

Sindh 2018-19



Adolescents

Multiple Indicator
Cluster Surveys

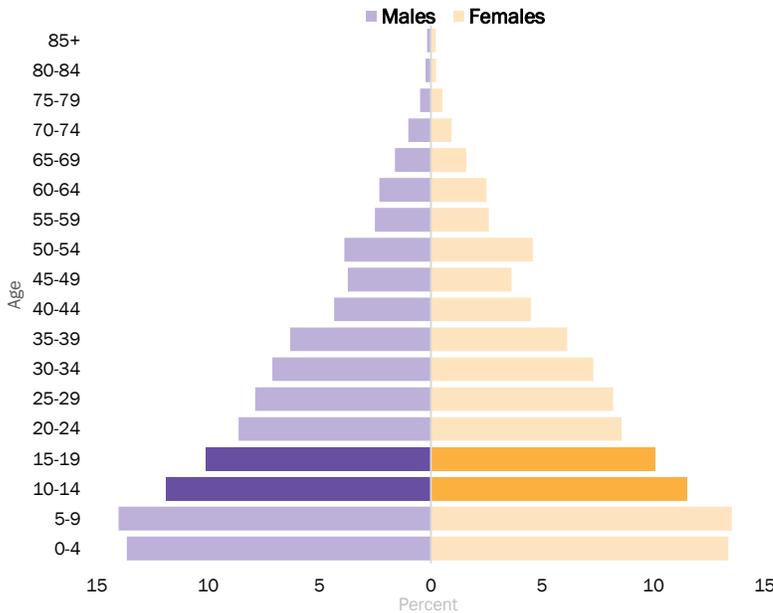
The Adolescent Population: Age 10-19



Bureau of Statistics
Planning & Development Department
Government of Sindh



Age & Sex Distribution of Household Population



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

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

Every Adolescent Survives & Thrives

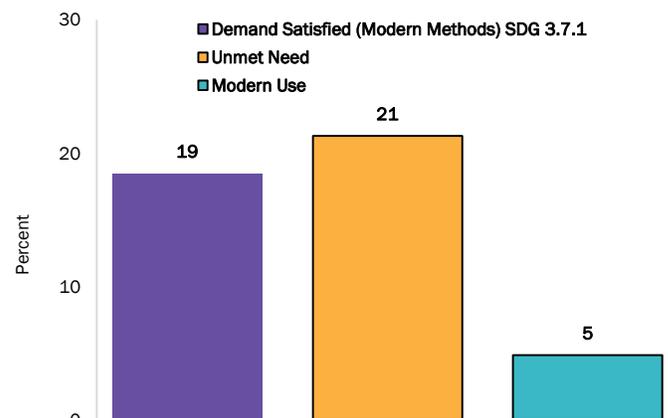
Adolescence is by some measures the healthiest period in the life-course, yet it can also mark the first manifestations of issues which can have lifelong effects on health and wellbeing, such as unsafe sexual behavior, early childbearing and substance misuse. Nevertheless, health interventions during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

Adolescent Birth Rate: SDG 3.7.2



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

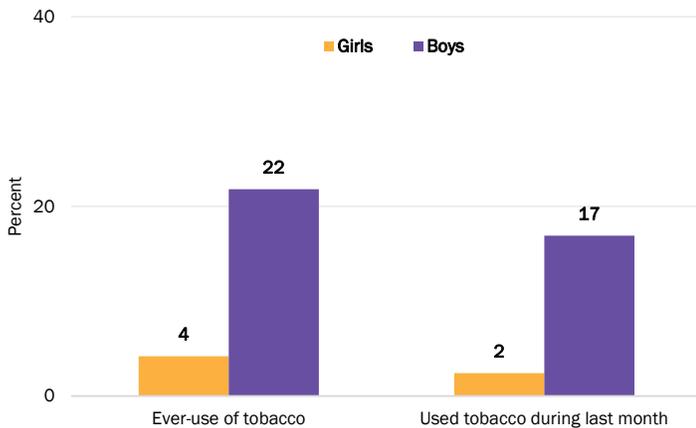
Modern Contraceptive Use, Unmet Need & Demand Satisfied for Modern Methods: SDG 3.7.1



Percentage of currently married girls age 15-19 years who are using a contraceptive method, percentage with an unmet need for contraception and percent of demand for modern methods of family planning satisfied

Every Adolescent Survives & Thrives

Tobacco*

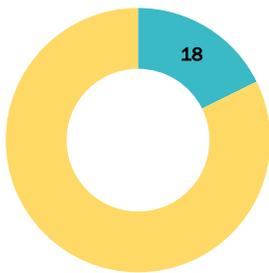


Tobacco use typically have their onset in adolescence and are major risk factors for adverse health and social outcomes, as well as for non-communicable diseases later in life. Adolescence is a time of heightened risk-taking, independence seeking and experimentation. Adolescents are at increased risk 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
 Percentage of adolescent girls and boys age 15-19 who have used tobacco in the last 1 month
 *Tobacco use in last month among adolescents is an age disaggregate of SDG 3.a.1

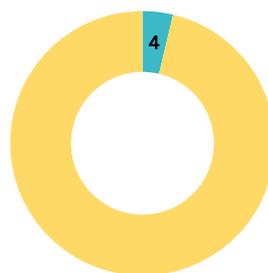
Every Adolescent Learns

Foundational Reading Skills



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

Foundational Numeracy Skills

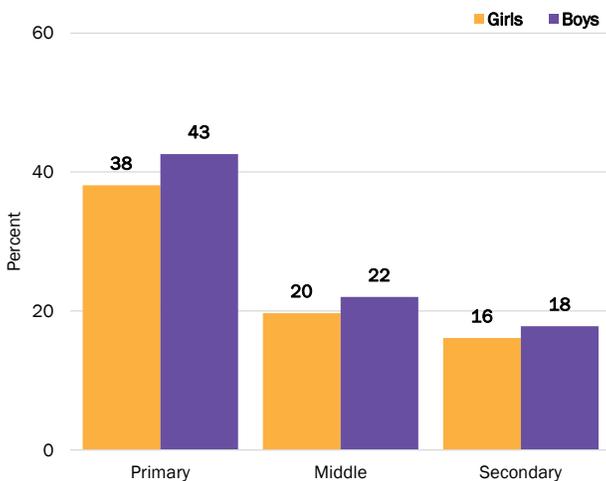


Percentage of children age 7-14 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task

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.

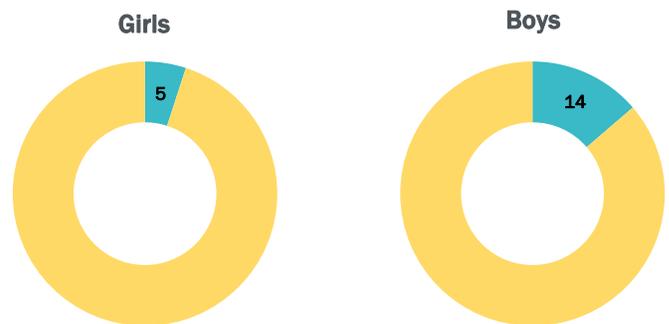
Data on reading and numeracy skills are collected in MICS through a direct assessment method. The Foundational Learning module captures information on children's early learning in reading and mathematics at the level of Grade 2 in primary education.

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

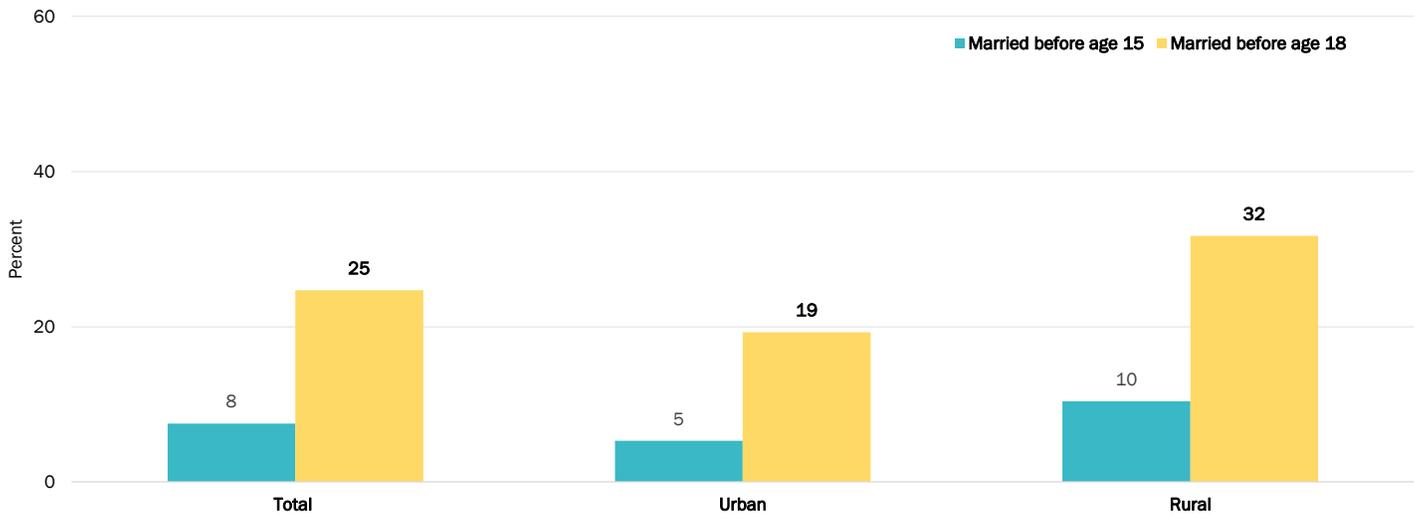
*Age disaggregate of SDG 4.4.1: Proportion of youth and adults with information and communications technology (ICT) skills

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

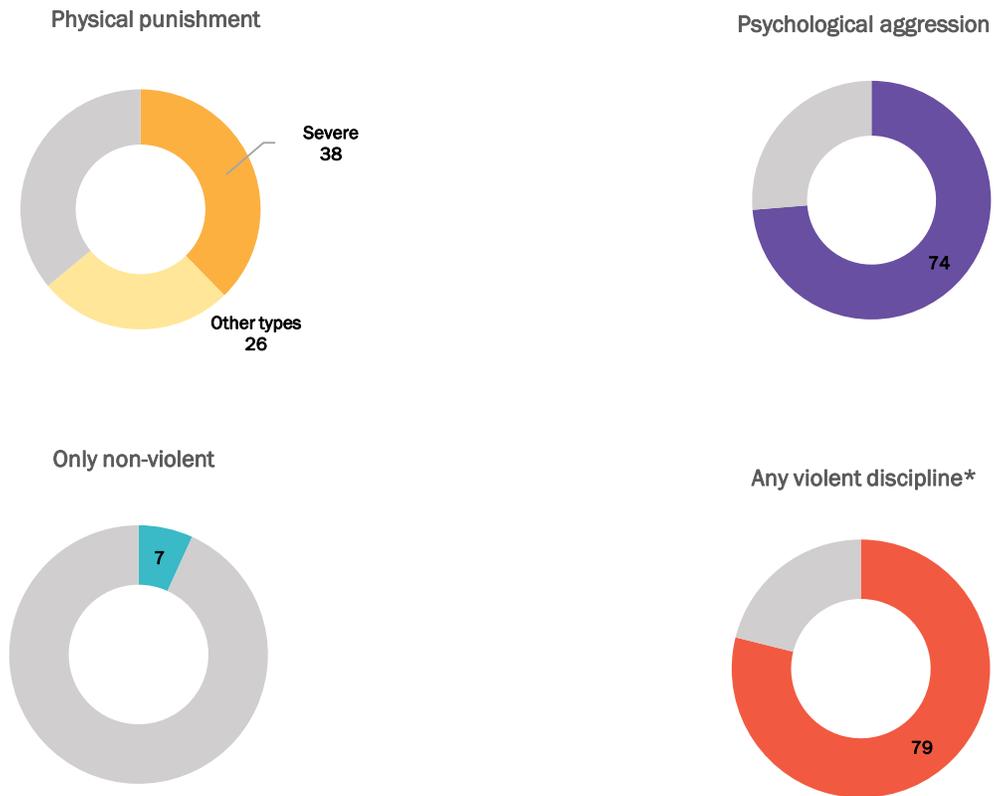
Every Adolescent is Protected from Violence & Exploitation

Child Marriage: SDG 5.3.1



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

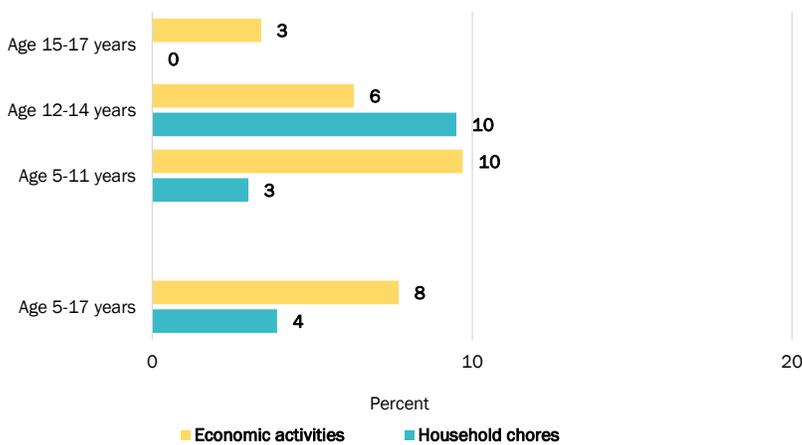
Child Discipline



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

Type of Child Labour



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

Definition of Child Labour

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

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

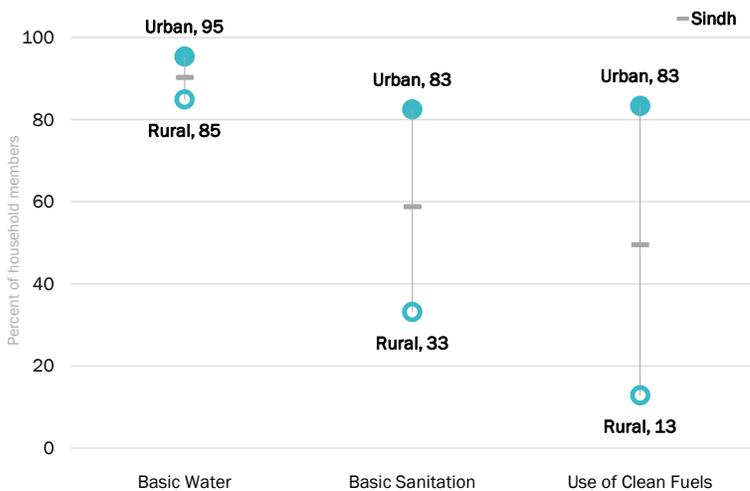
Age 15-17 years: At least 43 hours of economic activities. NO threshold for number of hours of unpaid household services.

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

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

Every Adolescent Lives in a Safe & Clean Environment

Water, Sanitation & Clean Fuel Use



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

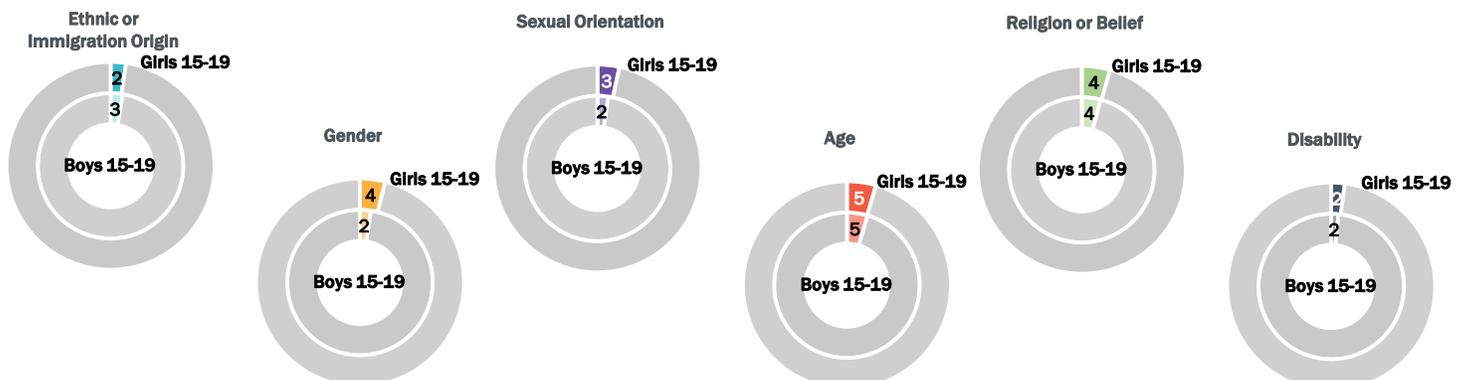
Basic Drinking Water SDG 1.4: Drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: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

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

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

Every Adolescent has an Equitable Chance in Life

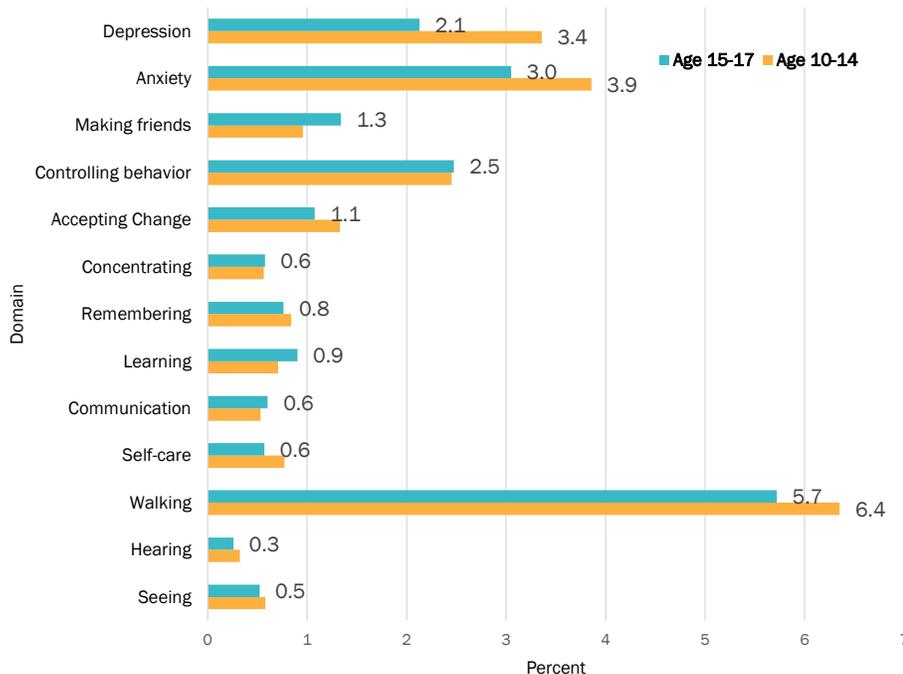
Discrimination & Harassment



Percentage of 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



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.

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

Key Messages

- Women who have a secondary education or higher, live in urban areas or come from wealthier households are substantially less likely to give birth during adolescence (9%, 36% and 20% respectively) than are women who have no education (79%), or come from rural (66%) or poor (78%) households.
- Only 5% of ever married girls age 15-19 years reported using a modern contraceptive method. More than one in five (21%) girls 15-19 years in Sindh province had an unmet need for family planning.
- Boys age 15-19 years are far more likely to have ever used tobacco (22%) than are girls (4%). Seventeen percent (17%) of boys used tobacco in the past month compared to just 2% of girls.
- Foundational reading and numeracy skills for children 7-14 years are low in Sindh province. Only 18% of children 7-14 years can read at a grade two level or higher and even fewer (4%) had numeracy skills at a grade two level or higher.
- In Sindh province, more boys can perform at least one computer related activity (14%) than girls (5%). However, ICT skills for both boys and girls in Sindh province is very low.
- Twenty-five percent (25%) of women 20-24 years in Sindh province were married before their 18th birthday. Eight percent (8%) were married before age 15 years.
- Physical punishment, psychological aggression and violent discipline towards children 10-14 years is common in Sindh province. Only 7% of children experienced only non-violent forms of discipline in the month prior to this MICS survey.
- Access to basic sanitation and use of clean fuels is strongly correlated with household location (urban/rural).
- A concerning proportion of adolescents were reported in this MICS to experience difficulty with anxiety and depression. There is a need to understand more about the nature of anxiety and depression amongst adolescents in Sindh province.

The Sindh Multiple Indicator Cluster Survey (MICS) was carried out in 2018-19 by the Sindh Bureau of Statistics, Planning and Development Department as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF and Government of Sindh provided financial support.

disseminate selected findings from the Sindh MICS 2018-19 related to Adolescents. Data from this snapshot 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.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on www.sindhbos.gov.pk and www.mics.unicef.org/surveys.