





#### THE 2011 MOTHERS' INDEX

## Norway Tops List, Afghanistan Ranks Last, United States Ranks 31st

Save the Children's twelfth annual *Mothers' Index* compares the well-being of mothers and children in 164 countries — more than in any previous year. The *Mothers' Index* also provides information on an additional eight countries, four of which report sufficient data to present findings on children's indicators. When these are included, the total comes to 172 countries.

Norway, Australia and Iceland top the rankings this year. The top 10 countries, in general, attain very high scores for mothers' and children's health, educational and economic status. Afghanistan ranks last among the 164 countries surveyed. The 10 bottomranked countries – eight from sub-Saharan Africa – are a reverse image of the top 10, performing poorly on all indicators. The United States places 31st this year.

Conditions for mothers and their children in the bottom countries are grim. On average, I woman in 30 will die from pregnancy-related causes. One child in 6 dies before his or her fifth birthday, and I child in 3 suffers from malnutrition. Nearly 50 percent of the population lacks access to safe water and only 4 girls for every 5 boys are enrolled in primary school.

The gap in availability of maternal and child health services is especially dramatic when comparing Norway and Afghanistan. Skilled health personnel are present at virtually every birth in Norway, while only 14 percent of births are attended in Afghanistan. A typical Norwegian woman has 18 years of formal education and will live to be 83 years old; 82 percent are using some modern method of contraception, and only 1 in 175 will lose a child before his or her fifth birthday. At the opposite end of the spectrum, in Afghanistan, a typical woman has fewer than five years of education and will not live to be 45. Less than 16 percent of women are using modern contraception, and I child in 5 dies before reaching

age 5. At this rate, every mother in Afghanistan is likely to suffer the loss of a child.

Zeroing in on the children's well-being portion of the *Mothers' Index*, Sweden finishes first and Somalia is last out of 168 countries. While nearly every Swedish child – girl and boy alike – enjoys good health and education, children in Somalia face a more than 1 in 6 risk of dying before age 5. Thirty-six percent of Somali children are malnourished and 70 percent lack access to safe water. One in 3 primary-schoolaged children in Somalia are enrolled in school, and within that meager enrollment, boys outnumber girls almost 2 to 1.

These statistics go far beyond mere numbers. The human despair and lost opportunities represented in these numbers demand mothers everywhere be given the basic tools they need to break the cycle of poverty and improve the quality of life for themselves, their children, and for generations to come.

See the Appendix for the *Complete Mothers' Index* and *Country Rankings*.

#### 2011 MOTHERS' INDEX RANKINGS

TOP 1	0	BOTT	OM 10
BEST PL	ACES TO BE A MOTHER	WORST	PLACES TO BE A MOTHER
RANK	COUNTRY	RANK	COUNTRY
1	Norway	155	Central African Republic
2	Australia	156	Sudan
2	Iceland	157	Mali
4	Sweden	158	Eritrea
5	Denmark	159	DR Congo
6	New Zealand	160	Chad
7	Finland	161	Yemen
8	Belgium	162	Guinea-Bissau
9	Netherlands	163	Niger
10	France	164	Afghanistan



# APPENDIX: THE MOTHERS' INDEX AND COUNTRY RANKINGS

The twelfth annual *Mothers' Index* helps document conditions for mothers and children in 164 countries – 43 developed nations and 121 in the developing world – and shows where mothers fare best and where they face the greatest hardships. All countries for which sufficient data are available are included in the *Index*.

Why should Save the Children be so concerned with mothers? Because more than 75 years of field experience have taught us that the quality of children's lives depends on the health, security and well-being of their mothers. In short, providing mothers with access to education, economic opportunities and maternal and child health care gives mothers and their children the best chance to survive and thrive.

The *Index* relies on information published by governments, research institutions and international agencies. *The Complete Mothers' Index*, based on a composite of separate indices for women's and children's well-being, appears in the fold-out table in this appendix. A full description of the research methodology and individual indicators appears after the fold-out.

#### Mothers' Index Rankings

European countries – along with Australia and New Zealand – dominate the top positions while countries in sub-Saharan Africa dominate the lowest tier. The United States places 31st this year.

While most industrialized countries cluster tightly at the top of the *Index* – with the majority of these countries performing well on all indicators – the highest ranking countries attain very high scores for mothers' and children's health, educational and economic status.

The top 10 countries this year are (from 1 to 10): Norway, Australia and Iceland (tied), Sweden, Denmark, New Zealand, Finland, Belgium, Netherlands and France.

The bottom 10 countries are (from 155 to 164): Central African Republic, Sudan, Mali, Eritrea, Democratic Republic of the Congo, Chad, Yemen, Guinea-Bissau, Niger and Afghanistan.

The 10 bottom-ranked countries in this year's *Mothers' Index* are a reverse image of the top 10, performing poorly on all indicators. Conditions for mothers and their children in these countries are devastating.

- Over half of all births are not attended by skilled health personnel.
- On average, I woman in 30 dies from pregnancy-related causes.

- 1 child in 6 dies before his or her fifth birthday.
- 1 child in 3 suffers from malnutrition.
- 1 child in 7 is not enrolled in primary school.
- Only 4 girls are enrolled in primary school for every 5 boys.
- On average, females have fewer than 6 years of formal education.
- Women earn only 40 percent of what men do.
- 9 out of 10 women are likely to suffer the loss of a child in their lifetime.

The contrast between the top-ranked country, Norway, and the lowest-ranked country, Afghanistan, is striking. Skilled health personnel are present at virtually every birth in Norway, while only 14 percent of births are attended in Afghanistan. A typical Norwegian woman has 18 years of formal education and will live to be 83 years old, 82 percent are using some modern method of contraception, and only one in 175 will lose a child before his or her fifth birthday. At the opposite end of the spectrum, in Afghanistan, a typical woman has fewer than 5 years of education and doesn't live to be 45. Less than 16 percent of women are using modern contraception, and 1 child in 5 dies before reaching age 5. At this rate, every mother in Afghanistan is likely to suffer the loss of a child.

The data collected for the *Mothers' Index* document the tremendous gaps between rich and poor countries and the urgent need to accelerate progress in the health and well-being of mothers and their children. The data also highlight the regional dimension of this tragedy. Eight of the bottom 10 countries are in sub-Saharan Africa. Sub-Saharan Africa also accounts for 18 of the 20 lowest-ranking countries.

#### WHAT THE NUMBERS DON'T TELL YOU

The national-level data presented in the *Mothers' Index* provide an overview of many countries. However, it is important to remember that the condition of geographic or ethnic sub-groups in a country may vary greatly from the national average. Remote rural areas tend to have fewer services and more dire statistics. War, violence and lawlessness also do great harm to the well-being of mothers and children, and often affect certain segments of the population disproportionately. These details are hidden when only broad national-level data are available.

Individual country comparisons are especially startling when one considers the human suffering behind the statistics:

- Fewer than 15 percent of births are attended by skilled health personnel in Chad and Afghanistan. In Ethiopia, only 6 percent of births are attended. Compare that to 99 percent in Sri Lanka and 95 percent in Botswana.
- I woman in II dies in pregnancy or childbirth in Afghanistan. The risk is I in I4 in Chad and Somalia. In Italy and Ireland, the risk of maternal death is less than I in 15,000 and in Greece it's I in 31,800.
- A typical woman will die before the age of 50 in Central African Republic, Democratic Republic of the Congo, Mali, Mozambique, Nigeria, Sierra Leone, Zambia and Zimbabwe. Life expectancy for women is only 46 in Lesotho and Swaziland. In Afghanistan, the average woman does not live to see her 45th birthday while in Japan women on average live to almost 87 years old.
- In Somalia, only I percent of women use modern contraception. Rates are less than 5 percent in Angola, Chad and Guinea. And fewer than I in IO women use modern contraception in I5 other developing countries. By contrast, 80 percent or more of women in China, Norway, Thailand and the United Kingdom use some form of modern contraception.
- In Afghanistan, Jordan, Lebanon, Libya, Morocco, Oman, Pakistan, Syria and Yemen women earn 25 cents or less for every dollar men earn. Saudi and Palestinian women earn only 16 and 12 cents respectively to the male dollar. In Mongolia, women earn 87 cents for every dollar men earn and in Mozambique they earn 90.
- In Qatar, Saudi Arabia and the Solomon Islands, not one seat in parliament is occupied by a woman. In Comoros and Papua New Guinea women have only I seat. Compare that to Rwanda, where over half of all seats are held by women.
- A typical female in Afghanistan, Angola, Djibouti,
  Eritrea and Guinea-Bissau receives fewer than 5 years
  of formal education. In Niger, it's fewer than 4 years
  and in Somalia, women receive less than 2 years of
  education. In Australia and New Zealand, the average
  woman stays in school for over 20 years.
- In Somalia, 2 out of 3 children are *not* enrolled in primary school. More than half (52 percent) of all children in Eritrea are not in school. In Djibouti and Papua New Guinea out-of-school rates are 45 percent. In comparison, nearly all children France, Italy, Spain and Sweden make it from preschool all the way to high school.

- In Central African Republic and Chad, 7 girls for every 10 boys are enrolled in primary school. In Afghanistan and Guinea-Bissau, it's 2 girls for every 3 boys. And in Somalia, boys outnumber girls by almost 2 to 1.
- I child in 5 does not reach his or her fifth birthday in Afghanistan, Chad and Democratic Republic of the Congo. In Finland, Greece, Iceland, Japan, Luxembourg, Norway, Singapore, Slovenia and Sweden, only I child in 333 dies before age 5.
- Over 40 percent of children under age 5 suffer from malnutrition in Bangladesh, Madagascar, Nepal, Niger and Yemen. In India and Timor-Leste, nearly half of all young children are moderately or severely underweight.
- More than half of the population of Afghanistan, DR Congo, Equatorial Guinea, Ethiopia, Fiji, Madagascar, Mauritania, Mozambique, Niger, Papua New Guinea and Sierra Leone lacks access to safe drinking water. In Somalia, 70 percent of people lack access to safe water.

Statistics are far more than numbers. It is the human despair and lost opportunities behind these numbers that call for changes to ensure that mothers everywhere have the basic tools they need to break the cycle of poverty and improve the quality of life for themselves, their children, and for generations to come.



#### FREQUENTLY ASKED QUESTIONS ABOUT THE MOTHERS' INDEX

## Why doesn't the United States do better in the rankings?

The United States ranked 31st this year based on several factors:

- One of the key indicators used to calculate well-being for mothers is lifetime risk of maternal mortality. The United States' rate for maternal mortality is 1 in 2,100 the highest of any industrialized nation. In fact, only three Tier I developed countries Albania, the Russian Federation and Moldova performed worse than the United States on this indicator. A woman in the U.S. is more than 7 times as likely as a woman in Italy or Ireland to die from pregnancy-related causes and her risk of maternal death is 15-fold that of a woman in Greece.
- Similarly, the United States does not do as well as most other developed countries with regard to under-5 mortality. The U.S. under-5 mortality rate is 8 per 1,000 births. This is on par with rates in Latvia. Forty countries performed better than the U.S. on this indicator. At this rate, a child in the U.S. is more than twice as likely as a child in Finland, Greece, Iceland, Japan, Luxembourg, Norway, Slovenia, Singapore or Sweden to die before reaching age 5.
- Only 58 percent of children in the United States are enrolled in preschool – making it the fifth lowest country in the developed world on this indicator.
- The United States has the least generous maternity leave policy – both in terms of duration and percent of wages paid – of any wealthy nation.
- The United States is also lagging behind with regard to the political status of women. Only 17 percent of congressional seats are held by women, compared to 45 percent in Sweden and 43 percent in Iceland.

#### Why is Norway number one?

Norway generally performed as well as or better than other countries in the rankings on all indicators. It has the highest ratio of female-to-male earned income, the highest contraceptive prevalence rate, one of the lowest under-5 mortality rates and one of the most generous maternity leave policies in the developed world.

#### Why is Afghanistan last?

Afghanistan has the highest lifetime risk of maternal mortality and the lowest female life expectancy in the world. It also places second to last on skilled attendance at birth, under-5 mortality and gender disparity in primary education. Performance on most other indicators also places Afghanistan among the lowest-ranking countries in the world.

# Why are some countries not included in the Mothers' Index?

Rankings were based on a country's performance with respect to a defined set of indicators related primarily to health, nutrition, education, economic and political status. There were 164 countries for which published information regarding performance on these indicators existed. All 164 were included in the study. The only basis for excluding countries was insufficient or unavailable data or national populations below 250,000.

# What should be done to bridge the divide between countries that meet the needs of their mothers and those that don't?

- Governments and international agencies need to increase funding to improve education levels for women and girls, provide access to maternal and child health care and advance women's economic opportunities.
- The international community also needs to improve current research and conduct new studies that focus specifically on mothers' and children's well-being.
- In the United States and other industrialized nations, governments and communities need to work together to improve education and health care for disadvantaged mothers and children.

## 2011 MOTHERS' INDEX RANKINGS

COUNTRY	MOTHERS' INDEX RANK*	WOMEN'S INDEX RANK*	CHILDREN'S * INDEX RANK***	COUNTRY	MOTHERS' INDEX RANK*	WOMEN'S INDEX RANK**	CHILDREN INDEX RAN
IER I: MORE DEVELOPED COUN	ITRIES			TIER II: LESS DEVELOPED COUNT			
Iorway	1	2	7	El Salvador	40	39	49
ustralia	2	1	30	Belize	41	50	23
celand	2	5	7	Guyana	41	54	32
weden	4	7	1	Sri Lanka	43	33	59
Denmark	5	4	20	Georgia	44	58	7
lew Zealand	6	3	26	Namibia	44	32	67
inland	7	6	19	Lebanon	46	59	7
elgium	8	9	15	Libyan Arab Jamahiriya	46	41	49
etherlands	9	8	21	Cape Verde	48	45	48
ance	10	12	6	Philippines	49	40	65
ermany	11	15	4	Suriname	49	50	46
ain	12	13	12	Azerbaijan	51	52	57
nited Kingdom	13	10	23	Botswana	51	45	57
ortugal	14	16	13	Algeria	53	57	43
vitzerland	14	19	9	Jordan	54	64	17
eland	16	11	29	Indonesia	55	48	66
ovenia	16	17	11	Turkey	55	65	13
		17	17				70
tonia	18			Tajikistan	57	43	
reece	19	21	14	Nicaragua	58	60	54
anada	20	14	24	Honduras	59	60	56
ıly	21	25	2	Gabon	60	45	71
ungary	22	21	22	Egypt	61	70	26
huania	22	20	25	Swaziland	62	55	72
ech Republic	24	27	16	Fiji	63	56	68
tvia	24	23	26	Saudi Arabia	64	71	32
istria	26	33	5	Syrian Arab Republic	65	72	45
oatia	27	26	32	Occupied Palestinian Territory	66	68	46
	28	34	2	Ghana Gccupied Palestinian Territory	67	62	69
oan				Guatemala			
land	28	28	31		68	67	62
ovakia	28	29	28	Oman	69	68	62
nited States	31	24	34	Zimbabwe	70	66	73
xembourg	32	35	10	Kenya	71	63	74
larus	33	29	33	Morocco	72	77	60
alta	34	41	18	Cameroon	73	73	78
ılgaria	35	32	36	Congo	74	74	76
omania	36	31	38	India	75	76	75
rbia	37	37	35	Papua New Guinea	76	75	81
Issian Federation	38	35	39	Pakistan	77	79	77
kraine	39	39	37	Nigeria	78	78	80
	40	40	40		79	80	79
oldova, Republic of			42	Côte d'Ivoire		80	79
osnia and Herzegovina	41	37	4/	TIER III: LEAST DEVELOPED COU	NTDIFC		
		40					
acedonia, TFYR	42	42	41	Maldives	1	1	4
bania	42 43	42 43		Maldives Rwanda	1 2	2	9
bania ER II: LESS DEVELOPED COUNT	42 43 FRIES	43	41 43	Maldives Rwanda Lesotho	1 2 3	3	9
bania ER II: LESS DEVELOPED COUNT Iba	42 43 FRIES	1	41 43 9	Maldives Rwanda Lesotho Malawi	1 2 3 4	2 3 6	9 2 7
bania ER II: LESS DEVELOPED COUNT Iba	42 43 FRIES	43	41 43	Maldives Rwanda Lesotho	1 2 3	3	9 2 7 9
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<sup>\*</sup> Due to different indicator weights and rounding, it is possible for a country to rank high on the women's or children's index but not score among the very highest countries in the overall *Mothers' Index*. For a complete explanation of the indicator weighting, please see the *Mathodology and Passarch Nates* 

<sup>\*\*</sup> Rankings for Tiers I, II and III are out of the 43, 80 and 42 countries respectively for which sufficient data existed to calculate the *Women's Index*.

<sup>\*\*\*</sup> Rankings for Tiers I, II and III are out of the 43, 81 and 44 countries respectively for which sufficient data existed to calculate the *Children's Index*.

#### THE COMPLETE MOTHERS' INDEX 2011

TIER I	Women's Index								Ch	ildren's Ind	ex	Rankings				
Development Group		Health Status		Educational	Ecc	nomic Status		Political Status		Children's Statu	IS	SOWM 2011				
MORE DEVELOPED COUNTRIES	Lifetime risk of maternal death (1 in number stated)	Percent of women using modern contraception	Female life expectancy at birth (years)	Status Expected number of years of formal female schooling	Maternity le: 20	ave benefits	Ratio of estimated female to male earned income	Participation of women in national government (% seats held by women)	Under-5 mortality rate (per 1,000 live births)	Gross pre-primary enrollment ratio (% of total)	Gross secondary enrollment ratio (% of total)	Mothers' Index Rank (out of 43 countries)+	Women's Index Rank (out of 43 countries)+	Children's Index Rank (out of 43 countries)+		
	2008	2008	2010	2009	length	paid	2007	2011	2009	2009	2009					
Albania	1,700	22	80	11	365 days¹	80, 50 (a)	0.54	16	15	58	72	43	43	43		
Australia	7,400	71	84	21	12 months	— (b)	0.70	28	5	82	149	2	1	30		
Austria	14,300	47	83	15	16* weeks	100	0.40	28	4	95	100	26	33	5		
Belarus	5,100	56	76	15	126 days <sup>1</sup>	100	0.63	32	12	102	95	33	29	33		
Belgium	10,900	73	83	16	15 weeks	82, 75 (c,d)	0.64	39	5	122	108	8	9	15		
Bosnia and Herzegovina	9,300	11	78	14	1 year	50-100 (e)	0.61	16	14	15	91	41	37	42		
Bulgaria	5,800	40	77	14	135 days	90	0.68	21	10	81	89	35	32	36		
Canada	5,600	72	83	16	17 weeks	55 (d,e)	0.65	25	6	70	101	20	14	24		
Croatia	5,200		80	14	1+ year	100 (f,g)	0.67	24	5	54	94	27	26	32		
Czech Republic	8,500	63	80	16	28* weeks	69	0.57	21	4	111	95	24	27	16		
Denmark	10,900	72	81	18	52 weeks	100 (d)	0.74	38	4	96	119	5	4	20		
Estonia	5,300	56	79	17	140* days¹	100	0.65	23	6	95	99	18	17	17		
Finland	7,600	75	83	18	105* days <sup>11</sup>	70 (h)	0.73	40	3	65	110	7	6	19		
France	6,600	77	85	16	16* weeks	100 (d)	0.61	20	4	110	113	10	12	6		
Germany	11,100	66	83	16 (z)	14* weeks	100 (d)	0.59	32	4	109	102	11	15	4		
Greece	31,800	46	82	17	119 days	50+ (b,j)	0.51	17	3	69	102	19	21	14		
Hungary	5,500	71	78	16	24* weeks	70	0.75	9	6	87	97	22	21	22		
Iceland	9,400		84	20	3 months	80	0.62	43	3	98	110	2	5	7		
Ireland	17,800	66	83	18	26 weeks	80 (h,d)	0.56	16	4	_	115	16	11	29		
Italy	15,200	41	84	17	5 months	80	0.49	20	4	100	101	21	25	2		
Japan	12,200	44	87	15	14 weeks	67 (b)	0.45	14	3	89	101	28	34	2		
Latvia	3,600	56	78	17	112 days¹	100	0.67	20	8	89	98	24	23	26		
Lithuania	5,800	33	78	17	126 days <sup>1</sup>	100	0.70	19	6	72	99	22	20	25		
Luxembourg	3,800		83	13	16 weeks	100	0.57	20	3	88	96	32	35	10		
Macedonia, the former Yugoslav Republic of	7,300	10	77	13	9 months	— (k)	0.49	33	11	23	84	42	42	41		
Malta	9,200	43	82	15	14 weeks	100 (I)	0.45	9	7	105	100	34	41	18		
Moldova, Republic of	2,000	43	73	12	126 days <sup>1</sup>	100	0.73	19	17	74	88	40	40	40		
Montenegro	4,000	17	77	_		-	0.58	11	9	_	_	_	_	_		
Netherlands	7,100	65	82	17	16 weeks	100 (d)	0.67	39	4	100	121	9	8	21		
New Zealand	3,800	72	83	20	14 weeks	100 (d)	0.69	34	6	94	119	6	3	26		
Norway	7,600	82	83	18	46-56* weeks	80,100 (m)	0.77	40	3	95	112	1	2	7		
Poland	13,300	28	80	16	16* weeks	100	0.59	18	7	62	100	28	28	31		
Portugal	9,800	63	82	16	120 days	100	0.60	27	4	81	104	14	16	13		
Romania	2,700	38	77	15	126 days <sup>1</sup>	85	0.68	10	12	73	92	36	31	38		
Russian Federation	1,900	53	74	15	140 days¹	100 (b,d)	0.64	12	12	90	85	38	35	39		
Serbia	7,500	19	77	14	365 days	100 (n)	0.59	22	7	51	91	37	37	35		
Slovakia	13,300	66	79	16	28* weeks	55	0.58	15	7	94	92	28	29	28		
Slovenia	4,100	63	82	18	105 days <sup>1</sup>	100	0.61	11	3	83	97	16	17	11		
Spain	11,400	62	84	17	16* weeks	100	0.52	34	4	126	120	12	13	12		
Sweden	11,400	65	83	16	480 days <sup>1</sup>	80 (o,d)	0.67	45	3	102	103	4	7	1		
Switzerland	7,600	78	84	15	14 weeks	80 (d,e)	0.62	28	4	102	96	14	19	9		
Ukraine	3,000	48	74	15	126 days	100	0.59	8	15	101	94	39	39	37		
United Kingdom	4,700	82 (r)	82	17	52 weeks	90 (p)	0.67	21	6	81	99	13	10	23		
United States	2,100	68	82	17	12 weeks	— (q)	0.62	17 (i)	8	58	94	31	24	34		

TIER II	Women's Index							Ch	ildren's In	Rankings					
Development Group	Health Status			Educational Status	Economic Status	Political Status		(	Children's Stati	JS			SOWM 2011		
LESS DEVELOPED COUNTRIES and TERRITORIES (minus least developed countries)	Lifetime risk of maternal death (1 in number stated)	Percent of bir ths attended by skilled health personnel	Percent of women using modern contraception 2008	Female life expectancy at birth (years)	Expected number of years of formal female schooling	Ratio of estimated female to male earned income	Participation of women in national government (% seats held by women)	Under-5 mortality rate (per 1,000 live births)	Percent of children under 5 moderately or severely underweight for age 2009	Gross primary enrollment ratio (% of total)	Gross secondary enrollment ratio (% of total)	Percent of population with access to safe water 2008	Mothers' Index Rank (out of 79 countries)+	Women's Index Rank (out of 80 countries)+	Children's Index Rank (out of 81 countries)+
Algeria	340	95	52	74	13	0.36	7	32	4	108	83	83	53	57	43
Argentina	600	95	64	80	17	0.50	38	14	4	116	85	97	4	6	15
Armenia	1,900	100	19	77	13	0.57	9	22	4	99	93	96	30	36	16
Azerbaijan	1,200	88	13	73	13	0.44	16	34	10	116	106	80	51	52	57
· · · · · · · · · · · · · · · · · · ·	1,000	99		77	12		18	12		103	93	97 (y)	10	14	
Bahamas Bahrain	2,200	98	60 31 (s)	78	15	0.72 (y) 0.51	15	12	9	103	96		17	18	6 22
												94 (y)			
Barbados	1,100	100	53	80	16 (z)	0.65	20	11	6 (y)	105 (z)	103 (z)	100	5	5	3
Belize	330	95	31	79	13	0.43	11	18	6	122	76	99	41	50	23
Bolivia	150	71	34	69	14	0.61	30	51	6	107	81	86	30	26	51
Botswana	180	95	42	55	12	0.58	8	57	14	109	82	95	51	45	57
Brazil	860	97	70	77	14	0.60	10	21	2 (z)	127	101	97	12	13	12
Brunei Darussalam	2,000	99		80	14	0.59	(iv)	7	-	107	98		_	16	_
Cameroon	35	63	12	52	9	0.53	14	154	19	114	42	74	73	73	78
Cape Verde	350	78	46 (y)	74	12	0.49	18	28	9	98	81	84	48	45	48
Chile	2,000	100	58 (y)	82	15	0.42	14	9	1	106	90	96	16	23	5
China	1,500	99	86	75	12	0.68	21	19	7	113	76	89	18	11	43
Colombia	460	96	68	77	14	0.71	14	19	7	120	95	92	11	10	34
Congo	39	83	13	55	8	0.51	9	128	14	120	43	71	74	74	76
Costa Rica	1,100	99	72	82	12	0.46	39	11	5	110	96	97	13	22	13
Côte d'Ivoire	44	57	8	60	5	0.34	9	119	20	74	26	80	79	80	79
Cuba	1,400	100	72	81	19	0.49	43	6	4	104	90	94	1	1	9
Cyprus	6,600	100 (y)	-	82	14	0.58	13	4	_	103	98	100	3	3	1
Dominican Republic	320	98	70	76	13	0.59	19	32	4	106	77	86	24	23	40
Ecuador	270	98	58	79	14	0.51	32	24	9	117	81	94	14	12	35
Egypt	380	79	58	72	11	0.27	13	21	8	100	79	99	61	70	26
El Salvador	350	96	66	77	12	0.46	19	17	9	115	65	87	40	39	49
Fiji	1,300	99		72	13	0.38	(v)	18	8 (y)	94	81	47 (y)	63	56	68
Gabon	110	86	12	63	12	0.59	16	69	12	134	53	87	60	45	71
Georgia	1,300	98	27	75	13	0.38	7	29	1 (z)	108	108	98	44	58	7
Ghana	66	57	17	58	9	0.74	8	69	17	105	57	82	67	62	69
Guatemala	210	51	34	74	10	0.42	12	40	19	114	57	94	68	67	62
Guyana	150	92	33	71	12	0.41	30	35	11 (z)	103	103	94	41	54	32
Honduras	240	67	56	75	12 (z)	0.34	18	30	11	116	65	86	59	60	56
India	140	53	49	66	10	0.32	11	66	48	117	60	88	75	76	75
Indonesia	190	75	57	74	13	0.44	18	39	18 (z)	119	74	80	55	48	66
Iran, Islamic Republic of	1,500	97	59	73	15	0.32	3	31	5	128	83	94 (y)	38	41	28
Iraq	300	80	33	72	8		25	44	8	103	51	79			61
Israel	5,100	99 (y)	52 (t)	83	16	0.64	19	44		111	90	100	2	2	3
Jamaica	450	97 (9)	66	76	14	0.58	16	31	2 (z)	93	90	94	15	14	27
Jordan	510	99	41	75	13	0.19	12	25	2 (z)	97	88	96	54	64	17
Jordan Kazakhstan	950	100	41	75	13	0.19	14	25	2 (Z) 4	108	99	95	54	9	21
	-												-		
Kenya	38	44	32	56	11	0.65	10	84	20	113	59	59	71	63	74
Korea, Democratic People's Republic of	230	97	58	70		-	16	33	23			100	_	_	_
Korea, Republic of	4,700	100	75	83	16	0.52	15	5		105	97	98	5	6	2
Kuwait	4,500	98	39 (s)	80	14	0.36	8	10	10	95	90	99	35	37	23

#### THE COMPLETE MOTHERS' INDEX 2011

TIER II continued		Women's Index							Chi	ildren's Ind	Rankings				
Development Group		Health	n Status	Educational Status	Economic Status	Political Status		C	hildren's Statu	SOWM 2011					
LESS DEVELOPED COUNTRIES and TERRITORIES (minus least developed countries)	Lifetime risk of maternal death (1 in number stated)	Percent of births attended by skilled health personnel	Percent of women using modern contraception 2008	Female life expectancy at birth (years)	Expected number of years of formal female schooling	Ratio of estimated female to male earned income	Participation of women in national government (% seats held by women)	Under-5 mortality rate (per 1,000 live births)	Percent of children under 5 moderately or severely underweight for age	Gross primary enrollment ratio (% of total)	Gross secondary enrollment ratio (% of total)	Percent of population with access to safe water 2008	Mothers' Index Rank (out of 79 countries)+	Women's Index Rank (out of 80 countries)+	Children's Index Rank (out of 81 countries)+
Kyrgyzstan	450	98	46	72	13	0.55	23	37	3	95	84	90	28	30	37
Lebanon	2,000	98	34	75	14	0.25	3	12	4	103	82	100	46	59	7
Libyan Arab Jamahiriya	540	94	26	77	17	0.25	8	19	5	110	93	72 (y)	46	41	49
Malaysia	1,200	99	30 (w)	77	13	0.42	14	6	8	97	68	100	36	44	23
Mauritius	1,600	98	39	76	14	0.42	19	17	15	100	87	99	32	34	30
Mexico	500	93	67	79	14	0.42	26	17	5	114	90	94	23	29	19
Mongolia	730	99	61	71	15	0.87	4	29	6	110	92	76	9	4	52
Morocco	360	63	52	74	9	0.24	7	38	10	107	56	81	72	77	60
Namibia	160	81	54	63	12	0.63	25	48	21	112	66	92	44	32	67
Nicaragua	300	74	69	77	11	0.34	21	26	7	117	68	85	58	60	54
Nigeria	23	39	9	49	8	0.42	7	138	29	93	30	58	78	78	80
Occupied Palestinian Territory	_	99	39	76	13	0.12 (y)	(vi)	30	3	79	87	91	66	68	46
Oman	1,600	99	18 (s)	78	11	0.23	9	12	18	75	88	88	69	68	62
Pakistan	93	39	22	68	6	0.18	21	87	38	85	33	90	77	79	77
Panama	520	92	54 (y)	79	14	0.58	8	23	8 (y)	111	71	93	25	25	38
Papua New Guinea	94	53	20	64	6 (z)	0.74	1	68	26	55	_	40	76	75	81
Paraguay	310	82	70	74	12	0.64	14	23	4	102	67	86	33	30	39
Peru	370	83	47	76	14	0.59	28	21	6	109	89	82	21	20	42
Philippines	320	62	36	75	12	0.58	22	33	26	110	82	91	49	40	65
Qatar	4,400	99	32 (s)	77	14	0.28	0	11	6	106	85	100	38	49	11
Saudi Arabia	1,300	91	29 (y,s)	76	13	0.16	0	21	14	99	97	95 (y)	64	71	32
Singapore	10,000	100	53	83		0.53	23	3	3	_	_	100	_	_	_
South Africa	100	91	60	53	14 (z)	0.60	43 (ii)	62	12	105	95	91	19	17	53
Sri Lanka	1,100	99	53	78	13	0.56	5	15	27	101	87	90	43	33	59
Suriname	400	90	41	73	13	0.44	10	26	10	114	75	93	49	50	46
Swaziland	75	69	47	46	10	0.71	22	73	10	108	53	69	62	55	72
Syrian Arab Republic	610	93	43	77	11	0.20	12	16	10	122	75	89	65	72	45
Tajikistan	430	88	33	70	10	0.65	18	61	18	102	84	70	57	43	70
Thailand	1,200	97	80	72	13	0.63	14	14	9	91	76	100	20	20	31
Trinidad and Tobago	1,100	98	38	73	12	0.55	27	35	6	103	89	94	25	34	29
Tunisia	860	95	52	77	15	0.28	23	21	3	107	92	94	28	38	17
Turkey	1,900	91	43	75	11	0.26	9	20	3	99	82	99	55	65	13
Turkmenistan	500	100	45	69		0.65	17	45	11	99 (z)	84 (z)	72 (y)	_	_	64
United Arab Emirates	4,200	99	24 (s)	79	12	0.27	23	7	14	105	95	100	36	52	19
Uruguay	1,700	100	75	80	17	0.55	15	13	5	114	88	100	7	8	9
Uzbekistan	1,400	100	59	71	11	0.64	19	36	5	92	104	87	25	26	40
Venezuela, Bolivarian Republic of	540	95	62	77	15	0.48	17	18	5	103	81	83 (y)	21	18	36
Vietnam	850	93	68	77	10	0.46	26	24	20	103	67	94	34	26	55
Zimbabwe	42	60	58	47	9	0.59 0.58 (y)	18	90	16	104	41	82	70	66	73
ZIIIIDADWE	42	00	28	4/	y	U.38 (Y)	18	90	10	104	41	82	70	00	/3

Note: Data refer to the year specified in the column heading or the most recently available.

- No data 'calendar days' "working days (all other days unspecified)

+ The Mothers' Index rankings include only those countries for which sufficient data were available to calculate both the Womens and Children's Indexes. The Womens Index ranks, however, include additional countries for which adequate data were available to present findings on either womens or children's indexes. The Womens Index ranks, however, include additional countries for which adequate data were available to present findings on either womens or children's indexes. The Womens Index ranks, however, include additional countries for which adequate data were available to present findings on either womens or children's index ranks, however, include additional countries for which adequate data were available to present findings on either womens or children's index ranks, however, include additional countries for which adequate data were available to present findings on either womens or children's index ranks, however, include additional countries for which adequate data were available to present findings on either womens or children's index ranks, however, include additional countries for which adequate data were available to present findings on either womens or children's index ranks, however, include additional countries for which adequate data were available to present findings on either womens or children's index ranks, however, include additional countries for which adequate data were available to present findings on either womens or children's index ranks, however, include additional countries for which adequate data were available to the womens or children's index ranks, however, include additional countries for which adequate data were available to the womens or children's index ranks, however, include additional countries for which additional countries for which adequate data were available to a children's index ranks, however, include additi

to meet and govern since 2007. (ii) Figures are from the previous term recent election results were not available at the time of publication.
(a) 80% prior to birth and for 150 days after and 50% for the rest of the leave period. (b) A ump sum grant is provided for each child. (c) 82% for the first 30 days and 75% for the remaining period. (d) Up to a ceiling (e) Benefits vary by county or province: (f) 45 days before delivery and 1 year after: (g) 100% until the child reaches 6 months, then at a last rate for the remaining period. (f) Benefits vary but there is a minimum flat rate: (f) 50% pix a dependents supplement (10% each up to 40%). (k) Paid amount not specified (f) Paid only the first 13 weeks. (m) Parental benefits paid at 100% for 46-week option 80% for 56-week option; (h) 100% of earnings paid for the first 30 months 60% from the 6th-9th month? 30% for the last 3 months. (o) 480 calendar days paid perental leaves 00% for 390 days, lat rate for remaining 90; 90% for the first 5 weeks and a fait rate for the remaining events. (g) There is no national program. Cash benefits may be provided at the state level; (f) beta activates for the remaining events. (g) 10 activates for the remaining events. (g) 10

TIER III	Women's Index								Chi	ldren's In	Rankings				
Development Group		Health	Status	Educational	Economic Status	Political Status		С	hildren's Statu	SOWM 2011					
LEAST DEVELOPED COUNTRIES	Lifetime risk of maternal death (1 in number stated)	Percent of births attended by skilled health personnel	Percent of women using modern contraception 2008	Female life expectancy at birth (years)	Status Expected number of years of formal female schooling	Ratio of estimated female to male earned income	Participation of women in national government (% seats held by women)	Under-5 mortality rate (per 1,000 live births)	Percent of children under 5 moderately or severely underweight for age 2009	Gross primary enrollment ratio (% of total)	Ratio of girls to boys enrolled in primary school	Percent of population with access to safe water 2008	Mothers' Index Rank (out of 42 countries)+	Women's Index Rank (out of 42 countries)+	Children's Index Rank (out of 44 countries)+
Afghanistan	11	14	16	45	5	0.24	28	199	39	106	0.66	48	42	42	43
Angola	29	47	5	50	4 (z)	0.64	39	161	16 (z)	128	0.81	50	30	31	32
Bangladesh	110	24	48	68	8	0.51	19	52	46	92	1.06	80	18	16	16
Benin	43	74	6	64	6	0.52	11	118	23	117	0.87	75	26	29	12
Bhutan	170	71	31	69	11	0.39	14	79	19	109	1.01	92	6	11	2
Burkina Faso	28	54	13	55	6	0.66	15	166	31	78	0.89	76	28	26	29
Burundi	25	34	9	53	7	0.77	36	166	35	147	0.97	72	16	14	27
Cambodia	110	44	27	64	9	0.68	19	88	36 (y)	116	0.94	61	12	9	24
Central African Republic	27	44	9	49	5	0.59	10 (vii)	171	29	89	0.74	67	33	33	35
Chad	14	14	2	51	5	0.70	5	209	37	90	0.70	50	38	32	41
Comoros	71	62	19	69	10	0.58	3	104	25	119	0.70	95	9	12	6
Congo, Democratic Republic of the	24	74	6	50	7	0.46	8	199	31	90	0.85	46	37	34	39
Djibouti	93	93	17	58	4	0.57	14	94	33	55	0.86	92	29	30	19
Equatorial Guinea	73	65	6	52	7	0.36	10	145	19	82	0.96	43 (y)	32	36	28
Eritrea	72	28	5	63	4	0.50	22	55	40	48	0.83	61	36	37	34
Ethiopia	40	6	14	58	8	0.67	26	104	38	102	0.91	38	24	20	36
Gambia	49	57	13	58	8	0.63	8	103	20	86	1.06	92	15	18	5
Guinea	26	46	4	61	7	0.68	— (iii)	142	26	90	0.85	71	25	24	23
Guinea-Bissau	18	39	6	50	5	0.46	10	193	19	120	0.67	61	40	40	36
Haiti	93	26	24	63		0.37	11	87	22	50 (z)	1.08 (z)	63			21
Lao People's Democratic Republic	49	20	29	67	8	0.76	25	59	37	112	0.91	57	8	8	22
Lesotho	62	62	35	46	10	0.73	23	84	13 (z)	108	0.99	85	3	3	2
Liberia	20	46	10	61	9	0.50	14	112	24	91	0.90	68	22	22	17
Madagascar	45	44	17	63	10	0.71	12	58	42 (y)	160	0.98	41	13	7	30
Malawi	36	54	38	55	9	0.74	21	110	21	119	1.03	80	4	6	7
Maldives	1,200	84	34	74	12	0.54	6	13	30	111	0.95	91	1	1	4
Mali	22	49	6	50	7	0.44	10	191	32	95	0.84	56	35	35	38
Mauritania	41	61	8	59	8	0.58	19	117	20	104	1.08	49	21	21	19
Mozambique	37	55	12	49	7	0.90	39	142	18	115	0.90	47	7	4	26
Myanmar	180	64	33	65	9	0.61	4	71	32	117	0.99	71	14	13	11
Nepal	80	19	44	68	8	0.61	33	48	45	115	0.86	88	11	10	14
Niger	16	33	5	53	4	0.34	12 (vii,y)	160	41	62	0.80	48	41	41	41
Rwanda	35	52	26	53	11	0.79	51	111	23	151	1.01	65	2	2	9
Senegal	46	52	10	58	7	0.55	30	93	17	84	1.04	69	19	23	8
Sierra Leone	21	42	6	50	6	0.74	13	192	25	158	0.88	49	31	25	40
Solomon Islands	230	70	-	68	9	0.51	0	36	12 (z)	107	0.97	70 (y)	9	15	1
Somalia	14	33	1	52	2		7	180	36	33	0.55	30	_	_	44
Sudan	32	49	6	60	6	0.33	24	108	31	74	0.90	57	34	38	30
Tanzania, United Republic of	23	43	20	58	5	0.74	36	108	22	105	1.00	54	17	18	14
Timor-Leste	44	18	7	63	10	0.53	29	56	49 (z)	113	0.95	69	20	17	25
Togo	67	62	11	65	8	0.45	11	98	21	115	0.94	60	23	27	12
Uganda	35	42	18	55	10	0.69	31	128	20	122	1.01	67	5	5	9
Yemen	91	36	19	66	7	0.25	1	66	46	85	0.80	62	39	39	33
Zambia	38	47	27	48	7	0.56	14	141	19	113	0.99	60	26	28	18

#### Complete Mothers' Index

I. In the first year of the Mothers' Index (2000), a review of literature and consultation with members of the Save the Children staff identified health status, educational status, political status and children's well-being as key factors related to the well-being of mothers. In 2007, the Mothers' Index was revised to include indicators of economic status. All countries with populations over 250,000 were placed into one of three tiers according to United Nations regional development groups: more developed countries, less developed countries and least developed countries. Indicators for each development group were selected to best represent factors of maternal well-being specific to that group and published data sources for each indicator were then identified. To facilitate international comparisons, in addition to reliability and validity, indicators were selected based on inclusivity (availability across countries) and variability (ability to differentiate between countries). To adjust for variations in data availability, when calculating the final index, indicators for maternal health and children's well-being were grouped into sub-indices (see step 7). This procedure allowed researchers to draw on the wealth of useful information on those topics without giving too little weight to the factors for which less abundant data were available. Data presented in this report includes information available through 01 March 2011.

Sources: 2010 Population: United Nations Population Fund. *The State of World Population 2010.* (New York: 2010); Classification of development regions: United Nations Population Division. World Population Prospects: The 2008 Revision. Population Database. esa.un.org/unpp/index.asp?panel=5

2. In Tier I, data were gathered for seven indicators of women's status and three indicators of children's status. Sufficient data existed to include analyses of two additional indicators of children's well-being in Tiers II and III. Indicators unique to specific development groups are noted below.

The indicators that represent women's health status are:

#### Lifetime risk of maternal death

A woman's risk of death in childbirth over the course of her life is a function of many factors, including the number of children she has and the spacing of births as well as the conditions under which she gives birth and her own health and nutritional status. The lifetime risk of maternal mortality is the probability that a 15-year-old

female will die eventually from a maternal cause. This indicator reflects not only the risk of maternal death per pregnancy or per birth, but also the level of fertility in the population. Competing causes of maternal death are also taken into account. Estimates are periodically calculated by an inter-agency group including WHO, UNICEF, UNFPA and the World Bank. Data are for 2008 and represent the most recent of these estimates available at the time of this analysis.

Source: WHO. *Trends in Maternal Mortality:* 1990 to 2008. (Geneva: 2010). whqlibdoc.who.int/publications/2010/9789241500265\_eng.pdf

### Percent of women using modern contraception

Access to family planning resources, including modern contraception, allows women to plan their pregnancies. This helps ensure that a mother is physically and psychologically prepared to give birth and care for her child. Data are derived from sample survey reports and estimate the proportion of married women (including women in consensual unions) currently using modern methods of contraception, which include: male and female sterilization, IUD, the pill, injectables, hormonal implants, condoms and female barrier methods. Contraceptive prevalence data are the most recently available as of May 2009.

Source: United Nations Population Division.

World Contraceptive Use 2009 (Wall Chart).

www.un.org/esa/population/publications/contraceptive2009/
contraceptive2009.htm

#### Skilled attendant at delivery

The presence of a skilled attendant at birth reduces the likelihood of both maternal and infant mortality. The attendant can help create a hygienic environment and recognize complications that require urgent medical care. Skilled attendance at delivery is defined as those births attended by physicians, nurses or midwives. Data are from 2005-2009. As nearly every birth is attended in the more developed countries, this indicator is not included in Tier I.

Source: United Nations Children's Fund (UNICEF). *The State of the World's Children 2011.* (New York: 2010) Table 8, pp.116-119. www.unicef.org/sowc2011/statistics.php

#### Female life expectancy

Children benefit when mothers live longer, healthier lives. Life expectancy reflects the health, social and economic status of a mother and captures trends in falling life expectancy associated with the feminization of HIV/

AIDS. Female life expectancy is defined as the average number of years of life that a female can expect to live if she experiences the current mortality rate of the population at each age. Data estimates are for 2010.

Source: United Nations Population Fund (UNFPA). *The State of World Population 2010*. (New York: 2010) pp. 94-98. www.unfpa.org/swp/

THE INDICATOR THAT REPRESENTS WOMEN'S EDUCATIONAL STATUS IS:

#### Expected number of years of formal female schooling

Education is singularly effective in enhancing maternal health, women's freedom of movement and decision-making power within households. Educated women are more likely to be able to earn a livelihood and support their families. They are also more likely than uneducated women to ensure that their children eat well, finish school and receive adequate health care. Female school life expectancy is defined as the number of years a female child of school entrance age is expected to spend at school or university, including years spent on repetition. It is the sum of the age-specific enrollment ratios for primary, secondary, post-secondary non-tertiary and tertiary education. Primary to secondary estimates are used where primary to tertiary are not available. Data are from 2009 or the most recent year available.

Sources: UNESCO Institute for Statistics (UIS). Data Centre. http://stats.uis.unesco.org, supplemented with data from UNESCO. *Global Education Digest 2009*. (Montreal: 2009) Table 12, pp.158-167. www.uis.unesco.org/template/pdf/ged/2009/ GED\_2009\_EN.pdf

THE INDICATORS THAT REPRESENT WOMEN'S ECONOMIC STATUS ARE:

#### Ratio of estimated female to male earned income

Mothers are likely to use their influence and the resources they control to promote the needs of their children. Where mothers are able to earn a decent standard of living and wield power over economic resources, children survive and thrive. The ratio of estimated female earned income to estimated male earned income - how much women earn relative to men for equal work reveals gender inequality in the workplace. Female and male earned income are crudely estimated based on the ratio of the female nonagricultural wage to the male nonagricultural wage, the female and male shares of the economically active population, the total female and male population, and GDP per capita in purchasing power parity terms in U.S. dollars. Estimates are based on data for the most recent year available between 1996 and 2007.

Source: United Nations Development Programme (UNDP). Human Development Report 2009. (New York: 2009 ) Table K, pp.186-189. http://hdrstats.undp.org/en/indicators/130.html

#### Maternity leave benefits

The maternity leave indicator includes both the length of time for which benefits are provided and the extent of compensation. The data are compiled by the International Labour Office and the United States Social Security Administration from a variety of legislative and non-legislative sources from 2004 to 2009. Data on maternity leave benefits are reported only for Tier I countries, where women comprise a considerable share of the non-agricultural workforce and thus most working mothers are free to enjoy the benefits of maternity leave.

Source: United Nations Statistics Division. Statistics and indicators on women and men. Table 5g. Updated December 2010. unstats.un.org/unsd/demographic/products/indwm/tab5g.htm

THE INDICATOR THAT REPRESENTS WOMEN'S POLITICAL STATUS IS:

#### Participation of women in national government

When women have a voice in public institutions, they can participate directly in governance processes and advocate for issues of particular importance to women and children. This indicator represents the percentage of seats in single or, in the case of bicameral legislatures, upper and lower houses of national parliaments occupied by women. Data are as of 31 January 2011.

Source: Inter-Parliamentary Union (IPU). Women in National Parliaments. www.ipu.org/wmn-e/classif.htm

THE INDICATORS THAT REPRESENT CHILDREN'S WELL-BEING ARE:

#### Under-5 mortality rate

Under-5 mortality rates are likely to increase dramatically when mothers receive little or no prenatal care and give birth under difficult circumstances, when infants are not exclusively breastfed, when few children are immunized and when fewer receive preventive or curative treatment for common childhood diseases. Under-5 mortality rate is the probability of dying between birth and exactly five years of age, expressed per 1,000 live births. Estimates are for 2009.

Source: UNICEF. *The State of the World's Children 2011*. (New York: 2010) Table 1, pp.88-91. www.unicef.org/sowc2011/statistics.php

# Percentage of children under age 5 moderately or severely underweight

Poor nutrition affects children in many ways, including making them more susceptible to a variety of illnesses and impairing their physical and cognitive development. Children moderately or severely underweight are more than two and three standard deviations below median weight for age of the NCHS/WHO reference population respectively. Data are for the most recent year available between 2003 and 2009. Where NCHS/WHO data are not available, estimates based on

WHO Child Growth Standards are used. This indicator is included in Tier II and Tier III only, as few more developed countries report this data.

Source: UNICEF. *The State of the World's Children 2011*. (New York: 2010) Table 2, pp.92-95. www.unicef.org/sowc2011/statistics.php

#### Gross pre-primary enrollment ratio

Early childhood care and education, including pre-primary schooling, supports children's growth, development, learning and survival. It also contributes to proper health, poverty reduction and can provide essential support for working parents, particularly mothers. The pre-primary gross enrollment ratio is the total number of children enrolled in pre-primary education, regardless of age, expressed as a percentage of the total number of children of official pre-primary school age. The ratio can be higher than 100 percent when children enter school later than the official enrollment age or do not advance through the grades at expected rates. Data are for the school year ending in 2009 or the most recently available. Pre-primary enrollment is analyzed across Tier I countries only.

Source: UNESCO Institute for Statistics (UIS). Data Centre. stats.uis.unesco.org

#### Gross primary enrollment ratio

The gross primary enrollment ratio (GER) is the total number of children enrolled in primary school, regardless of age, expressed as a percentage of the total number of children of official primary school age. Where GERs are not available, net attendance ratios are used. Data are for the school year ending in 2009 or the most recently available. This indicator is not tracked in Tier I, where nearly all children complete primary school.

Sources: UNESCO Institute for Statistics (UIS). Data Centre. stats.uis.unesco.org, supplemented with data from UNESCO. *Global Education Digest 2009*. (Montreal: 2009) Table 3, pp.84-93. www.uis.unesco.org/template/pdf/ged/2009/GED\_2009\_EN.pdf and UNICEF. Primary School Participation. www.childinfo.org/education\_primary.php

#### Gender parity index

Educating girls is one of the most effective means of improving the well-being of women and children. The ratio of gross enrollment of girls to boys in primary school – or Gender Parity Index (GPI) – measures gender disparities in primary school participation. It is calculated as the number of girls enrolled in primary school for every 100 enrolled boys, regardless of age. A score of 1 means equal numbers of girls and boys are enrolled; a score between 0 and 1 indicates a disparity in favor of boys; a score greater than 1 indicates a disparity in favor of girls. Where GERs are not available, net attendance ratios are used to calculate the GPI. Data are for the school year ending in 2009 or the most recently available. GPI is included in Tier III, where gender

equity gaps disadvantaging girls in access to education are the largest in the world.

Source: UNESCO Institute for Statistics (UIS). Data Centre. stats.uis.unesco.org

#### Gross secondary enrollment ratio

The gross secondary enrollment ratio is the total number of children enrolled in secondary school, regardless of age, expressed as a percentage of the total number of children of official secondary school age. Data are for the school year ending in 2009 or the most recently available. This indicator is not tracked in Tier III where many children still do not attend primary school, let alone transition to higher levels.

Sources: UNESCO Institute for Statistics (UIS). Data Centre. stats.uis.unesco.org, supplemented with data from UNESCO. *Global Education Digest 2009*. (Montreal: 2009) Table 5, pp.104-113. www.uis.unesco.org/template/pdf/ged/2009/GED\_2009\_EN.pdf and UNICEF. Secondary School Participation. www.childinfo.org/education\_secondary.php

#### Percent of population with access to safe water

Safe water is essential to good health. Families need an adequate supply for drinking as well as cooking and washing. Access to safe and affordable water also brings gains for gender equity, especially in rural areas where women and young girls spend considerable time collecting water. This indicator reports the percentage of the population with access to an adequate amount of water from an improved source within a convenient distance from a user's dwelling, as defined by country-level standards. "Improved" water sources include household connections, public standpipes, boreholes, protected dug wells, protected springs and rainwater collection. In general, "reasonable access" is defined as at least 20 liters (5.3 gallons) per person per day, from a source within one kilometer (0.62 miles) of the user's dwelling. Data are for 2008.

Source: UNICEF. *The State of the World's Children 2011*. (New York: 2010) Table 3, pp.96-99. www.unicef.org/sowc2011/statistics.php

- 3. Missing data were supplemented when possible with data from the same source published in a previous year, as noted in the fold-out table in this appendix.
- 4. Data points were rounded to the tenths place for analysis purposes. Data analysis was conducted using Microsoft Excel software.
- 5. Standard scores, or z-scores, were created for each of the indicators using the following formula:  $z=(x-\overline{x})/s$  where:
- z =The standard, or z-score
- x =The score to be converted
- $\overline{x}$  = The mean of the distribution
- s =The standard deviation of the distribution



Nigeria 🔺

6. The standard scores of indicators of ill-being were then multiplied by (-1) so that a higher score indicated increased well-being on all indicators.

#### Notes on specific indicators

- To facilitate cross-country comparisons, length of maternity leave was converted into days and allowances were averaged over the entire pay period.
- To report findings for the greatest number of countries possible, countries without a parliament, or where it has been dissolved, suspended or otherwise unable to meet, are given a "0" for political representation when calculating index scores.
- To avoid rewarding school systems where pupils do not start on time or fail to progress through the system at expected rates, gross enrollment ratios between 100 and 105 percent were discounted to 100 percent. Gross enrollment ratios over 105 percent were either discounted to 100 with any amount over 105 percent subtracted from 100 (for example, a country with a gross enrollment rate of 107 percent would be discounted to 100-(107-105), or 98) or to the respective country's net enrollment ratio, whichever was higher.
- To avoid rewarding countries in which girls' educational progress is made at the expense of boys', countries with gender parity indices greater than 1.02 (an indication of gender inequity disfavoring boys) were discounted to 1.00 with any amount over 1.02 then subtracted from 1.00.

- 7. The z-scores of the four indicators related to women's health were averaged to create an index score of women's health status. In Tier I, an index score of women's economic status was similarly calculated as a weighted average of the ratio of female to male earned income (75 percent), length of maternity leave (12.5 percent) and percent of wages paid (12.5 percent). An index of child well-being - the Children's Index - was also created by first averaging indicators of education, then averaging across all z-scores. At this stage, cases (countries) missing more than one indicator on either index were eliminated from the sample. Countries missing any one of the other indicators (that is educational, economic or political status) were also eliminated. The Women's Index was then calculated as a weighted average of health status (30 percent), educational status (30 percent), economic status (30 percent) and political status (10 percent).
- 8. The *Mothers' Index* was calculated as a weighted average of children's well-being (30 percent), women's health status (20 percent), women's educational status (20 percent), women's economic status (20), and women's political status (10 percent). The scores on the *Mothers' Index* were then ranked.

NOTE: Data exclusive to mothers are not available for many important indicators (school life expectancy and government positions held, for example). In these instances, data on women's status have been used to approximate maternal status, since all mothers are women. In areas such as health, where a broader array of indicators is available, the index emphasizes indicators that address uniquely *maternal* issues.

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Front Cover - Andy Hall

India. Meena prepares her newborn baby for a check-up at home by a visiting community health worker. Infant mortality rates in this part of India have declined dramatically, thanks in part to the work of local women trained in newborn care.

Page 3 – Mats Lingell
Afghanistan Nazrin-Gul au

Afghanistan. Nazrin-Gul, age 36, has eight children – four sons and four daughters.

Page 5 - Colin Crowley

Tanzania. Zainabu provides "kangaroo mother care" to her son Yasini, who was born two months early.

Page 7 – Louise Dyring

Sierra Leone. Soni is 2 months old and severely malnourished. She weighs only 4.4 pounds. Soni's twin sister died from fever when she was a newborn. Soni is now receiving care at a health clinic supported by Save the Children.

Page 17 - Pep Bonet/Noor

Nigeria. Safiya gave birth to premature quadruplets, but only two survived. She holds one of the babies against her chest, using a technique called "kangaroo mother care" that has been proven to save newborn lives.

Back Cover – Michael Bisceglie Malawi. 17-day-old Aisha receives regular care from a Madalitso Masa, a local health worker trained by Save the Children.



Every day, about 22,000 children under age 5 in the developing world die of preventable or treatable illnesses. That equates to 8 million children a year. More than 3 million of these deaths occur among newborns less than one month old.

State of the World's Mothers 2011 presents the annual Mothers' Index. Using the latest data on health, nutrition, education and political participation, the Index ranks 164 countries – in both the developed and developing world – to show where mothers fare best and where they face the greatest hardships.

Malawi



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