



THE FEDERAL REPUBLIC
OF SOMALIA

SOMALIA NATIONAL
BUREAU OF STATISTICS



HIRSHABELLE STATE
OF SOMALIA



SOMALI HEALTH AND DEMOGRAPHIC SURVEY

Hirshabelle Report



HSHDS 2021

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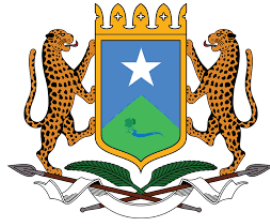
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HIRSHABELLE STATE
OF SOMALIA

SOMALI HEALTH AND DEMOGRAPHIC SURVEY

Hirshabelle Report



HSHDS 2021

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and Cooperation SDC**

Foreword

The Hirshabelle Health and Demographic Survey is a representative household survey that provides reliable data on health, nutrition, and the demographic characteristics of Hirshabelle. The survey was implemented by the Somali National Bureau of Statistics (SNBS) and the Ministry of Health and Human Services (MoH) of the Federal Government of Somalia in partnership with the Ministry of Health and Human Services (MoH) and Ministry of Planning, Investment and International Cooperation (MoPIIC) of Hirshabelle State of Somalia. The survey marks the first time that such data has been produced in the history of the State, which targeted women between the ages of 15-49 and children under the age of five years from randomly selected households across the State.

The survey's main objective was to provide evidence on the health and demographic characteristics of the Hirshabelle population that will guide decision-makers in the formulation of effective policies for the development of programmes. The data is critical for making informed policy decisions and planning, monitoring, and evaluating programmes related to health in general and reproductive health in particular. The Hirshabelle State of Somalia is now able to monitor its respective sectors in the Development Plan and the health sector through the findings of this survey. The survey findings indicate social behavior in our communities and encourage our people to adopt positive behavioural changes to improve their lives.

The findings show that just above half (58 percent) of the Hirshabelle population is below 15 years of age. We are pleased to report that 62 percent of households get their drinking water from improved water sources, 55 percent use improved facilities, and 18 percent of the households have access to electricity.

The results indicate that the total fertility rate (TFR) for Hirshabelle is relatively high at 8.1. Eight percent of Hirshabelle women deliver safely in a health facility. The results further highlight areas that need urgent intervention—to improve the lives of children, we know that only 2.6 percent of births have been registered, and only 9 percent of children aged 11-23 months have been fully vaccinated against common vaccine-preventable childhood diseases. According to the three anthropometric indices of nutritional status of children, 30 percent of children under-five are stunted, 10 percent are wasted, and 20 percent are underweight.

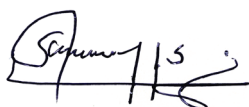
These crucial findings result from the extraordinary efforts of the Somali National Bureau of Statistics and Ministries of Health and Planning - Hirshabelle State of Somalia, in collaboration with UNFPA Somalia's Population and Development Unit —along with all the personnel who have worked on this survey. These professionals worked together diligently to complete every phase of work according to the planned timetable in a challenging environment. Some of these heroes also include more than 25 Hirshabelle female data collectors who knocked on doors of pre-sampled households in urban, rural, and hard-to-reach nomadic settings to collect diverse information from 1,800 households across the State.



Thanks to our strong collaboration and partnership with SNBS and UNFPA Somalia, Hirshabelle now has rich information and skilled statistical staff who are able to lay a strong foundation of statistics for our future generations.

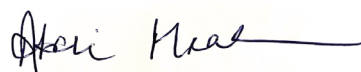
We also remain grateful to the donors of this undertaking— The Foreign, Common wealth and Development Office (FCDO) formerly United Kingdom Department for International Development (DfID) for their funding of fieldwork and data analysis, the Government of Sweden, the Government of Finland, the Government of Italy, the Italian Agency for Development Cooperation (AICS), the Swiss Agency for Development and Cooperation for their generous contributions, which have created a product that will help turn the dreams of the Somalis to reality.

Somalia National Bureau of Statistics and Hirshabelle State— Ministries of Health and Planning invite all users of data such as government institutions, international organizations, the donor community, civil society organizations, universities, researchers, program managers, and the public to play an essential role in utilizing the valuable data showcased in this report for making their policies, programs as well as monitoring and evaluating their progress to contribute to the development of the State.



Hon. Sadaq Salad Warsame

**Minister of Planning, Investment and
International Cooperation**



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Minister of Health and Social Services



Hon. Sharmake Mohamed Farah

**Director General
Somalia National Bureau of Statistics**



Acknowledgement

The Hirshabelle Health and Demographic Survey (HSHDS) report was realized with the commitment and dedication of various organizations who partnered and worked together, as well as individuals who spent their time to ensure the Hirshabelle state report was achieved.

The Somali National Bureau of Statistics (SNBS), and the Ministry of Health of the Federal Government of Somalia, together with the Ministry of Health and the Ministry of Planning, Investment and International Cooperation of Hirshabelle State, took the lead role in ensuring all stages of the survey were carried out accordingly and with this stated, we would like to acknowledge the experts and the leadership of both institutions. These individuals are Sharmake Mohamed Farah (Director General, SNBS), Abdirahman Omar Dahir (Deputy Director-General, SNBS), Nur Ahmed Weheliye (SHDS Coordinator), Dr. Abdikadir Afrah Weheliye (Deputy SHDS Coordinator), Nuur Ali (SHDS Director), Abdulrahman Abdullahi Moalim-Gulled (former Minister of Planning, Hirshabelle State), Tahlil Ibrahim Abdi (Director General, Ministry of Health and Social Services, Hirshabelle State), Abdullahi Mohamed Hassan (Director General, Ministry of Planning, Investment and International Cooperation, Hirshabelle State). We would also like to acknowledge Said Abdilaahi Abdi (Technical Lead, SHDS), Mohamed Abdinur Mohamed (Statistician SHDS), and Abdulrazak Abdullahi Karie (Demographer SHDS), Shukri Yusuf Salad (Admin and Finance officer SHDS), Hamida Sheel (Data Analyst/Research Officer SNBS), Kamal Ahmed (Advocacy and Partner Engagement Specialist SNBS), Abdirahman Omar Ali (Statistician, SNBS), Abdiwali Baryare Farah (MMR/Listing Coordinator, Hirshabelle), Mohamed Osman Moallim (State Coordinator, Hirshabelle), Abdinasir Ali Dahir (Senior Statistician), Ahmed Hajji Hussein (Middle Shabelle Regional Coordinator, Hirshabelle), Dr. Ahmed Mohamed Khalif (Hiiraan Regional Coordinator, Hirshabelle).

We would like to express our sincere appreciation to United Nations Population Fund (UNFPA) Somalia for their technical guidance. They indeed ensured that our team was well prepared for the actual work on the ground.

This survey will not have been realized without the support and leadership of Anders Thomsen (Representative, UNFPA Somalia), as well as Walter Mendonça Filho (Deputy Representative, UNFPA Somalia) who provided key support to the survey, the support provided in administration and finance by Kevin Kibubi, (Operations Unit, UNFPA Somalia), Nasra Adow, Samwel Andati, Halimo Ahmed (UNFPA P&D team) went a long way to ensure the smooth implementation of the survey. Furthermore, we would like to particularly point out Mariam Alwi, UNFPA's Population and Development (P&D) Specialist and Head of Unit, for her total commitment, enthusiasm, and patience in guiding and steering the project.

We would also like to acknowledge the Population and Development team of experts from UNFPA Somalia. These individuals include Felix Mulama (Technical Lead and Demographer), Richard Ng'etich (Statistician), Zena Lyaga (Demographer), Umikaltuma Ibrahim (GIS Analyst) and Josyline Gikunda (GIS Assistant). We would also like to extend our appreciation to the Foreign, Commonwealth, and Development Office (FCDO), formerly United Kingdom Department for International Development (DfID), for funding the fieldwork and data analysis stages, the Government of Sweden, the Government of Finland, the Government of Italy, the Italian Agency for Development Cooperation (AICS) and the Swiss Agency for Development and Cooperation for providing critical financial support that went into creating this legacy for the Hirshabelle state and the country as a whole.

Finally, we would like to express our sincere gratitude to local respondents, local enumerators, supervisors, quality assurance teams, and other field personnel, who sometimes had to face insecurity, poor weather, and limited infrastructure in the quest for the data for this report. We express our sincere gratitude to all the above-mentioned and anyone who participated in any capacity in the production of this report.



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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ARI	Acute Respiratory Infections
ART	Antiretroviral Therapy
ASFRs	Age-Specific Fertility Rates
BCG	Bacillus Calmette-Guérin [tuberculosis vaccine]
BMI	Body Mass Index
CAPI	Computer-Assisted Personal Interviewing
CBR	Crude Birth Rate
CEB	Children Ever Born
CM	Centimeter
CRVS	Civil Registration and Vital Statistics
C-section	Cesarean Section
CSD	Central Statistics Department
CSPro	Census and Survey Processing System
CPR	Contraceptive Prevalence Rate
DANIDA	Danish International Development Agency
DfID	Department for International Development
DHS	Demographic and Health Survey
DPT	Diphtheria, Pertussis and Tetanus Vaccine
EAs	Enumeration Areas
EPHS	Essential Package of Health Services
FCDO	Foreign, Commonwealth and Development Office
FGM/C	Female Genital Mutilation/Cutting
GAR	Gross Attendance Ratios
GBV	Gender-Based Violence
GDP	Gross Domestic Product
HSDDS	Hirshabelle Health and Demographic Survey
GFR	General Fertility Rate
GIS	Geographic Information System
GPI	Gender Parity Index
HC	Health Centres
HIV	Human Immunodeficiency Virus
ICPD	Internal Conference on Population Development
IUD	Intra Uterine Device
IYCF	Infant and Young Child Feeding
KG	Kilogram
LAM	Lactational Amenorrhea
MCH	Maternal Child Health
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Ratio






MM-Rate	Maternal Mortality Rate
MoHD	Ministry of Health Development
MoP&ND	Ministry of Planning and National Development
MTCT	Mother-to-child transmission
NA	Not Applicable
NARs	Net Attendance Ratios
NDP	National Development Plan
NLWs	Nomadic link workers
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
PAPFAM	Pan Arab Project for Family Health
P&D	Population and Development
PESS	Population Estimation Survey of Somalia
PHU	Primary Health Unit
PNC	Postnatal Care
PPS	Probability Proportional to Size
PSU	Primary Sampling Units
RHF	Recommended Home Fluids
SD	Standard Deviation
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender-Based Violence
SHS	Second-Hand Smoke
SPSS	Statistical Package for the Social Science
SSUs	Secondary Sampling Units
STIs	sexually Transmitted Infections
STD	Sexually Transmitted Diseases
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
TNS	Temporary Nomadic Settlements
ToT	Training of Trainers
TTI	Tetanus Toxoid injections
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USD	United States Dollar
US	United States
USUs	Ultimate Sampling Units
WHO	World Health Organization

SUSTAINABLE DEVELOPMENT GOAL INDICATORS

Goal	Indicator	Male	Female	Total
2 	Zero hunger			
	2.2.1 Prevalence of stunting among children under 5 years of age	29.4	30.0	29.7
	2.2.2 Prevalence of malnutrition among children under 5 years of age	19.9	19.6	19.7
	a) Prevalence of wasting among children under 5 years of age	10.9	8.7	9.8
3 	Good health and well-being			
	3.1.2 Proportion of births attended by skilled health personnel	NA	NA	27.0
	3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for birth spacing satisfied with modern methods	NA	0.2	NA
	3.7.2 Adolescent birth rates per 1,000 women a) Women aged 15-19 years	NA	235	NA
	3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older	5.8	0.6	3.2
	3.b.1 Proportion of the target population covered by all vaccines included in their national programme	8.3	10.6	9.4
4 	Inclusive and equitable quality education and lifelong learning opportunities for all			
	4.3.1 4.3.1 Participation rate of youth and adults in formal and non-formal education and training in the last 12 months			
	a) Net Attendance Ratio (primary)	8.0	7.1	7.6
	b) Net Attendance Ratio (secondary)	7.0	5.2	6.1
	4.6.1 Percentage of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills			
	a) Adult literacy	NA	20.4	NA






SUSTAINABLE DEVELOPMENT GOAL INDICATORS

Goal	Indicator	Male	Female	Total	
<div>5</div> <div></div>	Gender equality				
	5.2.1	Proportion of ever-married women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former husband in the previous 12 months			
		a) Physical violence	NA	21.0	NA
		c) Psychological violence	NA	6.4	NA
	5.3.1	Proportion of women aged 20-24 years who were married before age 15 and before age 18			
		a) Before age 15	NA	40.1	NA
		b) Before age 18	NA	61.1	NA
	5.3.2	Proportion of women aged 15-49 years who have undergone female genital mutilation/ cutting, by age			
5.b.1	Proportion of individuals who own a mobile telephone	NA	75.3	NA	
<div>6</div> <div></div>	Ensure availability and sustainable management of water and sanitation for all				
	6.1.1	Percentage of population using safely managed drinking water services	NA	NA	62.9
<div>7</div> <div></div>	Affordable and clean energy				
	7.1.1	Proportion of population with access to electricity	NA	NA	20.6
	7.1.2	Proportion of population with primary reliance on clean fuels and technology	NA	NA	2.3



SUSTAINABLE DEVELOPMENT GOAL INDICATORS

Goal	Indicator	Male	Female	Total
8 	Decent work and economic growth			
	8.10.2 Proportion of adults (15 years and older) with an account at a bank or other financial institution or with a mobile-money-service provider			
	a) Proportion of adults (15 years and older) with an account at a bank or other financial institution	NA	2.5	NA
	b) Proportion of adults (15 years and older) with with a mobile-money account	NA	70.1	NA
16 	Peaceful and inclusive societies for sustainable development, access to justice for all and effective, accountable and inclusive institutions			
	16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months			
	a) Percentage of women aged 15-49 who have experienced physical violence in the last 12 months "	NA	11.0	NA
17 	16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority	3.1	2.2	2.6
	Partnerships for the goals			
	17.8.1 Proportion of individuals who used Internet in the last 12 months	NA	8.2	NA





01

Introduction



1 INTRODUCTION

State Context:

1.1. History and Politics

Hirshabelle is the last federal member state established in Somalia after a consensus agreement was reached by clan leaders. Hirshabelle consists of two regions, namely Hiraan and Middle Shabelle. The State was established under article 49 of the Federal Government of Somalia's provisional constitution, which stipulates that based on a voluntary decision, two or more regions may merge to form a Federal Member State (FMS). The clan elders thereafter selected 97 members of parliament. On October 17 2016, Ali Abdullahi Osoble was elected and inaugurated as the first President of the Hirshabelle administration.

Since then, two other presidents have been elected to office. In September 2017, the Hirshabelle parliament elected Mohamed Abdi Ware as the second President of the Hirshabelle administration. Although he attempted to continue the work of his predecessor, his term was marred by challenges and was replaced by Ali Abdullahi Hussein; the former vice president, who was elected on November 17 2020 as the third president of Hirshabelle State.

1.2. Geography and the Climate of the State

The Hirshabelle State is located in the South-Central part of Somalia, and consists of two regions; Hiran and Middle Shabelle. It is bordered by Galmudug State to the north, South West State of Somalia and Benadir region to the south, Ethiopia to the west and the Indian Ocean to the east..

Hirshabelle has a hot tropical climate, with little seasonal variations. The State experiences low annual rainfall (200mm) and four seasons: Gu' and Deyr are rainy, while Haga and Jilal are dry.

In the recent past, the Shabelle river; which is the main river in the State nearly dried up due to a rainfall shortage in the Ethiopian highlands where it originates. This caused water price hikes in suburban and urban areas and as well as the loss of crops and pasture.

On the other extreme, heavy rains in the Ethiopian highlands precipitate floods, riverbank breakages, and loss of wealth and lives (Hirshabelle State of Somalia Strategic Plan 2017 - 2019).

1.3. Demographics

According to the Population Estimation Survey for Somalia 2014, Hirshabelle State has a population of 1.03 million inhabitants, with 19 percent residing in urban, 37 percent in rural, and 34 percent in the nomadic areas. The state hosts a large number of internally displacement persons (IDPs) from different regions of Somalia, constituting 10 percent of its population. The sex distribution for Hirshabelle indicates that 45 percent are male, while 55 percent are female.

1.4. Economy

Agriculture and livestock farming plays a vital role in the Hirshabelle economy, and it is the primary source of livelihood for most of the state population. Agricultural production is practiced along the Shabelle River.

Hirshabelle State enjoys the natural endowment of plentiful and diverse natural resources that provide substantial opportunity for kick-starting the much-needed economic growth engine by raising the necessary threshold capital to invest in infrastructure and productive industries for sustainable growth. From fisheries to agriculture and livestock, and huge mining potential.

Hirshabelle state has a strong livestock sector, an under-developed but potentially promising fishery sector, and industries that can be rehabilitated and or revived, such as the Somali Textile Factory in Balad city, and the SNAI Sugar Factory in Jowhar.

Hirshabelle enjoys the greatest share of the 7.5 million goats exported annually than any other state in the Federal Republic of Somalia. In the 2000s, the region enjoyed massive exportation of goat and camel meat to the UAE from Beledweyne airport. The possibility of re-tapping into such markets is a strategic priority identified by the government (Hirshabelle State of Somalia Strategic Plan 2017 - 2019).



1.5. Health Status

As in other parts of Somalia, Hirshabelle is facing challenges in delivering health services to its population, including; poor health systems, inadequate qualified health professionals and lack of financial resources. The Hirshabelle health system is a three-tier structure comprising of: Hospitals, Primary Health Care Units, and Primary Health Care Centers. However, some of the health facilities are not functional. Some settlements in the state are under the administration of Alshabab militants which has hampered access to health care thus increasing the risk for maternal and child mortality.

The morbidity and mortality trends have remained the same over the years, with the general population affected by common diseases including; diarrhea, acute respiratory infections (ARI), malaria, malnutrition, and other vaccine-preventable diseases. In addition, non-communicable diseases and psychiatric diseases also exist though the magnitude is understated due to the lack of capacity of the health system infrastructure in diagnosis.

The state might not achieve its health and nutrition goals without concerted and organized efforts to revive the health system. The Federal Ministry of Health supports the state to achieve better health, which will enable it to participate in economic and social development and to contribute to the alleviation of poverty (Ministry of Health, 2014). To attain this goal, the government's health sector initiatives concentrate on the following goals and priorities:

Service delivery: Scaling up of essential and basic health and nutrition services (EPHS)

Human resources for health: Overcoming the crisis of human resources for health

Leadership and governance: Improving governance and leadership of the health system

Medicines, medical supplies and technologies: Enhancing access to essential medicines and technologies

Health information system: Providing a functioning health information system

Health financing: Health financing for progress towards Universal Health Coverage (UHC)

Health infrastructure: Enhancing access to health personnel and medical support equipment

1.6. Survey Objectives and Organization

The main objective of the survey was to provide evidence on the health and demographic characteristics of the Hirshabelle population that will guide the development of programs and formulation of effective policies. This information would also help monitor and evaluate national, subnational and sector development plans, including the Sustainable Development Goals (SDGs), both by the state level, national and development partners. The specific objectives of the survey were to:

- Measure fertility and birth spacing.
- Examine the basic indicators of maternal and child health
- Describe patterns of knowledge and awareness of the Human Immunodeficiency Virus (HIV) and other sexually transmitted infections.
- Understand the extent and patterns of gender-based violence, female circumcision and women empowerment

1.7. Sample Design

The sample for the HSHDS was designed to provide estimates of key indicators for: the State as a whole, for each of the two pre-war geographical regions (Hiraan and Middle Shabelle), which are the State's first-level administrative divisions, and separately for urban, rural and nomadic areas. Each region was stratified into urban, rural and nomadic areas, yielding a total of 6 sampling strata.

Through the use of up-to-date, high-resolution satellite imagery, as well as on-the-ground knowledge of staff from the respective ministry of planning, all dwelling structures were digitized in urban and rural areas. Enumeration Areas (EAs) were formed onscreen through a spatial count of dwelling structures in a Geographic Information System (GIS) software. Each EA created had a minimum of 50 and a maximum of 149 dwelling structures. A total of 811 EAs were digitized (352 in urban areas and 459 in rural areas). However, because of security and accessibility constraints, not all digitized areas were included in the final sampling frame - 323 urban EAs and 129 rural EAs formed the final frame.



The nomadic frame comprised an updated list of temporary nomadic settlements (TNS) obtained from the nomadic link workers who are tied to these settlements. A total of 93 TNS formed the HSHDS nomadic sampling frame.

The HSHDS followed a three-stage stratified cluster sample design in urban and rural strata with a probability proportional to size, for the sampling of Primary Sampling Units (PSU) and Secondary Sampling Units (SSU) (respectively at the first and second stage), and systematic sampling of households at the third stage. For the nomadic stratum, a two-stage stratified cluster sample design was applied with a probability proportional to size for sampling of PSUs at the first stage and systematic sampling of households at the second stage.

To ensure that the survey precision is comparable across regions, PSUs were allocated equally. Within each stratum, a sample of 35 EAs was selected independently, with probability proportional to the number of digitized dwelling structures. In this first stage, a total of 157 EAs were allocated (to urban - 70 EAs, 67 rural EAs, and nomadic - 20 EAs). In the urban and rural selected EAs, all households were listed and information on births and deaths was recorded through the maternal mortality questionnaire.

The data collected in this first phase was cleaned and a summary of households listed per EA formed the sampling frames for the second phase. In the second stage, 10 EAs were sampled out of the possible 35 that were listed, using probability proportional to the number of households. All households in each of these 10 EAs were serialized based on their location in the EA and 30 of these households sampled for the survey. The serialization was done to ensure distribution of the households interviewed for the survey in the EA sampled.

A total of 40 EAs were allocated to urban and rural strata (20 EAs each), while in the third stage, 30 households were selected from the listed households in every EA to yield a total of 1,747 households from 60 EAs sampled (20 EAs in urban, 20 EAs in rural and 20 EAs in nomadic).

In nomadic areas, a sample of 10 EAs (in this case TNS) were selected from each nomadic stratum, with probability proportional to the number of estimated households. A complete listing of households was carried out in the selected TNS followed by the selection of

30 households for the main survey interview. In those TNS with less than 30 households, all households were interviewed for the main survey. All eligible ever-married women aged 12 to 49 and never-married women aged 15 to 49 were interviewed in the selected households, while the household questionnaire was administered to all households selected. The maternal mortality questionnaire was administered to all households in each sampled TNS.

1.8. Questionnaires

Four types of questionnaires were used in the HSHDS 2020: The Maternal Mortality Questionnaire, the Household Questionnaire, and two individual questionnaires—Ever-married Woman's Questionnaire and Never-married Woman's Questionnaire.

Maternal Mortality Questionnaire

A stand-alone Maternal Mortality Questionnaire was used in all households during the listing phase to identify maternal deaths in the two years preceding the survey. This allowed the estimation of the Maternal Mortality Ratio (MMR) using a direct method. The methodology was adopted from the Yemen National Health and Demographic Survey carried out in 2013 and was used to obtain a more current estimate of the maternal mortality in Somalia. However, the analysis of the Maternal Mortality Questionnaire will not be included in this report because the sample size for Hirshabelle is not large enough to allow for mortality estimation.

Household and Individual Questionnaires

The Household Questionnaire, Ever-married Woman's Questionnaire, and Never-married Woman's Questionnaire were based on Yemen Health and Demographic Survey 2013 instruments, and was adapted to reflect the relevant population and health issues in the Somali context. The questionnaires were further updated with relevant sections of the Demographic and Health Surveys (DHS) Program's standard Demographic and Health Survey Questionnaires (DHS7). Input was solicited from various stakeholders representing government agencies, particularly the ministries of health and planning, as well as international development partners. After the preparation of the questionnaires in English,



they were translated into Somali. The questionnaires were further tested and refined in the field to ensure that culturally and religiously sensitive questions were appropriately worded.

The Household Questionnaire was used to list all members of and visitors of the selected households. Basic demographic information was collected on the characteristics of each person listed, including his or her age, sex, marital status, education, and relationship to the head of the household. For children under the age of 18, parents' survival status was determined. The data obtained from the Household Questionnaire was used to identify ever- and never-married women eligible to be interviewed with the relevant individual questionnaire and those persons eligible for anthropometric measurements. The Household Questionnaire also collected information on the characteristics of the household's dwelling unit, such as their source of drinking water; type of sanitation facility; materials used for the floor, walls, and roof of the dwelling unit; and ownership of various durable goods. In addition, the questionnaire included questions about chronic diseases, disability, as well as out-of-pocket expenditure on health.

The Ever-married Woman's Questionnaire was used to collect information from all women aged 12 to 49 years who were currently married, divorced, abandoned, or widowed. In all households, eligible women were asked questions on the following topics:

- Background characteristic, such as age, education, literacy and media exposure
- Birth history and child mortality.
- Knowledge and use of family planning methods.
- Antenatal care, delivery, and postnatal care.
- Breastfeeding and infant feeding practices.
- Vaccinations and children's illnesses.
- Marriage and sexual activity.
- Fertility preferences
- Women's work and partners' Background characteristic.
- Knowledge of HIV/AIDS and methods of HIV transmission.
- Adult and pregnancy-related mortality.

The Never-married Woman's Questionnaire was used to collect information from all women aged 15 to 49 years who had never been married. In all households, eligible women were asked questions on the following topics:

- Background characteristic, such as age, education, literacy and media exposure.
- Violence against women
- FGM
- Knowledge and attitudes relating to HIV

In this survey, Computer-Assisted Personal Interviewing (CAPI) was used, with interviewers using smart phones to record responses during interviews. The phones were equipped with Bluetooth technology to enable remote electronic transfer of completed questionnaires from interviewers to supervisors. Supervisors transferred completed files to the CSWeb server whenever internet connectivity was available. Any revision to the questionnaire was received by the supervisors and interviewers by simply synchronizing their phones with the CSWeb server, which was created specifically for the HSHDS. The CAPI data collection system employed in the HSHDS 2020 was developed by UNFPA using the mobile version of the Census and Survey Processing System (CSPro). The CSPro software was developed jointly by the U.S. Census Bureau, the DHS Program and Serpro S.A.

1.9. Training

Training for the HSHDS was two-phased: for the Listing/Maternal Mortality Ratio data collectors and for the Main Survey data collectors (those administering the household, ever-married woman and never-married woman questionnaires).

Listing and MMR

Training of Trainers (ToT) sessions were conducted in Mogadishu, facilitated by technical staff from UNFPA. Three trainers from Hirshabeele State were trained in household listing concepts (identification of structures, dwelling units, and EA boundaries), interview techniques, interviewers' and supervisors' roles, age probing techniques, fieldwork procedures, sampling techniques, importance of data on births and deaths, recognizing and handling age inconsistencies, identification of maternal deaths and CSPro mobile data collection application. Thereafter, these trainers transferred this knowledge and skills to 45 data collectors from across the state in Jowhar and Beletweyne, towns. A pretest was carried out using both paper questionnaires and CAPI to assess the understanding of the trainees. Modifications were made to the questionnaire and survey methods,



based on lessons drawn from the pretest. Participants were assessed through both theoretical evaluations in class as well as observations made on their survey implementation during the pretest.

Main Survey Training

The UNFPA technical team trained 19 master trainers in October 2017 in Kigali, Rwanda. These master trainers were all health and demographic Somali professionals who participated in the development and review of data collection tools. Consequently, along with the master trainers, UNFPA trained 51 trainers of trainers. Finally, 28 trainees from the state were trained (i.e. 100 percent of the data collectors who had been drawn from the medical profession (nurses, midwives and doctors)). At the end of each training, a pretest was conducted using paper questionnaires and CAPI to ensure that all the trainees had acquired a minimum level of knowledge and skills required for the HSHDS. The selection of supervisors was based on performance in both in-class assessments and field pretests.

1.10. Fieldwork

Data collection in urban and rural areas was carried out in two distinct phases: listing/ MMR and main survey. Data collection in the nomadic areas was carried out almost simultaneously due to the mobility of nomadic households.

Listing and MMR Data Collection.

As a result of insecurity, flooding and the time taken to engage all of Somalia's Federal Member States, this phase did not take place concurrently throughout the State. Fieldwork was carried out by 9 teams, each consisting of one supervisor, three enumerators and a driver.

An Android platform developed in CPro was used for data collection. Each team was assigned mobile phones (one for each enumerator and one for the supervisor), EA Maps (in A0 and A3 sizes), EA Google Earth files, control sheets, notebooks, pens and document folders. In addition, 6 data quality controllers (trainers, GIS staff, survey/ state directors, and regional coordinators) were coordinating and supervising fieldwork. In security-compromised areas, survey teams were supported by security guards and facilitators in the field.

Main Survey Data Collection

The trained interviewers and supervisors were deployed to collect data from 30 selected households in each of the 10 sampled EAs in each region-stratum. Selected households were obtained from a complete list of households in the EA. Data collectors were supported by the listing team who were well-versed in reading maps and could identify the EA boundaries as well as the selected households. Each interviewer collected data from approximately two households per day.

The nomadic households were listed a day prior to the day of enumeration in each TNS to obtain a current and complete list of households. During listing, coordinates of all nomadic household structures and the names of the head of each household were recorded. A sample of 30 households was then selected by the listing team and given to the supervisors of the enumerating team on their first day of enumeration. Subsequent to this, supervisors allocated households to be interviewed to enumerators.

The MMR questionnaire was administered by both listing and enumerating teams in nomadic areas. The enumerating team collected this data from the 30 sampled households, while the listing team collected data on maternal deaths from the remaining unsampled households in the TNS.

1.11. Data Processing

Data processing for the HSHDS was carried out by a core team of 17 people drawn from in country statistical offices and UNFPA, with several members playing multiple roles. All team members had previously participated in the training and fieldwork for the HSHDS. Data from the HSHDS was sent to a password protected cloud CSWeb server. The electronic files were downloaded as csdb files exported to SPSS and Stata for data processing. Three people served as CPro data administrators. They were responsible for downloading the data from server instances and merging them, following which, a larger team worked on producing the six DHS standard type files, which were then handed over to other data processing teams. A team of three GIS specialists carried out spatial editing of all household records from the server, assigning them to the correctly sampled EA codes. Concurrently, the data tabulation and recoding teams produced the tabulation plan and re-coding manual following DHS standards but contextualized to the HSHDS. Two team members were tasked with computing the sampling and survey weights.



1.12. Response Rates

Table 1.1 presents response rates for the Hirshabelle HSHDS 2020. A total of 1800 households were selected for the sample, and 1695 households were successfully interviewed, yielding a response rate of 94.2 percent. The Hirshabelle HSHDS 2020 interviewed 1,567 women in Hirshabelle – 1,258 ever-married women and 309 never-married women.

Table 1.1 Results of the household and individual interviews

Number of households, number of interviews, and response rates, according to residence (unweighted), HSHDS 2020	
Result	Total
Household interviews	
Selected households	1,800
Households interviewed	1,695
Household response rate	94.2
Interviews with ever-married women aged 15-49	
Number of eligible ever-married women	1,311
Number of eligible ever-married women interviewed	1,258
Eligible ever-married women response rate	96.0
Interviews with never-married women aged 15-49	
Number of eligible never-married women	326
Number of eligible never-married women interviewed	309
Eligible never-married women response rate	94.8
Interviews with all women aged 15-49	
Number of eligible women	1,637
Number of eligible women interviewed	1,567
Eligible women response rate	95.7

1.13. Quality Assurance

A variety of tools and mechanisms were used as part of the quality assurance arrangements throughout the implementation of the HSHDS 2020. These included a consultative approach to critical decision making, extensive training and competitive recruitment of survey personnel, independent third-party monitoring, the Global Positioning System (GPS) tracking of field operations, peer review arrangements and validation meetings.

Consultative approach to critical decision making- all key decisions concerning the survey, including its methodology, instruments, field work, tabulation plan,

reports and data access, were discussed, designed and formulated following extensive consultations with Somali government partners, national and international experts and development partners where applicable. The idea was to draw on the widest possible expertise, as well as to ensure validation and in-country ownership.

Extensive training and competitive recruitment of survey personnel- given the national execution of the survey, UNFPA put in place an extensive training programme for survey personnel that worked on a “cascade” principle, with training of trainers at various levels. In each training, a test was administered at the end, and trainees who scored 80 percent and above were retained for participation in the survey.



Learning and Monitoring Programme for Somalia (LAMPS)— an Independent Third-Party Monitoring (TPM), engaged by the former Department for International Development (DfID), provided periodical monitoring of HSHDS activities throughout the survey's implementation phase. The activities selected for verification, as well as field teams and beneficiaries to interview, were all randomly selected by the LAMPS teams throughout the entire phase of the survey. The findings from LAMPS provided the HSHDS technical team with specific areas in which to improve the quality of HSHDS training and collection of data from selected households. LAMPS consistently rated HSHDS activities as delivered according to how they were designed and planned.

GPS tracking of field operations— During field data collection, the HSHDS employed the use of handheld devices with embedded GPS, which allowed geo-referencing and the collection of geo-located data.

It also enabled the tracking of fieldwork and ensured that the sample design is adhered to. Further, the geo-referenced data aided in data editing.

Consistency checks of the data— Georeferenced listed data was cross-checked with digitized dwelling structures to ensure listing was undertaken in the correct EAs. Similarly, during the main survey, information collected during listing—which included coordinates, names of household members and other landmarks—helped to ensure teams visited the correct households. Further, listing information on the target population, women of child bearing age and children under five years of age, aided in monitoring data collection by the main survey team.

Validation forums— The Somali partners and international experts have reviewed the HSHDS data, reports and other outcomes of the survey with the aim to validate the processes and findings.







02

Household and Housing Characteristics



Key Findings

Age structure:

58 percent of the household members are below 15 years of age

Household headship:

22 percent of the household heads are women.

Education:

66 percent of women and girls aged 6 and above have never been to school.

Drinking water:

62 percent of households use an improved source of drinking water.

Sanitation:

55 percent of households have an improved sanitation facility.

Mobile phone ownership:

67 percent of households own a mobile phone.

Birth registration:

3 percent of children aged 2-4 years have their births registered.



2 HOUSEHOLD AND HOUSING CHARACTERISTICS

This chapter presents the socio-economic characteristics of the household and household members that were covered by the Hirshabelle Health and Demographic Survey (HSHDS) 2020. Information collected includes respondents' age, sex, educational status, type of residence (urban, rural, and nomadic household members), household facilities, and possessions. The household's profile presented in this chapter will assist in understanding the results of the HSHDS 2020 in the subsequent chapters while serving as a foundation for social and economic development planning. The domain of coverage for the Hirshabelle survey is two regions; Hiraan and Middle Shabelle.

The survey collected information from all usual residents of a selected household (de jure population) and persons who had stayed in the surveyed household the night before the interview (de facto population). Although the difference between these two populations is small, all tables in this report refer to the de facto population unless otherwise specified to avoid double-counting.

BOX 2.1 Key definitions

Household

A person or group of related or unrelated persons who live together in the same dwelling unit(s) or in connected premises, who acknowledge one adult, male or female, as the head of the household, who share the same housekeeping arrangements, and who are considered a single unit.

De facto population

All persons who stayed in the selected households the night before the interview (whether usual residents or visitors).

De jure population

All persons who are usual residents of the selected households, whether or not they stayed in the household the night before the interview.

Age in completed years (Age at last birthday)

This is the most common definition of age, where it is expressed as the number of completed years lived by a person. Other definitions include exact age, which is used mostly for modelling purposes, and age reached during the year.

2.1 Age and Sex Composition

Age and sex are important demographic variables that are the primary basis of demographic classification in vital statistics, census, and surveys. They are the basis for studying patterns of mortality, fertility, fertility preference, age at first marriage, and other information about the inhabitants of Hirshabelle.

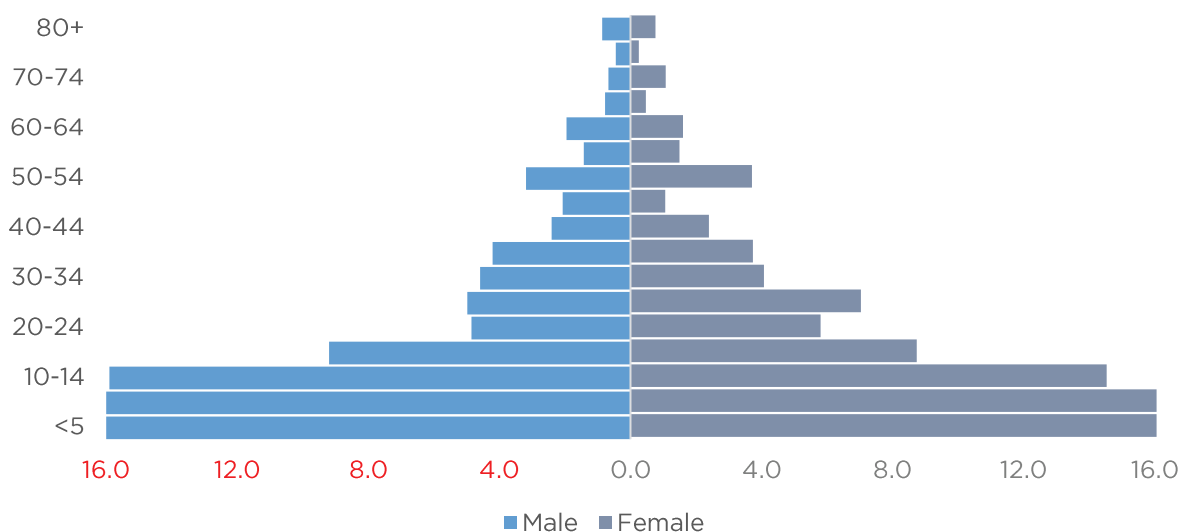
The survey collected information on the age in completed years for each household member. Where the age was unknown, interviewers asked for dates of birth in the Gregorian calendar/Somali historical calendar. Age was then calculated using conversion charts specifically designed for this purpose.

Table 2.1 presents the distribution of household members by age, residence (urban, rural and nomadic), and sex.

The age structure of the household members is typical of a society with a young population. Having one of the highest fertility rates in the world, Hirshabelle has a broad-based age pyramid, with 58 percent of household members below 15 years of age. The sex and age distribution of the household members is presented in the population pyramid in Figure 2.1.

The population pyramid in Figure 2.1 is in line with a developing country's population where fertility and mortality rates are high, which demographically represents a young population. There are more boys than girls among children under 15 years of age, and more women than men at older ages. This is a pattern observed universally, which is driven by the sex ratio at birth (under normal circumstances, around 105 boys are born for every 100 girls) and by the sex differences in mortality as women generally have lower death rates compared to men.



Figure 2.1 Hirshabelle population distribution by age and sex

The age pyramid in Figure 2.1. shows that around two-thirds of Hirshabelle people are below the age of 20 years and over three-quarters (78 percent) are below 30 years. Youth between 15-29 years of age constitute 20 percent of the household members, while older people (65 years and above) comprise only 3 percent of household members. Thirty-nine percent of the household members are within the working age population (15-64 years), highlighting the need to create jobs and ensure that training or education offered addresses the needs of the labour market.

The survey shows about 33 percent of female household members are within childbearing age (15- 49 years). This can have implications on Hirshabelle's future birth rates. The large number of potential mothers creates a population momentum and it is a strong indication of a potential spike in population growth that Hirshabelle is likely to experience in the coming years. These projections need to be taken into account by the relevant policymakers and stakeholders need to be encouraged to consider preparing for the provision of adequate social services.

2.2 Household Composition

Table 2.2 shows the distribution of households covered by the sex of the head of household and the number of household members, according to urban, rural, and nomadic residences. Twenty-two percent of households are headed by women, (17 percent in rural households,

29 percent of urban households, and 44 percent in nomadic households) (Figure 2. 2).

The average household size is 6 persons. Urban households, which have 6.6 persons per household, are slightly larger than rural households, with 6 persons per household. Nomadic households have the lowest average household size with 5 persons.

Table 2.2 indicates that 22 percent of households have foster and/or orphaned children, 14 percent have foster children, 10 percent have single orphans, and 2 percent have double orphans. There is a slight difference in the number of households with foster children among the three types of residence. In the urban households, 17 percent have foster children, while this proportion was 13 percent in the rural households and 11 percent in nomadic households.

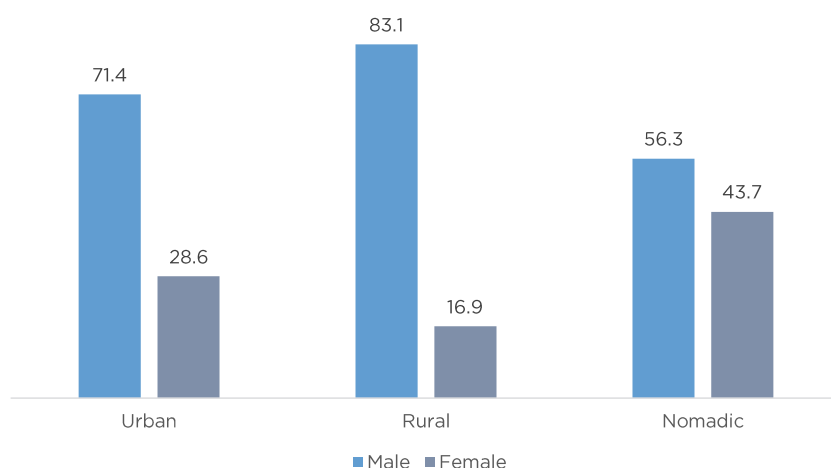
2.3 Education

The level of education is an important characteristic, as it affects behavior, including health-related behaviours and choices made in relation to reproduction, contraceptive use, child health, and hygiene. Access to education is considered a human right that inherently influences the development of a country. It is one of the key national responses that would guarantee orphans and children from different backgrounds equal access to better lives as they grow up.



Figure 2.2. Household headship

Percent distribution of households by sex of head of household and type of residence



2.3.1 Educational attainment

Information on educational attainment of the male and female household members aged six and above is presented in Table 2.3a and Table 2.3b. Overall, 66 percent of females and 65 percent of males aged 6 and above have never attended school. Three percent of female household members and 2 percent of male household members have completed primary education. Seven percent of men have attained secondary education, compared to 5 percent of women (Figure 2.3).

The survey results show that educational attainment varies across age groups. The age group with the lowest number of people with No education is 45-49 among male household members at 41 percent and 40 percent for females aged 15-19.

The survey reveals that 11 percent of males in Hiraan have completed secondary education compared to 4 percent in the Middle Shabelle region, while seven percent of females in Hiraan have completed secondary education compared to 2 percent in the Middle Shabelle region. The chances of progression to higher education are slightly better among urban dwellers than people living in rural and nomadic areas, as educational facilities are concentrated in urban centers. Nomadic household members are the most disadvantaged in terms of accessing education. Ninety percent of nomadic male household members have No education. Similarly, indicators for women are worse than those for men; 93 percent of nomadic female household members have No education (Figure 2.4).

2.4 School Attendance Ratios

Table 2.4 and Figure 2.5 present data on Net Attendance Ratios (NARs) and Gross Attendance Ratios (GARs) by school level, sex, and place of residence. The NAR for primary schooling is measured as the proportion of children aged 6-13 attending primary school and secondary schooling as the population aged 14-17 attending secondary school. The GAR for primary schooling is measured as the total number of primary school students relative to the official primary-school age population; similarly, GAR for secondary schooling refers to the number of secondary school students relative to the official secondary-school-age population. The GAR is nearly always higher than the NAR for the same level because the GAR includes participation by those who may be older or younger than the official age range for that level. A NAR of 100 would indicate that all those in the official age range for the specific level are attending school at that level. The GAR can exceed 100 if there is significant overage or underage participation at a given level of schooling.

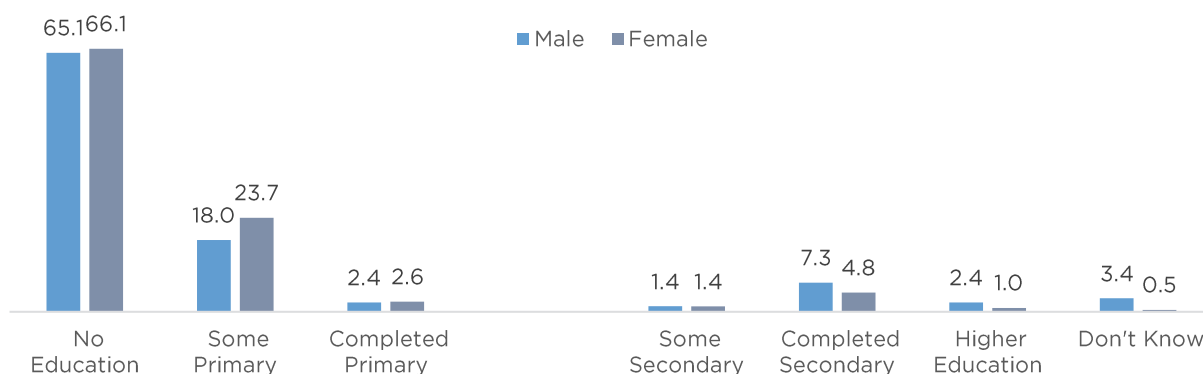
Eight percent of the children attending primary school are of the right age for that level. Only 6 percent of the total children attending are of the right age for that level at the secondary level.

As shown in Figure 2.5 below, there is little difference between the NAR of boys and girls at the primary level (8 percent and 7 percent, respectively). The NAR is slightly higher for males than females at the secondary level (7 percent and 5 percent, respectively).

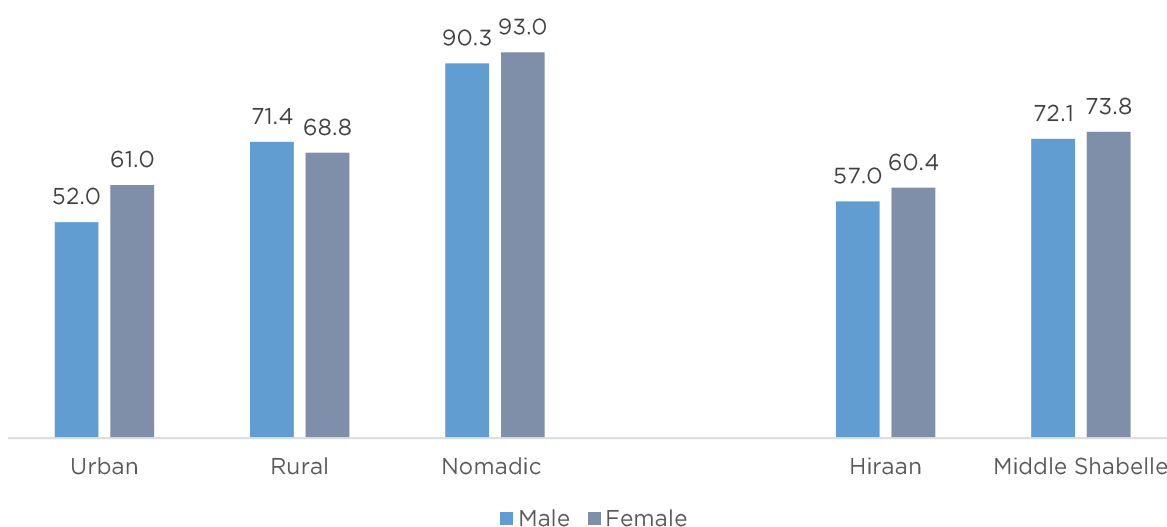


Figure 2.3 Educational attainment by sex

Percent distribution of the de facto male and female populations aged six and over by educational attainment

**Figure 2.4** Educational attainment

Percent distribution of the de facto male and female populations aged six and over with No education by region and type of residence



As presented in Figure 2.6, urban areas have the highest NAR at the primary level at 11 percent, while the nomadic areas have the lowest NAR at primary at 1 percent. Similarly, the NAR at the secondary level is also highest in urban areas at 14 percent, while in the nomadic areas, the NAR is 2 percent.

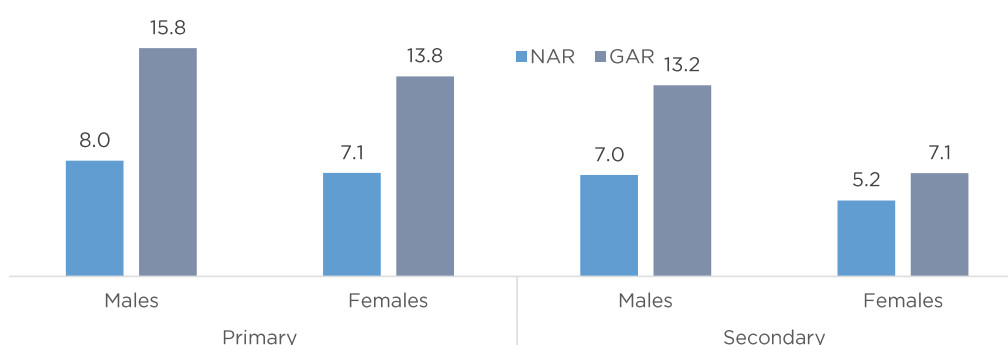
Analysis by region shows that Hiraan higher NAR at primary and secondary levels at 14 and 10 percent, respectively, compared to 3 for Middle Shabelle at both primary and secondary levels.

Overall, GAR at primary and secondary levels are at 18 percent and 10 percent, respectively. The GAR for males is slightly higher than for females at the primary level (16 percent and 14 percent, respectively). Still, the GAR is higher for males than females, at 13 and 7 percent respectively at the secondary-school level, indicating higher school attendance among males than females. As the table shows, both the NAR and GAR at primary and secondary school levels increase with an increase in wealth.

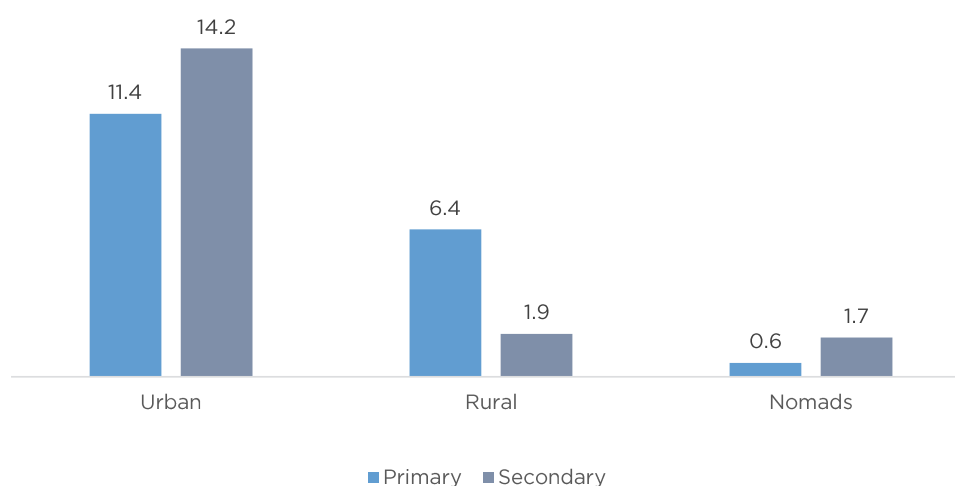


Figure 2.5 School attendance ratios

Net Attendance Ratio (NAR) and Gross Attendance Ratio (GAR) for the de facto household population by sex and level of schooling

**Figure 2.6** Total net attendance ratios

Total net attendance ratios by residence



2.5 Housing Characteristics

2.5.1 Water Supply

Access to clean drinking water is one of the SDGs and a target outlined in Somalia's National Development Plan (NDP) 9 and Hirshabelle State Development Plan (HSDP). The different types of water sources and sanitation facilities available to a population are important determinants of health, particularly among children. Good hygiene and sanitation practices can reduce exposure to and repercussions of preventable diseases. Conversely, poor water quality and water scarcity also shape livelihood choices, such as education, for people living in developing countries. The source of drinking water for a household is an indicator of how safe it is to consume. Sources that are likely to provide uncontaminated water suitable for drinking are known as improved water sources (Table 2.5a). These

include piped water, protected dug wells, tube wells or boreholes, rainwater, and bottled water. The lack of ready access to a water source may limit the quantity of suitable drinking water available to a household. Even where water is obtained from an improved source, if it is fetched from a source that is not immediately accessible to a household, it may be contaminated during transportation or storage. By treating water effectively at home, families can improve the quality of household drinking water. The prevalence of preventable water-borne diseases such as diarrhea and dysentery in Hirshabelle can be reduced by introducing and using improved water sources readily available to households.

According to the survey, 62 percent of households get their drinking water from improved water sources. Ninety-one of the urban households have access to improved water sources, while 53 percent of rural households and 24 percent of nomadic households have access to improved water sources (Table 2.5a)



and Figure 2.7). Thirty percent of household members have access to piped water coming into their dwelling, yard or plot. Thirteen percent of households travel for at least 30 minutes or longer to get water. Nomadic household members travel the longest distances to get water. Fifty-seven percent of nomadic, 13 percent of the rural and 1 percent of urban households travel longer than 30 minutes, to access improved water sources.

Regionally, Middle Shabelle has higher proportions of households who get their drinking water from improved water sources at 74 percent compared to 43 percent of Hiraan households. Similarly, the percentage of households that travel 30 minutes or longer to obtain water is higher in Hiraan than in Middle Shabelle at 25 percent and 4 percent, respectively.

As shown in Table 2.5b, only 14 percent of households treat water before drinking it, 21 percent of urban households, and 12 percent for rural households. No nomadic households use appropriate treatment methods for drinking water.

The most common water treatment method is Bleach/chlorine added at 11 percent, followed by boiling which is used by 3 percent of households—16 percent for urban households and 10 percent for rural households. None

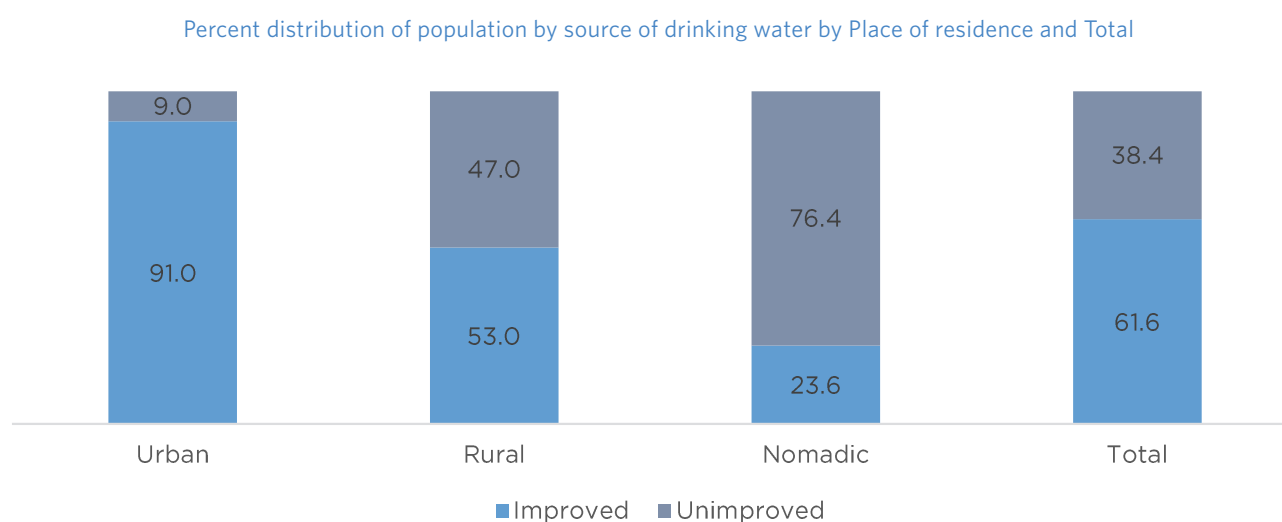
of the nomadic households interviewed use boiling to treat their water.

In Hiraan 88 percent of household did not treat their water compared to Middle Shabelle 82 percent. The most common form of water treatment is bleach/chlorine in both Middle Shabelle and Hiraan at 14 and 8 percent respectively, followed by boiling at 3 and 5 percent respectively.

2.5.2 Sanitation Facilities

With adequate sanitation and means of disposal of human excreta, which are both fundamental needs and human rights—as well as personal hygiene—people are assured of the ability to maintain their dignity and protection from a large number of diseases. The inadequate disposal of human excreta and personal hygiene is associated with various diseases, including diarrhoeal diseases. Improved sanitation can reduce diarrheal disease by more than a third (Cairncross S., Hunt C., Boisson S., et al. 2010) and significantly lessen the adverse health impacts of other disorders responsible for death and disease among millions of children in developing countries. An improved sanitation facility is defined as one that hygienically separates human excreta from human contact. Improved sanitation facilities for

Figure 2.7 Household drinking water



excreta disposal include flush or pour-flush to a piped sewer system, septic tank, or pit latrine, ventilated improved pit latrine, pit latrine with slab, and use of a composting toilet.

The survey considers improved toilets as those that flush or pour flush into a piped sewer system or septic tank. A household is classified as having a basic toilet facility if only members of one household use the toilet (i.e. it is not shared) and if the facility used by the household separates the waste from human contact as proposed by the UNICEF and WHO (UNICEF, WHO 2012).

Table 2.6 and Figure 2.8 show that 55 percent of households use sanitation facilities with basic sanitation services considered improved toilet facilities. Access to sanitation facilities within households varies greatly by residence. Most households in urban and rural areas have access to improved toilet facilities at 77 and 51 percent, respectively, compared to nomadic households at 2 percent.

2.5.3 Flooring Material, Lighting and Cooking Arrangements

Table 2.7 presents the distribution of households by characteristics of the dwelling units and household amenities. Eighteen percent of households in Hirshabelle use electricity, 50 percent of urban households use electricity for lighting, compared to 6 percent of rural households, with no nomadic household using electricity for lighting.

The type of flooring used in a house can be indicative of the lifestyle of its inhabitants. Across Hirshabelle, 73 percent of dwellings have floors made of earth or sand. In urban and rural residences, cement is the second most common type of flooring, used in 23 percent of urban dwellings and 6 percent of rural dwellings. Firewood is the most common source of fuel used for cooking in nomadic and rural areas, with 80 percent of nomadic households and 70 percent of rural households using firewood. In urban areas, 41 percent of households use charcoal, while in rural setting at 10 percent.

2.6 Household Possessions

Information on the ownership of durable goods and other possessions is presented in Table 2.8. The availability of durable consumer goods is an indicator of a household's socio-economic status and access to various benefits. For example, access to radio can increase exposure to creative ideas, since transport vehicles can give access to services outside of the local area.

As shown in Figure 2.9, 5 percent of households in Hirshabelle own a television, and 67 percent own a mobile phone. Keeping up with technological advances and connecting with friends and family is a top priority in majority of households: Seventy-eight percent of people living in urban households, 63 percent living in rural households, and 58 percent of nomadic households own simple mobile telephones with access to FM radio. In addition, around 32 percent of urban households, 15

Figure 2.8 Household sanitation facilities

Percent distribution of households by type of toilet/latrine facilities in use

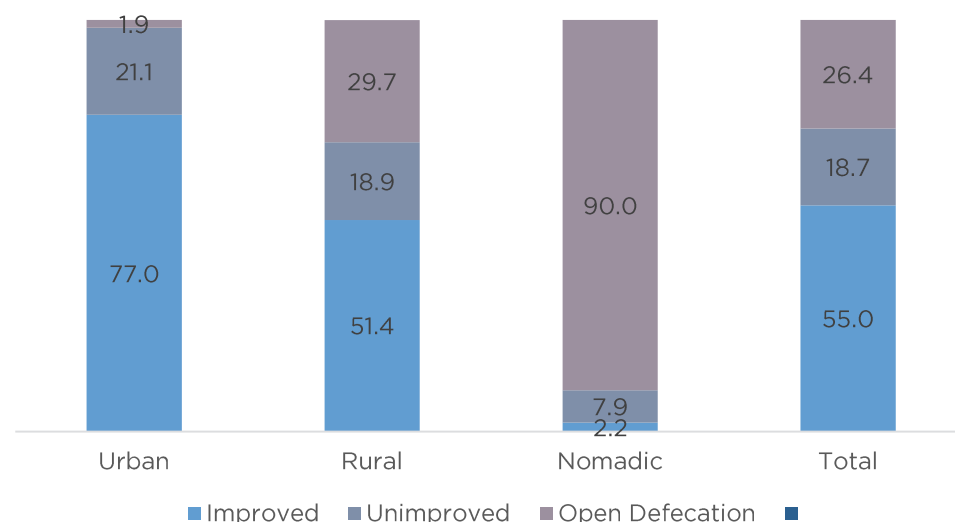
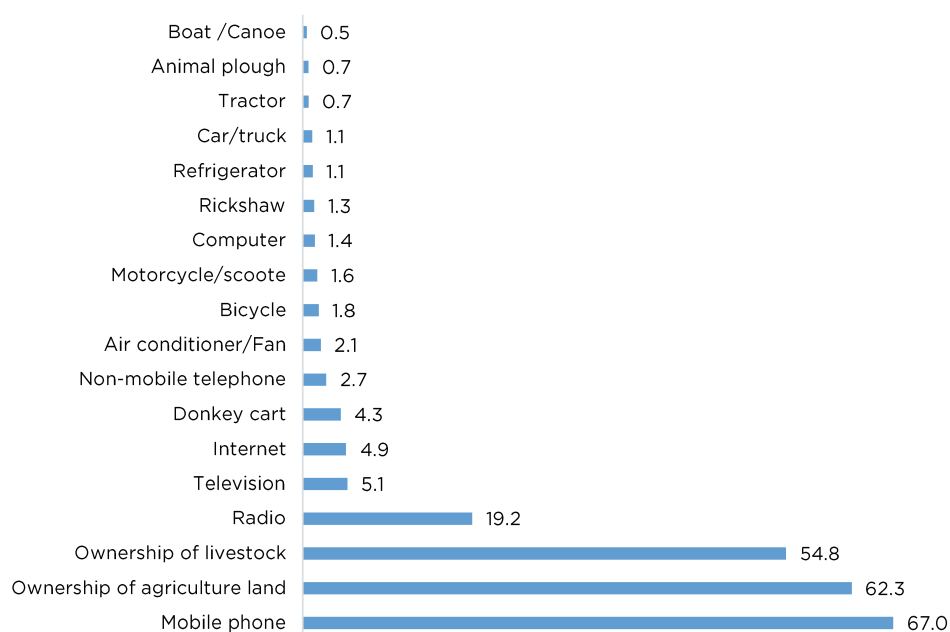


Figure 2.9 Household possessions

percent of rural households and 11 percent of nomadic households' own radios (Table 2.8).

Seven percent of nomadic, 5 percent urban, and 4 percent of rural households own a Donkey cart. As is the case throughout the state, families in Hirshabelle value livestock and regard them as assets: Eighty-seven of the nomadic households own livestock, while 59 percent of rural households and 37 percent of urban households own livestock. The people in Hirshabelle are famous for their agricultural production. Seventy-four percent of the rural households own agricultural land, while 41 percent of urban households and 40 percent of nomadic households own livestock. Climate-related shocks and stresses have become more frequent in recent years and have adversely affected the livestock production sector. Forty-nine percent of nomadic households, 20 percent urban households, and 19 percent rural households lost their livestock.

2.7 Household Wealth

In addition to presenting standard Background characteristic, many of the results in this report are shown by Wealth quintiles, an indicator of the economic status of households. The HSHDS 2020 did not collect data on consumption or income, but the information collected on dwelling and household characteristics, consumer goods, and assets is used as a measure of socio-economic status. The resulting wealth index is

an indicator of the relative wealth level used as a proxy for expenditure and income measures. Each household asset for which information is collected is assigned a 'weight' or 'factor score' generated through Principal Components Analysis (PCA). The resulting asset scores are standardized with a standard normal distribution with a mean of zero and a standard deviation of one.

Table 2.9 shows the distribution of the household members into five Wealth quintiles (five equally divided levels) based on the wealth index by place of residence and region. These distributions the degree to which wealth is evenly (or unevenly) distributed across Hirshabelle state.

As expected, urban areas are wealthier than rural and nomadic areas. For example, 8 percent belong to the highest Wealth quintile within urban households, followed by 5 percent in nomadic. This is an indication that the most affluent or wealthier people live in urban settings. Regionally, Hiraan has a larger proportion of wealthier households at 4 percent than Middle Shabelle at 2 percent.

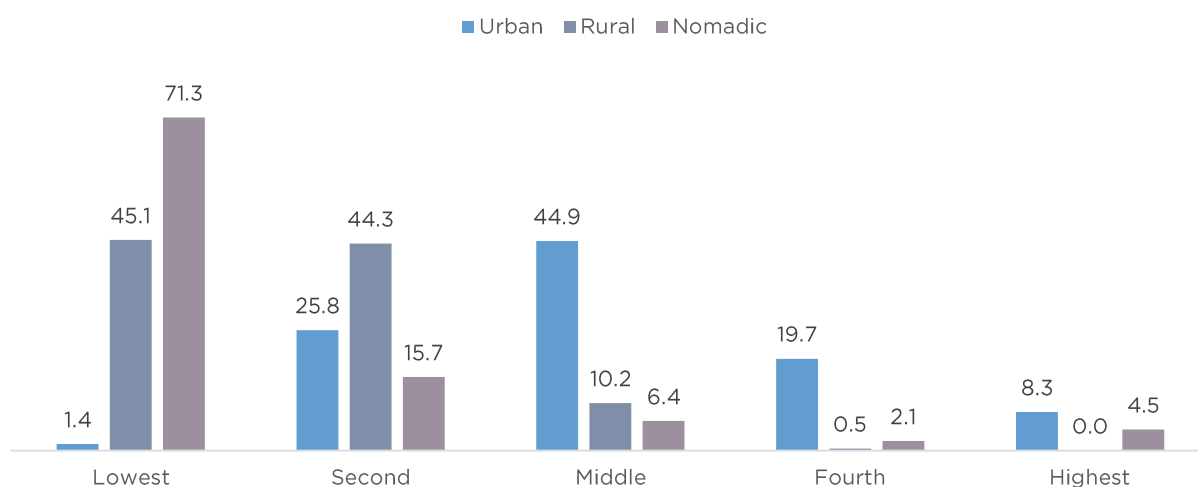
2.8 Birth Registration

The registration of births is the inscription of the facts of a birth into an official log. A birth certificate is issued as proof of the registration of birth. Information on the registration of births was collected in the household



Figure 2.10 Wealth quintiles

Percent distribution of the population by Wealth quintile and type of residence



interview by asking whether children under the age of 5 had a birth certificate. If the interviewer was informed that the child did not have a birth certificate, then he/she probed further to find out whether the child's birth had been registered with the civil authority.

Almost all children did not have a birth certificate. Three percent of children under five years were registered, and less than 1 percent had a birth certificate. These figures may be much low due to the lack of civil registration and vital statistics system in Hirshabelle. The levels of registration were generally low and no significant variations were recorded across the regions and places of residence (Table 2.10)

cleansing materials) were present at a specific place for Handwashing. Respondents were requested to show the place where household members wash their hands to observe if soap and water are available for Handwashing.

Table 2.11 indicates that 86 percent of nomad dwellers, 29 percent of rural, and 22 percent of urban households have a limited hand washing facility.

Regionally, the percentage of households with a limited handwashing facility is higher in Middle Shabelle at 23 percent compared to Hiraaan at 9 percent.

2.9 Handwashing

Handwashing with water and soap is one of the most effective health interventions to reduce illness, especially among children. Monitoring correct handwashing behavior is challenging. The survey assessed the potential for proper handwashing behavior to take place by observing if a household had a specific place, where household members most often wash their hands and observing if water and soap (or other local



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Table 2.1 Household population by age, sex, and residence

Percent distributions of the de facto household population by various age groups and percentage of the de facto household population age 10-19, according to sex and residence, HSHDS 2020

Background characteristic	Urban			Rural			Nomadic			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age												
<5	21.4	20.8	21.1	21.6	23.9	22.7	26.7	23.4	25.0	21.8	22.9	22.4
5-9	21.7	20.5	21.1	20.1	20.5	20.3	19.8	18.1	19.0	20.6	20.4	20.5
10-14	15.4	15.2	15.3	16.4	14.2	15.3	13.2	14.9	14.0	15.9	14.5	15.2
15-19	10.2	9.7	10.0	9.0	8.2	8.6	6.3	8.6	7.5	9.2	8.7	9.0
20-24	5.1	6.4	5.7	4.7	5.4	5.1	5.0	6.9	6.0	4.9	5.8	5.3
25-29	4.9	7.0	6.0	5.0	7.1	6.0	5.5	6.1	5.8	5.0	7.0	6.0
30-34	4.8	3.9	4.3	4.5	4.1	4.3	4.8	4.4	4.6	4.6	4.1	4.3
35-39	4.0	3.8	3.9	4.3	3.7	4.0	4.4	4.0	4.2	4.2	3.7	4.0
40-44	2.5	1.8	2.2	2.2	2.7	2.4	3.9	2.4	3.1	2.4	2.4	2.4
45-49	2.2	1.2	1.7	2.1	1.0	1.6	1.5	0.8	1.2	2.1	1.1	1.6
50-54	1.9	3.4	2.6	3.9	3.7	3.8	2.5	5.1	3.8	3.2	3.7	3.4
55-59	1.5	1.2	1.4	1.4	1.6	1.5	1.3	2.0	1.7	1.4	1.5	1.5
60-64	1.7	1.9	1.8	2.0	1.4	1.7	2.8	1.8	2.3	2.0	1.6	1.8
65-69	0.7	0.3	0.5	0.8	0.6	0.7	0.8	0.4	0.6	0.8	0.5	0.6
70-74	0.7	1.3	1.0	0.7	1.0	0.8	0.8	0.8	0.8	0.7	1.1	0.9
75-79	0.4	0.2	0.3	0.5	0.3	0.4	0.2	0.1	0.2	0.4	0.3	0.4
80+	0.9	1.3	1.1	0.9	0.6	0.7	0.3	0.3	0.3	0.9	0.8	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Dependency Age Groups												
0-14	58.6	56.5	57.5	58.1	58.6	58.4	59.7	56.4	58.0	58.4	57.8	58.1
15-64	38.7	40.4	39.6	39.0	39.0	39.0	38.1	42.2	40.2	38.9	39.6	39.3
65+	2.7	3.1	2.9	2.8	2.4	2.6	2.2	1.5	1.8	2.8	2.6	2.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Child and adult populations												
0-17	64.6	63.2	63.9	63.7	63.7	63.7	63.5	61.6	62.5	64.0	63.4	63.7
18+	35.4	36.8	36.1	36.3	36.3	36.3	36.5	38.4	37.5	36.0	36.6	36.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Adolescents 10-19	25.6	24.9	25.3	25.4	22.4	23.9	19.5	23.5	21.5	25.1	23.3	24.2
Number of persons	1,517	1,608	3,125	3,211	3,165	6,377	304	308	613	5,033	5,082	10,114



Table 2.2 Household composition

Percent distribution of households by sex of head of household and by household size; mean size of household, and percentage of households with orphans and foster children under 18 years of age, according to residence, HSHDS 2020

Background characteristic	Type of Residence					Total
	Urban	Rural	Normadic	Hiraan	Middle Shabelle	
Household headship						
Male	71.4	83.1	56.3	73.3	80.8	77.8
Female	28.6	16.9	43.7	26.7	19.2	22.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of usual members						
1	3.3	1.2	5.8	2.1	2.2	2.2
2	5.9	6.6	12.5	6.4	7.1	6.8
3	7.0	10.3	13.5	7.5	11.0	9.6
4	10.1	13.2	14.4	9.7	14.3	12.4
5	14.6	14.2	15.6	17.8	12.1	14.4
6	11.9	14.5	14.1	13.3	14.0	13.7
7	11.6	12.0	10.1	13.3	10.7	11.8
8	9.5	11.4	6.7	9.1	11.5	10.5
9+	25.9	16.6	7.4	20.7	17.1	18.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Mean size of households	6.6	6.0	4.9	6.3	5.9	6.1
Percentage of households with orphans and foster children under 18						
Foster children ¹	17.0	12.7	11.4	16.5	11.9	13.8
Double orphans	2.3	2.2	3.0	3.3	1.7	2.3
Single orphans ²	13.9	7.9	11.6	12.4	8.1	9.9
Foster and/or orphan children	27.9	19.7	23.2	26.6	19.4	22.3
Number of households	474	1,073	126	677	997	1,673

Note: Table is based on de jure household members, i.e., usual residents

¹ Foster children are those under age 18 years of age living in households with neither their mother nor their father present

² Includes children with one dead parent and an unknown survival status of the other parent



Table 2.3a Educational attainment of the male household population

Percent distribution of the de facto male household populations age six and over by highest level of schooling attended or completed and median years completed, according to Background characteristic, HSHDS 2020

Background characteristic	Educational attainment of the household population							Total	Number of males	Median years completed
	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	Higher education	Don't know			
Age										
6-9	93.8	6.0	0.0	0.0	0.0	0.0	0.2	100.0	450	1.0
10-14	68.1	27.6	1.8	0.8	1.7	0.0	0.0	100.0	507	3.0
15-19	44.5	21.6	5.4	5.7	18.0	2.5	2.2	100.0	262	8.0
20-24	47.2	26.9	1.4	0.7	13.5	8.8	1.4	100.0	116	7.0
25-29	49.0	16.0	3.1	1.3	15.2	6.6	8.8	100.0	112	12.0
30-34	57.4	11.9	3.9	0.9	19.4	2.6	3.9	100.0	96	12.0
35-39	59.8	19.0	2.5	1.7	6.3	6.1	4.8	100.0	100	7.0
40-44	58.0	14.5	3.1	1.6	7.2	7.8	7.8	100.0	53	8.8
45-49	40.5	15.6	3.9	0.0	15.4	8.1	16.5	100.0	55	12.0
50-54	45.2	21.1	2.0	3.8	7.4	2.1	18.4	100.0	78	6.0
55-59	*	*	*	*	*	*	*	100.0	23	6.7
60-64	(63.4)	(13.9)	(2.7)	(0.0)	(8.0)	(0.0)	(12.0)	100.0	31	5.0
65+	(49.0)	(10.2)	(8.0)	(0.0)	(15.6)	(1.8)	(15.3)	100.0	45	9.3
Type of residence										
Urban	52.0	20.8	4.1	2.4	12.9	5.4	2.3	100.0	709	8.0
Rural	71.4	17.3	1.4	0.8	4.3	0.6	4.2	100.0	1137	5.0
Nomadic	90.3	4.8	0.5	1.1	1.1	0.2	2.0	100.0	83	6.4
Region										
Hiraan	57.0	23.2	2.6	1.6	10.7	3.0	1.9	100.0	899	6.8
Middle Shabelle	72.1	13.5	2.1	1.3	4.4	1.8	4.7	100.0	1029	6.0
Total	65.1	18.0	2.4	1.4	7.3	2.4	3.4	100.0	1928	6.0

¹ Completed 8th grade at the primary level

² Completed 12th grade at the secondary level

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases



Table 2.3b Educational attainment of the female household population

Percent distribution of the de facto female household populations age six and over by highest level of schooling attended or completed and median years completed, according to Background characteristic, HSHDS 2020

Background characteristic	Educational attainment of the household population								Number of females	Median years completed
	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	Higher education	Don't know	Total		
Age										
6-9	90.2	9.7	0.0	0.0	0.0	0.0	0.1	100.0	335	2.0
10-14	58.0	37.2	1.0	0.5	2.6	0.0	0.7	100.0	392	4.0
15-19	40.1	29.4	8.6	5.3	13.1	3.0	0.5	100.0	178	8.0
20-24	53.0	25.1	0.0	3.8	13.1	4.8	0.3	100.0	86	6.0
25-29	64.8	21.0	5.9	1.8	6.6	0.0	0.0	100.0	93	6.0
30-34	(72.8)	(18.8)	(0.0)	(0.0)	(8.4)	(0.0)	(0.0)	100.0	39	4.7
35-39	(67.6)	(19.2)	(7.2)	(2.4)	(2.4)	(0.0)	(1.0)	100.0	34	4.1
40-44	*	*	*	*	*	*	*	100.0	12	2.8
45-49	*	*	*	*	*	*	*	100.0	15	6.8
50-54	(81.3)	(4.3)	(2.7)	(0.0)	(8.2)	(2.7)	(0.8)	100.0	30	16.3
55-59	*	*	*	*	*	*	*	100.0	11	7.7
60-64	*	*	*	*	*	*	*	100.0	17	0.0
65+	*	*	*	*	*	*	*	100.0	15	16.0
Type of residence										
Urban	61.0	22.0	4.1	2.6	8.3	1.8	0.3	100.0	591	7.0
Rural	68.8	27.1	1.3	0.2	1.9	0.2	0.5	100.0	613	3.7
Nomadic	93.0	2.8	0.7	0.7	0.0	0.0	2.9	100.0	53	6.6
Region										
Hiraan	60.4	26.1	3.4	1.6	7.2	1.2	0.2	100.0	716	5.0
Middle Shabelle	73.8	20.4	1.5	1.1	1.7	0.6	0.9	100.0	540	4.0
Total	66.1	23.7	2.6	1.4	4.8	1.0	0.5	100.0	1,257	5.0

¹Completed 8th grade at the primary level

²Completed 12th grade at the secondary level

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases



Table 2.4 School attendance ratio

Net attendance ratios (NAR) and gross attendance ratios (GAR) for the de facto household population by sex and level of schooling and Gender Parity Index (GPI), according to Background characteristic, HSHDS 2020

Background characteristic	Net Attendance Ratio ¹				Gross Attendance Ratio ²			
	Male	Female	Total	Gender Parity Index ³	Male	Female	Total	Gender Parity Index ³
PRIMARY								
Type of Residence								
Urban	13.4	9.4	11.4	0.7	27.0	19.2	27.7	0.7
Rural	6.2	6.6	6.4	1.1	11.9	12.2	14.7	1.0
Nomadic	0.7	0.5	0.6	0.7	2.4	1.1	1.8	0.4
Region								
Hiraan	16.2	12.0	14.1	0.7	31.5	24.5	31.4	0.8
Middle Shabelle	2.9	3.7	3.3	1.3	6.0	6.2	9.1	1.0
Wealth quintile								
Lowest	4.6	3.4	4.1	0.7	12.1	5.9	11.9	0.5
Second	7.4	7.4	7.4	1.0	11.4	13.4	14.8	1.2
Middle	7.8	9.8	8.8	1.3	20.0	20.3	24.2	1.0
Fourth	19.5	11.0	15.2	0.6	41.1	25.0	38.5	0.6
Highest	37.0	17.4	26.2	0.5	44.4	36.5	46.2	0.8
TOTAL	8.0	7.1	7.6	0.9	15.8	13.8	18.0	0.9
Secondary								
Type of residence								
Urban	15.5	13.0	14.2	0.8	29.6	17.8	23.6	0.6
Rural	2.5	1.2	1.9	0.5	4.6	1.6	3.1	0.3
Nomadic	3.3	0.5	1.7	0.2	4.7	0.5	2.3	0.1
Region								
Hiraan	9.6	9.7	9.7	1.0	21.6	13.4	17.2	0.6
Middle Shabelle	5.1	1.2	3.2	0.2	7.2	1.5	4.4	0.2
Wealth quintile								
Lowest	0.9	0.1	0.5	0.1	1.9	0.1	1.0	0.1
Second	0.8	2.9	1.9	3.6	5.0	4.0	4.5	0.8
Middle	13.8	10.4	12.1	0.8	18.4	13.2	15.9	0.7
Fourth	28.2	15.5	21.4	0.5	54.1	22.4	37.1	0.4
Highest	36.4	15.6	23.7	0.4	86.3	23.4	48.0	0.3
TOTAL	7.0	5.2	6.1	0.7	13.2	7.1	10.1	0.5

¹The NAR for primary school is the percentage of the primary-school-age (6-13 years) population that is attending primary school.

²The NAR for secondary school is the percentage of the secondary-school-age (14-17 years) population that is attending secondary school. By definition, the NAR cannot exceed 100 percent.



Table 2.5a Household drinking water

Percent distribution of households and de jure population by source of drinking water and by time to obtain drinking water service, according to residence, HSHDS 2020

Background characteristic	Households					Population						
	Type of residence			Region		Type of residence			Region			
	Urban	Rural	Nomadic	Hiraan	Middle Shabelle	Total	Urban	Rural	Normadic	Hiraan	Middle Shabelle	Total
Source of drinking water												
Improved source	91.0	53.0	23.6	43.1	74.1	61.6	90.8	52.9	24.2	46.1	75.3	62.9
Piped water into dwelling/ yard/plot	72.8	14.9	0.8	26.0	33.1	30.2	75.1	15.2	0.8	30.2	34.7	32.8
Piped to neighbor	3.6	1.7	0.1	1.4	2.6	2.1	2.6	1.6	0.1	1.2	2.2	1.8
Public tab/ standpipe	6.8	9.2	0.6	2.7	11.4	7.9	6.1	9.5	0.5	3.0	11.5	7.9
Tube well/ borehole	0.7	5.2	0.3	3.0	3.9	3.5	0.5	4.4	0.2	2.6	3.2	2.9
Protected dug well	6.4	20.0	4.9	6.4	20.9	15.0	5.7	20.3	4.7	6.2	21.2	14.9
Protected spring	0.7	1.0	3.6	1.5	0.8	1.1	0.9	0.7	3.7	1.2	0.7	0.9
Rainwater	0.0	1.0	11.9	1.8	1.4	1.6	0.0	1.3	12.8	1.5	1.7	1.6
Bottled water	0.0	0.0	1.3	0.2	0.0	0.1	0.0	0.0	1.4	0.2	0.0	0.1
Non-improved source	9.0	47.0	76.4	56.9	25.9	38.4	9.2	47.1	75.8	53.9	24.7	37.1
Unprotected well	2.2	8.3	12.6	4.7	8.4	6.9	1.8	8.3	14.4	4.5	8.3	6.7
Unprotected spring	0.2	0.5	4.1	0.9	0.6	0.7	0.2	0.7	3.6	0.7	0.8	0.8
Tanker truck/cart with drum	5.9	4.3	16.1	10.4	2.4	5.7	6.5	4.8	16.6	10.7	2.7	6.1
Water Kiosk	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Surface water	0.7	33.4	42.9	40.4	14.3	24.9	0.6	32.7	40.7	37.5	12.9	23.3
Others	0.0	0.4	0.8	0.6	0.1	0.3	0.0	0.4	0.4	0.6	0.0	0.3
Missing	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Time to obtain drinking water (round trip)												
Water on premises	90.3	46.6	16.5	44.6	64.9	56.7	90.9	45.1	14.4	48.1	64.2	57.4
Less than 30 minutes	8.5	40.9	26.3	30.0	31.0	30.6	7.7	42.3	26.5	28.6	32.1	30.7
30 minutes or longer	1.2	12.5	57.2	25.3	4.1	12.7	1.4	12.6	59.1	23.2	3.7	11.9
Drinking water service	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Percentage with basic drinking water service	90.8	50.5	11.3	38.7	72.8	59.0	90.6	50.4	10.8	42.1	73.8	60.4
Percentage with limited drinking water service	0.2	2.5	12.3	4.4	1.3	2.6	0.2	2.6	13.4	4.0	1.4	2.5
Number of Households	474	1,073	126	677	997	1,673	3,145	6421	616	4,302	5,887	10,182

¹ Includes water piped to a neighbor and those reporting a round trip collection time of zero minutes

² Defined as drinking water from an improved source, provided either water is on the premises or round-trip collection time is 30 minutes or less. Includes safely managed

³ Drinking water from an improved source, provided round-trip collection time is more than 30 minutes

Table 2.5b Treatment of household drinking water

Percent distribution of households and de jure population by using various methods to treat drinking water, and percentage using an appropriate treatment method, according to residence, HSHDS 2020											
Water treatment method	Households						Population				
	Type of residence			Region			Type of residence			Region	
	Urban	Rural	Nomadic	Hiraan	Middle Shabelle	Total	Urban	Rural	Nomadic	Hiraan	Middle Shabelle
Water treatment prior to drinking¹											
Boiled	5.9	1.8	0.0	3.7	2.2	2.8	6.6	2.4	0.0	4.5	2.9
Bleach/chlorine added	16.3	10.4	0.0	8.8	13.0	11.3	16.3	10.5	0.0	8.3	14.1
Strained through cloth	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Ceramic, sand or other filter	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Solar disinfection	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Let it stand and settle	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other treatment	0.0	0.3	0.0	0.0	0.3	0.2	0.0	0.4	0.0	0.0	0.5
No treatment	78.3	87.4	96.9	88.1	83.8	85.6	78.1	86.9	97.2	88.1	82.4
Don't Know	21.5	12.6	3.1	11.9	16.1	14.4	21.8	13.1	2.8	11.9	17.6
Percentage using an appropriate treatment method²	21.3	11.8	0.0	11.8	14.8	13.6	21.7	12.4	0.0	11.8	16.5
Number of households	474	1,073	126	677	997	1,673	3,145	6,421	616	4,302	5,887
Respondents may report multiple treatment methods so the sum of treatment may exceed 100 percent.											
¹ Appropriate water treatment methods include boiling, bleaching, straining, filtering and solar disinfecting											

Table 2.6 Household sanitation facilities

Percent distribution of households and de jure population by type of toilet/latrine facilities, percent distribution of households and de jure population with a toilet/latrine facility by location of the facility, percentage of households and de jure population with basic sanitation services, and percentage with limited sanitation services, according to residence, HSHDS 2020

	Households				Population			
	Type of residence				Type of residence			
Type and location of toilet/latrine facility	Urban	Rural	Nomadic	Total	Urban	Rural	Nomadic	Total
Improved facility	77.0	51.4	2.2	55.0	73.3	51.0	2.1	55.0
Flush/pour to piped sewer system	6.9	6.7	0.0	6.3	6.2	6.4	0.0	6.0
Flush/pour to septic tank	4.0	1.1	0.0	1.9	3.4	1.2	0.0	1.8
Flush/pour to a pit latrine	25.6	15.5	0.1	17.2	23.3	16.0	0.3	17.3
Ventilated improved pit (VIP) latrine	1.7	4.8	0.0	3.6	1.3	4.4	0.0	3.2
Pit latrine with a slab	38.8	22.6	2.0	25.7	39.0	22.7	1.8	26.5
Composting toilet	0.0	0.6	0.0	0.4	0.0	0.4	0.0	0.3
Non-improved facility	21.1	18.9	7.9	18.7	24.7	19.9	5.8	20.5
Flush to some where else	0.0	1.0	0.0	0.7	0.0	1.0	0.0	0.6
Flush/pour flush, don't know where	1.9	0.3	0.0	0.7	1.4	0.3	0.0	0.6
Pit latrine without slab/Open latrine	19.0	14.7	1.1	14.9	23.3	15.6	1.1	17.1
Bucket toilet	0.0	0.3	5.4	0.6	0.0	0.3	3.8	0.4
Hanging toilet/hanging latrine	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Others	0.0	2.6	1.4	1.8	0.0	2.8	0.9	1.8
Open Defecation	1.9	29.7	90.0	26.4	2.0	29.1	92.0	24.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Location of toilet facility								
In own dwelling	55.8	30.4	6.1	35.8	54.6	29.9	4.8	36.0
In own Yard/Plot	37.7	26.9	1.9	28.1	39.8	28.5	1.5	30.4
Else Where	1.4	11.8	2.1	8.1	1.2	11.5	1.8	7.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Percentage with basic sanitation service	44.1	33.4	1.1	34.0	44.0	33.3	1.2	34.7
Percentage with limited sanitation service	32.9	17.4	1.0	20.6	29.3	17.3	1.0	20.0
Number of households	474	1,073	126	1,673	3,145	6,421	616	10,182



Table 2.7 Housing characteristics

Percent distribution of households by housing characteristics, percentage using solid fuel for cooking; and percent distribution by frequency of smoking in the home, according to residence, HSHDS 2020

Housing characteristics	Household						Population			
	Type of residence			Region of residence			Type of residence			
	Urban	Rural	Nomadic	Hiraan	Middle Shabelle	Total	Urban	Rural	Nomadic	Total
Electricity										
Yes	50.1	6.3	0.0	19.2	17.6	18.3	53.0	6.7	0.0	20.6
No	49.9	93.7	100.0	80.8	82.4	81.7	47.0	93.3	100.0	79.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Flooring material										
Earth/Sand	56.6	77.7	89.8	70.6	73.9	72.6	56.3	77.7	90.5	71.8
Dung	7.9	1.3	1.5	7.9	0.0	3.2	8.9	1.3	1.5	3.7
Grass	1.8	5.6	3.1	3.9	4.6	4.3	1.6	5.8	2.5	4.3
Wooden Planks	2.6	4.2	0.7	2.6	4.1	3.5	2.6	4.5	0.4	3.7
Palm/Bamboo	4.6	2.4	4.4	4.1	2.5	3.2	4.0	2.7	4.6	3.2
Parquet/Polished wood	1.0	1.3	0.0	0.1	1.8	1.1	1.1	1.2	0.0	1.1
Vinyl/Asphalt Strips	0.3	0.0	0.0	0.0	0.2	0.1	0.2	0.0	0.0	0.1
Ceramic Tiles	1.0	0.8	0.0	0.6	0.9	0.8	1.3	0.5	0.0	0.7
Cement	23.4	6.0	0.1	9.4	11.2	10.5	23.2	5.8	0.1	10.9
Carpet	0.3	0.6	0.3	0.3	0.7	0.5	0.3	0.4	0.4	0.4
Others	0.3	0.1	0.0	0.4	0.0	0.2	0.4	0.1	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Rooms used for sleeping										
One	42.4	61.2	88.6	73.8	47.2	57.9	35.3	53.7	85.7	50.0
Two	34.8	29.4	10.3	18.8	36.7	29.5	36.3	33.9	12.8	33.3
Three or more	22.8	9.4	1.0	7.4	16.1	12.6	28.4	12.4	1.5	16.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Place for cooking										
In the house	49.3	42.4	13.7	41.7	42.5	42.2	47.6	42.2	11.2	42.0
In a separate building	35.2	31.2	7.5	23.7	35.2	30.5	35.7	31.9	6.4	31.5
Outdoors	15.4	26.2	78.2	34.1	22.3	27.0	16.6	25.9	81.9	26.4
Others	0.2	0.2	0.6	0.5	0.1	0.2	0.0	0.0	0.5	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Cooking fuel										
Electricity	1.9	0.0	0.0	1.1	0.2	0.5	1.9	0.0	0.0	0.6
LPG/natural gas/biogas	5.6	0.4	0.0	3.2	0.9	1.8	4.7	0.4	0.0	1.7
Kerosene	4.9	0.8	0.3	1.8	2.0	1.9	4.6	0.6	0.6	1.8
Firewood	39.6	70.0	79.8	71.0	56.1	62.1	40.9	69.6	81.7	61.5
Charcoal	41.3	10.4	4.5	20.8	17.3	18.7	42.2	10.3	4.1	19.8
Straw/shrubs/grass	2.7	7.0	8.0	0.0	9.9	5.9	2.7	7.0	7.0	5.7
Agricultural crop	3.8	11.2	6.8	1.7	13.6	8.8	3.0	12.0	6.0	8.9
No food cooked in the household	0.2	0.2	0.6	0.5	0.1	0.2	0.0	0.0	0.5	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Percentage using solid fuel for cooking¹	87.5	98.6	99.1	93.5	96.9	95.5	88.8	99.0	98.8	95.8
Percentage using clean fuel for cooking²	7.5	0.4	0.0	4.3	1.1	2.4	6.6	0.4	0.0	2.3
Population	474	1,073	126	677	997	1,673	3,145.4	6,420.7	616.0	10,182.2

LPG = Liquid petroleum gas

¹ Includes coal/lignite, charcoal, wood, straw/shrubs/grass, agricultural crops, and animal dung

² Includes electricity and LPG/natural gas/biogas



Table 2.8 Household possessions

Percentage of households possessing various household effects, means of transportation, agricultural land and livestock/farm animals, according to residence, HSHDS 2020

Housing characteristics	Type of residence			Region		Total
	Urban	Rural	Nomadic	Hiraan	Middle Shabelle	
Household effects						
Radio	31.5	14.8	11.2	22.2	17.3	19.2
Television	15.6	0.9	1.4	7.4	3.5	5.1
Refrigerator	4.0	0.0	0.1	1.7	0.8	1.1
Mobile phone	78.2	63.1	58.1	64.2	68.9	67.0
Non-mobile telephone	5.4	1.5	2.2	2.8	2.5	2.7
Computer	3.6	0.5	0.2	1.6	1.2	1.4
Internet	13.9	1.4	0.8	6.6	3.8	4.9
Air conditioner/Fan	7.1	0.0	0.6	2.9	1.5	2.1
Means of transport						
Bicycle	1.4	2.2	0.5	0.9	2.5	1.8
Motorcycle/scoote	1.6	1.8	0.5	0.6	2.4	1.6
Donkey cart	4.7	3.8	7.2	7.1	2.4	4.3
Car/truck	3.0	0.0	3.4	1.8	0.6	1.1
Boat /Canoe	0.9	0.3	0.8	0.2	0.7	0.5
Tractor	1.2	0.5	0.1	0.8	0.6	0.7
Rickshaw	3.3	0.5	0.4	1.3	1.3	1.3
Animal plough	0.7	0.4	2.8	1.0	0.4	0.7
Ownership of agriculture land	41.4	74.2	39.9	50.3	70.5	62.3
Ownership of livestock ¹	37.0	58.9	87.3	62.6	49.6	54.8
Livestock lost	20.3	19.2	48.8	32.5	14.5	21.8
Number of households	474	1,073	126	677	997	1,673

¹ Camel, cattle, goats, horses, donkeys, poultry



Table 2.9 Wealth quintiles

Percent distribution of de-jure population by Wealth quintiles and the Gini coefficient, according to residence and region, HSHDS 2020

Residence/region	Wealth quintile						Number of persons	Gini coefficient
	Lowest	Second	Middle	Fourth	Highest	Total		
Type of residence								
Urban	1.4	25.8	44.9	19.7	8.3	100.0	3123	0.2
Rural	45.1	44.3	10.2	0.5	0.0	100.0	6,396	0.3
Nomadic	71.3	15.7	6.4	2.1	4.5	100.0	611	0.2
Region								
Hiraan	42.1	25.3	20.4	8.1	4.1	100.0	4,282	0.3
Middle Shabelle	26.7	45.4	20.8	5.3	1.9	100.0	5,848	0.2
Total	33.2	36.9	20.6	6.5	2.8	100.0	10,131	0.2



Table 2.10 Birth registration of children under age five

Percentage of de jure children under age five whose births are registered with the civil authorities, according to Background characteristic, HSHDS 2020

Background characteristic	Children whose births are registered			Number of children
	Percentage who had a birth certificate	Percentage who did not have birth certificate	Percentage registered	
Age				
<2	0.5	2.8	3.3	694
2-4	0.3	2.1	2.3	1,574
Sex				
Male	0.3	2.8	3.1	1,102
Female	0.4	1.8	2.2	1,166
Type of residence				
Urban	1.1	5.0	6.1	659
Rural	0.0	1.2	1.2	1,456
Nomadic	0.3	0.6	0.9	153
Region				
Hiraan	0.8	1.7	2.5	1,002
Middle Shabelle	0.0	2.7	2.7	1,266
Total	0.4	2.3	2.6	2,268

Table 2.11 Handwashing

Percentage of households and de jure population in which the place most often used for washing hands was observed by whether the location was fixed or mobile and total percentage of households in which the place for handwashing was observed, and among households in which the place for handwashing was observed, percent distribution by availability of water, soap, and other cleansing agents, according to Background characteristic, HSHDS 2020

Background characteristic	Percentage of households/population in which place for washing hands was observed and:				Among households /population in which place for handwashing observed, percentage with:						
	Place for handwashing was fixed	Place for handwashing was mobile	Total	Number of households	Household						
					Water available	Soap available	Cleansing agent other than soap available	Number of households for whom place for handwashing was observed	A basic handwashing facility	A limited handwashing facility	Number of households for whom a place for handwashing was observed or with no place for handwashing in the dwelling, year
Number of households											
Urban	22.9	47.3	70.2	474	45.6	12.0	8.1	333	11.3	22.3	433
Rural	14.1	48.0	62.1	1073	31.1	1.7	4.1	666	0.5	29.3	834
Nomadic	4.1	54.1	58.2	126	8.3	1.0	6.8	73	0.4	85.5	99
Region											
Hiraan	3.8	14.8	18.6	677	10.6	3.1	1.2	311	2.9	8.9	428
Middle Shabelle	12.0	33.5	45.5	997	22.9	1.5	4.3	761	0.7	22.7	938
Number of households	15.8	48.2	64.0	1,673	33.5	4.5	5.4	1072	3.6	31.6	1,366
Population											
Number of households											
Urban	22.9	45.5	68.4	3,146	45.6	13.6	7.9	2,150	13.1	20.6	2,903
Rural	13.7	50.2	63.9	6426	32.3	1.7	3.9	4109	0.4	29.9	5,059
Nomadic	3.2	56.4	59.6	617	7.5	0.9	6.6	368	0.3	86.5	483
Region of residence											
Hiraan	4.5	15.3	19.8	4,302	12.0	3.8	1.2	2,008	3.6	8.5	2,852
Middle Shabelle	11.5	33.9	45.4	5,887	22.9	1.5	4.1	4,618	0.7	22.0	5,592
Number of Persons	15.9	49.1	65.0	10,189	34.9	5.3	5.3	6,627	4.3	30.4	8,445





03

Characteristics of the Respondents



Key Findings

Educational attainment:

87 percent of women have never attended school at all.

Literacy:

Only **20 percent** of women in Hirshabelle are literate.

Access to media:

83 percent of women have no access to newspapers, radio, or television at least once a week.

Internet use:

10 percent of women had used the internet at least once.

Employment:

13 percent of ever-married women were currently employed.



3 CHARACTERISTICS OF THE RESPONDENTS

This chapter presents information on the individual demographic and socioeconomic characteristics of the survey respondents who were interviewed for the HSHDS 2020. The information presented in this chapter presents questions administered by enumerators to never-married and ever-married women. Questions on educational attainment, literacy, exposure to mass media, and internet use were administered to both never-married and ever-married women, whereas questions on employment status, occupation, and use of tobacco were only administered to ever-married women. This information is useful in understanding the factors that affect the lives of women in the reproductive age group and provides a context for interpreting demographic and health indicators.

3.1 Background characteristic of Respondents

Information on the Background characteristic of women aged 15-49 interviewed in the survey is presented in Table 3.1 by age, marital status, type of residence, education and Wealth quintile. Twenty-six percent of the women were aged 15-19; (83 percent among never-married women and 13 percent among ever-married women). Seventy-three percent of women were currently married while 19 percent had never been married, 6 percent were divorced and 3 percent were widowed. More women live in rural areas than urban and nomadic areas. Sixty-one percent of all women resided in rural areas, 33 percent and 6 percent resided in urban and nomadic areas respectively. Educational attainment in Somalia is low—only 24 percent of the Somali population aged 25 and above have completed at least primary school (UNFPA 2014). Similarly, in Hirshabelle, educational attainment is low—86 percent of all women had never attended school. Ever-married women are more likely to have attended school, compared to never-married women at 91 percent and 66 percent respectively.

of women aged 15-49 have not attended any formal schooling. Eight percent of women have some levels of primary education, and only 1 percent completed primary schooling. Two percent of women attended some secondary school, and 1 percent completed secondary education. One percent of women have higher levels of education (Figure 3.1).

Educational attainment decreases as the age of women increases. The percentage of women who have some level of primary education is highest among women aged 15-19 at 13 percent and lowest among women aged 35-39 and 40-44 at 3 percent each.

The differences in educational attainment among women aged 15-49 in urban, rural and nomadic area is significant. Ninety-eight percent and 93 percent of the women living in nomadic and rural areas respectively, have never attended formal schooling compared to 72 percent of women from urban areas.

Educational attainment increases with increasing levels of wealth. The proportion of women in Hirshabelle with No education is highest in the poorest households at 94 percent and lowest in the wealthiest households at 55 percent. The proportion of women who have attained higher education also increases with increasing levels of wealth.

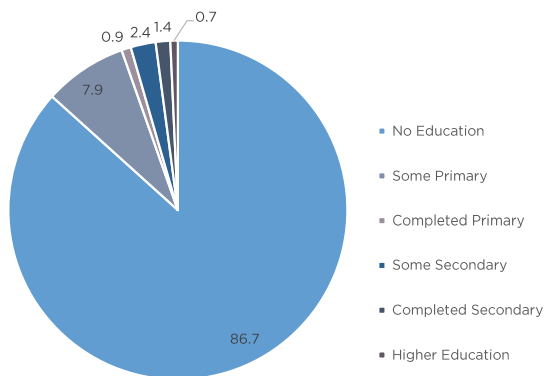
3.2 Educational attainment

Table 3.2 presents the distribution of women aged 15-49 by educational attainment and median years of schooling completed according to Background characteristic. The findings show that educational attainment among women in Hirshabelle is very low. Overall, 87 percent



Figure 3.1 Educational attainment

Percent distribution of women age 15-49 by highest level of schooling attended or completed



3.3 Literacy rate

Adult literacy is defined as the percentage of the population aged 15 years and over who are both able to read and write with an understanding — a short, simple statement on their everyday lives (UNESCO Institute for Statistics, 2013).

The survey assessed literacy levels among women aged 15-49 who had never been to school or who had primary or secondary levels of education by asking them to read all or part of a sentence in English or Somali. Anyone who could read a sentence in any other language was also considered a literate person. Those with a higher level of education were assumed to be literate without administering a reading test.

Table 3.3 presents the literacy of women by Background characteristic. The table shows that 20 percent of

Hirshabelle women aged 15-49 are literate. As shown in Figure 3.2, women aged 15-19 years have the highest literacy at 30 percent, while women aged 40-44 years have the lowest literacy rate at 5 percent. Literacy among women aged 15-49 varies by place of residence. Among women residing in urban areas, 38 percent are literate compared to 12 percent among those living in rural areas and 5 percent among women living in nomadic areas (Table 3.3).

Literacy levels among women in Hiraan are higher than those in Middle Shabelle at 32 percent and 11 percent respectively (Figure 3.3). Further analysis by wealth show that literacy levels increase with wealth status. Women from wealthier households are more literate at 54 percent, compared to women from poorer households at 12 percent.

3.4 Exposure to Mass Media

The survey collected information on the exposure of the respondent to both broadcast and print media. Respondents were asked how often they read a newspaper, watched television, or listened to the radio. This information was used to indicate the extent to which women are regularly exposed to mass media and can be used in developing educational programs, to convey messages to the public about government policies, disseminate health information, report the opinions of people on health issues, and other societal matters, as well as serve as a tool to observe public sentiments on important issues.

Figure 3.2 Literacy

Percent distribution of women aged 15-49 by level of literacy and age

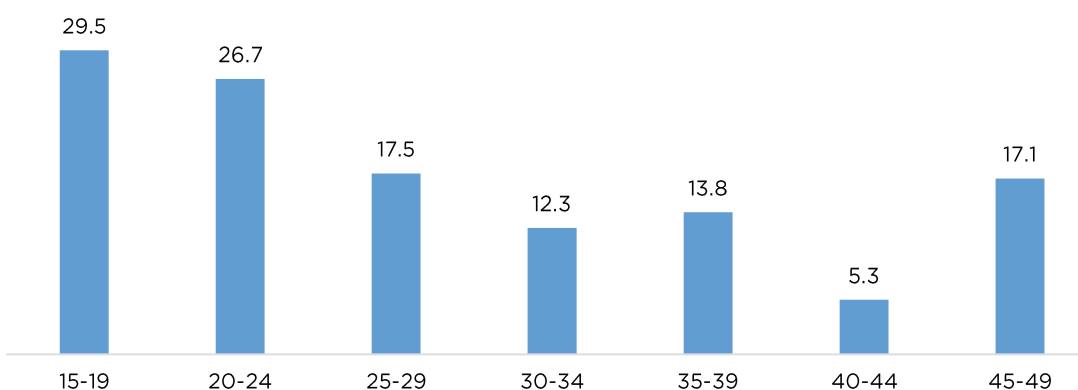


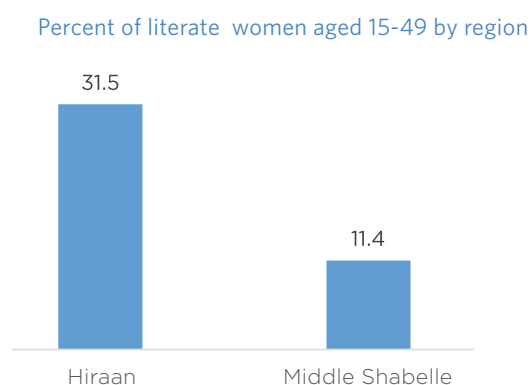
Figure 3.3 Literacy

Table 3.4 shows that 83 percent of women did not access any of the three forms of media newspaper, radio and television at least once a week. Six percent of women watch television at least once a week, 14 percent listen to the radio at least once a week and 4 percent read newspapers at least once a week. Listening to radio was the most common use of media.

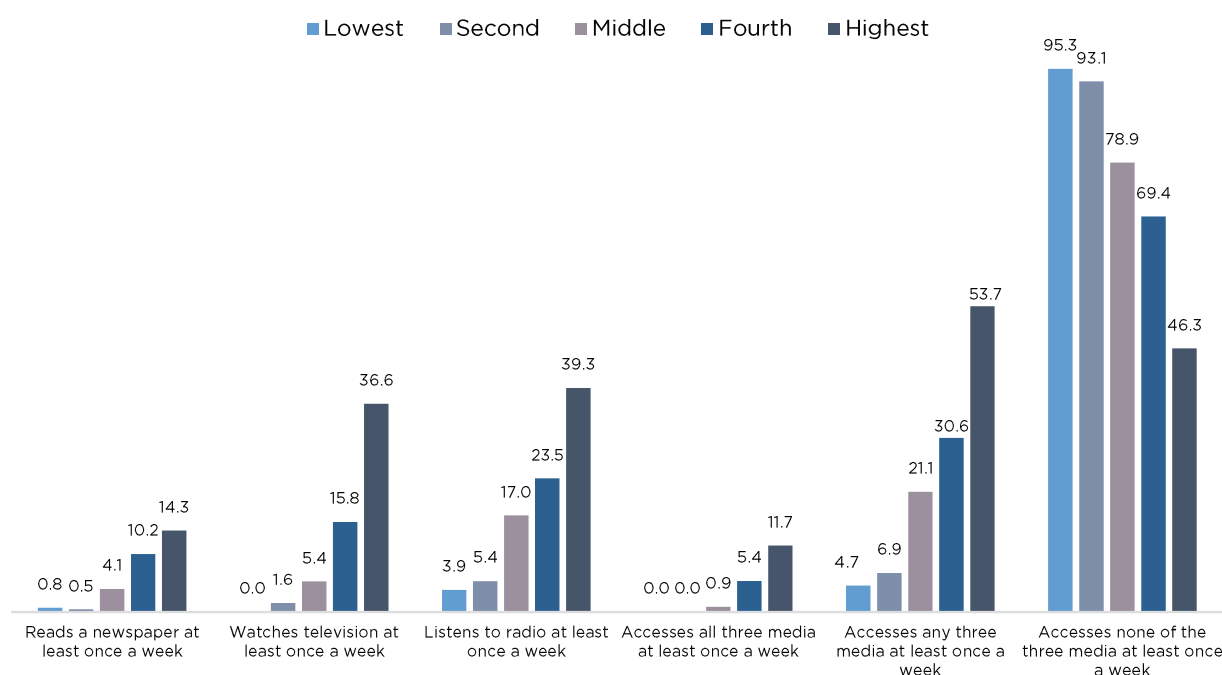
Urban women have more access to newspapers, television and radio compared to their rural and nomadic counterparts—9 percent read a newspaper at least once a week, 17 percent watch television at least once a week and 26 percent listen to the radio at least once a week.

Exposure to media increases with both education and wealth. While only 1 percent of women with No education read a newspaper at least once a week, 66 percent of women with higher education does so. Similarly, while 4 percent of women with No education watch television at least once a week, 44 percent of women with higher education watch television at least once a week.

Figure 3.4 presents the percentage of women aged 15-49 exposed to mass media by Wealth quintile. One percent of women in the lowest Wealth quintile read newspaper at least once a week, compared to 14 percent in the highest quintile. Likewise, 4 percent of women in the lowest quintile listen to radio at least once a week, compared to 39 percent in the highest quintile. Whereas women from the lowest Wealth quintile never watch television, compared to 37 percent of women among those in the highest Wealth quintile. Four percent of women in the lowest Wealth quintile listen to radio at least once a week, compared to 39 percent among those in the highest quintile. Women's access to any of the three media at least once a week increases with an increase in Wealth quintile. Fifty-four percent of women from the highest Wealth quintile have access to any of the three media at least once a week compared to only 5 percent of women from the lowest Wealth quintile.

Figure 3.4 Exposure to mass media

Percent of all women aged 15-49 who are exposed to specific media on weekly basis



Internet usage increases with an increase in wealth.

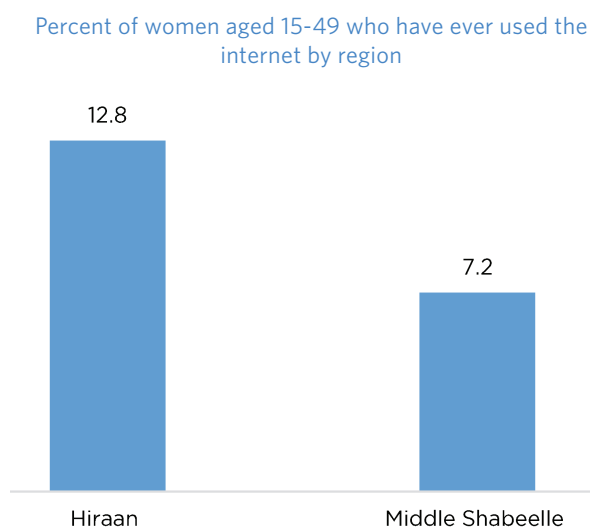
3.5 Internet Use

The internet is an important tool for accessing information. Globally, women are 23 percent less likely than men to use mobile internet. In Sub-Saharan Africa, women are 41 percent less likely than men to use mobile internet (GSMA 2019). Studies have shown that women use the internet more often for health-related information searches than men. When their access is hindered, women have less access to important information for their families.

The survey collected information about women's use of the internet. Women aged 15-49 were asked whether they had ever used the internet and if they had, whether they used it in the 12 months preceding the survey. Interviewers also enquired how often women had used the internet in the month preceding the survey.

Table 3.5 shows that 10 percent of women had ever used the internet at least once, while 8 percent had used the internet in the past 12 months preceding the survey. The use of the internet generally decreases with an increase in age; 17 percent of women aged 15-19 had used the internet, compared to 1 percent of women aged 40-44.

Figure 3.5 Internet Usage



Twenty-three percent of women living in urban areas had used the internet at least once, compared to 4 percent and 1 percent of women living in rural and nomadic areas respectively.

Use of internet in the 12 months preceding the survey is reported by 20 percent, 3 percent of women in urban and rural respectively. Less than 1 percent of women in nomadic areas used the internet in the 12 months preceding the survey.

Thirteen percent of women in Hiraan region had ever used the internet, whereas in Middle Shabelle 7 percent reported ever having used the internet (Figure 3.5). In the 12 months preceding the survey, 11 percent of women in Hiraan and 6 percent of women in Middle Shabelle reported use of internet (Table 3.5).

Internet usage increases with an increase in wealth. Forty-one percent of women in the highest Wealth quintile had ever used the internet, compared to 2 percent of women in the lowest Wealth quintile (Figure 3.6).

3.6 Employment Status

Ever-married women aged 15-49 were asked about their employment status in the seven days preceding the survey, as well as whether they had done any work in the 12 months prior to the survey. Respondents were categorized as currently employed if they had worked in the seven days preceding the survey.

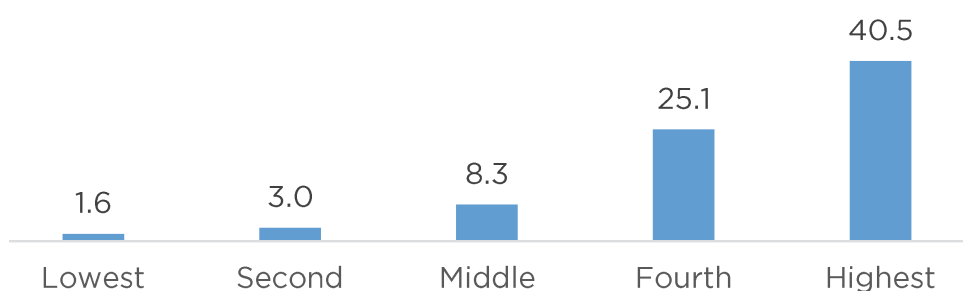
Table 3.6 shows the employment status of ever-married women by Background characteristic. The employment status of respondents in Hirshabelle is low. Thirteen percent of ever-married women were employed when the survey was conducted while 1 percent were not employed but had worked in the 12 months preceding the survey. Eighty-six percent of ever-married women had not been employed in the 12 months prior to the survey.

Employment of women increases with an increase in age. Three percent of women aged 15-19 years were employed at the time of the survey which is the lowest amongst all age groups. Twenty-eight percent of ever-married women aged 45-49 were currently employed, which is the highest proportion of women who were employed in the 12 months preceding the survey (Figure 3.7).



Figure 3.6 Internet usage

Percent of women aged 15-49 who have ever used the internet by Wealth quintile



The proportion of women employed increases with an increase in the number of living children; 6 percent for women with no living children, 7 percent for those with living one to two children, 12 percent for those with three to four children and 17 percent for women with 5 or more children. According to place of residence, the proportion of currently employed urban and rural women is 13 percent each, while nomadic areas are less likely to be currently employed at 5 percent.

Regionally, ever-married women in Middle Shabelle are more likely to be currently employed at 16 percent, compared those in Hiraan region at 7 percent. (Figure 3.7). Interestingly, women's employment status of Hirshabelle does not differ very much by Wealth quintile.

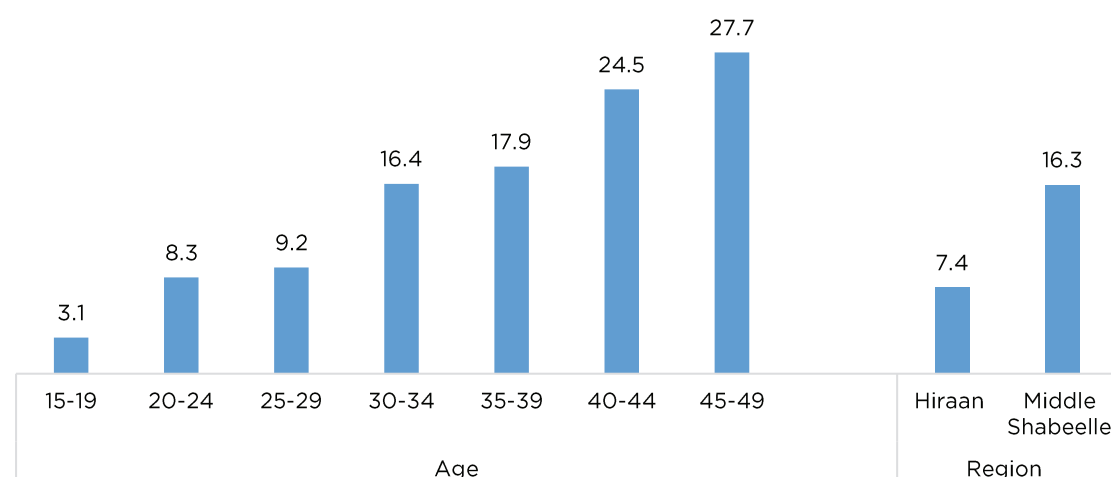
3.7 Types of Employment

Table 3.7 shows the distribution of ever-married women aged 15-49 who were employed in the 12 months preceding the survey, by type of earnings and employer, as well as continuity of employment, and by whether their work is agricultural or non-agricultural.

Overall, 61 percent of ever-married women were paid in cash only while 22 percent were not paid for their work. Forty-six percent of respondents working in agriculture were paid in cash only for their work, while 33 percent of their counterparts in the same sector were not paid at all. Women in non-agricultural work were mainly paid in cash only at 79 percent, whereas, 11 percent were paid both in cash and in kind, 7 percent were not paid and 3 percent were paid in kind only (Figure 3.8)

Figure 3.7 Employment Status

Percent of ever married women aged 15-49 currently employed by age and region



Thirty-four percent of currently employed women aged 15-49 were self-employed, 69 percent of those in agricultural work were employed by a family member, while 28 percent were self-employed and 3 percent were employed by a non-family member. Approximately half of women engaged in non-agricultural work were employed by family member at 48 percent, 41 percent were self-employed and 11 percent were employed by a non-family member. Fifty-three of women were employed all year round. Both women engaged in agricultural and non-agricultural work were mostly employed all year round at 50 and 56 percent respectively (Table 3.7).

Table 3.8 shows the percent distribution of ever-married women who were currently employed or who had worked in the 12 months preceding the survey by their occupation. Overall, 49 percent of the ever-married women were in agricultural occupation, while 9 percent were in domestic service and 4 percent were in professional/technical/ managerial occupations. The women that belong to unskilled manual occupations in Hirshabelle are 30 percent, while, by profession/technical/managerial and skilled manual occupations at 4 percent each.

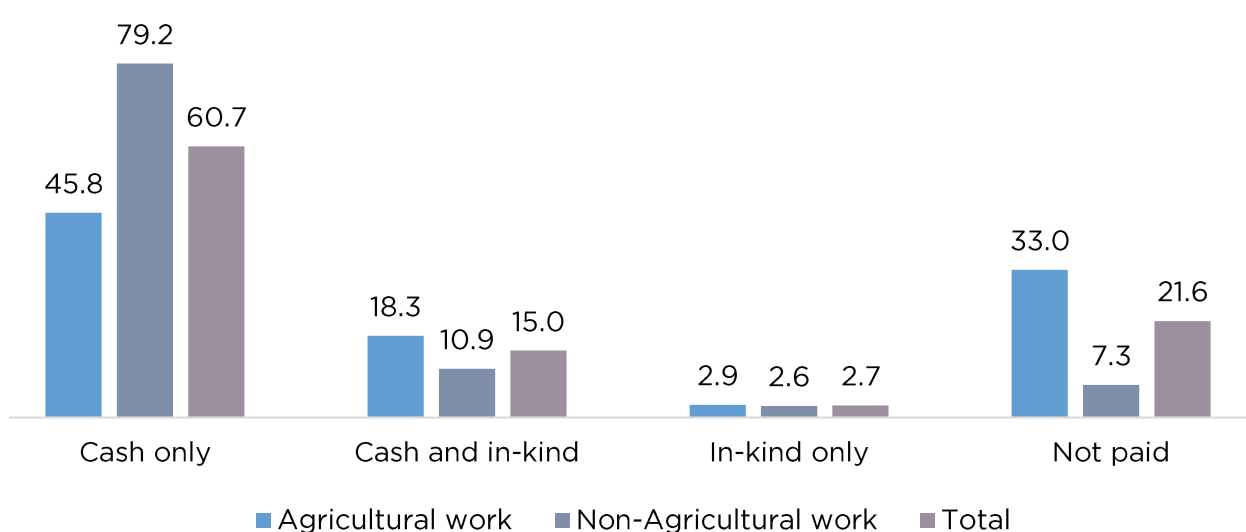
3.8 Use of Tobacco

Exposure to Tobacco and second-hand smoke (SHS) during pregnancy have adverse health effects on women and infants. Women who smoke are more likely than non-smokers to experience infertility and delays in conceiving. Maternal smoking during pregnancy increases risks of prematurity, stillbirth, and neonatal death and may cause a reduction in breast milk (WHO 2010). Ever-married women who are aged 15-49 were asked about their smoking habits. Table 3.9 shows the distribution of cigarette smokers and the percentage of women who use various types of tobacco by Background characteristic.

Overall, 2 percent of ever-married women smoke cigarettes or use any type of tobacco. There is a slight variation in tobacco use among women in the different age groups. Majority of women who use any type of tobacco fall within the 35-39 age bracket at 6 percent. Furthermore, 2 percent and 3 percent of women in urban and rural areas use any type of tobacco while compared to one percent of women in nomadic areas. Regionally, women in Middle Shabelle are more likely use any type of tobacco at 3 percent compared to women in Hiraan region at one percent.

Figure 3.8 Type of employment and earnings

Percent of ever married women aged 15-49 employed in the 12 months preceding the survey by type of earnings



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Table 3.1 Background characteristic of respondents

Percent distribution of ever and never married women age 15-49 by selected background , HSHDS 2020									
Background characteristic	Ever-married Women			Never-married women			All women		
	Weighted Percentage	Weighted number	Unweighted number	Weighted Percentage	Weighted number	Unweighted number	Weighted Percentage	Weighted number	Unweighted number
Age group 15-49									
15-19	13.1	166	159	82.7	248	260	26.4	414	419
20-24	18.9	239	262	13.0	39	39	17.8	278	301
25-29	25.8	327	316	2.9	9	7	21.4	336	323
30-34	16.0	202	196	0.0	0	0	12.9	202	196
35-39	13.9	177	174	0.3	1	1	11.3	177	175
40-44	8.4	107	103	0.9	3	1	7.0	110	104
45-49	3.8	49	48	0.3	1	1	3.2	50	49
Current marital status									
Never Married	na	na	na	100.0	300	309	19.2	300	309
Married	89.8	1,138	1,111	na	na	na	72.6	1,138	1,111
Divorced	6.8	87	92	na	na	na	5.5	87	92
Widowed	3.3	42	55	na	na	na	2.7	42	55
Type of residence									
Urban	30.1	381	466	42.5	128	155	32.5	509	621
Rural	63.2	800	399	52.4	157	85	61.1	958	484
Nomadic	6.7	85	393	5.1	15	69	6.4	100	462
Region									
Hiraan	41.9	530	670	55.9	168	200	44.6	698	870
Middle Shabelle	58.1	737	588	44.1	132	109	55.4	869	697
Education									
No education	91.2	1,155	1,139	65.8	198	198	86.3	1,353	1,337
Primary	6.5	82	85	19.8	59	61	9.0	142	146
Secondary	2.1	26	30	11.7	35	41	3.9	62	71
Higher	0.3	3	4	2.6	8	9	0.7	11	13
Wealth quintile									
Lowest	10.8	136	144	11.4	34	33	10.9	170	177
Second	35.6	451	432	25.9	78	81	33.7	529	513
Middle	35.1	445	383	38.5	116	105	35.8	560	488
Fourth	14.9	188	222	18.8	56	68	15.6	244	290
Highest	3.7	47	77	5.5	16	22	4.0	63	99
Total 15-49	100.0	1,267	1,258	100.0	300	309	100.0	1,567	1,567

Note: Education categories refer to the highest level of education attended, whether or not that level was completed
na = Not applicable



Table 3.2 Educational attainment: Women

Percent distribution of women age 15-49 by highest level of schooling attended or completed, and median years completed, according to Background characteristic, HSHDS 2020

Background characteristic	No education	Some Primary	Completed Primary ¹	Some Secondary	Completed Secondary ²	Higher Education	Total	Median years completed	Number of women
Age									
15-24	79.4	11.4	1.1	4.7	2.0	1.5	100.0	0.0	692
15-19	76.2	12.9	1.6	5.9	2.1	1.3	100.0	0.0	414
20-24	84.1	9.3	0.3	2.8	1.8	1.8	100.0	0.0	278
25-29	90.0	6.8	0.7	0.7	1.7	0.0	100.0	0.0	336
30-34	94.3	4.9	0.0	0.4	0.4	0.0	100.0	0.0	202
35-39	94.8	2.8	0.9	0.9	0.5	0.0	100.0	0.0	177
40-44	95.2	3.2	0.0	0.0	0.8	0.8	100.0	0.0	110
45-49	87.3	7.7	5.1	0.0	0.0	0.0	100.0	0.0	50
Type residence									
Urban	71.8	13.8	2.7	6.5	3.2	1.9	100.0	0.0	509
Rural	93.4	5.5	0.0	0.4	0.6	0.1	100.0	0.0	958
Nomadic	98.3	1.2	0.2	0.4	0.0	0.0	100.0	0.0	100
Region									
Hiraan	78.9	12.4	1.3	4.3	1.9	1.1	100.0	0.0	698
Middle Shabeele	92.9	4.3	0.6	0.9	1.0	0.4	100.0	0.0	869
Wealth quintile									
Lowest	93.8	6.1	0.0	0.1	0.0	0.0	100.0	0.0	170
Second	93.4	5.2	0.0	0.8	0.4	0.2	100.0	0.0	529
Middle	89.1	7.3	0.9	1.6	1.0	0.1	100.0	0.0	560
Fourth	69.8	15.5	2.7	6.4	3.1	2.4	100.0	0.0	244
Highest	55.3	12.1	4.0	13.0	10.5	5.2	100.0	0.0	63
Total	86.7	7.9	0.9	2.4	1.4	0.7	100.0	0.0	1,567

¹ Completed 8th grade at the primary level

² Completed 12th grade at the secondary level



Table 3.3 Literacy: Women

Percent distribution of women age 15-49 by level of schooling attended and level of literacy, and percentage literate, according to Background characteristic, HSHDS 2020

Background characteristic	No schooling, primary or secondary school						Total	Percentage literate ¹	Number of women
	Higher education	Can read a whole sentence	Can read part of the sentence	Cannot read at all	No card with required language	Blind/visually impaired			
Age									
15-24	1.5	10.5	16.4	69.4	1.8	0.5	100.0	28.4	692
15-19	1.3	12.8	15.4	68.4	1.9	0.2	100.0	29.5	414
20-24	1.8	7.1	17.9	70.8	1.5	1.0	100.0	26.7	278
25-29	0.0	5.4	12.1	80.7	1.8	0.0	100.0	17.5	336
30-34	0.0	3.5	8.7	85.1	2.7	0.0	100.0	12.3	202
35-39	0.0	4.4	9.4	80.6	4.1	1.5	100.0	13.8	177
40-44	0.8	0.7	3.8	92.2	2.5	0.0	100.0	5.3	110
45-49	0.0	6.0	11.1	82.9	0.0	0.0	100.0	17.1	50
Type residence									
Urban	1.9	15.6	20.7	59.8	1.8	0.2	100.0	38.2	509
Rural	0.1	3.0	9.3	84.4	2.5	0.6	100.0	12.4	958
Nomadic	0.0	1.2	4.0	94.7	0.2	0.0	100.0	5.1	100
Region									
Hiraan	1.1	11.3	19.1	67.8	0.7	0.0	100.0	31.5	698
Middle Shabeele	0.4	3.6	7.5	84.6	3.3	0.7	100.0	11.4	869
Wealth quintile									
Lowest	0.0	3.2	8.5	88.3	0.0	0.0	100.0	11.7	170
Second	0.2	3.1	8.3	86.4	2.1	0.0	100.0	11.6	529
Middle	0.1	4.1	13.9	78.0	3.3	0.5	100.0	18.2	560
Fourth	2.4	19.3	20.1	55.5	1.3	1.4	100.0	41.7	244
Highest	5.2	27.9	20.9	44.7	1.3	0.0	100.0	54.0	63
Total	0.7	7.0	12.7	77.1	2.1	0.4	100.0	20.4	1,567

¹Refers to women who attended higher education and women who can read a whole sentence or part of the sentence.



Table 3.4 Exposure to mass media: Women

Percentage of All women age 15-49 who are exposed to specific media on a weekly basis, according to Background characteristic, HSHDS 2020

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to radio at least once a week	Accesses all three media at least once a week	Accesses any three media at least once a week	Accesses none of the three media at least once a week	Number of women
Age							
15-19	5.4	8.0	15.4	1.8	19.7	80.3	414
20-24	5.8	8.5	13.7	3.3	19.5	80.5	278
25-29	3.3	5.6	11.8	1.7	15.8	84.2	336
30-34	2.6	4.6	11.4	0.4	13.0	87.0	202
35-39	1.9	5.7	16.3	0.5	19.7	80.3	177
40-44	0.8	3.0	8.7	0.8	9.5	90.5	110
45-49	3.4	3.3	19.3	1.7	20.9	79.1	50
Type residence							
Urban	9.3	17.1	25.9	4.6	34.9	65.1	509
Rural	1.4	1.4	8.3	0.3	9.5	90.5	958
Nomadic	0.0	0.0	2.1	0.0	2.1	97.9	100
Region							
Hiraan	6.6	10.3	18.5	2.7	24.2	75.8	698
Middle Shabeele	1.7	3.3	9.6	0.8	11.7	88.3	869
Education							
No education	0.8	3.8	10.5	0.3	12.8	87.2	1353
Primary	19.3	15.8	28.6	7.0	39.5	60.5	142
Secondary	23.7	34.3	38.8	12.1	54.8	45.2	62
Higher	*	*	*	*	*	*	11
Wealth quintile							
Lowest	0.8	0.0	3.9	0.0	4.7	95.3	170
Second	0.5	1.6	5.4	0.0	6.9	93.1	529
Middle	4.1	5.4	17.0	0.9	21.1	78.9	560
Fourth	10.2	15.8	23.5	5.4	30.6	69.4	244
Highest	14.3	36.6	39.3	11.7	53.7	46.3	63
Total	3.9	6.4	13.6	1.7	17.3	82.7	1,567

An asterisk indicates that a figure is based on fewer than 25 unweighted



Table 3.5 Internet usage: Women

Percentage of all women age 15-49 who have ever used the internet, and percentage who have used the internet in the past 12 months; and among women who have used the internet in the past 12 months, percent distribution by frequency of internet use in the past month, according to Background characteristic, HSHDS 2020

Background characteristic	percentage who, in the past month, used the internet								Number of women
	Ever used the internet	Used the internet in the past 12 months	Number of women	Almost every day	At least once a week	Less than once a week	Not at all	Total	
Age									
15-19	16.5	13.9	414	56.9	26.3	14.1	2.8	100.0	57
20-24	11.8	10.3	278	(61.7)	(17.4)	(5.8)	(15.2)	100.0	29
25-29	9.9	7.8	336	(73.9)	(12.5)	(3.2)	(10.4)	100.0	26
30-34	5.1	4.7	202	*	*	*	*	100.0	10
35-39	3.5	3.4	177	*	*	*	*	100.0	6
40-44	0.8	0.8	110	*	*	*	*	100.0	1
45-49	0.0	0.0	50	*	*	*	*	100.0	0
Type residence									
Urban	22.6	20.2	509	63.1	20.9	9.7	6.4	100.0	103
Rural	3.8	2.7	958	*	*	*	*	100.0	25
Nomadic	0.7	0.4	100	*	*	*	*	100.0	0
Region									
Hiraan	12.8	10.7	698	60.9	21.3	13.0	4.8	100.0	74
Middle Shabelle	7.2	6.2	869	65.6	20.3	3.3	10.9	100.0	54
Education									
No education	4.0	3.0	1353	(55.4)	(27.3)	(6.1)	(11.2)	100.0	41
Primary	29.7	25.9	142	(60.3)	(22.6)'	(14.8)	(2.3)	100.0	37
Secondary	72.7	65.1	62	(70.6)	(12.4)	(8.8)	(8.2)	100.0	40
Higher	*	*	11	*	*	*	*	100.0	11
Wealth quintile									
Lowest	1.6	0.9	170	*	*	*	*	100.0	1
Second	3.0	1.8	529	*	*	*	*	100.0	10
Middle	8.3	6.9	560	(52.2)	(33.1)	(10.5)	(4.1)	100.0	39
Fourth	25.1	22.1	244	63.3	22.9	7.7	6.1	100.0	54
Highest	40.5	39.1	63	(79.9)	(6.6)	(6.8)	(6.8)	100.0	25
Total	9.7	8.2	1,567	62.9	20.9	8.9	7.4	100.0	129

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted



Table 3.6 Employment status: Ever Married Women

Percent distribution of ever married women age 15-49 by employment status, according to Background characteristic, HSHDS 2020					
Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Total	Number of ever-married women
	Currently employed ¹	Not currently employed			
Age					
15-19	3.1	0.0	96.9	100.0	166
20-24	8.3	1.5	90.2	100.0	239
25-29	9.2	0.0	90.8	100.0	327
30-34	16.4	1.5	82.2	100.0	202
35-39	17.9	3.2	78.9	100.0	177
40-44	24.5	4.7	70.8	100.0	107
45-49	(27.7)	(0.0)	(72.3)	100.0	49
Number of living children					
0	6.0	0.8	93.2	100.0	96
1-2	6.8	1.3	91.9	100.0	297
3-4	11.9	3.1	85.0	100.0	341
5+	17.4	0.4	82.2	100.0	533
Type of residence					
Urban	12.7	1.9	85.4	100.0	381
Rural	13.3	1.2	85.5	100.0	800
Nomadic	5.0	0.6	94.3	100.0	85
Region					
Hiraan	7.4	1.2	91.4	100.0	530
Middle Shabelle	16.3	1.5	82.2	100.0	737
Education					
No education	11.8	1.3	86.9	100.0	1155
Primary	24.0	3.0	73.0	100.0	82
Secondary	(6.2)	(0.0)	(93.8)	100.0	26
Higher	*	*	*	100.0	3
Wealth quintile					
Lowest	9.2	0.0	90.8	100.0	136
Second	13.8	0.3	85.9	100.0	451
Middle	12.3	2.8	84.9	100.0	445
Fourth	12.9	0.8	86.2	100.0	188
Highest	12.2	3.6	84.2	100.0	47
Total	12.6	1.4	86.1	100.0	1,267

¹ 'Currently employed' is defined as having done work in the past seven days. Includes persons who did not work in the past seven days but who are regularly employed and were absent from work for leave illness, vacation or any other such a reason.

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted



Table 3.7 Type of employment: Ever Married Women

Percent distribution of ever married women age 15-49 employed in the 12 months preceding the survey by type of earnings, type of employer, and continuity of employment, according to type of employment (agricultural or nonagricultural), HSHDS 2020

Background characteristic	Agricultural work	Non-agricultural work	Total
Type of earning			
Cash only	45.8	79.2	60.7
Cash and in-kind	18.3	10.9	15.0
In-kind only	2.9	2.6	2.7
Not paid	33.0	7.3	21.6
Total	100.0	100.0	100.0
Type of employer			
Employed by family member	69.4	47.9	59.8
Employed by non-family member	2.9	10.8	6.4
Self-employed	27.8	41.3	33.8
Total	100.0	100.0	100.0
Continuity of employment			
All year	50.4	55.9	52.8
Seasonal	20.1	8.8	15.1
Occasional	29.5	35.3	32.1
Total	100.0	100.0	100.0
Number of women employed during the past 12 months	101	81	182

Table 3.8 Occupation: Ever Married Women

Percent distribution of ever married women age 15-49 employed in the 12 months preceding the survey by occupation, according to Background characteristic, HSHDS 2020

Background characteristic	Professional/technical/managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Domestic service	Agriculture	Total	Number of women
Type of residence									
Urban	10.1	1.2	7.5	6.5	41.4	19.4	13.8	100.0	64
Rural	1.1	0.0	2.3	2.3	23.6	3.5	67.2	100.0	115
Nomadic	*	*	*	*	*	*	*	100.0	4
Region									
Hiraan	5.7	0.0	6.6	13.0	43.4	21.7	9.6	100.0	52
Middle Shabelle	3.7	0.6	3.2	0.0	24.0	3.9	64.6	100.0	130
Total	4.3	0.4	4.2	3.7	29.6	9.0	48.8	100.0	182

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted

Table 3.9 Use of tobacco: Ever-Married Women

Percentage of ever married women age 15-49 who smoke various tobacco products, according to Background characteristic, HSHDS 2020

Background characteristic	Percentage who smoke			Number of women
	Cigarettes	Other types of tobacco	Any type of tobacco	
Age				
15-19	2.9	0.0	2.9	166
20-24	0.8	0.1	0.8	239
25-29	0.9	0.0	0.9	327
30-34	4.2	0.0	4.2	202
35-39	5.7	0.0	5.7	177
40-44	1.0	0.0	1.0	107
45-49	(1.6)	(0.0)	(1.6)	49
Type of residence				
Urban	2.3	0.0	2.3	381
Rural	2.5	0.0	2.5	800
Nomadic	1.3	0.2	1.3	85
Region				
Hiraan	1.2	0.0	1.2	530
Middle Shabelle	3.2	0.0	3.2	737
Education				
No education	2.2	0.0	2.2	1,155
Primary	5.2	0.0	5.2	82
Secondary	(0.0)	(0.0)	(0.0)	26
Higher	*	*	*	3
Wealth quintile				
Lowest	2.0	0.0	2.0	136
Second	3.3	0.0	3.3	451
Middle	1.1	0.0	1.1	445
Fourth	3.7	0.0	3.7	188
Highest	1.7	0.0	1.7	47
Total	2.4	0.0	2.4	1,267

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted





04

Marriage, Fertility, Fertility Preference and Birth Spacing



Key Findings

Marital status:

19 percent of women aged 15-49 have never been married.

Age at first marriage:

The median age at first marriage for women aged 25-49 is 15.

Early marriage:

40 percent of ever-married women aged 20-49 are married by age 15, and 62 percent are married by 18 years.

Total Fertility Rate (TFR):

8.1 children per woman.

Birth Spacing:

A median of 23 months between two births.

Age at first birth:

The median age at first birth in Hirshabelle is 19 for women aged 25-49.

Teenage pregnancy and motherhood:

30 percent of women aged 15-19 have either given birth or are pregnant with their first child.

Desire for more children:

76 percent of women want to have another child soon.

Ideal number of children:

9.4 is the average of ideal number of children for currently married women.

Fertility planning:

62 percent of births were reported by the mother to have been wanted at the time of conception, and **29 percent** were mistimed (wanted later); only **9 percent** of births were unintended at the time of conception.

Contraceptive knowledge:

37 percent both of all ever-married women and currently married women have knowledge of modern contraception.



4 MARRIAGE, FERTILITY, FERTILITY PREFERENCE AND BIRTH SPACING

Marriage is a primary indication of the exposure of women to the risk of pregnancy and is important in understanding the fertility of a specific country or society. Populations, where women marry at a younger age, tend to start childbearing early and experience a longer exposure to the risk of pregnancy and thus have higher fertility. Information on marriage guides the understanding of fertility patterns, particularly as marriage among Somali women is almost universal and childbearing takes place within the context of marriage.

4.1 Marital status

Table 4.1 and Figure 4.1 show the distribution of women aged 15-49 by their current marital status and according to age. Overall, 19 percent of women aged 15-49 have never married, 73 percent are currently married, 6 percent are divorced, and 3 percent are widowed at the time of the survey.

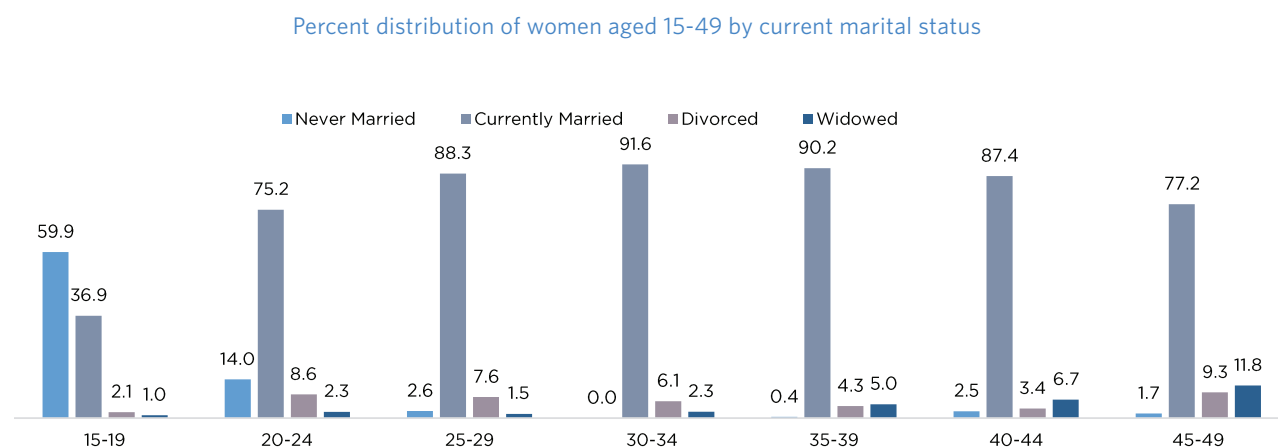
The percentage of women who have never been married declines sharply with an increase in age, from 60 percent among women aged 15-19 to 14 percent among those aged 20-24. Almost all women in Hirshabelle (99.6 percent) are married by the age of 35. Widowhood significantly increases and peaks among women of age group 45-49 at 12 percent. The percentage of divorced women varies at different age groups; among women

aged 15-19, 2 percent are divorced, 9 percent among those aged 20-24, 3 percent among those in the 40-44 age bracket, and 9 percent among those aged 45-49. This indicates that age does not influence the decision to stay in a marriage or not. Marriage among Hirshabelle women is almost universal.

4.2 Age at First Marriage

In most societies, marriage marks the point in a woman's life when childbearing becomes socially acceptable. Women who marry early will, on average, have longer exposure to pregnancy and more lifetime births.

Figure 4.1 Current marital status of women aged 15-49



Early marriage often results in early childbearing

Information on age at first marriage was obtained by asking all ever-married women the month and year they got married to their first husband, while similar information for men was obtained from the household roster.

Table 4.2 shows the percentage of women aged 15-49 who were first married by specific exact ages and the median age at first marriage, according to the current age. Forty percent of women in the age groups of 20-49 and 25-49 entered their first marriage by the age of 15. Sixty-two percent of women in the age groups of 20-49 and 25-49 were married for the first time by the age of 18, while 72 percent of women aged 20-49 and 74 percent of women aged 25-49 married for the first time by the time they turned 20. The median age at first marriage for women aged 25-49 in Hirshabelle is 15 years.

Table 4.3 shows the percentage of men aged 15-64 who were first married by specific exact age and the median age at first marriage. Overall, 1 percent of men in the age group 20-64 entered into their first marriage by the age of 15, while 11 percent entered into their first marriage by 18. Five percent of men aged 25-64 had never married. The median age at first marriage for men aged 25-64 in Hirshabelle is 21 years.

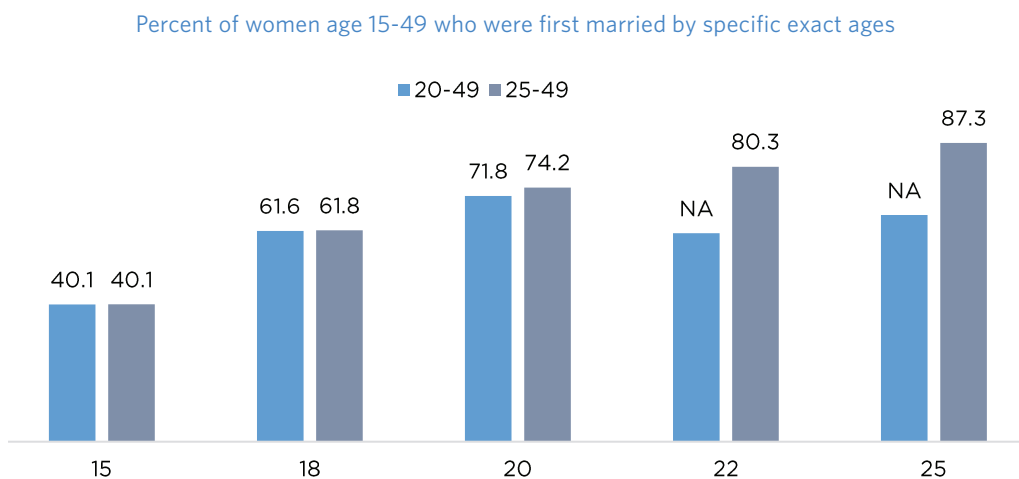
4.3 Early Marriage

Early marriage is still widely practiced in many parts of the world, including Somalia, even though it violates the rights of young people (particularly girls) and has widespread and long-term consequences. Somali parents encourage the marriage of their daughters while they are still young, hoping that marriage will benefit the girls both financially and socially while also relieving financial burdens on the family. This traditional practice prevents young girls from realizing their full potential in life, limiting their physical, psychological, and economic development. Duration of exposure to the risk of pregnancy depends primarily on the age at which women first marry. Early marriage often results in early childbearing, which has a harmful effect on the health of both the mother and child. In many countries, the postponement of marriage significantly reduces childbearing rates.

As seen in Table 4.2 and Figure 4.2, 40 percent of women age groups of 20-49 and 25-49 had already married by the time they turned 15 years. Sixty-two percent of women in the age groups of 20-49 and 25-49 were married for the first time by the age of 18.

62% of women in the age groups of 20-49 and 25-49 were married for the first time by the age of 18

Figure 4.2 Age at first marriage



4.4 Fertility

The number of children that a woman bears depends on many factors, including the age she begins childbearing, how long she waits between births, and her fecundity. Postponing first births and extending the interval between births have played a role in reducing fertility levels in many countries. The knowledge of the current and cumulative fertility is central to understanding population dynamics and the factors that influence the size and age structure of a population. It is also essential in monitoring the progress and evaluating the impact of population and health programs in Hirshabelle. Using the information collected during the HSHDS 2020, it is possible to estimate the current level of fertility and highlight variations in fertility according to certain characteristics.

4.4.1 Current Fertility

The most used measures of current fertility are the total fertility rate (TFR) and one of its components, age-specific fertility rates (ASFRs). The TFR is a summary measure of fertility and is interpreted as the number of children a woman would have by the end of her childbearing years if she were to experience current observed ASFRs. The TFR estimates compiled during the HSHDS 2020 refer to the three years preceding the survey.

The ASFR was calculated as the number of live births by women in a given age group divided by the number

of women-years in that age group during the specified period.

As presented in Table 4.4, the ASFR increases rapidly from 235 births among women aged 15-19 years to 360 births among women aged 25-29 years and afterwards, the ASFRs decline steadily. Figure 4.3 presents the ASFRs by type of residence. From age categories 15-19, 20-24 and 25-29, rural women have higher ASFRs than their urban and nomadic counterparts.

Other important measures of current fertility are the general fertility rate (GFR) and crude birth rates (CBR). The GFR is the number of live births in a population per 1,000 women aged 15-49, while the CBR is the ratio of the number of live births occurring in a given year per 1,000 population.

Table 4.4 presents the ASFRs and total fertility measures (TFR, GFR, and CBR) by type of residence. The total fertility rate for Hirshabelle is 8.1 children per woman. This means that, on average, a woman in Hirshabelle will give birth to 8.1 children during her childbearing years. The TFR is highest among women residing in rural areas at 8.6 and lowest in nomadic areas at 7.1 (Figure 4.4). Childbearing peaks in the age group 25-29 and drops sharply after 34 years.

The general fertility rate is 282 per 1,000 live births. The general fertility rate is the highest in rural areas at 297 births per 1,000 women, followed by nomadic

Figure 4.3 Age-specific fertility rates

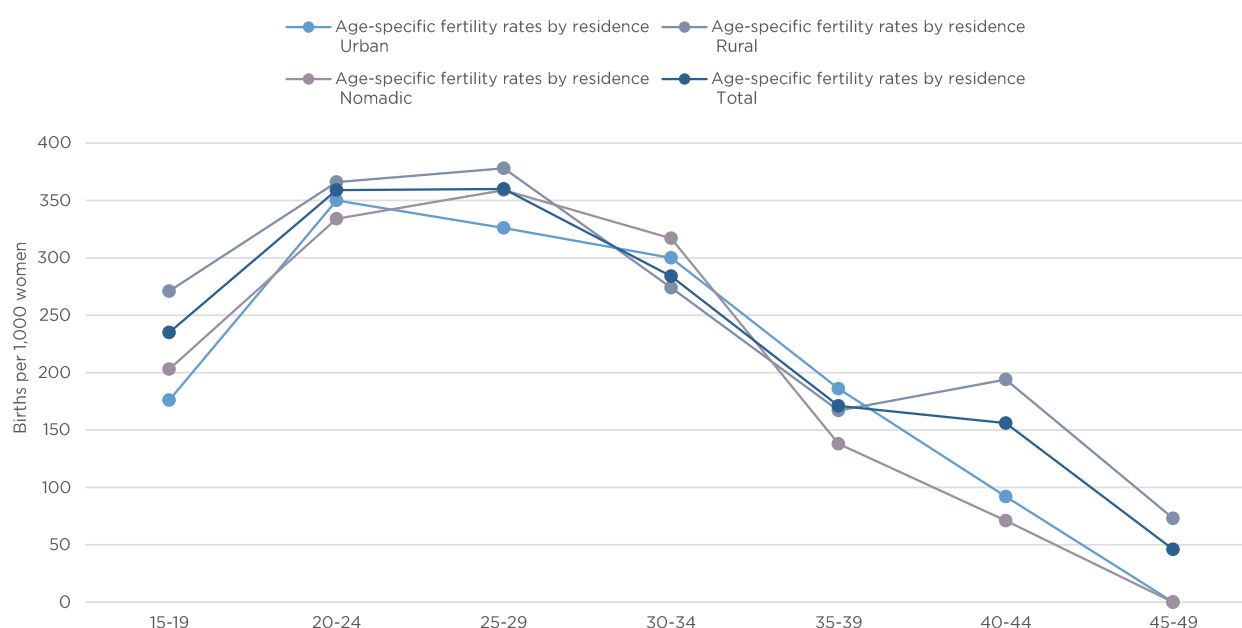
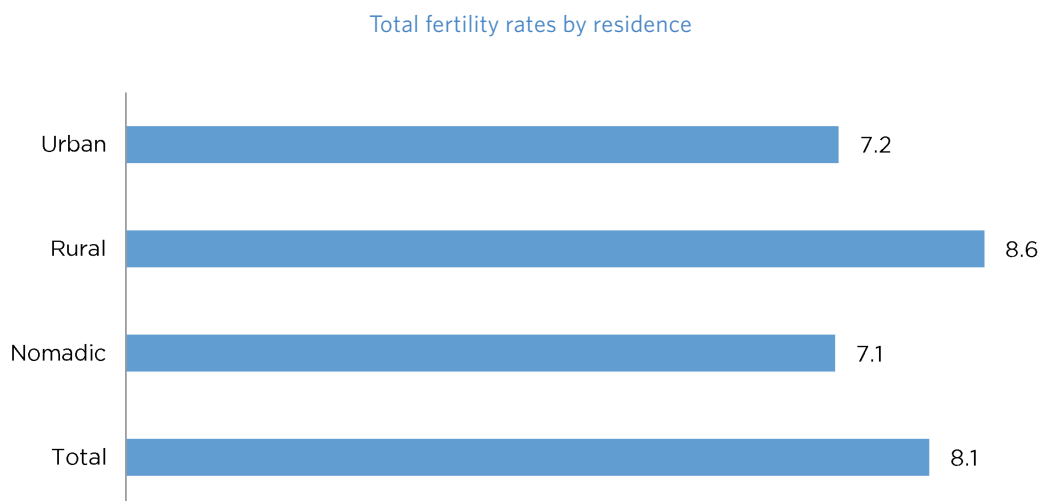


Figure 4.4 Total fertility rate

at 265 births per 1000, while urban areas have the lowest GFR at 256 births per 1,000 women. The CBR for Hirshabelle State is 45 per 1,000 populations. There is a marginal variation of CBR by place of residence. The CBR is highest in rural areas at 46 per 1,000 populations, followed by urban areas at 43 per 1,000 population, and lowest in nomadic areas at 42 per 1,000 population.

4.4.2 Inter-Birth Intervals

The inter-birth interval, defined as the period of time between two consecutive births, has important implications both for the health of the mother and child and for the fertility levels in a population. After a live birth, the recommended interval before attempting the next pregnancy is at least 24 months, in order to reduce the risk of adverse maternal, perinatal and infant outcomes (WHO 2005). Children born too close together have long been associated with an increased risk of adverse health outcomes, including infant, child, and maternal mortality (B. K. Dabal, 2007).

Table 4.5 shows the distribution of non-first births in the 5 years preceding the survey by number of months since preceding birth, and median number of months since preceding birth, according to Background characteristic. The median birth interval in Hirshabelle is 23 months. The median number of months since a preceding birth increases significantly with age, from 13 months among mothers aged 15-19 to 25 months among mothers aged 40-49. The median birth interval in rural is (23 months), while in urban areas, it is (19 months) and 17 months for the mothers in nomadic areas. Women with

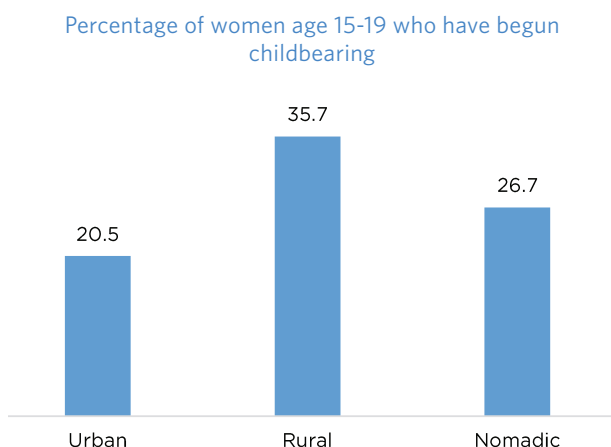
higher education have a longer median birth interval (28 months) than women with primary education (21 months). Women in Middle Shabelle have a slightly higher median birth interval of (23 months) compared to women in Hiraan (21 months).

4.5 Age at First Birth

The age at which childbearing commences is an important determinant of the overall level of fertility and the health and well-being of the mother and child. The data on age at first birth is sometimes affected by reporting errors, such as misreporting the woman's age, underreporting of first births, and misreporting the first child's date of birth. Such errors are usually more pronounced among older women.

Table 4.6 shows the percentage of women by age at first birth according to their current age. The survey shows that the median age at first birth for Hirshabelle women aged 25-49 is 19 years. Eleven percent and 12 percent of women aged 20-49 and 25-49, respectively, had given first birth by the time they turned 15. Thirty-nine percent and 35 percent of women aged 20-49 and 25-49, respectively, had given first birth by the age of 18 (Table 4.6).



Figure 4.5 Childbearing by residence

4.6 Teenage Pregnancy and Motherhood

Teenage pregnancy and motherhood is defined as the percentage of women aged 15-19 who are pregnant with their first child at the time of the survey, or have had a live birth or have begun childbearing, according to the DHS program (Croft T et al. 2018).

Childbearing under the age of 20 has major health implications for both the mother and the child. Likewise, pregnancy under the age of 20 has adverse social consequences, especially for female education, as women who become mothers under the age of 20 are likely not to complete their education.

The percentage of teenage women (aged 15-19) who are mothers or pregnant with their first child is shown in Table 4.7 – the data indicates that 30 percent of the Hirshabelle women aged 15-19 have begun childbearing, with 26 percent having already given birth to a child and 4 percent being pregnant with their first child. The proportion of teenagers who have begun childbearing rises rapidly with age. Seven percent of women aged 15 have started childbearing, but by the age of 19, 60 percent of women have had a baby or are pregnant with their first child. There are significant differences in Background characteristic. Thirty-six percent of girls aged 15-19 in rural areas are already mothers or are pregnant with their first child, while 27 percent in nomadic areas and 21 percent in urban areas have a child or are pregnant with their first child. (Figure 4.5).

Thirty-seven percent of girls aged 15-19 without education have begun childbearing, compared to 10 percent of girls with primary education who fall within this bracket. Forty percent of the girls aged 15-19 in the second Wealth quintile households had started childbearing, compared to 21 percent of girls of the same age in the fourth Wealth quintile households.

Regionally, the percentage of women who have begun childbearing at the age of 15-19 is higher in Middle Shabelle at 39 percent compared to Hiraan at 19 percent.

4.7 Fertility Preferences

Information on fertility preferences can help family planning program planners assess the desire for children, the extent of mistimed and unintended pregnancies, and the demand for contraception to space or limit births. This information may suggest the direction that fertility patterns will take in the future. This section presents HSHDS data on whether and when married women desire more children and the desire to limit children, by Background characteristic. It also presents the reported ideal number of children, the mean ideal number of children, and whether the last birth was intended at the time of conception.

4.7.1 Fertility Preferences by Number of Living Children

Table 4.8 presents the percent distribution of currently married women by their desire for more children, according to the number of living children they had, as stated at the time the survey was conducted. Seventy-six percent of currently married women want to have a child soon, 14 percent do not want any more children, and 6 percent are undecided on whether to have another child. Eighty-seven percent of currently married women with no living children want to have a child soon, while 69 percent of women with six or more children want to have another child soon. Only 3 percent of currently married women reported they want to have another child later.



4.7.2 Desire to Limit Childbearing

Table 4.9 shows the percentage of currently married women who want no more children by the number of living children they already have, according to Background characteristic. Overall, 14 percent of currently married women are willing to stop childbearing. The desire to limit childbearing increases as the number of living children increases, from zero percent among married women with no living children to 20 percent among women with six or more living children.

Analysis by women's residence shows that, generally, rural women are less likely to want no more children in comparison to urban and nomadic women (13 percent, 14 percent, and 19 percent, respectively).

Regionally, Hiraan has higher proportions of women who want to limit childbearing at 14 percent compared to Middle Shabelle at 13 percent. There is no clear relationship between wealth status and wanting no more children. However, women in the highest and fourth Wealth quintiles are more likely to want no more children (19 percent and 18 percent, respectively) than women in the middle Wealth quintile (11 percent) and the lowest Wealth quintiles (17 percent).

4.7.3 Ideal Number of Children

In order to obtain a greater insight into fertility preferences among Hirshabelle women, the HSHDS interviewers asked all ever-married women, regardless of the number of living children they have, a hypothetical question about the number of children they would choose to have if they could start their reproductive lives again. Respondents with no children were asked: "If you could choose exactly the number of children to have in your whole life, how many would that be?" Respondents who had children were asked: "If you could go back to the time when you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?"

Table 4.10 shows the percent distribution of women aged 15-49 by their opinions on their ideal number of children, and mean ideal number of children for all respondents, as well as for currently married respondents, according to the number of living children they have. It indicates that Hirshabelle women desire large families. Sixty-two percent of women interviewed consider six or more children to be the ideal family size. One percent stated their ideal number of children is four. Less than 1 percent of women consider the ideal family size to be three children or fewer.

If currently married, Hirshabelle women could choose their ideal number of children; they would like to have 9.4 children on average. There is no substantial difference between the mean ideal number of children for ever-married women and currently married women. Among the currently married women who have no living children, the mean ideal number of children is 6.4, while among the ever-married women, the mean ideal number of children is 7.2. Interestingly, women with five and more living children are more likely to desire more children than women with four and fewer living children.

4.7.4 Fertility Planning

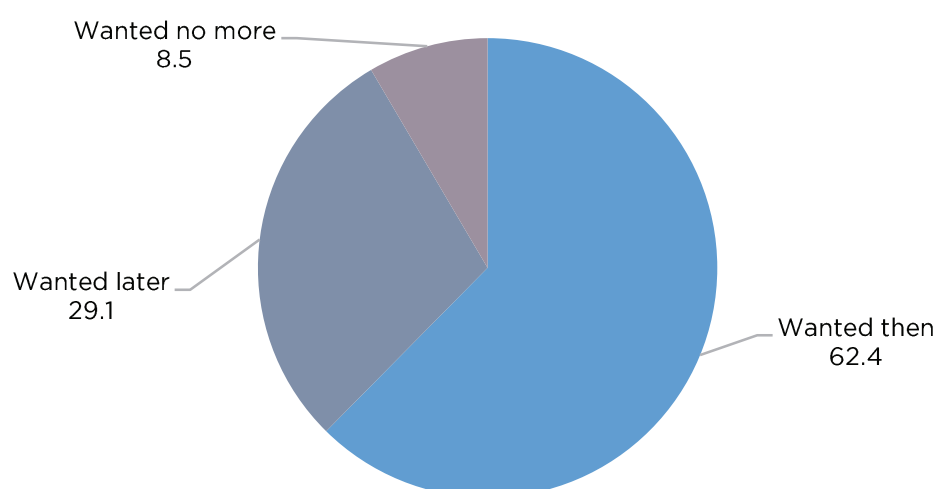
Information collected as part of the HSHDS 2020 provides an opportunity to estimate the levels of unintended fertility. This information provides an insight into the degree to which couples are able to control fertility. Women aged 15-49 were asked a series of questions about each child born to them in the five years preceding the survey, as well as any current pregnancy, to determine whether the birth or pregnancy was intended at the time of conception, intended later, or not intended at all. In assessing these results, it is important to recognize that women may declare a previously unintended birth or current pregnancy as intended, and this rationalization would result in an underestimate of the true extent of unintended births.

Table 4.11 summarizes the planning status of births in the five years preceding the survey: whether the birth was intended at the time of conception, intended later, or not intended at all. Overall, about two-thirds of births (62 percent) were wanted at the time they occurred, while 29 percent were intended later, and around 9 percent were born to mothers who intended to have no more children (Figure 4.6). First- and second-order births were more likely to have been intended (68 percent and 59 percent, respectively) than a third- or higher-order births (58 and 54 percent respectively). The proportion of unintended births is greater for fourth births or higher (11 percent) than for third births (6 percent). Similarly, a larger proportion of births to older women are unintended than those to younger women. While only 8 percent of births to women under age 20 are unintended, 10 percent of births to women age 35-39 are unintended.



Figure 4.6 Fertility Planning Status

Percent distribution of births to women aged 15-49 in the five years preceding the survey by planning status of the birth



4.8 Birth Spacing

Couples can use contraceptive methods to better space their children. Information on contraceptive use is of particular interest to policymakers, programme managers, and researchers in population and birth spacing. This section describes women's knowledge and use of contraceptive methods and the need and demand for birth spacing.

4.8.1 Knowledge of Contraceptive Methods

The knowledge of contraceptive methods is a precondition for their proper use. Information regarding knowledge of birth spacing methods was gathered by asking the respondent first about ways or methods by which the couple could delay or avoid pregnancy. If the respondent failed to mention any of the methods included in the questionnaire, the interviewer described the method and asked the respondent whether she had heard about it. No questions were asked to obtain information about the depth of knowledge.

Contraceptive methods used for the survey were classified into two broad categories: modern methods and traditional methods. Modern methods include the pill, the intrauterine device (IUD), injectable, implants, the male and the female condom, the diaphragm, the lactational amenorrhea method (LAM), and emergency contraception. Traditional methods include rhythm (periodic abstinence) and withdrawal.

Table 4.12 presents data on the knowledge of contraceptive methods. It indicates that around 37 percent of ever-married women have heard of at least one method of contraception. Modern contraceptive methods are more widely known than traditional methods—37 percent each both ever-married women and currently married women know of any modern method, while 12 percent each of ever-married women and currently married women know of a traditional method (Figure 4.7).

The LAM, pill, injectable, implants and condoms are the contraceptive methods most commonly known among Hirshabelle women. Twenty-six percent of women have heard of lactational amenorrhea, 22 percent have heard of the pill, 19 percent have heard of injectable, 18 percent have heard of implants, and 14 percent have heard of the male condom.

Table 4.13 presents data on the knowledge of contraceptive methods by Background characteristic. It shows that knowledge of contraception is highest among older women, with 41 percent of the women aged 40-44 compared to 28 percent of the girls aged 15-19. Women in urban areas are more likely to know of contraceptive methods; more than half of them stated they had heard of at least one modern method, compared to 30 percent among women in rural and nomadic areas each.

Regionally, currently married women in Hiraan are more informed about modern contraception at 50 percent compared to women in Middle Shabelle at 27 percent.



4.9 Contraceptive Use

One of the most frequently used indicators for assessing the success of birth spacing programs is examining the current level of contraceptive use by determining the current level of Contraceptive Prevalence Rate (CPR). CPR is the percentage of currently married women of reproductive age who use any contraceptive method at a particular point in time. This is also widely used as a measure in the analysis of determinants of fertility.

Table 4.14 shows the percent distribution of currently married women aged 15-49 by contraceptive method currently used, according to age. Five percent of women are using any method and less than 1 percent of currently married women are using any modern method.

4.9.1 Knowledge of Fertile Period

To examine a woman's knowledge of the reproductive process, respondents were asked whether there were certain days between the menstrual periods when a

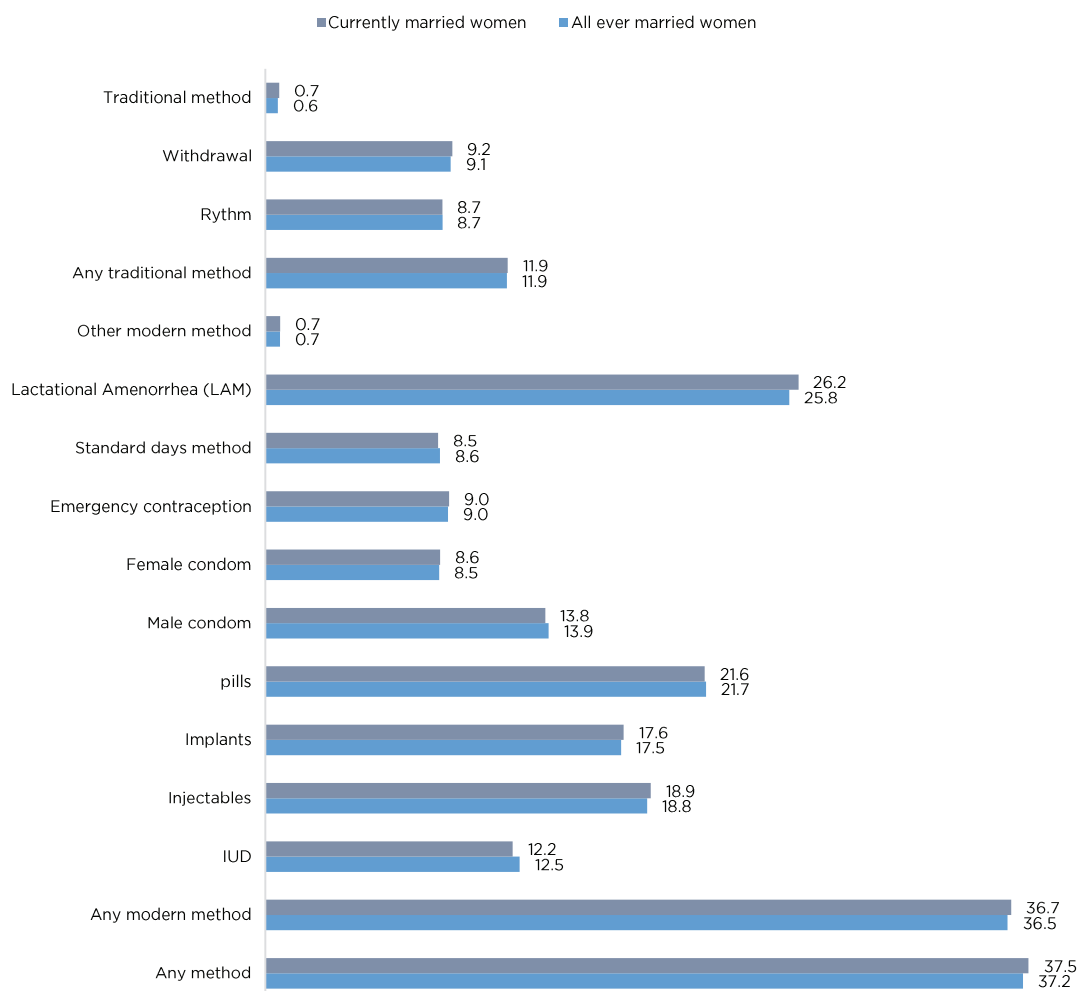
woman was more likely to become pregnant if she had sexual intercourse. Those women who responded that the fertile period is "halfway between two menstrual periods" were considered to have correct knowledge of their fertile period.

Table 4.15 shows the percentage of ever-married women aged 15-49 with correct knowledge of the fertile period during the ovulation cycle, according to age. Overall, only 7 percent of ever-married women correctly reported the most fertile time as being halfway between two menstrual periods.

Among young ever-married women (15-19 years of age), 4 percent had correct knowledge of the fertile period. Around 5 percent of women in the age group 20-24 were able to correctly identify a woman's monthly cycle, while 11 percent of women aged 45-49 reported the correct women's fertile period. These results indicate a continued need for education about women's physiology of reproduction and effective use of contraceptive methods.

Figure 4.7 Knowledge of contraceptive methods

Percentage of all ever married women, currently married women 15-49 who have heard of any contraceptive method, by specific method



4.9.2 Need and Demand for Birth Spacing

One of the major concerns of birth spacing programs is to assess the size of the potential demand for contraception and to identify women who are in need of contraceptive services.

Table 4.16 presents estimates of unmet need, the needs met, and the total demand for birth spacing. The table also shows the percentage of the total demand that is satisfied. Women who are currently married and who either do not want any more children or want to wait two or more years before having another child, but are not using contraception, are considered to have an 'unmet need' for birth spacing. Women with a 'met need' for birth spacing are those who are currently using contraception. The total demand for birth spacing is the sum of unmet needs and met the needs.

Thirty-eight percent of currently married women have an unmet need for birth spacing services (30 percent need spacing, and 7 percent want to stop childbearing services). Less than one percent of married women are currently using a contraceptive method or have a met need for birth spacing or limiting childbearing. The total demand for birth spacing among currently married women is 38 percent (31 percent for birth spacing and 7 percent for limiting childbearing).

Analysis by age shows that the unmet need for birth spacing is highest among women aged 20-24 at 44 percent and lowest among women aged 40-44 at 26 percent. There is a slight variation in the unmet need for birth spacing by type of residence. Unmet need for birth spacing is highest in nomadic and rural areas at 38 percent compared to in urban areas at 36 percent.

Regionally, unmet need is higher in Middle Shabelle at 39 percent compared to Hiraan at 36 percent. Among women with primary education in unmet needs is highest at 49 percent and lowest among those with No education at 37 percent. There is variation in the total demand and unmet need for birth spacing among currently married women from households of different wealth status. Unmet need and total demand are lowest among women from the middle Wealth quintiles at 32 percent and highest among women in the poorest Wealth quintile, at 49 percent.

4.9.3 Exposure to Birth Spacing Messages

The role of the media in promoting birth spacing is essential in bringing information to different target groups. Data on the level of exposure to media, such as the radio, television, and papers/ magazines are important for program managers and planners to effectively target population subgroups for information, education, and communication campaigns. To assess the effectiveness of such media on the dissemination of birth spacing information, interviewing teams asked ever-married women, whether they had heard messages about birth spacing on the radio or seen related messages on television or in newspapers/magazines during the few months preceding the survey.

Table 4.17 presents the distribution of ever-married women aged 15-49 who heard or saw a birth spacing message on radio, television, newspaper/magazine, or mobile phone in the past few months preceding the survey, according to Background characteristic. Overall, 19 percent of currently married women in Hirshabelle were exposed to birth spacing messages through one of the three media; 18 percent heard on the radio, 5 percent saw on television, and 4 percent read in the newspaper. Women in urban areas are more likely to have been exposed to birth spacing messages in the media at 38 percent compared to women in rural and nomadic areas at 12 percent and 4 percent, respectively.

Overall, 19% of currently married women in Hirshabelle were exposed to birth spacing messages



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Table 4.1 Current marital status

Percent distribution of women age 15-49 by current marital status, according to age, HSHDS 2020

Age	Never-married	Currently Married	Divorced	Widowed	Total	Number of women
15-19	59.9	36.9	2.1	1.0	100.0	414
20-24	14.0	75.2	8.6	2.3	100.0	278
25-29	2.6	88.3	7.6	1.5	100.0	336
30-34	0.0	91.6	6.1	2.3	100.0	202
35-39	0.4	90.2	4.3	5.0	100.0	177
40-44	2.5	87.4	3.4	6.7	100.0	110
45-49	1.7	77.2	9.3	11.8	100.0	50
Total	19.2	72.6	5.5	2.7	100.0	1,567

Table 4.2 Age at first marriage - Women

Percentage of women age 15-49 who were first married by specific exact ages, and median age at first marriage, according to current age, HSHDS 2020

Current age	Percentage first married by exact age:					Percentage of never-married	Number of respondents	Median age at first marriage
	15	18	20	22	25			
15-19	26.9	na	na	na	na	59.9	414	a
20-24	40.1	61.1	64.1	na	na	14.0	278	a
25-29	36.1	56.3	63.8	69.3	73.8	2.6	336	15.0
30-34	57.2	76.3	86.9	91.5	97.2	0.0	202	13.2
35-39	40.2	67.6	85.0	89.6	96.6	0.4	177	15.0
40-44	20.8	49.0	65.7	80.1	93.9	2.5	110	17.2
45-49	40.1	46.5	73.6	77.0	90.9	1.7	50	18.0
20-49	40.1	61.6	71.8	na	na	4.5	1,153	a
25-49	40.1	61.8	74.2	80.3	87.3	1.5	875	15.0

Note: The age at first marriage is defined as the age at which the respondent got married to her first spouse

na = Not applicable due to censoring

a = Omitted because less than 50 percent of the women got married for the first time before reaching the beginning of the age group



Table 4.3 Age at first marriage - Men

Percentage of men age 15-49 who were first married by specific exact ages, and median age at first marriage, according to current age, HSHDS 2020

Current age	Percentage first married by exact age:					Percentage of never-married	Number of respondents	Median age at first marriage
	15	18	20	22	25			
15-19	1.1	na	na	na	na	89.5	467	a
20-24	0.5	14.9	36.9	na	na	44.8	246	a
25-29	1.7	12.7	27.6	51.3	68.6	21.3	256	20.0
30-34	1.9	13.0	32.0	54.1	74.0	2.1	241	20.0
35-39	0.0	13.1	22.8	55.2	67.2	1.5	213	21.0
40-44	0.2	2.8	12.2	43.9	65.2	0.0	127	22.0
45-49	0.2	4.9	14.7	49.7	62.7	0.0	104	21.9
50-54	0.8	8.8	17.4	48.5	58.7	0.5	161	22.2
55-59	0.0	5.4	9.7	40.7	58.0	0.0	72	23.5
60-64	0.8	5.6	15.3	49.5	66.3	1.6	105	21.2
20-49	0.9	11.5	26.8	na	na	14.6	1187	a
25-49	1.0	10.7	24.1	51.7	68.5	6.7	941	a
20-64	0.8	10.5	24.2	na	na	11.5	1,524	a
25-64	0.9	9.7	21.7	50.5	66.5	5.1	1278	21.0

Note: The age at first marriage is defined as the age at which the respondent got married to his first spouse na = Not applicable due to censoring

a = Omitted because less than 50 percent of the men got married for the first time before reaching the beginning of the age group

Table 4.4 Current Fertility

Age-specific and total fertility rates, the general fertility rate, and the crude birth rate for the 3 years preceding the survey, according to residence HSHDS 2020

Age group	Residence			Total
	Urban	Rural	Nomadic	
15-19	176	271	203	235
20-24	350	366	334	359
25-29	326	378	359	360
30-34	300	274	317	284
35-39	186	167	138	171
40-44	92	194	71	156
45-49	0	73	0	46
TFR (15-49)	7.2	8.6	7.1	8.1
GFR	256	297	265	282
CBR	42.6	45.9	42.2	44.7

Notes: Age-specific fertility rates are per 1,000 women.

Rates for age group 45-49 may be slightly biased due to truncation. Rates are for the period 1-36 months prior to interview.

TFR: Total fertility rate expressed per women

GFR: General fertility rate expressed per 1,000 women age 15-49

CBR: Crude birth rate expressed per 1,000 population



Table 4.5 Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, and median number of months since preceding birth, according to Background characteristic, HSHDS 2020

Background characteristic	Birth order (Number of months since the preceding birth)						Total	Number of non-first births	Median number of months since preceding birth
	7-17	18-23	24-36	36-47	48-59	60+			
Age									
15-19	23.3	1.0	5.8	1.6	0.0	68.4	100.0	51	13.0
20-29	29.7	18.0	24.8	3.7	1.7	22.1	100.0	580	22.0
30-39	33.3	17.8	28.0	11.9	3.5	5.6	100.0	257	23.0
40-49	29.5	12.3	18.4	26.1	7.2	6.4	100.0	66	24.6
Sex of preceding birth									
Male	29.1	16.0	24.0	9.3	2.0	19.5	100.0	498	23.0
Female	31.6	17.3	24.4	5.2	3.0	18.5	100.0	455	22.0
Survival of preceding birth									
Living	30.6	16.4	24.1	7.6	2.6	18.8	100.0	889	23.0
Dead	26.1	20.6	25.5	4.1	1.3	22.4	100.0	65	21.0
Birth order									
2-3	30.0	17.1	24.2	7.5	2.5	18.8	100.0	895	23.0
4-6	39.7	8.8	21.5	6.2	2.5	21.3	100.0	52	16.0
7+	*	*	*	*	*	*	100.0	7	25.8
Type of residence									
Urban	38.1	13.1	21.6	4.5	3.2	19.5	100.0	306	19.4
Rural	26.4	18.2	25.6	9.1	2.3	18.4	100.0	587	23.0
Nomadic	28.6	19.7	24.1	4.3	0.7	22.7	100.0	60	16.8
Region									
Hiraan	33.3	15.8	24.5	5.1	2.5	18.7	100.0	450	21.0
Middle Shabelle	27.6	17.4	23.9	9.3	2.4	19.4	100.0	504	23.0
Education									
No education	29.4	16.5	24.8	7.6	2.4	19.3	100.0	869	23.0
Primary	40.3	17.9	19.2	5.3	3.2	14.2	100.0	67	21.0
Secondary	*	*	*	*	*	*	100.0	15	26.4
Higher	*	*	*	*	*	*	100.0	3	28.3
Wealth quintile									
Lowest	23.3	21.6	35.0	6.1	3.3	10.8	100.0	122	23.0
Second	26.1	17.4	27.5	7.4	2.2	19.4	100.0	333	23.0
Middle	32.5	14.9	21.2	8.9	2.2	20.3	100.0	322	23.0
Fourth	42.5	12.9	15.9	5.5	3.1	20.0	100.0	146	16.0
Highest	22.7	25.1	16.5	3.3	2.7	29.6	100.0	30	21.9
Total	30.3	16.6	24.2	7.3	2.5	19.0	100.0	954	23.0

Note: First-order births are excluded. The interval for multiple births is the number of months since the preceding pregnancy that ended in a live birth.

Note: Figures in parentheses are based on 25-49 unweighted cases.. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.



Table 4.6 Age at first birth

Percentage of women age 15-49 who gave birth by specific exact ages, percentage who have never given birth, and median age at first birth, according to current age, HSHDS 2020

Current Age	Percentage who gave birth by exact age:					Percentage who never given birth	Number of women	Median age at first birth
	15	18	20	22	25			
15-19	7.2	na	na	na	na	74.2	414	a
20-24	9.0	51.7	72.6	na	na	18.4	278	17.0
25-29	16.4	42.0	64.7	79.1	89.7	5.5	336	18.0
30-34	14.3	44.8	63.1	82.8	92.9	0.5	202	18.0
35-39	6.2	26.5	47.5	67.6	87.8	2.3	177	20.0
40-44	4.9	18.6	27.9	44.6	59.7	4.0	110	22.6
45-49	0.0	21.2	33.5	50.4	64.7	1.7	50	21.3
20-49	10.9	39.3	58.8	na	na	6.9	1,153	a
25-49	11.5	35.4	54.5	71.7	84.9	3.3	875	19.0

na = Not applicable due to censoring

a = Omitted because less than 50 percent of women had a birth before reaching the beginning of the age group



Table 4.7 Teenage pregnancy and motherhood

Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child, and percentage who have begun childbearing, according to Background characteristic, HSHDS 2020

Background characteristic	Percentage of women age 15-19 who:		Percentage who have begun childbearing	Number of women
	Have had a live birth	Are pregnant with first child		
Age				
15-19	25.8	4.0	29.9	414
15	3.4	3.9	7.3	116
16	15.2	4.4	19.6	103
17	25.8	1.4	27.2	56
18	51.2	5.0	56.2	98
19	55.5	4.6	60.1	41
Type of residence				
Urban	15.3	5.2	20.5	143
Rural	32.4	3.3	35.7	245
Nomadic	22.1	4.5	26.7	26
Region				
Hiraan	15.9	3.2	19.1	188
Middle Shabelle	34.1	4.7	38.8	226
Education				
No education	31.7	5.0	36.7	313
Primary	9.7	0.3	10.0	62
Secondary	(5.0)	(2.5)	(7.5)	33
Higher	*	*	*	5
Wealth quintile				
Lowest	(24.8)	(0.0)	(24.8)	47
Second	33.0	6.4	39.5	142
Middle	26.3	2.3	28.6	146
Fourth	14.1	6.5	20.6	63
Highest	*	*	*	16
Total	25.8	4.0	29.9	414

Note: Figures in parentheses are based on 25-49 unweighted cases.. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.



Table 4.8 Fertility preferences by number of living children

Percent distribution of currently married women age 15-49 by desire for children, according to number of living children, HSHDS 2020								
Desire for children	Number of living children ¹							Total 15-49
	0	1	2	3	4	5	6+	
Have another soon ²	86.6	90.9	76.5	79.2	80.2	75.1	68.7	76.4
Have another later ³	3.4	4.0	3.6	3.7	1.4	2.0	3.9	3.2
Undecided	10.0	2.1	10.3	7.3	3.6	4.9	5.5	6.0
Want no more	0.0	3.0	9.4	9.8	14.8	17.9	19.5	13.6
Declared infecund	0.0	0.0	0.1	0.0	0.0	0.1	2.4	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	62	99	134	165	151	151	377	1,138

¹ The number of living children includes current pregnancy² Wants next birth within 2 years³ Wants to delay next birth for 2 or more years**Table 4.9** Desire to limit childbearing: Women

Percentage of currently married women age 15-49 who want no more children, by number of living children, according to Background characteristic, HSHDS 2020

Background characteristic	Number of living children ¹							Total 15-49
	0	1	2	3	4	5	6+	
Type of residence								
Urban	0.0	9.6	0.0	6.6	17.0	10.9	22.5	13.6
Rural	0.0	0.0	11.3	10.3	13.2	19.7	17.3	13.0
Nomadic	0.0	6.4	15.9	18.6	22.5	23.4	29.9	18.9
Region								
Hiraan	0.0	3.5	7.7	10.3	12.3	14.1	23.5	14.0
Middle Shabelle	0.0	2.6	10.3	9.2	16.7	20.8	16.8	13.2
Education								
No education	0.0	2.3	9.2	8.6	16.6	17.9	18.2	13.2
Primary	0.0	0.0	16.8	23.5	0.0	17.4	38.0	17.5
Secondary	0.0	25.0	0.0	0.0	0.0	0.0	26.9	15.3
Higher	0.0	0.0	0.0	50.0	0.0	0.0	0.0	50.0
Wealth quintile								
Lowest	0.0	0.0	33.9	5.8	13.7	6.4	32.4	16.6
Second	0.0	1.1	9.6	5.9	7.8	30.1	16.5	12.5
Middle	0.0	0.0	6.0	12.8	12.6	12.7	15.6	11.2
Fourth	0.0	16.1	9.2	19.3	31.9	8.7	24.7	18.3
Highest	0.0	0.0	3.4	4.1	32.8	29.0	35.8	18.5
Total	0.0	3.0	9.4	9.8	14.8	17.9	19.5	13.6

¹ The number of living children includes current pregnancy

Table 4.10 Ideal number of children

Percent distribution of women 15-49 by ideal number of children, and mean ideal number of children for all respondents and for currently married respondents, according to the number of living children, HSHDS 2020

Ideal number of children	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
0	4.9	15.1	16.3	11.8	24.8	14.2	18.8	14.3
1	0.7	0.0	0.0	0.5	0.0	0.5	0.0	0.3
2	0.2	0.0	1.4	0.9	0.0	1.6	0.0	0.5
3	0.7	0.2	2.3	0.3	0.0	0.0	0.1	0.5
4	0.2	1.1	2.4	0.4	2.2	0.0	0.7	0.8
5	1.1	3.6	5.3	1.8	3.8	2.4	0.3	2.0
6+	11.8	79.3	72.2	84.0	68.5	81.3	78.9	61.9
Non-numeric response	80.3	0.8	0.0	0.2	0.8	0.0	1.3	19.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	376	120	154	181	171	164	402	1567
Mean ideal number of children for:²								
All Ever Married women	7.2	9.3	7.9	9.7	8.9	9.8	10.0	9.3
Number of all ever married women	76	120	154	181	171	164	402	1,267
Mean ideal number of children for currently married women								
Currently married women	6.4	9.8	7.8	10.0	9.1	10.1	10.1	9.4
Number of currently married women	62	99	134	165	151	151	377	1,138

¹ The number of living children includes current pregnancy for women

² Means are calculated excluding respondents who gave non-numeric responses.

Table 4.11 Fertility planning status

Percent distribution of births to ever married women age 15-49 in the 5 years preceding the survey (including current pregnancies), by planning status of the birth, according to birth order and mother's age at birth, HSHDS 2020

Birth order and mother's age at birth	Planning status of birth			Total	Number of births
	Wanted then	Wanted later	Wanted no more		
Birth Order					
1	68.2	23.8	8.0	100.0	995
2	58.6	31.5	9.9	100.0	742
3	57.6	36.5	5.9	100.0	377
4+	54.3	35.0	10.7	100.0	129
Mother's age at birth					
<20	60.3	32.0	7.7	100.0	499
20-24	62.2	29.8	8.0	100.0	684
25-29	59.7	30.8	9.6	100.0	561
30-34	67.8	23.7	8.6	100.0	299
35-39	66.3	23.8	9.9	100.0	151
40-44	(73.5)	(20.4)	(6.1)	100.0	45
45-49	*	*	*	100.0	4
Total	62.4	29.1	8.5	100.0	2,243

Note: Figures in parentheses are based on 25-49 unweighted cases.. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 4.12 Knowledge of contraceptive methods

Percentage of ever married women, and currently married women 15-49 who have heard of any contraceptive method, according to specific method, HSHDS 2020

Method	Women	
	Ever-married	Currently married
Any method	37.2	37.5
Any modern method	36.5	36.7
IUD	12.5	12.2
Injectables	18.8	18.9
Implants	17.5	17.6
Pills	21.7	21.6
Male condom	13.9	13.8
Female condom	8.5	8.6
Emergency contraception	9.0	9.0
Standard days method	8.6	8.5
Lactational Amenorrhea (LAM)	25.8	26.2
Other modern method	0.7	0.7
Any traditional method	11.9	11.9
Rhythm	8.7	8.7
Withdrawal	9.1	9.2
Traditional method	0.6	0.7
Mean number of methods known by women 15-49	1.6	1.6
Number of respondents	1,267	1,138



Table 4.13 Knowledge of contraceptive methods according to Background characteristic

Percentage of currently married women age 15-49 who have heard of at least one contraceptive method and who have heard of at least one modern method, by Background characteristic, HSHDS 2020

Method	Women		
	Heard of any method	Heard of any modern method ¹	Number of women
Age			
15-19	28.3	28.3	153
20-24	39.1	37.8	209
25-29	41.0	39.9	296
30-34	32.5	32.4	185
35-39	42.4	41.9	160
40-44	40.9	38.1	96
45-49	(34.0)	(34.0)	38
Types of residence			
Urban	56.4	56.2	319
Rural	30.2	29.1	742
Nomadic	29.8	28.8	77
Region			
Hiraan	50.4	50.2	474
Middle Shabelle	28.3	27.0	664
Education			
No education	35.9	35.0	1,046
Primary	50.1	50.1	69
Secondary	(68.9)	(68.9)	22
Higher	*	*	2
Wealth quintile			
Lowest	45.3	43.0	127
Second	28.7	27.9	425
Middle	36.0	35.3	383
Fourth	51.4	50.9	162
Highest	64.0	64.0	42
Total 15-49	37.5	36.7	1,138

¹ Pill, IUD, injectables, implants, male condom, female condom, emergency contraception, standard days method (SDM), lactational amenorrhea (LAM), and other modern methods

Note: Figures in parentheses are based on 25-49 unweighted cases.. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.



Table 4.14 Current use of contraception by age

Percent distribution of currently married women aged 15-49 by contraceptive method currently used, according to age, HSHDS 2020

Age	Any method	Any modern method	Any traditional method	Not currently using	Total	Number of women currently married
15-19	4.4	0.5	3.9	95.6	100.0	153
20-24	5.2	0.0	5.2	94.8	100.0	209
25-29	5.6	0.0	5.6	94.4	100.0	296
30-34	7.7	0.0	7.7	92.3	100.0	185
35-39	0.8	0.1	0.6	99.2	100.0	160
40-44	1.4	0.0	1.4	98.6	100.0	96
45-49	(0.0)	(0.0)	(0.0)	(100.0)	100.0	38
Total	4.5	0.1	4.4	95.5	100.0	1,138

Note: If more than one method is used, only the most effective method is considered in this tabulation. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.



Table 4.15 Knowledge of fertile period by age

Percentage of ever married women age 15-49 with correct knowledge of the fertile period during the ovulatory cycle, according to age, HSHDS 2020

Age	Percentage with correct knowledge of the fertile period	Number of ever-married women
15-19	4.0	166
20-24	5.0	239
25-29	9.5	327
30-34	8.3	202
35-39	6.4	177
40-44	4.2	107
45-49	(11.2)	49
Total	7.0	1,267

Note: Correct knowledge of the fertile period is defined as halfway between two menstrual periods
 Figures in parentheses are based on 25-49 unweighted cases



Need and demand for birth spacing among currently married women

Percentage of currently married women age 15-49 with unmet need for birth spacing, percentage with met need for birth spacing, the total demand for birth spacing, and the percentage of the demand for contraception that is satisfied, according to Background characteristic, HSHDS 2020

Background characteristic	Unmet need for birth spacing			Met need for birth spacing (currently using)			Total demand for birth spacing ^a			Percentage of demand satisfied ²	Percentage of demand satisfied by modern method ³	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total			
Age												
15-19	33.2	0.8	33.9	0.5	0.0	0.5	33.7	0.8	34.4	1.5	1.5	153
20-24	40.2	3.5	43.8	0.0	0.0	0.0	40.2	3.5	43.8	0.0	0.0	209
25-29	38.3	3.6	41.9	0.0	0.0	0.0	38.3	3.6	41.9	0.0	0.0	296
30-34	23.7	10.5	34.2	0.0	0.0	0.0	23.7	10.5	34.2	0.0	0.0	185
35-39	26.3	13.0	39.2	0.1	0.0	0.1	26.4	13.0	39.4	0.3	0.3	160
40-44	9.6	16.3	25.9	0.0	0.0	0.0	9.6	16.3	25.9	0.0	0.0	96
45-49	(7.1)	(16.6)	(23.7)	(0.0)	0.0	(0.0)	(7.1)	(16.6)	(23.7)	(0.0)	(0.0)	38
Type of residence												
Urban	28.6	7.4	36.1	0.2	0.0	0.2	28.9	7.4	36.3	0.7	0.7	319
Rural	31.8	6.5	38.2	0.0	0.0	0.0	31.8	6.5	38.2	0.0	0.0	742
Nomadic	25.0	12.6	37.6	0.2	0.0	0.2	25.2	12.6	37.9	0.6	0.6	77
Region												
Hiraan	27.6	8.7	36.2	0.0	0.0	0.0	27.6	8.7	36.2	0.0	0.0	474
Middle Shabelle	32.5	6.1	38.6	0.1	0.0	0.1	32.6	6.1	38.7	0.4	0.4	664
Education												
No Education	29.9	6.8	36.7	0.1	0.0	0.1	30.0	6.8	36.8	0.3	0.3	1046
Primary	38.0	11.4	49.4	0.0	0.0	0.0	38.0	11.4	49.4	0.0	0.0	69
Secondary	(31.2)	(7.6)	(38.8)	(0.0)	(0.0)	(0.0)	(31.2)	(7.6)	(38.8)	(0.0)	(0.0)	22
Higher	*	*	*	*	*	*	*	*	*	*	*	2
Wealth quintile												
Lowest	38.3	11.1	49.3	0.0	0.0	0.0	38.3	11.1	49.3	0.0	0.0	127
Second	33.4	6.3	39.7	0.0	0.0	0.0	33.4	6.3	39.7	0.0	0.0	425
Middle	26.5	5.1	31.6	0.2	0.0	0.2	26.7	5.1	31.8	0.7	0.7	383
Fourth	27.2	9.2	36.3	0.0	0.0	0.0	27.2	9.2	36.3	0.0	0.0	162
Highest	25.5	14.7	40.2	0.4	0.0	0.4	25.9	14.7	40.6	1.1	1.1	42
Total	30.4	7.2	37.6	0.1	0.0	0.1	30.5	7.2	37.7	0.2	0.2	1138

Note: Numbers in this table correspond to the revised definition of unmet need described in Bradley et al., 2012.

¹ Total demand is the sum of unmet need and met need

² Percentage of demand satisfied is met need divided by total demand

³ Modern methods include pill, IUD, injectables, implants, male condom, female condom, and lactational amenorrhea method (LAM).

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.



Table 4.17 Exposure to birth spacing messages

Percentage of ever-married women age 15-49 who heard or saw a birth spacing message on radio, on television, in a newspaper or magazine, or on a mobile phone in the past few months, according to Background characteristic, HSHDS 2020

Background characteristic	Radio	Television	Newspaper	Any of these three media source	All of these three media source	None of these three media sources	Number of women
Type of residence							
Urban	33.8	13.7	10.0	37.7	6.5	62.3	381
Rural	11.4	1.3	1.3	11.9	0.8	88.1	800
Nomadic	3.9	0.4	0.4	4.3	0.2	95.7	85
Region							
Hiraan	28.6	9.2	7.1	31.2	4.8	68.8	530
Middle Shabelle	9.8	1.9	1.5	10.5	0.8	89.5	737
Education							
No education	15.9	3.8	2.7	17.1	1.6	82.9	1,155
Primary	34.6	12.1	13.1	39.6	8.1	60.4	82
Secondary	(40.0)	(29.7)	(20.6)	(43.0)	(20.6)	(57.0)	26
Higher	*	*	*	*	*	*	3
Wealth quintile							
Lowest	8.2	0.0	0.0	8.2	0.0	91.8	136
Second	10.4	1.5	2.1	11.0	1.2	89.0	451
Middle	18.7	5.5	3.7	20.7	2.0	79.3	445
Fourth	32.5	10.2	6.7	35.9	4.1	64.1	188
Highest	46.3	26.3	23.0	48.1	21.2	51.9	47
Total 15-49	17.7	5.0	3.9	19.2	2.5	80.8	1,267

Note: Figures in parentheses are based on 25-49 unweighted cases.. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.





05

Maternal and Newborn Health



Key Findings

Antenatal Care

28 percent of women with a live birth in the five years preceding the survey received antenatal care from a skilled provider

4 percent of women made the recommended four or more antenatal care visits during their pregnancy. 8 percent of live births in the five years preceding the survey were delivered in a health facility; 27 percent were assisted by a skilled provider.

Postnatal Care

5 percent of women who gave birth in the two years before the survey received a postnatal care checkup in the first two days after delivery.

2 percent of infants born in the two years before the survey had their first postnatal checkup within the first two days after birth. One in three newborns received postnatal care from a doctor, a nurse, or a midwife.

Fistula

57 percent of the women interviewed in the survey had heard of fistula. However, only 4 percent of these women reported having ever experienced fistula-like symptoms.



5 MATERNAL AND NEWBORN HEALTH

This chapter presents information on maternal and newborn health. It highlights Antenatal Care (ANC), the number and timing of ANC visits, and various components of maternal health care in and after ANC and births, places of delivery, helping during delivery, and postnatal care (PNC). These services support key strategic and health policy objectives in Hirshabelle, as well as, the reduction of maternal morbidity and mortality.

The results from the survey provide an opportunity to classify critical issues affecting the health status of women and children in Hirshabelle. This information will assist policymakers, planners and other collaborators in the health sector to formulate suitable strategies and interferences to improve maternal, new-born and child health services in Hirshabelle State.

5.1. Antenatal care coverage

Antenatal care (ANC) from a skilled provider is important to monitor pregnancy and reduce the risk of morbidity for mother and baby during pregnancy and delivery. The quality of antenatal care can be monitored through the content of services received and the kind of information mothers are given during their visit. Where a woman saw more than one provider, only the provider with the highest qualifications was considered in the tabulation of results.

Table 5.1 and Figure 5.1 show the percent distribution of women who had a birth five years preceding the survey, by ANC provider during pregnancy. Sixty-nine percent of women did not make ANC visits during their most recent pregnancy in the five years prior to the survey. Among those who made ANC visits, 28 percent received ANC from trained personnel (doctors/ clinical officers or nurses/midwives/auxiliary midwives) at least once. Nine percent of women received ANC from a doctor, while 19 percent received care from a midwife, nurse or auxiliary midwife. Women aged 20-34 years were more likely to receive skilled ANC at 30 percent, compared to women below 20 years and older women aged 35-49 years at 25 percent each.

Figure 5.2 shows that the use of skilled providers for ANC services varies by residence. Urban women and rural women are more likely than nomadic women to receive any ANC from a skilled provider (39 percent, 25 percent and 1 percent, respectively). Regionally, almost twice (36 percent) as many women in Middle Shabelle received skilled ANC compared to 17 percent

among women in Hiraan. Use of skilled providers for ANC increase with an increase in wealth status. Forty-five percent of women from the highest Wealth quintile received ANC from a skilled provider compared to 11 percent of women in the lowest Wealth quintile (Table 5.1).

5.2. Number and Timing of Antenatal Visits

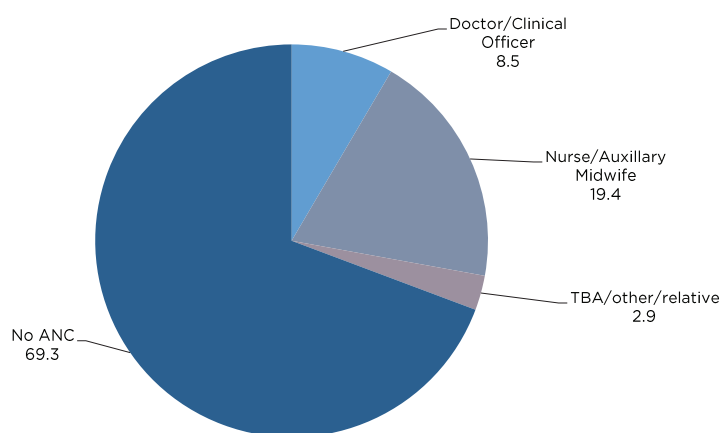
Regular antenatal care is helpful in identifying and preventing adverse pregnancy outcomes when it is sought early in the pregnancy and is continued until delivery. The World Health Organization recommends that women have at least four antenatal care visits during each pregnancy. Health professionals recommend that the first antenatal visit should occur within the first three months of the pregnancy and that visits should continue every month through week 28 of pregnancy, and then every two weeks up to week 36 (or until birth). If the first antenatal visit is made during the third month of pregnancy and then visits occur as regularly as recommended, a total of at least 12 to 13 antenatal visits will have taken place.

Table 5.2 shows the distribution of women who had a live birth in the five years preceding the survey and attended antenatal care (ANC) by number of ANC visits for the most recent live birth. Four percent of women had made four or more ANC visits, 20 percent made between two and three visits during their most recent



Figure 5.1 Source of antenatal care

Percent distribution of mothers who had children in the five years before the survey, by source of antenatal care received during pregnancy



pregnancy in the five years preceding the survey (Figure 5.3). Eight percent of women in urban areas had made four or more ANC visits compared to 2 percent among women in the rural and less than one percent among women in the nomadic areas.

Nine percent of women made their first ANC visit before the fourth month of pregnancy. Rural women had a slightly higher percentage of women who delayed ANC to the last trimester - 3 percent made their first ANC visit in or after the eighth month, as compared to 1 percent (each) among women in urban and nomadic areas. The median age of the pregnancy at the time of first ANC visit is 5 months.

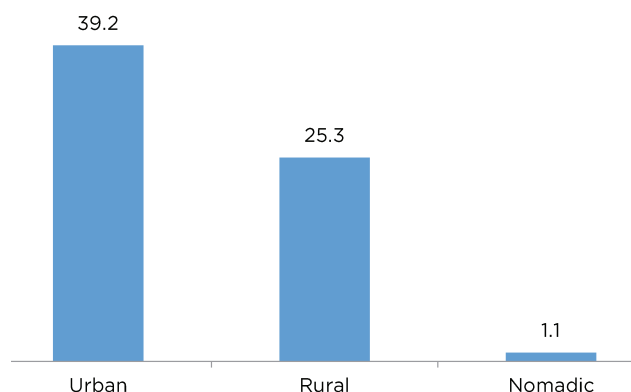
5.3. Components of Antenatal Care

High-quality antenatal care operates on the principle that every pregnancy is at risk of complications. Therefore, apart from receiving basic care, every pregnant woman should be routinely monitored for complications. To assess the quality of antenatal care services, women who gave birth in the five years preceding the survey were asked a number of questions about the components of care they received when they were pregnant with their most recent live birth.

Table 5.3 presents information on the content of antenatal services, including the percentages of women who took iron supplements, took drugs for intestinal parasites, were informed of the signs of pregnancy complications,

Figure 5.2 Skilled assistance received during antenatal care

Percentage of ever married women receiving antenatal care from skilled provider the type of residence



and received selected routine services during antenatal care visits for their most recent birth in the five years preceding the survey. Overall, 31 percent of women took iron supplements during the pregnancy of their last birth while 13 percent of women took drugs for intestinal worms.

The highest proportion of women who took iron supplements were in the age group 20-34 at 33 percent while the least were women in the age bracket of 35-49 at 20 percent. Urban women were twice as more likely than rural women to take iron supplements (50 percent and 25 percent respectively) while only 3 percent of nomadic women took iron supplements (Figure 5.4). Thirty-five percent of women in Middle Shabelle compared to 26 percent of women in Hiraan region took iron supplements (Figure 5.5). Uptake of Iron supplements increases with a woman's wealth status. Women in the highest quintile were more likely to take iron tablets than women in the lowest Wealth quintile (50 percent and 13 percent, respectively).

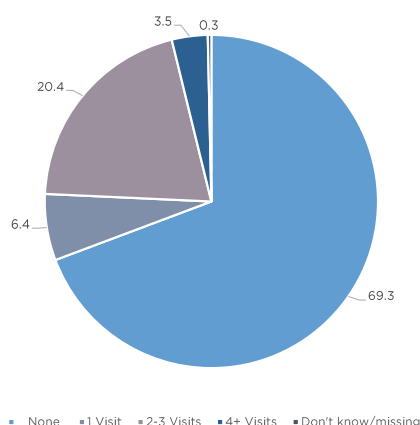
5.4. Intermittent preventive treatment in pregnancy (IPTp)

In pregnant women, malaria can lead to severe anemia, spontaneous abortion (miscarriage), stillbirth, premature delivery, delivery of low-birthweight babies, and death. Women in their first pregnancy are most at risk. Parasites can be present in the placenta and contribute to maternal

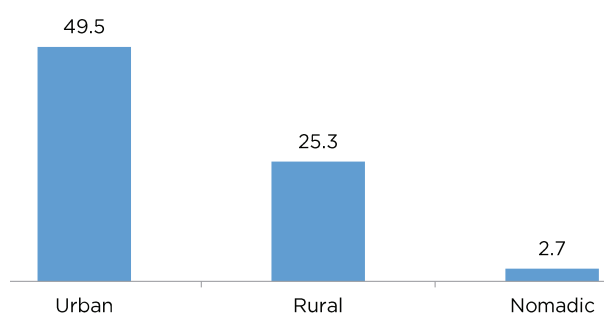


Figure 5.3 Number of ANC visits

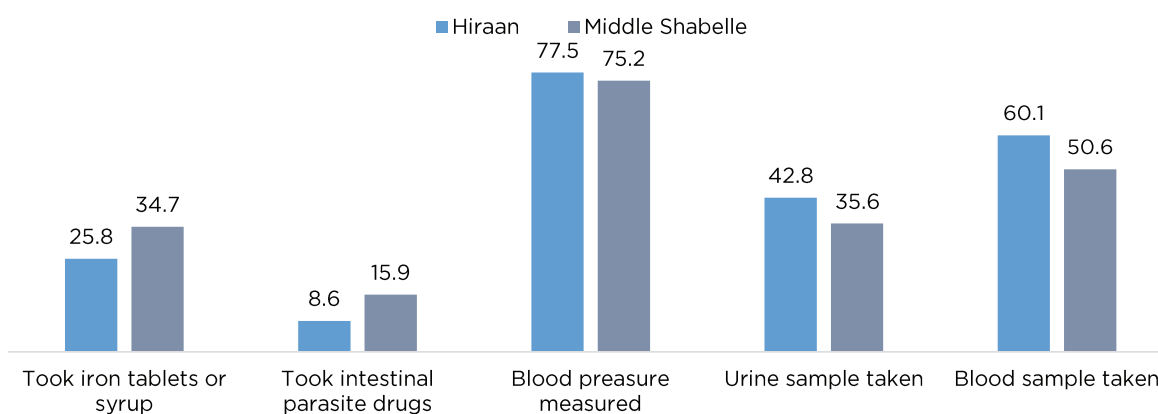
Percent distribution of women aged 15-49 who had a live birth in the five years preceding the survey by number of antenatal care (ANC) visits for the most recent live birth

**Figure 5.4** Components of antenatal care

Percent of women who received different components of antenatal care by place of residence

**Figure 5.5** Components of antenatal care

Percent of women who received different components of antenatal care by place of residence



anemia even when the mother does not appear to be ill. The use of reduces these risks and should be part of routine antenatal care in moderate and high transmission areas. Table 5.4 indicates the distribution of women who received antimalarial during their last pregnancy. Three percent of women received at least one dose of SP/Fansidar while less than one percent received 2 or more doses. Women residing in the rural areas were twice (4 percent) as likely to receive at least one dose of Fansidar compared to their counterparts in urban areas at 2 percent. Only less than one percent of women in nomadic areas received at least one dose of Fansidar. Women in Middle Shabelle were five times more likely to receive at least one dose of SP/fansidar than women in Hiraan region (5 percent and 1 percent, respectively).

5.5. Tetanus Toxoid Injection

Tetanus toxoid injections are given during pregnancy to prevent neonatal tetanus, a leading cause of early infant

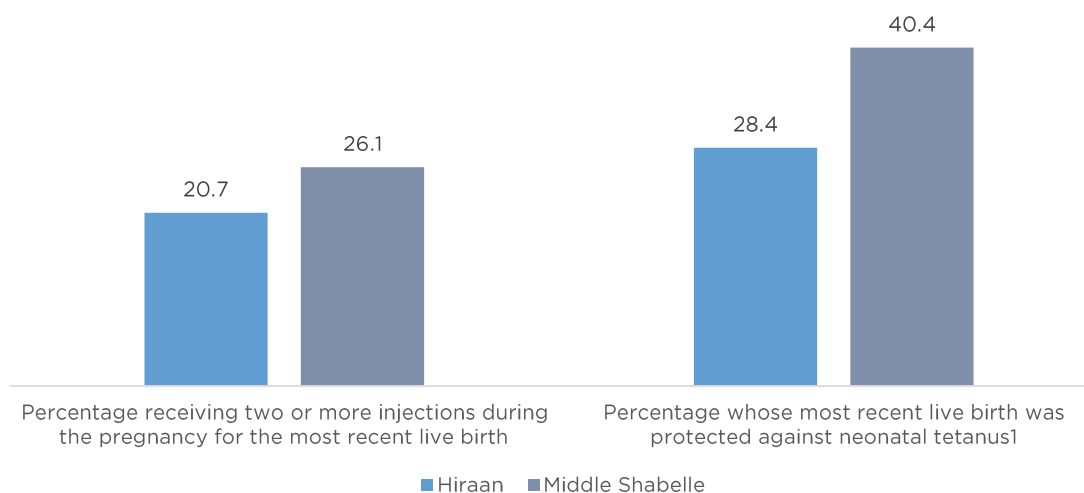
death in many developing countries, often attributed to poor hygiene during delivery. For full protection of her newborn baby, a pregnant woman should receive at least two injections of the vaccine during pregnancy. If a woman has been vaccinated during a previous pregnancy, she may only require one or no doses for the next pregnancy. Five doses are considered to provide protection for a lifetime. Table 5.5 presents the percentage of women aged 15- 49 with a live birth in the five years preceding the survey who received two or more tetanus toxoid injections during their most recent pregnancy and the percentage whose last birth was protected against neonatal tetanus. Regionally, women in Middle Shabelle are more likely to receive tetanus injections than women in Hiraan at 26 percent and 21 percent, respectively. (Figure 5.6).

Results show that 24 percent of pregnant women got two or more tetanus injections during pregnancy. Thirty-five percent of births were protected against neonatal tetanus. Forty percent of births and 28 percent of births in Middle Shabelle and Hiraan respectively were protected against neonatal tetanus. The proportion of



Figure 5.6 Tetanus toxoid injections

Percentage receiving two or more injections and protected against neonatal tetanus by region.



births protected from neonatal tetanus increases with increase in wealth status but reduces with increase in the age of the mother and birth order. Fifty percent of births in the urban were protected against neonatal tetanus compared to 32 percent of births in the rural while only 2 percent of births in the nomadic were protected against neonatal tetanus

5.6. Place of Delivery

Increasing the percentage of births delivered in health facilities is important for reducing deaths arising from complications of pregnancy. The expectation is that if complications arise during delivery in a health facility, a skilled birth attendant can manage them or refer the mother to the next level of care. Table 5.6 and Figure 5.7 show the percent distribution of live births in the five years preceding the survey by place of delivery and percentage delivered in a health facility according to Background characteristic.

According to the findings, 8 percent of births in the five years preceding the survey were delivered in a health facility, and an overwhelming majority of births, at 92 percent, were delivered at home. Among the hospital deliveries, 7 percent were in public hospitals while 1 percent were in the private hospitals.

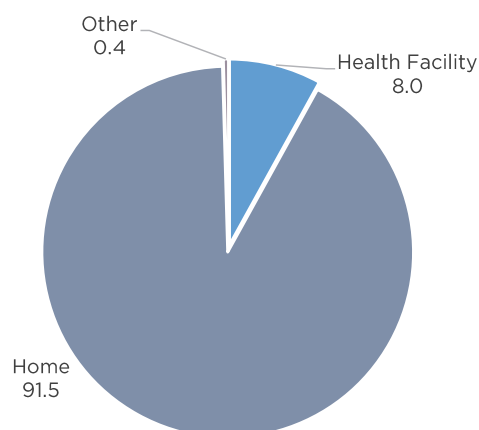
First order births are more likely to be delivered in a health facility compared to subsequent birth orders. Place of delivery differs greatly by residence, 16 percent

of births in urban areas and 5 percent in rural areas were delivered in a health facility compared to only 2 percent in nomadic areas. Regionally, 10 percent of births in Middle Shabelle were delivered in a health facility, as compared to 6 percent of births in Hiraan region.

Health facility delivery increases with increase in mothers' level of education. Wealth status has an effect on the place of delivery. Births to women in the highest Wealth quintile are much more likely to take place in a health facility than births to women in the lowest Wealth quintile (23 percent and 1 percent, respectively). Most health facility deliveries occur in the public facilities (7 percent compared to 1 percent).

Figure 5.7 Place of delivery

Percent distribution of live births in the five years preceding the survey by place of delivery



5.7. Assistance during Delivery

Obstetric care from a health professional during delivery is recognized as critical in reducing maternal and neonatal mortality. Table 5.6 shows the percent distribution of live births in the five years preceding the survey by person providing assistance during delivery, the percentage of births assisted by a skilled provider, and the percentage of births delivered via caesarean section, according to Background characteristic. Twenty-seven percent of births are delivered with the assistance of a skilled health professional, which includes a doctor or a nurse/midwife/auxiliary midwife. According to survey findings, the percentage of women who delivered babies by C-section is 1 percent.

Among births in the five years preceding the survey, 2 percent of the deliveries were assisted by a doctor, 25 percent by a nurse or midwife or auxiliary, and 2 percent by relatives or friends. Seventy percent of births were assisted by a traditional birth attendant (Figure 5.7)

Analysis by age depicts that mothers under 20 years are less likely to be assisted by a skilled birth attendant at 23 percent than those aged 20-34 years and 35-49 years at 28 and 29 percent, respectively. As expected, the number of ANC visits influences the likelihood of a woman seeking skilled attendance during delivery. Among women who attended at least four ANC visits, 50 percent were delivered by a skilled attendant compared to 21 percent of those who did not attend any ANC visits (Table 5.7).

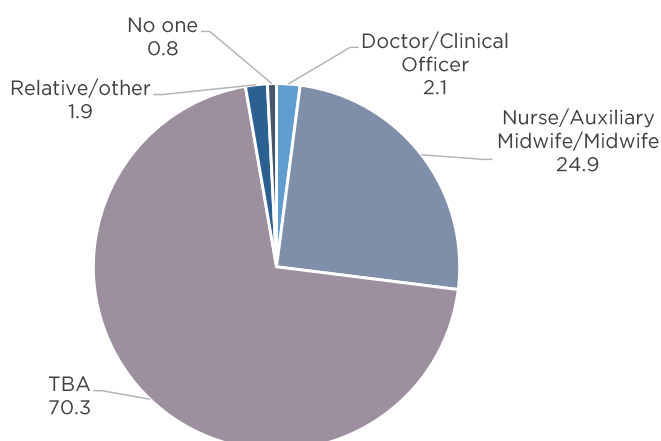


According to the place of residence, the urban has the highest percentage of women assisted by skilled health providers followed by those who are in the rural areas and the lowest percentage are those in the nomadic areas (42 percent, 22 percent and 8 percent, respectively). Regionally, the percentage of women assisted by skilled personnel is higher in Middle Shabelle at 34 percent and lower in Hiraan at 18 percent.

As presented in Figure 5.8, the Wealth quintile is strongly associated with the type of assistance at delivery. Births to women in the highest Wealth quintile were more likely to get assistance at delivery from a skilled provider at 48 percent compared with births to women in the lowest Wealth quintile at 3 percent.

Figure 5.8 Assistance during delivery

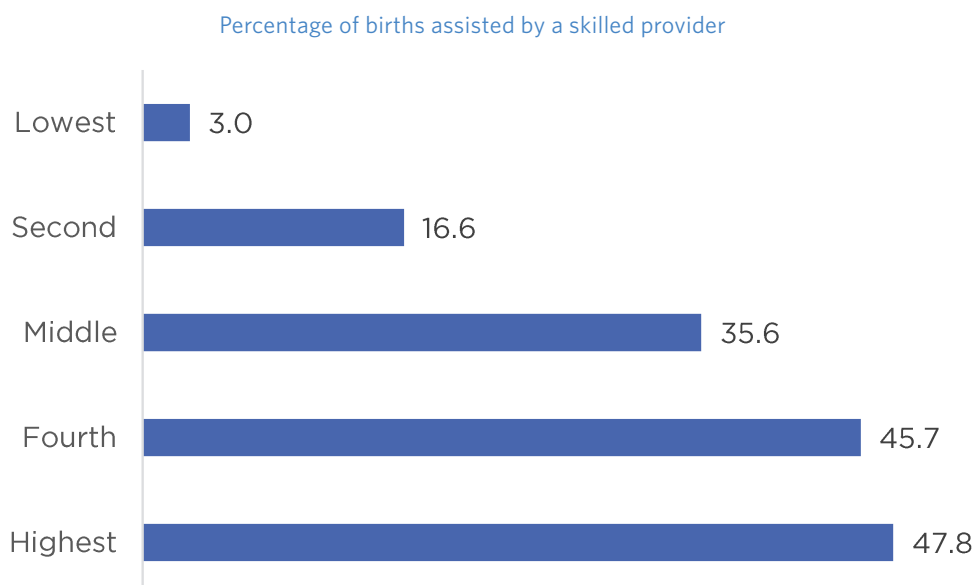
Percent distribution of live births in the five years preceding the survey by person providing assistance during delivery



5.8. Postnatal Care and Practices

The postpartum period is particularly important for women, since during this period they may develop serious, life-threatening complications. Evidence has shown that a large proportion of deaths occur during the postpartum period, with postpartum haemorrhage being a major cause (UNDP, WHO, UNFPA, World Bank, 2006). A postnatal care visit is an ideal time to educate a new mother on how to care for herself and her newborn. The 2020 survey asked women aged 15-49 who had a live birth in the two years preceding



Figure 5.9 Assistance during delivery by Wealth quintile

the survey about what postnatal care they received, including timing and provider. Majority of maternal and neonatal deaths occur during the first 48 hours after delivery. To address this, safe motherhood programmes have increased their emphasis on the importance of postnatal care, encouraging all women receive a health check-up within two days of delivery.

Table 5.8 shows the timing of the first postnatal check-up for women giving birth in the two years preceding the survey. Overall, only 5 percent of mothers had a postnatal check within four hours of delivery. Fifty-four percent of women who delivered in a health facility had a post-natal check within the first two days of delivery.

The probability of a postnatal check within the first two days of delivery decreases with increase in parity and increases with increase in the wealth status of a mother. Ten percent of mothers in the urban were checked within two days of delivery compared to 3 percent among those in the rural areas. Mothers in the nomadic areas did not receive any postnatal check-up. Mothers in Middle Shabelle were more likely to get a postnatal check within two days of delivery compared to those in Hiraa at 7 percent and 2 percent, respectively.

5.9. Timing of first postnatal checkup for the newborn

Table 5.9 gives information on the percentage distribution of last births in the two years preceding the survey by time after birth of first postnatal check-up, and births with a postnatal check-up in the first two days after birth, according to Background characteristic. Overall, only 2 percent of infants born in the 2 years before the survey received a postnatal check during the first 2 days after birth. Among the new-borns delivered in a health facility, 24 percent had their first postnatal checkup within two days of birth. The new-borns in urban and rural areas received postnatal care in the first two days after delivery at 6 percent and 1 percent, respectively. Analysis by region shows that the percentage of new-borns who had their first postnatal check-up within two days after birth is higher in Middle Shebelle at 3 percent than in Hiraa at 1 percent.

5.10. Obstetric Fistula

The 2020 survey included a series of questions on fistula, a condition that may develop during prolonged or obstructed labour when the blood supply to the tissues of the vagina, bladder, and/or rectum is cut off, resulting in the formation of an opening through which urine and/or faeces pass uncontrollably. Women who develop fistulas are often socially rejected and face



several related health concerns. Table 5.10 presents the findings on information and experience of obstetric fistula. Fifty-seven percent of the women had heard of obstetric fistula and 4 percent experienced obstetric fistula.

Figure 5.10 shows that urban women were more likely to experience symptoms of fistula at 7 percent, followed by 4 percent to women in nomadic while women in rural areas were reported at 2 percent. Analysis by region shows women who experienced obstetric fistula were higher in Hiraan than in Middle Shabelle (7 percent and 2 percent, respectively).

5.11. Problems in Accessing Health Care

Many factors can prevent women from getting medical advice or treatment for themselves when they are sick. Information on such factors is particularly important in understanding and addressing the barriers women may face in seeking care during pregnancy and labour. The 2020 survey included a series of questions designed to collect information on the barriers to accessing health care by women.

Table 5.11 shows the percentages of respondents who consider the individual factors to be a big problem, and the percentages reporting at least one of the specified factors to be a big challenge, according to Background characteristic. Seventy-six percent of women reported they face at least one problem accessing health care. The majority perceived lack of money and distance to a health facility (70 percent each) as a hindrance, while 61 percent mentioned not wanting to go alone and 58 percent for getting permission for treatment.

Figure 5.11 indicates that married women are more likely to have at least one problem accessing health care compared to divorced/widowed at 76 percent and 69 percent respectively. The highest proportion of women who have at least one problem accessing health care are in the rural areas at 77 percent and lowest in urban areas at 72 percent. Analysis by region shows that the percentage of women who experienced at least one problem accessing health care is higher in Hiran at 79 percent than in Middle Shebelle at 73 percent. The proportion of women having at least one problem accessing health care decreases with increasing wealth status; 81 percent of women the poorest are likely to encounter at least one problem accessing health care compared to 61 percent of those with the richest level of Wealth quintile.

Figure 5.10 Obstetric fistula experience by place of residence and region

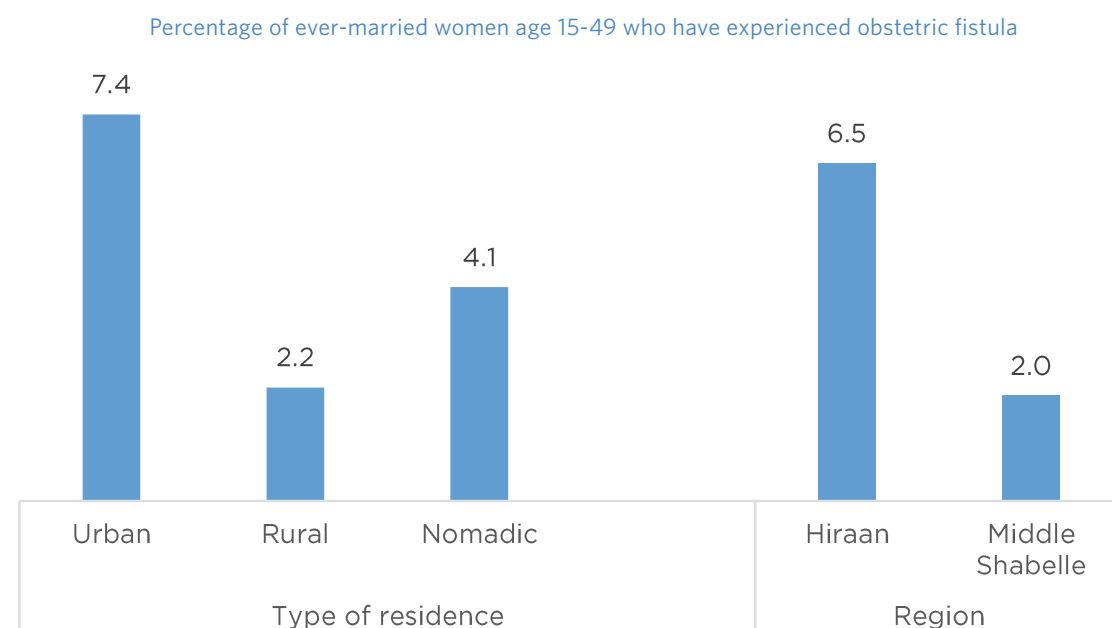
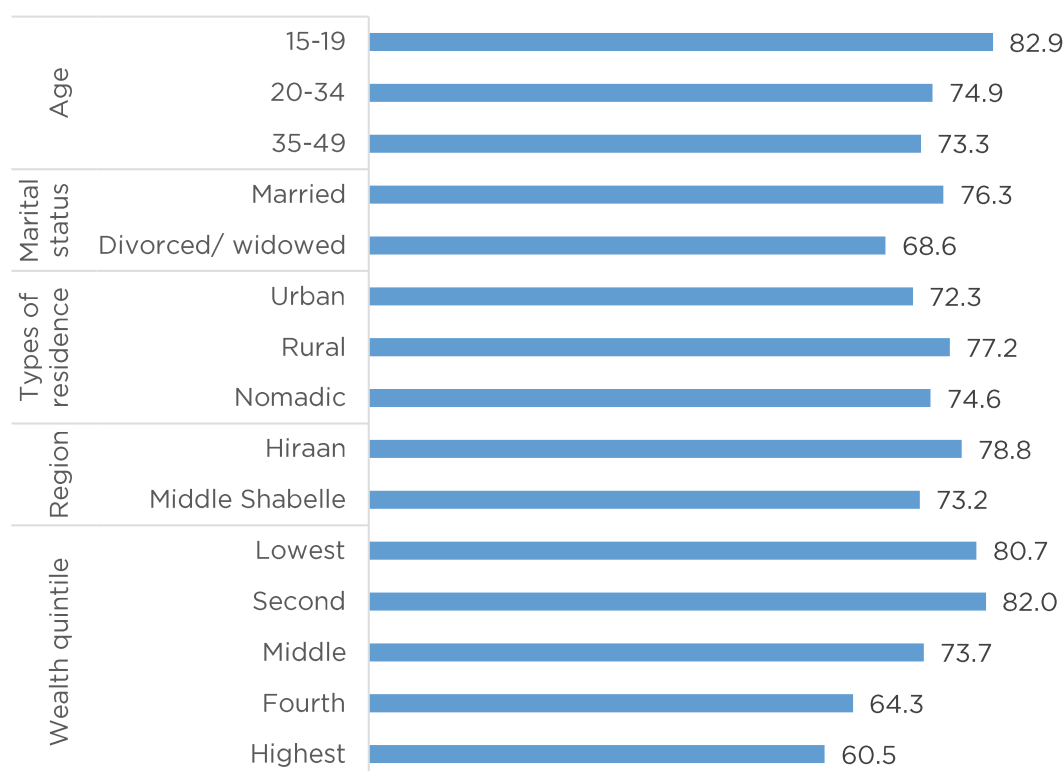


Figure 5.11 Problems in accessing health care

Percent of women aged 15-49 who reported that they have problems accessing health care



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Table 5.1 Antenatal care

Percent distribution of ever married women age 15-49 who had a live birth in the 5 years preceding the survey by antenatal care (ANC) provider during, HSHDS 2020

Background characteristic	Person providing assistance during ANC				Total	Skilled assistance during ANC ²	Number of women
	Doctor/ Clinical Officer	Nurse/ Auxilliary Midwife/ Midwife	TBA ¹ /other/ relative	No ANC			
Mother's age at birth							
<20	4.9	19.9	3.8	71.5	100.0	24.8	305
20-34	10.2	19.6	2.8	67.4	100.0	29.8	626
35-49	8.4	16.4	0.0	75.3	100.0	24.7	84
Birth order							
1	7.8	17.9	3.2	71.1	100.0	25.7	276
2-3	8.0	20.3	3.0	68.7	100.0	28.3	630
4-5	13.2	18.2	0.9	67.6	100.0	31.4	107
6+	*	*	*	*	100.0	*	1
Type of residence							
Urban	11.2	28.0	1.3	59.4	100.0	39.2	302
Rural	8.0	17.4	3.8	70.9	100.0	25.3	646
Nomadic	0.8	0.3	0.9	98.0	100.0	1.1	67
Region							
Hiraan	2.8	14.3	1.1	81.9	100.0	17.1	426
Middle Shabelle	12.6	23.1	4.2	60.2	100.0	35.7	588
Education							
No education	8.2	19.1	2.9	69.7	100.0	27.3	929
Primary	6.0	22.0	2.6	69.4	100.0	28.0	64
Secondary	*	*	*	*	100.0	*	20
Higher	*	*	*	*	100.0	*	2
Wealth quintile							
Lowest	0.0	10.6	2.7	86.7	100.0	10.6	103
Second	6.5	16.2	3.6	73.7	100.0	22.7	379
Middle	10.9	20.5	3.0	65.6	100.0	31.4	357
Fourth	12.1	29.2	1.1	57.5	100.0	41.4	142
Highest	15.2	29.8	0.6	54.5	100.0	45.0	33
Total	8.5	19.4	2.9	69.3	100.0	27.9	1,014

Note: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation.

¹TBA: Traditional Birth Attendants

²Skilled provider includes doctor/clinical officer or nurse/midwife/auxiliary midwife

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.



Table 5.2 Number of antenatal care visits and timing of first visit

Percent distribution of women age 15-49 who had a live birth in the five years preceding the survey by number of antenatal care (ANC) visits for the most recent live birth, and by the timing of the first visit, and among women with ANC, median months pregnant at first visit, according to type of residence, HSHDS 2020

Number and timing of ANC visits	Type of residence			Total
	Urban	Rural	Nomadic	
Number of ANC visits				
None	59.4	70.9	98.0	69.3
1	5.4	7.5	0.9	6.4
2-3	26.9	19.5	0.8	20.4
4+	8.1	1.7	0.3	3.5
Don't know/missing	0.3	0.4	0.0	0.3
Total	100.0	100.0	100.0	100.0
Number of months pregnant at time of first ANC visit				
No antenatal care	59.4	70.9	98.0	69.3
<4	13.5	7.5	0.6	8.8
4-5	15.7	11.3	0.5	11.9
6-7	10.1	6.9	0.3	7.4
8+	1.3	2.9	0.5	2.3
Don't know/missing	0.0	0.4	0.0	0.3
Total	100.0	100.0	100.0	100.0
Number of women	302	646	67	1,014
Median months pregnant at first visit (for those with ANC)	5.0	5.0	*	5.0
Number of women with ANC	122	188	1	312

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.



Table 5.3 Components of antenatal care

Among women age 15-49 with a live birth in the five years preceding the survey, the percentage who took iron tablets or syrup and drugs for intestinal parasites during the pregnancy of the most recent birth, and among women receiving antenatal care (ANC) for the most recent live birth in the five years preceding the survey, the percentage receiving specific antenatal services, according to Background characteristic, HSHDS 2020

Background characteristic	Among women with a live birth in the past five years, the percentage who during the pregnancy for their last birth:		Number of women with a live birth in the past five years	Among women who received ANC for their most recent birth in the past 5 years, the percentage with the selected services:			Number of women with ANC for their most recent birth
	Took iron tablets or syrup	Took intestinal parasite drugs		Blood pressure measured	Urine sample taken	Blood sample taken	
Mother's age at birth							
<20	29.5	10.7	305	70.6	33.2	40.9	87
20-34	33.2	15.1	626	77.7	37.5	56.3	204
35-49	19.6	3.6	84	*	*	*	21
Birth order							
1	33.0	12.3	328	80.9	38.8	49.7	99
2-3	27.3	9.8	248	68.4	37.1	48.1	79
4-5	30.7	17.8	217	74.6	28.0	49.9	73
6+	32.2	12.0	221	78.5	46.9	68.5	60
Type of residence							
Urban	49.5	16.9	302	89.3	53.9	71.3	122
Rural	25.3	12.1	646	67.0	26.7	41.1	188
Nomadic	2.7	1.3	67	*	*	*	1
Region							
Hiraan	25.8	8.6	426	77.5	42.8	60.1	77
Middle Shabelle	34.7	15.9	588	75.2	35.6	50.6	234
Education							
No education	29.8	12.4	929	73.9	34.4	50.8	281
Primary	45.8	21.9	64	*	*	*	20
Secondary	*	*	20	*	*	*	10
Higher	*	*	2	*	*	*	1
Wealth quintile							
Lowest	13.1	5.3	103	*	*	*	14
Second	22.9	10.7	379	64.5	18.4	32.0	100
Middle	38.4	15.2	357	82.8	42.0	58.7	123
Fourth	42.1	15.6	142	78.0	50.1	70.4	60
Highest	50.1	22.7	33	*	*	*	15
Total	31.0	12.8	1014	75.8	37.4	53.0	312

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.



Table 5.4 Use of intermittent preventive treatment (IPTp) by women during pregnancy

Percentage of women age 15-49 with a live birth in the 2 years preceding the survey who, during the pregnancy that resulted in the last live birth received one or more doses of SP/Fansidar, received two or more doses of SP/Fansidar, and received three or more doses of SP/Fansidar according to Background characteristic, HSHDS 2020

Background characteristic	Percentage who received one or more doses of SP/Fansidar	Percentage who received two or more doses of SP/Fansidar	Percentage who received three or more doses of SP/Fansidar	Number of women with a live birth in the 2 years preceding the survey
Type of residence				
Urban	2.2	0.5	0.0	176
Rural	3.8	0.0	0.0	416
Nomadic	0.4	0.0	0.0	39
Region				
Hiraan	0.6	0.3	0.0	254
Middle Shabelle	4.8	0.0	0.0	378
Education				
No education	3.3	0.0	0.0	574
Primary	(2.0)	(2.0)	(0.0)	41
Secondary	*	*	*	15
Higher	*	*	*	2
Wealth quintile				
Lowest	0.3	0.0	0.0	68
Second	3.2	0.0	0.0	243
Middle	4.6	0.4	0.0	221
Fourth	1.0	0.0	0.0	80
Highest	(3.7)	(0.0)	(0.0)	20
Total	3.1	0.1	0.0	632

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.



Table 5.5 Tetanus toxoid injections

Among mothers age 15-49 with a live birth in the five years preceding the survey, the percentage receiving two or more tetanus toxoid injections (TTI) during the pregnancy for the last live birth and the percentage whose last live birth was protected against neonatal tetanus, according to Background characteristic, HSHDS 2020

Background characteristic	Percentage receiving two or more injections during last pregnancy	Percentage whose last live birth was protected against neonatal tetanus ¹	Number of mothers
Mother's age at birth			
<20	25.6	37.4	305
20-34	24.7	36.6	626
35-49	10.7	19.2	84
Birth order			
1	25.6	36.4	276
2-3	24.2	35.1	630
4-5	16.5	33.6	107
6+	*	*	1
Type of residence			
Urban	37.5	50.3	302
Rural	19.8	31.9	646
Nomadic	0.6	1.5	67
Region			
Hiraan	20.7	28.4	426
Middle Shabelle	26.1	40.4	588
Education			
No education	23.1	34.9	929
Primary	28.7	35.1	64
Secondary	*	*	20
Higher	*	*	2
Wealth quintile			
Lowest	9.3	14.8	103
Second	17.1	29.4	379
Middle	30.0	42.4	357
Fourth	32.2	44.5	142
Highest	42.6	52.5	33
Total	23.8	35.4	1,014

¹ Includes mothers with two injections during the pregnancy of her last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.



Table 5.6 Place of delivery

Percent distribution of live births in the five years preceding the survey by place of delivery and percentage delivered in a health facility, according to Background characteristic, HSHDS 2020

Background characteristic	Health facility				Total	Percentage delivered in a health facility	Number of births
	Public sector	Private sector	Home	Other			
Mother's age at birth							
<20	8.0	0.8	90.9	0.2	100.0	8.9	485
20-34	6.5	1.1	91.7	0.6	100.0	7.7	1,535
35-49	8.6	0.1	91.3		100.0	8.7	200
Birth order							
1	8.4	1.3	90.1	0.2	100.0	9.7	1,003
2-3	6.0	0.8	92.4	0.7	100.0	6.8	1,102
4-5	5.1	0.0	94.9	0.0	100.0	5.1	113
6+	*	*	*	*	100.0	*	2
Antenatal care visits ¹							
None	6.2	0.5	93.3	0.0	100.0	6.7	697
1	12.0	2.0	86.0	0.0	100.0	14.0	66
2-3	12.8	3.9	83.3	0.0	100.0	16.7	202
4+	(13.5)	(0.0)	(84.2)	(2.3)	100.0	(13.5)	35
Don't know/ missing	*	*	*	*	100.0	*	4
Type of residence							
Urban	14.4	1.7	83.7	0.2	100.0	16.1	684
Rural	4.1	0.7	94.6	0.6	100.0	4.8	1,385
Nomadic	1.1	0.5	98.3	0.1	100.0	1.6	151
Region							
Hiraan	5.1	1.1	93.9	0.0	100.0	6.1	969
Middle Shabelle	8.6	0.9	89.7	0.8	100.0	9.5	1,252
Education							
No education	6.4	0.8	92.3	0.5	100.0	7.2	2,024
Primary	9.9	3.7	86.4	0.0	100.0	13.6	149
Secondary	(19.4)	(2.0)	(78.7)	(0.0)	100.0	(21.3)	42
Higher	*	*	*	*	100.0	*	6
Wealth quintile							
Lowest	1.1	0.2	98.7	0.0	100.0	1.3	244
Second	2.6	0.0	96.7	0.7	100.0	2.6	805
Middle	9.5	2.1	87.9	0.4	100.0	11.6	780
Fourth	14.0	0.7	85.0	0.2	100.0	14.7	321
Highest	19.6	3.5	76.9	0.0	100.0	23.1	71
Total	7.1	1.0	91.5	0.4	100.0	8.0	2,221

¹ Includes only the most recent birth in the five years preceding the survey.

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.



Table 5.7 Assistance during delivery

Percent distribution of live births in the five years preceding the survey by person providing assistance during delivery, percentage of births assisted by a skilled provider, and the percentage delivered by caesarian-section, according to Background characteristic, HSHDS 2020

Background characteristic	Time after delivery of mother's first postnatal check-up					Total	Percentage delivered by skilled provider¹	Percentage delivered by C-section	Number of birth
	Doctor/ Clinical Officer	Nurse/ Auxiliary Midwife/ Midwife	Traditional birth attendant	Relative/ other	No one				
Mother's age at birth									
<20	2.3	20.1	76.1	0.8	0.7	100.0	22.5	0.5	485
20-34	2.0	26.2	68.7	2.4	0.7	100.0	28.2	0.8	1,535
35-49	2.3	26.5	68.3	1.2	1.6	100.0	28.8	0.0	200
Birth order									
1	1.6	24.1	71.7	2.2	0.4	100.0	25.7	0.8	984
2-3	2.5	24.8	69.8	1.9	1.0	100.0	27.2	0.5	1,108
4-5	1.9	33.1	62.8	0.0	2.1	100.0	35.0	0.0	127
6+	*	*	*	*	*	100.0	*	*	2
Antenatal care visits²									
None	2.5	18.4	77.4	1.3	0.5	100.0	20.9	0.4	697
1	3.3	43.1	53.7	0.0	0.0	100.0	46.3	2.0	66
2-3	3.4	39.3	52.8	1.8	2.7	100.0	42.7	3.5	202
4+	(4.5)	(45.2)	(40.3)	(9.9)	(0.0)	100.0	(49.7)	(2.3)	35
Don't know/missing	*	*	*	*	*	100.0	*	*	4
Place of delivery									
Health facility	17.1	68.1	11.5	0.0	3.2	100.0	85.3	7.9	178
Elsewhere	0.8	21.1	75.4	2.1	0.6	100.0	21.9	0.0	2,043
Type of residence									
Urban	3.9	37.5	57.0	1.5	0.0	100.0	41.5	1.1	684
Rural	1.3	20.6	75.1	1.9	1.2	100.0	21.9	0.5	1,385
Nomadic	1.2	7.0	86.5	4.3	0.9	100.0	8.3	0.1	151
Region									
Hiraan	1.6	16.0	81.6	0.7	0.1	100.0	17.6	0.3	969
Middle Shabelle	2.4	31.8	61.5	2.8	1.4	100.0	34.3	0.9	1,252
Education									
No education	1.6	23.7	71.8	2.1	0.9	100.0	25.3	0.5	2,024
Primary	5.9	36.7	57.4	0.0	0.0	100.0	42.6	2.5	149
Secondary	(11.8)	(33.5)	(54.8)	(0.0)	(0.0)	100.0	(45.2)	(2.0)	42
Higher	0.0	85.7	0.0	14.3	0.0	100.0	85.7	0.0	6
Wealth quintile									
Lowest	1.1	1.9	95.7	1.3	0.0	100.0	3.0	0.0	244
Second	0.7	15.9	78.8	3.1	1.5	100.0	16.6	0.0	805
Middle	2.3	33.3	62.5	1.2	0.7	100.0	35.6	1.1	780
Fourth	4.6	41.1	53.0	1.3	0.0	100.0	45.7	1.4	321
Highest	6.8	41.0	50.7	1.6	0.0	100.0	47.8	1.1	71
Total	2.1	24.9	70.3	1.9	0.8	100.0	27.0	0.6	2,221

Note: If the respondent mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation.

¹ Skilled provider includes doctor, nurse, midwife, and auxiliary nurse/midwife

² Includes only the most recent birth in the five years preceding the survey

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.



Table 5.8 Timing of first postnatal checkup for the mother

Among women age 15-49 giving birth in the two years preceding the survey, the percent distribution of the mother's first postnatal checkup for the last live birth by time after delivery, and the percentage of woman with a live birth in the two years preceding the survey who received a postnatal checkup in the first two days after giving birth, according to Background characteristic, HSHDS 2020

Background characteristic	Time after delivery of mother's first postnatal checkup ¹				Total	Percentage of women with a postnatal check-up in the first two days after birth ¹	Number of births
	Less than 4 hours	4-23 hours	7-41 days	No postnatal checkup ²			
Mother's age at birth							
<20	3.9	0.0	0.0	96.1	100.0	3.9	237
20-34	5.9	0.2	0.2	93.6	100.0	6.1	362
35-49	*	*	*	*	100.0	*	25
Birth order							
1	9.1	0.0	0.7	90.2	100.0	9.1	117
2-3	4.5	0.2	0.0	95.3	100.0	4.7	410
4+	1.6	0.0	0.0	98.4	100.0	1.6	97
Place of delivery							
Health facility	52.3	1.4	1.4	45.0	100.0	53.6	58
Elsewhere	0.0	0.0	0.0	100.0	100.0	0.0	565
Type of residence							
Urban	9.6	0.5	0.5	89.5	100.0	10.1	176
Rural	3.3	0.0	0.0	96.7	100.0	3.3	408
Nomadic	0.0	0.0	0.0	100.0	100.0	0.0	39
Region							
Hiraan	2.3	0.0	0.0	97.7	100.0	2.3	254
Middle Shabelle	6.7	0.2	0.2	92.9	100.0	6.9	370
Education							
No education	4.2	0.1	0.1	95.5	100.0	4.4	566
Primary	(8.1)	(0.0)	(0.0)	(91.9)	100.0	(8.1)	41
Secondary	*	*	*	*	100.0	*	15
Higher Education	*	*	*	*	100.0	*	2
Wealth quintile							
Lowest	0.0	0.0	0.0	100.0	100.0	0.0	68
Second	2.3	0.0	0.0	97.7	100.0	2.3	237
Middle	6.3	0.4	0.0	93.4	100.0	6.6	221
Fourth	9.4	0.0	0.0	90.6	100.0	9.4	78
Highest	(19.8)	(0.0)	(3.9)	(76.3)	100.0	(19.8)	20
Total	4.9	0.1	0.1	94.8	100.0	5.0	624

¹ Includes women who received a check from a doctor, midwife, nurse, community health worker, or traditional birth attendant

² Includes women who received a check after 41 days

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.



Table 5.9 Timing of first postnatal checkup for the newborn

Percent distribution of last births in the two years preceding the survey by time after birth of first postnatal checkup, and the percentage of births with a postnatal checkup in the first two days after birth, according to Background characteristic, HSHDS 2020

Background characteristic	Time after birth of newborn's first postnatal checkup ¹				Total	Percentage of births with a postnatal checkup in the first two days after birth ¹	Number of births
	1-3 hours	1-2 days	3-6 days	No postnatal checkup ²			
Mother's age at birth							
<20	2.4	0.0	0.0	97.6	100.0	2.4	237
20-34	1.9	0.5	0.5	97.2	100.0	2.3	362
35-49	*	*	*	*	100.0	*	25
Birth order							
1	4.4	0.0	0.7	94.9	100.0	4.4	117
2-3	1.6	0.4	0.2	97.8	100.0	2.0	410
4+	0.8	0.0	0.0	99.2	100.0	0.8	97
Place of delivery							
Health facility	21.2	2.8	2.8	73.2	100.0	24.0	58
Elsewhere	0.0	0.0	0.0	100.0	100.0	0.0	565
Type of residence							
Urban	5.5	0.9	0.9	92.7	100.0	6.4	176
Rural	0.7	0.0	0.0	99.3	100.0	0.7	408
Nomadic	0.0	0.0	0.0	100.0	100.0	0.0	39
Region							
Hiraan	1.0	0.3	0.3	98.4	100.0	1.3	254
Middle Shabelle	2.7	0.2	0.2	96.9	100.0	2.9	370
Education							
No education	1.6	0.3	0.1	98.0	100.0	1.9	566
Primary	(2.0)	(0.0)	(2.0)	(95.9)	100.0	(2.0)	41
Secondary	*	*	*	*	100.0	*	15
Higher	*	*	*	*	100.0	*	2
Wealth quintile							
Lowest	0.0	0.0	0.0	100.0	100.0	0.0	68
Second	0.0	0.0	0.0	100.0	100.0	0.0	237
Middle	2.7	0.0	0.4	96.9	100.0	2.7	221
Fourth	6.3	1.0	0.0	92.7	100.0	7.3	78
Highest	(7.8)	(4.1)	(3.9)	(84.2)	100.0	(11.9)	20
Total	2.0	0.3	0.3	97.5	100.0	2.2	624

¹ Includes newborns who received a check from a doctor, nurse/midwife, community health worker, or traditional birth attendant

² Includes newborns who received a checkup after the first week

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 5.10 Obstetric fistula

Percentage of ever-married women age 15-49 who have heard of obstetric fistula and percentage who have experienced obstetric fistula, according to Background characteristic, HSHDS 2020

Background characteristic	Heard of obstetric fistula	Experienced obstetric fistula	Number of ever married women
Age			
15-19	49.6	1.0	166
20-24	53.5	4.5	239
25-29	59.0	4.2	327
30-34	62.5	4.2	202
35-39	58.4	3.0	177
40-44	53.8	7.9	107
45-49	(56.1)	(2.1)	49
Type of residence			
Urban	62.2	7.4	381
Rural	55.3	2.2	800
Nomadic	44.7	4.1	85
Region			
Hiraan	61.5	6.5	530
Middle Shabelle	53.2	2.0	737
Marital status			
Currently Married	57.0	4.0	1,138
Formerly Married	53.2	2.7	129
Mother's education			
No education	56.0	3.6	1,155
Primary	63.6	8.1	82
Secondary	64.7	3.2	26
Higher	*	*	3
Wealth quintile			
Lowest	54.5	1.5	136
Second	54.4	1.2	451
Middle	58.7	5.8	445
Fourth	58.8	7.3	188
Highest	56.8	5.8	47
Total	56.7	3.9	1,267

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

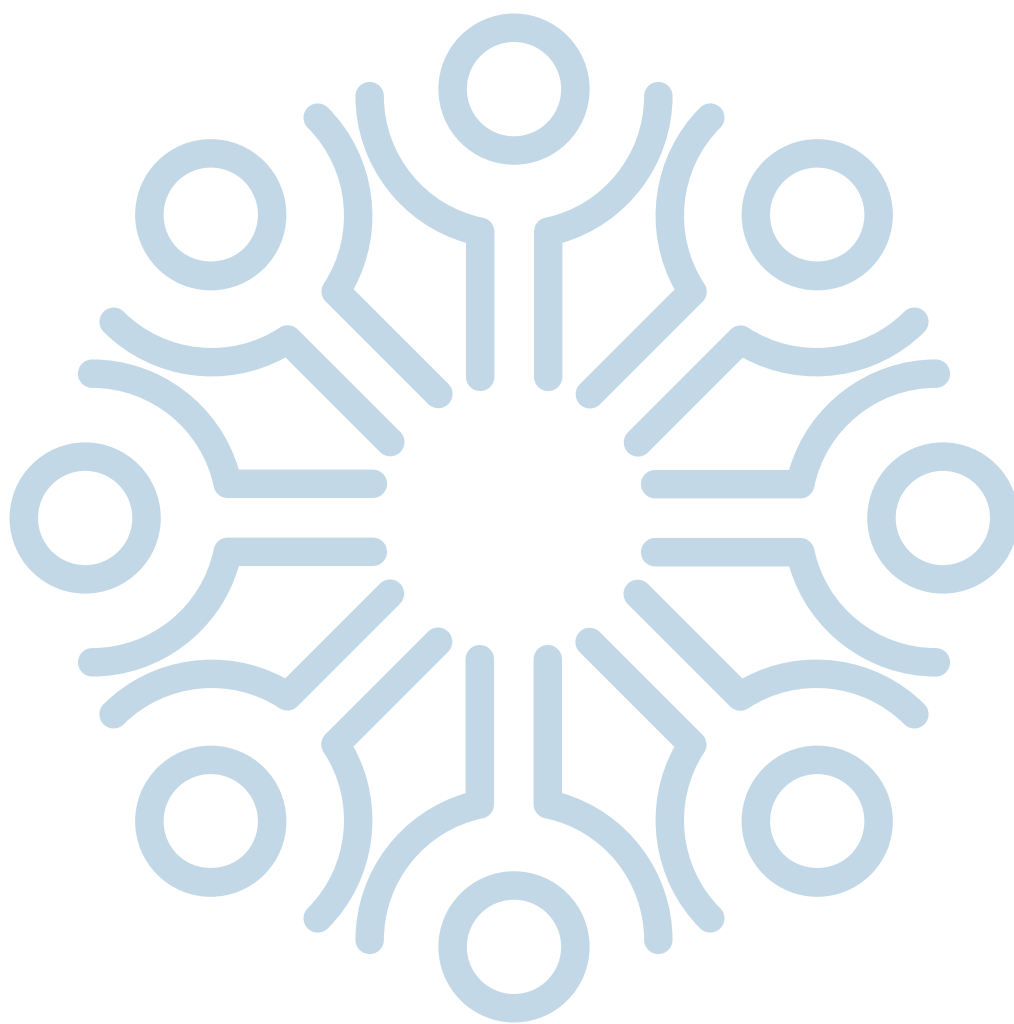
Table 5.11 Problems in accessing health care

Percentage of women age 15-49 who reported that they have serious problems in accessing health care for themselves when they are sick, by type of problem, according to Background characteristic, HSHDS 2020

Background characteristic	Problems in accessing health care					
	Getting permission to go for treatment	Getting money fortreatment	Distance to health facility	Not wanting to go alone	At least one problem accessing health care	Number of Ever Married Women
Age						
15-19	66.2	75.9	78.1	69.4	82.9	166
20-34	57.9	69.0	68.2	60.9	74.9	769
35-49	55.5	69.0	68.2	58.5	73.3	332
Number of living children						
0	*	*	*	*	*	2
1-2	*	*	*	*	*	19
3-4	(42.6)	(66.6)	(70.2)	(59.5)	(80.0)	40
5+	59.0	70.0	69.6	61.6	75.5	1,206
Marital status						
Married	59.4	70.8	70.4	62.1	76.3	1,138
Divorced/ widowed	49.1	61.5	60.8	54.5	68.6	129
Employed past 12 months						
Not employed	60.8	70.4	70.1	63.4	75.9	1,084
Employed for cash	45.4	66.7	68.2	50.8	75.5	138
Employed not for cash	(38.2)	(66.1)	(58.2)	(44.3)	(66.1)	44
Type of residence						
Urban	49.4	66.3	60.5	49.0	72.3	381
Rural	63.0	71.6	73.8	66.8	77.2	800
Nomadic	54.3	69.8	69.2	66.2	74.6	85
Region						
Hiraan	63.6	74.9	72.5	62.5	78.8	530
Middle Shabelle	54.5	66.3	67.3	60.6	73.2	737
Education						
No education	59.1	70.1	70.4	62.6	75.8	1155
Primary	50.8	71.1	62.0	46.8	75.1	82
Secondary	(52.2)	(61.6)	(55.4)	(58.5)	(71.0)	26
Higher	*	*	*	*	*	3
Wealth quintile						
Lowest	69.9	75.6	76.1	74.0	80.7	136
Second	68.7	78.1	78.5	72.1	82.0	451
Middle	50.9	66.1	66.6	55.0	73.7	445
Fourth	45.8	59.2	54.6	45.5	64.3	188
Highest	45.6	53.2	49.5	45.9	60.5	47
Total	58.3	69.9	69.5	61.4	75.5	1,267

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.





A woman wearing a purple hijab is seated in a blue plastic chair, holding a young child. A person in a white lab coat, likely a healthcare worker, is visible on the right, with their hand near the child. The background shows a simple room with a sink and a window with blue shutters.

06

Child Health



Key Findings

Birth weight:

7 percent of births in the five years preceding the survey had a low birth weight (less than 2.5kg)

All basic vaccinations:

9 percent of children aged 12-23 months had received all basic vaccinations BCG, three doses of pentavalent and polio vaccines, and one dose of the measles vaccine) at any time before the survey.

BCG vaccination:

20 percent of children had received BCG at any time before the survey

Polio vaccination:

12 percent had received the third dose of polio.

Pentavalent vaccination:

9 percent had received the third dose of DPT.

Measles vaccination:

12 percent had received the measles vaccine.

Type of residence:

Urban area had the highest vaccination coverage at **12 percent**.

Symptoms of acute respiratory infection (ARI):

5 percent of children under the age of five had symptoms of ARI in the two weeks before the survey, **12 percent** of these children had treatment or advice sought on the same or next day.

Fever:

7 percent had fever and **32 percent** had sought advice or treatment next day.

Diarrhoea:

6 percent of children under age five had diarrhoea in the 2 weeks before the survey, **61 percent** of these children had sought advice or treatment from a health facility.



6 CHILD HEALTH

This chapter presents findings from the HSHDS that relate to children's health. These include the characteristics of newborns (birth weight), vaccination status of children, symptoms of acute respiratory infection (ARI), fever and diarrhoea, and treatment of childhood illnesses.

Information collected on child health from the HSHDS 2020 is expected to assist policy makers and programme managers in formulating appropriate strategies and interventions to improve the health and sanitation of children in Hirshabelle.

6.1 Birth Weight

Birth weight is a major determinant of infant and child health, as low birth weight is associated with foetal and neonatal morbidity, inhibited physical and cognitive development, and chronic diseases later in life. Thus, birth weight is used as a summary indicator of the challenges that a public health system faces, including long-term maternal malnutrition, ill health, and poor health care during pregnancy. Children whose birth weight is less than 2.5 kilograms, or children reported to be "very small" or "smaller than average," are considered to have a higher risk of early childhood death than average children (WHO 2014).

The HSHDS 2020 recorded births occurring during the five years preceding the survey. Birth weight was recorded in the Ever-Married Woman's Questionnaire, based either on a written record or the mother's report. As the birth weight may not have been known for many babies, the mother's estimate of the baby's size at birth was also obtained. Even though such an estimate is subjective, it can be a useful estimate for the weight of the child.

Table 6.1 presents information on child weight at birth by Background characteristic. Overall, the birth weight was reported for only 4 percent of the live births occurring in the five years preceding the survey. Seven percent of the infants had low birth weight (less than 2.5 kg).

the DPT-HepB-Hib (Pentavalent) vaccine to prevent diphtheria, pertussis, tetanus, hepatitis B and hemophilus influenza type B; at least three doses of the polio vaccine; and one dose of the measles vaccine. The HSHDS 2020 collected information on the coverage of these vaccinations among the children born in the five years preceding the survey (WHO, 2019).

Following internationally recommended procedures, information on vaccination coverage was obtained in two ways in the survey—from child health cards and from mothers' verbal reports. All mothers were asked to show the interviewer the child health cards on which immunization dates were recorded for all children born in the five years preceding the survey. If a card was available, the interviewer recorded the dates of each vaccination received by the child. If a card had shown that the child was not fully vaccinated, the mother was then asked whether the child had received other vaccinations that were not recorded on the card, and they too were noted. If a child never received a health card or if the mother was unable to show the card to the interviewer, the vaccination information for the child was based on the mother's report. Questions were asked for each type of vaccine. Mothers were asked to recall whether the child had received BCG, polio, pentavalent and measles vaccinations. If the mother indicated that the child had received the polio or pentavalent vaccines, she was asked about the number of doses that the child received. The results presented here are based on both information from the health card and the mother's report for those without a card.

6.2 Vaccination of Children

According to WHO, a child is considered fully vaccinated if he or she has received a Bacillus Calmette-Guérin (BCG) vaccination against tuberculosis; three doses of

Table 6.2 presents data on the vaccination coverage for children aged 12-23 months, the age by which they should have received all vaccinations. Mothers presented health cards for 3 percent of these children. Overall, only 9 percent of children aged 12-23 months



are fully vaccinated, meaning that they received the basic vaccinations (one BCG vaccine, three doses of pentavalent and polio vaccines, and one dose of measles vaccine) at any time before the survey was conducted. Twenty percent of children had received BCG at any time before the survey, 20 percent received the first dose of pentavalent vaccine, and 20 percent received the first dose of polio. Nine percent of children completed the required three doses of the pentavalent vaccine and 12 percent of the children received the three doses of polio vaccine. Twelve percent of children had been vaccinated against measles (Figure 6.1).

The percentage of children fully vaccinated varies substantially by place of residence. Twelve percent of children in urban areas had received all basic vaccinations, compared to only 1 percent of children in nomadic areas. Analysis by region also depicts that Middle Shabelle region has a higher proportion of children who received all the basic vaccinations at 12 percent as compared to 6 percent in Hiraan region (Figure 6.2).

Figure 6.1 Vaccination Coverage for children age 12-23 months

Percent of children aged 12-23 months who received specific vaccines at any time before the survey

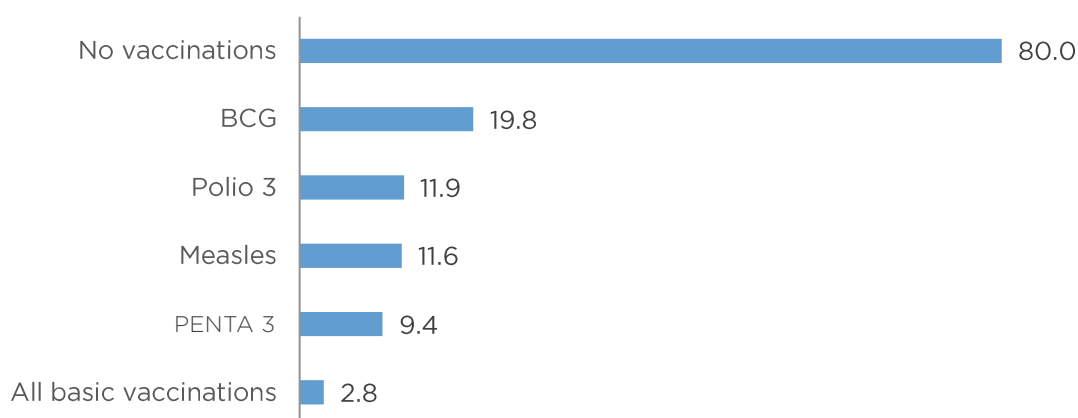
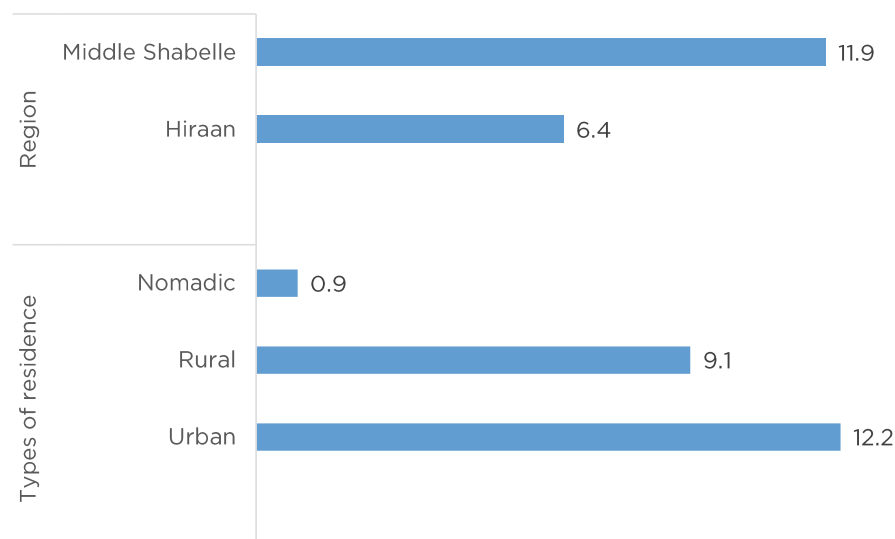


Figure 6.2 Vaccinations by place of residence and region

Percentage of children age 12-23 months who received all basic vaccinations



6.3 Symptoms of Acute Respiratory Infection

Acute Respiratory Infection (ARI) is a serious infection that prevents normal breathing. It usually begins as a viral infection in the nose, trachea (windpipe) or lungs. If the infection is not treated, it can spread to the entire respiratory system. Early diagnosis and treatment with antibiotics can prevent a large proportion of deaths caused by ARI. According to WHO, ARI is one of the leading causes of childhood morbidity and mortality throughout the world.

In the HSHDS 2020, the prevalence of ARI was estimated by asking mothers whether their children under the age of 5 had been ill with a cough accompanied by short, rapid breathing in the two weeks preceding the survey. Table 6.3 shows the percentage of children who had symptoms of ARI in the two weeks before the survey. Overall, 5 percent of children under the age of 5 years experienced ARI symptoms during the two weeks preceding the survey. There is a slight variation of children with symptoms of ARI by gender. Male children have slightly higher proportion with symptoms of ARI as compared to females at 5 percent and 4 percent, respectively.

As presented in Table 6.3, analysis by place of residence shows that there are variations in the prevalence of ARI by place of residence. Urban and nomadic areas reported the highest percentage of children with symptoms of ARI at 9 percent and 8 percent, respectively compared to rural areas with the lowest proportions at 2 percent.

The proportion of children with ARI is higher in Hiraan region as compared to Middle Shabelle region (8 percent and 2 percent, respectively).

Figure 6.3 shows that there is a marginal variation of the prevalence of children with symptoms of ARI by age. Children aged 6 – 11 months have the lowest proportion of children with symptoms of ARI at 3 percent.

6.4 Fever

Fever is a symptom of many illnesses, including malaria, pneumonia, the common cold, and influenza among others. In the HSHDS 2020, mothers were asked whether their children under the age of 5 had been ill with fever in the two weeks before the survey. For children with fever, mothers in Hirshabelle state were also asked about the actions they took to treat the fever, including whether the child had been given any drug to treat the fever, and if yes what type of drugs were given to the child.

Table 6.4 shows the percentage of children under the age of 5 who had a fever during the two weeks before the survey by selected Background characteristic. Overall, 7 percent of children under the age of 5 had a fever during the two weeks preceding the survey.

Differences in the proportions of children with fever are observed by Background characteristic. The prevalence of fever increases from 6 percent of the children less

Figure 6.3 Prevalence and treatment of symptoms of ARI by age

Percent of children with symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey

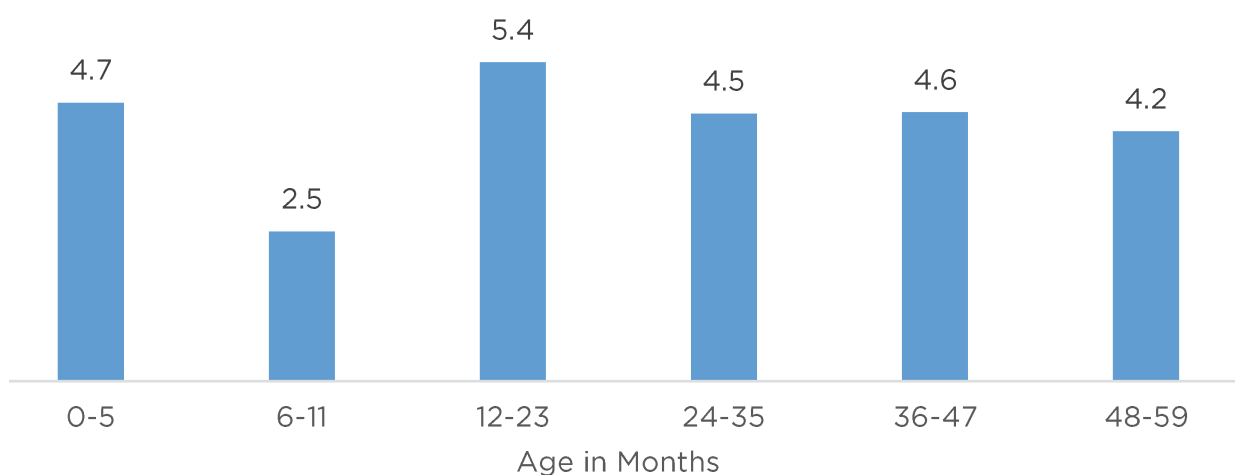
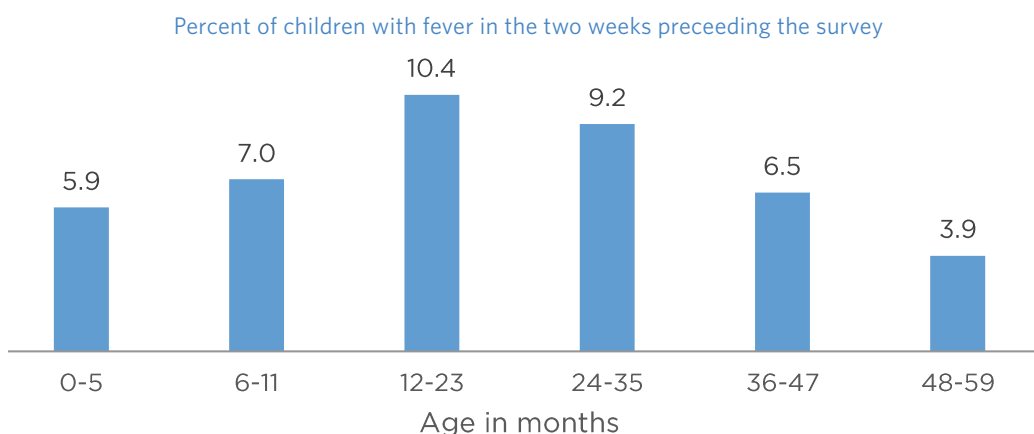
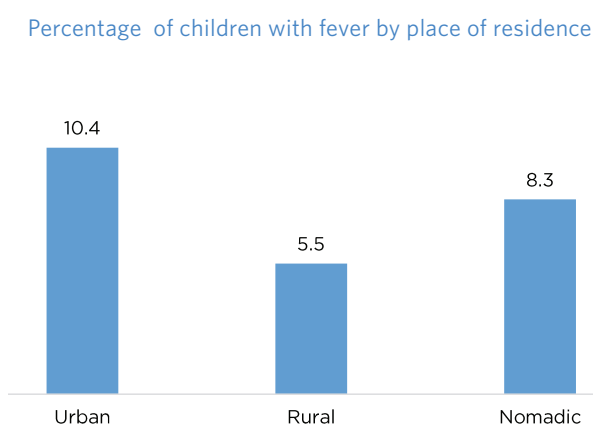


Figure 6.4 Percent of children with fever by age

than 6 months to 10 percent among those aged 12-23 months. After age 23 months, fever prevalence decreases with increasing age (Figure 6.4). There is no variation in fever prevalence by sex of the child. The proportion of children under-five reported as having had fever in the two weeks before the survey is higher in Hiraan region at 10 percent compared to Middle Shabelle region at 5 percent.

Figure 6.5 shows that the proportion of children with fever was higher in urban and nomadic areas at 10 percent and 8 percent, respectively compared to 6 percent in rural areas.

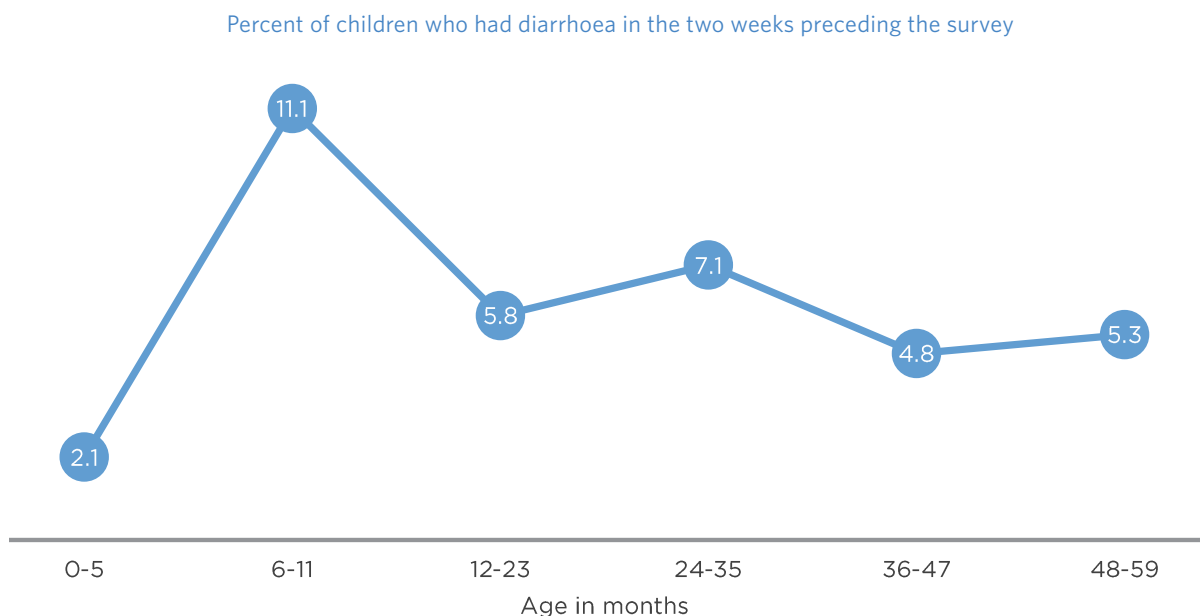
Figure 6.5 Prevalence of fever

6.5 Diarrhoeal Disease

Dehydration is a major cause of morbidity and mortality in infants and young children worldwide. Each year approximately 760,000 children of diarrheal disease worldwide. Most cases of dehydration in children are the consequence of acute gastroenteritis (Vega.R and Avva U. ,2021). Although, the condition can be easily treated with oral rehydration therapy (ORT). Cases of diarrhoea are related to the use of contaminated water and unhygienic practices in food preparation and disposal of excreta. The HSHDS 2020 collected information on the prevalence of diarrhoea among children in Hirshabelle State by asking mothers whether their children under the age of 5 years had diarrhoea during the two weeks before the survey. If a child was identified as having had diarrhoea, information was collected on the treatment and feeding practices during the episode.

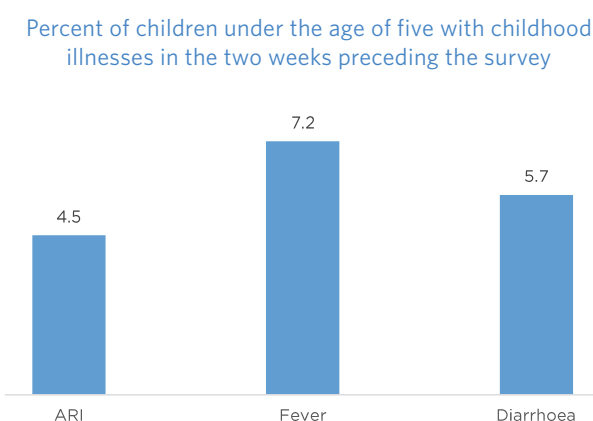
Table 6.5 presents data on the percentage of children under 5 years who had diarrhoea during the two weeks preceding the survey, by selected Background characteristic. Overall, 6 percent of children under the age of 5 years had diarrhoea. Girls were slightly more likely than the boys to have diarrhoea at 6 percent and 5 percent, respectively.



Figure 6.6 Percent of children with diarrhoea by age

There was a variation by place of residence in the prevalence of diarrhoea. The prevalence of diarrhoea among children in urban areas, nomadic and rural was 9 percent, 6 percent and 4 percent, respectively. Regionally, Hiraan region reported a slightly higher proportion of children with diarrhoea than in Middle Shabelle region (7 percent and 5 percent respectively).

Figure 6.6 shows that the prevalence of diarrhoea increases sharply from 2 percent among children those aged 0-5 months to 11 percent among those aged 6-11 months before declining to 6 percent among children aged 12-23 months.

Figure 6.7 Prevalence of childhood illness

6.6 Prevalence and Treatment of Childhood Illnesses

Acute respiratory infection (ARI), fever, and dehydration from diarrhoea are important contributing causes of childhood morbidity and mortality in developing countries (WHO 2003). Prompt medical attention when a child has the symptoms of these illnesses is, therefore, crucial in reducing child deaths.

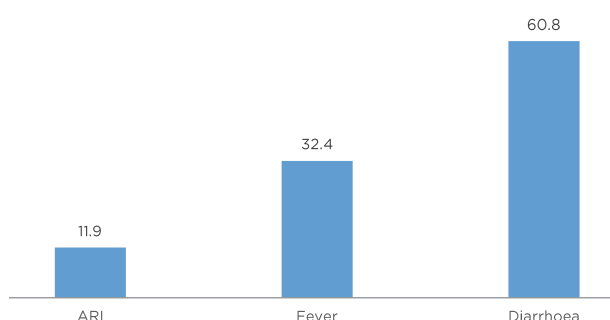
Figure 6.7 shows that the percentages of children with ARI symptoms, fever, and diarrhoea among children under 5 years in the 2 weeks before the survey. Most children reported to have had fever, followed by diarrhoea and ARI. Advice or treatment was sought for 12 percent of children with ARI, 32 percent of children with a fever, and 61 percent of children with diarrhoea (Figure 6.8).

Children in urban and rural areas are more likely to have their stool safely disposed of.

Mothers in Hiraan are more likely than those in Middle Shabelle to dispose of stool safely at 79 and 60 percent respectively.

Figure 6.8 Sought Advice or Treatment of childhood illnesses

Among children with Childhood illnesses, the percentage for whom advice or treatment was sought from a health facility or provider in the two weeks preceeding the survey



6.7 Disposal of Children's Stools

The proper disposal of children's faeces is important in preventing the spread of disease. If human faeces are left uncontained, disease may spread by others who come into direct contact with it, or by animal contact with the faeces.

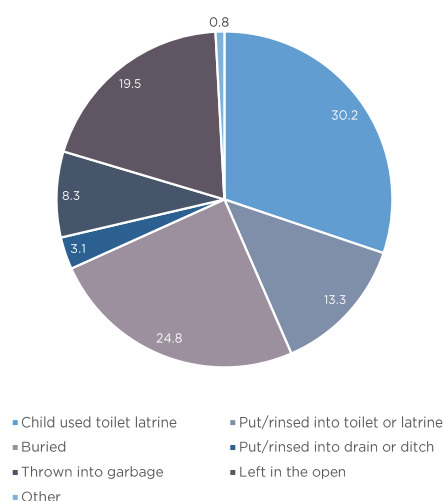
Table 6.6 presents information on the disposal of the stools of children under the age of 5 by Background characteristic. The information was derived from asking ever-married women with children what was done to dispose of the stools the last time their youngest child under 5 years passed stools. Overall, 68 percent of the children who live with their mother had their last stool disposed of safely.

Children in urban and rural areas are more likely to have their stool safely disposed of at 84 percent and 64 percent respectively than those in nomadic areas at 35 percent. Mothers in Hiraan are more likely than those in Middle Shabelle to dispose of stool safely at 79 and 60 percent respectively. Safe stool disposal is related to wealth status. Among children of mothers from lowest Wealth quintile, 50 percent children had their stool safely disposed compared to 86 percent and 75 percent among children whose mothers from fourth and highest Wealth quintiles, respectively.

The most common method of disposal of children faeces is toilet or latrine at 30 percent followed by burying the faeces at 25 percent (Figure 6.9).

Figure 6.9 Disposal of children's stools

Percent distribution of youngest children under age five, living with the mother, by the manner of disposal of the child's last faecal matter



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Table 6.1 Child's weight and size at birth

Percentage of live births in the five years preceding the survey that have a reported birth weight; among live births in the five years preceding the survey with a reported birth weight, percent distribution by birth weight; and percent distribution of all live births in the five years preceding the survey by mother's estimate of baby's size at birth, according to Background characteristic, HSHDS 2020

Background characteristic	Percent distribution of all live births by size of child at birth				Total	Percentage of all births that have a reported birth weight ¹	Number of births	Births with a reported birth weight ¹	
	Very small	Smaller than average	Average or larger	Don't know				Less than 2.5 kg	Number of births
Mother's age at birth									
<20	16.2	8.7	66.5	8.6	100.0	3.5	499	*	18
20-34	9.4	8.7	72.3	9.7	100.0	3.9	1,544	4.0	59
35-49	9.3	6.6	72.2	11.9	100.0	4.3	200	*	9
Birth order									
1	12.8	10.1	67.6	9.5	100.0	4.9	1,003	(8.1)	49
2-3	9.6	7.0	74.0	9.4	100.0	3.2	1,102	(4.5)	35
4-5	4.5	8.3	73.3	13.9	100.0	1.4	113	*	2
6+	*	*	*	*	100.0	*	25	*	0
Mother's smoking status									
Smokes cigarettes/ tobacco	6.7	5.3	84.3	3.7	100.0	4.8	51	*	2
Does not smoke	11.0	8.6	70.7	9.8	100.0	3.8	2,193	5.7	83
Type of residence									
Urban	7.5	8.1	73.8	10.7	100.0	8.1	685	10.0	56
Rural	12.5	8.9	69.9	8.7	100.0	2.1	1,407	*	30
Nomadic	11.0	7.3	68.0	13.8	100.0	0.1	151	*	0
Region									
Hiraan	15.7	3.2	61.4	19.8	100.0	1.8	969	*	18
Middle Shabelle	7.2	12.6	78.3	1.9	100.0	5.4	1,275	8.2	68
Education									
No education	11.2	9.0	70.3	9.5	100.0	3.2	2,047	4.8	66
Primary	8.1	1.1	76.9	13.8	100.0	7.2	149	*	11
Secondary	(6.5)	(11.7)	(79.9)	(2.0)	100.0	(15.4)	42	*	6
Higher	*	*	*	*	100.0	*	6	*	2
Wealth quintile									
Lowest	12.0	5.5	64.1	18.4	100.0	1.2	244	*	3
Second	15.0	6.5	71.4	7.0	100.0	1.5	821	*	12
Middle	8.9	11.9	71.5	7.7	100.0	4.6	781	(6.6)	36
Fourth	5.3	8.4	72.8	13.5	100.0	6.8	327	(3.6)	22
Highest	6.4	4.8	75.1	13.7	100.0	17.1	71	*	12
Total	10.9	8.5	71.0	9.6	100.0	3.8	2,243	6.5	86

¹Based on either a written record or the mother's recall

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.



Table 6.2 Vaccinations by Background characteristic

Percentage of children age 12-23 [18-29] months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), and percentage with a vaccination card, by Background characteristic, HSHDS 2020

Background characteristic	BCG	PENTA				Polio ¹			Measles	All basic vaccinations ²	No vaccinations	Percentage with a vaccination card seen	Number of children
		1	2	3	0	1	2	3					
Sex													
Male	19.2	19.2	8.8	8.3	19.7	19.7	10.7	10.7	10.2	8.3	80.3	1.5	165
Female	20.4	20.4	10.6	10.6	20.4	20.4	14.7	13.2	13.2	10.6	79.6	4.1	158
Birth order													
1	(43.4)	(43.4)	(15.1)	(13.2)	(45.4)	(45.4)	(31.7)	(25.8)	(23.8)	(13.2)	(54.6)	(14.6)	41
2-3	21.9	21.9	11.6	11.6	21.9	21.9	13.1	13.1	13.1	11.6	78.1	2.9	102
4-5	8.4	8.4	1.7	1.7	8.4	8.4	1.7	1.7	1.7	1.7	91.6	0.0	77
6+	16.8	16.8	11.5	11.5	16.8	16.8	12.8	12.8	12.8	11.5	83.2	0.0	103
Type of residence													
Urban	30.3	30.3	13.0	12.2	31.2	31.2	17.4	14.8	13.9	12.2	68.8	5.2	94
Rural	16.8	16.8	9.1	9.1	16.8	16.8	11.6	11.6	11.6	9.1	83.2	1.9	208
Nomadic	2.6	2.6	0.9	0.9	2.6	2.6	1.7	1.7	1.7	0.9	97.4	0.0	21
Region													
Hiraan	15.2	15.2	6.4	6.4	15.8	15.8	9.9	9.4	8.8	6.4	84.2	2.6	145
Middle Shabelle	23.5	23.5	12.3	11.9	23.5	23.5	14.8	13.9	13.9	11.9	76.5	2.9	179
Wealth quintile													
Lowest	(4.3)	(4.3)	(0.0)	(0.0)	(4.3)	(4.3)	(0.0)	(0.0)	(0.0)	(0.0)	(95.7)	(0.0)	30
Second	10.7	10.7	3.1	3.1	10.7	10.7	7.1	7.1	7.1	3.1	89.3	3.6	133
Middle	33.8	33.8	21.3	21.3	34.6	34.6	23.9	23.1	22.3	21.3	65.4	1.6	104
Fourth	22.0	22.0	7.3	5.5	22.0	22.0	9.1	7.3	7.3	5.5	78.0	3.7	45
Highest	*	*	*	*	*	*	*	*	*	*	*	*	11
Total	19.8	19.8	9.7	9.4	20.0	20.0	12.6	11.9	11.6	9.4	80.0	2.8	324

¹ Polio 0 is the polio vaccination given at birth

² BCG, measles, and three doses each of PENTA and polio vaccine (excluding polio vaccine given at birth)

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Note: Figures in parentheses are based on 25-49 unweighted cases.



Table 6.3 Prevalence of Acute Respiratory Infection (ARI)

Among children under age five, the percentage who had symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey according to Background characteristic, HSHDS 2020

Background characteristic	Among children under the age of five:	
	Percentage with symptoms of ARI ¹	Number of children
Age in months		
0-5	4.7	198
6-11	2.5	102
12-23	5.4	317
24-35	4.5	452
36-47	4.6	378
48-59	4.2	409
Sex		
Male	4.9	926
Female	4.1	929
Type of residence		
Urban	8.5	564
Rural	2.2	1163
Nomadic	8.3	128
Region		
Hiraan	7.6	823
Middle Shabelle	2.1	1032
Mother's education		
No education	4.0	1687
Primary	10.1	126
Secondary	(8.9)	38
Higher	*	5
Wealth quintile		
Lowest	3.5	212
Second	2.8	676
Middle	5.6	633
Fourth	6.4	273
Highest	8.1	61
Total	4.5	1855

¹Symptoms of ARI (cough accompanied by short, rapid breathing which was chest-related and/or by difficult breathing which was chest-related) is considered a proxy for pneumonia

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.



Table 6.4 Prevalence of fever

Among children under age 5, the percentage who had a fever in the 2 weeks preceding the survey, by Background characteristic, SLHDS 2020

Background characteristic	Percentage with fever	Number of children
Age in months		
0-5	5.9	198
6-11	7.0	102
12-23	10.4	317
24-35	9.2	452
36-47	6.5	378
48-59	3.9	409
Sex		
Male	7.1	926
Female	7.3	929
Type of residence		
Urban	10.4	564
Rural	5.5	1,163
Nomadic	8.3	128
Region		
Hiraan	9.7	823
Middle Shabelle	5.2	1,032
Education		
No education	6.6	1,687
Primary	15.3	126
Secondary	(6.7)	38
Higher	*	5
Wealth quintile		
Lowest	2.3	212
Second	6.1	676
Middle	8.6	633
Fourth	9.8	273
Highest	10.9	61
Total	7.2	1,855

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.



Table 6.5 Diarrhoea treatment

Among children under age five who had diarrhea in the two weeks preceding the survey, by Background characteristic, HSHDS 2020

Background characteristic	Percentage with diarrhoea	Number of children
Age in months		
0-5	2.1	198
6-11	11.1	102
12-23	5.8	317
24-35	7.1	452
36-47	4.8	378
48-59	5.3	409
Sex		
Male	5.3	926
Female	6.1	929
Type of residence		
Urban	9.3	564
Rural	3.9	1,163
Nomadic	5.8	128
Region		
Hiraan	7.2	823
Middle Shabelle	4.5	1,032
Mother's education		
No education	5.1	1,687
Primary	14.8	126
Secondary	(4.4)	38
Higher	*	5
Wealth quintile		
Lowest	2.4	212
Second	4.8	676
Middle	7.2	633
Fourth	6.2	273
Highest	9.8	61
Total	5.7	1,855

Note: ORT includes fluid prepared from oral rehydration salt (ORS) packets, pre-packaged ORS fluid, and recommended home fluids (RHF).

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

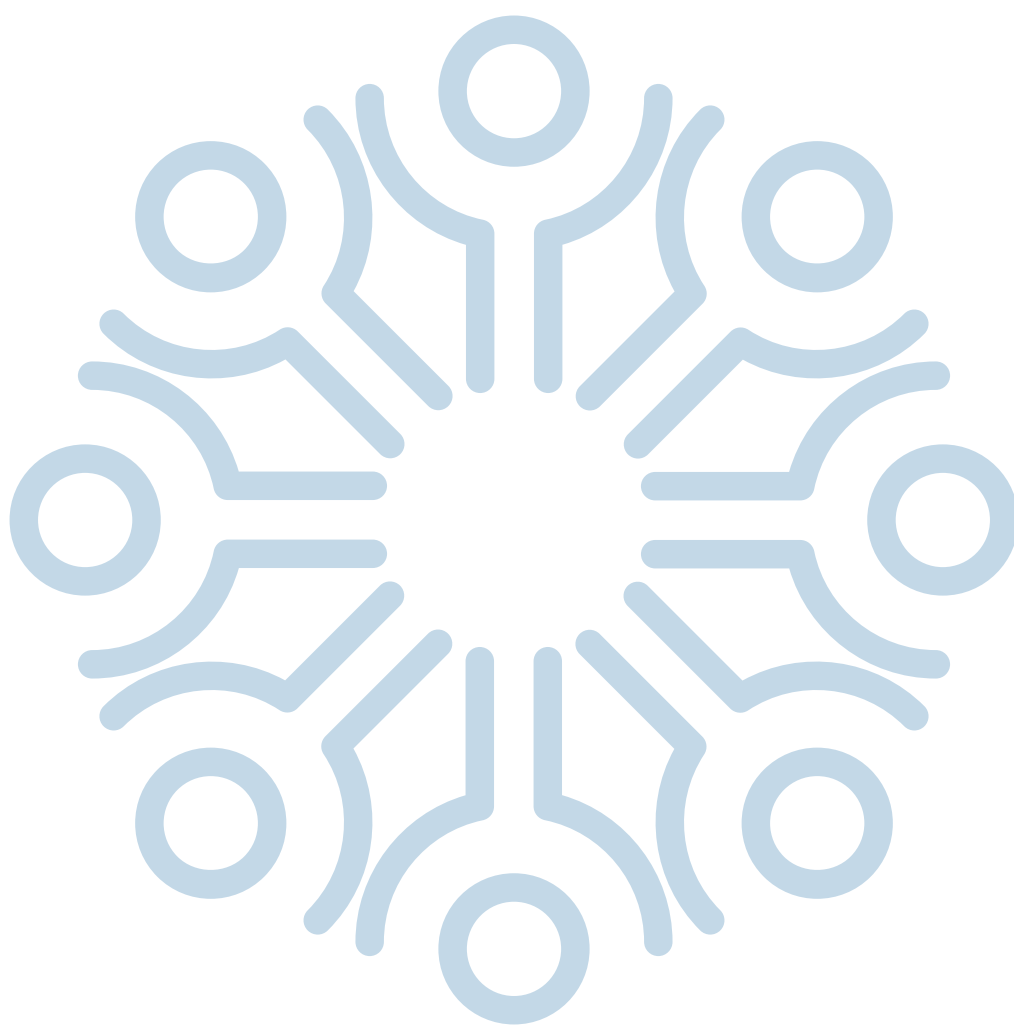


Table 6.6 Disposal of children's stools

Percent distribution of youngest children under age five living with the mother by the manner of disposal of the child's last faecal matter, and percentage of children whose stools are disposed of safely, according to Background characteristic, HSHDS 2020

Background characteristic	Manner of disposal of children's stools							Total	Percentage of children whose stools were disposed of safely ¹	Number of children
	Child used toilet latrine	Put/rinsed into toilet or latrine	Buried	Put/ rinsed into drain or ditch	Thrown into garbage	Left in the open	Others			
Age of child in months										
0-1	18.2	7.9	25.6	0.3	18.0	29.9	0.0	100.0	51.8	54
2-3	26.2	14.8	22.9	1.2	10.9	20.1	4.0	100.0	63.8	67
4-5	26.2	4.7	38.6	1.9	1.0	24.2	3.3	100.0	69.6	83
6-8	17.6	11.4	25.3	1.9	16.1	27.5	0.2	100.0	54.3	85
9-11	(38.6)	(15.0)	(26.5)	(2.5)	(0.0)	(17.5)	(0.0)	100.0	(80.0)	33
12-17	26.5	14.5	31.5	1.9	10.2	14.3	1.2	100.0	72.4	296
18-23	33.1	9.5	13.4	0.0	10.8	33.3	0.0	100.0	56.0	39
6-23	26.1	14.4	28.3	1.9	11.5	17.5	0.2	100.0	68.9	418
Type of residence										
Urban	46.5	21.8	15.4	6.1	6.6	3.4	0.1	100.0	83.8	749
Rural	24.3	10.1	29.6	1.8	9.8	23.1	1.3	100.0	64.0	1,491
Nomadic	8.2	3.1	23.5	0.9	2.0	62.0	0.3	100.0	34.8	158
Region										
Hiraan	29.2	17.3	32.3	1.3	4.5	15.3	0.0	100.0	78.8	1,064
Middle Shabelle	31.0	10.1	18.7	4.5	11.2	22.9	1.5	100.0	59.9	1,333
Mother's education										
No education	29.6	11.7	26.0	3.0	8.3	20.8	0.7	100.0	67.3	2,191
Primary	33.6	31.1	10.8	5.3	8.6	7.0	3.6	100.0	75.5	152
Secondary	(47.8)	(31.6)	(17.3)	(0.0)	(3.3)	(0.0)	(0.0)	100.0	(96.7)	48
Higher	*	*	*	*	*	*	*	100.0	*	6
Wealth quintile										
Lowest	7.1	7.3	35.9	0.0	7.5	42.2	0.0	100.0	50.2	270
Second	21.1	7.8	31.5	1.6	8.2	28.0	1.9	100.0	60.3	872
Middle	39.9	15.5	19.0	4.9	9.0	11.3	0.3	100.0	74.4	823
Fourth	44.4	24.3	17.3	5.3	5.7	3.1	0.0	100.0	85.9	348
Highest	45.1	22.6	7.2	1.9	14.3	7.4	1.6	100.0	74.8	84
Total	30.2	13.3	24.8	3.1	8.3	19.5	0.8	100.0	68.2	2,397

¹ Children's stools are considered to be disposed of safely if the child used a toilet or latrine, if the faecal matter was put/rinsed into a toilet or latrine or if it was buried. Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.





OZ

**Child nutrition and
feeding practices
and nutritional
status of women**



Key Findings

Nutritional status of children:

30 percent of children under-five are stunted (short for their age) **10 percent** are wasted (thin for their height) and **20 percent** are underweight (thin for their age).

Breastfeeding:

92 percent of children have been ever breastfed.

Early initiation of breastfeeding:

58 percent of children started breastfeeding within first hour of their birth.

Exclusive breastfeeding:

27 percent of children under 6 months are exclusively breastfed

Timely initiation of complementary feeding:

50 percent of children were introduced to complementary foods at 6-8 months

Vitamin A:

44 percent of children of 6-23 months consumed foods rich in vitamin A in the day preceding the survey.

Iron supplementation:

5 percent of children of 6 – 59 months have received iron supplements in the 7 days preceding survey

Nutritional status of women:

12 percent of women age 15-49 are thin (a body mass index [BMI] below 18.5), while **22 percent** are overweight



7 CHILD NUTRITION AND FEEDING PRACTICES AND NUTRITIONAL STATUS OF WOMEN

Nutritional status is determined by multifaceted interactions between food availability, affordability, accessibility and consumption and infections. Nutrition is a substance that provides energy, promotes growth, and nourishes the body. Nutritional status influences an individual's growth and development, productivity, reproductive success and susceptibility to diseases. Good nutritional status is very critical for the growth and development of children particularly those who are under two years. Women's nutrition has a direct effect on their health and the health of their children. Nutritional deficiencies among women may lead to anemia, infections and pregnancy complications that may result in premature birth or death. Nutritional deficiency among children especially under five years of age can lead to childhood illnesses such as diarrhea and respiratory diseases and nutritional problems such as wasting and stunting.

7.1. Nutrition of Children and Women

Nutritional status of women and children can be measured in different ways such as anthropometric, biochemical, clinical and dietary methods. These methods of assessment differ in how and when they are conducted. In HSHDS 2020 the anthropometric and dietary methods were used for assessing the nutritional status of women aged 15 to 49 years and children aged 0 to 5 years. The dietary method inquired about feeding practices of infants and children. While the anthropometric assessment measured the height and weight of women aged 15-49 and the children under age five in the sampled households. The equipment used for height and weight measurements was SECA scale (for weight), height board (height for children under five) and SECA (height for adult).

The HSHDS 2020 followed the standard method of taking the height and weight of women and children. Women's weight was taken by putting the weighing scale on a flat surface to ensure it is balanced and letting the woman stand on it facing forward and their posture vertical. Children under two years of age were measured lying down (supine position) whereas children above two years were measured in standing position. The enumerating teams received training before deploying to the field. Training involved class sessions and field pilot-test on how to measure weight and length/height

of children and women. The enumerators were medical professionals - midwives, nurses, public health and doctors. In HSHDS 2020, standardized nutritional indicators were generated using WHO Anthropic tool for nutritional survey data analyses. The below measurements were used to generate the nutritional indicators: -

- 1. Weight for age (underweight)**
- 2. Height for age (stunting)**
- 3. Weight for height (wasting)**

The standard assessment guideline that was used to calculate the indicators was Z-score or standard deviation (SD) scores (-2 or + 2). The weight for age index (underweight) indicator describes the children who are underweight if they are minus (2 SD) from the mean reference population. This is a crucial indicator for assessing nutritional conditions of children.

Height for age (stunting) indicator calculates the children who suffer growth retardation as a result of poor diets or recurrent infections. Stunting is a result of chronic nutritional deprivations and often results in delayed mental and motoric development, poor school performance and reduced intellectual capacity and productivity later in life. This in turn affects the economic development at national level.



Weight for height (wasting) indicator measures the children who suffer acute malnutrition, usually as consequences of insufficient food intake or a high incidence of infectious diseases especially diarrhoea. Wasting in turn impairs the functioning of the immune system and increases children's morbidity and mortality.

Weight-for-age (underweight) is a composite index of height-for-age and weight-for-height. It takes into account both acute and chronic malnutrition.

7.2 Nutritional Status of Children

Nutrition status of children is affected by different factors such as mother's nutritional status, socio economic status, educational background or children's poor health condition. Like the rest of Somalia, nutritional status of the children in Hirshabelle State is relatively poor due to many reasons such as low economic conditions of Somali households, and severe drought that has affected the country in recent years. Under-nourished children are usually associated with high mortality and morbidity rates. Nutritional deficit also hinders children's long term physical and mental development.

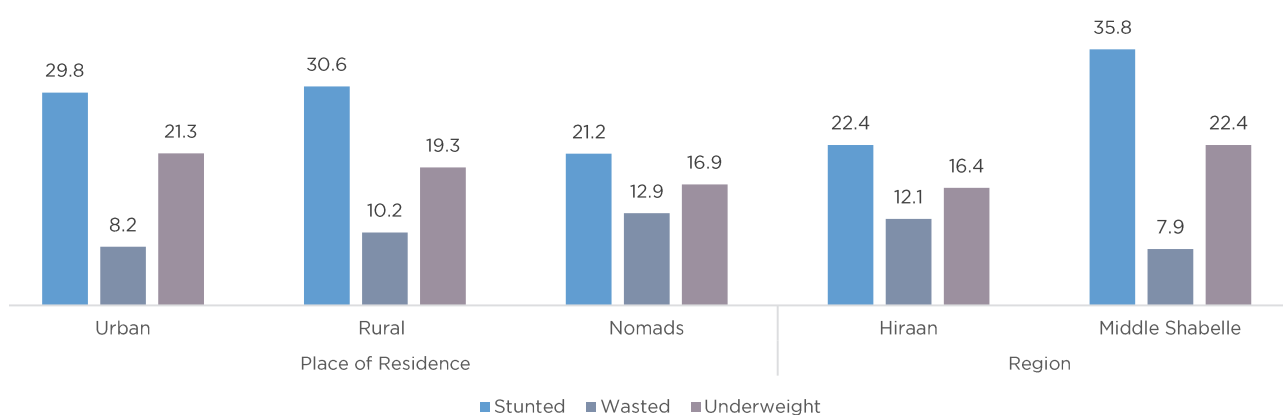
In HSHDS 2020 the height and weight measurements of children below 5 years were taken in addition to the inquiry of their dietary intake. The weight and height of the children that was taken was used as anthropometric measurements by using the Z-score. As WHO standards indicate, indicators such as height for age, weight for height and weight for age or stunting, can be used to calculate the nutritional status of children under five.

Table 7.1 shows the nutritional status of children under-five years according to three anthropometric indices - height for age, weight for height and weight for age. Overall, 30 percent of children under the age of five are stunted or too short for their age, 18 percent are severely stunted, while 10 percent are wasted. Further, 4 percent of the children are severely wasted, 20 percent are underweight with 8 percent severely underweight.

As presented in Table 7.1, analysis by sex indicates that the prevalence of stunting is slightly higher among females compared to males at 30 percent and 29 percent, respectively. The disparity in stunting prevalence by place of residence is substantial; 31 percent of rural children and 30 percent of urban children are stunted, as compared with 21 percent of nomadic children. Similarly, variation in the nutritional status of children by region is quite evident, with stunting being higher in Middle Shabelle region at 36 percent than in Hiraan region at 22 percent (Figure 7.1).

Figure 7.1 Nutritional status of children by residence and region

Percent of children under five years classified as malnourished according to three anthropometric indices of nutritional status



The results show a slightly lower proportion of female than male children who are wasted (9 percent and 11 percent). The proportion of children who are wasted is higher in the nomadic area and rural areas at 13 percent and 10 percent, respectively than in urban areas at 8 percent. Wasting is higher in Hiraan region at 12 percent as compared to 8 percent in Middle Shabelle region (Figure 7.1).

There are wide variations by place of residence in the prevalence of underweight. The highest proportion of children who are underweight are from the urban areas while nomadic areas have the lowest prevalence of underweight (21 percent and 17 percent, respectively). Regionally, Hiraan region has a slightly higher percentage of children who are underweight than in Middle Shabelle region (22 percent and 16 percent respectively) (Figure 7.1).

7.3. Initiation of breastfeeding

The World Health Organization (WHO) recommends early initiation of breastfeeding within the first hour of birth. The first breast milk contains a substance called 'colostrum', which contains a high concentration of antibodies and nutrients. It protects babies from the onset of diseases. Breastfeeding is also beneficial for mothers as it is known to reduce the risks of breast and ovarian cancers and postpartum depression. Early suckling improves the production of milk, and creates a bond between a mother and child. As a result, WHO

recommends children be exclusively breastfed in the first six months of their life and that mothers should continue breastfeeding up to two years, while providing complementary foods.

Table 7.2 shows that 92 percent of children had ever been breastfed regardless of whether or not initiation of breastfeeding was within the first hour of birth or continuation of breastfeeding up to two years. Further, 58 percent of children started breastfeeding within the first hour of their birth.

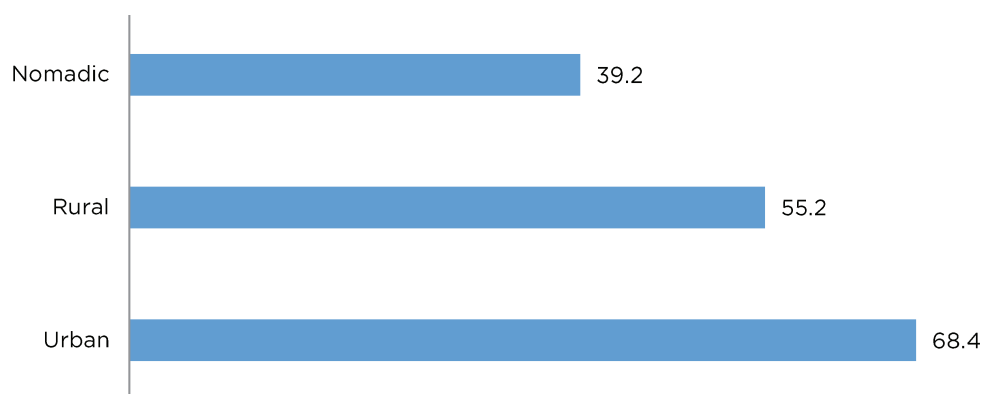
The proportion of children breastfed within one hour of birth is higher among children whose mothers delivered in a health facility and whose birth was assisted by a health professional than among children delivered at home or by a traditional birth attendant.

The survey data shows that 73 percent of children born in health facilities were breastfed within the first hour of birth, compared to 56 percent of children who were born at home. By region, children in Hiraan are more likely to be breastfed within the first hour of birth at 70 percent compared to the children in Middle Shabelle at 50 percent. The proportion of children breastfed within one hour of birth increases with increasing wealth, from 52 percent among children in the lowest quintile to 80 percent among those in the highest quintile (Table 7.2).

Figure 7.2 shows that children from nomadic areas are less likely to be breastfed within the first hour of birth at 39 percent, compared to 68 percent for children from urban areas.

Figure 7.2 Initial Breastfeeding

Percentage who started breastfeeding within the first hour of birth by place of residence



7.4. Breast feeding status by age

In the HSHDS 2020, ever-married women who had children were asked if they had ever breastfed their babies, how long after the birth they put the baby to the breast (for the last child), if anything was given other than breast milk in the first three days of life (for the last child), if they were still breastfeeding the last child, if they had given their children micronutrient powder, and if they were ready to use therapeutic (PlumpyNut), or ready to use supplemental food (PlumpyDoz). The enumerators used the local names of these foods in order for the respondents to clearly understand the questions.

Table 7.3 shows the percent distribution of children less than two years of age by breastfeeding status, currently breastfeeding and percentage of all children under-two years of age using nipple feeding bottles according to age in months. Twenty - seven percent of children under 6 months are exclusively breastfed and the percentage of exclusive breastfeeding declines with age from 48 percent in 0-1 months to 19 percent among children of 4-5 months. Contrary to the recommendation that children under the age of six months be exclusively breastfed, a considerable proportion of infants under 6 months are also fed with other liquids in addition to breast milk such as water at 10 percent, non-milk liquids at 15 percent, other milk at 22 percent. Moreover, 20 percent of infants begin complementary foods before 6 months of age. Six percent of children under age 6

months were not breastfeeding at the time of the survey.

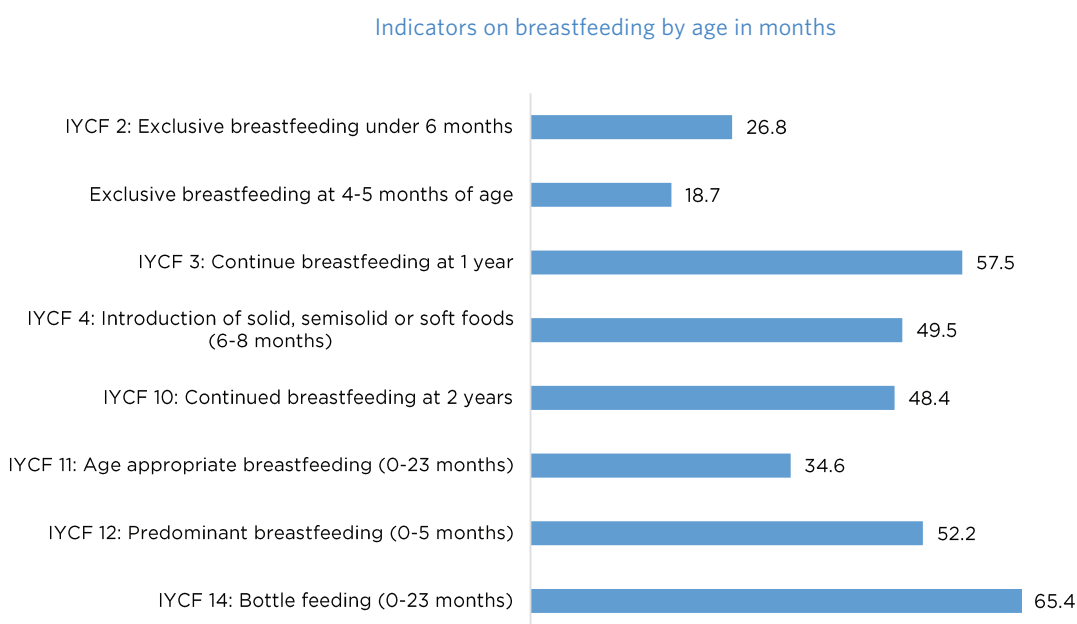
7.5. Infant and Young Child Feeding (IYCF) Indicators on Breastfeeding Status

Figure 7.3 shows that 27 percent of children under six months are exclusively breastfed while 52 percent of children under age 6 months are predominantly breastfed. Fifty-eight percent of children are still breastfeeding at age 1, and 48 percent are breastfeeding at age 2. Overall, 50 percent of children are introduced to complementary foods at 6-8 months, while 35 percent of children under age 2 are breastfed appropriately for their age. Furthermore, 65 percent of children 0-23 months are bottle fed.

7.6. Types of complementary Foods

Complementary foods are recommended to be given to the children when breastfeeding is no longer sufficient to children's needs. The period for complementary feeding usually starts from four to six months. At this age, children are vulnerable to malnutrition. Complementary feeding should be timely meaning that all infants should begin receiving foods in addition to the breast milk from six

Figure 7.3 IYCF indicators on breastfeeding status



months onwards. However, foods to be given to children should be appropriate for their age and nutritional needs. Mothers or caregivers should take appropriate measures when preparing the foods ensuring its safety to minimize the risk of food contamination.

Figure 7.4 shows the foods consumed by children under two years of age who were living with the mother during the day or night preceding the survey according to the breastfeeding status. The data shows that 8 percent of breastfed children under two years and 13 percent of non-breastfed children under two years are fed with infant milk formula. Forty percent of the breastfed children are getting other liquids in addition to the breast milk compared to 45 percent who are not breastfed.

Twenty-five percent of breastfed children 0-23 months received foods made from grains whereas 24 percent of the same children had fruits and vegetables rich in vitamin A. Twenty percent of breastfed children and 26 percent of non-breastfed children aged 0-23 months were given milk products (cheese, yoghurt and other).

With respect to dietary intake of children by their breastfeeding status, a higher proportion of solid and

semi-solid foods are being consumed by non-breastfed children. Fifty-nine percent of children aged 0-23 months who were not breastfeeding received solid or semi-solid foods from any sources compared to 47 percent breastfed children.

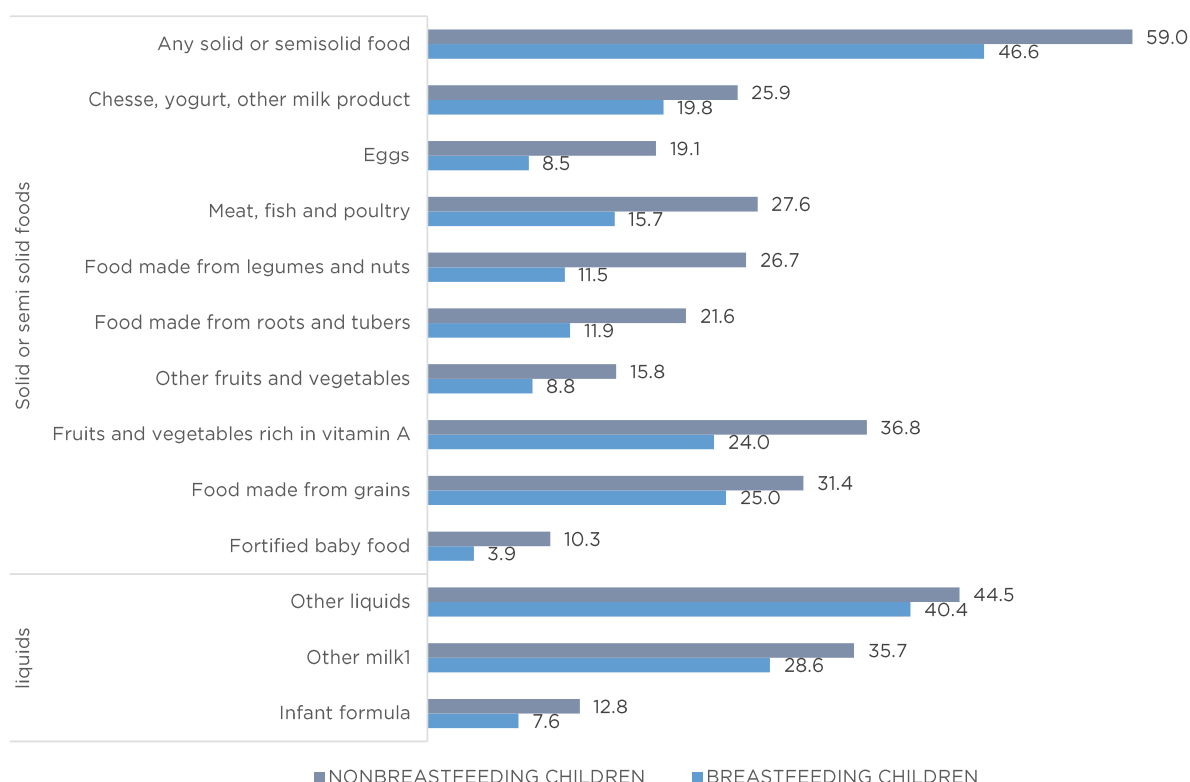
7.7. Infant and Young Child Feeding (IYCF) Practices

Optimal Infant and Young Child Feeding Practices are essential for child growth and development. The period during pregnancy and children's first two years of life are considered as a critical window for their growth and prevention of childhood illnesses. IYCF global strategy was first issued in 2002 jointly by WHO and UNICEF to reverse the disturbing trends of infant and child feeding practices. The main objective of the strategy is to improve, promote IYCF practices and as result to decrease the child morbidity and mortality.

Table 7.4 shows the distribution of children aged 6-23 months old living with their mother who were being fed according to the three IYCF practices based on the

Figure 7.4 Foods and liquids consumed by children in the day or night preceding the interview

Percentage of youngest children under two years of age who are living with the mother by type of foods consumed in the day or night preceding the interview, according to breastfeeding status



breastfeeding status, number of food groups and times they were being fed during the day or night preceding the survey. The UNICEF recommended IYCF practices to be followed based on breastfeeding status and the age of children. Children from 6-8 months on breastfeeding are recommended to be fed with four different groups of food per day with a minimum meal frequency of two times whereas children of 9-23 months need to be fed with four or more different groups of food per day with a minimum meal frequency of three times. In non-breastfeeding children are recommended to be given four different groups of foods with a minimum meal frequency of four times.

Overall, 20 percent of breastfed children 6-23 months old were fed four or more different groups of food in the day or night preceding the survey and 37 percent were fed the minimum meal frequency in the night or day before the survey. Only 11 percent among the breastfed children 6-23 months old were fed four or more different groups of foods with a minimum number of times that is required.

With regard to non-breastfeeding children, 22 percent of them were fed on milk or milk products whereas, 31 percent of the same children were fed four or more different groups of food in the night or day preceding the survey. In regard to the minimum meal frequency among the non-breastfeeding children, 29 percent of them were fed the minimum meal frequency. With regard to IYCF practices, only 12 percent of the non-breastfeeding children were fed as recommended by the IYCF guideline.

As presented in Table 7.4, only 8 percent of all the children aged 6-23 months were fed in line with the three IYCF practices in the night or day prior to the survey while 18 percent of the same children were fed with four or more different groups of foods. With regard to the meal frequency, 23 percent of the children aged 6-23 months had the recommended minimum meal frequency.

There are notable differences according to type of residence in the proportion of all children (both breastfed and non-breastfed) aged 6-23 months fed according to

the recommended three IYCF practices; from 9 percent and 8 percent in rural and urban areas, respectively to 1 percent in nomadic areas. By region, Middle Shabelle has higher proportion of children aged 6-23 months fed according to the recommended three IYCF practices at 11 percent compared to 4 percent in Hiraan region.

7.8. Micronutrients intake among Children

Micronutrients which consist of vitamins and minerals are essential for child development and prevention against illnesses. The age from 6 to 59 months is a critical window for children's health and well-being. Vitamin A and Iron are key micronutrients thus the need for supplementation. The deficiency of these micronutrients can result in weak immune system, blindness, stunting or anemia.

In HSHDS 2020, ever-married women were asked if children aged 6-23 months consumed foods rich in vitamin A and iron in the day or night preceding the survey and records were made to reflect those who had received any of these supplements.

Table 7.5 shows that 44 percent of children of aged 6-23 months had consumed foods rich in vitamin A in the night or day preceding the survey while 29 percent had consumed foods rich in iron. The findings further reveal that only 5 percent of the children aged 6-59 months were given iron supplementation in the seven days preceding the survey. Similarly, only 11 percent of the children aged 6-59 months were given the deworming drugs during the past six months preceding the survey. It also shows that 6 percent of the children aged 6-59 months were given Vitamin A supplements in the preceding six months of the survey.

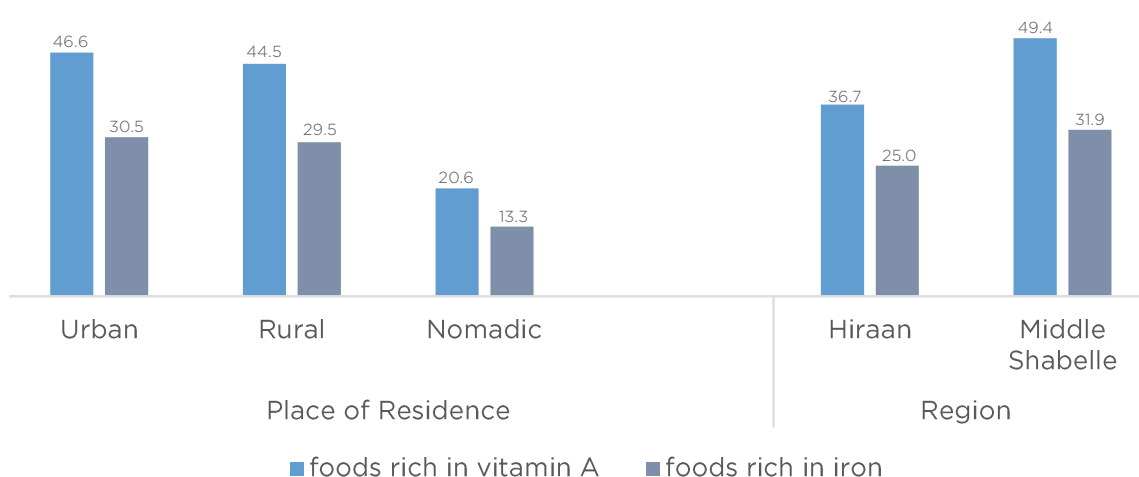
Analysis by the place of residence shows that a large proportion of children in urban areas at 47 percent had consumed foods rich in vitamin A, followed by those who live in rural areas at 45 percent; nomadic children consumed the least foods rich in Vitamin A at 21 percent. Regionally, percentage of children who had consumed foods rich in vitamin A were higher in Middle Shabelle at 49 percent compared to Hiraan at 37 percent (Figure 7.5).

As presented in Figure 7.6, analysis by place of residence

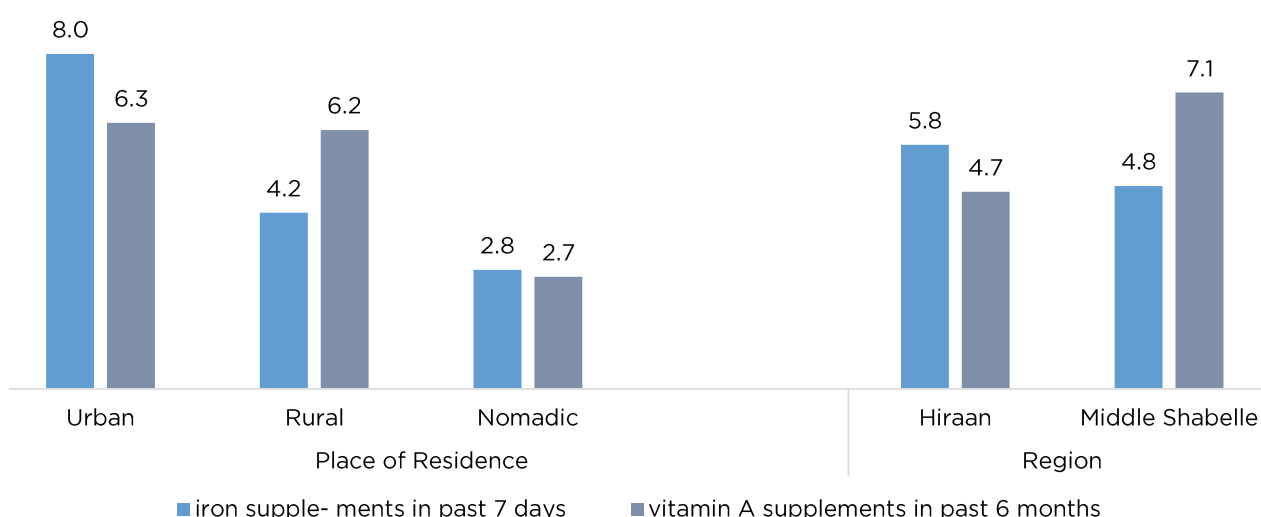


Figure 7.5 children consuming foods rich in vitamin A and iron by type of residence and region

Percentage of children who consumed foods rich in vitamin A and iron in past 24 hours

**Figure 7.6** children given iron and Vitamin A supplements by type of residence and region

Percentage of children given iron and Vitamin A supplements



shows 6 percent (each) of urban children and rural children received vitamin A supplements, as compared with 3 percent of nomadic children. Similar pattern was also observed for iron supplements. More children in Middle Shabelle reported having received vitamin A supplements compared to those in Hiraan at 7 percent and 5 percent, respectively.

7.9. Nutritional status of women

Nutrition of women is vital for women's health and pregnancy outcomes. In HSHDS 2020 women's nutritional status was calculated by measuring the

body mass index (BMI). BMI is a screening tool that can indicate whether the person is underweight, has normal weight or is overweight. BMI is calculated by dividing the weight (kg) of the person by height (m) square. The ranges of BMI are <18.5 (underweight), 18.5-24.9 (normal), 25.0-29.9 (overweight) and ≥30 (obese). If the person's BMI is outside of normal range, their health risk might increase significantly. Having too much weight can lead to varieties of health conditions such as diabetes 2, cardiovascular problems and high blood pressure. If the weight of the person is below the normal range the risk of adverse pregnancy outcomes and overall poor health status increases.

Table 7.6 shows the percentage distribution of women



aged 15-49, with height under 145 cm, mean Body Mass Index (BMI), and those with specific BMI levels, by Background characteristic. Overall, 3 percent of women had a height below 145 cm. Generally, women with short stature have higher risk of having obstructed labor due to cephalopelvic disproportion (Surapanthapisit & Thitadilok, 2006). Fifty-eight percent of women have a normal body mass index (between 18.5 and 24.9) while 12 percent of women aged 15-49 are thin with BMI of less than 18.5. Twenty-two percent of women are overweight with body mass index of 25.0 - 29.9 and 7 percent of women are obese.

The proportion of overweight women increases with increasing age, as women aged 40-49 years are significantly more likely to be overweight at 39 percent than women aged 15-19 years at 9 percent. With respect to place of residence, rural areas have the highest percentage of thin women at 13 percent, followed by urban areas at 11 percent and 7 percent in nomadic areas. On the other hand, the percentage of overweight women is highest in urban areas at 25 percent and lowest in nomadic areas at 17 percent. Regionally, Middle Shebelle has higher percentage of thin women at 15 percent, compared to Hiraan at 10 percent.

The percentage of thin women tends to decrease with increasing wealth status of the households, from 13 percent among women from the poorer households to 2 percent among those from the wealthier households.

7.10. Micronutrient intake among women

Micronutrients deficiency is a global public health problem. Largely, deficiency is observed in minerals and vitamins affecting the health of mothers and, indirectly, the nutritional status and development of children. Iron supplementation for women during pregnancy is vital for mothers' and babies' health. Iron supplementation has an impact on the health of the mother during pregnancy, delivery or the post-partum stage as its severe deficiency may lead to anaemia, spontaneous abortion or low birth weight. Additionally, the strategy of deworming is a public health intervention for pregnant women recommended by WHO. Preventive deworming using a single dose of Albendazole or Mebendazole is recommended for pregnant women in areas where prevalence of hookworms or *T. trichiura* infection and anaemia is a public health problem. This is to curb the effects of helminths diseases on the health of pregnant women.

Table 7.7 shows the percent of women who took iron tablets or syrup during the pregnancy and percentage who took deworming medication. Overall, less than one percent of women reported that they had taken iron supplementation for the recommended 90 days or more during their last pregnancy while 13 percent of women took deworming medication.

Women in rural and urban areas were more to have taken deworming medication during pregnancy of their last birth at 14 percent and 12 percent, respectively compared to women from nomadic areas at 2 percent. Regionally, Middle Shabelle has higher proportions of women took deworming medication than women in Hiraan at 16 percent and 8 percent, respectively.

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Table 7.1 Nutritional status of children

Percentage of children under five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by Background characteristic, HSHDS 2020												
Background characteristic	Height-for-age ¹				Weight-for-Height				Weight-for-age			
	Percentage below -3 SD	Percentage below -2 SD ²	Mean Z-score (SD)	Number of children	Percentage below -3 SD	Percentage below -2 SD ²	Mean Z-score (SD)	Number of children	Percentage below -3 SD	Percentage below -2 SD ²	Mean Z-score (SD)	Number of children
Sex												
Male	17.0	29.4	1.8	297	4.3	10.9	0.7	209	7.5	19.9	0.4	363
Female	18.3	30.0	1.7	323	3.6	8.7	0.7	196	8.1	19.6	0.4	400
Type of residence												
Urban	16.4	29.8	1.6	182	3.0	8.2	1.0	105	9.7	21.3	0.4	218
Rural	19.2	30.6	1.7	408	4.0	10.2	0.6	268	7.0	19.3	0.3	486
Nomadic	9.8	21.2	2.2	31	6.7	12.9	0.6	32	7.2	16.9	1.0	60
Region												
Hiraan	10.8	22.4	1.9	213	5.5	12.1	0.9	231	5.9	16.4	0.6	375
Middle Shabelle	23.4	35.8	1.6	407	2.6	7.9	0.5	175	9.4	22.4	0.2	388
Wealth quintile												
Lowest	18.8	28.4	2.1	209	5.2	10.2	0.8	174	4.8	16.6	0.6	288
Second	17.3	31.9	1.3	241	3.1	9.5	0.3	122	8.8	20.8	0.3	264
Middle	17.7	29.5	1.7	113	3.3	10.5	1.0	75	10.6	23.4	0.4	140
Fourth	14.9	27.1	1.9	44	(3.6)	(7.7)	(1.0)	27	12.1	21.3	0.3	59
Highest	*	*	*	13	*	*	*	8	(0.4)	(15.8)	(0.2)	12
Total	17.7	29.7	1.7	620	3.9	9.8	0.7	405	7.8	19.7	0.4	763

Note: Table is based on children who stayed in the household on the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the WHO Child Growth Standards adopted in 2006. Note: Table is based on children who stayed in the household on the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the WHO Child Growth Standards adopted in 2006.

The indices in this table are NOT comparable to those based on the previously used 1977 NCHS/CDC/WHO Reference.

Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight.

¹ Recumbent length is measured for children under age 2, or in the few cases when the age of the child is unknown and the child is less than 85 cm; standing height is measured for all other children.

² Includes children who are below -3 standard deviations (SD) from the WHO Growth Standards population median

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 7.2 Initial breastfeeding

Among last-born children who were born in the two years preceding the survey, the percentage who were ever breastfed and the percentage who started breastfeeding within one hour and within one day of birth and the percentage who received a prelacteal feed, by Background characteristic, HSHDS2020

Background characteristic	Among lastborn children born in the past two years:				Among lastborn children born in the past two years:	
	Percentage ever breastfed	Percentage who started breastfeeding within 1 hour of birth	Percentage who started breastfeeding within 1 day of birth ¹	Number of lastborn children	Percentage who received a pre-lacteal feed ²	Number of last-born children ever breastfed
Sex						
Male	91.9	55.3	85.4	309	51.1	284
Female	91.2	60.5	85.0	314	57.1	287
Assistance at delivery						
Health personnel ³	94.8	69.1	93.9	164	52.3	155
Traditional birth attendant	90.3	55.2	81.8	446	55.2	403
Relative/friend	*	*	*	7	*	7
Other	*	*	*	1	*	0
No one	*	*	*	5	*	5
Place of delivery						
Health facility	89.8	73.3	85.6	58	54.4	53
At home	91.7	56.3	85.1	564	54.0	517
Other	*	*	*	1	*	1
Type of residence						
Urban	90.8	68.4	87.1	176	51.4	160
Rural	92.9	55.2	86.0	408	56.3	379
Nomadic	80.5	39.2	67.8	39	40.8	32
Region						
Hiraan	86.5	70.0	80.5	254	44.5	219
Middle Shabelle	95.0	49.7	88.3	370	60.0	352
Wealth quintile						
Lowest	89.4	51.9	68.9	68	57.7	61
Second	91.4	52.2	86.8	237	60.7	217
Middle	91.9	61.9	86.8	221	45.7	203
Fourth	91.8	63.7	88.6	78	53.9	71
Highest	(94.3)	(79.8)	(89.3)	20	(57.0)	19
Total	91.5	57.9	85.2	624	54.1	571

Note: Table is based on last-born children born in the two years preceding the survey regardless of whether the children are living or dead at the time of interview.

¹ Includes children who started breastfeeding within one hour of birth

² Children given something other than breast milk during the first three days of life

³ Doctor, nurse/midwife, or auxiliary midwife

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed



Table 7.3 Breastfeeding status by age

Percent distribution of youngest children under two years who are living with their mother by breastfeeding status and the percentage currently breastfeeding; and the percentage of all children under two years using a bottle with a nipple, according to age in months, HSHDS 2020

Age in months	Not breastfeeding	Breastfeeding status:					Total	Currently breastfeeding	Number of youngest children under two years living with the mother	Percentage using a bottle with a nipple	Number of all children under two years
		Exclusively breastfeeding	Breastfeeding and consuming plain water only	Breastfeeding and consuming non-milk liquids ¹	Breastfeeding and consuming other milk	Breastfeeding and consuming complementary foods					
0-1	4.0	47.6	7.6	5.5	20.0	15.2	100.0	96.0	49	37.2	49
2-3	5.3	20.9	14.5	13.5	32.7	13.0	100.0	94.7	61	52.1	62
4-5	7.6	18.7	8.6	21.3	15.8	27.9	100.0	92.4	78	70.9	80
6-8	10.6	24.4	10.9	4.9	4.7	44.5	100.0	89.4	75	68.7	76
9-11	(32.9)	(0.0)	(6.4)	(19.9)	(17.2)	(19.8)	100.0	(67.1)	25	(62.3)	26
12-17	45.7	5.8	2.8	2.6	3.4	39.8	100.0	54.3	254	70.2	263
18-23	(55.6)	(7.7)	(0.0)	(0.8)	(8.7)	(27.2)	100.0	(44.4)	29	(76.5)	30
0-3	4.7	32.7	11.5	10.0	27.1	14.0	100.0	95.3	110	45.5	111
0-5	5.9	26.8	10.3	14.7	22.3	19.8	100.0	94.1	188	56.2	191
6-9	16.1	19.9	10.5	8.6	7.5	37.4	100.0	83.9	92	69.3	94
12-15	42.5	6.4	2.8	2.5	3.2	42.7	100.0	57.5	222	70.4	230
12-23	46.7	6.0	2.5	2.5	3.9	38.5	100.0	53.3	284	70.8	293
20-23	(51.6)	(8.3)	(0.0)	(1.0)	(7.1)	(32.0)	100.0	(48.4)	24	(82.4)	24

Note: Breastfeeding status refers to a 24 hour? period (yesterday and last night). Children who are classified as breastfeeding and consuming plain water only consumed no liquid or solid supplements. The categories of not breastfeeding, exclusively breastfed, breastfeeding and consuming plain water, non-milk liquids, other milk, and complementary foods (solids and semi-solids) are hierarchical and mutually exclusive, and their percentages add to 100 percent.

Thus children who receive breast milk and non-milk liquids and who do not receive other milk and who do not receive complementary foods are classified in the non-milk liquid category even though they may also get plain water. Any children who get complementary

food are classified in that category as long as they are breastfeeding as well.

¹ Non-milk liquids include juice, juice drinks, clear broth or other liquids

Note: Figures in parentheses are based on 25-49 unweighted cases.

Table 7.4 Infant and young child feeding (IYCF) practices

Percentage of youngest children age 6-23 months living with their mother who are fed according to three IYCF practices based on breastfeeding status, number of food groups, and times they are fed during the day or night preceding the survey, by Background characteristic, HSHDS 2020

Background characteristic	Among breastfed children 6-23 months, percentage fed:				Among non-breastfed children 6-23 months, percentage fed:				Among all children 6-23 months, percentage fed:					
	4+ food groups ¹	Minimum meal frequency ²	Both 4+ food groups and minimum meal frequency	Number of breastfed children 6-23 months	Milk or milk products ³	4+ food groups ¹	Minimum meal frequency ⁴	With 3 IYCF practices ⁵	Number of non-breastfed children 6-23 months	Breast milk, milk or milk products ⁶	4+ food groups ¹	Minimum meal frequency ⁷	With 3 IYCF practices	Number of children 6-23 months
Sex														
Male	18.6	34.8	8.8	111	23.6	30.9	25.7	16.5	85	72.4	16.8	20.1	7.9	196
Female	20.4	39.1	12.5	127	20.8	30.6	31.1	8.7	93	74.0	18.9	25.9	8.0	220
Type of residence														
Urban	31.0	31.0	14.3	74	12.7	23.8	20.5	3.3	51	70.4	22.1	20.6	7.7	125
Rural	15.1	41.8	9.8	151	26.1	36.8	33.2	17.8	114	75.1	17.5	25.1	8.8	265
Nomadic	6.3	18.0	1.8	14	25.1	4.7	19.0	1.4	13	66.7	3.7	12.9	1.1	27
Region														
Hiraan	17.1	26.6	5.7	114	14.9	13.0	14.6	4.2	71	71.4	12.3	17.3	4.2	185
Middle Shabelle	21.8	46.7	15.4	124	26.9	42.4	37.7	17.9	107	74.5	21.6	27.0	10.5	231
Wealth quintile														
Lowest	(5.9)	(18.5)	(0.8)	31	*	*	*	*	10	79.4	9.0	10.4	0.4	41
Second	12.4	38.0	8.5	96	24.1	28.0	28.1	18.0	67	75.3	14.1	23.5	8.6	164
Middle	30.0	46.7	16.8	74	22.7	39.1	32.0	13.3	67	70.8	23.5	26.7	10.1	141
Fourth	(26.7)	(31.8)	(13.3)	31	(21.2)	(23.5)	(32.7)	(3.9)	26	71.5	19.7	25.2	7.0	57
Highest	*	*	*	7	*	*	*	*	7	*	*	*	*	14
Total	19.5	37.1	10.8	238	22.2	30.7	28.5	12.4	178	73.2	17.8	23.1	8.0	416

¹ Food groups: a. infant formula, milk other than breast milk, cheese or yogurt or other milk products; b. foods made from grains, roots, and tubers, including porridge and fortified baby food from grains; c. vitamin A-rich fruits and vegetables (and red palm oil); d. other fruits and vegetables; e. eggs; f. meat, poultry, fish, and shellfish (and organ meats); g. legumes and nuts.

² For breastfed children, minimum meal frequency is receiving solid or semi-solid food at least twice a day for infants 6-8 months and at least three times a day for children 9-23 months

³ Includes two or more feedings of commercial infant formula, fresh, tinned and powdered animal milk, and yogurt

⁴ For non-breastfed children age 6-23 months, minimum meal frequency is receiving solid or semi-solid food or milk feeds at least four times a day

⁵ Non-breastfed children age 6-23 months are considered to be fed with a minimum standard of three infant and young child feeding practices if they receive other milk or milk products at least twice a day, receive the minimum meal frequency, and receive solid or semi-solid foods from at least four food groups not including the milk/milk product group

⁶ Breastfeeding, or not breastfeeding and receiving two or more feedings of commercial infant formula, fresh, tinned, and powdered animal milk, and yogurt

⁷ Children are fed the minimum recommended number of times per day according to their age and breastfeeding status as described in footnotes 2 and 4

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.



Table 7.5 Micronutrient intake among children

Among youngest children age 6-23 months who are living with their mother, the percentages who consumed vitamin A-rich and iron-rich foods in the day or night preceding the survey, and among all children 6-59 months, the percentages who were given vitamin A supplements in the six months preceding the survey, who were given iron supplements in the past seven days, and who were given deworming medication by Background characteristic, HSHDS 2020

Background characteristic	Among youngest children age 6-23 months living with the mother:		Number of children age	Among all children age 6-59 months:			Number of children
	Percentage who consumed foods rich in vitamin A in past 24 hours ¹	Percentage who consumed foods rich in iron in past 24 hours ²		Percentage given iron supplements in past 7 days	Percentage given deworming medication in past 6 months ³	Percentage given vitamin A supplements in past 6 months	
Sex							
Male	42.9	28.0	198	5.2	11.6	5.8	821
Female	44.2	29.4	220	5.4	10.5	6.2	836
Breastfeeding status							
Breastfeeding	41.6	25.2	244	5.7	15.3	7.5	314
Not breastfeeding	46.4	33.7	174	5.2	10.1	5.6	1,343
Mother's age							
15-19	26.2	19.5	53	4.8	10.3	6.6	108
20-29	46.8	28.8	235	6.5	12.1	4.8	937
30-39	46.5	32.7	116	3.0	9.8	6.9	496
40-49	*	*	13	5.5	8.4	10.8	115
Type of residence							
Urban	46.6	30.5	132	8.0	19.2	6.3	518
Rural	44.5	29.5	259	4.2	8.0	6.2	1,025
Nomadic	20.6	13.3	28	2.8	1.9	2.7	115
Region							
Hiraan	36.7	25.0	191	5.8	14.4	4.7	759
Middle Shabelle	49.4	31.9	227	4.8	8.2	7.1	898
Wealth quintile							
Lowest	33.8	19.0	41	2.5	5.2	0.8	184
Second	39.3	24.4	159	3.9	7.3	6.8	602
Middle	49.9	34.8	143	6.8	12.5	6.6	561
Fourth	46.7	33.0	60	6.3	17.3	5.7	255
Highest	*	*	15	10.5	27.1	9.0	55
Total	43.6	28.7	418	5.3	11.0	6.0	1,657

Note: Information on vitamin A is based on both mother's recall and the immunization card (where available). Information on iron supplements and deworming medication is based on the mother's recall. na = Not applicable

¹ Includes meat (and organ meat), fish, poultry, eggs, pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, dark green leafy vegetables, mango, papaya, and other locally grown fruits and vegetables that are rich in vitamin A, and red palm oil

² Includes meat (including organ meat), fish, poultry, and eggs

³ Deworming for intestinal parasites is commonly done for helminths and for schistosomiasis.

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.



Table 7.6 Nutritional status of women

Among women age 15-49, the percentage with height under 145 cm, mean Body Mass Index (BMI), and the percentage with specific BMI levels, by Background characteristic, HSHDS 2020											
Background characteristic	Height	Body Mass Index ¹									Number of women
		Percentage below 145 cm	Mean body max index (BMI)	Normal	Thin			Overweight/Obese			
					18.5-24.9 (Total normal)	<18.5 (Total thin)	17.0-18.4 (Mildly thin)	<17 (Moderately and severely thin)	>=25.0 (Total overweight or obese)	25.0-29.9 (Overweight)	
Age											
15-19	4.4	394	21.7	71.6	18.3	13.7	4.6	10.1	8.6	1.5	345
20-29	2.7	581	23.5	61.0	10.9	9.8	1.1	28.1	22.7	5.4	435
30-39	1.8	361	24.9	45.0	10.3	8.6	1.8	44.6	30.4	14.2	276
40-49	0.3	163	25.6	44.8	3.9	3.8	0.1	51.4	39.1	12.2	145
Type of residence											
Urban	1.3	492	24.0	54.6	10.8	8.2	2.6	34.5	24.8	9.8	411
Rural	3.2	915	23.3	59.2	13.4	11.4	2.0	27.4	21.6	5.8	705
Nomadic	5.0	92	23.3	69.9	7.4	6.0	1.4	22.7	17.3	5.4	84
Region of Type of residence											
Hiraan	1.6	679	23.6	62.4	9.6	8.3	1.2	28.1	20.9	7.2	589
Middle Shabelle	3.6	819	23.5	54.6	14.5	11.4	3.1	30.9	23.9	7.1	611
Wealth quintile											
Lowest	1.2	484	23.3	64.4	12.9	11.3	1.5	22.7	15.5	7.3	422
Second	4.5	545	23.0	59.5	13.1	9.6	3.5	27.5	22.2	5.3	390
Middle	2.7	313	24.1	48.5	11.7	10.8	1.0	39.8	32.7	7.1	249
Fourth	1.6	106	24.6	52.1	10.1	6.5	3.5	37.8	25.3	12.5	93
Highest	0.0	51	24.8	60.8	2.2	2.2	0	37.0	26.1	10.9	46
Total	2.7	1,499	23.5	58.4	12.1	9.9	2.2	29.5	22.4	7.1	1,200
Note: The Body Mass Index (BMI) is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m2).											
¹ Excludes pregnant women and women with a birth in the preceding 2 months											

Note: The Body Mass Index (BMI) is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m²).

¹Excludes pregnant women and women with a birth in the preceding 2 months



Table 7.7 Micronutrient intake among mothers


Among women age 15-49 with a child born in the 5 years preceding the survey, percent distribution by number of days they took iron tablets or syrup during the pregnancy of the last child, and percentage who took deworming medication during the pregnancy of the last child according to Background characteristic, HSHDS 2020

Background characteristic	Number of days women took iron tablets or syrup during pregnancy of last birth					Percentage of women who took deworming medication during pregnancy of last birth	Number of women
	None	<60	60-89	90+	Total		
Age							
15-19	80.7	19.3	0.0	0.0	100.0	10.0	64
20-29	67.7	30.7	0.8	0.8	100.0	14.9	102
30-39	72.4	27.6	0.0	0.0	100.0	13.2	80
40-49	(86.9)	(13.1)	(0.0)	(0.0)	100.0	(11.2)	19
Type of residence							
Urban	54.5	43.2	1.1	1.1	100.0	11.8	70
Rural	78.8	21.2	0.0	0.0	100.0	14.4	178
Nomadic	98.9	1.1	0.0	0.0	100.0	2.2	17
Region							
Hiraan	75.6	24.4	0.0	0.0	100.0	7.7	103
Middle Shabelle	72.4	26.6	0.5	0.5	100.0	16.3	162
Total 15-49	73.6	25.8	0.3	0.3	100.0	12.9	265
Note: Figures in parentheses are based on 25-49 unweighted cases.							

Note: Figures in parentheses are based on 25-49 unweighted cases.





A red ribbon, a symbol for HIV/AIDS awareness, is draped across the bottom right of the page. It starts from the right edge and folds back towards the left, partially under the title text.

08

**HIV/AIDS-Related
Knowledge,
Beliefs and
Attitudes**



Key Findings

Knowledge of HIV/AIDS:

62 percent of women aged 15-49 years in Hirshabelle have heard of HIV/AIDS.

Comprehensive knowledge of HIV/AIDS:

6 percent of all women aged 15-49 years had a comprehensive knowledge about HIV/AIDS.

Discriminatory attitudes towards people living with HIV/AIDS:

54 percent of women have discriminatory attitudes towards people living with HIV/AIDS, **63 percent** of women aged 15-49 years do not think that children living with HIV should be able to attend school with children and **64 percent** of women aged 15-49 years reported they would not buy fresh vegetables from a shopkeeper who is living with HIV.

Knowledge of mother-to-child transmission of HIV/AIDS:

46 percent of women know that HIV/AIDS can be transmitted both during pregnancy and delivery, and **45 percent** know that it can be transmitted through breastfeeding

Self-reported prevalence of sexually transmitted infections (STIs) and STI symptoms:

15 percent of ever-married women reported that they had STIs in the 12 months preceding the survey.



8 HIV/AIDS-RELATED KNOWLEDGE, BELIEFS AND ATTITUDES

8.1. Introduction

The survey collected information on the knowledge of and attitudes towards Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS) and knowledge of other sexually transmitted infections (STIs) from all ever-married women. The survey also collected data on self-reported prevalence of sexually transmitted infections among ever-married women.

The objective of this chapter is to provide data and trends on HIV/ AIDS knowledge, attitudes, and behaviour, including HIV/AIDS prevention methods, mother-to-child transmission of HIV/AIDS and stigma.

8.2. HIV/AIDS-Related Knowledge, Beliefs and Attitudes and Prevention Methods

The survey obtained information from women aged 15-49 years on their knowledge, perceptions, and behaviours related to HIV/ AIDS, as well as awareness of modes of HIV/AIDS transmission. Information on knowledge on the spread of HIV/ AIDS was also collected. Respondents were asked whether they had heard of HIV/AIDS, and those who had were then asked questions on how the infection could be prevented.

Table 8.1 provides information on women's awareness of HIV/ AIDS. Overall, 62 percent of women aged 15-49 years have heard of HIV/ AIDS compared to the national awareness level among women in the same age bracket is 66 percent. The proportion of women who have heard of HIV/AIDS was lower among those in nomadic and rural areas at 31 percent and 55 percent respectively compared to urban areas at 80 percent. Regionally, Hiraan had the highest HIV/AIDS awareness at 77 percent while Middle Shabelle had the lowest awareness at 49 percent (Figure 8.1).

Fifty-eight percent of women who have not attended school had heard about HIV/ AIDS, compared to 95 percent of those with secondary education. Awareness of HIV/AIDS is higher among women from the wealthiest households at 80 percent compared to poorer households at 57 percent (Figure 8.2). It is worrying that less than half of women residing in the nomadic areas and women from Middle Shabelle are not aware of HIV/AIDS.

8.3 Misconceptions about HIV/ AIDS

Table 8.2 presents data on the misconceptions about HIV/AIDS transmission in Hirshabelle (e.g. that HIV/ AIDS can be transmitted through mosquito bites and that it can be transmitted by sharing food with someone who has HIV/AIDS). Thirty-eight percent of interviewed

Figure 8.1 Percentage of women who have heard HIV/AIDs by type of residence and region

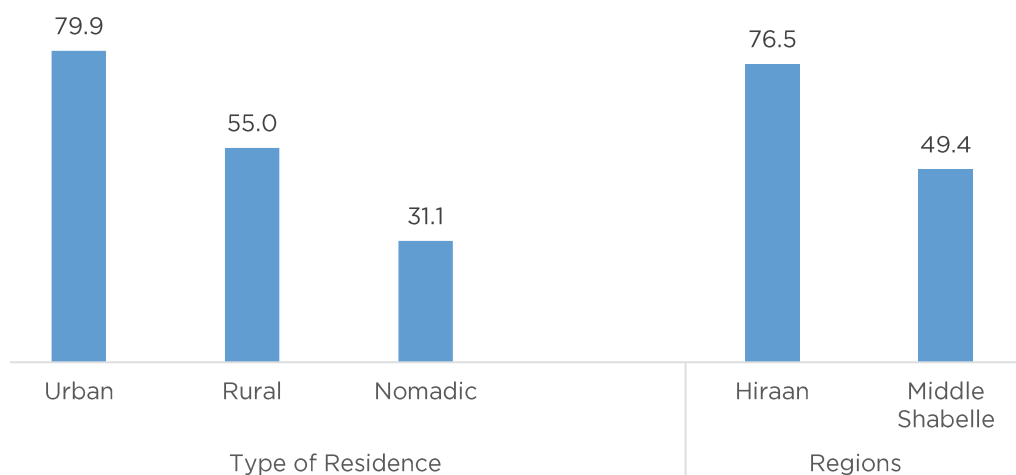
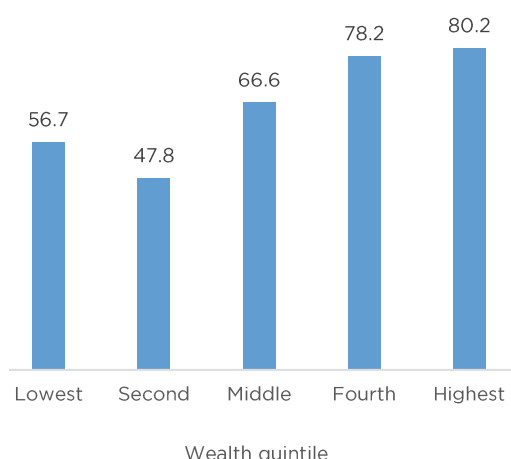


Figure 8.2 Percent of women aged 15-49 who had ever heard about HIV/AIDS by Wealth quintile



women were aware that a healthy-looking person can be carrying the HIV/AIDS virus. Twenty-four percent of women know that HIV/AIDS cannot be transmitted through mosquito bites and 30 percent of the women know that the HIV/AIDS virus cannot be transmitted by supernatural means. Twenty-one percent of women understand that people cannot be infected by sharing food with a person who has HIV/AIDS.

Table 8.2 indicates that only 8 percent of all women aged 15-49 years rejected the two most common misconceptions about HIV/AIDS in Hirshabelle (i.e. HIV/AIDS can be transmitted through mosquito bites or HIV/AIDS virus cannot be transmitted by supernatural means) and are also aware that a healthy-looking person can have HIV/AIDS.

The percentage of women with a comprehensive knowledge about AIDS increases with an increase in age. The percentage of women with a comprehensive knowledge about AIDS is highest among women aged 30-39 years at 8 percent and lowest among women aged 15-19 years and 40-49 years at 5 percent each (Figure 8.3). The table also includes a composite measure on knowledge of HIV/AIDS. Only 6 percent of interviewed women have comprehensive knowledge of HIV/AIDS. Comprehensive knowledge is high among women in urban settings at 10 percent and lowest among women in nomadic settings at 3 percent.

Among women residing in the urban, 15 percent are likely to reject the two most common misconceptions compared to 1 percent among those residing in the nomadic areas. There are also variations in terms of age, likelihood of rejecting the two most common misconceptions on HIV/AIDS decreases with increase

in age; 10 percent of women aged 15-19 years reject the two most common misconception, while 6 percent of women aged 40-49 years.

Regionally, women from Hiraan are more likely to reject the two most common misconception on HIV/AIDS at 10 percent, while those in Middle Shabelle are the least likely to reject the two most common misconceptions at 7 percent.

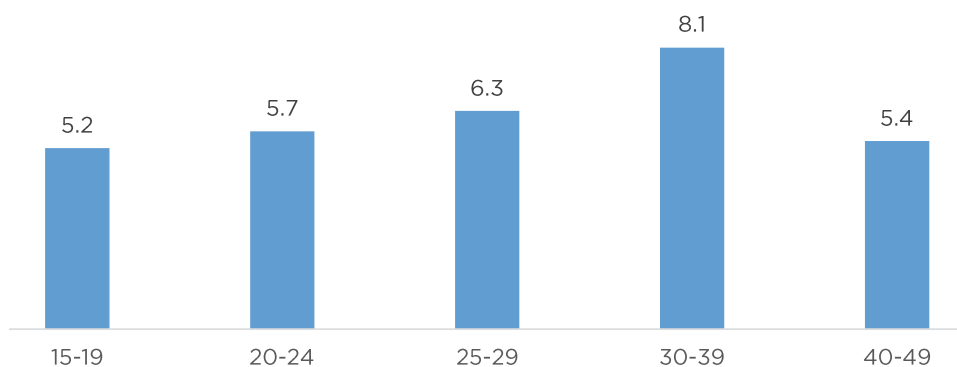
8.4 Knowledge about Mother to child transmission

To assess knowledge about mother to child transmission of HIV/AIDS both ever married and never married women interviewed in the survey were asked whether HIV/AIDS can be transmitted from a mother to her child during pregnancy, during the delivery, and through breastfeeding. They were also asked whether the risk of mother to child transmission (MTCT) of HIV/AIDS can be reduced by the mother taking special drugs during pregnancy.

Table 8.3 presents data on the knowledge of MTCT among women aged 15-49 years by Background characteristic (Figure 8.4). It shows that 46 percent of women know that HIV/AIDS can be transmitted both during pregnancy and delivery, and 45 percent know that it can be transmitted through breast feeding, whereas 39 percent of the respondents believe HIV/AIDS can be transmitted by all three means. Twenty-Eight percent of women know that the risk of MTCT can be reduced if the mother takes special drugs during pregnancy.

Among women residing in the urban, 15 percent are likely to reject the two most common misconceptions compared to 1 percent among those residing in the nomadic areas.



Figure 8.3 Percent of women aged 15-49 with comprehensive knowledge about HIV/AIDS by age

Among the place of residence, knowledge of prevention of MTCT of HIV/AIDS is highest in urban areas at 44 percent and lowest in nomadic areas at 13 percent. There is significant regional variation on knowledge of prevention of MTCT of HIV/AIDS; it is highest in Hiraan at 45 percent and lowest in Middle Shabelle at 13 percent.

HIV/AIDS-related stigma and discrimination undermine HIV/AIDS prevention as it stops people seeking information about how to reduce their risk of exposure to HIV/AIDS and adopt safer behavior, as they believe such inquiries may raise suspicion about their status. Tackling stigma and discrimination is an important factor for the success of programmes targeting HIV/AIDS prevention and control.

8.5. Attitude towards People Living with HIV/AIDS

Like rest of Somalia, many people in Hirshabelle believe that HIV/AIDS is a disease of the immoral. Extensive stigma and discrimination against people living with HIV/AIDS can adversely affect both testing and adherence to ART. For instance, people may hesitate to take HIV/AIDS test because they are afraid of how other people will react if the test result is positive.

In the survey, both ever married and never married women who had heard of HIV/AIDS were asked several questions to assess the level of stigma associated with HIV/AIDS. Respondents were asked about their willingness or unwillingness to take care of a member of their family with HIV/AIDS in their own household, to buy vegetables from an infected shopkeeper vendor, and to let others know the HIV/AIDS status of family members.

Figure 8.4 Knowledge of prevention of mother-to-child transmission of HIV

Percentage of women aged 15-49 years who know the means that HIV can be transmitted from mother to child

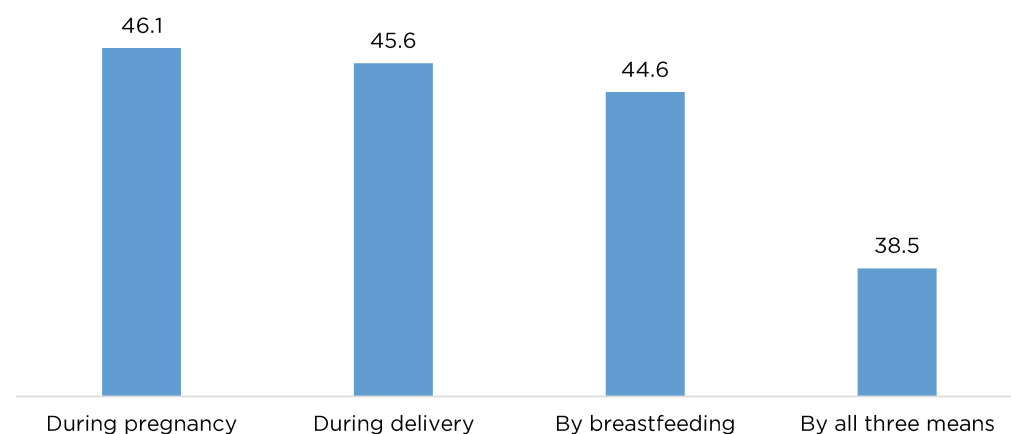


Table 8.4 presents data for women aged 15-49 years who have heard of HIV/AIDS and their attitudes towards people living with HIV/AIDS, by Background characteristic. Overall 63 percent of women think that the children living with HIV/AIDS should not attend school with children who are not infected by HIV/AIDS. In addition, 64 percent of the women said they would not buy fresh vegetables from a shopkeeper who is HIV/AIDS positive. Furthermore, 54 percent of the respondents had discriminatory attitudes towards people living with HIV/AIDS.

As present in Figure 8.6 and Table 8.4 never married women are less likely to discriminate against people with HIV/AIDS at 48 percent compared to divorced/

widowed women and women who are currently married at 56 percent each. Sixty percent of women residing in rural areas have discriminatory attitudes towards people living with HIV/AIDS compared to 46 percent among those residing in urban areas.

Stigma against people with HIV/AIDS is lower among women residing in Hiraan region at 49 percent and higher among people residing in Middle Shabelle region at 60 percentage. Figure 8.5 indicates that stigma against people living with HIV/AIDS increases with an increase in wealth.

Figure 8.5 Percent of women aged 15-49 with discriminatory attitudes towards people living with HIV/AIDS.

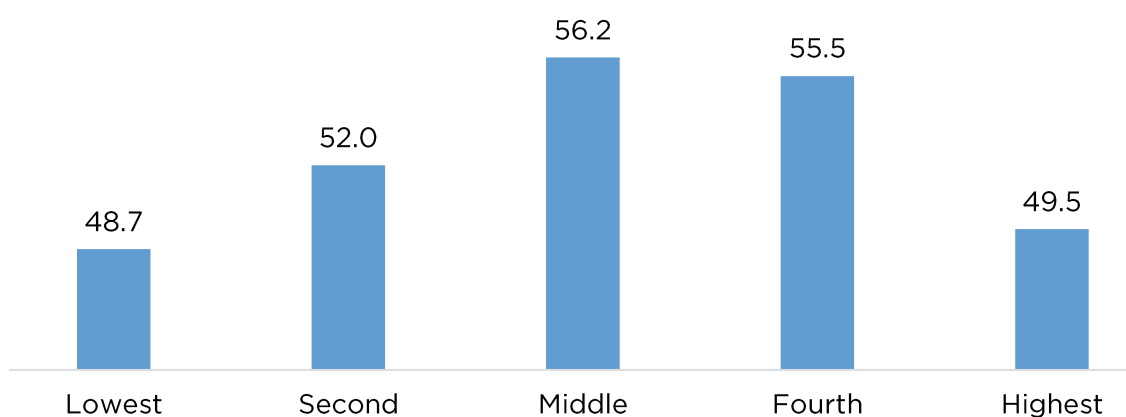
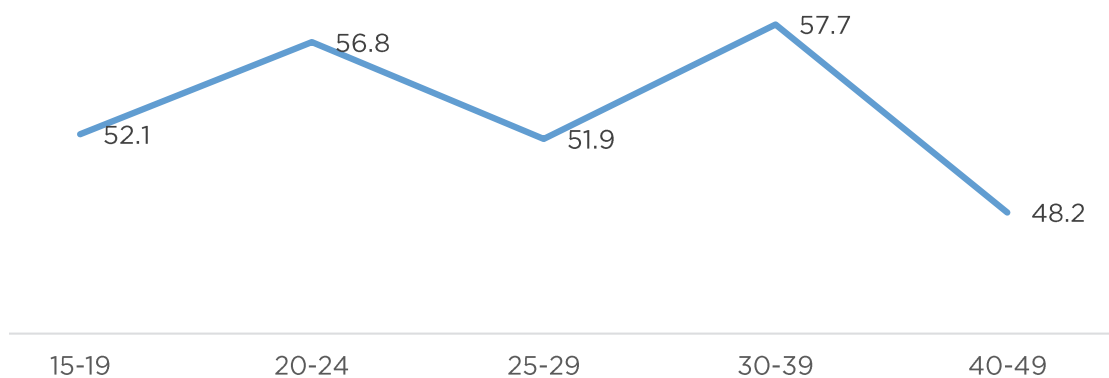


Figure 8.6 Percentage of women aged 15-49 with discriminatory attitudes towards people living with HIV



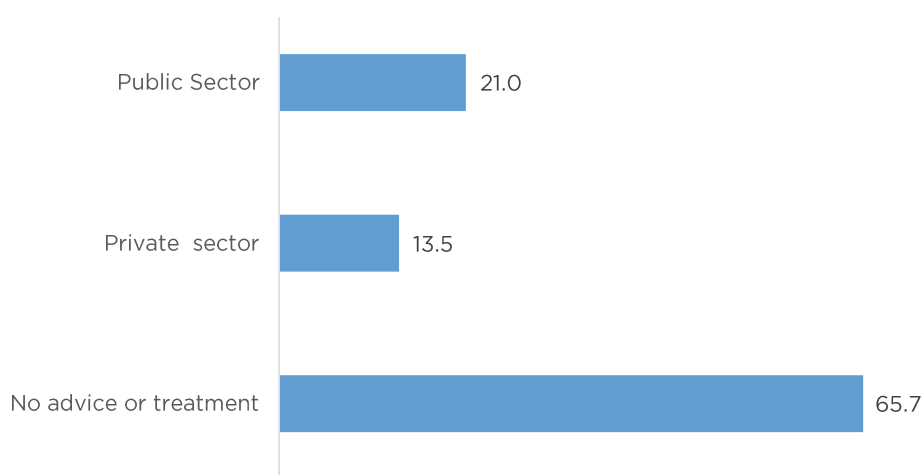
8.6. Self-Reporting of sexually Transmitted infections

The survey collected information about sexually transmitted infections or symptoms. Ever-married women aged 15-49 years were asked whether they had a sexually transmitted infection or symptoms (bad smell, abnormal discharge from the vaginal or genital sore or ulcer) in the 12 months prior to the survey.

Table 8.5 Shows the self-reporting on prevalence of STI and STI symptoms. Fifteen percent of ever married women reported that they had an STI in the 12 months preceding the survey. Nine percent had a bad smell, or an abnormal discharge and 5 percent had genital sore or ulcer. In total, 17 percent of women reported to have an STI/Genital discharge/ sore or ulcer symptoms.

Variation in self-reported prevalence of STIs and STI symptoms by Background characteristic are also presented in table 8.5. The prevalence of the STI or STI symptoms is the same among the currently married women and those who are divorced/separated or widowed at 17 percent Table 8.6 and Figure 8.7 show the percentage of women in the 15-49 years age group reporting an STI or symptoms of an STI in the 12 months preceding the survey and who sought advice or treatment. The figure shows that 66 percent of women who had an STI or STI symptoms did not seek advice or treatment when they presented symptoms. Twenty-one percent of ever-married women who had an STI/STI symptoms sought advice from the public health sector and 14 percent got advice from the private sector. None of the women sought advice or treatment from other sources.

Figure 8.7 Percentage of women aged 15-49 reporting an STI or symptoms of an STI in the past 12 months who sought advice or treatment



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Table 8.1 Knowledge of HIV

Percentage of women aged 15-49 who, heard HIV/AIDS by Background characteristic, HSHDS 2020		
Background characteristic	Percentage of women who had ever heard about HIV/AIDS	Number of women
Age		
15-19	59.0	414
20-24	61.8	278
25-29	63.1	336
30-39	61.8	380
40-49	63.2	159
Type of residence		
Urban	79.9	509
Rural	55.0	958
Nomadic	31.1	100
Region		
Hiraan	76.5	698
Middle Shabelle	49.4	869
Education		
No education	57.8	1,353
Primary	79.2	142
Secondary	94.7	62
Higher	*	11
Wealth quintile		
Lowest	56.7	170
Second	47.8	529
Middle	66.6	560
Fourth	78.2	244
Highest	80.2	63
Total 15-49	61.5	1,567

An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed



Table 8.2 Comprehensive knowledge about HIV

Percentage of women age 15-49 who say that a healthy-looking person can have the AIDS virus and who, in response to prompted questions, correctly reject local misconceptions about transmission or prevention of the AIDS virus, and the percentage with a comprehensive knowledge about AIDS by Background characteristic, HSHDS, HSHDS 2020

Background characteristic	Percentage of women who say that:						Percentage who say that a healthy-looking person can have HIV and who reject the two most common local misconceptions¹	Percentage with a comprehensive knowledge about AIDS²	Number of respondents
	Using a Condom reduces the chance of HIV infection	Having uninfected spouse can reduce the chance of HIV infection	A healthy-looking person can have the AIDS virus	The AIDS virus cannot be transmitted by mosquito bites	The AIDS virus cannot be transmitted by supernatural means	A person cannot become infected by sharing food with a person who has the AIDS virus			
Age									
15-19	32.4	39.7	34.9	23.8	30.3	21.5	10.0	5.2	414
20-24	31.7	41.0	40.7	25.9	33.1	24.4	9.3	5.7	278
25-29	32.6	46.3	38.9	25.7	28.4	19.5	6.9	6.3	336
30-39	31.3	42.9	39.1	20.6	29.9	18.0	7.6	8.1	380
40-49	37.3	46.3	33.1	24.3	28.3	20.1	5.6	5.4	159
Type of residence									
Urban	49.2	57.4	52.6	33.7	40.0	33.8	14.8	9.9	509
Rural	25.4	37.2	32.1	20.1	26.7	14.7	5.4	4.7	958
Nomadic	17.0	21.6	14.4	9.9	11.3	9.3	0.6	2.7	100
Region									
Hiraan	48.0	56.4	50.3	27.5	36.2	27.4	9.7	9.5	698
Middle Shabelle	20.2	31.9	27.4	20.9	25.1	15.2	7.0	3.7	869
Education									
No education	29.2	39.4	35.1	22.0	27.5	18.0	6.9	5.8	1,353
Primary	49.8	60.5	46.8	27.4	43.4	30.0	11.7	8.0	142
Secondary	62.2	73.4	64.9	48.2	51.0	48.6	24.6	10.8	62
Higher	*	*	*	*	*	*	*	*	11
Wealthquintile									
Lowest	33.4	38.1	36.0	17.5	22.8	10.6	1.6	6.9	170
Second	22.9	30.9	26.7	20.4	21.0	16.4	6.0	4.6	529
Middle	34.1	47.2	40.1	24.2	31.8	19.4	7.5	5.9	560
Fourth	46.3	57.6	52.9	31.4	47.8	33.6	16.0	9.2	244
Highest	44.2	58.8	52.3	36.9	42.0	42.6	19.8	10.5	63
Total 15-49	32.6	42.8	37.6	23.8	30.1	20.6	8.2	6.3	1,567

¹ Two most common local misconceptions: [mosquito, supernatural means]

² Comprehensive knowledge means knowing that consistent use of condom during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about transmission or prevention of the AIDS virus.

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed



Table 8.3 Knowledge of prevention of mother-to-child transmission of HIV

Percentage of women age 15-49 who know that HIV can be transmitted from mother to child by breastfeeding and that the risk of mother to child transmission (MTCT) of HIV can be reduced by mother taking special drugs during pregnancy, by Background characteristic, HSHDS 2020

Background characteristic	Percentage who know that HIV/AIDS can be transmitted from mother to child				Percentage who know that the risk of MTCT can be reduced by mother taking special drugs	Number of respondent
	During pregnancy	During delivery	By breastfeeding	By all three means		
Age						
15-19	42.2	42.1	43.1	36.1	25.9	414
20-24	47.8	46.1	47.1	42.2	29.0	278
25-29	49.2	47.8	43.0	38.9	27.5	336
30-39	46.7	46.4	46.0	39.3	28.2	380
40-49	45.9	47.3	44.0	35.2	27.9	159
Type of residence						
Urban	61.4	61.9	60.2	51.0	43.6	509
Rural	40.4	39.3	38.6	33.7	20.6	958
Nomadic	23.3	23.1	22.7	20.0	12.5	100
Region						
Hiraan	61.4	61.8	60.6	52.3	45.2	698
Middle Shabelle	33.8	32.6	31.7	27.3	13.3	869
Education						
No education	43.1	42.3	41.0	35.5	24.0	1,353
Primary	65.5	65.0	66.0	58.5	45.8	142
Secondary	64.0	67.9	69.3	53.1	55.5	62
Higher	*	*	*	*	*	11
Total 15-49	46.1	45.6	44.6	38.5	27.5	1,567

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed



Table 8.4 Discriminatory attitudes towards people living with HIV

Among women age 15-49 who have heard of HIV or AIDS, with discriminatory attitudes towards people living with HIV, according to Background characteristic HSHDS 2020

Background characteristic	Women			
	Percentage who do not think that children living with HIV should be able to attend school with children who are HIV negative	Percentage who would not buy fresh vegetables from a shopkeeper who has HIV	Percentage with discriminatory attitudes towards people living with HIV ¹	Number of women who have heard of HIV or AIDS
Age				
15-24	65.9	63.8	54.1	417
15-19	63.0	61.6	52.1	244
20-24	70.0	66.8	56.8	172
25-29	59.0	63.7	51.9	212
30-39	62.9	65.8	57.7	235
40-49	62.3	58.6	48.2	101
Marital Status				
Never Married	60.3	59.2	47.7	202
Married	64.3	65.3	55.5	682
Divorced/Widowed	61.8	61.5	56.1	79
Type of residence				
Urban	54.6	57.4	46.3	406
Rural	70.0	68.2	59.6	526
Nomadic	63.3	70.1	56.6	31
Region				
Hiraan	58.8	58.6	49.0	534
Middle Shabelle	68.8	70.0	59.9	430
Education				
No education	65.9	65.7	56.1	782
Primary	57.1	60.1	49.7	112
Secondary	48.0	47.4	38.1	58
Higher	*	*	*	11
Wealth quintile				
Lowest	61.5	57.5	48.7	97
Second	65.8	62.3	52.0	252
Middle	64.1	65.9	56.2	373
Fourth	61.2	64.7	55.5	191
Highest	56.0	62.3	49.5	51
Total 15-49	63.3	63.7	53.9	964

¹ Percentage who do not think that children living with HIV should be able to attend school with children who are HIV negative and/or would not buy fresh

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed



Table 8.5 Self-reported prevalence of sexually transmitted infections (STIs) and STI symptoms

Among women age 15-49 who ever had sexual intercourse, the percentage reporting having an STI and/or symptoms of an STI in the past 12 months, by Background characteristic, HSHDS 2020

Background characteristic	Percentage of respondents who reported having in the past 12 months:				Number of ever-married women
	STI	Bad-smelling/ abnormal genital discharge	Genital sore or ulcer	STI/genital discharge/sore or ulcer	
Age					
15-19	11.4	6.1	3.1	14.8	166
20-24	14.9	8.7	5.8	16.1	239
25-29	12.5	8.8	6.0	14.8	327
30-39	17.0	11.7	4.9	19.3	379
40-49	16.3	9.4	7.0	19.6	156
Marital status					
Married	14.4	9.2	5.2	16.9	1,138
Divorced/ separated/ widowed	16.7	11.0	7.2	17.3	129
Type of residence					
Urban	22.3	13.8	8.9	24.4	381
Rural	11.8	7.7	4.2	14.3	800
Nomadic	6.6	5.3	1.0	8.2	85
Region					
Hiraan	21.0	12.2	6.5	22.7	530
Middle Shabelle	10.0	7.3	4.6	12.8	737
Education					
No education	13.4	8.8	5.0	15.9	1,155
Primary	26.7	15.6	9.0	27.7	82
Secondary	(25.0)	(12.4)	(9.2)	(25.0)	26
Higher	*	*	*	*	3
Wealth quintile					
Lowest	12.9	10.5	4.0	16.2	136
Second	10.4	8.3	3.9	13.6	451
Middle	16.5	8.4	6.4	18.3	445
Fourth	18.8	11.8	5.8	20.2	188
Highest	24.5	15.8	12.3	26.3	47
Total 15-49	14.6	9.4	5.4	17.0	1,267

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed



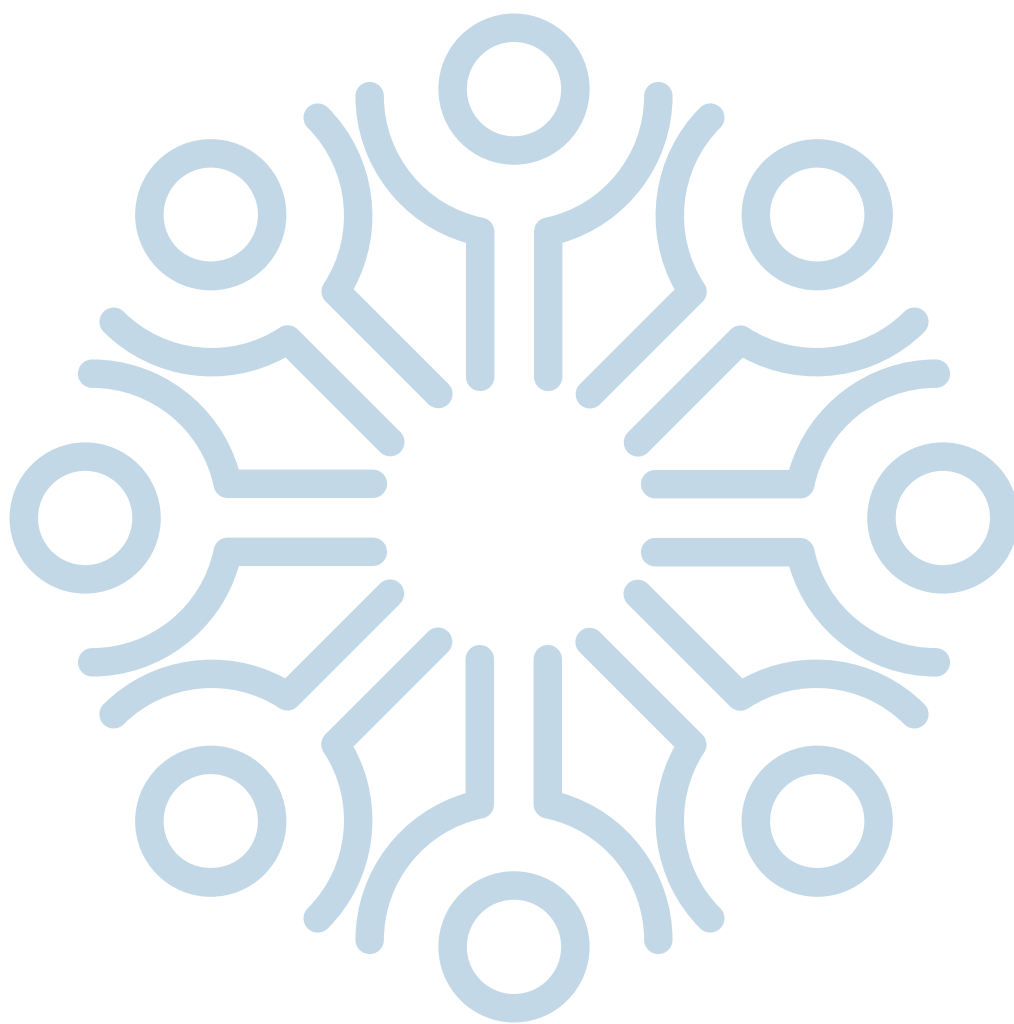
Table 8.6 Women seeking treatment for STIs

Percentage of women age 15-49 reporting an STI or symptoms of an STI in the past 12 months who sought advice or treatment, HSHDS 2020

Public Sector	Percentage of women
Public Sector	21.0
Government Hospital	3.8
Referel Health Centre	0.4
MCH/HC	16.5
Primary Health Unit (PHU)	0.4
Other Public Sector	0.0
Private medical sector	
Private sector	13.5
Private Clinic	5.5
Pharmacy	8.0
OTHER PRIVATE MEDICAL SECTOR	
Other sources	0.0
No advice or treatment	65.7
Number with STD or symptoms of STD	215
Number of women	215

Note: The categories are not mutually exclusive and the sum of percentages may exceed 100 percent.





09

Gender-Based Violence



Key Findings

Experience of physical violence:

23 percent of women aged 15-49 years in Hirshabelle have experienced physical violence since the age of 12 years.

Physical violence by place of residence:

Physical violence against women in Hirshabelle is highest among women in urban areas at **30 percent**.

Physical violence by region:

Women in Hiraan reported the highest physical violence against women at **29 percent**.

Perpetrators of the violent acts:

65 percent of women believe that husbands are the most common perpetrators of violent acts against women in Hirshabelle.

Where violent acts take place:

64 percent of women aged 15-49 years believe that most violent acts against women take place at home.

Violence during pregnancy:

9 percent of women aged 15-49 years experienced physical violence during pregnancy.

Help-seeking behaviour:

23 percent of ever-married women aged 15-49 years who had experienced physical or sexual violence had sought help.



9 GENDER-BASED VIOLENCE

In 2015, the UN General Assembly adopted 17 Sustainable Development Goals (SDGs). Goal 5, calls for the elimination of all forms of violence and discriminatory acts against women and girls. Violence against women can be described as a violation of human rights, and a form of discrimination against women, resulting in physical, sexual, psychological and economic harm. It may lead to depression, anxiety disorders, post-traumatic stress disorder, permanent injuries, sleeplessness and, sometimes, death. Over the years, Somali women have overlooked some forms of violence as norms, as is the case for women in many countries.

Gender-based violence includes sexual, physical, mental and economic harm inflicted in public or in private. It also includes threats of violence, coercion and manipulation. This can take many forms such as intimate partner violence, sexual violence, child marriage, female genital mutilation and so-called 'honour crimes. The consequences of gender-based violence are devastating and can have life-long repercussions for survivors. It can even lead to death. (UNHCR) This chapter focuses on domestic or intimate partner violence, a form of gender-based violence. In Hirshabelle, intimate partner violence is a persistent societal problem that has its roots in a highly patriarchal culture that asserts male dominance. Additional factors shown to be associated with the experience and/or perpetration of domestic violence include witnessing of parental violence, experiences of child abuse, poverty, and relationship-level factors such as conflicts. Among women, the health effects of experiences of intimate partner violence include increased risk of HIV/AIDS and other sexually transmitted infections, injuries, depression, suicidality, and posttraumatic stress disorder.

9.1. Measurements of Violence

The survey collected information on domestic violence and other forms of discrimination against women. Information was obtained from ever-married women and never-married women aged 15-49 years who were either usual residents, or guests who slept in the house the night preceding the day of the interview.

Enumerators asked respondents questions on their opinions regarding the definition of domestic violence, opinions on the most common perpetrators of violent acts against women, experiences of violence, whether

physical, sexual or emotional, and perpetrators of physical violence. Respondents were also asked about their experience of violence during pregnancy, spousal violence, injuries due to spousal violence, and help-seeking behaviours for those who have experienced violence.

Specifically, the survey asked never-married and evermarried women about the physical violence perpetrated on them. The survey also measured sexual and emotional violence committed by the current spouse (for currently married women) and by the most recent spouse (for divorced or widowed women). The collection



of data on GBV is often marred by under-reporting due to the culture of silence around the topic. In order to encourage disclosure, respondents were asked about any experiences they have had with specific acts of violence. This ensured there were no misunderstandings on the meaning of 'violence' among respondents. The following sets of questions were asked to the respective respondents.

Emotional violence:

Did the perpetrator ever say or do something to humiliate you in front of others, threaten to hurt or harm you or someone close to you, or insult you or make you feel bad about yourself?

Physical violence:

Did the perpetrator ever push you, shake you, or throw something at you; kick you, drag you, or beat you up; try to choke you or burn you on purpose; or threaten or attack you with a knife, gun, or any other weapon?

Sexual violence:

Did the perpetrator ever physically force you to have sexual intercourse with him even when you did not want to, physically force you to perform any other sexual acts you did not want to or force you with threats or in any other way to perform sexual acts you did not want to?

that address the identified gaps and needs in Somali women's lives.

The women interviewed for this section were only eligible when their privacy was completely secured. This was to avoid any repercussions to the respondent and interviewer, given the sensitivity of the subject in the Somali cultural context. In addition, the enumerators (midwives and medical practitioners) who collected this information from respondents were all women to minimize any sensitivity involved and ensure respondents felt comfortable discussing this topic.

9.3. Opinions about Domestic Violence

The survey asked all women about their opinions about domestic violence. Specifically, they were asked whether domestic violence means:

- Physical abuse
- No participation in household decision-making
- No participation in decision-making regarding children
- Better treatment of males than females
- Failure to meet basic living costs.
- Denial of education
- Forced marriage.
- Rape
- Sexual harassment
- Forced labour.

9.2. Ethical Considerations

Ensuring the confidentiality and privacy of respondents was obligatory for the enumerators during and after the survey interviews. All enumerators were provided rigorous training sessions on how to build a rapport with the respondents, make a good impression, obtain respondents' consent, assure them about the confidentiality of the interview, and ensure that the respondents were interviewed alone.

In addition to the general training sessions, efforts were made to continuously remind the enumerators about the need to ensure the complete privacy of respondents. Moreover, for the GBV section, enumerators had to seek consent and explain to the respondents the aim of the survey and context, before each interview began. Respondents were informed about the use of information collected, and that the outcome of the survey would be used to inform policies and formulate programs

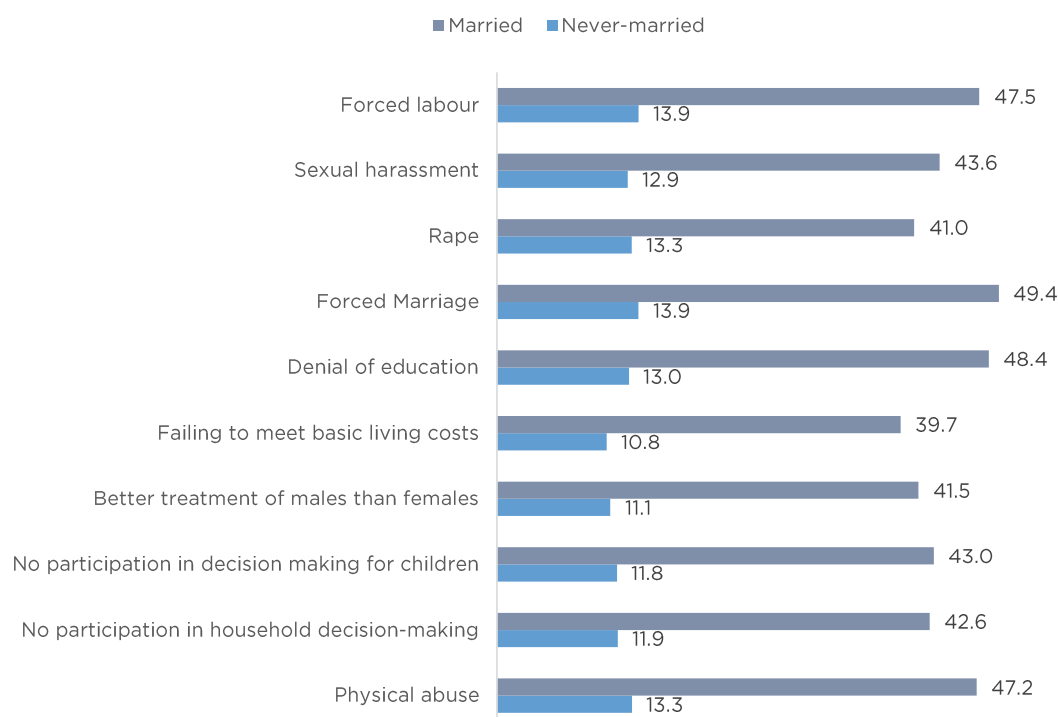
Table 9.1 shows the percentage of all women age 15-49 years who understand domestic violence to mean various specified acts. Sixty-eight percent of women believe that forced marriage constitutes domestic violence, while 66 percent said that domestic violence includes denial of education and forced labour. Moreover, 65 percent of women think domestic violence includes physical abuse whereas 61 percent said domestic violence includes sexual harassment.

Forced marriage had the highest proportion of women reporting it as a form of domestic violence at 68 percent followed by denial of education and forced labour at 66 percent each compared to physical abuse at 65 percent. The least reported form of violence is failure to meet basic needs reported by 55 percent of the women. Figure 9.1 depicts the difference in understanding of domestic violence by married and never married women. Married women have a better understanding of acts that constitute



Figure 9.1 Acts that mean domestic violence

Percentage of all women aged 15-49 who understand domestic violence to mean various specified acts, according to marital status



domestic violence, followed by the never married and those with the least understanding are the widows and divorcees. Regionally, more women in Hiraan aged 15-49 years believe that forced marriage, denial of education and forced labour are acts of domestic violence at 68 percent, 67 percent, 66 percent respectively, compared to women in Middle Shabelle where 68 percent believe that forced marriage, 66 percent believe that forced labour and 65 percent believe denial of education are acts of domestic violence (Table 9.1).

9.4. Women's Experience of Physical Violence

Table 9.2 presents the percentage of women aged 15-49 years who have ever experienced physical violence since age 12 and those that reported they experienced physical violence in the 12 months preceding the survey. Twenty-three percent of women aged 15-49 years had experienced physical violence since age 12, while, 11 percent of women aged 15-49 years had experienced physical violence often or sometimes in the last 12 months preceding the survey.

Although there is no clear pattern between experience of violence and age of women, the percentage of women who have experienced physical violence since age 12 is lowest among the age group 45-49 years at 15 percent, and highest among the age group of 30-34 years and 40-44 years at 27 percent for each. Among women who experienced violence recently those in the 45-49 age bracket reported the least proportion at 7 percent while those in the 30-34 years age bracket had the highest reporting of recent experience of violence at 13 percent (Figure 9.2).

Physical violence is highest among women residing in the urban at 30 percent and lowest among rural women at 20 percent. Women in Hiraan are more likely to experience physical violence compared to those in Middle Shabelle. Twenty-nine percent of Hiraan women reported that they had experienced physical violence since the age of 12 years, while 17 percent reported they had experienced physical violence often or sometimes in the 12 months preceding the survey. Nineteen percent of Middle Shabelle women reported that they had experienced physical violence since the age of 12 years, while 6 percent reported they had experienced physical violence in the 12 months preceding the survey.



9.5. Perpetrators of Physical Violence

Table 9.3 shows the opinions of women aged 15-49 years regarding who they consider are the most common perpetrators of violence against women. Approximately two-third (65 percent) of women believe that husbands are the most likely to commit violent acts against women in the community and that daughters and sons commit the least violent acts at 1 percent followed by teacher at 2 percent.

Regionally, the percentage of women who perceive husbands as perpetrators of violence against women in Hiraan is higher than the women in Middle Shabelle at 71 percent and 60 percent respectively. The proportion of women who reported husbands as perpetrators of violence against women is higher in urban areas at 68 percent and lowest in nomadic at 62 percent.

As part of the survey, women aged 15-49 years who had experienced physical violence since the age of 12 years were asked who committed the acts of violence against them. Respondents could report multiple perpetrators based on their experience. As presented in Table 9.4, among ever-married women who had experienced physical violence, the most common perpetrator was the husband, reported by 66 percent of ever married women, whereas among the never married, the most reported perpetrator of violence is a relative that is neither a parent nor a sibling at 53 percent. Mother/Stepmother is the second most reported perpetrator

of violence by both the married and the never married at 21 percent and 26 percent respectively.

9.6. Violence during Pregnancy

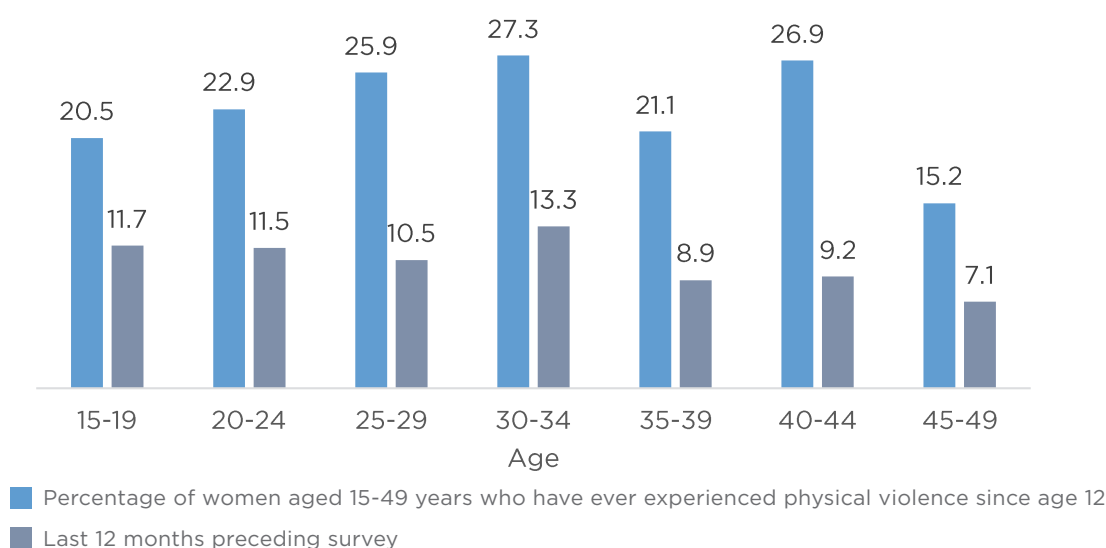
Ever-married women who were ever pregnant were asked about their experiences of physical violence during pregnancy. Specifically, they were asked whether anyone has ever hit, slapped, kicked or done anything else that hurt them physically during pregnancy.

Table 9.5 presents the findings on ever-married women aged 15-49 years who experienced violence during pregnancy. It shows that 9 percent of the ever-married women aged 15- 49 years reported they experienced physical violence during their pregnancy. The experience of physical violence during pregnancy is highest among women of age 45-49 years and lowest among those aged 15-19 years at 16 percent and 6 percent, respectively. Sixteen percent of women in urban areas reported having experienced physical violence during pregnancy compared to 10 percent and 5 percent among those in the nomadic and rural respectively. Physical violence during pregnancy is higher among women in Hiraan at 16 percent compared to 4 percent in Middle Shabelle.

Experience of physical violence during pregnancy was higher among those who are divorced compared to those currently married at 10 percent and 9 percent respectively. More women in the higher quintile reported

Figure 9.2 Physical Violence by age

Percent of women aged 15-49 years who have ever experienced physical violence since age 12 and 12 months preceding the survey



having experienced violence during pregnancy (15 percent) compared to women in the second Wealth quintile (6 percent).

9.7. Spousal Violence

Table 9.6 presents data on spousal violence experienced by ever-married women aged 15- 49 years who reported physical, sexual violence, or emotional violence, perpetrated by their current or most recent husband in the 12 months preceding the survey. Twenty-one percent of ever-married women reported physical violence perpetrated against them by a spouse, while 6 percent reported emotional abuse and sexual violence by a spouse each. The patterns of spousal violence vary with the number of children a woman has. Eleven percent of women with five or more children reported spousal violence compared to 2 percent of women with no children. Women from urban areas reported they experienced more spousal violence than women in nomadic and rural areas at 33 percent, 25 percent and 24 percent respectively.

Regionally, Hiraan women reported that they experienced more spouse violence than Middle Shabelle women at 32 percent and 23 percent respectively.

9.8. Injuries to Women due to Spousal Violence

Table 9.7 presents findings among ever-married women aged 15-49 years who had sustained injuries due to

domestic violence committed by their current or most recent spouses. Thirty percent of the women had sustained at least one of the three types of injuries. Among ever-married women aged 15-49 years who had experienced any violence, 15 percent had deep wounds, broken bones or teeth, or any other serious injury, 18 percent had eye injuries, dislocations, sprains or burns and 22 percent reported they had cuts, bruises or aches of spousal violence (Figure 9.3).

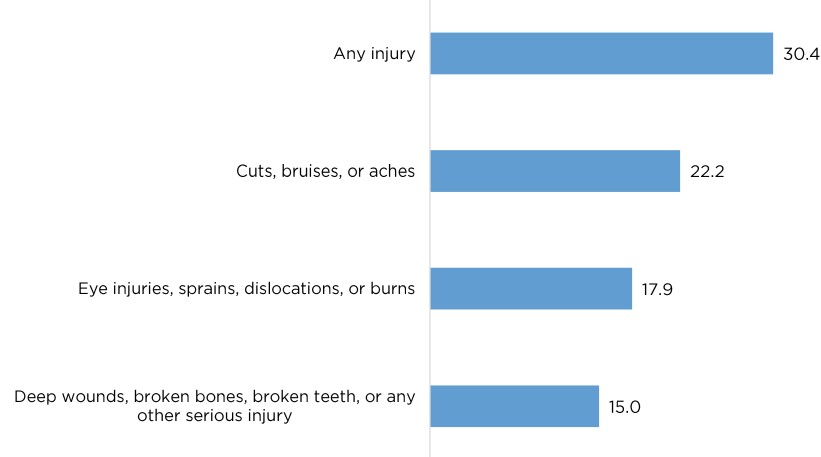
Thirty-one percent of women who experienced spousal violence in the last 12 months preceding the survey reported any injury compared to 30 percent among those who reported ever experiencing spousal violence. The most reported injuries were Cuts, bruises, or aches at 22 percent for each (Table 9.7)

9.9. Help-seeking Behaviours

Help-seeking behaviors refers to women’s responses to their experiences of violence committed by anyone. The HSHDS interviewers inquired whether women who had been subjected to violence had sought any help. Table 9.8 shows that only 23 percent of ever-married women aged 15-49 years who had experienced emotional, physical or sexual violence had sought help, while 77 percent did not seek any help. Twenty-four percent of women in Hiraan sought help after experiencing emotional, physical or sexual violence compared to 20 percent among those in Middle Shabelle.

Figure 9.3 Injuries to women due to spouse violence

Percent of ever-married women aged 15-49 who have experienced specific types of spousal violence by types of injuries resulting from the violence



9.10 Places where Violence Against Women usually happens

Table 9.9 shows opinions regarding the most common places where violent acts against women are likely to happen. Women in Hirshabelle believe that the most violent crimes against women take place at home and street at 64 and 10 percent respectively. One percent of violent acts against women took place at School, water points, in market place and in the neighborhood.

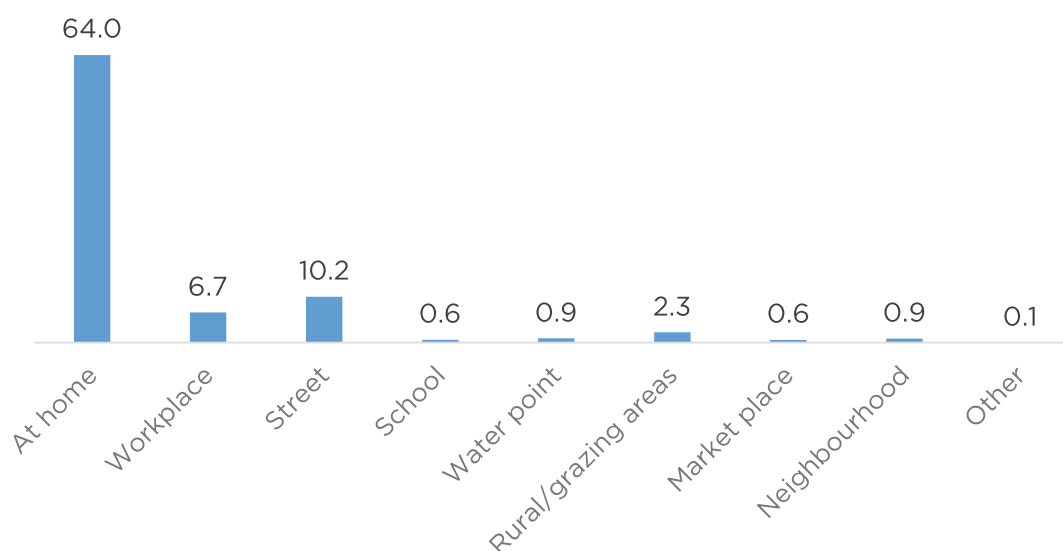
Seventy-two percent of women in urban households believe that violent acts against women take place at home compared to rural and nomadic areas at 60 percent and 59 percent respectively.

Hiraan has more women who reported home as the place where most violence occurs at 67 percent compared to 61 percent among those in Middle Shabelle.

Women from households in the second Wealth quintile had the least proportion of those who reported home as the place where violence occurs at 57 percent while those from the middle Wealth quintile were the highest at 73 percent.

Figure 9.4 Place of violence act

Percent distribution of all women aged 15-49 years according to the place where violence most violence occurs.



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Table 9.1 Opinion/acts that mean domestic violence

Percentage of all women age 15-49 who understand domestic violence to mean various specified acts, by Background characteristic, HSHDS 2020												
Background characteristic	Opinion/acts that mean domestic violence											
	Physical abuse	No participation in decision making for household	No participation in decision making for children	Better treatment of males than females	Failing to meet basic living costs	Denial of education	Forced Marriage	Rape	Sexual harassment	Forced labour	Other	Total number of Women
Age												
15-19	70.2	62.6	62.5	61.0	56.9	67.1	70.2	65.2	65.2	72.4	1.0	414
20-24	69.8	58.1	60.8	58.3	57.3	67.4	72.1	62.2	62.0	67.4	2.2	278
25-29	64.7	60.4	60.2	56.9	57.5	67.3	70.0	59.4	57.9	65.4	1.0	336
30-34	58.6	51.6	49.1	47.2	43.8	60.0	63.5	53.0	58.2	58.7	0.4	202
35-39	58.3	56.4	58.4	55.3	50.8	64.4	65.2	50.0	60.3	62.0	0.4	177
40-44	54.1	53.3	59.3	58.2	52.6	66.8	60.5	45.2	54.4	59.2	0.0	110
45-49	54.8	52.1	62.6	62.6	61.3	71.4	61.2	56.6	62.6	62.9	0.0	50
Type of residence												
Urban	67.3	58.9	59.8	59.3	52.3	69.5	70.9	62.9	62.1	65.6	1.1	509
Rural	64.0	59.9	61.0	57.4	57.4	66.5	68.0	57.9	61.3	67.1	1.0	958
Nomadic	54.9	38.9	40.9	42.6	38.3	45.5	54.2	40.6	49.0	55.9	0.0	100
Region												
Hiran	64.5	59.2	60.8	60.4	56.2	67.3	68.1	63.1	63.5	66.0	0.7	698
Middle Shabelle	64.4	57.4	58.1	54.4	53.2	65.2	68.1	54.7	58.6	65.7	1.2	869
Current marital status												
Never Married	13.3	11.9	11.8	11.1	10.8	13.0	13.9	13.3	12.9	13.9	0.4	300
Married	47.2	42.6	43.0	41.5	39.7	48.4	49.4	41.0	43.6	47.5	0.6	1,138
Divorced	3.3	3.0	3.3	3.3	3.0	3.6	3.7	3.2	3.2	3.4	0.0	87
Widowed	0.7	0.8	1.1	1.2	1.0	1.1	1.1	0.9	1.2	1.1	0.0	42
Education												
No education	63.3	57.1	58.7	56.3	53.7	65.0	67.2	57.1	60.2	65.5	1.0	1,353
Primary	75.5	69.0	66.5	67.0	63.8	78.0	77.6	71.6	67.3	74.1	1.2	142
Secondary	67.5	58.0	58.0	54.0	53.7	64.8	68.8	58.3	59.4	58.0	0.0	62
Higher	48.7	55.8	51.6	44.2	44.2	52.0	52.0	52.0	52.0	44.5	0.0	11
Wealth quintile												
Lowest	58.5	62.5	61.6	62.4	61.8	61.6	66.6	61.1	59.4	64.2	0.0	170
Second	63.6	57.5	58.0	54.5	56.7	63.8	64.8	52.8	57.2	63.7	0.2	529
Middle	67.1	61.4	62.4	59.3	52.4	69.8	72.6	62.5	64.7	70.3	2.2	560
Fourth	66.7	53.0	55.4	56.1	51.8	66.8	67.2	60.6	63.4	64.6	0.7	244
Highest	56.3	44.2	52.0	49.4	46.1	61.8	63.9	53.6	48.9	54.0	0.0	63
Total number of Women	64.5	58.2	59.3	57.1	54.5	66.1	68.1	58.4	60.8	65.9	1.0	1,567



Table 9.2 Experience of physical violence

Percentage of women age 15-49 who have ever experienced physical violence since age 12 and percentage who have experienced violence during the 12 months preceding the survey, by Background characteristic HSHDS 2020

Background characteristic	Percentage who have ever experienced physical violence since age 12	Percentage who have experienced physical violence in the past 12 months			Number of women	
		Often	Sometimes	Often or sometimes		
Age						
15-19	20.5	7.1	4.7	11.7	414	
20-24	22.9	3.3	8.2	11.5	278	
25-29	25.9	5.5	5.0	10.5	336	
30-34	27.3	5.1	8.2	13.3	202	
35-39	21.1	4.0	4.9	8.9	177	
40-44	26.9	5.2	3.9	9.2	110	
45-49	15.2	5.4	1.7	7.1	50	
Type of residence						
Urban	30.2	8.3	8.6	16.9	509	
Rural	19.8	3.4	4.1	7.5	958	
Nomadic	21.3	7.0	6.6	13.6	100	
Region						
Hiran	28.6	9.4	7.4	16.8	698	
Middle Shabelle	19.0	1.9	4.4	6.3	869	
Current marital status						
Never Married	21.6	7.2	9.0	16.2	300	
Married	24.9	5.3	5.2	10.5	1,138	
Divorced	14.9	1.0	3.4	4.4	87	
Widowed	9.3	0.4	0.0	0.4	42	
Education						
No education	23.2	4.9	5.9	10.8	1,353	
Primary	25.9	7.4	4.7	12.1	142	
Secondary	23.2	9.5	2.7	12.2	62	
Higher	*	*	*	*	11	
Wealth quintile						
Lowest	21.7	4.1	2.1	6.2	170	
Second	20.0	4.8	4.3	9.2	529	
Middle	26.4	5.5	8.4	13.9	560	
Fourth	24.8	5.7	5.4	11.2	244	
Highest	22.3	8.2	4.0	12.2	63	
Total	23.3	5.3	5.7	11.0	1,567	

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.



Table 9.3 Opinions regarding the most common perpetrator of violent acts against women

Percent distribution of all women according to the person who, in their opinion, is the most common perpetrator of violent acts against women, by background characteristics, HSHDS 2020

Background characteristic	Individual who commits the most violent acts against women										Total number of Women
	Husband	Mother/Stepmother	Father/Step-father	Sister/Brother	Daughter/Son	Other Relative	In-laws	Teacher	Employer/Someone at work	Police/Soldier	
Age											
15-19	66.9	13.0	18.5	9.0	0.4	22.4	4.5	1.8	6.5	11.3	414
20-24	62.9	15.9	17.3	7.6	1.7	19.2	4.2	1.1	4.5	9.9	278
25-29	70.7	17.6	21.5	5.0	0.1	15.4	5.5	1.6	3.9	7.2	336
30-34	61.4	11.8	16.1	7.5	1.9	23.9	4.0	3.3	4.7	7.9	202
35-39	61.0	13.6	16.8	5.8	2.1	20.0	6.7	1.9	3.5	4.9	177
40-44	58.3	15.4	17.0	1.4	2.5	24.4	1.7	0.0	6.4	2.2	110
45-49	66.3	23.1	18.8	4.1	0.0	14.8	2.6	1.7	0.0	3.3	50
Type of residence											
Urban	68.4	23.0	22.7	5.3	0.6	19.1	3.2	1.3	2.4	6.3	509
Rural	63.5	11.2	15.9	7.3	1.3	20.1	5.5	2.0	5.9	9.4	958
Nomadic	62.1	9.2	19.7	7.5	1.8	26.2	3.1	1.6	6.7	5.1	100
Region											
Hiran	71.4	15.6	15.8	5.6	0.4	26.1	2.1	1.2	4.7	6.0	698
Middle Shabelle	59.8	14.3	20.4	7.5	1.7	15.4	6.6	2.1	4.9	9.8	869
Current marital status											
Never Married	71.5	14.6	16.7	8.5	0.1	24.8	3.8	2.1	8.0	14.3	300
Married	62.9	14.9	19.0	6.4	1.2	19.5	4.7	1.4	4.2	6.5	1138
Divorced	69.4	15.6	20.8	5.2	0.9	17.9	7.4	4.1	3.9	10.8	87
Widowed	66.0	14.6	7.9	2.0	6.4	10.3	0.4	2.0	0.6	2.0	42
Education											
No education	64.0	13.7	18.5	6.6	1.3	20.4	5.0	1.7	5.2	8.4	1353
Primary	74.0	26.2	20.7	8.5	0.0	18.7	1.6	0.9	2.1	4.0	142
Secondary	67.4	16.3	10.7	4.1	0.0	16.4	1.3	0.0	2.1	11.0	62
Higher	*	*	*	*	*	*	*	*	*	*	11
Wealth quintile											
Lowest	68.6	9.9	8.4	5.5	3.3	31.1	5.1	2.4	6.0	6.0	170
Second	62.7	12.0	15.3	7.0	1.3	18.0	5.5	2.1	5.7	8.3	529
Middle	67.2	17.9	23.9	7.0	0.6	17.8	4.2	1.4	3.8	8.8	560
Fourth	64.1	17.7	19.7	6.1	0.3	23.2	3.7	0.5	4.6	7.0	244
Highest	57.8	15.0	15.6	5.7	1.3	18.1	1.6	3.8	2.6	10.5	63
Total	65.0	14.9	18.3	6.6	1.1	20.2	4.6	1.7	4.8	8.1	1567

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.



Table 9.4 Persons committing physical Violence

Among women age 15-49 who have experienced physical violence since age 10, percentage who report specific persons who committed the violence according to the respondents current marital status, HSHDS 2020

Background characteristic	Ever-married	Never-married	Total
Persons committing violence			
Husband	66.3	na	54.5
Mother/step-mother	21.2	25.9	21.5
Father/step-father	17.3	10.9	15.9
Sister/brother	8.6	10.1	8.9
Daughter/son	0.3	5.0	1.0
Other Relative	14.5	53.1	20.4
Mother-in-law	0.1	na	2.4
Father-in-law	0.0	na	0.9
Other-in-law	1.2	na	1.3
Neighbour	7.3	1.5	6.2
Teacher	1.5	0.0	1.3
Employer/someone at work	0.9	3.3	1.2
Police/soldier	0.3	0.0	0.2
Militia/gangs	0.3	0.0	0.2
Other	0.3	0.0	0.2
Number of women	300	54	355
n/a- not applicable			

Table 9.5 Experience of violence during pregnancy

Among of ever married women age 15-49 who have ever been pregnant,percentage who have ever experienced physical violence during pregnancy, by Background characteristic, HSHDS 2020

Background characteristic	Percentage who have experienced violence during pregnancy	Total number of Women
Age		
15-19	6.3	140
20-24	11.8	205
25-29	8.0	273
30-34	7.6	164
35-39	7.6	142
40-44	8.5	86
45-49	(15.8)	42
Type of residence		
Urban	16.1	325
Rural	5.0	661
Nomadic	10.1	65
Region		
Hiran	15.5	454
Middle Shabelle	3.7	598
Marital Status		
Married	8.5	956
Divorced	10.0	67
Widowed	(13.9)	28
Education		
No education	8.0	958
Primary	19.8	71
Secondary	(8.2)	20
Higher	*	2
Wealth quintile		
Lowest	12.3	111
Second	6.2	375
Middle	8.8	379
Fourth	11.2	151
Highest	14.5	34
Total	8.8	1,051

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.



Table 9.6 Spousal violence by Background characteristic

Percentage of ever-married women age 15-49 who have ever experienced emotional, physical or sexual violence committed by their husband, by Background characteristic, HSHDS 2020

Background characteristic	Physical violence	Sexual violence	Emotional	Physical and sexual violence	Physical, sexual and emotional violence	Physical or sexual violence	Physical, sexual or emotional violence	Number of ever-married women
Age								
15-19	22.6	2.6	7.7	2.1	0.2	23.1	27.2	163
20-24	18.9	6.0	5.1	4.2	1.6	20.8	23.6	238
25-29	22.2	8.3	6.8	6.5	1.4	24.0	28.4	323
30-39	20.5	6.3	8.3	3.0	0.6	23.7	27.9	375
40-49	21.2	6.6	1.7	4.7	0.0	23.1	23.4	153
Type of residence								
Urban	28.7	9.2	7.1	7.6	1.8	30.3	32.7	371
Rural	17.8	4.7	6.0	2.5	0.5	20.0	23.9	796
Nomadic	16.8	8.7	7.2	5.4	0.3	20.1	25.1	85
Region								
Hiran	26.0	9.9	9.1	7.2	2.1	28.6	32.1	522
Middle Shabelle	17.4	3.8	4.6	2.1	0.0	19.1	22.7	730
Number of living children								
0	1.2	0.4	0.9	0.3	0.2	1.2	1.9	95
1-2	5.0	1.4	0.5	0.9	0.1	5.5	5.6	294
3-4	5.5	1.8	2.3	1.2	0.3	6.1	7.7	335
5+	9.3	2.8	2.8	1.8	0.4	10.3	11.3	528
Marital status								
Currently Married	21.8	6.7	7.2	4.5	1.0	24.0	28.0	1,127
Formerly Married	13.5	2.7	0.0	2.0	0.0	14.2	14.2	124
Employed in the 12 months preceding the survey								
Employed	25.2	4.7	9.9	3.8	2.3	26.2	31.9	168
Not employed	20.3	6.5	5.9	4.3	0.6	22.6	25.8	1,084
Education								
No education	21.0	6.2	6.2	4.1	0.7	23.1	26.6	1,142
Primary	22.2	8.3	10.5	7.3	2.1	23.2	28.9	81
Secondary	(19.5)	(6.3)	(3.2)	(3.2)	(3.2)	(22.7)	(22.7)	26
Higher	*	*	*	*	*	*	*	3
Wealth quintile								
Lowest	22.6	3.4	10.6	3.2	1.0	22.8	29.3	133
Second	17.7	4.6	5.6	2.7	0.6	19.6	22.7	449
Middle	22.9	8.3	7.0	5.0	1.0	26.2	30.2	438
Fourth	24.3	8.2	3.9	7.3	1.4	25.2	26.2	185
Highest	17.2	4.4	8.0	1.8	0.0	19.8	24.1	46
Total	21.0	6.3	6.4	4.2	0.9	23.1	26.6	1,252

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.



Table 9.7 Injuries to women due to spousal violence

Percentage of ever-married women age 15-49 who have experienced specific types of spousal violence by types of injuries resulting from the violence, according to the type of violence and whether they experienced the violence ever and in the 12 months preceding the survey, HSHDS 2020

Background characteristic	Injuries experienced:				Number of women
	Cuts, bruises, or aches	Eye injuries, sprains, dislocations, or burns	Deep wounds, broken bones, broken teeth, or any other serious injury	Any injury	
Experienced any violence:					
Ever	22.2	17.9	15.0	30.4	167
in the past 12 Months	22.0	18.2	15.0	30.5	160
Total 15-49	22.2	17.9	15.0	30.4	167

Table 9.8 Help seeking to stop violence

Percentage of ever-married women age 15-49 who have ever experienced emotional, physical or sexual violence committed by Background characteristic, HSHDS 2020

Background characteristic	Sought help		Total	Number of ever-married women
	Yes	No		
Region				
Hiran	24.2	75.8	100.0	133
Middle Shabelle	20.2	79.8	100.0	85
Total	22.6	77.4	100.0	218



Table 9.9 Opinions regarding the most common perpetrator of violent acts against women

Percent distribution of all women aged 15-49 according to the place where, in their opinion, most of the violent acts against women occur, by background characteristics, HSHDS 2020

Background characteristic	Where do most violent acts take place											Count	Total number of Women
	At home	Workplace	Street	School	Water point	Rural/ grazing areas	Market place	Neighbourhood	Other	Don't know/ missing			
Age													
15-19	65.6	8.2	14.1	0.8	1.3	2.8	0.4	0.5	0.0	6.3	100.0	414	
20-24	63.1	5.6	12.2	0.3	1.8	4.2	0.0	0.3	0.0	12.4	100.0	278	
25-29	64.6	8.0	4.8	1.7	1.0	2.1	0.9	0.5	0.2	16.2	100.0	336	
30-34	63.4	5.2	9.6	0.0	0.5	0.4	0.4	1.3	0.0	19.1	100.0	202	
35-39	59.3	6.8	9.7	0.0	0.0	0.0	1.5	3.1	0.0	19.6	100.0	177	
40-44	64.7	3.6	8.3	0.0	0.0	2.7	1.2	0.9	0.0	18.7	100.0	110	
45-49	67.9	3.8	11.3	0.0	0.0	4.2	0.0	0.0	0.0	12.8	100.0	50	
Type of residence													
Urban	72.0	5.1	6.7	0.8	0.7	2.1	0.5	0.9	0.2	11.0	100.0	509	
Rural	60.2	7.0	12.4	0.6	1.1	2.6	0.7	0.8	0.0	14.5	100.0	958	
Nomadic	58.7	11.9	6.4	0.4	1.0	0.4	0.2	0.8	0.0	20.3	100.0	100	
Region													
Hiran	67.4	5.4	9.1	0.5	2.1	3.7	0.6	0.2	0.1	11.0	100.0	698	
Middle Shabelle	61.2	7.7	11.0	0.7	0.0	1.2	0.6	1.5	0.0	16.0	100.0	869	
Marital Status													
Never Married	69.4	8.5	16.4	0.8	1.7	3.3	0.0	0.0	0.0	0.0	100.0	300	
Married	62.8	6.6	9.0	0.6	0.7	2.2	0.8	1.2	0.1	16.0	100.0	1,138	
Divorced	59.2	5.0	9.8	0.9	1.5	1.0	0.0	0.0	0.0	22.6	100.0	87	
Widowed	(67.3)	(0.0)	'(1.8)	(0.0)	(0.0)	'(1.8)	(0.0)	(0.0)	(0.0)	(29.1)	100.0	42	
Education													
No education	63.0	7.2	9.9	0.6	1.0	2.1	0.6	1.0	0.1	14.5	100.0	1353	
Primary	75.5	1.5	10.8	0.0	1.2	3.0	0.0	0.1	0.0	7.9	100.0	142	
Secondary	63.7	9.1	11.5	1.3	0.0	3.5	1.3	0.0	0.0	9.7	100.0	62	
Higher	*	*	*	*	*	*	*	*	*	*	100.0	11	
Wealth quantile													
Lowest	58.8	10.2	14.0	0.0	0.1	1.5	0.8	0.0	0.0	14.6	100.0	170	
Second	56.5	7.0	14.3	1.3	1.6	3.0	0.2	1.6	0.0	14.3	100.0	529	
Middle	72.6	5.2	6.7	0.3	0.6	1.7	0.7	0.4	0.0	11.7	100.0	560	
Fourth	65.5	8.0	6.8	0.4	0.3	1.9	0.7	0.8	0.3	15.1	100.0	244	
Highest	57.8	2.9	9.1	0.0	2.6	5.3	1.3	1.6	0.0	19.5	100.0	63	
Total	64.0	6.7	10.2	0.6	0.9	2.3	0.6	0.9	0.1	13.7	100.0	1,567	

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.





A close-up photograph of a hand holding a Gillette razor blade. The hand is positioned on the left, with the thumb and index finger gripping the handle. The razor blade is held vertically, showing its sharp edge and the brand name 'GILLETTE' and 'STAINLESS' printed on it. The background is a blurred floral pattern with red, white, and green flowers. A large white outline of the number '10' is superimposed over the hand and the blade.

10

Female Circumcision



Key Findings

Prevalence:

Overall **99.5 percent** of the Hirshabelle women aged 15-49 years have undergone Female Circumcision.

Types practised:

Among women aged 15-49 years, **76 percent** have undergone Pharaonic type of Female Circumcision, the most severe form, which involves the removal of the entire clitoris and flesh.

Religious requirement:

80 percent of women aged 15-49 believe that FGM/C is a religious requirement.

Age at Female Circumcision:

88 percent of women aged 15-49 who underwent FGM/C reported they had been circumcised between 5-9 years, while **11 percent** underwent the same practice at age 10-14 years.

FGM/C practice on daughters:

21 percent of girls were circumcised at age 5-9, 16 percent of girls were circumcised between ages 10-14 while, **1 percent** of those girls circumcised at age 0-4.

Attitudes towards FGM/C:

82 percent of the women aged 15-49 years want the Female Circumcision practice to continue, while **15 percent** want the Female Circumcision practice to be stopped.



10 FEMALE CIRCUMCISION

Female circumcision, also known as Female Genital Mutilation/Cutting (FGM/C) involves cutting some part of the clitoris or labia for non-therapeutic reasons, usually as part of a rite of passage into adolescence. It is practiced by Somali communities and other East African countries. The practice is often condemned as harmful, because it poses a potential risk to the health and well-being of the women and girls who are subjected to it. FGM/C is regarded as a violation of the Convention on the Rights of the Child (General Assembly, United Nations, 1990).

In the HSHDS 2020, both ever-married women and never-married women were asked a series of questions about female circumcision, including whether they had been subjected to it. Women who had undergone the practice were asked at what age it was performed and, the type of female circumcision they underwent, their religious perception about the practice, and opinions on whether the practice should continue or not.

Mothers with daughters were asked if their daughters underwent female circumcision, the age at which it happened and the type of FGM/C performed among other questions.

The survey used the definitions below of types of female circumcision:

- A. Excision of the clitoral hood (prepuce), with or without excision of part or all of the clitoris (Sunni)
- B. Excision of the clitoris with partial or total excision of the labia minora (Intermediate)
- C. Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening; or all other procedures that involve pricking, piercing, stretching; or incising of the clitoris and/or labia; introduction of corrosive substances into the vagina to narrow it (Pharaonic)

10.1 Opinions on Female Genital Mutilation/Cutting

Table 10.1 presents the percentage distribution of women aged 15-49 years by their religious belief regarding female circumcision according to their ages and other Background characteristic. Overall, 80 percent of women aged 15-49 believe that FGM/C is religious requirement

There is little variation in the women's beliefs by age as 91 percent of the women within the age group 15-19 believe it is a religious requirement, compared to 85 percent of those in the age group 40-44 years. More women in rural areas at 84 percent compared to urban and nomadic areas at 75 percent each, believe that female circumcision is a religious requirement (Figure 10.1). There is a variation in opinions between regions where 89 percent of women in Middle Shabelle believe



that it is a religious requirement, compared 69 percent of women in Hiraan.

Wealth status plays a role in shaping women's beliefs about female circumcision: 65 percent of women from the lowest Wealth quintile or poorest households believe female circumcision is a religious requirement, compared to 60 percent from the highest Wealth quintile or wealthiest households (Figure 10.2).

10.2 Prevalence of Female Genital Mutilation/Cutting

Table 10.2 presents the percentage of women aged 15-49 who have undergone female circumcision by Background characteristic. Overall, 99.5 percent of Hirshabelle women have undergone female circumcision. Pharaonic is the most common type, which has been

performed on 76 percent of the women. The findings show that 17 percent and 7 percent of women have undergone Intermediate and Sunni types respectively. Less one percent were unaware of the type of female circumcision they had undergone earlier in their lives.

The Pharaonic type of circumcision is largely practised in nomadic areas at 84 percent compared to rural and urban areas at 78 percent and 72 percent respectively. Seventeen percent of women aged 15-49 years in both urban and rural had undergone the intermediate type of circumcision compared to 12 percent in nomadic areas. (Figure 10.3)

Figure 10.4 shows that 82 percent of women in Hiraan underwent Pharaonic circumcision, compared to Middle Shabelle at 71 percent. There is a decline in the prevalence of Pharaonic and Intermediate types of circumcision with increase in the level of education, while the proportion of women that have undergone Sunni circumcision increases with increase in level of education attained (Table 10.2).

Figure 10.1 Opinions on FGM/C

Percent of women aged 15-49 by whether FGM/C is required by religion according to type of residence

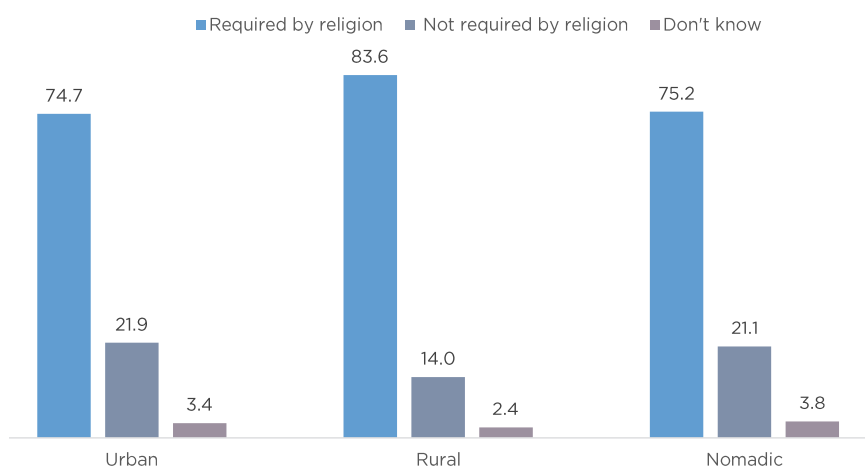


Figure 10.2 Opinions on FGM/C

Percent of women aged 15-49 by whether FGM/C is required by religion based on wealth status

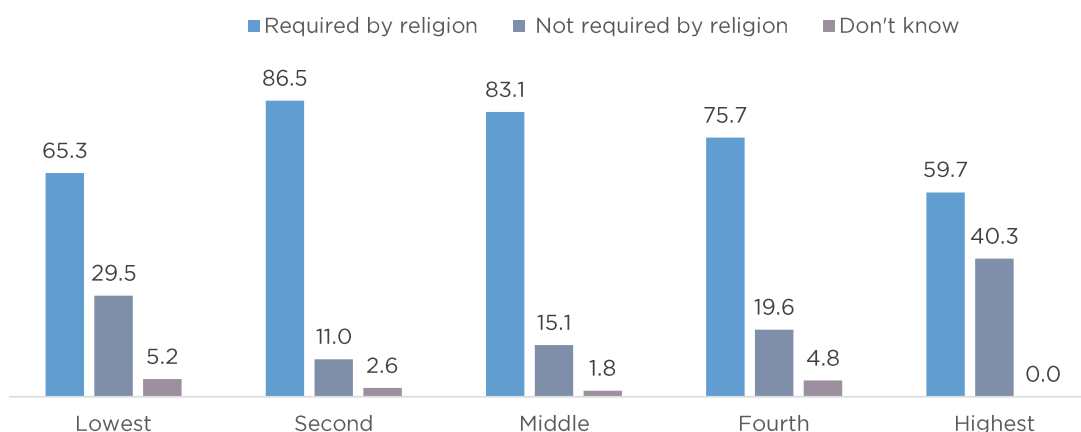
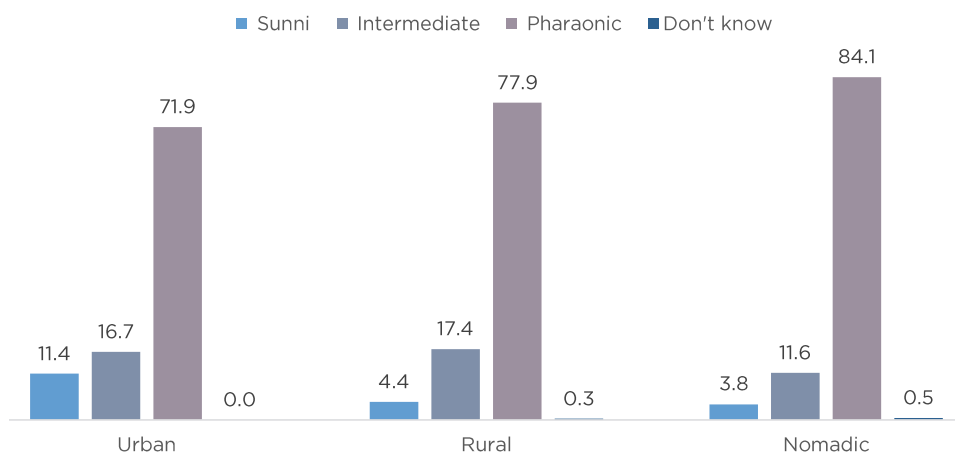
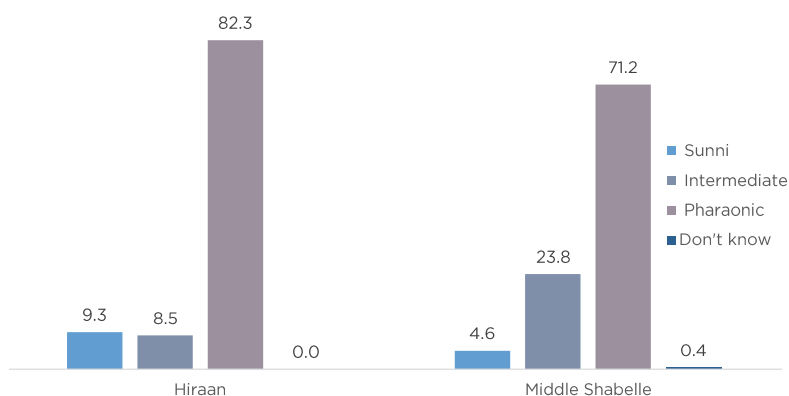


Figure 10.3 Type of FGM/C

Percent distribution of women aged 15-49 by types of FGM/C and place of residence

**Figure 10.4** Types of FGM/C

Percent distribution of women aged 15-49 by types of FGM/C and region

**Figure 10.5** Type of FGM/C

Percent distribution of women aged 15-49 by type of FGM/C and wealth quintile

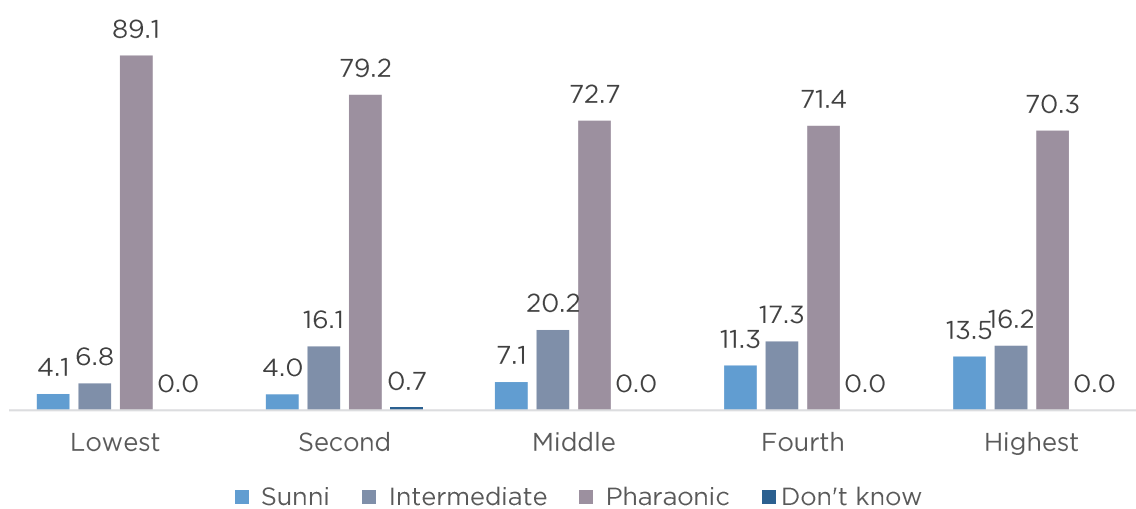


Figure 10.5 shows a relationship between the wealth status of the household and the type of FGM/C undergone by women aged 15-49 years. Women from the lowest Wealth quintile recorded the highest proportion of those who underwent the pharaonic type of circumcision at 89 percent compared to the highest Wealth quintile at 70 percent.

10.3 Age of Female Genital Mutilation/Cutting

Table 10.3 shows the percent distribution of women aged 15-49 years by the age when they underwent FGM/C, according to their Background characteristic. Women were asked how old they were when they underwent female circumcision. The majority of women (88 percent) aged 15-49 years were circumcised when they were aged 5-9 years. Less than 1 percent were circumcised when they were 0-4 years. Ninety percent of women from urban areas underwent FGM/C when they were aged 5-9 years, compared to 88 percent of those from nomadic areas and 87 percent from rural areas (Figure 10.6).

In Hiraan region, 89 and 11 percent of the women underwent circumcision at between 5-9 and 10-14 years respectively while those in Middle Shabelle region, 88 and 12 percent underwent circumcision at between 5-9 and 10-14 years respectively. The levels of education

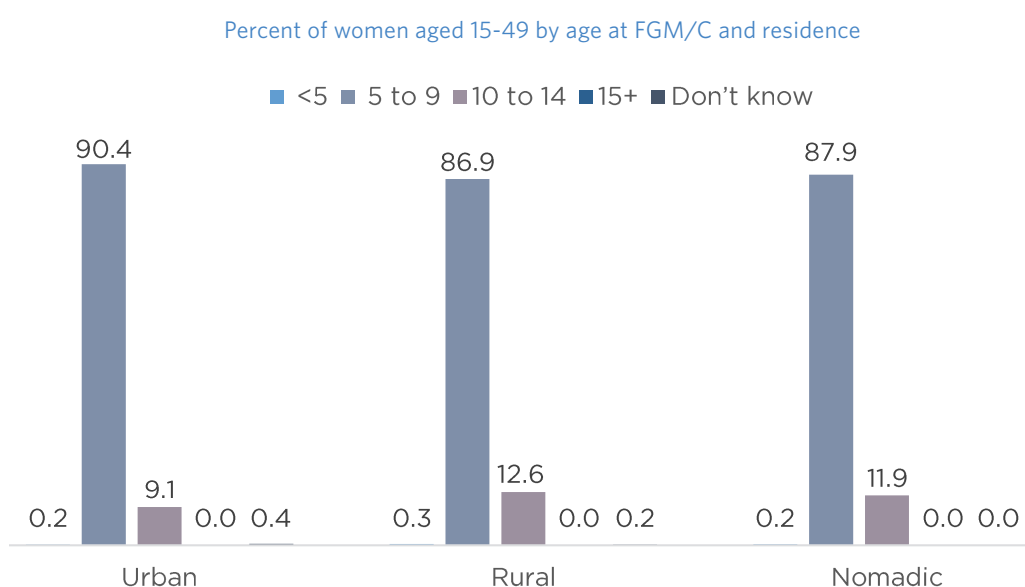
of women aged 15-49 years and the wealth status of their households do not have much influence on the age at which they were circumcised.

10.4 Female Genital Mutilation/Cutting Practice on Daughters

Ever-married women aged 15-49 who had daughters were asked if any of their daughters had undergone FGM/C and, if so, how old the girl was when she underwent the practice, and who performed it among other questions. It should be noted that mothers may not have been able to recall the exact age at which their daughters underwent FGM/C.

Table 10.4 shows the percent of girls aged 0-14 years who underwent female circumcision by age and their mothers' Background characteristic. Three percent of girls aged 0-4 years had been circumcised compared to 51 percent and 95 percent of girls aged 5-9 years and 10-14 years respectively. The prevalence of FGM/C among girls aged 0-14 years was highest in urban areas at 42 percent, compared to 38 and 31 percent among girls in the rural and nomadic areas respectively. In Middle Shabelle, 45 percent of girls 0-14 years have undergone circumcision compared to 33 percent in Hiraan.

Figure 10.6 Age at FGM/C



Mothers who have undergone FGM/C are more likely to circumcise their daughter as compared to those that have not, 39 percent and 8 percent respectively.

Fifty percent of the daughters of mothers with higher education were circumcised at the age of 0-14 years compared 40 percent of the daughters of mothers with No education.

10.5 Attitudes towards Female Genital Mutilation/Cutting

Both ever-married and never-married women aged 15-49 were asked whether the FGM/C practice should be continued or stopped. Table 10.5 shows the percentage distribution of women aged 15-49 by their opinion on the practice of FGM/C. Overall, 82 percent of women aged 15-49 believe that FGM/C practice should continue, while 15 percent believe that the practice should be stopped.

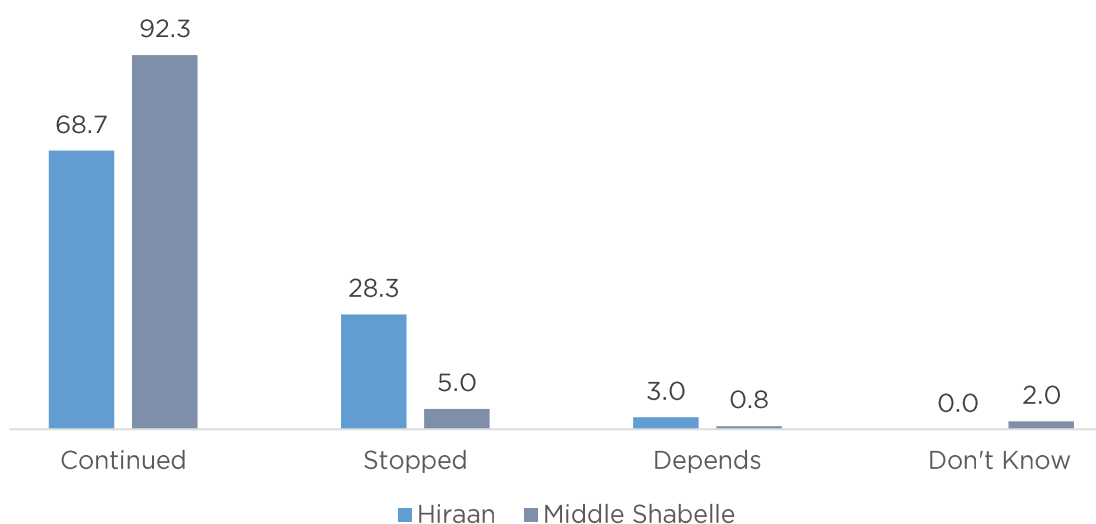
The opinion on whether the practice of FGM/C should be continued or not varies with age. Women aged 40-44 have the highest proportion of women who believe that FGM/C should continue at 94 percent, while those age 20-24 have the lowest proportion at 77 percent.

Eighty-six percent of women in rural areas are in support of the practice of FGM/C to be continued compared to nomadic and urban areas at 81 percent and 75 percent respectively. Eight-six percent of women in second Wealth quintile are in support of the practice of FGM/C to be continued compared to highest Wealth quintile at 64 percent.

Figure 10.7 presents contrasting views on stopping of female circumcision between regions. Ninety-two percent of Middle Shabelle women believe that female circumcision should continue, compared to 69 percent of Hiraan women.

Figure 10.7 Opinion on continuation of FGM/C

Percent distribution of women aged 15-49 by opinion on continuation of female circumcision and region



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Table 10.1 Opinions on whether FGM/C is required by religion

Percent distribution of women aged 15-49 by whether FGM/C is required by religion, according to Background characteristic, HSHDS 2020

Background characteristic	Required by religion	Not required by religion	Don't know	Total	Number of women
Age					
15-19	90.7	7.9	1.4	100.0	141
20-24	80.0	18.2	1.8	100.0	196
25-29	77.0	21.7	1.3	100.0	282
30-34	75.5	18.4	6.1	100.0	168
35-39	78.7	14.6	6.7	100.0	152
40-44	84.6	15.1	0.3	100.0	87
45-49	(85.7)	(14.3)	(0.0)	100.0	45
Type of residence					
Urban	74.7	21.9	3.4	100.0	331
Rural	83.6	14.0	2.4	100.0	676
Nomadic	75.2	21.1	3.8	100.0	63
Region					
Hiraan	68.9	30.4	0.7	100.0	457
Middle Shabelle	88.9	6.8	4.4	100.0	613
Education					
No education	80.6	16.5	3.0	100.0	973
Primary	78.3	20.5	1.2	100.0	71
Secondary	(78.6)	(21.4)	(0.0)	100.0	23
Higher	*	*	*	100.0	2
Wealth quintile					
Lowest	65.3	29.5	5.2	100.0	114
Second	86.5	11.0	2.6	100.0	367
Middle	83.1	15.1	1.8	100.0	384
Fourth	75.7	19.6	4.8	100.0	162
Highest	59.7	40.3	0.0	100.0	42
Total	80.3	16.9	2.8	100.0	1,070

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.



Table 10.2 Prevalence of female genital mutilation/cutting

Percentage of women aged 15-49 who have undergone FGM/C, and percent distribution of women have undergone FGM/C by type according to Background characteristic, HSHDS 2020

Background characteristic	Percentage of women who have undergone FGM/C	Number of women	Type of FGM/C				Total	Number of women who have undergone FGM/C
			Sunni	Intermediate	Pharaonic	Don't know		
Age group								
15-19	99.9	372	10.1	18.8	71.1	0.0	100.0	372
20-24	99.7	232	6.7	19.4	73.9	0.0	100.0	231
25-29	99.4	290	7.2	16.9	74.9	0.9	100.0	289
30-34	100.0	168	2.6	14.3	83.0	0.1	100.0	168
35-39	97.7	153	4.8	10.0	85.1	0.1	100.0	149
40-44	100.0	87	4.6	19.8	75.5	0.0	100.0	87
45-49	(98.3)	46	(1.8)	(12.6)	(85.6)	(0.0)	100.0	45
Type of residence								
Urban	99.1	455	11.4	16.7	71.9	0.0	100.0	450
Rural	99.7	817	4.4	17.4	77.9	0.3	100.0	815
Nomadic	99.4	76	3.8	11.6	84.1	0.5	100.0	76
Region								
Hiraan	99.8	611	9.3	8.5	82.3	0.0	100.0	610
Middle Shabelle	99.2	737	4.6	23.8	71.2	0.4	100.0	731
Education								
No education	99.5	1152	5.5	17.4	77.1	0.0	100.0	1,146
Primary	99.3	128	10.4	12.9	74.6	2.1	100.0	127
Secondary	100.0	58	23.0	10.5	66.6	0.0	100.0	58
Higher	*	10	*	*	*	*	100.0	9
Wealth quintile								
Lowest	100.0	140	4.1	6.8	89.1	0.0	100.0	140
Second	99.3	436	4.0	16.1	79.2	0.7	100.0	433
Middle	99.5	496	7.1	20.2	72.7	0.0	100.0	494
Fourth	99.6	219	11.3	17.3	71.4	0.0	100.0	218
Highest	98.6	57	13.5	16.2	70.3	0.0	100.0	57
Total	99.5	1348	6.7	16.8	76.2	0.2	100.0	1,341

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.



Table 10.3 Age at Female Genital Mutilation/Cutting

Percent distribution of women aged 15-49 who underwent FGM/C by age when it was done, according to Background characteristic, HSHDS 2020

Background characteristic	Age at female circumcision					Total	Number of women who have undergone FGM/C
	<5	5 to 9	10 to 14	15+	Don't know		
Age							
15-19	1.0	89.7	9.0	0.0	0.4	100.0	372
20-24	0.0	86.7	13.3	0.0	0.0	100.0	231
25-29	0.0	89.7	10.3	0.0	0.0	100.0	289
30-39	0.0	86.0	14.0	0.0	0.0	100.0	317
40-49	0.0	87.6	11.2	0.0	1.2	100.0	132
Type of residence							
Urban	0.2	90.4	9.1	0.0	0.4	100.0	450
Rural	0.3	86.9	12.6	0.0	0.2	100.0	815
Nomadic	0.2	87.9	11.9	0.0	0.0	100.0	76
Region							
Hiraan	0.0	88.9	10.8	0.0	0.4	100.0	610
Middle Shabelle	0.5	87.5	11.9	0.0	0.1	100.0	731
Education							
No education	0.3	87.8	11.6	0.0	0.3	100.0	1146
Primary	0.0	89.9	10.1	0.0	0.0	100.0	127
Secondary	0.0	91.5	8.5	0.0	0.0	100.0	58
Higher	*	*	*	*	*	100.0	9
Wealth quintile							
Lowest	0.0	86.9	13.1	0.0	0.0	100.0	140
Second	0.7	89.5	9.5	0.0	0.3	100.0	433
Middle	0.2	87.3	12.6	0.0	0.0	100.0	494
Fourth	0.0	86.3	13.0	0.0	0.7	100.0	218
Highest	0.0	94.3	5.7	0.0	0.0	100.0	57
Total	0.3	88.1	11.4	0.0	0.2	100.0	1341

An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.



Table 10.4 Circumcision of girl's age 0-14 by mothers Background characteristic

Percentage of girls age 0-14 who are circumcised, according to age and mother's Background characteristic, HSHDS 2020

Background characteristic	Current age of girls			Total 0-14
	0-4	5-9	10-14	
Type of residence				
Urban	4.3	53.7	95.8	41.6
Rural	2.5	50.3	95.0	38.1
Nomadic	1.2	37.9	94.2	30.8
Region				
Hiraan	2.7	43.7	93.9	32.6
Middle Shabelle	3.2	56.9	96.2	44.6
Wealth quintile				
Lowest	1.7	48.6	96.5	38.6
Second	2.5	54.1	95.5	39.3
Middle	3.6	47.5	96.5	38.1
Fourth	3.2	54.9	89.3	38.7
Highest	4.8	45.9	98.2	42.9
Total	3.0	50.9	95.2	38.8

Note: The FGM/C status of girls is reported by their mothers.



Table 10.5 Opinions on Continuation of FGM/C

Percent distribution of women aged 15-49 by whether the practice of FGM/C should continue by Background characteristic, HSHDS 2020

Background characteristic	Opinion to continue with female circumcision practice or not				Total	Number of women
	Continued	Stopped	Depends	Don't Know		
FGM/C status						
Have undergone FGM/C	82.2	14.9	1.7	1.1	100.0	1063
Have not undergone FGM/C	*	*	*	*	100.0	7
Age						
15-19	86.6	13.3	0.1	0.0	100.0	141
20-24	77.0	20.7	2.2	0.1	100.0	196
25-29	81.3	16.2	1.6	1.0	100.0	282
30-34	80.5	14.6	1.6	3.2	100.0	168
35-39	79.0	14.5	4.1	2.4	100.0	152
40-44	94.3	5.7	0.0	0.0	100.0	87
45-49	(91.1)	(8.9)	(0.0)	(0.0)	100.0	45
Type of residence						
Urban	74.9	20.6	4.3	0.2	100.0	331
Rural	85.9	12.1	0.4	1.6	100.0	676
Nomadic	80.8	16.5	2.1	0.6	100.0	63
Region						
Hiraan	68.7	28.3	3.0	0.0	100.0	457
Middle Shabelle	92.3	5.0	0.8	2.0	100.0	613
Education						
No education	83.2	14.3	1.3	1.2	100.0	973
Primary	72.7	20.3	7.0	0.0	100.0	71
Secondary	(70.6)	(25.1)	(4.2)	(0.0)	100.0	23
Higher	*	*	*	*	100.0	2
Wealth quintile						
Lowest	72.6	20.3	2.4	4.8	100.0	114
Second	86.2	13.2	0.5	0.0	100.0	367
Middle	85.0	12.5	0.9	1.7	100.0	384
Fourth	77.9	17.5	4.6	0.0	100.0	162
Highest	64.3	29.8	5.9	0.0	100.0	42
Total 15-49	82.2	15.0	1.7	1.1	100.0	1,070

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.





11

Women's Empowerment



Key Findings

Access to financial services:

3 percent of women aged 15-49 have a bank account, 75 percent of women own a mobile phone, and **70 percent** of those using a mobile phone use it for financial transactions.

Participation in decision-making:

24 percent of currently married women aged 15-49 make decisions on their own health care or jointly with their husbands.

Attitudes towards wife-beating:

55 percent of all women aged 15-49 believe that a husband is justified in beating his wife for at least one of the six specified reasons.



11 WOMEN'S EMPOWERMENT

This chapter focuses on women's empowerment in Hirshabelle, including employment, earnings, control over earnings, and ownership of assets. It also explores women's ownership and use of bank accounts and mobile phones. The HSHDS asked specific questions to define two different indicators of women's empowerment: their participation in household decision-making and attitudes towards wife-beating.

The Provisional Constitution of Somalia has several positive propositions for women's involvement in leadership and decision-making. However, most Somali women are still either excluded from decision-making and asset ownership or operate through a patriarchal filter in these areas – mainly due to cultural restrictions on their movement and asset ownership.

11.1 Women's Employment

Table 11.1 shows that 15 percent of currently married women aged 15- 49 were employed at the time of the survey or within 12 months preceding the survey. Employment among currently married women increases with age and peaks among those aged 40-44 at 32 percent. Figure 11.1 shows the percentage distribution of currently married women who were employed 12 months preceding the survey by type of earnings. Generally, employment is assumed to go hand in hand with payment for work. However, not all women in Hirshabelle State receive earnings for their work, and among those who do receive earnings, not all receive cash. Fifty-nine percent of currently married women who reported being employed at any time in the 12

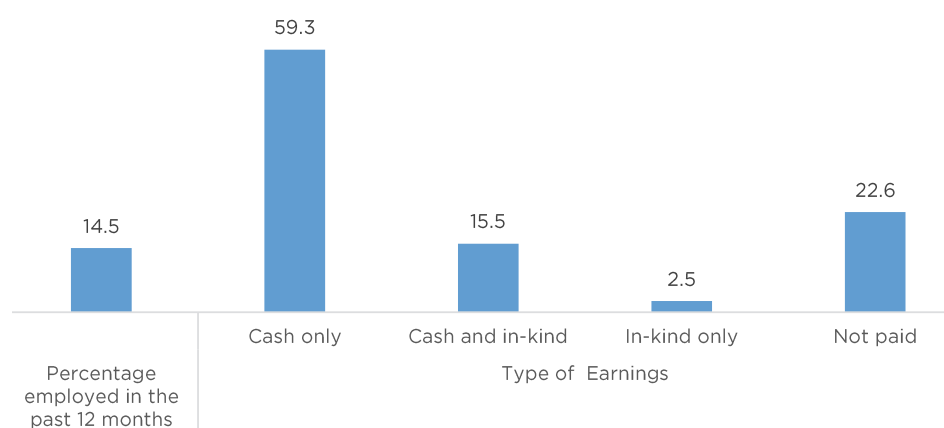
months preceding the survey received earnings in cash, 16 percent were paid in cash and in-kind, 3 percent received their earnings in kind only, while the remaining 23 percent were not paid at all.

11.2 Control over Wives' Earnings

Access to/and control of financial resources are critical variables for women's empowerment and poverty reduction. Employment and cash earnings are more likely to contribute to women's economic and social empowerment, particularly if they perceive their earnings as significant relative to those of their husbands and

Figure 11.1 Employment and Type of earnings of currently married women

Percent distribution of currently married women employed in past 12 months and type of earnings



important to the household's welfare. It can contribute to improving power and autonomy in decision-making that impact women as individuals and their families.

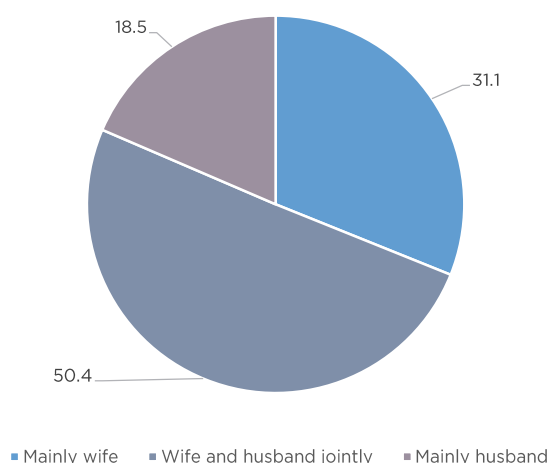
To assess women's autonomy, currently married women aged 15- 49 who earned cash for their work in the 12 months preceding the survey were asked who the main decision-maker regarding their earnings is. This information allowed an assessment of women's control over their household earnings.

Table 11.2 and Figure 11.2 show the degree of control women have over the use of their earnings, with 31 percent of currently married women reporting that they decide on their own how their earnings will be used, while 50 percent decide jointly with their husbands. Nineteen percent reported their husband is the main decision-maker and controls their cash earnings.

Table 11.2 also shows that 16 percent of women earn more than their husbands, while 53 percent earn less than their husbands. Only 7 percent earn an equal amount to their husbands' earnings. Fifteen percent of the currently married women did not know whether their earnings were low or higher than their husbands', mostly because they are not privy to information about their husbands' earnings. The data by place of residence indicates that 17 percent of women in urban settings earn more than their husbands, compared to 15 percent among women in rural settings.

Figure 11.2 Control over women's cash earnings

Percent distribution of currently married women aged 15-49 with income for the last 12 months preceding survey and who makes decisions over their cash earnings



11.3 Control over Husbands' Earnings

Table 11.3 and Figure 11.3 show that 28 percent of currently married women aged 15-49 whose husbands earn cash report that decisions about the use of the husbands' cash earnings are made jointly, and 61 percent reported that the husband is the main decision-maker. Eleven percent reported that the wife is the main decision-maker on how the husband's cash earnings are used. Men have a lot more control over their own earnings compared to their wives.

11.4 Ownership of Assets

Ownership of and control over assets, such as land and housing, are important factors that contribute to improving women's status. Ownership of land and property plays a vital role in strengthening women's agency. Land is a key productive and economic asset. It provides opportunity and multiple benefits to individuals and households, including a secure place to live, livelihood, protection during emergencies, and collateral when needed. In the HSHDS, ever-married women were asked whether they own a house and land alone or jointly with their husbands.

Figure 11.3 Control over Husbands' cash earnings

Percent distribution of currently married women aged 15-49 whose husbands receive cash earnings by person who decides how husband's cash earnings are used

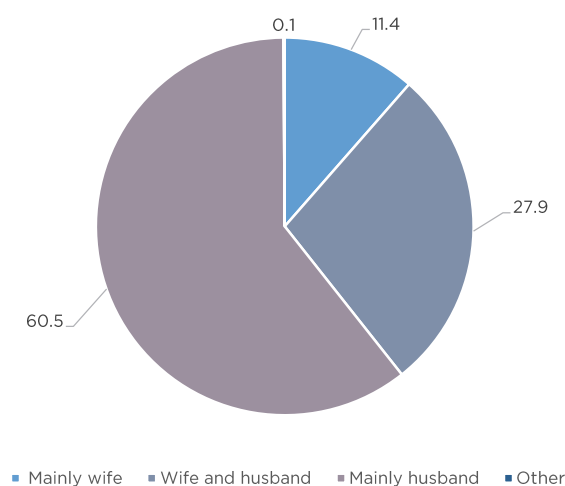


Table 11.4 shows the percent distribution of ever-married women aged 15-49 by ownership of a house and land. Women are more likely to own a house than land. Overall, 56 percent of women own land, and 66 percent own a house either alone or jointly. The majority of women who own houses do so jointly with their husbands, at 32 percent, while 27 percent own land jointly with their husbands. The highest proportion of women who own a house either alone, jointly, or both was among those aged 40-44 years who were reported to have a house at 75 percent, while the lowest proportion were for those aged 20-24 years at 59 percent.

Women in rural areas are more likely to own a house alone at 21 percent compared to women in nomadic and urban areas at 12 and 15 percent respectively. Twenty-three percent of women in rural and 12 percent of women in the nomadic areas own land alone compared to 13 percent among women in urban areas (Figure 11.4).

Regionally, women in Middle Shabelle are more likely to own house (Either Alone, Jointly or both alone and jointly), at 75 percent compared to women in Hiiraan at 53 percent.

11.5 Ownership and Use of Bank Accounts and Mobile Phones

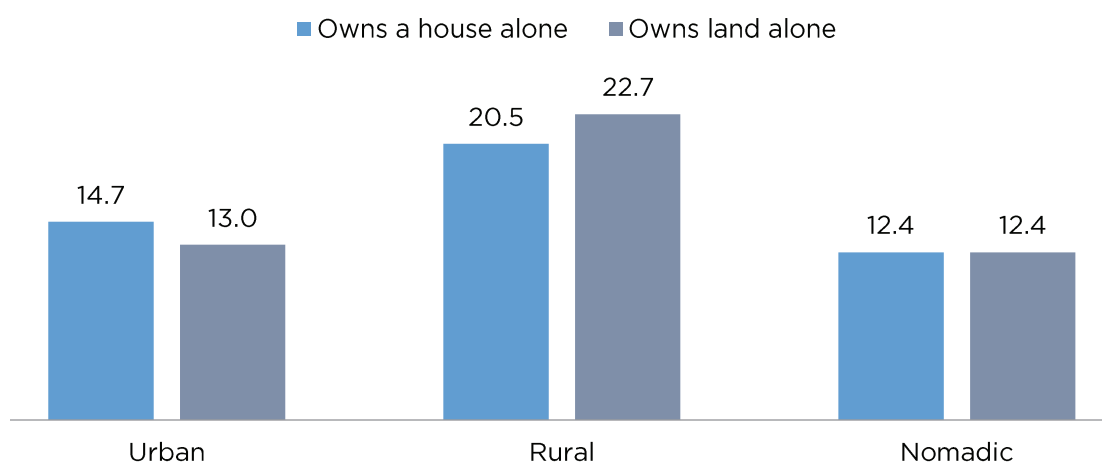
Ownership of a bank account and a mobile phone are reflections of autonomy, social functioning, and financial independence. In the HSHDS, women were asked if they had an account in a bank or any other financial institution that they themselves used and if they owned a mobile phone. Those who owned a mobile phone were further asked if they used the phone for financial transactions.

Table 11.5 shows that only 3 percent of women have a bank account that they use. However, three-quarters (75 percent) of women own a mobile phone, and among those with a mobile phone, 70 percent use their phones for financial transactions. This could be attributed to the devaluation of the Somali shilling and lack of a small denomination, as well as convenience, which makes mobile money the preferred mode of payment for women throughout the country.

The percentage of women who have a bank account and a mobile phone increases as education levels increase. For example, among women with No education, 2 percent own and use a bank account compared to 16 percent of women with secondary education. Similarly, among women with No education, 67 percent use a mobile phone for financial transactions, compared to

Figure 11.4 Ownership of assets

Percent distribution of ever married women aged 15-49 by ownership of housing and land by type of residence and region



92 percent among those with secondary education.

Women from the highest Wealth quintile are more likely than women from other Wealth quintiles to have and use a bank account, own a mobile phone, and use a mobile phone for financial transactions. Thirteen percent of women from the wealthiest households, own and use a bank account, compared to less than 1 percent among those from the poorest households. Fifty-two percent of women from the poorest households use a mobile phone for financial transactions, compared to 85 percent of women from the wealthiest households (Table 11.5).

Women in urban areas are more likely to have and use a bank account, own a mobile phone, and use a mobile phone for financial transactions compared to those from rural and nomadic areas. Eighty-five percent of women from urban areas own a mobile phone compared to 71 percent and 68 percent of women in rural and nomadic areas, respectively (Figure 11.6).

The percentages of those with a bank account, mobile phone, and mobile phone use for financial transactions are much higher in Hiraan region than in the Middle Shabelle. Seventy-five percent of women in Hiraan use mobile phones for financial transactions compared to 66 percent of women in Middle Shabelle (Table 11.5).

Figure 11.5 Ownership of bank account and mobile phones

Percent of women aged 15-49 who have and use a bank account and use mobile phone for financial transactions by Wealth quintile

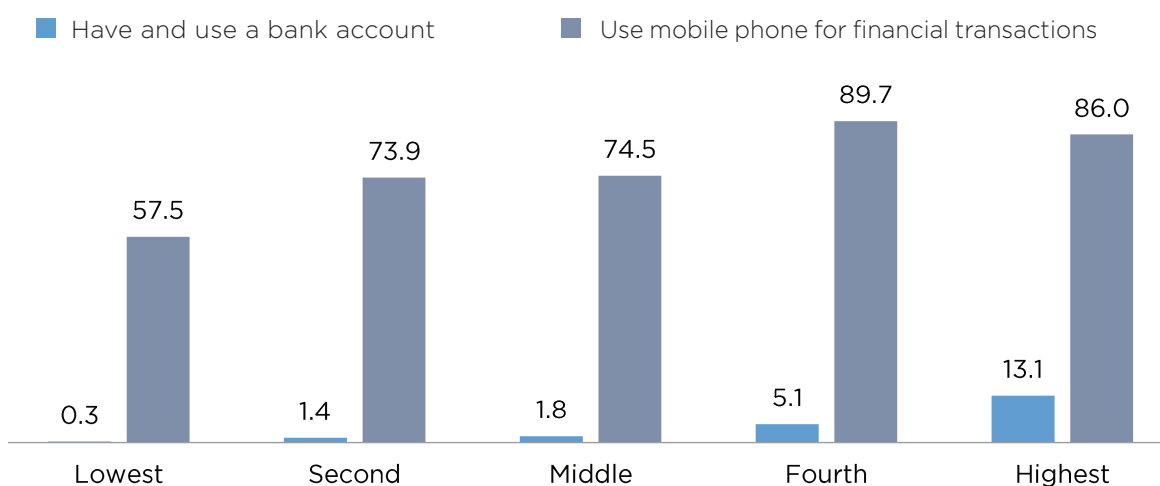
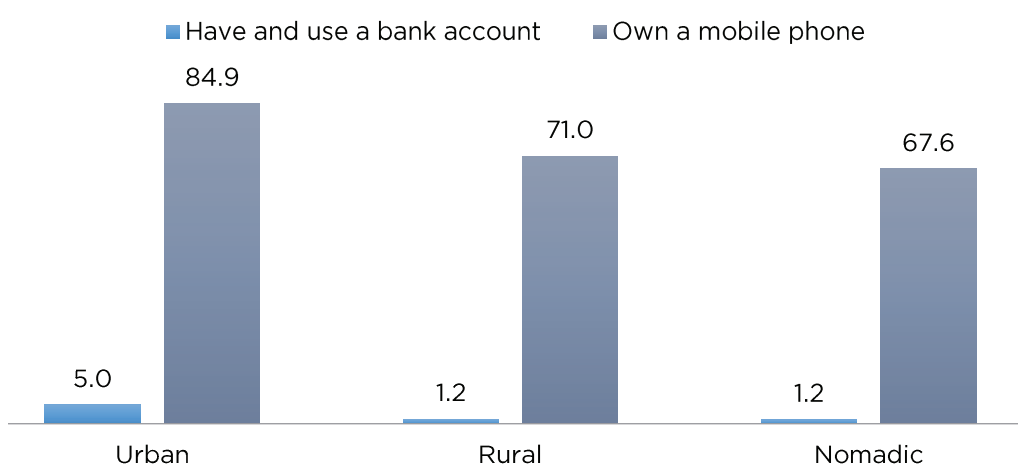


Figure 11.6 Ownership of bank account and mobile phones

Percent of women aged 15-49 who have and use a bank account and own a mobile phone by type of residence



11.6 Women's Participation in Decision- Making

Participation in household decision-making is an essential aspect of women's empowerment and reflects women's status and level of influence women have within their own household and environment. As part of the HSHDS, currently married women were asked about their participation in decisions about their own health care, major household purchases, and visits they make to their family or relatives.

Table 11.6 shows that 71 percent of women indicated that decisions on their own health care are made mainly by their husbands, 24 percent make decisions regarding their own health care jointly with their husbands, while 5 percent make these decisions on their own. A similar pattern is observed regarding major household purchases, with 65 percent of women indicating that their husbands make decisions for major household purchases. Eighty-three percent of women state their husbands make decisions for visits to their family or relatives. Generally, men have more influence in household decision-making than women.

11.7 Attitudes towards Wife Beating

As part of the HSHDS, all women aged 15-49 were asked if they agree that a husband is justified in hitting or beating his wife under each of the following five circumstances: she neglects household duties, she argues with him, she goes out without telling him, she wastes resources, she neglects the children, and she refuses to have sex with him. If respondents answer "yes" in at least one circumstance, they are considered to have attitudes justifying wife-beating.

Table 11.7 shows that 55 percent of women believe that a husband is justified in beating his wife for at least one of the six specified reasons. Forty-three percent of women believe that wife-beating is justified if the wife neglects household duties, 45 percent believe that wife-beating is justified if she argues with him, while 44 percent believe that wife-beating is justified if she neglects the children.

The percentage of women who believe that a husband is justified in beating his wife for at least one of the six specified reasons generally decreases as the age of

women increases. It is highest among young women aged 20-24 at 59 percent compared to 45 percent among older women aged 45 -49. Regionally, women in Hiraan are more likely to justify wife-beating for any of the six reasons compared to women from Middle Shabelle at 61 and 50 percent respectively.

11.8 Summary Indices of Women's Empowerment

Responses from women on their participation in making household decisions and their attitudes towards wife-beating can be summarized into two separate indices. The first index is the number of decisions in which women participate alone or jointly with their husbands (see Table 11.6 for the list of decisions). This index ranges in value from 0 to 3 and is positively related to women's empowerment, which means, the higher the value, the greater the respondent's level of empowerment. It reflects the degree of decision-making and control that women can exercise in areas that directly affect their lives and environments.

Table 11.8 shows a positive relationship between women's disapproval of wife-beating and their participation in decision-making. The percentage of women who disagree with all the reasons that justify wife-beating increases with the increase of the index, from 40 percent among women who do not participate in any household decisions to sixty percent of women who participate in all three decisions.

The second index is the number of reasons why the respondent believes that a husband is justified in beating his wife (Table 11.7 for the list of reasons). This index ranges in value from 0 to 6. A lower score on this indicator is interpreted as reflecting a greater sense of autonomy, self-esteem, and a higher status.

The percentage of women participating in all the household decisions decreases with the number of reasons women accept as justifying wife-beating, from twenty percent among women who do not agree that wife-beating is justified for any reason to 6 percent among women who accept that wife-beating is justified in one to two specified reasons.



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Table 11.1 Employment of currently married women

Percent distribution of currently married women employed in past 12 months, HSHDS 2020

Age	Among currently married respondents:	
	Percentage employed in past 12 months	Number of respondents
15 - 19	4.1	153
20 - 24	10.9	209
25 - 29	9.2	296
30 - 34	18.1	185
35 - 39	20.2	160
40 - 44	31.9	96
45 - 49	(33.0)	38
Total	14.5	1,138

Note: Figures in parentheses are based on 25-49 unweighted cases.



Table 11.2 Control over women's cash earnings and relative magnitude of women's cash earnings

Percent distribution of currently married women aged 15-49 who received cash earnings for employment in the 12 months preceding the survey by person who decides how wife's cash earnings are used and by whether she earned more or less than her husband, according to Background characteristic, HSHDS 2020

Background characteristic	Person who decides how wife's cash earnings are used:			Total	Respondent earns more than husband					Total	Number of women
	Mainly wife	Wife and husband jointly	Mainly husband		More than him	Less than him	About the same	Husband has no earnings	Don't know		
Type of residence											
Urban	39.9	32.7	27.4	100.0	17.4	44.3	1.7	3.5	33.1	100.0	48
Rural	25.4	61.9	12.7	100.0	14.5	58.2	10.9	12.7	3.6	100.0	74
Nomadic	*	*	*	100.0	*	*	*	*	*	100.0	2
Region											
Hiraan	(46.8)	(31.3)	(21.9)	100.0	(25.3)	(29.1)	(0.0)	(7.9)	(37.7)	100.0	38
Middle Shabelle	24.2	58.7	17.1	100.0	12.0	63.2	10.4	9.5	5.0	100.0	86
Total	31.1	50.4	18.5	100.0	16.0	52.8	7.2	9.0	15.0	100.0	124

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed

Table 11.3 Control over husband's cash earnings

Percent distributions of currently married women aged 15-49 whose husbands receive cash earnings by person who decides how husband's cash earnings are used, according to Background characteristic, HSHDS 2020

Background characteristic	Person who decides how husbands' cash earnings are used				Total	Number of currently married women
	Mainly wife	Wife and husband	Mainly husband	Other		
Type of residence						
Urban	19.2	24.6	56.2	0.0	100.0	47
Rural	8.0	29.4	62.6	0.0	100.0	101
Nomadic	*	*	*	*	100.0	4
Region						
Hiraan	(12.2)	(19.5)	(68.3)	(0.0)	100.0	34
Middle Shabelle	11.2	30.3	58.3	0.2	100.0	118
Wealth quintile						
Lowest	*	*	*	*	100.0	11
Second	4.5	34.0	61.5	0.0	100.0	60
Middle	15.3	24.1	60.6	0.0	100.0	54
Fourth	(11.1)	(42.4)	(45.6)	(0.8)	100.0	22
Highest	*	*	*	*	100.0	6
Total	11.4	27.9	60.5	0.1	100.0	152

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed



Table 11.4 Ownership of assets

Percent distribution of ever married women aged 15-49 by ownership of housing and land, according to Background characteristic, HSHDS 2020

Background characteristic	Owns a house alone or jointly					Owns land alone or jointly					Total number of women
					Total					Total	
	Alone	Jointly	Both alone and jointly	Does not own		Alone	Jointly	Both alone and jointly	Does not own		
Age											
15-19	23.6	26.4	10.6	39.4	100.0	19.9	24.3	4.6	51.2	100.0	166
20-24	13.8	33.2	11.8	41.2	100.0	16.8	27.7	8.8	46.7	100.0	239
25-29	21.7	32.6	15.1	30.6	100.0	20.0	22.4	8.1	49.4	100.0	327
30-34	10.3	35.2	18.7	35.7	100.0	17.4	25.4	17.3	39.9	100.0	202
35-39	17.9	33.3	20.9	27.9	100.0	15.7	32.7	15.3	36.3	100.0	177
40-44	22.3	29.3	23.2	25.2	100.0	21.6	32.5	8.5	37.4	100.0	107
45-49	(23.2)	(24.9)	(7.6)	(44.3)	100.0	(35.1)	(26.2)	(1.6)	(37.0)	100.0	49
Type of residence											
Urban	14.7	26.8	8.0	50.4	100.0	13.0	20.0	4.2	62.8	100.0	381
Rural	20.5	33.1	20.1	26.3	100.0	22.7	28.7	13.4	35.2	100.0	800
Nomadic	12.4	42.6	7.9	37.0	100.0	12.4	35.8	4.3	47.4	100.0	85
Region											
Hiraan	11.1	32.2	9.6	47.1	100.0	11.2	27.4	6.8	54.6	100.0	530
Middle Shabelle	23.3	31.6	20.1	25.0	100.0	24.7	26.0	12.4	36.9	100.0	737
Education											
No education	18.0	31.7	16.1	34.2	100.0	19.6	26.6	10.7	43.2	100.0	1,155
Primary	22.5	34.8	8.9	33.8	100.0	13.3	29.8	1.0	55.9	100.0	82
Secondary	(15.4)	(28.0)	(18.2)	(38.4)	100.0	(15.4)	(15.7)	(8.0)	(61.0)	100.0	26
Higher	*	*	*	*	100.0	*	*	*	*	100.0	3
Wealth quintile											
Lowest	7.9	40.2	16.5	35.4	100.0	7.5	41.2	10.9	40.4	100.0	136
Second	17.1	40.8	16.5	25.6	100.0	21.1	34.4	11.9	32.6	100.0	451
Middle	22.4	23.2	15.8	38.6	100.0	22.1	16.4	10.5	51.1	100.0	445
Fourth	17.4	26.5	14.1	42.1	100.0	17.1	22.8	5.2	55.0	100.0	188
Highest	22.6	25.2	9.5	42.7	100.0	12.7	20.4	5.2	61.7	100.0	47
Total number of Women	18.2	31.8	15.7	34.3	100.0	19.1	26.6	10.0	44.3	100.0	1,267

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed



Table 11.5 Ownership and use of bank accounts and mobile phones

Percentage of women aged 15-49 who use an account in a bank or other financial institution, percentage who own a mobile phone among women who own a mobile phone, percentage who use it for financial transactions, according to Background characteristic, HSHDS 2020

Background characteristic	Have and use a bank account	Own a mobile phone	Number of women	Use mobile phone for financial transactions	Number of women who own a mobile phone
Age					
15-19	1.5	66.9	414	61.1	277
20-24	3.3	72.3	278	69.3	201
25-29	4.1	83.1	336	73.4	279
30-34	0.4	81.1	202	80.2	164
35-39	2.7	76.4	177	73.6	135
40-44	3.0	76.0	110	69.4	83
45-49	1.7	79.6	50	(77.0)	39
Type of residence					
Urban	5.0	84.9	509	83.2	432
Rural	1.2	71.0	958	64.2	680
Nomadic	1.2	67.6	100	60.6	68
Region					
Hiraan	3.8	78.1	698	75.0	545
Middle Shabelle	1.4	73.0	869	66.3	635
Education					
No education	1.6	73.2	1353	67.4	990
Primary	3.5	86.0	142	84.9	122
Secondary	16.0	91.6	62	91.6	56
Higher	*	*	11	*	11
Wealth quintile					
Lowest	0.3	57.5	170	51.8	98
Second	1.4	73.9	529	68.5	391
Middle	1.8	74.5	560	68.2	417
Fourth	5.1	89.7	244	87.2	219
Highest	13.1	86.0	63	84.7	54
Total	2.5	75.3	1567	70.1	1,180

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed

Table 11.6 Participation in decision making

Percent distribution of currently married women aged 15-49 by person who usually makes decisions about various issues, HSHDS 2020

Decision	Mainly wife	Wife and husband jointly	Mainly husband	Someone else	Other	Total	Number of women
Own health care	4.7	24.3	70.9	0.1	0.0	100.0	1,138
Major household purchases	6.7	28.6	64.5	0.0	0.0	100.0	1,138
Visits to her family or relatives	1.9	14.8	82.9	0.0	0.0	100.0	1,138



Table 11.7 Attitude toward wife beating: Women

Percentage of all women aged 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by Background characteristic, HSHDS 2020

Background characteristic	Husband is justified in hitting or beating his wife if she:						Percentage who agree with at least one specified reason	Number of women
	Neglects household duties	She argues with him	Goes out without telling him	Wastes resources	Neglects the children	Refuses to have sex with him		
Age								
15 - 19	43.2	45.4	42.2	44.8	45.1	44.2	58.6	414
20 - 24	49.9	51.2	47.9	46.8	52.8	47.1	59.1	278
25 - 29	39.1	42.7	38.3	43.2	41.1	39.9	52.5	336
30 - 34	46.6	46.6	46.5	44.8	47.0	46.3	56.8	202
35 - 39	36.2	39.3	36.4	37.9	39.7	38.5	47.1	177
40 - 44	35.7	38.5	31.3	30.8	36.7	36.4	46.2	110
45 - 49	37.5	35.7	23.2	26.2	34.2	34.9	45.0	50
Employment								
Not employed	43.5	45.0	40.6	42.8	44.6	43.3	53.7	1,075
Employed for cash	35.7	37.0	35.4	37.8	37.2	39.2	44.8	126
Employed, not for cash	(41.9)	(48.0)	(41.5)	(28.5)	(41.5)	(48.0)	(61.5)	42
Missing	41.8	45.4	44.1	45.0	46.4	40.8	60.3	324
Number of living children								
0	40.9	45.0	41.8	42.9	44.6	40.5	57.3	396
1-2	43.9	43.7	40.7	42.0	44.5	45.1	54.2	297
3-4	39.7	44.2	39.2	42.8	43.4	42.4	53.6	341
5+	44.6	44.9	41.4	42.2	44.5	42.8	53.3	533
Type of residence								
Urban	40.0	45.4	40.8	43.6	45.6	41.9	55.6	509
Rural	44.7	45.4	42.2	42.9	44.8	44.2	55.1	958
Nomadic	33.5	32.3	29.2	32.7	33.1	30.7	43.8	100
Region								
Hiraan	45.7	49.4	45.4	46.8	49.9	43.6	60.9	698
Middle Shabelle	39.9	40.6	37.3	39.0	39.8	41.7	49.5	869
Mother's education								
No education	42.5	44.2	40.7	42.2	43.9	42.9	54.4	1,353
Primary	46.8	52.7	44.9	50.2	51.3	46.5	59.8	142
Secondary	37.9	37.9	40.6	33.0	43.3	30.3	50.1	62
Higher	*	*	*	*	*	*	*	11
Wealth quintile								
Lowest	39.3	40.5	41.8	39.2	43.4	39.1	51.8	170
Second	45.6	45.5	42.8	44.3	44.6	43.9	55.4	529
Middle	43.8	47.2	41.3	43.5	46.2	44.2	57.5	560
Fourth	36.4	40.3	36.3	38.4	39.5	38.9	48.4	244
Highest	36.4	41.0	36.8	42.3	46.3	41.0	52.1	63
Total	42.5	44.5	40.9	42.5	44.3	42.6	54.6	1,567

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed



Table 11.8 Indicators of women's empowerment

Percentage of currently married women aged 15-49 who participate in all decision making and the percentage who disagree with all of the reasons justifying wife-beating, by value on each of the indicators of women empowerment, HSHDS 2020

Empowerment indicator	Percentage who participate in all decision making	Percentage who disagree with all the reasons justifying wife beating	Number of women
Number of decisions in which women participate			
0	na	39.6	692
1-2	na	31.8	295
3	na	60.3	150
Number of reasons for which wife beating is justified			
0	19.7	na	459
1-2	6.0	na	80
3-4	8.5	na	107
5-6	9.3	na	491

na = Not applicable







12

**Chronic Diseases,
Disability, Out-of-Pocket
Health Expenditure and
Social Habits**



Key Findings

Chronic diseases:

5 percent of Hirshabelle household members suffer from at least one chronic disease; **7 percent** for Hiraan, and **3** for Middle Shabelle.

Diagnosis and treatment of chronic diseases:

3 percent of household members have been diagnosed by a physician and **2 percent** are undergoing regular treatment for a chronic disease.

Prevalence of the most common diseases:

Most common types of chronic diseases in Hirshabelle are: Diabetes, Pressure and Chronic Headache at **18 percent** of each, Skin Disease at **13 percent**, and Anemia at **10 percent**. The findings also indicate that Stroke and Cataract are the least prevalent chronic disease in Hirshabelle State.

Disability:

Overall, 3 percent of the population in Hirshabelle suffers from disabilities.

Most common disability:

Sight disability is the most common type of disability at **38 percent** followed by hearing and mobility at **30** and **19 percent**, respectively.

The onset of disability:

The survey shows that age at the onset of disability is higher among children under 5 years at **29 percent**. The survey also shows that the aging-related and congenital (birth related) problems are the main causes of disability at **24** and **20 percent** respectively.

Care of disabled persons:

43 percent of disabled people in Hirshabelle did not receive any care or support for their disability during the 12 months preceding the survey.

Out-of-pocket health expenses:

46 percent of households paid their health expenses from their income; **37 percent** relies on relatives/friends to cover their health expenses whereas **21 percent** of Hirshabelle residents sold their assets to cover their health expenses.

Smoking or using tobacco:

3 percent of household members in Hirshabelle mainly smoke cigarette or use tobacco.



12 CHRONIC DISEASES, DISABILITY, OUT OF POCKET HEALTH EXPENDITURE AND SOCIAL HABITS

This chapter presents information on the prevalence, diagnosis, and treatment of chronic diseases in Hirshabelle. It also offers information on the origin and age at onset of disability, the prevalence of disability, as well as the care and support available for people with disabilities. Based on the findings of the HSHDS, information on out-of-pocket health expenditure and selected social habits is also presented in this chapter.

Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both according to the National Center for Chronic Disease and Prevention and Health Promotion of the United States of America (CDC, 2020). Chronic diseases generally cannot be prevented by vaccines or cured by medication and can lead to long-term disability. They place burdens and demands on a health care system and are leading causes of death worldwide. In Hirshabelle the prevalence of chronic diseases is not exactly known due to the poor health care infrastructure as most of the population lives under harsh conditions.

The survey obtained information from household respondents whether each household member suffered from one or more chronic diseases and whether the disease was diagnosed by a physician and treated. Furthermore, the survey gathered information about household members suffering from any physical, mental, or other state that limited them from engaging in their normal activities.

Interviewers also obtained information from the household respondents on whether any household member had been injured. If the answer to any of these questions was affirmative, follow-up questions were asked about the type of disease, disability, and/or injury.

Interviewers also obtained information on sicknesses that families experienced over the one month preceding the survey, in addition to expenditure on health services received.



12.1. Prevalence of Chronic Diseases

Table 12.1 presents data on household members who have at least one chronic disease. Overall, 5 percent of household members in Hirshabelle reported to be suffering from at least one chronic disease. There is a slight variation between the prevalence for males and females, at 4 and 6 percent respectively.

Urban households have a slightly higher prevalence of chronic diseases at 8 percent compared to 3 percent each for rural and nomadic households.

The prevalence of chronic diseases increases with an increase in age. The prevalence of chronic disease generally increases from 2 percent in the age group of 0-4 years to 36 percent in the 65-69 age group and drops to 26 percent among persons over the age of 70 (Table 12.1 and Figure 12.1).

Regionally, household members in Hiraan have a higher reported prevalence of chronic diseases at 7 percent compared to 3 percent in Middle Shabelle (Figure 12.2).

The difference in prevalence of at least one chronic disease is marginal across all Wealth quintiles, with the fourth quintile having the highest prevalence at 8 percent and the lowest quintile having the lowest prevalence rate at 4 percent.

12.2 Diagnosis and Treatment of Chronic Diseases

Table 12.2 presents data on the distribution of household members who have specific chronic diseases diagnosed by a physician and those who receive treatment regularly. The findings show that, overall, 3 percent of household members are reported to have been diagnosed by a physician and 2 percent are undergoing regular treatment for a chronic disease. Slightly more women than men were diagnosed by a physician, at 4 percent and 3 percent respectively. Similarly, more women than men are undergoing regular treatment for the diseases, at 3 percent versus 2 percent respectively.

More urban residents reported having been diagnosed by a physician, at 6 percent, compared to rural and nomadic residents at 2 percent and 1 percent respectively. Similarly, more urban residents at 5 percent, reported they had received treatment for chronic diseases compared to rural and nomadic residents at 1 percent each.

Despite better access to health facilities in the cities, the difference in diagnosis and treatment between urban and rural settings is marginal.

More residents in Hiraan region reported having been diagnosed by a physician at 5 percent, compared to 2 percent of their counterparts in Middle Shabelle.

Similarly, 4 percent of household members in Hiraan were treated compared to 1 percent in Middle Shabelle.

Figure 12.1 Prevalence of chronic diseases by age

Percentage of household member who have atleast one chronic disease

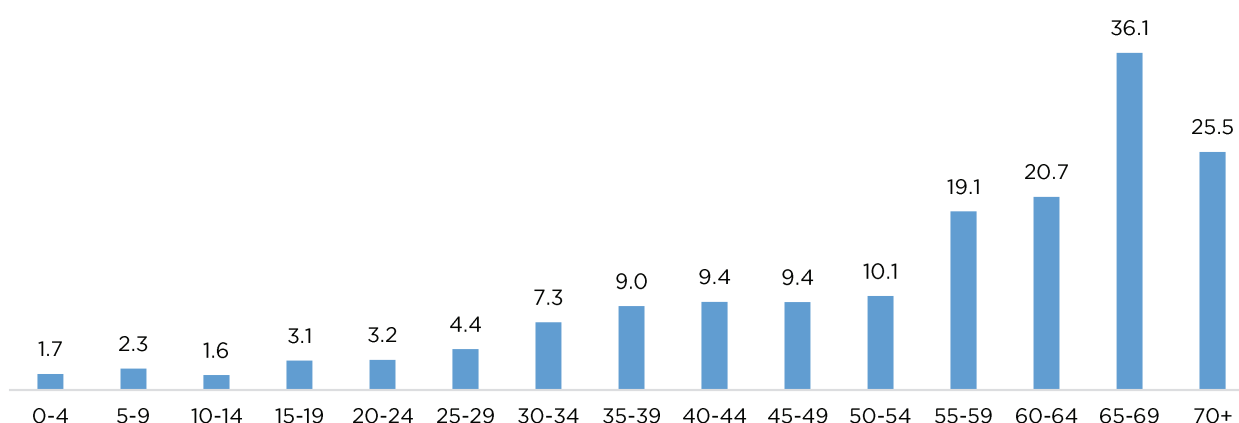
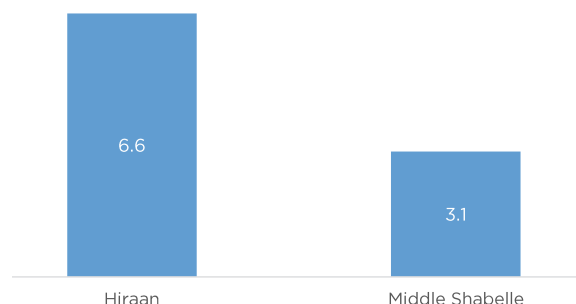


Figure 12.2 Prevalence of chronic diseases

Percentage of household members who have at least one chronic disease by region



The survey found that the percentage of household members diagnosed by a physician with at least one chronic disease and those who received treatment regularly increases as wealth levels increase. Six percent of household members in the fourth Wealth quintile were diagnosed by a physician, while 5 percent received treatment. In contrast 2 percent of household members from the lowest Wealth quintile were diagnosed by a physician, and 1 percent received treatment.

Figure 12.3 compares household members whose chronic diseases were diagnosed by a physician against those who regularly get treatment for chronic diseases. The findings indicate that more of those diagnosed in the younger age groups are treated, as compared to those in the older age groups. In the age group of 15-19 years, 2 percent were diagnosed by a physician, and all of them

The most common chronic diseases among women are headaches, pressure, and diabetes

received treatment. In the age group of 65-69 years, 24 percent were reported to have been diagnosed by a physician, while 14 percent received treatment for chronic diseases they have.

Table 12.3 presents the prevalence of some specific chronic diseases diagnosed by a physician by type of condition, place of residence, and sex. The findings show that the most common chronic diseases were: diabetes, pressure, and chronic headache. Thirteen percent of household members suffer from skin disease, while 11 percent suffer from kidney disease. Other common diseases include Arthritis and Anemia at 10 percent each, chronic back pain at 9 percent, inflammation/ulcers at 7 percent, Heart disease at 6 percent, Asthma at 5 percent, and Mental/Psychological illness and liver diseases at 3 percent each.

The most common chronic diseases among women are headaches, pressure, and diabetes, at 23 percent, 19 percent, and 18 percent respectively. The leading chronic diseases among males are diabetes, pressure, and kidney disease at 19, 17 percent, and 13 percent, respectively.

Figure 12.3 Chronic diseases diagnosed and treated.

Percentage of household members who have at least one chronic disease, diagnosed by a physician, who get treatment.

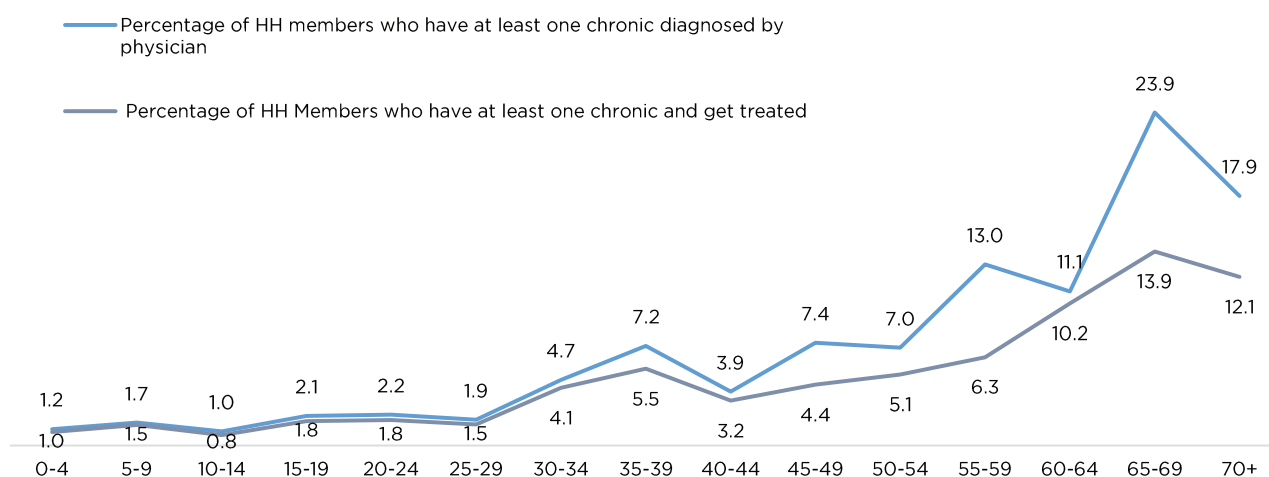
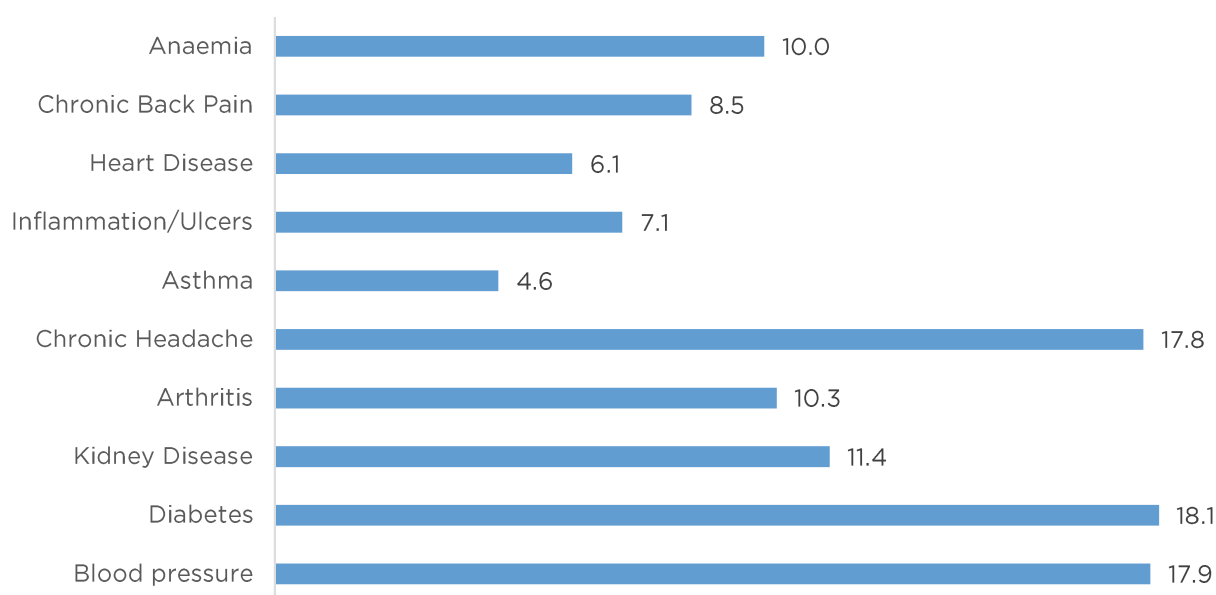


Figure 12.4 Common chronic diseases

Percentage of household members who have specific chronic diseases diagnosed by a physician



12.3 Prevalence of Disability

Table 12.4 presents data on the distribution of prevalence of disability among household members by sex, age, Wealth quintiles, and residence. It should be noted that respondents' reports of disability were not verified by a clinical diagnosis; therefore, the percentages presented should be interpreted with caution.

Overall, 3 percent of Hirshabelle's population suffers from disabilities. The prevalence of disability among females and males is the same, at 3 percent. In the youngest age group, 4 percent of under-fives suffer from disabilities. Figure 12.5 presents the prevalence of disability by age group. It shows a "J-shaped" curve, with the prevalence of disability increasing generally with an increase in age particularly after 55 years.

The prevalence of disability is slightly higher in rural areas at 4 percent compared to 3 percent in urban areas and 2 percent among nomads. Regionally, the prevalence of disability is slightly higher in Hiraan compared to Middle Shabelle at 4 percent and 3 percent, respectively.

Sight, hearing, mobility, and mental are the most prevalent forms of disability at 38, 30, 19, and 17 percent, respectively.

Figure 12.6 shows the prevalence of the most common types of disabilities. These include disabilities of sight at 38 percent, hearing at 30 percent and mobility impairments at 19 percent, mental health at 17 percent and speech at 8 percent.

12.4 Origin and Age at Onset of Disability

Table 12.5 presents data on the origin and causes of disability. For any household member with a disability, the respondents were asked about the main reason or cause of the disability.

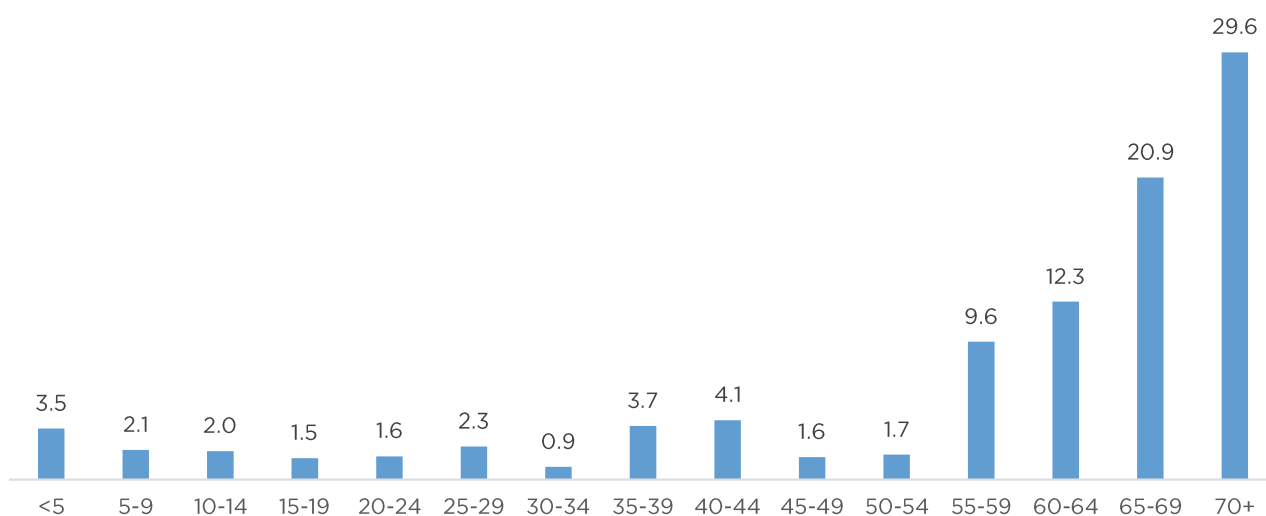
The analysis indicates that ageing and congenital (birth-related) problems were thought to be the main causes of disability. Ageing accounts for 24 percent of disabilities while congenital factors account for 20 percent of disabilities.

Ageing accounts for a larger proportion of disabilities among females at 25 percent, compared to males at 23 percent, while congenital diseases account for a larger proportion of disabilities among males at 23 percent compared to females at 17 percent.



Figure 12.5 Disability prevalence by age

Prevalence of household members with disabilities

**Figure 12.6** Common types of disabilities

Percentage of people suffering from specific types of disabilities

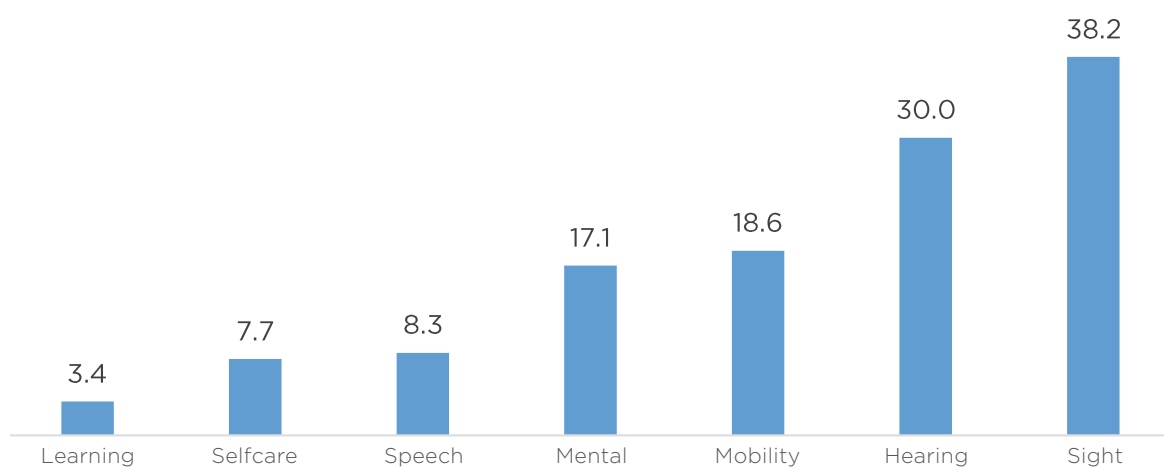


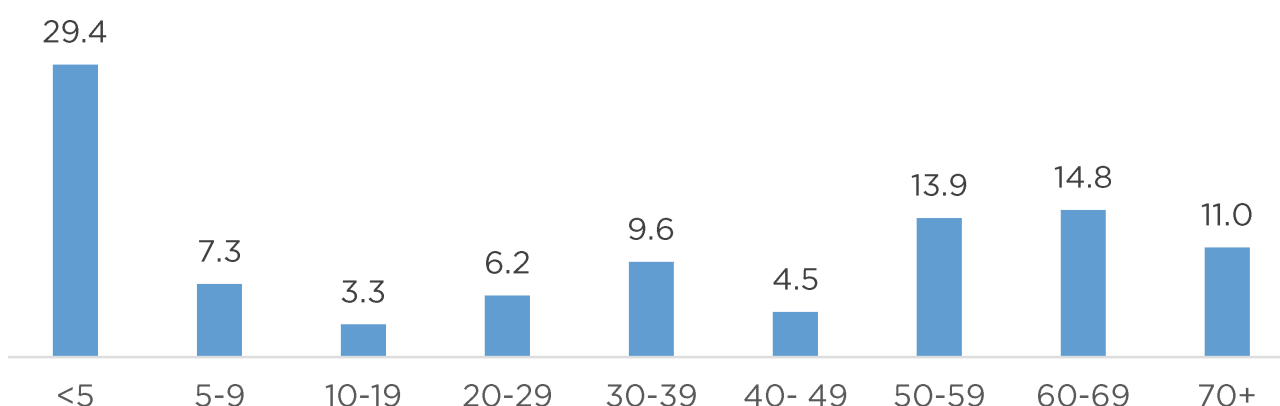
Table 12.6 presents data on the age at onset of disability in Hirshabelle. Overall, 29 percent of household populations reported disability to have started when they were under the age of five (Figure 12.7). Thirty-five percent of males and 24 percent of females stated that they had first experienced their disabilities before the age of five. More rural household members at 32 percent, reported their disabilities started while they were under the age of five, compared to household members in urban areas at 25 percent.

Regionally, the percentage of those whose onset of disability was under the age of five was higher in Middle Shabelle at 42 percent compared to Hiraan at 19 percent.



Figure 12.7 Age at onset of disability

Percentage distribution of disabled people according to age at onset of disability



12.5 Care and Support for Persons with Disabilities

Table 12.7 presents the percentage distribution of persons with disabilities who received any kind of care and support for their conditions during the 12 months prior to the survey by Background characteristic in Hirshabelle. This includes medical care, welfare, financial support, and nutritional support. The responses indicate that 43 percent of persons with disabilities had not received any care or support for their condition in the 12 months preceding the survey.

Fifty-three percent of disabled household members received medical care, while 1 percent received welfare, 4 percent received financial support, and 1 percent received nutritional support (Figure 12.8). Forty-two percent of men and 43 percent of women said they had not received any medical care, welfare, financial or nutritional support for their disability in the 12 months preceding the survey.

Regionally, 44 percent of persons with disabilities in Hiraan did not receive any support compared to Middle Shabelle at 42 percent.

43 percent of persons with disabilities had not received any care or support for their condition in the 12 months preceding the survey

12.6 Household Out-of-Pocket Health Expenditure

Out-of-pocket payments are expenditures borne directly by a patient where insurance does not cover the cost of the health service (OECD 2006). These expenses could be medical as well as non-medical. Out-of-pocket medical expenditures could be payments towards doctors' fees, medicine, diagnostics, operations, ambulance services, etc. (OECD 2006). Overall, health expenditure could amount to catastrophic levels that plunge families deeper into poverty. The World Bank defines catastrophic health expenditure as payments for health services exceeding 40 percent of household disposable income after subsistence needs are met.

Since the collapse of the Somali health care infrastructure three decades ago, most Somali households have not had any form of financial protection and were forced to make out-of-pocket payments when they fell sick. Often, families resort to borrowing money or selling assets to meet these expenditures.

The HSHDS Hirshabelle report presents information on out-of-pocket expenditure. In the Household Questionnaire, households were asked whether advice or treatment was sought for any household member's health conditions and the source of this advice or treatment was obtained. They were also asked how much money the household spent on treatment and health care services in the one month preceding the survey. The survey also gathered information about what financial sources household used to pay for any health expenditure.



Figure 12.8 Support received by household members for people with disabilities

Percentage distribution of disabled people who received any kind of care and support for their disabilities in the last 12 months

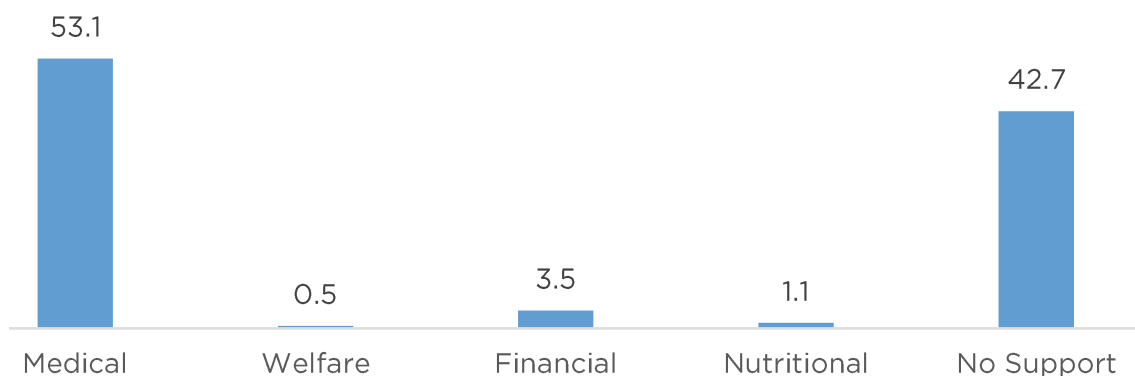


Table 12.8 shows that 22 percent of households had a sick member, of which 62 percent sought advice or treatment. Eighty-two percent of urban households and 50 percent of rural households sought medical advice or treatment for their health problems. Nomadic households were the least likely to seek medical advice and treatment, at 11 percent.

Twenty-two percent of households had sought advice or treatment from pharmacies compared to 20 percent of households who had visited a private hospital, clinics, or doctors for advice or treatment. Seventeen percent had sought advice or treatment from Mother Child Health (MCH) clinics and/ or health centers (HC), compared to 8 percent which had visited a government hospital (Figure 12.9).

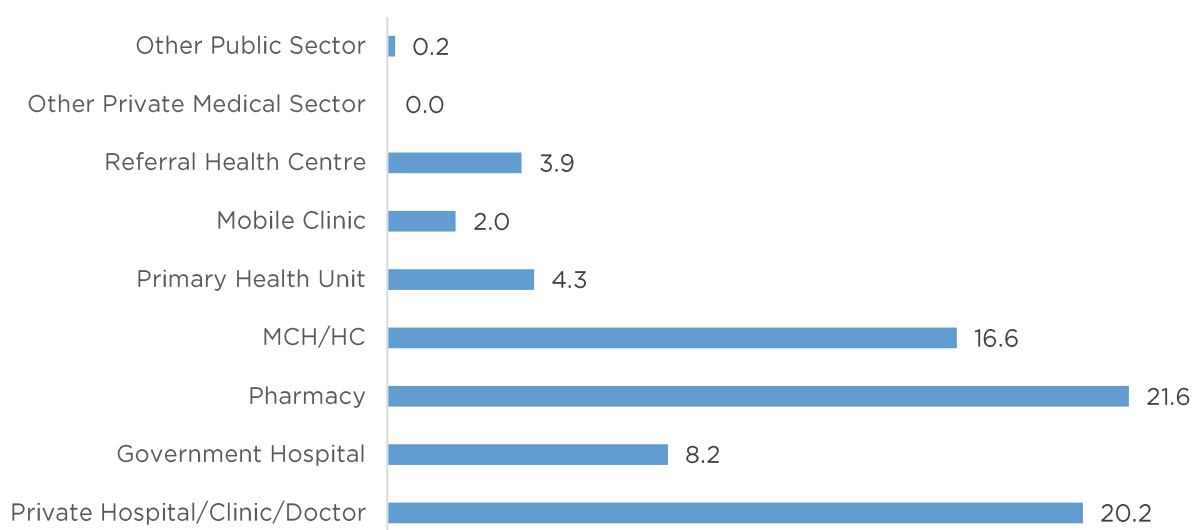
Households in the middle Wealth quintile sought more medical advice and treatment compared to the poorest, at 83 percent and 39 percent respectively.

In Hiraan, 26 percent of households reported members have been sick in the last month, of which 67 percent sought any advice or treatment. While in Middle Shabelle 19 percent of households with members had been sick in the last month, of which 58 percent sought any advice or treatment.

Table 12.9 and figure 12.10 present data on the financial sources that households in Hirshabelle used to pay for health expenditures. Forty-six percent of households reported they pay for their health expenses from their income. Thirty-seven percent of households reported

Figure 12.9 Source of advice or treatment

Household members who have been sick and where they sought advice/treatment



their relatives or friends supported them to pay their health expenses. Twenty-one percent of the households sold assets to cover their health expenses, and 10 percent borrowed money to pay for their health expenditure. Only 3 percent of households used insurance for their health expenses. Forty-eight percent of urban households and 44 percent of rural households used their income to pay for medical expenses.

Regionally, Hiraan has the highest percentage of households who pay for their health expenses from their income at 50 percent compared to Middle Shabelle at 41 percent. The data also shows that households in Hiraan are more likely to borrow money when paying for health expenses at 13 percent compared to Middle Shabelle at 5 percent.

Table 12.10 presents data on the amount of money households spent on treatment and health care services during the month preceding the survey. The largest proportion of households, at 49 percent had spent between US\$1 and US\$49 for treatment and health care services during this period, while 15 percent of the respondents had spent between US\$50 and US\$99, 16 percent had spent US\$100 - US\$199 and 15 percent had spent US\$300 or more. Only 4 percent of households spent between \$200 and 299 for treatment and health care services.

12.7 Tobacco Use and Khat² Chewing

Tobacco use is not only a risk factor for medical conditions, but it also contributes to poverty by diverting household spending from basic needs, such as food and shelter, to tobacco. This spending behaviour is difficult to curb because tobacco is highly addictive. The economic costs of tobacco use are substantial and include significant health care costs for treating the disease caused by tobacco use as well as the lost human capital that results from tobacco-attributable morbidity and mortality (WHO 2019).

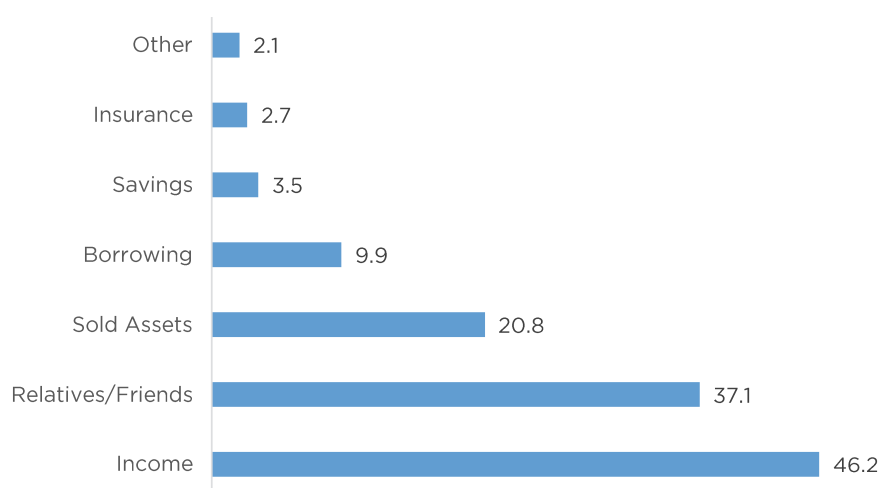
Information about the use of tobacco and chewing of Khat was collected from household members aged 10 years or older, who were asked whether they smoke or use any kind of tobacco or chew Khat.

Table 12.11 presents the percentage of household members who smoke cigarettes or use tobacco by Background characteristic. The findings indicate that 3 percent of Hirshabelle household members smoke cigarettes or use tobacco products. Cigarette smoking or any other tobacco use is rare among women at 1 percent, whereas 6 percent of men smoke or use other tobacco products. The use of tobacco generally increases with increasing age, although there is a decline among those in the middle ages (50-59) and those above 70 years.

The age groups with highest percentages of smokers/tobacco users is the age group of 45-49 at 12 percent, followed by the age groups of 35-39 and 60-64 at 7 percent of each (Figure 12.11).

Figure 12.10 Source of payment of health services

Percentage distribution of financial sources used for health services by households in the last month



The use of tobacco or smoking by household members slightly varies by place of residence; urban and rural areas have the highest proportion at 4 percent and 3 percent respectively, compared to nomadic areas at 2 percent. Regionally, the proportion of household members in Middle Shabelle who had been smoking or using tobacco was slightly higher at 4 percent compared to Hiraaan at 3 percent.

Table 12.12 presents the distribution of household members who chew Khat by Background characteristic. It shows that 3 percent of members of Hirshabelle households chew Khat or have chewed Khat. There are notable gender differences in this practice; less than 1 percent of women chew or have chewed Khat, compared to 6 percent of men. Among all age groups, it can be noted that the practice of chewing Khat generally increases with an increase in age of the household members, peaking at 13 percent in the age group of 45-49 but starts declining for persons aged 50 above.

The data by place of residence shows that Nomadic dwellers are less likely to chew Khat at 2 percent, compared to people living in urban and rural households at 4 and 3 percent respectively.

Khat consumption varies among household members in the regions. The proportion of those who chew Khat is highest in Middle Shabelle at 3 percent compared to Hiraaan at 2 percent.

Khat consumption also varied among people with different education levels and wealth status. Three percent of household members with No education and some secondary and primary education chewed Khat. Among those with higher levels of education, 1 percent chew Khat. Data by Wealth quintiles indicates that the poorer household members are more likely to chew Khat compared to the other households.

Figure 12.12 compares the percentage of household members who chew Khat and household members who smoke cigarettes or using any sort of tobacco. It shows that both the use of tobacco and chewing of Khat generally increases with age and reaches a peak at the ages of 45-49 and then declines in the older ages.

Figure 12.11 Smoking/tobacco use

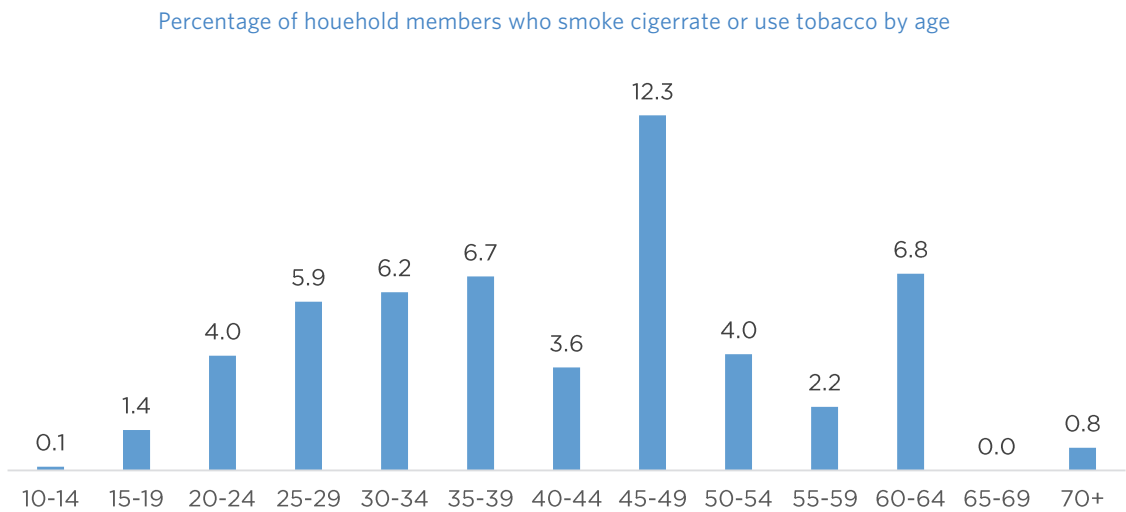
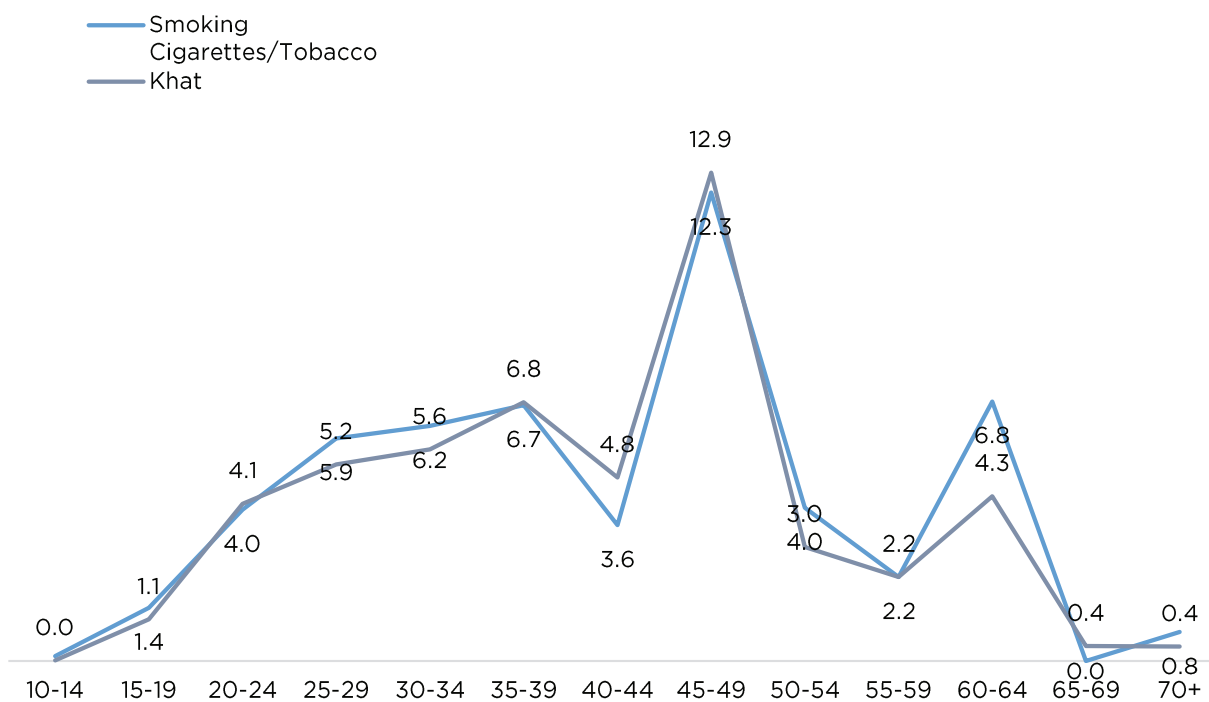


Figure 12.12 Smoke cigarettes or use tobacco, and chew khat

Percentage of household members who smoke cigarettes or use tobacco, and chew khat by age



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Table 12.1 Prevalence of chronic diseases

Percentage of household population who have at least one chronic disease, diagnosed by a physician, who get treatment regularly, by Background characteristic, HSHDS 2020		
Background characteristic	Percentage of household population who have at least one chronic disease	Number of persons
Sex of household member		
Male	3.8	5,077
Female	5.5	5,105
Age		
0-4	1.7	2,274
5-9	2.3	2,074
10-14	1.6	1,547
15-19	3.1	912
20-24	3.2	542
25-29	4.4	616
30-34	7.3	448
35-39	9.0	406
40-44	9.4	250
45-49	9.4	158
50-54	10.1	349
55-59	19.1	148
60-64	20.7	187
65-69	36.1	63
70+	25.5	210
Type of residence		
Urban	7.7	3,145
Rural	3.3	6,421
Nomadic	2.8	616
Region		
Hiraan	6.6	4,301
Middle Shabelle	3.1	5,881
Wealth quintile		
Lowest	3.7	3,381
Second	4.3	3,751
Middle	5.5	2,100
Fourth	7.8	661
Highest	5.4	289
Total¹	4.6	10,182

¹Total includes household members with missing information on age.



Table 12.2 Prevalence of chronic diseases by Background characteristic

Percentage of household members who have at least one chronic disease, diagnosed by a physician, who get treatment regularly by Background characteristic, HSHDS 2020

Background characteristic	Percentage of HH members who have at least one chronic disease	Percentage of HH members who have at least one chronic diagnosed by physician	Percentage of HH Members who have at least one chronic and get treated	Number of persons
Sex of household member				
Male	3.8	2.5	1.8	5,077
Female	5.5	3.6	2.8	5,105
Age				
0-4	1.7	1.2	1.0	2,274
5-9	2.3	1.7	1.5	2,074
10-14	1.6	1.0	0.8	1,547
15-19	3.1	2.1	1.8	912
20-24	3.2	2.2	1.8	542
25-29	4.4	1.9	1.5	616
30-34	7.3	4.7	4.1	448
35-39	9.0	7.2	5.5	406
40-44	9.4	3.9	3.2	250
45-49	9.4	7.4	4.4	158
50-54	10.1	7.0	5.1	349
55-59	19.1	13.0	6.3	148
60-64	20.7	11.1	10.2	187
65-69	36.1	23.9	13.9	63
70+	25.5	17.9	12.1	210
Type of residence				
Urban	7.7	6.1	5.2	3,145
Rural	3.3	1.7	1.1	6,421
Nomadic	2.8	1.3	0.5	616
Region				
Hiraan	6.6	4.8	3.6	4,301
Middle Shabelle	3.1	1.7	1.4	5,881
Wealth quintile				
Lowest	3.7	2.0	0.9	3,381
Second	4.3	2.7	2.2	3,751
Middle	5.5	4.1	3.9	2,100
Fourth	7.8	6.4	4.6	661
Highest	5.4	4.3	4.0	289
Total	4.6	3.0	2.3	10,182

¹Total includes household members with missing information on age.



Table 12.3 Prevalence of specific chronic diseases

Percentage of household members who have specific chronic diseases diagnosed by a physician, by place of residence and sex HSHDS 2020						
Type of disease	Type of residence			Sex of household member		Total
	Urban	Rural	Nomadic	Male	Female	
Type of disease						
Pressure	16.3	19.5	*	16.8	18.7	17.9
Diabetes	14.2	24.4	*	18.9	17.6	18.1
Inflammation/Ulcers	7.8	6.3	*	6.5	7.5	7.1
Anemia	9.9	10.0	*	9.2	10.6	10.0
Sickle Cell Anemia	0.0	2.5	*	0.0	1.5	0.9
Heart Disease	8.6	1.2	*	3.7	7.8	6.1
Kidney Disease	12.1	10.0	*	12.6	10.5	11.4
Liver Disease	3.5	1.2	*	2.0	3.0	2.6
Arthritis	9.5	11.0	*	5.7	13.4	10.3
Tuberculosis	1.7	0.0	*	0.7	1.5	1.2
Chronic Headache	22.0	11.2	*	10.9	22.5	17.8
Stroke	0.9	0.0	*	0.0	0.9	0.5
Epilepsy	0.4	1.2	*	1.7	0.0	0.7
Prostatic Hypertrophy	0.0	0.0	*	0.0	0.0	0.0
Cataract	0.8	0.0	*	0.6	0.4	0.5
Chronic Back Pain	2.1	20.1	*	8.6	8.5	8.5
Mental/Psychological Illness	3.4	2.4	*	4.9	1.6	3.0
Skin Disease	17.7	5.1	*	11.4	13.7	12.8
Cancerous Tumors	0.0	0.0	*	0.0	0.0	0.0
Asthma	3.0	7.6	*	6.4	3.3	4.6
Others	16.0	4.9	*	14.0	10.3	11.8
Number of household members	192	110	8	126	183	309
Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed						



Table 12.4 Prevalence of disability and Common types of disability

Prevalence of household members with disabilities, percentage who suffer from specific types of disabilities, by Background characteristic, HSHDS 2020

Background characteristic	Prevalence of disabled persons	Total	Among household members with disabilities, percentage who suffer from specific types of disabilities							Number of household members with disabilities¹
			Sight	Hearing	Speech	Learning	Mobility	Self-care	Mental	
Sex of household member										
Male	3.3	5,077	35.3	27.2	6.2	4.8	20.1	6.3	22.5	169
Female	3.4	5,105	41.0	32.9	10.5	2.1	17.2	9.0	11.8	171
Type of residence										
Urban	3.2	6,421	36.8	26.6	6.7	4.0	22.3	2.7	21.2	208
Rural	3.9	3,145	39.7	34.3	11.3	2.7	12.7	16.8	10.7	123
Nomadic	1.5	616	(49.6)	(50.0)	(5.2)	(0.0)	(14.2)	(0.0)	(12.3)	9
Region										
Hiraan	3.9	4,301	51.3	37.2	3.8	1.5	14.3	10.4	9.7	167
Middle Shabelle	2.9	5,881	25.6	23.1	12.7	5.3	22.8	5.1	24.3	173
Wealth quintile										
Lowest	3.2	3,381	38.4	28.1	5.7	0.0	27.6	0.0	13.9	107
Second	3.5	3,751	40.9	26.9	4.7	4.9	15.9	8.8	23.5	130
Middle	3.3	2,100	36.0	31.0	20.8	7.5	11.8	17.6	15.0	70
Fourth	4.2	661	(33.0)	(43.3)	(5.9)	(0.0)	(17.9)	(9.0)	(5.9)	28
Highest	2.1	289	*	*	*	*	*	*	*	6
Total	3.3	10,182	38.2	30.0	8.3	3.4	18.6	7.7	17.1	340

¹ Total includes household members with missing information on age

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed



Table 12.5 Origin of disabilities

Percentage distribution of disabled people according to Origin of disabilities, by Background characteristic , HSHDS 2020												
Background characteristics	Origin of disabilities										Number of household	
	Congenital	Contagious	Child birth conditions	Other disease	Abuse	Ageing	Injury/ Accident	Witch-craft	Others	Don't know		Total
Sex of household member												
Male	23.2	12.0	7.8	16.5	1.6	23.0	10.4	0.0	2.0	3.5	100.0	84
Female	17.2	14.2	1.7	24.6	1.3	25.1	10.9	0.0	3.0	2.0	100.0	97
Type of residence												
Urban	19.0	13.1	5.9	13.1	0.0	26.3	15.5	0.0	4.8	2.4	100.0	69
Rural	20.2	13.7	4.0	25.4	2.6	22.3	7.9	0.0	1.3	2.7	100.0	102
Nomadic	(24.6)	(8.2)	(0.0)	(28.7)	(0.0)	(28.7)	(5.2)	(0.0)	(0.0)	(4.4)	100.0	9
Region												
Hiraan	12.9	8.0	3.1	18.2	2.7	33.9	16.2	0.0	3.9	1.1	100.0	97
Middle Shabelle	28.1	19.2	6.2	23.8	0.0	12.9	4.3	0.0	1.0	4.5	100.0	84
Total	20.0	13.2	4.5	20.8	1.4	24.1	10.7	0.0	2.5	2.7	100.0	181
Note: Figures in parentheses are based on 25-49 unweighted cases												

Table 12.6 Age at onset of disability

Percentage distribution of disabled people according to age at onset of disability by Background characteristic , HSHDS 2020

Background characteristic	Age at onset of disability									Number of households
	<5	5-9	10-19	20-29	30-39	40- 49	50-59	60-69	70+	
Sex of household member										
Male	35.2	8.7	3.9	2.9	10.1	1.6	18.3	9.1	10.2	84
Female	24.3	6.1	2.8	9.0	9.1	7.1	10.2	19.7	11.7	97
Type of residence										
Urban	24.9	8.3	8.4	9.5	6.0	4.7	11.9	11.9	14.3	69
Rural	32.3	6.7		4.0	12.2	3.8	14.4	17.2	9.3	102
Nomadic	(30.6)	(6.4)	(1.9)	(5.2)	(7.1)	(10.4)	(23.5)	(9.7)	(5.2)	9
Region										
Hiraan	18.6	5.9	5.1	7.0	6.1	6.8	19.4	17.9	13.1	97
Middle Shabelle	41.8	9.0	1.2	5.3	13.5	1.9	7.6	11.1	8.6	84
Total	29.4	7.3	3.3	6.2	9.6	4.5	13.9	14.8	11.0	181

Note: Figures in parentheses are based on 25-49 unweighted cases.



Table 12.7 Care and Support received by Background characteristic

Percentage distribution of disabled people who received any kind of care, and support for their disabilities in the last 12 months by Background characteristic , HSHDS 2020

Background characteristic	Care and support received					Number of persons
	Medical	Welfare	Financial	Nutritional	No support	
Sex of household member						
Male	51.5	0.5	2.6	1.7	42.1	169
Female	54.8	0.5	4.5	0.5	43.4	171
Type of residence						
Urban	57.1	1.3	6.0	2.0	44.3	123
Rural	49.0	0.0	1.9	0.6	43.8	208
Nomadic	(92.2)	(0.0)	(7.8)	(0.0)	(0.0)	9
Region						
Hiraan	57.4	1.0	4.3	1.3	43.8	167
Middle Shabelle	49.0	0.0	2.8	0.9	41.7	173
Wealth quintile						
Lowest	49.6	0.0	3.1	1.2	41.3	107
Second	56.7	0.0	2.9	0.6	45.4	130
Middle	46.3	2.4	4.6	2.3	45.1	70
Fourth	(65.9)	(0.0)	(0.0)	(0.0)	(39.0)	28
Highest	*	*	*	*	*	6
Total	53.1	0.5	3.5	1.1	42.7	340

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed



Table 12.8 Sources for advice or treatment

Percentage of households with members who have been sick in the last month, among the households with members who have been sick in the last month and seek advice or treatment, where they sought advice or treatment by Background characteristic, HSHDS 2020

Background characteristic	Percentage of households with members who have been sick in the last month	Public Sector														Private Medical Sector					Other Source			Number of households with members who have been sick in the last month and sought advice or treatment
		Number of households	Percentage who have been sick and sought any advice or treatment	Percentage who have been sick with members who have been sick in the last month	Government Hospital	Referral Health Centre	MCH/HC	Primary Health Unit	Mobile Clinic	Other Public Sector		Private Hospital/Clinic/Doctor	Pharmacy	Other Private Medical Sector	Shop	Others								
Type of residence																								
Urban	33.6	474	81.9	18.1	159	9.8	6.2	23.9	6.2	1.0	0.5	32.2	30.1	0.0	0.5	1.6	130							
Rural	17.8	1,073	49.6	50.4	191	7.2	2.1	11.5	2.9	2.9	0.0	11.4	15.7	0.0	0.0	0.0	95							
Nomadic	9.8	126	10.9	89.1	12	*	*	*	*	*	*	*	*	*	*	*	1							
Region																								
Hiraan	26.1	677	67.0	33.0	177	6.8	5.0	19.5	4.7	0.0	0.5	29.9	28.0	0.0	0.0	0.9	118							
Middle Shabelle	18.7	997	58.1	41.9	186	9.5	2.9	13.8	3.9	3.9	0.0	11.1	15.5	0.0	0.4	0.4	108							
Wealth quintile																								
Lowest	17.7	567	38.7	16.9	100	*	*	*	*	*	*	*	*	*	*	*	39							
Second	22.9	623	61.1	15.3	142	9.9	2.6	17.8	6.2	2.5	0.0	14.8	22.4	0.0	0.0	0.0	87							
Middle	24.6	340	82.7	4.0	84	9.5	5.9	23.1	3.0	0.0	1.0	35.0	31.0	0.0	0.0	2.0	69							
Fourth	24.7	104	(83.3)	(1.2)	26	(6.3)	(6.4)	(19.2)	(12.8)	(3.2)	(0.0)	(32.2)	(25.7)	(0.0)	(0.0)	(0.0)	21							
Highest	27.6	39	*	*	11	*	*	*	*	*	*	*	*	*	*	*	10							
Number of households	21.7	1,673	62.4	37.6	363	8.2	3.9	16.6	4.3	2.0	0.2	20.2	21.6	0.0	0.2	0.7	226							
Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed																								

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed

Table 12.9 Financial sources used to pay for health services

Percentage distribution of financial sources used for health services by households in the last month by Background characteristic , HSHDS 2020								
Background characteristic	Financial sources for health services							Number of households
	Income	Insurance	Savings	Borrowing	Relatives/ Friends	Sold Assets	Other	
Type of residence								
Urban	47.6	2.1	3.4	12.4	42.9	30.4	3.4	120
Rural	44.4	3.8	3.8	5.5	27.8	5.5	0.0	74
Nomadic	*	*	*	*	*	*	*	1
Region								
Hiraan	50.3	1.5	2.2	13.3	47.0	32.5	3.0	111
Middle Shabelle	40.8	4.3	5.3	5.3	24.0	5.3	1.0	84
Wealth quintile								
Lowest	*	*	*	*	*	*	*	29
Second	34.8	3.9	3.9	10.9	37.2	18.5	2.3	71
Middle	48.9	0.0	1.3	11.4	41.7	29.0	3.8	66
Fourth	*	*	*	*	*	*	*	19
Highest	*	*	*	*	*	*	*	10
Total	46.2	2.7	3.5	9.9	37.1	20.8	2.1	195

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed

Table 12.10 Amount in health expenses

Amount of money that households incurred for health services in the last month by Background characteristic , Somalia 2019							
Background characteristic	Amount in health expenses (US \$)						Number of households
	1-49	50-99	100 -199	200- 299	300+	Total	
Type of residence							
Urban	36.4	16.1	20.5	5.8	21.2	100.0	113
Rural	70.7	13.8	9.5	0.0	6.0	100.0	69
Nomadic	*	*	*	*	*	100.0	1
Region							
Hiraan	29.5	19.0	27.0	5.3	19.2	100.0	110
Middle Shabelle	79.5	9.9	0.0	1.1	9.4	100.0	73
Wealth quintile							
Lowest	*	*	*	*	*	100.0	27
Second	57.4	19.4	10.8	2.5	10.0	100.0	66
Middle	37.6	14.4	20.4	5.2	22.3	100.0	63
Fourth	*	*	*	*	*	100.0	17
Highest	*	*	*	*	*	100.0	10
Total	49.4	15.4	16.2	3.6	15.3	100.0	183

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed



Table 12.11 Smoking or using tobacco

Percentage of household members who smoke cigarette or using tobacco by Background characteristic , HSHDS 2020		
Background characteristic	Percentage of household members who smoke cigarettes or use tobacco	Number of household members
Sex		
Male	5.8	2,933
Female	0.6	2,902
Age		
10-14	0.1	1,547
15-19	1.4	912
20-24	4.0	542
25-29	5.9	616
30-34	6.2	448
35-39	6.7	406
40-44	3.6	250
45-49	12.3	158
50-54	4.0	349
55-59	2.2	148
60-64	6.8	187
65-69	0.0	63
70+	0.8	210
Type of residence		
Urban	4.0	1,822
Rural	2.9	3,667
Nomadic	2.4	346
Region		
Hiraan	2.5	2,453
Middle Shabelle	3.7	3,381
Education		
No education	2.7	1,446
Primary	4.3	671
Secondary	2.5	247
Higher	0.0	58
Wealth quintile		
Lowest	3.5	1,875
Second	3.5	2,163
Middle	2.8	1,201
Fourth	2.3	421
Highest	2.5	175
Number of Household members	3.2	5,835



Table 12.12 Using of Qat

Percentage of household members who use Qat by Background characteristic , HSHDS 2020		
Background characteristic	Percentage of household members who use Qat	Number of household members
Sex		
Male	5.7	2,933
Female	0.2	2,902
Age		
10-14	0.0	1,547
15-19	1.1	912
20-24	4.1	542
25-29	5.2	616
30-34	5.6	448
35-39	6.8	406
40-44	4.8	250
45-49	12.9	158
50-54	3.0	349
55-59	2.2	148
60-64	4.3	187
65-69	0.4	63
70+	0.4	210
Type of residence		
Urban	3.7	1,822
Rural	2.7	3,667
Nomadic	2.0	346
Region		
Hiraan	2.4	2,453
Middle Shabelle	3.3	3,381
Education		
No education	3.0	1,446
Primary	3.1	671
Secondary	2.9	247
Higher	1.4	58
Wealth quintile		
Lowest	3.4	1,875
Second	3.0	2,163
Middle	2.3	1,201
Fourth	2.3	421
Highest	2.9	175
Number of Household members	3.0	5,835



References

Henriques, Maria Helena, and J. B. Brilha. "UNESCO Global Geoparks: a strategy towards global understanding and sustainability." (2017)

Rutstein, Shea O. "Effects of preceding birth intervals on neonatal, infant and under-five years mortality and nutritional status in developing countries: evidence from the demographic and health surveys." *International Journal of Gynecology & Obstetrics* 89 (2005): S7-S24.

UNESCO Institute for Statistics. *Adult and youth literacy: National, regional and global trends, 1985-2015*. Montreal: UNESCO Institute for Statistics, 2013.

https://www.who.int/immunization/monitoring_surveillance/burden/vpd/WHO_SurveillanceVaccinePreventable_14_NeonatalTetanus_R2.pdf?ua=1

<https://data.unicef.org/> (UNICEF global databases, 2020)

https://www.who.int/nutrition/topics/globaltargets_lowbirthweight_policybrief.pdf (WHO, 2012).

https://www.who.int/gho/publications/world_health_statistics/EN_WHS08_Full.pdf (WHO, 2005; WHO, 2008; WHO, 2010).

<https://www.who.int/news-room/fact-sheets/detail/tobacco> (WHO 2019)





Glossary

Antenatal care (ANC)/Prenatal care

Care provided by skilled health care professionals (which include doctors/clinical officers or nurses/midwives/auxiliary midwives) to pregnant women in order to ensure the best health conditions for both mother and baby during pregnancy.

Complementary foods

Foods other than breast milk or infant formula (liquids, semi-solids, and solids) introduced to an infant to provide nutrients.

Crude Birth Rate (CBR)

The total number of births occurring in a given year per 1,000 population.

Dwelling residence

A structure which is used for housing purposes only.

Household roster

Includes listing of all household members and their characteristics, such as each member's age, sex, relationship with the head of household, education and literacy status.

Fecundity

Reflects a woman's ability to conceive and her ability to carry the pregnancy to term.

Fertility

The frequency of childbearing within a given population.

General Fertility Rate (GFR)

The annual number of births in a population per 1,000 women aged 15-49.

Gini coefficient

Measure of the deviation of the distribution of income among individuals or households within a country from a perfectly equal distribution. A value of 0 represents absolute equality, a value of 100 absolute inequality.

Infant and young child feeding (IYCF)

Includes early initiation (within one hour of birth) of exclusive breastfeeding, exclusive breastfeeding for the first six months of life, followed by nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond.

Intermediate (Type II)

A form of female circumcision that involves partial or total removal of the clitoris and the labia minora.

Khat

A stimulant drug that comes from a shrub that grows in East Africa and southern Arabia. Like chewing tobacco, leaves of the khat shrub are chewed and held in the cheek to release their chemicals. Cathinone and cathine are the stimulants in khat that make a person feel intoxicated.

Live birth

The complete expulsion from its mother of a product of conception, regardless of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life—e.g. beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles—whether or not the umbilical cord has been cut or the placenta is attached.

Nomad

A person with no permanent residence, who depends on livestock for livelihood, and who moves from one place to another in search of pastures and water for their livestock.

Pharaonic (Type III & IV)

A form of female circumcision that involves narrowing of the vaginal opening with the creation of a covering seal by cutting, appositioning and stitching together the labia minora or the labia majora, with or without excision of the clitoris.

Postnatal care

Is the care given to the mother and her newborn baby immediately after the birth and for the first six weeks of life.

Reproductive age for women

Women in the childbearing age usually within the age group 15-49.

Sampling

The process of selecting certain members or a subset of the population to make statistical inferences from them and to estimate characteristics of the whole population.

Sampling frame

The list from which units are drawn for the sample. The 'list' may be an actual listing of units, or some other description of the population, such as a map from which areas will be sampled.

Skilled delivery

A child delivery assisted by an accredited health pro-



fessional – such as a doctor/clinical officer or nurse/ midwife/nurse – who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns.

Sunna/sunni (Type I)

A form of female circumcision, which involves the partial or total removal of the clitoris and/or the prepuce.

Vaccination

Stimulates one's immune system to produce antibodies, exactly like it would if they were exposed to the disease. After getting vaccinated, a person develops immunity to that disease, without having to get the disease first.

Wealth quintile

A measure of wealth or poverty status of the household based on the ownership of assets and the characteristics of the person's household. Household characteristics in many instances may be considered to be a better or more valid reflection of living standards than monetary income, since they capture long-term wealth and cover both monetary and non-monetary wealth. A quintile represents information for a fifth (20%) of the population. A household is classified into a quintile based on the score where the fifth quintile represents a wealthiest household and vice versa.

Chronic diseases

Anaemia

A medical condition in which the red blood cell count or haemoglobin is less than normal.

Arthritis

Joint disease that causes swelling of the joints, pain, stiffness and decreased range of motion.

Blood pressure

The pressure of the blood on the walls of the arteries as the heart pumps it around a body. A systolic blood pressure reading of 140 or more is high blood pressure (also called hypertension).

Cardiovascular (heart) disease

Refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain (angina) or stroke. Other heart conditions, such as those that affect your heart's muscle, valves or rhythm, also are considered forms of heart disease

Cataract

Clouding of the eye's natural lens, which lies behind the iris and the pupil. Cataract is the most common cause of loss of vision in people over age 40 and is the principal cause of blindness in the world.

Chronic back pain/spinal problem

Pain in the back or a problem with the spine that which

lasts for 3 months or more. People who have chronic back pain may have limited range of motion and/or tenderness upon touch. People with spinal problem experience pain and other symptoms, such as numbness, tingling or weakness.

Chronic headache

This is headache that occurs for more than four hours on more than 15 days per month

Diabetes

Often referred to as diabetes mellitus, this describes a group of metabolic diseases in which the person has high blood glucose (blood sugar), either because insulin production is inadequate, or because the body's cells do not respond properly to insulin, or both.

Epilepsy

Chronic disorder, characterized by recurrent, unprovoked seizures which occur because of a sudden surge of electrical activity in the brain.

Inflammation/ulcers

Sores in the lining of the rectum and colon. Ulcers form where inflammation has killed the cells that usually line the colon, then bleed and produce pus.

Kidney diseases

Affect the body's ability to clean blood, filter extra water out of blood and help control blood pressure.

Liver disease

Symptoms of liver disease often include swelling of the abdomen and legs, bruising easily, changes in the colour of your stool and urine, and jaundice, or yellowing of the skin and eyes.

Lung disease

Disorders that affect the lungs, the organs that allow us to breathe. The three most common lung diseases are asthma, chronic obstructive pulmonary disease (COPD), and lung cancer. Asthma is a chronic (long-term) lung disease that inflames and narrows the airways. Asthma causes recurring periods of wheezing (a whistling sound when you breathe), chest tightness, shortness of breath, and coughing. The coughing often occurs at night or early in the morning. COPD refers to chronic obstructive bronchitis and emphysema. Both diseases limit airflow into and out of the lungs and make breathing difficult. Lung cancer is a disease in which abnormal (malignant) lung cells multiply and grow without control.

Mental/psychological illness

A condition that affects a person's thinking, feeling or mood. Such conditions may affect someone's ability to relate to others and function each day.

Prostatic hypertrophy also known as prostatic hyperplasia

Histologic diagnosis characterized by proliferation of the cellular elements (enlargement) of the prostate. Chronic bladder outlet obstruction (BOO) secondary to BPH may lead to urinary retention, renal insufficiency, recurrent urinary tract infections, gross haematuria, and bladder calculi.



Sickle-cell anaemia/thalassemia

Belongs to a group of diseases called sickle-cell diseases (SCD) that are inherited red blood cell disorders. People with SCD have abnormal haemoglobin, called haemoglobin S or sickle haemoglobin, in their red blood cells. Sickle-cell anaemia is the most common and severe kind of SCD. Characteristic features of this disorder include a low number of red blood cells (anaemia), repeated infections, and periodic episodes of pain

Skin disease

A condition or disease affecting the skin. It's anything that irritates, clogs, or inflames your skin causing symptoms such as redness, swelling, burning, and itching.

Stroke

Occurs when the blood supply to your brain is interrupted or reduced. This deprives your brain of oxygen and nutrients, which can cause your brain cells to die. A stroke can sometimes cause temporary or permanent disabilities, depending on how long the brain lacks blood flow and which part was affected. Complications may include: paralysis or loss of muscle movement; difficulty talking or swallowing; memory loss or thinking difficulties; emotional problems; pain and numbness; changes in behaviour and ability for self-care.

Tumor

Also known as a neoplasm, is an abnormal mass of tissue which may be solid or fluid-filled. Tumors can be benign (not cancerous), pre-malignant (pre-cancerous), or malignant (cancerous).

Literacy and school attendance

Gross Attendance Ratio (GAR)

The total number of students attending a given education level, regardless of age, expressed as a percentage of the eligible official school-age population for that level in a given school year.

Literacy

Is the ability to read and write, with an understanding of a short simple statement about one's everyday life.

Net Attendance Ratio (NAR)

The total persons attending in a given education level who have an age that is within the age range appropriate for the level of education they are enrolled in. The NAR is expressed as a percentage of the eligible official school-age population for a particular level in a given school year corresponding with the population.

Types of disability

Hearing

Hearing loss, also known as hearing impairment, is a partial or total inability to hear. Hearing loss may be caused by genetics, ageing, exposure to noise, some infections, birth complications, trauma to the ear, and certain medications or toxins.

Learning

A learning disability is a neurological disorder. In simple terms, a learning disability results from a difference in the way a person's brain is "wired." Children with learning disabilities are as smart as or smarter than their peers. But they may have difficulty reading, writing, spelling, reasoning, recalling and/or organizing information if left to figure things out by themselves or if taught in conventional ways.

Mental

A mental disorder, also called a mental illness or psychiatric disorder is a behavioural or mental pattern that may cause suffering or a poor ability to function in life. Persons with mental disorders often have significant changes in thinking, emotion and/or behaviour; distress and/or problems functioning in social, work or family activities.

Mobility

Mobility impairment refers to the inability of a person to use one or more of his/her extremities, or a lack of strength to walk, grasp, or lift objects. The use of a wheelchair, crutches, or a walker may be utilized to aid in mobility.

Self-care

Self-care disability refers to a person with a physical, mental, or emotional condition lasting six months or more, who has difficulty in doing any of the activities such as dressing, bathing, or getting around inside the home.

Sight

Visual impairment (vision impairment, vision disability) is a decreased ability to see to a degree that causes problems not fixable by usual means, such as glasses or medication. Visual impairment can be due to disease, trauma, or congenital or degenerative conditions. Terms such as "partially sighted", "low vision", "legally blind" and "totally blind" are used to describe visual impairments.

Speech

Speech disorders or speech impediments are a type of communication disorder where 'normal' speech is disrupted. This can mean stuttering, lisps, etc. Someone who is unable to speak due to a speech disorder is considered mute.



Types of toilet facilities

Flush/pour flush toilet

A flush toilet uses a cistern or holding tank for flushing water and has a water seal, which is a U-shaped pipe, below the seat or squatting pan that prevents the passage of flies and odours.

A pour flush toilet uses a water seal, but unlike a flush toilet, it uses water poured by hand for flushing (no cistern is used).

Open field/defecation

Open defecation is the practice of people defecating outside in an open field or in the bush and not into a designated toilet.

Piped sewer system

A system of sewer pipes (also called sewerage) that is designed to collect human excreta (faeces and urine) and wastewater and remove them from the household environment. Sewerage systems consist of facilities for collection, pumping, treating and disposing of human excreta and wastewater.

Piped to pit latrine

A system that flushes excreta to a hole in the ground.

Piped to septic tank

An excreta collection device consisting of a water-tight settling tank normally located underground, away from the house or toilet.

Piped to somewhere else

A system in which the excreta is deposited in or nearby the household environment in a location other than a sewer, septic tank, or pit, e.g. excreta may be flushed to the street, yard/plot, drainage ditch or other location.

Pit latrine

Excreta are deposited without flushing directly into a hole in the ground.

Pit latrine with slab

A dry pit latrine whereby the pit is fully covered by a slab or platform that is fitted either with a squatting hole or seat. The slab or platform should be solid and can be made of any type of material (such as concrete, logs with earth or mud, or cement). The slab or platform should adequately cover the pit so that pit contents are not exposed other than through the squatting hole or seat.

Pit latrine without slab/open pit

A latrine without a squatting slab, platform or seat. An open pit is a rudimentary hole in the ground where excreta is collected.

Ventilated improved pit (VIP) latrine

A dry pit latrine ventilated by a pipe extending above the latrine roof. The open end of the vent pipe is covered with gauze mesh or fly-proof netting.

If the vent pipe is not covered by a gauze mesh or fly-proof netting, the facility should be classified as a pit latrine with slab not a VIP latrine. The inside of the VIP latrine is kept dark. If the door of the VIP super-structure is missing so that it is no longer dark inside the latrine, the facility should be classified as a pit latrine with slab, not a VIP latrine.

Water sources

Bottled water

Water that is bottled and sold to the household in bottles.

Cart with small tank

Water is obtained from a provider who transports water into a community using a cart and then sells the water. The means for pulling the cart may be motorized or non-motorized (for example, a donkey).

Piped into dwelling

Pipe connected with in-house plumbing to one or more taps, e.g. in the kitchen and bathroom. Sometimes called a house connection.

Piped to yard/plot

Pipe connected to a tap outside the house in the yard or plot. Sometimes called a yard connection.

Piped to neighbour

Pipe connected to neighbour's dwelling, yard or plot.

Protected dug well

A dug well that is (1) protected from runoff water through a well lining or casing that is raised above ground level and a platform that diverts spilled water away from the well and (2) covered so that bird droppings and animals cannot fall down the hole. Both conditions must be observed for a dug well to be considered as protected.

Protected spring

A spring protected from runoff, bird droppings, and animals by a "spring box" which is typically constructed of brick, masonry, or concrete and is built around the spring so that water flows directly out of the box into a pipe without being exposed to outside pollution.

Public tap or standpipe

Public water point from which community members may collect water. A standpipe may also be known as a public fountain or public tap. Public standpipes can have one or more taps and are typically made of brickwork, masonry or concrete.

Rainwater

Rain that is collected or harvested from surfaces by roof or ground catchment and stored in a container, tank or cistern.



Tanker truck

Water is obtained from a provider who uses a truck to transport water into the community. Typically the provider sells the water to households.

Tube well or borehole

A deep hole that has been bored or drilled with the purpose of reaching ground water supplies. Water is delivered from a tube well or borehole through a pump which may be human, animal, wind, electric, diesel or solar-powered.

Unprotected dug well

A dug well which is (1) unprotected from runoff water; (2) unprotected from bird droppings and animals; or (3) both.

Unprotected spring

A spring that is subject to runoff and/or bird droppings or animals. Unprotected springs typically do not have a "spring box".

Surface water

Water located above ground and includes rivers, dams, lakes, ponds, streams, canals, and irrigation channels.

Water treatment**Adding bleach/chlorine**

Use of free chlorine to treat drinking water. Free chlorine may be in the form of liquid sodium hypochlorite, solid calcium hypochlorite, or bleaching powder.

Boiling

Heating water using fuel.

Let it stand and settle

Holding or storing water undisturbed and without mixing long enough for larger particles to settle out or sediment by gravity.

Solar disinfection

Exposing water, which is stored in buckets, containers, or vessels, to sunlight.

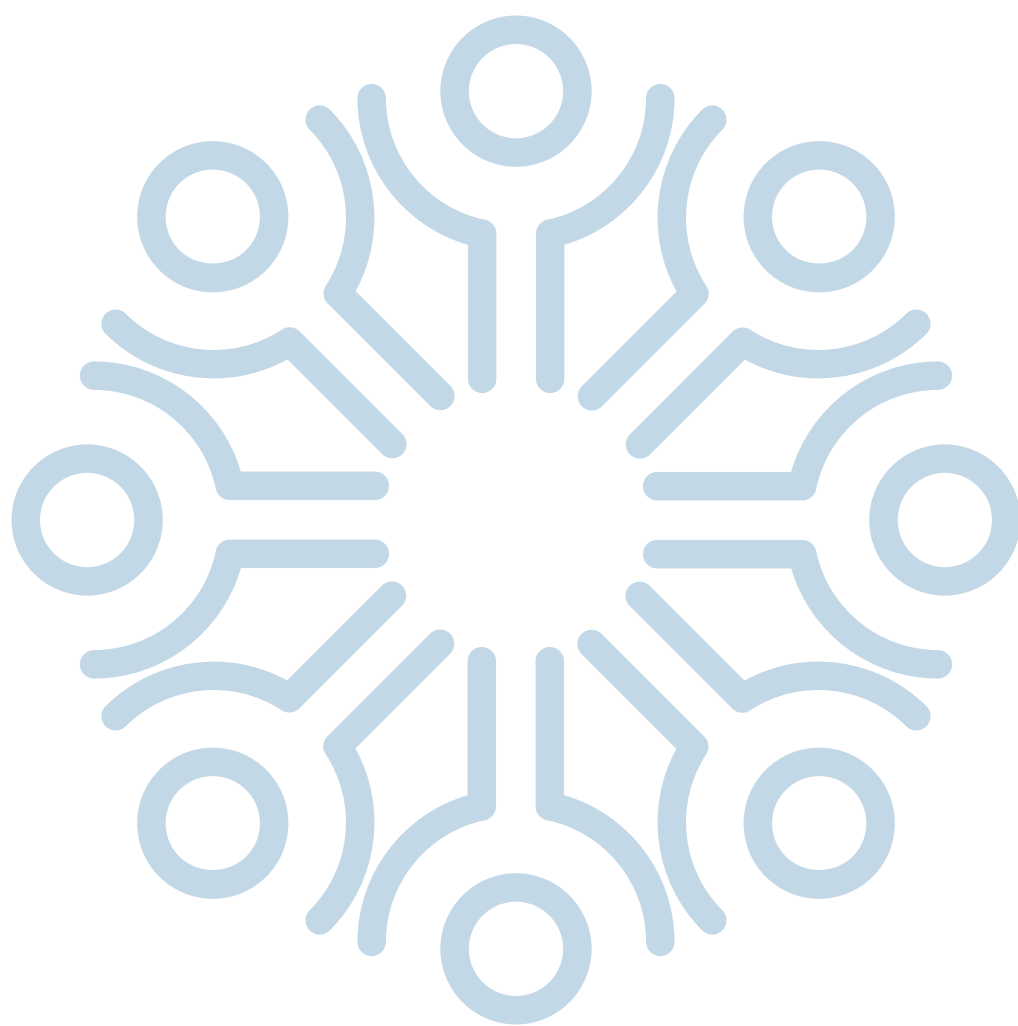
Straining water through a cloth

Pouring water through a cloth which acts as a filter for collecting particulates from the water.

Using a water filter (ceramic/sand/composite/etc.)

Running water through media to remove particles and at least some microbes from water. Media used in filtering systems usually include ceramic, sand and composite.





APPENDIX A



Sampling Design

Objectives of the Somali Health and Demographic Survey

The Hirshabelle Health and Demographic Survey (HSHDS 2020) was designed to provide estimates of maternal health, child health, child nutrition and other relevant indicators at state level and regional level, and separately for urban, rural and nomadic places of residence. The target population were women in the reproductive ages (15 to 49 years of age) and children who are under five years of age and reside in households in the state at the time of the survey.

Sampling Frame

The sampling frame required to achieve the objective of HSHDS is a complete list of households in the state. The households form Ultimate Sampling Units (USUs), allowing probability sampling to be implemented. The existence of such a list of households, a list in which every household is associated with one and only one household of the list, is the cornerstone of probability sampling. The fact that there was no population and housing census implemented in Hirshabelle ever, meant that there was neither complete list of households nor statistical units often referred to as enumeration areas (EAs) available to be used as a sampling frame. The HSHDS therefore begun with the construction of a sampling frame for urban, rural and nomadic places of residence..

Constructing Sampling Frame for Urban and Rural areas

Through the use of up-to-date high-resolution satellite imagery, as well as on-the-ground knowledge of the digitizing team, all dwelling structures in urban and rural places of residence/areas were digitized. Enumeration Areas were formed on-screen through a spatial count of dwelling structures in a Geographic Information System (GIS) software. Thereafter, a sample ground verification of the digitized structures was carried out for large urban and rural areas and necessary adjustments made to the sampling frame. Each of the created EA had a minimum of 50 and a maximum of 149 dwelling structures. A total of 811 such EAs, also referred to as primary sampling units (PSUs), were digitized; 352 in urban areas and 459 in rural areas.

In the first stage, a selection of 35 EAs in every stratum of every design domain was carried out using probability proportional to size (PPS) sampling of digitized dwelling structures. The design domain coincided with the two regions, which are the state's first-level administrative divisions. Listing of households was carried out in each of the 35 selected EAs to obtain the total number of households. During listing, information on births and deaths was obtained through the maternal mortality questionnaire. The purpose for collecting these data from such a large number of PSUs (with estimated 80 households per PSU) was to enable the estimation of the Maternal Mortality Ratio (MMR) through a direct which requires a big sample. The data collected in this first phase was edited and a summary of households listed per PSU formed the sampling frames for the second phase. In the second stage, 10 PSUs were sampled; out of the possible 35 that were listed, using probability proportional to the number of listed households.

Constructing Sampling Frame for Nomads

The sampling frame for the nomadic population was constructed using information provided by Nomadic Link Workers (NLWs) and Community gate keepers (Clan elders). These NLWs are associated with nomads through clan affiliation and have linkages with clan elders who reside in rural villages that are frequented by nomads to buy essential commodities and to sell their livestock and livestock products. The NLWs were contacted and asked to provide information on the temporary nomadic settlements (TNS), which they were responsible for. The information included TNS names, estimated number of households in these TNSs, seasons of the year when the TNS is in use, and location of the TNS from the nearest settlement (village), as well as their own telephone numbers. This list of TNS formed the sampling frame for nomads with estimated number of households in each TNS being the measure of size.

The nomadic frame was therefore comprised of an updated list of temporary nomadic settlements (TNS) obtained from nomadic link workers (NLWs) who are tied to these nomadic settlements. A total of 100 TNS formed the HSHDS nomadic sampling frame. During data collection in the nomadic areas, households were listed in each TNS as part of verifying the list of households, a day earlier than the day of enumeration. The main



reason of listing was to obtain current and complete list of households. During listing, coordinates of all household structures were recorded. A sample of 30 households was then selected by the listing team (using the same method as in urban and rural areas) and given to the supervisors of the enumerating team on their first day of enumeration. Thereafter, supervisors allocated households to be interviewed to enumerators. The main survey enumerating team collected these data from the 30 sampled households while the listing team collected from all the remaining households in the TNS. All households in each of the allocated 10 PSUs were serialized based on their location in the PSU and 30 of these households were selected systematically for DHS type survey. The serialization was done to ensure that households selected for interview would be distributed throughout the PSU.

Nomadic households stay temporarily in certain locations referred to as temporary nomadic settlements (TNS) for as long as pasture and water are available. The duration of stay in these locations is mainly dependent on the amount of rain that falls within that season and how long the season will last. The survey therefore had to be undertaken within that window of opportunity. Nomadic households start moving to a different location as soon as pasture and water are depleted. With the long rains, they would be stationed in one location between 60 to 90 days and for the short rains 45 days. The remaining dry seasons, they move far away including across other regions and neighbouring countries in search of water and pasture.

Adjustments to the Sampling Frame

The number of households in each stratum in the sampling frame was adjusted based on findings from household listing exercise. The adjustment factor, at the stratum level, was obtained by dividing the total number of listed households in the stratum by the total number of digitized dwelling structures in the stratum which formed the original sampling frame. The adjusted sampling frame was then used in computing the strata sampling fractions and hence strata design weights.

Sample Design

The HSHDS followed a stratified multi-stage probability cluster sample design. The sample design in urban and rural was three-stage stratified cluster sample design,

while in nomadic areas the design was a two-stage stratified cluster sample design. The primary sampling units (PSUs) were selected with a probability proportionate to the number of dwelling structures which constituted the sampling frame. The second-stage sampling units (SSUs), for rural and urban areas, were selected with a probability proportionate to the number of listed households which constituted the frame. The ultimate sampling units (USUs), for rural, urban and nomadic areas were systematically selected from listed households in the cluster. Each administrative region was stratified into urban, rural and nomadic areas, yielding a total of 6 sampling strata.

Sample Allocation

To ensure that the survey precision is comparable across regions, PSUs were allocated equally to all regions. In the first stage, a total of 148 PSUs were selected from 6 strata with 66 PSUs and 62 PSUs from urban and rural areas, respectively. 20 PSUs from nomadic areas, representing about 14% of the total frame of all PSUs. In the second stage, a total of 20 PSUs were allocated to urban and rural strata each and the same 20 PSUs to nomadic areas yielding a total of 60 PSUs. In the third stage for urban and rural and second stage for nomadic areas, 30 households were allocated to each PSU.

Sample selection in urban and rural areas

In the first stage, a selection of 35 PSUs (EAs) in every stratum was carried out using PPS of dwelling structures. Listing of households was conducted and hence the number of households in each of the sampled 35 PSUs in each stratum were obtained. In the second stage 10 SSUs were selected, from the 35 listed PSUs, using PPS to the listed households. Finally, a systematic selection of 30 households from each of the 10 PSUs listed was done using the DHS Program excel sheet template for household selection.

Sample selection in nomadic areas

In nomadic areas, a sample of 10 EAs (in this case TNS) were selected from each nomadic stratum, with probability proportional to the number of estimated households. A complete listing of households was carried out in the selected TNS followed by selection of 30 households



for the main survey interview. In those TNS with 30 or less households, all households were interviewed for the main survey and the MMR questionnaire was administered. All eligible ever-married women aged 12 to 49 and never-married women aged 15 to 49 were interviewed in the selected households, while the household questionnaire was administered to all households selected. All households in each sampled TNS were administered the maternal mortality questionnaire.

First-stage Sample Allocation and Selection

- Equally allocate 35 PSUs to urban and rural areas and 10 TNS to all 6 strata.
- PSUs were selected using Probability Proportional to Size (PPS) sampling of digitized dwelling structures
- All households in the selected PSUs were listed and additional information on births and deaths during the 24 months preceding the survey was obtained for use in computing the maternal mortality ratio (MMR).

Second-stage Sample Allocation and Selection

- Equally allocate 10 SSUs to all 6 strata
- Secondary sampling units (SSUs) were selected using PPS sampling of listed household.

Third-stage Sample Allocation and Selection (2nd Stage in Nomadic Areas)

Thirty households were selected systematically and household questionnaire administered. Further, in all the selected households, an ever-married questionnaire was administered to all ever married women aged 12-49 and never-married questionnaire administered to never-married women aged 15-49. In addition, information was obtained from children under the age of five.

Design Weights and Sampling Weights

Design weights and sampling (survey) weights were computed for every household and ever-married women and never-married women selected to participate in the

HSDDS 2020. A design weight is the inverse of probability of selecting a housing unit to be interviewed. Sampling weight of a household is the design weight corrected for non-response including other adjustments where necessary. Design weights for each stage of the sample selection were computed as shown in the following steps;

First Stage: Selection of 35 PSUs from every urban stratum and rural stratum; and 10 PSUs from nomadic in stratum,

PSU_h = number of PSUs to be sampled in stratum h ; and

MOS_{hi} = number of dwelling structures for PSU_i in stratum h .

The probability of selecting PSU_i in stratum h is

$$P_{hi} = \frac{m_h \times MOS_{hi}}{\sum_{i \in h} MOS_{hi}}$$

Second Stage: Selection of 10 SSUs from every urban and rural stratum from the 35 listed PSUs only,

Let

q = total number of SSUs to be sampled;

MOS_{hij} = number of listed households for SSU_j of PSU_i in stratum h ; and

I_{SSU} = sampling interval for the selection of SSUs.

The conditional probability (CP) of selecting SSU_j from PSU_i in stratum h is;

$$CP_{hij} = \frac{q \times \left(\frac{MOS_{hij}}{P_{hi}} \right)}{\sum_{hij} \left(\frac{MOS_{hij}}{P_{hi}} \right)} = \frac{MOS_{hij}/P_{hi}}{I_{SSU}}$$

Design weight for enumeration areas:
 $DW_{2ea} = 1/CP_{hij}$

Third and last stage: Selection of 30 households from each PSU using DHS Program excel sheet template,



let

d_h = total number of housing units to be sampled within the stratum h ;

D_h = total number of housing units in the stratum h sampling frame;

Let, $r = d_h/D_h$, then the conditional probability of selecting housing unit k from SSU j of PSU i in stratum h is

$$CP_{hijk} = \frac{r}{P_{hi} \times CP_{hij}} = \frac{r \times I_{SSU}}{MOS_{hij}}$$

The overall probability of selecting housing unit k in SSU j of PSU i of stratum h is

$$P_{hijk} = P_{hi} \times CP_{hij} \times CP_{hijk} = r$$

The design weight for each household in cluster i of stratum h is the inverse of its overall selection probability:

$$W_{hijk} = 1/P_{hijk} = 1/r$$

Adjustment for non-response and computation of sampling weights

The design weight calculated above is based on sample design parameters. If there was no non-response at the cluster level, at the household level, at the individual level, or under-coverage, the design weight is enough for all analyses, for both household indicators and individual indicators. However, non-response was encountered in HSHDS as is inevitable in such surveys. The response behaviour was different for clusters, households and individuals and all had to be accounted for.

The idea of correcting for unit non-response is to calculate a response rate for each homogeneous response group, then inflate the design weight by dividing it by the response rate for each response group. HSHDS used the sampling stratum as the response group because the stratification was achieved by regrouping homogeneous sampling units in a single stratum (urban, rural or nomadic).

The following steps explain how the sampling weight

was calculated.

1. Primary Sampling Unit/Cluster level response rate

Let q_h be the number of PSUs for the first stage and/or SSUs for the second stage selected in stratum h ; let q_h^* be the number of clusters (PSUs/SSUs) interviewed. The cluster level response rate in stratum h is therefore;

$$R_{CL} = q_h^* / q_h$$

2. Household level response rate

Let k_{hj} be the number of households found, as recorded in the household questionnaire, in cluster j of stratum h ; let k_{hj}^* be the number of households interviewed in the cluster. The household response rate in stratum h is calculated by;

$$R_{HH} = \sum d_{hj} * k_{hj} / \sum d_{hj} k_{hj}$$

where d_{hj} is the design weight of cluster j in stratum h ; the summation is over all clusters in the stratum h .

3. Individual response rate

Let h_{jl} be the number of eligible women found in cluster j of stratum h ; let h_{jl}^* be the number of individuals interviewed. The individual response rate in stratum h is calculated as;

$$R_{ID} = \sum d_{hj} * h_{jl} / \sum d_{hj} h_{jl}$$

where d_{hj} is the design weight of cluster j in stratum h ; the summation is over all clusters in the stratum h .

The household sampling weight of cluster j in stratum h is calculated by dividing the household design weight by the product of the cluster response rate and the household response rate, for each of the sampling stratum:

$$* d_{hj} = d_{hj} / (R_{CL} * R_{HH})$$

The individual sampling weight of cluster j in stratum h is calculated by dividing the household sampling



weight by the individual response rate, or equivalently, by dividing the household design weight by the product of the cluster response rate, the household response rate and the individual response rate, for each of the sampling strata:

$$d_{hj_ID} = \frac{*d_{hj}}{R_{ID}} = \frac{d_{hj}}{(R_{ID} * R_{HH} * R_{CL})}$$

Post-Stratification

The resulting sampling weight was adjusted for target population constructed by the HSHDS team. The sampling frame had excluded areas that were not accessible, areas that had very few dwelling structures according to the satellite image and TNS with very few reported households. The adjusting factors, at the stratum level, were obtained by dividing the stratum target population by stratum sampling frame population. This ensured that the sum of the final weights equal is equal to the target population.

Normalization

Lastly, the survey weights were normalized in order to give a total number of weighted cases that equals the total number of unweighted cases at the national level. Normalization was done by dividing the survey weight by the mean of the survey weight for the household weight and for the individual woman. The normalized weights are relative weights, which are valid for estimating means, proportions and ratios.

References

- ICF International. 2015. *Demographic and Health Survey Sampling and Household Listing Manual*. The DHS Program, Rockville, Maryland, U.S.A.: ICF International.
- OECD, 2016. *Technical Report of the Survey of Adult Skills*. Programme for the International Assessment of Adult Competencies (PIAAC), 2nd Edition.
- Fuller, Wayne A. 2009. *Sampling Statistics*.
- Johnson CL, Dohrmann SM, Van de Kerckhove W, et al. *National Health and Nutrition Examination Survey: National Youth Fitness Survey Estimation Procedures*, 2012. National Center for Health Statistics. Vital Health Stat 2(168). 2014.



Table A.1 Household Distribution by region

Distribution of the households in the sampling frame by region and residence, HSHDS 2020

Region	Households in the frame				Percentage of Totals to households	Percent Urban
	Urban	Rural	Nomadic	Total		
Hiraan	22,323	3,345	2,539	28,207	48.5	79.1
Middle Shabelle	16,400	10,464	3,114	29,978	51.5	54.7
Total	38723	13809	5653	58185	100	66.6

Table A.2 Enumeration areas

Distribution of the enumeration areas (Temporary nomadic settlements) in the sampling frame and average number of households per enumeration area by region and residence, HSHDS 2020

Region	Number of Enumeration areas in frame				Average number of Enumeration areas in frame			
	Urban	Rural	Nomadic	Total	Urban	Rural	Nomadic	Total
Hiraan	212	172	45	429	122	112	66	112
Middle Shabelle	140	287	55	482	117	108	59	103
Total	352	459	100	911	120	110	62	109

Table A.3 First stage Sample allocation of clusters and households

HSHDS 2020

Region	Allocation of clusters				Allocation of households			
	Urban	Rural	Nomadic	Total	Urban	Rural	Nomadic	Total
Hiraan	35	32	10	77	3,226	3,104	466	6,796
Middle Shabelle	31	30	10	71	4,146	4,074	506	8,726
Total	66	62	20	148	7,372	7,178	972	15,522

Table A.4 Second stage Sample allocation of clusters and households

Sample allocation of clusters and households for mian survey by region, according to residence, HSHDS 2020

Region	Allocation of clusters				Allocation of households			
	Urban	Rural	Nomadic	Total	Urban	Rural	Nomadic	Total
Hiraan	10	10	10	30	295	298	299	892
Middle Shabelle	10	10	10	30	294	269	292	855
Total	20	20	20	60	589	567	591	1,747





APPENDIX B



Estimates of Sampling Errors

Sampling errors are important data quality parameters which give a measure of the precision of the survey estimates. They aid in determining the statistical reliability of survey estimates.

The estimates from a sample survey are affected by two types of errors: non-sampling errors and sampling errors. Non-sampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the Hirshabelle Health and Demographic Survey (HSHDS 2020) to minimise this type of error, non-sampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the HSHDS 2020 is only one of many samples that could have been selected from the same population, using the same design and sample size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability among all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

Sampling error is usually measured in terms of the standard error for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95% of all possible samples of identical size and design.

If the sample of respondents had been selected by simple random sampling, it would have been possible to use straightforward formulas for calculating sampling errors. However, the HSHDS 2020 sample was the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulas. The variance approximation procedure that account for the complex sample design used R program was estimated sampling errors in HSHDS which is Taylor series linearization. The

non-linear estimates are approximated by linear ones for estimating variance. The linear approximation is derived by taking the first-order Tylor series approximation. Standard variance estimation methods for linear statistics are then used to estimate the variance of the linearized estimator.

The Taylor linearisation method treats any linear statistic such as a percentage or mean as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$SE^2(r) = var(r) = \frac{1}{x^2} \sum_{h=1}^H \frac{n_h(1-f_h)}{n_h-1} \sum_j \left(z_{hj} - \frac{z_h}{n_h} \right)^2$$

in which

$$z_{hi} = y_{hi} - rx_{hi}, \text{ and } z_h = y_h - rx_h$$

where

h represents the sampling stratum which varies from 1 to H ,

n_h is the total number of clusters selected in the h th stratum,

y_{hj} is the sum of weighted values of variable y in the j th cluster in the h th stratum,

x_{hj} is the sum of weighted values of variable x in the j th cluster in the h th stratum,

f_h is the sampling fraction in stratum h , it can be ignored when it is small

x is the sum of weighted values of variable x over the total sample

Sampling errors for the HSHDS are calculated for selected variables considered to be of primary interest. The results are presented in this appendix for the state as a whole. For each variable, the type of statistic (proportion) and the base population are given in Table B.1. Tables B.2 present the value of the statistic (R), its standard error (SE), the number of unweighted (N) and weighted (WN)



cases, the relative standard error (SE/R), and the 95% confidence limits (R42SE) for each variable.

The confidence interval (e.g., as calculated for Proportion with improved water) can be interpreted as follows: the overall proportion of households' access to improved water for all interviewed households from Hirshabelle sample is 0.620 (62.0%) and its standard error is 0.039. Therefore, to obtain the 95% confidence limits, one adds and subtracts twice the standard error to the sample estimate, that is, $0.620 \pm 2 \times 0.039$. There is a high probability (95%) that the true proportion of households access to improved water services for all households is between 0.542 (54.2%) and 0.698 (69.8%).

References

ICF International. 2015. *Demographic and Health Survey Sampling and Household Listing Manual*. The DHS Program, Rockville, Maryland, U.S.A.: ICF International.

Fuller, Wayne A. 2009. *Sampling Statistics*.

Johnson CL, Dohrmann SM, Van de Kerckhove W, et al. *National Health and Nutrition Examination Survey: National Youth Fitness Survey estimation procedures*, 2012. National Center for Health Statistics. Vital Health Stat 2(168). 2014.



Table B.1 List of selected variables for sampling errors, HSHDS 2020

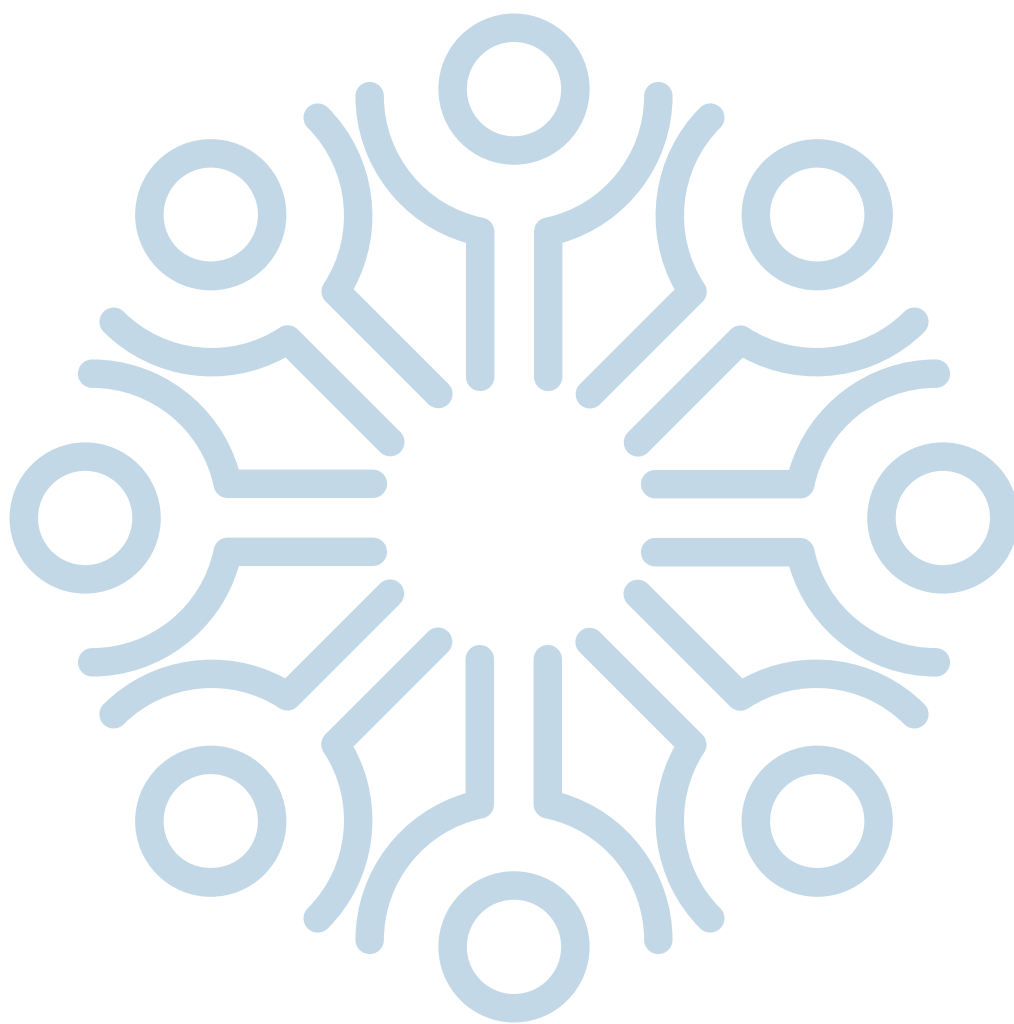
Variable	Estimate	Base population
Proportion with improved water sources	Proportion	Total households
Proportion with unimproved water sources	Proportion	Total households
Proportion with water on premises	Proportion	Total households
Proportion with less than 30 minutes to a drinking water source	Proportion	Total households
Proportion with 30 minutes or longer to a drinking water source	Proportion	Total households
Proportion with basic drinking water service	Proportion	Total households
Proportion with limited drinking water service	Proportion	Total households
Proportion with flushed to piped sewer system	Proportion	Total households
Proportion with flush to septic tank	Proportion	Total households
Proportion with flush to pit latrine	Proportion	Total households
Proportion with pit latrine with slab	Proportion	Total households
Proportion with electricity for lighting	Proportion	Total households
Proportion with solar for lighting	Proportion	Total households
Proportion using Charcoal for cooking	Proportion	Total households
Proportion using firewood for cooking	Proportion	Total households
Proportion with electricity connection	Proportion	Total households



Table B.2 Sampling errors for all samples, HSHDS report 2020

			Number of cases	Confidence limits		
	Value (R)	Standard error (SE)	Unweighted (N)	Relative error (RSE)	R-2SE	R+2SE
Households						
Proportion with improved water sources	0.620	0.039	1030	0.063	0.542	0.698
Proportion with unimproved water sources	0.380	0.039	643	0.103	0.302	0.458
Proportion with water on premises	0.569	0.014	949	0.024	0.541	0.597
Proportion with less than 30 minutes to a drinking water source	0.308	0.018	512	0.060	0.271	0.345
Proportion with 30 minutes or longer to a drinking water source	0.123	0.017	212	0.139	0.088	0.157
Proportion with basick drinking water service	0.595	0.035	987	0.059	0.524	0.665
Proportion with limited drinking water service	0.975	0.007	43	0.008	0.960	0.990
Proportion with flush to septik tank	0.018	0.004	136	0.228	0.010	0.027
Proportion with flush to pit latrine	0.174	0.021	288	0.123	0.131	0.217
Proportion with pit latrine with slab	0.256	0.018	429	0.072	0.219	0.292
Proportion with electricity for lighting	0.179	0.033	305	0.186	0.113	0.246
Proportion using charcoal for cooking	0.184	0.020	313	0.108	0.144	0.224
Proportion using firewood for cooking	0.621	0.022	1039	0.035	0.577	0.665





APPENDIX C



Data Quality Tables



Table C.1 Household age distribution

Single-year age distribution of the de facto household population by sex, HSHDS 2020

Age	Male		Female		Age	Male		Female	
	Number	Percent	Number	Percent		Number	Percent	Number	Percent
0	154	3.2	153	3.1	36	17	0.4	24	0.5
1	195	4.1	170	3.4	37	20	0.4	28	0.6
2	282	5.9	267	5.4	38	33	0.7	31	0.6
3	241	5.0	257	5.2	39	19	0.4	20	0.4
4	243	5.1	272	5.5	40	88	1.8	70	1.4
5	200	4.2	218	4.4	41	12	0.3	10	0.2
6	233	4.9	218	4.4	42	22	0.5	19	0.4
7	185	3.9	202	4.1	43	8	0.2	7	0.1
8	222	4.6	204	4.1	44	4	0.1	7	0.1
9	140	2.9	140	2.8	45	59	1.2	32	0.6
10	206	4.3	204	4.1	46	10	0.2	8	0.2
11	94	2.0	100	2.0	47	10	0.2	6	0.1
12	183	3.8	166	3.3	48	8	0.2	3	0.1
13	122	2.5	132	2.7	49	7	0.1	4	0.1
14	117	2.4	130	2.6	50	79	1.6	109	2.2
15	103	2.1	117	2.4	51	5	0.1	33	0.7
16	89	1.9	107	2.2	52	14	0.3	29	0.6
17	59	1.2	63	1.3	53	13	0.3	18	0.4
18	120	2.5	101	2.0	54	12	0.3	9	0.2
19	48	1.0	56	1.1	55	36	0.8	42	0.8
20	96	2.0	117	2.4	56	8	0.2	13	0.3
21	17	0.4	37	0.7	57	5	0.1	11	0.2
22	60	1.3	52	1.0	58	10	0.2	10	0.2
23	32	0.7	49	1.0	59	10	0.2	2	0.0
24	37	0.8	57	1.1	60	77	1.6	69	1.4
25	101	2.1	120	2.4	61	7	0.1	6	0.1
26	42	0.9	40	0.8	62	7	0.1	2	0.0
27	32	0.7	60	1.2	63	2	0.0	6	0.1
28	58	1.2	74	1.5	64	6	0.1	5	0.1
29	17	0.4	38	0.8	65	21	0.4	8	0.2
30	151	3.1	109	2.2	66	3	0.1	4	0.1
31	11	0.2	17	0.3	67	6	0.1	4	0.1
32	37	0.8	42	0.8	68	3	0.1	4	0.1
33	18	0.4	19	0.4	69	2	0.0	1	0.0
34	10	0.2	12	0.2	70+	89	1.9	104	2.1
35	108	2.3	81	1.6	Total	4,795	100.0	4,959	100.0

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview.



Table C.2 Age distribution of eligible and interviewed women

De facto household population of women age 10-54, number and percent distribution of interviewed women age 15-49, and percentage of eligible women who were interviewed (weighted), by 5-year age groups, HSHDS 2020"

Age Group	Household population of women age 10-54	Interviewed women age 15-49		
		Number	Percentage	Percentage of eligible women interviewed
10-14	732	na	na	Na
15-19	444	419	26.7	94.4
20-24	312	301	19.2	96.5
25-29	332	323	20.6	97.3
30-34	199	196	12.5	98.5
35-39	184	175	11.2	95.1
40-44	113	104	6.6	92.0
45-49	53	49	3.1	92.5
50-54	198	na	na	Na
15-49	1,,637	1,567	100	95.7

Note: the defacto population includes all residents and non-residents who stayed in the household the night before the interview. Weights for both the household population of women and interviewed women are household weights. Age is based on the household questionnaire.

NA = Not applicable



APPENDIX D



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List of Contributors

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- Nasra Adow (Project Assistant, UNFPA)
- Osman Jama (Finance/Admin Officer MOPIC)
- Samwel Andati (Data Management Assistant, UNFPA)
- Halima Ahmed (Project Assistant, UNFPA)

MAIN SURVEY

- Hani Abdirahman Aden (Supervisor)
- Ruqiyio Omar Barre (Supervisor)
- Sagal Ibrahim Ali (Supervisor)
- Miski Mohamed Mohamud (Enumerator)
- Farhiyo Mohamuud Osman (Enumerator)
- Fadumo Ahmed Mohamed (Enumerator)
- Faiza Hassan Mohamud (Supervisor)
- Ifrah Dhaqane Cise (Enumerator)
- Halimo Mohamed Mohamuud (Enumerator)
- Kafiyo Ahmed Barrow (Enumerator)
- Samiro Omar Abdullahi (Enumerator)
- Shukri Cisman Ibrahim (Supervisor)
- Fadumo Ali Wasuge (Enumerator)
- Hamdi Abdullahi Elmi (Enumerator)
- Sagal Mohamed Karar (Enumerator)
- Fadumo Hassanj Idriis (Enumerator)
- Raaxo Ali Ahmed (Supervisor)
- Samsam Nur Moumin (Enumerator)
- Balqiisa Sh Osman (Enumerator)
- Deevo Abduqadir Salad (Enumerator)
- Hodan Osman Hassan (Enumerator)
- Markabo Ahmed Rujal (Supervisor)
- Mulki Mohamed Ali (Enumerator)
- Shukri Omar Mohamed (Enumerator)
- Sacdiyo Mohamed Aden (Enumerator)

MMR

- Abdullahi Jimcale Ali (Supervisor)
- Shuceyb Cumar Mohamed (Enumerator)
- Mohamed Ali Liban (Enumerator)
- Shukri osman Ibrahim (Enumerator)
- Aways Hassan Mohamed (Enumerator)
- Abdulkadir Mohamed Rage

- (Supervisor)
- Ahmed Abdulkadir Hassan (Enumerator)
- Abdinasir Abukar Hussein (Enumerator)
- Ahmed Mohamed Abdulle (Enumerator)
- Xasan cise shiq (Enumerator)
- Hassan Musse Abdi (Supervisor)
- Mustaf Mukhtar Abukar (Enumerator)
- Nafiso Hassan Moallim (Enumerator)
- Nasteha Abdullahi Hussein (Enumerator)
- Mohamed Abdi Hussein (Enumerator)
- Salah HuseEnumerator xuurshow (Supervisor)
- Mohamed Ibrahim Barow (Enumerator)
- Mohamed Mohamud isaq (Enumerator)
- Safiyo Abdikarin Hussein (Enumerator)
- Ahmed osman Ibrahim (Enumerator)
- Yahye Hassan Tifoow (Supervisor)
- Abdullahi Salah Mudey (Enumerator)
- Axmed Nasir Yusuf Cilmi (Enumerator)
- Fartun Hassan Addow (Enumerator)
- Ifrah Mohamed Abdi (Enumerator)
- Ibrahim Idow Farah (Supervisor)
- Marian Mohamed Abdulle (Enumerator)
- Maslah Mikail Ali (Enumerator)
- Mohamed Barre Isaaq (Enumerator)
- Abdiriza Ali Mumin (Enumerator)
- Adisalam Ahmed Abdullahi (Supervisor)
- Ahmed Hussein Dahiye (Enumerator)
- Marian Abdirahman Mohamed (Enumerator)
- Ibrahim Abdullahi Adam (Enumerator)
- Osman Barre Ibrahim (Enumerator)
- Mohamed Abdi Husein (Supervisor)
- Naima Ali Nor (Enumerator)
- Abdirizakh Abdulkhadir Abdulle (Enumerator)
- Fowsiya Cabdullahi Ali (Enumerator)
- Abdiwahab Ali Ahmed (Enumerator)
- Abdihakim Ahmed Adam (Supervisor)
- Farhio Mohamud Osman (Enumerator)
- Frah Muse Ibrahim (Enumerator)
- Abdiwali Mohamed Mohamud (Enumerator)
- Bashiir Farah Abdi (Enumerator)





APPENDIX E



Household Questionnaire





SOMALI HEALTH & DEMOGRAPHIC SURVEY 2018-2019

SOMALI MINISTRIE'S OF PLANNING AND HEALTH

QUESTIONNAIRE
SERIAL NUMBER

REG. CODE		DIST CODE		EA CODE		HH SERIAL NO.		INTERVIEWER NO.							

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION																				
NAME				CODE																
REGION				<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																
PRE-WAR NAME OF THE DISTRICT				<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																
CURRENT NAME OF THE DISTRICT				<table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>																
SETTLEMENT/TOWN				<table border="1"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>																
EA TYPE (1=RURAL/IDP 2=URBAN/IDP 3=NOMADIC)				<table border="1"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>																
EA CODE				<table border="1"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>																
HOUSEHOLD SERIAL NUMBER IN THE EA				<table border="1"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>																
INTERVIEWER VISITS																				
	1	2	3	FINAL VISIT																
DATE				DAY <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																
INTERVIEWER'S NAME				MONTH <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																
RESULT*				YEAR <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																
NEXT VISIT: DATE				INT. NO. <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																
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*RESULT CODES:				TOTAL NUMBER OF VISITS <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																
1 COMPLETED				TOTAL PERSONS IN HOUSEHOLD <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT				TOTAL ELIGIBLE EVER MARRIED WOMEN <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME				TOT ELIGIBLE NEVER MARRIED WOMEN <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																
4 POSTPONED				TOTAL CHILDREN 0-5 YEARS <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																
5 REFUSED				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																
6 DWELLING VACANT OR ADDRESS NOT A DWELLING																				
7 DWELLING DESTROYED																				
8 DWELLING NOT FOUND																				
9 PARTLY COMPLETED																				
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**SOMALI HEALTH &
DEMOGRAPHIC SURVEY
2018-2019**

SOMALI MINISTRIE'S OF PLANNING AND HEALTH

QUESTIONNAIRE
SERIAL NUMBER

REG. CODE		DIST CODE		EA CODE				HH SERIAL NO.				INTERVIEWER NO.			

HOUSEHOLD QUESTIONNAIRE

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INTERVIEWER VISITS																				
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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with [NAME OF ORGANIZATION]. We are conducting a survey about health and related topics all over [NAME OF COUNTRY]. The information we collect will help the government to plan health and other services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. your participation in the survey is voluntary, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the ministry of interior/planning and/or health.

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . . 1
↓

RESPONDENT DOES NOT AGREE
TO BE INTERVIEWED . . 2 → END

100	RECORD THE START TIME.	HOURS MINUTES	<table><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				



HOUSEHOLD SCHEDULE

		DEMOGRAPHIC CHARACTERISTICS								ELIGIBILITY		
LINE NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	YEAR OF BIRTH	IF AGE 12 OR OLDER	IF AGE 12 & EVER MARRIED	ELIGIBILITY		
1	2	3	4	5	6	7	8	9	9B	10	11	12
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2B TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-32 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household?	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME) in completed years?	What is (NAME)'s year of birth?	What is (NAME)'s current marital status?	How old was (NAME) when he/she got married for the first time?	CIRCLE LINE NUMBER OF ALL EVER MARRIED WOMEN AGE 12-49	CIRCLE LINE NUMBER OF ALL NEVER MARRIED WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
		SEE CODES BELOW.				IF 95 OR MORE, RECORD '95'.		1 = MARRIED 2 = DIVORCED 3 = ABANDONED 4 = WIDOWED 5 = NEVER-MARRIED	RECORD AGE IN YEARS IF 95 OR MORE, RECORD '95'.			
01			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS 	Y Y Y Y 		IN YEARS 	01	01	01
02			1 2	1 2	1 2					02	02	02
03			1 2	1 2	1 2					03	03	03
04			1 2	1 2	1 2					04	04	04
05			1 2	1 2	1 2					05	05	05
06			1 2	1 2	1 2					06	06	06
07			1 2	1 2	1 2					07	07	07
08			1 2	1 2	1 2					08	08	08
09			1 2	1 2	1 2					09	09	09
10			1 2	1 2	1 2					10	10	10

2A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed? YES ☐ → ADD TO TABLE NO ☐

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES ☐ → ADD TO TABLE NO ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD OF HOUSEHOLD NO ☐ 08 = BROTHER OR SISTER
 02 = SPOUSE ☐ 09 = NEPHEW/NIECE
 03 = SON OR DAUGHTER ☐ 10 = BROTHER/SISTER-IN-LAW
 04 = SON-IN-LAW OR DAUGHTER-IN-LAW NO ☐ 11 = OTHER RELATIVE
 05 = GRANDCHILD ☐ 12 = ADOPTED/FOSTER/STEPCHILD
 06 = PARENT ☐ 13 = NOT RELATED
 07 = PARENT-IN-LAW ☐ 98 = DON'T KNOW



HOUSEHOLD SCHEDULE

	ORPHANHOOD				EDUCATION CHARACTERISTICS				LABOUR FORCE
	IF AGE 0-17 YEARS				IF AGE 6 YEARS OR OLDER		IF AGE 6-24 YEARS		IF AGE 10 YEARS OR OLDER
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		LABOUR FORCE PARTICIPATION
	13	14	15	16	17	18	19	20	21
	Is (NAME)'s biological mother alive?	Does (NAME)'s natural mother usually live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s biological father alive?	Does (NAME)'s biological father usually live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the [2017-2018] school year?	During [this/that] school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	What has (NAME) mostly been doing in the last 12 months? 1= WORKING (INCLUDING HOUSE WIVES HAVING ACTIVITY) 2 = NOT WORKING BUT LOOKING FOR WORK 3 = HOUSEWIFE NOT WORKING 4 = STUDENT 5 = RETIRED 6 = DISABLED 7 = OTHER NOT WORKING
01	Y N DK 1 2 8 ↓ GO TO 15	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 21	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 8 ↓ GO TO 21	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
02	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
03	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
04	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
05	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
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07	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
08	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
09	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
10	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>

CODES FOR Qs. 18 AND 20: EDUCATION

LEVEL GRADE
 0 = PRESCHOOL 00 = LESS THAN 1 YEAR COMPLETED
 1 = PRIMARY (USE '00' FOR Q. 18 ONLY.)
 2 = SECONDARY THIS CODE IS NOT ALLOWED
 3 = HIGHER FOR Q. 20.)
 8 = DON'T KNOW 98 = DON'T KNOW
 9 = KORANIC (if Koranic skip grade)

/

HOUSEHOLD SCHEDULE

	REGISTRATION OF BIRTHS	CHRONIC DISEASES				SOCIAL HABITS		DISABILITY			
	IF AGE 0-4 YEARS					IF AGE 10 YEARS OR OLDER					
LINE NO.	BIRTH REGISTRATION										
	22	23	24	25	26	27	28	29	30	31	32
	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	I would now like to ask you some questions about the health of all family members. Does (NAME) suffer from any chronic disease?	What are the diseases suffered by (NAME)? SEE CODES BELOW.	Has any physician informed (NAME) that (s)he suffers from this disease?	Does (NAME) get treatment regularly for this condition?	Does (NAME) smoke cigarettes, or any kind of tobacco?	Does (NAME) currently chew qat/khat?	Does (NAME) face any of the following limitations? A= SIGHT? B= HEARING? C= SPEECH D= LEARNING E= MOBILITY F= SELF-CARE? G= MENTAL? H= NONE	What is the main reason for (NAME's) disability? SEE CODES BELOW.	How old was (NAME) when this condition started? IF 95 OR MORE, RECORD '95'.	During the last 12 months did (NAME) get any of the following forms of support? A= MEDICAL CARE B= WELFARE C= FINANCIAL D= NUTRITIONAL Y= NO SUPPORT
01	<input type="text"/>	Y N DK 1 2 8 GO TO 27	CODE A B C D E F G H I J K L M N O P Q R S T Y	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	CODE A B C D E F G H GO TO 101	CODE <input type="text"/>	IN YEARS <input type="text"/>	CODE A B C D Y
02	<input type="text"/>	1 2 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
03	<input type="text"/>	1 2 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
04	<input type="text"/>	1 2 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
05	<input type="text"/>	1 2 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
06	<input type="text"/>	1 2 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
07	<input type="text"/>	1 2 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
08	<input type="text"/>	1 2 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
09	<input type="text"/>	1 2 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
10	<input type="text"/>	1 2 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y

CODES FOR Q. 24: CHRONIC DISEASES

A=BLOOD PRESSURE G=KIDNEY DISEASE
B=DIABETES H=LIVER DISEASE
C=INFLAMMATION/ULCI I=ARTHRITIS
D=ANEMIA J=TUBERCULOSIS (TB)
E=SICKLE CELL ANEMIA/K=CHRONIC HEADACHE
/THALASSEMIA L=STROKE
F=HEART DISEASE M=EPILEPSY

N=PROSTATIC HYPERTROPHY
O=CATARACT
P= CHRONIC BACK PAIN/
SPINAL PROBLEM
Q=MENTAL/PSYCHOLOGICAL ILLNESS
R=SKIN DISEASE
S= CANCEROUS TUMORS
T=ASTHMA
Y= OTHER
(SPECIFY)

CODES FOR Q. 30: CAUSE OF DIABILITY

01=CONGENITAL 08=WITCHCRAFT
02=CONTAGIOUS 96=OTHER
03=CHILD BIRTH CONDITION (SPECIFY)
04=OTHER DISEASE
05=ABUSE 98=DON'T KNOW
06=AGING
07=INJURY/ACCIDENT



HOUSEHOLD SCHEDULE

		DEMOGRAPHIC CHARACTERISTICS								ELIGIBILITY		
								IF AGE 12 OR OLDER	IF AGE 12 & EVER MARRIED			
LINE NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	YEAR OF BIRTH	MARITAL STATUS	AGE AT FIRST MARRIAGE	ELIGIBILITY		
1	2	3	4	5	6	7	8	9	9B	10	11	12
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2B TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-32 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household?	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME) in completed years?	What is (NAME)'s year of birth?	What is (NAME)'s current marital status?	How old was (NAME) when he/she got married for the first time?	CIRCLE LINE NUMBER OF ALL EVER MARRIED WOMEN AGE 12-49	CIRCLE LINE NUMBER OF ALL NEVER MARRIED WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
11			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS 	Y Y Y Y 		IN YEARS 	11	11	11
12			1 2	1 2	1 2					12	12	12
13			1 2	1 2	1 2					13	13	13
14			1 2	1 2	1 2					14	14	14
15			1 2	1 2	1 2					15	15	15
16			1 2	1 2	1 2					16	16	16
17			1 2	1 2	1 2					17	17	17
18			1 2	1 2	1 2					18	18	18
19			1 2	1 2	1 2					19	19	19
20			1 2	1 2	1 2					20	20	20

CK HERE IF CONTINUATION SHEET USED ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD OF HOUSEHOLD	08 = BROTHER OR SISTER
02 = SPOUSE	09 = NEPHEW/NIECE
03 = SON OR DAUGHTER	10 = BROTHER/SISTER-IN-LAW
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	11 = OTHER RELATIVE
05 = GRANDCHILD	12 = ADOPTED/FOSTER/STEPCHILD
06 = PARENT	13 = NOT RELATED
07 = PARENT-IN-LAW	98 = DON'T KNOW

HOUSEHOLD SCHEDULE

	ORPHANHOOD				EDUCATION CHARACTERISTICS				LABOUR FORCE
	IF AGE 0-17 YEARS				IF AGE 6 YEARS OR OLDER		IF AGE 6-24 YEARS		IF AGE 10 YEARS OR OLDER
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		LABOUR FORCE PARTICIPATION
	13	14	15	16	17	18	19	20	21
	Is (NAME)'s biological mother alive?	Does (NAME)'s natural mother usually live in this household ? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s biological father alive?	Does (NAME)'s biological father usually live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level?	Did (NAME) attend school at any time during the [2017-2018] school year?	During [this/that] school year, what level and grade [is/was] (NAME) attending?	What has (NAME) mostly been doing in the last 12 months? 1= WORKING (INCLUDING HOUSE WIVES HAVING ACTIVITY) 2 = NOT WORKING BUT LOOKING FOR WORK 3 = HOUSEWIFE NOT WORKING 4 = STUDENT 5 = RETIRED 6 = DISABLED 7 = OTHER NOT WORKING
11	Y N DK 1 2 8 ↓ GO TO 15	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/> <input type="text"/>	Y N 1 2 8 ↓ GO TO 21	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 8 ↓ GO TO 21	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
12	1 2 8 ↓ GO TO 15	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
13	1 2 8 ↓ GO TO 15	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
14	1 2 8 ↓ GO TO 15	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
15	1 2 8 ↓ GO TO 15	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
16	1 2 8 ↓ GO TO 15	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
17	1 2 8 ↓ GO TO 15	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
18	1 2 8 ↓ GO TO 15	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
19	1 2 8 ↓ GO TO 15	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
20	1 2 8 ↓ GO TO 15	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>

CODES FOR Qs. 18 AND 20: EDUCATION

LEVEL **GRADE**
 0 = PRESCHOOL 00 = LESS THAN 1 YEAR COMPLETED
 1 = PRIMARY (USE '00' FOR Q. 18 ONLY.)
 2 = SECONDARY THIS CODE IS NOT ALLOWED
 3 = HIGHER FOR Q. 20.)
 8 = DON'T KNOW 98 = DON'T KNOW



HOUSEHOLD SCHEDULE

	REGISTRATION OF BIRTHS	CHRONIC DISEASES				SOCIAL HABITS		DISABILITY			
	IF AGE 0-4 YEARS					IF AGE 10 YEARS OR OLDER					
LINE NO.	BIRTH REGISTRATION										
	22	23	24	25	26	27	28	29	30	31	32
	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	I would now like to ask you some questions about the health of all family members. Does (NAME) suffer from any chronic disease?	What are the diseases suffered by (NAME)? SEE CODES BELOW.	Has any physician informed (NAME) that (s)he suffers from this disease?	Does (NAME) get treatment regularly for this condition?	Does (NAME) smoke cigarettes, or any kind of tobacco?	Does (NAME) currently chew qat/khat?	Does (NAME) face any of the following limitations? A= SIGHT? B= HEARING? C= SPEECH D= LEARNING E= MOBILITY F= SELF-CARE? G= MENTAL? H= NONE	What is the main reason for (NAME's) disability? SEE CODES BELOW.	How old was (NAME) when this condition started? IF 95 OR MORE, RECORD '95'.	During the last 12 months did (NAME) get any of the following forms of support? A= MEDICAL CARE B= WELFARE C= FINANCIAL D= NUTRITIONAL Y= NO SUPPORT
11	<input type="text"/>	Y N DK 1 2 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	CODE A B C D E F G H GO TO 101	CODE <input type="text"/>	IN YEARS <input type="text"/>	CODE A B C D Y
12	<input type="text"/>	1 2 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
13	<input type="text"/>	1 2 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
14	<input type="text"/>	1 2 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
15	<input type="text"/>	1 2 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
16	<input type="text"/>	1 2 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
17	<input type="text"/>	1 2 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
18	<input type="text"/>	1 2 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
19	<input type="text"/>	1 2 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
20	<input type="text"/>	1 2 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y

TICK HERE IF CONTINUATION SHEET USED ☐

CODES FOR Q. 24: CHRONIC DISEASES

A=BLOOD PRESSURE G=KIDNEY DISEASE
B=DIABETES H=LIVER DISEASE
C=INFLAMMATION/ULCI=ARTHRITIS
D=ANEMIA J=TUBERCULOSIS (TB)
E=SICKLE CELL ANEMIA K=CHRONIC HEADACHE
/THALASSEMIA L=STROKE
F=HEART DISEASE M=EPILEPSY

N=PROSTATIC HYPERTROPHY
O=CATARACT
P=CHRONIC BACK PAIN/
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Q=MENTAL/PSYCHOLOGICAL ILLNESS
R=SKIN DISEASE
S=CANCEROUS TUMORS
T=ASTHMA
Y=OTHER (SPECIFY)

CODES FOR Q. 30: CAUSE OF DIABILITY

01=CONGENITAL 08=MAGIC
02=CONTAGIOUS 96=OTHER
03=CHILD BIRTH CONDITION (SPECIFY)
04=OTHER DISEASE
05=ABUSE 98=DON'T KNOW
06=AGING
07=INJURY/ACCIDENT

OUT OF POCKET HOUSEHOLD HEALTH EXPENDITURE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																										
101	Has any member of the household been sick in the last one month?	YES 1 NO 2	→ 107																																																																																										
102	Did you seek any advice or treatment for his/her condition?	YES 1 NO 2 DON'T KNOW 8	→ 107 → 107																																																																																										
103	Where did you seek advice or treatment for his or her condition? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR GOVERNMENT HOSPITAL A REFERRAL HEALTH CENTRE B MCH/HC C PRIMARY HEALTH UNIT (PHU) D MOBILE CLINIC E OTHER PUBLIC SECTOR F _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR G PHARMACY H OTHER PRIVATE MEDICAL SECTOR I _____ (SPECIFY) OTHER SOURCE SHOP J OTHER X _____ (SPECIFY)																																																																																											
104	Did he/she receive any of the following services? If YES, how much did the household incur on the health services received in the last one month? RECORD AMOUNT IN USD.	<table border="1"> <thead> <tr> <th></th><th>Y</th><th>N</th><th>DK</th><th>AMOUNT (USD)</th></tr> </thead> <tbody> <tr> <td>a) Consultation fees paid to General Medical Practitioners</td><td>1</td><td>2</td><td>8</td><td></td></tr> <tr> <td>b) Consultation fees paid to Specialists</td><td>1</td><td>2</td><td>8</td><td></td></tr> <tr> <td>c) Consultation fees paid to traditional medicine practitioners</td><td>1</td><td>2</td><td>8</td><td></td></tr> <tr> <td>d) Consultation fees paid to other health practitioners</td><td>1</td><td>2</td><td>8</td><td></td></tr> <tr> <td>e) Laboratory Tests</td><td>1</td><td>2</td><td>8</td><td></td></tr> <tr> <td>f) Prescribed drugs</td><td>1</td><td>2</td><td>8</td><td></td></tr> <tr> <td>g) Over the counter drugs</td><td>1</td><td>2</td><td>8</td><td></td></tr> <tr> <td>h) Imaging (X-Rays, CT Scan ,MRI, Echography)</td><td>1</td><td>2</td><td>8</td><td></td></tr> <tr> <td>i) Dialysis</td><td>1</td><td>2</td><td>8</td><td></td></tr> <tr> <td>j) Chemotherapy</td><td>1</td><td>2</td><td>8</td><td></td></tr> <tr> <td>k) Surgery</td><td>1</td><td>2</td><td>8</td><td></td></tr> <tr> <td>l) Room facilities/Meals</td><td>1</td><td>2</td><td>8</td><td></td></tr> <tr> <td>m) Transport to the facility</td><td>1</td><td>2</td><td>8</td><td></td></tr> <tr> <td>n) Birth spacing ?</td><td>1</td><td>2</td><td>8</td><td></td></tr> <tr> <td>o) Antenatal care (ANC)?</td><td>1</td><td>2</td><td>8</td><td></td></tr> <tr> <td>p) Delivery (child birth)?</td><td>1</td><td>2</td><td>8</td><td></td></tr> <tr> <td>q) Others</td><td>1</td><td>2</td><td>8</td><td></td></tr> </tbody> </table>		Y	N	DK	AMOUNT (USD)	a) Consultation fees paid to General Medical Practitioners	1	2	8		b) Consultation fees paid to Specialists	1	2	8		c) Consultation fees paid to traditional medicine practitioners	1	2	8		d) Consultation fees paid to other health practitioners	1	2	8		e) Laboratory Tests	1	2	8		f) Prescribed drugs	1	2	8		g) Over the counter drugs	1	2	8		h) Imaging (X-Rays, CT Scan ,MRI, Echography)	1	2	8		i) Dialysis	1	2	8		j) Chemotherapy	1	2	8		k) Surgery	1	2	8		l) Room facilities/Meals	1	2	8		m) Transport to the facility	1	2	8		n) Birth spacing ?	1	2	8		o) Antenatal care (ANC)?	1	2	8		p) Delivery (child birth)?	1	2	8		q) Others	1	2	8		
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OUT OF POCKET HOUSEHOLD HEALTH EXPENDITURE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
105	In total, how much money did the household spend on treatment and healthcare services during the last one month?	AMOUNT (USD) . . <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																												
106	In the past one month, which of the following financial sources did your household use to pay for any health expenditure? (READ OUT AND CIRCLE 1 OR 2 AS APPROPRIATE)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th><th style="text-align: center;">YES</th><th style="text-align: center;">NO</th></tr> </thead> <tbody> <tr> <td>a) Current income</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>b) Health insurance</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>c) Savings (including in bank)</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>d) Borrow from banks/other institutions/relatives</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>e) Support from relatives & friends</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>f) Sold assets</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>g) Other means</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td></tr> </tbody> </table>		YES	NO	a) Current income	1	2	b) Health insurance	1	2	c) Savings (including in bank)	1	2	d) Borrow from banks/other institutions/relatives	1	2	e) Support from relatives & friends	1	2	f) Sold assets	1	2	g) Other means	1	2	(SPECIFY)			
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107	Does any household member have a health insurance policy?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td><td style="text-align: center;">1</td></tr> <tr> <td>NO</td><td style="text-align: center;">2</td></tr> </tbody> </table>	YES	1	NO	2																								
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NO	2																													

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 WATER KIOSK 72 SURFACE WATER (RIVER/DAM/LAKE/BERKAD /POND/STREAM/CANAL/MUQSIID/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER 96 (SPECIFY)	<input type="checkbox"/> → 206
202	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/LAKE/BERKAD LAKE/POND/STREAM/CANAL/MUQSIID/ IRRIGATION CHANNEL) 81 OTHER 96 (SPECIFY)	<input type="checkbox"/> → 206
203a	Where is the main source of water for drinking located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	<input type="checkbox"/> → 204a
203b	How long does it take to go there, get water, and come back in minutes?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998	
204a	Where is the main source of water for other purposes located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	<input type="checkbox"/> → 205
204b	How long does it take to go there, get water, and come back in minutes?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998	



HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
204c	What means does your household mostly use to fetch water i.e. from source to home?	WATER TANKER 1 CAR/PICKUP/TRUCK 2 CAMEL CART 3 DONKEY CART 4 WHEELBARROW 5 ON FOOT 6 OTHER 96 (SPECIFY)	
205	CHECK 201 : CODE '14' OR '21' CIRCLED? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 207
206	In the past two weeks, was the water from this source not available for at least one full day?	YES 1 NO 2 DON'T KNOW 8	
207	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 209
208	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER X (SPECIFY) DON'T KNOW Z	
209	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER 96 (SPECIFY)	→ 214
210	Do you share this toilet facility with other households?	YES 1 NO 2	→ 212
211	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS <input type="text" value="0"/> IF LESS THAN 10 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	
212	Where is this toilet facility located?	IN OWN DWELLING A IN OWN YARD/PLOT B ELSEWHERE C	
213	In total, how many toilets does your household use?	NO. OF TOILETS <input type="text"/>	



HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
214	Whats the main source of energy for lighting?	ELECTRICITY 01 SOLAR 02 KEROSENE 03 FIREWOOD 04 TORCH 05 OTHER 96 (SPECIFY)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
215	Whats the main source of energy for cooking?	ELECTRICITY 01 LPG 02 KEROSENE 03 FIREWOOD 04 CHARCOAL 05 STRAW/SHRUBS/GRASS 06 AGRICULTURAL CROP 07 ANIMAL DUNG 08 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 (SPECIFY)	→ 218																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
216	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 (SPECIFY)	→ 218																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
217	Do you have a separate room which is used as a kitchen?	YES 1 NO 2																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
218	How many rooms in this household are used for sleeping?	ROOMS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
219	Does this household own any livestock including horses, donkeys and poultry?	YES 1 NO 2	→ 221																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
220	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 995 OR MORE, RECORD '995'. IF UNKNOWN, RECORD '998'. a) Camel? b) Cattle? c) Shoats? d) Donkeys e) Horses? f) Poultry?	a) CAMELS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> b) CATTLE <table border="1" style="display: inline-table; 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221	Has this household lost any livestock in the last one year due to drought/flooding/disease etc?	YES 1 NO 2	→ 223																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
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HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
223	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 225																				
224	How many hectares of agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '950'.	UNIT QUANTITY HECTARES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> QOODI <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> JABAAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> TALAABO <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> OTHER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> (SPECIFY) 95 OR MORE 950 DON'T KNOW 998																					
225	Does your household have: a) A radio? b) A television? c) Non-mobile telephone? d) A computer? e) Internet connectivity? f) A refrigerator? g) Air conditioner/fan?	YES NO a) RADIO 1 2 b) TELEVISION 1 2 c) NON-MOBILE TELEPHONE 1 2 d) COMPUTER 1 2 e) INTERNET 1 2 f) REFRIGERATOR 1 2 g) AIR CONDITIONER/FAN 1 2																					
226	Does any member of this household own: a) A watch? b) A mobile phone? c) A bicycle? d) A motorcycle or motor scooter? e) Donkey cart? f) A car or truck? g) Boat/Canoe? h) Tractor? i) Rickshaw? j) Animal plough?	YES NO a) WATCH 1 2 b) MOBILE PHONE 1 2 c) BICYCLE 1 2 d) MOTORCYCLE/SCOOTER 1 2 e) DONKEY CART 1 2 f) CAR/TRUCK 1 2 g) BOAT/CANOE 1 2 h) TRACTOR 1 2 i) RICKSHAW 1 2 j) ANIMAL PLOUGH 1 2																					
227	Does any member of this household have a bank account?	YES 1 NO 2																					



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
228	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE 1 OBSERVED, MOBILE 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 3 NOT OBSERVED, NO PERMISSION TO SEE 4 NOT OBSERVED, OTHER REASON 5	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> → 231 </div>
229	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
230	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE Y	
231	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 GRASS 13 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER 96 (SPECIFY)	
232	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 PALM LEAF/SOD 12 RUDIMENTARY ROOFING PALM/BAMBOO 21 CARDBOARD 22 CANVAS SHEETS 23 PLASTIC SHEETS 24 CLOTH AND RAGS 25 FINISHED ROOFING IRON SHEETS 31 WOOD 32 CERAMIC TILES 33 CEMENT 34 ROOFING SHINGLES 35 OTHER 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
233	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 PALM LEAF/GRASS 12 DIRT 13 RUDIMENTARY WALLS BAMBOO/STICKS/WOOD WITH MUD 21 STONE WITH MUD 22 PLYWOOD 23 IRON SHEETS 24 CARDBOARD 25 CANVAS SHEETS 26 PLASTIC SHEETS 27 CLOTH AND RAGS 28 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 WOOD PLANKS/SHINGLES 36 OTHER 96 (SPECIFY)									
234	In the past four weeks, did you worry that your household would not have enough food?	YES 1 NO 2	→ 236								
235	How often did this happen?	RARELY (ONCE OR TWICE IN 4 WKS) 1 SOMETIMES (THREE TO TEN TIMES IN 4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) 3									
236	In the past four weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?	YES 1 NO 2	→ 238								
237	How often did this happen?	RARELY (ONCE OR TWICE IN 4 WKS) 1 SOMETIMES (THREE TO TEN TIMES IN 4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) 3									
238	In the past four weeks, did you or any other household member have to eat fewer meals in a day because there was not enough food?	YES 1 NO 2	→ 240								
239	How often did this happen?	RARELY (ONCE OR TWICE IN 4 WKS) 1 SOMETIMES (THREE TO TEN TIMES IN 4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) 3									
240	In the last four weeks, were there cases where you did not have any kind of food to eat because of the lack of resources?	YES 1 NO 2	→ 242								
241	How often did this happen?	RARELY (ONCE OR TWICE IN 4 WKS) 1 SOMETIMES (THREE TO TEN TIMES IN 4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) 3									
242	In the last four weeks, were there cases where you or a family member went to bed hungry because there was not enough food or there was nothing to eat?	YES 1 NO 2	→ 244								
243	How often did this happen?	RARELY (ONCE OR TWICE IN 4 WKS) 1 SOMETIMES (THREE TO TEN TIMES IN 4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) 3									
244	In the last four weeks, were there cases where you or anyone from your family spent the whole day without eating because there was not enough food?	YES 1 NO 2	→ 301								
245	How often did this happen?	RARELY (ONCE OR TWICE IN 4 WKS) 1 SOMETIMES (THREE TO TEN TIMES IN 4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) 3									
246	RECORD THE END TIME.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									

301	CHECK COLUMN 1 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 302; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
302	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 1.	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME
303	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
304	CHECK 303: CHILD BORN IN 2013-2018?	YES 1 NO 2 (SKIP TO 311) ←	YES 1 NO 2 (SKIP TO 311) ←	YES 1 NO 2 (SKIP TO 311) ←
305	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996
306	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996 (SKIP TO 308) ←	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996 (SKIP TO 308) ←	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996 (SKIP TO 308) ←
307	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
308	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER



301	CHECK COLUMN 1 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 302; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
302	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 1.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
309	CHECK 303: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS 1 (SKIP TO 311) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 311) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 311) ← OLDER 2
310	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)
311	GO BACK TO 303 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 401.			

WEIGHT AND HEIGHT FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
302	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME
303	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
304	CHECK 303: CHILD BORN IN 2013-2018?	YES 1 NO 2 (SKIP TO 311) ←	YES 1 NO 2 (SKIP TO 311) ←	YES 1 NO 2 (SKIP TO 311) ←
305	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996
306	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996 (SKIP TO 308) ←	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996 (SKIP TO 308) ←	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996 (SKIP TO 308) ←
307	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
308	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER



WEIGHT AND HEIGHT FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
302	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
309	CHECK 303: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS 1 <input type="checkbox"/> (SKIP TO 311) ← OLDER 2	0-5 MONTHS 1 <input type="checkbox"/> (SKIP TO 311) ← OLDER 2	0-5 MONTHS 1 <input type="checkbox"/> (SKIP TO 311) ← OLDER 2
310	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)
311	GO BACK TO 303 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 401.			



WEIGHT, HEIGHT MEASUREMENT FOR WOMEN AGE 12-49

401	CHECK COLUMN 10 & 11 IN ROSTER. RECORD THE LINE NUMBER, NAME AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 402 AND 403. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
402	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 1. NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME
403	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 9 (MARITAL STATUS):	CODE 5 (NEVER IN UNION) . 1 OTHER MARITAL STATUS: ... 2	CODE 5 (NEVER IN UNION) . 1 OTHER MARITAL STATUS: ... 2	CODE 5 (NEVER IN UNION) . 1 OTHER MARITAL STATUS: ... 2
404	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
405	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
406	CHECK 403: MARITAL STATUS	CODE 5 (NEVER IN UNION) . 1 (NEXT COLUMN) ← OTHER 2	CODE 5 (NEVER IN UNION) . 1 (NEXT COLUMN) ← OTHER 2	CODE 5 (NEVER IN UNION) . 1 (END) ← OTHER 2
407A	ASK: Are you pregnant?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
408	GO BACK TO 402 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, END THE INTERVIEW.			



INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS



Ever-married Woman's Questionnaire





**SOMALI HEALTH &
DEMOGRAPHIC SURVEY
2017-2018**

SOMALI MINISTRIE'S OF PLANNING AND HEALTH

QUESTIONNAIRE
SERIAL NUMBER

REG. CODE		DIST CODE		EA CODE				HH SERIAL NO.				INTERVIEWER NO.			

EVER MARRIED WOMAN'S QUESTIONNAIRE

IDENTIFICATION																									
NAME	CODE																								
REGION	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																								
PRE-WAR NAME OF THE DISTRICT	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																								
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TIME				<table border="1"> <tr><td></td></tr> </table>																					
*RESULT CODES: 1 COMPLETED 4 REFUSED 7 NOT ELIGIBLE (LESS THAN 12 OR MORE THAN 49 YEARS) 2 NOT AT HOME 5 PARTLY COMPLETED 8 OTHER SPECIFY 3 POSTPONED 6 INCAPACITATED																									
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NAME	SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED IN BY																					
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**SOMALI HEALTH &
DEMOGRAPHIC SURVEY
2017-2018**

SOMALI MINISTRIE'S OF PLANNING AND HEALTH

QUESTIONNAIRE
SERIAL NUMBER

REG. CODE		DIST CODE		EA CODE		HH SERIAL NO.		INTERVIEWER NO.							

EVER MARRIED WOMAN'S QUESTIONNAIRE

IDENTIFICATION																				
NAME				CODE																
REGION				<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																
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SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	CHECK 108: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/></div> <div>CODE '1' OR '5' CIRCLED <input type="checkbox"/></div> </div>		→ 111
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
113	Do you own a mobile telephone?	YES 1 NO 2	→ 115
114	Do you use your mobile phone for any financial transactions?	YES 1 NO 2	
115	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	
116	Have you ever used the internet?	YES 1 NO 2	→ 119
117	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 119
118	During the last one month, how often did you use the internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
119	Are you currently married?	YES 1 NO 2	→ 121
120	What is your marital status now: are you widowed or divorced?	WIDOWED 1 DIVORCED 2	
121	Have you been married only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
122	CHECK 121: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>MARRIED ONLY ONCE <input type="checkbox"/></div> <div>MARRIED MORE THAN ONCE <input type="checkbox"/></div> </div> <div style="display: flex; border-left: 1px dashed black; padding-left: 10px;"> <div style="width: 45%;"> a) In what month and year were you legally married (Nikaax/contract)? </div> <div style="width: 55%;"> b) Now I would like to ask about your first husband. In what month and year were you legally married to him (Nikaax/contract) ? </div> </div>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
123	How old were you when you got legally married to your (first) husband (Nikaax)?	AGE <input type="text"/> <input type="text"/>	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
124	<p>CHECK 121:</p> <p>MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/></p> <p>a) In what month and year did you wed with your husband (Aqal gal)?</p> <p>b) Now I would like to ask about your first husband. In what month and year did you wed with him (Aqal gal)?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	
125	How old were you when you wedded with your (first) husband (Aqal gal)?	<p>AGE <input type="text"/> <input type="text"/></p> <p>NOT YET WEDDED 95</p>	
126	Did the marriage contract (Nikaax) and wedding (Aqal gal) happen at the same time?	<p>YES 1</p> <p>NO 2</p>	



SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you been pregnant?	YES 1 NO 2	→ 239								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life but did not survive?	YES 1 NO 2	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→ 226								



SECTION 2. REPRODUCTION

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 10 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW.									
212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby?	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at (NAME)'s last birthday?	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD '00' IF LESS THAN A DAY; DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (NEXT BIRTH)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2



212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby?	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at (NAME)'s last birthday?	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD '00' IF LESS THAN A DAY; DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
RECORD NAME. BIRTH HISTORY NUMBER.					RECORD AGE IN COMPLETED YEARS.				
06	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
07	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
08	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
09	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
10	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2

W-7



SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES 1 (RECORD BIRTH(S) IN TABLE) ← NO 2	
223	COMPARE 208 WITH NUMBER OF BIRTHS IN BIRTH HISTORY NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ←		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2013-2018	NUMBER OF BIRTHS <input type="text"/> NONE 0 → 226	
225	C FOR EACH BIRTH IN 2013-2018, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF COMPLETED MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8 → 230	
227	How many months pregnant are you? PROBE: WHAT WAS YOUR LAST MENSTRUAL PERIOD? RECORD NUMBER OF COMPLETED MONTHS. C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
228	When you got pregnant, were you expecting to get pregnant at that time?	YES 1 NO 2 → 230	
229	CHECK 208: TOTAL NUMBER OF BIRTHS ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> a) Did you want to have a baby later on or did you want more children? b) Did you want to have a baby later on?	LATER 1 NO MORE/NONE 2	
230	Have you ever had a pregnancy that miscarried or ended in a stillbirth?	YES 1 NO 2 → 239	
231	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	



SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
232	CHECK 231: LAST PREGNANCY ENDED IN 2013-2018 <input type="checkbox"/>			→ 234
		LAST PREGNANCY ENDED IN 2012 OR EARLIER <input type="checkbox"/>		→ 239
LINE NO.	233 In what month and year did the preceding such pregnancy end?	234 How many months pregnant were you when that pregnancy ended?	235 Since January 2013, have you had any other pregnancies that did not result in a live birth?	
01		<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	→ NEXT LINE → 236
02	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	→ NEXT LINE → 236
03	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	→ NEXT LINE → 236
04	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	→ 236
236	C FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2013-2018 OR LATER, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY. IF THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH, USE AN ADDITIONAL QUESTIONNAIRE STARTING ON THE SECOND LINE.			
237	Did you have any miscarriages, abortions or stillbirths that ended before 2013?	YES 1 NO 2		→ 239
238	When did the last such pregnancy that terminated before 2013 end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
239	<p>When did your last menstrual period start?</p> <p>_____</p> <p>(DATE, IF GIVEN)</p> <p>CIRCLE DAYS AGO AND PUT 00 IF STARTED THE SAME DAY</p>	<p>DAYS AGO 1</p> <p>WEEKS AGO 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p> <p>IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994</p> <p>BEFORE LAST BIRTH 995</p> <p>NEVER MENSTRUATED 996</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
240	<p>How old were you when you had your first menstrual period?</p>	<p>AGE IN YEARS 98</p> <p>DON'T KNOW 98</p>	<table border="1"> <tr><td></td><td></td></tr> </table>								
241	<p>From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 243</p>								
242	<p>Is this time just before her period begins, right after her period has ended, or halfway between two periods?</p>	<p>JUST BEFORE HER PERIOD BEGINS 1</p> <p>RIGHT AFTER HER PERIOD HAS ENDED 2</p> <p>HALFWAY BETWEEN TWO PERIODS 3</p> <p>OTHER 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW 8</p>									
243	<p>After the birth of a child, can a woman become pregnant before her menstrual period has returned?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>									



SECTION 3. BIRTH SPACING

301	Now I would like to talk about birth spacing - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?	
01	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	YES 1 NO 2
02	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2
03	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2
04	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2
05	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2
06	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2
07	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2
08	Standard Days Method. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES 1 NO 2
09	Lactational Amenorrhea Method (LAM). PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES 1 NO 2
10	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2
11	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2
12	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD A (SPECIFY) YES, TRADITIONAL METHOD B (SPECIFY) NO Y



SECTION 3. BIRTH SPACING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/>	→ 309
303	Are you or your husband currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 309
304	Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTION I STANDARD DAYS METHOD J LACTATIONAL AMENORRHEA METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 307 → 306 → 307
305	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	MICROLUT 01 ZINNIA 02 MICROGYNON 03 CHOICE 04 I-PLAN 05 STYLE 06 OTHER 96 (SPECIFY) DON'T KNOW 98	→ 307
306	What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	DUREX 01 MOODS 02 GOLD 03 SENSATION 04 GEANS 05 OTHER 96 (SPECIFY) DON'T KNOW 98	
307	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH YEAR	
308	CHECK 307, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 307 NO <input type="checkbox"/> ↓	YES <input type="checkbox"/> GO BACK TO 307, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).	



SECTION 3. BIRTH SPACING (CAPI OPTION)

309	<p>CHECK 307:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>YEAR IS 2013-2018</p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>THEN CONTINUE</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>YEAR IS 2012 OR EARLIER</p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2013 .</p> <p>THEN</p> <p>(SKIP TO 322)</p> </div> </div>			
310	<p>I would like to ask you some questions about the times you or your husband may have used a method to avoid getting pregnant during the last few years.</p> <p>C USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2013. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p>			
		COLUMN 1	COLUMN 2	COLUMN 3
310A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
310B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your husband use any method of contraception?	YES 1 NO 2 (SKIP TO 310I)	YES 1 NO 2 (SKIP TO 310I)	YES 1 NO 2 (SKIP TO 310I)
310C	Which method was that?	METHOD CODE .. <input type="text"/>	METHOD CODE .. <input type="text"/>	METHOD CODE .. <input type="text"/>
310D	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	IMMEDIATELY 00 MONTHS .. <input type="text"/> <input type="text"/> (SKIP TO 310F) DATE GIVEN 95	IMMEDIATELY 00 MONTHS .. <input type="text"/> <input type="text"/> (SKIP TO 310F) DATE GIVEN 95	IMMEDIATELY 00 MONTHS .. <input type="text"/> <input type="text"/> (SKIP TO 310F) DATE GIVEN 95
310E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
310F	For how many months did you use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	MONTHS .. <input type="text"/> <input type="text"/> (SKIP TO 310H) DATE GIVEN 95	MONTHS .. <input type="text"/> <input type="text"/> (SKIP TO 310H) DATE GIVEN 95	MONTHS .. <input type="text"/> <input type="text"/> (SKIP TO 310H) DATE GIVEN 95
310G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
310H	Why did you stop using (METHOD)?	REASON STOPPED <input type="text"/>	REASON STOPPED <input type="text"/>	REASON STOPPED <input type="text"/>
310I		GO BACK TO 310A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 311.	GO BACK TO 310A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 311.	GO BACK TO 310A IN NEW QUESTIONNAIRE; OR, IF NO MORE GAPS, GO TO 311.

SECTION 3. BIRTH SPACING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/>		→ 313
312	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 322
313	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED 00 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 LACTATIONAL AMENORRHEA METHOD 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 322 → 319
314	You first started using (CURRENT METHOD) in (DATE FROM 307). Where did you get it at that time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 REFERRAL HEALTH CENTRE 12 MCH/HC 13 PRIMARY HEALTH UNIT (PHU) 14 MOBILE CLINIC 15 COMMUNITY HEALTH WORKER 16 OTHER PUBLIC SECTOR _____ (SPECIFY) 17 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/DOCTOR 21 PHARMACY 22 OTHER PRIVATE MEDICAL SECTOR _____ (SPECIFY) 26 OTHER SOURCE SHOP 31 FRIEND/RELATIVE 32 OTHER _____ 96 (SPECIFY)	
315	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 319 → 318 → 319



SECTION 3. BIRTH SPACING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	
317	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
318	<p>CHECK 316:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ANY 'YES' <input type="checkbox"/></p> <p>a) At that time, were you told about other methods of birth spacing that you could use?</p> </div> <div style="text-align: center;"> <p>OTHER <input type="checkbox"/></p> <p>b) When you obtained (CURRENT METHOD FROM 313) from (SOURCE OF METHOD FROM 314), were you told about other methods of birth spacing that you could use?</p> </div> </div>	YES 1 NO 2	→ 320
319	Were you ever told by a health worker about other methods of birth spacing that you could use?	YES 1 NO 2	
320	<p>CHECK 304:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 LACTATIONAL AMENORRHEA METHOD 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 323 → 323



SECTION 3. BIRTH SPACING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
321	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>REFERRAL HEALTH CENTRE 12</p> <p>MCH/HC 13</p> <p>PRIMARY HEALTH UNIT (PHU) 14</p> <p>MOBILE CLINIC 15</p> <p>COMMUNITY HEALTH WORKER 16</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 17</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/DOCTOR 21</p> <p>PHARMACY 22</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>FRIEND/RELATIVE 32</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>→ 325</p>
322	Do you know of a place where you can obtain a method of birth spacing?	<p>YES 1</p> <p>NO 2</p>	
323	In the last 12 months, were you visited by a fieldworker?	<p>YES 1</p> <p>NO 2</p>	→ 325
324	Did the fieldworker talk to you about birth spacing?	<p>YES 1</p> <p>NO 2</p>	
325	<p>CHECK 202: LIVING WITH CHILDREN</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>a) In the last 12 months, have you visited a health facility for care for yourself or your children? b) In the last 12 months, have you visited a health facility for care for yourself?</p>	<p>YES 1</p> <p>NO 2</p>	→ 401
326	Did any staff member at the health facility speak to you about birth spacing methods?	<p>YES 1</p> <p>NO 2</p>	



SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS <input type="checkbox"/> IN 2013-2018 NO BIRTHS IN <input type="checkbox"/> 2013-2018 → 648		
402	CHECK 215. RECORD THE BIRTH HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH BIRTH IN 2013-2018. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately)		
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
404	FROM 212 AND 216:	NAME LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 408) ← NO 2	YES 1 (SKIP TO 426) ← NO 2
406	CHECK 208: ONLY ONE BIRTH OR MORE THAN ONE BIRTH <input type="checkbox"/> a) Did you want to have a baby later on?	LATER 1 NO MORE/NONE 2 (SKIP TO 408) ←	LATER 1 NO MORE/NONE 2 (SKIP TO 426) ←
407	How much longer did you want to wait?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998
408	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 414) ←	
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A CLINICAL OFFICER B NURSE/MIDWIFE C AUXILIARY MIDWIFE D OTHER PERSON TRADITIONAL BIRTH ATTENDANT E COMMUNITY HEALTH WORKER F OTHER X (SPECIFY)	



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____												
410	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME HER HOME A OTHER HOME B PUBLIC SECTOR GOVERNMENT HOSPITAL ... C REFERRAL HEALTH CENTRE D MCH/HC E PRIMARY HEALTH UNIT (PHU) F MOBILE CLINIC G OTHER PUBLIC SECTOR H (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC I OTHER PRIVATE MEDICAL SECTOR J (SPECIFY) OTHER X (SPECIFY)													
411	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98													
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98													
413	As part of your antenatal care during this pregnancy, were any of the following done at least once: a) Was your blood pressure measured? b) Did you give a urine sample? c) Did you give a blood sample?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a) BP</td> <td>..... 1</td> <td>..... 2</td> </tr> <tr> <td>b) URINE</td> <td>..... 1</td> <td>..... 2</td> </tr> <tr> <td>c) BLOOD</td> <td>..... 1</td> <td>..... 2</td> </tr> </table>		YES	NO	a) BP 1 2	b) URINE 1 2	c) BLOOD 1 2	
	YES	NO													
a) BP 1 2													
b) URINE 1 2													
c) BLOOD 1 2													
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 417) DON'T KNOW 8													
415	During this pregnancy, how many times did you get a tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8													
416	CHECK 415:	2 OR MORE TIMES <input type="checkbox"/> (SKIP TO 420) OTHER <input type="checkbox"/>													



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
417	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 (SKIP TO 420) ← DON'T KNOW 8	
418	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8	
419	CHECK 418: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> ONLY <input type="checkbox"/> ONE ↓ a) How many years ago did you receive that tetanus injection? </div> <div style="text-align: center;"> MORE <input type="checkbox"/> THAN ONE ↓ b) How many years ago did you receive the last tetanus injection prior to this pregnancy? </div> </div>	YEARS AGO <input type="text"/> <input type="text"/>	
420	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 422) ← DON'T KNOW 8	
421	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
422	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 DON'T KNOW 8	
423	During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?	YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8	
424	How many times did you take SP/Fansidar during this pregnancy? PROBE: MALARIA PREVENTION DRUG	TIMES <input type="text"/> <input type="text"/>	
425	Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source? IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.	ANTENATAL VISIT 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE 6	



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
426	When (NAME) was born, was (NAME) very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
427	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8
428	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998
429	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR A CLINICAL OFFICER B NURSE/MIDWIFE C AUXILIARY MIDWIFE D OTHER PERSON TRADITIONAL BIRTH ATTENDANT E RELATIVE/FRIEND F OTHER _____ X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR A CLINICAL OFFICER B NURSE/MIDWIFE C AUXILIARY MIDWIFE D OTHER PERSON TRADITIONAL BIRTH ATTENDANT E RELATIVE/FRIEND F OTHER _____ X (SPECIFY) NO ONE ASSISTED Y



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
430	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>(SKIP TO 434) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL .. 21</p> <p>REFERRAL HEALTH CENTRE 22</p> <p>MCH/HC 23</p> <p>PRIMARY HEALTH UNIT (PHU) 24</p> <p>MOBILE CLINIC 25</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 31</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36</p> <p>(SPECIFY)</p> <p>OTHER 96</p> <p>(SPECIFY) (SKIP TO 434) ←</p>	<p>HOME</p> <p>HER HOME 11</p> <p>(SKIP TO 434) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL .. 21</p> <p>REFERRAL HEALTH CENTRE 22</p> <p>MCH/HC 23</p> <p>PRIMARY HEALTH UNIT (PHU) 24</p> <p>MOBILE CLINIC 25</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 31</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36</p> <p>(SPECIFY)</p> <p>OTHER 96</p> <p>(SPECIFY) (SKIP TO 434) ←</p>
431	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 98</p>	
432	<p>Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 434) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 434) ←</p>
433	<p>When was the decision made to have the caesarean section? Was it before or after your labor pains started?</p>	<p>BEFORE 1</p> <p>AFTER 2</p>	<p>BEFORE 1</p> <p>AFTER 2</p>
434	<p>Immediately after the birth, was (NAME) put on your chest?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 434B) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 459) ←</p> <p>DON'T KNOW 8</p>
434A	<p>Was (NAME)'s bare skin touching your bare skin (kangaroo)?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
434B	<p>CHECK 430: PLACE OF DELIVERY</p>	<p>CODE 11, 12, OR 96 CIRCLED</p> <p>(SKIP TO 449) ←</p> <p>OTHER</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____												
435	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES 1 NO 2 (SKIP TO 438) ←													
436	How long after delivery did the first check take place? IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="933 593 1037 660"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="933 660 1037 728"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="933 728 1037 795"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 98													
437	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 CLINICAL OFFICER 12 NURSE/MIDWIFE 13 AUXILIARY MIDWIFE 14 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22 OTHER 96 (SPECIFY)													
438	Now I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. Did anyone check on (NAME)'s health while you were still in the facility?	YES 1 NO 2 (SKIP TO 441) ← DON'T KNOW 8													
439	How long after delivery was (NAME)'s health first checked? IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="933 1292 1037 1359"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="933 1359 1037 1426"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="933 1426 1037 1494"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 98													
440	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 CLINICAL OFFICER 12 NURSE/MIDWIFE 13 AUXILIARY MIDWIFE 14 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22 OTHER 96 (SPECIFY)													



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____												
441	Now I want to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES 1 NO 2 (SKIP TO 445) ←													
442	How long after delivery did that check take place? IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="901 555 1007 607"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="901 607 1007 658"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="901 658 1007 710"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 98													
443	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 CLINICAL OFFICER 12 NURSE/MIDWIFE 13 AUXILIARY MIDWIFE 14 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22 OTHER 96 (SPECIFY) _____													
444	Where did the check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME HER HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVERNMENT HOSPITAL ... 21 REFERRAL HEALTH CENTRE 22 MCH/HC 23 PRIMARY HEALTH UNIT (PHU) 24 MOBILE CLINIC 25 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) _____ PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 31 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) _____ OTHER 96 (SPECIFY) _____													
445	I would like to talk to you about checks on (NAME)'s health after you left (FACILITY IN 430). Did any health care provider or a traditional birth attendant check on (NAME)'s health in the six weeks after you left (FACILITY IN 430)?	YES 1 NO 2 (SKIP TO 457) ← DON'T KNOW 8													



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____												
446	<p>How many hours, days or weeks after the birth of (NAME) did that check take place?</p> <p>IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" data-bbox="938 454 1038 495"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1" data-bbox="938 510 1038 551"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1" data-bbox="938 566 1038 607"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW 98</p>													
447	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>CLINICAL OFFICER 12</p> <p>NURSE/MIDWIFE 13</p> <p>AUXILIARY</p> <p>MIDWIFE 14</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH</p> <p>ATTENDANT 21</p> <p>COMMUNITY HEALTH WORKER 22</p> <p>OTHER 96 (SPECIFY)</p>													
448	<p>Where did this check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL .. 21</p> <p>REFERRAL HEALTH CENTRE 22</p> <p>MCH/HC 23</p> <p>PRIMARY HEALTH UNIT (PHU) 24</p> <p>MOBILE CLINIC 25</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/ CLINIC 31</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36 (SPECIFY)</p> <p>OTHER 96 (SPECIFY)</p> <p>(SKIP TO 457) ←</p>													
449	<p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 453) ←</p>													



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____												
450	How long after delivery did the first check take place? IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="901 432 1007 472"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="901 472 1007 512"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="901 512 1007 553"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 98													
451	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 CLINICAL OFFICER 12 NURSE/MIDWIFE 13 AUXILIARY MIDWIFE 14 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22 OTHER 96 (SPECIFY)													
452	Where did this first check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME HER HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVERNMENT HOSPITAL .. 21 REFERRAL HEALTH CENTRE 22 MCH/HC 23 PRIMARY HEALTH UNIT (PHU 24 MOBILE CLINIC 25 OTHER PUBLIC SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 31 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER 96 (SPECIFY)													
453	I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. In the six weeks after (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME)'s health?	YES 1 NO 2 (SKIP TO 457) ← DON'T KNOW 8													



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
454	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS AFTER BIRTH 1 <table border="1" data-bbox="933 432 1037 470"><tr><td></td><td></td></tr></table> DAYS AFTER BIRTH 2 <table border="1" data-bbox="933 481 1037 519"><tr><td></td><td></td></tr></table> WEEKS AFTER BIRTH 3 <table border="1" data-bbox="933 530 1037 568"><tr><td></td><td></td></tr></table> DON'T KNOW 98							
455	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON	HEALTH PERSONNEL DOCTOR 11 CLINICAL OFFICER 12 NURSE/MIDWIFE 13 AUXILIARY MIDWIFE 14 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22 OTHER 96 (SPECIFY)							
456	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME HER HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVERNMENT HOSPITAL . . . 21 REFERRAL HEALTH CENTRE 22 MCH/HC 23 PRIMARY HEALTH UNIT (PHU) 24 MOBILE CLINIC 25 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 31 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER 96 SPECIFY							



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																																							
457	During the first two days after (NAME)'s birth, did any health care provider do the following:	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr> <td>a) Examine the cord?</td><td>a) CORD</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) Measure (NAME)'s temperature?</td><td>b) CHILD TEMP ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) Counsel you on danger signs for newborns?</td><td>c) SIGNS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) Counsel you on breastfeeding?</td><td>d) COUNSEL BREAST-FEED</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) Observe (NAME) breastfeeding?</td><td>e) OBSERVE BREAST-FEED</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>f) Checked the mother's temperature?</td><td>f) MOTH TEMP ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>g) Counsel you on birth spacing?</td><td>g) COUNSEL FF..</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	a) Examine the cord?	a) CORD	1	2	8	b) Measure (NAME)'s temperature?	b) CHILD TEMP ..	1	2	8	c) Counsel you on danger signs for newborns?	c) SIGNS	1	2	8	d) Counsel you on breastfeeding?	d) COUNSEL BREAST-FEED	1	2	8	e) Observe (NAME) breastfeeding?	e) OBSERVE BREAST-FEED	1	2	8	f) Checked the mother's temperature?	f) MOTH TEMP ..	1	2	8	g) Counsel you on birth spacing?	g) COUNSEL FF..	1	2	8	
	YES	NO	DK																																							
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g) Counsel you on birth spacing?	g) COUNSEL FF..	1	2	8																																						
458	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 460) ← NO 2 (SKIP TO 461) ←																																								
459	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 461) ←																																							
460	For how many months after the birth of (NAME) did you not have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98																																							
461	For how many months after the birth of (NAME) did you start seeing your husband?	MONTHS <input type="text"/> <input type="text"/> NOT STARTED 95 DON'T KNOW 98 NO RESPONSE 99	MONTHS <input type="text"/> <input type="text"/> NOT STARTED 95 DON'T KNOW 98 NO RESPONSE 99																																							
462	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 464) ← NO 2	YES 1 NO 2																																							
463	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 468) ← (SKIP TO 469) ←																																								
464	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY 00 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>																																								
465	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2																																								



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
466	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 468) ←	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 468) ←
467	Are you still breastfeeding (NAME)?	YES 1 NO 2	
468	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
469		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501A.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501A.



SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501A	CHECK 215 IN THE BIRTH HISTORY: ANY BIRTHS IN 2015-2018? ONE OR MORE BIRTHS IN 2015-2018 <input type="checkbox"/> NO BIRTHS IN 2015-2018 <input type="checkbox"/>		→ 601
502A	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2015-2018. NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER _____		
503A	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 501B
504A	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 YES, HAS ONLY AN OTHER DOCUMENT 2 YES, HAS CARD AND OTHER DOCUMENT 3 NO, NO CARD AND NO OTHER DOCUMENT 4	→ 507A → 507A
505A	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	
506A	CHECK 504A: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>		→ 511A
507A	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD AND OTHER DOCUMENT SEEN 3 NO CARD AND NO OTHER DOCUMENT SEEN 4	→ 511A



SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																												
	NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>																																														
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510A	<p>In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508A THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 520A)</p> <p>NO 2 DON'T KNOW 8 (WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 520A)</p>																																													



SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
511A	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES 1 NO 2 DON'T KNOW 8	→ 520A
512A	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	
513A	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio or IPV, that is an injection on the arm to prevent polio?	YES 1 NO 2 DON'T KNOW 8	→ 516A
514A	Did (NAME) receive the first oral polio or IPV vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS 1 LATER 2	
515A	How many times did (NAME) receive the oral polio or IPV vaccine?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	
516A	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES 1 NO 2 DON'T KNOW 8	→ 518A
517A	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	



SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)					
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER	<input type="text"/>	<input type="text"/>	
518A	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES	1		→ 520A
		NO	2		
		DON'T KNOW	8		
519A	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES	<input type="text"/>		
		DON'T KNOW	8		
520A	In the last 7 days was (NAME) given:		YES	NO	DK
	a) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER]?	a) [POWDER/BUSICUIT]	1	2	8
	b) [LOCAL NAME FOR READY TO USE THERAPEUTIC FOOD SUCH AS PLUMPY'NUT]?	b) [PLUMPY'NUT]	1	2	8
	c) [LOCAL NAME FOR READY TO USE SUPPLEMENTAL FOOD]?	c) [PLUMPY'DOZ]	1	2	8
521A	CONTINUE WITH 501B.				



SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501B	CHECK 215 IN THE BIRTH HISTORY: ANY MORE BIRTHS IN 2015-2018? MORE BIRTHS IN 2015-2018 <input type="checkbox"/> NO MORE BIRTHS IN 2015-2018 <input type="checkbox"/>		→ 601
502B	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE NEXT-TO-LAST CHILD BORN IN 2015-2018. NAME OF NEXT-TO-LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
503B	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 521B
504B	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 YES, HAS ONLY AN OTHER DOCUMENT 2 YES, HAS CARD AND OTHER DOCUMENT 3 NO, NO CARD AND NO OTHER DOCUMENT 4	→ 507B → 507B
505B	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	
506B	CHECK 504B: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>		→ 511B
507B	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD AND OTHER DOCUMENT SEEN 3 NO CARD AND NO OTHER DOCUMENT SEEN 4	→ 511B



SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																											
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																																												
508B	<p>COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV)/IPV 0 (BIRTH DOSE)</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV)/IPV 1</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV)/IPV 2</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV)/IPV 3</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td></td><td></td><td></td></tr> <tr><td>MEASLES</td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR	BCG				ORAL POLIO VACCINE (OPV)/IPV 0 (BIRTH DOSE)				ORAL POLIO VACCINE (OPV)/IPV 1				ORAL POLIO VACCINE (OPV)/IPV 2				ORAL POLIO VACCINE (OPV)/IPV 3				DPT-HEP.B-HIB (PENTAVALENT) 1				DPT-HEP.B-HIB (PENTAVALENT) 2				DPT-HEP.B-HIB (PENTAVALENT) 3				MEASLES				VITAMIN A (MOST RECENT)				
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510B	<p>In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508B THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508B THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 520B)</p> <p>NO 2 DON'T KNOW 8 (WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 520B)</p>																																												



SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
511B	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES 1 NO 2 DON'T KNOW 8	→ 520B
512B	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	
513B	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio or IPV, that is an injection on the arm to prevent polio?+B188	YES 1 NO 2 DON'T KNOW 8	→ 516B
514B	Did (NAME) receive the first oral polio or IPV vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS 1 LATER 2	
515B	How many times did (NAME) receive the oral polio or IPV vaccine?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	
516B	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES 1 NO 2 DON'T KNOW 8	→ 518B
517B	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	



SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>																	
518B	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 520B																
519B	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8																	
520B	In the last 7 days was (NAME) given:	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER/BUSCUIT]?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) [LOCAL NAME FOR READY TO USE THERAPEUTIC FOOD SUCH AS PLUMPY'NUT]?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) [LOCAL NAME FOR READY TO USE SUPPLEMENTAL FOOD SUCH AS PLUMPY'DOZ]?</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER/BUSCUIT]?	1	2	8	b) [LOCAL NAME FOR READY TO USE THERAPEUTIC FOOD SUCH AS PLUMPY'NUT]?	1	2	8	c) [LOCAL NAME FOR READY TO USE SUPPLEMENTAL FOOD SUCH AS PLUMPY'DOZ]?	1	2	8	
	YES	NO	DK																
a) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER/BUSCUIT]?	1	2	8																
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c) [LOCAL NAME FOR READY TO USE SUPPLEMENTAL FOOD SUCH AS PLUMPY'DOZ]?	1	2	8																
521B	CHECK 215 IN BIRTH HISTORY: ANY MORE BIRTHS IN 2015-2018? MORE BIRTHS IN 2015-2018 <input type="checkbox"/> (GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE)	NO MORE BIRTHS IN 2015-2018 <input type="checkbox"/> → 601																	



SECTION 6. CHILD HEALTH AND NUTRITION

601	CHECK 224: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONE OR MORE BIRTHS IN 2013-2018 <input type="checkbox"/> </div> <div style="text-align: center;"> NO BIRTHS IN 2013-2018 <input type="checkbox"/> </div> </div> <div style="text-align: right; margin-top: -10px;">→ 648</div>		
602	CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH BIRTH IN 2013-2018. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately)		
603	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
604	FROM 212 AND 216:	NAME <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> LIVING <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> DEAD <input type="checkbox"/> (SKIP TO 646) ← </div> </div>	NAME <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> LIVING <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> DEAD <input type="checkbox"/> (SKIP TO 646) ← </div> </div>
605	In the last six months, was (NAME) given a vitamin A dose like [this/any of these]? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
606	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like [this/any of these]? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
607	Was (NAME) given any drug for intestinal worms in the last six months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
608	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 <div style="text-align: center;">(SKIP TO 618) ←</div> DON'T KNOW 8	YES 1 NO 2 <div style="text-align: center;">(SKIP TO 618) ←</div> DON'T KNOW 8

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
609	<p>CHECK 467: CURRENTLY BREASTFEEDING?</p> <p>YES <input type="checkbox"/> NO/ NOT ASKED <input type="checkbox"/></p> <p>a) Now I would like to know how much (NAME) was given to drink during the diarrhea including breastmilk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p> <p>b) Now I would like to know how much (NAME) was given to drink during the diarrhea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>
610	<p>When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>
611	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 615) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 615) ←</p>



SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
612	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____ (NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL . . . A</p> <p>REFERRAL HEALTH CENTRE B</p> <p>MCH/HC C</p> <p>PRIMARY HEALTH UNIT (PHU D</p> <p>MOBILE CLINIC E</p> <p>CHW F</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ (SPECIFY) G</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/DOCTOR/ CLINIC H</p> <p>PHARMACY I</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ (SPECIFY) J</p> <p>OTHER SOURCE</p> <p>SHOP K</p> <p>TRADITIONAL PRACTITIONER L</p> <p>MARKET M</p> <p>ITINERANT DRUG SELLER N</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL . . . A</p> <p>REFERRAL HEALTH CENTRE B</p> <p>MCH/HC C</p> <p>PRIMARY HEALTH UNIT (PHU D</p> <p>MOBILE CLINIC E</p> <p>CHW F</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ (SPECIFY) G</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/DOCTOR/ CLINIC H</p> <p>PHARMACY I</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ (SPECIFY) J</p> <p>OTHER SOURCE</p> <p>SHOP K</p> <p>TRADITIONAL PRACTITIONER L</p> <p>MARKET M</p> <p>ITINERANT DRUG SELLER N</p> <p>OTHER _____ X (SPECIFY)</p>
613	CHECK 612:	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 615) ←</p>	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 615) ←</p>
614	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 612.</p>	<p>FIRST PLACE <input type="checkbox"/></p>	<p>FIRST PLACE <input type="checkbox"/></p>



SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
615	<p>Was (NAME) given any of the following at any time since (NAME) started having the diarrhea:</p> <p>a) A fluid made from a special packet called [LOCAL NAME FOR ORS PACKET]?</p> <p>b) A pre-packaged ORS liquid?</p> <p>c) A government-recommended homemade fluid?</p> <p>d) Zinc tablets or syrup?</p>	<p>YES NO DK</p> <p>a) FLUID FROM ORS PACKET .. 1 2 8</p> <p>b) ORS LIQUID .. 1 2 8</p> <p>c) HOMEMADE FLUID 1 2 8</p> <p>d) ZINC 1 2 8</p>	<p>YES NO DK</p> <p>a) FLUID FROM ORS PACKET .. 1 2 8</p> <p>b) ORS LIQUID .. 1 2 8</p> <p>c) HOMEMADE FLUID 1 2 8</p> <p>d) ZINC 1 2 8</p>
616	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/> ALL 'NO' OR 'DK' <input type="checkbox"/></p> <p>a) Was anything else given to treat the diarrhea?</p> <p>b) Was anything given to treat the diarrhea?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 618) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 618) ←</p> <p>DON'T KNOW 8</p>
617	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/> ALL 'NO' OR 'DK' <input type="checkbox"/></p> <p>a) What else was given to treat the diarrhea?</p> <p>b) What was given to treat the diarrhea?</p> <p>Anything else? Anything else?</p> <p>RECORD ALL TREATMENTS GIVEN.</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C</p> <p>UNKNOWN PILL OR SYRUP D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/ HERBAL MEDICINE I</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C</p> <p>UNKNOWN PILL OR SYRUP D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/ HERBAL MEDICINE I</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
618	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 620) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 620) ←</p> <p>DON'T KNOW 8</p>
619	At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
620	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
621	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 623) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 623) ←</p> <p>DON'T KNOW 8</p>



SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
622	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 624) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 624) ←
623	CHECK 618: HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (SKIP TO 646) ←	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (SKIP TO 646) ←
624	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 629) ←	YES 1 NO 2 (SKIP TO 629) ←
625	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S). _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL .. A REFERRAL HEALTH CENTRE B MCH/HC C PRIMARY HEALTH UNIT (PHU D MOBILE CLINIC E CHW F OTHER PUBLIC SECTOR _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/DOCTOR/ CLINIC H PHARMACY I OTHER PRIVATE MEDICAL SECTOR _____ J (SPECIFY) OTHER SOURCE SHOP K TRADITIONAL PRACTITIONER L MARKET M KORAN N OTHER X (SPECIFY)	PUBLIC SECTOR GOVERNMENT HOSPITAL .. A REFERRAL HEALTH CENTRE B MCH/HC C PRIMARY HEALTH UNIT (PHU D MOBILE CLINIC E CHW F OTHER PUBLIC SECTOR _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/DOCTOR/ CLINIC H PHARMACY I OTHER PRIVATE MEDICAL SECTOR _____ J (SPECIFY) OTHER SOURCE SHOP K TRADITIONAL PRACTITIONER L MARKET M KORAN N OTHER X (SPECIFY)
626	CHECK 625:	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 628) ←	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 628) ←

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
627	Where did you first seek advice or treatment? USE LETTER CODE FROM 625.	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>
628	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
629	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (SKIP TO 646) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 646) ← DON'T KNOW 8
630	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS ARTEMISININ COMBINATION THERAPY (ACT)/ AL A SP/FANSIDAR B CHLOROQUINE C AMODIAQUINE D QUININE PILLS E INJECTION/IV F ARTESUNATE RECTAL G INJECTION/IV H OTHER ANTIMALARIAL I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP J INJECTION/IV K OTHER DRUGS ASPIRIN L PANADOL/PARACETAMOL... M IBUPROFEN N OTHER X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS ARTEMISININ COMBINATION THERAPY (ACT)/ AL A SP/FANSIDAR B CHLOROQUINE C AMODIAQUINE D QUININE PILLS E INJECTION/IV F ARTESUNATE RECTAL G INJECTION/IV H OTHER ANTIMALARIAL I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP J INJECTION/IV K OTHER DRUGS ASPIRIN L PANADOL/PARACETAMOL... M IBUPROFEN N OTHER X (SPECIFY) DON'T KNOW Z
631	CHECK 630: ANY CODE A-I CIRCLED?	YES NO <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 646) ←	YES NO <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 646) ←



SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
632	CHECK 630: ARTEMISININ COMBINATION THERAPY ('A') GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> ↓	CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 634) ←	CODE 'A' CIRCLED <input type="checkbox"/> ↓	CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 634) ←
633	How long after the fever started did (NAME) first take an artemisinin combination therapy?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8		SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	
634	CHECK 630: SP/FANSIDAR ('B') GIVEN	CODE 'B' CIRCLED <input type="checkbox"/> ↓	CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 636) ←	CODE 'B' CIRCLED <input type="checkbox"/> ↓	CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 636) ←
635	How long after the fever started did (NAME) first take SP/Fansidar?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8		SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	
636	CHECK 630: CHLOROQUINE ('C') GIVEN	CODE 'C' CIRCLED <input type="checkbox"/> ↓	CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO 638) ←	CODE 'C' CIRCLED <input type="checkbox"/> ↓	CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO 638) ←
637	How long after the fever started did (NAME) first take chloroquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8		SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	
638	CHECK 630: AMODIAQUINE ('D') GIVEN	CODE 'D' CIRCLED <input type="checkbox"/> ↓	CODE 'D' NOT CIRCLED <input type="checkbox"/> (SKIP TO 640) ←	CODE 'D' CIRCLED <input type="checkbox"/> ↓	CODE 'D' NOT CIRCLED <input type="checkbox"/> (SKIP TO 640) ←
639	How long after the fever started did (NAME) first take amodiaquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8		SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
640	CHECK 630: QUININE ('E' OR 'F') GIVEN	CODE 'E' OR 'F' CIRCLED <input type="checkbox"/> CODE 'E' OR 'F' NOT CIRCLED <input type="checkbox"/> (SKIP TO 642) ←	CODE 'E' OR 'F' CIRCLED <input type="checkbox"/> CODE 'E' OR 'F' NOT CIRCLED <input type="checkbox"/> (SKIP TO 642) ←
641	How long after the fever started did (NAME) first take quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
642	CHECK 630: ARTESUNATE ('G' OR 'H') GIVEN	CODE 'G' OR 'H' CIRCLED <input type="checkbox"/> CODE 'G' OR 'H' NOT CIRCLED <input type="checkbox"/> (SKIP TO 644) ←	CODE 'G' OR 'H' CIRCLED <input type="checkbox"/> CODE 'G' OR 'H' NOT CIRCLED <input type="checkbox"/> (SKIP TO 644) ←
643	How long after the fever started did (NAME) first take artesunate?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
644	CHECK 630: OTHER ANTIMALARIAL ('I') GIVEN	CODE 'I' CIRCLED <input type="checkbox"/> CODE 'I' NOT CIRCLED <input type="checkbox"/> (SKIP TO 646) ←	CODE 'I' CIRCLED <input type="checkbox"/> CODE 'I' NOT CIRCLED <input type="checkbox"/> (SKIP TO 646) ←
645	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
646		GO BACK TO 604 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 647.	GO TO 604 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 647.



SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
647	CHECK 615(a) AND 615(b), ALL COLUMNS: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID ↓ <input type="checkbox"/> </div> <div style="text-align: center;"> ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/> </div> </div>		→ 649
648	Have you ever heard of a special product called [LOCAL NAME FOR ORS PACKET OR PRE-PACKAGED ORS LIQUID] you can get for the treatment of diarrhea?	YES 1 NO 2	
649	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2016-2018 LIVING WITH THE RESPONDENT <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> ONE OR MORE ↓ <input type="checkbox"/> </div> <div style="text-align: center;"> NONE <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> (NAME OF YOUNGEST CHILD LIVING WITH HER) ↓		→ 701



SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																												
650	<p>Now I would like to ask you about liquids or foods that (NAME FROM 649) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods. Did (NAME FROM 649) drink or eat:</p> <p>a) Plain water?</p> <p>b) Juice or juice drinks?</p> <p>c) Clear broth (soup)?</p> <p>d) Canned/powdered livestock milk? IF YES: How many times did (NAME) drink canned/powdered milk? IF 7 OR MORE TIMES, RECORD '7'.</p> <p>e) Fresh livestock milk?? IF YES: How many times did (NAME) drink fresh milk? IF 7 OR MORE TIMES, RECORD '7'.</p> <p>f) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</p> <p>g) Any other liquids?</p> <p>h) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.</p> <p>i) Any [BRAND NAME OF COMMERCIALY FORTIFIED BABY FOOD, E.G., Cerelac]?</p> <p>j) Bread, dough, pancake, rice, noodles, porridge, or other foods made from grains?</p> <p>k) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?</p> <p>l) White potatoes, white yams, manioc/cassava, or any</p> <p>m) Any dark green, leafy vegetables?</p> <p>n) Ripe mangoes, papayas, orange, bananas, water</p> <p>o) Any other fruits or vegetables?</p> <p>p) Liver, kidney, heart, or other organ meats?</p> <p>q) Any meat, such as beef, lamb, goat, chicken?</p> <p>r) Eggs?</p> <p>s) Fresh or dried fish or shellfish?</p> <p>t) Any foods made from beans, peas, lentils, or nuts?</p> <p>u) Cheese or other food made from milk?</p> <p>v) Any other solid, semi-solid, or soft food?</p>	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) 1 <input type="text"/> NUMBER OF TIMES DRANK CANNED/</td><td></td><td></td><td></td></tr> <tr> <td>e) 1 <input type="text"/> NUMBER OF TIMES DRANK</td><td></td><td></td><td></td></tr> <tr> <td>f) 1 <input type="text"/> NUMBER OF TIMES DRANK</td><td></td><td></td><td></td></tr> <tr> <td>g)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>h) 1 <input type="text"/> NUMBER OF TIMES ATE</td><td></td><td></td><td></td></tr> <tr> <td>i)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>j)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>k)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>l)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>m)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>n)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>o)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>p)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>q)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>r)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>s)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>t)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>u)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>v)</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a)	1	2	8	b)	1	2	8	c)	1	2	8	d) 1 <input type="text"/> NUMBER OF TIMES DRANK CANNED/				e) 1 <input type="text"/> NUMBER OF TIMES DRANK				f) 1 <input type="text"/> NUMBER OF TIMES DRANK				g)	1	2	8	h) 1 <input type="text"/> NUMBER OF TIMES ATE				i)	1	2	8	j)	1	2	8	k)	1	2	8	l)	1	2	8	m)	1	2	8	n)	1	2	8	o)	1	2	8	p)	1	2	8	q)	1	2	8	r)	1	2	8	s)	1	2	8	t)	1	2	8	u)	1	2	8	v)	1	2	8	
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v)	1	2	8																																																																																												
651	<p>CHECK 650 (CATEGORIES 'g' THROUGH 'v'):</p> <p>ALL ARE "NO" <input type="checkbox"/> AT LEAST ONE "YES" <input type="checkbox"/></p>		653																																																																																												



SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
652	<p>Did (NAME FROM 649) eat any solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?</p>	<p>YES 1</p> <p>(GO BACK TO 650 TO RECORD FOOD EATEN YESTERDAY)</p> <p>(THEN CONTINUE TO 653)</p> <p>NO 2 → 654</p>	
653	<p>How many times did (NAME FROM 649) eat solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>	
654	The last time (NAME FROM 649) passed stools, what was done to dispose of the stools?	<p>CHILD USED TOILET OR LATRINE 01</p> <p>PUT/RINSED INTO TOILET OR LATRINE 02</p> <p>PUT/RINSED INTO DRAIN OR DITCH 03</p> <p>THROWN INTO GARBAGE 04</p> <p>BURIED 05</p> <p>LEFT IN THE OPEN 06</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	



SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 226: PREGNANT <input type="checkbox"/> ↓ NOT PREGNANT OR UNSURE <input type="checkbox"/>		→ 703
702	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 704 → 710
703	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	→ 706 → 711 → 709
704	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> ↓ a) How long would you like to wait from now before the birth of (a/another) child? b) After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	PREGNANT <input type="checkbox"/> ↓ MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DON'T KNOW 998	→ 709 → 711 → 709
705	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> ↓ PREGNANT <input type="checkbox"/>		→ 710
706	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING <input type="checkbox"/> ↓ CURRENTLY USING <input type="checkbox"/>		→ 711
707	CHECK 704: '24' OR MORE MONTHS OR '02' OR MORE YEARS <input type="checkbox"/> NOT ASKED <input type="checkbox"/>	'00-23' MONTHS OR '00-01' YEAR <input type="checkbox"/>	→ 711



SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
708	<p>CHECK 703 & 704:</p> <p>WANTS TO WAIT <input type="checkbox"/> SOMETIME BEFORE A/ANOTHER CHILD</p> <p>a) You have said that you would like to wait for sometime before you get another child. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>WANTS NO MORE/ NONE <input type="checkbox"/></p> <p>b) You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE</p> <p>LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD</p> <p>NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
709	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <p>NOT <input type="checkbox"/> ASKED</p> <p>NO, NOT <input type="checkbox"/> CURRENTLY USING</p> <p>YES, <input type="checkbox"/> CURRENTLY USING</p>		→ 711
710	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
711	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input type="text"/></p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>→ 713</p> <p>→ 713</p>
712	How many of these children would you wish to be boys, how many would you wish to be girls and for how many would it not matter if it's a boy or a girl?	<p>BOYS GIRLS EITHER</p> <p>NUMBER .. <input type="text"/></p> <p>OTHER 96</p> <p>(SPECIFY)</p>	



SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
713	In the last three months have you: a) Heard about birth spacing on the radio? b) Seen anything about birth spacing on the television? c) Read about birth spacing in a newspaper or magazine? d) Received a voice or text message about birth spacing on a mobile phone? e) Have you read about birth spacing on internet or social media? f) Have you heard about birth spacing from a health care worker/in the health facility?	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>a) RADIO</td><td>1</td><td>2</td></tr> <tr> <td>b) TELEVISION</td><td>1</td><td>2</td></tr> <tr> <td>c) NEWSPAPER OR MAGAZINE</td><td>1</td><td>2</td></tr> <tr> <td>d) MOBILE PHONE</td><td>1</td><td>2</td></tr> <tr> <td>e) SOCIAL MEDIA</td><td>1</td><td>2</td></tr> <tr> <td>f) HCWs/HF</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	a) RADIO	1	2	b) TELEVISION	1	2	c) NEWSPAPER OR MAGAZINE	1	2	d) MOBILE PHONE	1	2	e) SOCIAL MEDIA	1	2	f) HCWs/HF	1	2	
	YES	NO																						
a) RADIO	1	2																						
b) TELEVISION	1	2																						
c) NEWSPAPER OR MAGAZINE	1	2																						
d) MOBILE PHONE	1	2																						
e) SOCIAL MEDIA	1	2																						
f) HCWs/HF	1	2																						
714	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <p>CURRENTLY USING <input type="checkbox"/></p> <p>NOT CURRENTLY USING <input type="checkbox"/></p> <p>NOT ASKED <input type="checkbox"/></p>	<p>→ 716</p> <p>→ 717</p>																						
715	Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	<table> <tbody> <tr> <td>MAINLY RESPONDENT</td> <td>1</td> </tr> <tr> <td>MAINLY HUSBAND</td> <td>2</td> </tr> <tr> <td>JOINT DECISION</td> <td>3</td> </tr> <tr> <td>OTHER _____</td> <td>6</td> </tr> <tr> <td>(SPECIFY)</td> <td></td> </tr> </tbody> </table>	MAINLY RESPONDENT	1	MAINLY HUSBAND	2	JOINT DECISION	3	OTHER _____	6	(SPECIFY)		→ 717											
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(SPECIFY)																								
716	Would you say that not using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	<table> <tbody> <tr> <td>MAINLY RESPONDENT</td> <td>1</td> </tr> <tr> <td>MAINLY HUSBAND</td> <td>2</td> </tr> <tr> <td>JOINT DECISION</td> <td>3</td> </tr> <tr> <td>OTHER _____</td> <td>6</td> </tr> <tr> <td>(SPECIFY)</td> <td></td> </tr> </tbody> </table>	MAINLY RESPONDENT	1	MAINLY HUSBAND	2	JOINT DECISION	3	OTHER _____	6	(SPECIFY)													
MAINLY RESPONDENT	1																							
MAINLY HUSBAND	2																							
JOINT DECISION	3																							
OTHER _____	6																							
(SPECIFY)																								
717	Does your husband want the same number of children that you want, or does he want more or fewer than you want?	<table> <tbody> <tr> <td>SAME NUMBER</td> <td>1</td> </tr> <tr> <td>MORE CHILDREN</td> <td>2</td> </tr> <tr> <td>FEWER CHILDREN</td> <td>3</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </tbody> </table>	SAME NUMBER	1	MORE CHILDREN	2	FEWER CHILDREN	3	DON'T KNOW	8														
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SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 119 & 120: CURRENTLY MARRIED <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 809
802	How old was your husband on his last birthday? IF 95 OR MORE, RECORD '95'	AGE IN COMPLETED YEARS <input type="text"/> DON'T KNOW AGE 98	
803	Did your husband ever attend school?	YES 1 NO 2 DON'T KNOW 8	→ 806
804	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3 DON'T KNOW 8	→ 806
805	What was the highest [GRADE/FORM/YEAR] he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/FORM/YEAR] <input type="text"/> DON'T KNOW 98	
806	Has your husband done any work in the last 7 days?	YES 1 NO 2 DON'T KNOW 8	→ 808
807	Has your husband done any work in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	→ 809
808	What is your husband's occupation? That is, what kind of work does he mainly do? NB- REFER TO THE INTERVIEWER'S MANUAL FOR THE CODES ON OCCUPATION	_____ _____ _____ <input type="text"/>	
809	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 813
810	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or look after animals or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES 1 NO 2	→ 813
811	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES 1 NO 2	→ 813
812	Have you done any work in the last 12 months?	YES 1 NO 2	→ 817
813	What is your main occupation? That is, what kind of work do you mainly do? NB- REFER TO THE INTERVIEWER'S MANUAL FOR THE CODES ON OCCUPATION	_____ _____ _____ <input type="text"/>	



SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
815	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
816	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
817	CHECK 119&120: CURRENTLY MARRIED <input type="checkbox"/> NOT IN UNION <input type="checkbox"/> → 825		
818	CHECK 816: CODE '1' OR '2' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/> → 821		
819	Who usually decides how the money you earn will be used: you, your husband, or you and your husband jointly?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 OTHER 6 (SPECIFY) _____	
820	Would you say that the money that you earn is more than what your husband earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND HAS NO EARNINGS 4 → 822 DON'T KNOW 8	
821	Who usually decides how your husband's earnings will be used: you, your husband, or you and your husband jointly?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 HUSBAND HAS NO EARNINGS 4 OTHER 6 (SPECIFY) _____	
822	Who usually makes decisions about health care for yourself: you, your husband, you and your husband jointly, or someone else?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 IN-LAWS 4 SOMEONE ELSE 5 OTHER 6	
823	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6	



SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
824	When you are going out, who do you usually ask permission?	I GIVE MYSELF PERMISSION 1 MY HUSBAND 2 MYSELF AND MY HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
825	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	→ 828
826	Do you have a title deed for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 828
827	Is your name on the title deed?	YES 1 NO 2 DON'T KNOW 8	
828	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	→ 901
829	Do you have a title deed for any land you own?	YES 1 NO 2 DON'T KNOW 8	→ 901
830	Is your name on the title deed?	YES 1 NO 2 DON'T KNOW 8	

SECTION 9. HIV/AIDS & STIs

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
901	Now I would like to talk about something else. Have you ever heard of HIV or AIDS?	YES 1 NO 2	→ 918																
902	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected wives who has no other wives?	YES 1 NO 2 DONT KNOW 8																	
903	Can people get HIV from mosquito bites?	YES 1 NO 2 DONT KNOW 8																	
904	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DONT KNOW 8																	
905	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DONT KNOW 8																	
906	Can people get HIV because of witchcraft or other supernatural means?	YES 1 NO 2 DONT KNOW 8																	
907	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DONT KNOW 8																	
908	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) DURING PREGNANCY ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) DURING DELIVERY</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) BREASTFEEDING</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) DURING PREGNANCY ..	1	2	8	b) DURING DELIVERY	1	2	8	c) BREASTFEEDING	1	2	8	
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a) DURING PREGNANCY ..	1	2	8																
b) DURING DELIVERY	1	2	8																
c) BREASTFEEDING	1	2	8																
909	CHECK 908: <div style="display: flex; justify-content: space-around; align-items: center;"> <div> AT LEAST ONE 'YES' <input type="checkbox"/> </div> <div> OTHER <input type="checkbox"/> </div> </div>		→ 911																
910	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DONT KNOW 8																	
911	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DONT KNOW/NOT SURE/DEPENDS 8																	
912	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DONT KNOW/NOT SURE/DEPENDS 8																	
913	Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES 1 NO 2 DONT KNOW/NOT SURE/DEPENDS 8																	
914	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES 1 NO 2 DONT KNOW/NOT SURE/DEPENDS 8																	
915	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES 1 NO 2 DONT KNOW/NOT SURE/DEPENDS 8																	
916	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	AGREE 1 DISAGREE 2 DONT KNOW/NOT SURE/DEPENDS 8																	
917	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES 1 NO 2 SAYS SHE HAS HIV 3 DONT KNOW/NOT SURE/DEPENDS 8																	

W-54



SECTION 9. HIV/AIDS & STIs

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
918	<p>CHECK 901:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HEARD ABOUT HIV OR AIDS <input type="checkbox"/></p> <p>a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact?</p> </div> <div style="width: 45%;"> <p>NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/></p> <p>b) Have you heard about infections that can be transmitted through sexual contact?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p>	
919	<p>CHECK 918: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>		→ 926
920	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
921	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
922	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
923	<p>CHECK 920, 921, AND 922:</p> <p>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></p> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p>		→ 926
924	The last time you had (PROBLEM FROM 920/921/922), did you seek any kind of advice or treatment?	<p>YES 1</p> <p>NO 2</p>	→ 926
925	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>REFERRAL HEALTH CENTRE B</p> <p>MCH/HC C</p> <p>PRIMARY HEALTH UNIT (PHU) D</p> <p>MOBILE CLINIC E</p> <p>OTHER PUBLIC SECTOR F</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/DOCTOR/CLINIC G</p> <p>PHARMACY H</p> <p>OTHER PRIVATE MEDICAL SECTOR I</p> <p>_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP J</p> <p>OTHER X</p> <p>_____ (SPECIFY)</p>	
926	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	



SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1001	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS <input type="text"/> <input type="text"/> NONE 00	→ 1004															
1002	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS <input type="text"/> <input type="text"/> NONE 00	→ 1004															
1003	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES 1 NO 2 DON'T KNOW 8																
1004	Do you currently smoke cigarettes every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1006															
1005	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES <input type="text"/> <input type="text"/>																
1006	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1008															
1007	What other type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	KRETEKS A PIPES FULL OF TOBACCO B CIGARS, CHEROOTS, OR CIGARILLOS C WATER PIPE D SNUFF BY MOUTH E SNUFF BY NOSE F CHEWING TOBACCO G BETEL QUID WITH TOBACCO H OTHER X (SPECIFY)																
1008	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem: a) Getting permission to go to the doctor? b) Getting money needed for advice or treatment? c) The distance to the health facility? d) Not wanting to go alone?	<table border="0"> <thead> <tr> <th></th><th>BIG PROBLEM</th><th>NOT A BIG PROBLEM</th></tr> </thead> <tbody> <tr> <td>a) PERMISSION TO GO</td><td>1</td><td>2</td></tr> <tr> <td>b) GETTING MONEY</td><td>1</td><td>2</td></tr> <tr> <td>c) DISTANCE</td><td>1</td><td>2</td></tr> <tr> <td>d) GO ALONE</td><td>1</td><td>2</td></tr> </tbody> </table>		BIG PROBLEM	NOT A BIG PROBLEM	a) PERMISSION TO GO	1	2	b) GETTING MONEY	1	2	c) DISTANCE	1	2	d) GO ALONE	1	2	
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SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1009	Are you covered by any health insurance?	YES 1 NO 2	→ 1011
1010	What type of health insurance are you covered by? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER X (SPECIFY)	
1011	FISTULA Sometimes a woman can have a problem of constant leakage of urine or stool from her vagina during the day and night. This problem usually occurs after a difficult childbirth, but may also occur after a sexual assault or after pelvic surgery. Have you ever experienced a constant leakage of urine or stool from your vagina during the day and night?	YES 1 NO 2	→ 1013
1012	Have you ever heard of this problem?	YES 1 NO 2	→ 1101
1013	Did this problem start after you delivered a baby or had a stillbirth?	AFTER DELIVERED BABY 1 AFTER HAD STILLBIRTH 2 NEITHER 3	→ 1017
1014	Did this problem start after a normal labor and delivery, or after a very difficult labor and delivery?	NORMAL LABOR/DELIVERY 1 VERY DIFFICULT LABOR/DELIVERY 2	
1015	How many days after delivery did the leakage start? ENTER '90' IF 90 DAYS OR MORE.	NUMBER OF DAYS AFTER DELIVERY/OTHER EVENT <input type="text"/> <input type="text"/>	
1016	Have you sought treatment for this condition?	YES 1 NO 2	→ 1018
1017	Why have you not sought treatment? PROBE AND RECORD ALL MENTIONED.	DO NOT KNOW CAN BE FIXED A DO NOT KNOW WHERE TO GO B TOO EXPENSIVE C TOO FAR D POOR QUALITY OF CARE E COULD NOT GET PERMISSION F EMBARRASSMENT G OTHER X (SPECIFY)	→ 1111
1018	From whom did you last seek treatment?	HEALTH PROFESSIONAL DOCTOR 1 CLINICAL OFFICER 2 NURSE/MIDWIFE 3 OTHER PERSON COMMUNITY/VILLAGE HEALTH WORKER 4 HERBALIST 5 OTHER 6 (SPECIFY)	
1019	Did you have an operation to fix the problem?	YES 1 NO 2	
1020	Did the treatment stop the leakage completely? IF NO: Did the treatment reduce the leakage?	YES, STOPPED COMPLETELY 1 NOT STOPPED BUT REDUCED 2 NOT STOPPED AT ALL 3 DID NOT RECEIVE TREATMENT 4	



SECTION 11. FEMALE CIRCUMCISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	Now I would like to ask some questions about a practice known as female circumcision. Have you ever heard of female circumcision?	YES 1 NO 2	→ 1103
1102	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES 1 NO 2	→ 1201
1103	Have you yourself ever been circumcised?	YES 1 NO 2	→ 1109
1104	What type of circumcision did you undergo?	SUNN 1 INTERMEDIATE 2 PHARAONIC 3 DON'T KNOW 8	
1105	Please describe what was exactly done CIRCLE ONLY ONE OPTION a) Excision of the clitoral hood (prepuce), with or without excision of part or all of the clitoris b) Excision of the clitoris with partial or total excision of the labia minora c) Excision of part or all of the external genitalia and stitching/ narrowing of the vaginal opening (Infibulation) d) All other procedures that involve pricking, piercing, stretching or incising of the clitoris and/or labia; introduction of corrosive substances into the vagina to narrow it	TYPE I 1 TYPE II 2 TYPE III 3 TYPE IV 4 DON'T KNOW 8	
1106	How old were you when you were circumcised? IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> AS A BABY/DURING INFANCY 95 DON'T KNOW 98	
1107	Who performed the circumcision?	TRADITIONAL TRAD. CIRCUMCISER 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD. 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 CLINICAL OFFICER 22 NURSE/MIDWIFE 23 OTHER HEALTH PROFESSIONAL 26 (SPECIFY) DON'T KNOW 98	
1108	CHECK 213, 215 AND 216: HAS ONE OR MORE LIVING DAUGHTERS BORN IN 2006 OR LATER <input type="checkbox"/> HAS NO LIVING DAUGHTERS BORN IN 2006 OR LATER <input type="checkbox"/>		→ 1116



SECTION 11. FEMALE CIRCUMCISION

1109	CHECK 213, 215 AND 216: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER AND NAME OF EACH LIVING DAUGHTER BORN IN 2006 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE DAUGHTERS. BEGIN WITH THE YOUNGEST DAUGHTER. (IF THERE ARE MORE THAN 3 DAUGHTERS, USE ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about your (daughter/daughters).			
1111	BIRTH HISTORY NUMBER AND NAME OF EACH LIVING DAUGHTER BORN IN 2006 OR LATER. BIRTH HISTORY NUMBER .. <input type="text"/> <input type="text"/> NAME _____	YOUNGEST LIVING DAUGHTER BIRTH HISTORY NUMBER .. <input type="text"/> <input type="text"/> NAME _____	NEXT-TO-YOUNGEST LIVING DAUGHTER BIRTH HISTORY NUMBER .. <input type="text"/> <input type="text"/> NAME _____	SECOND-TO-YOUNGEST LIVING DAUGHTER BIRTH HISTORY NUMBER .. <input type="text"/> <input type="text"/> NAME _____
1112	Is (NAME OF DAUGHTER) circumcised? YES 1 NO 2 (GO TO 1112 IN NEXT COLUMN; OR IF NO MORE DAUGHTERS, GO TO 1116)	YES 1 NO 2 (GO TO 1112 IN NEXT COLUMN; OR IF NO MORE DAUGHTERS, GO TO 1116)	YES 1 NO 2 (GO TO 1112 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE DAUGHTERS, GO TO 1116)	
1113	How old was (NAME OF DAUGHTER) when she was circumcised? IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN RECORD '00' IF LESS THAN A YEAR	AGE IN COMPLETED YRS .. <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE IN COMPLETED YRS .. <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE IN COMPLETED YRS .. <input type="text"/> <input type="text"/> DON'T KNOW 98
1114	Was her genital area sewn closed? YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
1115	Who performed the circumcision? TRADITIONAL TRADITIONAL CIRCUMCISER .. 11 TRAD. BIRTH ATTENDANT .. 12 OTHER TRAD. 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 CLINICAL OFFICER .. 22 NURSE/MIDWIFE .. 23 OTHER HEALTH PROFESSIONAL 26 (SPECIFY) DON'T KNOW 98	TRADITIONAL TRADITIONAL CIRCUMCISER .. 11 TRAD. BIRTH ATTENDANT .. 12 OTHER TRAD. 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 CLINICAL OFFICER .. 22 NURSE/MIDWIFE .. 23 OTHER HEALTH PROFESSIONAL 26 (SPECIFY) DON'T KNOW 98	TRADITIONAL TRADITIONAL CIRCUMCISER .. 11 TRAD. BIRTH ATTENDANT .. 12 OTHER TRAD. 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 CLINICAL OFFICER .. 22 NURSE/MIDWIFE .. 23 OTHER HEALTH PROFESSIONAL 26 (SPECIFY) DON'T KNOW 98	
1115		GO BACK TO 1111 IN NEXT COLUMN; OR, IF NO MORE DAUGHTERS, GO TO 1116)	GO BACK TO 1111 IN NEXT COLUMN; OR, IF NO MORE DAUGHTERS, GO TO 1116)	GO TO 1111 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE DAUGHTERS, GO TO 1116)
1116	Do you believe that female circumcision is required by your religion?		YES 1 NO 2 DON'T KNOW 8	
1117	Do you think that female circumcision should be continued, or should it be stopped?		CONTINUED 1 STOPPED 2 DEPENDS 3 DON'T KNOW 8	



SECTION 12. MATERNAL DEATHS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1201	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/>						
1202	CHECK 1201: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>TWO OR MORE BIRTHS <input type="checkbox"/></div> <div>ONLT ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/></div> </div>							1301
1203	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
1204	What was the name given to your (oldest/ next oldest) brother or sister?	(1)	(2)	(3)	(4)	(5)	(6)	
1205	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1206	Is (NAME) still alive?	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 2)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 3)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 4)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 5)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 6)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 7)	
1207	How old is (NAME)? RECORD '00' IF LESS THAN ONE YEAR	<input type="text"/> <input type="text"/> (GO TO 2)	<input type="text"/> <input type="text"/> (GO TO 3)	<input type="text"/> <input type="text"/> (GO TO 4)	<input type="text"/> <input type="text"/> (GO TO 5)	<input type="text"/> <input type="text"/> (GO TO 6)	<input type="text"/> <input type="text"/> (GO TO 7)	
1208	How many years ago did (NAME) die? RECORD '00' IF LESS THAN ONE YEAR	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1209	How old was (NAME) when (he/she) died?	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 2)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 3)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 4)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 5)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 6)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 7)	
1210	Was (NAME) pregnant when she died?	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	
1211	Did (NAME) die during childbirth?	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	

W-60



1212	Did (NAME) die within six weeks after the end of a pregnancy or childbirth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	
1213	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1214	IF NO MORE BROTHERS OR SISTERS, GO TO 1301.							
1204	What was the name given to your (oldest/ next oldest) brother or sister?	(7)	(8)	(9)	(10)	(11)	(12)	
1205	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1206	Is (NAME) still alive?	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 8)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 9)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 10)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 11)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 12)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 13)	
1207	How old is (NAME)? RECORD '00' IF LESS THAN ONE YEAR	<input type="text"/> <input type="text"/> (GO TO 8)	<input type="text"/> <input type="text"/> (GO TO 9)	<input type="text"/> <input type="text"/> (GO TO 10)	<input type="text"/> <input type="text"/> (GO TO 11)	<input type="text"/> <input type="text"/> (GO TO 12)	<input type="text"/> <input type="text"/> (GO TO 13)	
1208	How many years ago did (NAME) die? RECORD '00' IF LESS THAN ONE YEAR	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1209	How old was (NAME) when (he/she) died?	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS GO TO 10)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS GO TO 10)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS GO TO 10)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS GO TO 11)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS GO TO 12)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS GO TO 13)	
1210	Was (NAME) pregnant when she died?	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	

1211	Did (NAME) die during childbirth?	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	
1212	Did (NAME) die within six weeks after the end of a pregnancy or childbirth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	
1213	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1214	IF NO MORE BROTHERS OR SISTERS, GO TO 1301.							



SECTION 13. GENDER BASED VIOLENCE (GBV)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																				
1301	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED 1 ↓ PRIVACY NOT POSSIBLE 2	→ 1331																																																					
1302	READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in your country. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.																																																						
1303	First I am going to ask you about your understanding of domestic violence. What does domestic violence mean to you? Does it mean: a) Physical abuse? b) No participation in decision-making for household? c) No participation in decision-making for children? d) Better treatment of males than females? e) Failing to meet basic living costs? f) Denial of education? g) Forced marriage? h) Rape? i) Sexual harassment? j) Forced labour? k) Other	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr><td>ABUSE</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>HH DECISION</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>CHILDREN DECISION ..</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>BETTER TREATMENT ..</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>NO LIVING COSTS</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>EDU DENIAL</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>FORCED MARRIAGE</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>RAPE</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>SEX HARASSMENT</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>FORCED LABOUR</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>OTHER _____</td><td>1</td><td>2</td><td></td></tr> <tr><td>(SPECIFY)</td><td></td><td></td><td></td></tr> </tbody> </table>		YES	NO	DK	ABUSE	1	2	8	HH DECISION	1	2	8	CHILDREN DECISION ..	1	2	8	BETTER TREATMENT ..	1	2	8	NO LIVING COSTS	1	2	8	EDU DENIAL	1	2	8	FORCED MARRIAGE	1	2	8	RAPE	1	2	8	SEX HARASSMENT	1	2	8	FORCED LABOUR	1	2	8	OTHER _____	1	2		(SPECIFY)				
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OTHER _____	1	2																																																					
(SPECIFY)																																																							
1304	Who is the person who commits the most violent acts against women in the community?	<table border="1"> <tbody> <tr><td>HUSBAND</td><td>A</td></tr> <tr><td>MOTHER/STEP-MOTHER</td><td>B</td></tr> <tr><td>FATHER/STEP-FATHER</td><td>C</td></tr> <tr><td>SISTER/BROTHER</td><td>D</td></tr> <tr><td>DAUGHTER/SON</td><td>E</td></tr> <tr><td>OTHER RELATIVE</td><td>F</td></tr> <tr><td>IN-LAWS</td><td>G</td></tr> <tr><td>TEACHER</td><td>H</td></tr> <tr><td>EMPLOYER/SOMEONE AT WORK</td><td>I</td></tr> <tr><td>POLICE/SOLDIER</td><td>J</td></tr> <tr><td>OTHER _____</td><td>K</td></tr> <tr><td>(SPECIFY)</td><td></td></tr> </tbody> </table>	HUSBAND	A	MOTHER/STEP-MOTHER	B	FATHER/STEP-FATHER	C	SISTER/BROTHER	D	DAUGHTER/SON	E	OTHER RELATIVE	F	IN-LAWS	G	TEACHER	H	EMPLOYER/SOMEONE AT WORK	I	POLICE/SOLDIER	J	OTHER _____	K	(SPECIFY)																														
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1305	Where do most violent acts take place?	<table border="1"> <tbody> <tr><td>AT HOME</td><td>1</td></tr> <tr><td>WORKPLACE</td><td>2</td></tr> <tr><td>STREET</td><td>3</td></tr> <tr><td>SCHOOL</td><td>4</td></tr> <tr><td>WATER POINT</td><td>5</td></tr> <tr><td>RURAL/GRAZING AREAS</td><td>6</td></tr> <tr><td>MARKET PLACE</td><td>7</td></tr> <tr><td>NEIGHBOURHOOD</td><td>9</td></tr> <tr><td>OTHER _____</td><td>96</td></tr> <tr><td>(SPECIFY)</td><td></td></tr> </tbody> </table>	AT HOME	1	WORKPLACE	2	STREET	3	SCHOOL	4	WATER POINT	5	RURAL/GRAZING AREAS	6	MARKET PLACE	7	NEIGHBOURHOOD	9	OTHER _____	96	(SPECIFY)																																		
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1306	CHECK 119 & 120 CURRENTLY MARRIED OR DIVORCED/ABANDONED <input type="checkbox"/> ↓ WIDOWED <input type="checkbox"/> → 1318																																																						
1307	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she neglects household duties including cooking? d) If she argues with him? e) If she wastes resources? g) If she refuses to have sex with him?	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr><td>a) GOES OUT</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>b) NEGLECTS CHILDREN</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>c) NEG. HH DUTIES</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>d) ARGUES</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>e) WASTES RESOURCES</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>e) REFUSES SEX</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) GOES OUT	1	2	8	b) NEGLECTS CHILDREN	1	2	8	c) NEG. HH DUTIES	1	2	8	d) ARGUES	1	2	8	e) WASTES RESOURCES	1	2	8	e) REFUSES SEX	1	2	8																									
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1308	Now, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your current (former) husband?	YES NO DK			
	a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times?	JEALOUS 1 2 8 ACCUSES 1 2 8 NOT MEET FRIENDS ... 1 2 8 NO FAMILY 1 2 8 WHERE YOU ARE 1 2 8			
1309	Now I need to ask some more questions about your relationship	B. How often did this happen during the last 12 months: often, only sometimes, or not at all?			
	A. Did your (last) husband ever:				
		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
	a) say or do something to humiliate you in front of others?	YES 1 NO 2 ↓	→ 1	2	3
	b) threaten to hurt or harm you or someone you care about?	YES 1 NO 2 ↓	→ 1	2	3
	c) insult you or make you feel bad about yourself?	YES 1 NO 2 ↓	→ 1	2	3
1310	A. Did your (last) husband ever do any of the following things to you:	B. How often did this happen during the last 12 months: often, only sometimes, or not at all?			
		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
	a) slap you, push you, shake you, or throw something at you?	YES 1 NO 2 ↓	→ 1	2	3
	b) twist your arm or pull your hair?	YES 1 NO 2 ↓	→ 1	2	3
	c) punch you with his fist or with something that could hurt you?	YES 1 NO 2 ↓	→ 1	2	3
	d) kick you, drag you, or beat you up?	YES 1 NO 2 ↓	→ 1	2	3
	e) try to choke you or burn you on purpose?	YES 1 NO 2 ↓	→ 1	2	3
	f) threaten or attack you with a knife, gun, or other weapon?	YES 1 NO 2 ↓	→ 1	2	3
	g) physically force you to have sexual intercourse with him when you did not	YES 1 NO 2 ↓	→ 1	2	3



1311	CHECK 1310 (a-g):		AT LEAST ONE <input type="checkbox"/> 'YES' ↓ NOT A SINGLE <input type="checkbox"/> 'YES'		→ 1314												
1312	How long after you first got married with your (last) husband did (this/any of these things) first happen? IF LESS THAN ONE YEAR, RECORD '00'.		NUMBER OF YEARS <input type="text"/> <input type="text"/> BEFORE MARRIAGE 95														
1313	Did the following ever happen as a result of what your (last) husband did to you: a) You had cuts, bruises, or aches? b) You had eye injuries, sprains, dislocations, or burns? c) You had deep wounds, broken bones, broken teeth, or any other serious injury?		YES 1 NO 2 YES 1 NO 2 YES 1 NO 2														
1314	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband at times when he was not already beating or physically hurting you?		YES 1 NO 2		→ 1316												
1315	In the last 12 months, how often have you done this to your (last) husband: often, only sometimes, or not at all?		OFTEN 1 SOMETIMES 2 NEVER 3														
1316	Are (Were) you afraid of your (last) husband: most of the time, sometimes, or never?		MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3														
1317	CHECK121: MARRIED MORE <input type="checkbox"/> THAN ONCE ↓ MARRIED ONCE <input type="checkbox"/>		→ 1318														
	A. So far we have been talking about the behavior of your (current/last) husband. Now I want to ask you about the behavior of any previous husband.		B. How long ago did this last happen?														
			<table border="1"> <thead> <tr> <th>EVER</th> <th>0 - 11 MONTHS AGO</th> <th>12+ MONTHS AGO</th> <th>DON'T REMEMBER</th> </tr> </thead> <tbody> <tr> <td>a) Did any previous husband ever hit, slap, kick, or do anything else to hurt you physically? YES 1 NO 2 ↓</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) Did any previous husband physically force you to have intercourse or perform any other sexual acts against your will? YES 1 NO 2 ↓</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	a) Did any previous husband ever hit, slap, kick, or do anything else to hurt you physically? YES 1 NO 2 ↓	→ 1	2	3	b) Did any previous husband physically force you to have intercourse or perform any other sexual acts against your will? YES 1 NO 2 ↓	→ 1	2	3	
EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER														
a) Did any previous husband ever hit, slap, kick, or do anything else to hurt you physically? YES 1 NO 2 ↓	→ 1	2	3														
b) Did any previous husband physically force you to have intercourse or perform any other sexual acts against your will? YES 1 NO 2 ↓	→ 1	2	3														
1318	CHECK119 &120: CURRENTLY <input type="checkbox"/> MARRIED ↓ NOT IN UNION <input type="checkbox"/> ↓		YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3		→ 1321												
	a) From the time you were 12 years old has anyone other than your husband hit you, slapped you, kicked you, or done anything else to hurt you physically? b) From the time you were 12 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?																

1319	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E MOTHER-IN-LAW F FATHER-IN-LAW G OTHER IN-LAW H NEIGHBOUR I TEACHER J EMPLOYER/SOMEONE AT WORK K POLICE/SOLDIER L MILITIA/GANGS M OTHER X (SPECIFY)	
1320	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
1321	CHECK 201, 226, AND 230: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> EVER BEEN PREGNANT (‘YES’ ON 201 OR 226 OR 230) <div style="border: 1px solid black; width: 15px; height: 15px; margin: 5px auto;"></div> </div> <div style="text-align: center;"> NEVER BEEN PREGNANT <div style="border: 1px solid black; width: 15px; height: 15px; margin: 5px auto;"></div> </div> </div>		→ 1324
1322	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→ 1324
1323	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAN A MOTHER/STEP-MOTHER B FATHER/STEP-FATHER C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F FORMER HUSBAN G MOTHER-IN-LAW H FATHER-IN-LAW I OTHER IN-LAW J NEIGHBOUR K TEACHER L EMPLOYER/SOMEONE AT WORK M POLICE/SOLDIER N MILITIA/GANGS O OTHER X (SPECIFY)	



1324	CHECK 119&120: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> CURRENTLY MARRIED <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NOT IN UNION <input type="checkbox"/> ↓ </div> </div> <div style="display: flex;"> <div style="flex: 1;"> a) In the last 12 months, has anyone raped you? </div> <div style="flex: 1;"> b) In the last 12 months has anyone physically forced you to have sexual intercourse? </div> </div> <div style="display: flex; justify-content: flex-end; align-items: flex-start;"> <div style="text-align: right;"> YES 1 NO 2 </div> <div style="margin-left: 10px;">→ 1326</div> </div>																		
1325	CHECK 1310 (a-g) and 1317 (a,b), 1322: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> AT LEAST ONE 'YES' <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NOT A SINGLE 'YES' <input type="checkbox"/> </div> </div> <div style="text-align: right;">→ 1329</div>																		
1326	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES 1 NO 2	→ 1329																
1327	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY A HUSBAND'S FAMILY B CURRENT/FORMER HUSBAND C FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION K OTHER X (SPECIFY)	→ 1329																
1328	Have you ever told any one about this?	YES 1 NO 2																	
THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE																			
1329	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th></th> <th>YES, ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES, ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT.....	1	2	3	FEMALE ADULT	1	2	3	
	YES, ONCE	YES, MORE THAN ONCE	NO																
HUSBAND	1	2	3																
OTHER MALE ADULT.....	1	2	3																
FEMALE ADULT	1	2	3																
1330	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE. <hr/> <hr/> <hr/>																		
1331	RECORD THE TIME YOU END THE INTERVIEW.	HOURS MINUTES	<table border="1" style="width: 100px; height: 100px; text-align: center;"> <tr> <td style="width: 50px; height: 50px;"></td> <td style="width: 50px; height: 50px;"></td> </tr> <tr> <td style="width: 50px; height: 50px;"></td> <td style="width: 50px; height: 50px;"></td> </tr> </table>																

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS



INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

CODES FOR EACH COLUMN:

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE (2)

- B BIRTHS
P PREGNANCIES
T TERMINATIONS
- 0 NO METHOD
- 1 IUD
2 INJECTABLES
3 IMPLANTS
4 PILL
5 CONDOM
6 FEMALE CONDOM
7 EMERGENCY CONTRACEPTION
J STANDARD DAYS METHOD
K LACTATIONAL AMENORRHEA METHOD
L RHYTHM METHOD
- M WITHDRAWAL
X OTHER MODERN METHOD
Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
1 BECAME PREGNANT WHILE USING
2 WANTED TO BECOME PREGNANT
3 HUSBAND DISAPPROVED
4 WANTED MORE EFFECTIVE METHOD
5 SIDE EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
7 COSTS TOO MUCH
8 INCONVENIENT TO USE
F UP TO GOD/FATALISTIC
A DIFFICULT TO GET PREGNANT/MENOPAUSAL
D MARITAL DISSOLUTION/SEPARATION
X OTHER
- (SPECIFY)
- Z DON'T KNOW

(1) Year of fieldwork is assumed to be 2018. For fieldwork beginning in 2019, all references to calendar years should be increased by one; for example, 2012 should be changed to 2013, 2013 should be changed to 2014, 2014 should be changed to 2015, and similarly for all years throughout the questionnaire.

(2) Response categories may be added for other methods, including fertility awareness methods.

			COL. 1	COL. 2
	12	DEC	01	
	11	NOV	02	
	10	OCT	03	
2	09	SEP	04	2
	08	AUG	05	
0	07	JUL	06	0
1	06	JUN	07	1
8	05	MAY	08	8
(1)	04	APR	09	
	03	MAR	10	
	02	FEB	11	
	01	JAN	12	
	12	DEC	13	
	11	NOV	14	
	10	OCT	15	
2	09	SEP	16	2
0	08	AUG	17	0
	07	JUL	18	
1	06	JUN	19	1
7	05	MAY	20	7
	04	APR	21	
	03	MAR	22	
	02	FEB	23	
	01	JAN	24	
	12	DEC	25	
	11	NOV	26	
	10	OCT	27	
2	09	SEP	28	2
0	08	AUG	29	0
1	07	JUL	30	1
6	06	JUN	31	6
	05	MAY	32	
	04	APR	33	
	03	MAR	34	
	02	FEB	35	
	01	JAN	36	
	12	DEC	37	
	11	NOV	38	
	10	OCT	39	
2	09	SEP	40	2
0	08	AUG	41	0
	07	JUL	42	
1	06	JUN	43	1
5	05	MAY	44	5
	04	APR	45	
	03	MAR	46	
	02	FEB	47	
	01	JAN	48	
	12	DEC	49	
	11	NOV	50	
	10	OCT	51	
2	09	SEP	52	2
0	08	AUG	53	0
	07	JUL	54	
1	06	JUN	55	1
4	05	MAY	56	4
	04	APR	57	
	03	MAR	58	
	02	FEB	59	
	01	JAN	60	
	12	DEC	61	
	11	NOV	62	
	10	OCT	63	
2	09	SEP	64	2
0	08	AUG	65	0
	07	JUL	66	
1	06	JUN	67	1
3	05	MAY	68	3
	04	APR	69	
	03	MAR	70	
	02	FEB	71	
	01	JAN	72	

Never-married Woman's Questionnaire





2017-2019

SOMALI MINISTRIE'S OF PLANNING AND HEALTH

REG. CODE		DIST CODE		EA CODE				HH SERIAL NO.				INTERVIEWER NO.			

NEVER MARRIED WOMAN'S QUESTIONNAIRE

IDENTIFICATION																				
NAME _____				CODE <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																
REGION																				
PRE-WAR NAME OF THE DISTRICT																				
CURRENT NAME OF THE DISTRICT _____																				
SETTLEMENT _____				<table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>																
EA TYPE (1=RURAL/IDP 2=URBAN/IDP 3=NOMADIC)				<table border="1"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>																
EA CODE				<table border="1"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>																
HOUSEHOLD SERIAL NUMBER IN THE EA				<table border="1"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>																
INTERVIEWER VISITS																				
	1	2	3	FINAL VISIT																
DATE	_____	_____	_____	DAY	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>															
INTERVIEWER'S NAME	_____	_____	_____	MONTH	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>															
RESULT*	_____	_____	_____	YEAR	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>															
NEXT VISIT: DATE	_____	_____		INT. NO.	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>															
TIME	_____	_____		RESULT*	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>															
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____																				
LANGUAGE OF QUESTIONNAIRE** <table border="1"><tr><td>0</td><td>1</td></tr></table>		0	1	LANGUAGE OF INTERVIEW** <table border="1"><tr><td></td><td></td></tr></table>				NATIVE LANGUAGE OF RESPONDENT** <table border="1"><tr><td></td><td></td></tr></table>												
0	1																			
LANGUAGE OF QUESTIONNAIRE** ENGLISH		**LANGUAGE CODES: 01 ENGLISH 03 LANGUAGE _____ 02 SOMALI SPECIFY _____																		
NAME	SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED IN BY																
DATE	_____	_____	_____	_____																
CODE	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				

W-1



INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with [NAME OF ORGANIZATION]. We are conducting a survey about health and related topics all over [NAME OF COUNTRY]. The information we collect will help the government to plan health and other services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 45 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. Your participation in the survey is voluntary, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the ministry of interior/planning and/or health.

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES TO BE INTERVIEWED .. 1
↓

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED .. 2 → END

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE START TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher?	KORANIC 1 PRIMARY 2 SECONDARY 3 HIGHER 4	
106	What is the highest [GRADE/FORM/YEAR] you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/FORM/YEAR] <input type="text"/> <input type="text"/>	
107	CHECK 105: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> KORANIC, <input type="checkbox"/> PRIMARY OR SECONDARY </div> <div> HIGHER <input type="checkbox"/> → 110 </div> </div>		
108	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	



SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	CHECK 108: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> </div> <div style="text-align: center;"> CODE '1' OR '5' CIRCLED <input type="checkbox"/> </div> </div>		→ 111
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
113	Do you own a mobile telephone?	YES 1 NO 2	
114	Do you use a mobile phone for any financial transactions?	YES 1 NO 2	
115	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	
116	Have you ever used the internet?	YES 1 NO 2	→ 201
117	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 201
118	During the last one month, how often did you use the internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	



SECTION 2. HIV/AIDS AND VACCINATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
201	Now I would like to talk about something else. Have you ever heard of HIV or AIDS?	YES 1 NO 2	→ 218																
202	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected spouse who has no other relations?	YES 1 NO 2 DON'T KNOW 8																	
203	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
204	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
205	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8																	
206	Can people get HIV because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
207	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8																	
208	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) DURING PREGNANCY . .</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) DURING DELIVERY . . .</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) BREASTFEEDING</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) DURING PREGNANCY . .	1	2	8	b) DURING DELIVERY . . .	1	2	8	c) BREASTFEEDING	1	2	8	
	YES	NO	DK																
a) DURING PREGNANCY . .	1	2	8																
b) DURING DELIVERY . . .	1	2	8																
c) BREASTFEEDING	1	2	8																
209	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div> AT LEAST <input type="checkbox"/> ONE 'YES' ↓ </div> <div> OTHER <input type="checkbox"/> → 211 </div> </div>																		
210	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
211	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8																	
212	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8																	
213	Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8																	
214	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8																	
215	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8																	
216	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	AGREE 1 DISAGREE 2 DON'T KNOW/NOT SURE/DEPENDS 8																	
217	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES 1 NO 2 SAYS SHE HAS HIV 3 DON'T KNOW/NOT SURE/DEPENDS 8																	



SECTION 2. HIV/AIDS AND VACCINATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																												
218	<p>CHECK 201:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HEARD ABOUT HIV OR AIDS <input type="checkbox"/></p> <p>a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact?</p> </div> <div style="width: 45%;"> <p>NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/></p> <p>b) Have you heard about infections that can be transmitted through sexual contact?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p>																																													
219	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																																													
220	Have you received the following immunizations?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr><td>a) Flu (Influenza)?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>b) Tetanus, diphtheria, pertussis?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>c) HPV (Human papillomavirus)?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>d) Meningococcal?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>e) Pneumococcal?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>f) Hepatitis A</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>g) Hepatitis B</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>h) Polio?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>i) Measles</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>j) Chickenpox (varicella)</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) Flu (Influenza)?	1	2	8	b) Tetanus, diphtheria, pertussis?	1	2	8	c) HPV (Human papillomavirus)?	1	2	8	d) Meningococcal?	1	2	8	e) Pneumococcal?	1	2	8	f) Hepatitis A	1	2	8	g) Hepatitis B	1	2	8	h) Polio?	1	2	8	i) Measles	1	2	8	j) Chickenpox (varicella)	1	2	8	
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i) Measles	1	2	8																																												
j) Chickenpox (varicella)	1	2	8																																												



SECTION 3. FEMALE CIRCUMCISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Now I would like to ask some questions about a practice known as female circumcision. Have you ever heard of female circumcision?	YES 1 NO 2	→ 303
302	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES 1 NO 2	→ 401
303	Have you yourself ever been circumcised?	YES 1 NO 2	→ 308
304	What type of circumcision did you undergo?	SUNN 1 INTERMEDIATE 2 PHARAONIC 3 DON'T KNOW 8	
305	Please describe what was exactly done a) Excision of the clitoral hood (prepuce), with or without excision of part or all of the clitoris b) Excision of the clitoris with partial or total excision of the labia minora c) Excision of part or all of the external genitalia and stitching/ narrowing of the vaginal opening d) All other procedures that involve pricking, piercing, stretching or incising of the clitoris and/or labia; introduction of corrosive substances into the vagina to narrow it.	YES NO DK TYPE I 1 2 8 TYPE II 1 2 8 TYPE III 1 2 8 TYPE IV 1 2 8	
306	How old were you when you were circumcised? IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> AS A BABY/DURING INFANCY 95 DON'T KNOW 98	
307	Who performed the circumcision?	TRADITIONAL TRAD. CIRCUMCISER 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD. 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 NURSE/MIDWIFE 22 OTHER HEALTH PROFESSIONAL 26 (SPECIFY) DON'T KNOW 98	
308	Do you believe that female circumcision is required by your religion?	YES 1 NO 2 NO RELIGION 3 DON'T KNOW 8	
309	Do you think that female circumcision should be continued, or should it be stopped?	CONTINUED 1 STOPPED 2 DEPENDS 3 DON'T KNOW 8	
310	If you get married and give birth to girls in the future, would you want them to be circumcized?	YES 1 NO 2 DEPENDS 3 DON'T KNOW 8	



SECTION 4. VIOLENCE AGAINST WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																
401	Now I am going to ask you about your understanding of domestic violence. What does domestic violence mean to you? Does it mean:	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) Physical abuse?</td><td></td><td></td><td></td></tr> <tr> <td>b) No participation in decision-making for household?</td><td></td><td></td><td></td></tr> <tr> <td>c) No participation in decision-making for children?</td><td></td><td></td><td></td></tr> <tr> <td>d) Better treatment of males than females?</td><td></td><td></td><td></td></tr> <tr> <td>e) Failing to meet basic living costs?</td><td></td><td></td><td></td></tr> <tr> <td>f) Denial of education?</td><td></td><td></td><td></td></tr> <tr> <td>g) Forced marriage?</td><td></td><td></td><td></td></tr> <tr> <td>h) Rape?</td><td></td><td></td><td></td></tr> <tr> <td>i) Sexual harassment?</td><td></td><td></td><td></td></tr> <tr> <td>j) Denial of inheritance?</td><td></td><td></td><td></td></tr> <tr> <td>k) Other</td><td></td><td></td><td></td></tr> </tbody> </table>		YES	NO	DK	a) Physical abuse?				b) No participation in decision-making for household?				c) No participation in decision-making for children?				d) Better treatment of males than females?				e) Failing to meet basic living costs?				f) Denial of education?				g) Forced marriage?				h) Rape?				i) Sexual harassment?				j) Denial of inheritance?				k) Other				
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j) Denial of inheritance?																																																			
k) Other																																																			
402	Who is the person who commits the most violent acts against women?	HUSBAND A MOTHER/STEP-MOTHER B FATHER/STEP-FATHER C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F IN-LAWS G TEACHER H EMPLOYER/SOMEONE AT WORK I POLICE/SOLDIER J OTHER K (SPECIFY)																																																	
403	Where is the place with most violent acts?	AT HOME 1 WORKPLACE 2 STREET 3 SCHOOL 4 WATER POINT 5 RURAL/GRAZING AREAS 6 OTHER 96 (SPECIFY)																																																	
404	Does any form of violence cause damage?	YES 1 NO 2	→ 406																																																
405	What is the most serious damage caused by violence?	PHYSICAL 1 PSYCHOLOGICAL 2 OTHER 96 (SPECIFY)																																																	
406	In your opinion, is a husband justified in hitting or beating his wife in the following situations:	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) If she goes out without telling him?</td><td></td><td></td><td></td></tr> <tr> <td>b) If she neglects the children?</td><td></td><td></td><td></td></tr> <tr> <td>c) If she neglects household duties including cooking?</td><td></td><td></td><td></td></tr> <tr> <td>d) If she argues with him?</td><td></td><td></td><td></td></tr> <tr> <td>e) If she wastes resources?</td><td></td><td></td><td></td></tr> <tr> <td>f) If she does not respect his family?</td><td></td><td></td><td></td></tr> </tbody> </table>		YES	NO	DK	a) If she goes out without telling him?				b) If she neglects the children?				c) If she neglects household duties including cooking?				d) If she argues with him?				e) If she wastes resources?				f) If she does not respect his family?																								
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f) If she does not respect his family?																																																			
407	A. Has anyone ever done any of the following things to you, while you were at the water point, grazing areas, at the school, at the house, at work, ETC :	B. How often did this happen during the last 12 months: often, only sometimes, or not at all?																																																	
	<table border="1"> <thead> <tr> <th></th><th>EVER</th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT IN LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>a) was slapped, pushed, shaken, or thrown something at?</td><td>YES 1 NO 2</td><td>→ 1</td><td>2</td><td>3</td></tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) was slapped, pushed, shaken, or thrown something at?	YES 1 NO 2	→ 1	2	3																																								
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W-7



W-8

SECTION 5. ILLEGAL MIGRATION (TAHRIB)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
501	Now, I would like to discuss illegal immigration among the youth in your community and its impact. Have you ever tried to migrate to another country using illegal means?	YES 1 NO 2	→ 507								
502	Did you reach your desired desination?	YES 1 NO 2	→ 504								
503	What means of transportation did you use to reach your destination during your last such attempt?	ON FOOT 1 LAND TRANSPORT 2 AIR TRANSPOR 3 MARITIME TRANSPOR 4									
504	Did you experience any violence on your way?	YES 1 NO 2	→ 506								
505	What kind of violence did you experience?	PHYSICAL VIOLENCE 1 SEXUAL VIOLENCE 2 CAPTIVITY 3 RANSOM DEMAND 4 ROBBERY 5 VERBAL ABUSE 6 WATER STORMS/WAVES 7 OTHER 96 (SPECIFY)									
506	What motivated you to take the decision to migrate?	UNEMPLOYMENT 1 LOW PAY/INCOME SEARCH FOR BETTER OPPORTUNITIES 2 POOR QUALITY OF EDUCATION 3 INSECURITY 4 POVERTY 5 HOPELESSNESS 6 LONELINESS 7 INEQUALITY/SOCIAL EXCLUSIOI 8 PEER INFLUENCE 9 SOCIAL MEDIA INTERACTIONS/ POSTS 10 OTHER 96 (SPECIFY)									
507	Do you know any of your peers who lost their lives due to illegal migration?	YES 1 NO 2									
508	What can be done to address the problem of illegal migration/tahrib?	JOB CREATION 1 BETTER PAYING JOBS 2 BUSINESS OPPORTUNITIES 3 GRANTS & CREDIT FACILITIE 4 AWARENESS CREATION 5 STATE RECONSTRUCTIO 6 LAW ENFORCEMENT 7 OTHER 96 (SPECIFY)									
509	RECORD THE TIME YOU END THE INTERVIEW.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									



INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS



Maternal Mortality Questionnaire





**SOMALI HEALTH &
DEMOGRAPHIC SURVEY
2018-2019**

SOMALI MINISTRIE'S OF PLANNING AND HEALTH

QUESTIONNAIRE
SERIAL NUMBER

REG. CODE		DIST CODE		SETTLEMENT/TOWN			EA CODE			HH SERIAL		ENUMERATOR NO.							

MATERNAL MORTALITY QUESTIONNAIRE

IDENTIFICATION																					
NAME _____						CODE															
REGION _____						<table border="1" style="width: 100px; height: 60px; border-collapse: collapse;"> <tr><td style="width: 50px; height: 30px;"></td><td style="width: 50px; height: 30px;"></td></tr> <tr><td style="width: 50px; height: 30px;"></td><td style="width: 50px; height: 30px;"></td></tr> </table>															
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CURRENT NAME OF THE DISTRICT _____						<table border="1" style="width: 150px; height: 100px; border-collapse: collapse;"> <tr><td style="width: 50px; height: 30px;"></td><td style="width: 50px; height: 30px;"></td><td style="width: 50px; height: 30px;"></td></tr> <tr><td style="width: 50px; height: 30px;"></td><td style="width: 50px; height: 30px;"></td><td style="width: 50px; height: 30px;"></td></tr> <tr><td style="width: 50px; height: 30px;"></td><td style="width: 50px; height: 30px;"></td><td style="width: 50px; height: 30px;"></td></tr> <tr><td style="width: 50px; height: 30px;"></td><td style="width: 50px; height: 30px;"></td><td style="width: 50px; height: 30px;"></td></tr> </table>															
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	1	2	3	FINAL VISIT																	
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INTERVIEWER'S NAME	_____	_____	_____	RESULT*	<table border="1" style="width: 100px; height: 30px; border-collapse: collapse;"> <tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr> </table>																
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TIME	_____	_____																			
*RESULT CODES: <div style="display: flex; justify-content: space-between;"> <div> 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED </div> <div> 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 PARTIALLY COMPLETED 96 OTHER _____ </div> </div> <div style="text-align: right; margin-top: 5px;">(SPECIFY)</div>																					
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0	1																				
NAME _____ DATE _____ CODE _____		SUPERVISOR _____ <table border="1" style="width: 50px; height: 30px; margin: 5px auto; border-collapse: collapse;"><tr><td style="width: 25px;"></td><td style="width: 25px;"></td></tr></table>			FIELD EDITOR _____ <table border="1" style="width: 50px; height: 30px; margin: 5px auto; border-collapse: collapse;"><tr><td style="width: 25px;"></td><td style="width: 25px;"></td></tr></table>			OFFICE EDITOR _____ <table border="1" style="width: 50px; height: 30px; margin: 5px auto; border-collapse: collapse;"><tr><td style="width: 25px;"></td><td style="width: 25px;"></td></tr></table>				KEYED IN BY _____ <table border="1" style="width: 50px; height: 30px; margin: 5px auto; border-collapse: collapse;"><tr><td style="width: 25px;"></td><td style="width: 25px;"></td></tr></table>									

MMR-1



INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with [NAME OF ORGANIZATION]. We are conducting a survey about health and related topics all over [NAME OF COUNTRY]. The information we collect will help the government to plan health and other services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. your participation in the survey is voluntary, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the ministry of interior/planning and/or health.

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____

DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . . . 1

RESPONDENT DOES NOT AGREE
TO BE INTERVIEWED . . . 2 → END

100	RECORD THE START TIME.	HOURS MINUTES <div><div></div><div></div><div></div><div></div></div>
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SECTION 1: HOUSEHOLD SCHEDULE

		DEMOGRAPHIC CHARACTERISTICS					RECENT LIVE BIRTHS (24 MONTHS)	
					IF AGE 12 OR OLDER	IF EVER MARRIED	IF MARRIED & FEMALES AGED 12-49	
LINE NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	MARITAL STATUS	AGE AT FIRST MARRIAGE	PARTICULARS OF LIVE BIRTHS WITHIN THE PAST 24 MONTHS	
101	102	103	104	105	106	107	108	109
	Please give me the names of the persons who usually live in your household, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2B TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-32 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	How old is (NAME) in completed years? RECORD AGE IN COMPLETED YEARS WRITE "00" IF LESS THAN ONE YEAR IF 95 OR MORE, RECORD "95".	What is (NAME)'s current marital status? 1 = MARRIED 2 = DIVORCED 3 = ABANDONED 4 = WIDOWED 5 = NEVER-MARRIED	How old was (NAME) when he/she got married for the first time?	Has (NAME) had a live birth in the last 24 months?	How many children did (NAME) give birth to who were born alive in the last 24 months including those who later died? RECORD MALES & FEMALES IF NONE, RECORD "00".
01		<input type="text"/>	M F 1 2	IN YEARS <input type="text"/>	<input type="text"/>	IN YEARS <input type="text"/>	YES NO 1 2 ↓ NEXT LINE	MALE FEMALE <input type="text"/>
02		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
03		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
04		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
05		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
06		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
07		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
08		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
09		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
10		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>

CODES FOR Q. 103: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD OF HOUSEHOLD	08 = BROTHER OR SISTER
02 = SPOUSE	09 = NEPHEW/NIECE
03 = SON OR DAUGHTER	10 = BROTHER/SISTER-IN-LAW
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	11 = OTHER RELATIVE
05 = GRANDCHILD	12 = ADOPTED/FOSTER/STEPCHILD
06 = PARENT	13 = NOT RELATED
07 = PARENT-IN-LAW	98 = DON'T KNOW

HH-3



SECTION 1: HOUSEHOLD SCHEDULE

		DEMOGRAPHIC CHARACTERISTICS					RECENT LIVE BIRTHS (24 MONTHS)	
					IF AGE 12 OR OLDER	IF EVER MARRIED	IF MARRIED & FEMALES AGED 12-49	
LINE NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	MARITAL STATUS	AGE AT FIRST MARRIAGE	PARTICULARS OF LIVE BIRTHS WITHIN THE PAST 24 MONTHS	
101	102	103	104	105	106	107	108	109
	Please give me the names of the persons who usually live in your household, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2B TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-32 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	How old is (NAME) in completed years? RECORD AGE IN COMPLETED YEARS WRITE "00" IF LESS THAN ONE YEAR IF 95 OR MORE, RECORD "95".	What is (NAME)'s current marital status? 1 = MARRIED 2 = DIVORCED 3 = ABANDONED 4 = WIDOWED 5 = NEVER-MARRIED	How old was (NAME) when he/she got married for the first time?	Has (NAME) had a live birth in the last 24 months?	How many children did (NAME) give birth to who were born alive in the last 24 months including those who later died? RECORD MALES & FEMALES IF NONE, RECORD "00".
11		<input type="text"/>	M F 1 2	IN YEARS <input type="text"/>	<input type="text"/>	IN YEARS <input type="text"/>	YES NO 1 2 ↓ NEXT LINE	MALE FEMALE <input type="text"/>
12		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
13		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
14		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
15		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
16		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
17		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
18		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
19		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>
20		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED ☐

1A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed? YES NO ☐

1B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES NO ☐

CODES FOR Q. 103: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD OF HOUSEHOLD
02 = SPOUSE
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW

08 = BROTHER OR SISTER
09 = NEPHEW/NIECE
10 = BROTHER/SISTER-IN-LAW
11 = OTHER RELATIVE
12 = ADOPTED/FOSTER/STEPCHILD
13 = NOT RELATED
98 = DON'T KNOW

HH-4



SECTION 2. DEATHS									
NO.	QUESTIONS AND FILTERS			CODING CATEGORIES				SKIP	
201	Have you lost any member of the household in the past two years (24 months)?			YES	1			→ END	
				NO	2				
LINE NO.	NAME OF DECEASED MEMBER OF HOUSEHOLD	SEX OF DECEASED HOUSEHOLD MEMBER	AGE AT DEATH OF HOUSEHOLD MEMBER	ENUMERATOR SKIPPING INSTRUCTIONS: 1. IF THE DECEASED IS MALE → GO TO NEXT LINE 2. IF THE DECEASED IS A FEMALE NOT AGED 12-49 → GO TO NEXT LINE 3. IF THE DECEASED IS A FEMALE AGED 12-49 → CONTINUE					
202	203	204	205	206	207	208	209	210	
	What was the name of the deceased family member?	Was (NAME) Male or Female?	How old was (NAME) he/she when she died?	Was (NAME) pregnant when she died?	Did (NAME) die during delivery?	Did (NAME) die during the 6 weeks following delivery?	Did (NAME) die from accident or violence?	Did (NAME) suffer from any of the following health problems at any time during her last pregnancy, up to 6 weeks after child birth?	
	RECORD ONLY ONE NAME	1 = MALE 2 = FEMALE	RECORD AGE IN COMPLETED YEARS WRITE "00" IF < 1 YEAR IF 95 OR MORE, RECORD '95'.			PROBE FOR APPROX 40 DAYS BIRTH CELEBRATION		CHECK ALL THAT APPLY	
01				YES NO 1 → 2 GO TO 209	YES NO 1 → 2 GO TO 209	YES NO 1 2 ↓ NEXT LINE	YES NO 1 2 ↓ NEXT LINE	A SEVERE VOMITING B VAGINAL BLEEDING C LIMBS SWELLING D CONVULSION E SEVERE FEVER AFTER DELIVERY F CAESAREAN SECTION G OBSTRUCTED LABOUR Y OTHER (SPECIFY)	
								Y N DK 1 2 8	
02				1 → 2 GO TO 209	1 → 2 GO TO 209	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	A SEVERE VOMITING B VAGINAL BLEEDING C LIMBS SWELLING D CONVULSION E SEVERE FEVER AFTER DELIVERY F CAESAREAN SECTION G OBSTRUCTED LABOUR Y OTHER (SPECIFY)	
								1 2 8	
03				1 → 2 GO TO 209	1 → 2 GO TO 209	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	A SEVERE VOMITING B VAGINAL BLEEDING C LIMBS SWELLING D CONVULSION E SEVERE FEVER AFTER DELIVERY F CAESAREAN SECTION G OBSTRUCTED LABOUR Y OTHER (SPECIFY)	
								1 2 8	
04				1 → 2 GO TO 209	1 → 2 GO TO 209	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	A SEVERE VOMITING B VAGINAL BLEEDING C LIMBS SWELLING D CONVULSION E SEVERE FEVER AFTER DELIVERY F CAESAREAN SECTION G OBSTRUCTED LABOUR Y OTHER (SPECIFY)	
								1 2 8	
05				1 → 2 GO TO 209	1 → 2 GO TO 209	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	A SEVERE VOMITING B VAGINAL BLEEDING C LIMBS SWELLING D CONVULSION E SEVERE FEVER AFTER DELIVERY F CAESAREAN SECTION G OBSTRUCTED LABOUR Y OTHER (SPECIFY)	
								1 2 8	
CLICK HERE IF CONTINUATION SHEET USED				RECORD THE END TIME. HOURS					
				MINUTES					

HH-5







