The Somali Health and Demographic Survey 2020

Xog la helaa talo la helaa
Information for better decisions

SHDS 2020

The Somali Health and Demographic Survey 2020

SHDS

Preface

It is a great pleasure for the Directorate of National Statistics of the Ministry of Planning, Investment and Economic Development, in cooperation with the Policy and Planning Directorate of the Ministry of Health and Human Services of the Federal Government and its Federal Member States, to present the findings of the Somali Health and Demographic Survey (SHDS), conducted from 2018-2019.

This survey marks the first time that such data has been produced in the history of Somalia. It provides long-awaited information required by policy- and decision-makers, and all other relevant stakeholders to make evidence-based programme and policy decisions that deliver effective services to Somalis. The survey findings will enable the Federal Government of Somalia and Federal Member States to monitor their respective sectors in Somalia's National Development Plans, including those relating to improving the lives of women and children, and overall health in Somalia.

The SHDS will help us to continue to change the national dialogue in our country. It presents more than just numbers—offering valuable nuggets of information to the Ministry of Health and our partners to strive at all levels to promote universal access to reproductive health care and rights. This will be achieved by promoting international maternal health standards and providing guidance and support to health systems that will help us to define our country's strategic plans and programmes. The survey findings will also offer a glimpse into social behaviour in our communities and encourage our people to adopt positive behavioural changes to improve their own lives.

The survey findings will enable the Federal Government of Somalia and Federal Member States to monitor their respective sectors in Somalia's National Development Plans

Findings from the SHDS show us our assets—Somalia has resources in young people—just above half of our population comprises people below 15 years of age. While we are pleased to report that maternal mortality has dropped over the years, from 732 in 2015 to 692, we remain focused to use data gathered to save the life of every mother possible. For instance, we now know that most underweight births were reported in younger mothers, under 20 years of age, and that only 32 percent of births were delivered with support from trained health care providers. The SHDS results further highlight areas that need intervention—to improve the lives of children, we know that

only 3.5 percent of births have been registered, and only 11 percent of children aged 11-23 months have been fully vaccinated against common vaccine-preventable childhood diseases. Additionally, while about 70 percent of households have access to an improved source of drinking water, only just above half of households interviewed use an improved sanitation facility.
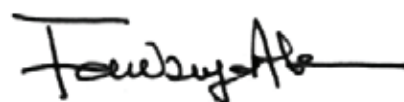
These crucial findings are a result of the great efforts of UNFPA Somalia's Population and Development Unit, that collaborated at every stage with technical teams from the respective Somali statistical offices—along with all the personnel who have worked on this survey. These professionals worked together diligently to complete every phase of work according to the planned timetable in a challenging environment. Some of these heroes also include more than 300 Somalis who knocked on doors of pre-sampled households in urban, rural and nomadic settings to collect rich, diverse information from more than 15,000 households across the country for this main survey report. These teams were responsible for collecting information on maternal mortality from 100,000 households during the initial stages when households were being listed.

Thanks to our strong collaboration with UNFPA, Somalia now has a legacy of 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 UK Department for International Development (DFID), 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.

We look forward to seeing the findings from this report shaping vital plans in Somalia, including the response of the international community to support the Somali National Development Plan 9 to attain the Sustainable Development Goals, and response plans for diseases and emergencies, such as the ongoing COVID-19 pandemic, locust invasion, and recurrent drought and floods. It is our hope that this report will be used and analyzed even further to drive more positive changes in Somalia.

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Acknowledgements

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ANC	antenatal care
ARI	acute respiratory infections
ART	antiretroviral therapy
BCG	Bacillus Calmette-Guérin [tuberculosis vaccine]
BMI	body mass index
CAPI	Computer-Assisted Personal Interviewing
CSPro	Census and Survey Processing System
DfID	Department for International Development
DHS	The Demographic and Health Surveys
DPT	diphtheria, pertussis and tetanus vaccine
EAs	enumeration areas
EPHS	Essential Package of Health Services
FGM/C	Female Genital Mutilation/Cutting
FGS	Federal Government of Somalia
FMS	Federal Member States
GAR	gross attendance ratios
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GFR	general fertility rate
GIS	geographic information system
GPI	gender parity index
HC	health centres
HIV	Human Immunodeficiency Virus
IYCF	Infant and Young Child Feeding
LAMPS	Learning and Monitoring Programme for Somalia
MCH	maternal and child health
MMR	Maternal Mortality Ratio
MMRate	Maternal Mortality Rate
MOH	Ministry of Health
MTCT	mother-to-child transmission
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
PESS	Population Estimation Survey of Somalia
PNC	postnatal care
PPS	probability proportional to size
PSU	primary sampling units
RHF	recommended home fluids
SD	standard deviation units
SDGs	Sustainable Development Goals
SHDS	The Somali Health and Demographic Survey
SGBV	Sexual and Gender-Based Violence
SHS	second-hand smoke
SPSS	Statistical Package for Social Sciences
SSUs	secondary sampling units
STIs	sexually transmitted infections
TFG	Transitional Federal Government
TFR	total fertility rate
TNS	temporary nomadic settlements
ToT	training of trainers
TPM	Third-Party Monitoring
TTI	tetanus toxoid injections
UNICEF	United Nations Children's Fund
USU	ultimate sampling units
WHO	World Health Organization

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Goal	Indicator		Male	Female	Total
Zero hunger					
	2.2.1	Prevalence of stunting among children under 5 years of age	27	26.7	26.9
	2.2.2	Prevalence of malnutrition among children under 5 years of age	20.8	21.2	21
		a) Prevalence of wasting among children under 5 years of age	11.9	11.8	11.9
Good health and well-being					
	3.1.1	Maternal mortality ratio (maternal deaths per 100,000 live births)	n/a	692	n/a
	3.1.2	Proportion of births attended by skilled health personnel	n/a	n/a	31.9
	3.7.1	Proportion of women of reproductive age (aged 15-49 years) who have their need for birth spacing satisfied with modern methods	n/a	2.1	n/a
	3.7.2	Adolescent birth rates per 1,000 women			
		a) Women aged 15-19 years	n/a	118	n/a
	3.a.1	Age-standardized prevalence of current tobacco use among persons aged 15 years and older	8.4	0.9	4.6
	3.b.1	Proportion of the target population covered by all vaccines included in their national programme	9.9	11.6	10.7
Inclusive and equitable quality education and lifelong learning opportunities for all					
	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)	23.2	20.8	22
		b) Net Attendance Ratio (secondary)	15.7	12.6	14.2
	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	n/a	32.2	n/a

SUSTAINABLE DEVELOPMENT GOAL INDICATORS

Goal	Indicator		Male	Female	Total
5 GENDER EQUALITY	**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	n/a	11.9	n/a
		c) Psychological violence	n/a	4.2	n/a
	5.3.1	Proportion of women aged 20-24 years who were married before age 15 and before age 18			
		a) Before age 15	n/a	16.7	n/a
		b) Before age 18	n/a	35.4	n/a
	5.3.2	Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age	n/a	99.2	n/a
	5.b.1	Proportion of individuals who own a mobile telephone	n/a	75.3	n/a
6 CLEAN WATER AND SANITATION	**Ensure availability and sustainable management of water and sanitation for all**				
	6.1.1	Percentage of population using safely managed drinking water services	n/a	n/a	69.7
7 AFFORDABLE AND CLEAN ENERGY	**Affordable and clean energy**				
	7.1.1	Proportion of population with access to electricity	n/a	n/a	49.2
	7.1.2	Proportion of population with primary reliance on clean fuels and technology	n/a	n/a	5.2

SUSTAINABLE DEVELOPMENT GOAL INDICATORS

Goal	Indicator		Male	Female	Total
8 DECENT WORK AND ECONOMIC GROWTH	**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	n/a	3.5	n/a
		b) Proportion of adults (15 years and older) with with a mobile-money account	n/a	63.6	n/a
16 PEACE, JUSTICE AND STRONG INSTITUTIONS	**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	n/a	7.6	n/a
	16.9.1	Proportion of children under 5 years of age whose births have been registered with a civil authority	6.3	5.5	5.9
17 PARTNERSHIPS FOR THE GOALS	**Partnerships for the goals**				
	17.8.1	Proportion of individuals who used Internet in the last 12 months	n/a	15.1	n/a

Executive Summary

Unlocking a brighter, healthier future for Somalis

There has never been a more opportune time to ensure Somalis have better access to health, education, sanitation and nutrition. With the voices of Somalis from more than 100,000 households—documented across two phases of The Somali Health and Demographic Survey (SHDS)—presented in this report, policymakers and stakeholders now have access to rich and diverse information that will be key to unlocking a bright future for Somalis, particularly for women of childbearing ages and children. A first of its kind, the report sheds light on the lives and needs of nomadic communities—usually difficult to reach—and people living in urban and rural households. The information presented will help close gaps of inequality that have existed for years among people of different ages, lifestyles, places of residence and health status. Some of the key findings are presented below:

Demographic Information and Household Characteristics

As one of Somalia's biggest assets, and possibly untapped potentials, Somalia has a young population—around 54 percent of household members are under 15 years of age, and 42 percent of Somalia's population falls within the working age group.

The SHDS report reveals that the size of an average household in Somalia is 6.2 people. In addition to nuclear family members, 32 percent of households are home to a foster child and/ or orphaned children.

Keeping their ties with family and friends strong, around three-quarters of households own mobile phones. Within the nomadic communities, 59 percent of households own a simple mobile phone with access to fm radio. This presents an opportunity for stakeholders to reach out to Somalis using innovative ways.

Education and School Attendance

Education is inextricably tied to ways in which Somalis can improve their lives. The SHDS findings show that, in general, educated Somalis are empowered to make informed decisions to improve their lives.

Educational attainment varies across age groups though. Of all the age groups analyzed, younger Somalis have better access to education than older people. Those who fall within the age bracket 15-19 years have the lowest number of people with no education, at 57 percent. Additionally, the survey reveals that places of residence have a bearing on access to education. Urban dwellers have better opportunities to progress to higher education than people in nomadic settlements (46 percent of women from urban areas have no education, as compared to 84 percent of nomadic women, for instance).

Overall, access to education is low. A third of female household members and 27 percent of male household members (31 percent) have had some form of primary education. Moreover, 22 percent of all children attending primary school are of the right age for that level, and at secondary level, only 14 percent of children attending are of the right age for that level.

Somali women are yet to enjoy the benefits of formal education, which is known as an equalizer for people of different socioeconomic backgrounds. Just under half, at 47 percent, of girls and women aged 6 and above, have never been to school, in comparison to 44 percent of boys and men. Less than a third of women, at 32 percent, are literate.

Women's Empowerment

By empowering women, a nation can make great strides in development and peace building. The SHDS reveals that some signs of women's empowerment can be witnessed in Somalia. For instance, three-quarters of women aged 15-49 own a mobile phone and 64 percent use their mobile phones for financial transactions. Furthermore, Somali women are contributing to financial decisions—nine out of ten women are deciding how their cash earnings will be spent either individually or jointly with their husbands, and close to seven out of ten (67 percent) of women make individual or joint decisions on how their husbands' cash will be spent.

Employment

As in many other countries, employment in Somalia is known to be governed by the needs in the market and largely by terms set by employers. The SHDS found that only 9 percent of ever-married women interviewed were employed at the time the survey was conducted, while 18 percent were not paid for their work. Of the women who were employed, 48 percent were self-employed. Highlighting the need for more livelihood opportunities across the country, the survey reveals that just over half of women were employed all year round.

Marriage, Fertility and Birth Spacing

Information on marriage guides the understanding of fertility patterns, particularly as marriage among Somali women is universal and childbearing takes place within the context of marriage.

Early marriage is common, particularly for women—35 percent of women aged 20-24 interviewed were married by the time they turned 18 and, overall, almost all Somali women are married by the age of 35. In comparison, 7 percent of men aged 20-24 had entered their first marriage by the time they turned 18. According to the survey, the median age at first marriage is 20 for Somali women aged 25-49 and 23 for men aged 25-64.

Women who marry early are generally known to have a higher chance of getting pregnant and having more children during their reproductive years. According to the SHDS, Somalia's total fertility rate is 6.9 children. Additionally, 91 percent of women interviewed consider 6 or more children to be the ideal family size. Given that the fertility rate has remained relatively high over the years, all these factors mean that Somalia is likely to witness a spike in population growth over the coming years.

As can be noted in the survey findings, for women with no education, the total fertility rate is about twice as high, at 7.2, as that of women

with higher education, at 3.7. Information on birth spacing would help Somali women make better choices about how many children to have, to ensure better health of women and children.

Water and Sanitation

Access to safe drinking water, particularly if readily available within households, together with better sanitation would prevent the spread of diseases, such as diarrhoea and dysentery, across the country. Yet, less than half of household members, at 43 percent, have access to piped water coming into their dwelling, yard or plot.

The recent pandemic of COVID-19 further highlights the importance of access to water for safe handwashing in the prevention of diseases. However, in general, a large number of Somalis still need access to safe water. Around seven out of ten households, at 67 percent, use an improved source that provides safe drinking water and 12 percent of the households travel for at least 30 minutes or longer to get water.

Across the country, only around six out of ten households, at 57 percent, have an improved sanitation facility that they do not share with other households.

Maternal Health and Newborn Health

Despite the gains made in maternal health, one of the largest challenges Somalia faces is high maternal mortality rates. The survey finds that this can be attributed to low uptake of antenatal care, postnatal care and a low number of delivery at health facilities or with skilled health care providers. All these factors are strongly connected. Women who access health care throughout their pregnancy are more likely to seek support for the health of their newborns.

Less than one-third, at 32 percent, of births are delivered with the assistance of a skilled health professional, which includes a doctor/clinical officer or nurse/midwife/auxiliary midwife. In general, young and educated Somali mothers, as well as those living in urban areas are more likely to be assisted by skilled birth health care providers than older mothers, women with little or no education, and women living in rural or nomadic households.

The SHDS noted that an overwhelming 79 percent of births were delivered at home, and only around one in five births (21 percent) in the five years preceding the survey was delivered in a health facility. Deliveries are more common in public health facilities (at 17 percent) than in facilities supported by the private sector (at 4 percent). Even in urban settings, 28 percent of deliveries take place in public health facilities, as compared to 6 percent in private facilities.

In terms of care that women seek before and after childbirth, more interventions are needed to assist women and their caregivers to make better decisions. Only 31 percent of women aged 15-49 who had a live birth received ANC from skilled personnel during their last birth. An overwhelming 89 percent of the mothers did not receive any postnatal check-up in the first two days after childbirth.

To have any significant impact on improving women's lives, it would be essential to help them overcome the barriers they face in accessing health. At least seven out of ten (73 percent) women state they face at least one problem in accessing health care when they need it. The majority of women perceive the lack of money (65 percent) as a barrier, followed by the distance to a health facility (62 percent).

The SHDS found that nomadic married women, women who aren't employed for cash, women with no education, and those from poorer households face acute problems in accessing health care.

Child Health and Nutrition

Information on child health is crucial for policymakers and parents to ensure children's longevity and productivity. The survey unveiled that Somali mothers were able to present

The report sheds light on the lives and needs of nomadic communities—usually difficult to reach—and people living in urban and rural households

health cards for only 4 percent of children aged 12-23 months and that just 8 percent of babies delivered live had their weight reported, nine percent of which were infants with low birth weight (less than 2.5 kg).

Overall, only 11 percent of children aged 12-23 months are fully vaccinated (i.e. with BCG, pentavalent, polio and measles vaccines). Vaccination rates are higher for children with educated mothers and children living in urban areas. In general, children presenting with

diarrhoea are more likely to be treated than children with acute respiratory infections (ARI).

Unsafe disposal of children's stool makes children susceptible to several diseases that are spread through the faecal-oral route. In Somalia, at 47 percent, close to half of under-fives who live with their mothers had their last stools disposed of safely. Children in urban areas (66 percent) and rural areas (65 percent) were more likely than those in nomadic areas

(19 percent) to have their waste disposed of safely.

Another area in which children need support to reach their full potential is ensuring they receive proper and adequate nutrition. This journey starts early for children, at birth. In Somalia, six out of ten children were breastfed within the first hour of their birth and only around three out of ten children under 6 months were exclusively breastfed. In addition, infants as young as zero months, whether breastfeeding or not, have already been introduced to other foods and liquids.

Twenty-seven percent of Somali children under the age of five years are stunted (height-for-age) or too short for their age, 16 percent are severely stunted, and 12 percent are wasted (refers to weight-for-height). In total, 6 percent of children are severely wasted.

There is a need to highlight the benefits of breastfeeding, including early initiation of breastfeeding, and the importance of feeding children nutritious foods at the right time. Only 31 percent of breastfed children aged 6-23 months were fed the minimum frequency of meals. Additionally, only one-third of children aged 6-23 months had consumed foods rich in vitamin A during the night or day preceding the survey, while 22 percent had consumed foods rich in iron.

Gender-Based Violence

Gender-Based Violence (GBV) is one of the most prevalent human rights violations faced by people, particularly women, all around the globe. In Somalia, the survey results show that over 60 percent of women considered physical abuse, denial of education, forced marriage, rape and sexual harassment forms of domestic violence. The survey also noted that women with higher education generally have a better understanding of acts that constitute domestic violence than women with no education, primary or secondary education.

Fourteen percent of women aged 15-49 had experienced physical violence since the age of 12, while 8 percent reported they had experienced physical violence in the 12 months preceding the survey. According to the survey results, it can be noted that younger women are more likely to experience physical violence, with 16 percent of women in the 15-19 age group reporting they had experienced violence since the age of 12 and 10 percent in the same age group reporting experience of violence in the year preceding the survey.

With regard to women's opinions on who the most common perpetrators of violent acts against women are, the survey found that over half (59 percent) of women believe that husbands commit the most violent acts against women in the community. Twelve percent of ever-married women reported they had been abused physically by a spouse, while 4 percent reported emotional abuse by a spouse.

Female Circumcision

Female circumcision, also known as Female Genital Mutilation/Cutting (FGM/C), has been practised in Somalia for several decades. The SHDS shows that circumcision in women aged 15–49 is high, at 99 percent. Pharaonic circumcision is the most common type, performed on 64 percent of women. The findings also show that 12 percent of women have undergone the intermediate type of circumcision, while 22 percent have undergone the Sunni type. The majority of women (71 percent) aged 15-49 were circumcised between the ages of 5-9 years.

Mothers with daughters were also asked if their daughters underwent female circumcision, the age at which it was performed, and the type of FGM/C performed among other questions. The results indicate that about 3 percent of girls underwent circumcision between the ages of 0-4, 30 percent of daughters underwent circumcision between the ages of 5-9 and 76 percent of daughters had undergone the practice within the ages of 10-14 years.

Among women surveyed, 72 percent believe that female circumcision is a religious requirement.

Chronic Diseases and Out-of-pocket Expenditure

For a society where the spotlight has focused mainly on communicable diseases, the SHDS noted that 6 percent of Somalis are now suffering from chronic diseases. The most common chronic diseases are blood pressure (33 percent), diabetes (20 percent), and kidney diseases and arthritis (at 8 percent each).

The survey further discovered that around 5 percent of the population are suffering from disabilities, and that 42 percent of disabled people in Somalia had not received any care nor support for their disability in the year preceding the survey.

Without any current holistic financial support, around half of Somali households (48 percent) reported they are paying for their health expenses from their income. Future interventions working on improving health service delivery will need to take this into consideration for planning and effective programmes.

HIV/AIDS

Even though HIV/AIDS is not considered a major epidemic in Somalia, the SHDS set out to collect information about the knowledge Somalis have about HIV/AIDS and their attitudes towards people living with HIV. The survey revealed that 66 percent of women aged 15-49 in Somalia had heard of HIV/AIDS. Unfortunately, 48 percent of women aged 15-49 have discriminatory attitudes towards people living with HIV; sixty-two percent of women aged 15-49 even reported they would not buy fresh vegetables from a shopkeeper who is living with HIV. The findings on this topic would guide programmes working to prevent the spread of HIV/AIDS.

Adult and Maternal Mortality

Indicators on adult and maternal mortality can be used to assess the health status of a population. Using the direct estimates of female and male mortality rates for the two years preceding the survey, the SHDS found that there were more female deaths than male deaths. Among women of the ages of reproductive health, the death rate is highest among women aged 30-34, at 10.9 deaths per 1,000 population. This is also the age group where childbearing is at its peak. The survey reveals that the main causes of maternal mortality are postpartum hemorrhage, pre-eclampsia/eclampsia, obstructed labour and sepsis.

Overall, a quarter of women (25 percent) and men (24 percent) who have reached the age of 15 are likely to die before they reach the age of 50.

Over the years, some gains have been made—Somalia's maternal mortality rate has dropped from 732 in 2015 to 692 maternal deaths per 100,000 live births. However, more efforts need to be made to save every Somali mother's life. At present, one in 1,000 women aged 15-49 dies due to pregnancy or birth-related complications, and 5 percent of women would be expected to die from pregnancy-related causes during their reproductive lifetime.

The SHDS Agenda

The SHDS presents pivotal, and potentially game-changing information for Somalis. While informing planning and decision making, the statistics generated will feed into national plans and strategies and spur actions that will improve the lives of Somalis. These findings will further assist Somalis themselves to gain an understanding about their own situation, and take bold steps to ensure they can improve their own lives.

01

Introduction

①   INTRODUCTION

Country Context

Geography

Somalia is located in the Horn of Africa, with an estimated surface area of 637,657 km^2 and a terrain consisting mainly of plateaus, plains and highlands. It has the longest coastline in Africa, stretching over 3,333 km along the Gulf of Aden to the north and the Indian Ocean to the east and south. It borders Djibouti along the north-west, Ethiopia to the west and Kenya to the south-west. Somalia has a tropical hot climate, with little seasonal variations and daily temperatures that vary from 30°C to 40°C. The country experiences low annual rainfall and four seasons: *Gu'* and *Deyr* are the rainy seasons and *Haga* and *Jilal* are the dry seasons. Over the years, however, changing, unpredictable climate patterns have resulted in recurrent floods and drought experienced across the country.

Demography

The first population and housing census for Somalia, conducted in 1975, published limited results. Following this, the findings from a second population census carried out in 1986 were not published officially, as they were considered to suffer from significant biases, especially over-counting. Since then, it has not been possible to conduct another census

as the ongoing conflict in the country did not permit it.

In 2014, UNFPA, along with the statistical offices within the Ministries of Planning, embarked on the Population Estimation Survey of Somalia (PESS). The survey estimated the Somali population at 12.3 million, with 51 percent of the population living in urban areas, 23 percent living in rural areas and 26 percent in nomadic areas. Forty-nine percent of the total population were female, of which 50 percent were women of reproductive age (15-49 years). Children under five years of age accounted for 14 percent of the population, while persons aged 65 years and above made up 2 percent of the total population. Seventeen percent of the population comprised persons between five and nine years, whereas 53 percent of the population were within the 15-64 age bracket. The PESS 2014 is the most recent nationwide population estimation exercise undertaken in Somalia.

History and Politics

Somalia obtained its independence on 1 July 1960 from Italy and, soon after, merged with the British Protectorate Somaliland, which became independent from the United Kingdom on 26 June 1960 to form the Republic of Somalia.

In August 2012, Somalia adopted a provisional constitution that envisages the creation of federal member states that, will together, constitute the Federal Republic of Somalia.

The Government of Somalia has made significant progress towards the establishment of a stable, effective and democratic structure of government since the Federal Government of Somalia (FGS) was established on 20 August 2012. With the basic administrative structure of federal governance in place, federal institutions were established. State formation has progressed since then, with the emergence of new Federal Member States (FMS), namely, Jubbaland, Galmudug, South West, Hirshabelle, Banadir Administration, in addition to the existing Puntland and Somaliland. Continued efforts are underway to consolidate what has been achieved so far in laying the groundwork for stability and reconstruction in Somalia.

Economy

Since the end of the tenure of the Transitional Federal Government (TFG) in 2012, Somalia's economy has made remarkable progress after more than two decades of political unrest. However, Somalia still remains one of the poorest and least developed countries in Africa, with the Gross Domestic Product (GDP) of 4.7 million US dollars in 2018 (FGS 2020) and per capita estimated at approximately $315 in 2018 (World Bank 2018).

12.3m

Estimated Somali population, according to PESS 2014

23%

Living in
rural areas

26%

Living in
nomadic areas

51%

Living in
urban areas

Somalia's economy runs largely on agriculture and livestock. This accounts for 65% of both the Gross Domestic Product and the employment of the workforce. Livestock accounts for about 40% of GDP and more than 50% of export earnings. Other main products include fish, charcoal and bananas, sugar, sorghum and corn. According to the Central Bank of Somalia, in 2017, aggregate imports of goods and services averaged about US$ 2,892 million per year, which stands above the level prior to the start of the civil war in 1991. Exports of about US$ 451 million annually have also surpassed pre-war aggregate export levels (before 1991) (FGS 2020).

Health Status

The morbidity and mortality trends have remained similar for years, with the general population affected by the same diseases, including diarrhoea, acute respiratory infections (ARI), malaria, malnutrition, and other vaccine-preventable diseases. The adult HIV prevalence rate in 2014 was estimated at 0.55 percent (UNAIDS 2014), however other health indicators remain poor. This could be attributed to the poor state of the health system that continues to suffer from a lack of resources and adequate data to inform planning. This is particularly noticeable in reproductive health, an area largely dependent on the adequacy and availability of health services, which are features of a well-functioning health system.

The Ministry of Health (MOH) works to support Somali people in attaining better health, which will enable them 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 policies for the health sector is centred on the following 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
- **Health infrastructure:** Improving health sector physical infrastructure
- **Emergency preparedness and response:** Enhancing health emergency preparedness and response
- **Social determinants of health:** Promoting action on social determinants of health and health in all policies

Survey Objectives and Organization

The main objective of the Somali Health and Demographic Survey (SHDS) was to provide evidence on the health and demographic characteristics of the Somali population that will guide the development of programmes and formulation of effective policies. This information would also help monitor and evaluate national, sub-national and sector development plans, including the Sustainable Development Goals (SDGs), both by the government and development partners.

The specific objectives of the SHDS were to:

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

Sample Design

The sample for the SHDS was designed to provide estimates of key indicators for the country as a whole, for each of the eighteen pre-war geographical regions, which are the country's first-level administrative divisions, as well as separately for urban, rural and nomadic areas.

With the exception of Banadir region, which is considered fully urban, each region was stratified into urban, rural and nomadic areas, yielding a total of 55 sampling strata. All three strata of Lower Shabelle and Middle Juba regions, as well as the rural and nomadic strata of Bay region, were completely excluded from the survey due to security reasons. A final total of 47 sampling strata formed the sampling frame.

Through the use of up-to-date, high-resolution satellite imagery, as well as on-the-ground knowledge of staff from the respective ministries of planning, all dwelling structures were digitized in urban and rural areas. Enumeration Areas (EAs) 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 frame. Each EA created had a minimum of 50 and a maximum of 149 dwelling structures. A total of 10,525 EAs were digitized: 7,488 in urban areas and 3,037 in rural areas. However, because of security and accessibility constraints, not all digitized areas were included in the final sampling frame—9,136 EAs (7,308 in urban and 1,828 in rural) 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 2,521 TNS formed the SHDS nomadic sampling frame.

The SHDS followed a three-stage stratified cluster sample design in urban and rural strata with a probability proportional to size, for the

BOX 1:   Nomadic households
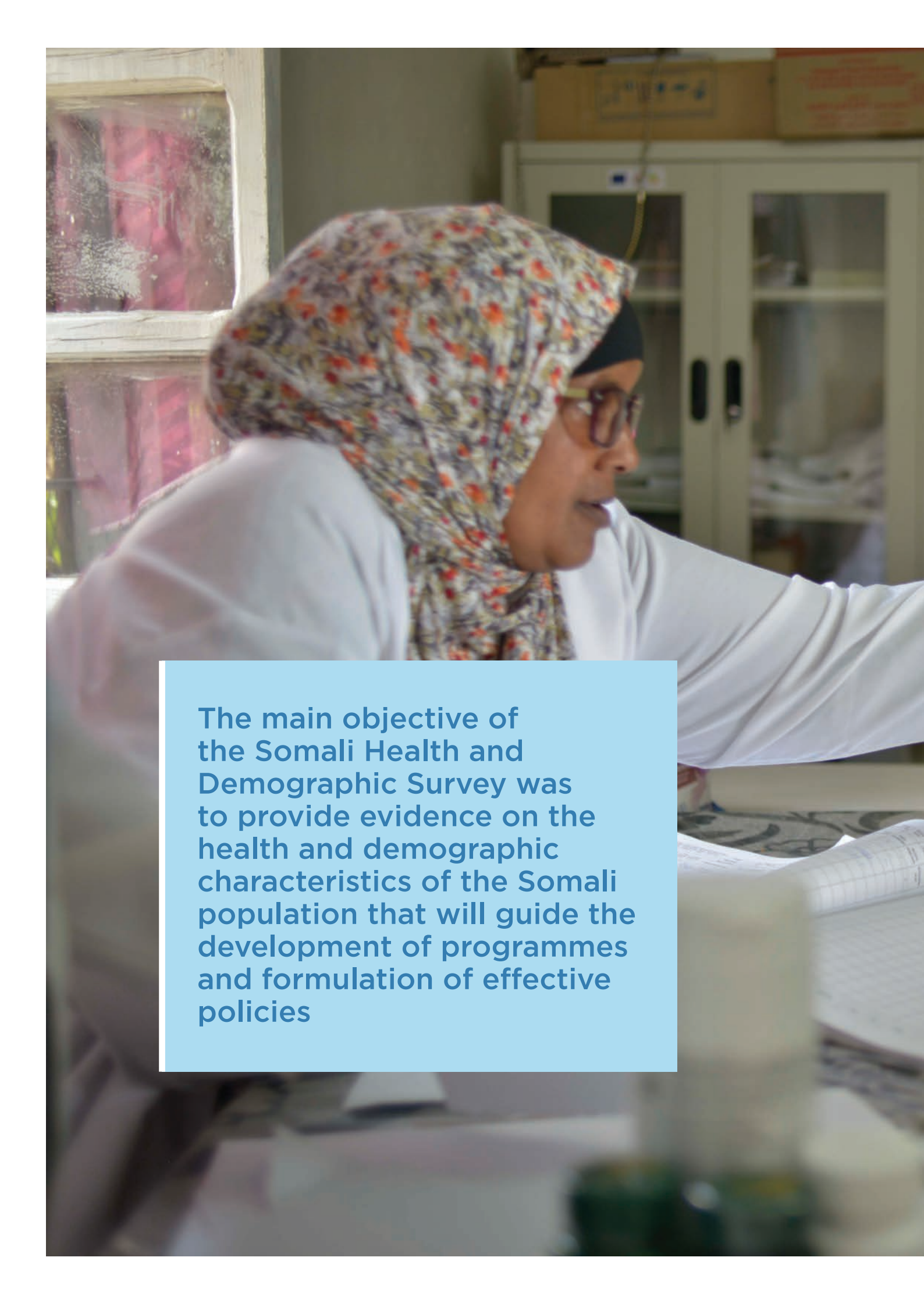
Nomadic households reside temporarily in areas known as Temporary Nomadic Settlements (TNS) for as long as they can access pasture and water in these locations. The duration of their stay in such places is mainly dependent on the amount of rain that falls within that season and how long the season will last. During the long rains, the nomads would be stationed in one location, between 60 to 90 days, and for the short rains they spend about 45 days, based on anecdotal information. In the dry seasons, nomads move long distances, including across regions, and into neighbouring countries in search of water and pasture.

Nomadic settlements usually affiliate themselves with local settlements along their paths of movement.

References to 'nomadic areas' in the SHDS report are made to locations where survey teams visited households within temporary nomadic settlements.

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 to all regions with slight adjustments in two regions.

Within each stratum, a sample of 35 EAs was selected independently, with probability

The main objective of the Somali Health and Demographic Survey was to provide evidence on the health and demographic characteristics of the Somali population that will guide the development of programmes and formulation of effective policies

proportional to the number of digitized dwelling structures. In this first stage, a total of 1,433 EAs were allocated (to urban - 770 EAs, rural - 488 EAs, and nomadic – 175 EAs) representing about 16 percent of the total frame of 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 220 EAs and 150 EAs were allocated to urban and rural strata respectively, while in the third stage, an average of 30 households were selected from the listed households in every EA to yield a total of 16,360 households from 538 EAs covered (220 EAs in urban, 147 EAs in rural and 171 EAs in nomadic) out of the sampled 545 EAs.

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.

Questionnaires

Four types of questionnaires were used in the SHDS 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.

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 of the members of and visitors to 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 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 characteristics, 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 characteristics
○ 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 characteristics, such as age, education, literacy and media exposure
○ Violence against women

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 [1] instances 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 SHDS. The CAPI data collection system employed in the SHDS 2020 was developed by UNFPA using the mobile version of the Census and Survey Processing System (CSPro)[2]. The CSPro software was developed jointly by the U.S. Census Bureau, the DHS Program and Serpro S.A.

Training

Training for the SHDS 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

Training of Trainers (ToT) sessions were conducted in two locations: Mogadishu and Hargeisa, facilitated by technical staff from

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1   CSWeb is a web application that facilitates the secure transfer of questionnaires or files between a user's tools (with CSEntry) and a web server.
2   CSPro is a public domain software package that allows users to enter, edit, tabulate and disseminate census and survey data.

UNFPA. Forty-nine trainers 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 247 data collectors from across the country in Hargeisa, Las Anod, Badhan, Garowe, Bossaso, Galkacyo, Mogadishu, Baidoa, Kismayo, Adado, Jowhar, Beletweyne, Waajid, Baardhere and Hudur 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 Somali health and demographic 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, 347 supervisors and interviewers—299 women (constituting 85 percent of the data collectors who had been drawn from the medical profession (nurses, midwives and doctors)) and 48 men were trained by the ToTs in Boroma, Hargeisa, Burao, Garowe and Mogadishu. At the end of each training, a pretest was conducted using manual questionnaires and CAPI to ensure that all the trainees had acquired a minimum level of knowledge and skills required for the SHDS. The selection of supervisors was based on performance in both in-class assessments and field pretests.

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

The listing of households and MMR data collection began in February 2018 and was completed in January 2019 for urban and rural areas. 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 country. Fieldwork was carried out by 64 teams, each consisting of one supervisor, four enumerators and a driver. An Android platform developed in CSPro 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, 34 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 enumeration areas 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

Through the use of up-to-date, high-resolution satellite imagery, as well as on-the-ground knowledge of staff from the respective ministries of planning, all dwelling structures were digitized in urban and rural areas
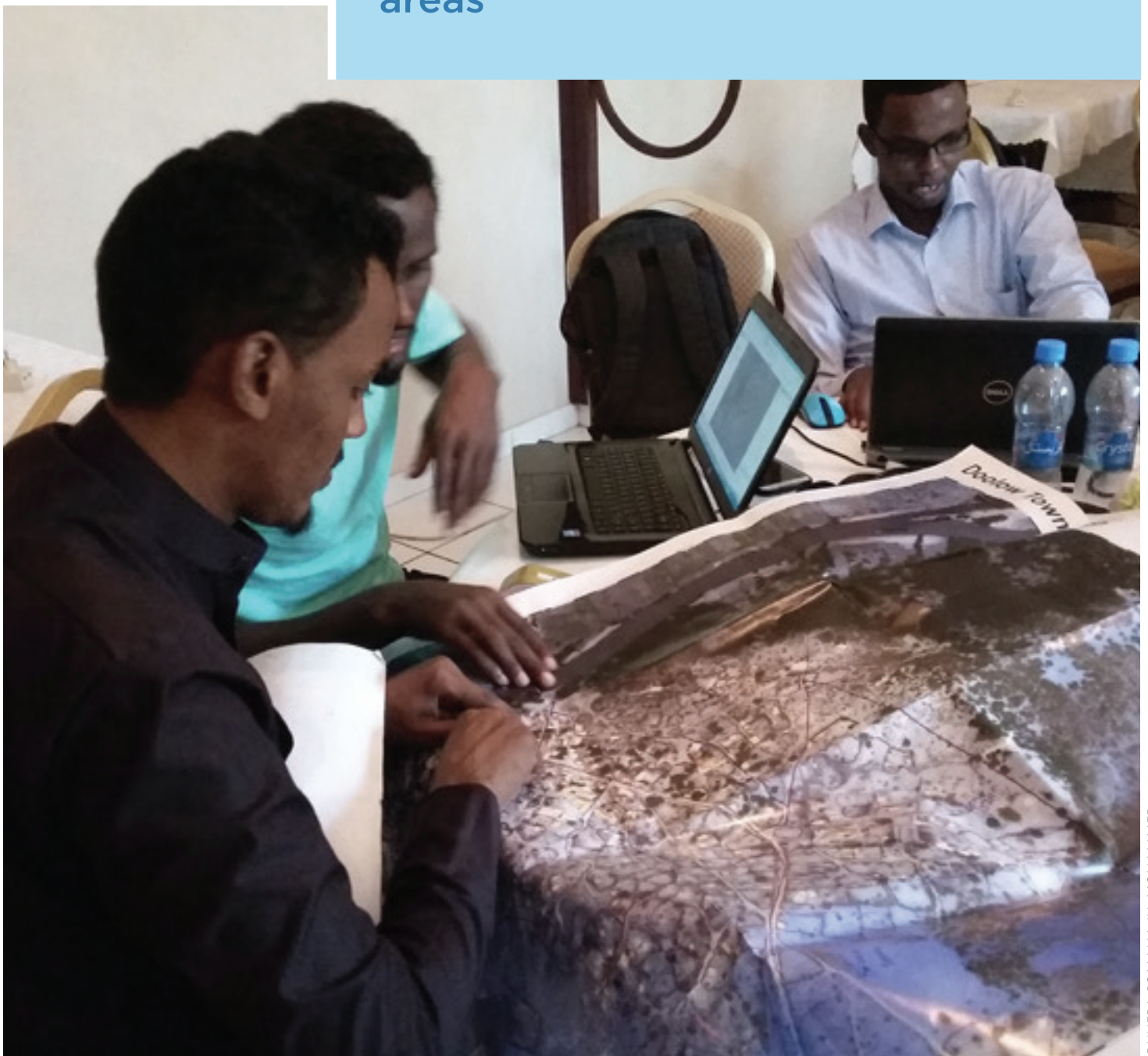
to obtain a current and complete list of households. During listing, coordinates of all nomadic household structures and the names of the head of each household were recorded. A sample of 30 households was then selected by the listing team and given to the supervisors of the enumerating team on their 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.

Data Processing

Data processing for the SHDS 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 SHDS.

Data from the SHDS was sent to a password-protected cloud CSWeb server. The electronic files were downloaded as csdb files exported to SPSS[3] and Stata[4] for data processing. Three people served as CSPro 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 re-coding teams produced the tabulation plan and re-coding manual following DHS standards but contextualized to the SHDS. Two team members were tasked with computing the

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3   SPSS is a software package used for statistical analysis. SPSS originally stood for Statistical Package for the Social Science.
4   A statistical software for data science.

sampling and survey weights.

Response Rates

Table 1.1 presents response rates for the SHDS 2020. A total of 16,360 households were selected for the sample, of which 15,870 were occupied. Of the occupied households, 15,826 were successfully interviewed, yielding a response rate of 99.7 percent. The SHDS 2020 interviewed 16,486 women—11,876 ever-married women and 4,610 never-married women.

Quality Assurance

A variety of tools and mechanisms were used as part of the quality assurance arrangements throughout the implementation of the SHDS 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"

Table 1.1   Results of the household and individual interviews

Number of households, number of interviews, and response rates, according to residence (unweighted), SHDS 2020

Result	Residence			
	Urban	Rural	Nomadic	Total
Household interviews				
Households selected	6,684	4,677	4,999	16,360
Households occupied	6,443	4,494	4,958	15,870
Households interviewed	6,427	4,484	4,915	15,826
Household response rate[1]	**99.8**	**99.8**	**99.1**	**99.7**
Interviews with ever-married women aged 15-49				
Number of eligible ever-married women	5,611	3,418	3,488	12,517
Number of eligible ever-married women interviewed	5,251	3,192	3,433	11,876
Eligible ever-married women response rate[2]	**93.6**	**93.4**	**98.4**	**94.9**
Interviews with never-married women aged 15-49				
Number of eligible never-married women	3,046	1,247	1,016	5,309
Number of eligible never-married women interviewed	2,624	1,043	943	4,610
Eligible never-married women response rate[3]	**86.1**	**83.6**	**92.8**	**86.8**
Interviews with all women aged 15-49				
Number of eligible women	8,657	4,665	4,504	17,826
Number of eligible women interviewed	7,875	4,235	4,376	16,486
Eligible women response rate[4]	**91.0**	**90.8**	**97.2**	**92.5**

[1] Households interviewed/households occupied

[2] Ever-married women interviewed/eligible ever-married women

[3] Never-married women interviewed/eligible never-married women

[4] All women interviewed/eligible ever-married and never-married women

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 Department for International Development (DfID), provided periodical monitoring of SHDS 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 SHDS technical team with specific areas in which to improve the quality of SHDS training and collection of data from selected households. LAMPS consistently

rated SHDS activities as delivered according to how they were designed and planned.

GPS tracking of field operations– During field data collection, the SHDS 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– Geo-referenced 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.

Peer review arrangements– UNFPA approached prominent experts in the various fields related to the SHDS survey, including from the League of Arab States Pan Arab Project for Family Health (PAPFAM) expert group, National Statistical Offices (Statistics Norway, Statistics Sweden and Office for National Statistics), UN Habitat, and academia, to serve as peer reviewers of key aspects of SHDS and its outcomes. These included the sample design, methodology for covering the nomadic population, the use of GIS and satellite imagery in the preparations for the survey, the use of Brass-type techniques for the analysis of the survey data, and the SHDS reports themselves.

Validation forums– The Somali partners and international experts have reviewed the SHDS 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

54%

of household members are below 15 years of age

DRINKING WATER

67%

of households use an improved source of drinking water

EDUCATION

47%

of the female population aged 6 and above have never been to school

SANITATION

57%

of households have an improved sanitation facility

MOBILE PHONE OWNERSHIP

74%

of households own a mobile phone

BIRTH REGISTRATION

6%

of children aged 2-4 years have their birth registered

2 HOUSEHOLD AND HOUSING CHARACTERISTICS

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.

This chapter presents the socioeconomic characteristics of the household members that were covered by the Somali Health and Demographic Survey 2020. Information collected included respondents' age, sex, type of residence (urban, rural and nomadic household members) and educational status, as well as household facilities, characteristics and possessions. The profile of the households presented in this chapter will inform the understanding of SHDS 2020 results in the following chapters, while serving as a foundation for social and economic development planning.

The SHDS 2020 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, to avoid double counting, all tables

in this report refer to the de facto population, unless otherwise specified.

> **Somalia has a broad-based age pyramid, with 54 percent of the household members below 15 years old**

Household and Housing Characteristics

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 a country.

The SHDS 2020 collected information on the age in completed years for each household member. When the age was not known, 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 households 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, Somalia has a broad-based age pyramid, with 54 percent of household members below 15 years old. The sex and age distribution of the household members is presented in the population pyramid in Figure 2.1.

The population pyramids in Figure 2.1 are in line with a developing country's population where there is a high fertility and mortality rate, 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 the 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.

Regardless of the type of residence, the age pyramids in Figure 2.1 sharply taper to become narrower above age 55. This indicates high mortality rates among the older age groups. Around two-thirds of Somalis are aged less than 20 years and around three-quarters (77 percent) are aged below 30 years. Youth between 15-29 years of age constitute 23 percent of the household members, while older people (65 years and above) comprise only 3 percent of the household members. Forty-three 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 pyramids in Figure 2.1 have patterns that are similar to Figure 2.2, which presents the population pyramid from the Population Estimation Survey (PESS), Somalia, 2014 (UNFPA 2014). Overall, the number of household members aged between 50-54 years has increased, compared to the same category in the PESS. A notable feature of the 2014 PESS age pyramid is the relatively low proportion of the age group 0-4, which is the result of the under-counting of young children—a common feature of surveys in countries with weaker statistical systems. The fact that the under-counting is not so pronounced in the 2020 SHDS data attests to the quality of the survey and the progress that the Somali statistical system is making.

Figure 2.1   Distribution of population by age and sex according to residence, SHDS 2020

Urban population distribution by age and sex

Rural population distribution by age and sex

Nomadic population distribution by age and sex

Total population distribution by age and sex

The SHDS 2020 shows about 37 percent of the female household members are within childbearing age (15-49 years). This can have implications on the country's future birth rates. The large number of potential mothers creates a population momentum and is a strong indication of a potential spike in population growth that Somalia is likely to experience in the coming years. The medium variant of the latest revision of the UN population prospects (United Nations 2019) projects that the population of Somalia could more than double in the next 30 years to close to 35 million in 2050. 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.

Household Composition

Table 2.2 shows the distribution of households covered by the survey by the sex of the head of household and the number of household members, according to urban, rural and nomadic residence. About one-third (32 percent) of households are headed by women (33 percent of urban and 33 percent of rural households, and 28 percent of nomadic households).

The average household size in Somalia is 6.2 persons, slightly higher than the 5.9 persons per household recorded in the PESS 2014 (UNFPA 2014). Urban households, which have 6.6 persons per household, are slightly larger than rural households, with 5.7 persons per household. Nomadic households have the lowest average household size, with 5.3 persons. According to the 2014 PESS, the nomadic and urban households had the highest average household sizes, at 6.5 and 6.4 persons respectively, rural areas had a household size of 5.8 persons. An improved methodology for enumerating nomadic households was adopted in the SHDS 2020. This could explain the deviation from the 2014 PESS that showed the mean household size was largest among the nomads.

Figure 2.2 Population pyramid from the Population Estimation Survey, Somalia, 2014

Education

The level of education is an important characteristic, as it affects behaviour, 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.

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. The survey results show that educational attainment varies across age groups. The age group with the lowest number of people with no education is 20-24 years among the male household members (21 percent) and 15-19 among the female household members (23 percent). Among the male household members, those older than 55 years have more people that have completed secondary education compared to men in younger age groups. In contrast, the female household members show slight variations across the different age groups, with those in age cohorts 20-24 and 60-64 being more likely to have completed secondary education.

Table 2.2 indicates that 32 percent of households have a foster child and/or orphaned children, 17 percent have foster children, 15 percent have single orphans and 4 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, 18 percent have foster children, while this proportion was 17 percent in the rural and 15 percent in the nomadic households.

The chances of progression to higher education are slightly better for urban dwellers compared to people living in rural and nomadic areas,

> The chances of progression to higher education are slightly better for urban dwellers compared to people living in rural and nomadic areas, as educational facilities are concentrated in the urban centres

Figure 2.3   Educational attainment by sex

Percent distribution of the de facto male and female populations aged six and over by educational attainment
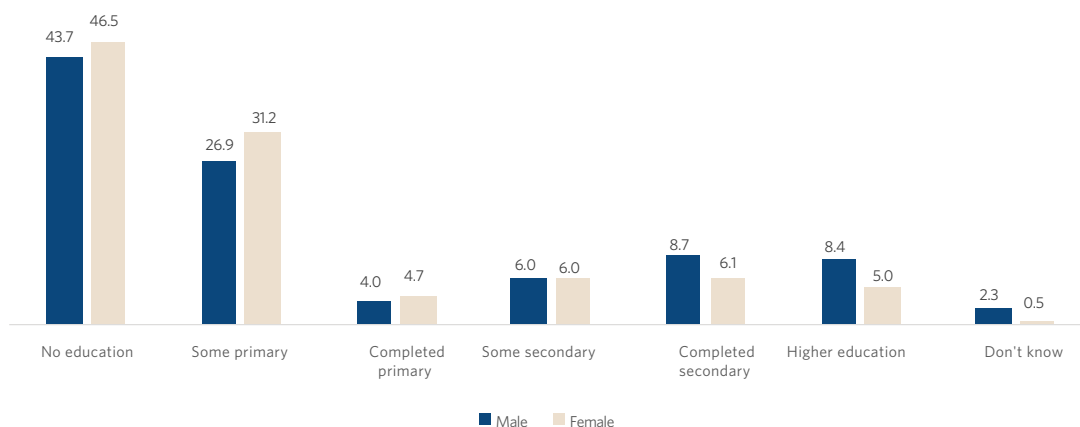
as educational facilities are concentrated in the urban centres. The nomadic household members are the most disadvantaged in terms of accessing education. Seventy-eight percent of nomadic male household members have no education, 1 percent have completed primary and secondary and less than 1 percent have post-secondary education level. Similar indicators for women are worse than those for men. Eighty-four percent of the nomadic female household members have no education.

Figure 2.3 compares educational attainment by sex. Educational attainment is higher for men than it is for women. Overall, 47 percent of the female population aged six and above have never been to school, in comparison to 44 percent of men and boys. Thirty-one percent of female household members and 27 percent of the male household members have had some primary education. Twenty-three percent of men have attended secondary or higher schooling, compared to 17 percent of women.

School Attendance Ratios

Table 2.4 presents 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 for

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.

Twenty-two percent of the total children attending primary school are of the right age for that level. At secondary level, only 14 percent of the total children attending are of the right age for that level.

As shown in Figure 2.4 below, there is little difference between the NAR of boys and girls at the primary level (23 percent and 21 percent, respectively). The NAR is higher for males than females at the secondary level (16 percent and 13 percent, respectively).

Figure 2.4 School attendance ratios

Net Attendance Ratio (NAR) and Gross Attendance Ratio (GAR) for the de facto household population by sex and level of schooling
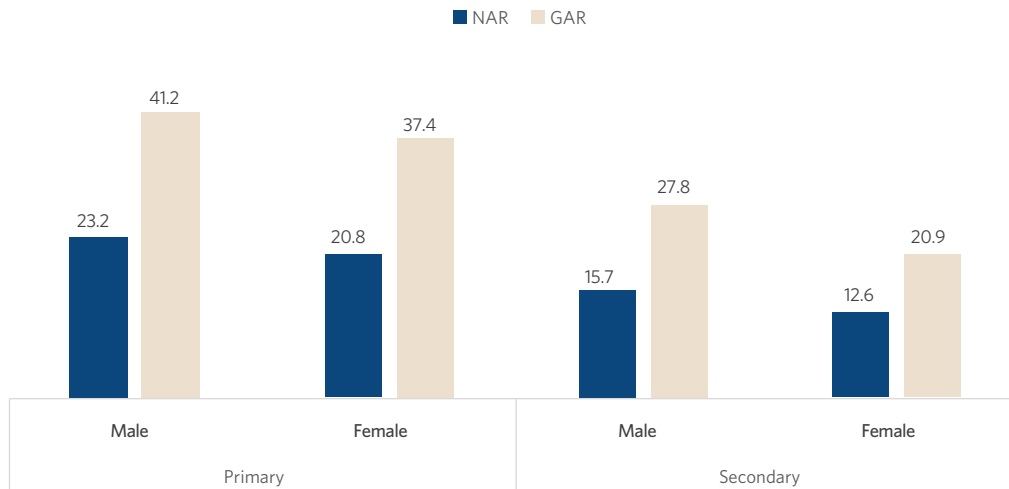
The NAR is slightly lower in rural areas than in urban areas, and is very low among the nomadic household members at primary level. The GAR is higher for males compared to females, at 41 and 37 percent respectively, at the primary-school level, and 28 and 21 percent, respectively, at the secondary-school 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 increasing wealth.

At secondary level, only fourteen percent of the total children attending are of the right age for that level

Housing Characteristics

Water Supply

Access to clean drinking water is one of the SDGs and a target outlined in Somalia's *National Development Plan (NDP) 9*. The different types of water sources and sanitation facilities available to a population are important determinants of health, particularly among children. Good hygienic and sanitation practices can reduce exposure to and repercussions of preventable diseases. Conversely, poor quality of water 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 that is suitable for drinking are known as improved water sources (Table 2.5a). These include piped water, protected dug wells, tube wells or boreholes,

Figure 2.5   Household drinking water sources

Percent distribution of household drinking water sources by residence
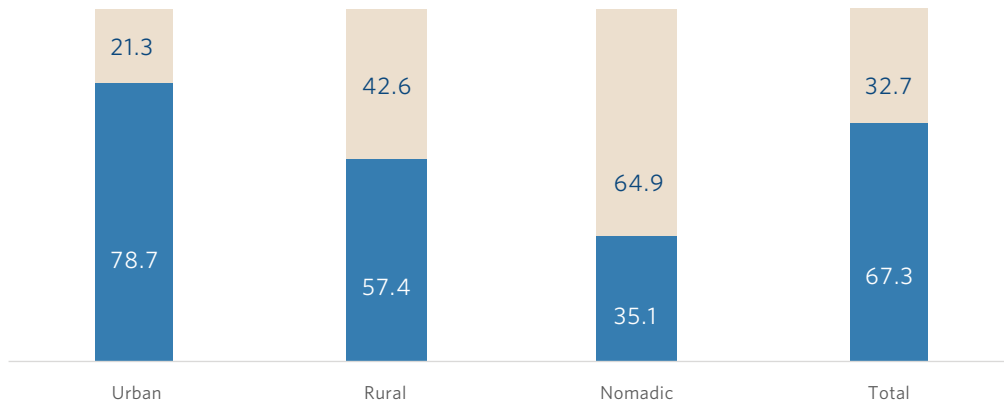
rainwater, and bottled water. The lack of ready access to a water source may limit the quantity of suitable drinking water that is available to a household. Even where water is obtained from an improved source, if it is fetched from a source that is not immediately accessible to a household, it may be 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 diarrhoea and dysentery in Somalia can be reduced by introducing and using improved water sources that are readily available to the households. According to the survey, 67 percent of households get their drinking water from improved water sources. Slightly over three-quarters (79 percent) of urban households have access to improved water sources, while just over half (57 percent) of rural households and 35 percent of nomadic households have access to improved water sources (Table 2.5a and Figure 2.5).

Forty-three percent of household members have access to piped water coming into their dwelling, yard or plot.

Twelve percent of the households travel for at least 30 minutes or longer to get water. Nomadic household members travel the longest distances to get water. Forty-six

percent of nomadic households, 14 percent of rural and 5 percent of urban households travel longer than 30 minutes, to access improved water sources.

As shown in Table 2.5b, only 16 percent of households treat water before drinking it, 22 percent of the urban households and 9 percent in rural settings. No nomadic households use appropriate treatment methods for drinking water.

The most common method of water treatment is bleaching/chlorination, used by 13 percent of households—20 percent in urban households and 6 percent in rural settings. None of the nomadic households interviewed use bleaching/chlorination.

Sanitation Facilities

With adequate sanitation and means of disposal of human excreta, which are both fundamental needs and human rights—as well as with 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 a range of diseases including diarrhoeal diseases. Improved sanitation can reduce diarrheal disease by more than a third (Cairncross

12%

of the households travel for at least 30 minutes or longer to get water
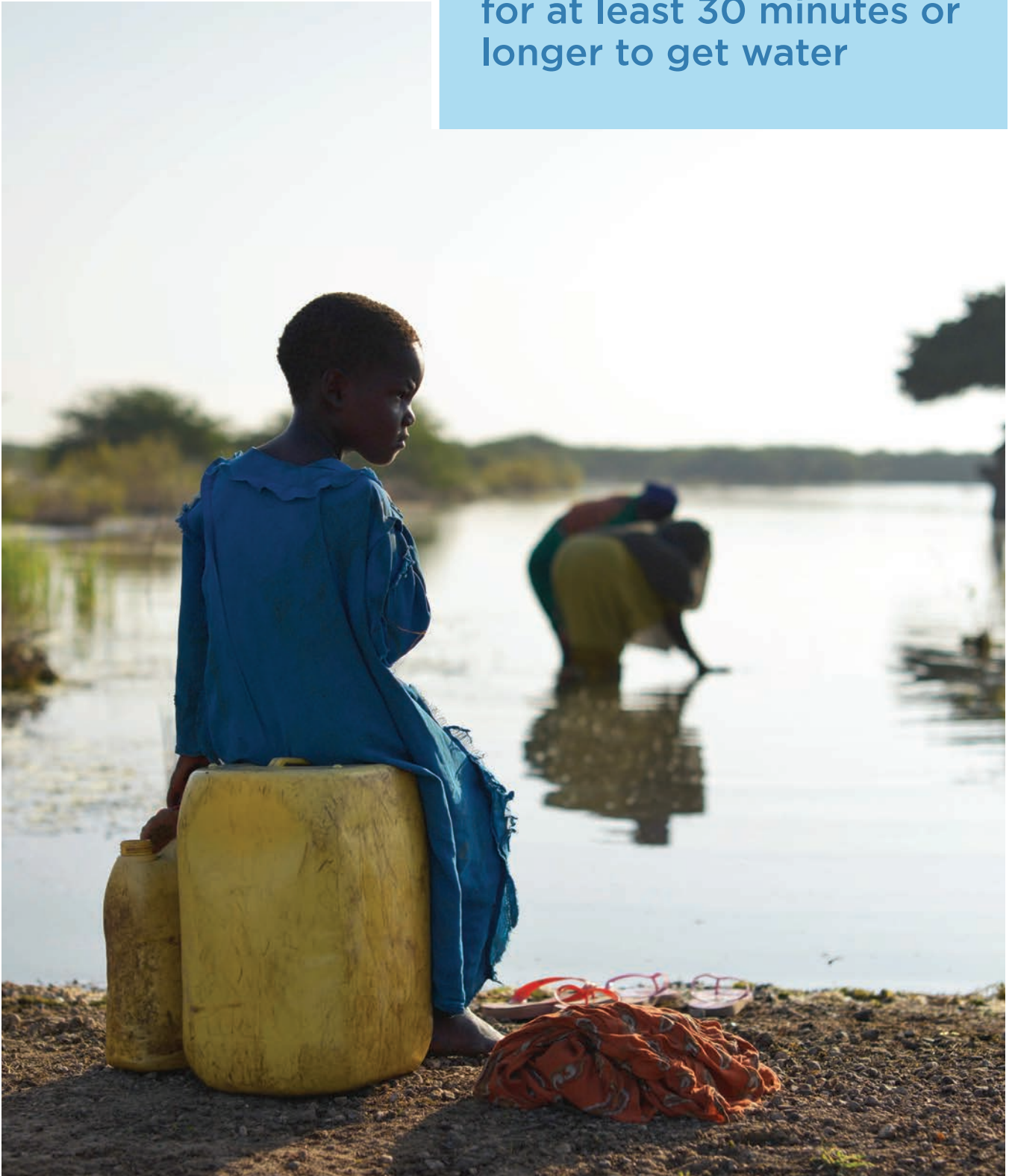
Figure 2.6   Household sanitation facilities

Percent distribution of households by type of toilet/latrine facilities in use and place of residence
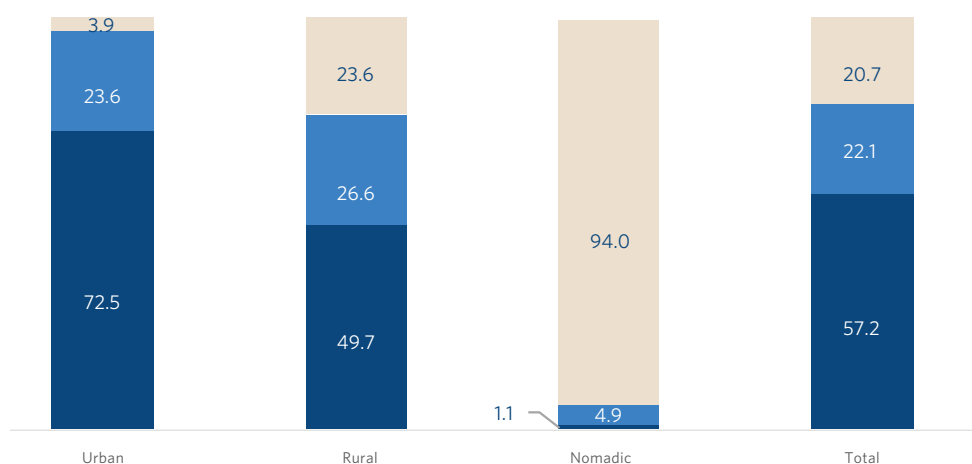
S., Hunt C., Boisson S., et al. 2010), and can significantly lessen the adverse health impacts of other disorders responsible for death and disease among millions of children in developing countries. An improved sanitation facility is defined as one that hygienically separates human excreta from human contact. Improved sanitation facilities for 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 SHDS 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 the toilet is used by only members of one household (i.e. it is not shared) and if the facility used by the household separates the waste from human contact as proposed by the the United Nations Children's Fund (UNICEF) and (WHO) (UNICEF, WHO 2012).

Table 2.6 shows that 57 percent of households use sanitation facilities with basic sanitation services that would be considered as improved toilet facilities.

Access to sanitation facilities within households varies greatly in urban and rural residences, as shown in Table 2.6. A majority of households in urban areas (73 percent) have

access to improved toilet facilities. In rural and nomadic households, 50 percent and 1 percent respectively have access to sanitation.

As indicated in Figure 2.6, the prevalence and use of open defecation is higher in nomadic settings than in rural and urban settings.

> **57 percent of households use sanitation facilities that would be considered as improved toilet facilities**

Housing Characteristics

Table 2.7 presents the distribution of households by the dwelling characteristics and amenities. Nationwide, 44 percent of households use electricity, with variations in geographical locations and type of residence. In urban areas, 66 percent of households use electricity for lighting, compared to 17 percent of rural households, and less than 1 percent of nomadic households.

The kind of flooring used in a house can be indicative of the lifestyle its inhabitants have. Across Somalia, more than half (59 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 33 percent of urban dwellings and 24 percent of rural dwellings.

Firewood is the most common source of fuel used for cooking in nomadic and rural areas, with 93 percent of nomadic households and 65 percent of rural households using firewood. In urban areas, 62 percent of households use charcoal, whereas in rural settings, 25 percent use this type of fuel for cooking.

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 socioeconomic status and access to various benefits. For example, access to the radio can increase exposure to innovative ideas, whereas transport vehicles can provide access to services outside of the local area.

As shown in Figure 2.7, 21 percent of households in Somalia own a television, and 74 percent own a mobile telephone.

Keeping up with technological advances and connecting with friends and family is a top priority in the majority of households: Eighty-one percent of people living in urban households, 67 percent in rural dwellings and 59 percent of nomadic households own simple mobile telephones with access to fm radio. In addition, around 23 percent of urban households, 16 percent of rural households and 8 percent of nomadic households own radios (Figure 2.8).

Figure 2.7   Household possessions

Percent of household possessions
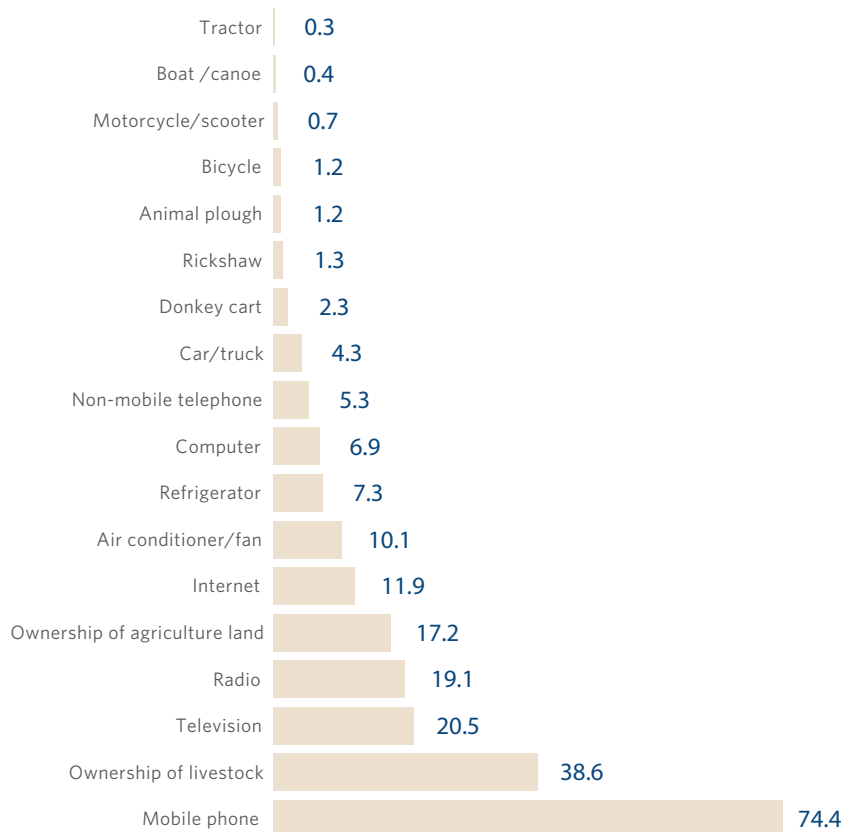
Possession	Percent
Tractor	0.3
Boat /canoe	0.4
Motorcycle/scooter	0.7
Bicycle	1.2
Animal plough	1.2
Rickshaw	1.3
Donkey cart	2.3
Car/truck	4.3
Non-mobile telephone	5.3
Computer	6.9
Refrigerator	7.3
Air conditioner/fan	10.1
Internet	11.9
Ownership of agriculture land	17.2
Radio	19.1
Television	20.5
Ownership of livestock	38.6
Mobile phone	74.4

Sixty-seven percent in rural dwellings and fifty-nine percent of nomadic households own simple mobile telephones with access to fm radio

Figure 2.8   Household effects

Percent of households effects ownership by place of residence
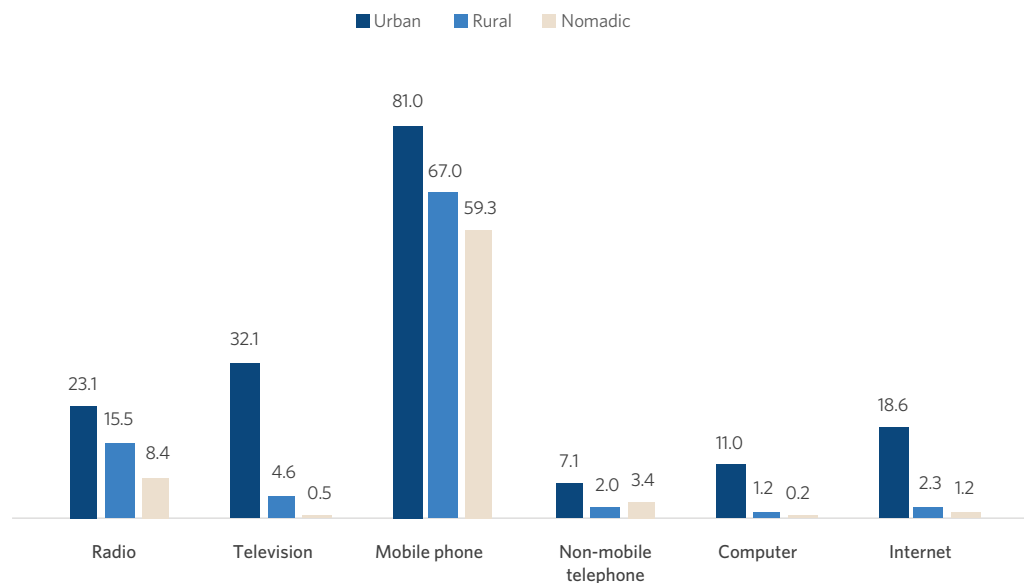
Six percent of urban households own a car or truck. As in many developing countries, several Somalis families value livestock and regard them as assets: Almost all nomadic households (95 percent) own livestock. Fifty-five percent of rural households and 19 percent of urban households own livestock.

Household Wealth

In addition to presenting standard background characteristics, many of the results in this report are shown by wealth quintiles, an indicator of the economic status of households. The SHDS 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 socioeconomic status. The resulting wealth index is an indicator of the relative level of wealth that is 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. The resulting asset scores are standardized in relation to a standard normal distribution with a mean of

Figure 2.9   Wealth quintiles

Percent distribution of de jure population by wealth quintile and place of residence
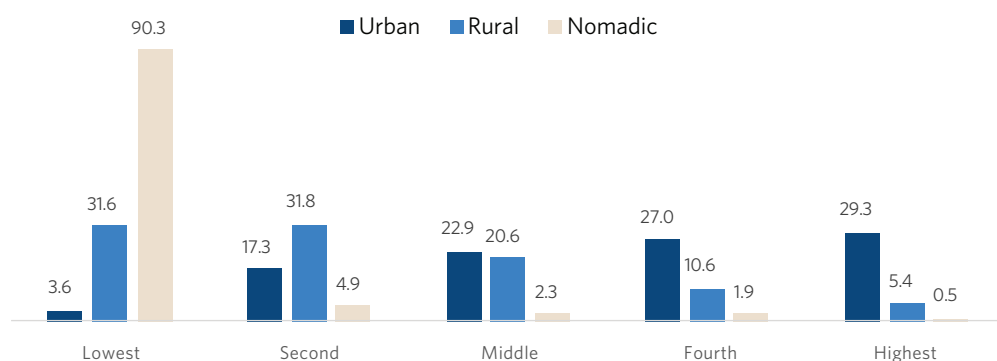
zero and a standard deviation of one.

Table 2.9 shows the distribution of the household members into five wealth quintiles (five equally divided levels) based on the wealth index by residence. These distributions indicate the degree to which wealth is evenly (or unevenly) distributed across Somalia. As expected, according to the SHDS findings, urban areas are wealthier than rural and nomadic areas. For example, within urban households, 29 percent of households belong to the highest wealth quintile, followed by 5 percent in rural areas. Less than 1 percent in nomadic areas belong to the wealthiest households, indicating that the most affluent or wealthier households live in urban settings.

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 ascertain whether the child's birth had been registered with the civil authority.

Almost all children did not have a birth certificate. Six percent of children under two years were registered, of which less than 1 percent had a birth certificate. These figures may be significantly low due to the lack of civil registration and the lack of a vital statistics system. The levels of registration were generally low and no significant variations were recorded across the country, as shown in Table 2.10.

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 interviews by

List of Tables

Table 2.1   Household population by age, sex, and residence

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

Background characteristics	Urban			Rural			Nomadic			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age												
<5	19.4	17.7	18.5	22.0	20.3	21.1	22.0	20.9	21.4	20.3	18.7	19.5
5-9	19.3	17.0	18.1	21.1	19.5	20.3	19.9	19.0	19.5	19.8	17.8	18.8
10-14	16.1	15.4	15.7	16.3	14.6	15.4	14.3	14.1	14.2	15.9	15.0	15.5
15-19	11.6	11.7	11.7	9.3	9.3	9.3	9.0	9.9	9.5	10.7	10.9	10.8
20-24	6.7	7.6	7.1	4.4	5.9	5.2	6.0	6.5	6.2	6.0	7.1	6.5
25-29	5.3	7.1	6.2	4.1	6.8	5.5	5.0	6.4	5.7	4.9	6.9	6.0
30-34	4.4	5.2	4.8	4.3	4.8	4.6	5.1	4.9	5.0	4.5	5.1	4.8
35-39	3.9	4.3	4.1	3.7	4.5	4.1	3.3	4.3	3.8	3.8	4.4	4.1
40-44	3.4	2.4	2.9	3.6	2.7	3.1	4.3	2.6	3.4	3.5	2.5	3.0
45-49	1.9	1.6	1.7	1.9	1.3	1.6	2.0	1.2	1.6	1.9	1.5	1.7
50-54	2.4	3.7	3.1	3.1	3.3	3.2	2.5	4.1	3.3	2.6	3.6	3.1
55-59	1.2	1.4	1.3	1.1	1.6	1.4	1.3	1.5	1.4	1.2	1.4	1.3
60-64	1.9	1.6	1.7	2.0	1.6	1.8	2.1	1.8	2.0	1.9	1.6	1.8
65-69	0.6	0.7	0.6	0.6	0.8	0.7	0.7	0.6	0.7	0.6	0.7	0.6
70-74	1.0	1.2	1.1	1.0	1.4	1.2	1.2	0.9	1.0	1.0	1.2	1.1
75-79	0.3	0.3	0.3	0.3	0.4	0.3	0.2	0.3	0.3	0.3	0.3	0.3
80+	0.8	1.2	1.0	1.1	1.3	1.2	1.0	0.7	0.8	0.9	1.2	1.0
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
Dependency age groups												
0-14	54.7	50.0	52.3	59.4	54.4	56.8	56.3	54.0	55.1	56.1	51.6	53.8
15-64	42.7	46.6	44.7	37.5	41.8	39.7	40.7	43.5	42.1	41.2	45.1	43.2
65+	2.6	3.3	3.0	3.0	3.8	3.4	3.1	2.6	2.8	2.7	3.4	3.1
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	61.9	57.2	59.5	65.6	60.3	62.9	62.2	60.7	61.5	62.9	58.3	60.5
18+	38.1	42.8	40.5	34.4	39.7	37.1	37.8	39.3	38.5	37.1	41.7	39.5
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	27.7	27.1	27.4	25.6	23.9	24.7	23.3	24.0	23.7	26.7	26.0	26.3
Number of persons	30,298	32,088	62,386	11,975	12,745	24,720	5,249	5,284	10,533	47,522	50,117	97,639

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, SHDS 2020

Background characteristics	Type of Residence			
	Urban	Rural	Nomadic	Total
Household headship				
Male	67.2	67.3	72.0	67.9
Female	32.8	32.7	28.0	32.1
Total	**100.0**	**100.0**	**100.0**	**100.0**
Number of usual members				
1	2.3	3.4	3.2	2.7
2	4.9	7.7	8.7	6.2
3	7.8	11.2	12.1	9.3
4	10.4	13.1	15.6	11.8
5	13.0	14.0	16.2	13.7
6	14.1	13.9	15.1	14.2
7	13.2	12.0	11.9	12.7
8	10.2	9.6	8.1	9.8
9+	24.0	15.0	9.2	19.7
Total	**100.0**	**100.0**	**100.0**	**100.0**
Mean size of households	6.6	5.7	5.3	6.2
Percentage of households with orphans and foster children under 18				
Foster children[1]	18.1	16.6	15.0	17.3
Double orphans	4.6	3.0	4.4	4.1
Single orphans[2]	17.3	11.4	13.1	15.2
Foster and/or orphan children	34.2	26.9	28.6	31.5
Number of households	9,470	4,363	2,007	15,841

Note: Table is based on de jure household population, 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 population aged six and over by highest level of schooling attended or completed and median years completed, according to background characteristics, SHDS 2020

Background characteristics	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	76.8	23.1	0.0	0.0	0.0	0.0	0.1	100.0	4,985	2.0
10-14	43.9	48.8	3.0	2.9	1.1	0.1	0.2	100.0	5,903	4.0
15-19	22.7	28.0	7.0	19.6	14.5	7.6	0.7	100.0	3,796	9.0
20-24	20.8	13.6	4.6	11.2	18.8	29.7	1.4	100.0	1,862	12.0
25-29	26.2	12.4	6.2	5.6	20.2	25.9	3.5	100.0	1,367	12.0
30-34	33.8	13.1	5.7	3.0	17.3	21.7	5.5	100.0	1,085	12.0
35-39	39.5	12.1	7.5	3.5	16.0	11.0	10.4	100.0	882	12.0
40-44	39.4	12.7	7.0	3.4	14.3	12.3	10.8	100.0	781	12.0
45-49	31.1	14.3	6.5	5.4	17.6	13.4	11.6	100.0	420	12.0
50-54	40.1	11.2	6.2	4.9	16.7	12.7	8.2	100.0	584	12.0
55-59	42.4	9.3	4.8	1.7	17.5	17.7	6.6	100.0	267	12.0
60-64	48.7	9.5	3.5	2.9	10.9	14.4	10.2	100.0	331	12.0
65+	54.1	9.0	2.7	3.1	12.4	10.2	8.5	100.0	395	12.0
Type of residence										
Urban	40.5	25.8	4.2	7.0	9.9	10.6	2.1	100.0	16745	8.0
Rural	48.9	32.4	3.6	3.7	6.1	2.4	2.8	100.0	5113	5.0
Nomadic	77.8	13.9	1.1	0.7	1.0	0.3	5.2	100.0	800	3.0
Total	**43.7**	**26.9**	**4.0**	**6.0**	**8.7**	**8.4**	**2.3**	**100.0**	**22,658**	**7.0**

[1] Completed 8th grade at the primary level
[2] Completed 12th grade at the secondary level

SHDS

Table 2.3b Educational attainment of the female household population

Percent distribution of the de facto female household population aged six and over by highest level of schooling attended or completed and median years completed, according to background characteristics, SHDS 2020

Background characteristics	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	77.5	22.3	0.0	0.0	0.0	0.0	0.2	100.0	4,008	2.0
10-14	43.3	48.6	2.8	2.9	1.9	0.3	0.2	100.0	5,385	4.0
15-19	23.2	29.5	8.2	18.7	13.1	6.8	0.5	100.0	3,438	8.0
20-24	26.3	23.8	7.6	7.4	12.7	21.9	0.3	100.0	1,899	11.0
25-29	40.9	24.7	7.9	5.4	9.4	10.7	1.1	100.0	1422	8.0
30-34	45.9	24.9	5.6	5.8	9.0	7.8	0.9	100.0	840	8.0
35-39	55.8	25.9	5.7	2.8	7.0	2.4	0.5	100.0	579	7.0
40-44	47.2	24.4	9.7	5.8	9.4	0.7	2.8	100.0	283	8.0
45-49	44.4	16.4	11.3	8.2	8.1	7.9	3.7	100.0	186	8.0
50-54	52.6	14.7	12.1	2.1	12.1	4.8	1.5	100.0	399	8.0
55-59	64.7	17.1	6.9	3.6	3.7	1.2	2.9	100.0	144	7.0
60-64	77.3	14.6	3.8	0.8	2.3	0.2	1.0	100.0	137	4.6
65+	80.6	7.1	3.0	0.9	4.6	3.0	0.7	100.0	180	8.0
Type of residence										
Urban	44.6	29.3	5.2	7.0	7.3	6.2	0.5	100.0	14365	7.0
Rural	48.9	40.6	3.4	3.0	2.5	1.1	0.5	100.0	4025	4.0
Nomadic	83.7	13.5	0.5	0.1	0.1	0.1	2.0	100.0	512	2.0
Total	**46.5**	**31.2**	**4.7**	**6.0**	**6.1**	**5.0**	**0.5**	**100.0**	**18,901**	**6.0**

[1] Completed 8th grade at the primary level
[2] Completed 12th grade at the secondary level

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 characteristics, SHDS 2020

Background characteristics	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	26.4	23.6	25.0	0.90	48.0	43.0	51.3	0.90
Rural	23.9	22.0	23.0	0.92	39.5	38.5	42.0	0.97
Nomadic	2.3	1.1	1.7	0.49	4.6	2.6	4.6	0.56
Wealth quintile								
Lowest	10.4	8.9	9.6	0.86	18.3	14.6	18.3	0.80
Second	14.9	15.0	14.9	1.01	27.0	26.1	30.9	0.97
Middle	21.7	18.5	20.1	0.85	40.8	36.8	43.4	0.90
Fourth	31.4	26.1	28.9	0.83	55.9	47.9	58.4	0.86
Highest	42.6	38.7	40.6	0.91	72.0	67.6	75.7	0.94
Total	**23.2**	**20.8**	**22.0**	**0.89**	**41.2**	**37.4**	**43.9**	**0.91**
SECONDARY								
Type of residence								
Urban	20.2	16.8	18.5	0.83	35.4	27.7	31.4	0.78
Rural	8.6	5.8	7.1	0.68	16.4	9.5	12.8	0.58
Nomadic	0.3	0.0	0.1	0.12	0.9	0.1	0.5	0.07
Wealth quintile								
Lowest	1.5	0.7	1.1	0.51	2.9	1.2	2.0	0.42
Second	3.6	3.7	3.6	1.04	8.3	5.9	7.1	0.72
Middle	13.6	9.3	11.3	0.68	24.6	14.6	19.4	0.59
Fourth	20.6	17.3	18.8	0.84	37.2	27.7	32.2	0.74
Highest	34.1	25.7	29.6	0.75	57.6	43.8	50.2	0.76
Total	**15.7**	**12.6**	**14.1**	**0.81**	**27.8**	**20.9**	**24.2**	**0.75**

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

The NAR for secondary school is the percentage of the secondary-school-age (14-18 years) population that is attending secondary school. By definition, the NAR cannot exceed 100 percent.

[2] The GAR for primary school is the total number of primary school students, expressed as a percentage of the official primary-school-age population.

The GAR for secondary school is the total number of secondary school students, expressed as a percentage of the official secondary-school-age population.

If there are significant numbers of overage and under-age students at a given level of schooling, the GAR can exceed 100 percent.

[3] The Gender Parity Index for primary school is the ratio of the primary school NAR (or GAR) for females to the NAR (or GAR) for males. The Gender Parity Index for secondary school is the ratio of the secondary school NAR (or GAR) for females to the NAR (or GAR) for males.

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 and type of drinking water service, according to residence, SHDS 2020

Background characteristics	Households				Population			
	Urban	Rural	Nomadic	Total	Urban	Rural	Nomadic	Total
Source of drinking water								
Improved source	78.7	57.4	35.1	67.3	80.4	57.8	35.4	69.7
Piped water into dwelling/yard/plot	60.3	25.4	0.2	43.1	63.4	26.6	0.2	47.2
Piped to neighbor	4.3	2.3	0.1	3.2	3.6	2.2	0.1	2.9
Public tap/standpipe	5.0	5.7	0.7	4.6	4.7	5.5	0.8	4.5
Tube well/borehole	2.5	3.3	1.5	2.6	2.5	3.2	1.6	2.5
Protected dug well	5.5	14.6	8.2	8.4	5.1	14.5	8.1	7.8
Protected spring	0.5	2.1	7.3	1.8	0.5	1.9	7.2	1.6
Rainwater	0.2	3.7	16.8	3.3	0.2	3.6	17.2	2.9
Bottled water	0.3	0.4	0.2	0.3	0.3	0.4	0.2	0.3
Un-improved source	21.3	42.6	64.9	32.7	19.6	42.2	64.6	30.3
Unprotected dug well	2.6	12.4	30.5	8.9	2.5	12.2	31.5	8.1
Unprotected spring	0.4	2.0	9.4	2.0	0.3	2.0	9.6	1.8
Tanker truck/cart with drum	17.3	12.6	8.9	14.9	15.9	12.6	9.0	14.3
Water Kiosk	0.2	0.9	0.8	0.5	0.1	0.9	0.7	0.4
Surface water	0.3	14.1	12.0	5.6	0.3	13.9	10.7	4.9
Other source	0.4	0.5	3.3	0.8	0.4	0.6	3.0	0.7
Missing	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**
Time to obtain drinking water (round trip)								
Water on premises[1]	80.3	50.7	9.1	63.1	81.6	51.7	8.8	66.1
30 minutes or less	14.1	34.8	43.7	23.6	12.9	34.1	43.4	21.6
More than 30 minutes	4.6	13.6	45.5	12.2	4.4	13.3	46.0	11.2
DK/Missing	1.0	0.9	1.7	1.1	1.0	0.9	1.8	1.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Drinking water service								
Percentage with basic drinking water service[2]	77.0	53.0	18.8	63.0	78.6	53.5	18.7	65.7
Percentage with limited drinking water service[3]	1.6	4.1	15.5	4.0	1.6	4.0	15.7	3.8
Number of households	9,470	4,363	2,007	15,841	63,084	25,119	10,790	98,992

[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 by various methods used to treat drinking water, and percentage using an appropriate treatment method, according to residence, SHDS 2020

Water treatment method	Urban	Rural	Nomadic	Total
Water treatment prior to drinking				
Boiled	4.2	3.3	0.0	3.4
Bleach/chlorine added	19.5	5.6	0.0	13.2
Strained through cloth	0.1	0.0	0.0	0.1
Ceramic, sand or other filter	0.3	0.1	0.0	0.2
Solar disinfection	0.1	0.0	0.0	0.0
Let it stand and settle	0.1	0.0	0.0	0.0
Other treatment	0.3	0.6	0.0	0.3
No treatment	76.8	90.1	98.1	83.1
Don't know	22.9	9.7	1.9	16.6
Percentage using an appropriate treatment method[1]	22.4	8.5	0.0	15.8
Total	**9,470**	**4,363**	**2,007**	**15,841**

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

ercent 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, SHDS 2020

Type and location of toilet/latrine facility	Households				Population			
	Urban	Rural	Nomads	Total	Urban	Rural	Nomads	Total
Improved facility	72.5	49.7	1.1	57.2	74.0	51.0	1.1	60.2
Flush/pour to piped sewer system	8.0	3.5	0.0	5.7	8.0	3.7	0.0	6.0
Flush/pour to septic tank	5.5	3.1	0.1	4.2	5.6	3.2	0.0	4.4
Flush/pour to a pit latrine	20.3	16.7	0.2	16.7	20.6	17.5	0.2	17.6
Ventilated improved pit (VIP) latrine	6.0	8.0	0.1	5.8	5.8	7.7	0.1	5.7
Pit latrine with a slab	31.8	17.3	0.6	23.8	32.9	17.7	0.6	25.5
Composting toilet	0.9	1.1	0.2	0.9	1.1	1.0	0.2	1.0
Non-improved facility	23.6	26.6	4.9	22.1	22.9	26.9	4.7	21.9
Flush to some where else	0.7	1.1	0.3	0.7	0.7	1.1	0.3	0.7
Flush/pour flush, don't know where	0.6	0.7	0.1	0.5	0.5	0.9	0.1	0.6
Pit latrine without slab/Open latrine	18.6	21.5	1.8	17.3	18.3	21.4	1.8	17.3
Bucket toilet	2.6	1.1	0.9	2.0	2.5	1.2	0.8	2.0
Hanging toilet/hanging latrine	0.6	0.3	0.2	0.5	0.5	0.2	0.2	0.4
Others	0.6	2.0	1.7	1.1	0.4	2.0	1.6	0.9
Open Defecation	**3.9**	**23.6**	**94.0**	**20.7**	**3.1**	**22.2**	**94.2**	**17.8**
	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Location of the facility	9,470	4,363	2,007	15,841	63,084	25,119	10,790	98,992
In own dwelling								
In own yard/plot	64.0	39.0	15.4	56.9	66.0	39.4	13.4	59.2
Elsewhere	24.9	39.3	17.8	28.7	24.0	39.9	19.2	27.8
Total	**11.1**	**21.7**	**66.8**	**14.4**	**10.0**	**20.7**	**67.4**	**13.0**
Number of households/population with a toilet/latrine facility	8,989	3,276	126	12,390	60,397	19,244	657	80,297
Percentage with basic sanitation service[1]	45.1	31.8	0.6	35.8	49.5	33.6	0.5	40.2
Percentage with limited sanitation service[2]	26.5	16.9	0.4	20.5	23.4	16.3	0.4	19.1

[1] Defined as use of improved facilities that are not shared with other households. Includes safely managed sanitation service, which is not shown separately.
[2] Defined as use of improved facilities shared by 2 or more households

Table 2.7 Housing characteristics

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

Housing characteristics	Households				Population			
	Urban	Rural	Nomadic	Total	Urban	Rural	Nomadic	Total
Electricity								
Yes	66.2	17.2	0.1	44.3	69.9	18.5	0.1	49.2
No	33.8	82.8	99.9	55.7	30.1	81.5	99.9	50.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Flooring material								
Earth/Sand	49.1	65.5	90.6	58.9	47.4	65.2	90.4	56.6
Dung	1.6	1.2	0.8	1.4	1.6	1.1	0.8	1.4
Grass	1.1	3.6	5.4	2.3	0.9	3.5	5.4	2.1
Wooden Planks	1.9	2.1	0.2	1.8	1.9	2.4	0.2	1.9
Palm/Bamboo	1.7	1.2	2.0	1.6	1.6	1.4	2.2	1.6
Parquet/Polished wood	0.5	0.6	0.0	0.5	0.5	0.6	0.0	0.5
Vinyl/Asphalt Strips	0.2	0.3	0.0	0.2	0.1	0.3	0.0	0.1
Ceramic Tiles	9.2	1.4	0.0	5.9	9.9	1.3	0.0	6.7
Cement	32.9	23.7	0.2	26.2	34.1	23.8	0.3	27.8
Carpet	0.9	0.4	0.4	0.7	0.8	0.3	0.4	0.6
Others	0.9	0.1	0.3	0.6	0.9	0.1	0.3	0.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Rooms used for sleeping								
One	30.8	53.8	92.8	45.0	23.6	46.4	91.0	36.7
Two	33.8	34.4	7.0	30.6	33.2	38.1	8.7	31.8
Three or more	35.4	11.8	0.3	24.4	43.1	15.5	0.3	31.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Place for cooking								
In the house	61.8	37.5	12.5	48.9	62.7	37.7	12.4	50.9
In a separate building	24.2	35.2	11.5	25.6	24.7	36.4	11.2	26.2
Outdoors	13.3	26.5	74.1	24.6	12.2	25.5	74.7	22.4
Others	0.7	0.8	1.8	0.9	0.4	0.3	1.7	0.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Cooking fuel								
Electricity	3.4	0.2	0.0	2.1	3.8	0.2	0.0	2.5
LPG/natural gas/biogas	3.8	1.0	0.1	2.6	3.8	1.0	0.1	2.7
Kerosene	2.5	1.2	0.4	1.9	2.5	1.2	0.4	2.0
Firewood	25.0	64.7	93.0	44.5	23.1	65.0	93.8	41.5
Charcoal	62.3	24.5	2.4	44.3	64.3	24.1	2.2	47.3
Straw/shrubs/grass	0.4	3.1	1.3	1.2	0.3	3.1	1.1	1.1
Agricultural crop	1.9	4.4	2.4	2.7	1.8	4.9	2.1	2.6
Animal dung	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
No food cooked in the household	0.5	0.5	0.4	0.5	0.2	0.1	0.3	0.2
Other	0.2	0.2	0.0	0.2	0.2	0.2	0.0	0.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Percentage using solid fuel for cooking[1]	89.6	96.8	99.1	92.8	89.5	97.2	99.3	92.5
Percentage using clean fuel for cooking[2]	7.2	1.3	0.1	4.7	7.6	1.3	0.1	5.2
Population	9,470	4,363	2,007	15,841	63,084	25,119	10,790	98,992

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, SHDS 2020

Possession	Type of residence			
	Urban	Rural	Nomadic	Total
Household effects				
Radio	23.0	15.5	8.4	19.1
Television	32.1	4.6	0.5	20.5
Refrigerator	11.4	1.5	0.1	7.3
Mobile phone	81.0	67.0	59.3	74.4
Non-mobile telephone	7.1	2.0	3.4	5.3
Computer	11.0	1.2	0.2	6.9
Internet	18.6	2.3	1.2	11.9
Air conditioner/fan	15.9	1.7	1.3	10.1
Means of transport				
Bicycle	1.2	1.0	1.1	1.2
Motorcycle/scooter	0.8	0.8	0.4	0.7
Donkey cart	1.2	3.9	3.7	2.3
Car/truck	5.7	2.4	1.5	4.3
Boat/canoe	0.3	0.3	0.8	0.4
Tractor	0.3	0.3	0.2	0.3
Rickshaw	2.1	0.3	0.2	1.3
Animal plough	0.8	0.6	4.8	1.2
Ownership of agriculture land	10.9	34.5	9.4	17.2
Ownership of livestock[1]	19.1	55.0	94.8	38.6
Livestock lost[1]	11.8	31.0	70.7	24.6
Number of households	9,470	4,363	2,007	15,841

[1] Camels, cattle, sheep, 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, SHDS 2020

Residence/region	Wealth quintile						Number of persons	Gini coefficient
	Lowest	Second	Middle	Fourth	Highest	Total		
Type of residence								
Urban	3.6	17.3	22.9	27.0	29.3	100.0	62508	0.2
Rural	31.6	31.8	20.6	10.6	5.4	100.0	24928	0.3
Nomadic	90.3	4.9	2.3	1.9	0.5	100.0	10601	0.3
Total	**20.1**	**19.6**	**20.1**	**20.1**	**20.1**	**100.0**	**98,037**	**0.2**

Table 2.10   Birth registration of children aged under five

Percentage of de jure children under five years of age whose births are registered with the civil authorities, according to background characteristics, SHDS 2020

Background characteristics	Children whose births are registered			Number of children
	Percentage who had a birth certificate	Percentage who did not have a birth certificate	Percentage registered	
Age				
<2	0.3	6.4	6.7	6613
2-4	0.6	4.9	5.5	12413
Sex				
Male	0.5	5.8	6.3	9668
Female	0.4	5.1	5.5	9359
Type of residence				
Urban	0.7	6.5	7.2	11530
Rural	0.2	4.7	4.9	5244
Nomadic	0.0	1.9	1.9	2252
Total	**0.5**	**5.4**	**5.9**	**19,026**

03

Characteristics of the Respondents

KEY FINDINGS

EDUCATIONAL ATTAINMENT

25%

of women have at least primary level education

LITERACY

32%

of women are literate

ACCESS TO MEDIA

10%

of women watch television at least once a week

INTERNET USE

17%

of women had used the internet at least once

EMPLOYMENT

9%

of ever-married women are currently employed

HEALTH INSURANCE

99.8%

of ever-married women do not have health insurance

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 SHDS 2020. For information presented in this chapter, enumerators administered questions 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, health insurance coverage 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 the interpretation of demographic and health indicators.

Background Characteristics of Respondents

Information on the background characteristics of women aged 15-49 interviewed in the SHDS 2020 is presented in Table 3.1 by age, marital status, type of residence, education and wealth quintile. Twenty-eight percent of the women were aged 15-19 (77 percent among never-married women and 8 percent among ever-married women).

Sixty-two percent of the women were currently married, while 29 percent had never been married, 6 percent were divorced or separated and 3 percent were widowed.

More women live in urban areas than rural and nomadic areas. Thirty-nine percent of all women resided in urban areas, 29 percent and 31 percent resided in rural and nomadic areas respectively. Similarly, there were more ever-married and never-married women in urban areas than in rural and nomadic areas.

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, according to the SHDS 2020, educational attainment was low—75 percent of all women had never

attended school. Eighty-four percent of ever-married women had no education compared to 55 percent of never-married women.

Twenty-nine percent of never-married women and 18 percent of ever-married women were from the wealthiest households.

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 characteristics.

The findings show that educational attainment among women is very low. Overall, 75 percent of women aged 15-49 have not attended any formal schooling. Twelve percent of women have some levels of primary education, but only 3 percent completed primary schooling. Moreover, 5 percent of women attended secondary school, but only 3 percent completed secondary education. Three percent of women have completed 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 (19 percent) and lowest among women aged 40-44 and 45-49 (4 percent each).

The differences in educational attainment among women aged 15-49 in urban, rural and nomadic areas is pronounced. Ninety-seven percent of women living in nomadic areas have never attended formal schooling compared to 72 percent among those from rural areas and 59 percent of women from urban areas.

Educational attainment increases with increasing levels of wealth. The proportion of women with no education is highest in the poorest households (96 percent) and lowest in the wealthiest households (47 percent). The

Figure 3.1   Educational attainment

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

- No education
- Some primary
- Completed primary
- Some secondary
- Completed secondary
- Higher education
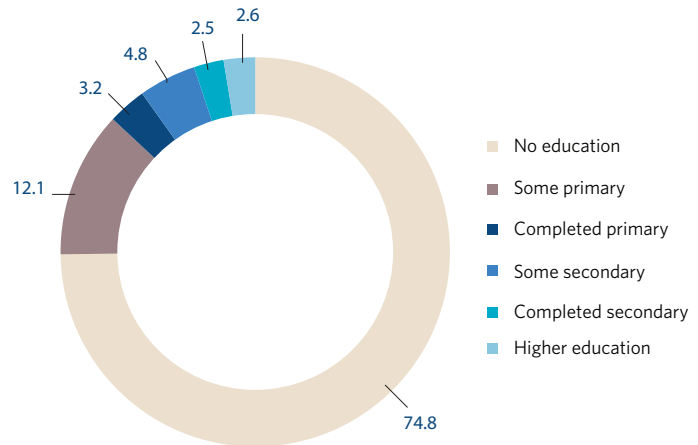
proportion of women who have attained higher education also increases with increasing wealth levels.

Literacy

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 SHDS 2020 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 characteristics. The table shows that just about a third (32 percent) of Somali women aged 15-49 are literate.

As shown in Figure 3.2, literacy levels generally decrease with age; literacy is highest among

Figure 3.2   Literacy

Percent of women aged 15-49 by literacy and age

literate (62 percent) compared to women from poorer households (6 percent).

Exposure to Mass Media

The SHDS 2020 collected information on the exposure of respondents to both broadcast and print media. Respondents were asked how often they read a newspaper, watch television, or listen to the radio. This information indicates the extent to which women are regularly exposed to mass media, which can be used in the development of educational programmes, to convey messages to the public about government policies, disseminate health information, report opinions on health issues and other societal matters. It can also serve as a tool to observe public sentiments on important issues.

women aged 15-19 (48 percent) and lowest among those aged 40-44 (13 percent).

Literacy among women aged 15-49 varies by place of residence. Among women residing in urban areas, 50 percent are literate compared to 37 percent among those living in rural areas and 5 percent among the women living in nomadic areas.

Further analysis by wealth levels shows that literacy levels increase with wealth status. Women from wealthier households are more

Table 3.4 shows that 85 percent of women did not access any of the three forms of media—newspaper, radio and television—at least once a week. Watching television was the most common use of media—10 percent of women watch television at least once a week; 7 percent

Figure 3.3   Exposure to mass media

Percent of women aged 15-49 who are exposed to specific media on a weekly basis by wealth status
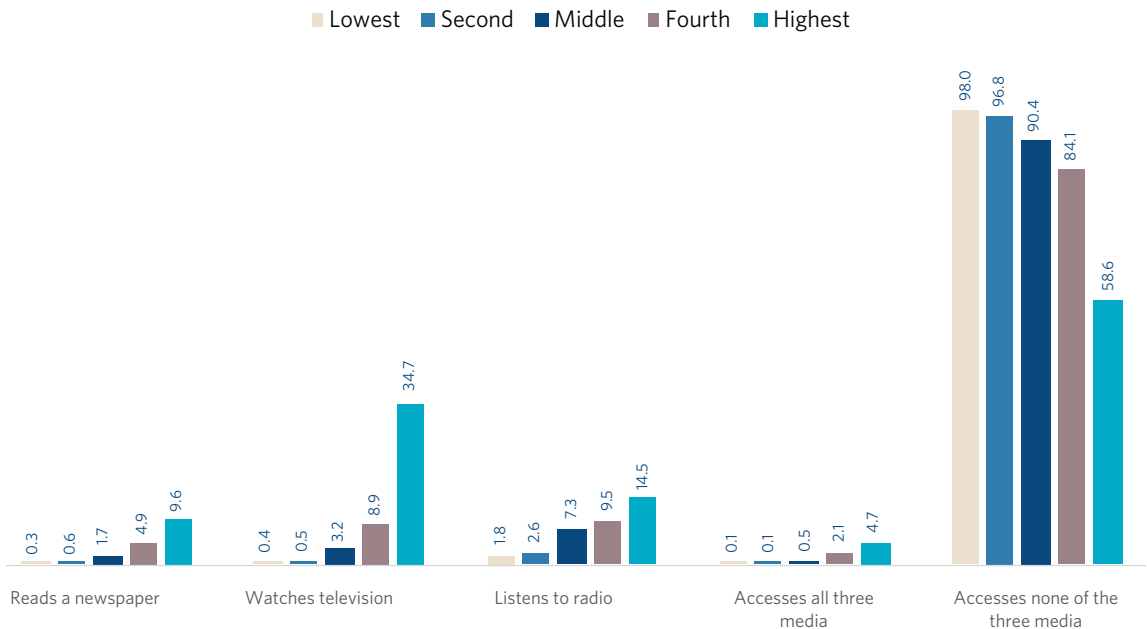
Exposure to media increases with both education and wealth

listen to the radio at least once a week; and 4 percent read newspapers at least once a week.

Urban women have more access to newspapers, television and radio compared to their rural and nomadic counterparts—7 percent read a newspaper at least once a week, 22 percent watch television at least once a week and 14 percent listen to the radio at least once a week.

Exposure to media increases with both education and wealth. While only about 1 percent of women with no education read a newspaper at least once a week, 32 percent of women with higher education do so. Similarly, while 5 percent of women with no education watch television at least once a week, 48 percent of women with higher education watch television at least once a week.

Figure 3.3 presents the percentage of women aged 15-49 exposed to mass media by wealth quintile. Less than 1 percent of women in the lowest wealth quintile watch television at least once a week, compared to 35 percent in the highest quintile. Likewise, 2 percent of women in the lowest quintile listen to the radio at least once a week, compared to 15 percent in the highest quintile.

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). Furthermore, studies have shown that women use the internet more often for health-related information searches than men. When their access is hindered, chances are women are slower to have access to important information for their families.

Figure 3.4 Internet use

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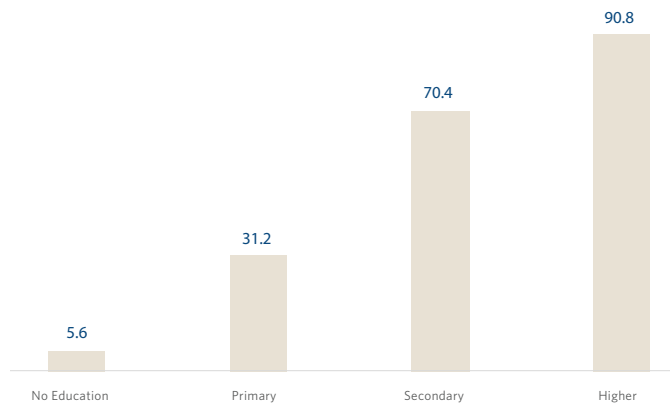
The SHDS collected information about women's use of the internet: women aged 15-49 were asked whether they had ever used the internet and, if they had, whether they used it in the 12 months preceding the survey. Interviewers also enquired how often women had used the internet in the month preceding the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

Table 3.5 shows that 17 percent of women had used the internet at least once and 15 percent had used the internet in the past 12 months preceding the survey.

The use of the internet generally decreases with increase in age; 25 percent of women aged 15-19 had used the internet, compared to 4 percent of women aged 40-44. About one-third (32 percent) of women living in urban areas had used the internet at least once, compared to 12 percent and 1 percent of women living in rural and nomadic areas, respectively.

Internet usage also increases with educational attainment and wealth status. Ninety-one percent of women with higher education had ever used the internet, compared to 6 percent of women with no education (Figure 3.4). Moreover, 44 percent of women in the highest wealth quintile had ever used the internet, compared to 1 percent of women in the lowest wealth quintile.

Women in urban settings are more likely to be educated than women in nomadic and rural households

Employment Status

In the SHDS 2020, 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 characteristics.

The employment status of the respondents was low. Nine percent of ever-married women were currently employed at the time the survey was conducted, while 1 percent were not currently employed but had worked in the 12 months preceding the survey. Ninety percent of ever-married women had not done any work in the 12 months prior to the survey.

The proportion of ever-married women who were currently employed increases with age; it is lowest among ever-married women aged 15-19 (3 percent) and highest among those aged 45-49 (18 percent) (Figure 3.5).

Employment increases with an increase in the number of living children— 6 percent each for both women with no living children and those with one to two children, 9 percent for those with three to four children and 11 percent for women with 5 or more children.

The results show that employment varies by

Figure 3.5   Employment status

Percent of ever-married women aged 15-49 currently employed by age
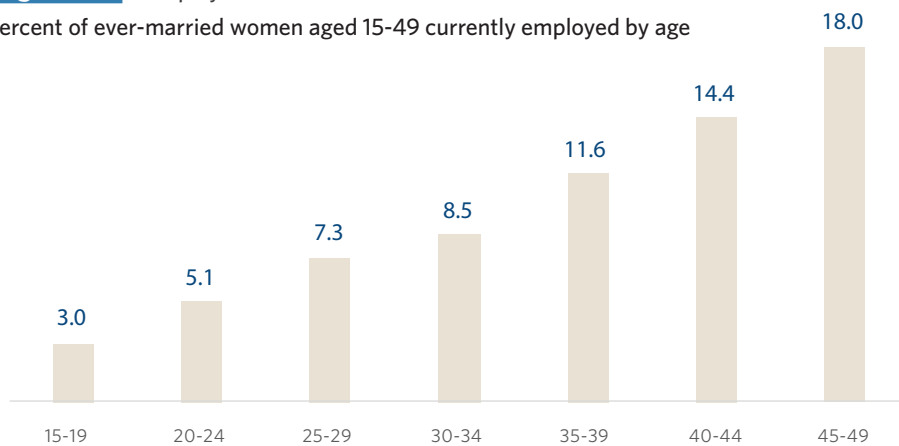
Figure 3.6   Type of employment and earnings

Percent of ever-married women aged 15-49 employed in the 12 months preceding the survey by type of earnings
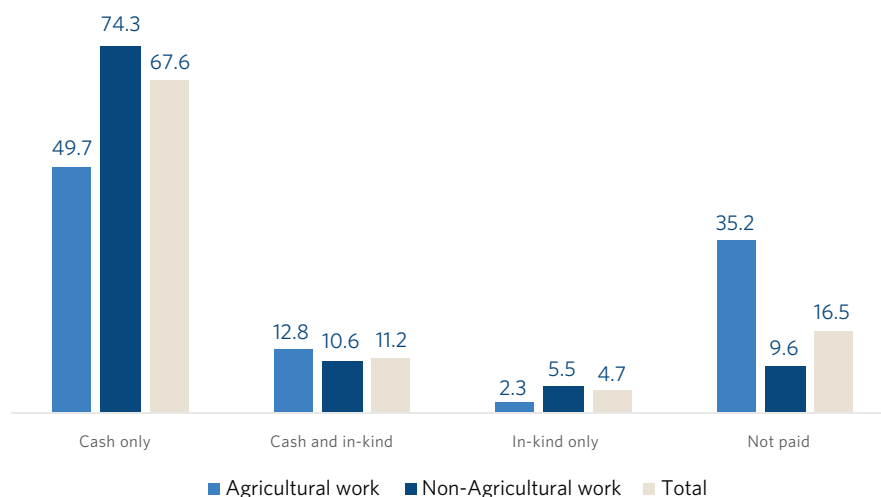
place of residence and wealth status of the household. Among women from nomadic areas, 3 percent were currently employed, compared to 12 percent and 11 percent of women from urban and rural areas respectively. More women from wealthier households were employed than in poorer ones; 13 percent of women in the highest wealth quintile were currently employed compared to 3 percent of women in the lowest wealth quintile.

Type 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, by whether their work is agricultural or non-agricultural.

Overall, 68 percent of ever-married women were paid in cash only while 17 percent were not paid for their work. Fifty percent of the respondents working in agriculture were paid in cash only for their work, while 35 percent were not paid at all. Women in non-agricultural work were mainly paid in cash only (74 percent), whereas 11 percent were paid in cash and in kind, 6 percent were paid in kind only and 10 percent were not paid (Figure 3.6).

Forty-eight percent of the currently employed women aged 15-49 were self-employed. Fifty-two percent of women in agricultural work were employed by a family member, while 4 percent were employed by a non-family member. About half of women engaged in non-agricultural work were self-employed (49 percent).

Sixty-eight percent of women were employed all year round. Both women engaged in agricultural and non-agricultural work were mostly employed all year round (67 percent and 68 percent respectively).

Health Insurance Coverage

WHO considers health insurance a promising means for achieving universal health care coverage (WHO 2010a).

In the SHDS 2020, ever-married women aged 15-49 were asked whether they were covered by health insurance and the type of health insurance they were using. Table 3.8 presents the distribution of health insurance coverage. The survey shows that almost all women (99.8 percent) did not have health insurance.

Use of Tobacco

Tobacco use and second-hand smoke (SHS) exposure 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 aged 15-49 were asked about their smoking habits during the survey. Table 3.9 shows the distribution of cigarette smokers and the percentage of women who use various types of tobacco by background characteristics.

Overall, 2 percent of ever-married women smoke cigarettes or use any type of tobacco. There is a slight variation among women of various age groups. Two percent of women in all age groups except 20-24 and 45-49 use any type of tobacco. Furthermore, 2 percent of women in urban and rural areas use any type of tobacco compared to 1 percent of women in nomadic areas.

List of Tables

Table 3.1　Background characteristics of respondents

Percentage of all women aged 15-49 by selected background characteristics, SHDS 2020

Background characteristics	Ever-married Women			Never-married women			All women		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
Age									
15-19	8.3	973	1,029	76.9	3,676	3,503	28.3	4,649	4,532
20-24	18.2	2,119	2,163	16.5	788	794	17.7	2,906	2,957
25-29	23.4	2,728	2,766	4.0	190	204	17.8	2,918	2,970
30-34	18.2	2,119	2,153	1.6	76	67	13.4	2,195	2,220
35-39	16.5	1,922	1,951	*	26	19	11.8	1,948	1,970
40-44	9.9	1,158	1,162	*	18	15	7.2	1,176	1,177
45-49	5.5	641	652	*	5	8	3.9	646	660
Marital status									
Never-married	n/a	n/a	n/a	100.0	4,779	4,610	29.1	4,779	4,610
Married	87.6	10,215	10,324	n/a	n/a	n/a	62.1	10,215	10,324
Divorced/separated	8.3	970	1,032	n/a	n/a	n/a	5.9	970	1,032
Widowed	4.1	475	520	n/a	n/a	n/a	2.9	475	520
Type of residence									
Urban	35.7	4,161	5,251	48.5	2,317	2,624	39.4	6,478	7,875
Rural	30.1	3,509	3,192	27.5	1,313	1,043	29.3	4,822	4,235
Nomadic	34.2	3,989	3,433	24.0	1,149	943	31.3	5,138	4,376
Education									
No education	83.7	9,757	9,879	52.5	2,509	2,383	74.6	12,266	12,262
Primary	11.7	1,367	1,388	24.4	1,164	1,093	15.4	2,531	2,481
Secondary	3.2	375	438	17.6	839	824	7.4	1,214	1,262
Higher	1.4	161	171	5.6	266	310	2.6	427	481
Wealth quintile									
Lowest	23.4	2,733	2,451	15.5	738	640	21.1	3,471	3,091
Second	19.8	2,310	2,511	12.7	607	602	17.7	2,917	3,113
Middle	18.5	2,159	2,279	18.6	888	783	18.5	3,047	3,062
Fourth	20.2	2,356	2,348	22.9	1,095	1,052	21.0	3,452	3,400
Highest	18.0	2,101	2,287	30.3	1,450	1,533	21.6	3,551	3,820
Total 15-49	**100.0**	**11,660**	**11,876**	**100.0**	**4,779**	**4,610**	**100.0**	**16,438**	**16,486**

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

n/a = Not applicable

Table 3.2   Educational attainment

Percent distribution of all women aged 15-49 by highest level of schooling attended or completed, and median years completed, according to background characteristics, SHDS 2020

Background characteristics	Educational attainment of the household members						Total	Median years completed	Number of women
	No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	Higher education			
Age									
15-24	61.7	16.9	4.7	9.3	3.6	3.7	100.0	0.0	7,556
15-19	57.4	18.9	6.0	12.2	3.3	2.2	100.0	0.0	4,649
20-24	68.8	13.6	2.7	4.5	4.2	6.1	100.0	0.0	2,906
25-29	80.8	9.9	2.7	1.6	1.9	3.1	100.0	0.0	2,918
30-34	84.5	9.7	1.5	1.1	1.6	1.6	100.0	0.0	2,195
35-39	89.6	7.3	1.3	0.3	0.9	0.6	100.0	0.0	1,948
40-44	93.1	3.9	1.1	0.5	1.3	0.2	100.0	0.0	1,176
45-49	89.8	4.3	2.5	0.6	1.4	1.4	100.0	0.0	646
Type of residence									
Urban	59.1	16.1	5.1	9.1	5.2	5.4	100.0	0.0	6,478
Rural	72.0	17.1	4.0	4.1	1.3	1.6	100.0	0.0	4,822
Nomadic	97.3	2.5	0.1	0.0	0.1	0.0	100.0	0.0	5,138
Wealth quintile									
Lowest	96.4	3.3	0.2	0.1	0.0	0.1	100.0	0.0	3,471
Second	90.3	7.2	1.2	0.6	0.5	0.2	100.0	0.0	2,917
Middle	75.8	15.5	3.0	3.9	1.2	0.6	100.0	0.0	3,047
Fourth	67.6	16.5	4.3	6.3	3.0	2.3	100.0	0.0	3,452
Highest	47.2	17.7	6.8	12.1	7.2	9.0	100.0	3.0	3,551
Total	**74.8**	**12.1**	**3.2**	**4.8**	**2.5**	**2.6**	**100.0**	**0.0**	**16,438**

[1] Completed 8th grade at the primary level

[2] Completed 12th grade at the secondary level

Table 3.3   Literacy

Percent distribution of all women aged 15-49 by level of schooling attended and level of literacy, and percentage literate, according to background characteristics, SHDS 2020

| Background characteristics | Higher education | No schooling, primary or secondary school | | | | | Total | Percentage literate[1] | Number of women |
		Can read a whole sentence	Can read part of a sentence	Cannot read at all	No card with required language	Blind/ visually impaired			
Age									
15-24	3.7	23.4	17.4	54.8	0.5	0.3	100.0	44.4	7,556
15-19	2.1	28.2	18.0	51.2	0.3	0.1	100.0	48.4	4,649
20-24	6.1	15.6	16.4	60.5	0.8	0.6	100.0	38.1	2,906
25-29	3.1	9.3	14.6	71.2	1.5	0.3	100.0	27.1	2,918
30-34	1.6	7.7	13.8	75.2	1.6	0.2	100.0	23.0	2,195
35-39	0.6	5.0	14.3	78.1	1.6	0.4	100.0	19.9	1,948
40-44	0.2	4.2	8.6	85.3	1.6	0.1	100.0	13.0	1,176
45-49	1.4	5.3	9.2	80.7	3.1	0.3	100.0	16.0	646
Type of residence									
Urban	5.4	24.0	21.0	48.4	0.9	0.4	100.0	50.4	6,478
Rural	1.6	15.8	19.2	62.5	0.7	0.2	100.0	36.6	4,822
Nomadic	0.0	1.4	3.9	92.7	1.8	0.2	100.0	5.2	5,138
Wealth quintile									
Lowest	0.0	2.2	4.0	92.1	1.3	0.4	100.0	6.2	3,471
Second	0.2	5.0	7.2	86.1	1.5	0.0	100.0	12.4	2,917
Middle	0.6	13.1	19.0	66.1	1.2	0.0	100.0	32.7	3,047
Fourth	2.3	19.3	22.2	54.7	1.1	0.4	100.0	43.8	3,452
Highest	9.0	31.1	22.1	36.6	0.7	0.4	100.0	62.3	3,551
Total	**2.6**	**14.5**	**15.1**	**66.4**	**1.1**	**0.3**	**100.0**	**32.2**	**16,438**

[1] Refers 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

Percentage of all women aged 15-49 who are exposed to specific media on a weekly basis, according to background characteristics, SHDS 2020

Background characteristics	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	6.0	12.9	7.9	2.3	18.6	81.4	4649
20-24	4.7	11.5	8.4	2.0	16.9	83.1	2906
25-29	2.8	9.4	6.4	1.4	13.5	86.5	2918
30-34	2.2	9.0	6.4	1.4	12.7	87.3	2195
35-39	1.7	6.2	7.2	0.7	11.5	88.5	1948
40-44	0.4	6.6	6.2	0.2	10.8	89.2	1176
45-49	1.4	9.2	7.5	1.0	14.0	86.0	646
Type of residence							
Urban	7.4	21.9	13.7	3.5	30.1	69.9	6478
Rural	2.2	4.9	4.6	0.8	8.8	91.2	4822
Nomadic	0.1	0.2	1.8		1.9	98.1	5138
Education							
No education	0.6	4.9	4.5	0.2	8.4	91.6	12266
Primary	7.6	17.4	10.8	3.0	25.1	74.9	2531
Secondary	16.2	34.4	19.3	7.3	44.6	55.4	1214
Higher	31.8	47.9	32.8	17.6	62.3	37.7	427
Wealth quintile							
Lowest	0.3	0.4	1.8	0.1	2.0	98.0	3471
Second	0.6	0.5	2.6	0.1	3.2	96.8	2917
Middle	1.7	3.2	7.3	0.5	9.6	90.4	3047
Fourth	4.9	8.9	9.5	2.1	15.9	84.1	3452
Highest	9.6	34.7	14.5	4.7	41.4	58.6	3551
Total	**3.6**	**10.1**	**7.3**	**1.6**	**15.0**	**85.0**	**16,438**

Table 3.5   Internet use

Percentage of women aged 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 characteristics, SHDS 2020

Background characteristics	Ever used the internet	Used the internet in the past 12 months	Number of women	Percent distribution by reported use of the internet within the 12 months preceding the survey				Total	Number of women
				Almost every day	At least once a week	Less than once a week	Not at all		
Age									
15-19	25.4	23.5	4,649	65.5	23.3	5.8	5.4	100.0	1,091
20-24	24.3	22.7	2,906	69.8	18.9	5.3	5.9	100.0	658
25-29	14.9	13.2	2,918	71.5	19.7	4.7	4.2	100.0	385
30-34	9.1	8.7	2,195	68.8	21.2	2.9	7.1	100.0	191
35-39	6.3	5.1	1,948	63.6	12.6	12.3	11.4	100.0	100
40-44	3.6	2.9	1,176	(60.0)	(20.0)	(7.5)	(12.5)	100.0	40
45-49	4.5	2.8	646	*	*	*	*	100.0	23
Type of residence									
Urban	32.2	29.9	6,478	70.0	19.8	5.1	5.1	100.0	1,939
Rural	12.1	10.5	4,822	62.8	23.1	7.1	7.0	100.0	505
Nomadic	0.8	0.7	5,138	(24.0)	(32.0)	(12.0)	(32.0)	100.0	25
Education									
No education	5.6	4.8	12,266	56.9	23.5	8.9	10.7	100.0	585
Primary	31.2	27.5	2,531	62.0	24.8	7.7	5.6	100.0	696
Secondary	70.4	67.4	1,214	72.6	19.3	3.8	4.3	100.0	818
Higher	90.8	88.5	427	85.0	11.7	0.7	2.6	100.0	378
Wealth quintile									
Lowest	0.7	0.5	3,471	*	*	*	*	100.0	17
Second	2.3	1.7	2,917	32.0	50.3	3.6	14.2	100.0	50
Middle	10.1	9.0	3,047	48.9	28.9	8.7	13.5	100.0	273
Fourth	21.6	19.1	3,452	65.6	22.2	6.8	5.3	100.0	660
Highest	44.2	41.6	3,551	74.1	17.5	4.3	4.1	100.0	1,477
Total	**16.5**	**15.1**	**16,438**	**67.8**	**20.7**	**5.6**	**5.9**	**100.0**	**2,478**

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 3.6   Employment status

Percent distribution of ever-married women aged 15-49 by employment status, according to background characteristics, SHDS 2020

Background characteristics	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	3.0	0.6	96.4	100.0	973
20-24	5.1	1.0	93.9	100.0	2,119
25-29	7.3	0.6	92.1	100.0	2,728
30-34	8.5	1.3	90.3	100.0	2,119
35-39	11.6	1.0	87.3	100.0	1,922
40-44	14.4	1.9	83.6	100.0	1,158
45-49	18.0	1.8	80.2	100.0	641
Number of living children					
0	6.4	1.5	92.1	100.0	1,316
1-2	6.4	0.8	92.8	100.0	2,833
3-4	8.6	1.0	90.4	100.0	3,219
5+	11.2	1.1	87.7	100.0	4,292
Type of residence					
Urban	12.2	1.4	86.3	100.0	4,161
Rural	10.7	1.2	88.1	100.0	3,509
Nomadic	3.4	0.6	96.0	100.0	3,989
Education					
No education	7.9	1.1	91.0	100.0	9,757
Primary	11.1	0.8	88.0	100.0	1,367
Secondary	12.5	0.7	86.8	100.0	375
Higher	32.3	1.7	65.9	100.0	161
Wealth quintile					
Lowest	3.1	0.6	96.3	100.0	2,733
Second	6.6	1.1	92.4	100.0	2,310
Middle	11.3	1.8	86.9	100.0	2,159
Fourth	11.3	0.7	88.0	100.0	2,356
Highest	13.0	1.3	85.7	100.0	2,101
Total	**8.8**	**1.1**	**90.2**	**100.0**	**11,660**

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

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), SHDS, 2020

Background characteristics	Agricultural work	Non-agricultural work	Total
Type of earning			
Cash only	49.7	74.3	67.6
Cash and in-kind	12.8	10.6	11.2
In-kind only	2.3	5.5	4.7
Not paid	35.2	9.6	16.5
Total	**100.0**	**100.0**	**100.0**
Type of employer			
Employed by family member	52.4	36.9	41.1
Employed by non-family member	3.5	13.7	10.9
Self-employed	44.1	49.4	48.0
Total	**100.0**	**100.0**	**100.0**
Continuity of employment			
All year	67.4	67.5	67.5
Seasonal	16.7	15.4	15.8
Occasional	15.9	17.0	16.7
Total	**100.0**	**100.0**	**100.0**
Number of women employed during the past 12 months	333	893	1,226

Table 3.8 Health insurance coverage

Percentage of ever-married women aged 15-49 with specific types of health insurance coverage, and percentage with any health insurance, according to background characteristics, SHDS 2020

Background characteristics	Social security	Other employer-based insurance	Mutual health organization/ community-based insurance	Privately purchased commercial insurance	Other	None	Number of women
Age							
15-19	0.0	0.0	0.1	0.0	0.0	99.9	973
20-24	0.0	0.0	0.0	0.0	0.0	99.9	2,119
25-29	0.0	0.1	0.2	0.1	0.0	99.6	2,728
30-34	0.0	0.1	0.1	0.0	0.0	99.8	2,119
35-39	0.0	0.1	0.1	0.1	0.1	99.8	1,922
40-44	0.0	0.0	0.0	0.1	0.2	99.7	1,158
45-49	0.0	0.1	0.0	0.0	0.1	99.8	641
Type of residence							
Urban	0.0	0.2	0.2	0.0	0.0	99.6	4,161
Rural	0.0	0.1	0.1	0.0	0.0	99.8	3,509
Nomadic	0.0	0.0	0.0	0.0	0.1	99.9	3,989
Education							
No education	0.0	0.0	0.0	0.0	0.0	99.9	9,757
Primary	0.0	0.2	0.3	0.0	0.1	99.5	1,367
Secondary	0.0	0.0	0.8	0.3	0.0	98.9	375
Higher	0.0	1.5	0.0	0.0	0.0	98.5	161
Wealth quintile							
Lowest	0.0	0.0	0.0	0.0	0.1	99.9	2,733
Second	0.0	0.0	0.1	0.0	0.0	99.8	2,310
Middle	0.0	0.0	0.1	0.0	0.0	99.9	2,159
Fourth	0.0	0.0	0.1	0.0	0.0	99.8	2,356
Highest	0.0	0.3	0.2	0.2	0.1	99.4	2,101
Total	**0.0**	**0.1**	**0.1**	**0.0**	**0.0**	**99.8**	**11,660**

Table 3.9   Use of tobacco

Percentage of ever-married women aged 15-49 who use various tobacco products, according to background characteristics, SHDS 2020

Background characteristics	Percentage who smoke			
	Cigarettes	Other types of tobacco	Any type of tobacco	Number of women
Age				
15-19	1.5	0.0	1.5	973
20-24	1.2	0.1	1.2	2,119
25-29	1.5	0.2	1.6	2,728
30-34	1.6	0.2	1.7	2,119
35-39	1.7	0.4	1.7	1,922
40-44	1.8	0.2	1.8	1,158
45-49	0.5	0.0	0.5	641
Type of residence				
Urban	1.8	0.3	1.9	4,161
Rural	1.9	0.3	2.0	3,509
Nomadic	0.8	0.0	0.8	3,989
Education				
No education	1.5	0.2	1.5	9,757
Primary	1.1	0.1	1.1	1,367
Secondary	2.3	0.1	2.3	375
Higher	2.0	0.0	2.0	161
Wealth quintile				
Lowest	0.4	0.0	0.4	2,733
Second	1.4	0.5	1.4	2,310
Middle	2.4	0.4	2.4	2,159
Fourth	2.3	0.1	2.5	2,356
Highest	1.0	0.1	1.0	2,101
Total	**1.5**	**0.2**	**1.5**	**11,660**

04

Marriage, Fertility and Birth Spacing

KEY FINDINGS

AGE AT FIRST MARRIAGE

The median age at first marriage is 20 for women and 23 for men

23 Years

20 Years

EARLY MARRIAGE

16%

ever-married women aged 20-49 are married by age 15, and 34 percent are married by 18 years

TEENAGE PREGNANCY AND MOTHERHOOD

14%

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

AGE AT FIRST BIRTH

21

median age at first birth in Somalia for women aged 25-49

TOTAL FERTILITY RATE (TFR)

6.9

children per woman

BIRTH SPACING

21

median months between two births among Somali women

CONTRACEPTIVE KNOWLEDGE

62%

of ever-married women aged 15-49 have knowledge of modern contraception

FERTILITY PLANNING

68%

of births were reported by the mother to have been wanted at the time of conception
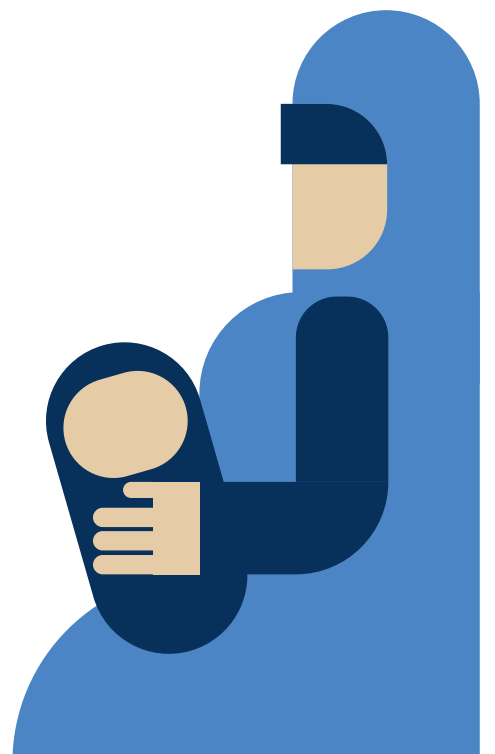
④ MARRIAGE, FERTILITY AND BIRTH SPACING

Estimates suggest that Somalia has one of the highest fertility levels in the world, second only to Niger according to the latest revision of the UN World Population Prospects (United Nations 2019). The data on marriage and fertility collected as part of the SHDS 2020 validates estimates and helps gain better insight into what is behind Somalia's fertility levels and trends.

Some of these factors, including proximate determinants such as age at marriage, timing of fertility, birth spacing, age at first birth and inter-birth intervals among others, are presented in this chapter. It further examines the key factors that determine the exposure to the risk of pregnancy. Information presented pertains to women of reproductive age.

Marriage

Information on marriage helps to determine the extent to which a woman is exposed to the risk of pregnancy, and informs fertility levels and trends. In general, populations in which women marry at a young age tend to initiate childbearing early, and thus have higher fertility rates in general. In Somalia, marriage and fertility are closely linked, because childbearing takes place within the context of marriage.

Marital status

The SHDS 2020 classified marital status as never-married, currently married, divorced or widowed. Table 4.1 and Figure 4.1 show the distribution of women aged 15-49 by their current marital status and according to age. Marriage among Somali women is virtually universal, with only 1 percent of the women aged 45-49 having never entered into a marital union. The percentage of women who have never been married declines sharply with increasing age, from 79 percent among those aged 15-19 to 27 percent for women aged 20-24. Almost all Somali women are married by the age of 35. The percentage of currently married women increases with age and peaks at the

Figure 4.1   Current marital status of women aged 15-49

Percent distribution of women aged 15-49 by current marital status
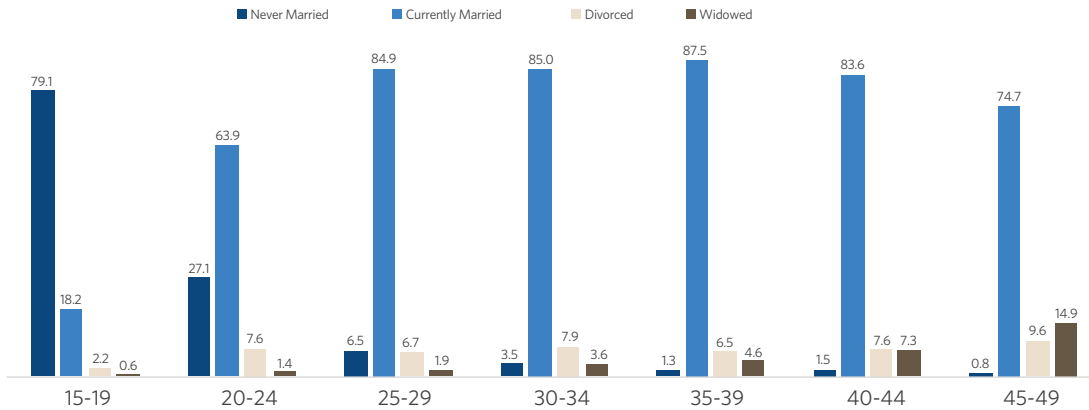
35-39 age group. Additionally, widowhood significantly increases and peaks among women of age 45-49 years. Divorce among women of 15-19 years stands at 2 percent and is 6 percent among all women of reproductive ages (15-49 years).

Age at First Marriage

Age at first marriage is an important indicator of exposure to the risk of conception and childbirth, especially in a society in which almost all births occur within marriage. Women who marry early will, on average, have a longer exposure to the risk of pregnancy and more

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

Table 4.2 shows the percentage of ever-married women aged 15-49 by specific exact ages and median age at first marriage. Sixteen percent of women in the age group 20-49 entered their first marriage by the age of 15. Thirty-four percent of women aged 20-49 were married for the first time by the age of 18, while close to half (44 percent) married for the first time by

Figure 4.2   Age at first marriage

Percent of women age 15-49 who were first married by specific exact ages
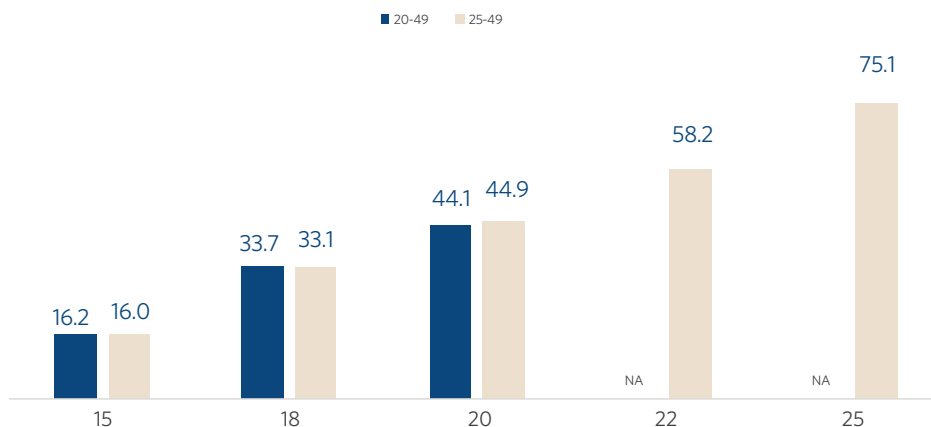
the age of 20. The median age at first marriage for women aged 25-49 is 20 years.

Table 4.3 shows the percentage of men aged 15-64 who were first married, by specific exact ages and the median age at first marriage. About 1 percent of men in the age bracket 20-49 entered into their first marriage by the age of 15 and 7 percent by the age of 18. Fourteen percent of the men aged 15-64 had never-married. The median age at first marriage for men aged 25-64 is 23 years.

Early Marriage

Early marriage is still widely practised 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, in the hope 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. Early marriage often results in early childbearing, which has a detrimental effect on the health of both the mother and child. It also often leads to a longer reproductive period and higher levels of fertility. In many countries, the postponement of marriage greatly reduces childbearing rates.

> Early marriage often results in early childbearing, which has a detrimental effect on the health of both the mother and child

As seen in Table 4.2, 16 percent of women aged 20-49 and 25-49 had already married by the time they turned 15. Thirty-four percent and 33 percent of women aged 20-49 and 25-49, respectively, were first married by the age of 18 (Figure 4.2).

Fertility

This section examines a number of issues related to fertility and childbearing, including fertility levels, age at which women initiate childbearing, fertility preference, and other determinants of fertility. The knowledge of 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 programmes in Somalia. Using the information collected during the SHDS, it is possible to estimate the current level of fertility, identify trends, and highlight variations in fertility according to certain characteristics. During the survey, interviewers asked all ever-married women aged 15-49 in the sampled households about the total number of children they had ever given birth to, alive or dead, the sex of the children, those that are living within the household, and children living elsewhere. Following this, interviewers compiled a complete history of births for each respondent, from the earliest to the most recent birth, recording for each of them the type of birth (single or multiple), survival status, gender and date of birth.

Current Fertility

The most commonly 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 child-bearing years if she were to experience the currently observed ASFRs. The TFR estimates compiled during the SHDS 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 woman-years in that age group during the specified period.

As presented in Figure 4.3, across most of the age groups, generally, women residing in nomadic households have higher ASFRs compared to those in rural and urban settings.

Figure 4.3 Age-specific fertility rates by residence

Percent of women age 15-49 who were first married by specific exact ages
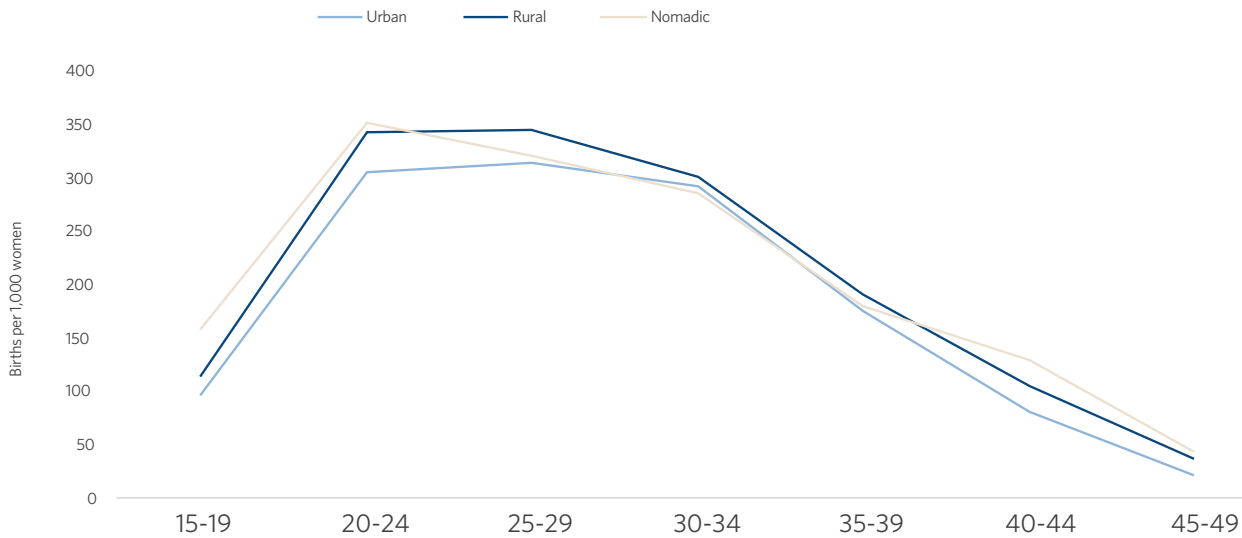
However, in the age groups 25-29, 30-34 and 35-39 years, women residing in rural households have higher ASFRs than their urban and nomadic counterparts.

Other important measures of current fertility are the general fertility rate (GFR) and crude birth rate (CBR). The GFR is the annual 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 aggregate fertility measures (TFR, GFR, and CBR) by place of residence.

The total fertility rate for Somalia is 6.9 children per woman. According to the SHDS findings, differences can be noted in the TFRs of women by their type of residence. The TFR is highest among women residing in nomadic areas, at 7.3, and lowest among those residing in urban areas, at 6.4 (Figure 4.4). Childbearing peaks in the age groups 20-24 and 25-29 and drops sharply after 39 years.

Overall, the GFR in Somalia is 228 per 1,000 women. The GFR is 235 births per 1,000 women for women living in rural areas, 211

The total fertility rate for Somalia is 6.9 children per woman

births per 1,000 women for those in urban areas and 244 births per 1,000 women for women in nomadic households. The CBR exhibits the same pattern as the TFR and the GFR. There is a small difference between the TFR reported in the Multiple Indicator Cluster Survey 2006 (UNICEF 2006), reported as 6.7 children per woman, and the SHDS 2020, which states it is 6.9 children per woman. While comparing both figures, it is important to keep in mind that the MICS 2006 coverage of the nomadic population was excluded. The TFR estimate for 2015-2020 presented in the World Population Prospects for Somalia is 6.1 (United Nations 2019)[1] . Data from the SHDS suggests that the fertility levels in Somalia have remained relatively stable over the past couple of decades, and that the decline expected by international experts did not materialize.

1   According to these estimates the TFR for 2015-20 was highest in Niger -- 6.95, followed by Somalia, the Democratic Republic of the with 5.95, and Mali with 5.92 (United Nations 2019)

Figure 4.4 Total fertility rates

Total fertility rates by residence
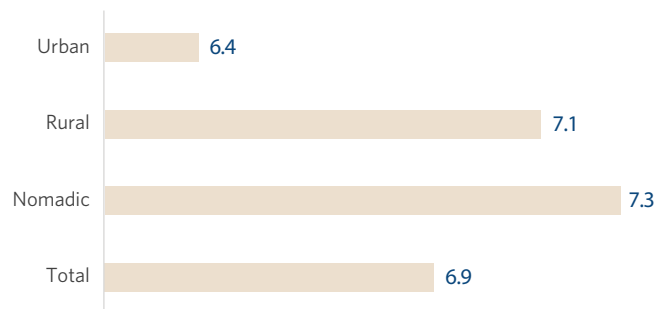
Figure 4.5 Fertility by educational background

Total fertility rates by level of education
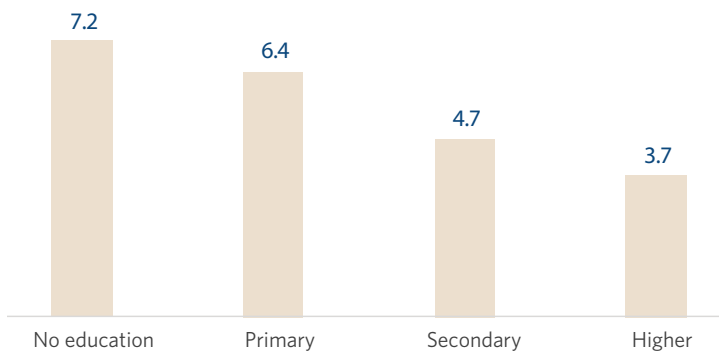
Table 4.5 presents the TFR and the mean number of children ever born (CEB) by background characteristics of the women. It is important to keep in mind that the two indicators capture two different perspectives on fertility. The TFR is a "period" indicator, which shows the number of children that would be born per woman if she was subject to the current schedule of age-specific fertility rates. The CEB is a cohort indicator, which measures the mean number of children born alive to women in a given age group. The number of children ever born to a particular woman is a measure of her lifetime fertility experience up to the moment the SHDS interview was carried out. Table 4.5 presents the CEB for women aged 40 to 49 years, as they are nearing the end of their reproductive lives and thus could

be interpreted as a measure of the average completed fertility. It is important to keep in mind that the reporting of children ever born is subject to recall and other biases, and this is particularly pronounced among older women. The table also presents data for women who reported they were pregnant at the time of the survey.

Comparing the TFR (a measure of period/current fertility) with the mean number of CEB among women aged 40 to 49/completed fertility (a measure of cohort/past fertility) provides important insights in fertility patterns and trends. If fertility remained stable over time and women accurately reported the number of children they have ever born alive, the TFR and mean CEB for women aged 40-49 would be equal. The SHDS indicates there is a very slight difference between the TFR (6.9) and mean CEB for women aged 40-49 years (7.2). This could mean fertility is declining slightly, or a lower recall bias.

As Table 4.5 indicates, the TFR is consistently lower than the mean number of children ever born for women aged 40-49. This is likely to be attributed to the aforementioned problems with recall and other biases in reporting CEB. The magnitude of the differences suggests though that the current fertility levels in Somalia might be lower than in the past. A forthcoming specialized thematic report will look into this in more detail. Notably, this pattern holds across places of residence and women's education levels. In terms of differences in TFR by place of residence, Table 4.5 indicates that fertility is lowest among women living in urban areas and highest among those living in nomadic areas. Only the TFR for women living in urban areas is lower, at 6.4, than the national average of 6.9 children per woman. The largest fertility differentials are associated with educational background (Figure 4.5). For women with no education, the TFR is about twice as high (7.2) as that for women with higher education (3.7). Notably, the difference in TFR between women with no education and those with primary education is relatively small (Table 4.5 and Figure 4.5).

Another measure of fertility is the proportion of women who were pregnant at the time the survey was conducted. This represents, in a sense, the most current level of fertility, since it anticipates fertility during the months following the survey. However, this measure of current fertility should also be treated with caution as pregnancies are generally under-reported. Some women in the early stages of pregnancy may be unaware or uncertain that they are pregnant, and others may deliberately avoid mentioning their status due to local customs and tradition.

Overall, 17 percent of ever-married women were pregnant at the time the survey was conducted. There is a slight variation in the proportions of 'currently pregnant women' (pregnant at the time the survey was conducted) with respect to their places of residence, at 18 percent, 17 percent and 16 percent for urban, nomadic and rural settings, respectively.

Information on the number of CEB for Somalia is presented in Table 4.6 for ever-married women and currently married women. On average, ever-married women aged 45-49 have given birth to 6.2 children, of whom 5.6 survived until the time the survey was conducted. Of the 6.5 children born on average to currently married women aged 45-49, 5.9 survived until the time the survey was conducted. The difference in fertility between the two groups could be attributed to the fact that it is almost universal that children are born within marriage across the country. The dissolution of marriage, particularly at early ages of childbearing, reduces the exposure to the risk of pregnancy and childbearing.

The mean number of CEB increases with age, reflecting the natural family building process.

> On average, ever-married women aged 45-49 have given birth to 6.2 children, of whom 5.6 survived

For example, among ever-married women, the average number of live births for the age group 25-29 is 3.5, while women of 35-39 years reported an average of 5.9 children. Among currently married women, the mean CEB to women of 25-29 years is 3.6, 6.1 for women in the 35-39 age group and 6.5 among women aged 45-49.

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 4.7 presents the distribution of non-first births that occurred in the five years preceding the survey by the number of months since the previous birth, according to background characteristics. It shows that the median spacing between births is 21 months. Twenty-three percent of births reported a spacing of 60 months and above. Births with a spacing of less than 18 months accounted for 27 percent of the total number. There is no difference in the mean birth interval whether or not the preceding birth is male or female.

Menopause

Women are considered to have reached menopause if they are neither pregnant nor postpartum amenorrhoeic and have not had a menstrual period in the six months before the survey; if they report being menopausal; or having had a hysterectomy; or if they have never menstruated. Table 4.8 shows that, overall, 17 percent of women aged 30-49 are menopausal. As could be expected, the proportion of menopausal women increases with age.

Age at First Birth

The age at which childbearing commences is an important determinant of the overall level of fertility, as well as 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 4.9 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 Somali women aged 25-49 is 21 years.

Table 4.10 summarizes the median age at first birth for women aged 20-49 and 25-49 across residential, educational, and wealth status subgroups. The results show that the median age at first birth does not vary much by these background characteristics, with the exception of women with higher education, who—as could be expected—had their first children later, at 22 years, compared to women with primary education, who had their first children at 19 years.

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 4.11 – the data indicates that 14 percent of the Somali girls aged 15-19 fall in this category, 12 percent having already given birth to a child and 2 percent being pregnant with their first child. The proportion of teenagers who have begun childbearing rises rapidly with age. Two percent of women aged 15 have started childbearing, but by the age of 19, 39 percent of women have had a baby, or are pregnant with their first child. There are significant differences in background

Figure 4.6   Teenage pregnancy and motherhood by household wealth

Percentage of women age 15-19 who have begun childbearing
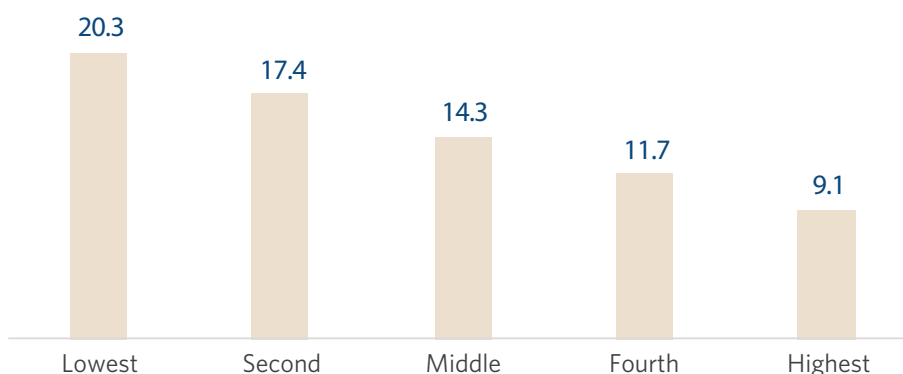
> **Women who become mothers under the age of 20 are likely not to complete their education**

characteristics – while 19 percent of girls aged 15-19 in nomadic areas are already mothers or pregnant with their first child, this proportion in urban areas is 11 percent. Nineteen percent of girls aged 15-19 without education have had a baby or are pregnant, compared to 2 percent of girls with higher education who fall within this bracket. Twenty percent of the girls aged 15-19 in the poorest households have started childbearing, compared to 9 percent of girls of the same age in the wealthiest households (Figure 4.6).

Fertility Preferences

Information on fertility preferences can help assess the desire for children, ideal number of children, the extent of wanted, mistimed and unintended pregnancies. Data on fertility preferences may suggest the way in which fertility trends and patterns are likely to evolve in the future. This section presents SHDS data on whether and when married women desire more children and the desire to limit children, by background characteristics. 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.

Fertility Preferences by Number of Living Children

Table 4.12 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. Sixty-nine percent of currently married women want to have a child soon, 14 percent are undecided on whether to have another child, and 12 percent

do not want any more children. Seventy-seven percent of currently married women with no living children want to have a child soon, while 59 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.

Desire to Limit Childbearing

Table 4.13 shows the percentage of currently married women who want no more children by the number of living children they already have, according to background characteristics. Overall, 12 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, nomadic women are less likely to want no more children in comparison to urban and rural women (11 percent, 12 percent and 14 percent, respectively). There is no clear relationship between wealth and wanting no more children. However, women in fourth and middle wealth quintiles are more likely to want no more children (14 percent and 13 percent, respectively) than women in the lowest (10 percent) and the highest quintiles (12 percent).

Ideal Number of Children

In order to obtain a greater insight into fertility preferences among Somali women, the SHDS 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 4.14 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 the Somali women desire large families. Fifty-two percent of women interviewed consider six or more children to be the ideal family size. Three percent stated their ideal number of children is five.

If currently married Somali women could choose their ideal number of children, they would like to have 9 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 9, while among the ever-married women, the mean ideal number of children is 8.

Fertility Planning

Information collected as part of the SHDS 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 recognise that women may declare a previously unintended birth or current pregnancy as intended, and this rationalisation would result in an underestimate of the true extent of unintended births.

Table 4.15 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 (69 percent) were wanted at the time they occurred, while 23 percent were intended later and around 8 percent were born to mothers who intended to have no more children (Figure 4.7). First- and fourth- order births were more likely to have been intended (72 percent) than second and third order births (68 and 65 percent respectively). The proportion of unintended births is greater for births that are second in order (9 percent) than for fourth or higher births births (5 percent). Similarly, a larger proportion of births to older women are unintended than those to younger women. While only 7 percent of births to women under age 20 are unintended, 16 percent of births to women age 40-44 are unintended.

Figure 4.7   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

8.0

Wanted later
22.7

Wanted then
69.3
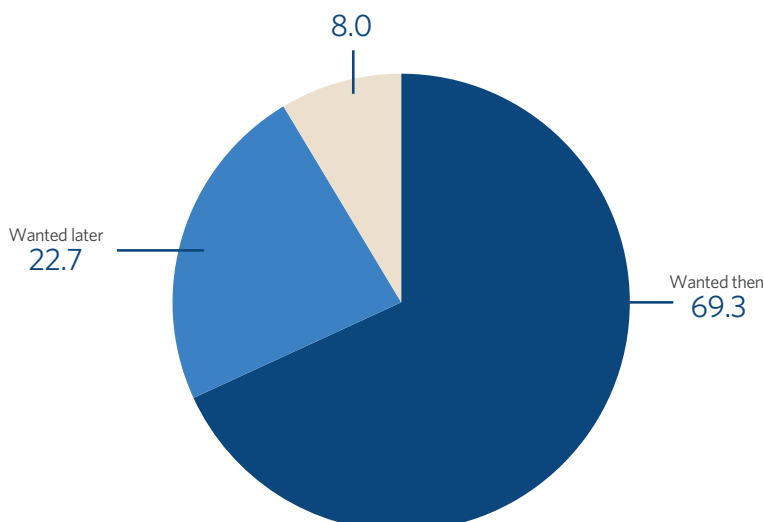
Birth Spacing

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.

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), injectables, 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.

Figure 4.8   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

■ Currently married women   ■ All ever-married women

Method	Currently married women	All ever-married women
Traditional methods	1.2	1.2
Withdrawal	13.9	14.1
Rhythm	10.8	11.0
Any traditional method	17.3	17.4
Other modern methods	0.9	1.0
Lactational Amenorrhea (LAM)	53.7	53.5
Standard days method	11.9	12.1
Emergency contraception	11.2	11.5
Female condoms	10.1	10.3
Male condoms	16.9	17.3
Pills	34.7	35.0
Implants	25.0	25.4
Injectables	31.1	31.3
IUDs	15.2	15.8
Any modern method	62.3	62.0
Any method	63.0	62.6

Table 4.16 presents data on the knowledge of contraceptive methods. It indicates that around 63 percent of ever-married women have heard of at least one method of contraception. Modern contraceptive methods are more widely known than traditional methods—62 percent each of both ever-married women and currently married women know of any modern method, while 17 percent each of ever-married women and currently married women know of a traditional method (Figure 4.8).

The LAM, pill, injectables, implants and condoms are the contraceptive methods most commonly known among Somali women. Fifty-four percent of women have heard of lactational amenorrhea, 35 percent have heard of the pill, 31 percent have heard of injectables, 25 percent have heard of implants, and 17 percent have heard of the male condom.

Table 4.17 presents data on the knowledge of contraceptive methods by background characteristics. It shows that knowledge of contraception is highest among older women, with about half of the girls aged 15-19 having heard of contraceptive methods. Women in urban areas are more likely to know of contraceptive methods, as close to three-quarters of them stated they had heard of at

least one modern method, compared to 65 percent among women in rural areas, and 52 percent of women who reside in nomadic areas. As could be expected, women with higher education are best informed about contraception—90 percent of them have heard of at least one method (Figure 4.9).

Contraceptive Use

One of the most frequently used indicators for assessing the success of birth spacing programmes is examining the current level of contraceptive use. This is also widely used as a measure in the analysis of determinants of fertility.

Table 4.18 shows the distribution of currently married women who were using modern contraception by age. As indicated in the table, 6 percent of the currently married women are using any contraceptive method and 1 percent are using modern methods. Among the 15-19-year olds, 8 percent are using contraceptives compared to 2 percent of those aged 40-44.

Knowledge of Fertile Period

To examine a woman's knowledge of the reproductive process, respondents were asked

Figure 4.9   Knowledge of contraceptive methods by education

Percentage of currently married women aged 15-49 who have heard of at least one contraceptive method

No education	Primary	Secondary	Higher
59.4	79.7	84.9	89.5
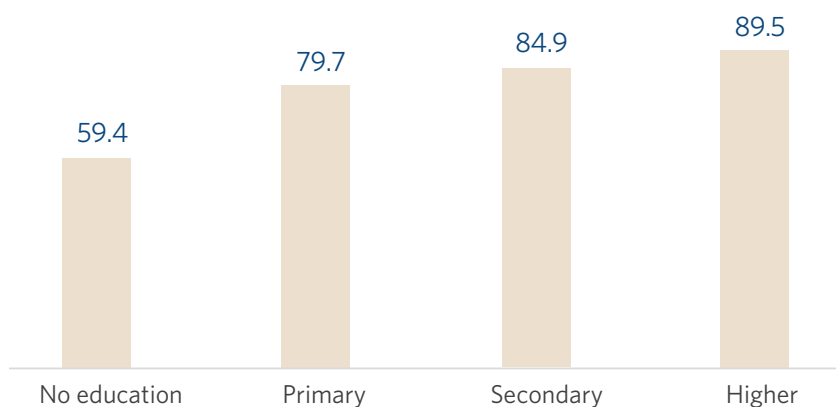
> **Among the 15-19-year olds, 8 percent are using contraceptives compared to 2 percent of those aged 40-44**

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 4.19 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 10 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), 8 percent had correct knowledge of the fertile period. Around 10 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.

Need and Demand for Birth Spacing

One of the major concerns of birth spacing programmes is to assess the size of the potential demand for contraception and to identify women who are in need of contraceptive services. Table 4.20 presents estimates of unmet need, met need, 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 needs.

Table 4.20 shows that 37 percent of currently married women have an unmet need for birth spacing services (29 percent for spacing births and 8 percent for stopping childbearing). One percent of married women are currently using a contraceptive method or have a met need for either birth spacing or limiting childbearing. Thirty-eight percent of currently married women have a demand for birth spacing (30 percent for birth spacing and 8 percent for limiting childbearing). At present, only 3 percent of the potential demand for birth spacing is being met. This means that if all married women who said they want to space the births of their children, or limit their number of children were to use birth spacing methods, the contraceptive prevalence rate would increase from 1 percent to 38 percent.

Analysis by age shows that the unmet need for birth spacing is highest among women aged 30-34 (39 percent), and lowest among women aged 15-19 (31 percent). Unmet need is slightly higher in rural and nomadic areas than urban areas, with urban areas at 36 percent and both rural and nomadic areas at 37 percent each.

Unmet needs are higher among women with no education than women with primary education, at 37 percent, followed by women with higher education, at 30 percent. Women with secondary education have the lowest unmet needs at 29 percent. Unmet need is lowest among women from wealthier households, at 34 percent, and highest among women in the middle wealth quintile, at 39 percent. There are no big differences in the total demand for birth spacing among currently married women from households of different wealth.

Comparison with the 2006 MICS indicates that unmet need among currently married women

Fifty-two percent of women interviewed consider six or more children to be the ideal family size

increased from 26 percent to 37 percent over the past 14 years.

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 programme 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 4.21 shows that women's exposure to all three media is very low. About 13 percent of women have heard a message related to birth spacing on the radio. Close to 10 percent of women reported having seen a message on birth spacing on television, and 4 percent saw a message on birth spacing in a newspaper. Eighty-two percent of women had not been exposed to birth spacing messages in any of these media. As expected, women in nomadic areas are less likely to have been exposed to birth spacing messages in the media compared to women in urban and rural areas.

List of Tables

Table 4.1   Current marital status

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

Age	Never-married	Currently Married	Divorced	Widowed	Total	Number of women
15-19	79.1	18.2	2.2	0.6	100.0	4649
20-24	27.1	63.9	7.6	1.4	100.0	2906
25-29	6.5	84.9	6.7	1.9	100.0	2918
30-34	3.5	85.0	7.9	3.6	100.0	2195
35-39	1.3	87.5	6.5	4.6	100.0	1948
40-44	1.5	83.6	7.6	7.3	100.0	1176
45-49	0.8	74.7	9.6	14.9	100.0	646
Total	**29.1**	**62.1**	**5.9**	**2.9**	**100.0**	**16,438**

Table 4.2   Age at first marriage

Percentage of women age 15-49 who were first married by specific exact ages, and median age at first marriage, according to current age, SHDS 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	7.7	na	na	na	na	79.1	4,649	a
20-24	16.7	35.4	41.7	na	na	27.1	2,906	a
25-29	14.6	32.3	42.0	55.8	71.7	6.5	2,918	20.0
30-34	24.8	36.6	47.9	60.5	79.1	3.5	2,195	20.0
35-39	12.8	33.8	46.3	59.5	78.3	1.3	1,948	20.0
40-44	10.0	29.3	45.9	57.3	71.2	1.5	1,176	20.0
45-49	12.9	29.4	42.4	58.4	73.9	0.8	646	20.0
20-49	16.2	33.7	44.1	na	na	9.4	11,789	a
25-49	16.0	33.1	44.9	58.2	75.1	3.5	8,883	20.0

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

n/a = 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 for Male

Percentage of men age 15-49 who were first married by specific exact ages, and median age at first marriage, according to current age, SHDS, 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	0.3	na	na	na	na	96.0	5,162	a
20-24	0.4	7.1	16.6	na	na	71.3	2,898	a
25-29	0.6	7.5	18.7	32.5	51.6	35.2	2,408	a
30-34	0.8	8.0	17.7	36.7	53.7	12.8	2,219	22.0
35-39	0.5	7.6	16.3	37.5	50.7	5.7	1,874	24.0
40-44	0.7	5.9	13.3	33.5	44.8	4.4	1,779	25.0
45-49	0.3	5.7	12.8	35.0	47.0	2.7	966	25.0
50-54	0.7	6.7	13.4	36.4	44.4	1.7	1,314	25.0
55-59	0.3	5.0	15.2	37.4	48.4	0.7	598	25.0
60-64	0.5	7.9	15.5	39.1	47.6	2.9	969	25.0
20-49	0.6	7.1	16.4	na	na	28.1	12,144	a
25-49	0.6	7.1	16.3	35.0	50.1	14.5	9,246	a
20-64	0.6	7.1	16.0	na	na	23.1	15,025	a
25-64	0.6	7.0	15.9	35.6	49.2	11.5	1,2127	23.0

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

n/a = 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 rate, the general fertility rate, and the curde birth rate for the three years preceding the survey, by Residence, SHDS, 2020

Age group	Residence			Total
	Urban	Rural	Nomadic	
15-19	94	112	157	118
20-24	304	342	350	329
25-29	312	343	320	324
30-34	290	299	284	291
35-39	174	189	178	180
40-44	79	104	128	102
45-49	20	36	41	33
TFR (15-49)	6.4	7.1	7.3	6.9
GFR	211	235	244	228
CBR	41.7	41.3	42.5	43.3

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 aged 15-49

CBR: Crude birth rate expressed per 1,000 population

Table 4.5 Selected fertility indicators by background characteristics

Total fertility rate for the three years preceding the survey, percentage of women aged 15-49 currently pregnant, and mean number of children ever born to women aged 40-49 years, by background characteristics, SHDS 2020

Background characteristic	Total Fertility Rate	Mean number of children ever born to women aged 40-49	Percentage women aged 15-49 currently pregnant
Type of residence			
Urban	6.4	6.8	18
Rural	7.1	7.2	16.4
Nomadic	7.3	8.3	16.9
Education			
No education	7.2	8.3	16.1
Primary	6.4	8.6	20.5
Secondary	4.7	6.3	30.9
Higher	3.7	6.4	23.5
Wealth quintile			
Lowest	7.3	7	17.4
Second	7.7	7.6	16.2
Middle	7	7.3	17.9
Fourth	7	7	16.7
Highest	5.6	7.1	17.6
Total	6.9	7.2	17.1

Note: Total fertility rates are for the period 1-36 months preceding the interview

Table 4.6   Children ever born and living

Percent distribution of all women and currently married women age 15-49 by number of children ever born, mean number of children ever born and mean number of living children, according to age group,SHDS, 2020

Age	Number of children ever born											Total	Number of women	Mean number of children ever born	Mean number of living children
	0	1	2	3	4	5	6	7	8	9	10+				
Ever-married women															
15-19	45.0	34.3	15.7	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	973	0.8	0.8
20-24	16.5	20.0	27.2	22.8	10.2	3.4	0.0	0.0	0.0	0.0	0.0	100.0	2,119	2.0	2.0
25-29	7.3	7.9	15.5	19.8	19.7	14.6	8.1	4.8	1.4	0.7	0.3	100.0	2,728	3.5	3.4
30-34	6.2	4.3	8.6	12.6	14.0	15.4	14.2	10.8	7.5	3.1	3.2	100.0	2,119	4.8	4.5
35-39	4.0	1.9	6.0	8.1	10.7	13.0	13.0	15.5	10.0	8.5	9.3	100.0	1,922	5.9	5.5
40-44	5.8	1.5	4.7	8.0	10.0	14.7	14.1	10.7	8.8	8.6	13.2	100.0	1,158	6.0	5.5
45-49	5.2	1.0	6.2	10.0	7.4	13.3	13.8	8.8	10.3	9.6	14.4	100.0	641	6.2	5.6
Total	**11.1**	**9.6**	**13.2**	**14.2**	**12.2**	**11.2**	**8.8**	**7.2**	**4.8**	**3.5**	**4.3**	**100.0**	**11,660**	**4.0**	**3.8**
Currently married women															
15-19	44.4	34.3	16.5	4.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	844	0.8	0.8
20-24	16.4	19.3	26.5	23.8	10.7	3.3	0.0	0.0	0.0	0.0	0.0	100.0	1,857	2.0	2.0
25-29	6.5	7.3	14.9	20.2	19.9	15.2	8.5	5.1	1.5	0.7	0.3	100.0	2,477	3.6	3.4
30-34	5.3	3.2	7.9	12.9	13.7	15.7	15.6	11.1	7.9	3.4	3.4	100.0	1,866	4.9	4.7
35-39	3.6	1.5	5.5	7.8	10.2	12.5	13.5	15.5	10.5	9.3	10.2	100.0	1,705	6.1	5.7
40-44	5.4	1.2	4.5	7.6	9.8	14.2	14.5	10.5	9.2	9.2	13.9	100.0	984	6.1	5.7
45-49	3.1	0.1	5.9	9.5	5.6	14.8	14.5	8.3	11.4	10.5	16.3	100.0	483	6.5	5.9
Total	**10.4**	**9.1**	**12.9**	**14.4**	**12.2**	**11.3**	**9.2**	**7.3**	**5.0**	**3.7**	**4.5**	**100.0**	**10215**	**4.1**	**3.9**

Table 4.7   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 characteristics, SHDS 2020

Background characteristics	Birth order (number of months since preceding birth)							Number of non-first births	Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48-59	60+	Total		
Age									
15-19	13.0	2.6	5.9	1.0	0.1	77.4	100.0	246	13.8
20-29	28.3	13.2	20.9	5.9	2.0	29.6	100.0	4,346	19.2
30-39	27.3	17.5	29.6	10.7	5.0	9.9	100.0	2,890	23.0
40-49	19.2	11.9	29.4	11.8	7.2	20.5	100.0	526	24.0
Sex of preceding birth									
Male	27.0	14.8	24.0	7.8	3.8	22.7	100.0	4,280	21.0
Female	26.8	13.8	24.3	8.0	2.8	24.2	100.0	3,729	21.0
Survival of preceding birth									
Living	27.4	14.5	24.1	7.5	3.2	23.3	100.0	7,400	20.8
Dead	20.4	12.3	25.2	13.0	4.8	24.2	100.0	608	24.0
Birth order									
2-3	27.1	14.5	24.5	7.8	3.2	22.9	100.0	7,335	20.8
4-6	26.0	13.2	20.6	8.9	5.5	25.8	100.0	608	22.4
7+	12.0	6.7	18.1	7.2	1.9	54.0	100.0	66	21.6
Type of residence									
Urban	30.4	13.2	22.9	7.6	3.2	22.7	100.0	2,987	23.0
Rural	26.2	16.1	24.7	8.4	2.8	21.7	100.0	2,436	23.0
Nomadic	23.4	14.0	25.1	7.8	4.0	25.7	100.0	2,586	19.2
Education									
No education	26.1	14.4	25.0	8.2	3.6	22.6	100.0	6,664	21.0
Primary	31.7	14.0	20.6	6.5	2.2	25.0	100.0	1,058	20.0
Secondary	30.0	14.8	13.1	7.8	2.7	31.5	100.0	199	21.6
Higher	22.5	10.6	23.4		1.3	42.3	100.0	87	24.9
Wealth quintile									
Lowest	22.2	14.4	25.8	7.4	3.8	26.4	100.0	1,756	20.0
Second	23.8	13.7	27.1	9.8	3.5	22.1	100.0	1,630	20.0
Middle	30.5	14.9	23.4	6.4	3.1	21.7	100.0	1,615	21.0
Fourth	30.9	13.3	22.9	8.1	3.5	21.4	100.0	1,733	22.0
Highest	27.2	15.7	20.7	7.8	2.8	25.8	100.0	1,275	22.0
Total	**26.9**	**14.3**	**24.1**	**7.9**	**3.3**	**23.4**	**100.0**	**8,009**	**21.0**

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.

Table 4.8   Menopause

Percentage of women age 30-49 who are menopausal, by age, SHDS, 2020

Age	Percentage menopausal[1]	Number of women
30-34	15.2	2195
35-39	14.6	1948
40-41	16.9	906
42-43	15.8	222
44-45	28.9	410
46-47	29.3	164
48-49	38.2	121
Total	**17.1**	**5,965**

[1] Percentage of women who are not pregnant and not postpartum amenorrhoeic, whose last menstrual period occurred six or more months preceding the survey.

Table 4.9   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, SHDS 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	1.2	na	na	na	na	88.4	4,649	a
20-24	2.6	27.2	48.8	na	na	38.5	2,906	a
25-29	3.6	24.0	45.2	64.8	81.7	13.2	2,918	20.0
30-34	4.8	24.9	43.5	60.8	77.5	9.3	2,195	20.0
35-39	2.3	15.9	36.4	57.1	75.9	5.1	1,948	21.0
40-44	2.9	12.5	27.0	47.0	66.4	7.4	1,176	22.0
45-49	2.0	12.1	21.0	33.2	51.7	6.0	646	24.0
20-49	3.2	21.8	41.2	na	na	16.4	11,789	a
25-49	3.4	20.1	38.7	57.5	75.2	9.2	8,883	21.0

n/a = 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 4.10   Median age at first birth

Median age at first birth among women age 20-49 (25-49) years, by background characteristics, SHDS, 2020		
Background characteristics	**Women aged 20-49**	**Women aged 25-49**
Type of residence		
Urban	19.0	20.0
Rural	20.0	20.0
Nomadic	20.0	20.0
Education		
No education	20.0	20.0
Primary	19.0	20.0
Secondary	20.0	21.0
Higher	22.0	23.4
Wealth quintile		
Lowest	20.0	20.0
Second	19.0	20.0
Middle	19.0	20.0
Fourth	20.0	20.0
Highest	20.0	20.0
Total	20.0	20.0

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

Table 4.11   Teenage pregnancy and motherhood

Percentage of women aged 15-19 who have had a live birth or who are pregnant with their first child, and percentage who have begun childbearing, SHDS 2020

Background characteristics	Percentage of women age 15-19 who:			
	Have had a live birth	Are pregnant with first child	Percentage who have begun childbearing	Number of women
Age group				
15-19	11.6	2.4	14.0	4,649
15	1.2	0.7	1.9	1,192
16	2.3	0.6	2.9	933
17	7.6	2.9	10.5	801
18	19.9	4.3	24.2	1,052
19	35.0	4.4	39.4	671
Type of residence				
Urban	8.9	1.9	10.9	1,973
Rural	11.3	2.3	13.6	1,314
Nomadic	15.8	3.3	19.1	1,363
Education				
No education	15.7	3.3	18.9	2,660
Primary	8.0	1.5	9.5	1,166
Secondary	3.9	1.0	4.9	724
Higher	2.4	0.0	2.4	100
Wealth quintile				
Lowest	16.7	3.6	20.3	858
Second	14.9	2.5	17.4	727
Middle	11.9	2.3	14.3	928
Fourth	9.4	2.3	11.7	1,006
Highest	7.4	1.7	9.1	1,130
Total	**11.6**	**2.4**	**14.0**	**4,649**

Table 4.12   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, SHDS, 2020

Desire for children	Number of living children[1]							Total 15-49
	0	1	2	3	4	5	6+	
Have another soon[2]	76.6	79.7	74.4	71.4	70.0	67.9	59.0	68.9
Have another later[3]	0.6	3.5	3.2	2.6	2.9	2.8	3.2	2.8
Undecided	15.0	9.9	11.9	13.1	15.1	13.6	15.1	13.7
Want no more	0.0	5.2	7.8	11.3	10.7	13.7	20.0	12.0
Declared infecund	7.8	1.7	2.7	1.5	1.3	1.9	2.7	2.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	864	1,023	1,289	1,554	1,353	1,221	2,911	1,0215

[1] The number of living children includes current pregnancy for women

[2] Wants next birth within 2 years

[3] Wants to delay next birth for 2 or more years

Table 4.13   Desire to limit childbearing—Women

Percentage of currently married women aged 15-49 who want no more children, by number of living children, according to background characteristics, SHDS 2020

Background characteristics	Number of living children[1]							Total
	0	1	2	3	4	5	6+	
Type of residence								
Urban	0.0	6.0	6.2	11.0	10.1	13.7	18.8	11.7
Rural	0.0	5.5	8.2	12.4	10.9	13.4	23.5	13.7
Nomadic	0.0	4.5	8.9	10.8	11.0	13.9	17.8	10.9
Education								
No education	0.0	5.4	8.8	12.2	11.7	14.6	20.5	12.9
Primary	0.0	5.0	2.5	5.0	6.6	7.2	15.7	7.3
Secondary	0.0	5.5	2.4	7.7	1.8	9.3	23.9	7.1
Higher	0.0	1.8	18.1	12.2	0.0	0.0	0.0	5.9
Wealth quintile								
Lowest	0.0	3.5	8.2	9.1	10.6	10.5	17.8	10.1
Second	0.0	5.1	6.0	12.8	9.3	13.6	20.4	12.0
Middle	0.0	1.7	8.4	12.2	11.9	17.3	20.5	13.4
Fourth	0.0	12.4	7.4	11.1	11.3	14.5	21.7	13.6
Highest	0.0	4.3	9.2	12.7	10.5	13.1	19.7	11.4
Total	0.0	5.2	7.8	11.3	10.7	13.7	20.0	12.0

Note: [1] The number of living children includes the current pregnancy

Table 4.14   Ideal number of children

Percent distribution of women aged 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, SHDS 2020

	Number of living children[1]							Total
	0	1	2	3	4	5	6+	
Ideal number of children								
0	3.3	11.2	9.3	11.1	12.1	11.8	14.7	9.0
1	0.1	0.9		0.2	0.1	0.1	0.1	0.2
2	0.2	0.8	0.9	0.7	0.3	0.8	0.3	0.4
3	0.1	0.6	0.7	1.6	0.7	0.5	0.7	0.6
4	0.3	1.7	2.2	1.6	1.9	0.4	0.8	1.0
5	1.1	6.0	7.4	4.9	2.4	3.1	1.2	2.8
6+	12.0	71.1	71.5	73.1	75.6	76.2	74.2	51.7
Non numeric response	83.0	7.7	7.9	6.8	7.0	7.1	8.0	34.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Number of women	5867	1250	1514	1734	1556	1347	3170	16438
Mean ideal number of children for:[2]								
All ever-married women	8.1	8.5	9.0	8.8	9.5	9.5	10.2	9.3
Number of women	1088	1250	1514	1734	1556	1347	3170	11660
Mean ideal number of children for currently married women								
Currently married women	8.5	8.7	9.0	8.9	9.5	9.5	10.2	9.4
Number of currently married women	864	1,023	1,289	1,554	1,353	1,221	2,911	10,215

[1] The number of living children includes current pregnancy for women.

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

Table 4.15   Fertility planning status

Percent distribution of births to women aged 15-49 in the five years preceding the survey (including current pregnancies), by planning status of the birth, according to birth order and mother's age at birth, SHDS 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	71.7	20.3	8.0	100.0	8,085
2	67.6	23.6	8.8	100.0	6,255
3	65.3	26.6	8.1	100.0	3,476
4+	71.9	23.0	5.1	100.0	2,225
Mother's age at birth					
<20	66.6	26.1	7.3	100.0	2,948
20-24	71.0	22.9	6.2	100.0	5,917
25-29	69.9	22.7	7.4	100.0	5,373
30-34	69.1	21.9	9.0	100.0	3,497
35-39	67.7	20.1	12.2	100.0	1,860
40-44	69.9	14.5	15.6	100.0	402
45-49	(51.6)	(19)	(29.4)	100.0	44
Total 15-49	**69.3**	**22.7**	**8.0**	**100.0**	**20,042**

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

Table 4.16   Knowledge of contraceptive methods

Percentage of ever-married women, currently married women aged 15-49 who have heard of any contraceptive method, by specific method, SHDS 2020

Method	All ever-married women	Currently married women
Any method	62.6	63.0
Any modern method	62.0	62.3
IUDs	15.8	15.2
Injectables	31.3	31.1
Implants	25.4	25.0
Pills	35.0	34.7
Male condoms	17.3	16.9
Female condoms	10.3	10.1
Emergency contraception	11.5	11.2
Standard days method	12.1	11.9
Lactational Amenorrhea (LAM)	53.5	53.7
Other modern methods	1.0	0.9
Any traditional method	17.4	17.3
Rhythm	11.0	10.8
Withdrawal	14.1	13.9
Traditional methods	1.2	1.2
Mean number of methods known by women 15-49	2.4	2.4
Number of respondents	11,660	10,215

Table 4.17   Knowledge of contraceptive methods by background characteristics

Percentage of currently married women aged 15-49 who have heard of at least one contraceptive method and who have heard of at least one modern method, by background characteristics, SHDS 2020

Background characteristics	Heard of any method	Heard of any modern method	Number of women
Age			
15-19	49.9	49.5	844
20-24	62.4	61.8	1,857
25-29	64.1	63.3	2,477
30-34	64.3	63.8	1,866
35-39	65.2	64.6	1,705
40-44	63.3	62.6	984
45-49	68.3	67.9	483
Type of residence			
Urban	73.0	72.5	3,490
Rural	65.1	64.6	3,004
Nomadic	51.9	50.9	3,721
Education			
No education	59.4	58.8	8,593
Primary	79.7	79.2	1,176
Secondary	84.9	84.2	306
Higher	89.7	89.7	140
Wealth quintile			
Lowest	55.4	54.5	2,579
Second	53.2	52.4	2,049
Middle	63.4	62.9	1,819
Fourth	69.3	68.9	1,969
Highest	77.6	77.0	1,798
Total 15-49	63.0	62.3	10,215

Table 4.18   Current use of contraception by age

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

| Age | Any method | Modern method | | | | | | | | Traditional method | | Not currently using | Total | Number of women currently married |
		Any modern method	IUD	Injectables	Implants	Pills	condom	Lactational Amenorrhea (LAM)	Any traditional method	Rhythm			
15-19	8.4	0.4	0.1	0.2	0.1	0.0	0.0	0.0	8.1	8.1	91.6	100.0	844
20-24	7.2	1.0	0.0	0.1	0.3	0.5	0.0	0.1	6.2	6.2	92.8	100.0	1857
25-29	7.5	0.7	0.0	0.1	0.2	0.3	0.0	0.1	6.8	6.8	92.5	100.0	2477
30-34	5.8	1.2	0.2	0.0	0.3	0.5	0.1	0.1	4.6	4.6	94.2	100.0	1866
35-39	3.9	0.5	0.0	0.0	0.0	0.3	0.0	0.2	3.4	3.4	96.1	100.0	1705
40-44	1.8	0.8	0.0	0.0	0.3	0.1	0.0	0.4	1.0	1.0	98.2	100.0	984
45-49	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	483
Total	5.7	0.7	0.0	0.1	0.2	0.3	0.0	0.1	5.0	5.0	94.3	100.0	10,215

Note: If more than one method is used, only the most effective method is considered in this tabulation

n/a = Not applicable

LAM = Lactational amenorrhoea method

Table 4.19 Knowledge of fertile period by age

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

Age	Percentage with correct knowledge of the fertile period	Number of ever-married women
15-19	8.0	973
20-24	10.3	2,119
25-29	11.0	2,728
30-34	10.3	2,119
35-39	10.1	1,922
40-44	10.6	1,158
45-49	11.3	641
Total	**10.3**	**11,660**

Note: Correct knowledge of the fertile period is defined as halfway between two menstrual periods.

Table 4.20 Need and demand for birth spacing among currently married women

Percentage of currently married women aged 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, by background characteristics, SHDS 2020

Background characteristics	Unmet need for birth spacing			Met need for birth spacing (currently using)			Total demand for birth spacing[1]			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	28.1	3.0	31.1	0.5	0.1	0.6	28.6	3.2	31.7	1.9	1.2	844
20-24	31.9	4.0	35.9	1.4	0.1	1.4	33.3	4.1	37.4	3.9	2.6	1,857
25-29	32.7	4.9	37.6	0.9	0.2	1.1	33.6	5.2	38.8	3.0	2.2	2,477
30-34	31.6	7.3	38.9	1.3	0.2	1.5	32.9	7.5	40.4	3.7	2.9	1,866
35-39	26.3	10.2	36.4	0.5	0.3	0.7	26.7	10.4	37.2	2.0	1.3	1,705
40-44	22.5	16.0	38.4	0.9	0.4	1.3	23.3	16.4	39.7	3.2	1.9	984
45-49	14.6	17.1	31.7	0.1		0.1	14.7	17.1	31.8	0.2	0.0	483
Type of Residence												
Urban	28.5	7.3	35.8	2.0	0.4	2.4	30.5	7.7	38.2	6.2	4.7	3,490
Rural	28.5	8.8	37.3	0.8	0.1	0.9	29.3	8.9	38.2	2.4	1.1	3,004
Nomadic	30.1	6.8	36.8	0.0	0.1	0.1	30.1	6.9	37.0	0.3	0.3	3,721
Education												
No Education	28.7	8.2	36.9	0.5	0.2	0.7	29.2	8.4	37.6	1.8	1.1	8,595
Primary	33.5	3.8	37.3	2.0	0.3	2.3	35.5	4.2	39.6	5.9	5.0	1,176
Secondary	24.4	4.5	28.9	5.6		5.6	30.0	4.5	34.6	16.3	14.3	306
Higher	24.8	5.3	30.1	7.0		7.0	31.9	5.3	37.1	18.9	11.4	138
Wealth quintile												
Lowest	28.8	6.4	35.2	0.1	0.1	0.1	28.9	6.4	35.3	0.4	0.2	2,579
Second	29.8	7.1	37.0	0.2	0.1	0.3	30.0	7.2	37.2	0.7	0.5	2,049
Middle	30.6	8.5	39.1	0.6	0.3	0.9	31.2	8.8	40.0	2.2	1.9	1,819
Fourth	29.3	8.6	37.9	1.1	0.3	1.4	30.4	8.9	39.3	3.5	2.5	1,969
Highest	26.8	7.6	34.4	3.1	0.4	3.4	29.8	8.0	37.8	9.1	6.0	1,798
Total	**29.1**	**7.5**	**36.6**	**0.9**	**0.2**	**1.1**	**30.0**	**7.8**	**37.7**	**3.0**	**2.1**	**10,215**

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).

Table 4.21   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 characteristics, SHDS, 2020

Background characteristics	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	21.6	19.4	7.7	30.6	4.9	69.4	4,161
Rural	14.1	7.8	3.8	17.2	2.5	82.8	3,509
Nomadic	4.2	0.5	0.4	4.5	0.1	95.5	3,989
Education							
No education	10.7	6.1	2.4	13.8	1.4	86.2	9,757
Primary	24.4	21.1	8.5	32.6	5.4	67.4	1,367
Secondary	31.4	36.3	17.5	44.9	15.4	55.1	375
Higher	41.9	52.2	32.6	62.0	19.2	38.0	161
Wealth quintile							
Lowest	4.3	0.8	0.5	4.8	0.3	95.2	2,733
Second	6.8	1.7	0.9	7.3	0.6	92.7	2,310
Middle	14.8	5.7	4.0	17.2	2.1	82.8	2,159
Fourth	17.9	12.1	5.3	22.8	3.5	77.2	2,356
Highest	26.1	30.1	10.4	40.3	7.0	59.7	2,101
Total 15-49	**13.4**	**9.5**	**4.0**	**17.6**	**2.5**	**82.4**	**11,660**

05

Maternal and Newborn Health

KEY FINDINGS

31%

of women aged 15-49 who had a live birth in the 5 years before the survey received antenatal care from skilled health personnel during the pregnancy of their last birth

8%

of women had at least four ANC visits

COMPONENTS OF ANTENATAL CARE

89%

of women who received antenatal care had their blood pressure measured

64%

of women had a urine sample taken

68%

of women had a blood sample taken
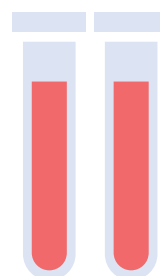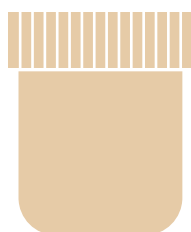
DELIVERY SERVICES

32%

of births were delivered with the assistance of a skilled health care provider

21%

of births were delivered at a health facility

POSTNATAL CHECKS

11%

of mothers and

10%

of births had a postnatal check within the first 2 days after delivery

HINDRANCES WOMEN AGED 15-49 FACE IN ACCESSING HEALTH CARE DURING PREGNANCY AND CHILD DELIVERY

65%

lack of money

62%

distance to a health facility

42%

obtaining permission to access services

⑤ MATERNAL AND NEWBORN HEALTH

This chapter presents crucial findings on maternal health, including information on the provision of antenatal care (ANC), delivery, and postnatal care (PNC). These services support key strategic and health policy objectives in Somalia, particularly the reduction of maternal morbidity and mortality.

The survey results provide an opportunity to identify critical issues affecting the health status of women and children in Somalia. This information will assist policymakers, planners and other collaborators in the health sector to formulate appropriate strategies and interventions to improve maternal, newborn and child health services across Somalia.

Antenatal Care

The health care that a mother receives during pregnancy and at the time of delivery, known as antenatal care, is important for the survival and well-being of both the mother and newborn child. The ANC from a nurse or trained personnel is vital for monitoring a pregnancy and reducing the risks related to morbidity and mortality for the mother and child during pregnancy and delivery.

A well-designed and well-implemented ANC programme facilitates the timely detection and treatment of problems during pregnancy. In developing countries in particular, the prevention and treatment of malaria in pregnant women, management of anaemia during pregnancy, and treatment of sexually transmitted infections (STIs) can significantly improve foetal outcomes and improve maternal health. During the antenatal period, interventions such as the administering of tetanus immunization can be life-saving for both the mother and child.

During the SHDS 2020, women who had given birth in the five years preceding the survey were asked about the type of ANC provider they had used; the number of ANC visits they had made; the stage of pregnancy they were in at the time of their first visit; and services and information provided during ANC. For women with two or more live births during the five-year period, data on ANC refers to the most recent birth only.

Antenatal Care Coverage

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-eight 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, 31 percent received ANC from trained personnel (doctors/ clinical officers or nurses/midwives/auxiliary midwives) at least once. Twelve percent of women received ANC from a doctor/clinical officer, while 19 percent received care from a midwife, nurse or auxiliary midwife.

About half of the women living in urban areas (49 percent) had received ANC from skilled personnel, whereas in rural areas and within nomadic settlements, 35 percent and 9 percent of women, respectively, received ANC from a skilled provider.

Education levels and the wealth status of women were strongly associated with their use of ANC from a skilled health care provider. Seventy-seven percent of women with higher education received antenatal care from a skilled provider, compared to 26 percent of women with no education.

Generally, younger mothers of 20-34 years received more ANC from skilled medical personnel than older women aged 35-49 years (at 33 percent and 25 percent respectively).

Number and Timing of Antenatal Visits

ANC is more beneficial in preventing adverse outcomes of pregnancy when it is sought early and is continued throughout pregnancy. Health professionals recommend that the first antenatal visit should occur within the first three months of the pregnancy and that visits should continue on a monthly basis through

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

Doctor/Clinical Officer
12.4

Nurse/Auxilliary Midwife/Midwife
18.7

TBA/other/relative
1.2

No ANC
67.7

Figure 5.2 ANC visits made by pregnant women

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

4+ Visits
8.2

Don't know/missing
0.3

2-3 Visits
18.0

1 Visit
5.8

None
67.7
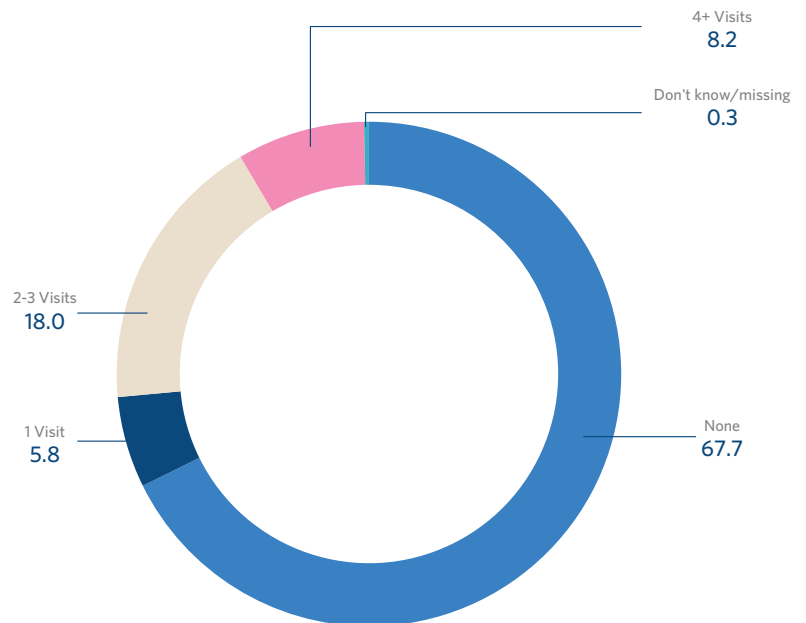
week 28 of pregnancy, and then every two weeks up to week 36 (or until birth). If the first antenatal visit is made during the third month of pregnancy and then visits occur as regularly as recommended, a total of at least 12 to 13 antenatal visits should have taken place. Table 5.2 and Figure 5.2 show that among women who had a live birth in the five years

preceding the survey, 8 percent had made four or more antenatal care visits, with the majority (68 percent) had no ANC visits in their most recent pregnancy in the five years preceding the survey. Women residing in the urban and rural areas made four or more ANC visits at (14 and 10 percent) respectively, among the women residing in the nomadic areas, only 4 percent made four or more ANC visits. Ninety percent of nomadic women made no ANC visit during their most recent pregnancy in the five years preceding the survey.

Eleven percent of women make their first antenatal care visit before the fourth month of pregnancy. There is a marginal variation of women who delay ANC to the last trimester by place of residence — 4 percent of urban women reported they made their first ANC visit in or after the eighth month, as compared to 3 percent and 2 percent among women in rural and nomadic households, respectively. Generally, the median length of pregnancy at the first antenatal care visit is 5 months.

Components of Antenatal Care

The content of ANC is an essential component of the quality of maternal health services being delivered. In addition to receiving basic care, every pregnant woman should be monitored for complications. Ensuring that pregnant women receive information and undergo screening for complications should be a routine part of all antenatal care visits. To assess ANC services, respondents were asked whether they had been advised of complications or received certain screening tests during at least one of the ANC visits. 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, and received selected routine services during antenatal care visits for their most recent birth in the five years preceding the survey.

Overall, 28 percent of women took iron tablets during the pregnancy of their last birth. Variations by background characteristics

Figure 5.3   Components 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

Among women with a live birth in the past five years, the percentage who during the pregnancy for their last birth

Among women who received ANC for their most recent birth in the past 5 years, the percentage with the selected services
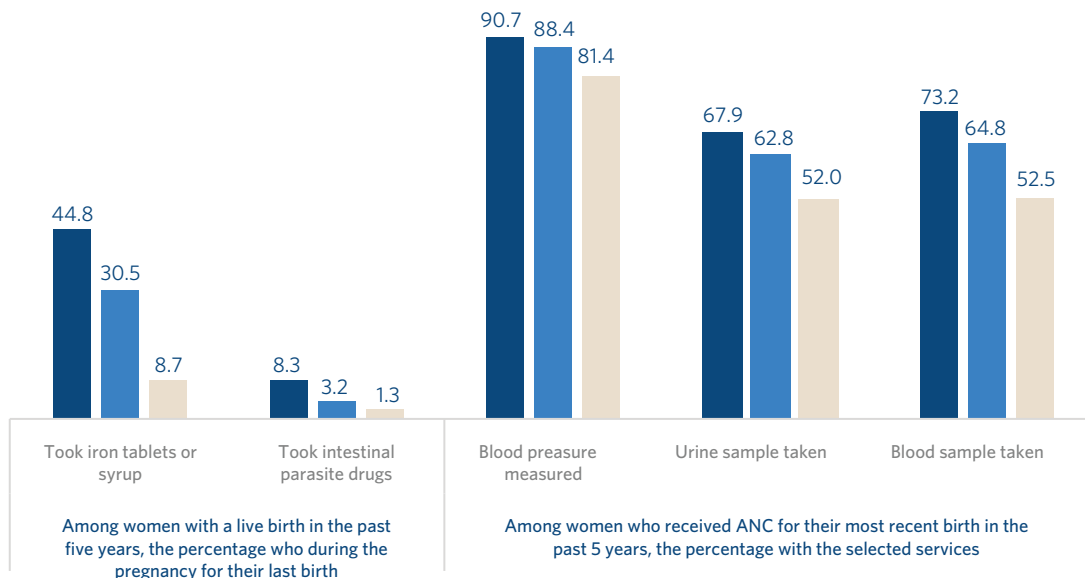
indicate that urban women are more likely than rural or nomadic women to take iron supplements (45 percent, 31 percent and 9 percent respectively). The proportion of women who took iron supplements increases steadily with both education and wealth quintile. Those with higher education stand at 64 percent, and 24 percent of women with no education took iron supplements. Overall, only 4 percent of women took drugs to treat intestinal worms during their last pregnancy. Eighteen percent of women with higher education took drugs for intestinal parasites during their pregnancy, compared with 4 percent of women with no education.

Among other antenatal care services, 89 percent of women who received antenatal care had their blood pressure measured, 64 percent had a urine sample taken, and 68 percent had a blood sample taken.

As presented in Figure 5.3, the likelihood of women receiving each of the ANC components services varies according to their place of residence. Overall, women in urban households have a better opportunity of receiving ANC components or services than those in other population domains such as rural and nomadic households.

Tetanus Toxoid

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 5.4 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.

Results show that very few pregnant women get vaccinated against tetanus in Somalia, despite the need for vaccination. Only 17 percent of women received two or more tetanus toxoid injections during the pregnancy of their last live birth.

Twenty-seven percent of births were protected against neonatal tetanus. Births to women in urban areas are more likely to be protected against neonatal tetanus than births to women in nomadic areas (43 percent and 7 percent, respectively). The proportion of births protected against tetanus increases with a mother's education level: 59 percent of mothers with higher education have births protected against neonatal tetanus, as compared to 23 percent of women with no education. The use of tetanus vaccinations increases as levels of wealth increase.

Assistance during Delivery

To reduce maternal and neonatal morbidity and mortality, there is a need for every child to be delivered with the assistance of trained skilled birth attendants. Table 5.5 shows the percent distribution of births in the five years preceding the survey by the type of medical assistants available at the time of delivery, the percentage of births attended by a skilled health provider, and the percentage of births delivered by caesarean section (C-section), according to background characteristics.

Thirty-two percent of births in Somalia are delivered with the assistance of a skilled health professional, which includes a doctor/clinical officer or a nurse/midwife/auxiliary midwife.

According to survey findings, the percentage of women who delivered babies by C-section is 2 percent.
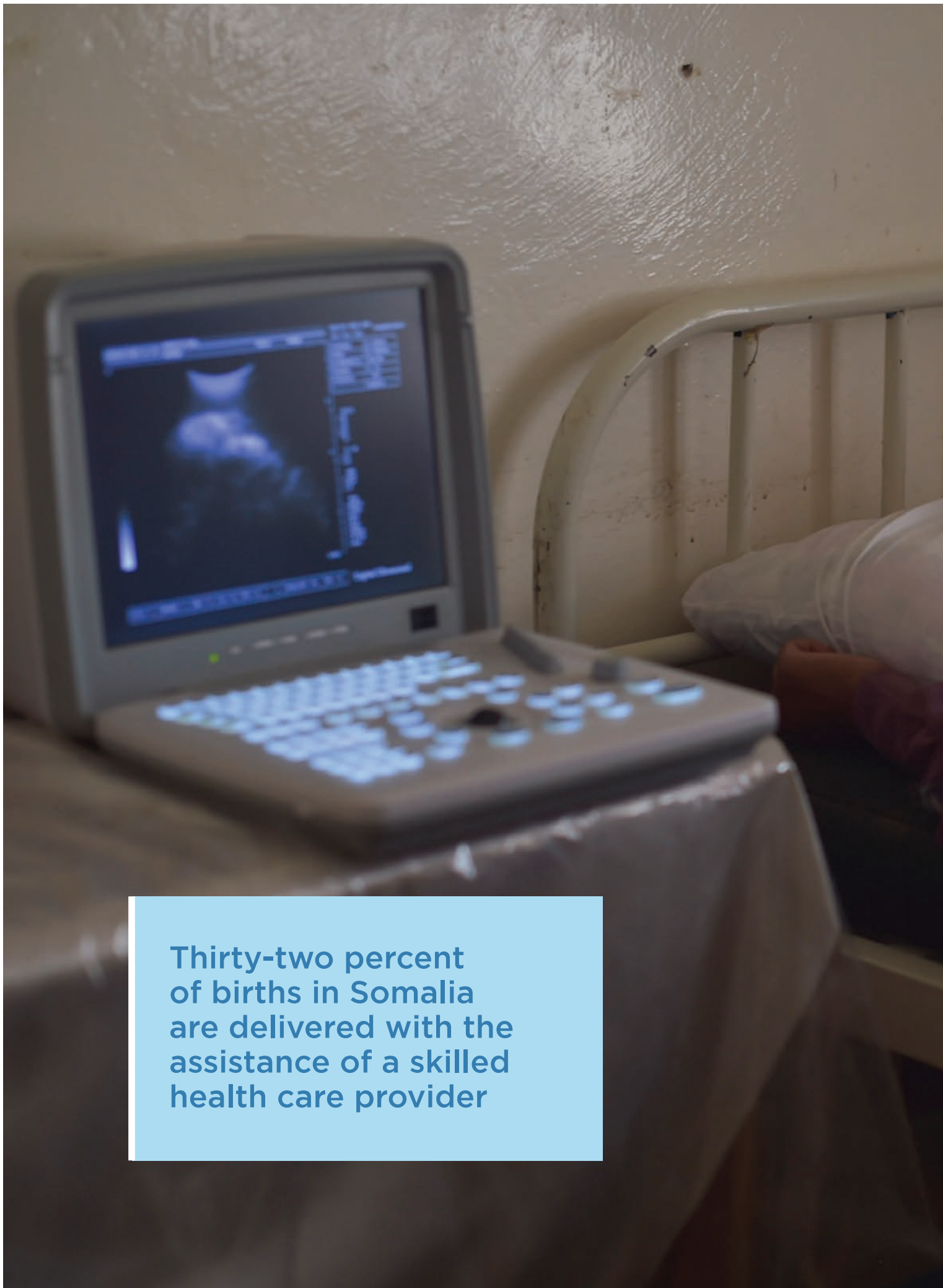
Thirty-two percent of births in Somalia are delivered with the assistance of a skilled health care provider

Figure 5.4   Assistance during delivery

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

Relative/other
8.0

No one
2.6

Doctor/Clinical Officer
5.6

Nurse/Auxiliary
Midwife/Midwife
26.4

TBA
57.5
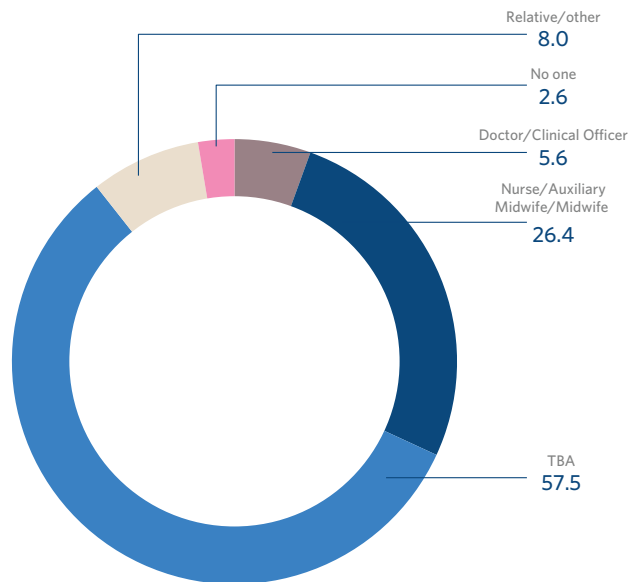
Figure 5.5   Place of delivery

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

Other
0.2

Health Facility
20.8

Home
79.1
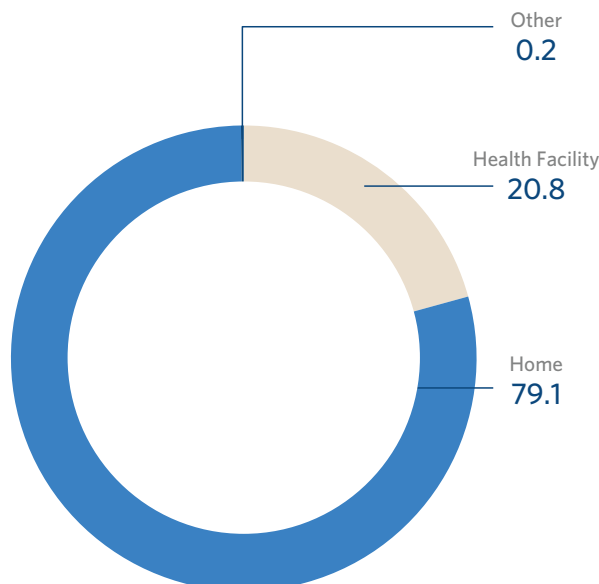
Analysis by age shows that mothers under 20 years of age are more likely to be assisted by skilled birth attendants than older mothers aged 35-49 years (at 31 percent and 28 percent, respectively). Moreover, ANC attendance influences whether or not a woman will seek skilled attendance during delivery. Among

women who did not attend any ANC, 22 percent were delivered by a skilled attendant. Fifteen percent of births not delivered within a health facility were assisted by a skilled birth attendant. As expected, mothers' education levels impact on the type of delivery care they receive. Births to women with no education are less likely to be assisted by skilled personnel (26 percent) than women with higher education levels (83 percent).

Figure 5.4 depicts the type of assistance mothers receive during delivery. The majority (58 percent) are assisted by TBAs during delivery.

Place of Delivery

Delivery within a health facility is key in reducing health risks to both the mother and baby. Further, proper medical attention and hygienic conditions during delivery reduce the risks of complications and infection that can cause mortality in either the mother or baby.

Table 5.6 shows 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 characteristics in Somalia. According to the findings, around one in five births (21 percent) in the five years preceding the survey was delivered in a health facility, and an overwhelming majority of births, at 79 percent, were delivered at home (Figure 5.5).

Deliveries are more common in public health facilities, at 17 percent, than in facilities supported by the private sector, at 4 percent. In urban settings, 28 percent of deliveries take place in public health facilities, whereas only 6 percent take place in private facilities. Education and wealth have an impact on the uptake of delivery services at health facilities. Sixty-six percent of those with higher education deliver at health facilities, whereas 16 percent of those with no educational background deliver at health facilities. Within the wealthiest

households, 48 percent of women deliver at facilities, versus only 5 percent of women from the poorest households.

Postnatal Care and Practices

A large number of maternal and neonatal deaths occur during the first 48 hours after delivery in general. To address this, safe motherhood programmes have increased their emphasis on the importance of postnatal care, encouraging that all women receive a health check-up within two days of delivery. To assess the extent of use of postnatal care in Somalia, respondents who had given birth in the five years preceding the survey were asked whether they had received a health check after the delivery of their last birth. Table 5.7 and Figure 5.6 show the timing of the first postnatal check-up for women giving birth in the two years preceding the survey. The table shows that only 9 percent of mothers had a postnatal check during the first four hours after delivery. Eighty-nine percent of the mothers did not

receive any postnatal check-up.

Of those who received care, 11 percent received it within the crucial first two days of delivery. Urban women were more likely to receive postnatal care (19 percent) within the first two days than those in nomadic settings (3 percent). Additionally, women with higher levels of education were more likely to receive postnatal care within two days of delivery (49 percent) than women with either no schooling or education (7 percent).

Table 5.8 shows the timing of the first postnatal check-up for newborns born in the two years preceding the survey. About 90 percent of newborns received no postnatal care. More women in urban areas received postnatal care in the first two days after delivery (17 percent) compared to women in nomadic settlements (2 percent).

Choices made according to education levels show that women who have higher education are more likely to receive postnatal care within two days of delivery (49 percent) than women with no schooling (7 percent).

Figure 5.6　Timing of first postnatal check-up for the mothers

Percent distribution of last births in the two years preceding the survey by time of first postnatal check-up after birth, by place of residence
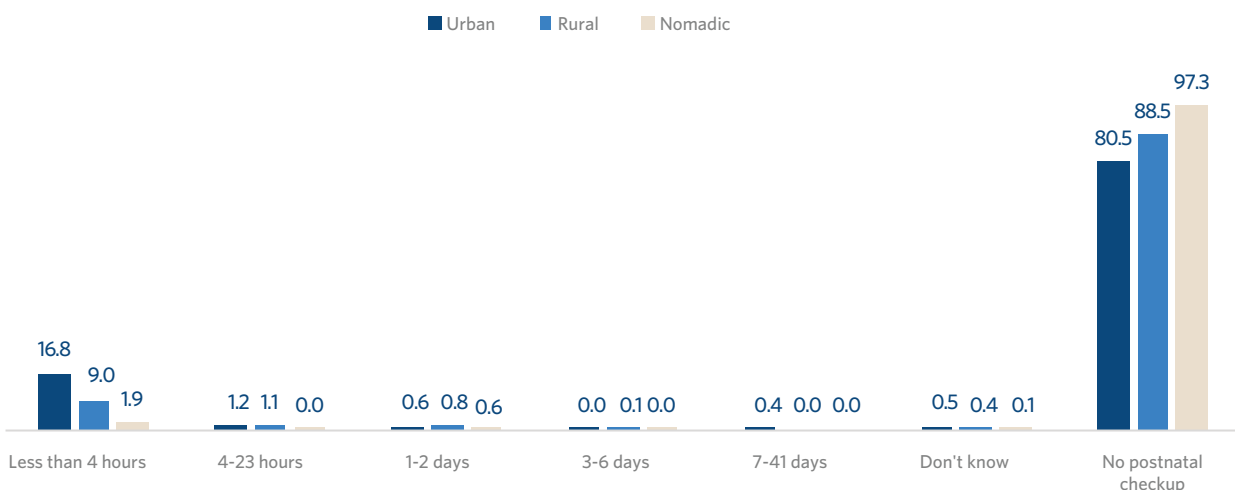
Across the country, there are no marked variations in uptake of postnatal care within the first two days of birth, by mother's age and birth order.

Problems in Accessing Health Care

The SHDS 2020 included a series of questions designed to collect information on the problems women face in obtaining health care for themselves. This information is particularly important in understanding and addressing the hindrances women may face in seeking care during pregnancy and, particularly, during child delivery. To collect this information,

women aged 15-49 were asked whether each of the following factors would be a major problem or not for them in obtaining health services: getting permission to go facilities, getting money for treatment, the distance to the health facility, and not wanting to go alone to seek health care. Table 5.9 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 characteristics.

Seventy-three percent of women reported they face at least one problem accessing health care. The majority perceived lack of money (65 percent) as a hindrance, 62 percent cited the distance to a health facility as a challenge, while 47 percent mentioned not wanting to

Figure 5.7   Problems in accessing health care

Percent of women aged 15-49 who reported that they have problems accessing health care for themselves while sick by background characteristics

Category	Subgroup	Value
Age	15-19	70.4
	20-34	73.3
	35-49	73.2
Number of living children	1-2	73.5
	3-4	73.5
	5+	73.0
Marital status	Married	73.6
	Divorced/ widowed	68.8
Type of residence	Urban	66.1
	Rural	72.9
	Nomadic	80.3
Education	No Education	74.8
	Primary	67.7
	Secondary	62.1
	Higher	32.8
Wealth quintile	Lowest	84.8
	Second	78.5
	Middle	72.9
	Fourth	68.4
	Highest	56.9
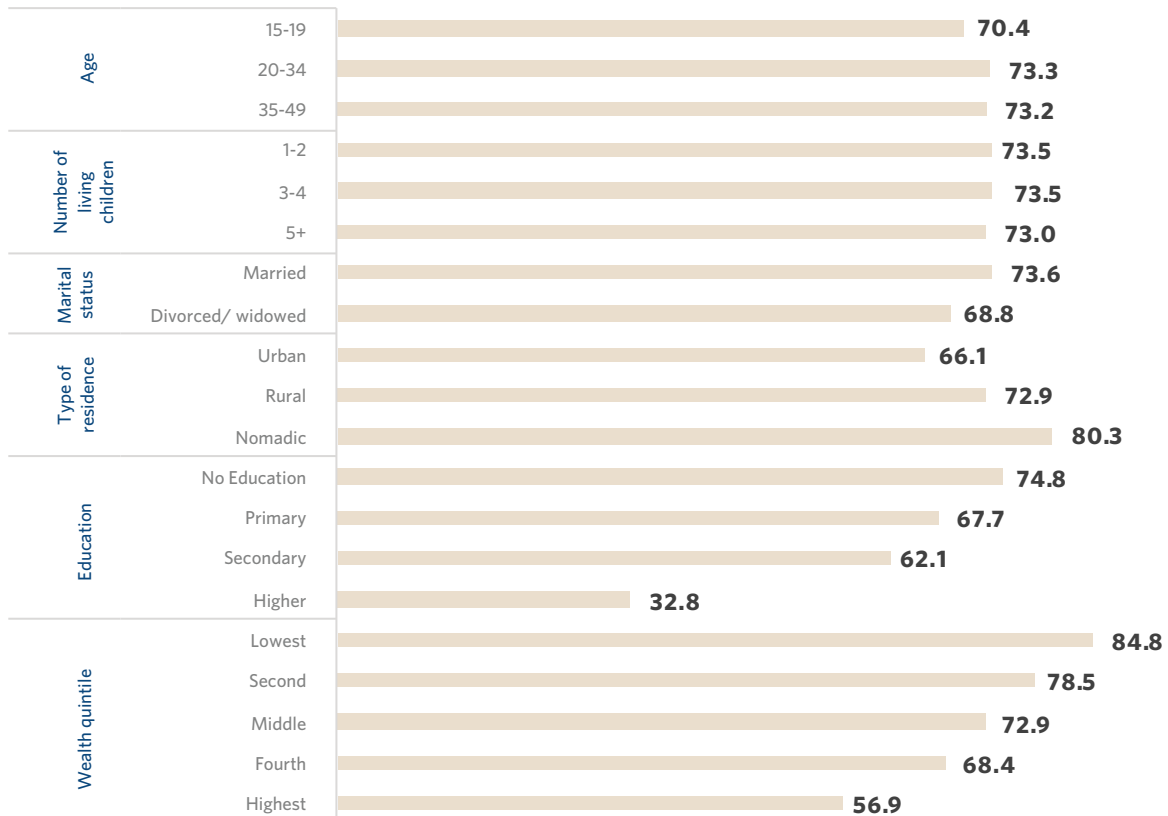
go alone to seek health care as a deterrent. Forty-two percent of all women cited obtaining permission, usually required from the husband, as a major problem.

Figure 5.7 shows that nomadic women, married women, older women, women with large families, women not working for cash, women with no education and those in the lower wealth quintiles face acute problems in accessing health care.

List of Tables

| Table 5.1 | Antenatal care |

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

Background characteristics	Person providing assistance during ANC				Total	Skilled assistance during ANC[2]	Number of women
	Doctor/ Clinical Officer	Nurse/ Auxiliary Midwife/ Midwife	TBA[1]/Other/ Relative	No ANC			
Mother's age at birth							
<20	12.5	17.1	1.3	69.1	100.0	29.6	1,897
20-34	12.8	19.9	1.3	66.1	100.0	32.6	5,945
35-49	9.7	15.3	0.7	74.3	100.0	25.0	1,014
Birth order							
1	12.8	18.6	0.9	67.8	100.0	31.3	2,451
2-3	12.3	18.4	1.2	68.2	100.0	30.6	5,489
4-5	11.7	21.6	2.3	64.4	100.0	33.3	877
6+	(17.5)	(13.8)	(2.4)	(66.4)	100.0	31.3	40
Type of residence							
Urban	19.8	29.2	1.7	49.2	100.0	49.1	3,155
Rural	13.0	21.9	1.2	63.9	100.0	34.9	2,637
Nomadic	4.1	5.3	0.8	89.9	100.0	9.3	3,064
Education							
No education	9.8	16.0	1.1	73.1	100.0	25.8	7,394
Primary	21.4	33.3	2.1	43.2	100.0	54.7	1,068
Secondary	34.8	29.0	1.3	35.0	100.0	63.7	280
Higher	40.0	35.1	0.3	24.6	100.0	75.1	114
Wealth quintile							
Lowest	3.7	8.4	0.5	87.3	100.0	12.1	2,058
Second	5.8	11.3	1.2	81.7	100.0	17.1	1,823
Middle	12.2	21.1	1.5	65.2	100.0	33.3	1,682
Fourth	18.1	26.0	1.5	54.4	100.0	44.1	1,807
Highest	25.5	30.7	1.6	42.2	100.0	56.2	1,486
Total	**12.4**	**18.7**	**1.2**	**67.7**	**100.0**	**31.1**	**8,856**

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

[1] TBA: Traditional Birth Attendants

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

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

Table 5.2   Number of antenatal care visits and timing of first visit
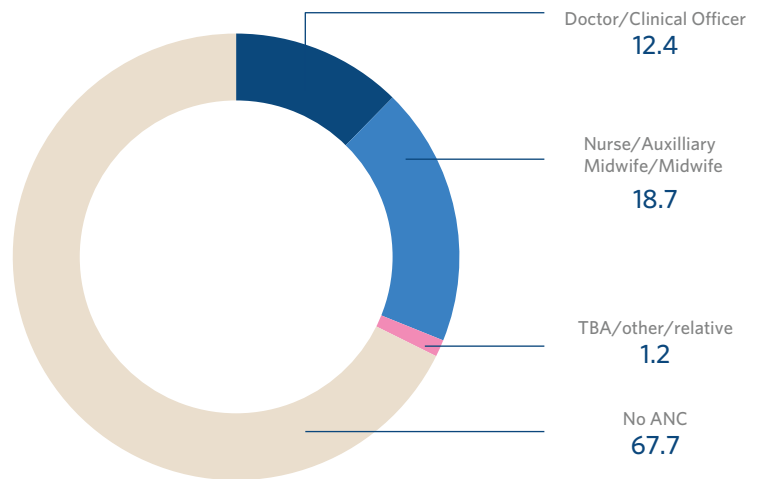
Percent distribution of women age 15-49 who had a live birth in the five years preceding the survey by number of antenatal care (ANC) visits for the most recent live birth, and by the timing of the first visit, and among women with ANC, median months pregnant at first visit, according to residence, SHDS, 2020

Number and timing of ANC visits	Type of residence			Total
	Urban	Rural	Nomadic	
Number of ANC visits				
None	49.2	63.9	90.0	67.7
1	6.8	6.1	4.6	5.8
2-3	29.8	19.5	4.4	18.0
4+	13.7	10.2	0.8	8.2
Don't know/missing	0.5	0.3	0.2	0.3
Total	**100.0**	**100.0**	**100.0**	**100.0**
Number of months pregnant at time of first ANC visit	100.0	100.0	100.0	100.0
No antenatal care	49.2	63.9	90.0	67.7
<4	17.4	12.0	2.7	10.7
4-5	17.3	11.9	2.4	10.5
6-7	11.4	8.8	2.8	7.7
8+	4.3	3.1	2.0	3.1
Don't know/missing	0.3	0.3	0.2	0.2
Total	**100.0**	**100.0**	**100.0**	**100.0**
Number of women	3155	2637	3064	8856
Median months pregnant at first visit (for those with ANC)	5.0	5.0	5.0	5.0
Number of women with ANC	1602	951	307	2861
	5.0	5.0	5.0	5.0
	1,602	951	307	2,861

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 characteristics, SHDS, 2020

Background characteristics	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	25.9	3.6	1897	89.4	63.8	67.7	587
20-34	30.2	4.8	5945	89.1	65.1	69.1	2,014
35-49	19.9	3.3	1014	86.8	61.5	62.8	260
Birth order							
1	28.6	3.6	3039	90.4	66.8	70.6	1,004
2-3	28.1	4.4	2281	88.5	68.6	68.2	735
4-5	26.3	4.5	1763	87.6	57.3	63.2	578
6+	29.0	5.4	1773	88.3	62.4	69.3	544
Type of residence							
Urban	44.8	8.3	3155	90.7	67.9	73.2	1,602
Rural	30.5	3.2	2637	88.4	62.8	64.8	951
Nomadic	8.7	1.3	3064	81.4	52.0	52.5	307
Education							
No education	23.9	3.9	7394	86.9	59.7	64.5	1,987
Primary	45.7	5.3	1068	92.9	72.9	73.1	607
Secondary	55.8	8.3	280	96.4	77.2	81.4	182
Higher	64.4	17.8	114	91.9	89.6	92.1	86
Wealth quintile							
Lowest	10.2	0.9	2058	81.6	49.8	48.7	261
Second	16.7	3.2	1823	87.4	52.9	51.7	332
Middle	33.2	5.5	1682	87.0	62.9	68.2	586
Fourth	39.9	7.1	1807	91.1	64.9	70.2	825
Highest	46.5	6.0	1486	91.0	74.2	78.6	858
Total 15-49	**28.1**	**4.3**	**8,856**	**88.9**	**64.5**	**68.2**	**2,861**

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

Table 5.4   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 characteristics, SHDS, 2020

Background characteristics	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	17.6	27.2	1,897
20-34	17.9	28.3	5,945
35-49	12.3	21.1	1,014
Birth order			
1	17.3	27.7	2,451
2-3	17.1	26.9	5,489
4-5	17.2	27.3	877
6+	(16.7)	(39.9)	40
Type of residence			
Urban	28.5	43.2	3,155
Rural	19.4	31.6	2,637
Nomadic	3.6	7.1	3,064
Education			
No education	14.2	22.9	7,394
Primary	31.0	48.2	1,068
Secondary	35.1	50.5	280
Higher	38.6	58.9	114
Wealth quintile			
Lowest	5.1	9.5	2,058
Second	9.1	16.3	1,823
Middle	23.1	34.8	1,682
Fourth	25.0	38.1	1,807
Highest	27.4	43.6	1,486
Total	**17.2**	**27.2**	**8,856**

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

Table 5.5   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 characteristics, SHDS, 2020

| Background characteristics | Person providing assistance during delivery | | | | | Total | Percentage delivered by skilled provider[1] | Percentage delivered by C-section | Number of births |
	Doctor/ Clinical Officer	Nurse/ Auxiliary Midwife/ Midwife	Traditional birth attendant	Relative/other	No one				
Mother's age at birth									
<20	5.6	24.9	58.3	8.1	3.2	100.0	30.5	1.6	2,771
20-34	5.7	27.3	57.1	7.8	2.3	100.0	32.9	1.8	13,409
35-49	4.9	22.8	59.0	9.4	4.0	100.0	27.7	1.0	2,265
Birth order									
1	6.2	25.9	57.1	8.4	2.4	100.0	32.0	2.2	8,023
2-3	5.2	26.6	57.3	8.0	2.8	100.0	31.9	1.3	9,281
4-5	3.6	27.8	61.1	4.9	2.5	100.0	31.4	0.9	1,071
6+	4.2	24.8	70.4		0.5	100.0	29.0	1.5	70
Antenatal care visits[2]									
None	4.3	18.0	64.8	9.8	3.1	100.0	22.3	1.4	5,985
1	6.7	37.9	48.5	5.4	1.4	100.0	44.7	3.3	521
2-3	11.5	51.1	32.3	4.1	1.0	100.0	62.6	4.5	1,587
4+	13.7	61.4	23.1	1.6	0.2	100.0	75.1	5.0	729
Don't know/ missing	(28.5)	(22.3)	(30.0)	(19.2)	(0.0)	100.0	(50.8)	(12.6)	30
Place of delivery									
Health facility	20.6	76.0	2.9	0.1	0.3	100.0	96.6	8.0	3,828
Elsewhere	1.6	13.4	71.8	10.1	3.2	100.0	15.0		14,617
Type of residence									
Urban	9.8	41.3	45.8	2.3	0.8	100.0	51.0	2.9	6,510
Rural	6.0	30.9	55.7	5.1	2.3	100.0	36.9	1.7	5,489
Nomadic	0.9	7.4	70.7	16.3	4.7	100.0	8.3	0.4	6,446
Education									
No education	4.4	22.0	61.4	9.1	3.1	100.0	26.4	1.1	15,460
Primary	9.7	46.2	41.2	2.6	0.3	100.0	55.9	3.3	2,285
Secondary	15.6	56.2	28.1	0.1	0.1	100.0	71.7	7.2	498
Higher	19.7	63.3	16.3	0.7		100.0	83.0	8.9	202
Wealth quintile									
Lowest	1.0	8.7	67.6	19.7	3.0	100.0	9.7	0.4	4,278
Second	1.3	11.0	73.5	9.6	4.6	100.0	12.3	0.4	3,874
Middle	6.0	28.1	59.6	3.7	2.7	100.0	34.1	1.2	3,609
Fourth	8.0	42.4	46.6	2.2	0.8	100.0	50.4	2.6	3,817
Highest	14.2	50.0	32.5	1.5	1.8	100.0	64.2	4.6	2,868
Total	**5.6**	**26.4**	**57.5**	**8.0**	**2.6**	**100.0**	**31.9**	**1.7**	**18,445**

Note: If the respondent mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation.
       Figures in parentheses are based on 25-49 unweighted cases

[1] Skilled provider includes doctor/clinical officer or nurse/midwife/auxiliary midwife

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

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 characteristics, SHDS, 2020

Background characteristics	Health facility		Home	Other	Total	Percentage delivered in a health facility	Number of births
	Public sector	Private sector					
Mother's age at birth							
<20	18.4	3.4	78.0	0.2	100.0	21.8	2,771
20-34	17.4	3.8	78.6	0.2	100.0	21.2	13,409
35-49	13.7	3.2	82.8	0.3	100.0	16.9	2,265
Birth order							
1	19.2	4.5	76.0	0.2	100.0	23.7	8,675
2-3	15.4	3.0	81.5	0.2	100.0	18.3	8,946
4-5	13.0	2.8	84.1	0.1	100.0	15.8	809
6+	*	*	*	*	100.0	*	15
Number of ANC visits							
None	(32.2)	(9.1)	(54.3)	(4.4)	100.0	(41.3)	30
1	9.7	2.2	87.8	0.2	100.0	12.0	5,985
2-3	27.0	6.9	66.1	0.0	100.0	33.9	521
4+	39.1	8.2	52.4	0.2	100.0	47.4	1,587
Don't know/missing	49.9	15.9	34.1	0.0	100.0	65.8	729
Type of residence							
Urban	27.8	6.0	66.1	0.1	100.0	33.7	6,510
Rural	20.5	4.2	74.9	0.4	100.0	24.7	5,489
Nomadic	3.4	0.9	95.6	0.1	100.0	4.3	6,446
Highest educational level							
No education	13.4	2.7	83.7	0.2	100.0	16.1	15,452
Primary	34.0	6.7	58.9	0.3	100.0	40.7	2,285
Secondary	39.8	14.1	46.1	0.0	100.0	53.9	498
Higher	48.4	17.9	33.8	0.0	100.0	66.2	210
Wealth quintile							
Lowest	4.1	0.9	94.9	0.1	100.0	5.0	4,278
Second	7.2	0.7	92.0	0.1	100.0	7.9	3,874
Middle	17.1	4.2	78.5	0.2	100.0	21.2	3,609
Fourth	26.3	4.4	69.1	0.2	100.0	30.7	3817
Highest	37.7	10.1	51.8	0.4	100.0	47.8	2,868
Total	**17.1**	**3.7**	**79.1**	**0.2**	**100.0**	**20.8**	**18,445**

[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.

Table 5.7   Timing of first postnatal check-up 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 characteristics,SHDS, 2020

Background characteristics	Time after delivery of mother's first postnatal check-up								Percentage of women with a postnatal check-up in the first two days after birth	Number of women
	Less than 4 hours	4-23 hours	1-2 days	3-6 days	7-41 days	Don't know	No postnatal check-up[1]	Total		
Mother's age at birth										
<20	8.9	0.9	0.7	0.1		0.3	89.1	100.0	10.5	1,465
20-34	9.3	0.7	0.6	0.0	0.2	0.3	88.8	100.0	10.6	3,618
35-49	9.9	0.8	1.2			0.4	87.7	100.0	11.9	352
Birth order										
1	12.3	0.7	0.8	0.0	0.6	0.4	85.1	100.0	13.8	1,156
2-3	8.4	0.8	0.7	0.0		0.3	89.8	100.0	9.8	3,540
4+	8.4	1.0	0.5	0.2		0.2	89.8	100.0	9.8	738
Place of delivery										
Health facility	37.0	3.1	2.7	0.2	0.5	1.4	55.2	100.0	42.8	1,355
Elsewhere							100.0	100.0		4,079
Type of residence										
Urban	16.8	1.2	0.6	0.0	0.4	0.5	80.5	100.0	18.7	1,881
Rural	9.0	1.1	0.8	0.1	0.0	0.4	88.5	100.0	11.0	1,644
Nomadic	1.9	0.0	0.6	0.0	0.0	0.1	97.3	100.0	2.6	1,910
Education										
No education	6.3	0.5	0.6	0.0	0.1	0.3	92.2	100.0	7.4	4,455
Primary	18.4	2.3	0.9	0.3	0.0	0.3	77.8	100.0	21.7	735
Secondary	29.8	1.2	0.8	0.0	2.5	0.0	65.6	100.0	31.9	176
Higher Education	48.7	0.0	0.8	0.4	0.0	0.8	49.3	100.0	49.5	69
Wealth quintile										
Lowest	2.5	0.1	0.7	0.0	0.0	0.1	96.5	100.0	3.3	1,251
Second	3.8	0.0	0.7	0.0	0.0	0.1	95.5	100.0	4.5	1,125
Middle	7.2	0.6	0.5	0.2	0.0	0.1	91.3	100.0	8.3	1,009
Fourth	12.2	1.5	0.5	0.0	0.0	0.5	85.3	100.0	14.2	1,142
Highest	23.8	1.8	1.0	0.0	0.7	1.0	71.6	100.0	26.7	908
Total	9.2	0.8	0.7	0.1	0.1	0.3	88.8	100.0	10.7	5,434

[1] Includes women who received a check-up after 41 days

Table 5.8   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 characteristics,SHDS, 2020

Background characteristics	Time after birth of newborn's first postnatal check-up						Total	Percentage of births with a postnatal check-up in the first two days after birth	Number of births
	1-3 hours	4-23 hours	1-2 days	3-6 days	Don't know	No postnatal check-up[1]	Total		
Mother's age at birth									
<20	7.5	0.8	0.1	0.0	0.3	91.3	100.0	8.4	1,465
20-34	8.9	0.6	0.4	0.2	0.3	89.6	100.0	9.9	3,618
35-49	10.6		1.1	0.3		88.0	100.0	11.7	352
Birth order									
1	11.1	0.7	0.6	0.1	0.3	87.3	100.0	12.3	1,156
2-3	8.1	0.5	0.3	0.2	0.3	90.6	100.0	8.9	3,540
4+	7.5	1.1	0.0	0.3	0.1	90.9	100.0	8.7	738
Place of delivery									
Health facility	34.7	2.4	1.4	0.7	1.2	59.7	100.0	38.4	1,355
Elsewhere						100.0	100.0		4,079
Type of residence									
Urban	16.2	0.8	0.5	0.3	0.3	81.9	100.0	17.5	1,881
Rural	7.6	0.9	0.6	0.2	0.4	90.3	100.0	9.1	1,644
Nomadic	2.1	0.1		0.1	0.2	97.5	100.0	2.2	1,910
Education									
No education	6.6	0.5	0.2	0.2	0.2	92.4	100.0	7.2	4,455
Primary	14.1	1.3	0.7	0.2	0.4	83.3	100.0	16.1	735
Secondary	24.2	0.7	1.6	0.6	1.0	71.9	100.0	26.6	176
Higher	42.9	0.8	5.3		1.3	49.7	100.0	49.0	69
Wealth quintile									
Lowest	2.4	0.0	0.0	0.2	0.2	97.1	100.0	2.5	1,251
Second	4.0	0.1	0.2		0.1	95.7	100.0	4.3	1,125
Middle	7.6	0.4	0.3	0.2	0.0	91.4	100.0	8.4	1,009
Fourth	10.5	0.7	0.1	0.2	0.6	87.9	100.0	11.3	1,142
Highest	21.8	2.0	1.3	0.4	0.6	73.9	100.0	25.1	908
Total	8.6	0.6	0.3	0.2	0.3	89.9	100.0	9.6	5,434

[1] Includes newborns who received a check-up after the first week

Table 5.9   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 characteristics, SHDS, 2020

Background characteristics	Problems in accessing health care					
	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Not wanting to go alone	At least one problem accessing health care	Number of ever-married women
Age						
15-19	41.5	61.4	60.0	46.1	70.4	973
20-34	42.0	65.2	62.3	47.7	73.3	6,965
35-49	42.7	66.7	62.5	46.2	73.2	3721
Number of living children						
0	*	*	*	*	*	14
1-2	34.5	69.2	63.7	48.0	73.5	207
3-4	38.3	64.6	56.8	45.3	73.5	556
5+	42.5	65.3	62.4	47.1	73.0	10,883
Marital status						
Married	42.6	65.9	63.2	47.4	73.6	10,215
Divorced/ widowed	38.8	61.8	55.1	44.8	68.8	1,445
Employed past 12 months						
Not employed	43.0	66.2	63.2	48.1	73.8	10,439
Employed for cash	36.8	59.0	53.4	39.4	66.9	961
Employed not for cash	29.8	56.1	54.7	35.4	65.3	260
Type of residence						
Urban	38.8	58.5	51.0	39.8	66.1	4,161
Rural	43.9	66.0	62.2	45.8	72.9	3,509
Nomadic	44.2	71.9	73.8	55.8	80.3	3,989
Education						
No education	43.7	67.4	64.8	49.1	74.8	9,757
Primary	36.8	58.6	52.8	38.5	67.7	1,367
Secondary	33.4	53.4	44.1	36.7	62.1	375
Higher	17.7	25.3	26.7	18.4	32.8	161
Wealth quintile						
Lowest	47.7	77.3	78.8	56.8	84.8	2,733
Second	45.7	71.4	70.8	54.6	78.5	2,310
Middle	46.7	66.2	61.2	48.0	72.9	2,159
Fourth	38.1	59.8	53.3	41.1	68.4	2,356
Highest	31.0	48.7	42.1	31.9	56.9	2,101
Total	**42.2**	**65.4**	**62.2**	**47.1**	**73.0**	**11,660**

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

06

Child Health

KEY FINDINGS

9%

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

VACCINATIONS FOR CHILDREN AGED 12-23 MONTHS

11%

had received all basic vaccinations

12%

had received the third dose of pentavalent vaccine

26%

had received the third dose of polio

37%

had received BCG

23%

had received the measles vaccine

FEVER

7% of children under age five had a fever in the 2 weeks before the survey
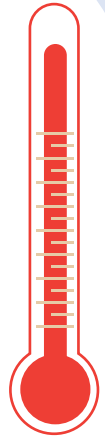
SYMPTOMS OF ACUTE RESPIRATORY INFECTION (ARI):

4% of children under the age of five had symptoms of ARI in the two weeks before the survey

DIARRHOEA

5% of children under age five had had diarrhoea in the 2 weeks before the survey

CHILDREN'S STOOL DISPOSAL

47% of children under age five had their stool disposed of safely

6 CHILD HEALTH

This chapter presents findings from the SHDS 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 SHDS 2020 is expected to assist policymakers and programme managers in formulating appropriate strategies and interventions to improve the health of children in Somalia and sanitation in their environment.

Birth Weight

Birth weight is a major determinant of infant and child health, as low birth weight is associated with fetal and neonatal morbidity, inhibited physical and cognitive development, and chronic diseases later in life. Birth weight is, thus, 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 SHDS 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 characteristics. It shows that the birth weight was reported for only 8 percent of the live births occurring in the five years preceding the survey. Nine percent of these were infants with low birth weight (less than 2.5 kg). According to the findings presented, it can be noted that first-order births are more likely to be of low weight compared to births of other orders (Table 6.1). More underweight births were reported among younger mothers, at 9 percent for mothers

Figure 6.1 Child's weight and size at birth

Percent of births with a reported birth weight of less than 2.5 kg by mother's age

9.2	8.9	6.1
<20	20-34	35-49
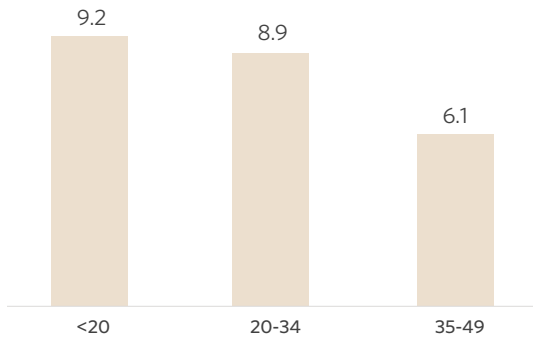
younger than 20 years old, as compared to 6 percent of underweight births reported by mothers of ages 35-49 (Figure 6.1).

Vaccination of Children

According to WHO, a child is considered fully vaccinated if he or she has received a

BCG vaccination against tuberculosis; three doses of the diphtheria, pertussis and tetanus (DPT) vaccine; at least three doses of the polio vaccine; and one dose of the measles vaccine. The SHDS 2020 collected information on the coverage of these vaccinations among the children born in the five years preceding the survey.

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 showed 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 these 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.

Figure 6.2 Vaccination coverage for children aged 12-23 months

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

No vaccinations	60.2
BCG	36.7
Polio 3	26.2
Measles	22.7
DPT 3	12.0
All basic vaccinations	10.7
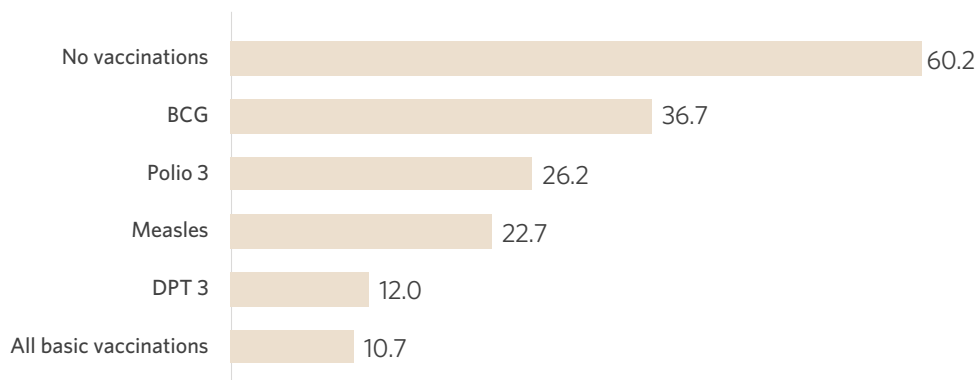
Mothers were asked to recall whether the child had received BCG, polio, pentavalent and measles vaccinations. If the mother indicated that the child had received the polio or pentavalent vaccines, she was asked about the number of doses that the child received. The results presented here are based on both information from the health card and the mother's report for those without a card.

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 were able to present health cards for 4 percent of these children. Overall, only 11 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 (Figure 6.2). Thirty-seven percent of children had received BCG at any time before the survey, 21 percent received the first dose of pentavalent vaccine, and 30 percent received the first dose of polio. Twelve percent of children completed the required three doses of the pentavalent vaccine and 26 percent of the children received the three doses of polio vaccine. Twenty-three percent of children had been vaccinated against measles.

As can be expected, the percentage of children vaccinated increases among more educated mothers—24 percent of the children of mothers with secondary education have received all basic vaccinations, while among children of mothers with no schooling, only 8 percent have received all basic vaccinations. There is also variation by place of residence, as around 19 percent of children in urban areas have received all basic vaccinations, while less than 1 percent of children in nomadic areas have received all basic vaccinations.

Symptoms of 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 SHDS 2020, the prevalence of ARI was estimated by asking mothers whether their children under the age of 5 had

Figure 6.3   Children with ARI symptoms by age

Percent of children with ARI symptoms in the two weeks preceding the survey

Age in Months
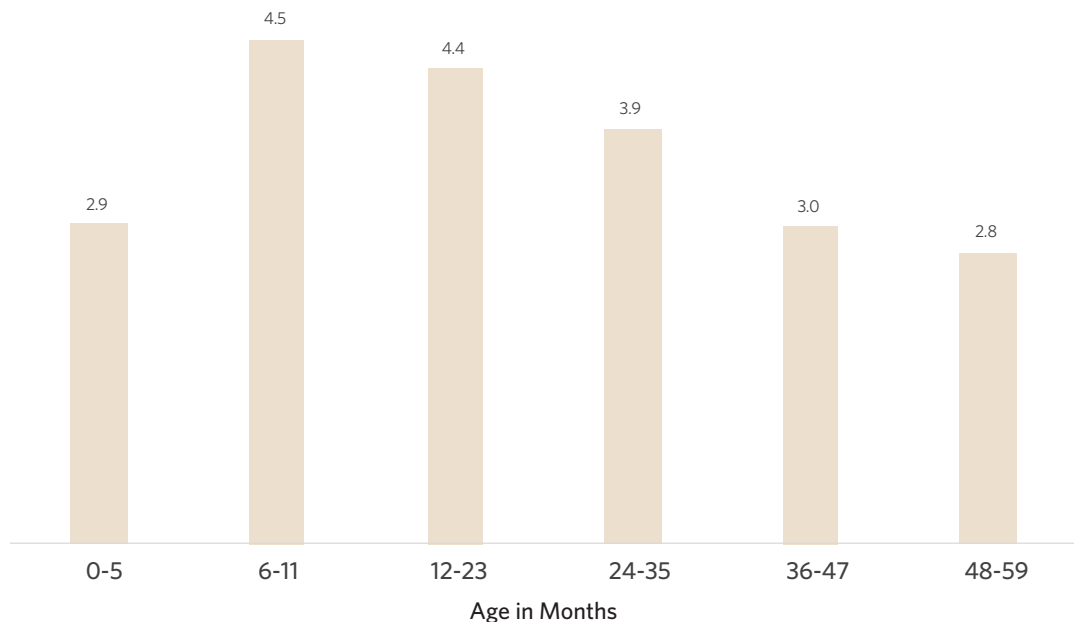
been ill with a cough accompanied by short, rapid breathing in the two weeks preceding the survey. These are typical symptoms of ARI.

Table 6.3 shows the percentage of children who had symptoms of ARI in the two weeks before the survey and the percentage for whom advice or treatment was sought from a health facility or provider. It also shows the percentage of children who received antibiotics as treatment.

About 4 percent of children under the age of 5 years experienced ARI symptoms during the two weeks preceding the survey. The table also shows that among this number, 14 percent of children who were reported to have experienced ARI had received antibiotics, and 22 percent of these children received advice or treatment from a health facility or provider. The prevalence of ARI was lower among children whose mothers had higher education. The proportion of children with symptoms of ARI varies based on the type of cooking fuel used in households; households that use clean energy were less likely to report children suffering from ARI, compared to households using crude sources of energy for cooking. More children suffered from ARI in households that used firewood (5 percent) or straw/shrubs/grass (4 percent) or agricultural residue (5 percent) to cook meals. Among households where

electricity or gas was used, 2 percent reported children suffering from ARI in the two weeks preceding the survey (Table 6.3).

Fever

Fever is a symptom of many illnesses, including malaria, pneumonia, the common cold, and influenza among others. In the SHDS 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 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 characteristics. Overall, 7 percent of children under the age of 5 had a fever during the two weeks preceding the survey. The prevalence of fever was slightly higher among boys than girls. Thirty-seven percent of all children under the age of 5 years with a fever sought treatment the same day or next

Figure 6.4 Children with fever by age

Percent of children with fever in the two weeks preceding the survey
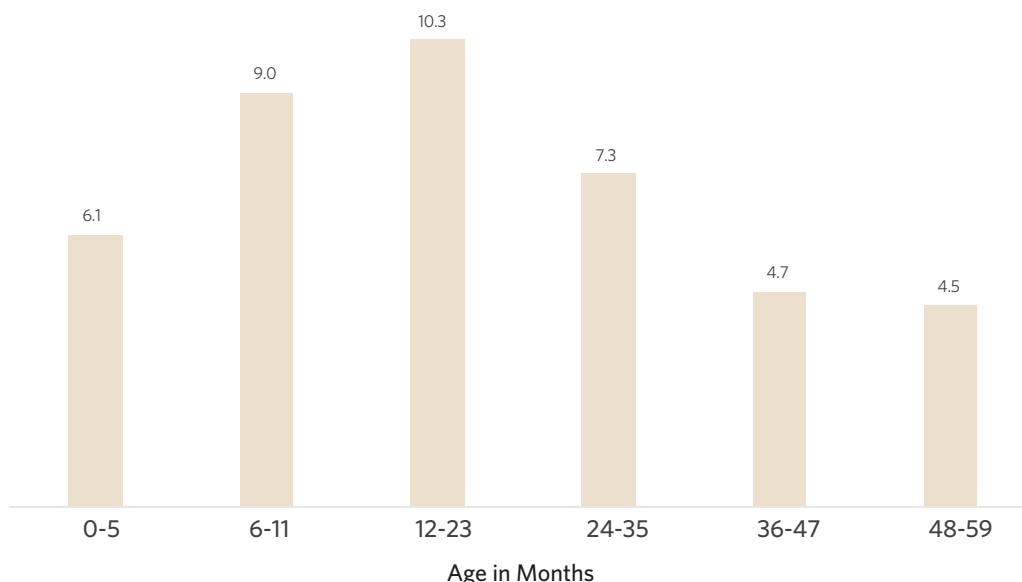
More children suffered from ARI in households that used firewood or straw/shrubs/grass or agricultural residue to cook meals

day at a health facility or provider to seek treatment or advice the same day or the next day. The percentage with fever and who sought treatment was higher among children in urban and rural areas, at 49 percent and 41 percent, respectively, compared to nomadic children, at 9 percent. Twenty percent of children under the age of 5 years with fever took antibiotics. The prevalence of fever varied with the age of the child, as children less than 35 months of age were more likely to have fever (Figure 6.4).

Diarrhoeal Diseases

Dehydration caused by severe diarrhoea is a major cause of morbidity and mortality among young children, 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 SHDS 2020 collected information on the prevalence of diarrhoea among children 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 age 5 who had diarrhoea during the two weeks preceding the survey, by selected background characteristics. Overall, 5 percent of children under the age of 5 years had diarrhoea, and children with diarrhoea for whom advice or treatment was sought from a health facility or provider was 3 percent. Children in the urban areas are more likely to have diarrhoea than those in the rural areas. The prevalence of diarrhoea varied with the educational level of the mother, but was uniform among boys and girls. Under the age of two years, the prevalence of diarrhoea increases with age but shows a declining trend after 23 months (Figure 6.5).

Treatment of Childhood Illnesses

Figure 6.6 shows that the percentages of children presenting ARI symptoms, fever, and diarrhoea among children under the age of 5 years in the 2 weeks before the survey. Most

Figure 6.5   Percent of children with diarrhoea by age

Percent of children who had diarrhoea in the two weeks preceding the survey

Age in Months
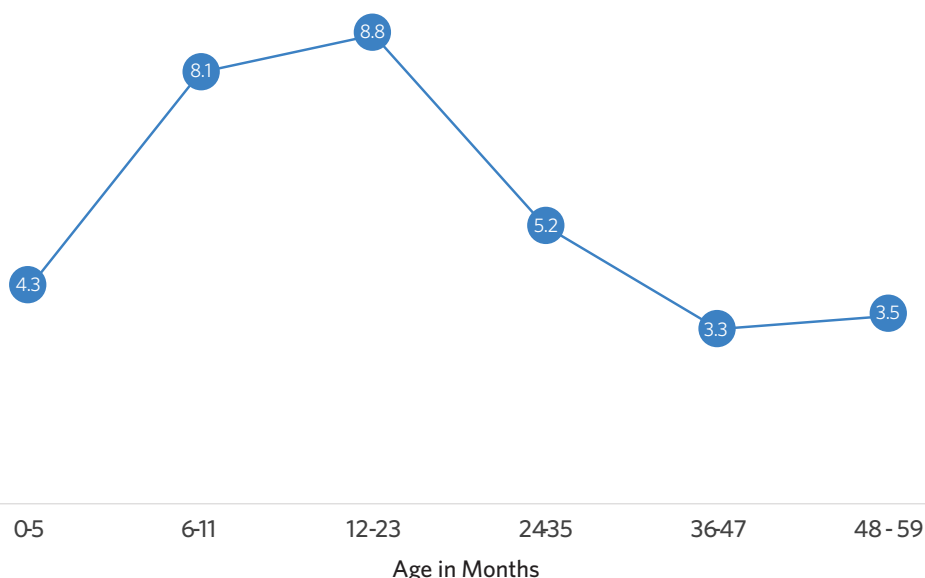
Figure 6.6   Prevalence of childhood illnesses

Percent of children under the age of five with childhood illnesses in the two weeks preceding the survey

children reported to have had fever, followed by diarrhoea and ARI. Figure 6.7 shows the advice from a health facility or treatment sought 2 weeks before the survey for children with ARI, fever and diarrhoea. Children presenting with diarrhoea are more likely to be treated while children presenting with ARI are the least likely to be treated.

Figure 6.7   Treatment of childhood illnesses

Percent of children under age five treated for childhood illnesses in the two weeks preceding the survey

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 animals that come into contact with the faeces.

Table 6.6 presents information on the disposal of the stools of children under the age of 5 by background characteristics. The information was derived by asking ever-married women what was done to dispose of the stools the last time their youngest child under age 5 passed stools. Forty-seven percent of the children who live with their mothers had their last stool disposed of safely. As expected, the stools

Figure 6.8   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
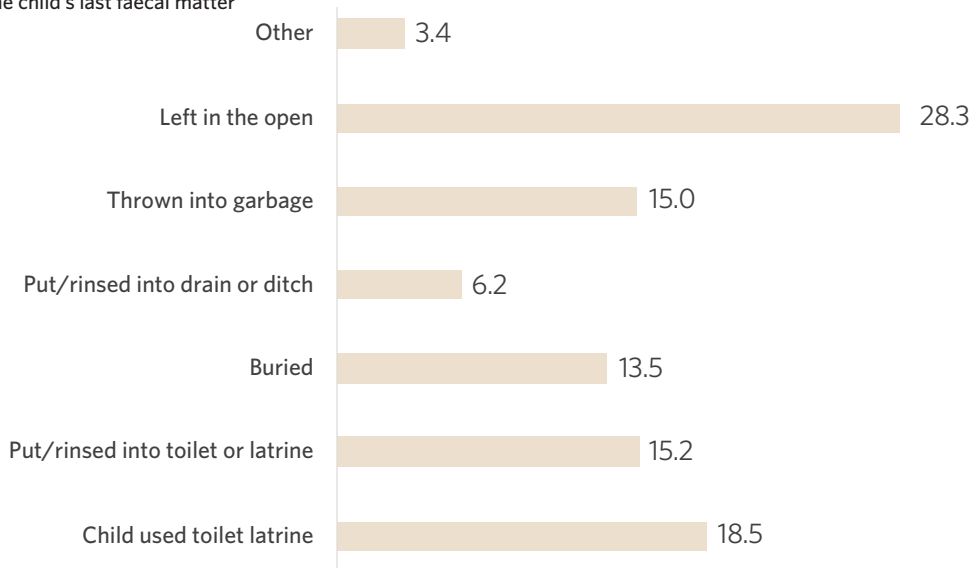
of older children (48-59 months) are much more likely to be disposed of safely than those of younger children, mainly because older children are more likely to use a toilet or latrine where it is available. Children in urban areas (66 percent) and rural areas (65 percent) were more likely than those in nomadic areas (19 percent) to have had their stool disposed of safely. Moreover, the education levels and wealth status of a mother play a role in the safe disposal of stool. Among mothers with primary education, 73 percent of children had their stool disposed of safely, which is almost double those reporting safe stool disposal among children of mothers with no education, at 45 percent.

List of Tables

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 characteristics, SHDS, 2020

Background characteristics	Percent distribution of all live births by size of child at birth					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	Total			Less than 2.5 kg	Number of births
Mother's age at birth									
<20	7.0	7.1	68.1	17.9	100.0	8.0	2,775	9.2	223
20-34	5.9	4.5	73.2	16.4	100.0	8.6	13,430	8.9	1,156
35-49	6.8	4.2	70.6	18.5	100.0	7.6	2,273	6.1	173
Birth order									
1	7.0	5.2	71.1	16.7	100.0	10.0	8,681	8.9	869
2-3	5.5	4.4	73.1	17.0	100.0	7.1	8,952	8.0	638
4-5	4.7	5.1	72.6	17.7	100.0	5.2	810	(14.9)	42
6+	(8.1)	(13.9)	(68.5)	(9.4)	100.0	(5.3)	36	*	2
Mother's smoking status									
Smokes cigarettes/ tobacco	5.1	1.7	81.1	12.1	100.0	11.2	243	(32.2)	27
Does not smoke	6.2	4.9	72.0	16.9	100.0	8.4	18,235	8.2	1,524
Type of residence									
Urban	6.2	5.9	75.8	12.1	100.0	16.5	6,523	8.2	1,075
Rural	5.3	4.0	74.3	16.4	100.0	7.9	5,501	9.5	433
Nomadic	6.8	4.5	66.6	22.1	100.0	0.7	6,454	(11.1)	44
Highest education level									
No education	6.5	4.7	70.8	18.0	100.0	5.7	15,483	9.1	878
Primary	4.8	5.8	77.7	11.7	100.0	18.0	2,288	7.5	413
Secondary	3.6	5.3	81.9	9.3	100.0	34.4	498	12.3	171
Higher	3.9	3.1	87.8	5.2	100.0	42.9	210	2.8	90
Wealth quintile									
Lowest	5.2	4.1	69.9	20.8	100.0	1.5	4,286	6.7	62
Second	9.9	5.2	65.1	19.7	100.0	2.0	3,886	7.4	77
Middle	6.5	5.0	73.1	15.4	100.0	6.0	3,613	15.4	216
Fourth	4.8	5.3	75.4	14.5	100.0	13.2	3,820	9.4	504
Highest	3.8	4.6	79.5	12.1	100.0	24.1	2,873	6.3	693
Total	**6.2**	**4.8**	**72.1**	**16.9**	**100.0**	**8.4**	**18,478**	**8.7**	**1,552**

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

Table 6.2   Vaccinations by background characteristics

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 characteristics, SHDS 2020

Background characteristics	BCG	DPT 1	DPT 2	DPT 3	Polio [1] 0	Polio [1] 1	Polio [1] 2	Polio [1] 3	Measles	All basic vaccinations[2]	No vaccinations	Percentage with a vaccination card seen	Number of children
Sex													
Female	36.8	19.7	14.1	10.9	13.4	27.5	26.3	25.1	21.8	9.9	61.4	4.4	1,229
Male	36.6	22.4	17.0	13.4	15.9	31.9	30.4	27.4	23.7	11.6	58.9	4.0	1,075
Birth order													
1	34.7	20.1	14.4	11.3	14.0	27.1	25.9	24.0	20.7	9.6	61.8	3.6	786
2-3	39.6	22.2	15.2	10.7	15.8	32.4	30.7	28.3	25.0	10.1	57.2	3.8	736
4-5	37.3	20.5	16.3	12.4	15.5	30.1	28.6	26.2	22.9	11.1	61.3	3.8	440
6+	34.3	21.0	17.6	16.3	11.8	28.5	28.0	26.9	21.7	13.9	61.9	7.1	341
Type of residence													
Urban	57.8	34.0	25.2	20.2	25.9	48.2	46.1	43.2	36.8	18.7	39.6	7.8	751
Rural	44.0	26.9	20.3	16.9	17.1	33.6	33.2	31.7	29.4	14.5	52.7	4.2	690
Nomadic	12.6	4.9	3.2	1.0	2.6	10.2	8.7	7.0	5.0	0.6	84.2	1.1	863
Mother's education													
No education	30.4	17.0	12.2	9.2	11.2	24.3	23.3	21.6	18.2	8.1	66.3	3.6	1,897
Primary	63.6	38.9	30.7	24.3	29.1	53.6	50.1	46.7	42.2	21.9	34.4	7.7	319
Secondary	75.7	42.7	29.5	28.0	27.3	52.7	52.8	47.1	41.6	24.1	23.7	7.4	67
Higher	*	*	*	*	*	*	*	*	*	*	*	*	20
Wealth quintile													
Lowest	16.5	8.7	5.0	2.0	5.3	14.9	14.4	12.0	9.4	1.9	79.5	1.4	544
Second	22.5	13.2	10.3	8.4	7.3	19.5	17.0	16.2	14.0	7.6	75.2	1.5	531
Middle	41.8	26.5	19.6	15.7	19.9	34.2	32.4	30.8	27.1	14.7	55.3	4.8	451
Fourth	55.3	31.5	22.9	17.9	23.2	43.6	42.4	39.4	32.8	15.1	40.8	7.3	476
Highest	61.2	31.9	25.7	21.8	22.5	44.8	44.5	41.8	39.1	19.1	37.2	8.4	301
Total	36.7	21.0	15.5	12.0	14.6	29.6	28.3	26.2	22.7	10.7	60.2	4.2	2,304

[1] Polio 0 is the polio vaccination given at birth

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

Table 6.3   Prevalence and treatment of symptoms of ARI

Among children under age five, the percentage who had symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey and among children with symptoms of ARI, the percentage for whom advice or treatment was sought from a health facility or provider and the percentage who received antibiotics as treatment, according to background characteristics, SHDS 2020

Background characteristics	Among children under the age of five:		Among children under the age of five with symptoms of ARI:		
	Percentage with symptoms of ARI[1]	Number of children	Percentage for whom advice or treatment was sought from a health facility or provider	Percentage who received antibiotics	Number of children
Age in months					
0-5	2.9	1,568	12.8	4.7	45
6-11	4.5	1,332	29.2	17.7	60
12-23	4.4	2,788	27.7	16.2	124
24-35	3.9	3,283	24.7	17.0	128
36-47	3.0	3,281	17.3	10.3	98
48-59	2.8	3,158	16.7	12.9	88
Sex					
Male	3.6	8,027	21.5	14.8	291
Female	3.4	7,384	23.1	13.2	252
Cooking fuel					
Electricity or gas	2.1	700	*	*	15
Kerosene	1.9	278	*	*	5
Firewood	4.6	6,608	20.1	12.2	307
Charcoal	2.6	6,831	26.0	19.8	178
Straw/Shrubs/Grass	4.1	182	*	*	7
Agricultural crops	4.5	326	*	*	15
Other fuel	*	28	*	*	0
No food cooked in household	1.4	61	*	*	1
Missing	3.6	396	*	*	14
Type of place of residence					
Urban	4.6	5,427	24.9	13.4	250
Rural	3.3	4,660	28.6	22.7	153
Nomadic	2.6	5,323	10.4	5.7	139
Highest educational level					
No education	3.4	12,830	19.4	13.7	438
Primary	4.3	1,955	34.1	17.7	83
Secondary	4.3	448	(37.8)	(8.1)	19
Higher	1.3	178	*	*	2
Wealth quintile					
Lowest	1.4	3,512	13.5	12.1	49
Second	4.2	3,221	12.3	3.8	136
Middle	4.5	3,026	15.8	11.3	136
Fourth	4.1	3,224	38.5	27.2	132
Highest	3.7	2,428	27.7	15.1	90
Total	**3.5**	**15,411**	**22.2**	**14.0**	**542**

[1]Symptoms 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 and treatment of fever

Among children under age five, the percentage who had a fever in the two weeks preceding the survey and among children with fever, the percentage for whom advice or treatment was sought from a health facility or provider, percentage who took antimalarial drugs, and the percentage who received antibiotics as treatment, by background characteristics, SHDS, 2020

Background characteristics	Among children under the age of five:		Among children under the age of five with fever:		Number of children with fever
	Percentage with fever	Number of children	Percentage for whom treatment was sought	Percentage who took antibiotic drugs	
Age in months					
0-5	6.1	1,568	5.5	96	92
6-11	9.0	1,332	23.1	119	119
12-23	10.3	2,788	19.5	287	280
24-35	7.3	3,283	21.8	240	236
36-47	4.7	3,281	17.2	153	151
48-59	4.5	3,158	28.6	142	137
Sex					
Male	7.0	8,027	20.9	564	556
Female	6.4	7,384	19.1	474	459
Type of residence					
Urban	8.7	5,427	25.8	470	450
Rural	6.9	4,660	24.5	321	310
Nomadic	4.6	5,323	3.3	247	255
Mother's education					
No education	6.3	12,830	16.0	811	795
Primary	9.5	1,955	33.9	186	181
Secondary	7.8	448	(35.2)	35	36
Higher	3.0	178	*	5	7
Wealth quintile					
Lowest	4.9	3,512	3.4	174	182
Second	4.9	3,221	5.9	158	155
Middle	8.4	3,026	21.3	253	241
Fourth	7.9	3,224	32.1	255	246
Highest	8.2	2,428	28.9	198	191
Total	**6.7**	**15,411**	**20.1**	**1,038**	**1,015**

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.

SHDS

Table 6.5 Diarrhoea treatment

Among children under age five who had diarrhea in the two weeks preceding the survey, the percentage for whom advice or treatment was sought from a health facility or provider, the percentage given oral rehydration therapy (ORT), the percentage given increased fluids, the percentage given ORT or increased fluids, and the percentage given other treatments, by background characteristics, SHDS, 2020

Background characteristics	Percentage with diarrhoea	Number of children	Percentage of children with diarrhoea for whom advice or treatment was sought from a health facility or provider	Number of children with diarrhoea
Age in months				
0-5	4.3	1,568	36.4	67
6-11	8.1	1,332	56.9	108
12-23	8.8	2,788	53.7	247
24-35	5.2	3,283	47.5	172
36-47	3.3	3,281	37.0	110
48-59	3.5	3,158	50.0	112
Sex				
Male	5.3	8,027	51.1	426
Female	5.3	7,384	46.0	389
Type of residence				
Urban	7.7	5,427	60.2	417
Rural	4.4	4,660	52.1	204
Nomadic	3.6	5,323	20.1	194
Mother's education				
No education	4.9	12,830	43.2	631
Primary	7.2	1,955	66.0	142
Secondary	7.5	448	(66.1)	34
Higher	4.7	178	*	8
Wealth quintile				
Lowest	3.6	3,512	22.7	128
Second	4.0	3,221	33.6	130
Middle	7.4	3,026	51.8	225
Fourth	6.0	3,224	64.3	193
Highest	5.7	2,428	59.7	139
Total	**5.3**	**15,411**	**48.6**	**815**

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 fecal matter, and percentage of children whose stools are disposed of safely, according to background characteristics, SHDS, 2020

Background characteristics	Manner of disposal of children's stools								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	Other	Total		
Age of child in months										
0-1	17.8	18.3	12.0	7.4	14.3	26.9	3.3	100.0	48.1	486
2-3	21.1	11.9	10.4	3.9	16.6	30.4	5.7	100.0	43.4	491
4-5	14.5	15.5	16.5	6.7	16.9	26.9	3.0	100.0	46.5	454
6-8	18.7	8.6	15.9	7.6	17.0	29.4	2.9	100.0	43.1	714
9-11	15.9	12.9	10.6	5.0	18.0	36.4	1.2	100.0	39.4	487
12-17	21.0	19.7	13.7	5.8	12.3	25.1	2.4	100.0	54.4	1719
18-23	15.7	12.9	13.7	6.8	15.4	29.5	6.1	100.0	42.3	802
6-23	18.6	15.2	13.8	6.2	14.7	28.5	3.0	100.0	47.7	3,596
Type of residence										
Urban	34.1	24.8	7.4	10.8	15.0	5.4	2.6	100.0	66.3	1,585
Rural	23.9	23.8	17.3	7.3	15.4	10.0	2.3	100.0	65.0	1,526
Nomadic	2.4	1.3	15.4	1.8	14.6	59.7	4.8	100.0	19.1	2,043
Highest educational level										
No education	16.4	13.2	15.1	5.1	14.9	32.0	3.3	100.0	44.6	4,309
Primary	27.2	27.4	5.1	12.2	14.5	11.3	2.3	100.0	59.6	657
Secondary	35.7	19.3	4.1	10.8	20.2	1.2	8.7	100.0	59.1	135
Higher	39.6	19.2	13.9	5.3	10.7	4.9	6.5	100.0	72.7	53
Wealth quintile										
Lowest	2.3	2.6	17.9	2.7	16.4	54.2	3.9	100.0	22.8	1,300
Second	9.6	5.6	20.5	2.0	13.1	44.3	4.9	100.0	35.7	1,116
Middle	30.7	24.8	9.6	9.2	13.7	10.1	1.8	100.0	65.2	1,006
Fourth	29.7	24.4	8.3	9.5	16.7	8.8	2.6	100.0	62.3	1,047
Highest	28.7	26.8	7.2	10.0	14.6	9.3	3.4	100.0	62.7	685
Total	**18.5**	**15.2**	**13.5**	**6.2**	**15.0**	**28.3**	**3.4**	**100.0**	**47.2**	**5,154**

[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

07

Child Nutrition, Feeding Practices and Nutritional Status of Women

KEY FINDINGS

NUTRITIONAL STATUS OF CHILDREN

27% of children under-five are stunted (short for their age)

12% are wasted (thin for their height)

21% are underweight (thin for their age)

EARLY INITIATION OF BREASTFEEDING

60% of children were breastfed within the first hour of their birth
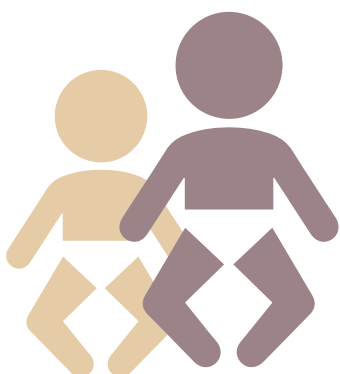
BREASTFEEDING

90% of children are breastfed at some point

EXCLUSIVE BREASTFEEDING

33% of children under 6 months are exclusively breastfed

VITAMIN A

33%

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

IRON SUPPLEMENTATION

6%

of children aged 6–23 months received iron supplements in the 7 days preceding survey
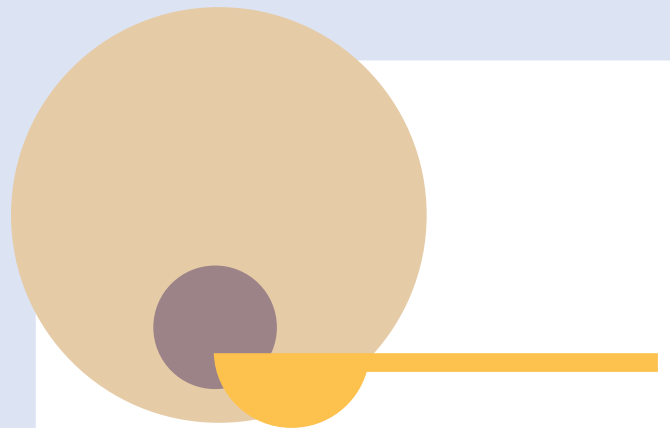
DEWORMING

8%

of children 6–59 months were dewormed in the past 6 months

TIMELY INITIATION OF COMPLEMENTARY FEEDING

42%

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

➐ CHILD NUTRITION, FEEDING PRACTICES AND NUTRITIONAL STATUS OF WOMEN

Nutrition provides energy, promotes growth, and nourishes the body. The nutritional status of a person is determined by multifaceted interactions among food availability, affordability, accessibility and consumption and infections. It influences an individual's growth and development, productivity, reproductive success and susceptibility to diseases.

Good nutritional status is critical for the growth and development of children, particularly those who are under two years of age. Additionally, women's nutrition has a direct effect on their health and the health of their children. Nutritional deficiencies among women can lead to anaemia, infections and pregnancy complications which could result in premature birth or death. Nutritional deficiencies among children, especially those under five years of age, often lead to childhood illnesses such as diarrhoea, respiratory diseases and nutritional problems such as wasting and stunting.

Nutrition of Children and Women

The nutritional status of women and children can be measured using different methods, such as anthropometric, biochemical, clinical and dietary methods. These techniques of assessment differ in how and when they are conducted. In the SHDS 2020, the anthropometric and dietary methods were used for assessing the nutritional status of women aged 15 to 49 years and children aged zero to five 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 the age of five in sampled households. The equipment used for height and weight measurements was the seca scale (for weight), height board (height for children aged under five) and seca (height for adults).

The SHDS 2020 followed the standard method of measuring the height and weight of women and children. Women's weight was measured by placing the weighing scale on a flat place to ensure it was balanced and having the woman stand on it facing forward, with a vertical posture. Children under two years of age were measured lying down (supine position), whereas children above two years

of age were measured while standing upright. The enumerating teams were trained before being deployed to the field. Their training involved class sessions and field pilot-tests on how to measure the weight and length/height of children and women respectively. The enumerators were medical professionals—midwives, nurses, public health and doctors. In the SHDS 2020, standardized nutritional indicators were generated using the WHO anthropometric tool for nutritional survey data analyses. The measurements below were used to generate 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 the 'Z-score' or standard deviation scores (-2 or + 2). The weight-for-age index (underweight indicator) describes 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.

The 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.

The weight-for-height (wasting) indicator measures the children who suffer from 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.

Nutritional Status of Children

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

The SHDS 2020 measured the height and weight of children below 5 years and inquired about their dietary intake. The weight and height measured for children that were recorded were used as anthropometric measurements using the Z-score. As per WHO standards, indicators such as height-for-age, weight-for-height and weight-for-age can be used to calculate the nutritional status of children under five years of age.

Table 7.1 shows the nutritional status of children under five years of age according to three anthropometric indices—height-for-age, weight-for-height and weight-for-age. Twenty-seven percent of children under the age of five are stunted or too short for their age, and 16 percent are severely stunted, while 12 percent are wasted; the table also shows that 6 percent of the children are severely wasted. Twenty-one percent of children under the age of five are underweight, with 11 percent severely underweight.

As presented in Figure 7.1, the prevalence of malnutrition among children aged under 5 shows a fluctuating trend. Malnutrition starts to

Nutritional status of children

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

Age in months
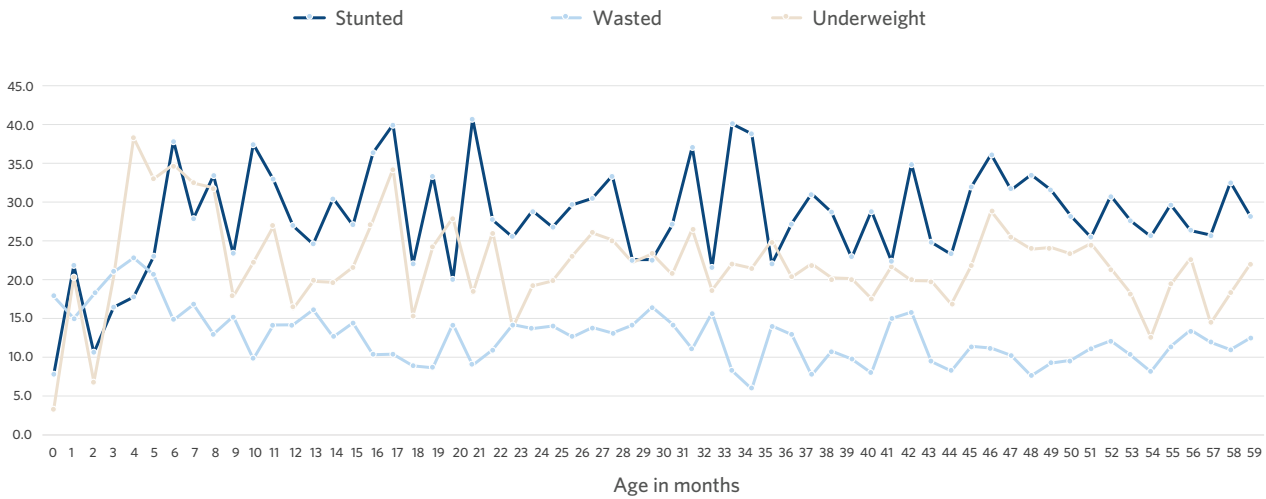
manifest at three to four months of age, the time many infants start complementary feeding, and continues to rise. As a consequence, wasting, which reflects acute malnutrition, increases and peaks in the fourth month. Stunting takes a bit of time to show (because it reflects chronic nutrition or repeated infections), so as infants start to eat food other than breastmilk at three to four months, stunting peaks at 21 months,

with a prevalence of 39 percent. On the other hand, wasting is highest among infants aged 4 months, at 22 percent, and lowest, at 6 percent, among children of 35 months..

Initiation of Breastfeeding

The World Health Organisation (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 60 percent of children were breastfed within the first hour of their

Figure 7.2   Initial Breastfeeding

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

birth. Overall, 90 percent of children had been breastfed regardless of whether or not initiation of breastfeeding was within the first hour of birth or continued until two years.

As presented in Figure 7.2, analysis by the place of residence shows that children from nomadic areas are less likely to be breastfed within the first hour of birth, at 53 percent, as compared to 63 percent of children in the urban and 65 percent in rural areas respectively..

It can be noted that children born in health facilities or delivered with the assistance of health professionals were more likely to have been breastfed in the first hour of birth compared to children born at home, with the delivery assisted by a traditional birth attendant or by no one at all. The survey data shows that 67 percent of children born in health facilities were breastfed within the first hour of birth, while 58 percent of children who were born at home started breastfeeding within the first hour of birth (Table 7.2).

Breastfeeding status by age

In the SHDS 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 and Figure 7.3 show the percentage distribution of children less than two years of age by breastfeeding status, including those currently breastfeeding and the percentage of all children under two years of age using feeding bottles with nipples according to their age in months. Thirty-three percent of children under six months are exclusively breastfed and the percentage of exclusive breastfeeding declines with age, from 42 percent for children aged 0-1 months to 29 percent among children of 4-5 months. Contrary to the recommendation

Figure 7.3 Breastfeeding status by age

Percent of children under age two by breastfeeding status
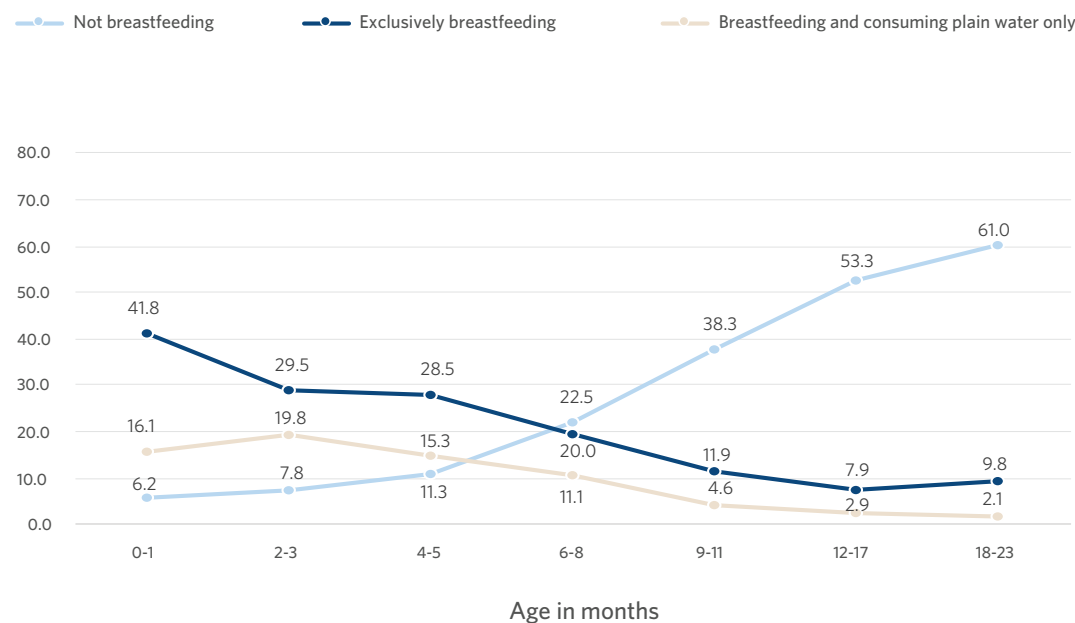
that children under the age of six months be exclusively breastfed, many infants under six months are also fed other liquids in addition to breast milk, such as water, at 17 percent, other milk, at 17 percent, and non-milk liquids, at 8 percent. Moreover, 17 percent of infants began complementary foods before six months of age. Eight percent of children aged under six months were not breastfeeding at the time the survey was conducted. Forty percent of children under two years of age were 'currently' being breastfed at the time the survey was carried out, while 45 percent of children under two years of age were using a feeding bottle with a nipple.

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

Figure 7.4 shows that 33 percent of children aged under 6 months were exclusively breastfed, while 58 percent of children under age six months were predominantly breastfed. Forty-eight percent of children were still breastfeeding at the age of one, and 40 percent were breastfeeding at age two. Overall, 42 percent of children were introduced to complementary foods at six to eight months and 30 percent of children under age two were breastfed appropriately for their age. Further, 47 percent of children aged 0-23 months were bottle-fed.

Types of Complementary Foods

Complementary foods are recommended to be given to children when breastfeeding is no longer sufficient to addressing 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 breast milk from six 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 food, ensuring its safety to minimize the risk of food contamination.

Table 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 interview according to their breastfeeding status. The data shows that 10 percent of breastfed children aged under two years and 10 percent of non-breastfed children aged under 2 years were fed infant milk formula. Thirty-two percent of the breastfed children were getting other liquids in addition to the breast milk, compared to 44 percent who were not breastfed. However, infants as young

Figure 7.4   IYCF indicators on breastfeeding status
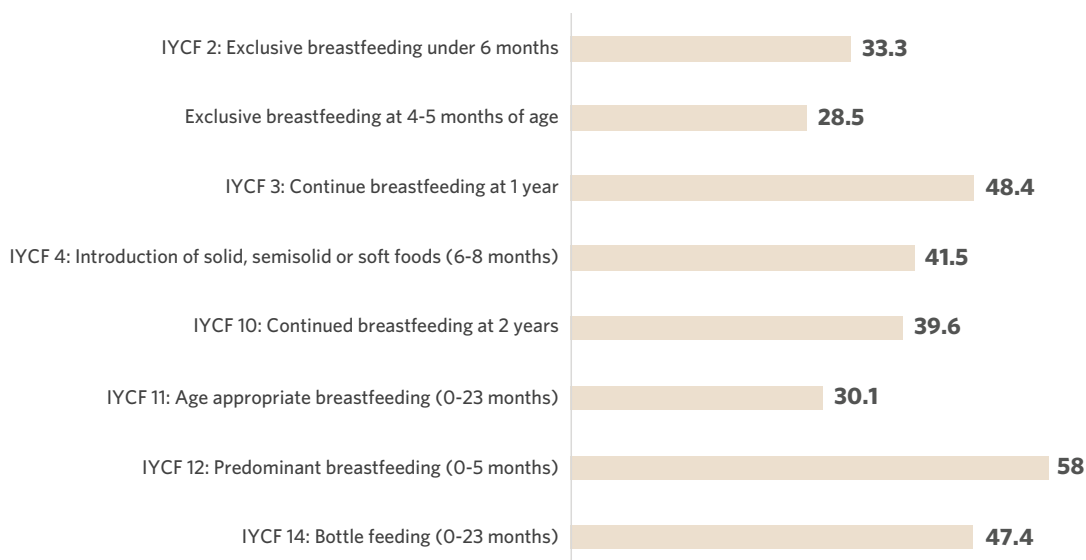
IYCF 2: Exclusive breastfeeding under 6 months	33.3
Exclusive breastfeeding at 4-5 months of age	28.5
IYCF 3: Continue breastfeeding at 1 year	48.4
IYCF 4: Introduction of solid, semisolid or soft foods (6-8 months)	41.5
IYCF 10: Continued breastfeeding at 2 years	39.6
IYCF 11: Age appropriate breastfeeding (0-23 months)	30.1
IYCF 12: Predominant breastfeeding (0-5 months)	58
IYCF 14: Bottle feeding (0-23 months)	47.4

as zero months, whether breastfeeding or not, have already been introduced to other foods and liquids. This contradicts the exclusive breastfeeding guidance provided by WHO for children less than six months old.

Overall, 41 percent of breastfed children aged under two years received solid or semi-solid complementary foods in addition to breast milk. Twenty-three percent of children aged 0-23 months received foods made from grains, whereas 18 percent of children of this age had fruits and vegetables rich in vitamin A. Thirteen percent and 12 percent of children aged 0-23 months were given milk products (cheese, yoghurt and other) and animal sources of food (meat, fish and poultry) respectively. Fifty-nine percent of children aged 0-23 months who were not breastfeeding received solid or semi-solid foods from any sources.

With respect to the dietary intake of children by their breastfeeding status, a higher proportion of solid and semi-solid foods are being consumed by non-breastfed children. Thirty-five percent of non-breastfeeding children receive other types of milk. Supplementary foods given to children are fruits and vegetables rich in vitamin A, and meat, fish, poultry and eggs.

Infant and Young Child Feeding (IYCF) Practices

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. Optimal Infant and Young Child Feeding (IYCF) Practices are essential for child growth and development. The *IYCF Global Strategy* was first issued in 2002 jointly by WHO and UNICEF to reverse disturbing trends of infant and child feeding practices. The main objective of the strategy is to improve and promote healthy feeding practices and, as a result, to decrease the child morbidity and mortality.

Table 7.5 shows children aged 6-23 months living with their mothers, and who are being fed according to the three IYCF practices based on the breastfeeding status, the number of food groups they receive and times they were being fed during the day or night preceding the survey. The UNICEF-recommended IYCF practices to be followed are based on breastfeeding status and the age of children. Children from six to eight months on breastfeeding are recommended to be fed four different groups of food per day, with a minimum meal frequency of two times, whereas children aged 9-23 months need to be fed four or more different groups of food per day, with a minimum meal frequency of three times. Non-breastfeeding children are recommended to be given four different groups of foods, with a minimum meal frequency of four times.

Table 7.5 indicates that 13 percent of breastfed children aged 6-23 months old were fed four or more different groups of food the day or night preceding the survey and 31 percent were fed the minimum meal frequency the night or day before the survey. Only 7 percent among the breastfed children aged 6-23 months old were fed four or more different groups of foods at a minimum number of times that is required.

With regard to non-breastfeeding children, 35 percent were fed milk or milk products, whereas 19 percent were fed four or more different groups of food the night or day preceding the survey. With regard to the minimum meal frequency among non-breastfeeding children, 35 percent of them were fed the minimum meal frequency. With regard to IYCF practices, only 9 percent of the non-breastfeeding children were fed as recommended by the IYCF guidelines.

Overall, only 7 percent of all children aged 6-23 months were fed in line with three IYCF practices the night or day prior to the survey, while 13 percent of children of the same age were fed four or more different groups of foods. With regard to the meal frequency, 27 percent of children aged 6-23 months had meals in line with the recommended minimum meal frequency.

The proportion of children consuming foods rich in vitamin A and iron and the proportion receiving iron supplements and deworming medication increase with higher levels of mothers' education and increasing household wealth

There are notable differences according to residence in the proportion of children aged 6-23 months fed according to the recommended three IYCF practices—from 13 percent in urban areas to 1 percent in nomadic areas. Additionally, there is a steady increase in the proportion of children fed according to the recommended three IYCF practices as mother's education increases, from 5 percent among children whose mothers have no education to 27 percent among children whose mothers have higher education. As expected, children from wealthier households are more likely to be fed according to the recommended three IYCF practices than children from poorer households.

Micronutrient Intake among Children

Micronutrients, which consist of vitamins and minerals, are essential for children's development and prevention against illnesses. Vitamin A and iron are key micronutrients needed for supplementation. The deficiency of these micronutrients can result in a weak immune system, blindness, stunting or anaemia. For children, the period 6-59 months in particular is a critical window for their health and well-being.

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

Table 7.6 shows that 33 percent of children of 6-23 months had consumed foods rich in vitamin A during the night or day preceding the survey, while 22 percent had consumed foods rich in iron. The findings further reveal that 5 percent of children of ages 6-59 months were given iron supplements in the seven days preceding the survey. Similarly, only 8 percent of children aged 6-59 months were given deworming drugs in the six months before the survey was conducted.

Analysis by the place of residence shows that a large proportion of children in urban areas (48 percent) received vitamin A supplements, followed by those who live in rural areas (39 percent); nomadic children received the least vitamin A supplements (14 percent). Similar patterns were also observed for the percentage of children who were given deworming medication in the six months preceding the survey, with 14 percent of urban children, 8 percent of children from rural areas and 1 percent of nomadic children receiving deworming medication (Table 7.6).

In general, the proportion of children consuming foods rich in vitamin A and iron and the proportion receiving iron supplements and deworming medication increase with higher levels of mothers' education and increasing household wealth (Table 7.6).

Nutritional Status of Women

Women's nutrition is vital for their health and pregnancy outcomes. In the SHDS 2020, women's nutritional status was calculated by measuring their body mass index (BMI). The BMI is a screening tool that can indicate whether a person is underweight, has normal weight or is overweight. The 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 risks might increase significantly. Having too much weight can lead to various health conditions, such as diabetes type 2, cardiovascular problems and high blood pressure. If the weight of a person is below the normal range, the risk of adverse pregnancy outcomes and overall poor health status increases.

Table 7.7 shows that the height of 3 percent of women was below 145 cm. Generally, women with short stature have a higher risk of having obstructed labour, due to cephalo-pelvic

disproportion. Fifty-one percent of women have a normal body mass index (between 18.5 and 24.9), while 15 percent of women aged 15-49 are thin, with a BMI of less than 18.5. Twenty-two percent of women are overweight, with a body mass index of more than 25.0–29.9; 11 percent of women are obese.

Analysis by women's places of residence shows that nomadic areas have the highest percentage of thin women, at 27 percent, followed by women in rural areas, at 16 percent, compared to 13 percent of women in urban areas. Similarly, the percentage of overweight women is highest in urban areas, at 25 percent. The proportion of overweight women increases with age, as women aged 40-49 (34 percent) are more likely to be overweight than women aged 15-19 (11 percent).

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 7.8 shows that only 2 percent of women reported that they had taken iron supplementation for the recommended 90 days or more during their last pregnancy. Similarly, only 4 percent of women took deworming medication. There is a slight variation in these proportions by place of residence. The percentage of women who took iron supplements for at least 90 days is higher among women in urban areas (5 percent), as compared to rural settings (2 percent) and nomadic areas (1 percent). Seven percent of women in urban areas had taken deworming tablets, compared to 4 percent of women in rural areas and 1 percent of nomadic women. The proportion of women who had taken iron supplementation for 90 days or longer during their last pregnancy increases the higher their education levels are—14 percent of women with secondary education reported to have taken iron tablets, as compared with 1 percent among those who do not have any form of education.

List of Tables

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 characteristics, SHDS 2020

Background characteristics	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]	Percentage below +2 SD	Mean Z-score (SD)	Number of children	Percentage below -3 SD	Percentage below -2 SD[2]	Percentage below +2 SD	Mean Z-score (SD)	Number of children
Age in months														
0-5	9.7	16.1	3.3	177	14.1	18.4	1.3	—	357	12.8	35.5	1.3	1.3	666
6-8	23.7	31.8	3.9	173	10.9	14.2	1.2	—	137	14.9	31.5	2.0	1.5	346
9-11	17.0	28.7	2.9	109	10.1	12.6	1.3	—	86	10.8	25.5	1.5	1.1	169
12-17	17.5	27.8	1.6	447	9.5	12.9	1.3	—	360	10.6	10.0	0.4	0.4	548
18-23	17.3	26.8	1.0	165	6.7	10.3	0.8	—	105	8.8	7.2	0.3	0.4	184
24-35	15.5	28.3	1.0	887	7.3	12.4	1.1	—	618	9.5	8.3	0.3	0.3	1,015
36-47	16.0	26.4	1.9	827	7.8	10.5	0.8	—	576	10.2	17.3	0.8	0.7	1,208
48-59	17.3	28.0	1.8	879	7.5	9.6	0.7	—	536	11.0	15.8	0.7	0.7	1,212
Sex														
Male	16.3	27.0	1.8	1,784	8.0	11.9	0.9	—	1,319	10.4	16.2	0.7	0.7	3,891
Female	16.2	26.7	1.8	1,880	8.9	11.8	1.1	—	1,454	10.8	15.4	0.7	0.6	1,458
Size at birth[3]														
Very small	15.0	25.5	1.8	198	10.4	12.3	0.9	—	177	9.2	19.1	0.8	0.8	290
Small	17.1	26.1	1.8	203	9.3	12.7	1.2	—	171	11.4	15.8	0.8	0.7	268
Average or larger	16.7	27.1	1.8	2,474	8.0	11.7	0.9	—	1,791	10.6	15.2	0.7	0.7	3,558
Mother's nutritional status[4]														
Thin (BMI < 18.5)	16.2	26.1	2.0	243	8.2	13.9	0.9	—	206	9.3	15.8	0.7	0.8	377
Normal (BMI 18.5-24.9)	15.9	26.5	1.7	847	8.5	12.7	1.0	—	678	10.8	16.5	0.7	0.7	1,274
Overweight/obese (BMI >= 25)	17.4	27.7	1.9	559	8.3	11.5	0.9	—	399	10.6	16.1	0.7	0.6	753

Table 71   Continued

Background characteristics	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]	Percentage below +2 SD	Mean Z-score (SD)	Number of children	Percentage below -3 SD	Percentage below -2 SD[2]	Percentage below +2 SD	Mean Z-score (SD)	Number of children
Type of residence														
Urban	16.8	27.8	1.7	2033	7.6	10.6	0.9	10.8	1336	13.6	2532	0.6	0.6	3,038
Rural	18.3	29.7	2.0	1285	9.8	12.2	1.1	11.5	953	15.2	1657	0.6	0.6	1,833
Nomadic	9.7	17.3	2.1	345	8.6	15.7	0.9	8.2	485	25.4	839	1.2	1.1	477
Mother's education[5]														
No education	15.9	26.0	1.7	635	7.9	11.5	0.9	10.6	474	15.5	882	0.6	0.7	2,850
Primary	16.9	27.6	1.8	928	8.0	11.6	1.0	11.3	663	14.7	1231	0.7	0.7	1,320
Secondary	14.2	24.9	1.9	186	8.5	12.4	1.1	11.2	156	17.6	286	0.8	0.6	264
Higher	24.9	31.6	1.6	69	7.3	9.6	1.4	12.3	37	17.9	94	0.7	1.0	88
Wealth quintile														
Lowest	13.9	22.5	1.9	799	9.2	14.4	0.9	8.5	837	21.7	1412	0.9	0.8	1,148
Second	20.4	32.8	1.7	1031	9.0	10.9	1.1	14.4	626	11.7	1201	0.4	0.7	1,222
Middle	17.2	28.6	2.1	799	8.4	11.0	1.0	11.6	542	14.0	1032	0.6	0.6	1,270
Fourth	16.3	26.9	1.8	645	8.7	10.2	1.2	11.2	452	14.3	846	0.8	0.6	999
Highest	12.2	22.1	1.5	390	5.8	12.1	0.6	5.7	316	16.3	535	1.0	0.6	710
Total	**16.3**	**26.9**	**1.8**	**3664**	**8.5**	**11.9**	**1.0**	**10.6**	**2774**	**15.8**	**5027**	**0.7**	**0.7**	**5,349**

Note: Table is based on children who stayed in the household on the night before the interview. Each of the indices isexpressed 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
[3] Excludes children whose mothers were not interviewed
[4] First-born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval
[5] Includes children whose mothers are deceased
[6] Excludes children whose mothers were not weighed and measured. Mother's nutritional status in terms of BMI (Body Mass Index) is presented in Table 11.10.
[7] For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire.

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 a the percentage who received a prelacteal feed, by background characteristics, SHDS, 2020

Background characteristics	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	90.1	59.3	83.0	2,855	40.8	2,573
Female	90.1	60.7	83.5	2,579	39.8	2,324
Assistance at delivery						
Health personnel[3]	90.1	66.1	83.7	1,959	40.7	1,765
Traditional birth attendant	90.5	57.1	83.4	2,940	39.7	2,661
Relative/friend	93.0	63.3	84.4	389	39.9	361
Other	(87.8)	(34.5)	(84.8)	24	*	21
No one	72.4	24.2	67.4	122	55.9	89
Place of delivery						
Health facility	92.6	67.3	85.3	1,355	40.3	1,255
At home	89.3	57.5	82.6	4,063	40.3	3,627
Other	*	*	*	12	*	11
Missing	*	*	*	4	*	4
Type of residence						
Urban	91.8	63.2	81.9	1,881	39.9	1,726
Rural	91.8	64.5	86.1	1,644	41.0	1,509
Nomadic	87.0	52.7	82.1	1,910	40.3	1,663
Highest education level						
No education	89.4	59.0	82.5	4,455	39.9	3,984
Primary	94.3	62.7	88.4	735	39.3	693
Secondary	92.4	70.2	83.7	176	46.5	162
Higher	84.5	64.6	77.6	69	67.8	58
Wealth quintile						
Lowest	90.2	57.5	85.2	1,251	38.1	1,129
Second	86.2	53.4	79.6	1,125	39.3	969
Middle	90.9	60.8	83.8	1,009	42.5	917
Fourth	91.2	64.3	84.7	1,142	39.1	1,042
Highest	92.6	64.9	82.4	908	43.6	840
Total	**90.1**	**59.9**	**83.2**	**5,434**	**40.3**	**4,897**

Note: Table is based on last-born children born in the two years preceding the survey regardless of whetherthe 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

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, SHDS, 2020

Age in months	Not breastfeeding	Breastfeeding status:						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	Total				
0-1	6.2	41.8	16.1	6.2	14.3	15.3	100.0	93.8	500	29.1	522
2-3	7.8	29.5	19.8	7.4	19.3	16.2	100.0	92.2	498	37.9	528
4-5	11.3	28.5	15.3	9.1	17.0	18.8	100.0	88.7	462	48.1	497
6-8	22.5	20.0	11.1	7.3	9.5	29.5	100.0	77.5	708	51.5	752
9-11	38.3	11.9	4.6	4.4	4.8	35.9	100.0	61.7	524	52.4	543
12-17	53.3	7.9	2.9	2.8	3.9	29.3	100.0	46.7	1606	53.5	1,681
18-23	61.0	9.8	2.1	2.7	3.0	21.4	100.0	39.0	681	44.8	724
0-3	7.0	35.6	18.0	6.8	16.8	15.7	100.0	93.0	998	33.6	1,051
0-5	8.4	33.3	17.1	7.6	16.9	16.7	100.0	91.6	1459	38.2	1,548
6-9	25.3	17.8	9.5	6.8	8.8	31.8	100.0	74.7	935	53.2	987
12-15	51.6	7.7	2.2	2.8	4.0	31.7	100.0	48.4	1300	55.2	1,360
12-23	55.6	8.4	2.6	2.8	3.6	26.9	100.0	44.4	2287	50.9	2,406
20-23	60.4	9.6	2.2	2.4	2.7	22.7	100.0	39.6	399	44.9	429

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"

Table 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 and age, SHDS 2020

Age in months	Liquids			Solid or semi solid foods										Number of children
	Infant formula	Other milk[1]	Other liquids[2]	Fortified baby food	Food made from grains[3]	Fruits and vegetables rich in vitamin A[4]	Other fruits and vegetables	Food made from roots and tubers	Food made from legumes and nuts	Meat, fish and poultry	Eggs	Cheese, yogurt, other milk product	Any solid or semisolid food	
BREASTFEEDING CHILDREN														
0-1	7.8	12.2	14.3	1.7	9.0	7.3	0.9	3.6	2.0	4.4	1.5	5.4	16.0	435
2-3	13.7	16.6	16.8	3.9	7.8	5.6	1.5	2.7	2.2	3.4	2.8	5.5	17.3	409
4-5	9.5	18.5	20.6	3.0	8.4	6.7	1.2	3.2	3.4	2.9	1.2	6.2	22.4	359
6-8	10.6	25.4	29.0	4.1	17.8	16.7	6.6	7.6	5.7	9.5	4.4	16.9	42.6	551
9-11	10.3	32.6	40.2	9.2	31.1	26.1	8.4	11.9	10.3	14.8	10.8	16.4	57.8	327
12-17	11.8	33.5	49.3	10.0	41.1	31.6	11.5	13.2	8.8	21.4	10.2	18.7	63.2	758
18-23	5.9	29.8	40.8	6.8	34.9	21.5	8.9	11.1	10.3	19.8	8.5	17.0	53.4	273
6-23														
Total	**10.4**	**30.5**	**40.7**	**7.7**	**31.7**	**24.9**	**9.2**	**11.1**	**8.4**	**16.6**	**8.4**	**17.5**	**54.9**	**1,910**
NONBREASTFEEDING CHILDREN														
0-1	7.4	20.3	30.7	4.0	16.7	27.5	12.3	13.9	7.8	19.8	13.8	7.2	30.6	102
2-3	6.3	30.2	37.3	3.7	18.1	27.9	10.5	9.5	9.1	16.6	14.3	13.2	49.7	147
4-5	6.3	21.6	29.7	4.8	8.6	23.1	9.5	9.8	6.7	15.4	13.3	11.5	35.5	133
6-8	10.2	27.7	43.2	7.4	22.2	23.4	11.5	11.3	9.8	13.3	11.0	11.9	50.7	239
9-11	7.0	40.3	41.6	8.7	30.6	31.7	15.6	16.5	12.7	23.0	16.0	21.3	64.0	269
12-17	10.9	36.0	45.4	8.2	34.8	33.5	13.0	18.5	11.5	24.6	13.8	17.6	62.6	1,136
18-23	10.8	38.9	51.0	11.4	34.0	35.3	18.5	17.4	11.4	26.6	14.0	19.1	64.6	649
6-23	10.3													
Total	**9.8**	**36.4**	**46.3**	**9.0**	**32.8**	**32.8**	**14.7**	**17.2**	**11.4**	**23.8**	**13.8**	**17.8**	**62.1**	**2,294**

Note: Breastfeeding status and food consumed refer to a "24-hour" period (yesterday and last night).

[1] Other milk includes fresh, tinned and powdered animal milk

[2] Does not include plain water. Includes juice, juice drinks, clear broth, or other non-milk liquids.

[3] Includes fortified baby food

[4] Includes [list fruits and vegetables included in the questionnaire such as pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, dark green leafy vegetables, mangoes, papayas, and other locally grown fruits and vegetables that are rich in vitamin A]

Table 7.5 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 characteristics, SHDS, 2020

Background characteristics	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
Age														
6-8	6.8	34.0	5.0	551	40.5	12.8	40.8	7.4	239	82.0	8.6	36.1	5.7	791
9-11	14.3	29.7	5.8	327	37.1	20.4	37.2	11.7	269	71.6	17.1	33.1	8.5	597
12-17	15.9	30.8	7.9	758	30.9	19.4	32.0	8.0	1136	58.5	18.0	31.5	8.0	1894
18-23	13.5	26.7	7.4	273	38.9	21.3	37.2	11.0	649	57.0	19.0	34.1	9.9	923
Sex														
Male	13.5	31.1	7.2	997	36.6	19.2	36.6	9.5	1208	70.5	13.3	27.2	6.8	2205
Female	11.8	30.8	6.1	913	33.0	19.5	33.1	8.9	1085	70.0	13.3	25.9	6.2	1998
Type of residence														
Urban	25.0	34.8	12.5	602	51.2	32.4	51.0	18.6	897	75.9	24.5	37.0	13.3	1498
Rural	13.8	37.4	7.6	584	36.6	18.2	37.6	5.9	689	71.4	12.5	29.3	5.1	1273
Nomadic	1.6	22.6	1.0	724	12.6	4.0	12.1	0.6	708	63.3	2.2	13.2	0.6	1431
Mother's education														
No education	9.0	28.4	4.5	1580	31.5	15.7	31.7	6.7	1817	69.3	10.3	24.0	4.6	3396
Primary	27.2	41.0	14.8	253	41.3	31.6	43.0	15.8	344	72.4	24.7	34.8	12.6	597
Secondary	38.4	45.1	21.4	55	66.5	33.9	63.1	24.1	96	83.3	30.2	49.2	19.2	151
Higher	*	*	*	22	(58.6)	(48.5)	(48.9)	(35.5)	37	78.0	38.2	43.7	26.7	59
Wealth quintile														
Lowest	2.7	23.7	1.5	504	15.6	6.9	17.5	1.9	431	67.1	3.8	15.8	1.5	935
Second	3.8	25.8	1.4	410	25.0	8.9	23.2	2.4	449	67.0	5.2	19.9	1.6	859
Middle	13.8	34.8	7.1	336	33.0	17.7	34.0	6.7	417	69.1	12.3	26.3	5.1	753
Fourth	21.1	37.2	11.8	343	38.8	22.7	39.5	11.8	555	68.6	18.4	31.6	9.5	898
Highest	29.8	38.3	15.6	316	60.7	39.6	59.4	22.5	442	80.9	29.2	41.8	16.1	758
Total	12.7	30.9	6.7	1910	34.9	19.4	35.0	9.2	2294	70.3	13.3	26.6	6.5	4203

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.
[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

Table 7.6   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 characteristics, SHDS 2020

Background characteristics	Among youngest children aged 6-23 months living with the mother:			Among all children aged 6-59 months:			
	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]	Number of children age	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	Number of children
Age in months							
6-8	19.4	10.7	768	4.4	3.2	5.4	768
9-11	31.7	19.0	564	7.2	6.5	11.9	564
12-17	38.1	25.2	1,865	5.0	7.8	11.2	1,865
18-23	36.5	25.1	923	6.6	8.1	10.9	923
24-35	*	*	0	6.5	9.2	11.2	3,283
36-47	*	*	0	6.6	7.6	10.6	3,281
48-59	*	*	0	6.2	8.2	9.2	3,158
Sex							
Male	34.4	22.5	2,166	6.5	8.5	10.7	7,223
Female	32.2	20.7	1,954	5.7	7.3	9.8	6,620
Breastfeeding status							
Breastfeeding	30.3	18.4	1,990	6.7	7.8	10.6	2,468
Not breastfeeding	36.3	24.7	2,130	6.1	7.9	10.2	1,1374
Mother's age							
15-19	30.2	12.9	321	3.7	5.1	8.4	555
20-29	32.3	22.0	2,253	6.6	8.6	10.4	7,177
30-39	36.5	23.0	1,351	5.5	7.1	10.1	5,144
40-49	30.5	22.7	196	7.7	8.5	11.1	967
Type of residence							
Urban	48.0	32.7	1,409	10.3	14.0	16.4	4,864
Rural	39.1	23.1	1,247	6.6	8.1	12.8	4,184
Nomadic	14.5	9.8	1,465	1.6	1.5	1.9	4,794
Education							
No education	29.7	18.4	3,356	5.1	6.7	8.7	11,528
Primary	47.3	34.9	573	11.6	13.8	17.7	1,757
Secondary	53.2	36.2	140	8.7	11.8	20.5	403

Table 7.6   Continued

Background characteristics	Among youngest children aged 6-23 months living with the mother:			Among all children age 6-59 months:			
	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]	Number of children age	Percentage given iron supplements in past 7 days	Percentage given deworming medication in past 6 months[3]	Percentage given vitamin A	Number of children
Higher	64.5	46.9	52	13.6	21.4	19.3	155
Wealth quintile							
Lowest	15.6	10.2	948	1.0	2.1	2.6	3,156
Second	24.1	14.5	861	3.5	4.1	5.8	2,919
Middle	39.0	22.3	753	7.3	10.1	10.9	2,714
Fourth	40.2	28.2	879	9.6	11.5	15.7	2,912
Highest	55.0	37.3	680	11.3	13.9	19.5	2,143
Total	**33.4**	**21.6**	**4,120**	**6.2**	**7.9**	**10.3**	**13,843**

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.

n/a = Not applicable

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

[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.

Table 7.7   Nutritional status of women

Among women aged 15-49, the percentage with height under 145 cm, mean Body Mass Index (BMI), and the percentage with specific BMI levels, by background characteristics, SHDS 2020

Background characteristics	Height: Percentage below 145 cm	Number of women	Mean body max index (BMI)	Body Mass Index [1] Normal: 18.5-24.9 (Total normal)	Thin: <18.5 (Total thin)	Thin: 17.0-18.4 (Mildly thin)	Thin: <17 (Moderately and severely thin)	Overweight/Obese: >=25.0 (Total overweight or obese)	Overweight/Obese: 25.0-29.9 (Overweight)	Overweight/Obese: 30.0 + (obese)	Number of women
Age											
15-19	5.2	4,325	21.4	59.7	26.6	17.3	9.3	13.7	10.5	3.2	4,094
20-29	1.9	5,616	24.0	53.4	12.8	9.0	3.8	33.7	23.2	10.5	4,612
30-39	1.2	3,968	25.6	42.7	8.7	5.5	3.2	48.5	29.6	18.9	3,339
40-49	1.3	1,662	26.1	38.4	7.0	5.0	2.0	54.6	33.9	20.7	1,530
Type of residence											
Urban	2.4	10,088	24.5	48.1	13.0	8.9	4.1	38.8	24.6	14.2	8,902
Rural	3.0	3,865	23.2	55.2	16.3	11.0	5.4	28.5	20.1	8.3	3,238
Nomadic	2.3	1,618	21.3	59.3	26.8	16.4	10.4	13.8	11.9	2.0	1,435
Education											
No education	2.3	11,144	23.9	51.1	14.6	9.9	4.7	34.3	23.0	11.3	9,574
Primary	3.9	2,379	23.6	48.3	18.7	12.1	6.6	33.0	21.1	11.9	2,086
Secondary	3.0	1,422	23.7	52.7	17.1	10.6	6.5	30.2	17.7	12.5	1,341
Higher education	1.6	626	24.5	55.2	9.9	6.6	3.3	34.5	22.5	11.9	573
Wealth quintile											
Lowest	2.1	2,921	22.0	60.2	22.3	14.3	8.0	17.5	13.7	3.7	2,536
Second	3.3	2,830	23.2	55.2	15.8	11.0	4.9	29.0	21.5	7.5	2,342
Middle	3.2	3,107	23.9	49.1	15.4	10.6	4.8	35.4	24.0	11.4	2,655
Fourth	2.2	3,289	24.5	47.4	12.9	8.4	4.5	39.7	24.9	14.8	2,942
Highest	2.1	3,425	25.2	45.2	11.3	7.6	3.7	43.3	25.4	17.9	3,099
Total	**2.6**	**15,571**	**23.9**	**51.0**	**15.3**	**10.2**	**5.1**	**33.7**	**22.2**	**11.5**	**13,575**

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

Table 7.8 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 characteristics,SHDS, 2020

Background characteristics	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	69.6	26.7	1.4	2.2	100.0	2.9	330
20-29	69.5	25.3	1.4	3.7	100.0	4.4	927
30-39	73.9	22.8	1.9	1.4	100.0	4.3	763
40-49	83.3	14.3	1.3	1.0	100.0	2.2	357
Type of residence							
Urban	55.0	38.0	2.3	4.7	100.0	7.0	835
Rural	71.9	24.9	1.7	1.4	100.0	3.7	697
Nomadic	91.7	6.7	0.8	0.8	100.0	0.8	846
Education							
No education	78.9	18.6	1.3	1.3	100.0	3.3	1,951
Primary	51.3	40.6	3.5	4.6	100.0	4.9	272
Secondary	41.1	45.9	1.2	11.8	100.0	5.4	111
Higher	27.2	56.3	3.0	13.5	100.0	18.5	44
Wealth quintile							
Lowest	92.1	7.3	0.5	0.1	100.0	0.9	568
Second	82.7	14.4	1.1	1.8	100.0	2.1	459
Middle	74.4	23.6	1.6	0.5	100.0	5.4	443
Fourth	61.6	32.0	3.2	3.2	100.0	5.1	455
Highest	49.4	42.1	1.7	6.9	100.0	6.5	452
Total	**73.0**	**23.0**	**1.6**	**2.4**	**100.0**	**3.8**	**2,377**

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

08

HIV/AIDS-Related Knowledge, Beliefs and Attitudes

KEY FINDINGS

KNOWLEDGE ABOUT HIV/AIDS

66%

of women aged 15-49 in Somalia had heard of HIV/AIDS

COMPREHENSIVE KNOWLEDGE ABOUT HIV/AIDS

6%

of women aged 15-49 have comprehensive knowledge about HIV/AIDS

DISCRIMINATORY ATTITUDES TOWARDS PEOPLE LIVING WITH HIV/AIDS

48%

of women aged 15-49 have discriminatory attitudes towards people living with HIV

KNOWLEDGE OF MOTHER-TO-CHILD TRANSMISSION OF HIV/AIDS

43%

of mothers aged 15-49 know that HIV can be transmitted from mother to child during pregnancy, 46 percent during delivery and 47 percent by breastfeeding respectively

56%

of women aged 15-49 do not think that children living with HIV should be able to attend school with children who are HIV negative

62%

of women aged 15-49 reported they would not buy fresh vegetables from a shopkeeper who is living with HIV

PREVALENCE OF STIs (SELF-REPORTED)

8%

of ever-married women aged 15-49 reported that they had STIs in the 12 months preceding the survey

8   HIV/AIDS-RELATED KNOWLEDGE, BELIEFS AND ATTITUDES

The SHDS 2020 collected information on the knowledge of and attitudes around 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 on and trends in HIV/AIDS knowledge, attitudes, and behaviours, including knowledge of HIV/AIDS prevention methods, stigma and prevention of mother-to-child transmission of HIV/AIDS.

HIV/AIDS is not considered to be a major epidemic in Somalia and most people associate HIV/AIDS with people who commit sexual sins. The HIV/AIDS prevalence among the adult population is estimated to be very low at about 0.55 percent, with an estimated figure of 2,370 annual deaths (UNAIDS 2014). However, the actual prevalence may be higher as a result of undetected infections.

The future course of the situation of HIV/AIDS in Somalia depends on several variables: levels of knowledge about HIV/AIDS among the general population, social stigmatization, modification of risk behaviour, access to high-quality services for STIs, provision and uptake of HIV counseling and testing, and access to care and antiretroviral therapy (ART).

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

The SHDS 2020 obtained information from women aged 15-49 on their knowledge, perceptions, and behaviours related to HIV/AIDS, as well awareness of modes of HIV/AIDS transmission. The survey also collected information on knowledge about which behaviours could prevent the spread of HIV/AIDS. Respondents were asked whether they had heard of HIV/AIDS. Those who reported they had heard of HIV/AIDS were then asked a number of questions about whether and how the infection could be avoided.

Table 8.1 provides information on women's awareness of HIV/AIDS. It shows that about

66 percent of women aged 15-49 have heard of HIV/AIDS. The proportion of women who have heard of HIV/AIDS was lower among those in nomadic and rural areas (45 percent and 69 percent respectively) than urban areas (81 percent). Sixty percent of women who have not attended school had heard about HIV/AIDS, versus 96 percent of those with higher education. Awareness of HIV/AIDS is higher among the wealthier households. Worryingly, women in nomadic and rural areas are less aware of HIV/AIDS compared to those in urban areas.

Misconceptions about HIV/AIDS

Table 8.2 presents data on the misconceptions about HIV/AIDS transmission in Somalia (e.g. that HIV/AIDS can be transmitted by mosquito bites or that it can be transmitted by sharing food with someone who has HIV/AIDS). About 40 percent of the interviewed women were aware that a healthy-looking person could be carrying the HIV/AIDS virus; 28 percent of women reported that HIV/AIDS could not be transmitted through mosquito bites and 38 percent of the women knew that the HIV/AIDS virus cannot be transmitted by supernatural means. Thirty-four percent of the respondents understand that people cannot be infected by sharing food with a person who has HIV/AIDS.

Table 8.2 also includes a composite measure of knowledge of HIV/AIDS. It indicates that only 12 percent of all women aged 15-49 rejected the two most common misconceptions about HIV/AIDS in Somalia (i.e. HIV/AIDS can be transmitted by 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. Knowledge of HIV/AIDS increased with levels of education.

Only 6 percent of the interviewed women have comprehensive knowledge of HIV/AIDS. Comprehensive knowledge about HIV/AIDS is

lowest among respondents with no education, at 5 percent. Even for women with higher levels of education, comprehensive knowledge is still relatively low at only 17 percent.

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 SHDS 2020 were asked whether HIV/AIDS could be transmitted from a mother to her child during pregnancy or delivery, and through breastfeeding. They were also asked whether the risk of mother-to-child transmission (MTCT) of HIV/AIDS could be reduced with the mother taking special drugs during pregnancy.

Table 8.3 presents data on the knowledge about mother-to-child transmission among women aged 15-49 by background characteristics (Figure 8.1). It shows that 43 percent of women know that HIV/AIDS can be transmitted during pregnancy, 46 percent know that it can be transmitted during delivery, and 47 percent know that it can be transmitted

Figure 8.1   Knowledge of prevention of mother-to-child transmission of HIV/AIDS

Percent of women aged 15-49 who know the means of how HIV/AIDS can be transmitted from mother to child

| During pregnancy | During delivery | By breastfeeding | By all three means |
| 43.0 | 45.7 | 46.8 | 36.1 |
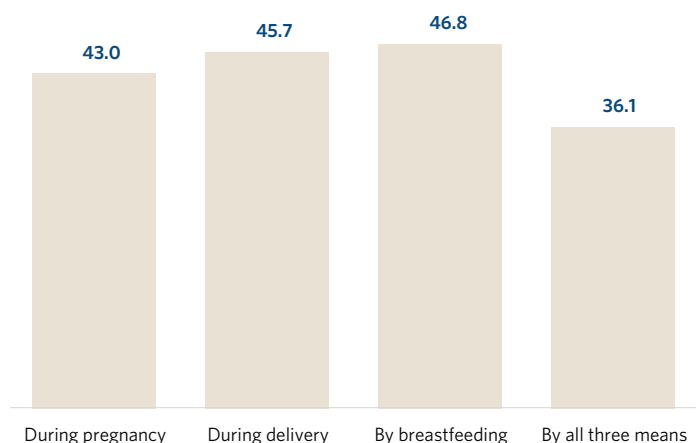
through breastfeeding, whereas 36 percent of the respondents believe HIV/AIDS can be transmitted by all three means. Thirty-one percent of women know that the risk of mother-to-child transmission can be reduced if the infected mother takes special drugs during pregnancy. Knowledge of prevention of mother-to-child transmission of HIV/AIDS increases with women's educational attainment.

Attitudes towards People Living with HIV/AIDS

Many people in Somalia believe that HIV/AIDS is a disease for people who have committed bad deeds. Extensive stigma and discrimination against people living with HIV/AIDS adversely affects both people's willingness to be tested and their adherence to ART. For instance, people may hesitate to take an HIV test because they are afraid of how other people will react if they find out the test result is positive.

Indeed, HIV/AIDS-related stigma and discrimination undermine HIV/AIDS prevention as they stop people from seeking information about how to reduce their risk of exposure to HIV/AIDS and adopt safer

behaviour, as they believe such inquiries may raise suspicion about their status. Tackling the stigma and discrimination is thus an important factor for the success of programmes targeting HIV/AIDS prevention and control.

In the SHDS 2020, 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 or vendor, and to let others know the HIV/AIDS status of family members.

Table 8.4 presents data for women aged 15-49 who have heard of HIV/AIDS and their attitudes towards people living with HIV/AIDS, by background characteristics. It shows that 56 percent of women think that children living with HIV/AIDS should not attend school with children who are not infected by HIV/AIDS. Sixty-two percent of the women said they would not buy fresh vegetables from a shopkeeper who is HIV positive. Further, the table shows that 48 percent of the respondents had discriminatory attitudes towards people living with HIV/AIDS.

Stigma against people with HIV/AIDS is higher

Figure 8.2   Discriminatory attitudes towards people living with HIV/AIDS by education

Percent of women aged 15-49 with discriminatory attitudes towards people living with HIV/AIDS
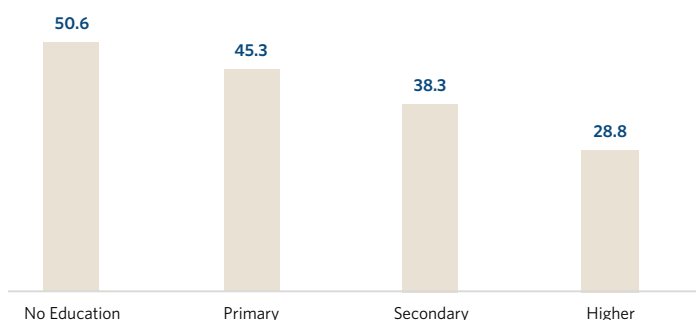
Figure 8.3   Discriminatory attitudes towards people living with HIV/AIDS by age

Percent of women aged 15-49 with discriminatory attitudes towards people living with HIV/AIDS
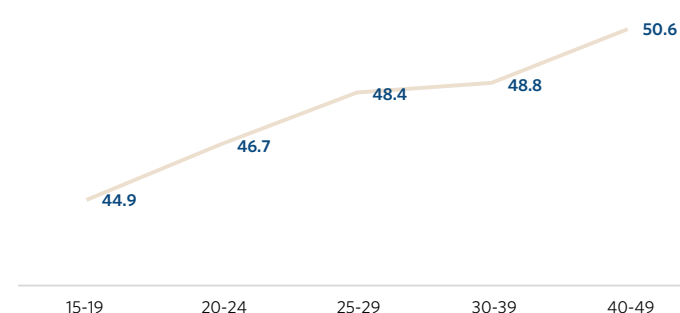
among people in the rural households, those with no education and people of low-income backgrounds.

The data also shows that the discriminatory attitudes towards people with HIV/AIDS decrease as educational levels increase. This means that those who had no education had more negative attitudes towards people with HIV/AIDS, compared to those with higher levels of education. It also shows that the negative attitudes towards people with HIV/AIDS increase with age (Figure 8.2 and 8.3).

Self-reporting of Sexually Transmitted Infections

The SHDS 2020 collected information about sexually transmitted infections or symptoms of an STI. Ever-married women aged 15-49 were asked whether they had a sexually transmitted infection or symptoms (bad smell, abnormal discharge from the vagina, or a genital sore or ulcer) in the 12 months prior to the survey.

Table 8.5 shows the self-reported prevalence of STIs and STI symptoms. Only 8 percent of ever-married women reported that they had an STI in the 12 months preceding the survey, 8 percent had a bad smell, or an abnormal discharge, and 5 percent had a genital sore or ulcer. In total, 12 percent of women reported having an STI/genital discharge/sore or ulcer as symptoms.

Variations in self-reported prevalence of STIs and STI symptoms by background characteristics are also presented in Table 8.5. The prevalence of STIs or STI symptoms is higher among currently married women than those who are divorced/separated or widowed. The prevalence varies only slightly by age, education, and wealth quintile. The prevalence of STIs is almost twice as high in the urban and rural women, as compared to nomadic women.

Figure 8.4 Source of advice or treatment for STIs

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

Other sources	0.3
Private sector	13.7
Public sector	27.2
No advice or treatment	70.1
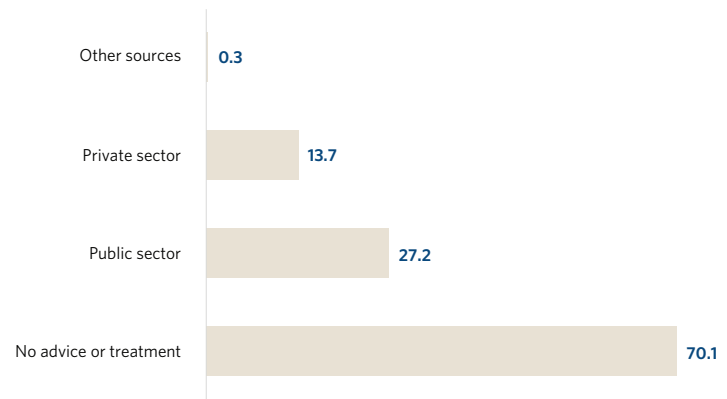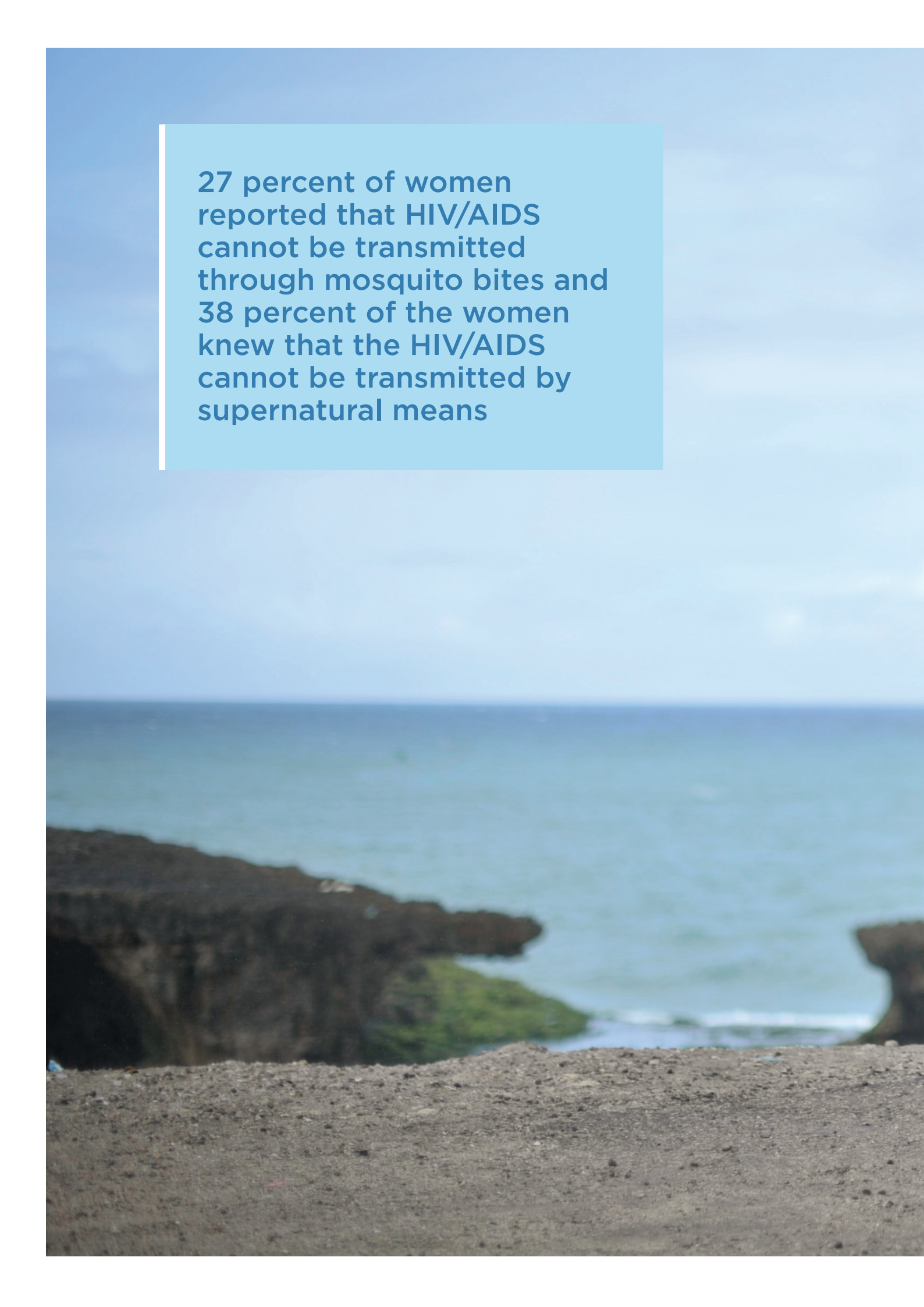
Table 8.6 and Figure 8.4 show the percentage of women in the 15-49 age group reporting an STI or symptoms of an STI in the 12 months preceding the survey and who sought advice or treatment. The figure shows that 70 percent of the ever-married women who had an STI or STI symptoms did not seek advice or treatment when they presented symptoms. Twenty-seven 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. Only a few women sought advice or treatment from other sources.

27 percent of women reported that HIV/AIDS cannot be transmitted through mosquito bites and 38 percent of the women knew that the HIV/AIDS cannot be transmitted by supernatural means

List of Tables

Table 8.1 Knowledge of HIV/AIDS

Percentage of women aged 15-49 who, heard HIV/AIDS by background characteristics, SHDS, 2020

Background characteristics	Percentage of women who had ever heard about HIV/AIDS	Number of women
Age		
15-19	60.3	4,649
20-24	69.0	2,906
25-29	67.5	2,918
30-39	69.0	4,142
40-49	68.9	1,822
Type of residence		
Urban	81.2	6,478
Rural	69.2	4,822
Nomadic	44.6	5,138
Education		
No education	59.5	12,266
Primary	81.8	2,531
Secondary	91.5	1,214
Higher	96.1	427
Wealth quintile		
Lowest	49.7	3,471
Second	50.3	2,917
Middle	66.2	3,047
Fourth	77.0	3,452
Highest	85.2	3,551
Total 15-49	**66.3**	**16,438**

Table 8.2   Comprehensive knowledge about HIV/AIDS

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 thepercentage with a comprehensive knowledge about AIDS by background characteristics, SHDS, SHDS, 2020

Background characteristics	Percentage of women who say that:						Percentage who say that a healthy-looking person can have HIV/ AIDS and who reject the two most common local misconception	Percentage with a comprehensive knowledge about HIV/ AIDS	Number of women
	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 HIV/ AIDS	HIV/AIDS cannot be transmitted by mosquito bites	HIV/AIDS cannot be transmitted by supernatural means	A person cannot become infected by sharing food with a person who has the HIV/AIDS			
Age									
15-19	25.5	40.0	37.8	26.7	35.3	31.6	12.2	5.9	4,649
20-24	30.1	46.8	43.6	28.5	40.5	35.8	12.2	6.7	2,906
25-29	27.8	44.9	40.2	27.6	38.0	33.4	11.5	5.6	2,918
30-39	26.2	44.5	40.7	28.4	39.6	35.5	11.7	5.7	4,142
40-49	24.9	39.9	41.0	26.3	39.8	35.2	11.8	5.3	1,822
Type of residence									
Urban	37.2	57.4	53.9	37.7	51.9	48.0	19.5	8.8	6,478
Rural	25.9	45.8	42.8	27.8	40.7	35.9	12.2	5.7	4,822
Nomadic	14.6	22.8	21.0	14.6	18.9	14.7	2.1	2.4	5,138
Education									
No education	22.3	36.1	33.5	22.1	31.7	27.0	7.7	4.5	12,266
Primary	32.8	57.4	54.7	36.0	51.9	48.1	18.8	7.7	2,531
Secondary	45.5	71.3	67.3	53.0	64.7	63.8	30.3	12.5	1,214
Higher	66.7	83.5	76.0	63.2	73.1	68.6	40.2	16.8	427
Wealth quintile									
Lowest	17.4	27.8	25.0	15.0	21.7	16.8	2.4	3.2	3,471
Second	17.9	28.1	26.5	17.2	23.8	18.8	4.3	3.4	2,917
Middle	26.9	42.5	39.4	27.0	35.6	32.1	10.5	5.6	3,047
Fourth	31.9	51.9	48.6	31.1	47.9	42.9	14.9	7.1	3,452
Highest	38.4	62.9	59.3	45.3	59.3	56.4	25.8	9.5	3,551
Total 15-49	26.8	43.2	40.3	27.6	38.3	34.0	11.9	5.9	16,438

[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."

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

Percentage of women aged 15-49 who know that HIV/AIDS can be transmitted from mother to child by breastfeeding and that the risk of mother-to-child transmission (MTCT) of HIV/AIDS can be reduced by the mother taking special drugs during pregnancy, by background characteristics, SHDS 2020

Background characteristics	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 women
	During pregnancy	During delivery	By breastfeeding	By all three means		
Age						
15-19	38.7	40.5	44.2	32.2	28.9	4,649
20-24	44.1	48.1	50.0	37.1	34.3	2,906
25-29	43.7	45.4	45.0	36.1	30.5	2,918
30-39	45.0	48.7	48.3	38.6	30.7	4,142
40-49	46.4	49.1	48.0	39.1	29.2	1,822
Type of residence						
Urban	53.6	57.3	58.9	44.1	40.5	6,478
Rural	45.7	48.9	49.3	37.7	32.2	4,822
Nomadic	27.2	28.2	29.2	24.6	16.6	5,138
Education						
No education	37.8	39.5	40.2	32.2	25.0	12,266
Primary	54.4	59.4	61.9	44.9	41.3	2,531
Secondary	63.4	68.5	70.5	50.7	52.5	1,214
Higher	65.7	77.9	79.0	56.8	67.8	427
Total 15-49	**43.0**	**45.7**	**46.8**	**36.1**	**30.6**	**16,438**

Table 8.4   Discriminatory attitudes towards people living with HIV/AIDS

Percent of women aged 15-49 who have heard of HIV/AIDS, and have discriminatory attitudes towards people living with HIV/AIDS, according to background characteristics, SHDS 2020

Background characteristics	Percentage who do not think that children living with HIV/AIDS 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/AIDS	Percentage with discriminatory attitudes towards people living with HIV/AIDS [1]	Number of women who have heard of HIV/AIDS
Age				
15-24	55.3	59.9	45.6	4,810
15-19	55.5	59.2	44.9	2,805
20-24	55.0	60.8	46.7	2,005
25-29	55.2	61.8	48.4	1,970
30-39	56.3	63.1	48.8	2,858
40-49	59.4	65.6	50.6	1,255
Marital status				
Never-married	53.2	58.1	42.9	3,120
Married	57.4	63.1	49.6	6,766
Divorced/widowed	55.3	63.6	48.4	1,005
Type of residence				
Urban	53.1	59.7	44.4	5,263
Rural	61.0	66.4	51.9	3,335
Nomadic	55.5	59.5	48.4	2,294
Education				
No education	58.6	64.0	50.6	7,299
Primary	53.8	62.1	45.3	2,071
Secondary	49.6	52.3	38.3	1,112
Higher	38.0	44.3	28.8	410
Wealth quintile				
Lowest	59.4	61.5	51.5	1,726
Second	57.4	63.2	49.9	1,467
Middle	56.0	62.0	46.6	2,017
Fourth	59.5	64.5	50.0	2,656
Highest	50.4	58.5	42.6	3,026
Total 15-49	**56.0**	**61.7**	**47.5**	**10,892**

[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.

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

Among ever-married women aged 15-49 the percentage reporting having an STI and/or symptoms of an STI in the 12 months preceding the survey, by background characteristics, SHDS 2020

| Background characteristics | Percentage of respondents who reported having an STI or related symptoms in the past 12 months: | | | | |
	STI	Bad-smelling/ abnormal genital discharge	Genital sore or ulcer	STI/genital discharge/sore or ulcer	Number of ever-married women
Age					
15-19	5.6	5.8	2.8	9.3	973
20-24	7.7	7.4	4.2	11.3	2,119
25-29	8.5	8.3	4.4	12.1	2,728
30-39	8.9	9.4	5.5	13.4	4,041
40-49	6.2	8.9	5.4	12.0	1,799
Marital status					
Married	8.1	8.5	5.0	12.3	10,215
Divorced/ separated/ widowed	6.8	7.7	3.3	11.0	1,445
Type of residence					
Urban	9.5	11.8	7.4	16.7	4,161
Rural	9.0	9.2	5.3	12.9	3,509
Nomadic	5.2	4.2	1.5	6.8	3,989
Education					
No education	7.5	8.1	4.5	11.5	9,757
Primary	10.0	9.8	6.0	15.2	1,367
Secondary	11.3	10.9	5.8	15.6	375
Higher	8.4	12.8	7.0	16.2	161
Wealth quintile					
Lowest	6.3	5.8	2.8	8.8	2,733
Second	6.5	5.7	2.9	8.6	2,310
Middle	10.3	9.6	5.4	14.3	2,159
Fourth	9.3	11.0	6.1	15.1	2,356
Highest	7.6	10.8	7.3	15.0	2,101
Total 15-49	**7.9**	**8.4**	**4.8**	**12.2**	**11,660**

Table 8.6   Source of advice or treatment for STIs

Percentage of ever-married women aged 15-49 reporting an STI or symptoms of an STI in the past 12 months who sought advice or treatment, SHDS 2020

Background characteristics	Percentage of women
Public sector	**27.2**
Government hospital	10.4
Referral health center	2.3
MCH/HC	15.6
Primary Health Unit (PHU)	0.8
Mobile clinic	0.5
Other public sector	0.1
Private	**13.7**
Private hospital/doctor/clinic	9.7
Pharmacy	4.2
Other private medical sector	0.2
Other sources	**0.3**
No advice or treatment	**70.1**
Number with STIs or symptoms of STIs	1,417
Number of women	1,417

Note: The categories are not mutually exclusive and the sum of percentages may exceed 100 percent.
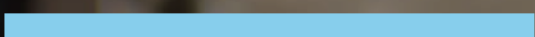
09

Gender-Based Violence

KEY FINDINGS

PREVALENCE

99%

of Somali women aged 15-49 have undergone female circumcision

RELIGIOUS REQUIREMENT

72%

of women aged 15-49 believe that female circumcision is a religious obligation

TYPES PRACTISED

64%

of women aged 15-49 have undergone Pharaonic type of female circumcision, the most severe form, which involves the removal of the entire clitoris and flesh

76%

of daughters aged
between 10-14 have
undergone female
circumcision

76%
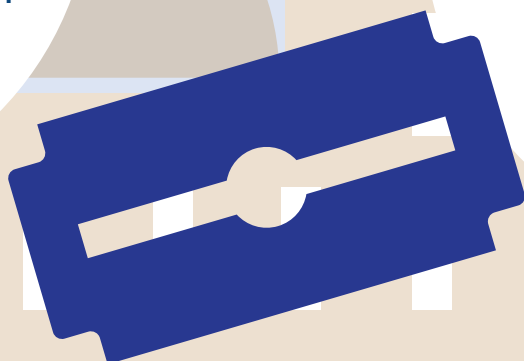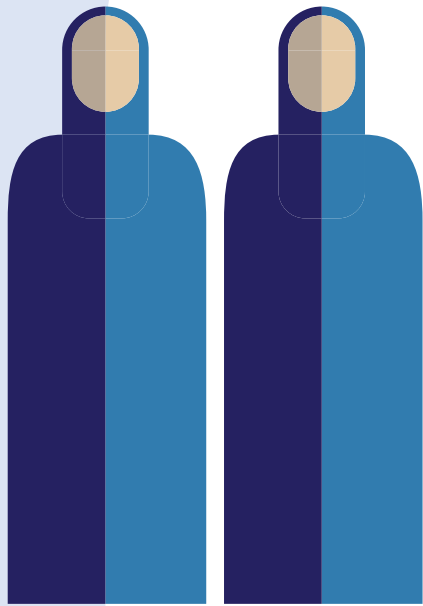
of women aged 15-49
want female
circumcision to continue

⑨ GENDER-BASED VIOLENCE

In 2015, the UN General Assembly adopted 17 Sustainable Developments Goals (SDGs), including Goal 5, which 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.

Measurements of Violence

The SHDS 2020 had sections designated for the collection of 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 who were either usual residents, or guests who slept in the house the night preceding the day of the interview.

Enumerators asked the 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, perpetrators of physical violence. They also asked respondents 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 SHDS asked never-married and ever-married women about physical violence perpetuated 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 set of questions were asked to the respective respondents. 'Did the perpetrator ever:'

Physical violence: 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: 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, force you with threats or in any other way to perform sexual acts you did not want to, in the last 12 months preceding the survey, or physically force you to have sexual intercourse.

Emotional violence: 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.

In the SHDS 2020, women were asked questions regarding sexual spousal violence acts. These questions were not asked to never-married women, because the questions would be seen as anomalous given the cultural context in Somalia.

> **The collection of data on GBV is often marred by under-reporting due to the culture of silence around the topic**

Ethical Considerations in SHDS

Ensuring the confidentiality and privacy of respondents was obligatory for the enumerators during and after the SHDS 2020 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 programmes 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 sensitivities involved and ensure respondents felt comfortable discussing this topic.

Opinions about Domestic Violence

The SHDS 2020 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

Table 9.1 presents the percentage of women aged 15-49 who understand domestic violence to mean specific acts according to their background characteristics. Findings show that over half of Somali women believed that most specified acts asked about constituted domestic violence. Over 60 percent of women considered physical abuse, denial of education, forced marriage, rape, sexual harassment, forced labour as forms of domestic violence.

Women from urban areas have a better understanding of acts that mean domestic violence compared to women from rural and nomadic areas. Less than half of nomadic

Educational attainment plays a role in the understanding of domestic violence

women believe that no participation in household decision-making, no participation in decision-making for children, better treatment of males than females, failure to meet basic living costs and denial of education constitute acts of domestic violence (45 percent, 46 percent, 46 percent, 43 percent and 49 percent respectively).

As shown in Figure 9.1, never-married women have a better understanding of acts that constitute domestic violence compared to currently married women.

Educational attainment plays a role in the understanding of domestic violence. Women with higher education generally have a better understanding of acts that constitute domestic violence than women with no education, primary or secondary education.

Figure 9.1   Acts that mean domestic violence

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

	Married	Never-married
Forced labour	60.9	72.2
Sexual harassment	57.9	68.5
Rape	59.7	74.9
Forced Marriage	62.1	74.5
Denial of education	58.2	70.8
Failing to meet basic living costs	47.5	54.6
Better treatment of males than females	52.0	60.8
No participation in decision making for children	52.9	59.8
No participation in household decision-making	51.3	60.3
Physical abuse	60.7	66.6
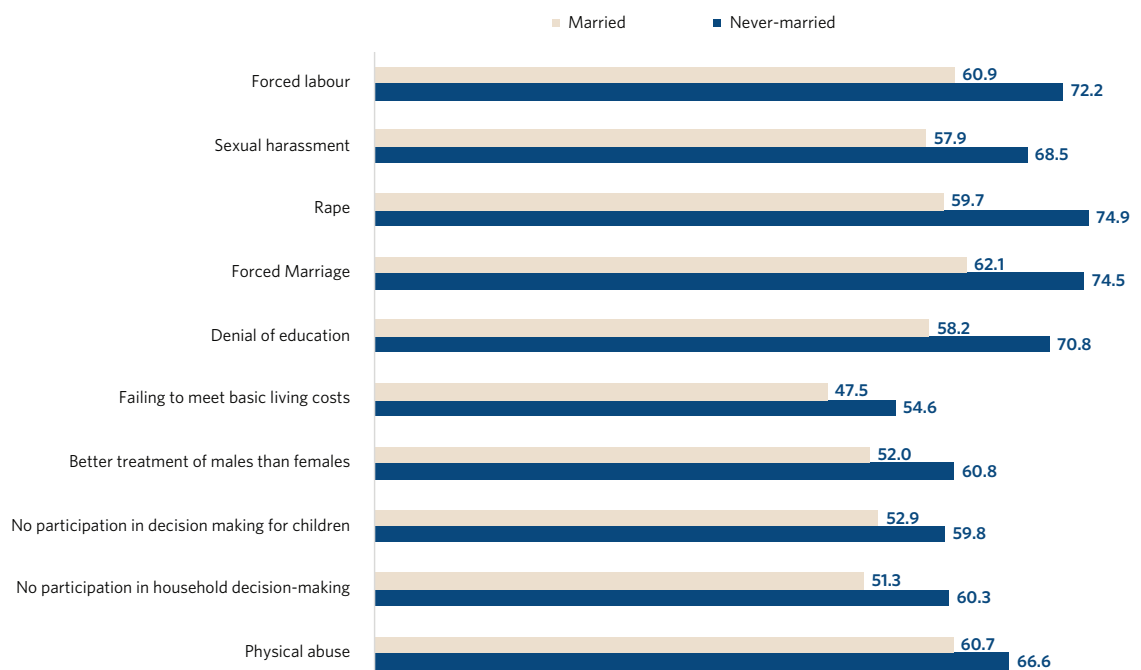
Women's Experience of Physical Violence

Table 9.2 presents women (15-49 years of age) who had experienced physical violence since the age of 12 and those that reported they experienced physical violence in the 12 months preceding the survey. It shows that 14 percent of women aged 15-49 have experienced physical violence since the age of 12, while 8 percent reported they had experienced physical violence in the 12 months preceding the survey.

Younger women are more likely to experience physical violence; with 16 percent of women in the 15-19 age group reporting they had experienced violence since the age of 12 and 10 percent in the same age group reporting they experienced violence in the 12 months preceding the survey. Among older women aged 45-49, 11 percent reported they had experienced physical violence since the age of 12, while 4 percent reported they had experienced physical violence in the 12 months preceding the survey. The likelihood of

experiencing physical violence does not vary by age (Figure 9.2).

Physical violence is highest among urban women at 18 percent and lowest among nomadic women at 11 percent.

Perpetrators of Physical Violence

Table 9.3 shows the opinions of women aged 15-49 regarding who they believe are the most common perpetrators of violence against women. More than half (59 percent) of women believe that husbands commit the most violent acts against women in the community, and that daughters and sons commit the least violent acts.

Figure 9.2 Physical Violence

Percent of women aged 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 age
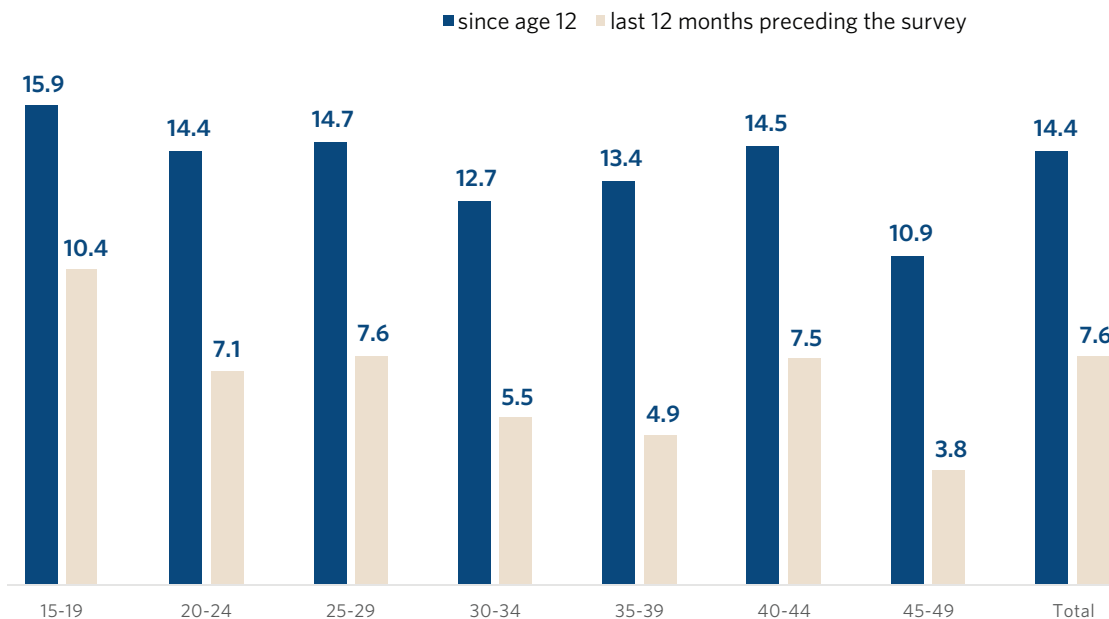
More than half of women believe that husbands commit the most violent acts against women in the community

As part of the survey, women aged 15-49 who had experienced physical violence since the age of 12 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, as reported by 62 percent of women. Twenty-three percent of ever-married women stated that the mother/stepmother had committed the acts of violence against them.

Among never-married women, 34 percent had experienced physical violence perpetrated by a relative that is not an immediate family member and 29 percent reported perpetrators were their mothers/stepmothers. Nineteen percent indicated they were hit, kicked, slapped etc. by their fathers/stepfathers. Teachers were reported as perpetrators of violence by 12 percent.

Violence during Pregnancy

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

Table 9.5 presents the findings on ever-married women aged 15-49 who had experienced violence during pregnancy. It shows that 6 percent of the ever-married women aged 15-49 who had been pregnant reported they had experienced physical violence during their pregnancies. Ten percent of currently-divorced women reported they had experienced violence during pregnancy. Women in urban areas reported they experienced more violence during pregnancy (9 percent) than rural and nomadic women (5 percent and 4 percent respectively).

Interestingly, more women in the highest wealth quintile reported having experienced violence during pregnancy (8 percent) compared to women in the lowest wealth quintile (2 percent). However, there is a need for further analysis to better understand the correlation between violence during pregnancy and socioeconomic factors.

Spousal Violence

Table 9.6 presents spousal violence experienced by ever-married women aged 15-49 who reported emotional, physical or sexual violence perpetrated by their current or most recent husband in the 12 months preceding the survey. Twelve percent of ever-married women reported physical violence perpetrated against them by a spouse, while 4 percent reported emotional abuse by a spouse. The patterns of spousal violence vary with the number of children a woman has. Six 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 rural and nomadic areas (20 percent, 14 percent and 11 percent, respectively).

Injuries to Women due to Spousal Violence

Table 9.7 presents findings among ever-married women aged 15-49 who had sustained injuries due to domestic violence committed by their current or most recent spouses. Thirty-five percent of the women had sustained at least one of the three types of injuries referred to in the table. Among ever-married women aged 15-49 who had experienced any violence, 26 percent reported they had cuts, bruises or aches; 19 percent had eye injuries, dislocations, sprains or burns; and 18 percent had deep wounds, broken bones or teeth, or any other serious wounds as a result of spousal violence.

Figure 9.3 : Injuries to women due to spousal 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

Injury type	Percent
Any injury	35.0
Cuts, bruises, or aches	26.3
Eye injuries, sprains, dislocations, or burns	19.4
Deep wounds, broken bones, broken teeth, or any other serious injury	17.8
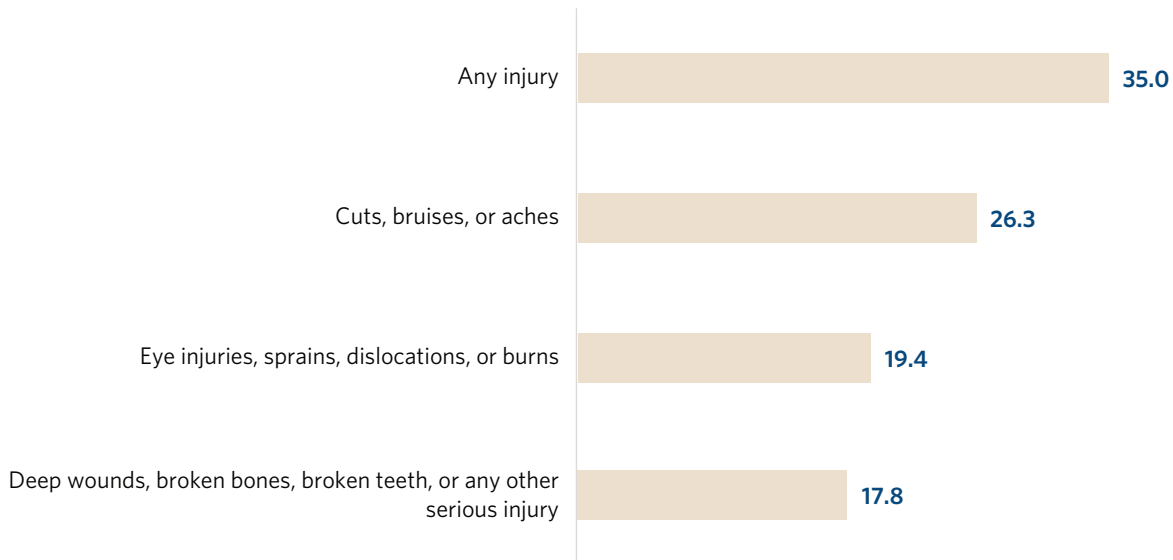
Help-seeking Behaviours

Help-seeking behaviours refer to women's responses to their experiences of violence committed by anyone. The SHDS interviewers inquired whether women who had been subjected to violence had sought any help. Table 9.8 shows that only 17 percent of ever-married women aged 15-49 who had experienced emotional, physical or sexual violence had sought help, while 83 percent did not seek any help. The table further shows that women experiencing physical violence only were more likely to seek help (15 percent) compared to those who experienced sexual violence only (4 percent).

More women who had been previously married sought help in comparison to those who were currently married (26 percent and 16 percent, respectively). Furthermore, women currently in employment sought more help than those not in employment (24 percent and 16 percent respectively).

Urban women sought more help than rural and nomadic women (23 percent, 12 percent and 10 percent respectively).

There is no apparent pattern on help-seeking based on age of the woman, education or wealth status. This is an area that can be investigated further.

List of Tables

Table 9.1   Acts that mean domestic violence

Percentage of all women age 15-49 who understand domestic violence to mean various specified acts, by background characteristics, SHDS 2020

Background characteristics	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	Number of women
Age												
15-19	64.7	57.1	56.7	58.8	53.0	66.9	71.0	70.7	65.1	69.3	4.0	4,649
20-24	63.9	55.2	56.5	55.5	50.8	62.8	67.0	66.6	63.0	65.5	6.4	2,906
25-29	62.1	52.6	53.8	53.3	48.7	59.6	63.7	60.7	58.0	61.6	6.4	2,918
30-34	60.1	50.4	51.9	49.4	45.0	58.1	60.7	58.6	58.2	59.9	5.0	2,195
35-39	59.9	52.3	53.8	52.3	47.4	58.1	61.7	58.4	57.0	60.0	4.8	1,948
40-44	58.6	51.2	53.1	51.6	46.7	58.4	63.0	58.2	57.9	60.8	3.6	1,176
45-49	59.7	50.8	52.8	51.3	47.2	60.7	61.0	61.5	60.6	61.8	6.8	646
Type of residence												
Urban	67.2	59.5	60.2	60.8	53.0	69.8	72.5	70.1	66.0	69.1	6.7	6,478
Rural	63.8	55.4	56.5	55.3	51.6	64.4	66.0	64.2	61.9	64.5	5.2	4,822
Nomadic	54.6	45.3	46.2	45.5	42.9	49.3	56.4	55.7	53.6	57.1	3.2	5,138
Marital status												
Never-married	66.6	60.3	59.8	60.8	54.6	70.8	74.5	74.9	68.5	72.2	5.0	4,779
Married	60.7	51.3	52.9	52.0	47.5	58.2	62.1	59.7	57.9	60.9	5.0	10,215
Divorced	60.8	51.8	53.4	51.6	47.0	58.9	62.9	59.2	59.6	60.6	6.6	970
Widowed	56.0	47.4	47.0	48.1	44.3	53.9	55.2	51.7	52.4	54.6	5.9	475
Education												
No education	59.6	50.8	52.0	51.5	47.4	58.0	62.3	60.6	58.3	61.4	4.7	12,266
Primary	68.7	60.2	61.4	61.4	53.8	70.9	72.9	72.2	67.1	70.3	6.1	2,531
Secondary	72.1	66.4	65.2	64.8	57.7	77.1	79.0	75.8	69.9	73.2	6.5	1,214
Higher	74.7	68.0	64.0	67.8	57.5	74.6	77.4	75.8	72.1	75.1	8.8	427
Wealth quintile												
Lowest	62.4	52.2	53.4	52.5	49.6	58.5	64.7	64.6	61.1	65.7	3.9	3,471
Second	53.7	45.6	46.4	46.7	43.6	50.4	55.5	54.4	52.9	55.8	3.6	2,917
Middle	62.1	54.6	55.6	54.9	50.2	62.4	65.4	62.6	60.1	62.6	4.5	3,047
Fourth	64.6	55.7	56.6	56.8	51.5	65.0	67.7	64.7	62.0	63.6	5.7	3,452
Highest	67.2	59.7	60.5	59.8	51.5	70.8	72.7	71.3	67.0	70.6	7.7	3,551
Total	**62.3**	**53.8**	**54.8**	**54.4**	**49.4**	**61.8**	**65.5**	**63.9**	**60.9**	**64.0**	**5.2**	**16,438**

SHDS

Table 9.2   Experience of physical violence

Percentage of women aged 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 characteristics, SHDS 2020

Background characteristics	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	15.9	5.8	4.6	10.4	4,649
20-24	14.4	3.5	3.6	7.1	2,906
25-29	14.7	4.1	3.5	7.6	2,918
30-34	12.7	2.7	2.8	5.5	2,195
35-39	13.4	2.3	2.6	4.9	1,948
40-44	14.5	3.7	3.8	7.5	1,176
45-49	10.9	2.5	1.2	3.8	646
Type of residence					
Urban	17.7	4.5	4.8	9.3	6,478
Rural	13.9	4.1	2.9	7.0	4,822
Nomadic	10.8	3.2	2.7	5.9	5,138
Marital status					
Never-Married	16.1	6.3	4.9	11.2	4,779
Married	14.0	3.2	3.1	6.3	10,215
Divorced	14.2	2.0	3.2	5.1	970
Widowed	6.5	1.2	0.8	2.0	475
Education					
No education	13.8	3.7	3.4	7.1	12,266
Primary	18.6	5.2	4.7	9.8	2,531
Secondary	12.6	3.7	3.1	6.8	1,214
Higher	14.0	4.9	3.8	8.7	427
Wealth quintile					
Lowest	10.0	3.3	2.0	5.3	3,471
Second	13.9	3.3	3.6	7.0	2,917
Middle	19.0	5.3	5.3	10.7	3,047
Fourth	14.0	3.8	3.2	7.0	3,452
Highest	15.7	4.2	3.9	8.1	3,551
Total	**14.4**	**4.0**	**3.6**	**7.6**	**16,438**

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, SHDS 2020

Background characteristics	Individual who commits the most violent acts against women										
	Husband	Mother/ Step mother	Father/ Step-father	Sister/ Brother	Daughter/ Son	Other Relative	In-laws	Teacher	Employer/ Someone at work	Police/ A soldier	Total number of women
Age											
15-19	61.5	19.7	20.3	10.0	3.6	17.7	4.6	9.5	4.2	9.0	4,649
20-24	58.9	17.1	18.3	6.8	1.8	14.2	5.3	6.9	4.0	7.6	2,906
25-29	58.8	16.2	16.2	5.8	1.6	14.3	4.8	4.9	3.2	6.4	2,918
30-34	56.8	13.4	15.9	5.7	1.6	12.5	4.6	5.4	3.1	6.0	2,195
35-39	54.7	15.0	14.6	5.6	1.1	12.9	3.2	5.2	2.8	5.7	1,948
40-44	57.5	12.0	16.7	5.8	1.3	13.1	3.5	3.5	3.1	5.1	1,176
45-49	55.0	11.2	14.9	5.6	1.1	13.2	4.6	4.5	2.5	5.3	646
Type of residence											
Urban	64.0	18.3	19.2	8.4	2.4	13.8	5.2	9.6	4.1	9.1	6,478
Rural	58.9	15.0	17.3	7.3	1.9	14.7	3.9	5.3	3.7	7.4	4,822
Nomadic	51.4	15.3	15.5	5.4	1.8	15.8	4.2	3.9	2.6	4.3	5,138
Marital status											
Never-married	63.9	20.7	20.5	10.8	3.5	17.1	5.4	10.7	5.1	9.9	4,779
Married	56.4	14.6	16.4	5.6	1.6	14.0	4.2	4.8	2.9	5.8	10,215
Divorced	58.8	15.1	15.8	5.7	1.2	11.3	3.9	5.9	2.7	6.3	970
Widowed	51.1	13.4	15.0	7.4	1.1	12.0	3.0	3.7	3.2	8.1	475
Education											
No education	56.9	15.9	16.6	6.8	2.1	15.1	4.4	5.4	3.2	6.2	12,266
Primary	63.4	18.5	20.6	8.0	1.9	13.1	4.7	8.8	3.3	8.1	2,531
Secondary	62.7	16.2	19.0	8.2	2.4	15.5	4.6	11.3	6.5	11.6	1,214
Higher	65.5	19.1	20.9	8.9	2.6	10.0	6.3	13.5	5.1	12.6	427
Wealth quintile											
Lowest	55.6	15.8	16.1	5.5	2.0	18.4	5.6	4.3	3.1	4.4	3,471
Second	55.0	15.4	15.3	5.9	1.2	14.6	2.5	3.1	2.7	5.4	2,917
Middle	59.7	16.6	19.2	8.6	2.3	14.0	4.8	6.8	2.8	9.7	3,047
Fourth	60.5	17.5	17.6	7.5	2.4	14.2	4.8	9.1	3.8	8.1	3,452
Highest	61.6	16.4	19.0	8.1	2.4	12.2	4.6	9.0	4.9	7.9	3,551
Total	**58.6**	**16.4**	**17.5**	**7.1**	**2.1**	**14.7**	**4.5**	**6.6**	**3.5**	**7.1**	**16,438**

Table 9.4 Persons committing physical violence

Among women aged 15-49 who have experienced physical violence since age 12, percentage who report specific persons committed the violence according to the respondents' current marital status, SHDS 2020

Background characteristics	Ever-married	Never-married
Persons committing violence		
Husband	61.8	n/a
Mother/stepmother	23.1	28.6
Father/stepfather	9.5	18.9
Sister/brother	10.0	15.6
Daughter/son	0.8	n/a
Other relative	7.7	33.6
Mother-in-law	1.0	n/a
Father-in-law	0.2	n/a
Other in-law	0.3	n/a
Neighbour	7.3	4.3
Teacher	0.5	12.4
Employer/someone at work	3.2	0.9
Police/soldier	0.8	0.0
Militia/gangs	0.5	0.0
Other	2.6	0.0
Number of women	1,597	383

n/a- not applicable

Table 9.5 Experience of violence during pregnancy

Among ever-married women aged 15-49 who have ever been pregnant, percentage who have ever experienced physical violence during pregnancy, by background characteristics, SHDS 2020

Background characteristics	Percentage who have experienced violence during pregnancy	Total number of Women
Age		
15-19	7.0	755
20-24	6.5	1,648
25-29	4.9	2,048
30-34	5.5	1,533
35-39	5.8	1,385
40-44	4.5	856
45-49	7.0	462
Type of residence		
Urban	8.5	3,302
Rural	4.6	2,684
Nomadic	3.5	2,700
Marital status		
Married	5.4	7,628
Divorced	9.9	717
Widowed	4.2	341
Education		
No education	5.4	7,188
Primary	8.4	1,086
Secondary	3.2	291
Higher	3.7	121
Wealth quintile		
Lowest	2.3	2,043
Second	6.3	1,597
Middle	7.9	1,643
Fourth	5.4	1,800
Highest	7.5	1,603
Total	**5.7**	**8,687**

Table 9.6   Spousal violence by background characteristics

Percentage of ever-married women aged 15-49 who have ever experienced emotional, physical or sexual violence committed by their husband, by background characteristics, SHDS 2020

Background characteristics	Physical violence	Sexual violence	Emotional abuse	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	14.6	3.6	5.2	2.4	0.3	15.8	18.4	965
20-24	11.9	3.4	2.7	2.2	0.6	13.2	14.5	2,090
25-29	12.9	3.7	4.8	2.8	0.8	13.8	16.0	2,696
30-39	10.9	3.9	4.7	2.2	0.7	12.6	14.9	3,963
40-49	11.4	3.5	3.5	2.2	0.2	12.7	14.4	1,778
Type of residence								
Urban	16.8	4.3	4.8	3.1	0.6	18.0	20.3	4,095
Rural	11.2	3.8	3.9	2.1	0.5	12.9	14.4	3,444
Nomadic	7.5	2.9	3.9	1.7	0.6	8.7	10.9	3,953
Number of living children								
0	1.4	0.4	0.4	0.3	0.1	1.6	1.8	1,294
1-2	2.9	0.8	0.8	0.6	0.2	3.2	3.6	2,800
3-4	3.1	1.0	1.4	0.7	0.2	3.5	4.1	3,164
5+	4.5	1.4	1.7	0.8	0.2	5.0	5.8	4,234
Marital status								
Currently married	12.0	3.9	4.8	2.5	0.7	13.4	15.7	10,089
Formerly married	11.7	2.1	0.0	1.5	0.0	12.4	12.4	1,403
Employed in the 12 months preceding the survey								
Employed	13.6	6.1	6.3	4.0	0.9	15.6	19.0	1,083
Not employed	11.8	3.4	4.0	2.2	0.6	13.0	14.9	10,409
Education								
No education	11.1	3.6	4.3	2.3	0.6	12.4	14.5	9,617
Primary	17.9	4.8	4.4	3.1	0.8	19.6	21.3	1,347
Secondary	12.9	1.7	4.1	1.5	0.7	13.1	15.1	367
Higher	9.8	4.1	0.7	2.2	0.0	11.8	12.5	161
Wealth quintile								
Lowest	7.1	2.3	4.3	1.1	0.6	8.3	10.3	2,720
Second	10.7	4.6	3.8	2.9	0.8	12.4	14.1	2,284
Middle	16.2	6.1	6.0	4.2	1.1	18.1	20.6	2,107
Fourth	12.8	2.8	3.6	1.8	0.4	13.8	15.5	2,304
Highest	14.3	2.8	3.6	1.9	0.2	15.2	17.5	2,077
Total	**11.9**	**3.7**	**4.2**	**2.3**	**0.6**	**13.3**	**15.3**	**11,492**

Note: Husband/spouse refers to the current husband for currently married women and the most recent husband for divorced, or widowed women.

Table 9.7   Injuries to women due to spousal violence

Percentage of ever-married women aged 15-49 who have experienced specific types of spousal violence by types of injuries resulting from the violence, according to whether they ever experienced violence or experienced it in the 12 months preceding the survey, SHDS 2020

Background characteristics	Injuries experienced:				
	Cuts, bruises, or aches	Eye injuries, sprains, dislocations, or burns	Deep wounds, broken bones, broken teeth, or any other serious injury	Any injury	Number of women
Experienced any violence:					
Ever	26.3	19.4	17.8	35.0	836
In the past 12 months	26.8	21.3	19.0	36.2	734
Age					
15-19	27.1	15.1	16.2	31.2	64
20-24	20.9	16.5	11.5	27.5	157
25-29	25.3	21.1	19.7	38.4	213
30-34	24.8	16.0	17.7	37.6	156
35-39	39.7	28.3	26.0	42.7	132
40-44	20.1	16.5	14.7	28.7	85
45-49	27.1	16.9	15.6	30.0	29
Total 15-49	**26.3**	**19.4**	**17.8**	**35.0**	**836**

Table 9.8   Help-seeking to stop violence

Percentage of ever-married women aged 15-49 who have ever experienced emotional, physical or sexual violence, by background characteristics, SHDS 2020

Background characteristics	Sought help		Total	Number of ever-married women
	Yes	No		
Type of violence experienced:				
Physical abuse	15.3	84.7	100.0	718
Sexual violence	3.9	96.1	100.0	69
Physical and sexual violence	22.4	77.6	100.0	322
Age				
15-19	21.1	78.9	100.0	101
20-24	17.4	82.6	100.0	210
25-29	17.0	83.0	100.0	271
30-34	12.5	87.5	100.0	193
35-39	16.7	83.3	100.0	179
40-44	14.3	85.7	100.0	105
45-49	23.4	76.6	100.0	50
Type of residence				
Urban	23.1	76.9	100.0	516
Rural	11.8	88.2	100.0	319
Nomadic	10.2	89.8	100.0	273
Number of living children				
0	20.1	79.9	100.0	115
1-2	12.9	87.1	100.0	247
3-4	16.4	83.6	100.0	312
5+	18.2	81.8	100.0	433
Marital status				
Currently married	16.0	84.0	100.0	1,029
Formerly married (divorced, widowed)	25.6	74.4	100.0	80
Employed in the 12 months preceding the survey				
Employed	23.8	76.2	100.0	115
Not employed	15.8	84.2	100.0	993
Education				
No education	16.4	83.6	100.0	898
Primary	18.5	81.5	100.0	177
Secondary	3.4	96.6	100.0	26
Higher	44.0	56.0	100.0	8
Wealth quintile				
Lowest	7.1	92.9	100.0	179
Second	13.1	86.9	100.0	222
Middle	20.7	79.3	100.0	284
Fourth	17.6	82.4	100.0	226
Highest	22.4	77.6	100.0	197
Total	**16.7**	**83.3**	**100.0**	**1,108**

10

Female
Circumcision

KEY FINDINGS

PREVALENCE

99%

of Somali women aged 15-49 have undergone female circumcision

RELIGIOUS REQUIREMENT

72%

of women aged 15-49 believe that female circumcision is a religious obligation

TYPES PRACTISED

64%

of women aged 15-49 have undergone Pharaonic type of female circumcision, the most severe form, which involves the removal of the entire clitoris and flesh
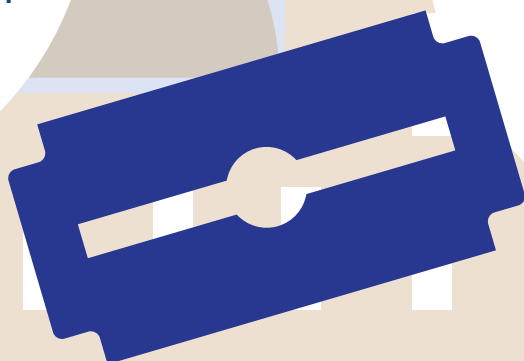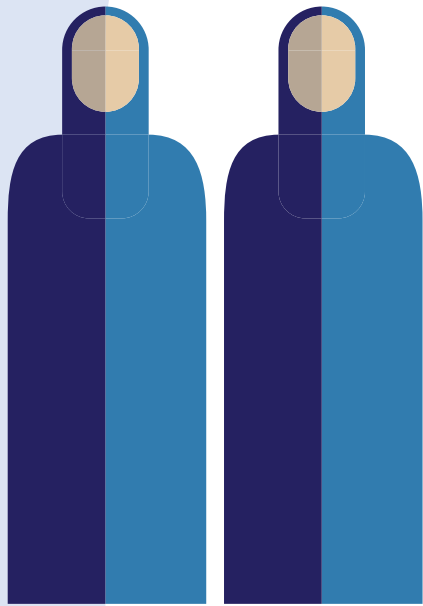
DAUGHTERS

76%

of daughters aged between 10-14 have undergone female circumcision

ATTITUDES

76%

of women aged 15-49 want female circumcision to continue

1 0 FEMALE CIRCUMCISION

Female circumcision, also known as Female Genital Mutilation/Cutting (FGM/C) has been practised in Somalia for several decades. The practice is considered harmful, because it poses a potential risk to the health and well-being of 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 SHDS 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 which age it was done, 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 SHDS 2020 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)**

Opinions on Female Circumcision

Table 10.1 presents the percentage distribution of women aged 15-49 by their religious beliefs regarding female circumcision, according to their ages and other background characteristics. Overall, 72 percent of women believe that FGM/C is a religious requirement. There is little variation in the women's beliefs by age as 76 percent of the women within the age group 15-19 believe it is a religious requirement, compared to 73 percent of those in the age group 45-49.

The variation on beliefs around female circumcision by repondents' place of residence is small. Sixty-seven percent of women in urban areas, 72 percent of women in rural areas and

Wealth status plays a role in shaping women's beliefs about female circumcision

78 percent of women from nomadic areas believe that female circumcision is a religious requirement.

There is a notable variation in opinions among women in terms of education—74 percent of women with no education believe that it is a religious requirement, compared with 44 percent of those with higher levels of education who hold the same belief (Figure 10.1).

Wealth status plays a role in shaping women's beliefs about female circumcision: 77 percent of women from the lowest wealth quintile or poorest households believe female circumcision is a religious requirement, compared to 59 percent from highest wealth quintile or wealthiest households who hold the same beliefs (Figure 10.2).

Figure 10.1 Opinions on female circumcision by education

Percent distribution of women aged 15-49 by whether female circumcision is required by religion according to education
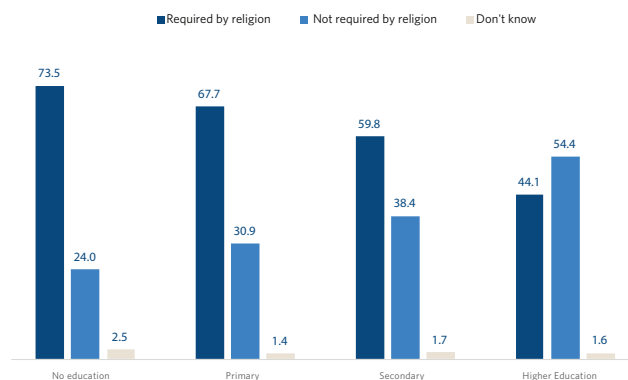
Figure 10.2 Opinions on female circumcision by wealth status

Percent distribution of women aged 15-49 by whether female circumcision is required by religion based on wealth status

Prevalence of Female Circumcision

Table 10.2 presents the percentage of women aged 15-49 who have undergone female circumcision by background characteristics. Overall, 99 percent of Somali women have undergone female circumcision. Pharaonic is the most common type, which has been performed on 64 percent of the women. The findings show that 12 percent of women have undergone the Intermediate type, while 22 percent have undergone the *Sunni* type. Two percent did not know the type of female circumcision they had undergone earlier in their lives.

Most women aged 15-49 in urban (58 percent), rural (66 percent) and nomadic (72 percent) areas have undergone the worst form of FGM/C —the Pharaonic type. On the

other hand, the highest proportion of women practiced Sunni type are from the urban areas at 28 percent, followed by women from rural areas at 21 percent and the lowest were those from nomadic areas at 14 percent.

Figure 10.4 shows that 70 percent of women with no education underwent the worst type of female circumcision. Just above half of the women (52 percent) with the highest level of education underwent the less severe form of female circumcision. Further investigation is needed to understand this relationship because at the time the respondents underwent female circumcision, their guardians e.g. parents or grandparents had made the decision on the type of female circumcision to be performed.

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. A higher percentage of women (71 percent in the lowest quintile and 72 percent in the second quintile) from poorer households underwent the Pharaonic type of FGM/C compared to slightly over half of women from the wealthier

The majority of women (71 percent) aged 15-49 were circumcised when they were aged 5-9

households (51 percent).

Figure 10.3   Type of female circumcision by place of residence

Percent distribution of women aged 15-49 by types of female circumcision
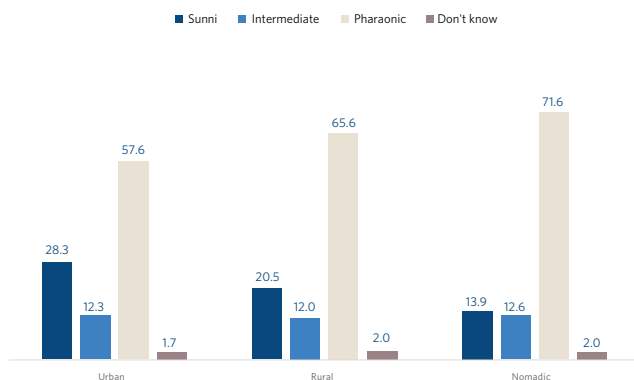
Figure 10.4   Types of female circumcision by level of education

Percent distribution of women aged 15-49 by types of female circumcision
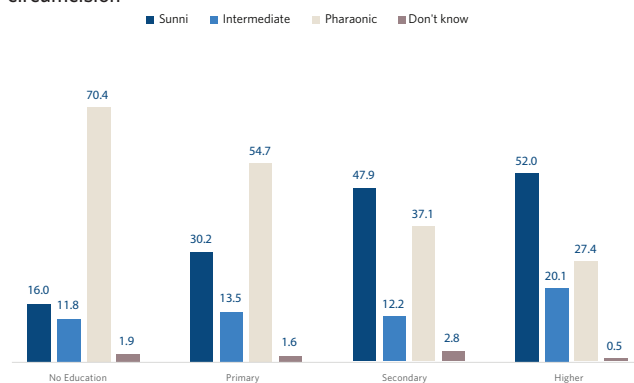
Figure 10.5   Type of female circumcision by wealth status

Percent distribution of women aged 15-49 by type of female circumcision
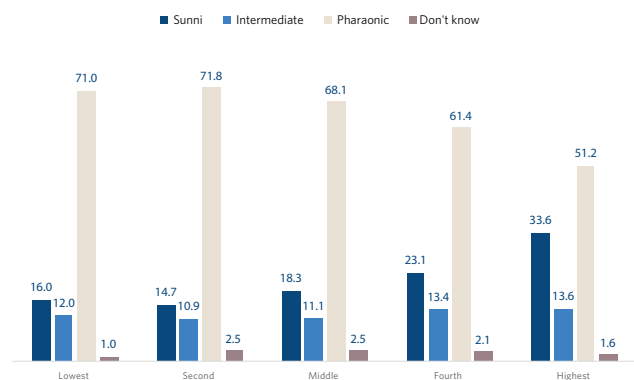
Age at Female Circumcision

Table 10.3 shows the percent distribution of women aged 15-49 by the age when they had undergone FGM/C, according to their background characteristics. Women were asked how old they were when they underwent female circumcision. The majority of women (71 percent) aged 15-49 were circumcised when they were aged 5-9. Less than 1 percent were circumcised when they were under 5 years and 1 percent underwent FGM/C when they were over 15 years of age.

The current levels of education of women aged 15-49 and wealth status of their households does not have much influence on the age at which these women were circumcised.

Among the women from nomadic areas, 69 percent underwent FGM/C when they were aged 5-9, compared to 73 percent of those from urban areas and 71 percent of those from rural areas (Figure 10.6).

Female Circumcision 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 was circumcised, and who

Figure 10.6 Age at female circumcision by place of residence

Percent distribution of women aged 15-49 by type of female circumcision

■ <5 ■ 5 to 9 ■ 10 to 14 ■ 15+ ■ Don't know
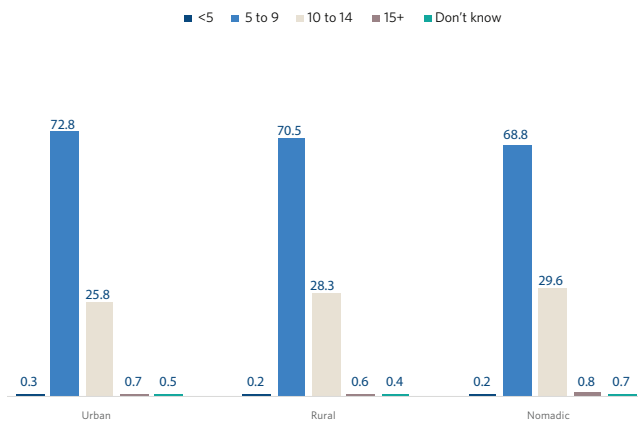
performed it among other questions. It should be noted that mothers may not have been able to recall the exact age at which their daughters underwent FGM/C.

Table 10.4 shows the percent of girls of age 0-14 years who underwent female circumcision by age and their mothers' background characteristics. The results indicate that about 3 percent of girls were cut at the age of 0-4, 30 percent of daughters were cut at the ages of 5-9 and 76 percent of daughters within the age of 10-14 years had undergone the practice. In terms of place of residence, mothers reported the prevalence of FGM/C among girls aged 10-14 was 74 percent in urban areas, 75 percent in rural areas and 79 percent in nomadic areas. The age pattern reported for daughters differs from that of their mothers. In fact, the majority of mothers underwent FGM/C at ages 5-9 years and in contrast, the daughters were circumcised at slightly older ages of 10-14.

Overall, in terms of education, 27 percent of the daughters of mothers with no education were circumcised at the age of 0-14 years while 10 percent of the daughters of mothers with higher education underwent the cut at age 0-14 years. Meanwhile, the wealth quintile has no major impact on the prevalence of FGM/C.

Attitudes towards Female Circumcision

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, 76 percent of women believe that female circumcision should continue, while 19 percent believe that the practice should be stopped.
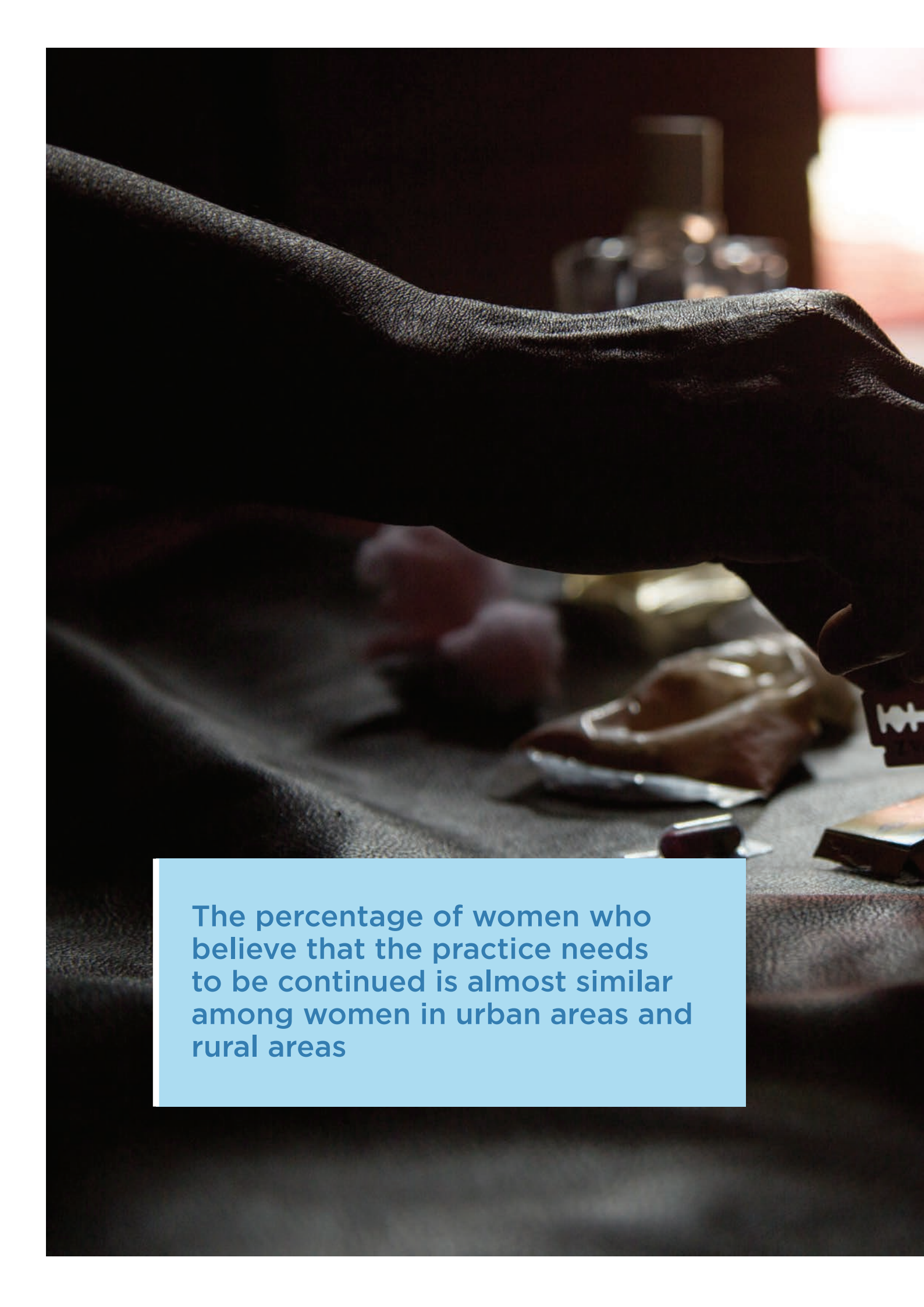
The percentage of women who believe that the practice needs to be continued is almost similar among women in urban areas (70 percent) and in rural areas (76 percent), and highest among nomadic women (83 percent).

The opinion on whether the practice of female circumcision should be continued or not decreased as the wealth status of the household increased. Eighty-one percent of women from the poorest households stated they would like the practice to continue, compared to 64 percent of women from wealthier households.

Figure 10.7 Opinion on continuation of female circumcision by levels of education

Percent distribution of women aged 15-49 by opinion on continuation of female circumcision
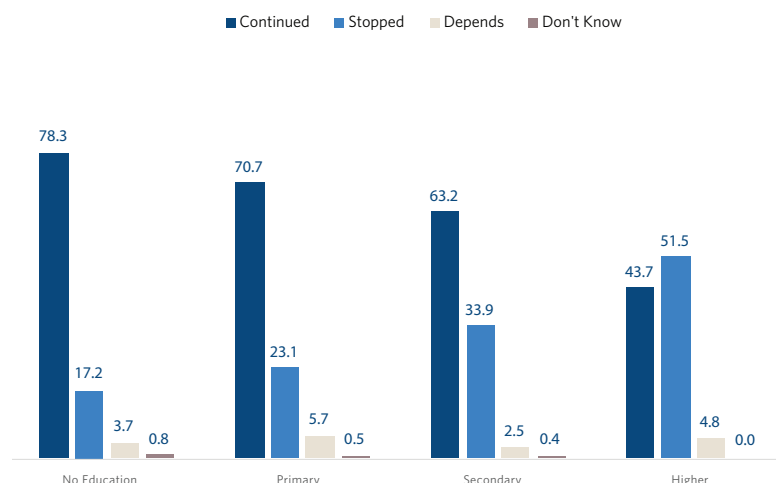
■ Continued ■ Stopped ■ Depends ■ Don't Know

The percentage of women who believe that the practice needs to be continued is almost similar among women in urban areas and rural areas

Figure 10.7 presents contrasting views on the discontinuation of female circumcision between those with no education and those with higher education. Seventy-eight percent of women with no education believe that female circumcision should be continued, while 52 percent of women with higher education would prefer that the practice be stopped.

List of Tables

Table 10.1   Opinions on whether female circumcision is required by religion

Percent distribution of women aged 15-49 by whether female circumcision is required by religion, according to background characteristics, SHDS 2020

Background characteristics	Required by religion	Not required by religion	Don't know	Total	Number of women
Female circumcision status					
Circumcised	72.1	25.6	2.3	100.0	10,271
Not circumcised	54.4	44.4	1.2	100.0	60
Age					
15-19	76.4	19.6	4.0	100.0	844
20-24	72.8	24.8	2.5	100.0	1,885
25-29	70.2	27.6	2.2	100.0	2,432
30-34	70.6	27.1	2.3	100.0	1,880
35-39	72.6	25.5	1.9	100.0	1,687
40-44	71.7	26.2	2.1	100.0	1,019
45-49	73.4	25.3	1.3	100.0	585
Type of residence					
Urban	66.8	31.1	2.1	100.0	3,717
Rural	71.6	26.5	1.9	100.0	3,153
Nomadic	77.9	19.3	2.9	100.0	3,460
Education					
No education	73.5	24.0	2.5	100.0	8,593
Primary	67.7	30.9	1.4	100.0	1,263
Secondary	59.8	38.4	1.7	100.0	335
Higher	44.1	54.4	1.6	100.0	141
Wealth quintile					
Lowest	77.3	19.9	2.8	100.0	2,491
Second	76.4	21.9	1.7	100.0	1,977
Middle	74.6	23.1	2.4	100.0	1,875
Fourth	71.1	26.6	2.3	100.0	2,082
Highest	58.8	39.0	2.3	100.0	1,906
Total	**72.0**	**25.7**	**2.3**	**100.0**	**10,331**

Table 10.2   Prevalence of female circumcision

Percentage of women 15-49 circumcised, and percent distribution of circumcised women by type of circumcision according to background characteristics,SHDS, 2020

Background characteristics	Percentage of women who have undergone female circumcision	Number of women	Type of female circumcision				Total	Number of women
			Sunni	Intermediate	Pharaonic	Don't know		
Age								
15-19	98.8	4,211	37.2	13.2	46.2	3.5	100.0	4,162
20-24	98.6	2,623	24.0	14.7	59.3	1.9	100.0	2,585
25-29	99.5	2,626	18.1	13.2	67.6	1.1	100.0	2,613
30-34	99.7	1,958	12.8	10.9	75.2	1.1	100.0	1,953
35-39	99.4	1,717	8.2	10.0	80.6	1.2	100.0	1,708
40-44	99.6	1,042	8.6	9.3	81.3	0.8	100.0	1,037
45-49	99.8	595	8.5	8.3	82.4	0.7	100.0	593
Type of residence								
Urban	99.0	5,935	28.3	12.3	57.6	1.7	100.0	5,876
Rural	99.4	4,392	20.5	12.0	65.6	2.0	100.0	4,364
Nomadic	99.2	4,444	13.9	12.6	71.6	2.0	100.0	4,410
Education								
No education	99.3	10,873	16.0	11.8	70.4	1.9	100.0	10,800
Primary	99.7	2,350	30.2	13.5	54.7	1.6	100.0	2,343
Secondary	97.7	1,145	47.9	12.2	37.1	2.8	100.0	1,119
Higher	96.3	403	52.0	20.1	27.4	0.5	100.0	389
Wealth quintile								
Lowest	99.3	3,132	16.0	12.0	71.0	1.0	100.0	3,111
Second	99.5	2,500	14.7	10.9	71.8	2.5	100.0	2,489
Middle	99.1	2,679	18.3	11.1	68.1	2.5	100.0	2,655
Fourth	99.5	3,148	23.1	13.4	61.4	2.1	100.0	3,131
Highest	98.6	3,311	33.6	13.6	51.2	1.6	100.0	3,265
Total	**99.2**	**14,771**	**21.6**	**12.3**	**64.2**	**1.9**	**100.0**	**14,651**

SHDS

Table 10.3	Age at female circumcision

Percent distribution of women aged 15-49 who underwent female circumcision by age when it was done, according to background characteristics, SHDS 2020

Background characteristics	Age at female circumcision					Total	Number of women
	<5	5 to 9	10 to 14	15+	Don't know		
Age							
15-19	0.7	73.0	25.3	0.4	0.6	100.0	4,162
20-24	0.1	72.7	26.2	0.7	0.3	100.0	2,585
25-29	0.0	72.3	26.3	0.6	0.8	100.0	2,613
30-39	0.0	68.1	30.7	0.7	0.4	100.0	3,660
40-49	0.0	66.6	31.5	1.3	0.6	100.0	1,631
Type of residence							
Urban	0.3	72.8	25.8	0.7	0.5	100.0	5,876
Rural	0.2	70.5	28.3	0.6	0.4	100.0	4,364
Nomadic	0.2	68.8	29.6	0.8	0.7	100.0	4,410
Education							
No education	0.1	70.1	28.5	0.7	0.5	100.0	10,800
Primary	0.2	72.4	26.2	0.6	0.6	100.0	2,343
Secondary	0.5	74.6	23.9	0.5	0.5	100.0	1,119
Higher	1.7	72.0	25.5	0.3	0.5	100.0	389
Wealth quintile							
Lowest	0.2	65.3	33.3	0.7	0.5	100.0	3,111
Second	0.1	73.9	24.5	0.5	0.9	100.0	2,489
Middle	0.1	75.0	23.8	0.6	0.4	100.0	2,655
Fourth	0.3	71.6	27.0	0.7	0.4	100.0	3,131
Highest	0.3	69.7	28.6	0.8	0.5	100.0	3,265
Total	**0.2**	**70.9**	**27.7**	**0.7**	**0.5**	**100.0**	**14,651**

Table 10.4   Female circumcision on girl's aged 0-14 by mother's background characteristics

Percentage of girls aged 0-14 who underwent female circumcision, according to age and mother's background characteristics, SHDS 2020

Background characteristics	Current age of girls			Total 0-14
	0-4	5-9	10-14	
Mother's circumcision status				
Circumcised	3.3	29.8	75.8	26.0
Not circumcised	*	*	*	*
Type of residence				
Urban	4.4	33.3	74.1	28.3
Rural	3.8	29.3	74.7	26.1
Nomadic	1.7	26.1	79.2	23.3
Education				
No education	3.1	30.2	76.8	26.9
Primary	4.2	25.9	70.6	21.4
Secondary	5.0	31.3	59.7	19.7
Higher	2.0	23.5	34.7	10.0
Wealth quintile				
Lowest	2.2	25.1	70.2	21.7
Second	2.6	32.3	79.1	27.6
Middle	3.4	33.0	81.5	28.7
Fourth	3.7	31.5	79.2	27.5
Highest	5.2	27.5	69.0	25.4
Total	**3.3**	**29.7**	**75.9**	**26.0**

Note: The circumcision status of girls is reported by their mothers.

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

Table 10.5 Opinions on continuation of female circumcision

Percent distribution of women aged 15-49 by whether the practice of female circumcision should continue by background characteristics, SHDS 2020

Background characteristics	Opinion to continue with female circumcision practice or not				Total	Number of women
	Continued	Stopped	Depends	Don't Know		
Female circumcision status						
Circumcised	76.5	18.8	4.0	0.7	100.0	10,271
Not circumcised	63.8	35.8	0.0	0.3	100.0	60
Age						
15-19	79.9	15.3	3.9	0.9	100.0	844
20-24	76.0	19.8	3.4	0.8	100.0	1,885
25-29	76.0	18.4	4.7	1.0	100.0	2,432
30-34	77.0	18.2	4.1	0.6	100.0	1,880
35-39	74.2	21.8	3.3	0.7	100.0	1,687
40-44	77.7	18.6	3.4	0.3	100.0	1,019
45-49	77.3	17.7	4.8	0.2	100.0	585
Type of residence						
Urban	70.3	25.7	3.5	0.5	100.0	3,717
Rural	76.3	19.6	3.7	0.4	100.0	3,153
Nomadic	83.2	10.9	4.6	1.3	100.0	3,460
Education						
No education	78.3	17.2	3.7	0.8	100.0	8,593
Primary	70.7	23.1	5.7	0.5	100.0	1,263
Secondary	63.2	33.9	2.5	0.4	100.0	335
Higher	43.7	51.5	4.8	0.0	100.0	141
Wealth quintile						
Lowest	81.1	13.1	4.5	1.3	100.0	2,491
Second	80.9	13.5	4.9	0.7	100.0	1,977
Middle	79.6	17.1	2.7	0.6	100.0	1,875
Fourth	75.0	21.5	3.2	0.3	100.0	2,082
Highest	64.2	31.1	4.2	0.5	100.0	1,906
Total 15-49	**76.4**	**18.9**	**3.9**	**0.7**	**100.0**	**10,331**

11

Women's Empowerment

KEY FINDINGS

FINANCIAL DECISIONS

90%

of women decide on how their cash earnings will be spent either individually or jointly with their husbands

67%

percent of women jointly or individually make decisions on how the husbands cash earnings will be spent

ACCESS TO FINANCIAL SERVICES

4%

of women aged 15-49 have a bank account
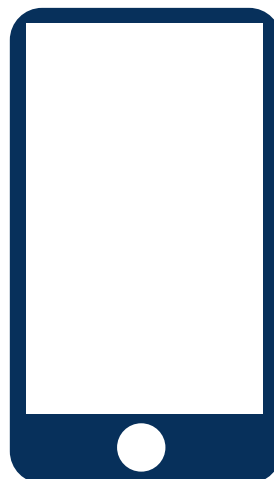
MOBILE OWNERSHIP

75%

of women own a mobile phone

PARTICIPATION IN DECISION MAKING

54%

of currently married women aged 15-49 make decisions on their own health care by themselves or jointly with their husbands

ATTITUDES TOWARDS WIFE BEATING

36%

of women believe that a husband is justified in beating his wife for at least one of the six specified reasons

64%
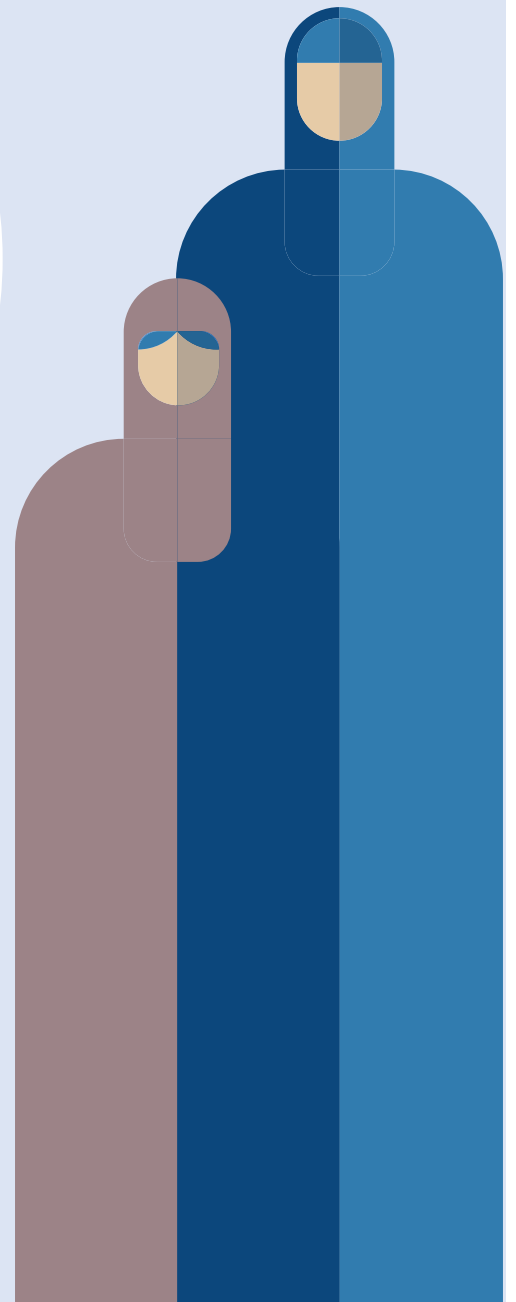
of women aged 15-49 with mobile phones use them for financial transactions

1️⃣1️⃣ WOMEN'S EMPOWERMENT

This chapter focuses on Somali women's empowerment in terms of employment, earnings, control over earnings and ownership of assets. It also explores women's ownership and use of bank accounts and mobile phones. The SHDS asked specific questions to define two different indicators of women's empowerment: their participation in household decision-making and attitudes towards wife beating.

Over the years, several attempts have been made to improve life for Somali women. The Provisional Constitution of Somalia has a number of positive implications for the status of women, particularly on the involvement of women 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.

Women's Employment

Table 11.1 shows the percentage distribution of currently married women who were employed in the 12 months preceding the survey by age and type of earnings. Generally, employment is assumed to go hand in hand with payment for work. However, not all Somali women receive earnings for the work they do, and among those who do receive earnings, not all receive cash. Sixty-six percent of currently married women who reported being employed at any time in the 12 months preceding the survey received earnings in cash, 12 percent were paid in cash and in kind, 6 percent received their earnings in kind only and the remaining 17 percent were not paid at all.

The percentage of currently married women who are employed and receiving their earnings in cash increases with age, from 53 percent among those aged 20-24 to a peak of 72 percent among those aged 45-49. The proportion that are employed and not paid at all was the highest, at 27 percent, among younger respondents in the age bracket 20-24.

Control over Women's 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 the economic and social empowerment of women, particularly if they perceive their earnings as significant relative to those of their husband and important to the welfare of the household. It can contribute to improving power and autonomy in decision making that impact on 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 was with regard to the use of their earnings. This information allowed an assessment of women's control over their own earnings. Table 11.2 and Figure 11.1 show the degree of control women have over the use of their earnings, with one in every two currently married women reporting they decide on their own how their earnings will be used, while 40 percent decide jointly with their husbands. Ten percent reported

their husband is the main decision maker and controls their cash earnings.

Table 11.2 shows that 37 percent of women earn less than their husbands, while 29 percent earn more than their husbands. Only 5 percent earn an equal amount to their husbands' earnings. Twenty-one percent of the currently married women did not know how their earnings compared to their husbands', most likely because they are not privy to information about their husbands' earnings.

Control over Husbands' Earnings

Table 11.3 shows that 35 percent of the 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 slightly fewer women, at 33 percent, reported that the husband is the main decision maker. Thirty-two percent reported that the wife is the main decision maker on how the husband's cash earnings are used.

Figure 11.1 Control over women's 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

Mainly husband, 9.6%
Mainly wife, 50.6%
Wife and husband jointly, 39.6%
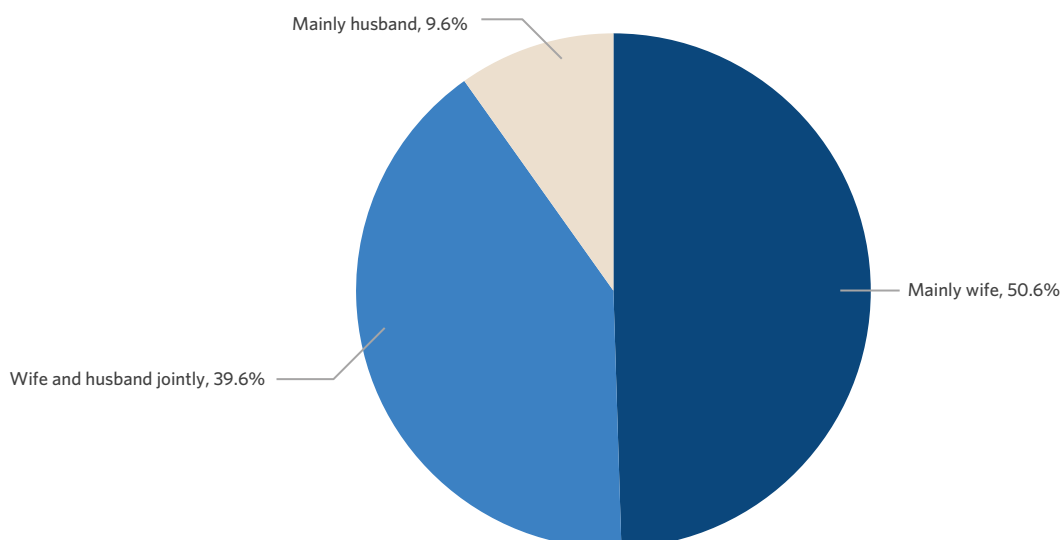
Among couples with no children, about half of the women reported that the husband is the main decision maker, 29 percent stated a woman has more control, while 23 percent indicated they make joint decisions over their husbands' income.

Among women with no education, 35 percent reported the husband mainly makes decisions over his earnings, compared to 34 percent who indicated they make joint decisions over the husband's earnings. Thirty-one percent indicated it is mainly the wife who makes decisions over the husband's earnings. Among women with primary education, 28 percent reported their husbands mainly make decisions over the husband's earnings, compared to 36 percent who indicated joint decision making or the woman mainly decides how to use the money earned by the husband.

For husbands in the lowest wealth quintile, slightly more than half mainly control the income, compared to 23 percent of husbands in the highest wealth quintile, indicating that

husbands have more financial control over wives in poorer households.

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 an important role in strengthening women's agency. Land is a key productive and economic asset. It provides opportunity multiple benefits to individuals and households, including a secure place to live, livelihood, protection during emergencies, and collateral when needed. In the SHDS, ever-married women were asked whether they own a house and land alone or jointly with their husbands.

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, 49 percent of women interviewed own a house and 22 percent own land either alone or jointly. The majority of women who own houses do so jointly with their husbands, at 21 percent, while 11 percent own land jointly with their husbands. The ownership of property increases with age among women. For example, 61 percent of women of age 45-49 years own a house, compared to 45 percent of women aged 15-19. A similar pattern is also observed in land ownership. Twenty-six percent of women aged 45-49 own land, compared to 20 percent of women aged 15-19.

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 SHDS, 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 4 percent of women have a bank account that they use. However, three-

quarters of women own a mobile phone, and among those with a mobile phone, 64 percent use their phones for financial transactions. This could be attributed to the devaluation of the Somali shilling and lack of small denomination, as well as convenience, which makes mobile money the preferred mode of payment for women throughout the country.
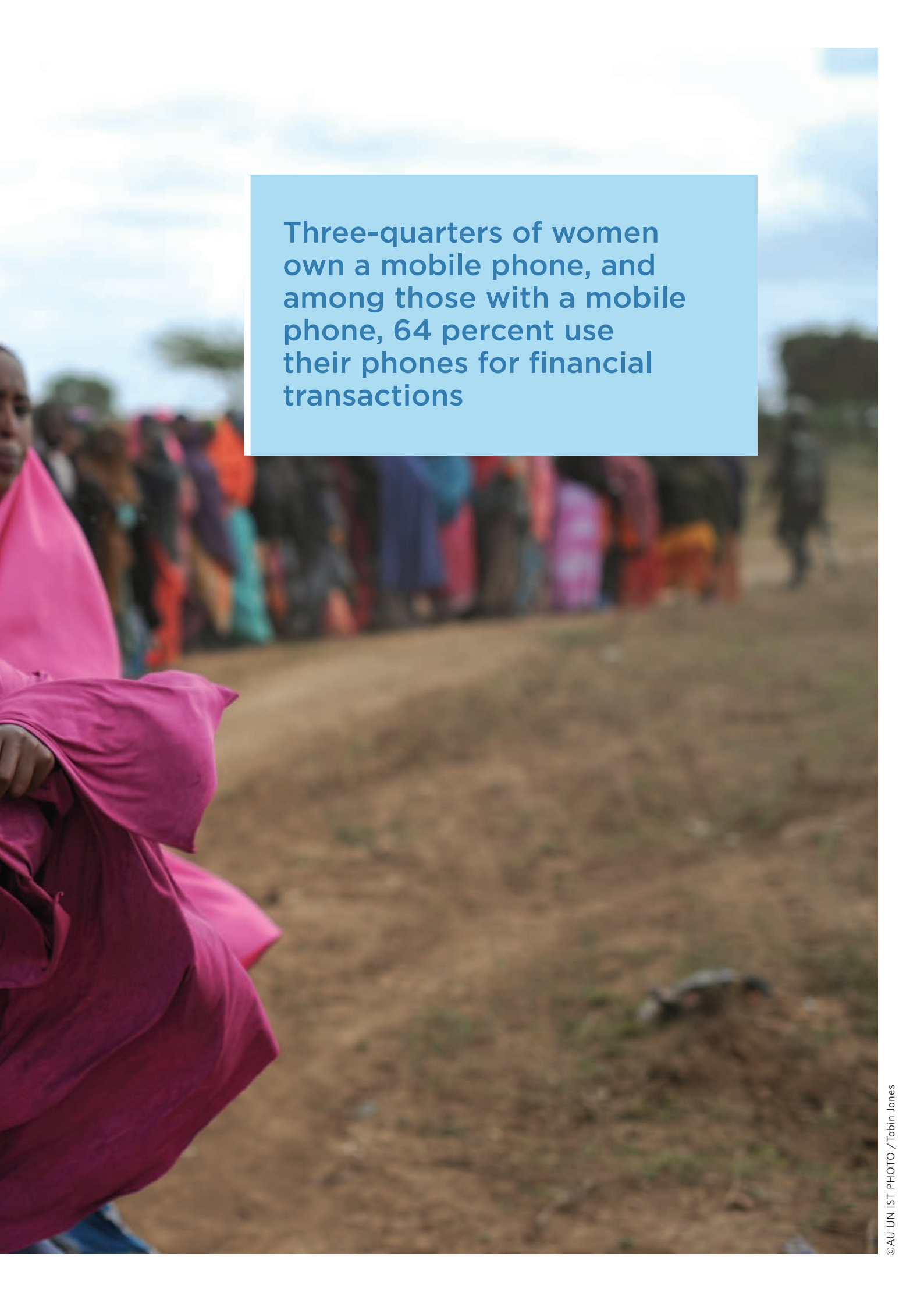
The percentage of women who have a bank account and a mobile phone increases as education levels increase. For example, among women with no education, 2 percent own and use a bank account compared to 29 percent among women with higher education. Similarly, among women with no education, 72 percent have no mobile phones, while 99 percent of those with higher education own a mobile phone (Figure 11.2).

Women from wealthier households are more likely than women from poorer households to have and use a bank account, own a mobile phone and use a mobile phone for financial transactions. Of women from the wealthiest households, 8 percent own and use a bank account, compared to 1 percent in the poorest households. Forty percent of women in the poorest households use a mobile phone for financial transactions, compared to 81 percent of women from the wealthiest households, who use mobile phones for financial transactions (Table 11.5).

Figure 11.2   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 education level
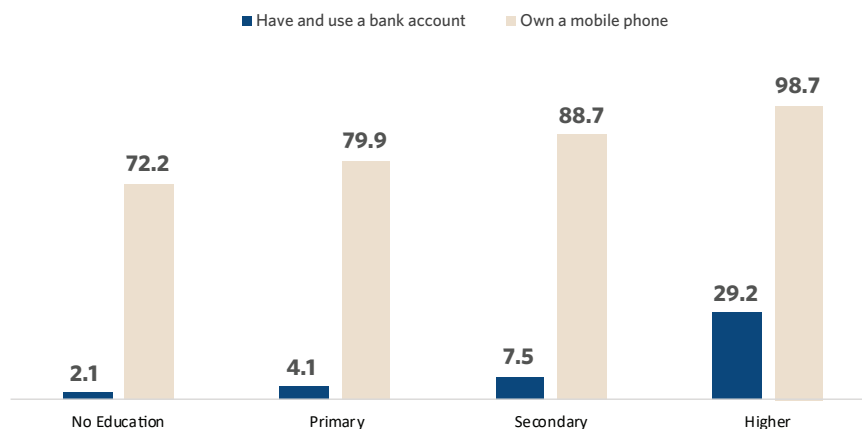
■ Have and use a bank account   ■ Own a mobile phone

	No Education	Primary	Secondary	Higher
Have and use a bank account	2.1	4.1	7.5	29.2
Own a mobile phone	72.2	79.9	88.7	98.7

Three-quarters of women own a mobile phone, and among those with a mobile phone, 64 percent use their phones for financial transactions

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 the level of agency women have within their own household and environment. As part of the SHDS, 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 45 percent of women indicated that decisions on their own health care are made mainly by their husbands, 34 percent reported they make decisions regarding their own health care jointly with their husbands, while 20 percent indicated that they mainly make these decisions on their own. A similar pattern is observed regarding major household purchases and visits to family or relatives, with 45 percent of women indicating that their husbands make decisions for major household purchases. Fifty-eight percent of women state their husbands make decisions regarding visits to family or relatives. Generally, men dominate women in household decision-making.

Attitudes towards Wife Beating

As part of the SHDS, ever-married women were asked if they agree that a husband is justified in hitting or beating his wife under each of the following six 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 answered "yes" in at least one circumstance, they were considered to have attitudes justifying wife beating.

Table 11.7 shows among the women interviewed, 36 percent believe that a husband is justified in beating his wife for at least one of the six specified reasons. Overall, 24 percent of the women interviewed believe that wife beating is justified if the wife goes out without telling her husband. The percentage of women who justify wife beating under one of the specified circumstances decreases with increasing education levels. Thirty-eight percent of women with no education agree that wife beating is justified in at least one of the six specified circumstances, compared to 28 percent of women with higher education levels.

Figure 11.3   Attitude towards wife beating

Percent of women aged 15-49 who agree with at least one specific reason for wife beating by wealth quintile

Wealth quintile	Percent
Lowest	44.2
Second	35.7
Middle	39.9
Fourth	34.1
Highest	28.1
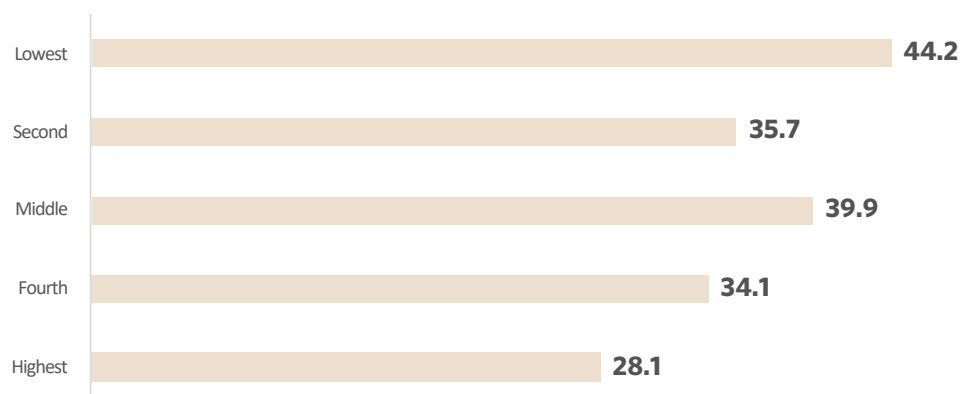
The proportion of women justifying wife beating under any one of the specified circumstances decreases with wealth quintiles. Forty-four percent of women in the poorest households agree that wife beating is justified in at least one of the six specified circumstances, compared to 28 percent of women in the wealthiest households (Figure 11.3).

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 (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. It reflects the degree of decision-making and control that women are able to exercise in areas that directly affect their lives and environments.

The second index is the number of reasons why the respondent believes that a husband is justified in beating his wife (see Table 11.7 for the list of reasons). This index ranges in value from 0 to 5. A lower score on this indicator is interpreted as reflecting a greater sense of autonomy, self-esteem, and a higher status.

Table 11.8 shows that there is 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 rises with the number of household decisions in which women participate, from 53 percent among women who do not participate in any of the household decisions to 65 percent of women who participate in all three decisions.

The percentage of women participating in all the household decisions decreases with the number of reasons women accept as justifying wife beating, from 36 percent among women who do not agree that wife beating is justified for any reason to 28 percent among women who accept that wife beating is justified in all five specified reasons.

List of Tables

Table 11.1   Employment and cash earnings of currently married women

Percent distribution of currently married women employed in past 12 months, by type of earnings, SHDS 2020

Age	Percent distribution of currently married women employed in past 12 months, by type of earnings				Total	Number of women
	Cash only	Cash and in-kind	In-kind only	Not paid		
15 – 19	(60)	(12)	(12)	(16)	100.0	25
20 – 24	53.0	16.4	4.1	26.5	100.0	113
25 – 29	69.5	9.3	3.0	18.2	100.0	189
30 – 34	68.1	15.0	6.1	10.8	100.0	181
35 – 39	71.3	8.4	8.2	12.1	100.0	221
40 – 44	60.7	12.3	4.9	22.1	100.0	158
45 – 49	71.5	8.4	5.7	14.5	100.0	101
Total	66.3	11.5	5.5	16.7	100.0	989

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

SHDS

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 characteristics, SHDS 2020

Background characteristics	Person who decides how wife's cash earnings are used:					Respondent earns more than husband						
	Mainly wife	Wife and husband jointly	Mainly husband	Other	Total	More than him	Less than him	About the same	Husband has no earnings	Don't know	Total	Number of women
Age												
15-19	*	*	*	*	100.0	*	*	*	*	*	100.0	19
20-24	37.3	58.6	4.0	0.0	100.0	38.0	38.1	0.4	8.7	14.8	100.0	78
25-29	46.4	39.7	12.8	1.1	100.0	21.3	47.0	4.0	6.4	21.4	100.0	149
30-34	56.1	33.3	10.5	0.0	100.0	27.0	41.6	9.0	5.5	17.0	100.0	151
35-39	50.0	36.6	13.5	0.0	100.0	27.7	35.8	2.9	5.8	27.7	100.0	176
40-44	54.7	37.8	7.4	0.0	100.0	38.9	24.4	3.5	20.8	12.3	100.0	115
45-49	60.9	35.5	3.7	0.0	100.0	31.9	31.5	10.8	6.8	19.0	100.0	81
Number of living children												
0	53.4	35.1	11.5	0.0	100.0	31.3	34.8	1.3	7.4	25.2	100.0	68
1-2	37.0	59.1	2.5	1.3	100.0	22.9	36.5	7.0	6.9	26.8	100.0	129
3-4	47.3	39.2	13.5	0.0	100.0	28.2	48.0	5.3	7.6	10.9	100.0	198
5+	56.5	33.9	9.7	0.0	100.0	31.5	31.9	4.6	9.5	22.5	100.0	374
Type of residence												
Urban	44.1	45.1	10.3	0.4	100.0	25.6	39.6	3.7	8.8	22.2	100.0	433
Rural	64.5	29.9	5.7	0.0	100.0	33.6	33.6	7.3	7.6	17.9	100.0	291
Nomadic	(22.7)	(49.2)	(28.0)	(0.0)	100.0	(35.1)	(35.1)	(0.5)	(9.0)	(20.3)	100.0	45
Education												
No education	50.9	38.3	10.8	0.0	100.0	28.6	35.7	6.0	8.7	21.0	100.0	574
Primary	51.1	38.8	10.2	0.0	100.0	27.0	40.3	0.7	11.4	20.6	100.0	107
Secondary	(51.0)	(43.6)	(1.4)	(4.0)	100.0	(36.0)	(38.6)	(4.4)	(1.7)	(19.3)	100.0	42
Higher	(45.1)	(53.7)	(1.2)	(0.0)	100.0	(35.4)	(45.1)	(1.5)	(3.5)	(14.5)	100.0	47
Wealth quintile												
Lowest	(57.4)	(30.9)	(11.7)	(0.0)	100.0	(27.0)	(27.6)	(0.7)	(6.2)	(38.5)	100.0	36
Second	38.9	42.7	18.3	0.0	100.0	28.8	40.6	11.6	7.6	11.4	100.0	103
Middle	53.5	34.1	12.4	0.0	100.0	30.8	37.6	4.9	8.6	18.1	100.0	198
Fourth	43.7	47.1	8.4	0.8	100.0	29.5	32.3	3.6	9.7	24.9	100.0	220
Highest	59.4	36.9	3.7	0.0	100.0	28.0	41.5	3.7	7.4	19.4	100.0	213
Total	**50.6**	**39.6**	**9.6**	**0.2**	**100.0**	**29.2**	**37.1**	**4.9**	**8.4**	**20.5**	**100.0**	**770**

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,SHDS, 2020

Table 11.3   Control over husbands' cash earnings

Percent distributions of currently married women aged 15-49 whose husbands receive cash earnings by person who decides how husbands' cash earnings are used, according to background characteristics, SHDS 2020

Background characteristics	Person who decides how husbands' cash earnings are used				Total	Number of currently married women
	Mainly wife	Wife and husband	Mainly husband	Other		
Age group						
15-19	(34.3)	(32.4)	(33.3)	(0.0)	100.0	30
20-24	19.7	36.2	41.9	2.2	100.0	100
25-29	28.8	31.0	39.4	0.8	100.0	172
30-34	37.3	29.2	33.5		100.0	166
35-39	28.2	39.3	32.1	0.4	100.0	192
40-44	30.1	40.6	29.0	0.3	100.0	127
45-49	47.7	34.6	17.3	0.4	100.0	89
Number of living children						
0	29.4	22.7	47.9	0.0	100.0	76
1-2	27.3	44.0	27.1	1.6	100.0	154
3-4	33.2	29.3	37.3	0.2	100.0	226
5+	32.8	36.7	30.0	0.5	100.0	421
Type of residence						
Urban	27.0	38.5	33.8	0.7	100.0	426
Rural	46.9	25.0	27.9	0.1	100.0	312
Nomadic	12.6	45.1	41.4	1.0	100.0	138
Education						
No education	30.9	34.0	34.7	0.3	100.0	678
Primary	35.6	36.4	28.0	0.0	100.0	113
Secondary	(35.4)	(32.6)	(30.2)	(1.8)	100.0	37
Higher	(29.4)	(44.3)	(21.8)	(4.6)	100.0	49
Wealth quintile						
Lowest	21.6	23.8	54.6	0.0	100.0	90
Second	19.6	46.0	34.4	0.0	100.0	145
Middle	33.0	29.1	38.0	0.0	100.0	216
Fourth	30.7	41.0	27.2	1.0	100.0	204
Highest	43.6	31.8	23.3	1.3	100.0	222
Total	**31.6**	**34.8**	**32.9**	**0.6**	**100.0**	**877**

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

Table 11.4   Ownership of assets

Percent distribution of ever-married women aged 15-49 by ownership of housing and land, according to background characteristics, SHDS 2020

Background characteristics	Owns a house alone or jointly					Owns land alone or jointly					Total number of women
	Alone	Jointly	Both alone and jointly	Does not own	Total	Alone	Jointly	Both alone and jointly	Does not own	Total	
Age											
15-19	12.1	20.4	12.7	54.8	100.0	4.9	11.0	3.8	80.3	100.0	973
20-24	9.7	20.9	13.6	55.8	100.0	3.4	12.2	5.4	78.9	100.0	2,119
25-29	11.2	20.3	15.9	52.6	100.0	4.8	11.7	5.7	77.8	100.0	2,728
30-34	11.5	18.1	17.5	52.9	100.0	4.9	10.2	6.2	78.7	100.0	2,119
35-39	13.5	23.2	15.2	48.2	100.0	5.8	10.5	5.5	78.1	100.0	1,922
40-44	15.6	23.4	17.7	43.3	100.0	5.7	11.7	4.7	77.9	100.0	1,158
45-49	24.0	18.2	18.6	39.1	100.0	9.8	9.5	7.0	73.6	100.0	641
Type of residence											
Urban	11.1	16.0	10.2	62.7	100.0	5.1	6.6	3.3	84.9	100.0	4161
Rural	13.8	19.8	16.6	49.8	100.0	5.9	11.5	5.8	76.8	100.0	3,509
Nomadic	13.0	26.3	20.7	40.0	100.0	4.4	15.5	7.6	72.4	100.0	3,989
Education											
No education	12.7	21.7	16.2	49.3	100.0	5.3	12.0	5.8	76.9	100.0	9,757
Primary	11.7	15.8	14.0	58.5	100.0	4.4	6.6	3.8	85.2	100.0	1,367
Secondary	12.9	14.9	10.4	61.9	100.0	3.8	7.3	4.6	84.3	100.0	375
Higher	12.1	9.2	12.0	66.7	100.0	6.1	2.8	6.3	84.9	100.0	161
Wealth quintile											
Lowest	13.1	26.9	20.2	39.9	100.0	4.3	14.3	6.6	74.8	100.0	2,733
Second	11.0	25.1	19.1	44.7	100.0	4.5	17.5	8.1	69.9	100.0	2,310
Middle	14.2	19.1	13.8	52.9	100.0	6.7	9.2	4.4	79.7	100.0	2,159
Fourth	13.2	15.4	13.0	58.4	100.0	6.2	7.9	3.8	82.1	100.0	2,356
Highest	11.3	15.1	11.3	62.3	100.0	4.0	5.7	4.4	85.9	100.0	2,101
Total number of women	**12.6**	**20.7**	**15.7**	**51.0**	**100.0**	**5.1**	**11.1**	**5.5**	**78.2**	**100.0**	**11,660**

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 characteristics, SHDS 2020

Background characteristics	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	2.7	60.6	4,649	50.4	2,818
20-24	4.0	80.1	2,906	68.4	2,327
25-29	4.4	81.7	2,918	70.6	2,383
30-34	3.7	82.7	2,195	69.6	1,815
35-39	3.4	82.3	1,948	71.2	1,604
40-44	3.4	77.4	1,176	64.6	910
45-49	3.1	80.9	646	69.8	523
Type of residence					
Urban	5.9	84.9	6,478	78.2	5,501
Rural	2.6	77.5	4,822	67.7	3,736
Nomadic	1.4	61.2	5,138	42.4	3,143
Education					
No education	2.1	72.2	12,266	58.9	8,860
Primary	4.1	79.9	2,531	74.1	2,022
Secondary	7.5	88.7	1,214	82.6	1,077
Higher	29.2	98.7	427	96.5	421
Wealth quintile					
Lowest	1.0	58.0	3,471	39.7	2,012
Second	1.8	69.6	2,917	53.3	2,031
Middle	2.6	75.9	3,047	68.1	2,313
Fourth	3.6	82.8	3,452	76.6	2,859
Highest	7.9	89.1	3,551	80.6	3,165
Total	**3.5**	**75.3**	**16,438**	**63.9**	**12,380**

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, SHDS 2020

Decision	Mainly wife	Wife and husband jointly	Mainly husband	Someone else	Other	Total	Number of women
Own health care	20.0	34.1	45.0	0.4	0.1	100.0	10,215
Major household purchases	21.5	32.5	44.6	0.0	0.3	100.0	10,215
Visits to her family or relatives	18.9	22.2	58.0	0.0	0.1	100.0	10,215

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 characteristics, SHDS 2020

Background characteristics	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	24.6	24.9	23.6	25.4	25.5	24.7	36.7	4,649
20 - 24	25.5	25.6	24.8	25.3	25.6	25.4	36.6	2,906
25 - 29	24.4	23.4	22.6	24.5	25.2	24.7	35.5	2,918
30 - 34	26.0	25.8	23.7	25.7	26.2	25.4	35.8	2,195
35 - 39	27.0	26.7	24.7	26.1	26.4	26.6	36.6	1,948
40 - 44	28.7	27.9	25.4	28.1	29.4	27.2	38.7	1,176
45 - 49	25.9	23.8	22.8	24.4	24.7	25.3	32.0	646
Employment								
Not employed	26.4	26.0	24.0	26.2	26.7	26.5	36.9	10,346
Employed for cash	29.8	30.6	28.7	28.2	28.7	28.2	38.4	847
Employed, not for cash	18.9	20.0	17.4	23.9	20.9	27.3	33.7	236
Missing	23.3	23.0	23.0	23.6	24.1	22.4	34.9	5,009
Number of living children								
0	23.0	23.4	22.7	23.5	23.9	23.1	35.3	6,095
1-2	26.9	26.9	23.8	27.3	26.6	27.6	36.6	2,833
3-4	26.7	25.7	25.1	26.0	27.5	26.5	37.3	3,219
5+	27.4	26.6	24.6	26.7	27.2	26.1	36.8	4,292
Type of residence								
Urban	22.3	23.2	22.3	23.3	24.4	23.0	33.8	6,478
Rural	26.5	26.4	25.0	25.8	27.6	26.2	37.6	4,822
Nomadic	28.6	26.7	24.8	27.9	26.2	27.4	38.2	5,138
Education								
No education	27.4	26.5	24.6	27.1	27.1	26.9	37.8	12,266
Primary	21.4	23.5	22.3	22.5	23.7	22.9	34.0	2,531
Secondary	18.1	19.2	22.3	18.3	20.7	18.2	29.0	1,214
Higher	17.9	17.2	18.1	16.6	20.8	15.1	28.4	427
Wealth quintile								
Lowest	35.0	33.1	30.1	34.6	32.5	33.9	44.2	3,471
Second	24.8	24.5	23.2	25.5	24.9	25.2	35.7	2,917
Middle	27.9	28.5	25.2	28.0	28.9	27.1	39.9	3,047
Fourth	22.0	23.1	23.2	21.9	23.8	22.1	34.1	3,452
Highest	18.1	17.5	17.8	18.0	19.8	18.7	28.1	3,551
Total	**25.5**	**25.3**	**23.9**	**25.5**	**25.9**	**25.3**	**36.3**	**16,438**

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, SHDS 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	n/a	53.4	3,593
1-2	n/a	55.8	3,354
3	n/a	64.6	3,268
Number of reasons for which wife beating is justified			
0	35.8	n/a	5,900
1-2	26.2	n/a	942
3-4	23.1	n/a	806
5	28.1	n/a	2,567

n/a = Not applicable

12

Chronic Diseases, Disability, Out-of-Pocket Health Expenditure and Social Habits

KEY FINDINGS

PREVALENCE OF MOST COMMON DISEASES

33%
Blood pressure

20%
Diabetes

8%
Kidney diseases

8%
Arthritis

CHRONIC DISEASES

6%
of the population suffers from at least one chronic disease

OUT-OF-POCKET HEALTH EXPENSES

48%
of households paid their health expenses from their income
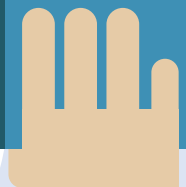
DISABILITY

5%

prevalence of disability in the population

CARE OF DISABLED PERSONS

42%

of disabled people in Somalia had not received any care nor support for their disability during the 12 months preceding the survey
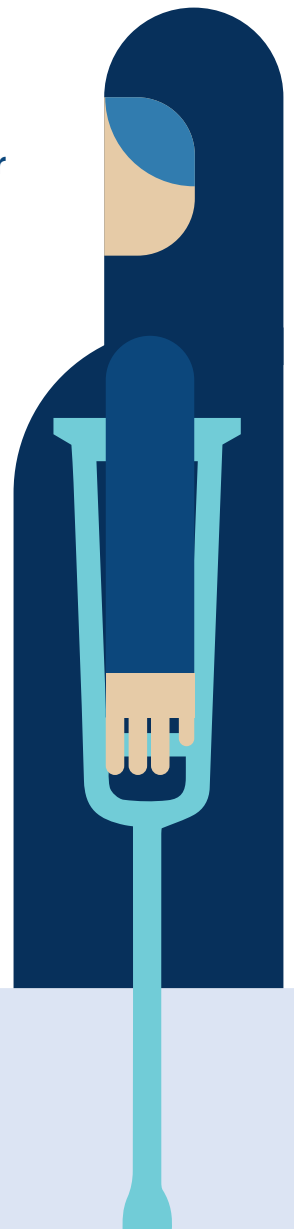
1️⃣2️⃣ CHRONIC DISEASES, DISABILITY, OUT-OF-POCKET HEALTH EXPENDITURE AND SOCIAL HABITS

This chapter presents information on the prevalence, diagnosis and treatment of chronic diseases in Somalia. It also offers information on the prevalence of disability, the origin and age at onset of disability, and care and support available for people with disabilities. Based on the findings of the SHDS, 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 a leading cause of death worldwide.

The SHDS obtained information from household respondents on whether each household member suffered from one or more chronic diseases and whether the disease was diagnosed by a physician and treated. Further to this, 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 obtained information from the household respondents if 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.

Prevalence of Chronic Diseases

Table 12.1 presents data on household members who have at least one chronic disease. Overall, 6 percent of Somali household members were reported to be suffering from at least one chronic disease.

Urban household members have a slightly higher reported prevalence of chronic diseases, at 7 percent, than rural and nomadic

Prevalence of chronic diseases

Percentage of household members who have at least one chronic disease
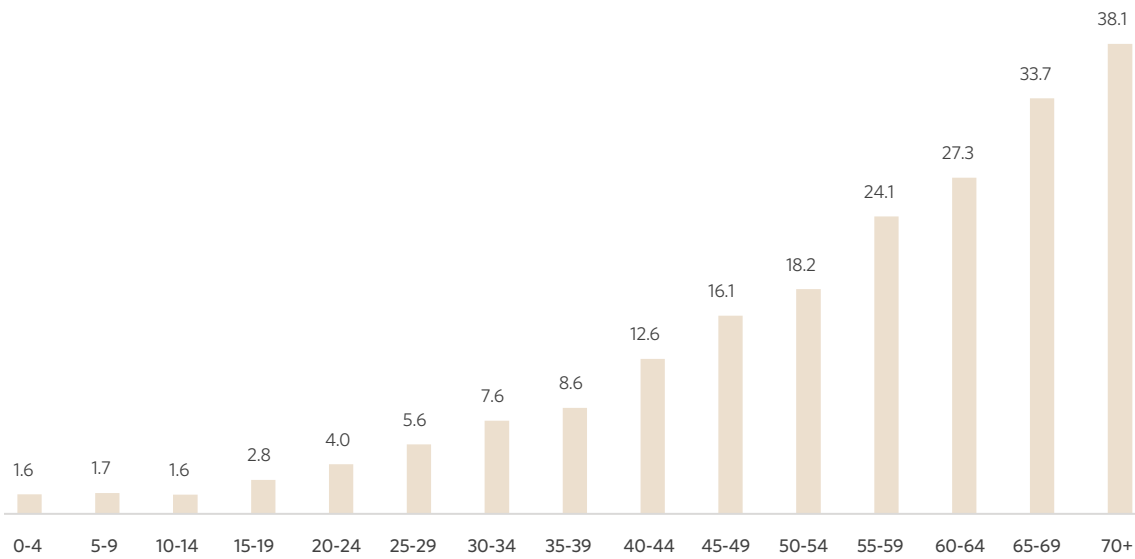
household members, at 5 percent and 4 percent respectively. On comparing data for men and women, it can be observed that more women than men reported to have at least one chronic disease, at 7 percent and 5 percent respectively. The prevalence of at least one chronic disease increased from 4 percent of those in the lowest wealth quintile or poorest households to 7 percent of those in the wealthiest or highest quintile.

As noted, disease prevalence increases rapidly with age. The reported prevalence of people with at least one chronic disease increased from 2 percent in the age group 0-4 years to 13 percent in the age group 40-44 years, to 38 percent in people over 70 years of age (Table 12.1 and Figure 12.1).

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, 5 percent of

household members were reported to have been diagnosed by a physician and 3 percent are undergoing regular treatment for a chronic disease.

More women than men were diagnosed by a physician, at 5 percent and 4 percent respectively. Similarly, more women than men are undergoing regular treatment for the diseases, at 4 percent versus 3 percent respectively. More urban residents reported having been diagnosed by a physician, at 5 percent, compared to rural and nomadic residents at 4 percent and 2 percent, respectively. Similarly, more urban residents (4 percent), reported they had received treatment for chronic diseases, compared to rural and nomadic residents (2 percent and 1 percent respectively). Despite there being health facilities available in the cities, the difference in the overall frequency of diagnosis and treatment between urban and rural settings is small.

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 increased as wealth levels increased. Six percent of household members in the wealthiest households were diagnosed by a physician, while 5 percent received treatment. In contrast,

Figure 12.2　Chronic diseases diagnosed and treated

Percentage of household members who have at least one chronic disease, diagnosed by a physician, and who get treatment

——— Percentage of population who have at least one chronic disease diagnosed by physician
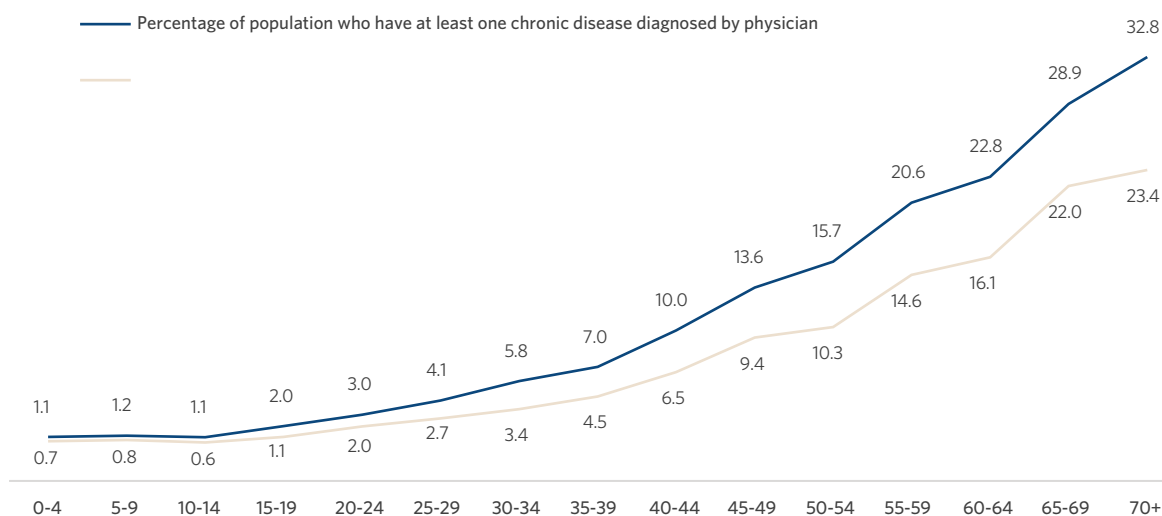
3 percent of household members from the lowest wealth quintile or poorest households were diagnosed by a physician, and 1 percent received treatment.

Figure 12.2 compares household members whose chronic diseases were diagnosed by a physician against those who get treatment for chronic diseases regularly. 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 15-19 years, 2 percent were diagnosed by a physician, while 1 percent received treatment. In the age group 60-64 years, 23 percent were reported to have been diagnosed by a physician, while 16 percent received treatment for chronic diseases they have.

Table 12.3 presents the prevalence of the most common 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: blood pressure anomalies/hypertension, which affects 33 percent of household members, and diabetes, which affects 20 percent of the household members. Eight percent of household members are suffering from kidney

diseases, and another 7 percent suffer from chronic headaches. Eight percent of household members have arthritis and another 6 percent have inflammation or ulcers. Other diseases that are common include asthma (6 percent), heart diseases (5 percent), chronic back pain (5 percent), as well as liver diseases, anaemia, epilepsy, mental illness and skin diseases, each of which affects about 4 percent of household members.

The table shows that more urban and rural residents were diagnosed with blood pressure, at 34 percent and 33 percent respectively, compared to those residing in nomadic areas, at 25 percent. More urban residents, at 23 percent, than rural residents, at 15 percent, were diagnosed with diabetes. Even fewer cases of diabetes were diagnosed among nomadic households, at 8 percent. More women than men were reported to have been diagnosed with hypertension, kidney disease and arthritis, at 35 percent versus 31 percent, 8 percent versus 7 percent, and 10 percent versus 4 percent, respectively. More men than women were reported to have been diagnosed with diabetes, mental illnesses and liver diseases, at 24 percent versus 18 percent, 6 percent versus 3 percent, and 5 versus 3 percent respectively.

Figure 12.3 Common chronic diseases

Percentage of household members who have specific chronic diseases diagnosed by a physician

Disease	Percentage
Anaemia	4.4
Chronic back pain	5.1
Heart diseases	5.4
Inflammation/ulcers	5.9
Asthma	6.2
Chronic headache	7.1
Arthritis	7.5
Kidney diseases	7.6
Diabetes	20.4
Blood pressure	33.3
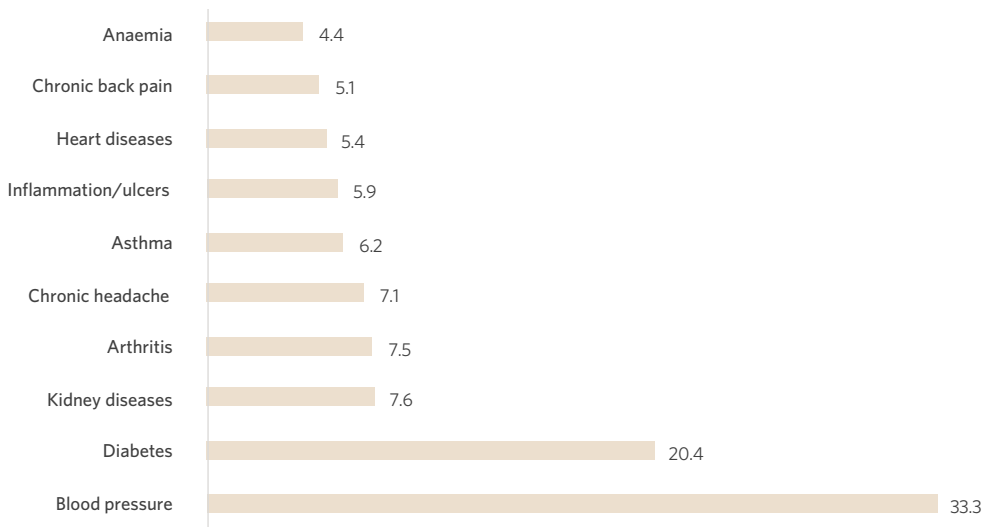
The findings further show that, on the whole, more nomadic household members than urban and rural ones were diagnosed with kidney diseases, liver diseases, chronic back pain, anaemia, and prostatic hypertrophy diseases at 14 percent, 12 percent, 8 percent, 7 percent and 4 percent respectively. In urban and rural areas, overall, fewer people were diagnosed with these diseases, at 7 percent, 4 percent, 5 percent, 4 percent and 0.3 percent, respectively, for urban populations; and at 8 percent, 4 percent, 5 percent, 3 percent and 1 percent, respectively, for rural populations.

Prevalence of Disability

Table 12.4 presents data on the distribution of the prevalence of disability of household members by sex, age, wealth quintiles and residence. It should be noted that respondents' reports of disability were not verified by any clinical diagnosis; therefore, the percentages presented should be interpreted with caution.

Overall, around 5 percent of the population

suffers from disabilities, according to findings from the SHDS.[1] The prevalence of disability among females and males is the same, at 5 percent. In the youngest age group, 5 percent of under-fives suffer from disabilities. The prevalence of disability dropped to 3 percent in the slightly older age group of 5-9 years, before steadily rising to 30 percent for those aged 70 years and above. The pattern of people suffering from disabilities in both urban and rural areas is almost the same at 5 percent each and fewer people, at 2 percent, suffering from disabilities in nomadic areas.

Household members from the lowest wealth quintile or poorest households suffer from fewer disabilities than others, at 3 percent. Between 5 and 6 percent household members from all other wealth levels suffer from disabilities.

The most common disability reported in all the three types of residences was challenges with eyesight, which was reported by 45 percent

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1 The SHDS questionnaires referred to visual and hearing impairments, speech/communication challenges, mobility impairment, learning challenges, self-care challenges and mental health challenges as disabilities.

Figure 12.4   Disability prevalence by age

Prevalence of household members with disabilities

	<5	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
	4.7	3.1	2.9	3.3	3.4	3.3	3.4	3.5	5.0	5.2	6.9	10.4	13.4	19.4	30.3
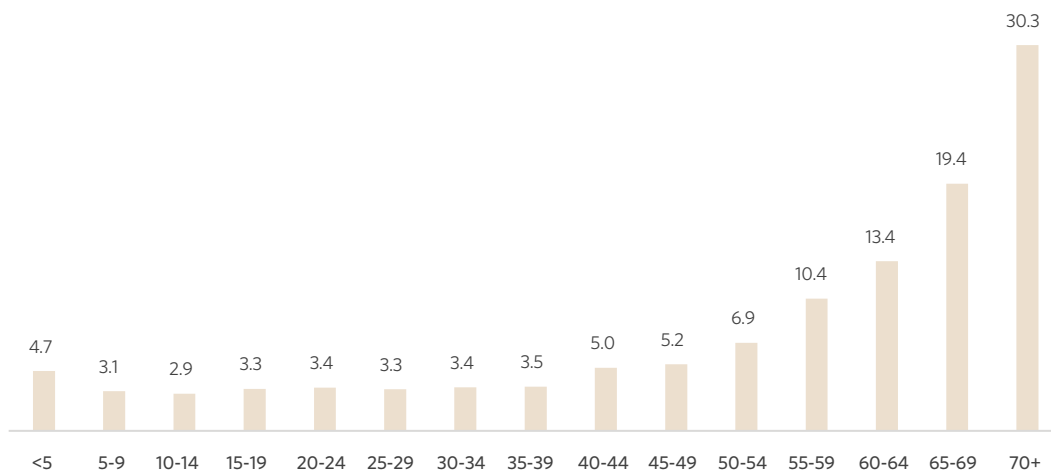
Figure 12.5   Common types of disabilities

Percentage of people suffering from specific types of disabilities

Sight	Hearing	Mobility	Mental	Speech	SelfCare	Learning
44.3	25.6	23.7	16.6	8.3	5.6	3.5
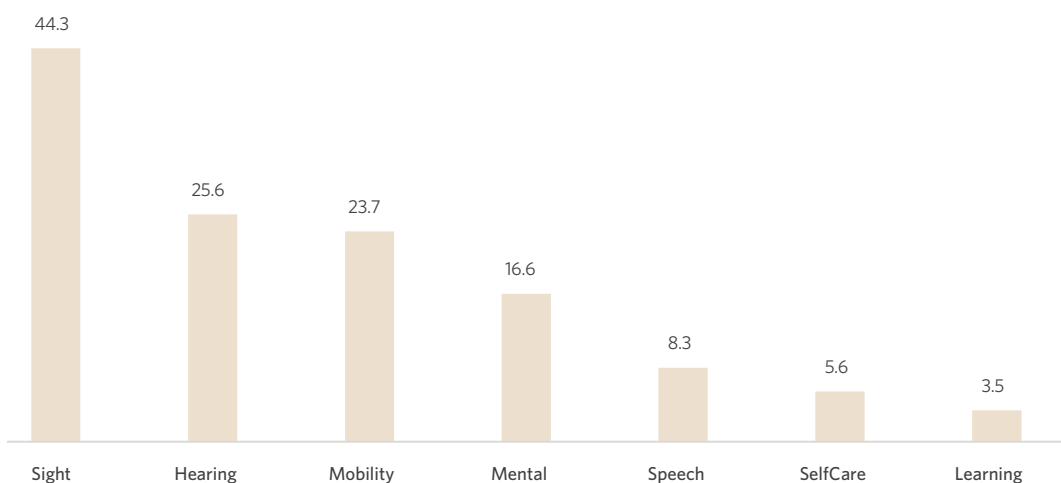
of household members in Rural areas, followed by nomads at 43 percent, and Urban areas at 41 percent.

Figure 12.4 presents the prevalence of disability by age group. It shows a "J-shaped" curve, with the prevalence of disability increasing sharply with age for those aged 70 years and above. Figure 12.5 shows the prevalence of the most common types of disabilities. These include disabilities in sight, hearing and mobility impairments, followed by mental health and speech disabilities.

Origin and Age at Onset of Disability

Table 12.5 presents data on the onset and causes of disability. For any household member with a disability, respondents were asked what they thought was the main reason for or cause of the disability. The analysis indicates that ageing and congenital (birth-related) problems were thought to be the main cause of disabilities. Ageing accounts for 22 percent of disabilities and congenital problems account for 15 percent. Other diseases and injuries/ accidents account for 22 percent and 13

Figure 12.6 Age at onset of disability

Percentage distribution of disabled people according to age at onset of disability
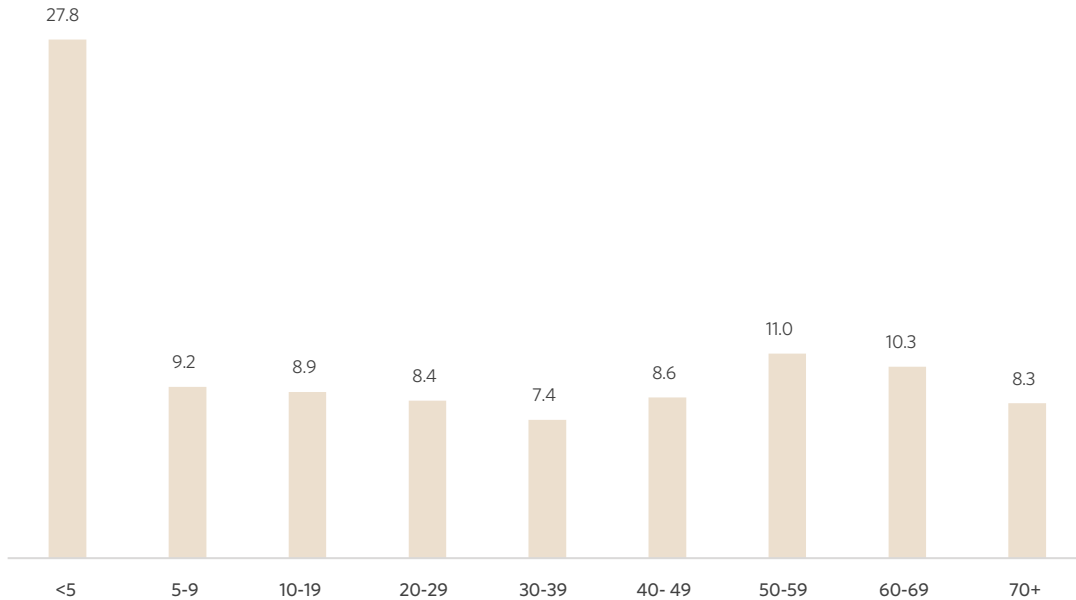
percent respectively. The percentage of those suffering from congenital causes of disability declines with increasing age, while disabilities associated with ageing increase with age.

Ageing accounts for a larger proportion of disabilities among females, at 27 percent, than males, at 17 percent, while congenital diseases account for a larger proportion of disabilities among males, at 17 percent, than females, at 14 percent.

Table 12.6 presents data on the age at onset of disability. Differences by type of residence are minimal. Differences by sex and age group are substantial. As expected, by definition, younger disabled people, the onset of disability

occurred at an earlier age. Overall, 28 percent of household population reported onset of disability to have started when they were under the age of five (Figure 12.6). Thirty-three percent of males and 23 percent of females stated that they had first experienced their disabilities under the age of five. The most common disability reported to have started during this period is speech, at 55 percent.

Slightly more nomadic household members, at 32 percent, reported their disabilities started while they were under the age of five, compared to 28 percent in urban and 27 percent in rural areas.

The prevalence of disability among females and males is the same, at 5 percent

More urban residents reported having been diagnosed by a physician, as compared to rural and nomadic residents
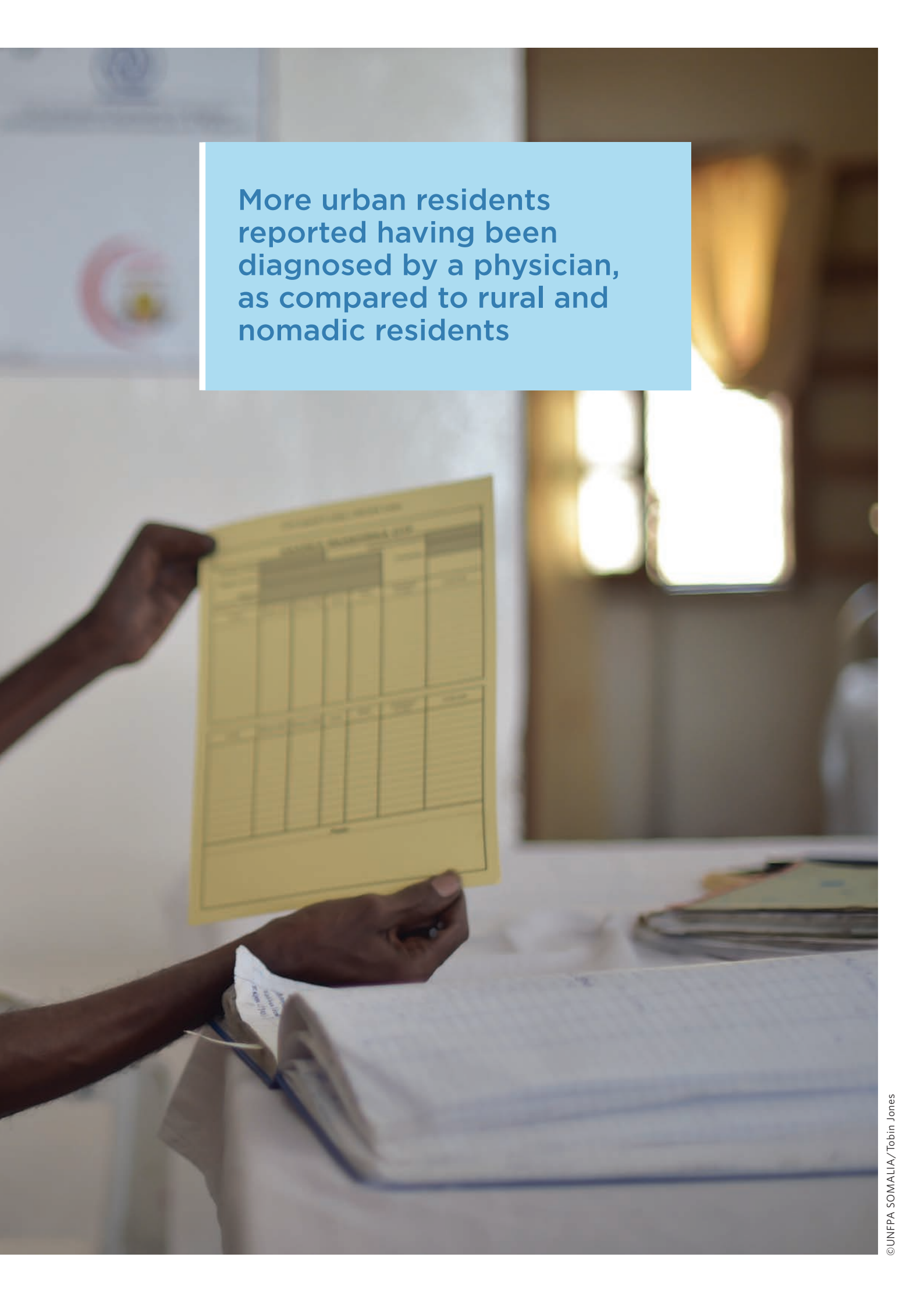
Figure 12.7   Support received by household members for people with disabilities

Percentage distribution of disabled people who received any kind of care and support for their disabilities in the 12 months preceding the survey

Medical	Welfare	Financial	Nutritional	No Support
55.7	1.3	2.6	0.6	42.4
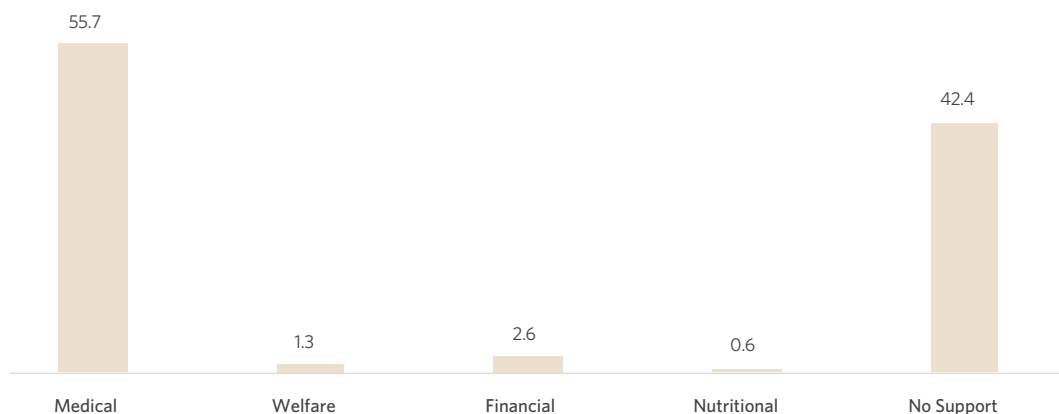
Care and Support for Persons with Disabilities

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 characteristics. This includes medical care, welfare, financial support and nutritional support.

The findings indicate that 42 percent of persons with disabilities in Somalia had not received any care or support for their condition in the 12 months preceding the survey. Fifty six percent of disabled household members received medical care, while 3 percent received financial support, only 1 percent of the households received welfare and nutritional support (Figure 12.7).

Forty-three percent of men and 42 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.

Household Out-of-Pocket Health Expenditure and Health-Seeking Behaviour

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 of the 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.

Figure 12.8   Source of advice or treatment

Household members who have been sick and where they sought advice/treatment

Source	Value
Other public sector	0.7
Other private medical sector	1.3
Referral health centre	2.2
Mobile clinic	2.2
Primary health unit	2.4
MCH/HC	12.6
Pharmacy	13.6
Government hospital	14.9
Private hospital/clinic/doctor	27.4
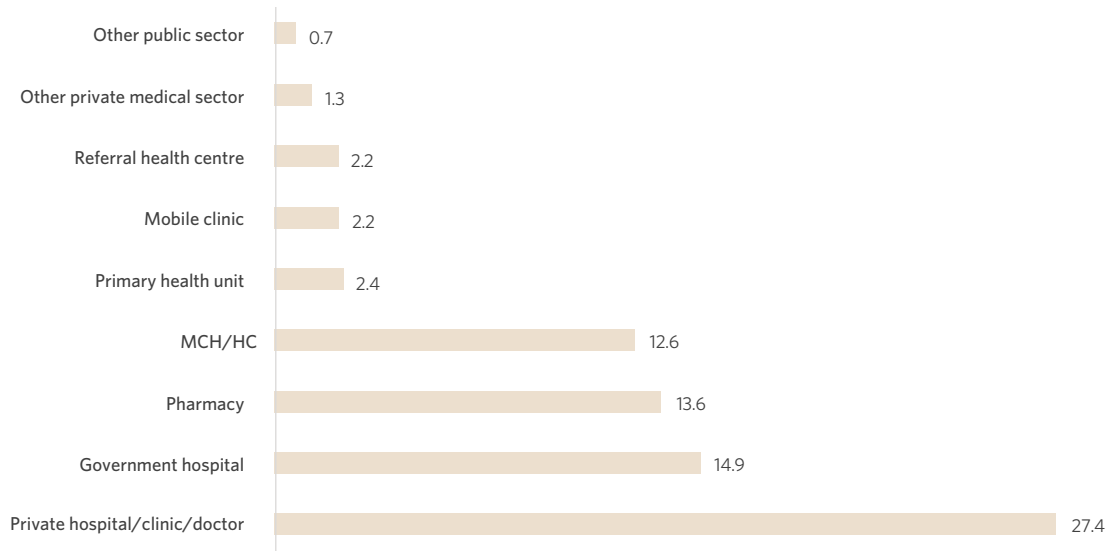
Figure 12.9   Source of payment of health services

Percentage distribution of financial sources used for health services in the month preceding the survey by households

Source	Value
Insurance	2.0
Other	3.1
Savings	4.0
Sold assets	10.7
Borrowing	13.9
Relatives/friends	25.3
Income	47.8
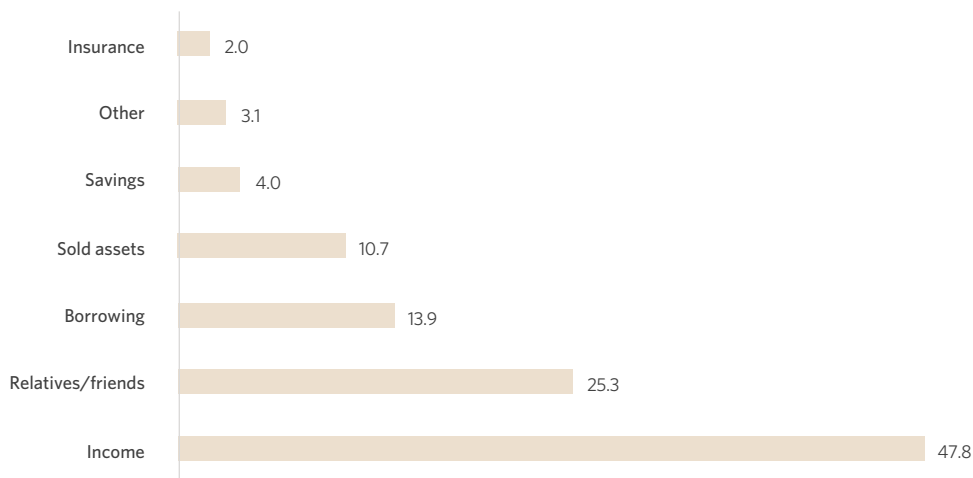
The SHDS 2020 collected information on out-of-pocket expenditure. In the Household Questionnaire, households were asked whether advice or treatment was sought for any household members' health conditions and the source of this advice or treatment. They were also asked how much money the household spent on treatment and health care services in the one month preceding the survey. The survey also collected information about what financial sources the household used to pay for any health expenditure.

Table 12.8 shows that 19 percent of households had at least one household member sick in the last month preceding the survey. Among these households, 66 percent sought advice or treatment for the household member.

Seventy-one percent of urban households and 64 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 31 percent.

Fifteen percent of households had visited a government hospital for advice or treatment compared to 27 percent who had visited private hospitals, clinics or doctors. Fourteen percent of households had sought advice or treatment from pharmacies compared to 13 percent from Mother Child Health (MCH) clinics and/or health centres (HC) (Figure 12.8).

The highest wealth quintile or wealthiest households sought more medical advice and treatment compared to the poorest, at 84 percent and 45 percent respectively. Further, the survey shows that 55 percent of the wealthiest households received medical advice and treatment from a private hospital, clinic or doctor, compared to 10 percent of the lowest wealth quintile or the poorest households.

Table 12.9 and Figure 12.9 present data on the financial sources that households use to pay for health expenditures. Forty-eight percent of households reported they pay for their health expenses from their income. Twenty-five percent of households reported their relatives or friends supported them to pay their health expenses. Fourteen percent borrowed money to pay for their health expenditure and 11 percent of the households sold assets to cover their health expenses. Only 2 percent of households used insurance for their health expenses.

On comparing data by wealth quintiles, it can be noted that 5 percent of the wealthiest households used their insurance coverage for their health expenses. Furthermore, 64 percent of the wealthiest households compared to 39 percent from the poorest households, used their income to pay for their health expenses.

Two percent of households in urban and rural areas used insurance to cover their health expenditure. Almost half of the urban and rural households—49 percent each—used their income to pay for medical expenses as compared to 26 percent of nomadic households.

Table 12.10 presents data on the amount of money the household spent on treatment and health care services during the month before

the start of the survey. The largest proportion of the respondents—43 percent—reported that they had spent between US$1 and US$49 for treatment and health care services in this time. Twenty-four percent of the respondents had spent between US$50 and US$99 for treatment and health care services during that month. Eighteen percent of the respondents had paid US$100-199 for treatment and health care services, and 13 percent of the respondents had paid US$300 or more for treatment and health care services during the month prior to the survey being conducted.

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 so 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 for 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 characteristics. The findings indicate that 5 percent of Somali household members smoke cigarettes or use tobacco products. Cigarette smoking or any other use of tobacco is rare among women (0.9%), whereas 8 percent of men smoke or use other tobacco products. The use of tobacco

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2   *Khat* (also spelt *'Qat'*) is a plant found in the Horn of Africa and the Arabian Peninsula. *Khat* leaves are chewed as a stimulant and are said to cause euphoric effects.

Figure 12.10 Smoking/tobacco use by wealth quintile

Percentage of household members who smoke cigarettes or use tobacco, by wealth quintile
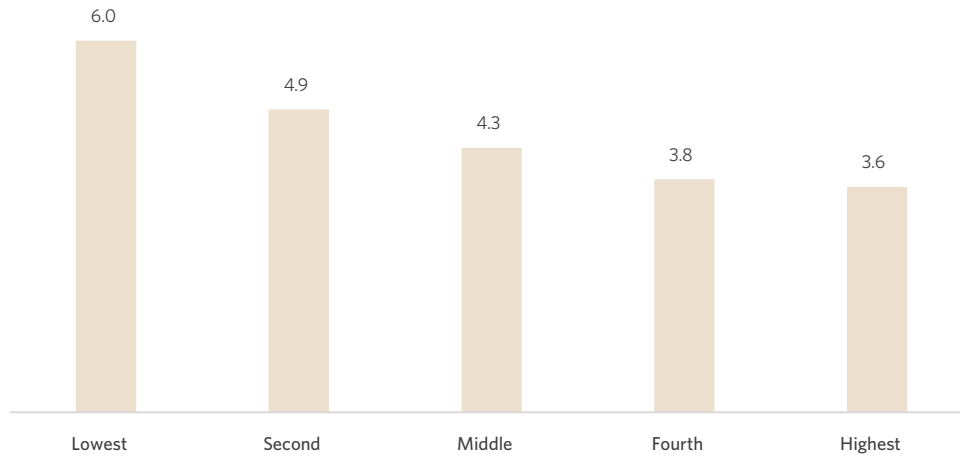
Figure 12.11 Cigarette smoking, tobacco use and chewing of *khat*

Percentage of household members who smoke cigarettes or use tobacco, and chew *khat* by age
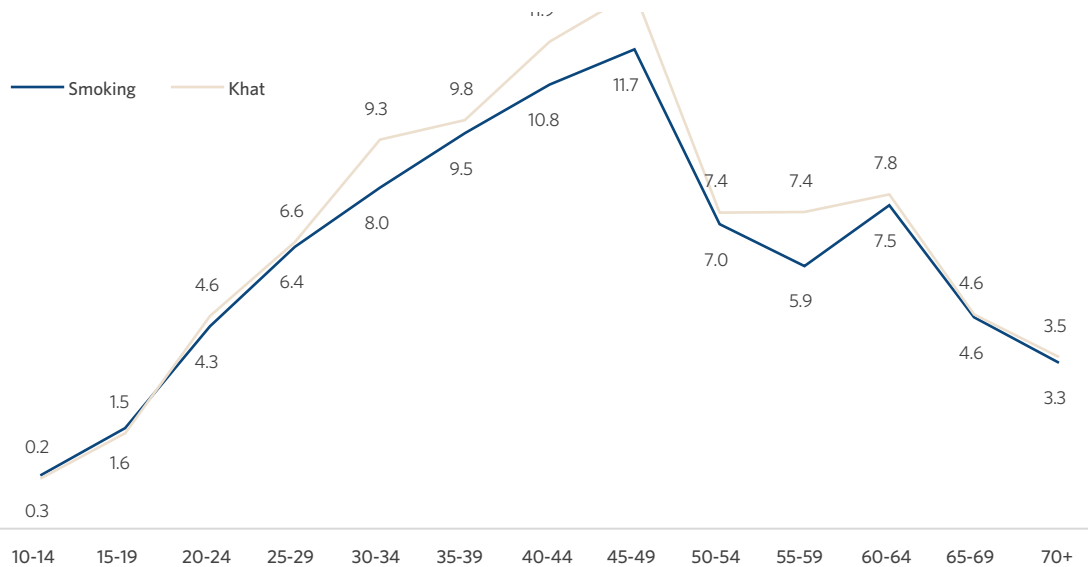
generally increases with age.

Data analysed by place of residence shows that 6 percent of nomadic household members and 4 percent each of urban and rural household members smoke or use tobacco. Figure 12.10 shows that the use of tobacco or cigarette smoking decreases as wealth increases in households.

Household members with secondary-level and those with no education smoke (5 percent) of each, while the household members with

primary-level education and higher education smoke (3 percent) of each.

Figure 12.11 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 45-49 and then declines in the older ages.

Table 12.12 presents the distribution of

household members who chew *khat* by background characteristics. It shows that 5 percent of members of Somali households chew *khat* or have chewed *khat*. The table also shows the significant gender differences in this practice—whereas 0.4 percent of women chew or have chewed *khat*, 10 percent of men stated they chew or have chewed *khat*. Among all age groups studied, it can be noted that the practice of chewing *khat* increases with the age of household members, peaking at 13 percent at the age group 45-49.

The data by place of residence indicates that urban dwellers are less likely to chew *khat* (4 percent), compared to people living in rural and nomadic households (5 percent and 7 percent respectively).

Khat consumption varied among people with different education levels and wealth status—5 percent of household members with no education and secondary education consumed khat, whereas 4 percent with primary education and higher education consumed *khat*.

Data by wealth quintiles indicates that the poorer household members are more likely to chew *khat*.

List of Tables

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 characteristics, SHDS 2020

Background Characteristics	Percentage of household population who have at least one chronic disease	Number of persons
Sex		
Male	4.7	48,354
Female	6.7	50,638
Age		
0-4	1.6	19,139
5-9	1.7	18,447
10-14	1.6	15,221
15-19	2.8	10,723
20-24	4.0	6,480
25-29	5.6	5,953
30-34	7.6	4,784
35-39	8.6	4,095
40-44	12.6	3,057
45-49	16.1	1,707
50-54	18.2	3,179
55-59	24.1	1,323
60-64	27.3	1,806
65-69	33.7	642
70+	38.1	2,439
Type of residence		
Urban	6.5	63,084
Rural	4.7	25,119
Nomadic	3.5	10,790
Wealth quintile		
Lowest	3.9	19,956
Second	5.2	19,378
Middle	6.0	19,838
Fourth	6.9	19,867
Highest	6.5	19,954
Total[1]	**5.7**	**98,992**

[1]Total includes household members with missing information on age.

| Table 12.2 | Prevalence of chronic diseases diagnosed by a physician |

Percentage of household population who have at least one chronic disease diagnosed by a physician, and who get treatment regularly, by background characteristics, SHDS 2020

Background characteristics	Percentage of household population who have at least one chronic diagnosed by physician	Percentage of household population who have at least one chronic disease and get treated	Number of persons
Sex			
Male	3.8	2.6	48,354
Female	5.3	3.5	50,638
Age			
0-4	1.1	0.7	19,139
5-9	1.2	0.8	18,447
10-14	1.1	0.6	15,221
15-19	2.0	1.1	10,723
20-24	3.0	2.0	6,480
25-29	4.1	2.7	5,953
30-34	5.8	3.4	4,784
35-39	7.0	4.5	4,095
40-44	10.0	6.5	3,057
45-49	13.6	9.4	1,707
50-54	15.7	10.3	3,179
55-59	20.6	14.6	1,323
60-64	22.8	16.1	1,806
65-69	28.9	22.0	642
70+	32.8	23.4	2,439
Type of residence			
Urban	5.4	3.8	63,084
Rural	3.6	2.2	25,119
Nomadic	2.1	0.8	10,790
Wealth quintile			
Lowest	2.5	1.2	19,956
Second	3.6	2.3	19,378
Middle	4.8	3.2	19,838
Fourth	5.9	4.1	19,867
Highest	6.0	4.5	19,954
Total[1]	**4.6**	**3.1**	**98,992**

[1]Total 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, SHDS 2020

Type of disease	Type of residence			Sex of household member		Total
	Urban	Rural	Nomadic	Male	Female	
Pressure	33.9	33.2	25.1	31.2	34.7	**33.3**
Diabetes	22.8	14.6	7.9	23.6	18.2	**20.4**
Inflammation/Ulcers	6.1	5.5	5.4	4.9	6.6	**5.9**
Anemia	4.4	3.3	7.1	2.3	5.8	**4.4**
Sickle Cell Anemia	0.4	0.9	0.4	0.7	0.4	**0.5**
Heart Disease	5.4	5.4	4.3	3.6	6.6	**5.4**
Kidney Disease	7.0	8.1	13.6	6.6	8.3	**7.6**
Liver Disease	3.6	3.5	11.5	5.0	3.3	**4.0**
Arthritis	7.8	6.4	7.5	4.4	9.7	**7.5**
Tuberculosis	3.4	1.8	2.0	3.4	2.7	**3.0**
Chronic Headache	6.9	7.7	8.6	4.6	8.9	**7.1**
Stroke	1.6	1.9	1.3	2.3	1.2	**1.6**
Epilepsy	3.8	4.2	2.8	4.8	3.2	**3.9**
Prostatic Hypertrophy	0.2	0.2	2.1	0.7		**0.3**
Cataract	0.9	0.7	1.4	0.4	1.3	**0.9**
Chronic Back Pain	4.9	5.1	8.4	3.4	6.3	**5.1**
Mental/Psychological Illness	4.2	4.6	4.7	6.0	3.1	**4.3**
Skin Disease	3.9	4.1	4.3	3.2	4.5	**4.0**
Cancerous Tumors	0.5	0.5	1.5	0.6	0.4	**0.5**
Asthma	5.7	7.5	8.2	6.2	6.2	**6.2**
Others	8.9	9.9	13.3	8.9	9.7	**9.3**
Total	3,403	908	230	1,868	2,673	**4,540**

Table 12.4   Prevalence of disability and common types of disability

Prevalence of household members with disabilities, and percentage who suffer from specific types of disabilities, by background characteristics, SHDS 2020

Background characteristics	Prevalence of disabled persons	Total	Among household members with disabilities, percentage who suffer from specific types of disabilities							Number of household members with disabilities[1]
			Sight	Hearing	Speech	Learning	Mobility	Self-care	Mental	
Sex										
Male	4.6	48354	41.9	22.8	9.4	3.7	24.2	5.5	19.2	2212
Female	4.9	50638	46.3	28.0	7.3	3.3	23.1	5.8	14.4	2490
Age										
<5	4.7	19139	33.4	27.0	13.0	3.9	24.1	5.7	20.6	900
5-9	3.1	18447	37.2	28.9	12.2	3.0	27.6	4.8	15.0	575
10-14	2.9	15221	42.8	23.9	9.5	4.8	23.4	6.7	18.5	445
15-19	3.3	10723	46.0	26.7	8.3	2.9	24.3	5.0	17.7	354
20-24	3.4	6480	40.2	22.2	7.5	5.8	16.2	6.1	32.9	220
25-29	3.3	5953	36.6	25.5	4.1	2.2	22.5	5.6	24.8	195
30-34	3.4	4784	35.0	20.8	8.2	1.5	16.4	9.2	33.3	164
35-39	3.5	4095	36.2	21.5	11.2	0.7	22.7	8.2	18.7	143
40-44	5.0	3057	29.7	18.3	7.9	9.4	24.7	5.3	20.2	152
45-49	5.2	1707	47.0	12.7	4.7	3.6	23.2	3.4	12.8	90
50-54	6.9	3179	53.4	18.9	2.2	1.0	24.1	4.1	8.6	220
55-59	10.4	1323	58.7	21.2	4.5	5.1	17.9	3.1	9.4	138
60-64	13.4	1806	61.1	18.6	5.8	3.7	24.9	4.0	4.4	241
65-69	19.4	642	56.4	33.9	4.1	3.6	24.2	5.6	7.2	125
70+	30.3	2439	59.6	31.2	4.3	2.7	24.5	6.4	9.4	740
Type of residence										
Urban	4.5	25119	41.1	28.0	8.3	3.0	25.3	5.8	18.4	1137
Rural	5.3	63084	45.4	24.4	8.2	3.7	23.1	5.4	16.3	3358
Nomadic	1.9	10790	42.7	31.5	10.5	4.1	23.3	9.3	12.6	207
Wealth quintile										
Lowest	3.3	19956	42.7	27.7	10.3	3.6	22.1	7.6	14.7	662
Second	5.2	19378	39.2	30.3	7.7	2.2	23.7	5.7	16.4	1004
Middle	4.9	19838	44.6	24.8	9.3	2.6	21.9	7.9	19.2	972
Fourth	5.6	19867	47.5	24.3	6.9	5.1	25.4	5.0	15.3	1121
Highest	4.7	19954	46.5	21.3	8.1	3.8	24.4	2.7	17.2	944
Total[1]	**4.7**	**98992**	**44.3**	**25.6**	**8.3**	**3.5**	**23.7**	**5.6**	**16.6**	**4702**

[1] Total includes household members with missing information on age

A person may have two reported diseases; consequently, the percentages reflect this information.

Table 12.5   Origin of disabilities

Percentage distribution of disabled people according to the origin of disabilities, by background characteristics, SHDS 2020

Background charact-eristics	Origin of disabilities										Total	Number of household members with disabilities
	Congenital	Contagious	Child birth conditions	Other disease	Abuse	Ageing	Injury/ accident	Witch-craft	Others	Don't know		
Sex												
Male	16.9	9.9	5.7	22.6	1.6	16.7	13.4	0.3	4.7	8.2	100.0	1195
Female	13.8	11.6	3.1	20.9	0.9	27.2	13.1	0.1	2.6	6.8	100.0	1445
Age												
<5	55.2	3.8	18.9	7.4	0.9		8.7	0.2	1.9	3.0	100.0	117
5-9	26.6	11.1	9.6	26.0	0.6	1.2	12.6	0.7	3.1	8.6	100.0	212
10-14	30.8	9.7	11.6	18.5	1.3	2.5	13.9		1.7	10.0	100.0	180
15-19	38.7	8.2	7.4	19.0	0.0	0.5	17.8	0.3	4.3	3.6	100.0	121
20-24	20.7	15.9	4.5	27.8	0.0	1.9	9.1	0.8	8.5	10.8	100.0	121
25-29	14.3	10.1	8.6	22.2	1.8	0.5	26.0	0.3	6.8	9.2	100.0	122
30-34	20.0	19.2	1.8	23.0	4.4	1.6	10.9	0.0	4.8	14.3	100.0	137
35-39	12.3	20.0	5.7	29.4	0.5		19.5	0.0	1.5	11.1	100.0	123
40-44	18.9	12.4	3.7	35.9	2.5	2.4	12.5	0.0	2.4	9.3	100.0	129
45-49	12.4	10.3	2.1	22.1	3.8	6.8	26.1	0.0	5.6	10.8	100.0	86
50-54	5.5	13.2	0.6	26.2	2.0	21.4	18.6	0.0	4.4	8.2	100.0	188
55-59	5.6	12.2	2.2	19.0	0.0	24.9	20.7	0.0	6.1	9.3	100.0	120
60-64	5.1	11.4	0.9	15.2	1.0	43.0	14.4	0.6	1.9	6.5	100.0	219
65-69	4.6	7.2	0.0	32.5	0.0	42.2	10.1	0.0	3.0	0.4	100.0	100
70+	3.7	7.6	0.4	18.2	0.9	54.8	6.6	0.0	3.0	4.9	100.0	664
Type of residence												
Urban	14.6	9.4	4.0	21.7	1.5	21.2	14.9	0.2	3.8	8.7	100.0	1817
Rural	16.8	13.2	4.4	22.5	0.7	24.9	10.0	0.2	3.0	4.2	100.0	616
Nomadic	15.2	15.8	5.9	19.2	0.2	25.5	8.4	0.2	3.3	6.4	100.0	207
Total	**15.2**	**10.8**	**4.3**	**21.7**	**1.2**	**22.4**	**13.2**	**0.2**	**3.6**	**7.4**	**100.0**	**2640**

Table 12.6   Age at onset of disability

Percentage distribution of disabled people according to age at onset of disability, by background characteristics, SHDS 2020

Background characteristics	Age at onset of disability									Number of household members with disabilities
	<5	5-9	10-19	20-29	30-39	40-49	50-59	60-69	70+	
Sex										
Male	33.4	9.6	8.6	9.0	7.6	6.7	9.0	7.7	8.4	1,192
Female	23.2	8.8	9.2	8.0	7.3	10.2	12.6	12.4	8.3	1,445
Age										
<5	100.0									117
5-9	78.1	21.9								212
10-14	60.3	25.3	14.4							179
15-19	48.2	14.6	37.2							121
20-24	35.4	16.5	37.0	11.1						121
25-29	24.8	11.6	22.9	40.7						122
30-34	18.4	10.7	13.9	49.5	7.6					137
35-39	29.9	14.4	9.6	17.2	29.0					123
40-44	31.6	8.1	10.4	6.8	33.2	10.0				129
45-49	14.3	10.3	13.9	8.9	20.2	32.4				86
50-54	11.0	4.3	2.2	6.4	17.7	45.8	12.6			186
55-59	14.0	2.4	3.5	8.1	16.6	14.5	40.9			120
60-64	6.9	2.9	4.2	7.1	8.0	13.7	45.9	11.3		219
65-69	10.1	2.6	0.4	4.9	8.1	14.4	21.6	37.9		99
70+	5.2	4.1	2.7	1.8	1.6	6.0	14.2	31.5	33.0	664
Type of disability										
Sight	17.4	7.8	7.1	7.1	7.0	12.2	15.2	14.4	11.8	1,193
Hearing	27.9	11.7	6.3	8.0	6.2	7.8	8.5	12.1	11.5	654
Speech	55.0	9.4	5.2	7.2	3.3	0.9	7.4	6.1	5.4	228
Learning	35.5	6.3	8.8	8.8	7.7	3.6	15.4	9.1	4.9	88
Mobility	28.8	10.6	8.0	6.5	9.5	7.0	11.2	9.0	9.5	623
Self-care	21.3	10.0	6.5	13.8	8.4	7.5	8.9	8.9	14.7	146
Mental	39.1	6.6	16.1	15.1	6.2	5.1	3.0	3.0	5.8	376
Type of residence										
Urban	27.3	9.9	9.9	9.7	7.3	9.3	10.7	8.8	6.9	1,817
Rural	27.8	6.5	6.5	5.7	8.1	6.6	12.1	14.5	12.1	616
Nomadic	32.4	10.4	7.7	5.0	6.1	9.0	9.9	10.2	9.3	203
Total	**27.8**	**9.2**	**8.9**	**8.4**	**7.4**	**8.6**	**11.0**	**10.3**	**8.3**	**2,636**

Table 12.7   Care and support received for persons with disabilities

Percentage distribution of disabled people who received any kind of care, and support for their disabilities in the last 12 months by background characteristics, SHDS 2020

Background characteristics	Care and support received					Number of persons
	Medical	Welfare	Financial	Nutritional	No support	
Sex of household member						
Male	53.8	1.0	3.1	0.5	42.5	2,212
Female	57.4	1.6	2.3	0.6	42.3	2,490
Age						
0-4	16.6	1.7	2.0	1.1	67.7	900
5-9	36.5	2.0	2.2	0.4	57.4	575
10-14	42.7	1.2	2.3	0.3	48.6	445
15-19	36.0	0.7	3.2	0.6	61.9	354
20-24	57.0	1.5	2.2	0.7	37.3	220
25-29	58.9	2.1	4.7	0.3	42.4	195
30-34	82.9	0.9	0.7	0.0	15.8	164
35-39	83.9	0.6	1.2	0.0	19.3	143
40-44	83.2	0.5	2.9	1.0	22.0	152
45-49	97.0		2.5	0.0	11.5	90
50-54	79.2	2.6	4.5	0.0	18.6	220
55-59	81.8	1.6	6.5	0.0	18.3	138
60-64	86.8	0.9	3.1	0.4	17.2	241
65-69	76.3	0.3	3.7	0.0	24.6	125
70+	86.4	0.9	2.4	0.9	29.3	740
Type of residence						
Urban	53.9	1.7	2.7	0.5	43.5	3,358
Rural	53.5	0.4	2.5	0.8	46.4	1,137
Nomadic	95.9	0.6	3.2	0.0	2.3	207
Wealth quintile						
Lowest	65.4	1.4	1.9	0.9	32.7	662
Second	53.7	2.2	1.7	0.5	47.2	1,004
Middle	54.0	1.7	2.3	0.5	44.4	972
Fourth	54.3	0.9	3.3	0.5	42.4	1,121
Highest	54.2	0.5	3.8	0.7	41.9	944
Total	**55.7**	**1.3**	**2.6**	**0.6**	**42.4**	**4,702**

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 characteristics, SHDS 2020

Background Characteristics	Percentage of households with members who have been sick in the last month	Number of households	Among 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
			Percentage who have been sick and sought any advice or treatment	Percentage who have been sick and did not seek any advice or treatment	Number of households with members who have been sick in 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	21.6	9,470	71.0	29.0	2,048	12.9	1.9	14.8	2.7	2.4	0.9	32.3	14.1	1.6	0.2	0.8	1,453
Rural	18.5	4,363	64.2	35.8	807	21.3	2.1	9.6	1.8	2.2	0.5	19.7	14.8	0.8	0.0	0.4	518
Nomadic	10.5	2,007	31.0	68.8	211	9.5	5.3	2.9	1.3	0.6	0.1	9.4	3.2	0.2	0.0	1.5	66
wealth index combined																	
1	14.6	3,605	44.8	55.2	528	14.0	2.9	11.9	0.7	1.5	0.5	9.7	7.6	0.2	0.6	1.0	236
2	23.8	3,282	60.8	39.2	778	15.6	2.0	17.8	2.3	2.9	0.6	16.3	16.5	1.0	0.2	0.1	473
3	20.3	3,182	70.8	29.1	644	17.0	2.7	16.9	2.1	2.7	0.8	22.1	18.0	1.4	0.0	0.8	456
4	20.1	3,016	73.0	27.0	607	14.1	2.2	8.0	3.0	2.6	0.4	39.4	12.4	1.8	0.0	1.3	443
5	18.5	2,757	84.1	15.9	509	13.0	1.1	5.4	3.8	1.1	1.5	55.0	11.1	2.2	0.0	0.6	428
Number of households	**19.4**	**15,841**	**66.4**	**33.5**	**3,066**	**14.9**	**2.2**	**12.6**	**2.4**	**2.2**	**0.7**	**27.4**	**13.6**	**1.3**	**0.1**	**0.7**	**2,037**

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 characteristics, SHDS 2020

Background characteristics	Financial sources for health services							Number of households
	Income	Insurance	Savings	Borrowing	Relatives/ Friends	Sold Assets	Other	
Type of residence								
Urban	48.5	2.0	4.9	14.4	25.9	10.8	3.7	1,318
Rural	48.7	2.2	1.3	12.4	23.0	9.2	0.7	462
Nomadic	25.6	3.2	3.8	14.0	31.4	21.2	8.6	59
Wealth index combined								
1	38.6	1.4	1.4	14.3	23.3	10.5	2.5	199
2	38.9	2.2	1.5	13.8	26.2	13.6	3.2	417
3	40.4	0.6	2.1	15.7	26.5	13.7	2.5	415
4	52.6	1.3	4.3	14.4	27.6	6.9	2.6	407
5	64.3	4.8	9.5	11.3	22.0	8.6	4.2	401
Total	**47.8**	**2.1**	**4.0**	**13.9**	**25.3**	**10.7**	**3.1**	**1,839**

Table 12.10   Amount in health expenses

Amount of money that households incurred for health services in the last month by background characteristics, SHDS 2020

	Amount in health expenses (US $)						Number of households
	1-49	**50-99**	**100 -199**	**200- 299**	**300+**	**Total**	
Type of residence							
Urban	42.7	23.1	18.8	2.8	12.6	100.0	1,215
Rural	45.0	24.0	13.5	4.0	13.5	100.0	390
Nomadic	22.4	30.6	19.4	10.4	17.1	100.0	55
Wealth index combined							
1	46.3	22.0	14.7	4.8	12.2	100.0	161
2	58.2	19.1	9.2	2.1	11.3	100.0	345
3	44.0	22.8	15.0	3.5	14.8	100.0	372
4	40.1	22.2	19.9	3.3	14.6	100.0	391
5	28.4	30.3	26.3	3.7	11.2	100.0	392
Total	**42.6**	**23.6**	**17.6**	**3.3**	**12.9**	**100.0**	**1,660**

Table 12.11   Smoking or using tobacco

Percentage of household members who smoke cigarettes or use tobacco by background characteristics, SHDS 2020

Background characteristics	Percentage of household members who smoke cigarettes or use tobacco	Number of household members
Sex		
Male	8.4	29,183
Female	0.9	32,223
Age		
10-14	0.3	15,221
15-19	1.6	10,723
20-24	4.3	6,480
25-29	6.4	5,953
30-34	8.0	4,784
35-39	9.5	4,095
40-44	10.8	3,057
45-49	11.7	1,707
50-54	7.0	3,179
55-59	5.9	1,323
60-64	7.5	1,806
65-69	4.6	642
70+	3.3	2,439
Type of residence		
Urban	4.1	40,141
Rural	4.4	14,816
Nomadic	6.4	6,449
Education		
No education	4.8	40,827
Primary	3.4	11,942
Secondary	4.7	5,742
Higher	2.9	2,895
Wealth quintile		
Lowest	6.0	11,675
Second	4.9	11,340
Middle	4.3	11,941
Fourth	3.8	12,705
Highest	3.6	13,745
Number of household members	4.5	61,406

Table 12.12   Use of *Khat*

Percentage of household members who use *khat* by background characteristics, SHDS 2020

Background characteristics	Percentage of household members who use *khat*	Number of household members
Sex		
Male	9.5	29,183
Female	0.4	32,223
Age		
10-14	0.2	15,221
15-19	1.5	10,723
20-24	4.6	6,480
25-29	6.6	5,953
30-34	9.3	4,784
35-39	9.8	4,095
40-44	11.9	3,057
45-49	13.2	1,707
50-54	7.4	3,179
55-59	7.4	1,323
60-64	7.8	1,806
65-69	4.6	642
70+	3.5	2,439
Type of residence		
Urban	4.3	40,141
Rural	5.1	14,816
Nomadic	6.8	6,449
Education		
No education	5.1	40,827
Primary	3.5	11,942
Secondary	4.8	5,742
Higher	4.0	2,895
Wealth quintile		
Lowest	6.6	11,675
Second	5.1	11,340
Middle	4.4	11,941
Fourth	4.0	12,705
Highest	3.8	13,745
Number of household members	4.7	61,406

13

Adult and Maternal Mortality
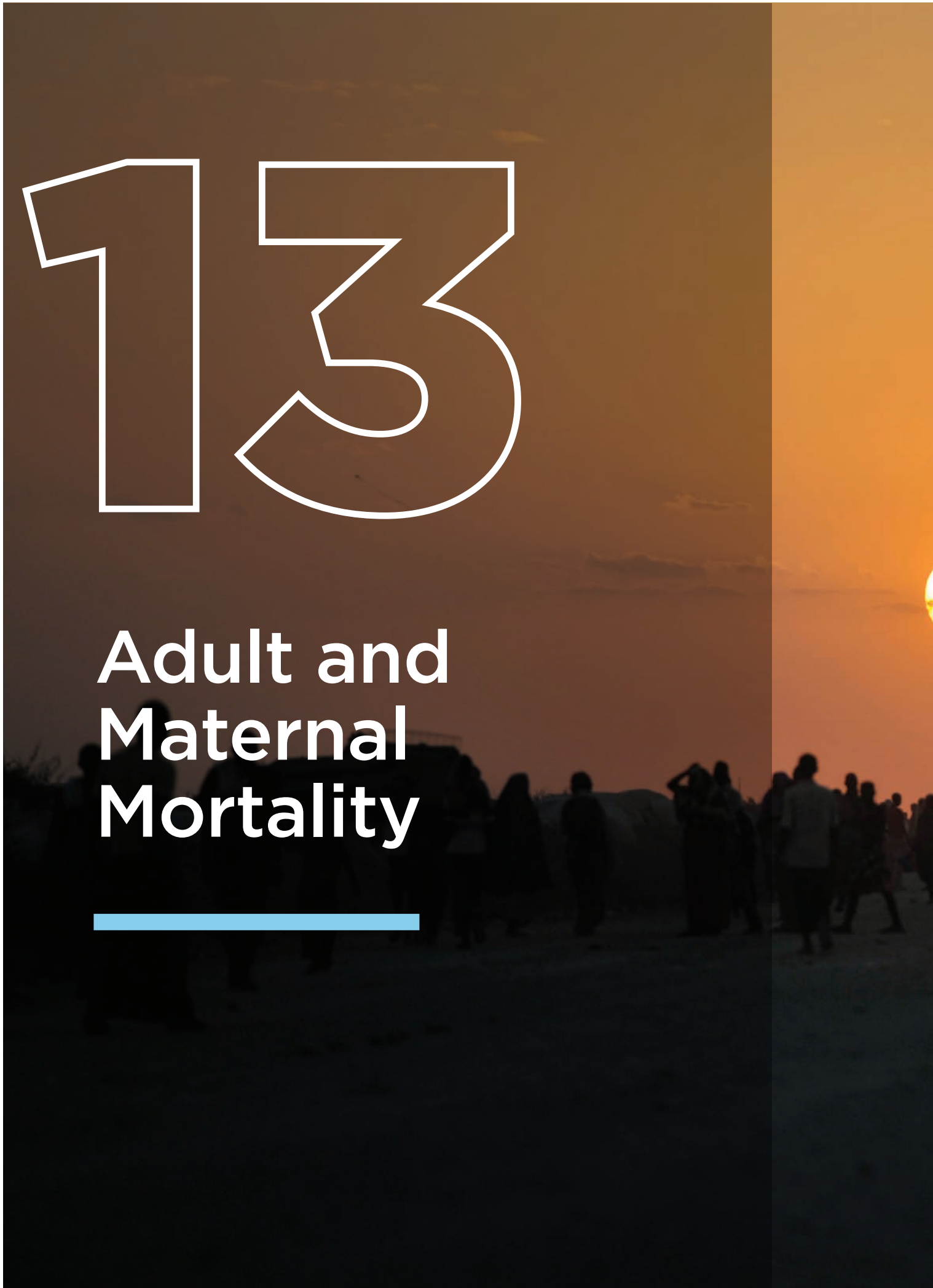
KEY FINDINGS

ADULT MORTALITY

25%
of women

and

24%
of men

who have reached the age of **15** are likely to die before the age of **50**

MATERNAL MORTALITY RATIO (MMR)

The Maternal Mortality Ratio is estimated at

692
maternal deaths per

100,000
live births

**MATERNAL MORTALITY
RATE (MMRATE)**

1 in 1,000

**women aged 15-49 die due
to pregnancy- or
birth-related complications**

**LIFETIME RISK OF
MATERNAL MORTALITY (LTR)**

1 in 20 women

**would be expected to die from
pregnancy-related causes during their
reproductive lifetime**

13 ADULT AND MATERNAL MORTALITY

This chapter presents adult and maternal mortality measures for the country. The chapter includes a summary measure (35q15) that represents the probability of dying between the ages of 15 and 50—that is, between the 15th and 50th birthdays.

Adult and maternal mortality indicators can be used to assess the health status of a population. In most developing countries, reproductive health is a major concern, hence the need for reliable data on maternal deaths.

The estimation of mortality rates requires complete and reliable data on adult and maternal deaths. To obtain an estimate of adult mortality, the SHDS 2020 collected data from all listed households on the occurrence of all deaths in the households over the two years preceding the survey. For the deaths of women of reproductive age, questions were asked on the time and cause of death to determine if any of the death was maternity-related, which permits the estimation of maternal mortality.

Adult Mortality

Normally, direct estimates of male and female adult mortality are obtained from information collected in the sibling history table in a survey of this kind. However, the male and female adult mortality table presented in this report is obtained from data on deaths that occurred in the two years preceding the survey. This data was collected to obtain a more recent estimate of maternal mortality. The age-specific death rates are computed by dividing the number of deaths in each age group by the total person-years of exposure in that age group during a specified reference period. Direct estimates of age-specific mortality rates for males and females are shown in Table 13.1. The direct estimates are presented for the period of seven years of exposure. The data is aggregated in five-year age groups for the age range of 15 to 49 years. Overall, there were more female deaths than male deaths (1,712 female deaths and 1,263 male deaths). The death rate of women aged 15 to 49 years (7.58 deaths per 1,000 population) is higher than the death rate of men in the same age group (6.68 deaths per 1,000 population). Among the population in the female reproductive age, the death rate is highest among the age group 30-34, at 10.9 deaths per 1,000 population, which is also the peak childbearing age group. The

SHDS

| Table 13.1 | Adult mortality rate |

Direct estimates of female and male mortality rates for the two years preceding the survey, by five-year age groups, SHDS 2020

Age	Deaths (2 years preceding the survey)	Annual deaths	Deaths in 7 years	Exposure (7 years)	Mortality rates[1]
Female					
15-19	247	124	865	211,379	4.09
20-24	354	177	1239	151,012	8.20
25-29	422	211	1477	153,497	9.62
30-34	292	146	1022	93,728	10.90
35-39	205	103	718	93,112	7.71
40-44	101	51	354	54,563	6.48
45-49	91	46	319	33,202	9.59
Total 15-49	1,712	856	5992	790,492	7.58a
Male					
15-19	168	84	588	168,284	3.49
20-24	153	77	536	106,983	5.01
25-29	232	116	812	115,028	7.06
30-34	191	96	669	87,506	7.64
35-39	165	83	578	85,037	6.79
40-44	214	107	749	63,380	11.82
45-49	140	70	490	35,237	13.91
Total 15-49	1,263	632	4421	661,454	6.68a

[1] Expressed per 1,000 population

a Age-adjusted rate

| Table 13.2 | Adult mortality probabilities |

The probability of dying between the ages of 15 and 50 for women and men for the seven years preceding the survey, SHDS 2020

Survey	Women 35q15 [1]	Men 35q15 [1]
SHDS 2020	247	243

[1] The probability of dying between exact ages 15 and 50, expressed per 1,000 person-years of exposure

female mortality rates are highest at the peak childbearing ages (30-35). The male mortality rates are highest at the upper ages of 40-44 at 11.8 and 13.9 deaths per 1,000 population (Table 13.1).

Maternal Mortality

A maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental causes (WHO 2019). This time-specific definition includes all deaths occurring during the specified period, even if the death is due to causes that are not pregnancy-related, except violence, which is specified in the survey questionnaire. Age-specific mortality rates are calculated by dividing the number

of maternal deaths by years of exposure. The Maternal Mortality Ratio (MMR), which is calculated as the number of maternal deaths per 100,000 live births, is a more widely used measure of maternal mortality, as it avoids the complications in the estimation of "exposure".

The leading causes of maternal mortality are postpartum hemorrhage, pre-eclampsia/eclampsia, obstructed labour and sepsis. The key determinants of mortality include the low uptake of family planning, limited delivery care, and limited involvement of skilled birth attendants. The main social challenges to further reduction of maternal mortality include: insecurity, and countrywide poor distribution of the limited health facilities, inequitable access to care, low quality of interventions, and limited capacity in planning, management and evaluation, the cultural and geographic isolation of women (WHO 2017).

Although the MMR of Somalia is a good indicator for maternal health, its calculation is challenging due to the absence of vital registration of maternal deaths. Thus, the direct method was used to estimate MMR. The MMR data was collected during the listing because it needed a large sample size: 95,087 households were interviewed in this survey. Data was collected on the deaths of women aged 15-49 who died within the 2 years preceding the survey.

Female and Maternal Deaths

A total of 1,712 female deaths in the age range 15 to 49 were reported for the 24 months preceding the survey. The highest number of female deaths (422) were observed among women aged 25–29, while the lowest (91) was observed among women aged 45-49.

With respect to the timing of the death in relation to the pregnancy, deaths that occurred during the pregnancy, childbirth, or within 42 days after the birth or termination of a pregnancy were recorded separately. The survey found that 907 women died while they were pregnant, whereas 236 women died while they were giving birth, and 115 women died within six weeks after delivery. However, 91 out of these 1,259 pregnancy-related deaths (7 percent) were due to accidental causes.

As shown in Table 13.3, the number of female deaths due to maternal causes (while they were pregnant, or giving birth or within six weeks post-delivery, with the exception of accidents or violence) was 1,168. The number varied by age and ranged from 334 among women aged 25-29 to 24 deaths among women aged 45-49.

Table 13.3   Female deaths by cause, number of female deaths overall, by time of death and by cause during the 24 months prior to the survey, by age group corresponding to female's reproductive age, SHDS 2020

Age Group	Female Deaths	Time of death			Cause of death	
		While pregnant	While giving Birth	Within 6 weeks after delivery	From accident or violence	Maternal
15 – 19	247	144	24	4	13	159
20 – 24	354	215	45	33	19	274
25 – 29	422	236	82	39	24	334
30 – 34	292	159	50	19	18	209
35 – 39	205	94	31	14	11	128
40 – 44	101	38	1	4	3	40
45 – 49	91	22	2	3	3	24
Total	1,712	907	236	115	91	1,168

Maternal Mortality Estimation

The maternal mortality estimates presented in this report were obtained from data collected using the direct estimation method, as pointed out. This method relies on asking questions about maternal deaths in a household during a recent interval of time, normally one to two years. This method provides up-to-date estimates but is time-consuming and costly because it requires a large sample size to obtain single-point estimates with sufficiently narrow confidence intervals to enable monitoring of time trends.

a. Maternal Mortality Rate (MM Rate)

Rates in demographic statistics are defined as occurrence/exposure ratios. The Maternal Mortality Estimation Inter-agency Group (MMEIG), which leads the international work on maternal mortality and includes WHO, UNFPA, UNICEF, World Bank Group and the United Nations Population Division, calculates the Maternal Mortality Rate (MMRate) as the number of maternal deaths divided by the person-years lived by women of reproductive age in a population (WHO 2019). The MMRate is an indicator of the risk of maternal death among women of reproductive age. The MMRate is usually multiplied by a factor of 1,000.

Based on the SHDS 2020 data, the MMRate for Somalia was estimated at 1.4694 maternal deaths per 1,000 woman-years of exposure. This implies that one to two in every 1,000 women aged 15-49 in the country die due to pregnancy- related complications in a given year.

b. Maternal Mortality Ratio

As pointed out earlier, the Maternal Mortality Ratio (MMR) is calculated as the number of maternal deaths during a given time period per 100,000 live births during the same time period (WHO 2019). It links the risk of maternal death relative to the frequency of childbearing. The Maternal Mortality Ratio is considered a more useful indicator of maternal mortality, since it measures the obstetric risk

associated with each live birth (WHO 2015). It also avoids the complications in the estimation of the "exposure" segment.

The Maternal Mortality Rate can be converted to Maternal Mortality Ratio (expressed as deaths per 100,000 live births) by dividing the Maternal Mortality Rate by the General Fertility Rate (GFR) that prevailed during the same period and multiplying the result by 100,000. The Maternal Mortality Ratio for Somalia is 692 deaths per 100,000 live births. This means that in the country, for every 1,000 live births, approximately seven women die during pregnancy, childbirth, or within two months of childbirth.

The Maternal Mortality Ratio is one of 26 indicators used to assess progress towards the Sustainable Development Goal 3: ensuring healthy lives and promoting wellbeing for all at all ages. In addition, reducing maternal mortality is one of the country's goals. Somalia's targets as per the *National Development Plan 2017-2019* included the reduction of the Maternal Mortality Ratio from 732 to 600 per 100,000 live births by 2019.

According to the Maternal Mortality Estimation Inter-agency Group for Somalia, the MMR in Somalia has reduced from 732 in 2015 and now stands at 692. Even though this is a reduction, it remains high compared to rates in neighboring countries, such as Kenya (362 per 100,000), Ethiopia (412 per 100,000) and Uganda (336 per 100,000). Somalia's high maternal mortality can be attributed to high fertility rates, low uptake of contraception, low skilled birth attendance rate, inadequate access to maternal health services, inadequate access to emergency obstetric care, and the use of female circumcision among other factors.

c. Pregnancy-Related Maternal Mortality Rate

The Pregnancy-Related Mortality Rate (PRMR) is the number of pregnancy-related deaths per 1,000 women aged 15-49. Pregnancy-related mortality rates by five-year age groups are calculated by dividing the number of pregnancy-

related deaths in each age group by the total person-years of exposure of the women to the risk of dying in that age group during the period and then multiplying by 1,000. The PRMR does not exclude deaths due to accident or violence. The number of deaths refers to the number of women aged 15-49 reported as having died during pregnancy or delivery, or in the 2 months following the delivery, by their age group at the time of death. The pregnancy-related mortality rate among women aged 15-49 is 1.5833 pregnancy-related deaths per 1,000 woman-years of exposure.

d. Pregnancy-Related Mortality Ratio (PRMR)

When the PRMR is computed from data on maternal deaths regardless of the cause, the indicator is referred to as Pregnancy-Related Mortality Ratio (PRMR). A maternal death refers to any death of a woman while pregnant, during birth or within 42 days of termination of pregnancy, from any cause but not from accident or an act of violence. A pregnancy-related death on the other hand refers to any death of a woman while pregnant, during birth or within two months of termination of pregnancy, regardless of the cause of death. Before 2016, pregnancy-related deaths were used in computing Maternal Mortality Ratio. The distinction between pregnancy-related and strictly maternal deaths was overlooked. To address this, WHO proposed changes to exclude deaths due to accidents or acts of violence. Questions were therefore added to the questionnaire to identify deaths due to accidents or violence. As a result, the revised Maternal Mortality Ratio (MMR) is not comparable to MMR trends prior to 2016.

The Pregnancy-Related Mortality Ratio (PRMR) is the number of pregnancy-related deaths per 100,000 live births. The PRMR is calculated by dividing the age-standardized pregnancy-related mortality rate for women aged 15-49 by the general fertility rate (GFR) multiplied by 100,000. The Pregnancy-Related Maternal Mortality Ratio for the country is 746 deaths per 100,000 live births. For every 1,000 live births, about seven women die during

pregnancy, birth or within two months after childbirth.

e. Lifetime Risk of Maternal Mortality (LTR)

The Lifetime Risk of Maternal Mortality (LTR) is defined as the risk of an individual woman dying from pregnancy or childbirth during her reproductive lifetime or, stated in other words, it is the probability that a 15-year-old girl will eventually die from a maternal cause. It takes into account both the probability of becoming pregnant and the probability of dying, as a result of pregnancy accumulated across a woman's reproductive years.

The LTR reflects the risk that a woman who survives to age 15 will die of maternal causes at some point during her reproductive lifespan, given the current rates of maternal mortality and fertility. Thus, in a high-fertility setting, a woman faces the risk of maternal death multiple times, and her risk of death throughout her reproductive lifetime will be higher than in a low-fertility setting.

The LTR of Maternal Mortality for Somalia according to SHDS data is 0.04699. This means that today, one in 20 women entering the childbearing age of 15 will die of pregnancy-related complications before the end of her childbearing years (age 50).

f. Lifetime Risk of Pregnancy-Related Death

The Lifetime Risk of Pregnancy-Related Death is calculated as 1-(1-PRMR) TFR, where PRMR represents the pregnancy-related mortality ratio and TFR represents the total fertility rate. At the fertility and mortality rates prevailing from 2018-2019, 5 percent of women would be expected to die from pregnancy-related causes during their reproductive lifetime (i.e. a lifetime risk of 1 in 20). This indicator is the same as the LTR, except that in this indicator, deaths due to accidents and violence are not included.

Table 13.4 Female population, number of female deaths during the 12 months prior to the survey, maternal deaths by age group corresponding to female's reproductive age, adjusted, SHDS 2020

Age group	Maternal deaths (2 yrs)- Un-adjusted	Annual maternal deaths un-adjusted	Maternal deaths (2 yrs)-adjusted	Annual maternal deaths adjusted	Years of exposure	Maternal Mortality Rate (MMRate)-un-adjusted	Maternal Mortality Rate (MMRate)-adjusted
15 – 19	172	86	159	79	99,584	0.8644	0.7966
20 – 24	292	146	274	137	101,436	1.4417	1.3501
25 – 29	357	179	334	167	63,387	2.8193	2.6319
30 – 34	228	114	209	105	61,361	1.8543	1.7045
35 – 39	139	69	128	64	39,372	1.7589	1.6243
40 – 44	43	22	40	20	31,714	0.6798	0.6370
45 – 49	27	14	24	12	578	23.5999	21.0225
Total (15-49)	**1,259**	**629**	**1168**	**584**	**397,433**	**1.5833**	**1.4694**
PRMR							746
PRMR CI							447-931
MMR							692
MMR CI							399-832
PRMR/100,000							0.00746
MMR/100,000							0.00692
1-PRMR/100,000							0.99254
1-MMR/100,000							0.99308
(1-PRMR/100,000)ˆ TFR							0.94945
(1-MMR/100,000)ˆ TFR							0.95301
1-(1-PRMR/100,000)ˆ TFR							0.05055
1-(1-MMR/100,000)ˆ TFR							0.04699
LTR= 1-(1-PRMR/100,000)ˆ TFR							0.05055
LTR= 1-(1-MMR/100,000)ˆ TFR							0.04699

References

Ajiambo D. (2019). *Somali sheikh leads a seven-year campaign to end female genital mutilation* Retrieved from: *https://religionnews.com/2019/02/27/somali-sheikh-leads-a-seven-year-campaign-to-end-female-genital-mutilation* (Accessed February 2020).

B.K. Dabal, P. a. (2007). *Birth Interval: Perceptions and Practices among Urban-Based Saudi Arabian Women.* Eastern Mediterranean Health Journal, p 882

Cairncross S., Hunt C., Boisson S., et al. (2010) *Water, Sanitation and Hygiene for the Prevention of Diarrhoea.* International Journal of Epidemiology. 39: i193-i205.

Centers for Disease Control and Prevention. *About Chronic Diseases.* Retrieved from: *https://www.cdc.gov/chronicdisease/about/index.htm* (Accessed April 2020).

Central Statistical Agency (CSA) [Ethiopia] and ICF. (2016) *Ethiopia Demographic and Health Survey 2016.* Addis Ababa, Ethiopia, and Rockville, Maryland, USA: CSA and ICF

Central Statistical Organization (CSO). (1998) [Yemen] and Macro International Inc. (MI). 1998. Yemen

Croft, Trevor N., Aileen M. J. Marshall, Courtney K. Allen, et al. 2018. *Guide to DHS Statistics.* Rockville, Maryland, USA: ICF.

Demographic and Maternal and Child Health Survey. (1997) Calverton, Maryland: CSO and MI.

The Federal Government of Somalia (FGS) 2020.

Gross Domestic Product by Country, Somalia. Retrieved from: https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?view=chart/ (Accessed April 2020).

GSMA (2019). *The State of Mobile Internet Connectivity.* 2019.

Heise, L., M. Ellsberg, and M. Gottemoeller. (1999). *Ending violence against women.* Population Reports, Series L, No. 11. Baltimore, Maryland: Johns Hopkins University School of Public Health, Population Information Program.

Human Rights Watch (2014). *"Here, Rape is Normal": A Five-Point Plan to Curtail Sexual Violence in Somalia.*

Joint United Nations Programme on HIV/AIDS (UNAIDS). (2014). *Somali HIV and AIDS Response.*

_____. (2014a). *The Adult HIV Prevalence Rate.*

Kenya National Bureau of Statistics (KNBS). *The Kenya Demographic Health Survey, 2014.* Kenya.

Ministry of Public Health and Population (MOPHP), Central Statistical Organization (CSO) [Yemen], Pan Arab program for Family Health (PAPFAM), and ICF International. 2015. *Key Findings: Yemen National Health and Demographic Survey 2013.* Rockville, Maryland, USA: MOPHP, CSO, PAPFAM and ICF International.

National Institute of Statistics, Directorate General for Health, and ICF International. (2015) *Cambodia Demographic and Health Survey 2014.* Phnom Penh, Cambodia, and Rockville, Maryland, USA: National Institute of Statistics, Directorate General for Health, and ICF International

Organisation for Economic Co-operation and Development (OECD), W. a. (2006). *Burden of Out-of-Pocket Health Expenditure.*

Somali religious leaders and high-level offi-
cials join hands to put an end to all forms of
FGM/C. UNICEF 2011. Retrieved from: *https://
www.unicef.org/somalia/cpp_8552.html*. (Last
accessed: February 2020).

United Nations. (1990). *Convention on the Rights
of the Child. Retrieved from:*
https://www.ohchr.org/en/professionalinter-
est/pages/crc.aspx (Accessed April 2020).

United Nations Children's Fund (UNICEF).
(2006). *Multiple Indicator Cluster Survey 2006.*

UNICEF and WHO. (2012). *Progress on Drinking
Water and Sanitation 2012 Update. Retrieved
from: https://www.unicef.org/media/files/JM-
Preport2012.pdf (Accessed April 2020).*

United Nations (UN) Department of Economic
and Social Affairs. (2019). *World Population
Prospects 2019.*

United Nations Educational, Scientific and
Cultural Organization (UNESCO). (2013).
UNESCO Institute for Statistics.

United Nations Population Fund (UNFPA).
(2014). *The Population Estimation Survey, 2014.*
Nairobi: The United Nations Office of Nairobi
Printers. Publishing Services Section/DCS.

World Bank (2017). Gender Equality, Poverty
Reduction, and Inclusive Growth: 2016-
2023 Gender Strategy - 2017 Update to the
Board (English). Washington, D.C. : World
Bank Group. *http://documents.worldbank*
org/curated/en/207481489888852225/
Gender-Equality-Poverty-Reduction-and-In-
clusive-Growth-2016-2023-Gender-Strategy-
2017-Update-to-the-Board.

World Health Organization (WHO). (2005).
*Report of a Technical Consultation on Birth Spac-
ing.* Geneva: World Health Organization.

_____. (2007). *IASC Guidelines for
mental health and psychosocial support in emer-
gency settings.*

_____.(2010). *Gender, Women, and
the Tobacco Epidemic*. Geneva: World Health
Organization.

_____. (2010a). *World Health Report
2010 - Health Systems Financing: The Path to
Universal Coverage.* Geneva: World Health
Organization.

_____. (2012). *The World Health
Report.*

_____. *(2014). Global Nutrition
Targets 2025: Low Birth weight Policy Briefs*
(WHO/NMH/NHD/14.5) Geneva.

_____. (2014a). *Global Report of
Noncommunicable Diseases.*

_____. (2017). *Health Profile, So-
malia 2015.* Cairo: WHO Regional Office for
the Eastern Mediterranean; 2017. Licence: CC
BY-NC-SA 3.0 IGO.

_____. (2019). *WHO Report on the
Global Tobacco Epidemic*

Yoder, P. Stanley, and Shanxiao Wang (2013).
*Female Genital Cutting: The Interpretation of
Recent DHS Data. DHS Comparative Reports No.
33.* Calverton, Maryland, USA: ICF Interna-
tional.

Glossary

Adult mortality

The probability that a 15-year-old will die before reaching his/her 60th birthday, if subjected to age-specific mortality rates between those ages for the specified year.

Antenatal care (ANC)/Prenatal care

Care provided by skilled health care professionals (which include doctors/clinical officers or nurs-es/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, relation-ship 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 to-bacco, 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.

Lifetime Risk (LTR) of Maternal Mortality

The risk of an individual woman dying from pregnancy or childbirth during her reproductive lifetime, taking into account both the probability of becoming pregnant and the probability of dying, as a result of pregnancy accumulated across a woman's reproductive years. It reflects the risk that a woman who survives to age 15 will die of maternal causes at some point during her reproductive lifespan, given current rates of maternal mortality and fertility.

Lifetime Risk (LTR) of Pregnancy-Related Death

This indicator is the same as the LTR, except that the calculation of this indicator includes deaths due to accidents and violence.

Live birth

The complete expulsion from its mother of a product of conception, regardless of the duration of the preg-nancy, 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.

Maternal death

The death of a woman while pregnant or within 42 days of termination of pregnancy, regardless of the dura-tion and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

Maternal Mortality Ratio (MMR)

The number of women who die because of complications of pregnancy or childbearing in a given year per 100,000 live births in that year, excluding deaths due to accident or violence.

MMRate

The number of women who die because of complications of pregnancy or childbearing in a given year per 1,000 women of childbearing age in the population.

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 exci-sion 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.

Pregnancy-Related Mortality Ratio (PRMR)

The number of women who die because of complications of pregnancy or childbearing in a given year per 100,000 live births in that year including deaths due to accident or violence.

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 oth-er description of the population, such as a map from which areas will be sampled.

Skilled delivery

A child delivery assisted by an accredited health professional – such as a doctor/clinical officer or nurse/midwife/nurse – who has been educated and trained to proficiency in the skills needed to manage nor-mal (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 dis-ease first.

Wealth quintile

A measure of wealth or poverty status of the household based on the ownership of assets and the characteris-tics 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 loss 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 expe-rience 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 ab-normal (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 insufficien-cy, 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 think-ing 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 appropri-ate for the level of education they are enrolled in. The NAR is expressed as a percentage of the eligible offi-cial 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 differ-ence 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 fami-ly 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 dis-ease, trauma, or congenital or degenerative conditions. Terms such as "partially sighted", "low vision", "le-gally 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 dis-rupted. This can mean stuttering, lisps, etc. Someone who is unable to speak due to a speech disorder is con-sidered 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 push and not into a des-ignated 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 col-lection, 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 cov-ered 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 la-trine 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 wa-ter. 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 pro-tected.

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 brick-work, 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 de-livered 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 sed-iment 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 fil-tering systems usually include ceramic, sand and composite.

APPENDIX A

Sampling Design

Objectives of the Somali Health and Demographic Survey

The SHDS was designed to provide a national estimate of maternal mortality and estimates for fertility, child mortality and other relevant indicators at national level, as well as for each of the 18 pre-war geographical regions, and separately for urban, rural and nomadic places of residence. The target population was 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 country at the time the survey was conducted.

Sampling Frame

The sampling frame required to achieve the objectives of SHDS is a complete list of households in the country. 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 the last published population and housing census in Somalia dates back to 1975 meant that there was neither a recent complete list of households nor statistical units often referred to as enumeration areas (EAs) available to be used as a sampling frame. The SHDS therefore began 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. EAs 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 EAs had a minimum of 50 and a maximum of 149 dwelling structures. A total of 10,525 EAs of this kind, also referred to as primary sampling units (PSUs), were digitized—7,488 in urban areas and 3,037 in rural areas. However, because of security and accessibility constraints, not all digitized areas were included in the final sampling frame—9,136 PSU (7,308 in urban and 1,828 in rural) formed the final frame.

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 eighteen pre-war regions, which are the country'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 this data from such a large number of PSUs (with an estimated 80 households per PSU) was to enable the estimation of the Maternal Mortality Ratio (MMR) through a direct method, which requires a large 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 gatekeepers (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 TNS, seasons of the year when the TNS is in use, and location of the TNS from the nearest settlement (village), as well as their telephone numbers. This list of TNS formed the sampling frame for nomads

with the estimated number of households in each TNS being the measure of size.

The nomadic frame therefore comprised of an updated list of TNS obtained from NLWs who are tied to these nomadic settlements. A total of 2,521 TNS formed the SHDS 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 a 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 this data from the 30 sampled households while the listing team collected data 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 a survey similar to a Demographic Health Survey (DHS). The serialization was done to ensure that households selected for interview would distributed throughout the PSU.

Nomadic households stay temporarily in certain locations, referred to as temporary nomadic settlements 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. During the remaining dry seasons, they move far away, including across other regions and neighbouring countries, in search of water and pasture.

Sample Design

The SHDS 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 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.

With the exception of the region of Banadir, which is considered to be fully urban, each administrative region was stratified into urban, rural and nomadic areas, yielding a total of 55 sampling strata. All three strata of Lower Shabelle and Middle Juba regions, as well as the rural and nomadic strata of Bay region, were completely excluded from the survey due to security reasons. A final total of 47 sampling strata were accessible to conduct the survey.

Sample Allocation

To ensure that the survey precision is comparable across regions, PSUs were allocated equally to all regions with some adjustments in two regions to cater for some specific interests. In the first stage, a total of 1,433 PSUs were selected from 47 strata with 770 PSUs from urban, 488 PSUs from rural and 175 PSUs from nomadic areas, representing about 16% of the total frame of all PSUs. In the second stage, a total of 220 PSUs and 150 PSUs were allocated to urban and rural strata respectively and the same 175 PSUs to nomadic areas yielding a total of 545 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. The 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 allocated 35 PSUs to urban and rural areas and 10 TNS to all 47 strata (except one domain which is fully urban and was allocated 210 PSUs).
- 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 allocated 10 SSUs to all 47 strata (except one domain which is fully urban was allocated 60 PSUs).
- Secondary sampling units (SSUs) were selected using PPS sampling of listed households.

Third-stage Sample Allocation and Selection (2nd Stage in Nomadic Areas)

Thirty households were selected systematically and the 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 SHDS 2020. A design weight is the inverse of probability of selecting a housing unit to be interviewed. The 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 PSUi 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 SHDS 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. SHDS 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;

$$R_{CL} = *qh/qh$$

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;

$$R_{HH} = \sum d_{hj} * khj / \sum d_{hj} khj$$

where dhj 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;

$$R_{ID} = \sum d_{hj} * hjl / \sum d_{hj} hjl$$

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 SHDS 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.

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 recording errors. Although numerous efforts were made during the implementation of the SHDS 2020 to minimize this type of error, non-sampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, however, can be evaluated statistically. The sample of respondents selected in the SHDS 2020 is only one of many samples that could have been selected from the same population, using the same design and 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.

A 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 (SHDS reports +/-2*SE at 95% confidence interval) of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the SHDS 2020 sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulae.

The variance approximation procedure that account for the complex sample design and allow the computation of design effects used in SHDS is Taylor series linearization. The nonlinear estimates are approximated by linear ones for estimating variance. The linear approximation is derived by taking the first-order Taylor series approximation for the estimator. Standard variance estimation methods for linear statistics are then used to estimate the variance of the linearized estimator.

The Taylor Linearization Method treats any percentage or average as a ratio estimate, r = y/x, where y represents the total weighted sample value for variable y, and x represents the total weighted sample value for variable x or the total number of weighted 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 hth stratum,

y_{hj} is the sum of weighted values of variable y in the jth cluster in the hth stratum,

x_{hj} is the sum of weighted values of variable x in the jth cluster in the hth 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

In addition to the standard error, the procedure computes the design effect (DEFT) for estimates which are means, proportions or ratios. For complex demographic rates, the

procedure computes an approximation of DEFT. DEFT is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. The procedure also computes the relative error and confidence limits for the estimates.

The sampling error tables present the estimated indicator value, the standard error, the number of unweighted and weighted cases, the design effect, the relative standard error and the confidence limits. The design effect can be used in sample size calculation for subsequent survey designs. Sampling errors are reported for the total sample, for the urban, rural and nomadic places of residence.

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, SHDS 2020

Variable	Estimate	Base population
Households		
Proportion in the urban areas	Proportion	Total households in urban areas
Proportion in the rural areas	Proportion	Total households in rural areas
Proportion in the nomadic areas	Proportion	Total households in nomadic areas
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 Flush to Somewhere else	Proportion	Total households
Proportion with Flush don't know where	Proportion	Total households
Proportion with Ventilated improved pit latrine	Proportion	Total households
Proportion with Pit latrine with slab	Proportion	Total households
Proportion with Pit latrine without slab/Open latrine	Proportion	Total households
Proportion with Composite toilet	Proportion	Total households
Proportion with Bucket toilet	Proportion	Total households
Proportion with Hanging toilet/hanging latrine	Proportion	Total households
Proportion with No facility/Bush/Field	Proportion	Total households
Proportion with electricity for lighting	Proportion	Total households
Proportion with solar for lighting	Proportion	Total households
Proportion using kerosene for lighting	Proportion	Total households
Proportion using firewood for lighting	Proportion	Total households
Proportion using torch for lighting	Proportion	Total households
Proportion with electricity connection	Proportion	Total households

Table B.2 Sampling errors: All sample, SHDS 2020

	Value (R)	Standard error (SE)	Number of cases		Relative error (RSE)	Confidence limits	
			Unweighted (N)	Weighted (N)		R-2SE	R+2SE
Households							
Proportion in the urban areas	0.598	0.004	6,682	9,779	0.006	0.590	0.605
Proportion in the rural areas	0.277	0.004	4,679	4,536	0.016	0.268	0.286
Proportion in the nomadic areas	0.125	0.001	4,999	2,045	0.010	0.123	0.127
Proportion with improved water sources	0.652	0.011	8,856	10,670	0.017	0.630	0.674
Proportion with unimproved water sources	0.348	0.011	7,504	5,690	0.032	0.326	0.370
Proportion with water on premises	0.643	0.010	7,869	10,513	0.015	0.624	0.662
Proportion with less than 30 minutes to a drinking water source	0.228	0.008	4,877	3,738	0.037	0.212	0.245
Proportion with 30 minutes or longer to a drinking water source	0.119	0.004	3,345	1,941	0.037	0.110	0.127
Proportion with basic drinking water service	0.610	0.011	7,716	9,981	0.018	0.589	0.632
Proportion with limited drinking water service	0.039	0.003	1,044	642	0.070	0.034	0.045
Proportion with flushed to piped sewer system	0.058	0.004	514	906	0.073	0.049	0.066
Proportion with Flush to Septic tank	0.042	0.003	453	654	0.074	0.035	0.048
Proportion with Flush to Pit Latrine	0.168	0.006	2066	2639	0.038	0.155	0.181
Proportion with Flush to Somewhere else	0.007	0.001	96	115	0.123	0.006	0.009
Proportion with Flush don't know where	0.005	0.001	52	84	0.226	0.003	0.008
Proportion with Ventilated improved pit latrine	0.058	0.004	915	910	0.072	0.050	0.066
Proportion with Pit latrine with slab	0.239	0.007	2501	3748	0.031	0.224	0.253
Proportion with Pit latrine without slab/Open latrine	0.172	0.007	2420	2705	0.039	0.159	0.186
Proportion with Composite toilet	0.009	0.001	102	135	0.140	0.006	0.011
Proportion with Bucket toilet	0.020	0.002	278	307	0.117	0.015	0.024
Proportion with Hanging toilet/ hanging latrine	0.005	0.001	70	73	0.194	0.003	0.006
Proportion with No facility/ Bush/Field	0.207	0.007	6028	3254	0.034	0.193	0.222
Proportion with electricity for lighting	0.440	0.015	4750	6909	0.035	0.410	0.471
Proportion with solar for lighting	0.120	0.005	1701	1881	0.044	0.109	0.130
Proportion using kerosene for lighting	0.004	0.001	47	67	0.210	0.002	0.006

Proportion using firewood for lighting	0.013	0.001	343	199	0.095	0.010	0.015
Proportion using torch for lighting	0.419	0.013	8813	6580	0.030	0.394	0.445
Proportion with electricity connection	0.443	0.015	4769	6945	0.035	0.412	0.473

APPENDIX C

Data Quality Tables

Table C.1 Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), SHDS 2020"

Age	Male Number	Male Percent	Female Number	Female Percent	Age	Male Number	Male Percent	Female Number	Female Percent
0	1,630	3.6	1,564	3.3	36	185	0.4	267	0.6
1	1,634	3.6	1,529	3.2	37	163	0.4	289	0.6
2	2,025	4.5	1,909	4.0	38	288	0.6	443	0.9
3	2,004	4.5	2,011	4.2	39	119	0.3	210	0.4
4	2,033	4.5	1,960	4.1	40	1,261	2.8	828	1.7
5	1,831	4.1	1,798	3.8	41	113	0.3	99	0.2
6	2,003	4.5	1,880	4.0	42	183	0.4	165	0.3
7	1,733	3.9	1,703	3.6	43	106	0.2	97	0.2
8	1,933	4.3	1,791	3.8	44	62	0.1	65	0.1
9	1,357	3.0	1,425	3.0	45	545	1.2	407	0.9
10	1,800	4.0	1,709	3.6	46	75	0.2	69	0.1
11	1,139	2.5	1,123	2.4	47	71	0.2	70	0.1
12	1,640	3.7	1,505	3.2	48	124	0.3	88	0.2
13	1,287	2.9	1,396	2.9	49	61	0.1	54	0.1
14	1,207	2.7	1,327	2.8	50	848	1.9	1,137	2.4
15	1,163	2.6	1,189	2.5	51	64	0.1	194	0.4
16	1,002	2.2	1,105	2.3	52	116	0.3	263	0.6
17	850	1.9	886	1.9	53	72	0.2	136	0.3
18	1150	2.6	1,152	2.4	54	79	0.2	93	0.2
19	543	1.2	704	1.5	55	298	0.7	420	0.9
20	1,044	2.3	1,159	2.4	56	84	0.2	94	0.2
21	307	0.7	442	0.9	57	51	0.1	63	0.1
22	505	1.1	593	1.2	58	70	0.2	73	0.2
23	346	0.8	538	1.1	59	58	0.1	40	0.1
24	352	0.8	500	1.1	60	724	1.6	650	1.4
25	788	1.8	1,056	2.2	61	46	0.1	32	0.1
26	303	0.7	426	0.9	62	43	0.1	42	0.1
27	336	0.7	572	1.2	63	44	0.1	51	0.1
28	496	1.1	742	1.6	64	36	0.1	32	0.1
29	202	0.5	381	0.8	65	165	0.4	202	0.4
30	1,266	2.8	1,281	2.7	66	20	0.0	23	0.0
31	140	0.3	180	0.4	67	34	0.1	33	0.1
32	302	0.7	416	0.9	68	30	0.1	41	0.1
33	189	0.4	265	0.6	69	20	0.0	30	0.1
34	163	0.4	212	0.4	70+	1,053	2.3	1350	2.8
35	867	1.9	876	1.8	Total	4,4881	100.0	47,455	100.0

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview.

Table C.2.1 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, SHDS 2020"

Age Group	Household population of women age 10-54	Interviewed women age 15-49		
		Number	Percentage	Percentage of eligible women interviewed
10-14	7,060	n/a	n/a	n/a
15-19	5,036	4,532	27.5	90.0
20-24	3,232	2,957	17.9	91.5
25-29	3,177	2,970	18.0	93.5
30-34	2,354	2,220	13.5	94.3
35-39	2,085	1,970	11.9	94.5
40-44	1,254	1,177	7.1	93.9
45-49	688	660	4.0	95.9
50-54	1,823	n/a	n/a	n/a
15-49	17,826	16,486	100	92.5

Note: The de facto population includes all residents and nonresidents 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.
 n/a = Not applicable

Table C.3 Pregnancy-related mortality trends

Direct estimates of pregnancy-related mortality rates for the three years preceding each survey, by five-year age groups, SHDS 2020

Age group	Total
15-19	118
20-24	329
25-29	324
30-34	291
35-39	180
40-44	102
45-49	33
TFR (15-49)	6.9
GFR	212
PRMR	746
PRMR CI	447-931

Rates for age group 45-49 may be slightly biased due to truncation. Rates are for the period 1-24 months prior to interview.
TFR: Total fertility rate expressed per women
GFR: General fertility rate expressed per 1,000 women age 15-49
PRMR Pregnancy-related mortality ratio
Pregnancy-related mortality ratio Confidence interval

APPENDIX D

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17. Ahmed Hussein Hassan
18. Hilaal Adan Abdi
19. Mohamed Ali Isse
20. Mohamed Hassan Salaad
21. Abdirsak Mohamud Ogle
22. Fa'id Abdiaziz Ali
23. Farhia Abdi Shire Jayte
24. Ali Mohamud Abdi
25. Abdirizak Mohamed Ahmed
26. Mohamed Adan Ibrahim
27. Hussein Hassan Abdirahman

28. Abdikarim Mohamed Ahme
29. Abdulahi Nur Mohamed
30. Hassan Ali Adan
31. Muhudiin Ibrahim Aden
32. Ibrahim Cabdullahinaden
33. Shukri Ali Aden
34. Abdullahi Sheikh Ali
35. Hussein Ahmed Mursal
36. Mohamed Said Hay
37. Cabdirisaaq Maxamed Moxamud
38. Mohamoud Ibrahim Guure
39. Mohamed Omar Artan
40. Aisha Hamud Mohamed
41. Ayduruus Mohamed Adan
42. Sadik Abdulkadir Yusuf
43. Abdullahi Abdisalaam Hussein
44. A.Fatah A.Qadir Jama
45. Abdikadir Hussein Hassan
46. Mohamed Mohamamud Mohamed
47. Fahad Abdiasis Elmi
48. Hassan Nor Mohamud
49. Saacid Farah Ahmed
50. Mohamed Hussein Mohamud
51. Mohamed Said Hay
52. Cabdirisaaq Maxamed Moxamud
53. Mohamoud Ibrahim Guure
54. Mohamed Omar Artan
55. Aisha Hamud Mohamed
56. Ayduruus Mohamed Adan
57. Sadik Abdulkadir Yusuf
58. Abdullahi Abdisalaam Hussein

Enumerators

1. Ahmed Hassan Saciid
2. Shuceyb Cumar Mohamed
3. Mohamed Ali Liban
4. Shukri Osman Ibrahim
5. Aweys Hassan Mohamed
6. Ahmed Abdulkadir Hassan
7. Abdinasir Abukar Hussein
8. Ahmed Mohamed Abdulle
9. Xasan Cise Shiq
10. Mustaf Mukhtar Abukar
11. Nafiso Hassan Moallim
12. Nasteha Abdullahi Hussein
13. Mohamed Abdi Hussein
14. Mohamed Ibrahim Barow
15. Mohamed Mohamamud Isaq
16. Safiyoabdikarin Hussein
17. Ahmed Osman Ibrahim
18. Abdullahi Salah Mudey
19. Axmed Nasir Yusuf Cilmi
20. Fartun Hassan Addow
21. Ifrah Mohamed Abdi
22. Marian Mohamed Abdulle

23. Maslah Mikail Ali
24. Mohamed Barre Isaaq
25. Abdiriza Ali Mumin
26. Ahmed Hussein Dahiye
27. Marian Abdirahman Mohamed
28. Ibrahim Abdullahi Adam
29. Osman Barre Ibrahim
30. Naima Ali Nor
31. Abdirizakh Abdulkhadir Abdulle
32. Fowsiya Cabdullahi Ali
33. Abdiwahab Ali Ahmed
34. Farhio Mohamud Osman
35. Frah Muse Ibrahim
36. Abdiwali Mohamed Mohamud
37. Bashiir Farah Abdi
38. Ahmed Haroon Haji
39. Fardowso Mohamed Haye
40. Osman Hassan Abdi
41. Khalid Shafici Ismail
42. Abdinuur Hambali Siyad
43. Raxmo Mohamed Abdi
44. Bisharo Hirsi Abdille
45. Hibo Salad Abdirahman
46. Safiyo Geedi Hassan
47. Shafici Abdulahi Sehen
48. Abdirahman Abdulahi Ahmed
49. Abdinoor Hambal Abdi
50. Abdirahman Abshir Hirsi
51. Ali Mohamed Osman
52. Khadijo Aden Barkhadle
53. Mako Hussein Ali
54. Abdifatah Mohamed Aden
55. Sugal Abdulahi Hassan
56. Hashim Abdi Weheliye
57. Yusuf Mohamed Isak
58. Bare Mohamed Muhumed
59. Zakaria Abdi Adaawe
60. Mohamed Adan Turub
61. Amina Abdikadir Ali
62. Abdirisaq Shire Hussein
63. Abdinasir Abdow Ibrahim
64. Layla Mohamed Ahmed
65. Abdirashid Dhunkaal Mohamed
66. Ahmed Adan Ibrahim
67. Mohamed Ibrahim Yusuf
68. Adan Inshaar Hassan
69. Osman Hire Sabtow
70. Asho Abdulkadir Mohamed
71. Abdihakim Mohamed Barqadle
72. Ahmed Shire Muhumed
73. Abdirahman Ahmed Rooble
74. Salim Mohamed Ahmed
75. Sowdo Nur Mohamed
76. Mumin Mohamed Barre
77. Shuuke Mohamed Halane
78. Jama Abdirashid Jama
79. Sadam Hussien Warsame

80. Faysal Salad Mohamud
81. Sharmake Hassan Mohamed
82. Abdikani Artan Mohamed
83. Ayan Hirsi Mohomud
84. Yahye Osman Gedi
85. Aamina Abdi Hussein
86. Ahmed Mawel Salad
87. Abdikafi Dahir Barre
88. Fa'id Abdiaziz Ali
89. Aamina Abdi Hussein
90. Abdinasir Ahmed Elmi
91. Mohamed Ahmed Hirsi
92. Osman Gelle Jama
93. Mohamed Abdulahi Hashi
94. Abdulkadir Abdi Farah
95. Hodan Abdulle Farah
96. Fa'id Ali Nur
97. Farah Khalif Hashi
98. Bashi Ali Hashi
99. Shariif Alinur Kulane
100. Zeynab Mohamed Adan
101. Mohamed Mohamud Mohamed
102. Hamza Ali Ibrahim
103. Ali Shine Drbaan
104. Ayanle Abdi Dahir
105. Ali Mohamed Nour
106. Hassan Adan Ibrahim
107. Maryan Sheikh Adan
108. Muhudiin Ibrahim Mohamed
109. Olad Hassan Mohamed
110. Abdirahman Mohamed Abdulahi
111. Ali Hassan Ahmed
112. Ifrah Guhad Ali
113. Leila Sheikh Issack
114. Mohamed Mayow Mohamed
115. Mohamed Mukhtar Adan
116. Mohamed Bile Hussein
117. Rahmo Nur Adan
118. Rukia Abdulahi Mohamed
119. Salah Abdullahi Abdirahman
120. Yusuf Abdulahi Abdi
121. Maslax Sokor Ali
122. Mohamed Hassan Mohamed
123. Muhudiin Ibrahim Aden
124. Omar Sheikh Abdi
125. Maryan Ahmed Moalim
126. Zakariye Muhidin Haji
127. Mohamed Ibrahim Abubakar
128. Mohamed Omar Mohamed
129. Ifrah Ahmed Hassan
130. Adan Issack Noor
131. Yahye Haji Mohamed Hassan
132. Abdifatah Mohamed Abdi
133. Ahmed Yunis Ahmed
134. Khalid Mohamed Ali
135. Aweis Armiye Abdillahi
136. Ahmed Abdulahi Ahmed

137. Furtun Mohamed Ali
138. Abdirahman Mohamed Jeylani
139. Osman Sh Hassan Sh Mohamed
140. Ibraahim Adan Mohamed
141. Faatima Ahmed Jama
142. Mohamed Abdikadir Waberi
143. Fartuun Ali Ismail
144. Cabdiqafaar Abdicasiis Cabdiqaadir
145. Naimo Mohamed Nour
146. Samatar Saeed Nur
147. Maymun Abdirahman Ali
148. Arwo Abdikadir Mohamoud
149. Mohamed Abdisamed Awed
150. Abdirahman Jama Shire
151. Abdikarim Mohamoud Ahmed
152. Abdifatah Mohamed Abdi
153. Mukhtar Abdullahi Cartan
154. Shaakir Jama Mohamed
155. Husein Osman Hassan
156. Ahmed Abdikarim Mohamed
157. Farhiyo Jama Nour
158. Hassan Ahmed Aydid
159. Canab Cali Shire
160. Fowsiyo Mohamoud Ali
161. Ifrah Abdirashiid Farah
162. Samsam Abdirashid Mohamed
163. Mohamed Elmi Ali
164. Fadumo Aden Hussien
165. Abdulhakiim Nidaam Adam
166. Mohamd Ali Yusuf
167. Suhuur Ahmed Abaas
168. Shukri Abdiaziz Dahir
169. Ahmed Yasin Ali
170. Kaltuun Muse Abdikariim
171. Madar Dhamuuke Muuse
172. Maryan Mohamed Ahmed
173. Fardows Isse Farah
174. Aadam Sabtow Hassan
175. Khadro Osmaan Ali
176. Bashiir Adan Abdulle
177. Ifrah Ibraahim Ali
178. Ahmed Hussein Hassan
179. Abdirahman Dahir Ahmed
180. Abdisamad Abdullah Hamuud
181. Maymoon Abdiraxman Farax
182. Mustafa Hassan Hussein
183. Sacdia Abdullahi Hussein
184. Ali Mohamed Bashir
185. Mahad Abuukarmaxamed
186. Halima Mohamed Abdullahi
187. Yaasmiin Ibraahim Nageeye
188. Zahir Mohamed Omar
189. Sacdio Farah Hassan
190. Mohamed Ali Isse
191. Ardo Ismail Hussein
192. Abdikhaliq Ahmed Mohamed
193. Bisharo Shafi Rage

194. Hani Ahmed Mohamed
195. Cabdirisaaq Cismaan Cali
196. Mahad Abdullahi Muse
197. Saciido Hussein Halane
198. Baarliin Tahliil Osman
199. Abdirashid Hassan Dhorre
200. Mohed Ali Liban
201. Fatuma Abdirizak Husssein
202. Iman Jama Yussuf
203. Faiza Kassim Hassan
204. Maymoon Abdiraxman Farax
205. Mahamed Dhaqane Xalane
206. Faatima Ahmed Jama
207. Mohamed Abdikadir Waberi
208. Fartuun Ali Ismail
209. Cabdiqafaar Abdicasiis Cabdiqaadir
210. Naimo Mohamed Nour
211. Samatar Saeed Nur
212. Maymun Abdirahman Ali
213. Arwo Abdikadir Mohamoud
214. Mohamed Abdisamed Awed
215. Abdirahman Jama Shire
216. Abdikarim Mohamoud Ahmed
217. Abdifatah Mohamed Abdi
218. Mukhtar Abdullahi Cartan
219. Shaakir Jama Mohamed
220. Husein Osman Hassan
221. Ahmed Abdikarim Mohamed
222. Farhiyo Jama Nour
223. Hassan Ahmed Aydid
224. Canab Cali Shire
225. Fowsiyo Mohamoud Ali
226. Ifrah Abdirashiid Farah
227. Samsam Abdirashid Mohamed
228. Mohamed Elmi Ali
229. Fadumo Aden Hussien
230. Abdulhakiim Nidaam Adam
231. Mohamd Ali Yusuf
232. Suhuur Ahmed Abaas
233. Shukri Abdiaziz Dahir
234. Ahmed Yasin Ali
235. Kaltuun Muse Abdikariim
236. Madar Dhamuuke Muuse
237. Maryan Mohamed Ahmed
238. Fardows Isse Farah

APPENDIX E

Household Questionnaire

SHDS

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 _____

PRE-WAR NAME OF THE DISTRICT _____

CURRENT NAME OF THE DISTRICT _____

SETTLEMENT/TOWN _____

EA TYPE (1=RURAL/IDP 2=URBAN/IDP 3=NOMADIC) . . . .

EA CODE . . . .

HOUSEHOLD SERIAL NUMBER IN THE EA . . . .

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
				MONTH
				YEAR
INTERVIEWER'S NAME	_____	_____	_____	INT. NO.
RESULT*	_____	_____	_____	RESULT*
NEXT VISIT: DATE	_____	_____	_____	TOTAL NUMBER OF VISITS
TIME	_____	_____		

*RESULT CODES:
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
6   DWELLING VACANT OR ADDRESS NOT A DWELLING
7   DWELLING DESTROYED
8   DWELLING NOT FOUND
9   PARTLY COMPLETED
96   OTHER _____
                          (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD

TOTAL ELIGIBLE EVER MARRIED WOMEN

TOT ELIGIBLE NEVER MARRIED WOMEN

TOTAL CHILDREN 0-5 YEARS

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

LANGUAGE OF QUESTIONNAIRE**	**0 1**	LANGUAGE OF INTERVIEW**		NATIVE LANGUAGE OF RESPONDENT**	

LANGUAGE OF QUESTIONNAIRE**   **ENGLISH**_____

**LANGUAGE CODES:
01 ENGLISH   03 OTHER _____
02 SOMALI   SPECIFY

	SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED IN BY
NAME				
DATE				
CODE				

HH-1

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		
PRE-WAR NAME OF THE DISTRICT		
CURRENT NAME OF THE DISTRICT		
SETTLEMENT/TOWN		
EA TYPE (1=RURAL/IDP 2=URBAN/IDP 3=NOMADIC)		
EA CODE		
HOUSEHOLD SERIAL NUMBER IN THE EA		

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY
				MONTH
				YEAR
INTERVIEWER'S NAME				INT. NO.
RESULT*				RESULT*
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				

*RESULT CODES:
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
6. DWELLING VACANT OR ADDRESS NOT A DWELLING
7. DWELLING DESTROYED
8. DWELLING NOT FOUND
9. PARTLY COMPLETED
96. OTHER _____
(SPECIFY)

TOTAL PERSONS IN HOUSEHOLD

TOTAL ELIGIBLE EVER MARRIED WOMEN

TOT ELIGIBLE NEVER MARRIED WOMEN

TOTAL CHILDREN 0-5 YEARS

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

LANGUAGE OF QUESTIONNAIRE** **0 1**

LANGUAGE OF INTERVIEW**

NATIVE LANGUAGE OF RESPONDENT**

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**

**LANGUAGE CODES:
01 ENGLISH   03 OTHER _____
02 SOMALI   SPECIFY

	SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED IN BY
NAME				
DATE				
CODE				

HH-2

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INTRODUCTION AND CONSENT

HH-3

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 . . . . | |

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? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME) in completed years? IF 95 OR MORE, RECORD '95'.	What is (NAME's) year of birth?	What is (NAME)'s current marital status? 1 = MARRIED 2 = DIVORCED 3 = ABANDO-NED 4 = WIDOWED 5 = NEVER-MARRIED	How old was (NAME) when he/she got married for the first time? RECORD AGE IN YEARS IF 95 OR MORE, RECORD '95'.	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
01			M 1 F 2	Y 1 N 2	Y 1 N 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 HOUSE NO
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

HOUSEHOLD SCHEDULE

LINE NO.	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
	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
	Y N DK		Y N DK		Y N DK	LEVEL GRADE	Y N	LEVEL GRADE	
01	1 2─8 GO TO 15	▢▢	1 2─8 GO TO 17	▢▢	1 2─8 GO TO 21	▢▢	1 2─8 GO TO 21	▢▢	▢
02	1 2─8 GO TO 15	▢▢	1 2─8 GO TO 17	▢▢	1 2─8 GO TO 21	▢▢	1 2─8 GO TO 21	▢▢	▢
03	1 2─8 GO TO 15	▢▢	1 2─8 GO TO 17	▢▢	1 2─8 GO TO 21	▢▢	1 2─8 GO TO 21	▢▢	▢
04	1 2─8 GO TO 15	▢▢	1 2─8 GO TO 17	▢▢	1 2─8 GO TO 21	▢▢	1 2─8 GO TO 21	▢▢	▢
05	1 2─8 GO TO 15	▢▢	1 2─8 GO TO 17	▢▢	1 2─8 GO TO 21	▢▢	1 2─8 GO TO 21	▢▢	▢
06	1 2─8 GO TO 15	▢▢	1 2─8 GO TO 17	▢▢	1 2─8 GO TO 21	▢▢	1 2─8 GO TO 21	▢▢	▢
07	1 2─8 GO TO 15	▢▢	1 2─8 GO TO 17	▢▢	1 2─8 GO TO 21	▢▢	1 2─8 GO TO 21	▢▢	▢
08	1 2─8 GO TO 15	▢▢	1 2─8 GO TO 17	▢▢	1 2─8 GO TO 21	▢▢	1 2─8 GO TO 21	▢▢	▢
09	1 2─8 GO TO 15	▢▢	1 2─8 GO TO 17	▢▢	1 2─8 GO TO 21	▢▢	1 2─8 GO TO 21	▢▢	▢
10	1 2─8 GO TO 15	▢▢	1 2─8 GO TO 17	▢▢	1 2─8 GO TO 21	▢▢	1 2─8 GO TO 21	▢▢	▢

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?	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)?	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?	How old was (NAME) when this condition started?	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
1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW		SEE CODES BELOW.						SEE CODES BELOW.	IF 95 OR MORE, RECORD '95'.	
01	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	IN YEARS	CODE A B C D Y
02	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			A B C D Y
03	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			A B C D Y
04	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			A B C D Y
05	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			A B C D Y
06	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			A B C D Y
07	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			A B C D Y
08	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			A B C D Y
09	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			A B C D Y
10	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			A B C D Y

CODES FOR Q. 24: CHRONIC DISEASES

A=BLOOD PRESSURE   G=KIDNEY DISEASE
B=DIABETES   H=LIVER DISEASE
C=INFLAMMATION/ULC   I=ARTHRITIS
D=ANEMIA   J=TUBERCULOSIS (TB)
E=SICKLE CELL ANEMI   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

LINE NO.	USUAL RESIDENTS	DEMOGRAPHIC CHARACTERISTICS								ELIGIBILITY		
									IF AGE 12 & EVER MARRIED			
		RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	YEAR OF BIRTH	IF AGE 12 OR OLDER		ELIGIBILITY		
								MARITAL STATUS	AGE AT FIRST MARRIAGE			
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? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME) in completed years? IF 95 OR MORE, RECORD '95'.	What is (NAME's) year of birth?	What is (NAME)'s current marital status? 1 = MARRIED 2 = DIVORCED 3 = ABANDO-NED 4 = WIDOWED 5 = NEVER-MARRIED	How old was (NAME) when he/she got married for the first time? RECORD AGE IN YEARS IF 95 OR MORE, RECORD '95'.	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 1 F 2	Y 1 N 2	Y 1 N 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
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

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
11	Y N DK 1 2—8 GO TO 15		Y N DK 1 2—8 GO TO 17		Y N 1 2—8 GO TO 21	LEVEL GRADE	Y N 1 2—8 GO TO 21	LEVEL GRADE	
12	1 2—8 GO TO 15		1 2—8 GO TO 17		1 2—8 GO TO 21		1 2—8 GO TO 21		
13	1 2—8 GO TO 15		1 2—8 GO TO 17		1 2—8 GO TO 21		1 2—8 GO TO 21		
14	1 2—8 GO TO 15		1 2—8 GO TO 17		1 2—8 GO TO 21		1 2—8 GO TO 21		
15	1 2—8 GO TO 15		1 2—8 GO TO 17		1 2—8 GO TO 21		1 2—8 GO TO 21		
16	1 2—8 GO TO 15		1 2—8 GO TO 17		1 2—8 GO TO 21		1 2—8 GO TO 21		
17	1 2—8 GO TO 15		1 2—8 GO TO 17		1 2—8 GO TO 21		1 2—8 GO TO 21		
18	1 2—8 GO TO 15		1 2—8 GO TO 17		1 2—8 GO TO 21		1 2—8 GO TO 21		
19	1 2—8 GO TO 15		1 2—8 GO TO 17		1 2—8 GO TO 21		1 2—8 GO TO 21		
20	1 2—8 GO TO 15		1 2—8 GO TO 17		1 2—8 GO TO 21		1 2—8 GO TO 21		

CODES FOR Qs. 18 AND 20: EDUCATION

LEVEL
0 = PRESCHOOL
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

GRADE
00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 18 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 20.)
98 = DON'T KNOW

HOUSEHOLD SCHEDULE

LINE NO.	REGISTRATION OF BIRTHS	CHRONIC DISEASES				SOCIAL HABITS		DISABILITY			
	IF AGE 0-4 YEARS					IF AGE 10 YEARS OR OLDER					
	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?	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)?	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?	How old was (NAME) when this condition started?	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
	1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW		SEE CODES BELOW.						SEE CODES BELOW.	IF 95 OR MORE, RECORD '95'.	
		Y N DK		Y N DK	Y N DK	Y N DK	Y N DK	CODE	CODE	IN YEARS	CODE
11	☐	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	☐☐	☐☐	A B C D Y
12	☐	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	☐☐	☐☐	A B C D Y
13	☐	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	☐☐	☐☐	A B C D Y
14	☐	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	☐☐	☐☐	A B C D Y
15	☐	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	☐☐	☐☐	A B C D Y
16	☐	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	☐☐	☐☐	A B C D Y
17	☐	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	☐☐	☐☐	A B C D Y
18	☐	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	☐☐	☐☐	A B C D Y
19	☐	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	☐☐	☐☐	A B C D Y
20	☐	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	☐☐	☐☐	A B C D Y

TICK HERE IF CONTINUATION SHEET USED ☐

CODES FOR Q. 24: CHRONIC DISEASES

A=BLOOD PRESSURE
B=DIABETES
C=INFLAMMATION/ULC
D=ANEMIA
E=SICKLE CELL ANEMIA /THALASSEMIA
F=HEART DISEASE

G=KIDNEY DISEASE
H=LIVER DISEASE
I=ARTHRITIS
J=TUBERCULOSIS (TB)
K=CHRONIC HEADACHE
L=STROKE
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=MAGIC
02=CONTAGIOUS 96=OTHER _____
03=CHILD BIRTH CONDITION (SPECIFY)
04=OTHER DISEASE
05=ABUSE 98=DON'T KNOW
06=AGING
07=INJURY/ACCIDENT

HH-9

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. a) Consultation fees paid to General Medical Practitioners b) Consultation fees paid to Specialists c) Consultation fees paid to traditional medicine practitioners d) Consultation fees paid to other health practitioners e) Laboratory Tests f) Prescribed drugs g) Over the counter drugs h) Imaging (X-Rays, CT Scan ,MRI, Echography) i) Dialysis j) Chemotherapy k) Surgery l) Room facilities/Meals m) Transport to the facility n) Birth spacing ? o) Antenatal care (ANC)? p) Delivery (child birth)? q) Others	Y N DK AMOUNT (USD) a) GENERAL PRACTITIONERS . . 1 2—8 b) SPECIALISTS . . . . 1 2—8 c) TRAD. MEDICINE MEN . . . . 1 2—8 d) OTHER HLTH PRACT . . . . 1 2—8 e) LAB . . . . 1 2—8 f) PRESCRIBED DRUGS . . . . 1 2—8 g) OVER THE COUNTER DRUGS . . 1 2—8 h) IMAGING . . . . 1 2—8 i) DIALYSIS . . . . 1 2—8 j) CHEMOTHERAPY . . . . 1 2—8 k) SURGERY . . . . 1 2—8 l) ACCOM + MEALS . . . . 1 2—8 m) TRANSPORT . . . . 1 2—8 n) FAMILY PLANNING . . . . 1 2—8 o) ANC . . . . 1 2—8 p) DELIVERY . . . . 1 2—8 q) OTHER _____ 1 2 8 (SPECIFY)	

<u>OUT OF POCKET HOUSEHOLD HEALTH EXPENDITURE</u>

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) . . [ ][ ][ ][ ][ ]	
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) a) Current income b) Health insurance c) Savings (including in bank) d) Borrow from banks/other institutions/relatives e) Support from relatives & friends f) Sold assets g) Other means	YES NO a) INCOME . . . . 1 2 b) INSURANCE . . . . 1 2 c) SAVINGS . . 1 2 d) BORROWING . . . . 1 2 e) RELATIVES/FRIENDS . . . . 1 2 f) SOLD ASSETS . . . . 1 2 f) OTHER _____ 1 2 (SPECIFY)	
107	Does any household member have a health insurance policy?	YES . . . . 1 NO 2	

<u>HOUSEHOLD CHARACTERISTICS</u>

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)	→ 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)	→ 206
203a	Where is the main source of water for drinking located?	IN OWN DWELLING .... 1 IN OWN YARD/PLOT .... 2 ELSEWHERE 3	→ 204a
203b	How long does it take to go there, get water, and come back in minutes?	MINUTES.................. ☐☐☐ DON'T KNOW 998	
204a	Where is the main source of water for other purposes located?	IN OWN DWELLING .... 1 IN OWN YARD/PLOT .... 2 ELSEWHERE 3	→ 205
204b	How long does it take to go there, get water, and come back in minutes?	MINUTES.................. ☐☐☐ DON'T KNOW 998	

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 ☐ NO ☐		→ 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 PI 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 IF LESS THAN 10 . . . . [0 ☐] 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	

HH-13

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
213	In total, how many toilets does your household use?	NO. OF TOILETS .... ☐☐	
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 HOUSEHOLI .... 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 .... ☐☐	
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 .... ☐☐☐ b) CATTLE .... ☐☐☐ c) SHOATS .... ☐☐☐ d) DONKEYS .... ☐☐☐ e) HORSES .... ☐☐☐ f) POULTRY .... ☐☐☐	
221	Has this household lost any livestock in the last one year due to drought/flooding/disease etc?	YES .... 1 NO 2	→ 223

222	How many of the following animals did this household loose? IF NONE, RECORD '00'. IF 995 OR MORE, RECORD '995'.		DUE TO DROUGHT	DUE TO FLOODS	DUE TO DISEASE	TOTAL
	a) Camel?	a) CAMELS	☐☐☐	☐☐☐	☐☐☐	☐☐☐
	b) Cattle?	b) CATTLE	☐☐☐	☐☐☐	☐☐☐	☐☐☐
	c) Shoats?	c) SHOATS	☐☐☐	☐☐☐	☐☐☐	☐☐☐
	d) Donkeys	d) DONKEYS	☐☐☐	☐☐☐	☐☐☐	☐☐☐
	e) Horses?	e) HORSES	☐☐☐	☐☐☐	☐☐☐	☐☐☐
	f) Poultry?	f) POULTRY	☐☐☐	☐☐☐	☐☐☐	☐☐☐

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 . . . . ☐☐☐.☐ QOODI . . . . ☐☐☐.☐ JABAAL . . . . ☐☐☐.☐ TALAABO . . . . ☐☐☐.☐ OTHER _____ (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	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

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 SE . . . . 4 NOT OBSERVED, OTHER REASON 5	→ 231
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 IN4 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 IN4 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 IN4 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 IN4 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 IN4 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 IN4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) . . 3	
246	RECORD THE END TIME.	HOURS . . . . MINUTES	

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 ...... ☐☐ NAME _____	LINE NUMBER ...... ☐☐ NAME _____	LINE NUMBER ...... ☐☐ 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 .... ☐☐ MONTH .... ☐☐ YEAR . . . ☐☐☐☐	DAY .... ☐☐ MONTH .... ☐☐ YEAR . . . ☐☐☐☐	DAY .... ☐☐ MONTH .... ☐☐ YEAR . . . ☐☐☐☐
304	CHECK 303: CHILD BORN IN 2014-2019?	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. . . . ☐☐.☐☐ NOT PRESENT .... 9994 REFUSED ....9995 OTHER 9996	KG. . . . ☐☐.☐☐ NOT PRESENT .... 9994 REFUSED ....9995 OTHER 9996	KG. . . . ☐☐.☐☐ NOT PRESENT .... 9994 REFUSED ....9995 OTHER 9996
306	HEIGHT IN CENTIMETERS.	CM. . . . ☐☐☐.☐ NOT PRESENT .... 9994¬ REFUSED ....9995¬ OTHER ....9996¬ (SKIP TO 308) ←	CM. . . . ☐☐☐.☐ NOT PRESENT .... 9994¬ REFUSED ....9995¬ OTHER ....9996¬ (SKIP TO 308) ←	CM. . . . ☐☐☐.☐ NOT PRESENT .... 9994¬ 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.	☐☐☐☐ FIELDWORKER NUMBER	☐☐☐☐ FIELDWORKER NUMBER	☐☐☐☐ 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 . . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . . ☐☐ 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 . . . . . . ☐☐ (RECORD '00' IF NOT LISTED)	LINE NUMBER . . . . . . ☐☐ (RECORD '00' IF NOT LISTED)	LINE NUMBER . . . . . . ☐☐ (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 ...... ☐☐ NAME _____	LINE NUMBER ...... ☐☐ NAME _____	LINE NUMBER ...... ☐☐ 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 .... MONTH .... YEAR ...	DAY .... MONTH .... YEAR ...	DAY .... MONTH .... YEAR ...
304	CHECK 303: CHILD BORN IN 2014-2019?	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. ... ☐☐.☐ NOT PRESENT .... 9994 REFUSED ....9995 OTHER 9996	KG. ... ☐☐.☐ NOT PRESENT .... 9994 REFUSED ....9995 OTHER 9996	KG. ... ☐☐.☐ NOT PRESENT .... 9994 REFUSED ....9995 OTHER 9996
306	HEIGHT IN CENTIMETERS.	CM. ... ☐☐☐.☐ NOT PRESENT .... 9994 REFUSED ....9995 OTHER ....9996 (SKIP TO 308) ←	CM. ... ☐☐☐.☐ NOT PRESENT .... 9994 REFUSED ....9995 OTHER ....9996 (SKIP TO 308) ←	CM. ... ☐☐☐.☐ NOT PRESENT .... 9994 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.	☐☐☐☐ FIELDWORKER NUMBER	☐☐☐☐ FIELDWORKER NUMBER	☐☐☐☐ 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 . . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . . ☐☐ NAME _____

		CHILD 4	CHILD 5	CHILD 6
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 . . . . . . ☐☐ (RECORD '00' IF NOT LISTED)	LINE NUMBER . . . . . . ☐☐ (RECORD '00' IF NOT LISTED)	LINE NUMBER . . . . . . ☐☐ (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 .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____
403	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 9 (MARITAL STATUS):	CODE 5 (NEVER IN UNION) . 1 OTHER MARITAL STATU . . . 2	CODE 5 (NEVER IN UNION) . 1 OTHER MARITAL STATU . . . 2	CODE 5 (NEVER IN UNION) . 1 OTHER MARITAL STATU . . . 2

404	WEIGHT IN KILOGRAMS.	KG. . . . ☐☐☐.☐☐ NOT PRESENT ...... 99994 REFUSED . . . . 99995 OTHER 99996	KG. . . . ☐☐☐.☐☐ NOT PRESENT ...... 99994 REFUSED . . . . 99995 OTHER 99996	KG. . . . ☐☐☐.☐☐ NOT PRESENT ...... 99994 REFUSED . . . . 99995 OTHER 99996
405	HEIGHT IN CENTIMETERS.	CM. . . . . . . ☐☐☐.☐ NOT PRESENT . . . . .9994 REFUSED . . . . 9995 OTHER 9996	CM. . . . . . . ☐☐☐.☐ NOT PRESENT . . . . .9994 REFUSED . . . . 9995 OTHER 9996	CM. . . . . . . ☐☐☐.☐ 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;			

Ever-married Woman's Questionnaire

SHDS

SOMALI HEALTH & DEMOGRAPHIC SURVEY

2018-2019

QUESTIONNAIRE
SERIAL NUMBER

REG. CODE   DIST CODE   EA CODE   HH SERIAL NO.   INTERVIEWER NO.

EVER MARRIED WOMAN'S QUESTIONNAIRE

IDENTIFICATION

NAME	CODE
REGION	
PRE-WAR NAME OF THE DISTRICT	
CURRENT NAME OF THE DISTRICT	
SETTLEMENT/TOWN	
EA TYPE (1=RURAL/IDP 2=URBAN/IDP 3=NOMADIC)	
EA CODE	
HOUSEHOLD SERIAL NUMBER IN THE EA	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
				MONTH
				YEAR
INTERVIEWER'S NAME	_____	_____	_____	INT. NO.
RESULT*	_____	_____	_____	RESULT*
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		

*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 _____
                 3 POSTPONED   6 INCAPACITATED   SPECIFY

LANGUAGE OF QUESTIONNAIRE**	**0 1**	LANGUAGE OF INTERVIEW**		NATIVE LANGUAGE OF RESPONDENT**		

LANGUAGE OF QUESTIONNAIRE**   **ENGLISH**

**LANGUAGE CODES:
    01 ENGLISH   03 LANGUAGE _____
    02 SOMALI   SPECIFY

	SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED IN BY
NAME	_____	_____	_____	_____
DATE	_____	_____	_____	_____
CODE				

SHDS

SOMALI HEALTH & DEMOGRAPHIC SURVEY

2018-2019

QUESTIONNAIRE SERIAL NUMBER

REG. CODE   DIST CODE   EA CODE   HH SERIAL NO.   INTERVIEWER NO.

EVER MARRIED WOMAN'S QUESTIONNAIRE

IDENTIFICATION

NAME	CODE
REGION	
PRE-WAR NAME OF THE DISTRICT	
CURRENT NAME OF THE DISTRICT	
SETTLEMENT/TOWN	
EA TYPE (1=RURAL/IDP 2=URBAN/IDP 3=NOMADIC)	
EA CODE	
HOUSEHOLD SERIAL NUMBER IN THE EA	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
				MONTH
				YEAR
INTERVIEWER'S NAME	_____	_____	_____	INT. NO.
RESULT*	_____	_____	_____	RESULT*
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		

*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 _____
3 POSTPONED   6 INCAPACITATED   SPECIFY

LANGUAGE OF QUESTIONNAIRE**	**0 1**	LANGUAGE OF INTERVIEW**		NATIVE LANGUAGE OF RESPONDENT**	

LANGUAGE OF QUESTIONNAIRE**   **ENGLISH**

**LANGUAGE CODES:
01 ENGLISH   03 LANGUAGE _____
02 SOMALI   SPECIFY

	SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED IN BY
NAME	_____	_____	_____	_____
DATE	_____	_____	_____	_____
CODE				

W-1

<u>SECTION 1. RESPONDENT'S BACKGROUND</u>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	CHECK 108: CODE '2', '3' □ CODE '1' OR '5' □ OR '4' CIRCLED CIRCLED ↓		→ 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: MARRIED MARRIED MORE ONLY ONCE □ THAN ONCE □ a) In what month and year were you legally married (Nikaax/contract)? b) Now I would like to ask about your first husband. In what month and year were you legally married to him (Nikaax/contract)?	MONTH . . . . [ ][ ] DON'T KNOW MONTH . . . . 98 YEAR . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	
123	How old were you when you got legally married to your (first) husband (Nikaax)?	AGE . . . . [ ][ ]	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
124	CHECK 121: MARRIED ONLY ONCE ☐ MARRIED MORE THAN ONCE ☐ a) In what month and year did you wed with your husband (Aqal gal)? b) Now I would like to ask about your first husband. In what month and year did you wed with him (Aqal gal)?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
125	How old were you when you wedded with your (first) husband (Aqal gal)?	AGE . . . . ☐☐ NOT YET WEDDED 95	
126	Did the marriage contract (Nikaax) and wedding (Aqal gal) happen at the same time?	YES . . . . 1 NO 2	

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 . . . . b) DAUGHTERS AT HOME	
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 . . . . b) DAUGHTERS ELSEWHERE	
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 . . . . b) GIRLS DEAD	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS	

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 NO ☐
	   ☐ PROBE AND
	   ↓ CORRECT 201-208 ←
	                AS NECESSARY.		

210	CHECK 208:
	   ONE OR MORE ☐ NO BIRTHS ☐ ——————————————
	   BIRTHS ↓
			→ 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?	IF ALIVE: How old was (NAME) at (NAME)'s last birthday?	IF ALIVE: Is (NAME) living with you?	IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	IF DEAD: 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;	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 COMP-LETED YEARS.				
01	BOY 1 GIRL 2	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (NEXT BIRTH)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (SKIP TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (SKIP TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (SKIP TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (SKIP TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)

212 What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER.	213 Is (NAME) a boy or a girl?	214 Were any of these births twins?	215 On what day, month, and year was (NAME) born?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at (NAME)'s last birthday? RECORD AGE IN COMP-LETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	220 IF DEAD: 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;	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
06	BOY 1 GIRL 2	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (SKIP TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
07	BOY 1 GIRL 2	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (SKIP TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
08	BOY 1 GIRL 2	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (SKIP TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
09	BOY 1 GIRL 2	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (SKIP TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
10	BOY 1 GIRL 2	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (SKIP TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)

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 NUMBERS ARE ☐
	ARE SAME DIFFERENT
	     ☐
	    (PROBE AND RECONCILE) ◄─		

224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2014-2019	NUMBER OF BIRTHS . . . . ☐ NONE 0	➙ 226
225	**C** FOR EACH BIRTH IN 2014-2019, 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 . . . . ☐☐	
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 ☐ NONE ☐ a) Did you want to have a b) Did you want to have a baby later on or did you baby later on? want more children?	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 . . . . ☐☐ YEAR . . . . ☐☐☐☐	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
232	CHECK 231: LAST PREGNANCY ENDED IN 2014-2019 ☐		→ 234
	LAST PREGNANCY ENDED IN 2013 OR EARLIER ☐		→ 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 2014, have you had any other pregnancies that did not result in a live birth?	
01		☐☐ NUMBER OF MONTHS	YES .... 1 NO 2	→ NEXT LINE → 236
02	☐☐ ☐☐☐☐ MONTH · · · · YEAR	☐☐ NUMBER OF MONTHS	YES .... 1 NO 2	→ NEXT LINE → 236
03	☐☐ ☐☐☐☐ MONTH · · · · YEAR	☐☐ NUMBER OF MONTHS	YES .... 1 NO 2	→ NEXT LINE → 236
04	☐☐ ☐☐☐☐ MONTH · · · · YEAR	☐☐ NUMBER OF MONTHS	YES .... 1 NO 2	→ 236

236	**C** FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2014-2019 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 2014?	YES .... 1 NO 2	→ 239
238	When did the last such pregnancy that terminated before 2014 end?	MONTH .... ☐☐ YEAR .... ☐☐☐☐	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
239	When did your last menstrual period start? _____ (DATE, IF GIVEN) CIRCLE DAYS AGO AND PUT 00 IF STARTED THE SAME DAY	DAYS AGO . . . . 1 ☐☐ WEEKS AGO . . . . 2 ☐☐ MONTHS AGO . . . . 3 ☐☐ YEARS AGO . . . . 4 ☐☐ IN MENOPAUSE/ HAS HAD HYSTERECTOMY . . . . 994 BEFORE LAST BIRTH . . . . 995 NEVER MENSTRUATED 996	
240	How old were you when you had your first menstrual period?	AGE IN YEARS . . . . ☐☐ DON'T KNOW 98	
241	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	☐→ 243
242	Is this time just before her period begins, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGIN: . . . . 1 RIGHT AFTER HER PERIOD HAS ENDE . . . . 2 HALFWAY BETWEEN TWO PERIODS . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
243	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

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	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 ☐ OR UNSURE ↓	PREGNANT ☐	→ 312
303	Are you or your husband currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 312
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 METHOI . . . . 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 ☐ ↓ YES ☐ 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 (PAPER OPTION)

309	CHECK 307:

YEAR IS 2014-2019 ☐

C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.

THEN CONTINUE

↓

YEAR IS 2013 OR EARLIER ☐

C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2014 .

THEN ⌐

(SKIP TO 324) ←

310	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.

USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2014. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.

C IN **COLUMN 1**, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.

ILLUSTRATIVE QUESTIONS:
a) When was the last time you used a method? Which method was that?
b) When did you start using that method? How long after the birth of (NAME)?
c) How long did you use the method then?

C IN **COLUMN 2**, ENTER CODES FOR DISCONTINUATION NEXT TO THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.

ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.

ILLUSTRATIVE QUESTIONS:
d) Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?
e) IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.

SECTION 3. BIRTH SPACING (CAPI OPTION)

309	CHECK 307:

YEAR IS 2014-2019 ☐

C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.

THEN CONTINUE ↓

YEAR IS 2013 OR EARLIER ☐

C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2014 .

THEN ┐
(SKIP TO 322) ←

310	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.

C USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2014. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.

		COLUMN 1	COLUMN 2	COLUMN 3
310A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	MONTH ☐☐ ☐☐☐☐ YEAR	MONTH ☐☐ ☐☐☐☐ YEAR	MONTH ☐☐ ☐☐☐☐ YEAR
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 . . ☐	METHOD CODE . . ☐	METHOD CODE . . ☐
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 . . ☐☐ ┘ (SKIP TO 310F) ← DATE GIVEN 95	IMMEDIATELY . . . . . 00 ┐ MONTHS . . ☐☐ ┘ (SKIP TO 310F) ← DATE GIVEN 95	IMMEDIATELY . . . . . 00 ┐ MONTHS . . ☐☐ ┘ (SKIP TO 310F) ← DATE GIVEN 95
310E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	MONTH ☐☐ ☐☐☐☐ YEAR	MONTH ☐☐ ☐☐☐☐ YEAR	MONTH ☐☐ ☐☐☐☐ YEAR
310F	For how many months did you use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	MONTHS . . ☐☐ ┘ (SKIP TO 310H) ← DATE GIVEN 95	MONTHS . . ☐☐ ┘ (SKIP TO 310H) ← DATE GIVEN 95	MONTHS . . ☐☐ ┘ (SKIP TO 310H) ← DATE GIVEN 95
310G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	MONTH ☐☐ ☐☐☐☐ YEAR	MONTH ☐☐ ☐☐☐☐ YEAR	MONTH ☐☐ ☐☐☐☐ YEAR
310H	Why did you stop using (METHOD)?	REASON STOPPED . . . . . ☐	REASON STOPPED . . . . . ☐	REASON STOPPED . . . . . ☐
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 ☐ ANY METHOD USED ☐		→ 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 _____ 17 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC/DOCTO . . . . 21 PHARMACY . . . . 22 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) **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	CHECK 316: ANY ☐ OTHER ☐ 'YES' a) At that time, were you told about other methods of birth spacing that you could use? 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?	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	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 LACTATIONAL AMENORRHEA METHOI . . . . 11 RHYTHM METHOD . . . . 12 WITHDRAWAL . . . . 13 OTHER MODERN METHOD . . . . 95 OTHER TRADITIONAL METHOD 96	→ 323 → 323

<u>SECTION 3. BIRTH SPACING</u>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

321	Where did you obtain (CURRENT METHOD) the last 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
		
		   _____ 17
		            (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC/DOCTO 21
		   PHARMACY 22
		   OTHER PRIVATE MEDICAL SECTOR
		
		   _____ 26
		            (SPECIFY)
		
		OTHER SOURCE
		   SHOP 31
		   FRIEND/RELATIVE 32
		
		   OTHER _____ 96
		              (SPECIFY)
			→ 325

322	Do you know of a place where you can obtain a method of birth spacing?	YES . . . . 1 NO 2	
323	In the last 12 months, were you visited by a fieldworker?	YES . . . . 1 NO 2	→ 325
324	Did the fieldworker talk to you about birth spacing?	YES . . . . 1 NO 2	
325	CHECK 202: LIVING WITH CHILDREN YES ☐ NO ☐ 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?	YES . . . . 1 NO 2	→ 401
326	Did any staff member at the health facility speak to you about birth spacing methods?	YES . . . . 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224:
	ONE OR MORE BIRTHS ☐ NO BIRTHS IN ☐ → 648 IN 2014-2019 ↓ 2014-2019

402	CHECK 215. RECORD THE BIRTH HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH BIRTH IN 2014-2019. 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)

		LAST BIRTH	NEXT-TO-LAST BIRTH
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	BIRTH HISTORY NUMBER . . . . ☐☐	BIRTH HISTORY NUMBER . . . . ☐☐
404	FROM 212 AND 216:	NAME _____ LIVING ☐ DEAD ☐ ↓ ↓	NAME _____ LIVING ☐ DEAD ☐ ↓ ↓
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 ↓ 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 ☐☐ YEARS . . . . 2 ☐☐ DON'T KNOW 998	MONTHS . . . . 1 ☐☐ YEARS . . . . 2 ☐☐ 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 . . . . [ ][ ] DON'T KNOW 98	
412	How many times did you receive antenatal care during this pregnancy?	NUMBER 　OF TIMES . . . . . [ ][ ] 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?	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 . . . . [ ] DON'T KNOW 8	
416	CHECK 415:	2 OR MORE [ ]　　OTHER [ ] 　　TIMES　　　　　　│ 　　　│　　　　　　　▼ (SKIP TO 420) ◄──┘	

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 . . . . [ ] DON'T KNOW 8	
419	CHECK 418: ONLY [ ] MORE [ ] ONE ↓ THAN ONE ↓ a) How many years b) How many years ago did you ago did you receive that receive the last tetanus tetanus injection injection? prior to this pregnancy?	YEARS AGO . . . . . [ ][ ]	
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 . . . . . [ ][ ][ ] 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 . . . . [ ][ ]	
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 [ ] . [ ][ ][ ] KG FROM RECALL 2 [ ] . [ ][ ][ ] DON'T KNOW 9998	KG FROM CARD 1 [ ] . [ ][ ][ ] KG FROM RECALL 2 [ ] . [ ][ ][ ] 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	Where did you give birth to (NAME)? 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 (SKIP TO 434) ← 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) (SKIP TO 434) ←	**HOME** HER HOME . . . . 11 (SKIP TO 434) ← 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) (SKIP TO 434) ←
431	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . 1 ☐☐ DAYS . . . . 2 ☐☐ WEEKS . . . . 3 ☐☐ DON'T KNOW 98	
432	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES . . . . 1 NO . . . . 2 (SKIP TO 434) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 434) ←
433	When was the decision made to have the caesarean section? Was it before or after your labor pains started?	BEFORE . . . . 1 AFTER 2	BEFORE . . . . 1 AFTER 2
434	Immediately after the birth, was (NAME) put on your chest?	YES . . . . 1 NO . . . . 2 (SKIP TO 434B) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 459) ← DON'T KNOW 8
434A	Was (NAME)'s bare skin touching your bare skin (kangaroo)?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
434B	CHECK 430: PLACE OF DELIVERY	CODE 11, 12, OR 96 ☐ OTHER CIRCLED ☐ ↓ (SKIP TO 449) ←	

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 DAYS . . . . 2 WEEKS . . . . 3 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 DAYS . . . . 2 WEEKS . . . . 3 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 DAYS . . . . 2 WEEKS . . . . 3 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	How many hours, days or weeks after the birth of (NAME) 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 DAYS .... 2 WEEKS .... 3 DON'T KNOW 98	

447	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)	

448	Where did this 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)
		
		    (SKIP TO 457) ◄──	

449	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)?	YES .... 1 NO .... 2 (SKIP TO 453) ◄──	

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 DAYS .... 2 WEEKS .... 3 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 ☐☐
		DAYS AFTER
		   BIRTH ..... 2 ☐☐
		WEEKS AFTER
		   BIRTH ..... 3 ☐☐
		
		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:
	
	a) Examine the cord?
	b) Measure (NAME)'s temperature?
	
	c) Counsel you on danger signs for newborns?
	d) Counsel you on breastfeeding?
	
	e) Observe (NAME) breastfeeding?
	
	f) Checked the mother's temperature?
	
	g) Counsel you on birth spacing?
		YES NO DK
		a) CORD 1 2 8
		b) CHILD TEMP . . 1 2 8
		
		c) SIGNS 1 2 8
		
		d) COUNSEL
		    BREAST-
		    FEED 1 2 8
		e) OBSERVE
		    BREAST-
		    FEED 1 2 8
		f) MOTH TEMP . . 1 2 8
		
		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 . . . . [ ][ ] DON'T KNOW 98	MONTHS . . . . [ ][ ] DON'T KNOW 98
461	For how many months after the birth of (NAME) did you start seeing your husband?	MONTHS . . . . [ ][ ] NOT STARTED . . . . 95 DON'T KNOW . . . . 98 NO RESPONSE 99	MONTHS . . . . [ ][ ] 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 [ ] DEAD [ ] (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 [ ][ ] DAYS . . . . 2 [ ][ ]	
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 ☐ DEAD ☐ (SKIP TO 468) ←	LIVING ☐ DEAD ☐ (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 2016-2019? ONE OR MORE BIRTHS IN 2016-2019 ☐ NO BIRTHS IN 2016-2019 ☐		→ 601
502A	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2016-2019. NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER . . . . ☐☐		
503A	CHECK 216 FOR CHILD: LIVING ☐ DEAD ☐		→ 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 ☐ CODE '4' CIRCLED ☐		→ 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 . . . . ☐☐	

508A	COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.		

	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)			

509A	CHECK 508A: 'BCG' TO 'MEASLES' ALL RECORDED? NO ☐ YES ☐		520A

| 510A | 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? | 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) | |
| | RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN. | NO . . . . 2 DON'T KNOW . . . . 8 (WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 520A) | |

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SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER . . . . [ ][ ]	
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 . . . . [ ] 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 . . . . [ ] DON'T KNOW 8	

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER . . . . [__][__]	
518A	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	→ 520A
519A	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES . . . . [__] DON'T KNOW 8	
520A	In the last 7 days was (NAME) given: a) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER]? b) [LOCAL NAME FOR READY TO USE THERAPEUTIC FOOD SUCH AS PLUMPY'NUT]? c) [LOCAL NAME FOR READY TO USE SUPPLEMENTAL FOOD]?	YES NO DK a) [POWDER/BUSICUIT] . . . . 1 2 8 b) [PLUMPY'NUT] . . . . 1 2 8 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 2016-2019? 　　MORE BIRTHS IN 2016-2019 ☐　　NO MORE BIRTHS IN 2016-2019 ☐		→ 601
502B	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE NEXT-TO-LAST CHILD BORN IN 2016-2019. NAME OF NEXT-TO- LAST BIRTH　_____　BIRTH HISTORY NUMBER . . . . ☐☐		
503B	CHECK 216 FOR CHILD: 　　　　LIVING ☐　　　　　　　　DEAD ☐		→ 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 ☐　　　　CODE '4' CIRCLED ☐		→ 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 . . . . [ ][ ]	

508B COPY DATES FROM THE CARD.
WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.

	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)			

509B CHECK 508B: 'BCG' TO 'MEASLES' ALL RECORDED?

NO ☐   YES ☐ → 520B

510B 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?

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)

RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508B THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.

NO 2
DON'T KNOW 8
(WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN)

(THEN SKIP TO 520B)

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH	BIRTH HISTORY NUMBER	
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 . . . . 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 . . . . 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	
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 . . . . DON'T KNOW 8	
520B	In the last 7 days was (NAME) given: a) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER/BUSCUIT]? b) [LOCAL NAME FOR READY TO USE THERAPEUTIC FOOD SUCH AS PLUMPY'NUT]? c) [LOCAL NAME FOR READY TO USE SUPPLEMENTAL FOOD SUCH AS PLUMPY'DOZ]?	YES NO DK a) [POWDER] . . . . 1 2 8 b) [PLUMPY'NUT] . . . . 1 2 8 c) [PLUMPY'DOZ] 1 2 8	

521B	CHECK 215 IN BIRTH HISTORY: ANY MORE BIRTHS IN 2016-2019?
	
	      MORE BIRTHS IN ☐ NO MORE BIRTHS ☐
	          2016-2019 IN 2016-2019
	
	     (GO TO 502B IN AN ←
	       ADDITIONAL
	     QUESTIONNAIRE)
			→ 601

SECTION 6. CHILD HEALTH AND NUTRITION

601	CHECK 224:		
	ONE OR MORE BIRTHS IN 2014-2019 ☐↓		NO BIRTHS IN 2014-2019 ☐ ————→ 648

602	CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH BIRTH IN 2014-2019. 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)

No.	Question	LAST BIRTH	NEXT-TO-LAST BIRTH
603	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	BIRTH HISTORY NUMBER . . . . ☐☐	BIRTH HISTORY NUMBER . . . . ☐☐
604	FROM 212 AND 216:	NAME _____ LIVING ☐↓ DEAD ☐ (SKIP TO 646) ←	NAME _____ LIVING ☐↓ DEAD ☐ (SKIP TO 646) ←
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 ⌉ (SKIP TO 618) ← DON'T KNOW . . . . 8 ⌋	YES . . . . 1 NO . . . . 2 ⌉ (SKIP TO 618) ← DON'T KNOW . . . . 8 ⌋

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
609	CHECK 467: CURRENTLY BREASTFEEDING? YES ☐ NO/ NOT ASKED ☐ 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? IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less? 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? IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?	MUCH LESS . . . . 1 SOMEWHAT LESS . . . . 2 ABOUT THE SAME . . . . 3 MORE . . . . 4 NOTHING TO DRINK . . . . 5 DON'T KNOW 8	MUCH LESS . . . . 1 SOMEWHAT LESS . . . . 2 ABOUT THE SAME . . . . 3 MORE . . . . 4 NOTHING TO DRINK . . . . 5 DON'T KNOW 8
610	When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?	MUCH LESS . . . . 1 SOMEWHAT LESS . . . . 2 ABOUT THE SAME . . . . 3 MORE . . . . 4 STOPPED FOOD . . . . 5 NEVER GAVE FOOD . . . . 6 DON'T KNOW 8	MUCH LESS . . . . 1 SOMEWHAT LESS . . . . 2 ABOUT THE SAME . . . . 3 MORE . . . . 4 STOPPED FOOD . . . . 5 NEVER GAVE FOOD . . . . 6 DON'T KNOW 8
611	Did you seek advice or treatment for the diarrhea from any source?	YES . . . . 1 NO . . . . 2 (SKIP TO 615) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 615) ←

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

612	Where did you seek advice or treatment?
	
	Anywhere else?
	
	PROBE TO IDENTIFY THE TYPE OF
	
	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
		  ITINERANT DRUG
		    SELLER . . . . 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
			  ITINERANT DRUG
			    SELLER . . . . N
			
			OTHER _____ X
			  (SPECIFY)

613	CHECK 612:	TWO OR ONLY
		  MORE ONE
		CODES CODE ☐
		CIRCLED CIRCLED
		  ↓ (SKIP TO 615) ←
			TWO OR ONLY
			  MORE ONE
			CODES CODE ☐
			CIRCLED CIRCLED
			  ↓ (SKIP TO 615) ←

614	Where did you first seek advice or treatment? USE LETTER CODE FROM 612.	FIRST PLACE . . . . ☐	FIRST PLACE . . . . ☐

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

615	Was (NAME) given any of the following at any time since (NAME) started having the diarrhea:
	
	a) A fluid made from a special packet called [LOCAL NAME FOR ORS PACKET]?
	b) A pre-packaged ORS liquid?
	c) A government-recommended homemade fluid?
	d) Zinc tablets or syrup?
		YES NO DK
		a) FLUID FROM
		    ORS
		      PACKET .. 1 2 8
		b) ORS LIQUID .. 1 2 8
		c) HOMEMADE
		      FLUID 1 2 8
		d) ZINC 1 2 8
			YES NO DK
			a) FLUID FROM
			    ORS
			      PACKET .. 1 2 8
			b) ORS LIQUID .. 1 2 8
			c) HOMEMADE
			      FLUID 1 2 8
			d) ZINC 1 2 8

616	CHECK 615:
	
	ANY 'YES' ☐ ALL 'NO' ☐
	                 OR 'DK'
	a) Was anything b) Was anything
	   else given to given to treat
	   treat the the diarrhea?
	   diarrhea?
		YES 1
		NO .... 2 ⌐
		        (SKIP TO 618) ◄
		DON'T KNOW .... 8 ⌐
			YES 1
			NO .... 2 ⌐
			        (SKIP TO 618) ◄
			DON'T KNOW .... 8 ⌐

617	CHECK 615:
	
	ANY 'YES' ☐ ALL 'NO' ☐
	                 OR 'DK'
	a) What else was b) What was given
	   given to treat to treat the
	   the diarrhea? diarrhea?
	
	   Anything else? Anything else?
	
	   RECORD ALL TREATMENTS GIVEN.
		PILL OR SYRUP
		  ANTIBIOTIC .... A
		  ANTIMOTILITY .... B
		  OTHER (NOT ANTIBIOTIC
		    OR ANTIMOTILITY) C
		  UNKNOWN PILL
		    OR SYRUP .... D
		
		INJECTION
		  ANTIBIOTIC .... E
		  NON-ANTIBIOTIC .... F
		  UNKNOWN
		    INJECTION .... G
		
		(IV) INTRAVENOUS .... H
		
		HOME REMEDY/
		  HERBAL MEDICINE I
		
		OTHER _____ X
		      (SPECIFY)
			PILL OR SYRUP
			  ANTIBIOTIC .... A
			  ANTIMOTILITY .... B
			  OTHER (NOT ANTIBIOTIC
			    OR ANTIMOTILITY) C
			  UNKNOWN PILL
			    OR SYRUP .... D
			
			INJECTION
			  ANTIBIOTIC .... E
			  NON-ANTIBIOTIC .... F
			  UNKNOWN
			    INJECTION .... G
			
			(IV) INTRAVENOUS .... H
			
			HOME REMEDY/
			  HERBAL MEDICINE I
			
			OTHER _____ X
			      (SPECIFY)

618	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1
		NO .... 2 ⌐
		        (SKIP TO 620) ◄
		DON'T KNOW .... 8 ⌐
			YES 1
			NO .... 2 ⌐
			        (SKIP TO 620) ◄
			DON'T KNOW .... 8 ⌐

619	At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
620	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8

621	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	YES 1
		NO .... 2 ⌐
		        (SKIP TO 623) ◄
		DON'T KNOW .... 8 ⌐
			YES 1
			NO .... 2 ⌐
			        (SKIP TO 623) ◄
			DON'T KNOW .... 8 ⌐

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
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 ☐ NO OR DK ☐ (SKIP TO 646) ←	YES ☐ NO OR DK ☐ (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 ☐ ONLY ONE CODE CIRCLED ☐ (SKIP TO 628) ←	TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐ (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 .... ☐	FIRST PLACE .... ☐
628	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS .... ☐☐	DAYS .... ☐☐
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)/ AI ..... 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)/ AI ..... 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 ☐ ↓ 　　(SKIP TO 646) ←	YES ☐ 　　 NO ☐ ↓ 　　(SKIP TO 646) ←

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
632	CHECK 630: ARTEMISININ COMBINATION THERAPY ('A') GIVEN	CODE 'A' CODE 'A' CIRCLED NOT ☐ ☐ CIRCLED ↓ (SKIP TO 634) ◄	CODE 'A' CODE 'A' CIRCLED NOT ☐ ☐ CIRCLED ↓ (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' CODE 'B' CIRCLED NOT ☐ ☐ CIRCLED ↓ (SKIP TO 636) ◄	CODE 'B' CODE 'B' CIRCLED NOT ☐ ☐ CIRCLED ↓ (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' CODE 'C' CIRCLED NOT ☐ ☐ CIRCLED ↓ (SKIP TO 638) ◄	CODE 'C' CODE 'C' CIRCLED NOT ☐ ☐ CIRCLED ↓ (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' CODE 'D' CIRCLED NOT ☐ ☐ CIRCLED ↓ (SKIP TO 640) ◄	CODE 'D' CODE 'D' CIRCLED NOT ☐ ☐ CIRCLED ↓ (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 CODE
		'E' OR 'F' 'E' OR 'F'
		CIRCLED NOT
		     CIRCLED
		↓
		(SKIP TO 642) ←
			CODE CODE
			'E' OR 'F' 'E' OR 'F'
			CIRCLED NOT
			     CIRCLED
			↓
			(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 CODE
		'G' OR 'H' 'G' OR 'H'
		CIRCLED NOT
		     CIRCLED
		↓
		(SKIP TO 644) ←
			CODE CODE
			'G' OR 'H' 'G' OR 'H'
			CIRCLED NOT
			     CIRCLED
			↓
			(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' CODE 'I'
		CIRCLED NOT
		     CIRCLED
		↓
		(SKIP TO 646) ←
			CODE 'I' CODE 'I'
			CIRCLED NOT
			     CIRCLED
			↓
			(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: NO CHILD RECEIVED FLUID ☐ FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID	ANY CHILD RECEIVED FLUID ☐ FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID	→ 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 2017-2019 LIVING WITH THE RESPONDENT ONE OR MORE ☐ NONE ☐ _____ (NAME OF YOUNGEST CHILD LIVING WITH HER)		→ 701

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
650	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:	YES NO DK	
	a) Plain water?	a) 1 2 8	
	b) Juice or juice drinks?	b) 1 2 8	
	c) Clear broth (soup)?	c) 1 2 8	
	d) Canned/powdered livestock milk? IF YES: How many times did (NAME) drink canned/powdered milk? IF 7 OR MORE TIMES, RECORD '7'.	d) . . . . 1 2 8 NUMBER OF TIMES DRANK CANNED/ POWDERED MILK [ ]	
	e) Fresh livestock milk? IF YES: How many times did (NAME) drink fresh milk? IF 7 OR MORE TIMES, RECORD '7'.	e) . . . . 1 2 8 NUMBER OF TIMES DRANK [ ]	
	f) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	f) . . . . 1 2 8 NUMBER OF TIMES DRANK [ ]	
	g) Any other liquids?	g) 1 2 8	
	h) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	h) . . . . 1 2 8 NUMBER OF TIMES ATE YOGURT [ ]	
	i) Any [BRAND NAME OF COMMERCIALLY FORTIFIED BABY FOOD, E.G., Cerelac]?	i) 1 2 8	
	j) Bread, dough, pancake, rice, noodles, porridge, or other foods made from grains?	j) 1 2 8	
	k) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	k) 1 2 8	
	l) White potatoes, white yams, manioc/cassava, or	l) 1 2 8	
	m) Any dark green, leafy vegetables?	m) 1 2 8	
	n) Ripe mangoes, papayas, orange, bananas, water	n) 1 2 8	
	o) Any other fruits or vegetables?	o) 1 2 8	
	p) Liver, kidney, heart, or other organ meats?	p) 1 2 8	
	q) Any meat, such as beef, lamb, goat, chicken?	q) 1 2 8	
	r) Eggs?	r) 1 2 8	
	s) Fresh or dried fish or shellfish?	s) 1 2 8	
	t) Any foods made from beans, peas, lentils, or nuts?	t) 1 2 8	
	u) Cheese or other food made from milk?	u) 1 2 8	
	v) Any other solid, semi-solid, or soft food?	v) 1 2 8	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
651	CHECK 650 (CATEGORIES 'g' THROUGH 'v'): ALL ARE "NO" ☐ AT LEAST ONE 'YES' ☐		→ 653
652	Did (NAME FROM 649) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES . . . . 1 ┐ (GO BACK TO 650 TO RECORD ← FOOD EATEN YESTERDAY) ┐ (THEN CONTINUE TO 653) ←┘ NO 2	→ 654
653	How many times did (NAME FROM 649) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES . . . . ☐ DON'T KNOW 8	

654	The last time (NAME FROM 649) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE 01
		PUT/RINSED
		   INTO TOILET OR LATRINE 02
		PUT/RINSED
		   INTO DRAIN OR DITCH 03
		THROWN INTO GARBAGE 04
		BURIED 05
		LEFT IN THE OPEN 06
		
		OTHER _____ 96
		            (SPECIFY)	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 226: PREGNANT ☐ NOT PREGNANT ☐ OR UNSURE		→ 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 ☐ PREGNANT ☐ OR UNSURE 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?	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 ☐ PREGNANT ☐ OR UNSURE		→ 710
706	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT ☐ CURRENTLY ☐ CURRENTLY USING USING		→ 711
707	CHECK 704: '24' OR MORE MONTHS ☐ NOT ☐ '00-23' MONTHS ☐ OR '02' OR MORE YEARS ASKED OR '00-01' YEAR		→ 711

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

708	CHECK 703 & 704:
	
	WANTS TO WAIT ☐ WANTS NO MORE/
	SOMETIME BEFORE NONE ☐
	A/ANOTHER CHILD ↓
	a) You have said that you b) You have said that you
	would like to wait for do not want any (more)
	sometime before you children. Can you tell
	get another child. Can me why you are not
	you tell me why you are using a method to
	not using a method to prevent pregnancy?
	prevent pregnancy?
	
	               Any other reason?
	Any other reason?
	
	RECORD ALL REASONS MENTIONED.
		NOT MARRIED . . . . A
		
		FERTILITY-RELATED REASONS
		   NOT HAVING SEX . . . . B
		   INFREQUENT SEX C
		   MENOPAUSAL/HYSTERECTOMY . . . . D
		   CAN'T GET PREGNANT . . . . E
		   NOT MENSTRUATED SINCE
		       LAST BIRTH . . . . F
		   BREASTFEEDING . . . . G
		   UP TO GOD/FATALISTIC . . . . H
		
		OPPOSITION TO USE
		   RESPONDENT OPPOSED I
		   HUSBAND OPPOSED . . . . J
		   OTHERS OPPOSED . . . . K
		   RELIGIOUS PROHIBITION L
		
		LACK OF KNOWLEDGE
		   KNOWS NO METHOD . . . . M
		   KNOWS NO SOURCE . . . . N
		
		METHOD-RELATED REASONS
		   SIDE EFFECTS/HEALTH
		       CONCERNS . . . . O
		   LACK OF ACCESS/TOO FAR . . . . P
		   COSTS TOO MUCH . . . . Q
		   PREFERRED METHOD
		       NOT AVAILABLE . . . . R
		   NO METHOD AVAILABLE . . . . S
		   INCONVENIENT TO USE . . . . T
		   INTERFERES WITH BODY'S
		       NORMAL PROCESSES . . . . U
		
		OTHER _____ X
		              (SPECIFY)
		DON'T KNOW . . . . Z	

709	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT ☐ NO, NOT ☐ YES, ☐ ASKED ↓ CURRENTLY USING ↓ CURRENTLY USING		→ 711
710	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

711	CHECK 216:
	
	HAS LIVING ☐ NO LIVING ☐
	CHILDREN ↓ CHILDREN ↓
	
	a) If you could go back to b) If you could choose
	the time you did not exactly the number of
	have any children and children to have in your
	could choose exactly whole life, how many
	the number of children would that be?
	to have in your whole
	life, how many would
	that be?
	       PROBE FOR A NUMERIC RESPONSE.
		NONE 00
		
		NUMBER . . . . ☐☐
		
		OTHER _____ 96
		              (SPECIFY)
			→ 713
			
			→ 713

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?	BOYS GIRLS EITHER NUMBER . . ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	

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?	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	CHECK 303: USING A CONTRACEPTIVE METHOD? CURRENTLY USING ☐ NOT CURRENTLY USING ☐ → 716 NOT ASKED ☐ → 717		
715	Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	MAINLY RESPONDENT .... 1 MAINLY HUSBAND .... 2 JOINT DECISION .... 3 OTHER _____ 6 (SPECIFY)	→ 717
716	Would you say that not using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	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?	SAME NUMBER .... 1 MORE CHILDREN .... 2 FEWER CHILDREN .... 3 DON'T KNOW 8	

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 119 & 120: CURRENTLY MARRIED ☐	NOT IN ☐ UNION	→ 809
802	How old was your husband on his last birthday? IF 95 OR MORE, RECORD '95'	AGE IN COMPLETED YEARS . . . . ☐☐ 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] . . . . ☐☐ 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	_____ _____ ☐☐ _____	
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	_____ _____ ☐☐ _____	

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	CHECK119&120: CURRENTLY □ MARRIED ↓ NOT IN UNION □		→ 825
818	CHECK 816: CODE '1' OR '2' □ CIRCLED ↓ OTHER □		→ 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 EARNING . . . . 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 JOINTL . . . . 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 DON'T KNOW 8	
903	Can people get HIV from mosquito bites?	YES .... 1 NO .... 2 DON'T KNOW 8	
904	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	
905	Can people get HIV by sharing food with a person who has HIV?	YES .... 1 NO .... 2 DON'T KNOW 8	
906	Can people get HIV because of witchcraft or other supernatural means?	YES .... 1 NO .... 2 DON'T KNOW 8	
907	Is it possible for a healthy-looking person to have HIV?	YES .... 1 NO .... 2 DON'T KNOW 8	
908	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	YES NO DK a) DURING PREGNANCY . . 1 2 8 b) DURING DELIVERY . . . . . 1 2 8 c) BREASTFEEDING 1 2 8	
909	CHECK 908: AT LEAST ☐ OTHER ☐ ONE 'YES' ↓		→ 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 DON'T 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 DON'T 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 DON'T 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 DON'T 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 DON'T 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 DON'T 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 DON'T KNOW/NOT SURE/DEPENDS 8	

SECTION 9. HIV/AIDS & STIs

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 DON'T KNOW/NOT SURE/DEPENDS 8	
918	CHECK 901: HEARD ABOUT ☐ NOT HEARD ABOUT ☐ HIV OR AIDS HIV OR AIDS a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? b) Have you heard about infections that can be transmitted through sexual contact?	YES . . . . 1 NO 2	
919	CHECK 918: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ NO ☐		→ 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?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
921	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
922	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
923	CHECK 920, 921, AND 922: HAS HAD AN ☐ HAS NOT HAD AN ☐ INFECTION INFECTION OR (ANY 'YES') DOES NOT KNOW		→ 926
924	The last time you had (PROBLEM FROM 920/921/922), did you seek any kind of advice or	YES . . . . 1 NO 2	→ 926
925	Where did you go? Any other 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)	**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/DOCTOR/ CLINIC . . . . G PHARMACY . . . . H OTHER PRIVATE MEDICAL SECTOR _____ I (SPECIFY) **OTHER SOURCE** SHOP . . . . J OTHER _____ X (SPECIFY)	
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?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

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 . . . . [ ][ ] 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 . . . . [ ][ ] 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 . . . . [ ][ ]	
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?	BIG NOT A BIG PROBLEM PROBLEM a) PERMISSION TO GO . . . . . 1 2 b) GETTING MONEY . . . . 1 2 c) DISTANCE . . . . 1 2 d) GO ALONE 1 2	

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	→ 1016
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 .... ☐☐	
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)	→ 1101

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	

<u>SECTION 11. FEMALE CIRCUMCISION</u>

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 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 .... ☐☐ 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 ☐ HAS NO LIVING ☐
	   LIVING DAUGHTERS DAUGHTERS
	   BORN IN 2007 OR BORN IN 2007 OR
	       LATER LATER
			→ 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 2007 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).

No.	Question	YOUNGEST LIVING DAUGHTER	NEXT-TO-YOUNGEST LIVING DAUGHTER	SECOND-TO-YOUNGEST LIVING DAUGHTER
1111	BIRTH HISTORY NUMBER AND NAME OF EACH LIVING DAUGHTER BORN IN 2007 OR LATER.	BIRTH HISTORY NUMBER . . ☐☐ NAME _____	BIRTH HISTORY NUMBER . . ☐☐ NAME _____	BIRTH HISTORY NUMBER . . ☐☐ 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 COMPLE-TED YRS . . ☐☐ DON'T KNOW 98	AGE IN COMPLE-TED YRS . . ☐☐ DON'T KNOW 98	AGE IN COMPLE-TED YRS . . ☐☐ 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
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 . . . . ☐☐	
1202	CHECK 1201: TWO OR MORE BIRTHS ↓ ONLT ONE BIRTH ☐ (RESPONDENT ONLY)		1301
1203	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS . . . . ☐☐	

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	☐☐ (GO TO 2)	☐☐ (GO TO 3)	☐☐ (GO TO 4)	☐☐ (GO TO 5)	☐☐ (GO TO 6)	☐☐ (GO TO 7)
1208	How many years ago did (NAME) die? RECORD '00' IF LESS THAN ONE YEAR	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
1209	How old was (NAME) when (he/she) died?	☐☐ (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 2)	☐☐ (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 3)	☐☐ (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 4)	☐☐ (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 5)	☐☐ (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 6)	☐☐ (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
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?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
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	☐☐ (GO TO 8)	☐☐ (GO TO 9)	☐☐ (GO TO 10)	☐☐ (GO TO 11)	☐☐ (GO TO 12)	☐☐ (GO TO 13)
1208	How many years ago did (NAME) die? RECORD '00' IF LESS THAN ONE YEAR	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

1209	How old was (NAME) when (he/she) died?	☐☐ (IF MALE OR DIED BEFORE 12 YRS GO TO 8)	☐☐ (IF MALE OR DIED BEFORE 12 YRS GO TO 9)	☐☐ (IF MALE OR DIED BEFORE 12 YRS GO TO 10)	☐☐ (IF MALE OR DIED BEFORE 12 YRS GO TO 11)	☐☐ (IF MALE OR DIED BEFORE 12 YRS GO TO 12)	☐☐ (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?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	
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 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) Denial of inheritance? k) Other	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 MARRIAG . . . . . 1 2 8 RAPE . . . . 1 2 8 SEX HARASSMENT . . . . . 1 2 8 FORCED LABOUR . . . . . 1 2 8 OTHER _____ 1 2 (SPECIFY)	
1304	Who is the person who commits the most violent acts against women in the community?	HUSBAND . . . . A MOTHER/STEP-MOTHER . . . . B FATHER/STEP-FATHEI . . . . C SISTER/BROTHER . . . . D DAUGHTER/SON . . . . E OTHER RELATIVE . . . . F IN-LAWS . . . . G TEACHER . . . . H EMPLOYER/SOMEONE AT WORI . . . . . I POLICE/SOLDIER . . . . J OTHER _____ K (SPECIFY)	
1305	Where do most violent acts take place?	AT HOME . . . . 1 WORKPLACI . . . . 2 STREET . . . . 3 SCHOOL . . . . 4 WATER POINT . . . . 5 RURAL/GRAZING AREAS . . . . 6 MARKET PLACE . . . . 7 NEIGHBOURHOOD . . . . 9 OTHER _____ 96 (SPECIFY)	
1306	CHECK 119 & 120 CURRENTLY MARRIED OR ☐ DIVORCED/ABANDONED ↓	WIDOWED ☐ _____ —————→	1318

1307	In your opinion, is a husband justified in hitting or beating his wife in the following situations:		YES	NO	DK
	a) If she goes out without telling him?	a) GOES OUT	1	2	8
	b) If she neglects the children?	b) NEGLECTS CHILDREN	1	2	8
	c) If she neglects household duties including cooking?	c) NEG. HH DUTIES	1	2	8
	d) If she argues with him?	d) ARGUES	1	2	8
	e) If she wastes resources?	e) WASTES RESOURCES	1	2	8
	g) If she refuses to have sex with him?	e) REFUSES SEX	1	2	8

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	JEALOUS	1	2	8
	b) He frequently (accuses/accused) you of being unfaithful?	ACCUSES	1	2	8
	c) He (does/did) not permit you to meet your female friends?	NOT MEET FRIENDS ..	1	2	8
	d) He (tries/tried) to limit your contact with your family?	NO FAMILY	1	2	8
	e) He (insists/insisted) on knowing where you (are/were) at all times?	WHERE YOU ARE	1	2	8

1309 Now I need to ask some more questions about your relationship with your (last) husband.

A. Did your (last) husband ever:

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) 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 ☐ 'YES' ↓	NOT A SINGLE ☐ '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 ..... ☐☐ 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 ☐ MARRIED ONCE ☐ THAN ONCE ↓		→ 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?

		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 MARRIED ☐	NOT IN UNION ☐	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: EVER BEEN PREGNANT ('YES' ON 201 OR 226 OR 230) NEVER BEEN PREGNANT		→ 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 HUSBAND................ A MOTHER/STEP-MOTHER .... B FATHER/STEP-FATHER............. C SISTER/BROTHER .... D DAUGHTER/SON .... E OTHER RELATIVE .... F FORMER HUSBAND................ 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	CHECK119&120:		
	CURRENTLY ☐ NOT IN UNION ☐ MARRIED a) In the last 12 months, has anyone raped you? b) In the last 12 months has anyone physically forced you to have sexual intercourse?	YES .... 1 NO 2	→ 1326

1325	CHECK 1310 (a-g) and 1317 (a,b), 1322:	
	AT LEAST ONE ☐ NOT A SINGLE ☐ 'YES' 'YES'	→ 1329

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 FAMIL'........... ..... 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 MODULE ONLY.	

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?		YES, ONCE	YES, MORE THAN ONCE	NO
		HUSBAND	1	2	3
		OTHER MALE ADUL'.....	1	2	3
		FEMALE ADULT	1	2	3

1330	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE. _____ _____ _____	

1331	RECORD THE TIME YOU END THE INTERVIEW.	HOURS .... ☐☐ MINUTES .... ☐☐	

Never-married Woman's Questionnaire

SOMALI HEALTH & DEMOGRAPHIC SURVEY
2017-2019

SOMALI MINISTRIE'S OF PLANNING AND HEALTH

QUESTIONNAIRE
SERIAL NUMBER

REG. CODE   DIST CODE   EA CODE   HH SERIAL NO.   INTERVIEWER NO.

NEVER MARRIED WOMAN'S QUESTIONNAIRE

IDENTIFICATION	
NAME	CODE
REGION	
PRE-WAR NAME OF THE DISTRICT	
CURRENT NAME OF THE DISTRICT _____	
SETTLEMENT _____	
EA TYPE (1=RURAL/IDP 2=URBAN/IDP 3=NOMADIC)	
EA CODE	
HOUSEHOLD SERIAL NUMBER IN THE EA	

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
				MONTH
				YEAR
INTERVIEWER'S NAME	_____	_____	_____	INT. NO.
RESULT*	_____	_____	_____	RESULT*
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		

*RESULT CODES: 1 COMPLETED   4 REFUSED
2 NOT AT HOME   5 PARTLY COMPLETED   7 OTHER _____
3 POSTPONED   6 INCAPACITATED   SPECIFY

LANGUAGE OF QUESTIONNAIRE**	**0** **1**	LANGUAGE OF INTERVIEW**		NATIVE LANGUAGE OF RESPONDENT**	

LANGUAGE OF QUESTIONNAIRE** **ENGLISH** _____

**LANGUAGE CODES:
01 ENGLISH   03 LANGUAGE _____
02 SOMALI   SPECIFY

	SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED IN BY
NAME	_____	_____	_____	_____
DATE	_____	_____	_____	_____
CODE	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐

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 . . . . ☐☐ MINUTES . . . . ☐☐	
102	In what month and year were you born?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS . . . . ☐☐	
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] . . . . ☐☐	
107	CHECK 105: KORANIC, ☐ HIGHER ☐ PRIMARY OR SECONDARY		⟶ 110

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: CODE '2', '3' OR '4' CIRCLED ↓ CODE '1' OR '5' CIRCLED		→ 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?	YES NO DK a) DURING PREGNANCY . . 1 2 8 b) DURING DELIVERY . . . . . 1 2 8 c) BREASTFEEDING 1 2 8	
209	CHECK 208: AT LEAST ☐ OTHER ☐ ONE 'YES' ↓		→ 211
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	CHECK 201: HEARD ABOUT ☐ NOT HEARD ABOUT ☐ HIV OR AIDS HIV OR AIDS a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? b) Have you heard about infections that can be transmitted through sexual contact?	YES . . . . 1 NO 2	
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?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
220	Have you received the following immunizations? a) Flu (Influenza)? b) Tetanus, diphtheria, pertussis? c) HPV (Human papillomavirus)? d) Meningococcal? e) Pneumococcal? f) Hepatitis A g) Hepatitis B h) Polio? i) Measles j) Chickenpox (varicella)	YES NO DK a) FLU . . . . 1 2 8 b) TDAP . . . . 1 2 8 c) HPV . . . . 1 2 8 b) MENENGITIS. . . . . 1 2 8 c) PNEUMONIA. . . . . 1 2 8 c) HEPATITIS A. . . . . 1 2 8 c) HEPATITIS B. . . . . 1 2 8 c) POLIO. . . . . 1 2 8 c) MEASLES . . . . 1 2 8 c) CHICKENPOX 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 . . . . [ ][ ] 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 do 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) Denial of inheritance? k) Other	YES NO DK ABUSE . . . . 1 2 8 HH DECISIOI . . . . 1 2 8 CHILDREN DECISIC . . . . 1 2 8 BETTER TREATMENT . . 1 2 8 NO LIVING COSTS . . . . 1 2 8 EDU DENIAL . . . . 1 2 8 FORCED MARRIAG . . . . 1 2 8 RAPE . . . . 1 2 8 SEX HARASSMENT . . . . 1 2 8 INHERITANCE . . . . 1 2 8 OTHER _____ 1 2 (SPECIFY)	
402	Who is the person who commits the most violent acts against women?	HUSBAND . . . . A MOTHER/STEP-MOTHER . . . . B FATHER/STEP-FATHEI . . . . C SISTER/BROTHER . . . . D DAUGHTER/SON . . . . E OTHER RELATIVE . . . . F IN-LAWS . . . . G TEACHER . . . . H EMPLOYER/SOMEONE AT WOR . . . . I POLICE/SOLDIER . . . . J OTHER _____ K (SPECIFY)	
403	Where is the place with most violent acts?	AT HOME . . . . 1 WORKPLACI . . . . 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: 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?	YES NO DK GOES OUT . . . . 1 2 8 NEGL. CHILDREN . . . . 1 2 8 NEGL. OTHER HH DUTIES 1 2 8 ARGUES . . . . 1 2 8 WASTE RESOURCES . . 1 2 8 NOT RESP. FAMILY 1 2 8	
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?	

		EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	
	a) was slapped, pushed, shaken, or thrown something at?	YES	1	→ 1	2	3	
		NO	2				

b) twisted your arm or pulled your hair?	YES 1 NO 2	→	1	2	3
c) punched you with fist or with something that could hurt you?	YES 1 NO 2	→	1	2	3
d) kicked, dragged, or beat you up?	YES 1 NO 2	→	1	2	3
e) choked or burned you on purpose?	YES 1 NO 2	→	1	2	3
f) threatened or attacked you with a knife, gun, or other weapon?	YES 1 NO 2	→	1	2	3

| 408 | CHECK 407 a-f:

AT LEAST ONE ☐   ALL 'NO' ☐
'YES' ↓

Who has hurt you in this way?

Anyone else?

RECORD ALL MENTIONED. | MOTHER/STEP-MOTHER . . . . A
FATHER/STEP-FATHER . . . . B
SISTER/BROTHER C
NIECE/NEPHEW   . . . . D
OTHER RELATIVE . . . . E
NEIGHBOUR . . . . H
TEACHER   I
EMPLOYER/SOMEONE AT WOR . . . . J
POLICE/SOLDIER   . . . . K
MILITIA/GANGS L

OTHER _____ X
(SPECIFY) | → 501 |
| 409 | 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 | |

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 . . . . MINUTES	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

_____

_____

_____

_____

_____

_____

COMMENTS ON SPECIFIC QUESTIONS:

_____

_____

_____

_____

_____

_____

ANY OTHER COMMENTS:

_____

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_____

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_____

SUPERVISOR'S OBSERVATIONS

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EDITOR'S OBSERVATIONS

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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	
PRE-WAR NAME OF THE DISTRICT	
CURRENT NAME OF THE DISTRICT	
SETTLEMENT/TOWN	
EA TYPE (1=RURAL/IDP 2=URBAN/IDP 3=NOMADIC)	
EA CODE	
HOUSEHOLD SERIAL NUMBER IN THE EA	

INTERVIEWER VISITS

	1	2	3	FINAL VISIT	
DATE				DAY	
				MONTH	
				YEAR	
INTERVIEWER'S NAME				INT. NO.	
RESULT*				RESULT*	
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS	
TIME					

*RESULT CODES:
- 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 TIM
- 4 POSTPONED
- 5 REFUSED
- 6 DWELLING VACANT OR ADDRESS NOT A DWELLING
- 7 DWELLING DESTROYED
- 8 DWELLING NOT FOUND
- 9 PARTIALY COMPLETED
- 96 OTHER _____ (SPECIFY)

LANGUAGE OF QUESTIONNAIRE**	**0 1**	LANGUAGE OF INTERVIEW**		NATIVE LANGUAGE OF RESPONDENT**	

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**

**LANGUAGE CODES:
01 ENGLISH   03 OTHER _____
02 SOMALI   (SPECIFY)

	SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED IN BY
NAME				
DATE				
CODE				

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 . . . . | | |

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			M F 1 2	IN YEARS		IN YEARS	YES NO 1 2 NEXT LINE	MALE FEMALE
02			1 2				1 2 NEXT LINE	
03			1 2				1 2 NEXT LINE	
04			1 2				1 2 NEXT LINE	
05			1 2				1 2 NEXT LINE	
06			1 2				1 2 NEXT LINE	
07			1 2				1 2 NEXT LINE	
08			1 2				1 2 NEXT LINE	
09			1 2				1 2 NEXT LINE	
10			1 2				1 2 NEXT LINE	

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-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.	What is the relationship of (NAME) to the head of the household?	Is (NAME) male or female?	How old is (NAME) in completed years?	What is (NAME)'s current marital status?	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?
	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.	SEE CODES BELOW.		RECORD AGE IN COMPLETED YEARS WRITE "00" IF LESS THAN ONE YEAR IF 95 OR MORE, RECORD '95'.	1 = MARRIED 2 = DIVORCED 3 = ABANDO-NED 4 = WIDOWED 5 = NEVER-MARRIED			RECORD MALES & FEMALES IF NONE, RECORD '00'.
			M F 1 2	IN YEARS		IN YEARS	YES NO 1 2 ↓ NEXT LINE	MALE FEMALE
11		☐☐	1 2	☐☐	☐	☐☐	1 2 ↓ NEXT LINE	☐☐
12		☐☐	1 2	☐☐	☐	☐☐	1 2 ↓ NEXT LINE	☐☐
13		☐☐	1 2	☐☐	☐	☐☐	1 2 ↓ NEXT LINE	☐☐
14		☐☐	1 2	☐☐	☐	☐☐	1 2 ↓ NEXT LINE	☐☐
15		☐☐	1 2	☐☐	☐	☐☐	1 2 ↓ NEXT LINE	☐☐
16		☐☐	1 2	☐☐	☐	☐☐	1 2 ↓ NEXT LINE	☐☐
17		☐☐	1 2	☐☐	☐	☐☐	1 2 ↓ NEXT LINE	☐☐
18		☐☐	1 2	☐☐	☐	☐☐	1 2 ↓ NEXT LINE	☐☐
19		☐☐	1 2	☐☐	☐	☐☐	1 2 ↓ NEXT LINE	☐☐
20		☐☐	1 2	☐☐	☐	☐☐	1 2 ↓ NEXT LINE	☐☐

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

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 NO 2						→ END

| 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? RECORD ONLY ONE NAME	Was (NAME) Male or Female? 1 = MALE 2 = FEMALE	How old was (NAME) he/she when she died? RECORD AGE IN COMPLETED YEARS WRITE "00" IF < 1 YEAR IF 95 OR MORE, RECORD '95'.	Was (NAME) pregnant when she died?	Did (NAME) die during delivery?	Did (NAME) die during the 6 weeks following delivery? PROBE FOR APPROX 40 DAYS BIRTH CELEB-RATION	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? 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	Y N DK 1 2 8 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)
02				1 → 2 GO TO 209	1 → 2 GO TO 209	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	1 2 8 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)
03				1 → 2 GO TO 209	1 → 2 GO TO 209	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	1 2 8 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)
04				1 → 2 GO TO 209	1 → 2 GO TO 209	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	1 2 8 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)
05				1 → 2 GO TO 209	1 → 2 GO TO 209	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	1 2 8 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)

ICK HERE IF CONTINUATION SHEET USED

RECORD THE END TIME. HOURS ....

MINUTES ....

HH-5