



Samoa DHS-MICS 2025

Snapshot of Key Findings

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Samoa DHS-MICS 2025



Sample & Survey Characteristics

Multiple Indicator
Cluster Surveys

Sample Size & Response Rates



Survey Implementation

Implementing agency:
Samoa Bureau of Statistics

Sampling frame:
2021 Population and Housing Census

Main fieldwork training:
March - April 2025

Fieldwork:
May - July 2025

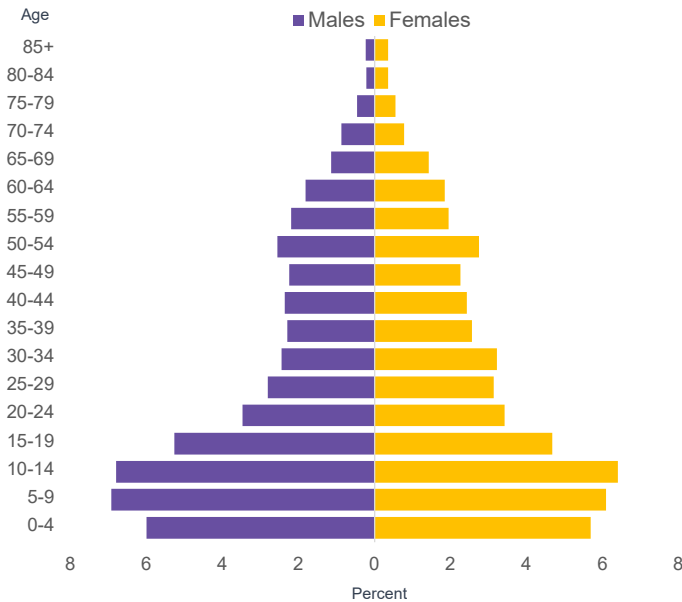
Questionnaires:
Household
Women age 15-49
Men age 15-49*
Children under 5
Children age 5-17*

Forms:
Water quality testing*
Anthropometry age 0-4 and 5-9*
Facility records of vaccination

* A subsample was selected as per standard methodology. See the Survey Findings Report for details.

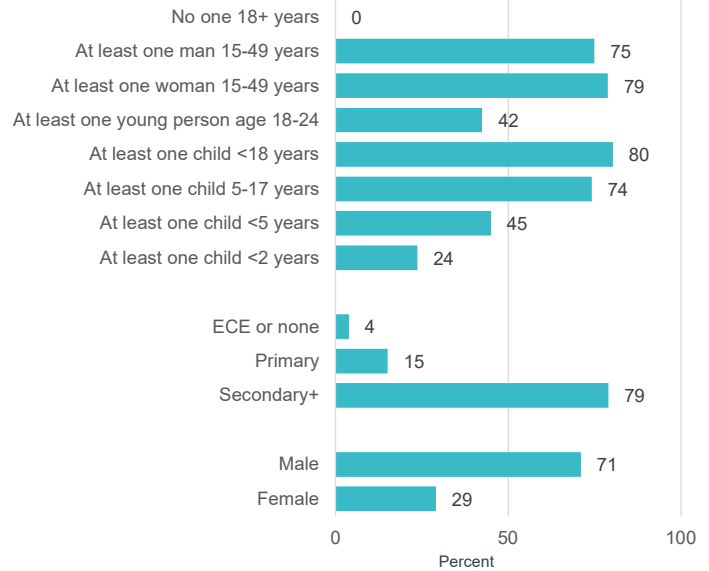
Population Characteristics

Household Population Age & Sex Distribution



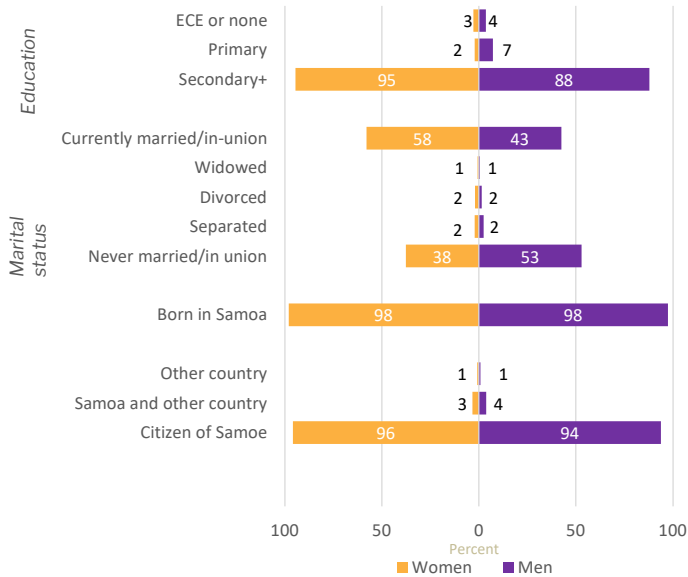
Percent distribution of household population by age group and sex

Household Composition & Characteristics of Head of Household



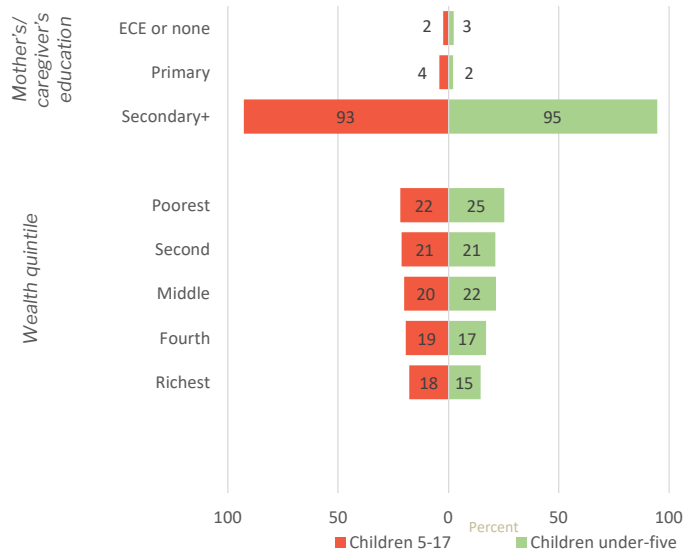
Percent of households by selected characteristics and characteristics of head of household

Women & Men's Profile



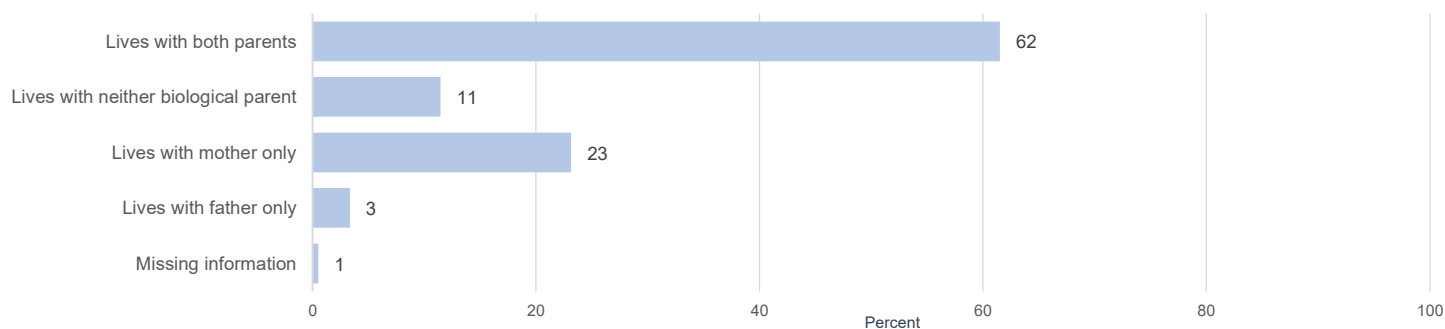
Percent of women and men age 15-49 by background characteristics

Children's Profile



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

Children's Living Arrangements



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

Regional Distribution of Population

Region	Households	Women 15-49	Men 15-49	Children under 5	Children 5-17
Samoa	100	100	100	100	100
Apia Urban Area	19	19	18	15	17
North West Upolu	38	39	40	38	37
Rest of Upolu	22	23	23	25	24
Savai'i	22	19	19	22	23

Percent distribution of interviewed households, women, men, children under 5, and children age 5-17, by region

Key Messages

In Samoa DHS-MICS 2025, 3,670 households from the four statistical regions were sampled. Out of these, 3,300 were occupied and 3,253 were interviewed leading to an overall response rate of 99 percent.

Households in Samoa are predominantly headed by men, as only 29 percent of households are headed by women.

The regional distribution of the population shows that the North West Upolu have the highest percentages of respondents and Apia Urban Area has the lowest.

Population of children Under 5 is higher in North West Upolu region compared to other regions.

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The objective of this snapshot is to disseminate selected findings from the Samoa DHS-MICS 2025 related to Survey and Sample Characteristics. Data from this snapshot can be found in tables SR.1.1, SR.3.1, SR.3.2, SR.4.1, SR.5.1W, SR.5.1M, SR.5.2, SR.5.3, and SR.9.1 in the Survey Findings Report.

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

Samoa DHS-MICS 2025

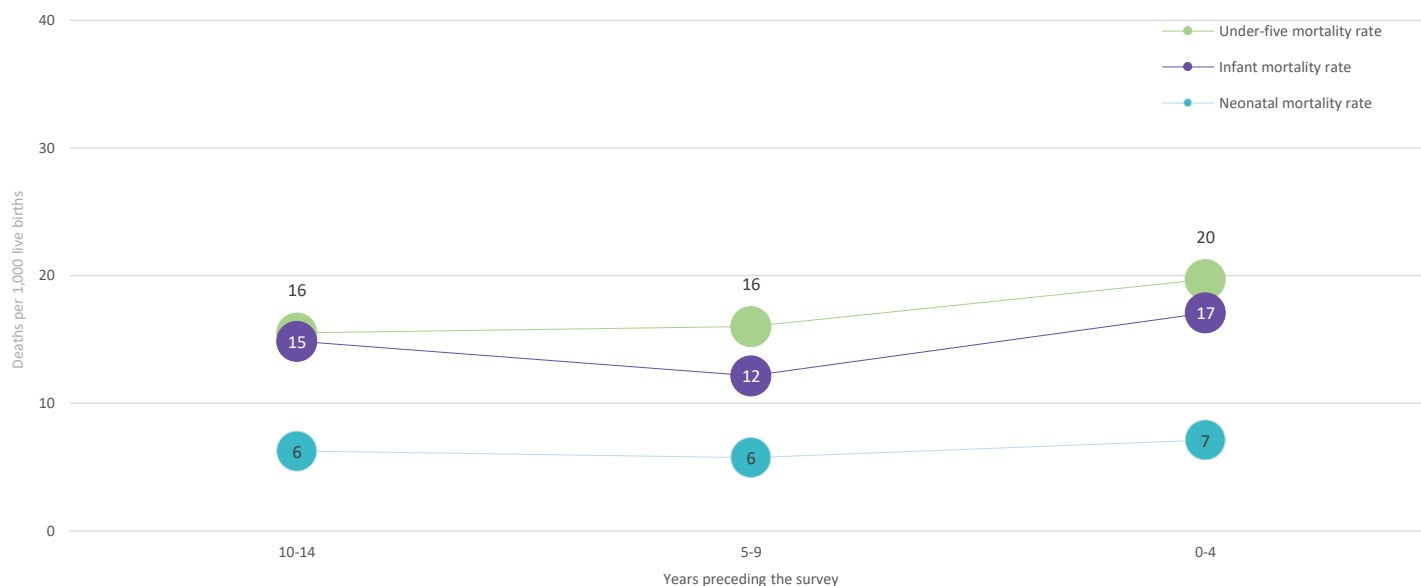


Child Mortality

Multiple Indicator
Cluster Surveys



Mortality Rates among Children Under-five



Years preceding the survey	Neonatal mortality rate: SDG 3.2.2	Post-neonatal mortality rate	Infant mortality rate	Child mortality rate	Under-five mortality rate: SDG 3.2.1
0-4	7	10	17	3	20
5-9	6	6	12	4	16
10-14	6	9	15	1	16

Neonatal mortality (NN): probability of dying within the first month of life

Post-neonatal mortality: calculated as the difference between infant and neonatal mortality rates

Infant mortality (${}_1q_0$): probability of dying between birth and first birthday

Child mortality (${}_4q_1$): probability of dying between the first and fifth birthday

Under-five mortality (${}_5q_0$): probability of dying between birth and fifth birthday

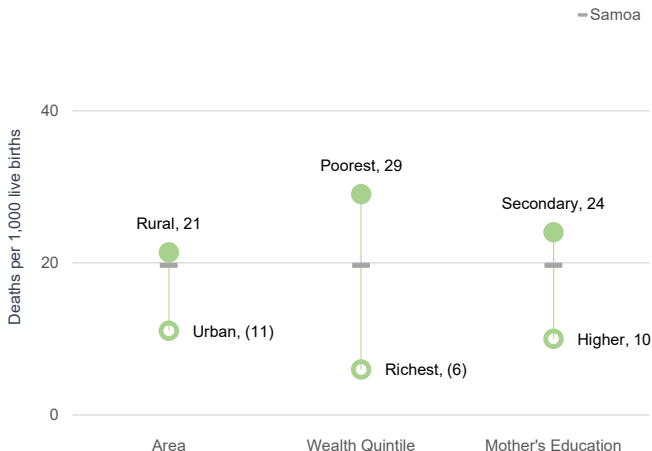
MICS uses a **direct method for estimation of child mortality**. This involves collecting **full birth histories** whereby women age 15-49 are asked for the date of birth of each child born alive, whether the child is still alive and, if not, the age at death.

Key Messages

- In Samoa, the neonatal mortality rate is 7 (deaths per 1,000 live births) and Under-five mortality rate of 20 (death per 1000 live births). This indicates that Samoa has achieved the SDG 2030 childhood mortality indicators 3.2.1 and 3.2.2. However, disparities exist by socio-economic characteristics such as area, 21 for rural compared to 11 for urban and sex, 27 for male and 11 for females.
- Majority of the Under-five mortality takes place during infancy or ages 0-4 compared to other age groups 5-9 and 10-14 years.

Differentials in Child Mortality

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



Under-five mortality rate by demographic factors and maternal fertility related conditions



Under-five mortality rates for the five-year period preceding the survey, by socio-economic characteristics, area, and demographic factors and maternal fertility related conditions
() A rate in parenthesis is based on 250 to 499 unweighted person-years of exposure to the risk of death.

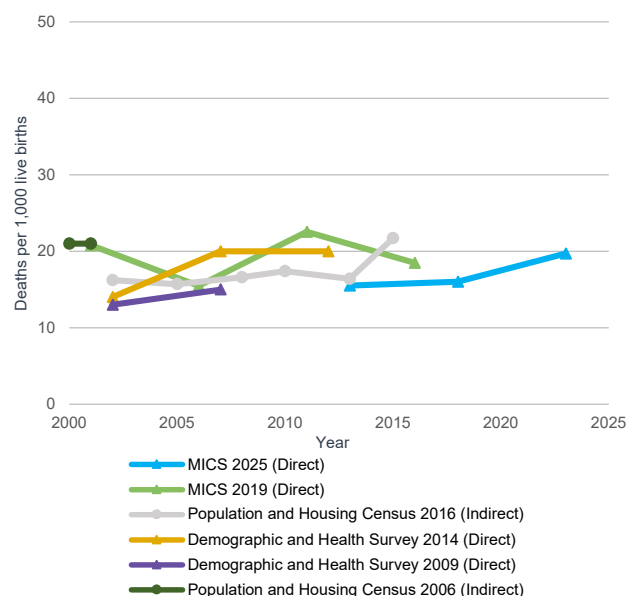
Neonatal & under-five mortality rates by region

Region	Neonatal mortality: SDG 3.2.2	Under-five mortality: SDG 3.2.1
Samoa	7	20
Apia Urban Area	(7)	(11)
North West Upolu	9	24
Rest of Upolu	4	15
Savai'i	(8)	(23)

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

() A rate in parenthesis is based on 250 to 499 unweighted person-years of exposure to the risk of death.

Trends in under-five mortality rates



The source data used in the above graph are taken from the final reports of MICS 2025. Data from MICS 2019, Census 2016, DHS 2014, DHS 2009 and Census 2006 was downloaded from the UN IGME web portal.

Child mortality source data are published on www.childmortality.org, the web portal of the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). UN IGME data points may differ from the published estimates of a survey, census, or vital registration system since UN IGME recalculates estimates using smaller intervals, longer reference periods and/or calendar years (if data are available). The published UN IGME estimates (the trendline) are not included in this chart as new estimates will be computed based on the findings of MICS 2025.

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The objective of this snapshot is to disseminate selected findings from the Samoa DHS-MICS 2025 related to Child Mortality. Data from this snapshot can be found in tables CS.1, CS.2, and CS.3 in the Survey Findings Report.

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Samoa DHS-MICS 2025

Fertility & Family Planning

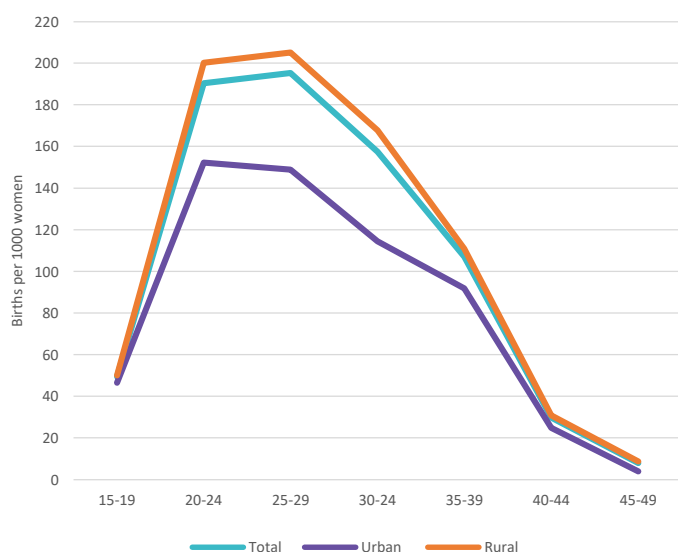


Multiple Indicator
Cluster Surveys



Fertility

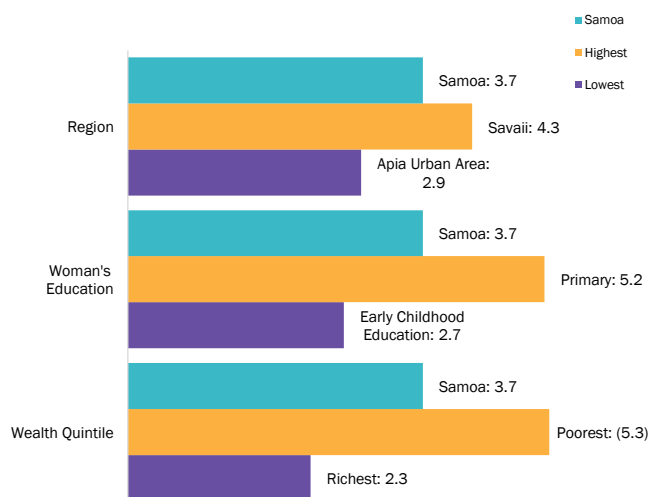
Age Specific Fertility Rates



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

* Based on retrospective data from girls age 15-17 year.

Total Fertility Rate



The total fertility rate (TFR) is calculated by summing the age-specific fertility rates (ASFRs) calculated for each of the five-year age groups of women, from age 15 through to age 49.

() based on 125 to 249 unweighted woman-years of exposure.

Adolescent Birth Rate: SDG Indicator 3.7.2

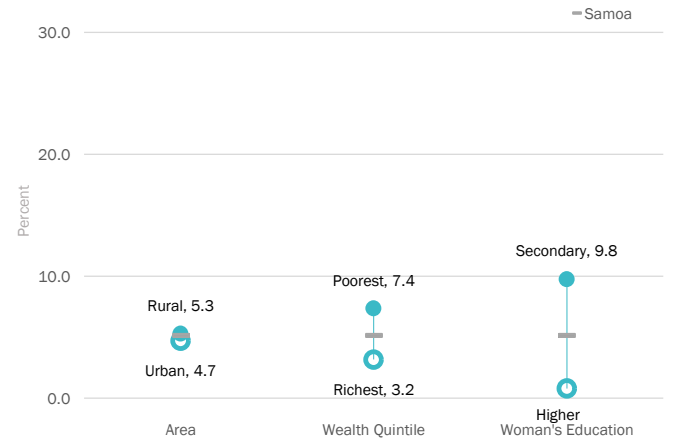


Age-specific fertility rate for girls age 15-19 years for the three-year period preceding the survey.

Adolescent Birth rate SDG 3.7.2 indicator is under target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

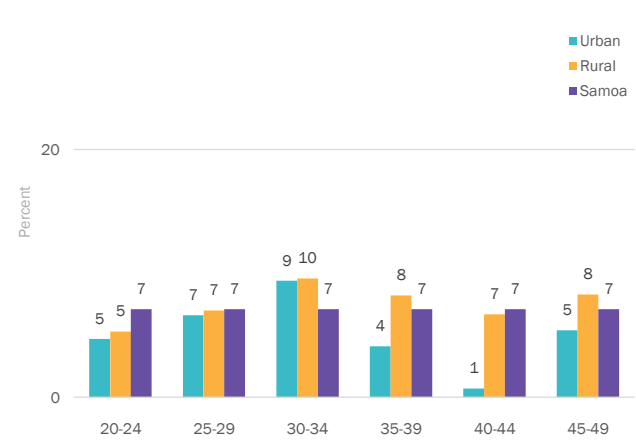
Reducing adolescent fertility and addressing the multiple factors underlying it are essential for improving sexual and reproductive health and the social and economic well-being of adolescents. Preventing births very early in a woman's life is an important measure to improve maternal health and reduce infant mortality.

Early Childbearing - by Age 18



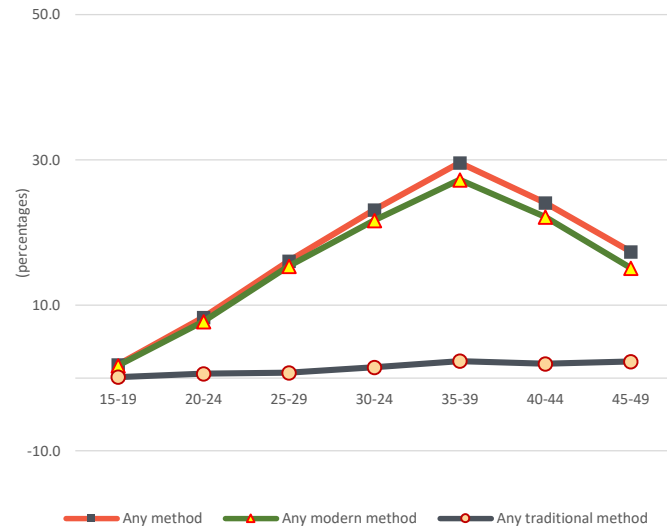
Percentage of women age 20-24 years who have had a live birth before age 18, by background characteristics

Trends in Early Childbearing - by Age 18



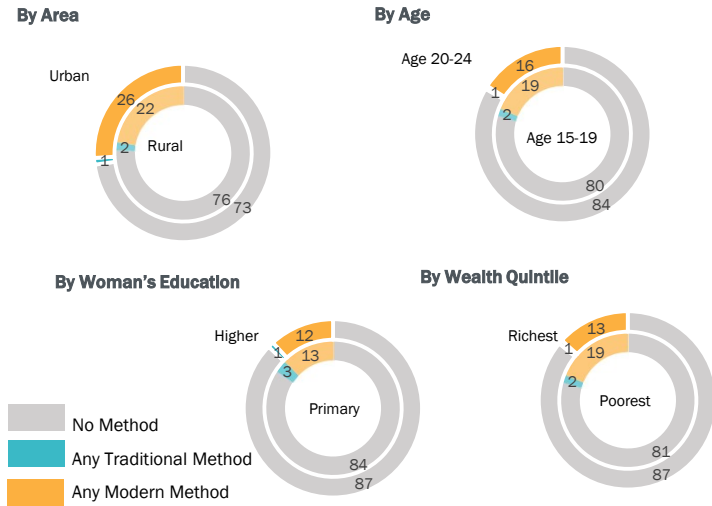
Percentage of women age 20-49 years who have had a live birth before age 18, by area and age group

Contraceptive prevalence



Percentage of all women age 15-49 years who are using (or whose partner is using) any contraceptive method, modern and traditional contraceptive method by 5-year age group. Any method shows the MICS indicator - Contraceptive prevalence rate

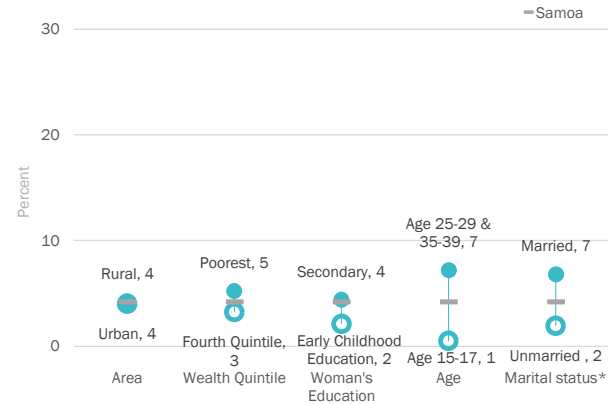
Method of Family Planning by Various Characteristics



Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method
*Modern Methods include female sterilisation, male sterilisation, IUCD, injectables, implants, pills, male condom, female condom, diaphragm, foam, jelly and contraceptive patch Traditional methods refer to periodic abstinence and withdrawal.

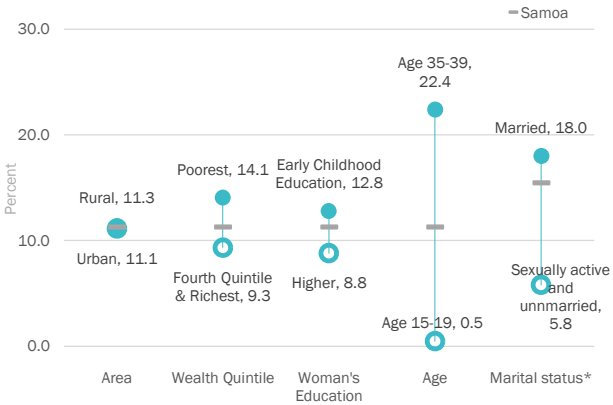
Met Need for Family Planning

Met Need for Family Planning - Spacing



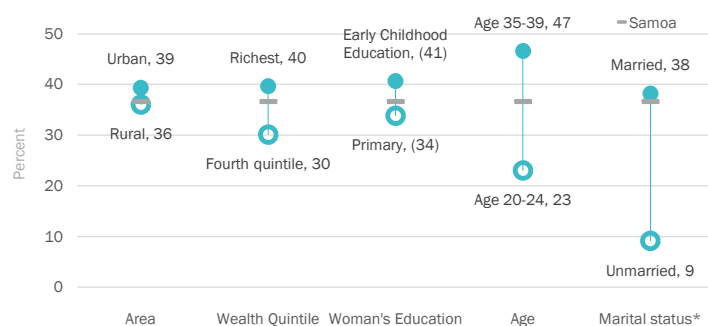
Percentage of women age 15-49 years with met need for family planning for spacing, by background characteristics
*Married refers to women who are currently married or in union, whereas Unmarried refers to sexually active women among those currently unmarried/not in union.

Met Need for Family Planning - Limiting



Percentage of women age 15-49 years with met need for family planning for limiting, by background characteristics

Percentage of Demand for Family Planning Satisfied with Modern Methods - SDG indicator 3.7.1



() Figures that are based on 25-49 unweighted cases

The proportion of demand for family planning satisfied with modern methods (SDG indicator 3.7.1) is useful in assessing overall levels of coverage for family planning programmes and services. Access to and use of an effective means to prevent pregnancy helps enable women and their partners to exercise their rights to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. Meeting demand for family planning with modern methods also contributes to maternal and child health by preventing unintended pregnancies and closely spaced pregnancies, which are at higher risk for poor obstetrical outcomes.

Regional Data on Fertility & Family Planning

Region	Adolescent Birth Rate (age 15-19)	Total Fertility Rate	Childbearing before 15*	Childbearing before 18*	Contraception Use of Any modern method among married / in-union women	Contraception Use of any method among married / in-union women	Demand for family planning satisfied with modern methods
Samoa	49	3.7	0.0	5.2	23.0	24.8	36.6
Apia Urban Area	47	2.9	0.0	4.7	25.9	27.1	39.3
North West of Upolu	51	3.6	0.0	6.5	21.3	22.4	38.9
Rest of Upolu	61	3.9	0.0	4.0	19.9	22.7	30.3
Savai'i	32	4.3	0.0	4.3	27.4	29.8	37.3

*Percentage of women age 20-24 years who have had a live birth before age 15/18

Key Messages

- Total fertility rate (TFR- the average number of children expected to born to a woman in her lifetime) in Samoa is 3.7 and the TFR among women living in the Savai'i region is higher (4.3) compared to women living in Apia Urban Area (2.9).
- Adolescent birth rate is 49 per 1,000 women age 15-19 years.
- About 24.8 percent of currently married or in union women age 15-49 years are using any method of contraception.
- Demand for family planning satisfied with a modern method shows significant differences by age group as it is higher in age group 25-39 years (47 percent) and lower in age group 20-24 years (23 percent). Similarly, when compared by marital status, demand is higher in currently married/in union women (38 percent) compared to sexually active currently unmarried/ not in union women.
- Women in the age group 35-39 years have the highest contraceptive use satisfied by any method, any modern method and any traditional method compared to other age groups.
- No births were reported before the age 15.

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The objective of this snapshot is to disseminate selected findings from the Samoa DHS- MICS 2025 related to Fertility and Family Planning. Data from this snapshot can be found in tables, TM.2.1, TM.2.2W, TM.3.1, TM.4.1, TM.4.2, and TM.4.3 in the Survey Findings Report.

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Samoa

DHS-MICS 2025

Maternal & Newborn Health

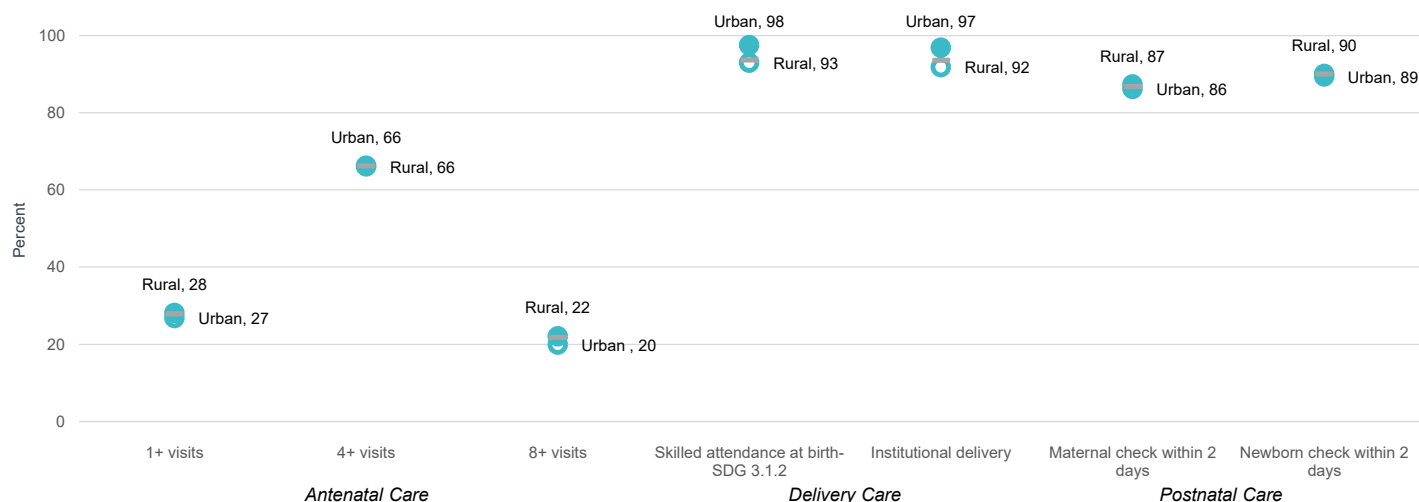


Multiple Indicator
Cluster Surveys



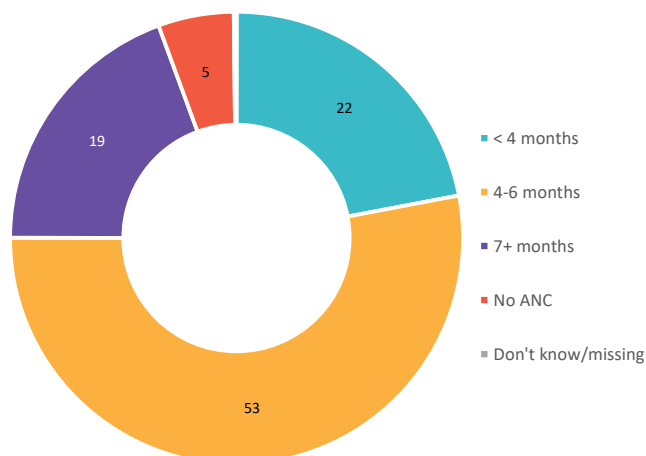
Key Elements of Maternal & Newborn Health

Maternal & Newborn Health Cascade by Area



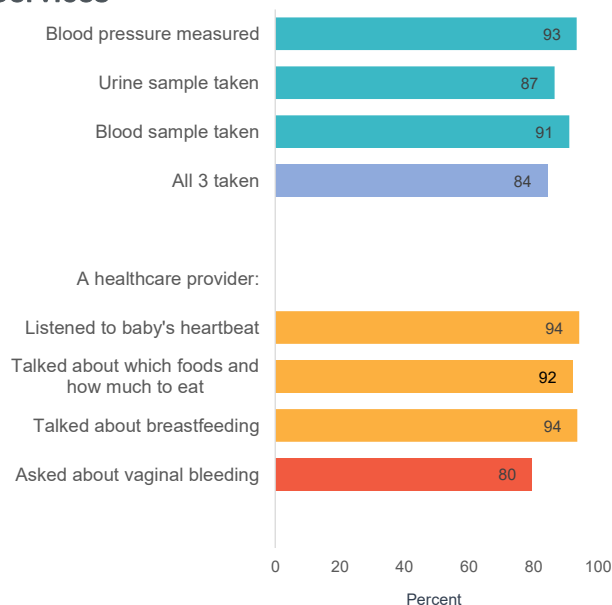
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider, who were attended by skilled health personnel during their most recent live birth (**SDG 3.1.2**), whose most recent live birth was delivered in a health facility, who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live and percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery, by area

Timing of First Antenatal Care Visit



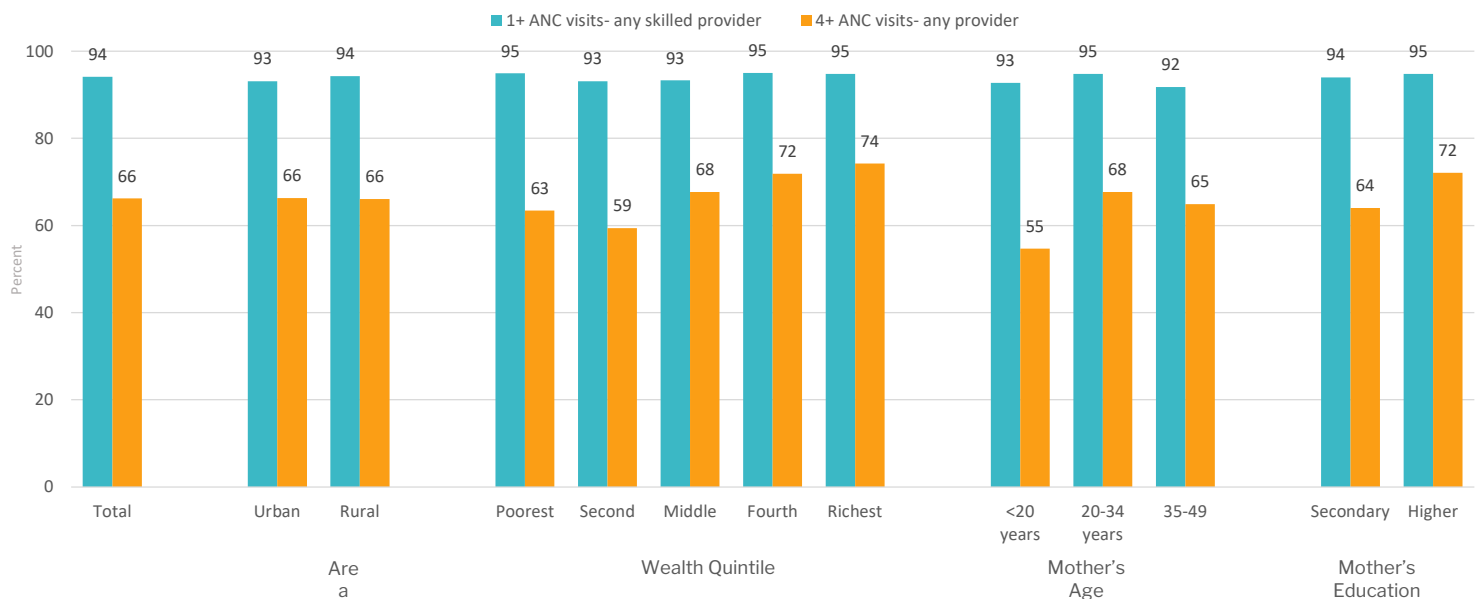
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel, by the timing of first ANC visit

Content & Coverage of Antenatal Care Services



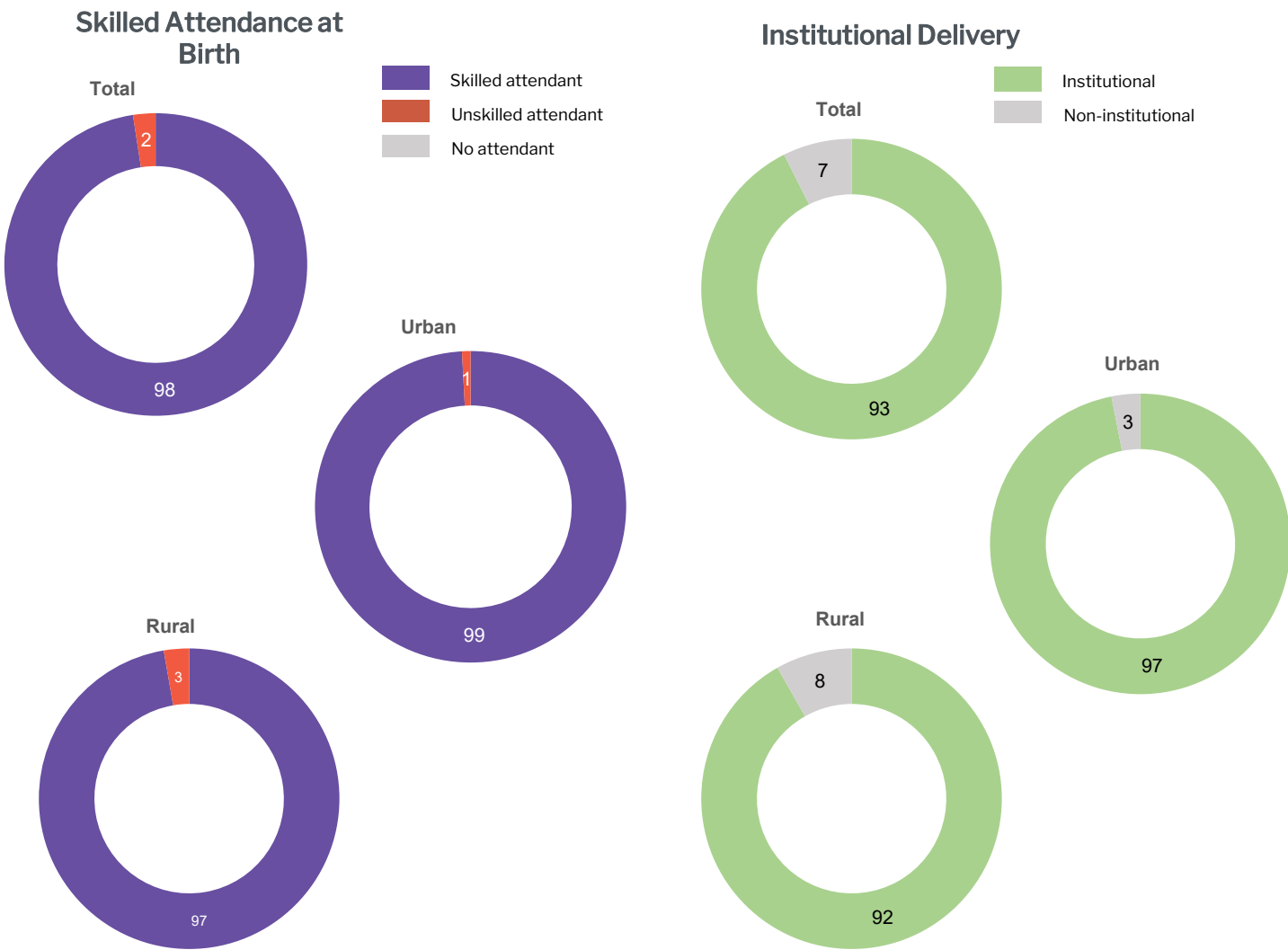
Percentage of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples, for whom a healthcare provider listened to the baby's heartbeat, talked about which foods and how much to eat, about breastfeeding, and about vaginal bleeding, and who took three or more doses of SP/Fansidar to prevent malaria during the last pregnancy that led to a live birth

Coverage of Antenatal Care by Various Characteristics



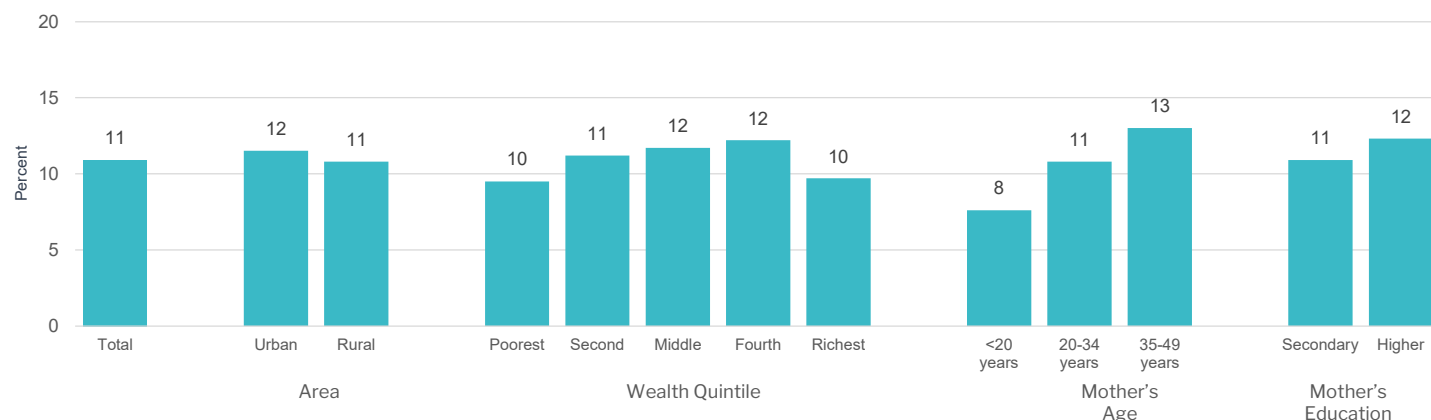
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider
Data for "ECE or none" and "Primary" for "Mother's education" are based on less than 25 unweighted cases

Coverage of Skilled Attendance at Birth & Institutional Delivery by Area



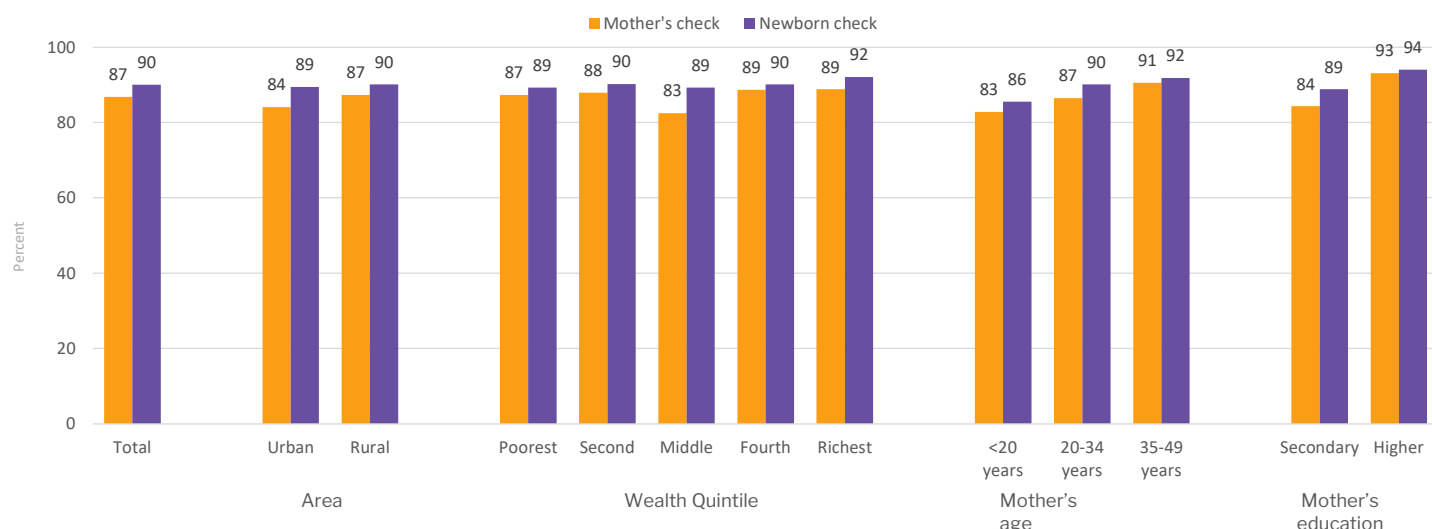
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth and percentage whose most recent live birth was delivered in a health facility (institutional delivery) by area

Caesarian Section by Various Characteristics



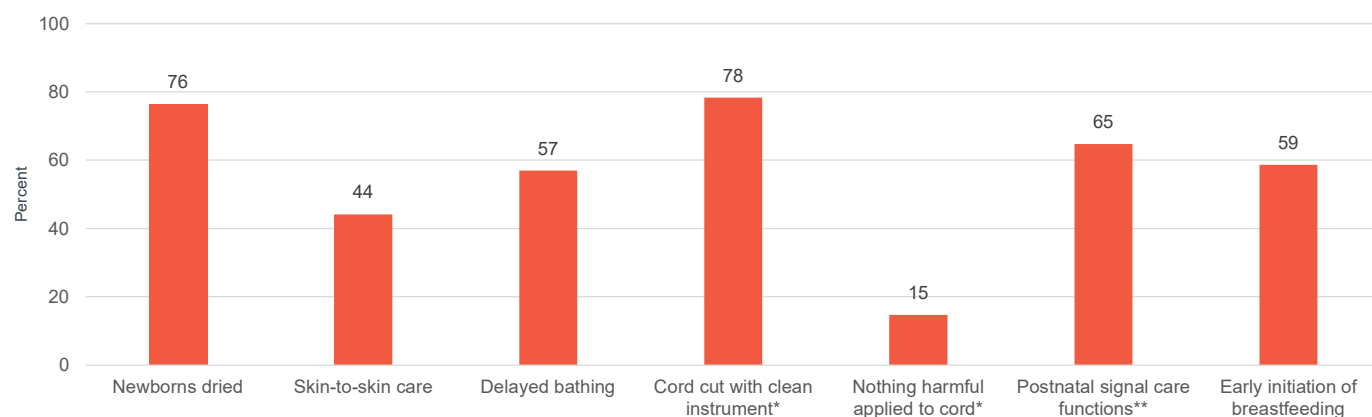
Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered by caesarean section by various characteristics
Data for "ECE or none" and "Primary" for "Mother's education" are based on less than 25 unweighted cases

Postnatal Care within 2 Days of Birth by Various Characteristics



Percentage of women age 15-49 years with a live birth in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live and percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery, by various characteristics
Data for "ECE or none" and "Primary" for "Mother's education" are based on less than 25 unweighted cases

Coverage of Newborn Care



Among the last live-birth in the last 2 years, percentage who were dried after birth; percentage who were given skin to skin contact; percentage who were bathed after 24 hours of birth; percentage where the umbilical cord was cut with a new blade or boiled instrument*; percentage where nothing harmful was applied to the cord*; percentage where the newborn received at least 2 postnatal signal care functions within 2 days after birth**; and percentage put to the breast within one hour of birth

* Among the last live-births in the last 2 years delivered outside a facility

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

Regional Data on Maternal and Newborn Cascade

	ANC: At least 1 visit (skilled provider)	ANC: Visits (any provider)		Skilled Attendance at Birth	Institutional Delivery	Postnatal Care for Mother <2 days	Postnatal Care for Newborn <2 days
		At least 4	At least 8				
Samoa	94	66	22	94	93	87	90
Apia Urban Area	93	66	20	97	97	84	89
North West of Upolu	92	52	11	95	93	92	95
Rest of Upolu	97	67	15	97	95	81	84
Savai'i	96	91	51	83	86	86	89

For indicator definitions, see earlier charts

Key Messages

- Nine in ten (94 percent) of women age 15-49 years who had a live birth in the last two years received one or more Antenatal Care Visits (ANC) and 66 percent received four or more of such visits.
- Nine in ten (93 percent) of women age 15-49 years who had a live birth in the last two years, had their delivery in a health facility.
- Ninety four percent of deliveries were assisted by a skilled health professional and 11 percent were delivered by caesarean section.
- Eighty four percent of pregnant women have indicated that they underwent blood pressure measurement as well as urine and blood sample collected during their antenatal care.
- Eighty seven percent of women age 15-49 years who had experienced a live birth in the last 2 years received a post-natal health check.

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The objective of this snapshot is to disseminate selected findings from the Samoa MICS 2025 related to Maternal and Newborn Health. Data from this snapshot can be found in tables TM.5.1, TM.5.2, TM.5.3, TM.6.1, TM.6.2, TM.8.2, TM.8.4, TM.8.5, TM.8.6, TM.8.7 and TC.7.1 in the Survey Findings Report.

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Samoa DHS-MICS 2025

Child Health & Care of Illness

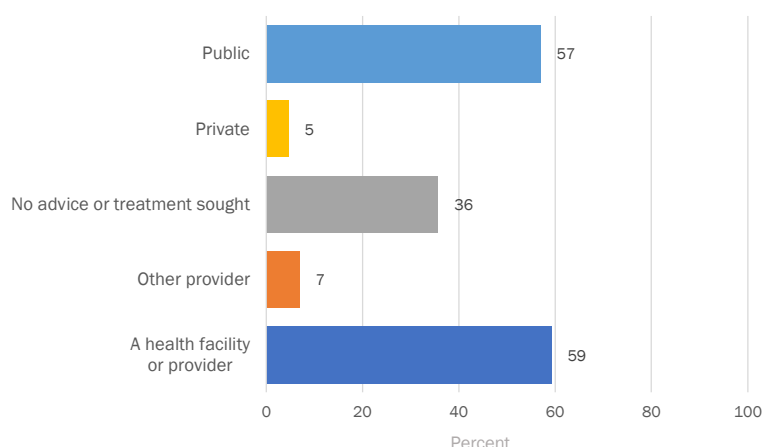


Multiple Indicator
Cluster Surveys

Diarrhoea



Care-seeking for Diarrhoea

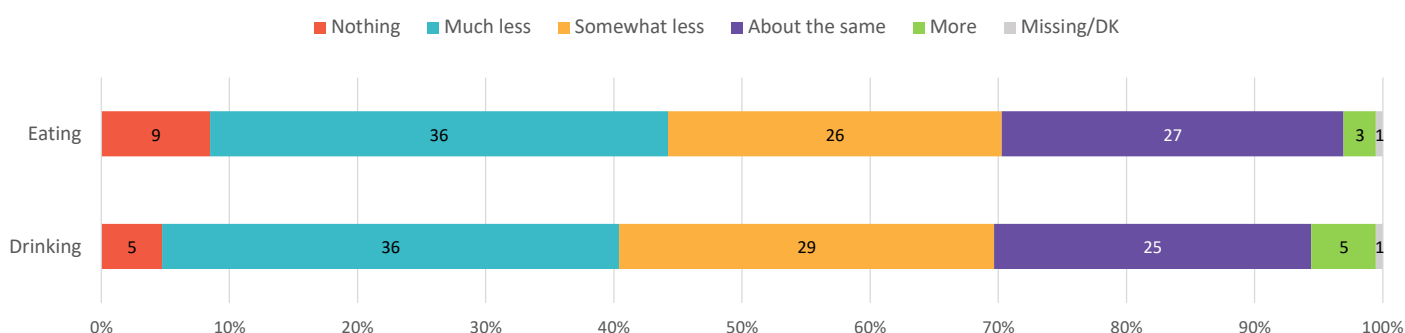


Percentage of children age 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought by source of provider

Disparities in Care-seeking for Diarrhoea

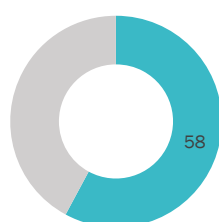


Feeding during Diarrhoea



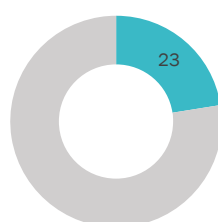
Percent distribution of children age 0-59 months with diarrhoea in the last two weeks by amount of liquids and food given during episode of diarrhoea

Any ORS Treatment for Diarrhoea



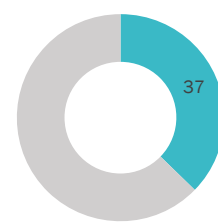
Percentage of children age 0-59 months with diarrhoea in the last two weeks treated with any oral rehydration salt solution (ORS)

ORS + Zinc Treatment for Diarrhoea



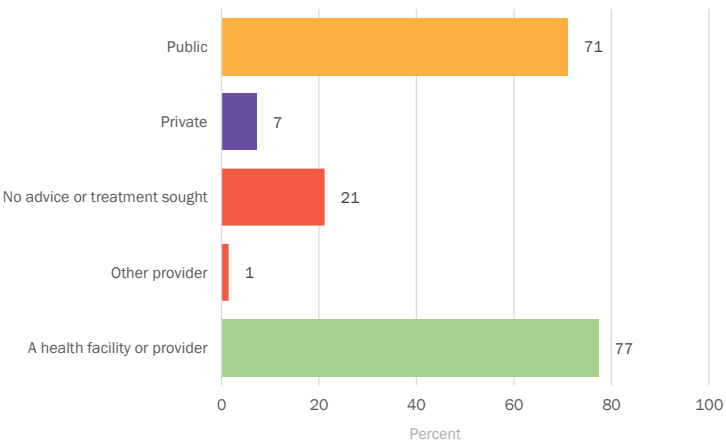
Percentage of children age 0-59 months with diarrhoea in the last two weeks treated with oral rehydration salt solution (ORS) and zinc

ORT + Continued Feeding for Diarrhoea



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

Care-seeking for Symptoms of ARI



Percentage of children age 0-59 months with symptoms of ARI in the last two weeks for whom advice or treatment was sought, by source of advice or treatment

Region	Care - Seeking at health facility or provider for:	
	Diarrhea	Symptoms of ARI
Samoa	59	77
Apia Urban Area	51	0
North West Upolu	52	0
Rest of Upolu	66	88
Savai'i	0	0

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

Key Messages

- Fifty nine percent of children under five with diarrhea during the two weeks preceding the survey sought treatment from a health facility or provider while 77 percent sought treatment for ARI.
- About 36 percent did not seek any advice or treatment from any source while 21 percent did not seek any advice for ARI.
- Three percent of children were noted with no food and 5 percent with no drinking during diarrhea.
- This led to a key message of more awareness for parents on the first treatment for diarrhea and ARI like eating solid food and drinking more fluids and always seek care from the hospital and health providers at the first point

The Samoa Demographic and Health-Multiple Indicator Cluster Survey (DHS-MICS) was carried out in 2025 by the Samoa Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, DFAT-TAUTUA, UNFPA, and the Government of Samoa provided financial support.

The objective of this snapshot is to disseminate selected findings from the Samoa DHS-MICS 2025 related to Child Health & Care of Illness. Data from this snapshot can be found in tables TC.4.1, TC.4.2, TC.4.3, TC.4.4 and TC.5.1 in the Survey Findings Report.

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

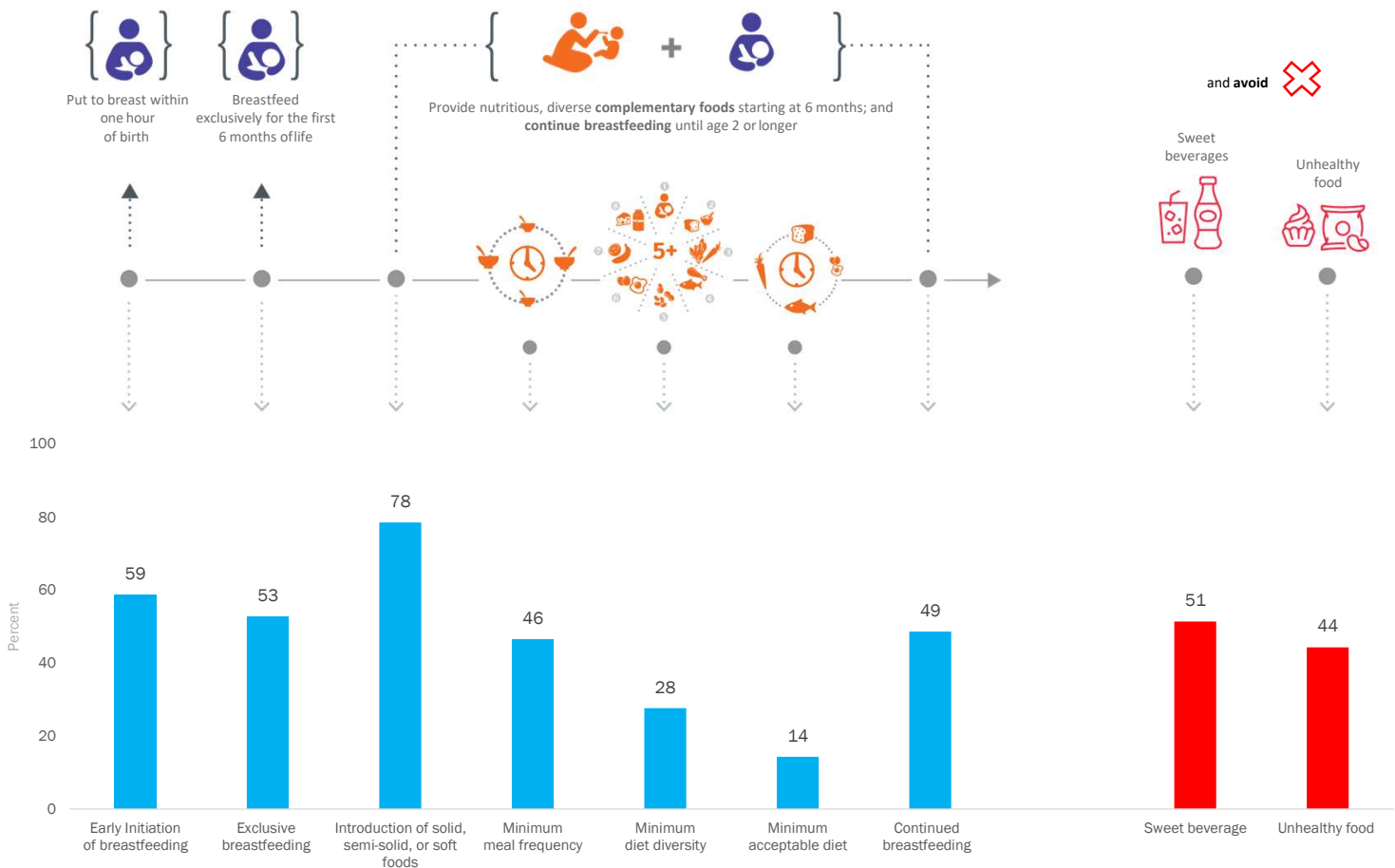
Samoa DHS-MICS 2025



Infant & Young Child Feeding

Multiple Indicator
Cluster Surveys

Infant & Young Child Feeding



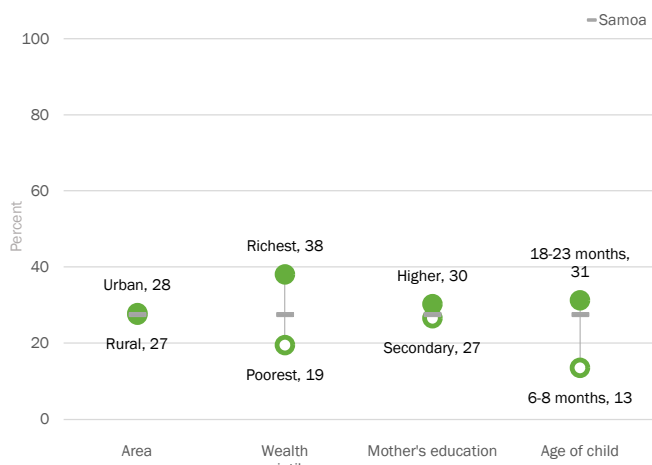
Early initiation: percentage of newborns put to breast within 1 hour of birth; **Exclusive breastfeeding:** percentage of infants aged 0-5 months receiving only breastmilk; **Introduction to solids:** percentage of infants aged 6-8 months receiving solid or semi-solid food; **Minimum diet diversity:** percentage of children aged 6-23 months receiving 5 of the 8 recommended food groups; **Minimum meal frequency:** percentage of children aged 6-23 months receiving the recommended minimum number of solid/milk feeds as per the age of child; **Minimum acceptable diet:** percentage of children aged 6-23 months receiving the minimum diversity of foods and minimum number of feeds; **Continued breastfeeding:** percentage of children aged 12-23 months receiving breastmilk. **Sweet beverage:** percentage of children aged 6-23 months receiving sweet beverages. **Unhealthy food:** percentage of children aged 6-23 months receiving selected sentinel unhealthy foods.

Key Messages

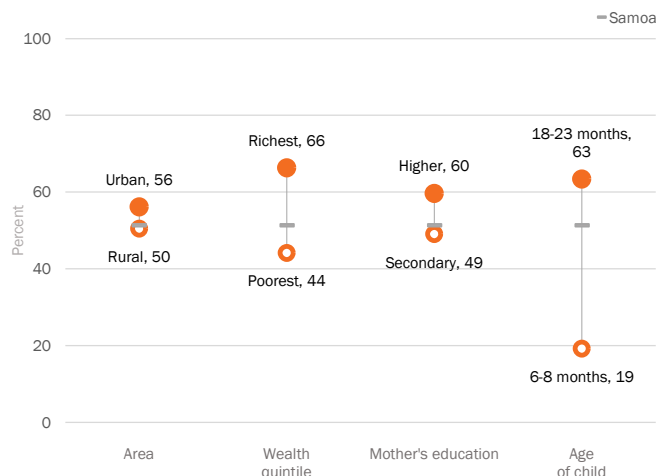
- Almost 3 in 5 of newborn are put to breast within 1 hour of birth.
- Only 53 percent of infants age 0-5 months are exclusively breastfed.
- Around half of children age 6 months continued to 2 yrs old - consume the sweets with 44 percent consume unhealthy food.
- This leads to a key message for mothers to priorities and encourage to continue exclusive breast feeding for the first 6 months and beyond and also increase the intake of healthy nutrient dense food and limit the intake of sweets beverages and unhealthy food.

Infant & Young Child Feeding: What are infants and children fed?

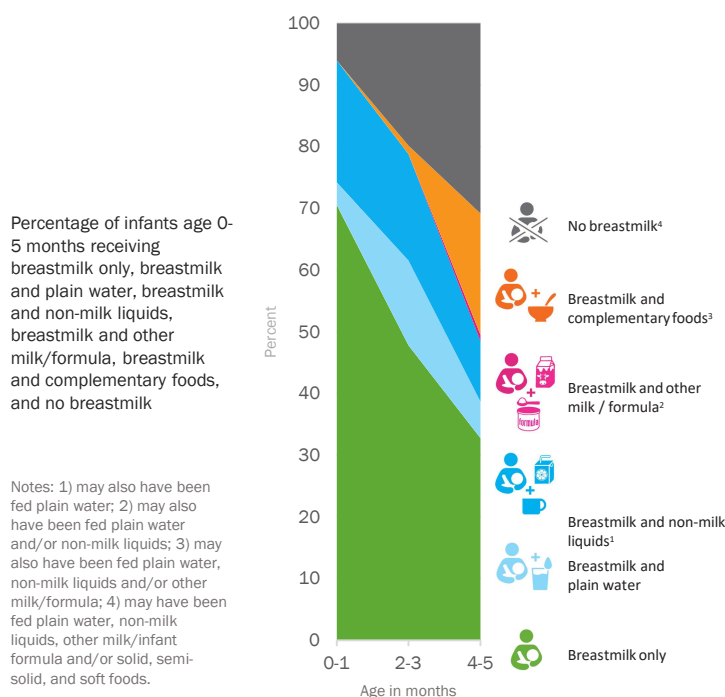
Minimum Dietary Diversity: SDG 2.2.4



Sweet beverage consumption



Feeding patterns of infants 0-5 months old



Regional Data

Region	Early Initiation of breastfeeding	Minimum dietary diversity SDG 2.2.4
Samoa	59	28
Apia Urban Area	46	28
North West Upolu	63	32
Rest of Upolu	68	25
Savai'i	48	24

Percentage of newborns put to the breast within one hour of birth and percent of children aged 6-23 months that were fed food from at least 5 out of 8 food groups by geographic region.

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The objective of this snapshot is to disseminate selected findings from the Samoa DHS-MICS 2025 related to Infant & Young Child Feeding (IYCF). Data from this snapshot can be found in tables TC.7.1, TC.7.2, TC.7.3, TC.7.4, TC 7.5, TC 7.6 and TC.7.7 in the Survey Findings Report.

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

Samoa DHS-MICS 2025



Nutritional Status of Children

Multiple Indicator
Cluster Surveys

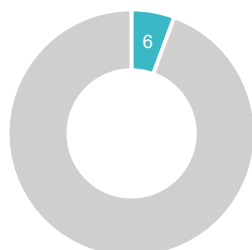
Anthropometric Malnutrition Indicators



Stunting: SDG 2.2.1



Stunting refers to a child who is too short for his or her age. Stunting is the failure to grow both physically and cognitively and is the result of chronic or recurrent malnutrition.

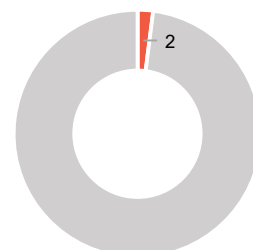


Percentage children under-5 who are stunted

Wasting: SDG 2.2.2



Wasting refers to a child who is too thin for his or her height. Wasting, or acute malnutrition, is the result of recent rapid weight loss or the failure to gain weight. A child who is moderately or severely wasted has an increased risk of death, but treatment is possible.

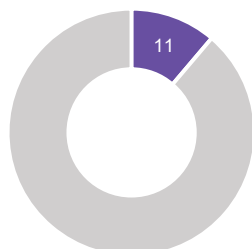


Percentage children under-5 who are wasted

Overweight: SDG 2.2.2



Overweight refers to a child who is too heavy for his or her height. This form of malnutrition results from expending too few calories for the amount consumed from food and drinks and increases the risk of noncommunicable diseases later in life.

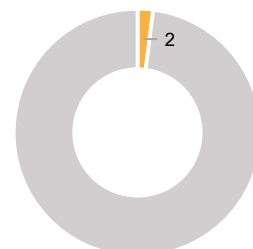


Percentage children under-5 who are overweight

Underweight

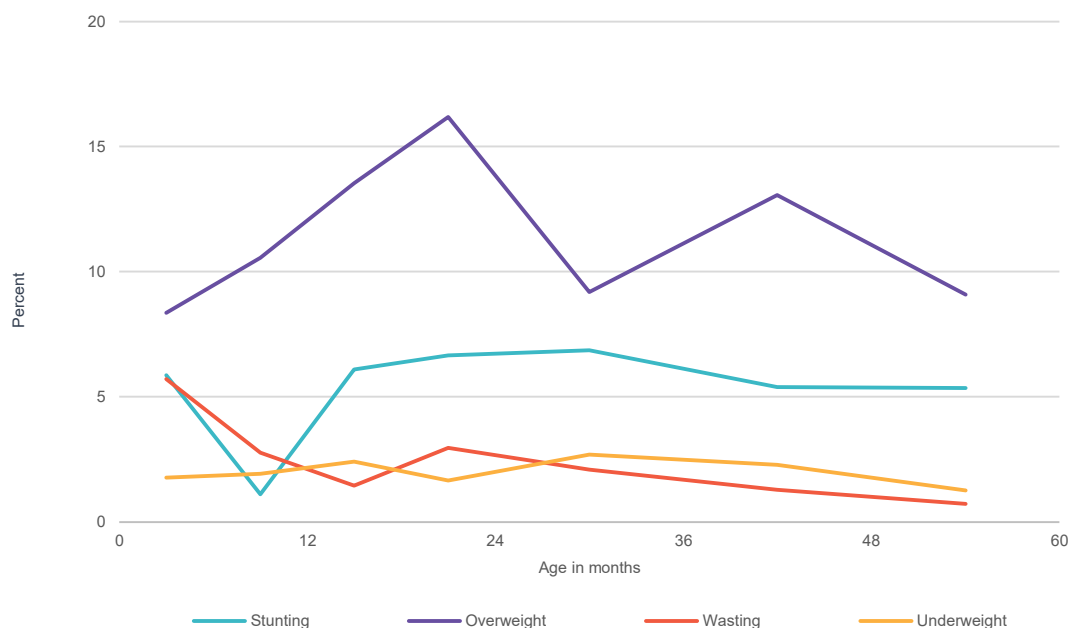


Underweight is a composite form of undernutrition that can include elements of stunting and wasting (i.e. an underweight child can have a reduced weight for their age due to being too short for their age and/or being too thin for their height).



Percentage children under-5 who are underweight

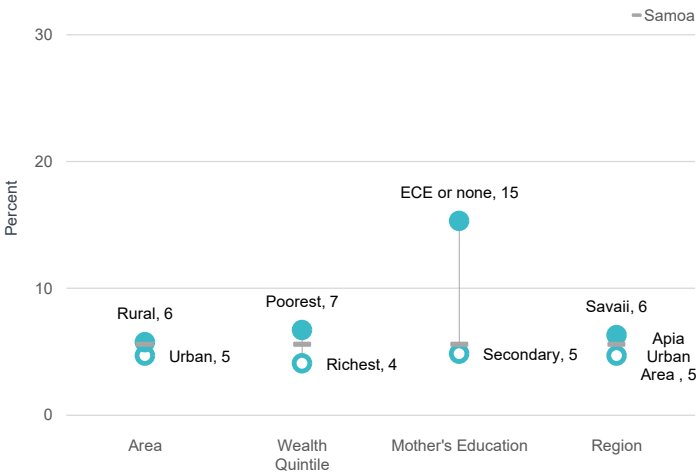
Anthropometric Malnutrition Indicators by Age



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

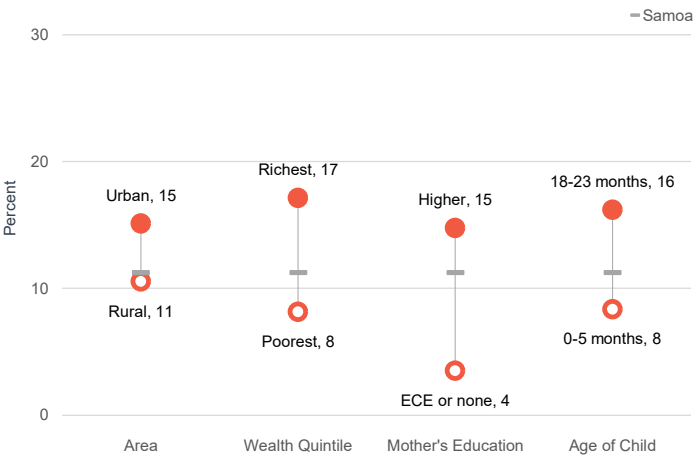
Nutritional Status of Children: Disaggregates

Stunting: SDG 2.2.1



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

Overweight: SDG 2.2.2



Percentage of under 5 children who are overweight, by background characteristics
Data for "Mother's education – ECE or none" are based on 25-49 unweighted cases

Regional Data on Stunting, Overweight & Wasting

	Stunting: SDG 2.2.1	Overweight: SDG 2.2.2	Wasting	
	% stunted (moderate and severe)	% overweight (moderate and severe)	% wasted (moderate and severe, SDG 2.2.2)	% wasted (severe)
Samoa	6	11	2	1
Apia Urban Area	5	15	2	1
North West Upolu	6	12	2	1
Rest of Upolu	5	9	2	1
Savai'i	6	10	1	0

Key Messages

- Six percent of children under 5 years of age is reported to be stunted and facing an impaired physical and cognitive growth.
- Wasting is highest in the age group of 0-5 months and 18-23 months. This reflects on the quality of antenatal care (ANC) including nutritional status of pregnant mothers so there is need to encourage exclusive breastfeeding and complementary feeding including quality of ANC and nutrition program for pregnant mothers.
- 1 in 10 children under 5 are overweight and are too heavy for their height
- Overweight children are higher in Apia Urban Area.
- Disparities exist between rural and urban areas, wealth groups and mother's education in overweight prevalence. A higher percent of children under 5 living in urban, richest wealth quintiles and mothers with higher level of education households. This leads to a key message of encouraging healthy eating from the younger age and limit the consumption of unhealthy food.

The Samoa Demographic and Health Survey - Multiple Indicator Cluster Survey (DHS-MICS) was carried out in 2025 by the Samoa Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, DFAT-TAUTUA, UNFPA, and the Government of Samoa provided financial support.

The objective of this snapshot is to disseminate selected findings from the Samoa DHS-MICS 2025 related to the Nutritional Status of Children. Data from this snapshot can be found in table TC.8.1 in the Survey Findings Report.

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

Samoa DHS-MICS 2025



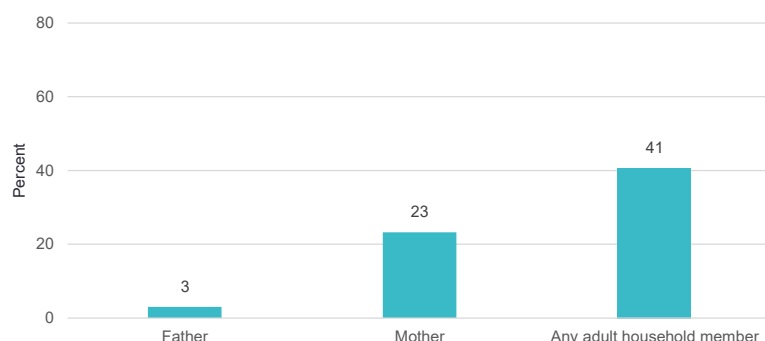
Early Childhood Development

Multiple Indicator
Cluster Surveys

Early Stimulation and Early Childhood Education



Early Stimulation & Responsive Care



Percentage of children age 2-4 years with whom the father, mother, or adult household members engaged in activities that provide early stimulation and responsive care during the last three days

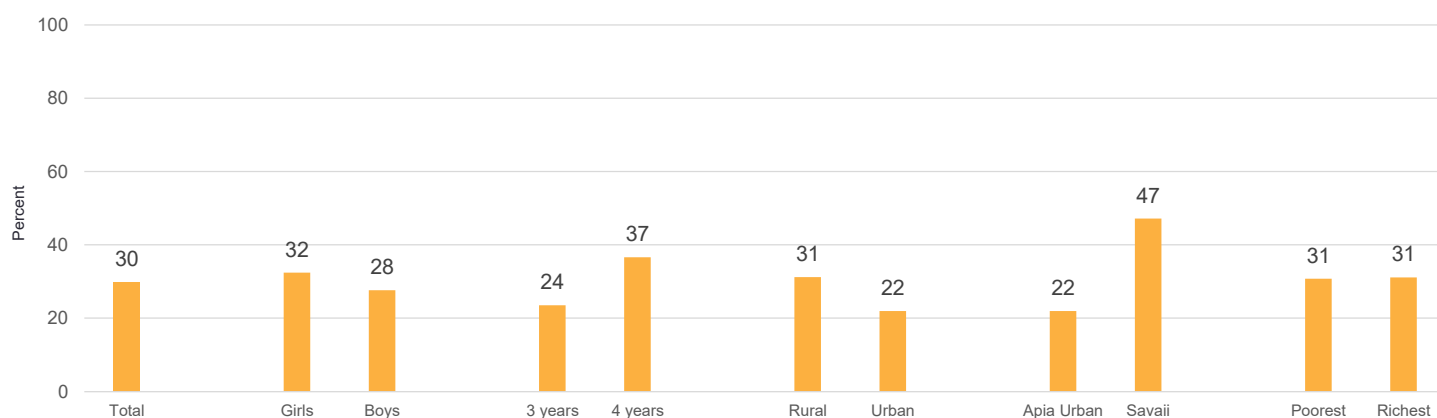
Note: Activities include reading books to or looking at picture books with the child; telling stories to the child; singing songs to or with the child; taking the child outside the home; playing with the child; and naming, counting or drawing things for or with the child.

Early childhood, which spans the period up to 8 years of age, is critical for cognitive, social, emotional, and physical development. During these years, a child's newly developing brain is highly plastic and responsive to change.

Optimal early childhood development requires a stimulating and nurturing environment, access to books and learning materials, interactions with responsive and attentive caregivers, adequate nutrients, access to good quality early childhood education, and safety and protection. All these aspects of the environment contribute to developmental outcomes for children.

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

Attendance to Early Childhood Education Programmes



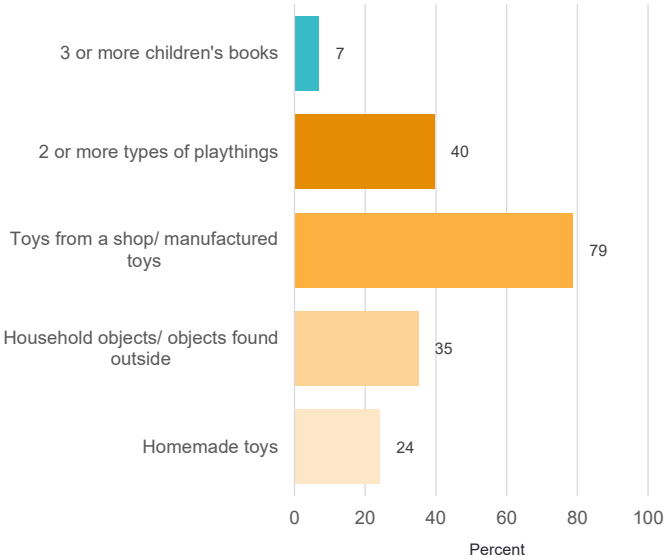
Percentage of children age 3-4 years attending an early childhood education programme, by background characteristics

Key Messages

- Only 23 percent of children age 2-4 years engaged with their mothers in activities that promote learning and school readiness during the last three days compared to only 3 percent of children that receive the same support from their fathers.
- Only 7 percent of households have 3 or more books for children available in their homes.
- Only 30 percent of children age 3-4 years attends the Early Childhood Education programmes.
- Promote greater parental involvement, especially from fathers, in early learning and responsive care.
- Expand access to ECE and consider making it a prerequisite or a requirement under the Education Amendment Act 2019 for primary school.

Access to Books and Playthings, and Child Supervision

Toys and children’s books



Inadequate supervision of children

Region	Inadequate supervision
Samoa	9
Apia Urban Ara	10
North West Upolu	7
Rest of Upolu	9
Savai'i	12

Percentage of children under age five left alone or under the supervision of another child younger than 10 years of age for more than one hour at least once in the last week, by region.

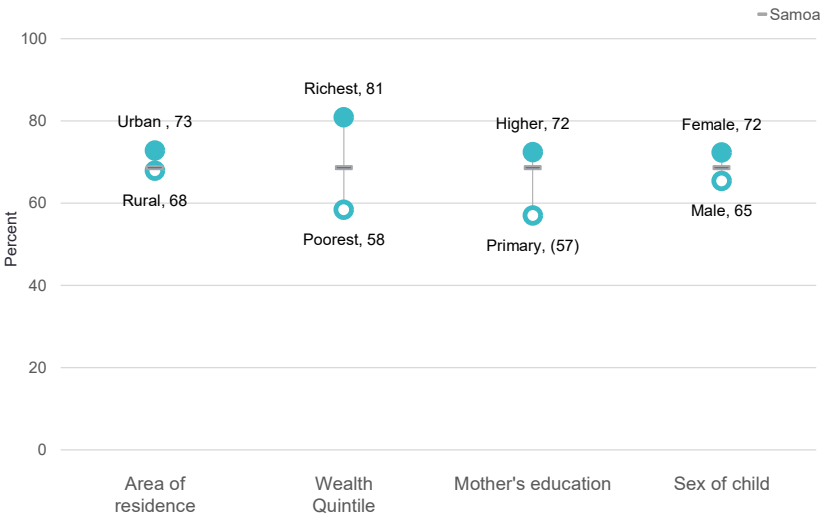
Percentage of children under age five according to the number of children’s books available in their homes, and their access to different types of playthings and toys.

Early Childhood Development Index 2030 (ECDI2030)

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

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

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



Percentage of children aged 2-4 years who are developmentally on track in health, learning, and psychosocial well-being, by background characteristics
ECE: Early childhood education. Children age 2 are excluded, as early childhood education attendance is only collected for age 3-4 years.
() figures that are based on 25-49 unweighted cases.

The Samoa Demographic and Health - Multiple Indicator Cluster Survey (DHS-MICS) was carried out in 2025 by the Samoa Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children’s Fund (UNICEF). UNICEF, DFAT-TAUTUA, UNFPA, and the Government of Samoa provided financial support.

The objective of this snapshot is to disseminate selected findings from the Samoa DHS-MICS 2025 related to Early Childhood Development (ECD). Data from this snapshot can be found in tables TC.9.1, LN.1.1, TC.9.2, TC.9.3 and TC.10.1 in the Survey Findings Report.

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

Samoa DHS-MICS 2025



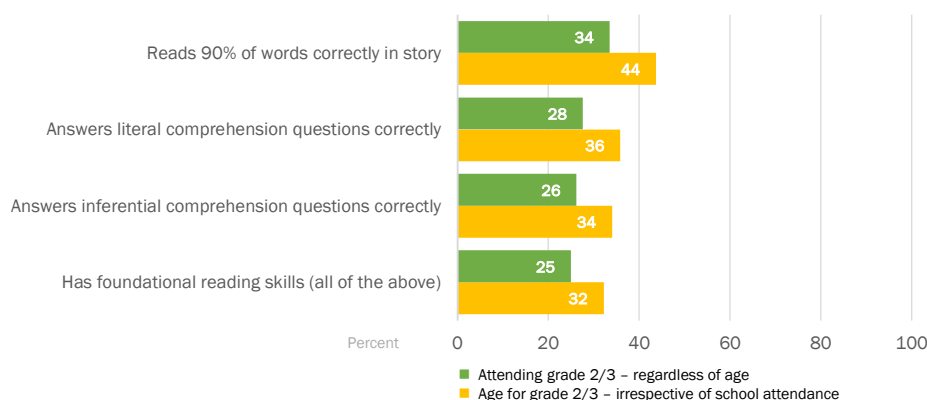
Early Grade Learning & Household Involvement

Multiple Indicator
Cluster Surveys

Early Grade Learning

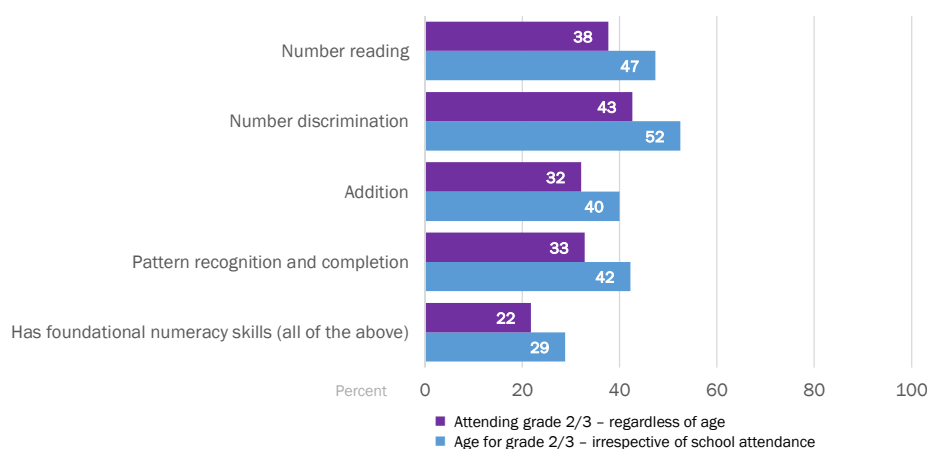


Foundational Reading Skills



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

Foundational Numeracy Skills



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

Measuring Reading & Numeracy Skills in MICS

The Foundational Learning Skills (FL) module is a direct assessment of children's reading and numeracy competencies. It is designed to assess foundational learning skills expected upon completion of 2nd grade of primary education.

The FL module is part of the Questionnaire for Children Age 5-17 administered to one randomly selected child in each household. Children age 7-14 years are eligible for module.

The reading assessment in the FL module consists of a reading passage and a set of comprehension questions related to the story. The assessment is customised in each country to ensure vocabulary and cultural references are relevant and appropriate. The numeracy assessment consists of four number tasks based on universal math skills expected at 2nd grade level.

The reading assessment of DHS-MICS was conducted in English and Samoan. The reading skills of 0.3% of the interviewed children could not be evaluated in their home or school language.

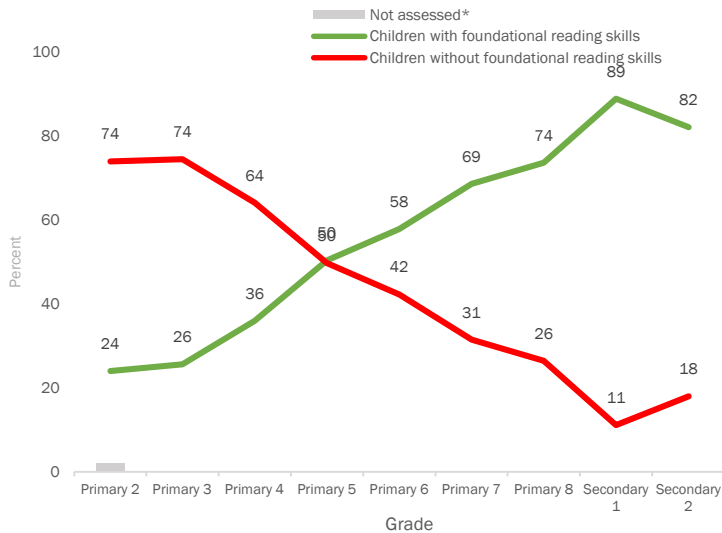
As MICS also collects data on school attendance and numerous individual and household characteristics, such as location, household socio-economic status, and ethnicity, the most marginalised sub-populations of children can be identified for support to improve learning outcomes.

Key Messages

- Most children in Grades 2–3 have not yet achieved foundational reading and numeracy skills.
- Below 33 percent of children attending grade 2-3 and those age for grade 2-3 demonstrated foundational reading skills and foundational numeracy skills.

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

Foundational Reading Skills, by grade of attendance



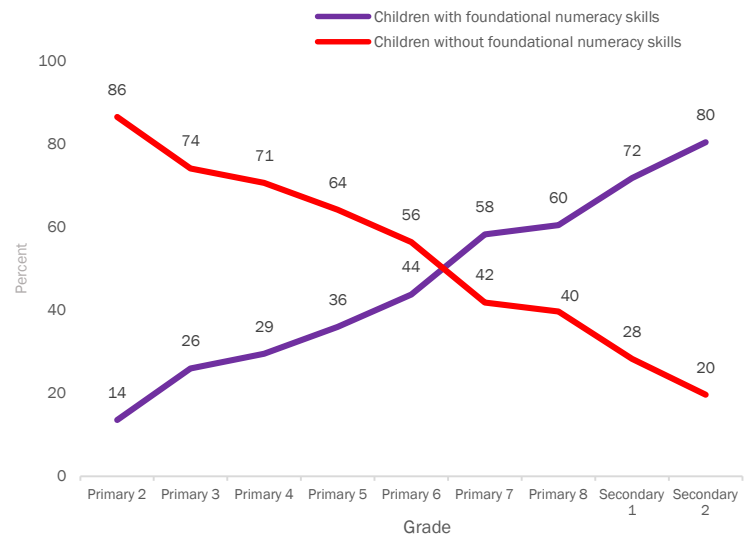
Percentage of children age 7-14 years attending primary or lower secondary school by foundational reading skills, by grade of attendance.

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

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

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

Foundational Numeracy Skills, by grade of attendance

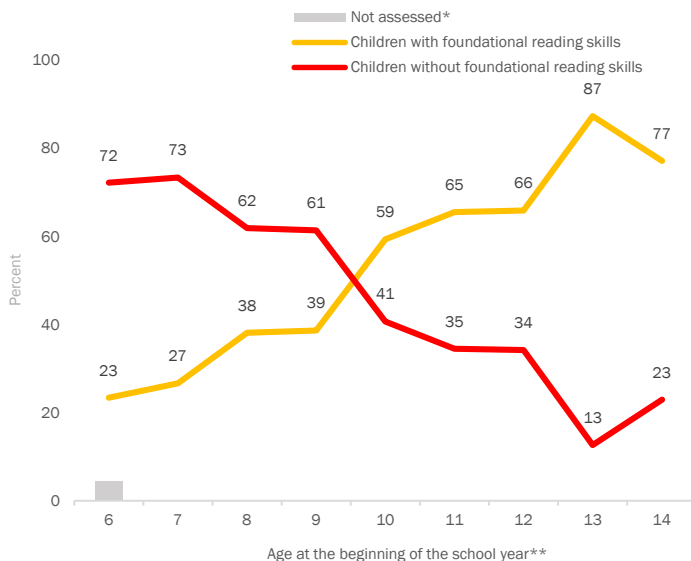


Percentage of children age 7-14 years attending primary or lower secondary school by foundational numeracy skills, by grade of attendance

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

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

Foundational Reading Skills, by age



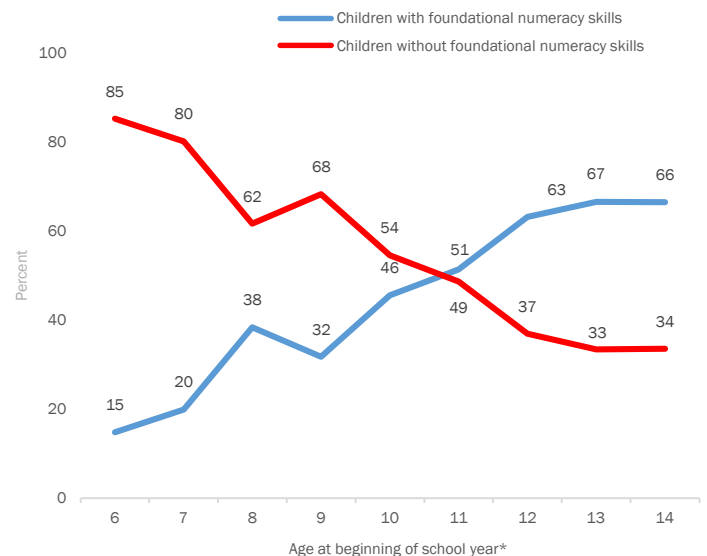
Percentage of children age 7-14 years by foundational reading skills, by age at beginning of school year**

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

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

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

Foundational Numeracy Skills, by age



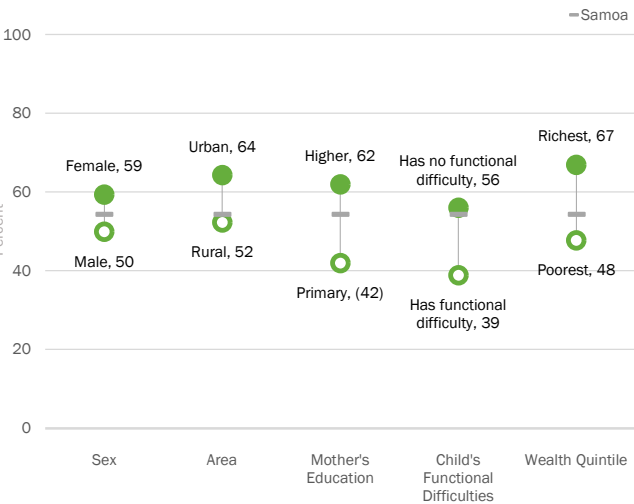
Percentage of children age 7-14 years by foundational numeracy skills, by age at beginning of school year*

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

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

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

Disaggregates in Foundational Reading Skills

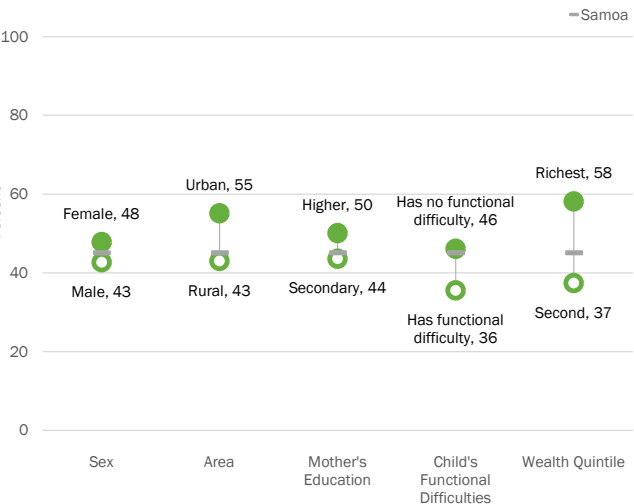


Percentage of children age 7-14 years who demonstrate foundational reading skills by successfully completing three foundational reading tasks, by background characteristics.
() "Mother's education - Primary" are based on 25-49 unweighted cases.

Regional Data on Foundational Reading Skills

Region	Boys	Girls	Total
Samoa	50	59	54
Apia Urban Area	62	67	64
North West Upolu	43	54	47
Rest of Upolu	45	54	50
Savai'i	58	66	62

Disaggregates in Foundational Numeracy Skills



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

Regional Data on Foundational Numeracy Skills

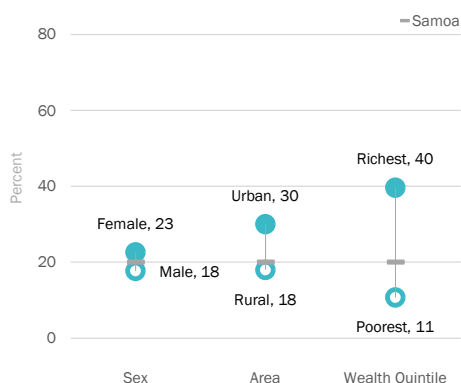
Region	Boys	Girls	Total
Samoa	43	48	45
Apia Urban Area	53	58	55
North West Upolu	37	41	39
Rest of Upolu	38	42	40
Savai'i	49	54	52

Key Messages

- Girls show slightly better results than boys in both Reading (girls 59 percent and boys 50 percent) and numeracy skills (48 percent girls and 43 percent boys).
- Among regions, Apia Urban Area recorded the highest percentage of children age 7 to 14 years in both reading (64 percent) and numeracy skills (55 percent) compared to the North West Upolu region with the lowest percentage in both reading (47 percent) and numeracy skills (39 percent).
- In terms of functional difficulties, the data shows that children with functional difficulties has the lowest achievement rates for both reading and numeracy skills 39 percent and 36 percent respectively compared to children without functional difficulties having the highest achievement rates of 56 percent for reading and 46 percent for numeracy skills.

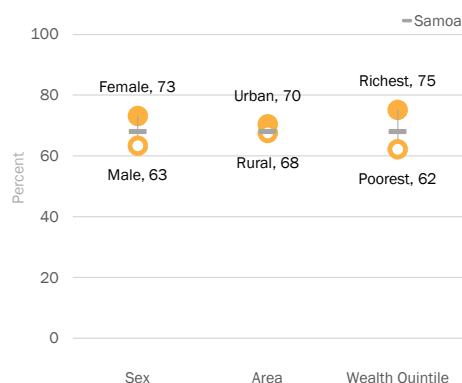
Household Involvement: Learning Environment at Home

Children with 3 or more books to read at home



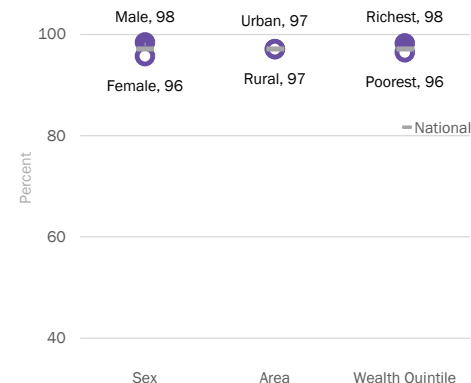
Percentage of children age 7-14 years with 3 or more books at home, by background characteristics

Children who read books or are read to at home



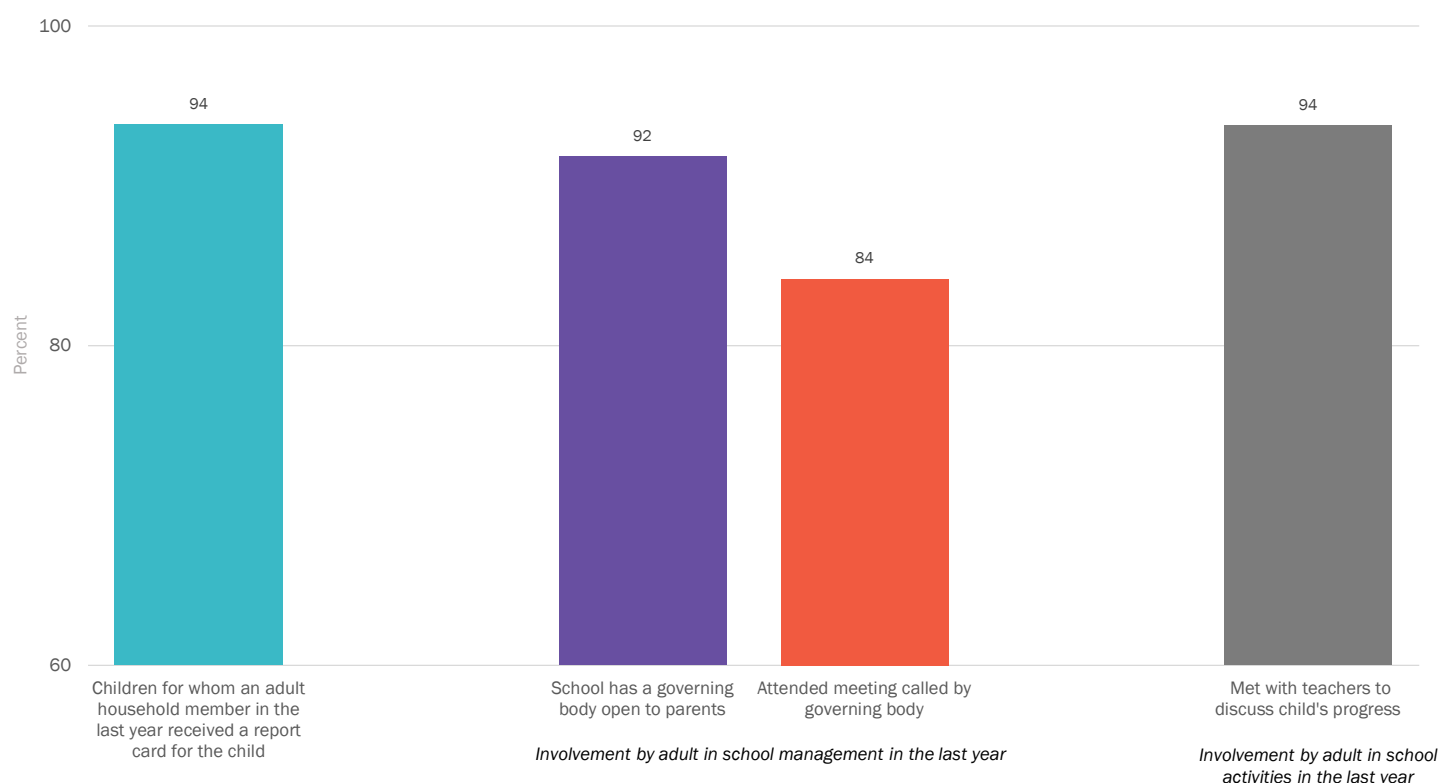
Percentage of children age 7-14 years who read books or are read to at home, by background characteristics

Children who receive help with homework



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

Household Involvement in school



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

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The objective of this snapshot is to disseminate selected findings from the Samoa DHS-MICS 2025 related to Early Grade Learning & Household Involvement. Data from this snapshot can be found in table LN.3.1, LN.3.2, LN.4.1 and LN.4.2 in the Survey Findings Report.

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

Samoa

DHS-MICS 2025



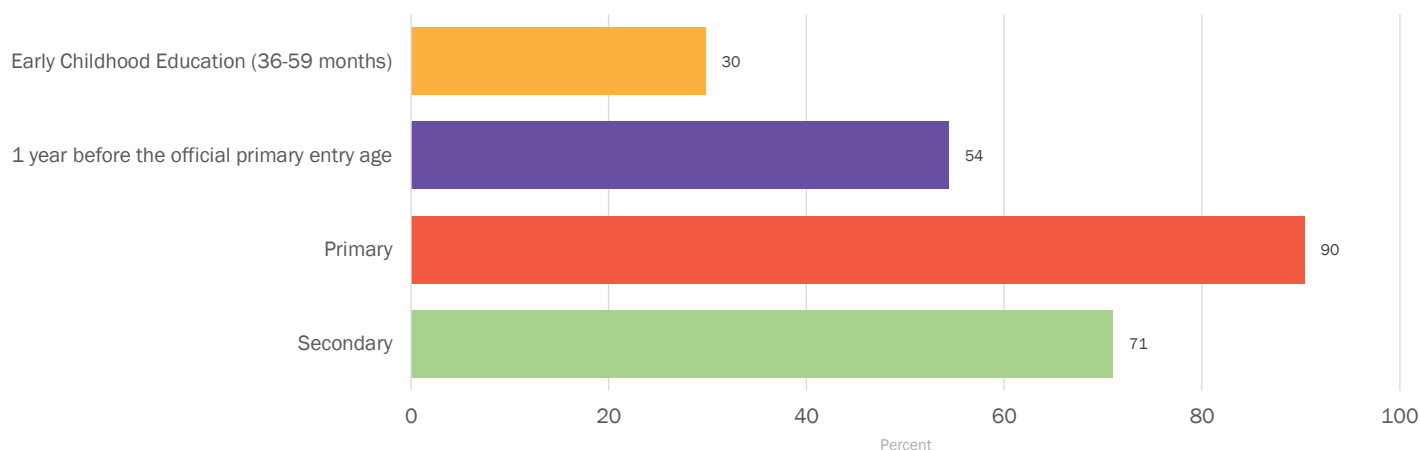
Education

Multiple Indicator
Cluster Surveys

Attendance Rates & Inequalities



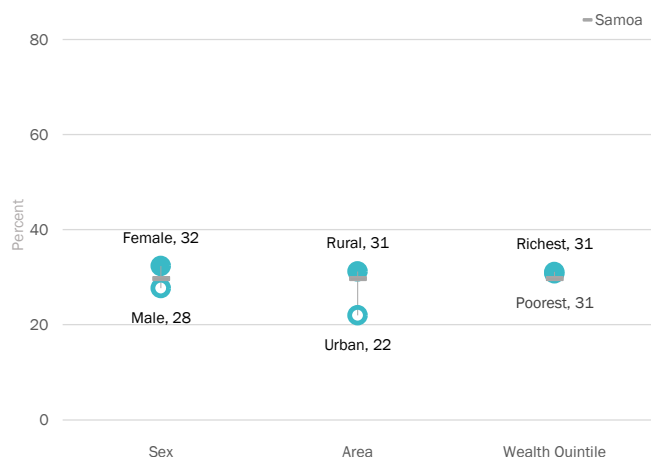
School Net Attendance Rates (adjusted)



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

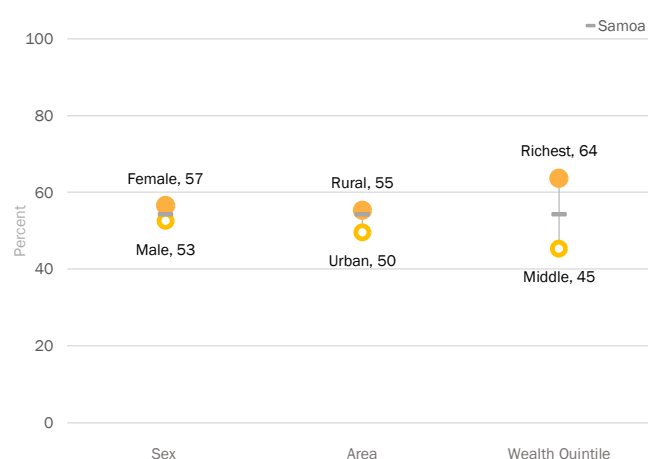
Inequalities in Attendance in Early Childhood Education & Participation in Organised Learning

Early Childhood Education Attendance Rate (age 3-4)



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

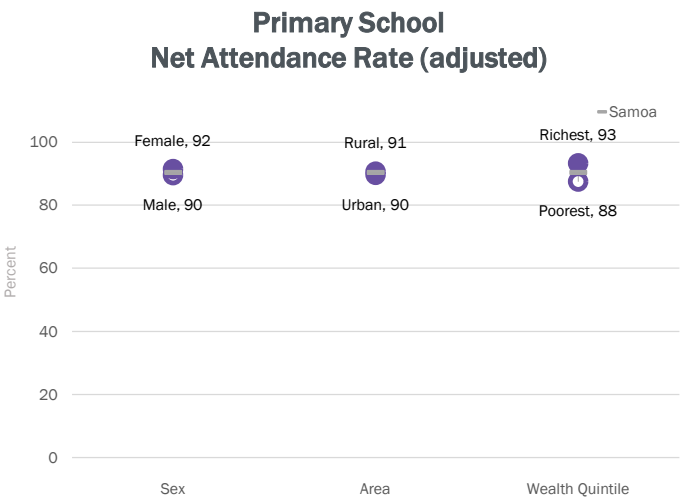
Participation Rate in Organised Learning (1 Year Before the Official Primary Entry Age): SDG 4.2.2



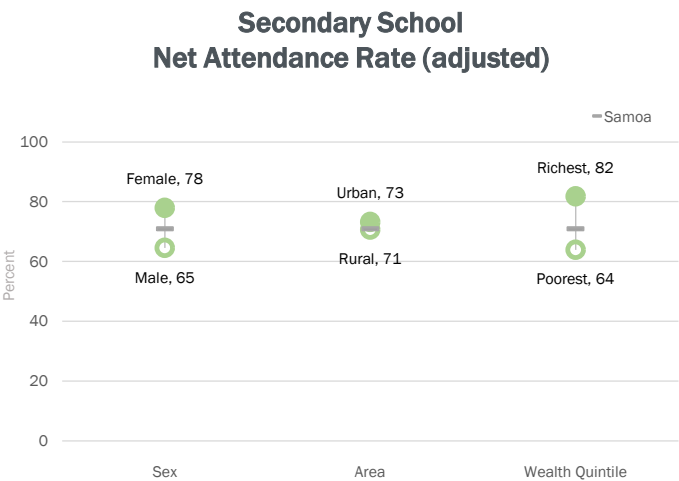
Percentage of children age one year younger than the official primary school entry age at the beginning of the school year who are attending an early childhood education programme or primary school (adjusted net attendance rate)

Net attendance rates are presented as *Adjusted rates (ANAR)*. While the NAR is the percentage of children of the official school-age range for a given education level who attend that level (e.g., children of primary-school age who attend primary), the ANAR also includes children who attend a higher level (e.g., children of primary-school age who attend primary or secondary), accounting for children who have started early or advanced early to a higher education level.

Inequalities in Attendance Rates



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



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

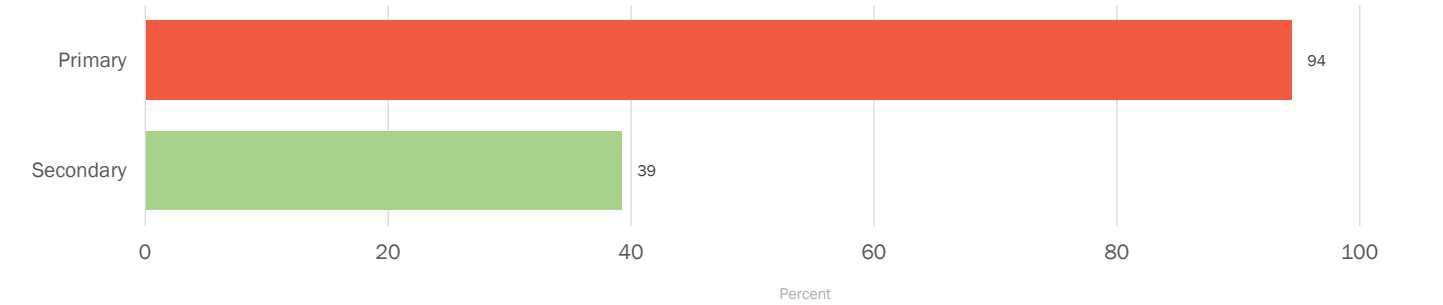
Regional Data for Net Attendance Rates (adjusted)

Region	Early Childhood Education	Participation rate in organised learning	Primary	Secondary
Samoa	30	54	90	71
Apia Urban Area	22	50	90	73
North West Upolu	23	52	86	65
Rest of Upolu	29	50	94	73
Savai'i	47	67	95	78

Key Messages

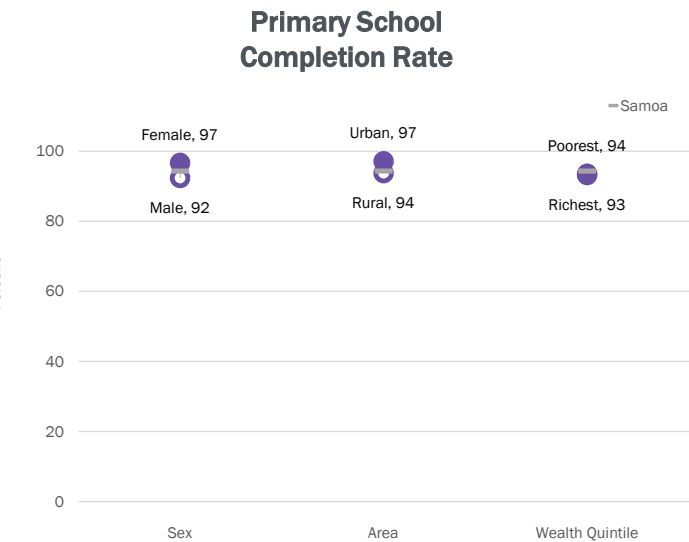
- Primary school has the highest attendance rate of 90 percent and ECE with the lowest (30 percent). Significant drop is observed from Primary (90 percent) to Secondary (71 percent).
- Attendance rate in Early Childhood education is higher among females compared to males (32 and 28 percent respectively) and also by urban and rural residence (31 and 22 percent).

Completion Rates: SDG 4.1.2

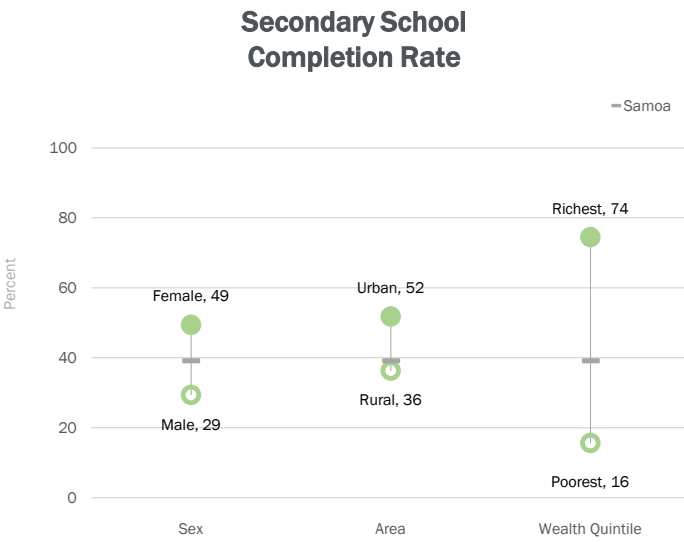


Percentage of children age 3 to 5 years above the intended age for the last grade who have completed that grade, by level of education

Inequalities in Completion Rates



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



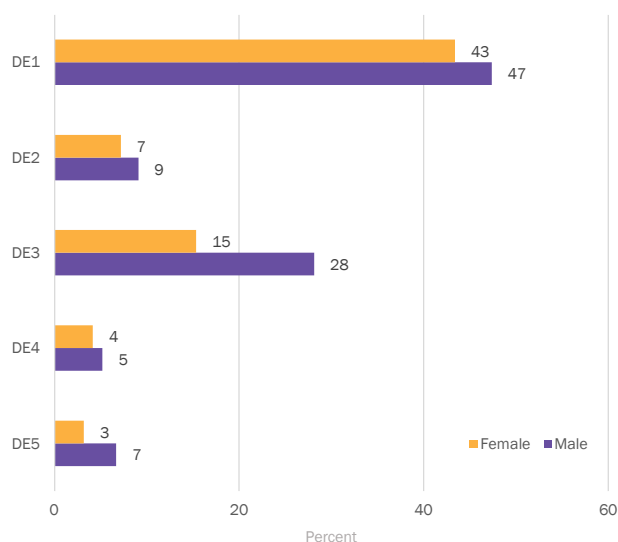
Percentage of children or youth age 3 to 5 years above the intended age for the last grade of upper secondary school who have completed upper secondary education

Regional Data in Completion Rates

Region	Primary	Secondary
Samoa	94	39
Apia Urban Area	97	52
North West Upolu	91	40
Rest of Upolu	96	32
Savai'i	97	33

Out of School Rates

Out of School Dimensions for Levels of Education



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

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

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

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

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

SDG Summary for Education

SDG	MICS Indicator	Definition & Notes	Value		
			Primary	Secondary	
4.1.2	LN.8a,b,c	Completion rate	94.4	39.2	
4.5.1	LN.5a	Gender Parity Indices (attendance, girls/boys)	1.05	1.68	
4.5.1	LN.5b	Wealth Parity Indices (attendance, poorest/richest)	1.00	0.21	
4.5.1	LN.5c	Area Parity Indices (attendance, rural/urban)	0.97	0.70	
			Total	Boys	Girls
4.2.2	LN.2	Participation rate in organised learning (one year before the official primary entry age)	54.4	52.6	56.6

Key Messages

- There is huge disparity between completion rate of primary and secondary level with 94 and 39 percent respectively.
- Out of school rates are highest at early childhood and secondary school levels with males consistently more affected than females – especially among secondary aged children not attending school (28 percent for boys and 15 percent for girls respectively) highlighting the persistent gender disparities.

The Samoa Demographic and Health - Multiple Indicator Cluster Survey (DHS-MICS) was carried out in 2025 by the Samoa Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, DFAT-TAUTUA, UNFPA, and the Government of Samoa provided financial support.

The objective of this snapshot is to disseminate selected findings from the Samoa DHS-MICS 2025 related to Education. Data from this snapshot can be found in table LN.1.1, LN.1.2, LN.2.3, LN.2.4, LN.2.5, LN.2.6, and LN.2.7 in the Survey Findings Report.

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

Samoa DHS-MICS 2025



Information & Communication Technology (ICT)

Multiple Indicator
Cluster Surveys

Household Ownership of ICT Equipment, Internet Access at Home



Region	Radio	Television	Fixed line Telephone	Mobile Telephone	Computer	Internet Access
Samoa	27	66	3	93	37	91
Apia Urban Area	29	81	8	93	59	92
North West Upolu	25	63	2	95	39	93
Rest of Upolu	28	65	1	93	27	93
Savai'i	29	58	3	87	27	86

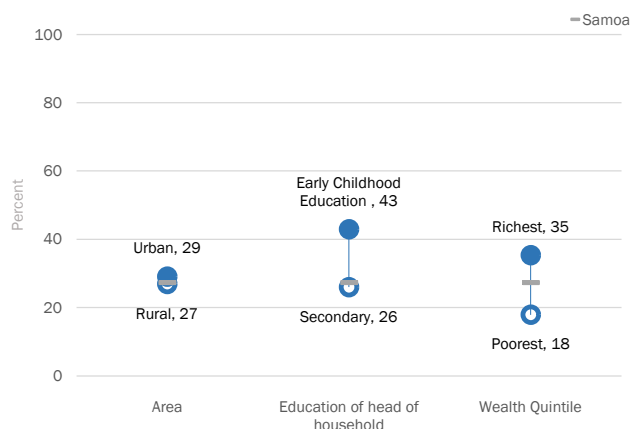
Percentage of households that owns a radio, television, fixed line telephone, mobile telephone, computer and have internet access at home.

Key Messages

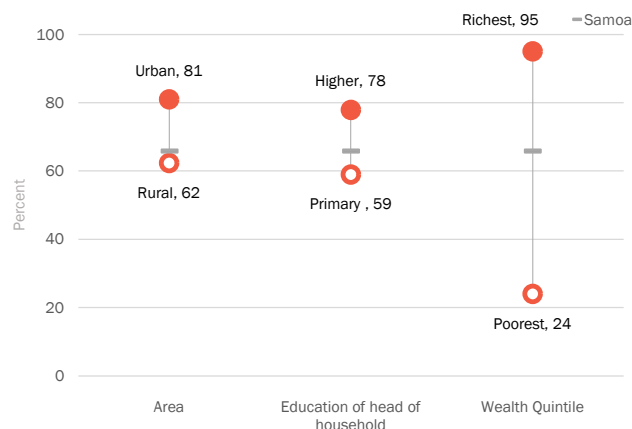
- More than 9 in 10 households in Samoa owns a mobile phone.
- Only 3 percent of households have a fixed telephone line. This shows the shift of technology in telecommunications as people prefer to use mobile phones than fixed lines.
- Ninety-one percent of households have access to internet in their homes.
- More households own a television (66 percent) than a radio at 27 percent.

Inequalities in Household Ownership of ICT Equipment, Internet Access at Home

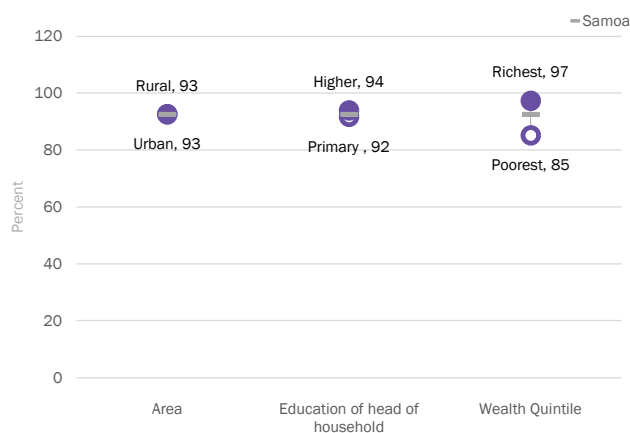
Household Ownership of a Radio



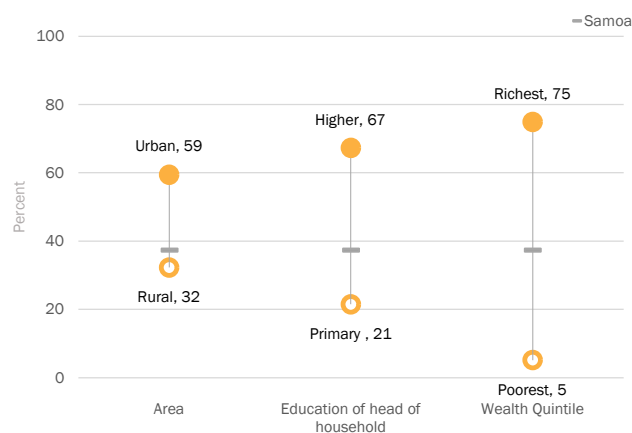
Household Ownership of a Television



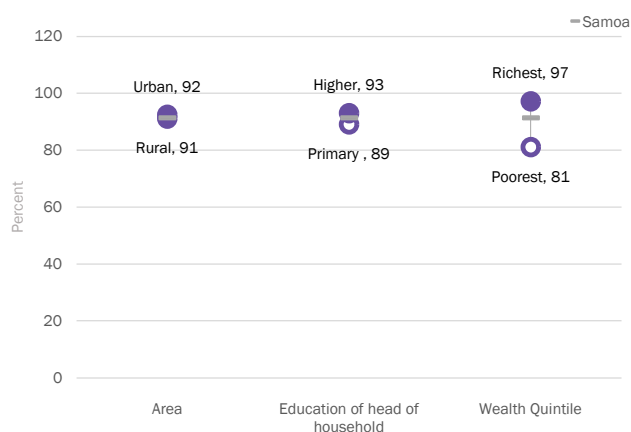
Household Ownership of a Mobile Telephone



Households Ownership of a Computer



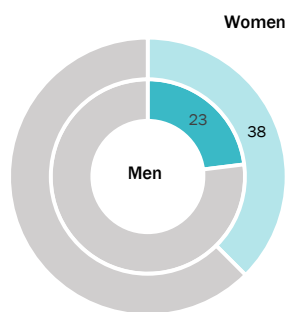
Household Access to Internet at Home



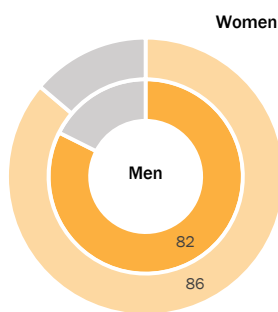
Key Messages

- Inequalities in Household Ownership of ICT Equipment and Internet Access at Home are seen in background characteristics.
- Huge differences are seen in ownership of a television by wealth quintile as richest households are more likely to own a television (95 percent) compared to poorest households (24 percent).
- Similar patterns are shown in the ownership of a computer as huge disparities are seen among the richest and poorest (75 and 5 percent respectively) and also in education of household head and area.

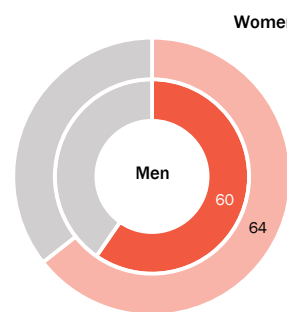
Computer Use



Mobile Phone Use



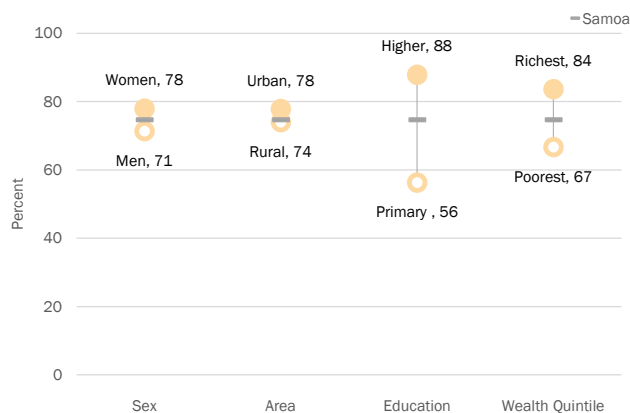
Internet Use: SDG17.8.1



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

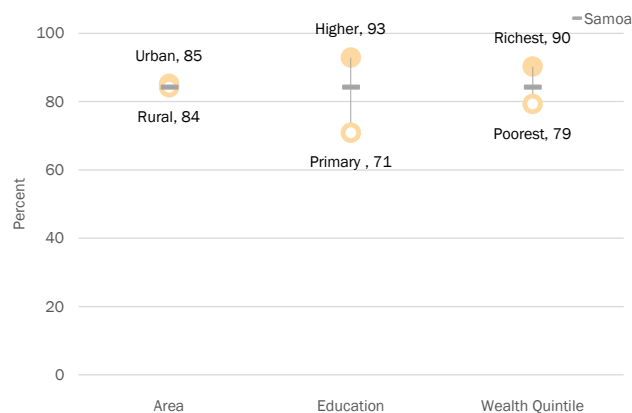
Disparities in Use of ICT

Disparities in Mobile Phone Ownership



Percentage of people age 15-49 years who own a mobile phone

Disparities in Mobile Phone Use



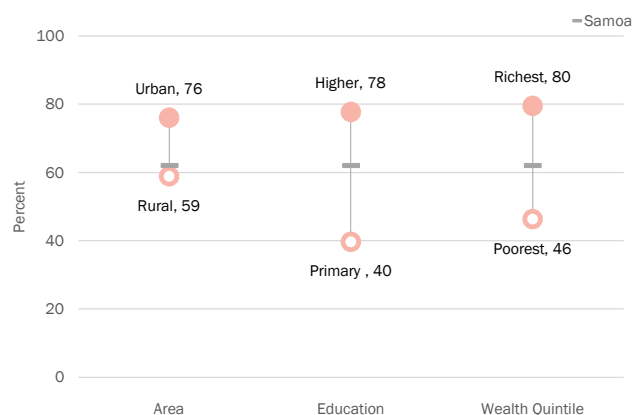
Percentage of people age 15-49 years who during the last 3 months used a mobile phone

Disparities in Computer Use



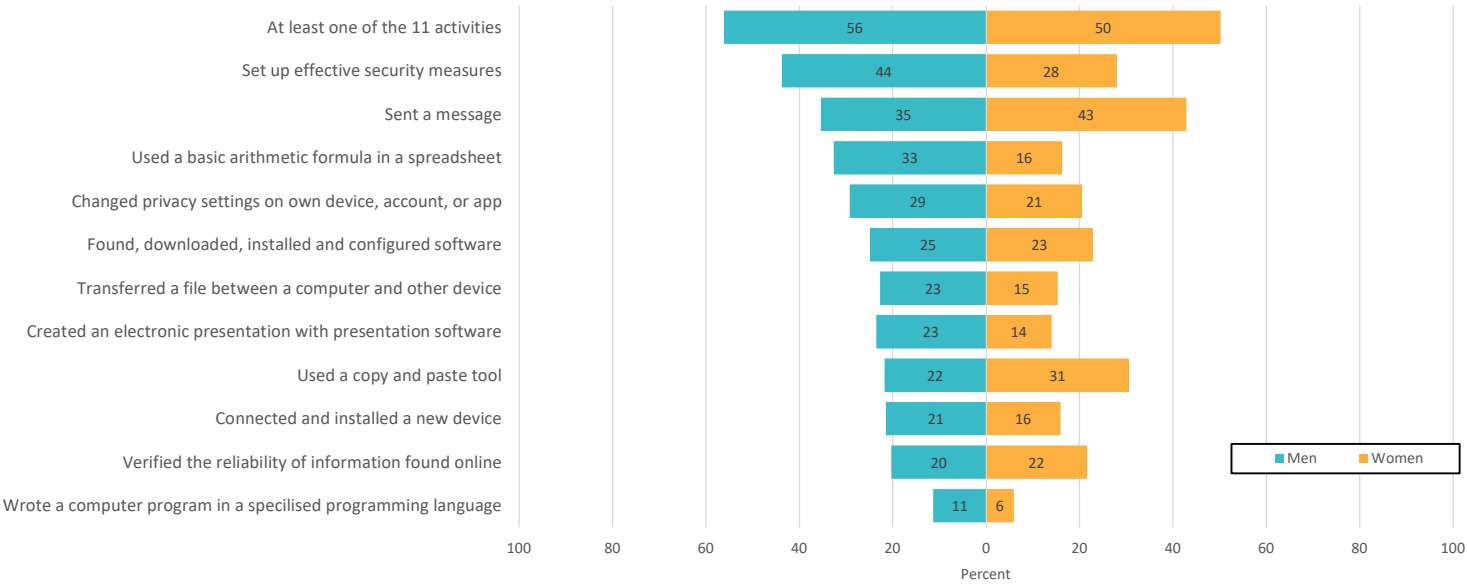
Percentage of people age 15-49 years who used a computer during the last 3 months

Disparities in Internet Use: SDG17.8.1



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

Specific Computer Skills



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

Regional Data on ICT Use & Skills among all people age 15-49 years

Region	Computer Use	Mobile Phone Use	Internet Use	Performed at Least 1 computer-related activity
Samoa	30	84	62	53
Apia Urban Area	49	85	76	67
North West Upolu	31	86	71	56
Rest of Upolu	23	82	46	45
Savai'i	20	84	49	44

Percentage of people age 15-49 years who during the last 3 months used a computer, used a mobile phone, and used the internet, and percentage who performed at least 1 of 11 computer-related activities

Key Messages

- There are more women using a computer, mobile phone and internet compared to men.
- More people age 15-49 years use mobile phones compared to computers. By region the Apia Urban Area leads the uses of these devices.
- Internet usage is higher in the Apia Urban area (76 percent) and North West Upolu region (71 percent) compared to the Rest of Upolu and Savai'i region with 46 and 49 percent respectively.
- About 53 percent of population age 15-49 years can perform at least 1 computer-related activity..

The Samoa Demographic and Health - Multiple Indicator Cluster Survey (DHS-MICS) was carried out in 2025 by the Samoa Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, DFAT-TAUTUA, UNFPA, and the Government of Samoa provided financial support.

The objective of this snapshot is to disseminate selected findings from the Samoa DHS-MICS 2025 related to Mass Media, Communications & Internet. Data from this snapshot can be found in tables LN.6.1, LN.6.2, and LN.6.3 in the Survey Findings Report.

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

Samoa

DHS-MICS 2025



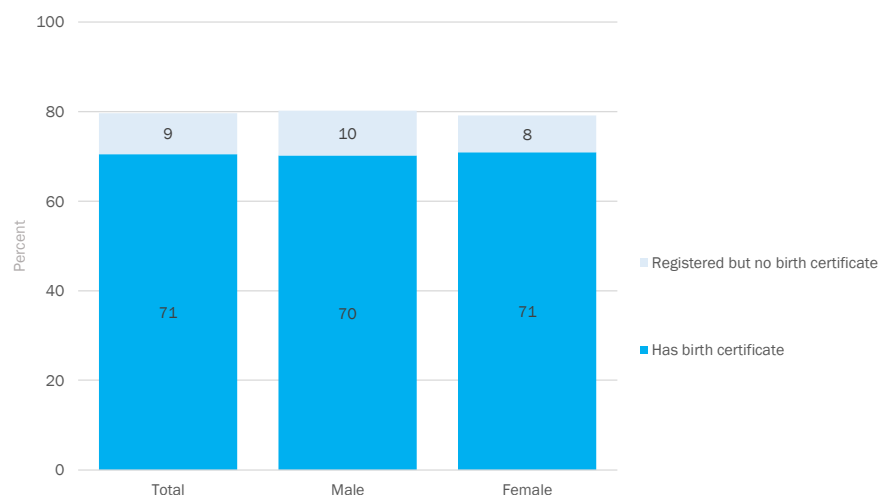
Birth Registration

Multiple Indicator
Cluster Surveys

Birth Registration Levels

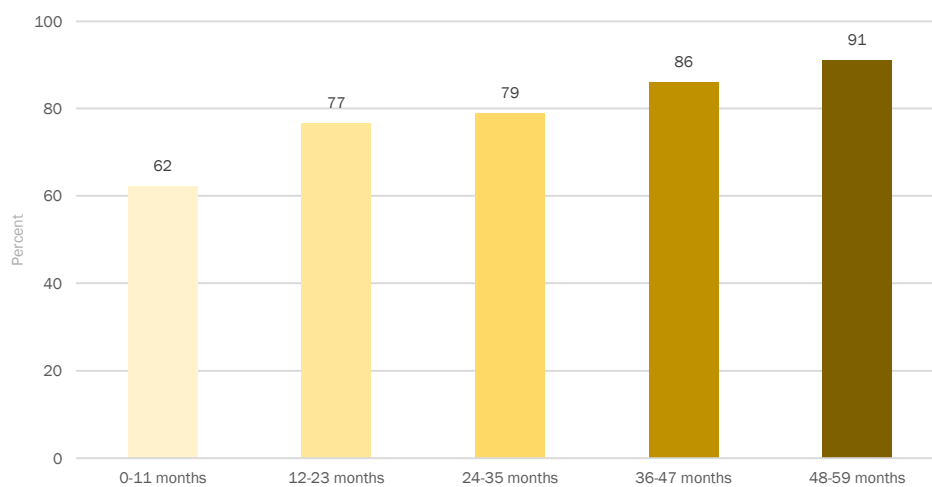


Birth registration for Children Under-Five: SDG 16.9.1



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

Birth registration by Age



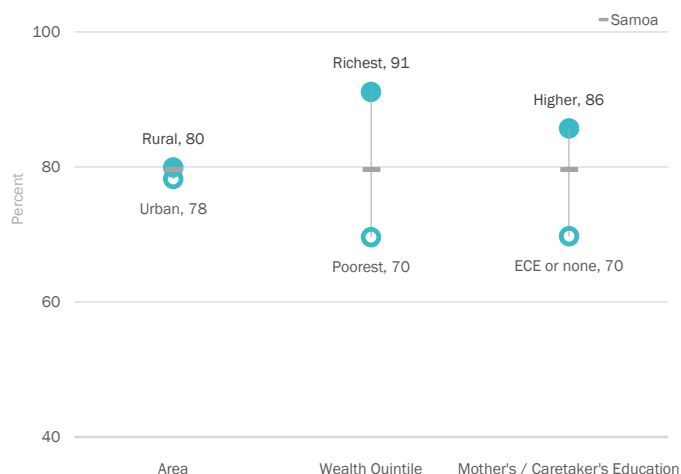
Percentage of children under age 5 whose births are registered, by age in months

Key Messages

- Eight out of 10 children under five years of age are registered and 7 out of 10 have birth certificates.
- Six out of ten are registered in the first year of birth. However, this increases to 9 out of 10 by the age of 5.
- Children in poor households are less likely to have their births registered compared to children in richest households.

Birth Registration: Inequalities

Regional Data on Birth Registration

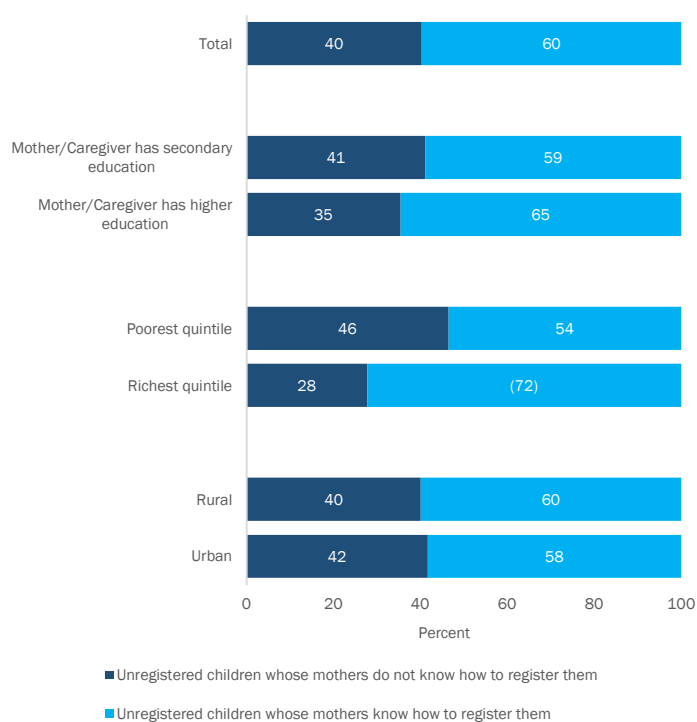


Percentage of children under age 5 whose births are registered, by background characteristics

Region	Total registered
Samoa	80
Apia Urban Area	78
North West Upolu	77
Rest of Upolu	82
Savai'i	83

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

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



Percentage of children under age 5 whose births are not registered, by mother's (or caregiver's) knowledge of how to register a child

Data for "Wealth quintile - Richest" are based on 25-49 unweighted cases

Key Messages

- Mother or caregiver of six out of ten children know how to register birth of their children.
- Among the poorest households only 70% of the children under 5 are registered compared to the 91% of the richest households.
- Registration levels are slightly lower in urban areas at 78% compared to rural regions like Savai'i at 83%, showing uneven coverage across regions.

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The objective of this snapshot is to disseminate selected findings from the Samoa DHS-MICS 2025 related to Birth Registration. Data from this snapshot can be found in table PR.1.1 in the Survey Findings Report.

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

Samoa DHS-MICS 2025



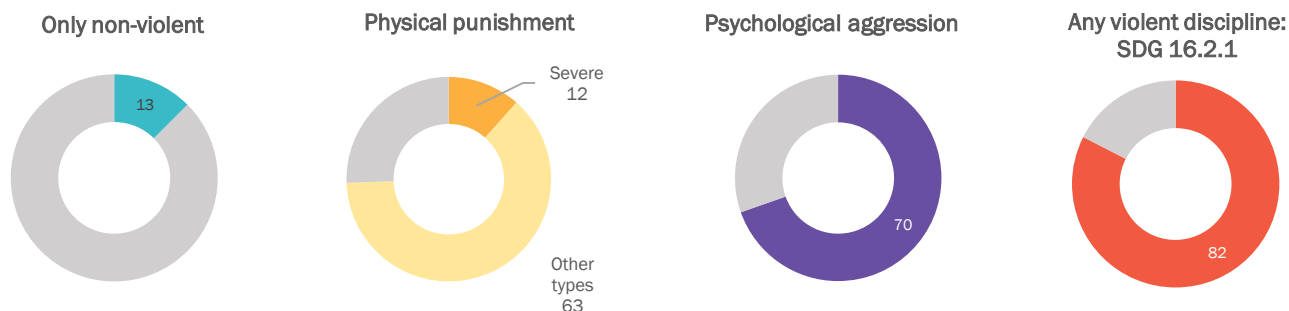
Child Discipline

Multiple Indicator
Cluster Surveys

Child Discipline

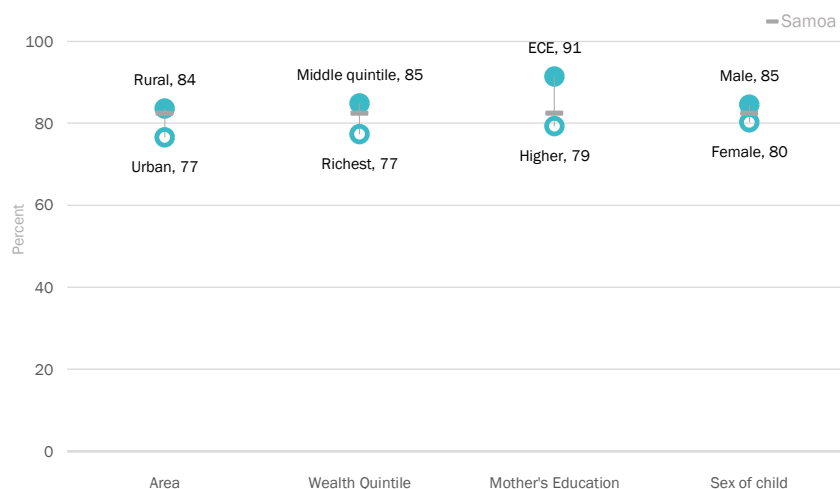


Types of Child Discipline



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

Violent Discipline: Inequalities



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

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

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

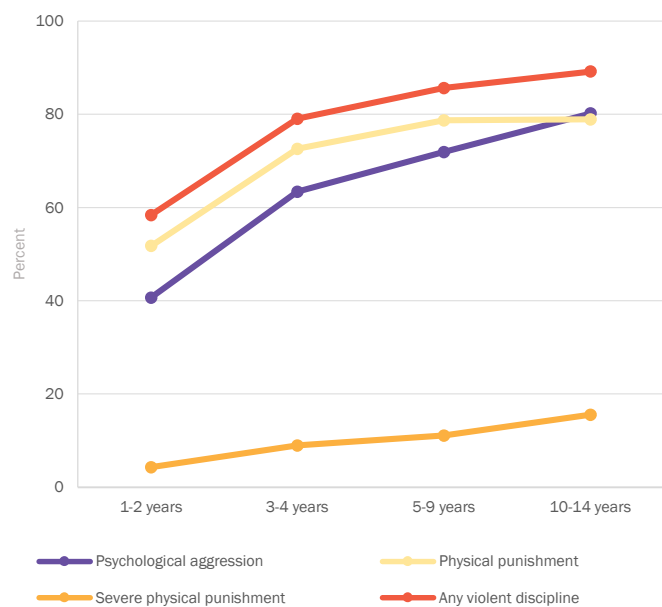
Psychological aggression: Shouting, yelling or screaming at a child, as well as calling a child offensive names such as 'dumb' or 'lazy'.

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

Key Messages

- Overall, 82 percent of children age 1-14 years experienced any violent discipline during the one month preceding the survey.
- 12 percent of children age 1-14 years have experienced severe physical punishment.
- Overall, 70 percent of children age 1-14 years have experienced psychological aggression.
- Seventy-five percent of mothers or caregivers think that physical punishment is necessary to raise or educate children
- Children of mothers with ECE education experienced violent discipline up to 91% compared to those whose mothers have attended higher education at 79%

Violent Discipline: Age Patterns



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

Physical Punishment: Attitudes & Experiences

Percentage of mothers/caregivers who think that physical punishment is necessary

75

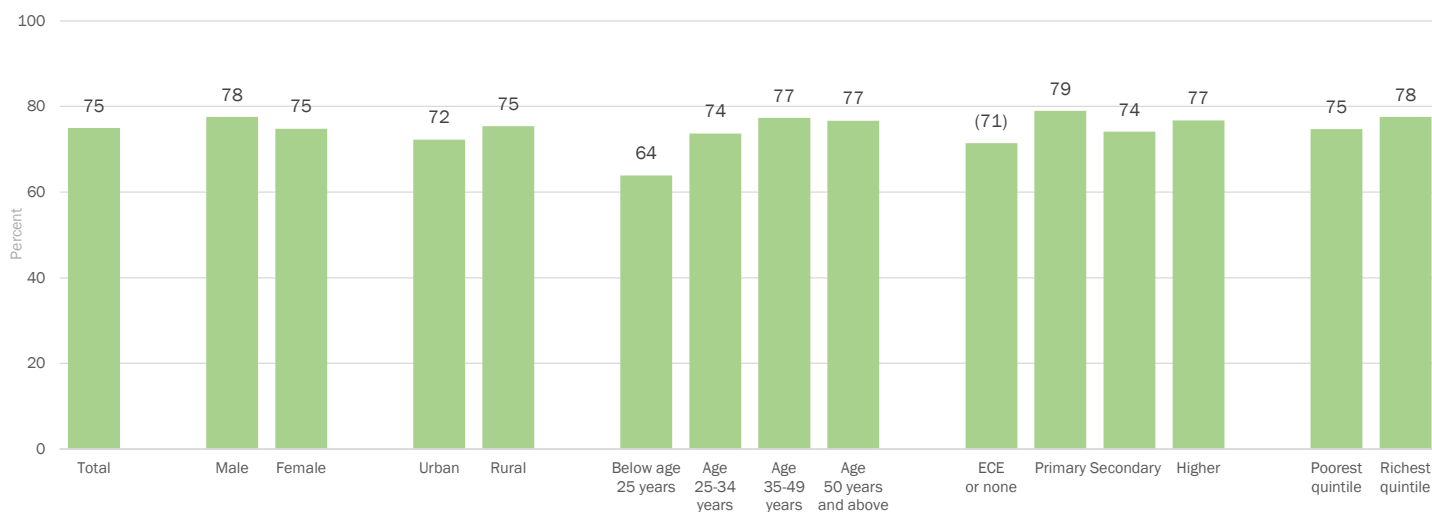
Percentage of children age 1-14 years who experienced any physical punishment

74

Key Messages

- Violent discipline rises steadily with age affecting children as they grow.

Attitudes to Physical Punishment



Percentage of mothers/caregivers who think that physical punishment is necessary to raise or educate children, by their background characteristics
Data for "Mother's education – ECE or none" are based on 25-49 unweighted cases

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The objective of this snapshot is to disseminate selected findings from the Samoa DHS-MICS 2025 related to Child Discipline. Data from this snapshot can be found in tables PR.2.1 and PR.2.2 in the Survey Findings Report.

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Samoa

DHS–MICS 2025



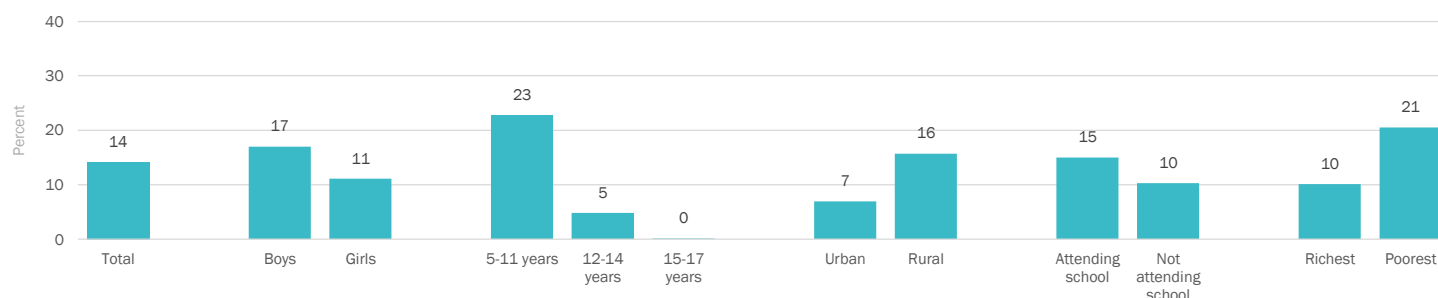
Child Labour

Multiple Indicator
Cluster Surveys

Child Labour: Levels & Disaggregates

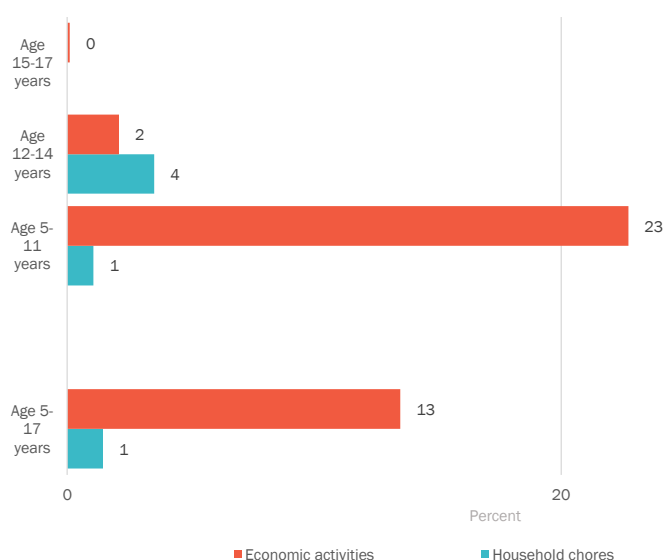


Child Labour for Age 5-17 years: SDG 8.7.1



Percentage of children age 5 to 17 years engaged in child labour, by background characteristics

Types of Child Labour



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

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

Definition of Child Labour

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

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

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

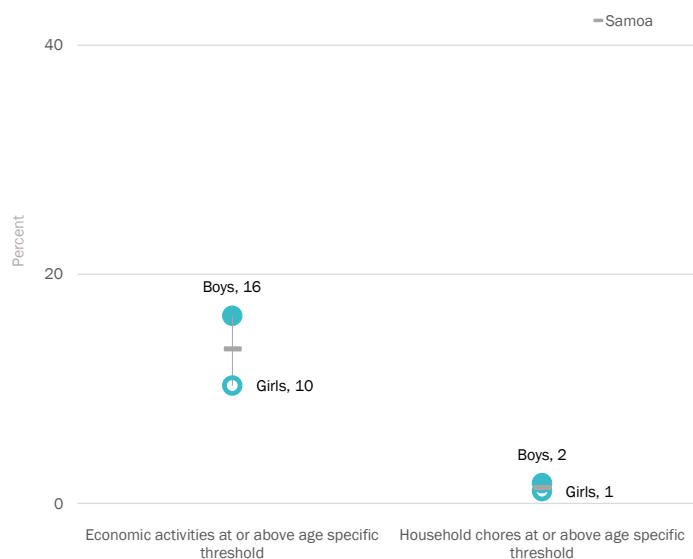
Economic activities include paid or unpaid work for someone who is not a member of the household, work for a family farm or business. Household chores include activities such as cooking, cleaning, or caring for children.

Note that while the overall concept of child labour includes hazardous working conditions, the definition of child labour currently used for SDG reporting does not. Further methodological work is ongoing to incorporate additional questions specifically aimed at identifying children in hazardous working conditions.

Key Messages

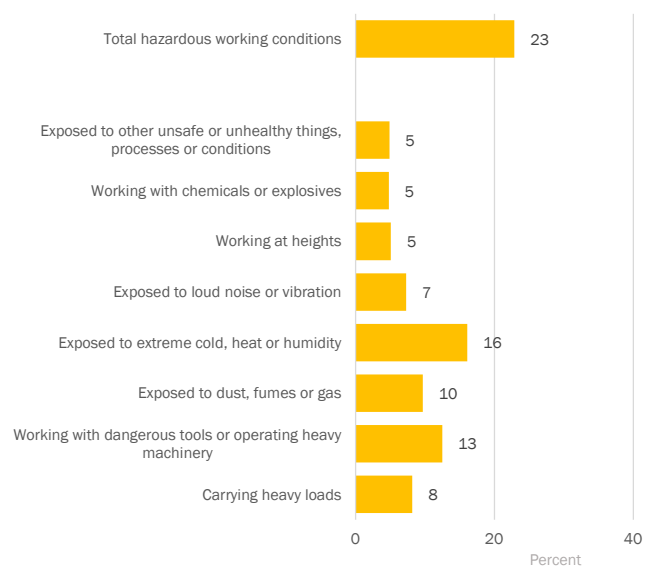
- One in eight children age 5-17 years engaged in child labour (7 percent in urban and 16 percent in rural areas).
- Child labour among male children is higher (17 percent) than female children (11 percent).
- Among the four regions, Savai'i has the highest child labour (22 percent) compared to other regions.

Inequalities in Child Labour



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

Hazardous Working Conditions



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

Regional Data on Child Labour

Region	Total Child Labour
Samoa	14
Apia Urban Area	7
North West Upolu	11
Rest of Upolu	17
Savai'i	22

Percentage of children age 5 to 17 years engaged in child labour, by region

Key Messages

- The age group with the highest prevalence of child labour were children aged 5-11 years (23%) mainly engaged in economic activities
- More than one in five children (23%) aged 5-17 years were working under hazardous conditions, with the most prevalent form of hazardous work being working under extreme temperature.

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The objective of this snapshot is to disseminate selected findings from the Samoa DHS-MICS 2025 related to Child Labour. Data from this snapshot can be found in tables PR.3.3 and PR.3.4 in the Survey Findings Report.

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

Samoa DHS-MICS 2025



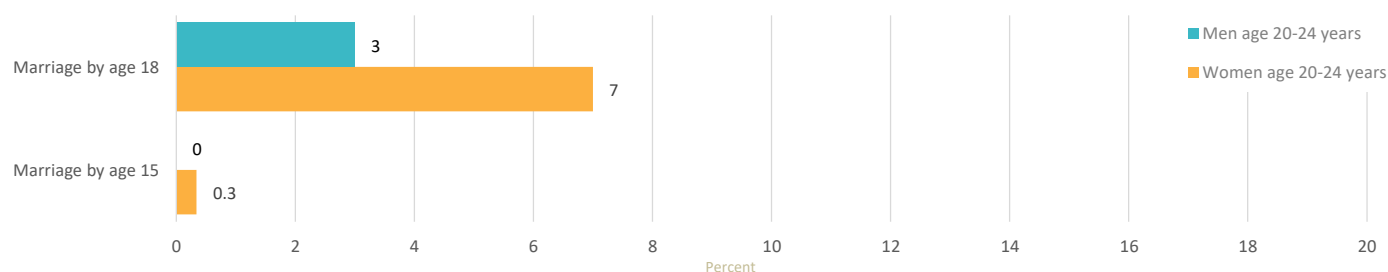
Child Marriage

Multiple Indicator
Cluster Surveys



Child marriage: Levels and Disaggregates

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

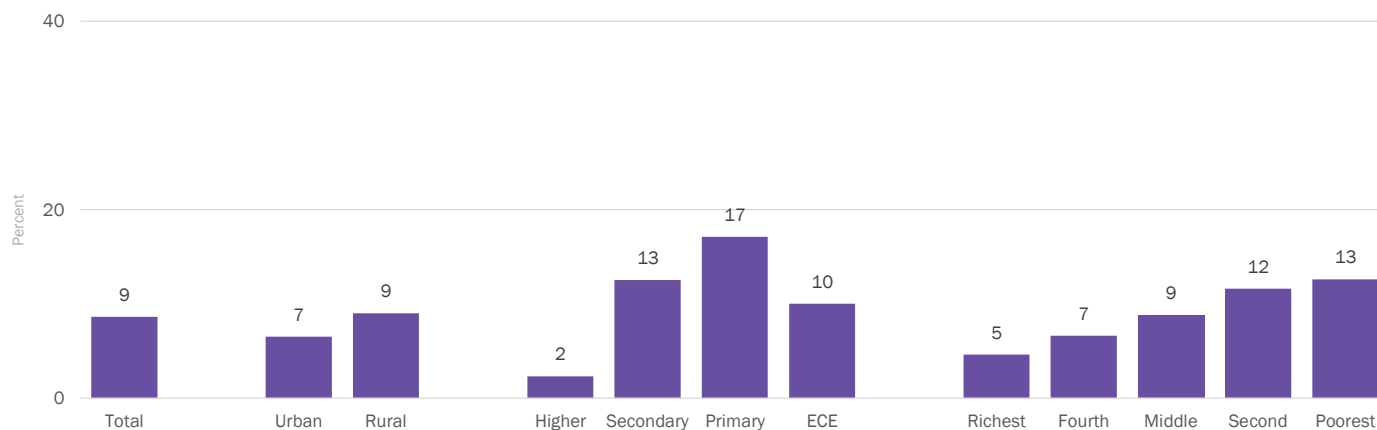


Percentage of women and men age 20-24 years who were first married or in union before age 15 and before age 18

The above chart refers to women and men age 20 to 24 years to align with the standard for reporting on SDG 5.3.1. This age cohort recently completed exposure to the risk of marrying in childhood, thus giving a closer approximation of the current prevalence of child marriage. The following charts, which show disaggregation by background characteristics, refer to the full cohort of women and men aged 18 to 49 years.

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

Disaggregates in Marriage Before Age 18 Among Women



Percentage of women age 18-49 years who were first married or in union before age 18, by residence, education, and household wealth quintile

Key Messages

- One in twelve women age 20 -24 years are married before reaching age 18 years.
- Among women age 18 – 49 years, nine percent are married before reaching age 18 years, this proportion is higher at 16 percent among belonging to the poorest wealth quintile compared to four percent among women belonging to the richest wealth quintile.
- Level of education play a key role in preventing early marriage. In Samoa, women with primary education are eight times more likely to marry before age 18 years compared to those with higher education.

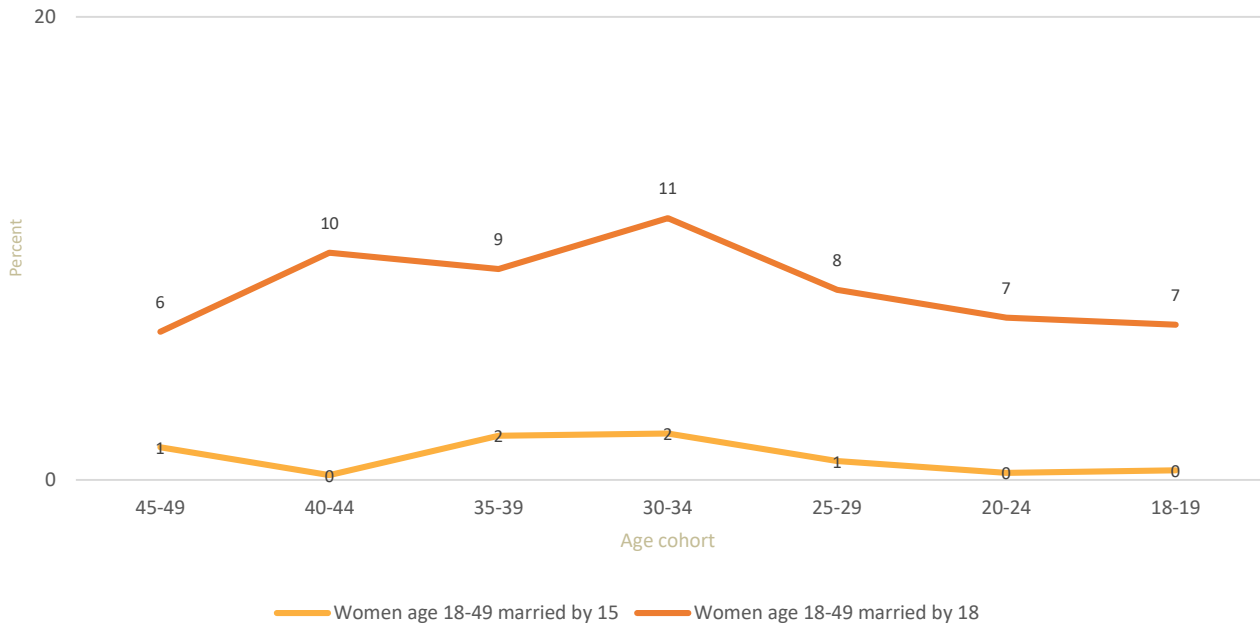
Regional Data on Child Marriage

Region	Marriage by age 18
Samoa	9
Apia Urban Area	7
North West of Upolu	9
Rest of Upolu	9
Savai'i	8

Marriage before the age of 18 is a reality for many young girls. In many parts of the world parents encourage the marriage of their daughters while they are still children in hopes that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. In actual fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. The right to 'free and full' consent to a marriage is recognised in the Universal Declaration of Human Rights - with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner. Child marriage, while less common among boys, is similarly a violation of their rights, and forces them to take on adult responsibilities for which they may not be prepared.

Percentage of women age 18 to 49 years who were first married or in union before age 18, by region

Trends in Child Marriage



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

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The objective of this snapshot is to disseminate selected findings from the Samoa DHS-MICS 2025 related to Child Marriage. Data from this snapshot can be found in table PR.4.1W and PR.4.1M in the Survey Findings Report..

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

Violence against women

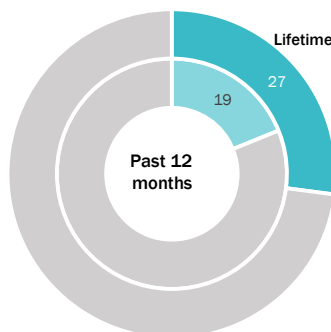
Multiple Indicator
Cluster Surveys



This snapshot shows key prevalence of violence suffered by women aged 15-49 years. In the Samoa Multiple Indicator Cluster Survey, physical violence refers to any act or conduct which cause bodily pain, harm or danger to life and impair the health of a person. The specific acts that were asked about included pushing, throwing an object at the woman, smacking or slapping, twisting of the arm, pulling of the hair, punching with a fist or an object, kicking, dragging on the floor, strangling, burning, attacking with a knife, a firearm or any other weapon. Sexual violence refers to any conduct of a sexual nature that abuse, humiliates, degrades or otherwise violate the dignity of a person. The acts that were asked in the questions included sexual violence through threats, intimidation or any forceful method, including physical, which a woman did not consent to. Psychological violence refers to a pattern of degrading and humiliating conducts towards a person in a manner to intimidate or harass under threats, verbal abuse, or constant humiliation. The questions asked on psychological violence included whether the women was humiliated either verbally or physically in front of other people, threatened to hurt or do harm to the woman or to someone close to her or even insulting or belittling her.

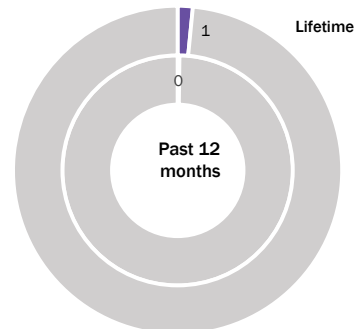
Violence is a problem that affects one's health, economy, education and human development and above all, human rights. This includes violence perpetrated by an intimate partner and by other family members, wherever this violence takes place and in whatever form. Violence against women and girls is one of the most pervasive human rights violations and has devastating effects in the world. Violence against women and girls is a barrier to respecting human rights and realizing the Sustainable Development Goals of which, SDG 5 target 5.2 is "Eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation". It is also widely recognized that violence against women is a challenge to women's participation in development and peace. Countries cannot develop if women are not given equal opportunity to participate in their society. In other cases, the data on socio-economic and health costs of violence clearly demonstrate that violence against women undermine human and economic development.

Intimate Partner Violence (physical, sexual and/or psychological) among ever married/partnered women SDG 5.2.1



Percentage women age 15-49 years who have ever had a husband or intimate partner and experienced psychological, physical, or sexual violence by any husband or intimate partner

Non-Partner Sexual Violence, SDG 5.2.2



Percentage of women age 15-49 who have ever experienced sexual violence and percentage who have experienced sexual violence in the 12 months preceding the survey, by non-partner

Key Messages

- More than two in five (27 percent) ever-married or partnered women aged 15-49 have experienced physical and/or sexual violence by their husband or intimate partner in their lifetime.
- 19 percent of ever-married or partnered women aged 15-49 experienced such violence in the past 12 months, indicating that intimate partner violence is a widespread and ongoing problem in Samoa
- 1 percent of adolescent girls and women age 15-49 years have ever experienced sexual violence by someone who is not a husband or intimate partner, with less than 1 percent having experienced such violence in the 12 months

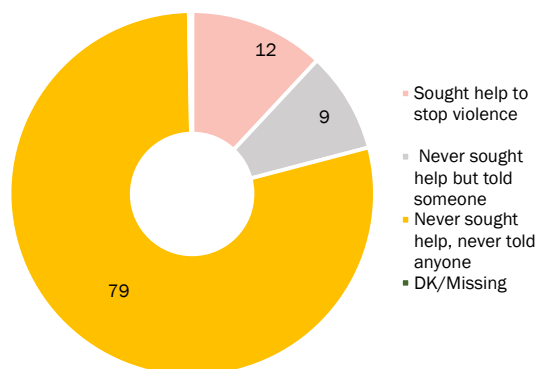
Violence against women

Violence by any husband/intimate partner in the last 12 months

Region	Psychological violence	Physical violence	Sexual violence
National	13	12	2
Apia urban area	16	13	3
North West Upolu	10	13	1
Rest of Upolu	14	10	4
Savai'i	19	14	2

Percentage of adolescent girls and women age 15-49 years who have ever had a husband or intimate partner and experienced psychological, physical, or sexual violence by any husband or intimate partner in the past 12 months

Help seeking to stop violence



Percent distribution of women age 15-49 who have ever experienced physical or sexual violence by their help-seeking

Key Messages

Psychological and **physical** violence are the most common forms of any husband/ intimate partner violence. In the past 12 months, they were experienced by **13%** and **12%** of ever-married women, respectively. Meanwhile, **sexual violence** affected **2%** of ever-married women during the same period

Savai'i shows the highest rates of intimate partner violence compared to other regions. **Psychological violence** affects **19%** of women, while **physical violence** affects **14%**

Among women aged 15–49 who experienced physical or sexual violence, only **12%** sought help. Conversely, **79%** never sought help or told anyone about the abuse

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Samoa

DHS-MICS 2025

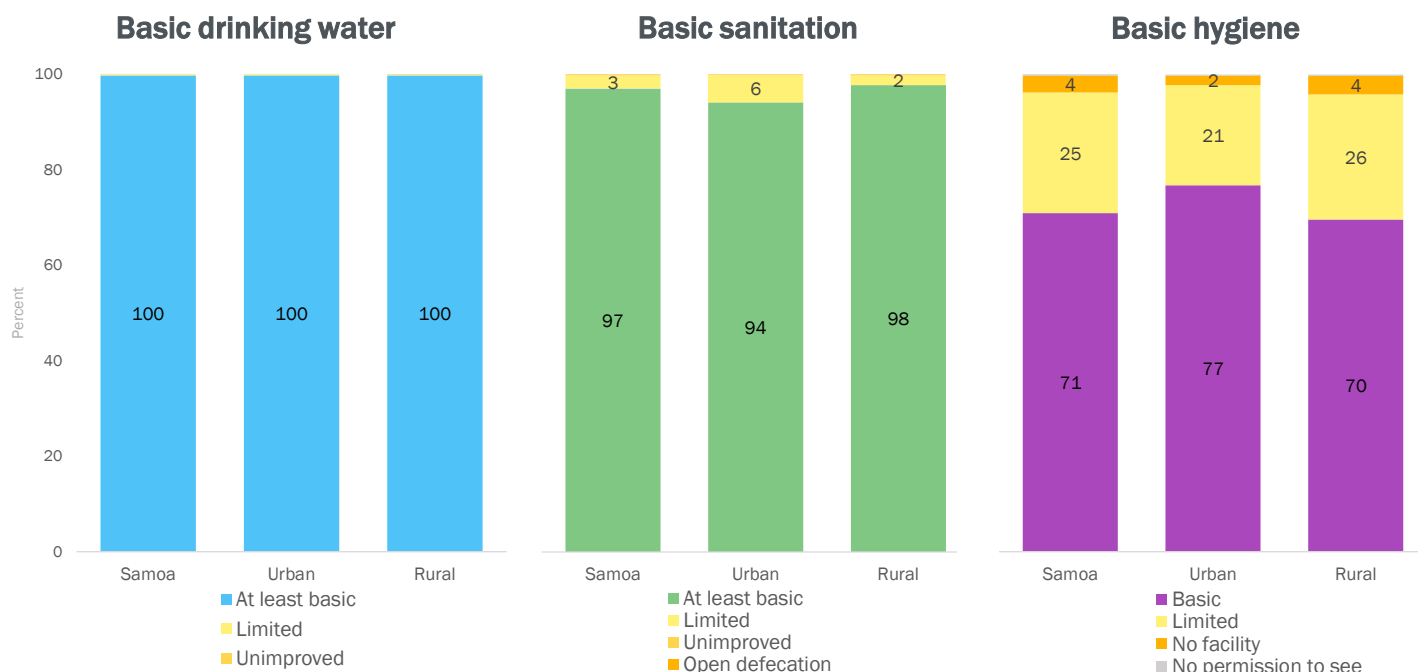


Drinking Water, Sanitation & Hygiene (WASH)

Multiple Indicator
Cluster Surveys



Basic Drinking Water, Sanitation & Hygiene Services



Percent of population by drinking water, sanitation and hygiene coverage

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

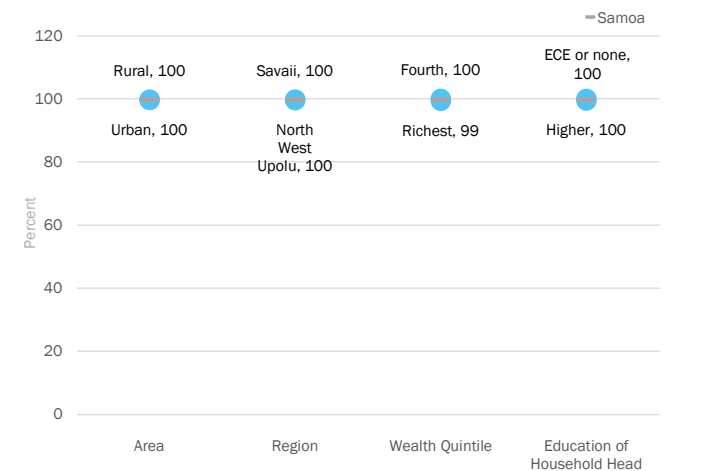
Sanitation ladder: **At least basic** sanitation services (SDG 1.4.1) refer to the use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs. **Limited** sanitation service refers to an improved facility shared with other households. **Unimproved** sanitation facilities include flush/pour flush to an open drain, pit latrines without a slab, hanging latrines and bucket latrines. **No service** refers to the practice of open defecation.

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

Key Messages

- Nearly the entire population (99.7 percent) use basic drinking water in Samoa, according to WHO/UNICEF Joint Monitoring Programme (JMP) definitions, with both urban and rural area exceeding 99 percent respectively.
- Ninety seven percent use basic sanitation services, urban and rural area reaching more than 90 percent.
- Seventy one percent uses basic hygiene services, with urban uses 77 percent and rural uses 70 percent.

Basic Drinking Water



Percent of population using basic drinking water services by background characteristics

Regional Data on Basic Services

Region	Basic Drinking Water	Basic Sanitation	Basic Hygiene
Samoa	100	97	71
Apia Urban Area	100	94	77
North West of Upolu	100	97	69
Rest of Upolu	100	97	70
Savai'i	100	99	72

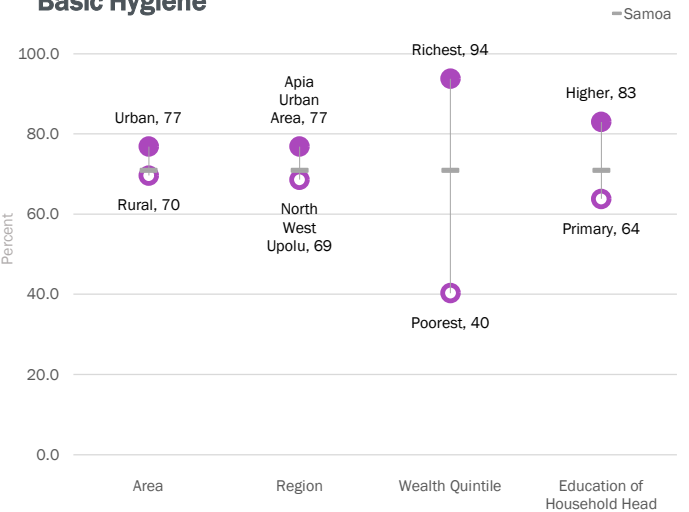
Percent of population using basic drinking water, sanitation and hygiene services by region

Basic Sanitation



Percent of population using basic sanitation services by background characteristics

Basic Hygiene



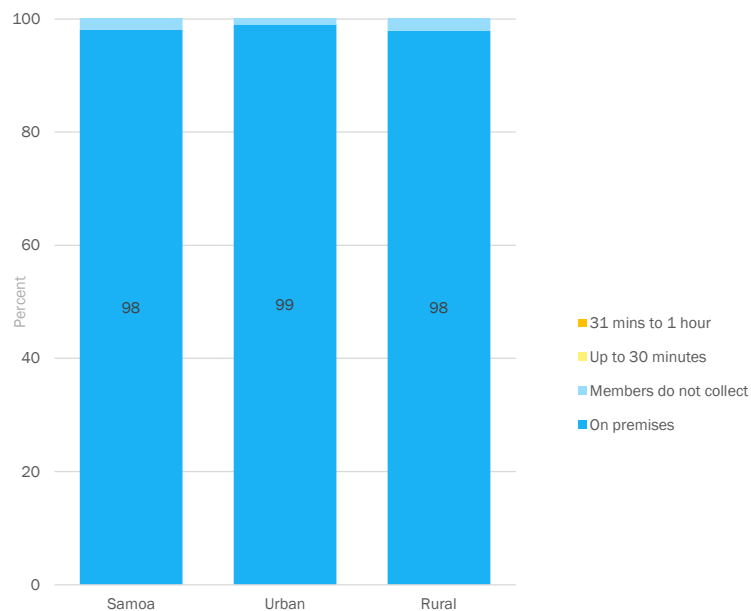
Percent of population using basic hygiene services by background characteristics

Key Messages

- There are no notable disparities in access to basic drinking water when comparing by background characteristics, urban and rural residence, wealth quintiles and education of the household head.
- Savai'i has the highest of 99 percent in basic sanitation compared to only 94 percent for Apia Urban Area.
- Large inequalities were observed for basic hygiene between the richest population with 94 percent compared to the poorest population with 40 percent.

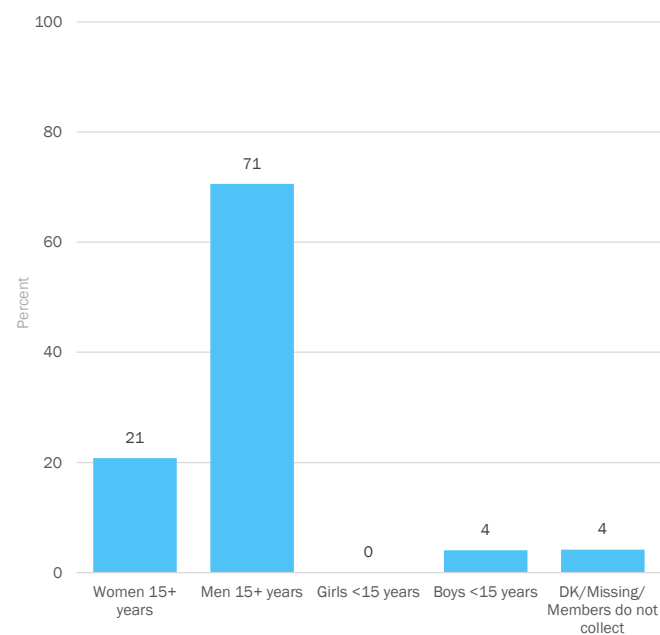
Accessibility of Drinking Water & Sanitation Facilities

Accessibility of drinking water



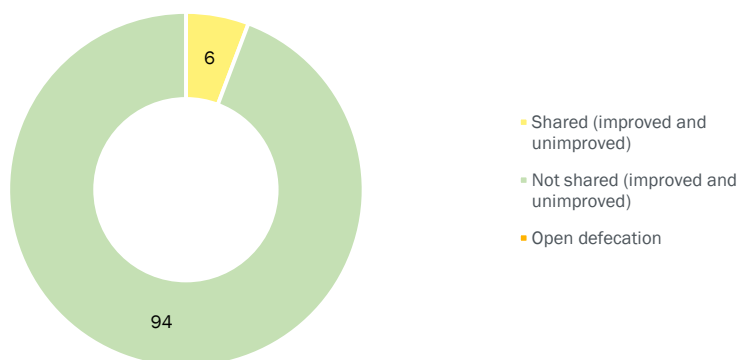
Percent of population by average time spent per day by household members collecting drinking water
Data for "Average time spent collecting water" for "Urban" are based on less than 25 unweighted cases

Who Primarily Collects Drinking Water for the Household

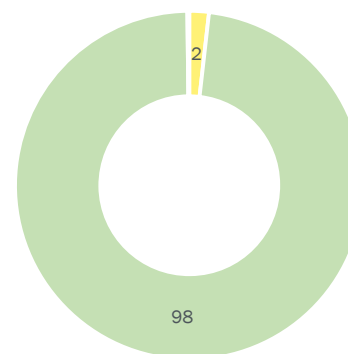


Percent of population in households without drinking water on premises, by gender and age of person primarily responsible for collecting drinking water
The population without drinking water on premises is very small in some surveys. Note the number/percent or delete chart if very small.

Shared sanitation



Shared sanitation in urban areas



Shared sanitation in rural areas

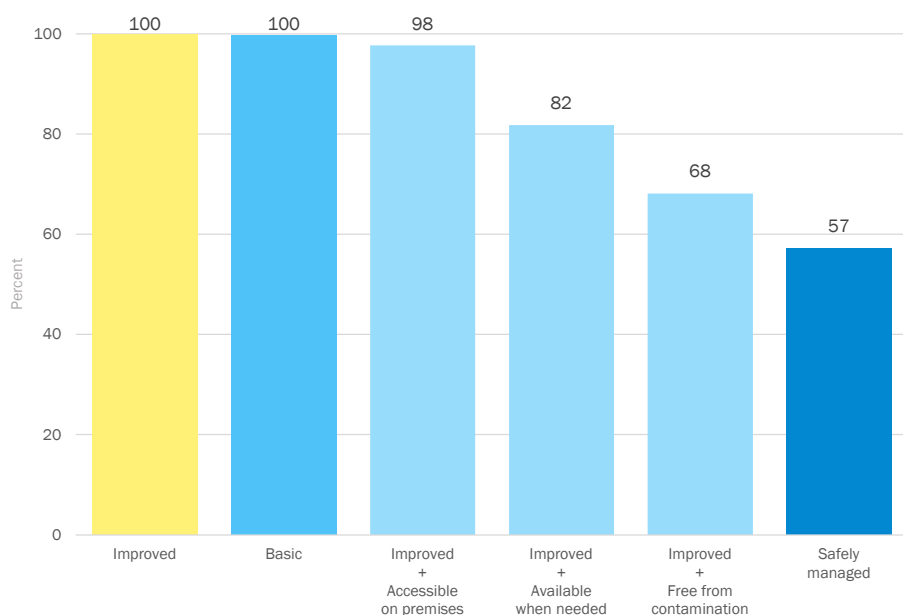
Percent of the population sharing sanitation facilities, by residence

Key Messages

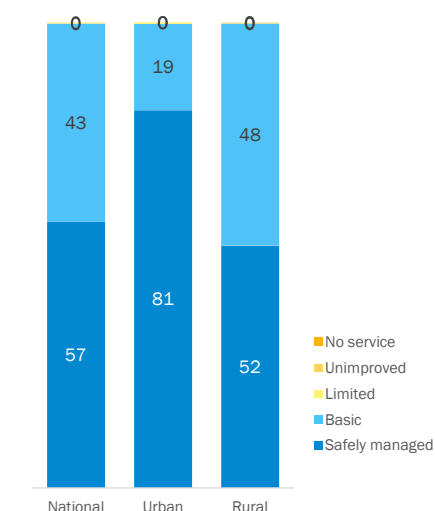
- Almost all households in Samoa have **easy access to drinking water**, with 99 to 98 percent having water on their premises in both urban and rural areas. When it comes to collecting water, **men aged 15 years and over are the main collectors (71 percent)**, followed by **women of the same age group (21 percent)**. Very few children are responsible for collecting water.
- Most households in both urban and rural areas **do not share sanitation facilities** (94 percent in urban and 98 percent in rural areas). Only a small percentage of households share sanitation facilities (6 percent in urban and 2 percent in rural areas), and **open defecation is very low**.

Safely Managed Drinking Water Services: SDG 6.1.1

Improved, basic & safely managed drinking water



Drinking water coverage: National, urban & rural

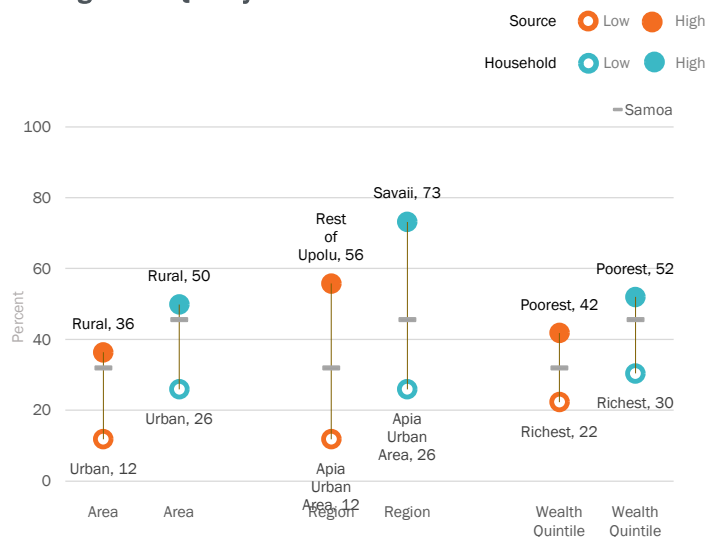


Percent of population by drinking water coverage

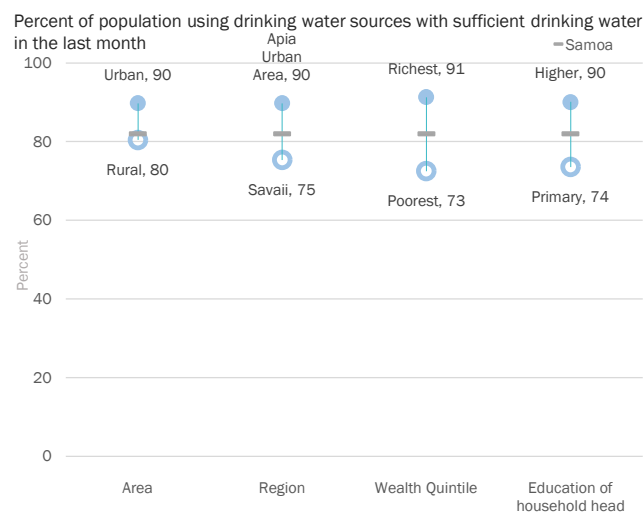
Percent of population using improved, basic and safely managed drinking water services

Safely managed (SDG 6.1) are improved sources: accessible on premises, available when needed, free from contamination

Drinking Water Quality at Source & Home



Availability of Drinking Water

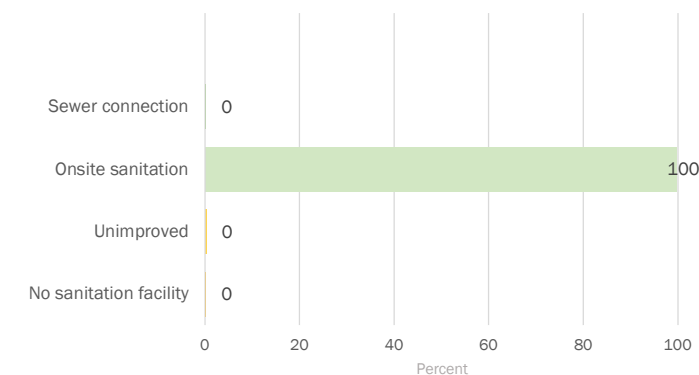


Key Messages

- All households use improved drinking water sources and only 57 percent meet the full criteria for safely managed services.
- Contamination with E.coli is prevalent, particularly in rural areas, among poorer households, and in Savai'i region.
- Urban households demonstrate higher safely managed coverage (81 percent) and more reliable availability compared to rural (48 percent).
- The poorest quintile and household led by less-educated heads face lower reliability and higher contamination risks highlighting inequalities in service delivery.
- Expanding coverage alone is insufficient, ensuring water is free from contamination consistently available is essential to achieving SDG 6.1.1.

Safely Managed Sanitation Services: SDG 6.2.1

Types of Sanitation Facility



Percent of population by type of sanitation facility, grouped by type of disposal

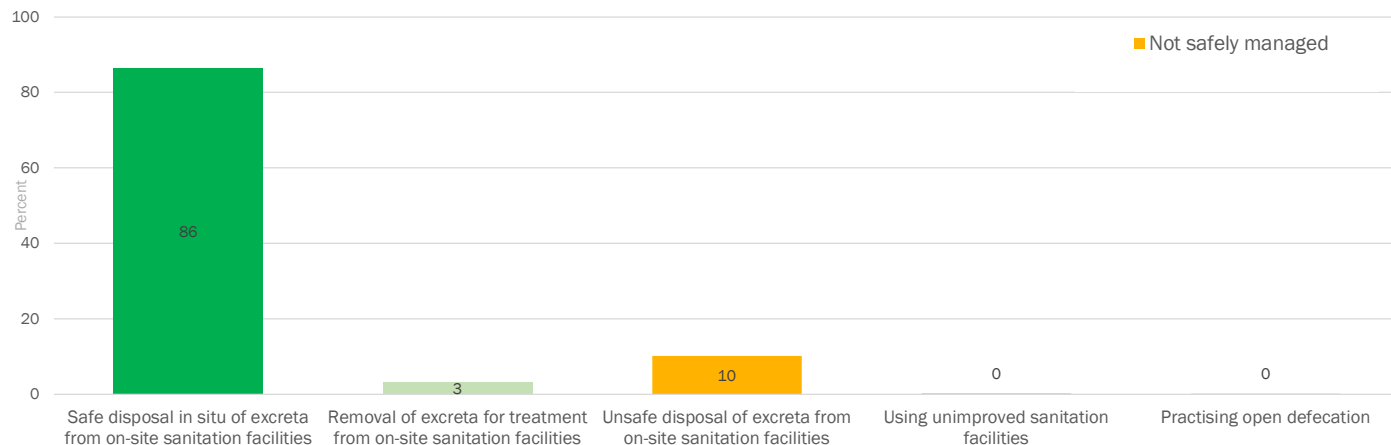
Sewer connections include “Flush/pour flush to piped sewer system” and “Flush to DK where”
Onsite sanitation facilities include “Flush/pour flush to septic”, “Flush/pour flush to latrine”, “Ventilated improved pit latrine”, “Pit latrine with slab” and “Composting toilet”

Types of Sanitation Facility by Region

Region	Onsite sanitation
Samoa	100
Apia Urban Area	100
North West Upolu	99
Rest Of Upolu	100
Savai'i	100

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

Management of excreta from household sanitation facilities



Percent of population by management of excreta from household sanitation facilities

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

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

Key Messages

- Overall, the findings demonstrate **universal access to onsite sanitation services nationwide**, reflecting strong performance in achieving SDG 6.2.1 targets.
- Most households in both urban and rural areas **do not share sanitation facilities** (94 percent in urban and 98 percent in rural areas). Only a small percentage of households share sanitation facilities (6 percent in urban and 2 percent in rural areas), and **open defecation is very low**.
- Most households (86 percent) safely dispose of excreta on-site, showing strong sanitation management.
- However, 10 percent still practice unsafe disposal, and 3 percent require further treatment assessment. Almost all household population uses improved sanitation facilities with open defecation almost non-existent.
- Overall, while sanitation access is universal, **improving safe excreta management remains important**.

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Samoa

DHS-MICS 2025



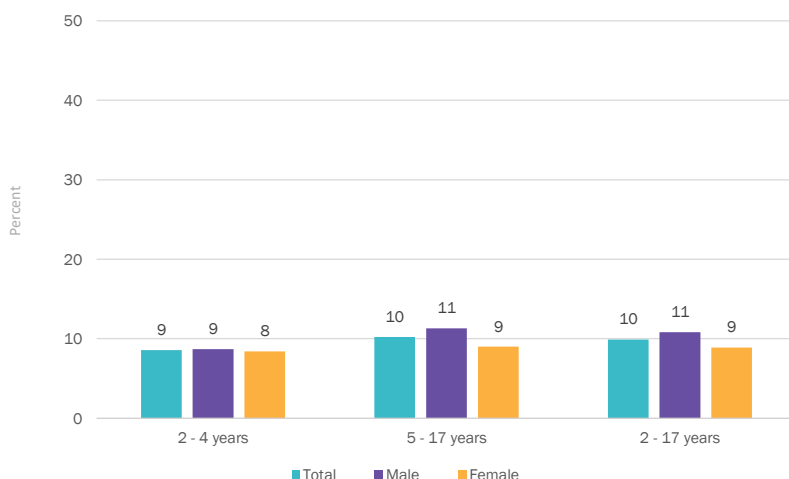
Child Functioning

Multiple Indicator
Cluster Surveys

Child Functioning: Levels & Domains



Child Functioning Levels by Age-Group



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

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

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

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

Child Functioning Domains

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

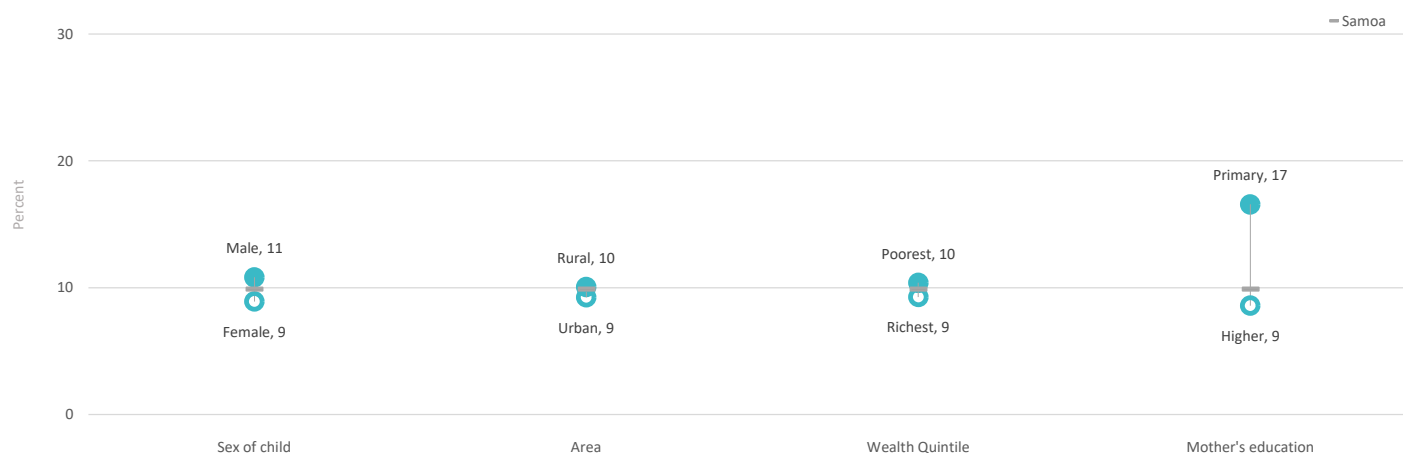
Percentage of children age 2–4 and 5–17 years with functional difficulty in at least one domain, by domain of difficulty

N/A: Not Applicable

Key Messages

- Ten percent of children age 2-17 years have functional difficulties in at least one domain.
- The proportion of children with functional difficulties increase with age, from 9 percent for children age 2-4 years increased to 10 percent for children aged 5-17 years.
- Controlling behaviour is the most common functional difficulty reported among children aged 2-4 years (5 percent).

Child Functioning: Inequalities



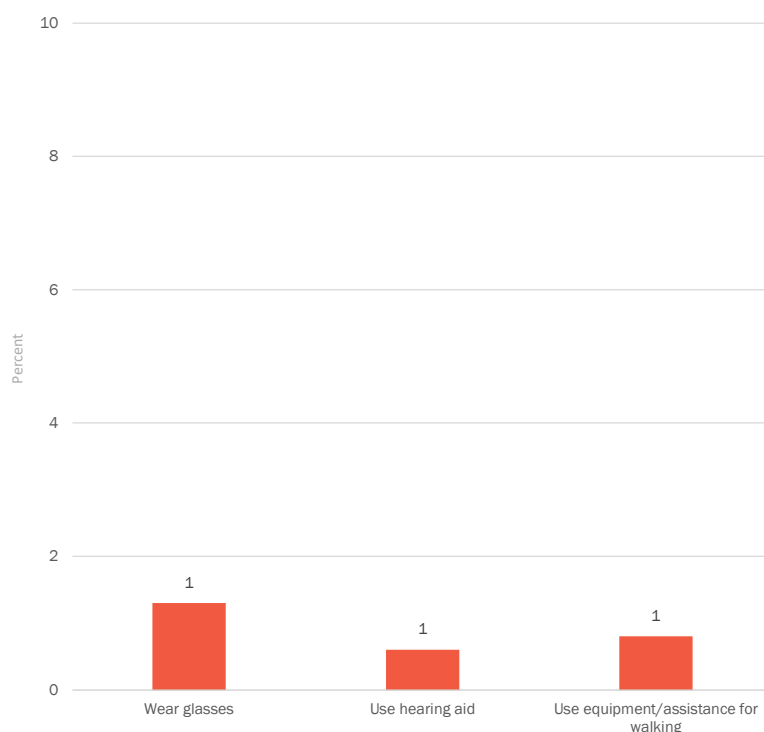
Percentage of children age 2–17 years with functional difficulty, by background characteristics

Regional Data on Child Functioning

Region	2-4 years	5-17 years	2-17 years
Samoa	9	10	10
Apia Urban Area	5	10	9
North West Upolu	6	9	8
Rest of Upolu	19	20	20
Savai'i	4	2	3

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

Children who use Assistive Devices & have Functional Difficulties



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

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Samoa

DHS-MICS 2025



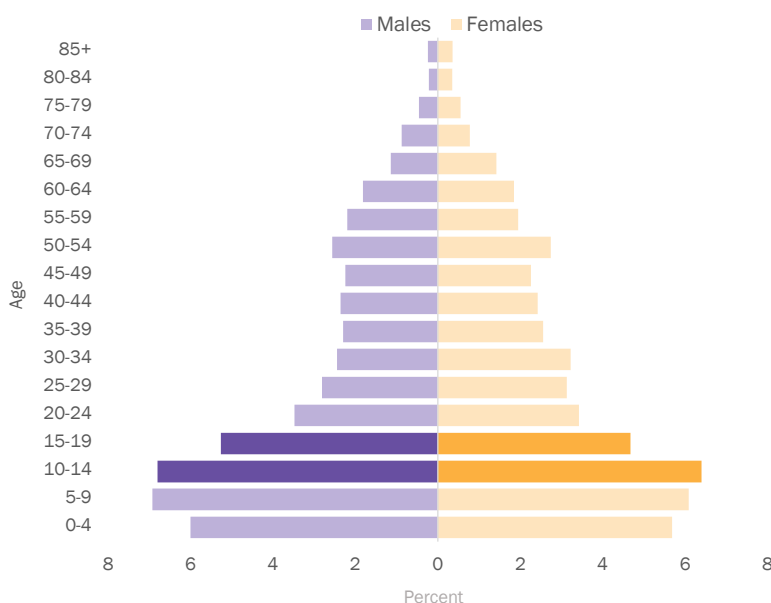
Adolescents

Multiple Indicator
Cluster Surveys

The Adolescent Population: Age 10-19



Age & Sex Distribution of Household Population



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

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

Every Adolescent Survives & Thrives

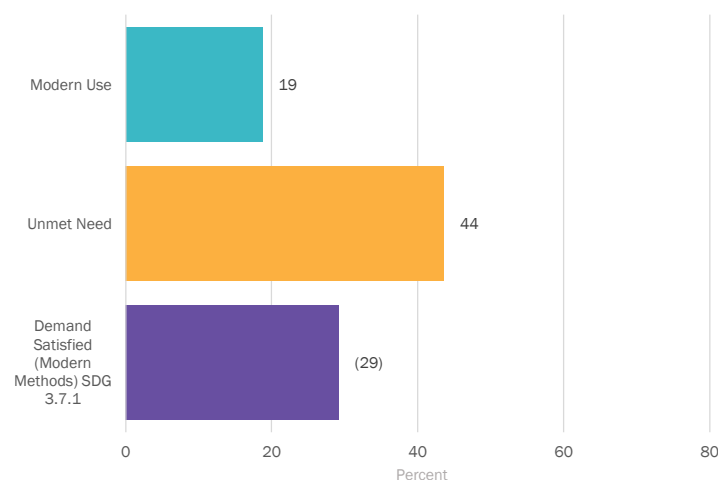
Adolescence is by some measures the healthiest period in the life-course, yet it can also mark the first manifestations of issues which can have lifelong effects on health and wellbeing, such as unsafe sexual behavior, early childbearing and substance misuse. Nevertheless, health interventions during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

Adolescent Birth Rate: SDG 3.7.2



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

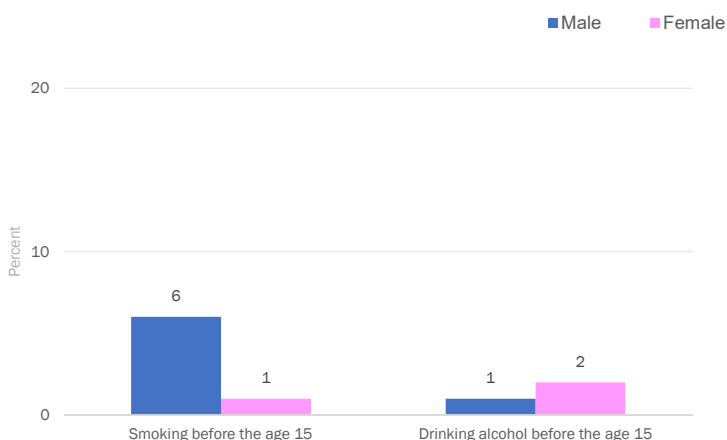
Modern Contraceptive Use, Unmet Need & Demand Satisfied for Modern Methods: SDG 3.7.1



Percentage of girls age 15-19 years currently unmarried/not in union who are using (or whose partner is using) a contraceptive method, percentage with an unmet need for contraception and percent of demand for modern methods of family planning satisfied. () Figures that are based on <25-49 unweighted cases.

Every Adolescent Survives & Thrives

Smoking and drinking before the age 15

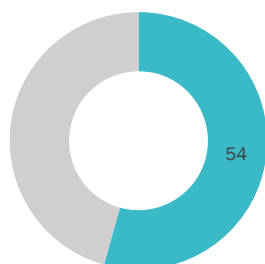


Percentage of adolescent girls and boys age 15-17 years and 18 and 19 years who are current tobacco users. Tobacco use; SDG indicator 3.8.1 & 3.a.1

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

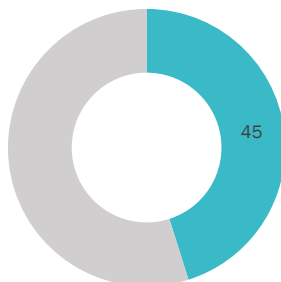
Every Adolescent Learns

Foundational Reading Skills



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

Foundational Numeracy Skills

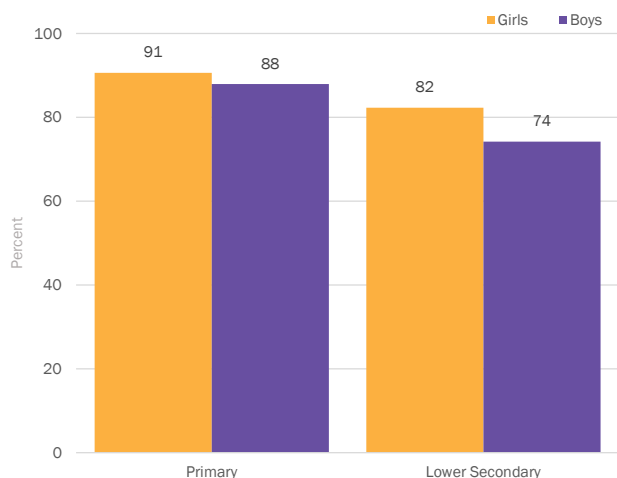


Percentage of children age 7-14 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task

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

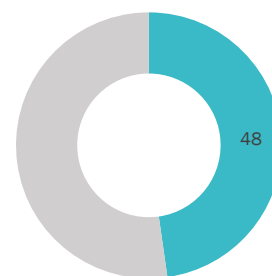
Data on reading and numeracy skills are collected in MICS through a direct assessment method. The Foundational Learning module captures information on children's early learning in reading and numeracy at the level of Grade 2 in primary education.

School Attendance Rates



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

Information & Communications Technology (ICT) Skills*

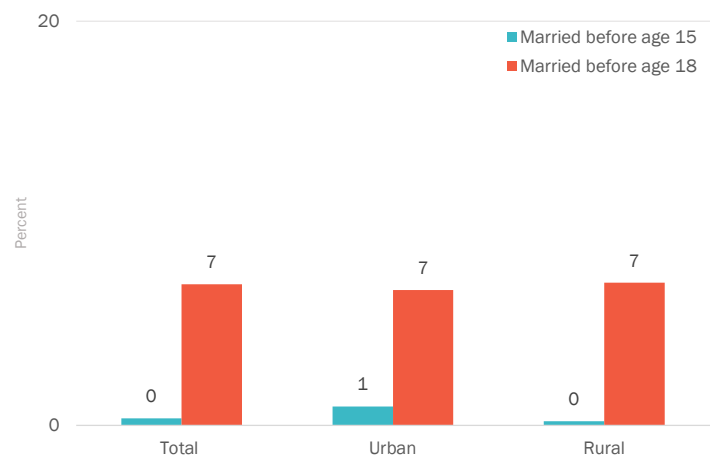


Percentage of adolescents age 15-19 who in the last 3 months have performed at least one of eleven specific computer related activities

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

Every Adolescent is Protected from Violence & Exploitation

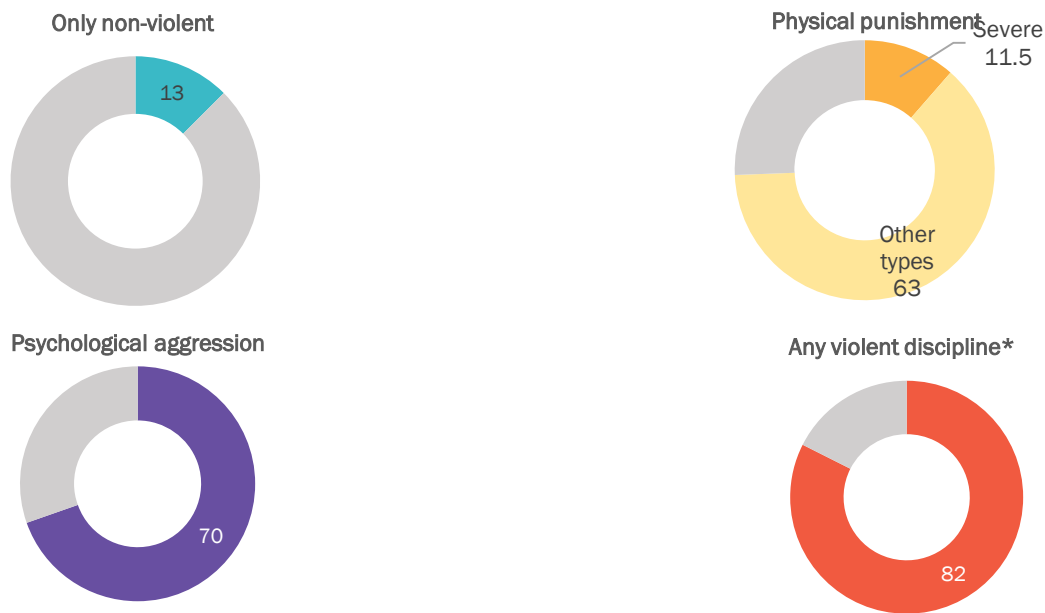
Child Marriage: SDG 5.3.1



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

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

Child Discipline



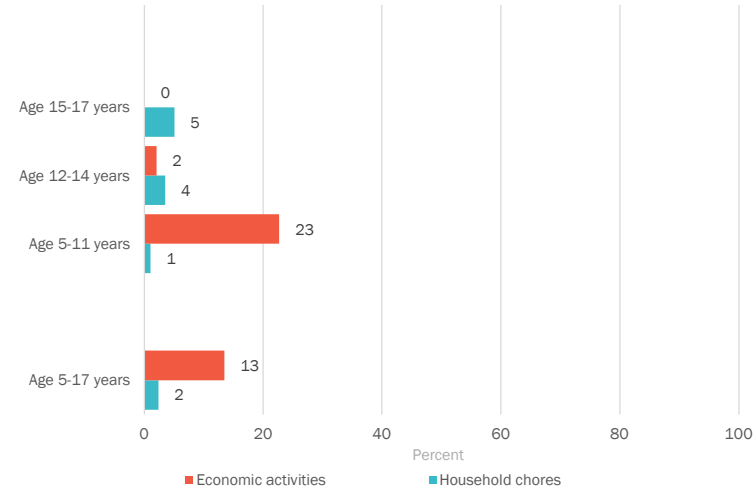
Percentage of children age 10 to 14 years who experienced any discipline in the past month, by type
*Age disaggregate of SDG 16.2.1

Key Messages

- Adolescents' population 10-19 years made up more than 23 percent of the sampled population of the DHS-MICS 2025.
- Adolescents birth rate is higher for those who attained a Secondary level of education (68 births per 1000 women) compared to those who achieved a higher education (23 births per 1000 women). Also, when compared by wealth quintile, those in the poorest quintiles have the highest adolescents birth rate (64 births per 1000 women) compared to those in the richest quintiles.
- School attendance rates for those aged 5-10 years is higher for girls in primary (91 percent) compared to boys (88 percent). Same trends are seen in the lower secondary school attendance.
- For adolescents aged 15-19 years, 19 percent reported that they use modern contraceptive methods. About 44 percent have unmet needs and 29 percent reported to have their demand satisfied by a modern method.
- The survey reported that 70 percent of children 10-14 years have experienced psychological aggression in the past month preceding the survey and 82 percent have experienced any violent discipline.

Every Adolescent is Protected from Violence & Exploitation

Child Labour: SDG 8.7.1



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

Definition of Child Labour

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

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

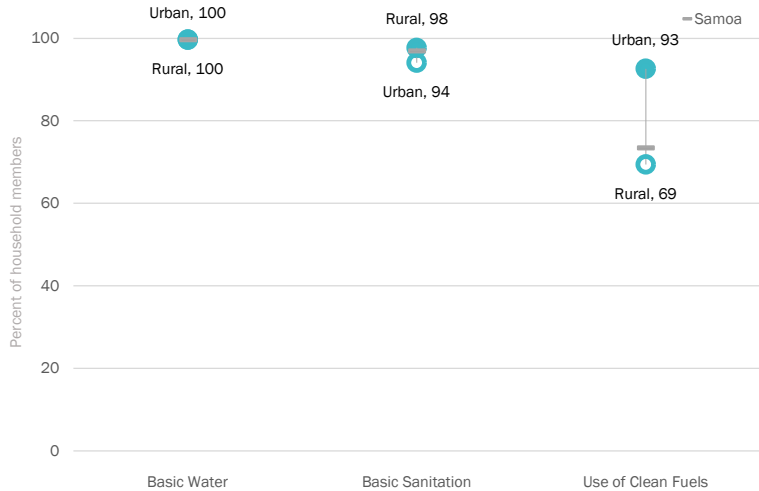
Age 15 to 17 years: At least 43 hours of economic activities. No threshold for number of hours of unpaid household services.

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

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

Every Adolescent Lives in a Safe & Clean Environment

Water, Sanitation & Clean Fuel Use



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

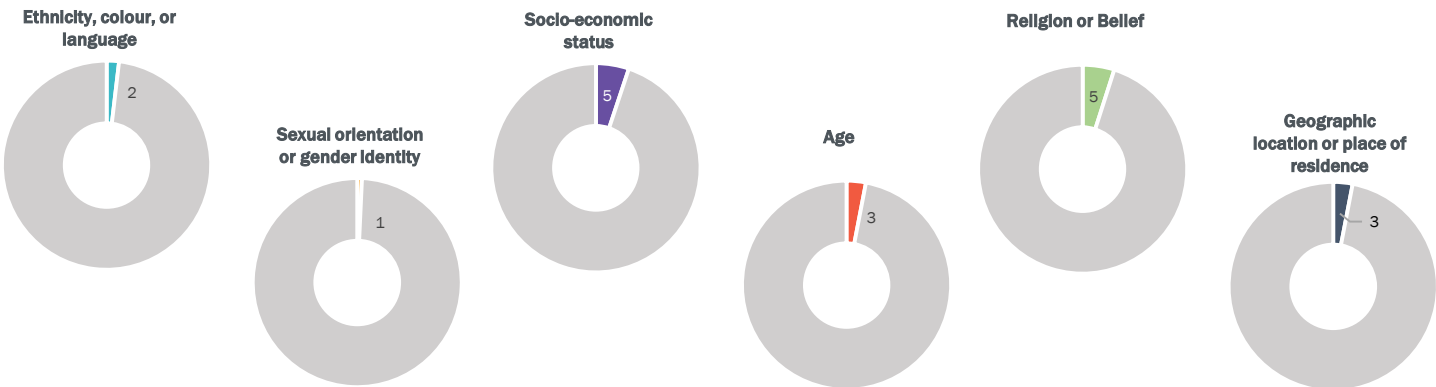
Basic Drinking Water SDG 1.4: Drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: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

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

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

Every Adolescent has an Equitable Chance in Life

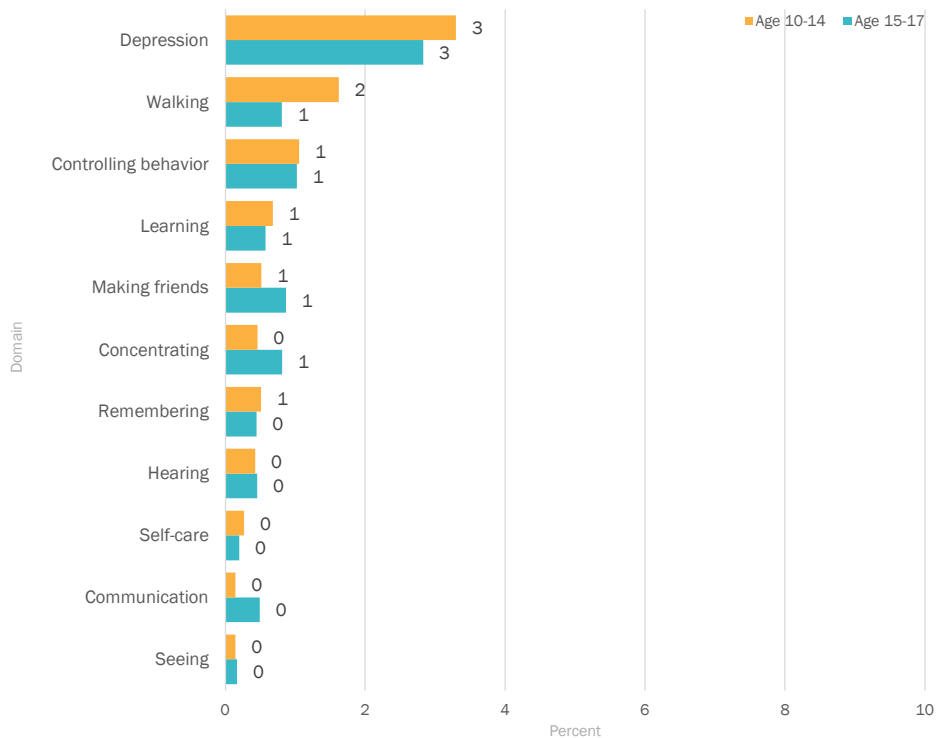
Discrimination & Harassment



Percentage of adolescent age 15-19 years who in the last 12 months have felt discriminated against or harassed on the basis of different grounds

Every Adolescent has an Equitable Chance in Life

Functioning Difficulties in Adolescents



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

Achieving sustainable progress and results with regard to equity demands a human rights-based approach. At the core of international human rights legal framework is the principle of non-discrimination, with instruments to combat specific forms of discrimination, including against women, indigenous peoples, migrants, minorities, people with disabilities, and discrimination based on race and religion, or sexual orientation and gender identity. As adolescents begin to form more of an individual identity, discrimination can often become more pronounced, taking form in harassment, bullying, or exclusion from certain activities. At the same time, research has shown that discrimination during adolescence has a particularly strong effect on stress hormones, potentially leading to life-long mental or physical health side effects.

Children and adolescents with disabilities are one of the most marginalized groups in society. Facing daily discrimination in the form of negative attitudes, lack of adequate policies and legislation, adolescents with disabilities are effectively barred from realizing their rights to health, education, and even survival.

Key Messages

- Adolescents access to basic drinking water and basic sanitation are both high in urban and rural. However, the use of clean fuels for cooking shows a large difference between those living in the urban area (93 percent) and (69 percent) for rural areas .
- Adolescents age 15-19 years who in the last 12 months preceding the survey have felt discriminated against or harassed on the basis socio-economic status and religion (5 percent respectively) and also basis of age and Geographic location or place of residence (3 percent respectively).
- In comparison to adolescents age 15-17, more adolescents of the age group 10-14 years have functional difficulties in domains such as accepting change (4 percent), anxiety (4 percent) and depression (3 percent).
- Overall, 13 percent of children age 5-17 years engage in economic activities at or above the age specific thresholds outlined in the definition of child labour.

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The objective of this snapshot is to disseminate selected findings from the Samoa DHS-MICS 2025 related to Adolescents. Data from this snapshot can be found in tables SR.4.1, SR6.1, TM.2.1, TM.3.1, TM.3.3, TM 4.1, TM10.1, TM10.2S, LN.4.1, LN.4.2, PR.2.1, PR.3.3, WS3.9, and EQ2.1 in the Survey Findings Report.

Further statistical snapshots and the Summary Findings Report for this and other surveys are available on mics.unicef.org/surveys.

Samoa

DHS-MICS 2025



Gender Equality

Multiple Indicator
Cluster Surveys

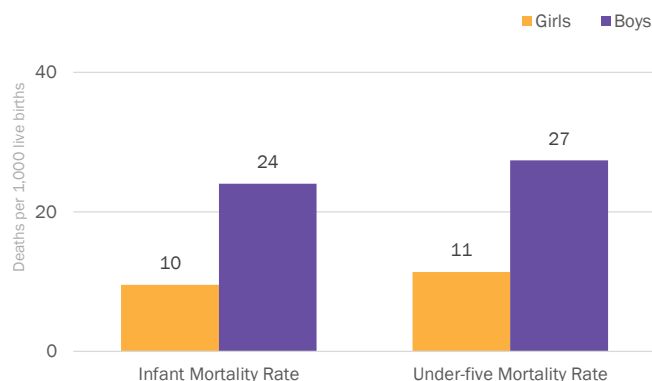


Gender equality means that girls and boys, women and men, enjoy the same rights, resources, opportunities and protections. Investments in gender equality contribute to lifelong positive outcomes for children and their communities and have considerable inter-generational payoffs because children's rights and well-being often depend on women's rights and well-being. This snapshot shows key dimensions of gender equality during the lifecycle. It is organized around: 1) the first decade of life (0-9 years of age) when gender disparities are often small, particularly in early childhood; 2) the second decade of childhood (10-19 years of age) when gender disparities become more pronounced with the onset of puberty and the consolidation of gender norms; and 3) adulthood, when gender disparities impacts both the wellbeing of women and girls and boys.

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

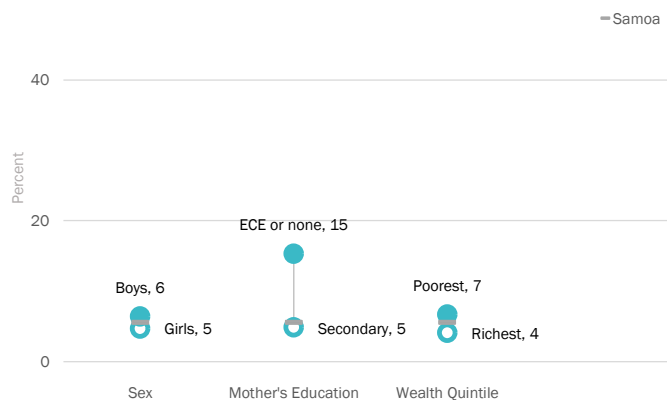
Nutrition and a supportive environment in early childhood are among the key determinants of the health and survival of children and their physical and cognitive development. Generally, girls tend to have better biological endowments than boys for survival to age five, and thus higher survival chances under natural circumstances. However, gender discrimination against girls can affect survival, resulting in higher than expected female mortality. Similarly, stunting rates are typically lower among girls than boys, potentially due to the higher risk for preterm birth among boys, which is inextricably linked with lower birth weight. However, children with mothers who gave birth at a young age or who have no education may be more likely to be malnourished. Children with restricted cognitive development during early life are at risk for later neuropsychological problems, poor school achievement, early school drop-out, low-skilled employment, and poor care of their own children. Stimulation and interaction with parents and caregivers can jumpstart brain development and promote well-being in early childhood. This is also the period of development when gender socialization, or the process of learning cultural roles according to one's sex, manifests. Caregivers, particularly fathers, may respond to, and interact with, sons and daughters differently.

Mortality Rates among Children Under-5, SDG 3.2.1 Sex Disaggregate



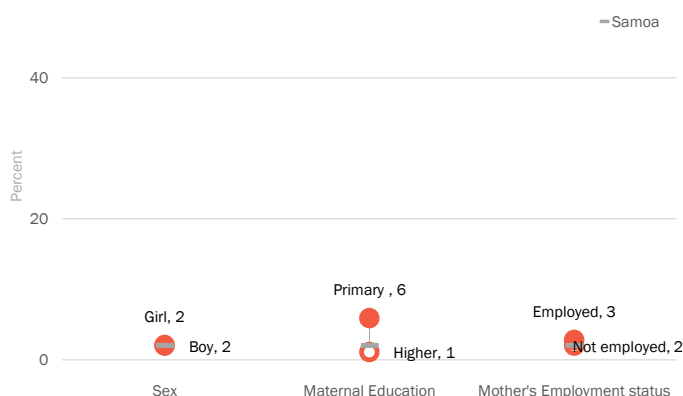
Infant mortality: probability of dying between birth and the first birthday
Under-five mortality: the probability of dying between birth and the fifth birthday

Malnutrition: Stunting (Moderate & Severe) among Children Under-5, SDG 2.2.1



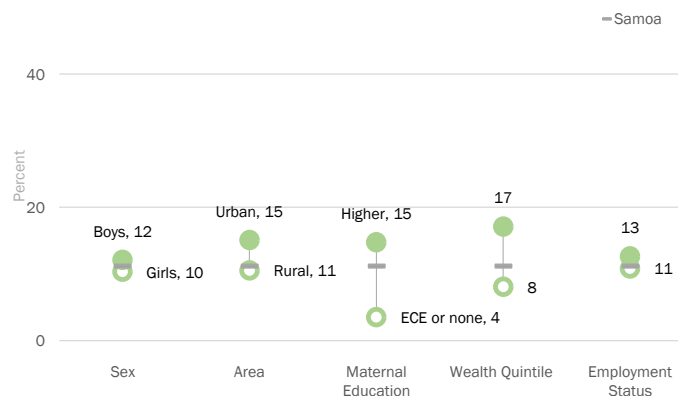
Stunting refers to a child too short for his or her age

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



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

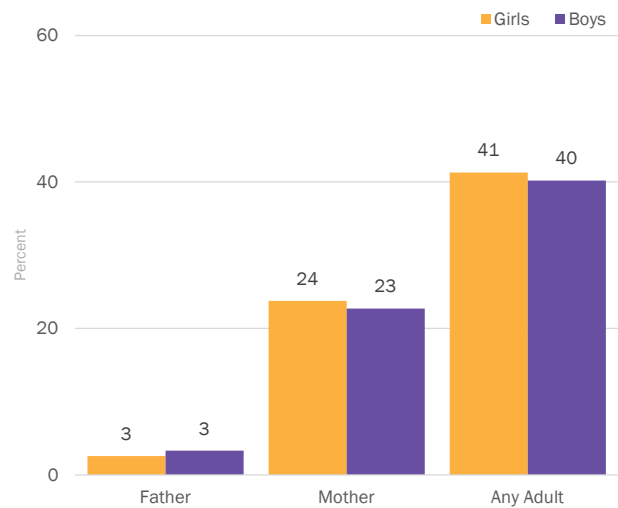
Malnutrition: Overweight (Moderate & Severe) among Children Under-5, SDG 2.2.2



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

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

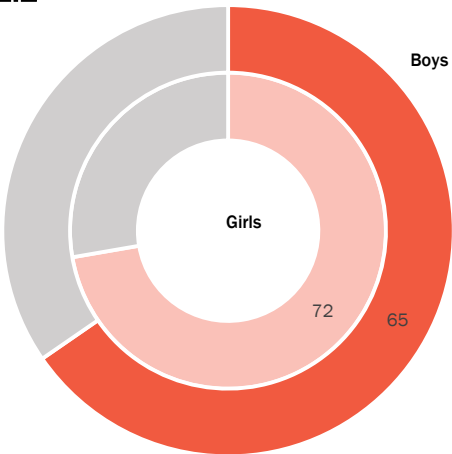
Early Stimulation & Responsive Care by Adults



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

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

Early Childhood Development Index, SDG 4.2.1

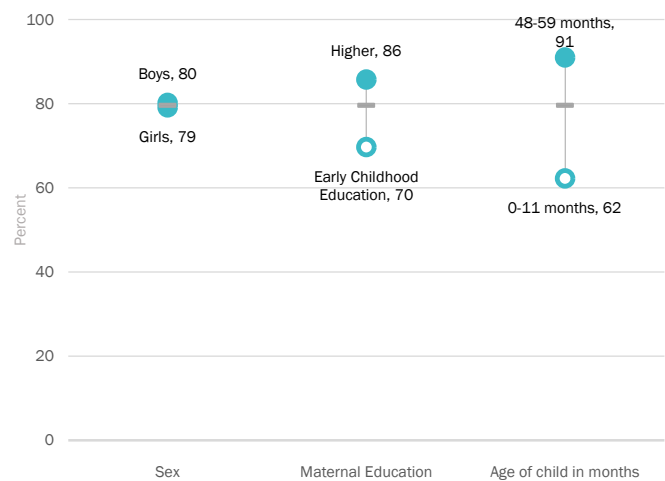


Percentage of children age 3-4 years who are developmentally on track in at least 3 of the following 4 domains: literacy-numeracy, physical, social-emotional, and learning domains, by sex.

Every Girl & Boy Is Protected From Violence & Exploitation: The First Decade of Life

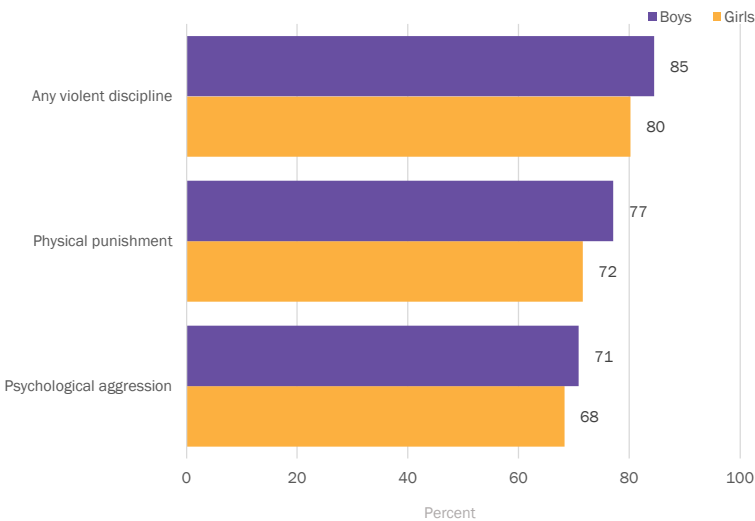
Registering children at birth is the first step in securing their recognition before the law, safeguarding their rights, and ensuring that any violation of these rights does not go unnoticed. While vitally important for both girls and boys, the implications of low birth registration rates for girls are significant, rendering them more vulnerable to certain forms of exploitation they are at greater risk of, including child marriage and international trafficking. Although average birth registration rates are similar for girls and boys, children with mothers who have no education may be less likely to have their births registered. While girls and boys face similar risks of experiencing violent discipline -which includes physical punishment and psychological aggression- by caregivers in the home, gender inequality and domestic violence are among the factors associated with an elevated risk of violence against both girls and boys.

Birth Registration, SDG 16.9.1 Sex Disaggregate



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

Violent Discipline, SDG 16.2.1 Sex Disaggregate



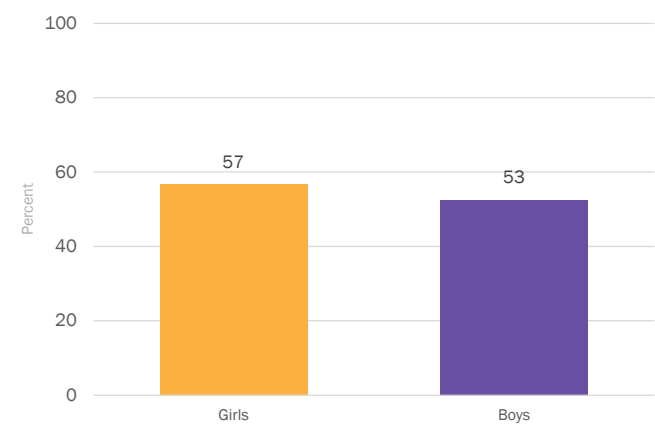
Percentage of children age 1-14 years who experienced violent discipline in the past month, by sex
Note: The age group 1-14 spans the first and second decades of life.

Every Girl & Boy Learns: The First Decade of Life

Investment in good quality early childhood education services prior to entering school improves learning outcomes for children. It also enhances the efficiency of the school system by reducing repetition and drop-out and improving achievement, especially among girls and marginalized groups. Primary education provides the foundation for a lifetime of learning. Considerable progress has been made in achieving universal education and closing the gender gap but gender disparities to the disadvantage of girls still exist in some countries. Further, girls still comprise the majority of the world's out-of-school population.

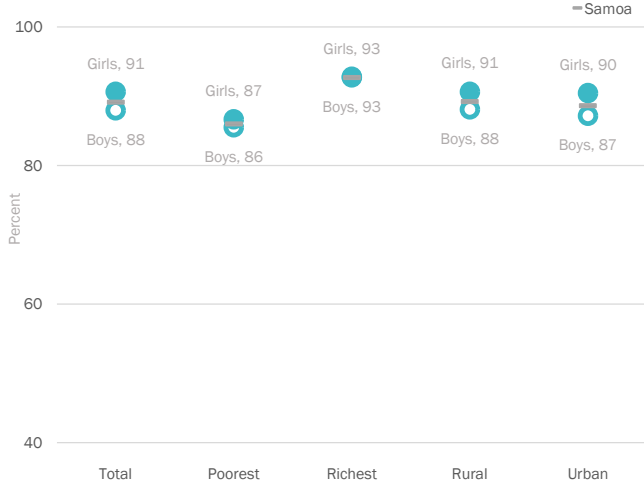
Note: Because children of primary school age range from 5-12 years, these indicators include some children in their second decade of life.

Participation Rate in Organized Learning, SDG 4.2.2



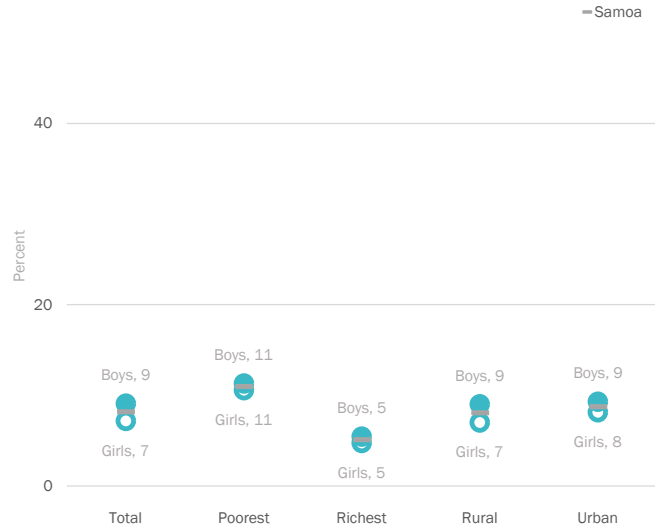
Percentage of children age one year younger than the official primary school entry age at the beginning of the school year who are attending an early childhood education programme or primary school (adjusted net attendance rate), by sex

Primary School Attendance



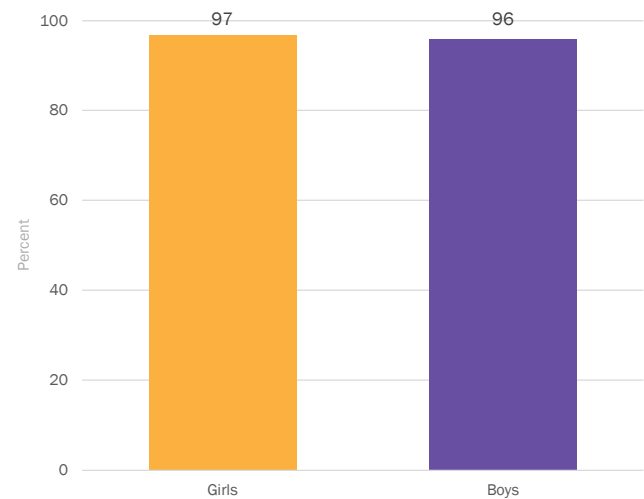
Percentage of children of primary school age attending primary, lower or upper secondary school (adjusted net attendance rate), by wealth quintile and urban/rural residence

Children of Primary School Age Out of School



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

Primary Completion, SDG 4.1.2



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

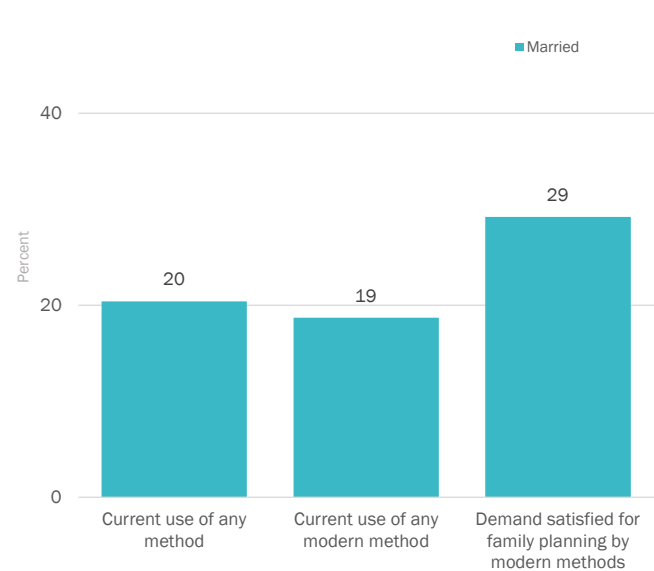
Key Messages

- Infant mortality rate is higher for boys (24) than girls (10). Similar trends are also seen in the under 5 mortality rates with boys (27) and girls (11).
- In terms of malnutrition indicators which include stunting, wasting and overweight disparities are seen in background characteristics.
- There is a high percentage (91 percent) of children aged 48-59 months with birth already registered compared to only 62 percent of children aged 0-11 months.
- Girls are slightly more likely to participate in organized learning with 57 percent of girls and 53 percent of boys enrolled 1 year before the official primary school entry age at the beginning of the school year.
- In terms of primary completion rate, girls have a higher completion rate (97 percent) compared to 92 percent for boys.
- School attendance is slightly higher among girls than boys in both richest and poorest households as well those living in urban and rural area.

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

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

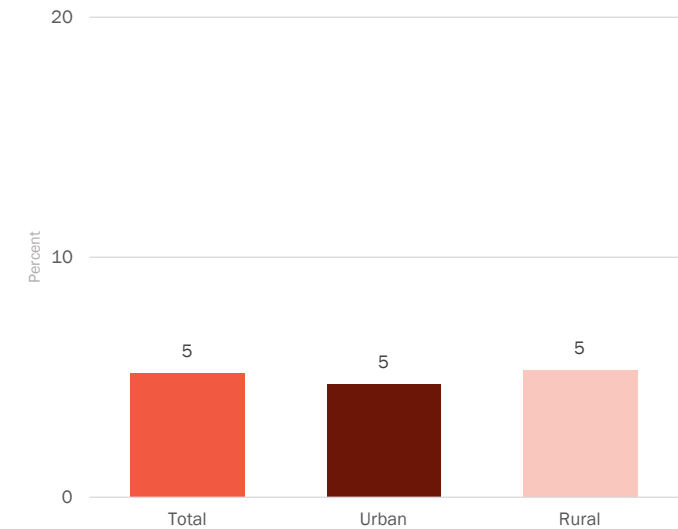
Contraceptive Use & Demand Satisfied



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

Note: data for "demand satisfied for family planning by modern method" are based on 25 - 49 unweighted cases.

Early Childbearing - by Age 18



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

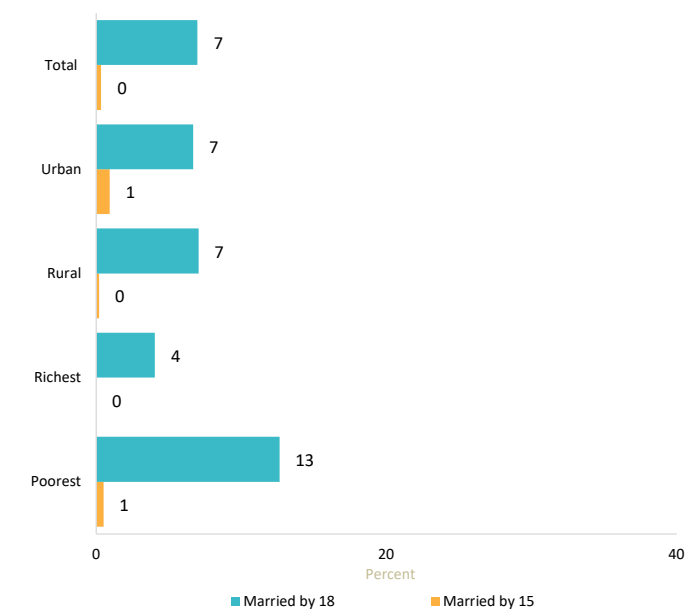
Key Messages

- Early childbearing before the age 18 among women aged 20-24 years still exist in both urban and rural areas. This will help support initiatives by the Government to not only provide mandatory education at secondary and tertiary school level as well as encouraging health sex education at the household level by providing awareness for parents & caregivers, in order to remove stigma and harmful mindsets that risk unsafe sex and early childhood.
- Twenty percent of adolescents 15-19 are current users of any method compared to 19 who are currently using any modern method.

Every Adolescent Girl & Boy is Protected from Violence & Exploitation: The Second Decade of Life

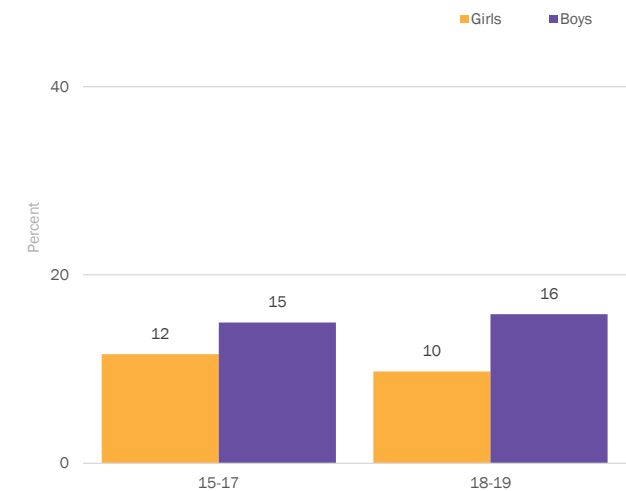
Adolescence presents unique vulnerabilities to violence and exploitation for girls. In many countries, marriage before the age of 18 is a reality for girls due to the interaction of several factors that place a girl at risk, including poverty, social norms, customary or religious laws that condone the practice, an inadequate legislative framework and the state of a country's civil registration system. Child marriage often compromises a girl's development by resulting in early pregnancy and social isolation, interrupting her schooling, and limiting her opportunities for career and vocational advancement. It also often involves a substantial age difference between the girl and her partner, thus further disempowering her and putting her at greater risk of partner violence, sexually transmitted diseases and lack of agency. Attitudes about wife beating serve as a marker for the social acceptability of intimate partner violence. Acceptance of wife beating among adolescent girls and boys suggests that it can be difficult for married girls who experience violence to seek assistance and for unmarried girls to identify and negotiate healthy and equitable relationships. Gender-based discrimination may be one of the most ubiquitous forms of discrimination adolescent girls face, and it has long-lasting and far-reaching effects on their personal trajectories as well as on all aspects of social and economic development. While in most regions, girls and boys are equally likely to be involved in child labour, gender is a determinant of the types of activities boys and girls engage in, with girls more likely to be involved in domestic work.

Child Marriage, SDG 5.3.1



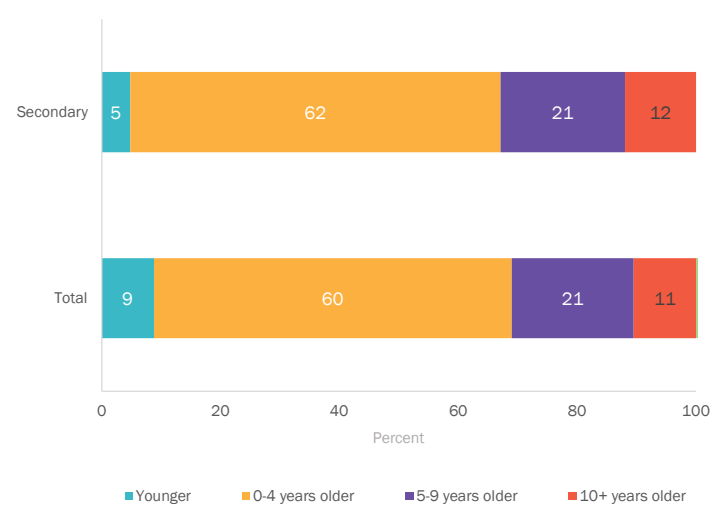
Percentage of women aged 20-24 years who were first married or in union before age 15 and before age 18*, by residence and wealth quintile

Attitudes toward Domestic Violence



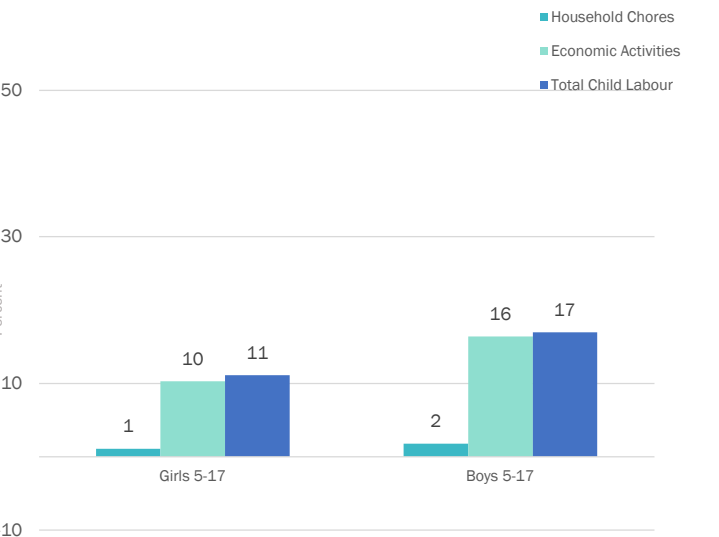
Percentage of adolescents age 15-19 years who justify wife beating for any of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food, by sex and age group

Spousal Age Difference



Percent distribution of adolescent girls age 15-19 currently married or in union by age of their partner, by education level and wealth quintile

Child Labour, SDG 8.7.1



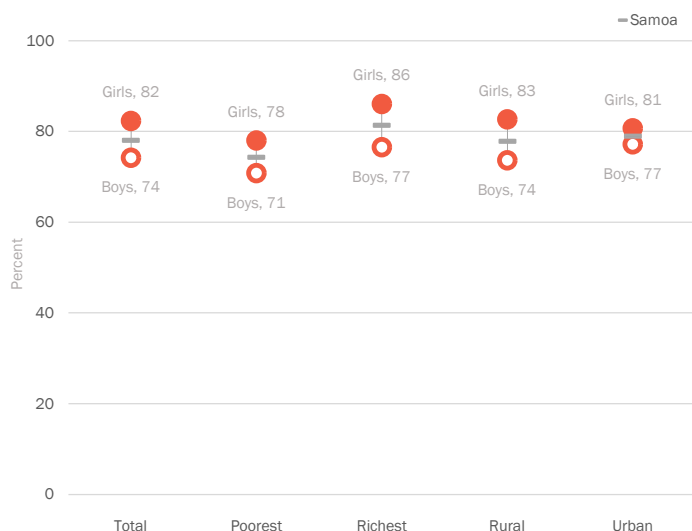
Percentage of children age 5 to 17 years engaged in child labour, by sex, age group and type of activity

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

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

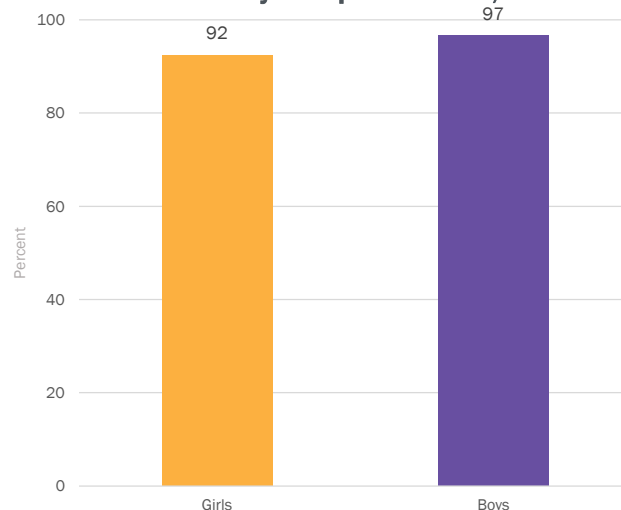
Globally, participation in secondary education is expanding, progress lags behind primary education. Gender disparities disadvantaging girls are also wider and occur in more countries at the secondary level than at the primary level. Yet, advancing girls' secondary education is one of the most transformative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

Lower Secondary Attendance Net Attendance Rate



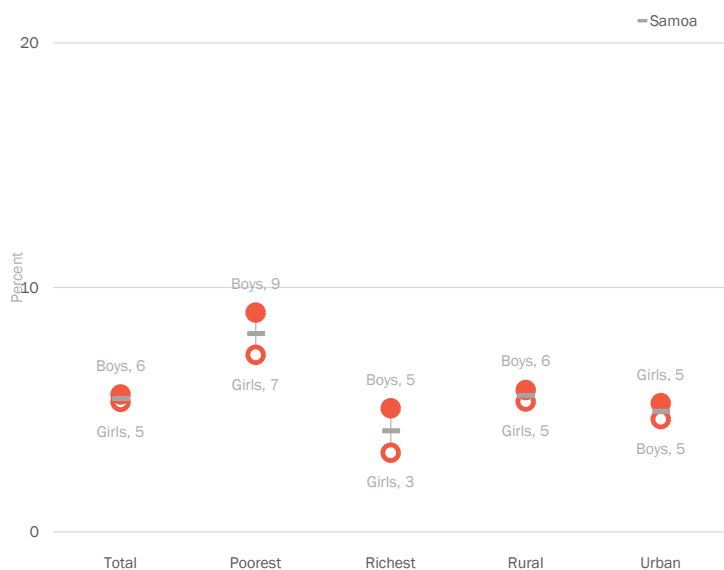
Percentage of children of secondary school age attending lower secondary school or higher (adjusted net attendance rate), by sex, wealth quintile and area

Lower Secondary Completion Rate, SDG 4.1.2



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

Children of Secondary School Age Out of School



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

Key Messages

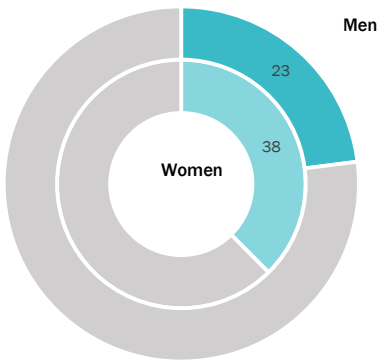
- There are more women age 20-24 years who were married or in union before the age 18 with a significant increase for those women living in poorest households (13 percent) compared to richest households (4 percent).
- It is very interesting to note that out of all the children aged 5-17 years that are engaged in child labour, majority of them are doing economic activities (10 percent for girls and 16 percent for boys) compared to a small percentage doing household chores (1 percent for girls and 2 percent for boys).
- It is evident from the key findings that boys are more likely to drop out of school compared to girls.

Gender Equality in Adulthood

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

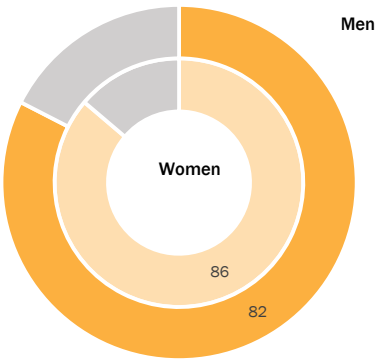
Access to Information & Technology

Use of computer



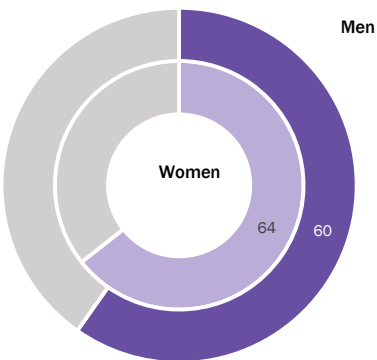
Percentage of adults age 15-49 who used a computer during the last 3 months, by sex

Use of mobile phone



Percentage of adults age 15-49 who used a mobile phone during the last 3 months, by sex

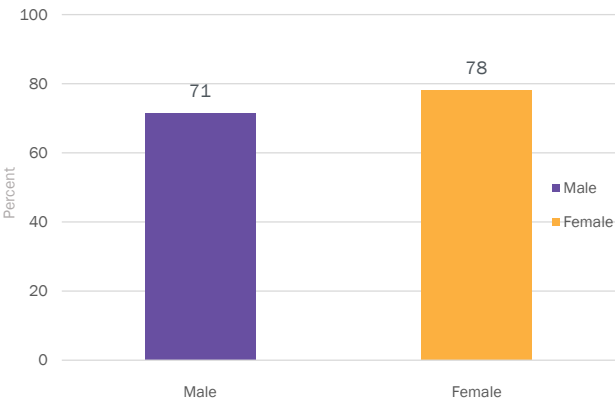
Internet Use: SDG17.8.1



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

Access to Resources

Mobile Phone Ownership, SDG 5.b.1



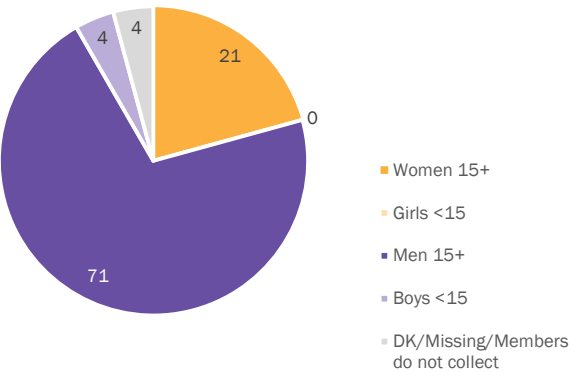
Percentage of adults age 15-49 who own a mobile phone, by sex

Key Messages

- More women aged 15-49 years (38 percent) used computer compared to men (23 percent).
- The ownership of mobile phones is slightly the same between males and females.
- Men 15 years and over are more likely to collect water (71 percent) compared to women of the same age (21 percent).

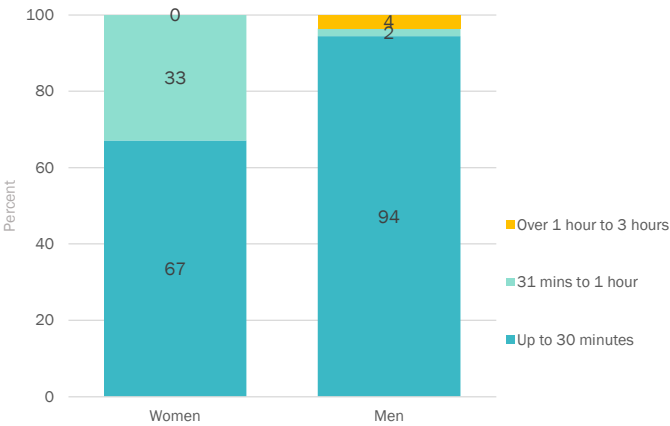
Time on Household Chores: Water Collection

Who collects water?



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

Time spent on water collection



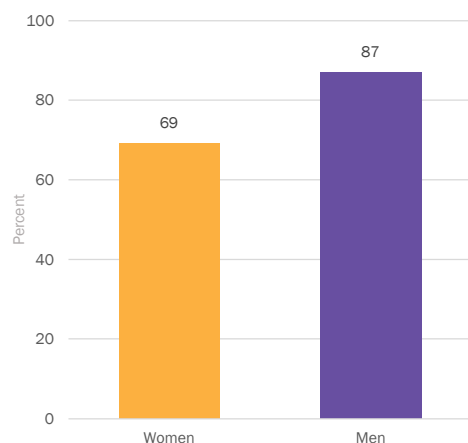
Percent distribution of average amount of time spent collecting water per day by sex of person primarily responsible for water collection in households without drinking water on premises

61 Note: data for "Up to and including 30 minutes, from 31 minutes to 1 hour and over 1 hour to 3 hours for women are based on 25 - 49 unweighted cases.

Gender Equality in Adulthood

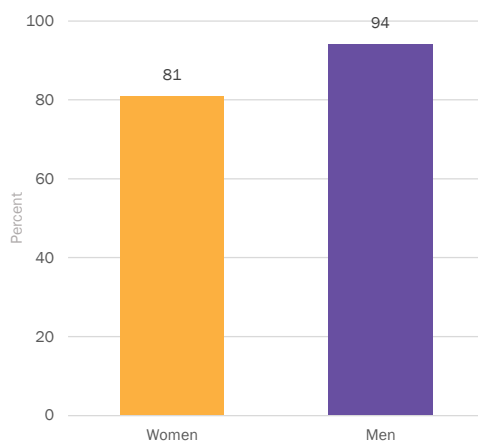
Safety & Security

Feeling safe while walking alone, SDG 16.1.4 sex disaggregate



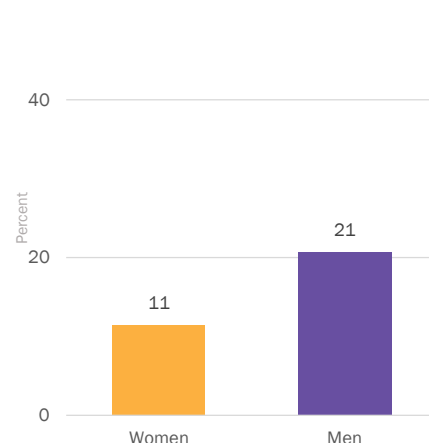
Percentage of adults who feel safe walking alone in their neighbourhood after dark, by sex and area

Feeling safety while being at home alone



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

Discrimination & harassment

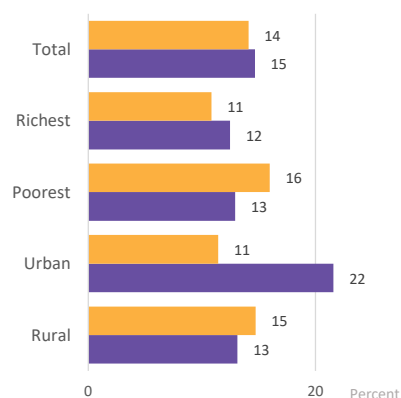


Percentage of adults age 15-49 who in the last 12 months, personally felt discriminated or harassed by any reason by sex.

Note: Any reason include discrimination on the basis of sex, age, disability or health status, ethnicity colour or language, migration status, socio-economic status, geographic location or place of residence, religion, marital and family status, sexual orientation or gender identity, political opinions and other grounds.

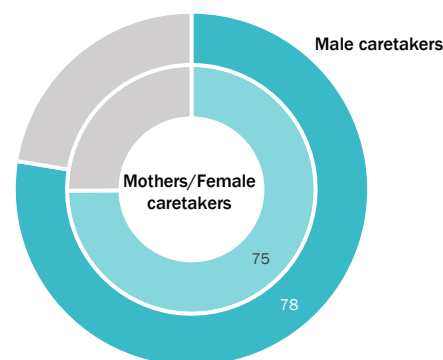
Feminine & masculine attitudes & expectations

Attitudes toward domestic violence



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

Attitudes toward physical punishment



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

Key Messages

- Almost 90 percent of men feel safe when walking alone in their neighborhood after dark compared to women (69 percent).
- Male caretakers believed that physical punishment is needed to raise and educate a child properly (78 percent) compared to mother caretakers with 75 percent

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