

Harnessing the Power of Data for Girls

unicef 

Taking stock and looking ahead to 2030





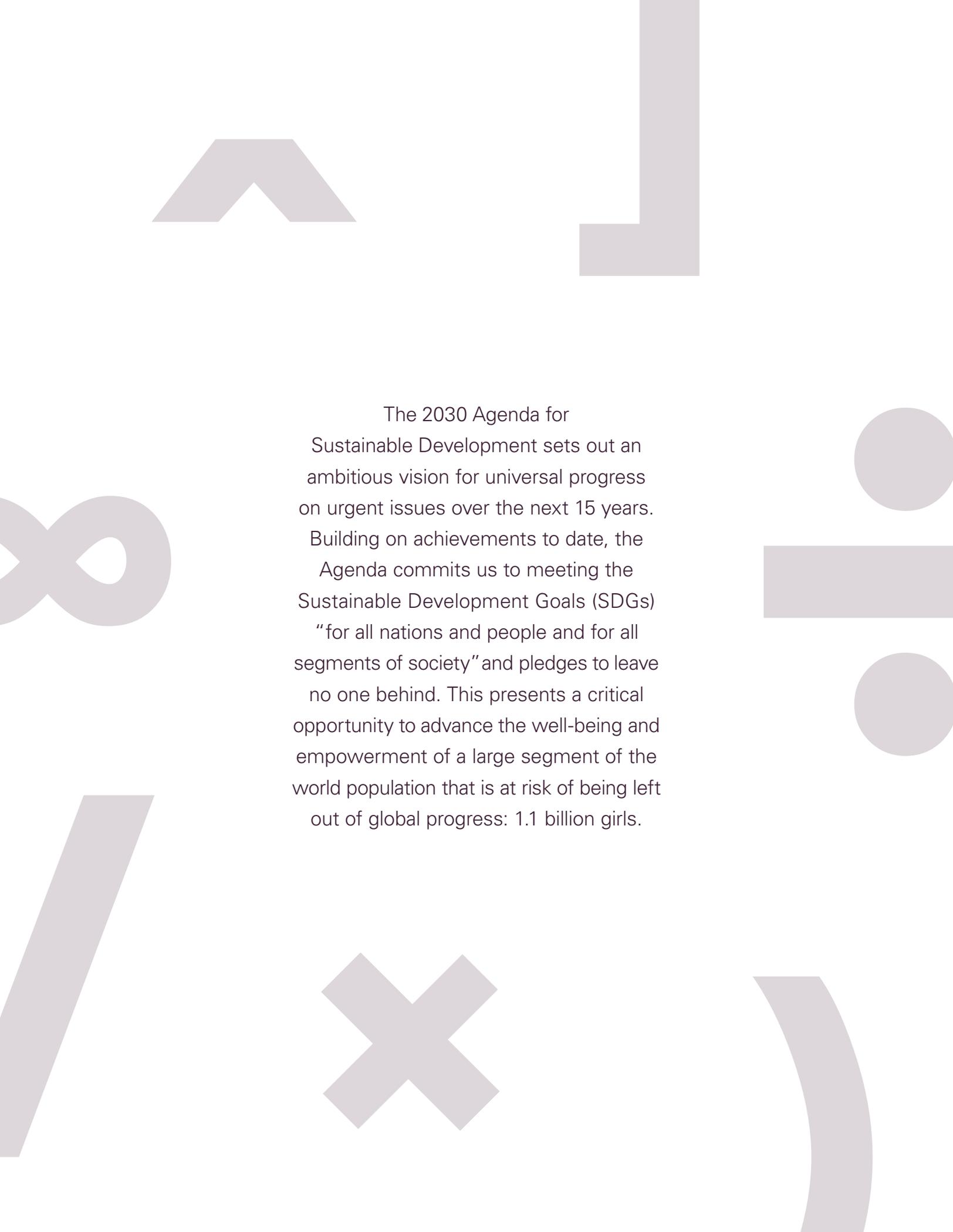
© United Nations Children's Fund (UNICEF)
Division of Data, Research and Policy, October 2016.

All reasonable precautions have been taken by UNICEF to verify information contained in this publication. For corrigenda subsequent to printing, please see data.unicef.org.

Permission is required to reproduce any part of this publication. Permissions will be freely granted to educational or non-profit organisations.

Please contact:
Data and Analytics Section
Division of Data, Research and Policy
3 UN Plaza, New York, NY 10017
www.data.unicef.org
data@unicef.org

Suggested citation: United Nations Children's Fund, *Harnessing the Power of Data for Girls: Taking stock and looking ahead to 2030*, UNICEF, New York, 2016.



The 2030 Agenda for Sustainable Development sets out an ambitious vision for universal progress on urgent issues over the next 15 years. Building on achievements to date, the Agenda commits us to meeting the Sustainable Development Goals (SDGs) “for all nations and people and for all segments of society” and pledges to leave no one behind. This presents a critical opportunity to advance the well-being and empowerment of a large segment of the world population that is at risk of being left out of global progress: 1.1 billion girls.

CENTRALITY OF GIRLS IN THE SDGS

Data tell us that the lives of girls today are better in many respects than those of preceding generations. Girls are now more likely to survive childhood, more likely to attend school and complete their education, less likely to be undernourished and less likely to marry as children.

Yet girls still suffer significant deprivations and inequalities, many of which result from the persistent gender discrimination faced by girls and women everywhere. And for many girls, further disadvantage based on disability, location, race, ethnicity or migration status compounds the challenges of building a fulfilling future.

Achieving the SDGs will not be possible without reaching all girls, starting with the most disadvantaged. For example:

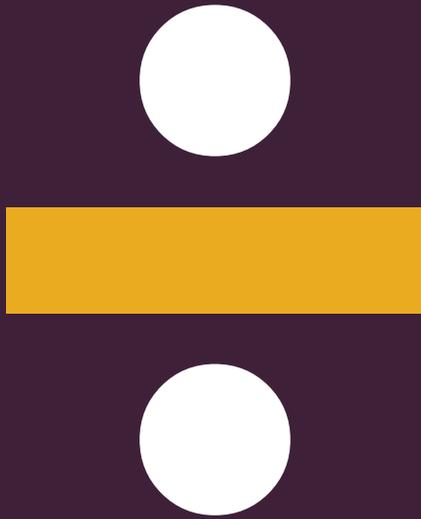
- + **Goal 3 calling for good health and well-being** for all will not be achieved if adolescent girls, who currently account for nearly two in three new HIV infections in their age group, are not reached with prevention and treatment options.
- + **Goal 4 of inclusive, quality education** for all will not be achieved if girls remain notably disadvantaged in educational access, completion and learning outcomes in a number of countries.
- + **Goal 5 calling for gender equality** and ending all forms of discrimination against girls and women will not be achieved if one in four girls still marry in childhood and the practice of female genital mutilation/cutting (FGM/C) continues unabated in some countries.
- + **Goal 16 to promote peaceful and inclusive societies** cannot be attained if prevailing gender discrimination and norms in many parts of the world continue to relegate girls to a lower status within society and their own families, leaving them vulnerable to exploitation and violence, including trafficking and sexual abuse.

Sustainable change for girls and progress towards achieving the SDGs will require investments from governments, donors and development organizations. This includes prioritizing infrastructure, goods and services that address girls' vulnerabilities and remove barriers to their empowerment. But it will also require engagement from communities, social networks, families and girls themselves.

Investing in data will be especially critical to monitor SDG progress and ensure accountability, as well as to increase understanding of girls' ongoing and emerging challenges and disadvantages as the world changes between now and 2030.

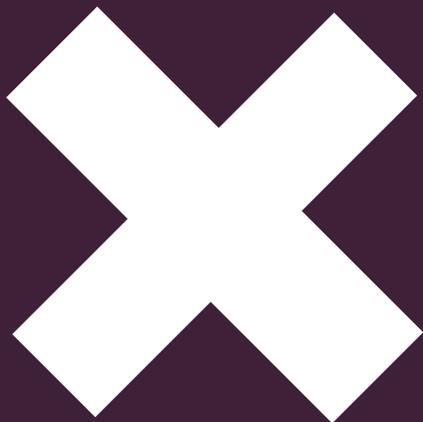
Fulfilling the commitments laid out in the new Agenda will not only improve the lives of today's 1.1 billion girls and support their transition to adulthood; it will also build a better world so the next generation of girls can thrive. The stakes are high, especially since these girls will increasingly be born into areas of the world where deprivations are especially acute.



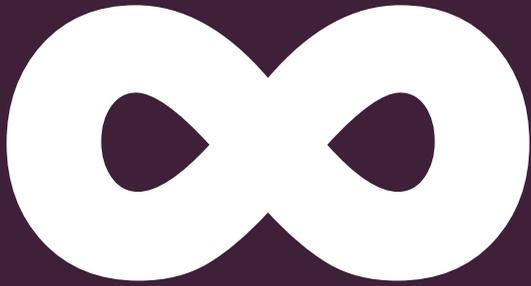


The world today is home to 1.1 billion girls under age 18. More than half of them live in Asia and a quarter live in Africa.

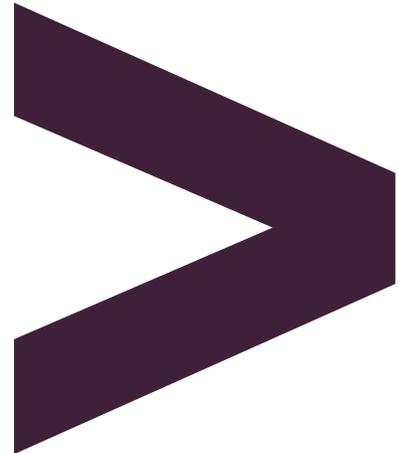
THE SDG GENERATION



Nearly nine in 10 girls today live in low- and middle-income countries – a pattern that is expected to continue through 2030.



70 million girls were born in 2015, beginning their lives just as the world embarks on the SDGs. These girls are expected to live on average 73 years. The expected life spans of girls born in low-income countries are almost 20 years shorter than those born in high-income countries.



Demographic projections indicate that while most regions will have a similar or smaller number of girls by 2030, the number of African girls will grow by 30 per cent between 2015 and 2030.

GIRLS' CONTINUING DISADVANTAGES

Available data suggest that gender disparities in early childhood are relatively small for many indicators, including those in the SDGs.

Overall, children are equally likely to be registered at birth irrespective of sex (around 70 per cent). In about half of countries with available data, girls are more likely to be developmentally on track at ages 3 and 4 than boys, while in the remaining countries there are no sex differences with regards to developmental status, and globally girls are just as likely as boys to participate in pre-primary education (66 per cent). In most countries, girls and boys are at about equal risk of experiencing violent punishment by caregivers in the home.

This said, however, significant gender differentials persist in some domains and in certain countries. For example, while gender parity in under-5 mortality has been achieved at the global level, notable gaps persist in nine countries — primarily located in South Asia and the Middle East — where girls' risk of dying before age 5 is significantly higher than would be expected.¹

Gender disparities become more pronounced as children approach adolescence. The onset of puberty magnifies biological differences between girls and boys and introduces issues and risks unique to or exacerbated for girls. As shown below, this can result in adverse outcomes for adolescent girls.

- 32 million girls are out of school at the primary level and 29 million at the lower secondary level. While more than two thirds of countries have reached gender parity in primary education, less than half have achieved parity at the secondary level. The largest gender gaps are in West and Central Africa, where 79 girls are enrolled in secondary school for every 100 boys.
- In three quarters of the low- and middle-income countries with available data, more than one in five adolescent girls have experienced violence at the hands of their partner in the past 12 months.

¹ Measuring gender inequalities in under-5 mortality rates (U5MR) is complex. Generally, girls tend to have better biological endowments than boys for survival to age five, and thus higher survival chances under natural circumstances, but sex discrimination can affect the odds. Gender parity therefore does not mean that girls and boys have an equal risk of dying, rather that the rates are proportionate to biological determinants. The global U5MR is 41 and 44 deaths per 1,000 live births for girls and boys, respectively.





- Suicide is the leading cause of death among adolescent girls aged 15–19 globally, with the highest rates seen in South-East Asia (one in six deaths among adolescent girls).
- Homicide rates are not as high for girls as for boys, accounting for 30 per cent and 70 per cent of victims under age 20, respectively. Perpetrators differ by sex of the victim: globally, almost half (47 per cent) of female homicide victims of all ages are killed by family members or intimate partners, whereas the figure for males is 6 per cent.
- Despite evidence of declines, around one in three girls aged 15–19 today have undergone FGM/C in the countries where it is practised.
- In sub-Saharan Africa, the region most heavily affected by HIV, three in four newly infected adolescents aged 15–19 are girls.
- Worldwide, almost 750 million women and girls alive today were married before their 18th birthday. While there has been a decrease in child marriage globally, progress has not been equitable; high levels have persisted among the poorest while declines have been limited to the richest.
- In the least developed countries, over one in four young women aged 20–24 – around 12 million women – have had a live birth before age 18. Similar proportions are observed in sub-Saharan Africa.
- Globally, less than 40 per cent of pregnant adolescent girls (younger than 20) have their first antenatal care visit within the first trimester as recommended. In sub-Saharan Africa and South Asia, half of births to adolescent mothers are not attended by skilled health personnel.
- Nine in 10 people worldwide use improved drinking water sources, including nearly six in 10 who use water piped on premises. In households without a water source on premises, girls and women are those primarily responsible for water collection. In sub-Saharan Africa, one round trip to collect water takes around 33 minutes on average in rural areas and 25 minutes in urban areas. This is time that could be spent on productive or leisure activities. Water collection often results in injuries, especially to young girls and pregnant women; it can also expose girls to risks of sexual violence while travelling back and forth.

550 14

MILLION HOURS / DAY

Globally, girls aged 5–14 spend 550 million hours every day on household chores, 160 million more hours than boys their age spend. A girl aged 5–9 spends an average of almost four hours per week on household chores while older girls aged 10–14 spend around nine hours per week on these activities. In some regions and countries, these numbers are twice as high.

HOURS / WEEK

In the three countries with the highest prevalence of involvement in household chores, on average, more than half of girls aged 5–14 spend at least 14 hours per week, or at least two hours per day, on household chores (Somalia 64 per cent, Ethiopia 56 per cent and Rwanda 48 per cent).

50 2/3

% MORE TIME SPENT ON CHORES THAN BOYS

Worldwide, girls aged 5–9 and 10–14 spend, respectively, 30 per cent and 50 per cent more of their time helping around the house than boys of the same age. In some regions, the gender disparities can be even more severe: In the Middle East and North Africa and South Asia regions, girls aged 5–14 spend nearly twice as many hours per week on household chores as boys of the same age.

COOK AND CLEAN IN THE HOME

In countries with available data on chores by type, almost two thirds of girls aged 5–14 (64 per cent) help with cooking or cleaning the house. The second most commonly performed task among girls this age is shopping for the household (50 per cent), followed by fetching water or firewood (46 per cent), washing clothes (45 per cent), caring for other children (43 per cent) and other household tasks (31 per cent).

GIRLS' TIME SPENT ON HOUSEHOLD CHORES

It is increasingly acknowledged that the unequal distribution of household chores has negative impacts on girls' and women's lives. Recognizing and valuing time spent on unpaid household services is therefore a target under SDG 5 on gender equality.

Household chores undertaken by children in their own homes within reasonable conditions and hours and under the supervision of their caregivers or other family members are a normal part of family life and are not always detrimental to children's health and well-being.

However, the types of chores commonly undertaken by girls – preparing food, cleaning and caring for others – not only set the stage for unequal burdens later in life but can also limit girls' outlook and potential while they are still young. The gendered distribution of chores can socialize girls into thinking that such domestic duties are the only roles girls and women are suited for, curtailing their dreams and narrowing their ambitions. Household chores are usually not valued by the family and community the way income-earning activities are, rendering the contributions of girls less visible and less valuable, and having lasting effects on their self-esteem and sense of self-worth.

Time spent on chores also limits girls' chances to enjoy the pleasures and leisure of childhood, including time to play, build social networks and focus on their education. In addition, caring for other children or family members who are sick or elderly imposes adult responsibilities on girls while they are still children themselves. Other chores can inadvertently place girls at risk of violence – for instance, while travelling to or from their homes to carry water or collect firewood.

To achieve the SDGs, disparities in the burden of household chores and negative gender patterns must be addressed before they become cemented in adulthood. Supporting girls to stay in school and be involved in sports, play and other leisure and asset-building activities – and investing in infrastructure, technology and childcare to ease uneven burdens – can help put girls on the path to empowerment and the world on course to greater gender equality.



DATA AVAILABILITY FOR GIRLS

Accountability for progress during the SDG era will depend on data, yet their availability for two thirds of the SDG indicators relevant to girls is either limited or non-existent; where data do exist, they are not always utilized or made available in user-friendly formats. In some cases, data are not sufficiently disaggregated or analysed by sex and age. In other cases, there is insufficient data collection on issues unique to or of critical importance to girls.

Indicator	Data availability for girls
1.2.1 National poverty line	●
1.2.2 Multidimensional poverty	●
1.3.1 Social protection coverage	●
2.2.1 Stunting	●
2.2.2 Malnutrition	●
3.1.1 Maternal mortality	●
3.1.2 Skilled birth attendance	●
3.2.1 Under-5 mortality	●
3.2.2 Neonatal mortality	●
3.3.1 HIV infections	●
3.4.2 Suicide	●
3.7.1 Family planning, modern methods	●
3.7.2 Adolescent births	●
3.8.1 Coverage of health services	●
3.8.2 Coverage of health insurance	●
4.1.1 Reading and math proficiency	●
4.2.1 Early childhood development	●
4.2.2 Participation in pre-primary education	●
4.3.1 Youth in formal / non-formal education	●
4.4.1 Information and communications technology (ICT) skills	●
4.5.1 Gender parity in education	●
	○

Legend: Percentage of countries with recent, comparable data available on girls (since 2010)

- **Green** ≥ 75% of countries
- **Yellow** 50 – 74% of countries
- **Red** < 50% of countries

4.6.1	Literacy and numeracy	Red
4.a.1f	Single-sex sanitation facilities in schools	Red
5.2.1	Intimate partner violence	Red
5.2.2	Non-partner sexual violence	Red
5.3.1	Child marriage	Green
5.3.2	Female genital mutilation / cutting	Green
5.4.1	Unpaid work	Red
5.6.1	Decision-making about reproductive health	Red
5.b.1	Mobile phone ownership	Red
6.1.1	Safe drinking water services	Green
6.2.1	Safely managed sanitation	Yellow
8.6.1	Youth not in education, employment or training	Yellow
8.7.1	Child labour	Yellow
8.10.2	Possession of a bank account	Red
16.1.1	Homicide	Green
16.1.2	Conflict-related deaths	Red
16.1.4	Feeling of neighbourhood safety	Red
16.2.1	Violent discipline	Red
16.2.2	Human trafficking	Red
16.2.3	Sexual violence in childhood	Red
16.3.1	Reporting violence to authorities	Red
16.9.1	Birth registration	Green
17.8.1	Internet use	Red

EXAMPLES OF DATA GAPS

EXISTING DATA TOOLS LEAVE GAPS IN MEASUREMENT:

Contraceptive use: No data are available on contraceptive use by girls who are neither married nor in a union.

Adolescent fertility: Existing data are limited to older adolescents aged 15 and above, missing the population of adolescent girls aged 10-14 years.

DATA QUALITY HAS KNOWN SHORTCOMINGS, WARRANTING REFINEMENT OF DATA COLLECTION METHODS:

Mortality: Strengthening vital registration systems would improve mortality measurement overall and make sex-disaggregated mortality data more robust. Measurement through other sources could also be improved by including questions on the sex of the deceased child, and when this information is captured (as in most household surveys), making it public and accessible.

Suicide: Existing cause-of-death data show suicide as the number one cause among adolescent girls (15–19) globally. While this has drawn important attention to mental health concerns, it should also prompt further investigation. Given the often poor quality of cause-of-death data and high rates of violence against girls and women – including intimate partner violence, ‘dowry deaths’ and ‘honour’ killings – diligence should be taken to ensure that femicides are not being misreported as suicides.

GENDER-SENSITIVE MEASUREMENT STANDARDS ARE NEEDED:

Child labour: In 2008, the 18th International Conference of Labour Statisticians (ICLS) adopted a Resolution recognizing, for the first time, the need to account for children’s involvement in hazardous unpaid household services (defined in part by long/excessive hours relative to a child’s age) in defining child labour. While children aged 5–11 and 12–14 are considered child labourers when they engage in economic activities for at least 1 hour and 14 hours per week, respectively, the standard practice has been to consider only those children aged 5–14 engaged in household chores for 28 hours or more per week as child labourers. Under this definition, a 5-year-old child working in economic activities for one hour per week, for example, would be counted as a child labourer and considered in need of protection, while a child of the same age could be doing household chores for up to 27 hours per week (or just under 4 hours a day) and not be afforded the same recognition. This has the potential to introduce gender bias since, in many places, more girls than boys do household chores (while boys are more likely to engage in economic activities). This not only means that girls may be underrepresented in overall child labour prevalence estimates but also reinforces social norms that undervalue girls’ and women’s contributions and time spent on housework.

METHODOLOGICAL WORK ON ADDITIONAL ISSUES RELEVANT TO GIRLS IS ONGOING:

Menstrual hygiene management: Data are scarce on the main barriers faced by girls to manage their period hygienically and with dignity. Relevant questions are currently being incorporated into household surveys with a focus on a private place to wash and change, and the availability of materials and their disposal.

Mental health: New tools are being developed to capture mental health issues across cultures and contexts.







HOW TO IMPROVE DATA FOR GIRLS

- ▲ Enhance national capacity and systems to collect, analyse and disseminate gender data across the age spectrum to improve the quality and availability of statistics on priority issues for girls. Particular investment is needed in civil registration and vital statistics that underpin essential statistics for girls, including sex ratios, mortality rates and causes of death, birth registration and child marriage.
- ▲ Ensure that data collection tools are gender-sensitive, that indicators are gender-relevant and that data are gender-disaggregated.
- ▲ Disaggregate data along other dimensions (e.g., ethnicity, age, wealth, disability, location, migration status) to better understand exactly which girls are most disadvantaged.
- ▲ Improve data collection efforts for often-undercounted groups of girls, including those living in institutional settings and those who are displaced.
- ▲ Develop international standards and data collection tools for emerging areas of importance for girls, so that relevant, robust and comparable data can be produced.
- ▲ Foster the in-depth analysis and wide dissemination of gender statistics.
- ▲ Develop protocols for ethical and safe data collection on sensitive issues to protect girls from possible harm deriving from their involvement in data gathering.
- ▲ Equip policy-makers with data that is actionable so they can make evidence-based decisions.

Data sources:

UNICEF global databases 2016, based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS), censuses, vital registration and other nationally representative sources; under-5 mortality data from the United Nations Interagency Group for Child Mortality Estimation; HIV data from UNAIDS 2014 HIV and AIDS estimates, July 2015; water and sanitation data from the World Health Organization (WHO)/UNICEF Joint Monitoring Programme for Water Supply and Sanitation; cause-of-death data from WHO Global Health Estimates; homicide perpetrator data from the United Nations Office on Drugs and Crime; education data from UNICEF and the United Nations Educational, Scientific and Cultural Organization (UNESCO) Institute for Statistics; demographic data from United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects: The 2015 revision*, DVD edition, 2015.



Photo credits:

Cover: © UNICEF/UNI150486/Asselin
Pg 4: © UNICEF/UN028849/Tremeau
Pg 6: © UNICEF/UNI111946/Asselin
Pg 7: © UNICEF/UNI74901/Pirozzi
© UNICEF/UNI74905/Pirozzi

Pg 8: © UNICEF/UNI182593/Pirozzi
Pg 11: © UNICEF/UNI178051/Dolan
Pg 15: © UNICEF/UN034302/Torgovnik
Pg 16: © UNICEF/UNI10369/Estey
Pg 18: © UNICEF/UNI43999/Pirozzi

Design:

Camila Garay



