexual partners in the past 12 months
- Among young men and young women who had more than one sexual partners in the past year, 14 percent of young men and 1 percent of young women reported using a condom at last sexual intercourse
- 17 percent of male adolescents and 4 percent of female adolescents had sex before they reached their 15th birthday
- Almost 1 in 10 sexually active young women reported having sex with a man 10 or more years older in the last 12 months

Sexual Behavior by Key Characteristics

Condom Use among Young People



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

Note: Data for "Condom use among Adolescent boys 15-19 and Young women 20-24 " are based on 25-49 unweighted cases)

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



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

District/Island Group Data on Sexual Behaviour

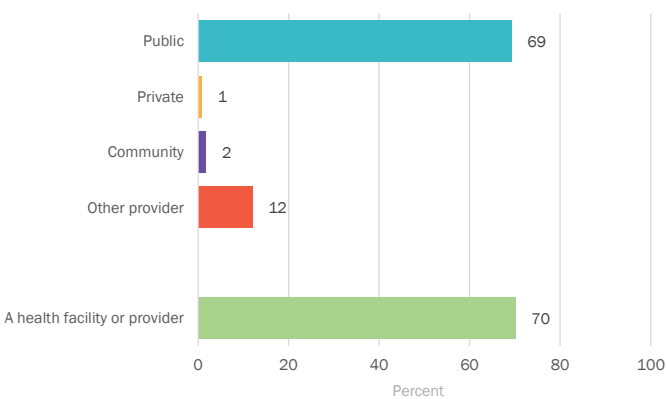
District/Island Group	Men 15-49	Women 15-49
	Sex before 15	Sex before 15
National	16.7	3.6
South Tarawa	13.6	2.4
Northern Gilbert	24.8	5.9
Central Gilbert	13.3	5.0
Southern Gilbert	17.5	2.3
Line/Phoenix	21.2	10.5

Data shown in this section can be found in tables TM10.1M, TM10.1W, TM10.2M, TM10.2W, TM11.1M, TM11.1W, TM11.3M, TM11.3W, TM11.4M, TM11.4W, TM11.5, TM11.6M and TM11.6W in the Survey Findings Report.

Child Health & Care of Illness

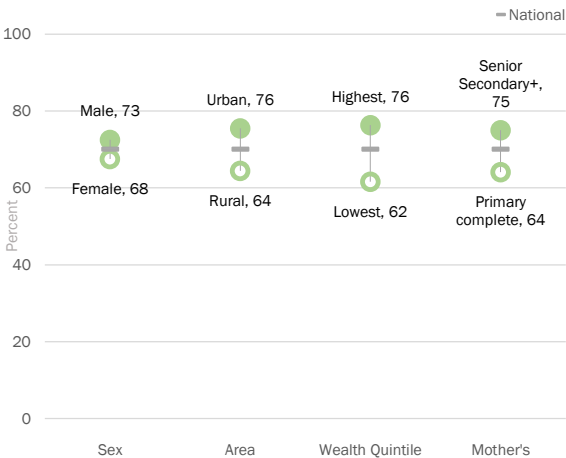
Diarrhoea

Care-seeking for Diarrhoea



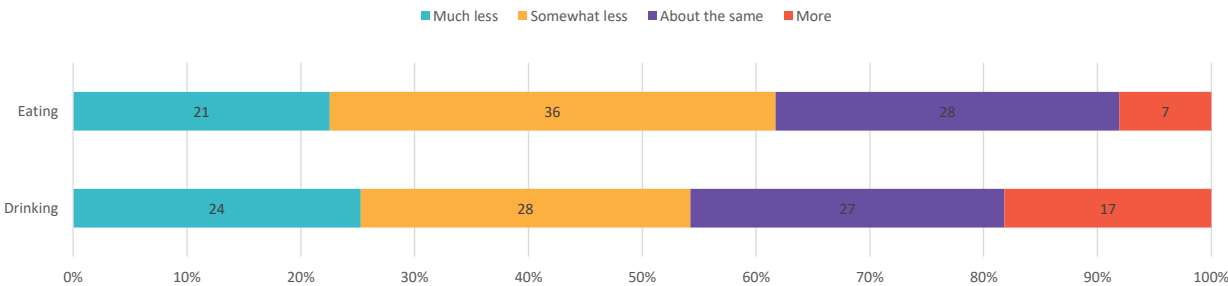
Percentage of children age 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought by source of provider

Disparities in Care-seeking for Diarrhoea



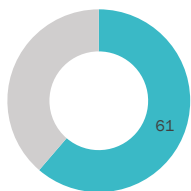
Percentage of children age 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought at a health facility or provider

Feeding during Diarrhoea



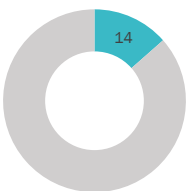
Percent distribution of children age 0-59 months with diarrhoea in the last two weeks by amount of liquids and food given during episode of diarrhoea

ORS Treatment for Diarrhoea



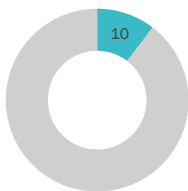
Percentage of children age 0-59 months with diarrhoea in the last two weeks treated with oral rehydration salt solution (ORS)

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

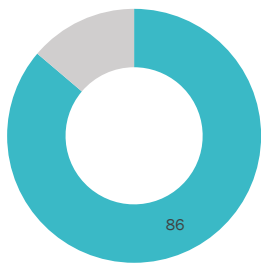
ORT + Continued Feeding for Diarrhoea



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

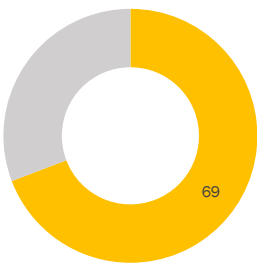
Dengue

Household Availability of mosquito net



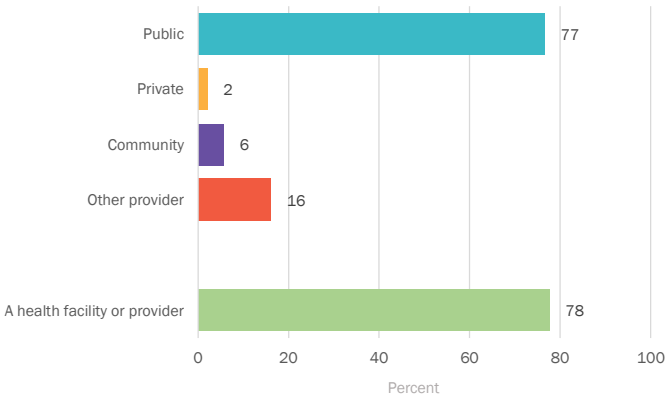
Percentage of households with at least one mosquito net

Children Under-Five who slept under a mosquito net



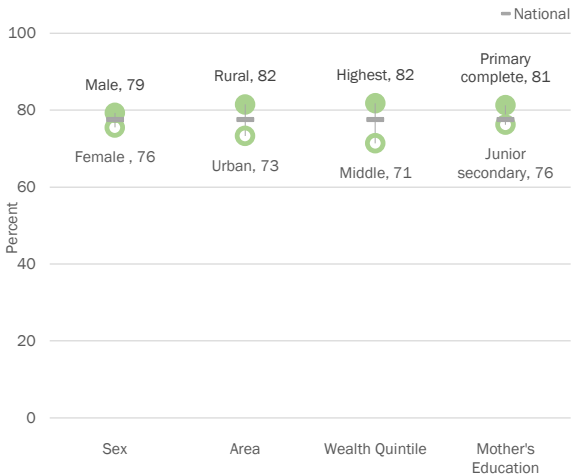
Percentage of children age 0-59 months who slept under a mosquito last night

Care-seeking during Fever



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

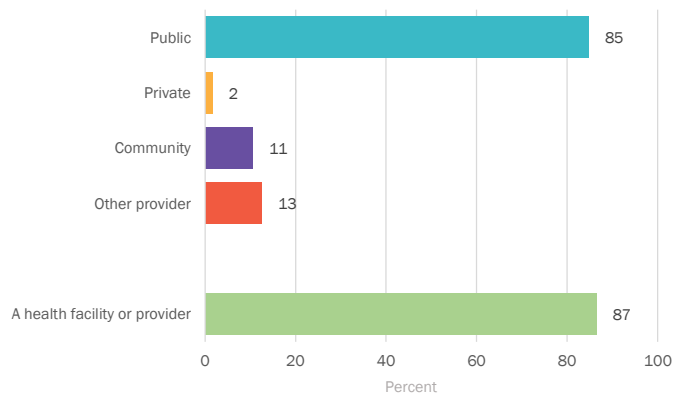
Disparities in Care-seeking during Fever



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

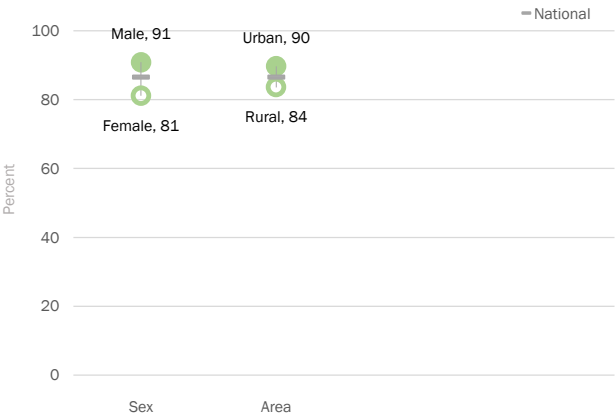
Symptoms of Acute Respiratory Infection (ARI)

Care-seeking for Symptoms of ARI



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

Disparities in Care-seeking for Symptoms of ARI



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

Note: Sex and Area are based on 25-49 unweighted cases

District/Island Group Data on Care-Seeking for Childhood Illness

District/Island Group	Care-Seeking at a health facility or provider for:		
	Diarrhoea	Fever	Symptoms of ARI
National	70.1	77.6	86.5
South Tarawa	75.5	81.5	89.7
Northern Gilbert	53.2	76.4	87.5
Central Gilbert	77.8	75.0	100.0
Southern Gilbert	68.3	66.2	82.4
Line and Phoenix Group	75.0	76.7	76.2

Key Messages

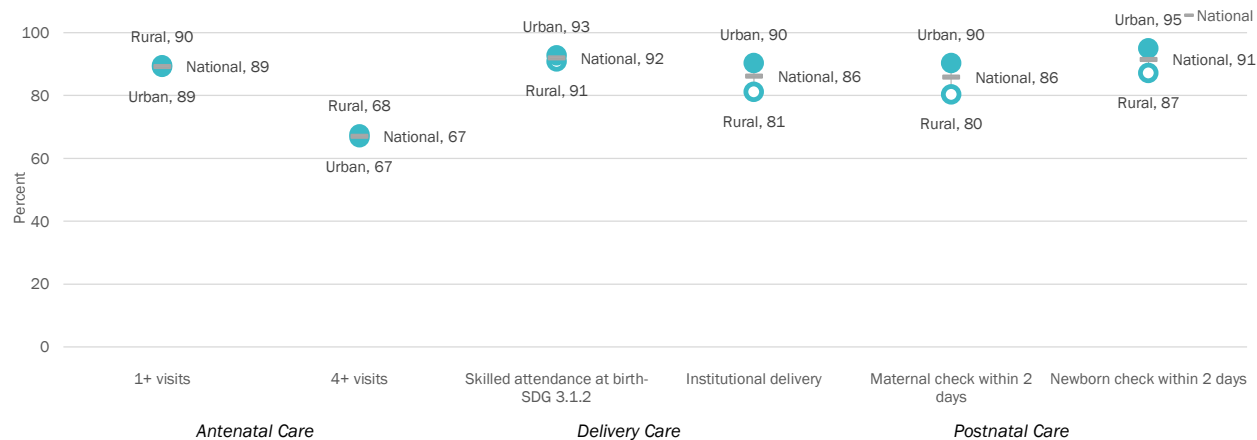
- Public health is the most preferred provider of advice or treatment for children age 0-59 months with diarrhea, fever and symptoms of ARI.
- Care-seeking behaviour of parents with children ill with diarrhoea is high. About 70 percent of children age 0-59 months with diarrhoea in the last two weeks sought advice or treatment from a health facility or provider. Similar care seeking behaviour was observed for fever (78 percent) and symptoms of ARI (87 percent).
- A disparity of 13 percentage points is observed between care-seeking with diarrhoea in urban and rural areas: care-seeking in urban areas is higher. Similar disparities exist for symptoms of ARI (6 percent) and fever (9 percent).
- A disparity of 14 percentage points is observed between care-seeking for children for with diarrhea under 5 in highest and lowest wealth quintile: care-seeking in richest quintile is higher. Similar disparities exist for symptoms of ARI (6 percent) and fever (11 percent).
- Care-seeking behavior for male children with diarrhoea under 5 is slightly higher than for female children (5 percent). Similar inequalities exist for symptoms of ARI (10 percent) and fever (3 percent).
- About one in five children age 0-59 months with diarrhoea in the last two weeks were drinking and eating much less of liquids and food given during episode of diarrhoea.
- diarrhoea in the last two weeks were treated with oral rehydration salt solution (ORS).
- One in ten children age 0-59 months with diarrhoea in the last two weeks were given oral rehydration therapy (ORT) with continued feeding.
- Only 14 percent of children age 0-59 months with diarrhoea in the last two weeks were treated with oral rehydration salt solution (ORS) and zinc.
- About one third of children age 0-59 months did not slept under a mosquito last night. In contrast to 86 percent of households had at least one mosquito net.

Data shown in this section can be found in table SR1.1, SR 5.1W, SR5.1M, SR 5.2, SR 5.3 and SR2.3 in the Survey Findings Report.

Maternal & Newborn Health

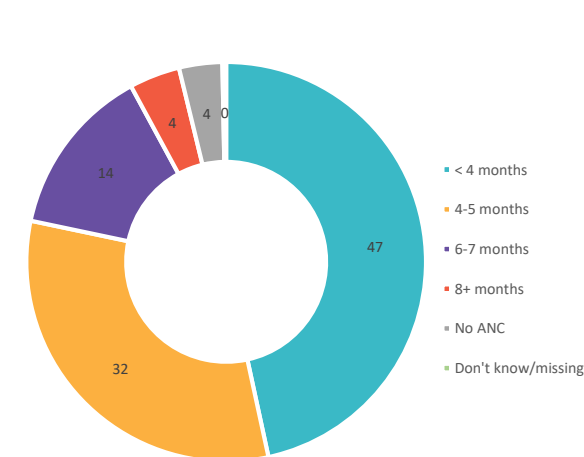
Key Elements of Maternal & Newborn Health

Maternal & Newborn Health Cascade by Area



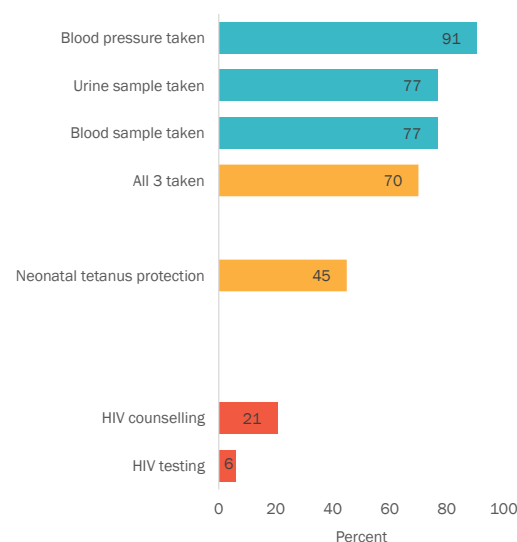
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider, who were attended by skilled health personnel during their most recent live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



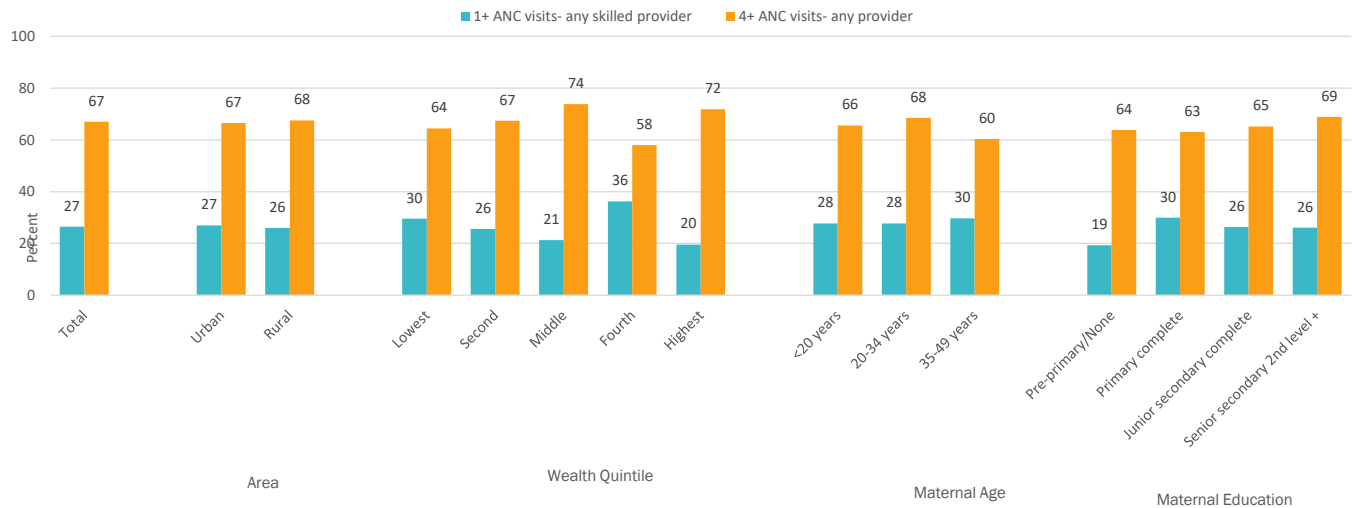
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel, by the timing of first ANC visit

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

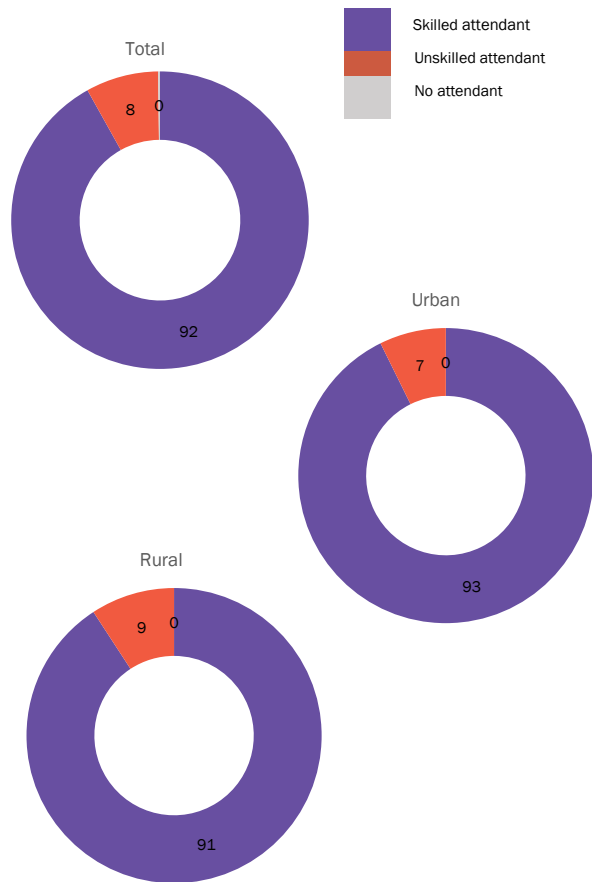
Coverage of Antenatal Care by Various Characteristics



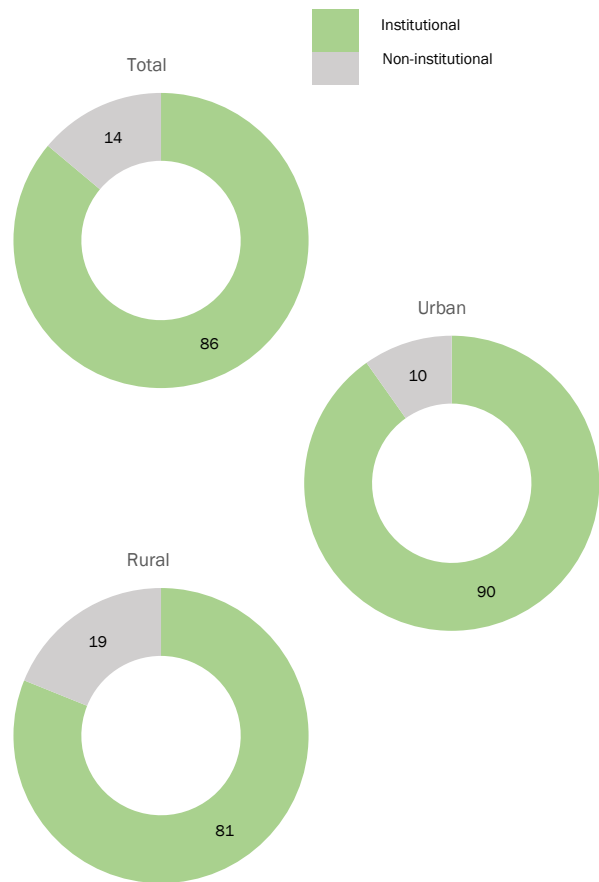
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider

Coverage of Skilled Attendance at Birth & Institutional Delivery by Area

Skilled Attendance at Birth



Institutional Delivery



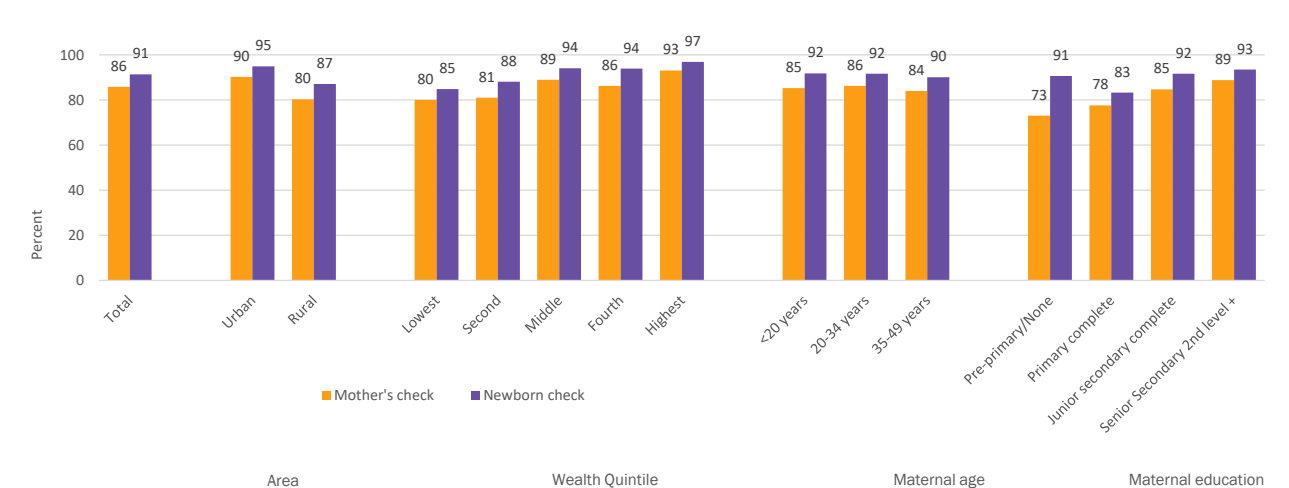
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth and percentage whose most recent live birth was delivered in a health facility (institutional delivery) by area

Caesarian Section by Various Characteristics



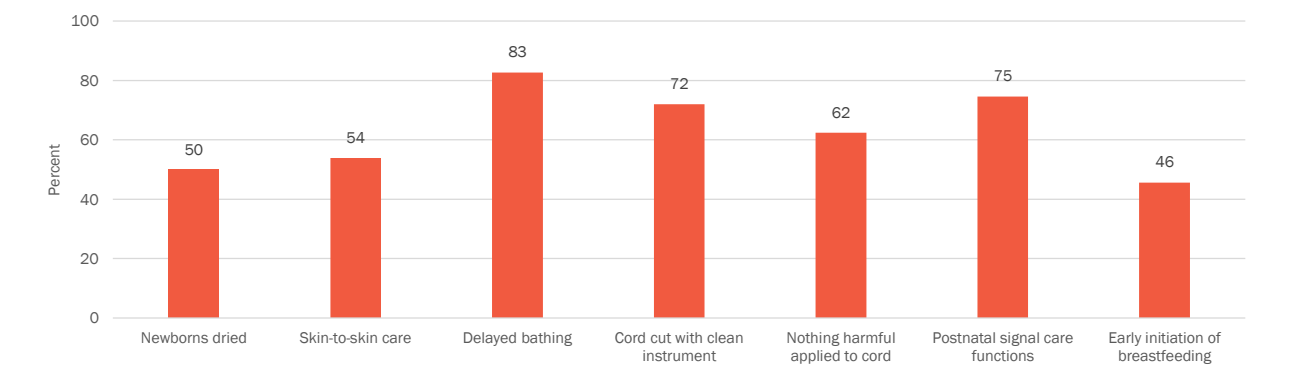
Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered by caesarean section by various characteristics

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

District/Island groups Data on Maternal and Newborn Cascade

District/Island group	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	27	67	92	86	86	91
South Tarawa	27	67	93	90	90	95
Northern Gilbert	36	60	84	74	82	86
Central Gilbert	19	75	95	87	86	93
Southern Gilbert	18	76	96	88	84	92
Line/Phoenix	22	72	96	81	67	76

For indicator definitions, see earlier charts

Key Messages

- Two thirds (67 percent) of women age 15-49 years with a live birth in the last 2 years attended at least four antenatal care (ANC) visits by any provider.
- Only about 1 in every 3 (27 percent) women age 15-49 years with a live birth in the last 2 years attended at least one ANC visits by any skilled provider.
- Notable disparities exists between health seeking behavior by maternal age and wealth quintiles for ANC. Pregnant mothers aged between 20-34 years living in well-off households access more ANC.
- Approximately, 9 in every 10 women age 15-49 years with a live birth had skilled attendance at birth and postnatal care for newborn within 2 days after delivery.
- 86 percent of women age 15-49 years with a live birth delivered at a health facility and received postnatal care (PNC) within 2 days after delivery. Women living in wealthier households and higher level of maternal education access more PNC.
- Nearly half (47percent) of women age 15-49 years interviewed reported to have their first ANC visit before their fourth month of pregnancy.
- About 1 in every 10 (6 percent) pregnant women had HIV testing during ANC services in the last 2 years. Likewise, only 21 percent of pregnant women received HIV counseling.
- About half (55 percent) pregnant women were not given at least two doses of tetanus toxoid vaccine within the appropriate interval.
- 1 in every 5 (19 percent) women age 15-49 years with a live birth in rural areas did not deliver at health facility.
- Almost 1 in every 10 (9 percent) women age 15-49 years with a live birth delivered by caesarian in the last 2 years.
- About 38 percent of women reported to have applied nothing harmful to the umbilical cord.
- Almost half (47 percent) of women reported early initiation of breastfeeding in the last 2 years.

Data shown in this section can be found in tables TM.4.1, TM.4.2, TM.4.3, TM.5.1, TM.6.1, TM.6.2, TM.8.2, TM.8.4, TM.8.5, TM.8.6, TM.8.7, TM8.9 TM.11.5, TC.6.9 and TC.7.1 in the Survey Findings Report.

Infant & Young Child Feeding (IYCF)

Infant & Young Child Feeding



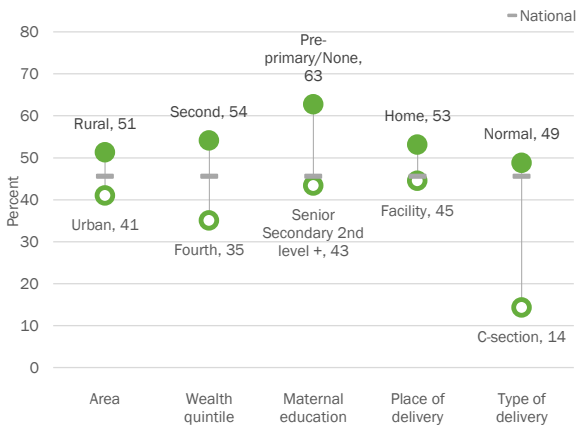
Early Initiation: percentage of newborns put to breast within 1 hour of birth; **Exclusive breastfeeding:** percentage of infants aged 0-5 months receiving only breastmilk; **Introduction to solids:** percentage of infants aged 6-8 months receiving solid or semi-solid food; **Minimum diet diversity:** percentage of children aged 6-23 months receiving 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.

Key Messages

- About half of newborn babies are put to breast within the first hour of birth.
- Early initiation of breastfeeding is lowest among children born through C-section.
- Three in five infants age 0-5 months are receiving only breastmilk (exclusively breastfed).
- For every ten infants aged 6-8 months, Nine are receiving solid or semi solid food.
- 74 percent of infants aged 6-23 months are receiving the recommended minimum number of solid/liquid feeds.
- Dietary diversity is lowest in rural areas and poor households.
- 12 percent of children in South Tarawa receive the minimum diet diversity as opposed to only 5 percent and 6 percent in Southern Gilbert and Central Gilbert respectively .

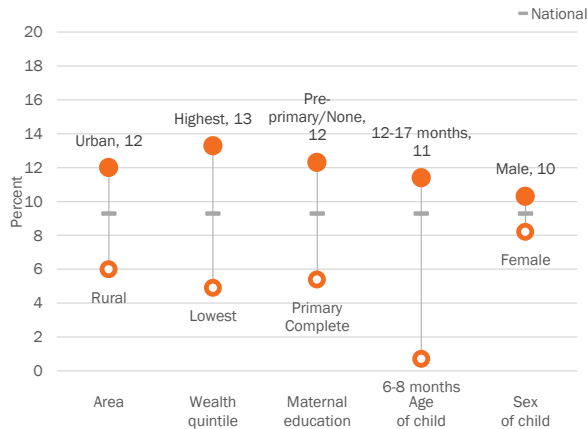
YCF: Equity

Early Initiation of Breastfeeding



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

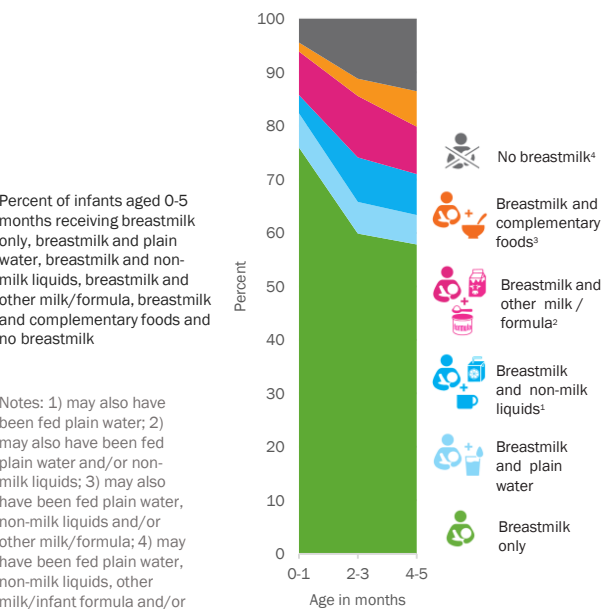
Minimum Diet Diversity



Percent of children aged 6-23 months that were fed food from at least 5 out of 8 food groups, by background characteristics

YCF: What are the Youngest Infants Fed?

Liquids or foods consumed by infants 0-5 months old



District/Island Group Data

District/Island Group	Early Initiation of breastfeeding	Minimum Diet Diversity
National	46	9
South Tarawa	41	12
Northern Gilbert	50	7
Central Gilbert	38	6
Southern Gilbert	59	5
Line/Phoenix	50	7

Percent 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 district/island groups

Data shown in this section can be found in tables TC.7.1,TC7.2, TC.7.3, TC7.5, TC.7.6, TC.7.7 in the Survey Findings Report.

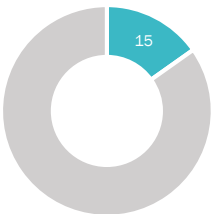
Nutritional Status of Children

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.

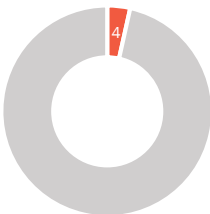


Percentage children under-5 who are stunted

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.

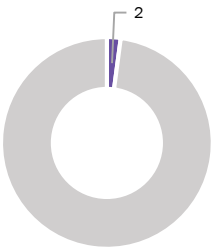


Percentage children under-5 who are wasted

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.

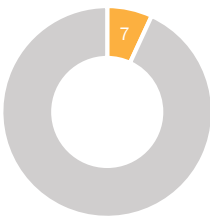


Percentage children under-5 who are overweight

Underweight

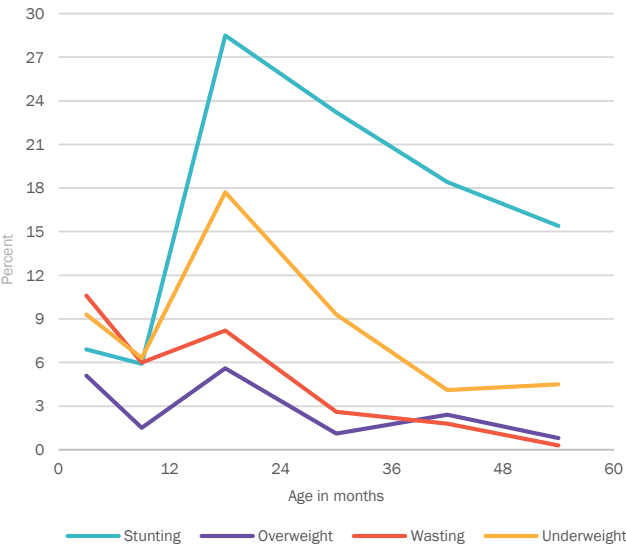


Underweight is a composite form of undernutrition that can include elements of stunting and wasting (i.e. an underweight child can have a reduced weight for their age due to being too short for their age and/or being too thin for their height).



Percentage children under-5 who are underweight

Anthropometric Malnutrition Indicators by Age



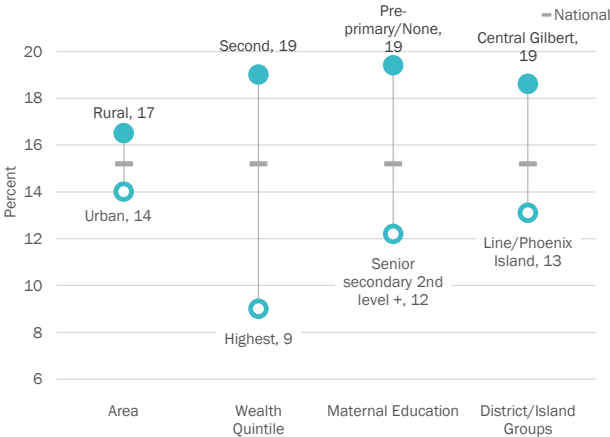
Percentage children who are underweight, stunted, wasted and overweight, by age in months

Key Messages

- About 15 percent of children under 5 are stunted and face an impaired physical and cognitive growth.
- The distribution of stunting by age of children is noteworthy: The percentage of stunted children increases with age after one year of age. The percentage is highest in the age group 12-23 months, at 28.5 percent.
- Wasting is highest in the age group 0-5 months. This reflects on the quality of ANC including nutritional status of pregnant mothers. Encourage exclusive breastfeeding including quality of ANC and nutrition programme for pregnant mothers.
- Marked disparities exist between rural/urban areas, wealth groups and district both in stunting and wasting prevalence. Children under 5 living in rural and poorest household has higher rate of stunting at 16.5 and 18.8 percent respectively. Similarly, the prevalence at sub-national level shows that Central Gilbert recorded highest rate of stunting at 18.6 percent compared to lowest in Line/Phoenix group at 13.1 percent.
- The effects of nutritional deprivation as measured by stunting can be lifelong and may include: impaired cognitive (mental) development, poor performance in school, and for females, difficulties in giving birth; higher likelihood of having a low birth weight baby.

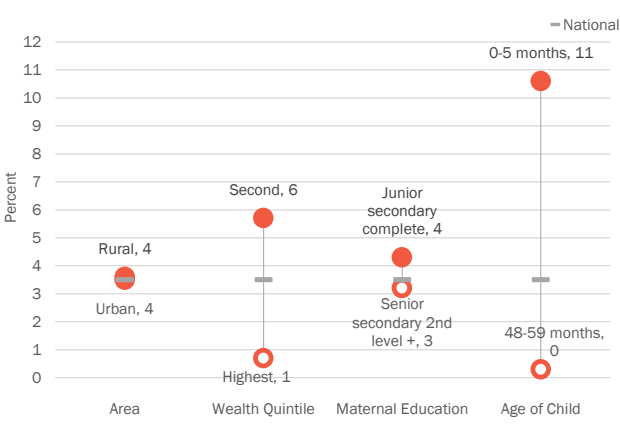
Nutritional Status of Children: Disaggregates

Stunting: SDG 2.2.1



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

Wasting: SDG 2.2.2



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

District/Island Group Data on Stunting, Overweight & Wasting

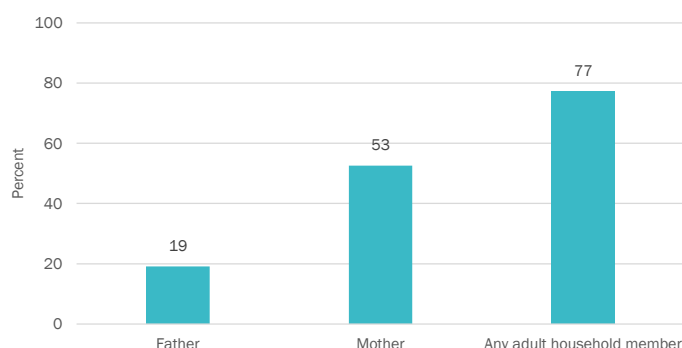
District/Island group	Stunting: SDG 2.2.1	Overweight: SDG 2.2.2	Wasting	
	Percent stunted (moderate and severe)	Percent overweight (moderate and severe)	Percent wasted (moderate and severe, SDG 2.2.2)	Percent wasted (severe)
National	15.2	2.1	3.5	1.3
South Tarawa	14.0	2.6	3.5	1.6
Northern Gilbert	17.4	1.3	3.6	1.0
Central Gilbert	18.6	1.3	1.7	1.3
Southern Gilbert	16.3	1.7	4.5	1.7
Line/Phoenix	13.1	2.2	3.5	1.0

Data shown in this section can be found in table TC. 8.1 in the Survey Findings Report.

Early Childhood Development

Support for Learning

Early Stimulation & Responsive Care



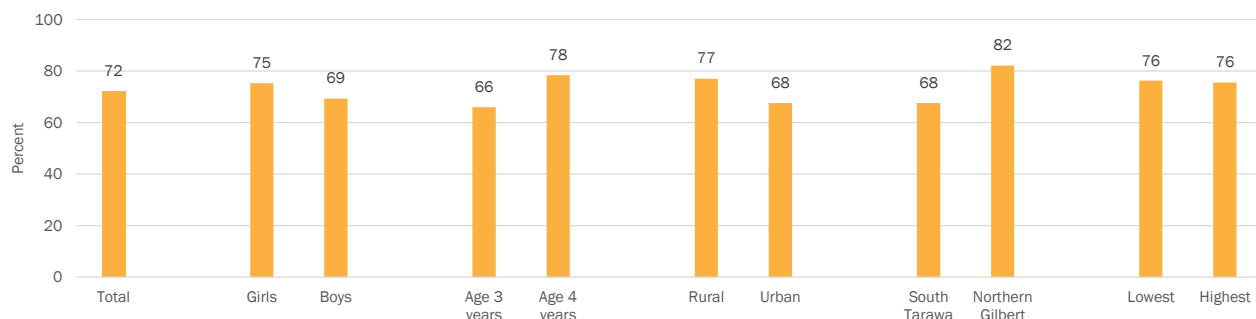
Percentage of children age 2-4 years with whom the father, mother or adult household members engaged in activities that promote learning and school readiness during the last three days

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



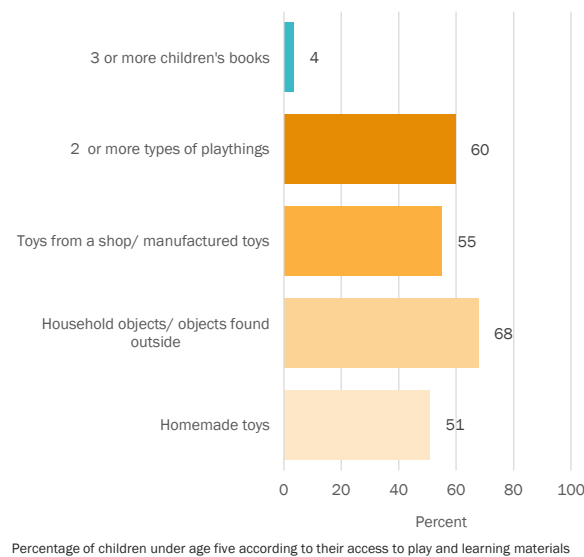
Percentage of children aged 36-59 months attending an early childhood education programme, by background characteristics

Key Messages

- Kiribati adults engage frequently in activities with children promoting learning and school readiness such as reading books or telling stories to the child. In the three days prior to the survey adult household members engaged in those activities with 77 percent of children age 2-4.
- Mothers are almost three times more likely to engage in early stimulation and responsive care activities than fathers.
- Fifty-five percent percent of children under 5 have access to manufactured toys, and three out of five (60 percent) children have access to two or more types of playthings. Only 4 percent of the children have 3 or more children's books.
- Almost three out of four children age 3-4 years attend an early childhood education programme. Disparities exist between sex, age, area and district/island groups, .
- Eighty percent of children age 3-4 are developmentally on track, measured in domains of literacy-numeracy, physical, social-emotional and learning. Only two out of five children are on track in the social-emotional domain.
- About one third of the children under 5 are left in inadequate supervision – alone or supervised by another child below 10 years old more than one hour – in the week prior to the survey. There are notable differences between district/island groups, from 24 percent in Central Gilbert to 37 percent in Northern Gilbert.

Learning Materials & Child Supervision

Access to Play & Learning Materials



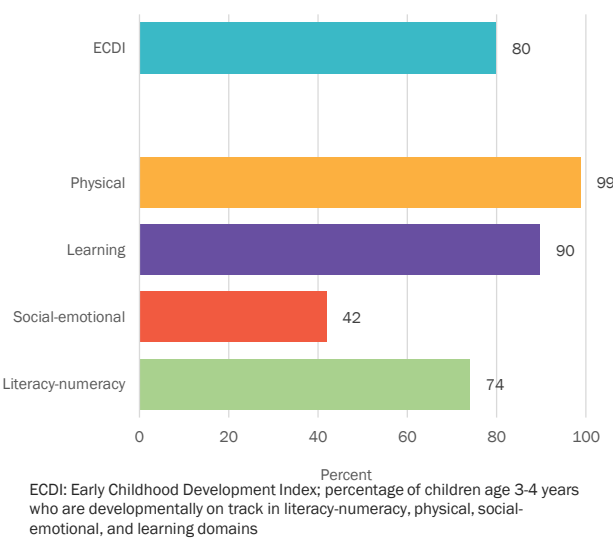
Inadequate supervision of children

District/Island group	Left in inadequate supervision
National	30.6
South Tarawa	29.1
Northern Gilbert	37.3
Central Gilbert	24.4
Southern Gilbert	29.9
Line/Phoenix	31.3

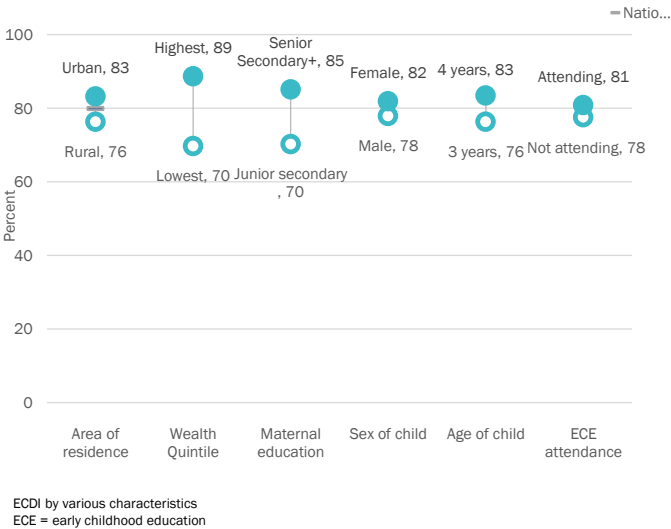
Percentage of children under age five left alone or under the supervision of another child younger than 10 years of age for more than one hour at least once in the last week, by district/Island groups

Early Childhood Development Index (ECDI)

ECDI: Total Score & Domains, SDG 4.2.1



ECDI: Disaggregates

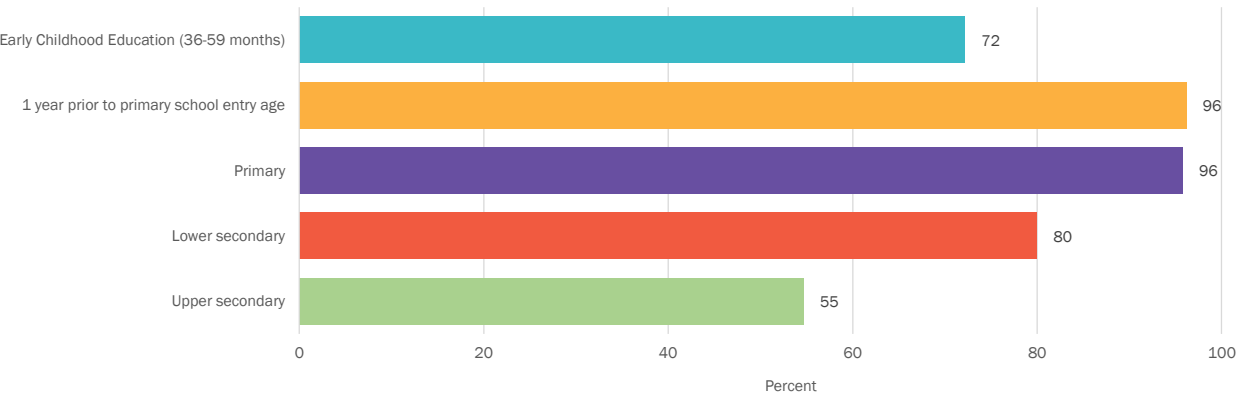


Data shown in this section can be found in tables TC10.1, LN1.1, TC10.2, TC10.3, and TC11.1 in the Survey Findings Report.

Education

Attendance Rates & Inequalities

School Net Attendance Rates (adjusted)



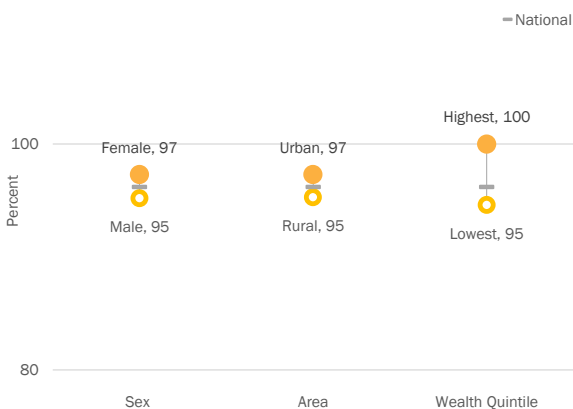
Inequalities in Attendance in Early Childhood Education & Participation in Organized Learning

Net Attendance Rate for Early Childhood Education



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

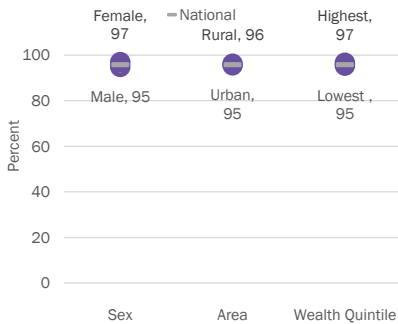
Participation Rate in Organized Learning (1 Year Prior to Primary Entry Age): SDG 4.2.2



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

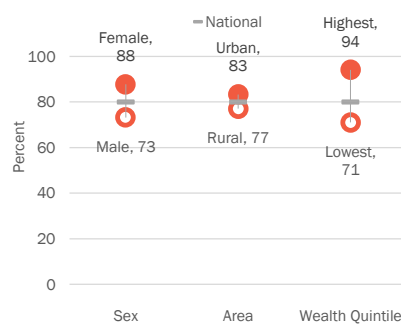
Inequalities in Attendance Rates

Adjusted Primary School Net Attendance Rate



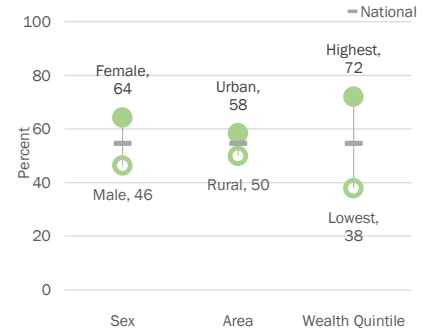
Percentage of children of primary school age (as of the beginning of school year) who are attending primary or secondary school

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

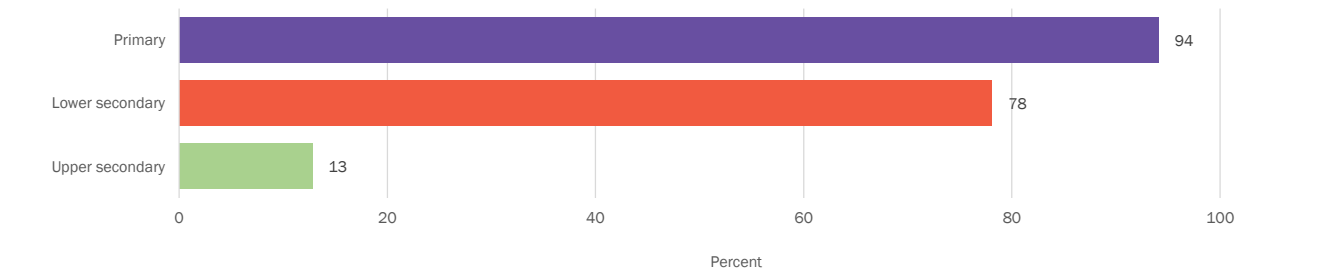
District/Island Groups Data for Net Attendance Rates (adjusted)

District/Island Group	Early Childhood Education	Participation rate in organized learning	Primary	Lower Secondary	Upper Secondary
National	72.2	96.2	95.8	80.0	54.7
South Tarawa	67.6	97.3	95.4	83.3	58.4
Northern Gilbert	82.1	96.4	95.8	69.9	48.7
Central Gilbert	73.3	94.5	95.6	84.6	55.7
Southern Gilbert	71.1	94.2	96.7	83.1	57.9
Line/Phoenix	78.8	94.6	96.8	79.1	30.6

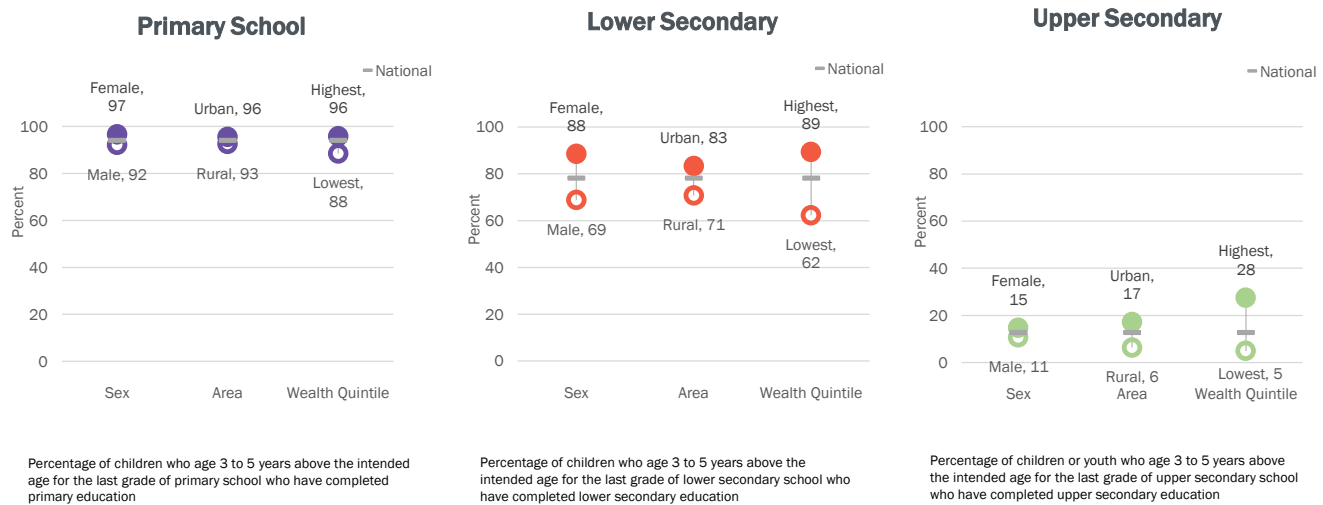
Key Messages

- At least 50 percent of net attendance rates is shown at all levels of education from early learning, primary to upper secondary school.
- Net attendance rates significantly decreases as the children reach upper grade. In primary, lower and upper secondary education, the rates are respectively 96, 80 and 55 percent.
- 72 percent of children age 36-59 months attend early childhood education.
- There are no significant notable differences between male/female primary school attendance and rural/urban disparity observed. The net attendance rate for female (97 percent) is slightly higher than males (95 percent).
- There are notable difference between male and female in lower and upper secondary school attendance and rural/urban disparity observed. Females are 18 percent more likely to be attending upper secondary school than males. Similarly, children in urban are 8 percent more likely to be attending upper secondary school than males.
- In early childhood education, the range in net attendance rates between district/island groups shows some disparity, with 67percent of children age 36-59 months attending early childhood education in South Tarawa and 82 percent in Northern Gilbert.
- Differences by district/island group in upper secondary school attendance are more pronounced, with 31 percent in Line/Phoenix compared to 58 percent in South Tarawa.

Completion Rates



Inequalities in Completion Rates

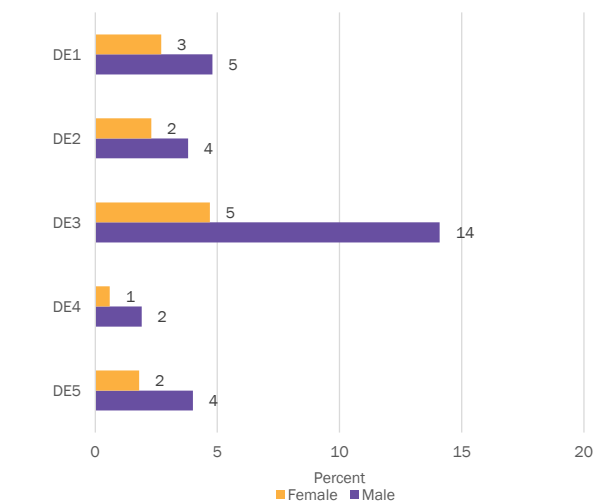


District/Island Group Data in Completion Rates

District/Island Group	Primary	Lower Secondary	Upper Secondary
National	94.1	78.1	12.8
South Tarawa	95.5	83.3	17.2
Northern Gilbert	91.8	69.9	5.4
Central Gilbert	92.4	77.5	6.9
Southern Gilbert	94.5	75.4	6.3
Line/Phoenix	91.3	55.7	8.2

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 (overage by 2 or more years)

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

SDG Summary for Education

SDG	MICS Indicator	Definition & Notes	Value
4.1.4	LN.8 a,b,c	Completion rate (primary education, lower secondary, upper secondary education)	94.1%/78.1%/12.8%
4.1.5	LN.6 a,b,c	Out-of-school rate (primary education, lower and upper secondary education)	3.1%/9.7%/37.0%
4.1.6	LN.10 a,b,	Percentage of children over-age for grade (primary education, lower secondary education)	1.2%/ 2.8%
4.2.2	LN.2	Participation rate in organized learning (one year before the official primary entry age), by sex	M:95.2%/F:97.3%
4.5.1	LN.5 a	Parity indices (female/male, rural/urban, bottom/top wealth quintiles) for primary adjusted net attendance rate	1.02/1.01/0.99
4.5.1	LN.5 b	Parity indices (female/male, rural/urban, bottom/top wealth quintiles) for lower secondary adjusted net attendance rate	1.02/0.92/0.75

Key Messages

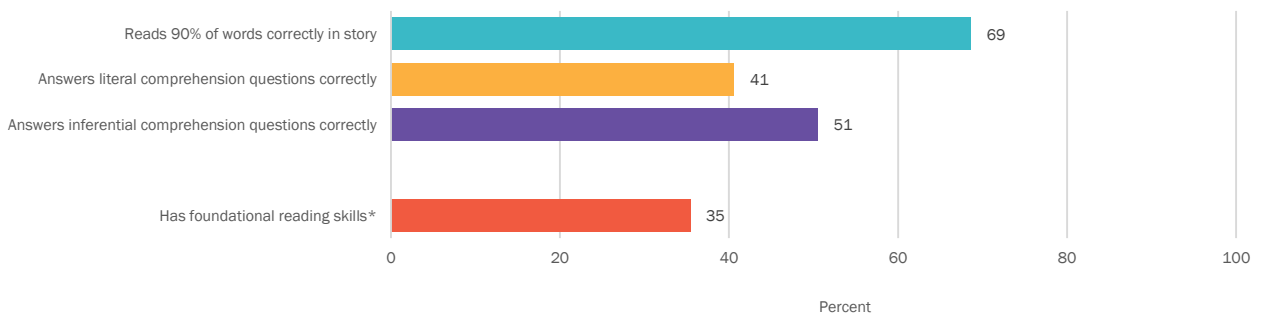
- About one in ten children (13 percent) complete upper secondary school.
- Children who are female live in urban areas and highest wealth quintiles households are more likely to complete primary and secondary school.
- The completion rate for primary school (94 percent) is about seven times more than the completion rate for upper secondary school (13 percent).
- The completion rate for lower secondary school (78 percent) is six times more than the completion rate for upper secondary school (13 percent).
- There are notable disparities between sex, areas and wealth quintiles for lower secondary school. Females are 19 percent more likely to complete lower secondary school than males. Similarly, children in urban areas and living in highest wealth quintiles households are 12 percent and 27 percent more likely to complete lower secondary school than children living rural and lowest quintile.
- Differences by district/island group in lower secondary school completion rate are more pronounced, with 56 percent in Line/Phoenix compared to 83 percent in South Tarawa.
- Out of school rates significantly upturns for children of lower secondary school age at 5 and 14 percent for female and male respectively.
- Male children are at high risk of dropping out (Out of School) for all levels of education than females.
- 14 percent of male children in lower secondary school age are not in primary or secondary school.
- 5 and 3 percent of male and female children respectively, are not attending an early childhood education programme or primary education.

Data shown in this section can be found in tables LN.1.1, LN.1.2, LN.2.3, LN.2.4, LN.2.5 , LN.2.6, and LN.2.7 in the Survey Findings Report.

Early Grade Learning & Parental Involvement

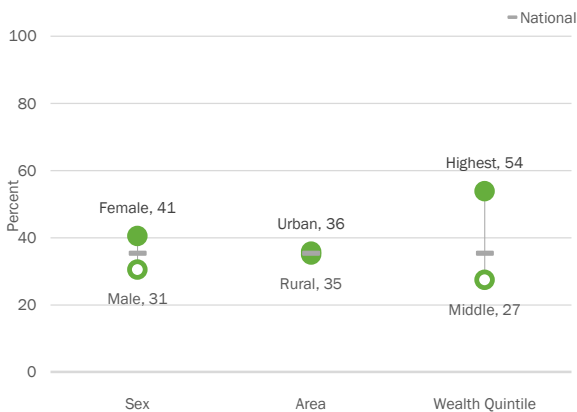
Early Grade Learning

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



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

Disaggregates in Foundational Reading Skills



District/Island Group Data on Foundational Reading Skills

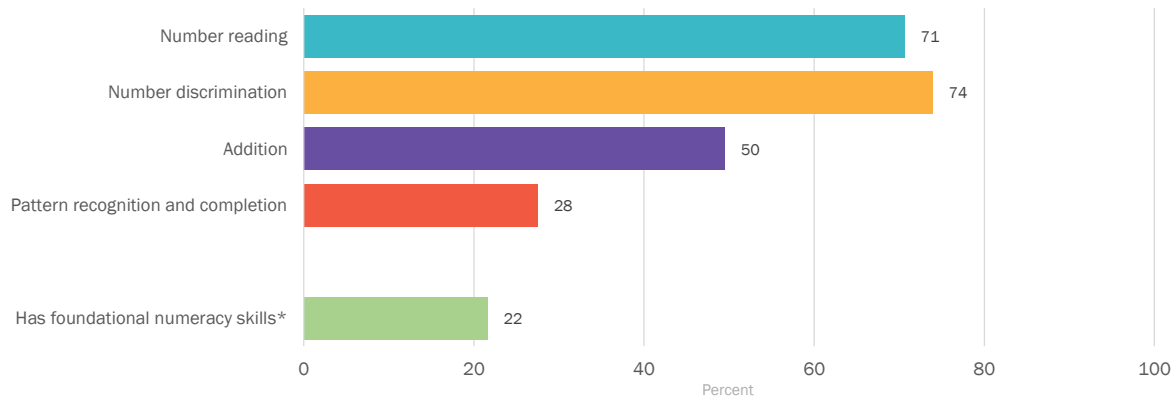
District/Island group	Boys	Girls	Total
National	30.5	40.5	35.4
South Tarawa	29.7	42.5	35.8
Northern Gilbert	25.7	38.1	32.5
Central Gilbert	28.0	39.1	33.1
Southern Gilbert	40.2	41.4	40.8
Line/Phoenix	30.2	34.7	32.3

Key Messages

- About one third of children aged 7-14 have foundational reading skills, which means that they could correctly perform all three listed reading tasks.
- Notable differences in foundational reading skills are observed between girls and boys, area of residence and wealth groups. There are some differences between district/island groups. In Southern Gilbert 41 percent and in Line/Phoenix less than national prevalence of 32 percent of children performed correctly all reading tasks.
- Only 22 percent of children aged 7-14 have foundational numeracy skills, which means that they could correctly perform all three listed numeracy tasks. The status is even worse for children in Northern Gilbert at about 16 percent.
- For about 88 percent of children, an adult household member in the last year received a report card for the child.
- Four out five adults participated in school events and met with teachers to discuss child's progress. In contrast, only one out of five adults are involved with school management and attended meetings to discuss education and financial issues.

Early Grade Learning

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



*Percentage of children age 7-14 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

Disaggregates in Foundational Numeracy Skills



District/Island Group Data on Foundational Numeracy Skills

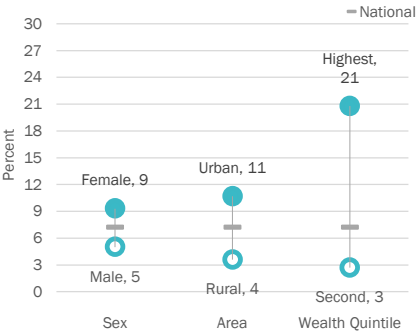
District/Island group	Boys	Girls	Total
National	18.9	24.3	21.6
South Tarawa	16.1	21.1	18.5
Northern Gilbert	13.7	18.5	16.3
Central Gilbert	23.5	33.7	28.2
Southern Gilbert	22.5	27.2	24.8
Line/Phoenix	36.5	49.1	42.3

Reading & Numeracy Skills Data in MICS

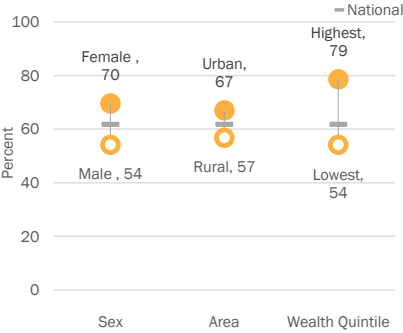
- The Foundational Learning module adopts a direct assessment method for children's early learning in reading and mathematics at the level of Grade 2 in primary education. This contributes to SDG4.1.1.(a) Global Indicator.
- For the Foundational Learning module, one child age 7 to 14 (inclusively) is randomly selected in each household.
- The content of reading assessment is customized in each country, ensuring that the vocabulary used are 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

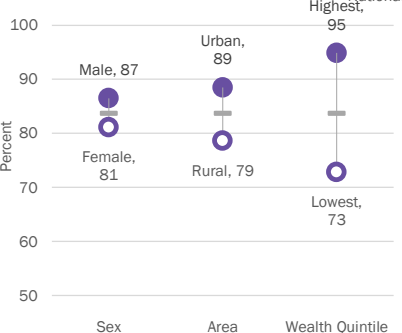
Children with 3 or more books to read at home



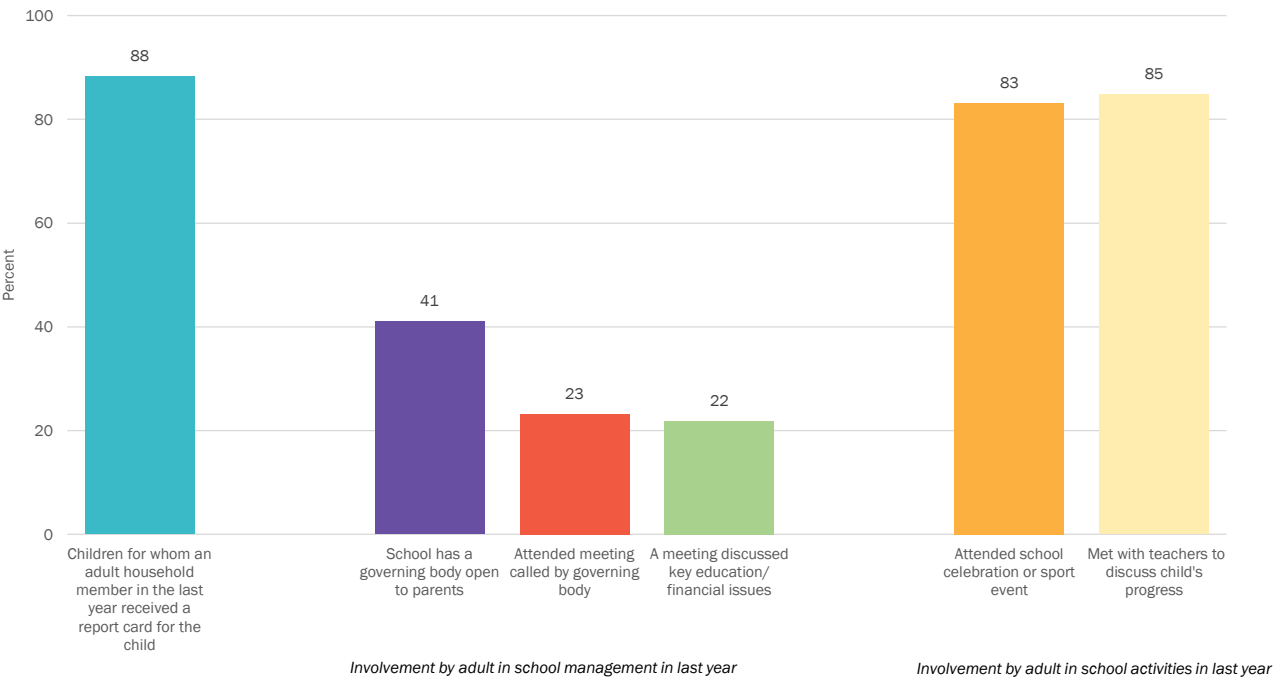
Children who read books or are read to at home



Children who receive help with homework



Parental Involvement: Support for learning at School

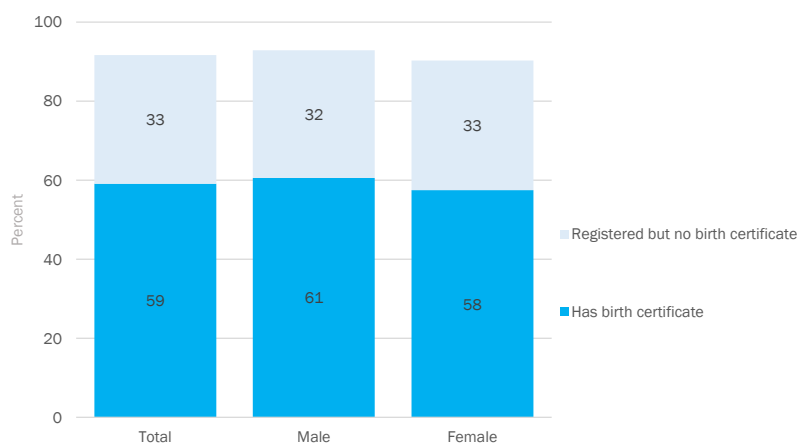


Data shown in this section can be found in tables LN.3.1, LN.3.3, LN.4.1 and LN.4.2 in the Survey Findings Report.

Birth Registration

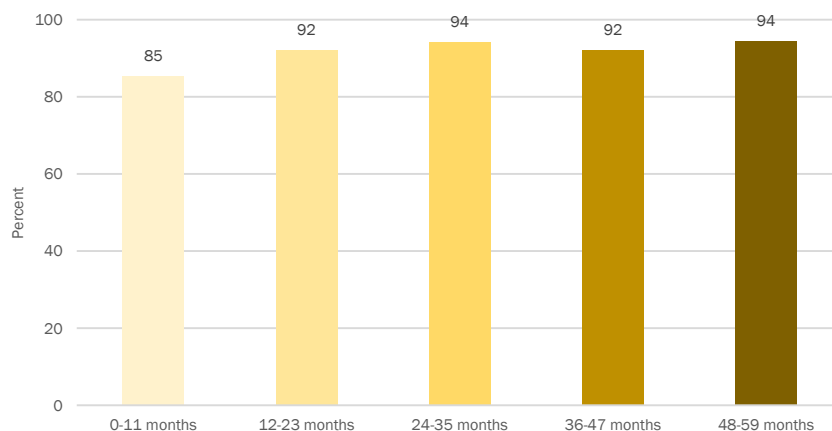
Birth Registration Levels

Birth registration for Children Under-Five: SDG 16.9.1



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

Birth registration by Age

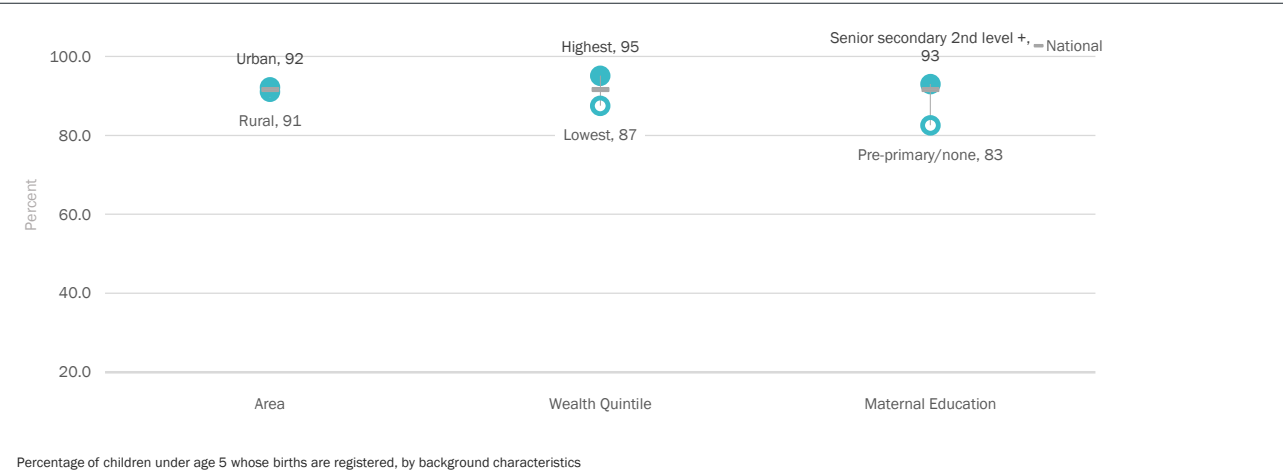


Percentage of children under age 5 whose births are registered, by age in months

Key Messages

- Nine in every ten under 5 children had their birth registered,
- About half of mothers or caregivers with unregistered child do not know how to register their child's birth. More mothers or caregivers in rural (62 percent) areas do not know how to register compared to urban areas (40 percent)
- At district/island group level, Northern Gilbert has the lowest prevalence of birth registration

Birth Registration: Inequalities

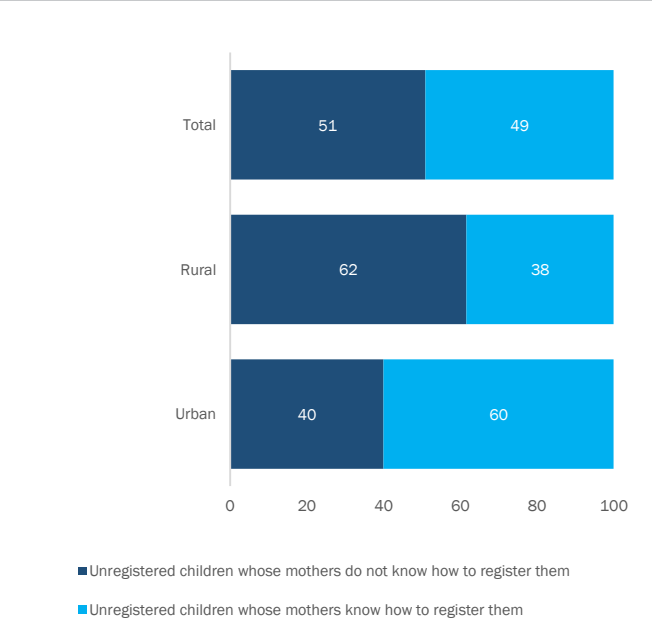


District/Island Group Data on Birth Registration

District/Island Group	Total registered
National	91.6
South Tarawa	92.1
Northern Gilbert	87.2
Central Gilbert	92.7
Southern Gilbert	91.7
Line/Phoenix	97.2

Percentage of children under age 5 whose births are registered, by district/island groups

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

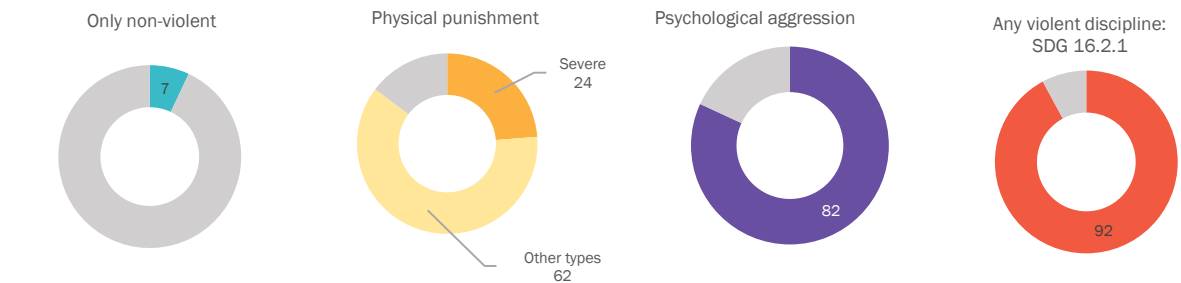


Data shown in this snapshot can be found in table PR1.1 in the Survey Findings Report.

Child Discipline

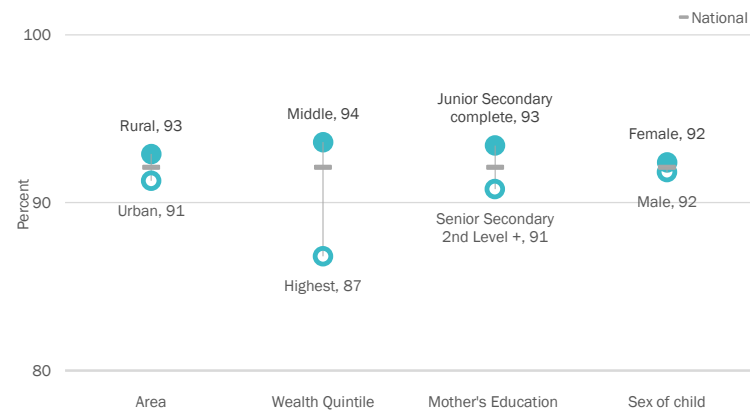
Child Discipline

Types of Child Discipline



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

Violent Discipline: Inequalities



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

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

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

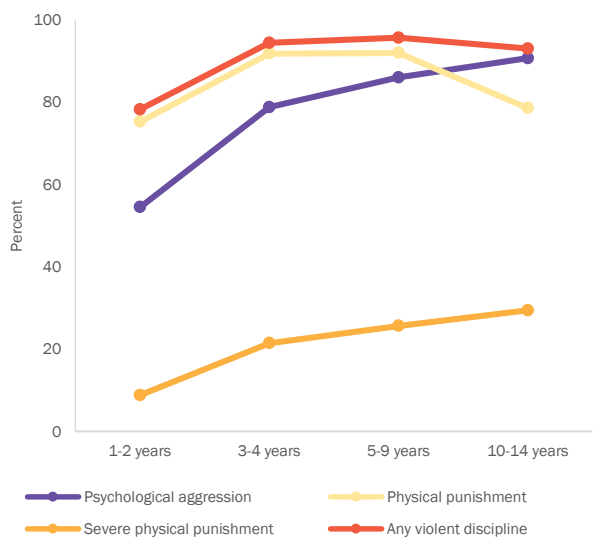
Psychological aggression: Shouting, yelling or screaming at a child, as well as calling a child offensive names such as 'dumb' or 'lazy'.

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

Key Messages

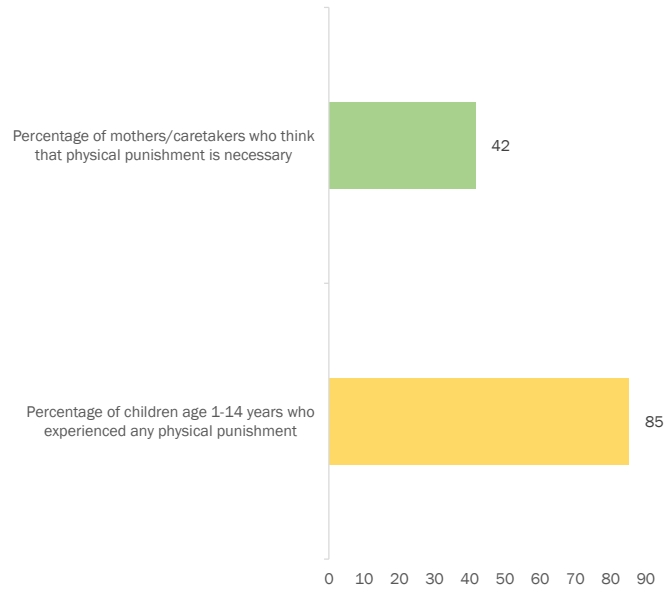
- Nine in every ten children age 1-14 had experienced any type of violent discipline.
- Four in every ten individuals felt that physical punishment is necessary to educate children.
- Eight in ten children age 1-14 had been experiencing any physical punishment and about 1 in 4 children had been experiencing severe physical punishment
- Older people are more likely to have accepting attitudes towards physical punishment for children, ranging from 36 percent to 45 percent.

Violent Discipline: Age Patterns

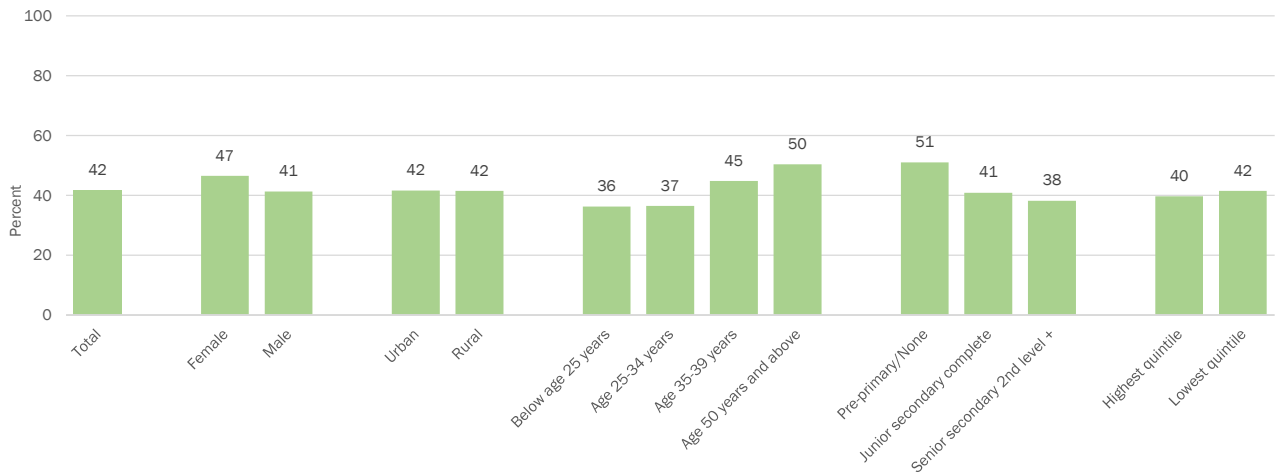


Percentage of children age 1 to 14 years who experienced any violent discipline in the past month, by type and by age

Physical Punishment: Attitudes & Experiences



Attitudes to Physical Punishment



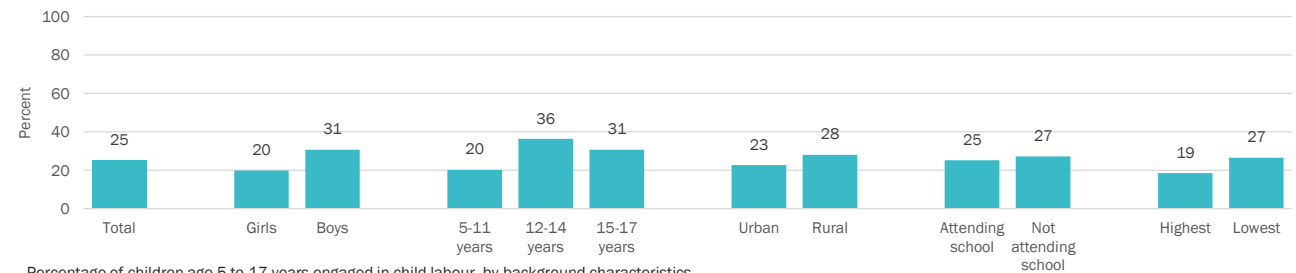
Percentage of mothers/caretakers to the child discipline module who think that physical punishment is necessary to raise or educate children, by their background characteristics

Data shown in this section can be found in tables PR2.1 and PR2.2 in the Survey Findings Report.

Child Labour

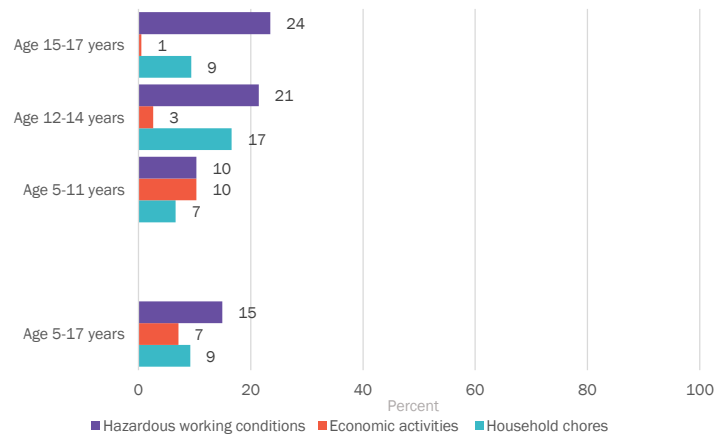
Child Labour: Levels & Disaggregates

Child Labour for Age 5-17 years: SDG 8.7.1*



Percentage of children age 5 to 17 years engaged in child labour, by background characteristics
 *Estimates from MICS of child labour are different from those in the SDG database for indicator 8.7.1, as the database excludes the hazardous work component and applies a threshold of 21 hours for household chores for children age 5-14 and no threshold for household chores for children age 15-17

Types of Child Labour



Percentage of children age 5 to 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 work, 28 hours of unpaid household services per week or hazardous working conditions.

Age 12 to 14 years: At least 14 hours of economic work, 28 hours of unpaid household services per week or hazardous working conditions.

Age 15 to 17 years: At least 43 hours of economic or unpaid household services per week or hazardous working conditions.

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, as well as collecting firewood or fetching water.

Key Messages

- One out of four (25 percent) children age 5-17 engaged in child labour during the last week prior to the survey.
- Children living in rural (28 percent) areas more likely to be involved in child labour than children in urban areas (23 percent).
- The percentage of children involved in child labour shows geographic differences, with 33 percent of children in Northern Gilbert and 22 percent engaged in child labour in Line/Phoenix Island.
- About 15 percent of children age 5-17 years are working under hazardous conditions with more boys (20 percent) working under hazardous conditions than girls (10 percent).
- Similarly, children in the lowest wealth group (27 percent) are more often involved in child labour than children in the highest wealth group (19 percent).

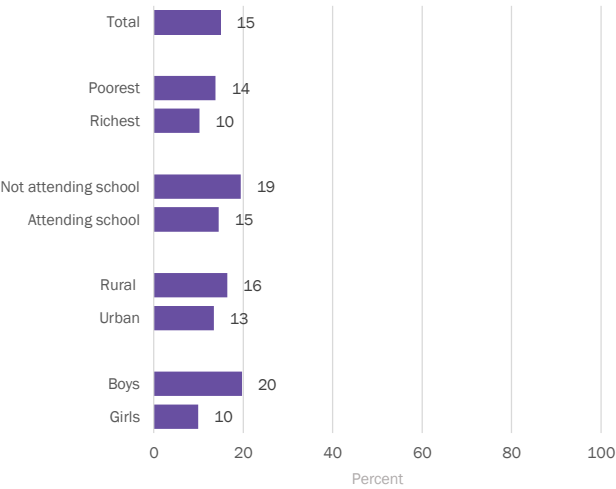
Inequalities in Child Labour & Hazardous Conditions

Child Labour Inequalities



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

Hazardous Conditions Inequalities



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

District/Island Group Data on Child Labour

Percentage of children age 5 to 17 years engaged in child labour, by district/island groups

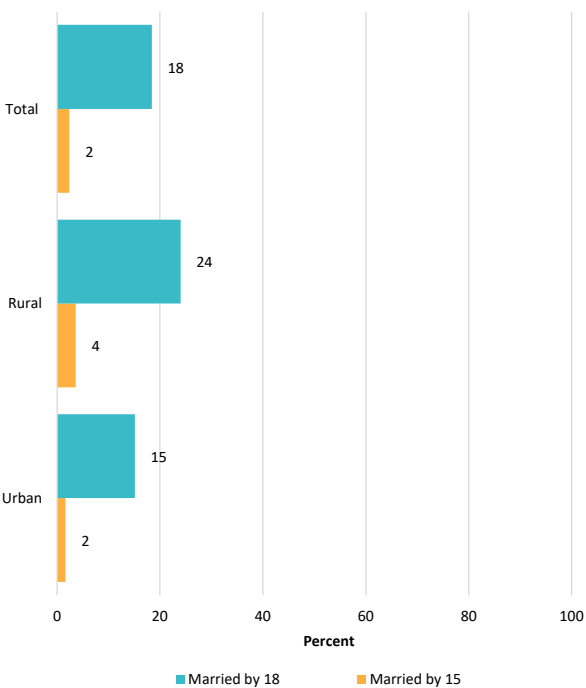
District/Island group	Total Child Labour
National	25.4
South Tarawa	22.8
Northern Gilbert	33.0
Central Gilbert	30.4
Southern Gilbert	23.3
Line/Phoenix	22.3

Data shown in this section can be found in tables PR3.1, PR 3.2 and PR3.3 in the Survey Findings Report.

Child Marriage

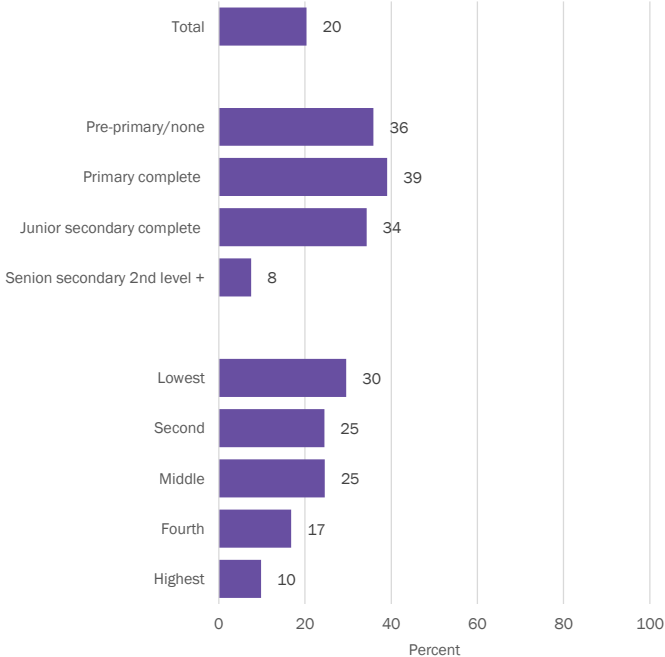
Child Marriage: Levels & Disaggregates

Marriage before Age 15 & Age 18: SDG 5.3.1



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

Disaggregates in Marriage before Age 18



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

Key Messages

- 1 in 5 women age 20-49 years were first married or in union before age 18.
- Prevalence is 3 times more for women age 20-49 to get married or in union before age 18 in lowest (30 percent) wealth quintile compared to highest quintile at 10 percent.
- Socio-economic status is a key determinant of child marriage. Women age 20-49 with secondary school education are 4 times less likely to be married or in union before age 18 compared to those who have no education.
- Rural-urban disparities exist in Kiribati. 1 in 4 women age 20-24 in rural areas were first married or in union before age 18 compared to 1 in 7 women age 20-24 in urban areas.
- Similarly, the prevalence of child marriage differs between district/island groups. The percentage of women age 20-49 married or in union before age 18 was highest (28 percent) in Line/Phoenix island compared to lowest (17 percent) in South Tarawa.
- Women who are educated and located in urban areas are less likely to be married or in union before age 18.

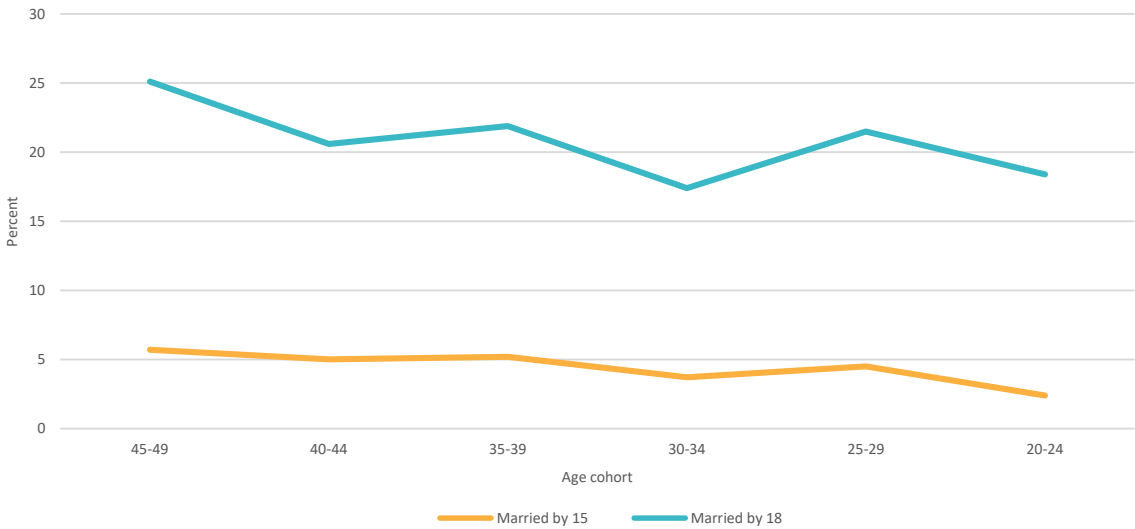
District/Island Group Data on Child Marriage

District/Island Group	Marriage by age 18
National	20.4
South Tarawa	16.7
Northern Gilbert	27.8
Central Gilbert	25.7
Southern Gilbert	21.6
Line/Phoenix	28.3

Percentage of women aged 20 to 49 years who were first married or in union before age 18, by district/island group

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



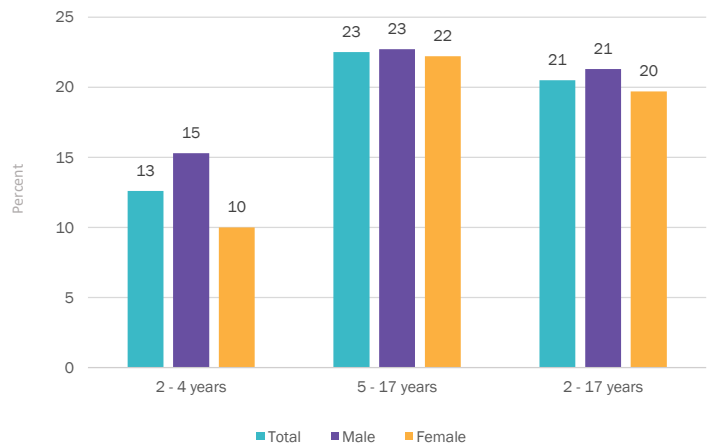
Percentage of women age 20-49 years who were first married or in union before age 15 and before age 18, by age cohort

Data show in this section can be found in table PR4.1W in the Survey Findings Report.

Child Functioning

Child Functioning: Levels & Domains

Child Functioning Levels 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, children with disabilities are effectively barred from realizing their rights to health, education, and even survival. Children with disabilities are often likely to be among the poorest members of the population and are less likely to attend school, access medical services, or have their voices heard in society. Discrimination against and exclusion of children with disabilities also puts them at a higher risk of physical and emotional abuse or other forms of neglect, violence and exploitation.

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

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

Child Functioning 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	0.2	0.0	0.3	0.0	2.8	2.0	0.5	8.5	N/A	N/A	N/A	N/A	N/A	N/A	N/A
5-17 years	0.3	0.7	2.7	N/A	0.7	2.7	N/A	1.4	0.9	0.5	1.5	5.6	0.6	10.0	4.6

Percentage of children age 2–17 years with functional difficulty in at least one domain, by domain of difficulty
N/A- Not Applicable

Key Messages

- One out of five children age 2-17 years have functional difficulty in at least one domain.
- The prevalence of children with functional difficulties is higher in male compared to female population. One in ten female age 2-4 years have functional difficulty compared to about one in seven males age 2-4 years.
- Disparities among district/island groups exist. The prevalence of functional difficulty is higher in Line/Phoenix island compared to Northern Gilbert.
- Among children ages 2-4 years, 8.5 percent were reported to have behavioural difficulties that limit their ability to interact with other people and manage emotions. In other populations, this tends to be 1.4 percent.
- Among children ages 5-17, anxiety and depression was reported as top two domain of functional difficulties at 10 percent and 4.6 percent respectively.

Child Functioning: Inequalities

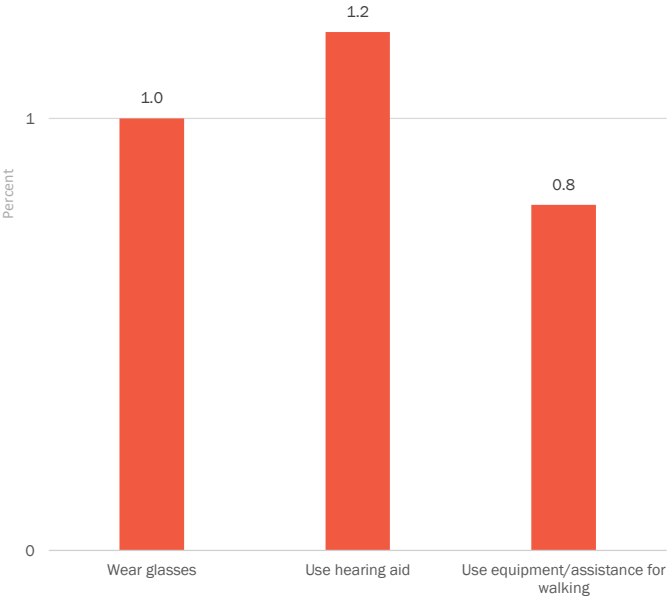


District/Island Group Data on Child Functioning

District/Island Group	2-4 years	5-17 years	2-17 years
National	12.6	22.5	20.5
South Tarawa	13.2	21.5	19.8
Northern Gilbert	15.4	19.6	18.8
Central Gilbert	11.2	21.8	19.8
Southern Gilbert	8.3	25.2	21.7
Line/Phoenix	12.2	31.5	27.4

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

Children who use Assistive Devices & have Functional Difficulties

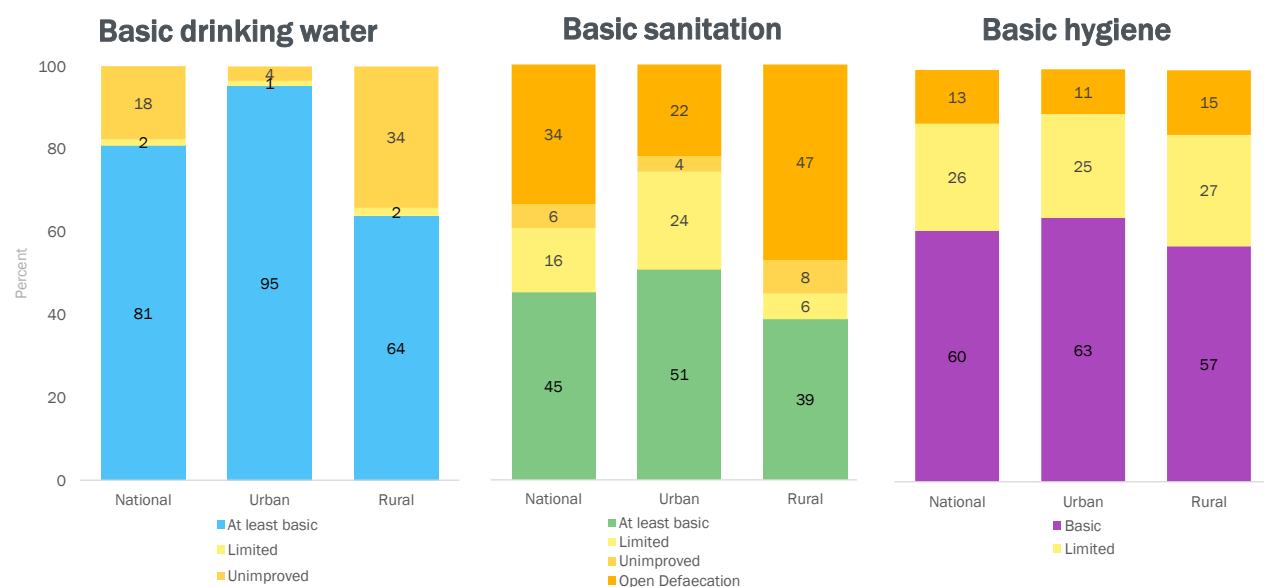


Percentage of children age 2-17 years with difficulties seeing when wearing glasses among those who wear glasses, percentage of children age 2-17 years with hearing when using a hearing aid among those who use a hearing aid, and percentage of children age 2-17 years with difficulties walking when using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

Data shown in this section can be found in tables EQ1.1, EQ1.2, and EQ1.3 in the Survey Findings Report.

Drinking Water, Sanitation & Hygiene - WASH

Basic Drinking Water, Sanitation & Hygiene Services



Percent 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, protected and dug wells, rainwater, and packaged or desalinated delivered water. **Limited** refers to an improved source more than 30 minutes roundtrip. **Unimproved** sources include unprotected dug wells and unprotected rainwater. **No service** refers to the direct collection of inaccessible piped water.

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 inaccessibility of any type of sanitation facilities which resulted in the practice of open defecation.

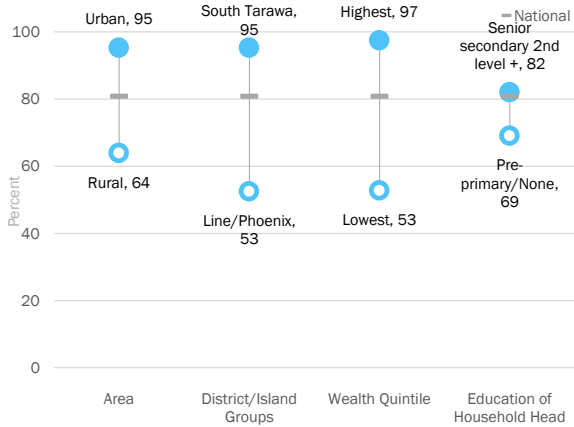
Hygiene ladder: A **basic** hygiene service (SDG 1.4.1 & SDG 6.2.1) refers to the availability of a handwashing facility on premises with soap and water. Handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing.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

Key Messages

- Majority (81 percent) of the population have basic drinking services water in Kiribati. While 95 percent of the urban population have basic drinking water services, only 64 percent have basic drinking water in rural areas.
- 85 percent of the tested water sources and 91 percent of household water were contaminated with *E.coli*. The drinking water at almost all sources and homes in Central and Southern Gilbert were contaminated with *E.coli*.
- safely managed drinking water services.
- In about two-thirds of the households (64 percent) men aged 15 years and above have the primary responsibility of collecting water
- Less than half (45 percent) of the population have basic sanitation. The situation is worse-off in rural areas (39 percent), Line and Phoenix (32 percent) and for Lowest wealth quantile (20 percent).
- Open defecation is highest in rural areas (47 percent) Line and Phoenix (55 percent) and for the Lowest wealth quantile (72 percent).
- 91 percent of women aged 15-49 years who reported menstruating in the last 12 months had an appropriate materials to wash and change at home
- About 16 percent of women did not participate in social activities, school or work due to last menstruation

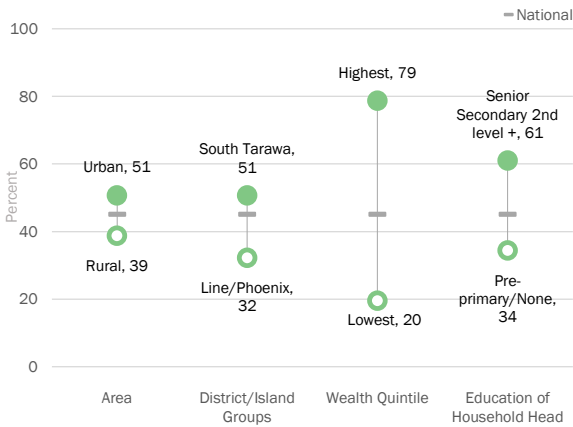
WASH: Inequalities in Basic Services

Basic Drinking Water



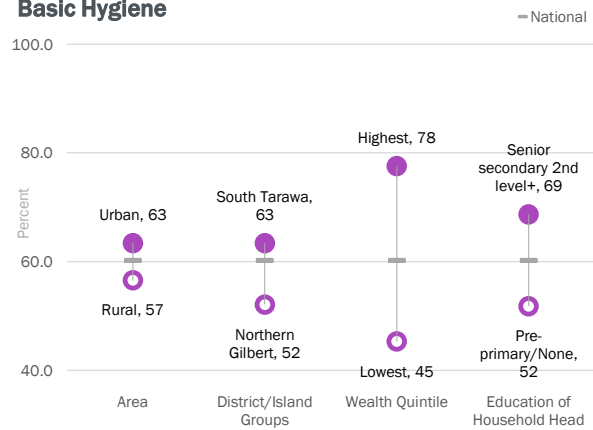
Percent of population using basic drinking water services by background characteristics

Basic Sanitation



Percent of population using basic sanitation services by background characteristics

Basic Hygiene



Percent of population using basic hygiene services by background characteristics

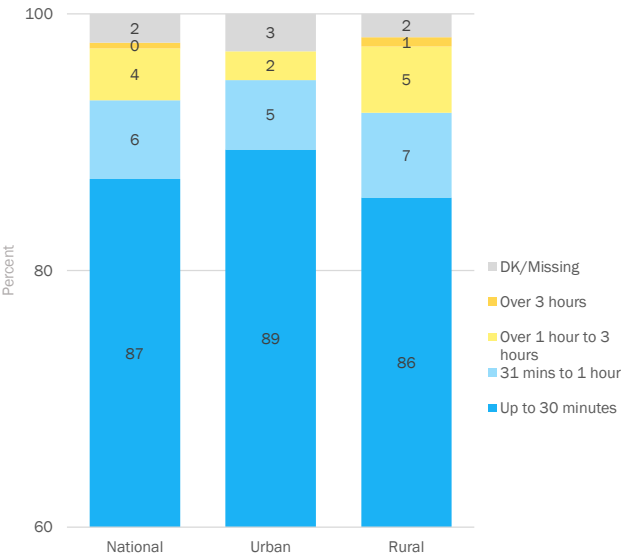
District/Island Group Data on Basic Services

District/ Island Group	Basic Drinking Water	Basic Sanitation	Basic Hygiene
National	80.8	45.1	60.2
South Tarawa	95.3	50.6	63.4
Northern Gilbert	67.6	44.4	52.1
Central Gilbert	69.2	34.9	60.1
Southern Gilbert	62.8	36.7	56.6
Line/Phoenix	52.5	32.2	63.8

Percent of population using basic drinking water, sanitation and hygiene services by district/island group

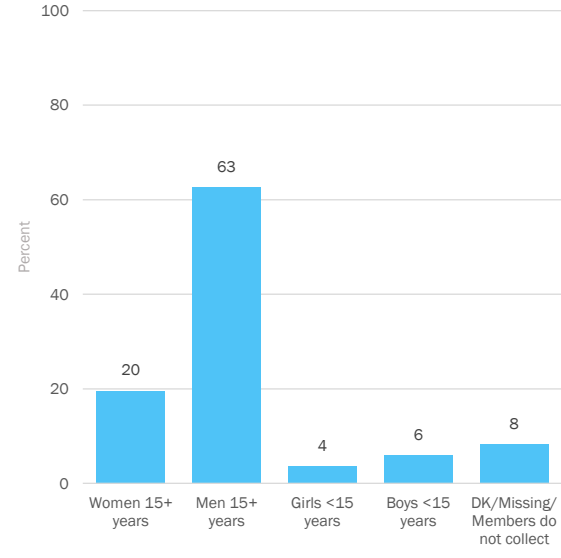
Accessibility of Water & Sanitation Facilities

Time Spent Each Day Collecting Water



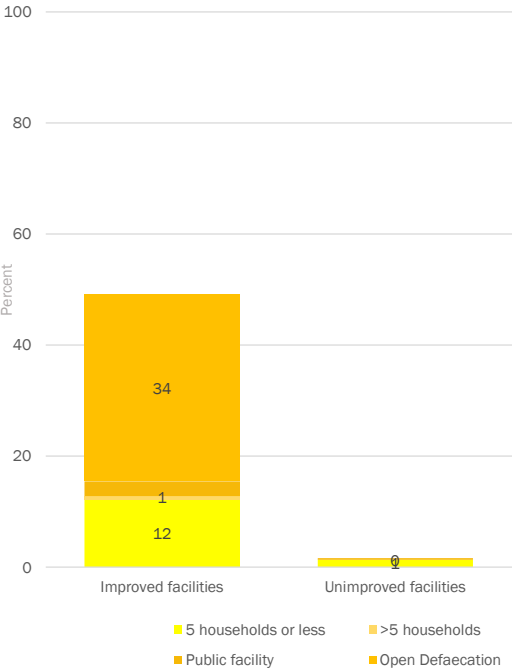
Percent of population by mean time person primarily responsible for water collection spends collecting water each day in households without water on premises

Who Primarily Collects Water for the Household



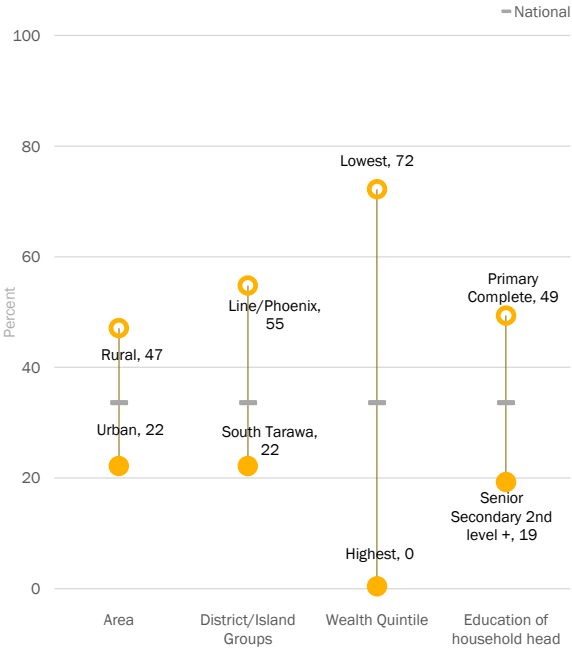
Percent of population by gender and age of person primarily responsible for collecting drinking water in households without water on premises

Sanitation Accessibility & Privacy



Percent of the population sharing improved sanitation facilities, by location of sanitation facility

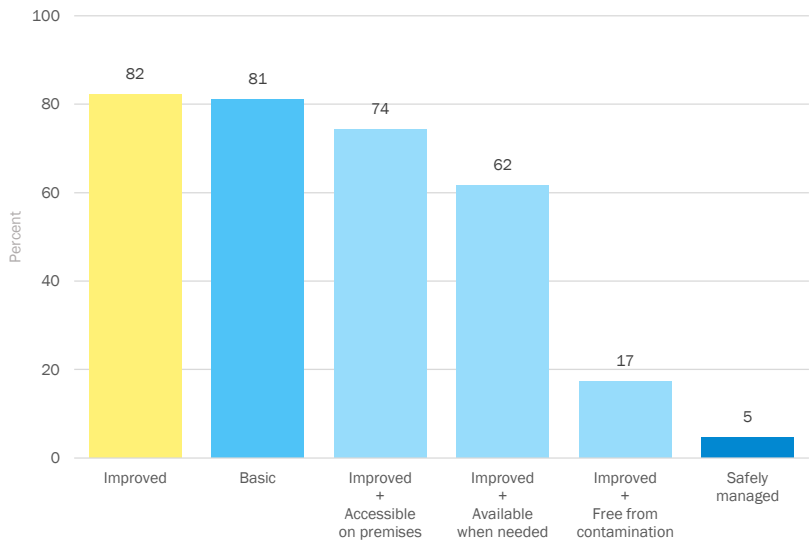
Open Defecation



Percent of the population practising open defecation, by background characteristics

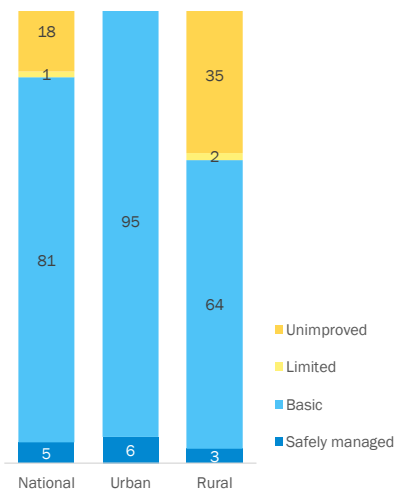
Safely Managed Drinking Water Services: SDG 6.1.1

Improved, basic & safely managed drinking water



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

Drinking water coverage: National, urban & rural



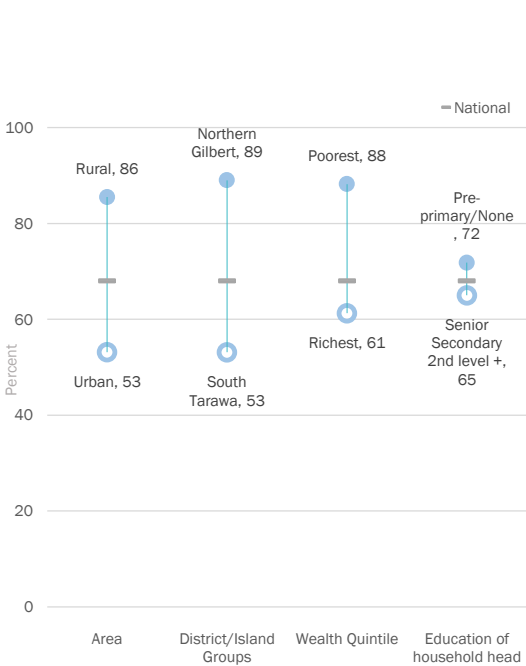
Percent of population by drinking water coverage

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

Drinking Water Quality at Source & Home



Availability of Drinking Water

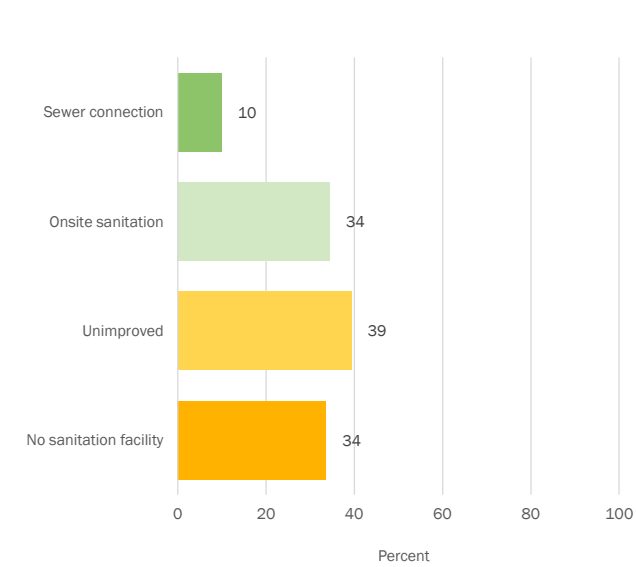


Percent of population using drinking water sources with *E. coli* (orange) and proportion with *E. coli* in glass of drinking water in household drinking water (teal) Water Quality Testing response rates for Household and Source testing are 94.8 percent and 89.8 percent respectively

Percent 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



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

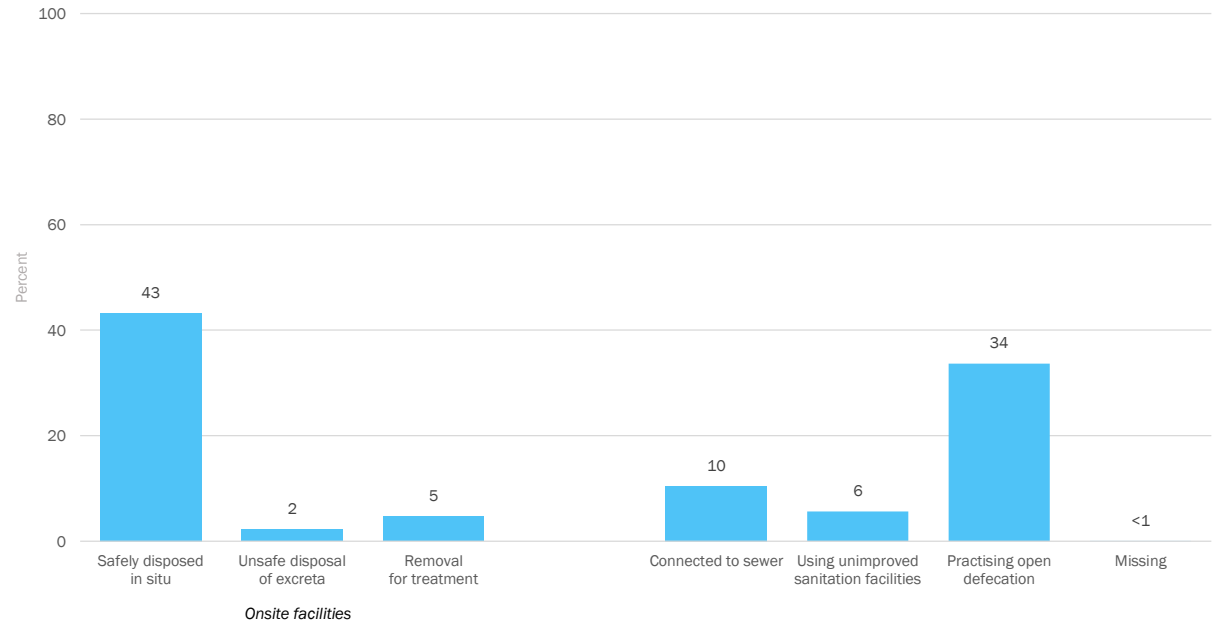
Types of Sanitation Facility by District/Island Group

District/Island Group	Sewer connection	Onsite sanitation
National	9.9	34.5
South Tarawa	18.3	45.5
Northern Gilbert	0.0	20.3
Central Gilbert	0.0	18.0
Southern Gilbert	0.0	16.5
Line/Phoenix	0.8	37.3

Percent of population using sewer connections and onsite sanitation, by district/island Group

Management of Sanitation Services

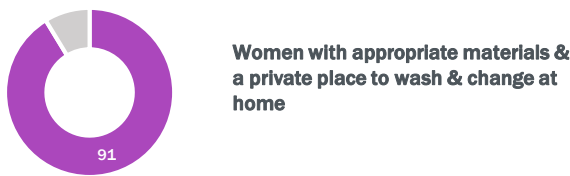
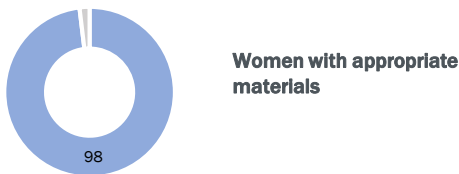
Disposal of excreta



Percent of population using onsite improved sanitation facilities, by final disposal of excreta

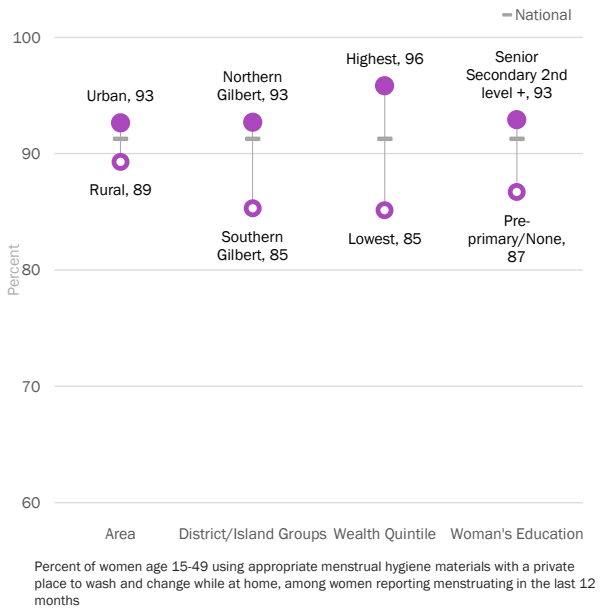
Safely managed sanitation services represents an ambitious new level of service during the SDGs and is the indicator for target 6.2. Safely managed sanitation services are improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and 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

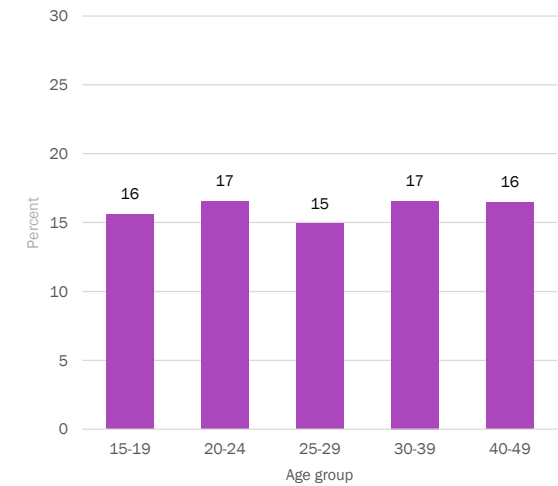


Denominator for all 3 indicators: women age 15-49 who reported menstruating in the last 12 months

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

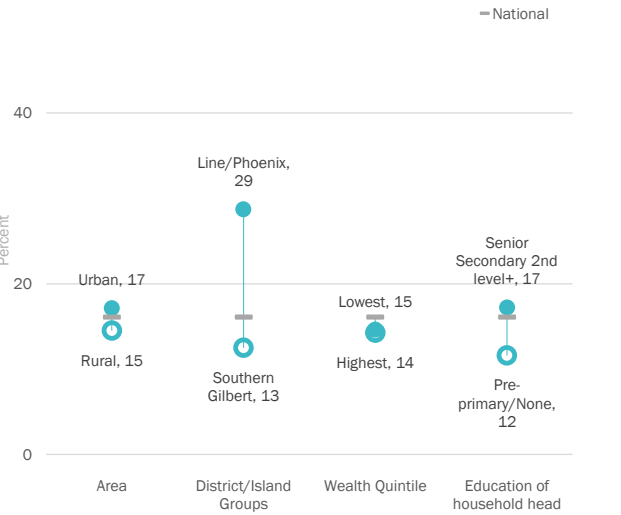


Exclusion from Activities during Menstruation



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

Exclusion from Activities during Menstruation by Various Characteristics



Percent 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 district/island group, among women reporting menstruating in the last 12 months

Data shown in this section can be found in tables WS1.1 to WS4.2 in the Survey Findings Report.

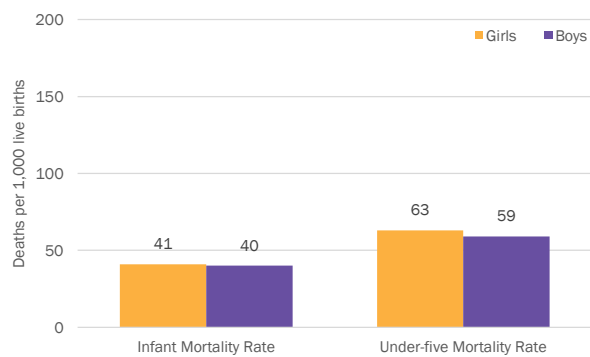
Gender Equality

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

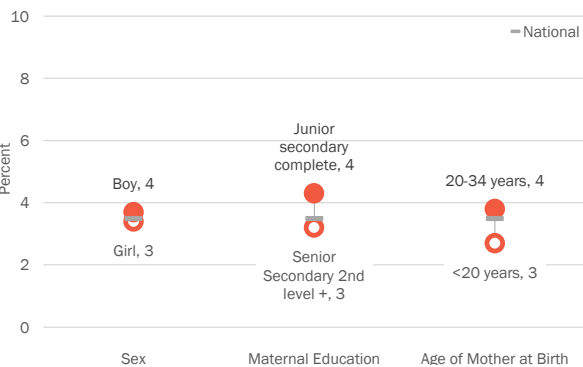
Nutrition and a supportive environment in early childhood are among the key determinants of the health and survival of children and their physical and cognitive development. Generally, girls tend to have better biological endowments than boys for survival to age five, and thus higher survival chances 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



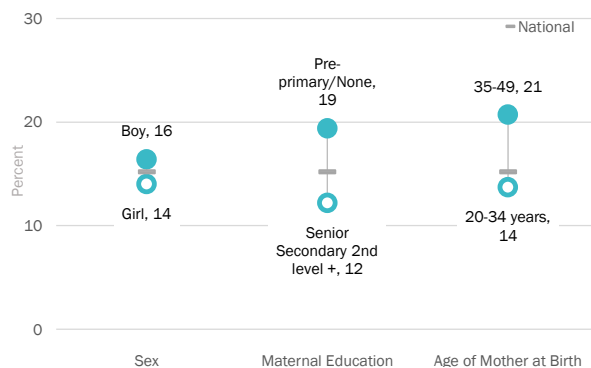
Infant mortality: probability of dying between birth and the first birthday
Under-five mortality: the probability of dying between birth and the fifth birthday

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



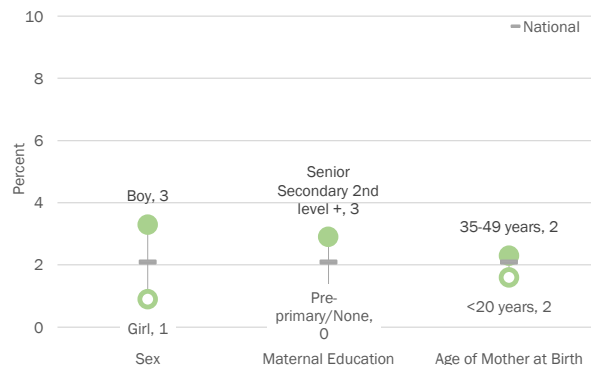
Wasting refers to a child who is too thin for his or her height

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



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

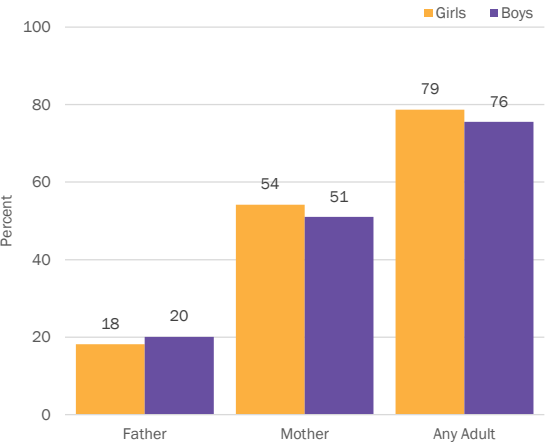
Malnutrition: Overweight (Moderate & Severe) among Children Under-5, SDG 2.2.2



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

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

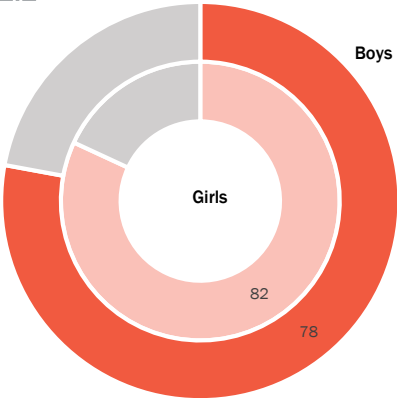
Early Stimulation & Responsive Care by Adults



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

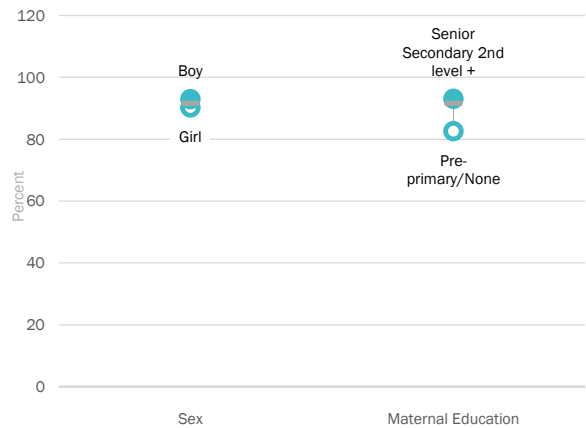


Percentage of children age 3-4 years who are developmentally on track in at least 3 of the following 4 domains: literacy-numeracy, physical, social-emotional, and learning domains, by sex

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

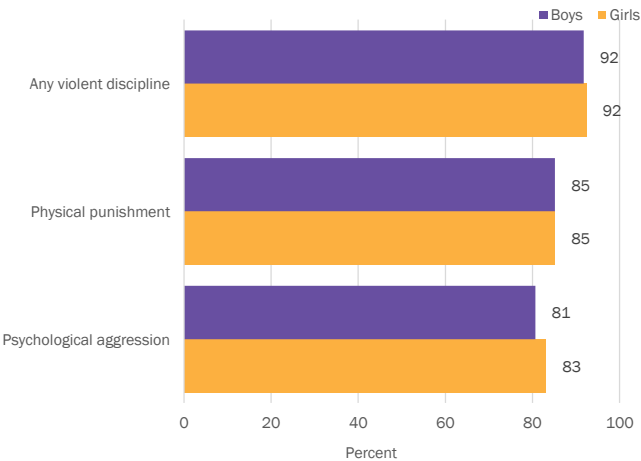
Registering children at birth is the first step in securing their recognition before the law, safeguarding their rights, and ensuring that any violation of these rights does not go unnoticed. While vitally important for both girls and boys, the implications of low birth registration rates for girls are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

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 & Age Disaggregate



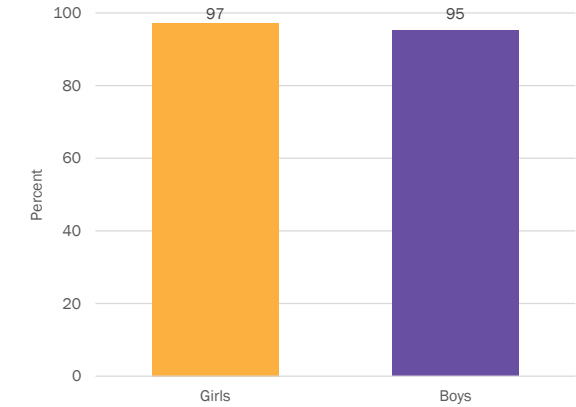
Percentage of children age 1-14 years who experienced violent discipline in the past month, by sex
Note: The age group 1-14 spans the first and second decades of life.

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.

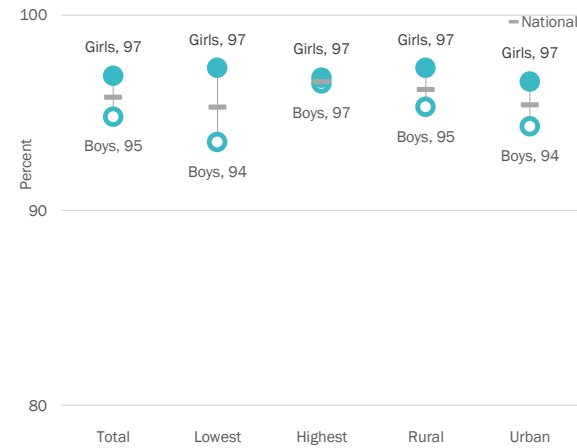
Note: Because children of primary school age range from 6-14 years, these indicators include some children in their second decade of life.

Participation Rate In Organized Learning, SDG 4.2.2



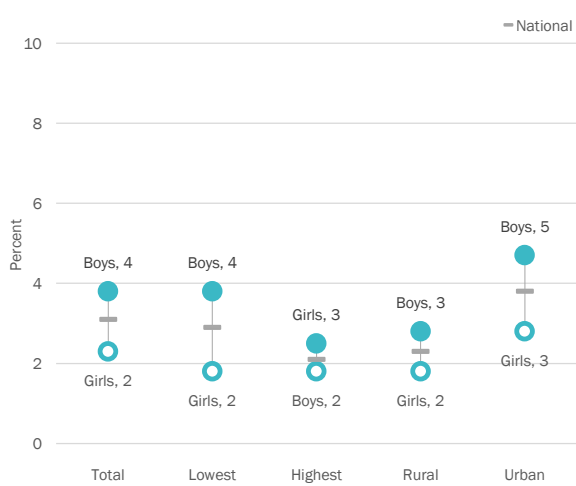
Percent distribution of children age one year younger than the official primary school entry age at the beginning of the school year, by attendance to education, and attendance to an early childhood education programme or primary education (adjusted net attendance ratio), by sex

Primary School Attendance



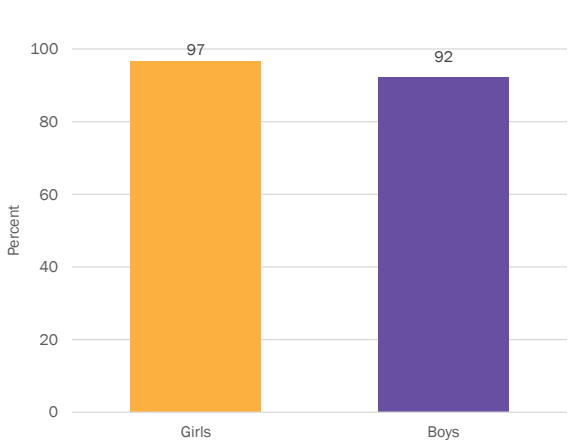
Percentage of children of primary school age attending primary or secondary school (adjusted net attendance ratio), by wealth quintile and urban/rural residence

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



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, by sex

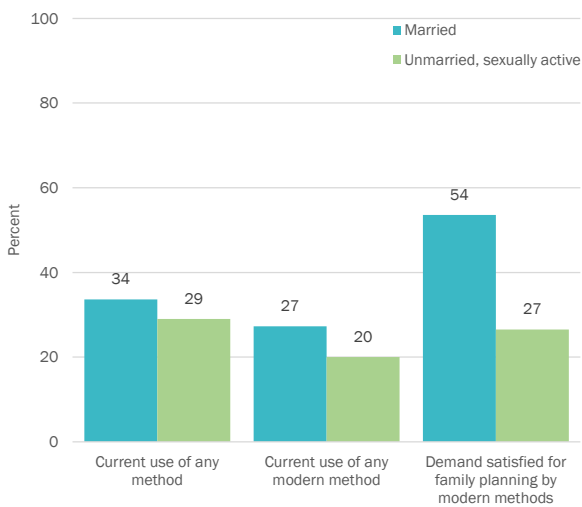
Key Messages

- There are no significant difference in infant and under 5 mortality rates between boys and girls
- Stunting is slightly higher in boys than girls ; in children of parents with no or pre-primary education completed compared to mothers with senior secondary or higher
- 9 in 10 births of both boys and girls are registered. Children of mothers with higher levels of education are more likely to be registered
- Both boys and girls suffer from violent discipline. The abuses are mainly in the form of physical punishment
- Mothers involvement in early stimulation and responsive care activities is higher than that of fathers
- Over 90 percent of children 36-59 months are attending an organized early childhood education programme
- Overall, primary school attendance is slightly lower in boys than girls; also lower in boys from lowest wealth quintile and rural households compared to girls in the same settings

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

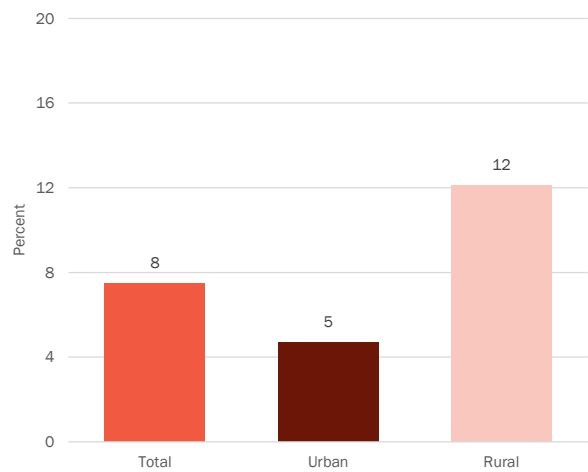
While adolescence carries new health risks for both girls and boys, girls often face gender-specific vulnerabilities, with lifelong consequences. Complications related to pregnancy and childbirth are among the leading causes of death worldwide for adolescent girls age 15 to 19. Preventing adolescent 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.

Contraceptive Use & Demand Satisfied



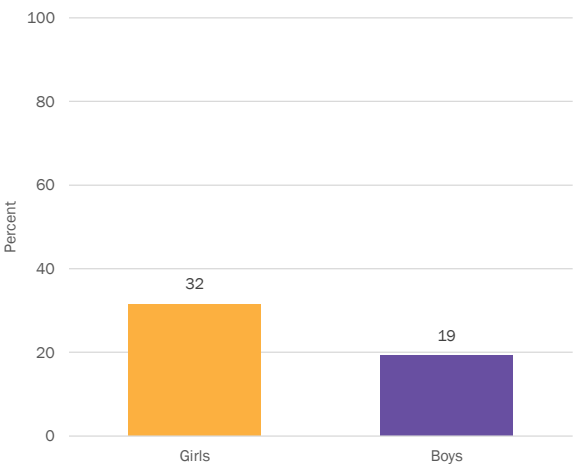
Contraceptive use and demand for family planning satisfied by modern methods among adolescent girls age 15-19, by marital status

Early Childbearing - by Age 18



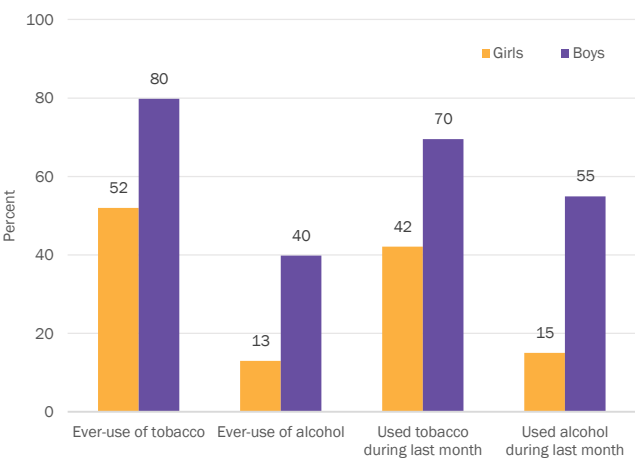
Percentage of women age 20-24 years who had a live birth by age 18, by urban/rural residence

Comprehensive Knowledge of HIV



Percent of girls and boys age 15-19 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

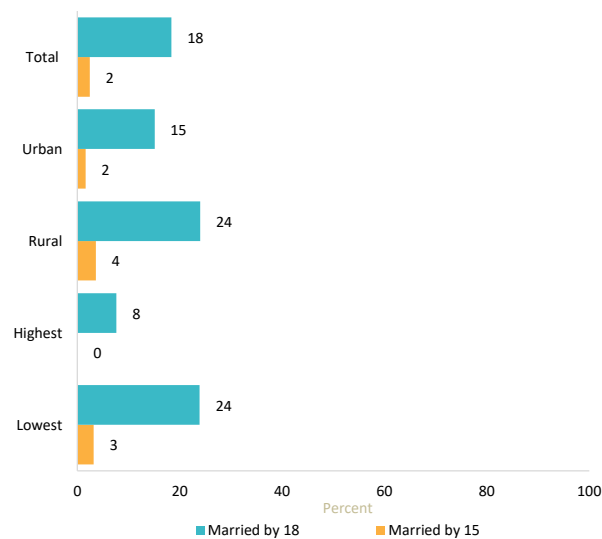


Tobacco and alcohol use among adolescents age 15-19, by sex
*Includes an age and sex disaggregate of SDG 3.a.1: use of tobacco

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

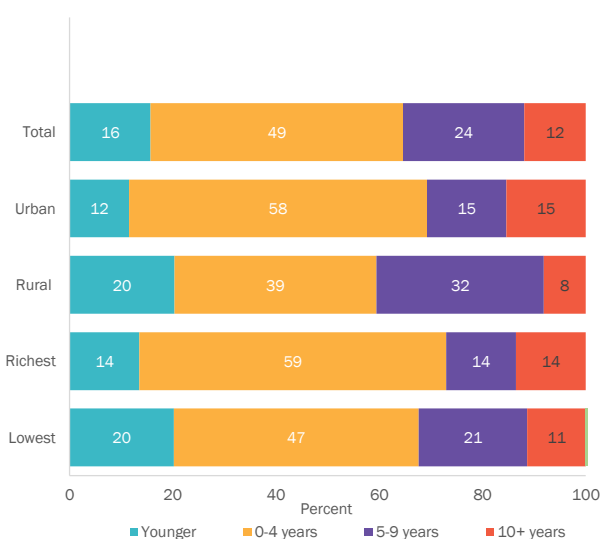
Adolescence presents unique vulnerabilities to violence and exploitation for girls. In many countries, marriage before the age of 18 is a reality for girls due to the interaction of several factors that place a girl at risk, including poverty, social norms, customary or religious laws that condone the 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. 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 districts, 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



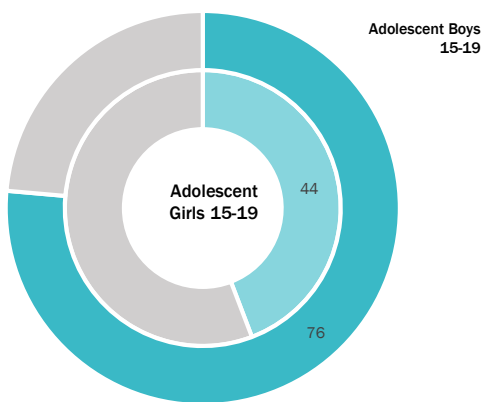
Percentage of women aged 20-24 years who were first married or in union before age 15 and before age 18*, by residence

Spousal Age Difference



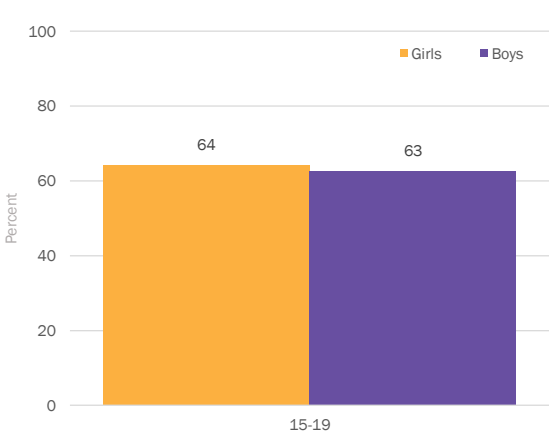
Percent distribution of adolescent girls age 15-19 currently married or in union by age difference with their partner

Feelings of Safety, SDG 16.1.4 Age & Sex Disaggregate



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

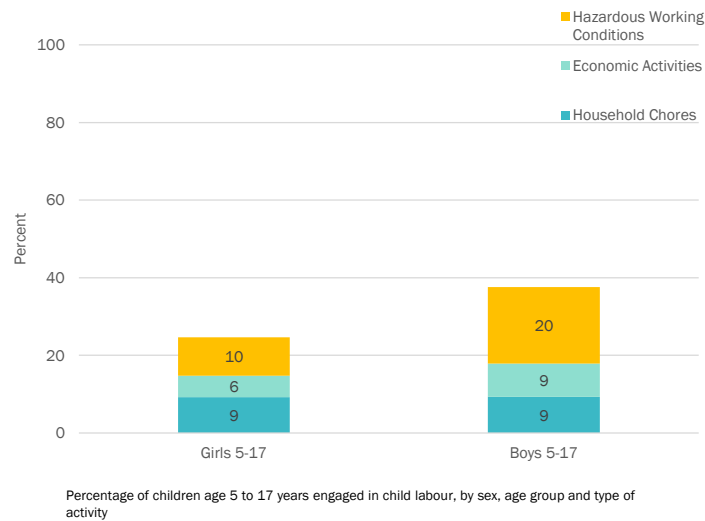
Attitudes toward Domestic Violence



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

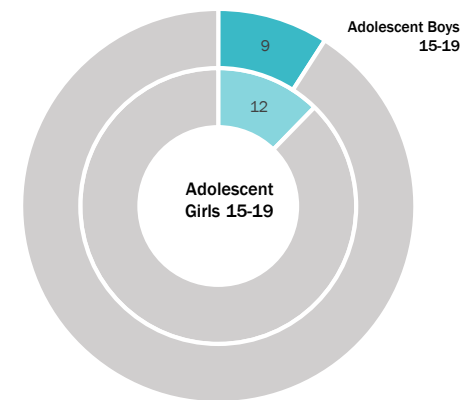


* Note: Indicator includes children in the first & second decade of life
**Estimates from MICS of child labour are different from those in the SDG database for indicator 8.7.1, as the database excludes the hazardous work component and applies a threshold of 21 hours for household chores for children aged 5-14 and no threshold for household chores for children aged 15-17

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

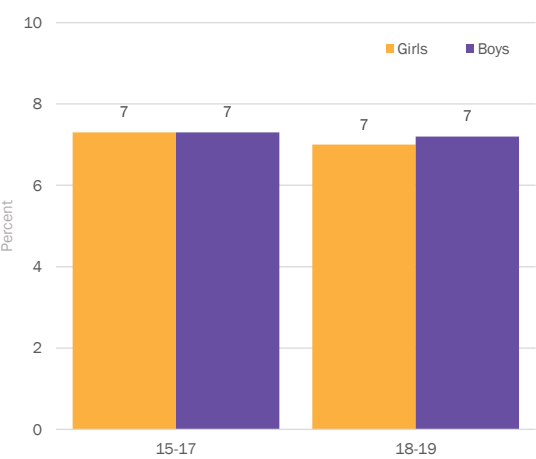
To become empowered, adolescent girls and boys need to be engaged as civic participants in the decisions affecting their lives and communities. People’s sense of security and freedom from the fear of crime influences how they move about those communities, access services and economic opportunities and 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

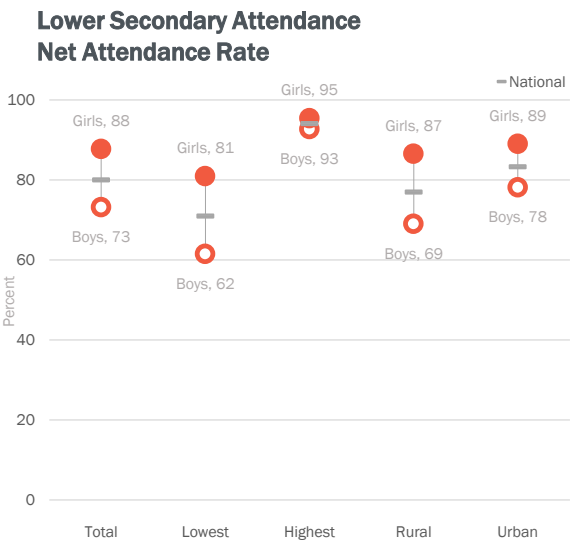
Life Satisfaction



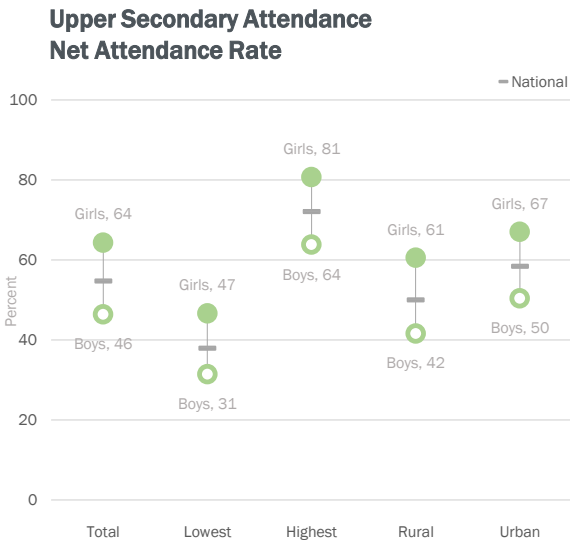
Among adolescents age 15-19, average life satisfaction score on a scale of 0 to 10, by sex and age group

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

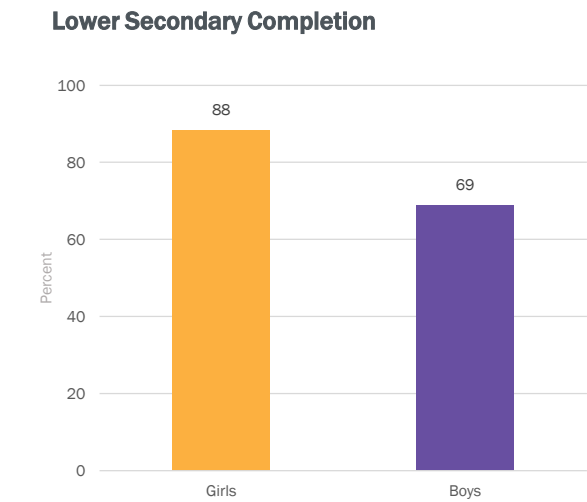
While participation in secondary education is expanding, progress lags behind primary education. Gender disparities disadvantaging girls are also wider and occur in more countries at the secondary level than at the primary level. Yet, advancing girls' secondary education is one of the most transformative 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.



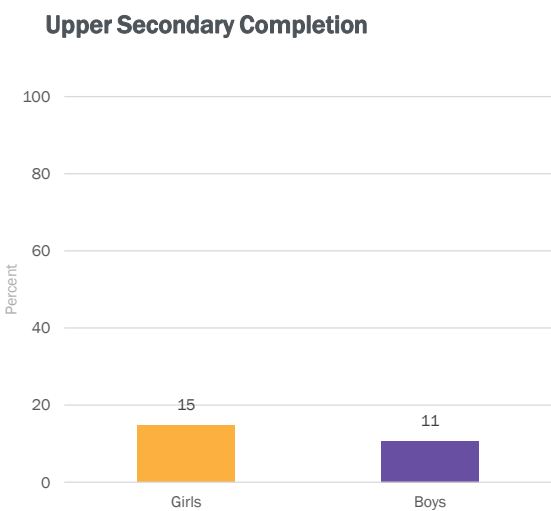
Percentage of children of lower secondary school age attending lower secondary school or higher (adjusted net attendance ratio), by sex, wealth quintile and area



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



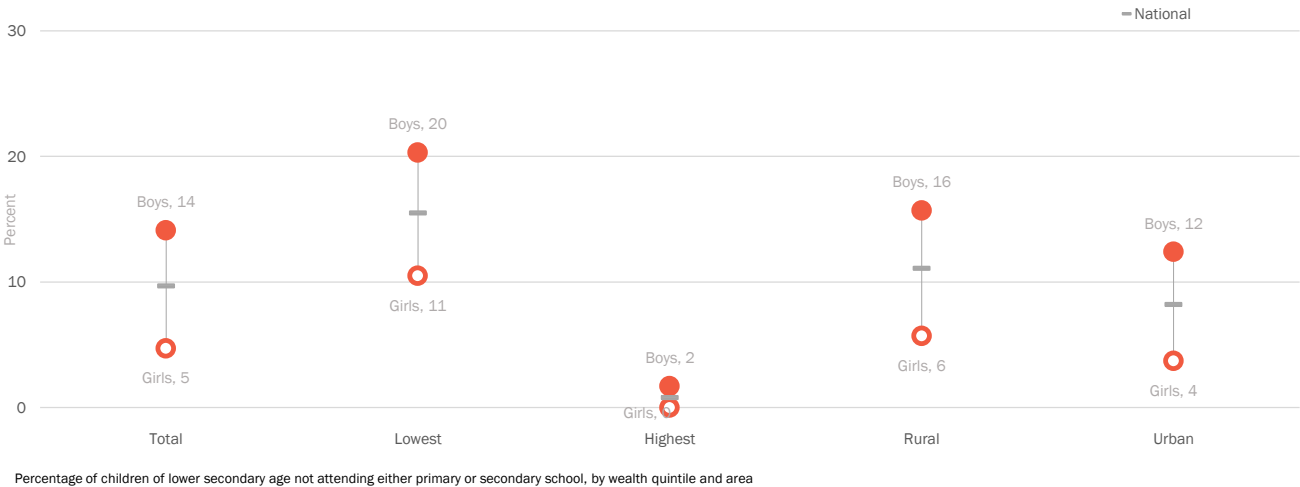
Percentage of children who age 3 to 5 years above the intended age for the last grade of lower secondary school who have completed lower secondary education, by sex



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

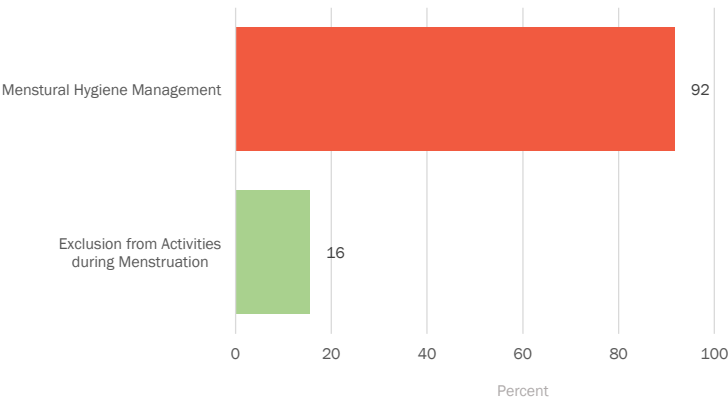
Every Adolescent Girl & Boy Learns: The Second Decade of Life

Children of Lower Secondary School Age Out of School



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 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 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

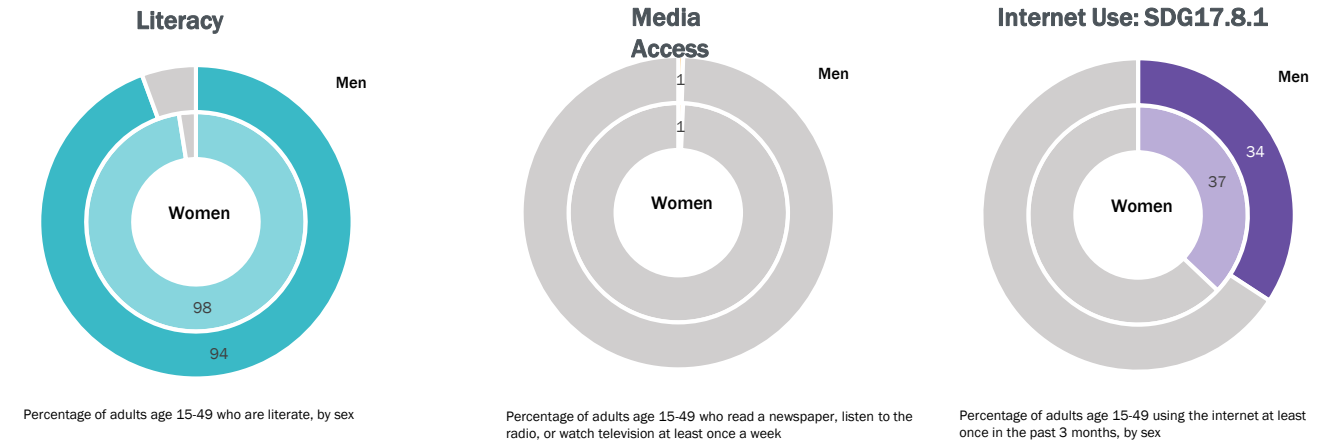
Key Messages

- Contraceptive use based on any methods is higher among married adolescents than unmarried sexually active girls of the similar age
- Adolescents in rural areas are at a higher risk of early child bearing compared to their peers in urban areas: 12 percent of women age 20-24 in rural areas have had a birth by age 18 compared to only 5 percent in urban areas.
- Only about 1 in 3 girls adolescents and 1 in 5 adolescent boys have comprehensive knowledge of HIV transmission
- Adolescent boys are more prone to tobacco and alcohol use than girls
- 2 in 3 adolescents believe that domestic violence is justified
- A higher percentage of boys are engaged in hazardous working and economic activities conditions compared to girls
- More adolescents on average expressed their satisfaction with their life
- Girls have a higher percentage for completion of both lower and upper secondary studies compared to boys
- Ninety-two percent of girls reported using appropriate menstrual hygiene materials with a private place to wash and change at home. About 16 percent could not participate in social activities during menstruation

Gender Equality in Adulthood

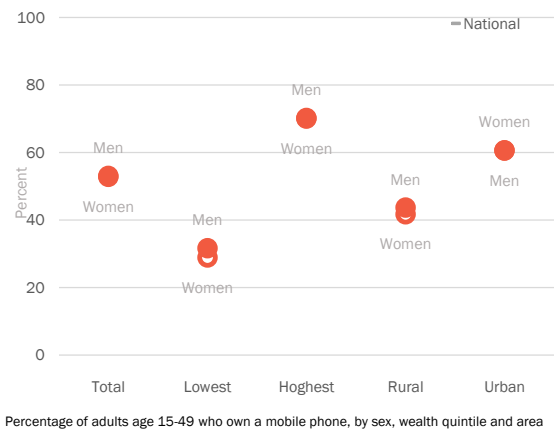
To survive and thrive, all children require care and support from women and men. Care and support can be substantively improved by fostering gender equality, an important goal in its own right, and by reducing the gender-related barriers. Gender-related barriers include women's and girls' disproportionate 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

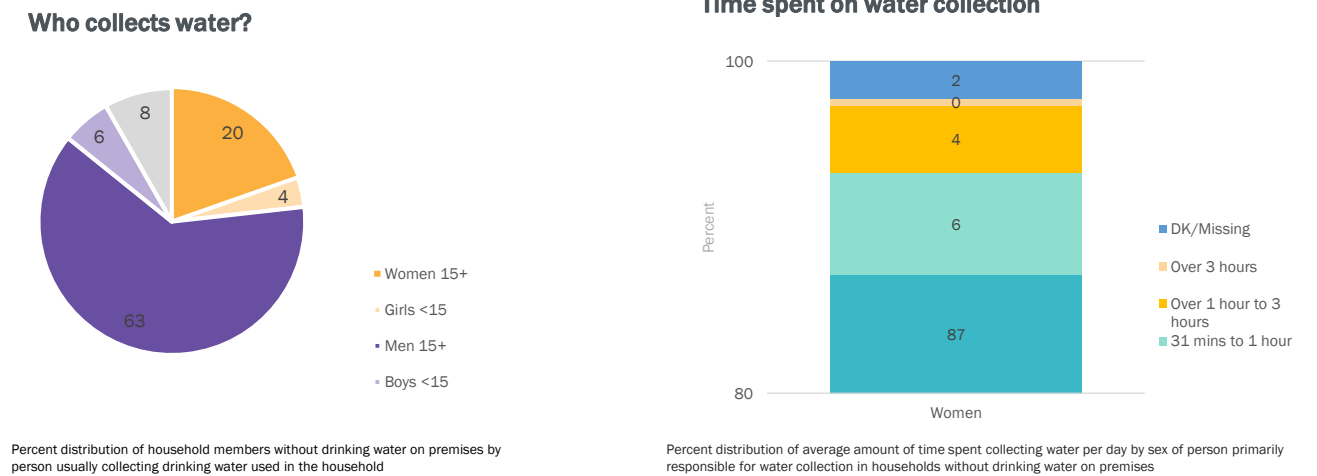


Access to Resources

Mobile Phone Ownership, SDG 5.b.1



Time on Household Chores: Water Collection



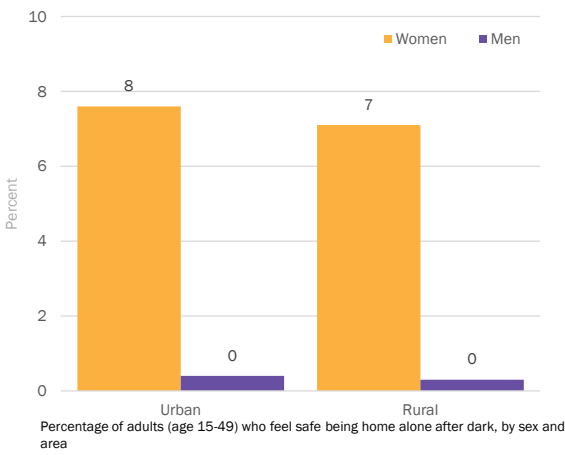
Gender Equality in Adulthood

Safety & Security

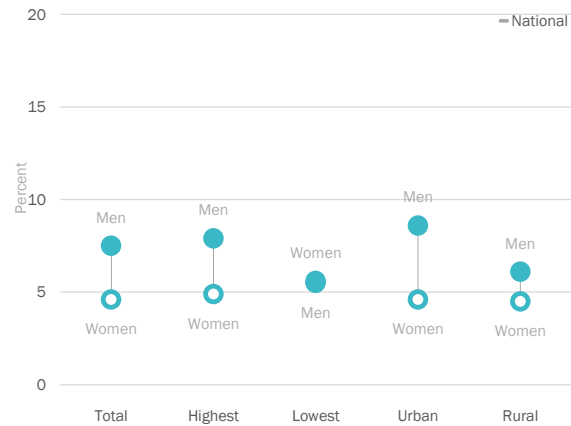
Feeling safe while walking alone, SDG 16.1.4 sex disaggregate



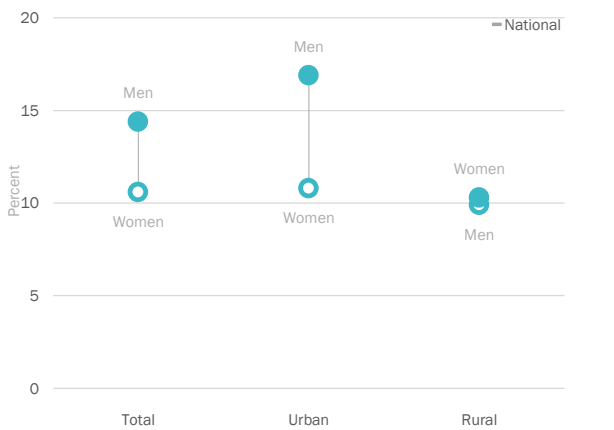
Feeling safety while being at home alone



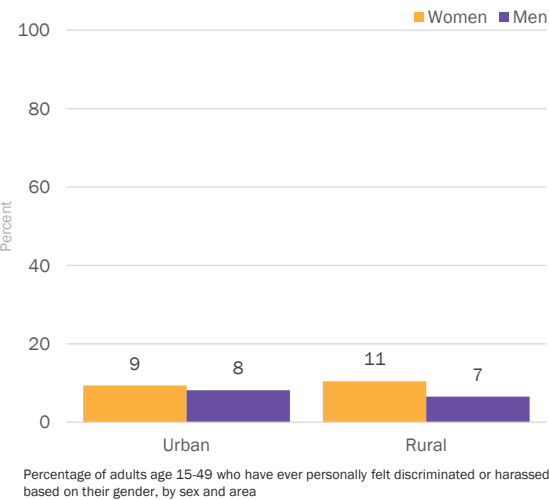
Victimisation



Reporting of victimisation to police, SDG 16.3.1



Discrimination & harassment



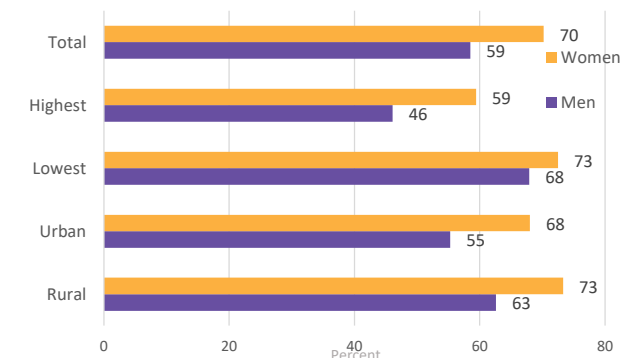
Key Messages

- Women are more literate (98 percent) than men (94 percent).
- There is no difference between women and men in terms of access to mass media.
- Men generally have access to resources compared to women regardless of the wealth quantiles
- Men compared to women have the primary responsibility for water collection

Gender Equality in Adulthood

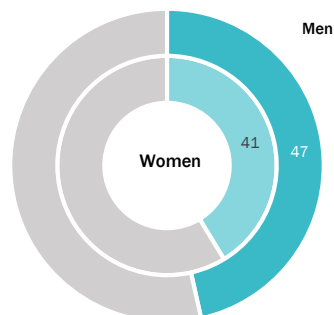
Feminine & masculine attitudes & expectations

Attitudes toward domestic violence



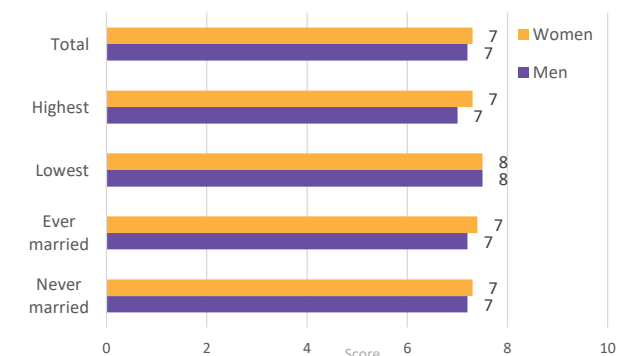
Percentage of adults age 15-49 who justify wife beating for any of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food, by sex, wealth quintile and area

Attitudes toward physical punishment



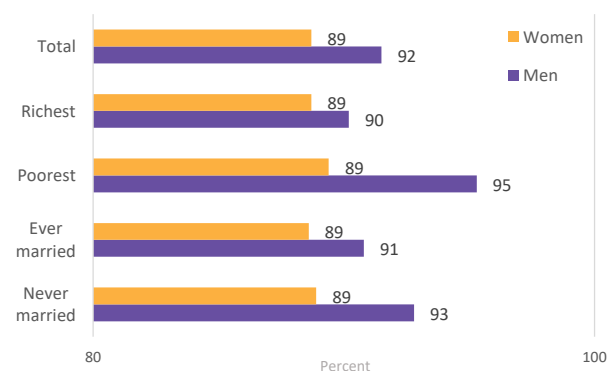
Percentage of caretakers who believe that physical punishment is needed to bring up, raise, or educate a child properly, by sex of caretaker

Life satisfaction



Among adults age 15-49, 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 adults age 15-49 who expect that their lives will get better in one year, by sex, wealth quintile and marital status

Key Messages

- Slightly higher proportions of men than women believe that physical punishment is justified for child upbringing.
- In general women believe that domestic violence is justified especially among the poorest household living in rural areas compared to the men in same settings.
- There is no difference between women and men in terms of life satisfaction
- Men tend to have a higher perception of better life compared to women.

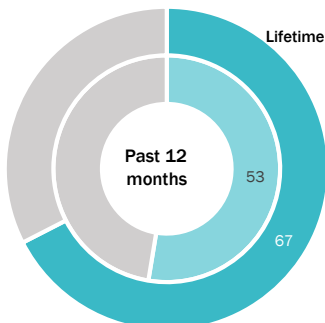
Data shown in this section can be found in tables CS.3, TC.8.1, TC.10.1, TC.11.1, PR.1.1., PR.2.1., LN.1.2, LN.2.3, LN.2.4, LN.2.6, LN.2.7, TM.3.1, TM.3.2, TM.3.3, TM.3.4, TM.2.3W, TM.11.1W, TM.11.1M, SR.10.1W, SR.10.1M, SR4.1W, SR.4.3, SR.6.1W, SR.6.1M, PR.8.1W, PR.8.1M, 5.1W, PR.2.2, PR.5.1, PR.5.3, EQ.3.1W, EQ.3.1M, PR.7.1W, PR.7.1M, EQ.5.1W, EQ.5.1M, SR.9.3.W, SR.9.3M, EQ.2.1W, EQ.2.1M, WS.4.1, WS.4.2, WS 1.3 and WS 1.4. in the Survey Findings Report.

Domestic Violence

This snapshot shows key prevalence of domestic violence suffered by women aged between 15 to 9 years. In the KSDIS, physical violence refers to any act or conduct which cause bodily pain, harm or danger to life and impair the health of a person. The specific acts that were asked about included pushing, throwing an object at the woman, smacking or slapping, twisting of the arm, pulling of the hair, punching with a fist or an object, kicking, dragging on the floor, strangling, burning, attacking with a knife, a firearm or any other weapon. Sexual violence refers to any conduct of a sexual nature that abuse, humiliates, degrades or otherwise violate the dignity of a person. The acts that were asked in the questions included sexual violence through threats, intimidation or any forceful method, including physical, which a women did not consent to. Emotional violence refers to a pattern of degrading and humiliating conducts towards a person in a manner to intimidate or harass under threats, verbal abuse, or constant humiliation. The questions asked on emotional violence included whether the women was humiliated either verbally or physically in front of other people, threatened to hurt or do harm to the woman or to someone close to her or even insulting or belittling her.

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



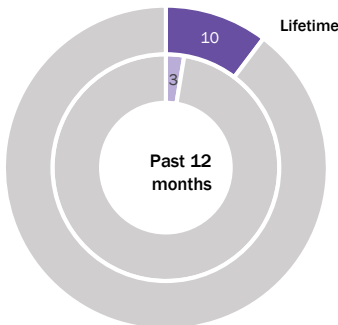
Percentage of women age 15-49 who have ever experienced sexual violence and percentage who have experienced sexual violence in the 12 months preceding the survey, by any perpetrator

Violence by any husband/partner in the last 12 months

Age group	Emotional violence	Physical violence	Sexual violence
National	38.6	39.4	21.4
15-19	(45.2)	(56.9)	(27.8)
20-24	43.1	49.8	26.0
25-29	37.7	44.8	25.0
30-34	42.7	42.1	21.7
35-39	35.2	36.0	18.2
40-44	38.4	31.2	20.0
45-49	31.9	22.9	14.5

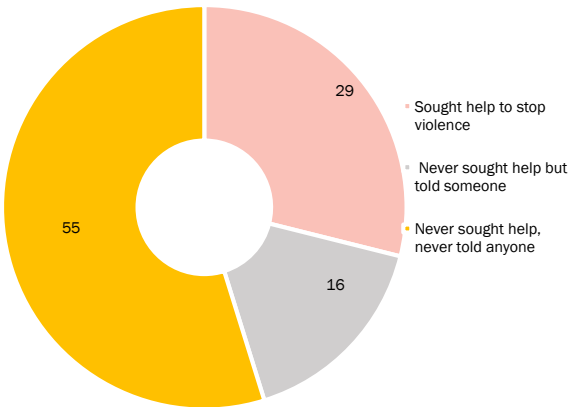
Percentage of ever-married women who have experienced emotional, physical or sexual violence by any husband/partner in the past 12 months

Non-Partner Sexual Violence, SDG 5.2.2



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

Help seeking to stop violence



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

Key Messages

- Approximately 2 out of 3 of ever married women age 15-49 years have ever experienced emotional, physical or sexual violence at the hands of their current or most recent husband/partner.
- About 1 in 10 women of women age 15-49 have ever experienced sexual violence
- Slightly more than half of ever married women age 15-49 years experienced emotional physical or sexual violence by any husbands/partner in the last 12 months preceding the survey
- Close to 40 percent of ever married women age 15-49 years experienced physical violence by her most recent husband or partner in the last 12 months
- At least 55 percent of women age 15-49 years who have ever experienced physical or sexual violence; never sought help and never told anyone about their experience

Data shown in this section can be found in Tables DV1.1, DV1.1b, DV1.3, DV1.3b, DV1.9, and DV2.7 in the Survey Findings Report



National Statistics Office
Ministry of Finance
Bairiki / Tarawa

Telephone: (686) 21806
Facsimile: (686) 21307

Email: atekaieti@finance.gov.ki
<http://www.mfed.gov.ki/statistics/>

