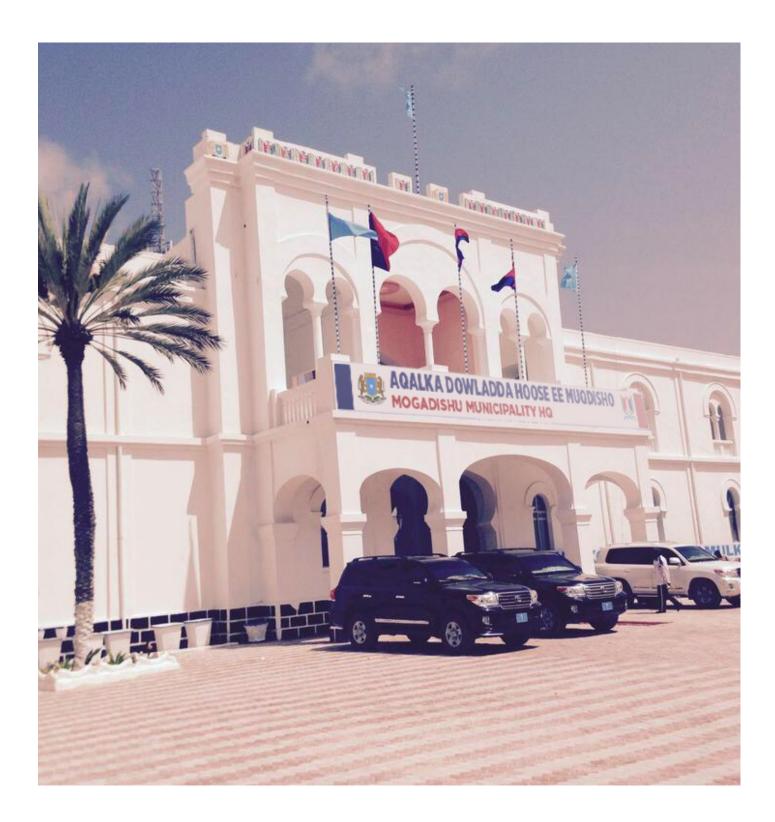


Somali Health and Demographic Survey **Benadir Report 2020**





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Somali Health and Demographic Survey **Benadir Report 2020**



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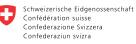
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Preface

The Somalia National Bureau of Statistics (SNBS) in cooperation with the Ministry of Health and Human Services of the Federal Government of Somalia is pleased to present the findings of the Benadir Health and Demographic Survey (BHDS) 2020. It is a series of the reports generated from the Somali Health and Demographic Survey. The results of this survey provides the 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 the population of Benadir.

The report findings will enable the Benadir Regional Administration as well as the Federal Government of Somalia to monitor their respective sectors in Somalia's National Development Plans, including those relating to improving the lives of women, children and the overall health of Benadir's population. It presents more than just numbers—offering valuable information to the Federal Government of Somalia 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 define strategic plans and programmes for Benadir.

The findings from the BHDS show that around 64 percent of Benadir's population is below 20 years of age and around 78 percent is below 30 years of age. It also shows that about 35 percent of female household members are within the childbearing age. This can have implications on Benadir'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 Benadir is likely to experience in the coming years.

Furthermore, the survey results indicate that 49 percent of women aged 15-49 who had a live birth in the 5 years prior to the survey received antenatal care from skilled health personnel during the pregnancy of their most recent birth. Forty-nine percent of births delivered with the assistance of trained health personnel and 38 percent were delivered at a health facility. According to the three

The survey findings will enable the Federal Government of Somalia and Benadir region to monitor their development goals anthropometric indices of nutritional status of children, 26 percent of children under-five are stunted, 8 percent are wasted and 12 percent are underweight. These crucial findings are a result of the great efforts of UNFPA Somalia's Population and Development unit, Ministry of Health and Social Services, and Benadir Regional Administration that collaborated with the Directorate of National Statistics at every stage of the survey— along with all the personnel who worked on this survey. These professionals worked together diligently to complete every phase of the survey within the planned time and in a challenging environment. The BHDS heroes include more than 50 female health professionals who knocked on doors of pre-sampled households in Benadir to collect rich, diverse information from more than 1,800 households for this report. The 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.

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 Somalia National Development Plan 9 to attain the Sustainable Development Goals, and response plans for diseases and emergencies, such as the ongoing COVID-19 pandemic, displacement of people due to recurrent droughts, floods and conflicts.

SNBS invites all users of data such as government institutions, international organizations, the donor community, civil society organizations, universities, researchers and the public to play an important role in utilizing the valuable data showcased in the Benadir regional report for making their policies, programmes as well as monitoring and evaluating their progress in order to contribute to the development of the region and the country at large.

Acknowledgments

The Benadir report was accomplished through the contribution, commitment and dedication of several organisations and individuals.

A team of subject specialists from the Somalia National Bureau of Statistics (SNBS) under the leadership of the Deputy Director-General Abdirahman Omara Dahir drafted the chapters for this report. We would like to acknowledge Nur Ahmed Weheliye (SHDS Coordinator), Dr. Abdulkadir Wehliye Afrah (Deputy National SHDS Coordinator), Said Abdilaahi Abdi (Technical Lead), Mohamed AbdinurMohamed (Statistician), and Abdulrazak Abdullahi Karie (Demographer) from SNBS for steering this process.

The UNFPA Somalia technical team under the leadership of A Mariam Alwi (Head of Population and Development Unit) provided technical support in the form of advice, review, editing, and proof reading of the document. These are Richard Ng'etich (Statistician), Felix Mulama (Demographer), Zena Lyaga (Demographer), and Kamal Ahmed (Advocacy and Communications).

We express our sincere appreciation to the team for working together with us every step of the way, and for developing our capacity and skills in several areas.

Our gratitude also goes to the Ministry of Health & Human Services who extensively provided support in the SHDS training and fieldwork in the Benadir region as well as validation of the report. We would like to single out Nur Ali Mohamud (SHDS National Director) and Dr. Abdikadir Afrah Weheliye (Deputy SHDS Coordinator) who led the team from the Ministry. Other members who undertook the validation of the report included: Ibrahim Mohamed Nur (Director Human Resource), Hassan Sheikh (HMIS), Hamdi Osman Aden (MoH), Habib Aden Nur (Global Financing Facility Liaison Officer)

We express our gratitude to the late Mayor and Governor of the Benadir Regional Administration (BRA), Eng Abdirahman, Omar Osman (Yariisow), officials, and all the district commissioners for the support and cooperation extended to the team especially during fieldwork.



Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ARI	Acute Respiratory Infections
ART	Antiretroviral Therapy
ASFRs	Age-Specific Fertility Rates
BCG	Bacillus Calmette-Guérin [tuberculosis vaccine]
BHDS	Benadir Health and Demographic Survey
ВМІ	Body Mass Index
BRA	Benadir Regional Administration
САРІ	Computer-Assisted Personal Interviewing
CBR	Crude Birth Rate
СЕВ	Children Ever Born
СМ	Centimeter
CPR	Contraceptive Prevalence Rate
CRVS	Civil Registration and Vital Statistics
C-section	Cesarean Section
CSPro	Census and Survey Processing System
DANIDA	Danish International Development Agency
DfID	Department for International Development
DHS	Demographic and Health Surveys
DNS	Directorate of National Statistics
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
GAR	Gross Attendance Ratios
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GFR	General Fertility Rate
GIS	Geographic Information System
GPI	Gender Parity Index
нс	Health Centers
HIV	Human Immunodeficiency Virus
ICPD	Internal Conference on Population Development
IUD	Intra Uterine Device
IYCF	Infant and Young Child Feeding
KG	Kilogram
LAM	Lactational Amenorrhea



мсн	Maternal Child Health
MICS	Multiple Indicator Cluster
MMR	Maternal Mortality Ratio
мон	Ministry of Health
MoPIED	Ministry of Planning, Investment and Economic Development
МТСТ	Mother-to-child transmission
NA	Not Applicable
NAR	Net Attendance Ratios
NDP	National Development Plan
NLWs	Nomadic Link Workers
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
P & D	Population and Development
PAPFAM	Pan Arab Project for Family Health
PESS	Population Estimation Survey of Somalia
PHU	Primary Health Unit
PNC	Postnatal Care
PPS	Probability Proportional to Size
PSU	Primary Sampling Units
RHF	Recommended Home Fluids
SD	Standard Deviation
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender-Based Violence
SHDS	Somali Health and Demographic Survey
SHS	Second-Hand Smoke
SNBS	Somali National Bureau of Statistics
SPSS	Statistical Package for the Social Science
SSUs	Secondary Sampling Units
STD	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
ТВА	Traditional Birth Attendant
TFR	Total Fertility Rate
TNG	Transitional National Government
ToTs	Training of Trainers
тті	Tetanus Toxoid injections
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
US	United States
USD	United States Dollar
USUs	Ultimate Sampling Units
WHO	World Health Organization

Contents

Preface	V
Acknowledgments	VII
Acronyms	VIII
Contents	х
List of Tables	XIV
List of Figures	XVII
Sustainable Development Goal Indicators	XIX
Chapter 1: Introduction	2
Survey Objectives and Organization	3
Sample Design	3
Questionnaires	4
Maternal Mortality Questionnaire	4
Household and Individual Questionnaires	4
Training	6
Fieldwork	6
Response Rates	7
Chapter 2: Household and Housing Characteristics	10
Household and Housing Characteristics	10
Age and Sex Composition:	10
Household Composition	11
Education	11
School Attendance Ratios	12
Housing Characteristics	13
Water Supply	13
Sanitation Facilities	14
Flooring Material, Lighting and Cooking Arrangements	15
Household Possessions	15
Household Wealth	15
Birth Registration	16
Chapter 3: Characteristics of the Respondents	32
Background characteristics of respondents	32
Educational Attainment	32
Literacy	33
Exposure to Mass Media	34
Internet Use	35
Employment Status of ever married women	36
Use of Tobacco	37

Chapter 4: Marriage, Fertility, Fertility Preference and Birth Spacing	48
Marriage	48
Marital status	48
Age at first marriage	48
Early Marriage	50
Fertility	50
Current fertility	50
Inter-Birth Intervals	53
Menopause	53
Age at First Birth	54
Teenage Pregnancy and Motherhood	54
Fertility Preferences	55
Fertility Preferences by Number of Living Children	55
Desire to Limit Childbearing	55
Ideal number of children	56
Fertility Planning	56
Birth Spacing	57
Knowledge of contraceptive methods	58
Contraceptive Use	59
Knowledge of Fertile Period	60
Need and Demand for Birth Spacing	60
Exposure to Birth Spacing Messages	61
Chapter 5: Maternal and Newborn Health	78
Antenatal Care	78
Antenatal Care Coverage	79
Number and Timing of Antenatal Visits	79
Components of Antenatal Care	80
Tetanus Toxoid	81
Assistance at Delivery	81
Place of Delivery	82
Postnatal Care and Practices	82
Problems in Accessing Health Care	83
Obstetric Fistula	84
Chapter 6: Child Health	98
Birth Weight	98
Vaccination of Children	98
Symptoms of Acute Respiratory Infection	100
Fever	101
Diarrhoeal Disease	102
Treatment of Childhood Illnesses	102
Disposal of Children's Stools	103
Chapter 7: Child Nutrition and Feeding Practices and Nutritional Status of Women	112
Nutrition of Children and Women	112

Nutritional Status of Children	113
Initiation of breastfeeding	114
Breast feeding status by age	115
Infant and Young Child Feeding (IYCF) Indicators on Breastfeeding Status	116
Types of complementary Foods	116
Infant and Young Child Feeding (IYCF) Practices	117
Micronutrients intake among Children	118
Nutritional status of women	119
Micronutrient intake among women	119
Chapter 8: HIV/AIDS-Related Knowledge, Beliefs and Attitudes	132
HIV/AIDS-Related Knowledge, Beliefs and Attitudes and Prevention Methods	132
Misconceptions about HIV/AIDS	133
Knowledge about Mother-to-Child Transmission	133
Attitudes towards People Living with HIV/AIDS	134
Self-reporting of Sexually Transmitted Infections	135
Chapter 9: Gender-Based Violence	146
Measurements of Violence	146
Ethical Considerations	147
Opinions about Domestic Violence	147
Women's Experience of Physical Violence	149
Perpetrators of Physical Violence	149
Violence during Pregnancy	150
Spousal Violence	150
Injuries to Women due to Spousal Violence	150
Help-seeking Behaviors	151
Chapter 10: Female Circumcision	160
Opinions on Female Circumcision	160
Prevalence of Female Circumcision	162
Age at Female Circumcision	163
Female Circumcision on Daughters	163
Attitudes towards Female Circumcision	164
Chapter 11: Women's Empowerment	174
Married women's employment	174
Control over Women's Earnings	175
Control over Husbands' Earnings	175
Ownership of Assets	176
Ownership and Use of Bank Accounts and Mobile Phones	177
Women's Participation in Decision-Making	177
Attitudes towards Wife Beating	178
Summary Indices of Women's Empowerment	179
Chapter 12: Chronic Diseases, Disability, Out-Of-Pocket Health Expenditure and Social Habits	88
Prevalence of Chronic Diseases	188



Diagnosis and Treatment of Chronic Diseases	189
Prevalence of Disability	190
Origin and Age at Onset of Disability	191
Care and Support for Persons with Disabilities	192
Household out of-Pocket Health Expenditure and Health-Seeking Behavior	192
Tobacco Use and Khat Chewing	194
References	206
APPENDIX A	208
Estimates of Sampling Errors	209
List of Contributors	214
APPENDIX B	216
Household Questionnaire	217
Ever-married Woman's Questionnaire	241
Never-married Woman's Questionnaire	311
Maternal Mortality Questionnaire	322



List of Tables

Table 1.1	Results of the household and individual interviews	7
Table 2.1	Household population by age and sex	18
Table 2.2	Household composition	19
Table 2.3a	Educational attainment of the household population	20
Table 2.3b	Educational attainment of the male household population	20
Table 2.3c	Educational attainment of the female household population	21
Table 2.4	School attendance ratio	22
Table 2.5a	Household drinking water	23
Table 2.5b	Treatment of household drinking water	24
Table 2.6	Household sanitation facilities	25
Table 2.7	Household characteristics and social amenities	26
Table 2.8	Household possessions	27
Table 2.9	Wealth quintiles	27
Table 2.10	Birth registration of children under age five	28
Table 3.1	Background characteristics of respondents	38
Table 3.2	Educational attainment: Women	39
Table 3.3	Literacy: Women	40
Table 3.4	Exposure to mass media: Women	41
Table 3.5	Internet usage: Women	42
Table 3.6	Employment status: Ever-married women	43
Table 3.7	Use of tobacco: Ever Married Women	44
Table 4.1	Current marital status	62
Table 4.2	Age at first marriage - Women	62
Table 4.3	Age at first marriage - Men	63
Table 4.4	Current Fertility	63
Table 4.5	Selected fertility indicators by background characteristics	64
Table 4.6	Children ever born and living	65
Table 4.7	Birth intervals	66
Table 4.8	Menopause	67
Table 4.10	Median age at first birth	68
Table 4.11	Teenage pregnancy and motherhood	68
Table 4.12	Fertility preferences by number of living children	69
Table 4.13	Desire to limit childbearing: Women	69
Table 4.14	Ideal number of children	70
Table 4.15	Fertility planning status	71
Table 4.16	Knowledge of contraceptive methods	71
Table 4.17	Knowledge of contraceptive methods by background characteristics	72
Table 4.18	Current use of contraception by age	73
Table 4.19	Knowledge of fertile period by age	73
Table 4.20	Need and demand for birth spacing among currently married women	74



Table 4.21	Exposure to Birth Spacing messages	75
Table 5.1	Antenatal care	86
Table 5.2	Number of antenatal care visits and timing of first visit	87
Table 5.3	Components of antenatal care	88
Table 5.4	Tetanus toxoid injections	89
Table 5.5	Assistance during delivery	90
Table 5.6	Place of delivery	91
Table 5.7	Timing of first postnatal checkup for the mother	92
Table 5.8	Timing of first postnatal checkup for the newborn	93
Table 5.9	Problems in accessing health care	94
Table 5.10	Obstetric fistula	95
Table 6.1	Child's weight and size at birth	104
Table 6.2	Vaccinations by background characteristics	105
Table 6.3	Prevalence of symptoms of ARI	106
Table 6.4	Prevalence of fever	107
Table 6.5	Prevalence of Diarrhea	108
Table 6.6	Disposal of children's stools	109
Table 7.1	Nutritional status of children	122
Table 7.2	Initial breastfeeding	123
Table 7.3	Breastfeeding status by age	124
Table 7.4	Foods and liquids consumed by children in the day or night preceding the interview	125
Table 7.5	Infant and young child feeding (IYCF) practices	126
Table 7.6	Micronutrient intake among children	127
Table 7.7	Nutritional status of women	128
Table 7.8	Micronutrient intake among mothers	129
Table 8.1	Knowledge of HIV	138
Table 8.2	Comprehensive knowledge about HIV	139
Table 8.3	Knowledge of prevention of mother-to-child transmission of HIV	140
Table 8.4	Discriminatory attitudes towards people living with HIV	141
Table 8.5	Self-reported prevalence of sexually transmitted infections (STIs) and STI symptoms	142
Table 8.6	Source of advice or treatment for STIs	143
Table 9.1	Acts that mean domestic violence	152
Table 9.2	Experience of physical violence	153
Table 9.3	Opinions regarding the most common perpetrator of violent acts against women	154
Table 9.4	Experience of violence During pregnancy	155
Table 9.5	Spousal violence by background characteristics	156
Table 9.6	Help seeking to stop violence	157
Table 10.1	Opinions on whether Female Circumcision is required by religion	166
Table 10.2	Prevalence of Female Circumcision	167
Table 10.3	Age at Female Circumcision	168
Table 10.4	Female Circumcision on girl's aged 0-14 by mother's background characteristics	169



Table 10.5	Opinions on Continuation of Female Circumcision	170
Table 11.1	Employment and cash earnings of currently married women	181
Table 11.2	Ownership of assets	182
Table 11.3	Ownership and use of bank accounts and mobile phones	183
Table 11.4	Participation in decision making	183
Table 11.5	Attitude toward wife beating: Women	184
Table 11.6	Indicators of women's empowerment	185
Table 12.1	Prevalence of chronic diseases by background characteristics	196
Table 12.2	Prevalence of specific chronic diseases	197
Table 12.3	Prevalence of disability and Common types of disability	198
Table 12.4	Origin of disabilities	199
Table 12.5	Age at onset of disability	199
Table 12.6	Care and Support received by background characteristics	200
Table 12.7	Sources for advice or treatment	201
Table 12.8	Financial sources used to pay for health services	202
Table 12.9	Amount in health expenses	202
Table 12.10	Smoking or using tobacco	203
Table 12.11	Use of Khat	204

List of Figures

Figure 2.1	Benadir population distribution by age and sex	11
Figure 2.2	Improved sources of drinking water	13
Figure 2.3	Household sanitation facilities	13
Figure 2.4	Percent of household possessions	15
Figure 3.1	Educational Attainment	33
Figure 3.2	Literacy	33
Figure 3.3	Exposure to mass media	
-		35
Figure 3.4	Internet Usage	36
Figure 3.5	Employment Status	37
Figure 4.1	Current marital status of women aged 15-49	49
Figure 4.2	Age at First Marriage	49
Figure 4.3	Age-specific fertility rates	51
Figure 4.4	Fertility by educational background	52
Figure 4.5	Teenage pregnancy and motherhood by Educational Level	55
Figure 4.6	Fertility planning status	57
Figure 4.7	Knowledge of contraceptive methods	58
Figure 4.8	Knowledge of contraceptive methods by education	59
Table 4.9	Age at first birth	67
Figure 5.1	Source of Antenatal Care	79
Figure 5.2	ANC visits made by pregnant women	79
Figure 5.3	Components of antenatal care	80
Figure 5.4	Assistance during delivery	81
Figure 5.5	Place of delivery	82
Figure 5.6	Timing of first postnatal check-up for the mothers	83
Figure 5.7	Problems in accessing health care	84
Figure 6.1	Child's weight and size at birth	98
Figure 6.2	Vaccination coverage for children aged 12-23 months	99
Figure 6.3	Children with ARI symptoms by age	100
Figure 6.4	Children with fever by age	101
Figure 6.5	Percent of children with diarrhoea by age	102
Figure 6.6	Percent of children with diarrhoea by age	103
Figure 6.7	Sought Advice or Treatment of childhood illnesses	103
Figure 6.8	Disposal of children's stools	103
Figure 7.1	Nutritional status of children	113
Figure 7.2	IYCF indicators on breastfeeding status	116
Figure 8.1	Knowledge of prevention of mother-to-child transmission of HIV/AIDS	134
Figure 8.2	Discriminatory attitudes towards people living with HIV/AIDS by education	134
Figure 8.3	Discriminatory attitudes towards people living with HIV/AIDS by age	135
Figure 8.4	Source of advice or treatment for STIs	136
Figure 9.1	Acts that mean domestic violence	148



Figure 9.1	Physical violence	149
Figure 9.3	Injuries to women due to spousal violence	151
Figure 10.1	Opinions on Female Circumcision by education	161
Figure 10.2	Opinions on Female Circumcision by wealth status	161
Figure 10.3	Types of Female Circumcision by level of education	162
Figure 10.4	Type of Female Circumcision by wealth status	162
Figure 10.5	Opinion on continuation of Female Circumcision by levels of education	164
Figure 11.1	Earnings of currently married women	175
Figure 11.2	Control over women's earnings	175
Figure 11.3	Control over husband's cash earnings	175
Figure 11.4	Ownership of bank account and mobile phones	176
Figure 11.5	A comparison between the national and Benadir Women's Participation in Decision-Making	178
Figure 11.6	Attitude toward wife beating	179
Figure 12.1	Prevalence of chronic diseases by age	189
Figure 12.2	Chronic diseases diagnosed and treated	190
Figure 12.3	Common types of disabilities	191
Figure 12.4	Age at onset of disability	191
Figure 12.5	Support received by household members for people with disabilities	192
Figure 12.6	Source of advice or treatment	193
Figure 12.7	Financial sources used to pay for health Services	193
Figure 12.8	Household members who smoke cigarettes or use tobacco	195

Sustainable Development Goal Indicators

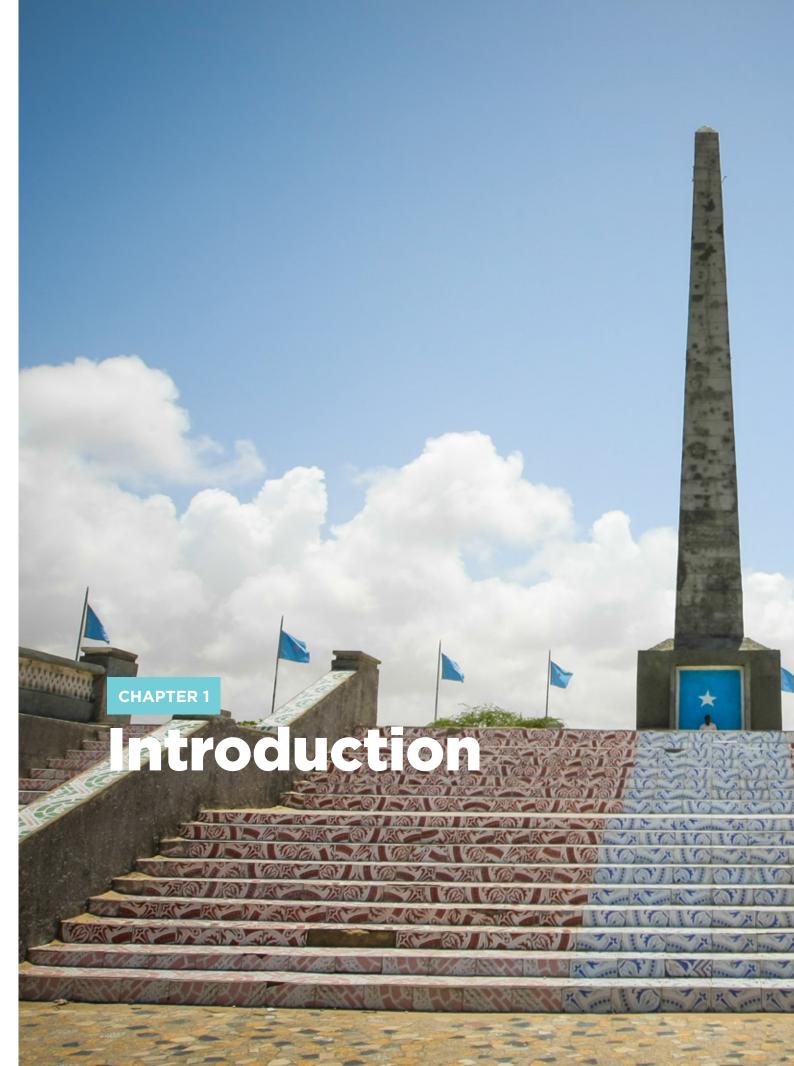
Goal	Indicat	or	Male	Female	Total
2 ZERO HUNGER	Zero	hunger			
<u> </u>	2.2.1	Prevalence of stunting among children under 5 years of age	25.9	27.2	26.5
	2.2.2	Prevalence of malnutrition among children under 5 years of age	9.7	13.9	11.8
		a) Prevalence of wasting among children under 5 years of age	8.9	7.8	8.3
3 GOOD HEALTH AND WELL-BEING	Good	health and well-being			
Λ	3.1.2	Proportion of births attended by skilled birth personnel	na	na	48.6
	3.7.1	Proportion of women of reproductive age (aged 15-49 years) who have their need for birth spacing satisfied with modern methods	na	2.3	na
	3.7.2	Adolescent birth rates per 1,000 women			
		a) Women aged 15-19 years	na	143	na
	3.a.1	Age-standardized prevalence of current tobacco use among persons aged 15 years and older	7.2	1.0	4.2
	3.b.1	Proportion of the target population covered by all vaccines included in their national programme	10.8	9.9	10.4
4 QUALITY EDUCATION		sive and equitable quality educaing opportunities for all	tion an	d lifelor	ıg
	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)	19.3	14.7	17.1
		b) Net Attendance Ratio (secondary)	22.6	19.4	21
	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			



Goal	Indicato	or	Male	Female	Tota
5 GENDER EQUALITY	Gende	er equality			
Ę	5.2.1	Proportion of ever-married women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former husband in the previous 12 months			
		a) Physical violence	na	14.8	na
		b) Sexual violence	na	2.6	n
		c) Psychological violence	na	2.2	r
	5.3.1	Proportion of women aged 20-24 years who were married before age 15 and before age 18			
		a) Before age 15	na	4.4	r
		b) Before age 18	na	14.2	r
	5.3.2	Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age	na	99.5	r
CLEAN WATER	5.b.1	Proportion of individuals who own a mobile telephone	na	90.1	I
	and sa	Percentage of population using safely	na		
				na	98.0
		managed drinking water services		na	98.0
Ŧ	6.2.1	managed drinking water services Percentage of population using safely managed sanitation services, including a hand- washing facility with soap and water		na	98.0
	6.2.1	Percentage of population using safely managed sanitation services, including a	na	na	
	6.2.1	Percentage of population using safely managed sanitation services, including a hand- washing facility with soap and water			55
	6.2.1	Percentage of population using safely managed sanitation services, including a hand- washing facility with soap and water a) Percentage with basic sanitation service b) Percentage with fixed or mobile	na	na	55 93
7 AFFORDABLE AND CLEAN ENERGY		Percentage of population using safely managed sanitation services, including a hand- washing facility with soap and water a) Percentage with basic sanitation service b) Percentage with fixed or mobile handwashing facility c) Percentage with a handwashing facility	na na	na na	55 93
		 Percentage of population using safely managed sanitation services, including a hand- washing facility with soap and water a) Percentage with basic sanitation service b) Percentage with fixed or mobile handwashing facility c) Percentage with a handwashing facility with water and soap available 	na na	na na	98.0 55. 93 15 81

Goal Indicator Male Female Total **DECENT WORK AND** Decent work and economic growth 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) 4.7 na na with an account at a bank or other financial institution 87.2 b) Proportion of adults (15 years and older) na na with with a mobile-money account Peaceful and inclusive societies for sustainable PEACE, JUSTICE 16 development, access to justice for all and effective, AND STRONG accountable and inclusive institutions 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 15.7 na na have experienced physical violence in the last 12 months b) Percentage of women aged 15-49 who 2.6 na na have experienced sexual violence in the last 12 months 16.9.1 Proportion of children under 5 years of age 6.4 5.5 6 ARTNERSHIPS whose births have been registered with a civil authority THE GOALS Partnerships for the goals 17.8.1 Proportion of individuals who used Internet na 36.9 na in the last 12 months

XXI





2



Chapter 1

Introduction

Mogadishu is one of the old cities in East Africa along the coast of the Indian Ocean. Over many centuries, it has emerged as the most important urban trade centre in Somalia. Geographically, Mogadishu is, situated strategically along the Indian Ocean coast. Since independence, Mogadishu is the capital city of Somalia.

> The name Benadir is used for administrative purpose, and is derived from the former "Benadir Region" which consisted of the two Shabelle regions and capital city Mogadishu and it is now one of the 18 pre-war regions. Thus, in this report, Benadir is used instead of Mogadishu. In the post-independence period, the city continued to expand its role and having a large population it became the political, economic and cultural centre of the country. Furthermore, all government institutions providing services to people were present and it was the hub of commercial, financial and industrial processing activities. Before the civil war erupted, Mogadishu had all the economic, social and cultural facilities that a modern city is supposed to have.

> Following the fall of the former military regime, Benadir region, suffered most from the civil war that engulfed Somalia in the 1990s. All the economic and social facilities were destroyed or made dysfunctional; especially the government owned institutions and the population of the region was severely affected by the civil conflict, in a sense that a large number of its population was forced to leave the region, while others left voluntarily to find safe places.

Because of the long civil conflict, the city lost its role of being the political and economic centre of the country, but because of its resourcefulness, it continued to maintain over time certain level of economic and social activities. After the formation of the Transitional National Government (TNG) in 2000, certain activities geared towards economic recovery and the revival of public institutions were initiated.

As Somalia's capital city, many important national institutions are based in Mogadishu. It was the seat of the internationally recognized Transitional Federal Government (TFG); it constituted the executive branch of government. With the end of TFG's interim mandate, The Federal Government of Somalia was established on the 20th August 2012, it represents the first central Federal government in the country since the start of the civil war.



The security situation has significantly improved. This has had a positive impact in the revival and reconstruction of public institutions (such as Mogadishu Port, Airport, and main road networks) and attracted private sector investment that has contributed to remarkable achievements in areas of real estate construction and social service sectors over the last 10 years. This has resulted in reopening of processing factories, a number of large communication, remittances, security, finance and real estate firms are established. Among the very significant ones are banking services via a swift code system.

In addition, the region has experienced a population influx, comprising of former residents as well as new comers. It is also important to note that a number of countries have reopened their embassies and consulates in Benadir.

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 will also help monitor and evaluate international, national, sub-national and sector development plans, including the Sustainable Development Goals (SDGs), both by the government and development partners. The specific objectives 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 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 Benadir, which is considered urban. Through the use of up-to-date, high-resolution satellite imagery, as well as onthe-ground knowledge of staff from the respective ministries of planning, all dwelling structures digitized in urban and rural areas. Enumeration Areas (EAs) were formed onscreen through a spatial count of dwelling structures in a Geographic Information System (GIS) software. Thereafter, a sample ground verification of the

The security situation has significantly improved. This has had a positive impact in the revival and reconstruction of public institutions and attracted private sector investment that has contributed to remarkable achievements in areas of real estate construction and social service sectors over the last 10 years. A total of 3,015 EAs were digitized in Benadir and each EA created had a minimum of 50 and a maximum of 149 dwelling structures. digitized structures was carried out for Benadir and necessary adjustments made to the frame.

A total of 3,015 EAs were digitized in Benadir and each EA created had a minimum of 50 and a maximum of 149 dwelling structures. Two hundred and ten (210) EAs were sampled for household listing. Due to security and accessibility constraints, 198 EAs were visited during the household listing. All households were listed and information on births and deaths recorded using the maternal mortality questionnaire. The data collected in this first phase was cleaned and a summary of households listed per EA produced which formed the sampling frame for the second phase. In the second stage, 60 EAs were sampled out of the possible 198 that were listed, using probability proportional to the number of EAs. All households in each of these 60 EAs were serialized based on their location in the EA. On Average, 30 households were selected from each EA using probability proportional to the number of households, yielding 1,800 households for the survey.

Questionnaires

Four types of questionnaires were used; the Maternal Mortality Questionnaire (MMR), 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 were 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 survey. The CAPI data collection

In this survey, Computer-Assisted Personal Interviewing (CAPI) was used, with interviewers using smart phones to record responses during interviews. system employed iwas 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

Household listing and MMR Training was conducted in Benadir. 50 participants took part in the training and was facilitated by SHDS technical team from Directorate of National Statistics. The participants 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. 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.

For the Main Survey Training, SHDS technical team from the ministry of Health facilitated the Benadir Main Survey training in Benadir 50 participants took part in the training. More interestingly, all data collectors were female health professionals (nurses, midwives and doctors). At the end of 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

The listing of households and MMR data collection began on 3rd May, 2018 and completed on 6th June, 2018. It took 27 days excluding Fridays, and three other days that field staff was attending interviews conducted by the National civil service authority in the ministry of planning as an employee assessment. The Fieldwork was carried out by 9 teams, each consisting of one supervisor and four enumerators.

The Main Survey Fieldwork in Benadir began on 1st November and completed on 9th December, 2018. 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.





Response Rates

A total of 1,800 households were selected for the sample, of which 1,720 were successfully interviewed yielding a response rate of 96 percent.

 Table 1.1
 Results of the household and individual interviews

Number of households, number of interv rates,(unweighted), SHDS 2020	iews, and response			
Result	Total			
Household interviews				
Selected households	1800			
Households interviewed	1720			
Household response rate	95.6			
Interviews with all women aged 15-49				
Number of eligible women	2323			
Number of eligible women interviewed	2255			
Eligible women response rate	97.1			

CHAPTER 2

Household and Housing Characteristics



Key Findings

AGE STRUCTURE

53% of household members are below 15 years of age

HOUSEHOLD HEADSHIP

31% of household heads are women.

EDUCATION

52% of Benadir household members aged 6 and above have never been to school

DRINKING WATER

98% of households use an improved source of drinking water.

SANITATION

85% of households have an improved sanitation facility.

MOBILE PHONE OWNERSHIP

80% of households own a mobile phone.

BIRTH REGISTRATION

6% of children under the age of 5 have their birth registered.



Chapter 2

Household and Housing Characteristics

The BHDS 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.



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.

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.

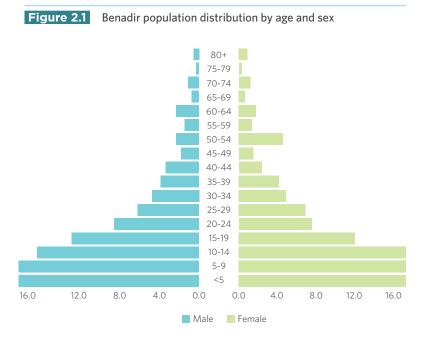
Information on age in completed years for each household member was collected. When the age was not known, interviewers asked for dates of birth in the Gregorian calendar/Somali historical calendar. Age was then calculated using conversion charts, specifically designed for this purpose.

Table 2.1 presents the distribution of households members, by age and sex. The age structure of the household members is typical of a society with a young population. Benadir has a broad-based age pyramid, with 53 percent of household members below 15 years of age. The sex and age distribution of the household members is presented in the population pyramid in (Figure 2.1).

The population pyramids in Figure 2.1 is 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 the age of 15.

The age pyramids in Figure 2.1 sharply taper to become narrower above age 64. This indicates high mortality rates among the older age groups. Sixty-four percent of Benadir's population is below 20 years of age and 78 percent are below the age of 30. Youth between 15-29 years of age constitute 26 percent of household members, while older people (65 years and above) constitute only 3 percent of the household members. Forty-five percent of household members





39% of female household members are within childbearing age (15-49 years)

The large number of potential mothers creates a population momentum and is a strong indication of a potential spike in population growth that Benadir is likely to experience in the coming years. 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 (Table 2.1).

The findings show that 39 percent of female household members are within childbearing age (15-49 years) as shown in Table 2.1. The large number of potential mothers creates a population momentum and is a strong indication of a potential spike in population growth that Benadir is likely to experience in the coming years.

Household Composition

Table 2.2 shows the distribution of households covered by sex of head of household and number of household members. The average household size in Benadir is 6.9 persons compared to 6.2 persons nationally according to the Somali Health and Demographic Survey Report (SHDS, 2020). Table 2.2 also indicates that 36 percent of households have a foster child and/or orphaned children, 19 percent have foster children, 19 percent have single orphans and 4 percent have double orphans.

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 services that would guarantee orphans and children from different backgrounds equal access to better lives as they grow up. Information on educational attainment of the total, male and female household members aged six and above is presented in Tables 2.3a, 2.3b, and 2.3c. The results show that educational attainment varies across age groups.

Table 2.3a shows 52 percent of Benadir household members have never gone to school. Twenty-two percent of household members went to primary school, whereas 16 percent went to secondary school, in comparison to 9 percent who went to higher education. The age groups with the least number of people with no education are 15-19 and 20-24 years at 26 percent.

Overall, 55 percent of the female population aged 6 and above have never been to school, in comparison to 50 percent of males. Twenty-four percent of female household members and 21 percent of male household members have had primary education. Fourteen percent of women have attained secondary education, compared to 17 percent of men (Table 2.3b and Table 2.3c).

School Attendance Ratios

Table 2.4 presents data on net attendance ratios (NARs) and gross attendance ratios (GARs) by school level and sex. The NAR for primary schooling is measured as the proportion of children aged 6-13 attending primary school, and for secondary schooling the population aged 14-17. 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. Overall GAR at primary and secondary levels are at 40 and 32 percent respectively. Both at the primary and secondary levels, the GAR is higher among males than females.

Seventeen percent of children attending primary school are of the right age for that level. At secondary level, 21 percent of children attending are of the right age for that level. The NAR is relatively higher for boys than girls at primary level at 19 percent and 15 percent respectively. Similarly, the NAR is also higher for males than females at secondary level, at 23 percent and 19 percent respectively (Table 2.4).

The Gender Parity Index (GPI) measures sex-related differences in school attendance ratios. It is the ratio of female to male attendance. A GPI of 1 indicates parity, or equality, between school participation

40% of children are attending primary school. 17% are of the appropriate age.





ratios for males and females. A GPI lower than 1 indicates a gender disparity in favour of males, this means a higher proportion of males compared to females attend that level of schooling. A GPI higher than 1 indicates a gender disparity in favour of females. GPI for primary school attendance is slightly lower than 1 (0.8 for NAR and 0.8 for GAR). For secondary school attendance it is also lower than 1 (0.9 for both NAR and 0.8 for GAR). This indicates that the gender gap is almost the same at the primary and secondary levels of schooling (Table 2.4).

Housing Characteristics

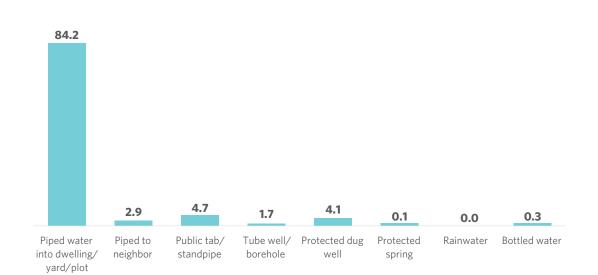
Water Supply

Somalia's National Development Plan (NDP9), as well as SDG's addresses access to clean water. The different types of water sources and sanitation facilities available to a population are 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.

The source of drinking water for a household is an indicator of how safe it is to consume. Safe water sources include piped water, protected dug wells, tube wells or boreholes, rainwater, and bottled water. Lack of 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.

Figure 2.2 Improved sources of drinking water

Percent distribution of population by improved sources of drinking water



98% of households in Benadir get their drinking water from improved water sources

The prevalence of preventable water-borne diseases such as diarrhoea and dysentery in Benadir and the country as a whole can be reduced by introducing and using improved water sources that are readily available to the households. Table 2.5a shows that 98 percent of households in Benadir get their drinking water from improved water sources as compared to 65 percent nationally (SHDS, 2020).

Eighty-Four percent of population in Benadir have access to piped water into their dwelling, yard or plot (Figure 2.2). One percent of households travel for at least 30 minutes or more to get water. As shown in Table 2.5b, 31 percent of households treat their water before drinking it. The most common method of water treatment is bleaching/chlorination, used by thirty percent of households.

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 the ability to maintain their dignity and protection from a large number of diseases.

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 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 the use of a composting toilet. The survey considers improved toilets as those that flush or pour flush into a 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.

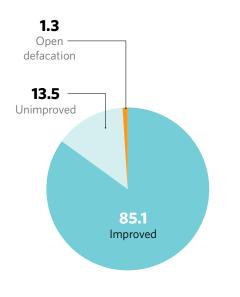
Figure 2.3 shows that 85 percent of households in Benadir use sanitation facilities with sanitation services that would be considered as improved toilet facilities. However, 51 percent of households have access to basic sanitation services (improved toilet facilities that are not shared with other households) (Table 2.6) as compared to 21 percent nationally (SHDS, 2020). As indicated in Figure 2.3, the prevalence of open defecation in Benadir is one percent while the national prevalence is at 21 percent (SHDS, 2020).

85% percent of households in **Benadir use** improved toilet facilities

Figure 2.3 Household sanitation

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

facilities



Keeping up with technological advances and connecting with friends and family is a top priority for many households in Benadir

Flooring Material, Lighting and Cooking Arrangements

Table 2.7 presents the distribution of households by dwelling characteristics and amenities. Seventy-nine percent of households use electricity. The kind of flooring used in a house can be indicative of the lifestyle its inhabitants live. Fifty-two percent of dwellings have floors made of earth or sand while 34 percent of households have floors made of cement. Charcoal is the most common source of fuel used for cooking at 82 percent, followed by firewood and electricity at 9 percent and 4 percent respectively.

Household Possessions

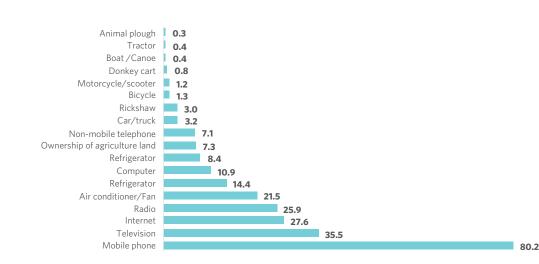
Information on the ownership of durable goods and other possessions is presented in Table 2.8. The availability of durable consumer goods is an indicator of a household's socioeconomic status and access to various benefits. For example, access to the radio can increase exposure to innovative ideas, whereas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

Keeping up with technological advances and connecting with friends and family is a top priority for many households in Benadir. As shown in Figure 2.4, 36 percent of households in Benadir own a television, 80 percent own a mobile telephone while 28 percent of households have internet connectivity.

Household Wealth

The survey did not collect data on consumption or income, but the information collected on dwelling and household population characteristics, consumer goods, and assets is used as a measure of socioeconomic status. Wealth index is an indicator of the relative

Figure 2.4 Percent of household possessions



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 zero and a standard deviation of one.

Table 2.9 shows the distribution of the household population into five wealth quintiles. The middle and fourth quintile have the highest proportion of household population at 25 and 24 percent respectively. The lowest quintile has the least proportion of the household population at 12 percent.

Birth Registration

Registration of birth is the inscription of the facts of a birth into an official log. A birth certificate is issued as proof of the registration. Information on registration of births was collected in the household interviews by asking whether children under the age of 5 had a birth certificate. If the interviewer was informed that the child did not have a birth certificate, then he/she probed further to 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 the age of two 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 vital statistical systems. The levels of registration were generally low as presented in Table 2.10.

Six percent of children under the age of two 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 vital statistical systems.

The survey information collected on dwelling and household population characteristics, consumer goods, and assets is used as a measure of socioeconomic status



Table 2.1Household population by age and sex

Percent distribution of the de facto household population by various age groups and percentage of the de facto household population age, according to sex, BHDS 2020

Background characteristics	Male	Female	Total
Age			
<5	18.9	17.4	18.1
5-9	18.5	17.4	17.9
10-14	16.5	16.4	16.4
15-19	11.9	11.7	11.8
20-24	7.8	7.5	7.6
25-29	5.4	7.0	6.2
30-34	4.2	4.9	4.6
35-39	3.7	4.0	3.8
40-44	3.1	2.3	2.7
45-49	1.6	1.5	1.5
50-54	2.2	4.2	3.2
55-59	1.4	1.3	1.3
60-64	2.2	1.7	2.0
65-69	0.7	0.6	0.7
70-74	1.0	1.2	1.1
75-79	0.3	0.3	0.3
80+	0.5	0.9	0.7
Total	100	100	100

0-14 53.9 51.1 52.5 15-64 43.6 46.0 44.8 65+ 2.5 2.9 2.7 Total 100.0 100.0 100.0 **Child and adult populations** 0-17 61.1 58.2 59.6 18+ 38.9 41.8 40.4 Total 100.0 100.0 100.0 Adolescents 10-19 28.4 28.0 28.2 Number of persons 5,872 5,994 11,866



Table 2.2 Household composition

Background characteristics	Percent
Household headship	
Male	69.2
Female	30.8
Total	100.0
Number of usual members	
1	1.9
2	4.2
3	6.6
4	10.3
5	12.6
6	13.5
7	13.5
8	9.9
9+	27.4
Total	100
Mean household size	6.9
Percentage of households with orphans and foster children u	nder 18
Foster children ¹	19.0
Double orphans	4.1
Single orphans ²	18.8
Foster and/or orphan children	35.5
Number of households	1,720

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

 $^{\rm 2}$ Includes children with one dead parent and an unknown survival status of the other parent





Educational attainment of the household population

Percent distribution of the de facto household populations age six and over by highest level of schooling attended or completed, according to background characteristics, BHDS 2020

	Ec	ſS		Number of			
Background characteristic	No education	Primary ¹	Secondary ²	Higher education	Don't know	Total	household members
Age							
6-9	90.0	10.0	0.0	0.0	0.0	100	1,331
10-14	50.3	41.7	7.6	0.0	0.4	100	1,654
15-19	25.8	22.2	37.7	13.4	0.9	100	1,106
20-24	25.8	15.1	22.2	35.9	1.1	100	644
25-29	40.0	17.9	21.5	20.4	0.2	100	442
30-34	47.3	14.9	19.6	16.4	1.8	100	275
35-39	60.9	14.5	15.9	6.8	1.9	100	207
40-44	59.2	15.5	18.3	6.3	0.7	100	142
45-49	49.4	16.9	19.3	12.0	2.4	100	83
50-54	52.7	19.5	20.7	5.9	1.2	100	169
55-59	50.0	12.9	20.0	15.7	1.4	100	70
60-64	64.4	10.3	14.9	9.2	1.1	100	87
65+	74.5	5.1	11.2	8.2	1.0	100	98
Total	52.2	22.3	15.6	9.3	0.7	100.0	6,308

 $^{\rm 2}$ Completed 12 $^{\rm th}$ grade at the secondary level

 Table 2.3b
 Educational attainment of the male household population

Percent distribution of the de facto male household populations age six and over by highest level of schooling attended or completed, according to background characteristics, BHDS 2020

Dealerman	Educ	ational attainn	nent of the male h	ousehold mem	bers		Neurolean af
Background characteristic	No education	Primary ¹	Secondary ²	Higher education	Don't know	Total	Number of males
Age							
6-9	88.8	11.2	0.0	0.0	0.0	100.0	734
10-14	48.8	43.9	7.0	0.0	0.4	100.0	855
15-19	25.3	21.5	37.1	14.9	1.2	100.0	590
20-24	22.5	10.1	25.9	40.0	1.4	100.0	355
25-29	31.4	12.3	27.3	28.6	0.5	100.0	220
30-34	41.5	13.4	20.7	21.3	3.0	100.0	164
35-39	56.5	9.7	20.2	10.5	3.2	100.0	124
40-44	60.0	11.0	19.0	9.0	1.0	100.0	100
45-49	49.0	12.2	22.4	16.3	0.0	100.0	49
50-54	48.8	13.8	27.5	10.0	0.0	100.0	80
55-59	44.9	8.2	22.4	22.4	2.0	100.0	49
60-64	53.2	12.9	19.4	12.9	1.6	100.0	62
65+	71.4	3.2	14.3	9.5	1.6	100.0	63
Total	50.2	21.0	16.7	11.3	0.8	100.0	3,445

 $^{\rm 1}$ Completed 8 $^{\rm th}$ grade at the primary level

² Completed 12th grade at the secondary level

Table 2.3c Educational attainment of the female household population

Percent distribution of the de facto female household populations age six and over by highest level of schooling attended or completed, according to background characteristics, BHDS 2020

	Educa						
Background characteristics	No education	Primary ¹	Secondary ²	Higher education	Don't know	Total	Number of females
Age							
6-9	91.5	8.5	0.0	0.0	0.0	100.0	597
10-14	51.9	39.3	8.3	0.0	0.5	100.0	799
15-19	26.4	23.1	38.4	11.6	0.6	100.0	516
20-24	29.8	21.1	17.6	30.8	0.7	100.0	289
25-29	48.6	23.4	15.8	12.2	0.0	100.0	222
30-34	55.9	17.1	18.0	9.0	0.0	100.0	111
35-39	67.5	21.7	9.6	1.2	0.0	100.0	83
40-44	57.1	26.2	16.7	0.0	0.0	100.0	42
45-49	50.0	23.5	14.7	5.9	5.9	100.0	34
50-54	56.2	24.7	14.6	2.2	2.2	100.0	89
55-59	61.9	23.8	14.3	0.0	0.0	100.0	21
60-64	92.0	4.0	4.0	0.0	0.0	100.0	25
65+	80.0	8.6	5.7	5.7	0.0	100.0	35
Total	54.6	23.9	14.3	6.7	0.5	100.0	2,863
¹ Completed 8 th g	rade at the primar	y 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 defacto household population by sex and level of schooling and Gender Parity Index (GPI), according to background characteristics, BHDS 2020

		Net Attendance Ratio ¹				Gross Attendance Ratio ²			
Background characteristics	Male	Female	Total	Gender Parity Index ³	Male	Female	Total	Gender Parity Index ³	
			Ρ	RIMARY					
Wealth quintile									
Lowest	4.8	26.3	15.0	5.5	4.8	31.6	20.0	6.6	
Second	7.2	5.7	6.6	0.8	12.6	10.3	19.7	0.8	
Middle	16.0	8.4	12.4	0.5	29.6	18.5	29.8	0.6	
Fourth	18.1	14.6	16.4	0.8	37.7	30.7	40.9	0.8	
Highest	29.4	22.2	25.8	0.8	54.6	45.3	55.5	0.8	
TOTAL	19.3	14.7	17.1	0.8	36.9	30.2	39.9	0.8	
			SEC	CONDARY					
Wealth quintile									
Lowest	8.3	0.0	5.3	0.0	8.3	0.0	5.3	0.0	
Second	1.2	2.7	1.9	2.4	3.5	4.1	3.8	1.2	
Middle	14.7	11.4	13.0	0.8	20.0	15.1	17.4	0.8	
Fourth	21.8	19.1	20.4	0.9	32.2	26.5	29.2	0.8	
Highest	34.4	27.9	31.0	0.8	58.8	41.1	49.4	0.7	
TOTAL	22.6	19.4	21.0	0.9	36.1	27.7	31.8	0.8	

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 (14-17 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 underage 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 (GAR) for females to the NAR(GAR) for males. The Gender Parity Index for secondary school is the ratio of the secondary school NAR (GAR) for females to the NAR(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; percentage of households and de jure population with basic drinking water service and percentage with limited drinking water service, BHDS, 2020

Service, bi 105, 2020		
Background characteristics	Households	Population
Source of drinking water		
Improved source	97.7	98.0
Piped water into dwelling/ yard/plot	82.2	84.2
Piped to neighbor	3.8	2.9
Public tab/ standpipe	5.1	4.7
Tube well/ borehole	1.8	1.7
Protected dug well	4.4	4.1
Protected spring	0.1	0.1
Rainwater	0.0	0.0
Bottled water	0.3	0.3
Un-improved source	2.3	2.0
Unprotected dug well	1.5	1.3
Unprotected spring	0.1	0.0
Tanker truck/cart with drum	0.6	0.5
Water Kiosk	0.0	0.0
Surface water	0.0	0.0
Other source	0.2	0.2
Missing	0.0	0.0
Total	100.0	100.0
Time to obtain drinking water (round trip)		
Water on premises ¹	91.3	92.1
30 minutes or less	7.6	6.8
More than 30 minutes	0.9	1.0
DK/Missing	0.1	0.1
Total	100.0	100.0
Drinking water service		
Percentage with basic drinking water service ²	96.6	96.9
Percentage with limited drinking water service ³	0.9	1.0
Number of households	1,720	11,985
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

Water treatment method	Households	Population
Water treatment prior to drinking ¹		
Boiled	2.7	2.9
Bleach/chlorine added	29.6	30.9
Strained through cloth	0.2	0.2
Ceramic, sand or other filter	0.1	0.1
Solar disinfection	0.2	0.1
Let it stand and settle	0.1	0.1
Other treatment	0.1	0.0
No treatment	68.0	66.6
Don't Know	31.5	32.9
Percentage using an appropriate treatment method	31.2	32.5
Population	1,720	11,985
Respondents may report multiple treatment methods so the sum of treatment may exceed 100 perce	nt.	

Table 2.6 Household sanitation facilities

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

	Households	Population
Type and location of toilet/latrine facility		
Improved facility	85.1	86.0
Flush/pour to septic tank	14.3	14.7
Flush/pour to a pit latrine	19.0	19.4
Ventilated improved pit (VIP) latrine	3.0	2.8
Pit latrine with a slab	48.8	49.1
Non-improved facility	13.5	13.0
Flush to some where else	0.5	0.6
Flush/pour flush, don't know where	0.7	0.7
Pit latrine without slab/Open latrine	11.9	11.4
Others	0.5	0.3
Open Defecation	1.3	1.0
Total	100.0	100.0
Number of households/population	1,720	11,985
Location of the facility		
In own dwelling	78.7	80.5
In own yard/plot	11.9	11.1
Elsewhere	7.0	6.2
Total	100.0	100.0
Number of households/population with a toilet/latrine facility	1,720	11,985
Percentage with basic sanitation service ¹	50.6	55.4
Percentage with limited sanitation service ²	33.4	29.3

managed sanitation service, which is not shown separately.

² Defined as use of improved facilities shared by 2 or more households"



 Table 2.7
 Household characteristics and social amenities

	Households	Population
Housing characteristics		
Electricity		
Yes	79.0	81.6
No	21.0	18.4
Total	100.0	100.0
Flooring material		
Earth/Sand	52.3	51.1
Dung	1.0	1.2
Grass	1.3	1.0
Wooden Planks	3.0	2.9
Palm/Bamboo	1.3	1.2
Parquet/Polished wood	0.3	0.3
Ceramic Tiles	3.9	4.2
Cement	34.2	35.5
Carpet	0.8	0.7
Others	1.9	1.9
Total	100.0	100.0
Rooms used for sleeping		
One	23.7	17.6
Тwo	33.8	32.0
Three or more	42.4	50.4
Total	100.0	100.0
Place for cooking		
In the house	84.5	84.9
In a separate building	8.7	8.9
Outdoors	6.1	5.9
Others	0.6	0.3
Fotal	100.0	100.0
Cooking fuel		
Electricity	4.2	4.8
LPG/natural gas/ biogas	1.0	1.4
Kerosene	1.3	1.3
Firewood	9.2	8.1
Charcoal	82.0	82.4
Straw/shrubs/grass	0.2	0.1
Agricultural crop	1.5	1.5
No food cooked in the household	0.3	0.1
Other	0.2	0.3
Total	100.0	100.0
Percentage using solid fuel for cooking ¹	92.9	92.2
Percentage using clean fuel for cooking ²	5.3	6.2
Population	1,720	11,985
PG = Liquid petroleum gas		
Includes coal/lignite, charcoal, wood, straw/shrubs/grass, agricultural crops, and	nd animal dung	



 Table 2.8
 Household possessions

Percentage of households possessing various household effects, means of transportation, agricultural land and livestock/farm animals, BHDS 2020					
Possession	Types of residence				
Household effects					
Radio	25.9				
Television	35.5				
Refrigerator	8.4				
Mobile phone	80.2				
Non-mobile telephone	7.1				
Computer	10.9				
Internet	27.6				
Air conditioner/Fan	21.5				
Means of transport					
Bicycle	1.3				
Motorcycle/scooter	1.2				
Donkey cart	0.8				
Car/truck	3.2				
Boat/Canoe	0.4				
Tractor	0.4				
Rickshaw	3.0				
Animal plough	0.3				
Ownership of agriculture land	7.3				
Ownership of livestock ¹	14.4				
Livestock lost ¹	6.3				
Number of households	1,720				

Table 2.9 Wealth quintiles

Percent distribution of de-jure population by wealth quintiles and the Gini coefficient, according to residence and region, BHDS 2020								
Downdin	Wealth quintile							Gini
Benadir	Lowest	Second	Middle	Fourth	Highest	Total	persons	coefficient
Total	12.1	17.8	24.8	24.4	20.9	100.0	11,985	0.0

Table 2.10 Birth registration of children under age five

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

	Childre	en whose births are regis	whose births are registered					
Background characteristics	PercentagePercentage whowho had birthdid not have birthcertificatecertificate		Percentage registered	Number of children				
Age								
<2	0.4	6.7	7.1	778				
2-4	0.6	4.8	5.4	1,359				
Sex								
Male	0.5	5.9	6.4	1,102				
Female	0.5	5.0	5.5	1,035				
Total	0.5	5.5	6.0	2,137				





CHAPTER 3

Characteristics of the Respondents



Key Findings





EDUCATIONAL ATTAINMENT

66% of women have never attended school.

LITERACY

48% of women are literate.

ACCESS TO MEDIA

63% of women have no access to newspapers, radio, or television at least once a week.

INTERNET USE

41% of women had used the internet at least once.

EMPLOYMENT

10% of ever-married women are currently employed.



Chapter 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 BHDS 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 evermarried women, whereas questions on employment status, occupation, and use of tobacco were only administered to evermarried women.

> This information is useful in understanding the factors that affect the life 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 survey is presented in Table 3.1 by age, marital status, education and wealth quintile. Twenty-nine percent of women were aged 15-19 (77 percent among never-married women and 10 percent among ever-married women). Fifty-eight percent of women were currently married, 28 percent had never been married, 10 percent were divorced or separated and 3 percent were widowed.

Educational attainment among respondents was low; 65 percent of women had never attended school. Seventy-seven percent of evermarried women had no education compared to 35 percent of nevermarried women. Twenty-two percent of never-married women and 19 percent of ever-married women were from the wealthiest households.

Educational Attainment

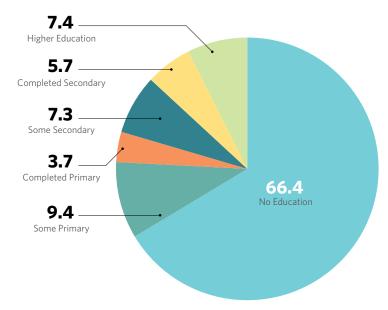
Table 3.2 presents the distribution of women aged 15-49 by educational attainment and median years of schooling completed according to background characteristics. The findings show that educational attainment among women is very low. Overall, 66 percent of women aged 15-49 have not attended any formal schooling. Nine percent of women had some levels of primary education, but only 4 percent completed primary schooling. Furthermore, 7 percent of women attended secondary school, but



Educational attainment increases with increasing levels of wealth. The proportion of women with no education is highest among women in the lowest wealth quintile

Figure 3.1 Educational Attainment

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



only 6 percent completed secondary education. Seven percent of the respondents have completed higher levels of education (Figure 3.1).

Educational attainment decreases as the age of women increases. Percentage of women who have completed primary education is highest among women aged 15-19 at 6 percent and lowest among women aged 30-34 at1 percent.

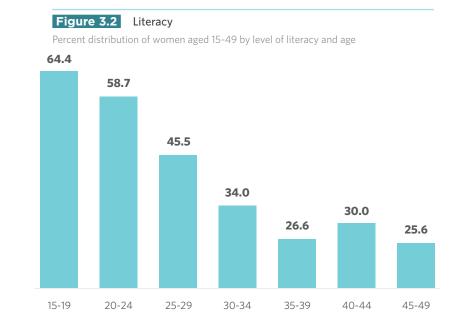
Educational attainment increases with increasing levels of wealth. The proportion of women with no education is highest among women in the lowest wealth quintile at 82 percent and lowest among women in the highest wealth quintile at 60 percent. The proportion of women who have attained higher education 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 in their everyday lives (UNESCO Institute for Statistics, 2013).

The BHDS 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 being administering a reading test. Table 3.3 presents the literacy of respondents by background characteristics. The table shows that





48 percent of women aged 15-49 are literate.

As shown in Figure 3.2, literacy levels generally decrease with age; literacy is highest among women aged 15-19 at 64 percent and lowest among those aged 45-49 at 26 percent.

Further analysis by wealth levels show that literacy levels increase with wealth status. Women from wealthier households are more literate at 56 percent compared to women from the poorest households at 24 percent (Table 3.3).

Exposure to Mass Media

The survey 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 and how effective this media can be in the development of educational programmes, to convey messages to the public about government policies, disseminate health information, report the opinions of people on health issues and other societal matters, as well as serve as a tool to observe public sentiments on important issues.

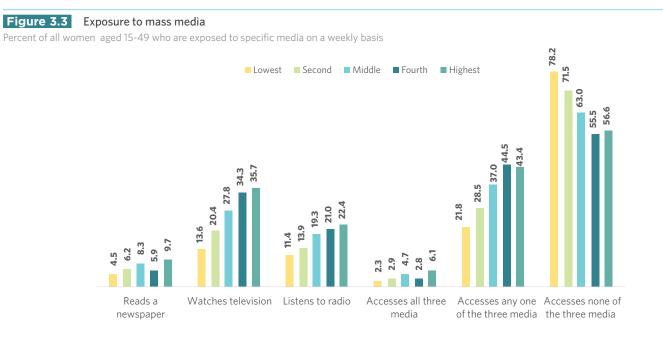
Table 3.4 shows that 63 percent of respondents did not access any of the three forms of media (newspaper, radio and television) at least once a week. Watching television was the most common use of media, 28 percent of respondents reported watching television at least once a week, 19 percent listen to the radio at least once a week and 7 percent read newspapers at least once a week. Overall, 37 percent of respondents aged 15-49 are exposed to one of the three types of media at least once a week.

63%

of respondents did not access any of the three forms of media (newspaper, radio and television) at least once a week







Exposure to media increases with both education and wealth. While only two percent of respondents with no education read a newspaper at least once a week, 29 percent of the respondents with higher education do so. Similarly, while 19 percent of respondents with no education watch television at least once a week, 49 percent of respondents with higher education watch television at least once a week.

Figure 3.3 presents the percentage of women aged 15-49 that are exposed to mass media by wealth quintile. Fourteen percent of the respondents in the lowest wealth quintile watch television at least once a week, compared to 36 percent in the highest quintile. Likewise, 11 percent of respondents in the lowest quintile listen to the radio at least once a week, compared to 22 percent in the highest quintile.

Internet Use

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

The survey collected information on 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 asked how often women had used the internet in the month preceding the survey.

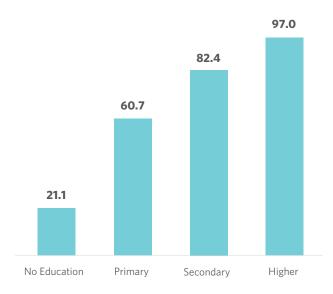
Table 3.5 shows that 41 percent of respondents had used the internet at least once and 37 percent had used the internet in the

97%

of women with higher education had ever used the internet, compared to 21 percent of women with no education



Percent of women aged 15-49 who have ever used the Internet by level of education



past 12 months preceding the survey.

Ever use of internet is highest among women aged 20-24 at 56 percent, and lowest among those aged 40-44 at 15 percent.

Internet usage also increases with an increase in educational attainment and wealth status. Ninety-seven percent of women with higher education had ever used the internet, compared to 21 percent of women with no education (Figure 3.4). Moreover, 51 percent of women in the highest wealth quintile had ever used the internet, compared to 15 percent of women in the lowest wealth quintile.

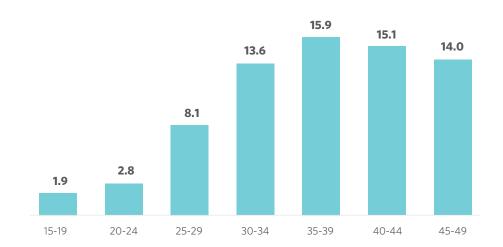
Employment Status of ever married women

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 respondents was low. Ten percent of evermarried women were currently employed at the time the survey was conducted, while two percent were not currently employed but had worked in the 12 months preceding the survey. Eighty-eight percent of the respondents had not done any work in the 12 months prior to the survey.



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



The proportion of ever-married women who are currently employed increases with age; it is lowest among ever-married women aged 15-19 at 2 percent and highest among those aged 35-39 at 16 percent however there is a decline in the proportion among those aged 40-49. (Figure 3.5).

Employment increases with an increase in the number of living children, 4 percent for both women with no living children and women with one to two children, 10 percent for those with three to four children and 14 percent for women with 5 or more children.

Use of Tobacco

Tobacco use and second-hand smoke (SHS) exposure during pregnancy has 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. Table 3.7 shows the distribution of cigarette smokers and the percentage of women who use various types of tobacco by background characteristics.

Overall, 1 percent of ever-married women smoke cigarettes or use any type of tobacco. There is a slight variation among women of various age groups. One percent of women in all age groups except 20-24, 30-34 and 40-44 use any type of tobacco.

Women who smoke are more likely than nonsmokers to experience infertility and delays in conceiving.



Table 3.1 Background characteristics of respondents

	Ever-marri	ed Women	Never-mar	ried women	All women	
Background characteristics	percent	number	percent	number	percent	number
Age						
15-19	9.6	155	77.4	496	28.9	651
20-24	19.6	317	17.5	112	19.0	429
25-29	23.8	384	4.5	29	18.3	413
30-34	18.6	301	*	2	13.4	303
35-39	14.4	232	*	1	10.3	233
40-44	8.6	139	*	1	6.2	140
45-49	5.3	86	*	0	3.8	86
Marital status						
Never married	na	na	100.0	641	28.4	641
Married	81.4	1,313	na	na	58.2	1,313
Divorced/separated	14.5	234	na	na	10.4	234
Widowed	4.2	67	na	na	3.0	67
ducation						
No Education	77.2	1,246	35.4	227	65.3	1,473
Primary	10.8	174	20.1	129	13.4	303
Secondary	8.4	136	27.5	176	13.8	312
Higher	3.6	58	17.0	109	7.4	167
Wealth quintile						
Lowest	11.2	181	6.1	39	9.8	220
Second	18.4	297	18.7	120	18.5	417
Middle	27.9	450	29.2	187	28.2	637
Fourth	23.7	382	24.5	157	23.9	539
Highest	18.8	304	21.5	138	19.6	442
Total 15-49	100.0	1,614	100.0	641	100.0	2,255

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

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



Table 3.2 Educational attainment: Women

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

Background characteristics	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	Higher education	Total	Median years completed	Number of women
Age									
15-24	50.0	12.5	5.1	12.8	8.1	11.5	100.0	3.0	1,080
15-19	46.5	14.0	5.5	17.7	8.9	7.4	100.0	4.5	651
20-24	55.2	10.3	4.4	5.4	7.0	17.7	100.0	0.0	429
25-29	71.9	9.9	3.9	3.6	3.6	7.0	100.0	0.0	413
30-34	85.1	4.6	1.0	2.6	3.6	3.0	100.0	0.0	303
35-39	90.6	5.2	1.7	0.0	1.7	0.9	100.0	0.0	233
40-44	85.0	6.4	2.1	2.1	4.3	0.0	100.0	0.0	140
45-49	83.7	2.3	3.5	1.2	5.8	3.5	100.0	0.0	86
Wealth quintile									
Lowest	82.3	6.8	2.3	1.8	2.3	4.5	100.0	0.0	220
Second	70.0	8.4	3.8	6.2	5.8	5.8	100.0	0.0	417
Middle	65.3	11.3	2.7	7.8	6.4	6.4	100.0	0.0	637
Fourth	63.8	8.9	4.8	9.8	5.8	6.9	100.0	0.0	539
Highest	59.7	9.7	4.5	7.2	6.3	12.4	100.0	0.0	442
Total	66.4	9.4	3.7	7.3	5.7	7.4	100.0	0.0	2,255
¹ Completed 8th ² Completed 12th	-								

² Completed 12th grade at the secondary level



Table 3.3 Literacy: Women

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

No schooling or primary school or Secondary								
Background characteristics	Higher Education	Can read a whole sentence	Can read part of the sentence	Cannot read at all	No card with required language	Total	Percentage literate ¹	Number of women
Age								
15-24	11.5	30.0	20.6	37.4	0.5	100.0	62.1	1,080
15-19	7.4	37.0	20.0	35.3	0.3	100.0	64.4	651
20-24	17.7	19.3	21.7	40.6	0.7	100.0	58.7	429
25-29	7.0	16.5	22.0	52.8	1.7	100.0	45.5	413
30-34	3.0	11.9	19.1	65.3	0.7	100.0	34.0	303
35-39	0.9	9.0	16.7	72.5	0.9	100.0	26.6	233
40-44	0.0	11.4	18.6	67.9	2.1	100.0	30.0	140
45-49	3.5	9.3	12.8	73.3	1.2	100.0	25.6	86
Wealth quintile								
Lowest	4.5	9.5	9.5	75.5	0.9	100.0	23.6	220
Second	5.8	18.2	18.0	56.8	1.2	100.0	42.0	417
Middle	6.4	22.1	21.8	48.4	1.3	100.0	50.4	637
Fourth	6.9	26.0	21.2	45.6	0.4	100.0	54.0	539
Highest	12.4	21.5	22.4	43.0	0.7	100.0	56.3	442
Total	7.4	21.0	19.9	50.9	0.9	100.0	48.2	2,255
¹ Refers to women who	attended highe	er education	and women w	ho can read a	whole senten	ice or part o	f the sentence	

Table 3.4 Exposure to mass media: Women

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

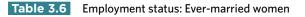
Background characteristics	Reads a newspaper at least once a week	Watches television at least once a week	Listens to radio at least once a week	Accesses all three media at least once a week	Accesses any one of the three media at least once a week	Accesses none of the three media at least once a week	Number of women
Age							
15-19	8.9	36.9	21.4	5.2	45.2	54.8	651
20-24	12.6	31.5	22.4	6.3	42.4	57.6	429
25-29	6.8	24.0	15.3	3.6	31.5	68.5	413
30-34	4.3	24.4	16.5	3.0	33.0	67.0	303
35-39	2.6	18.9	13.7	0.9	27.5	72.5	233
40-44	0.7	16.4	16.4		26.4	73.6	140
45-49	4.7	23.3	17.4	2.3	32.6	67.4	86
Education							
No Education	2.2	19.1	14.0	1.0	27.4	72.6	1,473
Primary	12.9	41.6	25.1	5.9	50.8	49.2	303
Secondary	14.4	46.5	28.5	9.9	57.4	42.6	312
Higher	28.7	49.1	28.1	15.6	59.3	40.7	167
Wealth quintile							
Lowest	4.5	13.6	11.4	2.3	21.8	78.2	220
Second	6.2	20.4	13.9	2.9	28.5	71.5	417
Middle	8.3	27.8	19.3	4.7	37.0	63.0	637
Fourth	5.9	34.3	21.0	2.8	44.5	55.5	539
Highest	9.7	35.7	22.4	6.1	43.4	56.6	442
Total	7.3	28.2	18.5	3.9	37.0	63.0	2,255

 Table 3.5
 Internet usage: Women

Percentage of all 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, BHDS 2020

				Among women who have used the internet in the past 12 months, percentage who, in the past month, used the internet					
Background characteristics	Ever used the internet	Used the internet in the past 12 months	Number of women	Almost every day	At least once a week	Less than once a week	Not at all	Total	Number of women
Age									
15-19	54.4	50.2	651	78.9	14.1	3.7	3.4	100	327
20-24	56.4	53.6	429	77.4	13.5	4.3	4.8	100	230
25-29	40.9	35.4	413	71.9	18.5	4.1	5.5	100	146
30-34	23.4	21.1	303	67.2	20.3	10.9	1.6	100	64
35-39	17.2	15.0	233	60.0	20.0	14.3	5.7	100	35
40-44	15	11.4	140	*	*	*	*	*	16
45-49	19.8	15.1	86	*	*	*	*	*	13
Education									
No Education	21.1	18.1	1,473	64.8	19.1	8.2	7.9	100	267
Primary	60.7	54.5	303	73.3	15.8	7.3	3.6	100	165
Secondary	82.4	77.9	312	80.2	15.2	2.1	2.5	100	243
Higher	97.0	93.4	167	86.5	9.0	1.3	3.2	100	156
Wealth quintile									
Lowest	14.5	12.7	220	71.4	17.9	3.6	7.1	100	28
Second	32.4	30.2	417	80.2	11.1	5.6	3.2	100	126
Middle	40.8	37.2	637	76.4	15.6	4.6	3.4	100	237
Fourth	48.2	44.3	539	73.2	15.1	6.7	5.0	100	239
Highest	51.4	45.5	442	73.1	17.9	3.0	6.0	100	201
Total	40.5	36.9	2,255	75.1	15.4	4.9	4.6	100	831

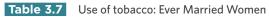
* Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed



Percent distribution of ever-married women aged 15-49 by employment status, according to background characteristics, BHDS 2020									
Background		nonths preceding the rvey	Not employed in the 12 months	Total	Number of ever				
characteristics	Currently employed ¹	Not currently employed	preceding the survey	Iotai	married women				
Age									
15-19	1.9	1.9	96.1	100.0	155				
20-24	2.8	1.3	95.9	100.0	317				
25-29	8.1	1.8	90.1	100.0	384				
30-34	13.6	2.3	84.1	100.0	301				
35-39	15.9	2.6	81.5	100.0	232				
40-44	15.1	1.4	83.5	100.0	139				
45-49	14.0	3.5	82.6	100.0	86				
Number of living children									
0	4.0	1.1	94.9	100.0	175				
1-2	4.0	2.0	94.0	100.0	400				
3-4	9.9	1.4	88.7	100.0	415				
5+	14.4	2.6	83.0	100.0	624				
Education									
No Education	10.3	2.2	87.6	100.0	1,246				
Primary	5.2	1.1	93.7	100.0	174				
Secondary	5.9	1.5	92.6	100.0	136				
Higher	15.5	1.7	82.8	100.0	58				
Wealth quintile									
Lowest	13.3	5.0	81.8	100.0	181				
Second	8.4	1.7	89.9	100.0	297				
Middle	9.8	2.4	87.8	100.0	450				
Fourth	8.4	1.0	90.6	100.0	382				
Highest	9.5	1.0	89.5	100.0	304				
Total	9.5	2.0	88.5	100.0	1,614				

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





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

Background characteristics		Percentage who Smoke		Number of women	
Dackground characteristics	Cigarettes	Other types of tobacco	Any type of topacco	Number of women	
Age					
15-19	0.6	0.6	1.3	155	
20-24	0.3	0.3	0.3	317	
25-29	1.0	0.5	1.0	384	
30-34	0.0	0.0	0.0	301	
35-39	1.3	0.4	1.3	232	
40-44	0.0	0.0	0.0	139	
45-49	1.2	1.2	1.2	86	
Education					
No Education	0.6	0.4	0.7	1,246	
Primary	0.0	0.0	0.0	174	
Secondary	1.5	0.7	1.5	136	
Higher	0.0	0.0	0.0	58	
Wealth quintile					
Lowest	0.6	0.6	0.6	181	
Second	0.7	0.3	0.7	297	
Middle	0.7	0.7	0.9	450	
Fourth	0.8	0.3	0.8	382	
Highest	0.3	0.0	0.3	304	
Total	0.6	0.4	0.7	1,614	





CHAPTER 4

Marriage, Fertility, Fertility Preference and Birth Spacing



Key Findings

AGE AT FIRST MARRIAGE

The median age at first marriage is 21 for women and 21 for men

EARLY MARRIAGE

4%

of ever-married women aged 20-49 are married by age 15, and 13 percent are married by the age of 18.

TOTAL FERTILITY RATE (TFR) 6.4 children per woman

BIRTH SPACING

Somali women in Benadir have a median gap of 24 months between two births

AGE AT FIRST BIRTH Median age at first birth is 22 for those aged 25-49

TEENAGE PREGNANCY AND MOTHERHOOD

3%

of women aged 15 and 33 percent of women aged 18 have either given birth or are pregnant with their first child

FERTILITY PLANNING

76%

of births were reported by the mother to have been wanted at the time of conception, and 20 percent were mistimed (wanted later) while only 4 percent of births were unintended at the time of conception

CURRENT USE OF CONTRACEPTION

0

6% of currently married women are using a form of contraception method while only 1 percent are using modern methods.



Chapter 4

Marriage, Fertility, Fertility Preference and Birth Spacing

Data on marriage and fertility collected as part of the BHDS 2020 helps gain better insight into what is behind 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 in this chapter 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 Somalia, marriage and fertility are closely linked, because childbearing takes place within the context of marriage.

Marital status

The survey 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 women is virtually universal. The percentage of women who have never married declines sharply with an increase in age, from 76 percent among those aged 15-19 to 26 percent for women aged 20-24. Almost all women in Benadir are married by the age of 30. The percentage of currently married women increases with age and peaks in the 30-34 age cohort. Additionally, widowhood significantly increases and peaks among women aged 45-49 years at 15 percent. Divorce among women aged between 15-19 years is 5 percent and 10 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

In general, populations in which women marry at a young age tend to initiate childbearing early, and thus have higher fertility rates.



In Somalia, marriage and fertility are closely linked, because childbearing takes place within the context of marriage. a greater number of 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 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. Four percent of women in the age group of 20-49 entered their first marriage by the age of 15. Thirteen percent of women aged 20-49 were married for the first time by the age of 18, while 24 percent married for the first time by the time they turned 20. The median age at first marriage for women of reproductive ages is 21 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.

Figure 4.1Current marital status of women aged 15-49Percent distribution of women aged 15-49 by current marital status



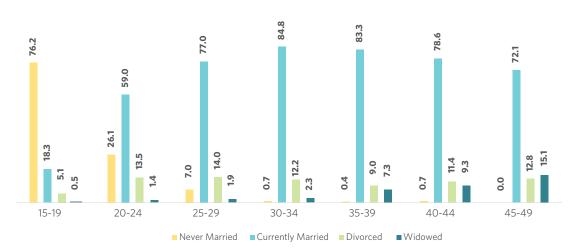
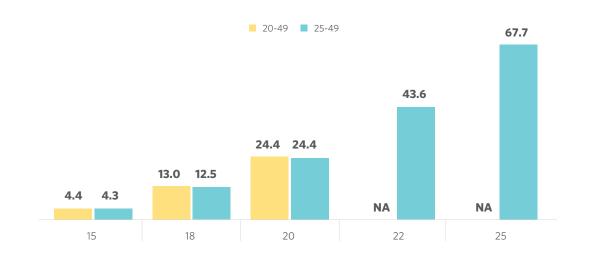


Figure 4.2 Age at First Marriage

Percent of women age 15-49 who were first married by specific exact ages



4% of women aged 20-49 and 25-49 had entered into marital union by the time they turned 15

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.

About 1 percent of men in the age bracket 20-49 entered into their first marriage by age 15 and 10 percent by age 18. Twelve percent of men aged 25-64 had never married. The median age at first marriage for men aged 25-64 is 21 years.

Early Marriage

Early marriage is still widely practised in many parts of the world, including in Benadir, even though it violates the rights of children (especially girls) and has widespread and long-term consequences, Somali parents encourage the marriage of their daughters while still young, in the hope that the 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 marriages often result in early childbearing, which has a detrimental effect on the health of both the mother and the child. It also leads to a longer reproductive period and of higher levels of fertility. Postponement of marriage greatly reduces childbearing rates. In Benadir, 4 percent of women aged 20-49 and 25-49 had entered into marital union by the time they turned 15 as compared to 16 percent nationally (SHDS, 2020). Thirteen percent of women aged 20-49 and 25-49 were first married by the age of 18 (Figure 4.2 & Table 4.2).

Fertility

This section examines a number of issues relating 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 Benadir. Using the information collected during the survey, it is possible to estimate the current level of fertility, identify trends, and highlight variations in fertility, according to certain characteristics. Interviewers asked all evermarried women aged 15-49 in the sampled households 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. Interviewers then 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

Chapter 4: Marriage, Fertility, Fertility Preference and Birth Spacing



Fertility peaks at ages of 25-29 (335 births per 1,000 women) and drops thereafter to 46 births per 1,000 women in the 40-44 age group

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 BHDS 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. 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) for Benadir. The age-specific fertility rate in the 15-19 age group is 143 births per 1,000 women. Fertility peaks at ages of 25-29 (335 births per 1,000 women) and drops thereafter to 46 births per 1,000 women in the 40-44 age group (Figure 4.3). The Total Fertility Rate (TFR) for Benadir is 6.4 children per woman compared to a TFR of 6.9 at a national level (SHDS, 2020). Furthermore, the General Fertility Rate (GFR) in Benadir region is 233 while the Crude Birth Rate (CBR) is 43.

Table 4.5 presents the TFR and the mean number of children ever born (CEB) by background characteristics of 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

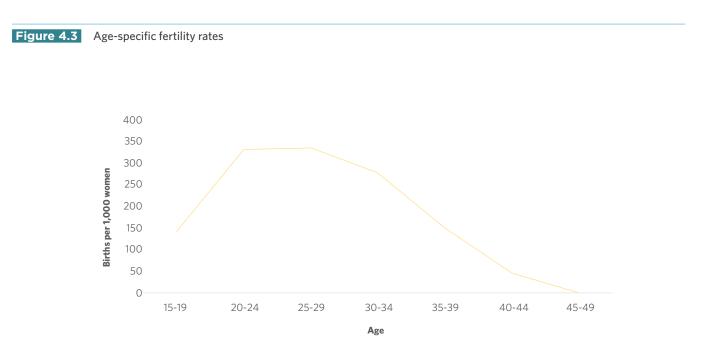
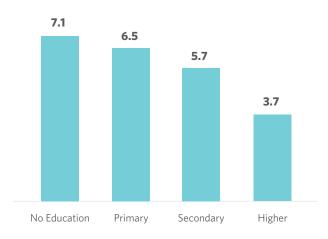


Figure 4.4 Fertility by educational background



fertility experience up to the moment the survey 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 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. BHDS indicates that there is a very slight difference between the TFR (6.4) and mean CEB for women aged 40-49 years (7.0). This could mean fertility is declining slightly, or a lower recall bias.

As presented in Figure 4.4 and Table 4.5, the largest fertility differentials are associated with education. For women with no education, the TFR is almost twice as high at 7.1 compared to that of women with higher education (3.7). Notably, the difference in TFR between women with no education and those with primary education is relatively small.

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

It is important to keep in mind that reporting of children ever born is subject to recall and other biases, and this is particularly pronounced among older women.



The mean number of children ever born increases with age, reflecting the natural family building process.

> 24% of births reported spacing of 60 months and above

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.

Table 4.5 presents the percentage of women aged 15-49 who were pregnant at the time of the survey. Overall, 17 percent of the evermarried women were pregnant at the time of the survey.

Table 4.6 presents information on the mean number of children ever born for ever-married women and currently married women in Benadir. On average, ever-married women aged 45-49 have given birth to 6.3 children, of whom 5.2 survived up until the time the survey was conducted. Of the 6.7 children born on average to currently married women aged 45-49, 5.6 survived up until the time the survey was conducted.

The mean number of children ever born increases with age, reflecting the natural family building process. For example, among ever-married women, the average number of live births for the age group 25-29 is 3.9, while women of 35-39 years reported an average of 6.4 children. Among currently married women, the mean number of children ever born to women aged 25-29 years is 4.1, 6.5 for women in the 35-39 age group and 6.7 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 as well as 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, P. a., 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 24 months. Twenty-four percent of births reported spacing of 60 months and above. Births with a spacing of less than 18 months accounted for 28 percent of the total number. There is a marginal difference in the mean birth interval in relation to sex of the last birth.

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 6 months before the survey, if they report **10%** of women aged 20-49 and 25-49 had first given birth by the age of 18

Pregnancy under the age of 20 also 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. being menopausal, or having had a hysterectomy, or if they have never menstruated. Table 4.8 shows that, overall, 15 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 both the mother and child. The data on age at first birth is 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.

Two percent of women aged 20-49 and 25-49 had given birth by the time they turned 15. Ten percent of women aged 20-49 and 25-49 had first given birth by the age of 18, while the median age at first birth for women aged 25-49 is 22 years (Table 4.9).

Table 4.10 summarizes the median age at first birth for women aged 20-49 and 25-49 across educational, and wealth status subgroups. The results show that the median age at first birth of women with higher education, which as expected had their first children later, at 23 and 24 years, respectively, compared to women with primary education, who had their first children at 20 and 21 years respectively.

Teenage Pregnancy and Motherhood

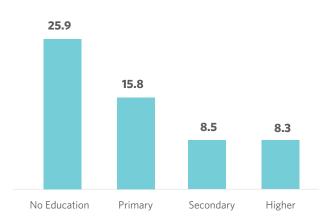
Teenage pregnancy and motherhood are defined as the percentage of women aged 15-19 who are pregnant with their first child at the time of the survey, or have had a live birth or have begun childbearing, according to the DHS program (Croft T et al., 2018).

Childbearing under the age of 20 has major health implications for both the mother and child. Pregnancy under the age of 20 also 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 are pregnant with their first child is shown in Table 4.11, the data indicates that 18 percent of girls aged 15-19 fall in this category, 14 percent having already given birth to a child and 3 percent being pregnant with their first child. The proportion of teenagers who have begun childbearing rises rapidly with age. Three percent of women aged 15 have started childbearing, but by the age of 19, 42 percent of women have had a baby, or are pregnant with their first child. There are significant differences by background characteristics.



Figure 4.5 Teenage pregnancy and motherhood by Educational Level Percentage of women age 15-19 who have begun childbearing



Twenty-six percent of girls aged 15-19 without education have had a baby or are pregnant, compared to 8 percent of girls with higher education who fall in this category (Figure 4.5). Furthermore, 31 percent of girls aged 15-19 in the poorest households have started childbearing, compared to 17 percent of girls aged 15-19 in the wealthiest households.

Fertility Preferences

Information on fertility preferences can help assess desire for children, ideal number of children, as well as 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 data on whether and when married women desire more children and their 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, and as stated at the time the survey was conducted. Seventy-eight percent of currently married women want to have a child soon, 9 percent are undecided on whether to have another child, and 8 percent do not want any more children. Eighty percent of currently married women with no living children want to have a child soon, while 70 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

80% of currently married women with no living children want to have a child soon

90% of women interviewed consider six or more children to be the ideal family size

If currently married women in Benadir could choose their ideal number of children, they would have 12.1 children on average, compared to the national figure of 10.8 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. Eight percent of currently married women are willing to stop childbearing. The desire to limit childbearing increases as the number of living children increases, from 2 percent among married women with one living child to 15 percent among women with six or more living children.

Ideal number of children

In order to obtain a greater insight into fertility preferences among Somali women, 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 opinion on their ideal number of children, mean ideal number of children for all respondents, as well as for currently married respondents, according to the number of living children they have. The results indicate that the Somali women in Benadir desire large families. Ninety-three percent of women interviewed consider six or more children to be the ideal family size. Two percent stated their ideal number of children is four.

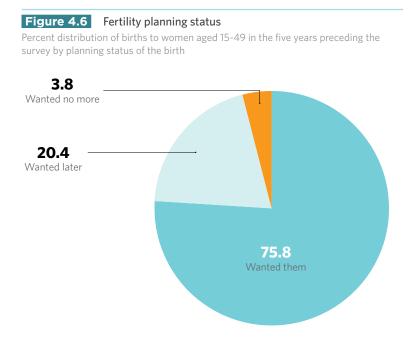
If currently married women in Benadir could choose their ideal number of children, they would have 12.1 children on average, compared to the national figure of 10.8 (SHDS, 2020). There is no substantial difference between the mean ideal number of children for ever-married women and currently married women.

Among currently married women who have no living children, the mean ideal number of children is 11.1, while among ever-married women the mean ideal number of children is 10.6. It is interesting to note that women with 4 and more living children are more likely to desire more children than women with 3 and fewer living children.

Fertility Planning

The information collected provides an opportunity to estimate the levels of unintended fertility. This information provides 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 5 years preceding the survey: whether the birth was intended at the time of conception, intended later, or not intended at all. Seventy-six percent of births were wanted at the time they occurred, while 20 percent were intended later and only 4 percent were to mothers who intended to have no more children (Figure 4.6). First- and second- order births were more likely to have been intended at 78 percent and 79 percent, respectively compared to third or higher order births at 73 and 67 percent respectively. The proportion of unintended births is greater for births that are fourth in order or higher at 6 percent than for first births at 4 percent. Similarly, a larger proportion of births to older women are unintended in comparison to those for younger women. While only 3 percent of births to women under age 20 are unintended, 8 percent of births to women age 35-39 are unintended.

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.

76% of births were wanted at the time they occurred



73% of ever married women have heard of at least one method of contraception

Knowledge of contraceptive methods

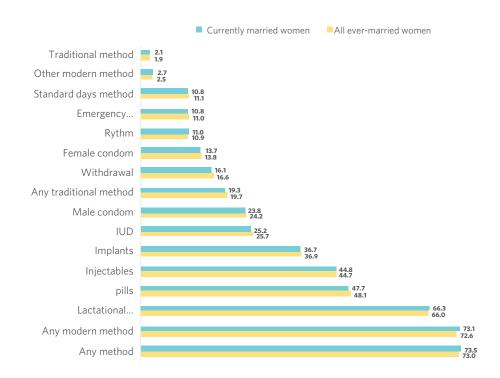
Knowledge of contraceptive methods is a precondition for their use. Information regarding knowledge of birth spacing methods was gathered by asking respondent firstly about ways or methods by which the couple could delay or avoid pregnancy. If the respondent failed to mention any of the methods included 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.

Table 4.16 presents data on the knowledge of contraceptive methods. It shows that 73 percent of ever married women have heard of at least one method of contraception. Modern methods are more widely known than traditional methods. Seventy-three percent for both ever-married women and currently married women know of any modern method, while 20 percent and 19 percent of ever-married women and currently married women know of a

Figure 4.7 Knowledge of contraceptive methods

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

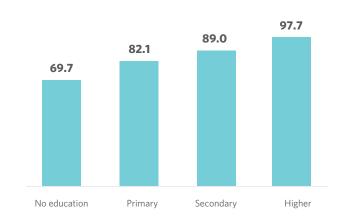




The Lactational

Amenorrhea (LAM), pill, injectables, implants and condoms are the contraceptive methods most widely known among women in Benadir Figure 4.8 Knowledge of contraceptive methods by education

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



traditional method respectively (Figure 4.7). Nationally, 63 percent of ever married women have heard of at least one method while 62 percent of ever-married women know of at least one modern method (SHDS, 2020).

The Lactational Amenorrhea (LAM), pill, injectables, implants and condoms are the contraceptive methods most widely known among women in Benadir. Sixty-six percent of women have heard of lactational amenorrhea, 48 percent have heard of the pill, 45 percent have heard of injectables, 37 percent have heard of implants, and 24 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 younger mothers, with 80 percent of mothers aged 20-24 having heard of contraceptive methods. As expected, women with higher education are best informed about contraception, with 98 percent of them having heard of at least one method (Figure 4.8).

Contraceptive Use

One of the most frequently used indicators for assessing the success of birth spacing programmes is the current level of contraceptive use. It 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. Six percent of currently married women are using any contraception method and less than one percent are using modern methods, this is the exact same at a national level (SHDS, 2020). Among the 20-24-year olds, 7 percent are using contraceptives compared to one percent of those aged 40-44.

6% of currently married women are using any contraception method



The results indicate a continued need for education about women's physiology of reproduction and effective use of contraceptive methods

> **32%** of currently married women have an unmet need for birth spacing

Knowledge of Fertile Period

To examine a woman's knowledge of the reproductive process, respondents were asked whether there were certain days between the menstrual periods when a woman was more likely to become pregnant if she had sexual intercourse. Those women who responded that the fertile period is "halfway between two menstrual periods" were considered to have correct knowledge of their fertile period. Table 4.19 shows the percentage of ever-married women aged 15-49 with correct knowledge of the fertile period during the ovulatory cycle, according to age. Overall, only 16 percent of ever-married women correctly reported the most fertile time as being halfway between two menstrual periods.

Among young ever-married women aged 15-19, 10 percent had correct knowledge of the fertile period. Around 18 percent of women in the age group of 30-34 and 35-39 were able to correctly identify a woman's monthly cycle, while 12 percent of women aged 45-49 reported the correct 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 in Benadir. 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 family planning. 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 32 percent of currently married women have an unmet need for birth spacing services (28 percent for spacing births and 4 percent for stopping childbearing). Nationally, 37 percent of currently married women have an unmet need for birth spacing with 29 percent accounting for inter-birth spacing while 8 percent want to stop child bearing (SHDS, 2020). The unmet need is lower for Benadir than that at the national level. Two percent of married women are currently using a contraceptive method or have a met need for either birth spacing or limiting childbearing. Thirtyfour percent of currently married women have a demand for birth spacing, 30 percent for birth spacing and 4 percent for limiting childbearing. At present, only 6 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 7 percent to 32 percent.

By age, unmet need for birth spacing is highest among women aged 25-29 at 35 percent, and lowest among women aged 45-49 at 23 percent.

Unmet needs are higher among women with primary education, at 37 percent, followed by women with secondary education, at 34 percent. Women with higher education have the lowest unmet needs at 30 percent. Moreover, unmet need is lowest among women from poorest households at 25 percent, and highest among women in the second wealth quintile at 39 percent.

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 is 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 15 percent of women have heard a message related to birth spacing on the radio. Twelve 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-one percent of women were not exposed to birth spacing messages in any of these media.

The role of the media in promoting birth spacing is essential in bringing information to different target groups

Table 4.1 Current marital status

Percent distri	Percent distribution of women age 15-49 by current marital status, according to age, BHDS 2020								
Age	Never-married	Currently married	Divorced	Widowed	Total	Number of women			
15-19	76.2	18.3	5.1	0.5	100.0	651			
20-24	26.1	59.0	13.5	1.4	100.0	429			
25-29	7.0	77.0	14.0	1.9	100.0	413			
30-34	0.7	84.8	12.2	2.3	100.0	303			
35-39	0.4	83.3	9.0	7.3	100.0	233			
40-44	0.7	78.6	11.4	9.3	100.0	140			
45-49	0.0	72.1	12.8	15.1	100.0	86			
Total	28.4	58.2	10.4	3.0	100.0	2,255			

 Table 4.2
 Age at first marriage - Women

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

		Perc	entage first n	narried by exa	ct age:			Median
Current age	15	18	20	22	25	Percentage of never married	Number of respondents	age at first marriage
15-19	3.5	na	na	na	na	76.2	651	а
20-24	4.4	14.2	24.5	na	na	26.1	429	а
25-29	5.3	10.7	21.1	38.5	61.5	7.0	413	21.0
30-34	3.3	8.3	21.1	44.6	67.7	0.7	303	21.0
35-39	4.7	14.6	30.5	49.8	79.4	0.4	233	21.0
40-44	3.6	19.3	25.0	44.3	63.6	0.7	140	22.0
45-49	3.5	19.8	34.9	46.5	73.3	0.0	86	22.0
20-49	4.4	13.0	24.4	na	na	9.0	1,604	а
25-49	4.3	12.5	24.4	43.6	67.7	2.8	1,175	21.0

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

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

63

Table 4.3 Age at first marriage - Men

		Per		Median				
Current age	15	18	20	22	25	Percentage of never married	Number of respondents	age at first marriage
15-19	0.3	na	na	na	na	95.6	703	16.0
20-24	0.7	7.0	16.5			71.5	460	19.0
25-29	0.9	10.7	25.2	39.0	56.0	34.9	318	20.0
30-34	0.4	12.7	21.9	45.0	58.5	11.5	260	21.0
35-39	1.3	12.4	24.9	47.1	58.2	4.9	225	22.0
40-44	1.5	7.7	20.6	47.4	56.7	5.7	194	21.0
45-49		9.1	22.2	48.5	59.6	1.0	99	22.0
50-54	0.7	6.5	13.7	44.6	50.4	2.9	139	24.0
55-59		7.3	20.7	45.1	54.9		82	22.5
60-64	0.7	8.2	19.4	46.3	51.5	3.0	134	22.0
20-49	0.8	9.7	21.3	31.3	40.5	31.7	1,556	20.0
25-49	0.9	10.9	23.3	44.4	57.5	15.0	1,096	21.0
20-64	0.8	9.3	20.6	33.9	42.6	26.2	1,911	20.0
25-64	0.8	10.0	21.8	44.7	56.1	11.9	1,451	21.0

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

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

na = Not applicable due to censoring

a = Omitted because less than 50 percent of the men go 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, BHDS 2020

2020	
Age group	Total
15-19	143
20-24	332
25-29	335
30-34	277
35-39	151
40-44	46
45-49	0
TFR (15-49)	6.4
GFR	233
CBR	43

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

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

TFR: Total fertility rate expressed per women GFR: General fertility rate expressed per 1,000 women age 15-49 CBR: Crude birth rate expressed per 1,000 population





Table 4.5 Selected fertility indicators by background characteristics

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

	Total Fertility Rate	Percentage women age 15- 49 currently pregnant	Mean number of children ever born to women age 40-49
Education			
No Education	7.1	15.6	8.1
Primary	6.5	17.6	6.7
Secondary	5.7	26.5	5.1
Higher	3.7	21.6	4.8
Wealth quintile			
Lowest	6.7	19.5	7.4
Second	7.2	15.2	6.5
Middle	6.5	18.4	7.3
Fourth	6.0	16.1	6.7
Highest	5.9	15.5	7.4
Total	6.4	16.9	7.0
Note: Total fertility rates are for the period 1-36	months preceding the in	terview	



Table 4.6 Children ever born and living

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

					Number o	of children	ever bori	ı						Mean	Mean
Age	0	1	2	3	4	5	6	7	8	9	10+	Total	Number of women	number of children ever born	number of living children
All															
women															
15-19	42.6	33.5	18.1	5.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	155	0.9	0.9
20-24	14.8	22.1	24.9	19.9	15.5	2.8	0.0	0.0	0.0	0.0	0.0	100.0	317	2.1	2.1
25-29	6.3	7.8	14.8	13.3	17.4	16.1	10.9	8.3	3.1	1.3	0.5	100.0	384	3.9	3.6
30-34	2.7	3.3	6.0	12.3	15.0	14.0	12.6	16.3	8.3	4.3	5.3	100.0	301	5.4	4.9
35-39	3.9	1.3	6.0	2.6	7.8	16.8	13.4	12.5	11.6	12.1	12.1	100.0	232	6.4	5.8
40-44	10.8	2.2	0.7	5.0	10.8	7.2	14.4	9.4	13.7	10.8	15.1	100.0	139	6.2	5.6
45-49	2.3	1.2	2.3	12.8	14.0	10.5	15.1	12.8	4.7	5.8	18.6	100.0	86	6.3	5.2
Total	10.6	10.5	12.3	11.4	12.8	10.6	8.9	8.3	5.4	4.1	5.1	100.0	1,614	4.2	3.9
Currently married women															
15-19	46.2	30.3	17.6	5.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	119	0.8	0.8
20-24	15.8	17.8	25.3	21.3	16.6	3.2	0.0	0.0	0.0	0.0	0.0	100.0	253	2.1	2.3
25-29	5.3	6.6	12.9	14.5	17.9	17.3	11.0	9.1	3.5	1.3	0.6	100.0	318	4.1	3.8
30-34	1.6	2.3	4.7	10.9	15.2	14.0	13.2	17.9	9.7	4.7	5.8	100.0	257	5.6	5.2
35-39	4.1	1.0	5.2	3.1	6.2	16.5	13.9	11.9	10.8	13.9	13.4	100.0	194	6.5	6.0
40-44	9.1	0.9		4.5	10.0	6.4	17.3	7.3	15.5	11.8	17.3	100.0	110	6.6	6.1
45-49	1.6	1.6	1.6	8.1	12.9	12.9	12.9	14.5	6.5	6.5	21.0	100.0	62	6.7	5.6
Total	10.3	8.5	11.3	11.5	12.9	11.1	9.4	8.8	5.9	4.6	5.7	100.0	1,313	4.4	4.1



 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, BHDS 2020

		-	Birth	order					Median
Background characteristics	7-17	18-23	24-35	36-47	48-59	60+	Total	Number of non- first births	number of months since preceding birth
Age									
15-19	13.2	7.5	9.4	*	1.9	67.9	100.0	53	20.0
20-29	28.8	12.8	19.9	8.6	3.0	27.0	100.0	690	22.0
30-39	28.1	12.3	24.2	15.1	6.9	13.3	100.0	405	26.0
40-49	20.8	9.4	26.4	17.0	1.9	24.5	100.0	53	28.8
Sex of preceding birth									
Male	27.1	11.8	22.0	11.1	4.6	23.4	100.0	650	24.0
Female	28.1	12.7	20.1	10.3	3.8	24.9	100.0	551	23.0
Survival of preceding birth									
Living	28.8	12.9	21.1	9.9	3.4	23.8	100.0	961	23.0
Dead	22.5	9.6	21.3	14.2	7.5	25.0	100.0	240	26.0
Birth order									
2-3	27.9	12.1	21.6	10.5	4.4	23.6	100.0	1,029	24.0
4-6	23.3	13.8	20.1	12.6	3.8	26.4	100.0	159	25.2
7+	53.8	7.7		7.7		30.8	100.0	13	12.0
Education									
No Education	27.0	12.5	20.8	12.1	4.8	22.8	100.0	947	24.0
Primary	34.2	11.6	24.0	6.8	1.4	21.9	100.0	146	21.0
Secondary	21.3	13.3	21.3	5.3	5.3	33.3	100.0	75	28.2
Higher	27.3	6.1	18.2			48.5	100.0	33	23.4
Wealth quintile									
Lowest	29.8	7.8	17.7	11.3	7.1	26.2	100.0	141	24.0
Second	28.3	11.5	22.5	11.5	2.9	23.4	100.0	244	24.0
Middle	28.0	13.0	22.3	10.2	4.0	22.6	100.0	354	24.0
Fourth	22.5	15.1	22.5	10.9	6.2	22.9	100.0	258	24.0
Highest	30.9	11.3	18.1	10.3	2.0	27.5	100.0	204	22.1
Total	27.6	12.2	21.1	10.7	4.2	24.1	100.0	1,201	24.0

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

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



Table 4.8 Menopause

Percentage of women aged 30-49 who are menopausal, by age, BHDS 2020							
Age	Percentage Menopausal ¹	Number of women					
30-34	8.6	303					
35-39	11.6	233					
40-41	20.4	103					
42-43	22.2	27					
44-45	29.9	67					
46-47	*	10					
48-49	*	19					
Total	14.8	762					

¹ Percentage of women who are not pregnant and not postpartum amenorrheic whose last menstrual period occurred six or more months preceding the survey

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

Table 4.9Age at first birth

Percentage of women aged 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, BHDS 2020

Current		Percentage v	vho gave birtł	n by exact age		Percentage	Number of	Median age at
age	15	18	20	22	25	who never given birth	women	first birth
15-19	0.6	0.0	0.0	0.0	0.0	85.6	651	19.5
20-24	1.6	10.0	21.7	0.0	0.0	33.8	429	21.0
25-29	1.9	13.3	27.1	46.7	72.6	12.8	413	21.0
30-34	2.6	11.2	28.1	52.1	78.2	3.3	303	21.0
35-39	0.4	7.7	16.3	38.6	70.0	4.3	233	22.0
40-44	1.4	9.3	15.7	32.1	52.9	11.4	140	23.0
45-49	0.0	2.3	8.1	16.3	40.7	2.3	86	25.0
20-49	1.6	10.3	22.3	31.2	50.4	14.7	1,604	21.0
25-49	1.6	10.4	22.5	42.6	68.9	7.7	1,175	22.0

na = Not applicable due to censoring

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

Table 4.10 N	ledian age at first birth
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	20-49 and 25-49 years, by background chara	
Background characteristics	Women aged 20-49	Women aged 25-49
Education		
No Education	21.0	22.0
Primary	20.0	21.0
Secondary	21.0	22.0
Higher	23.0	24.0
Wealth quintile		
Lowest	21.0	22.0
Second	21.0	22.0
Middle	21.0	22.0
Fourth	21.0	22.0
Highest	22.0	22.0
Total	21.0	22.0

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, BHDS 2020

	Percentage of wo	men age 15-19 who			
Background characteristics	Have had a live birth	Are pregnant with first child	Percentage who have begun childbearing	Number of women	
Age group					
15-19	14.4	3.4	17.8	651	
15	2.5	0.0	2.5	158	
16	2.2	0.7	2.9	137	
17	13.0	4.6	17.6	108	
18	24.4	8.5	32.9	164	
19	39.3	2.4	41.7	84	
Education					
No Education	21.8	4.1	25.9	294	
Primary	12.0	3.8	15.8	133	
Secondary	5.7	2.8	8.5	176	
Higher	8.3	0.0	8.3	48	
Wealth quintile					
Lowest	25.0	6.3	31.3	48	
Second	15.7	3.3	19.0	121	
Middle	10.7	3.2	13.9	187	
Fourth	15.2	3.0	18.2	165	
Highest	13.8	3.1	16.9	130	
Total	14.4	3.4	17.8	651	



Table 4.12 Fertility preferences by number of living children

Percent distribution of currently married women aged 15-49 by desire for children, according to number of living children, BHDS 2020

Desire for			Num	ber of living cl	hildren1			Tetel 15, 40
children	0	1	2	3	4	5	6+	Total 15-49
Have another soon ²	80.0	90.6	81.8	82.8	80.3	75.5	69.9	77.8
Have another later ³	2.1	0.0	3.1	4.1	3.4	3.9	4.2	3.4
Undecided	12.6	6.3	8.8	7.1	9.0	10.3	10.0	9.2
Want no more	0.0	1.6	5.0	3.6	5.6	9.7	14.5	7.8
Declared infecund	5.3	1.6	1.3	2.4	1.7	0.6	1.4	1.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	95	128	159	169	178	155	429	1,313

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, BHDS 2020

Background			Numbe	er of living ch	ildren ¹			Total
characteristics	0	1	2	3	4	5	6+	
Education								
No education	0.0	0.0	3.5	3.1	5.3	8.5	14.6	7.8
Primary	0.0	5.6	10.5	5.9	7.1	13.3	16.7	9.7
Secondary	0.0	5.0	6.3	6.3	7.7	22.2	12.0	8.3
Higher	0.0	0.0	9.1	0.0	0.0	0.0	0.0	2.3
Wealth quintile								
Lowest	0.0	0.0	0.0	5.9	4.3	4.5	17.6	8.0
Second	0.0	4.8	8.0	9.7	3.6	4.0	10.7	7.4
Middle	0.0	0.0	4.5	2.1	6.3	14.3	16.5	9.2
Fourth	0.0	0.0	8.6	0.0	4.5	5.6	11.8	5.9
Highest	0.0	4.5	2.5	3.0	8.6	17.4	16.9	8.7
Total	0.0	1.6	5.0	3.6	5.6	9.7	14.5	7.8
Note: ¹ The number of living	children inclu	des the curr	ent pregnancy	,				



Table 4.14 Ideal number of children

Percent distribution of w currently married respon						ber of childre	n for all respo	ndents and for	
		Number of living children ¹							
	0	1	2	3	4	5	6+	Total	
ldeal number of children									
1	0.0	0.0	0.0	0.0	0.0	0.8	0.0	0.1	
2	2.3	0.7	2.6	0.6	0.6	0.8	0.6	1.0	
3	1.2	0.0	0.0	1.2	0.6	0.0	0.6	0.5	
4	5.8	2.1	4.5	0.6	0.0	0.8	0.9	1.7	
5	9.3	6.3	5.2	7.9	1.9	1.5	1.5	4.1	
6+	81.4	91.0	87.7	89.7	96.9	96.2	96.4	92.6	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Number of women	86	144	155	165	162	130	333	1,175	
Mean ideal number of children for: ²									
All Ever Married women	10.6	10.4	10.9	11.7	12.5	12.2	13.9	12.1	
Number of women	86	144	155	165	162	130	333	1,175	
Mean ideal number of children for currently married women									
Currently married women	11.1	10.7	11.2	11.7	12.4	12.4	14.0	12.4	
Number of currently married women	58	93	118	136	133	111	297	946	

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, BHDS, 2020

Birth order and	I	Planning status of birt	th		
mother's age at birth	Wanted then	Wanted later	Vanted later Wanted no more		Number of births
Birth Order					
1	77.8	18.5	3.6	100.0	740
2	78.6	18.8	2.5	100.0	637
3	72.7	22.7	4.6	100.0	410
4+	66.7	26.9	6.4	100.0	234
Mother's age at birth					
<20	74.9	22.0	3.1	100.0	386
20-24	77.2	19.3	3.5	100.0	659
25-29	79.0	18.8	2.2	100.0	537
30-34	70.3	23.1	6.6	100.0	286
35-39	66.9	24.8	8.3	100.0	133
40-44	95.0	5.0		100.0	20
45-49	*	*	*	*	0
Total 15-49	75.8	20.4	3.8	100.0	2,021

Table 4.16 Knowledge of contraceptive methods

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

Method	All women	Currently married women
Any method	73.0	73.5
Any modern method	72.6	73.1
IUD	25.7	25.2
Injectables	44.7	44.8
Implants	36.9	36.7
pills	48.1	47.7
Male condom	24.2	23.8
Female condom	13.8	13.7
Emergency contraception	11.0	10.8
Standard days method	11.1	10.8
Lactational Amenorrhea (LAM)	66.0	66.3
Other modern method	2.5	2.7
Any traditional method	19.7	19.3
Rythm	10.9	11.0
Withdrawal	16.6	16.1
Traditional method	1.9	2.1
Mean number of methods known by women 15-49	3.1	3.1
Number of respondents	1,614	1,313



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, BHDS 2020

Background characteristics	Heard of any method	Heard of any modern method	Number of women
Age			
15-19	61.3	61.3	119
20-24	80.2	79.8	253
25-29	77.0	76.4	318
30-34	75.1	74.7	257
35-39	71.1	70.6	194
40-44	64.5	64.5	110
45-49	67.7	67.7	62
Education			
No education	69.7	69.2	1,027
Primary	82.1	82.1	134
Secondary	89.0	89.0	109
Higher	97.7	97.7	43
Wealth quintile			
Lowest	75.3	74.7	150
Second	70.9	70.9	230
Middle	72.9	72.9	358
Fourth	75.1	74.8	321
Highest	73.6	72.4	254
Total 15-49	73.5	73.1	1,313



Table 4.18 Current use of contraception by age

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

		C	Contraceptive metho	d		
Age	Percentage of currently married women using any contraceptive method	Any modern method	Any traditional method	Not currently using	Total	Number of women currently married
15-19	4.2	0.0	4.2	95.8	100.0	119
20-24	7.1	0.8	6.3	92.9	100.0	253
25-29	7.9	0.6	7.2	92.1	100.0	318
30-34	5.1	1.2	3.9	94.9	100.0	257
35-39	6.2	0.5	5.7	93.8	100.0	194
40-44	0.9	0.0	0.9	99.1	100.0	110
45-49	0.0	0.0	0.0	100.0	100.0	62
Total	5.6	0.6	5.0	94.4	100.0	1,313

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

na = Not applicable

LAM = Lactational amenorrhoea method

Table 4.19 Knowledge of fertile period by age

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

Age	Percentage with correct knowledge of the fertile period	Number of ever Married women
15-19	10.3	155
20-24	15.1	317
25-29	16.7	384
30-34	17.6	301
35-39	17.7	232
40-44	14.4	139
45-49	11.6	86
Total	15.6	1,614

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

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

Percentage of currently married women aged 15-49 with unmet need for the demand for contraception that is satisfied, by background characteri	tly married wc aception that	omen aged 15- is satisfied, by	49 with unm / background	et need for bir characteristic	birth spacing, per stics, BHDS 2020	centage with	n met need for	birth spacing,	the total den	birth spacing, percentage with met need for birth spacing, the total demand for birth spacing, and the percentage of stics, BHDS 2020	cing, and the pe	ercentage of
Background	Unmet need fo spacing	Unmet need for birth spacing	Total	Met need for birth spacing (currently using)	l for birth currently ng)	Total	Total demand for birth spacing ¹	nd for birth ing ¹	Total	Percentage of demand	Percentage of demand satisfied	Number of
characteristics	For spacing	For limiting		For spacing	For limiting		For spacing	For limiting		satisfied ²	by modern method³	women
Age												
15-19	24.4	0.0	24.4	0.8	0.0	0.8	25.2	0.0	25.2	3.3	0.0	119
20-24	31.6	1.2	32.8	3.6	0.0	3.6	35.2	1.2	36.4	9.8	3.3	253
25-29	32.4	2.5	34.9	1.6	0.3	1.9	34.0	2.8	36.8	5.1	1.7	318
30-34	31.1	2.7	33.9	1.9	0.4	2.3	33.1	3.1	36.2	6.5	3.2	257
35-39	25.8	4.6	30.4	1.5	0.5	2.1	27.3	5.2	32.5	6.3	3.2	194
40-44	14.5	17.3	31.8	0.0	0.0	0.0	14.5	17.3	31.8	0.0	0.0	110
45-49	14.5	8.1	22.6	0.0	0.0	0.0	14.5	8.1	22.6	0.0	0.0	62
Education												
No Education	26.8	4.3	31.1	1.3	0.2	1.5	28.0	4.5	32.5	4.5	2.1	1,027
Primary	33.6	3.0	36.6	1.5	0.7	2.2	35.1	3.7	38.8	5.8	3.8	134
Secondary	31.2	2.8	33.9	1.8	0.0	1.8	33.0	2.8	35.8	5.1	0.0	109
Higher	30.2	0.0	30.2	14.0	0.0	14.0	44.2	0.0	44.2	31.6	5.3	43
Wealth quintile												

"Note: Numbers in this table correspond to the revised definition of unmet need described in Bradley et al., 2012 29.7 2.0 0.2 1.8 31.8 3.9 28.0 Total

30.3

Highest

Fourth

230 358 321

0.8 :-

3.0

31.5 34.6

4.7 2.8

29.9 28.7 28.0

2.2

3.1

37.0 23.3

> 1.7 :-

1.3

38.7 33.5 29.3

35.7 29.1 26.5 25.2

Middle Second

0.8 2.2 2.8

33.5

5.5

33.8

4.1

4.7 2.3

150

2.4

7.3 4.3 3.2 6.9 9.4 5.9

27.3 40.4

4.0 3.5

2.0

0.0 0.4 0.3 0.0 0.4

2.0

25.3

4.0 3.0 4.5 2.8 5.1

21.3

Lowest

1,313 254

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

³ Modern methods include pill, IUD, injectables, implants, male condom, female condom, and lactational amenorrhea method (LAM)" ² Percentage of demand satisfied is met need divided by total demand



Table 4.21 Exposure to Birth Spacing messages

Percentage of ever-married women aged 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, BHDS 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
Education							
No Education	12.4	8.5	2.6	15.2	2.0	84.8	1,246
Primary	17.2	20.7	4.6	28.7	3.4	71.3	174
Secondary	25.0	20.6	9.6	32.4	5.9	67.6	136
Higher	31.0	46.6	19.0	51.7	13.8	48.3	58
Wealth quintile							
Lowest	11.6	4.4	1.7	12.2	1.1	87.8	181
Second	13.1	9.8	3.7	17.5	2.7	82.5	297
Middle	15.1	13.6	4.4	21.3	3.1	78.7	450
Fourth	15.2	14.1	5.0	19.6	3.7	80.4	382
Highest	16.4	14.8	3.9	22.4	3.0	77.6	304
Total 15-49	14.6	12.2	4.0	19.4	2.9	80.6	1,614

CHAPTER 5

Maternal and Newborn Health



Key Findings

ANTENATAL CARE COVERAGE



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

TETANUS TOXOID INJECTIONS

30%

of women aged 15 -49 had received at two tetanus toxoid injections during the pregnancy of their most recent birth.

DELIVERY SERVICES

48%

births are delivered with the assistance of a trained health personnel; 38 percent are delivered at the health facility of which (28 percent are in public and 9 percent are in private facilities)

POSTNATAL CHECKS

8%

of mothers had a postnatal check during the first 2 days after deliver

7% of new-borns had a postnatal check during the first 2 days after deliver

ACCESS PROBLEMS

70% of women reported that they face at least one problem accessing health care.





Chapter 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 Benadir, 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 Benadir. This information will assist policymakers, planners and other collaborators in the health sector to formulate appropriate strategies and interventions to improve maternal, new-born and child health services in Benadir.

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 new-born child. ANC from 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.

Well-designed and well-implemented ANC programmes facilitate 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.

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 to them during ANC visits. For women with two or more live births during the five -year period, data on ANC refers to the most recent birth only.

Well-designed and well-implemented ANC programmes facilitate the timely detection and treatment of problems during pregnancy.

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

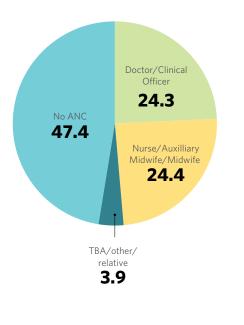
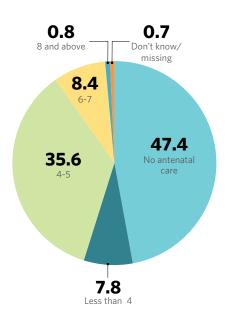


Figure 5.2 ANC visits made by pregnant women

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



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. Forty-seven percent of women in Benadir did not make ANC visits during their most recent pregnancy in the five years prior to the survey, compared to 68 percent countrywide (SHDS, 2020). Among those who made ANC visits, 49 percent received ANC from trained personnel (doctors/clinical officers or nurses/midwives/ auxiliary midwives) at least once. Twenty-four percent of women received ANC from a doctor/clinical officer, while 24 percent received care from a midwife, nurse or auxiliary midwife.

Education levels and wealth status of women were associated with the use of ANC from a skilled health care provider. Seventy-nine percent of women with higher education received antenatal care from a skilled provider, compared to 44 percent of women with no education. Similarly, 58 percent of women in the highest wealth quintiles received antenatal care from a skilled provider, compared to 40 percent of women in the lowest wealth quintiles.

Generally, younger mothers aged between 20-34 years received more ANC from skilled medical personnel than older women aged 35-49 years at 50 percent and 40 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 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, while 36 percent made between two and three visits in their most recent pregnancy in the five years preceding the survey. Nationally, 24 percent of women who had a live birth in the five years preceding the survey made four or more ANC visits (SHDS, 2020).

Fifteen percent of women made their first antenatal care visit before the fourth month of pregnancy while 16 percent of women had their first ANC visit in (4-5 months). The median length of pregnancy at the first antenatal care visit is 5 months.



52% of women took iron tablets during their last pregnancy

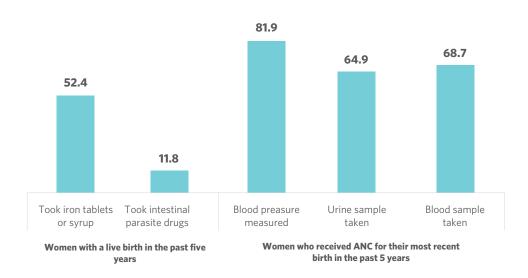
Components of Antenatal Care

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 and Figure 5.3 present 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, 52 percent of women took iron tablets during their last pregnancy while only 12 percent of women took drugs to treat intestinal worms during their last pregnancy. On the other hand, among other antenatal care services, 82 percent of women who received antenatal care had their blood pressure measured, 65 percent had a urine sample taken, and 69 percent had a blood sample taken (Figure 5.3).





79%

tetanus

of mothers with

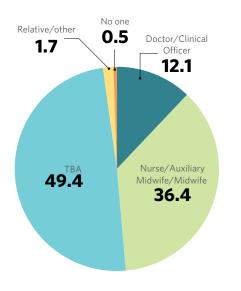
higher education

against neonatal

have births protected



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



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 new-born 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. Thirty percent of women in Benadir received two or more tetanus toxoid injections during the pregnancy of their last live birth; this is higher than the national rate of 17 percent (SHDS, 2020).

Forty-five percent of births were protected against neonatal tetanus compared to 27 percent nationally (SHDS, 2020). The proportion of births protected against tetanus increases with a mother's educational level: 79 percent of mothers with higher education have births protected against neonatal tetanus, as compared to 40 percent of women with no education.

Assistance at 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 type of medical assistance 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.

Table 5.5 shows that 48 percent of births in Benadir are delivered with the assistance of a skilled health professional, which includes a doctor/clinical officer or a nurse/midwife or auxiliary midwife, compared to 32 percent nationally (SHDS, 2020). According to survey findings, the percentage of women who delivered babies by C-section is at 3 percent. Among births in the five years preceding the survey, 12 percent of the deliveries were assisted by a doctor, 37 percent by a nurse or midwife or auxiliary, and 2 percent by relatives or friends. Forty-nine percent of births were assisted by a traditional birth attendant (Figure 5.4)

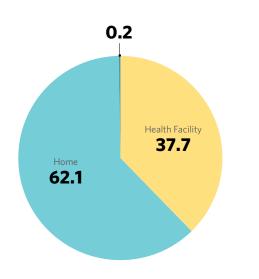
As expected, the number of ANC visits influences the likelihood of a woman to seek skilled attendance during delivery. Among women



Fourth and fifth order births are much more likely to be home deliveries



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



who attended at least four ANC visits, 77 percent were delivered by a skilled attendant compared to 35 percent of those who did not attend any ANC visits. Moreover, first-birth order is more likely to be delivered by skilled health personnel compared to higher birth orders.

Mother's education and household wealth have an impact on the type of delivery care received. Births to women with higher education are more likely to be assisted by skilled personnel at 91 percent, compared to women with no education at 42 percent. Similarly, in the wealthiest households, 55 percent of women were assisted by a skilled birth attendant, compared to only 30 percent of women from the poorest households.

Place of Delivery

Delivery within a health facility is vital in reducing health risks to both mother and baby. 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 Benadir. According to the findings, 38 percent of births in the five years preceding the survey were delivered in a health facility and 62 percent were delivered at home (Figure 5.5). Health facility deliveries are higher in Benadir as compared to the national rate which was reported at 21 percent (SHDS, 2020).

Birth order of 4-5 are much more likely to be home deliveries; 77 percent occurred at home compared to 57 percent of first births (Table 5.6).

Deliveries are more common in public health facilities at 28 percent, compared to in facilities supported by the private sector at 9 percent. Education and wealth have an impact on the uptake of delivery services at health facilities. Eighty-three percent of those with higher education deliver at health facilities, whereas 32 percent of those with no educational background deliver at health facilities. Within the wealthiest households, 47 percent of women deliver at facilities, compared to 25 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. To address this, safe motherhood programmes have increased their emphasis on the importance of postnatal care, encouraging all women to receive a health check-up within two days of delivery. To assess the extent of use of postnatal care in Benadir, respondents who had given birth in the five years



91.7



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 after birth of first postnatal checkup

A large number of maternal and neonatal deaths occur during the first 48 hours after delivery.



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.

Table 5.7 shows that only 8 percent of mothers had a postnatal check within the first two days after birth. Ninety-two percent of the mothers did not receive any postnatal check-up. Additionally, women with secondary education were more likely to receive postnatal care within two days after delivery at 15 percent compared to women with no education at 5 percent. Seven percent of mothers had received a postnatal check within 4 hours of delivery (Figure 5.6).

Table 5.8 shows the timing of the first postnatal check-up for newborns born in the two years preceding the survey. Only 7 percent of new-borns received postnatal care within the first two days after delivery. This is slightly lower than the national figure of 9 percent (SHDS, 2020).

Problems in Accessing Health Care

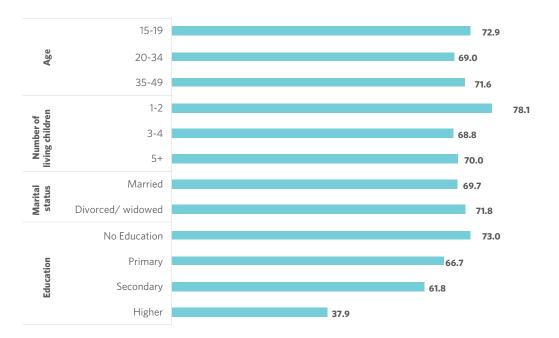
The SHDS 2020 included a series of questions designed to collect information on the problems women face in obtaining health care for themselves. This information is particularly important in understanding and addressing the hindrances women may face in seeking care during pregnancy and, particularly,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

of women reported that they face at least one problem on accessing health care





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



shows the percentages of respondents who consider individual factors to be a problem, and the percentages reporting at least one of the specified factors to be a challenge, according to background characteristics.

Seventy percent of women reported that they face at least one problem on accessing health care. The majority perceived lack of money as a hindrance at 65 percent, 60 percent cited the distance to a health facility as a challenge, while 55 percent mentioned not wanting to go alone to seek health care as a deterrent. Fifty-four percent of all women cited obtaining permission required from the husband, as a major problem (Figure 5.7)

Obstetric Fistula

Obstetric Fistula is a medical condition consisting of an abnormal opening between the vagina and bladder or between the vagina and rectum. A woman with fistula experiences an uncontrollable leakage of urine and/or feces from her vagina. Although largely eradicated in the developed world due to improved obstetric care, fistula continues to have devastating effects on the lives of many women in developing countries including Somalia.

Table 5.10 shows the percentage of ever-married women aged 15-49 that have heard of obstetric fistula and percentage who have experienced obstetric fistula, according to background characteristics. Seventy-three percent of ever-married women have heard of obstetric fistula and one percent have experienced obstetric fistula.

Analysis of educational level shows that 93 percent of women with higher education have heard of fistula compared to 70 percent of those with no education. The survey results provide an opportunity to identify critical issues affecting the health status of women and children in Benadir.



Table 5.1 Antenatal care

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

	Pers	son providing as	sistance during A	NC			
Background characteristics	Doctor/ Clinical Officer	Nurse/ Auxilliary Midwife/ Midwife	TBA ¹ /other/ relative	No ANC	Total	Skilled assistance during ANC ²	Number of women
Mother's age at birth							
<20	23.2	24.4	4.8	47.6	100.0	47.6	271
20-34	26.2	24.1	3.5	46.3	100.0	50.3	780
35-49	13.9	26.1	5.2	54.8	100.0	40.0	115
Birth order							
1	26.3	30.7	2.8	40.2	100.0	57.0	574
2-3	22.5	18.7	4.9	53.8	100.0	41.2	507
4-5	22.8	12.7	6.3	58.2	100.0	35.4	79
6+	*	*	*	*	*	*	6
Education							
No education	20.6	23.3	4.0	52.1	100.0	43.9	904
Primary	30.5	25.8	5.5	38.3	100.0	56.3	128
Secondary	44.6	26.1	2.2	27.2	100.0	70.7	92
Higher	40.5	38.1	2.4	19.0	100.0	78.6	42
Wealth quintile							
Lowest	18.8	21.5	4.2	55.6	100.0	40.3	144
Second	22.1	24.4	3.3	50.2	100.0	46.5	213
Middle	27.1	19.3	3.6	50.0	100.0	46.4	336
Fourth	23.1	27.8	5.1	44.0	100.0	50.9	273
Highest	27.5	30.0	3.5	39.0	100.0	57.5	200
Total	24.3	24.4	3.9	47.4	100.0	48.6	1,166

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, nurse and midwife

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



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

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, and by the timing of the first visit, and among women with ANC, median months pregnant at first visit, BHDS 2020

Number and timing of ANC visitsPercentNumber of ANC visits47.4No47.417.82-335.64+8.4Don't know/missing0.8Total100.0Number of months pregnant at time of first ANC visit11.4Ko antenatal care47.44-515.86-716.68+3.9Don't know/missing0.8Total100.0Number of women1,1668+3.9Don't know/missing0.8Total100.0Number of women1,166Mumber of women5.0Number of women with ANC5.0		
No 47.4 1 7.8 2-3 35.6 4+ 8.4 Don't know/missing 0.8 Total 100.0 Number of months pregnant at time of first ANC visit 47.4 <4	Number and timing of ANC visits	Percent
1 7.8 2-3 35.6 4+ 8.4 Don't know/missing 0.8 Total 100.0 Number of months pregnant at time of first ANC visit 100.0 Number of months pregnant at time of first ANC visit 47.4 <4	Number of ANC visits	
2-3 35.6 4+ 8.4 Don't know/missing 0.8 Total 100.0 Number of months pregnant at time of first ANC visit 100.0 No antenatal care 47.4 44 15.4 4-5 15.8 6-7 16.6 8+ 3.9 Don't know/missing 0.8 Total 100.0 Number of women 0.8 Total 100.0 Number of women 5.0	No	47.4
4+8.4Don't know/missing0.8Total100.0Number of months pregnant at time of first ANC visit47.4<4	1	7.8
Don't know/missing0.8Total100.0Number of months pregnant at time of first ANC visit47.4No antenatal care47.4<415.44-515.86-716.68+3.9Don't know/missing0.8Total100.0Number of women1,166Mumber of women1,166Mumber of women5.0	2-3	35.6
Total 100.0 Number of months pregnant at time of first ANC visit 4 No antenatal care 47.4 <4	4+	8.4
Number of months pregnant at time of first ANC visitNo antenatal care47.4<4	Don't know/missing	0.8
No antenatal care 47.4 <4	Total	100.0
<4	Number of months pregnant at time of first ANC visit	
4-5 15.8 6-7 16.6 8+ 3.9 Don't know/missing 0.8 Total 100.0 Number of women 1,166 Median months pregnant at first visit (for those with ANC 5.0	No antenatal care	47.4
6-7 16.6 8+ 3.9 Don't know/missing 0.8 Total 100.0 Number of women 1,166 Median months pregnant at first visit (for those with ANC 5.0	<4	15.4
8+3.9Don't know/missing0.8Total100.0Number of women1,166Median months pregnant at first visit (for those with ANC5.0	4-5	15.8
Don't know/missing0.8Total100.0Number of women1,166Median months pregnant at first visit (for those with ANC5.0	6-7	16.6
Total100.0Number of women1,166Median months pregnant at first visit (for those with ANC5.0	8+	3.9
Number of women1,166Median months pregnant at first visit (for those with ANC5.0	Don't know/missing	0.8
Median months pregnant at first visit (for those with ANC 5.0	Total	100.0
	Number of women	1,166
Number of women with ANC 613	Median months pregnant at first visit (for those with ANC	5.0
	Number of women with ANC	613



Table 5.3 Components of antenatal care

Among women aged 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, BHDS 2020

Background	birth in the p the percenta the pregnan	Among women with a live birth in the past five years, the percentage who during the pregnancy for their last birth:		the percentage who during the pregnancy for their last		Among women who received ANC for their most recent birth in the past 5 years, the percentage with the selected services:				
characteristics	Took iron tablets or syrup	Took intestinal parasite drugs	live birth in the past five years	Blood preasure measured	Urine sample taken	Blood sample taken	Number of women with ANC for their most recent birth			
Mother's age at birth										
<20	55.4	11.1	271	83.8	63.4	66.9	142			
20-34	51.9	12.2	780	81.9	65.2	69.2	419			
35-49	48.7	11.3	115	76.9	67.3	69.2	52			
Birth order										
1	61.1	12.3	373	83.5	63.9	72.2	230			
2-3	50.5	11.0	281	80.7	65.7	65.7	140			
4-5	44.3	10.2	246	80.2	64.0	64.9	111			
6+	49.6	13.5	266	81.8	66.7	68.9	132			
Education										
No Education	46.8	9.6	904	78.5	60.7	63.7	433			
Primary	69.5	16.4	128	87.3	69.6	74.7	79			
Secondary	67.4	21.7	92	89.6	76.1	80.6	67			
Higher	88.1	23.8	42	97.1	85.3	94.1	34			
Wealth quintile										
Lowest	54.9	15.3	144	73.4	48.4	56.3	64			
Second	49.8	10.8	213	75.5	58.5	62.3	106			
Middle	47.6	10.7	336	82.7	67.3	71.4	168			
Fourth	54.9	15.4	273	83.7	71.2	70.6	153			
Highest	58.0	7.5	200	88.5	68.0	74.6	122			
Total 15-49	52.4	11.8	1,166	81.9	64.9	68.7	613			



Table 5.4 Tetanus toxoid injections

Among mothers aged 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, BHDS 2020

, 0	<u> </u>		
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	37.3	55.0	271
20-34	29.5	44.5	782
35-49	18.3	27.0	115
Birth order			
1	37.2	48.9	325
2-3	27.9	43.1	657
4-5	28.1	48.0	171
6+	6.7	26.7	15
Education			
No Education	26.3	40.4	906
Primary	38.3	59.4	128
Secondary	45.7	57.6	92
Higher	57.1	78.6	42
Wealth quintile			
Lowest	29.2	43.1	144
Second	26.5	40.0	215
Middle	31.0	44.9	336
Fourth	30.0	45.8	273
Highest	34.0	52.0	200
Total	30.2	45.2	1,168

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

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



 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, BHDS 2020

	Person providing assistance during delivery							Deveenteere	
Background characteristics	Doctor/ Clinical Officer	Nurse/ Auxiliary Midwife/ Midwife	Traditional birth attendant	Relative/ other	No one	Total	Percentage delivered by skilled provider ¹	Percentage delivered by C-section	Number of birth
Mother's age at birth									
<20	11.7	38.5	48.2	1.3	0.3	100.0	50.3	2.9	384
20-34	12.4	35.4	50.0	1.6	0.7	100.0	47.8	3.6	1472
35-49	11.0	38.8	47.3	3.0		100.0	49.8	3.0	237
Birth order									
1	14.7	38.2	44.8	1.8	0.5	100.0	52.9	4.6	796
2-3	11.3	36.3	50.0	1.7	0.7	100.0	47.6	3.0	1059
4-5	5.8	31.7	61.1	1.4		100.0	37.5	1.0	208
6+	13.3	23.3	63.3	*		100.0	36.7	*	30
Antenatal care visits ²									
None	7.3	27.8	60.6	3.4	0.9	100.0	35.0	2.4	551
1	11.0	46.2	40.7	2.2		100.0	57.1	4.4	91
1-3	15.0	46.7	37.3	0.7	0.2	100.0	61.7	5.1	413
4+	34.3	42.4	23.2	*		100.0	76.8	10.1	99
Don't know/ missing	22.2	55.6	22.2	*		100.0	77.8	*	9
Place of delivery	33.3	*	66.7	*	100.0	33.3	9	*	*
Health facility	29.6	68.2	2.0	*	0.1	100.0	97.8	9.0	790
Elsewhere	1.5	17.0	78.1	2.7	0.8	100.0	18.5	*	1303
Education	35.1	13.5	51.4		100.0	48.6	251		
No Education	9.6	32.5	55.3	2.0	0.6	100.0	42.2	2.5	1618
Primary	14.7	46.6	37.8	0.4	0.4	100.0	61.4	2.8	251
Secondary	23.2	51.0	24.5	0.6	0.6	100.0	74.2	7.7	155
Higher	34.8	56.5	8.7	*	*	100.0	91.3	17.4	69
Wealth quintile									
Lowest	8.1	22.3	66.4	2.4	0.8	100.0	30.4	0.8	247
Second	13.1	34.9	50.3	1.8		100.0	48.0	3.0	398
Middle	12.5	35.7	48.3	2.8	0.7	100.0	48.3	3.0	607
Fourth	12.2	41.5	45.0	0.2	1.0	100.0	53.7	2.5	482
Highest	12.8	41.8	44.3	1.1		100.0	54.6	7.5	359
Total	12.1	36.4	49.4	1.7	0.5	100.0	48.4	3.4	2,093

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

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

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

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



 Table 5.6
 Place of delivery

	Health	n facility				Percentage	
Background characteristics	Home		Other	Total	delivered in a health facility	Number of births	
Mother's age at birth							
<20	28.9	9.4	61.7		100.0	38.3	384
20-34	27.8	9.6	62.4	0.1	100.0	37.4	1,472
35-49	30.8	8.0	60.8	0.4	100.0	38.8	237
Birth order							
1	32.5	10.4	56.8	0.3	100.0	42.9	960
2-3	26.0	8.8	65.3	*	100.0	34.7	1,013
4-5	15.8	7.0	77.2	*	100.0	22.8	114
6+	*	*	100.0	*	100.0	*	6
Antenatal care visits ¹							
None	18.5	6.2	75.0	0.4	100.0	24.7	551
1	33.0	13.2	53.8		100.0	46.2	91
1-3	37.0	14.0	48.7	0.2	100.0	51.1	413
4+	48.5	19.2	32.3	*	100.0	67.7	99
Don't know/ missing	33.3	*	66.7	*	100.0	33.3	9
Education							
No Education	25.0	7.0	67.7	0.2	100.0	32.1	1,618
Primary	35.1	13.5	51.4	*	100.0	48.6	251
Secondary	40.6	18.7	40.6	*	100.0	59.4	155
Higher	53.6	29.0	17.4	*	100.0	82.6	69
Wealth quintile							
Lowest	19.4	5.3	74.9	0.4	100.0	24.7	247
Second	26.9	8.0	64.8	0.3	100.0	34.9	398
Middle	28.2	8.9	62.8	0.2	100.0	37.1	607
Fourth	29.3	11.4	59.3	*	100.0	40.7	482
Highest	35.1	12.0	52.9	*	100.0	47.1	359
Total	28.3	9.4	62.1	0.1	100.0	37.7	2,093

¹ Includes only the most recent birth in the five years preceding the survey. Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed.



Table 5.7 Timing of first postnatal checkup for the mother

Among women aged 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, BHDS 2020

	Time after delivery of mother's first postnatal checkup							
Background characteristics	Less than 4 hours	4-23 hours	1-2 days	Don't know	No postnatal checkup ¹	Total	of women with a postnatal checkup in the first two days after birth	Number of women
Mother's age at birth								
<20	7.6	0.0	0.0	0.0	92.4	100.0	7.6	119
20-34	7.1	0.5	0.8	0.5	91.2	100.0	8.3	396
35-49	2.8	0.0	2.8	0.0	94.4	100.0	5.6	36
Birth order								
1	5.0	0.6	1.1	0.6	92.8	100.0	6.7	359
2-3	9.9	0.0	0.0	0.0	90.1	100.0	9.9	152
4+	12.5	0.0	0.0	0.0	87.5	100.0	12.5	40
Place of delivery								
Health facility	15.8	0.8	1.7	0.8	80.9	100.0	18.3	241
Elsewhere	0.0	0.0	0.0	0.0	100.0	100.0	0.0	310
Education								
No education	4.4	0.2	0.2	0.2	94.9	100.0	4.9	408
Primary	10.6	0.0	1.5	0.0	87.9	100.0	12.1	66
Secondary	11.3	1.9	1.9	0.0	84.9	100.0	15.1	53
Higher Education	*	*	*	*	*	*	*	24
Wealth quintile								
Lowest	3.5	1.8	0.0	0.0	94.7	100.0	5.3	57
Second	7.0	0.0	0.9	0.0	92.1	100.0	7.9	114
Middle	6.8	0.7	1.4	0.0	91.1	100.0	8.9	146
Fourth	9.4	0.0	0.0	0.0	90.6	100.0	9.4	139
Highest	5.3	0.0	1.1	2.1	91.6	100.0	6.3	95
Total	6.9	0.4	0.7	0.4	91.7	100.0	8.0	551

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



 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, BHDS 2020

	Tim	e after birth of	newborn's firs	st postnatal che	eckup		Percentage of births	
Background characteristics	1-3 hours	4-23 hours	1-2 days	Don't know	No postnatal checkup ¹	Total	or births with a postnatal checkup in the first two days after birth	Number of births
Mother's age at birth								
<20	9.2	0.0	0.0	0.8	89.9	100.0	9.2	119
20-34	5.8	0.8	0.0	1.5	91.9	100.0	6.6	396
35-49	2.8	0.0	2.8	0.0	94.4	100.0	5.6	36
Birth order								
1	5.0	0.8	0.3	1.4	92.5	100.0	6.1	359
2-3	8.6	0.0	0.0	1.3	90.1	100.0	8.6	152
4+	10.0	0.0	0.0	0.0	90.0	100.0	10.0	40
Place of delivery								
Health facility	14.5	1.2	0.4	2.9	80.9	100.0	16.2	241
Elsewhere	0.0	0.0	0.0	0.0	100.0	100.0	0.0	310
Education								
No Education	4.4	0.2	0.0	0.7	94.6	100.0	4.7	408
Primary	10.6	0.0	1.5	1.5	86.4	100.0	12.1	66
Secondary	7.5	3.8		1.9	86.8	100.0	11.3	53
Higher	*	*	*	*	*	*	*	24
Wealth quintile								
Lowest	5.3	0.0	0.0	0.0	94.7	100.0	5.3	57
Second	4.4	0.0	0.0	1.8	93.9	100.0	4.4	114
Middle	5.5	2.1	0.0	2.1	90.4	100.0	7.5	146
Fourth	8.6	0.0	0.0	0.0	91.4	100.0	8.6	139
Highest	7.4	0.0	1.1	2.1	89.5	100.0	8.4	95
Total	6.4	0.5	0.2	1.3	91.7	100.0	7.1	551

¹ Includes newborns who received a checkup after the first week

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



Table 5.9 Problems in accessing health care

Percentage of women aged 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, BHDS 2020

	Problems in accessing health care						
Background characteristics	Getting permission to go for treatment	Getting money fortreatment	Distance to health facility	Not wanting to go alone	At least one problem accessing health care	Number of Ever Married Women	
Age							
15-19	58.7	69.0	62.6	58.7	72.9	155	
20-34	52.1	62.8	58.2	53.5	69.0	1,002	
35-49	55.4	67.0	62.8	55.8	71.6	457	
Number of living children							
1-2	53.1	71.9	59.4	53.1	78.1	32	
3-4	48.1	62.3	62.3	53.2	68.8	77	
5+	54.0	64.5	59.8	54.8	70.0	1,505	
Marital status							
Married	53.2	64.0	60.4	55.1	69.7	1,313	
Divorced/ widowed	55.5	67.1	57.8	52.8	71.8	301	
Employed past 12 months							
Not employed	53.1	63.3	59.1	54.1	69.0	1,406	
Employed for cash	58.9	74.2	66.8	58.9	78.9	190	
Employed not for cash	*	*	*	*	*	18	
Education							
No Education	55.3	67.6	62.5	57.1	73.0	1,246	
Primary	54.6	60.9	55.2	52.3	66.7	174	
Secondary	44.9	55.1	51.5	44.1	61.8	136	
Higher	36.2	32.8	37.9	34.5	37.9	58	
Wealth quintile							
Lowest	69.6	81.8	75.1	69.1	87.8	181	
Second	59.3	66.3	62.6	56.9	72.1	297	
Middle	54.4	66.2	60.7	56.0	70.4	450	
Fourth	49.5	60.5	57.6	52.1	67.8	382	
Highest	42.8	55.3	50.0	45.1	59.9	304	
Total	53.7	64.6	59.9	54.6	70.1	1,614	
Note: An asterisk indicate	es that a figure is	based on fewer tha	n 25 cases and ha	as been suppressed			



Table 5.10 Obstetric fistula

Percentage of ever-married women aged 15-49 who have heard of obstetric fistula and percentage who have experienced obstetric fistula, according to background characteristics, BHDS 2020

Background characteristic	heard obstetric fistula	experienced obstetric fistula	Number of ever married women
Age			
15-19	63.2	1.9	155
20-24	72.2	0.3	317
25-29	74.5	1.0	384
30-34	76.4	0.3	301
35-39	74.6	0.9	232
40-44	69.1	1.4	139
45-49	74.4	0.0	86
Mother's education			
No education	70.2	0.9	1246
Primary	78.2	1.1	174
Secondary	81.6	0.0	136
Higher	93.1	0.0	58
Wealth quintile			
Lowest	79.0	0.6	181
Second	68.4	1.3	297
Middle	73.6	0.7	450
Fourth	73.6	0.8	382
Highest	71.7	0.7	304
Total	72.9	0.8	1,614



Child Health



Key Findings

BIRTH WEIGHT

5%

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

VACCINATIONS

10%

of children aged 12-23 months had received all basic vaccinations (Bacillus Calmette-Guérin (BCG), three doses of pentavalent and polio vaccines, and one dose of the measles vaccine) at any time before the survey. 37 percent of children had received BCG at any time before the survey, 37 percent had received the first dose of pentavalent vaccine, 17 percent received the first dose of polio vaccine and 13 percent had received the third does of polio. Twelve percent had received the measles vaccine.

SYMPTOMS OF ACUTE RESPIRATORY INFECTION (ARI



5% of children under the age of five had symptoms of ARI in the two weeks before the survey, 25 percent of these children had treatment or advice sought on the same or next day.

FEVER

8%

of children under-five had a fever during the two weeks preceding the survey; 45 percent of these children, advice or treatment was sought on the same or next day.

DIARRHOEA

8%

of children under age five had had diarrhoea in the 2 weeks before the survey; 56 percent of these children advice or treatment was sought from a health facility.

STOOL DISPOSAL

89%

of children under-five living with their mothers had their last stool safely disposed of.

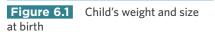




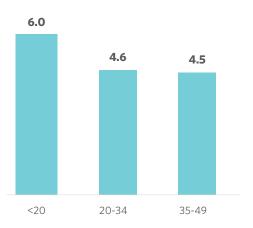
Chapter 6 Child Health

This chapter presents findings from the BHDS 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, 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 Benadir region.

Birth weight is, used as a summary indicator of the challenges that a public health system faces



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



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, 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 BHDS 2020 recorded births occurring during the five years preceding the survey. Birth weight was recorded in the Ever-Married Woman's Questionnaire, based on either a written record or the mother's report. Mother's estimate of the baby's size at birth was obtained for babies with unknown birth weight.

Table 6.1 presents information on child weight at birth by background characteristics. Twenty-two percent of births occurring in the five years preceding the survey had a reported birth weight, 5 percent of which were low birth weight (less than 2.5 kg), this is compared to the national figure of 9 (SHDS, 2020). More underweight births were reported among younger mothers, at 6 percent for mothers younger than 20 years compared to 5 percent reported by mothers of ages 20-34 (Figure 6.1).

Vaccination of Children

According to WHO, a child is considered fully vaccinated if he or she has received BCG vaccination against tuberculosis; three



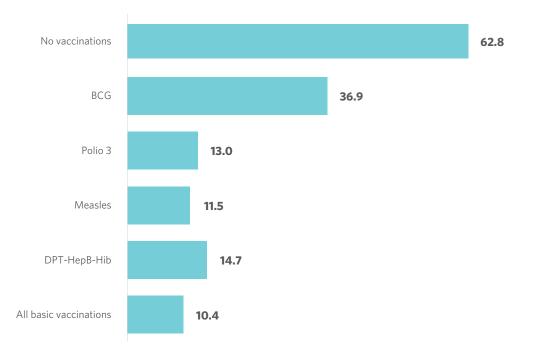
10% of children aged 12-23 months are fully vaccinated

Information on vaccination coverage was obtained from child health cards and from mothers' verbal reports doses of the DPT-HepB-Hib; at least three doses of polio; and one dose of the measles. The SHDS 2020 collected information on the coverage of these vaccinations among children born in the five years preceding the survey.

Following internationally recommended procedures, information on vaccination coverage was obtained 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 asked whether the child had received any other vaccinations 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 obtained for the child was based on the mother's report. Questions were asked for each type of vaccine. Mothers were asked to recall whether the child had received BCG, polio, pentavalent and measles vaccinations. If the mother indicated that the child had received the polio or pentavalent vaccines, she was asked about the number of doses that the child received. The results presented here are based on both information from the health card and the mother's report for those without a card.

Table 6.2 and Figure 6.2 present findings on the vaccination coverage

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

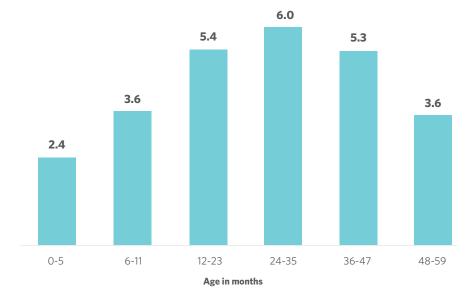


for children aged 12-23 months, the age by which they should have received all vaccinations. Mothers were able to present health cards for 6 percent of children aged 12-23 months. Overall, 10 percent of children aged 12-23 months are fully vaccinated, meaning that they received all the basic vaccinations (one BCG vaccine, three doses of pentavalent and polio vaccines, and one dose of measles vaccine). Nationally, 11 percent of children in this same age category were fully immunized (SHDS, 2020). Thirty-seven percent of children had received BCG, 37 percent received the first dose of pentavalent vaccine, and 17 percent received the first dose of pentavalent vaccine and 13 percent of the children received the three doses of polio vaccine. Twelve percent of children had received measles vaccine.

Symptoms of Acute Respiratory Infection

Acute Respiratory Infection (ARI) is a serious infection that prevents normal breathing. It usually begins as a viral infection in the nose, trachea (windpipe) or lungs. If the infection is not treated, it can spread to the entire respiratory system. Early diagnosis and treatment with antibiotics can prevent a large proportion of deaths caused by ARI. According to WHO, ARI is one of the leading causes of childhood morbidity and mortality throughout the world. In the BHDS 2020, the prevalence of ARI was estimated by asking mothers whether their children under the age of 5 had been ill with a cough accompanied by short, rapid breathing in the two weeks preceding the survey and these are typical symptoms of ARI.

Figure 6.3 Children with ARI symptoms by age Percent of children with ARI symptoms in the two weeks preceding the survey



5% of children under the age of 5 years experienced ARI symptoms during the two weeks preceding the survey

Early diagnosis and treatment with antibiotics can prevent a large proportion of deaths caused by ARI

× 101

Table 6.3 shows the percentage of children who had symptoms of ARI in the two weeks before the survey. Five percent of children under the age of 5 years experienced ARI symptoms during the two weeks preceding the survey as compared 4 percent nationally (SHDS, 2020).

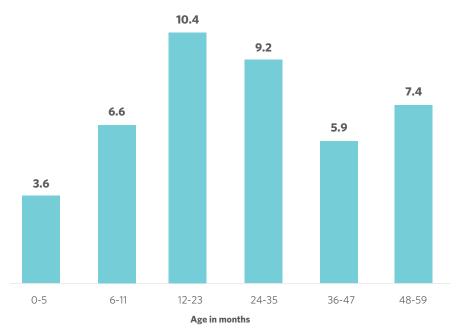
The prevalence of ARI increases after age 6 months, from 2 percent 4 percent among those gaed 6-11 months and starts to decline among older age groups from 6 percent among children aged 24-35 months to 5 percent among those aged 36-47months (Figure 6.3).

Fever

Fever is a symptom of many illnesses, including malaria, pneumonia, common cold, COVID-19 and influenza among others. In the BHDS 2020, mothers were asked whether their children under the age of five had been ill with fever in the two weeks prior to the survey.

Table 6.4 shows the percentage of children under the age of five who had fever during the two weeks preceding the survey by selected background characteristics. Overall, 8 percent of the under-fives had a fever in the two weeks preceding the survey. The prevalence of fever was slightly higher among girls than boys 9 and 7 percent respectively. The prevalence of fever varies with the age of the child, it is more prevalent among children aged 12-23 months at 10 percent and lowest among children between 0-5 months at 4 percent (Figure 6.4).

Figure 6.4Children with fever by agePercent of children with fever in the two weeks preceeding the survey



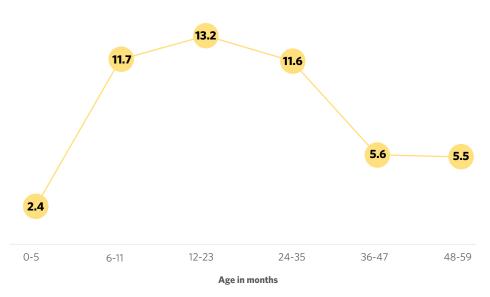
8% of the under-fives had a fever in the two weeks preceding the survey

The prevalence of fever varies with the age of the child, it is more prevalent among children aged 12-23 months



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

Cases of diarrhoea are related to the use of contaminated water and unhygienic practices in food preparation and disposal of excreta.



Diarrhoeal Disease

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 BHDS 2020 collected information on the prevalence of diarrhoea among children by asking mothers whether their underfives had diarrhoea during the two weeks preceding the survey.

Table 6.5 presents data on the percentage of children under-five who had diarrhea during the two weeks preceding the survey, by selected background characteristics. Overall, 8 percent of children under-five had diarrhoea. The prevalence of diarrhoea varied with household wealth. Eight percent of children in the highest wealth quintile had diarrhea compared to 18 percent of children in the lowest wealth quintile. For children below two years, the prevalence of diarrhoea increases with age (2 percent among those aged 0-5 months and 13 percent among those aged 12-23 months) but shows a declining trend after 23 months form12 percent among those aged 24-35 months to 6 percent among the older children(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 in the 2 weeks preceding the survey. Most children reported to have had diarrhoea,

8% of children under-five had diarrhoea



Figure 6.6Percent of children withdiarrhoea by age

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

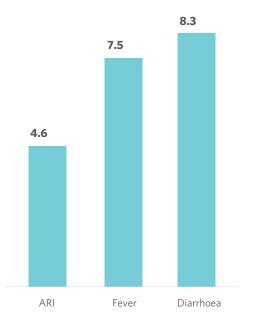
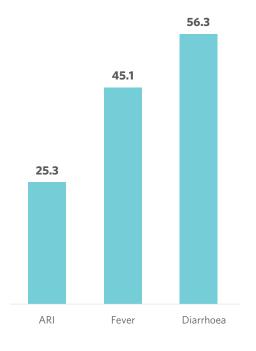


Figure 6.7 Sought Advice or Treatment of childhood illnesses

Among children with childhood illnesses, the percentage for whom advice or treatment was sought from a health facility or provider



followed by fever 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 (56 and 25 percent respectively).

Disposal of Children's Stools

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

Table 6.6 presents information on the disposal of the stools of children under-five by background characteristics. The information was derived by asking ever-married women what was done to dispose of the stool the last time their youngest child under the age of 5 passed stool. Eighty-nine percent of children who live with their mothers had their last stool disposed of safely. Nationally, 46 percent of children who live with their mother had their last stool disposed of safely (SHDS, 2020).

As expected, mothers with higher education are more likely to report safe stool disposal than among children of mothers with no education, primary education or secondary.

The most common method of disposal of children faeces is child used toilet or latrine (56 percent) followed by rinsing into toilet or latrine (32 percent) while the least reported method of disposal was burying the faeces at 0.3 percent (Figure 6.8).

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

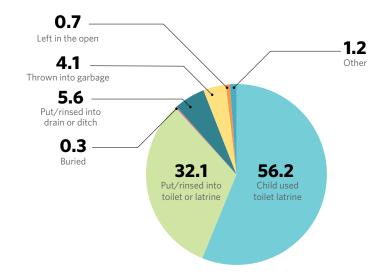




 Table 6.1
 Child's weight and size at birth

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, BHDS 2020

Percent distribution of all live bi by size of child at birth					_	Percentage of all births		Births with a reported birth weight1	
Background characteristics	Very small	Smaller than average	Average or larger	Don't know	Total	that have a reported birth weight ¹	Number of births	Less than 2.5 kg	Number of births
Mother's age at birth									
<20	7.3	10.9	64.2	17.6	100.0	21.8	386	6.0	84
20-34	5.9	8.4	67.2	18.4	100.0	22.2	1,482	4.6	329
35-49	6.8	6.3	67.1	19.8	100.0	18.6	237	4.5	44
Birth order									
1	6.6	9.3	65.7	18.4	100.0	23.9	960	6.6	229
2-3	6.0	8.1	67.6	18.3	100.0	20.4	1,013	2.9	207
4-5	5.3	9.6	65.8	19.3	100.0	15.8	114	5.6	18
6+	11.1	*	66.7	22.2	100.0	16.7	18	*	3
Education									
No Education	6.5	8.7	64.5	20.3	100.0	15.9	1,622	3.1	258
Primary	5.4	9.7	68.3	16.6	100.0	31.7	259	6.1	82
Secondary	5.2	7.1	80.0	7.7	100.0	45.2	155	8.6	70
Higher	7.2	7.2	79.7	5.8	100.0	68.1	69	6.4	47
Wealth quintile									
Lowest	8.9	15.8	62.3	13.0	100.0	13.0	247	6.3	32
Second	6.5	7.0	63.1	23.4	100.0	19.3	398	5.2	77
Middle	5.7	9.8	65.9	18.6	100.0	20.4	613	2.4	125
Fourth	7.0	7.0	68.4	17.6	100.0	25.4	488	3.2	124
Highest	4.2	5.8	72.4	17.5	100.0	27.6	359	9.1	99
Total	6.3	8.6	66.7	18.4	100.0	21.7	2,105	4.8	457

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

Vaccinations by background characteristics
Table 6.2

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DPT-HepB-Hib	10000000 (o	DI	DPT-HepB-Hib			Polio					percentage	
Background characteristics	BCG	-	7	m	-	7	m	Measles	All basic vaccinations ²	No vaccinations	with a vaccination card seen	Number of children
Sex												
Female	40.4	40.4	19.9	15.8	17.5	15.8	14.6	12.3	9.6	59.1	7.0	171
Male	33.5	33.5	17.0	13.6	17.0	13.6	11.4	10.8	10.8	66.5	4.5	176
Birth order												
-	48.7	48.7	30.8	20.5	30.8	20.5	17.9	7.7	7.7	51.3	28.2	39
2-3	50.5	50.5	25.2	21.6	23.4	21.6	19.8	18.9	17.1	49.5	4.5	111
4-5	31.8	31.8	15.3	11.8	12.9	11.8	9.4	9.4	7.1	68.2	2.4	85
6+	23.2	23.2	9.8	8.0	9.8	8.0	7.1	7.1	7.1	75.9	1.8	112
Mother's education												
No Education	34.1	34.1	16.1	13.4	14.9	13.4	11.9	10.7	9.6	65.5	5.0	261
Primary	40.4	40.4	25.5	21.3	23.4	21.3	19.1	17.0	14.9	59.6	6.4	47
Secondary	48.3	48.3	24.1	17.2	24.1	17.2	13.8	10.3	10.3	51.7	6.9	29
Higher	*	*	*	*	*	*	*	*	*	*	*	10
Wealth quintile												
Lowest	32.4	32.4	8.1	2.7	8.1	2.7	2.7	2.7	2.7	67.6	2.7	37
Second	27.1	27.1	11.4	11.4	11.4	11.4	10.0	10.0	10.0	72.9	1.4	70
Middle	37.0	37.0	20.0	17.0	18.0	17.0	17.0	16.0	14.0	63.0	5.0	100
Fourth	43.2	43.2	27.2	21.0	24.7	21.0	16.0	13.6	11.1	55.6	9.9	81
Highest	42.4	42.4	18.6	13.6	18.6	13.6	11.9	8.5	8.5	57.6	8.5	59
Total	36.9	36.9	18.4	14.7	17.3	14.7	13.0	11.5	10.4	62.8	5.8	347
² BCG, measles, and three doses each of DPT-HepB-Hib and polio vaccin Note: An asterisk indicates that a figure is based on fewer than 25 unwei	nd three dos indicates the	es each of D at a figure is	PT-HepB-Hi based on fev	ib and polio v wer than 25 u	accine (excludin) inweighted cases	e (excluding polio vaccine given at birth) ghted cases and has been suppressed.	given at birth) suppressed.					
)			1							



Table 6.3 Prevalence 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 according to background characteristics, BHDS 2020

De alcovered alcove stavistics	Among children under age five:	
Background characteristics	Percentage with symptoms of ARI ¹	Number of children
Age in months		
0-5	2.4	166
6-11	3.6	137
12-23	5.4	280
24-35	6.0	336
36-47	5.3	339
48-59	3.6	366
Sex		
Male	4.6	862
Female	4.6	762
Mother's education		
No Education	4.8	1,246
Primary	3.1	192
Secondary	5.5	128
Higher	3.4	58
Wealth quintile		
Lowest	7.6	185
Second	4.6	305
Middle	4.4	475
Fourth	3.4	385
Highest	4.7	274
Total	4.6	1,624

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



Table 6.4 Prevalence of fever

Among children under age five, the percentage who had a fever in the two weeks preceding the survey, by background characteristics, BHDS 2020

De chamana d'alcana stanistica	Among children un	der the age of five:
Background characteristics	Percentage with fever	Number of children
Age in months		
0-5	3.6	166
6-11	6.6	137
12-23	10.4	280
24-35	9.2	336
36-47	5.9	339
48-59	7.4	366
Sex		
Male	6.5	862
Female	8.7	762
Education		
No education	8.1	1,246
Primary	4.7	192
Secondary	6.3	128
Higher	6.9	58
Wealth quintile		
Lowest	9.2	185
Second	7.2	305
Middle	5.3	475
Fourth	7.5	385
Highest	10.6	274
Total	7.5	1,624



Table 6.5 Prevalence of Diarrhea

Among children under age five who had	diarrhea in the two weeks preceding the survey,by	y background characteristics, BHDS 2020
Background characteristics	Percentage with diarrhea	Number of children
Age in months		
0-5	2.4	166
6-11	11.7	137
12-23	13.2	280
24-35	11.6	336
36-47	5.6	339
48-59	5.5	366
Sex		
Male	8.0	862
Female	8.7	762
Mother's education		
No Education	8.7	1,246
Primary	7.3	192
Secondary	4.7	128
Higher	12.1	58
Wealth quintile		
Lowest	18.4	185
Second	7.5	305
Middle	5.7	475
Fourth	7.3	385
Highest	8.4	274
Total	8.3	1,624



Table 6.6 Disposal of children's stools

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

		Ma	nner of dis	posal of ch	ildren's st	ools			Percentage	
Background characteristics	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	of children whose stools were disposed of safely ¹	Number of children
Age of child in months										
0-5	70.1	22.6	0.0	3.0	1.8	0.6	1.8	100.0	92.7	164
6-11	65.2	22.2	0.0	5.2	5.9	0.7	0.7	100.0	87.4	135
12-23	57.8	32.0	0.4	4.4	3.3	0.7	1.5	100.0	90.2	275
24-35	52.4	34.8	0.0	6.1	4.6	0.6	1.5	100.0	87.2	328
36-47	51.1	34.4	0.6	6.6	4.7	1.6	0.9	100.0	86.1	317
48-59	52.9	35.8	0.3	6.4	4.0	0.0	0.6	100.0	89.0	346
Mother's education										
No Education	54.8	33.4	0.3	5.9	3.6	0.9	1.1	100.0	88.5	1,208
Primary	57.1	27.1	0.0	6.2	8.5	0.0	1.1	100.0	84.2	177
Secondary	65.0	26.0	0.0	3.3	3.3	0.0	2.4	100.0	91.1	123
Higher	63.2	33.3	0.0	1.8	1.8	0.0	0.0	100.0	96.5	57
Wealth quintile										
Lowest	67.0	24.2	0.0	3.8	3.8	0.0	1.1	100.0	91.2	182
Second	60.4	25.8	1.0	3.7	5.0	1.0	3.0	100.0	87.2	298
Middle	55.6	34.8	0.0	4.9	2.9	0.7	1.1	100.0	90.4	446
Fourth	51.5	37.8	0.0	5.9	3.2	1.1	0.5	100.0	89.3	373
Highest	51.5	32.0	0.4	9.4	6.4	0.4	0.0	100.0	83.8	266
Total	56.2	32.1	0.3	5.6	4.1	0.7	1.2	100.0	88.5	1,565

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

CHAPTER 7

Child Nutrition and Feeding Practices and Nutritional Status of Women



Key Findings

NUTRITIONAL STATUS OF CHILDREN



27%

of children under-five are stunted (short for their age), 8 percent are wasted (thin for their height) and 12 percent are underweight (thin for their age),

BREASTFEEDING

91% of children have ever breastfed.

EARLY INITIATION OF BREASTFEEDING

35% of children started breastfeeding within first hour of their birth.

EXCLUSIVE BREASTFEEDING

16% of children under 6 months are exclusively breastfed

TIMELY INITIATION OF COMPLEMENTARY FEEDING

56% of children were introduced to complementary foods at 6-8 months

VITAMIN A

71% of children of 6-23 months consumed foods rich in vitamin A in the day preceding the survey.

IRON SUPPLEMENTATION

16% of children of 6-59 months have received iron supplements in the 7 days preceding survey

NUTRITIONAL STATUS OF WOMEN

0

13% women age 15-49 are thin (a body mass index [BMI] below 18.5), while 25 percent are overweight

Chapter 7

Child Nutrition and 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 including 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 that 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 survey, 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 survey 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.

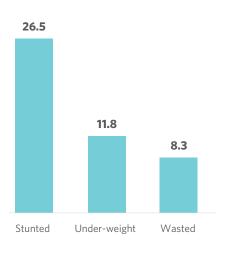
Nutritional deficiencies among women can lead to anaemia, infections and pregnancy complications that could result in premature birth or death.



Nutritional deficiencies among women can lead to anaemia, infections and pregnancy complications that could result in premature birth or death.

Figure 7.1 Nutritional status of children

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



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 officers 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: Weight for age (underweight) 1.

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

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

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

Weight for height (wasting) indicator measures the children who suffer acute malnutrition, usually as consequences of insufficient food intake or a high incidence of infectious diseases especially diarrhea. 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-forage 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.

27% of children under the age of five are stunted or too short for their age

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.

The survey 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 and Figure 7.1 show the nutritional status of children under five years of age according to three anthropometric indicesheight-for-age, weight-for-height and weight-for-age. Twentyseven percent of children under the age of five are stunted or too short for their age, and 17 percent severely stunted, while 8 percent are wasted; the Table further shows that 4 percent of the children are severely wasted. Twelve percent of children under the age of five are underweight, with 4 percent are severely underweight. At the national level 28 percent of children under-five are stunted, 12 percent wasted and 23 percent underweight (SHDS, 2020).

Initiation of breastfeeding

The World Health Organization (WHO) recommends early initiation of breastfeeding within the first hour of birth. The first breast milk contains a substance called 'colostrum', which contains a high concentration of antibodies and nutrients. It protects babies from the onset of diseases. Breastfeeding is also beneficial for mothers as it is known to reduce the risks of breast and ovarian cancers and postpartum depression. Early suckling improves the production of milk, and creates a bond between a mother and child. As a result, WHO recommends children be exclusively breastfed in the first six months of their life and that mothers should continue breastfeeding up to two years, while providing complementary foods.

Table 7.2 shows that 35 percent of children were breastfed within the first hour of birth, this is much lower than the national rate of 60 percent (SHDS, 2020). Overall, 91 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 Table 7.2, analysis by mother's educational level shows that children born of mothers with no education are less likely to be breastfed within the first hour of birth, at 33 percent compared to 40 percent of children of mothers with secondary education.

Children born in health facilities are more likely to have been breastfed in the first hour of birth compared to children born at home. The survey data shows that 39 percent of children born in health facilities were breastfed within the first hour of birth, while

16%

of children under six months are exclusively breastfed and the percentage of exclusive breastfeeding declines with age 31 percent of children who were born at home started breastfeeding within the first hour of birth (Table 7.2).

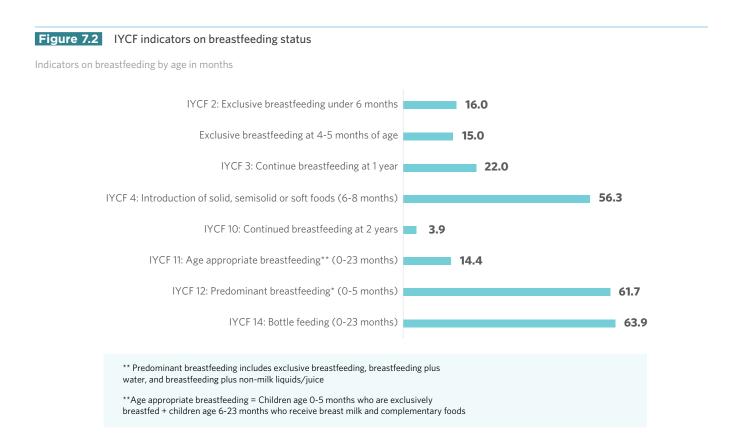
Breast feeding status by age

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

Table 7.3 shows 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. Sixteen percent of children under six months are exclusively breastfed and the percentage of exclusive breastfeeding declines with age, from 26 percent for children aged 0-1 months to 15 percent among children of 4-5 months. Nationally, the proportion of children under six months who are exclusively breast- fed is higher than in Benadir at 34 percent (SHDS, 2020). Contrary to the recommendation that children under the age of six months be exclusively breastfed, many infants under six months are fed other liquids in addition to breast milk, such as water, at 16 percent, other milk, at 9 percent, and non-milk liquids, at 30 percent. Moreover,







24 percent of infants began complementary foods before six months of age. Five percent of children below six months were not breastfeeding at the time the survey was conducted.

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

Figure 7.2 shows that 16 percent of children aged under six months were exclusively breastfed, while 40 percent of children under six months were predominantly breastfed. Twenty-two percent of children were still breastfeeding at the age of one, and only 4 percent were breastfeeding at age two. Overall, 56 percent of children were introduced to complementary foods at six to eight months and 14 percent of children under age two were breastfeed appropriately for their age.

Types of complementary Foods

Complementary foods are recommended for children when breastfeeding is no longer sufficient for their nutritional 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 should be appropriate for their age and nutritional needs. Mothers or caregivers should take precaution when preparing food, ensuring its safety to minimize the

Complementary feeding should be timely, meaning that all infants should begin receiving foods in addition to breast milk from six months onwards

40%

of breastfed children aged under two years received solid or semi-solid complementary foods in addition to breast milk

59% of all children aged 6-23 months were fed in line with three IYCF practices the night or day prior to the survey risk of food contamination.

Table 7.4 shows the foods consumed by children under two years of age who were living with their mother during the day or night preceding the survey according to their breastfeeding status. The data shows that 10 percent of breastfed children aged under two years and 30 percent of non-breastfed children aged under 2 years were fed other milk. Fifty-seven percent of the breastfed children were getting other liquids in addition to breast milk, compared to 72 percent who were not breastfed. However, infants as young 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, 40 percent of breastfed children aged under two years received solid or semi-solid complementary foods in addition to breast milk. Thirty-one percent of children aged 0-23 months had fruits and vegetables rich in vitamin A whereas, 24 percent of children of this age ate other fruits and vegetables. Twenty percent, 15 percent and 13 percent of children aged 0-23 months were given animal sources of food (meat, fish and poultry), eggs and milk products (cheese, yoghurt and other), and respectively. Seventy-eight percent of children aged 0-23 months who were not breastfeeding received solid or semi-solid foods from any sources.

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 29 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 45 percent were fed the minimum meal frequency the night or day before the survey. Only 15 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, 96 percent were fed milk or milk products, whereas 57 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, 94 percent of them were fed the minimum meal frequency. With regard to IYCF practices, almost half (49 percent) of the nonbreastfeeding children were fed as recommended by the IYCF guidelines.

Overall, 39 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 47 percent of children of the same age were fed four or more different groups of foods. With regard to the meal frequency, 79 percent of children aged 6-23 months had meals in line with the recommended minimum meal frequency.

Micronutrients 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 is a critical window for their health and well-being.

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 71 percent of children aged 6-23 months had consumed foods rich in Vitamin A during the night or day preceding the survey, this is almost twice the national prevalence of 33 percent (SHDS, 2020). Fifty-five percent had consumed foods rich in iron compared to 21 percent at national level (SHDS, 2020). The findings further reveal that 16 percent of children of ages 6-59 months were given iron supplements in the seven days preceding the survey. Similarly, 26 percent and 19 percent of children aged 6-59 months were given Vitamin A supplementation and deworming drugs, respectively in the six months before the survey was conducted.

71%

of children aged 6-23 months had consumed foods rich in Vitamin A during the night or day preceding the survey

In general, the proportion of children receiving iron supplements and deworming medication increase with an increase in mothers' education



Nationally, 6 percent of children aged 6-59 months were given iron supplements in the 7 days preceding the survey and 8 percent were given deworming drugs 6 months preceding the survey (SHDS, 2020).

In general, the proportion of children receiving iron supplements and deworming medication increase with an increase in mothers' education (Table 7.6).

Nutritional status of women

Women's nutrition is vital for their health and pregnancy outcomes. In the survey, 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 type2, 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 2 percent of women aged 15-49 are of short stature (below 145cm). Generally, women with short stature are at a higher risk of obstructed labour, due to cephalo-pelvic disproportion. Forty-five percent of women have a normal body mass index (between 18.5 and 24.9), while 13 percent of women aged 15-49 are thin, with a BMI of less than 18.5. Twenty-four percent of women are overweight, with a body mass index of more than 25.0 - 29.9; 18 percent of women are obese.

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

45% of women have a

normal body mass index (between 18.5 and 24.9)

1%

of women reported that they had taken iron supplementation for the recommended 90 days or more during their last pregnancy

Iron supplementation for women during pregnancy is vital for mothers and babies' health.



the effects of helminths diseases on the health of pregnant women.

Table 7.8 shows that only one percent of women reported that they had taken iron supplementation for the recommended 90 days or more during their last pregnancy while 13 percent of women took deworming medication during pregnancy of their last birth. Nationally, 2 percent of women reported they had taken iron supplementation, while 4 percent took deworming medication during their last pregnancy (SHDS, 2020).

Micronutrients, which consist of vitamins and minerals, are essential for children's development and prevention against illnesses.

 Table 7.1
 Nutritional status of children

Percentage of children under five years classified as malnourished accor background characteristics, BHDS 2020	children under aracteristics, E	five years cl BHDS 2020	assified as r	nalnourished	according to t	hree anthro	ding to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by	ices of nutri	tional status:	: height-for-a	ge, weight-f	or-height, and	d weight-for	-age, by
		Height-for-age ¹	or-age ¹			N	Weight-for-Height					Weight-for-age		
Background characteristics	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
Sex														
Male	17.0	25.9	1.2	125	4.1	8.9	4.6	0.4	65	3.7	9.7	14.5	0.8	117
Female	17.4	27.2	1.1	133	3.7	7.8	6.3	0.8	69	5.1	13.9	12.3	0.8	128
Mother's education ⁵														
No education	21.7	33.6	1.0	102	3.0	6.6	6.3	0.6	39	5.3	13.8	13.8	0.9	84
Primary	13.9	23.5	1.6	39	1.8	10.2	3.0	0.1	22	4.2	11.4	16.3	1.0	46
Secondary	9.6	20.2	1.4	19	5.3	7.4	9.6	1.2	16	2.1	6.4	13.8	0.9	19
Higher education	10.6	18.2	1.1	12	9.1	12.1	4.5	0.9	#	4.5	15.2	10.6	0.3	17
Wealth quintile														
Lowest	55.6	66.7	2.2	9			22.2	5.0	2		11.1		0.0	-
Second	41.9	50.4	0.9	59	2.6	5.1	6.0	0.7	13	14.5	26.5	8.5	0.2	41
Middle	15.1	24.0	1.5	54	2.2	5.8	6.2	0.6	27	3.6	12.0	14.7	0.6	60
Fourth	15.3	25.0	1.2	80	5.6	9.7	4.7	0.5	46	4.4	12.2	12.5	0.8	79
Highest	10.0	19.6	0.8	59	4.0	10.3	5.0	0.5	46	1.3	5.6	15.6	1.1	64
Total	17.2	26.5	11	258	3.9	8.3	5-5	0.6	134	4.4	π.8	13.4	0.8	245
Note: Table is based on children who stayed in the household on the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the WHO Child Growth Standards adopted in 2006. The indices in this table are NOT comparable to those based on the previously used 1977 NCHS/CDC/WHO Reference. Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight. Table is based on children with valid dates of birth month and year) and valid measurement of both height and weight. Table is based on 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. To are below "3 standards population median 1 lecudes children whose methers were not interviewed and measured. The cuedes children whose mothers were not interviewed and measured. Mother's nutritional status in terms of BMI (Body Mass Index) is presented in Table 11.10. Excludes children whose mothers were not weighed and measured. Questionnaire. Excludes children whose mothers were not interviewed. Information is taken from the Household Questionnaire. Excludes children whose mothers were not interviewed. For the Household Questionnaire. Excludes children whose renot interviewed.	d on children whc able are NOT cor hildren with valid ulicates that a fig tis measured for i whose mothers v whose mothers v re not interviewet	s stayed in the hr mparable to thos dates of birth (n ure is based on f children under a standa deviat vere not intervia were not weigher d, information is	usehold on the ie based on the month and year ever than 25 c. ge 2, or in the fi tions (SD) from wed and measurec taken from the	r night before the previoualy used 1:) and valid measu ases and has beer ew cases when the the VHO Growt A. Mother's nutriti, Household Quest	interview. Each of 977 NCHS/CDC/ rement of both he 1 suppressed. e age of the child i 1 Standards popul onal status in terr ionnaire. Exclude:	w. Each of the indices is exi HS/CDC/WHO Reference. of both height and weight. sesed. if the child is unknown and t ards population median atus in terms of BMI (Body e. Excludes children whose	w. Each of the indices is expressed in standard deviation units (SD HS/CDC/WHO Reference. of both height and weight. sesed. If the child is unknown and the child is less than 85 cm; standing he ards population median atus in terms of BMI (Body Mass Index) is presented in Table 11.10. e. Excludes children whose mothers are not listed in the Househol	dard deviation than 85 cm; sti presented in 17 ot listed in the	units (SD) from t anding height is I able 11:10. Household Quees	the median of the measured for all tionnaire.	s WHO Child G other children.	rowth Standards	adopted in 200	ف



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 pre-lacteal feed, by background characteristics, BHDS 2020

	Among la	st-born children	born in the past t	wo years:	-	born children ast two years:
Background characteristics	Percentage ever breastfed	Percentage who started breastfeeding within 1 hour of birth	Percentage who started breastfeeding within 1 day of birth1	Number of last-born children	Percentage who received a pre-lacteal feed2	Number of last-born children ever breastfed
Sex						
Male	90.8	34.2	45.2	292	31.3	265
Female	90.7	35.1	45.6	259	37.4	235
Assistance at delivery						
Health personnel	90.3	37.6	47.2	290	32.8	262
Traditional birth attendant	91.2	31.7	43.8	249	34.8	227
Relative/friend	*	*	*	9	*	8
Other	*	*	*	2	*	2
No one	*	*	*	1	*	1
Place of delivery						
Health facility	91.3	39.4	49.4	241	34.5	220
At home	90.3	30.8	42.2	308	33.5	278
Other	*	*	*	2	*	2
Education						
No Education	90.2	32.8	42.9	408	33.7	368
Primary	93.9	34.8	48.5	66	35.5	62
Secondary	92.5	39.6	54.7	53	30.6	49
Higher	*	*	*	24	*	21
Wealth quintile						
Lowest	94.7	28.1	38.6	57	35.2	54
Second	92.1	30.7	42.1	114	30.5	105
Middle	89.0	38.4	47.3	146	33.8	130
Fourth	88.5	34.5	48.2	139	37.4	123
Highest	92.6	37.9	46.3	95	34.1	88
Total	90.7	34.7	45.4	551	34.2	500

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

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

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

Breastfeeding status by age Table 7.3

Not busitionFeature busition busition busition busition busition busitionFeature busition busition busition busition busition busitionFeature busition busition busition busition busition busition busitionFeature busition busition busition busition busition busition busition busition busition busition busition busition busition busitionFeature busition busition busition busition busition busition busition busition busition busitionFeature busition bu				Breastfeed	Breastfeeding status:					Number of		
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98 255 98 29.4 78 17.6 100.0 90.2 47 39.2 39 7.8 17.6 29.4 15.7 25.5 100.0 96.1 51 6.7 50.7 15.0 20.0 30.0 5.0 28.3 100.0 98.3 56.7 65.7 50.7 85 7.0 15.5 0.0 18.3 100.0 98.3 56.7 57.8 72.6 16 32 0.0 14.5 100.0 27.4 69.0 72.6 69.0 94.6 0.0 1.3 0.7 14.5 100.0 54 72 59.5 94.6 16.7 137 29.4 118 216 100.0 54 72 59.5 11 6.9 16.7 137 29.4 118 216 100.0 54 72 59.5 11 728 6.7 137 29.4 10.6 54.7 10<	Age in months											
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81.6 2.0 0.0 1.3 0.7 14.5 100.0 18.4 14.8 67.8 67.8 94.6 0.0 2.7 0.0 2.7 100.0 5.4 72 59.5 94.6 0.0 2.7 0.0 0.0 2.7 100.0 5.4 72 59.5 4.9 16.7 13.7 29.4 11.8 21.6 100.0 93.1 98 51.0 1 4.9 16.0 16.0 29.6 9.3 11 100.0 95.1 156 56.8 1 52.8 6.7 5.6 1.1 21.3 100.0 47.2 87 70.8 78.0 25.6 10.0 20.0 0.4 16.9 100.0 21.6 16.9 16.8 78.0 28.5 10.0 21.3 100.0 22.0 16.9 10.6 85.8 1.3 0.9 0.0 0.0 0.0 10.6 50	9-11	72.6	1.6	3.2	0.0	3.2	19.4	100.0	27.4	60	72.6	62
94.6 0.0 2.7 0.00 5.4 72 59.5 6.9 16.7 13.7 29.4 11.8 21.6 100.0 93.1 98 51.0 1 4.9 16.0 16.0 16.0 18.0 29.6 9.3 24.1 100.0 93.1 98 51.0 1 52.8 6.7 5.6 12.4 1.1 21.3 100.0 47.2 87 70.8 52.8 6.7 5.6 12.4 1.1 21.3 100.0 47.2 87 70.8 78.0 25.6 1.7 0.8 16.9 100.0 22.0 66.9 70.8 78.0 25.6 0.0 0.0 0.0 0.0 20.0 65.0 70.8 85.8 1.3 0.00 10.0 22.0 65.0 22.0 65.0 25.8 96.1 0.0 2.0 0.0 0.0 20.0 53.9 50.8 58.8	12-17	81.6	2.0	0.0	1.3	0.7	14.5	100.0	18.4	148	67.8	152
6.9 16.7 13.7 29.4 11.8 21.6 100.0 93.1 98 51.0 1 4.9 16.0 16.0 29.6 9.3 24.1 100.0 95.1 156 56.8 1 52.8 6.7 5.6 12.4 1.1 21.3 100.0 47.2 87 70.8 78.0 2.5 0.0 1.7 0.8 16.9 100.0 22.0 116 66.9 70.8 78.0 2.5 0.0 1.7 0.8 16.9 100.0 22.0 116 66.9 70.8 85.8 1.3 0.9 0.9 0.4 10.6 100.0 31.4 220 65.0 22 96.1 0.0 2.0 0.0 0.0 2.0 0.0 58.8 50.8 50.8 50.8 50.8 50.8 50.8 50.8 50.8 50.8 50.8 50.8 50.8 50.8 50.8 50.8 50.8 <td>18-23</td> <td>94.6</td> <td>0.0</td> <td>2.7</td> <td>0.0</td> <td>0.0</td> <td>2.7</td> <td>100.0</td> <td>5.4</td> <td>72</td> <td>59.5</td> <td>74</td>	18-23	94.6	0.0	2.7	0.0	0.0	2.7	100.0	5.4	72	59.5	74
4.9 16.0 16.0 16.0 29.6 9.3 24.1 100.0 95.1 156 56.8 1 52.8 6.7 5.6 12.4 1.1 21.3 100.0 47.2 87 70.8 78.0 2.5 0.0 1.7 0.8 16.9 100.0 22.0 116 66.9 7 85.8 1.3 0.9 0.9 0.4 10.6 100.0 14.2 220 65.0 2 96.1 0.0 2.0 0.0 0.0 0.0 2.0 100.0 3.9 50 58.8	0-3	6.9	16.7	13.7	29.4	11.8	21.6	100.0	93.1	98	51.0	102
52.8 6.7 5.6 12.4 1.1 21.3 100.0 47.2 87 70.8 78.0 2.5 0.0 1.7 0.8 16.9 100.0 22.0 116 66.9 1 85.8 1.3 0.9 0.9 0.4 10.6 14.2 220 65.0 2 96.1 0.0 2.0 0.0 0.0 0.0 20 65.0 2	0-5	4.9	16.0	16.0	29.6	9.3	24.1	100.0	95.1	156	56.8	162
78.0 2.5 0.0 1.7 0.8 16.9 100.0 22.0 116 66.9 85.8 1.3 0.9 0.9 0.4 10.6 10.0 14.2 220 65.0 96.1 0.0 2.0 0.0 0.0 0.0 14.2 220 65.0	6-9	52.8	6.7	5.6	12.4	1.1	21.3	100.0	47.2	87	70.8	89
85.8 1.3 0.9 0.4 10.6 100.0 14.2 220 65.0 96.1 0.0 2.0 0.0 0.0 0.0 2.0 100.0 58.8	12-15	78.0	2.5	0.0	1.7	0.8	16.9	100.0	22.0	116	66.9	118
96.1 0.0 2.0 0.0 0.0 2.0 100.0 3.9 50 58.8	12-23	85.8	1.3	0.9	6.0	0.4	10.6	100.0	14.2	220	65.0	226
	20-23	96.1	0.0	2.0	0.0	0.0	2.0	100.0	3.9	50	58.8	51

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

f youngest children under two years of age who are living with the mother by type of foods consumed in the day of hight preceding the interview, according to breastreeding
is and age, BHDS 2020

Age in months	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	66 06 16	Cheese, yogurt, other milk product	Any solid or semisolid food	Number of children
						BREASTFEED	BREASTFEEDING CHILDREN	N						
0-1	*	×	39.1	*	*	8.7	8.7	8.7	4.3	4.3	4.3	4.3	8.7	23
2-3	*	8.3	54.2	*	*	12.5	12.5	8.3	4.2	8.3	4.2	8.3	16.7	24
4-5	*	3.1	50.0	*	6.3	15.6	6.3	9.4	3.1	3.1	6.3	6.3	25.0	32
6-8	*	5.6	58.3	*	5.6	25.0	25.0	27.8	8.3	16.7	16.7	2.8	38.9	36
9-11	5.9	17.6	70.6	*	17.6	52.9	35.3	23.5	5.9	41.2	23.5	35.3	76.5	17
12-17	*	27.6	75.9	*	20.7	69.0	48.3	48.3	17.2	48.3	34.5	31.0	75.9	29
18-23	*	*	40.0	*	*	60.0	60.0	40.0	*	40.0	20.0	20.0	60.0	IJ
6-23	1.1	14.9	65.5	*	12.6	47.1	36.8	34.5	10.3	33.3	24.1	19.5	59.8	87
Total	0.6	9.6	57.2	*	7.8	30.7	23.5	22.3	7.2	19.9	15.1	13.3	39.8	166
					NC	NBREASTFE	NONBREASTFEEDING CHILDREN	REN						
0-1	4.7	34.9	79.1	4.7	11.6	67.4	55.8	51.2	32.6	46.5	46.5	34.9	69.8	43
2-3	2.1	23.4	66.0	*	6.4	61.7	46.8	46.8	29.8	48.9	40.4	29.8	74.5	47
4-5	8.2	28.6	71.4	6.1	16.3	57.1	38.8	40.8	38.8	53.1	55.1	32.7	67.3	49
6-8	1.5	25.8	71.2	*	13.6	62.1	57.6	45.5	39.4	59.1	48.5	42.4	74.2	66
9-11	6.1	34.8	77.3	1.5	16.7	78.8	62.1	59.1	31.8	63.6	53.0	48.5	80.3	66
12-17	6.1	30.0	73.3	1.7	13.9	76.1	66.1	58.3	31.1	60.0	48.3	42.8	82.8	180
18-23	1.5	28.9	69.69	2.2	11.1	68.1	56.3	54.1	25.9	53.3	38.5	33.3	79.3	135
6-23	4.0	29.8	72.5	1.6	13.4	72.0	61.3	55.3	30.9	58.4	46.1	40.7	80.1	447
Total	4.3	29.5	72.4	2.0	13.0	69.69	57.8	53.1	31.6	56.3	46.4	38.7	77.8	586
"Note: An asterisk indicates that a figure is based on fewer than 25 case and last night). ¹ Other milk includes fresh, tinned and powdered animal milk	ates that a sh, tinned a	figure is bi and powde	ased on fev red animal	ver than 25 (milk	cases and l	has been supp	s and has been suppressed.Note: Breastfeeding status and food consumed refer to a "24-hour" period (yesterday	Breastfeed	ing status ar	nd food con:	sumed refe	er to a "24-h	our" period ()	esterday

Chapter 7: Child Nutrition and Feeding Practices and Nutritional Status of Women



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,

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

³ Includes fortified baby food

papayas, and other locally grown fruits and vegetables that are rich in vitamin A]"

Infant and young child feeding (IYCF) practices Table 7.5

preceding the survey,	fed:	
roups, and times they are fed during the day or night	Among all children 6-23 months, percentage fed:	
number of food gr		Number
ccording 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,	Among non-breastfed children 6-23 months, percentage fed:	
er who are fed ac		Number of
^o ercentage of youngest children age 6-23 months living with their mother who are fed accor oy background characteristics, BHDS 2020	Among breastfed children 6-23 months, percentage fed:	Both 4+
Percentage of youngest children age 6-23 m by background characteristics, BHDS 2020		Barkeround

Response benefaction formed and any participant Restrict formed fragments Runner formed fragments Runner fragments Runn		Among brea: F	Among breastfed children 6-23 months, percentage fed:	5-23 months,		Among non-b	reastfed child f	Among non-breastfed children 6-23 months, percentage fed:	s, percentage		Among all	children 6-23	Among all children 6-23 months, percentage fed:	ntage fed:	
Matrix	Background characteristics	4+food groups ¹	Minimum meal frequency ²	Both 4+ food groups and mini- mum 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
6-8 6-1 58.3 28 36 95 57 60 485 66 971 72-17 29.4 73.6 17.6 17.6 93.9 62.1 90.9 56.1 66 95.2 72-17 29.4 73.6 27.6 29.4 75.6 60.0 97.2 56.3 313 56.9 56.3 56.3 56.3 56.3 56.3 56.3 56.4 57.3 56.4 57.3 56.4 57.3 56.4 57.3 56.4	Age														
91 29.4 29.4 7.6 17 93.9 62.1 90.9 56.1 66 97.2 12-17 41.4 37.9 27.6 29 97.2 53.3 130 97.6 97.6 18-23 40.0 40.0 20.0 5 96.3 50.4 92.6 33.3 135 94.1 Sex 33.3 52.9 17.6 51 96.1 58.8 93.9 53.2 94.1 Mele 33.3 52.9 17.6 51 96.1 55.3 94.1 45.2 22.8 94.1 Mele 23.3 11.1 36 96.0 52.3 94.1 45.2 21.8 94.1 Molter's detortion 28.6 93.3 52.3 94.1 45.2 21.9 94.1 Molter's detortion 27.6 94.3 94.3 94.3 94.3 94.3 Molter's detortion 28.3 58.0 93.3 94.3 94.3	6-8	16.7	58.3	2.8	36	95.5	57.6	90.9	48.5	66	97.1	43.1	79.4	32.4	102
12-17 41.4 37.9 27.6 29 97.2 60.0 97.2 53.3 130 97.4 Re-23 40.0 40.0 20.0 5 96.3 50.4 92.6 39.3 135 96.4 Ret 33.3 52.9 17.6 51 96.1 58.8 93.9 52.2 228 97.4 Mele 33.3 52.9 17.6 51 96.1 58.8 93.9 52.2 228 97.4 Mele 32.4 53.3 11.1 36 96.3 55.3 94.1 45.2 218 97.4 Mother's education 286 41.3 15 66.1 67.7 67.9 67.1 67.7 67.1 67.7 67.1 67.7 67.1 67.1 67.7 67.1 67.1 67.1 67.7 67.1 67.1 67.1 67.1 67.1 67.1 67.1 67.1 67.1 67.1 67.1 67.1 67.1	9-11	29.4	29.4	17.6	17	93.9	62.1	90.9	56.1	66	95.2	55.4	78.3	48.2	83
Be-23 400 400 200 5 96.3 50.4 92.6 39.3 135 53.3 135 53.4 135 53.3 <td>12-17</td> <td>41.4</td> <td>37.9</td> <td>27.6</td> <td>29</td> <td>97.2</td> <td>60.0</td> <td>97.2</td> <td>53.3</td> <td>180</td> <td>97.6</td> <td>57.4</td> <td>89.0</td> <td>49.8</td> <td>209</td>	12-17	41.4	37.9	27.6	29	97.2	60.0	97.2	53.3	180	97.6	57.4	89.0	49.8	209
Static Static<	18-23	40.0	40.0	20.0	Ð	96.3	50.4	92.6	39.3	135	96.4	50.0	90.7	38.6	140
Male 333 529 176 51 961 588 939 522 228 974 Female 222 333 111 36 963 553 941 452 239 974 Mother's education 226 413 159 63 555 932 438 324 975 No Education 286 413 159 63 63 555 932 641 45 941 Primary 273 545 91 11 935 726 933 324 945 Primary 273 545 91 11 935 726 641 45 946 Vestion 167 167 1000 600 973 938 911 45 946 967 Vestion 333 500 167 16 926 641 95 916 956 Westion 233 333 510	Sex														
Famile 222 333 111 36 963 553 941 452 219 973 Mother's education 866 413 159 632 633 633 633 633 934 932 Mother's education 866 413 159 637 932 932 933 932 943 932 Primary 273 545 91 167 167 163 932 932 932 943 Primary 273 545 914 167 167 1000 913 923 924 932 Primary 167 167 167 167 163 933 933 913 926 914 959 912 912 912 912 912 912 Weith 333 500 167 183 912 912 912 912 912	Male	33.3	52.9	17.6	51	96.1	58.8	93.9	52.2	228	97.4	48.6	79.9	40.4	279
Mother's education No Education 28.6 41.3 15.9 63.7 63.2 63.3 32.4 97.5 No Education 28.6 41.3 15.9 63.7 66.1 66.1 66.1 66.1 66.3 64.4 97.5 Primary 27.3 54.5 91.1 11 93.5 72.6 93.2 64.1 45.5 94.4 Feroadary 42.9 94.3 7 100.0 60.0 97.8 97.6 94.4 Higher 16.7 66.7 16.7 6 100.0 81.3 93.8 75.0 16 93.6 Uowest 33.3 50.0 16.7 12 98.0 53.1 93.8 75.0 16 93.6 Middle 22.2 44.4 16.7 18 93.8 66.6 93.8 75.0 16 93.6 Middle 23.2 53.0 56.6 18 93.8 71 93.6 <	Female	22.2	33.3	11.1	36	96.3	55.3	94.1	45.2	219	97.2	45.5	77.4	36.6	255
No Education 28.6 41.3 15.9 63 94.0 52.5 93.2 43.8 32.4 97.5 Primary 27.3 54.5 9.1 11 93.5 72.6 95.2 66.1 62.9 94.4 Primary 27.3 54.5 9.1 11 93.5 72.6 95.2 64.1 65.7 94.4 Higher 16.7 66.7 16.7 6 16.2 94.6 98.6 94.8 94.4 98.6 94.8 94.4 96.0 97.8 94.8 98.6 94.9 98.6 94.9 98.6 94.9 98.6 94.9 98.6 94.6 94.9 98.6 94.9 98.6 94.9 98.6 94	Mother's education														
Primary 273 545 91 11 935 726 952 661 62 944 Secondary 429 429 429 143 7 1000 600 97.8 511 45 986 Higher 167 667 167 167 167 167 167 167 167 1600 Wealth quintif 167 167 167 167 12 980 531 959 46.9 490 986 Wealth quintif 222 44.4 167 12 980 531 959 417 959 938 Needed 2222 44.4 167 18 958 479 938 417 96 974 Nidele 2222 500 56 18 958 60.6 930 60.6 930 950 950 Nidele 222 353 318 118 17 958 60.6 980 920 950 950 Highest 353 353 118 17 958 60.6 940 953 71 973 Note: An asterisk indicates that a figure is based on fewer than 252 cases and has been suppressed. 940 940 940 973	No Education	28.6	41.3	15.9	63	96.0	52.5	93.2	43.8	324	97.5	44.1	79.1	35.9	387
Secondary 42.9 42.9 14.3 7 100.0 60.0 97.8 51.1 45 98.6 Higher 16.7 66.7 16.7 16.7 6 100.0 81.3 93.8 75.0 16 100.0 Wealth quintife 33.3 50.0 16.7 16.7 12 98.0 53.1 95.9 46.9 49 98.6 Lowest 33.3 50.0 16.7 12 98.0 53.1 95.9 46.9 49 98.6 Lowest 33.3 50.0 16.7 12 98.0 53.1 95.9 47.9 96.9 98.6 Niddle 22.2 50.0 $56.$ 18 93.9 60.6 90.2 90.7 95.6 95.6 Fourth 31.8 45.5 22.7 22.7 99.0 60.6 90.2 99.0 99.6 99.6 Highest 35.3 35.3 11.8 17 95.8 60.6 94.4 95.7 97.3 Note: An acterisk indicates that a figure is based on fewer than $25 cases and has been suppressed.94.094.094.097.3$	Primary	27.3	54.5	9.1	11	93.5	72.6	95.2	66.1	62	94.4	58.4	80.9	51.7	73
Higher 16.7 66.7 16.7 66.7 16.7 6 100.0 81.3 93.8 75.0 16 100.0 Wealth quintle 1	Secondary	42.9	42.9	14.3	7	100.0	60.0	97.8	51.1	45	98.6	50.7	74.6	38.0	52
Weath quintife 95.0 16.7 12 98.0 53.1 95.9 46.9 49.9 98.8 Lowest 33.3 50.0 16.7 12 98.0 53.1 95.9 46.9 49.9 98.8 Second 22.2 44.4 16.7 18 95.8 47.9 93.8 41.7 96.9 93.8 93.8 93.8 93.8 93.4 93.9 93.8 93.8 93.4 93.9 93.8 93.9 93.8 93.9 93.8 93.8 93.8	Higher	16.7	66.7	16.7	9	100.0	81.3	93.8	75.0	16	100.0	59.4	75.0	50.0	22
Lowest 33.3 50.0 16.7 12 98.0 53.1 95.9 46.9 49 98.8 Second 22.2 44.4 16.7 18 95.8 47.9 93.8 41.7 96 97.4 Middle 22.2 50.0 5.6 18 93.9 60.6 90.2 50.0 132 95.8 Fourth 31.8 45.5 22.7 22.7 99.0 60.6 90.2 50.0 132 95.8 Highest 35.3 35.3 11.8 17 95.8 60.6 94.4 56.3 71 97.3 Otal 28.7 44.8 14.9 87 96.2 57.0 94.0 97.3 Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. 94.0 94.0 94.0 97.3	Wealth quintile														
Second 222 44.4 16.7 18 95.8 47.9 93.8 41.7 96 97.4 Middle 22.2 50.0 5.6 18 93.9 60.6 90.2 50.0 132 95.8 Fourth 31.8 45.5 22.7 22 99.0 60.6 90.2 49.5 95.8 Highest 35.3 35.3 11.8 17 95.8 60.6 94.4 56.3 98.7 Itighest 35.3 35.3 11.8 17 95.8 60.6 94.4 56.3 71 97.7 Otal 28.7 44.8 44.9 56.3 57.0 94.6 97.5 97.5 Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. 94.0 48.8 447 97.5	Lowest	33.3	50.0	16.7	12	98.0	53.1	95.9	46.9	49	98.8	41.3	80.0	32.5	61
Middle 22.2 50.0 5.6 18 93.9 60.6 90.2 50.0 132 95.8 Fourth 31.8 45.5 22.7 22 99.0 60.6 98.0 49.5 98.3 Highest 35.3 35.3 11.8 17 95.8 60.6 94.4 56.3 71 97.3 Total 28.7 44.8 14.9 87 96.2 57.0 94.0 68.3 71 97.3 Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. 96.2 57.0 94.0 48.8 447 97.3	Second	22.2	44.4	16.7	18	95.8	47.9	93.8	41.7	96	97.4	42.1	80.3	34.9	114
Fourth 31.8 45.5 22.7 22 99.0 60.6 98.0 49.5 99.2 98.3 Highest 35.3 35.3 11.8 17 95.8 60.6 94.4 56.3 71 97.7 Total 28.7 44.9 87 96.2 57.0 94.0 48.8 447 97.5 Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. 96.2 57.0 94.0 48.8 447 97.5	Middle	22.2	50.0	5.6	18	93.9	9.09	90.2	50.0	132	95.8	51.2	78.1	40.9	150
Highest 35.3 35.3 11.8 17 95.8 60.6 94.4 56.3 71 97.7 Total 28.7 44.8 14.9 87 96.2 57.0 94.0 48.8 447 97.3 Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. 95.2 57.0 94.0 48.8 447 97.3	Fourth	31.8	45.5	22.7	22	0.66	60.6	98.0	49.5	66	98.3	48.0	80.9	39.9	121
Total 28.7 44.8 14.9 87 96.2 57.0 94.0 48.8 447 97.3 Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. Solution Solution </td <td>Highest</td> <td>35.3</td> <td>35.3</td> <td>11.8</td> <td>17</td> <td>95.8</td> <td>60.6</td> <td>94.4</td> <td>56.3</td> <td>71</td> <td>97.7</td> <td>48.5</td> <td>74.2</td> <td>40.9</td> <td>88</td>	Highest	35.3	35.3	11.8	17	95.8	60.6	94.4	56.3	71	97.7	48.5	74.2	40.9	88
Note. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed.	Total	28.7	44.8	14.9	87	96.2	57.0	94.0	48.8	447	97.3	47.1	78.7	38.6	534
1 Ead weiner a infinit found found and fourties to food made for while wedness is food made for and the food for an interior a star will be food for and some and the food for a star of the food food food food food food food foo	Note: An asterisk indic	cates that a figure	s is based on few	ver than 25 case	s and has been su	uppressed.	ade modo fuor	in a state of the	ind to have include	bac os bissos sai	fourtified heating	od from anoing	in A nimetiv A v	ich feuite and u	

truits and vegetables , E IIN A-I including porridge and fortified baby food from grains; c. vitan tubei from grains, roots, and t nade ċ milk products; cheese or yogurt or other 'rood groups: a. intant tormula, milk other than breast milk, (and red palm oil); d. other fruits and vegetables; e. eggs;

f. meat, poultry, fish, and shellfish (and organ meats); g. legumes and nuts.

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

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 including the milk/milk product group

Benadir Health and Demographic Survey



Table 7.6 Micronutrient intake among children

Among youngest children aged 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, BHDS 2020

		t children age 6-23 month mother:			Among all child	ren age 6-59 months:	
Background characteristics	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	Percentage given iron supple- ments in past 7 days	Percentage given deworming medication in past 6 months ³	Percentage given Vitamin A Supplementation in past 6 months	Number of children
Age in months							
6-8	47.9	38.4	73	5.5	4.1	11.0	73
9-11	78.1	62.5	64	9.4	7.8	17.2	64
12-17	76.2	58.3	168	18.5	18.5	31.0	168
18-23	74.1	56.3	112	11.6	15.2	24.1	112
24-35	0.0	0.0	0.0	17.0	21.7	30.1	336
36-47	0.0	0.0	0.0	18.3	22.4	25.1	339
48-59	0.0	0.0	0.0	15.0	20.5	26.8	366
Sex							
Male	70.1	56.6	221	16.1	18.1	25.2	778
Female	71.9	53.1	196	15.1	20.4	27.4	680
Breastfeeding status							
Breastfeeding	50.0	33.7	86	12.1	13.6	28.6	140
Not breastfeeding	76.4	60.4	331	16.0	19.8	25.9	1,318
Mother's age							
15-19	70.0	45.0	40	17.1	19.7	19.7	76
20-29	71.9	56.6	249	14.4	19.1	26.6	817
30-39	70.6	55.5	119	16.4	18.8	26.1	501
40-49	62.5	50.0	8	23.8	22.2	30.2	63
Education							
No Education	69.3	52.9	306	14.8	17.9	25.2	1,120
Primary	76.9	59.6	52	15.7	21.9	27.5	178
Secondary	70.7	56.1	41	18.0	21.6	33.3	111
Higher	83.3	72.2	18	28.6	32.7	28.6	49
Wealth quintile							
Lowest	69.6	54.3	46	12.4	17.6	20.6	170
Second	64.4	46.7	90	14.9	17.8	25.6	281
Middle	69.0	56.6	113	16.4	17.3	27.1	428
Fourth	76.7	55.3	103	14.9	20.7	21.9	343
Highest	75.4	63.1	65	18.6	23.3	35.6	236
Total	71.0	54.9	417	15.6	19.2	26.2	1,458

Note: Information on vitamin A is based on both mother's recall and the immunization card (where available). Information on iron supplements and deworming medication is based on the mother's recall.

na = Not applicable

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

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.

Nutritional status of women
Table 7.7

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							Body Mass Index ¹	1 X			
	Height	ht		Normal		Thin			Overweight/Obese	'Obese	
Background characteristics	Percentage below 145 cm	Number of women	Mean body max index (BMI)	18.5-24.9 (Total normal)	<18.5 (Total thin)	17.0-18.4 (Mildly thin)	<17 (Moderately and severely thin)	>=25.0 (Total over weight or obese)	25.0-29.9 (Overweight)	30.0 + (obese)	Number of women
Age											
15-19	5.1	588	21.7	55.9	26.9	17.7	9.2	17.2	13.2	4.0	553
20-29	1.5	724	25.6	48.8	6.8	5.1	1.7	44.0	26.4	17.7	588
30-39	0.4	458	27.5	31.8	5.1	3.3	1.8	63.1	30.6	32.6	396
40-49	0.5	186	27.8	28.2	5.3	4.1	1.2	66.5	35.9	30.6	170
Education											
No education	1.7	407	25.3	43.5	13.1	9.4	3.7	43.2	23.6	19.6	352
Primary	2.4	248	24.7	40.6	18.9	12.3	6.6	40.6	18.9	21.7	212
Secondary	3.7	272	23.6	50.8	19.0	11.5	7.5	30.2	17.5	12.7	252
Higher education	1.8	166	24.4	59.2	9.5	6.8	2.7	30.6	20.4	10.2	147
Wealth quintile											
Lowest	15.0	20	25.3	38.9	11.1	11.1		50.0	33.3	16.7	18
Second	2.8	179	24.2	51.3	10.4	9.1	1.3	38.3	24.0	14.3	154
Middle	3.2	404	24.6	46.8	13.5	9.4	4.1	39.4	24.1	15.3	340
Fourth	1.4	655	25.1	44.8	11.6	7.4	4.1	43.6	26.4	17.2	580
Highest	2.0	698	25.4	43.1	14.1	9.3	4.9	42.6	21.5	21.1	615
Total	2.2	1,956	25.0	45.1	12.8	8.7	4.1	42.0	24.0	18.0	1,707
Note: The Body Mass Index (BMI) is expressed as the ratio of weight in kilogra ¹ Excludes pregnant women and women with a birth in the preceding 2 months	MI) is expressed a d women with a b	as the ratio of irth in the pre	[:] weight in kil sceding 2 mo	lograms to the square of height in meters (kg/m2). inths	square of he	eight in meters	s (kg/m2).				



 Table 7.8
 Micronutrient intake among mothers

Among women aged 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, BHDS 2020

			on tablets or syri birth	up during pregn	ancy of last	Percentage of women	
Background characteristics	None	<60	60-89	90+	Total	who took deworming medication during pregnancy of last birth	Number of women
Age							
15-19	31.3	60.4	6.3	2.1	100.0	12.5	48
20-29	41.0	57.6	0.7	0.7	100.0	15.8	139
30-39	55.6	42.4	1.0	1.0	100.0	10.1	99
40-49	44.8	51.7	*	3.4	100.0	10.3	29
Education							
No Education	50.0	47.9	0.9	1.3	100.0	12.0	234
Primary	29.0	67.7	3.2	*	100.0	19.4	31
Secondary	32.4	64.7	2.9	*	100.0	8.8	34
Higher	18.8	68.8	6.3	6.3	100.0	25.0	16
Wealth quintile							
Lowest	48.6	51.4	*	*	100.0	11.4	35
Second	41.9	55.8	*	2.3	100.0	16.3	43
Middle	48.9	46.8	2.1	2.1	100.0	12.8	94
Fourth	39.8	58.0	1.1	1.1	100.0	15.9	88
Highest	43.6	52.7	3.6		100.0	7.3	55
Total	44.4	52.7	1.6	1.3	100.0	13.0	315
Note: An asterisk	indicates that a f	igure is based or	n fewer than 25 ca	ises and has bee	en suppressed.		

CHAPTER 8

HIV/AIDS-Related Knowledge, Beliefs and Attitudes



Key Findings



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

COMPREHENSIVE KNOWLEDGE ABOUT HIV/AIDS

8%

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

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

53%

of mothers aged 15-49 know that HIV can be transmitted from mother to child during pregnancy, 54 percent during delivery and 59 percent by breastfeeding respectively.

DISCRIMINATORY ATTITUDES TOWARDS PEOPLE LIVING WITH HIV/ AIDS

52%

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

PREVALENCE OF STIS (SELF-REPORTED)

4% of ever-married women aged 15-49 reported that they had STIs in the 12 months preceding the survey.





Chapter 8

HIV/AIDS-Related Knowledge, Beliefs and Attitudes

The survey 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 evermarried women.

The objective of this chapter is to provide data on 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 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 (UNAIDS 2014). However, there are no estimates for the Benadir region as a stand-alone.

The future course of the situation of HIV/AIDS in Benadir 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 survey obtained information from women aged 15-49 on their knowledge, perceptions, and behaviours related to HIV/AIDS, as well as awareness on modes of HIV/AIDS transmission and how to prevent it's spread. Respondents were asked whether they had heard of HIV/AIDS, how it is transmitted, stigma and discrimination and how to prevent the spread.

Table 8.1 provides information on women's awareness of HIV/AIDS. It shows that about 85 percent of women aged 15-49 have heard of HIV/AIDS. Eighty percent of women with no education had heard

The HIV/AIDS prevalence among the adult population is estimated to be very low at about 0.55 percent (UNAIDS 2014). However, there are no estimates for the Benadir region as a stand-alone. **85%** of women aged 15-49 have heard of HIV/ AIDS.

8% of the interviewed women have comprehensive knowledge of HIV/ AIDS about HIV/AIDS, compared to 98 percent among those with higher education. Awareness of HIV/AIDS is slightly higher among the wealthier women. At the national level 66 percent of women have heard of HIV/AIDS (SHDS, 2020).

Misconceptions about HIV/AIDS

Table 8.2 presents data on the misconceptions about HIV/AIDS transmission in Benadir (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). Fifty percent of the interviewed women were aware that a healthy-looking person could be carrying the HIV/AIDS virus; 34 percent of women reported that HIV/AIDS could not be transmitted through mosquito bites and 50 percent of the women knew that the HIV/AIDS virus cannot be transmitted by supernatural means. Forty-one 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 14 percent of all women aged 15-49 rejected the two most common misconceptions about HIV/AIDS in Benadir (i.e. HIV/AIDS can be transmitted by mosquito bites or HIV/ AIDS cannot be transmitted by supernatural means).

Only 8 percent of the interviewed women have comprehensive knowledge of HIV/AIDS. Comprehensive knowledge is knowing that consistent use of condom during sexual intercourse and having just one uninfected spouse 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. Comprehensive knowledge is lowest among the older women (40-45 years) at 7 percent and highest among those aged 20-24 years at 9 percent. Seven percent of women with no education have comprehensive knowledge while 15 percent of those with higher level of education have comprehensive knowledge. Eleven percent of women from the highest wealth quintile have comprehensive knowledge and 4 percent of those from the second wealth quintile. At the national level, 6 percent of the women have comprehensive knowledge of HIV/AIDS (SHDS, 2020).

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 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-



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

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

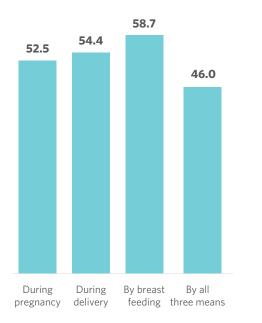
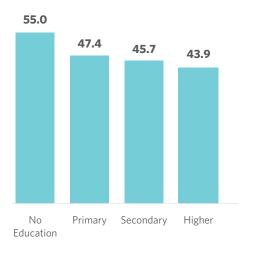


Figure 8.2 Discriminatory attitudes towards people living with HIV/AIDS by education

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



child transmission (MTCT) of HIV/AIDS could be reduced with the mother taking special drugs during pregnancy.

Table 8.3 and Figure 8.1 presents data on the knowledge about mother-to-child transmission among women aged 15-49, Table 8.3 further shows the knowledge levels by background characteristics. Fifty-three percent of women know that HIV/AIDS is transmitted during pregnancy, 54 percent know that it can be transmitted during delivery, and 59 percent know that it can be transmitted through breastfeeding, whereas 46 percent of the respondents believe HIV/ AIDS can be transmitted by all three means. Thirty-nine 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, 33 percent among those with no education and 69 percent among those with higher level of education.

Attitudes towards People Living with HIV/AIDS

Many people in Benadir 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.

HIV/AIDS-related stigma and discrimination undermines efforts to prevent the spread as people shy away from seeking information on how to reduce their risk of exposure to HIV/AIDS. Tackling stigma and discrimination is thus an important factor for the success of programmes targeting HIV/AIDS prevention and control.

In the BHDS 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.

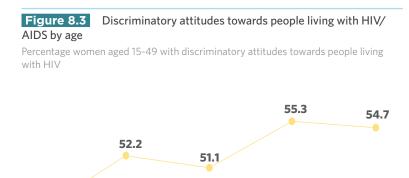
Table 8.4 presents data for women aged 15-49 who have heard of HIV/AIDS and their attitudes towards people living with HIV/ AIDS, by background characteristics. It shows that 59 percent of women think that children living with HIV/AIDS should not attend school with children who are not infected by HIV/ AIDS. Sixty-four percent of women said they would not buy fresh vegetables from a shopkeeper who is HIV positive. Furthermore, the table shows 47.3

15-19

20-24



52% of the respondents have discriminatory attitudes towards people living with HIV/AIDS



Tackling stigma and discrimination is thus an important factor for the success of programmes targeting HIV/AIDS prevention and control. that 52 percent of the respondents have discriminatory attitudes towards people living with HIV/AIDS.

25-29

Age

30-39

40-49

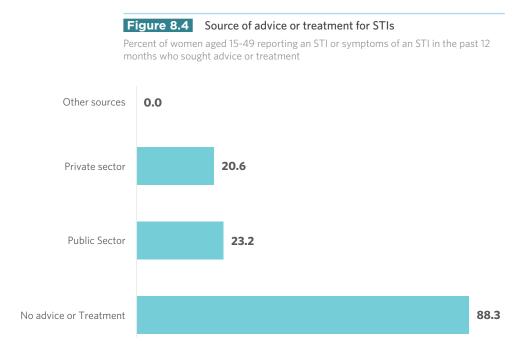
Stigma against people with HIV/AIDS is higher among those with no education. The data also shows that the discriminatory attitudes towards people with HIV/AIDS decrease as educational levels increase. This means that those with no education have more negative attitudes towards people with HIV/AIDS, compared to those with higher levels of education. It also shows that the negative attitudes towards people with HIV/AIDS increase with age. Fortyseven percent of women in the age group 15-19 have discriminatory attitudes towards persons living with HIV/AIDS compared to 55 percent among those aged 45-19 (Figures 8.2 and 8.3).

Self-reporting of Sexually Transmitted Infections

The survey collected information on 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. Four percent of ever-married women reported that they had an STI in the 12 months preceding the survey, 19 percent had a bad smell, or an abnormal discharge, and 14 percent had a genital sore or ulcer. In total, 24 percent of women reported having an STI/ genital discharge/sore or ulcer as symptoms. Nationally, 8 percent of ever-married women reported they had an STI in the 12 months preceding the survey (SHDS, 2020).





Variations in self-reported prevalence of STIs and STI symptoms by background characteristics are also presented in Table 8.5. The prevalence varies only slightly by age, education, and wealth quintile.

Table 8.6 and Figure 8.4 show the percentage of ever-married 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. Eighty-eight percent of ever-married women in Benadir who had an STI or STI symptoms did not seek advice or treatment compared to 70 percent nationally (SHDS, 2020). Twenty-three percent of ever-married women who had an STI or STI symptoms sought advice from the public health sector and 21 percent got advice from the private sector.

88%

of ever-married women in Benadir who had an STI or STI symptoms did not seek advice or treatment Extensive stigma and discrimination against people living with HIV/AIDS adversely affects both people's willingness to be tested and their adherence to ART.



 Table 8.1
 Knowledge of HIV

Percentage of women aged 15-49 who	o, heard HIV/AIDS by background characteristics, BHDS	2020
Background characteristics	Percentage of women who ever heard HIV/AIDS	Number of women
Age		
15-19	82.8	651
20-24	89.7	429
25-29	87.2	413
30-39	84.3	536
40-49	75.2	226
Education		
No Education	80.3	1,473
Primary	88.4	303
Secondary	93.3	312
Higher	98.2	167
Wealth quintile		
Lowest	81.8	220
Second	81.8	417
Middle	85.2	637
Fourth	86.5	539
Highest	85.1	442
Total 15-49	84.5	2,255



 Table 8.2
 Comprehensive knowledge about HIV

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

Background Benefity-looking unifieded unifieded spouse en educe the induced the in			Pe	ercentage of wo	omen who say that	:		Percentage		
15-1933.248.551.636.448.739.517.18.065120-2437.162.756.938.255.945.018.29.142925-2937.554.748.928.649.643.311.48.541330-3932.350.947.632.346.539.711.27.653640-4929.247.339.828.848.237.69.77.1226EducationNo Education29.146.643.327.643.934.39.86.51,473Primary38.058.454.835.654.847.513.29.2303Secondary40.161.262.846.559.352.223.710.9312Higher60.581.476.058.773.768.935.915.0167Wealth quintile35.256.850.932.249.141.014.19.3637Midele35.256.850.932.249.141.014.19.3637Fourth34.051.949.933.852.143.013.210.8539Highest37.651.452.539.453.649.119.77.7442	0	Condom reduces the chance of	uninfected spouse can reduce the chance of	looking person can have HIV/	cannot be transmitted by mosquito	cannot be transmitted by supernatural	cannot become infected by sharing food with a person who has HIV/	healthy-looking person can have HIV/AIDS and who reject the two most common local	with a comprehensive knowledge about HIV/	
20-2437.162.756.938.255.945.018.29.142925-2937.554.748.928.649.643.311.48.541330-3932.350.947.632.346.539.711.27.653640-4929.247.339.828.848.237.69.77.1226EducationNo Education29.146.643.327.643.934.39.86.51.473Primary38.058.454.835.654.847.513.29.2303Secondary40.161.262.846.559.352.223.710.9312Higher60.581.476.058.773.768.935.915.0167Wealth quintile35.256.850.932.249.141.014.19.3637Middle35.256.850.932.249.141.014.19.3637Fourth34.051.949.933.852.143.013.210.8539Highest37.651.452.539.453.649.119.77.7442	Age									
25-2937.554.748.928.649.643.311.48.541330-3932.350.947.632.346.539.711.27.653640-4929.247.339.828.848.237.69.77.1226EducationNo Education29.146.643.327.643.934.39.86.51,473Primary38.058.454.835.654.847.513.29.2303Secondary40.161.262.846.559.352.223.710.9312Higher60.581.476.058.773.768.935.915.0167Wealth quintile28.650.046.426.443.633.68.26.8220Second31.950.848.033.146.334.312.54.1417Middle35.256.850.932.249.141.014.19.3637Fourth34.051.949.933.852.143.013.210.8539Highest37.651.452.539.453.649.119.77.7442	15-19	33.2	48.5	51.6	36.4	48.7	39.5	17.1	8.0	651
30-3932.350.947.632.346.539.711.27.653640-4929.247.339.828.848.237.69.77.1226EducationNo Education29.146.643.327.643.934.39.86.51.473Primary38.058.454.835.654.847.513.29.2303Secondary40.161.262.846.559.352.223.710.9312Higher60.581.476.058.773.768.935.915.0167Wealth quintile28.650.046.426.443.633.68.26.8220Second31.950.848.033.146.334.312.54.1417Middle35.256.850.932.249.141.014.19.3637Fourth34.051.949.933.852.143.013.210.8539Highest37.651.452.539.453.649.119.77.7442	20-24	37.1	62.7	56.9	38.2	55.9	45.0	18.2	9.1	429
40-4929.247.339.828.848.237.69.77.1226Education29.146.643.327.643.934.39.86.51,473Primary38.058.454.835.654.847.513.29.2303Secondary40.161.262.846.559.352.223.710.9312Higher60.581.476.058.773.768.935.915.0167Wealth quintileUSE Second31.950.848.033.146.333.68.26.8220Second31.950.848.033.146.334.312.54.1417Middle35.256.850.932.249.141.014.19.3637Fourth34.051.949.933.852.143.013.210.8539Highest37.651.452.539.453.649.119.77.7442	25-29	37.5	54.7	48.9	28.6	49.6	43.3	11.4	8.5	413
Education29.146.643.327.643.934.39.86.51,473Primary38.058.454.835.654.847.513.29.2303Secondary40.161.262.846.559.352.223.710.9312Higher60.581.476.058.773.768.935.915.0167Wealth quintileConvest28.650.046.426.443.633.68.26.8220Second31.950.848.033.146.334.312.54.1417Middle35.256.850.932.249.141.014.19.3637Fourth34.051.949.933.852.143.013.210.8539Highest37.651.452.539.453.649.119.77.7442	30-39	32.3	50.9	47.6	32.3	46.5	39.7	11.2	7.6	536
No Education29.146.643.327.643.934.39.86.51,473Primary38.058.454.835.654.847.513.29.2303Secondary40.161.262.846.559.352.223.710.9312Higher60.581.476.058.773.768.935.915.0167Wealth quintileVVVVVVVVLowest28.650.046.426.443.633.68.26.8220Second31.950.848.033.146.334.312.54.1417Middle35.256.850.932.249.141.014.19.3637Fourth34.051.949.933.852.143.013.210.8539Highest37.651.452.539.453.649.119.77.7442	40-49	29.2	47.3	39.8	28.8	48.2	37.6	9.7	7.1	226
EducationPrimary38.058.454.835.654.847.513.29.2303Secondary40.161.262.846.559.352.223.710.9312Higher60.581.476.058.773.768.935.915.0167Wealth quintile50.046.426.443.633.68.26.8220Second31.950.848.033.146.334.312.54.1417Middle35.256.850.932.249.141.014.19.3637Fourth34.051.949.933.852.143.013.210.8539Highest37.651.452.539.453.649.119.77.7442	Education									
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Higher60.581.476.058.773.768.935.915.0167Wealth quintileConstruction28.650.046.426.443.633.68.26.8220Second31.950.848.033.146.334.312.54.1417Middle35.256.850.932.249.141.014.19.3637Fourth34.051.949.933.852.143.013.210.8539Highest37.651.452.539.453.649.119.77.7442	Primary	38.0	58.4	54.8	35.6	54.8	47.5	13.2	9.2	303
Wealth quintile 28.6 50.0 46.4 26.4 43.6 33.6 8.2 6.8 220 Second 31.9 50.8 48.0 33.1 46.3 34.3 12.5 4.1 417 Middle 35.2 56.8 50.9 32.2 49.1 41.0 14.1 9.3 637 Fourth 34.0 51.9 49.9 33.8 52.1 43.0 13.2 10.8 539 Highest 37.6 51.4 52.5 39.4 53.6 49.1 19.7 7.7 442	Secondary	40.1	61.2	62.8	46.5	59.3	52.2	23.7	10.9	312
quintileLowest28.650.046.426.443.633.68.26.8220Second31.950.848.033.146.334.312.54.1417Middle35.256.850.932.249.141.014.19.3637Fourth34.051.949.933.852.143.013.210.8539Highest37.651.452.539.453.649.119.77.7442	Higher	60.5	81.4	76.0	58.7	73.7	68.9	35.9	15.0	167
Second31.950.848.033.146.334.312.54.1417Middle35.256.850.932.249.141.014.19.3637Fourth34.051.949.933.852.143.013.210.8539Highest37.651.452.539.453.649.119.77.7442										
Middle35.256.850.932.249.141.014.19.3637Fourth34.051.949.933.852.143.013.210.8539Highest37.651.452.539.453.649.119.77.7442	Lowest	28.6	50.0	46.4	26.4	43.6	33.6	8.2	6.8	220
Fourth34.051.949.933.852.143.013.210.8539Highest37.651.452.539.453.649.119.77.7442	Second	31.9	50.8	48.0	33.1	46.3	34.3	12.5	4.1	417
Highest 37.6 51.4 52.5 39.4 53.6 49.1 19.7 7.7 442	Middle	35.2	56.8	50.9	32.2	49.1	41.0	14.1	9.3	637
	Fourth	34.0	51.9	49.9	33.8	52.1	43.0	13.2	10.8	539
Total 15-49 34.1 52.8 50.0 33.6 49.7 41.1 14.1 8.1 2,255	Highest	37.6	51.4	52.5	39.4	53.6	49.1	19.7	7.7	442
	Total 15-49	34.1	52.8	50.0	33.6	49.7	41.1	14.1	8.1	2,255

¹ The two most common local misconceptions are that HIV/AIDS can be spread by mosquitoes and 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 HIV/AIDS, knowing that a healthy-looking person can have HIV/AIDS, and rejecting the two most common local misconceptions about transmission or prevention of HIV/AIDS.



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

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

	Percentage who	o know that HIV can	be transmitted from	mother to child	Percentage who		
Background characteristics	During pregnancy	During delivery	By breastfeeding	By all three means	know that the risk of MTCT can be reduced by mother taking special drugs	Number of women	
Age							
15-19	49.9	52.1	60.2	43.3	36.9	651	
20-24	54.8	58.7	63.2	48.7	44.3	429	
25-29	58.1	57.9	59.8	50.4	41.6	413	
30-39	51.5	53.5	55.8	45.3	36.9	536	
40-49	48.2	48.2	50.4	42.5	32.3	226	
Education							
No Education	48.6	49.1	53.5	42.4	32.7	1,473	
Primary	53.1	58.4	65.0	47.9	43.9	303	
Secondary	59.3	63.1	65.7	51.9	45.8	312	
Higher	73.7	77.2	79.6	64.1	68.9	167	
Total 15-49	52.5	54.4	58.7	46.0	38.7	2,255	



 Table 8.4
 Discriminatory attitudes towards people living with HIV

Among women aged 15-49 who have heard of HIV or AIDS, with discriminatory attitudes towards people living with HIV, according to background characteristics, BHDS 2020

	Women							
Background characteristics	Percentage who do not think that children living with HIV should be able to attend school with children who are HIV negative	Percentage who would not buy fresh vegetables from a shopkeeper who has HIV	Percentage with discriminatory attitudes towards people living with HIV ¹	Number of women who have heard of HIV or AIDS				
Age								
15-24	56.4	62.1	49.4	924				
15-19	55.1	59.2	47.3	539				
20-24	58.2	66.2	52.2	385				
25-29	59.7	62.8	51.1	360				
30-39	61.3	65.0	55.3	452				
40-49	61.2	68.2	54.7	170				
Marital status								
Never-married	54.1	59.6	46.6	547				
Married	60.9	65.1	54.0	1,109				
Divorced/Widowed	58.4	64.8	51.6	250				
Education								
No Education	62.1	66.1	55.0	1,183				
Primary	53.7	61.6	47.4	268				
Secondary	53.3	57.7	45.7	291				
Higher	50.6	57.9	43.9	164				
Wealth quintile								
Lowest	59.4	63.3	50.6	180				
Second	61.0	67.2	54.8	341				
Middle	58.9	61.7	52.1	543				
Fourth	56.4	59.9	48.3	466				
Highest	58.2	67.3	52.4	376				
Total 15-49	58.6	63.5	51.6	1,906				

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, BHDS 2020

	Percentage o	f respondents who rep	orted having in the	past 12 months:	
Background characteristics	STI	Bad-smelling/ abnormal genital discharge	Genital sore or ulcer	STI/ genital discharge/ sore or ulcer	Number of ever married women
Age					
15-19	3.9	16.1	10.3	22.6	155
20-24	2.8	24.0	15.1	28.7	317
25-29	3.6	18.0	16.1	23.4	384
30-39	4.7	17.8	13.5	23.5	533
40-49	4.9	17.8	14.2	23.1	225
Marital status					
Married/ living together	3.9	20.4	15.2	25.5	1,313
Divorced/separated/ widowed	4.7	12.3	10.3	19.3	301
Education					
No Education	4.7	18.6	14.8	24.5	1,246
Primary	2.3	20.7	13.2	24.7	174
Secondary	2.2	19.1	13.2	23.5	136
Higher	0.0	19.0	8.6	22.4	58
Wealth quintile					
Lowest	5.5	22.1	20.4	29.3	181
Second	4.4	18.5	12.1	23.9	297
Middle	4.2	17.3	12.2	22.4	450
Fourth	3.1	16.8	13.9	21.7	382
Highest	3.6	22.4	16.1	28.0	304
Total 15-49	4.0	18.9	14.3	24.3	1,614



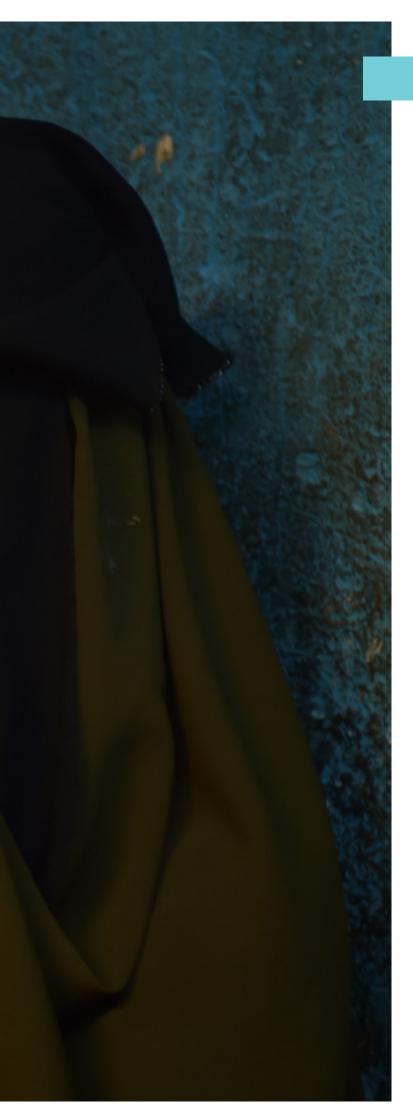
 Table 8.6
 Source of advice or treatment for STIs

Percentage of women aged 15-49 reporting an STI or symptoms of an STI in the past 12 months who sought advice or treatment,
referringe of women aged to 45 reporting an off of symptoms of an off in the past 12 months who sought davice of readment,
BHDS 2020

Background characteristics	Percentage of Women
Public Sector	
Public Sector	23.2
Government Hospital	5.3
Referal Health Center	0.0
MCH/HC	17.8
Primary Health Unit (PHU)	1.0
Mobile Clinic	1.3
Other Public Sector	0.3
Private medical sector	
Private sector	20.6
Clinical	14.2
Pharmacy	6.6
Other Private Medical Sector	0.3
Other sources	0.0
No advice or Treatment	88.3
Number with STD or symptoms of STD	393
Number of women	393
Note: The categories are not mutually exclusive and the sum of percentages may exceed 100 percent.	
No advice or Treatment	88.3
Public Sector	23.2
Private sector	20.6
Other sources	0.0

CHAPTER 9

Gender-Based Violence



Key Findings

EXPERIENCE OF PHYSICAL VIOLENCE



of women aged 15-49 have experienced physical violence since the age of 12

VIOLENCE DURING PREGNANCY

8%

15%

of the ever-married women aged 15-49 who have been pregnant have experienced physical violence during one or more pregnancies.

INJURIES DUE TO SPOUSAL VIOLENCE

47%

of the ever-married women aged 15-49 who have experienced spousal violence sustained some form of injury

HELP SEEKING BEHAVIOR



18% women who experienced spousal violence and sought help.





Chapter 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 survey collected information on domestic violence and other forms of discrimination against women. Information was obtained from ever-married women and never-married women aged 15-49 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, and injuries due to spousal violence, and help-seeking behaviours for those who have experienced violence.

All women 15-49 were asked 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 biased 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:

§ 147

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.

Ethical Considerations

Ensuring the confidentiality and privacy of respondents was obligatory for the enumerators during and after the Benadir 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.

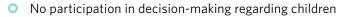
The women interviewed for this section were only eligible when their privacy was completely secured. This was to avoid any repercussions to the respondent and interviewer, given the sensitivity of the subject in the Somali cultural context. In addition, the enumerators (midwives and medical practitioners) 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 survey asked all women about their opinions about domestic violence. Specifically, they were asked whether domestic violence means:

- Physical abuse
- No participation in household decision making

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



- Better treatment of males than females
- Failure to meet basic living costs
- Denial of education
- Forced marriage
- O Rape
- Sexual harassment
- Forced labour

Table 9.1 presents the percentage of women aged 15-49 by their understanding of domestic violence by background characteristics. Findings show over 60 percent of women considered denial of education, forced marriage, rape, sexual harassment and forced labour to constitute domestic violence.

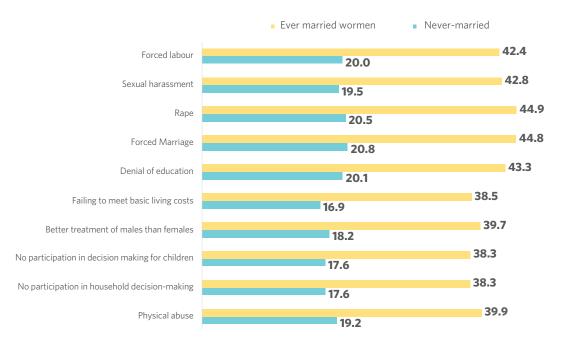
Fifty-six percent of the women believe that no participation in household decision-making or no participation in decision-making for children, 58 percent believe better treatment of males than females 55 percent believe failure to meet basic living costs and 63 percent believe denial of education constitute acts of domestic violence.

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

Educational attainment plays a role in the understanding of domestic violence. Women with higher education 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

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

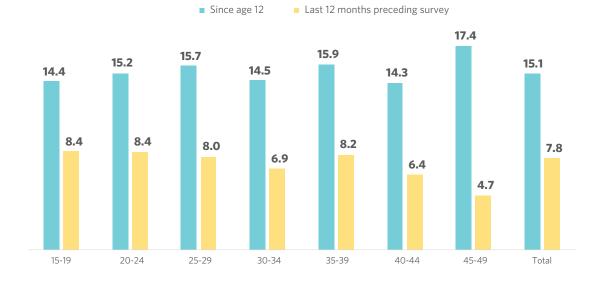


60% of women considered denial of education, forced marriage, rape, sexual harassment and forced labour to constitute domestic violence



Figure 9.1 Physical violence

Percent of women aged 15-49 who have ever experienced physical violence since age 12 and percentage who have experienced violence during the12 months preceding the survey by age



15% of women aged 15-49, have experienced physical violence since the age of 12

Older women are more likely to experience physical violence

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 15 percent of women aged 15-49, have experienced physical violence since the age of 12, while 8 percent reported experienced physical violence often or sometimes in the 12 months preceding the survey. Nationally, 14 percent of women in the age of 12, while 12 percent experienced physical violence often or sometimes in the 12 months preceding the survey. Nationally, 14 percent of women in the age of 12, while 12 percent experienced physical violence often or sometimes in the 12 months preceding the survey.

Older women are more likely to experience physical violence; with 17 percent of women in the 45-49 age group reporting, they had experienced violence since the age of 12. Current (in the last 12 months preceding the survey) experience of physical violence is more prevalent among younger women 8 percent among women15-19 years compared to the lowest percentage of 5 percent among women 45-49 years (Figure 9.2).

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. Sixty-five percent of women believe that husbands commit the most violent acts against women in the community, and that daughters and sons as well as employers or someone at work are the least likely perpetrators at 4 percent. Thirty-two percent

8%

of ever-married women aged 15- 49 who had been pregnant reported they had experienced physical violence during their pregnancies

of women believe that mother/stepmother commits the acts of violence against them.

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 during pregnancy.

Table 9.4 presents the findings on ever-married women aged 15-49 who had experienced violence during pregnancy. It shows that 8 percent of ever-married women aged 15-49 who had been pregnant reported they had experienced physical violence during their pregnancies. Eleven percent of currently divorced women reported they had experienced violence during pregnancy. Nationally 6 percent of women reported violence during pregnancy (SHDS, 2020).

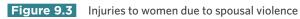
Spousal Violence

Table 9.5 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. Fifteen percent of ever-married women reported physical violence perpetrated against them by a spouse, 3 percent reported sexual violence while 2 percent reported emotional abuse by a spouse. The patterns of spousal violence vary with the number of children a woman has. Seven percent of women with five or more children reported spousal physical violence compared to 1 percent of women with no child.

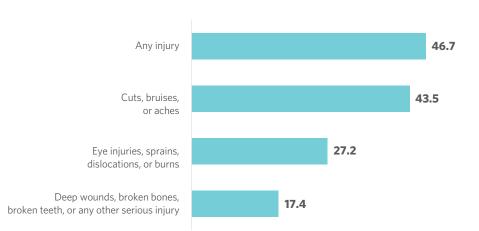
Injuries to Women due to Spousal Violence

Figure 9.3 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. Forty-seven percent of women had sustained at least one of the three types of injuries. Among ever-married women aged 15-49 who had experienced any form of violence, 44 percent reported they had cuts, bruises or aches; 27 percent had eye injuries, dislocations, sprains or burns; and 17 percent had deep wounds, broken bones or teeth, or any other serious wounds as a result of 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



Help-seeking Behaviors

Help-seeking behaviors refer to women's responses to their experiences of violence committed by anyone. Interviewers inquired whether women who had been subjected to violence had sought any help.

Table 9.6 shows that only 18 percent of the ever-married women aged 15-49 who had experienced emotional, physical or sexual violence had sought help. The table further shows that women experiencing sexual violence were more likely to seek help (36 percent) compared to those who experienced physical violence at 18 percent.

Percentage of all women aged 15-49 who understand domestic violence to	vomen aged 1	5-49 who under	stand domestic	violence to m	mean various specified acts, by background characteristics, BHDS 2020	scified acts, by	background ch	aracteristics	, BHDS 2020			
					Acts that m	Acts that mean domestic violence	violence					
Background characteristics	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	64.1	59.6	59.6	62.1	57.8	67.1	69.7	68.5	65.3	67.1	8.0	651
20-24	63.6	59.4	58.7	60.8	57.1	67.8	68.5	68.8	66.0	65.5	15.9	429
25-29	57.4	55.2	54.0	54.5	54.5	61.0	64.4	62.7	58.6	59.8	17.9	413
30-34	50.5	48.5	50.8	53.5	53.1	58.4	60.4	62.0	59.7	58.1	18.2	303
35-39	56.2	54.9	54.1	57.5	54.1	60.9	62.7	65.7	62.2	60.5	16.7	233
40-44	48.6	46.4	47.1	49.3	47.1	53.6	57.1	54.3	52.1	53.6	15.7	140
45-49	64.0	57.0	59.3	59.3	57.0	64.0	66.3	67.4	65.1	60.5	23.3	86
Marital status												
Never Married	19.2	17.6	17.6	18.2	16.9	20.1	20.8	20.5	19.5	20.0	1.5	641
Married	32.5	31.3	31.2	32.4	31.4	35.0	36.3	36.4	34.5	34.1	10.7	1,313
Divorced	5.9	5.4	5.5	5.7	5.5	6.5	6.5	6.5	6.3	6.3	1.6	234
Widowed	1.6	1.6	1.6	1.6	1.6	1.8	2.0	2.0	2.0	2.0	0.8	67
Education												
No Education	55.1	52.5	52.7	54.7	53.3	60.1	62.4	62.8	59.7	59.5	16.4	1,473
Primary	61.7	59.1	57.4	59.1	58.1	66.0	68.6	66.7	63.4	63.4	12.9	303
Secondary	67.3	63.1	62.8	65.1	58.7	70.2	71.8	70.5	68.9	6.69	10.9	312
Higher	75.4	62.9	67.7	70.7	62.3	74.9	77.2	76.6	71.3	73.7	9.6	167
Wealth quintile												
Lowest	62.3	60.9	60.5	60.9	58.6	66.8	70.0	71.4	66.4	70.5	20.9	220
Second	56.8	51.3	52.5	54.0	52.0	60.0	60.7	60.9	56.8	58.0	13.4	417
Middle	59.2	54.9	56.2	58.7	54.9	63.4	65.6	62.9	63.0	62.3	16.0	637
Fourth	57.7	56.8	56.2	57.1	55.7	61.8	64.4	63.3	61.2	61.6	13.9	539
Highest	61.5	57.9	55.9	60.09	57.0	66.7	69.7	68.6	65.8	64.0	11.5	442
Total	59.2	55.9	55.9	57.9	55.3	63.4	65.6	65.4	62.3	62.5	14.6	2,255



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 BHDS 2020

		Percentage who have experienced physical violence in the past 12 months							
Background characteristic	Percentage who have ever experienced physical violence since age 12	Often	Sometimes	often or sometimes	Total number of Women				
Age									
15-19	14.4	4.9	3.5	8.4	651				
20-24	15.2	4.0	4.4	8.4	429				
25-29	15.7	4.4	3.6	8.0	413				
30-34	14.5	1.7	5.3	6.9	303				
35-39	15.9	1.7	6.4	8.2	233				
40-44	14.3	2.1	4.3	6.4	140				
45-49	17.4	1.2	3.5	4.7	86				
Current marital status									
Never-married	3.5	1.2	0.8	2.1	641				
Married	9.7	2.0	3.0	4.9	1,313				
Divorced	1.5	0.3	0.4	0.6	234				
Widowed	0.4	0.1	0.1	0.2	67				
Education									
No Education	16.3	3.5	4.8	8.3	1,473				
Primary	16.5	4.3	4.3	8.6	303				
Secondary	11.5	3.8	2.9	6.7	312				
Higher	8.4	1.8	3.0	4.8	167				
Wealth quintile									
Lowest	26.8	6.4	8.6	15.0	220				
Second	11.0	2.2	3.6	5.8	417				
Middle	15.4	3.8	3.8	7.5	637				
Fourth	13.0	3.0	3.0	5.9	539				
Highest	15.2	3.8	5.2	9.0	442				
Total	15.1	3.5	4.3	7.8	2,255				

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, BHDS 2020

			Indiv	vidual who co	mmits the mos	t violent act	s against wor	nen			Total
Background Characteristics	Husband	Mother/ Stepmother	Father/ Step-father	Sister/ Brother	Daughter/ Son	Other Relative	In-laws	Teacher	Employer/ Someone at work	Police/A Soldier	number of Women
Age											
15-19	69.0	34.6	25.2	13.2	5.8	11.8	7.8	23.8	4.0	19.4	651
20-24	68.5	31.0	26.3	9.1	3.7	9.6	9.1	18.4	4.0	12.6	429
25-29	60.3	32.9	25.2	9.9	3.4	8.7	6.3	18.6	3.9	14.5	413
30-34	61.1	32.0	20.8	8.6	4.6	6.6	7.3	17.5	3.3	16.2	303
35-39	63.5	28.8	25.3	8.2	4.3	6.4	9.9	17.6	5.2	15.5	233
40-44	61.4	25.0	11.4	10.7	4.3	7.9	7.9	17.9	0.7	5.7	140
45-49	65.1	25.6	17.4	7.0	2.3	8.1	3.5	22.1	5.8	12.8	86
Current marital status											
Never Married	70.5	34.5	25.7	13.4	5.6	12.8	8.6	26.8	5.3	23.2	641
Married	62.5	30.5	22.9	9.1	4.0	7.9	7.6	17.3	3.4	12.4	1,313
Divorced	62.4	30.8	23.5	8.5	3.0	5.6	6.8	16.7	1.7	10.7	234
Widowed	73.1	31.3	19.4	10.4	6.0	11.9	6.0	16.4	6.0	10.4	67
Education											
No Education	63.8	31.6	23.1	9.9	4.3	7.5	7.0	17.3	3.2	13.0	1,473
Primary	67.0	32.3	26.4	11.6	5.6	9.9	9.6	21.5	5.0	13.2	303
Secondary	65.1	30.1	24.0	10.3	3.5	15.1	6.7	27.6	5.8	21.8	312
Higher	72.5	34.7	23.4	11.4	4.8	11.4	13.2	25.7	4.2	26.3	167
Wealth quintile											
Lowest	67.3	28.2	19.1	11.8	2.3	6.8	4.1	15.0	1.4	13.6	220
Second	63.8	28.3	23.7	8.2	5.3	10.8	8.9	19.7	3.6	16.1	417
Middle	63.3	26.8	21.4	10.5	3.8	7.7	6.1	20.1	5.2	15.9	637
Fourth	65.7	34.1	26.7	10.6	4.5	10.6	8.0	19.7	3.2	13.2	539
Highest	67.0	40.7	25.6	10.9	5.7	9.3	10.6	22.6	4.3	17.0	442
Total	65.1	31.7	23.7	10.3	4.4	9.2	7.8	19.9	3.9	15.3	2,255



Table 9.4 Experience of violence During pregnancy

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

Background Characteristics	Percentage who have experienced violence during pregnancy	Total number of Women
Age		
15-19	7.4	122
20-24	9.0	255
25-29	7.9	304
30-34	4.8	229
35-39	9.7	186
40-44	8.1	99
45-49	7.2	69
Marital Status		
Married	7.0	1,032
Divorced	10.9	175
Widowed	12.3	57
Education		
No Education	8.4	973
Primary	7.8	141
Secondary	4.8	104
Higher	0.0	46
Wealth quintile		
Lowest	11.9	151
Second	7.2	223
Middle	8.3	348
Fourth	4.8	290
Highest	8.3	252
Total	7.8	1,264



Table 9.5 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, BHDS 2020

			Percentage of	women whos	e husband did			
Background characteristics	Physical abuse	Sexual violence	Emotional	Physical and sexual violence	Physical and sexual and emotional violence	Physical or Sexual violence	Physical or sexual or emotional violence	Number of ever married women
Age								
15-19	16.2	1.3	1.3	0.0	0.0	17.5	17.5	154
20-24	17.1	2.2	2.8	1.9	0.6	17.4	17.4	316
25-29	15.8	2.4	1.3	2.1	0.3	16.1	16.6	379
30-39	13.2	3.4	1.9	1.9	0.2	14.8	15.7	522
40-49	12.6	2.3	4.2	0.9	0.5	14.0	14.9	215
Number of living children								
0	1.1	0.1	0.1	0.0	0.0	1.2	1.2	175
1-2	3.7	0.2	0.4	0.1	0.0	3.7	3.8	395
3-4	4.4	1.1	0.8	0.8	0.1	4.7	4.9	408
5+	5.7	1.2	0.9	0.7	0.2	6.2	6.5	608
Marital status								
Currently Married	15.1	2.9	2.7	1.7	0.4	16.3	17.0	1,296
Formerly Married	13.4	1.4	0.0	1.4	0.0	13.4	13.4	290
Employed in the 12 months preceding the survey								
Employed	15.0	7.2	3.3	4.4	1.1	17.8	18.9	180
Not employed	14.8	2.0	2.1	1.3	0.2	15.5	16.0	1,406
Education								
No Education	14.9	2.8	2.6	1.8	0.3	15.9	16.6	1,223
Primary	17.2	3.0	1.8	1.8	0.6	18.3	18.3	169
Secondary	12.5	0.7	0.0	0.0	0.0	13.2	13.2	136
Higher	12.1	1.7	0.0	1.7	0.0	12.1	12.1	58
Wealth quintile								
Lowest	25.6	8.5	7.4	5.7	1.1	28.4	30.7	176
Second	10.4	1.4	2.4	1.0	0.3	10.7	11.8	289
Middle	15.8	2.3	1.1	1.1	0.2	16.9	16.9	444
Fourth	12.2	2.1	2.1	1.6	0.3	12.8	13.0	376
Highest	14.6	1.3	0.7	0.7	0.0	15.3	15.6	301
Total	14.8	2.6	2.2	1.6	0.3	15.8	16.3	1,586



Table 9.6 Help seeking to stop violence

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

De domento de la constante de	Soug	ht help		Number of ever
Background characteristics	Yes	No	Total	married women
Percentage of women whose husband did:				
Physical abuse	17.8	82.2	100.0	163
Sexual violence	35.9	64.1	100.0	39
Physical and sexual violence	35.9	64.1	100.0	39
Age				
15-19	*	*	*	18
20-24	21.1	78.9	100.0	38
25-29	17.6	82.4	100.0	34
30-34	24.1	75.9	100.0	29
35-39	24.0	76.0	100.0	25
40-44	*	*	*	15
45-49	*	*	*	8
Number of living children				
0	*	*	*	8
1-2	14.3	85.7	100.0	42
3-4	27.3	72.7	100.0	44
5+	15.1	84.9	100.0	73
Currently/formerly/never in union				
Currently married	12.8	87.2	100.0	141
Formerly married	46.2	53.8	100.0	26
Employed in the 12 months preceding the survey				
Employed	*	*	*	20
Not employed	14.4	85.6	100.0	139
Education				
No Education	17.4	82.6	100.0	138
Primary	*	*	*	17
Secondary	*	*	*	10
Higher	*	*	*	2
Wealth quintile				
Lowest	26.8	73.2	100.0	41
Second	*	*	*	24
Middle	11.4	88.6	100.0	44
Fourth	21.4	78.6	100.0	28
Highest	13.3	86.7	100.0	30
Total	18.0	82.0	100.0	167
Note: An asterisk indicates that a figure is t				

CHAPTER 10

Female Circumcision

120



Key Findings

PREVALENCE

99.5%

of the Benadir women aged 15-49 have undergone Female Circumcision.

TYPES PRACTICED

58%

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.

RELIGIOUS REQUIREMENT

67%

of women aged 15-49 believe that Female Circumcision is a religious obligation and a rite of passage.

AGE AT FEMALE CIRCUMCISION

82%

of women aged 15-49 underwent Female Circumcision practice at aged of 5-9 while 16 percent underwent the same practice at age 10-14 years.

ATTITUDES

78% of the women aged 15-49 wants the Female Circumcision practice to continue.





Chapter 10 Female Circumcision

Female circumcision, also known as Female Genital Mutilation/ Cutting (FGM/C) has been practised in Somalia for decades. The practice is considered harmful, because it poses a potential risk to the health and wellbeing 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 (United Nations General Assembly, 1990).

> In the survey, 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 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 circumcision and the type of FGM/C performed.

The survey defined the different of types of female circumcision as follows:

- 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

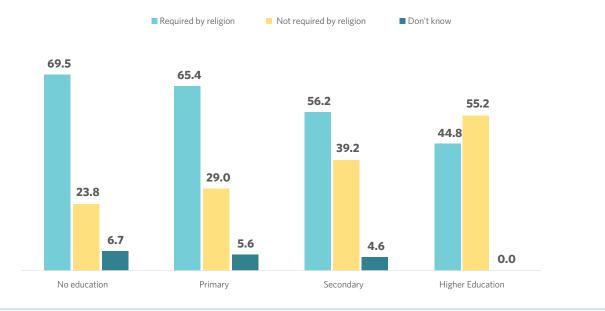
Table 10.1 presents the percentage distribution of women aged 15-49 by their religious beliefs regarding female circumcision, according to their circumcision status, age, education level, and wealth quintile. Overall, 67 percent of women believe that FGM/C is a religious requirement compared to 72 percent nationally (SHDS, 2020). There is little variation in the women's beliefs by age as 72 percent of women within the age group of 15-19 believe it is a religious requirement, compared to 69 percent of those in the age group 45-49.

The belief that female circumcision is a religious requirement



Figure 10.1 Opinions on Female Circumcision by education

Percent of women aged 15-49 by whether Female Circumcision is required by religion according to education

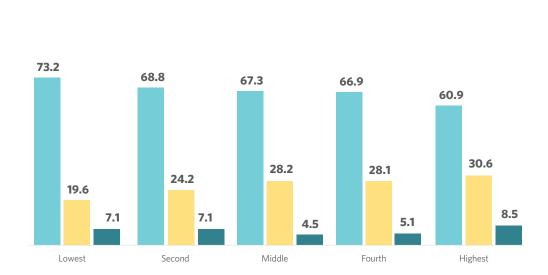


Not required by religion

Figure 10.2 Opinions on Female Circumcision by wealth status

Percent of women aged 15-49 by whether FGM/C is required by religion based on wealth status

Required by religion



reduces with increase in education. Seventy percent of women with no education believe that female circumcision is a religious requirement, compared with 65 percent with primary education, 56 percent with secondary education and 45 percent with higher levels of education who hold the same belief (Figure 10.1).

Don't know

Wealth status plays a role in shaping women's beliefs about female circumcision. The wealther the woman is the less likely she would hold the belief that female circumcision is a religious requirement. Seventy three percent of women from the lowest wealth quintile believe female circumcision is a religious requirement, compared to 61 percent from highest wealth quintile who hold the same belief (Figure 10.2).

Prevalence of Female Circumcision

Table 10.2 presents the percentage of women aged 15-49 who have undergone female circumcision by background characteristics. Female circumcision in Benadir is almost universal at 99.5 compared to the national prevalence of 99.2 percent. Pharaonic is the most common type, which has been performed on 58 percent of the women. The findings show that 12 percent of women have undergone the Intermediate type, while 26 percent have undergone the Sunni type. Three percent did not know the type of female circumcision they had undergone.

Figure 10.3 Types of Female Circumcision by level of education

Percent distribution of women aged 15-49 by types of Female Circumcision

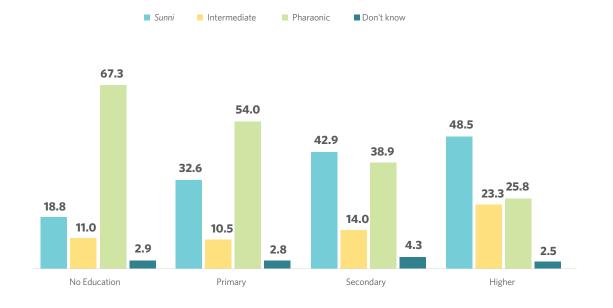
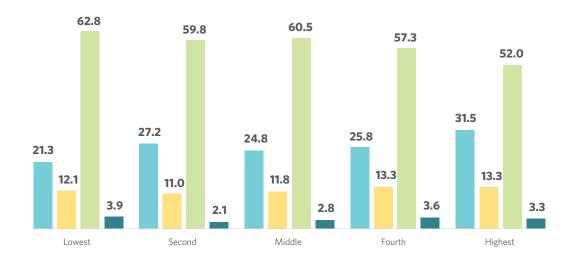


Figure 10.4Type of Female Circumcision by wealth status

Percent distribution of women aged 15-49 by type of Female Circumcision





The preference for Pharaonic type of female circumcision is higher among the poor women compared to rich women, while the preference of Sunni type of female circumcision increases with increase in the wealth status

> 82% of women aged 15-49 were circumcised when they were aged 5-9 years

While there's not much variation in the prevalence of circumcision by education level among women aged 15-49, there's a logical relationship with the type of circumcision undergone with more educated women having preference for Sunni and intermediate types of female circumcision, while the less educated women prefer Pharaonic type of circumcision. Figure 10.3 shows that 67 percent of women with no education underwent the Pharaonic type of female circumcision compared to 26 percent of women with higher education. Only 19 percent of women with no education have undergone Sunni type of female circumcision compared to nearly half (49 percent) of the women with the highest level of education who underwent the Sunni type 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 are the ones who made the decision on the type of female circumcision to be performed.

Figure 10.4 shows a relationship between the wealth status of the household and the type of FGM/C undergone by women aged 15-49. The preference for Pharaonic type of female circumcision is higher among the poor women compared to rich women, while the preference of Sunni type of female circumcision increases with increase in the wealth status. A higher percentage of women (63 percent in the lowest quintile and 60 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 households at 52 percent.

Age at Female Circumcision

Table 10.3 shows the percent distribution of women aged 15-49 by the age when they underwent female circumcision, according to selected background characteristics. Women were asked how old they were when they underwent female circumcision. The majority of women (82 percent) aged 15-49 were circumcised when they were aged 5-9 years. Sixteen percent of women underwent female circumcision at age 10-14. Less than 1 percent were circumcised when they were under 5 years and 1 percent underwent female circumcision when they were over 15 years of age. The current levels of education of women aged 15-49 and wealth status of the households they come from does not have much influence on the age at which these women underwent female circumcision.

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.

Female Circumcision on Daughters

Ever-married women aged 15-49 who had daughters were asked if any of their daughters had undergone female circumcision and, if so, **36%** of daughters aged 0-14 whose mothers had no education had undergone circumcision

how old the girl was when she was circumcised, and who performed it among other questions. It should be noted that mothers may not have been able to recall the exact age at which their daughters underwent female circumcision.

Table 10.4 shows the percentage of girls aged 0-14 years who underwent female circumcision by age and their mothers' background characteristics. The results indicate that about 3 percent of girls 0-4 years old, 15 percent of those at the ages of 5-9 and 16 percent of daughters within the age of 10-14 years had undergone the practice. Nationally, 3 percent of girls aged 0-4, 30 percent aged 5-9 and 76 percent aged 10-14 had undergone the practice (SHDS, 2020).

Thirty-six percent of daughters aged 0-14 whose mothers had no education had undergone circumcision, compared to 28 percent of daughters of mothers with higher education. Wealth quintile has no major impact on the prevalence of female circumcision.

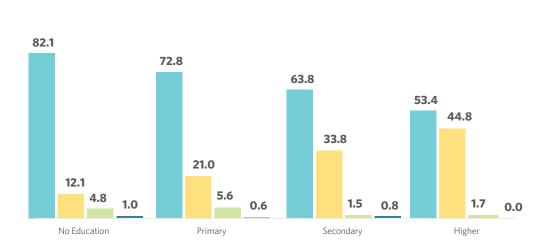
Attitudes towards Female Circumcision

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, 78 percent of women believe that female circumcision should continue, while 16 percent believe that the practice should be stopped.



Continued

Percent of women aged 15-49 by opinion on continuation of Female Circumcision



Stopped

Depends

Don't Know



82% of women with no education believe that female circumcision should

be continued

The opinion on whether the practice of female circumcision should be continued or not is not influenced by the wealth status of the household.

Figure 10.5 presents the opinions on weather female circumcision should be continued or discontinued. Opinions in support of the discontinuation of female circumcision increases with increase in the level of education. Eighty-two percent of women with no education believe that female circumcision should be continued compared to 53 percent of women with higher education. On the other hand, less women with no education (12 percent) hold the opinion that female circumcision should be discontinued compared to 45 percent of women with higher education.





 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, BHDS 2020

characteristics, BHD3 2020				
Background characteristics	Required by religion	Not required by religion	Don't know	Total number number of women
FGM/C status				
Circumcision	67.0	26.9	6.1	1,482
No circumcision	*	*	*	4
Age				
15-19	72.3	17.6	10.1	148
20-24	60.5	33.4	6.1	296
25-29	70.7	23.9	5.4	351
30-34	67.3	28.1	4.6	281
35-39	67.5	26.7	5.8	206
40-44	62.9	29.0	8.1	124
45-49	68.8	26.3	5.0	80
Education				
No education	69.5	23.8	6.7	1,136
Primary	65.4	29.0	5.6	162
Secondary	56.2	39.2	4.6	130
Higher	44.8	55.2	0.0	58
Wealth quintile				
Lowest	73.2	19.6	7.1	168
Second	68.8	24.2	7.1	269
Middle	67.3	28.2	4.5	422
Fourth	66.9	28.1	5.1	356
Highest	60.9	30.6	8.5	271
Total	67.0	26.9	6.1	1,486
Note: An asterisk indicates that a	a figure is based on fewer than	n 25 cases and has been	suppressed.	



Table 10.2 Prevalence of Female Circumcision

Percentage of women aged 15-49 who have undergone Female Circumcision, and percent distribution of women have undergone Female Circumcision by type according to background characteristics, BHDS 2020

				Type of Female		1	Numbe		
Background characteristics	Percentage of women who have undergone Female Circumcision	Number of women	Sunni	Intermediate	Pharaonic	Don't know	Total	of women who have undergone Female Circumcision	
Age group									
15-19	98.9	623	46.4	12.8	37.2	3.6	100.0	616	
20-24	99.8	405	29.0	17.1	50.2	3.7	100.0	404	
25-29	99.5	380	19.6	11.6	66.1	2.6	100.0	378	
30-34	100.0	283	12.7	9.5	76.3	1.4	100.0	283	
35-39	100.0	207	8.7	11.6	76.8	2.9	100.0	207	
40-44	100.0	125	8.0	9.6	80.0	2.4	100.0	125	
45-49	100.0	80	15.0	3.8	76.3	5.0	100.0	80	
Education									
No Education	99.6	1,349	18.8	11.0	67.3	2.9	100.0	1,344	
Primary	99.0	288	32.6	10.5	54.0	2.8	100.0	285	
Secondary	99.7	302	42.9	14.0	38.9	4.3	100.0	301	
Higher	99.4	164	48.5	23.3	25.8	2.5	100.0	163	
Wealth quintile									
Lowest	100.0	207	21.3	12.1	62.8	3.9	100.0	207	
Second	99.5	385	27.2	11.0	59.8	2.1	100.0	383	
Middle	99.8	601	24.8	11.8	60.5	2.8	100.0	600	
Fourth	99.4	506	25.8	13.3	57.3	3.6	100.0	503	
Highest	99.0	404	31.5	13.3	52.0	3.3	100.0	400	
Total	99.5	2,103	26.4	12.3	58.2	3.1	100.0	2,093	



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, BHDS 2020

_		Ag	e at Female Circun	ncision			Number
Background characteristics	<5	5 to 9	10 to 14	15+	Don't know	Total	of women who have undergone Female Circumcision
Age							
15-19	1.1	81.3	17.4	0.0	0.2	100.0	616
20-24	0.0	84.9	13.9	1.0	0.2	100.0	404
25-29	0.3	84.7	14.3	0.8	0.0	100.0	378
30-39	0.0	80.8	16.7	2.0	0.4	100.0	490
40-49	0.0	79.5	18.0	2.4	0.0	100.0	205
Education							
No education	0.1	82.1	16.4	1.1	0.2	100.0	1,344
Primary	0.0	85.3	13.7	0.7	0.4	100.0	285
Secondary	1.3	85.0	13.0	0.7	0.0	100.0	301
Higher	1.2	73.6	23.3	1.8	0.0	100.0	163
Wealth quintile							
Lowest	0.0	83.1	15.9	0.5	0.5	100.0	207
Second	0.3	82.8	15.9	1.0	0.0	100.0	383
Middle	0.5	83.7	14.8	0.7	0.3	100.0	600
Fourth	0.2	83.7	14.7	1.2	0.2	100.0	503
Highest	0.8	77.8	19.8	1.8	0.0	100.0	400
Total	0.4	82.3	16.1	1.1	0.2	100.0	2,093

 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, BHDS 2020

Protonound shows stavistics		Current age of girls		
Background characteristics	0-4	5-9	10-14	Total 0-14
Mother's FGM/C status				
Circumcision	6.0	38.4	81.8	33.3
No Circumcision	*	*	*	*
Education				
No Education	6.2	38.5	86.2	35.9
Primary	4.6	28.6	53.6	20.8
Secondary	7.5	41.2	60.5	28.0
Higher	4.0	68.4	37.4	27.7
Wealth quintile				
Lowest	11.4	39.8	78.8	35.5
Second	6.6	35.5	83.0	31.7
Middle	4.1	41.8	81.8	35.5
Fourth	5.9	37.7	85.0	32.9
Highest	5.3	33.8	77.7	29.8
Total	6.0	38.3	81.8	33.3
Total	6.0	38.3	81.8	33.3

Note: The Female Circumcision status of girls is reported by their mothers. An asterisk indicates that a figure is based on fewer than 25 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, BHDS 2020

Background	Opinion to co	ontinue with Fema	ale Circumcision P	ractice or not	Total	Number of
characteristics	Continued	Stopped	Depends	Don't Know	lotal	women
FGM/C status						
Circumcision	78.5	16.2	4.5	0.9	100.0	1,482
No Circumcision	*	*	*	*	*	4
Age						
15-19	86.5	10.8	2.0	0.7	100.0	148
20-24	73.6	22.3	2.4	1.7	100.0	296
25-29	78.6	16.0	5.1	0.3	100.0	351
30-34	78.6	14.6	6.0	0.7	100.0	281
35-39	82.5	13.1	3.4	1.0	100.0	206
40-44	73.4	16.9	8.1	1.6	100.0	124
45-49	76.3	18.8	5.0	0.0	100.0	80
Education						
No Education	82.1	12.1	4.8	1.0	100.0	1,136
Primary	72.8	21.0	5.6	0.6	100.0	162
Secondary	63.8	33.8	1.5	0.8	100.0	130
Higher	53.4	44.8	1.7	0.0	100.0	58
Wealth quintile						
Lowest	84.5	13.7	0.6	1.2	100.0	168
Second	77.0	16.0	6.3	0.7	100.0	269
Middle	77.3	15.9	5.9	0.9	100.0	422
Fourth	78.9	16.3	3.9	0.8	100.0	356
Highest	77.1	18.8	3.3	0.7	100.0	271
Total 15-49	78.4	16.3	4.4	0.9	100.0	1,486
Note: An asterisk indica	ates that a figure is t	based on fewer th	an 25 cases and h	as been suppressed		





CHAPTER 11

Women's Empowerment



Key Findings

FINANCIAL DECISIONS

91%

of currently married women aged 15-49 decide on how their cash earnings will be spent either individually or jointly with their husbands and 58 percent of them jointly or individually make decisions on how the husband's cash earnings will be spent.

ACCESS TO FINANCIAL SERVICES

5% of eve

of ever married women aged 15-49 have a bank account. Ninety percent of women own a mobile phone and among those with a mobile phone, 87 percent use their phone for financial transactions.

PARTICIPATION IN DECISION-MAKING

45%

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

ATTITUDES TOWARDS WIFE BEATING

18%

of ever married women aged 15-49 believe that a husband is justified in beating his wife for at least one of the six specified reasons.





Chapter 11

Women's Empowerment

This chapter focuses on Benadir 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 survey 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 in particular 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.

Married women's employment

Employment can be a source of empowerment for both women and men. It is particularly so for women if it puts them in control of the household income. In the survey, respondents were asked whether they were employed at the time of the survey and, if not, whether they were employed in the 12 months preceding the survey.

Table 11.1 shows that 12 percent of currently married women age 15-49 were employed at the time of the survey or within the 12 months preceding the survey. Employment among currently married women increases with age and peaks among those age 45-49, at 24 percent.

Figure 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 women in Benadir region receive earnings for the work they do, and among those who do receive earnings, not all receive cash. Eighty-three percent of currently married women who reported being employed at any time in the 12 months preceding the survey received earnings in cash, 7 percent were paid in cash and in kind, 3 percent received their earnings in kind only and the remaining 7 percent were not paid at all.



Figure 11.1 Earnings of currently married women

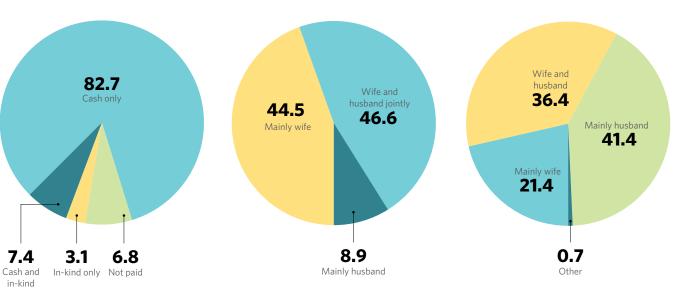
Percent distribution of currently married respondents employed in past 12 months, by type of earnings

Figure 11.2 Control over women's earnings

Percentage distribution of currently married aged 15-49 with income for the last 12 months preceding survey and who makes decisions over their cash earnings

Figure 11.3 Control over husband's cash earnings

Percent distributions of currently married women aged 15-49 whose husbands receive cash earnings by person who decides how husband's cash earnings are used



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. Figure 11.2 shows the degree of control women have over the use of their earnings, 47 percent of currently married women decide jointly with their husbands on how their earnings are used, while 45 percent of currently married women reporting they decide on their own. Nine percent reported their husband is the main decision maker and controls their cash earnings.

Control over Husbands' Earnings

Figure 11.3 shows that 41 percent of the currently married women aged 15 - 49 reported that the husband is the main decision maker on how the husband's cash earnings are used, while 36 percent reported that decisions about the use of the husbands' cash earnings

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.

Employment and cash

earnings are more likely





are made jointly. Twenty-one percent reported that the wife is the main decision maker on how the husband's cash earnings are used.

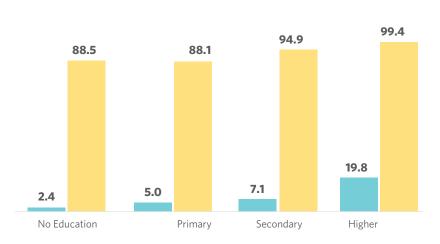
Ownership of Assets

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 BHDS, ever-married women were asked whether they own a house and land alone or jointly with their husbands.

Table 11.2 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, 21 percent of women interviewed own a house, while 9 percent own land either alone or jointly. Nationally 15 percent of women own a house jointly with their husbands while 8 percent own land jointly with their husbands (SHDS, 2020). Only 7 percent and 4 percent of ever married women own house or a land alone. The ownership of property increases with age among women. For example, 31 percent of women aged 15-49 years own a house, compared to 14 percent of women aged 15-19. A similar pattern is also observed in land ownership. Twelve percent of women aged 40-44 own land, compared to 7 percent of women aged 15-19 except women aged 45 – 49 years where the ownership of land decreases to 8 percent.

Figure 11.4 Ownership of bank account and mobile phones

Percentage 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

90% of women residing in Benadir own a mobile phone, and among those with a mobile phone

Women from wealthier households are more likely to have and use a bank account, own a mobile phone and use a mobile phone for financial transactions than women from poorer households

> **55%** of Benadir women have decisions on their own health care made by their husbands

Ownership and Use of Bank Accounts and Mobile Phones

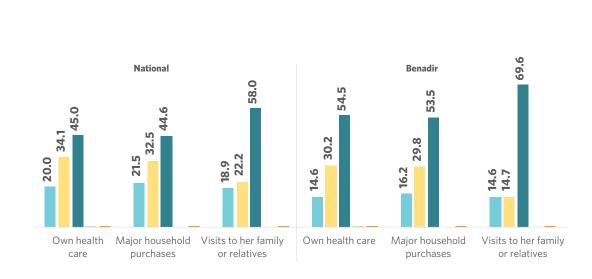
Ownership of a bank account and a mobile phone are reflections of autonomy, social functioning and financial independence. In the survey, women were asked if they had an account in a bank or any other financial institution that they themselves used, and if they owned a mobile phone. Those who owned a mobile phone were further asked if they used the phone for financial transactions. Table 11.3 shows that only 5 percent of women in Benadir have a bank account that they use, compared to 4 percent nationally. Ninety percent of women residing in Benadir own a mobile phone, and among those with a mobile phone, 87 percent use their phones for financial transactions. The proportion is much higher than the national average where ownership of mobile phone by Somali women stands at 75 percent out of which 64 percent use their phones for financial transactions (SHDS, 2020). 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 20 percent among women with higher education. Similarly, among women with no education, 89 percent have mobile phones, while 99 percent of those with higher education own a mobile phone (Figure 11.4).

Women from wealthier households are more likely to have and use a bank account, own a mobile phone and use a mobile phone for financial transactions than women from poorer households. Of women from the wealthiest households, 6 percent own and use a bank account, compared to 1 percent in the poorest households. Eighty-four percent of women in the poorest households use a mobile phone for financial transactions, compared to 88 percent of women from the wealthiest households, who use mobile phones for financial transactions (Table 11.3).

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 survey, 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 11.4 shows that 55 percent of Benadir women have decisions on their own health care made by their husbands, 30 Mainly wife



Mainly husband

Figure 11.5 A comparison between the national and Benadir Women's Participation in Decision-Making

Wife and husband jointly

percent make decisions regarding their own health care jointly with their husbands, while 15 percent make these decisions on their own. A similar pattern is observed regarding major household purchases and visits to family or relatives, with 54 percent of women indicating that their husbands make decisions for major household purchases. Seventy percent of women state their husbands make decisions regarding visits to family or relatives. Generally, men dominate women in household decision-making. A comparison between the national and Benadir women's autonomy in decision making shows that women in Benadir are less involved in decision making and are less likely to make decisions on their own (Figure 11.5).

Other

Someone else

Attitudes towards Wife Beating

As part of the survey, 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 11.5 shows among the women interviewed, 18 percent believe that a husband is justified in beating his wife for at least one of the six specified reasons, compared to 36 percent nationally (SHDS, 2020). Overall, there are minimal variations among the above six specified reasons for justifying women's beatings. The percentage of women who justify wife beating under one of the specified circumstances decreases with increasing education levels. Twenty-three percent of women with no education agree that wife beating is justified in at

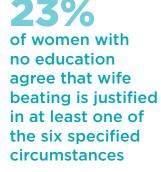
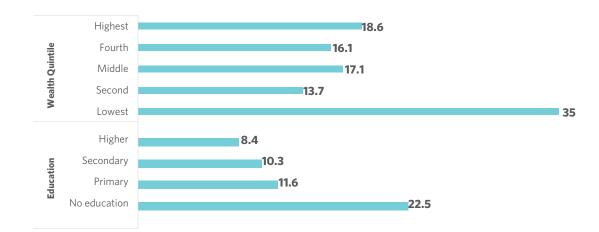




Figure 11.6Attitude toward wife beating

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



least one of the six specified circumstances, compared to 8 percent of women with higher education levels (Figure 11.6).

The proportion of women justifying wife beating under any one of the specified circumstances decreases with wealth quintiles. Thirtyfive percent of women in the poorest households agree that wife beating is justified in at least one of the six specified circumstances, compared to 19 percent of women in the wealthiest households (Figure 11.6).

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 11.4 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 believe that a husband is justified in beating his wife (Table 11.5 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 11.6 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

There is a positive relationship between women's disapproval of wife beating and their participation in decision making



decisions in which women participate, from 69 percent among women who do not participate in any of the household decisions to 73 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 23 percent among women who do not agree that wife beating is justified for any reason to 16 percent among women who accept that wife beating is justified in all five specified reasons.



 Table 11.1
 Employment and cash earnings of currently married women

Percentage of currently married women aged 15-49 who were employed at any time in the past 12 months and the percent distribution of currently married women employed in the past 12 months by type of earnings, according to age, BHDS 2020

Age Percentage In past 12		Number of respondents	Percent d respondents o	listribution of employed in p of earni	Total	Number of respondents		
	months	respondents	Cash only	Cash and in-kind	In-kind only	Not paid		respondents
15 - 19	3.4	119	*	*	*	*	100.0	4
20 - 24	4.3	253	*	*	*	*	100.0	11
25 - 29	8.2	318	92.3	7.7	0.0	0.0	100.0	26
30 - 34	16.7	257	86.0	9.3	4.7	0.0	100.0	43
35 - 39	20.1	194	76.9	7.7	2.6	12.8	100.0	39
40 - 44	21.8	110	*	*	*	*	100.0	24
45 - 49	24.2	62	*	*	*	*	100.0	15
Total 15-49	12.3	1,313	82.7	7.4	3.1	6.8	100.0	162

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



Table 11.2 Ownership of assets

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

	Ow	ns a hous	e alone or j	ointly		Owns land alone or jointly					Total
Background characteristics	Alone	Jointly	Both alone and jointly	Does not own	Total	Alone	Jointly	Both alone and jointly	Does not own	Total	number of Women
Age											
15-19	6.5	4.5	2.6	86.5	100	2.6	2.6	1.3	93.5	100	155
20-24	5.7	5.0	3.8	85.5	100	3.2	2.2	1.3	93.4	100	317
25-29	5.2	6.5	9.1	79.2	100	3.4	1.8	3.9	90.9	100	384
30-34	9.6	5.0	8.6	76.7	100	3.3	3.7	2.7	90.4	100	301
35-39	6.9	8.2	8.2	76.7	100	3.9	3.0	1.3	91.8	100	232
40-44	12.2	5.8	7.2	74.8	100	5.8	2.9	2.9	88.5	100	139
45-49	11.6	7.0	12.8	68.6	100	3.5	2.3	2.3	91.9	100	86
Education											
No education	7.1	5.6	6.6	80.7	100	3.3	2.3	2.5	91.9	100	1,246
Primary	8.0	5.7	10.3	75.9	100	2.9	4.0	2.3	90.8	100	174
Secondary	7.4	9.6	10.3	72.8	100	5.1	3.7	1.5	89.7	100	136
Higher	13.8	5.2	5.2	75.9	100	6.9	1.7	1.7	89.7	100	58
Wealth quintile											
Lowest	7.7	5.0	5.0	82.3	100	5.0	3.3	1.7	90.1	100	181
Second	6.7	6.1	5.7	81.5	100	3.7	2.7	2.0	91.6	100	297
Middle	6.0	6.9	7.1	80.0	100	3.3	4.0	1.6	91.1	100	450
Fourth	8.6	5.8	9.4	76.2	100	2.1	1.6	3.4	92.9	100	382
Highest	8.6	5.3	7.6	78.6	100	4.6	1.3	3.0	91.1	100	304
Total number of women	7.4	5.9	7.2	79.4	100	3.5	2.6	2.4	91.5	100	1,614



 Table 11.3
 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, BHDS 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	3.1	82.0	651	79.0	534
20-24	6.8	93.5	429	89.5	401
25-29	6.3	91.3	413	89.3	377
30-34	3.3	94.7	303	92.4	287
35-39	3.0	96.1	233	92.7	224
40-44	4.3	91.4	140	88.6	128
45-49	8.1	94.2	86	93.0	81
Education					
No Education	2.4	88.5	1,473	85.0	1,303
Primary	5.0	88.1	303	85.5	267
Secondary	7.1	94.9	312	93.3	296
Higher	19.8	99.4	167	98.8	166
Wealth quintile					
Lowest	1.4	89.1	220	83.6	196
Second	3.4	87.1	417	83.2	363
Middle	5.8	89.8	637	86.8	572
Fourth	4.3	92.9	539	91.7	501
Highest	6.3	90.5	442	88.0	400
Total	4.7	90.1	2,255	87.2	2,032

Table 11.4 Participation in decision making

Percent distribu	ition of currently m	narried women a	ged 15-49 by pe	rson who usually ma	akes decisions a	about various iss	ues, BHDS 2020
Decision	Mainly wife	Wife and husband jointly	Mainly husband	Someone else	Other	Total	Number
Own health care	14.6	30.2	54.5	0.3	0.1	100	1,313
Major household purchases	16.2	29.8	53.5	0.0	0.1	100	1,313
Visits to her family or relatives	14.6	14.7	69.6	0.0	0.2	100	1,313



Table 11.5 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, BHDS 2020

		Husband is ju	stified in hitti	Percentage				
Background characteristics	Neglects household duties	she argues with him	Goes out without telling him	wastes resources	Neglects the children	refuses to have sex with him	who agree with at least one specified reason	Number of women
Age								
15 - 19	5.2	4.5	4.9	4.3	5.2	4.8	6.3	651
20 - 24	16.6	15.9	14.7	17.2	17.0	15.6	20.7	429
25 - 29	16.9	17.4	18.4	18.6	17.7	17.4	23.7	413
30 - 34	18.8	16.8	18.5	17.8	18.5	16.8	22.4	303
35 - 39	19.7	18.0	18.5	18.5	19.3	18.9	25.8	233
40 - 44	17.1	15.7	19.3	19.3	17.1	17.1	25.0	140
45 - 49	19.8	18.6	17.4	19.8	16.3	16.3	24.4	86
Employment								
Not employed	19.1	18.1	18.5	19.1	19.1	18.1	24.7	1400
Employed for cash	25.6	24.4	28.0	27.4	28.0	25.6	33.3	168
Employed, not for cash	*	*	*	*	*	*	*	12
Missing	1.0	0.7	0.9	0.9	0.7	0.9	1.2	675
Number of living children								
0	3.7	4.0	3.9	4.0	4.4	4.2	5.6	816
1-2	17.0	14.8	15.0	16.8	17.0	16.0	20.0	400
3-4	22.2	20.7	22.2	22.9	21.0	20.7	27.2	415
5+	20.7	19.6	20.5	20.0	20.5	19.1	27.7	624
Mother's education								
No education	17.4	16.8	17.0	17.6	17.5	16.6	22.5	1473
Primary	9.6	8.6	8.6	9.9	8.6	9.2	11.6	303
Secondary	7.1	6.4	8.3	7.1	7.4	7.1	10.3	312
Higher	6.6	4.2	6.0	5.4	7.2	5.4	8.4	167
Wealth quintile								
Lowest	27.7	29.5	26.8	28.6	27.3	26.8	35.0	220
Second	10.6	8.9	10.3	10.3	10.8	9.4	13.7	417
Middle	13.0	12.2	13.2	13.2	12.6	13.0	17.1	637
Fourth	13.4	11.5	11.9	12.4	13.5	11.9	16.1	539
Highest	13.3	13.1	14.0	14.3	13.8	13.1	18.6	442
Total	14.1	13.3	13.8	14.2	14.1	13.4	18.3	2,255

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



Table 11.6 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, BHDS 2020

Empowerment indicator	Percentage who participate in all decision making	Percentage who disagree with all the reasons justifying wife beating	Number of women
Number of decisions in which women participate			
0	na	69.4	578
1-2	na	64.7	456
3	na	73.1	279
Number of reasons for which wife beating is justified			
0	22.7	na	900
1-2	22.7	na	75
3-4	22.8	na	57
5	16.0	na	281
na = Not applicable			

CHAPTER 12

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



Key Findings

CHRONIC DISEASES



6% of Benadir household members suffer from at least one chronic disease

PREVALENCE OF MOST COMMON DISEASES

36% Blood pressure anomalies/ hypertension



DISABILITY

5% prevalence of disability among Benadir Households

ONSET OF DISABILITY

Ageing and Other disease problems, injury/accident, and congenital (birth-related) defects are the main causes of disability.

CARE OF DISABLED PERSONS

43%

of disabled people in Benadir had not received any care or support for their disability during the 12 months preceding the survey.

OUT-OF-POCKET HEALTH EXPENDITURE

52%

of households interviewed that had a sick household member reported that they had paid their health expenses from household income—and most of them paid between US\$1 and US\$49 for treatment and health care services.





Chapter 12

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

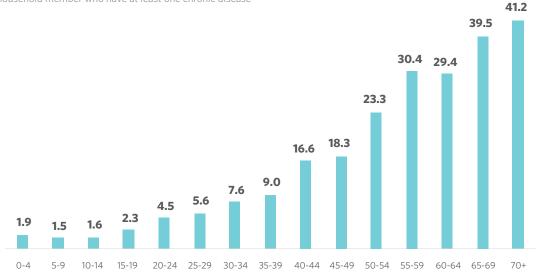
This chapter presents information on the prevalence, diagnosis and treatment of chronic diseases in Benadir region. It also offers information on the prevalence of disability, the origin and age at onset of disability, and care and support available for people with disabilities. Based on the findings of the survey, 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 longterm disability. They place burdens and demands on a health care system and are a leading cause of death worldwide. The BHDS 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 Benadir household members were reported to be suffering from at least one chronic disease, which is same as the national figure (SHDS, 2020). More women than men were reported to have at least one chronic disease, at 7 percent and 5 percent respectively. Generally, disease prevalence increases with age. The prevalence of people with at **Figure 12.1** Prevalence of chronic diseases by age

Percentage of household member who have at least one chronic disease



least one chronic disease increases from 2 percent in the age group 0-4 years to 30 percent in the age group 55-59 years (Figure 12.1).

6% of Benadir household members were reported to be suffering from at least one chronic disease, which is same as the national figure

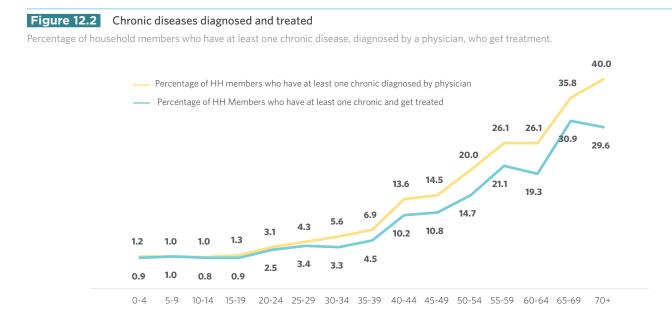
The survey found that the percentage of household members diagnosed by a physician with at least one chronic disease and those who received treatment regularly increased as wealth levels increased.

Diagnosis and Treatment of Chronic Diseases

Table 12.1 presents also 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 4 percent are undergoing regular treatment for a chronic disease. More women were diagnosed by a physician than men at 6 percent and 4 percent respectively. Similarly, more women than men are undergoing regular treatment for the diseases, at 4 percent versus 3 percent respectively. 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. Five percent of household members in the wealthiest households were diagnosed by a physician, while 4 percent received treatment. In contrast, 2 percent of household members from the lowest wealth quintile or poorest households were diagnosed by a physician, and none of them 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 10-14 years, 1 percent were diagnosed by a physician, and the same 1 percent received treatment. In the age group 65-69 years, 36 percent were reported to have been diagnosed by a physician, while 31 percent received





treatment for chronic diseases they have.

Table 12.2 presents the prevalence of the most common specific chronic diseases diagnosed by a physician, by type of condition and sex. The findings show that the most common chronic diseases were blood pressure anomalies or hypertension, diabetes, and arthritis at 36 percent, 28 percent and 10 percent of the household members respectively. While, the least common diseases were cancerous tumors, sickle cell anemia and prostatic hypertrophy at 0.5 percent, 0.3 percent, and 0.2 percent respectively.

Analysis of chronic diseases by sex shows that more men than women were reported to have been diagnosed with hypertension at 37 percent versus 35 percent. More women reported to have been diagnosed with arthritis at 13 percent against 7 percent respectively.

Prevalence of Disability

Table 12.3 presents data on the distribution of the prevalence of disability of household members by sex, age and wealth quintiles. It should be noted that respondent's 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 Benadir population suffers from disabilities, which is similar to the national prevalence (SHDS, 2020). The prevalence of disability among females and males is the same, at 5 percent.

Figure 12.3 shows the prevalance of the most common types of disability. The prevalance of sight disability is 52 percent, followed by mobility at 24 percent, hearing at 23 percent, mental at 11 percent and the least prevelant disability is self care at 2 percent.

5% of the Benadir population suffers from disabilities, which is similar to the national prevalence



Figure 12.3 Common types of disabilities

Prevalence of household members with disabilities, percentage of people suffering from specific types of disabilities

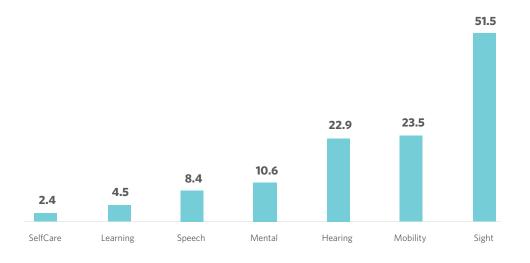
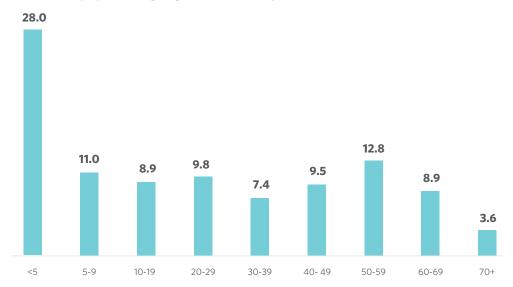


Figure 12.4 Age at onset of disability

Percentage distribution of disabled people according to age at onset of disability



The analysis indicates that ageing and congenital (birth-related) problems were thought to be the main cause of disabilities.

Origin and Age at Onset of Disability

Table 12.4 presents data on origin or causes of disability. For any household member with a disability, respondents were asked what they thought was the cause of the disability. The analysis indicates that ageing and congenital (birth-related) problems were thought to be the main cause of disabilities.

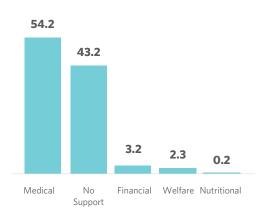
Ageing accounts for 24 percent of disabilities while other diseases and injuries/accidents account for 21 percent and 18 percent respectively. The percentage of those suffering from congenital problems account for 12 percent as shown in (Table 12.4).

Table 12.5 presents data on the age at onset of disability and how



Figure 12.5 Support received by household members for people with disabilities

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



Health expenditure could amount to catastrophic levels that plunge families deeper into poverty. it varies by sex. Overall, 28 percent of the household population reported onset of disability to have started when they were under the age of five (Figure 12.4). Thirty-four percent of males and 22 percent of females stated that they had first experienced their disabilities under the age of 5. The most common disability reported to have started during this period is speech, at 50 percent.

Care and Support for Persons with Disabilities

Table 12.6 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 43 percent of persons with disabilities in Benadir compared to 42 percent nationally had not received any care or support for their condition in the 12 months preceding the survey (SHDS, 2020). Fifty-four percent of disabled household members received medical care, while 2 percent received welfare, 3 percent received financial support and less than 1 percent received nutritional support (Figure 12.5). Forty-four percent of men and 43 percent of women said they had not received any support in the 12 months preceding the survey.

Household out of-Pocket Health Expenditure and Health-Seeking Behavior

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.

The survey 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.

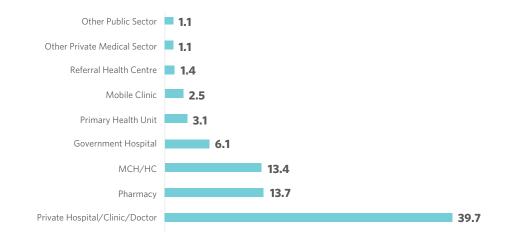
Table 12.7 shows that 21 percent of households had at least one household member sick in the last month preceding the survey. Among those households, 76 percent sought advice or treatment.

Forty percent of households had visited private hospitals, clinics or doctors compared to 6 percent of who had visited a government hospital for advice or treatment of a household member. Fourteen percent of households had sought advice or treatment from pharmacies compared to 13 percent from Mother Child Health (MCH) clinics and/or health centers (HC) (Figure 12.6).

The highest wealth quintile or wealthiest households sought more medical advice and treatment compared to the poorest, at 88 percent and 61 percent respectively. Furthermore, the survey shows that 68 percent of the wealthiest households received medical advice and treatment from a private hospital, clinic or doctor,

Figure 12.6 Source of advice or treatment

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





Financial sources used to pay for health Services



52% of households reported they pay for their health expenses from their income **40%** of households had visited private hospitals, clinics or doctors

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 compared to 14 percent of the lowest wealth quintile or the poorest households (Table 12.7).

Table 12.8 and Figure 12.7 present data on the financial sources that households use to pay for health expenditures. Fifty-two percent of households reported they pay for their health expenses from their income. Twenty-seven percent of households reported their relatives or friends supported them to pay their health expenses. Sixteen percent borrowed money to pay for their health expenditure and 7 percent of the households sold assets to cover their health expenses. Only 3 percent of households used insurance for their health expenses. On comparing data by wealth quintiles, it can be noted that 8 percent of the wealthiest households used their insurance coverage for their health expenses. None of households from the three lowest wealth quintiles used insurance for pay healthcare expenses. Seventy one percent of the wealthiest households compared to 36 percent from the poorest households, used their income to pay for their health expenses.

Table 12.9 presents data on the amount of money the household spent on treatment and health care services during the month preceding survey. The largest proportion of respondents (44 percent) reported that they had spent between US\$1 and US\$49 for treatment and health care services in this time. Twenty-five percent of the respondents had spent between US\$50 and US\$99 for treatment and health care services during that month, 22 percent of the respondents had paid US\$100-199 for treatment and health care services during that month, 22 percent of the respondents had paid US\$100-199 for treatment and health care services during the paid US\$300 or more for treatment and health care services during the month prior to the survey.

Tobacco Use and Khat 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 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.

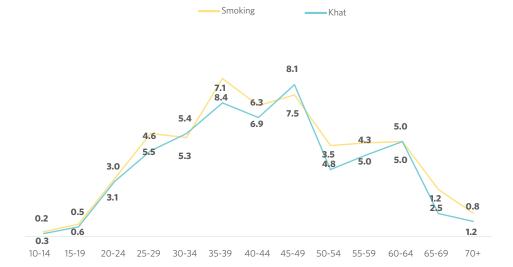
Table 12.10 presents the percentage of household members who smoke cigarettes or use tobacco, by background characteristics. The findings indicate that 3 percent of Benadir household members smoke cigarettes or use tobacco products. Cigarette smoking or any other use of tobacco is rare among women at one percent, whereas 5 percent of men smoke or use other tobacco products.





Figure 12.8 Household members who smoke cigarettes or use tobacco

Percentage of household members who smoke cigarettes or use tobacco, and chew khat by age



3% of Benadir household members chew Khat. Table 12.11 shows the percentage of household members who chew Khat, by background characteristics. Overall, 3 percent of Benadir household members chew Khat. Five percent of Benadir men reported chewing Khat compared to women at less than 1 percent.

Figure 12.8 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 12.1
 Prevalence of chronic diseases by background characteristics

Percentage of household members who have at least one chronic disease, diagnosed by a physician, who get treatment regularly by background characteristics, BHDS 2020

Background Characteristics	Percentage of HH members who have at least one chronic disease	Percentage of HH members who have at least one chronic diagnosed by physician	Percentage of HH Members who have at least one chronic and get treated	Number of Persons
Sex of household member				
Male	5.0	4.2	3.1	5,949
Female	7.3	5.7	4.3	6,036
Age				
0-4	1.9	1.2	0.9	2,157
5-9	1.5	1.0	1.0	2,138
10-14	1.6	1.0	0.8	1,964
15-19	2.3	1.3	0.9	1,407
20-24	4.5	3.1	2.5	914
25-29	5.6	4.3	3.4	745
30-34	7.6	5.6	3.3	552
35-39	9.0	6.9	4.5	465
40-44	16.6	13.6	10.2	332
45-49	18.3	14.5	10.8	186
50-54	23.3	20.0	14.7	395
55-59	30.4	26.1	21.1	161
60-64	29.4	26.1	19.3	238
65-69	39.5	35.8	30.9	81
70+	41.2	40.0	29.6	250
Wealth quintile				
Lowest	3.3	2.0	0.0	150
Second	6.6	3.9	2.7	1,369
Middle	6.1	4.5	3.3	2,543
Fourth	6.6	5.5	4.1	3,984
Highest	5.7	5.1	4.1	3,939
Total	6.2	4.9	3.7	11,985

Table 12.2 Prevalence of specific chronic diseases

	Sex of house	ehold member	
	Male	Female	Total
Type of disease			
Pressure	36.9	35.3	36.0
Diabetes	28.2	27.7	27.9
Inflammation/Ulcers	6.0	7.0	6.6
Anemia	2.0	7.0	4.9
Sickle Cell Anemia	0.8	0.0	0.3
Heart Disease	2.8	5.0	4.0
Kidney Disease	3.6	4.7	4.2
Liver Disease	4.8	1.7	3.0
Arthritis	6.7	13.1	10.4
Tuberculosis	2.4	2.3	2.4
Chronic Headache	2.0	7.3	5.0
Stroke	0.8	0.9	0.8
Epilepsy	6.0	4.4	5.0
Prostatic Hypertrophy	0.4	0.0	0.2
Cataract	0.4	1.5	1.0
Chronic Back Pain	2.4	9.9	6.7
Mental/Psychological Illness	5.2	1.5	3.0
Skin Disease	2.0	2.3	2.2
Cancerous Tumors	0.4	0.6	0.5
Asthma	3.6	3.5	3.5
Others	5.6	7.3	6.6
Total	252	343	595



 Table 12.3
 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, BHDS 2020

Background	Prevalence			ousehold m		th disabiliti types of dis	es, percenta abilities	ige who si	Iffer from	Number of household
characteristics	of disabled persons	Total	Sight	Hearing	Speech	Learning	Mobility	Self- Care	Mental	members with disabilities ¹
Sex of household member										
Male	5.0	5,949	50.0	20.3	11.0	4.3	24.0	3.0	12.3	300
Female	5.2	6,036	52.8	25.3	6.0	4.7	23.1	1.9	8.9	316
Age										
<5	6.1	2,157	40.5	30.5	13.0	4.6	21.4	3.1	15.3	131
5-9	3.5	2,138	41.9	27.0	12.2	5.4	29.7	2.7	5.4	74
10-14	2.9	1,964	49.1	24.6	8.8	8.8	29.8	1.8	7.0	57
15-19	3.1	1,407	68.2	15.9	9.1	2.3	29.5		4.5	44
20-24	4.3	914	43.6	23.1	5.1	7.7	15.4	7.7	25.6	39
25-29	3.4	745	32.0	12.0	8.0	0.0	32.0	4.0	16.0	25
30-34	4.2	552	*	*	*	*	*	*	*	23
35-39	3.4	465	*	*	*	*	*	*	*	16
40-44	4.8	332	*	*	*	*	*	*	*	16
45-49	7.0	186	*	*	*	*	*	*	*	13
50-54	9.6	395	63.2	21.1	*	2.6	15.8	2.6	2.6	38
55-59	14.3	161	*	*	*	*	*	*	*	23
60-64	15.1	238	63.9	16.7	8.3	8.3	22.2		8.3	36
65-69	14.8	81	*	*	*	*	*	*	*	12
70+	27.6	250	71.0	20.3	2.9	1.4	29.0	1.4	5.8	69
Wealth quintile										
Lowest	6.0	150	*	*	*	*	*	*	*	9
Second	5.8	1,369	45.0	35.0	7.5	5.0	27.5	5.0	5.0	80
Middle	4.9	2,543	62.4	19.2	10.4	4.0	16.0	3.2	10.4	125
Fourth	5.8	3,984	50.0	23.5	6.5	7.4	23.9	2.2	10.9	230
Highest	4.4	3,939	50.0	19.8	10.5	1.2	26.7	1.2	11.0	172
Total	5.1	11,985	51.5	22.9	8.4	4.5	23.5	2.4	10.6	616

¹ Total includes household members with missing information on age

A person may have two reported diseases; consequently, the percentages

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

Table 12.4 Origin of disabilities

Percentage distr	ibution of c	disabled p	eople accord	ing to origin	of disabi	lities, by	background	characte	ristics , BH	IDS 2020)
				C	Prigin of dis	abilities					Number of
Background characteristics	Congen- ital	Conta- gious	Child Birth Conditions	Other Dis- ease	Abuse	Aging	Injury/Acci- dent	Witch- craft	Others	Don't know	household members with disabilities
Sex of household member											
Male	14.2	6.8	3.1	22.8	3.7	17.3	16.0	0.0	5.6	10.5	162
Female	9.8	9.8	2.3	19.5	1.7	29.3	20.1	0.0	0.6	6.9	174
Total	11.9	8.3	2.7	21.1	2.7	23.5	18.2	0.0	3.0	8.6	336
Percentage distribut	ion of disabled	l people acco	ording to origin o	f disabilities							

Table 12.5 Age at onset of disability

Percentage distri	bution of c	disabled peo	ple accordi	ng to age at	onset of dis	sability by b	ackground	characterist	ics, BHDS	2020
				Age at th	ne onset of	disability				Number of
Background characteristics	<5	5-9	10-19	20-29	30-39	40- 49	50-59	60-69	70+	household members with disabilities
Sex of household member										
Male	34.0	12.3	9.3	11.1	6.2	4.9	9.9	7.4	4.9	162
Female	22.4	9.8	8.6	8.6	8.6	13.8	15.5	10.3	2.3	174
Types of disability										
Sight	16.4	8.8	8.2	9.9	9.4	12.3	17.0	12.3	5.8	171
Hearing	30.4	18.8	8.7	8.7	8.7	7.2	8.7	7.2	1.4	69
Speech	50.0	10.0	10.0	6.7	3.3		10.0	6.7	3.3	30
Learning	*	*	*	*	*	*	*	*	*	16
Mobility	32.1	16.7	3.8	6.4	5.1	7.7	12.8	11.5	3.8	78
Self-Care	*	*	*	*	*	*	*	*	*	8
Mental	46.7	3.3	16.7	16.7	6.7	6.7	0.0	3.3	0.0	30
Total	28.0	11.0	8.9	9.8	7.4	9.5	12.8	8.9	3.6	336
Note: An asteris	< indicates	that a figur	e is based o	n fewer thar	n 25 cases a	and has bee	n suppresse	ed.		



Table 12.6 Care and Support received by background characteristics

Percentage distribution of disabled people who received any kind of care, and support for their disabilities in the last 12 months by background characteristics, BHDS 2020

		Care	and support rec	eived		
Background characteristics	Medical	Welfare	Financial	Nutritional	No support	Number of persons
Sex of household member						
Male	54.0	1.7	4.0	0.0	43.7	300
Female	54.4	2.8	2.5	0.3	42.7	316
Age						
0-4	24.0	1.9	3.8	1.0	60.6	104
5-9	41.7	5.0	5.0	0.0	50.0	60
10-14	44.6	5.4	1.8	0.0	51.8	56
15-19	29.0	0.0	0.0	0.0	68.1	69
20-24	40.4	3.8	3.8	0.0	51.9	52
25-29	52.9	2.9	5.9	0.0	52.9	34
30-34	78.6	0.0	0.0	0.0	25.0	28
35-39	*	*	*	*	*	21
40-44	*	*	*	*	*	18
45-49	*	*	*	*	*	13
50-54	78.9	0.0	10.5	0.0	10.5	38
55-59	*	*	*	*	*	20
60-64	91.4	2.9	0.0	0.0	14.3	35
65-69	*	*	*	*	*	11
70+	87.7	1.8	1.8	0.0	29.8	57
Wealth quintile						
Lowest	50.6	7.2	0.0	0.0	45.8	83
Second	54.8	1.9	1.9	1.0	47.1	104
Middle	54.3	2.1	5.3	0.0	42.6	188
Fourth	57.5	0.0	4.5	0.0	41.0	134
Highest	52.3	1.9	1.9	0.0	41.1	107
Total	54.2	2.3	3.2	0.2	43.2	616

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

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. BHDS 2020

members who have been sick in the last month: Number of				Public Sector	tor			Privat	Private Medical Sector	to	Other Source			Number of households with
iousenold: with members who have been sick in the last month	olds ck ist	Government Hospital	Referral Health Centre	МСН/ НС	Primary Health Unit	Mobile Clinic	Other Public Sector	Private Hospital/ Clinic/ Doctor	Pharmacy	Other Private Sector	Shop	Others a t	Percentage who have been sick and did not seek any treatment	members who have been sick in the last month and sought advice or treatment
66		3.0	1.5	36.4	1.5	0.0	1.5	13.6	12.1	0.0	1.5	0.0	7.3	40
63		11.1	1.6	22.2	1.6	4.8	1.6	20.6	14.3	0.0	0.0	0.0	5.3	44
89		4.5	2.2	7.9	3.4	3.4	1.1	43.8	14.6	3.4	0.0	0.0	6.1	67
74		5.4	1.4	4.1	2.7	4.1	0.0	48.6	16.2	1.4	0.0	1.4	3.4	62
66		7.6	0.0	0.0	6.1	0.0	1.5	68.2	10.6	0.0	0.0	0.0	2.2	58
358			;		ļ	1	;			;	(14 C



Table 12.8 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, BHDS 2020

De closer d			Financial	sources for hea	alth services			
Background characteristics	Income	Insurance	Savings	Borrowing	Relatives/ Friends	Sold Assets	Other	Number of households
Wealth quintile								
Lowest	36.4	0.0	0.0	15.2	12.1	9.1	9.1	33
Second	25.0	0.0	2.8	22.2	27.8	5.6	5.6	36
Middle	57.4	0.0	4.9	14.8	26.2	1.6	1.6	61
Fourth	53.4	3.4	13.8	19.0	32.8	13.8	5.2	58
Highest	71.2	7.7	13.5	9.6	28.8	5.8	3.8	52
Total	51.7	2.5	7.9	15.8	26.7	7.1	4.6	240

 Table 12.9
 Amount in health expenses

Amount of money that	households inc	urred for health	services in the l	ast month by bac	kground charad	cteristics , BHI	DS 2020
		Amou	unt in health exp	enses		Tabal	Number of
	1-49	50-99	100 -199	200-299	300+	Total	Households
Wealth quintile							
Lowest	73.1	15.4	0.0	0.0	11.5	100.0	26
Second	47.1	26.5	14.7	0.0	11.8	100.0	34
Middle	56.7	23.3	18.3	0.0	1.7	100.0	60
Fourth	40.4	26.3	21.1	1.8	10.5	100.0	57
Highest	15.7	27.5	41.2	3.9	11.8	100.0	51
Total	43.9	24.6	21.5	1.3	8.8	100.0	228

Table 12.10 Smoking or using tobacco

creentage of nousehold members	who smoke cigarette or using tobacco by background	
Background characteristics	Percentage of household members who smoke cigarette or use tobacco	Number of Household members
Sex		
Male	5.4	3,746
Female	0.8	3,944
Age		
10-14	0.3	1,964
15-19	0.6	1,407
20-24	3.1	914
25-29	5.5	745
30-34	5.3	552
35-39	8.4	465
40-44	6.9	332
45-49	7.5	186
50-54	4.8	395
55-59	5.0	161
60-64	5.0	238
65-69	2.5	81
70+	1.2	250
Education		
No Education	3.5	4,776
Primary	2.6	1,302
Secondary	2.5	997
Higher	0.8	615
Wealth quintile		
Lowest	2.3	86
Second	5.9	795
Middle	4.1	1,566
Fourth	2.3	2,553
Highest	2.3	2,690
Total	3.0	7,690



Table 12.11 Use of Khat

Background characteristics	Percentage of household members who use Khat	Number of Household members
Sex		
Male	5.2	3,746
Female	0.3	3,944
Age		
10-14	0.2	1,964
15-19	0.5	1,407
20-24	3.0	914
25-29	4.6	745
30-34	5.4	552
35-39	7.1	465
40-44	6.3	332
45-49	8.1	186
50-54	3.5	395
55-59	4.3	161
60-64	5.0	238
65-69	1.2	81
70+	0.8	250
Education level		
No Education	3.2	4,776
Primary	2.1	1,302
Secondary	2.1	997
Higher	0.8	615
Wealth quintile		
Lowest	1.2	86
Second	5.8	795
Middle	3.6	1,566
Fourth	2.1	2,553
Highest	1.8	2,690
Number of Household members	2.7	7,690





References

- 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. International Journal of Epidemiology, 39: i193-i205.
- Croft T et al. (2018). Guide to DHS Statistics. . Rockville, Maryland, USA: ICF.
- General Assembly, United Nations. (1990). Convention on the Rights of the Child.
- GSMA. (2019). The State of Mobile Internet Connectivity.
- OECD. (2006). Burden of Out-of-Pocket Health Expenditure. Organisation for Economic Co-operation and Development (OECD).
- SHDS. (2020). The Somali Health and Demographic Survey. Mogadishu: Directorate of

National Statistics, Federal Government of Somalia.

- UNESCO Institute for Statistics. (2013). United Nations Educational, Scientific and Cultural Organization. UNESCO Institute for Statistics.
- WHO. (2005). Report of a Technical Consultation on Birth Spacing. Geneva: World Health Organization.
- WHO. (2010). Gender, Women, and the Tobacco Epidemic. Geneva: World Health Organization.
- WHO. (2014). (Global Nutrition Targets 2025: Low Birth weight Policy Briefs (WHO/NMH/ NHD/14.5). Geneva: World Health Organization .
- WHO. (2019). Report on the Global Tobacco Epidemic. WHO.







Estimates of Sampling Errors

Sampling errors are important data quality parameters which give measure of the precision of the survey estimates. They aid in determining the statistical reliability of survey estimates.

The estimates from a sample survey are affected by two types of errors: non-sampling errors and sampling errors. Non-sampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the Somali Health and Demographic Survey (SHDS 2020) to minimise this type of error, non-sampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the SHDS 2020 is only one of many samples that could have been selected from the same population, using the same design and sample size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability among all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

Sampling error is usually measured in terms of the standard error for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95% of all possible samples of identical size and design.

If the sample of respondents had been selected by simple random sampling, it would have been possible to use straightforward formulas for calculating sampling errors. However, the SHDS 2020 sample was the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulas. The variance approximation procedure that account for the complex sample design used R program was estimated sampling errors in SHDS which is Taylor series linearization. The non-linear estimates are approximated by linear ones for estimating variance. The linear approximation is derived by taking the first-order Tylor series approximation. Standard variance estimation methods for linear statistics are then used to estimate the variance of the linearized estimator.

The Taylor linearisation method treats any linear statistic such as a

percentage or mean as a ratio estimate, r = y/x, where y represents the total sample value for variable y and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$SE^{2}(r) = var(r) = \frac{1-f}{x^{2}} \sum_{h=1}^{H} \left[\frac{n_{h}}{n_{h}-1} \left(\sum_{i=1}^{n_{h}} z_{hi}^{2} - \frac{z_{h}^{2}}{n_{h}} \right) \right]$$

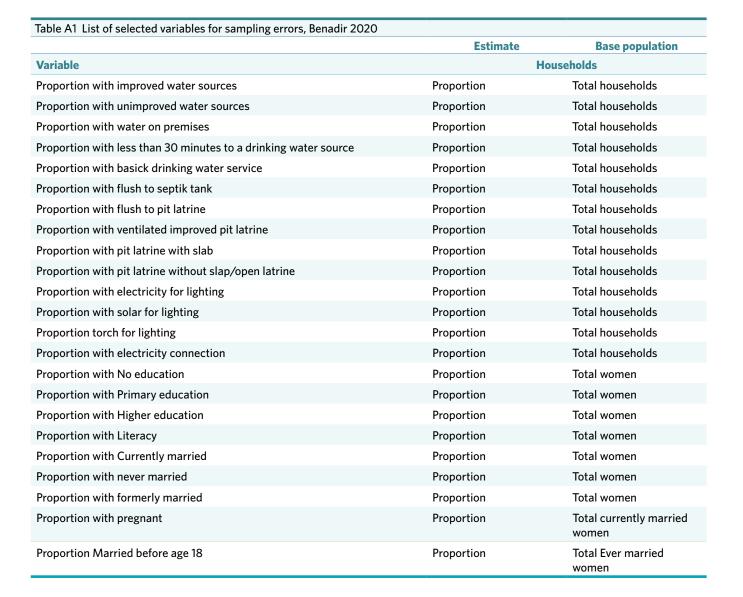
in which

$$z_{hi} = y_{hi} - rx_{hi}$$
, and $z_h = y_h - rx_h$

where h	represents the stratum, which varies from 1 to H;
nh is	the total number of clusters selected in the hth stratum;
yhi	is the sum of the weighted values of variable y in the ith cluster in the hth stratum;
xhi	is the sum of the weighted number of cases in the ith cluster in the hth stratum; and
f	is the overall sampling fraction, which is so small that it is ignored.

Sampling errors for the Benadir are calculated for selected variables considered to be of primary interest. The results are presented in this appendix for the country as a whole. For each variable, the type of statistic (proportion) and the base population are given in Table B.1. Tables B.2 present the value of the statistic (R), its standard error (SE), the number of unweighted (N) cases, the relative standard error (SE/R), and the 95% confidence limits (R+/-2SE) for each variable.

The confidence interval (e.g., as calculated for Proportion with improved water) can be interpreted as follows: the overall proportion of households' access to improved water for all interviewed households from Benadir sample is 0.977 (97.7%) and its standard error is 0.010. Therefore, to obtain the 95% confidence limits, one adds and subtracts twice the standard error to the sample estimate, that is, 0.977 +/-2 x 0.010. There is a high probability (95%) that the true proportion of households access to improved water services for all households is between 0.963 (96.3%) and 0.991 (99.1%).





		Number of cases								
Variable	Value (R)	Standard	Unweighted	Relative	Confide	nce limits				
Valiable	Value (K)	error (SE)	(N)	error (SE/R)	R-2SE	R+2SE				
Proportion with improved water sources	0.977	0.007	1680	0.007	0.963	0.991				
Proportion with unimproved water sources	0.023	0.007	40	0.302	0.009	0.037				
Proportion with water on premises	0.913	0.022	1571	0.024	0.869	0.958				
Proportion with less than 30 minutes to a drinking water source	0.076	0.020	131	0.259	0.037	0.116				
Proportion with basick drinking water service	0.966	0.008	1662	0.009	0.949	0.983				
Proportion with flush to septik tank	0.143	0.012	246	0.087	0.118	0.168				
Proportion with flush to pit latrine	0.190	0.015	327	0.079	0.160	0.220				
Proportion with ventilated improved pit latrine	0.030	0.005	52	0.171	0.020	0.041				
Proportion with pit latrine with slab	0.488	0.021	839	0.043	0.446	0.530				
Proportion with pit latrine without slap/ open latrine	0.119	0.016	204	0.134	0.087	0.151				
Proportion with electricity for lighting	0.783	0.038	1347	0.049	0.707	0.860				
Proportion with solar for lighting	0.047	0.009	80	0.190	0.029	0.064				
Proportion torch for lighting	0.154	0.031	265	0.202	0.092	0.216				
Proportion with electricity connection	0.790	0.039	1358	0.049	0.712	0.867				
Proportion with No education	0.046	0.008	38	0.181	0.030	0.063				
Proportion with Primary education	0.370	0.021	303	0.057	0.327	0.412				
Proportion with Secondary education	0.380	0.019	312	0.049	0.343	0.418				
Proportion with Higher education	0.204	0.018	167	0.089	0.167	0.240				
Proportion with Literacy	0.847	0.015	1088	0.017	0.817	0.876				
Proportion with Never married	0.284	0.013	641	0.046	0.258	0.310				
Proportion with Currently married	0.821	0.010	1313	0.012	0.800	0.841				
Proportion with formerly married	0.179	0.010	301	0.057	0.159	0.200				
Proportion with pregnant	0.163	0.010	247	0.063	0.143	0.184				
Proportion Married before age 18	0.279	0.016	443	0.059	0.246	0.311				

Table A2 Sampling errors for all samples, Benadir 2020

Table A3 Household age distribution Single-year age distribution of the de facto household population by sex, BSHDS 2020

Age	M	ale	Fen	nale	Age	M	ale	Fen	nale
1.80	Number	Percent	Number	Percent	1.80	Number	Percent	Number	Percent
0	230	4.6	191	3.5	36	30	0.6	35	0.6
1	176	3.5	186	3.4	37	22	0.4	35	0.6
2	248	5.0	214	3.9	38	40	0.8	55	1.0
3	214	4.3	215	3.9	39	8	0.2	16	0.3
4	240	4.8	234	4.2	40	154	3.1	100	1.8
5	201	4.1	221	4.0	41	5	0.1	4	0.1
6	246	5.0	225	4.1	42	14	0.3	18	0.3
7	239	4.8	202	3.7	43	6	0.1	8	0.1
8	246	5.0	212	3.8	44	4	0.1	7	0.1
9	156	3.1	181	3.3	45	63	1.3	56	1.0
10	225	4.5	211	3.8	46	8	0.2	7	0.1
11	142	2.9	131	2.4	47	7	0.1	4	0.1
12	224	4.5	210	3.8	48	15	0.3	14	0.3
13	191	3.9	214	3.9	49	2	0.0	6	0.1
14	187	3.8	216	3.9	50	94	1.9	191	3.5
15	161	3.2	156	2.8	51	7	0.1	14	0.3
16	134	2.7	151	2.7	52	17	0.3	18	0.3
17	127	2.6	118	2.1	53	3	0.1	17	0.3
18	201	4.1	180	3.3	54	11	0.2	12	0.2
19	76	1.5	94	1.7	55	54	1.1	55	1.0
20	170	3.4	150	2.7	56	11	0.2	7	0.1
21	58	1.2	49	0.9	57	4	0.1	6	0.1
22	104	2.1	101	1.8	58	11	0.2	9	0.2
23	61	1.2	66	1.2	59	2	0.0	1	0.0
24	64	1.3	83	1.5	60	108	2.2	91	1.7
25	125	2.5	147	2.7	61	0	0.1	0	0.0
26	45	0.9	49	0.9	62	7	0.1	6	0.1
27	50	1.0	72	1.3	63	7	0.2	4	0.1
28	71	1.4	103	1.9	64	8	0.5	2	0.0
29	25	0.5	50	0.9	65	23	0.1	33	0.6
30	144	2.9	170	3.1	66	5	0.1	0	0.0
31	14	0.3	12	0.2	67	4	0.2	3	0.1
32	42	0.8	48	0.9	68	10	0.0	1	0.0
33	26	0.5	33	0.6	69	0	2.2	1	0.0
34	23	0.5	29	0.5	70+	107	2.2	137	2.5
35	115	2.3	97	1.8	Total	4,959	100.0	5,510	100.0



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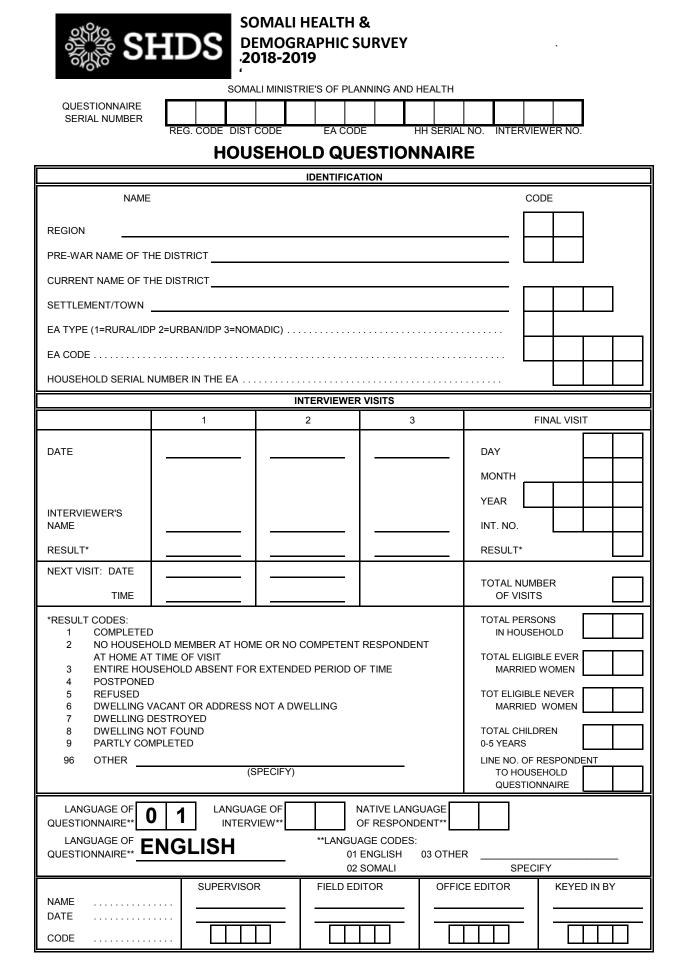






Household Questionnaire

218



彩彩 S]		DMALI HEALTH EMOGRAPHIC S D18-2019	SURVEY	HEALTH		
QUESTIONNAIRE SERIAL NUMBER	REG. CODE DIST	CODE EA CO			NO. INTERVIE	
		SEHOLD QU				WERNO.
		IDENTIFIC	ATION			
NAME					со	DE
REGION						
PRE-WAR NAME OF TH						
CURRENT NAME OF T					_	
SETTLEMENT/TOWN						
EA TYPE (1=RURAL/IDI	P 2=URBAN/IDP 3=NOM	/ADIC)				
EA CODE					· · · · · · · · L	
HOUSEHOLD SERIAL N	JUMBER IN THE EA					
		INTERVIEWE				
	1	2	3		F	
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					MONTH	
INTERVIEWER'S					YEAR	
NAME					INT. NO.	
RESULT*			<u> </u>		RESULT*	
NEXT VISIT: DATE					TOTAL NUME OF VISITS	
*RESULT CODES:					TOTAL PERSO	
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4 POSTPONED 5 REFUSED 6 DWELLING V 7 DWELLING D	ACANT OR ADDRESS	NOT A DWELLING			TOT ELIGIBLE MARRIED	
8 DWELLING N 9 PARTLY CON	IOT FOUND				TOTAL CHILD 0-5 YEARS	REN
96 OTHER					LINE NO. OF F	RESPONDENT
	(5	SPECIFY)			TO HOUSE QUESTION	
LANGUAGE OF QUESTIONNAIRE**			NATIVE LANG			
LANGUAGE OF QUESTIONNAIRE**	INTERV		OF RESPOND JAGE CODES:			
QUESTIONNAIRE**			1 ENGLISH 2 SOMALI	03 OTHER	RSPECI	FY
	SUPERVISO			OFFIC	E EDITOR	KEYED IN BY

NAME DATE CODE



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INTRODUCTION AND CONSENT

conducting a survey about health government to plan health and ot about your household. The quest not be shared with anyone other agree to answer the questions sin	and related topics all over [NAME OF CC her services. Your household was selecte ions usually take about 15 to 20 minutes. than members of our survey team. your pa nee your views are important. If I ask you a on or you can stop the interview at any tim	working with [NAME OF ORGANIZATION]. We are PUNTRY]. The information we collect will help the d for the survey. I would like to ask you some questions All of the answers you give will be confidential and will articipation in the survey is voluntary, but we hope you will any question you don't want to answer, just let me know the. In case you need more information about the survey,
SIGNATURE OF INTERVIEWER RESPONDENT AGREES TO BE INTERVIEWED		DATE RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2> END

100 RECORD THE START TIME.	
	HOURS
	MINUTES



				DEMO	OGRAPHIC	CHARACTERI	STICS				ELIGIBILITY	
								IF AGE 12 OR OLDER	IF AGE 12 & EVER			
LINE NO.	USUAL RESIDENTS	RELATIONSHI TO HEAD OF HOUSEHOLD	P SEX	RESI	DENCE	AGE	YEAR OF BIRTH	MARITAL	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.	What is the relationship of (NAME) to the head of the household?	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME) in completed years?	What is (NAME's) year of birth?	What is (NAME)'s current marital status?	How old was (NAME) when he/she got married for the first time?	CIRCLE LINE NUMBER OF ALL EVER MARRIED WOMEN AGE 12-49	CIRCLE LINE NUMBER OF ALL NEVER MARRIED WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
	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.					IF 95		1 = MARRIED 2 = DIVORCED 3 = ABANDO- NED 4 = WIDOWED 5 = NEVER- MARRIED	AGE IN YEARS			
	THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-32 FOR EACH PERSON.	SEE CODES BELOW.				OR MORE, RECORD '95'.						
01			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS	Y Y Y Y		IN YEARS	01	01	01
02			12	12	12					02	02	02
03			12	1 2	1 2					03	03	03
04			12	12	12					04	04	04
05			12	12	12					05	05	05
06			12	12	12					06	06	06
07			12	12	12					07	07	07
08			12	12	12					08	08	08
09			12	12	12					09	09	09
10			12	12	12					10	10	10
th in 2B) Ar m	ust to make sure that I have a ere any other people such as fants that we have not listed? re there any other people who embers of your family, such a dgers, or friends who usually I	small children or may not be s domestic serva	YES		 ADD TC TABLE ADD TC TABLE 	L		CODES FOR Q. 01 = HEAD OF H 02 = SPOUSE 03 = SON OR D/ 04 = SON-IN-LA' DAUGHTER-IN 05 = GRANDCHI 06 = PARENT 07 = PARENT-IN	AUGHTER W OR NO -LAW	08 = BF 09 = Ni 10 = BF 11 = O 12 = AF 13 = No	ROTHER OF EPHEW/NIE	R SISTER CE STER-IN-LAV TIVE STER/) D

					HOUSE	HOLD SCHEDULE			
		ORPHA	NHOOD			EDUCATION CH	ARACTERIST	ICS	LABOUR FORCE
		IF AGE 0-1	17 YEARS		IF AGE 6 Y	EARS OR OLDER	IF AGI	E 6-24 YEARS	IF AGE 10 YEARS OR OLDER
LINE NO.	SUR	/IVORSHIP AN BIOLOGICAI		CE OF		R ATTENDED SCHOOL		ENT/RECENT LATTENDANCE	LABOUR FORCE PARTICIPATION
	13	14	15	16	17	18	19	20	21
	ls (NAME)'s biological mother alive?	NAME)'s iological nother live? (NAME)'s natural mother usually live in this household ? IF YES: What is her name? RECORD (NAME)'s biological father alive? (NAME)'s biological father alive? IF YES: What is her name?		(NAME)'s biological father usually live in this household? IF YES: What is his	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level?	Did (NAME) attend school at any time during the [2017- 2018] school year?	During [this/that] school year, what level and grade [is/was] (NAME) attending?	What has (NAME) mostly been doing in the last 12 months?
		RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.		RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.		SEE CODES BELOW.		SEE CODES BELOW.	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		1 2		1 2		1 2		
02	1 2 7 8 GO TO 15		1 2 → 8 GO TO 17		1 2 - 8 GO TO 21		1 2 7 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 7 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 7 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

- 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)

N



	REGISTRATION OF BIRTHS		CHRONIC DISEASE	s		SOCIAL	HABITS		DISABILI	ΤY	
	IF AGE 0-4 YEARS					IF AGE 10 \ OLD					
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?	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?
	1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW		SEE CODES BELOW.					A= SIGHT? B= HEARING? C= SPEECH D= LEARNING E= MOBILITY F= SELF-CARE? G= MENTAL? H= NONE	SEE CODES BELOW.	IF 95 OR MORE, RECORD '95'.	A= MEDICAL CARE B= WELFARE C= FINANCIAL D= NUTRITIONAL Y= NO SUPPORT
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	YNDK 128	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	128	128	128	128	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	128	128	128	128	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	128	128	128	128	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	128	128	128	128	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	128	128	128	128	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	128	128	128	128	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	128	128	128	128	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	128	128	128	128	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	128	128	128	128	A B C D E F G H ↓ GO TO 101			ABCDY

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 FHEART DISEASE M=EPILEPSY

N=PROSTATIC R=SKIN DIS HYPERTROPHY S= CANCER O=CATARACT T=ASTHMA P= CHRONIC BACK PAIN/ Y= OTHER SPINAL PROBLEM

R=SKIN DISEASE S= CANCEROUS TUMORS T=ASTHMA V Y= OTHER ______(SPECIFY)

Q=MENTAL/PSYCHOLOGICAL ILLNESS

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

					HOU							
				DEMO	GRAPHIC	CHARACTERI	STICS				ELIGIBILITY	
								IF AGE 12 OR OLDER	IF AGE 12 & EVER MARRIED			
LINE NO.	USUAL RESIDENTS	RELATIONSHI TO HEAD OF HOUSEHOLD	P SEX	RESI	DENCE	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.	What is the relationship of (NAME) to the head of the household?	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME) in completed years?	What is (NAME's) year of birth?	What is (NAME)'s current marital status?	How old was (NAME) when he/she got married for the first time?	CIRCLE LINE NUMBER OF ALL EVER MARRIED WOMEN AGE 12-49	CIRCLE LINE NUMBER OF ALL NEVER MARRIED WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREI AGE 0-5
	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.				IF 95 OR MORE, RECORD '95'.		1 = MARRIED 2 = DIVORCED 3 = ABANDO- NED 4 = WIDOWED 5 = NEVER- MARRIED	AGE IN YEARS			
11			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS	Y Y Y Y		IN YEARS	11	11	11
12			12	12	12					12	12	12
13			12	12	12					13	13	13
14			12	12	12					14	14	14
15			12	12	12					15	15	15
16			12	12	12					16	16	16
17			12	12	12					17	17	17
18			12	12	12					18	18	18
19			12	12	12					19	19	19
20			12	12	12					20	20	20
K HER	E IF CONTINUATION SHEET	USED										

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD01 = HEAD OF HOUSEHOLD08 = BROTHER OR SISTER02 = SPOUSE09 = NEPHEW/NIECE 03 = SON OR DAUGHTER 04 = SON-IN-LAW OR

10 = BROTHER/SISTER-IN-LAW

DAUGHTER-IN-LAW 05 = GRANDCHILD 06 = PARENT 07 = PARENT-IN-LAW

10 = BROTHER/SISTER-IN 11 = OTHER RELATIVE 12 = ADOPTED/FOSTER/ STEPCHILD 13 = NOT RELATED 98 = DON'T KNOW



		ORPHA	NHOOD			EDUCATION CH	ARACTERIST	ICS	LABOUR FORCE
		IF AGE 0-1	17 YEARS		IF AGE 6 Y	EARS OR OLDER	IF AGI	E 6-24 YEARS	IF AGE 10 YEARS OR OLDER
LINE NO.	SUR	VIVORSHIP AN BIOLOGICAI		CE OF		R ATTENDED SCHOOL		ENT/RECENT L 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?	Is (NAME)'s biological father alive?	Does (NAME)'s biological father usually live in this household? IF YES: What is his name?	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level?	Did (NAME) attend school at any time during the [2017- 2018] school year?	During [this/that] school year, what level and grade [is/was] (NAME) attending?	What has (NAME) mostly been doing in the last 12 months?
		RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.		RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.		SEE CODES BELOW.		SEE CODES BELOW.	1= WORKING (INCLUDIN HOUSE WIVES HAVING ACTIVITY) 2 = NOT WORKING BUT LOOKING FOR WORK 3 = HOUSEWIFE NOT WORKING 4 = STUDENT 5 = RETIRED 6 = DISABLED 7 = OTHER NOT WORKIN
11	Y N ⊃K 1 2 - 8 GO TO 15		Y N DK 1 2 - 8 GO TO 17		Y N ¹ ² 7 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		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 7 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 7 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		1 2		1 2		
19	1 2 _ 8 GO TO 15		1 2—8 GO TO 17		1 2		1 2-8 GO TO 21		
20	1 2 → 8 GO TO 15		1 2-8 GO TO 17		1 2		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

HH-8

	REGISTRATION OF BIRTHS		CHRONIC DISEASE	s		OLD SCHED			DISABILI	тү	
Η	IF AGE 0-4 YEARS					IF AGE 10 Y OLD					
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?	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?
	1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW		SEE CODES BELOW.					A= SIGHT? B= HEARING? C= SPEECH D= LEARNING E= MOBILITY F= SELF-CARE? G= MENTAL? H= NONE	SEE CODES BELOW.	IF 95 OR MORE, RECORD '95'.	A= MEDICAL CARE B= WELFARE C= FINANCIAL D= NUTRITIONAL Y= NO SUPPORT
11		Y N DK 1 2 - 8 GO TO 27	A B C D E F G H I J K L M N O P Q R S T Y	Y N DK 128	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
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	128	128	128	128	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	128	128	128	128	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	128	128	128	128	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	128	128	128	128	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	128	128	128	128	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	128	128	128	128	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	128	128	128	128	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	128	128	128	128	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	128	128	128	128	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 G=KIDNEY DISEASE B=DIABETES C=INFLAMMATION/ULC I=ARTHRITIS /THALASSEMIA F=HEART DISEASE

H=LIVER DISEASE D=ANEMIA J=TUBERCULOSIS (TB) E=SICKLE CELL ANEMI, K=CHRONIC HEADACHE /THALASSEMIA L=STROKE M=EPILEPSY

N=PROSTATIC R=SKIN DISEASE HYPERTROPHY S= CANCEROUS TUMORS O=CATARACT T=ASTHMA P= CHRONIC BACK PAIN/ Y= OTHER SPINAL PROBLEM

(SPECIFY) Q=MENTAL/PSYCHOLOGICAL ILLNESS

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



NO.	QUESTIONS AND FILTERS	<u>CKET HOUSEH</u>	CODING CATEGORIES	SKIP
101	Has any member of the household been s	sick in the	YES 1	
	last one month?		NO 2	→ 107
102	Did you seek any advice or treatment for	his/her	YES 1	
	condition?		NO	→ 107 → 107
103	Where did you seek advice or treatment f condition? PROBE TO IDENTIFY THE TYPE OF SC IF UNABLE TO DETERMINE IF PUBLIC PRIVATE SECTOR, WRITE THE NAME PLACE.	OURCE. OR	PUBLIC SECTOR GOVERNMENT HOSPITAI. A REFERRAL HEALTH CENTRE. B MCH/HC C PRIMARY HEALTH CENTRE. D MOBILE CLINIC D MOBILE CLINIC E OTHER PUBLIC SECTOR F	
			OTHER SOURCE SHOP J	
			OTHER X	
104	Did he/she receive any of the following se	ervices? If YES.	(SPECIFY) 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 	a) GENER/	AL PRACTITIONERS 1 2-8	
	 b) Consultation fees paid to Specialists 	b) SPECIA	LISTS 1 2—8	
	c) Consultation fees paid to traditional medicine practitioners	c) TRAD. N		
	 d) Consultation fees paid to other health practitioners 	d) OTHER	HLTH PRACT 1 2-8	
	e) Laboratory Tests	e) LAB	1 2 8	
	f) Prescribed drugs	f) PRESCF		
	g) Over the counter drugs	g) OVER T	HE COUNTER DRUGS 1 2 8	
	h) Imaging (X-Rays, CT Scan ,MRI, Echography)	h) IMAGINO	G 1 2 8	
	i) Dialysis	i) DIALYSI	IS 1 2 → 8	
	j) Chemotherapy	j) CHEMO	THERAP ¹ 1 2-8	
	k) Surgery	k) SURGEI	RY 1 2-8	
	I) Room facilities/Meals	I) ACCOM	+ MEAL5 1 2 - 8	
	m) Transport to the facility	m) TRANSF	PORT 1 2-8	
	n) Birth spacing ?	n) FAMILY	PLANNING 1 2-8	
	o) Antenatal care (ANC)?	o) ANC	1 2 8	
	p) Delivery (child birth)?	p) DELIVE	RY 1 2–8	
	q) Others	q) OTHER	(SPECIFY) 1 2 8	

OUT OF POCKET HOUSEHOLD HEALTH EXPENDITURE

OUT OF POCKET HOUSEHOLD HEALTH EXPENDITURE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	In total, how much money did the household spend on treatment and healthcare services during the last one month?	AMOUNT (USD)	
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) 1 2	
107	Does any household member have a health insurance policy?	YES 1 NO 2	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	What is the main source of drinking water for members of your household?	PIPED WATERPIPED INTO DWELLING11PIPED TO YARD/PLOT12PIPED TO NEIGHBOR13PUBLIC TAP/STANDPIPE14TUBE WELL OR BOREHOLE21DUG WELL31PROTECTED WELL32WATER FROM SPRING41UNPROTECTED SPRING42RAINWATER51TANKER TRUCK61CART WITH SMALL TANK72SURFACE WATER (RIVER/DAM/LAKE/BERKAD /POND/STREAM/CANAL/MUQSIID/ IRRIGATION CHANNEL)81BOTTLED WATER91	} → 206
		OTHER96 (SPECIFY)	
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 31 PROTECTED WELL 32 WATER FROM SPRING 41 UNPROTECTED 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	→ 206
203a	Where is the main source of water for drinking located?	IN OWN DWELLING]→ 204a
203b	How long does it take to go there, get water, and come back in minutes?	MINUTES	
204a	Where is the main source of water for other purposes located?	IN OWN DWELLING]→ 205
204b	How long does it take to go there, get water, and come back in minutes?	MINUTES	

HOUSEHOLD CHARACTERISTICS

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	
207	Do you do anything to the water to make it safer to drink?	YES]→ 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) SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER X (SPECIFY) 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 TO IEET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE 15 PIT LATRINE 21 PIT LATRINE 21 PIT LATRINE 22 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	> 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	
212	Where is this toilet facility located?	IN OWN DWELLING A IN OWN YARD/PLOT B ELSEWHERE C	

NO.	QUESTIONS AND FILT	ERS	CODING CATEGORIES SKIP
213	In total, how many toilets does your he	ousehold use?	NO. OF TOILETS
214	Whats the main source of energy for I	ighting?	ELECTRICITY 01 SOLAR 02 KEROSENE 03 FIREWOOD 04 TORCH 05 OTHER 96 (SPECIFY)
215	Whats the main source of energy for o	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)
216	Is the cooking usually done in the hou building, or outdoors?	se, in a separate	IN THE HOUSE
			OTHER 6 4
217	Do you have a separate room which i kitchen?	s used as a	YES 1 NO 2
218	How many rooms in this household an sleeping?	e used for	ROOMS
219	Does this household own any livestoc horses, donkeys and poultry?	k including	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
220	How many of the following animals do household own? IF NONE, RECORD '00'. IF 995 OR MORE, RECORD '995'. IF UNKNOWN, RECORD '998'.	es this	
	a) Camel?		a) CAMELS
	b) Cattle?		b) CATTLE
	c) Shoats?		c) SHOATS
	d) Donkeys		d) DONKEYS
	e) Horses?		e) HORSES
	f) Poultry?		f) POULTR1
221	Has this household lost any livestock year due to drought/flooding/disease of		$\begin{array}{cccc} YES & \dots & 1 \\ NO & \dots & 2 \end{array} \rightarrow 223 \end{array}$
222	How many of the following animals did this household loose? IF NONE, RECORD '00'. IF 995 OR MORE, RECORD '995'.		DUE TO DUE TO DUE TO DROUGHT FLOODS 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	→ 225
224	How many hectares of agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '950'.	UNIT QUANTITY HECTARES	
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/FA 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	

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 PLACE1OBSERVED, MOBILE2NOT OBSERVED,3NOT IN DWELLING/YARD/PLOT3NOT OBSERVED, NO PERMISSION TO SE4NOT OBSERVED, OTHER REASON5	→ 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	
231	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 GRASS 13 RUDIMENTARY FLOOR 12 WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER 96	
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 31 WOOD 32 CERAMIC TILES 33 CEMENT 34 ROOFING SHINGLES 35 OTHER 96	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
233	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.	NATURAL WALLS NO WALLS	
	RECORD OBSERVATION.	PALM LEAF/GRASS 12 DIRT 13 RUDIMENTARY WALLS 13 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 28 CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 WOOD PLANKS/SHINGLES 36 OTHER	
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)1SOMETIMES (THREE TO TEN TIMES IN4 WKS)2OFTEN (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) 1SOMETIMES (THREE TO TEN TIMES IN4 WKS)2OFTEN (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) 1SOMETIMES (THREE TO TEN TIMES IN4 WKS)2OFTEN (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) 1SOMETIMES (THREE TO TEN TIMES IN4 WKS)2OFTEN (MORE THAN TEN TIMES IN 4 WKS)	
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) 1SOMETIMES (THREE TO TEN TIMES IN4 WKS)2OFTEN (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) 1SOMETIMES (THREE TO TEN TIMES IN4 WKS)2OFTEN (MORE THAN TEN TIMES IN 4 WKS)3	
246	RECORD THE END TIME.	HOURS	



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	LINE NUMBER	LINE NUMBER					
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	DAY	DAY					
304	CHECK 303: CHILD BORN IN 2014- 2019?	YES	YES 1 NO 2 (SKIP TO 311)	YES					
305	WEIGHT IN KILOGRAMS.	KG 9994 NOT PRESENT 9994 REFUSED	KG 9994 NOT PRESENT 9994 REFUSED	KG 9994 NOT PRESENT 9994 REFUSED					
306	HEIGHT IN CENTIMETERS.	CM 9994 NOT PRESENT 9994 REFUSED	CM 9994	CM 9994 NOT PRESENT 9994 REFUSED9995 OTHER					
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					

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		-							
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	LINE NUMBER	LINE NUMBER					
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	LINE NUMBER	LINE NUMBER
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	DAY	DAY
304	CHECK 303: CHILD BORN IN 2014- 2019?	YES 1 NO	YES 1 NO	YES 1 NO2 (SKIP TO 311) ←
305	WEIGHT IN KILOGRAMS.	KG 9994 NOT PRESENT 9994 REFUSED	KG 9994 NOT PRESENT 9994 REFUSED	KG 9994 NOT PRESENT 9994 REFUSED
306	HEIGHT IN CENTIMETERS.	CM 9994 NOT PRESENT 9994 REFUSED	CM 9994 NOT PRESENT 9994 REFUSED	CM 9994 NOT PRESENT 9994 REFUSED
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

L								
		CHILD 4	CHILD 5	CHILD 6				
302	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER	LINE NUMBER	LINE NUMBER				
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.							



401	IN 402 AND 403.	11 IN ROSTER. RECORD THE LINE		TUS FOR ALL ELIGIBLE WOMEN
		WOMAN 1	WOMAN 2	WOMAN 3
402	CHECK HOUSEHOLD QUESTIONNAIRE:			
	LINE NUMBER FROM COLUMN 1.	LINE NUMBER	LINE NUMBER	LINE NUMBER
	NAME FROM COLUMN 2.	NAME	NAME	NAME
403	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 9 (MARITAL STATUS):	CODE 5 (NEVER IN UNION). 1 OTHER MARITAL STATL 2	CODE 5 (NEVER IN UNION). 1 OTHER MARITAL STATL 2	CODE 5 (NEVER IN UNION). 1 OTHER MARITAL STATL 2
404	WEIGHT IN			
404	KILOGRAMS.	КG	KG	КG
		NOT PRESENT 99994 REFUSED	NOT PRESENT 99994 REFUSED	NOT PRESENT 99994 REFUSED
405	HEIGHT IN CENTIMETERS.	CM 9994 NOT PRESENT	CM 9994 NOT PRESENT	CM 9994 NOT PRESENT
406	CHECK 403: MARITAL STATUS	CODE 5 (NEVER IN UNION). 1 (NEXT COLUMN) ← OTHER	CODE 5 (NEVER IN UNION). 1 (NEXT COLUMN) ← OTHER	CODE 5 (NEVER IN UNION). 1 (END) ← OTHER
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 N QUESTIONNAIRE;	IEXT COLUMN OF THIS QUESTIONN	AIRE OR IN THE FIRST COLUMN OF	AN ADDITIONAL

WEIGHT, HEIGHT MEASUREMENT FOR WOMEN AGE 12-49







2018-2019

QUESTIONNAIRE
SERIAL NUMBER

242

	_											
PF												
R												
	REG	CODE	DIST	CODE	F)F	HHS	SERIAL	NO	INTER	V/IEW/E	

EVER MARRIED WOMAN'S QUESTIONNAIRE

		IC	DENTIFICA	TION		
NAME					CC	DDE
REGION					F	
PRE-WAR NAME OF THE						
CURRENT NAME OF THE					_	
SETTLEMENT/TOWN						
EA TYPE (1=RURAL/IDP	2=URBAN/IDP 3=NOM	1ADIC)			 	
EA CODE					 	
HOUSEHOLD SERIAL NU	JMBER IN THE EA				 	
		INTE	RVIEWER	VISITS		
	1	2		3		FINAL VISIT
DATE					 DAY MONTH	
INTERVIEWER'S NAME RESULT*					 YEAR INT. NO. RESULT*	
NEXT VISIT: DATE TIME					TOTAL NUM OF VISIT	
	T AT HOME 5 P	REFUSED PARTLY COMP NCAPACITAT		7 NOT EL 8 OTHER	ESS THAN 12 O SPECIFY	R MORE THAN 49 YEARS
LANGUAGE OF QUESTIONNAIRE**	1 LANGUAG			IATIVE LANG OF RESPOND		
LANGUAGE OF QUESTIONNAIRE**	NGLISH		01	AGE CODES: ENGLISH SOMALI		SPECIFY
NAME DATE CODE		₹	FIELD ED			



2018-2019

QUESTIONNAIRE SERIAL NUMBER													
	REG.	CODE	DIST	CODE	E	A COD	E	HH S	SERIAL	NO.	INTER	VIEWE	R NO.

EVER MARRIED WOMAN'S QUESTIONNAIRE

		IDENTIFIC	ATION	
NAME				CODE
REGION				
PRE-WAR NAME OF THE D				
CURRENT NAME OF THE D	ISTRICT			
SETTLEMENT/TOWN				
EA TYPE (1=RURAL/IDP 2=	JRBAN/IDP 3=NOMAD	DIC)		
EA CODE				
HOUSEHOLD SERIAL NUM	BER IN THE EA			
		INTERVIEWE	R VISITS	
	1	2	3	FINAL VISIT
DATE				DAY MONTH
INTERVIEWER'S NAME				YEAR INT. NO.
NEXT VISIT: DATE				
TIME				TOTAL NUMBER OF VISITS
3 POST	AT HOME 5 PAR	USED TLY COMPLETED APACITATED	7 NOT ELIGIBLE 8 OTHER	(LESS THAN 12 OR MORE THAN 49 YEARS SPECIFY
LANGUAGE OF QUESTIONNAIRE**			NATIVE LANGUAGE OF RESPONDENT**	
LANGUAGE OF QUESTIONNAIRE**	GLISH	01	AGE CODES: ENGLISH 03 L SOMALI	ANGUAGESPECIFY
NAME DATE CODE		FIELD EC		



SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	CHECK 108:		
		'1' OR '5' JRCLED	→ 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	
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	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK	
113	Do you own a mobile telephone?	YES 1 NO 2	
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	MONTH	
	a) In what month and year b) Now I would like to ask were you legally about your first married husband. In what (Nikaax/contract)? month and year were you legally married to him (Nikaax/contract)?	YEAR	
123	How old were you when you got legally married to your (first) husband (Nikaax)?	AGE	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
124	CHECK 121: MARRIED ONLY ONCE MARRIED MORE THAN ONCE MARRIED a) In what month and year husband (Aqal gal)? MARRIED MORE THAN ONCE MARRIED Now I would like to ask about your first husband. In what month and year did you wed with him (Aqal gal)?	MONTH	
125	How old were you when you wedded with your (first) husband (Aqal gal)?	AGE	
126	Did the marriage contract (Nikaax) and wedding (Aqal gal) happen at the same time?	YES 1 NO 2	

SECTION 1. RESPONDENT'S BACKGROUND



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	
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	
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	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS	
209		OTAL births during your life. Is that correct? NO PROBE AND RRECT 201-208 S NECESSARY.	
210	CHECK 208: ONE OR MORE NO BIRTHS	BIRTHS	→ 226

SECTION 2. REPRODUCTION

SECTION 2. REPRODUCTION

RECO	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 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/ next) baby?	ls (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?	ls (NAME) still alive?	How old was (NAME) at (NAME)'s last birthday?	ls (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died?	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.			RECORD '00' IF LESS THAN A DAY; DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS;	
01	BOY 1	SING 1	DAY	YES 1	AGE IN YEARS	YES 1	HOUSEHOLD LINE NUMBER	DAYS 1	
	GIRL 2	MULT 2	MONTH	NO 2		NO 2		MONTHS 2	
			YEAR	∳ (SKIP TO			¥ (NEXT BIRTH)	YEARS 3	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY	YES 1 NO 2	AGE IN YEARS	YES 1 NO 2	HOUSEHOLD LINE NUMBER	DAYS 1	YES 1 (ADD BIRTH)
	GIL 2	MOLT 2	YEAR	∳ (SKIP TO			(SKIP TO 221)	YEARS 3	NO 2 (NEXT BIRTH)
03	BOY 1	SING 1	DAY	YES 1	AGE IN YEARS	YES 1	HOUSEHOLD LINE NUMBER	DAYS 1	YES 1 (ADD
	GIRL 2	MULT 2	MONTH	NO 2 ↓		NO 2		MONTHS 2	BIRTH)
			YEAR	(SKIP TO			¥ (SKIP TO 221)	YEARS 3	NO 2 (NEXT BIRTH)
04	BOY 1	SING 1	DAY	YES 1	AGE IN YEARS	YES 1	HOUSEHOLD LINE NUMBER	DAYS 1	YES 1 (ADD BIRTH)
	GIRL 2	MULT 2	MONTH	NO 2 ↓		NO 2		MONTHS 2	
			YEAR	(SKIP TO			∳ (SKIP TO 221)	YEARS 3	NO 2 (NEXT BIRTH)
05	BOY 1	SING 1	DAY	YES 1	AGE IN YEARS	YES 1	HOUSEHOLD	DAYS 1	YES 1 (ADD BIRTH)
	GIRL 2	MULT 2	MONTH	NO 2 ↓		NO 2		MONTHS 2	
			YEAR	(SKIP TO			∳ (SKIP TO 221)	YEARS 3	NO 2 (NEXT BIRTH)

247



212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/ next) baby? RECORD	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at (NAME)'s last birthday?	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died?	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
NAME. BIRTH HISTORY NUMBER.					RECORD AGE IN COMP- LETED YEARS.			RECORD '00' IF LESS THAN A DAY; DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS;	
06	BOY 1	SING 1	DAY	YES 1	AGE IN YEARS	YES 1	HOUSEHOLD LINE NUMBER	DAYS 1	YES 1 (ADD J BIRTH)
	GIRL 2	MULT 2	MONTH	NO 2 ↓		NO 2		MONTHS 2	
			YEAR	(SKIP TO			¥ (SKIP TO 221)	YEARS 3	NO 2 (NEXT BIRTH)
07	BOY 1	SING 1	DAY	YES 1	AGE IN YEARS	YES 1	HOUSEHOLD	DAYS 1	YES 1 (ADD BIRTH)
	GIRL 2	MULT 2	MONTH	NO 2 ↓		NO 2		MONTHS 2	,
			YEAR	(SKIP TO			♦ (SKIP TO 221)	YEARS 3	NO 2 (NEXT BIRTH)
08	BOY 1	SING 1	DAY	YES 1	AGE IN YEARS	YES 1	HOUSEHOLD LINE NUMBER	DAYS 1	YES 1 (ADD
	GIRL 2	MULT 2	MONTH	NO 2 ↓		NO 2		MONTHS 2	BIRTH)
			YEAR	(SKIP TO			↓ (SKIP TO 221)	YEARS 3	NO 2 (NEXT BIRTH)
09	BOY 1	SING 1	DAY	YES 1	AGE IN YEARS	YES 1	HOUSEHOLD LINE NUMBER	DAYS 1	YES 1 (ADD
	GIRL 2	MULT 2	MONTH	NO 2 ↓		NO 2		MONTHS 2	BIRTH)
			YEAR	(SKIP TO			↓ (SKIP TO 221)	YEARS 3	NO 2 (NEXT BIRTH)
10	BOY 1	SING 1	DAY	YES 1	AGE IN YEARS	YES 1	HOUSEHOLD LINE NUMBER	DAYS 1	YES 1 (ADD
	GIRL 2	MULT 2	MONTH	NO 2 ↓		NO 2		MONTHS 2	BIRTH)
			YEAR	(SKIP TO			(SKIP TO 221)	YEARS 3	NO 2 (NEXT BIRTH)

NO. QUESTIONS AND FILTERS CODING CATEGORIES SKIP 222 Have you had any live births since the birth of (NAME YES 1-OF LAST BIRTH)? (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) CHECK 215: ENTER THE NUMBER OF BIRTHS IN 224 2014-2019 NUMBER OF BIRTHS NONE 0 → 226 225 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 []→ 230 UNSURE 8 227 How many months pregnant are you? MONTHS PROBE: WHAT WAS YOUR LAST MENSTRUAL PERIOD? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P'S IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS. 228 When you got pregnant, were you expecting to get → 230 YES 1 pregnant at that time? NO 2 CHECK 208: TOTAL NUMBER OF BIRTHS 229 ONE OR MORE i. NONE a) Did you want to have a b) Did you want to have a baby later on or did you baby later on? LATER 1 want more children? NO MORE/NONE 2 230 Have you ever had a pregnancy that miscarried or YES 1 ended in a stillbirth? NO 2 239 231 When did the last such pregnancy end? MONTH YEAR

SECTION 2. REPRODUCTION

249



NO.	QUESTIONS AND FILTERS	CODING CA	SKIP						
232	CHECK 231: LAST PREGNANCY ENDED IN 2014-2019								
	LAST PREGNANCY ENDED IN 2013 OR EARLIER								
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	\rightarrow NEXT LINE \rightarrow 236					
03	MONTH YEAR	NUMBER OF MONTHS	YES 1 NO 2	\rightarrow NEXT LINE \rightarrow 236					
04	MONTH YEAR	NUMBER OF MONTHS	YES 1 NO 2	→ 236					
236	FOR EACH PREGNANCY THAT DID NOT END IN THE CALENDAR IN THE MONTH THAT TH REMAINING NUMBER OF COMPLETED MON IF THERE ARE MORE THAN FOUR PREGNAN ADDITIONAL QUESTIONNAIRE STARTING O	E PREGNANCY TERMINATE THS OF PREGNANCY. NCIES THAT DID NOT END IN	D AND 'P' FOR THE						
237	Did you have any miscarriages, abortions or stillbirths that ended before 2014?	YES NO	1 	→ 239					
238	When did the last such pregnancy that terminated before 2014 end?	MONTH							

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
239	When did your last menstrual period start?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3	
	(DATE, IF GIVEN) CIRCLE DAYS AGO AND PUT 00 IF STARTED THE SAME DAY	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	
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) 8	
243	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES	

SECTION 2. REPRODUCTION



SECTION 3. BIRTH SPACING

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 N 02 Injectables. YI PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months. YI 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. YI 04 Pill. PROBE: Women can take a pill every day to avoid becoming pregnant. YI 05 Condom. YI PROBE: Men can put a rubber sheath on their penis before sexual intercourse. YI 06 Female Condom. YI PROBE: Women can place a sheath in their vagina before sexual intercourse. YI 07 Emergency Contraception. YI PROBE: A san emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy. YI 08 Standard Days Method. YI 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. YI 09 Lactational Amenorrhea Method (LAM). PROBE: Up to six months after childbirth, before the menstrual period has returned, wome	ES 1 D 2 ES 1 D 1
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 N 02 Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months. YI 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. YI 04 Pill. PROBE: Women can take a pill every day to avoid becoming pregnant. YI 05 Condom. PROBE: Momen can take a pill every day to avoid becoming pregnant. YI 06 Female Condom. PROBE: Women can place a sheath on their penis before sexual intercourse. YI 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. YI 08 Standard Days Method. PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night. YI 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. YI	D
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PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	ES 1 D 2
	ES 1 D 2
11 Withdrawal. YI PROBE: Men can be careful and pull out before climax. N	ES 1 D 2
12 Have you heard of any other ways or methods that women or men YI can use to avoid pregnancy?	ES, MODERN METHOD
Y	
N	(SPECIFY) ES, TRADITIONAL METHOD

NO. QUESTIONS AND FILTERS CODING CATEGORIES SKIP CHECK 226: 302 NOT PREGNANT PREGNANT ► 312 303 Are you or your husband currently doing something or YES 1 using any method to delay or avoid getting pregnant? NO 2 312 Which method are you using? 304 IUD C NJECTABLES D 307 IMPLANTS E RECORD ALL MENTIONED. PILL F CONDOM IF MORE THAN ONE METHOD MENTIONED, G → 306

 FEMALE CONDOM
 H

 EMERGENCY CONTRACEPTION
 I

 FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST. STANDARD DAYS METHOD LACTATIONAL AMENORRHEA METHOL K → 307 RHYTHM METHOD 1 WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y What is the brand name of the pills you are using? MICROLUT 01 305
 ZINNIA
 02

 MICROGYNON
 03
 CHOICE 04 I-PLAN STYLE 06 IE DON'T KNOW THE BRAND ASK TO SEE THE 307 PACKAGE. OTHER 96 (SPECIFY) What is the brand name of the condoms you are 306
 MOODS
 02

 GOLD
 03

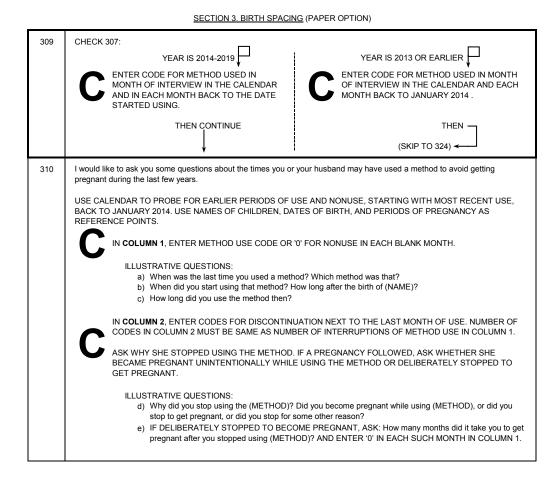
 SENSATION
 04

 GEANS
 05
 using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE. OTHER 96 (SPECIFY) 307 Since what month and year have you been using (CURRENT METHOD) without stopping? MONTH PROBE: For how long have you been using YEAR (CURRENT METHOD) now without stopping? 308 CHECK 307, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 307 YES NO 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

253





	SECTION 3. BIRTH SPACING (CAPI OPTION)							
309	ENTER CODE FOR M INTERVIEW IN THE C MONTH BACK TO TH T	S 2014-2019 ETHOD USED IN MONTH OF ALENDAR AND IN EACH E DATE STARTED USING. HEN CONTINUE stions about the times you or your hu	YEAR IS 2013 OR EARLIER ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2014 . THEN (SKIP TO 322) sband may have used a method to avoid getting pregnant during the					
		PROBE FOR EARLIER PERIODS OI 2014. USE NAMES OF CHILDREN, I 5. COLUMN 1						
310A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.			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 NO2] (SKIP TO 310I)←	YES 1 NO2 (SKIP TO 310I)←	YES 1 NO2 (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	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) (SKIP TO 310H) DATE GIVEN 95	MONTHS (SKIP TO 310H) (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				
3101		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.				

W-14



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	CHECK THE CALENDAR FOR USE OF ANY CONTRACT	EPTIVE METHOD IN ANY MONTH 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 CIRCLED00IUD03INJECTABLES04IMPLANTS05PILL06CONDOM07FEMALE CONDOM08EMERGENCY CONTRACEPTION09STANDARD DAYS METHOD10LACTATIONAL AMENORRHEA METHOI11RHYTHM METHOD12WITHDRAWAL13OTHER MODERN METHOD96	→ 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 11 GOVERNMENT HOSPITAL 11 REFERRAL HEALTH CENTRE 12 MCH/HC 13 PRIMARY HEALTH CENTRE 13 PRIMARY HEALTH UNIT (PHL 14 MOBILE CLINIC 15 COMMUNITY HEALTH WORKER 16 OTHER PUBLIC SECTOR 17 (SPECIFY) 17 PRIVATE MEDICAL SECTOR 21 PHARMACY 22 OTHER PRIVATE MEDICAL SECTOR 26 (SPECIFY) 26 OTHER SOURCE 31 FRIEND/RELATIVE 32 OTHER 96 (SPECIFY) 96	
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 'YES' a) At that time, were you told about other methods of birth spacing that you could use? OTHER OTHER OTHER (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.	IUD03INJECTABLES04IMPLANTS05PILL06CONDOM07FEMALE CONDOM08EMERGENCY CONTRACEPTION09STANDARD DAYS METHOD10LACTATIONAL AMENORRHEA METHOI11RHYTHM METHOD12WITHDRAWAL13OTHER MODERN METHOD96	→ 323 → 323

SECTION 3. BIRTH SPACING



SECTION 3. BIRTH SPACING	

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.	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 REFERRAL HEALTH CENTRE 12 MCH/HC 13 PRIMARY HEALTH UNIT (PHL) 14 MOBILE CLINIC 15 COMMUNITY HEALTH WORKER 16 OTHER PUBLIC SECTOR 17 (SPECIFY)	
	(NAME OF PLACE)	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/DOCTO 21 PHARMACY	→ 325
		OTHER SOURCE 31 FRIEND/RELATIVE 32 OTHER 96 (SPECIFY)	
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?	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	

401	CHECK 224:		
	ONE OR MORE BIRTHS IN 2014-2019		→ 648
402	CHECK 215. RECORD THE BIRTH HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 F EACH BIRTH IN 2014-2019. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIR 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 separa		
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH BIRTH HISTORY NUMBER	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER
404	FROM 212 AND 216:		
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) ← 1 NO 2
406	CHECK 208: ONLY ONE BIRTH OR MORE THAN ONE BIRTH a) Did you want to have a baby later on? How much longer did you want to wait?	LATER 1 NO MORE/NONE 2 (SKIP TO 408) ← MONTHS 1	LATER 1 NO MORE/NONE 2 (SKIP TO 426) MONTHS 1 YEARS 2
		DON'T KNOW	DON'T KNOW
408	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO2─ (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 OTHER	



		LAST BIRTH	NEXT-TO-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME
410	Where did you receive antenatal care for this pregnancy? Anywhere else?	HOME HER HOME A OTHER HOME B	
	Anywhere else? 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 HOSPITALC REFERRAL HEALTH CENTRE D MCH/HCE PRIMARY HEALTH UNIT (PHL F MOBILE CLINICG OTHER PUBLIC SECTOR H (SPECIFY)	
	(NAME OF PLACE)	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC I OTHER PRIVATE MEDICAL SECTOR	
		OTHER (SPECIFY) J (SPECIFY) X (SPECIFY)	
411	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS	T
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES DON'T KNOW	t I
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	c) Did you give a blood sample? During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	c) BLOOD 1 2 YES 1 1 NO 2 2 ON'T KNOW 8-	
415	During this pregnancy, how many times did you get a tetanus injection?	TIMES	•

DON'T KNOW 8

2 OR MORE

(SKIP TO 420) 🗲

416

CHECK 415:

		LAST BIRTH	NEXT-TO-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME
NO:	QUE HONO AND HELENO		
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?	TIMES	
	IF 7 OR MORE TIMES, RECORD '7'.	DON'T KNOW 8	
419	CHECK 418:		
	ONLY → MORE → THAN ONE ↓ a) How many years b) How many years ago did you receive that tetanus 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 NO2 (SKIP TO 422) ← DON'T KNOW8	
	SHOW TABLE IS/STRUP.		
421	During the whole pregnancy, for how many days did you take the tablets or syrup?	DAYS	
	IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DON'T KNOW998	
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	
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	

261

		LAST BIRTH	NEXT-TO-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	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 2 AVERAGE 2 SMALLER THAN 3 AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE
427	Was (NAME) weighed at birth?	YES	YES
428	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1	KG FROM CARD 1
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 MIDWIFE D OTHER PERSON TRADITIONAL BIRTH ATTENDANT E RELATIVE/FRIEND F OTHER X NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR A CLINICAL OFFICER B NURSE/MIDWIFE C AUXILIARY D OTHER PERSON D TRADITIONAL BIRTH ATTENDANT ATTENDANT F OTHER X (SPECIFY) NO ONE ASSISTED

		LAST BIRTH	NEXT-TO-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	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	HOME HER HOME
		PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC
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	
432	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES 1 NO 27 (SKIP TO 434) ←	YES 1 NO2 (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	YES
434A	Was (NAME)'s bare skin touching your bare skin (kangaroo)?	YES	YES 1 NO 2 DON'T KNOW 8
434B	CHECK 430: PLACE OF DELIVERY	CODE 11, 12, OR 96 CIRCLED (SKIP TO 449)	



		LAST BIRTH	NEXT-TO-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	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 NO2 (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	
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 13 MIDWIFE 14 OTHER PERSON 14 TRADITIONAL BIRTH 21 COMMUNITY HEALTH 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) ← 8 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	
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 14 OTHER PERSON TRADITIONAL BIRTH 21 COMMUNITY HEALTH WORKER 22 OTHER 96 (SPECIFY)	

		LAST BIRTH	NEXT-TO-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	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 NO27 (SKIP TO 445) ←	
442	How long after delivery did that check take place?	HOURS 1	
	IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK,	DAYS 2	
	RECORD DAYS.	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 14 OTHER PERSON 14 OTHER PERSON 14 OTHER PERSON 21 COMMUNITY HEALTH WORKER 22	
		OTHER96 (SPECIFY)	
444	Where did the check take place?	HOME HER HOME 11 OTHER HOME 12	
	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 21 REFERRAL HEALTH CENTRE 22 MCH/HC	
	(NAME OF PLACE)	26 (SPECIFY)	
		PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC	
		(SPECIFY) 36	
		OTHER96 (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	

W-24



		LAST BIRTH	NEXT-TO-LAST BIRTH	
NO.	QUESTIONS AND FILTERS	NAME	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 HOURS; IF LESS THAN ONE WEEK, RECORD HOURS;	HOURS 1		
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 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 (PHL 24 MOBILE CLINIC 25 - OTHER PUBLIC SECTOR 26 - 26 - 26 - 27 - 26 -		
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 NO2 (SKIP TO 453) ←		

		LAST BIRTH	NEXT-TO-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	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	
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 14 OTHER PERSON 14 OTHER PERSON 21 COMMUNITY HEALTH 22 OTHER 96 (SPECIFY) 14	
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	
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 NO2 (SKIP TO 457) ← DON'T KNOW8	

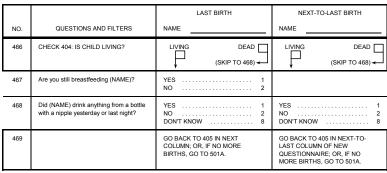
W-26



		LAST BIRTH	NEXT-TO-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	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	
455	Who checked on (NAME)'s health at that time?	HEALTH PERSONNEL DOCTOR 11 CLINICAL OFFICER 12 NURSE/MIDWIFE 13 AUXILIARY MIDWIFE 14 OTHER PERSON 14 TRADITIONAL BIRTH ATTENDANT ATTENDANT 21 COMMUNITY HEALTH WORKER WORKER 22 OTHER 96 (SPECIFY)	
456	Where did this first check of (NAME) take place?	HOME HER HOME 11 OTHER HOME 12	
	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 21 REFERRAL HEALTH CENTRE 22 MCH/HC	
	(NAME OF PLACE)	26 (SPECIFY)	
		PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC	
		36 (SPECIFY)	
		OTHER 96 SPECIFY	

W-27

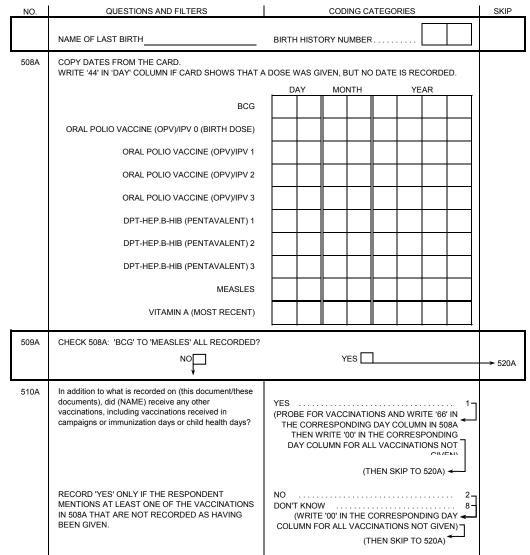
		LAST BIRTH	NEXT-TO-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME
457	During the first two days after (NAME)'s birth, did any health care provider do the following:	YES NO DK	
	a) Examine the cord?b) Measure (NAME)'s temperature?	a) CORD 1 2 8 b) CHILD TEMP 1 2 8	
	c) Counsel you on danger signs for newborns?	c) SIGNS 1 2 8	
	d) Counsel you on breastfeeding?	d) COUNSEL BREAST- FEED 1 2 8	
	e) Observe (NAME) breastfeeding?	e) OBSERVE BREAST-	
	f) Checked the mother's temperature?	FEED 1 2 8 f) MOTH TEMP 1 2 8	
	g) Counsel you on birth spacing?	g) COUNSEL Ff 1 2 8	
458	Has your menstrual period returned since the birth of (NAME)?	YES1 (SKIP TO 460) ← NO2 (SKIP TO 461) ←	
459	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO27 (SKIP TO 461) ◀
460	For how many months after the birth of (NAME) did you not have a period?	MONTHS	MONTHS
461	For how many months after the birth of (NAME) did you start seeing your husband?	MONTHS 95 DON'T KNOW 98 NO RESPONSE 99	MONTHS
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	





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 F	RD 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:		
		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)

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]→ 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]→ 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	
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]→ 518A
517A	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES	

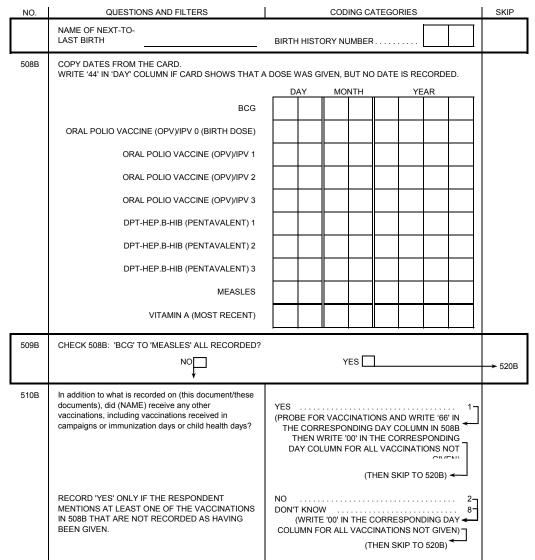
W-32



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	
520A	In the last 7 days was (NAME) given:	YES NO DK	
	a) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER]?	a) [POWDER/BUSICUIT] 1 2 8	
	b) [LOCAL NAME FOR READY TO USE THERAPEUTIC FOOD SUCH AS PLUMPY'NUT]?	b) [PLUMPY'NUT] 1 2 8	
	c) [LOCAL NAME FOR READY TO USE SUPPLEMENTAL FOOD]?	c) [PLUMPY'DOZ] 1 2 8	
521A	CONTINUE WITH 501B.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501B	CHECK 215 IN THE BIRTH HISTORY: ANY MORE BIRTH MORE BIRTHS IN 2016-2019 NO MO	HS IN 2016-2019? RE BIRTHS IN 2016-2019	→ 601
502B	RECORD THE NAME AND BIRTH HISTORY NUMBER F 2016-2019. NAME OF NEXT-TO- LAST BIRTH	ROM 212 OF THE NEXT-TO-LAST CHILD BORN IN	
503B		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
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





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]→ 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	
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]→ 518B
517B	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES	



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	
520B	In the last 7 days was (NAME) given:	YES NO DK	
	 a) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER/BUSCUIT]? 	a) [POWDER] 1 2 8	
	 b) [LOCAL NAME FOR READY TO USE THERAPEUTIC FOOD SUCH AS PLUMPY'NUT]? 	b) [PLUMPY'NUT] 1 2 8	
	 c) [LOCAL NAME FOR READY TO USE SUPPLEMENTAL FOOD SUCH AS PLUMPY'DOZ]? 	c) [PLUMPY'DOZ] 1 2 8	
521B	CHECK 215 IN BIRTH HISTORY: ANY MORE BIRTHS IN	2016-2019?	
	MORE BIRTHS IN 2016-2019 (GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE)	NO MORE BIRTHS	→ 601

601	CHECK 224:		
	ONE OR MORE BIRTHS IN 2014-2019		
602	EACH BIRTH IN 2014-2019. ASK THE QUE IF THERE ARE MORE THAN 2 BIRTHS, US	CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 603 AND THE NAME AND EACH BIRTH IN 2014-2019. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUES Now I would like to ask some questions about your children born in the last five years. (
603	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH BIRTH HISTORY NUMBER	NEXT-TO-LAST BIRTH 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	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	YES 1 NO

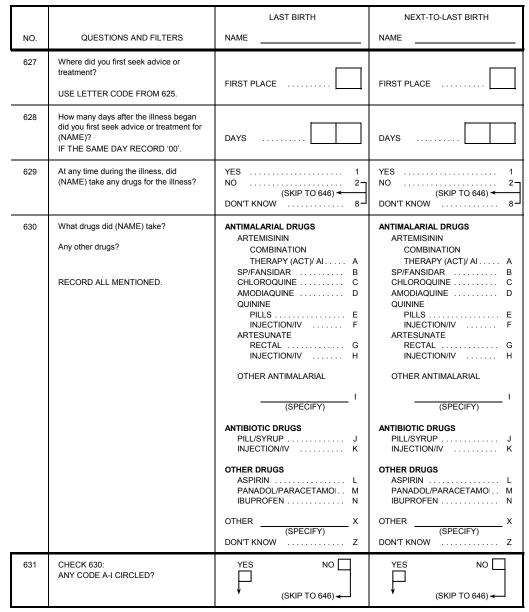


			LAST BIRTH	NEXT-TO-LAST BIRTH
	NO.	QUESTIONS AND FILTERS	NAME	NAME
	609	CHECK 467: CURRENTLY BREASTFEEDING? YES a) Now I would like to know how much (NAME) was given to drink during the diarrhea including breastmilk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?	MUCH LESS	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 LESS1SOMEWHAT LESS2ABOUT THE SAME3MORE4STOPPED FOOD5NEVER GAVE FOOD6DON'T KNOW8
-	611	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2 (SKIP TO 615) ←	YES 1 NO2 (SKIP TO 615) ←

		LAST BIRTH	NEXT-TO-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	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).	PUBLIC SECTOR GOVERNMENT HOSPITAL A REFERRAL HEALTH CENTRE B MCH/HC C PRIMARY HEALTH UNIT (PHL D MOBILE CLINIC E CHW F OTHER PUBLIC SECTOR G (SPECIFY)	PUBLIC SECTOR GOVERNMENT HOSPITAL A REFERRAL HEALTH CENTRE B MCH/HC C PRIMARY HEALTH UNIT (PHL D MOBILE CLINIC E CHW F OTHER PUBLIC SECTOR G (SPECIFY)
	(NAME OF PLACE(S))	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/DOCTOR/ CLINIC H PHARMACY I OTHER PRIVATE MEDICAL SECTOR J (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)	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

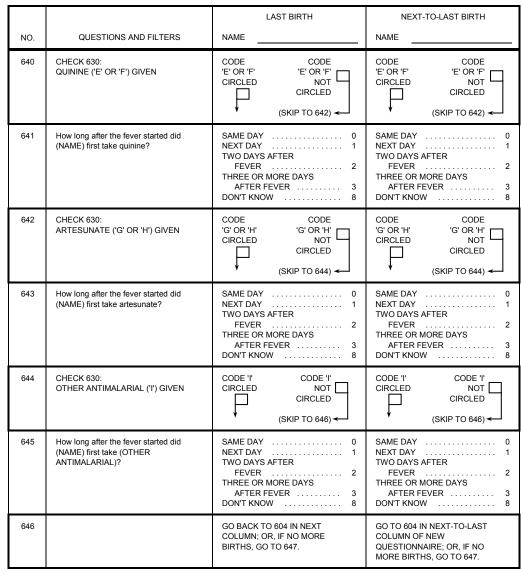
		LAST BIRTH	NEXT-TO-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME
615	 Was (NAME) given any of the following at any time since (NAME) started having the diarrhea: a) A fluid made from a special packet called [LOCAL NAME FOR ORS PACKET]? b) A pre-packaged ORS liquid? c) A government-recommended homemade 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 else given to treat the diarrhea?	YES	YES
617	CHECK 615: ANY 'YES' ALL 'NO' OR 'DK' a) What else was given to treat the diarrhea?	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C UNKNOWN PILL OR SYRUP D	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C UNKNOWN PILL OR SYRUP D
	Anything else? Anything else? RECORD ALL TREATMENTS GIVEN.	INJECTION ANTIBIOTIC E NON-ANTIBIOTIC F UNKNOWN INJECTION G	INJECTION ANTIBIOTIC E NON-ANTIBIOTIC F UNKNOWN INJECTION G
		(IV) INTRAVENOUS H	(IV) INTRAVENOUS H
		HOME REMEDY/ HERBAL MEDICINE I	HOME REMEDY/ HERBAL MEDICINE I
		OTHER X X	OTHER X X
618	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO2 (SKIP TO 620) - DON'T KNOW8	YES 1 NO
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 NO2 (SKIP TO 623) DON'T KNOW8	YES 1 NO

		LAST BIRTH	NEXT-TO-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	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) 8 → DON'T KNOW 8 → (SKIP TO 624) ← 1 →	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) 6 DON'T KNOW 8 (SKIP TO 624) 4
623	CHECK 618: HAD FEVER?	YES NO OR DK	YES NO OR DK (SKIP TO 646)
624	Did you seek advice or treatment for the illness from any source?	YES 1 NO2 (SKIP TO 629) ←	YES 1 NO27 (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 HOSPITALA REFERRAL HEALTH CENTRE B MCH/HC PRIMARY HEALTH CENTRE B MCH/HC PRIMARY HEALTH CENTRE B MOBILE CLINIC C PRIMARY HEALTH UNIT (PHL D MOBILE CLINIC MOBILE CLINIC G (SPECIFY) G PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/DOCTOR/ CLINIC H PHARMACY OTHER PRIVATE MEDICAL SECTOR J OTHER SOURCE SHOP K TRADITIONAL PRACTITIONER L MARKET M KORAN N OTHER (SPECIFY)	PUBLIC SECTOR GOVERNMENT HOSPITAL A REFERRAL HEALTH CENTRE B MCH/HC C PRIMARY HEALTH UNIT (PHL D MOBILE CLINIC E CHW F OTHER PUBLIC SECTOR PRIVATE MEDICAL SECTOR PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/DOCTOR/ CLINIC H PHARMACY I OTHER PRIVATE J OTHER PRIVATE J OTHER SOURCE J SHOP K TRADITIONAL PRACTITIONER PRACTITIONER L MARKET M KORAN N OTHER SPECIFY)
626	CHECK 625:	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 628)	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED CIRCLED (SKIP TO 628)





		LAST BIRTH	NEXT-TO-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME
632	CHECK 630: ARTEMISININ COMBINATION THERAPY ('A') GIVEN	CODE 'A' CODE 'A' CIRCLED NOT CIRCLED (SKIP TO 634)	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 2 FEVER 2 THREE OR MORE DAYS 3 DON'T KNOW 8	SAME DAY0NEXT DAY1TWO DAYS AFTERFEVER2THREE OR MORE DAYSAFTER FEVER3DON'T KNOW8
634	CHECK 630: SP/FANSIDAR ('B') GIVEN	CODE 'B' CODE 'B' CIRCLED NOT CIRCLED CIRCLED (SKIP TO 636)	CODE 'B' CIRCLED NOT CIRCLED CIRCLED (SKIP TO 636) ←
635	How long after the fever started did (NAME) first take SP/Fansidar?	SAME DAY0NEXT DAY1TWO DAYS AFTER2FEVER2THREE OR MORE DAYS3AFTER FEVER3DON'T KNOW8	SAME DAY0NEXT DAY1TWO DAYS AFTERFEVER2THREE OR MORE DAYSAFTER FEVER3DON'T KNOW8
636	CHECK 630: CHLOROQUINE ('C') GIVEN	CODE 'C' CIRCLED NOT CIRCLED CIRCLED (SKIP TO 638)	CODE 'C' CIRCLED NOT CIRCLED (SKIP TO 638)
637	How long after the fever started did (NAME) first take chloroquine?	SAME DAY0NEXT DAY1TWO DAYS AFTER7FEVER2THREE OR MORE DAYSAFTER FEVER3DON'T KNOW8	SAME DAY0NEXT DAY1TWO DAYS AFTERFEVER2THREE OR MORE DAYSAFTER FEVER3DON'T KNOW8
638	CHECK 630: AMODIAQUINE ('D') GIVEN	CODE 'D' CIRCLED NOT CIRCLED CIRCLED (SKIP TO 640)	CODE 'D' CIRCLED NOT CIRCLED (SKIP TO 640)
639	How long after the fever started did (NAME) first take amodiaquine?	SAME DAY0NEXT DAY1TWO DAYS AFTER7FEVER2THREE OR MORE DAYS3AFTER FEVER3DON'T KNOW8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER 7 FEVER 2 THREE OR MORE DAYS 4 AFTER FEVER 3 DON'T KNOW 8



	SECTION 6. CHILD H	EALTH 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 F	ANY CHILD RECEIVED FLUID FROM ORS PACKET OR RE-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 CHILDI RESPONDENT	REN BORN IN 2017-2019 LIVING WITH THE	
			→ 701
	(NAME OF YOUNGEST CHILD LIVING WITH HER)		



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 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	1
	 h) Yogurt? IF YES: How many times did (NAME) eat yogurt? 	h) 1 2 8	
	IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ATE	
	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	
	I) White potatoes, white yams, manioc/cassava, or	I) 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?	0) 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
651	CHECK 650 (CATEGORIES 'g' THROUGH 'v'): ALL ARE "NO" 🖵 🛛 AT LE	AST 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	
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 02 INTO TOILET OR LATRINE 02 PUT/RINSED 03 INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER 96 (SPECIFY)	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 226:	OT 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 OR UNSURE a) How long would you like to wait from now before the birth of (a/another) child? PREGNANT 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)	→ 709 → 711 → 709
705	CHECK 226: NOT PREGNANT OR UNSURE	PREGNANT	→ 710
706	CHECK 303: USING A CONTRACEPTIVE METHOD?		→ 711
707	CHECK 704: '24' OR MORE MONTHS NOT OR '02' OR MORE YEARS ASKED	'00-23' MONTHS OR '00-01' YEAR	→ 711

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
708	CHECK 703 & 704:	NOT MARRIED A	
	WANTS TO WAIT SOMETIME BEFORE A/ANOTHER CHILD a) You have said that you would like to wait for sometime before you get another child. Can you tell me why you are not using a method to prevent pregnancy? Any other reason? RECORD ALL REASONS MENTIONED.	FERTILITY-RELATED REASONS NOT HAVING SEX B INFREQUENT SEX C MENOPAUSAL/HYSTERECTOMY D CAN'T GET PREGNANT E NOT MENSTRUATED SINCE LAST BIRTH LAST BIRTH F BREASTFEEDING G UP TO GOD/FATALISTIC H OPPOSITION TO USE RESPONDENT OPPOSED RESPONDENT OPPOSED J OTHERS OPPOSED K RELIGIOUS PROHIBITION L LACK OF KNOWLEDGE N KNOWS NO SOURCE N METHOD-RELATED REASONS O LACK OF ACCESS/TOO FAR P CONCERNS O LACK OF ACCESS/TOO FAR P COSTS TOO MUCH Q PREFERED METHOD NOT AVAILABLE NO METHOD AVAILABLE S NOONVENIENT TO USE T INTERFERES WITH BODY'S NORMAL PROCESSES NOTHLAR VICAPOLESSES U	
i		DON'T KNOW Z	
709	CHECK 303: USING A CONTRACEPTIVE METHOD?		→ 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 CHILDREN a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE 00 NUMBER	→ 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	

SECTION 7. FERTILITY PREFERENCES



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
713	In the last three months have you:	YES NO	
	a) Heard about birth spacing on the radio?	a) RADIO 1 2	
	b) Seen anything about birth spacing on the television?	b) TELEVISION 1 2	
	 c) Read about birth spacing in a newspaper or magazine? 	c) NEWSPAPER OR MAGAZINE 1 2	
	 d) Received a voice or text message about birth spacing on a mobile phone? 	d) MOBILE PHONE	
	 e) Have you read about birth spacing on internet or social media? 	e) SOCIAL MEDIA 1 2	
	 f) Have you heard about birth spacing from a health care worker/in the health facility? 	f) HCWs/HF 1 2	
714	CHECK 303: USING A CONTRACEPTIVE METHOD?		
	CURRENTLY CUR		→ 716
			→ 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	→ 717
		OTHER 6 (SPECIFY) 6	
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) 6	
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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 119 & 120:		
			→ 809
	¥		
802	How old was your husband on his last birthday?	AGE IN COMPLETED YEARS	
	IF 95 OR MORE, RECORD '95'	DON'T KNOW AGE	
803	Did your husband ever attend school?	YES]→ 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]	
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		
			I

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		→ 825
818	CHECK 816: CODE '1' OR '2' CIRCLED		→ 821
819	Who usually decides how the money you earn will be used: you, your husband, or you and your husband jointly?	RESPONDENT 1 HUSBANI 2 RESPONDENT AND HUSBAND JOINTL' 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 3 NO EARNINGS 4 DON'T KNOW 8	→ 822
821	Who usually decides how your husband's earnings will be used: you, your husband, or you and your husband jointly?	RESPONDENT 1 HUSBANI 2 RESPONDENT AND HUSBAND JOINTL' 3 HUSBAND HAS NO EARNING 4 OTHER 6 (SPECIFY) 6	
822	Who usually makes decisions about health care for yourself: you, your husband, you and your husband jointly, or someone else?	RESPONDENT 1 HUSBANI 2 RESPONDENT AND HUSBAND JOINTL' 3 IN-LAWS 4 SOMEONE ELSE 5 OTHER 6	
823	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBANI 2 RESPONDENT AND HUSBAND JOINTL' 3 SOMEONE ELSE 4 OTHER 6	

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS CODING CATEGORIES			
824	When you are going out, who do you usually ask permission?	I GIVE MYSELF PERMISSION		
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 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK



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	
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:	YES NO DK	
	a) During pregnancy?b) During delivery?c) By breastfeeding?	a) DURING PREGNANCY 1 2 8 b) DURING DELIVERY 1 2 8 c) BREASTFEEDING 1 2 8	
909	CHECK 908: AT LEAST 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	
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	
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	
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	
		1	
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	
914 915		NO 2	

SECTION 9. HIV/AIDS & STIS OUESTIONS AND FILTERS CODING CATEGORIES SKIP NO Do you fear that you could get HIV if you come into 917 YES 1 contact with the saliva of a person living with HIV? 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 a) Apart from HIV, have b) Have you heard about you heard about other infections that can be YES infections that can be transmitted through NO 2 transmitted through sexual contact? sexual contact? CHECK 918: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? 919 YES NO 🗌 926 Now I would like to ask you some questions about YES 920 1 your health in the last 12 months. During the last 12 NO DON'T KNOW 2 months, have you had a disease which you got 8 through sexual contact? 921 Sometimes women experience a bad-smelling YES 1 abnormal genital discharge. During the last 12 months, NO DON'T KNOW 2 have you had a bad-smelling abnormal genital 8 discharge? Sometimes women have a genital sore or ulcer. 922 YES 1 During the last 12 months, have you had a genital sore NO 2 or ulcer? 923 CHECK 920, 921, AND 922: HAS HAD AN HAS NOT HAD AN 926 INFECTION OR (ANY 'YES') DOES NOT KNOW 924 The last time you had (PROBLEM FROM VES 1 920/921/922), did you seek any kind of advice or NO → 926 925 Where did you go? PUBLIC SECTOR GOVERNMENT HOSPITAL Any other place? MCH/HC MCH/HC C PRIMARY HEALTH UNIT (PHL D MOBILE CLINIC E OTHER PUBLIC SECTOR PROBE TO IDENTIFY THE TYPE OF SOURCE IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE _ F SECTOR. WRITE THE NAME OF THE PLACE. (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/DOCTOR/ CLINIC G PHARMACY H OTHER PRIVATE MEDICAL SECTOR (NAME OF PLACE) (SPECIFY) OTHER SOURCE SHOPJ OTHER Х (SPECIFY) If a wife knows her husband has a disease that she YES 1 926 can get during sexual intercourse, is she justified in NO NO DON'T KNOW 2 asking that they use a condom when they have sex? 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	→ 1004
1002	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?	NUMBER OF INJECTIONS	
	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.	NONE 00	
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?	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) X	
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 PROBLEM PROBLEM a) PERMISSION TO GO 1 2 b) GETTING MONEY 1 2 c) DISTANCE 1 2 d) GO ALONE 1 2	

NO.	QUESTIONS AND FILTERS	ER HEALTH ISSUES CODING CATEGORIES	SKIP
			GIAIF
1009	Are you covered by any health insurance?	YES 1 NO 2	→ 1011
1010	What type of health insurance are you covered by?	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D	
		OTHERX (SPECIFY)	
	FISTULA		
1011	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	→ 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?	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	→ 1101
1018	From whom did you last sock tractment?	()	<u> </u>
1010	From whom did you last seek treatment?	HEALTH PROFESSIONAL DOCTOR 1 CLINICAL OFFICER 2 NURSE/MIDWIFE 3 OTHER PERSON 3 COMMUNITY/VILLAGE 4 HERALTH WORKER 4 HERBALIST 5 OTHER 6 (SPECIFY) 6	
1019	Did you have an operation to fix the problem?	YES 1	
1020	Did the treatment stop the leakage completely?	NO 2 YES, STOPPED COMPLETELY 1 NOT STOPPED BUT REDUCED 2	
	IF NO: Did the treatment reduce the leakage?	NOT STOPPED AT ALL	

SECTION 10. OTHER HEALTH ISSUES



SECTION 11	. FEMALE	CIRCUMCISION
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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		
	 Excision of the clitoral hood (prepuce), with or without excision of part or all of the clitoris 	TYPE I 1	
	b) Excision of the clitoris with partial or total excision of the labia minora	TYPE II	
	 c) Excision of part or all of the external genitalia and stitching/ narrowing of the vaginal opening 	TYPE III 3	
	 All other procedures that involve pricking, piercing, stretching or incising of the clitoris and/or labia; introduction of corrosive substances into the vagina to 	TYPE IV 4 DON'T KNOW 8	
	narrow it		
1106	How old were you when you were circumcised?	AGE IN COMPLETED YEARS	
	IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	AS A BABY/DURING INFANCY	
1107	Who performed the circumcision?	TRADITIONAL 11 TRAD. CIRCUMCISER 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD.	
		HEALTH PROFESSIONAL 21 DOCTOR 21 CLINICAL OFFICER 22 NURSE/MIDWIFE 23 OTHER HEALTH PROFESSIONAL PROFESSIONAL 26 (SPECIFY) 98	
1108	CHECK 213, 215 AND 216:		
	LIVING DAUGHTERS	HAS NO LIVING DAUGHTERS DRN IN 2007 OR LATER	

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).						
1111	BIRTH HISTORY NUMBER AND NAME OF EACH LIVING DAUGHTER BORN IN 2007	YOUNGEST LIVING DAUGHTER		NEXT-TO-YOUNGEST LIVING DAUGHTER	SECOND-TO-YOUNGEST LIVING DAUGHTER		
	OR LATER.	BIRTH HISTORY NUMBER		BIRTH HISTORY NUMBER	BIRTH HISTORY NUMBER		
		NAME		NAME	NAME		
1112	Is (NAME OF DAUGHTER) circumcised?	YES NO (GO TO 1112 IN NEXT COLUMN; OR IF NO MORE DAUGHTERS, GO TO 1116)			YES		
1113	How old was (NAME OF DAUGHTER) when she was circumcised?	AGE IN COMPLE- TED YRS		AGE IN COMPLE- TED YRS	AGE IN COMPLE- TED YRS		
	IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN	DON'T KNOW	98	DON'T KNOW 98	DON'T KNOW 98		
	RECORD '00' IF LESS THAN A YEAR						
1114	Was her genital area sewn closed?	YES NO DON'T KNOW	2	YES	YES		
1115	Who performed the circumcision?	TRADITIONAL TRADITIONAL CIRCUMCISER TRAD. BIRTH ATTENDANT OTHER TRAD. (SPECIFY)		TRADITIONAL TRADITIONAL CIRCUMCISER 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD. (SPECIFY)	TRADITIONAL TRADITIONAL CIRCUMCISER 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD. (SPECIFY)		
		HEALTH PROFESSIONAL DOCTOR CLINICAL OFFICER NURSE/MIDWIFE OTHER HEALTH PROFESSIONAL (SPECIFY)	21 22	HEALTH PROFESSIONAL DOCTOR 21 CLINICAL OFFICER 22 NURSE/MIDWIFE 23 OTHER HEALTH PROFESSIONAL 26 (SPECIFY)	HEALTH PROFESSIONAL DOCTOR 21 CLINICAL OFFICER 22 NURSE/MIDWIFE 23 OTHER HEALTH PROFESSIONAL 26 (SPECIFY)		
		DON'T KNOW	98	DON'T KNOW 98	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 circu required by your religion?	imcision is		NO	1 2 8		
1117	Do you think that female circumcision should be continued, or should it be stopped?		CONTINUED STOPPED DEPENDS DON'T KNOW				

SECTION 11. FEMALE CIRCUMCISION



SECTION 12. MATERNAL DEATHS

NO.	QI	QUESTIONS AND FILTERS			CODING CATEGORIES S				SKIP
1201	brothers and siste your natural moth you, those living	w I would like to ask you some questions about your thers and sisters, that is, all of the children born to ur natural mother, including those who are living with u, those living elsewhere and those who have died. w many children did your mother give birth to, luding you?			NUMBER OF BIRTHS TO NATURAL MOTHER				
1202	CHECK 1201:	TWO OR M BIF	MORE THS			NLT ONE BIRTH			► 1301
1203	How many births born?	did your mother ha	ave before you were	e	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	MA FEI	LE 1 MALE 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)	1208) DK 8 ↓	DK		YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 5)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 6)	01208) DK 8	
1207	How old is (NAME)? RECORD '00' IF LESS THAN ONE YEAR	(GO TO 2)	(GO TO 3)	(GC	D 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)	12 YRS OR AFTER 49	DIE BEF YRS AFT	MALE OR D FORE 12 S OR FER 49 S GO TO	(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)	BEFORE 12 YRS OR	
1210	Was (NAME) pregnant when she died?	YES 1 (SKIP TO 1213) NO 2		YE	↓ (SKIP TO 1213)	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 (SKIP TO 1213) NO 2	•	

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1211	Did (NAME) die during childbirth?	YES 1 ↓	YES 1 ↓	YES 1 ↓	YES 1	YES 1 ↓	YES 1 ↓	
		(SKIP TO 1213) NO 2	``	(SKIP TO 1213) NO 2	(SKIP TO 1213) NO 2	(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 BR	OTHERS OR SIS	TERS, GO TO 130	1.				
1204	What was the name given to your (oldest/ next oldest) brother or sister?	(7)	(8)	(9)	(10)	(11)	(12)	
1205	ls (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	ls (NAME) still alive?	YES 1 NO 2 (SKIP TO 1208) DK 8 ↓ (GO TO 8)	1208) DK 8 ↓	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)	1208) DK 8 ↓	
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							



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1209	How old was (NAME) when (he/she) died?	(IF MALE OF DIED BEFORE 12 YRS GO TO ²)	(IF MALE OR DIED BEFORE 12 YRS GO TO	(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 T	↓	YES 1 ↓ (SKIP TO	YES 1 ↓ (SKIP TO	YES 1	YES 1 ↓ (SKIP TO	
		121: NO 2	3) 1213)					
1211	Did (NAME) die during childbirth?	YES 1	Ļ	YES 1 ↓	YES 1 ↓	YES 1 ↓	YES 1 ↓	
		(SKIP T 1213 NO 2	3) 1213)					
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	
1213	How many live born children did (NAME) give birth to during her lifetime?							
1214	IF NO MORE BR	OTHERS OR SI	STERS, GO TO 130)1.		·		
	İ						1	

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NO			
NO.		CODING CATEGORIES	SKIP
1301	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.		
		II (A O) (
		IVACY SIBLE 2	→ 1331
			2 1001
1000			
1302	READ TO THE RESPONDENT: Now I would like to ask you questions about some other important a	spects of a woman's life. You may find some of	
	these questions very personal. However, your answers are crucial for	or helping to understand the condition of women	
	in in your country. Let me assure you that your answers are complet no one else in your household will know that you were asked these		
	to answer, just let me know and I will go on to the next question.		
		Γ	
1303	First I am going to ask you about your understanding of		
	domestic violence.What does domestic violence mean to you? Does it mean:		
		YES NO DK	
	 a) Physical abuse? b) No participation in decision-making for household? 	ABUSE 1 2 8 HH DECISION 1 2 8	
	 c) No participation in decision-making for hidden? 	CHILDREN DECISION 1 2 8	
	d) Better treatment of males than females?	BETTER TREATMENT 1 2 8	
	e) Failing to meet basic living costs?	NO LIVING COSTS 1 2 8 EDU DENIAL 1 2 8	
	f) Denial of education?g) Forced marriage?	EDU DENIAL	
	h) Rape?	RAPE	
	i) Sexual harassment?	SEX HARASSMENT 1 2 8	
	j) Denial of inheritance?	FORCED LABOUR 1 2 8	
	k) Other	OTHER 1 2	
		(SPECIFY)	
1304	Who is the person who commits the most violent acts against	HUSBAND	
	women in the community?	MOTHER/STEP-MOTHER B	
		FATHER/STEP-FATHE	
		SISTER/BROTHER D DAUGHTER/SON E	
		OTHER RELATIVE F	
		IN-LAWS G	
		TEACHER H EMPLOYER/SOMEONE AT WORI I	
		POLICE/SOLDIER	
		OTHER K (SPECIFY)	
1305	Where do most violent acts take place?	AT HOME	
		WORKPLACI	
		SCHOOL	
		WATER POINT	
		RURAL/GRAZING AREAS 6 MARKET PLACE	
		NEIGHBOURHOOD	
		OTHER969696	
1306	CHECK 119 & 120		
1500		_	
		WIDOWED	
	DIVORCED/ABANDONED		

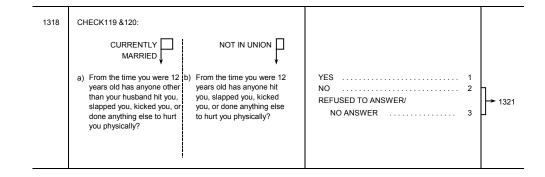
SECTION 13. GENDER BASED VIOLENCE (GBV)



1307	 In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she neglects household duties including co d) If she argues with him? e) If she wastes resources? g) If she refuses to have sex with him? 		b) N c) N d) A e) W	OES OUT . EGLECTS CH EG. HH DUTI RGUES ASTES RES EFUSES SEX	HILDREN 1 ES 1 1 OURCES 1	5 NO 2 2 2 2 2 2 2 2 2	DK 8 8 8 8 8 8 8 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	S NO	DK	
	 a) He (is/was) jealous or angry if you (talk/talket b) He frequently (accuses/accused) you of beint c) He (does/did) not permit you to meet your fer d) He (tries/tried) to limit your contact with your e) He (insists/insisted) on knowing where you (a times? 	g unfaithful? nale friends? family?	ACC NOT NO F	OUS USES MEET FRIEN AMILY RE YOU ARE	1 IDS 1 1	2 2 2 2 2	8 8 8 8 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 				
	 a) Say or do something to humiliate you in front of others? b) Threaten to hurt or harm you or someone you care about? c) Insult you or make you feel bad about 	EVER YES 1 NO 2 ↓ YES 1 NO 2 ↓ YES 1 YES 1		OFTEN 1 1	SOME- TIMES 2 2 2	NOT IN 12 MO	NTHS 3 3	
1310	A. Did your (last) husband ever do any of the following things to you:			ow often did tl 2 months: ofte t all?				
		EVER		OFTEN	SOME- TIMES	NOT IN 12 MO		
	a) Slap you, push you, shake you, or throw something at you?	YES 1 NO 2	\rightarrow	1	2	3	3	
	b) Twist your arm or pull your hair?	YES 1 NO 2	\rightarrow	1	2	3		
	 c) Punch you with his fist or with something that could hurt you? d) Kick you drag you or best you up? 	YES 1 NO 2 ↓ YES 1		1	2	3		
	 Kick you, drag you, or beat you up? 	YES 1 NO 2		1	2	c	2	

	e) Try to choke you or burn you on purpose? YE f) Threaten or attack you with a knife, gun, or other weapon? YF g) Physically force you to have sexual intercourse with him when you did not YF	$ \begin{array}{ccc} 2 \\ S \\ 5 \\ S \\ S \\ 1 \end{array} $	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
1311	CHECK 1310 (a-g): AT LEAST ONE		NOT A SINGLE	→ 131
1312	How long after you first got married with your (last) hus (this/any of these things) first happen? IF LESS THAN ONE YEAR, RECORD '00'.	and did	NUMBER OF YEARS BEFORE MARRIAGE 95	
1313	 Did the following ever happen as a result of what your (husband did to you: a) You had cuts, bruises, or aches? b) You had eve injuries, sprains, dislocations, or burns c) You had deep wounds, broken bones, broken teeth, 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 el- physically hurt your (last) husband at times when he wa already beating or physically hurting you?	YES 1 NO 2	→ 1316	
1315	In the last 12 months, how often have you done this to y (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 th sometimes, or never?	time,	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3	
1317	CHECK121: MARRIED MORE MARRIED ON THAN ONCE A. So far we have been talking about the behavior of y (current/last) husband. Now I want to ask you about behavior of any previous husband.	B. How long ago did this last happen?	→ 1318	
	 a) Did any previous husband ever hit, slap, kick, or do anything else to hurt you physically? b) Did any previous husband physically force you to have intercourse or perform any other sexual acts against your will? 	0 2 ↓ S 1	$ \begin{array}{c cccc} 0 - 11 & 12 + & & \\ \hline MONTHS & MONTHS & DON'T \\ \hline AGO & AGO & REMEMBER \\ \hline \hline 1 & 2 & 3 \\ \hline \hline 1 & 2 & 3 \\ \hline \end{array} $	





MOTHER/STEP-MOTHER A 1319 Who has hurt you in this way? FATHER/STEP-FATHER B SISTER/BROTHER C Anyone else? DAUGHTER/SON D OTHER RELATIVE E RECORD ALL MENTIONED. MOTHER-IN-LAW F FATHER-IN-LAW G OTHER IN-LAW H NEIGHBOUR I TEACHER J EMPLOYER/SOMEONE AT WORI..... K POLICE/SOLDIER L MILITIA/GANGS M OTHER (SPECIFY) Х OFTEN 1320 In the last 12 months, how often has (this person/have these 1 persons) physically hurt you: often, only sometimes, or not at all? CHECK 201, 226, AND 230: 1321 EVER BEEN EVER BEEN PREGNANT ('YES' ON 201 OR 226 OR 230) ↓ ► 1324 1322 Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant? YES 1 ► 1324 NO 2 1323 CURRENT HUSBAN A Who has done any of these things to physically hurt you while you were pregnant? MOTHER/STEP-MOTHER B FATHER/STEP-FATHE C Anyone else? SISTER/BROTHER D DAUGHTER/SON E RECORD ALL MENTIONED. OTHER RELATIVE F FORMER HUSBANE G MOTHER-IN-LAW H FATHER-IN-LAW I OTHER IN-LAW J NEIGHBOUR . Κ TEACHER L EMPLOYER/SOMEONE AT WORL M POLICE/SOLDIER N MILITIA/GANGS 0 OTHER Х (SPECIFY)



1324	CHECK119&120:			
	CURRENTLY NOT IN MARRIED (b) In the last 12 months, has anyone raped you? b) In the last 12 has anyone forced you to sexual interc	hysically have	YES 1 NO 2	→ 1320
1325	CHECK 1310 (a-g) and 1317 (a,b), 1322:		_	
	AT LEAST ONE 'YES' ↓		NOT A SINGLE YES'	→ 1329
1326	Thinking about what you yourself have experienced different things we have been talking about, have yo 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 B HUSBAND C FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION K OTHER X	→ 1329
1328	Have you ever told any one about this?		YES 1 NO 2	
	THANK THE RESPONDENT FOR HER COOPERA OF HER ANSWERS. FILL OUT THE QUESTIONS			
1329			YES, YES, MORE ONCE THAN ONCE NO 	
1330	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE.			
1331	RECORD THE TIME YOU END THE INTERVIEW.		S	



Never-married Woman's Questionnaire





SOMALI MINISTRIE'S OF PLANNING AND HEALTH

QUESTIONNAIRE SERIAL NUMBER					
SERIAL NOWIDER	REG. CODE	DIST CODE	EA CODE	 IH SERIAL NO.	

NEVER MARRIED WOMAN'S QUESTIONNAIRE

IDENTIFICATION							
NAME	CODE						
REGION							
PRE-WAR NAME OF T	HE DISTRICT						
CURRENT NAME OF T	HE DISTRICT				· · · · · · · · · · · · · · · · · · ·		
SETTLEMENT							
EA TYPE (1=RURAL/ID	P 2=URBAN/IDP 3=NO	MADIC			 		
EA CODE							
HOUSEHOLD SERIAL I	NUMBER IN THE EA						
		INTERVIEWE					
	1	2	3	EIN			
	1	2	3	FIN			
DATE				DAY			
				MONTH			
INTERVIEWER'S				YEAR			
NAME				INT. NO.			
RESULT*				RESULT*			
NEXT VISIT: DATE				TOTAL NUMBE	R 🗖		
TIME				OF VISITS			
*RESULT CODES: 1 C		REFUSED PARTLY COMPLETED	7 OTHER				
		NCAPACITATED	7 OTHER	SPECIFY	-		
LANGUAGE OF QUESTIONNAIRE**	1 LANGUA		NATIVE LANGUAGE OF RESPONDENT**				
LANGUAGE OF QUESTIONNAIRE** ENGLISH 01 ENGLISH 03 LANGUAGE 02 SOMALI SPECIFY							
	SUPERVISO	R FIELD ED	DITOR OFFIC	CE EDITOR	KEYED IN BY		
NAME	·····						
DATE	·····			<u></u>			
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 45 to 60 minutes. All of the answers you give ub 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 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

RESPONDENT AGREES TO BE INTERVIEWED ... 1

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . 2 -

→ END

DATE

	SECTION 1. RESPON	IDENT'S BACKGROUND	
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE START TIME.	HOURS	
102	In what month and year were you born?	MONTH	
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, PRIMARY OR SECONDARY	HIGHER	→ 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	



SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109		'1' OR '5' IRCLED	
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	
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	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK	
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	
203	Can people get HIV from mosquito bites?	YES	
204	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES	
205	Can people get HIV by sharing food with a person who has HIV?	YES	
206	Can people get HIV because of witchcraft or other supernatural means?	YES	
207	Is it possible for a healthy-looking person to have HIV?	YES	
208	Can HIV be transmitted from a mother to her baby:	YES NO DK	
	a) During pregnancy?b) During delivery?c) By breastfeeding?	a) DURING PREGNANCY 1 2 8 b) DURING DELIVERY 1 2 8 c) BREASTFEEDING 1 2 8	
209	CHECK 208: AT LEAST 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	
211	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES	
212	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES	
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	
214	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES	
215	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES	
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/DEPEND! 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/DEPEND! 8	



	SECTION 2. HIV/AIL	IS AND VACCINATION	
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
218	CHECK 201: HEARD ABOUT HIV OR AIDS a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT HIV OR AIDS 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 DONT 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) PNEUMONIA 1 2 8 c) HEPATITIS A 1 2 8 c) POLIC 1 2 8 c) MEASLES 1 2 8 c) CHICKENPOX 1 2 8	

SECTION 2. HIV/AIDS AND VACCINATION

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	YES NO DK	
	 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 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	
307	Who performed the circumcision?	TRADITIONAL TRAD. CIRCUMCISER TRAD. BIRTH ATTENDANT 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD. (SPECIFY) HEALTH PROFESSIONAL DOCTOR NURSE/MIDWIFE 22 OTHER HEALTH PROFESSIONAL 26 DON'T KNOW 98	
308	Do you believe that female circumcision is required by your religion?	YES	
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	

SECTION 3. FEMALE CIRCUMCISION



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 CHILDREN DECISIC 1 2 8 BETTER TREATMENT 1 2 8 EDU DENIAL 1 2 8 FORCED MARRIAG 1 2 8 RAPE 1 2 8 INHERITANCE 1 2 8 OTHER (SPECIFY) 1 2	
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 J OTHER K (SPECIFY) K	
403	Where is the place with most violent acts?	AT HOME	
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 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? SOME- NOT IN LAST	
	a) was slapped, pushed, shaken, or thrown Something at?	OFTEN TIMES 12 MONTHS	

							_
	b) twisted your arm or pulled your hair?	YES 1 NO 2	\rightarrow	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 'YES' Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	ALL 'NO'	FATHE SISTE NIECE OTHE NEIGH TEACI EMPLO	ER/STEP-FA R/BROTHEI Z/NEPHEW R RELATIVE iBOUR HER OYER/SOM E/SOLDIER A/GANGS .	IOTHER ATHER R E	B C C D E H I R J K	→ 501
409	In the last 12 months, how often has (this perso persons) physically hurt you: often, only sometin all?		TIMES		2		



SECTION 5. ILLEGAL MIGRATION (TAHRIB	SECTION 5.
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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	
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	
		OTHER96	
506	What motivated you to take the decision to migrate?	UNEMPLOYMENT 1 LOW PAY/INCOME 2 SEARCH FOR BETTER OPPORTUNITIES 2 POOR QUALITY OF EDUCATION 3 INSECURITY 4 POVERTN 5 HOPELESSNESS 6 LONELINESS 7 INEQUALITY/SOCIAL EXCLUSIOI 8 PEER INFLUENCE 9 SOCIAL MEDIA INTERACTIONS/ POSTS 10 OTHER 96 (SPECIFY) 10	
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	

INTERVIEWER'S OBSERVATIONS TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS

W-10



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

		IDENTIFICA	ATION							
NAME		CODE								
REGION										
PRE-WAR NAME OF TH										
SETTLEMENT/TOWN										
EA TYPE (1=RURAL/IDP	2=URBAN/IDP 3=NOM	ADIC)								
EA CODE										
HOUSEHOLD SERIAL N	UMBER IN THE EA									
		INTERVIEWER	R VISITS							
	1	2	3		FINAL VISIT					
DATE				DAY						
				MONTH						
INTERVIEWER'S				YEAR						
NAME				INT. NO.						
RESULT*	<u> </u>			RESULT*						
NEXT VISIT: DATE				TOTAL NU OF VIS	-					
*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 TIN 4 POSTPONED 4 POSTPONED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING VACANT OR ADDRESS NOT A DWELLING 8 DWELLING VACANT OR ADDRESS NOT A DWELLING 9 DWELLING VACANT OR ADDRESS NOT A DWELLING 1 COMPLETED 9 PARTIALLY COMPLETED 9 OTHER										
5 REFUSED					(SPECIFY)					
	1 LANGUA	/IEW**	NATIVE LANGUAGE OF RESPONDENT**							
	LANGUAGE OF ENGLISH **LANGUAGE CODES: QUESTIONNAIRE** ENGLISH 01 ENGLISH 03 OTHER									
	SUPERVISO		SOMALI	EEDITOR	(SPECIFY) KEYED IN BY					
NAME DATE CODE	·····									

MMR-1



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INTRODUCTION AND CONSENT

Hello. My name is I am working with [NAME OF ORGANIZATION]. We are conducting a survey about health and related topics all over [NAME OF COUNTRY]. The information we collect will help the government to plan health and other services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. your participation in the survey is voluntary, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the ministry of interior/planning and/or health. Do you have any questions? May I begin the interview now?								
SIGN	ATURE OF INTERVIEWER RESPONDENT AGREES TO BE INTERVIEWED 1	DATE RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2> END						
100	RECORD THE START TIME.	HOURS						

			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	AGE MARITAL STATUS			S OF LIVE BIRTHS 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	IN YEARS		IN YEARS	YES NO	MALE FEMALE
01			1 2				1 2 ↓ NEXT LINE	
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 V NEXT LINE	
09			1 2				1 2 V NEXT LINE	
10			1 2				1 2 V NEXT LINE	

SECTION 1: HOUSEHOLD SCHEDULE

 CODES FOR Q. 103: RELATIONSHIP TO HEAD OF HOUSEHOLD

 01 = HEAD OF HOUSEHOLD
 08 = BROTHER OR SISTER

 02 = SPOUSE
 09 = NEPHEWNIECE

 03 = SON OR DAUGHTER
 10 = BROTHER/SISTER-IN-LAW

 04 = SON-IN-LAW OR
 11 = OTHER RELATIVE

 DAUGHTER-IN-LAW
 12 = ADOPTED/FOSTER/

 05 = GRANDCHILD
 STEPCHILD

 06 = PARENT
 13 = NOT RELATED

 07 = PARENT-IN-LAW
 98 = DON'T KNOW



	DEMOGRAPHIC CHARACTERISTICS RECENT LIVE BIR								
					IF AGE 12 OR OLDER	IF EVER MARRIED	IF MARRIED & F	EMALES AGED 12-	
LINE NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	MARITAL	AGE AT FIRST MARRIAGE	PARTICULARS OF LIVE BIRTH WITHIN THE PAST 24 MONTH		
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 OUESTIONS 2A-28 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'.	
11			M F 1 2	IN YEARS		IN YEARS	YES NO 1 2 ↓ NEXT LINE	MALE FEMALE	
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 V NEXT LINE		
18			1 2				1 2 ↓ NEXT LINE		
19			1 2				1 2 ↓ NEXT LINE		
20			1 2				1 2 ↓ NEXT LINE		
1A) Ju ar ha 1B) Ar	ERE IF CONTINUATION SHEE ust to make sure that I have a c ny other people such as small c ave not listed? re there any other people who n our family, such as domestic ser ho usually live here?	at we YES	CODES FOR Q. 103: RELATIONSHIP TO HEAD OF HOUSEHOLD 08 = BROTHER OR SISTER 01 = HEAD OF HOUSEHOLD 08 = BROTHER OR SISTER 09 = NEPHEW/NIECE 03 = SON OR DAUGHTER 10 = BROTHER/SISTER-IN- 04 = SON-IN-LAW OR 11 = OTHER RELATIVE DAUGHTER.IN-LAW 11 = OTHER RELATIVE DAUGHTER.IN-LAW 12 = ADOPTED/FOSTER/ 05 = GRANDCHILD STEPCHILD 06 = PARENT 13 = NOT RELATED 07 = PARENT-IN-LAW 98 = DON'T KNOW			R SISTER ECE ISTER-IN-LAW ATIVE OSTER/ ED			

SECTION 1: HOUSEHOLD SCHEDULE

NO.	QUE	STIONS AND FI	LTERS	SECTIO	<u>DN 2. DEATH</u> CO	<u>HS</u> DING CATEGO	RIES		SKIP
201	Have you lost any past two years (24	member of the ho							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 \rightarrow GO TO NEXT LINE 2. IF THE DECEASED IS A FEMALE NOT AGED 12-49 \rightarrow GO TO NEXT LINE 3. IF THE DECEASED IS A FEMALE AGED 12-49 \rightarrow CONTINUE					NEXT LINE
202	203	204	205	206	207	208	209		210
	What was the name of the deceased family member?	Was (NAME) Male or Female?	How old was (NAME) he/she when she died?	Was (NAME) pregnant when she died?	Did (NAME) die during delivery?	Did (NAME) die during the 6 weeks following delivery?	Did (NAME) die from accident or violence?	following hea	suffer from any of the lith problems at any er last pregnancy, up to r child birth?
	RECORD ONLY ONE NAME	1 = MALE 2 = FEMALE	RECORD AGE IN COMPLETED YEARS WRITE "00" IF < 1 YEAR IF 95 OR MORE, RECORD '95.			PROBE FOR APPROX 40 DAYS BIRTH CELEB- RATION		CHECK ALL 1 APPLY	ГНАТ
01				YES NO 1→2 GO TO 209	YES NO 1→2 GOTO 209	YES NO 1 2 ↓ NEXT LINE	YES NO 1 2 ↓ NEXT LINE	C LIMBS SV D CONVUL E SEVERE DELIVER F CAESARI	BLEEDING VELLING SION SION SION SECTION SECTION CTED LABOUR
02				1 → 2 GO TO 209	1 → 2 GOTO 209	1 2 ↓ NEXT LINE	1 2 ¥ NEXT LINE	C LIMBS SV D CONVUL E SEVERE DELIVER F CAESARI G OBSTRU	BLEEDING
03				1 → 2 GO TO 209	1 → 2 GOTO 209	1 2 ↓ NEXT LINE	1 2 ↓	DELIVER F CAESARI	BLEEDING VELLING SION FEVER AFTER Y EAN SECTION
04				1 → 2 GO TO 209	1 → 2 GO TO 209	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	C LIMBS SV D CONVUL E SEVERE DELIVER F CAESAR	BLEEDING VELLING SION FEVER AFTER Y EAN SECTION
05				1 → 2 GO TO 209		1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	DELIVER F CAESARI	BLEEDING VELLING SION FEVER AFTER Y EAN SECTION
ICK HERE	IF CONTINUATION SHE	ET USED	RECORD THE ENI						
				MINU	JIE\$			l	







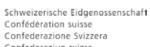












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