

Glossary

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| AIDS | Acquired immune deficiency syndrome |
| CEDAW | Convention on the Elimination of All Forms of Discrimination against Women |
| CPR | Contraceptive prevalence rate |
| DHS | Demographic and Health Survey |
| EmOC | Emergency obstetric care |
| EU | European Union |
| FGC | Female genital cutting |
| GDI | Gender Development Index |
| GDP | Gross domestic product |
| GNI | Gross national income |
| HDI | Human Development Index |
| HIPC | Heavily Indebted Poor Countries Initiative |
| HIV | Human immunodeficiency virus |
| ICPD | International Conference on Population and Development |
| IEC | Information, education and communication |
| IMR | Infant mortality rate |
| IPPF | International Planned Parenthood Federation |
| IUD | Intra-uterine device |
| LAC | Latin American/Caribbean |
| MDGs | Millennium Development Goals |
| MMR | Maternal mortality ratio |
| MOH | Ministry of Health |
| NGO | Non-governmental organization |
| PAHO | Pan American Health Organization |
| PLWHAs | People living with HIV/AIDS |
| PRSP | Poverty Reduction Strategy Paper |
| RH | Reproductive health |
| RH/FP | Reproductive health/family planning |
| SRH | Sexual and reproductive health |
| STI | Sexually transmitted infection |
| SWAp | Sector-wide approach |
| TFR | Total fertility rate |
| UN | United Nations |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNDP | United Nations Development Programme |
| UNFPA | United Nations Population Fund |
| UNHCR | Office of the United Nations High Commissioner for Refugees |
| UNICEF | United Nations Children's Fund |
| UNV | United Nations Volunteers |
| USAID | United States Agency for International Development |
| WFP | World Food Programme |
| WHO | World Health Organization |

Technical Notes

Population in thousands, M/F

Source: United Nations Population Division (UNPD). Data for larger countries from the UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. Data for smaller countries from the U.S. Census Bureau. 2005. International Data Base. Washington, D.C.: U.S. Census Bureau. These indicators present the total size of national population by sex, based on a medium variant projection.

Population growth rate, per cent

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. This indicator presents the current period (2005) annual growth of national populations.

Crude birth rate

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. This indicator refers to the current period (2005) annual number of births per 1,000 total population. Adjustment has not been made for the age structure of the population.

Crude death rate

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. This indicator refers to the current period (2005) annual number of deaths per 1,000 total population. Adjustment has not been made for the age structure of the population.

Urban population, per cent

Source: UNPD 2004. *World Urbanization Prospects*. New York: UN.

This indicator reflects the estimated proportion of the national population living in areas termed 'urban' by that country in the year 2000. Typically, the population living in towns of 2,000 or more or in national or provincial capitals is classified 'urban'.

Sex ratio at birth

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. This indicator refers to the ratio of males to females at birth in a given population, expressed as the number of males for every female. Estimates for the current period (2005) are used.

Women 15-49, per cent

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. This indicator presents the proportion of the national population comprised by women of reproductive age, most commonly defined as ages 15

through 49. Medium variant projections for the year 2005 are used.

Total fertility rate per woman, 15-49

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. This indicator reflects the average number of children a woman would bear assuming that age-specific fertility rates remain constant throughout her childbearing years (most commonly defined as ages 15 through 49). Estimates for the current period (2005) are used. When available, these data have been presented at the intranational level disaggregated by urban/rural, provincial high and low, high and low economic quintile, and highest and lowest level of maternal educational attainment. Data are from national health surveys, such as the Multiple Indicator Cluster Surveys (United Nations Children's Fund (UNICEF)) and Demographic and Health Surveys (ORC Macro), and reflect the most recent year available. Since the disaggregated data are from different sources and may be from a different point in time, these data will not equal the total figures.

Contraceptive prevalence rate

Source for most recent data: UNPD, Department of Economic and Social Affairs. *World Contraceptive Use 2003*. New York: UN. Source for 1990 data: UNPD. 1996. *Levels and Trends of Contraceptive Use As Assessed in 1994*. New York: UN. These data are derived from sample survey reports and estimate the proportion of married women (including women in consensual unions) currently using any method or modern methods of contraception. Modern or clinic and supply methods include male and female sterilization, IUD, the pill, injectables, hormonal implants, condoms and female barrier methods. These numbers are roughly but not completely comparable across countries due to variation in population surveyed by age (15-49 year-old women being most common), in the timing of the surveys, and in the details of the questions. All of the data are from the most recent year available. When available, the modern contraceptive prevalence rate has been presented at the intranational level disaggregated by urban/rural, provincial high and low, high and low economic quintile, and highest and lowest level of maternal educational attainment. Data are from national health surveys, such as the Multiple Indicator Cluster Surveys (UNICEF) and Demographic and Health Surveys (ORC Macro), and reflect the most recent year available. Since the disaggregated data are from different sources and may be from a different point in time, these data will not equal the total figures.

Maternal mortality ratio

Source for most recent data: World Health Organization (WHO), Department of Reproductive Health and Research. 2004. *Maternal Mortality in 2000: Estimates developed by WHO, UNICEF, and United Nations Population Fund (UNFPA)*. Geneva: WHO.

Source for 1990 data: WHO and UNICEF. 1996. Revised 1990 Estimates for Maternal Mortality: A New Approach. Geneva: WHO. This indicator presents the annual number of deaths of women from pregnancy-related causes, when pregnant or within 42 days of termination of pregnancy, per 100,000 live births. The maternal mortality ratio is a measure of the risk of death once a woman has become pregnant. Precision can be difficult due to problems associated with defining and reporting maternal deaths, but relative magnitudes can be informative.

Neonatal mortality rate per 1,000 live births

Source: WHO. 2005. *World Health Report 2005*. Geneva: WHO. This indicator refers to the death of live-born infants during the neonatal period, which begins with birth and covers the first four weeks of life.

Infant mortality rate per 1,000 live births

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. This indicator refers to the death of a live born infant within the first year of life, which is the most sensitive to development levels. Stillbirths (also referred to as fetal deaths) are not included in infant mortality calculations. When available, these data have been presented at the intranational level disaggregated by urban/rural, provincial high and low, high and low economic quintile, and highest and lowest level of maternal educational attainment. Data are from national health surveys, such as the Multiple Indicator Cluster Surveys (UNICEF) and Demographic and Health Surveys (ORC Macro), and reflect the most recent year available. Since the disaggregated data are from different sources and may be from a different point in time, these data will not equal the total figures.

Under-5 mortality, M/F

Source: UNFPA. 2005. *State of the World's Population 2005*. New York: UNFPA. Data provided by the United Nations Population Division. This indicator relates to the incidence of mortality to infants and young children, disaggregated by sex. It reflects, therefore, the impact of diseases and other causes of death on infants, toddlers and young children. More standard demographic measures are infant mortality and mortality rates for 1 to 4 years of age, which reflect differing causes of and frequency of mortality in these ages. The measure is more sensitive than infant mortality to the burden of childhood diseases, including those preventable by improved nutrition and by immunization

programs. Under-5 mortality is here expressed as deaths to children under 5 per 1,000 live births in a given year. The estimate refers to the period 2005.

Under-5 mortality, total

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. This indicator relates to the incidence of mortality to infants and young children. Under-5 mortality is expressed as deaths to children under 5 per 1,000 live births in a given year. The estimate refers to the period 2005.

Life expectancy at birth, total, M/F

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. Life expectancy at birth refers to the average number of years a newborn infant would be expected to live if health and living conditions at the time of birth remained the same throughout its lifespan. This measure reflects the health of a country's people and the quality of care they receive when they are ill.

Median age of total population

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. These data refer to the age at which exactly half of the population is older and half is younger.

Population 60 years and over, per cent

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. This indicator presents the proportion of the national population age 60 and over, considered to be a 'dependent age'. Medium variant projections for the year 2005 are used.

Dependency ratio

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. This indicator refers to the ratio of persons in the 'dependent' ages (under 15 and over 64 years) to those in the 'economically productive' ages (15-64 years) in a population.

Gross domestic product per capita, purchasing power parity

Source: The World Bank. 2005. *World Development Indicators 2005*. Washington, D.C.: The World Bank. PPP GDP is gross domestic product converted to international dollars using purchasing power parity rates. An international dollar has the same purchasing power over GDP as the U.S. dollar has in the United States. GDP is the sum of gross value added by all resident producers in the economy plus any product taxes and minus any subsidies not included in the value of the products. It is calculated without making deductions for depreciation of fabricated assets or for depletion and degradation of natural resources. Data are in current international dollars. Note, however, that several policy overviews approved by the field offices report

U.S. dollar values (converted at official exchange rates) and not purchasing power corrected international dollars.

Gross domestic product growth rate

Source: The World Bank. 2005. *World Development Indicators 2005*. Washington, D.C.: The World Bank. This indicator reflects the annual percentage growth rate of GDP at market prices based on constant local currency. Aggregates are based on constant 1995 U.S. dollars. GDP is the sum of gross value added by all resident producers in the economy plus any product taxes and minus any subsidies not included in the value of the products. It is calculated without making deductions for depreciation of fabricated assets or for depletion and degradation of natural resources.

Income group

Source: The World Bank. 2005. *World Development Indicators 2005*. Washington, D.C.: The World Bank. Based on its gross national income (GNI) per capita, every economy is classified as low income, middle income (subdivided into lower middle and upper middle), or high income. These categories are based on the World Bank's operational lending categories. Economies are divided according to 2000 GNI per capita, calculated using the World Bank Atlas method. The groups are low income, \$765 or less; lower middle income, \$766-\$3,035; upper middle income, \$3,036-\$9,385; and high income, \$9,386 or more.

Population below one dollar a day

Source: The World Bank. 2005. *World Development Indicators 2005*. Washington, D.C.: The World Bank. This indicator reports the percentage of population living on less than \$1.08 a day at 1993 international prices (equivalent to \$1 in 1985 prices, adjusted for purchasing power parity). When estimating poverty world-wide, the same reference poverty line has to be used, and expressed in a common unit across countries. Therefore, for the purpose of global aggregation and comparison, the World Bank uses reference lines set at \$1 and \$2 per day in 1993 Purchasing Power Parity terms (where PPPs measure the relative purchasing power of currencies across countries). It should be emphasized that for analysis of poverty in a particular country, the World Bank always uses poverty line(s) based on norms for that society. Because of the time involved in collecting and processing the household survey data upon which these figures are based, and because of the complexities of the estimation exercise, these figures appear with a lag, and are updated only every three years.

Population living below national poverty line, per cent

Source: The World Bank. 2005. *World Development Indicators 2005*. Washington, D.C.: The World Bank. This indicator refers to the per cent of the population living below the national poverty line. National estimates are based on population-weighted subgroup estimates from household surveys.

Share of income or consumption by poorest quintile

Source: United Nations Development Programme (UNDP). 2004. *Human Development Report 2004*. New York: UNDP. This indicator is based on national household surveys covering various years. Consumption surveys produce results showing lower levels of inequality between poor and rich than do income surveys, as poor people generally consume a greater share of their income. Because data come from surveys covering different years and using different methodologies, comparisons between countries must be made with caution.

Access to improved water supply

Source for most recent data: UNICEF. 2005. *The State of the World's Children 2005 Report*. New York: UNICEF. Source for 1990 Data: UNDP. 1993. *Human Development Report 1993*. New York: UNDP. This indicator reflects the proportion of the population with access to an adequate amount of safe drinking water located within a convenient distance from the user's dwelling.

Deliveries attended by skilled attendants

Source for most recent data: WHO. 2005. *Skilled Attendant at Delivery 2005 Global Estimates*. Geneva: WHO. Source for 1990 data: UNDP. 1993. *Human Development Report 1993*. New York: UNDP. This indicator is based on national reports of the proportion of births attended by a skilled health worker, including doctors (specialist or non-specialist), nurses, and/or other persons with midwifery skills who can diagnose and manage obstetrical complications as well as normal deliveries. Traditional birth attendants, trained or not, have been excluded from the category of skilled health workers. When available, these data have been presented at the intranational level disaggregated by urban/rural, provincial high and low, high and low economic quintile, and highest and lowest level of maternal educational attainment. Data are from national health surveys, such as the Multiple Indicator Cluster Surveys and Demographic and Health Surveys, and reflect the most recent year available. Since the disaggregated data are from different sources and may be from a different point in time, these data will not equal the total figures.

Maternal and neonatal health programme index

Source: Ross, John and Jane Begala. The Maternal and Neonatal Health Program Index (MNPI) Study: Measures of Strength for Maternal Health Programs in 55 Developing Countries, POLICY Working Paper Series No. 15, The Future's Group, November 2004. Washington, D.C., POLICY Project. This indicator reflects the total mean score from questionnaires covering six areas of maternal and neonatal health: policy and support services; facility capacity; access to services; care received; resources; and family planning. The MNPI is a standardized assessment instrument designed to program inputs and strength of effort for

the reduction of maternal mortality and morbidity and closely related neonatal items. The maximum for the total effort index is a score of 100.

Family planning programme effort index

Source: Ross, J. and J. Stover. "The Family Planning Program Effort Index: 1999 Cycle." *International Family Planning Perspectives* 27(3): 119-129. New York: Alan Guttmacher Institute. This indicator reflects the total mean score from questionnaires covering four areas of family planning efforts: policy and stage-setting activities; service and service-related activities; evaluation and recordkeeping; and availability of fertility control methods. The scores used in this indicator are intended to capture program effort or strength, independent of outputs such as contraceptive use or fertility change. The maximum for the total effort index is a score of 120, with >80 indicating strong effort, 55-79 indicating moderate effort, 25-54 as weak effort, and <24 indicating very weak or no effort.

Illiteracy, M/F

Source: United Nations Educational, Scientific, and Cultural Organization (UNESCO), Institute for Statistics. April 2005. *Estimates and Projections of Adult Illiteracy for Population Aged 15 Years and Above, by Country and by Gender, 2000-2004*. Montreal: UNESCO. Illiteracy definitions are subject to variation in different countries. Data collection methods range from self-identification during an interview through formally administered literacy tests. UNESCO compiles literacy statistics collected during national population censuses and household surveys. In so far as possible, data refer to the proportion of the population who cannot, with understanding, both read and write a short simple statement on everyday life, usually assessed exclusively in an official or de facto official language. Adult illiteracy (rates for persons above 15 years of age) reflects recent levels of educational enrolment and past educational attainment, as well as skill maintenance.

Illiteracy Rate, Per Cent of Population 15 to 24, M/F

Source: UNESCO, Institute for Statistics. April 2005. *Estimates and Projections of Youth Population Ages 15 to 24 Years, by Country and by Gender, 2000-2004*. Montreal: UNESCO. Illiteracy definitions are subject to variation in different countries. Data collection methods range from self-identification during an interview through formally administered literacy tests. UNESCO compiles literacy statistics collected during national population censuses and household surveys. In so far as possible, data refer to the proportion of the population who cannot, with understanding, both read and write a short simple statement on everyday life, usually assessed exclusively in an official or de facto official language.

Ratio of girls to boys, primary education

Source: UNESCO. 2000. *Statistical Yearbook and www.unesco.org*. Montreal: UNESCO. These data are the number of students enrolled in a level of education who are of official school age for that level, as a percentage of the population of official school age for that level. The core at this level consists of education provided for children, the customary or legal age of entrance being not younger than five years or older than seven years. This level covers in principle six years of full-time schooling. Because data are from different sources, comparisons across countries should be made with caution.

Ratio of girls to boys, secondary education

Source: UNESCO. 2000. *Statistical Yearbook and www.unesco.org*. Montreal: UNESCO. These data are the number of students enrolled in a level of education who are of official school age for that level, as a percentage of the population of official school age for that level. The contents of education at this level 2 are typically designed to complete the provision of basic education which began at primary education. The end of this level often coincides with the end of compulsory education where it exists. Because data are from different sources, comparisons across countries should be made with caution.

Primary and secondary enrolment, gross percentage of school age population, M/F

Source: UNESCO. 2005. Montreal: UNESCO. Gross enrolment ratios indicate the number of students enrolled in the primary and secondary levels in the education system per 100 individuals in the appropriate age group. They do not correct for individuals who are older than the level-appropriate age due to late starts, interrupted schooling, or grade repetition. Denominator data are from UNPD 2002 estimates.

Children underweight under 5, M/F

Source: UNICEF Global Database on Child Malnutrition. 2002. New York: UNICEF. This indicator presents the proportion of under-fives falling below minus 2 standard deviations (moderate underweight) and minus 3 standard deviations (severe underweight) from the median weight-for-age of the reference population. Data are from national health surveys, such as the Multiple Indicator Cluster Surveys and Demographic and Health Surveys, and reflect the most recent year available.

Stunted children under 5, severe

Source for most recent data: UNICEF Global Database on Child Malnutrition. 2002. New York: UNICEF. Source for 1990 data: UNDP. 1993. *Human Development Report 1993*. New York, UNDP. This indicator presents the proportion of under-fives falling below minus 3 standard deviations (severe underweight) from the median height-for-age of the reference population. Data are from national health sur-

veys, such as the Multiple Indicator Cluster Surveys and Demographic and Health Surveys, and reflect the most recent year available.

Wasted children under 5, severe

Source for most recent data: UNICEF Global Database on Child Malnutrition. 2002. New York: UNICEF. Source for 1990 data: UNPD. 1993. *Human Development Report 1993*. New York, UNDP. This indicator presents the proportion of under-fives falling below minus 3 standard deviations (severe underweight) from the median weight-for-height of the reference population. Data are from national health surveys, such as the Multiple Indicator Cluster Surveys and Demographic and Health Surveys, and reflect the most recent year available.

Undernourished people, per cent

Source: UNDP. 2004. *Human Development Report 2004*. New York: UNDP. This indicator refers to percentage of people whose food intake is chronically insufficient to meet their minimum energy requirements. Data refer to the average of 1999 and 2001 figures.

Refugees, number

Source: United Nations High Commissioner for Refugees (UNHCR). Population Data Unit/PGDS. June 2004. 2003 Global Refugee Trends. Geneva: UNHCR. This indicator refers to persons recognized as refugees under the 1951 UN Convention/1967 Protocol, the 1969 OAU Convention, in accordance with the UNHCR Statute, persons granted a humanitarian status and those granted temporary protection.

Internally displaced persons, number

Source: UNHCR. Population Data Unit/PGDS. June 2004. 2003 Global Refugee Trends. Geneva: UNHCR. These data are the number of persons who are displaced within their country and to whom UNHCR extends protection and/or assistance, generally pursuant to a special request by a competent organ of the United Nations.

Asylum seekers, number

Source: UNHCR. Population Data Unit/PGDS. June 2004. 2003 Global Refugee Trends. Geneva: UNHCR. These data refer to persons whose application for asylum or refugee status is pending at any stage in the procedure or who are otherwise registered as asylum-seekers.

Estimated HIV prevalence, 15-49, total, M/F

Source: The Joint United Nations Programme on HIV/AIDS (UNAIDS). 2004. *2004 Report on the Global AIDS Epidemic. 4th Global Report*. Geneva: UNAIDS. This figure was derived by dividing the estimated number of adults (age 15-49) living with HIV at the end of 2003 by the 2003 adult population of corresponding ages.

Proportion of Population 15-24

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. This indicator presents the proportion of the national population ages 15 to 24, the approximate years of adolescence, defined as the period between childhood and full maturity, beginning with puberty. Medium variant projections for the year 2005 are used.

Age-specific fertility rate, 15-20

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. This is an indicator of the burden of fertility on young (adolescent) women using medium variant projections for 2005. This measure includes women up to the age of 20 (19 years, 11 months, and 29 days). Since it is an annual level summed over all women in the age cohort, it does not reflect fully the level of fertility for women during their youth. Since it indicates the annual average number of births per woman per year, one could multiply it by five to approximate the number of births to 1,000 young women during their late teen years. The measure does not indicate the full dimensions of teen pregnancy, as only live births are included in the numerator. Stillbirths and spontaneous or induced abortions are not reflected. When available, these data have been presented at the intranational level disaggregated by urban/rural, provincial high and low, high and low economic quintile, and highest and lowest level of maternal educational attainment. Data are from national health surveys, such as the Multiple Indicator Cluster Surveys (UNICEF) and Demographic and Health Surveys (ORC Macro), and reflect the most recent year available. Since the disaggregated data are from different sources and may be from a different point in time, these data will not equal the total figures.

Mean age at marriage, M/F

Source: UN, Department of Economic and Social Affairs, Statistics Division. 1999. *The Women's Indicators and Statistics Database, Version 4 (Wistat 4)*. New York: UN Statistics Division. This indicator reports the singulate mean age at marriage for each sex. It is an indicator of the timing of marriage, or the average age at first marriage calculated on the basis of a single census or survey according to Hajnal's procedure (See J. Hajnal, "Age at marriage and proportions marrying", *Population Studies*, vol. 7, No. 2 (1953), pp. 111-136). Essentially, it is the mean age at first marriage among those who ever married in age group 15-49. It is computed from the proportions never married in each five-year age group within the broad age group 15-49, usually derived from census or survey data of a specific year. It therefore measures the average age at first marriage over the historical period covered by age group 15-49, rather than the average age of those currently marrying for the first time. Data was used for the most recent year available.

HIV knowledge, women and men 15-24 who know that a person can protect her/himself from HIV by consistent condom use, per cent

Source: UNICEF, UNAIDS, and WHO. 2002. Geneva: UNAIDS. *Young people and HIV/AIDS: Opportunity in Crisis*. Data are based on prompted questions about whether AIDS can be avoided by using condoms. The denominator includes all respondents including those who have not heard of AIDS.

HIV knowledge, women 15-24 who know that a healthy-looking person can transmit HIV, per cent

Source: UNAIDS. 2004. *2004 Report on the Global AIDS Epidemic. 4th Global Report*. Geneva: UNAIDS. This indicator refers to the percentage of 15-24 year old women who know that a health-looking person can be infected with the AIDS virus. Only data on women are presented, as relatively little data are available for men.

HIV prevalence rate, M/F, 15-24

Source: UNAIDS. 2002. *The Report on the Global HIV/AIDS Epidemic*. Geneva: UNAIDS. These data derive from surveillance system reports and model estimates. Data provided for men and women aged 15-24 are the average of the high and low estimates reported for each country. The reference year is 2001. Male-female differences reflect physiological and social vulnerability to the illness and are affected by age differences between sexual partners. Where data were not available for 2001 but was available in the prior assessment (reference year 1999), the earlier data point is used.

Gender Empowerment Measure, Value/Rank

Source: UNDP. 2004. *Human Development Report 2004*. This indicator is a composite index measuring gender inequality in three basic dimensions of empowerment—economic participation and decision-making, political participation and decision-making and power over economic resources.

Malnourished women, per cent

Source: Gwatkin et al. 2003. *Initial Country-Level Information about Socio-economic difference in Health, Nutrition, and Population*. Second Edition. Washington, D.C.: The World Bank. This indicator refers to the percent of women ages 15-49 whose Body Mass Index (BMI) is less than 18.5, where BMI is defined as weight in kilograms divided by the square of height in meters. In some countries BMI is presented for all women, while in other countries the figure is available only for mothers of children under five years old. Data are drawn from the household information collected by the Demographic and Health Surveys program.

Labor force participation rate 15-64, M/F

Source: International Labour Office (ILO). 2003. *Yearbook of Labour Statistics*. Geneva: ILO. Data were provided by the ILO, and also found in the Yearbook of Labour Statistics, 2003.

This indicator reflects the economically active population and its relation to the total population, by sex and age (15-64).

Seats in parliament held by women, per cent

Source for most recent data: UNDP. 2004. *Human Development Report 2004*. Source for 1990 data: UNDP. 1993. *Human Development Report 1993*. Where there are lower and upper houses, data refer to the weighted average of women's shares of seats in both houses.

Female legislators, senior officials and managers, per cent

Source: UNDP. 2004. *Human Development Report 2004*. New York: UNDP. Women's share of positions defined according to the International Standard Classification of Occupations (ISCO-88) to include legislators, senior government officials, traditional chiefs and heads of villages, senior officials of special interest organizations, corporate managers, directors and chief executives, production and operations department managers and other department and general managers. Data refer to the most recent year available during the period 1992-2001.

Female professional and technical workers, per cent

Source: UNDP. 2004. *Human Development Report 2004*. New York: UNDP. Women's share of positions defined according to the International Standard Classification of Occupations (ISCO-88) to include physical, mathematical and engineering science professionals (and associate professionals), life science and health professionals (and associate professionals), teaching professionals (and associate professionals) and other professionals and associate professionals. Data refer to the most recent year available during the period 1992-2001.

Projected increase/decrease in women of reproductive age, thousands

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. This indicator presents the projected change in the total national population of women of reproductive age (most commonly defined as ages 15 through 49) using medium projections for the period 2000-2015.

Projected increase/decrease in women of reproductive age, per cent

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. This indicator presents the projected change in the proportion of the national population comprised by women of reproductive age (most commonly defined as ages 15 through 49) using medium projections for the period 2000-2015.

Unmet need for family planning (spacing, limiting, total, number)

Source: Demographic Health Surveys and Family Health Surveys. ORC Macro and Centers for Disease Control and

Prevention (CDC). Calverton, MD: ORC Macro. Atlanta: CDC. These indicators reflect married or in union women who are sexually active who would prefer to avoid becoming pregnant, but are not using any method of contraception. These women are considered to have an “unmet need” for family planning. The concept of unmet need points to the gap between some women’s reproductive intentions and their contraceptive behavior. Unmet need for spacing includes pregnant women whose pregnancy was mistimed, amenorrheic women whose last birth was mistimed, and women who are neither pregnant nor amenorrheic and who are not using any method of family planning and say they want to wait two or more years for their next birth. Also included in unmet need for spacing are women who are unsure whether they want another child or who want another child but are unsure when to have the birth. Unmet need for limiting refers to pregnant women whose pregnancy was unwanted, amenorrheic women whose last child was unwanted, and women who are neither pregnant nor amenorrheic and who are not using any method of family planning and who want no more children. Data are from surveys of the most recent year available. The Demographic and Health Survey definition of unmet need changed between 1990 surveys and most recent ones. Because definitions changed, strict comparisons between older and newer data should be avoided.

Internal Disparity Indicators

Infant mortality rate per 1,000 live births, by wealth quintile

Source: Gwatkin et al. 2003. *Initial Country-Level Information about Socio-economic difference in Health, Nutrition, and Population*. Second Edition. Washington, D.C.: The World Bank. This indicator refers to the death of a live born infant within the first year of life. Data are drawn from the household information collected by the Demographic and Health Surveys (DHS) program. Researchers constructed a household wealth index from these data and divided the population in each country into five groups of equal size, or quintiles, based on individuals’ relative standing on the household wealth index within the country. Wealth quintiles are expressed in terms of quintiles of individuals in the population, rather than quintiles of individuals at risk for any one health indicator.

Under-5 mortality rate, by wealth quintile

Source: Gwatkin et al. 2003. *Initial Country-Level Information about Socio-economic difference in Health, Nutrition, and Population*. Second Edition. Washington, D.C.: The World Bank. This indicator relates to the incidence of mortality to infants and young children. Under-5 mortality is here expressed as deaths to children under 5 per 1,000 live births

in a given year. Data are drawn from the household information collected by the Demographic and Health Surveys (DHS) program. Researchers constructed a household wealth index from these data and divided the population in each country into five groups of equal size, or quintiles, based on individuals’ relative standing on the household wealth index within the country. Wealth quintiles are expressed in terms of quintiles of individuals in the population, rather than quintiles of individuals at risk for any one health indicator. Poorest and richest wealth quintiles are shown.

Adolescent women 15-19 begun childbearing

Source: Demographic and Health Surveys. ORC Macro. Calverton, MD: ORC Macro. This indicator presents the proportion of women age 15-19 who have begun childbearing. Adolescent fertility is a major social and health concern. Teenage mothers are more likely to suffer from severe complications during pregnancy and childbirth, which can be detrimental to the health and survival of both mother and child. When available, these data have been presented at the intranational level disaggregated by urban/rural, provincial high and low, high and low economic quintile, and highest and lowest level of maternal educational attainment. Data are from national health surveys, such as the Multiple Indicator Cluster Surveys (UNICEF) and Demographic and Health Surveys (ORC Macro), and reflect the most recent year available. Since the disaggregated data are from different sources and may be from a different point in time, these data will not equal the total figures.

Deliveries attended by skilled attendants, by wealth quintile

Source: Gwatkin et al. 2003. *Initial Country-Level Information about Socio-economic difference in Health, Nutrition, and Population*. Second Edition. Washington, D.C.: The World Bank. This indicator is based on the proportion of births attended by a skilled health worker, including doctors (specialist or non-specialist), nurses, and/or other persons with midwifery skills who can diagnose and manage obstetrical complications as well as normal deliveries. Traditional birth attendants, trained or not, have been excluded from the category of skilled health workers. Data are drawn from the household information collected by the Demographic and Health Surveys program. Researchers constructed a household wealth index from these data and divided the population in each country into five groups of equal size, or quintiles, based on individuals’ relative standing on the household wealth index within the country. Wealth quintiles are expressed in terms of quintiles of individuals in the population, rather than quintiles of individuals at risk for any one health indicator.

Modern contraceptive prevalence rate for women 15-49, by wealth quintile

Source: Gwatkin et al. 2003. *Initial Country-Level Information about Socio-economic difference in Health, Nutrition, and*

Population. Second Edition. Washington, D.C.: The World Bank. This indicator refers to the per cent of married or in union women ages 15–49 who report using any modern means of contraception, defined as male/female sterilization, oral contraceptive pill, contraceptive injection, intrauterine device, male/female condom, diaphragm, cervical cap, or contraceptive jelly or foam. Data are drawn from the household information collected by the Demographic and Health Surveys program. Researchers constructed a household wealth index from these data and divided the population in each country into five groups of equal size, or quintiles, based on individuals' relative standing on the household wealth index within the country. Wealth quintiles are expressed in terms of quintiles of individuals in the population, rather than quintiles of individuals at risk for any one health indicator.

Modern contraceptive prevalence rate for men 15-54, by wealth quintile

Source: Gwatkin et al. 2003. *Initial Country-Level Information about Socio-economic difference in Health, Nutrition, and Population*. Second Edition. Washington, D.C.: The World Bank. This indicator refers to the per cent of married or in union men ages 15–54 who report using any modern means of contraception, defined as male/female sterilization, oral contraceptive pill, contraceptive injection, intrauterine device, male/female condom, diaphragm, cervical cap, or contraceptive jelly or foam. Data are drawn from the household information collected by the Demographic and Health Surveys program. Researchers constructed a household wealth index from these data and divided the population in each country into five groups of equal size, or quintiles, based on individuals' relative standing on the household wealth index within the country. Wealth quintiles are expressed in terms of quintiles of individuals in the population, rather than quintiles of individuals at risk for any one health indicator. Poorest and richest wealth quintiles are shown.

Unmet need for family planning, spacing/limiting, by wealth quintile

Source: Gwatkin, D.R., S. Rutstein, K. Johnson, E.A. Suliman, and A. Wagstaff. 2003. *Initial Country-Level Information about Socio-economic difference in Health, Nutrition, and Population*. Second Edition. Washington, D.C.: The World Bank. These indicators reflect married or in union women who are sexually active who would prefer to avoid becoming pregnant, but are not using any method of contraception. These women are considered to have an “unmet need” for family planning. The concept of unmet need points to the gap between some women's reproductive intentions and their contraceptive behavior. Unmet need for spacing includes pregnant women whose pregnancy was mistimed, amenorrheic women whose last birth was mistimed, and women who are neither pregnant nor amenorrheic and who are not using any method of family planning

and say they want to wait two or more years for their next birth. Also included in unmet need for spacing are women who are unsure whether they want another child or who want another child but are unsure when to have the birth. Unmet need for limiting refers to pregnant women whose pregnancy was unwanted, amenorrheic women whose last child was unwanted, and women who are neither pregnant nor amenorrheic and who are not using any method of family planning and who want no more children. Data are drawn from the household information collected by the Demographic and Health Surveys program. Researchers constructed a household wealth index from these data and divided the population in each country into five groups of equal size, or quintiles, based on individuals' relative standing on the household wealth index within the country. Wealth quintiles are expressed in terms of quintiles of individuals in the population, rather than quintiles of individuals at risk for any one health indicator. Poorest and richest wealth quintiles are shown.

Women 15-59 seen medically for treatment of genital discharge, ulcer, sore, by wealth quintile

Source: Gwatkin et al. 2003. *Initial Country-Level Information about Socio-economic difference in Health, Nutrition, and Population*. Second Edition. Washington, D.C.: The World Bank. Survey respondents who reported having a sexually transmitted infection (STI) or a STI symptom in the 12 months preceding the survey were asked whether they sought advice or treatment. Data are drawn from the household information collected by the Demographic and Health Surveys program. Researchers constructed a household wealth index from this data and divided the population in each country into five groups of equal size, or quintiles, based on individuals' relative standing on the household wealth index within the country. Wealth quintiles are expressed in terms of quintiles of individuals in the population, rather than quintiles of individuals at risk for any one health indicator. Poorest and richest wealth quintiles are shown.

Men 15-54 seen medically for treatment of genital discharge, ulcer, sore, by wealth quintile

Source: Gwatkin et al. 2003. *Initial Country-Level Information about Socio-economic difference in Health, Nutrition, and Population*. Second Edition. Washington, D.C.: The World Bank. Survey respondents who reported having a sexually transmitted infection (STI) or a STI symptom in the 12 months preceding the survey were asked whether they sought advice or treatment. Data are drawn from the household information collected by the Demographic and Health Surveys program. Researchers constructed a household wealth index from these data and divided the population in each country into five groups of equal size, or quintiles, based on individuals' relative standing on the household wealth index within the country. Wealth quintiles are expressed in terms of quintiles of individuals in the population, rather than quintiles of individuals at

risk for any one health indicator. Poorest and richest wealth quintiles are shown.

Children underweight under 5, severe, by wealth quintile

Source: Gwatkin et al. 2003. *Initial Country-Level Information about Socio-economic difference in Health, Nutrition, and Population*. Second Edition. Washington, D.C.: The World Bank. This indicator presents the proportion of under-fives falling below minus 3 standard deviations (severe underweight) from the median weight-for-age of the reference population. Data are drawn from the household information collected by the Demographic and Health Surveys program. Researchers constructed a household wealth index from these data and divided the population in each country into five groups of equal size, or quintiles, based on individuals' relative standing on the household wealth index within the country. Wealth quintiles are expressed in terms of quintiles of individuals in the population, rather than quintiles of individuals at risk for any one health indicator.

Girls 6-10 who currently attend school, by wealth quintile

Source: Gwatkin et al. 2003. *Initial Country-Level Information about Socio-economic difference in Health, Nutrition, and Population*. Second Edition. Washington, D.C.: The World Bank. Data are drawn from the household information collected by the Demographic and Health Surveys program. Researchers constructed a household wealth index from these data and divided the population in each country into five groups of equal size, or quintiles, based on individuals' relative standing on the household wealth index within the country. Wealth quintiles are expressed in terms of quintiles of individuals in the population, rather than quintiles of individuals at risk for any one health indicator. Poorest and richest wealth quintiles are shown.

Boys 6-10 who currently attend school, by wealth quintile

Source: Gwatkin et al. 2003. *Initial Country-Level Information about Socio-economic difference in Health, Nutrition, and Population*. Second Edition. Washington, D.C.: The World Bank. Data are drawn from the household information collected by the Demographic and Health Surveys program. Researchers constructed a household wealth index from these data and divided the population in each country into five groups of equal size, or quintiles, based on individuals' relative standing on the household wealth index within the country. Wealth quintiles are expressed in terms of quintiles of individuals in the population, rather than quintiles of individuals at risk for any one health indicator.

Malnourished women, per cent, by wealth quintile

Source: Gwatkin et al. 2003. *Initial Country-Level Information about Socio-economic difference in Health, Nutrition, and Population*. Second Edition. Washington, D.C.: The World Bank. This indicator refers to the percent of women ages 15-49 whose Body Mass Index (BMI) is less than 18.5,

where BMI is defined as weight in kilograms divided by the square of height in meters. In some countries BMI is presented for all women, while in other countries the figure is available only for mothers of children under five years old. Data are drawn from the household information collected by the Demographic and Health Surveys program. Researchers constructed a household wealth index from these data and divided the population in each country into five groups of equal size, or quintiles, based on individuals' relative standing on the household wealth index within the country. Wealth quintiles are expressed in terms of quintiles of individuals in the population, rather than quintiles of individuals at risk for any one health indicator. Poorest and richest wealth quintiles are shown.

Antenatal care, at least one visit, per cent, by wealth quintile

Source: Demographic and Health Surveys. ORC Macro. Calverton, MD: ORC Macro. These data refer to the per cent of women with one or more births during the five years preceding the survey, who had received at least one antenatal care consultation from a medically trained person – defined as a doctor, nurse, or trained-midwife, excluding trained or untrained traditional birth attendants – prior to her most recent birth. Poorest and richest wealth quintiles are shown.

Additional Notes

Data presented do not reflect the impact of the Asia Tsunami disaster at the end of 2004. The countries most severely affected by the disaster include India, Indonesia, Maldives, Sri Lanka, and Thailand.

INDICATORS FOR GRAPH

Living on less than \$1/\$2 a day

See "Population below one dollar a day" for source. The category for living on less than \$2 per day is the percentage of the population living on less than \$2.15 a day at 1993 international prices. The bar pertains to the total population.

Use of family planning

See "Contraceptive prevalence rate" and "Unmet need for family planning" for source. The bar pertains to married women, including women in consensual unions. For countries with the data only on contraceptive prevalence, the bar displays three categories: modern method, traditional method, and no method. For countries with the data on both contraceptive prevalence and unmet need for family planning, the bar displays four categories: using, unmet need for spacing, unmet need for limiting, and no need. The category for "no need" consists of currently married women who are pregnant, are less than six months postpartum and are postpartum amenorrhoeic or abstaining,

want to have a child within the next two years, are in menopause, are infecund, or have had a hysterectomy.

Male/female secondary school enrolment

Source: UNESCO, Institute for Statistics. 2005. *Global Education Digest 2005*. Montreal: UNESCO. Tabulations are made by the Population Reference Bureau based on the statistics on "enrolment in total secondary, public and private, all programmes (both sexes, female)" and "net enrolment ratio, secondary, all programmes (male, female)". The bar pertains to those who are of secondary school age. The reference year is 2002/2003. Where data are not available for this period, the most recent data available are used.

Deliveries with skilled attendant

See "Deliveries attended by skilled attendants" for source. The bar pertains to women of reproductive age, most commonly defined as ages 15 through 49. For countries with information on the type of skilled attendants from national health surveys, such as the Multiple Indicator Cluster Surveys (UNICEF) and Demographic and Health Surveys (ORC Macro), the bar displays three categories: deliveries attended by a doctor, nurse/midwife, and no skilled attendant. For other countries, the bar displays two categories: deliveries attended by a skilled attendant and those with no skilled attendant. The category "nurse/midwife" may include other skilled attendants (excluding doctors) in some countries.

INDICATORS FOR TABLE

Public expenditure on health, as per cent of GDP and per capita (\$US)

Source: The World Bank. 2005. *World Development Indicators 2005*. Washington, D.C.: The World Bank. Tabulations for public expenditure on health per capita are made by the Population Reference Bureau based on the statistics on "health expenditure, public, % of GDP", "health expenditure per capita", and "health expenditure, total, % of GDP". Public expenditure on health consists of recurrent and capital spending from government (central and local) budgets, external borrowings and grants (including donations from international agencies and nongovernmental organizations), and social (or compulsory) health insurance funds. The reference year is 2002. Where data are not available for this period, the most recent data available are used. Health expenditures in the low-income countries are insufficient to meet even the most basic needs. In their report, *Macroeconomics and Health: Investing in Health for Economic Development*, the Commission on Macroeconomics and Health (CMH) estimates that \$30 to \$40 per capita per year is the minimum needed to introduce essential health interventions in low-income countries, including those necessary to fight the AIDS pandemic (CMH 2001, p16). The Commission also indicates that much of these expenditures should be publicly rather than privately financed.

Public expenditure on primary & secondary education, as per cent of GDP and per student (\$US)

Source: UNESCO, Institute for Statistics. 2005. *Global Education Digest 2005*. Montreal: UNESCO. Tabulations are made by the Population Reference Bureau. Public expenditure on primary & secondary education as per cent of GDP is a sum of the figures at these levels, which are calculated based on the statistics on "public expenditure on education as % of GDP", "educational expenditure in primary as % of total educational expenditure", and "educational expenditure in secondary as % of total educational expenditure". Public expenditure on primary & secondary education per student is a weighted average of the figures at these levels (weighted using enrolment as weights), which are calculated based on the statistics on "public expenditure per pupil as a % of GDP per capita, primary", "enrolment in primary, public and private, all programmes, both sexes", "public expenditure per pupil as a % of GDP per capita, secondary", "enrolment in total secondary, public and private, all programmes, both sexes", and additional data on "GDP per capita (constant 2000 US\$)" from *World Development Indicators* (The World Bank 2005). Public expenditure on education consists of current and capital expenditures on education by local, regional and national governments, including municipalities (household contributions are excluded). Expenditure per student is a weighted average of the corresponding figure at primary and secondary-levels, using number of enrolled students as weights. The reference year is 2002/2003. Where data are not available for this period, the most recent data available are used.

DATA FROM MOST RECENT YEAR

Most recent year indicates that data are from the most recent year available at the time of publication. Years will differ depending on the indicator and source used. In future upgrades, more specific year and source information will be provided.

DATA FROM 1990

1990 data are from the period of 1988-1992. Years will differ depending on the indicator and source used. In future upgrades, more specific year and source information will be provided.



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