

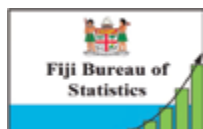
Fiji 2021

 **MICS**

Multiple Indicator
Cluster Survey



Snapshot of Key Findings



Fiji 2021



Multiple Indicator
Cluster Survey

Snapshot of Key Findings



The Fiji Multiple Indicator Cluster Survey (MICS) was carried out in 2021 by the Fiji Bureau of Statistics in collaboration with the Ministry of Health & Medical Services (MoHMS) and other government ministries, as part of the Global MICS Programme. Technical support was provided by the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA) and the Pacific Community (SPC), with funding from the Government of Fiji, the Government of New Zealand and financial support from UNICEF and UNFPA.

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

The objective of this snapshot of key findings is to facilitate the dissemination and use of the results from the Fiji MICS 2021. The survey methodology and detailed tabulations based on the data collected are available in the Survey Findings Report.

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

Suggested citation:

Fiji Bureau of Statistics. 2022. *Fiji Multiple Indicator Cluster Survey 2021, Snapshot of Key Findings*, Suva, Fiji: Fiji Bureau of Statistics.

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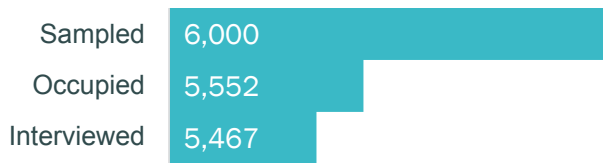
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Sample & Survey Characteristics

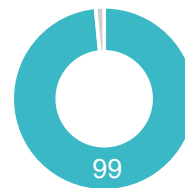


Response Rates

Household



Response Rates



Survey Implementation

Implementing agency:
Fiji Bureau of statistics

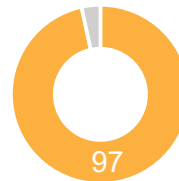
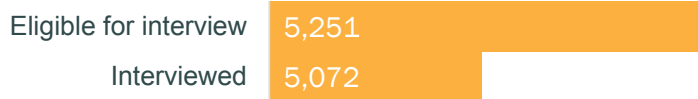
Sampling frame:
2017 Fiji Census of Population and Housing

Interviewer training:
February - March 2021

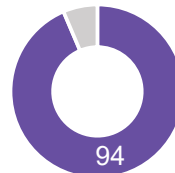
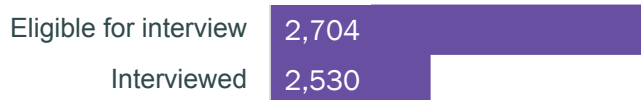
Fieldwork:
March - April 2021

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

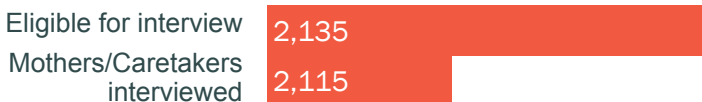
Women age 15-49 years



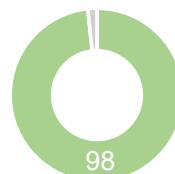
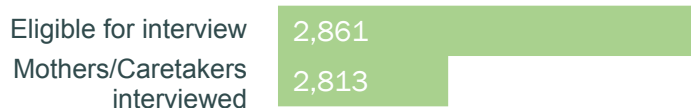
Men age 15-49 years



Children under 5 years



Children age 5-17 years





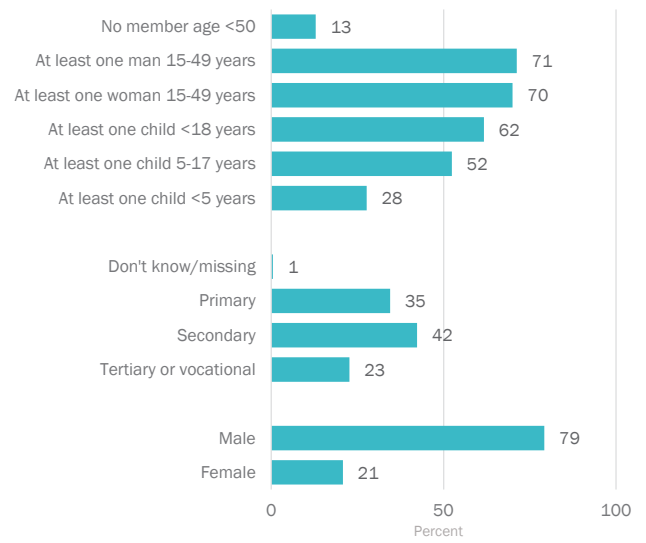
Population Characteristics

Household Population Age & Sex Distribution



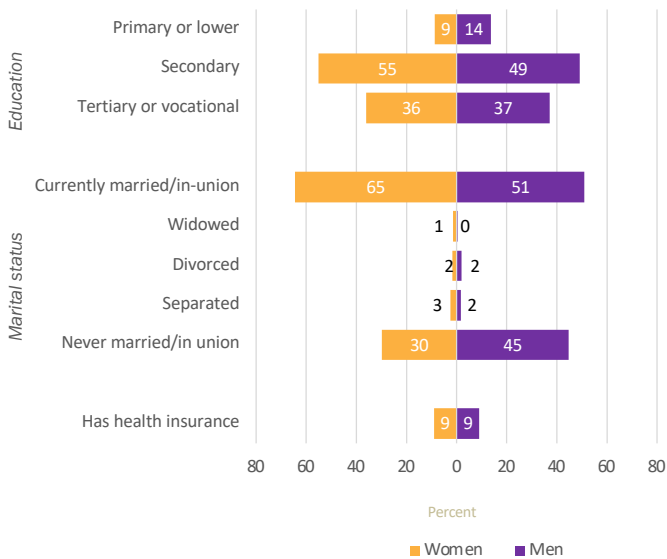
Percent distribution of household population by age group and sex

Household Composition & Characteristics of Head of household



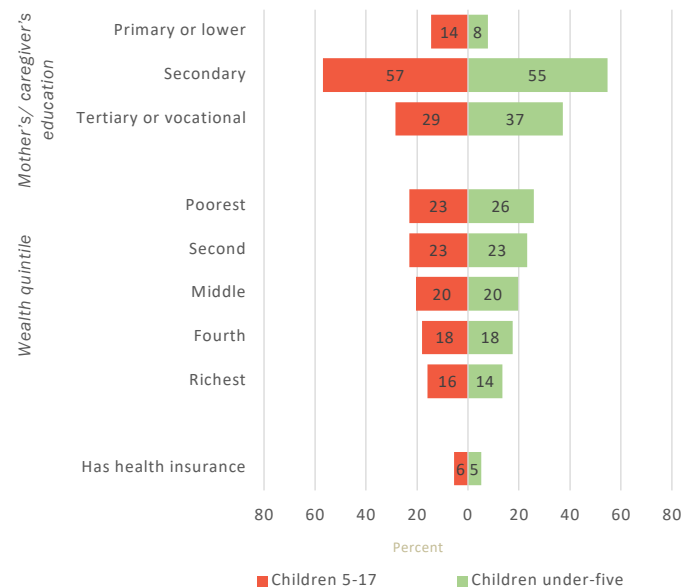
Percent of households by selected characteristics

Women & Men's Profile



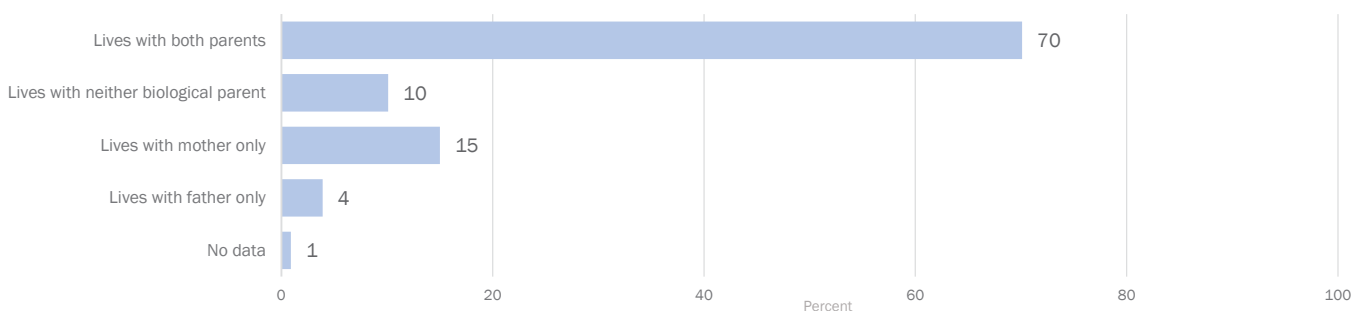
Percent distribution of women and men age 15-49 years by background characteristics

Children's Profile



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

Children's Living Arrangements*



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

*Children age 0-17 years

Divisional Distribution of Population (per cent)

Division	Households	Women 15-49 years	Men 15-49 years	Children under 5 years	Children 5-17 years
National	100	100	100	100	100
Central	40	43	43	44	40
Eastern	4	3	4	5	5
Northern	14	13	13	14	15
Western	42	41	41	37	40

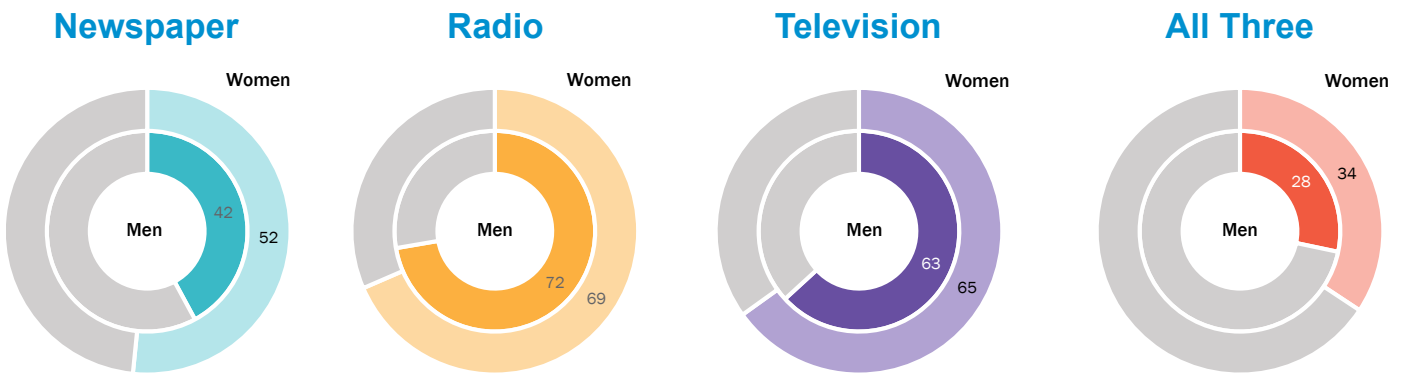
Key Messages

- In Fiji MICS, 2021, 6,000 households were sampled (1,980 from Central Division, 480 from Eastern Division, 1,160 from Northern Division and 2,380 from Western Division). Number of occupied households was 5,552; of these, 5,467 households were interviewed, for an overall response rate of 99 per cent.
- The response rate among men aged 15-49 years was lower (94 per cent) than among women aged 15-49 years (97 per cent).
- The response rate for children aged 5-17 years and children under 5 years of age was 98 per cent and 99 per cent, respectively.
- The population age distribution shows a large proportion of the population is in younger age groups (35 per cent are children aged 0-17 years and 44 per cent are below age 25 years).
- Households in Fiji are predominantly headed by men, with only 21 per cent of households headed by women.
- Sixty-two per cent of the households had at least one child aged 0-17 years and 28 per cent of the households had at least one child under 5 years of age.
- Over two thirds of children aged 0-17 years (70 per cent) lived with both parents while less than one tenth of children aged 0-17 years (10 per cent) lived with neither biological parent.
- Majority of the Fiji population (82 per cent) live in Central and Western divisions.

Mass Media, Communications & Internet



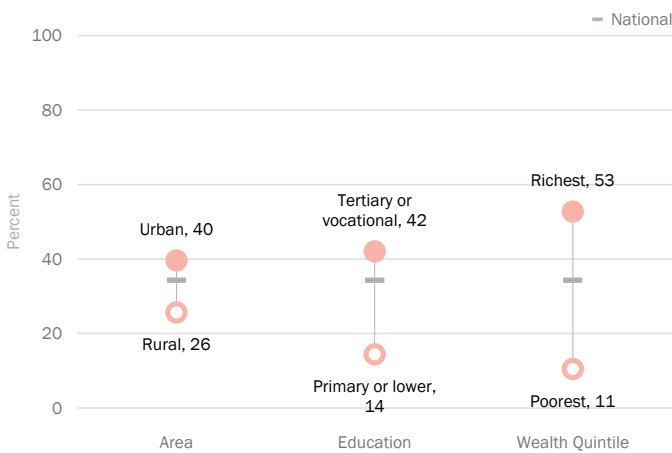
Exposure to Mass Media



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

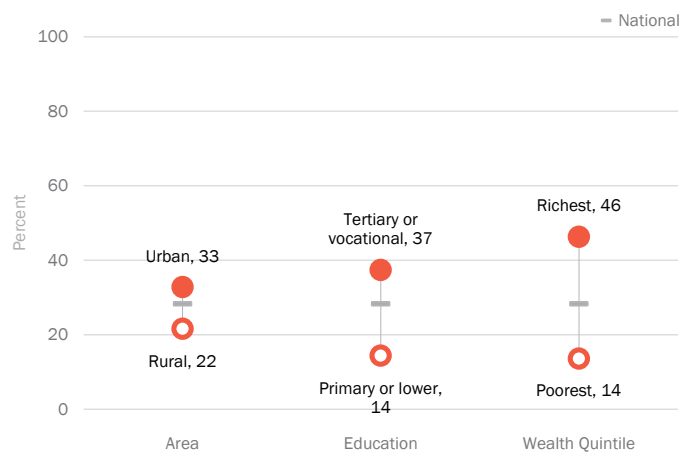
Inequalities in Exposure to Mass Media

Women Exposed 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 Exposed to Newspaper, Radio & Television Weekly



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

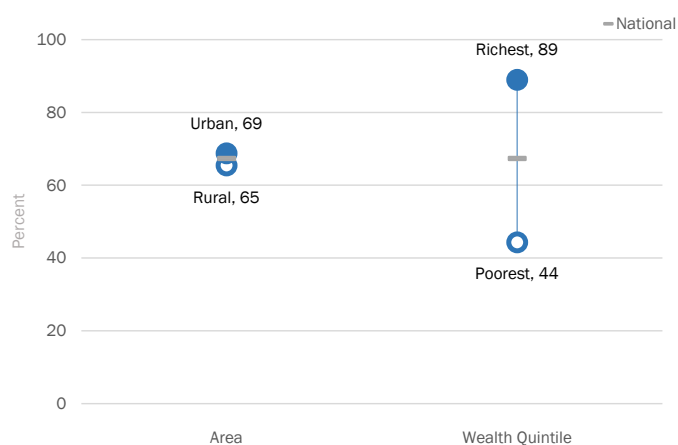
Household Ownership of Information & Communication Technology (ICT) Equipment & Internet at Home

Division	Radio	Television	Telephone-Fixed line	Telephone-Mobile	Computer	Internet at Home
National	67	71	6	95	30	76
Central	62	73	8	97	36	83
Eastern	58	38	3	84	15	49
Northern	70	60	2	92	24	62
Western	73	76	4	96	29	77

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

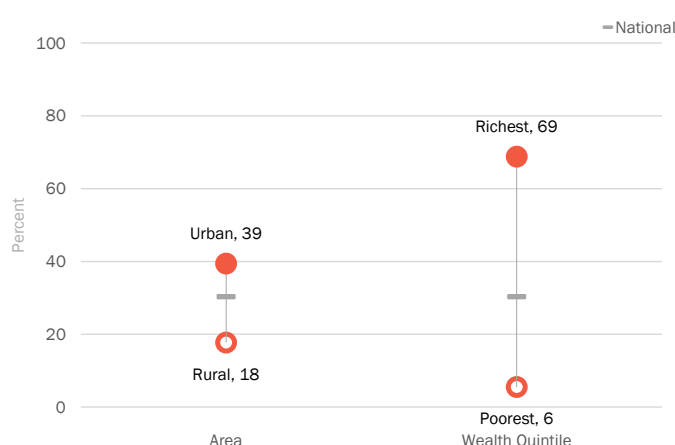
Inequalities in Exposure to Mass Media

Household Ownership of a Radio



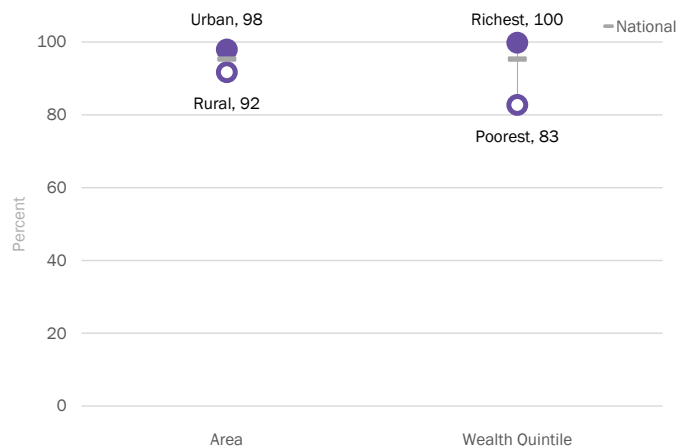
Percentage of households with a radio at home

Household Ownership of a Computer



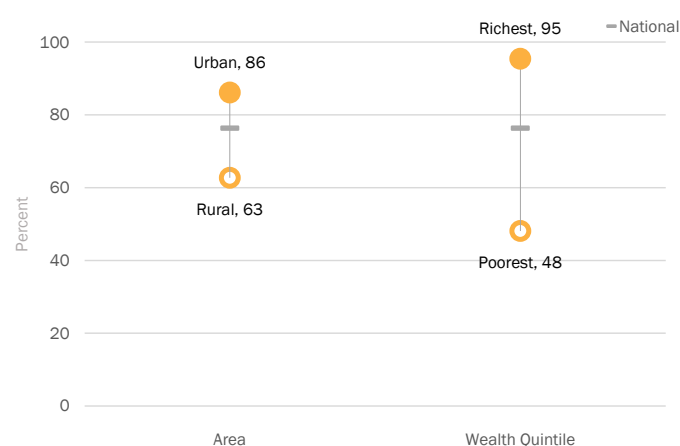
Percentage of households with a computer at home

Household Ownership of a Mobile Telephone



Percentage of households with mobile telephone

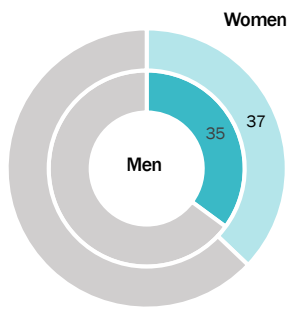
Households with Internet



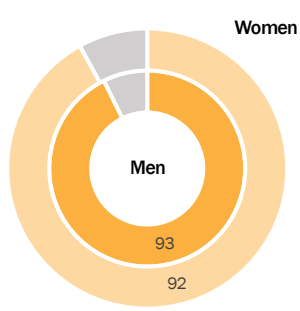
Percentage of households with access to the internet at home

Use of Information & Communication Technology

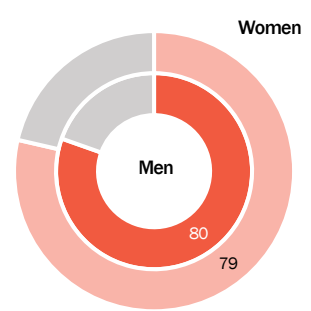
Computer Use



Mobile Phone Use



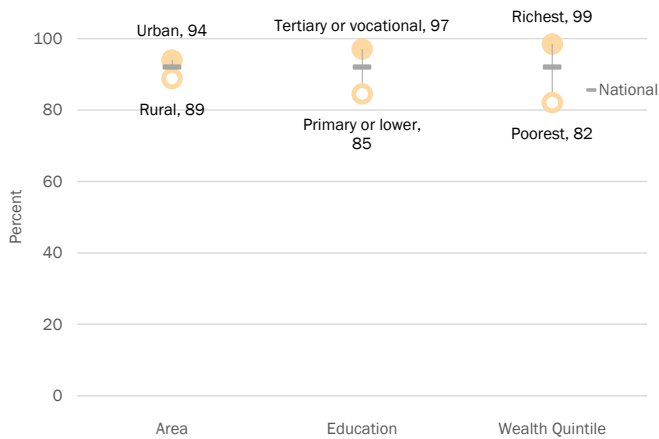
Internet Use: SDG17.8.1



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

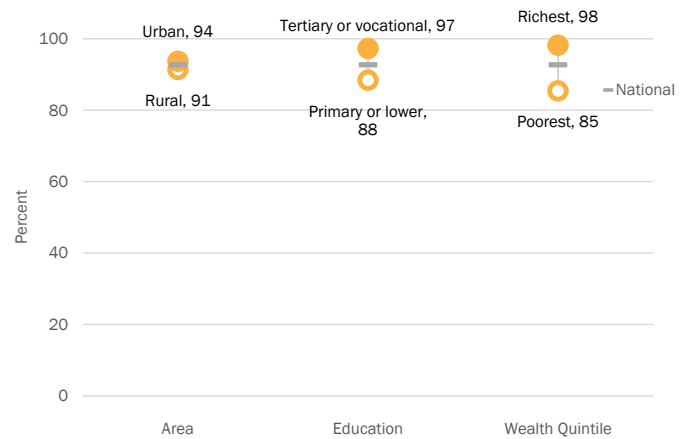
Disparities in Use of Information & Communication Technology

Disparities in Mobile Phone Use among Women



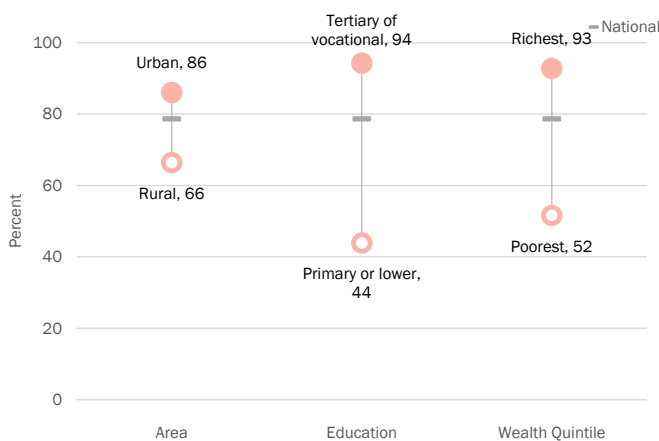
Percentage of women age 15-49 years who during the last 3 months used a mobile phone

Disparities in Mobile Phone Use among Men



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

Disparities in Internet Use among Women: SDG17.8.1



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

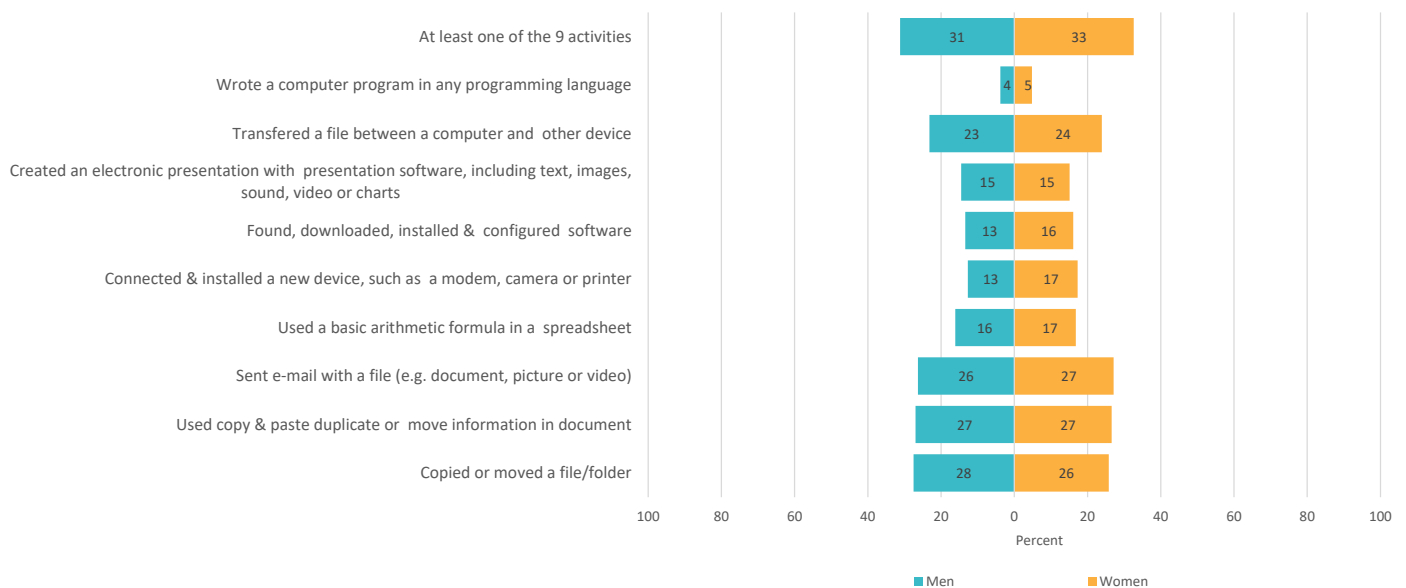
Disparities in Internet Use among Men: SDG17.8.1



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

Information & Communication Technology (ICT) Skills

Specific Computer Skills



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

Information & Communication Technology (ICT) Skills

Division	Computer Use	Mobile Phone Use	Internet Use	Performed at Least 1 computer-related activity
National	37	92	79	33
Central	43	92	83	39
Eastern	19	84	54	17
Northern	34	93	68	29
Western	34	92	80	29

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

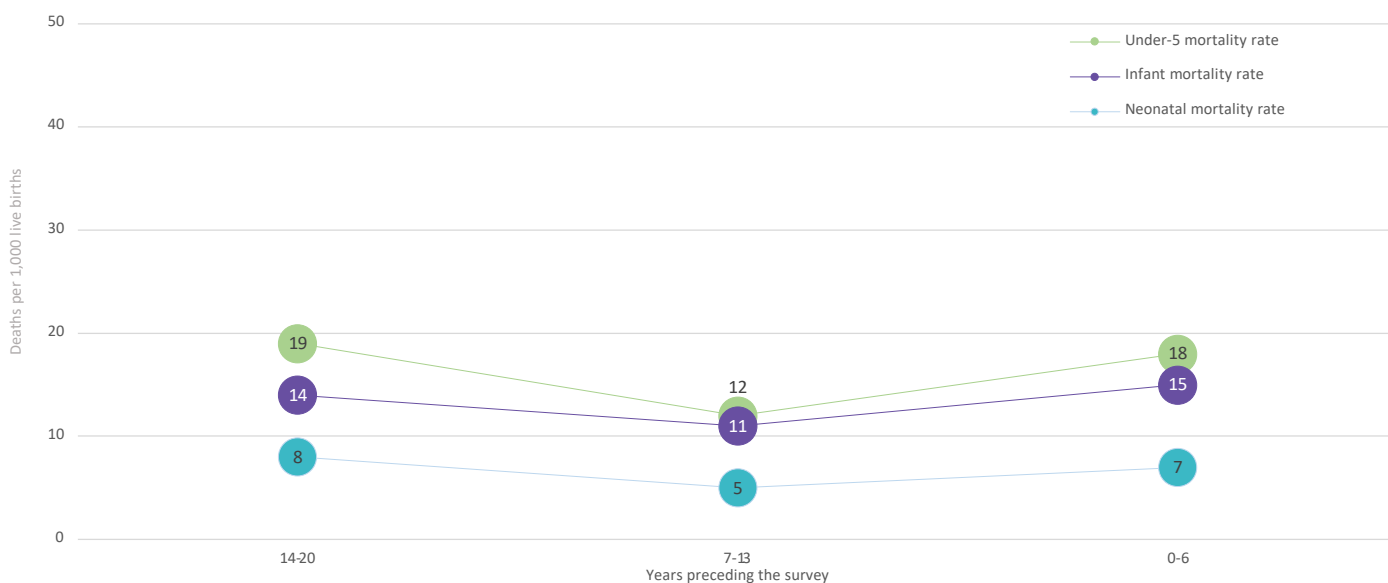
Key Messages

- Access to mass media (including newspaper, radio and television) varies among different groups in Fiji's population.
- On a weekly basis, 42 per cent men and little more than half of women aged 15-49 years are exposed to newspapers; 69 per cent of women and 72 per cent of men are exposed to radio; and nearly two in three both men and women watch television.
- Overall, nearly three tenths of men and a third of women are exposed to all three types of mass media on a weekly basis.
- Ninety-five per cent of households own mobile phones.
- About 80 per cent of people aged 15-49 years use internet frequently, with almost equal distribution among men and women.
- Little more than three in four households have internet at home and three in ten households have computers.
- Around 69 per cent of the richest households have computers, compared with only six per cent of the poorest.

Child Mortality



Mortality Rates among Children Under-5 years



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
0-6	7	9	15	3	18
7-13	5	6	11	1	12
14-20	8	7	14	5	19

Neonatal mortality (NN): probability of dying within the first month of life (per 1,000 live births)

Post-neonatal mortality: calculated as the difference between infant and neonatal mortality rates (per 1,000 live births)

Infant mortality (${}_1q_0$): probability of dying between birth and first birthday (per 1,000 live births)

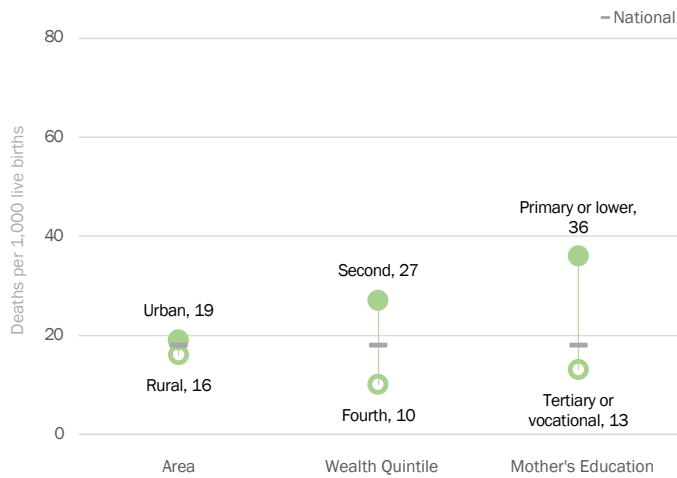
Child mortality (${}_4q_1$): probability of dying between the first and fifth birthday (per 1,000 children who survive up to age 1)

Under-5 mortality (${}_5q_0$): probability of dying between birth and fifth birthday (per 1,000 live births)

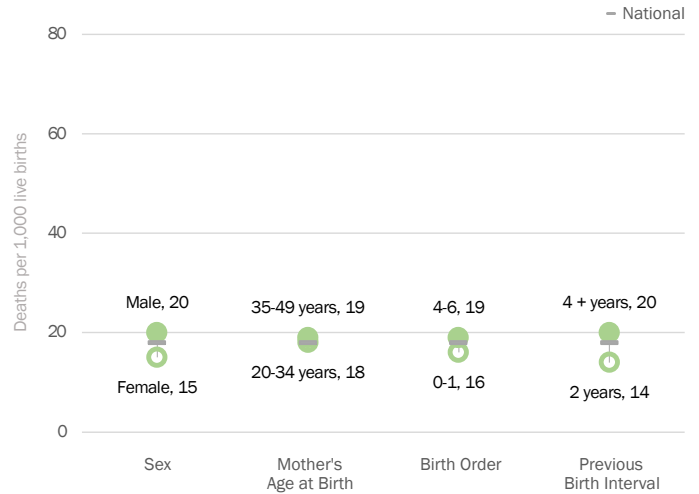
MICS uses a **direct method for estimation of child mortality**. This involves collecting **full birth histories** whereby women age 15-49 years are asked for the date of birth of each child born alive, whether the child is still alive and, if not, the age at death.

Differentials in Child Mortality

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



Under-5 mortality rate by demographic risk factors



Under-five mortality rates for the seven-year period preceding the survey, by socio-economic characteristics, area and demographic risk factors
 Note: Values for figures in "Mother's age at birth" are based on 250-499 unweighted person years of exposure to the risk of death

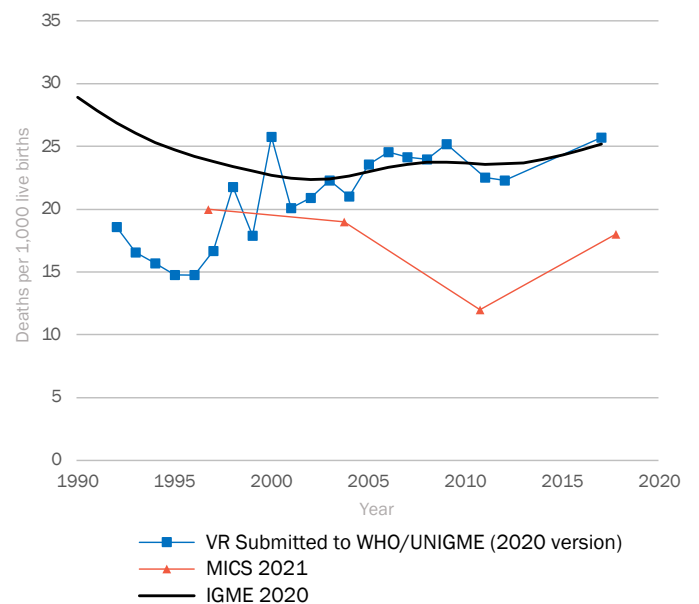
Neonatal & under-5 mortality rates by division

Division	Neonatal mortality	Under-5 mortality
National	7	18
Central	5	15
Eastern	(4)	(7)
Northern	7	16
Western	8	23

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

Note: Values for figures in "Eastern" are based on 250-499 unweighted person years of exposure to the risk of death

Trends in under-5 mortality rates



The source data used in the above graph is taken from the final report of Fiji MICS, 2021, with the exception of IGME 2020 and VR which are downloaded from the UNIGME web portal.

Child mortality source data are published on www.childmortality.org, the web portal of the United Nations Inter-agency Group for Child Mortality Estimation (UNIGME). UNIGME data points may differ from the published estimates of a survey, census or vital registration system since UNIGME recalculates estimates using smaller intervals, longer reference periods and/or calendar years (if data are available).

Key Messages

- Fiji has achieved Sustainable Development Goal 2030 target of reaching below 12 deaths per 1,000 live births for neonatal mortality rate (NMR) and 25 deaths per 1,000 live births for under-five mortality rate (U5MR).
- U5MR is higher for children in urban areas compared to those in rural areas.
- U5MR among children born to mothers with primary or lower level of education is three times higher compared to children born to mothers with tertiary or vocational level of education (36 vs 13 deaths per 1,000 live births).
- Surprisingly, the U5MR among those with previous birth interval less than two years is lower

compared to those with PBI more than four years (14 vs 20 deaths per 1,000 live births).

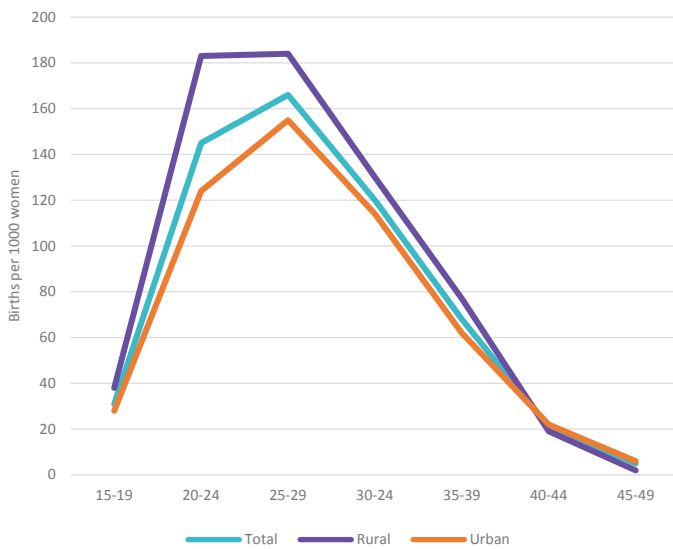
- Overall, NMR and U5MR are lower in the Central Division compared to other divisions in Fiji.

Fertility & Family Planning



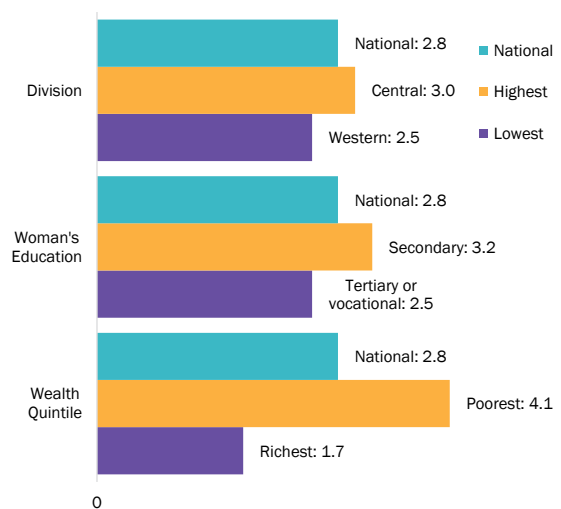
Fertility

Age Specific Fertility Rates



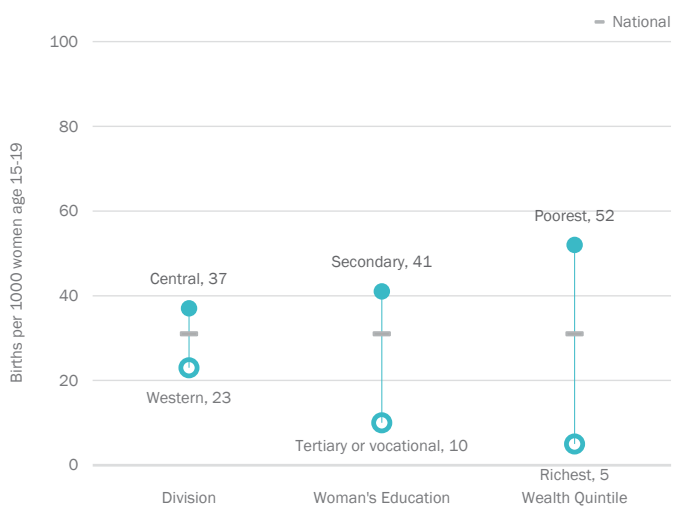
Age-specific fertility rates (ASFR) are the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women

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

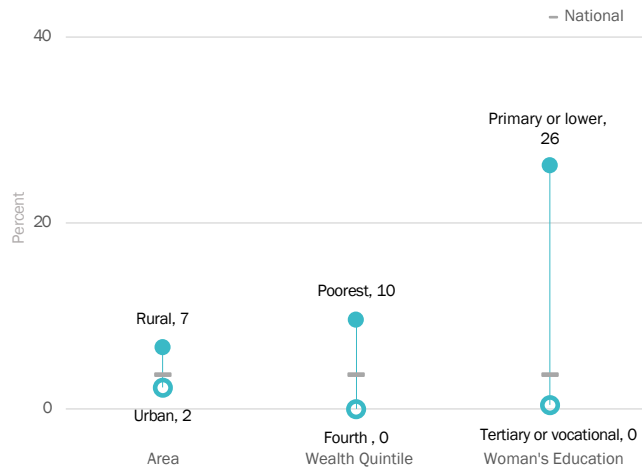


Age-specific fertility rate for girls age 15-19 years for the three-year period preceding the survey

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.

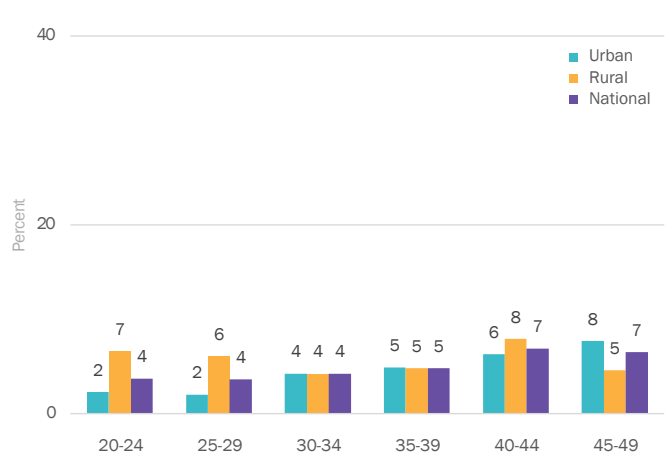
Early Child Bearing - by Age 18



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

Note: Data for 'Primary or lower' are based on 25-49 unweighted cases

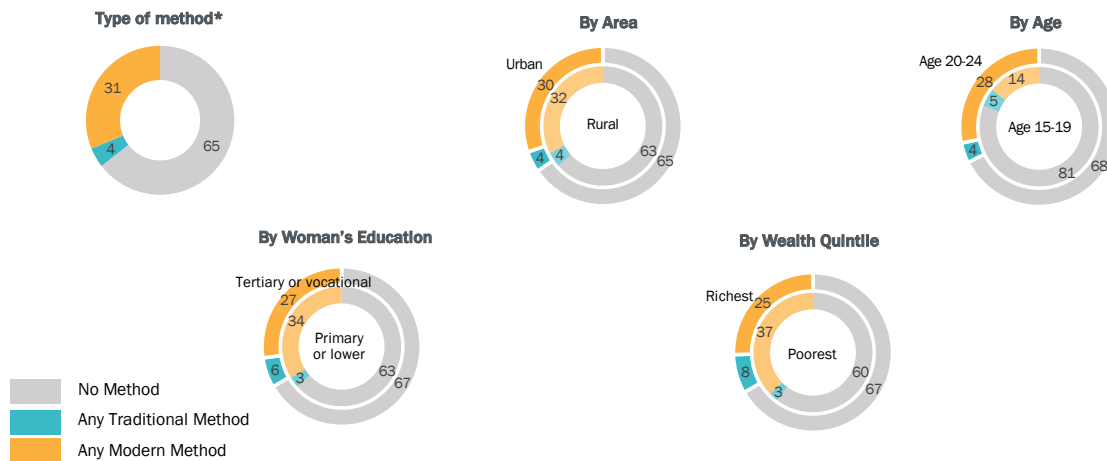
Trends in Early Child Bearing - by Age 18



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

Family Planning

Method of Family Planning by Various Characteristics



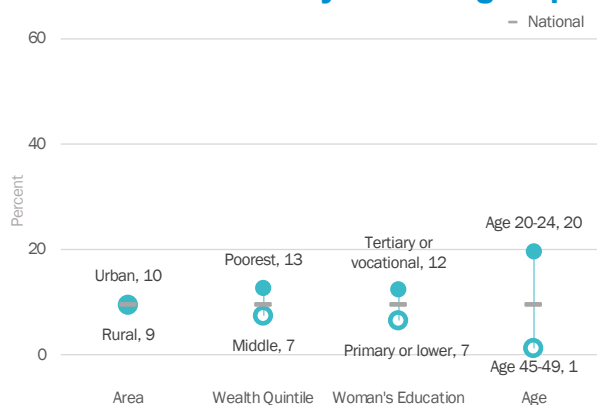
Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method

*Modern Methods include female sterilization, male sterilization, IUD, injectables, implants, pills, male condom, Female condom, diaphragm, foam, jelly and contraceptive patch. Traditional methods refer to periodic abstinence and withdrawal.

Note: Data for 'Age 15-19' and 'Age 20-24' are based on 25-49 unweighted cases

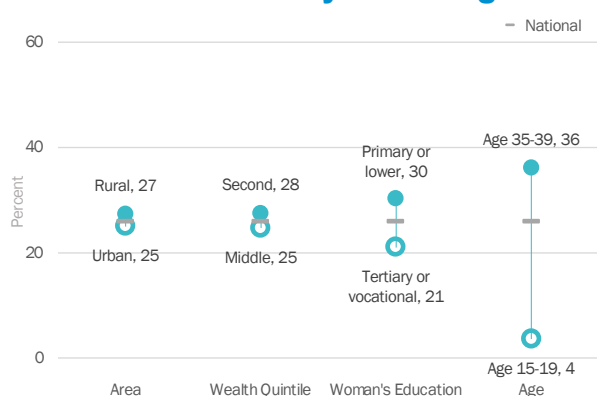
Met Need for Family Planning

Met Need for Family Planning - Spacing



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

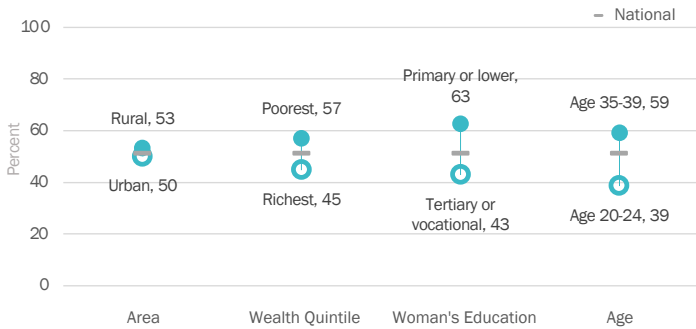
Met Need for Family Planning - Limiting



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

Note: Data for 'Age 15-19' are based on 25-49 unweighted cases

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.

Divisional Data on Fertility & Family Planning

Division	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	31	3	0	4	31	36	51
Central	37	3	0	3	31	34	50
Eastern	(*)	(*)	(0)	(0)	32	34	51
Northern	28	3	0	5	31	35	52
Western	23	3	0	4	32	37	53

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

Note: Data for 'Adolescent Birth Rate' and 'Total Fertility Rate' for Eastern division are based on fewer than 125 unweighted cases, while data for 'Child bearing before 15' and 'Child bearing before 18' for Eastern division are based on 25-49 unweighted cases

Key Messages

- Women living in poorest households have two and half times higher fertility rates compared to women living in richest households.
- Adolescent fertility differed according to education and household wealth. For instance, adolescent fertility is four times higher among adolescent girls with secondary education compared to adolescent girls with tertiary or vocational education. Similarly, adolescent fertility among girls living in the poorest households are 10 times higher compared to girls living in richest household.
- Among women aged 20-24 years, the experience of having a live birth before 18 years is higher in rural areas (7 per cent) than in urban areas (2 per cent).
- Overall, 31 per cent of women aged 15-49 years use modern family planning method.
- Among women aged 15-19 years, 81 per cent do not use any contraceptive method, with 68 per cent of women aged 20-24 years not using any method either.
- Above two thirds of women aged 15-49 years do not use any type of contraceptive method, regardless of their level of education or wealth quintile.
- The met need for family planning to space births among currently married or in union women aged 15-49 years is only 10 per cent.

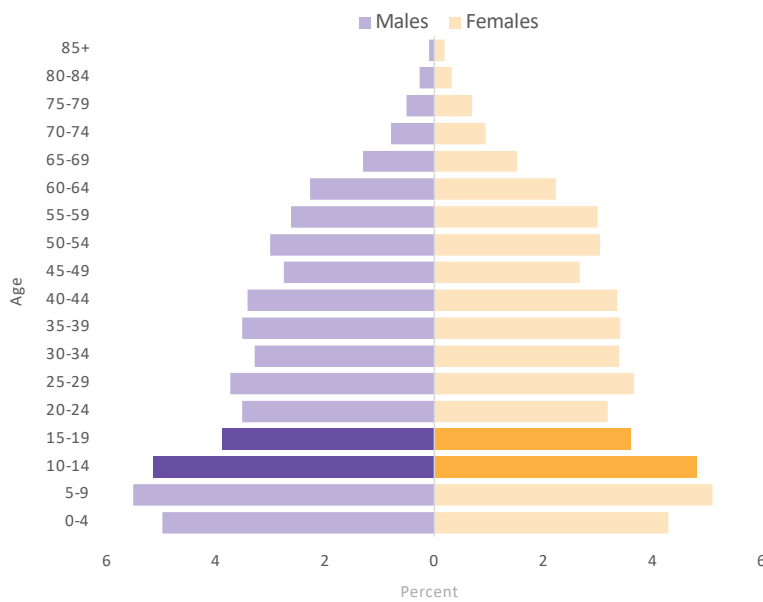


Adolescents



The Adolescent Population: Age 10-19 years

Age & Sex Distribution of Household Population



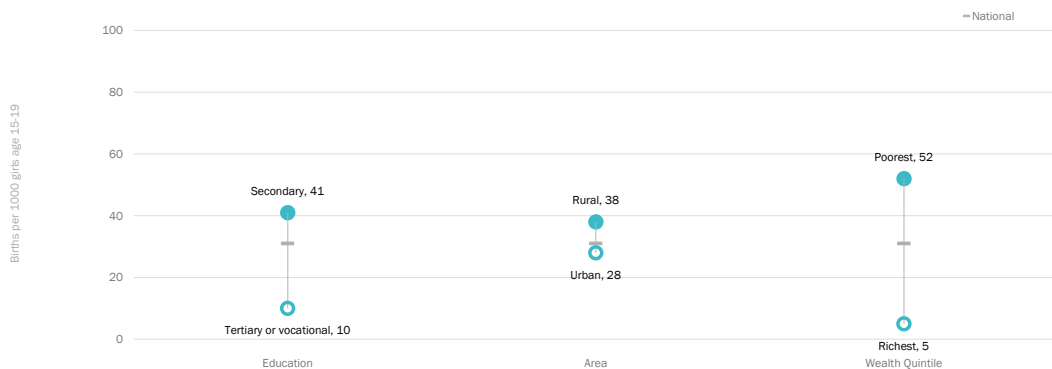
This snapshot of adolescent well-being is organized around key priority areas for adolescents:

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

Every Adolescent Survives & Thrives

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

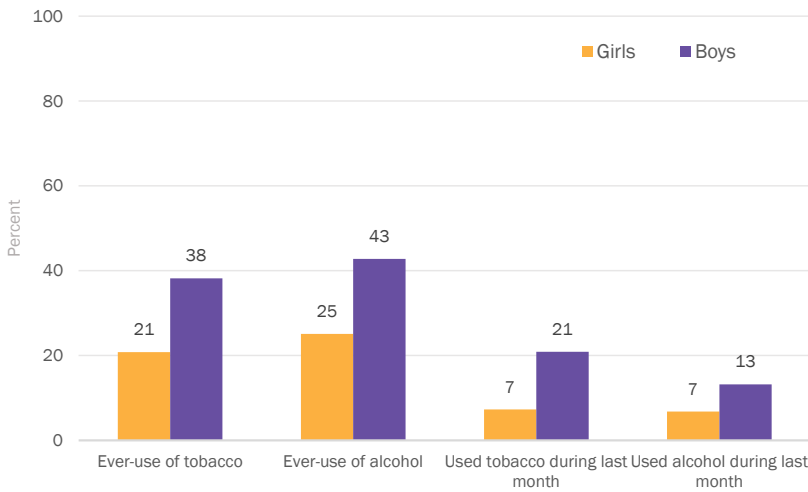
Adolescent Birth Rate: SDG 3.7.2



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

Every Adolescent Survives & Thrives

Tobacco* & Alcohol Use

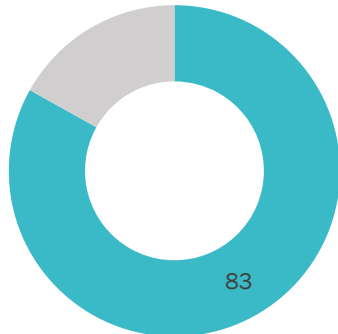


Percentage of adolescent girls and boys age 15-19 years who have ever used tobacco or alcohol
 Percentage of adolescent girls and boys age 15-19 years who have used tobacco or alcohol in the last 1 month
 *Tobacco use in last month among adolescents is an age disaggregate of SDG 3.a.1

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

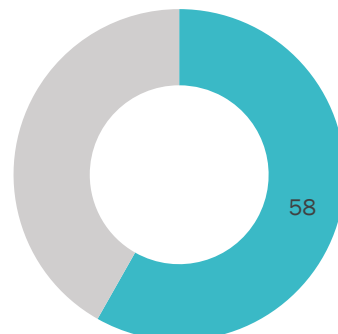
Every Adolescent Learns

Foundational Reading Skills



Percentage of children age 10-14 years who can 1) read 90% of words in a story correctly, 2) Answer three literal comprehension questions, and 3) Answer two inferential comprehension questions

Foundational Numeracy Skills

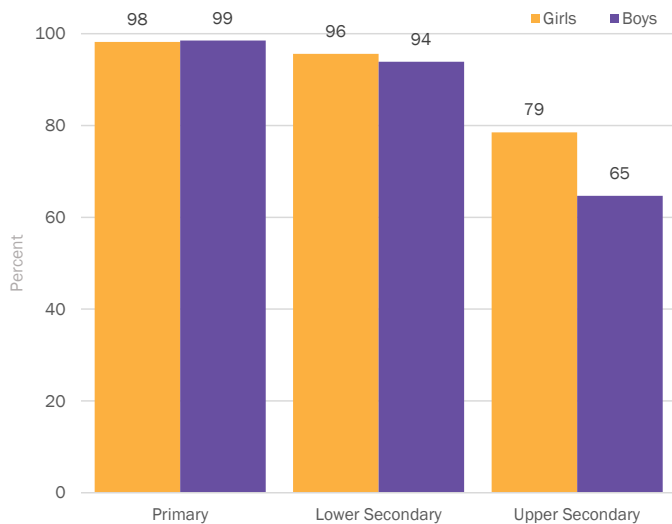


Percentage of children age 10-14 years who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task

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

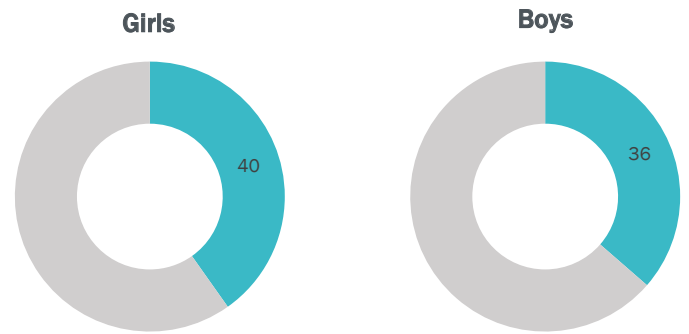
Data on reading and numeracy skills are collected in MICS through a direct assessment method. The Foundational Learning module captures information on children's early learning in reading and numeracy at the level of Grade 2 in primary education.

School Attendance Rates



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

Information & Communications Technology (ICT) Skills*



Percentage of girls age 15-19 years who in the last 3 months have performed at least one of nine specific computer related activities

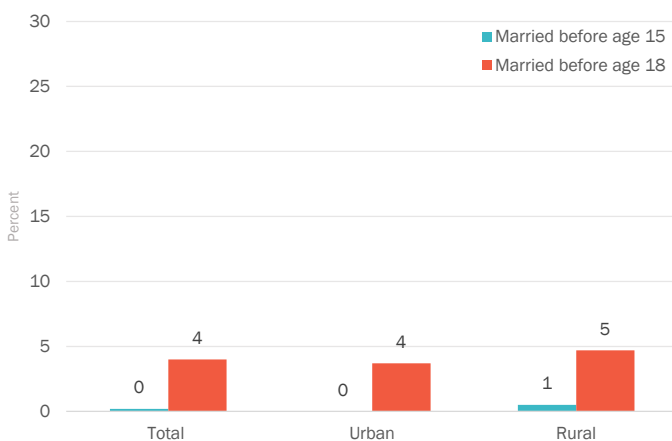
*Age disaggregate of SDG 4.4.1: Proportion of youth and adults with information and communications technology (ICT) skills

Percentage of boys age 15-19 years who in the last 3 months have performed at least one of nine specific 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

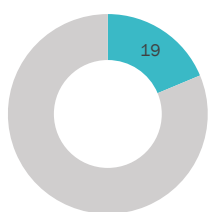


Percentage of women age 20-24 years who were first married or in union before age 15 and before age 18, by area

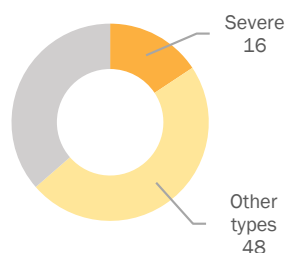
Adolescence is a period of heightened risk to certain forms of violence and exploitation. The onset of puberty marks an important transition in girls' and boys' lives whereby gender, sexuality and sexual identity begin to assume greater importance, increasing vulnerability to particular forms of violence,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

Child Discipline

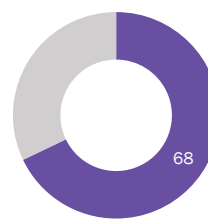
Only non-violent



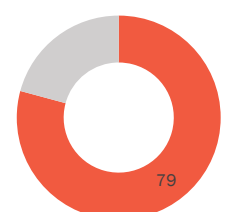
Physical punishment



Psychological aggression



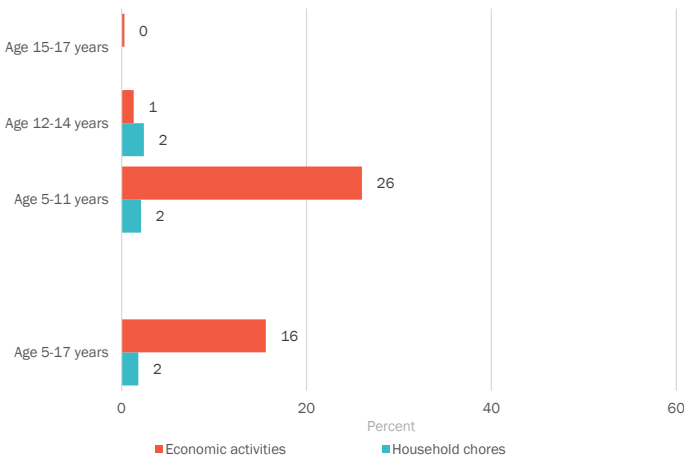
Any violent discipline*



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

Every Adolescent is Protected from Violence & Exploitation

Child Labour: SDG 8.7.1



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

Definition of Child Labour

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

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

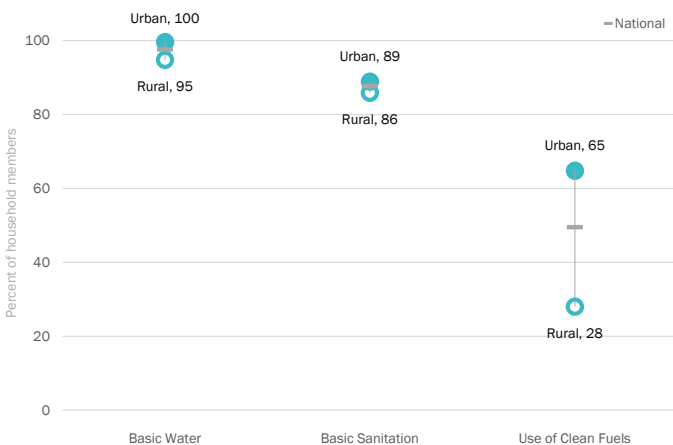
Age 15-17 years: At least 43 hours of economic activities. No threshold for number of hours of unpaid household services.

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.

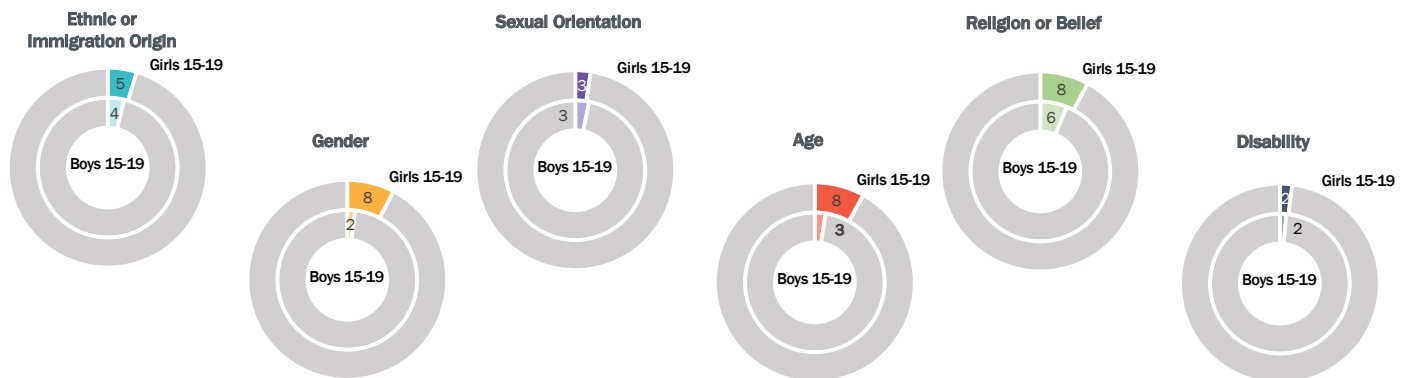
Basic Drinking Water SDG 1.4: Drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: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

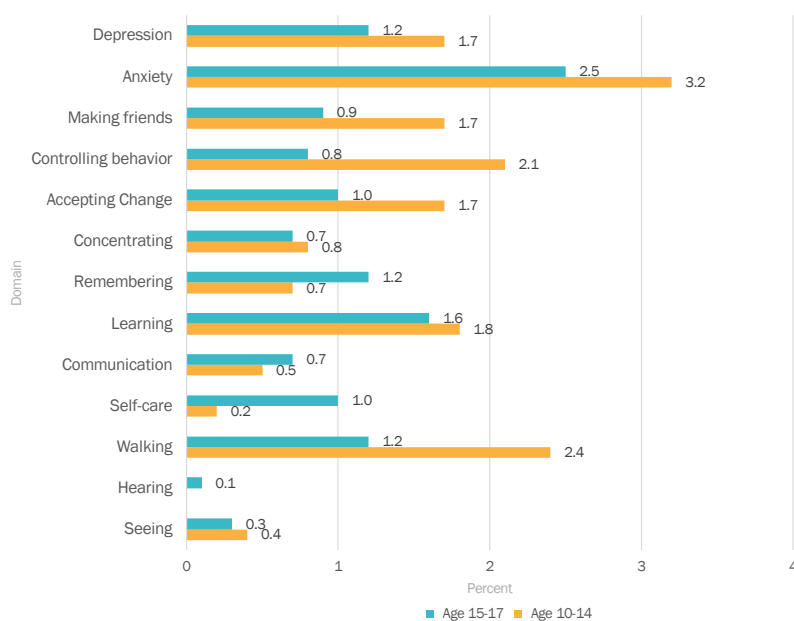
Every Adolescent has an Equitable Chance in Life

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

Functioning Difficulties in Adolescents



Percentage of adolescents age 10-17 years 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.

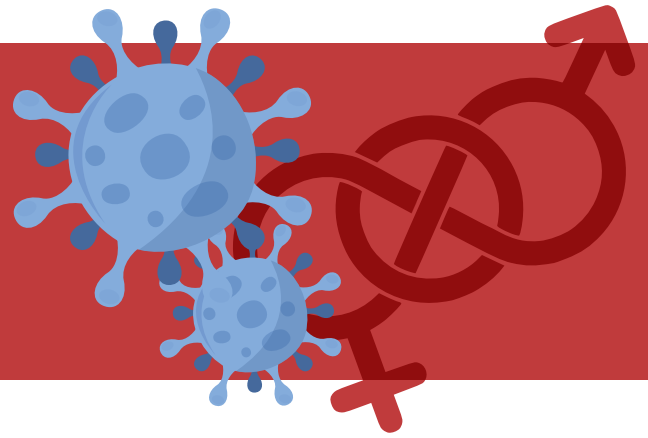
Key Messages

- Among children aged 10-14 years, 58 per cent demonstrate foundational numeracy skills which is comparatively lower than demonstrated foundational reading skills at 83 per cent.
- Among adolescents aged 15-19 years, 40 per cent of girls and 36 per cent of boys, are regularly engaged in computer related tasks that support the development of ICT skills.
- The school attendance rate decreases as the levels of education increase; this is more pronounced for boys as compared to girls.





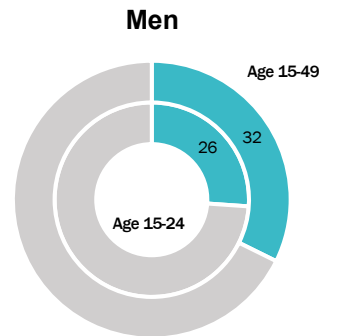
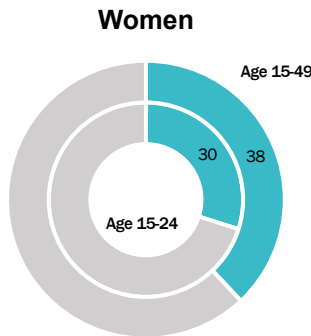
HIV & Sexual Behaviour



HIV indicators

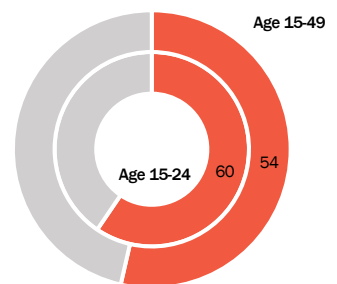
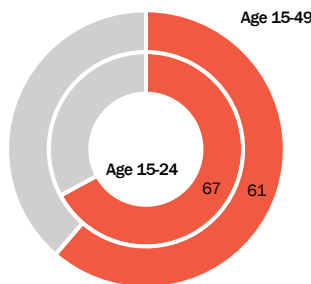
Knowledge

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



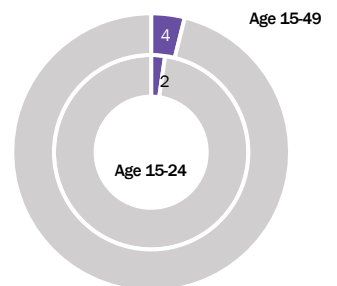
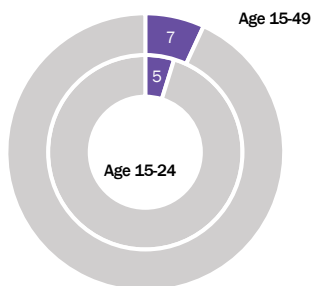
Stigma

Percent 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



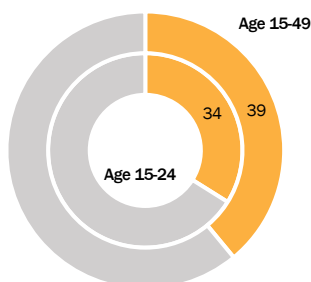
Testing

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



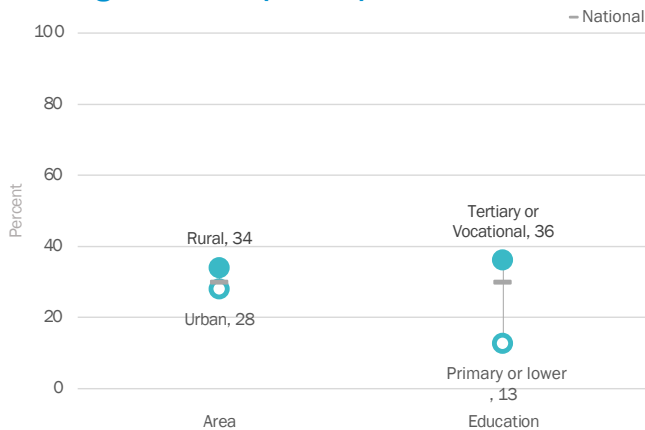
Testing during Antenatal Care

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

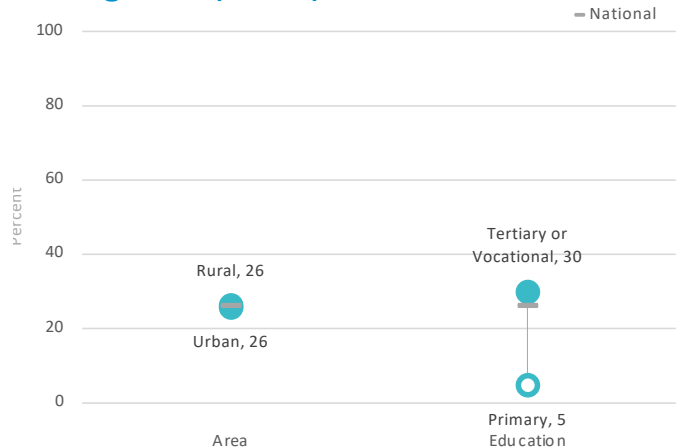


HIV Indicators by Key Characteristics

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

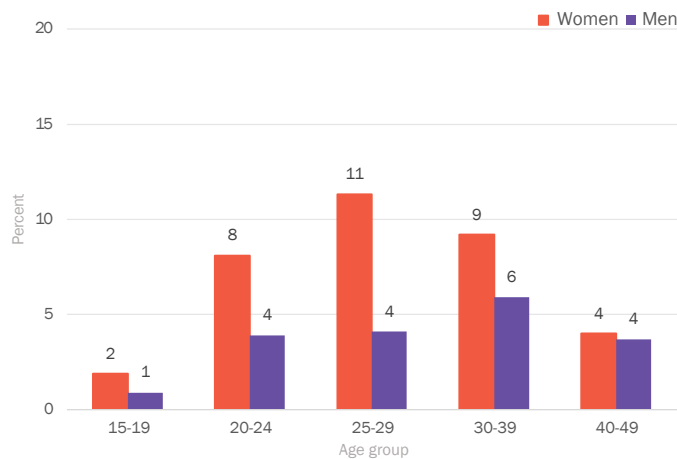


Knowledge among Adolescent Boys & Young Men (15-24)*



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

Tested for HIV in last 12 months



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

Divisional Data on HIV Testing

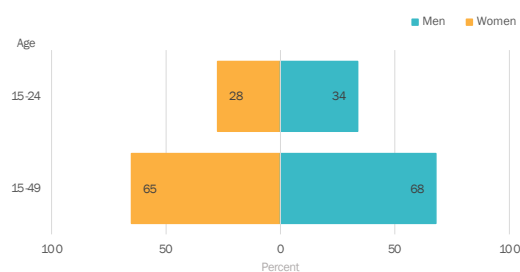
	Men who tested in last 12 months	Women who tested in last 12 months	Women testing at ANC
National	4	7	39
Central	5	7	39
Eastern	3	8	41
Northern	1	8	54
Western	4	6	34

Tested in last 12 months: percent of women and men age 15-49 years who have been tested in the last 12 months and know the result

HIV testing during ANC: percent of women age 15-49 years who during antenatal care for their last pregnancy were offered an HIV test, accepted and received results, and received post-test health information or counselling related to HIV

Sexual Behaviour by Key Characteristics

Sexually Active



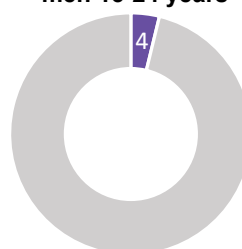
Sexually active: Percent of women and men age 15-24 years and 15-49 years who had sexual intercourse within the last 12 months

Sex before age 15: Percent of women and men age 15-24 years who had sex before age 15

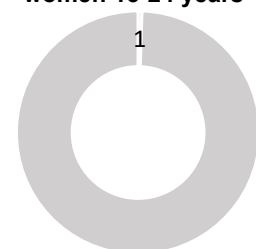
In many settings, sexual behavior can be considered a risk factor for health and social issues. These include reproductive health, HIV and other sexually transmitted infections, and gender equality and empowerment. An understanding of the population's sexual behavior patterns can inform both disease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

Young People who had Sex Before Age 15

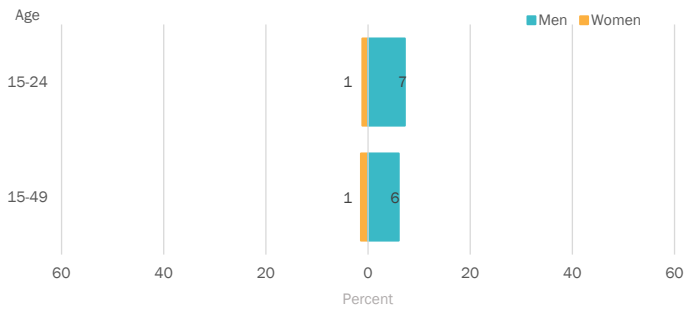
Adolescent boys & young men 15-24 years



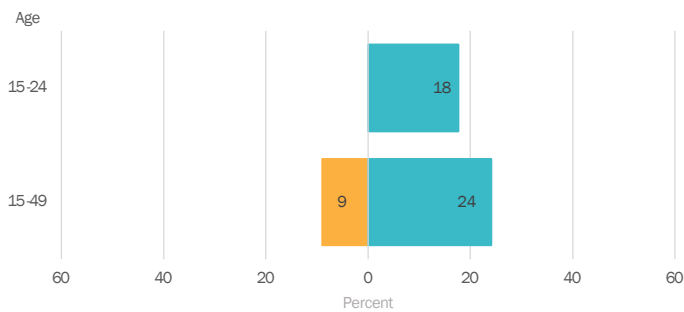
Adolescent girls & young women 15-24 years



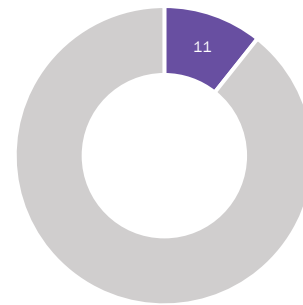
Multiple Partners



Condom Use



Girls age 15-19 years who Report Sex with Partner 10 or more years older



Multiple partners: Percent of women and men age 15-24 years and 15-49 years of those who had sex with more than 1 partner in the last 12 months

Condom use: Percent of women and men age 15-24 years and 15-49 years who had more than one sexual partner in the last 12 months reporting that a condom was used the last time they had sex

Note: Data for 'condom use' for women age 15-24 years have been suppressed because are based on less than 25 unweighted cases

Sex with man 10 years or older: Percent of adolescent girls age 15-19 years who had sex in the last 12 months who report having had sex with a man 10 or more years older in the last 12 months

Key Messages

- Women aged 15-24 years are more knowledgeable about ways of HIV prevention (30 per cent) than men in the same age group (26 per cent).
- Women aged 15-24 years with tertiary or vocational levels of education are three times more likely to have comprehensive knowledge about ways of HIV prevention than women with primary or lower levels of education.
- Discriminatory attitudes toward people living with HIV are higher among women aged 15-49 (61 per cent) compared to men (54 per cent) in the same age group.
- Proportion of women and men aged 15-49 undergoing HIV test in the last 12 months and know their test results are very low (7 per cent and 4 per cent, respectively).
- Reporting of having multiple sexual partners in last 12 months is higher among men than among women. For instance, among men aged 15-24 years, this is almost seven times higher than among women in the same age group.
- Among adolescent girls aged 15-19 years, 11 per cent have reported having sex with partners 10 or more years older.

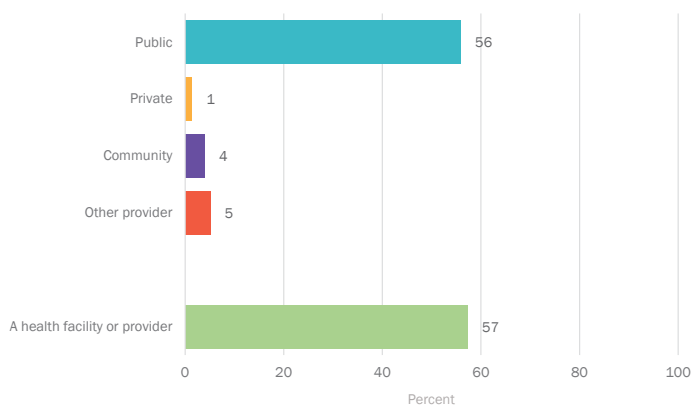


Child Health & Care of Illness



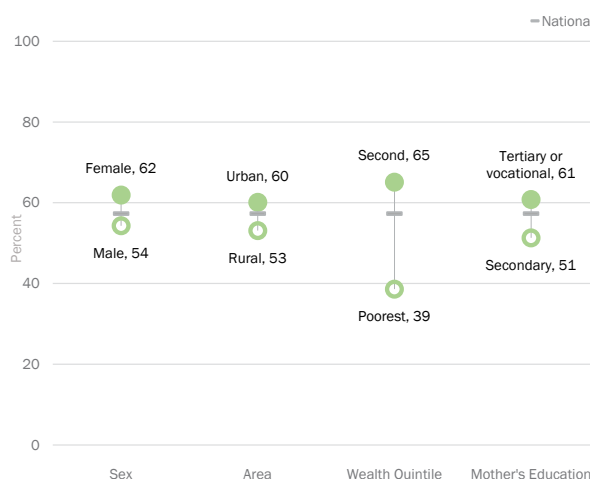
Diarrhoea

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

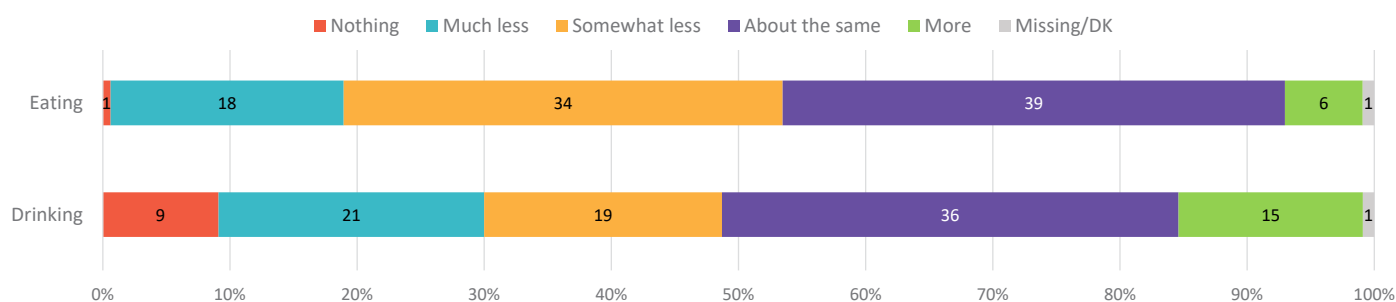
Disparities in Care-seeking for Diarrhoea



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

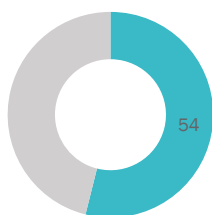
Feeding during Diarrhoea

Note: Data for Wealth quintile are based on 25-49 unweighted cases.



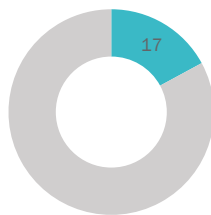
Percent distribution of children age 0-59 months with diarrhoea in the last two weeks by amount of liquids and food given during episode of diarrhoea

ORS Treatment for Diarrhoea



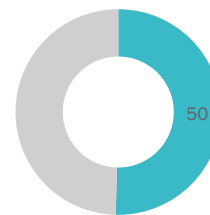
Percentage of children age 0-59 months with diarrhoea in the last two weeks treated with oral rehydration salt solution (ORS)

ORS + Zinc Treatment for Diarrhoea



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

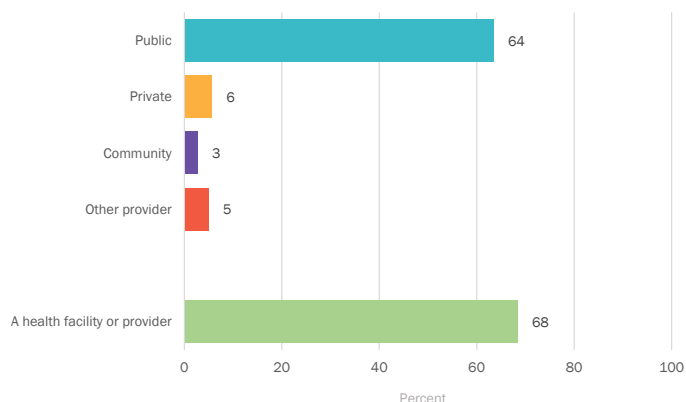
ORT + Continued Feeding for Diarrhoea



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

Care-Seeking during fever

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

Divisional Data on Care-seeking for Childhood Illness

Division	Care-Seeking at a health facility or provider for:	
	Diarrhoea	Fever
National	57	68
Central	57	65
Eastern	(*)	(*)
Northern	(*)	71
Western	63	72

Note: (*) Figures are based on fewer than 25 unweighted cases

Key Messages

- Overall, 57 per cent of children aged 0-59 months with diarrhoea in the last two weeks prior to the survey, sought health advice or treatment from a health facility or provider. Mothers or caregivers prefer the public sector in seeking advice or treatment when children have diarrhoea (56 per cent).
- During the episode of diarrhoea, less than half of children aged 0-59 months (45 per cent) ate same or more amount of food. Similarly, only half of children (50 per cent) drank about the same or more liquids during the episode.
- Nearly 68 per cent of children aged 0-59 months with fever in the last two weeks prior to the survey sought care. Of those who sought treatment, majority of children, 64 per cent, received care from the public sector and 6 per cent from the private sector.
- For children from richest households care was sought during fever episode in 86 per cent of cases, while same is true for only 56 per cent of children from poorest households.
- Care seeking for both diarrhoea and fever is lowest in the Central Division.

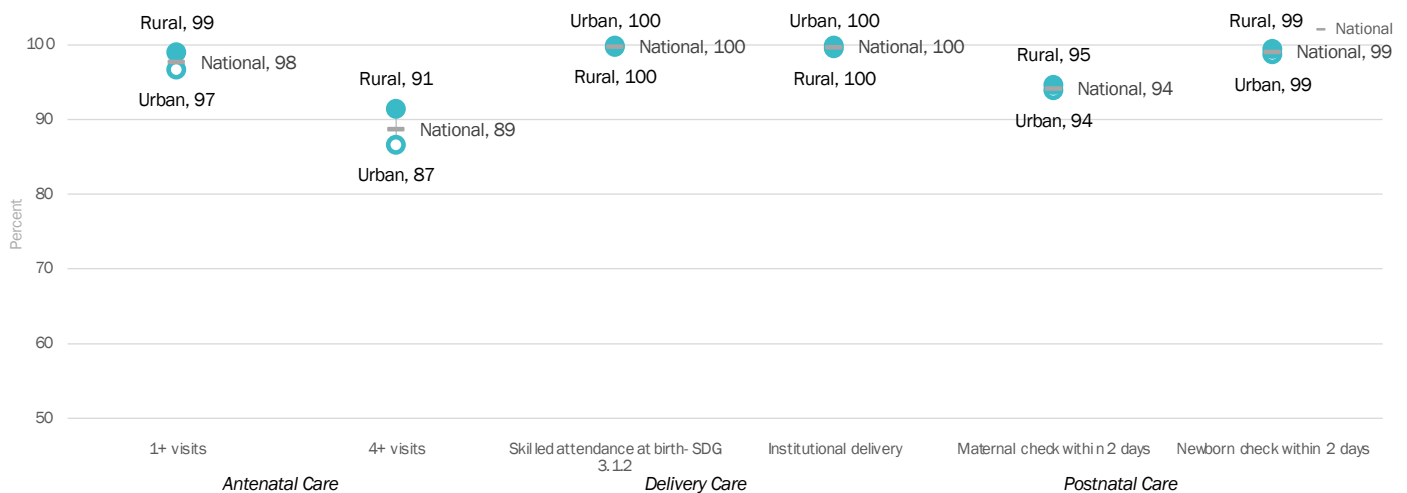


Maternal & Newborn Health



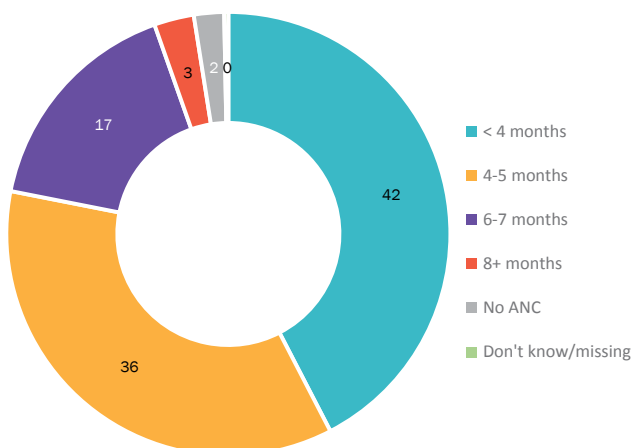
Key Elements of Maternal & Newborn Health

Maternal & Newborn Health Cascade by Area



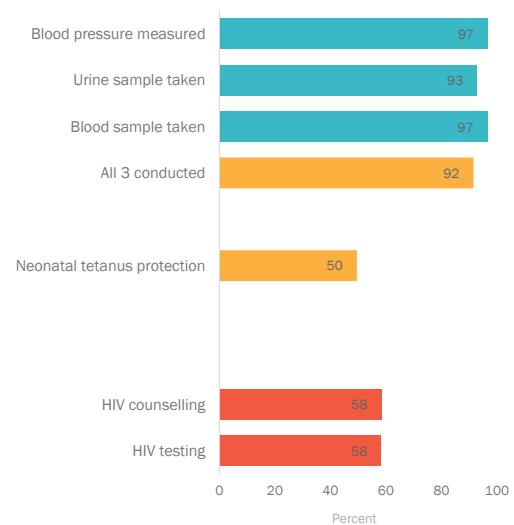
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider, who were attended by skilled health personnel during their most recent live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



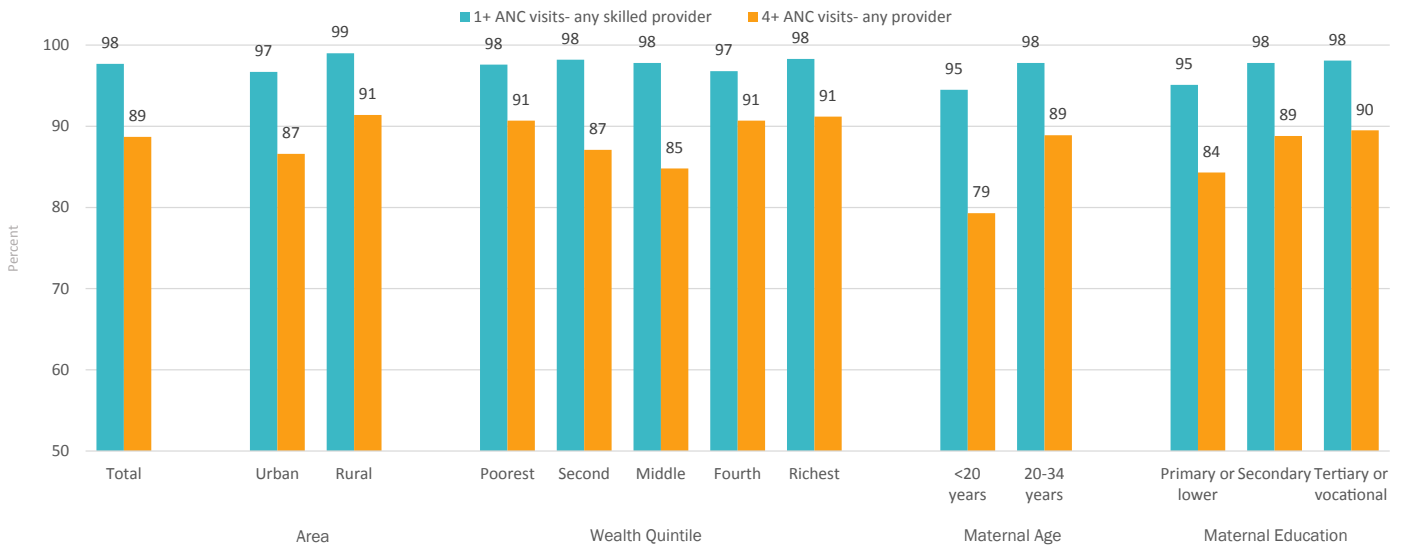
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel, by the timing of first ANC visit

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

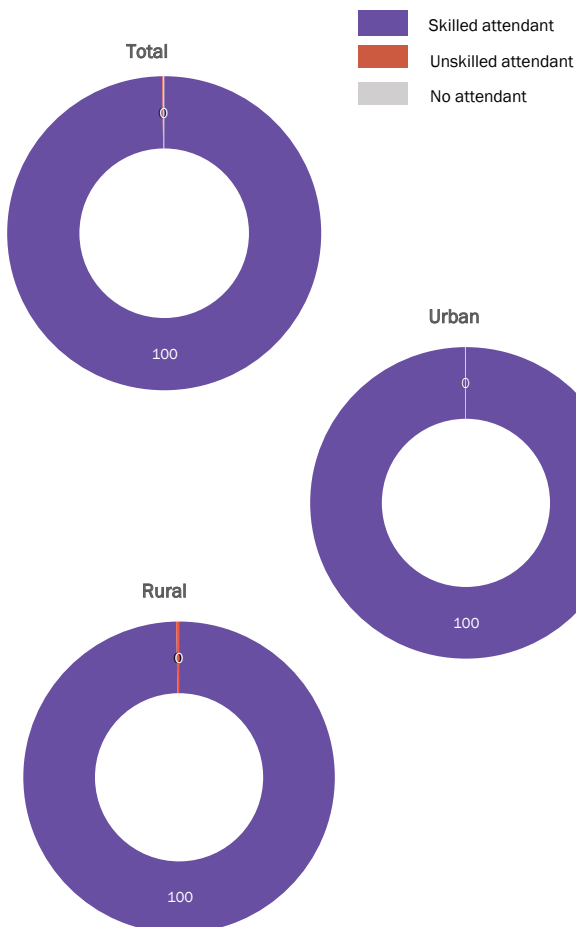


Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider

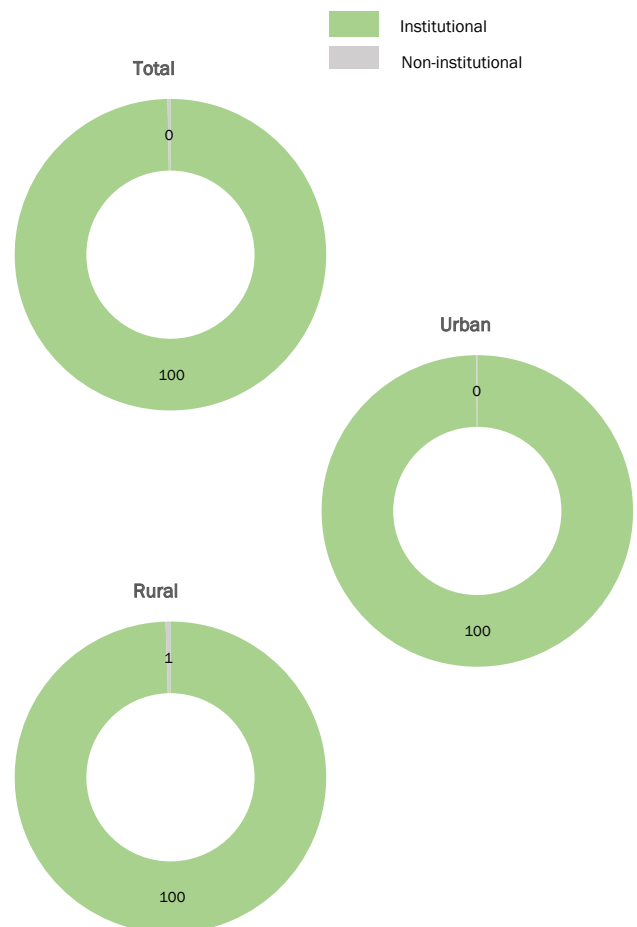
Note: Data for "Less than 20 years" in the background characteristics of "Maternal Age" are based on 25-49 unweighted cases

Coverage of Skilled Attendance at Birth & Institutional Delivery by Area

Skilled Attendance at Birth

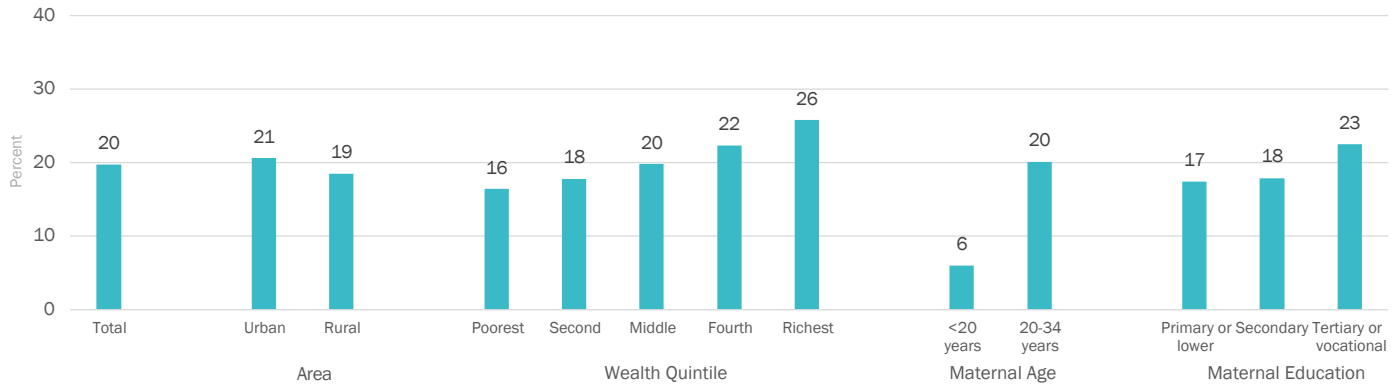


Institutional Delivery



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

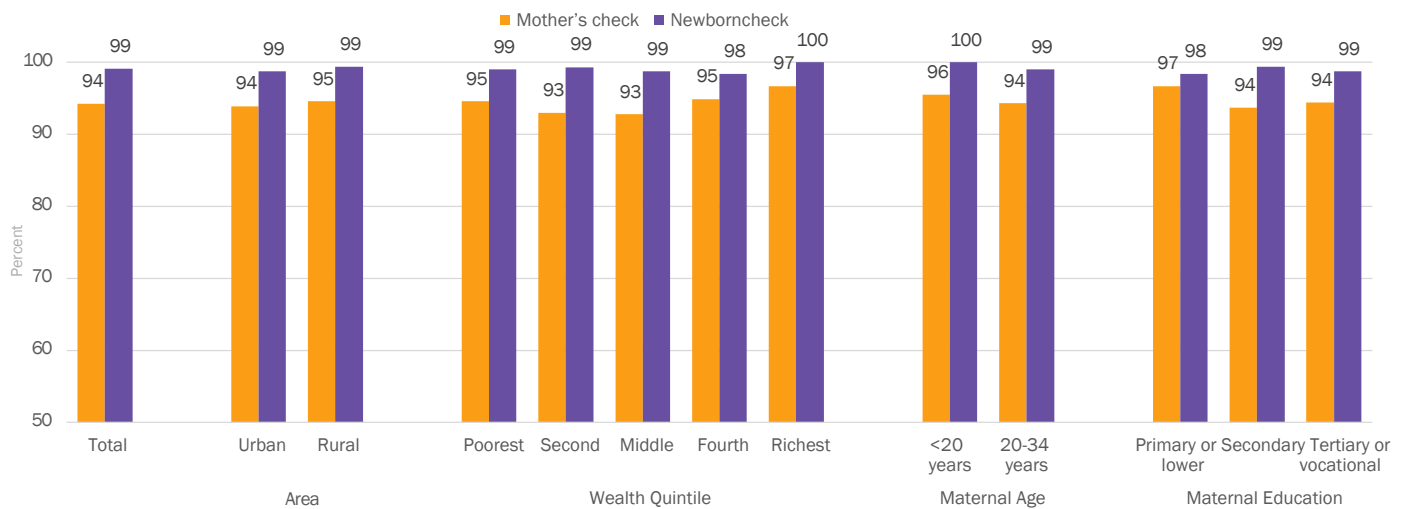
Caesarian Section by Various Characteristics



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

Note: Data for "Less than 20 years" in the background characteristics of 'Maternal Age' are based on 25-49 unweighted cases

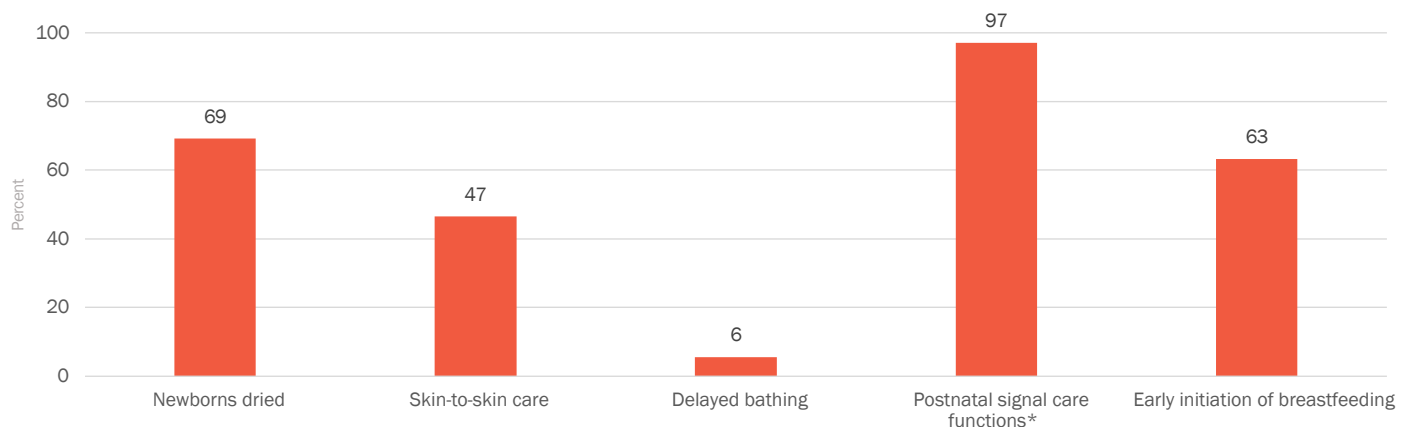
Postnatal Care within 2 Days of Birth by Various Characteristics



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 birth 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

Note: Data for "Less than 20 years" in the background characteristics of 'Maternal Age' are based on 25-49 unweighted cases

Coverage of Newborn Care



Among the last live-birth in the last 2 years, percentage newborns who were dried after birth; percentage who were given skin-to-skin contact; percentage newborns who were bathed after 24 hours of birth; percentage where the newborn received at least 2 postnatal signal care functions within 2 days after birth*; and percentage put to the breast within one hour of birth

* At least 2 of i) umbilical cord examination, ii) temperature assessment, iii) breastfeeding counselling or observation, iv) weight assessment, and v) counselling on danger signs for newborns

Divisional Data on Maternal and Newborn Cascade (per cent)

Division	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	98	89	100	100	94	99
Central	97	88	100	100	95	99
Eastern	99	90	100	100	100	100
Northern	100	91	100	100	97	100
Western	98	89	100	99	92	99

For indicator definitions, see earlier charts

Key Messages

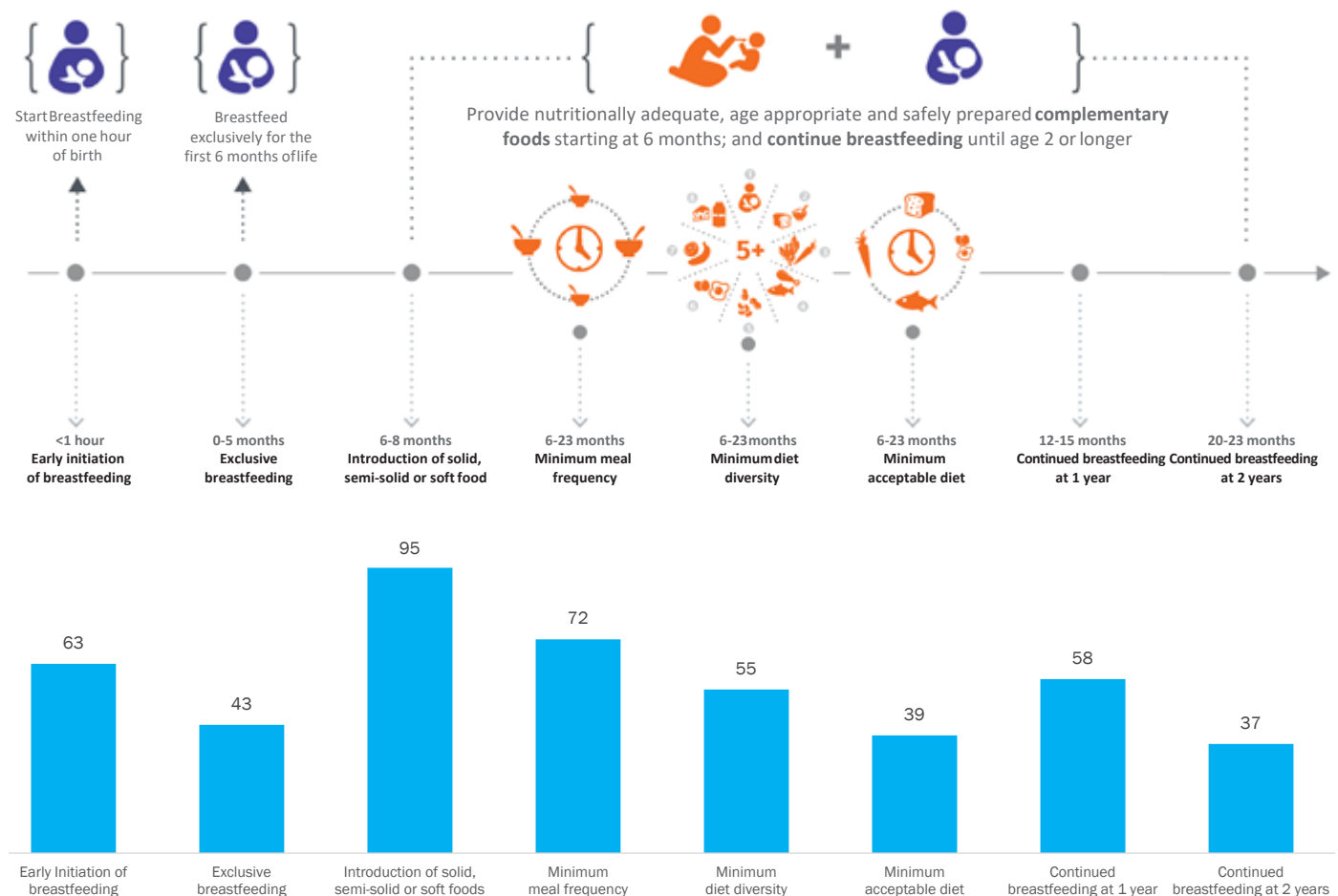
- In Fiji, 42 per cent of pregnant women aged 15-49 years had their first antenatal care visit within the fourth month of pregnancy, and an additional 36 per cent of them received such care within six months of pregnancy.
- High percentage 92, of pregnant women had their blood pressure measurements, urine and blood samples taken during antenatal care visits. However, only half of the pregnant women were protected from tetanus toxoid. Similarly, only 58 per cent of pregnant women received HIV counselling and testing services during their antenatal care period.
- Overall, the rate of caesarean section is at 20 per cent. Caesarean section is more among women living in the richest households (26 per cent) compared to those who live in the poorest households (16 per cent).
- Two-thirds of newborns were dried after birth, while less than half were given skin-to-skin care and only 6 per cent had delayed bathing.
- Almost all newborns (97 per cent) had postnatal signal care functions checked within two days of birth.



Infant & Young Child Feeding (IYCF)



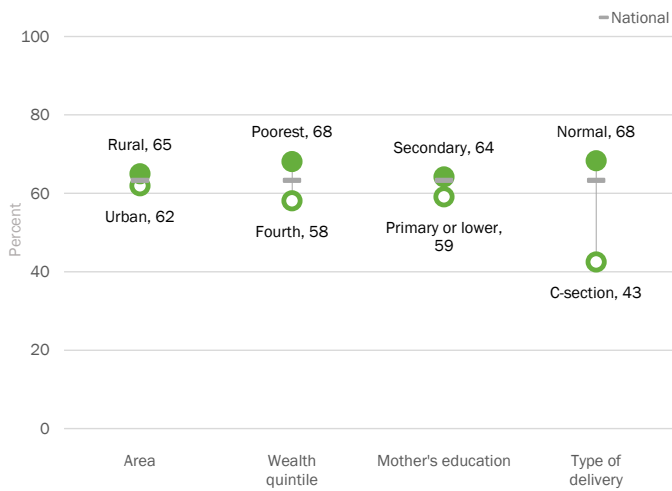
Infant & Young Child Feeding



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 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 diet diversity:** percentage of children aged 6-23 months receiving 5 of the 8 recommended food groups; **Minimum acceptable diet:** percentage of children aged 6-23 months receiving the minimum diversity of foods and minimum number of feeds; **Continued breastfeeding at 1 year:** percentage of children aged 12-15 months who continue to receive breastmilk; **Continued breastfeeding at 2 years:** percentage of children aged 20-23 months who continue to receive breastmilk.

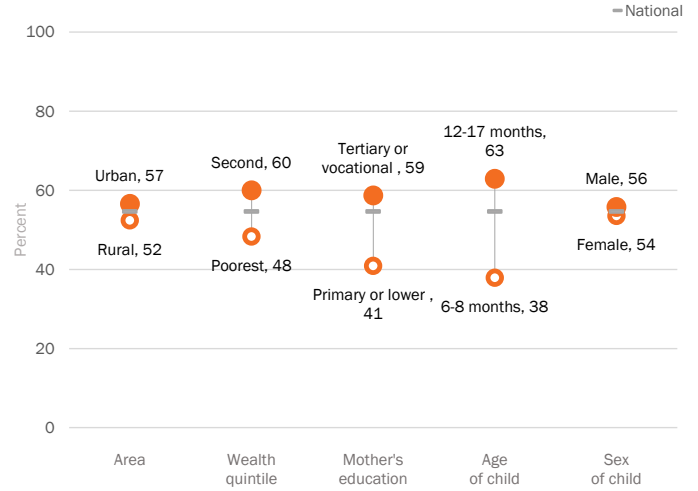
IYCF: Equity

Early Initiation of Breastfeeding



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

Minimum Diet Diversity



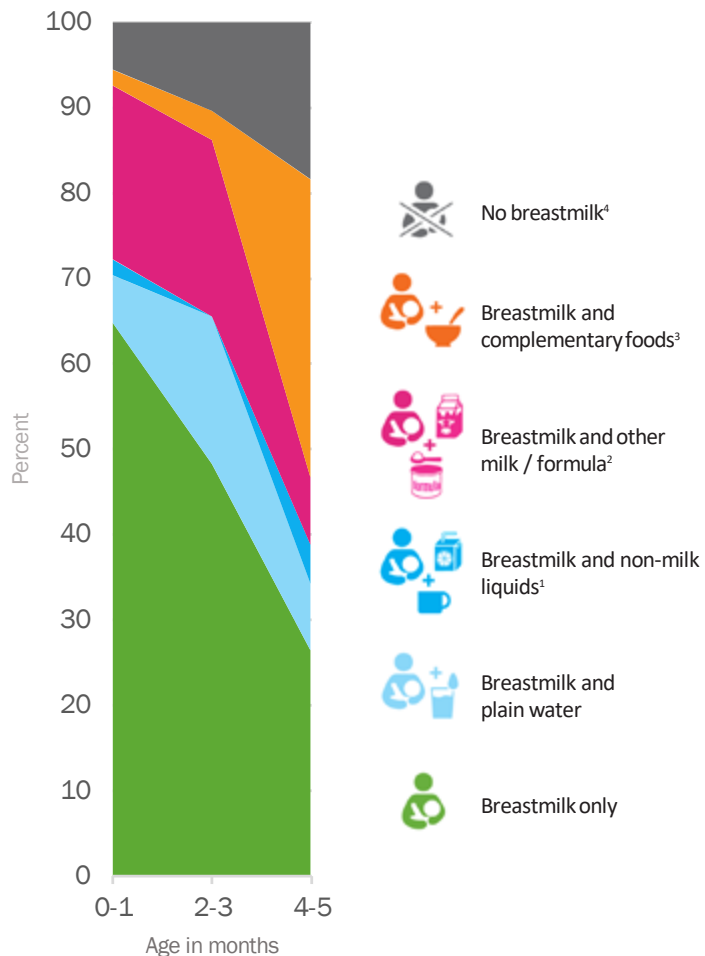
Percent of children age 6-23 months that were fed food from at least 5 out of 8 food groups, by background characteristics

IYCF: What are the Youngest Infants Fed?

Liquids or foods consumed by infants 0-5 months old

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

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



Divisional Data

Division	Early Initiation of breastfeeding	Minimum Diet Diversity
National	63	55
Central	62	63
Eastern	68	45
Northern	65	29
Western	64	56

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 division

Key Messages

- Overall, 63 per cent of recent newborns during the two years preceding the survey are breastfed within the first hour of birth.
- Little more than two in five (43 per cent) children aged 0-5 months are exclusively breastfed.
- Fifty-eight per cent of children (aged 12-15 months) receive breastmilk at one-year-old and only 37 per cent of children (aged 20-23 months) are breastfed at two-year-old.
- Early initiation to breastfeeding is high for children born to poorest households (68 per cent) compared to those born in households with fourth wealth quintile (58 per cent).
- The proportion of children aged 0-5 months that are exclusively breastfed drops drastically after 2 to 3 months with the introduction of other liquids, like milk, non-breastmilk liquids, formula milk and complementary foods.
- Among children aged 6-23 months, 72 per cent receive the recommended minimum number of feeds but 55 per cent receive five out of the eight recommended food groups, while only 39 per cent of them receive both the minimum diversity of foods and the minimum number of feeds.
- Minimum dietary diversity is particularly high among children aged 6-23 months of educated mothers/caregivers (59 per cent) compared to children of same age to less educated mothers/caregivers (41 per cent). Divisionally, dietary diversity is much higher in Central division (63 per cent), compared to the Northern division (29 per cent).
- Children aged 12-17 months are more likely to be fed with diverse diet (63 per cent) as compared to children aged 6-8 months (38 per cent).



Nutritional Status of Children

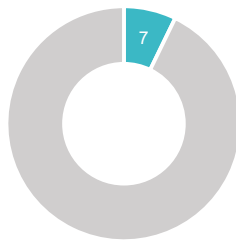


Anthropometric Malnutrition Indicators

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.

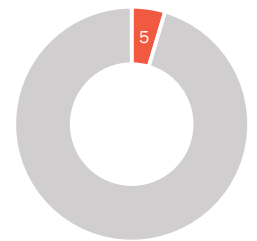


Percentage children under-5 years who are stunted

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

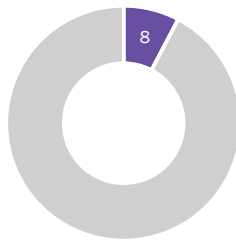


Percentage children under-5 years who are wasted

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.

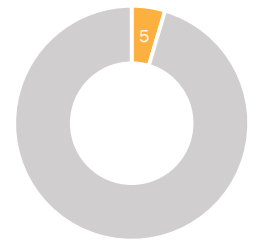


Percentage children under-5 years who are overweight

Underweight

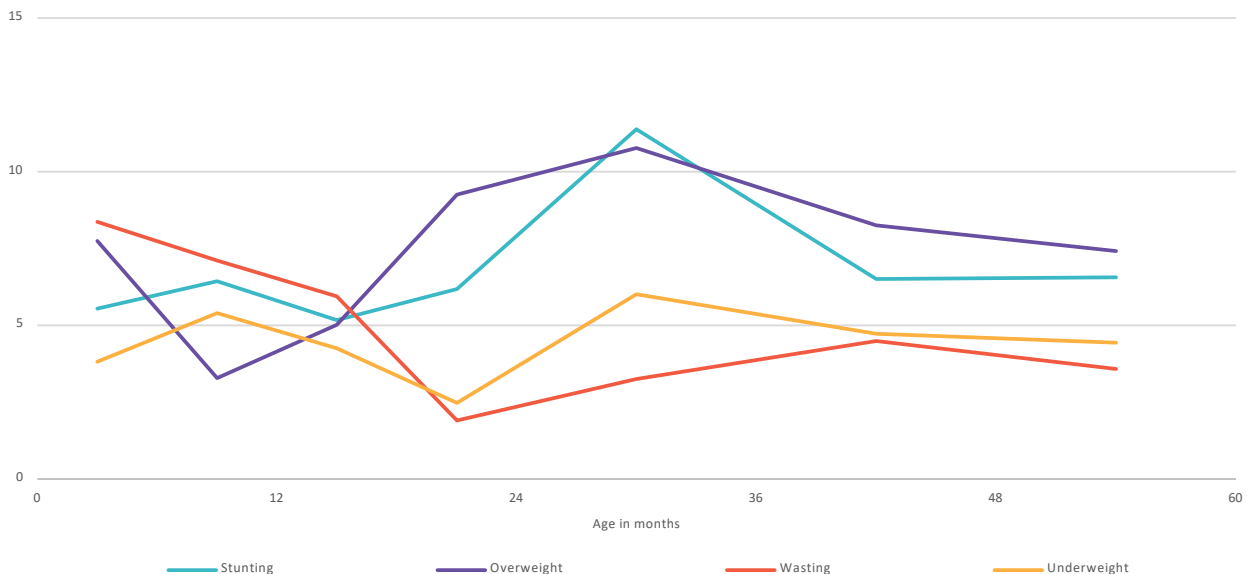


Underweight is a composite form of undernutrition that can include elements of stunting and wasting (i.e. an underweight child can have a reduced weight for their age due to being too short for their age and/or being too thin for their height).



Percentage children under-5 years who are underweight

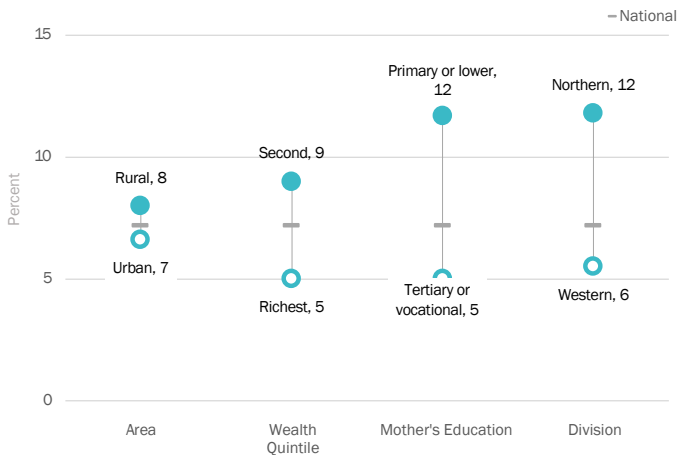
Anthropometric Malnutrition Indicators by Age



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

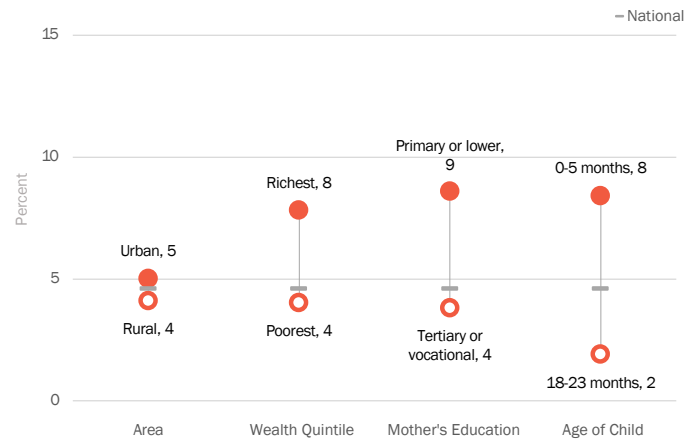
Nutritional Status of Children: Disaggregates

Stunting: SDG 2.2.1



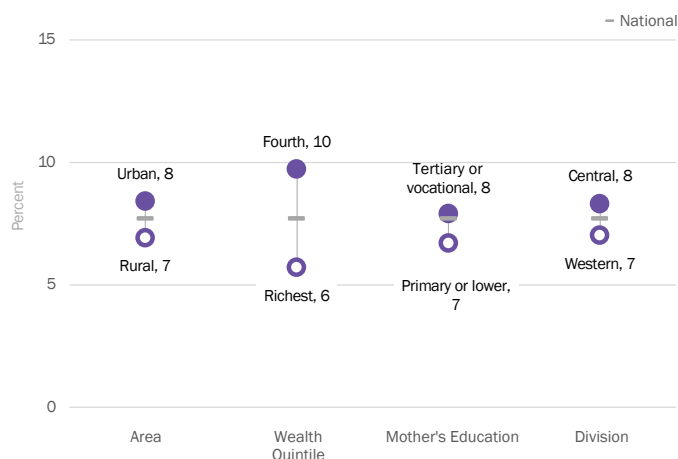
Percentage of under 5 years children who are stunted, by background characteristics

Wasting: SDG 2.2.2



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

Overweight: SDG 2.2.2



Percentage of under 5 years children who are overweight, by background characteristics

Divisional Data on Stunting, Overweight & Wasting

	Stunting: SDG 2.2.1	Overweight: SDG 2.2.2	Wasting	
	% stunted (moderate and severe)	% overweight (moderate and severe)	% wasted (moderate and severe, SDG 2.2.2)	% wasted (severe)
National	7	8	5	1
Central	7	8	5	1
Eastern	8	7	1	1
Northern	12	8	5	1
Western	6	7	5	1

Key Messages

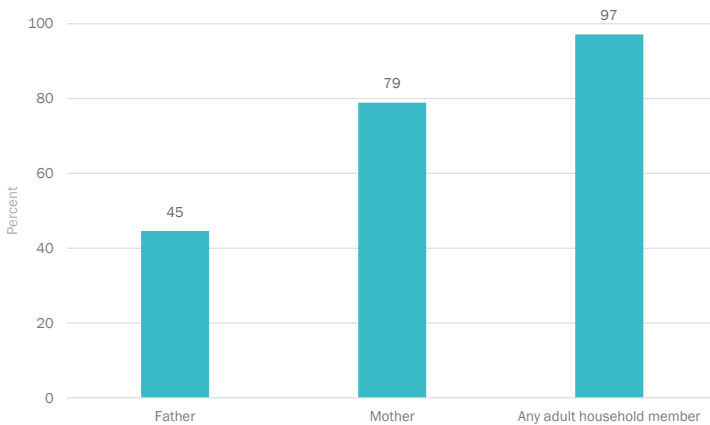
- There are geographic disparities in the proportion of stunted children in Fiji. Children under 5 years of age in the Northern division are almost twice as stunted (12 per cent), compared to children in the Western (6 per cent) and Central (7 per cent) divisions.
- Childhood overweight is an emerging issue in Fiji as almost 8 per cent of children under 5 years are overweight.
- Wasting, or acute malnutrition, is at a medium level nationally (5 per cent), as well as across all divisions except for Eastern division where it is very low (1 per cent). The prevalence of wasting among children from the richest households is two times more (8 per cent) than that among children from the poorest households (4 per cent).

Early Childhood Development (ECD)



Support for Learning

Early Stimulation & Responsive Care



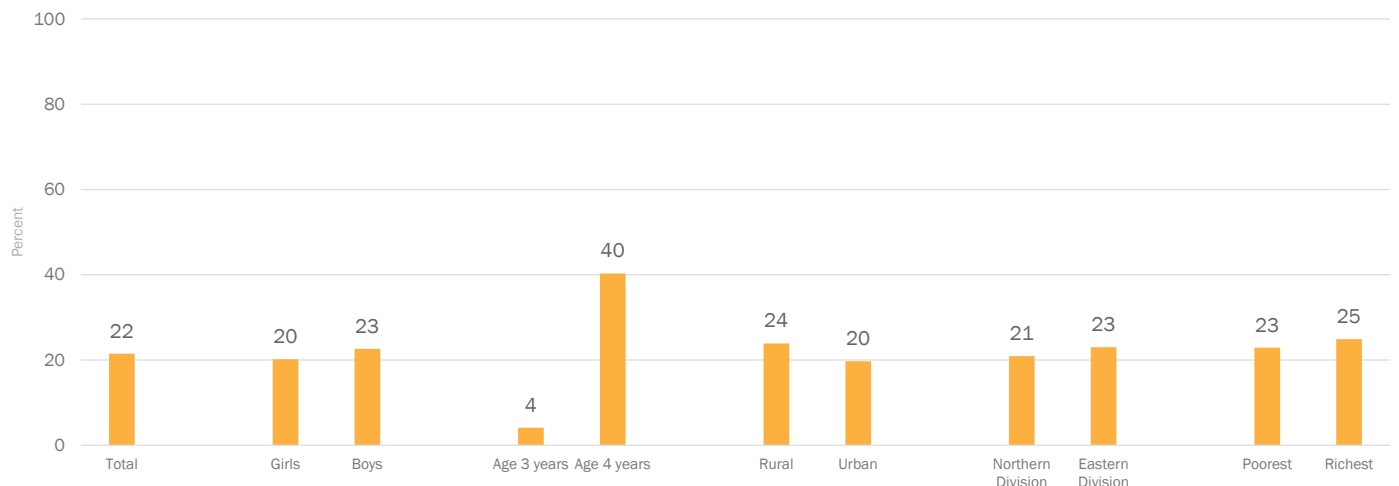
Percentage of children age 2-4 years with whom the father, mother or adult household members engaged in activities that promote learning and school readiness during the last three days

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

A broad range of factors can prevent children from reaching their full developmental potential. These risks are often interrelated and include poverty, poor health, exposure to violence and high stress levels, inadequate care and limited learning opportunities. Timely and effective interventions can prevent these risks and address the barriers disproportionately affecting children living in the most vulnerable contexts. Investments during the early years are one of the most cost-effective ways countries can reduce inequalities among children and promote the best start in life for all.

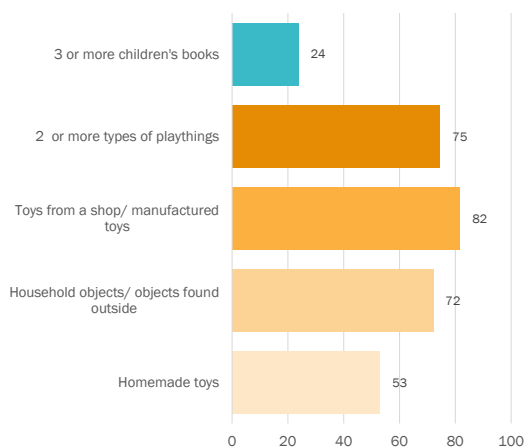
Attendance at Early Childhood Education Programmes



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

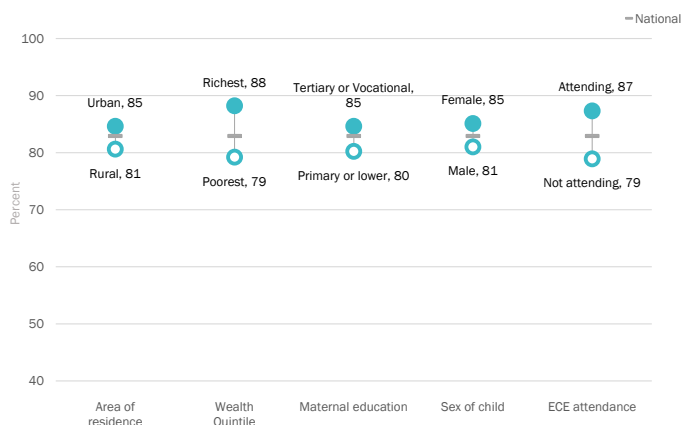
Learning Materials & Child Supervision

Access to Play & Learning Materials



Percentage of children under age five according to the number of children's books available in their homes, and their access to different types of playthings and toys.

Early Childhood Development Index 2030 (ECDI2030)



Percentage of children age 24-59 months who are developmentally on track in health, learning and psychosocial well-being

ECE = Early childhood education. Children age 2 years are excluded, as early childhood education attendance is only collected for age 3-4 years.

Key Messages

- About 80 per cent of mothers engage in activities with children that promote learning and school readiness compared to 45 per cent of fathers.
- More than 10 per cent of children aged 0-59 months are left unsupervised or improperly supervised for more than an hour in the week before the survey.

Inadequate supervision of children

Division	Left in Inadequate supervision
National	13
Central	17
Eastern	5
Northern	10
Western	11

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 division

The ECDI2030 captures the achievement of key developmental milestones by children between the ages of 24 and 59 months.

The measure includes 20 questions about the way children behave in certain everyday situations, and the skills and knowledge they have acquired, reflecting the increasing difficulty of the skills children acquire as they grow. The 20 items are organized according to the three general domains of health, learning and psychosocial well-being. Children are considered to be developmentally on track if they have achieved the minimum number of milestones expected for their age group.

The data generated by the ECDI2030 can be used for monitoring and reporting on SDG indicator 4.2.1, and to inform government efforts to improve developmental outcomes among young children.

<https://data.unicef.org/resources/early-childhood-development-index-2030-ecdi2030/>

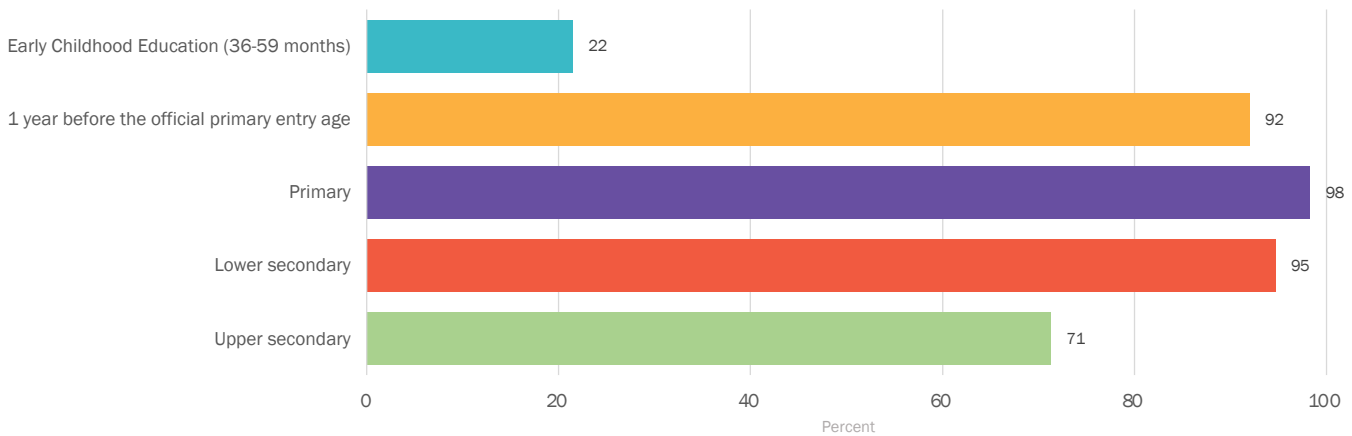
- Overall, 83 per cent of children aged 24-59 months are developmentally on track in health, learning and psychosocial well-being (ECDI2030).
- Levels of Early Childhood Development Index (ECDI2030) vary based on household wealth and participation/ attendance in early childhood education programmes.
- Only 24 per cent of children aged 0-59 months having three or more books at home.

Education



Attendance Rates & Inequalities

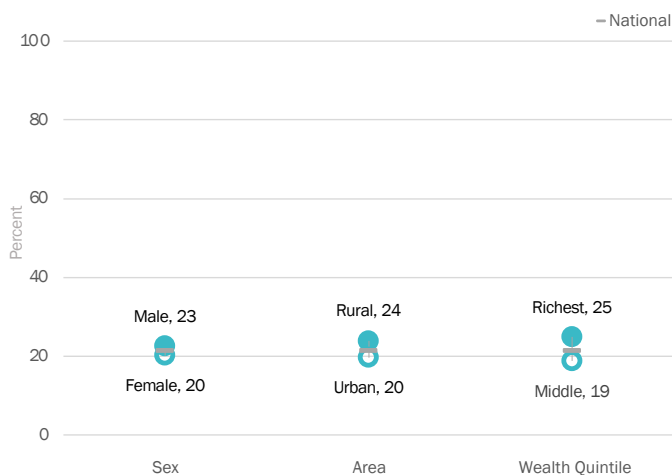
School Net Attendance Rates (adjusted)



Percentage of children of intended age for level of education attending level of education for age or higher, by level of education

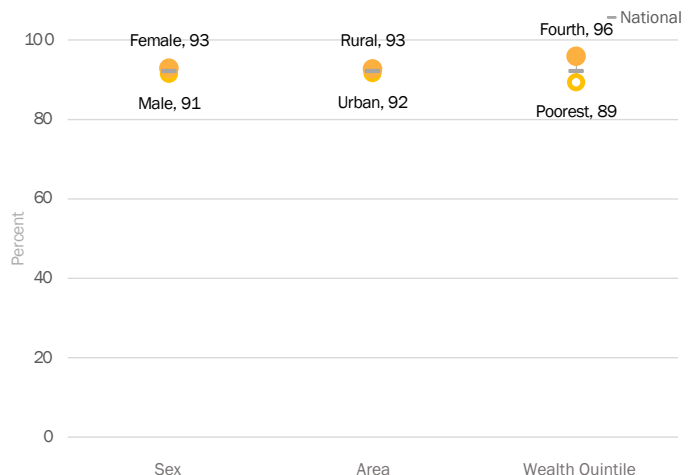
Inequalities in Attendance in Early Childhood Education & Participation in Organized Learning

Early Childhood Education Attendance Rate (age 3-4)



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

Participation Rate in Organised Learning (1 Year Before the Official Primary Entry Age): SDG 4.2.2



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



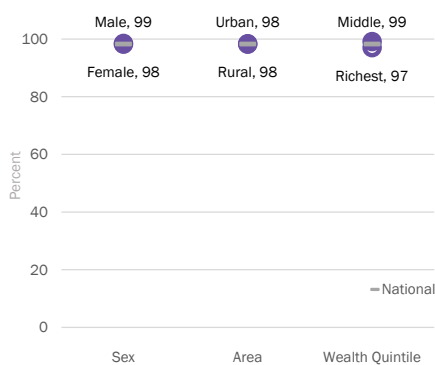
Divisional Data for Net Attendance Rates (adjusted)

Division	Early Childhood Education (age 3-4 years)	Participation rate in organized learning (age 5 years)	Primary (age 6-11 years)	Lower Secondary (age 12-14 years)	Upper Secondary (age 15-17 years)
National	22	92	98	95	71
Central	22	94	98	94	72
Eastern	23	(98)	99	91	62
Northern	21	94	99	95	72
Western	22	89	98	96	71

Data for Net Attendance rates 'Participation rate in organized learning age 5 years' for the Eastern Division are based on 25-49 unweighted cases

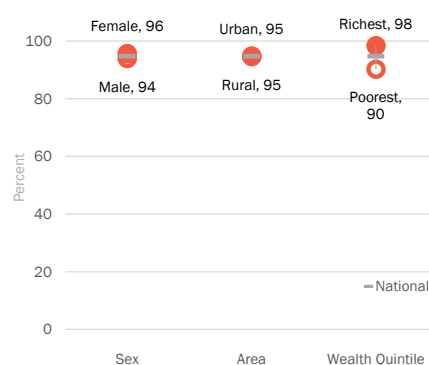
Inequalities in Attendance Rates

Primary School Net Attendance Rate (adjusted)



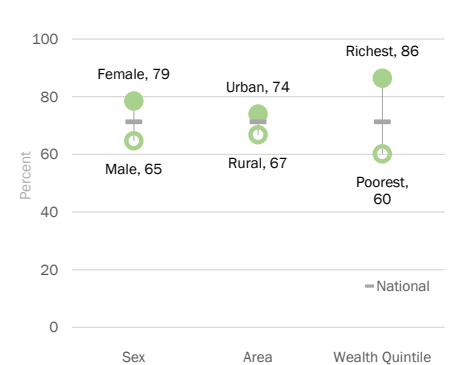
Percentage of children of primary school age (as of the beginning of school year) who are attending primary, lower or upper secondary school

Lower Secondary School Net Attendance Rate (adjusted)



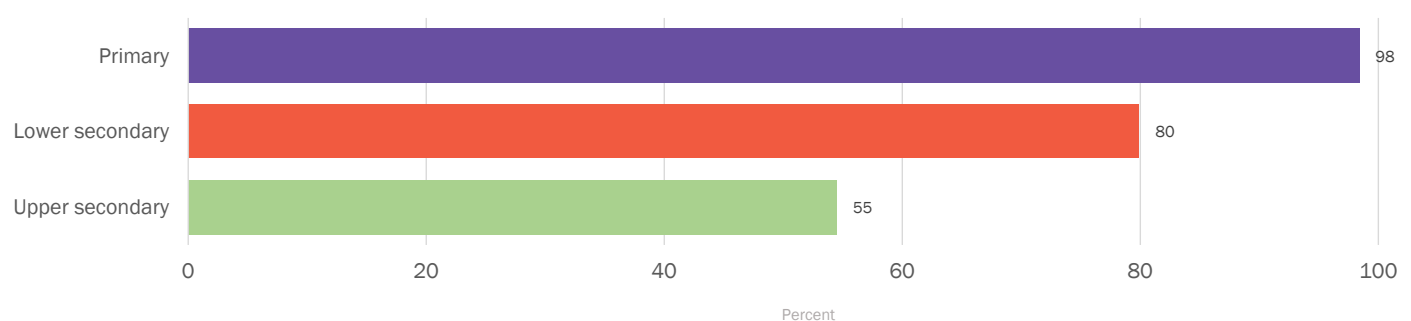
Percentage of children of lower secondary school age (as of the beginning of school year) who are attending lower secondary school or higher

Upper Secondary School Net Attendance Rate (adjusted)



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

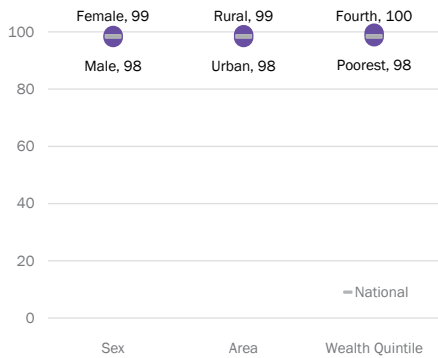
Completion Rates: SDG 4.1.2



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

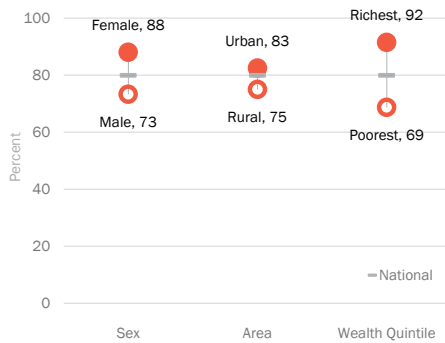
Inequalities in Completion Rates

Primary School Completion Rate



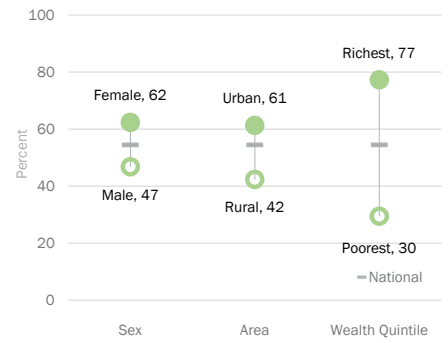
Percentage of children age 3 to 5 years above the intended age for the last grade of primary school who have completed primary education

Lower Secondary School Completion Rate



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

Upper Secondary School Completion Rate



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

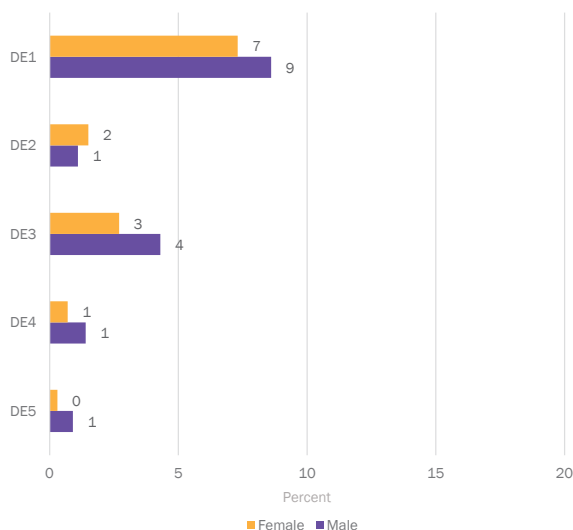
Divisional Data in Completion Rates

Division	Primary (age 6-11)	Lower Secondary (age 12-14)	Upper Secondary (age 15-17)
National	98	80	55
Central	98	81	62
Eastern	98	(76)	(44)
Northern	99	84	50
Western	97	77	47

Data for Completion rates 'Lower secondary' and Completion rates for 'Upper secondary' for the Eastern Division are based on 25-49 unweighted cases

Out of School Rates

Out of School Dimensions for Levels of Education



Dimension 1: Children age one year younger than primary entry age not attending an early childhood education programme or primary school

Dimension 2: Children of primary school age who are not attending any level of education

Dimension 3: Children of lower secondary school age who are not attending any level of education

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

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

SDG Summary for Education

SDG	MICS Indicator	Definition & Notes	Value		
			Primary	Lower Secondary	Upper Secondary
4.1.2	LN.8a,b,c	Completion rate	98%	80%	55%
4.5.1	LN.5a	Gender Parity Indices (attendance, girls/boys)	1.00	1.02	1.21
4.5.1	LN.5b	Wealth Parity Indices (attendance, poorest/richest)	1.01	0.92	0.70
4.5.1	LN.5c	Area Parity Indices (attendance, rural/urban)	1.00	1.00	0.90
			Total	Boys	Girls
4.2.2	LN.2	Participation rate in organized learning (one year before the official primary entry age)	92%	91%	93%

Key Messages

- In Fiji, the attendance in early childhood education (ECE) among children aged 36-59 months is very low at 22 per cent (20 per cent in urban vs 24 per cent in rural).
- While overall ECE attendance is low, in contrast, 92 per cent of children do attend a formal learning programme in the year prior to starting 1st year of primary school.
- In Fiji, the attendance in primary school is universal (98 per cent).
- Attendance in lower secondary school is also high at 95 per cent (90 per cent among children from poor households vs 98 per cent among those from richest households).
- Completion rate for lower secondary education is 80 per cent, but disparities exist in gender (88 per cent of girls vs 73 per cent of boys). Household wealth also impacts completion rates (69 per cent among the poorest vs 92 per cent among the richest).
- Seventy-one percent of upper secondary school age children currently attend schools, with notable gender differential (79 per cent females vs 65 per cent of males). Substantial difference in the attendance is observed between children living in the richest (86 per cent) and poorest (60 per cent) households.
- Completion rates in upper secondary school is 55 per cent, with large variation between children from poorest and richest households (30 per cent and 77 per cent, respectively).
- Gender disparity in upper secondary school attendance is strong in favour of girls with a GPI of 1.21.

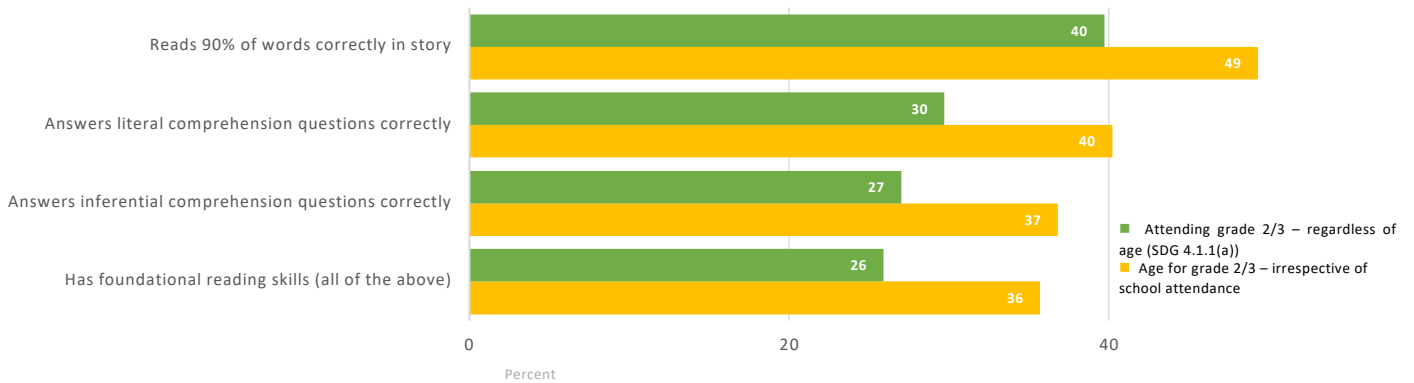


Early Grade Learning & Parental Involvement



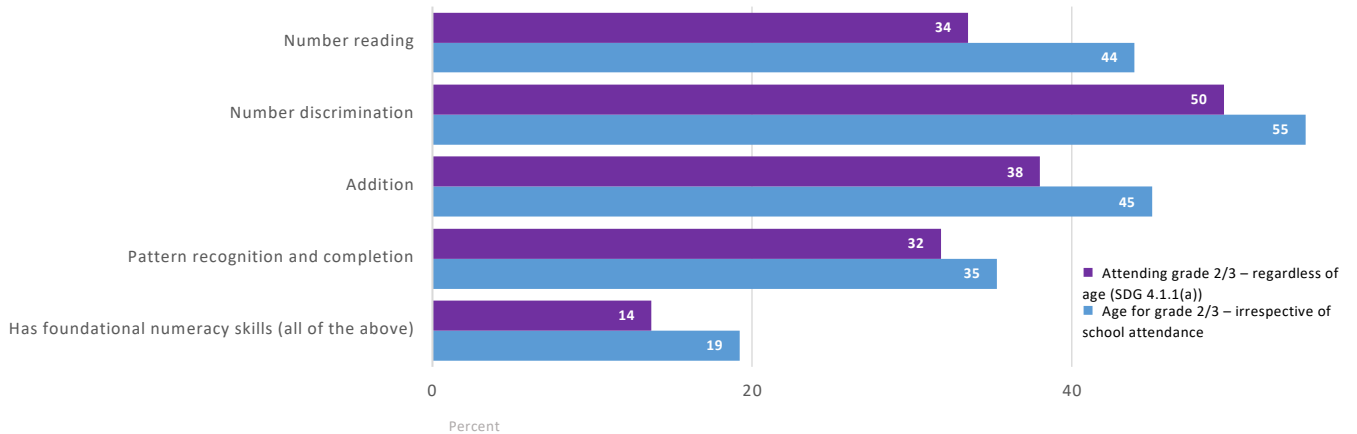
Early Grade Learning: SDG 4.1.1(a)

Foundational Reading Skills: SDG 4.1.1(a) (i: reading)



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

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

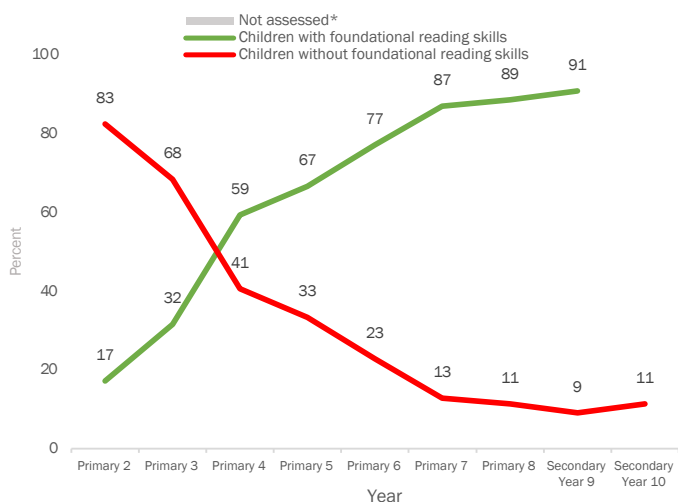


Percentage of children attending grade 2/3 and at age for grade 2/3 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task



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

Foundational Reading Skills, by grade of attendance



Percentage of children age 7-14 years attending primary or lower secondary school by foundational reading skills, by grade of attendance.

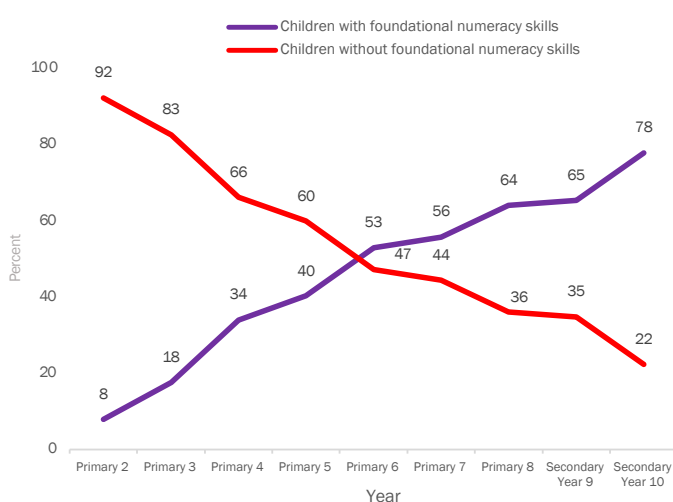
Note that the chart excludes children out of school or attending lower or higher levels of education.

The percentage of children without foundational reading skills is calculated by subtracting the children with foundational reading skills and children for whom the reading tasks were not available in the main language used by teachers and in the main language used at home from the total number of children.

* The reading tasks were available in English, I-Taukei and Hindi. Children were assessed in the main language used by teachers. If the reading tasks were not available in that language, children were offered the reading tasks in any of the other available languages. Children for whom the reading tasks were not available in the main language used by teachers and in the main language used at home are recorded here.

Note: Data for "Primary Year 1" and "Secondary Year 11" are based on less than 25 unweighted cases and are not shown in the graph

Foundational Numeracy Skills, by grade of attendance



Percentage of children age 7-14 years attending primary or lower secondary school by foundational numeracy skills, by grade of attendance

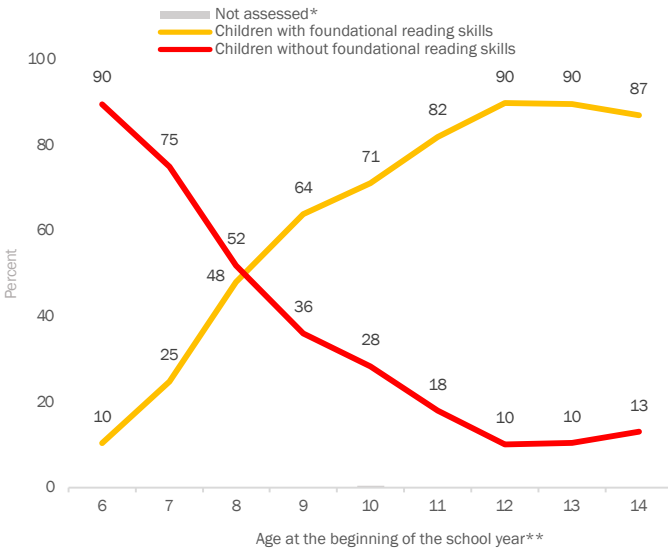
Note that the chart excludes children out of school or attending lower or higher level of education.

The percentage of children without foundational numeracy skills is calculated by subtracting the children with foundational numeracy skills from the total number of children.

Note: Data for "Primary Year 1" and "Secondary Year 11" are based on less than 25 unweighted cases and are not shown in the graph



Foundational Reading Skills, by age



Percentage of children age 7-14 years by foundational reading skills, by age at beginning of school year**

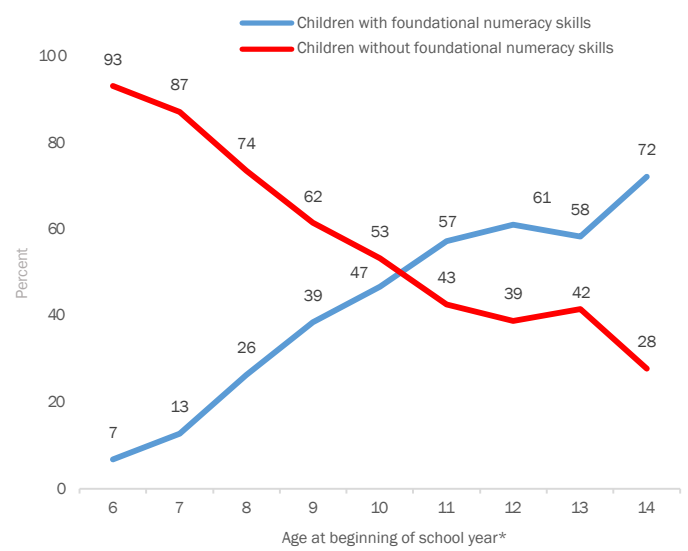
The percentage of children without foundational reading skills is calculated by subtracting the children with foundational reading skills and children for whom reading tasks were not available in the main language used by teachers and in the main language used at home from the total number of children.

* The reading tasks were available in English, I-Taukei and Hindi. Children were assessed in the main language used by teachers or, for those who never attended school, in the main language used at home. If the reading tasks were not available in those languages, children were offered the reading tasks in any of the other available languages. Children for whom the reading tasks were not available in the main language used by teachers and in the main language used at home are recorded here.

** As eligibility for the Parental Involvement and Foundational Learning Skills modules was determined based on age at time of interview (age 7-14 years), Age at beginning of school year inevitably presents children who were age 6 years at the beginning of the school year.

Note: Data for "Age 6" are based on 25-49 unweighted cases

Foundational Numeracy Skills, by age



Percentage of children age 7-14 years by foundational numeracy skills, by age at beginning of school year*

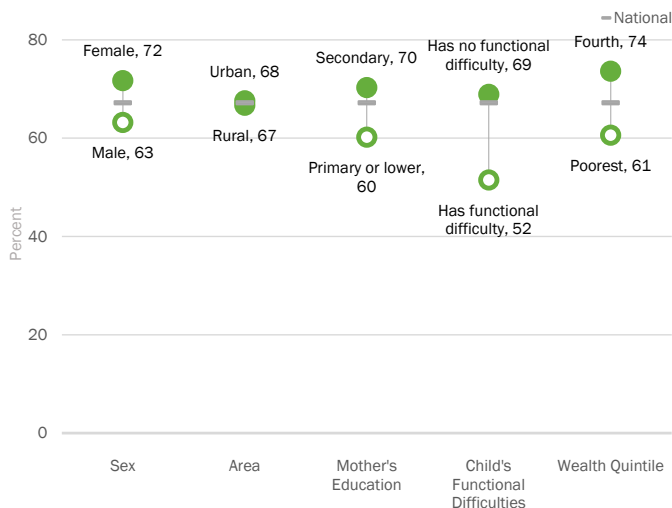
The percentage of children without foundational numeracy skills is calculated by subtracting children with foundational numeracy skills from the total number of children.

* As eligibility for the Parental Involvement and Foundational Learning Skills modules was determined based on age at time of interview (age 7-14 years), Age at beginning of school year inevitably presents children who were age 6 years at the beginning of the school year.

Note: Data for "Age 6" are based on 25-49 unweighted cases

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

Disaggregates in Foundational Reading Skills

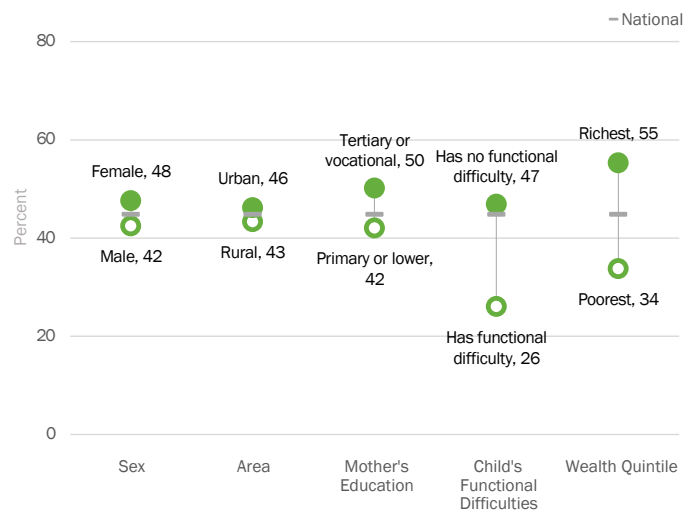


Percentage of children age 7-14 years who demonstrate foundational reading skills by successfully completing three foundational reading tasks, by background characteristics

Divisional Data on Foundational Reading Skills

Division	Boys	Girls	Total
National	63	72	67
Central	66	74	70
Eastern	57	73	64
Northern	64	73	68
Western	61	69	65

Disaggregates in Foundational Numeracy Skills



Divisional Data on Foundational Numeracy Skills

Division	Boys	Girls	Total
National	42	48	45
Central	44	48	46
Eastern	34	48	40
Northern	45	45	45
Western	41	48	45

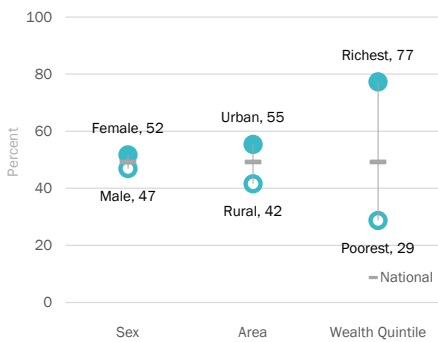
Percentage of children age 7-14 years who demonstrate foundational numeracy skills by successfully completing four foundational numeracy tasks, by background characteristics

Measuring Reading & Numeracy Skills in MICS

- The Foundational Learning Skills (FL) module is a direct assessment of children's reading and numeracy competencies. It is designed to assess foundational learning skills expected upon completion of 2nd grade of primary education, thus contributing to SDG indicator 4.1.1(a).
- The FL module is part of the Questionnaire for Children Age 5-17 years administered to one randomly selected child in each household. Children age 7-14 years are eligible for this module.
- The reading assessment in the FL module consists of a reading passage and a set of comprehension questions related to a story. The assessment is customised in each country to ensure vocabulary and cultural references are relevant and appropriate. The numeracy assessment consists of four number tasks based on universal math skills expected at 2nd grade level.
- The reading assessment of Fiji MICS, 2021 was conducted in English, I-Taukei and Hindi. The reading skills of 0.1 per cent of the interviewed children could not be evaluated in their home or school language.
- 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.

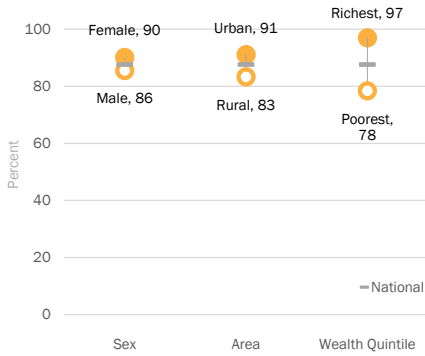
Parental Involvement: Learning Environment at Home

Children with 3 or more books to read at home



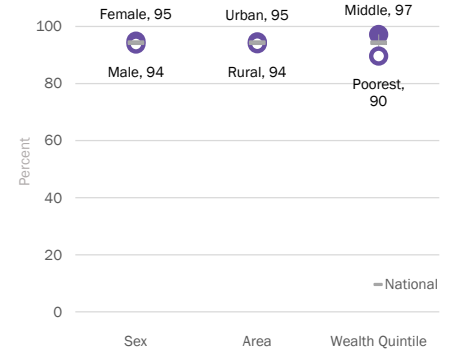
Percentage of children age 7-14 years with 3 or more books at home, by background characteristics

Children who read books or are read to at home



Percentage of children age 7-14 years who read books or are read to at home, by background characteristics

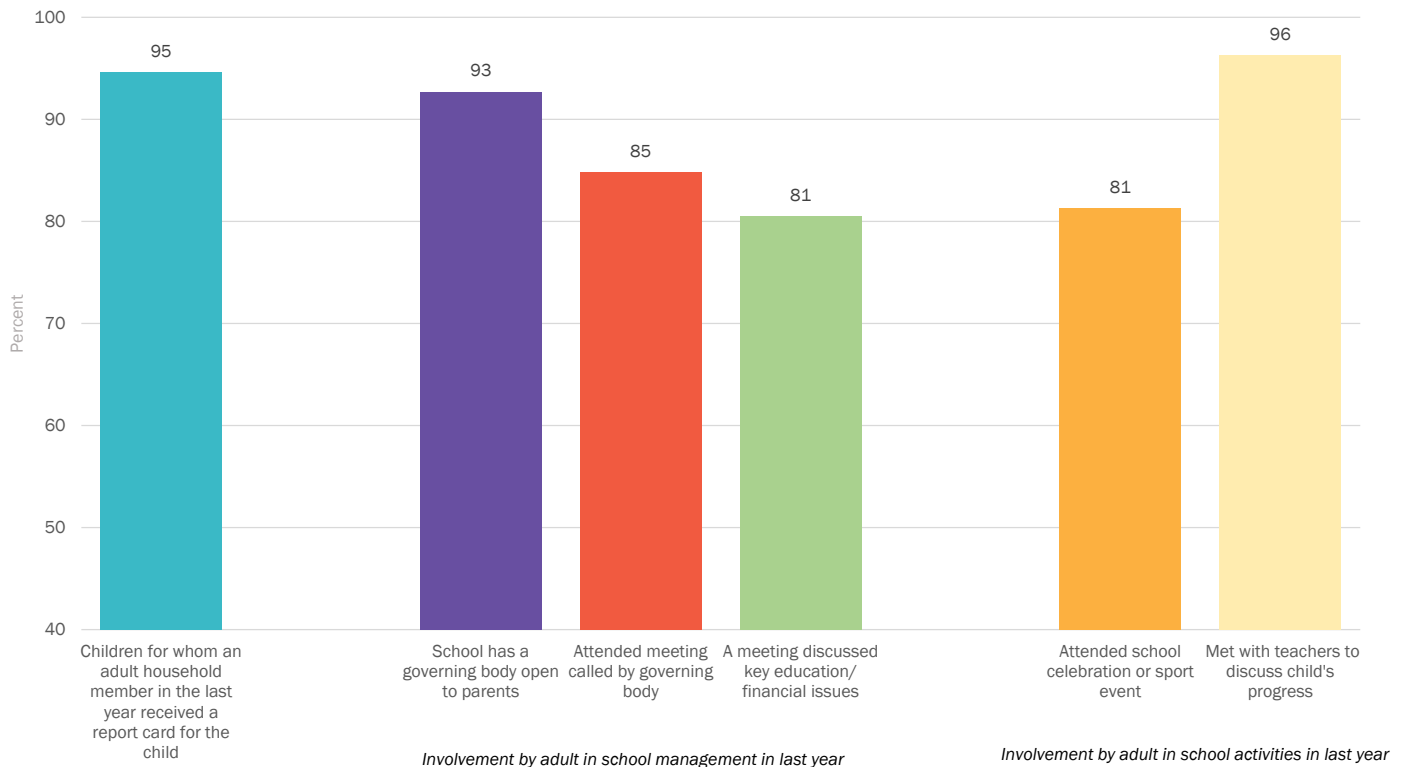
Children who receive help with homework



Percentage of children age 7-14 years attending school and having homework who receive help with homework, by background characteristics

Parental Involvement: Learning Environment at Home

Parental Involvement in school



Percentage of children age 7-14 years attending school, by indicators of parental support

Key Messages

- In Fiji, the levels of foundational learning skills in terms of reading and numeracy among children aged 7-14 years are 67 per cent and 45 per cent, respectively.
- The attainment of foundational learning skills in reading and in numeracy in the early primary years (aged 7-8) is very low, at 36 per cent and 19 per cent, respectively.
- The proportion of children demonstrating foundational reading and numeracy skills increases by age and grade. For example, the foundational reading skills among children aged 7 years is 25 per cent compared to 71 per cent among those aged 10 years.
- Wealth of the household has an important role in the attainment of foundational learning skills for children aged 7-14 years. For example, the foundational numeracy skills among children aged 7-14 years from the poorest households is 34 per cent compared to 55 per cent from the richest households.
- Whether or not a child has a functional difficulty also plays a role in learning achievements. Among children aged 7-14 years, 26 per cent with functional difficulty demonstrated numeracy skills compared to 47 per cent among those with no functional difficulty.
- Overall, 49 per cent of children aged 7-14 years have books at home and be read to, this is slightly high at 55 per cent among children of the same age living in urban areas compared to 42 per cent among their counterparts living in rural areas.
- Household wealth is also a factor in the ownership of books for children aged 7-14 years (77 per cent among richest households vs. 29 per cent among poorest households).
- More than 80 per cent of parents participate in the school activities of their children, such as receiving report cards and meeting with teachers to discuss progress, attending governance meetings, and enjoying school sporting and cultural events.



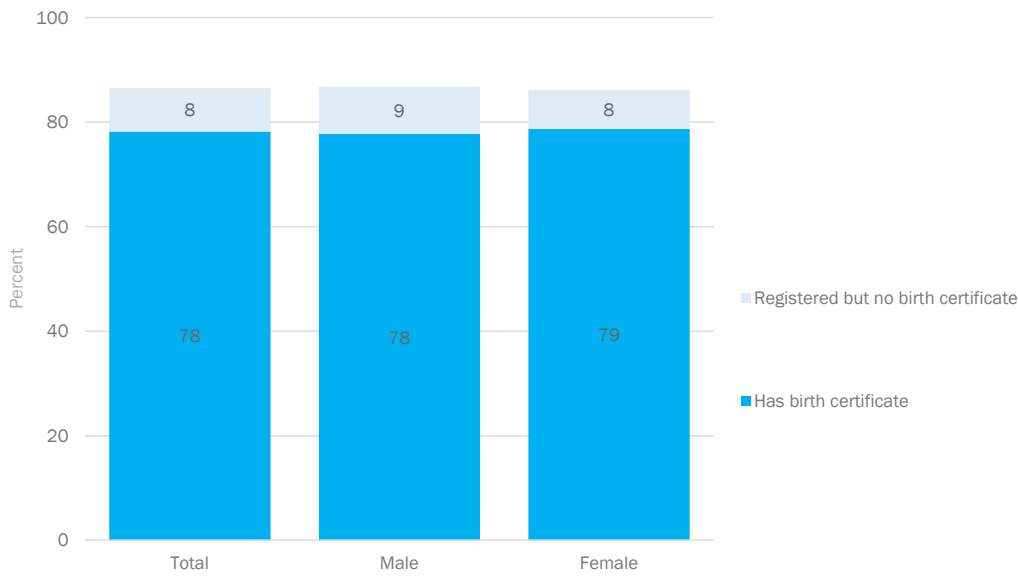


Birth Registration



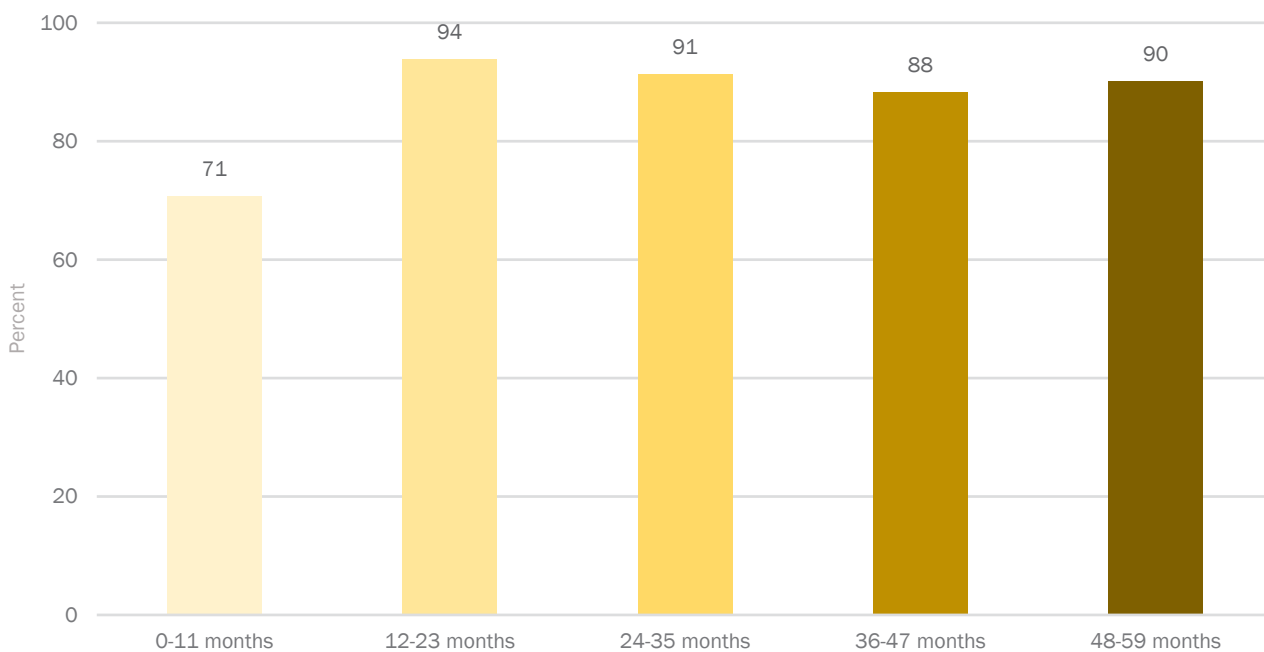
Birth Registration Levels

Birth registration for Children Under-Five: SDG 16.9.1



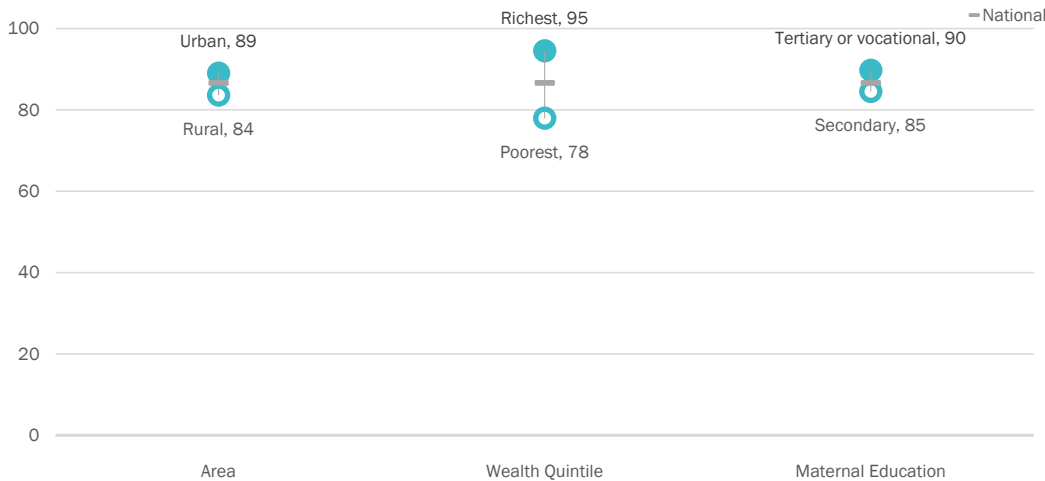
Percentage of children under age 5 whose births are registered, by whether or not they have a birth certificate and by sex

Birth registration by Age



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

Birth Registration: Inequalities



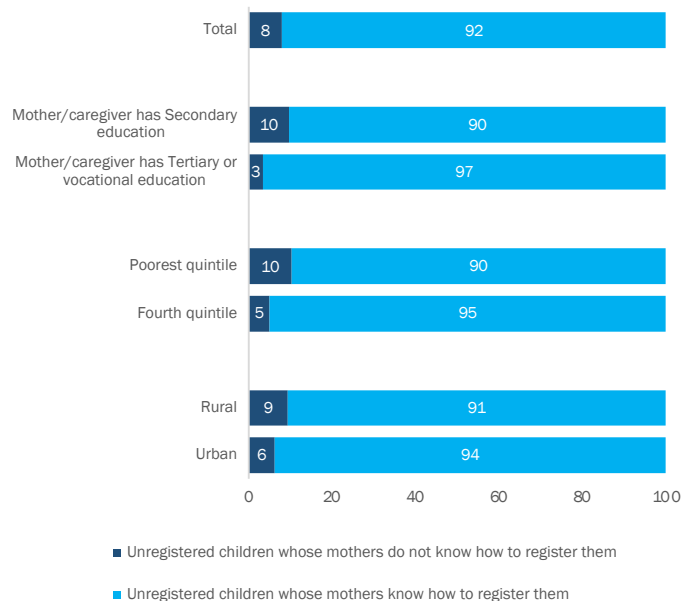
Percentage of children under age 5 whose births are registered, by background characteristics

Divisional Data on Birth Registration

Division	Total registered
National	87
Central	87
Eastern	91
Northern	85
Western	86

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

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



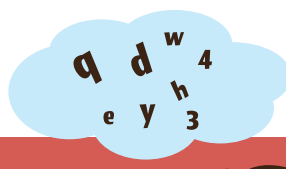
Percent distribution of children under age 5 whose mother's (or caregiver's) knowledge of how to register a child among children whose births are not registered

Note: Data for 'Fourth quintile' are based on 25-49 unweighted cases

Key Messages

- In Fiji, births of 87 per cent of children under 5 years are registered, 78 per cent have birth certificate and remaining eight per cent are registered but no birth certificate.
- Among different age groups, birth registration is the highest among children aged 12-23 months (94 per cent), while the lowest is among children aged 0-11 months (71 per cent).
- Birth registration among children living in the richest households (95 per cent) are having 17 percentage points higher compared to children living in the poorest households (78 per cent).

- The Eastern division has the highest proportion of births among children under 5 years are registered (91 per cent), while the same proportion is lowest in the Northern division (85 per cent).
- Among those children under 5 years whose birth is not yet registered, 92 per cent of mothers/caregiver's report awareness on how to register a birth.



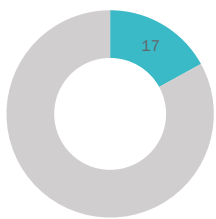
Child Discipline



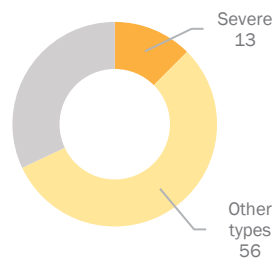
Child Discipline

Types of Child Discipline

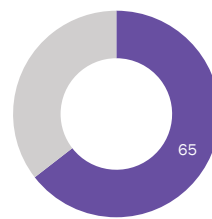
Only non-violent



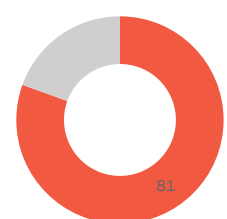
Physical punishment



Psychological aggression

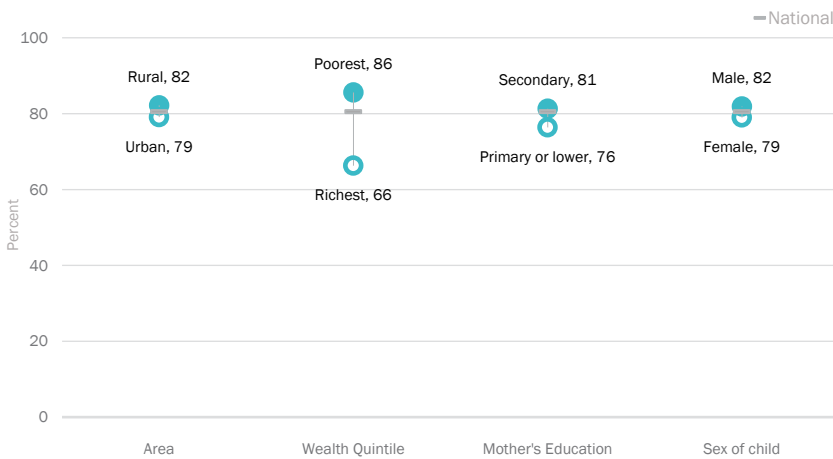


Any violent discipline:
SDG 16.2.1



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

Violent Discipline: Inequalities



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

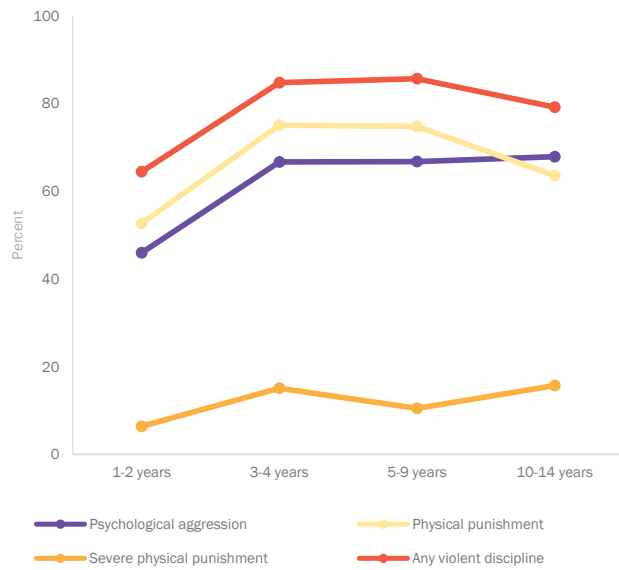
Physical punishment: Shaking, hitting or slapping a child on the hand/arm/leg, hitting on the bottom or elsewhere on the body with a hard object, spanking or hitting on the bottom with a bare hand, hitting or slapping on the face, head or ears, and hitting or beating hard and repeatedly.

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

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

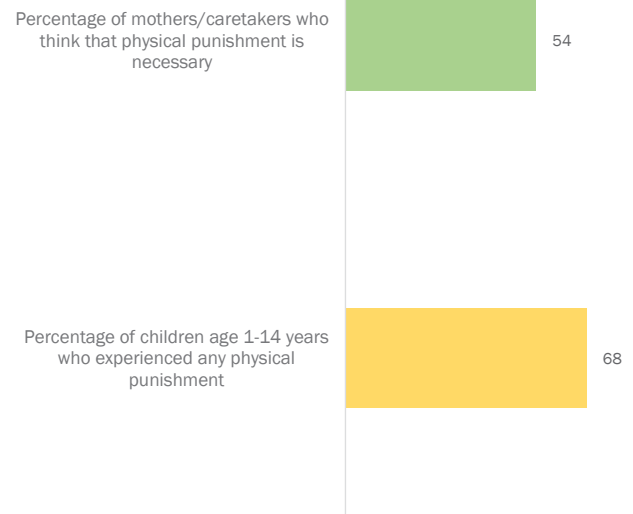
Violent discipline: Any physical punishment and/or psychological aggression.

Violent Discipline: Age Patterns

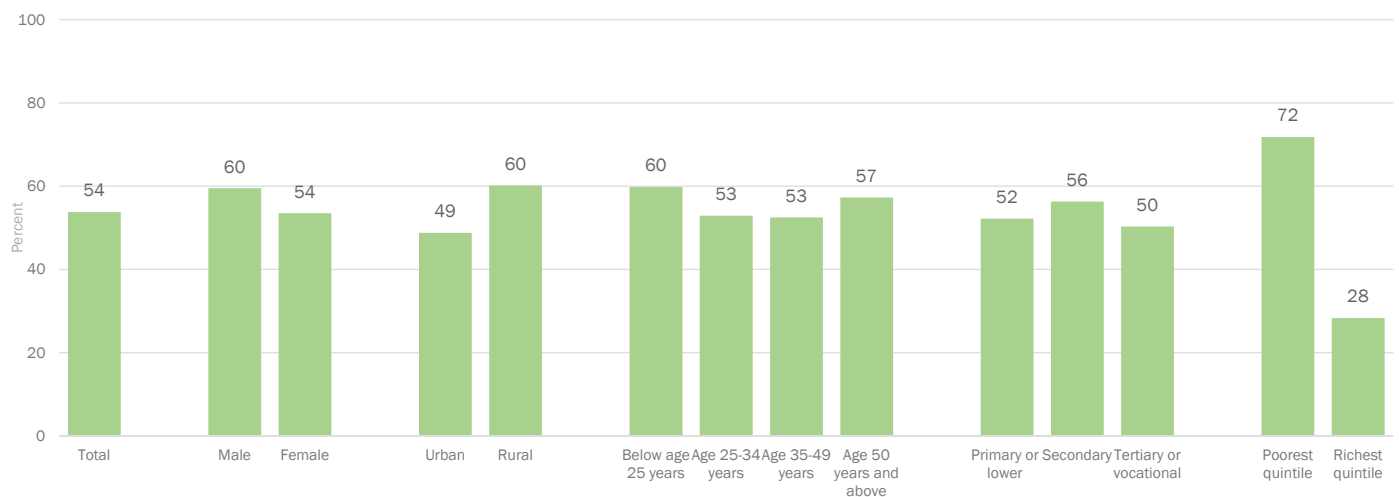


Percentage of children age 1-14 years who experienced any violent discipline in the past month, by type and by age

Physical Punishment: Attitudes & Experiences



Attitudes to Physical Punishment



Percentage of mothers/caretakers of children age 1-14 years who think that physical punishment is necessary to raise or educate children, by their background characteristics

Key Messages

- In one month prior to the survey, four in five children (81 per cent) aged 1-14 years experienced any type of violent discipline.
- Children living in the poorest households (86 per cent) are more likely to experience violent discipline compared to children living in the richest households (66 per cent).
- Boys aged 1-14 years and those living in rural areas are most susceptible to violent discipline.
- Overall, 7 in 10 children aged 1-14 years experienced physical punishment; out of which one in eight (13 per cent) experienced severe physical punishment.
- Over half of mothers/caregivers in Fiji feel that physical punishment is necessary to raise or educate children.
- Mothers/caregivers from both the rural areas (60 per cent) and from the poorest households (72 per cent) have a more accepting attitude towards physical punishment.

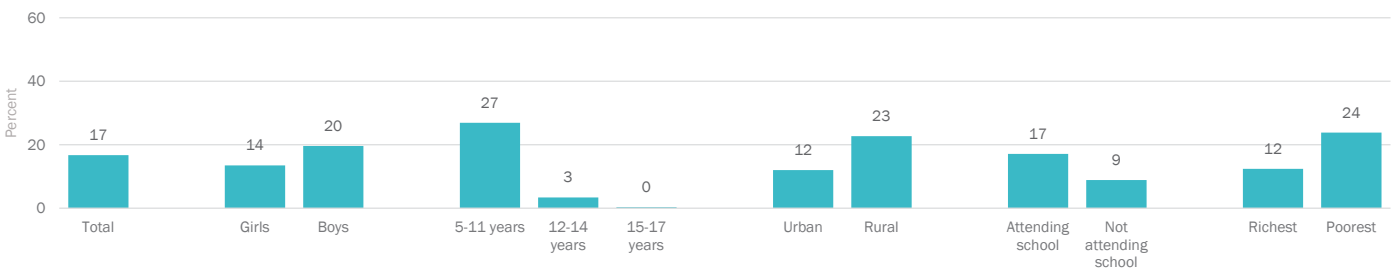


Child Labour



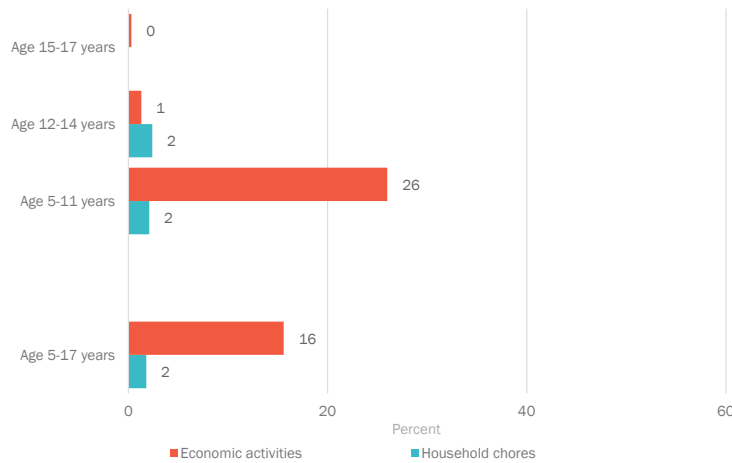
Child Labour: Levels & Disaggregates

Child Labour for Age 5-17 years: SDG 8.7.1



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

Types of Child Labour



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

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

Definition of Child Labour

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

Age 12-14 years: At least 14 hours of economic activities 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.

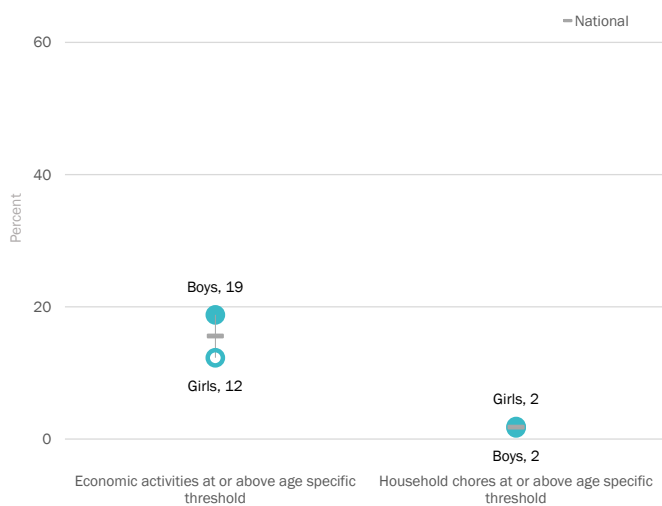
Economic activities include paid or unpaid work for

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.

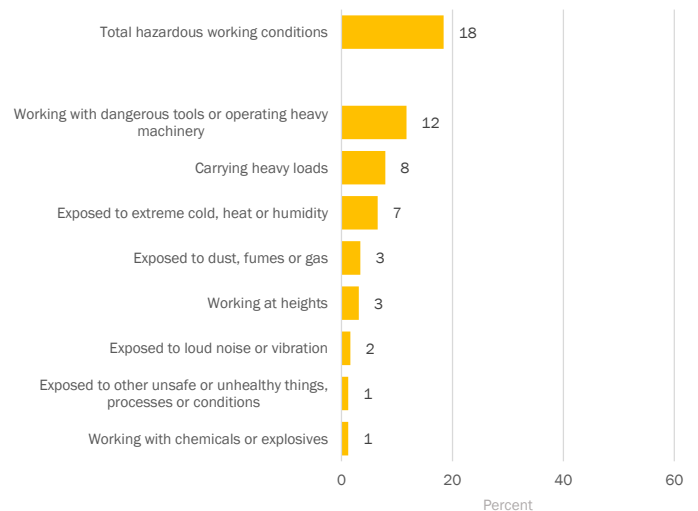


Inequalities in Child Labour



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

Hazardous Working Conditions



Percentage of children age 5-17 years working under hazardous conditions, by type of hazardous environment

Divisional Data on Child Labour

Divisional	Total Child Labour
National	17
Central	16
Eastern	25
Northern	18
Western	16

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

Key Messages

- One in six children (17 per cent) aged 5-17 years in Fiji were engaged in child labour (12 per cent in urban areas and 23 per cent in rural areas).
- Child labour among boys (20 per cent) was 6 percentage points higher than that among girls (14 per cent).
- The age group with the highest prevalence of child labour were children aged 5-11 years (27 per cent).
- Proportion of children living in the poorest households (24 per cent) involved in child labour is two times higher than their counterparts in the wealthiest households (12 per cent).
- The Eastern division has the highest prevalence of child labour (25 per cent).
- By type of child labour, among children aged 5-17 years engagement in economic activity is more prevalent than household chores.
- Almost one in five children aged 5-17 years were working under hazardous conditions, with the most prevalent form of hazardous work being working with dangerous tools and operating heavy machinery (12 per cent).

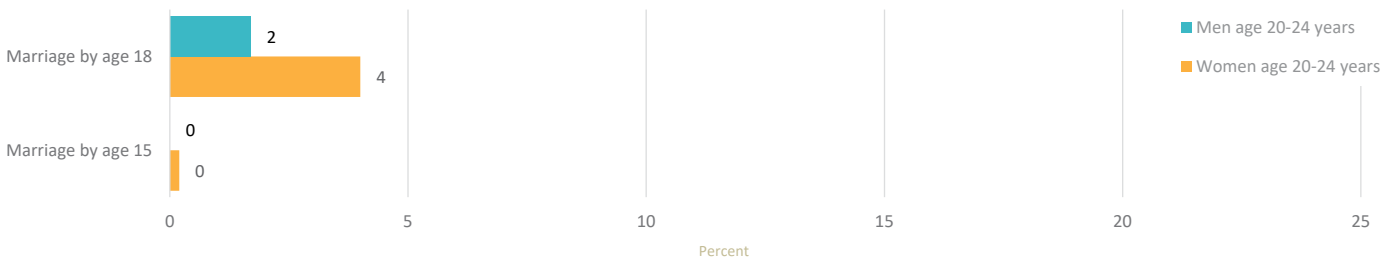


Child Marriage



Child Marriage: Levels & Disaggregates

Marriage before Age 15 & Age 18 among women (SDG 5.3.1*) and men

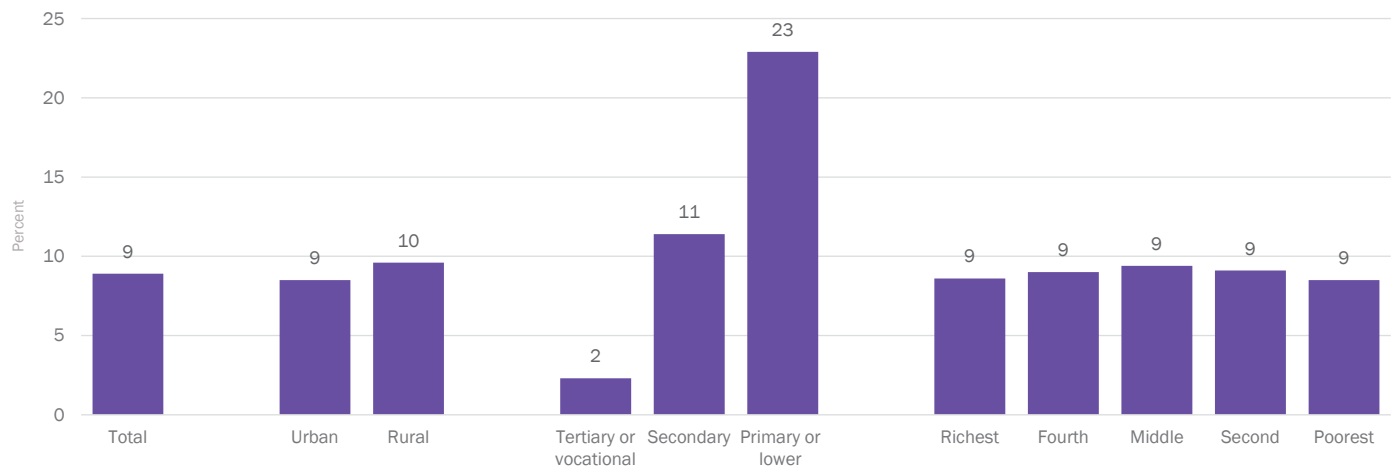


Percentage of women and men age 20-24 years who were first married or in union before age 15 and before age 18

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

* SDG indicator 5.3.1 refers only to child marriage prevalence among girls: "Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18"

Disaggregates in Marriage Before Age 18



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

Marriage before the age of 18 years 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.

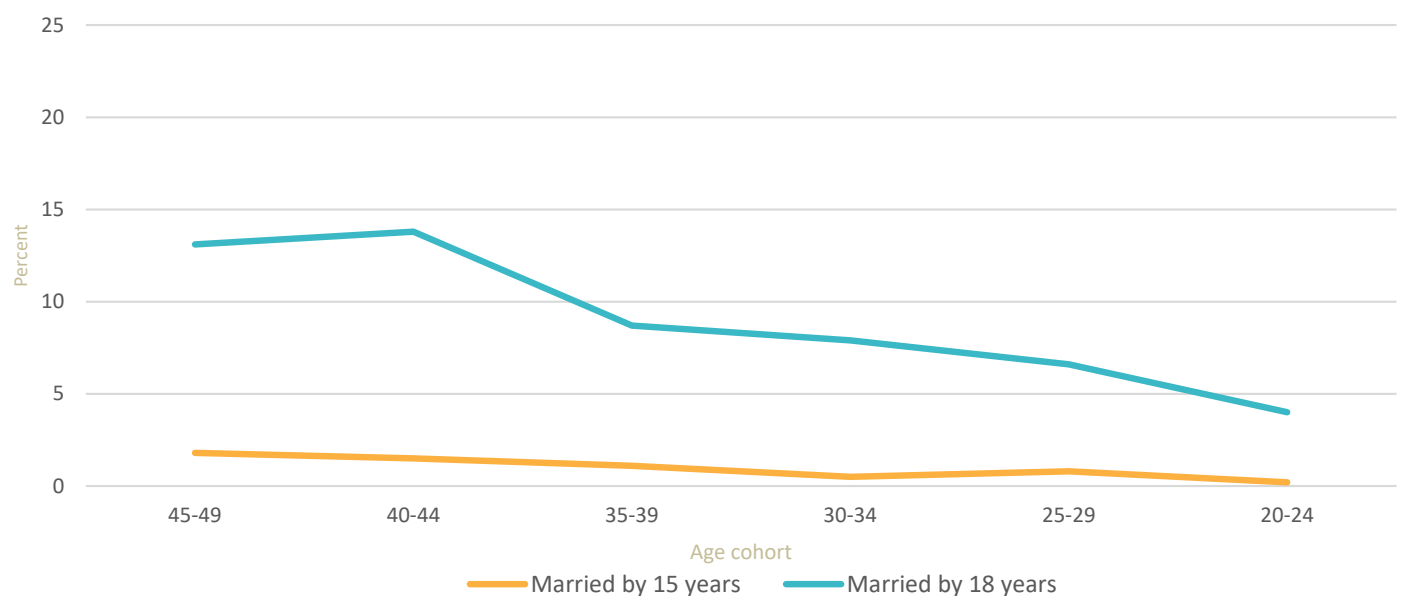


Divisional Data on Child Marriage

Division	Marriage by age 18 years
National	9
Central	8
Eastern	8
Northern	12
Western	9

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

Trends in Child Marriage



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

Key Messages

- In total, 1 in 25 women aged 20-24 years was first married or in union before reaching age 18 years and in the same age group of women, none of them were reported first married or in union before age 15 years.
- Among women aged 20-49 years, 1 in 10 were married before reaching age of 18 years. This practice has reduced over time, with 14 per cent for women aged 40-44 years to 4 per cent for women aged 20-24 years.
- Proportion of women aged 20-49 years marrying or in union before 18 years is higher among those with lower levels of education (23 per cent) compared to women aged 20-49 years with secondary education (11 per cent) and tertiary or vocational levels of education (2 per cent).
- The Northern division has the highest prevalence of child marriage, with 12 per cent of women aged 20-49 years who first married or in union before reaching 18 years of age.

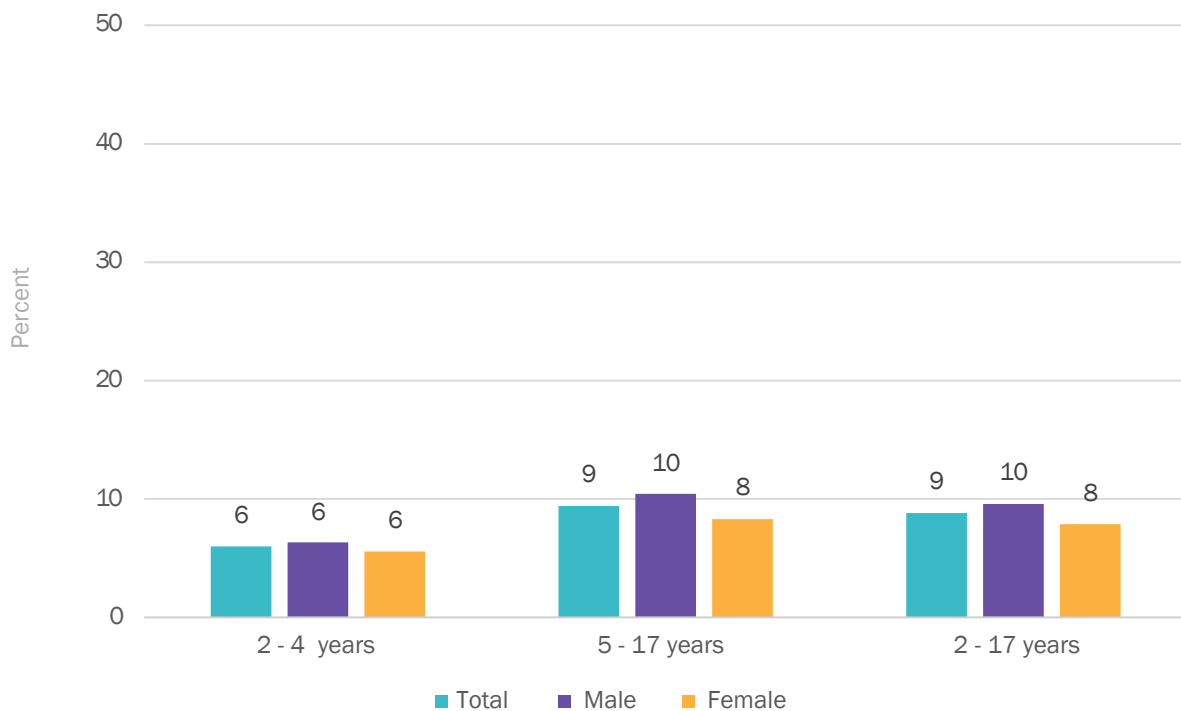


Child Functioning



Child Functioning: Levels & Domains

Child Functioning Levels by Age-Group



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

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

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

access to services, and in their participation in all aspects of life.

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



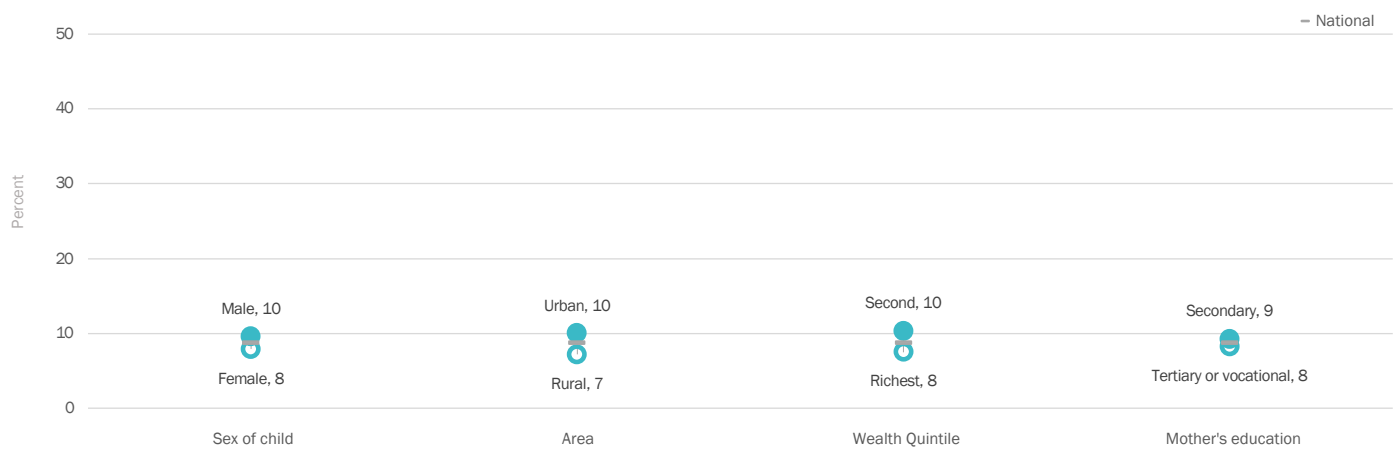
Child Functioning Domains

	Seeing	Hearing	Walking	Fine Motor	Communication	Learning	Playing	Controlling Behaviour	Self care	Remembering	Concentrating	Accepting Change	Making Friends	Anxiety	Depression
2-4 years	1	<1	<1	1	2	2	1	3	N/A	N/A	N/A	N/A	N/A	N/A	N/A
5-17 years	<1	<1	2	N/A	1	2	N/A	2	1	1	1	2	1	3	2

Percentage of children age 2-4 and 5-17 years with functional difficulty in at least one domain, by domain of difficulty

N/A- Not Applicable

Child Functioning: Inequalities



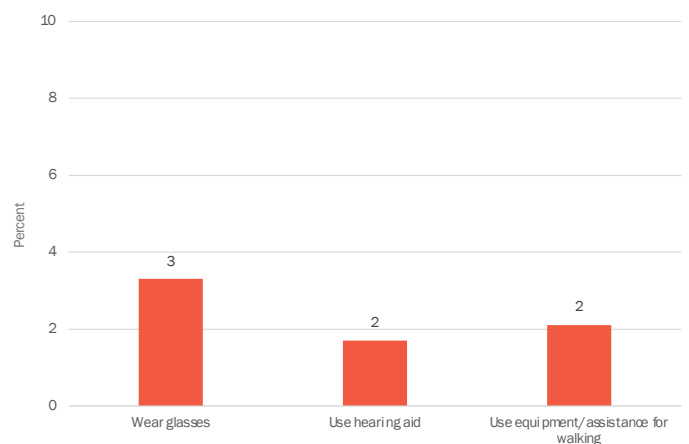
Percentage of children age 2-17 years with functional difficulty, by background characteristics

Divisional Data on Child Functioning

Division	2-4 years	5-17 years	2-17 years
National	6	9	9
Central	4	8	7
Eastern	5	7	7
Northern	8	9	9
Western	7	11	11

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

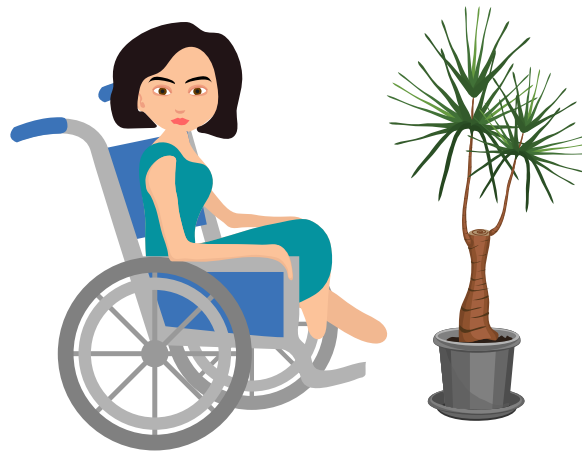
Children who use Assistive Devices & have Functional Difficulties



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

Key Messages

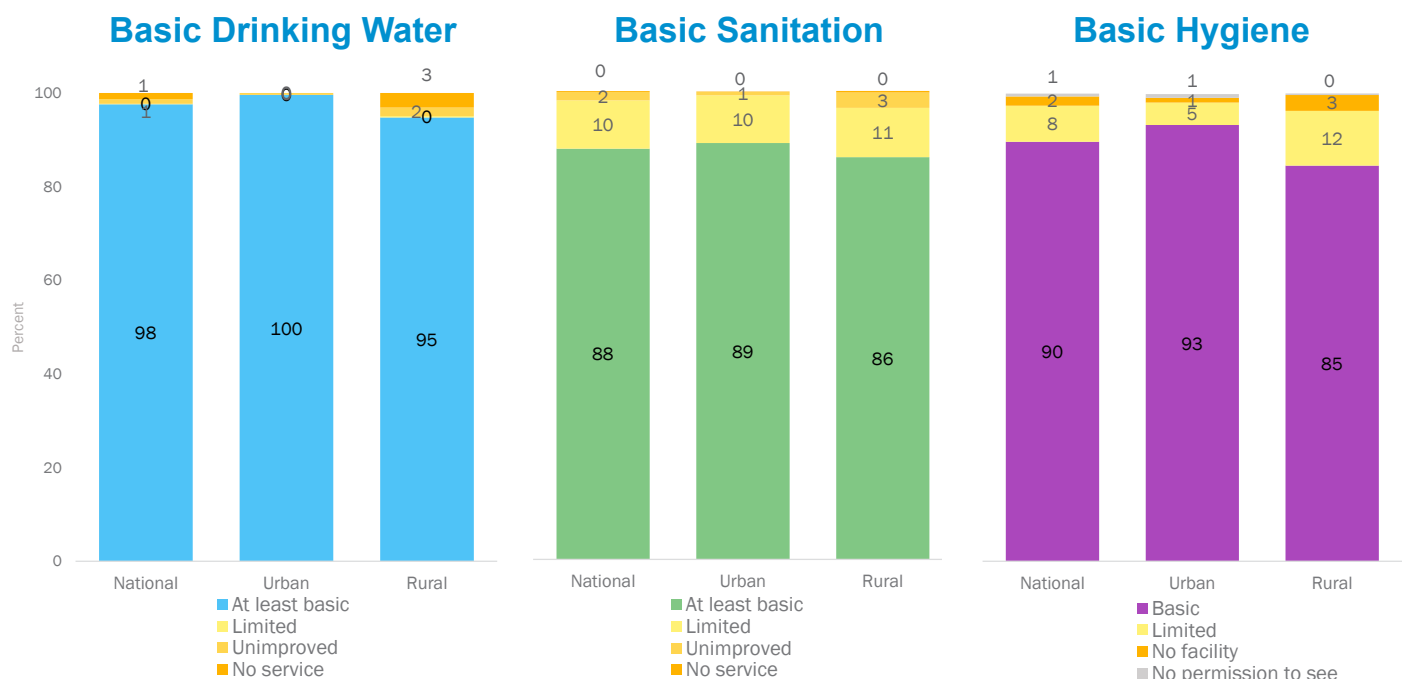
- Almost 1 out of every 10 children aged 2-17 years has functional difficulty in at least one domain. Slightly higher proportion of boys (10 per cent) have functional difficulties compared to girls (8 per cent).
- The proportion of children with functional difficulties increases with age, from 6 per cent for children aged 2-4 years increased to 9 per cent for children aged 5-17 years.
- Anxiety is the most common functional difficulty reported among children aged 5-17 years (3 per cent).
- Disparities exist for functional difficulties reported for children. Children living in urban areas and in second poorest households are more likely to have functional difficulty in at least one domain.
- Slightly higher proportion of children aged 2-17 years from the Western division (11 per cent) have functional difficulties compared to their counterparts in the Central and Eastern divisions (7 per cent each).



Drinking Water, Sanitation & Hygiene (WASH)



Basic Drinking Water, Sanitation & Hygiene Services



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

Sanitation ladder: **At least basic** sanitation services (SDG 1.4.1) refer to the use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/

pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs. **Limited** sanitation service refers to an improved facility shared with other households. **Unimproved** sanitation facilities include flush/pour flush to an open drain, pit latrines without a slab, hanging latrines and bucket latrines. **No service** refers to the practice of open defecation.

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

WASH: Inequalities in Basic Services

Basic Drinking Water



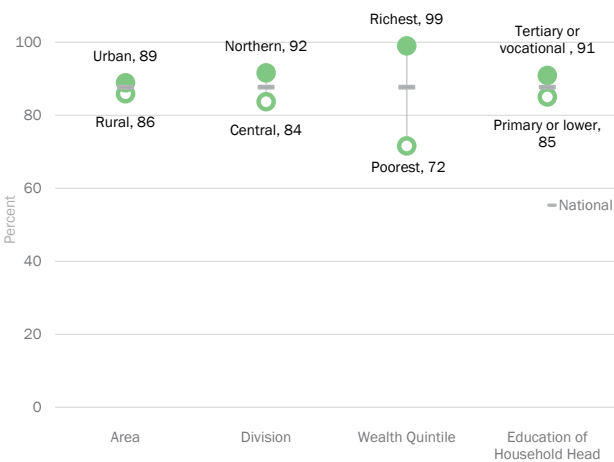
Percent of population using basic drinking water services by background characteristics

Divisional Data on Basic Services

Division	Basic Drinking Water	Basic Sanitation	Basic Hygiene
National	98	88	90
Central	98	84	90
Eastern	97	90	88
Northern	98	92	92
Western	97	90	89

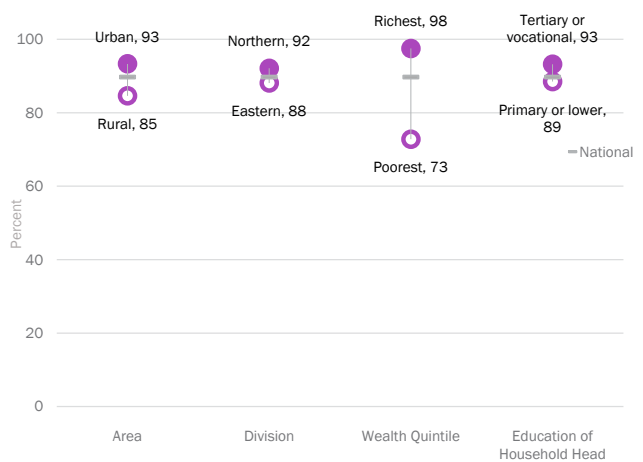
Percent of population using basic drinking water, sanitation and hygiene services by division

Basic Sanitation



Percent of population using basic sanitation services by background characteristics

Basic Hygiene

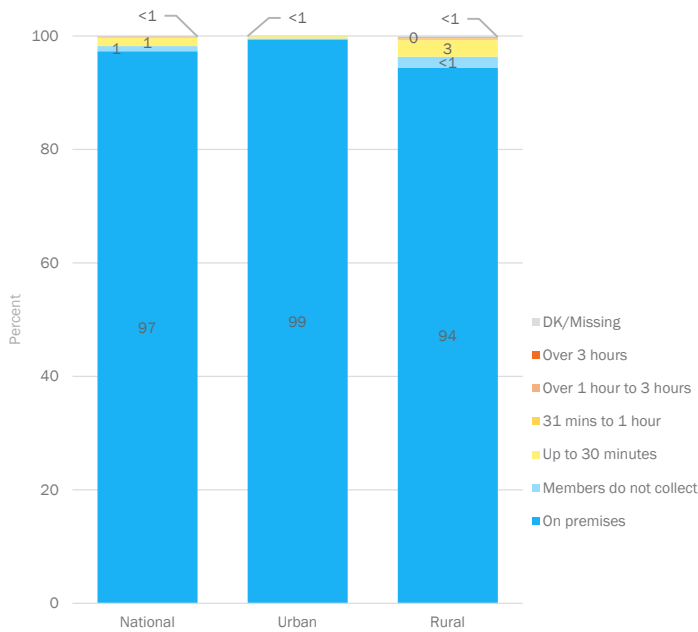


Percent of population using basic hygiene services by background characteristics



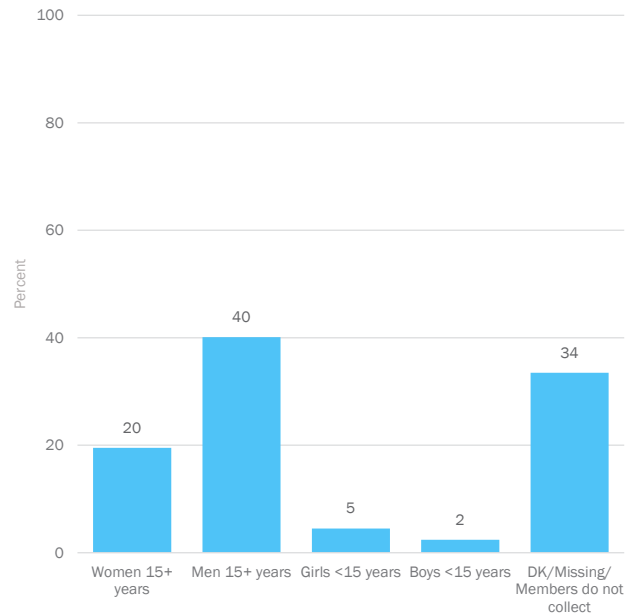
Accessibility of Drinking Water & Sanitation Facilities

Accessibility of drinking water



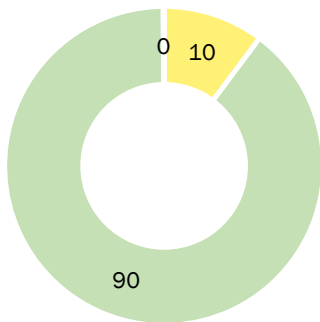
Percent of population by average time spent per day by household members collecting drinking water

Who Primarily Collects Drinking Water for the Household



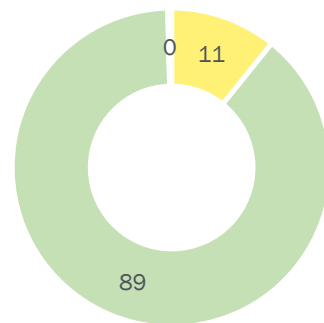
Percent of population in households without drinking water on premises, by gender and age of person primarily responsible for collecting drinking water

Shared sanitation



Shared sanitation in urban areas

- Shared (improved and unimproved)
- Not shared (improved and unimproved)
- Open defecation

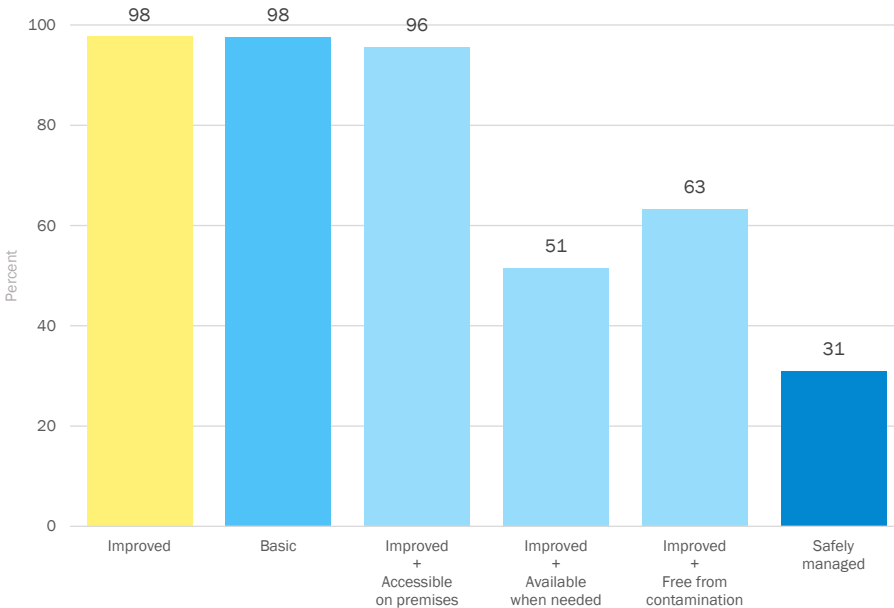


Shared sanitation in rural areas

Percent of the population sharing sanitation facilities, by residence

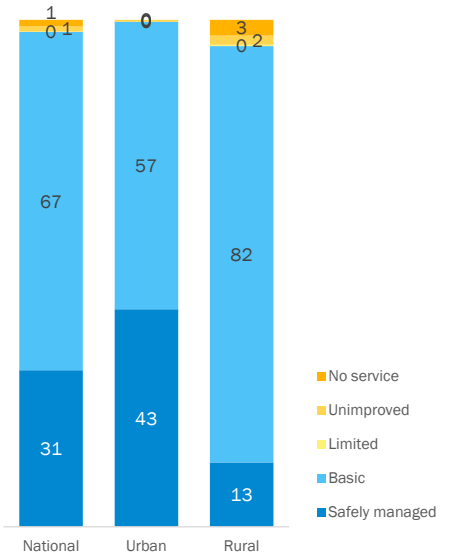
Safely Managed Drinking Water Services: SDG.6.1.1

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



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 98.5 per cent and 97.3 per cent respectively

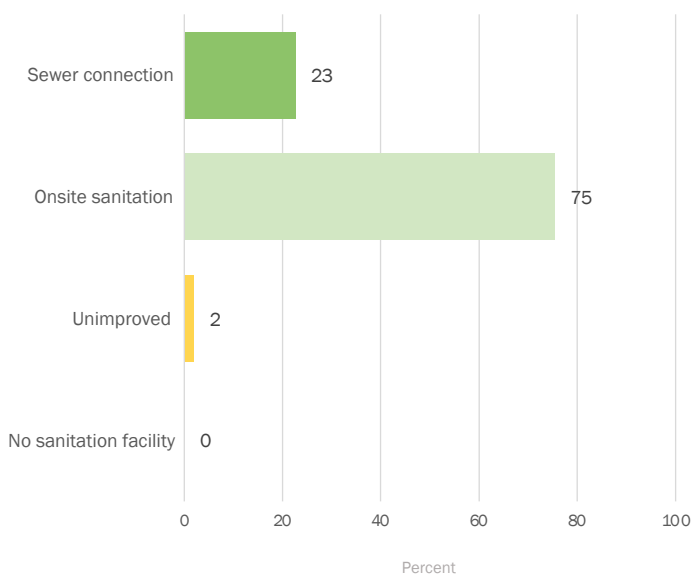
Availability of Drinking Water



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

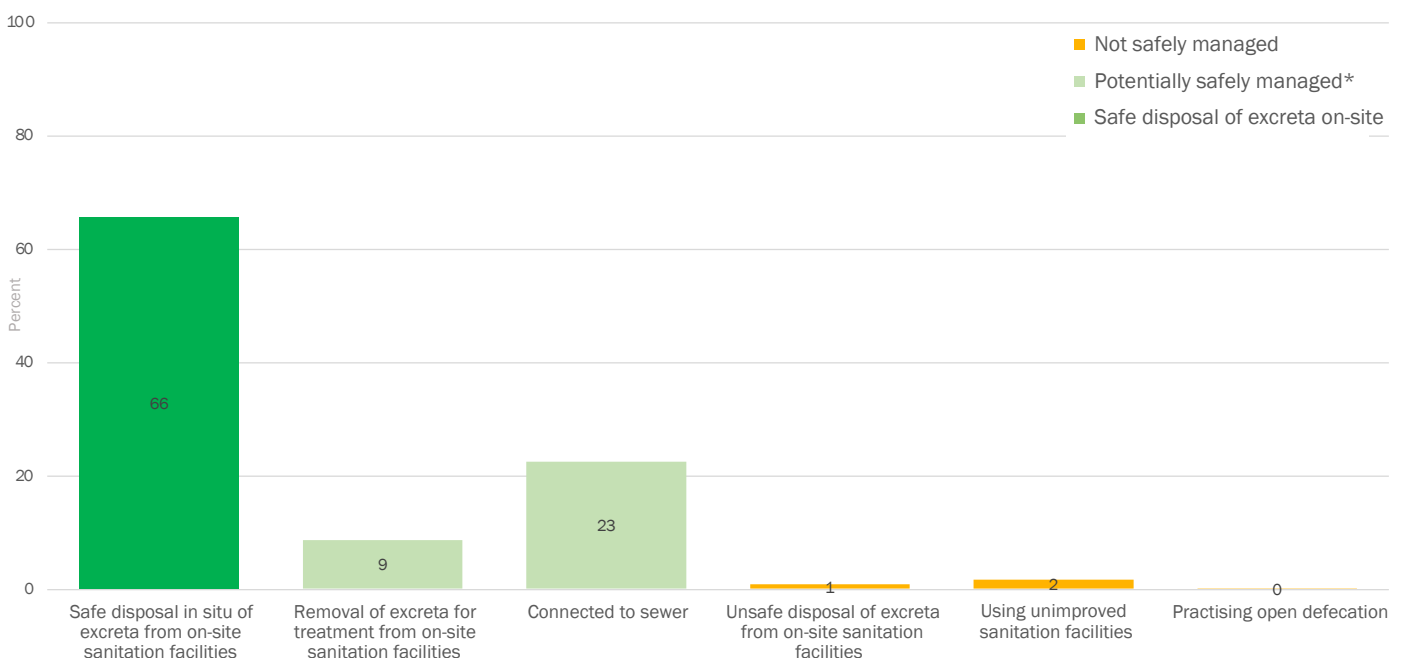
Sewer connections include “Flush/pour flush to piped sewer system” and “Flush to DK where “**Onsite sanitation facilities include** “Flush/pour flush to septic”, “Flush/pour flush to latrine”, “Ventilated improved pit latrine”, “Pit latrine with slab” and “Composting toilet”

Types of Sanitation Facility by Division

Divisional	Sewer connection	Onsite sanitation
National	23	75
Central	34	65
Eastern	2	97
Northern	10	87
Western	17	80

Percent of population using sewer connections and onsite sanitation, by division

Management of excreta from household sanitation facilities

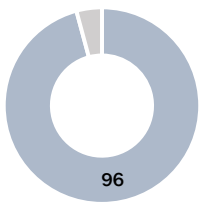


Percent of population by management of excreta from household sanitation facilities

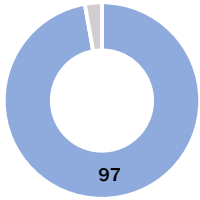
*Additional information required to determine whether faecal sludge and wastewater is safely treated.

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

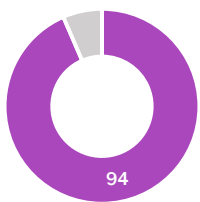
Menstrual Hygiene Management



Women with a private place to wash & change at home



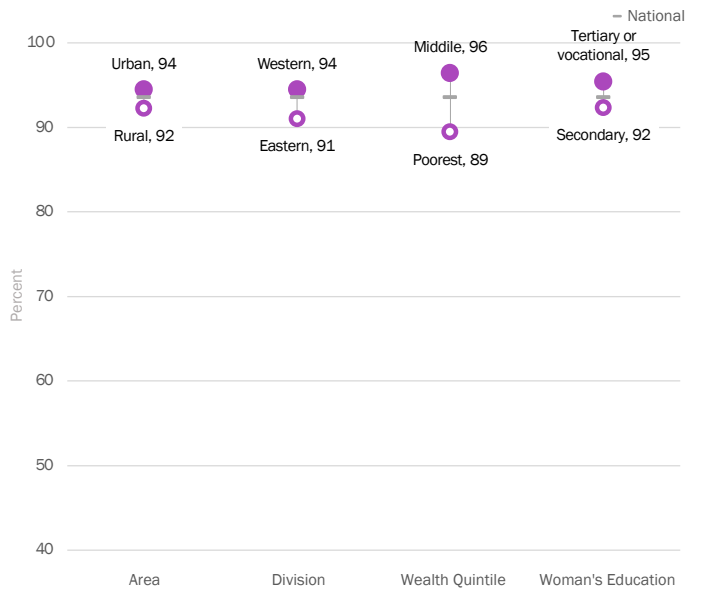
Women with appropriate materials



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

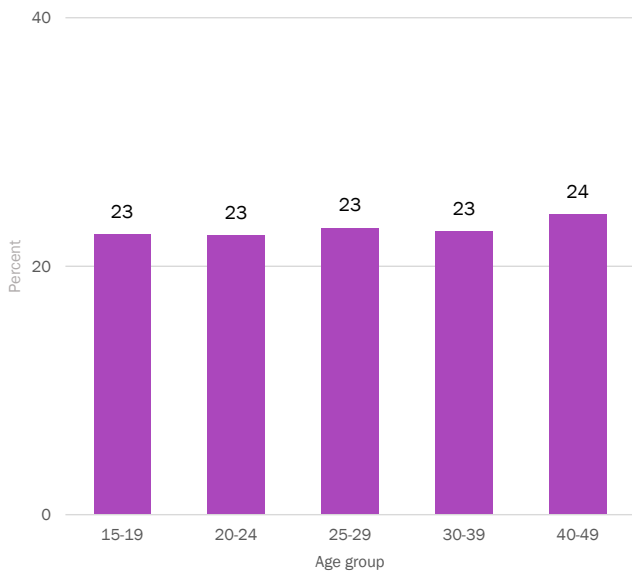
Denominator for all 3 indicators: women age 15-49 years who reported menstruating in the last 12 months

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



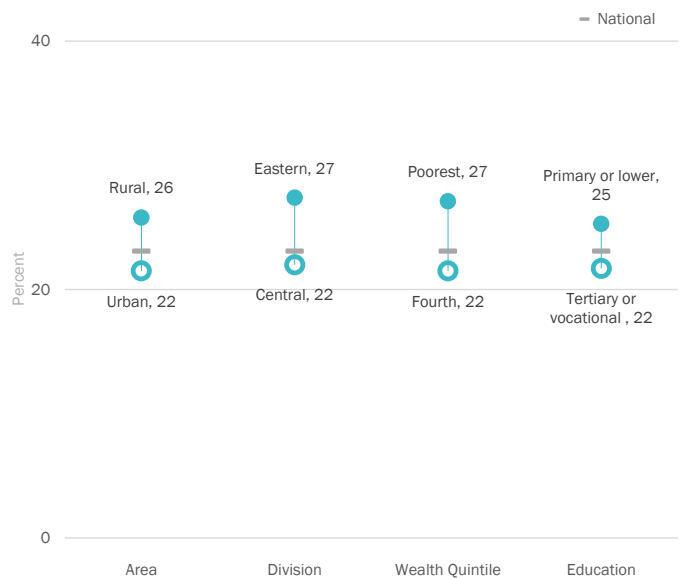
Percent of women age 15-49 years using appropriate menstrual hygiene materials with a private place to wash and change while at home, among women reporting menstruating in the last 12 months

Exclusion from Activities during Menstruation



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 region, among women reporting menstruating in the last 12 months

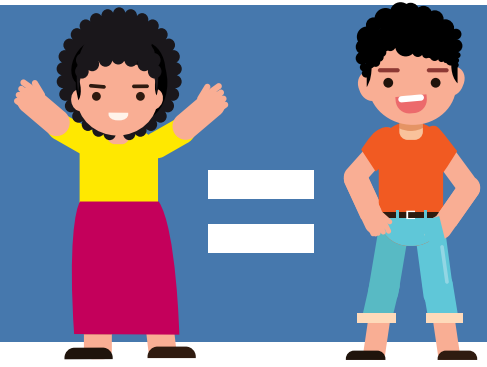
Key Messages

- Population of Fiji has nearly universal access to basic drinking water services and more than 85 per cent have access to basic sanitation and hygiene services.
- Access to basic water is slightly lower in the Eastern division (97 per cent) and among people living in the poorest households (93 per cent).
- More than half of the household population have water available when needed, and only less than a third (31 per cent) have safely managed drinking water services.
- Overall, 98 per cent of the household population use improved sanitation facilities; while in rural areas, 3 per cent of the household population have unimproved sanitation services and 11 per cent use shared sanitation facilities.
- Only 23 per cent of the population is using sanitation connected to sewer, with 66 per cent having septic tanks and safe disposal of excreta on site.
- Around 45 per cent of the household population uses drinking water contaminated with E. coli, with highest levels in the Eastern division (94 per cent).
- Among women aged 15-49 years who reported menstruating in the last 12 months, 94 per cent were using appropriate menstrual hygiene materials, with a private place to wash and change at home.
- On average, a fifth of women did not participate in social activities, school or work due to their last menstruation. Exclusion from social activities is more pronounced in rural areas and among women living in the poorest households.





Gender Equality

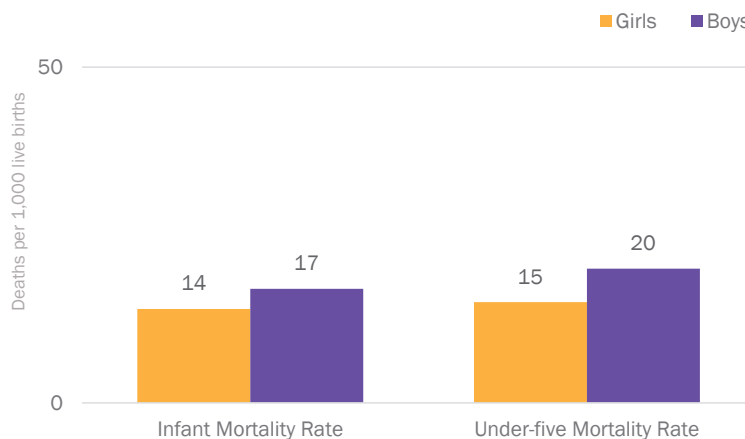


Gender equality means that girls and boys, women and men, enjoy the same rights, resources, opportunities and protections. Investments in gender equality contribute to lifelong positive outcomes for children and their communities and have considerable inter-generational payoffs because children’s rights 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

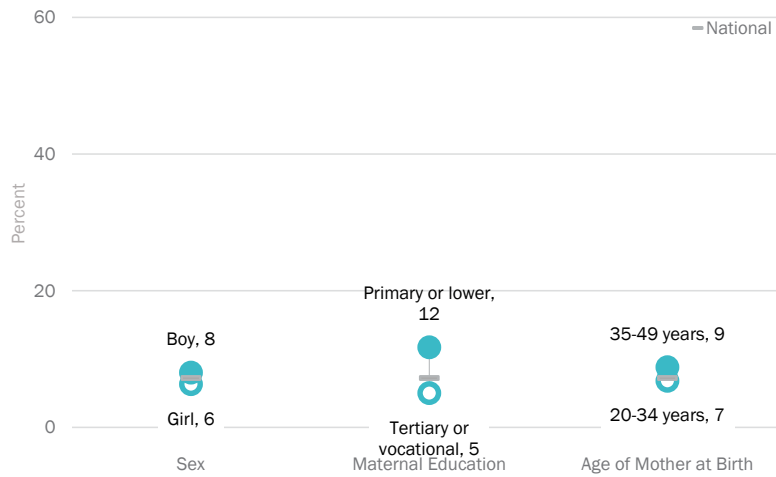
Nutrition and a supportive environment in early childhood are among the key determinants of the health and survival of children and their physical and cognitive development. Generally, girls tend to have better biological endowments than boys for survival to age five, and thus higher survival chances 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: Stunting (Moderate & Severe) among Children Under-5, SDG 2.2.1



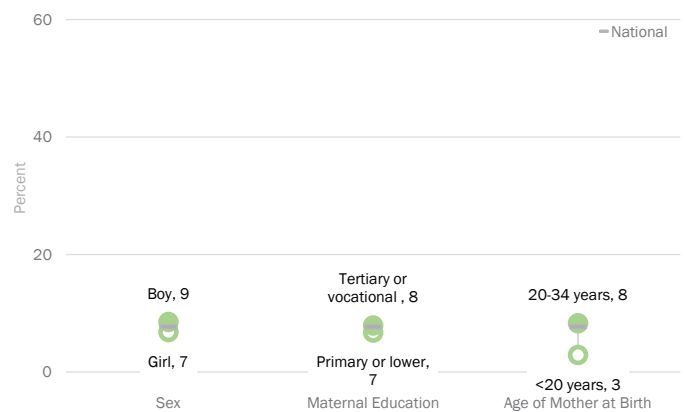
Stunting refers to a child too short for his or her age

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



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

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

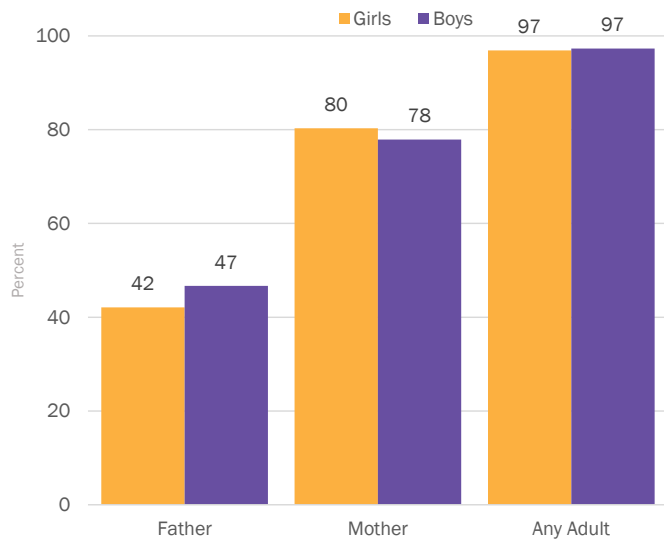


Overweight refers to a child who is too heavy for his or her height



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

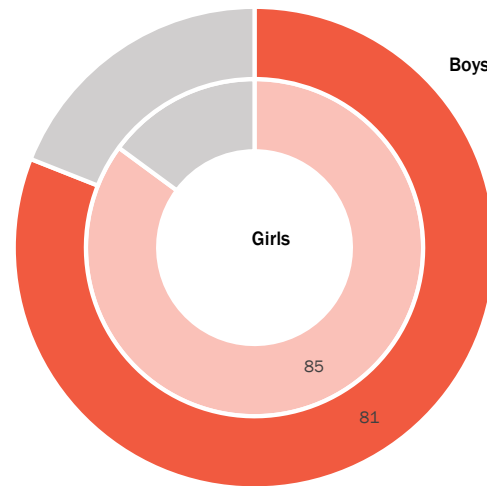
Early Stimulation & Responsive Care by Adults



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

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

Early Childhood Development Index 2030, SDG 4.2.1



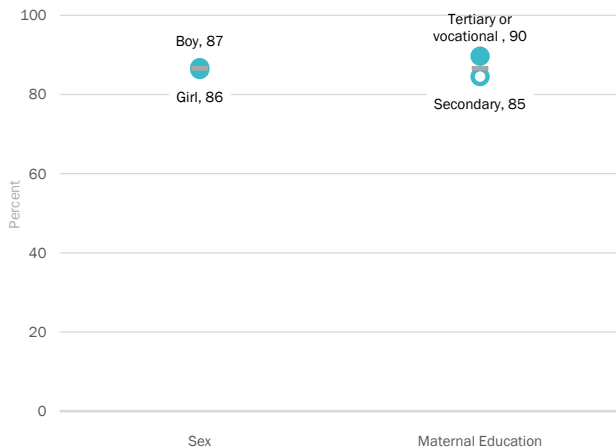
Percentage of children age 24-59 months who are developmentally on track in health, learning and psychosocial well-being

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.

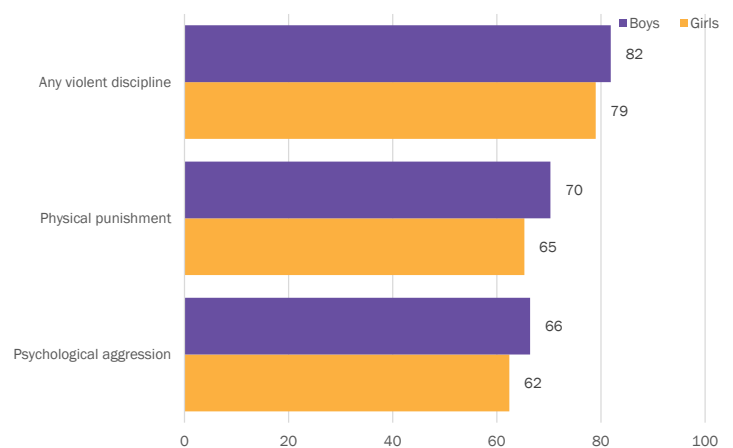


Birth Registration, SDG 16.9.1 Sex Disaggregate



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

Violent Discipline, SDG 16.2.1 Sex Disaggregate



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

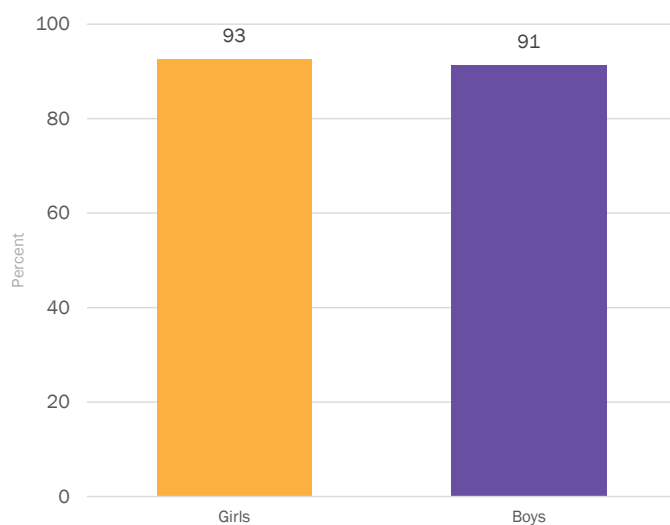
Note: The age group 1-14 spans the first and second decades of life.

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.

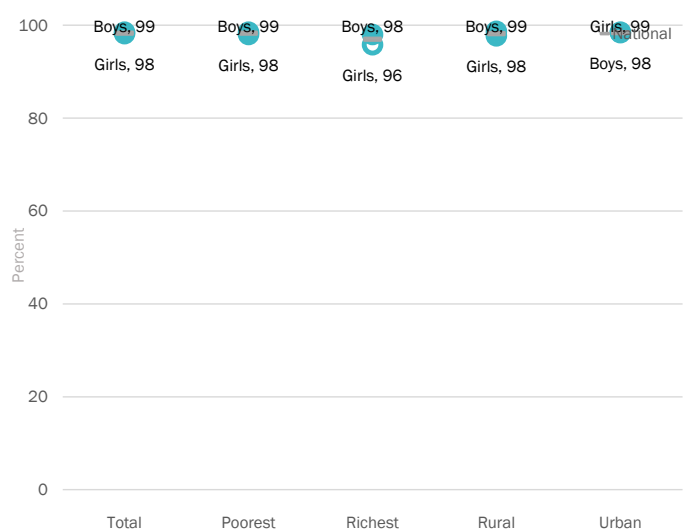
Note: Because children of primary school age range from 6-14 years, these indicators include some children in their second decade of life.

Participation Rate in Organized Learning, SDG 4.2.2



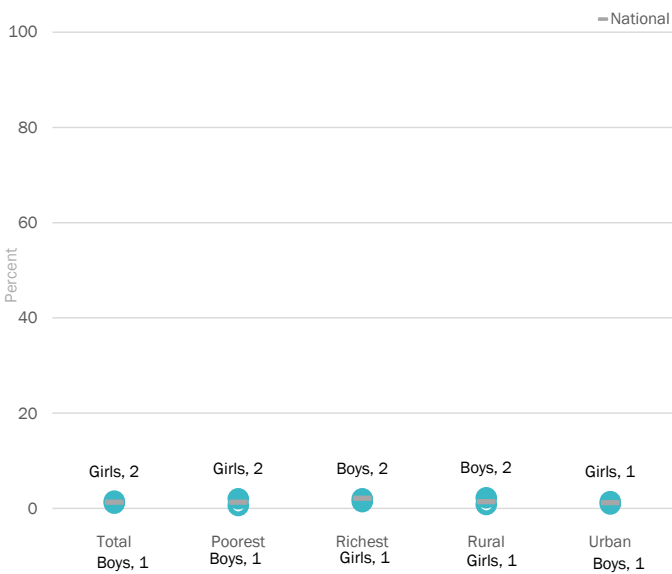
Percentage of children age one year younger than the official primary school entry age at the beginning of the school year who are attending an early childhood education programme or primary school (adjusted net attendance rate), by sex

Primary School Attendance



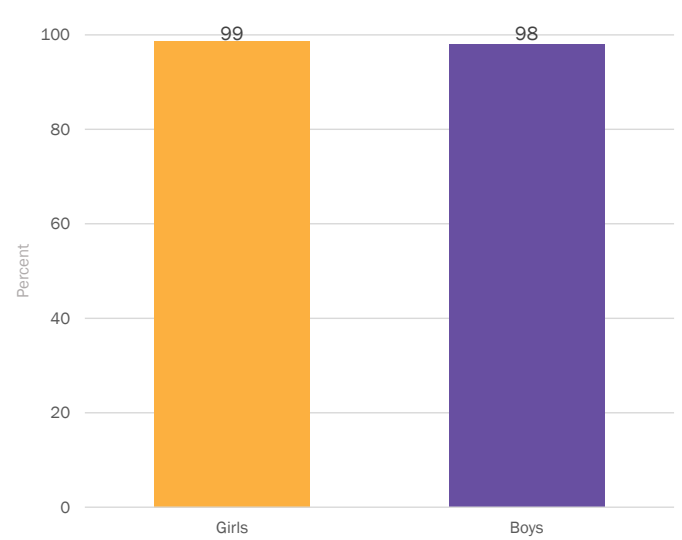
Percentage of children of primary school age attending primary, lower or upper secondary school (adjusted net attendance rate), by wealth quintile and urban/rural residence

Children of Primary School Age Out of School



Percentage of children of primary school age who are not attending any level of education, by wealth quintile and area

Primary Completion, SDG 4.1.2



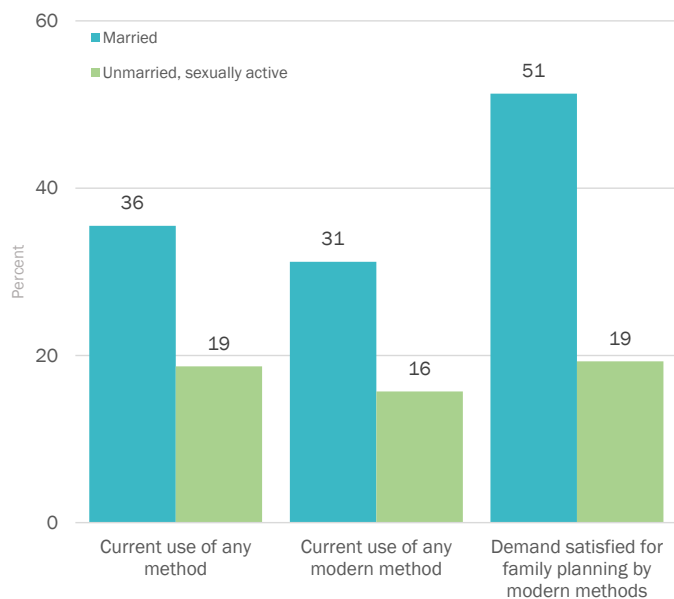
Percentage of children age 3 to 5 years above the intended age for the last grade of primary school who have completed primary education, by sex

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

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

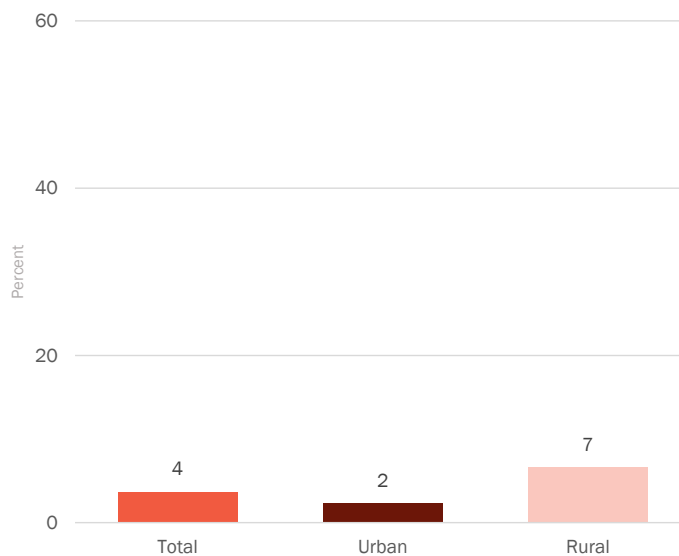


Contraceptive Use & Demand Satisfied



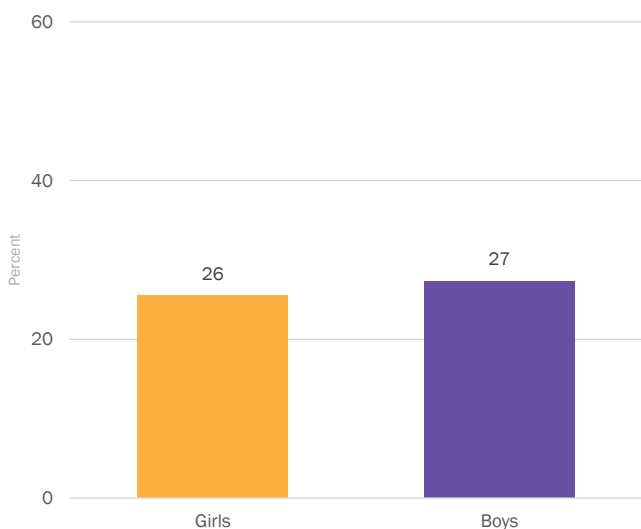
Contraceptive use and demand for family planning satisfied by modern methods among adolescent girls age 15-19, by marital status

Early Childbearing - by Age 18



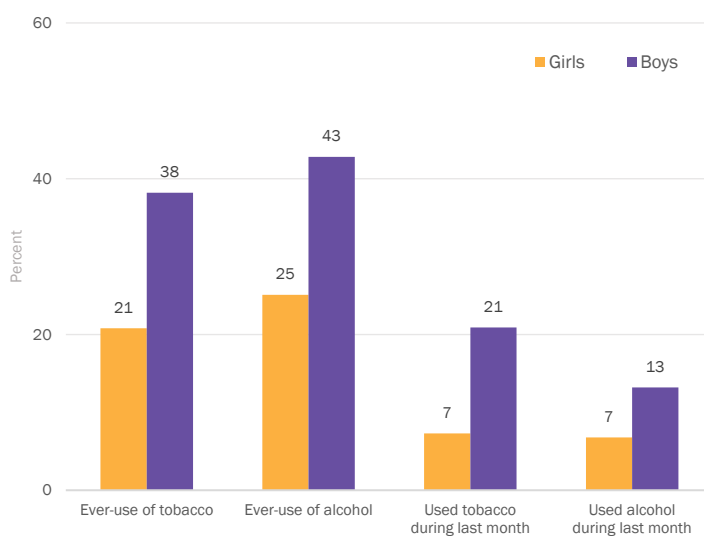
Percentage of women age 20-24 years who had a live birth by age 18, by urban/rural residence

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



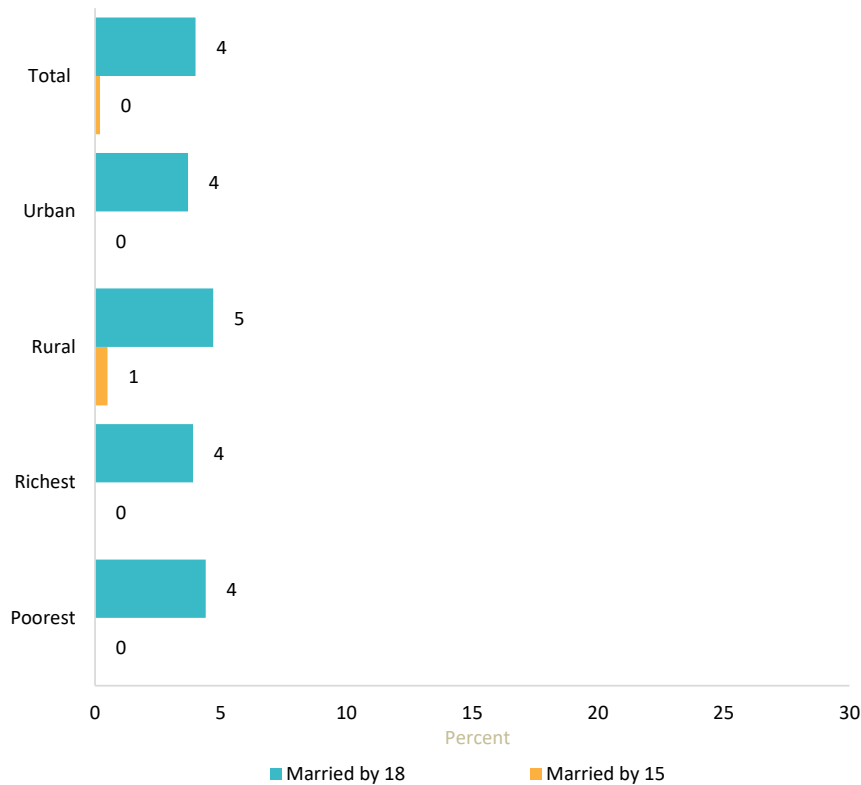
Tobacco and alcohol use among adolescents age 15-19, by sex

*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

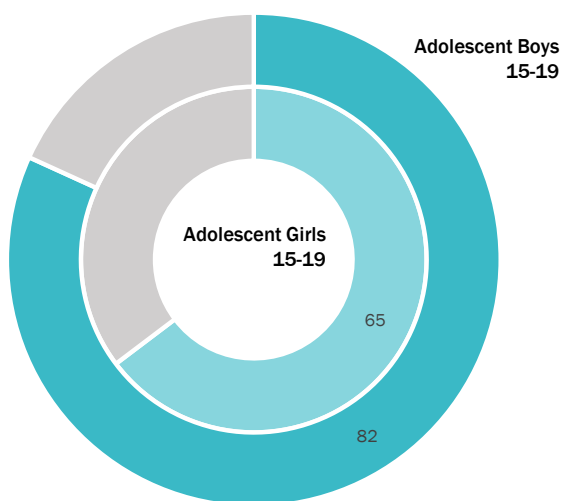
Adolescence presents unique vulnerabilities to violence and exploitation for girls. In many countries, marriage before the age of 18 is a reality for girls due to the interaction of several factors that place a girl at risk, including poverty, social norms, customary or religious laws that condone the 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. Female genital mutilation is a human rights issue that also affects girls and women. Adolescence, in particular, is a vulnerable period for girls who have undergone FGM because they may experience heightened consequences of the procedure as they become sexually active and begin childbearing. Gender-based discrimination may be one of the most ubiquitous forms of discrimination adolescent girls face, and it has long-lasting and far-reaching effects on their personal trajectories as well as on all aspects of social and economic development. While in most regions, girls and boys are equally likely to be involved in child labour, gender is a determinant of the types of activities boys and girls engage in, with girls more likely to be involved in domestic work.

Child Marriage, SDG 5.3.1



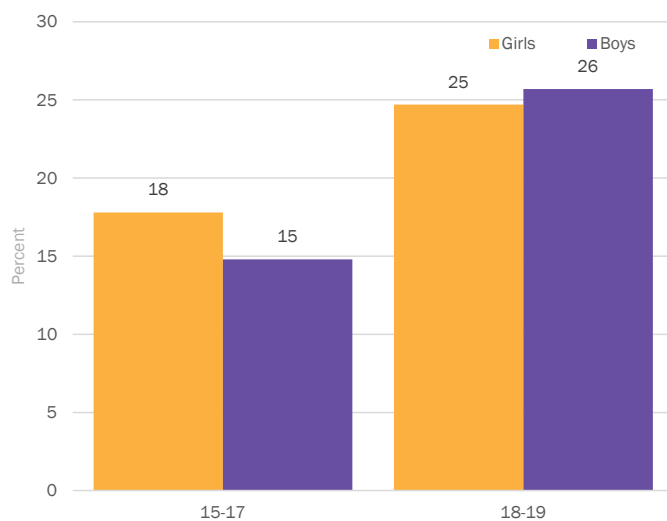
Percentage of women aged 20-24 years who were first married or in union before age 15 and before age 18*, by residence and wealth quintile

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

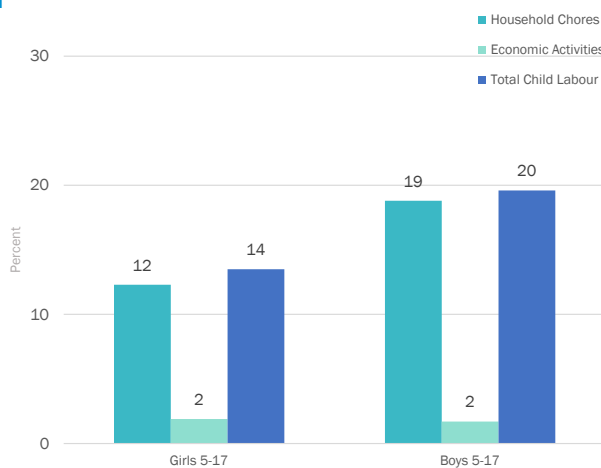
Attitudes toward Domestic Violence



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



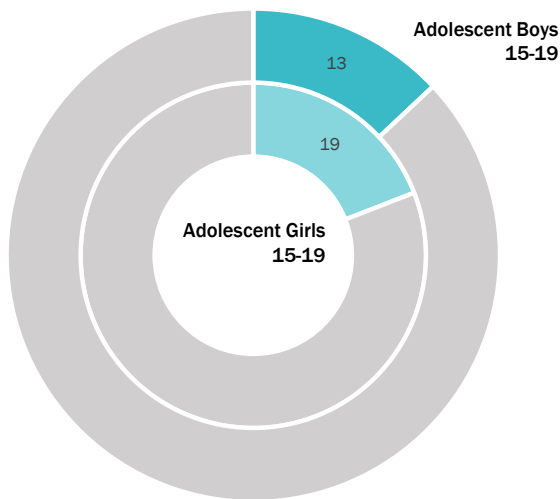
Percentage of children age 5-17 years engaged in child labour, by sex, age group and type of activity

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

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

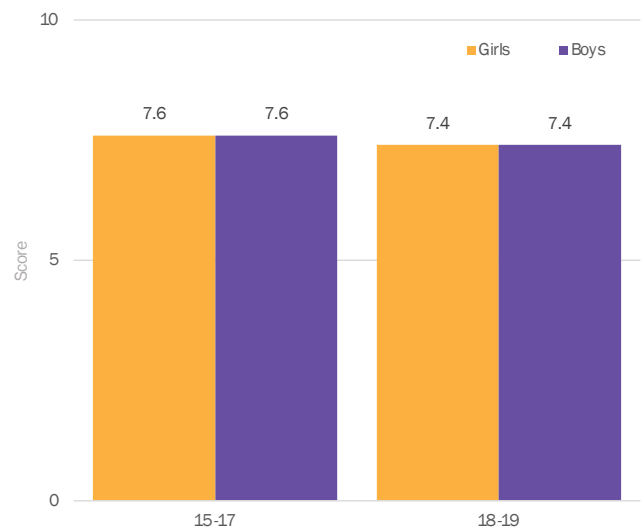
To become empowered, adolescent girls and boys need to be engaged as civic participants in the decisions affecting their lives and communities. People’s sense of security and freedom from the fear of crime influences how they move about those communities, access services and economic opportunities and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

Discrimination & Harassment



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

Life Satisfaction

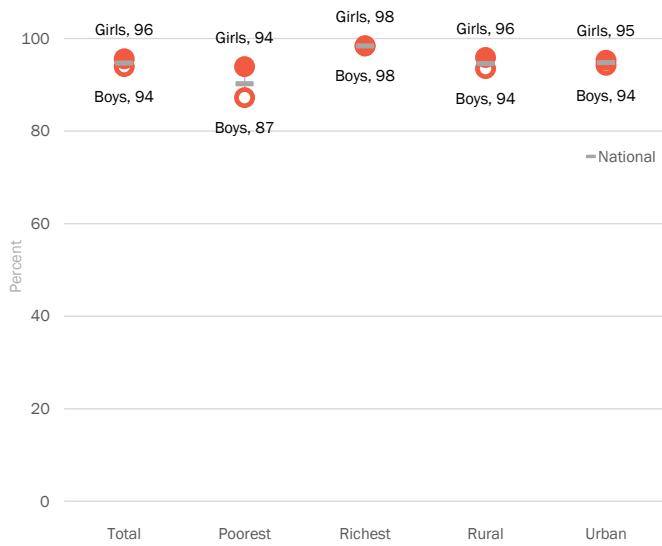


Among adolescents age 15-19 years, average life satisfaction score on a scale of 0 to 10, by sex and age group

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

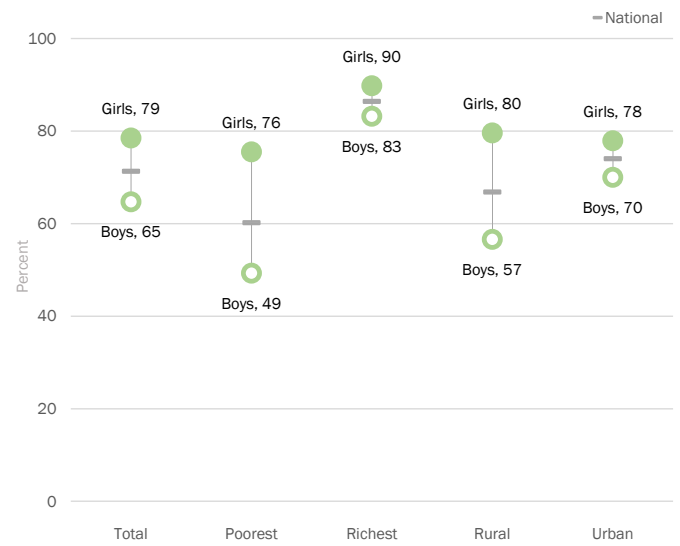
Globally, participation in secondary education is expanding, progress lags behind primary education. Gender disparities disadvantaging girls are also wider and occur in more countries at the secondary level than at the primary level. Yet, advancing girls’ secondary education is one of the most transformative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

Lower Secondary Attendance Net Attendance Rate



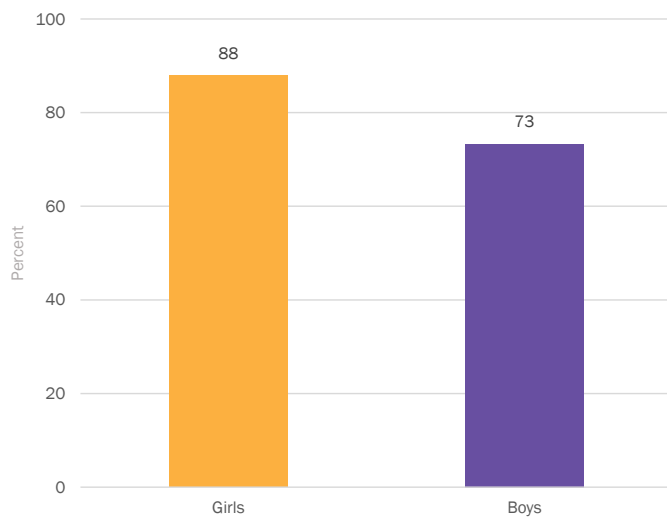
Percentage of children of lower secondary school age attending lower secondary school or higher (adjusted net attendance rate), by sex, wealth quintile and area

Upper Secondary Attendance Net Attendance Rate



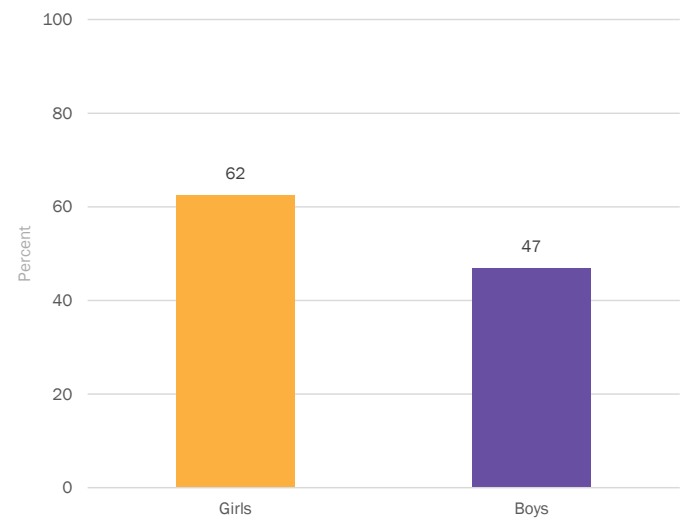
Percentage of children of upper secondary school age attending upper secondary school or higher (adjusted net attendance rate), by sex, wealth quintile and area

Lower Secondary Completion, SDG 4.1.2



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

Upper Secondary Completion, SDG 4.1.2



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

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

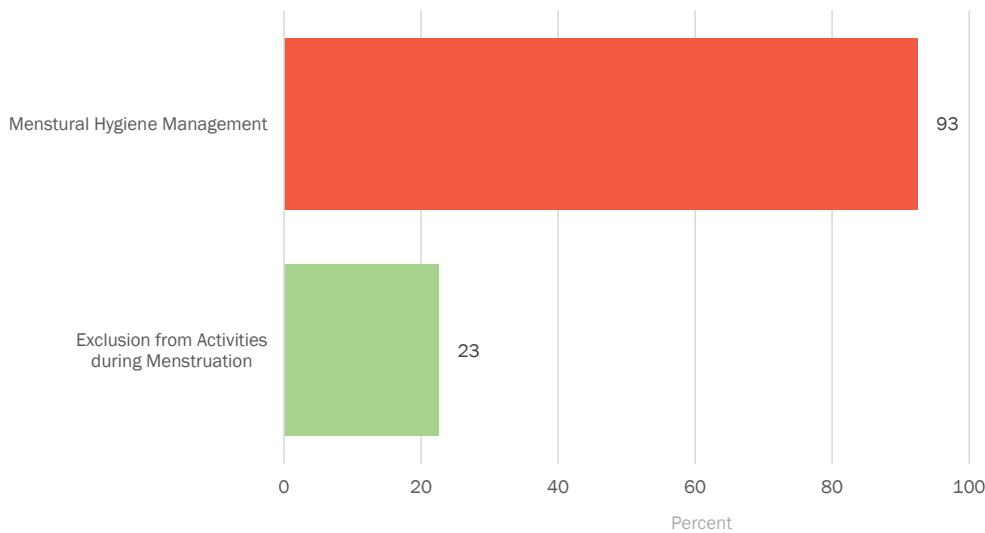
Children of Lower Secondary School Age Out of School



Percentage of children of lower secondary school age who are not attending any level of education, by wealth quintile and area

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

Menstrual Hygiene Management



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

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

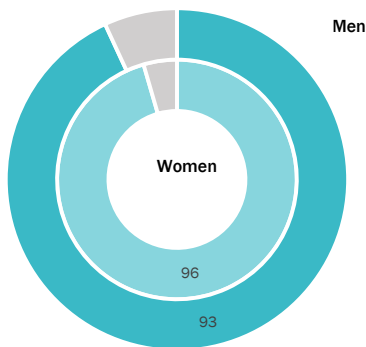
Exclusion from Activities during Menstruation: Among adolescent girls age 15-19 years who reported menstruating in the last 12 months, percentage of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months

Gender Equality in Adulthood

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

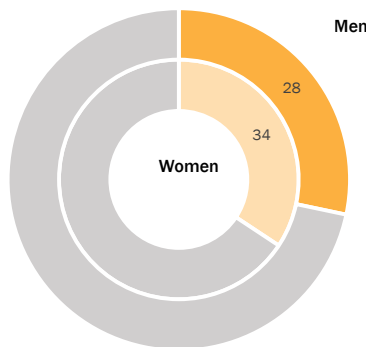
Access to Knowledge, Information & Technology

Literacy



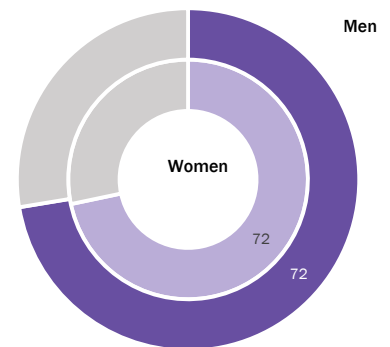
Percentage of adults age 15-49 years who are literate, by sex

Media Access



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

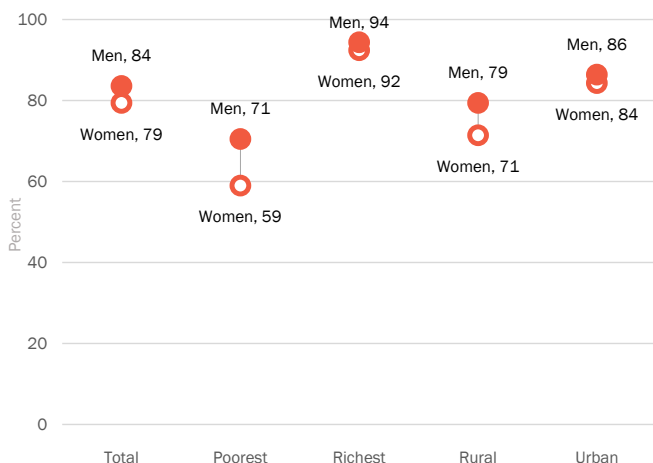
Internet Use: SDG17.8.1



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

Access to Resources

Mobile Phone Ownership, SDG 5.b.1



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

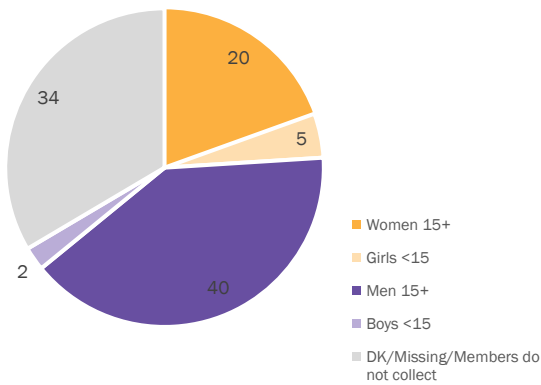
Health Insurance Coverage



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

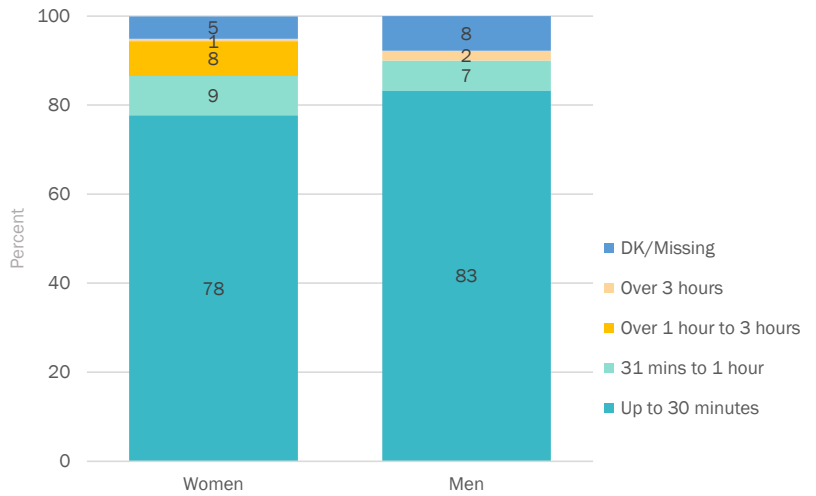
Time on Household Chores: Water Collection

Who collects water?



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

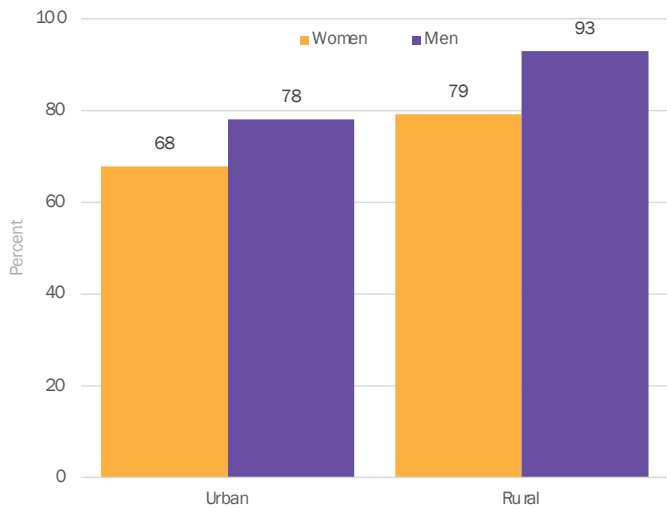
Time spent on water collection



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

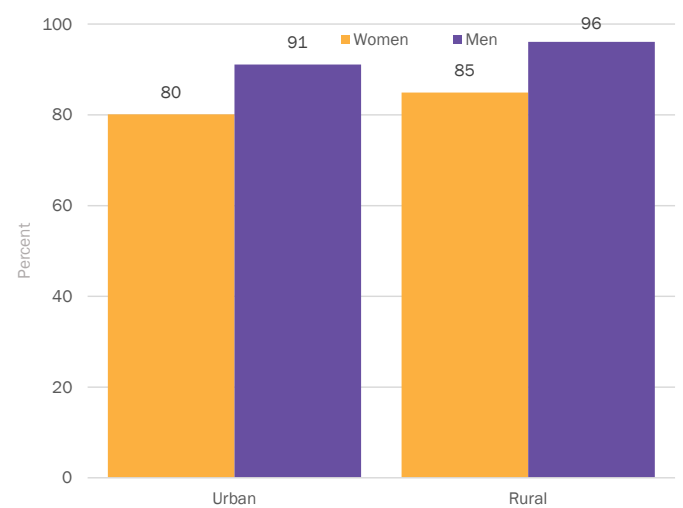
Safety & Security

Feeling safe while walking alone, SDG 16.1.4 sex disaggregate



Percentage of adults who feel safe walking alone in their neighbourhood after dark, by sex and area

Feeling safety while being at home alone



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

Victimisation



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

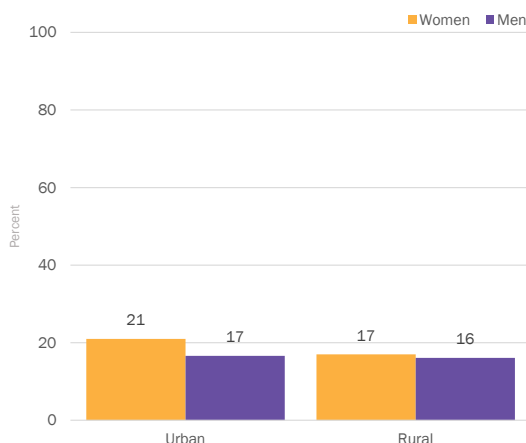
Reporting of victimisation to police, SDG 16.3.1



Percentage of adults age 15-49 years for whom the last incident of physical violence of robbery and/or assault in the last year was reported to the police, by sex, wealth quintile and area

Note: Data for "Richest" and "Poorest" are based on 25-49 unweighted cases

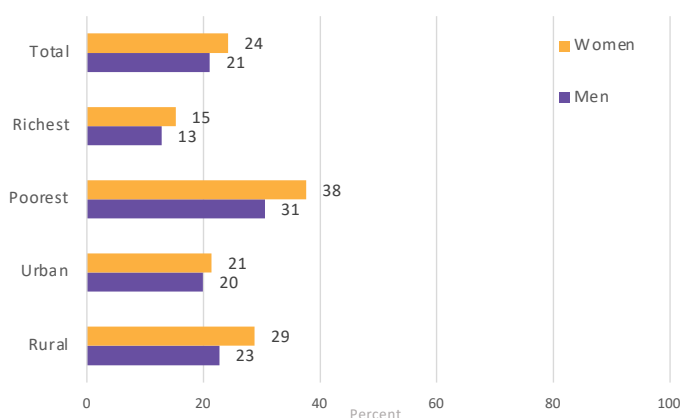
Discrimination & harassment



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

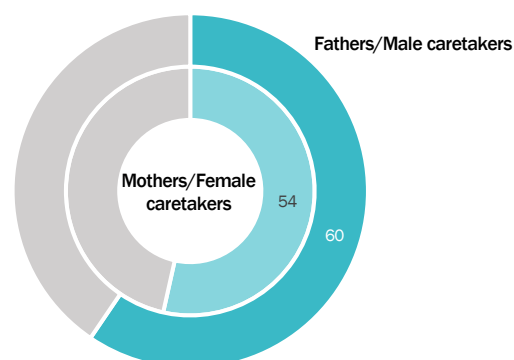
Feminine & masculine attitudes & expectations

Attitudes toward domestic violence



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

Attitudes toward physical punishment



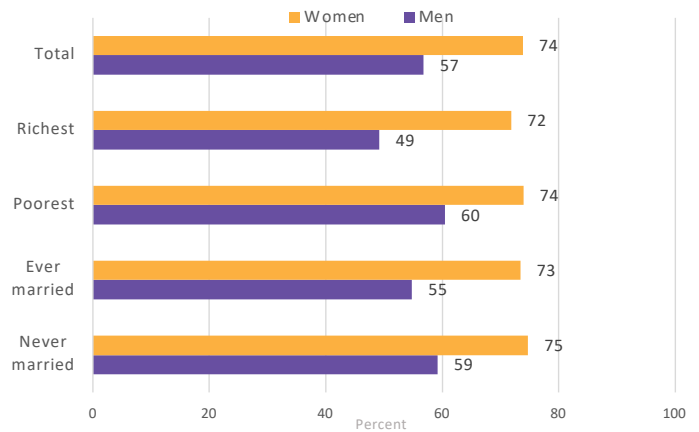
Percentage of mothers/caretakers or fathers/caretakers who believe that physical punishment is needed to bring up, raise, or educate a child properly, by sex of caretaker

Life satisfaction



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

Perceptions of a better life



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

Key Messages

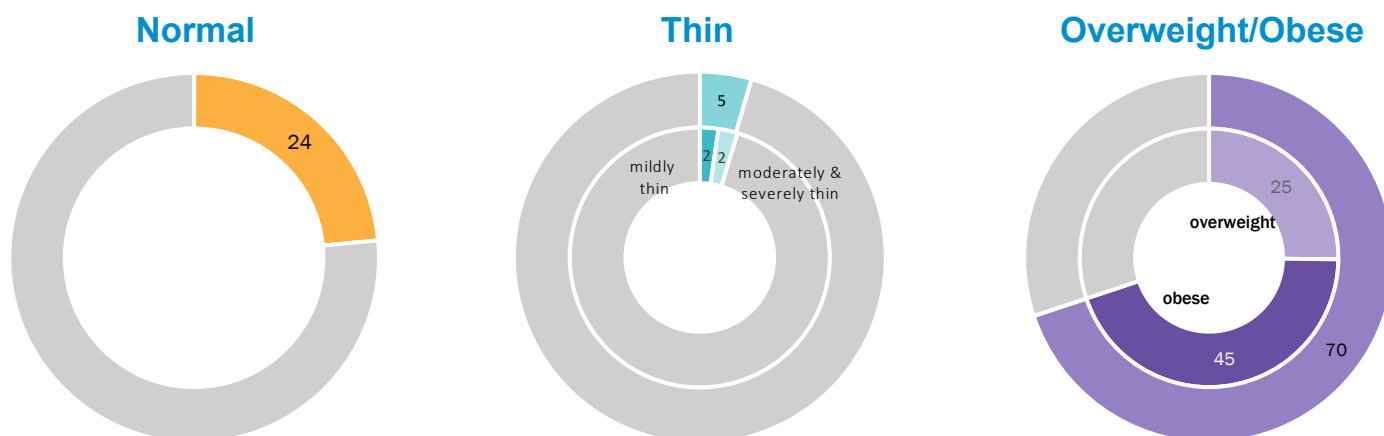
- Early stimulation is gendered, with fathers responding more to boys (47 per cent) than girls (42 per cent). Similarly, slightly higher proportion of mothers respond to girls (80 per cent) than boys (78 per cent).
- Girls fared better in Early Childhood Development Index 2030 at 85 per cent compared to boys at 81 per cent.
- Four in five children aged 1-14 years experienced any violent discipline, with no notable differential between boys and girls.
- Child labour among girls aged 5-17 years is lower (14 per cent) compared to boys of the same age group (20 per cent).
- Nearly 1 in 25 women aged 20-24 years has given birth to a child before age of 18 years.
- More men aged 15-49 years feel safe walking alone in their neighbourhood after dark and being at home alone after dark compared to women aged 15-49 years.
- Slightly higher proportion of women aged 20-24 years (4 per cent) than men of the same age group (2 per cent) are married or in union before reaching age of 18 years.
- Overall, women are more likely to justify wife beating than men for any of the following reasons: women going out without telling her husband or a partner; neglecting the children; arguing with husband or a partner; refusing sex; or burning the food.
- No notable differential was observed in the proportion of women and men aged 15-49 years using the internet at least once in the past 3 months in Fiji.
- Slightly higher proportion of men/male caregivers (60 per cent) than mothers/caregivers (54 per cent) believe that physical punishment is needed to bring up, raise or educate a child properly.
- Both men and women aged 15-49 years living in poorest households and in rural areas are more accepting attitudes towards domestic violence.



Women's Nutrition & Dietary Diversity



Women's Body Mass Index*



Percentage of women age 15-49 years with specific BMI levels

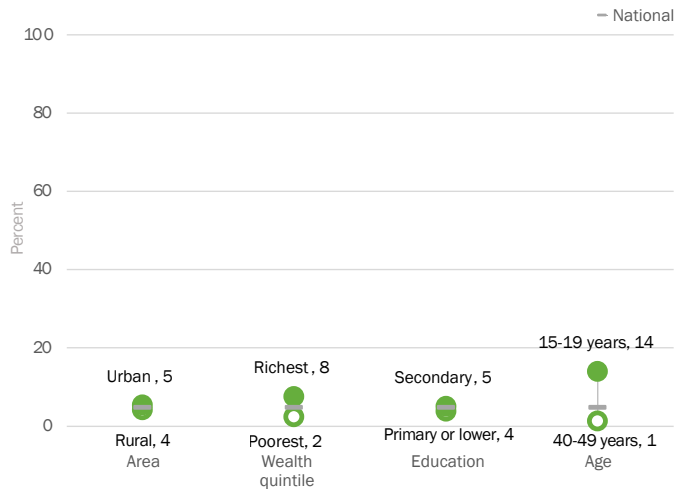
* **The Body Mass Index (BMI)** is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m^2); **Normal BMI levels:** in the range between 18.5-24.9; **Thin BMI levels:** below 18.5, women with **mildly thin** BMI levels in the range between 17.0-18.4 and **moderately and severely thin** women with BMI levels below 17 **Overweight/obese BMI levels:** above 25.0, for **overweight** women in the range between 25.0-29.9 and for **obese**, BMI above 30.

Divisional Data on Women's Body Mass Index

	Normal	Thin		Overweight/Obese	
	% normal	% mildly thin	% moderately and severely thin	% overweight	% obese
National	24	2	2	25	45
Central	23	2	2	26	45
Eastern	16	1	0	23	57
Northern	23	4	3	26	43
Western	25	2	2	24	44

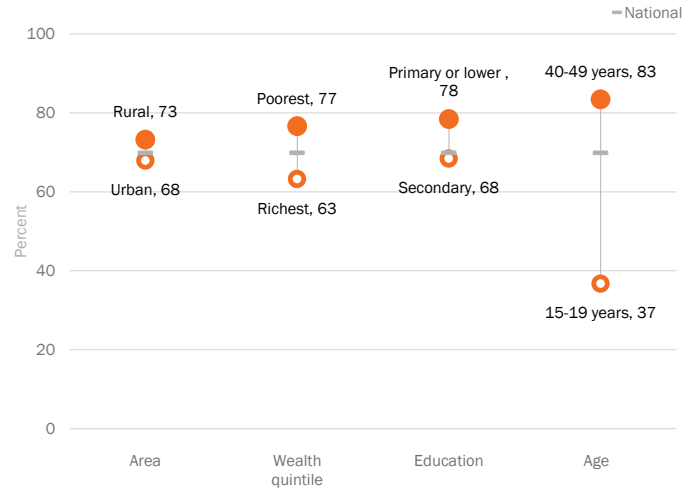


Women's Thin BMI Levels



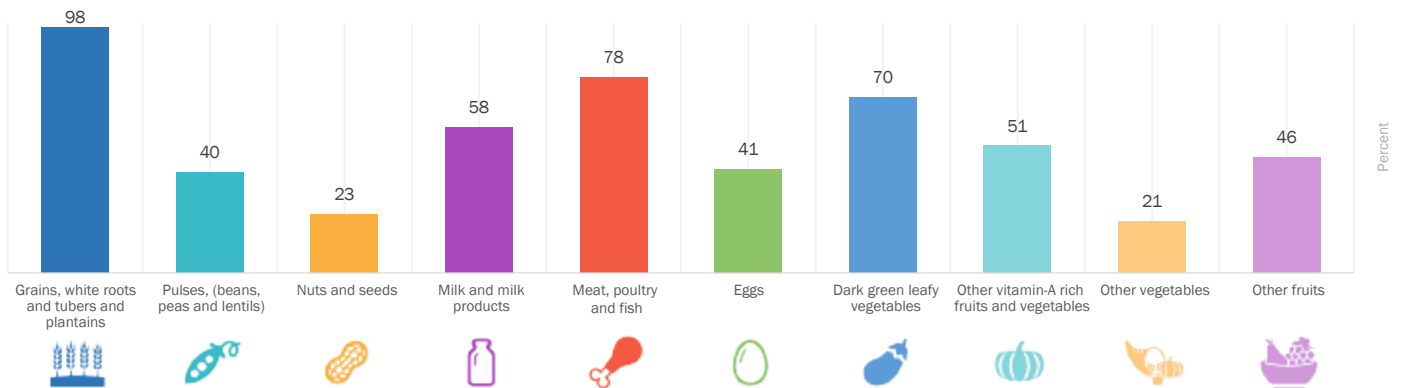
Percent of women age 15-49 years with thin BMI levels, by background characteristics

Women's Overweight/Obese BMI Levels

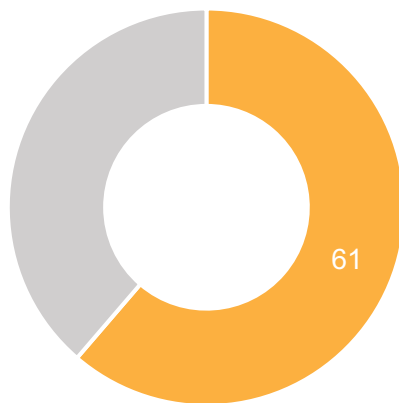


Percent of women age 15-49 years with overweight/obese BMI levels, by background characteristics

Women's Minimum Dietary Diversity: Consumption of Nutrient Rich Foods by 10 Food Groups



Minimum Dietary Diversity for Women



Percent achieving Minimum Dietary Diversity for Women age 15-49 years consuming 5 or more food groups within 24 hours prior to the survey

Gaps in Minimum Dietary Diversity for Women



Percent of women age 15-49 years who achieved minimum dietary diversity, by background characteristics

Divisional Data on Minimum Dietary Diversity for Women

Division	Minimum Dietary Diversity for Women
National	61
Central	69
Eastern	43
Northern	49
Western	59

Percent of women age 15-49 years who achieved minimum dietary diversity, by division

Key Messages

- Overall, a quarter of women (24 per cent) have normal weight for their height, with body mass index (BMI) between 18.5 and 24.9.
- Nearly 5 per cent of the women aged 15-49 years are thin for their height (BMI below 18.5). Thinness is particularly high among adolescent girls aged 15-19 years (14 per cent), compared to women aged 40-49 years (1 per cent).
- A higher proportion of women aged 15-49 years living in richest households are thin for their height (8 per cent) compared to women of same age living in poorest households (2 per cent).
- Nearly 70 per cent of women aged 15-49 years are overweight or obese, meaning they are too heavy for their height. Of these, 36 per cent are overweight and the remaining 64 per cent are obese (excessive weight for their height).
- Daily consumption of energy giving food groups, like grains, roots, and plantains is almost universal among women aged 15-49 years in Fiji (98 per cent).
- Consumption of food groups that contribute to body building, is at 92 per cent for animal-sourced foods, with 78 per cent of women consuming meat, poultry and fish, 58 per cent consuming milk products, and 41 per cent consuming eggs daily. Almost half (49 per cent) of women consume beans, nuts and seeds, 40 per cent consume beans and pulses, and 23 per cent consume nuts and seeds daily.
- In terms of health protective food groups, 89 per cent of women consume fruits and vegetables overall, with 70 per cent consuming dark green vegetables, 51 per cent for vitamin A rich fruits and vegetables, 46 per cent consuming other fruits and 21 per cent for other vegetables.

Fiji Bureau of Statistics

Modyl Plaza:

Lot 1 Karsanji Street Vatuwaqa, Suva, Fiji

Telephone: (679) 331 5822

Facsimile: (679) 330 3656

Email: info@statsfiji.gov.fj

<http://www.statsfiji.gov.fj>